Issues and Eggs

About Us

- Since 1967, Integral Care has supported the health and well-being of adults and children living with mental illness, substance use disorder and intellectual and developmental disabilities.
- Integral Care was the first community center to provide directly or contract for high-quality, community-based behavioral health and intellectual disabilities services in Central Texas.
- Governed by a Board of Trustees appointed by Central Health, City of Austin and Travis County
- Authority and Provider Roles

Integral Care's *System of Care*

Integral Care

Overview

Integral Care provides a strong foundation for well-being.

28,799

Travis County residents served in FY24

426,043

Services provided in FY24

1,000+

Staff serving Travis County

30+

Programs and services offered

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Prevalence -Travis County

- Approximately 300,000 residents experienced a diagnosable behavioral health condition in 2024
- ~77,000 experienced Serious Mental Illness (SMI)
- Youth mental health needs account for 15–25% of total

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Inpatient Psychiatric Bed Capacity

- Total licensed inpatient beds: ≈ 434 (Austin State 240 + Austin Oaks 80 + Cross Creek 90 + Dell Children's 24)
- Per-capita availability: ~32 beds / 100,000 population (1.35M)
- Benchmark: 28.4 national average (2023); 44–47 ideal → Travis ≈ 70% of ideal

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Accessibility for High-Acuity Adults & Children

- State hospital backlogs reduce available civil beds
- Forensic utilization (competency restoration) limits flexibility
- Pediatric scarcity – only 24 dedicated youth beds (Dell Children's)
- Staffing gaps – not all licensed beds are operational
- Medical comorbidity/payer filters reduce admission eligibility

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Wait-List & Boarding Dynamics for Inpatient Beds

- HHSC reports confirm ongoing inpatient and forensic wait-lists for Travis County. Integral Care's region
- Austin State Hospital maintains near-full forensic and civil occupancy
- No public Travis-specific ED-boarding metric, but national data show psychiatric waits 3–8× longer
- Pediatric high-acuity cases frequently board in EDs or transfer out-of-county

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Mitigations Underway

- Psychiatric Emergency Services (PES) – 24/7 walk-in stabilization
- Crisis Care Diversion Pilot (2024) – temporary site for law-enforcement/ED diversion
- Permanent Diversion Center (2025) – design phase for long-term facility
- Cross Creek Expansion (2025) – adds 106 licensed beds

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Key Takeaways

- Travis County's bed density slightly above national average but below optimal
- High-acuity adults and children face delays, diversions, and out-of-county transfers
- Diversion and crisis programs reduce pressure but do not replace inpatient capacity
- Continuous tracking of wait times and staffed-bed availability is critical for planning

