



Behavioral Health NEWS BRIEF

Eduardo Sanchez, MD, MPH
Commissioner

Informing policy and practice in mental health and substance abuse services through data

Dave Wanser, PhD
Deputy Commissioner for
Behavioral and Community Health Services

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Joe Vesowate
Assistant Commissioner for
Mental Health and Substance Abuse Services

PURPOSE OF THIS SPECIAL ISSUE

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Welcome to this special issue of the DSHS Behavioral Health News Brief devoted to the review of mental health crisis services in Texas that is currently underway. In this issue, the purpose and organizational structure of the *Crisis Redesign Committee*, as appointed by Eduardo Sanchez, M.D., M.P.H. (Commissioner of DSHS), is presented. Also included in this News Brief is an article on the focused review of mental health crisis services that was conducted by DSHS Mental Health and Substance Abuse Quality Management Unit. Finally, a summary of the testimony on mental health crisis services that took place at regional hearings across the State is provided.

DSHS is pleased to provide this special issue as a means of informing policy and practice in behavioral healthcare, and would like to thank Cindy Hopkins, Guest Editor and Special Assistant to the Medical Director for Behavioral Health Services, for her work on this.

COMMISSIONER NAMES CRISIS REDESIGN COMMITTEE

Eduardo Sanchez, M.D., M.P.H., Commissioner of DSHS, has appointed a committee to study and make recommendations for an effective model for providing critical mental health services to individuals experiencing a psychiatric emergency.

The *Crisis Redesign Committee* is co-chaired by Steven Shon, Medical Director for Behavioral Health Services, and Joe Vesowate, Assistant Commissioner for Mental Health and Substance Abuse Services. As shown on *Table 1*, members include medical experts, citizen stakeholder groups, law enforcement representatives, county probate court judge representation, and county representatives, as well as individuals from professional organizations, and provider groups.

The committee charge states:

For purposes of identifying, establishing, and maintaining quality crisis services statewide, the charge of the Crisis Services Redesign Committee is to develop recommendations for a comprehensive array of specific services that will best meet the needs of Texans who are having a mental health and/or substance abuse crisis. In order to accomplish this, the committee will gather and analyze information from mental health literature, medical experts, members of the public, and staff. The recommended redesign will address the necessary elements of crisis services (including substance abuse), rural issues, clinical competencies, finance (cost), and important collaborations and partnerships.

Cindy Hopkins
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and

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Table 1. Members of the Texas Crisis Redesign Committee (Listed Alphabetically)

Carey Boethel, Austin, TX ▪ Texas Association of Counties
Denise Brady, Austin, TX ▪ Mental Health Association in Texas
Joe Burkett, M.D., Fort Worth, TX ▪ MHMR of Tarrant County
Patrick Crocker, D.O., Emergency Physician, Austin, TX ▪ Brackenridge Hospital
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Roberto Jimenez, M.D., San Antonio, TX ▪ The Center for Health Care Services
Merily Keller, Austin, TX ▪ Texas Suicide Prevention Coalition
Greg Leveling, Dallas, TX ▪ National Sheriff's Association ▪ Board of Denton County MHMR
Susan Marshall, Austin, TX ▪ Council of Families for Children
Reid Minot, Austin, TX - Community Clinical Research ▪ DSHS Advisory Committee on Inpatient Mental Health Services
Beth Mitchell, Austin, TX ▪ Advocacy, Inc.
Sylvia Muzquiz, M.D., Houston, TX ▪ MHMR Authority of Harris County
Lauren Parsons, M.D., Vernon, TX ▪ North Texas State Hospital
Robin Peyson, Austin, TX ▪ NAMI Texas
Sandy Potter, Coppell, TX ▪ Value Options NorthSTAR
Eileen Rosen, Austin, TX ▪ Depression and Bi-Polar Support Alliance
Ernest Schmid, F.A.C.H.E., Austin, TX ▪ Texas Hospital Association
Sanford "Sandy" Skelton, Austin, TX ▪ Texas Council of Community MHMR Centers, Inc.
Larry Stone, M.D., Bandera, TX - Texas Society of Child and Adolescent Psychiatry ▪ DSHS Advisory Committee on Inpatient Mental Health Services
John Theiss, Ph.D., Austin, TX ▪ Texas Mental Health Consumers

Based on data from a DSHS focused review of mental health crisis services and the testimony provided at regional hearings (and presented in this special News Brief), the Crisis Redesign Committee has formed four subcommittees. These subcommittees are:

- **Clinical Design Subcommittee** —Charged with studying and making recommendations on a competent, evidence-based clinical model.
- **Rural Subcommittee** —Charged with making recommendations on how to adapt the clinical model to a rural environment.
- **Collaboration Subcommittee** —Will make recommendations regarding effective strategies for local collaboration around resource development and care delivery.
- **Finance Subcommittee** —Charged with costing out elements of the clinical model and identifying resource needs.

The subcommittees will provide their recommendations to the full Committee by early June. The full Crisis Redesign Committee expects to complete its work by the end of July, 2006.



ABOUT THE GUEST EDITOR

Cindy Hopkins

Cindy Hopkins has been a state and national advocate for mental health system improvement since 1993. She has been a direct recipient of mental health services since the age of 14, when she was hospitalized in San Antonio, Texas for Bipolar Disorder. Cindy is currently the Special Assistant to the Medical Director for Behavioral Health Services for DSHS, where she is actively involved in the ongoing development of evidence-based practices, most notably the Texas Medication Algorithm Project (TMAP). Additionally, she serves as the DSHS Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer.

