

**HEART OF TEXAS REGION MHMR CENTER
CRISIS SERVICES PLAN
FY 2010**

Introduction

The goal of this document is to outline a local plan for the crisis services currently being provided by the HOTRMHMR Center. The funding for these additional crisis services was appropriated by the 80th Legislature and was divided among the 39 MHMR centers in the state. In FY 08, the HOTRMHMR Center was also awarded a PESC grant which allowed for the expansion of crisis services in our community. The following text is required by the state in the local crisis plan and explains current services and planned additional crisis services that are to be developed in FY 2010.

1. List of Community Stakeholders invited to be involved in crisis planning.

To date, these listed entities have been consulted in the development of the local crisis service plan:

Name	Affiliation	Date of Contact
DePaul Psychiatric Center	Providence Hospital	Various
Community Resource Coordination Groups (CRCG)	Community Providers	11/13/09
Planning and Network Advisory Committee (PNAC)	HOTMHMR	11/17/09
Jail Diversion Coalition	Local Law Enforcement	11/5/09
HOTRAC Regional Psychiatric Forum	Law Enforcement & Hospital Personnel	10/29/09
NAMI-Waco	Consumers/Families/Agencies	11/19/09
Independence Center	Peer Operated Support	11/19/09

HOTRMHMR Center staff meets weekly with the staff of the DePaul Psychiatric Center to coordinate services and resolve issues related to the Center's contract with DePaul. In the meeting on 11/19/09, HOTRMHMR Center staff reviewed data from FY09 crisis services and discussed the impact of crisis services on the DePaul Center and Providence Emergency Department.

On 11/13/09, Tom Thomas presented the Crisis Services Plan to local community representatives at the monthly CRCG meeting. Feedback was positive about the addition of new crisis services, particularly MCOT supports that various organizations had accessed.

During the regularly scheduled PNAC meeting on 11/17/09, Tom Thomas, Mental Health Director, presented an outline of the crisis plan. Several members of the PNAC are consumers or family members of consumers and were able to provide their perspective on proposed crisis services. PNAC members expressed strong support of the changes in crisis services over the past few years and of the proposed expansion in the future.

During the recent Jail and Detention Diversion Management Group held on 11/5/09, Tom Thomas, Mental Health Director presented an overview of current crisis services and solicited input from the group regarding additional community needs. The Jail & Detention Diversion Management Group consists of representatives from adult and juvenile probation departments, the parole division, District Attorney's Office, Sheriff Departments, County Jails, County Judges, County Commissioners, local hospitals and law enforcement entities.

A similar overview was presented at the Heart of Texas Regional Advisory Council's (HOTRAC) Regional Psychiatric Forum held on 10/29/09. The HOTRAC is a regional council whose primary membership and mission is coordinating issues that relate to local hospitals. Feedback was solicited from members of the group and was incorporated into this plan. Specific issues from the group included concerns about the lack of availability of State Hospital beds, the impact of forensic bed use on civil commitment beds, transportation and overall community resources for crisis services.

During the NAMI meeting held on 11/19/09, a brief description of the local crisis services plan was discussed and feedback solicited. The draft plan was sent out for review and comment. The NAMI Waco is a collaborative of over 20 agencies that provide mental health services in the community as well as representatives from families and consumers of mental health services.

A meeting was held on 11/19/09, at the Independence Center, a consumer run program for community mental health consumers. The draft plan for crisis services was presented and feedback was received from a consumer standpoint about the need for special services and supports. Consumers shared the value of the new Crisis Care Center and were particularly pleased about the crisis respite component.

Several staff of the HOTRMHMR Center regularly met with representatives of the ICARE Crisis Hotline in Ft. Worth to discuss issues that occur with the hotline contract. Additionally, HOTRMHMR Center staff regularly met with representatives of the Wood Group to address issues and consumer satisfaction with the Crisis Respite Contract. Internally, the HOTRMHMR Center has weekly meetings that alternate between staff involved in crisis service delivery to ensure that internal procedures and communications are flowing well, and a Crisis UM component that reviews policies, procedures and data to determine the effectiveness of crisis services.

