



# **CONSOLIDATED LOCAL SERVICE PLAN UPDATE**

*FY2016-2017*

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## About Austin Travis County Integral Care

Austin Travis County Integral Care (ATCIC or Integral Care), serves as the Local Authority for behavioral health and intellectual developmental disabilities in Travis County, administering an annual budget of more than \$105 million of local, state and federal funding from over 80 distinct funding sources at 44 owned/leased physical facilities during FY 2015. Integral Care operated under the name “Austin-Travis County Mental Health Mental Retardation Center” until September 2009, when its name was changed to reflect evolving attitudes and terminology, and to honor the dignity of people who seek its services.

In 2015, Integral Care served more than 24,500 individuals and families, offering numerous services and programs year-round. Individuals receiving services at Integral Care are often in dire need of treatment and often have a single or combined diagnosis of intellectual developmental disabilities, persistent mental illnesses and/or chemical dependency. Integral Care’s programs are administered through the following areas: Adult Behavioral Health, Child and Family Services, Intellectual and Developmental Disabilities, Psychiatric Crisis and Jail Diversion. Integral Care was re-accredited by the Joint Commission in November 2015.

## **Vision, Mission, Values, Strategic Plan Update and Goals for 2015-2018**

During 2013 Integral Care’s vision and mission were developed in response to feedback taken from over 30 focus groups and meetings throughout a three-month period. Over 300 people including consumers, family members, employees and a broad array of community stakeholders, provided feedback to independent, third-party facilitators during this process. As a result of rapid transformation in health care delivery at the local, state and national levels, and organizational and community-wide changes since then current Strategic Plan was initially developed, it was necessary to update, clarify and streamline the Strategic Plan in FY 2015. This updated Strategic Plan embodies the primary elements and broad intent of the original Strategic Plan, while reflecting the many initiatives, collaborations and priorities that have shifted or expanded since the plan was first developed.

**Vision**

Healthy Living for Everyone

**Mission**

To improve the lives of people affected by behavioral health and developmental and/or intellectual challenges

**Values**

People, Integrity, Excellence, Leadership

**People**

ATCIC's greatest strength is people – consumers, family, staff and the community – by promoting a culture built on trust, respect, teamwork, communication, creativity and collaboration in an environment that strives for equal opportunity.

**Integrity**

ATCIC delivers on its promises and is accountable for its performance by working towards open and honest dialogue with consumers and employees, while cooperating within and across organizations to deliver the most positive outcomes. Transparent communication is critical to integrity.

**Excellence**

ATCIC is committed to excellence by providing services using evidence-based best practices in the most cost-effective, timely, safe and collaborative manner. This involves performance improvement, serving with dignity and respect and exceeding stakeholder expectations.

**Leadership**

ATCIC courageously confronts challenges through advocacy to increase public awareness and by building support for a community that meets the behavioral health and IDD needs of individuals and families. This is closely linked to ensuring comprehensive and targeted public policy that serves consumer needs.

<b>Goal 1: Individuals and families will experience improved health outcomes</b>	
STRATEGY I	<p><i>Implement innovative and evidence-based practices to improve service delivery systems.</i></p> <ul style="list-style-type: none"> <li>a. Expand provider network and network development activities</li> <li>b. Evaluate impact and return on investment of key waiver projects to inform programming and partners</li> <li>c. Increase the capacity of clinical staff to employ best practice strategies</li> </ul>
STRATEGY II	<p><i>Deliver person-centered, culturally competent services</i></p> <ul style="list-style-type: none"> <li>a. Culturally competent care training is integrated into ongoing training activities for all clinical employees</li> <li>b. Provide training on person-centered care and culturally competent care to network and other local providers</li> </ul>
STRATEGY III	<p><i>Expand use of healthcare information and technology</i></p> <ul style="list-style-type: none"> <li>a. Develop or deploy virtual/mobile technologies that support consumer-driven health and wellness</li> <li>b. Strengthen data analysis capacity to support clinical decisions</li> </ul>
<b>Goal II: Central Texas is a model for integration and whole person health</b>	
STRATEGY I	<p><i>Integrate Behavioral Health and Intellectual and Developmental Disabilities services in the broader system of care.</i></p> <ul style="list-style-type: none"> <li>a. Establish formal relationships with the Dell Medical School and other training institutions</li> <li>b. Expand collaboration with the CCC and other healthcare providers</li> <li>c. Expand partnerships with the criminal justice system</li> <li>d. Expand partnerships with the local Independent School Districts</li> <li>e. Lead initiative to develop and implement universal crisis assessment tool</li> </ul>
STRATEGY II	<p><i>Expand use of health information and technology that supports integration and improved service delivery</i></p> <ul style="list-style-type: none"> <li>a. Improve contractual metric management based on improved health information analysis</li> <li>b. Collect and analyze consumer data to improve programming and reporting</li> <li>c. Exchange secure, interoperable health information</li> <li>d. Expand the use of telehealth services</li> </ul>
STRATEGY III	<p><i>Develop and implement service models that fill gaps in the continuum of care and expand options for least restrictive environments of care</i></p> <ul style="list-style-type: none"> <li>a. Increase availability of housing options</li> <li>b. Expand and improve crisis assessment, intervention and treatment</li> <li>c. Partner with key stakeholders to expand access to substance use disorder services</li> </ul>

<b>Goal III: Our community is knowledgeable about and engaged around the issues of Behavioral Health and Intellectual and Developmental Disabilities</b>	
STRATEGY I	<i>Conduct system-level planning to address the needs of individuals with mental illness, substance use disorder and/or IDD</i> a. Complete Children’s Mental Health Plan b. Complete Substance Use Disorder Plan c. Engage in and initiate system level planning
STRATEGY II	<i>Provide information about and conduct trainings to expand awareness and knowledge on behavioral health and intellectual/ developmental disabilities</i> a. Develop and implement a media outreach plan including identification of potential partners b. Develop and implement a media outreach plan including identification of potential partners c. Conduct outreach to specific populations to increase awareness of services
STRATEGY III	<i>Build support for key initiatives through engagement of elected officials, key stakeholders and community members</i> a. Develop and implement a community engagement plan for Housing First Oak Springs b. Develop and implement a community engagement plan for Extended Observation Unit
<b>Goal IV: Our administrative systems and infrastructure will support program operations and overall organizational efficiencies</b>	
STRATEGY I	<i>Prioritize and implement updated information technology platforms and systems</i> a. Review more functional EMR and practice management systems/tools
STRATEGY II	<i>Strengthen systems and tools for effective world class talent management, including single source for position control, and more efficient payroll processing</i> a. Select and implement HRIS system b. Expand training offerings and requirements
STRATEGY III	<i>Analyze program and related financial data in support of revenue maximization, sustainability, and a value analysis</i> a. Conduct budget, financial and accounting functional assessments. Identify and prioritize new funding models and opportunities

ATCIC is currently revising the Strategic Plan Update for FY 2017-2019. The revised Strategic Plan may require additional changes to the Consolidated Local Service Plan and The Local Provider Network Development Plan.

## Purpose and Functions

### Purposes

- A. To assist in fulfilling the purpose of Title 7, Subtitle A, of the Texas Health and Safety Code to ensure through a continuum of services to residents of its local service area by:
- Providing effective administration and coordination of services;
  - Being a vital component in the continuum of services, including serving as a provider when appropriate to ensure consumer choice, maximizing available funds and best use of public money;
  - Striving to develop community-based services, with stakeholder input, that are effective alternatives to institutional care, where appropriate; and
  - Assisting in the development of a comprehensive range of accessible services for persons who need supported care, intervention, prevention, education, treatment, or habilitation through coordination between governmental and private entities to optimize resources by:
    - Implementing policies consistent with state standards;
    - Spending available funds appropriated by the state legislature to serve the priority populations;
    - Collaboratively working with regional partners such as other community centers, to foster independent and productive living through outcome driven management, and delivery of a range of healthcare services (including but not limited to integrated care); and
    - Based on available funding, assist in the implementation of the state's policies of providing treatment to persons in their own communities, when appropriate and feasible; making services be the responsibility of local agencies and organizations to the greatest extent possible; and offering services to persons who are most in need by:
      - Providing screening and eligibility determination and continuity of care services for persons entering or leaving Texas Department of Aging and Disability Services ("DADS") and the Department of State Health and Human Services ("DSHS") facilities (i.e., state schools and hospitals) and for offenders with mental impairments;
      - Charging reasonable service fees in compliance with regulations and not denying services to eligible persons in the priority population based on their inability to pay.

### Functions of Integral Care as the designated Local Authority

- B. Integral Care offers a full continuum of services by overseeing and coordinating available funding resources through the following functions:
- Planning to assess community needs by identifying gaps and areas of health disparities;
  - Policy development of administration, services, resource development and allocation;

- Coordination of efforts across state, city and county agencies, private and public organizations, criminal justice entities, Veteran’s Administration, other child serving agencies, local independent school districts, family advocacy organizations, local businesses and communities in order to enhance access, efficiencies and outcomes for people with mental illness and developmental disabilities;
- Development of a Local Network Plan to assemble a provider network, taking into consideration public input, ultimate cost-benefit and client care issues, that reflects local needs and priorities and maximizes consumer choice and access to services provided by qualified providers;
- Exploring, identifying and engaging in regional planning efforts to improve administrative efficiencies and service delivery;
- Working collaboratively with the Texas Council of Community Centers to educate the community, its leaders and lawmakers on the importance, value and general understanding of services and the resulting public benefits to help officials make sound decisions on policies;
- Participation in Community Resource Coordination Group for Children and Adults;
- Cooperation with the Texas Education Agency in individual transition planning for consumers receiving special education services.
- Resource development to meet community need;
- Supervision of the provision of behavioral health and intellectual developmental disabilities services in the Local Service Area;
- Service coordination for assessments, service planning, monitoring, crisis prevention and management;
- Interest and Wait List management;
- Medicaid enrollment for services and programs;
- Conducting and coordinating Permanency Planning, crisis and emergency response activities;
- Leading diversity and inclusion, educational and outreach efforts to the community on services, prevention and wellness and/or healthcare; and
- Supporting and participating in the development of research, best practices and community planning to improve behavioral health and intellectual developmental disabilities services.

