TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

DAVID L. LAKEY, M.D.
COMMISSIONER

Broadcast MSG BHP#99

May 31, 2013

To: Executive Director, Texas Council of Community MHMR Centers
Executive Directors, Local Mental Health Authorities

From: Lauren Lacefield-Lewis, Acting Section Director
Community Mental Health and Substance Abuse, Program Services

Subject: Needs and Capacity Assessment for Crisis Expansion

Overview
The department is requesting analysis of the need for funding for the establishment, expansion, or enhancement of community-based Psychiatric Emergency Service Projects such as extended observation units, crisis stabilization units, crisis residential or crisis respite facilities.

Local Mental Health Authorities (LMHAs), including North Texas Behavioral Health Authority (NTBHA) in collaboration with ValueOptions, must be able to commit a minimum 25% local match (cash and/or in-kind).

Submission Deadline
The deadline for submission of all Needs and Capacity Assessments to Department of State Health Services (DSHS) is no later than 4:00PM CST on Friday, June 28, 2013. Submit all assessments to the following email addresses and format:

To: lucrece.pierre-carr@dshs.state.tx.us
Cc: trina.ita@dshs.state.tx.us
Subject: PESP-NCA (add LMHA name)

An email confirmation of receipt will be issued upon submission. Please call (512)206-5065 if you do not receive confirmation within 1 business day of submission.

We will be compiling a list of frequently asked questions that will be distributed upon request. Therefore, submit any questions regarding the Needs and Capacity Assessment to Lucrece Pierre-Carr at lucrece.pierre-carr@dshs.state.tx.us by June 14, 2013.

Needs and Capacity Assessment
Psychiatric Emergency Service Projects

I. INTRODUCTION

A. Summary

During the 83rd Texas Legislature session, DSHS may be directed to quickly move forward on projects to enhance the mental health crisis system. In order to facilitate a smooth and quick implementation, the department is creating a needs assessment statewide. DSHS is requesting analysis of the need for funding capacity to support the establishment, expansion, or enhancement of community-based Psychiatric Emergency Service Projects. DSHS is asking that LMHAs, including ValueOptions in collaboration with the NTBHA, plan to submit a Needs and Capacity Assessment. LMHAs including ValueOptions in collaboration with the NTBHA must be able to provide documentation of a commitment with a minimum 25% local match (cash and/or in-kind) within two weeks of the contract amendment notification.

B. Key Components of the Program

Any future funds allocated under this needs assessment shall be used to:

1. Establish, expand, or enhance community-based Psychiatric Emergency Service Projects that maintain one, or any combination of, the following services:
   a. Extended observation services as defined in Information Item V and Northstar Contract Appendix 2b;
   b. A Crisis Stabilization Unit (CSU), as defined and licensed under Chapter 577 of the Texas Health & Safety Code; Texas Administrative Code (TAC) Title 25, Part 1, Chapter 134; and TAC Title 25, Part 1, Chapter 411, Subchapter M;
   c. Crisis residential services as defined in Information Item V;
   d. Crisis respite services as defined in Information Item V and Northstar Contract Appendix 2b; and/or
   e. Local inpatient psychiatric beds and all services associated with inpatient psychiatric care.

C. Program Goals

Psychiatric Emergency Service Projects will be designed to:

1. Allow individuals in behavioral health crisis to receive treatment in less restrictive settings;
2. Minimize law enforcement officer waiting time;
3. Divert individuals in behavioral health crisis from the criminal justice system; and
4. When appropriate, reduce any unplanned use of local emergency rooms to manage behavioral health crises; and/or
5. Provide value added services to other programs.

II. NEEDS AND CAPACITY ASSESSMENT REQUIREMENTS

The Needs and Capacity Assessment shall describe how the LMHAs, or ValueOptions in collaboration with NTBHA, will establish, expand, or enhance a Psychiatric Emergency Service Project by responding to the elements listed in Section II.A.-F. LMHAs, or ValueOptions in collaboration with NTBHA, are encouraged to review each section carefully and to address each section completely. The Needs and Capacity Assessment narrative shall be limited in size to 15 (fifteen) 8 ½" x 11" pages, double-spaced with 12 point font. The Needs Assessment narrative shall also make appropriate use of the headings listed in Section II.A.-F. Supporting documents, including any table(s), spreadsheet(s), flowchart(s), letter(s) of support, or written agreement(s) developed and submitted as part of this Needs and Capacity Assessment will not be counted as part of this 15-page narrative limit.

Needs and Capacity Assessment
Psychiatric Emergency Service Projects

A. Executive Summary

Any Needs and Capacity Assessment containing Psychiatric Emergency Service Projects that include more than one service shall complete Section II.A. 1-9 for each service proposed.

1. Describe, in two to three sentences, the proposed Psychiatric Emergency Service Projects;
2. Identify the hours of operation of the proposed Psychiatric Emergency Service Projects;
3. Provide the projected cost per person per day for the proposed Psychiatric Emergency Service Projects;
4. Identify the Psychiatric Emergency Service Projects target population;
5. Identify the service area covered by the Psychiatric Emergency Service Projects;
6. Identify the location(s) of the Psychiatric Emergency Service Projects;
7. Identify the projected operational date (i.e., date of first service) for the Psychiatric Emergency Service Projects;
8. Identify the anticipated number of individuals to be served by the Psychiatric Emergency Service Projects annually; and
9. Identify all key Psychiatric Emergency Service Projects collaborative partners.

B. Demonstrated Need

1. Identify the existing crisis response system gaps or needs in the proposed service area;
2. Describe how funding allocated through this Needs and Capacity Assessment will help fill the gaps and address the needs identified; and
3. Describe, using historical data (i.e. FY2010-FY2011), how the established, expanded, or enhanced Psychiatric Emergency Service Projects will meet the goals listed in Section I. C. of this Needs and Capacity Assessment.[1]

C. Collaboration

Any Needs and Capacity Assessment containing Psychiatric Emergency Service Projects that include more than one service shall complete Section II. C. 1-4 for each service proposed.

