



Serving Austin Travis County

Health and Human Services

Form O

# Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local  
Behavioral Health Authorities

June 15, 2020

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## Introduction

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

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

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

## Integral Care

Integral Care serves as the Local Authority for mental health and intellectual developmental disabilities in Travis County, and administers an annual budget of more than \$112,953,703 of local, state and federal funding from over 80 distinct funding sources at 46 owned/leased physical facilities during FY2020. Integral Care operated under the name “Austin-Travis County Mental Health and Mental Retardation Center” until September 2009, when its name was changed its name to Austin Travis County Integral Care in order to reflect evolving attitudes and terminology, and to honor the dignity of people who seek its services. Its name was changed to Integral Care in 2017.

In 2017, Integral Care served more than 29,733 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 substance use disorder. 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 on January 2018.

The 2020-2022 Strategic Plan is a road map that sets the priorities for the organization and affects development of the annual agency budget and business plan:

**Vision**

Healthy Living for Everyone

**Mission**

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

**Values**

*People*

Integral Care’s greatest strength is people – our clients, their families, our staff and the community. We promote a culture built on trust, respect, teamwork, communication, creativity and collaboration in an environment that fosters equal opportunity for everyone.

*Integrity*

Integral Care delivers on its promises and is accountable for its performance by working towards open and honest dialogue with clients and staff, while cooperating within and across organizations to deliver the most positive outcomes. *Excellence*

Integral Care is committed to continuous improvement in our systems and service delivery. *Leadership*

Integral Care collaborates, advocates, educates, and trains across systems and the community to build support for people living with behavioral health and IDD needs.

*Transparency*

Integral Care seeks to strengthen collaboration and trust with our stakeholders, collaborators, funders and clients by listening, hearing feedback and communicating clearly.

## Goals

The 2020-2022 strategic plan has three goals:

Create Value – A robust, modern and secure infrastructure is essential to Integral Care’s ability to deliver quality person centered services.

Innovation – Integral Care must continue to adapt models of care toward providing more holistic, evidence-based, population-linked services to meet the needs of the population served in a changing healthcare environment.

Community Leadership – We must continuously build public trust and demonstrate Integral Care is a strong and collaborative resource that is responding to community needs and expectations.

## 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 and other 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, Central Health, Dell Medical School and other community centers and local authorities, 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 Health and Human Services Commission (HHSC) facilities (i.e., state supported living centers and state mental health facilities) 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/or intellectual 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, Preadmission Screening and Resident Review (PASRR)
- 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;
- Designing the formation of regional solutions with collaborative partners.

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), Travis County Healthcare District dba Central Health , 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.

The current appointed Trustees may be found at: <https://integralcare.org/en/people/>.

## 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 IDD 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 Health and Human Services (TxHHS) Commission. In 1983, Integral Care Foundation (formally, 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 three Integral Care Trustees. The development of affordable housing for and education about people with brain-based disorders has been NMF's primary focus. 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. Integral Care is a member of the Tejas Behavioral Health Management Association with five other community centers to create administrative and business functions and expand provider services. 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. Integral Care 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, 2019 is 1,227,771;
- City of Austin population as of January 1, 2020 is 996,369; 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 issues 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 use disorder, as defined by a funder contracting for services
- HIV Services, as defined by 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 Integral Care services.
- Other disabled or populations as part of demonstration projects or other study groups to acquire and/or demonstrate best practices
- Veterans

## WHO WE SERVE

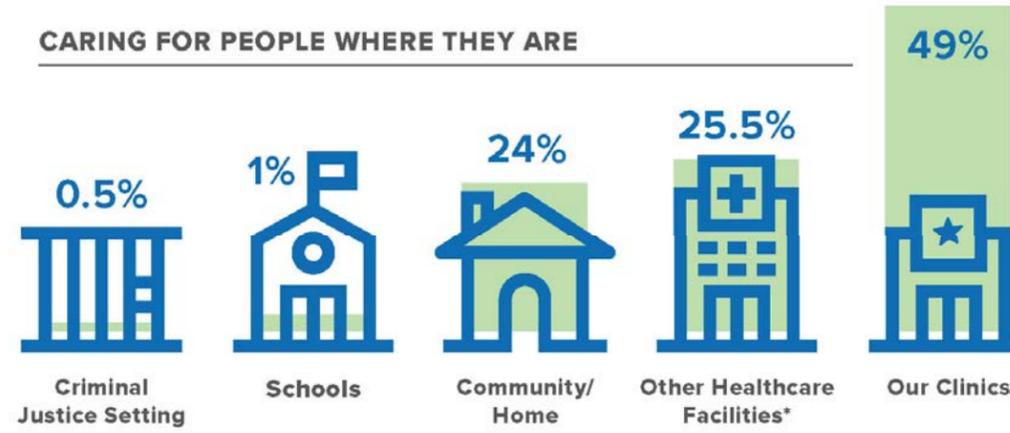
Integral Care serves populations with bipolar disorder, major depression, schizophrenia, post-traumatic stress disorder, obsessive compulsive disorder, anxiety disorder, attention deficit/hyperactivity disorder, delusional disorder, bulimia nervosa, anorexia nervosa, or other severely disabling mental disorders which require crisis resolution or ongoing or long term support and treatment. This population data also includes clients with intellectual or developmental disabilities. Integral Care's clients are largely concentrated along the I-35 corridor and in Del Valle.

Integral Care is working to improve our data analysis and reporting capabilities. This data only reflects individuals served through Integral Care, not through our subcontracted providers or partner agencies.

### CLIENT AGE



### CARING FOR PEOPLE WHERE THEY ARE



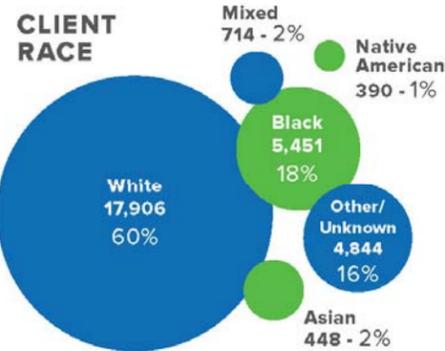
\* Includes residential facilities, medical hospitals, psychiatric hospitals, chemical dependency facilities and nursing facilities. Our goal is to provide community-based care. When possible, we go wherever someone needs help.

### NUMBER OF SERVICES PROVIDED



Adult Behavioral Health	228,109
Child & Family	78,221
Crisis	121,089
Int. & Dev. Disabilities	81,937
Substance Use	86,562

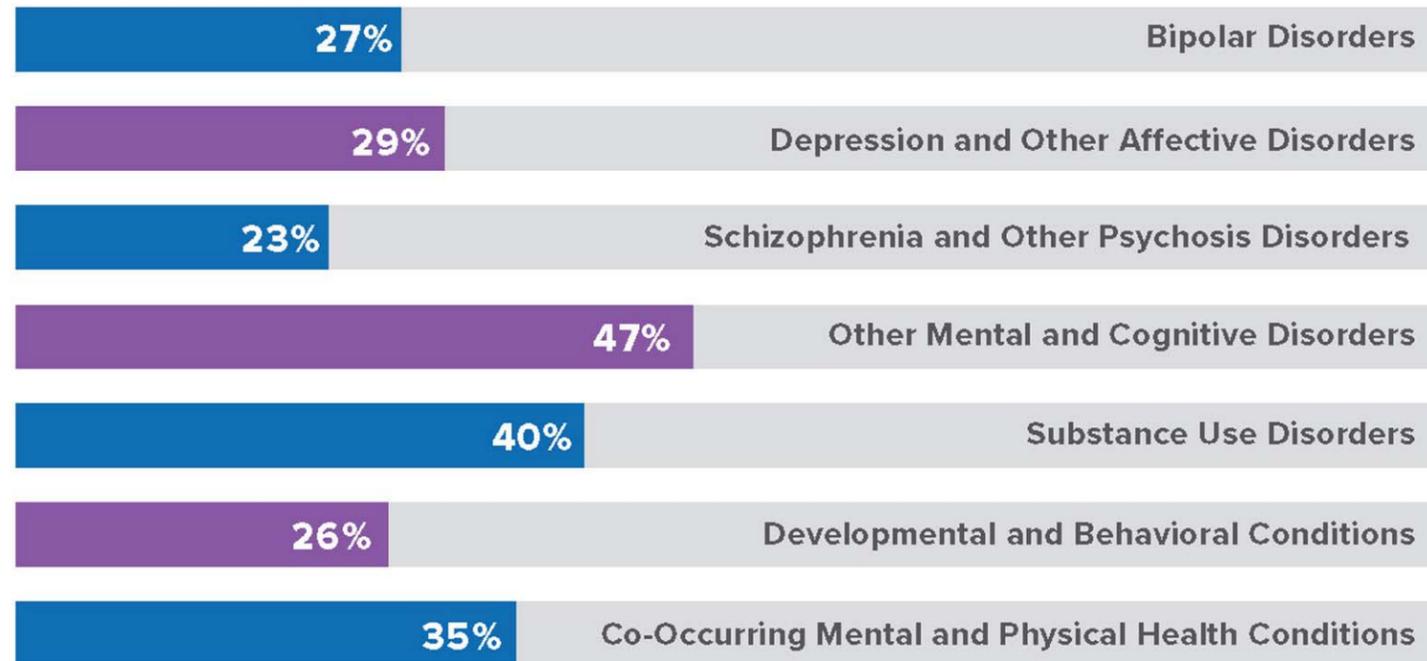
**29,733** CLIENTS SERVED IN FY 2019



### CLIENT ETHNICITY



### DIAGNOSES OF PEOPLE SERVED



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## Section I: Local Services and Needs

### I.A Mental Health Services and Sites

- In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). Include clinics and other publicly listed service sites; do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.
- Add additional rows as needed.
- List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):
  - Screening, assessment, and intake
  - 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)

