

## **HISTORICAL SYNOPSIS OF THE MENTAL HEALTH & MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY**

### Laying the Foundation (1965-1975)

The Commissioners' Court of Harris County created the Harris County Mental Health and Mental Retardation Center (MHMRC) effective November 19, 1965. The mission of the MHMRC was to provide mental health services for adults. The Harris County MHMRC was the second center created in Texas (Abilene was the first), but it was the first to show major activity.

Within the first year, the MHMRC established ten Catchments Area Advisory Councils and Medical Advisory Councils. Each council was charged with developing plans for comprehensive community mental health and/or mental retardation centers in their respective areas. The first Advisory Council for Catchments Area Ten Advisory Council met on September 13, 1966. Thus, this tradition of having advisory councils to advise the Board dates back over 35 years.

As soon as the Texas Council of Community Mental Health and Mental Retardation Centers was formed, the Harris County MHMRC formally joined the Council in February, 1971, which elected a member of the MHMRC Board of Trustees, Mrs. William J. Selman, as its Chairman. Again, the MHMRA has an early history of close collaboration with other centers in Texas.

By 1972, the agency grew to 150 staff. In February 1973, the Commissioners' Court changed the name of the agency to the Mental Health & Mental Retardation Authority of Harris County (MHMRA). Mental Retardation services were formally formed into a department in 1973, the same year when MHMRA also obtained a grant to establish an Early Childhood Intervention Program, the first of its type in Texas.

In 1974 an alliance was formed between MHMRA and the Harris County Children's Protective Services (CPS) and the Harris County Juvenile Probation Department (HCJP) for a program to care for troubled children in Harris County. The Commissioners' Court funded the project to MHMRA and this nationally unique tri-agency consortium, known as TRIAD, has been operating these special programs without interruption since then. TRIAD services include shelter care, casework services, psychological and psychiatric consultation, and residential care.

On April 29, 1974, in collaboration with a number of other local agencies, MHMRA opened a residential treatment facility for emotionally disturbed children, called Cambia House. On June 16, 1975 the Northwest Group Living Center accepted its first residents with mental retardation to its 10-adult facility.

### The Expansion Years (1976-1990)

In 1976 the Texas Department of Mental Health and Mental Retardation (TDMHMR) awarded a pilot program of services for mentally retarded juvenile offenders (MRJO) to the MHMRA to be developed, delivered and tested in Harris County. In the same year, the Ben Tub General Hospital's Psychiatric Emergency Center opened its door, with MHMRA contributing one-third of its operating budget. Furthermore, in order to assure continuity in strategic planning for persons with mental illness, the County Judge and Commissioners' Court established the Mental Health Needs Council in April 1976. The mission statement of the Mental Health Needs Council states that all persons with functional impairment due to mental illness should have access to as appropriate and effective care as they need.

The Mental Health Needs Council exists to this date, and MHMRA is an active participant in the Council, providing analytic and information support as well as advice and input.

The year 1976 was indeed a very busy year for MHMRA, involving certification as a Diagnosis and Evaluation (D&E) Center for persons with mental retardation, establishing a jail-based psychiatric treatment program pursuant to a federal court order, creating a 24-hour Information and Referral Services unit, and changing the advisory councils structure to involved more lay persons.

In 1977, the Board held its first major public hearing, inviting citizens from across the county to speak directly with the Trustees concerning their perceptions of the needs in the county. During the same year, a clinical service program for children and adolescents with serious emotional disturbances was established, the Cambia unit was expanded, and MHMRA was merged with the Harris County Psychiatric Hospital (HCPH—which operated until November 1986).

Children's Mental Health Services expanded during 1978 by providing investigation, advice, and expert witness services to the Juvenile Courts regarding mental health and mental retardation assessments, commitment, and custody. Individual Program Plan was implemented during the same year, coupled with improvement in client record system that provided staff with information on past treatment, guidelines for modifying and improving care, and improved communication among providers.

In August 1979, 23 Harris County athletes participated in the International Special Olympic Games in Rockport, New York. The MHMRA basketball team won a silver medal.

Pyramid House, a Community Support Program, opened its doors in November 1980 and grew after one year from eight participants to over 100. (The program continues to date and has been self-funding through Medicaid reimbursements for the last four years.)

