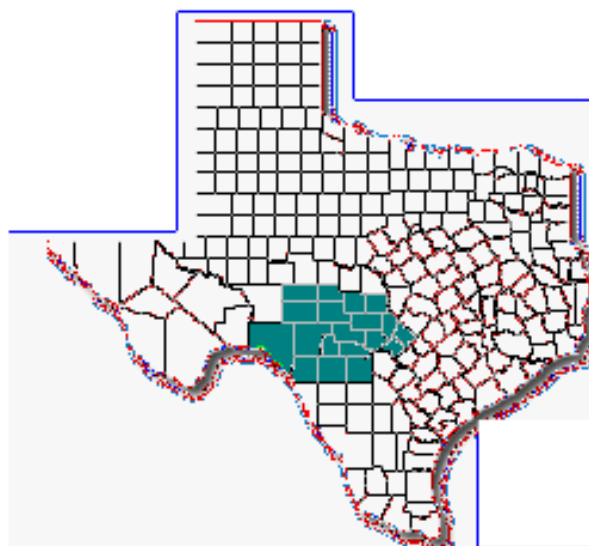


Promoting Independence, Community Integration and Recovery

Hill Country Community MHMR Center

Mental Health Crisis Service Plan FY11-FY12



Proudly serving the citizens of:
Bandera, Blanco, Comal, Edwards, Gillespie,
Hays, Kendall, Kerr, Kimble, Kinney,
Llano, Mason, Medina, Menard, Real,
Schleicher, Sutton, Uvalde, and Val Verde Counties

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Introduction

State Level Overview¹

Background

Some people experiencing a mental health or substance abuse crisis in Texas lack basic services that would help them avoid longer and more costly treatment. This situation has significantly contributed to a growing burden on other state and local services, particularly local emergency rooms, hospitals, and law enforcement agencies. In the absence of appropriate services, individuals experiencing a behavioral health crisis often end up in local emergency rooms and jails.

In December 2005, the Texas Department of State Health Services convened a diverse committee of experts and stakeholders to assess crisis services and made recommendations for improvements. The resulting report (Crisis Services Redesign Report, September 2006) identified an array of crisis services that are community based, rapidly deployed and focused on diversion from more restrictive or inappropriate care settings.

Need

Texas is facing a growing demand form mental health and substance abuse crisis services.

- The number of persons **currently served** by the Local Mental Health Authorities (LMHA) that receive crisis services despite ongoing services over the course of one year is projected to increase 6% among adults and 74% among children from 2006 to 2009.
- The number of persons who are **not currently served** by the LMHAs that receive crisis services is projected to increase 47% among adults and 195% among children from 2005 to 2009.

Current Funding

The 80th Legislature appropriated \$82 million for the FY08-09 biennium. Guided by the Legislature and in response to Rider 69, these funds will allow the state to make significant progress toward improving the response to mental health and substance abuse crises. This was a major and unprecedented appropriation specifically for a redesigned crisis service system. The first phase of implementation will focus on ensuring statewide access to competent rapid response services, avoidance of hospitalization and reduction in the need for transportation.

¹ Crisis Services Redesign: Implementation Overview, Texas Department of State Health Services, September 17, 2007, p. 1.

In 2009, the 81st Texas Legislature continued its commitment to the crisis response system by appropriating \$109 million (\$27 million added to the existing \$82 million) to maintain the FY2009 funding level.

Rider 69 to HB 1 (80th session) required an independent entity to conduct an evaluation of Crisis Services Redesign (CSR). Texas A & M University (TAMU) was selected as the evaluator. From June 2008 through June 2009, TAMU utilized a variety of methods to collect meaningful data, including site visits and phone surveys in six (6) Local MHAs, telephone interviews with local partners and statewide surveys of stakeholders.