Integral Care	2410 E. Riverside Drive Austin, TX 78741	Del Valle, Pflugerville and Manor ISD's	Child/Adolescent Outpatient Services; Seton/AISD School-Based Services = Texas Resilience and Recovery (TRR) outpatient services: children 3 to 18 years old  School-Based Integrated Primary Care & Behavioral Health Services = 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>825 E. Rundberg Lane Austin, TX 78753</p> <p>2515 South Congress Austin, TX 78704</p>	<p>Travis</p> <p>Travis</p>	<p>Child/Adolescent Outpatient Services = Texas Resilience and Recovery (TRR) outpatient services <i>Population = Children 3 to 18 years old</i></p> <p>Child/Adolescent Outpatient Services = Texas Resilience and Recovery (TRR) outpatient services <i>Population = Children 3-18 years old</i></p> <p>Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) = This program provides mental health services to youth ages 10-17 who are on probation, and have mental health needs. A therapist and a probation officer work together to support the youth and family during the probation period. We also connect clients with other local resources if needed. Services are provided at home, school, court or other community locations. <i>Population = Children/Adolescents – ages 10-17 years old</i></p> <p>Family Preservation Program = 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>1717 W. 10th Street Austin, TX 78703</p>	<p>Travis</p>	<p>Infant Parent Program = Early Childhood Intervention (ECI) program helps newborns and children up to age 3 who are living with or at risk of a developmental delay. A developmental delay is a health problem affecting the child's brain and body. Developmental delays include trouble walking and talking, problems seeing and hearing, and having a hard time interacting with others. The child must meet the Texas Department of Health and Human Services Commission (HHSC) ECI rules. Services include case management, family support and education, primary health care, nutrition, and speech therapy and other special therapies. <i>Population = Birth to 36 months (Meet DARS ECI eligibility)</i></p> <p>Intensive Case Management = Texas Resilience and Recovery (TRR) outpatient services: children (Wraparound Services Model) <i>Population = Children (and their families)</i></p> <p>Youth Empowerment Services (YES) Waiver = This program provides community-based mental health services to youth ages 3-18 who live with a serious emotional disturbance. A special type of case management called wraparound is used to build a team of providers for the youth. The team works to keep the youth at home with their families, in school and in their communities. Services include case management, help getting and keeping a job, and specialized therapies, like art and music therapy. The YES Waiver also provides support for parents.</p>

Goodwill	4800 Manor Road Austin, TX 78723	Travis	<p><i>Population = Children between the ages of 3-18 years</i></p> <p>Families with Voices = This program supports families at risk of homelessness living in Manor. A team of community partners helps families overcome challenges, meet their everyday needs and improve their health and well-being. Services include help with food, transportation, housing, job training, one-on-one emotional support for children and families, and connection to other local resources through trusted community partners.</p> <p><i>Population = Children (and their families, including adults)</i></p>
Integral Care	5015 South IH-35 Austin, TX 78744	Travis	<p>24/7 Crisis Helpline   512-472-HELP (4357): The Helpline is staffed by mental health professionals 24 hours a day, 7 days a week. Staff provide crisis support as well as access to all Integral Care programs for adults and children, including appointments and billing, and can also connect them to trusted local resources. The Helpline provides interpretation services in 15 languages and has medically trained interpreters.</p> <p><i>Population = Children/adolescents, adults experiencing crisis</i></p> <p>Expanded Mobile Crisis Outreach Team: The Mobile Crisis Outreach Team (EMCOT) is made up of mental health professionals who help adults and children having a mental health crisis. EMCOT receives its referrals from first responders and justice systems. Help is available 24 hours a day, 7 days a week anywhere someone needs help – at home, work or school, in clinics, or on the streets. A</p>

ECHO	300 E Highland Mall Blvd Austin, TX 78752	Travis	<p>person in crisis might be hearing or seeing things that are not real or be in danger of injuring themselves. Services include mental health support for up to 90 days and care plans to help keep people safe. Clients are also connected to other Integral Care programs and local resources for ongoing care and recovery support. EMCOT also works with police and EMS. <i>Population =Adults and Child/Adolescent</i></p> <p>Healthy Community Collaborative = 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>Mental Health First Aid (MHFA) = is an 8-hour class that teaches people how to help someone who might be developing a mental health problem or experiencing a mental health crisis. Participants learn how to identify, understand and respond to signs of mental illness and drug and alcohol use. There are Adult and Youth classes (for people who work with youth ages 12-18). MHFA can save a life, just like CPR can help save someone who is having a heart attack. <i>Population= Adults, open to community, do not need to be enrolled in services</i></p>

			<p>Suicide Prevention = Integral Care leads the Austin/Central Texas Suicide Prevention Coalition, which provides community education, advocacy and resources and Integral Care specifically provides mental health crisis services and education for adults and children.  <i>Population= Adults &amp; Children</i></p> <p>Housing First ACT Team = Uses high intensity or ACT team models to serve the chronically homeless and recently housed population.  <i>Population= Adults, homeless</i></p> <p>SSI/SSDI Outreach, Access, and Recovery (SOAR) = This national program helps adults who are homeless or at risk of homelessness. Integral Care helps clients who have a mental illness and/or use drugs or alcohol apply for benefits from the Social Security Administration (SSA) using the SOAR model. If eligible, they can be awarded disability income and Medicaid benefits  <i>Population= Adults</i></p>
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Integral Care	1631 E 2nd St Austin, TX 78702	Travis	<p>Narcotics Treatment Program = This program helps adults who are addicted to drugs like heroin and prescription pain medicine. It is a safe place to recover with medical support. Clients have access to medicine that reduces or stops withdrawal symptoms. Other services include one-on-one emotional support, drug use and HIV education, life skills training and Methadone Anonymous support groups. <i>Population= Adults 18 years and older</i></p> <p>Integrated Care Clinic; Deaf Support Services; Assertive Community Treatment (ACT) = Texas Resilience and Recovery (TRR) outpatient services <i>Population= Adults</i></p> <p>Chronic Disease Management = Wellness and health improvement program for persons living with serious and persistent mental illness that addresses chronic disease conditions. <i>Population= Adults</i></p> <p>Consumer Benefits Office = We help clients fill out forms to apply for Social Security services, such as Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). <i>Population: Adults</i></p>

<p>Integral Care (in partnership with CommUnityCare, a Federally Qualified Health Center or FQHC)</p>	<p>14 Waller Street Austin, TX 78702</p>	<p>Travis</p>	<p>E-merge Program = integrated physical and mental health care; 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>(Integral Care behavioral health is in a total of 15 CommUnityCare sites.)</p>
<p>Integral Care</p>	<p>6222 North Lamar Austin, TX 78752</p>	<p>Travis</p>	<p>Next Step Crisis Respite Program This program helps adults who are recovering from a mental health crisis who may also need housing. Clients can stay for up to 14 days. Staff help clients return to living in the community. Services include case management and social and life skills training. Clients are connected to local resources for ongoing care and recovery support. <i>Population=Adults</i></p> <p>Community Competency Restoration Program (CCRP) = This program helps adults in the criminal justice system who are living with mental illness and have been found not competent to stand trial. We provide education so that clients understand their charges and are prepared to go to court. Additionally, we provide access to medical care, medications, social rehabilitative skills training and linkage to support groups. These services may be provided in a residential setting or at the client's home in the community.</p>

			<i>Population= Adults</i>
Integral Care	1165 Airport Blvd Austin, TX 78702	Travis	<p>Outpatient Detox (Formerly Ambulatory Detox) = This program is for adults who want to stop using substances like alcohol or drugs like opioids. It provides detox services for up to 24 days. Staff help clients recover from drug and alcohol use by providing medicine, one-on-one support, education, support groups and social and life skills training. Clients are connected to other Integral Care programs and local resources for ongoing care and recovery support.</p> <p><i>Population = Adults</i></p> <p><i>Office Based Opioid Treatment Program</i> This program helps adults who are addicted to drugs like heroin, alcohol and prescription pain medicine. It is a safe place to recover with medical support. Clients have access to medicine that reduces or stops withdrawal symptoms. Other services include one-on-one emotional support, life skills training and group counseling.</p> <p><i>Population= Adults 18 years and older</i></p> <p>Resource Navigation Center (RNS) provides outreach, assessment and navigation services for individuals seeking help with substance use issues. The team utilizes a person centered approach to meet the client where they are in addressing issues of substance use and provides peer support to help individuals as they connect with the resources they need.</p> <p>Co-occurring psychiatric and substance use disorders (COPSD) = Intensive Outpatient Substance Use and Co-occurring Disorders Treatment. Individuals coping with</p>

Integral Care	1700 South Lamar Austin, TX 78704	Travis	<p>both disorders who would like to talk with someone who can help them think about the impact their substance use may be having on their life and recovery. <i>Population= Adults 18 and over</i></p> <p>Psychiatric Emergency Services: Psychiatric Emergency Services (PES) is a walk-in, urgent care clinic for adults and children having a mental health crisis. A person in crisis might be hearing or seeing things that are not real, having a hard time dealing with everyday things, or be in danger of injuring themselves. Services include care plans to help keep people safe, mental health support for up to 90 days, medicine and connection to other Integral Care programs and local resources for ongoing care and recovery support. PES is open 7 days a week. <i>Population = Adults/Child &amp; Adolescent</i></p> <p>Mobile Crisis Outreach Team: The Mobile Crisis Outreach Team (MCOT) is made up of mental health professionals who help adults and children having a mental health crisis. Help is available 7 days a week anywhere someone needs help – at home, work or school, in clinics, or on the streets. A person in crisis might be hearing or seeing things that are not real or be in danger of injuring themselves. Services include mental health support for up to 90 days and care plans to help keep people safe. Clients are also connected to other Integral Care programs and local resources for ongoing care and recovery support. MCOT also works with police. <i>Population =Adults and Child/Adolescent</i></p>

Integral Care and The Wood Group	<p>1165 Airport Blvd Austin, TX 78702</p> <p>6222 N Lamar Blvd Austin, TX 78752</p>	Travis	<p>ACT Team = This program is for adults who live with drugs or alcohol use have been hospitalized multiple times. Clients receive treatment, rehabilitation and support services. Services include 24-hour mental health crisis support, one-on-one emotional support, access to medicine and nursing services. Teams fit their services to the needs of clients, with a focus on housing and help with legal matters. The ACT Team bring our services to our clients – at home or in the community. <i>Population= Adults</i></p> <p>The Inn: This program is for adults having a mental health crisis. The Inn is a 16-bed overnight facility where a person can stay for up to 7 days. Services include help to regain stability, access to medicine, 24/7 nursing services, alcohol and drug use recovery support and mental health support groups. Clients are also connected to other Integral Care programs and local resources for ongoing care and recovery support. The Inn specializes in helping people with co-occurring mental illness and intellectual or developmental disabilities who are experiencing a mental health crisis. <i>Population = Adults</i></p>
Integral Care	<p>1631 E. 2<sup>nd</sup> St. Austin, TX 78702</p>	Travis	<p>Community AIDS Resources &amp; Education (C.A.R.E.) = This program helps adults living with or at risk of getting HIV who also live with a mental illness and/or use alcohol or drugs. C.A.R.E offers mental health support and drug and alcohol treatment. Services include Hepatitis C and HIV testing, support groups, education and harm reduction supplies like clean needles and condoms. <i>Population= Adults</i></p>