1. Provide, using the table format below, a list of all collaborative partners working on the establishment, expansion, or enhancement of a Psychiatric Emergency Service Projects:

Name of Agency	Lead Contact	Title/Role within Agency

2. Describe the resources that each collaborative partner will be contributing, and how the resources contributed will assist in meeting the goals listed in Section I.C.;

---

[1] Valuable historical data may include, but is not limited to:

a. Annual State Mental Health Hospital and Community Mental Health Hospital bed day usage;
b. Average number of individuals hospitalized for 5 days or less;
c. Average monthly number of individuals booked into the local jail(s) who present in behavioral health crisis, or may be eligible for diversion to community-based mental health treatment;
d. Average monthly number of hours that local law enforcement spends providing interventions for individuals in behavioral health crisis, or who may be eligible for diversion to community-based mental health treatment; and
e. Average monthly number of hours that individuals in behavioral health crisis spend in local emergency rooms.

3. Include all written agreements with, or letters of support from collaborative partners;
4. Describe the type and extent of the collaborative partners' participation in the conceptualization, planning, and the development of the Psychiatric Emergency Service Projects.

D. Program Design

Needs and Capacity Assessments containing Psychiatric Emergency Service Projects that include more than one service shall provide information requested in 1-8 of this section for each service proposed.

1. Describe the Psychiatric Emergency Service Projects location(s) and service area, including counties served;
2. Describe the Psychiatric Emergency Service Projects facility physical plant, including any licensure requirements;
3. Describe Psychiatric Emergency Service Projects process for recruitment, training, and maintaining qualified staff;
4. Provide using the table format below, a list of all Psychiatric Emergency Service Projects staff:

Position	Qualifications/Licensure	Roles/Responsibilities	Availability

5. Describe how the Psychiatric Emergency Service Projects will ensure prompt access to, and the delivery of appropriate services (i.e. psychiatric and nursing services, rehabilitative services, and counseling);
6. Describe any crisis response system coordination with collaborative partners;
7. Provide a description, and flowchart documenting how individuals:
   a. Enter the Psychiatric Emergency Service Projects;
   b. Progress through the PESP including:
      I. Projected average length of stay;
      II. Discharge criteria;
   c. Are linked with appropriate state or community-based programs after discharge from the Psychiatric Emergency Service Projects.
8. Describe the Psychiatric Emergency Service Projects process for ensuring prompt transition to higher levels of care (i.e., state psychiatric, or emergency medical services), when medically necessary.

E. Work Plan

Provide a detailed work plan that clearly outlines:[2]

1. The tasks and activities required for development and implementation of the Psychiatric Emergency Service Project;
2. The individuals responsible for completion of the tasks and activities required for development and implementation of the Psychiatric Emergency Service Project;
3. The target dates for completion of the tasks and activities required for development and implementation of the Psychiatric Emergency Service Project.

[2] A table(s) with detailed tasks and projected dates for completion may be the best way to display the detailed work plan.

F. Program Budget
Provide separate FY2013 and FY2014 Psychiatric Emergency Service Projects budgets using the FY2014 Budget Schedules (Please see Attachment A). A Needs and Capacity Assessment containing a Psychiatric Emergency Service Project that include more than one service shall complete separate FY2013 and FY2014 budgets, using the FY2014 Budget Schedules for each service proposed.

III. SUBMISSION DATE

The Needs and Capacity Assessment shall be submitted to DSHS no later than 4:00PM CST on Friday, June 28, 2013. Submit all assessments to the following email addresses and format:

To: lucrece.pierre-carr@dshs.state.tx.us
Cc: trina.ita@dshs.state.tx.us
Subject: PESP-NCA (add LMHA/LBHA name)

An email confirmation of receipt will be issued upon submission. Please call 512-206-5065 if you do not receive confirmation within 1 business day of submission.

IV. DSHS SELECTION

A. Review Criteria
Contract amendments will be executed based on the merits of the needs of the Mental Health and Substance Abuse system in the State of Texas, with final approval from DSHS, at DSHS's sole discretion. DSHS will review the submitted documents to determine which Psychiatric Emergency Service Projects will be funded using the following criteria:

1. The clarity and clinical appropriateness of the assessment overall;
2. The appropriateness of the establishment, expansion or enhancement of Psychiatric Emergency Service Project within the proposed service area;
3. The Psychiatric Emergency Service Projects ability to close the proposed service areas existing crisis response system gaps or meet identified needs;
4. The Psychiatric Emergency Service Projects alignment or coordination with the proposed service areas existing crisis response system;
5. The potential impact on, and the extent of collaboration with:
   a. The local criminal justice system;
   b. The local emergency room(s); and
   c. Other collaborative partners within the proposed service area.
6. The projected operational date for the Psychiatric Emergency Service Project;
7. The cost of the proposed Psychiatric Emergency Service Project;
9. The projected number of individuals to be served in or by the Psychiatric Emergency Service Project annually; and
10. The impact of the local match secured, or other resources contributed for the establishment, expansion or enhancement of a Psychiatric Emergency Service Project.

B. Contract Negotiations
DSHS staff along with the LMHA, or ValueOptions in collaboration with NTBHA, will identify and negotiate Psychiatric Emergency Service Projects requirements for incorporation into a final contract amendment. During these negotiations, Psychiatric Emergency Service

Projects budgets, and Psychiatric Emergency Service Projects goals and objectives, may require modification. Once the contract negotiation process is complete, DSHS will prepare the contract amendment for execution.