In 1981, MHMRA, working closely with the Harris County Juvenile Probation Department (HCJPD), performed over 600 evaluations for juveniles charged with criminal offenses who may have a mental illness and/or mental retardation. This innovative approach to serving juvenile offenders may have been the first in the nation. In the same year, MHMRA's Infant Program was recognized as a model program and adopted in several states and established as a funded program in Texas through Senate Bill 640, to be called Early Childhood Intervention (ECI).

For the remainder of the 1980 decade, MHMRA, while adjusting its programs to funding cut backs, continued to expand its children's mental health program, to expand its mental retardation programs (including an innovative program to train law enforcement about the causes and levels of mental retardation), to seek and obtain funding for new programs (such as transitional housing, crisis respite, crisis alternatives to hospitalization), to establish its own Crisis Unit (in 1989), and to strengthen its case management capacity.

### The Years of Innovation and Redirection (1991-1999)

In 1991 programs for the homeless were initiated. These programs still continue to this date to provide food, clothing, health and legal services, medications, counseling, case management, skills training, shower and laundry facilities, substance abuse and recovery services, and other services designed to re-integrate people who are homeless and shun traditional systems.

Furniture Bank was established in 1993 to provide basic furniture essentials to consumers moving into their own apartments. The Bank was later expanded with the collaboration and support of private sector beneficiaries, to become a unique program nationally.

The greatest child and adolescent service expansion occurred between 1991 and 1993, leading to three additional service centers (known as Family Resource Centers—FRC) in addition to the Midtown FRC. Among this expansion was the formation in 1992 of the Children’s Mental Health Plan Program stemming from collaborative efforts of nine state and local organizations. This program delivers school-based services to emotionally and behaviorally disturbed children and adolescents.

The Adopt-A-Family program, initiated in 1993 and serving 40 families grew dramatically the subsequent years, leading to a roster of 365 families and over 1000 individuals served during the winter holidays of 2000. This program solicits material and monetary gifts from individuals and private organizations and companies in the community to help MHMRA consumers and their families who need assistance to celebrate the holiday season.

In 1994, MHMRA established the Workforce Diversity Council. Charged with developing training modules to assist in creating a more culturally sensitive and competent organization, this Council has organized numerous internal cultural events celebrating the major cultures. Its advice led upper management to establish a two-step salary increase in order to attract qualified employees who are also linguistically fluent in Sign, Spanish and Vietnamese languages and incentivises current employees to gain such linguistic proficiency. Among its crowning achievement is the series of annual Multicultural Diversity Conferences, co-sponsored by the TDMHR, which have drawn over 500 attendees annually from Texas and the surrounding states.

In 1995, MHMRA joined with the Houston Community College to provide support services to consumers who desired formal education opportunities at an educational institution. During the same year, in partnership with the Harris County Alliance for the Mentally Ill (NAMI), MHMRA implemented Journey of Hope, a program for families with loved ones who have severe and persistent mental illness. The same year also witnessed the implementation of a structured day treatment program for persons with dual diagnoses of mental illness and mental retardation, known as ADAPT (Adult Developmental and Psychiatric Treatment).

New programmatic implementations continued at a fast pace during 1996. The agency began its first Assertive Community Treatment (ACT) team to provide intensive case management and support services to adult consumers with severe and persistent mental illness (leading to 25% reduction of hospital bed utilization in its first year). Its New Start program was recognized by the Texas Council on Offenders with Mental Illness (TCOMI) as the “Blue Ribbon” unit of the year. Its Adult Mental Health Division designed and implemented the Pre-Trial Screening Program to divert from jail persons known to have mental illness who are charged with minor offenses. The Mental Retardation division implemented the Quality Assurance and Improvement System (QAIS) and the Houston Job Match program. The latter provides vocational support for consumers who are placed in mainstream positions and job coaching to maintain their employment.

Continuing its commitment to be consumer-oriented, the Agency organized Consumer Councils at its major adult mental health clinics in 1997, to provide a direct connection and open lines of communication between consumers and clinic managers and staff. One year later, the Consumer Councils sponsored the first mental health Consumer Conference, which has since become an annual affair.

Other 1997 accomplishments include:

- A HUD grant to build a 25-bed residential facility to serve homeless people with mental illness;
- A second ACT team;

- A partnership with Tomball AMI to establish Tomball Pines—a HUD-funded 22-apartment complex for persons with mental illness;
- Successful partnership with the CJPD to expand child and adolescent services to five Cupid's sites;
- Continued innovative treatment at ADAPT (which reduced inpatient utilization from an average of 27 days per covered life to two days, earning the program the Helen Freebee Showcase Award in 1999);
- The opening of two additional ECI facilities;
- The opening of a new community service center where adult mental health services, mental retardation services, and children and adolescent services are provided under one roof;
- Participation in the 1915b managed care pilot (STAR and STAR+PLUS); and
- Creation of a Call Center to provide consumers with easier access to services.

