

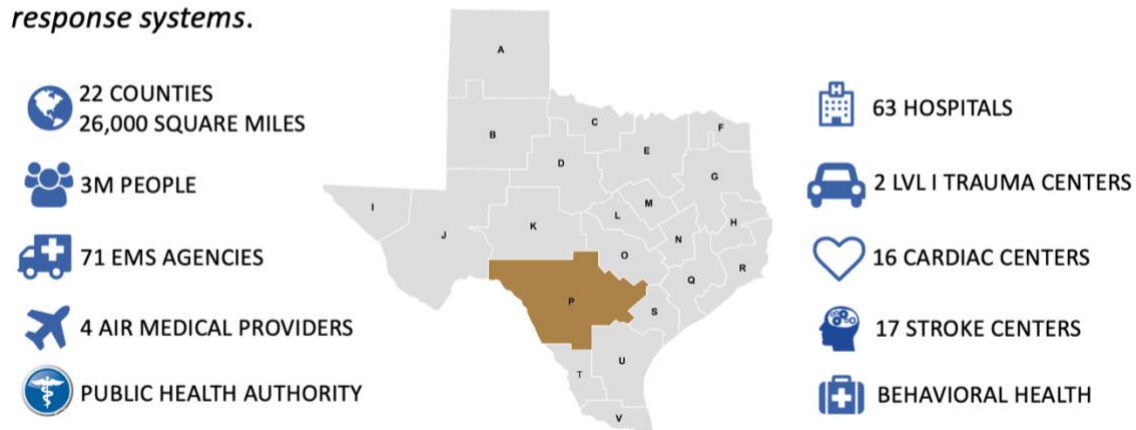
## Executive Summary

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 22 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 7<sup>th</sup> largest city in the US to the Mexican border, encompassing over 26,000 square miles in Southwest Texas.

## Who We Are

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



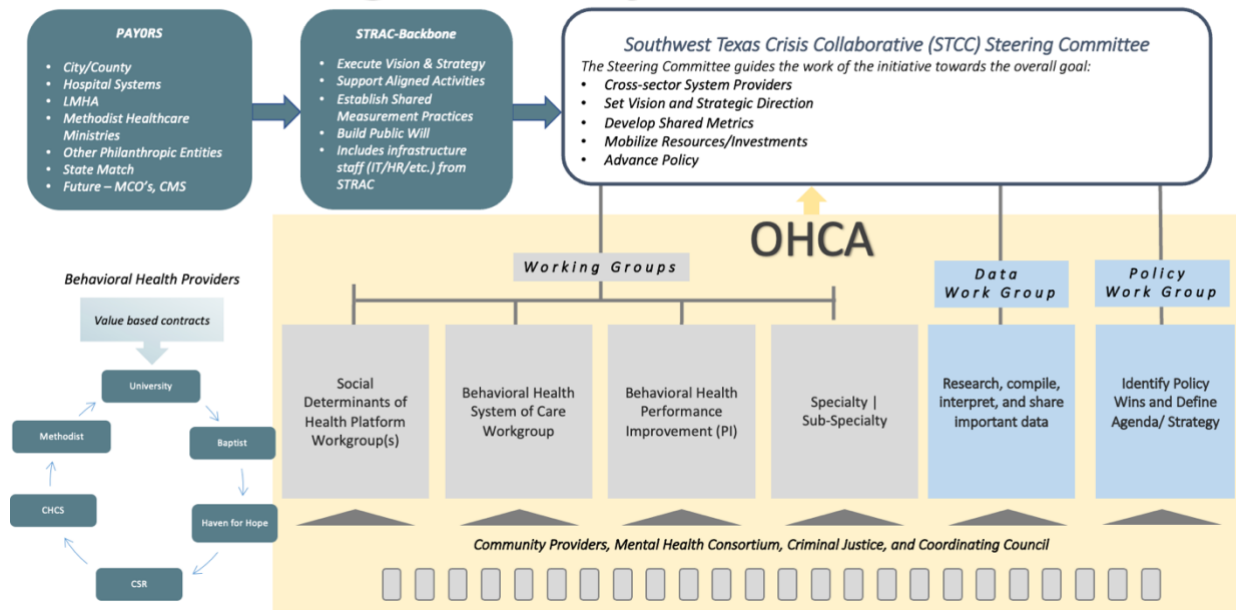
In 2015, a series of studies in Bexar County were completed with intersecting areas of focus on mental illness, homelessness, chronic illness, and those that fall in the safety net population. Out of a sampling of 9,000 emergency detentions of psychiatric patients occurring annually in the area, half 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 the Southwest Texas Regional Advisory Council (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:

### Integrated System of Care



The Steering Committee governs working groups that lead the implementation of the will of 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 a Social Determinants of Health platform, designated to bridge the divide between the medical record and social determinants of health;
- Implementation of crisis mental health programs which involve care teams and care management interventions, based on needs that data collected has shown;
- 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 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 MCOs in subsequent years as part of the funding strategy.

## **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 System of Care**

The Psychiatric Emergency Services System of Care (PES) was created to provide a safe environment for adult mental health patients presenting to acute care emergency departments who require timely mental health evaluations. The purpose is to decompress the overcrowding of mental health patients in emergency departments. PES provides immediate psychiatric evaluations, clinical assessments, and linkage to the next appropriate level of care. Methodist Specialty and Transplant Hospital provides the PES for Bexar County. The Local Mental Health Authority of Bexar County, The Center for Health Care Services, has embedded clinicians in MEDCOM, and at the PES facility, to help facilitate PES transfers and provide support in linking and coordination to the most appropriate level of care.

## **Program for Intensive Care Coordination**

After reviewing the first full year of data from the Law Enforcement Navigation Program, the Southwest Texas Crisis Collaborative (STCC) identified a population of 100 individuals who have been emergency detained six or more times in one year. In an effort to reduce emergency detentions and the subsequent use of emergency and inpatient services by providing ongoing engagement and wraparound care, a multidisciplinary team, including San Antonio Police Department Mental Health Unit, San Antonio Fire Department EMS Mobile Integrated Healthcare, and the Center for Health Care Services, was created. By focusing on persons identified as high utilizers (6 or more EDOs in a 12-month period) the team aims to reduce the utilization and impact on 911 and hospital systems by addressing psychiatric and social needs through intensive case management and collaboration with the community thereby reducing the need for emergency services.

## **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 1,700 people on campus daily. For several years prior to launch of the Acute Care Station, 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 EMS Mobile Integrated Healthcare (MIH) 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, canceling the transport to a local hospital, and enhancing continuity of care by directly referring to CentroMed, San Antonio's Federally Qualified Health Center.

## **Crosspoint Behavioral Health Transitions 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, group and individual counseling, and case management to residents. The STCC Steering Committee has allocated funding to support this program.

## **New Opportunities for Wellness Clinic**

The New Opportunities for Wellness Clinic (NOW) expands outpatient behavioral health treatment access to Bexar County adult residents. Patients will have rapid access to care, within five (5) days of referral. The program is staffed by a multidisciplinary team of providers, including a Chief Psychiatrist, Psychiatric Advanced Practice Nurses, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Chemical Dependency Counselor, Case Managers, Peer Support Specialists, and administrative oversight from UT Health Faculty & UT Healthy Physicians Operations team. The Center for Health Care Services

(CHCS) has a liaison embedded within the clinic to facilitate transition to CHCS programs as appropriate, including outpatient treatment, contract inpatient beds, and other services as needed.

### **Domestic Violence Navigation**

The Southwest Texas Regional Advisory Council (STRAC) MEDCOM hosts the Domestic Violence Navigation service line 24/7 to ensure the correspondence from law enforcement to victim advocacy is established upon identification of a high-risk lethality case due to domestic violence. The navigation line increases the utilization of evidence-based lethality tools used by law enforcement and healthcare providers, and follow-up services are provided to victims of domestic violence by Bexar County Sheriff's Office (BCSO) Crime Victim Advocates, the City of San Antonio (COSA) Violence Prevention Case Managers, and/or Family Violence Prevention Services (FVPS).

