

**Mental Health Mental Health
Authority of Harris County**

**LOCAL PLAN REVIEW
FY 2006-2007**

PART I

**HISTORY AND ORGANIZATIONAL
OVERVIEW**

CHARACTERISTICS OF THE CATCHMENT AREA OF THE HARRIS COUNTY MENTAL HEALTH & MENTAL RETARDATION AUTHORITY

General Demographic and Economic Information

The HCMHMRA serves the County of Harris and its cities, a political sub-division of the State of Texas. The County is managed by the County Commissioners Court consisting for four Precinct Commissioners and the County Judge who acts as presiding officer. While all of the County's residents enjoy a wide range of county services, over one million people live in areas outside the cities, and rely on the County to be the primary provider of basic government services.

The service area covers 1,728 square miles with a population density of 1,967 per square mile. Of the 3,596,086 residents¹, 98% are considered to be urban (US Bureau of Census). According to the Epi Profile, by the year 2010, the population of Harris County is expected to increase by 15% to 3.9 million.

Its major city, Houston, is served by an intra-city bus system and a limited light rail system. There is minimal public transportation outside of the city boundaries.

Both the Epi Profile ² and the 2000 Census show that the projected service area is richly diverse with respect to both race and ethnicity. One-third of the area's residents are Hispanic/Latino, 42% are White, non-Hispanic, 18% are Black/African-American, 5% are Asian and 0.4% are Native American.

Approximately 22% of residents of Harris County are foreign born with 1.1% from Europe, 4.3% from Asia, 0.7% from Africa, 16.1% from the Americas and 11.6% from Mexico. More than one-third of the population are limited in their use of English with 52.9% of that group being primarily Spanish-speaking, 28.2% have as their native tongue an Indo-European language, and for 4.5% their primary communication is in an Asian language. Males represent 49.8% of the area and females 50.2%.

The median age of the population is 31.2. Children under 5 comprise 8.3% of the population; those 5-14 are 15.9%. Those 15-44 years old are 48.1% of the population, 45-64 are 20.3% and persons over 65 are 7.4%. The 45-64 age group is projected to be the cohort with the greatest growth between 2001 and 2010. The least growth over the same interval is expected for the group between the ages of 25 and 44.

The median household income in Harris County is \$42,598, which is 0.7% higher than the median of Texas. Texas Workforce Commission's Labor Market Information Department statistics for 2003 show the unemployment rate for Harris County to be 7.0% for persons 16 or older.

The Center for Health Statistics of the Texas Department of Health reports that in 2001, there were on average 43,064 TANF recipients each month and 153,564 average food stamp

¹ In the year 2000, according to the census, there 3,400,598 residents. The above figure is the estimate for the year 2003. The number is greater than the size of 35 states in the US.

² http://www.tdh.state.tx.us/hivstd/areaplan/pdf/interven/area4/h_id_all.pdf

recipients. During that same time, it is estimated that there were 380,765 Medicaid eligible persons in the county.

Within the service area, a poverty rate of 15% was reported in the 2000 Census. Among these persons, 7.5% were Hispanic, 6.0% were White and 4.2% were Black/African American. Forty-six percent of those living in poverty were male and 54% were female. Approximately 8% of the poor were younger than 25. In the area, the data sources report rental statistics for 507,029 households. For 27.8% of the residents in this category, greater than 35% of their income is required for rent. Census reports concerning the 592,221 homeowners indicate that 14.3% apply more than 35% of their income to mortgage payments.

According to the Epi Profile, Harris County has the highest birth rate and fertility rate in the Health Service Delivery Area of which it is a part. The birth rate ranks seventeen out of all counties in the state, while the fertility rate is thirty-ninth. Birth rates reported in the year 2001 by the Texas Department of Health (TDH) show 63,408 total live births. Of these 5.4% were to adolescent mothers under age 18. Low birth weight was recorded for 7.5 of the cases and in 19%, late or no prenatal care was reported. The infant mortality rate is 5.7 and fetal death rate is 6.1 per 100,000.

Reports from the same sources show that the average age-adjusted mortality rate in Harris County was 880.3 per 100,000 in 1998-2000, which ranked 161 among Texas counties, according to the Epi Profile. Rates (per 100,000) for mortality characteristics conditions tracked by TDH in the service area include: heart disease, 267.9; stroke, 144.4; cancer, 200.7; lower respiratory 35.5; diabetes, 27 and accidents, 33.9. Morbidity rates (per 100,000) for communicable diseases reported by TDH for Harris County in 2001 include: Tuberculosis, 12.4; Syphilis 2.9; Gonorrhea 158.5; Chlamydia, 324.5; AIDS, 21.6; Hepatitis A 3.3 and Herpes, Varicella 22.5. TB, Syphilis and Gonorrhea rates are higher in this area than for the state, and the rate of AIDS is the second highest in the state.

Houston/Harris County has the second highest rate of uninsured persons in Texas and has the highest rate among major urban areas in the US. It is estimated that at least 25% of the residents in the area have no health insurance. A Task Force has been established to address this issue and the crisis in use of hospital emergency departments for primary medical care. According to the Epi Profile, residents of 18 neighborhoods have been formally designated as "medically underserved populations."

The County has experienced continued population growth impacted recently by the absorption of over 150,000 persons displaced by Hurricanes Katrina and Rita.

The following table lists the congressional representatives for the service area and the Districts in which they serve.

District	Congressional Representative
2	Ted Poe
7	John Culberson
9	Al Green
10	Michael T. McCall
18	Sheila Jackson Lee
22	Tom Delay
29	Gene Green

Mental Retardation and Mental Health Needs in Harris County

Mental Retardation. Mental Retardation (MR) occurs in approximately 2.5% of the general population. This means that 85,014 Harris County residents have mental retardation. A conservative estimate would predict further that 6,801 Harris County residents suffer one of the autism spectrum disorders (ASD). Furthermore, using the estimation method of the National Association for the Dually Diagnosed, one can predict that approximately 36,865 Harris County residents with MR or ASD also have a mental illness diagnosis.

Mental Health. Extrapolating from prevalence rates regarding mental illness, the following statistics are applicable to Harris County:

- About 500,000 adult county residents experience a mental health condition each year.
- About 140,000 of adults who experience mental health condition suffer a severe mental illness, which is severe depression, bipolar disorder, and/or schizophrenia.
- Almost half of adult Harris County residents who suffer from a severe mental illness could not access treatment from the public or private health systems.
- Over 20 percent of inmates of the Harris County jail have had a history of mental illness

- 186,000 youth in Harris County experience an emotional disturbance in a year.
- Of the children experiencing an emotional disturbance, 108,480 suffer a severe mental illness
- Almost 20,000 Harris County youth needed services from the public mental health system each year, but the majority (76%) did not receive treatment services
- More than 62 percent of the 16,000 youth in the Harris County Juvenile Probation Department have a diagnosable mental illness.

Gaps between Capacity and Needs. As shown below, MHMRA was able to provide services and support to 38,394 consumers (9,894 youth and 28,502 adults) during fiscal year 2005. Comparing this capacity to the total number of persons in need—340,295—reveals that the public mental health and mental retardation system for Harris County is woefully inadequate. This situation is aggravated by the funding inequity that has afflicted Harris County for decades.

Funding Inequity

This situation is illustrated by repeating the words of the Executive Director of MHMRA in a recent article entitled “The Train Wreck”³:

“The state of Texas, through the Department of Aging and Disability Services, provides a total of \$2.96 per person in general revenue funding (that’s 25 cents per person per month) to serve those people who reside in Harris county with mental retardation/pervasive developmental disability who meet eligibility criteria for access to state/federal funded services and supports. Harris County is 8th from the bottom in per capita funding in FY’06--\$1.45 per person per year below the statewide average (\$4.41)—and thus short \$5,492,401m just to be at the statewide average in general revenue funding, which is one of the lower per capita allocations of any state in the nation.

Today—FY’06—the state of Texas, through the Department of State Health Services, provides a total of \$16.60 per person per year (that’s \$1.38 per person per month) to serve people who reside in Harris County with major mental illnesses/children with serious emotional disturbance who meet eligibility criteria for access to state-funded Resiliency and Disease Management (RDM) services. Harris County is 4th from the bottom in per capita funding in FY’06--\$3.71 below the statewide average (which is \$20.31 per person per year)—and, thus, short \$14,016,755 just to be at the statewide average in funding, which is one of the lowest per capita allocations of any state in the nation.”