The crisis plan will also be available for review on the HOTRMHMR Center website for review and comment.

2. Description of the local mental health service delivery system, including the array of services provided and the role of local partners.

The HOTRMHMR Center serves as both the primary mental health authority and a provider of mental health services to the six county catchment areas that includes McLennan, Falls, Freestone, Limestone, Bosque and Hill Counties. The HOTRMHMR Center strives to deliver accessible, caring, and responsive support services to individuals and families coping with mental illness, mental retardation, developmental delays and emotional conflict. The six county areas includes 5,548 square miles and had a population in 2000 of 322,536. In FY09 we served 4,908 individual in our adult mental health program and 822 in our child

and adolescent services. We responded to 3,183 crisis calls/screenings and admitted 1,050 individuals into our local inpatient program.

ASSESSMENT & TRIAGE

The Assessment and Triage Unit consists of Master and Bachelor level assessment therapists, RNs, Medical Technicians, a Program Manager and support staff. The assessment and triage staff screen all individuals experiencing a behavioral health crisis and determine the most appropriate level of clinical interventions needed to alleviate the crisis. The unit also screens all new referrals of consumers and determine if they met the diagnostic requirements for entry into on-going MHMR services. The unit handles all consumer crisis situations brought in by law enforcement for assessment of need of inpatient hospitalization or short-term crisis resolution and identify the level of need recommended for all new admissions into services. The crisis assessment component of the program is available 24-hours per day, seven days per week through the Crisis Care Center. In FY 09, 588 individuals were served in this program.

ASSERTIVE COMMUNITY TREATMENT

The Assertive Community Treatment, or ACT Team as it is often called, is a program designed to help keep consumers in the community and out of residential or hospital placements. The consumers selected to be in this program are often the most difficult to work with and have high Austin State Hospital bed days. The Team is composed of three caseworkers, a Registered Nurse, a supervisor, a clerical staff and a part-time Psychiatrist. The team meets daily to discuss how to best work with each consumer and assigns treatment responsibilities for the following day. A 24-hour crisis service is provided specifically for these consumers and services are available 365 days per year. A total of 35 consumers are served at any given time.

CASE MANAGEMENT

This unit provides the case management services to the majority of cases open to the Center. Currently, five caseworkers serve about 560 consumers in Service Package One and Two caseloads. They assist with developing the consumer's treatment plans, coordinate the provider services offered and regularly review progress towards goals. Six caseworkers currently provide services to about 120 consumers in Service Package Three caseloads. These caseworkers provide not only the coordination activities outlined above but also provide the rehabilitative training to their consumers. These services are provided in a team approach with support from nursing services, outpatient services, Urgent Care staff and a peer provider. One caseworker is also available to cover vacant caseloads or for caseworkers on vacation. A Program Manager supervises all activities of the program.

TCOOMMI – TEXAS CORRECTIONAL OFFICE ON OFFENDERS WITH MEDICAL AND MENTAL IMPAIRMENTS

The TCOOMMI program serves mental health consumers who are also engaged in the legal system. One Master's Level assessment therapist screens referrals from the probation and parole departments to determine if the individual meets admissions criteria. Three case managers work with 85 adult consumers who are eligible for on-going services in

collaboration with a designated mental health probation or parole officer. One case manager works with 12 juveniles who are eligible for on-going services in collaboration with a special needs probation officer. One caseworker provides continuity of care services for any individual returning from prison into our catchment area. A supervisor and support staff round out the staff in the TCOOMMI program. The overall goal of the TCOOMMI program is to provide comprehensive services to help keep these consumers from re-offending and having to go to prison. In FY09, 503 individuals were served in these programs.

OUTPATIENT SERVICES

Three licensed clinicians provide psychotherapeutic services to consumers using a variety of modalities in order to assist them in developing the skills needed to deal with their mental health issues. The clinicians work closely with caseworkers and the consumers to develop treatment objectives that assist the consumer in reaching their goals. In FY09, 177 individuals were served in this program.