The final evaluation was released by TAMU on January 20, 2010 reporting the progress made over the course of two (2) years. The findings include:

- CSR funds are being used by LMHAs as intended to improve local crisis infrastructures.
- More crisis consumers are being served than ever before and they are more likely to receive treatment in a community setting.
- Cost savings associated with crisis redesign more than cover the cost of the program, even with a 24% increase in crisis episodes from 2007 to 2008.
- Crisis redesign is a prominent factor creating rising demand for mental health services. More people are entering long-term mental health care, yet the system has not expanded service capacity at a comparable pace.
- Increased investment in a parallel system of ongoing services is needed. As more people recover from crisis, those in need of care are increasingly placed on waiting lists or served below the clinically recommended level.
- Changes in the crisis user population are notable since initiation of CSR. In 2009, for the first time, people who do not qualify for mental health services according to state criteria became the majority of crisis service users.
- This population seeks help for some reason other than to prevent harm to themselves or others. Importantly, they express dissatisfaction with services received, possibly due to a presenting problem of primary substance abuse.
- Law enforcement, emergency rooms and courts continue to share a burden associated with more consumers presenting in crises, (from 52,000 in 2007 to 98,000 in 2009) but they continue to operate at previous resource levels, contributing to dissatisfaction of this large and important stakeholder group.
- Local MHAs must increase their efforts to engage a broader range of stakeholders in the CSR process.

Overall, the TAMU evaluation of Crisis Services Redesign enlightens, encourages and captures our challenges. There is no doubt that investments made in Crisis Services Redesign have had significant impact on the lives of Texans with serious mental illness who live in communities across our state.

Local Crisis Planning

Community Stakeholder Involvement

Since the implementation of the state-wide Crisis Service Redesign in 2007, Hill Country Community MHMR Center has consistently obtained community stakeholder input from the local level with the goal of assuring rapid response to persons in crisis and the provide local stabilization whenever possible. This initial Crisis Plan for FY10 will be updated and included in the Local Service Area Plan submitted for FY11. Some of the methods that the Center utilizes to obtain community input include:

- Stakeholder Meetings (Public Forums)
- Crisis Surveys
- On-line Surveys
- Surveys and Suggestion Boxes
- Hays County Mobil Crisis Outreach Team Planning and Development Committee
- Citizen Advisory Committee (PNAC)

With the assistance of the Citizens Advisory Committee, Hill Country has hosted five Public Forums since the last Crisis Plan Update. The forums were held in the following communities:

- Kerrville
- New Braunfels
- Hondo
- San Marcos
- Del Rio

Public Forums included a broad range of community stakeholders. Participating stakeholders included the following:

- Consumers
- NAMI
- Police Departments
- Sheriff Department
- Constable
- Child Protective Services
- Local Hospital staff
- Emergency Medical Services (EMS)
- Justice of Peace
- CASA
- County Judges
- Texas State University Police
- Independent School District staff
- Public Defenders

- Hill County Board of Trustee members
- Physicians
- Parole Department
- Juvenile Probation Department
- Mental Health Providers
- Judicial Staff

Surveys have continued to be an effective method of obtaining community input. Surveys were distributed to ensure that the crisis service needs of both the adult and child and adolescent populations were communicated. First, an open ended survey was utilized to determine individuals' expectations for crisis services, to determine where individuals wanted improvement in crisis services, and to determine where individuals felt the greatest need existed in crisis services. The questions on the survey were as follows:

- What is your expectation of Mental Health Crisis Services?
- What do you want differently in Mental Health Crisis Services from Hill Country Community MHMR Center?
- What do you see as the need in Mental Health Crisis Services?

The surveys were initially sent to the ten mental health center directors within Hill Country with instructions to hand deliver the survey to the following groups of stakeholders within their communities.

- Emergency Healthcare Providers (i.e. hospital emergency room personnel)
- Local Public Healthcare Providers (i.e., FQHC, local health department office)
- Law enforcement representatives from each jurisdiction (police & sheriff's office)
- Probation and Parole Department representatives.

Center directors then returned to the stakeholders to retrieve the completed surveys and emailed them to the central administrative office.

