



MENTAL HEALTH MENTAL RETARDATION
AUTHORITY OF HARRIS COUNTY

Mental Health Local Service Plan

July 2010



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MHMRA of Harris County

Local

Service Planning

MENTAL HEALTH LOCAL PLAN 2010-2011

Section 1: Community Input Process

After the planning cycle of 2007, DSHS abandoned the Planning Advisory Council(s) mechanism, established in earlier years by TDMHMR. Since then, MHMRA of Harris County relies on three venues for obtaining input and suggestions regarding how to improve and expand services for persons with mental illness in Harris County. These are: (1) Program managers interfacing with consumers and collaborative providers; (2) periodic direct Family and Stakeholder Survey (via the internet); and (3) Participation in inter-agency or multi-purpose city and county task forces and planning committees.

1. Service Provider and Consumer Interface

We estimate that each week, mid-management staff and program managers (about 40 persons) spend about 25% of their time to meet face-to-face, telephonically, or via the web with families, consumers, and other providers of health and human services. These encounters are then passed on to higher levels of management and eventually to the Executive Committee levels for considerations. Changes in service delivery methods, hours of operation, training, etc. are then considered and implemented within feasibility and fiscal constraints.

2. Direct Family and Stakeholder Surveys

Attached as Exhibit II is a summary of the findings from the latest Survey administered in February 2010, based on 264 respondents, of which 70 are from consumers. An overwhelming majority (68%) considered choice of provider to be extremely important. Forty-two percent viewed expansion of provider of medical services to be important. These and other responses provide input into the MHMRA Mental Health Local Authority to plan its future actions concerning its management and expansion of provider pool.

3. Collaborative and Joint Planning Participation

The Planning Process at MHMRA of Harris County is a continuous process, just like its quality improvement process. New programs, beyond those mandated by the RDM requirements, are constantly considered or reconsidered, planned, and implemented throughout the years. As shown in Table 2, more than 30 programs have been added above and beyond the RDM model. Many of these have been implemented only within the last nine months. This continuous planning process relies heavily on community input from citizens and sister agencies who are concerned about quality and adequate care for persons with mental illness. The majority of the programs are targeted at persons with mental illness who suffer other deleterious conditions, such as substance abuse, chemical dependence, homelessness, involvement with the criminal justice or juvenile justice systems, family dysfunctions, etc. Table 1 lists the different community-based planning bodies and task forces where there is active MHMRA presence, both for the purpose of providing input into the coordinated county-wide planning process as well as for obtaining insight and information about new issues that MHMRA must

understand in order to develop appropriate programmatic responses or improvement. The rightmost column of Table 1 provides a succinct summary of the concerns or issues for each involvement area.

**Table 1:
MHMRA PARTICIPATION IN INTER-AGENCY COLLABORATIVE TASK
FORCES/COMMITTEES**

Inter-Agency Committee & Task Force	MHMRA Person(s) Attending **	Meeting Frequency	Purpose/Issues
1. Homeless Youth Network Board meeting	ED,	4 th Monday every two months	Homelessness and mental illness intervention and intervention
2. AAFS Board meeting	ED, DECS	3 rd Tuesday every month	Asian American mental health issues
3. Harris County Healthcare Alliance Board Meeting	ED,	4 th Thursday every month	Integration of health care and prevention in Harris County
4. Youth and Family Services Meeting	ED,	4 th Monday every month	Youth and family issues across all agencies serving youths and families
5. Children at Risk Institute Meeting	ED,	3 times per year	State of health, economic, and well-being of Harris County children and families
6. Joint City County Commission on Children Health Subcommittee	ED,	as needed	Comprehensive review of state of health for Houston and Harris County youths
7. Joint City County Commission on Children Policy Subcommittee	ED,	as needed	Comprehensive review of policies to enhance health and well-being for Houston and Harris County youths
8. MH Needs Council	ED, DDMH, MDCPEP,	1 st Wednesday every month	Comprehensive review regarding services, policies, mandates, state of business for public and private providers of mental health services in Harris County
9. MH/Jail Task Force Meeting (Sheriff's Task Force)	ED,	1 st Wednesday every month	Coordination of mental health care for persons involved with criminal justice system

10. Infants and Toddlers Court Team Meeting	ED, DEDS	2 nd Tuesday every month	Design and support a special court to deal with infants and toddlers of criminally charged persons
11. Systems of Hope Fiscal/Sustainability Workgroup	ED,	2 nd Tuesday every month	Systems of Hope
12. Network of Behavioral Health Providers	ED,	2 nd Wednesday every month	Coordination of mental health and chemical dependence services and policies
13. Harris County Healthcare Alliance Membership Meeting	ED,	2 nd Wednesday each quarter	Integration of health care and prevention in Harris County
14. HCPC Joint Quality Council	ED, MHMD, MHDD, CPEPMD, DDCPEP,	2 nd Friday every month	Coordination of outpatient and inpatient clinical care for persons with mental illness
15. TRIAD Executives Meeting	ED,Asst DMH	quarterly, as needed	Coordination of juvenile justice, protective services, and mental health services for children and adolescents
16. Agency CEO/Board Chair Council on Homelessness	ED,	3 rd Thursday every month	Broad and multi-disciplinary coordination of services for homeless persons
17. Harris County Alliance Legislative Meeting	ED,	3 rd Friday every month	Review and formulation of policies and laws affecting mental health services in Harris County
18. Systems Design Team/Quad Agency Meeting	ED,	3 rd Friday every month	Coordination of policies, programs, and services among the four health related public agencies in Harris County
19. Joint City County Commission on Children	ED,	2 nd Thursday each quarter	Comprehensive review of policies, programs, and services to enhance health and well-being for Houston and Harris County youths
20. Juvenile Detention Alternative Initiative (JDAI) Executive Steering Committee Meeting	ED,	quarterly, as needed	To identify and implement strategies that divert juvenile offenders from detention
21. Texas Council of Community Centers-Medical Services	DN, MDMH, MDCPEP, MDIDD	quarterly	Interface with DSHS and DADS to discuss issues that impact medical and nursing services in the community mental health and mental retardation

Consortium-Nursing Committee			centers
22. DSHS Nursing Leadership Council	DN	quarterly and as needed	Supports the role of professional nurses in implementing the agency (DSHS) mission to improve health and well-being in Texas
23.Nursing Internship Program for New Registered Nurse Graduates	DN	as needed	To offer 18 weeks of supervised mentored learning experiences in psych mental health to new nursing graduates and IDD nursing
24. Mental Health Court Task Force	ED, DEDS, MDMH, MDCPEP, DDMH, JMA	May-Nov2009	To design a mental health court for the Harris County criminal justice system
25. Consumer Councils	Dir. Consumer Services	Monthly	To encourage consumer participation in center policies and practice. Completes consumer surveys re: consumer/family satisfaction
26. Cost-of-Homeless Task Force	DEDS	as needed	To examine the impact of homeless on different service sectors in Harris County, and to design prevention strategies to reduce homeless and enhance health and human services
27. Veteran's Initiative	JMHA, JPM	May – Nov 2009	To determine the initial points of contact for Veterans with the criminal justice system with the goal of diversion. Resulted in the establishment of Harris County Veteran's Court in November 2009.
28. Services for Incarcerated Recently Released (SIRR) Persons	JPM	4 th Wednesday of every month	To address issues related to individual's recently released from incarceration who has a diagnosis of HIV or dually diagnosed with MH issues.
29.Mental Health America Houston Veteran's Behavioral Healthcare Task Force	JMHA, JPM	Monthly	To development countywide agency support for Veteran's returning to the community with mental health and substance abuse issues.
30. Health Care of the Homeless Advisory Council	CPEPPD	Every other month	To identify healthcare needs of the homeless in Houston and to share new resources that develop
31. Coalition for the Homeless Houston Advisory Council	CPEPPD, DDCPEP	Monthly	To identify resources and gaps in services for the homeless community in Houston

32. South-Central HPD Outreach Project	CPEPPD	Quarterly	Discuss outreach efforts to assist homeless people to engage into services instead of arresting or ticketing the homeless for trespassing
33. United Way Community Resource Meeting	CPEPPD	Monthly	To identify, share and problem solve for needed resources for low income or indigent people and families in the Houston Area
34. Jackson Hinds Gardens Providers meeting	CPEPPD	Quarterly	Meeting to address the needs of the formerly homeless residents that currently live at Jackson Hinds Garden's (Houston's first model where many PATH people receive placement when the program opened)
35. HCPC Recidivism Group	CPEPPD	Monthly	HCPC and MHMRA of Harris Co staff to problem solve new actions to take for the patients with the highest rates of recidivism to HCPC
36. Northline SAMSHA Grant Partners Collaboration	CPEPPD, DEDES	Monthly	Meeting with SEARCH, MHMRA, and Career and Recovery to evaluate and update the progress mad toward goals of this project
37. Houston Homeless Run Committee	CPEPPD	Monthly	Meeting to organize and find sponsorship for the annual race that highlights the plight of the homeless in Houston and hope to be able to raise enough funds to assist paying for placement in personal care homes for housing the mentally ill homeless in Houston
38. Ben Taub Hospital Leadership	DDCPEP, MDCPEP, CPEPPD	Quarterly	Meeting is in regards to NPC/PES patients sent to Ben Taub ER for medical clearance
39. NPC, HCPC and Constable	MDCPEP, CPEPPD	Monthly	The transferring of patients from PES

** Abbreviations and acronyms for Table 1:

ED = Executive Director; DDMH = Deputy Director, MH; MDMH = Medical Director, MH; DDCPEP = Deputy Director, CPEP; MDCPEP = Medical Director, CPEP; MDIDD= Medical Director, IDD; DN = Director of Nursing; DEDES = Director, Executive Decision Support; JMHA = Jail Mental Health Administrator; JPM – Jail Program Manager , CPEPPD = CPEP Program Director

Section 2: Service Array Description

MHMRA operates a two-tier mental health service delivery system. The first tier consists of programs and services mandated by DSHS on the basis of its Resilience and Disease Management (RDM) philosophy and models. These RDM services are provided at four major clinical environments, covering following four quadrants of the Harris County: Northwest, Central, Southeast and Southwest.

The second service delivery tier consists of non-RDM programs that are either innovative or viewed as necessary by the community. These are value-added programs that MHMRA in conjunction with the community deems necessary for Harris County. The majority of these programs (mostly those related to crisis services) have been in existence even before the State provided special funding for them. Other programs are grant funded. Most of these programs have historically or currently been funded by other sources than DSHS. These value-added programs are listed in Table 2 by name, with a brief description of the basis nature and aims of their services.

**Table 2:
LIST OF MHMRA SERVICE PROGRAMS THAT ARE ADDITIONAL TO THE
RDM COMPONENTS**

1. Psychiatric Emergency Service (PES).	The primary program for face-to-face crisis assessment, initial stabilization, and disposition to further services. Law enforcement officers bring individuals to the program on warrantless detention and the community may also walk in voluntarily seeking crisis services.
2. Mobile Crisis Outreach Team (MCOT)	Serves as both a primary intervention in the field and also as a follow-up crisis resolution option for individuals coming out of the PES or HCPC. MCOT staff either resolves the situation at the scene, or transports the individual to the PES.
3. Crisis Intervention Response Team (CIRT)	Serves as first responders in conjunction with law enforcement to psychiatric crises in the field, either resolving the situation at the scene, or transporting the individual to the PES. The program pairs a police officer and an MHMRA LPHA as a team on the street, responding to crises that require a police presence. There is 1-3 teams on the street at all times.
4. 23-Hour Observation Unit (23 Obs):	A psychiatric intensive care unit within the PES, and staffed by PES clinicians, that served over 800 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.