*Steven B. Schnee, Ph.D.
Executive Director, MHMRA of Harris County*

While Harris County’s population size is larger than that of 25 US states, the state funding for its FY2006 mental health services (including local inpatient and state hospital bed allocation) exceeded the mental health budget of only 13 states. Consequently, on a per person basis, Harris County general revenue mental funding ranks at the bottom of any state.⁴

³ The reader is invited to read the whole article at http://www.mhmraofharriscounty.org/documents/InterFace_v10n4.pdf

⁴ The state of New Mexico, which has the lowest per capita mental health funding still spent \$28.80 in 2003, which is 73% more than what the state of Texas spend for Harris County residents. (Source: <http://www.nri-inc.org/Profiles/Report.cfm>.)

ORGANIZATIONAL INFORMATION ABOUT MHMRA

The Commissioner's Court of Harris County created the Harris County Mental Health and Mental Retardation Center (MHMRC) on November 19, 1965. In February 1973, the Commissioner's Court changed the name of the agency to the Mental Health and Mental Retardation Authority of Harris County (MHMRA). During the past forty years, MHMRA has grown to become the largest community mental health, mental retardation center in the country, providing services to over 38,000 unduplicated consumers during fiscal year 2005.

MHMRA has a demonstrated record of high performance, quality care and commitment to the multicultural community it serves. The Agency continues to strive to meet the Agency's mission of providing high quality, efficient and cost effective services to individuals in need.

Mission

"It shall be the mission of the Mental Health and Mental Retardation Authority of Harris County, within the resources available, to provide or ensure the provision of services and supports that are as high quality, efficient and as cost effective as possible such that persons with mental disabilities may live with dignity as fully functioning, participating and contributing members of our community, regardless of their ability to pay or third party coverage."

Primary Goals

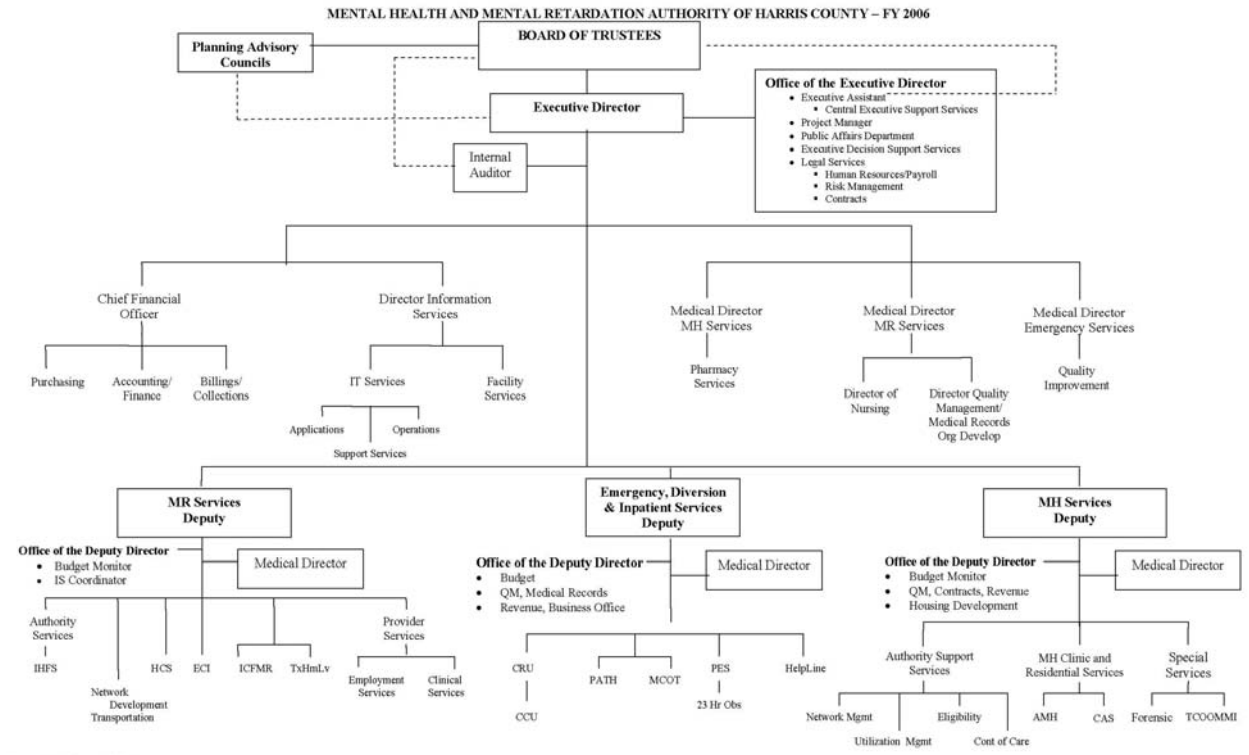
- Persons with severe mental illness should be able to live in homes of their own, develop relationships, work, and remain out of hospitals and jails.
- Persons with mental retardation or developmental delays should be able to acquire the skills and community resources needed to learn, work and live in environments of their choosing and develop a network of human relationships.
- Children and adolescents with serious emotional disturbances should be able to live in homes with families, develop normal relationships with their peers, attend school, and remain out of hospitals, residential and juvenile justice facilities.

Organizational Structure

MHMRA has a Board of Directors appointed by Harris County Commissioner's Court. The Board is comprised of nine community leaders appointed to a two-year term of office, who donate their time and expertise and receive no payment for their work on the Board. The Board includes three officer positions; Chairperson, Vice Chairperson and Secretary. Each member participates on one of three Board Committees; the Program Committee, the Resource Committee, or the Audit Committee.

Board membership is representative of the Harris County community at large, which contributes to effective communication between the agency and the community. To further enhance the lines of communication, a Medical Advisory Council has been established. To encourage community interaction and involvement, advisory councils have also been established to serve the three major divisions of direct care services; mental retardation, mental health services for adults and mental health services for children. The Board of Directors is responsible for appointing an Executive Director, who is the chief administrative officer directly responsible for managing the Agency.

Organizational Chart



Steven B. Schnee, Ph. D. _____

12/05 est

Board of Trustees

A. OFFICERS OF THE BOARD

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UTHSC-Houston

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Private Practitioner

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Professor & Chairman
Department of Psychiatry
Baylor College of Medicine

Adult Mental Health Advisory Council

Board Approved Organizations:

Council Alcohol & Drugs Houston
DARS
Depressive Bipolar Society Alliance
NAMI Metropolitan Houston, Central
HC Constables
HC Hospital District
HC Medical Society
Houston Community College
Houston Psychiatric Society
Houston Police Department
Mental Health Association
Probate Ct #3/Psychiatric Division
The Gathering Place

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Cheryl Guido
Lois E. Davis
Evelyn Johnson
Shone Sique (reassignment pending)
Jennifer Pate, MD
Shelley A. Hayes, MD, Chairperson
Becky Hauri, Ph.D.
Jaimie Goralnick, MD
Detra Massey
Kim Szeto, Vice Chair
Kathi Perkins Castillo
Joe Bob Hall

Consumers/Advocate/Concerned Citizens

Consumer Advisory Council, Northwest
Consumer Advisory Council, Ripley
Consumer Advisory Council, Southeast

Consumer Advisory Council, Southwest
Consumer Member
Family Member
Family Member
Family Member
Guests (standing)

VACANT (candidate pending)
VACANT (candidate pending)
Alexandria Foote
Savannah Wallace
Betty Harvey
Aaron Spencer
Mary Greeley
Vi Napolitano
Marie Schwartzberg
Richard Garcia
Carolyn Hamilton

Child and Adolescent Advisory Council

Board Approved Organizations

Council on Alcohol and Drugs-Houston
Child Protective Services
Children's Assessment Center
ChildBuilders
Delpchin Children's Center
Gulf Coast United Way
HC Juvenile Probation Dept
Houston Independent School District
Houston Psychiatric Society
IntraCare Hospitals
Mental Health Association
NAMI Metropolitan Houston
Texas Dpt. of Family & Protective Svcs
Texas Youth Commission
UT Dept of Pediatrics
UT Medical Sciences Institute

Jennifer Helley
Joel Levine
Susan Szczygielski
VACANT (*replacement requested*)
VACANT (*replacement requested*)
Al Acosta, *Vice Chair*
Deborah Williams
Wendland, Deborah
John A. Sargent M.D.
Phyllis Qualls, *Chairperson*
Bianca Walker
Carolyn Hamilton
Sandra K. Russell
Helen George
Linda Ewing-Cobb, Phd
Sonja Randle M.D.