			<p>RA1SE: This program helps people ages 15-30 who have experienced their first episode of psychosis within the past 2 years. Staff help clients with relationships, school, work, and life goals. Services include alcohol and drug use recovery skills, family education, suicide prevention, medicine and physical health care. Integral Care brings these services to clients and provide support for up to 3 years. The program provides peer support, family support through a family partner and peer navigation. This program helps coordinate across the system of care for individuals transitioning from child services to adult services who experience psychosis or who are at risk of psychosis.</p> <p><i>Population: People ages 15-30 years old</i></p>
Integral Care	4920 N I-35, Suite 110 Austin, Texas 78751	Travis	<p>ANEW and the Mental Health Bond Project = ANEW provides mental health support for adults on probation or parole. Services include mental health testing, medicine, living skills training, help finding other local resources, help finding transportation and jobs and help applying for benefits. The Mental Health Bond Project is a collaboration with Travis County Pre-Trial Services. This program helps people who have been booked at The Travis County Jail and are released on a mental health bond with pre-trial support and Integral Care case management support access to medical care, medicines and social rehabilitative skills training.</p> <p><i>Population= Adults</i></p>
Integral Care	5225 N. Lamar Blvd. Austin, TX 78751	Travis	<p>IDD Intake/ Enrollment: Intake and enrollment staff test adults and children for intellectual and developmental disabilities. Staff connect eligible persons to support and resources.</p> <p><i>Population= Children and Adults suspected of having</i></p>

			<p><i>an Intellectual or Developmental Disability</i></p> <p>Community First Choice (CFC): This program helps adults and children with intellectual and/or developmental disabilities learn and maintain daily living activities such as dressing, bathing and eating. It is available to people with Medicaid. Eligibility is determined through the intake process.</p> <p><i>Population= Children and Adults with an Intellectual or Developmental Disability</i></p> <p>Preadmission Screening and Resident Review (PASRR) = A federally mandated program that is applied to all individuals seeking admission to a Medicaid-certified nursing facility, regardless of funding source. Integral Care 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 who are at risk of or living in a nursing facility</i></p> <p>HUB Learning Community (HLC) = Integral Care serves as the technical assistance hub, Hub Learning Community, for the central Texas region of 27 counties served by community centers that include Integral Care, BBT, BVMHMR, CCCMHMR, 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>
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			<p>Enhanced Community Coordination (ECC) = This program helps adults and children with intellectual and/or developmental disabilities move from state supported living centers and nursing facilities to homes in the community. Services include help planning for a move and getting money to buy items needed for the move. The program also helps people who have already moved from state supported living centers and nursing facilities. Integral Care can provide those clients extra support for up to one year.</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>Community Living Options Information Process (CLOIP) = This program helps adults with intellectual and/or developmental disabilities who live in state supported living centers find housing. Staff give information about community living options and tours of different places to live, such as group homes or host homes.</p> <p><i>Population: Adults living in SSLC's</i></p> <p>Tobacco Cessation = This program helps adults living with mental illness who want to quit using tobacco. Services include an online step-by-step quit guide, a Tobacco Quitline (1-877-YES-QUIT), free Nicotine Replacement Aids, like gum and patches, one-on-one emotional support, education and support groups.</p> <p><i>Population: Individuals served by Integral Care Service includes tobacco cessation education (individual/group services)</i></p>

		<p>Crisis Intervention Specialists (CIS) Team: The CIS Team helps people ages 3-99 with intellectual and/or developmental disabilities (IDD) who have experienced a crisis or who are at risk of experiencing one. It provides crisis prevention support and services for up to 90 days. The goal is to help people stay safe and in the community.</p> <p><i>Population: People ages 3-99</i></p> <p>Home and Community Based Services (HCS) Service Coordination: This program helps adults and children with intellectual and developmental disabilities who live with their family, in their own home, in a host home/companion care setting, or in a home with no more than four people who also receive services. Services include funding for nursing care, staff to help with daily activities, mental health support, adaptive aids, residential assistance, minor home modifications, help finding and keeping a job, day programs, dental care, and specialized therapies like physical, occupational and speech therapies. Eligibility is determined through the IDD Intake process.</p> <p><i>Population: Adults and Children</i></p> <p>IDD Employment Services: This program helps adults with intellectual and/or developmental disabilities (IDD) get and keep jobs. Clients enrolled in the Home and Community-based Services Waiver (HCS) program, Texas Home Living (TxHmL) program, or referred by the Texas Workforce Commission (TWC) may be eligible. Services include job skills training and support after finding a job.</p>

		<p><i>Population: Adults</i></p> <p>Positive Assistive Community Engagement (PACE): This program supports adults and children living with intellectual and developmental disabilities (IDD) who may be experiencing a crisis. Staff provide hourly in-home relief to help ease client and caregiver stress. Services include help managing stress, family and caregiver support like coping skills and de-escalation techniques and connection to other Integral Care and local services.</p> <p><i>Population: Adults and Children</i></p> <p>Texas Home Living (TxHmL) Provider: TxHmL helps adults and children with intellectual and/or developmental disabilities (IDD) live with their families or on their own. Integral Care may provide nursing care, mental health support, specialized therapies like physical, occupational and speech therapies, dental care, help with healthy eating, adaptive aids, opportunities to learn skills outside the home, including job skills training, and help finding and keeping a job.</p> <p><i>Population: Adults and Children</i></p> <p>Community-Based Support (CBS) Team: This program helps adults who live with intellectual and/or developmental disabilities and a mental illness, who may also be experiencing a crisis. Staff help clients create plans to help them stay safe and prevent crises. The goal is to keep clients in the community and out of hospitals or jail. Staff connect clients to</p>

			<p>mental health and IDD resources, and help them work towards long-term health and wellness</p> <p><i>Population: Adults</i></p>
Integral Care	5307 E Riverside Drive Austin, TX 78741	Travis	<p>HUD Fresh Start: This program provides temporary housing for homeless veterans living with mental illness. Clients are referred by the PATH/ACCESS program. There are private and semi-private rooms, three meals a day, laundry facilities and telephones. Clients are also connected to other Integral Care programs and local resources for ongoing care and support</p> <p><i>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</i></p>
Integral Care	4019 Manchaca Rd Austin, TX 78704	Travis	<p>Alameda House Program = This program helps adults who live with a mental illness and use drugs like opioids, alcohol and so forth. Clients can stay for up to 90 days in a safe 15-bed facility and provided with supports such as rehabilitative skills training, case management, counseling, medications, linkage to ongoing care and medical care. Staff are available 24/7. We help clients learn how to take care of their health and live on their own.</p> <p><i>Population: Adults</i></p> <p>Road to Recovery = This program helps adults with a history of public intoxication arrests by providing up to 180 days of recovery support, including residential support for 90 days, intensive outpatient drug and alcohol treatment, individual and group counseling, education and linkage to recovery supports and case management. Clients are referred by the Downtown</p>

			<p>Austin Community Court. Clients also learn skills to help them take care of their health and live on their own. The program offers job assistance and links participants to stable housing.</p> <p><i>Population: Adults: male. May have combined diagnoses of mental illness and alcohol dependence</i></p>
Integral Care	Downtown and West Campus area	Travis	<p>Homelessness Outreach Street Team (HOST) = This program is a partnership of Integral Care, the Austin Police Department, Austin-Travis County Emergency Medical Services (EMS) and Downtown Austin Community Court. HOST helps adults living on the street get connected to housing, case management, mental health care and alcohol and drug treatment.</p> <p><i>Population: Adults</i></p>
Integral Care	<p>5015 South IH35, Ste. 200 Austin, TX 78744</p> <p>825 E. Rundberg Lane, Suite F Austin, TX 78753</p>	<p>Travis</p> <p>Travis</p>	<p>Integrated Mental and Physical Healthcare Clinics = Our clinics provide mental health care and primary health care for adults who live with mental illness, an intellectual and/or developmental disability, and/or use alcohol or drugs. Services include one-on-one and group emotional support, exercise and nutrition support, wellness services, medicines and case management. An onsite partner provides the primary health care at our clinics.</p> <p><i>Population: Adults</i></p> <p>Wellness Services: This program helps adults living with mental illness who also have long-term health problems like heart disease and diabetes. Staff help clients learn how to make healthy choices, improve their diet, exercise and quit tobacco. Wellness services are available at all of Integral Care's Integrated Mental and Physical Healthcare Clinics.</p>

			<i>Population: Adults</i>
Integral Care	5307 E. Riverside Drive Austin, TX 78704	Travis	PATH/ACCESS Homeless Services: This program helps adults who experience homelessness and also live with a mental illness or substance use get help and find housing. Staff are in the community every day connecting people to Integral Care programs and services and other local resources. Staff also provide support to people experiencing homelessness in community programs like the ARCH, Salvation Army, Caritas, Trinity Center, public libraries, food pantries and soup <i>Population: Adults</i>
Integral Care	5015 South IH35, Ste. 200 Austin, TX 78744	Travis	Landlord Outreach: Integral Care works with landlords and apartment associations to provide safe and affordable housing to clients, and supports landlords by helping with late rental payments or property issues. In some cases, Integral Care can provide increased amounts for security deposits and payment for damages beyond normal wear and tear. Case managers provide 24/7 assistance to landlords if there is a crisis with a client. <i>Population: Client Landlords</i>
Integral Care	5015 South IH-35, Suite 200 D Austin, TX. 78744	Travis	Oak Springs Program: This intensive outpatient treatment program helps adults who live with mental illness and use alcohol or drugs. Staff help clients recover from drug and alcohol use by providing substance use treatment, mental health support, medical support, case management, one-on-one emotional support, education and support groups and life skills training. Clients are also connected to other Integral Care programs and local resources for ongoing care and recovery support. <i>Population: Adults</i>

Integral Care	3000 Oak Springs Dr, A Austin, TX 78702	Travis	<p>The Terrace at Oak Springs Program: The Terrance of Oak Springs (TAOS) is a housing first model for persons experiencing homelessness. Integral Care will be opening the first integrated physical health and mental health clinic at the same facility. Unlike the EMERGE model, Integral Care will employ the primary care physician. Integral Care continues to plan for integrated clinic expansions in underserved areas of Travis County.</p> <p>Terrace at Oak Springs is an apartment community that includes an onsite integrated health care clinic. The apartment community includes 50 fully furnished, single occupancy efficiency apartments. Terrace is a unique apartment community providing permanent supportive housing to individuals experiencing homelessness in Travis County. It is modeled after other successful programs across the country. Features include onsite staffing 24 hours a day, onsite laundry facility, outdoor green space, community room with library, computers, and internal and external security cameras. There clinic on the property provides primary and mental health care for adults, including support for substance use disorder. <i>Population: Adults</i></p>
Integral Care	Manor, Del Valle and Pflugerville Schools	Manor, Del Valle and Pflugerville Schools	<p>School-Based Counseling: This program helps students experiencing emotional challenges or mental illness and provides mental health services in 14 AISD schools and select Manor, Del Valle and Pflugerville Schools. This includes one-on-one emotional support to children and families during and after school hours. Services are available year-round, including during school vacations. <i>Population: Children and their families</i></p>

