

Executive Summary

In 1989, the Texas legislature identified a need to ensure trauma resources were available to every person in Texas. The Omni Rural Health Care Rescue Act, directed the Bureau of Emergency Management of the Texas Department of Health to develop and implement statewide emergency medical services (EMS) and trauma care system, designate trauma facilities, and implement a trauma registry, all in an effort to ensure adequate patient care. The state of Texas was divided into 22 regions (Trauma Service Areas) with designated Regional Advisory Councils (RACs) to serve as the administrative bodies to oversee the development of the identified system. The motivation behind this statewide effort was to reduce mortality and morbidity, create a structured environment for cooperation and communication, enhance planning and mitigation, and expedite response efforts that would overall aid in patient recovery.

The Southwest Texas Regional Advisory Council (STRAC) is one of the twenty-two RACs designated by the Texas Department of State Health Services (DSHS) to develop, implement, and maintain the regional trauma and emergency healthcare system for Trauma Service Area -P (TSA-P). TSA-P has a mixture of urban, suburban, rural, and frontier areas, from the 7th largest city in the US to the Mexican border, encompassing over 26,000 square miles in Southwest Texas.

Mission: To reduce death / disability related to trauma, disaster, and *acute illness* through implementation of *well-planned and coordinated regional emergency response systems*.

