

HISTORY AND PURPOSE

The Travis County community has been working steadily for the last five years to improve the provision of and access to mental health services for children, youth, and their families.

In 2015, Travis County stakeholders created the *Travis County Plan for Children’s Mental Health*, a coordinated five-year plan to improve the wellness of children and youth in the county. This document alerted the community to critical needs and potential strategies for improving mental health service delivery.

To ensure oversight of the plan and continued community engagement, in 2016, Kids Living Well became the collaborative body that would oversee implementation of the *Plan for Children’s Mental Health*. Kids Living Well was selected because it comprises many dedicated and experienced professionals, as well as family members and those with lived experience, who work together to educate, promote, and advocate for the mental health of Travis County children and youth.

In the fall of 2017, the *Plan for Children’s Mental Health* sponsored a community forum that identified the critical need for an integrated, community-wide crisis response system. To address this need, a task force was created, co-chaired by Sheriff Sally Hernandez and Integral Care Board Member Emmitt Hayes, which produced the November 2018 report *Recommendations to Improve Children’s Mental Health Crisis Services*.

This report identified multiple entry points for Travis County children, youth, and their families into the crisis system, which often created confusion, duplication of effort, and less-than-optimal outcomes for children. Community members and stakeholders were not certain whom to call in the event of a mental health crisis. This, combined with a lack of options, resulted in families’ being referred to or seeking levels of care that, in some cases, were unnecessary, expensive, and not aligned with their needs. To address this, the task force envisioned a system of care that would empower children and families experiencing a mental health crisis to live safe and healthy lives by offering a continuum of care that is least restrictive, most appropriate, and that is seamless, comprehensive, and integrated.

The task force made five key recommendations anchored in evidence-based best practices, review of local and national data, and consultation with experts across the country. One of these recommendations was the creation of a comprehensive single point of entry for screening, triage, and connection to the least restrictive and most appropriate level of service, with follow-up contact to ensure connection to services. This resulted in the 2019 formation of a task group to develop a road map for creating the ideal Single Point of Entry (SPOE) for those experiencing a crisis in Travis County.

The SPOE task group met monthly, from January through June of 2019, to further define the parameters of a single point of entry for crisis services in Travis County. To achieve this, the task group identified critical components and essential elements needed to implement the ideal SPOE framework for Travis County. This summary document includes the task group’s key insights and recommendations. The task group also created a companion PowerPoint presentation to inform and engage community stakeholders regarding the ideal SPOE.

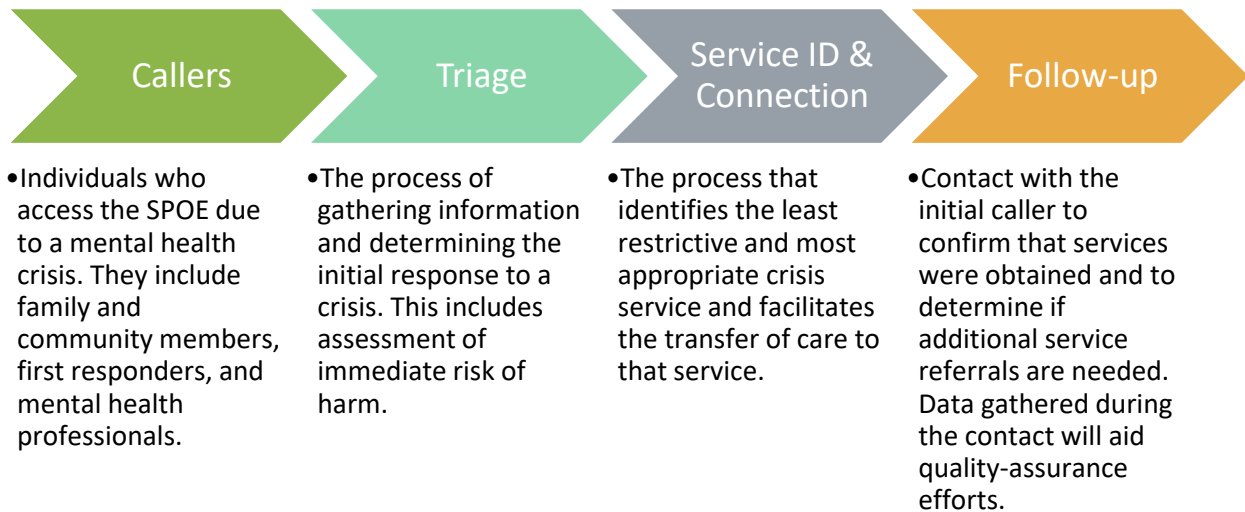
In addition to the SPOE task group, two additional task groups – the Coordination and Communication task group and the Intensive Community-Based Crisis Services task group – were formed to address other gaps in the crisis system. These groups aligned and coordinated efforts to promote a seamless, integrated crisis system.

