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# Crisis Service Plan

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Crisis Redesign initiative for Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur Counties



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# Background

## Legislative Initiative

In December 2005, Texas Department of State Health Services Commissioner Eduardo Sanchez established a Crisis Services Redesign Committee to develop recommendations for mental health and substance abuse crisis services that are delivered through the local mental health authorities of Texas. This committee carried out its charge by gathering information from many different local crisis response systems across Texas. Their recommendations are in the September 2006 Crisis Services Redesign.

This information was presented to the 80<sup>th</sup> Legislature as an identified need for funding. The Texas Legislature appropriated \$82 million dollars based upon these recommendations and charged the Texas Department of State Health Services with the task of implementing the Crisis Redesign Project over the FY08-09 biennium.

The 81<sup>st</sup> Legislative session renewed the funding to continue Crisis Redesign and approved \$55 million in additional funding under Rider 65 to enhance Crisis Transitional Services and Ongoing Intensive Services for FY 10-11 biennium.

## Funding Distribution

The 80<sup>th</sup> Legislature appropriated \$82 million for the FY08-09 biennium. Guided by the Legislature and in response to Rider 69, these funds should allow the state to make significant progress toward improving the response to mental health and substance abuse crises. This was a major and unprecedented appropriation specifically for a redesigned crisis service system.

Allocation of Crisis Services Funding was developed by the Texas Department of State Health Services which divided the funds into four categories: Equity Contribution, Proportional Allocation, Community Investment Incentive, and State Expenditures.

- Equity Contribution represents funds that will improve the equity in state funding allocations among Local Mental Health Authorities whose per capita of State Funding is below the average of all authorities.
- Proportional Allocations are funds that will be distributed to all Local Mental Health Authorities based primarily on a model of service established by the Texas Department of State Health Services.
- Community Investment Incentives are competitive funds that will be offered to communities/regions that are willing to invest a significant level of local resources (minimum of 25% local match) for the development of emergency psychiatric service centers.

- State Expenditures will be utilized to cover the state costs for the redesign implementation.

As the amount funded is for two years, the funding is divided across fiscal years 2008 & 2009. The table below shows the distribution of the funds based upon the Draft Biennial Crisis Allocation as released by the Department of State Health Services on October 12, 2007.

	FY2008	FY2009	TOTAL
Equity Contribution	8,005,159	18,500,899	26,506,058
Proportional Allocation	13,363,443	16,442,359	29,805,802
Community Investment	5,289,250	19,157,000	24,446,250
State Expenditures	660,038	581,852	1,241,890
Grand Total	27,317,890	54,682,110	82,000,000

**Crisis Redesign funding for FY 10-11 biennium remains at the same rate as allocated for FY 2009 with the additional funding under Rider 65 as indicated in the following table.**

	2007	2008	2009	2010
<b>STATE FUNDING</b>				
Historic Baseline	\$ 1,084,847	\$ 1,084,847	\$ 1,084,847	\$ 1,084,847
Crisis Redesign	\$ 0	\$ 296,633	\$ 356,633	\$ 356,633
Transitional (Rider 65)	\$ 0	\$ 0	\$ 0	\$ 92,810
Intensive On-going (R-65)	\$ 0	\$ 0	\$ 0	\$ 130,519
<b>Total State Funding</b>	<b>\$ 1,084,847</b>	<b>\$ 1,381,480</b>	<b>\$ 1,441,480</b>	<b>\$ 1,664,809</b>
<b>LOCAL FUNDING</b>				
Counties	\$ 325,000	\$ 325,000	\$ 500,000	\$ 475,000
Christis Grant	\$ 0	\$ 0	\$ 183,000	\$ 0
<b>Total Local Funding</b>	<b>\$ 325,000</b>	<b>\$ 325,000</b>	<b>\$ 683,000</b>	<b>\$ 475,000</b>

**Community Healthcare is not receiving any equity funding so the only funding at this time comes from the Proportional Allocation. Based upon the nine-county catchment area, Community Healthcare has 1.87% of the population.**

#### Resources to Statewide Initiatives on Crisis Redesign

Additional information regarding the statewide initiative for Crisis Redesign is available on the Texas Department of State Health Services Web Site:

<http://www.dshs.state.tx.us/mhsacsr/default.shtm>

# Stakeholder Input

## Community Stakeholders

Community Stakeholders have been an integral part of the Crisis Service Plan beginning as early as September 2007. Four Community Stakeholder Meetings have been convened, two in September and two in November. The following table describes who has been contacted by invitation.

To view the actual participants from the September 2007 meeting, please see Appendix A.  
To view the invitation letters for the September 2007 meeting, please see Appendix B.  
To view the Handouts for the September meeting, please see Appendix C.

## Process used to develop the plan

Community Healthcore has initiated a series of Community Stakeholder meetings to:

- Educate community partners to the statewide initiative;
- Share the Texas Department of Health Services expectations and requirements surrounding the redesign project;
- Identify concerns and needs with the crisis response system i.e. gaps in service; and,
- Improve the crisis response system with the new funding based upon state priorities and then local priorities.

Two large group meetings have been held that have covered the first three bullets. The first in Gregg County, on Wednesday September 12, 2007, had 26 representatives from various organizations including County Judges, County Sheriffs, local police, probation, hospitals, consumers, family members, NAMI members, and Advocacy Incorporated. The second in Bowie County, on Thursday, September 13, 2007, had 21 representatives from similar organizations.

In both meetings, Pam Beach, Attorney for the Texas Council of Community MHMR Centers Inc. spoke about the issues surrounding crisis services and the opportunity the community had to improve the system by working together through this project. An overview of the statewide initiative was presented and after answering questions, stakeholders identified crisis response gaps or needs from their perspective by writing out the issue on a three by five card. These were shared back with each group and became the basis of the identified gaps.

Community Healthcore, using this initial input and in conjunction with the Texas Department of State Health Services contract requirements and standards of care for this project, has addressed the first priority for the Crisis Service Plan in the area of Hotline and Mobile Crisis Outreach Team. This detail is provided in subsequent sections.

An on going planning process since last plan update has been conducted at least quarterly and in counties with the greatest proportional activity monthly in meetings with county stakeholders including local officials, law enforcement, hospitals and other community health care agencies and client advocates.