DSHS QUALITY MANAGEMENT TEAM CONDUCTS FOCUSED REVIEW OF MENTAL HEALTH CRISIS SERVICES

DSHS Community Mental Health and Substance Abuse Services Quality Management completed a review of crisis services on December 30, 2005. The purpose of the review was to identify opportunities for improvement in the crisis services response system, and to provide information to the DSHS Crisis Services Redesign Committee that has been charged with developing an evidence-based model for effective crisis resolution services. This redesign is the next step of Resiliency and Disease Management, DSHS's major transformation of the community mental health service system in Texas.

Thirty two Local Mental Health Authorities (LMHAs) and ValueOptions, a behavioral health organization (BHO) contracted to ensure service provision for the Dallas Area NorthSTAR pilot, were evaluated on the accessibility of their crisis services, the competency of their crisis service providers, availability of local community alternatives to hospitalization, and the crisis screening and assessment tools used.

The crisis services review included surveys mailed to sheriff departments, police departments, and licensed hospitals throughout Texas to obtain information about their experience with coordination and delivery of crisis services by the LMHA/BHO; a desk review of LMHA/BHO crisis services documents including staff/provider training records; analysis of crisis services performance indicators; and onsite reviews of the LMHAs/BHO with the highest potential risk of poor performance.

Results of surveys returned by law enforcement and hospitals show that:

- 77% of law enforcement and 71% of hospital surveyed indicate waits for LMHA/BHO crisis provider face to face assessment that exceed the one hour timeframe as required;
- 87.5% of the LMHAs reviewed onsite did not meet the requirement of conducting face-to-face assessments immediately, but no later than one hour;
- 74% of law enforcement and 62% of hospital surveyed indicate the ability to reach the hotline 24 hours a day/7 days per week;
- 75% of the LMHAs reviewed onsite that were contracting with telephone answering services (non-credentialed employees) did not meet the requirement for immediate telephone contact with a qualified professional within 15 minutes;
- 50% of the LMHAs reviewed onsite provided ongoing intervention until the crisis was resolved or the person was placed in a clinically appropriate environment; and
- 37.5% of the onsite reviews indicated that arrangement for a physician's assessment within twenty four hours of the emergency care determination did not occur.

Based on the findings of the review, the key opportunities for improvement identified in the report include:

- Timeliness of crisis service provider response;
- Availability of community resources and crisis alternatives to hospitalization or incarceration;
- Training and competency determination for crisis service providers;
- Provision of ongoing intervention until the crisis is resolved or individuals are placed in a clinically appropriate environment;
- Crisis response for individuals who are intoxicated or under the influence of substances; and
- Communication, problem-solving, and coordination of efforts between LMHAs, law enforcement and hospitals and other community resources.

Each LMHA received a copy of local results as well as the statewide crisis services report. A complete copy of the report is available on the DSHS website: <http://www.dshs.state.tx.us/mhquality/Crisis%20Services%20Report.pdf>.

TESTIMONY AT REGIONAL HEARINGS ON CRISIS MENTAL HEALTH SERVICES IDENTIFIES CRITICAL LOCAL NEEDS

The DSHS Crisis Redesign Committee conducted regional hearings throughout the month of February 2006 in Austin, San Antonio, Harlingen, and Big Spring. The hearings were an opportunity for local elected officials, social service providers, law enforcement agencies, and citizens to share their experiences, opinions, and recommendations regarding local psychiatric emergency services.

The Committee heard testimony covering a range of issues, including access to crisis services, hotline services, and interface between local mental health authorities, emergency services personnel, and hospital emergency rooms. Testimony often revealed difficulty accessing emergency services, lack of consumer/family focus on care, and resource issues such as crisis beds and transportation services. Throughout the hearings, several key themes emerged, including:

- The need for an evidence-based, standardized, clinical model for crisis mental health services;
- The need for local collaboration and resource pooling between the county, city, local mental health authorities, courts, law enforcement, healthcare systems, and school districts;
- The need to address rural crisis care issues, especially access to emergency services and competent providers; and transportation issues, including distance, cost, and availability; and
- The need for financial resources to develop a responsive community safety net.

Another issue identified at the hearings was the need for local crisis services for children and their families. The travel required to access non-local care options and the lack of children's specialty providers were described as common barriers to treatment.

A complete summary of all of the hearings will be available on the DSHS website soon.

TEXAS REVIEW OF MENTAL HEALTH CRISIS SERVICES IN THE NEWS ...

In San Antonio, mental health authorities are working closely with law enforcement, judges and hospitals to improve services...but critical needs remain, such as filling in service gaps after those with mental illnesses are stabilized and better tailoring of treatment for children and adolescents.

— *San Antonio Express News*, February 8, 2006

Local residents will have an opportunity today in San Antonio to provide feedback on state mental health services during a five-hour public hearing on the topic.

— *Kerrville Daily Times*, February 8, 2006

For the parents of the mentally ill, the focus is on better lives for their children.

— *News 8 Austin*, February 17, 2006

In the third of four public hearings, the Department of State Health Services Committee held an open meeting to hear concerns and develop recommendations to re-design services for the State, both rural and urban.

— *KOSA-TV Odessa*, February 23, 2006

Mental health care providers and clients spent much of Thursday at Big Spring State Hospital addressing a state committee tasked with recommending changes to the state's method of providing mental health crisis services and treatments...When devising those recommendations, area mental health officials hope committee members keep rural needs and problems in mind.

Crisis care – which encompasses a large range of non-acute and out-patient mental health care issues – is becoming more and more of a priority among state and local officials.

— *Big Spring Herald*, February 27, 2006

One can't always throw money at a problem to solve it...But money does help, and Texas must expand its mental health services.

— *The Monitor*, Harlingen, February 28, 2006