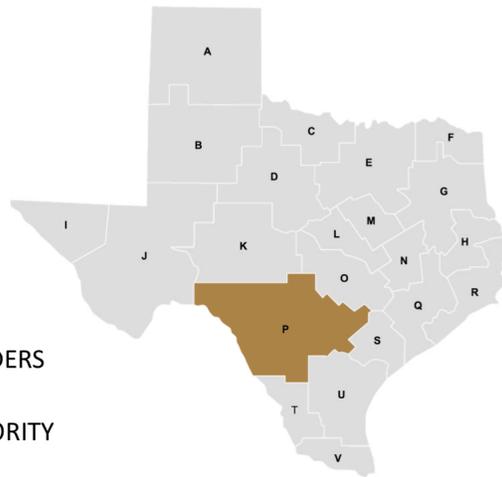
 22 COUNTIES
26,000 SQUARE MILES

 2.4M PEOPLE

 71 EMS AGENCIES

 4 AIR MEDICAL PROVIDERS

 PUBLIC HEALTH AUTHORITY



 63 HOSPITALS

 2 LVL I TRAUMA CENTERS

 16 CARDIAC CENTERS

 17 STROKE CENTERS

 BEHAVIORAL HEALTH

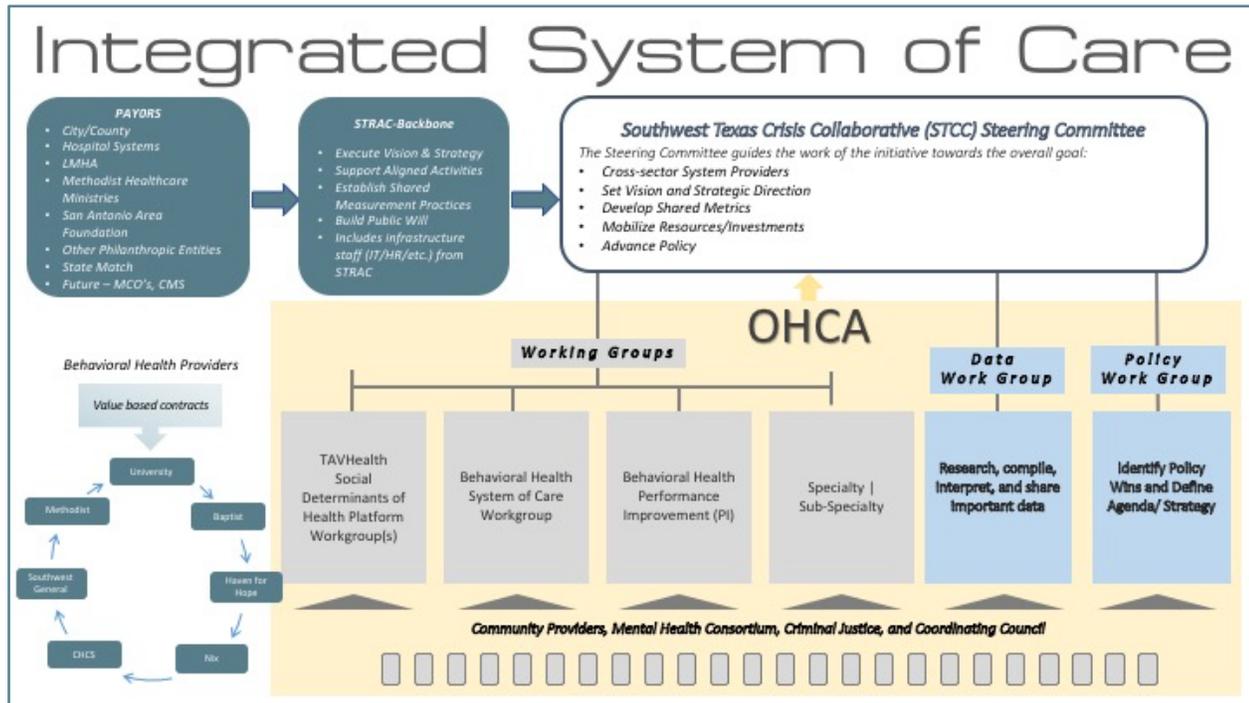
In 2015, a series of studies in Bexar County were completed with intersecting areas of focus on mental illness, homelessness, chronic illness, and those that fall in the safety net population. Out of a sampling of 9,000 emergency detentions of psychiatric patients occurring annually in the area, half needed only a medical screening prior to psychiatric care. While behavioral health and homeless resources were available, there was a lack of integration and coordination occurring across the system of care. Meanwhile, there was a subset of individuals frequently utilizing services in local emergency departments, inpatient care, jail, and crisis care without adequate access to treatment and generating a large percentage of the costs.

For decades, STRAC has served as a platform for process improvement and standardization across various entities providing patient care. STRAC is a neutral convener across the region that promotes growth and development in multiple areas of the healthcare system to include; trauma, stroke, cardiac, clinical informatics, emergency preparedness and response, and medical communications. The combination of gaps identified in the behavioral health system and STRAC's foundation of system work in the community, led to a natural transition for proposed solutions to be guided by STRAC and what is now known as the Southwest Texas Crisis Collaborative (STCC).

Southwest Texas Crisis Collaborative

The Southwest Texas Crisis Collaborative (STCC), a division of STRAC, is an effort focused on ending ineffective utilization of services for the safety net population at the intersection of chronic illness, mental illness, and homelessness in San Antonio, Texas and Bexar County. STCC is committed to improvement by developing a comprehensive, integrated crisis system across all major public payors, hospital providers, philanthropy, public safety (Fire/EMS and Law Enforcement) and behavioral health providers. An *Integrated System of Care* visually depicts the infrastructure of STCC as follows:

The Steering Committee governs working groups that lead implementation of the will of the STCC in the following key strategic areas:



- Data collection and analysis strategies to identify and monitor the eligible population and target patient subgroups that are most likely to be impacted by complex care management;
- Deployment of TAVConnect, the STCC Steering Committee choice of software platform designated to bridge the divide between the medical record and social determinants of health;
- Care teams and care management interventions;
- Financing and accountability; and
- Integration, replication, and sustainability of programs in the delivery system, either directly through funding or indirectly through consensus and shared metrics.

As it moves forward, this collective impact effort is rapidly expanding to be a collaborative of health professionals, community leaders, businesses, nonprofits, funders, and policymakers working together on linked activities and is held accountable by shared goals to dramatically reduce the prevalence and excessive use of ER, EMS, and Jail services while providing better care and improved health status to the target population. Essential to the future success will be developing and agreeing to shared goals and performance metrics in the Payor/Provider contracts leveraging the TAVConnect data analysis of performance of the programs and the providers in value-based contracts.