### **Social Determinants of Health Platform**

STCC utilizes a cloud based platform to convene members of the collaborative on patient care information, data, care coordination, and referrals to address Social Determinants of Health (SDoH) needs of patients in the community. By identifying the SDoH needs of patients the collaborative can better understand and address their needs which often effect their ability to avoid crisis mental health situations that result in frequent rehospitalization. This platform will provide the teams the ability to identify gaps in care to provide connection to services leading to decreased risk factors, ensuring successful transitions from one phase of a person's health journey to the next.

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## 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.<sup>1</sup> 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 who 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 emergency detention 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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<sup>1</sup>Wiler 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](https://www.acep.org/uploadedFiles/ACEP/Clinical_and_Practice_Management/Resources/Mental_Health_and_Substance_Abuse/Psychiatric). Accessed August 7, 2017.

## Psychiatric Emergency Services System of Care

While many communities propose increasing available inpatient psychiatric hospital beds as the sole answer to the boarding issue, the Southwest Texas Crisis Collaborative (STCC) Steering Committee has taken a different approach and has allocated funds to create a Psychiatric Emergency Services (PES) System of Care model. 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. Patients in 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 for a longer stay inpatient stay. The model not only creates the opportunity to provide PES beds within Bexar County, but is intended to enhance access to outpatient services at the Local Mental Health Authority, The Center for Health Care Services (CHCS). CHCS has embedded Qualified Mental Health Professionals within the PES facility to provide aggressive assessment, linkage, and referrals to ensure the connection to ongoing outpatient treatment.

Combining the efforts of the PES System of Care and Law Enforcement Navigation, Southwest Texas Regional Advisory Council (STRAC) and CHCS have also embedded licensed clinicians in MEDCOM 24/7 to assist in facilitating interfacility transfer requests to the PES facility. Placing a licensed professional in the middle of the transfer process allows multiple treatment options to be considered. Utilizing tele-screening, the clinician can assist in determining whether the patient would benefit from PES, inpatient treatment, or potentially avoid admission all together and be connected back to an assigned treatment team for follow up. Law Enforcement Navigation is addressing the mental health crisis at the scene and the PES System of Care is addressing the mental health crisis occurring in a hospital/emergency department who may not have the service line that would best treat the patient's conditions.

By creating the collaborative approach for these two programs to work hand-in-hand, for true decompression of the emergency departments, can occur as medically stable, emergency detained patients are navigated directly to the closest, most appropriate mental health facility. For patients that arrive outside of law enforcement to emergency departments experiencing mental health crises, the PES System of Care provides the outlet to expedite a more specialized level of care for that individual.

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## Program for Intensive Care Coordination

The Program for Intensive Care Coordination (PICC) launched July 1, 2019 as a high utilizer program within the Southwest Texas Crisis Collaborative's (STCC) mission to improve the overall behavioral health system in Bexar County. The STCC Steering Committee prioritized an additional layer of outpatient services to offer an intensive team approach to better address the unique needs of this special population. Utilizing data from Law Enforcement Navigation Program, the collaborative identifies 100 individuals that have been emergency detained 6 or more times in a year and enrolls them to the program for intensive case management.

PICC is a partnership with San Antonio Fire Department EMS Mobile Integrated Healthcare (SAFD-EMS-MIH), San Antonio Police Department Mental Health Unit (SAPD-MHU), and the Center for Health Care Services (CHCS). The purpose of this multidisciplinary approach is to reduce emergency detentions and the subsequent use of emergency and inpatient services by providing ongoing engagement and wraparound care tailored specifically to each patient's unique needs. The services may consist of ongoing engagement, case management, medication management, psychosocial rehabilitation, transportation, and connections to other community resources. A team consisting of an MIH paramedic, a specialized mental health officer, and a qualified mental health professional, provide various skill sets and resources available to the patient.