5. Crisis Stabilization Unit (CSU),	is a 16 bed state-licensed CSU program provides hospital-like services in a less costly, less stigmatizing, and less restrictive setting than inpatient hospitalization. The program is designed to serve voluntary adult patients who can be stabilized within a three to five day length of stay, and who can then be linked to community supports. The unit is staffed by a psychiatrist, nurses, LPHAs, psychiatric technicians and a peer navigator.
6. Crisis Residential Unit (CRU),	This program has been designed to serve voluntary consumers who can be stabilized and linked to community supports within seven to fourteen days of treatment while living in a residential setting that also provides psychosocial treatment and supports. The CRU is accredited through the Commission on Accreditation of Residential Facilities (CARF).
7. Crisis Counseling Unit (CCU),	Is operated in conjunction with the CRU to provide time-limited outpatient therapy during the initial days of a psychiatric crisis, preventing deterioration leading to a full-blown psychiatric illness. The CCU serves many non-target population consumers as well as those on “waitlist” to be seen in RDM clinics.
8. Crisis Respite	Located at a small efficiency apartment complex accommodating 16 beds, it provides 24/7 supervision and daily case management for consumers coming out of crisis and/or out of Rusk State Hospital. Length of stay is up to 30 days. During this time the program strives to link the residents into ongoing services, helps them apply for benefits, assists them in improving daily living skills as needed, and helps them successfully locate more permanent living arrangements.
9. Critical Time Intervention (CTI)	emphasizes short-term (9 months), intensive case management for consumers who are homeless, refractory and have been unable to engage in traditional mental health services. CTI is comprised of three 3-month phases of decreasing intensity and involvement by the case manager. The case manager actively engages consumers in connecting, developing and strengthening relationships with family, friends, neighbors and community providers who will ultimately replace the role of the case manager and serve as the consumer’s primary support system.
10. Co-Occurring Disorders Program.	Is a three month substance abuse residential treatment program enhanced by intensive mental health case management for individuals with co-occurring psychiatric and substance use disorders who are at considerable risk of expensive jail, hospital and emergency room services.
11. Mental Health First Aide	Provides MHFA training for agencies and organizations throughout Harris County. This consists of 12-hour course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

12. Peer Navigators	are self-identified consumers who are in recovery. The Peer Navigator performs a wide range of tasks to assist other consumers in regaining control over their own lives and over their own recovery process. They are able to teach and role model the value of every individual’s recovery experience and model effective techniques and self-help strategies by lending their unique insight into mental illness.
13. Chronic Consumer Stabilization Initiative (CCSI):	Is collaboration with the Houston Police Department (HPD) and the City of Houston Health Department in a process to identify and engage adults with mental illness who frequently utilize city law enforcement services. The goal is to enroll these individuals in ongoing mental health treatment through the provision of intensive crisis intervention and wrap around case management services.
14. Criminal Justice and Community Transition Teams	Funded by the Rider 65 fund allocation, this program collaborates with the Harris County Jail and Harris County Psychiatric Center (HCPC) to identify and engage adults with mental illness who are frequently incarcerated for minor offenses in the jail or who are high recidivists at HCPC and the MHMRA Psychiatric Emergency Service (PES). Through the provision of intensive intervention and wrap around crisis relapse and prevention services, the program engages each individual in ongoing mental health treatment and reintegration within the community.
15. Supportive Employment Initiative for Outpatient Services (CFA)	<ul style="list-style-type: none"> • Via an MOU with Gulf Coast Community Services Association provides job readiness activities, incorporating job retention and placement for MHMRA job ready candidates. • Developed a Business Advisory Group known as “The BAG” consisting of local businesses and community organizations committed to equity and access in the employment arena for ALL Houston/Harris County residents. Quarterly BAG meetings instituted. • Promote business interest in hiring MHMRA consumers • CFA partnered with Jobing.com, Neighborhood Centers and Workforce Solution to sponsor the CFA 1st annual job fair. Over 800 job seekers, 36 employment vendors including Comcast, City of Houston, HEB participating. • In partnership with the RISE program, assists MHMRA job seekers with subsidies for rent
16. “In-Reach” Program (Healthcare for the Homeless Houston)	Via a contract with Healthcare for the Homeless Houston (HHH) , provides “in reach” (up to two visits) in the jail to inmates who have a mental health diagnosis and who will be homeless upon release from jail, and up to one month of follow-up post release in the HHH clinic (providing mental health case management and initial mental health assessment, and attempting to link to MHMRA if qualified or Hospital District if not qualified).

<p>17. Bristow Homeless Program (PATH funded)</p>	<p>This is a federally funded program that provides outreach, case management, and clinic services to homeless individuals diagnosed with a mental illness, to increase their environmental and psychiatric stability. The Outreach team also interfaces with area Shelters to identify eligible individuals and facilitate access to services. Consumers identified as homeless and mentally ill are then assigned a Case Manager who assists them in meeting their identified needs through support & encouragement, as well as assistance in applying for and accessing mental health & social services. The clinic component of the Program provides basic services to consumers such as sack lunches, showers, laundry services & use of a phone, as well as Medication Management, Nursing Assessments, Group & Individual Counseling & Drug & Alcohol counseling.</p>
<p>18. Safe Havens Rehab Services</p>	<p>Psychiatric treatment , medication monitoring, psychosocial rehabilitation , case management services, and safe, low-cost housing for chronically homeless adult clients.</p>
<p>19. FACT (Forensic Assertive Community Treatment)</p>	<p>FACT is a program to provide jail/court based services to persons with psychiatric disorders who are arrested on minor offenses. The primary function of the program is to facilitate access to appropriate mental health services by providing assessment, treatment planning and monitoring, medication related services, skills training, family education, crisis intervention and transportation. This program enrolls county jail inmates with mental illness and at high risk of criminal recidivism into ACT services after release from jail. Program evaluation reflected a reduction in the following for FACT inmates released from the Harris County Jail to the FACT program: (1) a reduction in the mean number of bookings when comparing bookings post FACT with pre FACT involvement. (2) a reduction in the number of criminal charges and (3) a reduction in the number of jail days post FACT when compared with pre FACT involvement.</p>
<p>20. Juvenile Justice - Institution Programs</p>	<p>Psychiatric evaluation with diagnosis, rehabilitation skills training for active consumers, medication, and resource referral to juvenile offenders ages 10-17 years institutionalized at one of the following facilities:</p> <ul style="list-style-type: none"> • Burnett Bayland Reception Center, 6500 A Chimney Rock, Houston, TX 77081 • Burnett Bayland Home, 6500 Chimney Rock, Houston, TX 77081 (Girls) • Harris County Leadership Academy, 9120 Katy Hockley Rd., Katy, TX 77493 • Harris County Youth Village, 210 J.W. Mills Dr., Seabrook, TX 77586 • Psychiatric Stabilization Unit, 6500 A Chimney Rock, Houston TX. 77081 • Harris County Juvenile Detention Center, 1200 Congress,

	Houston, TX. 77002
21. Juvenile Justice - Community Unit Probation Services (CUPS) Program	Psychiatric evaluation with diagnosis, clinical assessments, treatment planning, community-based rehabilitation skills training and counseling for active consumers, medication, and resource referral services to juvenile offenders ages 10-17 years of age with mental illness and involvement with a CUPS Unit.
22. Juvenile Justice – Alternative Education Program	Psychiatric evaluation with diagnosis, rehabilitation skills training for active consumers, medication, and resource referrals to juvenile offenders ages 10-17 years expelled from their home schools: <ul style="list-style-type: none"> • Juvenile Justice Alternative Education Program South, 2525 Murworth, Houston, TX 77054 • Juvenile Justice Alternative Education Program North, 11947 N. Freeway, Houston, TX 77092
23. Juvenile Forensic	This unit provides psychological, psychiatric and family assessments to children between the ages of 10 and 17 who are referred under the jurisdiction of the Harris County Juvenile Court System upon request from the Harris County Juvenile Probation Department or the Juvenile Courts.
24. NEW START: Intensive Rehabilitation/Service Coordination & Court Resource Program & New START Atascocita	Services include referral and screening, crisis services, community based counseling, medication training, intensive rehabilitation, skills training and socialization activities, intensive & transitional case management, court advocacy, continuity of care for offenders with mental impairments and were convicted and sentenced to TDCJ, and approved for Special Needs Parole/Probation. Court Resource Program provides Pre-Trial Diversion services to three Harris County Felony Mental Health Courts. These services are provided to the mentally impaired defendant. Individuals receiving services tend to have a moderate to severe level of need and / or a history of multiple hospitalizations. The general focus of services is to stabilize symptoms, improve and sustain functioning, increase community tenure and establish support networks via intensive skills training.
25. Adult Forensic – Front Door Services	The Front Door Services Department provides psychiatric evaluations, medication maintenance, and crisis intervention to all inmates in Harris County Jail. It responds to mental health needs and provides timely access to care to patients/inmates at their initial point of incarceration. It aims to assess patient/inmates in a prompt and thorough manner, and make recommendations to affect appropriate interventions that would satisfy the need for reducing adverse symptoms caused by mental illness; and to assist with housing assignments.

<p>26. Adult Forensic – Mental Health Infirmiry Services 2102(2C, 2P and CBT), 2105(HCPC)</p>	<p>The Mental Health Infirmiry is comprised of 2 housing units within Harris County Jail (2C & 2P) and one unit within Harris County Psychiatric Center (HCPC).</p> <ul style="list-style-type: none"> • All three units operate 365 days a year 24 hours a day. Psychiatric Nurses, Technicians, and Specialized Mental Health Deputies are on site 24/7. Physician coverage is on site for 2C & 2P from 6am-5pm Monday – Friday. • Harris County Psychiatric Center (HCPC) provides all the staff for their unit, except for HCSO Specialized Mental Health Deputies and one (1) MHMRA Case Manager who is the liaison between all three entities. • <u>2C</u> –Located @ 1200 Baker St, Houston, TX ; 713-755-7388 or 7233 --2C consists of 70 beds (25 female/45 male). Services include: treatment planning, medication management, and substance abuse counseling. These services are provided through a multidisciplinary team approach involving psychiatrists, nurses, psychiatric technicians, a Licensed Chemical Dependency Counselor (LCDC) and case managers.
<p>27. Texas Correctional Office For Offenders With Medical or Mental Impairment (TCOOMMI)</p>	<p>Psychiatric evaluation with diagnosis, intensive community-based rehabilitation skills training, psychotherapy, and intensive case management for active consumers, medication, resource referral and linkage, to juvenile offenders ages 10-18 years. In addition, the program conducts advocacy and weekly parent support group facilitated by the Parent Partners through the Harris County Alliance.</p>
<p>28. The Triad Mental Health</p>	<p>In home family based counseling, family assessment, school advocacy, individual and family therapy, referrals, case management. Triad Mental Health also serves as the local liaison for Waco Center for Youth. The Triad Mental Health is a family centered approach based upon the family’s needs. The needs of the family guide the interventions and approaches that are used. Flexibility and creativity is key. The goal of Triad is to allow youth with mental health issues to remain in a home setting by providing family preservation services; establishing stable home environments and obtaining required community based support services for each family.</p>
<p>29. Adult Forensic Unit Court Services – Competency & Sanity; 21 Day State Hospital Diversion</p>	<p>Competency & Sanity (C & S) evaluations are conducted for defendants housed in Harris County Jail as well as those released on bond. Evaluations are to determine whether the defendant is competent to stand trial, and to determine mental state at the time of the alleged offense (sanity). C & S is designed o provide the courts, defense attorneys and prosecutors with assistance in determining a defendant’s competency and/ or sanity.</p> <p>Competency -To determine whether defendants understand the charges made against them and whether they are capable of participating in their defense.</p> <p>Sanity – To determine whether defendants were sane at the time of</p>

	<p>the alleged offense.</p> <p>State Hospital Diversion (21 Day) – Psychiatric assessments are conducted on defendants who indicate or appear mentally unstable during their first court appearance.</p>
30. Adult Forensic Unit Court Services – 21 Day State Hospital Diversion	<p>21 Day program is designed to determine for the courts, as well as, the defense attorneys whether a defendant may be in need of outpatient psychiatric treatment. The program’s aims are: 1) to provide information to the courts regarding the current psychiatric stability of a defendant and 2) to reduce the number of bed days utilized by Forensic admissions from Harris.</p>
31. Children and Adolescent Services- Assertive Community Treatment (CAS- ACT)	<p>Services are provided based on the appropriate level of CARE recommended and authorized in accordance with the Adult Texas Recommended Assessment Guidelines. CAS-ACT services are offered to a limited caseload managed and monitored by a multidisciplinary team which provides pharmacological management, psychosocial rehabilitative services such as medication training and support, intensive case management, psychoeducation, parent and child skills training (behavior management training), counseling (cognitive behavioral therapy) and parent to parent peer support.</p>
32. Adult Forensic-Mental Health Infirmery Service Cognitive-Behavioral Therapy (CBT) Program 2P2 and 2B1A	<p>Initial assessments are made to ascertain whether male consumers are appropriate for the CBT Program. Services are coordinated with jail psychiatrists, nurses, counselors, caseworkers, deputies, and/or other medical and allied health personnel. Individual and Group Cognitive-Behavioral Therapy (CBT) sessions as well as Life Skills (L.S.) Groups are provided for consumers. Therapy is designed to address behavioral problems, mental health problems, and/or substance abuse problems demonstrated by the consumers. Staff are to process with consumers how to make positive, constructive changes in their thinking and their beliefs in order to improve their emotional consequences and exhibit more appropriate behaviors or achieve more desirable life outcomes. The goal is for consumers to learn to think more clearly and rationally in order to feel better and not react so impulsively or exacerbate existing mental health problems.</p>

<p>33. Community Based Stabilization Unit- Juvenile Justice Aftercare Unit</p>	<p>Provides psychiatric evaluation with diagnosis, intensive community-based rehabilitation skills training, psychotherapy, intensive case management for active consumers, medication, resource referral and linkage, to juvenile offenders ages 10-18 years. The CBSU works with client's who have recently been released from juvenile probation institutions. The program provides intensive community-based mental health services/supervision in the school and home by a licensed professional and probation officer. The clinical staff works collaboratively with the Harris County Probation Department to ensure that the child/adolescent is stabilized, does not re-offend, and learns appropriate coping/decision making skills to become a productive and law abiding citizen. The goal is to control symptoms of mental illness through medication and other therapies, provide support and coordination, intensive supervision, develop a network of agency and community resources; reduce recidivism; increase awareness through consumer and family education.</p>
<p>34. Co-Location Programs (Pasadena, Magnolia, Sheldon, Alief ISDs)</p>	<p>Serve children/adolescents between 3-17 years with a DSM IV Axis I diagnosis of mental illness who exhibit serious emotional, behavioral or mental disorders and who have a serious functional impairment (CGAF of 50 or less) or are severely emotionally disturbed as assessed by the school's special education program, or at risk of out-of-home or child care placement due to psychiatric symptoms.</p> <p>Services are provided based on the appropriate level of CARE recommended and authorized in accordance with the Adult Texas Recommended Assessment Guidelines for children and adolescents. The assessment determines identified service needs and appropriateness of the service modality. Services may include evidence-based services and supports such as crisis services, child or parent skills training, parent/family support, family partner, family psycho-education, counseling, intensive case management, care coordination (routine case management type service), medication management intervention and medication training and support. Services and supports will be provided within the financial resources available.</p> <p>The focus is on providing quality services delivered in a systematic, collaborative team based approach emphasizing the prevention of relapse and complications utilizing evidence-based practice guidelines and encouragement of empowerment of the patient through self management education and utilization of strengths of the child and family to meet unmet needs. The goal is to improve overall consumer's mental health and functioning by controlling symptoms of mental illness through evidence based services and supports and increased awareness and consumer involvement through consumer and family education.</p>

<p>35. Supportive Services For Homeless Persons (SAMSHA Grant—Partners)</p>	<p>Funded by a SAMHSA grant for five years, this program is a service and research endeavor jointly operated by MHMRA, Search, Inc, and Career & Recovery Services Inc. It provides intensive supportive and case management services including psychosocial rehab to chronically homeless residents at the two “housing-first” facilities in Houston. All enrollees, beside having a homeless history, are also dually suffering from mental illness and substance abuse. Many also have extensive criminal justice involvement history. The goals are to reduce jail recidivism, decrease chemical dependence, decrease use of intensive psychiatric emergency and hospitalization, and increase linkage with outpatient and rehabilitative outpatient mental health services.</p>
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Exhibit II provides recent examples of the accomplishments of the different components of the Mental Health Sector of MHMRA during fiscal year 2009.