INDEPENDENCE CENTER

The Independence Center is a consumer run program that provides any individual in the community who has a mental illness a place to go where they can receive support and assistance in dealing with their illness in a safe and supportive environment. The program offers a variety of day activities every week; M-F from 8 am to 2 pm at the 2111 Austin Ave. location. An average of 60 individuals per day participate in this program. Currently there are 128 active VA members and 177 active MHMR members.

JAIL DIVERSION

In this program a Master's Level clinician works with the jails in our catchment area to provide continuity of care to existing clients while they are incarcerated as well as assessing potential clients who may need mental health services upon release. In FY 09, 475 unduplicated individuals were served in this program.

CONTINUITY OF CARE

In this program one clinician provides continuity of care services to all consumers who are transferred to the Austin State Hospital. The clinician is officed at the State Facility and works with individuals while they are in the hospital. Clinicians from our Urgent Care Center then provide for the transition of those individuals once they return to their home community. The COC worker also manages our bed day allotment at ASH as well as coordinates all after care appointments for DePaul and ASH.

REGIONAL SERVICES

The Center also provides a full-range of services to individuals in Falls, Freestone, Limestone, Hill and Bosque Counties. An office is located in each of the five counties and is staffed with seven clinicians; five support staff, a clinical director and one supervisor. The staff in these offices are generalists and provide all of the support services offered in our other programs. In FY09, 566 individuals were assessed or provided on-going services in our five regional counties.

PSYCHIATRIC SERVICES

The Center provides a full array of psychiatric medical services for our consumers. 4.35 psychiatrists, 1.2 two advanced nurse practitioners, 2 RNs, one pharmacist, two pharmacy assistants, one support staff and one program director provide these services. The staff conduct regular and crisis assessments of all consumers, prescribe and manage medications, fill psychiatric medications in our own pharmacy, assist consumers in accessing Pharmacy Assistance Programs, manage medication samples, monitor metabolic symptoms, and provide the clinical leadership for all consumers served by the Center. The Medical Services staffs served 1,998 individuals this past year and wrote 39,614 prescriptions. Our staff also brought in \$781,085 to the Center in PAP and sample medications.

DEPAUL INPATIENT SERVICES

One Master's Level clinician and one support staff work closely with the DePaul Psychiatric Hospital and local private psychiatrists to manage the inpatient needs of our community. The clinician assists in screening consumers for eligibility for state hospital admissions, works with the Court system to facilitate any needed legal intervention including completing applications for commitment hearings, assist in discharge planning to ensure that consumers receive appropriate after-care mental health services and serves as a liaison between the MHMR, private practice sector and DePaul.

URGENT CARE / MOBILE CRISIS OUTREACH TEAM (MCOT) SERVICES

The Urgent Care and Mobile Crisis Outreach Team provides short-term support and intervention in an effort alleviate situational stressors which could lead to psychiatric decompensation. The Center provides emergency counseling, housing and employment supports, co-occurring substance abuse & psychiatric disorder treatment, DePaul and ASH after-care services, MH Gift in Kindness support, peer providers services and continuity of care services. The Urgent Care staff provides these services to active MHMR consumers while the MCOT staff work with anyone in the community experiencing a crisis situation. These staff also provides services to anyone in the Crisis Respite or Transitional Housing Programs. The program's staff is cross-trained to provide services to both populations. They have six clinicians, an RN, a peer support provider, a support staff and one supervisor who administer this wide array of services and supports.

HOUSING SERVICES

The Center has two specialized housing programs. These include the Program for the Transition from Homelessness (PATH) program and the Shelter Plus Care program. In the PATH program two clinicians provide active outreach and support services designed to assist any homeless individual transition into traditional community supports and services to assist them in moving from homelessness. These individuals are often the most treatment resistant individuals who require a special intervention to help them make the transition from homelessness. The Shelter Plus Care program is a partnership with the City of Waco to provide housing vouchers to mentally ill individuals who are willing to receive specialized services from MHMR caseworkers. The program is funded through a grant with HUD. These programs combined with our Safe Haven Transitional Housing program offer a

continuum of care to the homeless population with mental health issues. In FY09, 52 individuals received specialized supported housing assistance.

