Texas Department of State Health Services

Crisis Services Redesign

Implementation Overview

March 24, 2009

Introduction

Background

Some people experiencing a mental health or substance abuse crisis in Texas lacked 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 (DSHS) gathered experts and stakeholders in diverse fields of expertise to assess crisis services and provide recommendations for improvement. The result was a report (Crises Services Redesign Report, September 2006) which identified an array of crisis services that are community based, rapidly deployable and focused on diversion from more restrictive or inappropriate care settings.

Need

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

- Persons **currently served** by the Local Mental Health Authority (LMHA) receiving crisis services, despite ongoing services over the course of a year, is projected to increase 6% among adults and 74% among children from 2006 to 2009.
- Persons who are **not currently served** by the LMHA receiving crisis services is projected to increase 47% among adults and 195% among children from 2005 to 2009.

Current Funding

The 80th Texas Legislature appropriated $82 million for the FY 08-09 biennium. Guided by the legislature, and in response to Rider 69, these funds should allow significant progress toward improving the response to mental health and substance abuse crises. This major, unprecedented appropriation was specifically for a redesigned crisis service system. The first phase of implementation will focus on enabling statewide access to competent rapid response services, avoiding hospitalizations and reducing transportation issues.

Crisis Services

Description of Services

Crisis redesign funds will be used to support an array of services recommended by the Crisis Redesign Committee, and the outpatient competency restoration services dictated under Senate Bill 867, 80th Texas Legislature. This overall effort is associated with transforming the mental health system in Texas. The Crisis redesign services will integrate many community organizations that play significant roles in the mental health and state's larger public health care system.

Additionally, Local Mental Health Authorities (LMHAs) may use some of the funds to defray transportation costs related to behavioral health crises incurred by local law enforcement agencies. Two processes will distribute crisis redesign funds: 1) a majority of the funds will be divided among the state's LMHAs, added to existing contracts to fund enhanced crisis services. 2) A portion designated as Community Investment Incentive funding will be awarded on a competitive basis to communities willing to contribute at least 25% in matching resources. Funds will be available for the following services:

- **Initial crisis services.** The first priority for funds allocated directly to Local Mental Health Authorities (LMHAs) will be ensuring a minimum level of the critical crisis services that provide rapid and mobile response to crisis situations: Crisis Hotline and Mobile Outreach Services. This will provide every county with basic crisis response capabilities, including identification, screening and stabilization of patients who can be safely treated in the community.

    - **Hotline.** Crisis hotlines are a critical gateway to behavioral health services, offering toll-free telephone service 24 hours a day, 7 days per week to the public of all ages. Hotlines will be staffed by trained paraprofessionals that may answer the hotline and provide information and non-crisis referrals; however, trained Qualified Mental Health Professionals (QMHP-CSs) will provide screening and assessment of the call, to determine the nature and seriousness the contact. As part of crisis redesign, all hotlines will become accredited by the American Association of Suicidology (AAS).

    - **Mobile Outreach.** Mobile outreach services operate in conjunction with crisis hotlines, providing emergency care, urgent care, and crisis follow-up in the child, adolescent, or adult's natural environment. Mobile services allow immediate access to assessment and crisis resolution, regardless of the time and place of the precipitating event or the individual's transportation resources. A mobile crisis outreach team may also provide temporary services in the community to individuals who need psychiatric treatment, but refuses the traditional system to access care. Often these individuals have urgent needs, but do not meet criteria for involuntary detention. Mobile crisis outreach teams work closely with law enforcement and other local crisis responders.

- **Enhanced local crisis services.** Once the minimum level of initial services has been achieved, local communities come together to develop a plan to use their funds to establish or expand additional crisis services recommended by the committee. This allows communities to enhance crisis service infrastructure for more extensive response and stabilization options, such as:

    - **Crisis Outpatient Services.** Office-based outpatient services for adults, children and adolescents provide immediate screening and assessment and brief, intensive interventions focused on resolving a crisis and preventing

admission to a more restrictive level of care. These services serve two purposes: 1) ready access to psychiatric assessment and treatment for new patients with urgent needs, and 2) access to same day psychiatric assessment and treatment for existing clients. Additionally, these services provide treatment for patients who are currently unlikely to hurt themselves or others, but who might develop an emergency if they do not receive same-day services. Clinicians are available during (Note: either use "all" or "business" to replace the word "appropriate") hours to treat individuals with fairly severe needs if a brief, moderately intensive, intervention might reduce the need for a more intensive level of care. Available services may include brief therapy, pharmacotherapy, and case management services.

- **Children's Outpatient Crisis Services.** Children's outpatient crisis services provide flexible, multi-faceted, and immediately accessible services when children and adolescents are at higher risk for hospitalization or out-of-home placement. These specialized services are provided in the child's living environment or in other settings, primarily in the home, and are designed to be family-focused, intensive, and time-limited.

- **Extended Observation Units.** Extended observation is an essential component of the crisis service array that can reduce unnecessary incarceration and inpatient psychiatric interventions. It includes provision of comprehensive psychiatric emergency services with the goal of comprehensive assessment, rapid stabilization, and appropriate aftercare planning, and can include up to 23-48 hours of observation and treatment. These services provide immediate access to emergency care at all times and have the ability to safely and appropriately manage the most severely ill psychiatric clients. Services are delivered in a secure and protected environment generally co-located with a DSHS-licensed hospital or crisis stabilization unit.