EXHIBIT I

LPND Consumer Family and Stakeholder Survey

Cross Tab Report

Date: 4/8/2010 8:19 AM PST

Responses: Completes

Filter: No filter applied

1. Please indicate which best describes your relationship with MHMRA of Harris County (Check only one box).	Number	Percent
I Receive Services at a Clinic	253	70%
I have a family member or friend who gets services at MHMRA of Harris County	58	16%
I am a Community Provider	12	3%
A Member of Advocacy Group	7	2%
An Interested Citizen	12	3%
Center Staff	6	2%
Other, please specify	16	4%
Total	364	100%
2. At which clinic do you receive services?		
Northwest Clinic	183	42%
Ripley	7	2%
Southeast Clinic	136	31%
Southwest Clinic	105	24%
UT/HCPD Outpatient Clinic	2	0%
Total	433	100%
3. Are you a Harris County Resident?		
Yes	440	96%
No	17	4%
Total	457	100%
4. Are you aware that all Centers are now required by state law to explore contracting services they currently provide to interested third parties?		
Yes	154	34%
No	300	66%
Total	454	100%
5. If you answered "No" to Question 4, would you like to receive additional information regarding changes that may affect the services at the Center?		
Yes	196	54%
No	170	46%
Total	366	100%

7. On the list below, please identify the THREE most important factors you consider when choosing a provider for services:		
Convenient Location	258	56%
Pharmacy on site	154	34%
Transportation available	160	35%
Length of appointment	76	17%
Clean Environment	141	31%
Wait time to see the doctor	166	36%
Cost of services	115	25%
Bilingual Services and materials	21	5%
Religious and spiritual values	39	9%
Cultural/Ethnic Sensitivity & Knowledge	31	7%
Reputation of Provider	66	14%
All services at the same location	122	27%
Availability of crisis services	69	15%
Other, please specify	16	4%
8. What service(s) would be most important for you to have a wider pool of providers to choose from?		
Crisis Services	119	28%
Respite Services	27	6%
Help to find and get a job	108	25%
Doctor Services for MHMR	181	42%
Counseling	165	38%
Help to find and get a place to live	98	23%
Learning the skills to take care of your self and live a better life	138	32%
9. How important is a choice of providers to you?		
Not Important At All	17	4%
Not Very Important	8	2%
No Opinion	33	7%
Somewhat Important	87	19%
Very Important	304	68%
Total	449	100%
PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU OR A FAMILY MEMBER RECEIVE SERVICES FROM MHMRA OF HARRIS COUNTY		
10. From which clinic do you or your family member receive services?		
Northwest Clinic	176	43%
Southwest Clinic	94	23%
Ripley	7	2%
Southeast Clinic	129	32%
UT/HCPD Outpatient Clinic	2	0%
Total	408	100%

15. On a scale of 1 to 5 how satisfied are you with the services you receive at MHMRA?		
Very Unsatisfied	14	3%
Somewhat Unsatisfied	14	3%
Neutral	45	10%
Somewhat Satisfied	103	24%
Very Satisfied	260	60%
Total	436	100%
PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU HAVE MADE APPLICATION OR CONSIDERED MAKING APPLICATION AS AN EXTERNAL PROVIDER		
16. How did you hear about MHMRA's RFA?		
Word of mouth	16	26%
MHMRA Website	3	5%
MHMRA Employee	9	15%
Advertisement	0	0%
State website	5	8%
MHMRA Client/Patient	12	19%
Professional Publication	6	10%
Other, please specify	18	29%
17. Have you made application to be an External Provider for MHMRA?		
Yes	17	25%
No	52	75%
Total	69	100%
18. If you answered "No" to Question 17, do you intend to make application?		
Yes	11	20%
No	44	80%
Total Responses	55	100%
19. If you have considered applying to be an External Provider but did NOT apply, what were your reasons?		
Application process too lengthy	9	17%
Application was too difficult to understand	7	13%
Did not meet criteria to apply	5	9%
Difficulty with getting information to apply	4	8%
Reimbursement for services too low	9	17%
Found other more appealing opportunities	4	8%
Disagreed with service philosophy	0	0%
Prefer to work with different population	3	6%
Do not believe I would qualify	11	21%
I will apply in the future	12	23%
Other, please specify	14	26%

For more information please contact us at the number below or visit our website at www.mhmraharris.org or send us your concerns or questions at mhnetworkdevelopment@mhmraharris.org.

THANK YOU FOR YOUR HELP WITH THIS SURVEY - YOUR OPINION COUNTS!

MHMRA of Harris County MH Network Management 7011

Southwest Freeway Houston, TX 77074

713.970.3400 Telephone

713.970.3387 Fax

Exhibit II

Mental Health Services Accomplishments

MHMR AUTHORITY OF HARRIS COUNTY

FY 2009

Psychiatric Emergency Services (PES)

- The PES is a psychiatric emergency service staffed 24-hours a day with psychiatrists, registered nurses, clinical social workers, licensed professional counselors and psychiatric technicians.
- Consumers are assessed and treated and may be referred to other services as needed.
- Individualized clinical service plans which incorporate medication administration, reinforcement of coping skills, and close observation by clinical staff, family meetings, and determination of appropriate community supports are implemented.
- Added a Division Nurse Manager to manage all of CPEP nursing staff and further improve the best patient outcomes.
- PES increased the RN staffing level by 2.8% due to increased volume of consumers served and the redesign which will increase the triage capacity.
- Added an additional CPEP training staff to aid in training compliance for CPEP employees.
- Served 12,723 Harris County residents in the past twelve months. Sixty-three percent of them were indigent or uninsured.
- There was a 24% increase with the numbers served at the PES in fiscal year 2009.
- Over 500 were children or adolescents.
- Over 3,930 people were brought in by law enforcement.
- Referred 2,007 consumers to ongoing outpatient treatment.
- Transitioned 60% of the consumers who were served in NPC emergency program in the past twelve months. They were able to return to the community without incurring the cost of inpatient hospitalization with.
- Remained operational throughout Hurricane Ike, assessing serving those in crisis.
- Added a designated CPEP IT staff member to coordinate IT needs for the CPEP division.

23-48 Hour Observation Unit

- This is a psychiatric intensive care unit within the PES staffed by PES clinicians.
- This unit is designed to treat and stabilize acutely mentally ill consumers who upon admission to the unit meet full criteria for psychiatric hospitalization but are determined to have a condition which could improve without hospitalization given intensive treatment.
- Many of the consumers treated in this program were brought in by law enforcement on an involuntary basis.
- Served over 600 Harris County residents in the last 12 months.
- Transitioned 64% of the consumers who were served in the 23-48 Hour Observation program in the past twelve months. They returned to the community without incurring the cost of an inpatient hospitalization.

Crisis Stabilization Unit (CSU)

- This is a 16 bed program located at NPC 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 adult patients who can be stabilized within a three to five day length of stay, and who can then be linked to community supports.
- Served over 1,200 Harris County residents during the past 12 months.
- Served an average of 100 consumers per month who have received treatment in the CSU, with an average length of stay of 4 days, compared to 10 days average length of stay at a psychiatric hospital.
- Approximately 72% were referred to further outpatient treatment with 46% successfully linking with an outpatient clinic through the Eligibility Center.
- Remained operational throughout Hurricane Ike and its aftermath.

Mobile Crisis Outreach Team (MCOT)

- The program provides crisis intervention and follow-up services to individuals in the community experiencing a mental health emergency.
- Clinicians travel to locations in Harris County to evaluate persons, both adults and children, who cannot or will not access traditional psychiatric care.
- Inpatient hospitalization and incarceration are avoided through the use of preventative medicine, intensive case management and brief therapy, therefore reducing the likelihood that a person would require a higher level of care.
- Follow-up visits are provided to ensure linkage into ongoing mental health and social services. MCOT works closely with the Houston Police Department and the Harris County Sheriff's Department.
- Served 2,344 Harris County residents which is an average of 195 consumers per month.
- Provided an average of 8 services per consumer with an average time per consumer limited to one month.
- Services provided included triage, psychosocial assessment, intensive case management, counseling, medication management, nursing services, referrals and linkage to ongoing mental health and social services.
 - 37% of those served were linked into MHMRA outpatient clinic services
 - 5% to substance abuse programs
 - 24% to other agencies or providers
 - 10% required linkage to a more restrictive level of care (inpatient hospitalization)
- Provided psychiatric intervention to consumers awaiting involuntary beds at Harris County Psychiatric Center.
- Screened indigent consumers seeking admission to Harris County Psychiatric Center after hours and on weekends.
- Trained Houston Police Department CIT officers and Harris County Sheriff's Department officers.
- Provided consultation services to area law enforcement agencies.

- Increased Psychiatrist availability within the program.
- Participated in HPD Southwest and Central Locations Community Forums.
- Provided education and information on MCOT to internal and external service providers.

Crisis Help Line

- Crisis Help Line is a 24-hour-a-day telephone service which provides a crisis hotline and information and referral services for all Harris County residents needing emergent or urgent psychiatric services.
- Began operations in June of 2003.
- For many consumers needing psychiatric services, it serves as the first point to obtain the necessary and appropriate services.
- Help Line staff work with the caller to determine the appropriate next step, and make referrals to the necessary services.
- The Crisis Help Line helps decompress the Neuropsychiatric Center and Ben Taub psychiatric emergency services by triaging non-emergent problems to routine outpatient treatment centers.
- Provided telephone assessments, screenings, crisis counseling, and appropriate referrals, including MCOT, CIRT, CIT and PES referrals when indicated.
- Answered approximately 16,000 calls per month addressing consumer questions and providing information about MHMRA or other community resources, and routine business calls.
- Maintained contracts with six other community mental health centers to answer their hotlines as well as answering the National Suicide Prevention Lifeline for Harris County and Partnership Counties.
- Implemented a new web-based documentation software system called iCarol to track all incoming and follow-up calls.
- Implemented new call recording software to help provide better quality assurance and training on the Help Line
- The Help Line is coming to completion of a 2 year study sponsored by SAMHSA and conducted by Columbia University.
- They have been monitoring calls made to the National Suicide Prevention Lifeline and 1800-SUICIDE and making follow-up calls to callers who consent to determine our baseline crisis/suicide intervention skills.

There are 17 hotlines participating in the project across the county.

- In July 2009, the Help Line Director and Assistant Director were trained as Trainers in Applied Suicide Intervention Skills Training (ASIST) and brought this training back to MHMRA. They were required by the study to train our staff participating in the study so the monitors could study whether there is a difference in outcomes pre and post ASIST Training. As of December 2009 they have offered 3 ASIST trainings to Help Line staff, other MHMRA staff and some community members.