HOTLINE SERVICES

The HOTRMHMR Center contracts with ICARE, a hotline provider to provide 24-hour crisis hotline services to anyone in our six counties experiencing a behavioral health crisis. Trained counselors are available to talk with the individual until the crisis situation is resolved answer the hotline. The hotline staff has the availability to access more intensive services when needed. An average of 650 calls were received per month.

CRISIS CARE CENTER

The Crisis Care Center is a facility that houses all of our crisis services. In addition to the MCOT and Assessment and Triage services listed previously the facility also has a 32 bed residential program serving individuals in need of short term crisis respite or longer term transitional housing services. The Wood Group under contract with the HOTRMHMR runs this program. The Wood Group has years of experiencing managing these types of programs, statewide.

KLARAS CENTER FOR FAMILIES

Children and adolescents ages 3 through 17 who evidence significant emotional/behavioral problems receive outpatient counseling, emergency and psychiatric services and family education and support. Additional specialized services are also provided including emergency screening and assessments, truancy and drug court services, specialized psychiatric services with the Bill Logue Juvenile Detention Center, services for youth involved in the criminal justice system, services for youth returning from the Texas Youth Commission (TYC) and a newly created TYC diversion program for at-risk youth. Services are provided in all six counties in the catchment area. In FY09, 822 individuals were served.

OTHER PROGRAMS

Benefits Eligibility – In FY09, six staff assisted 1,032 consumers in completing applications for Medicaid or other third party assistance.

Consumer Payeeship – We work with consumers who need a Representative Payee for their Social Security or Social Security Disability. Assist consumers by managing their monies and training them on money management. Over 100 consumers received these services in FY09.

National Alliance for the Mentally Ill – Waco – Work with consumers and family members in this grass roots organization dedicated to educating the community about Mental Illness and Disabilities.

The HOTRMHMR Center recognizes that many gaps will remain in our community as they relate to providing a full array of crisis services. We believe that the services recommended under this plan will begin the process of establishing a stronger crisis response system in our

community. Through this process we hope to build upon these services by identifying barriers and then collaboratively working towards creating solutions through developing the resources necessary to meet these needs. The following is a listing of some of the areas that were identified by community stakeholders that need to be addressed in order to have a comprehensive community crisis response:

Crisis Intervention Teams (CIT) – Law enforcement partnership based on specialized training and active deployment of officers to deal with mental health issues.

Crisis Respite Services for Children – Short-term arrangement where a child can stay outside of their home to provide respite for caretakers or to diffuse potentially volatile situations amongst family members.

Mental Health Emergency Room – A separate area associated with a hospital emergency room, but without the formal rules governing ER services where mental health triage and assessment can occur. Allows for police drop off with mental health professionals taking responsibility for the individual.

Emergency Detoxification Facility – A treatment facility that will accept patients around the clock for detoxification. Generally associated with a long-term residential treatment facility for substance abuse treatment. HOTRMHMR estimates that about 80% of patients admitted to DePaul after hours have some substance abuse that contributed to the admission

Community Hospital – A facility designated for short-term, community based crisis treatment to persons with some risk of harm who have may have fairly severe functional impairment.

Residential Substance Abuse Treatment Facility for Youth – A treatment facility designed to work with children and adolescents suffering from substance abuse issues.

Community Mental Health Outpatient Treatment – Services provided to individuals and families to treat mental health issues. Would be based on an ability to pay sliding scale and would offer services to all diagnostic categories.