- **Crisis Stabilization Units (CSU).** CSUs provide short-term residential treatment designed to reduce acute symptoms of mental illness. Services are provided in a secure and protected environment that is 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 (relating to Standards of Care and Treatment in Crisis Stabilization Units). CSUs are clinically staffed and psychiatrically supervised, and provide immediate access to emergency care.

- **Crisis Residential Services for Adults and Children.** Crisis residential services provide short-term, community-based residential, crisis treatment to adults, adolescents, and children with some risk of harm to self or others who may have fairly severe functional impairment. These facilities provide a safe environment with clinical staff on site at all times, however they are not designed to prevent elopement. Individuals must have at least a minimal level

of engagement to be served in this environment. Utilization of these services is managed by the Local Mental Health Authority (LMHA) and is based on medical necessity. The recommended length of stay is 1 to 14 days. Adults, adolescents and children must be served in separate environments of care in the event services are provided.

- **Crisis Respite for Adults and Children.** In contrast to crisis residential services, crisis respite services provide short-term, community-based residential crisis treatment to individuals who have low risk of harm to self or others. Individuals may have some functional impairment requiring direct supervision and care, but do not require hospitalization. These services can occur in houses, apartments, or other community living situations. Generally, these services are for individuals who have housing challenges, or caretakers who need short-term housing assistance supervising individuals with mental health issues. The LMHA manages the utilization of these services based on medical necessity. Crisis respite services may occur over a relatively brief period, such as a 2-hour service to allow a caretaker to complete necessary tasks, or on a full day basis.

- **Community Investment Incentive**

- **Psychiatric Emergency Service Center with Extended Observation services.** A portion of the Community Investment Incentive funds will be used for Psychiatric Emergency Service Centers that provide intensive crisis services for one or more counties or local service areas. These sites will be co-located with a licensed hospital or CSU and equipped to treat severely ill children, adolescents and adults. They will provide emergency psychiatric services with extended observation and, for individuals who cannot be stabilized within 23 to 48 hours, treatment in an inpatient hospital unit or CSU for up to 14 days. Establishing these facilities will substantially increase the number of communities and individuals with access to such services. It will also encourage communities to pool their resources to achieve economies of scale, ensuring the most efficient capacity utilization.

- **Projects for jail diversion or alternatives to State hospitalization.** Community Investment incentive funds will be used to develop other community-based projects that focus on diverting individuals from incarceration or providing alternatives to state hospitalization. These projects include crisis residential services, Crisis Stabilization Units, extended observation, crisis respite, the purchase of local hospital beds and associated services that provide residential alternatives to incarceration or state hospitalization.

- **Outpatient Competency Restoration Services.** Community Investment Incentive funds will support outpatient competency restoration services. DSHS proposed to extend its ability to provide competency restoration services beyond State Mental Health Hospital (SMHH) based programs. This is done through the development and enhancement of the mental health crisis system. A successful

outpatient competency restoration program will enhance the communities' ability to provide effective treatments to individuals with mental illness involved in the legal system. This can be accomplished while reducing the burden on jails and state psychiatric hospitals. Competency restoration services provide psychiatric stabilization in conjunction with any needed training in courtroom skills and behavior. Outpatient competency restoration programs established under this initiative will have an adapted curriculum from the inpatient competency restoration curriculum used at Florida State Hospital and North Texas State Hospital-Vernon Campus. Also adapted is the outpatient curriculum from DSHS's community mental health Resiliency and Disease Management system. The model will require strong collaborative efforts among local judges, jail officials, community mental health systems, and community-based organizations providing support services. DSHS is working with providers of outpatient competency restoration programs in other states to incorporate effective and successful strategies into the Texas model.

Contractual Service Requirements

The parameters and expectations for Crisis Redesign funding will be specified in LMHA Performance Contracts. There are two main expectations described in the proposed language: "**local planning"** and **"maintenance of effort for crisis expenditures."**

Local Planning

Funds will be distributed among the state's LMHAs, who are responsible for working with community stakeholders to determine the best use of funds to meet local needs. In the NorthSTAR area, North Texas Behavioral Health Authority will be responsible for working with local stakeholders to develop a plan for utilization of the new funds.

While new funding goes to an array of initial crisis services identified in the Crisis Services Redesign Report, services will be implemented based on a community's needs, priorities, and existing resources. Within the state's provided framework, local decision-making will play a significant role in determining the final distribution of funds among the identified service categories. This may result in some variance with the initial legislative appropriations request, and actual expenditures at the local level.

As part of its local planning process, every LMHA is required to develop a local crisis service plan based on the needs and priorities of the community and designed to meet the following objectives:

- Rapid response
- Local stabilization when possible
- Jail diversion and reduced burden on local law enforcement
- Decreased utilization of other emergency healthcare resources (e.g., local emergency rooms)

Crisis service plans must describe how existing crisis services will be realigned to provide an integrated crisis system built around the recommended best practices. Stakeholder participation is a key feature of the planning process, and ideally should include representation from clients, family members, child and adult advocates, mental health service providers, emergency healthcare providers, representatives from the local public health department or Federally Qualified Health Center, substance abuse providers, and representatives from law enforcement, probation and parole departments, and the judiciary.

At a minimum, local plans must ensure a basic infrastructure of crisis services to include:

- An AAS-accredited hotline with qualified staff on duty 24/7.
- Mobile Crisis outreach services available with sufficient capacity to provide in vivo response.