Integral Care	Mobile	Travis	<p>Disaster Response Services: This program provides mental health crisis services for adults and children who have experienced a natural or man-made disaster, offering mental health crisis support for disaster victims at the scene of the disaster or at shelters. This program also helps people indirectly affected by the disaster, like someone experiencing anxiety or depression because a loved one was affected by the disaster.</p> <p><i>Population: Adults and Children</i></p>
Integral Care and The Wood Group	403 E. 15th Street Austin, TX 78701	Travis	<p>Hospital and Jail Diversion Program: This program provides short-term mental health crisis support for adults in a safe 31-bed facility. This program specializes in helping individuals with co-occurring substance use and mental health disorders. Services include mental health crisis care, with a focus on co-occurring substance use and mental illness, case management, emotional support, medicine and connection to other Integral Care programs and local resources for ongoing support and recovery. People are referred to the program by Integral Care’s Mobile Crisis Outreach Team, our Psychiatric Emergency Services, and local hospitals.</p> <p><i>Population: Adults</i></p>
Integral Care	6600 E. Ben White Blvd. Austin, TX 78741	Travis	<p>Judge Guy Herman Center for Mental Health Crisis Care: The Herman Center offers short-term mental health crisis care in a safe overnight facility. Staff help people who are in crisis but do not need to go to the hospital. Staff help clients become stable by providing medical support, emotional support, medicine and connection to other Integral Care programs and local resources for ongoing support and recovery. Referrals to the Herman Center come from law enforcement, emergency departments</p>

			and Integral Care Crisis Services. The Herman Center serves adults and does not accept walk-ins. <i>Population: Adults</i>
Integral Care	1700 S. Lamar Austin, TX 78704	Travis	Forensic Assertive Treatment Team (FACT): FACT team provides community based services to persons with psychiatric disorders who are arrested for minor offenses. Individuals are provided: Mental health treatment, Rehabilitation Service coordination Housing, Substance Use Treatment, Vocational, and other general services. <i>Population: Adults</i>
Seton Shoal Creek Hospital and Dell Children's Hospital	3501 Mills Avenue Austin, TX 78731  4900 Mueller Blvd Austin, TX 78723	Travis	Inpatient Psychiatric Services and Detox Services <i>Population= Adult and Child/Adolescent</i>
Cross Creek Hospital	8402 Cross Park Drive Austin, TX 78754	Travis	Inpatient Psychiatric Services and Detox Services Children and Adults requiring PICU services <i>Population: Adult and Child/Adolescent</i>
Austin Lakes Hospital	1025 E 32nd Street Austin, TX 78705	Travis	Inpatient Psychiatric Services (with an emphasis on PICU level bed accessibility) <i>Population: Adult</i>
Austin Oaks Hospital	1407 W Stassney Lane Austin, TX 78745	Travis	Inpatient Psychiatric Services <i>Population: Adult and Child/Adolescent</i>
Georgetown Behavioral Health Hospital	3101 S Austin Ave, Georgetown, TX 78626	Williamson	Georgetown Behavioral Health Hospital provides inpatient psychiatric services and intensive outpatient SUD treatment services for the adolescent and adult population.

			<i>Population: Adult and Child/Adolescent</i>
Austin Area Mental Health Consumers	3205 S 1st Street Austin, TX 78704-3383	Travis	Austin Area Mental Health Consumers, Inc.; empowerment and self-determination, promoting recovery, consumer-control, education emphasis, peer support, advocacy, inclusiveness and diversity, and collaboration. <i>Population: Adult</i>
Mulva Neurosciences Institute	1501 Red River Street Austin, TX 78712	Travis	Outpatient services using a Collaborative care model established under UT Health Austin The practice team is led by Dell Med faculty physicians and Integral Care professionals. Providers will use the team-based, data-driven models and processes employed by UT Health Austin’s existing musculoskeletal, neurological and women’s health clinics. <i>Population: Adult</i>

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

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

Integral Care operated 11 projects under the 1115 Waiver Program, which officially ended on December 2017. The Texas Health and Human Services Commission (HHSC) and the Centers for Medicare & Medicaid Services (CMS) negotiated the terms for continuation of the Delivery System Reform Incentive Payment (DSRIP) program under the 1115 Waiver which evolved from project based reporting

to provider based reporting to provider level reporting. Integral Care scaled its efforts to focus on enhancing the overall system of care through collection and monitoring of 21 new agency wide clinical outcomes.

RHP Region	RHP 7
1115 Waiver Goals	<ul style="list-style-type: none"> <li>• Increase access to services, quality of care, physical and mental health outcomes, and efficiency. Establish consistent evidence-based standards of care including criteria set by Certified Community Behavioral Health Clinics.</li> <li>• Strengthen and invest in process improvements, and improve operational accountability and internal collaboration.</li> <li>• Lead efforts in our community to address the needs of people with mental illness, substance use disorder and intellectual and developmental disabilities and strengthen our role as Travis County’s mental health authority and LIDDA (Local Intellectual &amp; Developmental Disability Authority).</li> <li>• Plan for the sustainability of DSRIP by pursuing funding initiatives with partners, value-based payment from Managed Care Organizations, and maximized revenue for reimbursable services.</li> </ul>
Alignment with regional community needs assessment	<p>Integral Care’s 1115 Waiver goals align with the 2017 RHP7 Community Needs Assessment (CNA). Specifically, perceptions that behavioral health issues were increasing and services were lacking across the continuum of care. Since then, Integral Care built and implemented 21 quality measures (including the 9 CCBHC quality measures) to standardize best practices and screenings across the system of care.</p> <p>Integral Care selected measures that align with: a) our mission of providing a strong foundation for health and well-being, b) our organization’s strategic goals of increasing access to services quality of care, health outcomes, and efficiency, and b) our community’s needs around physical and mental health, substance use, and housing. A core cross-functional team consisting of DSRIP Project Management, Data Analytics, Operations, and Integrated Care Program Management collaborated to define and understand all measures, as well as solicit feedback from programs. Through an iterative process, measures that best aligned with our goals and reinforced our work towards the Certified Community Behavioral Health Clinic (CCBHC) model and Health Home Partnerships with Managed Care Organizations were selected and operationalized. The measures cover a large range of prevention and treatment for prevalent physical health, behavioral health, and substance use needs, and overall access to services. Integral Care implemented the measures system-wide by strengthening and improving processes according to national standards.</p>

Number of years the 1115 Waiver Measures have been in operations	2
Static Capacity	~26,000 unduplicated individuals
Number of Client Served in Most Recent Full Year of Operation	25,013 unduplicated individuals seen face to face

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## I.C Community Participation in Planning Activities

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

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

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

- Integral Care co-convenes the Psychiatric Services Stakeholder Committee (PSS) with Central Health. This committee is a forum for key mental health stakeholders to come together to strengthen the local mental health crisis system, with a focus on unfunded populations. The role of the PSS is to implement policy changes to support improved system functioning and enhanced continuum of care, leverage funding across all systems to increase capacity within the continuum and take action on recommendations from behavioral health stakeholder groups. Members include leadership from major service providers, consumer and advocate organizations, local governmental entities, foundations and local elected officials. The members of this committee have policy and funding decision making authority in their entity. In the past year, Integral Care and Central Health have worked collaboratively on high-level strategic planning and direction on four key priorities: Forensic Patients, Crisis System Redesign, Substance Use Disorder Services and Children’s Crisis Services.
- Integral Care convenes the Children’s Mental Health Planning process in Travis County on an ongoing basis. Kids Living Well, formerly the Child and Youth Mental Health Planning Partnership, provides oversight to these efforts, which are facilitated by Integral Care. As stakeholders worked to implement the 2015 Travis County Plan for Children’s Mental Health, it became apparent that additional focus was needed to improve children’s mental health crisis services. In response, Integral Care formed the Children’s Mental Health Crisis Services Task Force, chaired by Travis County Sheriff Sally Hernandez and Integral Care board member Emmitt Hays. This Task Force, facilitated by Integral Care, worked throughout 2018 to develop recommendations to improve children’s mental health crisis services and shared its final report at a Leadership Summit in November 2018. Following the summit, Integral Care facilitated the creation of two Work Groups to implement the top recommendations. A Single Point of Entry Work Group developed a model for how crisis response should happen, engaging the Integral Care HELpline as the primary contact and quickly connecting children and families to community resources. A Coordination and Communication Task Group developed materials for families, schools and community providers that highlight how to identify and respond to a mental health need, information families need to know about their rights and responsibilities when a child has a mental health crisis, and a flow-chart that helps the community understand how the local children’s mental health crisis system operates. These materials are now available in English and Spanish on the Kids Living Well website.

- One common goal of three local planning initiatives - the Travis County Plan for Children’s Mental Health, the Success By Six School Readiness Plan and the City of Austin’s Community Health Improvement Plan (CHIP) - is to encourage primary care providers to conduct social determinants of health screenings so they can refer patients and their families to resources. To support primary care providers in accomplishing this, the Children’s Mental Health Plan Prevention Work Group, facilitated by Integral Care, collaborated with the CHA/CHIP Mental Wellbeing Work Group, chaired by Integral Care, to develop materials for primary care providers and community members that share information about local resources for substance use disorder, family violence and food access. These resources are now available in both English and Spanish on the [Kids Living Well website](#).
- Integral Care hosted a community forum: A Home is More Than Walls, on May 9, 2019. The community forum explored housing as a social determinant of health. Panelists highlighted effective approaches to addressing and preventing homelessness in our community. The Community Forum also included a Community Partner Education Fair to highlight the work of local organizations that address and prevent homelessness in Austin. Organizations included: AIDS Services of Austin, Caritas of Austin, Downtown Austin Community Court, ECHO, Family Eldercare, Foundation Communities, Front Steps, Lifeworks, Mobile Loaves and Fishes, Salvation Army and Trinity Center Austin. All forums are widely publicized and open to the public.
- Integral Care hosted a community forum, Improving Criminal Justice Outcomes for People Living with IDD, on November 20, 2019. The community forum explored how community-wide collaboration is improving outcomes for people living with IDD who also intersect with the criminal justice system. Panelists organizations included Integral Care, Austin Police Department, Travis County Sheriff’s Office and the Juvenile Public Defender’s Office. The Community Forum also included a Community Partner Education Fair to highlight the work of local organizations that support those living with IDD in Travis County. Organizations included: Integral Care, SAFE Alliance, The Arc of Texas, Travis County Mental Health Public Defender, and VELA. All forums are widely publicized and open to the public.
- Integral Care is a partner on the Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) process convened by Austin Public Health at the City of Austin. This is a multi-faceted process that creates an opportunity to hear from stakeholders across the community on a broad range of health and human service issues. With the completion of the CHIP and the Year 1 Action Plan, workgroups are strategizing on ways to implement the four priority areas. Integral Care

staff is currently on the core coordinating and steering committees and co-chairs the Stress, Mental Health and Well-Being (priority area 4) workgroup.