Crisis Residential Unit (CRU)

- The CRU provided community-based crisis residential services for approximately one-third the cost of traditional inpatient hospital beds.
- The program has been designed to serve voluntary consumers who can be stabilized and linked to community supports within seven to fourteen days of treatment while living in residential settings.
- The CRU is focused on individuals who have had repeated admissions to expensive services such as emergency rooms, jails and hospitals.
- CRUs are well established nationally as effective alternatives to hospitalization for many patients experiencing a psychiatric emergency who do not need (and may not respond well to) the more restrictive settings of inpatient or crisis stabilization units.
- Therapeutic interventions in the CRU are limited to evidence-based treatment models including cognitive behavioral therapy, dialectical behavioral therapy, problem-solving, Good Chemistry (a nationally recognized program for alcohol and drug addiction), skills training, and individual, solution-focused therapy.
- The CRU is staffed by master's level, licensed clinicians, an RN and a medical director. In addition, a part-time physician provides limited services and may also provide brief consultations to consumers in the co-located Bristow Homeless Program.
- Over the past 13 months, the CRU has served 613 clients with an average length of stay of 11.2 days.
- In the past 13 months, most consumers (97%) reported improvement in their condition either to "much improved" or "very much improved" as measured on the Clinical Global Impression (CGI).
- Over 87% of the consumers discharged from the CRU were linked with outpatient or other community services, including housing and health care.
- In the last 13 months, the CRU has served many non-target population consumers who might not otherwise receive services. In addition, the CRU has served many consumers who have been "waitlisted" due to lack of capacity in the clinic system.
- In 2009, the CRU earned a 3-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is the JACHO equivalent for rehabilitation facilities and this makes the CRU one of the few CARF-certified programs in Harris County.
- In the 2009 CARF survey, the CRU received an outstanding commendation for the manner in which it cared for clients during Hurricane Ike and the aftermath.
- The Crisis Counseling Unit (CCU) is operated in conjunction with the CRU and by the same masters' level clinicians. The CCU provides time-limited outpatient therapy during the initial days of a psychiatric crisis, preventing deterioration leading to a full-blown psychiatric illness.
- CCU services are available to any Harris County resident who is indigent/uninsured and experiencing a psychiatric crisis. (The cost for Crisis

Counseling is included in the cost of the Crisis Respite Beds and the CRU staff provides the services.)

- The CCU serves non-target population clients, as well as those who have been waitlisted for access to the MHMRA clinic system and those who have been disengaged from other systems and services.
- The CCU also serves as a resource for HCHD consumers and MHMRA clinic consumers who are not eligible for therapy services.

New programs implemented in 2009

In addition to the ongoing programs listed above, a further significant CPEP accomplishment during the past year has been the implementation of ten (10) new programs and contracts utilizing state Crisis Redesign funds.

(1) Crisis Intervention Response Team (CIRT)

- This is a new program that has been developed in collaboration with Houston Police Department and MHMRA.
- MHMRA received authorization to utilize state Crisis Redesign funds for the clinical staff and Houston Police Department provided funding for the police officers and patrol cars.
- The program partners a CIT trained police officer with an MHMRA licensed mental health professional.
- One or two teams each shift work together in an unmarked police car. They respond to mental health calls, SWAT team calls, and other related calls. They also respond to the MHMRA MCOT teams when a situation warrants it.
- The program has been well received, and plans are under way to expand the day shift from two teams to three.
- Responded to nearly 300 calls per month, with an average of only three interactions requiring arrest.
- Provided the program with quarterly training for the teams.
- The team has been recognized with the Chief of Police Unit Citation Award both team and individual.
- Featured media coverage: Aljezeer Press interview, Houston Press article, Fox News feature, Houston Chronicle feature.

(2) Co-Occurring Disorders Program (COD)

- The COD is a new program being implemented through the use of state Crisis Redesign funding.
- Individuals with co-occurring psychiatric and substance use disorders are considerably more likely to access expensive jail, hospital and emergency room services. In addition, they are a more unstable and potentially lethal population.
- In response to the significant problems associated with obtaining substance abuse treatment for MHMRA-eligible individuals with co-occurring disorders, the co-occurring disorders program was created and operationalized in a record time of 2 months.
- The co-occurring disorders program is staffed by a LPHA Supervisor, Program Manager and four case managers.
- MHMRA CPEP Division was able to negotiate 6 contracts with various local chemical treatment providers to offer up to thirty days of intensive residential treatment and as much as sixty days of supportive residential treatment.

- Consumers admitted to this program receive MHMRA outpatient clinic services and intensive case management from the co-occurring disorders staff.
- The Co-Occurring Disorders Program has a current bed capacity of 46. This represents an increase of 6 beds in the current fiscal year.
- With some exceptions due to attrition, all of the COD beds have remained at or near full capacity at all times.
- Since the beginning of the program in June, 2008, 256 clients have been served and 123 have successfully completed the program (significantly higher than the national averages for residential treatment programs).
- In the last 12 months, the COD program has served 221 clients with 109 successful completions.
- Utilized approximately 10,000 supportive residential bed days serving 221 consumers in fiscal year 2009.

(3) Critical Time Intervention Program (CTI)

- Crisis Redesign Funded
- CTI is an evidenced based program that emphasizes short-term (9 months), intensive case management for consumers who are homeless, refractory and have been unable to engage in traditional mental health services.
- CTI is comprised of three, 3-month phases of decreasing intensity and involvement by the case manager.
- The case manager actively engages consumers in connecting, developing and strengthening relationships with family, friends, neighbors and community providers who will ultimately replace the role of the case manager and serve as the consumer's primary support system.
- The CTI program began as a new Program within the Comprehensive Psychiatric Emergency Program (CPEP) Division in September 2008, and over the last twelve months we have achieved the following:
 - Served a total of 83 clients
 - Average number of services per client, per month: 20
 - Average number of services provided per day: 25
 - Average monthly caseload was 30
 - Current number of contracts with housing Providers: 7
 - Acquired housing during Phase I for 77 clients
 - Successfully graduated 9 clients
 - Percentage of referrals from:
 - Hospitals: 6%
 - Jail: 4%
 - CPEP: 77%
 - Other programs (clinics): 13%
 - Presentations on CTI Program provided to:
 - Forensic Unit staff
 - Jackson Hinds Gardens staff
 - Housing Providers

- MHMRA Clinics staff
- CPEP Programs
- HCPC staff

- By collaborating closely with other CPEP programs, CTI has provided continuity of care and early intervention to maintain stability and prevent crisis.
- Number of clients that:
 - Obtained employment: 27
 - Obtained their own apartments: 9
 - Obtained Social Security benefits: 21
 - Obtained Food Stamps: 15
 - Obtained Gold Card: 14
 - Obtained supportive, long-term housing: 16
 - Obtained citizenship: 1
 - Began attending school: 5
 - Reconnected with their family: 16

(4) Branard Street Crisis Respite (Branard)

- Beginning in December, 2008, a small efficiency apartment complex accommodating 16 beds and already owned by MHMRA and previously used for a now-abandoned purpose was converted to use as a crisis respite program, providing 24/7 supervision, programming and daily case management for consumers coming out of various crisis services, incarceration and/or out of Rusk State Hospital.
- Clients are able to remain in respite, as needed, for up to 30 days – an appreciable period in which to stabilize and link with essential outpatient health services and other resources. During this time the program strives to link residents into ongoing services, help them apply for benefits, assists them in improving daily living skills as needed, and successfully locating more permanent living arrangements giving consumers sufficient time to apply for benefits, health care services and/or seek employment and more permanent housing.
- Since its opening, Branard Street has served 223 clients. One hundred ninety five of the clients served were successfully discharged (in that they completed the program and were linked to other programs or placed in the community).

(5) Children's Crisis Residential

- MHMRA of Harris County developed a contract with Depelchin Children's Center to provide brief crisis residential treatment followed by up to one month of in-home family therapy for children and adolescents in behavioral/mental health crises.
- Residential/Respite services provided to 20 children.
- Total bed days for the year: 447

- 30 days post discharge in-home treatment provided to 18 children

(6) Inpatient Crisis Services

- MHMRA is contracting with local psychiatric hospitals to provide brief inpatient care to indigent patients when Harris County Psychiatric Center has reached capacity and the MHMRA Psychiatric Emergency Center is in danger of going on diversion. So far there are contacts with two hospitals.
- 32 cases were sent to Private Inpatient Hospitals
- 191 Bed Days utilized
- Diversion from the PES decreased from 34 instances in 2008 to only 25 instances in 2009.
- The average diversion period decreased from 12.49 hours in 2008 to only 10.36 hours in 2009.

(7) Mental Health First Aid

- Mental Health First Aid is an evidenced based 12-hour training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis.
- The evidence behind the program demonstrates that it makes people feel more comfortable managing a crisis situation and builds mental health literacy — helping the public identify, understand and respond to signs of mental illness.
- Provided training to 452 participants.
- Completed 31 classes.

(8) Healthcare for the Homeless Houston

- MHMRA is contracting with Healthcare for the Homeless Houston (HHH) for them to provide “in reach” (up to two visits) in the jail to inmates who have a mental health diagnosis and who will be homeless upon release from jail, and up to one month of follow-up post release in the HHH clinic (providing mental health case management and initial mental health assessment, and attempting to link to MHMRA if qualified or Hospital District if not qualified).
- Program has served 219 consumers.
- Has opened for follow-up 123 consumers.
- Has provided crisis follow-up to 123 consumers.

(9) Peer Navigators

- Program staff are self-identified consumers currently in recovery.
- Two full-time employees and five part-time positions were hired for this program.
- These positions are housed at the following locations, PES, CSU, Branard and CRU.
- This is the first time that this program has been implemented in emergency services. Peer Navigators received intensive training prior to their initial

interactions with consumers including Mental Health First Aid and Focus for Life Consumer Training.

- One of the goals of the Peer Navigators in CPEP is the conveyance that recovery is possible and obtainable. The Peer Navigators perform a wide range of tasks to assist consumers in regaining control over their own lives and their own recovery process. Some of these tasks include:
 - Greeting consumers at the PES.
 - Provide resource information regarding the Eligibility Center process and linkage into a clinic.
 - Explain the initial intake/screening process of PES.
 - Hold peer support groups.
 - Peer Navigators teach and role model the value of every individual's recovery experience.
 - Model effective techniques and self-help strategies by lending their unique insight into mental illness.

(10) Chronic Consumer Stabilization Initiative (CCSI)

- The Chronic Consumer Stabilization Initiative (CCSI) is a collaborative program between the Houston Police Department, The Mental Health Mental Retardation Authority of Harris County (MHMRA), and The City of Houston Health and Human Services Department.
- This joint collaboration program was designed to identify, engage, and provide services to individuals who have been diagnosed with a serious and persistent mental illness, and who have frequent encounters with the Houston Police Department.
- The main goal of this program is to divert these chronic individuals away from their routine and repetitive encounters with law enforcement, reduce excessive calls for service to the 9-1-1 system, and provide them with opportunities to lead a more stabilized life.
- Reduced the number of interactions between individuals diagnosed with serious and persistent mental illness and the Houston Police Department.
- Identified unmet needs and barriers in the community that contribute to an individual's inability to engage and remain in mental health treatment.
- Linked and coordinated individuals with mental health treatment and other social needs.
- Provided support and education to individuals and family members to minimize contact with law enforcement resulting from noncompliance with mental health treatment.

Federally funded Projects for Assistance in Transition from Homelessness (PATH) Grant

Bristow Homeless Program

- MHMRA of Harris County has implemented a federal grant Program known as Projects for Assistance in Transition from Homelessness (PATH).
- The program is under the direction of the Comprehensive Psychiatric Emergency Programs Division leadership.
- This program is housed in the same building as several other CPEP programs such as Mobile Crisis Outreach Team, Crisis Residential Unit, Crisis Intervention Response Team, and Co-Occurring Disorders; thus allowing PATH to work closely with all of the above CPEP program components.
- The PATH program also has built up a significant community network collaborating with other community homeless service providers to provide more resources for the homeless population while decreasing the difficulty in accessing these services.
- The PATH program provides outreach, assessment, case management, nursing, LCDC services in addition to medication management to homeless individuals diagnosed with a mental illness, to increase their environmental and psychiatric stability.
- The outreach team also partners with area shelters to identify eligible individuals and facilitate access to services. Consumers who have been identified as needing services are then referred to the PATH program for an extended assessment of needs.
- Consumers identified as homeless and mentally ill are then assigned a Case Manager who assists them in meeting their identified needs through support & encouragement, as well as assistance in applying for and accessing mental health and social services.
- The drop-in center component of the program provides basic services to consumers such as sack lunches, showers, laundry services, clothing closet, use of a locker and use of a phone, as well as clinical services such as Medication Management, Nursing Assessments, Group & Individual Counseling and Drug and Alcohol counseling.
- Renewed grant for the current fiscal year and is expected to provide outreach to at least 2,752 homeless persons with mental illness.
- In the past twelve months, PATH has provided an estimated 15,000 ancillary services such as lunches, laundry and showers to the 707 persons admitted for services.
- The PATH program enrolls approximately 70 new clients each month for clinic services, for a year end total of 840 newly enrolled clients.
- The program maintains a caseload of 200 enrolled clients.
- Approximately 30% of the persons admitted for services will be successfully linked for continued mental health services.
- Program administrators collaborates monthly with HPD Outreach, Coalition for the Homeless, Healthcare for the Homeless Advisory Counsel, Houston Homeless Resource Guide Committee, Houston Homeless Run Committee, Jackson Hines Gardens, Northline SRO, HCPC Recidivism, Homeless Court, and the United Way Community Resource Committee.
- Program Director participates in the following community support activities:

- A. Board Member of:
 - The Houston Homeless Resource Guide
 - The Houston Homeless Run
- B. Advisory Council Member:
 - Health Care for the Homeless Houston
 - Jackson Hinds Gardens
 - My Fellow Man Alliance
 - Houston Police Department's Outreach Project
 - HCPC's Recidivism Meeting
 - Coalition for the Homeless Advisory Council
 - Returning Veterans Mental Health Initiative
- C. Participates in:
 - Coalition for the Homeless Annual Street Count
 - Homeless Court Project
 - United Way Community Resource Meetings
 - Northline/SEARCH SAMHSA Grant

MENTAL HEALTH AUTHORITY SERVICES

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

- Exhibited reliable Trust Fund utilization reporting accuracy to within <1% when cross-referenced with financial data provided by the state; benchmark - within 5% of State report
- Provided oversight and coordination to support the successful management of the agency's 18.9 million dollar trust fund with total utilization projected at to be at 100% and well under the 110% over-utilization amount which would warrant sanctions. The agency consistently ranked among the top 3 MHMR centers statewide for effective trust fund utilization and 1st among large metropolitan centers with allotments greater than 10 million dollars concerning the ability to maximize use of allotted state hospital funding.
- Achieved a 100% success rate regarding the coordination of resident county changes with other MHMR centers for erroneous state hospital utilization fees charged toward Harris County; the total estimated value of savings in this domain was approximately 2.1 million dollars.
- Achieved a 100% success rate with requests submitted to state hospital utilization review staff for a reduction in inpatient level of care status, leading to an estimated value of 1.1 million trust fund dollars in this domain.
- Saved an additional \$121,000.00 in state hospital trust fund dollars for the agency via staff tracking and monitoring of ancillary utilization costs.
- Concerning SMHF, the UM department continued its effort in successfully reducing the long-term civil census from 24 to 18 (25% reduction) in FY'09, freeing up approximately \$657,000.00 trust fund dollars for other Harris consumers in the state hospital setting.