In order to ensure an appropriate level of input by consumers of mental health services, peer facilitators also utilized the survey within their peer support groups.

Surveys were received from a cross-section of the following stakeholders:

- Consumers
- Citizen's Advisory Committee Members
- Child and Adolescent Service Providers
- School Districts
- Adult Mental Health Service Providers
- The local Outreach, Screening and Referral (OSAR) provider
- Emergency Rooms
- Law Enforcement
- Probation and parole departments

- Substance abuse service providers and
- Child Protective Services.

On-line Surveys have been available on Hill Country's website for the past two years since the last Crisis Plan Update. Consumers, family members, and other stakeholders have completed the on-line surveys. The Citizen Advisory Committee has reviewed all the feedback this fiscal year and the Center has utilized the survey information in developing the Operational Plan for FY10.

The Citizen Advisory Committee has also reviewed the feedback that has been received from the Suggestions and Surveys that consumers, family members, staff, and other stakeholders have completed in the Mental Health Clinics and placed in the Suggestion Boxes. During the most recent meeting, held on January 27, 2010, the Committee reviewed the Crisis Plan and the feedback received since the last Crisis Plan submission.

The Hays County Mobil Crisis Outreach Team Planning and Development Committee has been meeting monthly for the past several years. The Committee has been very instrumental in the planning for crisis services, especially since the Center's Mobil Crisis Outreach Team (MCOT) is located in Hays County. The group consists of a cross-section of advocates, substance abuse providers, the OSAR, law enforcement, judicial authorities, and medical professionals within the Hays County service area. The group has provided feedback regarding implementation of expanded crisis services in the Hays County area and ways to continue to improve crisis response and coordination of services. Minutes, agendas, and signature sheets from meetings are provided in *Attachment A*.

In September of 2008, the Comal County Mental Health Task Force was created and has been meeting quarterly. This stakeholder group has been focusing on the crisis response system in Comal County and has implemented processes to streamline the county's response to mental health crisis. The Task Force includes the following stakeholders:

- County Judges
- Civil District Attorney
- County Clerk
- Sheriff Department
- New Braunfels Police Department
- Comal County Mental Health staff (Hill Country Community MHMR Center)
- Private Hospitals, such as Laurel Ridge
- VA
- Comal County Jail Personnel
- Cristus Santa Rosa Hospital
- County Transport Officer

Since the creation of this Task Force, the county has resolved transportation and commitment issues and continues to work on strategies to streamline the crisis response system.

Local Crisis Planning -Based on Stakeholder Input

The primary recurring theme found throughout the surveys and within focus groups included an emphasis on the availability of local crisis beds within the community and the availability of needed substance abuse services. The need for mental health crisis stabilization and Crisis Residential (respite) services were often discussed in planning meetings over the past two years. Based on stakeholder input and the Center's goal to provide local stabilization of mental health crisis, the Center opened a Crisis Stabilization Unit (CSU) in April of 2009. The 16 bed facility accepts mental health patients who are 18 or older and are from Hill Country's 19 county service-area. While at the facility, patients undergo assessments, including evaluations of their medical and psychosocial needs, and are provided with a treatment plan in line with a recovery-based model. Living arrangements and jobs are among criteria factored into their individual treatment plans. The facility's goal is not only to stabilize its patients but to help them successfully reintegrate into the community.

Also as a result of stakeholder input, Hill Country is in the process of contracting additional Crisis Residential beds within the service area. The Wood Living Center is opening a Crisis Residential facility in Hays County and will contract with Hill Country for crisis beds. In order to take the burden off of law enforcement, the contract will also include transportation for clients from the Crisis Residential facility to the Center's Crisis Stabilization Unit (CSU) as needed. The Crisis Residential facility is expected to open in April of 2010.