Regular meetings have highlighted progress toward goals set around identified gaps and coordination of services with local providers, courts and law enforcement for continued improvement in gains toward established goals. Local stakeholders have provided assistance in establishing a multi perspective data system to objectify gains particularly in counties with highest activity. The models established in these areas have been expanded and generalized into the larger nine county region for broad comprehensive regional gains.

## Identified Gaps in the System

At the September Stakeholders Meetings, gaps and needs in the Crisis Response system were identified.

To view the actual comments of the stakeholders, please go to Appendix D – Local Service Area Gaps. A summary is provided in the form of a Bar Chart in this section.

Crisis Response Service gaps/needs occur in multiple places within the system. The most frequent needs identified are in the areas of Transportation, Observation, Time Related, and Recidivism.

- Transportation. Concerns include lack of immediate access to ambulance service when funded by Medicaid, limited persons (or no persons) available to provide transportation to a psychiatric or state hospital, and even transportation back home following treatment at a Medicaid funded hospital.
- Observation. Gaps include need for a 23-hour hold location, short term crisis stabilization with detoxification, and a safe place for persons to stay while awaiting transport.
- Time Related. These gaps include length of time peace officers are detained during the assessment and commitment process, time spent at the ER, and time spent for persons to sober up.
- Recidivism. These needs focused on more supports for persons after hospitalization to reduce future need to return. Items included safety monitoring, crisis follow-up, and Continuity of Care.

Many of the identified service gaps tend to be interrelated. Transportation issues contribute to length of time detained at an ER and/or with a peace officer. As there is no 23-hour hold location in our local service area, this impacts ERs and peace officers. Persons who have multiple hospitalizations compound the issues above.

Since the last update significant gains have been established in the larger counties with highest activity in all areas identified as service gaps. Transportation continues to be a significant gap in service for this region and all stakeholders have identified a broader perspective relative to the gap in available extended observation sighting a general deficit in any intermediate level of care for the nine counties covered by Community Healthcore.

## Stakeholder Prioritization of Gaps

Community Stakeholder meetings were reconvened in Texarkana, November 27, 2007 and Longview, November 28, 2007. Fourteen persons attended the meeting in Texarkana and nineteen persons attended the meeting in Gregg County. Persons attending the meetings included participants from the September meetings and new stakeholders including representatives from the OSAR and consumers. Appendix G lists all stakeholders (persons & organizations) invited to the Stakeholder Forums.

The following items were discussed at the November Stakeholder meetings:

- Review of the initial plan that was submitted to Texas Department of State Health Services. This was an overview of the improved crisis response system including the Crisis Hotline and two Mobile Crisis Outreach Teams one originating out of Longview and the other from Texarkana. More detail is provided under the section Improved Crisis Response System.
- Share how all of the Proportional Funding was utilized to meet the Department of State Health Services new contract requirements.
- Prioritize the identified needs/gaps in our local crisis service system. The initial plan will be updated to reflect these specific priorities.
- Plan around the Community Investment Incentive for additional state funding. Pam Deegear, a State Grant Specialist from San Antonio will help us explore this opportunity.

Using the Service Gap listed in Appendix D from the September stakeholder meetings as the basis, the following prioritization was reached using a Multi-voting process.

The top two priorities in the Texarkana region were:

- 1) Observation in a short term location for persons to wait in a safe and secure environment for further evaluation.
- 2) Transportation for persons in crisis

The two top priorities in the Longview region were:

- 1) Observation for further assessment, 23 hour hold, and Crisis Stabilization
- 2) Transportation

## Planning Advisory Committee and Board of Trustees Communications

A summary of the Initial Crisis Service Plan was presented and shared with Community Healthcore's Planning Advisory Committee on November 1, 2007 for members from both the Longview and Texarkana regions. Following the briefing, a question and answer period was provided to answer questions and obtain further input.

A Planning Advisory Committee report was shared with the Board of Trustees at the December 6<sup>th</sup> Board Meeting. Mr. White, Executive Director, reminded the Board of the statewide initiative of the Crisis Redesign and the stakeholder process and feedback.

Ongoing updates to services are made to the Planning Advisory Committee and the Board of Trustees.

## Future Stakeholder Meetings & Communication Efforts

Quarterly updates will be sent to community stakeholders. In late Spring 2008, a community stakeholder meeting will be convened to review the implementation and impact of the Crisis Redesign.

The Planning Advisory Committee will be receiving quarterly updates to the implementation of the plan.

The Crisis Services Plan has been posted on our website [www.Communityhealthcore.com](http://www.Communityhealthcore.com) for Community Stakeholders to view the plan and any updates.

Meetings with local stakeholders will continue by county at least quarterly and focused on specific work groups with attention given to community mental health care coordination, coordination of crisis response with local law enforcement, jail diversion, and regional development of intermediate care.

# Existing Crisis Response System

Services provided in FY 2007

Crisis Hotline Calls and Screenings	<ul style="list-style-type: none"> <li>• Avail received 7,750 Crisis Hotline calls during FY07 for the nine-county catchment area</li> <li>• Average 645 calls per month &amp; 21 calls per day.</li> <li>• This does not include non-crisis calls for intake or information.</li> </ul>
Face to Face Crisis Assessments	<ul style="list-style-type: none"> <li>• 2,746 face to face mobile crisis assessments occurred in Gregg, Harrison, Marion, Panola, Rusk, and Upshur alone during FY2007.</li> </ul>
Purchased Psychiatric Beds	<ul style="list-style-type: none"> <li>• 369 persons from nine-county local service area</li> <li>• Received a total of 1,344 purchased psychiatric beds from one of three regional psychiatric hospitals</li> </ul>
State Hospital Bed Days (exempt, non-exempt, & forensic)	<ul style="list-style-type: none"> <li>• 463 persons from nine county local service area</li> <li>• Received 18,830 days of hospitalization</li> </ul>