SPOE FRAMEWORK

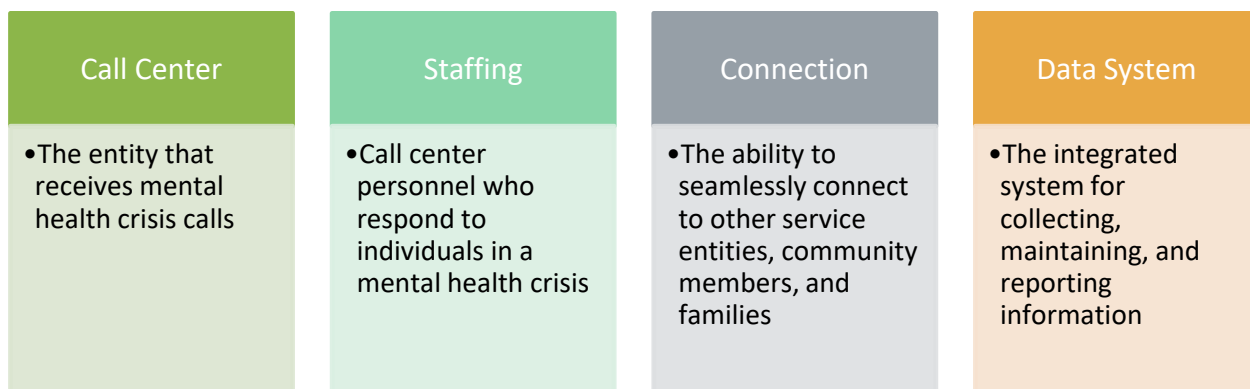
The SPOE framework guides stakeholders in the necessary steps for enhancing our community’s first response to a mental health crisis. The framework is specific to the system changes required in both the process and infrastructure to create an ideal SPOE. *Process* refers to improvements in ways the crisis response system addresses the immediate needs of a caller. *Infrastructure* refers to necessary resources, systems, and technologies for improved response to a caller. The framework is designed to enhance and expand existing community resources for crisis response. The ideal SPOE effectively responds to all callers, including individuals in crisis, community members, families, first responders, and mental health professionals. This ensures that an individual in crisis is quickly connected to the most appropriate level of care and that duplication of effort is avoided.

The framework design shown below features separate components for process and infrastructure to highlight distinct requirements for implementation of each component. Because the components are interdependent, putting them into practice requires a holistic approach.