Additional services are to be determined by the LMHA based on local needs and priorities, existing infrastructure, available funds and current collaborative activities. Crisis service plans must also describe strategies to maximize available funds to provide crisis services, including collaborations with local and regional stakeholders and other LMHAs. LMHAs are expected to examine opportunities to minimize overhead and administrative costs through cost sharing and joint service delivery.

Local crisis service plans were due by mid October 2007. LMHAs began implementing initial approved plans during the second quarter of FY08. Local planning is essential for the maintenance and expansion of community investment in the crisis delivery system and is an ongoing process.

Maintenance of Effort for Crisis Expenditures

LMHAs currently invest significant funds into their crisis systems. While these investments are significant, they are inadequate to support effective crisis services. This prompted DSHS's legislative request for funding to redesign the crisis service delivery system. The intended use of the new funds was articulated to the legislature as redesigning the crisis system by investing additional resources into crisis services to improve response and effectiveness rather than using the new funding to supplant funds currently spent on crisis services. If re-allocation or removal of resources currently used for crisis services occurs, it will likely result in limited improvements to the crisis service delivery system.

To avoid this, language has been included in LMHA Performance Contract requiring LMHAs to maintain current crisis spending levels so that new crisis service funding is used for expanded services. Performance outcome measures and active local planning will encourage communities to maintain current spending levels, protecting their state allocations and generating legislative support for continued and even increased levels of state investment.

Allocation of Crisis Services Funding

Allocation Methodology

The allocation is consistent with the proposed use of funds described in DSHS's Legislative Appropriation Request (LAR). The funds are divided into four portions.

- **Equity Contribution.** The first portion (32%) is used to improve equity in state funding allocations among LMHAs as required by the state legislature. Under the DSHS's long term plan, new funds are to be allocated in a way that improves equity. Funds in this category are directed only to LMHAs with below average per capita funding levels.
- **Proportional Allocation.** The second portion (36%) is divided among the LMHAs based on modeled hotline and mobile crisis outreach team operational costs, and the population of each local service area.
- **Community Investment Incentive.** The third portion (30%) has been allocated based on a competitive process. Funding is distributed to communities and regions willing to invest a significant level of local resources into the development of Psychiatric Emergency Service Centers, other projects that focus on diverting individuals from incarceration or finding alternatives to State hospitalization, and outpatient competency restoration programs. The distribution of some of these competitive funds requires a minimum 25% local matching fund.
- **State Expenditures.** DSHS has reserved approximately 1.5% of the funds to cover state costs to support implementation of the crisis services redesign initiative.

Equity

There is great disparity across Texas in the per capita funding and availability of public mental health services. These inequities had their origins from the 1960's through the early 1980's as the allocation of funds was primarily driven by each local authority's ability to negotiate for available funding. In 1982, the Texas Department of Mental Health and Mental Retardation (TDMHMR) took the first step to address the funding inequities by allocating new funds based mainly on population. Since the allocation of new state funds for mental health services has historically been relatively stable, strides toward achieving equity have been limited. Despite refinements in funding allocation methodology, substantial inequities still remain.

DSHS has allocated approximately 32% (estimated $27 million) of the funds over the course of biennium to bring under-funded LMHAs closer to the current state average of per capita funding. DSHS arrived at 32% after attempting to bring as many centers as possible up to the current state average per capita funding rate, and trying to maintain 1/3 of the crisis allocation for equity as outlined in the exceptional item request. With this approach, all but two LMHAs will reach the current per capita average by the end of the biennium. The per capita funding rate for those remaining two LMHAs will be over 90% of the current average. If these funds were not used to address equity, disparity among LMHA allocations would become even greater.

Proportional Distribution

Approximately 36% of the new funds (estimated $30 million) are divided among the LMHAs in a proportional allocation. With a simple per capita distribution of funds, many centers would not receive sufficient funding to allow full implementation of the required hotline and mobile crisis outreach crisis services. Therefore, DSHS adopted a hybrid proportional allocation methodology. First of all, centers are given an amount sufficient to implement the required hotline and mobile crisis outreach services. This amount was determined using cost models that account for differences between heavily populated urban areas and less populated rural areas. The remaining funds designated for proportional allocation are distributed according to a per capita formula. This per capita distribution is limited to LMHA initial crisis service allocations that are less than the amount received if designated funding for proportional allocation were distributed using a simple per capita formula. This necessary distribution is why more than 1/3 of the total crisis funds are allocated within the proportional category.

Community Investment Incentive

To leverage the state's investment in crisis redesign services, around 30% of the funds (approximately $24 million) have been used as a Community Investment Incentive. Communities willing to invest a significant level of new local resources to support crisis services, and who participated in the competitive process received these funds. The distribution of some of these competitive funds requires a minimum 25% local match.

Community Investment Incentive funds have been allocated to establish Psychiatric Emergency Service Centers, or projects that focus on diverting individuals from incarceration or state hospitalization (26%), and to develop Outpatient Competency Restoration programs (4%). These are highly specialized and resource-intensive services serving severely ill psychiatric clients.

- **Selection of Psychiatric Emergency Centers or Projects for Jail Diversion or Alternatives to State Hospitalization.** All LMHAs are eligible to compete for funding to establish Psychiatric Emergency Service Centers. However, to ensure the development of strategically located sites that serve the needs of a geographic area with one or more counties or local service area, DSHS encourages proposals that represent a collaboration of multiple LMHAs. Criteria used to evaluate proposals include:
  - Extent of local and regional collaboration;
  - Level of coordination with local and regional healthcare providers, the judicial system and law enforcement;
  - Appropriateness of clinical program design, including integration with other local and regional crisis services;
  - Size of geographic area to be served;
  - Size of population to be served;
  - Demonstrated need for the proposed service(s), including utilization of existing capacity within the region;
  - Minimization of officer wait time; and

- Timeliness of implementation.