C. Integral Care participates in managed care functions to manage resources and benefits in providing the full continuum of care by participating in:

- Single Point of Entry and Call Center Operations;
- Utilization Management;
- Quality Improvement and Quality Assurance;
- Credentialing;
- Management Information System support;
- Claims adjudication and payment;
- Contract management;

- Network development and management;
- Provider relations; and
- Contracting with governments and entities to provide behavioral health and other services designated by the Board of Trustees.

Integral Care explores and participates in collaborative relationships with other community safety-net providers, such as CommUnityCare. This includes pursuing state and federal grant dollars to integrate behavioral health and intellectual developmental disabilities services in primary care settings.

### **Functions of Integral Care as a Provider:**

- Provides direct services and benefit management through interlocal cooperation and other agreements with Austin Independent School District (AISD), Central Health *dba* Travis County Healthcare District, the City of Austin and Travis County;
- Serves as a provider of last resort when appropriate to meet the requirement of consumer choice, maximize available funds and to make the best use of public money;
- Exploring, identifying and engaging in regional planning efforts to improve service delivery and quality;
- Integrating care and other emerging services that reflect best-practices and cost-efficiency;
- Positioning itself to maintain and enhance its role in the behavioral health market; and
- Exploring alternative funding sources and positioning itself to benefit from alternative funding opportunities.

The above responsibilities allow for greater accountability in the management of services and development of public policy at the local level.

## Board of Trustees

Appointing authorities Central Health, the City of Austin and Travis County each designate three representatives to Integral Care's nine-member volunteer Board of Trustees (Trustees). The Trustees are a diverse group of individuals reflective of the community that Integral Care serves with various professional backgrounds in the areas of criminal justice, healthcare, management and rehabilitation services. As volunteers, the Trustees invest time at regular monthly meetings, quarterly training sessions, community forums and other functions.

**Matthew Snapp,  
PH.D.**  
Chair  
Appointed 2008 by  
Travis county



**Robert T. Chapa, Jr**  
Secretary/Treasurer  
*Appointed 2004 by  
The City of Austin*



**Exalton Delco,  
Ph.D.**  
*Appointed 1994 by  
The City of Austin*



**Vincent Torres**  
*Appointed 2014 by  
Travis county*



**Hal Katz**  
*Appointed 2010 by  
Central Health*



**Terri Broussard Williams**  
Vice Chair  
*Appointed 2014 by  
The City of Austin*



**Guadalupe Zamora, M.D.**  
*Appointed 2014 by  
Central Health*



**Richard Hopkins**  
*Appointed 1993 by  
Travis County*



**Tom Young**  
*Appointed 2010 by  
Central Health*

## History and Description

Integral Care was established in 1966 and began operations in 1967 pursuant to the laws of the State of Texas and the articles of Organization approved by its original appointing authorities: the City of Austin, Travis County, the Austin Independent School District (AISD) and The University of Texas at Austin. In 1977, The University of Texas at Austin withdrew as a sponsoring agency but committed to continuing support for Integral Care. In 1982, “Restated Articles of Organization” were promulgated. In 2010, Amended and Restated Articles of Organization were promulgated, under which Central Health became an appointing agency and AISD ceased to be an appointing agency but committed to continuing support for Integral Care.

Integral Care provides comprehensive, community-based behavioral health, developmental disabilities and co-occurring disorder services to adults and children who are eligible to receive services as indicated by local, state, federal and other agencies with which Integral Care contracts. Integral Care has been designated by the state and local agencies as the Mental Health and Mental Retardation Authority for Austin and Travis County. The Texas Department of Mental Health and Mental Retardation (TDMHMR) confirmed Integral Care’s status as a local mental health authority prior to TDMHMR’s consolidation as the Texas Department of State Health Services (DSHS) and Texas Department of Aging and Disability Services (DADS). In 1983, New Milestones Foundation (NMF) was formed as Integral Care’s non-profit fundraising arm. NMF supports Integral Care’s mission by raising funds and expanding awareness for individuals in Travis County who are affected by behavioral health or intellectual developmental disabilities. NMF is governed by an independent Board of Directors, which also includes two Integral Care Trustees. The development of affordable housing for and education about people with brain-based disorders have been NMF’s primary focus. In addition to owning seven HUD 811 housing units, NMF oversees its annual fundraiser known as the “Bridging the Gap” event each fall and has supported various Integral Care programs over the years, including the annual Central Texas African American Family Support Conference held during Black History Month in February.

Integral Care continues to create and negotiate alliances and business structures. In early 2000, Integral Care and a private entity formed a Texas Uniform Unincorporated Nonprofit Association (“TUUNA”), called Tejas Behavioral Health Management Association. A TUUNA is permitted to have both public and private organizations as members. Tejas Behavioral Health Services, Inc. (“Tejas”) is a behavioral health organization certified by the Texas Medical Board pursuant to Section 162 of the Medical Practice Act. Tejas was designed to provide behavioral health services for governmental programs including CHIP and STAR members. Tejas built and maintains a delivery system designed to meet the unique needs of this population and strives to continuously provide quality, accessible care through an extensive network system including in-patient, out-patient, partial hospitalization and residential treatment. This successful business initiative has proven beneficial for Integral Care by contributing to safety net services for the indigent population. ATCIC is a member of Tejas.

## **Appointing Agencies**

The following local government agencies provide continuous support by appointing our nine-member Board of Trustees and providing guidance: Central Health the City of Austin, and Travis County.

## **Service Area**

Integral Care provides services in Central Texas, Austin and Travis County.

- Travis County population as of April 1, 2014 is 1,151,145;
- City of Austin population as of April 1, 2014 is 912,791 ; and
- Other surrounding areas depending on collaborative regional planning efforts and current and future funding sources.

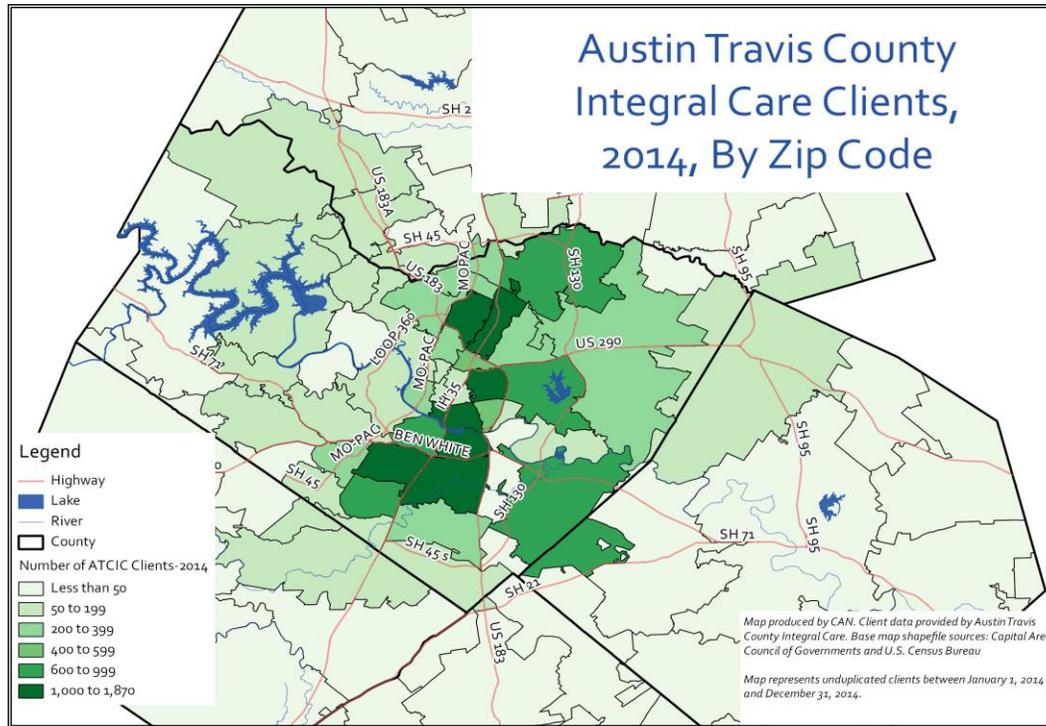
## **Populations Served**

Integral Care uses available resources to provide services directly or through contract, to target the needs of persons who are members of the populations as described below in Travis County:

- Priority populations with behavioral health and/or intellectual developmental disabilities (including substance use)
- Priority and target populations as defined by state, local, federal and private funders
- Other populations that meet community needs as determined by Integral Care's Board of Trustees
- Single diagnosis substance abuse, as defined by a funder contracting for services
- HIV Services, as defined funders contracting for services
- Children with multiple needs who are part of the multi-agency Children's Integrated Funding Initiative
- Other disabled or populations with related conditions determined to need of Integral Care services.
- Other disabled or populations as part of demonstration projects or other study groups to acquire and/or demonstrate best practices.

## Demographic Profile

This map shows the location of Integral Care’s clients in Travis County. ATCIC serves populations with bipolar disorder, major depression, and schizophrenia. This population data also includes clients with intellectual or developmental disabilities. ATCIC’s clients are largely concentrated along the I-35 corridor and in Del Valle.



**Definition:** Unduplicated number of clients served by ATCIC from January 1, 2014 to December 31, 2014. **Data Source:** Map was produced by Community Advancement Network. Data was provided by Austin Travis County Integral Care. **Data Considerations:** This data reflects only the number of people served in zip codes in the 5-county Austin Metro Area.

## Admitted Consumer Zip Code Count

The chart below identifies the top 10 geographical areas by zip code that compares the residential locations of Integral Care consumers in fiscal years 2014 and 2015. This information is utilized in network management and development processes, local planning (identify gaps, needs, trends), outreach, diversity and inclusion efforts.

