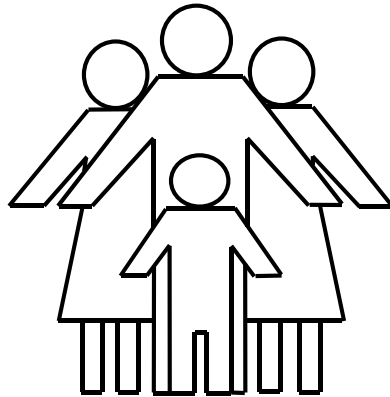
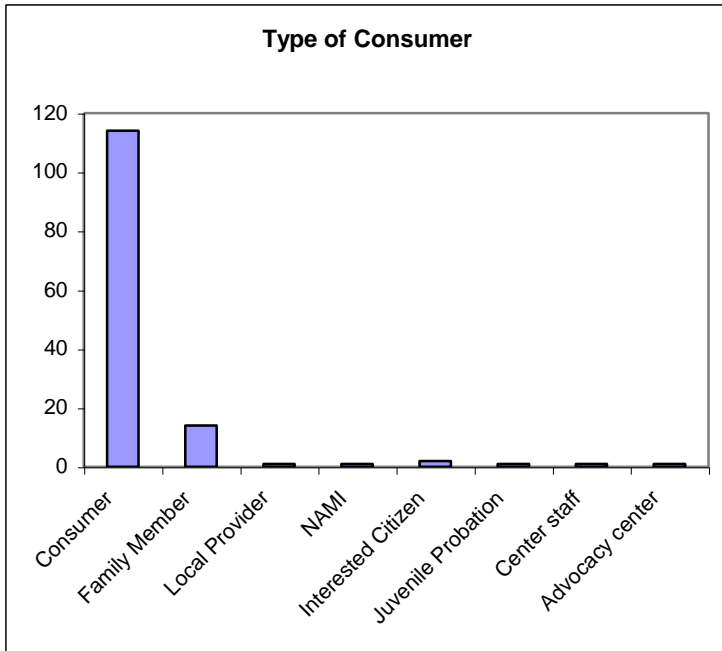


Heart of Texas Region MHMR Center

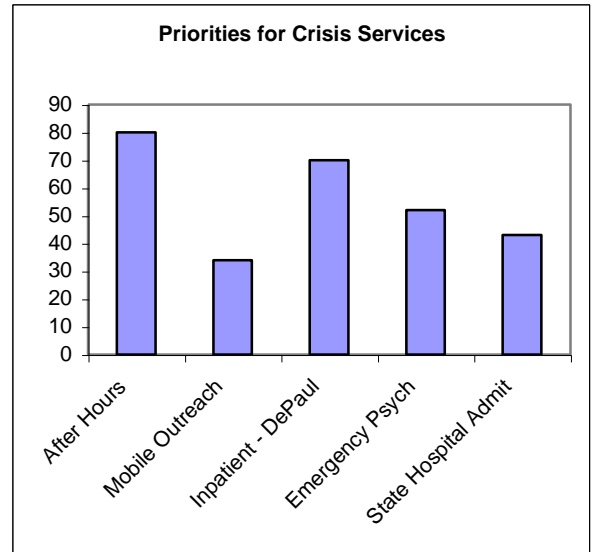


Local Plan and Network Development Attachments

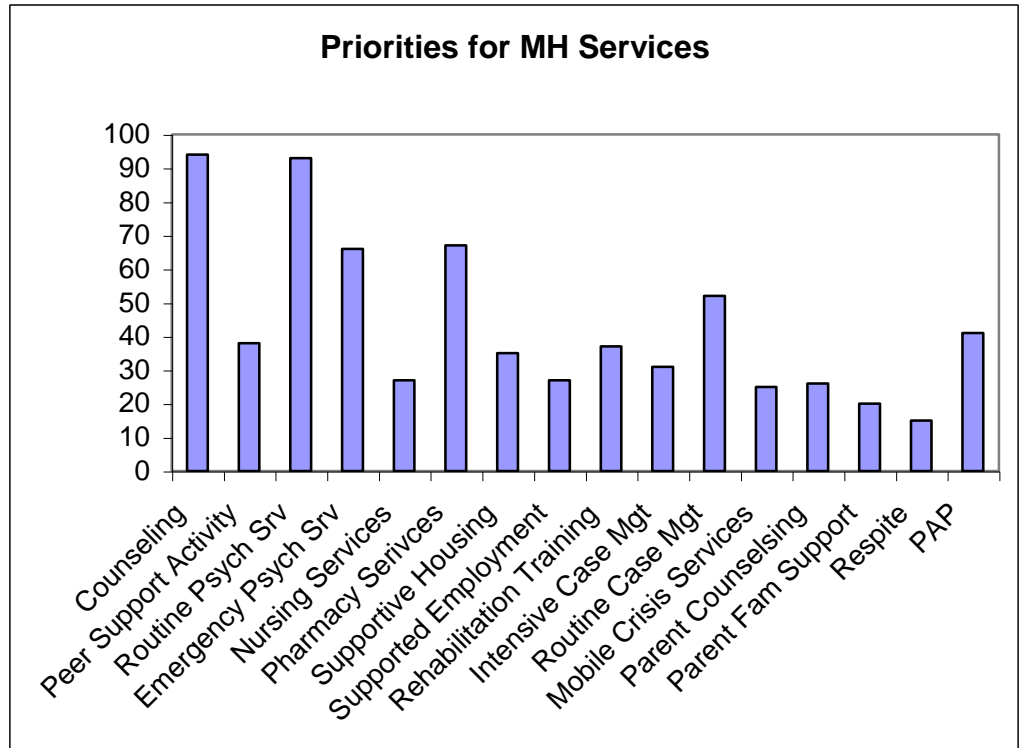
Attachment A What Consumers Believe



The Survey asked the person to classify himself/herself into these categories. Approximately 120 people from all six counties were classified as consumers.

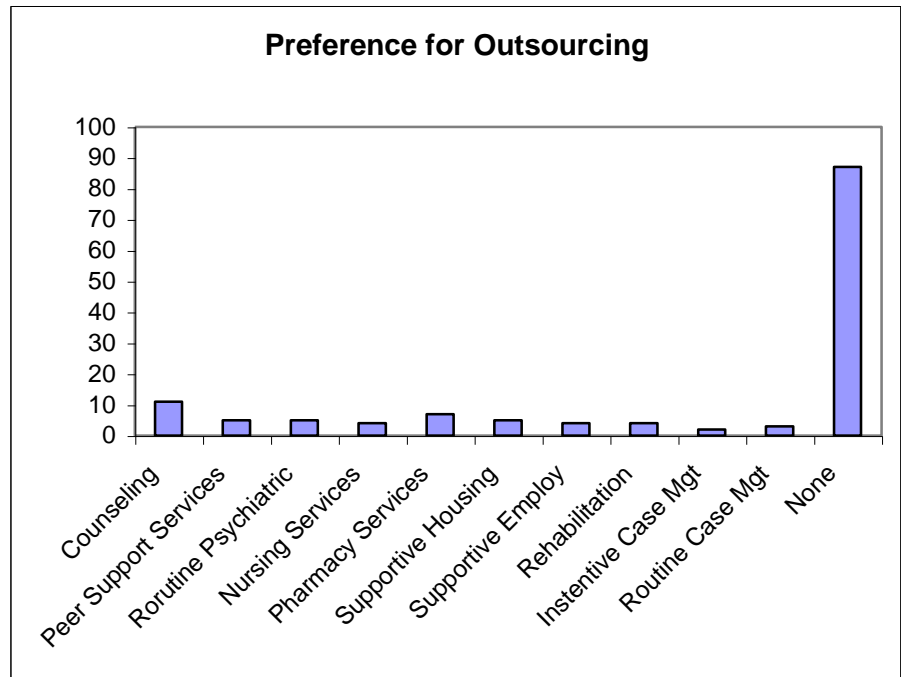


The Survey asked consumers to prioritize crisis services. After Hours emergency services (telephone services) and Inpatient services were the priorities.



The Survey asked consumers to prioritize mental health services. Counseling, Emergency Psych Services, Pharmacy and Psychiatric Services were identified as top priorities.

The Survey asked consumers to recommend services to be delivered by local providers. Consumers overwhelmingly stated they preferred that no services be outsourced.



The Survey asked consumers to identify the benefits and the problems with contracting with local providers. All of the comments, as written on the survey form, are below:

Benefits with other providers

- Ability to select any provider in a network.
- It would benefit a lot.
- Private services would be more stable.
- Don't see a lot of problems, may lead to more people getting services.
- If local means Groesbeck, would be very helpful, to travel to Mexia not good.
- One stop shop.
- Would give more choices.
- Would give me another choice.

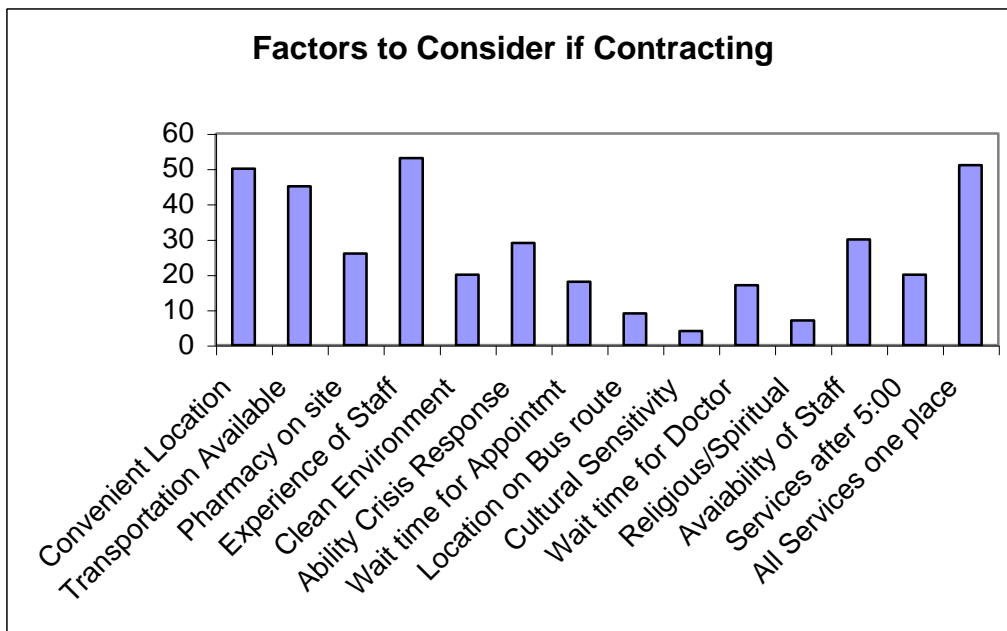
Problems with other providers

- Confusion
- Stressful
- Distance
- Transportation, Financial burden
- Confusion, transportation problem, financial stress
- MHMR could become weak and fragmented.
- Problems due to transportation.
- Inadequate services
- Financial
- No transportation, want to stay with MHMR.
- Gas, transportation
- All services at MHMR are more than adequate.
- Hard as I don't drive now
- Confusing
- Bad in several ways, confusing and time consuming.
- Patient history would be scattered
- I don't think I would survive.
- Hard to keep track of services.
- Confusion and stress
- Confusion, too much driving
- Financial because of the price of gas.
- Transportation, time consuming
- Transportation
- Might be hard to coordinate.
- Transportation, time
- Don't need outside provider.
- Transportation
- Financial, inconvenient
- Transportation
- Time consuming
- Trouble getting around
- Added stress
- Takes up too much time.
- Can not afford the service.