During 1998, the following events and achievements can be noted:

- The first Consumer-council sponsored Consumer Conference; it received overwhelmingly positive evaluations.
- The ECI program expanded its capacity from 260 to 340 slots, and the Infant program grew to 735 children;
- The Houston Job Match held its first Employment Fair with the support of its Business Advisory Council. Thirty-three privately owned companies participated and offered positions to 36 of 200 consumers who attended the Fair;
- MHMRA became the Single Portal Authority for Harris County; all admissions to public inpatient psychiatric beds must be cleared through this Single Portal Authority;
- MHMRA and the Chemical Dependency provider community of Harris County were awarded a \$1,250,000 grant for a fourteen-month period to provide a dual diagnosis project. This project was to received national recognition by the Federal Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) in 2001;
- MHMRA's Executive Director, Dr. Steven Schnee, was honored by the Mental Health Association of Greater Houston with the Helen Freebee Community Leadership Award;
- The Managed Care Services Department expanded its services to include the provision of utilization management services to a local private behavioral healthcare organization;
- An Intensive Care Coordination program was implemented and significantly decreased the amount of time consumers spend in hospitals.

The year 1999 witnessed the tightening of revenues for MHMRA, leading several agency programs to move toward a self-financing model, such that more general revenue dollars can be freed up to care for consumers without insurance coverage. Consolidation of programs under one roof in order to economize overhead costs also took place rapidly during 1999. Collaboration with the Harris County Psychiatric Center (HCPC) created programs that allowed many consumers who would have previously been sent to Rusk State Hospital to be cared for at HCPC. MHMRA staff also collaborated with the Mental Health Association and other advocacy and mental health agency and the Houston Police Department to create and train Crisis Intervention Teams (CIT). The CIT program helps police officers learn how to recognize and better deal with persons with mental illness and/or mental retardation. The net result is a greater diversion of consumers from the jail toward mental health care facilities.

During 1999, the Community Neuropsychiatric Network, created by MHMRA in 1997 as a 501a corporation, was expanded to begin doing business as Community Behavioral Health Care Network (CBHN). CBHN provides MHMRA with the option of enhancing revenues by providing other behavioral

healthcare organizations (BHOs) with utilization and management services. At the end of 1999, MHMRA received another HUD grant to build a multifamily apartment complex in the eastern part of the county.

The major event for MHMRA and Harris County during 1999 was the opening of the Neuropsychiatric Center (NPC) in October. The NPC is adjacent to the Ben Taub General Hospital. It is open 24-hour a day, seven days a week. The NPC houses the Crisis Center which provides triage and 23-hour observation on the first floor for as many as 50 adults, children, and adolescents per day. This facility resulted from collaborative planning dating back to 1995 by a task force, which included representatives from MHMRA, HCPC, the University of Texas Health Science Center at Houston, the Harris County Hospital District, Rusk State Hospital, Baylor College of Medicine, Harris County AMI, the MHA of Houston and Harris County, the Mental Health Needs Council. The task force also received input and advice from other agencies and concerned consumers and citizens. The NPC incorporates a special children's crisis service component called the Child and Adolescent Psychiatric Emergency Service (CAPES). The NPC became the focal interfacing point with law enforcement agencies for voluntary and involuntary mental health interventions and diversion of persons with mental illness from the jail.

#### Meeting the Challenging New Millennium (2000)

The first year of the millennium also witnessed a flurry of activities, projects, and achievements in MHMRA

The Adult Mental Health Services division reported that

- The Dual Disorder Program exceeded the Texas Commission on Alcohol and Drug Abuse contract requirements for both case-coordinated and case-managed dual disorder consumers, resulting in the renewal of the service contract.
- The Crisis Stabilization Unit was opened on the second floor of the NPC to provide short-term inpatient care averaging three to five day stay.
- The New Start program exceeded its targets and reduced the recidivism rate from 2 per cent in FY' 99 to 1 per cent in FY '00. The program also continued to experience less than 1 per cent absconded rate for FY '00. The unit continues to exceed targets for case management services and obtain social security benefits for its consumers with an 85 per cent approval rate.
- Jail-Based Treatment Services restructured the assessment process to parallel the National Commission on Correctional HealthCare's requirements and increased staff to reduce assessment and evaluation response time.
- The AMH self-financed units exceed revenue targets by \$750,000.
- Supported Employment Placements increased by 15 percent the number of consumers placed in community-integrated employment settings through collaborative efforts with business advisory committees and the national Dress for Success.
- Coordinated efforts between the Harris County Psychiatric Center and MHMRA resulted in significant improvement in the compliance standards for linking discharged consumers with the outpatient clinics.
- The Division implemented a program to consistently assess consumers for limitations that interfere with their functioning and qualify them for social security benefits.

