

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: December 31, 2022

Submissions should be sent to:

MHContracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

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Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LMHA	304 South 22 nd Street, Temple, TX. 76501	Bell	<ul style="list-style-type: none"> • Screening, assessment, and intake; TRR outpatient services (Adult & Children's); Services for co-occurring disorders;
LMHA	100 East Avenue, Killeen, TX. 76541	Bell	<ul style="list-style-type: none"> • Screening, assessments, and intake; TRR outpatient services (adult, children); Services for co-occurring disorders
LMHA	2420 South 37 th Street, Temple, TX. 76501	Bell	<ul style="list-style-type: none"> • Psychosocial Rehabilitation Services (Adult Day Program)
LMHA	806 Avenue D, Suite E, Copperas Cove, 76522	Coryell	<ul style="list-style-type: none"> • Screening, assessments, and intake; TRR outpatient services (adult, children) •
LMHA	207 North Lutterloh, Gatesville, TX. 76528	Coryell	<ul style="list-style-type: none"> • TRR outpatient services (adult, children); Screening, assessment, and intake •
LMHA	101 Park Hill, Hamilton, TX. 76531	Hamilton	<ul style="list-style-type: none"> • TRR outpatient services (adult, children); Screening, assessment, and intake; Services for co-occurring disorders
LMHA	1305 South Key Avenue, Suite 203, Lampasas, TX. 76550	Lampasas	<ul style="list-style-type: none"> • Screening, assessments, and intake; TRR outpatient services (adult, children); Services for co-occurring disorders

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LMHA	708 N. Crockett Avenue, Cameron, TX 76520	Milam	<ul style="list-style-type: none"> • Screening, assessments, and intake; TRR outpatient services (adult, children)
LMHA	313 N Main St #1, Rockdale, TX 76567	Milam	<ul style="list-style-type: none"> • Screening, assessments, and intake; TRR outpatient services (adult, children)

I.B Mental Health Grant Program for Justice Involved Individuals

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

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

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
22	Temple Day Program (Rehabilitative Services)	Bell	Adult Mental Health	0 (Program was closed due to COVID-19)
22	Forensic Assertive Community Treatment Team (All Level of Care Services)	Bell	Adult Mental Health/Justice Involved Individuals	71
22	Outpatient Competency Restoration	Bell	Justice Involved Individuals	1

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

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

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

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
22	NA			

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • Cedar Crest Hospital and Residential Treatment Center • Canyon Creek Behavioral Health 	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> •

Stakeholder Type

- Advent Health Central Texas
- Mental health service providers
- Prevention services providers
- County officials
 - *List the county and the official name and title of participants:*
 - Bell County- Judge David Blackburn
Bell County Commissioner - Russell Schneider
 - Milam County- Judge Steve Young
- Federally Qualified Health Center and other primary care providers
- Hospital emergency room personnel

Stakeholder Type

- Substance abuse treatment providers
- Outreach, Screening, Assessment, and Referral Centers
- City officials
 - *List the city and the official name and title of participants:*
 - Temple City Counsel – Judy Morales
 - City of Temple – Nancy Glover
- Local health departments:
 - Child Protective Services - Kelsey Bandy.
 - Region 7 Psychiatric Hospital Caseworker.
 - Chelsey Smith- DSHS- Region 7 Behavioral Health Coordinator.
- LMHAs/LBHAs
 - *List the LMHAs/LBHAs and the staff that participated:*
 - N.A
- Emergency responders

Stakeholder Type

- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - Bell County- Judge Rebeca DePew
 - Lampasas County- Judge Misty Wakeman
 - Lampasas County Judge - Randy Hoyer
 - Coryell County- Judge John Guinn
 - Coryell County- Brandon Belt- County Attorney
 - Coryell County Judge – Rodger Miller
 - Milam County Judge – Steve Young
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies

Stakeholder Type

- Community health & human service providers
- Parole department representatives
- Law enforcement
**List the county/city and the official name and title of participants:*
 - Temple PD (Bell County)- Shawn Reynolds- Chief
 - Hamilton PD- Brad Boulton-Chief
 - Lampasas PD- Charles Montgomery- Patrol Lieutenant
 - Lampasas Sheriff's Office- Jesse Ramos- Sherriff
 - Harker Heights PD- Randy Stefek- Patrol Division Commander
 - Copperas Cove- Captain Nace
 - Rockdale PD- Chief Jerry Medders
 - Milam SO- Sam Ferguson- MH Deputy
 - Coryell SO-Sargent Goodlett-MH Deputy
 - Bell County- Teresa Phelps- Mental Health Liaison
 - Bell County-Chris Ellis- MH Deputy
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups

Stakeholder Type Veterans' organizations**Stakeholder Type** Other: Central Texas Healthcare Collation (Disaster Behavioral Health), Bell County Mental Health Court, Mental Health Taskforce, Feed my Sheep.