Difficult in keeping the treatment plans together if services were received in many different places.
Too many cooks will spoil the pot. Too many people deciding the consumer's fate.
Hard to establish new relationship with multiple providers.
Private care is worse because they are just looking for money.
Don't see any benefit. Adding other providers would lead to overlapping services and cause confusion.
It would be easier to have all the services at the same place.
Communication, transportation , not providing all services
Changing of doctors or others you are familiar with can be very upsetting, especially since they don't know you or your past problems.
One stop easier. I know who and where to go. I waited for 6 months to get in and I'm happy here.
Privates might not provide the quality of services of MHMR. MHMR has been around for a long time and knows clients. Might be detrimental to the clients.
Private providers could prove to be very expensive.
Could be a problem for some clients who have to start all over again. We're already used to MHMR and staff.
Don't think it would be a good idea. Too many service providers may confuse a lot of people, most people are use to MHMR and may be afraid to go see new service provider

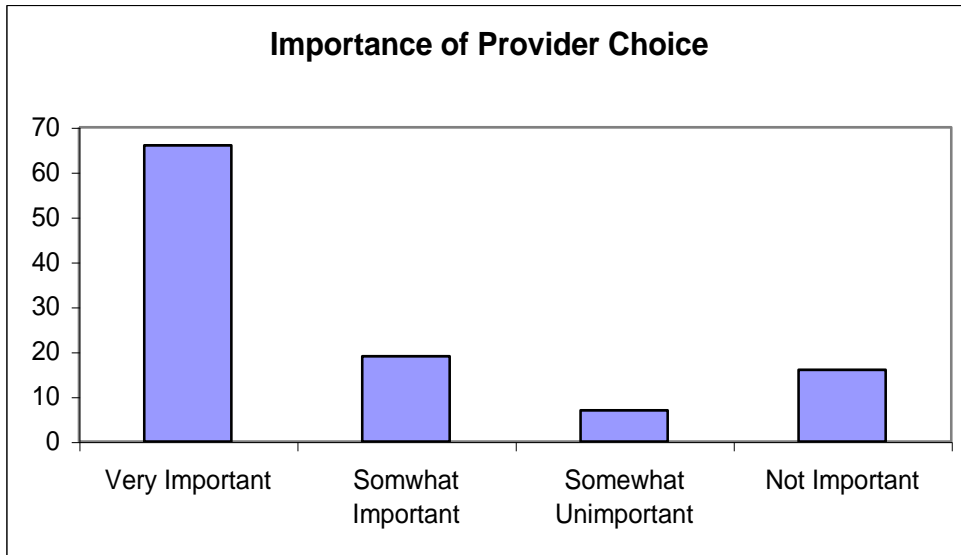
Neither problem or benefit

Transportation main concern for treatment no matter where
Capable of follow-up no matter where
Don't see any problem, but I think this office is plenty.
Might be ok, but I'm totally satisfied with services from this office, Tom and Dr. Mundy take good care of me.
Can't see any benefit. May be ok if more people lived out here. (Bosque)
I just think this office does such a good job. I wouldn't want to see anybody else out here. We don't need it. (Bosque)
Meds

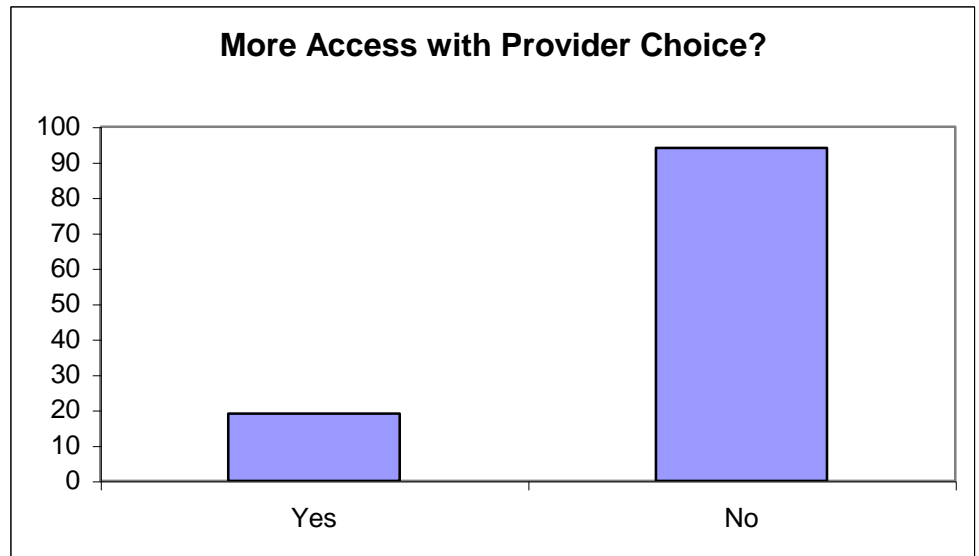


The Survey asked consumers which factors to consider if contracting a service. Convenient Location, Transportation, Experienced Staff, and All Services in One Place were the most important factors for consumers.

Consumers were asked how important it is to have a choice of providers. The majority of consumers considered choice to be very important.



The Survey asked consumers if there would be better access to services if there were more choices of providers. The majority of consumers did not believe access would improve with multiple providers.



The Survey asked consumers to identify the gaps in mental health services in their community. All of the comments, as written on the survey form, are below:

- “None “ was stated 26 times
- Better hospital care in Hill Ct
- Services for physically disabled people
- Workshop
- Transportation
- Dental services was written six times.
- The process of getting medication sooner.
- Couple Counseling
- Job training
- More peer support in this area
- Need more counselors
- Social club with transportation
- Computer classes. Driver’s license help.
- More groups
- Decent psychiatrist
- More involvement with benefit eligibility services

- Support group available
- Parenting classes, stress release classes
- All services are very fulfilling at MHMR
- Activity center not run by VA clients
- More info about medications
- Educational lunches about side effects and meds
- I think MHMR has everything covered.
- Parent Education
- Peer Support activities
- Psychiatric hospital [in region]
- Maybe provide longer counseling appointment.
- Everything is fine.
- More activities
- Doing just fine to me

Attachment A

More individual support groups with goals and programs
More support for elder consumers who are experiencing changes isolating themselves (specialized counseling)
More better training for probation on history of children
Hard to come up with something as MHMR already provides help in most areas.
Finding help to quit smoking; more group therapy options.
Need to extend the mental illness list to cover other disorders
Emergency phone # where you can call when having panic or anxiety attacks, to talk you through that time.

Finally, consumers were asked to voice any other concern or address any other issue. All of their comments, as written in the survey, are below:

Very satisfied	Lack of continuity of services if change providers
I love it. (MHMR)	MHMR Help you be safe and stable.
I do <u>not</u> like it (contracting).	Timing for appointments
Don't leave me	Very happy with current treatment
After hour Emergency did not call back	Kelly and Dr Root are wonderful to me.
Very satisfied	Better parking
It's a great organization.	Enjoy that there is always someone to help
MHMR is easy to access	Best it's been in life.
Doing good, Freddy is excellent.	Consistent services
Medication works and I like Dr.	When I call, they respond as I need.
Very happy with MHMR	Meals on Wheels in rural areas.
Services are great.	MHMR has helped me a lot
Happy with current services	It's fun being here.
MHMR Staff are very pleasant	Very satisfied, like the people.
Everything is ok as far as I can see.	It should be by choice.
Staff treat me well	Very pleased
I go to MHMR on 12 th Street	They do the best they can
No Problems	I trust the staff in Hill County
Everything is just fine.	
It stinks. I hear voices and have to take medication	
Only want MHMR. No one else. Don't even consider.	
Better access with other providers only because staff don't understand or are rude.	
Telemed is not as personal and is hard to communicate.	
I am proud and appreciate being under their care and services and I let all people know. This staff is caring and support I receive could never be rewarded enough to express my love and gratitude for them.	
If not for MHMR I don't know what my condition would be. I would not go any other place unless I could take Dr Root with me.	
Mental Illness is not a good job for youth. It's a ok/good service, they don't "talk" to her.	
Had experience in Dallas. MHMR more helpful than private. Privates don't seem to have training. Concerned that clients might not get what they need. Don't feel that privates will be able to provide all of the services needed.	
MHMR has been providing service for a long time. Don't understand why the state wants to create other providers instead of helping MHMR with more services, more funds.	
This MHMR does a good job of caring for clients, multiple service providers might be a good idea if there were enough people needing services in the area.	

Attachment A

MHMR is enough. Don't want to have to start over with new Service Provider. New Provider would have to get my records and it might take a while to get in services.

Dr isn't as attentive as I think he should be and is short.

All my needs are met with MHMR. It feels good to come to a place where you know the staff and don't see several others.

Dr. T- I think he needs meds. Every time I see him he tried to upset... See Dr. T and Dr. Badhiwala same day with gas prices.

All my needs are currently being met by this office (Bosque)

I've been treated pretty good by this office.

I'd rather stay with this office.

I like the services provided by MHMR. I don't want to deal with privates. No complaints. It's kind of weird, actually, it's been easier for me to get services in Bosque County than it was for me in Dallas. Staff in this county are so nice to me.

I'm satisfied with this office. It's the reason I don't want to move. I don't think I can get the same kind of service anywhere else. Been coming to this office for 15 years. Don't want to change.

This office is enough. I just want to stick with this office.

I wouldn't choose anyone besides MHMR. They have provided for all my wants and needs.

Services in Whitney area – going to Whitney hospital because of transportation for counseling group

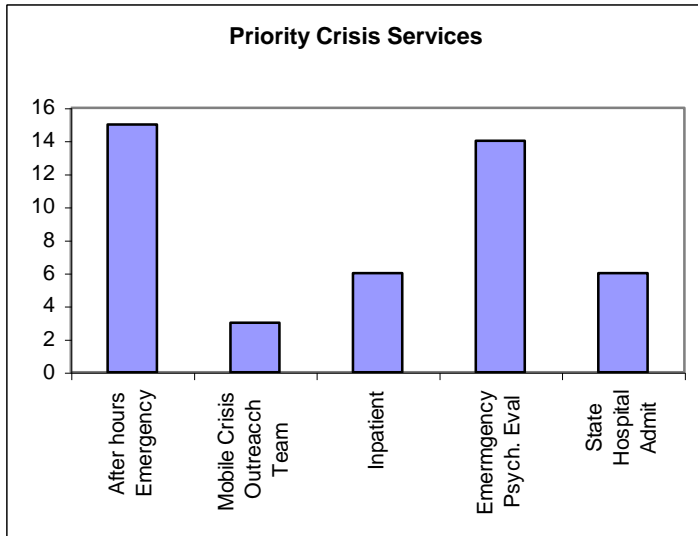
As long as Bosque Co can handle all the cases, I think services should remain only there.