The Child and Adolescent Services reported the following achievements during 2000:

- The CAS division exceeded the state contract for outcome measures of service indicators that address consumer improvement in the areas of re-arrest, school difficulties, and improvement in behavior.
- The CAS division was selected as a pilot expansion site to implement a consortium of area agencies to provide interagency service integration and parent involvement to serve children with serious emotional disturbances.
- The CAS division re-aligned programs serving juvenile offenders in order to increase efficiency and service. The re-alignment increases the number of assessments to facilitate placement of juveniles at home or in appropriate residential settings.
- The First Time Offenders program was redesigned as the Choices Program to better serve consumers. The program headquarters moved to the Chimney Rock Center where it operates with Children's Protective Services and the Juvenile Probation Department. Referrals come from the Justice of the Peace courts for children who are committing status offenses and from other county courts for youth committing misdemeanors.
- The contract with the Juvenile Probation Department continued in order to increase psychiatric services to children entering the juvenile justice system. Under this agreement, more psychiatric services became available to youth at the detention center and other juvenile justice facilities.
- Continued collaboration with TRIAD partners (CPS and Juvenile Probation) created a new level of treatment provision for youth and families. This treatment provides intensive therapy and case management services.
- MHMRA was selected to be part of a federal "Safe Schools/Healthy Students Initiative." The grant provides comprehensive education, mental health and law enforcement services to students in the Yates and Austin High School feeder patterns. MHMRA employs two pre-school mental health specialists to work with children up to age 6.

The Mental Retardation Division was no less active with major projects, which included

- 90 new Home and Community-Based Services (HCS) slots which led to the necessity to conduct HCS parent meetings and provider fair to provide consumers/families information on the process and available providers.
- The implementation of the MRLA processes and functions, including an MRLA web site to allow consumers/families, community providers, and agency staff to explore the latest information regarding MRLA, such as HCS reimbursement rates, frequently asked questions, enrollment procedures, and listings of providers.
- The accreditation of New Day Treatment by the Texas Education Association (TEA). With this accreditation the agency can contract with local school districts to provide services to dually diagnosed children.
- Conducted a public forum on Transportation to determine consumer/family needs in the community and for MHMRA services.
- Demonstrated through a review of the annual (QAIS) assessment data that the MR services improved significantly from previous quarterly reviews. TDMHMR requested copies of MHMRA materials for use with other MHMRA centers in the state.

The Office of the Executive Medical Director was also productive in a number of training and policy areas, which included:

- Completion the evaluation of "best" options for inpatient unit and the transition from original plan to open as a hospital to successfully open the short-term second floor unit as a Crisis Stabilization Unit (CSU).

- Collaboration with the University of Houston Graduate School of Social Work to design and prepare for implementation of a unique graduate training opportunity within MHMRA facilities for MHMRA employees.
- Continued provision of pharmacy services throughout several MHMRA sites, including NPC, and initiated evaluation process of pharmacy data system to ultimately demonstrate cost effective, therapeutic consumer care.
- Completion of the credentialing process for physicians, clinical nurse specialists and physician assistants within NPC, thereby assisting NPC to successfully complete the TDH survey.
- Continued collaboration with Baylor College of Medicine and the University of Texas Health Science Center – Houston with integration of residents (years II-V) throughout various MHMRA Divisions.