Utilization Management – Resiliency and Disease Management (RDM)

- Continued to exceed the goal of authorizing all routine RDM authorization requests within 1 business day. The UM Department staff completed a total of 65,137 provider requests for RDM service authorization with an overall average turnaround time of 1 business day.
- Exceeded in appropriateness of authorization for >89% of completed service authorization requests; the state benchmark was 85%.
- Maintained previous high staff productivity levels in authorizing RDM service authorization requests (average of 283 authorizations per day). The benchmark was >200 authorizations per day, and the previous fiscal year daily average was 284.
- 0 formal appeals - appeals target @ <1/1000

Utilization Management – Crisis Redesign

- Initiated UM review of all contract program referrals within 24 business hours.
- Assisted in provider relations development and utilization review training for both the Inpatient diversion and DePelchin Crisis Respite contract expansions.
- 0 formal appeals - appeals target @ <1/1000
- Managed a total of 287 cases for the authorization of 10,711 bed days for inpatient and residential services and for 70 relapse prevention service interventions with contracted facilities and providers.
- Provided accurate utilization reporting for all contracts managed to help ensure that spending did not exceed allotted costs.

Credentialing Department

- Credentialing Department start up-hiring staff, developing committee, writing Operational guideline (purpose-expedite credentialing of providers as a means to reduce service write-off's)
- Credentialed over 300 providers
- Began Delegated Credentialing negotiations with 3rd party payors.

Continuity of Care (COC)

- Provided 94% of patients with face-to-face needs assessment prior to discharge from acute care; contract requires 75%
- Ensured 97% of patients had a qualifying state discharge status; contract requires 95%

Network Management

- Developed Local Plan for Network Mgmt with over 160 stakeholders-obtained pan approval
- Revised Local contracts to meet new TAC requirements
- Posted first procurement package under new Local Plan
- Continued monitoring of external contract-training/claiming issues
- Completed Case Management and Monitoring for over 400 consumers in external provider network

- Hiring/training new staff for implementation of Local Plan

Eligibility Center (EC)

- Development of Quad Eligibility Software- set for go-live FY 2010
- Development/implementation of pilot program for remote eligibility for HCPC

Consumer Benefits Office (CBO)

- Development of Quad Eligibility Software
- Development of PAP application process beginning at the EC
- Increased average monthly benefit application submissions by 20%
- Planning electronic application processing with DARS

MENTAL HEALTH OUTPATIENT SERVICES

Outpatient Clinical Services

- Met the performance contract target established by the Department of State Health Services Resiliency and Disease Management model of care by providing the minimum number of hours of service required based on service intensity need-**Exceeded adult target by 4% and child and adolescent target by 8%**
- Established forum for receiving input on housing needs through community forum
- Established an additional co-location school based clinic through KIPP academy
- Collaborative participation with “Gift of Hearts” which provides community service opportunities and education through to teach life skills, encourage self-confidence and create social awareness
- Provided statewide decision making input on the Texas Department of State Health Service’s Oversight Committee through the division’s Medical Director’s active participation
- Collaborative education of health care providers through UT Psychiatry Grand Rounds participation by the division’s Medical Director
- Secured outside grant funding to complete a mental health policy analysis on “Consequences of Untreated Mental Illness in Houston”
- Completed program evaluation on the Forensic Assertive Community Treatment program (intensive outpatient program providing jail/court based services)

Supportive Employment Initiative for Outpatient Services (CFA)

- Establishment of a MOU with Gulf Coast Community Services Association to provide job readiness activities, incorporating job retention and placement for MHMRA job ready candidates.

- Development of Business Advisory Group known as “The BAG” consisting of local businesses and community organizations committed to equity and access in the employment arena for ALL Houston/Harris County residents. Quarterly BAG meetings instituted
- Kick off breakfast, May, 2009 to promote business interest in hiring MHMRA consumers held at the Embassy Suites with City of Houston Councilperson, Wanda Adams, keynote speaker.
- CFA partnered with Jobing.com, Neighborhood Centers and Workforce Solution to sponsor the CFA 1st annual job fair. Over 800 job seekers, 36 employment vendors including Comcast, City of Houston, HEB participating.
- CFA Information Forum Breakfast "Employment and Empowerment through Collaboration" held on October 29, 2009 at the United Way of Greater Houston. Jarvis Johnson, City Council Member served as the Moderator for this event.
- Partnering with the RISE program to assist MHMRA job seekers with subsidies for rent

FACT (FORENSIC ASSERTIVE COMMUNITY TREATMENT) PROGRAM

- Program evaluation reflected a reduction in the following for FACT inmates released from the Harris County Jail to the FACT program: (1) a reduction in the mean number of bookings when comparing bookings post FACT with pre FACT involvement. (2) a reduction in the number of criminal charges and (3) a reduction in the number of jail days post FACT when compared with pre FACT involvement.

JUVENILE JUSTICE PROGRAMS

- All JJ programs are fully staffed, no vacancies, including TCOOMMI
- Harris County Probation has provided funding for 6 staff (3 LPHA and 6 QMHP) to work closely with the kids in Institutions to provide group and individual counseling, case management, crisis intervention and COC linkage.
- Harris County Probation has provided funding for an additional LPHA for the Psychiatric Stabilization Unit
- Our Business Office staff are equipped with scanners and signature pads which will eliminate having other departments help with scanning JJ financial documents
- TCOOMMI staff have received new computer equipment

FORENSIC OUTPATIENT SERVICES

NEWSTART (Specialized Team of Advocates and Rehabilitation Therapists)

- Served 8045 defendants in the Jail Diversion Program
- Served 4717 in the Continuity of Care Program

- Served 570 in Intensive Case Management and Intensive Rehabilitation Program
- New START Peden Substance Abuse Treatment Program opened 2/1/08 and accepted mentally impaired co-occurring disorder probation. YTD served is 113 unduplicated. The program capacity is 70 beds.

HARRIS COUNTY JAIL BEHAVIOR HEALTH PROGRAM

JAIL BASED SERVICES

- **Front Door Clinic**
 - Number of Psychiatric Evaluations completed at the Front Door during FY09 = 10,692
 - Number of Psychiatric Evaluations completed FY10 through October = 7,983
- **Outpatient Services**
 - Hired LPHA to assist with reevaluation of patients waiting to go to the state hospitals for competency restoration
 - Implemented court ordered medication (civil process) for patients found incompetent to stand trial, waiting for the state hospital and refusing medications
 - Hired LPHA to assist with discharge planning for patients returning from state hospitals Not Guilty by Reason of Insanity, Not Competent – Not Likely to Regain Competency and other difficult cases, i.e., medical conditions with mental health issues
 - Established Chronic Care Clinic for ongoing outpatient services

- **Mental Health Infirmery Units** (2C, 2P)
 - Decreased the Length of Stay (LOS)- began @ 16 days per patient; ended FY09 at 15.25 days per patient;
 - Hired Utilization Management LPHA to assist in monitoring Length of Stay
 - Decreased number of patients placed in seclusion from 4.4 to 1.9 per month
 - 415 referrals to the HCPC Forensic Unit in FY09
- **Cognitive Behavioral Therapy Program** (Designed to address behavioral problems manifested in mental health patients at Harris County Jail)

Program evaluation of the Cognitive Behavior Therapy program reflected the following findings:

- Statistically significant improvement in the average rates of occurrences per person within a year's time when examining bookings, charges and misdemeanors for both pre and post CBT criminal justice activities
- A significant reduction in the number of felonies
- Conducted presentations discussing benefits of CBT program on three (3) different occasions
 - National Commission on Correction Healthcare
 - Texas Psychological Association
 - Women in Law Enforcement
- **Project HELP** – Effectively closed grant funded program for Katrina & Rita evacuees;
 - Total Referrals for service - 570
 - Total patients assessed - 422
 - Total qualified and served - 213
 - Katrina – 198
 - Rita - 15
- **Legal Community Involvement**
 - Participated in establishing multiple Mental Health Courts
 - Veteran's Court – Judge Carter
 - Mental Health Court – Judge Krockner
 - Mental Health State Hospital Docket – Judge Ellis

STAFF TRAINING

- Certification for Mental Health First Aide trainers obtained. (Totaling 5 for the agency).
 - Instituted Mental Health First Aid training for all new hires.
 - Implemented Mental Health First Aid training for existing staff.

- Over 200 Mental Health Services Division staff completed training
- Developed new Recovery and Clinical Engagement material to include state-mandated Motivational Interviewing and implemented the new material with both new and existing staff
- Implemented ongoing supervision model for motivational interviewing skills to ensure consistent implementation.
- Implemented new COPSD material now provided in an online format including providing CEU's to licensed participants.
- Updated and/or continued MH Clinical Training for new hires that include:
 - Basic MI Competency Training - Continued
 - TRAG Competency Training - UPDATED
 - COPSD Competency Training - UPDATED
 - TIMA PFEP Competency Training – Continued
 - Rehab Competency Training - Continued
 - Case Management Competency Training - Continued
 - Treatment Planning Competency Training - Continued
 - Recovery & Clinical Engagement Competency Training - Updated
 - Administrative Functions – Updated to include information on organization and self-management
 - Progress Note Writing
 - Concurrent Documentation
 - Mental Health First Aid - NEW
- Updated and/or continued Annual Competency Training for existing staff that include:
 - Basic MI Competency Training - Continued
 - TRAG Competency Training - UPDATED
 - COPSD Competency Training - UPDATED
 - TIMA PFEP Competency Training - Continued
 - Rehab Competency Training - Continued
 - Case Management Competency Training - Continued
 - Treatment Planning Competency Training - Continued
 - Recovery & Clinical Engagement Competency Training - Updated
 - Mental Health First Aid – NEW

CONSUMER ADVISORY COUNCIL (CAC)

AWARDS\RECOGNITION:

Awarded Mental Health America Consumer of the Year, June 2009

Two Consumer Advisory Council members hired as Peer Navigators, June 2009

TRAINING AND PRESENTATIONS:

- Mental Health First Aid Training Course, May 2009

- Computer Training to facilitate electronic communication with MHMRA staff and other entities, July 2009
- 3 day training to learn how to share personal stories-“In Our Own Voice” by NAMI, July 2009
- NAMI Advocacy Training, April 2009
- Understanding Major Depression-June 2009
- Dual Diagnosis, July 2009
- Signs and symptoms of relapse, January 2009
- Building self-esteem, January 2009
- Training with Peer-to-Peer Facilitator, August 2009
- Trained new Helpline staff on the roles of the Consumer Advisory Council
- Presentation to new employees every 2 weeks (Consumers share their stories about recovery)

COLLABORATIVE PARTICIPATION:

Participation in the NAMI National Conference
 Participation in the NAMI Texas Conference
 Participation in Network Development Committee
 Advocacy for consumers monthly in meetings with practice managers at each clinic
 Input in clinics’ quarterly staff meetings
 Joint meetings with the Veterans Administration Consumer Council
 Completed surveys soliciting consumer opinions about clinic services

Increased community resource materials in each clinic’s waiting room
 Provided assistance during Hurricane Ike to Ripley consumers.

Pharmacy Services

Overview:

MHMRA of Harris County has 4 retail and 1 hospital pharmacy that provide services to the consumers who utilize case management or physician services within the agency. Our pharmacies, located in the Medical Center, Southwest, Southeast, Northwest and Downtown areas dispense approximately 200,000 prescriptions per year for over 14,000 consumers with major depression, bipolar disease and schizophrenia. Each of our retail pharmacies are supported by a sophisticated Pharmacy Assistance Program which enables many of the MHMRA consumers to access to free medication from participating pharmaceutical companies.