According to stakeholders in Hill Country's largest county, Hays, the Mobil Crisis Outreach Team (MCOT) has been instrumental in reducing the burden on law enforcement and decreasing the need for hospitalization. Survey responses from Hays County often included the need for continued support and funding for this vital crisis service. Hays County Law Enforcement has dedicated 3 full time officers to the Center's MCOT. The San Marcos Police officers and the Hays County Deputy utilize office space at Hill Country's mental health clinic in San Marcos (Scheib Center) in order to respond to crisis calls with the MCOT. (*see Attachment A-MCOT Planning and Development Meetings*)

In most of the nineteen county service area, substance abuse services are unavailable within the county. Many stakeholders have responded to the Crisis Surveys expressing the need for more substance abuse treatment services. The Center has developed a closer partnership with the Outreach, Screening, Assessment, and Referral (OSAR) agencies in the 19 county service-area in order to better respond to the substance abuse and mental health crisis needs. The Center has also signed Memorandums of Understandings (MOUs) with the OSAR (*See attachment B*) and existing substance abuse providers in the network. The agreement with the OSAR details the crisis response for clients with co-occurring psychiatric and substance use disorders.

Also in response to this need, Hill Country has responded to the DSHS FY11 Request for Proposal for substance abuse treatment. The Center has applied for outpatient treatment services in six locations where state-funded treatment is currently unavailable. The Center has also applied for Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Specialist funds to help treat clients with co-occurring needs.

Components of the Crisis Service System

Based on Stakeholder input and the availability of funding, Hill Country Community MHMR Center has developed the following crisis services in order to assure rapid response to persons in crisis and provide local stabilization.

Hotline. Crisis hotlines are a critical gateway to behavioral health services, offering continuously available, toll-free telephone service 24 hours per day, 7 days per week to clients of all ages. Staffed by trained mental health counselors, hotlines provide information, screening and intervention, support, and referrals to callers. As part of crisis redesign, all hotlines will become accredited by the American Association of Suicidology (AAS).²

Hill Country contracts with Avail Solutions for the 24 hour, seven day a week crisis hotline. Avail is certified by the American Association of Suicidology.

Beginning in FY10, Hill Country has a Memorandum of Understanding with the Outreach, Screening, Assessment, and Referral (OSAR) for Region 8, Mid Coast Family Services, to refer clients with a psychiatric or co-occurring psychiatric and substance use disorder who are in a crisis to Hill Country's after hour Hotline.

Mobile Crisis Outreach Team (MCOT) provides a combination of crisis services including emergency care, urgent care, and crisis follow-up and relapse prevention to the child, adolescent, or adult in the community. MCOTs are clinically staffed mobile treatment teams that can provide prompt face-to-face crisis assessment, crisis intervention services, and crisis follow-up and relapse prevention services for individuals in the community. These services are designed to reach individuals at their place of residence, school and/or other community-based safe locations, 24 hours per day, 365 days per year. Although the MCOTs may transport an individual for the purpose of obtaining crisis services, if the MCOT determines that they cannot transport the individual safely, the MCOT may arrange for or coordinate transportation with law enforcement. MCOTs have arrangements for back-up and linkages with other services and referral services.

Crisis Stabilization Unit (CSU): Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code.

Crisis Residential Treatment/Respite for Adults: Crisis residential services treat individuals with high risk of harm and severe functional impairment who need direct supervision and care but do not require hospitalization. They are appropriate for individuals with stressful and/ or unsupportive recovery environments and those who have had limited response to prior treatment. They are not, however, equipped to handle individuals with severe or acute medical conditions.

Hill Country contracts Crisis Residential Services through Wood Living Center in Kerrville, Del Rio, and will be moving the Del Rio beds to Hays County where there is a greater need.

² Crisis Services Redesign: Implementation Overview, Texas Department of State Health Services, September 17, 2007, p. 2.

Current Crisis Response System

Hill Country contracts with Avail Solutions for staffing of a crisis hotline number. The calls go directly to Avail who staffs the hotline with QMHPs and Licensed Professionals of the Healing Arts (LPHA). Avail screens the calls to determine if a crisis situation exists. All crisis situations are referred directly to a local QMHP, or MCOT for Hays County, who is on-call and responds with a face-to-face evaluation within one hour to resolve the crisis and assess for risk of harm.