	Zip code	FY 2014	Zip code	FY 2015
1	78701	1870	78701	2123
2	78745	1382	78745	1533
3	78723	1291	78741	1425
4	78741	1251	78753	1305
5	78753	1167	78744	1291
6	78744	1160	78723	1286
7	78702	1097	78758	1192
8	78758	1010	78617	1099
9	78617	920	78702	1067
10	78704	894	78660	975

## Section I: Local Services and Needs

### I.A. Mental Health Services and Sites

- Screening, assessment, and intake
- Extended Observation or Crisis Stabilization Unit
- Crisis Residential and/or Respite
- Contracted inpatient beds
- Services for co-occurring disorders
- Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both
- Substance use prevention, intervention, or treatment
- Other (please specify)

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
ATCIC	1631 E. 2 <sup>nd</sup> St. -Austin, TX 78702	Travis	<p><b>Narcotics Treatment Services</b>= Medication Assisted Therapy (MAT), counseling, case management  <i>Population= Adults 18 years and older</i></p> <p><b>Pharmacy Services</b>  <i>Population= Individuals accessing Integral Care services</i></p> <p><b>Integrated Care Clinic; Deaf Support Services; Assertive Community Treatment (ACT)</b> = Texas Resilience and Recovery (TRR) outpatient services  <i>Population= Adults</i></p> <p><b>Chronic Disease Management</b> = Wellness and health improvement program for persons living with serious and persistent mental illness that addresses chronic disease conditions.  <i>Population= Adults enrolled in Health Integration Project</i></p>
ATCIC (in partnership with CommUnityCare, a Federally Qualified Health Center or FQHC)	14 Waller Street -Austin, TX 78702	Travis	<p><b>E-merge Program</b> = Texas Resilience and Recovery (TRR) outpatient services  <i>Population = Individuals currently using CommUnityCare (local, federally qualified health clinics) in Travis County &amp; active Medical Assistance Program (MAP) cardholders.</i></p> <p>(ATCIC behavioral health is in a total of 15 CommUnityCare sites.)</p>
The Wood Group	6222 North Lamar -Austin, TX 78752	Travis	<p><b>Next Step Crisis Respite Program</b>  Services= Crisis Respite, medication, counseling, psychosocial rehabilitative skills training, case management  <i>Population=Adults</i></p> <p><b>Community Competency Restoration Program</b> = competency restoration program education, counseling, psychosocial rehabilitative skills training, case management  <i>Population= Adults</i></p>
ATCIC	56 East Avenue -Austin, TX 78701	Travis	<p><b>Ambulatory Detoxification Program</b> = Medication Assisted Therapy (MAT), nursing education, counseling, case management  <i>Population = Adults and Children</i></p> <p><b>PES Urgent Care</b>= Psychiatric crisis assessment, crisis stabilization services and follow-up, linkage to services in the community.  <i>Population = Adults/Child &amp; Adolescent</i></p>

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
The Wood Group			<p><b>Mobile Crisis Outreach Team (MCOT)</b> = Psychiatric crisis assessments, crisis stabilization services and follow-up, linkage to services in the community.  <i>Population= Adults and children</i></p> <p><b>ACT Team</b> = Texas Resilience and Recovery (TRR) outpatient services: adults. Crisis stabilization services and follow-up, linkage to services in the community  <i>Population= Adults</i></p> <p><b>The Inn</b> = Crisis Residential treatment program, medication, counseling, psychosocial rehabilitative skills training, case management, nursing education  <i>Population = Adults</i></p>
ATCIC	4920 N I-35,Suite 110, -Austin, Texas 78751	Travis	<p><b>ANew Services</b>= intensive mental health treatment services for individuals on probation and parole on specialized mental health caseloads, Mental Health Bond program  <i>Population= Adults</i></p>
ATCIC	1717 W. 10th Street -Austin, TX 78703	Travis	<p><b>Infant Parent Program</b> = Early Childhood Intervention Services  <i>Population = Birth to 36 months (Meet DARS ECI eligibility)</i></p> <p><b>First Steps - 1115 Waiver Services</b> = Early identification and therapeutic services for infants and toddlers with developmental delays  <i>Population = Birth to 36 months (do not meet DARS ECI eligibility)</i></p> <p><b>Intensive Case Management</b> = Texas Resilience and Recovery (TRR) outpatient services: children (Wraparound Services Model)  <i>Population = Children (and their families)</i></p> <p><b>Youth Empowerment Services - 1115 Waiver Services</b> = Waiver TRR outpatient services: children; Wraparound Services Model  <i>Population = Children between the ages of 3-18 years</i></p> <p><b>Families with Voices Collaborative</b> = TRR outpatient services: children and adults; Screening, assessment, and intake; Substance abuse prevention, intervention, or treatment , and Other= Housing, Workforce Development, Behavioral Health, Basic Needs and Transportation  <i>Population = Children (and their families, including adults)</i></p>
ATCIC	2410 E. Riverside Drive, Austin, TX 78741	Travis	<p><b>Child/Adolescent Outpatient Services; Seton/AISD School-Based Services</b> = Texas Resilience and Recovery (TRR) outpatient services: children  <i>Population = Children 3 to 18 years old</i></p>

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
			<p><b>School-Based Integrated Primary Care &amp; Behavioral Health Services</b> = Texas Resilience and Recovery (TRR) outpatient services: children  <i>Population = Children 3 to 18 years old residing in Del Valle, Pflugerville and Manor ISDs</i></p>
ATCIC	825 E. Rundberg Lane - Austin, TX 78753	Travis	<p><b>Child/Adolescent Outpatient Services</b> = Texas Resilience and Recovery (TRR) outpatient services: Children  <i>Population = Children 3 to 18 years old</i></p> <p><b>Integrated Care Clinic</b> = Texas Resilience and Recovery (TRR) outpatient services  <i>Population = Adults</i></p>
ATCIC	2515 South Congress -Austin, TX 78704	Travis	<p><b>Family Preservation Program</b> = Other: Solution-focused behavioral health care in-home and community-based counseling and case management services to youth on juvenile probation and their families  <i>Population = Children/Adolescents</i></p> <p><b>The Juvenile Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Special Needs Diversion Program</b> = Texas Resilience and Recovery (TRR) outpatient services: children  <i>Population = Children/Adolescents – ages 10-17 years old</i></p>
ATCIC	5015 South IH-35 -Austin, TX. 78744	Travis	<p><b>Integrated Care Clinic</b> = Texas Resilience and Recovery (TRR) outpatient services  <i>Population = Adults</i></p> <p><b>Child/Adolescent Outpatient Services</b> =Texas Resilience and Recovery (TRR) outpatient services: Children  <i>Population = Children 3-18 years old</i></p> <p><b>Call Center (Hotline, SPOE, Appointments)</b> = Crisis hotline, scheduling intake for services for individuals interested in referrals and/or, scheduling for individuals open to Adult Behavioral Health needing to schedule an appointment  <i>Population = Children/adolescents, adults experiencing crisis</i></p> <p><b>Expanded Mobile Crisis Outreach Team (EMCOT)</b> = Psychiatric assessment, crisis stabilization services, follow-up and linkages to services in the community. Team works closely with the Crisis Intervention Teams (CIT) of the Austin Police Department (APD) and Travis County Sheriff's Office (TCSO), Austin Travis County EMS, and Pflugerville Police Department.  <i>Population =Adults and Child/Adolescent</i></p>

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
			<p><b>Healthy Community Collaborative</b> = To provide access to recovery-oriented services that enable individuals to secure independent housing, secure employment, build or improve existing relationships, and achieve and maintain ongoing recovery from medical, mental health, and substance use disorders.  <i>Population = Adults (Homeless, exhibiting behavioral health problems)</i></p> <p><b>Mental Health First Aid</b> = 8 hour certification course. The Adult MHFA curriculum teaches participants how to provide initial support to adults who are developing a mental illness or experiencing a mental health crisis. The Youth MHFA curriculum's focus is on teaching participants how to help an adolescent/transition youth (ages 12-18 &amp; 18-25) who may be in the early stages of a mental health problem or crisis.  <i>Population= Adults, open to community, do not need to be enrolled in services</i></p> <p><b>Suicide Prevention</b> = Offers community-wide suicide prevention training and services. Offers suicide prevention gatekeeper trainings, SafeTALK, on a monthly basis. Leads Austin Central TX Suicide Prevention Coalition.  <i>Population= Adults</i></p> <p><b>Housing First ACT Team</b> = Uses high intensity or ACT team models to serve the chronically homeless and recently housed population.  <i>Population= Adults, homeless</i></p> <p><b>Community AIDS Resources &amp; Education (C.A.R.E.)</b> – Substance use prevention, intervention, or treatment  <i>Population= Adults</i></p> <p><b>Co-occurring psychiatric and substance use disorders (COPSD)</b>  = Intensive Outpatient Substance Use and Co-occurring Disorders Treatment  <i>Population= Adults 18 and over</i></p> <p><b>SSI/SSDI, Outreach, Advocacy, and Recovery (SOAR); Homeless Services; ACT Team; Housing Services</b> = Texas Resilience and Recovery (TRR) outpatient services: Adults  <i>Population= Adults</i></p>