Process components: HOW individuals navigate the SPOE system



Infrastructure components: WHAT is required to navigate the SPOE system

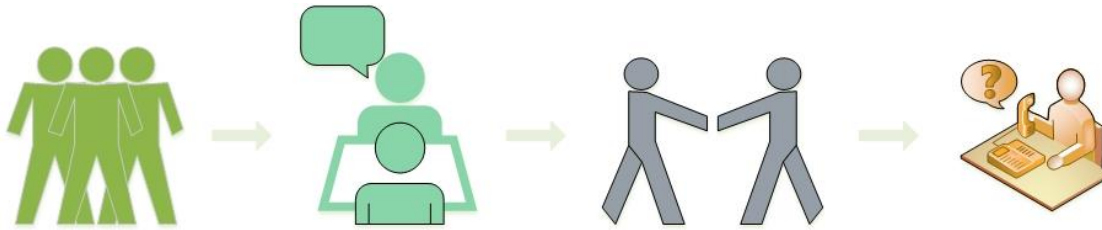


For more detailed information regarding implementation of the process and infrastructure components, please see Appendices A and B for considerations and guidance.

SPOE PROCESS COMPONENTS IN ACTION

The SPOE process components are reflected in action in the graphics below. They show what callers would experience as they navigate the SPOE process. The actions are sequential and list necessary steps for successfully navigating a crisis. Each process component contains essential elements, which are the necessary requirements for implementing the component.

Process Components in Action



CALLERS

- Community members
- Family members
- Persons in crisis
- First responders
- Mental health professionals

TRIAGE

- Determination of immediate risk of harm
- De-escalation
- Screening
- Verbal safety planning

SERVICE ID & CONNECTION

- Connection to same-day services
- Person-to-person connection to the next service provider
- Ability to share relevant documents with the next service provider

FOLLOW-UP

- Confirmation that services were obtained
- Provision of further referrals
- Collection of data

Required Essential Elements for Implementation of Process Components

CALLERS	TRIAGE	SERVICE IDENTIFICATION AND CONNECTION	FOLLOW-UP
<p>Callers can expect:</p> <ul style="list-style-type: none"> • Direct connection to SPOE via a single phone number • Access to crisis support through multiple mediums • An available multilingual response • Person-centered response • A response that meets the specific needs of each caller • A marketing campaign that builds awareness and increases SPOE use 	<ul style="list-style-type: none"> • A screening/assessment tool • Assessment of a family’s ability to access resources • Response by an adequately trained call center staff • Length of call determined by a caller’s needs 	<ul style="list-style-type: none"> • Knowledge of resource capacity and real-time service availability • Knowledge of insurance eligibility and benefits • Use of 2-1-1 to provide referrals for non-emergent care • Ability to provide telemedicine for crisis services • Engagement of family or peer support 	<ul style="list-style-type: none"> • Timely follow-up contact • Collection of data on the outcome and impact of the referral and on any barriers to accessing services • Reporting to the community on the SPOE and on how it is meeting the needs of callers

SPOE INFRASTRUCTURE COMPONENTS IN ACTION

The SPOE infrastructure components are reflected in action in the graphics below. They show the resources, systems, and technologies necessary for improved responses to callers. Each infrastructure component contains essential elements, which are the necessary requirements for implementing the component.

Infrastructure Components in Action



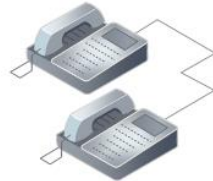
CALL CENTER

- One phone number
- 24/7 availability
- Smart-phone accessibility



STAFFING

- Multilingual staff available
- Staff qualified in mental health crisis response
- Culturally-responsive and person-centered



CONNECTION

- Direct connection to emergency response
- Direct connection to alternative referral resources
- Engagement through various technologies
- Electronic sharing of files



DATA SYSTEM

- Multiple functions, including data collection and reporting
- Electronic Health/Medical Records
- Adherence to privacy requirements

Required Essential Elements for Implementation of Infrastructure Components

CALL CENTER

- Prompt response to all callers
- Ability to respond to multiple directed crisis hotlines

STAFFING

- Services provided in multiple languages, including for those who are deaf and hard of hearing
- Ability to serve individuals with unique service needs and capacities
- Staffing levels that are sufficient for extended call times
- Resources dedicated to identifying and updating service capacity