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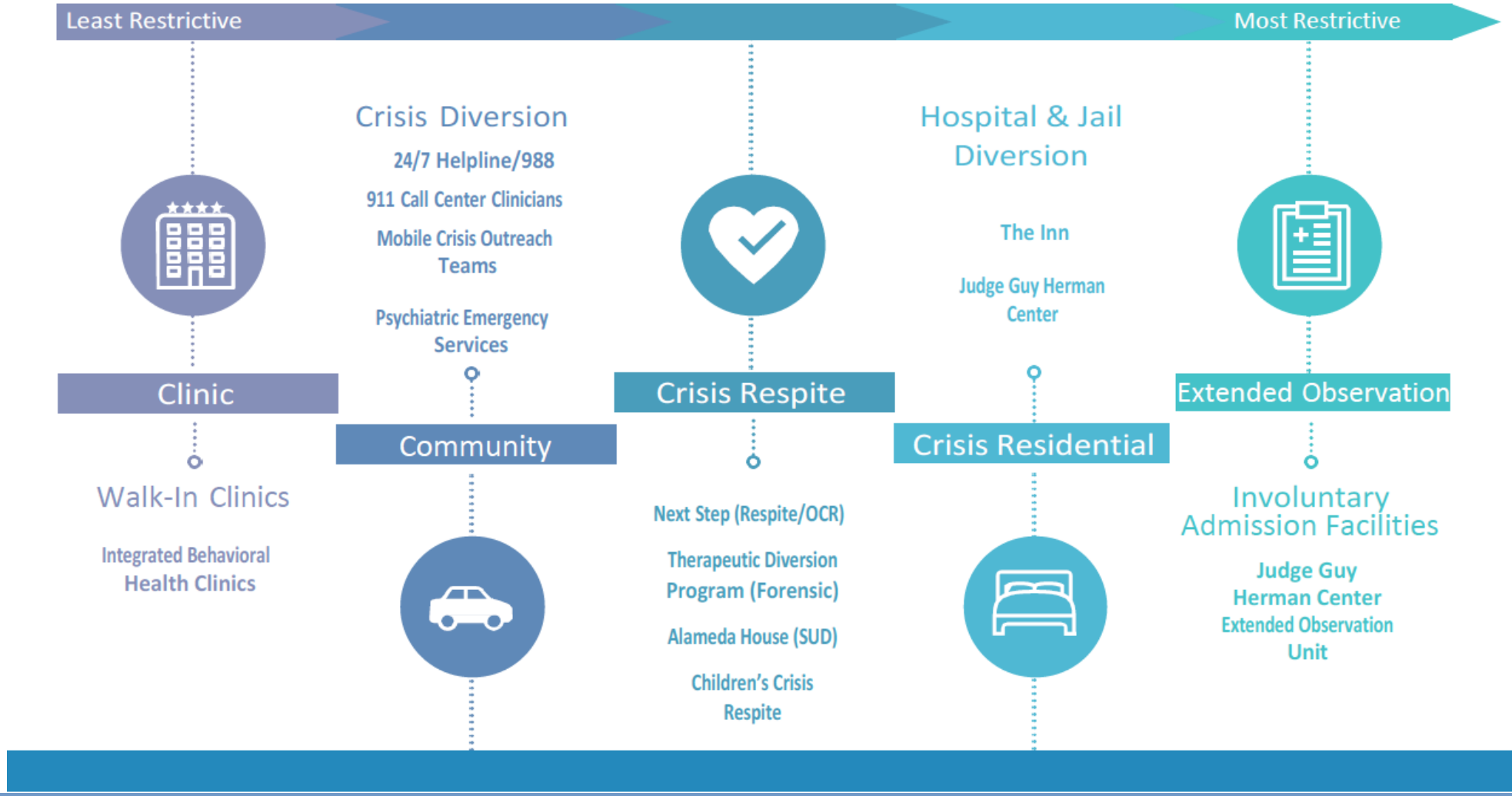
Integral Care Continuum of Services



Solutions

Call Center and 911

988 Expansion

EMCOT

Therapeutic Diversion Pilot

HOST Initiative

Diversion Center Pilot Project Overview & Goals

The purpose of the Crisis Care Diversion Program is to initiate a collaborative diversion program by leveraging existing programs and facilities to expand community resources to immediately address the unmet community needs.

Stabilize	Reduce	Assist	Enhance
Stabilize behavioral health conditions and promote long-term community integration through evidence-based mental health and co-occurring treatment interventions.	Reduce recidivism by minimizing arrests and incarceration, emphasizing diversion strategies and community-based treatment.	Assist individuals with complex behavioral health needs by removing barriers to treatment and services.	Enhance community partnerships among providers, law enforcement, jails, and court systems, utilizing the Sequential Intercept Model to improve collaboration and facilitate effective diversion strategies.

Program Components

1) Expand Integral Care's Psychiatric Emergency Services

a) 23-Hour Observation Expansion (includes assessment, services & linkage)

b) 24/7 Services & Access to Prescribers

2) Establish a Therapeutic Diversion Program (TDP)

a) Outreach, Referral, Access & Linkage

b) Assessment & Care Planning

c) Services – 90-day Transitional Living Program with wrap-around multidisciplinary care