ATCIC	5225 N. Lamar Blvd. -Austin, TX 78751	Travis	<p><b>Intake, Psychological Testing, and Enrollment Services =</b> Psychologists conduct testing to evaluate for a determination of an intellectual or developmental disability. A continuity of care worker then assists individuals with enrolling in the appropriate program specific to the individual's support needs. <i>Population= Children and Adults suspected of having an Intellectual or Developmental Disability</i></p> <p><b>Community First Choice (CFC) Assessment and Service Coordination =</b> Community First Choice (CFC) provides certain services and supports to individuals living in the community who are enrolled in the Medicaid program and meet CFC eligibility requirements. ATCIC conducts the eligibility and assessment for the program as well as the ongoing service coordination for recipients of CFC. <i>Population= Children and Adults with an Intellectual or Developmental Disability</i></p> <p><b>Systematic, Therapeutic, Assessment, Respite, and Treatment (START) =</b> Coordination has the goal of supporting the service planning team to identify next steps in creating a plan for promoting the optimal functioning of individuals with Intellectual and Developmental Disabilities (IDD) and Behavioral Health (BH) needs. Resource Center is intended to serve individuals who are in need of a brief out-of-home placement, but have traditionally not been able to access those services due to ongoing system limitations and pervasive behavioral health challenges. ATCIC's work includes: observation, testing of crisis planning hypotheses, family breaks for training, living skills training, specialized respite, and diversion. <i>Population= Adults with an Intellectual or Developmental Disability and a Behavioral Health Need</i></p> <p><b>Texas Home Living Provider Services (TxHmL) =</b> Coordination has the goal of supporting the service planning team to identify next steps in creating a plan for promoting the optimal functioning of individuals with Intellectual Developmental Disabilities (IDD) and Behavioral Health (BH) needs. Resource Center is intended to serve individuals who are in need of a brief out-of-home placement, but have traditionally not been able to access those services due to ongoing system limitations and pervasive behavioral health challenges. ATCIC's work includes: observation, testing of crisis planning hypotheses, family breaks for training, living skills training, specialized respite, and diversion.</p>
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		<p><i>Population= Children and Adults with an Intellectual or Developmental Disability enrolled in Texas Home Living 1915c Medicaid Waiver Program</i></p> <p><b>Employment Services</b> = ATCIC employment services help people find work opportunities that integrate their specific needs and interests. Services include individual employment profiles, supports in job searches, applications and interviews, job connection and negotiation support with employers, facilitation of natural supports for on-the-job training and accommodation access and career planning and support for achieving employment goals.</p> <p><i>Population= adults with intellectual developmental disorder, autism, enrolled in Home and Community-Based Services Waiver (HCS) or Texas Home Living Waiver (TXHmL) programs or contracted through Texas Department of Assistive and Rehabilitative Services (DARS). -</i></p> <p><b>Preadmission Screening and Resident Review (PASRR)</b> = A federally mandated program that is applied to all individuals seeking admission to a Medicaid-certified nursing facility, regardless of funding source. ATCIC is responsible for assessing individuals for eligibility, providing service coordination and specialized services to individuals who are either at risk of or who have been placed in a nursing facility.</p> <p><i>Population= Children and adults w/ an Intellectual or Developmental Disability who are at risk of or living in a nursing facility</i></p> <p><b>HUB Learning Community (HLC)</b> = ATCIC serves as the technical assistance hub, Hub Learning Community, for the central Texas region of 27 counties served by community centers that include ATCIC, BBT, BVMHMR, CCCMHR, and HOT. We assist LIDDA and non-LIDDA professionals working with individuals with IDD through educational opportunities, technical assistance, and case consultation.</p> <p><i>Population= Children and Adults with an Intellectual or Developmental Disability</i></p> <p><b>Enhanced Community Coordination (ECC)</b> = Coordinators assist individuals leaving state supported living centers and nursing facilities by providing enhanced post move coordination and support to ensure success in the community setting.</p> <p><i>Population= Children and Adults with an Intellectual or Developmental Disability who are transitioning from a State Supported Living Center or Nursing Facility</i></p> <p><b>Community Living Options Information Program (CLOIP)</b> = ATCIC provides materials, information, and community based tours to educate residents, and their guardians, of community living</p>
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			<p>option options available to support people living in a less restrictive environment.  <i>Population= Adults living in SSLC's</i>  <b>Chronic Disease Management</b> = Nutrition, exercise, tobacco cessation, wellness  <i>Population= Adults open to ongoing Behavioral Health services who use tobacco, and/or are obese, and/or have diabetes, and/or have a sedentary lifestyle</i>  <b>Tobacco Cessation Services</b> = Community consultation available for the implementation of tobacco-free policies and services. TCIC provides materials, information, and community based tours to educate residents, and their guardians, of community living options available to support people living in a less restrictive environment.  <i>Population= Individuals served by ATCIC. Service includes tobacco cessation education (individual/group services).</i></p>
Austin Children's Shelter	<b>4800 Manor Road Austin, TX. 78723</b>	Travis	<p><b>Crisis Residential and/or Respite</b>  <i>Population= Children</i></p>
15th St Hospital & Jail Diversion Program	<b>403 E. 15th Street Austin, TX. 78701</b>	Travis	<p><b>Crisis Residential Treatment</b> = Services for individuals with co-occurring substance use and mental health disorders, medication, counseling, psychosocial rehabilitative skills training, case management, nursing education  <i>Population= Adults</i></p>
Seton Shoal Creek Hospital	<b>3501 Mills Ave, Austin, TX 78731</b>	Travis	<p><b>Inpatient Psychiatric Services and Detox Services</b>  <i>Population= Adult and Child/Adolescent</i></p>
Cross Creek Hospital	<b>8402 Cross Park Drive Austin, TX 78754</b>	Travis	<p><b>Inpatient Psychiatric Services and Detox Services</b>  <i>Population= Adult and Adolescent</i></p>
Austin Lakes Hospital	<b>1025 E 32nd Street Austin, TX 78705</b>	Travis	<p><b>Inpatient Psychiatric Services</b> (with an emphasis on PICU level bed accessibility)  <i>Population = Adult</i></p>
Austin Oaks Hospital	<b>1407 W Stassney Lane Austin, TX 78745</b>	Travis	<p><b>Inpatient Psychiatric Services</b>  <i>Population= Adult and Child/Adolescent</i></p>
<b>Locations: Not Disclosed</b>			
ATCIC	<b>Project Recovery Connect to Recovery</b>	Travis	<p><b>Project Recovery, Connect to Recovery</b> Other: 90-180 day treatment model consisting of intensive treatment and case management.  <i>Population = Adults: male. May have combined diagnoses of mental illness and alcohol dependence</i></p>
ATCIC		Travis	<p><b>Safe Haven</b> = Other: Residential services for qualified veterans and residential treatment services for individuals with co-occurring</p>

			<p>substance use and mental health disorders. Supported, safe living environment for residents.</p> <ul style="list-style-type: none"> <li>Population = Homeless referred by PATH/ACCESS. Adults referred by VA; be referred by Downtown Austin Community Court or be a high-utilizer of psychiatric inpatient resources</li> </ul>
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## I. B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/Year
7	<b>The Community Behavior Support Team/START (Systemic, Treatment, Assessment, Resources &amp; Treatment) Project</b> delivers services to a target population of individuals with a co-occurring intellectual/developmental disability (IDD) and behavioral health (BH) needs. Previously underserved population has access to both primary and behavioral health care in one location.	5	31	57 clients (unduplicated)
7	<b>Expanded Specialty Behavioral Health Prescriber Capacity</b>	5	N/A	1229 encounters
7	<b>Introduce, Expand or Enhance Telemedicine</b>	5	N/A	1277 encounters
7	<b>Integration of Primary and Behavioral Health Care Services (Dove Springs)</b>	5	1640	2996 clients (unduplicated)
7	<b>Mobile Crisis Outreach Team (MCOT) Expansion</b>	5	N/A	1961 clients (unduplicated)
7	<b>Integrated Health Peer Support Expansion</b>	5	107	149 clients (unduplicated)
7	<b>Implementation of Chronic Disease Prevention</b>	5	87	189 clients (unduplicated)
7	<b>Hospital and Jail Alternative Project (Crisis Residential)</b>	5	16	670 clients (unduplicated)
7	<b>Enhance Culturally Competent Care Project</b> provides cultural competence training developed specifically for mental health practitioners to all employees.	3	N/A	61,382 encounters

<b>1115 Waiver Projects</b>				
<b>RHP Region(s)</b>	<b>Project Title (include brief description if needed)</b>	<b>Years of Operation</b>	<b>Capacity</b>	<b>Number Served/Year</b>
7	<b>Integrated School-Based Behavioral Health and Primary Care Services</b> establishes bilingual campus-based services in Del Valle, Manor, and Pflugerville to address the needs of students who experience serious behavioral health issues.	3	313	258 clients (unduplicated)
7	<b>First Steps: Therapeutic Intervention for Infants and Toddlers with Mild to Moderate Developmental Delays</b> expands targeted care for infants and toddlers who exhibit mild to moderate developmental delays and who do not qualify for Early Childhood Intervention (ECI) services offered by the state.	3	31	1038 encounters

## I.C Community Participation in Planning Activities

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

List the key issues and concerns identified by stakeholders, including unmet service needs.

<ul style="list-style-type: none"> <li>• Lack of a community based <i>specialized</i> short term psychiatric treatment alternative for individuals (on Emergency Detention or voluntary status) who require psychiatric crisis stabilization in a safe, secure and cost effective setting. (<i>Needs and Capacity Assessment for Crisis Expansion: Psychiatric Emergency Service Projects</i>. Austin Travis County Integral Care. 2015)</li> </ul>
<ul style="list-style-type: none"> <li>• Stakeholders identified the need to decrease the community readmission rate for inpatient psychiatric hospitals. (<i>Year 1 Behavioral Health Strategic Plan Accomplishments</i>. Crisis Implementation Committee, CIC)</li> </ul>
<ul style="list-style-type: none"> <li>• Integration of mental health, physical health, and school services. (<i>Travis County Plan For Children’s Mental Health</i>. 2015)</li> </ul>
<ul style="list-style-type: none"> <li>• Intervene intensively for persons with complex needs (<i>Travis County Plan for Children’s Mental Health</i>. 2015. <i>The Travis County Behavioral Health Continuum</i>. <i>Community Plan to End Homelessness</i>. <i>The School Readiness Action Plan</i>. <i>The Community Health Improvement Plan</i>.)</li> </ul>
<ul style="list-style-type: none"> <li>• Travis County community pays a high price for substance use; substance use rates in Central Texas are consistently higher than those in other parts of Texas and the nation. (<i>Travis County Plan for Substance Use Disorders</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Without a safe place to live and appropriate support services, the vicious cycle of shelter, jail, and emergency room continues and recovery cannot begin. (<i>Housing First Oak Springs</i>. Austin Travis County Integral Care. <a href="http://www.housingfirstatx.org/">http://www.housingfirstatx.org/</a>)</li> </ul>
<ul style="list-style-type: none"> <li>• Holistic Approach (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session</i>. Austin Travis County Integral Care. January 2016)</li> </ul>
<ul style="list-style-type: none"> <li>• Family &amp; Income Support: [direct] support for families &amp; family support (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session</i>. Austin Travis County Integral Care. January 2016)</li> </ul>
<ul style="list-style-type: none"> <li>• Veterans Support [cognitive help/specialized work] (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session</i>. Austin Travis County Integral Care. January 2016)</li> </ul>
<ul style="list-style-type: none"> <li>• Restorative justice: Mental Health (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session</i>. Austin Travis County Integral Care. January 2016)</li> </ul>
<ul style="list-style-type: none"> <li>• Workplace Development (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session</i>. Austin Travis County Integral Care. January 2016)</li> </ul>
<ul style="list-style-type: none"> <li>• Trauma informed care for children with history of abuse and neglect (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session</i>. Austin Travis County Integral Care. January 2016)</li> </ul>
<ul style="list-style-type: none"> <li>• Holistic Care for children with dual diagnosis “MH-IDD” (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session</i>. Austin Travis County Integral Care. January 2016)</li> </ul>