Services provided in FY 2009

Crisis Hotline Calls and Screenings	<ul style="list-style-type: none"> <li>➤ Remained constant.</li> <li>➤ Follow-up calls for routine crisis calls were added.</li> </ul>
Face to Face Crisis Assessments	<ul style="list-style-type: none"> <li>➤ Over 4,500 face to face mobile crisis assessments occurred in the nine county region during FY2009.</li> <li>➤ Number of face to face mobile crisis assessments increased in FY 2009 from the previous year by 15%</li> </ul>
Purchased Psychiatric Beds	<ul style="list-style-type: none"> <li>➤ 247 persons from nine county local service area.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Utilized under 950 total purchased psychiatric beds in FY 2009.</li> <li>➤ Approximately 45% total reduction in purchased beds from private facilities from previous year.</li> <li>➤ Over 50% reduction in purchased beds in Texarkana region.</li> </ul>
State Hospital Bed Days (exempt, non-exempt, & forensic)	<ul style="list-style-type: none"> <li>➤ 304 persons from nine county local service area in FY 2009</li> <li>➤ Approximately 45% total reduction in state hospital admissions from previous year.</li> <li>➤ Over 50% reduction in state hospital admissions in Texarkana region.</li> </ul>

### Flowchart Describing Crisis Response Process

Please see Appendix E – Workflow for Crisis Services

The frequency of calls by days of the week and by time of initial call is reflected in Appendix E. This information was used to establish peak hours for Crisis Services.

### Crisis Response Staff Make-up in FY 2007

Cost Centers	FTE	Service
Avail Solutions – contract for 24 / 7 coverage for Hotline and Crisis Screenings. (Unit 350)		27 Employees - 4 LPHA s - 23 QMHP-CS
Urgent Care – South (Unit 370) Office: Longview TX	5.09	0.5 Urgent Care Program Director – LPHA 0.25 Psychiatrist (not on call) 1.0 Supervisor / QMHP-CS 1.94 Crisis Assessors / QMHP-CS 1.4 Support Staff
Urgent Care – North (Unit 373) Office: Texarkana TX	5.2	0.2 Urgent Care Program Dir - LPHA 1.0 Unit Program Manager – QMHP-CS 3.0 Crisis Assessors – QMHP-CS 1.0 Support Staff + 3 on call QMHP-CS not dedicated to

		the unit, who are paid by Stipends.
Crisis Residential		Purchased Services
<b>Total Community Healthcore Personnel</b>	<b>10.29</b>	<b>Dedicated Employees to Crisis Response System</b>

Initial Budget for Crisis Services – FY 2007

<b>Cost Centers</b>	<b>Amount</b>	<b>Service</b>
Avail Solutions – contract for local service area.	\$118,800	Hotline and Crisis Screening & Eligibility
Crisis Residential	\$253,005	Purchase of Crisis Stabilization Beds
Unit 351 Support Costs	\$16,704	Internal support costs for Crisis Beds, Hotline and Crisis Screening.
Urgent Care – South (Unit 370)	\$384,579	Crisis Outpatient Services for mobile assessments needed in southern six counties; main base is Longview. TX.
Urgent Care – North (Unit 373)	\$311,759	Crisis Outpatient Services for mobile assessments needed in northern three counties; main base is Texarkana, TX.
<b>Total Dollars for Initial Crisis Response</b>	<b>\$1,084,847</b>	

A line item budget for the initial crisis costs is as follows:

<b>Budget Categories</b>		<b>Initial Crisis Budget</b>
F.	Personnel	\$431,179.00
	Fringe	\$117,963.00
G.	Travel	\$45,749.00
H.	Supplies	\$39,315.00
I.	Contractual	\$371,805.00
J.	Other	\$78,836.00
K.	Equipment	\$0.00
<b>Total Direct Costs</b>		<b>\$1,084,847.00</b>
<b>Indirect Costs</b>		<b>0</b>
<b>Total Costs</b>		<b>\$1,084,847.00</b>
<b>Indirect Cost Rate</b>		

Indirect Costs are located in the Authority Budget

# Improved Crisis Response System

Crisis Redesign funding has been applied to all Crisis Service planning replacing original staffing and organization with Mobile Crisis Outreach Teams and integration of Crisis Services with Intensive On-Going Outpatient Services to provide an comprehensive service array designed to reduce dependence on inpatient psychiatric treatment by provision of more aggressive community intervention and continuity of care. The enhancements in staffing as indicated below focuses on the Mobile Crisis Outreach Team model. Integration with Intensive On-Going Outpatient Service array is achieved by bridge through dedicated Continuity of Care staff.

Initial Revised Staffing Make-up – FY 2008

Cost Centers	FTE	Service
Avail Solutions, contract Enhanced (Unit 351)		Add QMHP-CS for next day follow up call
Urgent Care – South Enhanced (Unit 371) Office: Longview TX	4.06	Psychiatrist on call 24/7 1.0 LPHA + on call 24/7 1.5 Crisis Assessors / QMHP-CS 0.5 Para Professional 1.06 Support Staff
Urgent Care – North Enhanced (Unit 374) Office: Texarkana TX	1.2	On Call Psychiatrist 24/7 0.4 LPHA on call 24/7 0.13 LVN 0.13 Nurse Practitioner 0.54 Support Staff
Crisis Stabilization		No change
<b>Total Community Healthcare Personnel</b>	<b>5.26</b>	<b>Additional Employees to meet State Standards</b>

Current Revised Crisis Response Staff Make-Up – FY 2009 – 10

Cost Centers	FTE	Service
Avail Solutions – Contract for 24/7 coverage of Crisis Hotline Screening and follow up. (Unit 350)		27 Employees ➤ 4 LPHA ➤ 23 QMHP-CS
Urgent Care-South (Unit 370/371) Office – Longview, TX	11.75	.5 Crisis Service Program Director .25 Psychiatrist (not on call) 1.0 LPHA Program Manager – MCOT 6.0 QMHP-CS Crisis Intervention Specialists 1.0 QMHP-CS Continuity of Care 1.0 QMHP-CS (LPHA Intern) Crisis Intake 2.0 Support Staff ➤ On call roster of QMHP-CS maintained as back up resource for crisis intervention paid by stipend. ➤ After hour on call psychiatrist covered by contract with JSA Telemedicine Group.
Urgent Care-North (Unit 373/374) Office – Texarkana, TX	11.75	.5 Crisis Service Program Director .25 Psychiatrist (not on call) 2.0 LPHA Program Manager – MCOT 6.0 QMHP-CS Crisis Intervention Specialists 1.0 QMHP-CS Continuity of Care 1.0 QMHP-CS (LPHA Intern) Crisis Intake 2.0 Support Staff ➤ On call roster of QMHP-CS maintained as back up resource for crisis intervention paid by stipend. ➤ After hour on call psychiatrist covered by contract with JSA Telemedicine Group.
Crisis Respite/Residential		Purchased Services
Total Community Healthcare Personnel	23.5	Dedicated Employees to Crisis Response System