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

- | |
|--|
| <ul style="list-style-type: none"> • The PNAC met four times over the past fiscal year with opportunities to provide input on key issues and concerns to include unmet service needs. They reviewed the key issues and concerns to include unmet service needs identified in the 2020 CLSP at their March meeting and concurred many are still valid. |
| <ul style="list-style-type: none"> • Executive and mental health leadership were involved in a number of meetings with stakeholders over the past year to obtain input on consumer needs and collaborate in developing services utilizing funds from 1115 Waiver 2.0, jail diversion, supportive housing, etc.. |
| <ul style="list-style-type: none"> • The 1115 Waiver Region 8 Health Providers met on a regular basis in the past year to discuss initiatives and activities to meet service requirements. |
| <ul style="list-style-type: none"> • A local task force with representatives from local hospitals, law enforcement, parole/probation, Bell County Health District, etc. meets periodically to identify and address unmet needs and gaps in services |
| <ul style="list-style-type: none"> • SIM Mapping event was completed in March 2022 to help identify gaps in services to reduce MH population ER and Jail settings |
| <ul style="list-style-type: none"> • Executive Team has meet several times over the past year developing plans to open a diversion center |
| <ul style="list-style-type: none"> • Partnered with the Cities of Temple & Killeen on a homelessness study conducted by Dr. Marbut. |

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.

• Homelessness and lack of local resources
• Transportation for individuals for both urgent and routine services. The Hill Country Transit District (District) is unable to meet the needs of the population we serve especially in the rural and frontier counties.
• Increased substance use/abuse services in the area
• Jail diversion for juvenile offenders.
• Lack of community resources/providers
• Lack of funding for Waiver programs (e.g., YES, AMH-HCS).
• Dental Services(no resources available even for those with insurance: Medicaid/Medicare)
• Not enough low-income housing (e.g., Section 8 Housing) available. Individuals with fixed incomes have difficult time finding affordable housing in rural areas)
• Lack of crisis beds and state hospital beds
• Lack of shelters
• Lack of medical insurance
• Lack of sustained funding for assistance to pay utilities, rent, etc.
• Lack of sufficient local substance abuse services
• Lack of Mental Health Funding to provide residential services for individuals with a mental illness to include those that are homeless.
•

Section II: Psychiatric Emergency Plan

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

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

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

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

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

II.A Development of the Plan

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

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

- Key stakeholders identified in Section I. D were involved in the development of the plan.

Ensuring the entire service area was represented; and

- Included representatives from the local hospitals, health districts, law enforcement, courts, parole/probation, etc.

Soliciting input.

- Addressing unmet mental health needs specifically crisis/psychiatric emergencies.

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

1. How is the Crisis Hotline staffed?

During business hours

- The Center contracts with Avail Solutions to provide Crisis Hotline Services for seven days a week and 24 hours a day.

After business hours

- The Center contracts with Avail Solutions to provide Crisis Hotline Services for seven days a week and 24 hours a day.

Weekends/holidays

- The Center contracts with Avail Solutions to provide Crisis Hotline Services for seven days a week and 24 hours a day.

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

- Avail Solutions

3. How is the MCOT staffed?

During business hours

- Business hours are covered by two staggered shifts (8a.m.-5 p.m. and 12 p.m. -9 p.m.) in two coverage areas (East and West) encompassing our local service area. Daily there are three MCOT workers on both the shifts to complete on-call and walk-in crisis assessments, SMHF discharge follow-ups, and other client-based services. The Crisis Hotline is also available 24-hours a day, 7 days a week.

After business hours

- After business hours, the second MCOT shift continues to complete on-call crisis assessments until 9p.m.. Night shift coverage then begins 9 p.m.-8 a.m. the next morning for the local service area. The Crisis Hotline is also available 24-hours a day, 7 days a week.

Weekends/holidays

- An MCOT worker is available to complete on-call crisis assessments 24-hours on holidays, and an MCOT worker is also available throughout the weekend. The Crisis Hotline is also available 24-hours a day, 7 days a week.