d) Transitions Planning & Discharge Support

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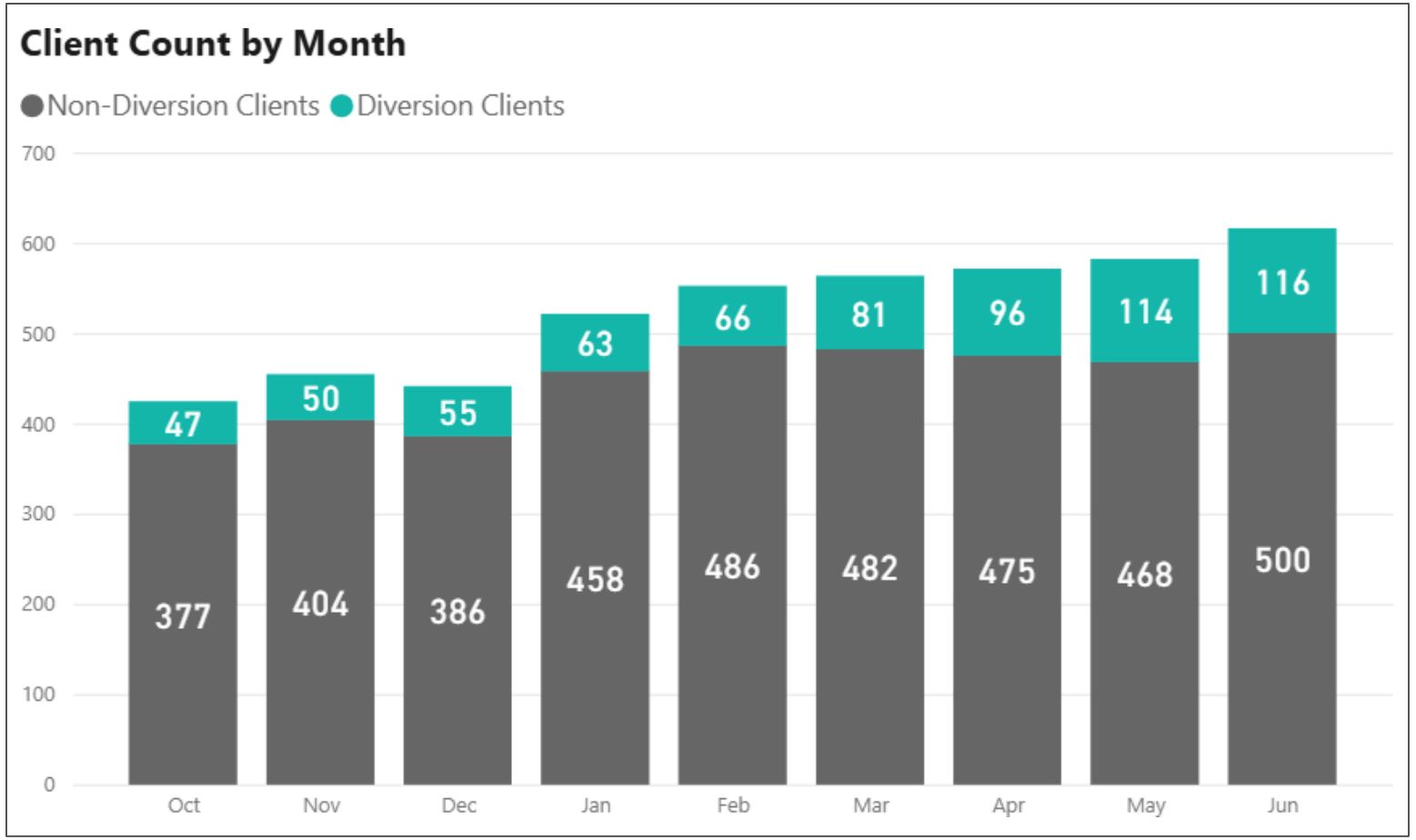
PES Diversion Clients Increased by Month



FY25 Q3

- Unduplicated Diversion Client Count: **280**
- Duplicated Diversion Client Count: **326**