The following significant Agency-wide accomplishments during 2000 can also be noted:

- Conducted a case-finding analysis in order to: 1) help set admission criteria for the Adult Mental Health service coordination and identify cases to recruit, and 2) automate the referral method and case identification methods for SSI application.
- Planned the marketing for Children's Health Insurance Program by: 1) Identifying and estimating potential impact of CHIP program on agency caseload insurance status; 2) Analyzing the potential impact of CHIP funding "swap."
- Continued the Hogg Foundation-supported study of Medicaid policy impact through the assessment of effect of STAR/STAR PLUS programs on system and on individuals within system.
- Analyzed multiple concurrent measures of clinical outcome over time for a sample of adult consumers who had been in treatment for at least two years. The results described the typical course of treatment response across symptom status, functional skill, and housing and vocational indicators.
- Completed major renovation projects, including the NeuroPsychiatric Center (NPC) and the Furniture Bank.
- Reconciled Harris County Social Services transportation billings of \$596,751, positioning the agency to receive supplemental transportation funding from the County. Streamlined American Red Cross transportation service costs by 35%.
- Initiated and completed focus study on Intensive Care Coordination.
- Implemented values and ethics training.
- Implemented new agency-wide client data and assessment/treatment/planning information system.
- Installed more than 420 personal computers to implement the new client data software.
- Initiated review and assessment of software and security systems for future Health Insurance Portability and Accountability Act requirements.
- Developed full functionality of behavioral health organization services.
- Developed Utilization Management data system.
- Developed Utilization Management Outreach follow-up program.
- Obtained claims license and began paying claims.
- Provided furniture and other furnishings to 418 MHMRA consumer families and 235 client families from partner agencies of the Furniture Bank, raised more than \$125,000 from the third annual benefit dinner. Funds raised are used for the expansion of the Furniture Bank program, and collected public donations of furniture and furnishings valued in excess of \$664,000.
- Matched 190 families to donors and distributed donations of non-perishable food, gift certificates, toys, and clothing to 175 other families through the holiday charity.

- Produced, on average, nearly 850 hours a month of volunteer service for programs and special events. An average of 55 people volunteered each month for events such as the grand opening of the NeuroPsychiatric Center, the Houston Children's Festival, and the agency's Consumer Conference.

## Major Mental Health Projects and Achievements during 2000-2006

### 2001

As the pressure was felt from the primary funding source of DSHS to produce more third party billing, a staff volunteer program was developed to increase the number of referrals to the Consumer Benefits Office to facilitate Medicaid benefits approval. With the assistance of these volunteers and MHMRA staff designated to assess and provide documentation supporting disabilities that present barriers to consistent employment, the social security approval rate increased 30% over the prior year.

The Adult Mental Health Services Division was functioning with a budget stretched across seven clinics in the Harris County catchment area. With the influx of individuals requesting services, the division was presented with the challenge to maintain appointment availability within the established targeted time frame of 5 days within initial contact with MHMRA for individuals presenting from the community. The Eligibility Center was able to clear the waiting list for 4 of 12 months of adult services and 11 of 12 months for child/adolescent services. Contact was maintained with consumers on waiting list status.

Treatment of individuals with a diagnosis of mental illness and substance abuse in the Harris County community continued to be a significant priority. Subsequently, three years after the implementation of the Harris County MHMRA Dual Disorders program, the program was recognized for its success, including its collaborative efforts with community agencies, by a nomination as a national exemplary program.

The Adult Mental Health Service division's focus on achieving the mission of keeping consumers with severe and persistent mental illness in jobs in the community resulted in 180 competitive employment placements with 65% full-time positions and wages earning over 75 cents over the standard minimum wage. In addition, a pilot transitional employment position program was implemented for consumers to place them in businesses in the community. As the Hispanic community continued to increase in the Harris County area, supported employment services were extended to serve a heavily populated Hispanic clinic (Ripley) more effectively.

### 2002

Following the 77<sup>th</sup> Legislative Session, MHMRA received essentially no increase in its flexible state general revenue allocation from DSHS other than funds to replace the projected loss of earned Medicaid revenue due to a statewide rehab rate reduction. MHMRA had to allocate increasing numbers of its "slots" for service to utilization by third party coverage. With realignment of funds, continuing increases in the Harris County population and demands for public service, MHMRA needed to restrict access through the front door to uninsured individuals who were not in a crisis.

Concomitant with being faced with the challenge to move individuals into the Mental Health outpatient treatment system, a limited amount of funds were available for the more intensive services requiring hospitalization. Therefore, there was a need to re-institute a step down level of service that would stabilize consumers who required a structured 24 hour treatment setting. This would provide a mechanism for appropriately diverting consumers who would not improve significantly in the less

structured outpatient setting model but required a more intense level of service. In an attempt to assist with filling this gap, Commissioner's Court approved the reopening of the Crisis Stabilization Unit.