This initiative will provide an unprecedented opportunity to create impact in the larger Southwest Texas Region and will be a part of systems change that will hopefully serve as a model to be replicated across Texas and the country. Further, the interventions designed can serve as a case study for Managed Care Organizations (MCO) who will benefit from said interventions. The STCC Steering Committee will work to engage MCO's in subsequent years as part of the funding strategy.

An overview of projects launched or being developed as part of STCC include:

TAVConnect

The online platform TAVConnect, a product of TAVHealth, is a cloud-based technology platform designed to address a patient's social determinants of health (SDoH). STCC is deploying TAVConnect to members to better address patients at the highest utilization of crisis services. The collaborative platform aids clinicians across the system in understanding the person and their individual challenges in order to build a relationship based on care, concern, and compassion. It connects social, financial, and local community resources to identify and solve the SDoH. This leads to decreased risk factors, ensuring successful transitions from one phase of a person's health journey to the next.

STCC is deploying TAVConnect to organizations within the behavioral health system of care (including hospitals, outpatient care, law enforcement, EMS, San Antonio Fire Department, and community-based organizations), and is prioritizing the Complex Crisis population. Through TAVConnect organizations are linked in a common coordination platform. This shared approach gives the Collaborative the ability to contribute to and use a dynamic and individualized community treatment plan that will more effectively manage the needs of the complex crisis patient.

MEDCOM Law Enforcement Navigation of Emergency Detention Patients

Patients who are placed into emergency detention by law enforcement for their acute psychiatric needs and are medically stable are navigated to the appropriate psychiatric facility versus area emergency departments. This system change has decompressed local emergency departments, where psychiatric patients were often boarded for hours awaiting a more appropriate facility. All behavioral health facilities with inpatient beds are reporting their diversion status, and MEDCOM, a 24/7 dispatch center currently routing all trauma patients in the region, is now routing medically stable psychiatric patients to an appropriate facility.

Psychiatric Emergency Service at Nix Health

San Antonio's only Psychiatric Emergency Service (PES), operated by Nix Health, was in jeopardy of closure in 2018 due to changes with the federal Delivery System Reform Incentive Payment (DSRIP) program. The STCC Steering Committee allocated funding to ensure continuity of the 16-bed PES, along with funding to increase capacity by another 16-beds. As a result, the operator of the PES reports key metrics to the STCC Steering Committee, including but not limited to visits, readmissions within 30 days, unduplicated patient counts, length of stay, social determinants of health, and more.

San Antonio Fire Department Acute Care Station at Haven for Hope

Haven for Hope (H4H) is San Antonio's largest homeless shelter and has an average of 1,400 people on campus daily. For the last several years, it has also been the top address for 9-1-1 calls. The STCC Steering Committee allocated funding to H4H and San Antonio Fire Department's Mobile Integrated Health (MIH) Team to intervene in this cycle. MIH provides services to H4H clients from 8 pm to 7 am seven days a week in the Acute Care Station with the primary goal of providing medical support onsite, building patient profiles, and when applicable, cancel the transport to a local hospital, and refer to CentroMed, San Antonio's Federally Qualified Health Center, for continuity of care.

Crosspoint Hall House Behavioral Health Diversion Program

Since 1963 Crosspoint has been providing outpatient and residential services to primarily veteran and justice involved Bexar County residents. In 2018 Crosspoint opened behavioral health diversion program that provides transitional housing, psychiatric care, employment services, group and individual counseling, and case management to residents. The STCC Steering Committee has allocated funding to support this program.

The STCC division can be reached by contacting STRAC at (210) 233-5850, or through email at info@strac.org. The Division Director and Program Specialists are available for community presentations, meetings, discussions, or for general questions.