- **Selection of Outpatient Competency Restoration Sites.** DSHS will support a limited rollout of the Outpatient Competency Restoration program to meet both state and local goals. Four sites will be funded based on:
  - Demonstrated need;
  - Integration with existing services;
  - Level of coordination with judiciary system and law enforcement; and
  - Innovation and alignment with evidence-based practices including the integration of mental health, substance use treatment and physical health.

State Expenditures

The remaining 1.5% of funds (estimated $1.2 million) will be used by DSHS to support implementation of the crisis services redesign initiative over the biennium. Expenses include:

- Hotline and mobile crisis outreach training necessary for LMHAs to attain AAS accreditation and provide efficient and effective response ($456,321 or .56%);
- Four DSHS staff positions to provide support, training, and oversight for crisis redesign ($435,569 or .53%); and
- An independent evaluation of the crisis redesign project ($350,000 or .43%).

Stakeholder Involvement

In December 2005, DSHS convened the Crisis Services Redesign Committee to develop recommendations for redesigning crisis services in Texas. Individuals and organizational representatives of law enforcement, the judicial system, emergency medicine, community services, and advocacy, consumer, and professional and provider organizations were invited to participate. The Committee released its report in September 2006. In developing the content of the report, the Committee used three primary sources of information:

- A study of current biomedical and social services literature;
- The results of a DSHS quality management review of crisis services completed in December 2005; and
- Input gathered through a series of statewide hearings conducted in February 2006.

Stakeholder concerns and recommendations were central to the committee's process for assessing services and formulating recommendations. A key component of the DSHS quality management review was a survey mailed to sheriff's offices, police departments, and licensed hospitals throughout Texas to obtain information about their experience with coordination and delivery of crisis services by LMHAs. The committee traveled across the state to hear public testimony in locations representing the border (Harlingen), rural areas (Big Spring and West Texas), and urban areas (San Antonio). An additional hearing concerning statewide issues was held in Austin.

Communication with stakeholders has been vital and ongoing throughout the crisis services redesign preparation and implementation process. In February 2007, DSHS staff presented a report at the Behavioral Health Consortium and brought back stakeholder input to the agency's crisis redesign workgroup. A similar forum was addressed at the Texas Council of Community MHMR Centers Conference in late June 2007. Throughout the spring of 2007, DSHS staff worked with representatives from the Texas Council through meetings, teleconferences, and electronic communication. Input was gathered from individual LMHAs through written surveys and requests for information on specific topics. DSHS staff also visited the crisis service delivery systems in San Antonio, Harris County, Tarrant County, and Beaumont to gather valuable information from LMHAs, law enforcement personnel, healthcare providers, and other stakeholders. In the month of July, further stakeholder input was obtained through additional meetings with Texas Council representatives and its committees, and DSHS's Mental Health Planning Advisory Committee.

The implementation plan for the crisis services redesign initiative was refined in collaboration with stakeholders in a variety of forums during the summer and fall of 2007. These forums included meetings and teleconferences with members of the original Crisis Redesign Committee, the Texas Council's crisis redesign committee, representatives of the Behavioral Health Consortium, consumer and family representatives, and consumer advocates. DSHS also held informational sessions for local stakeholders in conjunction with its LMHA crisis redesign workshops in September of 2007. These events have allowed DSHS to receive feedback from a variety of sources and make appropriate revisions to its implementation plans.

DSHS will continue to hold regular implementation teleconference calls with LMHAs throughout the biennium. Initially calls will be scheduled semi-monthly, but the frequency may be adjusted as the initiative progresses. Other stakeholders will be updated though organizations such as the Mental Health Planning Advisory Committee and quarterly provider association meetings such as the Association of Substance Abuse Programs. DSHS's crisis services redesign webpage provides another venue for information sharing and stakeholder input.

Accountability

Components of DSHS's plan for accountability include ongoing training and technical assistance, adherence to Legislative Budget Board and contract performance measures, as well as, quality management oversight.

Crisis Redesign Training

DSHS will provide information, training, and technical assistance to support implementation of the crisis services redesign initiative. In the initial phase of implementation, regional workshops will be conducted for LMHAs regarding the

implementation of crisis redesign. These workshops will include informational sessions for other stakeholders as needed. Topics will include:

- Crisis redesign overview;
- Minimum crisis services infrastructure requirements;
- Hotline accreditation process;
- Minimum standards for crisis services delivery;
- Performance measures;
- Reporting requirements;
- Opportunities for regional service systems; and
- Age appropriate crisis assessment and intervention strategies.

Additional information and technical assistance has been provided to centers through regular teleconference calls, which allow individuals from all LMHAs to participate in a single conversation. DSHS also maintains a webpage that enables LMHAs and stakeholders to access information, materials, resources related to crisis redesign, and progress regarding implementation.

Hotline Training

To attain American Association of Suicidology (AAS) accreditation, hotlines must ensure staff have intensive training and demonstrate competency. To assist in ensuring this, DSHS proposed a training strategy designed to accomplish two key objectives:

- Immediate access to quality hotline training for LMHAs across the state; and
- Development of a sustainable training infrastructure.