CONNECTION

- Direct connection to 9-1-1 and 2-1-1
- Smart-phone accessibility
- 3-way calling and videoconferencing capabilities

DATA SYSTEM

- Ability to track demographic and outcome data
- Compliance with HIPAA and other state and federal regulations
- Ability to electronically share information among crisis providers

The ideal SPOE will be a single system for adults, children, and their families. The framework design integrates the needs of children and their families. The above components and essential elements were crafted in recognition of the variety of ways that children and their families are affected by a crisis and of supports that are critical to ensuring a successful crisis response. Incorporating into this framework the perspective and experience of children and their families ensures creation of an ideal SPOE for the community.

NEXT STEPS IN THE SPOE IMPLEMENTATION PROCESS

The community has worked together to plan and articulate the rationale for a seamless, integrated crisis system that begins with a single point of entry. This summary document outlines requirements for the ideal SPOE. It includes process and infrastructure components and essential elements, which successfully completes the design phase of the implementation process.

The next step is to put the SPOE implementation process into action. This will require the engagement of individuals with expertise and energy, family members, and those with lived experience; resources that include grants, state funding and local funding, in-kind support, and the repurposing of existing resources; and collaboration with existing efforts to enhance the community's crisis response system.

In order to guide the implementation process, the SPOE task group recommends the following:

- Establishment of the SPOE with the Local Mental Health Authority – Integral Care
- Expansion and enhancement of 472-HELP, the crisis line managed by Integral Care, through increased staffing, training, and implementation of a data system
- Means of ensuring that the SPOE is designed for the needs of children, their families, and adults
- Education of and engagement of the community regarding the SPOE
- Direct collaboration of 2-1-1, 9-1-1, and EMS with SPOE
- Co-location of staff (2-1-1, 9-1-1, and 472-HELP)
- Increased provision of telemedicine to those in crisis
- Integration of technology throughout the process-from video conferencing to smart-phone applications
- Implementation of data sharing among crisis providers
- Coordination with the Communication and Coordination Task Group

APPENDICES

- **Appendix A: Considerations for Implementation of Process and Infrastructure Components:** guidance on next steps for implementation
- **Appendix B: Guidance on the Implementation of Process and Infrastructure Components:** information on the steps, expertise, and necessary resources for implementation

SPOE TASK GROUP

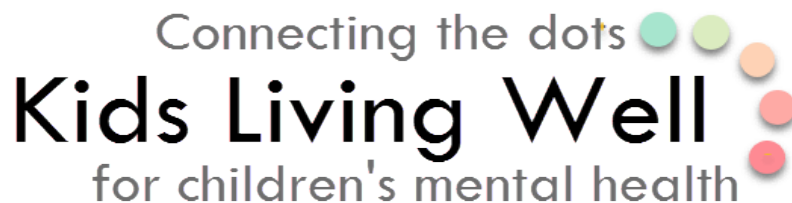
Many thanks to the following task group members for the time and commitment they brought to this process:

Amy Price, United Way for Greater Austin
Amy White, Integral Care
Andy Hofmeister, Austin/Travis County EMS
Bertha Rodriguez, Travis County HHS
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Sarah Kuykendall, Integral Care
Seanna Crosbie, Austin Child Guidance Center
Teresa Williams, Integral Care

Mary Dodd, Integral Care, Coordinator of *The Children's Mental Health Plan*

The following reports are located here: <https://kidslivingwell.org/cmhp/publications/>

- *Travis County Plan for Children's Mental Health*
- CMHP Crisis Services Task Force Recommendations 2018



Appendix A: Considerations for Implementation of Process and Infrastructure Components

SPOE task group members identified considerations for implementation of each component. Each consideration is rated according to how critical it is to implementation of the component and how feasible it would be to implement. The task group also indicated rationales for the feasibility ratings. If an implementation consideration supports an essential element of the SPOE component, this is noted below.

