



**Coastal Plains Community Center**

**CRISIS SERVICES PLAN  
Fiscal Years  
2014 - 2016**

**March 2014**

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## **Introduction**

The goal of this document is to define how Coastal Plains Community Center (the Center) will provide crisis services in order to meet Texas Department of State Health Services (DSHS) Performance Contract requirements. In fiscal year 2008, the Center was provided funding, which was originally appropriated by the 80<sup>th</sup> Legislature for the fiscal years 2008-2009. This funding was continued for the next four fiscal years, statewide. Through DSHS funding community centers are charged with improving access to crisis services and supports to people residing in the state of Texas. This is to be done through “ensuring statewide access to competent rapid response services, avoidance of hospitalization and reduction in the need for transportation.” The state authority must ensure the Community Centers, statewide, provide a minimum: 24-hour crisis hotline services and mobile crisis outreach services available to provide in-vivo (in the community) services.

## **History**

In fiscal year 2006, the Texas Department of State Health Services assessed the needs of the community as it relates to crisis services. The various stakeholders involved in the crisis redesign project included:

- medical professionals - both the public and private sector, including
  - emergency room staff,
  - state hospital staff,
  - private psychiatric hospitals, and
  - local mental health authority medical professionals;
- law enforcement – both police and sheriff departments statewide;
- judges;
- advocacy organizations;
- community mental health center staff; and
- DSHS staff.

A committee consisting of members from all of these stakeholder groups was assembled and charged with developing recommendations for a comprehensive array of specific services to meet the needs of Texans who are experiencing a mental health or substance abuse crisis.

The redesign committee conducted statewide community surveys to find out what the stakeholder concerns were regarding crisis services. The survey results were summarized with primary concerns emphasized from hospital/emergency room staff and law enforcement personnel. In addition, there were also site visits and hearings held in four (4) areas across the state (San Antonio, Austin, Big Spring, Harlingen). The major concerns were listed in the power point presentation given by DSHS on August 2, 2007 at the Implementation Overview Meeting and can be found on the DSHS website. From these needs the committee developed a list of core services which are essential to crisis services, statewide. Based on these results, the committee identified an array of core services that they believed were essential to meet the needs of individuals experiencing a psychiatric or substance abuse crisis.

The first priority for funds that were made available to each Local Mental Health Authority (LMHA) was to provide Crisis Hotline Services and Mobile Outreach, as these were the core

services identified as the priority services to be addressed by the community centers. The Center has continually addressed these core service needs and worked towards improving these services and supports to the community. The Center has accomplished this through

- Contracting of 24-hour a day AAS Accredited Crisis Hotline Services;
- Contracting of the Mobile Crisis Outreach Team (MCOT);
- Purchase of video-teleconferencing equipment and linkage with the main emergency rooms and jails;
- Modifying the MCOT coverage to all nine (9) counties during peak hours and modifying MCOT/contract schedules to provide consistency and continuity; and
- Revision of the crisis assessment tool on multiple occasions to better assess individuals.

### **Planning History:**

The first step in Coastal Plains Community Center's planning process was to solicit stakeholder input from persons in our Center's service area. The Center was able to meet with many of the key stakeholders in the various communities we serve prior to the development of the original Crisis Re-design Plan for the Center. There were three main meetings in which crisis redesign was formally addressed during the first quarter. These meetings were with the community coalition groups (one that meets monthly and one that meets quarterly), the local National Alliance for the Mentally Ill (NAMI) group, prior to its dissolution, and the Center's Planning and Network Advisory Committee (PNAC). The Board of Trustees, which consists of judges and commissioners from each county in our service area provided input regarding the needs of their individual communities, as related to crisis services and will continue to provide feedback and oversight of the implementation of crisis redesign and the planning process.

### **Fiscal Year 2014 Stakeholder Participation**

The Center is currently involved with several coalition groups.

In the Southern counties the Center holds monthly meetings with the following community stakeholders:

- Law enforcement;
- Probation and parole officers;
- CRCG (Community Resource Coalition Groups – CRCG) for both adults and children;
- Judges and justices of the peace;
- Mental health professionals;
- Hospital and emergency room personnel;
- Nursing home providers; and
- Community service agencies.