After examining other options, a training plan using AAS as trainers was selected as the best strategy. AAS developed a comprehensive curriculum designed to train and certify hotline workers. AAS also agreed to train a group of LMHA and DSHS staff to become competent trainers of the AAS-developed hotline worker curriculum. To ensure adequate access to quality training throughout the state, DSHS hosted AAS hotline training events in Dallas, Houston, Austin, and Corpus Christi during FY 08. At each of these trainings AAS provided two tracks: three-day training for hotline workers that met AAS Level IV training requirements, and two additional days for LMHA and DSHS staff selected to become trainers. Beyond the DSHS-hosted AAS hotline training events, these selected LMHA and DSHS staff will continue to provide training for new or existing hotline and other crisis workers statewide.

Measures of Success

DSHS continues to hold LMHAs accountable for effective and efficient use of funding allocated to implement the crisis services redesign initiative through the LMHA Performance Contract. The LMHA Performance Contract contains a balanced package of crisis response system measures that describe the outcomes, outputs, and efficiencies expected for each LMHA. Also, Rider 69 of the General Appropriations Act for the 2008-2009 biennium allows DSHS to work with the LBB to develop statewide performance measures that will be reported on a quarterly basis. DSHS has negotiated the following measures with the LBB:

No.	LBB Measure	Type	Reporting Frequency	Definition
1	Number of Persons Receiving Crisis Residential Services Per Year Funded by New Crisis Redesign GR	OUTPUT	Quarterly	Unduplicated year-to-date number of persons who receive a crisis residential service (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board) from Community Mental Health Centers including NorthSTAR during the fiscal year, and whose services are funded by the New Crisis Redesign General Revenue (NEW CR-GR) appropriation.
2	Number of Persons Receiving Crisis Outpatient Services Per Year Funded by New Crisis Redesign GR	OUTPUT	Quarterly	Unduplicated year-to-date number of persons who receive a crisis outpatient service (i.e., mobile crisis outreach team, crisis outpatient, or crisis follow-up) from Community Mental Health Centers including NorthSTAR during the fiscal year, and whose services are funded by the New Crisis Redesign General Revenue (NEW CR-GR) appropriation.
1	Percent of Persons with Medicaid Receiving Crisis Services that is followed by an ER Visit within 30 days	OUTCOME	Annual	The percent of persons with Medicaid receiving crisis services at Community Mental Health Centers including NorthSTAR that is followed by an ER visit within 30 days.
2	Percent of Persons Receiving Crisis Services that is followed by a Psychiatric Hospitalization within 30 Days	OUTCOME	Annual	The percent of persons receiving crisis services at Community Mental Health Centers including NorthSTAR that is followed by a State or Community psychiatric hospitalization within 30 days.
3	Percent of Persons Receiving Crisis Services that is followed by a Jail Booking within 7 Days	OUTCOME	Annual	The percent of persons receiving crisis services at Community Mental Health Centers including NorthSTAR that is followed by a jail booking within 7 days.
1	Average Amount of New Crisis Redesign GR Spent Per Person for Crisis Residential Services	EFFICIENCY	Quarterly	Average amount of New Crisis Redesign General Revenue (NEW CR-GR) spent per person for a crisis residential service (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board) from Community Mental Health Centers including NorthSTAR during the fiscal year.
2	Average Amount of New Crisis Redesign GR Spent Per Person for Crisis Outpatient Services	EFFICIENCY	Quarterly	Average amount of new Crisis Redesign General Revenue (NEW CR-GR) spent per person for a crisis outpatient service (i.e., mobile crisis outreach team, crisis outpatient, or crisis follow-up) from Community Mental Health Centers including NorthSTAR during the fiscal year.

The LMHA financial report has also been revised to include specific reporting of budgeting and expenditures related to implementation of each LMHA's redesign effort. This will allow DSHS to accurately account for all funds allocated to support crisis redesign, and calculate the general costs to deliver crisis services statewide.

Oversight

Over the course of the biennium, DSHS will oversee LMHA implementation of the crisis redesign efforts through contract, and quality management review processes. The following are examples of the tools that DSHS employs to assure proper oversight of behavioral health programs:

- Data monitoring, which includes evaluation of both performance and outcome data to identify needs for further oversight or technical assistance;
- Desk reviews, which includes review of personnel files to ensure adequately trained staff are providing services, policies and procedures, and submission of encounter data related to crisis redesign implementation;
- Stakeholder satisfaction survey will include a follow-up survey of law enforcement and hospital stakeholders using databases from the DSHS Licensing and Regulatory and the Department of Public Safety.
- On-site reviews, which include both reviews to evaluate adherence to clinical design and reviews based upon analysis of crisis service delivery data. These visits will allow DSHS to address problem areas and identify successful implementation of best practices, which will ultimately assist other LMHAs in their implementation efforts.

Independent Evaluation

DSHS has contracted with Texas A&M University to conduct an independent evaluation of the implementation of the crisis services redesign initiative. Texas A&M has submitted a comprehensive plan for the evaluation, including data collection and on-site review protocols with corresponding data analysis methodology. The evaluation will include a review of structural and process changes to determine how the crisis response and service delivery system is affected by crisis redesign efforts. The impact will be examined through an analysis of changes in service delivery patterns and outcomes before and after crisis redesign implementation, using data collected through the DSHS information systems and other available sources. A report including an analysis of implementation and impact of services on clients, local communities, mental health and health care providers, and law enforcement will be submitted January 1, 2009 to the Legislative Budget Board, the Governor, and standing committees of the Senate and House of Representatives. This report will serve as the final work product of this independent evaluation.