#### Restructuring of Service Delivery Operations-2003:

The Mental Health System experienced major realignments both fiscally and structurally. To assure that its service delivery system was maintained within alignment of fiscal constraints generated by legislative mandates for budget cuts, both the Adult Mental Health and Child and Adolescent Divisions were forced to make some very difficult decisions impacting staffing and the service delivery methodology. Legislatively necessitated reductions in spending along with physician resignations and difficulty with recruitment created concern about an adverse impact of the quality of care at the Bayshore and Northeast clinic. Subsequently, these clinics were closed and consumers were transitioned into remaining MHMRA clinics or community psychiatrists. To further accommodate a more efficient service delivery system, the assessment, coordination and linkage process for supported housing, supported employment, psychotherapy, and rehabilitative program were merged maximizing the utilization of treatment team members.

The responsibility for administrative and clinical oversight for mental health services was merged under one Deputy Director and Medical Director for Mental Health Services, eliminating the need for the two separate divisions of Adult and Child and Adolescent Services. Cost control plans were instituted through elimination of duplicative positions which were previously designated to perform duties in each of the divisions. Merging of these two divisions facilitated continuity of services when children reach age 18 and become eligible to transition to adult services.

The MHMRA clinical and administrative leadership recognized the need to offer outreach services designed to stabilize or increase insight into illness for individuals in the community who are unable to participate in outpatient treatment without intervention. Budgetary funding was secured to initiate the Mobile Crisis Outreach Program (MCOT) in February 2003. MCOT became available 24 hours a day, 7 days a week. The flexibility of a clinical team traveling on a van to the consumer offered an alternative resource to assessment and treatment that the outpatient clinics did not have access to fiscally. Undoubtedly, a major advantage to the clinics was the capability of MCOT to fill service gaps by linking the individual to outpatient clinic services if determined appropriate.

In the area of screening and eligibility, the Eligibility Center completed its first year of operation of centralized eligibility for the agency. Along with this accomplishment, it was necessary to implement a waiting list protocol and a system for monitoring it. With this centralization, benefit applications increased from averaging 60 to over 120 within an 8 month period. It was a time when single portal admissions to the State Hospital reduced from averaging 12/month from the previous year of 25/month. A more efficient utilization review process was implemented at HCPC in November of 2003 with cases being picked up at admission rather than discharge to improve continuity of systems, bed utilization, and discharge planning processes.

While not all individuals presented to the Eligibility Center seeking mental health services, some consumers and their families began to seek information regarding MHMRA services through the HelpLine which was established in June 2003. The purpose of the HelpLine was to provide phone assessment, screening, crisis counseling and referrals to callers 24 hours a day, 365 days a week.

#### Juvenile Forensic Services:

The MHMRA Juvenile Forensic Unit began operating under the oversight of the Juvenile Probation Department. By sharing the Probation Department database, the Juvenile Forensic Unit was able to streamline the referral and communication process, thus expediting the scheduling, completion and delivery of assessment reports. As the benefits of collaborative efforts became more evident, the demand by the court system for more specialized evaluations was realized.

The NEWSTART program implemented the Court Resource Program, a pre-trial diversion project which became an effort to minimize recidivism and reduce the need for more expensive services.

#### Adult Jail-Based Services:

While collaborative efforts between community organizations for Forensic services prevailed, the need for additional funding for the adult Jail based services was prompted by three factors: (1) staffing needs related to achieving and maintaining compliance with jail standards promulgated by the National Commission on Correctional Health Care, (2) gaps in services, and (3) retention of critical service providers. MHMRA had maximized the full use of its resources and could not handle the workload nor more adequately address the standards without additional funding.

With the goals of reducing the number of bed days utilized by Harris County at the state hospital and reducing County's expenditures for transportation to the state hospital, the State Hospital Diversion Project was initiated. This program became a component of the Screening/Out-Patient mental health jail services, where defendants are identified during the initial court appearance as requiring psychiatric stabilization. In response to a court order, a skilled screener conducts a screening assessment, and makes the referral to a psychiatrist for an initial psychiatric assessment to determine mental health needs. Following a scheduled follow-up by the psychiatrist, a status report is forwarded to the court.

#### Redefinition of Financing Methodology and Service Model-2004

The state redefined the financing methodology and service provision expectations for its contract providers through the Resiliency and Disease Management (RDM) Initiative. The initiative would assist clinicians on the authority and provider sides to make decisions about levels of care or service packages which are most appropriate for consumers based on a face-to-face assessment.