In addition to the programs listed above, the feedback from the various planning presentations resulted in these concerns about crisis services:

- Transportation of mental health consumers to out of town inpatient facilities
- Limited hospital beds both locally and at the state level
- Limited local options for dealing with the violent mental health consumer
- Long waits in the Emergency Rooms divert law enforcement from their primary mission
- Lack of options for crisis substance abuse treatment, including juvenile substance abuse inpatient and residential services

3. Crisis Services:

a) Flow of services:

The HOTRMHMR Center provides access to crisis services at a variety of locations to allow for greater access to consumers. All physical locations have the capacity to handle crisis walk-in referrals. Once an individual presents in crisis an immediate screening is conducted to determine the nature of the issue. In situations where the individual is not in immediate need of more intensive services the individual is either provided an assessment interview or they are given information on applicable community resources. If it is determined the individual does not have the capacity to access community resources then a referral is made to MCOT to provide transitional services. In situations where more immediate needs are identified the individual will be assessed for the appropriate level of intervention. That may include an MCOT intervention, a voluntary placement in a supervised observation unit, a voluntary placement in crisis respite or a placement into an inpatient setting. The inpatient hospitalizations may be on a voluntary basis at our local psychiatric hospital (DePaul), an involuntary placement in our local psychiatric hospital or transfer to the nearest available state hospital. All facilities in the HOTRMHMR system are equipped with teleconferencing equipment and consultation with psychiatric staff is available during all business hours.

The HOTRMHMR Center contracts for Crisis Hotline Services with the ICARE program in Ft. Worth. A 24-hour emergency services telephone number is available and widely published and all facility phone numbers have an automated 24-hour routing system that allow for calls to be forwarded to ICARE. Specially trained clinicians handle all calls and work on a decision tree that allows for the appropriate level of intervention to occur on all calls received. MCOT and HOTRMHMR Center Emergency Service staff are available to ICARE for call out when needed.

The HOTRMHMR Center also offers 24-hour access for assessments at our Crisis Care Center. Individuals may walk in or be brought in by law enforcement around the clock and have an immediate assessment completed. Teleconference equipment and contracts with two psychiatric groups allows for immediate psychiatric consultation around the clock. The Crisis Care Center processes are similar to those listed previously. In addition to Crisis Triage and Assessment capacity, all adjunct crisis services are co-located at the Crisis Care Center to allow for immediate responses in the areas of crisis outpatient services, MCOT, Urgent Care services, Crisis Respite, Supervised Observation services, housing services and substance abuse services. Additionally, Continuity of Care and Admission Unit services are located on-site for better coordination and access. Waco Police Department and McLennan County Sheriff Department officers are also on site regularly and participate in transportation of consumers when needed. Mental Health Deputies are on site 16 hours per day, M-F and participate in a multitude of supports with the crisis staff. Finally, all crisis services are under the direct supervision of the Director of Crisis Services. This provides additional continuity of services and allows for the smooth transition of services to consumers in need of crisis supports.

The array of services provided by the HOTRMHMR Center is part of a community wide effort to reduce the utilization of state and local in-patient hospitalizations, incarceration of the mentally ill into local jails and overutilization of hospital emergency departments. In FY 09, local inpatient hospitalizations were reduced by 3% and bookings of the mentally ill into

local jails was reduced by 15%. There is still work to be done in this area. State hospitalizations increased slightly based exclusively on forensic bed day utilization and hospital emergency departments report an increase in assessments of the mentally ill based on greater community awareness and expanded local service options. The HOTRMHMR Center is currently providing community forums in our five rural counties to help educate the communities regarding alternative assessment options and available crisis services. In McLennan County, crisis services brochures are being made available to all law enforcement officers and hospital department personnel.

b). Current Crisis Services:

24-Hour Screening and Assessment Services:

Staff is currently available 24-hours a day, seven days a week to screen and assess the need for hospitalization. During regular working hours law enforcement can bring a person to any of HOTRMHMR's six county offices or the Crisis Care Center and have that individual evaluated to determine the need for admission to a local inpatient facility. This may occur with or without a warrant. If a person is deemed appropriate for hospitalization the HOTRMHMR Center will work to facilitate local placement at the DePaul Center. If DePaul does not have room for the person or they do not have the capacity to care for the individual, the HOTRMHMR Center will make arrangements to divert the person to an out of county facility.