Revised Flowchart Describing Improvements

Please see Appendix F – Workflow for Crisis Services – ENHANCED SERVICES

## Training Requirements

- Community Healthcare will send LPHA to American Association of Suicidology Crisis Hotline Training to become certified as trainer.
- This trainer will provide individual and group training for all existing Crisis Services staff.
- As Crisis services staff are hired, this trainer will provide AAS training as part of staff new employee training.
- Licensed Chemical Dependency Counselor and/or LPHA will train Crisis staff to the signs, symptoms and crisis response related to substance use and abuse. This will be provided to all Crisis Services staff at time of employment.
- An LPHA will train Crisis staff to the signs symptoms and crisis response to trauma including sexual, physical and verbal abuse and neglect. This will be provided to all Crisis staff at time of employment.
- An LPHA with training and experience working with children and adolescents will train Crisis staff to do assessments and interventions for children and adolescents. This will be provided to all Crisis staff at time of employment.
- An LPHA will train all Crisis staff regarding elements of Crisis Assessment and Crisis Treatment Plan per DSHS standards. This will be provided to all Crisis staff at time of employment.
- All QMHP-CS and LPHA Crisis staff will take crisis related courses via our Internet based interactive training program Essential Learning to include competency based test. These courses include but are not limited to:
  - Crisis Management
  - In Harm's Way-Suicide in America
  - Overview of Psychopharmacology
  - Recovery from Severe Persistent Mental illness
  - Client Abuse, Neglect and Exploitation
  - Personal Safety in the Community
  - Predicting Violence and Threat Assessment
  - Age Specific Care
  - Domestic and Intimate Partner Violence
  - Medical Conditions Associated with Mental Illness
  - Personal Safety in the Community

- A QMHP-CS, LPHA or RN, upon being hired into the Crisis Services program, will not only receive all DSHS required training and trainings listed above but will “shadow” an experienced Crisis Screener for at least one week. Their training will include reviewing and conducting Crisis Assessments, education regarding all Community Healthcore mental health and substance abuse services, community resources, Resiliency and Disease Management, completion of Uniform Assessments and TRAGs, individual county procedures for involuntary admissions for state and private hospitalizations.

For a Line Item Budget for New Crisis Services with a Narrative, please find Appendix H.

## Integration of Mental Health and Substance Abuse Crisis Services

Community Healthcore already enjoys a strong working relationship with the East Texas Council on Alcohol and Drug Abuse (ETCADA) the area Outreach, Screening, Assessment, and Referral (OSAR) for East Texas. Community Healthcore operates multiple drug abuse programs in the region and works hand in hand with ETCADA. Referral for services is routine. And it is not uncommon for ETCADA's after-hour crisis line that is available 24/7 to make referrals to Community Healthcore's Crisis Services. There is regular program to program collaboration on cases.

## Coordination with other local response systems

Community Healthcore will continue to share information including updates of the Crisis Redesign with other local crisis response systems. These include but are not limited to:

- Battered Women's Shelter open 24/7
- Highway 80 Mission & Salvation Army open 24/7
- Local School Districts
- Local Police Departments
- County Jails & Sheriff's Departments
- Adult and Juvenile Probation
- Juvenile Detention Centers

Information will include a summary of Redesigned Crisis Services. These entities will also be invited to the post implementation community meeting to discuss the area's local redesign efforts and results.

# Crisis System Enhancement - Timeline

## Original Crisis Activities already in place.

- Next Working Day Clinic Appointment
- Purchase of regional crisis stabilization beds
- Wrap around services
- Collaboration with the OSAR, Schools, Emergency Rooms, and Police

## Activities completed by November 30<sup>th</sup>

- Avail becomes certified by the American Association of Suicidology.  
**Completed Oct 2007**

## Activities completed by December 15<sup>th</sup>

- Psychiatrist and LPHA on call 24/7 for Crisis Assessor  
**In place Dec 2007**

## Activities completed by December 31<sup>st</sup>

- LPHA in place  
**Starts January 1, 2008**
- All added FTE's for Crisis Assessors/QMHP-CS in place  
**All in place beginning January 1, 2008**
- Paraprofessional in place  
**Completed December 2007**
- Time with Nurse Practitioner in place  
**Implemented December 2007**
- Enhanced Crisis Assessment  
**Implemented December 2007**
- Crisis Assessors will coordinate additional services as needed.  
**Implemented December 2007**
- Enhanced Counseling/Crisis Intervention, referrals, education, follow up contact, relapse prevention, and reassessment available as alternative to hospitalization.  
**Implemented December 2007**
- Upon return from hospitalization: enhanced referrals, education, relapse prevention, and follow up contacts in place.  
**Implemented and in place December 2007**

## Activities completed by January 15<sup>th</sup>

- All Essential Learning modules completed by LPHA and QMHP-CS
- All staff are trained on new crisis assessment and crisis treatment plan per DSHS standards.
- Implement Individual Crisis Plan for persons receiving crisis services

## Activities completed by January 31<sup>st</sup>

- Partial LVN in place
- Added support staff hired and in place
- Collaboration with local law enforcement to go on home visits
- Alternate safe locations including home settings when criteria met in Safety Protocol for Mobile Crisis Outreach Teams

#### Activities completed by February 15<sup>th</sup>

- Crisis staff trained on crisis response to trauma victims including sexual, physical, and verbal abuse and neglect.
- Crisis staff trained on working with children and adolescents.

#### Activities completed by February 28<sup>th</sup>

- All crisis staff will have completed training in signs, symptoms, and crisis response related to substance use and abuse.
- Follow up call to all emergent crisis calls

#### Activities initiated by June 2008

- Post Implementation Community Meeting with community partners, stakeholders, and the other crisis response systems.
- Initiated quarterly meetings with key stakeholders in each county—Monthly with primary county authorities and local emergency departments in Bowie and Gregg Counties.