Parent/Advocate/Concerned Citizens

Consumer Advisory Council, Southeast
Consumer Advisory Council, Southwest
Concerned Citizen
Parent Advocate
Parent Advocate

Shea Meadows
Linda Lamb
Heather Kanenberg
Barbara Sewell
Tammy Foster-Gray

Mental Retardation Advisory Council

Board Approved Organizations

Down Syndrome Association of Houston	Brandi Hermis
The Arc of Greater Houston**	Judy Kantorczyk [Vice-Chair]
Autism Society, Houston Chapter*	Dorothy Jones
Mayor's Office – City of Houston	VACANT 12/05
Houston Dept. Health Human Services	Stephen Williams
Harris County Protective Services	Janis Bane
Harris County Dept. of Education	Deborah E. Blalock [Chair]
Dept. Assistive & Rehabilitative Services	Evette Johnson
Richmond State School	Al Barrera
Vita Living, Inc.*	Reneé Wallace
The Center	Eva Aguirre
St. Giles Living Centers	Alan Garms
Houston Independent School District	Carolyn Guess
ISD #2 Spring	Kirsten Omelan
ISD #3 Cypress-Fairbanks	Rose Anderson
ISD #4 Humble	Ellen Nipe
Region IV Educ. Svcs. Center	Susan Parker [Secretary]
UT Health Science Center	Kay Lewis, M.D.

Consumers/Family Members/Advocate/Concerned Citizens

Advocate/Family Member	VACANT
Advocate/Family Member	Orville L. Austin
Advocate/Family Member	Ellen Goudeau
Advocate/Family Member	Marvlyn Cornelius
Advocate/Family Member	Martha Dean
Advocate/Family Member	Julie Grabau
Temporary Consumer Member	Kennitha Jenkins
Advocate/Family Member	William F. Landers
Advocate/Family Member	Nancy Lepley
Advocate/Family Member	William Robinson
Advocate/Family Member	Linda Toungate
Advocate/Family Member	Kenneth D. Williams

POPULATION SERVED

As shown in Table 1, during FY2005, the MHMRA exceeded or met all categories of state-contracted services and clientele.

Table 1: Quarterly and Annual Achievement of State Contracted Target During FY 2005

	FY05 Target Monthly Average	Achieved June	Achieved July	Achieved August	Monthly Average Fourth Quarter	Percent of Quarterly Target Achieved	Variance (Quarterly Target)
Total Consumers Served in the Adult Mental Health Services Division	8,830	8,767	8,742	8,776	8,761.7	99.23%	-68
Total Consumers Served in the Child & Adolescent Services Division	1,800	1,943	1,911	1,913	1,922.3	106.80%	122
Total Consumers Served in the Mental Retardation Division	881	1,480	1,477	1,491	1,482.7	168.29%	602
Total Consumers Receiving Service Coordination	817	1,206	1,210	1,221	1,212.3	148.39%	395

In all, MHMRA served a greater number of consumers than the number contractually obligated by its agreements with DSHS and with DADS. The increase results from (a) greater efficiency in the use of current resources and (b) continuous efforts to obtain additional funds. In other words, the MHMRA Board and staff leverage the state dollars for added values, through foundation funding, federal grants, county support, and special programs such as the Pharmaceutical Assistance Program.

Because of its dedication to the cause of persons with mental illness and mental retardation and because of its historical and continuing integration into the Harris County-Houston communities, MHMRA, in comparison to many behavioral health entities, is in a better and perhaps unique position to leverage optimally the meager resources made available to Harris County for mental health and mental retardation programs.

The following tables show the demographic characteristics of the 38,396⁵ consumers served during fiscal year 2005 by major program components of the MHMRA.

TABLE 2: CONSUMER DISTRIBUTION BY SEX AND MAJOR PROGRAM TYPES
(NUMBER ARE UNDUPLICATED WITHIN EACH PROGRAM TYPE FOR FY 2005)

PART A: FREQUENCY COUNTS

	FEMALE	MALE	TOTAL	% OF DUPLICATED TOTAL	% OF UNDUPLIC- ATED TOTAL
ACT TEAMS	173	208	381	0.40%	0.99%
AMH Community-Based Programs	8,095	8,305	16,400	17.21%	42.71%
BHO SERVICES	4,064	4,128	8,192	8.60%	21.34%
CAS CLINICS	804	2,706	3,510	3.68%	9.14%
NPC-CSU	551	673	1,224	1.28%	3.19%
ECI	1,761	2,915	4,676	4.91%	12.18%
FORENSIC SERVICES	2,022	4,460	6,482	6.80%	16.88%
HCPC	1,480	1,901	3,381	3.55%	8.81%
JUVENILE JUSTICE	192	606	798	0.84%	2.08%
SPECIAL MR PROGRAMS	61	85	146	0.15%	0.38%
REGULAR MR	1,998	3,210	5,208	5.47%	13.56%
NPC NON-CSU	3,979	4,429	8,407	8.82%	21.90%
TCOOMMI PROGRAMS	258	571	829	0.87%	2.16%
TOTAL (DUPLICATED)	41,937	53,350	95,287	100.00%	NA

PART B: PERCENT WITHIN EACH PROGRAM

	FEMALE	MALE	TOTAL
ACT TEAMS	45%	55%	100%
AMH Community-Based Programs	49%	51%	100%
BHO SERVICES	50%	50%	100%
CAS CLINICS	23%	77%	100%
NPC-CSU	45%	55%	100%
ECI	38%	62%	100%
FORENSIC SERVICES	31%	69%	100%
HCPC	44%	56%	100%
JUVENILE JUSTICE PROGRAMS	24%	76%	100%
SPECIAL MR PROGRAMS	42%	58%	100%
REGULAR MR PROGRAMS	38%	62%	100%
NPC NON-CSU	47%	53%	100%
TCOOMMI PROGRAMS	31%	69%	100%
TOTAL (DUPLICATED)	44%	56%	100%

PART C: AGENCY UNDUPLICATED TOTAL

	FEMALE	MALE	TOTAL
FREQUENCY COUNT	16,308	22,400	38,396
PERCENT DISTRIBUTION	42%	58%	100%

⁵ This number is larger than the size of 175 (out of 254) Texas Counties.

TABLE 3: CONSUMER DISTRIBUTION BY AGE GROUP AND MAJOR PROGRAM TYPES
 (NUMBER ARE UNDUPLICATED WITHIN EACH PROGRAM TYPE FOR FY 2005)

PART A: FREQUENCY COUNTS

	CHILD/ADOL	ADULT	ELDERLY	TOTAL
ACT TEAMS	-	370	11	381
AMH Community-Based Programs	1,025	14,933	441	16,399
BHO SERVICES	964	7,105	123	8,192
CAS CLINICS	2,656	853	1	3,510
NPC-CSU	5	1,216	3	1,224
ECI	4,676	-	-	4,676
FORENSIC SERVICES	20	6,411	50	6,481
HPCP	3	3,351	27	3,381
JUVENILE JUSTICE	463	335	-	798
SPECIAL MR PROGRAMS	30	116	-	146
REGULAR MR PROGRAMS	1,775	3,394	39	5,208
NPC NON-CSU	643	7,632	133	8,408
TCOOMMI PROGRAMS	-	827	2	829
TOTAL (DUPLICATED)	12,260	46,543	830	59,633