Attachment B

What Law Enforcement Says

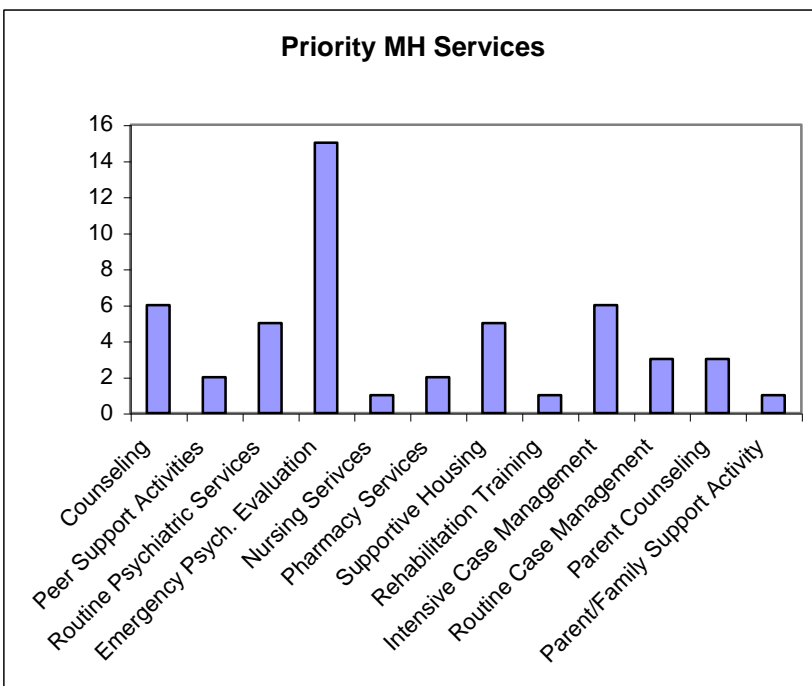
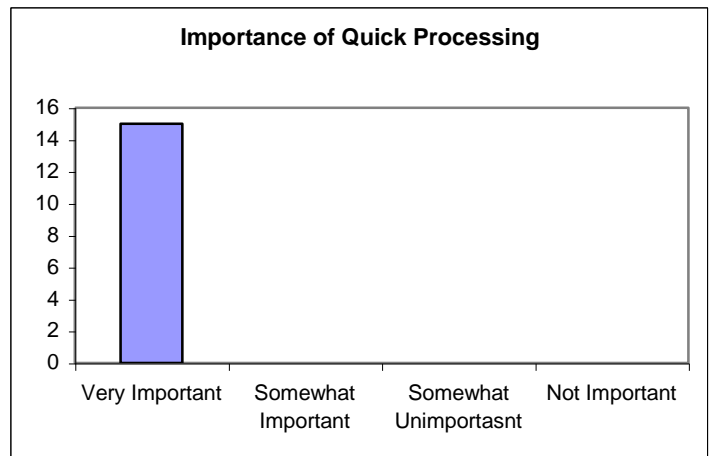
6-26-08

The LPND Survey was mailed to every law enforcement chief and sheriff listed in the Texas State Directory in the six county HOTRMHMR region. Fifteen Surveys were returned, representing five counties.



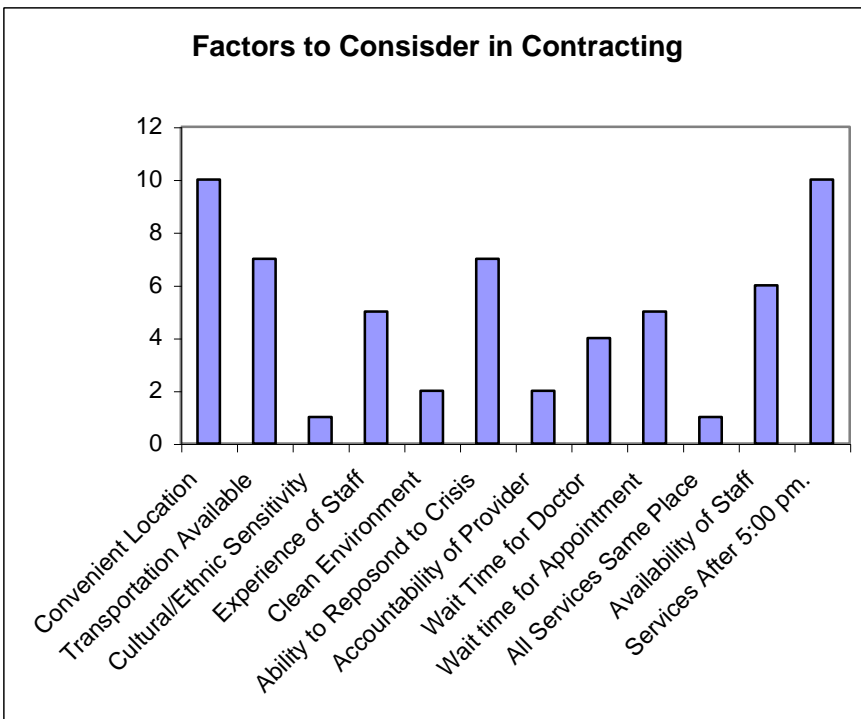
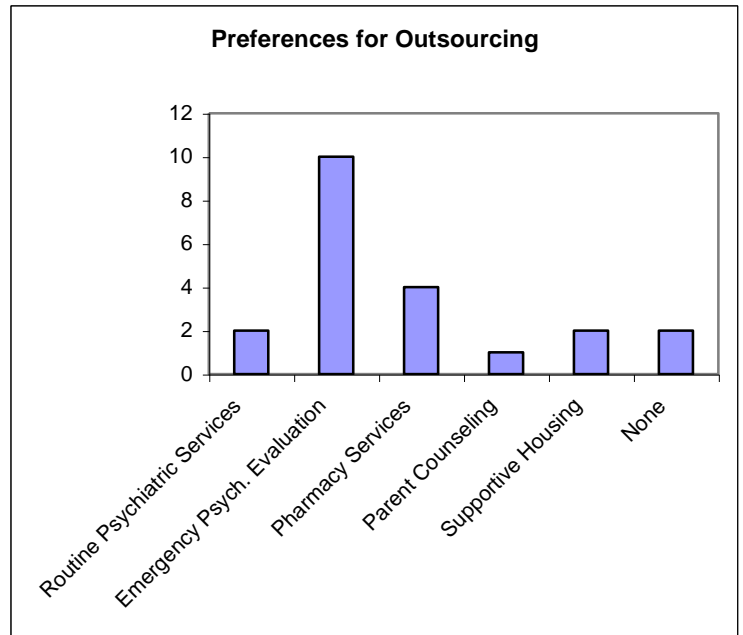
The Survey asked law officers to prioritize crisis services. After Hours emergency services (telephone services) and Emergency Psychiatric Evaluation services were the priorities.

The Survey informed law officers of the planned Crisis Triage Center to be implemented with DSHS Crisis Redesign grant funding. Law officers have voiced concern regarding long waits in the emergency room to process persons detained for psychiatric evaluation. The need for quick processing was unanimous.



The Survey asked law officers to prioritize mental health services in their community. Emergency Psychiatric Evaluation was identified as top priority.

The Survey asked law officers to recommend which services could be delivered by local providers. Emergency Psychiatric Services was the primary choice.



The Survey asked law officers which factors to consider if contracting a service. Convenient Location, and Services After 5:00 pm were the most important factors for law officers.

The Survey asked law officers to identify the benefits and the problems with contracting with local providers. All of the comments, as written on the Survey form, are below:

Benefits with other providers

No problems

The benefit would be a closer provider therefore its less time consumed and the officer is not tied up. Clients would not get lost in the system .

The benefit would be, the patient gets better services by a broader base on knowledge and resources. I think it would be great because there would be more providers, which means a shorter wait to see a psychiatrist. I think this would result in better patient outcomes.

Problems with other providers

Knowing who to call for what service. Getting to know providers.

Who would be primary contact for emergency client needs?

The problem would be a logistical one. Too spread out. Hard to communicate, meet and provide consistent care.

None. More Outreach.

Consistency of services and being held accountable.

Neither problem or benefit

We have a local MHMR. It needs psychiatrist on staff that are available at any hour (especially at 5pm and later).

The Survey asked law officers to identify the gaps in mental health services in their community. All of the comments, as written on the Survey form, are below:

Law enforcement problems too long of wait getting medically cleared , then waiting on acceptance to DePaul

After hours on site support

Currently, there is no mental health provider in the city.

Long-term patient care and follow-ups on People who have critical suicidal incidents.

When we call for MHMR Services, we need the services at that moment. Not the next day. I was told a few years ago to incarcerate the subject because services were unavailable.

Almost impossible to get persons evaluated in a timely manner.

Ability to handle a growing number of clients.

Early Intervention, before the person is in crisis.

Long waits in ER and response from area mental hospital in accepting patients.

Psychiatric evaluations by psychiatrist during a crisis in a correctional setting.

[MHMR is] Only open during the day. Need emergency evaluation center.

No on-staff psychiatrist at local MHMR facility [in the county office]. This is a problem during and after working hours if a patient is taken to a hospital first.

Finally, law officers were asked to voice any other concern or address any other issue. All of their comments, as written in the Survey, are below:

We need to work toward early intervention, the formation of a CIT with law enforcement.

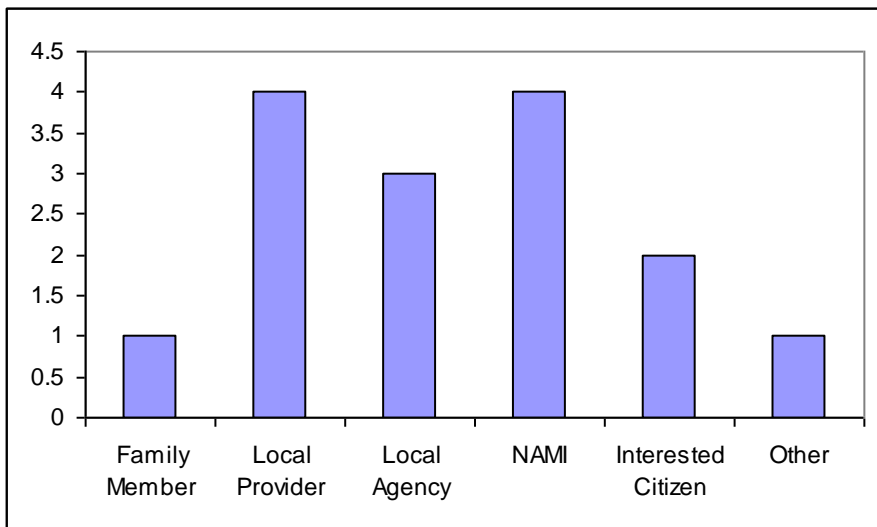
I feel that the more services available, the better it will be.