After hours the HOTRMHMR Center operates a 24-hour Crisis Care Center where individuals may be brought in for a face-to-face evaluation, or an officer may begin by calling the Center's Emergency Services staff for consultation and possible dispatch to the site for a face-to-face assessment by the Mobile Crisis Outreach Team (MCOT). The Emergency Services Worker may be reached at 1-866-752-3451. In situations where the individual may be medically unstable (overdoses, cuts requiring stitches, significant chemical impairments, extreme intoxication) the law enforcement officer should contact emergency medical services to transport the person to the nearest available Emergency Room (ER) for further evaluation. In McLennan County individuals should be routed to Providence ER. While at Providence ER, the person will receive a face-to-face assessment and a determination will be made regarding the need for hospitalization. In our rural counties the hospital personnel may call the Emergency Services worker to help consult on the most appropriate course of treatment for that individual. If the hospital staff is unsure of the most appropriate course of treatment, an MCOT staff may be dispatched to the site to assist with the assessment. The DePaul Center is our primary contract provider for inpatient services. If DePaul does not have an appropriate bed for the individual, the hospital staff will make arrangements for that person to be diverted to another facility.

Hotline:

The HOTRMHMR Center currently contracts with Tarrant County MHMR Center to provide hotline services. All offices of the HOTRMHMR have a prompt when calling the regular telephone number that gives the option of transferring the call to the hotline service if the caller believes the situation to be a crisis. Law enforcement is given an option of having any crisis situations handled by the local MHMR Center. A third option allows callers to access regular services or staff through the agency switchboard. Once the caller

identifies the situation as a crisis the call is forwarded to the ICARE Call Center in Ft. Worth and will be answered in that manner. All staff at the ICARE Call Center meets the certification of the (AAS) American Academy of Suicidology. The staff triage the situation and determine the most appropriate course of action to take. Four primary outcomes are generally achieved. First, the caller may need assistance with non-mental health issues in which case the staff will make an appropriate referral based on community resources. Second, the caller may need to process an event or situation and staff are able to resolve their crisis and then make an appropriate plan with the caller to follow up with MHMR or another local provider. Third, the caller may be in an emergent crisis and need immediate follow-up with the local MHMR. In this case the staff call the Mobile Crisis Outreach Team (MCOT) who then dispatch staff to the site to help assess and respond to the emergent crisis. Finally, the caller may be in acute distress requiring immediate response in which case the staff call the appropriate 911 and dispatch law enforcement or other emergency medical personnel to the site.

After hours the procedure is similar except that all calls are routed to the ICARE Call Center. For law enforcement the staff call the local MHMR Emergency Services Department who would handle the call as needed. All other calls are then triaged with staff following the same basic decision tree. If determined that the MCOT needs to be dispatched the staff would call the MHMR emergency services staff on call who authorize the dispatching of the team.

All calls are tracked and numerous reporting options are available for review by the HOTRMHMR. All calls are further documented in the HOTRMHMR Clinical and Billing System (CABS) for review by Center staff.

In FY 09 approximately 650 calls per month were handled under this program.

Mobile Crisis Outreach Team:

The existing Urgent Care Unit staffs of the HOTRMHMR Center were combined with three new employees to make up the Mobile Crisis Outreach Team. The new staff includes one Qualified Mental Health Professional (QMHP) who is at least a Bachelor's Level caseworker, a Registered Nurse (RN) and a Licensed Professional of the Healing Arts (LPHA) who is a Master's level clinically trained staff. The combination of these six staff allows for at least three MCOT to be available at all times during the regularly scheduled work day. The MCOT is scheduled from 8:00 am to 7:00 pm, Monday – Friday. Additionally, the Assertive Community Treatment Team serves as a MCOT from 9:00 am to 1:00 pm on Saturday and Sunday. In addition to the scheduled hours of operation, on-call staff are available for deployment within one hour to all locations in the six county regions, 24 hours per day, and seven days per week. The MCOT provides assessment and crisis response to all members of the community regardless of their admission status with the HOTRMHMR Center. The MCOT also provides after care and relapse prevention services for all individuals released from the DePaul Center or one of the state hospitals. Upon discharge from a state hospital or inpatient psychiatric hospital, an aftercare plan is developed and may include up to 90 days of crisis services and / or community reintegration services. The MCOT also actively works to engage consumers in community based services where appropriate and provides follow-up to ensure that these services are accessed. Services of the MCOT are available for adults, children and families experiencing a mental