PART B: PERCENT WITHIN EACH PROGRAM

	CHILD/ADOL	ADULT	ELDERLY	TOTAL
ACT TEAMS	0%	97%	3%	100%
AMH Community-Based Programs	6%	91%	3%	100%
BHO SERVICES	12%	87%	2%	100%
CAS CLINICS	76%	24%	0%	100%
NPC-CSU	0%	99%	0%	100%
ECI	100%	0%	0%	100%
FORENSIC SERVICES	0%	99%	1%	100%
HPCP	0%	99%	1%	100%
JUVENILE JUSTICE	58%	42%	0%	100%
SPECIAL MR PROGRAMS	21%	79%	0%	100%
REGULAR MR PROGRAMS	34%	65%	1%	100%
NPC NON-CSU	8%	91%	2%	100%
TCOOMMI PROGRAMS	0%	100%	0%	100%
TOTAL (DUPLICATED)	21%	78%	1%	100%

PART C: AGENCY UNDUPLICATED TOTAL

	CHILD/ADOL	ADULT	ELDERLY	TOTAL
FREQUENCY COUNT	9,894	27,880	622	38,394
PERCENT DISTRIBUTION	26%	73%	2%	100%

TABLE 4: CONSUMER DISTRIBUTION BY ETHNICITY AND MAJOR PROGRAM TYPES
 (NUMBER ARE UNDUPLICATED WITHIN EACH PROGRAM TYPE FOR FY 2005)

PART A: FREQUENCY COUNTS

	AFRICAN AMERICAN	ASIAN AMERICAN	HISPANIC	NATIVE AMERICAN	OTHER	WHITE	TOTAL
ACT TEAMS	178	11	31	-	1	160	381
AMH Community-Based Programs	6,792	556	1,595	21	132	7,276	16,372
BHO SERVICES	3,340	219	707	13	69	3,844	8,192
CAS CLINICS	1,445	89	515	1	164	1,294	3,508
NPC-CSU	405	19	61	4	8	727	1,224
ECI	895	115	389	4	2	3,271	4,676
FORENSIC SERVICES	2,814	62	204	-	12	3,389	6,481
HPCP	1,231	238	218	5	25	1,664	3,381
JUVENILE JUSTICE	286	7	78	1	80	330	782
SPECIAL MR PROGRAMS	61	5	36	-	1	43	146
REGULAR MR PROGRAMS	1,665	158	1,102	4	48	2,231	5,208
NPC NON-CSU	3,169	189	471	16	93	4,426	8,364
TCOOMMI PROGRAMS	458	7	45	-	3	316	829
TOTAL (DUPLICATED)	22,739	1,675	5,452	69	638	28,971	59,544

PART B: PERCENT WITHIN EACH PROGRAM

	AFRICAN AMERICAN	ASIAN AMERICAN	HISPANIC	NATIVE AMERICAN	OTHER	WHITE	TOTAL
ACT TEAMS	47%	3%	8%	0%	0%	42%	100%
AMH Community-Based Programs	41%	3%	10%	0%	1%	44%	100%
BHO SERVICES	41%	3%	9%	0%	1%	47%	100%
CAS CLINICS	41%	3%	15%	0%	5%	37%	100%
NPC-CSU	33%	2%	5%	0%	1%	59%	100%
ECI	19%	2%	8%	0%	0%	70%	100%
FORENSIC SERVICES	43%	1%	3%	0%	0%	52%	100%
HPCP	36%	7%	6%	0%	1%	49%	100%
JUVENILE JUSTICE	37%	1%	10%	0%	10%	42%	100%
SPECIAL MR PROGRAMS	42%	3%	25%	0%	1%	29%	100%
REGULAR MR PROGRAMS	32%	3%	21%	0%	1%	43%	100%
NPC NON-CSU	38%	2%	6%	0%	1%	53%	100%
TCOOMMI PROGRAMS	55%	1%	5%	0%	0%	38%	100%
TOTAL (DUPLICATED)	38%	3%	9%	0%	1%	49%	100%

PART C: AGENCY UNDUPLICATED TOTAL

	AFRICAN AMERICAN	ASIAN AMERICAN	HISPANIC	NATIVE AMERICAN	OTHER	WHITE	TOTAL
FREQUENCY COUNT	14,070	1,030	3,749	39	441	19,067	38,396
PERCENT DISTRIBUTION	36.6%	2.7%	9.8%	0.1%	1.1%	49.7%	100%

SPECIFIC FISCAL YEAR 2005 ACCOMPLISHMENTS BY MAJOR DIVISIONS ⁶

Below are listed, by division, the specific accomplishments that their programs achieved during Fiscal Year 2005. They serve to illustrate the continuous effort of MHMRA to do more and better, even with increasingly restrictive rules and diminishing resources.

Accomplishments

Mental Retardation Division

"I think great credit is due because we have continued to provide services to consumers although funds were cut. We were still able to exceed our targets significantly.

"We did it by making cuts in non-service areas like overhead. We laid off people at one point. In the mental retardation division, we had a \$10 million cut. Although we laid off a lot of staff, we tried to keep programs going and we have. We are now back up to where we were.

"We contract for a lot of services and we didn't cut any contracts. We had services that added to the community. Working with 22 school districts we were able to help people transition from schools into the community and were able to eliminate that program from in-house. The schools helped pick up the slack. It has been a good year."

*-----Ken Collins, Deputy Director
Mental Retardation Services Division, MHMRA*

Contract Performance

- Exceeded all Department of Aging and Disability Services (DADS) Contract Performance Targets regarding the number of individuals served each quarter.
- Met or exceeded all income targets.

⁶ Extracted from a webpage on the same topic at http://www.mhmraofharriscounty.org/documents/MHMRA_Accomplishments_2005.doc

Early Childhood Intervention (ECI)

- Re-designed and successfully implemented the revised Family Cost Share system which assesses family ability to pay and bills a cost share to those families with an ability to pay based on the state ECI Sliding Fee Scale.
- Refined the system for capitalizing on private insurance revenue through verifications and matching clinical documentation to claims prior to claims submission.
- Exceeded all Medicaid, Private Insurance, and Family Cost Share income targets.
- Continued implementation of the concept known as Routines Based Intervention, which embraces strong family-centered practices.
- Implemented new systems that have staff checking TKIDS service data to ensure that all data has been entered.
- Improved the percentage of children who have a final disposition within 45 days of referral from 65% to 78%.

Mental Retardation Authority Services

- Modified and Updated Mental Retardation Services Division (MRSD) web-site to allow consumers/families, community providers, and Agency staff to explore the latest information regarding HCS, TxHmL, ICF-MR, and other services available through the MRSD.
- All consumer enrollments into the HCS Programs occurred within the required timeframe. (*HCS and TxHmL Refinance, Promoting Independence, State Schools, ICF/MR slots*)
- Successfully coordinated the enrollment activities for ICF/MR programs in Harris County within the 15 day time frame.
- Created the MR Quality Improvement Unit, which is responsible for the training of MR Authority Services' staff to ensure that training requirements are met, and to ensure high quality work performance, as well as for monitoring the status of compliance with DADS Performance requirements.
- Successfully met the goal of accessing more persons to services from the General Revenue (GR) Interest List through modifying the intake process.
- Successfully modified the internal infrastructure to meet the challenge of completing all financial assessments for persons requesting mental retardation services, thereby absolving this responsibility from the Agency Eligibility Center.
- Successfully met the timelines for assisting consumers with provider choice and consumer transfers from five (5) HCS programs and one (1) ICF-MR program that were decertified by DADS.

- Met or exceeded the requirement that persons on the Mental Retardation Waiting List receive an annual contact, and that 25% of the persons on the waiting list are contacted quarterly.
- Actively participated on the Community Resource Coordination Group (CRCG).
- Actively participated on the Interagency Committee for the United Way.
- Consistently coordinated and hosted bi-monthly interagency meetings with State Schools and Mental Retardation Authorities (MRAs) in the surrounding areas to ensure a smooth transition for consumers placed in the community from state facilities.
- Completed quarterly reports on rights, abuse, safety, and health, which were utilized effectively by the management team to develop measures of prevention.
- Reduced the turnaround time for Determinations of Mental Retardation (DMR) completed by modifying the contract to increase the amount paid to the consultant for each DMR, as well as including a penalty when the timeline was not met. This requirement provided an incentive for consultants to meet the timelines for completion of DMRs.
- Successfully modified and implemented new processes to enable service coordination staff to complete comprehensive Person Directed Plans and Individual Plans of Care within required time frames.
- Continued to provide Transition Services through innovative ways, i.e. web-site, written correspondence, and active participation in meetings, fairs with school districts and other organizations.
- Successfully transferred from the units to the Data Processing component all distribution activities i.e. mass mailouts, mailing copies of plans of care to consumers.