<ul style="list-style-type: none"> <li>• Lack of psychiatric service providers who are competent and willing to provide services for children with IDD who are experiencing a behavioral health crisis and their families. (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session. Austin Travis County Integral Care. January 2016</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Need to improve collaboration among all service providers to have a truly recovery oriented, person-centered system for behavioral health needs (money follows the person). (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session. Austin Travis County Integral Care. January 2016</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Improve intervention/assessments for consumers with legal issues. (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session. Austin Travis County Integral Care. January 2016</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Improve communication with non-English speaking consumers. (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session. Austin Travis County Integral Care. January 2016</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Identify and intervene with ED /IDD children before legal system intervenes. (<i>Planning Network &amp; Advisory Committee (PNAC) Work Session. Austin Travis County Integral Care. January 2016</i>)</li> </ul>

## Section II: Psychiatric Emergency Plan

### II.A Development of the Plan

Describe the process you used to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including:

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

ATCIC actively collaborated with local stakeholders for the Psychiatric Emergency Service Plan. ATCIC works with the Psychiatric Stakeholder Committee (PSC), convened quarterly by Central Health, to identify and prioritize local need. The PSC acts as an information clearinghouse to ensure community need is effectively identified and prioritized through key workgroup areas. Members include leaders from city council, Austin mayor, Travis County Commissioners, Travis County department executives, local hospital and healthcare leaders, law enforcement, advocacy organizations and local judiciary. The PSC receives reports and recommendations from the following groups to fulfill its mission:

\* Crisis Services Implementation Committee (CIC), representing health care systems, including local emergency departments, health care providers, area hospitals, substance use providers, local advocates and first responders such as police, sheriff and emergency medical services personnel.

\* Behavioral Health Advisory Committee (BHAC) representing justice and law enforcement systems, including the sheriff's department, police department, advocacy groups, judges, attorneys, Mental Health Public Defenders Office, justice planning, Crisis Intervention Team personnel, probation, and substance use providers.

\* ATCIC-led Substance Use Planning Committee which is currently identifying and prioritizing need for the upcoming local budget cycle. ATCIC engaged Woolard Nichols and Associates to convene a broad array of stakeholders to develop a comprehensive substance use plan. Stakeholders include providers, advocates, peers, healthcare professionals, Travis County department executives from Justice Planning and Health and Human Services, and City department staff.

## II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?
  - a. During business hours

- ATCIC fields two MCOT teams. The first MCOT team, funded through DSHS and Travis County, is dispatched via ATCIC's crisis hotline. The second MCOT team, funded through the 1115 Waiver, targets first responders, including police, sheriff, EMS and Travis County jail central booking as key intercept points for direct referral. During FY 2015, 15% of MCOT visits were to children and/or adolescents, and MCOT provided services to 94 individuals with intellectual/developmental disabilities.
- ATCIC's two MCOT teams are staffed 8am – 10pm Monday through Friday with qualified mental health professionals (QMHP) and Licensed Professionals of the Healing Arts (LPHA). ATCIC's 1115 Waiver MCOT Project budgets a 1.0 psychiatrist. The team dispatched via ATCIC's Hotline utilizes an Advanced Nurse Practitioner.

b. After business hours

- ATCIC's two MCOT teams are staffed with on call QMHP or LPHA staff 10pm to 8am Monday through Friday.

c. Weekends/holidays

- Both teams work 10am – 8pm weekends and holidays and utilize on call staff 8pm to 10am on weekends and holidays.

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

- Both 1115 Waiver MCOT and ATCIC hotline dispatched MCOT utilize the TAC rule and Information Item V as overarching criteria for appropriate utilization, triage and deployment.
- 1115 Waiver MCOT dispatch and deployment criteria have been developed and established in conjunction with ATCIC partners Austin Police Department (APD), Travis County Sheriff's Office (TCSO) and Austin Travis County Emergency Medical Services (ATCEMS).
- Hotline dispatched MCOT criteria are identified in the dispatch criteria and Hotline screening procedure and tools. Hotline staff utilize a screening form in compliance with DSHS Information Item V and AAS standards.

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

- When crisis care is initiated through the LMHA, MCOT's role is to respond in accordance with Information Item V guidelines and TAC criteria with respect to emergent, urgent, and routine timelines and to respond to the individual wherever they are in the community. MCOT does provide follow-up care to stabilize the crisis episode and link individuals to appropriate resources for ongoing care.

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

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

- Emergency rooms: MCOT responds to emergency room staff upon request. Emergency Departments in Travis County do not frequently request MCOT dispatch, however when they do MCOT does respond.

- Law enforcement: 1115 Waiver MCOT was developed to be directly accessible to law enforcement to assist law enforcement help individuals experiencing a psychiatric crisis. 1115 Waiver MCOT is co-located with APD and TCSO Crisis Intervention Teams. 1115 Waiver MCOT is routinely and directly deployed by law enforcement via 911, officers in the field and jail central booking.

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

- Emergency rooms: MCOT provides emergency room staff with additional crisis assessment resources, linkage to care and communication with ATCIC's Utilization Management team.
- Law enforcement: ATCIC provides mental health training and MCOT activation training to law enforcement as part of the training academy. 1115 Waiver MCOT is routinely and directly deployed by law enforcement via 911, officers in the field and jail central booking. Once upon scene and safety secured, law enforcement typically turns the case over to MCOT and leaves the scene so they can be available for other law enforcement calls. MCOT provides content expertise to law enforcement about mental health and community resources.

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:

- MCOT is trained to consider and recommend the least restrictive alternative. MCOT teams consider all appropriate least restrictive alternatives while also establishing what additional/if any medical clearance is needed. If medical clearance is needed, MCOT staff utilize ATCIC's nurse on call, ATCIC's physician on call, ATCEMS or nearest Emergency Department depending on direction from ATCIC's medical staff and the nature and urgency of the medical issue. ATCIC's MCOT teams also staff cases with ATCIC's UM about appropriateness for facility based care whether it's through one of ATCIC's 72 crisis respite or crisis residential beds or authorization for inpatient psychiatric hospitalization.

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

- ATCIC's MCOT teams staff cases with ATCIC's UM to obtain authorization for inpatient psychiatric hospitalization.

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.):

- ATCIC's MCOT teams staff cases with ATCIC's UM regarding appropriateness for facility based care and availability of beds through one of ATCIC's 72 crisis respite or crisis residential beds. In FY17, ATCIC's 16 bed extended observation program is scheduled to open and staff will follow a similar process once this service is available.

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

a. During business hours

- Whether during business hours, after hours, or on weekends/holidays, law enforcement or emergency departments may contact the ATCIC Call Center/Hotline. Calls may be routed to the Utilization Management (UM) Department to facilitate inpatient (IP) admission screening. Law enforcement may also elect to transport a client to Psychiatric Emergency Services (PES) during PES urgent care hours (Monday through Friday 8-10 pm or Saturday and Sunday 10-8 pm), or to the Seton Psychiatric Emergency Department for additional crisis screening and assessment. For clients with private insurance, the law enforcement officer may elect to transport the individual directly to one of the local psychiatric hospitals for admission. For Central Health or DSHS-funded IP beds, the emergency department would obtain authorization for IP admission from the UM Department during UM business hours (currently Monday through Friday 8am to 9pm), or by contacting the Call Center which has access to UM on-call staff after hours/weekends/holidays.

b. After business hours

- See IIB. 6a above

c. Weekends/holidays

- See IIB. 6a above

7. If an inpatient bed is not available:

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

- If an inpatient bed is not available and the individual does not meet criteria for ATCIC's crisis residential or respite programs, he or she is taken to the nearest Emergency Department. Beginning in the fall of 2016, ATCIC's new 16 bed mental health crisis center, conforming to extended observation unit standards will provide another community option for adults on emergency detention.

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

- Emergency Department social work staff provide services and maintain contact with ATCIC's UM Department. ED social work staff also utilize the crisis hotline to request ATCIC staff such as MCOT, ACT and other service teams as needed.

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

- The Utilization Management Department is responsible for review of medical necessity and continued determination of need for inpatient admission.

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

- The referring entity is typically responsible for the transportation of individuals who are voluntary and not on an emergency detention. For example, the emergency department may elect to place the person in a taxicab, contract with local law enforcement for off-duty officers to transport, or contract with local ambulance services to provide transport to the psychiatric hospital for admission.

### Crisis Stabilization

8. What alternatives does your service area have for facility-based crisis stabilization services (excluding inpatient services)?