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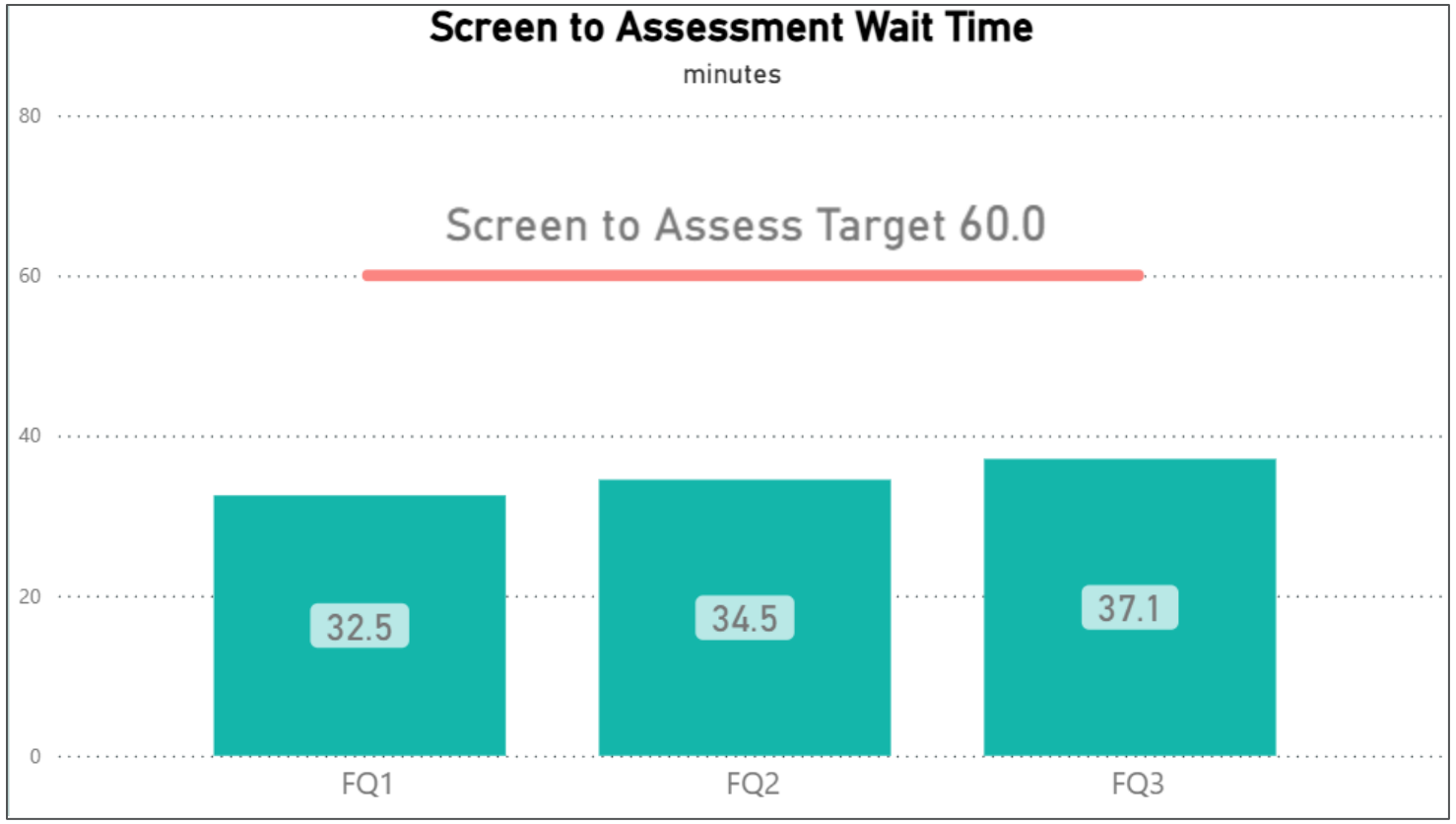
PES Wait Times to Assessment Average Well Below Target

(n = 326 duplicated clients served)



FY25 Q3

- Average Wait - Screen to Assessment: **36 minutes**
- Average Wait -Assessment to Prescriber: **131 minutes**
- Clients Left Without Being Seen: **6 (out of 326 encounters)**