SPOE PROCESS COMPONENT: CALLERS				
Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Element
<p>Expansion and enhancement of general operating procedures and processes</p> <ul style="list-style-type: none"> Defining crisis response processes and resources of MCOT, Psychiatric Hospitals, SROs, 911, EMS, etc. Budgeting and financing the system Promoting the use of family-friendly, lay language without the use of acronyms 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Expertise required 	Callers can expect: A response that meets the specific needs of callers
<p>Training and education of professionals who will use the SPOE</p> <ul style="list-style-type: none"> Public safety personnel (EMS, police) Role of MCOT in the SPOE 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Financial resources Expertise required 	Callers can expect: A response that meets the specific needs of callers
<p>Marketing to and education of the public</p> <ul style="list-style-type: none"> Informing schools, parents and caregivers, juvenile justice and child welfare, and individuals with unique needs regarding when and how to use the SPOE Marketing in multiple languages and through social media The possible use of marketing supplies that allow for easy reference (as in the Poison Control magnet) The use of an easy number to remember when in crisis 	High	Moderate	<ul style="list-style-type: none"> Staff time Financial resources 	Callers can expect: A marketing campaign that builds awareness and increases use
<p>Supporting and providing resources for the family, not just the person in crisis</p> <ul style="list-style-type: none"> Addressing the mental health of callers, with special consideration for caregiver and maternal mental health 	Medium	Easy	<ul style="list-style-type: none"> Staff time 	Callers can expect: A response that meets the specific needs of callers

SINGLE POINT OF ENTRY FOR CRISIS SERVICES: IDEAL FRAMEWORK FOR TRAVIS COUNTY

SPOE PROCESS COMPONENT: TRIAGE

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Element
Triage process and documentation <ul style="list-style-type: none"> Creating an operations manual and flowcharts Defining clear triage process 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Expertise required 	
Screening tools and assessments <ul style="list-style-type: none"> Considering length and relevance of screeners for brevity and applicability Assessment tools should be brief and should assess for decompensation, imminent danger, crisis call, referral seeking Potential tools include CCSRS 3-5, PHQ-A 9, CASII Consider use with clients in crisis – ideally to be used in the flow of conversation 	High	Easy	<ul style="list-style-type: none"> Staff time Financial resources Expertise required (to train) 	A screening/assessment tool
De-escalation services <ul style="list-style-type: none"> Identifying training/support staff needed to provide de-escalation services 	Medium	Moderate	<ul style="list-style-type: none"> Staff time Financial resources Expertise required 	
Collaborate with IDD – crisis response team	Medium	Difficult	<ul style="list-style-type: none"> Staff time Increased staff High level of collaboration 	

SPOE PROCESS COMPONENT: SERVICE IDENTIFICATION AND CONNECTION

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
Connection to crisis service providers at an appropriate level of service <ul style="list-style-type: none"> Seamless connection to crisis service providers Devising a method to match callers to providers that accept their insurance Observing privacy rules for 3-way calls and the direct referral (verbal consent, etc.) Selecting the most appropriate connection to the least restrictive service Consideration of reserved appointments (same day) and beds for children’s SPOE callers 	High	Moderate	<ul style="list-style-type: none"> Staff time High level of collaboration Financial resources Expertise required 	<p>Knowledge of resource capacity and real-time service availability</p> <p>Knowledge of insurance eligibility and benefits</p>

SPOE PROCESS COMPONENT: SERVICE IDENTIFICATION AND CONNECTION

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
Communication between SPOE and crisis service providers <ul style="list-style-type: none"> Establishing a data sharing policy/procedure/MOU among agencies that is HIPAA compliant Providing the ability to share service provider contact information (ex. texting) Documenting roles and responsibilities 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Financial resources Expertise required 	