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

- NO

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

- MCOT provides follow up services by phone calls, face to face visits in the community or clinic. MCOT will complete an ANSA to see if the individual is eligible for on-going full level of care services and coordinates the transition into on-going services. MCOT will provide case management and psycho-social rehabilitative services based on the needs of the individual.

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

Emergency Rooms:

- Yes. MCOT staff deploys whenever the emergency rooms contact MCOT to conduct a crisis assessment to determine if psychiatric hospitalization is needed, assist the hospital social work staff in placing an individual into a SMHF/local psychiatric hospital). MCOT will assist with coordination of outpatient services and provide follow-up, as needed/requested.

Law Enforcement:

- Yes. MCOT staff deploys whenever law enforcement contact MCOT to conduct a crisis assessment to determine if psychiatric hospitalization is needed, EMS and/or law enforcement would transport the individual to the nearest emergency room to receive medical clearance. Once clearance is obtained, MCOT would assist the emergency room as stated above.

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

- We do not have a SMHF in our local service area where we would be asked to conduct a crisis assessment.

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

During business hours:

- Contact the Crisis hotline to request MCOT staff deployment, who will then conduct crisis assessment and place individual on SMHF waiting list as needed/indicated or access a bed at Cedar Crest/Advent Health/Canyon Creek/Oceans Behavioral Health. Monitoring of individuals on the inpatient care waitlist is conducted as needed.

After business hours:

- Contact the Crisis hotline to request MCOT staff deployment, who will then conduct crisis assessment and place individual on SMHF waiting list as needed/indicated or access a bed at Cedar Crest/Advent Health/Canyon Creek/Oceans Behavioral health. Monitoring of individuals on the inpatient care waitlist is conducted as needed.

Weekends/holidays:

- Contact the Crisis hotline to request MCOT staff deployment, who will then conduct crisis assessment and place individual on SMHF waiting list as needed/indicated or access a bed at Cedar Crest/Advent Health/Canyon Creek. Monitoring of individuals on the inpatient care waitlist is conducted as needed.

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

- An individual is transported to the nearest appropriate emergency room by EMS and/or law enforcement to receive medical clearance. Once clearance is obtained, MCOT is called/deployed and completes a crisis assessment and makes a determination for the need to hospitalize the individual.

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

- An individual is transported to the nearest appropriate emergency room by EMS and/or law enforcement to receive medical clearance. Once clearance is obtained, MCOT is called/deployed and completes a crisis assessment and makes a determination for the need to hospitalize the individual.

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

- MCOT assists the local hospital's social work staff as needed, to include placing individuals meeting criteria on the SMHF waiting list or seeks a bed at Canyon Creek, Cedar Crest, Oceans Behavioral Health or Advent Health.

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

- MCOT assists the local hospital's social work staff as needed to assist in crisis respite or other placements. There is no facility-based crisis stabilization facility in the local service area.

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

- MCOT goes into the community to conduct crisis assessments and will contact law enforcement for assistance before entering a potential unsafe environment (person's home, under a bridge, parking lot, etc.)

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

Where does the individual wait for a bed?

- The individual is maintained in the emergency room or jail where they were assessed. MCOT continues to provide crisis follow-up and assessment services if the individual is placed on a SMHF waitlist or cannot access a bed at Cedar Crest or Advent Health.

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

- The individual is maintained in the emergency room or jail where they were assessed. MCOT continues to provide crisis follow-up and assessment services.

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

- Mental Health Deputies, family members, private ambulance services, and local ambulance services are available to transport individuals.

Crisis Stabilization

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

Name of Facility	N/A
Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of individual accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	
Number of Beds	
HHSC Funding Allocation	

Inpatient Care

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

Replicate the table below for each alternative.

Name of Facility	Cedar Crest Hospital
Location (city and county)	Belton, Texas (Bell County)
Phone number	(254) 613-9871
Key admission criteria	Danger to self or others due to psychosis.
Service area limitations, if any	None
Other relevant admission information for first responders	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
Number of Beds	68
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center	Private Psychiatric Beds

contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$675
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Advent Health Hospital
Location (city and county)	Killeen, Texas (Bell County)
Phone number	(254) 526-7523
Key admission criteria	Danger to self or others due to psychosis
Service area limitations, if any	None
Other relevant admission information for first responders	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
Number of Beds	29
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health	Private Psychiatric Beds

hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$675
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Canyon Creek Behavioral Health
Location (city and county)	Temple, Texas (Bell County)
Phone number	(254) 410-5100
Key admission criteria	Danger to self or others due to psychosis
Service area limitations, if any	None
Other relevant admission information for first responders	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
Number of Beds	102
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health	Private Psychiatric Beds

hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$675
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Oceans Behavioral Health
Location (city and county)	Waco, Texas (McLennan County)
Phone number	(254) 870-4870
Key admission criteria	Danger to self or others due to psychosis.
Service area limitations, if any	None
Other relevant admission information for first responders	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
Number of Beds	48
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health	Private Psychiatric Beds

hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$675
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Identify and briefly describe available alternatives.

- N/A

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

- Transportation and Housing for individuals upon release

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

- The Center has a dedicated jail liaison position that coordinates with the jails and Mental Health Bell County Court to assist in providing interventions to decrease mental health admissions and readmissions to criminal justice settings such as jails or prisons. The jail liaison supervises a Forensic Assertive Community Treatment Team and a Day Rehabilitation Program to help individuals at risk of admission into jails. The Center has a contract with Bell County to provide navigation services (e.g., screening, booking, discharge, etc.) as part of the Sandra Bland Act requirements. The jail liaison supervises the two jail navigators housed at Bell County jail.

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

- N/A

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

- None, program exists. The Center plans to continue to educate county officials about the program and collaborate with the courts in the decision-making process to streamline the OCR admission process.

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

- Jail-based Competency Restoration

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

- Award of funds from HHSC grant application. Need space in the jail for competency restoration (e.g., crisis respite).

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

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

- Care Coordination – Each coordinator is assigned to a local hospital for referral and outpatient care coordination. Care Coordinators assist in finding local physical health providers.
- Collaboration with inpatient psychiatric hospitals and Emergency Detention departments of social work.

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

- Contract with local free clinic to expand availability to healthy lifestyle services.
- Medical director will evaluate the potential of current medical staff assisting with some physical health medications.

II.E Communication Plans

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

- The Center shares information with the Bell County Health Task Force, Bell County Mental Health Deputy meetings, Coryell County Mental Health Deputies, and with other emergency responders through similar consolidated community provider meetings.
- Participate in the Central Texas Mental Health coalition through the Central Texas RACK (regional advisory committee)

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

- Key LMHA staff will receive information and training on how to implement the plan.

II.F Gaps in the Local Crisis Response System

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

County	Service System Gaps	Recommendations to Address the Gaps
Hamilton, Lampasas, Milam	<ul style="list-style-type: none"> Few to no certified mental health deputies in law enforcement. 	<ul style="list-style-type: none"> Seek additional funds to provide training. CCS law enforcement liaison advocating the need and benefit of having designated MH Deputies for their counties.
Bell, Coryell, Hamilton, Lampasas, Milam	<ul style="list-style-type: none"> No crisis stabilization units outside of emergency rooms or inpatient psychiatric hospitals. No extended observation units and crisis respite/residential services 	<ul style="list-style-type: none"> Collaboration with Bell County to open a crisis residential facility. Seek additional funds to provide services
Hamilton, Milam, Coryell and Lampasas	<ul style="list-style-type: none"> County Hospitals in these areas do not provide behavioral health services. 	<ul style="list-style-type: none"> Seek additional funds to coordinate the provision of behavioral health services within these hospitals. Referrals for outpatient services for CCS services at rural clinic locations.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Mental Health Deputies 	<ul style="list-style-type: none"> Bell, Coryell, and Milam 	<ul style="list-style-type: none"> Collaborate with Bell, Coryell, and Milam Counties to explore funding options to maintain and expand Mental Health Deputy Programs.
<ul style="list-style-type: none"> Crisis hotline and MCOT 	<ul style="list-style-type: none"> All counties served by CCS 	<ul style="list-style-type: none"> Continue providing crisis response services. Crisis hotline and MCOT provide linkage to LMHA services for those who meet diagnostic and need-based requirements.
<ul style="list-style-type: none"> IDD Crisis 	<ul style="list-style-type: none"> All counties served by CCS 	<ul style="list-style-type: none"> Continue offering services for families and individuals who have an IDD diagnosis that are in crisis.

