

# Mental Health Crisis Services Redesign

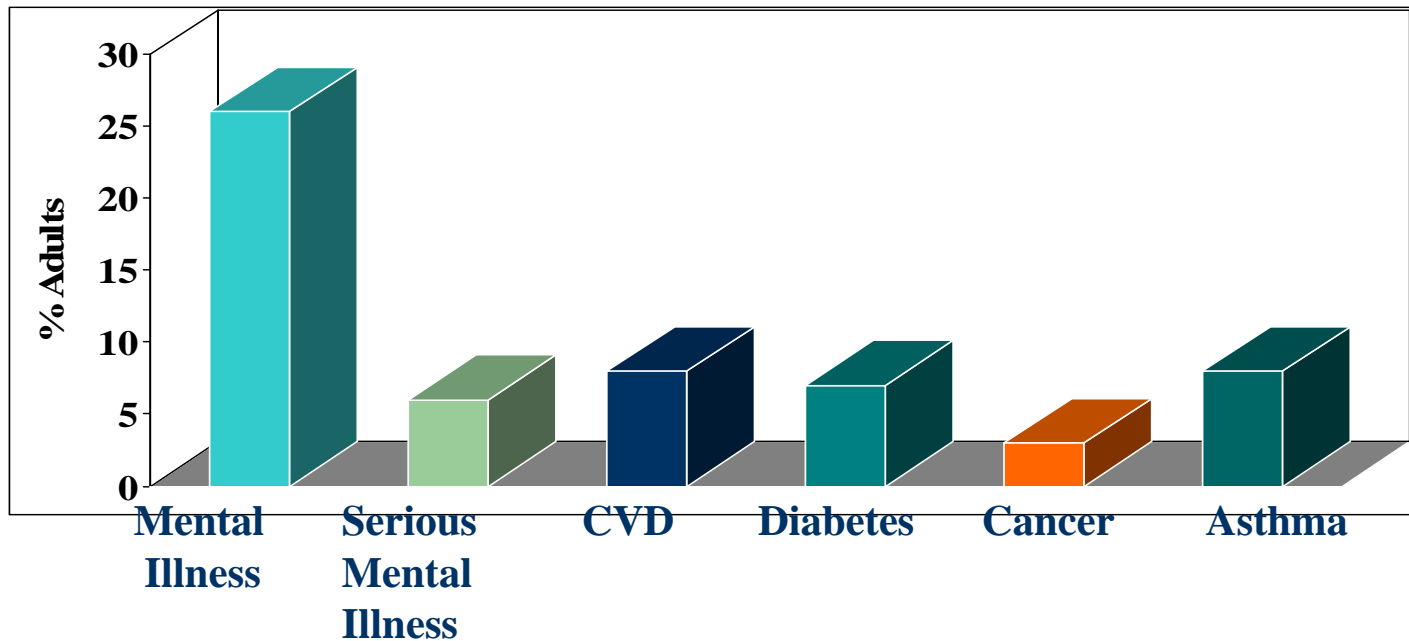
Texas Association of  
Counties

August 16, 2007

Texas Council of  
Community MHMR Centers



# Mental Illness Strikes More Americans Each Year Than Other Serious Illnesses

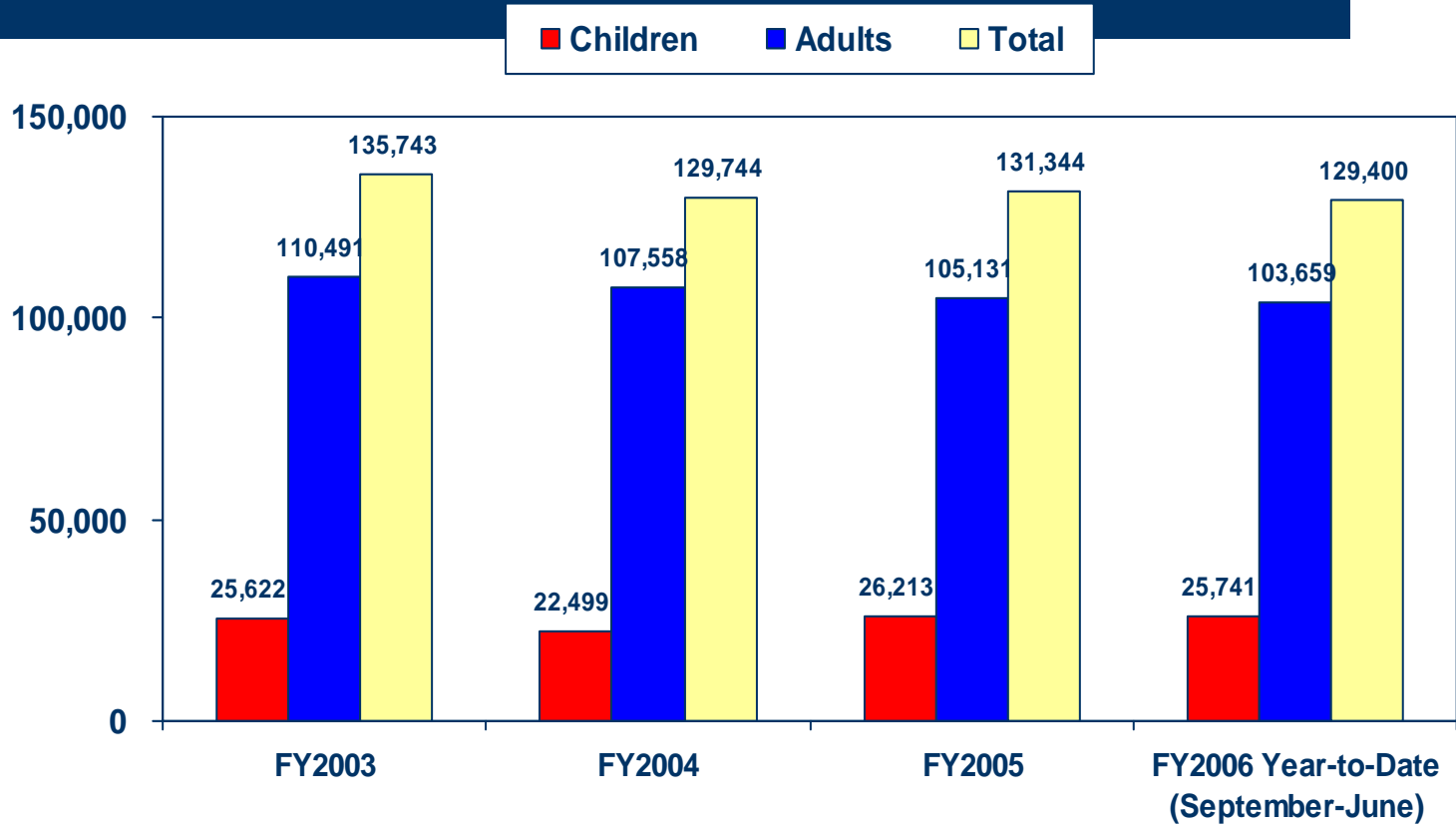


CDC BRFSS, SEER Cancer Statistics Review, 1975-2002, "Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders" *Arch Gen Psychiatry*. Vol. 62, June 2005

# DSHS Mental Health and Substance Abuse Services

- Community-based services
  - 39 Local Mental Health Authorities
  - Dallas Area NorthSTAR Authority
- 10 State Hospitals
- Community Center Service Areas by Counties  
[http://www.txcouncil.com/service\\_areas\\_by\\_county.aspx](http://www.txcouncil.com/service_areas_by_county.aspx)

# Number of Adults and Children (and Total) Served at DSHS Community Mental Health Centers from FY2003 to FY2006 Year-to-Date



# Definition of Mental Health Crisis

- A situation caused by a mental health condition where the individual presents an immediate danger to self or others or the individual's mental or physical health is at risk of serious deterioration.
- Annually 54,000 Texans require crisis services (8,000 are children)

# Suicide

- Suicide, worldwide, causes more deaths each year than homicide or war
- Nearly 30,000 lives are lost each year in the U.S. as a result of suicide
- Someone in the U.S. commits suicide every 17 minutes
- More than 5 million living Americans have attempted to kill themselves

# When Crisis Services are Lacking Other Systems are Impacted

- 46% of all ER visits have behavioral health issues as a basic or contributing factor
- 53% of admissions to state hospitals are for crisis care (emergency reasons for 24 hours - 2006)
- 19% (124,444) TDCJ inmates (prison, probation parole) have received a service in the public mental health system
- 75% of local jail inmates (city and county) have some form of mental illness
- 75% of kids in the juvenile justice system have behavioral health problems

# Crisis Services Redesign

- Texas public mental health system is under funded contributing to the lack of an effective safety net
- Committee established to develop recommendations for a comprehensive array of crisis services.