Having received the state's mandates for this method of service provision, which models evidenced based practices, HCMHA restructured the process for determining eligibility and medical necessity for services during the fourth quarter of fiscal year 2004. The transitioning process began June 8, 2004 when staff began using the new assessment tools which identify consumers most in need of services. Staff participated in massive training and planning efforts to prepare for implementation of the RDM initiative. The need for consumer education was recognized as being equally important. Subsequently, information was prepared to educate consumers about the changes and service options available to them based on eligibility. The RDM initiative began to drive the allocation of services under the guidelines defined by the DSHS September 1, 2004.

During the period from November 2003 to November 2004, HCMHA recognized the need to take the lead in processes that would further improve continuity of services for consumers utilizing the more intensive and expensive service of hospitalization. A new utilization review process of picking up cases at admission rather than discharge to improve continuity of systems, bed utilization, and discharge planning processes was implemented. In addition to this process, HCMHA instituted mechanisms to coordinate the sharing of hospital treatment records and discharge planning with referral sources and crisis services through implementation of an on-line records scanning database.

In the area of crisis services, Mobile Crisis Outreach Team Services were further expanded and a Crisis Respite unit was opened in early in 2004.

## 2005

In February 2005, the Friends of MHMRA Foundation was established to enhance and expand the services and supports provided by and through the Mental Health and Mental Retardation Authority of Harris County (MHMRA). The "Friends of MHMRA of Harris County" Foundation is a long-term effort which will work to build a corpus, the earnings from which will be available each year to expand and enhance the services for people with mental disabilities throughout Harris County.

Created under Texas Law in 1964 by the Harris County Commissioners Court, MHMRA celebrated its 40<sup>th</sup> birthday (November, 2005), as one of the primary public entities charged with ensuring the provision of an array of services and supports for tens of thousands of people with serious mental disabilities each year.

As implementation of the RDM initiative progressed, staffing patterns were deemed inadequate to deliver the number of service hours required for each of the service packages. Additional staff were hired to accommodate service package intensity requirements. Rehabilitation coordinators were hired to monitor service provision intensity for consumers assigned to the most intense service package. Finally, it became critical to designate fiscal resources for hiring a training team to maintain staff qualifications for providing and appropriately documenting services.

Additional funding facilitated the development of outreach services at school districts in the Harris County catchment areas, making it possible to integrate participation from school district staff and parents who meet the workers at the schools.

The mandate from DSHS to move to a provider of last resort system culminated in the development of an external CAS network for open enrollment for Child/Adolescent services. The need to improve discharge successes and wrap around services on an outpatient basis resulted in implementation of a "high-flyer" report and collaborative treatment planning meetings for consumers with frequent HCPC admissions. At the same time, efforts to reduce discharge turnaround at the SMHF proved successful resulting in a reduction in discharge turn around to 2 days for routine discharges and to 9 days for forensic discharges.

Because of the growing concern about the number of mental health consumers re-cycling through jails, MHMRA, with the use of state dollars decided to institute an intensive outpatient service model which provides daily contact for 30 days with decreasing contacts over the next 60 days for those persons completing their sentence who meet DSHS target priority population criteria for mental health services. A Forensic Assertive Community Treatment Team (FACT Team) was thus created and implemented in December 2005.<sup>1</sup>

Increasing numbers of complaints were received from family members, inmates, and the Sheriff's Department about the length of time it takes to provide inmates with a mental health evaluation and

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<sup>1</sup> The Forensic ACT (FACT) team is committed to achieving measurable outcomes, and specifies its methodology for documenting impact and success formally in a document included herein.

initiate medications. An analysis of needs related to mental health services in the Harris County Jail revealed the need to ensure the provision of services in a more timely and coordinated manner. With approved funding, the MHMRA county jail unit began in September 2005 to make several adjustments in order to increase the ability to provide assessment and initiate mental health services within several hours of an inmate being booked into the county jail. The goal of the changes was (1) to initiate mental health services at the "front door" rather than after the inmate was placed in general population; and thus (2) gradually begin to decrease the number of inmates waiting for mental health services at the "back door" once in booked into the jail's general population. To relieve some of the problems with overcrowding in the Jail while providing support for those offenders who are bonded out and awaiting their Court hearings, additional funding was requested for a Jail Diversion Team. The combination of the Jail Diversion Team and the FACT (Engagement Team) was expected to provide resources for care at the "front door" and "back door" when the offender is released.