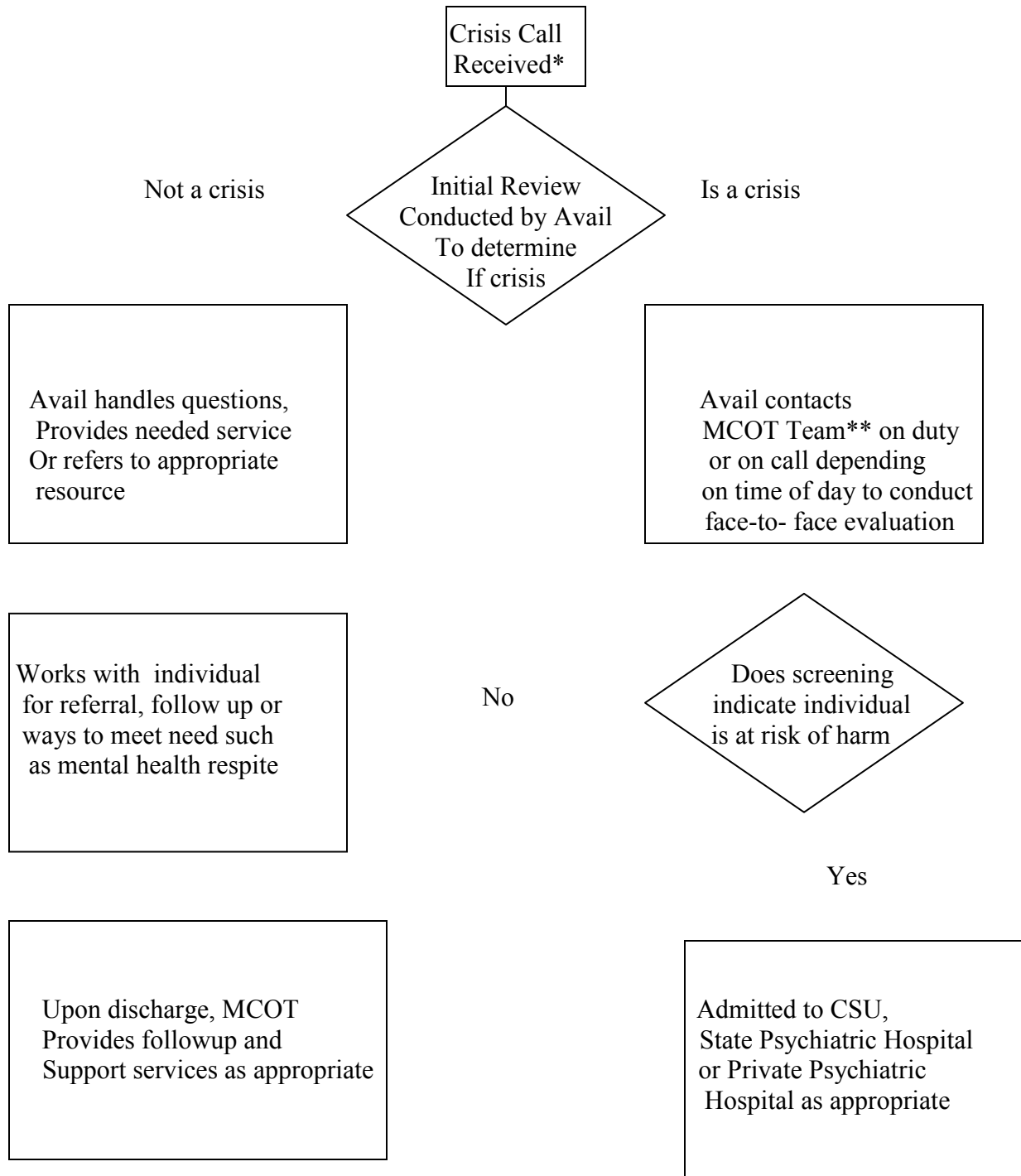
All calls that require crisis intervention are handled through coordination and collaboration with local law enforcement and emergency medical personnel. Each crisis screening results in disposition of the crisis situation whether resolved, referred to family/friend, other agency, or hospitalization in private or state psychiatric hospital.