Intermediate Care Facility – Mental Retardation (ICF-MR) & Texas Home Living Waiver (TXHML)

- ICF-MR programs maintained certifications as mandated by TDMHMR regulations.
- The Texas Home Living Waiver program obtained 100% compliance during the annual recertification audit conducted by DADS.

Home and Community Based Services (HCS)

- The HCS program maintained certifications as mandated by DADS regulations.
- The HCS Department held a three-day retreat on November 2004 at Piney Shores Resort in Conroe, Texas which focused on Strategic Planning, Time Management, and Quality Management Indicators.
- Exceeded Medicaid Revenue target.

- Foster/Companion Care Provider power point presentation and innovative training conducted twice during the year to promote continuous improvement with service providers

Mental Retardation Clinical and Employment Services

- Clinical staff presented a number of seminars, workshops and presentations at local, state and national forums on applied behavior analysis, and Fetal Alcohol Spectrum Disorders
- The Clinical Services Department developed a curriculum for Applied Behavior Analysis for Early childhood Intervention personnel. The training was conducted twice with staff in the MHMRA ECI program.
- The Clinical and Employment Services Departments significantly expanded the provision of services to support community providers. Services include new contractual agreements with the Department of Assistive and Rehabilitative Services, Division for the Blind and the Texas Education Agency.
- The Clinical Services Department increased the number of people served with safety net behavioral supports by 34%. Short-term, safety net residential services were increased by 90%.
- Employment Services increased the number of people served in supported employment by 13%, even after reducing staff by 40% in FY04.

Network Development

- Participated on the Education Tract of MHMRA's Public Affairs Department, e.g., Houston Hispanic Education Fair, Houston Hispanic Health Forum, Health Fair for the Asian Community, and Youth and Family Services Conference.
- Participated in several social work related activities, e.g., provided internship opportunities for graduate social work students, assisted with the process to secure accreditation for the UH-Clear Lake Undergraduate Social Work Program, and authorized Cue's for agency approved presentations.
- Maintained fiscal and monitoring compliance with over twenty contract providers in Harris County.
- Recognized by the Mayor's Office for Disabilities for advocacy work done in the community on behalf of persons with disabilities.
- Provided staff support to the various committees of the Mental Retardation Planning Advisory Council, including two successful countywide events, Family Picnic and the Listening Forum.

- Continued to monitor the policy and procedure on transportation addressing accountability, maintenance and fuel charges, required training for drivers, and insurance coverage, which has resulted in cost reductions in maintenance.
- Successfully initiated actions to auction off vehicles no longer cost effective the MHMRA, resulting in increased morale and decreased expenses.
- Streamlined the protocol for authorization and payment of expenditures related to transportation.
- Initiated steps to address changes in rates, open enrollment and documentation for contract providers, resulting in enhanced knowledge among providers and staff about the role of network development.
- Served a lead role in the provision of services to persons with mental retardation affected by hurricane Katrina.

Mental Retardation Planning Advisory Council (MR-PAC)

- The MR-PAC continues to work to attract people/organizations to membership who will contribute a balanced perspective concerning issues that effect persons with mental retardation and other developmental disabilities. The Council presently has 13 consumer/family members represented and consistently works to maintain the required 50% membership of family members.
- The MR-PAC recommended that the City of Houston's Health and Human Services Department be added as an organizational member. The recommendation was approved by the Board and Mr. Stephen Williams, Director of Houston Department of Health and Human Services, will sit on the Council. Other organizations on the Council include the City of Houston Mayor's Office, Harris County Protective Services, Department of Assistive and Rehabilitative Services, and Richmond State School.
- The MR-PAC recommended that the Mental Retardation Services Division restore five days per week for people receiving site-based habilitation and vocational training through general revenue funding. The Division will work to restore this funding beginning in FY06.
- The Public Awareness Committee of the MR-PAC, in conjunction with the Mental Retardation Needs Council of Harris County, held a Public Listening Forum on November 11, 2004. Over 400 people were in attendance at the event. The purpose of the forum was to inform state, regional, county, and local leaders, who influence public policy, of the needs of people with developmental disabilities in Harris County.
- The Public Awareness Committee also hosted the annual Picnic in the Park on April 9, 2005. Over 700 individuals with disabilities and their family members attended the event and were provided with information regarding services to address their needs. In addition to informational opportunities, attendees were able to participate in numerous games and events. Halliburton Corporation, The Coca-Cola Company, Randall's, HEB, Krogers, and many other organizations and individuals generously donated money, food, and goods for this event.

Accomplishments Mental Health Services

"I think our greatest accomplishment has been the great team work.

I believe that people have a better understanding and a better feeling for what is expected of them and what all there is to do.

"There has been a wholehearted effort by everyone from the top all the way down. It is about monitoring and giving feedback and really listening to each other. We all work as a team. In my mind, that has been our greatest accomplishment."

*---Rose Childs, Deputy Director
Mental Health Services Division, MHMRA*

Authority Support Services Department (November 2004 to Nov 2005)

Eligibility Center (EC)

- Completed 3rd year in operation of Centralized Eligibility for MHMRA of Harris County
- Average acceptance rate into services for FY 05 was 92% with 8% referred elsewhere due to clinical needs, diagnosis, or payer source and 0% waiting listed
- Initiation of same day appointments for eligibility determinations to decrease consumer wait times- positive consumer response.
- Increased EC staff productivity with scheduled slots by staff and real-time productivity reporting which increased EC daily capacity by 20%
- Eliminated the waiting list for services and maintained open door for past 16 months
- Maintained average consumer satisfaction @ 2.6 on a 3.0 scale
- Improved physician capacity and show rate at the clinics with EC process. Show rate went from 52% in 2002, to 78% in 2003, to 88% in 2004-maintained in 2005.
- Transitioned all agency financial training to the EC- set up improved tracking/training system
- Expanded EC services to include comprehensive Chemical Dependency assessments by qualified TACADA staff and increased linkage to substance abuse treatment

Continuity of Care (COC)

- Managed utilization review on an inpatient basis for an average of 400 cases monthly and follow up care for ~60% of those cases
- Maintained an average of 65% connect rate compared to national standards of 37% from inpatient to outpatient services
- Met COC follow-up requirements @ 97% (target 75%)
- Increased pre-screening for SMHF admissions from 45% in 2003 to 66% in 2004 and to 92% in 2005 (target of 75%)
- Staff productivity increased from 32% in 2003, to 60% monthly in 2004, and ~70% in 2005
- Implemented discharge readiness reviews and procedures with HCPC staff to ensure timely and collaborative discharge planning
- Implemented “high-flyer” report and collaborative treatment planning meetings for consumers with frequent HCPC admissions as a means to try and improve discharge successes and wrap around services on an out-patient basis

Consumer Benefits Office (CBO)

- Maintained an average of ~90 SSI applications processed/mo with >42 approvals/mo (47% approval rating)
- Increased screenings from 200/mo in 2002, to 1000/mo in 2003, to 1300/mo in 2004-2005
- Expanded application assistance to Medicare D and Medicare Subsidy applications
- Transitioned to new web-based software system for improved reporting and ease of field work/data submission
- Explored out-sourcing dept for increased cost savings- determined to be more costly with loss of Medicaid Administrative Funding (MAC). Under current procedures/productivity- MAC claiming covers >80% of unit costs

Utilization Management- State Mental Health Facility (SMHF) Trust Fund

- Maintained FY 05 trust fund within allocation (96.7% utilized) secondary to extensive utilization management
- Reduced discharge turn around at the SMHF from 5 to 3 days in FY 04 and further reduced to 2 days in FY 05 for routine discharges and from 18 days in FY 03 to 11 days in FY 04 and further reduced to 9 days in FY 05 for forensic discharges