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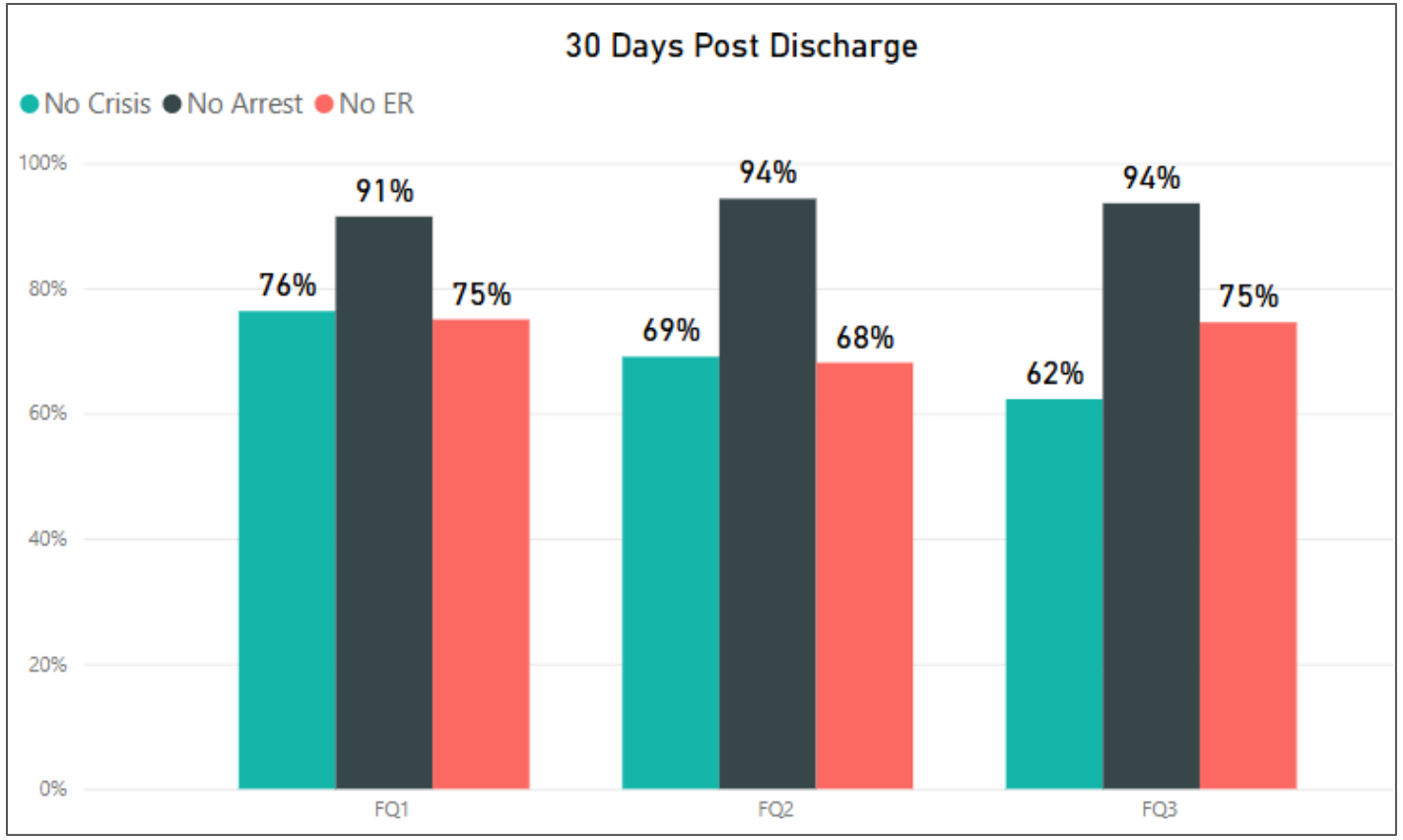
PES Participant Outcomes (n = 326 duplicated clients served)

- No Integral Care Crisis Episode 30 Days Post-Discharge: **62%**
- No Arrest 30 Days Post-Discharge: **94%**
- No Emergency Department Admission 30 Days Post-Discharge: **75%**
  - Inclusive of medical and psychiatric needs