- Integral Care participates on a regular basis in multiple planning activities related to addressing the needs of individuals experiencing homelessness. In particular, there were significant planning meetings related to homelessness in downtown Austin focused on a reorganization of services and processes designed to decrease illegal activity and predatory behavior. This included all homeless service providers, the Austin Police Department, the Mayor Pro-Tem, the City of Austin and Travis County staff. In addition, Integral Care holds a seat on the membership council of the local Continuum of Care.
- Integral Care participates in the One Voice Public Policy Committee, which raises awareness on proposed policies that impact our clients and advocate for policies to increase access to stable housing and reliable healthcare. The committee provides synthesized information on complex issues by inviting experts on issue areas impacting our community. OneVoice is active in 2020 Census initiatives, providing City budget summaries and drafting letters and providing testimony to elected officials to increase social service investments locally, to benefit the clients we serve.
- Integral Care participates in the 2Gen Policy Committee. The 2-Gen model is a paradigm for thinking about social service delivery in which parents and children from the same family are served deliberately and simultaneously, leading to greater economic mobility over time. Integral Care is also involved with the Success by 6 Coalition, which is an initiative for all children to enter kindergarten happy, healthy and ready to succeed in school and in life. Integral Care collaborates in creating policy priorities and action steps for these initiatives which include increased access to behavioral health and state funding.
- Dell Medical School (DMS) has assumed responsibility for convening a group of stakeholders to plan for the redevelopment of the Austin State Hospital campus. This initiative was launched by Senator Kirk Watson in the fall of 2016 as part of his 10 Goals in 10 Years to develop a state of the art brain health campus on the current property. Currently, DMS, Central Health, Integral Care, Texas Health and Human Services Commission, Meadows Mental Health Policy Institute and Senator Watson's Office are the participating stakeholders. Funds for planning and design were approved by the Texas State Legislature during the 85th Session. Recent planning has focused on next steps for securing the funds and putting them to work creating a state of the art, innovative psychiatric crisis facility.
- Integral Care participates on the Expert Panel for the City and co-leads the Behavioral Health Branch of Emergency Operations Center during the COVID-19 response.
- Integral Care actively participates in the Behavioral Health Criminal Justice Advisory Committee (BHCJAC). The Committee is a collaborative association of criminal justice and behavioral health stakeholders. The mission of the Travis County Behavioral

Health & Criminal Justice Advisory Committee is to develop and sustain a planning partnership to support persons with behavioral health needs and to promote justice and public safety. The Committee worked with Meadows Mental Health Policy Institute on developing a community dashboard that is comprised of key metrics designated by BHCJAC, including the four national “Stepping Up” initiative metrics to develop a standard operating procedure for feeding data to the Dashboard. Currently developing a methodology for analyzing the value of community investment, economic evaluation principles and qualitative measures of health consequences.

- Integral Care collaborated with stakeholders from Central Health, Austin Public Health and Travis County Health and Human Services to survey community stakeholders and to complete an Alcohol, Tobacco and Other Drugs Community Assessment. Integral Care is participating in a Substance Use Disorder planning effort recently convened by Travis County which will build on the community assessment to develop a new substance use disorder plan.
- Integral Care participates in meetings of the Travis County Youth Substance Abuse Prevention Coalition, OSAR, Austin ROSC, and Austin Area Opioid Work Group.

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

- Behavioral Health Needs for Individuals with Intellectual and Developmental Disabilities (Planning Network & Advisory Committee (PNAC) Work Session. Austin Travis County Integral Care. April 2017)
- The Children’s Mental Health Crisis Services Task Force (November 2018) made recommendations for expanded community-based services to help children avoid psychiatric hospitalizations and re-hospitalizations by providing support to children and their families in their homes and community. Best-practice models proposed by the Task Force include Intensive Community Based Crisis Services for children in a mental health crisis, expanded children’s mobile crisis response, and additional family and youth peer support.
- The Austin/Travis County Alcohol, Tobacco & Other Drugs Needs Assessment (October 2019) surveyed community stakeholders and identified the following areas where community members felt substance use services are most lacking for people who are uninsured, people who are underinsured, people experiencing homelessness, mothers with children, people with language barriers and people who cannot afford services. Stakeholders participating in the survey reported a need for the following improvements in local substance use services: coordinated data and information gathering, universal SBIRT

screening, accommodation of cultural and language differences, increasing the use of peers across the spectrum of care, increasing treatment capacity for women with children, increasing geographic accessibility to treatment, increasing accessibility to medically assisted treatment, and addressing stigma tied to evidence-based, best-practice MAT treatment.

- The importance of diverting individuals with behavioral health issues from the criminal justice system into appropriate services. Ongoing discussions at BHCJAC and Psychiatric Services Stakeholders Committee during FY19
- The need to expand the availability of deeply affordable permanent housing to address the needs of individuals experiencing homelessness who also live with mental illness and/or substance use disorder - within multiple forums across FY19.

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## Section II: Psychiatric Emergency Plan

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

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

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

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

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

## II.A Development of the Plan

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

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

Integral Care actively collaborated with local stakeholders for the Psychiatric Emergency Service Plan. Integral Care 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:

Behavioral Health Criminal Justice Advisory Committee (BHCJAC) 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, advocates, recovery supports and healthcare professionals.

Integral Care is participating in the Travis County Judge Eckhart's Substance Use Planning initiative. The Committee is prioritizing needs for the upcoming local budget cycle. Travis County Health and Human Services has convened 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

- Integral Care fields two MCOT teams. The first MCOT team, funded through DSHS and Travis County, is dispatched via Integral Care's Crisis Helpline. The second MCOT team, funded through the City of Austin and Travis County, targets first responders, including police, sheriff, EMS and Travis County jail central booking as key intercept points for direct referral. This year, Integral Care received additional funding from the City of Austin to add 6.5 FTE to the second MCOT team to facilitate telehealth interventions for clients in crisis and to facilitate mental health calls at the Combined Transportation, Emergency, and Communications Center (CTECC), or the 911 Call Center.
- Integral Care's two MCOT teams are staffed 6am – 10pm Monday through Friday and 10am to 8pm Saturday and Sunday with qualified mental health professionals (QMHP) and Licensed Professionals of the Healing Arts (LPHA). Integral Care's second MCOT teams budgets a 1.0 psychiatrist and a .5 advanced. The team dispatched via Integral Care's Hotline utilizes an Advanced Nurse Practitioner.

#### b. After business hours

- Integral Care'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 MCOT Teams utilize the TAC rule and HHSC Information Item V as overarching criteria for appropriate utilization, triage and deployment.
- The second MCOT team's dispatch and deployment criteria have been developed and established in conjunction with Integral Care partners Austin Police Department (APD), Travis County Sheriff's Office (TCSO) and Austin Travis County Emergency Medical Services (ATCEMS).
- Crisis Helpline dispatched MCOT criteria are identified in the dispatch criteria and Hotline screening procedure and tools. Crisis Helpline staff utilize a screening form in compliance with HHSC 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 he/she is in the community. MCOT does provide follow-up care to stabilize the crisis episode and links 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: The second MCOT team was developed to be directly accessible to law enforcement and EMS to assist law enforcement and EMS in providing help to individuals experiencing a psychiatric crisis. This MCOT team is co-located

with partners such as APD and TCSO Crisis Intervention Teams, APD and EMS at strategic locations throughout Travis County. Additionally, this MCOT team is also co-located at Central Booking and receives referrals from jail counseling staff to facilitate smooth transitions to the community as needed. 1115 Waiver MCOT is routinely and directly deployed by law enforcement via 911, officers in the field (both telehealth and in-person) and TCC/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 Integral Care's Utilization Management team.
- EMS: 1115 Waiver MCOT co-responds and is dispatched by EMS to provide crisis mental health care in the community and avoid unnecessary use of Emergency Departments. Once MCOT staff are on scene, EMS staff typically turn the case over to MCOT. 1115 Waiver MCOT provides training to EMS personnel.
- Law enforcement: Integral Care 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 environment of care. 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 Integral Care's nurse on call, Integral Care's physician on call, ATCEMS or nearest Emergency Department depending on direction from Integral Care's medical staff and the nature and urgency of the medical issue. Integral Care's MCOT teams also staff cases with Integral Care's UM about appropriateness for facility based care whether it's through one of Integral Care'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:

- Integral Care's MCOT teams staff cases with Integral Care'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.):

- Integral Care's MCOT team staff cases with Integral Care's UM regarding appropriateness for facility based care and availability of beds through one of Integral Care's 72 crisis respite or crisis residential beds. Integral Care's 16 bed Herman Center and staff follow a similar process.

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

- Integral Care's first MCOT team receives referrals through Integral Care's Crisis helpline. Integral Care's second MCOT team receives referrals and dispatches directly from first responders, 911 and the TCC/Central Booking. MCOT responds in the community wherever an individual is experiencing a crisis.

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 Integral Care 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 Dell Seton 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 Integral Care's crisis residential or respite programs, he or she is taken to the nearest Emergency Department. Beginning August 2017, Integral Care's new 16 bed mental health crisis center, the Herman Center conforming to extended observation unit standards became 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 Integral Care's UM Department. ED social work staff also utilize the Crisis helpline to request Integral Care 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)?  
Replicate the table below for each alternative.