Name of Facility	The Inn
Location (city and county)	56 East Ave. Austin, TX 78701
Phone number	512-472-HELP (4357) and Toll Free 1-844-398-8252
Type of Facility (see Appendix B)	Crisis residential
Key admission criteria (type of patient accepted)	Adult, voluntary, Travis County residents
Circumstances under which medical clearance is required before admission	Per Medical Director, Program Psychiatrist/APN/PA or prescriber on call
Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Access crisis services via ATCIC's Hotline, PES or MCOT
Accepts emergency detentions?	no

Name of Facility	15 <sup>th</sup> St Hospital and Jail Diversion Program
Location (city and county)	403 E 15 <sup>th</sup> St., Austin, TX 78701
Phone number	512-472-HELP (4357) and Toll Free 1-844-398-8252
Type of Facility (see Appendix B)	Crisis residential
Key admission criteria (type of patient accepted)	Adult, voluntary, Travis County residents Co-occurring mental illness and substance use disorders
Circumstances under which medical clearance is required before admission	Per Medical Director, Program Psychiatrist/APN/PA or prescriber on call
Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Access crisis services via ATCIC's Hotline, PES or MCOT
Accepts emergency detentions?	no

Name of Facility	Next Step Crisis Respite Program
Location (city and county)	6222 N Lamar, Austin, TX 78752
Phone number	512-472-HELP (4357) and Toll Free 1-844-398-8252
Type of Facility (see Appendix B)	Crisis respite
Key admission criteria (type of patient accepted)	Adult, voluntary, Travis County residents
Circumstances under which medical clearance is required before admission	Per Medical Director, Program Psychiatrist/APN/PA or prescriber on call
Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Access crisis services via ATCIC's Hotline, PES or MCOT
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?

Name of Facility	Seton Shoal Creek Hospital
Location (city and county)	Austin, Texas
Phone number	512-324-2000
Key admission criteria	Must meet medical necessity for inpatient admission due to psychiatric needs.
Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Seton Shoal Creek does not have onsite admission. First responders would need to facilitate a doc-to-doc with Seton or transport the individual to the Seton Psychiatric Emergency Department for evaluation and transfer to Shoal Creek. Has inpatient and detox services, as well as services for adult and child/adolescent populations

Name of Facility	Cross Creek Hospital
Location (city and county)	Austin, Texas
Phone number	877-971-6689

Name of Facility	Cross Creek Hospital
Key admission criteria	Must meet medical necessity for inpatient admission due to psychiatric needs.
Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Cross Creek Hospital has inpatient and detox services, as well as services for adult and adolescent populations

Name of Facility	Austin Lakes Hospital
Location (city and county)	Austin, Texas
Phone number	512-544-5253
Key admission criteria	Must meet medical necessity for inpatient admission due to psychiatric needs.
Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Austin Lakes Hospital has inpatient services for the adult population, with an emphasis on PICU level bed accessibility.

Name of Facility	Austin Oaks Hospital
Location (city and county)	Austin, Texas
Phone number	512-440-4800
Key admission criteria	Must meet medical necessity for inpatient admission due to psychiatric needs.
Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Austin Oaks Hospital has inpatient services for adult and child/adolescent populations.

## II.C Plan for local, short-term management of pre/post-arrest patients 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.

- ATCIC provides a 9 bed outpatient competency restoration program for individuals requiring a residential location for restoration of competency. ATCIC also provides restoration of competency programming and treatment for individuals who have a place to reside in the community while participating in programming.

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

- Issues that limit access to outpatient competency restoration primarily relate to agreement among the judge, prosecuting attorney and defense attorney.

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?

- ATCIC has a dedicated jail liaison who attends the felony and misdemeanor mental health court dockets. This employee also assesses clients in the jail for possible eligibility for the outpatient competency restoration program.

d. 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.

- N/A

e. 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.

- ATCIC plans to continue to sustain our successful outpatient competency programming. ATCIC also plans to continue to work with the judges, prosecuting attorneys and defense attorneys to identify and address issues that may impede program utilization and growth.

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.)?

- ATCIC plans to sustain the currently successful outpatient competency restoration programming. ATCIC hopes to address any issues that may impede potential future expansion of outpatient competency restoration services.

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

- None at this time.

## **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?

- ATCIC's 1115 Waiver Hospital and Jail Diversion 24 bed crisis residential program offers specialty treatment for individuals with co-occurring mental health and substance use disorders.
- ATCIC provides access to primary care for individuals enrolled in our crisis residential and respite programs with our co-located FQHC partner CommUnity Care. Current access to primary care is provided through a CommUnity Care SAMHSA grant. Both partners are looking at a sustainability plan.

- ATCIC's Inn, 1115 Hospital and Jail Diversion Project and Next Step programs offer individualized treatment planning and appropriate services and linkage for individuals with co-occurring substance use, primary care and mental health disorders.
- ATCIC's PES and hotline activated MCOT assess for psychiatric, substance use and physical healthcare needs. These identified needs are addressed in the course of resolving the crisis episode via appropriate targeted services and linkage to ongoing care.
- ATCIC's 1115 Waiver MCOT partners with ATCEMS and through that partnership is able to address immediate primary care and substance use needs. Additionally, ATCIC's 1115 Waiver MCOT assesses for psychiatric, substance use and physical healthcare needs. Those identified needs are addressed in the course of resolving the crisis episode via appropriate targeted services and linkage to ongoing care.
- ATCIC's ambulatory detox program is co-located with crisis services to facilitate ease of cross referral and access for individuals experiencing a substance use and/or mental health crisis.

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

- Beginning in the fall of 2016, ATCIC's new 16 bed mental health crisis center, conforming to extended observation unit standards, will provide another community option for adults on emergency detention and voluntary adults whose needs are too acute for crisis residential or respite care. This service is designed to offer integrated primary, substance use and mental health care.
- ATCIC is developing sustainability plans for the 1115 Waiver Hospital and Jail Diversion 24 bed crisis residential program and 1115 Waiver MCOT project.
- Expansion opportunities to meet the primary healthcare needs of individuals in crisis will be explored through ATCIC's existing partnerships with CUC's mobile healthcare teams and ATCEMS's Community Health Paramedic Team.
- Increased flexibility and latitude for fuller integration of substance use with primary care and mental health treatment services will continue to be sought and requested at the state level.

## 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.

- ATCIC will post the plan on its website, in addition to sharing through existing brochures and pamphlets.
- ATCIC provides regularly scheduled training about accessing services to APD cadets, MHOs and CIT, TCSO CIT, TCSO jail counseling staff, Pflugerville PD and ATCEMS staff.
- Key information will be shared with local stakeholder groups, such as CIC, Psychiatric Stakeholder Committee, BHAC and Substance Use Planning Committee.
- ATCIC Communications Department is in the process of updating available brochures related to our psychiatric crisis services, including developing one specifically for professionals such as first responders.

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

- All ATCIC crisis services staff will review the plan in a scheduled monthly meeting.
- Existing program procedures are in place and shared internally.
- Program specific training will continue to be offered at the program staff level

## 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
Travis	<ul style="list-style-type: none"> <li>• ATCIC is working to expand services to unincorporated parts of the county. Currently providing services to Independent School Districts (ISD) other than Austin ISD, but in Travis County. Travel time in crisis situations has been a challenge.</li> </ul>

## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

Indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years.

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT)</li> <li><input checked="" type="checkbox"/> Co-mobilization with Mental Health Deputies</li> <li><input checked="" type="checkbox"/> Co-location with CIT and/or MH Deputies</li> <li><input checked="" type="checkbox"/> Training dispatch and first responders</li> <li><input checked="" type="checkbox"/> Training law enforcement staff</li> <li><input checked="" type="checkbox"/> Training of court personnel</li> <li><input checked="" type="checkbox"/> Training of probation personnel</li> <li><input checked="" type="checkbox"/> Documenting police contacts with persons with mental illness</li> <li><input checked="" type="checkbox"/> Police-friendly drop-off point</li> <li><input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized</li> <li><input type="checkbox"/> Other: <a href="#">Click here to enter text.</a></li> </ul>	<ul style="list-style-type: none"> <li>• 1115 Waiver MCOT team is co-located with APD and TCSO CIT teams</li> <li>• 1115 Waiver MCOT and MCOT dispatched by Hotline are co-mobilized with MH Deputies upon request. 1115 Waiver MCOT is dispatched by 911.</li> <li>• ATCIC trains APD cadets, MHO's and CIT and TCSO CIT, Central Booking staff and Pflugerville police</li> <li>• ATCIC trains probation personnel via TCOOMMI funded ANEW and court personnel via the assigned jail liaison</li> <li>• ATCIC's PES urgent care service offers a police friendly drop off point</li> <li>• ATCIC's PES and MCOT teams offer service linkage and follow up for individuals not hospitalized to stabilize the crisis episode and document police contacts</li> <li>• ATCIC's START team coordinates with ATCIC MCOT and PES to support and assist individuals with co-occurring mental illness and developmental disabilities to stabilize the crisis and link to services</li> <li>• ATCIC and Austin NAMI co-sponsored the Stepping-Up Forum to educate stakeholders, the public and providers about the national Stepping Up Initiative in Oct 2015</li> </ul>

	<ul style="list-style-type: none"> <li>Travis County Commissioners endorsed the NAMI Stepping Up Proclamation in Oct 2015.</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>Continue to expand 1115 Waiver MCOT key partnerships to further expand offer diversion opportunities</li> <li>Continue to solidify sustainability plans for 1115 Waiver projects, such as 1115 MCOT, 24 bed Crisis Residential Hospital and Jail Diversion Project, Dove Springs Integrated Care Clinic and START</li> </ul>	
<p><b>Intercept 2: Post-Arrest: Initial Detention and Initial Hearings</b></p>	
<p><b>Components</b></p>	<p><b>Current Activities</b></p>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion</li> <li><input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility</li> <li><input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion</li> <li><input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration</li> <li><input checked="" type="checkbox"/> Link to comprehensive services</li> <li><input checked="" type="checkbox"/> Other: Central booking staff page 1115 MCOT as appropriate to divert</li> </ul>	<ul style="list-style-type: none"> <li>Liaison at felony and mental health dockets</li> <li>Liaison screens at jail</li> <li>ATCIC new Mental Health Bond Project increases access to mental health bonds. Implemented 12/15. Collaboration between ATCIC and Travis Co. Pre-trial Services, funded through Travis County and TCOOMMI. Intensive case management and linkage to services provided</li> <li>Road to Recovery funded through Downtown Austin Community Court, individuals with chronic inebriation charges. 90 day residential, 90 day aftercare.</li> <li>Oak Springs intensive substance use outpatient treatment program</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>Currently collaborating with TCSO to identify additional opportunities for MCOT to divert at booking.</li> <li>Actively engaged in dialogue with Mental Health Public Defenders Office to enhance and formalize collaboration around relevant issues (e.g., access, case coordination). Utilizing the Sequential Intercept Model as planning tool.</li> </ul>	