health crisis. In FY 09, the MCOT team provided assessment and crisis services to 313 individuals.

Walk-in Crisis Services:

Walk-in Crisis Services are office-based outpatient services providing immediate screening and assessment and brief, intensive interventions focused on resolving a crisis and preventing admission to a more intensive level of care. The HOTRMHMR Center Admissions Unit handles all walk-in crisis situations. These services are currently being provided at both the Main MHMR Center and at the Crisis Care Center. When triage determines that the individual is in need of inpatient psychiatric services the staff arranges for an immediate assessment by the psychiatrist. If determined to meet criteria for inpatient care services are immediately arranged. When triage or psychiatric assessment determines that the individual does not need inpatient care the MCOT is contacted and a crisis plan is developed to meet the needs of the individual on an outpatient basis.

Crisis Care Center:

The Crisis Care Center provides a variety of services designed to meet the needs of individuals who are experiencing a behavioral health crisis. The first component is a 24-hour Assessment and Triage Program. In this service individuals may be brought to the site for a face-to-face assessment. Once the assessment process is concluded triage services are provided to find the appropriate level of intervention to assist the individual in dealing with the crisis situation. This may include inpatient services, supervised observation services, respite services, MCOT services, and admission to on-going MHMR services or referral to community resources. Also located at the Crisis Care Center are our supervised observation program and crisis respite program. In the supervised observation program individuals who require additional time to appropriately assess their needs may remain under close observation by clinic staff for a period of up to 24 hours. The most common usage of the supervised observation program is when an individual presents in an altered state based on alcohol or substance use. The crisis respite program is a short term, voluntary residential option for individuals who may need more intensive crisis supports to avoid inpatient care or incarceration. The crisis respite program has a capacity of 32 individuals. During the last quarter of FY 09, an average of 56 individuals was served per month for an average of 783 bed days per month.

Local Inpatient Services:

Existing crisis services at DePaul will be maintained to ensure individuals are treated locally whenever possible. DePaul provides crisis inpatient services under contract with the HOTRMHMR Center. Crisis inpatient psychiatric services are those designed to provide a safe treatment venue for the individual suffering from an acute psychiatric crisis or decompensation. A physician must call in orders and the length of stay generally lasts three to four days. When an individual does not appear to be stabilizing on the unit a commitment to the state hospital is often necessary. During FY 09 we saw a decrease of 3% in the number of placements at DePaul. This includes individuals who were admitted into the inpatient unit or those placed in observation. The average monthly placements went from 90 per month in FY 08 to 87 per month in FY 09. The overall bed days utilized at DePaul did

increase in FY 09. This is attributed to the lack of available bed space within the state hospital system.

Urgent Care:

Urgent Care Unit services are available to individuals who are already actively involved with the HOTRMHMR Center. Urgent Care services are designed to provide short-term intensive clinical services to help the person alleviate a situational crisis. Specialized services are provided to deal with housing issues, employment problems, co-occurring substance abuse issues, medication compliance, medically related problems, or family disturbance issues. In FY 09, 153 individuals were provided crisis intervention services by our Urgent Care staff. The Urgent Care program also operates our new Shelter Plus Care Grant received from HUD to house homeless mentally ill individuals while also providing for their clinical needs. This grant allows the Center to provide housing vouchers to 19 individuals and families who are currently homeless if they have a documented mental health issue. The Center also received a Project for Assistance in Transition from Homelessness (PATH) grant that provides two clinicians to work in the community providing active engagement of at-risk persons for the purpose of getting them off the streets and into community services.