MEDCOM Law Enforcement Navigation of Emergency Detention Patients

Before the start of this program, emergency departments in Bexar County saw more than 9,000 emergency detention patients each year. Many patients whose primary presenting condition is psychiatric become stranded at the emergency room for hours due to interfacility transfer laws; at this point “boarding” occurs. “Boarding” refers to the nation-wide issue of patients presenting at emergency department for psychiatric care and who end up staying far longer than the average patient because emergency departments are awaiting interfacility transfers and unable to provide treatment for their psychiatric needs. Research shows that emergency departments are not clinically conducive to psychiatric stabilization, and the patients decompensate further.¹ Nearly half of emergency detention patients need only a medical screening before routing directly to a psychiatric facility. A field medical stabilization process for EMS was developed collaboratively with the San Antonio Fire/EMS Medical Director, the Local Mental Health Authority, and psychiatric facilities’ medical directors that enables law enforcement to take medically stable emergency detention patients directly to psychiatric facilities, a process that greatly expedites their mental health treatment.

The Law Enforcement Navigation project utilizes the Southwest Texas Regional Advisory Council’s (STRAC) MEDCOM Communications Center, which was already navigating over 500 trauma transfers monthly, as the central coordination point to navigate medically stable emergency detention patients that are in police custody to the most appropriate psychiatric facility to improve the care of the patient. If the field evaluation process determines that the patient needs emergency medical care, the patient will be routed to the most appropriate emergency department.

MEDCOM monitors both 9-1-1 law enforcement responses to psychiatric related calls and psychiatric facilities diversion status in real-time to anticipate and navigate patients, to ensure adequate load-balancing of the crisis system. Patients are tracked in real-time and data is provided for analysis and system enhancement.

Project Goals:

- Improve navigation of medically stable ED patients to psychiatric facilities where care can begin sooner. The current system of boarding these patients in emergency departments that are not optimally equipped to care for their psychiatric needs slows the patients’ care.
- Decrease law enforcement officer drop-off times so the officer returns to service more quickly.
- Develop and implement a shared measurement system that will track common outcomes and indicators across the initiative, use results to inform learning and continuous improvement, and to communicate improvements across the Collaborative.
- Ensure effective facilitation of all Workgroup and Steering Committee meetings, provide regular reports on group progress against goals and indicators.
- Oversee the development of a local set of strategies that will ultimately drive transformative change in the region.

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¹Wiler JL, Brown NA, Chanmugam AS, et al. Care of the Psychiatric Patient in the Emergency Department: A Review of Literature. American College of Emergency Physicians, 2014. Available at: https://www.acep.org/uploadedFiles/ACEP/Clinical_and_Practice_Management/Resources/Mental_Health_and_Substance_Abuse/Psychiatric. Accessed August 7, 2017.

Psychiatric Emergency Service at Nix Health

While many communities propose increasing available inpatient psychiatric hospital beds as the sole answer to the boarding issue, the STCC Steering Committee has instead allocated funds to sustain and expand the existing Psychiatric Emergency Service (PES) at Nix Health. A PES provides an alternative to the emergency department for patients in need of acute psychiatric care and can provide assessment and treatment that may stabilize a majority of the crisis mental health population at this level of care, thus dramatically alleviating the demand for inpatient psychiatric beds. San Antonio's only PES, operated by Nix Health, was in jeopardy of closure in 2018 due to changes with the federal Delivery System Reform Incentive Payment (DSRIP) program. The STCC Steering Committee allocated funding to ensure continuity of the 16-bed PES, along with funding to increase capacity by another 16-beds. As a result, the operator of the PES reports key metrics to the STCC Steering Committee, including but not limited to visits, readmissions within 30 days, unduplicated patient counts, length of stay, social determinants of health, and more.

Patients at the PES can stay up to 48 hours and are stabilized and discharged with a care plan and follow-up. If a patient's need for additional support is identified during PES treatment, the patient may be admitted onsite to the inpatient unit. PES staff use TAVConnect to address complex crisis patients. The goal of the utilization of TAVConnect for the complex crisis population is to reduce over-utilization of crisis services by addressing the social determinants of health. Through TAVConnect, players within the continuum of care are sharing the social determinants of health responsibility to the patient. Creating this communication around patients' needs and decreasing duplicative efforts will expand treatment capabilities for this population.