Volume Statistics:

	2004	2005	2006	2007	2008	2009
Purchased	\$9,164,883	\$11,084,066	\$8,024,904	\$6,251,162	\$6,387,414	\$ 4,417,577
Free	\$5,006,009	\$6,488,022	\$8,818,018	\$8,764,538	\$8,380,601	\$ 11,938,621
% Free	35%	37%	52%	58%	57%	73%

2009 Projects Undertaken:

- ◆ Re-bid wholesaler contract
- ◆ Re-bid “relief pharmacy” contract
- ◆ Re-bid GPO contract
- ◆ Evaluated all 53 PDP Part D Plans in Harris County to determine which plans best fill the needs of the agencies population for 2009
- ◆ Cross training of PAP and Pharmacy technicians
- ◆ Reduce 1 FTE in PAP by consolidating New Start and SW Pap Process
- ◆ Consolidate the PAP office into the pharmacy suite to improve communication and efficiencies

Results:

- ◆ Increase the amount of free drugs attained for our patients by \$3.5 million dollars over last year
- ◆ Reduction of 3% in our wholesaler pricing on drugs
- ◆ Reduction of 3.2% per hour in relief pharmacist rates
- ◆ GPO bid process completed for 5 year period
- ◆ Analysis of 2009 Medicare Part D plans completed and shared with agency providers
- ◆ 80% of all Pharmacy techs have been trained to do PAP
- ◆ PAP staff was given tools to study for pharmacy tech exam and all PAP staff will have to have a pharmacy tech certification by 12/31/09 to remain working in the pharmacy department.
- ◆ SW, SE and NW Pharmacies were built out to accommodate the PAP staff moving into the pharmacy

Overall, the pharmacy department continues to be clinically and financially high functioning with little voluntary turnover.

Nursing Leadership/Management-Statewide Activities

- Nursing Director participates in the quarterly Texas Council of Community Centers-Medical Services Consortium meetings in Austin. Director of Nursing in conjunction with the Director of Nursing from Tarrant County is a Co-Leader of the nursing group. The Medical Services Consortium meets with Department of State Health Services’ leadership to discuss issues that impact medical and nursing services in the community mental health and mental retardation centers.
- The Director of Nursing has been appointed by the Commissioner of the Department of State Health Services (DSHS) to serve on the DSHS Nursing Leadership Council. The Council includes nursing leaders from the Public Health Regions throughout the state, state psychiatric hospital chief nursing officers and nursing academia. The Director of Nursing’s appointment was supported by the Texas Council of CMHMR Centers and she represents the Council for the

community mental health and mental retardation centers. The purpose of the Nursing Leadership Council is to support the role of professional nurses in implementing the agency (DSHS) mission to improve health and well-being in Texas.

Schools of Nursing Affiliations

- MHMRA provided clinical sites for nursing students' psychiatric nursing learning experiences with three University Colleges of Nursing and one Community College Associate Degree School of Nursing. Provided Center information regarding services and orientation to over 150 nursing students. Over one hundred nursing students completed their clinical practicae in mental health nursing in Center service sites and programs. It is noteworthy that nursing students completed clinical practicae in the Psychiatric Emergency Services including the Mobile Crisis Outreach (MCOT) Program. The Center continues to receive request for additional learning experiences for nursing students such as the Chamberlin College of Nursing in Indiana who will be implementing a 3 year BSN nursing program in the Houston area in 2010.

Community Initiatives

- Partnered with the Methodist Hospital and twelve other community healthcare, academic entities and Houston Work Source to develop and submit to the Department of Labor a grant entitled "Expanded Education and Training for RN's LVN's and Mental Health Technicians in the Specialty Areas of Gerontology, Behavioral Health and Rehabilitation". The purpose of the grant is to develop internships for new nursing graduates and training programs for areas that do not traditionally attract new graduates. In addition training opportunities will be provided to increase skill sets for persons' working in the above referenced areas. The grant request was for \$4.7 million dollars and activities must be completed within 18 months after the grant has been approved. MHMRA will participate in the internship program for new nursing graduates and as a training site for mental health technicians. The Department of Labor will send notification in January 2010 if the grant has been funded.
- Represented the Center at the [*Mental Health: Engaging Communities to Reduce the Mental Health Stigma*](#) forum on November 5, 2009 at the Texas Southern University in Houston, Texas sponsored by the National Black Nurses Foundation (NBNF) and co-sponsored by Texas Southern University H.O.T.E.P. Mental Health Pilot. MHMRA was identified as a community sponsor on promotional materials and during the program. Center information on programs and services was made available to program attendees. Joycelyn Elders, MD the 17th Surgeon General of the United States was the keynote speaker. Conference planners noted that this program had the largest number of attendees of the 3 previous conferences held in other parts of the country.

Nursing Education

- Coordinated, made application for and implemented the process for Continuing Nursing Education (CNE) credits for the June 2009 24th Annual Texas Council

Community Center's Training in Fort Worth. Center Director of Nursing participated as a member of the state-wide conference program committee. Presentations were approved by the Texas Nurses Association and 9 continuing nursing education credits were awarded.

H1N1 Response

- Participated in the Department of State Health Services-State Operations Center weekly calls from April through November regarding H1N1 preparedness and response. Provided weekly updates to the Disaster Command Staff-Incident Command and in conjunction with Human Resources, the Infection Control Professional, the Medical Directors and Executive Staff formulated and implemented Center response. Center response included implementation of an education program that focused on prevention and disease management, dissemination of education information, provision of consumer materials in multiple languages, building signage, employee incentives for early seasonal and H1N1 vaccination and letters to consumers and families in Spanish and English.

MHMRA of Harris County

Crisis Services Plan

Harris County Crisis Service Plan, February 2010

a.) Illustrate a flow of crisis services designed to assure rapid response to persons in crisis and local stabilization when possible.

MHMRA of Harris County has developed and implemented all the components of a Comprehensive Psychiatric Emergency Program (CPEP). The CPEP model represents the standard of care in large, urban settings in the United States and is designed to utilize the least restrictive means possible in stabilizing and treating consumers so they may return to the community, develop networks of human relationships, and remain out of hospitals and out of jails. MHMRA received Crisis Redesign funding from the Department to expand crisis services and several additional programs were then implemented. The following illustrates the flow of crisis services:

The HelpLine, a crisis hotline service, conducts telephone suicide assessments and crisis intervention, and provides community referrals when appropriate to the various other crisis programs within MHMRA or to law enforcement. When possible, the HelpLine attempts to resolve the crisis by phone thereby avoiding the need to have the caller utilize other services this is done through careful assessment of risk, de-escalation techniques, connection to other community referrals, and continued follow-up calls until the crisis is resolved.

The primary program for face-to-face crisis assessment, initial stabilization, and disposition to further services is our Psychiatric Emergency Service (PES). Law enforcement officers bring individuals to the program on warrantless detention and the community may also walk in voluntarily seeking crisis services. At times the criminal courts dismiss misdemeanor charges and order individuals to the PES for a mental health evaluation. Our Mobile Crisis Outreach Team (MCOT) and Crisis Intervention Response Team (CIRT) also serve as first responders to psychiatric crises in the field, either resolving the situation at the scene, or transporting the individual to the PES.

For crisis resolution, follow-up and transition MHMRA of Harris County has a variety of options for the individual, depending on the nature and severity of the crisis.

MCOT serves as both a primary intervention and also as a follow-up crisis resolution option for individuals coming out of the PES or HCPC. The program works closely with law enforcement.

CIRT is a specialty program that is an off-shoot of MCOT. The program pairs a police officer and an MHMRA LPHA as a team on the street, responding to crises that require a police presence. There is 1-3 teams on the street at all times.

Also available for further stabilization are the Crisis Stabilization Unit, the Crisis Residential Unit, Crisis Respite, Critical Time Intervention, and the Co-Occurring Disorders program. Each program serves a unique niche in the continuum of crisis services provided by MHMRA of Harris County.

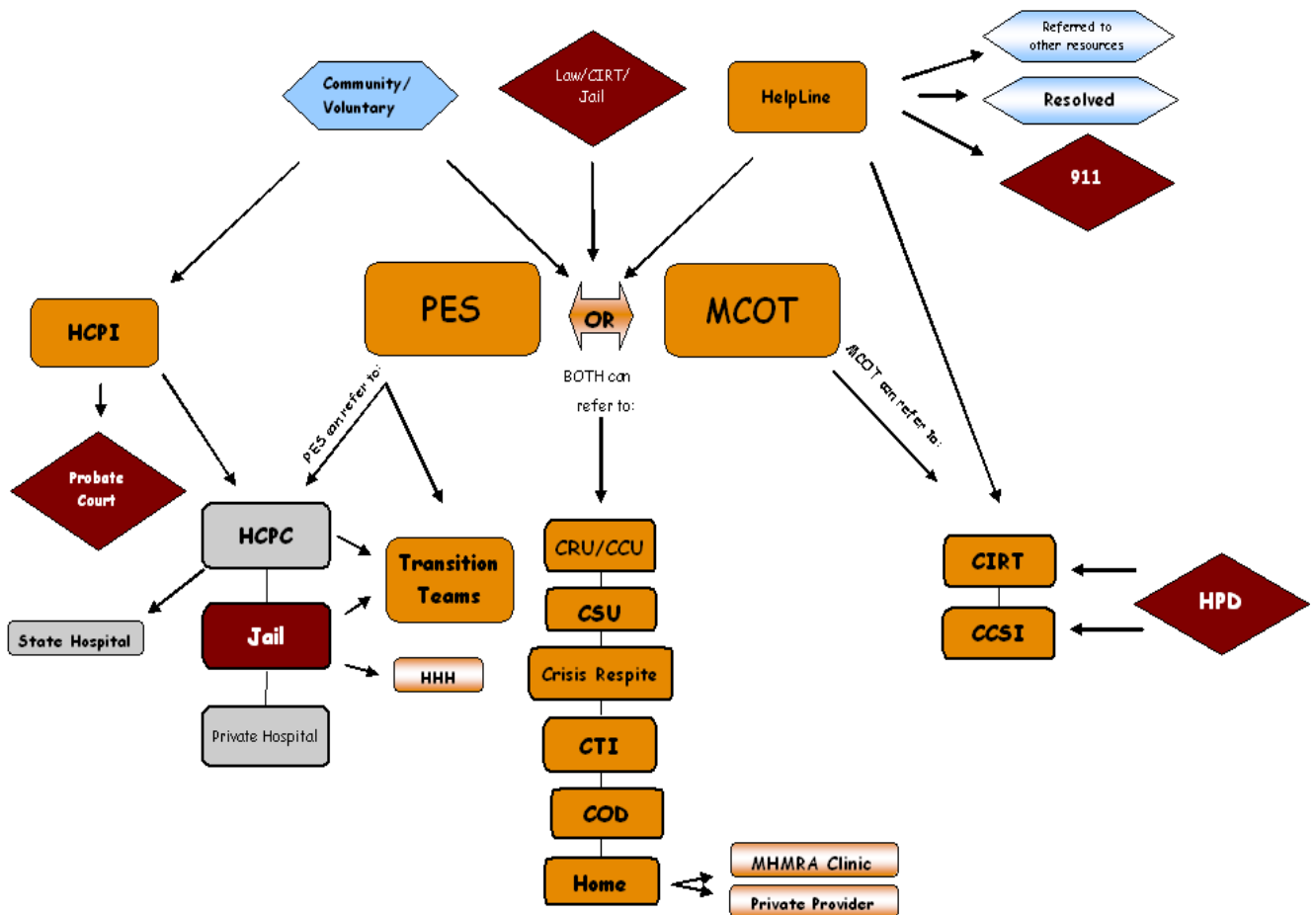
On rare occasions after assessment in the PES, law enforcement takes the detainee on to the Harris County Jail, depending on the nature of the crime and the result of the assessment.

Harris County Psychiatric Center serves as the psychiatric acute care hospital for us. No patients are sent directly to Rusk State Hospital without first attempting to stabilize at HCPC, and since September of 2009 there have been no civil commitments that transferred from HCPC to Rusk. MHMRA of Harris County also contracts with four private psychiatric hospitals. Those beds are used only when HCPC is at capacity and our PES is nearing diversionary status.

MHMRA of Harris County is in the process of implementing Transition Teams that will initiate contacts with individuals in the jail, HCPC and the PES and then provide follow-up services and supports for up to three months in the community. There is also has a contract with Healthcare for the Homeless Houston (HHH) to provide jail in-reach and brief community follow-up upon discharge from the jail.

In an effort to educate the community at large, MHMRA has two staff trained in Mental Health First Aid. They conduct MHFA training for agencies and organizations throughout Harris County.