All QMHPs who are on call for crisis services have received crisis training as well as follow-along training in conducting crisis services. A summary of the crisis training may be found in *Attachment C*. Upon completion of the training, each QMHP is required to demonstrate their understanding and competence of the material through the completion of seven case scenarios.

The following pages include a flowchart of the current crisis response system.

- Diagram 1 is a flowchart of Crisis calls that activate the MCOT in Hays County.
- Diagram 2 is a flowchart of crisis response in other locations.

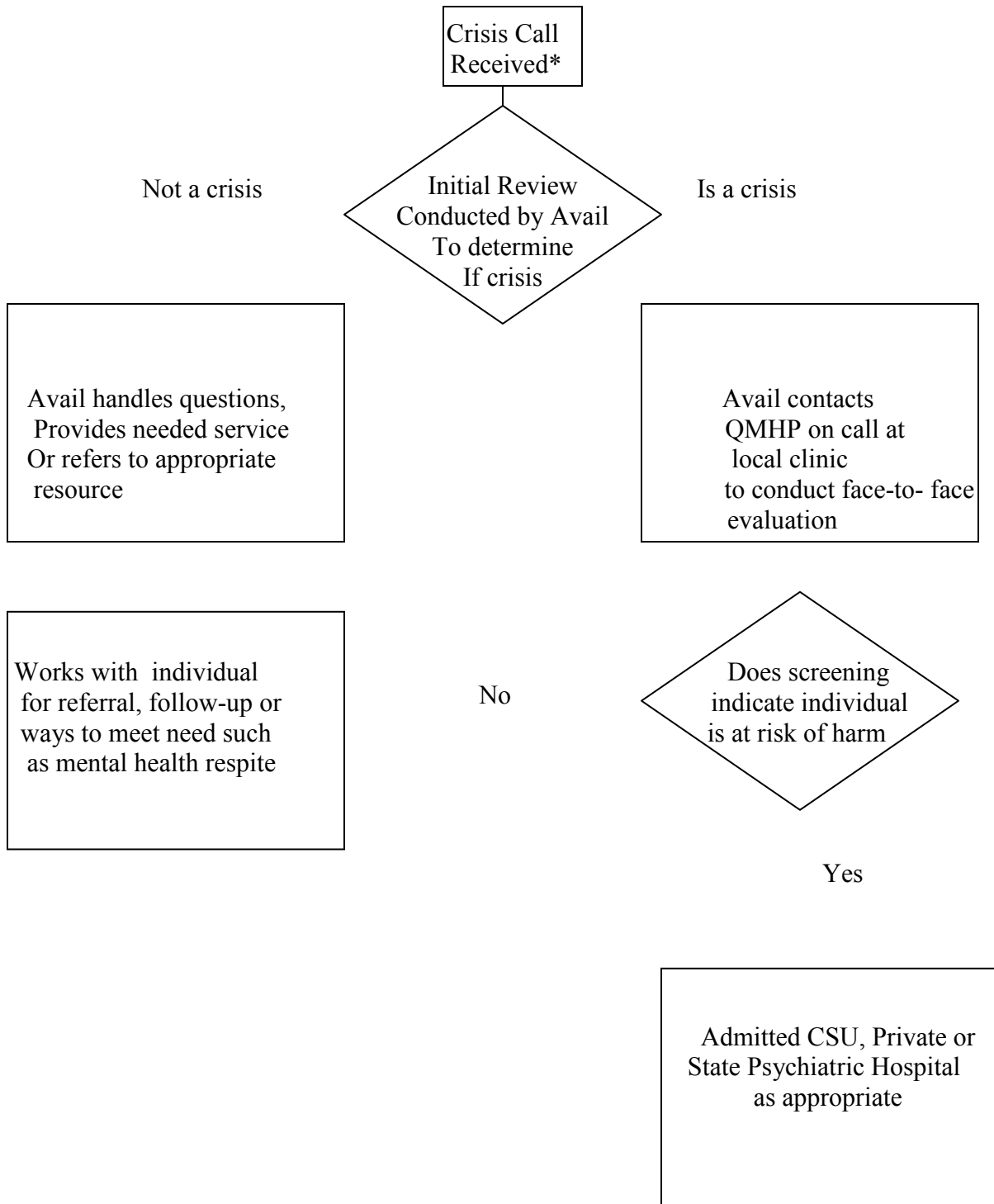
Diagram 1
Flow of Crisis Services-Activating MCOT