Management is currently working with local law enforcement and judges in the Northern counties to form similar coalitions on a smaller scale. One group has been formed with San Patricio and Aransas counties. Another group is being formed in in Bee and Live Oak counties. Also, in Bee county a community coalition group comprised of local service organizations, both state funded and independent non-profit service providers meets monthly. This group includes:

- Food stamp representatives;
- Teachers;

- Churches;
- Food banks;
- Counseling centers; and
- Mental health professionals.

The Planning and Network Advisory Committee is comprised of

- Consumers of both mental health and mental retardation services,
- Family members from all service areas,
- School teachers and/or counselors,

### **Planning Meetings:**

The main issue from the law enforcement coalition group in the Southern counties was that they want “the old system” back. This system is where the existing staff members who work all day providing services are on-call at night to provide services. The law enforcement officials feel the staff from Center know the consumers the best and thus should be the ones on-call at night and on weekends. This is currently being considered by upper management, though the mental and physical health of the staff members also has to be taken into consideration. The current system of contracting the MCOT team allows clinic staff to be able to not be “on call” thus allowing them to be rested and fully focused on performing their duties during regular business hours. There are systems in place to ensure communication between the Clinic Directors and the MCOT staff to ensure that there is continuity of services.

Prior to the dissolution of the local NAMI group, they recommended continued coordination of services with the local hospitals, when possible, to prevent consumers from being transported far away from home when hospitalized (e.g. to SASH or RGSC). They also expressed concern about the safety and wellbeing of staff (MCOT workers) and consumers if they are going to the consumer’s homes at night to conduct crisis intervention and assessments. The NAMI members felt that this placed the workers and the consumers in an unsafe and possible volatile situation. They recommended that if someone is in crisis, that an agreement with a local hospital should be made so a person in crisis can be assessed at the hospital’s emergency room, or even at a local jail in their lobby. It was expressed that a change of environment is often times the best thing for a person in crisis and provides a safe, secure environment for everyone involved. Though face-to-face assessments are provided in-vivo as much as possible, the tendency to transport people to the hospital or local police station for assessment continues. This will be addressed during the next two fiscal years.

### **Planning & Network Advisory Committee:**

The Planning and Network Advisory Committee (PNAC) is continually updated on the crisis services provided, to include changes in service provision. They are pleased with the Center's use of the Psychiatric Emergency Services Project (PESC) funding usage. The PNAC's recommendation several years ago was consistent with NAMI's recommendation of local hospitalization, when possible, if a person needed hospitalization as a result of crisis. The PESC funding was designated to purchase more local hospital beds, thus allowing individuals to be hospitalized in their local community when in crisis, rather than being transported to a state facility for crisis stabilization. The PNAC receives updates on crisis services contracts and has continued to recommend Avail Solutions, Inc. as the crisis and MCOT services provider.

### **Actions to be Taken:**

The Center will develop posters in both Spanish and English to advise people of the crisis hotline number. These posters were hung in the Center's lobbies, doctor's offices, staff offices. The Center's clinic directors also visited the various community service organizations, such as the local food stamp office, probation and parole office, sheriff's departments, police departments and emergency rooms. They continue to meet with community members to educate them regarding the crisis hotline number and ask them to educate their personnel. The clinic directors will continue to meet with the law enforcement coalition groups to address any concerns that may arise related to crisis services. The Director of Integrated Services typically attends many of these meetings. If an issue arises at a meeting which he is not in attendance, the Clinic Directors will advise him of any issues of concerns conveyed.

### **Current Crisis Services**

#### **Crisis Hotline:**

The hotlines are continuously available telephone services staffed by trained crisis counselors 24 hours a day, 7 days a week. These hotlines are required to be accredited by the American Association of Suicidology (AAS).