<b>Intercept 3: Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments</b>	
<b>Components</b>	<b>Current Activities</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility</li> <li><input type="checkbox"/> Mental Health Court</li> <li><input checked="" type="checkbox"/> Veterans' Court</li> <li><input checked="" type="checkbox"/> Drug Court</li> <li><input checked="" type="checkbox"/> Outpatient Competency Restoration</li> <li><input checked="" type="checkbox"/> Services for persons Not Guilty by Reason of Insanity</li> <li><input type="checkbox"/> Services for persons with other Forensic Assisted Outpatient Commitments</li> <li><input checked="" type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial</li> <li><input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial</li> <li><input checked="" type="checkbox"/> Providing services in jail (for persons without outpatient commitment)</li> <li><input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers</li> <li><input type="checkbox"/> Link to comprehensive services</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-trial MH Bond Project</li> <li>• A Jail liaison assigned to mental health misdemeanor and felony dockets</li> <li>• Jail liaison provides support as needed at Veterans Court</li> <li>• ATCIC liaison provides intensive case management at Drug Court</li> <li>• ATCIC Outpatient Competency Restoration program</li> <li>• ATCIC prescribers sub-contracted at jail provide services</li> <li>• Treatment Services such as ACT work with courts to provide treatment for not guilty by reason of insanity (NGRI) individuals on an as-needed basis</li> <li>• ATCIC's START team coordinates with the mental health dockets to support and assist individuals with co-occurring mental illness and developmental disabilities to stabilize and link to comprehensive services</li> <li>• ATCIC provides a part time prescriber at SMART</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• Travis County Judge Nancy Hohengarten plans to establish a mental health court in 2016. ATCIC is participating in the planning.</li> </ul>	
<b>Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization</b>	
<b>Components</b>	<b>Current Activities</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Providing transitional services in jails</li> <li><input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release</li> </ul>	<ul style="list-style-type: none"> <li>• ATCIC staff initiates services for individuals identified as homeless at the jail to assess needs, plan for continuity of care and provide continuity of care post-release</li> </ul>

<ul style="list-style-type: none"> <li><input type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures</li> <li><input type="checkbox"/> Specialized case management teams to coordinate post-release services</li> <li><input checked="" type="checkbox"/> Other: Austin Travis County Reentry Roundtable, Health Justice Learning Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>• TCOOMMI-funded ANEW staff are assigned to Austin Transitional Center to provide support, case management and linkage to continuity of care</li> <li>• ATCIC's TCOOMMI provides tracking and coordination between Travis County jail and TCOOMMI for reimbursement of 46B medications</li> <li>• ATCIC staff leads the mental health workgroup of the Austin Travis County Reentry Roundtable (ATCRR) in alignment with ATCRR strategic plan.</li> <li>• Travis County, ATCIC and TCSO, one of three sites nationally selected to participate in 9 month National Council for Behavioral Health and Major Counties Sheriff's Association National Health Justice Learning Collaborative to improve access to services at jail discharge by streamlining internal processes to maximize resources, adding staff resources.</li> <li>• ATCIC and TCSO spearheaded National Health Justice Learning Collaborative Kick Off event 4/1/15 for community in coordination with National Council for Behavioral Health and MTM services.</li> <li>• ATCIC implemented a centralized call center in Oct 2015 and Just In Time Prescribing in Jan 2016 through the Health Justice Learning Collaborative and TA from MTM.</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• Through the collaborative and TA from MTM, ATCIC is planning to a) establish a dedicated phone line at ATCIC's call center for jail counseling staff to contact ATCIC's call center to communicate re: jail discharges and link to continuity of care and, and fully implement Open Access Intakes.</li> <li>• ATCIC is working with jail staff and intends to fund a position at the Travis County jail to focus on providing case management and linkage to services to target the needs of homeless individuals and complete coordinated housing assessments</li> <li>• BHAC is actively seeking funding opportunities in this area</li> </ul>	

<b>Intercept 5: Community corrections and community support programs</b>	
<b>Components</b>	<b>Current Activities</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders</li> <li><input checked="" type="checkbox"/> Training for probation or parole staff</li> <li><input checked="" type="checkbox"/> TCOOMMI program</li> <li><input type="checkbox"/> Forensic ACT</li> <li><input checked="" type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads</li> <li><input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections</li> <li><input checked="" type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li>• ATCIC's TCOOMMI-funded ANEW program provides comprehensive services, included screening and assessment, specialized caseloads and continuity of care services</li> <li>• ATCIC's TCOOMMI-funded ANEW program is co-located with Travis County Probation and Parole specialized caseload officers to facilitate communication and case coordination</li> <li>• ATCIC's TCOOMMI-funded juvenile program and family preservation programs are co-located at juvenile probation</li> <li>• ATCIC's designated ANEW staff meet quarterly with probation, parole and Austin Transitional Center staff to communicate and resolve system issues, offer cross-training and deepen collaborative relationships</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• BHAC is actively seeking funding opportunities in this area.</li> </ul>	

### III.B Other System-Wide Strategic Priorities

Area of Focus	Current Status	Plans
Improving continuity of care between inpatient care and community services	<ul style="list-style-type: none"> <li>• ATCIC has improved continuity of care by re-assigning a Continuity of Care worker to ASH. There was a period of time where this presence on the campus did not exist and care and coordination was completed telephonically with Utilization Management staff. ATCIC continues to have a monthly meeting with ASH administration to discuss any issues related to admissions, discharges, continuity of care, and readmissions. In addition, ASH and ATCIC have implemented monthly meetings to specifically discuss and strategize action plans regarding clients who have been admitted to ASH for greater than 365 days. Over the past 6 months, ATCIC has been able to coordinate discharge from ASH for 6 individuals. Without the extra effort, focus and attention on these individuals and ways to meet their needs, they would still be admitted to ASH.</li> <li>• Hospital Liaison</li> <li>• 7 day Follow-Up protocols</li> <li>• Monthly ASH and ATCIC utilization meetings</li> <li>• PATH, ACT hospital within reach</li> </ul>	<ul style="list-style-type: none"> <li>• In addition to continuing the above interventions and meetings, ATCIC is establishing a new navigator unit for Central Health-funded IP admissions. This unit will include 7 staff who are qualified mental health professionals. They will focus on case management, engagement, and generally linking/coordinating/monitoring referrals for the clients to connect to resources in the community that will assist them to reduce crisis and inpatient recidivism. This team will focus on discharge planning and implementation of appropriate aftercare to ensure that the continuity of care transition from inpatient is as smooth as possible.</li> </ul>
Reducing hospital readmissions	<ul style="list-style-type: none"> <li>• In an effort to review and address hospital readmissions, this topic is discussed monthly at the meeting with ASH. In this way, we are able to determine if there is additional intervention needed regarding specific individuals. On an agency-wide basis, ATCIC reviews data on high utilizers of emergency/crisis services monthly as well. This meeting is attended by all program areas to provide an opportunity to brainstorm about clients, their needs, and new ways in which our services may reduce the</li> </ul>	<ul style="list-style-type: none"> <li>• The new navigator team mentioned above will be focusing most intensely on high utilizers and ensuring that they are connected to resources to prevent recidivism.</li> <li>• Crisis Mental Health Center scheduled to open fall 2016</li> <li>• Oak Springs Supported Housing Program to open 2017</li> </ul>

Area of Focus	Current Status	Plans
	<p>need for inpatient or crisis services. The Utilization Management department refers 2 clients per month to this meeting for review. These clients are typically the individuals being hospitalized most often, or for the longest amount of time in terms of bed days.</p> <ul style="list-style-type: none"> <li>• ATCIC High Utilizer Committee</li> <li>• Monthly ASH and ATCIC utilization meetings</li> <li>• HCC and other efforts to address homelessness, a frequent precipitator of mental health crisis</li> <li>• PES</li> <li>• Hotline activated MCOT</li> <li>• 1115 Waiver MCOT</li> <li>• 1115 Waiver START</li> <li>• 1115 Hospital and Jail Diversion 24 bed co-occurring crisis residential</li> <li>• The Inn, 16 bed crisis residential</li> <li>• Next Step, 31 bed crisis respite</li> </ul>	
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community</p>	<ul style="list-style-type: none"> <li>• As indicated above, ATCIC and ASH are having monthly meetings to review in detail the clients that are on the 365+ day list. With the advent of PASRR services for persons with behavioral health needs, ATCIC has established better relationships with some of the local nursing homes</li> </ul>	<ul style="list-style-type: none"> <li>• Due to the relationship building with the local nursing facilities, we hope to develop plans for specific individuals who would be better suited to a nursing home environment. This would allow ATCIC to have crisis plans in place with the nursing facility and to help address needs before the situation escalates to a level where inpatient admission at a SMHF is the only option.</li> </ul>
<p>Reducing other state hospital utilization</p>	<ul style="list-style-type: none"> <li>• Currently, ATCIC is meeting with a local judge who presides over one of the criminal courts. Most of the Travis County admissions under a 46B commitment are processed through this court. We are taking one individual at a time and working on a specific plan to</li> </ul>	<ul style="list-style-type: none"> <li>• ATCIC hopes that successful implementation of the current one-by-one strategy will improve and strengthen the relationship with the court overall. This would allow ATCIC and the court to move into an area in the</li> </ul>