Intercept 1: Law Enforcement	County(s)	Plans for upcoming two years:
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Current Programs and Initiatives:		
<ul style="list-style-type: none"> • Co-mobilization with MH Deputies and MCOT staff as requested/needed. 	<ul style="list-style-type: none"> • Bell, Coryell, and Milam 	<ul style="list-style-type: none"> • Will continue to work with MH Deputies as requested/needed.
<ul style="list-style-type: none"> • Behavioral Health, crisis response and de-escalation training with Bell County Deputies, LE, and Academy cadets by MCOT team. 	<ul style="list-style-type: none"> • Bell 	<ul style="list-style-type: none"> • Will continue to offer training as requested.
<ul style="list-style-type: none"> • Training on how to verbalize decompensation and other mental health concerns to support the Emergency Detention Orders. 	<ul style="list-style-type: none"> • Bell 	<ul style="list-style-type: none"> • Continue offering training to Bell County LE as requested. Collaborate with rural counties LE to offer the support and training for EODs.
<ul style="list-style-type: none"> • When MH Deputies come into contact and divert an individual, they will notify Center MCOT for further follow-up services and possible assessment for intake into Center outpatient care. 	<ul style="list-style-type: none"> • Bell 	<ul style="list-style-type: none"> • Continue
<ul style="list-style-type: none"> • Rural Crisis Response and Diversion- Crisis response by MCOT via telehealth for individuals in the rural counties that are in need of assessment 	<ul style="list-style-type: none"> • Hamilton, Lampasas, Coryell, and Milam 	<ul style="list-style-type: none"> • Continue

<p>and mental health services. "Real-time" recommendations for diversion are made.</p> <ul style="list-style-type: none"> • Law enforcement liaison provides MH training to LE in rural counties and one-on-one support, if needed, when responding to crisis calls. 		
<ul style="list-style-type: none"> • Co-responder model with Temple Police Department. A trained QMHP responds to MH and crisis calls along PD. Co-responder offers risk assessment and crisis stabilization services. Co-responder also assists in linking individuals to CCS services. 	<ul style="list-style-type: none"> • Bell 	<ul style="list-style-type: none"> • Continue

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Jail Navigators complete 16.22 for Bell County 	<ul style="list-style-type: none"> • Bell County 	<ul style="list-style-type: none"> • Continue
<ul style="list-style-type: none"> • MCOT completes 16.22 for Coryell and Milam County 	<ul style="list-style-type: none"> • Coryell, Milam 	<ul style="list-style-type: none"> • Continue

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Active participation with the Bell County MH court to assist with jail diversions. 	<ul style="list-style-type: none"> Bell 	<ul style="list-style-type: none"> Continue
<ul style="list-style-type: none"> "Fast-track" intake procedure completed by Forensic Assertive Community Treatment (FACT) staff and resource referrals for individuals referred by the courts. 	<ul style="list-style-type: none"> Bell 	<ul style="list-style-type: none"> Continue
<ul style="list-style-type: none"> Bell and Coryell Mental Health Deputies are called into their respective jails in order to assess inmates with diversion eligible charges for evidence of mental illness. 	<ul style="list-style-type: none"> Bell, Coryell 	<ul style="list-style-type: none"> Continue
<ul style="list-style-type: none"> FACT staff will attend the specialty docket twice a month to screen and refer eligible individuals on pre-trial stage to the FACT program. 	<ul style="list-style-type: none"> Bell 	<ul style="list-style-type: none"> Continue

<ul style="list-style-type: none"> • FACT team services are available to facilitate comprehensive services. 	<ul style="list-style-type: none"> • Bell County 	<ul style="list-style-type: none"> • Continue
<ul style="list-style-type: none"> • The jail navigators will continue to conduct mental health screenings during the booking process and provide individuals information about resources and services in the community. 	<ul style="list-style-type: none"> • Bell 	<ul style="list-style-type: none"> • Continue
<ul style="list-style-type: none"> • Navigator Services 	<ul style="list-style-type: none"> • Bell 	<ul style="list-style-type: none"> • The navigators continue to work with Well Path (healthcare contractor with Bell County Jail) to identify if inmates have a medication regimen with LMHA, so it can be continued while incarcerated.
<ul style="list-style-type: none"> • Lampasas County Jail Screens Inmates for Mental Health History, those who screen positive are referred to the Lampasas AMH office for Medication Related Services at a Fee for Service rate. Medications are provided by the Jail • 	<ul style="list-style-type: none"> • Lampasas 	<ul style="list-style-type: none"> • Continue