The following is a list of Crisis Hotline Requirements:

- AAS Accreditation;
- 2 or more staff on duty at the phone center 24/7;
- Staff answering calls are trained meeting AAS requirements;
- Staffing sufficient to handle volume;
- Bilingual capable; and
- Capacity for rapid surge, to handle sudden influx of calls.

The Center decided it would be the most cost effective and best value for consumers if the contract with Avail to provide this service for us. Avail Solutions, Inc. has been providing crisis hotline screening and assessment services 24 hours a day, 7 days a week for the past two years. The hotline is staffed with Qualified Mental Health Professionals - Community Services (QMHP-CS's) 100% of the time. Avail was accredited by AAS in October 2007 with a score of 138 which was significantly above the Department of State Health Services (DSHS) required score of 123. They also are well trained on the categorization of emergent, urgent and routine crisis and the activation for face-to-face assessment needs.

Though the crisis call system was revised and community providers, such as the local hospitals, police departments and sheriff's departments have been trained to call the crisis hotline instead of the clinics, this does not always happen on a consistent basis. When the local clinics receive a call from a community member or community service agency, the calls are not transferred to Avail during regular business hours; the local clinic staff continue to take the calls and address the crisis. The clinic directors then provide individual education regarding the crisis call system, to try to ensure that crisis calls are directed through the crisis hotline system, first, for appropriate screening and referral.

Avail Solutions, Inc has obtained and will maintain accreditation with the American Association of Suicidality. The Center's contribution to this is the time it will take for Avail staff to take the

test, as the Center is donating center staff time to proctor the test to ensure test protocol is followed. The trained counselors provide screening, intervention, information, and support to callers. Avail Solutions, Inc. continually trains their staff and the Center provides some additional support and training to some of their staff who provide a dual role, as they also have staff members who provide non-peak hour face-to-face crisis assessment outreach services. They have an excellent quality assurance system in place to monitor and review crisis call responses. They also have a proactive management system which provides each crisis worker with constructive improvement plans to constantly improve their system.

**Mobile Crisis Outreach Team (MCOT):**

The primary purpose of the teams are to provide face-to-face assessment and crisis services 24 hours a day, 7 days a week. The goal is to provide emergency care, urgent care and crisis follow-up in a team approach. At a minimum, the teams must be able to make face-to-face assessments within one hour of a call.

Rural community centers mobile outreach services are required to have one MCOT team on duty during peak crisis hours with awake coverage eight (8) hours per day, seven (7) days a week. There must also be another team or teams on-call during non-peak hours. These teams must be sufficient in numbers and availability to assure face-to-face assessment within one (1) hour of receiving a call. The initial calls must be addressed with at least a Qualified Mental Health Professionals – Community Services (QMHP-CS's) and, if not deployed as part of the MCOT, a physician (preferably a psychiatrist), RN or LPHA must be available to provide a face-to-face assessment as needed or clinically indicated. Coastal Plains Community Center has this system in place with LPHA's and physicians available for consultation and face-to-face assessments, based upon clinical need.

Currently, during regular business hours (Monday – Friday, 8 a.m. – 5 p.m.), with the exception of holidays, crisis calls are received by both the crisis hotline and the mental health clinics. If a crisis call comes through the crisis hotline, the hotline will contact the appropriate clinic and the on-call worker for the day will be activated. If that worker is currently handling another crisis, then the back-up worker or clinic director will be activated to address the crisis. If a crisis call comes directly into the clinic, the same process occurs, however the receptionist would be the person transferring the call directly to the on-call worker or his/her designee. All on-call workers (duty officers) are trained Qualified Mental Health Professionals – Community Services (QMHP-CS). They have all been trained in the provision of crisis intervention services. If the person in crisis is a current consumer, crisis services are typically provided at the consumer's home or at the mental health clinic. If they are expressing that they are currently a danger to themselves or others, law enforcement will be contacted to meet the staff at the consumer's home or, if appropriate, at an alternative location which is determined safer for the individual, such as the emergency room. The QMHP-CS will then conduct a crisis assessment and, as appropriate, skills training or other crisis services to ensure the consumer's safety and well-being. Based upon the screening, the situation is identified as emergent, urgent or routine.