Name of Facility	The Inn
Location (city and county)	1165 Airport Blvd Austin, TX 78702
Phone number	512-472-HELP (4357) and Toll Free 1-844-398-8252
Type of Facility	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 Integral Care’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	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 Integral Care’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	Crisis respite
Key admission criteria (type of patient accepted)	Adult, voluntary, Travis County residents, specialty care for individuals with co-occurring mental illness and intellectual or developmental disabilities
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 Integral Care's Hotline, PES or MCOT
Accepts emergency detentions?	no

Name of Facility	Judge Guy Herman Center for Mental Crisis Care
Location (city and county)	6600 E. Ben White Blvd., Austin, TX 78741
Phone number	512-472-HELP (4357) and Toll Free 1-844-398-8252
Type of Facility	The Herman Center offers short-term mental health crisis care in a safe overnight facility. Staff help people who are in crisis but do not need to go to the hospital. Staff help clients become stable by providing medical support, emotional support, medicine and connection to other Integral Care programs and local resources for ongoing support and recovery.
Key admission criteria (type of patient accepted)	Adult, voluntary, Travis County residents and adult involuntary (4 beds) on Protective Order of Emergency Custody (POED).
Circumstances under which medical clearance is required before admission	Per Medical Director, Program Psychiatrist or prescriber on call

Service area limitations, if any	Travis County residents
Other relevant admission information for first responders	Referrals to the Herman Center come from law enforcement, emergency departments and Integral Care Crisis Services.
Accepts emergency detentions?	Yes

***Inpatient Care***

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

Name of Facility	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. Admission to Seton Shoal Creek requires facilitation of a doctor to doctor consult with Seton or transport of the individual to a Seton Psychiatric Emergency Department for evaluation and subsequent transfer to Shoal Creek. Has inpatient and detox services, as well as services for adult and child/ adolescent populations

Name of Facility	Dell Children’s Hospital (Grace Grego Maxwell Mental Health Unit)
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	Admission to Grace Grego Maxwell Mental Health Unit requires admission through Dell Children’s Hospital . Has inpatient adolescent populations
Name of Facility	Cross Creek Hospital
Location (city and county)	Austin, Texas
Phone number	877-971-6689
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	Georgetown Behavioral Health Hospital
Location (city and county)	Williamson County, Texas
Phone number	512- 819-1102
Key admission criteria	Must meet medical necessity for inpatient admission due to psychiatric needs.
Service area limitations, if any	Williamson and Travis County residents
Other relevant admission information for first responders	Georgetown Behavioral Health Hospital provides inpatient psychiatric services and intensive outpatient SUD treatment services for the adolescent and adult population.

Name of Facility	Austin Lakes Hospital
Location (city and county)	Austin, Texas
Phone number	512-544-5253

Name of Facility	Austin Lakes 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	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- and post-arrest patients who are incompetent to stand trial**

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?

a. Identify and briefly describe available alternatives.

- Integral Care provides a 9 bed outpatient competency restoration program for individuals requiring a residential location for restoration of competency. Integral Care 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 appropriateness for restoration of competency services in the community setting

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?

- Integral Care 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.

- Integral Care plans to continue to sustain its' successful outpatient competency programming. Integral Care 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.)?

- Integral Care plans to sustain the currently successful outpatient competency restoration programming. Integral Care 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? Who have you collaborated with in these efforts?

Integral Care and CommUnityCare have been in partnership delivering Integrated Care since 2011. To further this integration effort, Integral Care led a community substance use planning effort completed in 2015. This effort included Central Health, City of Austin and Travis County leadership and numerous stakeholders including individuals in the recovery community. Central Health, CommUnityCare (CuC) and Integral Care developed a medication assisted treatment (MAT) as the opioid crisis loomed. The MAT/ Substance Use Disorder Pilot is a 24-month pilot program with the goal of reducing overall healthcare costs to a group of 50 patients diagnosed with opioid use disorder by reducing the number of days they use illicit opiates. Since the implementation of the Pilot, the Integral Care and CuC continues to show results that have lead to program sustainability. Integral Care has also implemented navigation/care coordination services with health maintenance organizations for behavioral health needs of their members. Another innovative effort is the Mulva Neurosciences Institute at UT Dell Medical School that uses a collaborative care model focusing on people who are experiencing the most acute mental health episodes. Individuals participating in this clinic have the full array of wraparound support, professional services, including crisis intervention and substance use services. UT Dell Medical School offered similar services for other patients with bipolar disorder, including those with private health insurance and referred by outside providers, in spring 2018. The goal was to improve patient outcomes, regardless of a person's ability to pay. After start up at the Dell location, the clinic was moved to Integral Care.

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

- The Terrance of Oak Springs (TAOS) is a housing first model for persons experiencing homelessness. Integral Care will be opening the first integrated physical health and mental health clinic at the same facility. Unlike the EMERGE model, Integral Care will employ the primary care physician. Integral Care continues to plan for integrated clinic expansions in underserved areas of Travis County.

## 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.

- Integral Care will post the plan on its website, in addition to sharing through program brochures, on-line newsletter “Transparencies”.
- Integral Care 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, Psychiatric Stakeholder Committee, BHAC and Substance Use Planning Committee, Travis County Behavioral Health Criminal Justice Advisory Committee (BHCJAC) and Substance Use Planning Committee

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

- All Integral Care 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>• Integral Care 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>
Travis	<ul style="list-style-type: none"><li>• Access to a full array of coordinated crisis services for children and families. Integral Care is seeking to develop new programming for kids/youth in crisis, including intensive community based services.</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>• City and County funded EMCOT team is co-located with APD and TCSO CIT teams.</li> <li>• EMCOT began integrating their clinicians with APD 911 Call Center on December 16, 2019, to facilitate mental health crisis calls and divert from unnecessary police response.</li> <li>• EMCOT and EMCOT dispatched by Hotline is co-mobilized with MH Deputies upon request and/or need. City and County. EMCOT is dispatched by 911.</li> <li>• Integral Care trains APD cadets in the Training Academy and Modified Academy; sworn officers in 1850 course and 4001 course (CIT Certification); TCSO sworn deputies in 4001 course; Austin Independent School District Police Department (AISD PD) in 4001 course; Manor Police Department in 4001 course; other law enforcement departments ad hoc; and Central Booking counseling staff and Travis County Corrections Complex staff (corrections officers and counseling staff).</li> </ul>

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
	<ul style="list-style-type: none"> <li>• Integral Care’s Waiver EMCOT team has signed MOU’s with ATCEMS, APD, University of Texas Police Department, Lakeway Police Department, Pflugerville Police Department, Lago Vista Police Department, and Westlake Hills Police Department and has formal operational collaborations with TCSO, Capitol Police (DPS), Austin Community College District Police, and Precinct 3 Constables.</li> <li>• Integral Care trains probation personnel via TCOOMMI funded ANEW and court personnel via the assigned jail liaison</li> <li>• Integral Care’s PES urgent care and Herman Center services offers a police-friendly drop off point</li> <li>• Integral Care’s PES and both MCOT teams offer service linkage and follow up for individuals for up to 90 days to stabilize the crisis episode and document police contacts</li> <li>• Integral Care’s Community Based Support (CBS) Team and Crisis Intervention Specialist (CIS) Team coordinate with Integral Care’s MCOT teams and PES to support and assist individuals with co-occurring mental illness and intellectual and/or developmental disabilities to stabilize the crisis and link to services.</li> </ul>

<b>Intercept 1: Law Enforcement and Emergency Services</b>	
<b>Components</b>	<b>Current Activities</b>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• Continue to expand EMCOT key partnerships to further expand hospital and jail diversion opportunities.</li> <li>• Continue collaborating with Central Booking staff to focus on diversion at point of booking (this endeavor spans Intercepts 1 and 2).</li> <li>• SB292 - Reduce recidivism by the frequency of arrests of, and incarceration of persons with, mental illness               <ul style="list-style-type: none"> <li>Local collaborative includes:                   <ul style="list-style-type: none"> <li>• Integral Care, Central Health, Travis County</li> <li>• Added City of Austin, Travis County Sheriff's Department, and Austin Police Department</li> </ul> </li> </ul> </li> </ul>	

<b>Intercept 2: Post-Arrest: Initial Detention and Initial Hearings</b>	
<b>Components</b>	<b>Current Activities</b>
<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: MCOT is co-located at Central Booking and staff page EMCOT 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>• Integral Care and Pre-Trial Services' Mental Health Bond Project increases access to mental health bonds 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> </ul>

<b>Intercept 2: Post-Arrest: Initial Detention and Initial Hearings</b>	
<b>Components</b>	<b>Current Activities</b>
	<ul style="list-style-type: none"> <li>• Oak Springs intensive substance use outpatient treatment program</li> <li>• Collaborate with Mental Health Public Defenders and CAPSD to identify alternative case dispositions</li> </ul>
<b>Plans for the upcoming two years:</b> <ul style="list-style-type: none"> <li>• Strengthen process for diversion opportunities with Central Booking staff.</li> </ul>	

<b>Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments</b>	
<b>Components</b>	<b>Current Activities</b>
<input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Mental Health Court <input checked="" type="checkbox"/> Veterans' Court <input checked="" type="checkbox"/> Drug Court <input checked="" type="checkbox"/> Outpatient Competency Restoration <input checked="" type="checkbox"/> Services for persons Not Guilty by Reason of Insanity <input type="checkbox"/> Services for persons with other Forensic Assisted Outpatient Commitments <input checked="" type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial	<ul style="list-style-type: none"> <li>• Pre-trial MH Bond Program</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>• Integral Care's Oak Springs Intensive Outpatient Substance Use Treatment Program provides program services to individuals sent by Drug Court and coordinates with court as needed</li> <li>• Integral Care Outpatient Competency Restoration program</li> <li>• Integral Care prescribers sub-contracted at jail provide services</li> </ul>

<b>Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments</b>	
<b>Components</b>	<b>Current Activities</b>
<input checked="" type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers <input type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other:	<ul style="list-style-type: none"> <li>• Treatment Services such as ACT and FACT work with courts to provide treatment for not guilty by reason of insanity (NGRI) individuals on an as-needed basis</li> <li>• Integral Care's Community Based Support (CBS) 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>• Integral Care provides a part time prescriber for the Community-based Team</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• The plan to establish a mental health court in 2016 did not come to fruition. The idea was explored by stakeholders and identified as a long term community goal.</li> </ul>	

<b>Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization</b>	
<b>Components</b>	<b>Current Activities</b>
<input checked="" type="checkbox"/> Providing transitional services in jails <input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release <input type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures	<ul style="list-style-type: none"> <li>• Integral Care staff initiates services for individuals identified as experiencing homelessness at the jail to assess needs, plan for continuity of care and provide continuity of care post-release</li> </ul>

<b>Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization</b>	
<b>Components</b>	<b>Current Activities</b>
<input type="checkbox"/> Specialized case management teams to coordinate post-release services <input checked="" type="checkbox"/> Other:	<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>• Integral Care staff leads the mental health workgroup of the Austin Travis County Reentry Roundtable (ATCRR) in alignment with ATCRR strategic plan.</li> <li>• Integral Care facilitates a dedicated phone line at Integral Care’s call center for jail counseling staff to contact Integral Care’s call center to communicate re: jail discharges and link to continuity of care and, Open Access Intakes.</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• The Travis County Behavioral Health Criminal Justice Advisory Committee was re-convened in October 2017 and adopted formal by-laws in December 2017. Judge Tamara Needles, 427th District Court Judge, chairs the 24-member committee. This committee is chaired by Judge Tamara Needles and co-led by Integral Care and Travis County Sheriff’s Department. Integral Care hosts the meeting and plans to develop and host a website.</li> </ul>	