The team will "meet the patient where they are at," both physically and mentally. The team is agile and engages with the individual at each touchpoint of the behavioral health system to include the hospital setting, shelters, boarding homes, jail, and community settings. By providing consistent involvement in the care of the patient, the team can create a stable foundation with the individual it is serving, resulting in an overall improvement of patient outcomes.

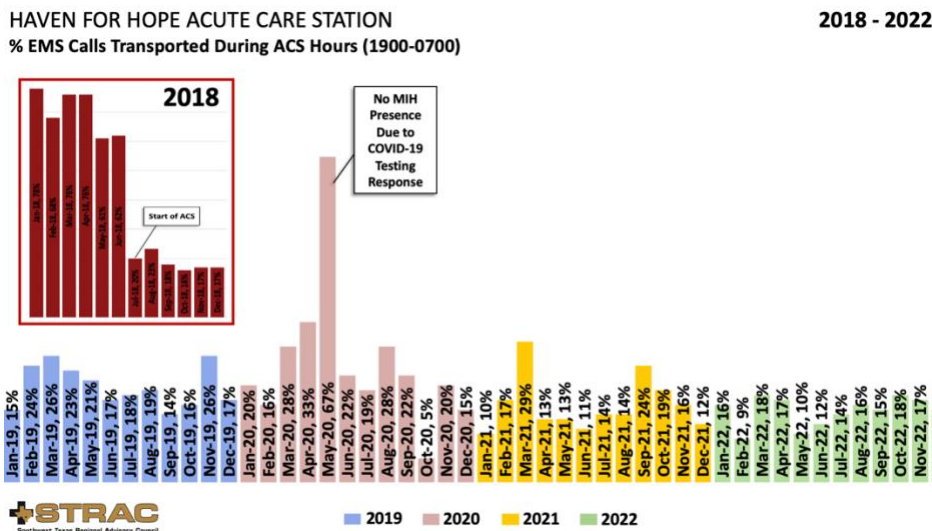
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## San Antonio Fire Department Acute Care Station at Haven for Hope

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 Southwest Texas Crisis Collaborative (STCC), H4H, San Antonio Fire Department EMS Mobile Integrated Healthcare (MIH), 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, the MIH paramedic works with all patients that they encounter, provides a warm hand 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 Behavioral Health Transitions Program

Since 1963 Crosspoint has been providing outpatient and residential services to primarily veteran and justice involved Bexar County residents. Crosspoint opened behavioral health transitions program, in 2018 at its Hall House and in 2020 at its Alvarez House location, for individuals with a mental health and/or substance use disorder diagnosis, transitioning from inpatient hospitalization. The Southwest Texas Crisis Collaborative (STCC) Steering Committee has allocated funding to support this program. This program provides 24/7 residential support with embedded outpatient treatment services, and patients are referred by participating Bexar County 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 resident to meet the resident'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 facilitate 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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## Specialized Multidisciplinary Alternative Response Team (SMART) San Antonio Community Outreach & Resiliency Effort (SA-CORE)

In 2019, Bexar County and the City of San Antonio had over 20,000 emergency detention cases. Approximately 12,000 of those cases were navigated directly to a psychiatric facility via the Southwest Texas Regional Advisory Council's (STRAC) MEDCOM Law Enforcement Navigation Program. This program was launched in 2017 as an effort to navigate patients experiencing a mental health crisis in police custody to the closest, most appropriate, mental health facility, in lieu of the emergency department. These calls typically originate from 9-1-1 and are identified as mental health related, resulting in a response by law enforcement and/or EMS. Simultaneously, Bexar County has a mental health crisis line operated through the Local Mental Health Authority, The Center for Health Care Services (CHCS). This line fields mental health related calls and provides triage/assessment services by trained mental health professionals to determine the level of response. However, these two lines do not correspond with each other, and so a high volume of mental health related calls involve a law enforcement response without a mental health professional.