- Saved \$978,960 in trust fund utilization due to level of care requests in FY 05
- Saved \$747,375 in trust fund utilization due to withdrawal of False Harris charges in FY 05
- Saved \$335,832 in trust fund utilization due to exemption identifications in FY 05
- 98% of discharges have a discharge support plan in place (target 95%)
- Average length of stay in the community for discharges is 572 days (targeted at >260)
- SMHF re-admissions are at ~1% (target <5%)

Utilization Management- Resiliency and Disease Management (RDM)

- Implemented UM committee for monitoring outcomes, funding, and procedures
- Implemented fee for service modeling with General Revenue claiming by Providers to UM for authorized services with monthly improvements noted. Adult services are at 100% and Child/adolescent services improving monthly towards this target
- Assessment completion rates at 99% (target 95%)
- Appropriateness of services measures at 92% in Adults and 88% in Children's services (target 85%)
- Completing ~300 authorizations/day within 24 hours of submission and 2.5 FTE's with high quality indicators upon audit

Network Management

- Developed Provider of Last Resort plan with community input for submission to the state in FY 05
- Per Provider of Last Resort Plan, Network management will be completing open enrollment for Child/Adolescent services (CAS) Dec 2005-Jan 2006
- Following the development of an external CAS network, we will complete a request for application (RFA) for Adult services- target Spring 2006

Outpatient Mental Health Services

- The Resiliency and Disease Management initiative for service delivery was implemented to better match services to Mental Health consumers' needs, and to utilize limited resources most effectively.

- Expansion of children's' services in progress through collaborative work with Texas Children's' Hospital, Child Protective Services, Harris County Hospital District and school districts in the Harris County catchment area.
- Rehabilitative program coordinators were instituted to improve productivity and maximize service provision for those eligible consumers' level of functioning in the community
- Medical Staff were compliant with TIMA schizophrenia guidelines (recommends considering the clinical characteristics of the patient and efficacy and side effects profile of the medication when prescribing medications)
- Implemented TIMA positions which facilitate the ability to deliver Resiliency and Disease Management services with the level of intensity and follow-up intended
- Third Party Revenue earned for Adult Services-September '04-August '05- \$7,693,066
- Third Party Revenue earned for Child Services-September '04-August '05- \$1,646,307
- Management staff were trained in disaster preparedness
- Mental Health staff participated in crisis counseling and coordination of services for Katrina victims relocated at the Astrodome and George R. Brown Convention Center
- Consumer Advisory Councils were re-established in two of the outpatient mental health clinics

Homeless Residential Programs

Shelter Plus Care Permanent Housing Program

- Continued meeting the requirements of the 5 HUD funded grants, allowing the program to continue providing rental subsidy and support services to the homeless mentally ill.
- During Fiscal Year 2005 the award was granted to continue Shelter Plus Care funding for FY 2006.
- All grant programs met the grant objectives for the percentage of consumers maintaining residential stability, increasing their employability and/or income, and achieving greater self-determination.

Branard St. Dual Diagnosis Program-

- Serves the dually diagnosed adult mental health and substance abuse community by providing psychosocial rehabilitation, chemical dependency and case management services in a residential setting.
- Five consumers successfully completed the program and graduated this past year.
- The Aftercare portion of the program has continued to grow and doubled in census since the past year.

Pyramid House

- Served 12% more consumers on a daily basis over the course of a year.
- Relocated to the Southeast Community Service Center in July 2005 with little disruption to continuity of care for participants.
- Continues to be able to provide transportation to and from, as well as, provide a healthy lunch to participants on a daily basis.
- Continues to exceed productivity expectations and meet revenue expectations.
- Expanded group services to include groups targeted specifically at housing and employment needs.
- The GED program continues to operate at 95% capacity.
- The Temporary Employment Program continued to function at 100%, which is 6 positions. 50% of these consumers successfully completed the program and obtained competitive employment.

Safe Havens

- Safe Havens was awarded HUD funding again for the year 2006. All program goals and expectations were met or exceeded in accordance with HUD guidelines. The goals and expectations included the following:
- 120 individuals were placed in permanent housing the past year.
- 2. 89% of the Safe Havens residents that entered the program without benefits during the past year obtained benefits during the year.
- 3. 96% of the participants who entered the program became stabilized on medication and compliant with their treatment during the past year.
- 4. 96% of those entering the program were able to avoid crisis services and contact with the criminal justice system during the past year.

- 5. 96% of those entering the program were able to avoid hospitalization during the past year.
- Safe Havens was audited by HUD in 2004. The report indicated 100% compliance in all 15 categories including, beneficiaries, supportive services, housing standards and record keeping.

Adult Forensic Services

New START Forensic Services

- Expanded Court Resource Program to all 15 Misdemeanor Criminal Courts. Continue to serve all 22 Felony Courts.
- Served 569 Mentally Impaired Offenders in Case Management
- Served 4,055 clients in Court Resource Program /Jail Diversion Program
- Served 2,771 clients in Continuity of Care Program
- Presented as an expert at several Jail Diversion Conferences in Austin, Texas.
- Recognized nationwide as the model program for treating adult and juvenile offenders
- Recognized as the most outstanding TCOOMMI program in Texas.

Harris County Jail

- Implemented an automated, nightly process for identifying the consumer status of persons who are criminally involved (charged as well as booked) against the local clinical practice and the CARE databases.⁷
- Salary Increases for the following positions:
 - Physicians - salaries equalize with those within the MHMRA Agency
 - Screeners/Assessors -equalized to like positions w/in the Agency to decrease high turnover rate
 - Assistant Director – raised to close gap between like positions w/in the agency
 - Caseworkers – equalized with like positions w/in the agency to decrease high turnover rate
 - Clinical Nurse Supervisor- equalized salary to like positions w/in the Agency

⁷ The reader is referred to the attachment document entitled “*Algorithm for Matching CJ Persons with MHMR Clientele.*”

- New Positions Added
 - 2 new Physician positions
 - 1 Lead Clinician –LPHA to manage Outpatient Services
 - 2 permanent relief doctors utilized from (May –August)
- New collaborative effort between HCSD, Mental Health Services, Office of Budget Management to identify and address mental health needs w/in the jail.
- Participated in the following local committees and collaborative efforts
- NGRI Committee
 - a. Jail Diversion
 - b. Mental Health Court
 - c. Appreciative Inquiry Summit
 - d. Interagency Council for Incapacitated Adults
 - e. WHO – Women Helping Ourselves
- Jail Tours by the following
 - f. county commissioner's aide
 - g. TAC Subcommittee
 - h. Senator Duncan's Aides
 - i. Dr. Clifton, Harris Co. Health Care System Advisory Committee
 - j. Texas Council on Offender w/ Mental & Medical Impairments (TCOOMMI)
- Pretrial unit increased coverage to 24 hours/ day coverage from 20/hrs per day
- Statistical Data
 - a. Pretrial Referrals Received = 6,671; Completed 4,396
Diversion Recommend = 2,282 Actual = 940
 - b. Outpatient Referrals Received = 28,074; Seen by MA's level = 4,070
seen by MD's for Medication Initiation = 3,125
 - c. Inpatient Avg. Daily Census = 42
 - d. Competency & Sanity Request = 1,422; Total Released = 1,130
 - e. Rusk State Hospital Diversion Unit Referrals = 1,169
Diverted from State Hospital = 899;
Transferred to Rusk = 77;
Cases Pending = 132.
- A Forensic ACT Team was established in December 2005, complete with its own evaluation design in order to measure its impact both on the system as well as on the functioning of enrolled consumers post release from jail. Please refer to the document on this webpage entitled "[FACT Outcome Measure Guidelines.](#)"

Juvenile Justice Programs (Delta Boot Camp, Harris County Youth Village, Burnett-Bayland Reception Center, and the Burnett Bayland Home)

Choices and Juvenile Institution Programs:

- Revenue Earned for FY 2005: \$ 158,293
- Monthly Average Consumers Served: 175-200 per month (unduplicated)
- Unduplicated yearly Choices Program total served: 492
- Unduplicated yearly Institution Program total served: 1,254
- Admission Criteria developed:
 1. Municipal Court or Justice of the Peace Involvement
 2. Conduct Indicating a Need for Supervision: Runaway, Truancy, Shoplifting, At-Risk Removal from the Home, etc.
 3. Admitted into a Harris County Juvenile Justice Institution
 4. Axis I Diagnosis and a GAF of 50 or below
 5. Meet criteria for the Resiliency and Disease Management Model
- Referral Process Adopted: May receive referrals from the courts, TRIAD Prevention Programs, Institution Probation Officers, and MHMRA Clinics. Appointments are scheduled at 7011 SW Freeway, 2nd Floor, Houston, TX 77074
- Target: Choices-175 unduplicated per month
 Juvenile Institutions – 325 per unduplicated per month
- Development of the Psychiatric Stabilization Unit (PSU). PSU is a 12 bed unit at BBRC that provides intense mental health treatment to institutionalized youth that are in crisis or unstable due to a mental health condition. Total served: 141

New/Developing Juvenile Justice Programs for FY 06:

- HOPE PROGRAM: provide community-based services to youth parolees. Goal is to serve 120 unduplicated per month.
- Juvenile Justice Alternative Education Programs: provide school based services to both of the Harris County Juvenile Probation campuses. Goal is to serve 120 unduplicated youth per month
- Community Unit Program Supervision: provide community based services to the HCJPD field offices. Goal is to serve 120 unduplicated per month.

Texas Correction Office for Offenders with Medical and Mental Impairment (TCOOMMI) Program

- Revenue Earned for FY 2005: \$156,927
- Unduplicated yearly total 193
- Monthly Average Consumers Served: 65-85 unduplicated per month
- Admission Criteria adopted:
 - 1 Axis I diagnosis and a GAF of 50 or below
 2. Adjudicated or on Parole
 3. Meet criteria for the Resiliency and Disease Management Model
- Referral Process: Approval from Texas Youth Commission (TYC) for Parole consumers; Probation referrals may come from field offices and MHMRA clinics
Target: 60 unduplicated youth per month for Probation and 15 unduplicated

Juvenile Forensic

- The MHMRA Juvenile Forensic Unit successfully completed their third year under the umbrella of the HCJPD. The Forensic Unit continued to expand its participation in the daily operation of the Juvenile Probation Department, including staff training, interfacing with psychological services staff at detention, the HCPC sub-acute unit and the expanding juvenile MHMRA units at the institutions, TCOOMI and community-based services.
- Further integration within the county electronic network system and an improved database facilitated the referral and communication process with the courts and the department in general.
- The pool of contract providers funded by Juvenile Probation was expanded, thereby improving productivity and the efficiency of moving juveniles through the system. The fiscal year ending in August 2005 resulted in a record number of juveniles being assessed: 2396. Of this total, 2,119 were psychological evaluations and 277 were Psychiatric assessments.
- The Juvenile Probation Dept paid a record total of \$84,000 to private psychological vendors whose services were coordinated by the Forensic Unit Director. The Medicaid program, also coordinated by the Forensic Unit Director, paid approximately \$57,000 for psychological evaluations, and for the first time in a decade, MHMRA did not expend any funds for contractors.
- The internship/practicum training program for psychology graduate students grew significantly as did its reputation as a quality site for assessment experience. The Sam Houston State University Forensic Doctoral program, Prairie View A & M Masters program in Forensic Psychology, Capella University and University of Houston Clear Lake Masters Program continued to seek training for their graduate students. Talks are underway for a possible collaboration with the

Prairie View Clinical Psychology Doctoral Program and Houston Baptist University. Although the supervision and training of students required significant clinical staff time, there was a noticeable increase in productivity as a result of the student's work.

- The Forensic Staff Psychiatrists continued to provide supervision and training for UT Psychiatry residents. In August 2005 the Forensic Unit hired a PhD level psychologist as a result of funding from the Hogg Foundation. In addition to training and supervising interns, this psychologist's expertise in the area of sexual abuse has enabled the unit to provide more specialized assessments for the courts.
- Because the demand for competency evaluations has exceeded the previous record from 2004, Forensic Staff have been invited to attend national and state conferences which address this issue. Understandably, the clinical opinion of Forensic staff was sought at an unprecedented level.

Triad Mental Health

Review of Goals and Objectives 2004 - 05

Goal 1: To allow youth with mental health issues to remain in a home setting by providing family preservation services.

Objective 1: Establish stable home environment.

Target: 70% of families served will maintain their child in a home setting at the time of case closure

Status: 71.4% 10 of 14 report stabilized living environment.

Objective 2: Obtain required community based support services for each family.

Target: 90% of families will have an aftercare plan at time of discharge

Status: 90% of cases read on last CQI case reading had a discharge plan.

Pharmacy Services

- Published MHMRA Formulary Pocket Guide
- Ben Taub/NPC Merger Feasibility Analysis resulting in reduction in hours at NPC and approximately a \$60K savings in labor cost
- PAP Redesign resulting in improved financial performance for the PAP Program, saving \$6,594,608 in pharmaceutical cost from general revenue (DSHS) funding
- Developed Risperdal Consta Policy and Usage Analysis

- Created and Implemented a Sample Policy for the agency
- Evaluated and discontinued further spending on Scriptwriter
- Implemented the agencies ability to assist consumers with attaining the Medicare Discount Prescription Card and the ability for the MHMRA pharmacies to process the benefit for its' consumers
- Identified issues in the pharmacy payroll process resulting in pharmacy administration taking over the payroll process for pharmacy and PAP as well as the creation of an departmental policy on payroll
- Completed TIMA reports for 1st and 2nd Qtr of 2005

Accomplishments

Emergency and Diversionary Programs

"I am really proud of the fact that we were able to provide services for those who were really ill, who came to us in need. I have received such wonderful feedback from the community we are serving.

"I had someone call the helpline in real crisis and we knew it was of such significance that they called the police who got there in time and the person was helped. That person later thanked me saying that we had saved his life. There are lots of stories like that.

"Yesterday we assisted a woman in the community who has both mental health and mental retardation issues. There was some involvement with the police who were concerned about her placement. They couldn't just let her go, but they knew she didn't belong in jail. There was no shelter available since she was mentally ill, and we found a place for her so she wasn't just out on the streets. This is all very rewarding.

"Our goal is to assess people in crisis and determine appropriate services in a least restrictive manner. Instead of going to a hospital, we try to find other avenues, maybe using our mobile unit. We work hard to get these people integrated back into the community. That is what it is all about."

-----Barbara Dawson, Deputy Director of NPR NeuroPsychiatric Center

MHMRA has developed a plan for a Comprehensive Psychiatric Emergency Program (CPEP) serving Harris County. The CPEP model represents the standard of care in large, urban settings in the United States. The NeuroPsychiatric Center (NPC) has now implemented all of the components. In recent years legislative action has resulted in decreased funding for medications, a significant decrease in funding for Harris County Psychiatric Center, fewer beds available at Rusk State Hospital, and fewer mental health benefits for many residents of Harris County. These facts make it even more important for MHMRA and the community to utilize less expensive and less restrictive alternatives to hospitalization whenever possible. Below is an overview of current emergency and diversionary services provided through NPC, and recommendations for maintaining our responsiveness to Harris County.

- Psychiatric Emergency Services (PES): A 24-hour a day psychiatric emergency room, which has served 10,882 Harris County residents in the past twelve months. Fifty-three percent of them were indigent or uninsured. Over 3,400 people were brought in by law

enforcement (an increase from the previous year of 600), and 1,025 were children or adolescents. Psychiatric Emergency Services has had a profound impact on emergency care in Harris County, as those 11,000 consumers would have inundated the Harris County Hospital District emergency rooms (Ben Taub and LBJ) and the jail system. Of the consumers who were served in NPC emergency program in the past twelve months, 78% of the adults and 71% of the children were able to return to the community without incurring the cost of inpatient hospitalization.