The Center has LPHA's and Psychiatrists available for both telephone, face-to-face and/or polycom consults/assessments based upon each individual crisis needs. Similar processes are utilized for walk-in crisis services. The on-call worker (duty officer) or designee is immediately

contacted to assess people who walk-in for services. Upon screening, they determine if the service needs are emergent, urgent or routine. If emergent or urgent, a crisis screening is conducted within 15 minutes of request for services and services, based upon need, are provided.

Through February 2010 the Center supervised and ran an internal Mobile Crisis Outreach Team (MCOT). This team received crisis calls during peak crisis times (4:00 p.m. – 12 midnight, Monday – Friday; Saturday 12:00 noon – 12 midnight; Sunday 8 am – 4:00 p.m.). Beginning March 1, 2010, due to high staffs turnover, the Center initiated an emergency contract with Avail Solutions, Incorporated to provide these face to face MCOT services. This contract has continued to the present time (2014).

Whether the MCOT was managed by the Center or through Avail, the same system is in place. The hotline will receive the crisis call; screen the call and determine the need for activation (emergent, urgent or routine). The MCOT staff is activated based upon need and will typically meet the person in crisis at a safe place, such as the emergency room or jail. The emergency rooms and jails in the majority of the service areas all have polycom connectivity and, based upon time constraints and needs of the consumer televideo can be uses. The MCOT members are all QMHP-CS's and will conduct assessments face-to-face, with meeting the emergent (1 hour) or urgent (8 hour) time frame as defined in the state contract. Avail Solutions, Inc. will continue to provide the face-to-face crisis assessments and skills training for "non-peak" hours for all counties served by Coastal Plains Community Center.

The services are in vivo (home, school, jail, hospital). If the services occur in the home, a law enforcement official will accompany an MCOT staff, to ensure safety for all person's involved. The law enforcement officials in our service area prefer to have the assessments occur in a safe environment, outside of the home. This is an ongoing educational process. The Center will continue to provide this education to law enforcement to encourage in-vivo assessments with their support.

The goal of services is to develop an individual crisis plan that incorporates the individual's and family's preferences, if possible and to provide the necessary services to stabilize the behavioral health crisis in the least restrictive manner. The services provided include making arrangements for transportation to a more restrictive environment to ensure safety or further treatment, if needed. The Center recognizes, however, that the least restrictive setting for some crisis resolution, may be in the hospital.

The Licensed Practitioners of the Healing Arts (LPHA's) rotate weekly crisis on-call services (there is a 5 week rotation). Each LPHA is available to provide both telephone consultation and to provide face-to-face assessments/counseling, as deemed clinically appropriate based upon the individual crisis situation. The contract psychiatrists for the Center are also available for both telephone consult and face-to-face assessments. At a minimum the a physician (typically emergency room physician) or one of the contract psychiatrists will meet the required face-to-face assessment within a 12 hour time frame, as clinically indicated. If the crisis occurs during the course of regular business hours, one of the contract psychiatrists will be contacted for consultation and, based upon location, for face-to-face evaluation or teleconference (polycom) assessment. After hours, the hospital emergency room doctors will act as the physician in

regards to the medical assessment, however, the emergency room doctors will, and do, consult with Coastal Plains psychiatrists or with the psychiatrist with whom the consumer will be receiving treatment from at the psychiatric facility where they will be receiving treatment.

As noted previously, during regular business days, defined as Monday through Friday between the hours of 8:00 am and 5:00 pm with the exception of holidays, trained Qualified Mental Health Professionals - Community Services (QMHP-CS's) from the Center's clinics in each service area will provide this face-to-face service for both emergent and urgent crisis assessments and services. At each clinic, typically there is at least one Licensed Practitioner of the Healing Arts (to include Licensed Practicing Counselors and/or Psychiatrists) available to provide additional assessment, intervention and, as necessary medical/psychiatric evaluation and care. Each clinic site has video-conferencing equipment with connectivity with the other clinics, emergency rooms and the local jails, to provide assessments by LPHA's, when face-to-face assessment cannot be done.