Area of Focus	Current Status	Plans
	<p>address that individual's needs in the community and ways in which we can reduce their criminal behavior overall.</p> <ul style="list-style-type: none"> <li>• HCC and other efforts to address homelessness, a frequent precipitator of mental health crisis</li> <li>• PES</li> <li>• Hotline activated MCOT</li> <li>• 1115 Waiver MCOT</li> </ul>	<p>future where we can develop broader policies, procedures, or strategies for clients in general that will translate into fewer 46B admissions for a full 90-120 days at one of the SMHFs.</p> <ul style="list-style-type: none"> <li>• Crisis Mental Health Center scheduled to open fall 2016</li> <li>• Oak Springs Supported Housing Program, 2017</li> </ul>
Tailoring service interventions to the specific identified needs of the individual	<ul style="list-style-type: none"> <li>• PCCP fully implemented</li> <li>• Crisis Safety Planning training underway</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation individual crisis safety planning tool</li> </ul>
Ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <li>• ACT toolkit</li> <li>• Member AAS, National Suicide Prevention Lifeline</li> </ul>	
Transition to a recovery-oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)	<ul style="list-style-type: none"> <li>• PCCP</li> </ul>	

Area of Focus	Current Status	Plans
<p>Addressing the needs of consumers with Co-occurring substance use disorders</p>	<ul style="list-style-type: none"> <li>• 1115 Waiver 24 bed Hospital and Jail Diversion Project providing specialty co-occurring care</li> <li>• Road to Recovery</li> <li>• Oak Springs Intensive Substance Use Outpatient Program</li> <li>• COPSD</li> <li>• Integrated assessment tools</li> <li>• PCCP</li> </ul>	<ul style="list-style-type: none"> <li>• Seek to reduce contractual and administrative barriers to integrated service delivery</li> <li>• Crisis Mental Health Center scheduled to open fall 2016</li> </ul>
<p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p>	<ul style="list-style-type: none"> <li>• EMERGE</li> <li>• Integrated Care Dove Springs</li> <li>• Integrated Care Rundberg clinic</li> <li>• CommUnityCare primary care co-location crisis services</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis Mental Health Center scheduled to open fall 2016</li> </ul>

### III.C Local Priorities and Plans

Local Priority	Current Status	Plans
<p>Community intensely focused on ending homelessness (by moving as many people as possible off the streets and into appropriate housing).</p>	<ul style="list-style-type: none"> <li>• Expanded focus in Travis County on ending community homelessness. <ul style="list-style-type: none"> <li>-Focus on prevention, short-term homelessness, long-term homelessness, and support services.</li> </ul> </li> <li>• Of the chronically homeless men, women and children sleeping on Austin’s streets, 60% suffer from mental illness, substance use issues or physical disabilities.</li> </ul>	<p><a href="#">The Plan to End Community Homelessness 2010 Update</a></p> <p>The Healthy Community Collaborative (HCC) is a group of local partners who are working together to improve our community’s health by providing housing and integrated supportive services for individuals who are homeless. The initiative is funded in part by a Healthy</p>

Local Priority	Current Status	Plans
	<ul style="list-style-type: none"> <li>• Housing First, being developed in Travis County, is an evidence-based, whole health treatment approach designed to address the needs of individuals experiencing homelessness, who also live with mental illness.</li> <li>• City of Austin currently is developing standards for Room &amp; Board housing.</li> </ul>	<p>Community Collaborative grant from the Texas Department of State Health Services. As part of the grant, Housing First Oak Springs, LLC, a subsidiary of Integral Care, is developing 50 units of permanent supportive housing. <a href="#">Housing First Oak Springs</a>, will be a housing complex in Travis County for those w/mental illness or substance use disorders. Opening scheduled for spring 2017.</p>
<p>Improve the wellness of children and youth in Travis County</p>	<ul style="list-style-type: none"> <li>• Implementation of the Travis County Plan for Children’s Mental Health is guided by a steering committee (which meets monthly, with representation from the City of Austin, Travis County, and Integral Care) and four work groups aligned with plan goals.</li> </ul>	<p><a href="#">Travis County Plan for Children’s Mental Health</a></p>
<p>Short-term crisis stabilization service</p>	<ul style="list-style-type: none"> <li>• Currently activities are taking place for the creation of an Extended Observation Unit</li> <li>• St. David’s Foundation is funding the project with a grant totaling almost \$9 million. This funding will cover the bulk of construction costs and a significant percentage of the operating costs during the first two years of operations. The land was made available by Central Health.</li> <li>• The value of this land was estimated at \$1.2 million. Integral Care will help raise the necessary additional funds from public and private sources.</li> </ul>	<p>The facility is the result of the Psychiatric Stakeholders, a workgroup convened by Central Health to look at the need in this community for a short term crisis center. The facility is scheduled to open in the fall of 2016.</p>

Local Priority	Current Status	Plans
<p>Reduce impact of substance use disorder on health, relationships, employment and income in Travis County.</p> <p>Educate and increase the awareness of community members about impact of substance use disorders and resources to address them.</p>	<ul style="list-style-type: none"> <li>• Substance Use Disorders Community Advisory Team is guiding the implementation of the Plan goals and recommendations through its various work groups.</li> <li>• Quarterly updates are provided to the City of Austin, among others.</li> <li>• Updates are included in ATCIC Chief Executive Officer’s communication to over 3000</li> </ul>	<p><a href="#">Travis County Plan for Substance Use Disorders</a></p>
<p>Certified Community Behavioral Health Clinic (CCBHC)</p>	<ul style="list-style-type: none"> <li>• Adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders benefit from enhanced integration and coordination of physical and behavioral health care.</li> <li>• Integral Care currently has Behavioral Health Care Accreditation from Joint Commission.</li> <li>• Certification of current Integral Care integrated health clinics aligns with Joint Commission Standards, and adjusts Medicaid payments based on cost to provide services and adds opportunities for incentive payments based on outcome measures.</li> <li>• Integral Care is one of ten community centers selected by Texas Health and Human Services Commission as a potential CCBHC</li> </ul>	<p>Prepare for implementation based upon if selected as a pilot site.</p>

Local Priority	Current Status	Plans
	pilot site to participate as a SAMHSA demonstration project site.	

### III.D Priorities for System Development

Development of the local plans should include a process to identify local priorities and needs, and the resources that would be required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This will build on the ongoing communication and collaboration LMHAs have with local stakeholders, including work done in response to the 2015 Crisis Needs and Capacity Assessment. The primary purpose is to support local planning, collaboration, and resource development. The information will also provide a clear picture of needs across the state and support planning at the state level. Please provide as much detail as practical for long-term planning.

Priority	Need	How resources would be used (brief)	Estimated Cost
1	Housing	<ul style="list-style-type: none"> <li>Housing First Oak Springs</li> <li>ATCIC is coordinating the building of permanent supportive housing complex in Travis County for those w/mental illness or substance use disorders</li> <li>Scheduled opening is in spring 2017.</li> </ul>	Capital costs: \$14,796,532 Program Services Costs: \$2,858,566
2	Improve the wellness of youth and children	<ul style="list-style-type: none"> <li>Implement recommendations from the Travis County Plan for Children’s Mental Health. Implementation activities are guided by a steering committee (which meets monthly, with representation from the City of Austin, Travis County, and Integral Care) and four work groups aligned with plan goals.</li> </ul>	Additional analysis is needed.
3	Substance Use Services	<ul style="list-style-type: none"> <li>Work group is implementing goals and recommendations of Travis County Plan for Substance Use Disorders</li> </ul>	Additional analysis is needed.
4	Crisis Services	<ul style="list-style-type: none"> <li>Create a (Mental Health Crisis Center) that meets Extended Observation Unit</li> </ul>	Capital Costs: \$4,200,000 Program Services:

Priority	Need	How resources would be used (brief)	Estimated Cost
		<ul style="list-style-type: none"> <li>• St. David's Foundation is funding the project with a grant totaling almost \$9 million. This funding will cover the bulk of construction costs and a significant percentage of the operating costs during the first two years of operations. Ground breaking is scheduled for March 29, 2016 Integral Care will help raise the necessary additional funds from public and private sources.</li> </ul>	\$5,280,883
5	Practitioner/Provider Recruitment	<ul style="list-style-type: none"> <li>• UT Medical School</li> <li>• Huston Tillotson University</li> </ul>	\$600,000 for Year One of initiative.

## 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 Outreach Team (MCOT), or other crisis services.

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

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

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

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

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

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

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

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

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

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

**Austin Travis County Integral Care 2016 Consolidated Local Service Plan**  
**Acronyms**

**A**

APD – Austin Police Department

ASH – Austin State Hospital

ATCEMS – Austin Travis County Emergency Medical Services

**B**

BBT – Bluebonnet Trails Community MHMR Center

BHAC – Behavioral Health Advisory Committee

BVMHMR – **MHMR Authority of Brazos Valley**

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**C**

CCBHC – Certified Community Behavioral Health Clinic

CCCMHMR – Central Counties Center for MHMR Services

CHIP – Children’s Health Insurance Program

CIT – Crisis Intervention Team

CLSP – Consolidated Local Service Plan

COPSD - Co-occurring Psychiatric and Substance Use Disorders

CDS – Chemical Dependency Services

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**D**

DADS – Texas Department of Aging and Disability Services

DSHS – Texas Department of State Health Services

**E**

EOU – Extended Observation Unit

**F**

FQHC – Federally Qualified Health Clinics

**H**

HCC – Healthy Community Collaborative

HOT – Heart of Texas Region MHMR Center

HUD – Department of Housing and Urban Develop

**L**

LIDDA – Local Intellectual & Developmental Disability Authority

LMHA – Local Mental Health Authority

LOC – Level of care

**M**

MCO – Managed Care Organization

MCOT – Mobile Crisis Outreach Team

MHO – Mental Health Officer

**N**

NGRI - Not Guilty by Reason of Insanity

**P**

PCCP – Person Centered Care Plan

PES – Psychiatric Emergency Services

PICU – Psychiatric Intensive Care Unit

**Q**

QM – Quality Management

**R**

RFP – Request for Proposal

**S**

SAMHSA – The Substance Abuse and Mental Health Services Administration

SHL - Supported Home Living

START – Systematic, Therapeutic, Assessment, Respite, and Treatment

SOAR – SSI/ SSDI Outreach, Access, and Recovery Program

SSLC – State Supported Living Center

**T**

TAC – Texas Administrative Code

TCSO – Travis County Sheriff’s Office

TCCOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments

**U**

UM – Utilization Management

**V**

VA – Veterans Administration