SPOE PROCESS COMPONENT: FOLLOW-UP

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
Follow up with callers and provision of additional referrals if needed <ul style="list-style-type: none"> Initiating contact within 48 hours of crisis call, with option for extended follow-up past 48 hours 24-hour follow-up to ensure that services were obtained (if crisis); 48–72-hour follow-up (if routine) Determining who is responsible for the follow-up call Determining the method of follow-up (phone vs. alternative communication methods) Making referrals/connection to family and peer supports Circling back to caller and provider or treatment team to explain outcome of the SPOE intervention Devising a system for alerting if a follow-up loop isn't closed 	High	Moderate	<ul style="list-style-type: none"> Staff time Financial resources Expertise required 	Timely follow-up contact
Response to missed mental health appointments <ul style="list-style-type: none"> Considering creation of urgent response protocol for missed appointments 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Financial resources Expertise required 	

SPOE PROCESS COMPONENT: FOLLOW-UP

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
<p>Caller feedback</p> <ul style="list-style-type: none"> • Creating a method to collect customer satisfaction data, such as a survey • Identifying content and focus of survey questions • Identifying when, after crisis, to administer survey 	High	Moderate	<ul style="list-style-type: none"> • Complexity of implementation • Financial resources • Expertise required 	<p>Collection of data on the outcome and impact of the referral and any barriers to accessing services</p> <p>Reporting to the community on the SPOE and how it is meeting the needs of callers</p>
<p>SPOE evaluation and report out</p> <ul style="list-style-type: none"> • Implementing a system evaluation • Developing procedures for data collection and a process for reporting on community gaps in service to inform policy and to ensure that community knows role of SPOE and when to call • Developing data report building processes and how they will be shared with community • Creating a shared EMRP with “close loop capacity” (i.e., referral source is able to access and communicate whether service was provided or not, why/ why not) • Collecting data on barriers to service (transportation, schedule, insurance) – emotional, stigma, cultural 	High	Moderate	<ul style="list-style-type: none"> • Complexity of implementation • Financial resources • Expertise required 	<p>Reporting to the community on the SPOE and how it is meeting the needs of callers</p>

SPOE INFRASTRUCTURE COMPONENT: CALL CENTER

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
<p>SPOE location</p> <ul style="list-style-type: none"> • Physical space – where is it located? • Possibility of co-locating 	High	Moderate	<ul style="list-style-type: none"> • High level of collaboration • Financial resources 	
<p>Seamless connection from other phone numbers</p> <ul style="list-style-type: none"> • Having no wrong door if calls go to 211, 911, 311, etc. • Creating a system for crisis textline (741-741) to connect to LMHA/crisis line <u>instead</u> of 911 • Ensuring that surrounding LMHAs have an agreed response to crisis (AAS certified hotline differences between Integral Care and AVAIL solutions) 	Medium	Easy		<p>Ability to respond to multiple directed crisis hotlines</p>

SPOE INFRASTRUCTURE COMPONENT: CALL CENTER

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
Response time <ul style="list-style-type: none"> Answering calls within 30 seconds by an individual without menu prompt other than language Seamless/quick transferring of a call to appropriate call specialist 	Medium	Moderate	<ul style="list-style-type: none"> Staff time Financial resources 	Prompt response to all callers

SPOE INFRASTRUCTURE COMPONENT: STAFFING

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
Ability for staff to effectively communicate with callers <ul style="list-style-type: none"> Having TTY ability – VRI system vs. TTY Defining Language Line process 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Financial resources Expertise required 	Services provided in multiple languages, including for those who are deaf and hard of hearing
Staff qualifications, training, education, and support <ul style="list-style-type: none"> Staff experience and credentials, e.g. LPHA Ongoing staff training/education Process for supporting staff Deciding who will provide the training Training requirements need to meet American Association of Suicidology training requirement for hotline/crisis calls (HHS requirement) Training on the administration of assessment tools Trauma informed and family systems approach to support callers and their caregivers Staff experienced working with individuals with IDD, MH and SU disorders 	High	Moderate	<ul style="list-style-type: none"> Staff time – training Expertise required – credentials 	Ability to serve individuals with unique service needs and capacities
Staffing <ul style="list-style-type: none"> Need for increased staffing due to call volume and duration Need for staff to manage service availability through continuous updating of the resource/referral database Define standards for shifts (hours employee works) to achieve accreditation and decrease burnout 	High	Moderate	<ul style="list-style-type: none"> Staff time Complexity of implementation Financial resources 	<p>Staffing levels that are sufficient for extended call times</p> <p>Resources dedicated to identifying and updating service capacity</p>