#### Activities completed by December 1<sup>st</sup> 2009

- Expanded MCOT Structure into two departments based in Longview and Texarkana to coordinate regional coverage.
- Added additional staff as indicated in the revised staff make up chart on page 16.
- Organized staff into 12 hour rotating shifts for continuous round the clock coverage.

#### Activities planned for February 2010.

- Meeting with stakeholders in Texarkana/Bowie County region to review progress, gains and plan for further enhancement of crisis and intensive outpatient systems.

#### Activities planned for March 2010

- Meeting and coordination with stakeholders in Longview/Gregg County to review progress, gains and discuss further enhancement of crisis and intensive outpatient services.

#### Activities planned for Spring 2010

- Develop jail diversion model with Longview/Gregg County stakeholders, law enforcement and courts that includes an objective evaluation matrix similar to that used to measure gains achieved in local emergency departments and hospitalization.

## Expanded Crisis Services

At this time there are no targeted projects for expanded crisis services as all funds were needed to meet the new standards for Crisis Hotline and Mobile Crisis Outreach Teams.

There is a collaboration that is evaluating expanding existing services through the competitive funding initiative. If pursued then a proposal would be submitted to the Department of State Health Services by February 29, 2008.

## Integration with Substance Abuse

Full Integration with Substance Abuse has occurred as described in section “Integration with Mental Health Services and Substance Abuse”

# Oversight of Implementation

The Program Director for Crisis Services will continue coordinating and monitoring the implementation of the plan. The Director of Community Health Services will be in support and also monitoring its implementation. The Director of Contracts Management will be following the plan in close liaison with the Program Director for Crisis Services and will assist with the updates to the local Planning Advisory Committee, community stakeholders, and the plan itself.

The Plan will be updated as needed and posted on the Community Healthcore Website to allow for monitoring by community stakeholders. The local Planning Advisory Committee will receive quarterly reports to the implementation of the Crisis Redesign and its impact to services during FY10-11. A similar update will be sent out quarterly to the participating community stakeholders. There will be at least one post implementation community meeting in which stakeholders will be invited to discuss the implementation of the plan and its impact to crisis services in our local area.

# Appendix

The material referenced in the body of the Crisis Service Plan follows this page.

## Appendix A – Participating Community Stakeholders

Stakeholder Groups	Participants
Individuals Served	5
Family Members	6
Child and Adult Advocates	6
Mental Health Service Providers	12
Emergency Healthcare Providers	7
Local Healthcare Providers	10
Law Enforcement Representatives	21
Probation and Parole Representatives	7
Judicial Representatives	18
Outreach, Screening, and Referral (OSAR)	2
Others	2

<b>Crisis Services Meeting - South September 12, 2007</b>		
<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
Ruby Brewer	Vice President	Good Shepherd Medical Center
Ken Cunningham	Vice President	Good Shepherd Medical Center
Pam Beach	Lawyer	Texas Council Community MHMR Centers Inc.
Darlynn Jones	Admin. Assistant	Gregg County – Judge's Office
Ronnette Robinson	Bus. Development	TMC Behavioral Health
Rachel Beall	CNO	Laird Memorial Hospital
Patricia Stansell	P.D.	Laird Beh. Health Center
Michael D. Bishop	Lieutenant	Longview P.D.
Charlene Graff	Admin. Assistant	Harrison County – Judge's Office
Jennifer Graham	Admissions	Acadia Pathways Hospital
Chris Diamond	CEO	Acadia Pathways Hospital
Phyllis McDaniel	Ed. Director	ETMC - Gilmer
Shelly Smith	Supervisor	Gregg County Juvenile
Laci Canion		ETMC Behavioral Health
Beverly Christopher		ETMC Behavioral Health
David Anderson	Judge	Panola County
Bill Stoudt	Judge	Gregg County
Paula Hendrix	President	NAMI Greater Longview
Edna Vaughan		NAMI Greater Longview
Shirley Broyles	MH Officer	Rusk Co. Sheriff's Office
Susan Fortlage		Advocacy, Inc.
Marilyn Wyman	Dir. Of Operations	Community Healthcore
Kathryn Jones	Director Integrated Health Services	Community Healthcore
Rick Douglas	Crisis Prog. Dir.	Community Healthcore
Inman White	Executive Director	Community Healthcore
Lee Brown	Dir. Contract Mgmt	Community Healthcore

<b>Crisis Services Meeting - North September 13, 2007</b>		
<b>Name</b>	<b>Title</b>	<b>Affiliation</b>
Lee Brown	Dir. Contract Mgmt.	Community Healthcore
Mary Choate		Bowie County Probation
Kathryn Jones	Director Integrated Health Services	Community Healthcore
Peter Weiss	Program Director	Community Healthcore
Denorise Ham	Psych RN	Atlanta Memorial
Debbie Robison	RN	Atlanta Memorial
Jennifer Graham		Acadia Pathways Hospital
Kathy J. Pilgreen	LVN	Wadley Regional
Jena Teer		Wadley Regional
James McCormick		Civigenics / Bowie Co. Jail
Inman White	Executive Director	Community Healthcore
Rick Roberts	Dir. Intervention & Support	Community Healthcore
Brenda Priestly	Program Manager	Community Healthcore
Chris Diamond	CEO	Acadia Pathways Hospital
Larry A. Parker		Bowie County Sheriff's Office
Pam Beach	Lawyer	Texas Council Community MHMR Centers Inc.
Marilyn Wyman	Director of Operations	Community Healthcore
James Carlow	County Judge	Bowie County
Deborah Lann		Bowie County- Judge's Office
Laurie Chichester	Social Worker	Christus St. Michael
Rachel Youngblood	Social Worker	Christus St. Michael

Appendix B – Letters mailed out



August 30, 2007

-name-  
-address-

Dear –name-,

The State of Texas will be allocating new funds for FY08 to improve the growing demand for mental health and substance abuse crisis services our communities are experiencing.

In order to be eligible for these funds the Texas Department of State Health Services has required that community stakeholders come together to identify existing crisis services, unmet needs when dealing with individuals in crisis and how our community wants to use these new monies to meet these unmet needs within the expanded crisis services developed by the state.