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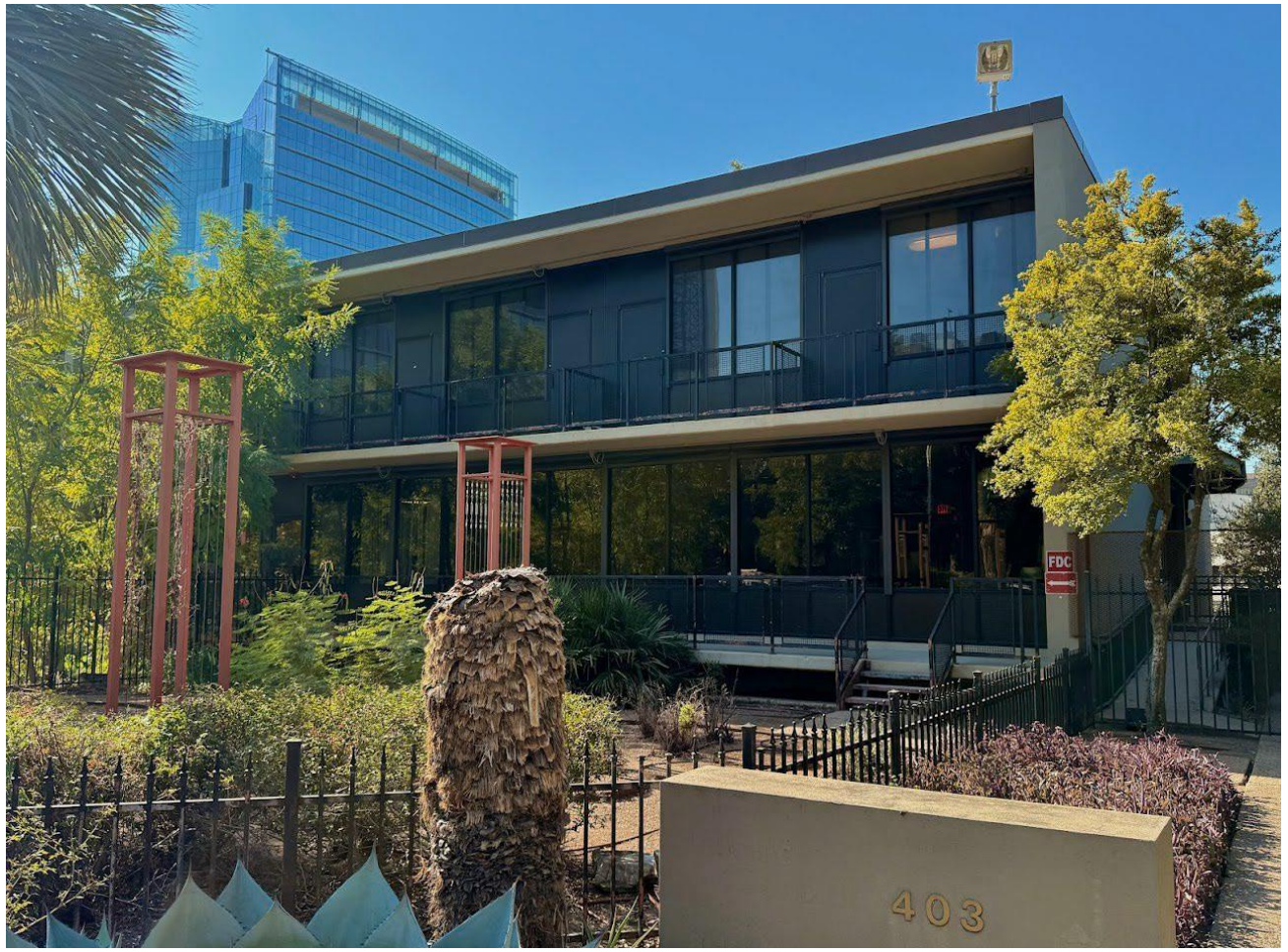
Therapeutic Diversion Program (TDP)



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TDP Participant Experience

Screening

Assessment, Treatment Planning & Orientation

90-Day Housing & Wraparound Service Experience:

- Prescribing & Medication Training
- Life Skills & Therapy Groups
- Intensive Case Management
- Primary Care
- Peer Support
- Resource Referral & Linkage

Transition & Discharge Planning

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Diversion TDP Outcomes

- 59 unduplicated enrolled at TDP with 91% connected to ongoing care,
- 99% with no crisis episode 30 days post-discharge,
- 81% were not re-arrested within 30 days post discharge and 87% did not have an ER admission 30 days post discharge.
- The average length of stay is 68 days.

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TDP Performance: Connect to Resources at Discharge

Coordinated Assessment: **40%**

MAP or PAP Health Benefits: **44%**

SOAR Services: **2%**

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911 Call Center

Integral Care clinicians are on the 911 Call Center Floor 24/7 answering mental health calls with a goal of diverting unnecessary law enforcement involvement.

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Impact of Adding Call Center Clinicians (C3): 2019-2025

EMCOT

The 24/7 Expanded Mobile Crisis Outreach Team (EMCOT) works with the City of Austin first responders to divert jail bookings and emergency department (ED) admissions by providing real-time co-response for mental health crisis emergency calls as well as mental health training for first responders.

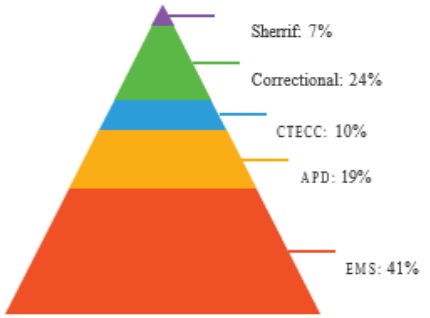
They provide short-term community-based interventions to stabilize a person in a psychiatric crisis and connect them with Integral Care services or other appropriate care. EMCOT is also onsite at Central Booking and at the Travis County Correctional Complex to provide support upon an individual's release.