- Members of the committee 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.
- A thorough review of the current crisis system was conducted, including holding public hearings around the state, reviewing current research and consultation with experts.

# Committee Identified Core Crisis Services

1. 24-hour crisis hotline
2. Mobile outreach services
3. 23 to 48-hour Psychiatric E.R.
4. 16 bed Crisis Stabilization Unit
5. Crisis Outpatient Services
6. Crisis residential services
7. In-home crisis resolution services
8. Crisis Intervention Team/Mental Health Deputy

# Rural Concerns

- Crisis Hotline
- Mobile outreach
- Local E.R. supported with telemedicine to provide consultation and evaluation
- Hub 23-48 hour observation that authorities collaborate and agree on

# Committee Recommended Funding

- Statewide system - \$111 million per year
- Committee recommended funding phase in over 2 session
- \$82 million requested in 80<sup>th</sup> Legislative Session

# 80<sup>th</sup> Texas Legislature

- Appropriated \$82 million
- Allocated \$27.3 million in FY08 and \$54.6 million for FY09
- Divided into 3 portions – equity to bring lower funded Centers up to a mid-level; a per capita distribution and a community investment incentive (RFP process with 25% local match)

# 80<sup>th</sup> Texas Legislature cont'd

- All Centers will receive funding
- Each Center must develop a Local Crisis Service Plan in collaboration with community stakeholders;
- All Centers must use funds first to establish Hotline Services and Mobile Outreach Teams
- By Sept. 1, 2008 Department of State Health Services must contract with independent entity for evaluation of implementation of crisis services with a report submitted to the Governor/Legislature/LBB by January 1, 2009

# Outcome Measures

- Increase in % of persons receiving crisis services
- Reductions in admissions to State Hospitals for Emergency Reasons
- Reduction in relapse of persons receiving crisis services
- Increased referrals from law enforcement, jails, and emergency rooms

# Contact Information

- Crisis Redesign Report  
<http://www.dshs.state.tx.us/mhsacsr/default.shtm>
- Texas Council of Community MHMR Centers  
Joe Lovelace  
Associate Director of Behavioral Health  
[amidad@aol.com](mailto:amidad@aol.com)  
512/799-6294