**Crisis Services Coverage:**

The Center has developed an outline of what the "Mobile Crisis Outreach Team" is in order to meet the standards defined in the contract.

All face-to-face services, for peak and non-peak services hours, outside of regular business hours, are provided through a contract with Avail Solutions, Inc. at this time.

<b>Holiday Hours</b>	<b>Avail MCOT Services</b>	<b>Avail Regular Crisis Services</b>
	12 Hours 8:00 A.M. - 8:00 P.M.	12 Hours 12:00 A.M. - 8:00 A.M. 8:00 - P.M. - 12:00 A.M.
<b>Non-Holiday Hours</b>	<b>Previously identified peak hours:</b>	<b>Previously identified non-peak hours</b>
Monday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Tuesday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Wednesday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Thursday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
Friday	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 8:00 A.M.
<b>Saturday</b>	4:00 P.M. - 12:00 A.M.	12:00 A.M. - 4:00 P.M.
<b>Sunday</b>	12:00 P.M. - 12:00 A.M.	12:00 A.M. - 12:00 P.M. (noon)

The Center has recently re-evaluated the peak and non-peak hours, based upon activation of crisis workers and review of crisis assessments. The peak hours have changed since the implementation of the MCOT program, however further evaluation to determine if this is an anomaly or a consistent change. Over the next six months, management staffs will continue to evaluate this and revise the plan, based upon need.

### **Crisis Follow-up/Relapse Prevention**

For any person who receives contact regarding crisis services from CP, the MCOT worker who responds to the crisis notifies the appropriate clinic director and designee regarding the crisis situation. The clinic director/designee assigns appropriate staff (designated caseworker for active consumers and assigned case worker for non-active persons) to follow-up with each person who receives crisis services and is referred to the Center. The Center has a quality management system in place to track this follow-up and/or the attempts to follow-up, to ensure that people who receive crisis services are providing the necessary supports to avoid crisis in the future.

For additional quality oversight, the Director of Mental Health Services reviews each crisis call log at the beginning of each work day. He then forwards them to the appropriate Mental Health Clinic Director or their designee to:

- 1) All person's who had a face-to-face contact (and not hospitalized) will be contacted by phone or attempted home visit to either
  - a. Be screened for further services and support (placed in service package 1-5)
  - b. Be provided additional skills training (if needed) to prevent further crisis and/or linked/referred to the appropriate community service agency
- 2) Contact will be made by either the
  - a. case manager (if an open client) by phone or home visit
  - b. designated on-call (if not an open client) either by phone or by making a home visit
  - c. continuity of care worker ensure contact the hospital to follow-up on the status of the individual, if the person was hospitalized

Clinic Directors are then to report back to the Director of Mental Health Services on the status of each crisis call. The follow-up action is then logged into a data base to provide an additional tracking mechanism and to assist in identification of any trends or to detect any specific persons who may need additional services and supports.

Services provided to people are based upon the service package for which they qualify for. If a person in crisis does not qualify for services, based upon screening during the crisis, they will be referred to other services within the community. If they need additional supports, even if they do not qualify for Center services, they will be encouraged to accept Service Package 5 services until they can be linked with the services they need in the community. These services will be provided in the office or in vivo for up to 90 days, until they are stabilized and/or transitioned to the appropriate community services or, if they qualify for behavioral health services, until they can receive an intake for Center services. All services are to be provided in the least restrictive environment.

### **Crisis Services Budget**

The following is a summary of the current services and their costs. For a comparison of the current crisis services and costs and proposed services and projected costs refer to *Attachment C* of this plan titled "Crisis Services Comparison".