- 23-Hour Observation Unit (23 Observation): A psychiatric intensive care unit within the PES that served 961 Harris County residents in the last 12 months. This unit is designed to treat and stabilize acutely mentally ill consumers who upon admission to the unit meet full criteria for psychiatric hospitalization. Many of the consumers treated in this program were brought in by law enforcement on an involuntary basis. Of the consumers who were served in the 23 Observation program in the past twelve months, 70% returned to the community without incurring the cost of an inpatient hospitalization.
- Crisis Stabilization Unit (CSU): The CSU is a 16 bed program that provides hospital-like services in a less costly, less stigmatizing, and less restrictive setting than inpatient hospitalization. The program is designed to serve voluntary consumers who can be stabilized and linked to community supports within three to five days. During the past twelve months the unit provided services to 1582 Harris County residents. An average of 132 consumers per month have received treatment in the unit, with an average length of stay of 3.4 days, compared to 10 days average length of stay at a psychiatric hospital. In addition, the number of voluntary adult admissions to HCPC has averaged 40 consumers or less per month. Consequently, there has been a significant increase in relative bed availability at Harris County Psychiatric Center for uninsured persons needing involuntary treatment.
- Mobile Crisis Outreach Team (MCOT): MCOT served 2,352 Harris County residents in the past twelve months. The program provides emergency and urgent crisis outreach and follow-up by traveling to locations and evaluating persons, both adults and children, in the community who cannot or will not access traditional psychiatric emergency room care. Teams frequently go to schools to provide interventions, which allow the student to stay in school. Inpatient hospitalization is avoided through the use of preventative medicine, preventing the need for a person to become dangerous to self and others before getting help. Follow-up visits are provided to insure linkage into outpatient services. This program interfaces with and complements the Harris County Crisis Intervention Team Programs (CIT) by intervening with those consumers who do not warrant detention, or before emergency detention becomes necessary. They also assist HCPC by providing on-site evaluation/screening of consumers who “walk in” to HCPC seeking hospitalization, with the expectation that a percentage of those consumers can be diverted to a less restrictive and less expensive level of care. In the last twelve months, MCOT has provided mobile crisis outreach to an average of 196 consumers per month, with an average of six services provided per consumer. Services provided included triage, assessment, rehabilitation and counseling, medication/nursing, and monitoring and linkage. 42% of those served were linked into MHMRA outpatient clinic services, 3% to substance abuse programs, and 22% to other agencies or providers. Only 4% required linkage to a higher level of care (inpatient hospitalization).

Note: MHMRA of Harris County also has developed a Program to Assist Transition from Homelessness (PATH) federal grant program that is under the direction of the NPC

Crisis and Diversion leadership. This program is supervised by the Director of MCOT, and thus works very closely with all of the programs under the NPC umbrella.

- Crisis HelpLine is a 24-hour-a-day telephone service providing a crisis hotline and information and referral services to all Harris County residents needing emergent or urgent psychiatric services. It began operations in June of 2003. For many consumers needing psychiatric services it serves as the first source of contact. HelpLine staff work with the caller to determine the appropriate next step, and make referrals to the necessary services. The Crisis HelpLine helps decompress the NeuroPsychiatric Center and Ben Taub psychiatric emergency services by triaging non-emergent problems to routine outpatient treatment centers. During the past 12 months, the program has answered an average of over 2250 crisis calls per month, with approximately 150 of those calls being placed by people in a very high degree of crisis. The HelpLine staff provided telephone assessments, screenings, crisis counseling, and appropriate referrals, including MCOT and PES referrals when indicated.
- Crisis Residential Unit (CRU) The CRU provided community-based crisis residential services for approximately one-third the cost of traditional inpatient hospital beds to 527 people during the past twelve months. The program has been designed to serve voluntary consumers who could be stabilized and linked to community supports within seven to fourteen days of treatment while living in residential settings. CRU's are well established nationally as effective alternatives for many consumers experiencing a psychiatric emergency who do not need the more restrictive settings of inpatient or crisis stabilization units. Therapeutic interventions include cognitive behavior therapy, psychosocial rehabilitation, Good Chemistry (a nationally recognized program for alcohol and drug addiction), skills training, and individual therapy. The physician located at the Crisis Respite site may also provide brief consultations to consumers in the co-located Bristow Homeless Program.
- Crisis Counseling Unit (CCU), which is operated in conjunction with the CRU, can provide time-limited outpatient therapies during the initial days of the psychiatric crisis, preventing deterioration leading to a full-blown psychiatric illness. The clinical social workers provide services to consumers in the CRU as well as those needing short-term crisis counseling who have received emergency services at NPC. (The cost for Crisis Counseling is included in the cost of the Crisis Respite Beds and the CRU staff provides the services.) The program has served an average of 44 consumers per month, with an average length of stay of 11.2 days. Of those served, 51% were linked to an MHMRA clinic, 19% were linked to substance abuse treatment, and 9% were linked to HCHD clinics or medical treatment.
- The Bristow PATH Program (Program to Assist Transition from Homelessness Program), provided Outreach Services to over 2,500 homeless individuals and enrolled 1,144 clients in the PATH Program. The PATH program is a federal grant and provides supportive services to individuals of all ages, who are homeless and experiencing a mental illness. Clients are identified through an assertive Outreach effort and once engaged, become enrolled in PATH services. Supportive clinical services include: psychosocial assessments, skills training, case management, psychotherapy and individual and group counseling for substance abuse. Non-Clinical services include access to showers, laundry services, phones, a clothing closet and lockers within which

to lock valuables. Sack lunches are also provided to PATH clients. The staff is comprised of licensed and non-licensed clinicians as well as peer support counselors.

The PATH program has developed several collaborations with other homeless providers over the past twelve months. Some of these collaborations include participation as active members of the Coalition for the Homeless Coordinating Council, the Health Care for the Homeless Advisory Council, and the Harris County Blue Ribbon committee on homelessness. Other community involvement included participation in the recent enumeration of homeless individuals in Houston/Harris County as well as a collaborative county wide effort in successfully placing 172 homeless individuals in short term housing.

In the last 12 months, Bristow PATH has provided clinical services to an average of 95 clients per month, between the ages of 4 and 75. The demographic breakdown of the population served is 77% male, 33% female, of which 59% are African American, 26% Caucasian, 13% Hispanic with 2% representing all other ethnicities. Within this population, 42% self report co-occurring substance abuse. Mental health diagnoses include 58% Affective Disorders, 23% Psychotic disorders, with 19% experiencing other serious mental illness.

Beyond the Call of Duty

What touched me most was that here they were coming out of what was essentially a war zone, and they were so grateful and so kind.

We saw the human spirit at work.”

*-Barbara Dawson, Deputy Director
NPR NeuroPsychiatric Center*



In the aftermaths of hurricane Katrina, the Astrodome found a host of volunteers caring for the physical needs of the survivors. And tucked away in a tiny part of the dome was a small group of volunteers caring for the mental needs of the survivors, those who were even more vulnerable during this time of devastation and displacement. Working without fanfare, without fuss, without acknowledgement, were the tireless workers of MHMRA and other volunteers from collaborating sister agencies.

- Over 700 people were seen, as many as 100 a day.
- Many were children with nowhere else to turn.
- Only four to six of them ended up needing hospitalization and no one got hurt.
- MHMRA volunteers continued to see displaced people in crisis during the period that FEMA processed the evacuees application for aid at the FEMA processing center in the southeastern part of Houston.
- Subsequently, MHMRA was awarded a contract by DSHS to provide mobile and outreach crisis counseling to the victims who relocated to Harris County, particularly children in schools. To date, direct crisis counseling services have been provided to over 10,500 evacuees who reside in Harris County.

CONCLUDING COMMENTS TO PART I

The MHMRA of Harris County has grown over the past 40 years to be one of the largest mental health and mental retardation centers in the country. Its growth and programmatic innovations and changes have always occurred in full collaboration with the community and the Harris County citizens, and with the advocacy, academic, law enforcement, behavioral health, physical health, and social service agencies and training institutions. As demonstrated in the above achievement for 'FY2005, the Agency, the HCMHA and the HCMRA, are fully aware of the challenge to do more and better with fewer resources and have met the challenge quite successfully. Its workforce, its management and its Board of Trustees are prepared to continue to meet, with the support and collaboration of the widest variety of individuals and institutions, whatever challenge is required to assure that its mission is fulfilled.

The reader is invited to read the [synopsis](#) of its history since its establishment since 1965 through FY2005 stored in a separate section of this web page.