Proposed Implementation Milestones

The following timeline includes key milestones required for crisis redesign implementation.

Quarter 4, FY 07

- Local crisis plan requirements released
- Crisis Redesign Committee reconvenes with Dr. Lakey
- Implementation teleconference calls begin

Quarter 1, FY 08

- Crisis Redesign Training
- Local Crisis Redesign Plans due
- Hotline worker training
- Hotline trainer training
- Outpatient Competency Restoration curriculum complete

Quarter 2, FY 08

- New local crisis redesign services begin
- Psychiatric Emergency Services Center requirements released
- Psychiatric Emergency Services Center/Project proposals due
- Outpatient Competency Restoration requirements released (including eligible applicants)
- Outpatient Competency Restoration proposals due

Quarter 3, FY 08

- Psychiatric Emergency Services Center/Projects selected
- Outpatient Competency Restoration sites selected
- Outpatient Competency Restoration sites begin operation

Quarter 4, FY 08

- Psychiatric Emergency Services Centers/Projects begin operation
- All hotlines accredited

FY 09

- External Evaluator selected
- Crisis Redesign Evaluation Report submitted to 81st Legislature

Achieved Implementation Milestones

Crisis Redesign Training:

FY 2008, Quarter 1

- **October 3, 2007:** Weekly conference calls to support implementation began and were held each Wednesday afternoon until November 28, 2007. Calls were topic driven and included discussion on standards, local crisis service planning, utilization management, reporting, training needs etc. Additional implementation support calls were scheduled throughout the next quarter.
- **October 12, 2007:** DSHS staff participated as panel members in the Texas Council of Mental Health and Mental Retardation (MHMR) Centers Roundtable on Crisis Redesign.
- **October 18, 2007:** AAS and DSHS conducted a conference call on the AAS accreditation process for LMHAs and NorthSTAR.
- **October 22, 2007:** A statewide Crisis Redesign Overview training was held in Austin and presented by DSHS staff members.
- **November 29, 2007:** Crisis Redesign Frequently Asked Questions were published on the DSHS Website.

FY 2008, Quarter 2

- **December 13, 2007:** DSHS staff provided Crisis Redesign consultation at the Behavioral Health Consortium of the Texas Council of MHMR Centers.
- **February 21, 2008:** DSHS staff provided Crisis Redesign consultation at the Behavioral Health Consortium of the Texas Council of MHMR Centers.

FY 2008, Quarter 3

- **March, April, and May 2008:** DSHS program staff continued to hold Crisis Redesign implementation support conference calls with LMHAs and NorthSTAR staff every other week.
- **April 2008:** DSHS selected vendor for MCOT training; vendor will provide two statewide MCOT trainings before August 30, 2008 and will facilitate a training session with a Texas MCOT panel at the Summer Training Institute.
- **May 29, 2008:** DSHS and Texas A&M University External Evaluators made a presentation at the Texas Council of MHMR Centers Conference in Austin regarding the external evaluation plan.
- **May 29, 2008:** DSHS made a presentation at the Texas Council of MHMR Centers Conference in Austin regarding Competitive Funds.
- **May 30, 2008:** DSHS participated in a Crisis Redesign Panel Discussion at the Texas Council of MHMR Centers Conference.

FY 2008, Quarter 4

- **August 25-29, 2008:** DSHS provided crisis service delivery training track at the Annual Behavioral Health Institute in Dallas.

Hotlines and Hotline Training

FY 2008, Quarter 1

- **November 5-7, 2007:** The first of 4 regional training for Hotline workers was held in Dallas.

FY 2008, Quarter 2

- **December 10-14, 2007:** DSHS held AAS Hotline trainings in Houston.
- **January 7-11, 2008:** DSHS held AAS Hotline trainings in Austin.
- **January 21-25, 2008:** DSHS held AAS Hotline trainings in Corpus Christi.
- **February 2008:** LMHAs without previously accredited hotlines began the application process for accreditation from American Association of Suicidology.
- **February 2008:** DSHS program staff held two teleconference calls regarding child and adolescent specific issues of MCOTS with LMHA staff.

FY 2008, Quarter 3

- **March 2008:** AAS began accreditation reviews.
- **May 31, 2008:** Hotlines serving 26 of 38 LMHAs have been accredited by AAS.

FY 2008, Quarter 4

- **August 2008:** All Hotlines serving the 37 LMHAs and NorthSTAR in Texas completed AAS Accreditation Review and became accredited.

Mobile Crisis Outreach Teams (MCOT) and MCOT Training

FY 2008, Quarter 2

- **February 13 and 27, 2008:** DSHS program staff began conference calls regarding implementation of MCOTs with LMHA staff.
- **February 2008:** DSHS program staff held two teleconferences regarding child and adolescent specific issues of MCOTs with LMHA staff.

FY 2008, Quarter 3

- **May 31, 2008:** All LMHAs and NorthSTAR are operating a Mobile Crisis Outreach Teams.

FY 2008, Quarter 4

- **June 1, 2008-August 31, 2008:** Hotline and Mobile Crisis Outreach Team implementation support calls continued.

Outpatient Competency Restoration Programs

FY 2008, Quarter 1

- **November 30, 2007:** DSHS adopted two Outpatient Competency Restoration curricula to be used as needed based on assessment of each individual in the Outpatient Competency Restoration program.