Long waiting period.

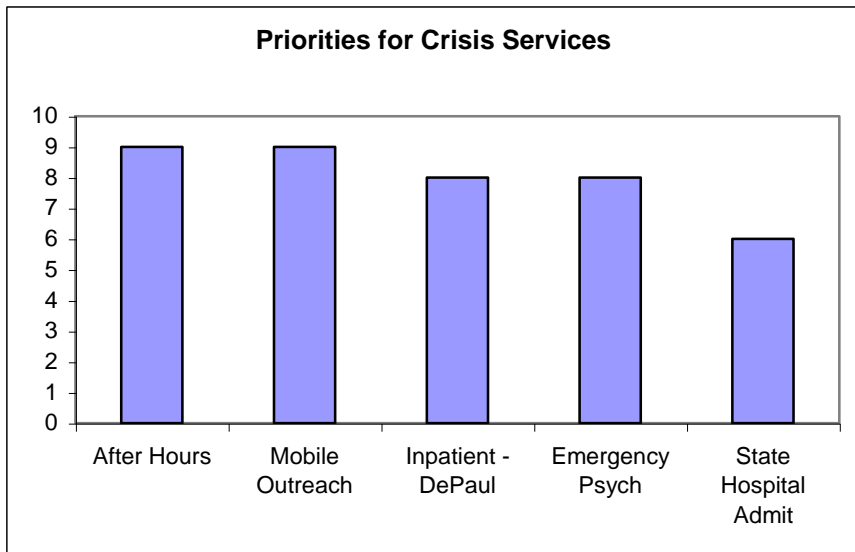
More bed space to house patients. Need for a facility for long term care. Our experience has observed that many patients return to the same behaviors once released. Some of these patients are becoming violently unstable with each return to society.

Attachment C

Waco-NAMI's Response to Surveys

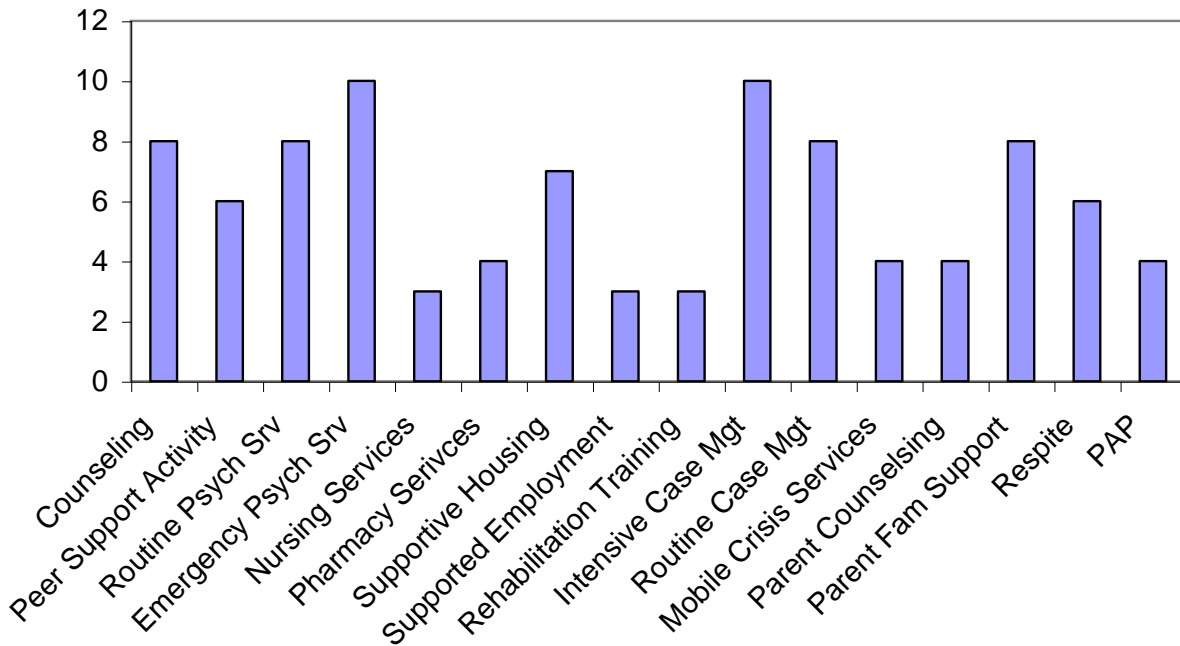


Who participated in the surveys with Waco-NAMI representatives.



Waco-NAMI identified most of these crisis services as priorities.

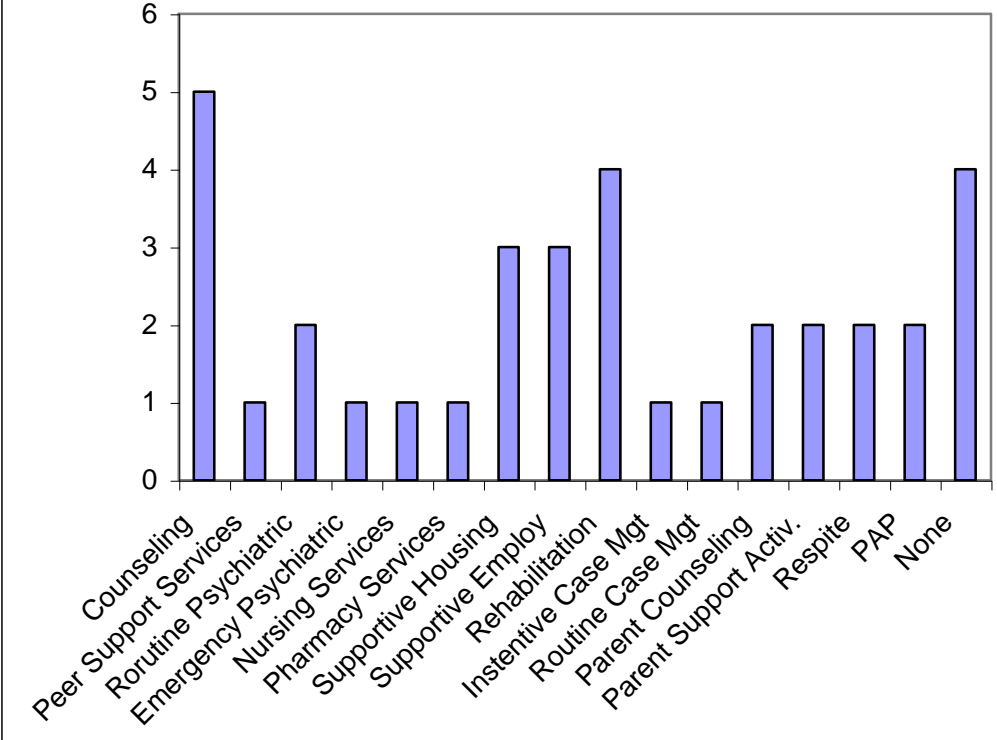
Priorities for MH Services



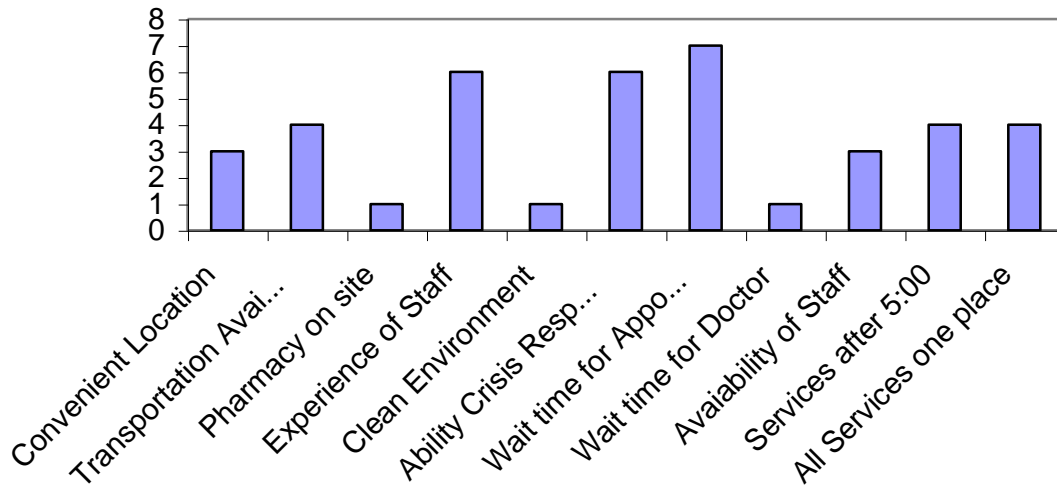
Waco-NAMI identified counseling, Psychiatric services and case management as priorities for mental health services.

Waco-NAMI identified these services as preferences for outsourcing.

Preference for Outsourcing

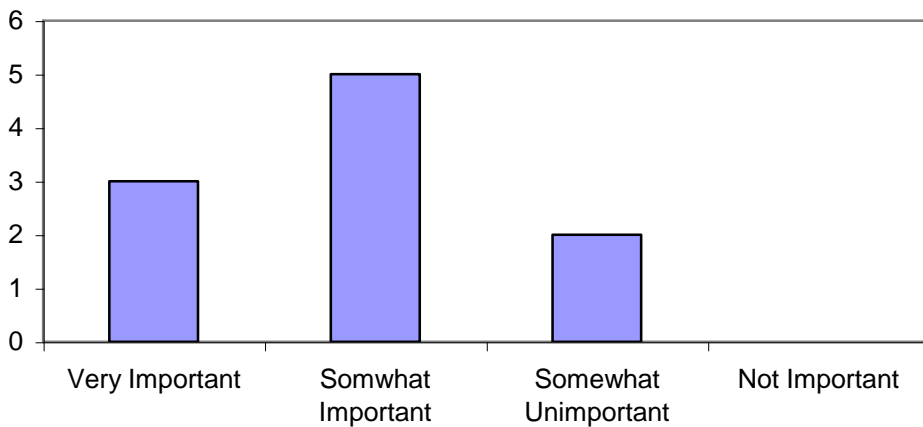


Factors to Consider if Contracting



WACO-NAMI chose these factors to consider when contracting for mental health services/

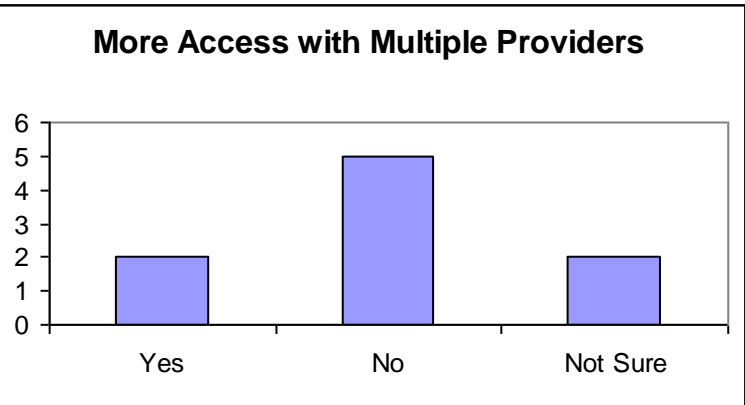
Importance of Provider Choice



This is how Waco-NAMI members responded when asked about the importance of consumer choice.