- Crisis Hotline Services – Contract w/Avail Solutions, Inc. \$48,000/year for evening/weekend hotline services
- On-call costs for current staff rotating crisis on-call services: \$7,200/year for rotation pay
- Contract Crisis Rehabilitative Assessment Services \$253,100/year
- Psychiatric Services – 24 hours/day, 7 days a week – value-added service with no extra cost based upon current contract with psychiatrist on contract.
- Overhead of \$30,110/year
- There is additional funding which is approximately \$123,144 (Rider 65 funding) which is to be utilized for transitional services and intensive on-going services. This includes Service Package 5 (post crisis follow-up for non-eligible consumer and/or people pending admission into services) – which will include additional case management, skills training, psychiatric services, medication management, etc...to individuals who do not qualify for mental health services, however require additional support services. Estimated financial impact will be centered around increase psychiatric services, medication costs and skills training for those individuals without insurance.
- Emergency Crisis Psychiatric Services, w/Extended Observation - PESC funding received to provide crisis stabilization hospitalization for individuals who require hospitalization to help people remain in their own community, closer to family.

### **Crisis Response System Training**

Prior to providing services to individuals receiving mental health services, all staffs are required to receive training from qualified professionals at the agency. They are also provided specialized training within the first three months of their employment with the Center and annual refresher training on certain courses. Once trained, staffs are placed on rotation to provide crisis services. They are observed by supervisors in the clinics, prior to being placed on-call. The following is a condensed list of new employee training which is required of Center staff:

- Abuse/Rights/Confidentiality/HIPAA, PMAB, Infection Control, Cultural Competency, and Communication Strategies/Relay Texas (w/in 2 days of employment)
- Behavior Intervention, Case Management/Rehab, Crisis Training, and TRR (w/in 30 days of employment)
- Homicide/Suicide, Pharmacology, Illness Management and Recovery (IMR) (w/in 60 days of employment) and
- Co-occurring Substance Abuse (COPSD) training (w/in 45 days of employment)

Avail Solutions, Inc. has specific training in regards to crisis services, crisis intervention, communication strategies, HIPAA, Confidentiality, Rights, Abuse, Cultural Competency, Relay Texas, and Suicide/homicide intervention. As previously noted, Avail continues to be accredited through the American Association of Suicidality. The Center staff currently receives extensive training regarding crisis services and supports. Two (2) staff members were designated to attend training provide by DSHS through the American Association of Suicidology (AAS) one Clinic Director and the Quality Management Director. There were also multiple management staff and personnel from Avail Solutions, Inc. who have received AAS training and will continue to be accredited. With this level of accreditation, there is extensive training in crisis services. Center

staff have been provided additional training provided regarding referrals and linking to community resources, especially substance abuse services and supports.

Procedures for MCOT have been developed, consistent with contract requirements and mental health standards. The team's purpose is to attempt to prevent a crisis from escalating while providing services in the least restrictive environment. As noted previously, the Center has contracted with Avail Solutions, Inc. who's staff who are Qualified Mental Health Professional (QMHP-CS) level or above to provide mobile crisis outreach services. Staffing includes Licensed Practitioner of the Healing Arts (LPHA) level staff available for both telephone consults and, when clinically appropriate, to conduct face-to-face assessment and crisis counseling. The Center has psychiatrists on contract who are available 24 hours a day, 7 days a week for face-to-face and telephone consult. The MCOT is able to access these services.

The utilization of contractors will decrease costs and yet meet the requirements outlined by the State Authority to develop a network of providers as per the Texas Administrative Code, Title 25, Chapter 412, Subchapter P. This service was posted for procurement through the Request for Proposal process.

### **Other Crisis Services and Supports**

The Center's current allocations for crisis services are limited. There are other crisis services which are defined in the FY 2014 Performance Contract Information Item V, which could be provided with additional funding. These services will be developed in communities based upon community stakeholder recommendations and funding support (both through the crisis redesign allocation and through local match). These other crisis services include:

- Crisis Outpatient Services
- Children's Crisis Outpatient Services
- Crisis Residential Treatment
- Crisis Stabilization Unit

Other Crisis Funding Options:

- Crisis Intervention Team (CIT)/Mental Health Deputies Program
- Transportation offsets for local law enforcement

As funding is limited at this time, the following is a summary describes services Coastal Plains currently provides as related to the contract. Noted in each bullet is the capacity of services currently provided and the limitations to meeting the contract requirements without additional funding.