Other cities in the United States such as Eugene, Oregon and Denver, Colorado have adopted alternative response models by inserting mental health professionals earlier in the response process. Bexar County and the City of San Antonio have a strong foundation built through STRAC and the Southwest Texas Crisis Collaborative (STCC) to be able to support the design of a similar concept.

An Unincorporated Bexar County focused multidisciplinary mental health response team, in partnership with CHCS, Bexar County Sheriff's Office (BCSO), multiple Bexar County EMS Providers, and STRAC, was launched October 2020. The team is comprised of a Crisis Response Clinician mental health professional, a mental health deputy, and a paramedic. Triage criteria has been developed to identify low level 9-1-1 mental health related calls in an effort to dispatch the team for a more appropriate response. This allows the crisis response clinician to be at the forefront for a more comprehensive assessment before any determination is made. Not only has the program been designed to intervene on initial calls, but with expansion, the team will serve as a source of outreach and prevention of future 9-1-1 calls. With the incorporation of specialized team members such as the peer support specialist, enhanced services are offered to include case management, navigation, and linkage to ongoing outpatient care.

Inside the City of San Antonio, a multidisciplinary mental health response team was formed in partnership with CHCS, San Antonio Police Department (SAPD), San Antonio Fire Department (SAFD) and STRAC, was launched in April 2022. This team is comprised of a Crisis Response Clinician mental health professional, a Mental Health Unit (MHU) Police Officer, and a Mobile Integrated Healthcare (MIH) Paramedic. This team responds to 911 calls that have a mental health nexus to them in an attempt to treat the individual experiencing a mental health crisis in the least restrictive manner. A range of outcomes could include resolving the crisis on scene using de-escalation techniques, addressing social needs that may be contributing to the crisis, voluntary transports to outpatient clinics or facilities or Emergency Detentions. The goal of the team is to resolve the immediate issue and connect the individual to ongoing follow up who can lead the way to obtaining longer term care for the individual to avoid future states of crisis. The program serves the SAPD Central district seven days a week, 16 hours a day during the pilot phase with the intent of future expansion.



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## **New Opportunities for Wellness (NOW) Clinic**

As the Southwest Texas Crisis Collaborative expands, the data continues to point towards the need for increased outpatient services in pre-crisis settings.

The UT Health New Opportunities for Wellness (NOW) Clinic was created to offer rapid adaptation of behavioral health services to expand outpatient access to meet the unique needs of Bexar County residents with both pre-existing behavioral health issues and those arising in response to the COVID-19 pandemic. The target population are individuals who need rapid access to behavioral health care due to (a) being front-line responders to the COVID-19 pandemic facing new stressors and burdens of daily life, (b) being severely impacted economically, thus causing increased stressors, (c) being impacted medically or losing a loved one, or (d) exacerbation of existing mental health vulnerability.

Patients are screened briefly through a triage line to identify needs, and these patients are fast-tracked to appointments at the NOW Clinic if appropriate. NOW referral sources expand beyond hospital sites to include community-based referrals such as NAMI, outpatient programs, primary care providers, referrals for treatment of frontline staff and healthcare workers who face the COVID pandemic, and self-referrals. New patients are scheduled for either a medication evaluation with a psychiatrist if they are clearly in imminent need of psychopharmacologic intervention (e.g., established diagnosis of bipolar disorder), or a psychosocial intake with a clinician who will engage the person in treatment planning and triage their needs to the next most appropriate services. The Local Mental Health Authority, The Center for Health Care Services, has an embedded Qualified Mental Health Professional at the NOW Clinic to provide aggressive triage, assessment, linkage, and referrals to ensure the connection to the most appropriate ongoing outpatient treatment.