*All Crisis calls received by Avail which operates a 24/7 Hotline for Hill Country that is certified by the American Association of Suicidology Local law enforcement is connected to MCOT directly for screening.

** MCOT team consists of QMHP and either LPHA or RN.

**Diagram 2
Flow of Crisis Services**



*All Crisis calls received by Avail which operates a 24/7 Hotline for Hill Country that is certified by the American Association of Suicidology Crisis calls received at the local clinic are transferred directly to the Crisis Hotline with Avail unless transfer of the call would endanger an individual.

Continual Development of Crisis Plan

Hill Country Community MHMR Center will continue to develop and mature local crisis services through:

- **Suggestion Boxes** – Hill Country has purchased suggestion boxes at each of the ten mental health centers throughout Hill Country’s service area. The suggestion boxes are checked on a regular basis with all suggestions forwarded to the central administrative office for compilation and review.
- **Citizen’s Advisory Committee** - The Citizen’s Advisory Committee (CAC) will continue to be utilized for feedback and development suggestions regarding Hill Country’s Mental Health Crisis Service Plan. The CAC is composed of local citizens, primarily individuals who have family members in services or who receive services, and provide an invaluable resource and perspective on the service delivery system. The CAC will also assist in incorporating the Crisis Service Plan into the Local Service Area Plan for Hill Country as well as giving feedback regarding Crisis Services directly to the Board of Trustees.
- **Community Needs Survey** – A Community Needs Survey is available on Hill Country’s website. The survey gives individuals the opportunity to give input regarding all services offered by Hill Country and includes specific references to Crisis Services. A copy of the Community Needs Survey may be found in *Attachment D*. The Community Needs Surveys will be continually compiled with feedback going to the Citizen’s Advisory Committee.
- **Hays County Mobil Crisis Outreach Team Planning and Development Committee**– The first focus group which met in San Marcos has agreed to serve as an implementation and monitoring team for the Mobile Crisis Outreach Team to be implemented in Hays County. The group consists of a cross-section of advocates, law enforcement, judicial authorities, and medical professionals within the Hays County service area. The group has conducted two implementation meetings and will continue to provide feedback regarding implementation of expanded crisis services in the Hays County area and ways to continue to improve crisis response and coordination of services. Minutes of the meetings are provided in *Attachment A*.
- **Surveys** – As part of the Local Planning process for FY11, surveys will be distributed and collected from a wide-range of stakeholders across the service area. Feedback on current crisis services as well as suggestions for improvement will be included.
- **Public Forums** - Hill Country will continue to host Focus Groups or Public Forums to obtain stakeholder input for local planning and network development. Meetings will be scheduled in multiple locations as the Center obtains input for the FY11 Local Service Area Plan.

Feedback on the implementation of crisis services will be reported to the Citizens Advisory Committee, to the Hill Country Board of Trustees, and to the Hays County Mobil Crisis Outreach Team Planning and Development Committee to ensure that their expectations and needs are being met and to identify areas that need improvement.

Source of Funding for Crisis Services

Funding for Hill Country Community MHMR Center’s Crisis Services are detailed in the following table.