Jail Diversion Services:

Jail Diversion Unit services is available to all detention facilities in our six county area. Master's level clinicians provide services designed to divert individuals with mental health issues out of the criminal justice system and into appropriate community based treatment options. Services include screening and assessment to determine mental health issues, suicide assessments, medication coordination, discharge planning, court interventions, and diversionary activities.

c). Budget and Funding Sources:

The Center is currently budgeting \$42,225 on our Emergency Services program, \$57,492 on our Crisis Hotline Contract, \$52,218 on our Urgent Care Services, \$432,953 on MCOT and Crisis Walk-in Services (includes C&A), \$103,074 on PATH Services, \$354,000 on in-patient services contract (includes C&A), \$148,251 on other in-patient staffing and services (includes C&A), \$6,456 on Regional Crisis Walk-In services, \$430,000 on our Crisis Respite contract, \$826,662 on Crisis Triage and emergency psychiatric coverage, \$135,000 on Mental Health Deputy Services and \$16,065 on Child and Adolescent Crisis Walk-In services. The total budgeted amount for Crisis Services is \$2,604,396.

Funding Sources – PATH Contract	\$ 103,074
PESC Funds	\$1,256,662
MH Deputies Contract	\$ 70,000
DSHS Crisis Funding	\$ 674,550 (\$591,510 Crisis Redesign & \$83,040 Transitional)
County Funding	\$ 59,851
DSHS GR	\$ 440,259
Total Crisis Direct	\$2,604,396

County Matching for PESC

\$ 406,560

Crisis Staff include:

4 staff in Emergency Services, after hours

4 Admissions Unit staff located at the Crisis Care Center for AMH (handle Walk-In Crisis Services at both the Main Center and the Crisis Care Center)

2 Admissions Unit staff in the CMH program (KCF on Jefferson)

5 Regional staff located in the county offices

3 Urgent Care staff located at the Crisis Care Center

2 Inpatient staff that are on site at DePaul, part of the time

16 full-time CW I, CWII, RN, and Medication Technicians at the Crisis Care Center Triage Unit

9 part-time PRN, CWI, CWII, RN, and Medication Technicians at the Crisis care Center Triage Unit

2 full-time Mental Health Deputies assigned to the Crisis Care Center

2 full-time PATH clinicians located at the Crisis Care Center

10 part-time MCOT On-Call staff

Many other HOTRMHMR Center staff are trained in and assist with crisis services, although they are not specifically assigned to a unit that handles crisis situations.

d. Special Populations:

The HOTRMHMR Center in collaboration with various local social service agencies provides a wide array of services to special populations. The HOTRMHMR Center is an active participant in the Waco Homeless Coalition and provides PATH and Shelter Plus Care services to the homeless population in the Central Texas area. The VA population is served through our collaborative program with the Waco VA Medical Center called the Independence Center. We also work closely with the Waco VA Medical Center in jail diversion services, homeless veteran services, supported housing services, and in-patient services through our contract with the DePaul Center. Recently, the Center has added services for veteran services through DSHS funding to provide peer to peer support groups, family to family support groups, local planning and coordination for veterans and a clearinghouse of information for veterans and their families of local social services. The HOTRMHMR Center has a contract with the local HOTCOG to provide specialized services to the elderly and we have recently reached an agreement with the Freeman Center to expand COPSD services locally (If funded in the Freeman Center's new contract). The HOTRMHMR Center also works closely with the Family Health Center (FQHC) on physical health services for our consumers and is discussing additional partnerships with them in the future. In our Child and Adolescent Services program called the Klaras Center for Families (KCF), we have multiple joint partnerships with the court system, juvenile probation departments, schools and the City of Waco. Examples of some of the programs include Community Parenting Classes, Mentoring Program for Community in Schools, Truancy Courts, Drug Courts, TYC Diversion Program, CRCGs, MCOT, and TCOOMMI.