WACO-NAMI members were asked if consumers would have more access to services with multiple providers.

More Access with Multiple Providers



WACO NAMI was asked to identify gaps in services:

Services for depression and anxiety; mobile counseling for elderly homebound.

Coverage for adults without insurance that have problems with depression and anxiety.

Services to people with PTSD.

Services to people with PTSD.

Need more drug/alcohol services. Need more help for anxiety disorder and personality disorder.

Services for individual and families with severe issues related to depression, anxiety disorders, PTSD, personality disorders.

Available treatment for mental health issues that don't qualify for MHMR and for populations without insurance.

Problem: decreased communication between service providers if not centrally located.

I agree that diagnoses that are not covered under the "Big 4" are underserved.

Survey takers were asked to identify the benefits and problems of multiple providers.

The team approach with all providers under one roof is most effective. The state reporting requirements are so stringent, not sure private providers adequately prepared to handle.

Local providers may be private- profit motive may limit access. Many mental health consumers can't afford private care.

This may be a faulty assumption, but, I would think that most individual providers would be inexperienced and just beginning practice.

Problem: lack of continuity.

Coordination of care.

Lack of coordination of services and ineffective communication.

Problem would be lack of coordination and communication.

Lack of communication , unnecessary transportation expenses and failures.

Lack of communication, lack of coordination of services

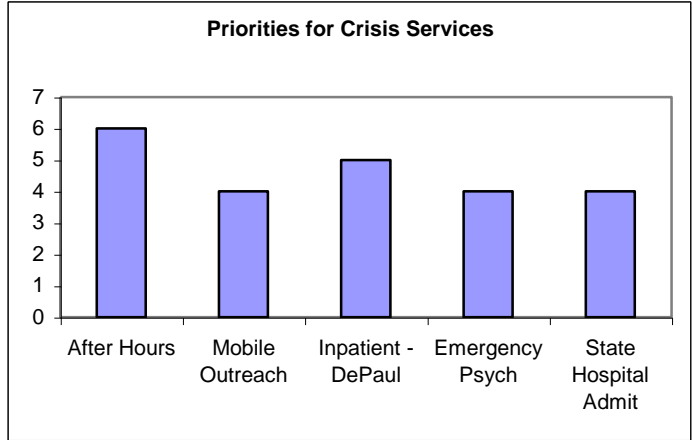
Additional Comments from Waco-NAMI

Private Providers should not be provider of last resort.

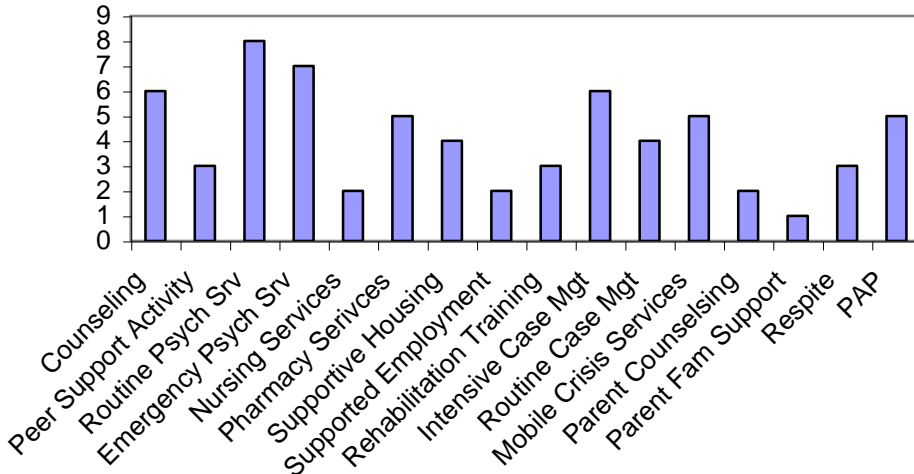
Teamwork very important- providers spread out may lead to less quality care.

Attachment D Survey Response from Community Agencies

Survey participants from community agencies were asked to prioritize crisis services.



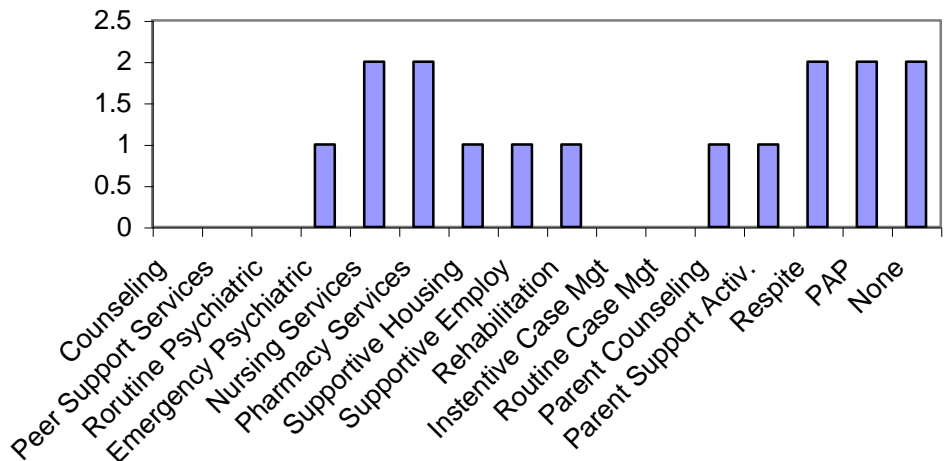
Priorities for MH Services



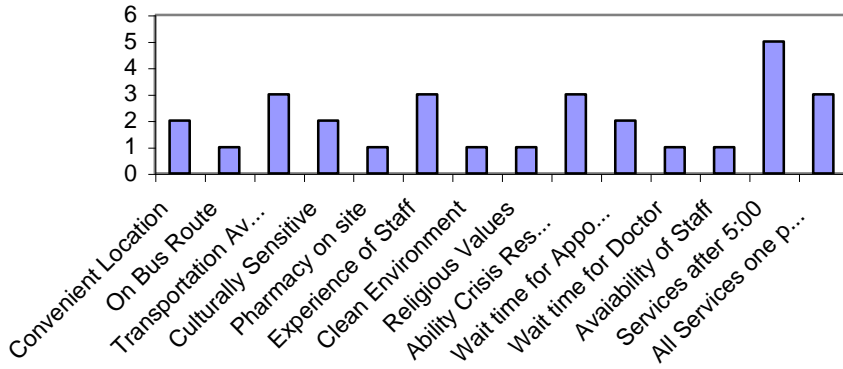
Survey participants from community agencies were asked to prioritize community mental health services.

Survey participants from community agencies were asked which mental health services would be appropriate for contracting to local providers.

Preference for Outsourcing



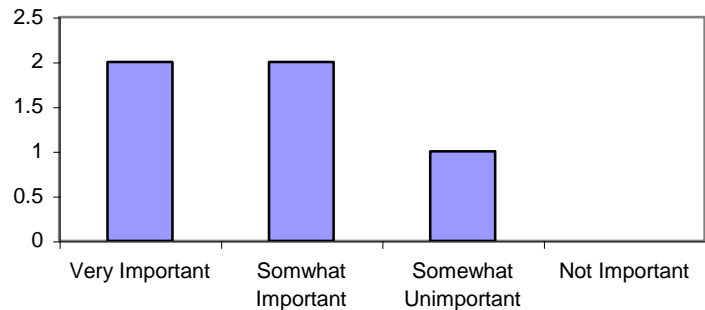
Factors to Consider if Contracting



Survey participants from community agencies were asked what factors should be considered if contracting mental health services to local providers.

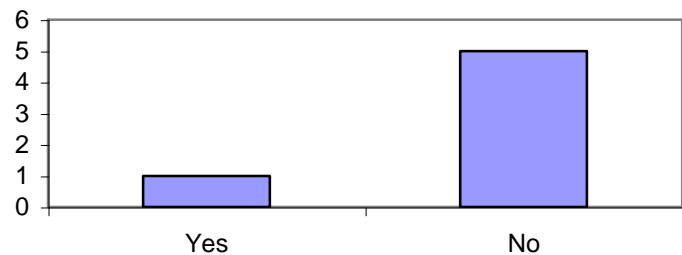
Survey participants from community agencies were asked about the importance of having a choice among multiple local providers.

Importance of Provider Choice



Survey participants from community agencies were asked if there would be more access to mental health service with multiple local providers.

More Access with Multiple Providers



Survey participants from community agencies were asked to identify the gaps in services. The responses are below:

Inpatient psychiatric services for children, many patient groups who do not fall under MHMR client groups but who need access to a psychiatrist and medication.

Very difficult to get timely psychiatric services (evaluation and treatment) for geriatric clients with dementia and psychiatric and behavioral problems. Private sector balancing out Medicare cases affecting geriatrics again. Primary care physician not filling gaps.

Serve everyone that meets you[r] priority population. Assisted living.

Alcohol/Drug – Dual diagnosis treatment.

Survey participants from community agencies were asked about the benefits and the problems of contracting with local providers from mental health services. The responses are below:

Benefit:

Not sure

Problem:

Potential for decrease in quality. Fragmentation, more bureaucracy.

Transportation, confusion over where to go, quality control.

Further fragmentation, greater consumer costs, consumer focus lost, lack of commitment when based solely on revenue differential, difficult to identify and develop care for multiple needs.

Assurance of quality of services

Access to services.

Confusion, lack of continuity.

One stop shop is best for clients.

Additional comments included:

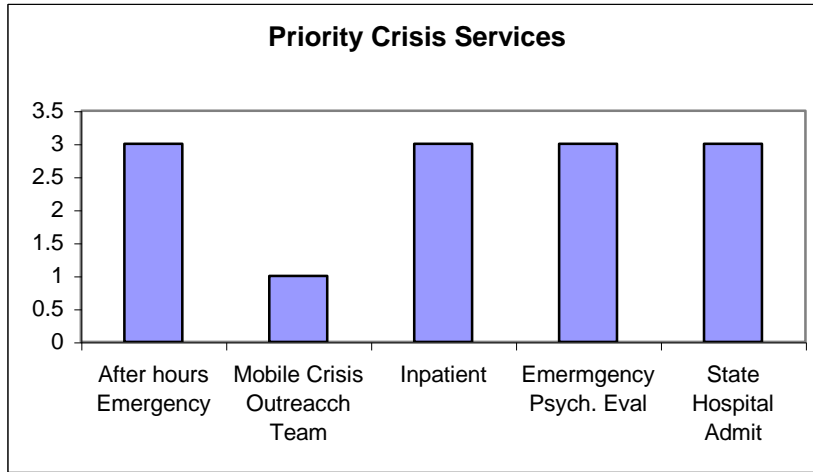
Dementia care largely ignored by state of Texas as well as broader set of needs of chronically ill.