CPEP Referral Process



b.) Describe the components of the crisis services system

- Crisis HelpLine is a 24-hour-a-day telephone service providing a crisis hotline and information and referral services for all Harris County residents seeking emergent or urgent psychiatric services. It began operations in June of 2003 and has been accredited with the American Association of Suicidology for over 6 years. For many consumers in need of psychiatric services, it serves as the initial contact to obtain the necessary and appropriate services. HelpLine staff work with the caller to determine the appropriate next step, and make referrals to the necessary services. The Crisis HelpLine also helps decompress the MHMRA PES and Ben Taub psychiatric emergency services by triaging non-emergent problems to routine outpatient treatment options. The HelpLine also has a contract with the National Suicide Prevention LifeLine to answer calls to their line for our area, and with six other community mental health centers to answer their crisis hotlines. The phone counselors are bachelor level QMHPs.
- Psychiatric Emergency Services (PES) is 24-hour a day psychiatric emergency service located at the Neuropsychiatric Center (NPC). The objective of the Psychiatric Emergency Service is to promptly and accurately assess and evaluate consumers in Harris County experiencing a mental health crisis. The PES strives to utilize the least restrictive means possible in stabilizing and treating consumers so they may return to the community, develop networks of human relationships, and remain out of hospitals and out of jails. Services also include an extended observation component which provides intensive psychiatric treatment and observation in a safe and secure environment, with the expectation that the crisis can be resolved in less than twenty-four hours. Services available include medication administration, meetings with extended family, close observation by clinical staff, reinforcement of coping skills, and assistance in determining appropriate family and community supports. Extended observation is designed for those individuals who may be stabilized quickly and thus avoid hospitalization. No target population diagnosis is required and the PES provides thorough psychiatric evaluations and initial treatment to children and adults, including those brought in by law enforcement on a warrantless detention. Depending on the results of the evaluations and initial treatment, consumers may be referred to an MHMRA outpatient clinic, private provider, admitted to the extended observation program, admitted to another MHMRA crisis service program, or transferred to an inpatient facility. The unit is staffed continuously by psychiatrists, registered nurses, clinical social workers and licensed professional counselors, and psychiatric specialists. Peer Navigators are available on a daily basis.
- Mobile Crisis Outreach Team (MCOT) 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 may also go to schools to provide interventions, which allow the student to stay in school. Inpatient hospitalization is avoided through the use of preventative medicine, reducing the likelihood that a person will 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 Houston Police Department Crisis Intervention Team Program (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 during the evening

and weekend hours seeking hospitalization, with the expectation that a percentage of those consumers can be diverted to a less restrictive and less expensive level of care. The program is staffed by psychiatrists, registered nurses, clinical social workers and licensed professional counselors, and psychiatric specialists.

- Crisis Intervention Response Team (CIRT) is a program that has been developed in collaboration with Houston Police Department and MHMRA. MHMRA received authorization to utilize state Crisis Redesign funds for the clinical staff and Houston Police Department provided funding for the police officers and patrol cars. It is a program that partners a CIT trained police officer with an MHMRA licensed mental health professional. There are currently seven teams that work together in unmarked police cars (two teams per 8 hour shift plus one team the works across the day and evening shift). They respond to calls with mental health related issues, SWAT team calls, and other related calls. They also respond to the MHMRA MCOT teams when a situation warrants it and provide follow up to previous calls they have made when indicated. The program has been well received by HPD and based on quality surveys sent out to police officers who called upon a CIRT unit, 92% stated that the CIRT program is a valuable resource, and 98% stated they would request CIRT again when dealing with a difficult crisis situation. The program received further validation at the national Crisis Intervention Team conference, as two of the seven national awards were awarded to individuals involved in development of the program: Behavioral Health Professional of the Year, and Officer of the Year.
- Crisis Stabilization Unit (CSU) is a 16 bed state-licensed CSU program located in the same building as the PES. It provides hospital-like services in a less costly, less stigmatizing, and less restrictive setting than inpatient hospitalization. The program is designed to serve voluntary adult patients who can be stabilized within a three to five day length of stay, and who can then be linked to community supports. The unit is staffed by a psychiatrist, nurses, LPHAs, psychiatric technicians and a peer navigator.
- Crisis Residential Unit (CRU) program has been designed to serve voluntary consumers who can be stabilized and linked to community supports within seven to fourteen days of treatment while living in a residential setting that also provides psychosocial treatment and supports. 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 hospital or crisis stabilization units. Therapeutic interventions include cognitive behavior therapy, dialectical behavioral therapy, problem-solving, communication skills training, psychosocial rehabilitation, Good Chemistry (a nationally recognized program for alcohol and drug addiction), skills training, and individual therapy. The CRU is accredited through the Commission on Accreditation of Residential Facilities (CARF). Crisis Counseling Unit (CCU), which is operated in conjunction with the CRU utilizing the same LPHAs, provides time-limited outpatient therapy during the initial days of a psychiatric crisis, preventing deterioration leading to a full-blown psychiatric illness. The CCU serves many non-target population consumers as well as those on "waitlist" to be seen in clinics.
- Co-Occurring Disorders Program (COD) It is a three month substance abuse residential treatment program enhanced by intensive mental health case

management. Individuals with co-occurring psychiatric and substance use disorders are considerably more likely to access expensive jail, hospital and emergency room services. In addition, they are a more unstable and potentially lethal population. In response to the significant problems associated with obtaining substance abuse treatment for MHMRA-eligible individuals with co-occurring disorders, the co-occurring disorders program was created. This program is staffed by an LPHA supervisor, a Clinical Services Team Leader and four case managers. MHMRA CPEP Division contracts with various local chemical treatment providers to offer thirty days of intensive residential treatment and as much as sixty days of supportive residential treatment. Consumers admitted to this program receive MHMRA outpatient clinic services and intensive case management from the co-occurring disorders staff.

- Critical Time Intervention Program (CTI) is an evidenced based program that emphasizes short-term (9 months), intensive case management for consumers who are homeless, refractory and have been unable to engage in traditional mental health services. CTI is comprised of three 3-month phases of decreasing intensity and involvement by the case manager. The case manager actively engages consumers in connecting, developing and strengthening relationships with family, friends, neighbors and community providers who will ultimately replace the role of the case manager and serve as the consumer's primary support system.
- Crisis Respite (Branard) is located at a small efficiency apartment complex accommodating 16 beds. This location is being used for a crisis respite program, providing 24/7 supervision and daily case management for consumers coming out of crisis and/or out of Rusk State Hospital. Length of stay is up to 30 days. During this time the program strives to link the residents into ongoing services, helps them apply for benefits, assists them in improving daily living skills as needed, and helps them successfully locate more permanent living arrangements.
- Inpatient Crisis Services MHMRA contracts with Harris County Psychiatric Center (HCPC) and also with four private psychiatric hospitals to provide inpatient care for indigent consumers at the same bed day rate as HCPC. The private hospital contracts are only accessed when we are nearing diversion in our Psychiatric Emergency Service (PES) and HCPC has no appropriate beds available.
- Peer Navigators are self-identified consumers who are in recovery. The Peer Navigator performs a wide range of tasks to assist consumers in regaining control over their own lives and over their own recovery process. They are able to teach and role model the value of every individual's recovery experience and model effective techniques and self-help strategies by lending their unique insight into mental illness. Peer navigators are assigned to four of the crisis programs: the PES, CSU, CRU, and Crisis Respite at Branard Street Apartments.
- Harris County Psychiatric Intervention and Court Liaison Services (HCPI) is co-located with HCPC and the Probate Court, and assists the Probate Court with processing mental health warrants, orders of protective custody, probable cause/final commitment hearings, civil commitments and transfer of consumers to state hospitals. Staff members also complete psycho-social assessments on indigent

consumers who walk in to HCPC during the day requesting inpatient hospitalization services. This program often fields questions, in person or by telephone, concerning hospitalization, other mental health issues and community referrals. The philosophy of HCPI is to promptly and accurately assist family members, significant others, community professionals and the Probate Court in recommending the most appropriate yet least restrictive disposition required for treatment and stabilization.

- Chronic Consumer Stabilization Initiative (CCSI): The Mental Health Mental Retardation Authority of Harris County (MHMRA) is collaborating with the Houston Police Department (HPD) and the City of Houston Health Department in a process to identify and engage adults with mental illness who frequently utilize city law enforcement services. The goal is to enroll these individuals in ongoing mental health treatment through the provision of intensive crisis intervention and wrap around case management services. Eligibility criteria (must meet 2 of the four): 1) Three or more admissions per year to the Neuropsychiatric Center by Houston Police Department Officers; 2) Excessive number and high frequency of phone calls made to the Houston Police Department; 3) High frequency of contact with Houston Police Department Officers; 4) High frequency of contact with the Crisis Intervention Response Team.
- Healthcare for the Homeless Houston: MHMRA is contracting with Healthcare for the Homeless Houston (HHH) for them to provide “in reach” (up to two visits) in the jail to inmates who have a mental health diagnosis and who will be homeless upon release from jail, and up to one month of follow-up post release in the HHH clinic (providing mental health case management and initial mental health assessment, and attempting to link to MHMRA if qualified or Hospital District if not qualified).
- Transition Teams With the most recent Rider 65 fund allocation, The Mental Health Mental Retardation Authority of Harris County (MHMRA) has begun collaboration with the Harris County Jail and Harris County Psychiatric Center (HCPC) to identify and engage adults with mental illness who are frequently incarcerated for minor offenses in the jail or who are high recidivists at HCPC and the MHMRA Psychiatric Emergency Service (PES). Through the provision of intensive intervention and wrap around crisis relapse and prevention services, the program’s goal is to engage each individual in ongoing mental health treatment and reintegration within the community. Additional objectives of this program include, but are not limited to:
 - Obtaining and maintaining a stable living environment
 - Access to Primary Health Care and Substance Abuse Treatment, as indicated
 - Benefit Acquisition
 - Re-Engagement with Family and/or Community
 - Access to Community Resources
 - Treatment Compliance

Services are intended to be time limited (up to three months) during which time the individuals are transitioned into traditional community and behavioral health services.

- Mental Health First Aide is an evidenced based 12-hour training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the

program demonstrates that it makes people feel more comfortable managing a crisis situation and builds mental health literacy — helping the public identify, understand and respond to signs of mental illness.

c.) Detail the source of funds for each service

HELPLINE FY 2010	Total Budget
LOCAL HARRIS COUNTY / MCOT/HLINE	644,386
LOCAL MISCELLANEOUS	4,500
HELPLINE CONTRACTS	225,000
TOTAL LOCAL REVENUE	873,886
STATE GEN REVENUE - CRISIS REDESIGN	217,154
TOTAL STATE GENERAL REVENUE	217,154
TOTAL 3RD PARTY BILLINGS	285,451
TOTAL REVENUE	1,376,491

PSYCHIATRIC EMERGENCY SERVICES (PES) FY 2010	Total Budget
LOCAL HARRIS COUNTY / MCOT/HLINE	2,912,556
LOCAL HARRIS COUNTY RLM	2,364,818
LOCAL INTEREST / MEDICAL RECORDS / DONATIONS	11,300
LOCAL DONATIONS	150
DRUG PAP/SAMPLES	82,050
TOTAL LOCAL REVENUE	5,370,874
STATE GEN REVENUE - MH CHILD	600,000
STATE GEN REVENUE - MH ADULT	1,584,990
STATE GEN REVENUE - CRISIS REDESIGN	935,466
STATE GEN REVENUE - NGM	505,000
TOTAL STATE GENERAL REVENUE	3,625,456
TOTAL 3RD PARTY BILLINGS	779,597
TOTAL REVENUE	9,775,927

MOBILE CRISIS OUTREACH TEAM (MCOT) FY 2010	Total Budget
LOCAL HARRIS COUNTY / MCOT/HLINE	855,498
LOCAL INTEREST	6,675
DRUG PAP/SAMPLES	15,100
TOTAL LOCAL REVENUE	877,273
STATE GEN REVENUE - MH ADULT	16,010
STATE GEN REVENUE - CRISIS REDESIGN	2,186,201
TOTAL STATE GENERAL REVENUE	2,202,211
TOTAL 3RD PARTY BILLINGS	1,075
TOTAL REVENUE	3,080,559

CRISIS INTERVENTION RESPONSE TEAM (CIRT) FY 2010	Total Budget
STATE GEN REVENUE - CRISIS REDESIGN	818,991
TOTAL STATE GENERAL REVENUE	818,991
TOTAL REVENUE	818,991

CRISIS STABILIZATION UNIT (CSU) FY 2010	Total Budget
LOCAL HARRIS COUNTY / MCOT/HLINE	2,311,310
LOCAL INTEREST	2,675
DRUG PAP/SAMPLES	37,500
TOTAL LOCAL REVENUE	2,351,485
STATE GEN REVENUE - CRISIS REDESIGN	233,423
TOTAL STATE GENERAL REVENUE	233,423
TOTAL REVENUE	2,584,908

CRISIS RESIDENTIAL UNIT (CRU) FY 2010	Total Budget
LOCAL HARRIS COUNTY	1,604,177
LOCAL INTEREST	5,350
DRUG PAP/SAMPLES	26,400
TOTAL LOCAL REVENUE	1,635,927
STATE GEN REVENUE - CRISIS REDESIGN	122,144
TOTAL STATE GENERAL REVENUE	122,144
TOTAL REVENUE	1,758,071

CO-OCCURRING DISORDERS PROGRAM (COD) FY 2010	Total Budget
STATE GEN REVENUE - CRISIS REDESIGN	1,470,874
TOTAL STATE GENERAL REVENUE	1,470,874
TOTAL REVENUE	1,470,874

CRITICAL TIME INTERVENTION (CTI) FY 2010	Total Budget
STATE GEN REVENUE - CRISIS REDESIGN	697,525
TOTAL STATE GENERAL REVENUE	697,525
TOTAL REVENUE	697,525

CRISIS RESPITE (BRANARD) FY 2010	Total Budget
DRUG PAP/SAMPLES	630
TOTAL LOCAL REVENUE	630
STATE GEN REVENUE - CRISIS REDESIGN	865,115
TOTAL STATE GENERAL REVENUE	865,115
TOTAL REVENUE	865,745

PRIVATE HOSPITAL CONTRACTS FY 2010	Total Budget
STATE GEN REVENUE - CRISIS REDESIGN	231,506
TOTAL STATE GENERAL REVENUE	231,506
TOTAL REVENUE	231,506