**Therefore, please join us:**

**Wednesday, September 12 at 2:00pm  
Gregg County Courthouse  
Gregg County Commissioners Courtroom  
101 E. Methvin, Longview**

We look forward to your input on what are your community needs to handle mental health crisis as we plan together to improve our local system.

Some of the new services the state has created include Crisis Transportation, Extended Observation Services, and Emergency Crisis Psychiatric Services. What do you think we need?

Pam Beech, Attorney for Texas Council of Mental Health and Mental Retardation Services, will join us to help provide an overview of the redesign process and discuss solutions communities have implemented statewide.

For questions regarding this meeting please call Lee Brown at (903)237-2341 or Kathryn Jones at (903) 237-2335.

Thank you,

Inman White  
Executive Director



August 30, 2007

-name-  
-address-

Dear –name-,

The State of Texas will be allocating new funds for FY08 to improve the growing demand for mental health and substance abuse crisis services our communities are experiencing.

In order to be eligible for these funds the Texas Department of State Health Services has required that community stakeholders come together to identify existing crisis services, unmet needs when dealing with individuals in crisis and how our community wants to use these new monies to meet these unmet needs within the expanded crisis services developed by the state.

**Therefore, please join us:**

**Thursday September 13 at 10:00am  
601 North Main Street, Texarkana  
Community Meeting Room, Bowie County Plaza Building**

We look forward to your input on what are your community needs to handle mental health crisis as we plan together to improve our local system.

Some of the new services the state has created include Crisis Transportation, Extended Observation Services, and Emergency Crisis Psychiatric Services. What do you think we need?

Pam Beech, Attorney for Texas Council of Mental Health and Mental Retardation Services, will join us to help provide an overview of the redesign process and discuss solutions communities have implemented statewide.

For questions regarding this meeting please call Lee Brown at (903)237-2341 or Kathryn Jones at (903) 237-2335.

Thank you,

Inman White  
Executive Director

**9-12-07**  
**Crisis Redesign for East Texas**

**DESIRED OUTCOME: Community Stakeholders**

1. Understand there is a new initiative by the State regarding Crisis Services,
2. Aware of the many related issues in the law regarding Crisis Services,
3. Help identify the gaps/additional needs in our current local service, and
4. Direct the future enhanced services through local planning within the framework of the State.

New Funds

- There is a new initiative by the State of Texas to enhance Crisis Services.
- Best estimate \$129,577 first year for the counties Gregg, Harrison, Marion, Panola, Rusk, and Upshur
- Cannot supplant existing crisis services but must expand.
- Must be spent within the Framework of the State Guidelines

Local Plan

- Currently plan is due October 31, 2007
- Implement December 1, 2007
- Identifies gaps in the local system
- Identifies how new funding will address gaps

Framework of Services

- First Priority for Funding
  - Hotline (required program standards)
  - Mobile Crisis Outreach Team (required program standards)
- Enhanced Local Crisis Services
  - Crisis Follow-up and Relapse Prevention (service)
  - Crisis Transportation (service)
  - Crisis Flexible Benefit (service)
  - Safety Monitoring (service)
  - Laboratory Service (service)
  - Walk-in Crisis Services (required program standards)
  - Crisis Respite Services (required program standards)
  - Crisis Residential Services (required program standards)
  - Extended Observation Services (required program standards)

What We Still Don't Know

- The Amount of Local Funding
- Final definitions and standards of services
- How much of the funding will be available after meeting Hotline and Mobile Crisis Standards

## 9-13-07 Crisis Redesign for East Texas

### DESIRED OUTCOME: Community Stakeholders

5. Understand there is a new initiative by the State regarding Crisis Services,
6. Aware of the many related issues in the law regarding Crisis Services,
7. Help identify the gaps/additional needs in our current local service, and
8. Direct the future enhanced services through local planning within the framework of the State.

### New Funds

- There is a new initiative by the State of Texas to enhance Crisis Services.
- Best estimate \$58,241 first year for the counties Bowie, Cass, and Red River
- Cannot supplant existing crisis services but must expand.
- Must be spent within the Framework of the State Guidelines

### Local Plan

- Currently plan is due October 31, 2007
- Implement December 1, 2007
- Identifies gaps in the local system
- Identifies how new funding will address gaps

### Framework of Services

- First Priority for Funding
  - Hotline (required program standards)
  - Mobile Crisis Outreach Team (required program standards)
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  - Extended Observation Services (required program standards)

### What We Still Don't Know

- The Amount of Local Funding
- Final definitions and standards of services
- How much of the funding will be available after meeting Hotline and Mobile Crisis Standards

**Crisis Services Meeting  
Gregg County Courthouse  
September 12, 2007**

**Local Resource Needs**

- Clients with CHC being transported may benefit from medical clearance first (Access to Dr. with CHC prior to transport within 24 hours)
- Funding for continued crisis stabilization days for delays in the process of transition between inpatient care at an acute hospital to a state hospital. (To include waiting list for state beds)
- More local residential/inpatient beds

**Family Support**

- A better plan to work with families and keep them informed
- Juvenile follow-up to ensure parents are providing medications and keeping appointments
- Intervention for families who are faced with repetitive episodes related either to mental illness or substance abuse
- Enhance crisis services for juveniles already receiving treatment who come into crisis

**Recidivism**

- Continuity of Care. Not additional resources re. Sufficient. Not eligible for crisis services
- Safety monitoring for client after discharge from hospital
- Better outpatient care to stop all repeat admissions
- Crisis follow-up and relapse prevention
- Relapse prevention
- The release of a patient too quickly
- Enhance crisis follow-up and relapse prevention for clients after inpatient hospitalization
- Length of inpatient services to prevent re-commit
- Care and services after release from hospital

**Observation**

- 23 hour hold
- Crisis stabilization – short stay observation with detox
- Crisis stabilization and follow-up
- I'm not sure if it is better trained crisis observers or they just need longer observation time before deciding if a person needs hospitalization
- Crisis services and centers for alcohol & drug abuse – 23 hour beds
- What about the possibility of a regional crisis center serving 2 – 3 counties

- A crisis center that someone could go to for assessment instead of being sent to Rusk