Having successfully completed the third year under the umbrella of the Harris County Juvenile Justice Probation Department, Juvenile Forensic services expanded the pool of contract providers funded by Juvenile Probation to improve the movement of juveniles through the system.

The coming of Hurricane Katrina and Rita in the fall of 2005 placed even further demands on the Harris County mental service delivery system. Staff was moved from their assigned service sites to designated Disaster Relief Centers throughout Harris County to provide crisis assessment, counseling and brief psychopharmacological intervention as determined appropriate. This shifting of staff resulted in a strain on staffing patterns for both the adult and child and adolescent services. The agency was forced to resort to the expensive utilization of contract nursing and psychiatric technician services around the clock. Coordination of resource utilization and collaboration with the University of Texas, Harris County Hospital District and other neighboring community mental health services, both private and public was considered successful.

#### Major Mental Retardation Projects and Achievements during 2000-2006

- The first year of the millennium also witnessed a flurry of activities, projects, and achievements for the HCMRA. The Mental Retardation Local Authority (MRLA) processes and functions were implemented in 2001, including an MRLA web site to allow consumers/families, community providers, and agency staff to explore the latest information regarding MRLA, such as HCS reimbursement rates, frequently asked questions, enrollment procedures, and listings of HCS providers. The MRLA program was dissolved in 2003.
- Over the past several years, the HCMRA has positioned itself to serve as the provider of last resort and the safety net for Harris County. Toward that end, the MRA established several behavioral health programs which have eliminated or substantially reduced the need for the hospitalization of individuals served by the MRA in a state facility. Moreover, we have aggressively sought to expand our external provider network and to contract out services as much as possible. For the most part, services provided by the MRA's internal providers are services that the private providers are not willing to provide.
- During the biennial FY2006 -2007, it is anticipated that HCMRA will receive over 460 HCS slots to offer Harris County residents on the HCS Interest List the opportunity to participate in the HCS program.
- Created a Behavioral Treatment Program (BTP), which is a short-term residential program for adults for persons with a dual diagnosis of mental retardation and mental illness.
- Received accreditation of the New Day Treatment Program by the Texas Education Association (TEA) was a huge milestone. With this accreditation the MRA can contract with local school districts to provide services to dually diagnosed children. As of 2006, the demonstrated

achievement of this highly successful program continues to be evident in that the program is self sustained through contracts with school districts throughout Harris County. This program is highly regarded by school districts for its ability to effectively modify the challenging behaviors of children and adolescents and return them to the classroom setting.

- Conducted a public forum on Transportation to determine consumer/family needs in the community and for MHMRA services.
- The sponsorship of a study “*Mental Retardation and other Developmental Disabilities including Autism (MR/DD/A)* in Harris County” regarding the current status of public services for children and adults with MR/DD/A by the MR Needs Council in collaboration with the MHMRA. The assessment, completed in November 2004, indicates that although concerted efforts have been made, our public service system is substantially inadequate to meet the needs of most citizens, especially children and adults who are indigent and have intellectual disabilities such as mental retardation, and Autism Spectrum Disorders (ASDs).
- Created a Fetal Alcohol Syndrome Disorder (FASD) program.
- Increased the number of people served with safety net behavioral supports by 34%. Short-term, safety net residential services were increased by 90% In 2005,
- Assumed responsibility for the intake functions which included financial assessments (2005) and consumer benefits assistance (2006), which were previously performed by the Adult Mental Health Division.
- ECI implemented the concept known as Routines Based intervention, which embraces strong family family–centered practice.
- Initiated a MR Community Relations Program Outreach Program in 2006, to increase public awareness regarding the services and supports provided by the MRA, increase collaboration and partnerships with other community agencies and organizations to meet the needs of individuals with multiple needs.
- Public Awareness Committee of the MR- PAC, in conjunction with the Mental Retardation Needs Council of MHMRA, held a Public Listening Forum on November 22, 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 mental retardation and developmental disabilities in Harris County.
- Public Awareness Committee of MR PAC hosted the annual “Picnic in the Park” in April, 2005 and March 2006 respectively. Over 700 individuals with disabilities and their family members attended the event in 2005 and over 500 in 2006, 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. Many organizations (public and private) and individuals generously donated money, food, and goods for this event.
- Expanded service capacity as well as service types by creating a day habilitation program primarily for persons with Asperger’s, and an Applied Behavioral Analysis (ABA) Outreach Program for minors in 2006.
- Expanded the MRA Provider Network to over 22 contracted providers.