PEER COUNSELORS FY 2010	Total Budget
LOCAL MISCELLANEOUS	9,150
TOTAL LOCAL REVENUE	9,150
STATE GEN REVENUE - CRISIS REDESIGN	178,630
TOTAL STATE GENERAL REVENUE	178,630
TOTAL REVENUE	187,780

HARRIS COUNTY PSYCHIATRIC INTERVENTION (HCPI) FY 2010	Total Budget
LOCAL HARRIS COUNTY	582,091
TOTAL LOCAL REVENUE	582,091
TOTAL REVENUE	582,091

CHRONIC CONSUMER STABILIZATION (CCSI) FY 2010	Total Budget
LOCAL HARRIS COUNTY	18,720
LOCAL MISCELLANEOUS	116,600
TOTAL LOCAL REVENUE	135,320
STATE GEN REVENUE - CRISIS REDESIGN	3,659
TOTAL STATE GENERAL REVENUE	3,659
TOTAL REVENUE	138,979

HEALTH CARE FOR THE HOMELESS CONTRACT (HHH) FY 2010	Total Budget
STATE GEN REVENUE - CRISIS REDESIGN	50,656
TOTAL STATE GENERAL REVENUE	50,656
TOTAL REVENUE	50,656

TRANSITIONAL SERVICES, JAIL, HCPC, PES FY 2010	Total Budget
LOCAL HARRIS COUNTY	105,489
DRUG PAP/SAMPLES	7,850
TOTAL LOCAL REVENUE	113,339
STATE GEN REVENUE - CRD TRANSITIONAL SVCS	1,884,114
TOTAL STATE GENERAL REVENUE	1,884,114
TOTAL REVENUE	1,997,453

MENTAL HEALTH FIRST AID FY 2010	Total Budget
LOCAL MISCELLANEOUS	5,850
TOTAL LOCAL REVENUE	5,850
STATE GEN REVENUE - CRISIS REDESIGN	148,726
TOTAL STATE GENERAL REVENUE	148,726
TOTAL REVENUE	154,576

d.) How are special populations served, including but not limited to veterans, children/adolescents, and victims of trauma.

The MHMRA of Harris County HelpLine, PES and MCOT programs as detailed above serve all community members experiencing a mental health crisis, including children and adolescents, and HCPC has a child/adolescent unit within their hospital. Individuals identified as veterans who receive initial assessment and stabilization and require inpatient hospitalization are transferred to the VA hospital located in Houston. MHMRA has also applied for both a DSHS Incentive Grant and Competitive Grant to enhance Vet to Vet programs, Family to Family programs, and trauma therapy for veterans.

MHMRA of Harris County

Jail Diversion Plan

**Diversion Action Plan
Harris County
June, 2010**

Description of Program:

Beginning in FY 2005, the Mental Health and Mental Retardation Authority of Harris County (MHMRA) established a Jail Diversion Committee as an outgrowth of a Task Force formed by County Judge Eckels that was charged to look at the complex problem of increasing numbers of individuals with mental illness, mental retardation, and/or substance abuse issues being arrested and incarcerated in criminal and juvenile justice settings. This Task Force, sponsored by the Mental Health Association of Greater Houston, and funded through a grant from the Substance Abuse and Mental Health Administration, used a two year consensus building process to guide the design and implementation of the Crisis Intervention Team program of the Houston Police Department. This program, which utilizes specialist officers to respond to mental health calls, has resulted in significantly improved outcomes for individuals with mental health issues who come into contact with law enforcement in Harris County. As an outgrowth of this task force, MHMRA of Harris County organized a Jail Diversion Committee comprised of consumers, people from the advocate committee, law enforcement, other health and human services organizations, and people from the education community.

The Jail Diversion Committee met from FY 2006 through 2009 with the focus of keeping partner agencies in the loop on things happening in the adult and juvenile criminal justice services as well as problem solving issues related to continuity of care and service needs. As of June, 2009, several major activities took place in Harris County which changed the locus for determining Jail Diversion initiatives and activities in Harris County. Harris County Commissioner's Court authorized the Justice Management Institute to conduct a study of the criminal justice system in Harris County. The study began in February, 2009 and ended with a preliminary report on June 17, 2009 (see attachment A) which provided 28 recommendations to be implemented. Following the study, Harris County Commissioner's Court created the **Criminal Justice Coordinating Council** through whom all diversion activities in Harris County are to be coordinated and through whom review and implementation of the 28 recommendations are to occur. Thus, the MHMRA Jail Diversion meetings were terminated as these meetings were viewed by the Council and participants as being a duplication of effort. Copies of the Coordinating Council meetings minutes can be provided, if requested. MHMRA is at the table serving on one of the sub-committees for jail over crowding.

In addition to the establishment of the Criminal Justice Coordinating Council, several sub-committees were formed. The Harris County Sheriff serves as co-chair of the Jail Population Committee of the Criminal Justice Coordination Council and he created a task force designed to look at jail over crowding and what type of community collaborations could improve the diversion of people from the jail and deter the quick re-cycling back into the jail. MHMRA has representation on this task force in the form its Executive Director, Steven B. Schnee, PhD.

To ensure continuity of services to persons discharged from the jail, Dr. Schnee's directive to MHMRA staff is that persons referred from the Harris County Jail who meet the DSHS eligibility criteria would be considered as continuity of care referrals and would have the same priority admission status as a discharge from Harris County Psychiatric Hospital, Rusk State Hospital, and the Neuro Psychiatric Center.

In short, the jail diversion plans and discussions are actively occurring within Harris County with MHMRA at the table; but these activities are not under the purview of MHMRA of Harris County. Therefore, the remaining part of this report will clarify MHMRA service activities focused upon education of the community, coordination of care, and new and existing diversion activities focused around offenders.

Training:

MHMRA has used some of its Crisis Re-Design dollars to hire staff to provide the Mental Health First Aid training sponsored by the National Council on Behavioral Health. This course has received great reception from the community as it assists people in learning how to recognize and help people obtain appropriate help when in crisis. See Attachment B for trainings. In addition, MHMRA partnered with the City Health Department in creating literature for the community to teach when and how to access 9-1-1. Please see the Crisis Services Plan for more information.

Strategies to Maximize Funding:

MHMRA applied for and received SSBG dollars from Houston Galveston Area Council (HGAC) which are being used to provide programs which relate to providing supports to persons released from jail in the form 90-days of case management, assistance with benefits acquisition, temporary housing, and medication management focused on engagement and transitioning into mental health services. These dollars are available until September 30, 2010 unless Harris County is granted an extension in the use of these dollars. The City of Houston Environment and Health Department has applied for a re-entry grant in the hopes of sustaining this program model for another 2 years. It is hoped that Houston will receive the award.

Strategies of Diversion:

There are several diversion efforts in Houston/Harris County to manage the flow into and out of the Harris County Jail, please see the descriptions of these programs below. Please see Crisis Plan for a complete listing of services which may also impact the flow of persons into the Jail:

HPD Circular: Houston Police Department has an operations guideline (circular) which permits an officer to take an individual to the NPC if, in the officer's judgment, the person is having a mental health crisis. In addition, all officers are required to have mental health training as a part of their officer certification. Some 600 individuals per month are seen by the NPC for evaluation. If there is a mental health condition which requires treatment, the person is detained; if not, the officer proceeds to the jail.

CIT Officers: When a call comes in the dispatch office, the caller is questioned whether or not this call involves a mental health need. If necessary and available, a specially trained CIT officer is dispatched to the scene. Close coordination of services occurs between the NPC and the CIT administrative office located at the NPC.

JETT Team: The Jail Engagement Transition Team, a case management team was created with DSHS Rider 65 funding to provide 90 days of case management to engage persons discharged from the Harris County Jail with the goal of transitioning them into permanent care and to begin benefits acquisition. These case managers have available dollars for 90 days of residential care and help to navigate the person through the mental health system.

CETT Team: The Community Engagement Transition Team, a case management team also created with DSHS Rider 65 funding to provide 90 days of case management to engage persons who have had a booking into the county jail in the past year and who are recently discharged from the community psychiatric hospital, HCPC. The intent of the service is the same as the Jett team.

HGAC Team: A case management team working within the Harris County Jail to identify persons who need the additional supports within the community to engage in services. Funding for housing, medical services, substance abuse residential treatment and benefits acquisition for 90-days is available. These are SSBG dollars received from Houston Galveston Area Council and are available until September 30, 2010.

FACT: The Forensic Community Treatment team was expanded with DSHS Rider 65 dollars to provide services to consumers released from jail who require DSHS level SP4 services. This team works directly with the courts and receives their referrals from the Forensic Single Portal Authority.

Forensic Single Portal: MHMRA provides the psychiatric services for the Harris County Jail. The Forensic Single Portal was established to provide a single place where all referrals/requests from the courts, the DA's Office, the probation officers assigned to the courts, and the court coordinators could seek information and arrange for an individual's care within the jail and connection to MHMRA services when released. This effort curbed the need "shop around" for services when the linkage would occur through a person knowledgeable about MHMRA services.

Substance Abuse Screening/Linkage: Social Security Block Grant (SSBG) dollars were secured from both HGAC and DSHS to provide substance abuse screening and linkage to services for the single and dually diagnosed person being released from the Harris County Jail. While case management is not a part of this program, the person may be referred to the JETT , CETT, or HGAC case management teams for engagement into MHMRA services when their residential treatment has been completed.

Impact on the State Hospital Forensic Wait List: Harris County has made significant impact upon the size of the Forensic State Hospital Waiting List. Several initiatives were either enhanced or implemented to reduce the number of referrals to the State Hospital Forensic Wait List and to decrease the time spent on the Wait List. Please see a description of these initiatives as follows:

- **21-Day Diversion Program:** The existing 21-day Diversion program was enhanced to provide a dedicated physician, 2 case workers, and a clerical support to focus efforts toward aggressive stabilization of persons who were court ordered into the program. The case workers keep close tabs on the persons participating in the program to ensure their medications were dispensed; to report on their condition daily to the psychiatrist; and to request extends from the court if stabilization has not occurred but is imminent. Once stabilized, a court date is requested and the case proceeds toward adjudication. If stabilization does not occur, the court orders a competency evaluation. These enhancement funds were provided via SSBG funds from HGAC and will end on September 30, 2010. From January, 2010, a total of 902 court referrals have been made to the 21-day diversion program of that number: 621 have been diverted from the Wait list: 41 have been transferred for competency restoration; and 240 cases are pending adjudication.
- **Review of the Wait List:** In January, 2010, a Licensed Professional of the Healing Arts was hired to review all cases of people on the wait list. If the person appears to be stable, the LPHA petitions the court to order another competency evaluation to see if the person is competent to stand trial. If the person, while on the wait list refuses to take the medications, the LPHA petitions the civil court for an order to force medications if refused. In January, 2010, approximately 97 people were on the Forensic State Hospital Waiting List. From January through July, total of 23 requests for re-evaluation were sent to the court.
- **Inpatient Competency Restoration Services:** MHMRA contracted with Intracare Medical Center, a local private psychiatric hospital for a specific bed day rate which included: medications, food, housing, labs, attending physician, nursing, psychiatric technicians, and staff to provide the competency training (uses a curriculum from Florida with videos and workbooks in English and in Spanish). All persons transferred from the Jail to Intracare were on the Forensic

State Hospital Waiting List awaiting transfer to Rusk State Hospital. Forensically certified psychologist, not involved in the treatment, were hired, through contract with MHMRA to perform the competency evaluations. Since May, 2010, 91 people were on the Wait List and a total of 31 are on the list as of July 22, 2010.

- Funds for this project were provided by DSHS SSBG funding to end September 30, 2010. Because the utilization of these funds is expected to exceed the DSHS allocation, MHMRA requested and received permission to use lapsed funds from the SSBG dollars provided by HGAC to cover the costs of the program.

For those found incompetent to stand trial, MHMRA is working with the Harris County District Attorney's office to develop specific treatment plans which may include recommendations for civil outpatient commitment. The FACT team is available to accept these referrals from the courts.

- **Diversion Center??:** There are discussions between Harris County and the City of Houston about the feasibility of building a center where (1) people who violate the law a brought and processed for detention or diversion; and, (2) where persons released from the jail may be stepped down at some point near the end of their sentence to be connected with mental health services. If this occurs, this will be the first joint effort of diversion between the city and county. These discussions are occurring in many meeting of the Criminal Justice Coordinating Council.
- **Juvenile Services:** MHMRA partners with the Harris County Juvenile Probation Department to provide services in the Juvenile facilities and to coordinate services into the MHMRA service system. Over 600 juvenile offenders are seen monthly by MHMRA staff.

In summary, MHMRA of Harris County has primarily focused its energy on the highest priority as determined by Commissioner's Court; decreasing the overcrowding of the Harris County Jail. The costs of these additional services have been funded with the additional combined allocation of \$4.2 million dollars from DSHS and HGAC funding. With the loss of these funds, the current wait list for services (1000) will continue to grow and the first people to access services will be those priority admissions from the jail, HCPC, state hospitals, and NPC. Others will potentially only access services through the crisis door.

Please direct comments to: rose.childs@mhmraharris.org

MHMRA of Harris County

Local Network

Development

Plan

(See Attachment C)