Vocational services need to be reconsidered- where are all the providers?

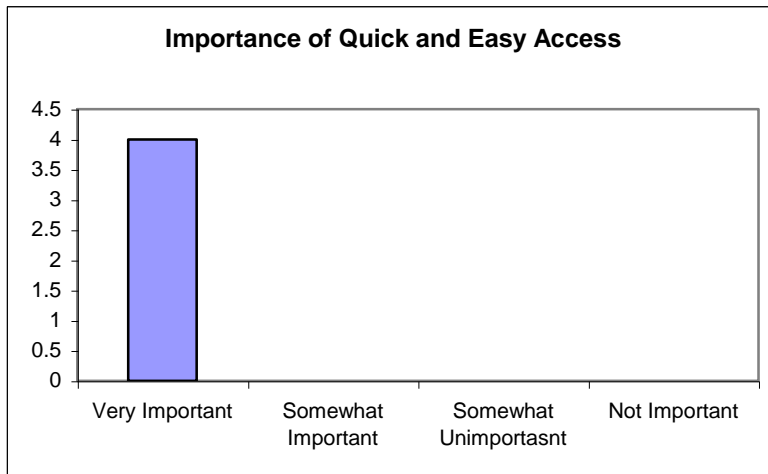
The wait time to be seen.

Thanks for your growing vision to help!

Attachment E Survey Response from City/County Officials

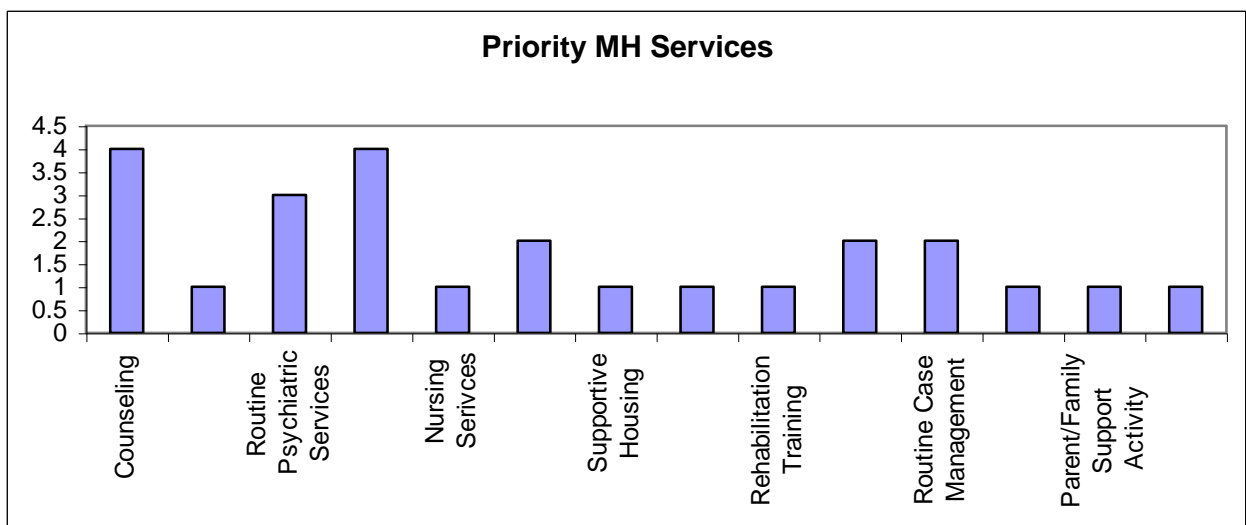


City/County Officials were asked to prioritize Crisis Services. MCOT, being a relatively new service, is probably not as well known.

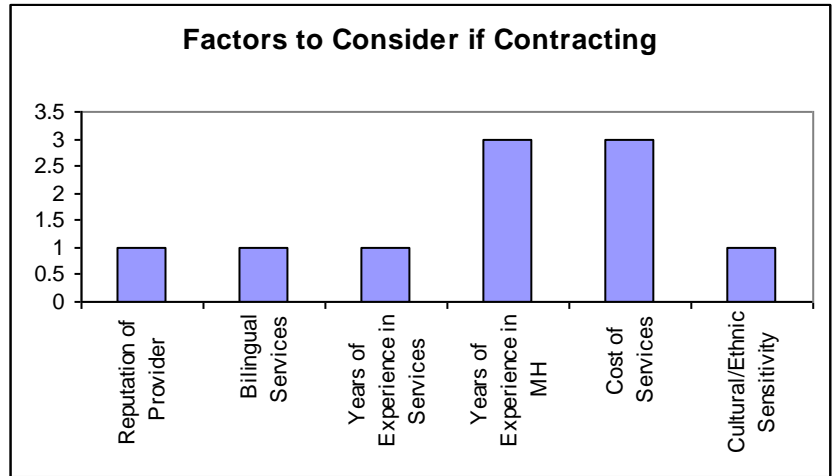


City/County Officials were informed about the Crisis Triage Center and asked about the importance of quick and easy access to a crisis facility.

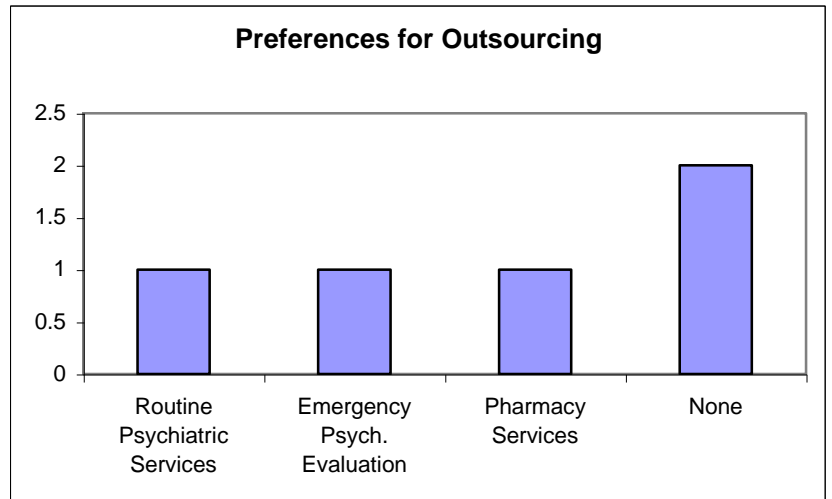
City/County Officials were asked to prioritize community mental health services.



City/County Officials were asked which factors to consider if contracting with providers for mental health services.



City/County Officials were asked which community mental health services should be outsourced.



Gaps In Services: City/County Officials were asked to identify gaps in community mental health services. The responses are below:
 More beds.
 Hard to find beds.
 Need services 24/7.
 Support for mental health patients who do not have good family support.
 Regional Emergency Service Center would be great! Crisis Center.

Benefits and Problems: City/County Officials were asked to speculate on the benefits and the problems of contracting mental health services. The responses are below:.

All services should be provided by MHMR.

Benefits: Local access. Problems: HIPAA

**PROPOSAL FOR CONTRACT AMMENDMENT FUNDING OF
PSCHIATRIC EMERGENCY SERVICE CENTER AND
PROJECTS FOR JAIL DIVERSION OR ALTERNATIVES TO STATE HOSPITALIZATION
RFI # PCA 0257.1**

A. EXECUTIVE SUMMARY:

1. The proposal from the Heart of Texas Region Mental Health Mental Retardation Center (“HOTRMHMR”) and community partners is for funding to develop a Community Crisis Triage and Respite Center (Center). This Center is designed as the initial assessment point for all community behavioral health crises and is directly tied into a continuum of care for crisis treatment services. The project is specifically for jail diversion and alternatives to state hospitalizations and includes crisis respite services as defined in Information Item V.

2. The Center will be operational 24-hours per day, seven days per week.

3. Effective September 1, 2008, when the project is fully operational, the projected cost per person, per day is \$80.07.

4. The target population for the Center is any individual experiencing a behavioral health crisis.

5. The service area covered under this project is the six county catchment area currently covered by HOTRMHMR, which includes Waco / McLennan County, Falls, Limestone, Freestone, Bosque and Hill Counties.

6. The location of the program will be 1200 Clifton Street, Waco TX 76704.

7. All program components except the 16-bed crisis respite facility can be operational by June 1, 2008. The crisis respite facility can be licensed and operational by September 1, 2008.

8. It is estimated that the Center will serve 3,220 individuals annually.

9. The primary project collaborative partners are HOTRMHMR, McLennan County, City of Waco, Freeman Center and Providence Hospital / DePaul Center.

B. DEMONSTRATED NEED:

1. The HOTRMHMR catchment area has many strong crisis services and supports but lacks an integrated continuum of care for persons experiencing a behavioral health crisis. The primary issues identified in various community plans include:

- Long waits to process individuals into local inpatient services based on the assessment point being in the Emergency Department of Providence Hospital;
- Extremely limited options for Crisis Respite;
- Limited access to medically supervised detoxification services;
- Limited options for safe, supervised observation of persons in crisis;
- Over utilization of State Hospital Bed Day Allocation;
- No transitional residential programs for persons returning from the State Hospital system;
- No designated shelters for person with behavioral health issues;
- A significant number of individuals booked into local jails with mental health issues due to lack of alternative treatment programs and the lengthy assessment process for inpatient care; and
- Large number of homeless individuals based in local VA Psychiatric Hospital and IH 35 corridor.

These gaps in services lead to a disjointed response system that can fail to respond in the most therapeutic manner possible to the individual in crisis. Without a truly integrated assessment and triage component and a continuum of alternatives for crisis interventions that includes multiple residential options, there will continue to be individuals who fail to receive the services needed to alleviate their crisis.

2. Funding this project will allow for the development of new crisis supports and the coordination of all crisis services for persons experiencing a behavioral health crisis. Funding for this project will allow for the development of a full continuum of care and will fill all listed gaps in services.

3. Currently HOTRMHMR is exceeding its State Hospital Bed Day Allocation even though it contracts with a local psychiatric hospital (DePaul) for short-term inpatient crisis stabilization. Last year 737 admissions were made to our local inpatient hospital while an additional 424 admissions were made to an evaluation unit for short-term observation. The mean wait time for assessment at the Providence Emergency Department was 3 hours and 15 minutes with 72.5% of all persons screened being admitted into inpatient services. In FY 07, 4,859 individuals were booked into local jails with a CARE match indicating past behavioral health services. This accounted for 16.9% of all bookings into the jails. Of those 13 bookings per day, more than 70% are on misdemeanor charges. In FY 07, 465 individuals were assessed in local jails with presenting mental health issues while only 55% of those individuals had a previous CARE match. A January 2006 assessment determined that 17% of all inmates in the McLennan County Jail were on psychotropic medications costing the county more than \$15,379 per month. Medically supervised detoxification operated by the Freeman Center ran at capacity over 95% of the time in FY 07 based in part due to limited space at their current facility. The Freeman Center has funding capacity to add an additional 8 beds should space become available. On average more than 10 mental health assessments per day occur outside of HOTRMHMR facilities with 42.5% of those having law enforcement escort. Assessments in the Emergency Department with law enforcement escort averaged longer (3 hours, 42 minutes) than the average assessment.