### **Transportation**

- Clients with CHC needing to be committed to Rusk – we need assistance
- Transportation for Medicaid patients at time of the crisis while the patient is still in the Emergency Department that is not reimbursable for ambulance transport
- Crisis Transportation – Clients not able to get to hospital or from hospital because of lack of transportation
- Transportation – Close the void for adult Medicaid patients
- Transportation (more flexible/more hours)
- Transportation
- Crisis transportation services – especially Medicaid patients
- Transportation services to help get clients home from hospital after an inpatient stay – especially when they were brought in by ambulance

### **Related Time for Screenings**

- (LPD) On Peace Officer mental commitments our concern is to amount or length of time that it takes to get the patient evaluated
- More Crisis Screeners – I have waited in the past for up to 6 hours
- Delay in evaluating that results in a law enforcement officer being detained for too lengthy of a time
- Faster access to evaluate a person in crisis
- Actual treatment ASAP to help cut down us usage of ER room for crisis pit stops
- Immediate screening and immediate referrals
- Substance Abuse evaluation – length of time for them to sober up

### **Medication Related**

- Medication assistance for clients unable to afford meds
- Med management on return from psychiatric Hospital
- Access to medications for patients
- Need for psychiatric evaluations by doctor so patient can obtain medications and treatment

### **Training**

- A training class for all law enforcement in regards to dealing with mentally ill – how to recognize this instead of other problems
- Training for officers who have to respond to repetitive calls for domestic disturbances

### **Other**

- Utilize and manage a crisis team to assess each client and refer to a facility in that client's area
- What do you term a crisis?
- (LPD) On non peace officer mental commitments where there is not sufficient cause to take person into custody but they may need immediate attention we could use more reference opportunities
- No waiting list – get rid of it

- Post traumatic stress due to Iraq
- The state of Texas needs more long term facilities for clients
- Mental Health liaisons within community to protect mentally ill who are in jails – are they denied their psychotropic meds
- Diagnosis – Identification of MH status provided from one agency to another. Example: MHMR to jails
- Decent payment for staff to do the jobs of crisis intervention and needed treatment, etc.
- Physicians “on call” to treat each client, etc.

## **Crisis Services Meeting Bowie County Plaza Building September 13, 2007**

### **Medication Related**

- Client Medication – Supervision Follow Up
- Jails can not administer medication who have Medicare or Medicaid. Jai. Has limited resources

### **Warrants**

- OPC’s at night and weekends because hospitals won’t take patients with an ED

### **Transportation**

- Crisis transportation to psych facility to prevent waiting in ER, including nights, weekends, and holidays
- Transportation
- Crisis transportation
- Transportation – other than Sheriff’s office
- Crisis transportation – often there’s no one to transport patient
- Transportation
- Transportation assistance on EDW’s of clients with risk of elopement issues
- Transportation to receiving hospital by OPC
- Crisis transportation
- Crisis transportation

### **Observation**

- 23 hour hold
- Funding for observation of a patient waiting in a emergency department through the emergency detention to order of protective custody process
- Holding area waiting transport
- Crisis residential
- Holding facility/options while awaiting transport (i.e. somewhere other than local ER) once patient is medically clear
- Extended observation services. This will help free up hospitals and ER
- Outpatient Crisis Stabilization
- Crisis stabilization Unit (observation center)

### **Recidivism**

- Follow up after S.H. release
- Follow up care for those individuals identified thru the CARE system
- Crisis follow up and relapse prevention
- Crisis follow up

### **Non Priority**

- Need for follow up services to persons w/o priority (VA needs)
- Continuing services after crisis intervention if not a priority diagnosis

### **Other**

- Screening for co-occurrence SA & MH to determine appropriate referrals and resources
- Emergency Room not wanting to take psychiatric patient. Their comment is “We are not a psych hospital.”
- Lab work and placement from Center or mobile unit
- Patients that are going to a private facility, do they require assessment from MHMR? JPs not recognizing assessment from other nurses or social workers.

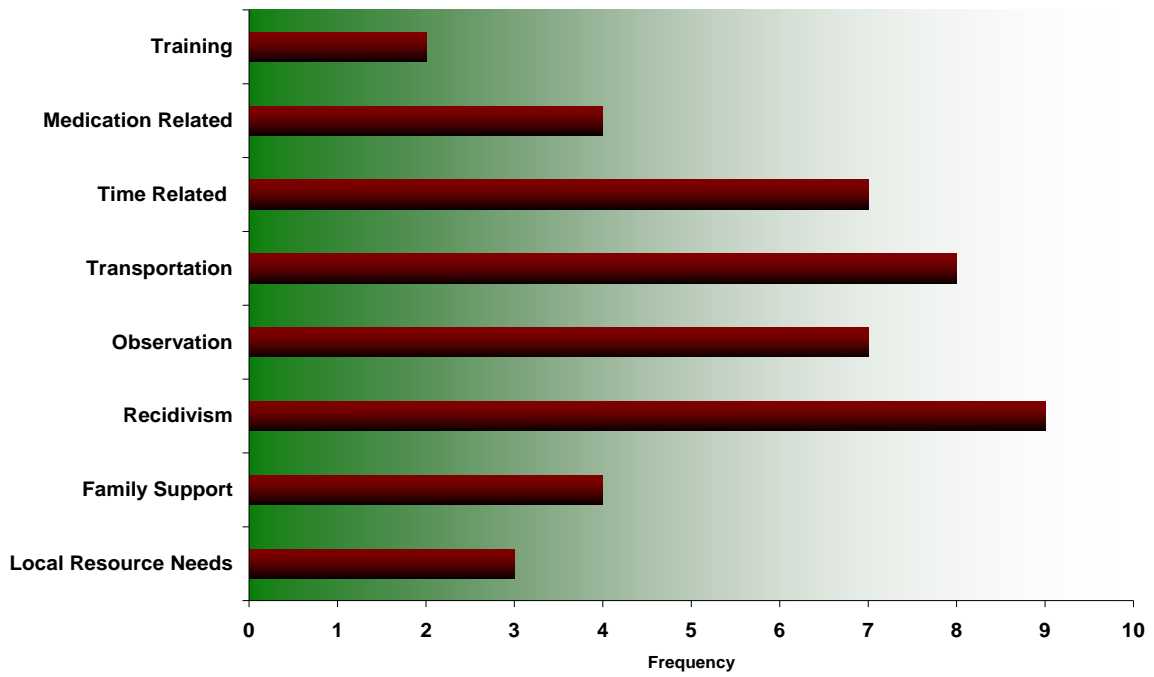
### **Crisis Flexible Benefits**

- Screening for Benefits – Options Client Referral – Adult/Child
- Flexible Benefits – Respite/Residential
- Crisis flexible benefit (hotels, bus tickets, cab fares, meds, food, etc.)