<b>Intercept 5: Community corrections and community support programs</b>	
<b>Components</b>	<b>Current Activities</b>
<input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders <input checked="" type="checkbox"/> Training for probation or parole staff <input checked="" type="checkbox"/> TCOOMMI program	<ul style="list-style-type: none"> <li>• Integral Care’s TCOOMMI-funded ANEW program provides comprehensive services, included screening and assessment, specialized caseloads and continuity of care services</li> </ul>

- Forensic ACT
- Staff assigned to facilitate access to comprehensive services; specialized caseloads
- Staff assigned to serve as liaison with community corrections
- Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance
- Other:

- Integral Care’s TCOOMMI-funded ANEW program is co-located with Travis County Probation and Parole specialized caseload officers to facilitate communication and case coordination
- Integral Care’s TCOOMMI-funded juvenile program and family preservation programs are co-located at juvenile probation
- Integral Care’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
- Integral Care’s FACT team is a multidisciplinary, team-based intervention that provides intensive, community-based treatment to people with severe mental illness and extensive criminal justice involvement
- Contract with Probation to provide substance use treatment via Texas Alternative Incarceration Program (TAIP)
- Contract with SMART Program to provide medical services to SMART clients

**Plans for the upcoming two years:**

Continue to look for funding opportunities and collaboration opportunities to expand Integral Care services to those who are under community supervision.

### III.B Other Behavioral Health Strategic Priorities

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

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

*Related goals identified in the plan include:*

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Increase timely access to outpatient services through service specialization</p>	<ul style="list-style-type: none"> <li>• Gap 1, 5, 6, 12, 13 and 15</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal health and postpartum depression</li> <li>• Rapid rehousing</li> <li>• Specialized jail liaison staff to increase service continuity</li> <li>• Collaboration with ECHO to provide housing coordination for individuals experiencing homelessness</li> <li>• Internal work groups developing staff incentive programs for recruitment and retention</li> <li>• Migration of call center to cloud based system for improved reliability, security and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Releasing datasets that capture certain aspects of our business and dimensions of our population(s).</li> <li>• Develop dashboards and data sets for clinicians and managers so they can analyze service mix, social drivers of health indicators and wellness indicators by demographic characteristics.</li> <li>• Use datasets to analyze the change in service mix Increase our use of Power Bi and thereby move to a dataset paradigm instead of a reporting paradigm. Expansion of Veteran’s services and PTSD treatment</li> <li>• Expansion of telehealth services</li> <li>• Expansion of integrated services in primary health and substance use</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			<ul style="list-style-type: none"> <li>• Expansion of dual disorder treatment capacity</li> <li>• Initiation of MAT services in physical hospital and emergency departments</li> <li>• Pilot the use of technology to improve treatment adherence, evaluate and deploy to scale</li> <li>• Call Center implementation includes speech and other analytics</li> </ul>
<p>Improving continuity of care between inpatient care and community services and reducing hospital readmissions</p>	<ul style="list-style-type: none"> <li>• Gap 1, 6, 15</li> <li>• Goals 1, 2</li> </ul>	<ul style="list-style-type: none"> <li>• Integral Care has improved continuity of care by re-assigning a Continuity of Care worker to ASH.</li> <li>• Integral Care continues to have a monthly meeting with ASH administration to discuss any issues related to admissions, discharges, continuity of care, and readmissions.</li> <li>• Navigators focus on discharge planning,</li> </ul>	<ul style="list-style-type: none"> <li>• Use population health data to analysis trends and adopt navigator assessment tool to identify individuals at high risk for readmissions</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>appropriate engagement, linkage /coordination, monitoring and making referrals for clients to connect to resources in the community that will assist them to reduce crisis and inpatient recidivism.</p> <ul style="list-style-type: none"> <li>• Hospital Liaison</li> <li>• 7-day Follow-Up protocols</li> </ul> <p>Monthly ASH and Integral Care utilization meetings</p> <ul style="list-style-type: none"> <li>• PATH, ACT hospital within reach</li> </ul>	
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• As indicated above, Integral Care 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, Integral Care has</li> </ul>	<ul style="list-style-type: none"> <li>• Titled the 'Brain Health Planning Group' a 10-member steering committee has been formed and meets monthly. Subcommittees are now being constructed with Integral Care CEO leading the Finance subcommittee.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>established better relationships with some of the local nursing homes</p> <ul style="list-style-type: none"> <li>• Currently, Integral Care 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. Integral Care is taking one individual at a time and working on a specific plan to address that individual's needs in the community and ways in which it can reduce their criminal behavior overall.</li> <li>• HCC and other efforts to address homelessness, a frequent precipitator of mental health crisis</li> <li>• PES</li> </ul>	<ul style="list-style-type: none"> <li>• Due to the relationship building with the local nursing facilities, Integral Care hopes to develop plans for specific individuals who would be better suited to a nursing home environment. This would allow Integral Care 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> <li>• Integral Care hopes that successful implementation of the current one-by-one strategy will improve and strengthen the relationship with the court overall. This would allow Integral Care and the court to move into an area in the future where Integral Care can develop broader policies,</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Hotline activated MCOT</li> <li>• MCOT</li> <li>• Guy Herman Crisis Mental Health Center opened fall 2017</li> <li>• Crisis Mental Health Center opened fall 2017</li> </ul>	<p>procedures, or strategies for clients in general that will translate into fewer 46B admissions for a full 45-90 days at one of the SMHFs.</p> <ul style="list-style-type: none"> <li>• Oak Springs Housing First Supported Housing Program, broke ground January 2018 opening Spring 2019.</li> </ul>
Integrated community based wraparound services for Children and their families	<ul style="list-style-type: none"> <li>• Gap 1, 2, 6, 11,14</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Campus based mental health services provided in DelValle, Pflugerville and Manor ISDs</li> <li>• Integrated primary and mental health services in DelValle and Manor ISDs</li> <li>• Intensive clinical home and community based programs for youth with complex behavioral health needs in foster care</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of telehealth services for medical, therapy and case management services.</li> <li>• Expansion of school based services in Cedar Park, Leander and KIPP academies</li> <li>• Coordination of MHFA training through HB 19 initiative</li> </ul>
Transition to a recovery-oriented system of care,	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Received Trauma Informed Care certificate from the National Council</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of peers into all programs in Adult Behavioral Health Services</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
including use of peer support services		<ul style="list-style-type: none"> <li>• Development of TIC steering Committee</li> <li>• PCCP Training</li> <li>• Developed new Diagnostic Evaluation</li> <li>• Developed new Initial Psychiatric Evaluation</li> <li>• Redesigned Psychiatric Progress Notes</li> <li>• Expanded Peer Support Workforce</li> <li>• Redesigned Consumer Satisfaction Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion of peers on agency-wide committees and workgroups</li> </ul>
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Developed an SU treatment hub to facilitate linkage and coordination of an array of services provided internally and contracted through a network of providers</li> <li>• The SUD division underwent an optimization project with a goal being access to services in a</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in community-wide planning to create an ongoing planning structure for substance use services in Travis County</li> <li>• SUD services will be streamlined through the call center in order to create one access point for all services</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>timely manner. All programs added an increased intake schedule with an updated walk-in and/or cancellation back fill process to increase access to services.</p> <ul style="list-style-type: none"> <li>• Oak Springs added an evening IOP to increase access and provide more convenient services.</li> <li>• The RNS team helped navigate individuals into services which lead to more timely treatment for individuals working with the RNS team.</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of NTP licensure capacity in order to serve more individuals</li> <li>• Expansion of MAT through additional funding opportunities</li> <li>• Expansion of IOP/SOP services</li> <li>• Expansion of detox services</li> <li>• Seek to reduce contractual and administrative barriers to integrated service delivery</li> <li>• Integral Care’s work with local FQHC – CommUnityCare to provide MAT services at additional Integration of SUD/MH services, efforts aided by already contracted consultant at Case Western University.</li> </ul>
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Integral Care entered a behavioral health home agreement to address substantial gaps in physical health and</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to make strides in negotiating alternative payment arrangements with managed care companies ranging from Level 1 fee-for-</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>behavioral health integration all lines of business for the CHIP, STAR+PLUS, and STAR populations.</p> <ul style="list-style-type: none"> <li>• link individuals with co-occurring conditions to more comprehensive service packages centered on social drivers, primary care and care coordination.</li> <li>• Provides care coordination</li> <li>• EMERGE</li> <li>• Integrated Care across from clinic sites</li> <li>• Mulva Clinic at UT Dell Medical School</li> </ul>	<p>service plus incentives arrangements to extensive arrangements such as episodic rates and supplemental payments for care coordination.</p>
<p>Single Point Of Entry for families in crisis</p>	<ul style="list-style-type: none"> <li>• Gap 1, 2, 6, 11</li> <li>• Goal 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Integral Care Helpline added two full time positions to support increase number of referrals from schools</li> </ul>	<ul style="list-style-type: none"> <li>• Continue collaborative planning with other organizations in the development of the Single Point of Entry (SPOE) for</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>following increase in outreach.</p> <p>Integral Care transitioned call center platform to a cloud based solution that is highly available and allows for scalability as teams expand.</p> <p>Integral Care includes connection to interpreters in 15 languages so all families have access to care.</p>	<p>families with children in crisis who are not an immediate risk to self or others. This will reduce inappropriate referrals, reduce burden on emergency rooms and lessen interaction with first responders.</p>
<p>Addressing the behavioral health needs of consumers with Intellectual Disabilities</p>	<ul style="list-style-type: none"> <li>• Gap 1, 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Involved in a learning collaborative with five LIDDAs to establish best practices for serving individuals with dual diagnosis</li> <li>• Coordination of training to law enforcement officers with behavioral health and crisis teams</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in the learning Collaborative and pilot project to examine and implement current best practices.</li> <li>• A report will be submitted to HHSC after one year that will include recommendations for statewide implementation.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Criminal Justice Advisory Committee identifies areas of improvement at the intersection of criminal justice, behavioral health, and IDD.</li> <li>• IDD and crisis services collaborate with the District Attorney's office to divert individuals with IDD</li> </ul>	
Addressing the behavioral health needs of individuals with complex needs and or criminal justice involvement	<ul style="list-style-type: none"> <li>• Gap 1, 5, 6</li> <li>• Goals 2</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged in evidence based practices in integrated dual disorder treatment</li> <li>• Expanding outreach efforts for ACT to include in-reach into facilities (jails/inpatient)</li> <li>• Continuous training on motivational interventions and engagement strategies and provide significant amounts of basic need resources to clients in order to engage. We</li> </ul>	<ul style="list-style-type: none"> <li>• Increased accessibility and use of LAI's and clozapine (when clinically appropriate). Efforts aided by involvement in National Counsel Learning Collaborative on Medication Adherence.</li> <li>• Expand enrollment into HCBS-AMH services</li> <li>• Training and implementing transitions of care interventions/best practices across various hospital liaison teams.</li> <li>• Integration of SUD/MH</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>Collaborate closely with Community Health Paramedics to address needs prior to a health crisis when possible.</li> </ul>	