### **Collaboration and Coordination with Other Agencies**

**Training of Mental Health Peace Officers/Mental Health Deputies** - In accordance with Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) the Center currently provides a qualified staff member to provide training to local law enforcement, upon request. This support service has been offered to the police and sheriff's departments in our service area for several years now and will continue to be offered. The communities we serve have many certified mental health peace officers, due to the training our Center offers. The

Center will continue to offer opportunities for law enforcement officials in our service area to participate in this training and become certified. Through the Crisis Re-Design funds, we will assist the officers in attending training by paying for our staff who is certified to provide this specialized training and, as the budget allows, to assist with any overtime costs for the officers to attend the training. Center staff members will also attend any training conducted by law enforcement/detention centers to assist with answering any questions, address concerns, and be available for consultation.

### **Integration of Mental Health and Substance Abuse Service Providers:**

Coastal Plains Community Center provides services to rural areas, thus there are limited substance abuse service providers located in the area. That said, the Center is currently working with the Council on Alcohol and Drug Abuse of the Coastal Bend (COADA) through the 1115 Waiver project to provide Intensive Outpatient Treatment (OIP) in the Beeville and Taft clinics. The Center will also be posting a request for proposal to seek a provider for services in the Alice, Kingsville and Falfurrias clinics over the next two years. The closest detoxification treatment programs are located in Nueces County. The Center has a referral process to link people to these programs if inpatient detox is needed prior to outpatient treatment. Our agency also works together with probation and parole, to facilitate treatment for offenders who are still using illicit drugs and are in our services, as there are more treatment services available through the Texas Department of Criminal Justice, in regards to substance abuse. The Center also works together with OSAR (Outreach, Screening, Assessment and Referral) throughout the service area to link people to this service offered by DSHS. In the past, several of the Center's mental health clinics provided office space to the OSAR staff to facilitate linkage to substance abuse services, though this option is not taken advantage of by OSAR. Designated staff members continue to work collaboratively with the Recovery Oriented Systems of Care (ROSC) of the Coastal Bend to identify the needs of the stakeholders in the area.

### **Contracts with Community Mental Health Service Providers:**

Currently, Coastal Plains Community Center has contracts with the several behavioral health hospitals in South Texas. With these contracts, the goal is to provide short-term crisis stabilization in the community where the person lives. The hospitals and their employees understand the treatment focus is to provide services in the community, which is less restrictive than state hospitalization. This provides opportunity for consumers and family members to remain in contact and even visit with each other, with limited travel. All contract hospitals have psychiatrists available by telephone or for face-to-face assessment to meet the 12 hour compliance standards defined in House Bill 518 (Texas Health & Safety Code §573.021 a and b, and § 574.021d). The Center psychiatrists are also available for face to face, telephone or telemedicine assessment 24 hours a day.

### **Transportation Issues and Agreements:**

Bee County has a contract with local ambulance companies to provide transportation upon execution of mental health detention warrants. The county has this agreement to provide safe and medically supervised environment for transportation to hospitals, when someone is in a mental health crisis. In the other eight (8) counties the Center serves, the sheriff's department is the main provider of transportation for mental health emergencies. Through the community

coalition groups, Center staff work closely with law enforcement to coordinate response between city police department and county sheriff's department in mental health emergencies.

### **Oversight**

Coastal Plains Community Center will monitor required outcomes developed by DSHS through Utilization Management Team. This will afford opportunities for primary providers of services and the authority team oversight to review implementation; provide a forum to identify any outliers in service provision and will allow for key leadership staff to be involved in the supervision of the new services and supports. This meeting includes both provider services supervisors and leadership of the organization to review ongoing progress and identify barriers to services in a timely manner. The utilization management committee formally meets once a month. The Quality Management Team will also develop goals, objectives, strategies and outcome measures based upon this plan. Planning and Network Advisory Committee (PNAC) input is sought as needed. These goals and objectives will be incorporated into the quality improvement plan, which is monitored on a quarterly basis. Specific reports regarding the implementation of this plan will be provided to the PNAC on benchmarks and input regarding implementation will be sought.