FY 2008, Quarter 2

- **December 13, 2007:** The requirements for a Proposal for Contract Amendment (PCA) to request competitive funds for an Outpatient Competency Restoration Program for LMHAs and NorthSTAR were released.
- **January 31, 2008:** DSHS received 10 PCAs from LMHAs and NorthSTAR.
- **February 1, 2008:** DSHS staff began the review process for Outpatient Competency Restoration PCAs.
- **February 8 – 15, 2008:** Mental Health Planning and Advisory Committee members reviewed PCAs and provided written comments.

FY 2008, Quarter 3

- **March 26, 2008:** Notice of potential award letters and draft program attachments distributed to 4 LMHAs for development of Outpatient Competency Restoration Programs.
- **April 3, 2008:** Notice of potential award letter and a draft program attachment distributed to 1 additional LMHA for development of an Outpatient Competency Restoration Program.
- **May 2008:** The first participants in Outpatient Competency Restoration began services.

FY 2008, Quarter 4

- **June 2008:** Outpatient Competency Restoration contracts executed with 5 sites.
- **July 2008:** Outpatient Competency Restoration contractor site visits conducted in Dallas (NorthSTAR), Austin (Austin Travis County MHMR), and San Antonio (Center for Health Care Services).
- **July 2008:** DSHS began OCR conference calls with award sites and some interested OCR stakeholders.
- **August 2008:** One OCR site dropped out and DSHS is developing plans to redistribute the funding for FY2009.

FY 2009, Quarter 1

- **September 2008 - November 2008:** DSHS staff continued to provide Outpatient Competency Restoration (OCR) support calls for LMHA's and NorthSTAR providers**.**
- **November 2008:** Outpatient Competency Restoration project education was presented by DSHS staff at the DSHS Forensic Services Committee meeting in Austin.
- **October 2008:** Outpatient Competency Restoration project education was provided by DSHS staff at The Indigent Defense Workshop in Austin

FY 2009, Quarter 2

- **December 2008 – March 2009:** DSHS staff continued to provide Outpatient Competency Restoration (OCR) support calls for LMHA's and NorthSTAR providers**.**

Psychiatric Emergency Service Centers and Projects for Jail Diversion and Alternatives to State Hospitalization

FY 2008, Quarter 2

- **December 13, 2007:** The requirement document soliciting Proposals for Contract Amendment (PCA) for Psychiatric Emergency Service Centers and Crisis Service Projects was released to LMHAs and NorthSTAR Contractors.
- **January 9, 2008:** DSHS staff facilitated a question and answer conference call related to requirements for the PCA.
- **January 23, 2008:** DSHS issued a Broadcast message that summarized the questions asked during the January 9, 2008 conference call and provided the corresponding answers.
- **February 29, 2008:** DSHS received 21 proposals for 30 Psychiatric Emergency Service Centers or Projects from LMHAs and NorthSTAR in conjunction with ValueOptions.

FY 2008, Quarter 3

- **March 5 – 21, 2008:** DSHS staff reviewed PCAs.
- **March 10-21, 2008:** Mental Health Planning and Advisory Committee members reviewed PCAs and provided written comments.
- **March 28, 2008:** DSHS staff prepared funding recommendations for Psychiatric Emergency Service Centers and Projects.
- **May 9, 2008:** Funding decisions for Psychiatric Emergency Service Center and Project awards finalized.
- **May 12, 2008:** Notices of potential award letters distributed to 15 LMHAs for Psychiatric Emergency Services and Projects.
- **May 16, 2008:** DSHS staff sent Program Attachments for Psychiatric Emergency Service Centers, and Projects to the 15 awarded LMHAs for review and comment.
- **May 21, 2008:** Presentation to Outreach, Screening, Assessment, and Referral (OSAR) providers regarding the selected 15 awarded LMHAs on the potential impact on services locally.

FY 2008, Quarter 4

- **June, July and August 2008:** FY08 Psychiatric Emergency Service Centers and Projects, beginning to serve individuals at awarded sites. Contracts were executed.
- **July 2008:** DSHS determined to upgrade Crisis Residential and Crisis Respite standards in order to continue the Health and Safety Code exemption from Assisted Living Standards. A stakeholder workgroup designated by the Texas Council of MHMR Centers will provide feedback on the enhanced standards.
- **August 2008:** DSHS initiated regular Psychiatric Emergency Service Centers and Project implementation support calls.

FY 2009, Quarter 1

- **September – November 2008** Twelve of the 15 Local Mental Health Authorities (LMHAs) awarded funds for Psychiatric Emergency Services and Projects have

begun service delivery; three are continuing to work on environment of care and staffing issues.

- **September – November 2008**: As requested by DSHS, Local Mental Health Authorities (LMHAs) awarded funds for residential and/or respite projects in a non-hospital setting submitted environment of care documents as part of continuing oversight.
- **September – November 2008:** DSHS continued work with Texas Council of MHMR Centers stakeholder workgroup and DSHS stakeholders on enhanced Crisis Residential and Crisis Respite standards.
- **November 2008:** DSHS began development of review instruments for oversight of crisis respite and crisis residential environment of care.