Services available to patients at the NOW Clinic include a rapid intake, medication management, psychotherapy, case management, group therapy, and peer support services. The service duration is brief in nature in an effort to transition patients to ongoing outpatient care if necessary. By intervening before the cycle begins, the hope is to provide an opportunity for individuals to heal and live a healthy, wholehearted life.

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## **Domestic Violence Navigation Line**

1 in 4 women in Texas experience intimate partner violence in their lifetime. Approximately 40 percent of those killed by their abuser sought medical care for their injuries in the 2 years before their death. Half the women that were killed experienced violence within 30 days of the homicide.

San Antonio's rates of murder and rape of women consistently rank highest among major Texas Cities. The City of San Antonio (COSA) Metropolitan Health District, University Health, Bexar County Sheriff's Office (BCSO), Family Violence Prevention Services, Inc. Battered Women and Children's Shelter, and The Southwest Texas Crisis Collaborative (STCC), have all committed to work together to identify those at highest risk of death/injury in domestic violence situations. The committed partners have developed a referral line for law enforcement to contact STRAC's MEDCOM centralized dispatched center to facilitate a Danger Assessment for Law Enforcement (DA-LE). The DA-LE consists of 11 questions that provides a scoring system of At-Risk or High Risk. When BCSO responds to a domestic violence call, the deputy contacts MEDCOM to facilitates the DA-LE screening in an effort to identify the victim's risk level. Based on that score, the victim is offered resources, to include immediate placement and safe transport options. Victim advocacy teams with BCSO and COSA provide follow up interventions as appropriate.

The referral line launched August 9, 2021. There was tremendous effort in the planning stages of this program's development. Each partner understands that identification is only the first step. Coordinating resources for victims and their families is key and time was well spent developing the supportive interventions for this referral line. This approach has ensured a wholistic approach to supporting the overall well being of the individuals involved.

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## **Overdose Prevention Crisis Response (OPCR)/ Poly Substance Overdose Prevention Crisis Response (PolyOPCR)**

The Overdose Prevention Crisis Response (OPCR) Program is a collaboration between the San Antonio Fire Department Mobile Integrated Healthcare (MIH) Paramedics, STRAC and UT Health School of Nursing. This program consists of a team of MIH Paramedics performing follow up visits on individuals who have recently suffered an opioid overdose which prompted a 911 response. The follow ups performed are an effort to issue and train the overdose survivor as well as all associated friends and family in the use of nasal Narcan and lifesaving CPR. Individuals are issued their own opioid overdose kit in the event that they overdose again. The kit includes two doses of nasal Narcan as well as personal protective equipment. The end goal of the follow ups is to connect individuals who are seeking recovery options.

The Poly Substance Overdose Prevention Crisis Response (PolyOPCR) is a collaboration between the San Antonio Fire Department Mobile Integrated Healthcare (MIH) Paramedics, STRAC and UT Health School of Nursing. This program consists of a team of MIH Paramedics performing follow up visits on individuals who have recently suffered an overdose or are living with a substance use disorder which prompted a 911 response. The follow ups performed are an effort to educate and train the patient and friends/family members on options for recovery for the type(s) of substances that they are using. Individuals that are ready to seek immediate treatment can begin immediate treatment in the field if clinically appropriate and also receive assistance getting them to locations in which they can continue their treatment.

The MIH Paramedics may also assist individuals seeking recovery assistance. Individuals wishing to receive this assistance are scored based on their history of drug use and current health status and if criteria are met, they are given Suboxone while the MIH Paramedic is on scene. The individual is then referred the additional MAT partners in order to continue the Suboxone treatments. In the event that the individual chooses to start Suboxone treatment over a weekend when clinic enrollment is not an option, MIH Paramedics can arrange to perform several days of Suboxone treatment until the individual is enrolled in ongoing clinic treatment. MIH Paramedics are able to offer resources such as transportation and other assistance needed in order to successfully get the individual collaborative partner clinics.

The current OPCR team works Monday – Friday, eight hours each day. The current PolyOPCR team works seven days a week, eight hours each day.

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