Utilizing a variety of historical data and pre-project assessments we have established the following goals and outcome measures to validate the effectiveness of the proposed project:

- A 5% reduction of mentally ill individuals booked into the McLennan County Jail as measured by CARE system matches with daily jail bookings;
- A 10% reduction in the total number of DePaul admissions as measured by total community admission numbers;
- A 20% reduction in law enforcement time spent processing individuals through the Emergency Room at Providence Hospital for assessment and inpatient hospitalization based on a statistical analysis of pre and post project implementation;
- A 25% reduction in the number of individuals presenting in local emergency departments with psychiatrically related symptoms based on raw data of ER admissions records;
- A 50% reduction in the number of individuals processed into Evaluation Unit services based on raw data of admissions;
- A 50% increase in the total number of individuals receiving supervised observation (Evaluation Unit and Center Supervised Observation Services);
- A 25% increase in the number of individuals processed into medically supervised detoxification services based on raw data of admissions;
- A 10 % reduction in the total number of non-scheduled trips to state hospitals by the Mental Health Deputy Program based on raw data of transports;
- A 5 % reduction in the overall jail costs of mental health consumers based on data analysis of pre and post project implementation;
- A 10% reduction in the bed day utilization based on an analysis of the State Hospital Utilization Report; and
- A 95% satisfaction rate on consumer satisfaction surveys provided for all persons receiving residential services at the Center

For all goals indicating a pre and post project implementation standard we will use the following format:

A 90 day baseline analysis from May 1, 2008 to July 31, 2008 followed by a 30 day analysis at the 6 month juncture and again at the 1 year mark. The 90 day pre project analysis will establish the baseline for stated goals and the 1 year analysis will measure outcomes.

C. Collaboration:

1. List of Collaborative Partners:

Name of Agency	Lead Contact	Title / Role within Agency
Heart of Texas Region Mental Health Mental Retardation Center	Tom Thomas Barbara Tate	Mental Health Director Executive Director
McLennan County	Jim Lewis	County Judge
City of Waco	Larry Groth	City Manager
McLennan County Sheriff Department	Larry Lynch	Sheriff
Waco Police Department	Brent Stroman	Police Chief
Providence Hospital	Kent Keahey	Hospital CEO
Freeman Center	Dan Worley	Executive Director

2. HOTRMHMR is the local mental health authority and will be the primary applicant in this proposal. HOTRMHMR will provide the staffing, clinical and financial oversight, administrative support and project oversight. McLennan County will provide significant in-kind contributions in terms of the facility, utilities, maintenance, and security for the program. The City of Waco will also be contributing security, transportation, and law enforcement participation in the project. The Sheriff's Department will provide Mental Health Deputy participation and coordination with County Jail activities. Providence Hospital will participate with Emergency Department coordination and in-kind contributions of inpatient and evaluation unit beds. The Freeman Center will operate medically supervised detoxification services and COPSD treatment services. With the contributions of each agency or jurisdiction the Center will be able to provide an integrated continuum of care needed to responsibly care for persons in a behavioral health crisis.

3. Written agreements and letters of support are included in Attachment A.

4. All collaborative partners listed, as well as many others, have been actively involved in the identification of local needs, the development and delivery of crisis services, the planning for development of needed services to bridge the current gaps, and of conceptualizing the needed components for the delivery of a comprehensive community crisis response system. Additional stakeholders involved in the development of this plan include NAMI Waco, HOT Region Jail and Detention Diversion Management Group, HOTRMHMR PNAC Committee, HOTRMHMR Board of Directors, Texas Council on Alcoholism and Drug Abuse (OSAR) and local Neighborhood Associations.

D. Program Design:

1. This project is designed to serve anyone in the community that is experiencing a behavioral health crisis. The only exclusionary criteria will be if the individual was not medically stable and needed acute care. All participants will receive crisis assessment and triage services. Once the most appropriate type of intervention is determined the individuals will then be connected with the types and level of support needed to meet their needs. For services provided outside the facility, coordination and assistance in admission to those programs will occur. For services and supports provided at the facility, specific admission requirements will be in place. For admission to the Crisis Respite Unit the individual will have to be experiencing a behavioral health crisis that warranted residential services, but not be of imminent danger to themselves or others. These individuals will generally be referred from the state hospital system, local inpatient units, law enforcement entities or caseworkers within the community. Stays will be limited to 30 days and will be voluntary in nature. Admission criteria for supervised observation will be a person experiencing a behavioral health crisis where the expectation will be that the person could benefit from close monitoring for a period not to exceed 48 hours, but who did not meet the threshold for in-patient or evaluation unit services at the DePaul Center. Admission criteria for the Safe Haven program will be anyone needing short-term shelter services that have a mental health or substance abuse diagnosis. Admission for the supervised medical detoxification program will be a person experiencing a substance abuse problem who was screened to meet the criteria for admission into a non-acute

detoxification setting and who is deemed to be medically stable and stage-wise ready for active substance abuse treatment.

2. The service area for this project would be the six county catchment area served by HOTRMHMR that includes McLennan, Falls, Freestone, Bosque, Hill and Limestone Counties.

3. The location of the proposed facility is 1200 Clifton Street, Waco, TX 76704. The facility is approximately 32,000 square feet and was previously used as a nursing home and then converted into a juvenile detention facility. The building is owned by McLennan County. The facility has a functional sprinkler system and fire protection system. The facility will require limited modifications to be licensed as an Assisted Living Facility for the 16-bed Crisis Respite Unit and will also need to be licensed by the DSHS as a Medically Supervised Detoxification Program. The Safe Haven Shelter, supervised observation and Crisis Triage components will not require special licensing requirements.

4. HOTRMHMR has a long history of providing mental health services in the Central Texas area. HOTRMHMR maintains HR and Training staff dedicated to the recruitment, training and maintenance of highly qualified staff. HOTRMHMR has a Compensation Committee that regularly reviews salaries, benefits and working conditions of the agency with similar agencies within the State and local community.

5. The following chart illustrates project staff, qualifications and responsibilities:

Position	Qualifications / Licensure	Roles / Responsibilities	Availability
1 Therapist Tech (Evening Shift)	HS Degree or GED with six months experience providing therapeutic services	Provide supervision and training with individuals in the Crisis Respite and Safe Haven Programs	Six weeks from announcement of funding
1 Therapist Tech (Night Shift)	HS Degree or GED with six months experience providing therapeutic services	Provide supervision and training with individuals in the Crisis Respite and Safe Haven Programs	Six weeks from announcement of funding
1FTE - Therapist Tech (Weekend Shifts)	HS Degree or GED with six months experience providing therapeutic services	Provide supervision and training with individuals in the Crisis Respite and Safe Haven Programs	Six weeks from announcement of funding
3 FTE - Registered Nurses (Night, Evening Weekend Shifts)	RN Certification	Provide medical assessment and on-going medical support for the programs	Six weeks from announcement of funding
1 Licensed Professional of the Healing Arts (Evening Shift)	Licensed as an LPC, LCSW or LMFT	Provide clinical assessments and therapeutic interventions	Six weeks from announcement of funding
3 FTE – Qualified Mental Health Professionals (Night, Evening and Weekend Shifts)	Certified by HOTRMHMR as a QMHP	Provide social assessments, develop treatment plans and provide psychosocial rehabilitative services for all programs	Six weeks from announcement of funding
1 Psychiatrist	Licensed Psychiatrist	Serve as Medical Director for program, provide medical and clinical oversight and provide direct medical services	Six weeks from announcement of funding

1 Mental Health Deputy	Certified Law Enforcement Officer	Provide security, transportation of consumers needing inpatient care under warrant and assist in providing a safe and secure work environment	Six weeks from announcement of funding
Contract -Positions	Contract - Qualification / Licensure	Contract - Roles / Responsibilities	Contract -Availability
1 Program Supervisor	Bachelors Degree in a social service field and two years of applicable work experience	Provide day to day supervision of the facility and program staff	30 Days from acquisition of license for Crisis Respite Center
4 FTE – Licensed Vocational Nurses (Day, Night, Evening and Weekend Shifts)	LVN Certification	Provide medical support for the program under the direction of RN and physician	30 Days from acquisition of license for Crisis Respite Center
4 FTE - Therapist Techs (Day, Night, Evening and Weekend Shifts)	HS Degree or GED with six months experience providing therapeutic services	Provide supervision and training with individuals in the Crisis Respite and Safe Haven Programs	30 Days from acquisition of license for Crisis Respite Center

In addition to staff funded by this RFI, existing staff from the Urgent Care / Crisis Services Unit would also move into this program. This would include 2 LPHA, 1 Master’s level clinician, 2 QMHP, 1 RN, 1 Peer Provider and 1 Administrative Assistant. Additionally, 1 Master’s Level Clinician from the Crisis Outpatient Walk-In Clinic would be added to this staff. If funded three PATH staff would also co-locate at this facility and provide active community outreach to homeless individuals. Five Mental Health Deputies would be provided to the program from McLennan County, and staff from the Freeman Center would co-locate and run the medically supervised detoxification program.

If funded, HOTRMHMR will actively pursue inclusion of the Family Health Center as a community partner for this program with the goal of providing medical services at this location.

6. All individuals brought to the Center will be assessed with a variety of protocols. Upon arrival RN staff will conduct an assessment to determine if any medical conditions presented that will restrict the Center from accepting them for the triage services. If medically cleared law enforcement will be permitted to leave the individual with Center staff. Once accepted into the triage component of services the individual will receive a complete medical assessment by the RN, a psychosocial assessment by the QMHP or LPHA, a suicide inventory by the QMHP or LPHA, and a COPSD / substance abuse screening (OSAR) by the QMHP or LPHA. Within 24 hours of admission to any of the residential programs a diagnostic evaluation will be conducted by the LPHA and the physician will conduct a psychiatric evaluation. The exception to this policy will be admissions on weekends. These will be conducted on the next business day.

7. All of these assessments will be conducted in order to create a triage plan. The triage plan will incorporate the specific concern / issues relating to substance abuse, children and families and physical health as well as any other presenting issues such as homelessness, domestic violence or financial stressors. The plan will be developed to meet the immediate needs of the individual as well as the long-term objectives needed to assist the person to resolve their behavioral health crisis. The plan will pay special attention to the cultural needs of the individual as well as any handicapping conditions or special needs the person presented with.