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> •TCOOMMI- Center currently screens and links individuals to LMHA services after being referred by TDCJ or Probation/Parole Departments. TCOOMMI offers Continuity of Care (COC) and Intensive Case Management (ICM) services according to individuals' needs. Some offenders are admitted into routine MH services, but most of them are served by TCOOMMI COC or ICM programs. 	<ul style="list-style-type: none"> • All counties served by CCS 	<ul style="list-style-type: none"> • CCS will continue working with TCOOMMI to serve justice-involved individuals with mental illness re-entering the community.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • TCOOMMI staff maintain communication with Parole and Probation Departments in the local service area on a regular basis regarding individuals under 	<ul style="list-style-type: none"> • All counties in the local service area. 	<ul style="list-style-type: none"> •Continue

supervision that receive services with the LMHA.		
<ul style="list-style-type: none"> • Probation and Parole Department reach out to TCOOMMI staff to conduct screenings of individuals that might be eligible or in need of mental health services. These departments complete referrals to TCOOMMI on an ongoing basis. 	<ul style="list-style-type: none"> • All counties in the local service area 	<ul style="list-style-type: none"> •Continue

III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

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

- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • Continue to ensure 10 business day rule is intact. Center has opened another clinic in Rockdale to help improve access
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Hospital liaison coordinates with local psychiatric hospitals and Center service providers to link individuals to community services upon discharge. 	<ul style="list-style-type: none"> • Continue
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • UM monitors long term patients. Challenges to transition to the community are immigration status, need to establish guardianship, lack of activities of daily living, and the lack of 	<ul style="list-style-type: none"> • Continue to monitor and coordinate with the SMHF for accessing community resources.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		financial resources for healthcare services or residential placement.	
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • Most Center service programs have fidelity with evidence-based practices. QM uses the fidelity tool kits to monitor the implementation of EBPs. 	<ul style="list-style-type: none"> • Center direct care service providers will be trained in EBPs and the MH Program Specialist will provide the necessary follow-up training. QM will continue to monitor EBP services and notify MH if there are outliers.
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Center has peer support specialist who provide services based on the recovery-oriented system of care. 	<ul style="list-style-type: none"> • Continue
Addressing the needs of consumers with co-	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Center employees are trained in COPSD 	<ul style="list-style-type: none"> • The Center is preparing to provide substance use

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
occurring substance use disorders		and provides those services	services as a CCBHC provider in the future.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • The Center has a primary care nurse practitioner who provides limited services as part of the 1115 Waiver program outcomes. 	<ul style="list-style-type: none"> • The Center is preparing to provide more comprehensive primary care services as a CCBHC provider in the future.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • Center assist Medicaid recipients in accessing medical appointment transportation. ACT transports consumers, if needed. Temple Day Program transports individuals to their program. 	<ul style="list-style-type: none"> • Continue
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • MH and IDD coordinates behavioral support (psychiatric medical services) appointment with 	<ul style="list-style-type: none"> • Continue

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Center prescribers for individuals enrolled in Medicaid Waivers. Some individuals with IDD and MH diagnosis receives MH services.	
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • Center provides veterans services through a contract with BEITZ. 	<ul style="list-style-type: none"> • Center is preparing to provide veterans services as a CCBHC provider in the future.

III.C Local Priorities and Plans

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

List at least one but no more than five priorities.

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

Local Priority	Current Status	Plans
CCBHC	<ul style="list-style-type: none"> • Certified CCBHC 	<ul style="list-style-type: none"> • Operationalize CCBHC

III.D System Development and Identification of New Priorities

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

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

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	SUD / Sobering Center	<ul style="list-style-type: none"> • Funds to be used to develop and operate a sobering center and expanded SUD program 	<ul style="list-style-type: none"> • \$750,000
2	Reduce re-occurring hospitalizations	<ul style="list-style-type: none"> • Develop a multi-organizational team to reduce individuals meeting Center eligibility criteria from using the local emergency rooms for mental health care by linking those individuals to Center MH outpatient services. 	<ul style="list-style-type: none"> • \$175,000
3	Supportive Housing	<ul style="list-style-type: none"> • Funds to support transitional and supportive housing with a combination of 30 units. 	<ul style="list-style-type: none"> • \$300,000

Appendix B: Acronyms

Admission criteria – Admission into services is determined by the individual’s level of care as determined by the TRR Assessment found [here](#) for adults or [here](#) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items

of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

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

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

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

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

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

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

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

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

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

Appendix B: Acronyms

CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
PESC	Psychiatric Emergency Service Center