Combining the efforts of the PES and Law Enforcement Navigation allows for true decompression of the emergency departments, as medically stable emergency detained patients are navigated directly to the PES, bypassing the emergency department. This expanded PES is now working to accept direct transfers from emergency departments after patients have been medically cleared, known as "auto accept" to facilitate a streamlined patient and continuum of care experience, further decompressing local emergency departments while providing better patient care.

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San Antonio Fire Department Acute Care Station at Haven for Hope

Haven for Hope (H4H) is San Antonio's largest homeless shelter and has an average of 1,400 people on campus daily. The campus holds the distinction of being the number one address for 9-1-1 calls to originate within the City of San Antonio with an estimates 1,800 transports of H4H clients to downtown hospital emergency rooms occurred from April 2015 to March 2016. These 9-1-1 calls were steady from month to month and remained a concern for ambulance over-utilization for the City of San Antonio.

Leadership from STCC, H4H, San Antonio Fire Department's Mobile Integrated Healthcare (MIH) Team, and the CentroMed, San Antonio's Federally Qualified Health Center, came together to create this necessary intervention. These players developed a collaborative model to address patients' needs during the evening and overnight hours when healthcare resources are limited on the H4H campus. Their collaboration led to the Haven for Hope Acute Care Station. The Acute Care Station is staffed with an assigned MIH paramedic overnight, 7 days a week. The primary goal of the MIH paramedic is to respond to 9-1-1 calls that originate from the campus and work with the patient and H4H staff to navigate the patient to the appropriate place for care. Options for the patient could include treatment and release on scene by the MIH paramedic, referral to the CentroMed clinic on the H4H campus, or to be transported via ambulance to an emergency room should the patient require this level of immediate care.

Throughout the night, MIH works with all patients they come in contact with, hands them off to a H4H Patient Navigator who will then connect them to the CentroMed clinic first thing in the morning where the patient will be seen. This ensures continuity of care and significantly decreases the potential for no-shows to the follow up appointments. The end goal is that H4H staff and CentroMed will continue to engage these patients to provide a consistent medical home.

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Crosspoint Hall House Behavioral Health Diversion Program

Since 1963 Crosspoint has been providing outpatient and residential services to primarily veteran and justice involved Bexar County residents. In 2018 Crosspoint opened behavioral health diversion program at its Hall House location for individuals with a mental health diagnosis transitioning out of jail or inpatient hospitalization. The STCC Steering Committee has allocated funding to support this program. This program provides 24/7 residential support with embedded outpatient treatment services for men. Clients can be referred by Central Magistration, Specialty Courts, and through participating inpatient facility members of the STCC.

Individual and group behavioral health services are provided on-site by Crosspoint licensed clinicians and a contract psychiatrist. The program's residential support component includes cutting edge accountability practices and professional case management services. Psychiatric evaluation and medication monitoring services are available as needed. Lengths of stay of up to 120 days will facilitate greater opportunities for engagement and long-term stabilization. Case managers conduct risk and need assessments and develop program plans with each client to meet the client's needs and build basic skills. This includes life skills education, motivational interviewing techniques, and cognitive-behavioral groups, all in addition to the individual counseling provided by clinical staff. Case managers engage clients and their existing supports in developing discharge plans regarding housing and assist in employment searches and job readiness.

For those residents needing services elsewhere in the community and, as part of the discharge process, Crosspoint staff facilitates referrals to external providers for concurrent or ongoing care. As many members of the target population are homeless or at risk of becoming homeless, Crosspoint's case managers help participants secure stable housing that supports a pro-social lifestyle prior to their graduation from the program. Crosspoint aims to reduce costs related to jail admissions, law enforcement involvement, emergency medical services, and recidivism through transitional wraparound services.

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