SINGLE POINT OF ENTRY FOR CRISIS SERVICES: IDEAL FRAMEWORK FOR TRAVIS COUNTY

SPOE INFRASTRUCTURE COMPONENT: CONNECTION

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
App (smart-phone accessible) <ul style="list-style-type: none"> Creation of an app or explore mobile website option (easier to access and real-time) to provide real-time service response data and what to do/tips in the meantime Consider ability to provide text and chat support 	Low	Depends on complexity of tool	<ul style="list-style-type: none"> Staff time Financial resources Expertise required 	Smart-phone accessibility

SPOE INFRASTRUCTURE COMPONENT: DATA SYSTEM

Consideration for Implementation	How CRITICAL?	How FEASIBLE?	Feasibility Reasons	Related Essential Elements
Technology/software to manage the SPOE <ul style="list-style-type: none"> Technology platform/contracting Software management and development RFP process 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Financial resources Expertise required 	
Data system to manage crisis resource referrals <ul style="list-style-type: none"> Up-to-date comprehensive referral database Real-time data availability for crisis services Access to real time schedule availability Ability to schedule doctor appointments 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Financial resources Expertise required 	Ability to electronically share information among crisis providers
Data sharing <ul style="list-style-type: none"> Electronic Medical Record Ability to electronically share information between crisis providers 	High	Difficult	<ul style="list-style-type: none"> Staff time High level of collaboration Complexity of implementation Financial resources Expertise required 	Ability to electronically share information among crisis providers

Appendix B: Guidance on the Implementation of Process and Infrastructure Components

SPOE Task Group members provided guidance on the implementation of each component. This included identifying steps, expertise, and resources needed to implement the components.

SPOE Process Component: Callers

MARKETING TO AND EDUCATION OF THE PUBLIC

- **Steps necessary for implementing this process:**
 - Creating marketing materials – flyers, brochures, commercials – in multiple languages
 - Employing social media, radio, television
 - Providing magnets, pens, water bottles, fans, chargers
 - Providing community outreach to public entities, re: trainings
 - Producing a kickoff event with media coverage on the SPOE

- **Who has the expertise, skills, and/or responsibility to implement the process?** Integral Care? Whomever/organization over SPOE?

- **What specific resources would it take to implement the process?** All of the above mentioned + money

SPOE Process Component: Triage

TRIAGE PROCESS AND DOCUMENTATION

- **Steps necessary for implementing this process:**
 - Identifying people for the committee and scheduling time to meet (include national experts)
 - Creating a work flow/chart
 - Investigating national resources/what is already out there that could be used or tweaked
 - Knowing what is currently available with real-time access – flowchart of services
 - Developing training/practice

- **Who has the expertise, skills, and/or responsibility to implement the process?** Call Center supervisor, stakeholders (agencies/community providers)

- **What specific resources would it take to implement the process?** Regular stakeholder input/buy-in meetings, staff time, high level of collaboration, complexity of implementation, expertise required

SPOE Process Component: Service Identification and Connection

CONNECTION TO CRISIS SERVICE PROVIDERS AT AN APPROPRIATE LEVEL OF SERVICE

- **Steps necessary for implementing this process:**

- Convening of stakeholders and service providers to establish buy-in
- Creating a data system that includes caller assessments and resource connection (that incorporates insurance type and HIPAA compliance)
- Exploring legal feasibility
- Creating a process for each service provider/type (e.g. scheduling, transfer, info only); process creation for 3-way call
 - Reserved appointments (same day) and beds for children's SPOE callers
 - Seamless integration between crisis service and referral process
- Creating a system for prioritizing need and matching to least restrictive service
- Staffing and training