Crisis Service	Funding Source	Amount of Funding
Crisis Intervention Services Crisis Residential Services Crisis Hotline MCOT	Department of State Health Services	\$851,953
Crisis Stabilization Unit (CSU)	Department of State Health Services	\$2,356,944.80
	PESC Competitive	\$463,831
	Medicare (estimated)	\$5,400
	Medicaid	\$16,114
	Other –Insurance	\$3,000
	Private Pay	\$3,000

Coordination with Local Crisis Response Systems

Hill Country's primary coordination with other local crisis response systems deals with law enforcement agencies. Hill Country has offered Mental Health Peace Officer Training as well as crisis procedure training for county judges. During the focus group with the county judges, Hill Country agreed to develop an enhanced training for county judges that would include training similar to the training received by Mental Health Peace Officers and procedures and options regarding mental health commitments. It was also suggested that a formal manual be developed to assist with commitment proceedings.

In addition, Hill Country has developed a system where law enforcement can call the Crisis Hotline number (contracted with Avail) and be connected directly with the Mobil Crisis Outreach Team when they have an individual that needs to be screened regarding a potential mental health crisis. The Hays County Mobil Crisis Outreach Team Planning and Development Committee was able to coordinate space at Hill Country's Hays County Mental Health Clinic (also know as the Scheib Center) for 3 Mental Health Police Officer to have office space and work more closely with the MCOT. Two of the Mental Health officers are San Marcos Police Officers and one is a Hays County Deputy.

In order to ensure that all crisis response systems are aware of the Crisis Hotline number, Hill Country designed refrigerator magnets advertising the number. The magnets were distributed throughout the Hill Country service area to individuals, hospitals, schools, law enforcement agencies, and others who may come in contact with individuals in crisis. The crisis number as well as crisis resources can be found on Hill Country's website at www.hillcountry.org.

Integration with Substance Abuse Services

As substance abuse is an integral issue with crisis services, Hill Country included Substance Abuse service providers in the Crisis Surveys. In addition, Hill Country provides Ambulatory Detoxification Services, Outpatient Substance Abuse Counseling, and operates a Male Adolescent Residential Facility for substance abusers. Hill Country also has a contract for outpatient treatment and assessments with the Department of Family and Protective Services. The Center works closely with the OSAR for each county as well as Hays Caldwell Drug and Alcohol Council and the Hill Country Council on Alcohol and Drug Abuse to coordinate needed services for individuals. Beginning in FY10, Hill Country has a Memorandum of Understanding with the Outreach, Screening, Assessment, and Referral (OSAR) for Region 8, Mid Coast Family Services, to refer clients with a psychiatric or co-occurring psychiatric and substance use disorder who are in a crisis to Hill Country's after hour Hotline.

Currently, resources for substance abuse treatment are extremely limited throughout our service area. Hill Country has responded to the FY11 DSHS Request for Proposal (RFP) and applied for additional outpatient services throughout the service area. Hill Country will continue to work with substance abuse service providers throughout our service area to try and identify funds to expand substance abuse services within the region.

Coordinating Services for Special Populations

Hill Country has developed a diverse crisis response system in order to effectively serve and refer special populations such as veterans, children/adolescents, and victims of trauma. At the local level, staff has developed partnerships with community providers that specialize in serving special populations. This is evident in stakeholder groups such as the Comal County Mental Health Task Force that includes the local VA. Other stakeholders, such as the local crisis centers that specialize in services for victims of trauma, are also included in planning and coordinating crisis services.

Mental Health staff is trained to respond and assess the crisis situation and then make appropriate referrals as needed. By developing strong working relationships with community providers and agencies, the staff is able to respond quickly and coordinate the additional services and support.

In order to respond with internal resources, Hill Country has trained four staff in Trauma Focused Cognitive Based Therapy (CBT) for children and adolescents. This advanced training will allow the Center to better serve this special population.

With the growing need for services for veterans, the Center is currently sending two therapists to training for Cognitive Processing Therapy for working with veterans. The Center has also applied for grant funds through the Department of State Health Services to expand services available to veterans in the Hill Country.