FY 2009, Quarter 2

- **December 2008:** DSHS staff provided consultation to The Burke Center related to crisis services and addressed issues related to their Extended Observation unit.
- **February 2009:** DSHS staff conducted a mock on-site compliance survey at Bluebonnet Trails Community MHMR Centers' Crisis Respite facility.
- **February 2009:** DSHS staff attended the ribbon cutting ceremony Austin Travis County MHMR Centers' Crisis Respire facility.
- **January – February 2009:** DSHS staff Program Implementation staff, Contract Management staff, and others including Hospital Services staff provided telephone consultation to five PESC and Projects requesting assistance with project implementation and service delivery.
- **February 2009:** DSHS began regular Psychiatric Emergency Service Centers/Projects support conference calls for LMHA's and NorthSTAR providers.

Local Crisis Service Plans

FY 2008, Quarter 1

- **October 31, 2007:** Initial local Crisis Service Plans were submitted by LMHAs and NorthSTAR to DSHS.
- **November 16, 2007:** DSHS staff completed review of the initial Crisis Service Plans and provided consultation to LMHAs and NorthSTAR on individual plans.
- **November 21, 2007:** DSHS sent local Crisis Service Plan electronic responses to LMHAs and NorthSTAR with local Crisis Service Plan updates submitted by December 31, 2007.

FY 2008, Quarter 2

- **December 31, 2007:** DSHS received Crisis Service Plan updates.
- **January 2, 2008:** DSHS staff reviewed the updated plans.
- **January 15, 2008:** DSHS provided consultation on updated plans to LMHAs and NorthSTAR.
- **January 21, 2008:** DSHS sent electronic responses to LMHAs and NorthSTAR for acceptable Crisis Service Plans.

FY 2008, Quarter 3

- **April 2008:** DSHS Quality Management Unit initiated a crisis services desk review of LMHAs.
- **May 19, 2008:** DSHS attended a Senate hearing related to crisis redesign initiative and the community investment incentive funds.
- **April – May 2008:** DSHS received and reviewed numerous Crisis Service Plan updates and requests.

FY 2008, Quarter 4
- **June-August 2008:** DSHS staff visited LMHAs to support implementation of Local Crisis Service Plans.
- **June-August 2008**: DSHS received and reviewed additional Crisis Service Plan updates.

FY 2009, Quarter 2
- **December 2008 – March 2009:** DSHS received and reviewed additional Crisis Service Plan updates.

Additional Implementation activities

FY 2008, Quarter 1
- Performance Contract Amendments related to Crisis Redesign with LMHAs were executed.
- LBB performance measures and outcomes were developed in collaboration with LBB.
- Solicitation document for External Evaluation of Community Mental Health Implementation of Crisis Redesign was published and one proposal was submitted on October 31, 2007.

FY 2008, Quarter 2
- DSHS staff and external stakeholders reviewed External Evaluation proposal submitted.
- DSHS selected the Texas A&M University Public Policy Research Institute's External Evaluation proposal.

FY 2008, Quarter 3
- **March-May 2008:** LMHAs continued AAS accreditation process and trained LMHA crisis workers signed up for and took the AAS Crisis Worker certification exam.

FY 2008, Quarter 4
- **June-August 2008:** Additional crisis workers took the examination and became certified by AAS.
- **July –August 2008:** Texas A &M University Public Policy Research Institute's External Evaluation Team obtained DSHS and TAMU IRB approval for interviews and surveys for consumers, judges and LMHA staff. Texas A & M University evaluators did site visits to LMHAs. They developed protocols and surveys for the External Evaluation and revised them based on feedback from the

Texas Council, the MHPAC and DSHS staff. Consumer Hotline surveys to be administered in September 2008.

FY 2009, Quarter 1:

- **September 2008:** Hurricane Ike impacted mental health services in the Gulf Coast area causing limited or no Mobile Crisis Outreach Team (MCOT) deployment for 48 hours, utilization of any functional MCOT teams to emergency community response and relocation, limited Hotline services, power outages, and coordination of community emergency needs. Recovery of LMHA functions to pre-Hurricane Ike levels continued through October 2008.
- **October 2008:** Texas A& M University Public Policy Research Institute accepts and begins compiling survey results for completion of the initial external evaluation due to the Texas Legislature in January 2009.

FY 2009, Quarter 2

- **December 2008:** Additional crisis workers took the Crisis Worker Certification examination and became certified by AAS.
- **December 2008:** DSHS Program Services staff and Licensing and Regulatory staff met to discuss rules related to Crisis Stabilization Units (CSU) and Extended Observation units.
- **December 2008 - January 2009:** DSHS staff began working on environment of care standards to incorporate into Information Item V.
- **January 2009:** Information Item V related to Crisis Services Standards was sent to the Contract Committee via The Texas Council of Community Mental Health and Mental Retardation Centers.
- **January 2009:** DSHS facilitated a consensus meeting in Austin with OCR providers
- **January 2009:** Phase I Crisis Services Redesign report published by Texas A&M University Public Policy Research Institute.
- **January 2009:** DSHS Quality Management Unit released the report related to the crisis services desk review of LMHAs and NorthSTAR providers.
- **January 2009 – February 2009:** DSHS staff made changes to Information Item V based on the comments received from the Contracts Committee.
- **February 2009:** DSHS staff provided consultation to a Local Mental Health Authority related to their crisis services and addressed issues related to entering crisis data into the data warehouse
- **February 2009:** Information Item V related to Crisis Services Standards was re-published with amendments

Appendices

List of Acronyms

AAS	Association of American Suicidology
CSU	Crisis Stabilization Unit
DSHS	Department of State Health Services

LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LMHA	Local Mental Health Authority