### III.C Local Priorities and Plans

- Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.
- List at least one but no more than five priorities.
- For each priority, briefly describe current activities and achievements and summarize your plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

Local Priority	Current Status	Plans
<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. Focus on prevention, short-term homelessness, long-term homelessness, and support services.</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>	<ul style="list-style-type: none"> <li>Participate in the evaluation of the Continuum of Care (COC) administrative structure</li> <li>Update The Plan to End Community Homelessness 2017 Update</li> <li>City of Austin currently is developing standards for Room &amp; Board housing.</li> <li>Community Health Care for the Homeless Plan under development</li> </ul>

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>• The Healthy Community Collaborative (HCC) This program helps adults who have been homeless for a year or more, who live with a mental illness or use alcohol or drugs. Services include housing, case management, mental health care and primary health care, help finding a job and help applying for benefits. Integral Care brings services to its clients – at home or in the community.</li> <li>• HCC also provides mental health care at the Topfer Health Resource Center for people living at Community First! Village               <ul style="list-style-type: none"> <li>• HOST</li> <li>• SOAR</li> <li>• Rapid Rehousing/ Prevention</li> <li>• Rental assistance dollars and housing stability case management support provided</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of clinic based services at Community First</li> <li>• Development of Recuperative Care program to service individuals experiencing homelessness</li> <li>• Expansion of PATH Outreach coverage and relationship with Travis County Sherriff's Department</li> <li>• Additional positions for SOAR and Supported Employment to assist with gaining income and benefits for continued recovery and well-being</li> </ul>

Local Priority	Current Status	Plans
<p>Strengthen Crisis system for 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> <li>• Hired a staff person who is dedicated part time to children’s mental health planning.</li> <li>• Initiated a children’s crisis services task force co-chaired by Travis County Sheriff and an Integral Care Board of Trustees member to identify ways to strengthen the crisis system for children.</li> </ul>	<ul style="list-style-type: none"> <li>• Travis County Plan for Children’s Mental Health</li> <li>• Suicide Prevention = Integral Care leads the Austin/Central Texas Suicide Prevention Coalition, which provides community education, advocacy and resources. We provide mental health crisis services and education for adults and children. During 2018, the Coalition’s strategic focus will be children and will align to support the work of the children’s crisis planning for children and youth in Travis County.</li> <li>• HB13 planning for expansion of school based services.</li> </ul>
<p>Sustainability of 1115 waiver services</p>	<ul style="list-style-type: none"> <li>• Change management process was completed to transform 1115c waiver from a project basis to organizational performance basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop unified resource development strategy with identified priorities for fundraising</li> </ul>
<p>Reduce impact of substance use disorder on health, relationships, employment and income in Travis County.</p>	<ul style="list-style-type: none"> <li>• Participate, and take a leadership role when possible, in Substance Use Disorder planning initiatives in Travis County.</li> <li>• Evaluate and pursue HHSC designation as a Local Behavioral Health Authority</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in Travis County Plan for Substance Use Disorders sponsored by Judge Eckhart and facilitated by Travis County planners</li> <li>• Track impact of FACT Team funded through SB292.</li> </ul>

Local Priority	Current Status	Plans
<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>• Quarterly updates are provided to the City of Austin, among others.</li> <li>• Updates are included in Integral Care Chief Executive Officer’s Communication to over 3000</li> <li>• Hired a staff person who is partly dedicated to substance use disorder planning.</li> </ul>	
<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> </ul>	<ul style="list-style-type: none"> <li>• CCBHC Implementation and recertification and Waiver</li> </ul>

Local Priority	Current Status	Plans
	<ul style="list-style-type: none"> <li>Integral Care was one of ten community centers selected by Texas Health and Human Services Commission as a potential CCBHC pilot site to participate as a SAMHSA demonstration project site.</li> </ul>	
Diversion from the justice system	<ul style="list-style-type: none"> <li>??</li> </ul>	<ul style="list-style-type: none"> <li>??</li> </ul>

### III.D System Development and Identification of New Priorities

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

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

- a. Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority.
- b. Identify the general need.
- c. Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable.

- d. Estimate the funding needed, listing the key components and costs. For recurring/ongoing costs (such as staffing), state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Intensive community-based crisis response services for children and families.	<ul style="list-style-type: none"> <li>• Recommendation from the Children’s Mental Health Crisis Task Force to create needed alternatives to psychiatric hospitalization for children and youth. This is a best practice.</li> <li>• Create a new intensive community based service to support children/youth in crisis and their families. The focus is to avert hospitalization or provide post-hospital step down support. Provide up to 90-days of therapy and support to a child and family in the home in order to de-escalate the crisis, provide skills and tools to achieve stability and avoid future crises, and connect the family to on-going community services and resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Program Services Costs:</li> <li>• Anticipate serving between 144 and 180 families per year at a total cost of \$ 383,167. Revenue of \$156,171 can be raised through billable services, leaving a cost of \$156,171 remaining. (Information taken from Intensive Comm-Based Services FAQ that was presented to the PSS on 1/28/19)</li> </ul>
2	<ul style="list-style-type: none"> <li>• Continue to collaborate with other organizations to determine the feasibility of developing the Single Point of Entry (SPOE) for families with children in crisis who are not</li> </ul>	<ul style="list-style-type: none"> <li>• Once feasibility of plan is determined--SPOE in collaboration with United Way/22 and community stakeholders will –</li> <li>• Triage – assess risk, de-escalate, screen, safety plan</li> </ul>	<ul style="list-style-type: none"> <li>• Additional financial analysis is needed. (Note: Taken from the Single Point of Entry Task Group Final Report.)</li> </ul>

	<p>an immediate risk to self or others.</p>	<ul style="list-style-type: none"> <li>• Connect the caller to the most appropriate level of care with a warm hand off to providers and services within the LMHA and/or in the community.</li> <li>• Assess insurance issues, ability to pay and real time service availability in making referrals.</li> <li>• Follow-up to confirm family connected with service provider and to provide further referral if needed.</li> <li>• Create system efficiencies for families and providers by developing ability to share appropriate client data with other systems and providers during a crisis.</li> </ul>	
3	<ul style="list-style-type: none"> <li>• Market 472-HELP as the Single Point of Entry for crisis.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and implement a community-wide marketing plan to educate the community on what to do if a person is having a mental health crisis.</li> </ul>	<ul style="list-style-type: none"> <li>• \$50,000</li> <li>• (Note: Taken from the Single Point of Entry Task Group Final Report.)</li> </ul>
4	<ul style="list-style-type: none"> <li>• Crisis Services</li> </ul>	<ul style="list-style-type: none"> <li>• The Herman Center opened in August 2017.</li> <li>• Integral Care will seek funding opportunities to augment the St. David's Foundation investment in the operational costs of the Herman Center.</li> </ul>	<ul style="list-style-type: none"> <li>• Program Services:</li> <li>• \$5,280,883</li> </ul>
5	<ul style="list-style-type: none"> <li>• Practitioner/Provider Recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• UT Medical School</li> </ul>	<ul style="list-style-type: none"> <li>• \$600,000 for Year One of initiative.</li> </ul>

		<ul style="list-style-type: none"> <li>• Clerkship placements for second year Med students within our 15th St program, PATH, EMCOT, Housing First ACT team and CARE</li> <li>• Residency Program Co-credentialing with UT Dell Medical School increased use of peer recovery support services across the SUD programs</li> <li>• Fellowship in addiction medicine</li> </ul>	
6	<ul style="list-style-type: none"> <li>• Improve community tenure and avoid hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Pilot or co-develop technology that can be used at point of service</li> </ul>	<ul style="list-style-type: none"> <li>• Consultant hired to assess technology needs</li> </ul>
7	<ul style="list-style-type: none"> <li>• Establishment of Regional Suicide Helpline (988) ACCESS to CRISIS SVCS</li> </ul>	<ul style="list-style-type: none"> <li>• Scaling of current crisis line to incorporate counties as assigned by State. This includes technology, staffing, and training to fully manage 24/7/365 crisis coverage for future 988 crisis line as well as local and National Suicide Prevention Line. Services increase access to crisis and on-going care. Includes LEP access.</li> </ul>	<ul style="list-style-type: none"> <li>• Each team (1 supervisor, 6 QMHP's) \$375K – \$450K. Team expansions as needed to accommodate projected call volumes for are.</li> </ul>
8	<ul style="list-style-type: none"> <li>• National Suicide Prevention Line (NSPL) ACCESS to CRISIS SVCS</li> </ul>	<p>Integral Care is scheduled to answer calls for NSPL for 62 Texas Counties. Funds would support existing positions once funding through grants ends.</p> <p>Services increase access to crisis and on-going care.</p>	<p>Same as above</p>

## Appendix A: Levels of Crisis Care

**Admission criteria** – Admission into services is determined by the individual’s rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), Life Domain Functioning and Behavior Health Needs (Cognition) trigger a score that indicates the need for crisis services.

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

**Crisis Residential** – 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)

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

**Mobile Crisis Outreach Team:** The Mobile Crisis Outreach Team (MCOT) is made up of mental health professionals who help adults and children having a mental health crisis. Help is available 24 hours a day, 7 days a week anywhere someone needs help – at home, work or school, in clinics, or on the streets. A person in crisis might be hearing or seeing things that are not real or be in danger of injuring themselves. Services include mental health support for up to 90 days and care plans to help keep people safe. Clients are also connected to other Integral Care programs and local resources for ongoing care and recovery support. MCOT also works with police and EMS.

**Psychiatric Emergency Services:** Psychiatric Emergency Services (PES) is a walk-in, urgent care clinic for adults and children having a mental health crisis. A person in crisis might be hearing or seeing things that are not real, having a hard time dealing with everyday things, or be in danger of injuring themselves. Services include care plans to help keep people safe, mental health support for up to 90 days, medicine and connection to other Integral Care programs and local resources for ongoing care and recovery support. PES is open 7 days a week.

**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.