FY 2024 Performance Measures

FY24 EMCOT Services

2,783 Individuals Served

3,130 Referrals with Dispatch

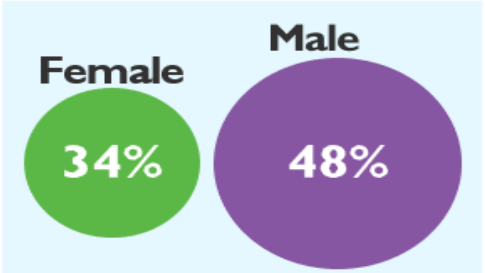


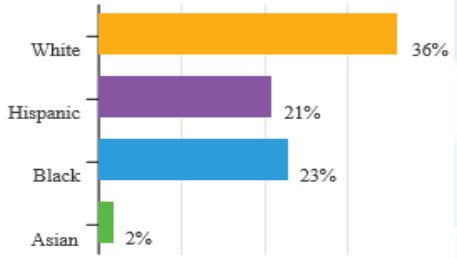
100% Diverted from Arrest

95% Diverted from Emergency Detention

96% Diverted from ER

Dispatch Outcomes





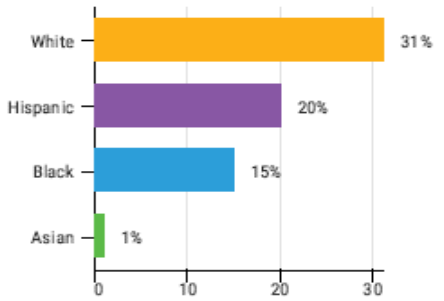
FY24 911 CTECC Center

4,849 Calls Handled

87% Diverted to Clinician

Top Outcomes

1. **41%** Emotional Support
2. **14%** IC Follow-Up
3. **15%** Resources Provided
4. **7%** EMCOT Dispatch
5. **1%** Referral to PES



Race/Ethnicity

APD Officers can also directly request a CTECC intervention when responding to a 911 Call

286 of these requests resulted in cancelling the need for a officer response

14% Of calls were related to an individual experiencing suicidal ideations

830 Hours Provided

1,819 Individuals Assisted

Austin First Initiative

- Starting mid-October, the "Austin FIRST" pilot program will see a multidisciplinary unit patrol and respond to severe mental health incidents around downtown.
- The new team will include a police officer, paramedic and mental health clinician to handle high-acuity events. Escott said they'll both respond to active 911 calls and monitor the streets for people in need.

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Austin FIRST Multidisciplinary Team

OCMO

- Clinical Guidelines and Credentialing
- Clinical Oversight and Quality Improvement

EMS

- Community Health Paramedics (CHP)
- Long Term Case Management
- CHP Responders
- Collaborative Care Communications Center (C4)

Integral Care

- Expanded Mobile Crisis Outreach Team (EMCOT)
- Communications Center Clinician (C3)
- 988-Crisis Help Line
- ATCEMS/APD Co-Response

APD

- **All Officers: 56 Hours of Mental Health and De-Escalation Training**
- Crisis Intervention Team (CIT)
- CARES Team

High Acuity Recommendations

- Multi-disciplinary response team
- Single vehicle response
- Pilot Location and Day/Times
- OCMO System Clinical Quality Improvement process
- Dispatched as primary response and proactive self-assignment to existing incidents

Why are we doing this pilot?

- The current collaboration between Integral Care, ATCEMS, and APD is successful in managing **low and moderate acuity** mental heath crises.
- **High acuity** incidents require a more specialized skill set and a multi-disciplinary approach. This pilot is focused on improving outcomes for patients during these time-critical high acuity events.
- Low acuity: Mild or stable symptoms; manageable with no immediate risk of harm
- Moderate acuity: Noticeable distress; moderate impairment with some safety concerns
- High acuity: Severe; Acute psychiatric crisis with high risk of harm and/or imminent danger to self or others

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Path Forward

Invest in	Invest in crisis continuum services (call centers, mobile teams, short-term stabilization).
Reinitiate	Reinitiate task force to address frequent users of APD, Integral Care, City and County Services
Scale	Scale alternatives to arrest and hospitalization.
Strengthen	Strengthen partnerships through regular cross-agency training and shared accountability.
Center	Center lived experience—ensure people with behavioral health histories help shape solutions.
Frame	Frame mental health as a community health issue, not solely a criminal justice issue.
Build	Build Treatment Capacity –in prevention and high acuity services