8. By co-locating a variety of residential and crisis services the program will offer immediate access to needed services and supports. A full time psychiatrist will offer psychiatric services; LPHA and QMHP staff on

site will provide rehabilitative services; LPHA staff on site will be able to offer counseling services; RN and LVN staff on site will be able to provide needed medical supports; Freeman Center staff will be able to provide substance abuse services including specialized COPSD services; Housing Services will be able to provide emergency and permanent housing assistance; Jail Diversion staff will be able to assist in any legal issues and MCOT staff will be able to provide a variety of short term interventions including coordination of services with other community providers. Program design allows for services to be provided to both active HOTRMHMR consumers as well as community members experiencing a behavioral health crisis. The program will also provide active community outreach and engagement activities designed to reach those individuals that historically resist active mental health and substance abuse services.

9. The design of this program lends itself to a collaborative approach to dealing with various crisis response systems. The Mobile Crisis Outreach Team will work closely with law enforcement officers and the Mental Health Deputies program to intervene in the community to try and respond to situations before they reach the crisis juncture. The Community Crisis Triage and Respite Center adds to the capacity to intervene with alternatives to the traditional crisis response the community has had to date. The Center will also work closely with emergency departments and the local psychiatric hospital to coordinate the most appropriate placement of individuals in need of crisis intervention. A working agreement will be in place that will allow for the transfer of patients between the two programs to provide the most appropriate level of care in the least restrictive environment. Working agreements will also be in place between local jails and the Center to provide alternatives to individuals experiencing behavioral health issues who become incarcerated for minor offenses but would be better served in an active treatment alternative. The Center will also work closely with shelters and other emergency housing programs to ensure that persons being served in those locations with behavioral health needs are transferred so that they can be engaged in traditional behavioral health services.

10. Any individual who is experiencing a behavioral health crisis may access the Community Crisis Triage and Respite Center. Individuals may access the triage component of the program via law enforcement, family referrals, walk-in, community referrals, emergency department referrals, jail referrals, or HOTRMHMR referral. The only exclusionary criteria will be an individual who is medically unstable. Conditions that will be referred out will be individuals who had overdosed, cut on themselves, were experiencing a life threatening medical condition, were significantly impaired with alcohol or substances (elevated blood alcohol levels), or who were violent based on active psychosis. Once screened for these conditions the individual will be cleared to engage in triage services. Utilizing the assessment tools previously documented, the individual will be triaged and a plan developed. Based on the assessment of needs the individual will either be transferred to inpatient services provided under contract by the DePaul Center, transferred to the crisis respite unit, transferred to the medically supervised detoxification program, transferred to the Safe Haven Shelter, or provided supervised observation for up to 48 hours at the site. If the individual is not in need of residential services they will be connected with the MCOT program to assist with outpatient community services. All Center services are voluntary with the exception of inpatient hospitalization. If those services were required appropriate warrants will be executed.

Triage services will be completed within several hours of presentation. At the point that a triage plan is completed the person will be discharged to other services. Supervised observation will be completed within 48 hours and discharge will occur when the clinician determines that on-going community supports are in place to assist the individual in alleviating their behavioral health crisis or the situation required a more intensive level of intervention. Safe Haven Shelter services are designed to be transitional in nature, but do not have a maximum time frame. Discharge will occur based on consumer choice or when active engagement activities allow for the transition of the individual into more permanent community intervention. Medically supervised detoxification services traditionally last up to seven days and discharge occurs based on consumer choice or when medically cleared to access residential substance abuse services. Crisis Respite Unit services are available for up to 30 days and discharge occurs when the individual reaches a level of stability that allows them to reintegrate into the community based on assessment by the staff psychiatrist. In all programs discharge can occur when the person's mental health status worsens to the point of requiring a more intensive level of intervention. In all programs the goal of residential services is to provide stability to an individual in need of crisis supports. Discharge planning will occur in all programs and referrals to State or community based programs will be included in their discharge plan. All individuals leaving the program will be eligible for

MCOT services and will be maintained for up to 30 days while accessing community based behavioral health services.

11. The Community Crisis Triage and Respite Center will be an integrated program of HOTRMHMR and the community crisis response system. As such the program will have continuous access to LPHA, RN and Psychiatrists even during hours when they are not scheduled at the Center. The residential programs will have a medical component with daily rounding by medical staff. By design the Center will have a close working relationship with the Mental Health Deputy Program, DePaul Psychiatric Hospital, Providence Hospital Emergency Department, and HOTRMHMR Crisis Services. The continuum of care model will allow for the seamless transition between programs and allow for the immediate transition to a more intensive level of care when medically indicated.

12. HOTRMHMR has a fully staffed IT Department with a proven track record in the development of systems designed to collect, report and store data needed to manage programs. The Community Crisis Triage and Respite Center will utilize the HOTRMHMR Clinical and Billing System (CABS) that has successfully met all DSHS requirements. HOTRMHMR is also actively utilizing the HOTRAS computer system utilized by HUD, HOTCOG and the Waco Homeless Coalition for the collection of data on the homeless population. The Freeman Center is also utilizing the BHIPS system for reporting and billing of substance abuse services.

E. WORK PLAN:

The following chart displays the Tasks, Responsible Parties and Completion Dates for implementation of the project:

TASKS	RESPONSIBLE PARTIES	COMPLETION DATE
Development of all policies, procedures, working agreements and contracts	HOTRMHMR	Within 30 days from announcement of funding
Completion of all licensing for Crisis Respite Unit	HOTRMHMR and / or contract provider	Within 5 months from announcement of funding
Hiring / training of all staff for programs	HOTRMHMR and / or contract provider	Within 2 months from announcement of funding
Completion of all building renovations	HOTRMHMR and / or contract providers	Within 2 months from announcement of funding
Relocation of Crisis Services Unit, Housing Unit, Mental Health Deputies Program, Walk-In Crisis Services Program, Waco PD Reporting Program and Medically Supervised Detoxification Units (Once approved by Freeman Center Board of Directors)	HOTRMHMR, McLennan County Sheriff Department, Freeman Center and Waco Police Department	Within 2 months from announcement of funding
Opening of Crisis Triage, Safe Haven and Supervised Observation programs	HOTRMHMR	Within 2 months from announcement of funding
Opening of Crisis Respite Unit	HOTRMHMR and / or contract provider	Within 30 days from achieving license

F. PROGRAM BUDGET:

The overall cost of the program will be \$703,452 for FY 08 with \$458,866 being paid for with DSHS funds and \$244,586 from local match. The cost for FY 09 will be \$1,723,966 with \$1,256,662 being paid for with grant funds and the remaining \$467,304 will be in local match. See attached budget schedules.

Attachment G
RFI Notice

Any private provider who may be interested in the provision of mental health services in collaboration with the Heart of Texas Region MHMR Center is invited to view pertinent information and complete a Request for Information at the Department of State Health Services website:

<http://www.dshs.state.tx.us/mhcommunity/LPND/>.

Comments and input regarding local needs and planning may also be made by contacting LPND@hotrmhmr.org or completing a Local Planning Survey at <http://www.hotrmhmr.org>.

Attachment H

REQUEST FOR INFORMATION DOCUMENT

INTERESTED PARTIES SHOULD SUBMIT INFORMATION BY
4 O'CLOCK P.M., MAY 3, 2004
IN ACCORDANCE WITH THE INSTRUCTIONS IN PARAGRAPH 1.4.

1.0 INTRODUCTION

1.1 Background and purpose of RFI Process.

Heart of Texas Region MHMR Center is the Texas Department of Mental Health and Mental Retardation ("TDMHMR") designated mental health and mental retardation Local Authority (LA) established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and mental retardation services for the residents of McLennan, Bosque, Hill, Falls, Limestone and Freestone Counties, Texas.

The LA published a **Request for Information (RFI) Notice** to request responses from potential providers or other interested parties interested in the community services described below.

This **RFI Document** is only to determine interest and does not address any intent to contract. From information provided by the respondents to the RFI, a determination will be made regarding any actual contracting through a procurement process. This RFI Document is for interested parties and providers who are interested in the implementation of community programs to become part of a comprehensive treatment network for people with mental illness and mental retardation. The individuals served must be eligible to receive services within the Texas Department of Mental Health and Mental Retardation (TDMHMR) system.

1.2 **Issuing Authority.** This RFI is being undertaken pursuant to the 78th Legislative Regular Session in Texas Health and Safety Code §533.035(e) (a.k.a HB 2292) implementation of the Provider of Last Resort provisions. As a means of complying with this requirement, TDMHMR is mandating each LA to develop and distribute a RFI.

1.3 **Required Information.**

- A. A description of Respondent's previous experience as providers of community-based services, if any.
- B. A description of the features of the Respondent's organization that demonstrates capacity to provide the services to be contracted for, if any, including staffing and financial viability.
- C. Notation that acceptance of responses places no obligations of any kind on LA, TDMHMR, or Health and Human Services Commission (HHSC).
- D. A description of the services that may be purchased. Respondents to the RFI may express their interest in providing the entire service package or individual services within each package:
 1. MR services-Reference Exhibit A
 2. MH Services- Reference Exhibit B-Adult*
Reference Exhibit C-Children's*
- E. Any topics or questions that Respondent or other interested parties believe are important to address in any future Request for Proposal (RFP) and offer input on those topics (Examples: consumer care and services, consumer transition considerations, financial considerations, etc.).

1.4 Information to be provided. All interested parties may respond to this RFI. All responders must identify themselves and/or their organization and provide a brief explanation of their interest in publicly funded community based services, including information required and described in Section 1.3. Each Respondent must submit an original response and five (5) copies to Ann Waldrum, Contracts Manager. Any questions regarding this Request for Information should be addressed in writing to Ann Waldrum, P. O. Box 890, Waco, Texas 76703 or e-mail ann.waldrum@hotrmhmr.org.

1.5 Timing. The times stated in this document refer to Central Standard Time (CST). To be considered, the Response **must** arrive at Heart of Texas Region MHMR Center on or before 4:00 p.m., C.S.T., May 3, 2004. Submit five (5) copies with a cover letter under seal to:

Ann S. Waldrum, Contracts Manager
Heart of Texas Region MHMR Center
110 S. 12th
P. O. Box 890
Waco, Texas 76703

2.0 CONDITIONS

2.1 No Resulting Procurement. The Local Authority reserves the right to not issue a Request For Proposal to procure said community services as result of its issuing this Request For Information. Responding to this RFI is for solicitation of interested parties and potential provider's interest in mental health and/or mental retardation services. Failure to respond to the RFI Document does not preclude subsequent participation in any procurement process developed as a result of this RFI.

2.2 Incurring Costs. Neither the State of Texas, nor the Local Authority, nor employees of the Local Authority will be responsible in any manner for any costs incurred by any Respondent to this RFI as a result of responding to this RFI.

2.3 Disclosure of RFI Contents. The entire response to this request for information shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code. If the respondent believes information contained therein is legally excepted from disclosure under the Texas Public Information Act, the respondent should conspicuously (via bolding, highlighting and/or enlarged font) mark those portions of its response as confidential and submit such information under seal.

* These exhibits are available on request