- **Who has the expertise, skills, and/or responsibility to implement the process?** Integral Care, EMS, United Way/211, Travis County HHS

- **What specific resources would it take to implement the process?** Funding for facilitation, project management, data system, legal research, marketing, staffing, and training; expertise of this collaboration

SPOE Process Component: Follow-up

FOLLOW UP WITH CALLERS AND PROVISION OF ADDITIONAL REFERRALS IF NEEDED

- **Steps necessary for implementing this process:**

- Creating a system for tracking callbacks
- Creating a database of referral sources
- Developing a mini assessment of continued needs/triage for safety
- Establishing a phone system

- **What specific resources would it take to implement the process?** People, staff, financial resources

SPOE Infrastructure Component: Staffing

STAFF QUALIFICATIONS, TRAINING, EDUCATION, AND SUPPORT

- **Steps necessary for implementing this process:**
 - Assuming staff is hired, identifying training needed (gaps in knowledge)
 - Identifying what de-escalation process or techniques our center will use (standard process)
 - Identifying and training on screeners (that were purchased)
 - Investigating interactive/role play software/training for practicing calls
 - Providing clinical support for staff
- **Who has the expertise, skills, and/or responsibility to implement the process?** Call Center supervisor, community stakeholders
- **What specific resources would it take to implement the process?** Screening tool, training money, Police/EMS/Agency buy in, adequate staffing, clinical experts, and time allotted for training

SPOE Infrastructure Component: Connection

APP (SMART-PHONE ACCESSIBLE)

- **Steps necessary for implementing this process:**
 - Creating access for SPOE and making sure it's user friendly
 - Providing access – text messaging
 - Developing/identifying apps
 - Developing an online portal
 - Managing access by landline phone/cell phones
 - Engaging representation from potential callers that will utilize SPOE
- **Who has the expertise, skills, and/or responsibility to implement the process?** IT professionals, marketing team, and the trainers of SPOE
- **What specific resources would it take to implement the process?** Funding, computer software, ongoing staff to troubleshoot

SPOE Infrastructure Component: Data System

DATA SYSTEM TO MANAGE CRISIS RESOURCE REFERRALS

- **Steps necessary for implementing this process:**
 - Gathering expertise to inform technology options, tools, HIPAA privacy requirements
 - Creating a data system and process for maintenance
 - Obtaining buy-in from service providers and support built-in for service providers to accept referrals, keep info updated, and integrate
 - Ongoing convening, collaboration to share feedback and inform process improvement
 - Establishing agreement/MOUs to allow for exchange of information (HIPAA compliant) between ALL participants
 - Developing the ability to share service provider contact info (ex. texting)
- **Who has the expertise, skills, and/or responsibility to implement the process?** Integral Care, EMS, United Way, Travis County HHS, possibly outside technical and legal expertise
- **What specific resources would it take to implement the process?** Funding to support facilitation, software tools, legal expertise, database maintenance and support

DATA SHARING

- **Steps necessary for implementing this process:**
 - Identifying all the necessary parties: providers/agencies/social service programs
 - Creating a system that allows for each party to communicate with SPOE/track or limit access
 - Developing MOU and/or HIPAA-compliant consent = method for signing consents
 - Providing an opt-out option for client
 - Developing a process for continuity of care information sharing from the SPOE to already connected agencies or referring agencies
 - Creating a process to manage non-child data = family data; adult callers?
- **Who has the expertise, skills, and/or responsibility to implement the process?** Executive management teams of each agency, legal counsel, IT
- **What specific resources would it take to implement the process?** Financial backing for legal/electronic system, time, electronic system that allows for access/communication among agencies, buy in from community/callers and from agencies