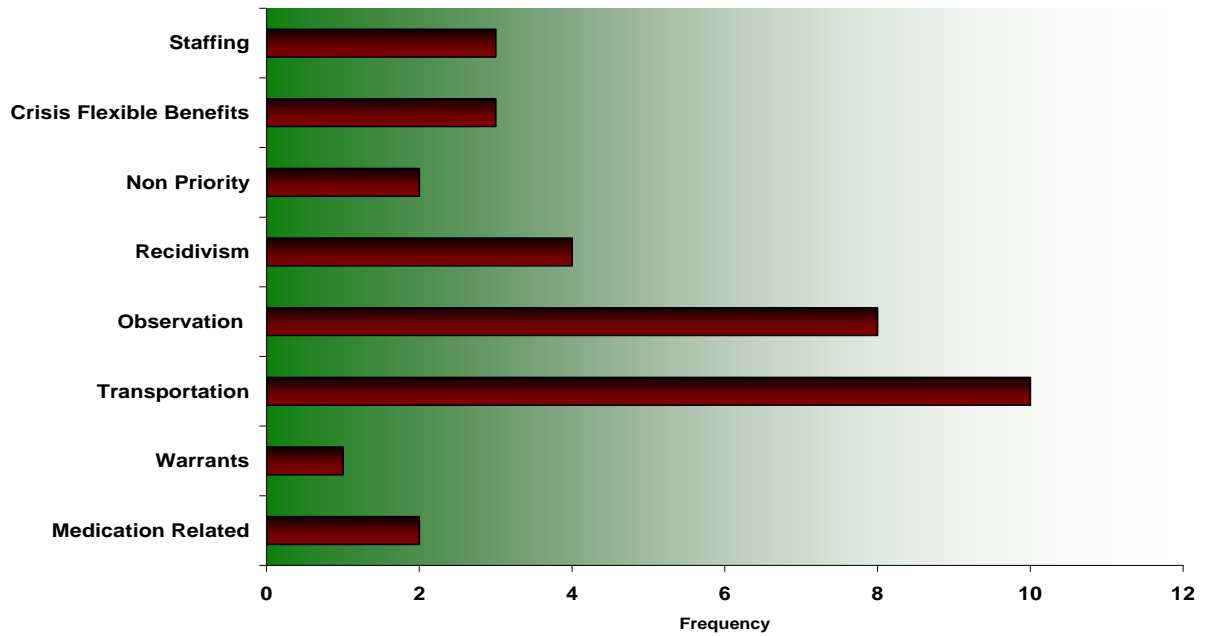
### **Staffing**

- Increase in crisis workers for weekends and nights
- DRs available for medical clearance prior to transportation for inpatient treatment
- Crisis medication/psychiatric assessment – same day not next week

**Identified Service Gaps - Grouped, Community Stakeholders 9/12/07**

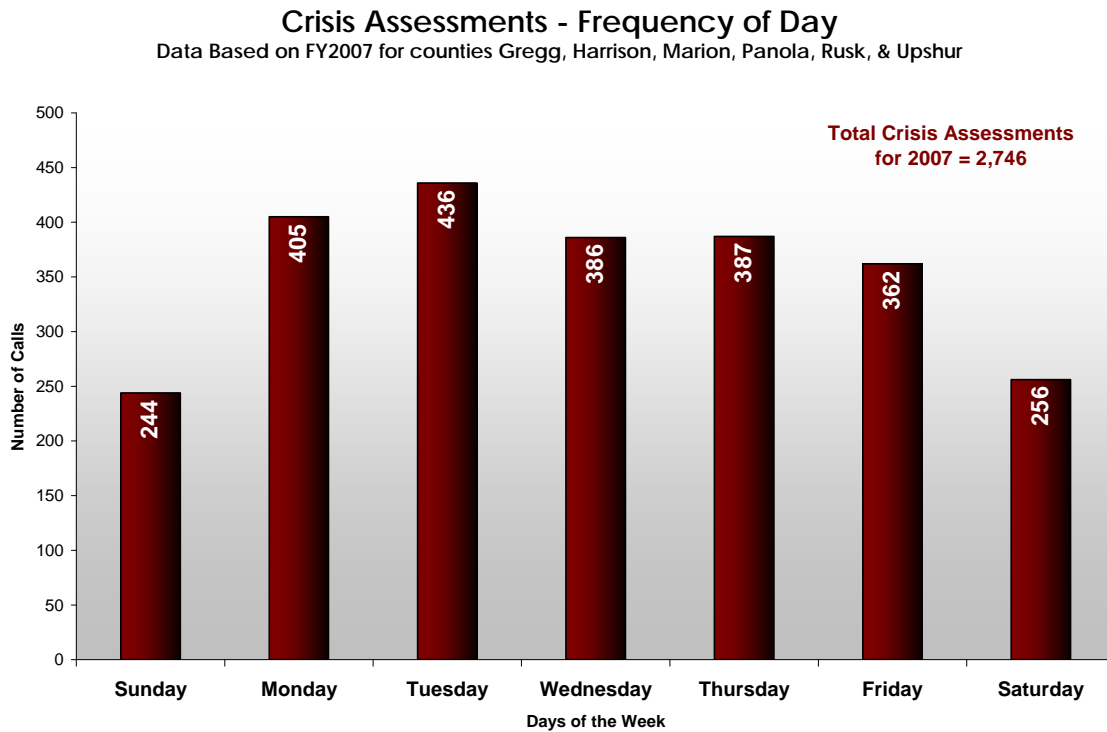


**Identified Service Gaps - Grouped, Community Stakeholders 9/13/07**



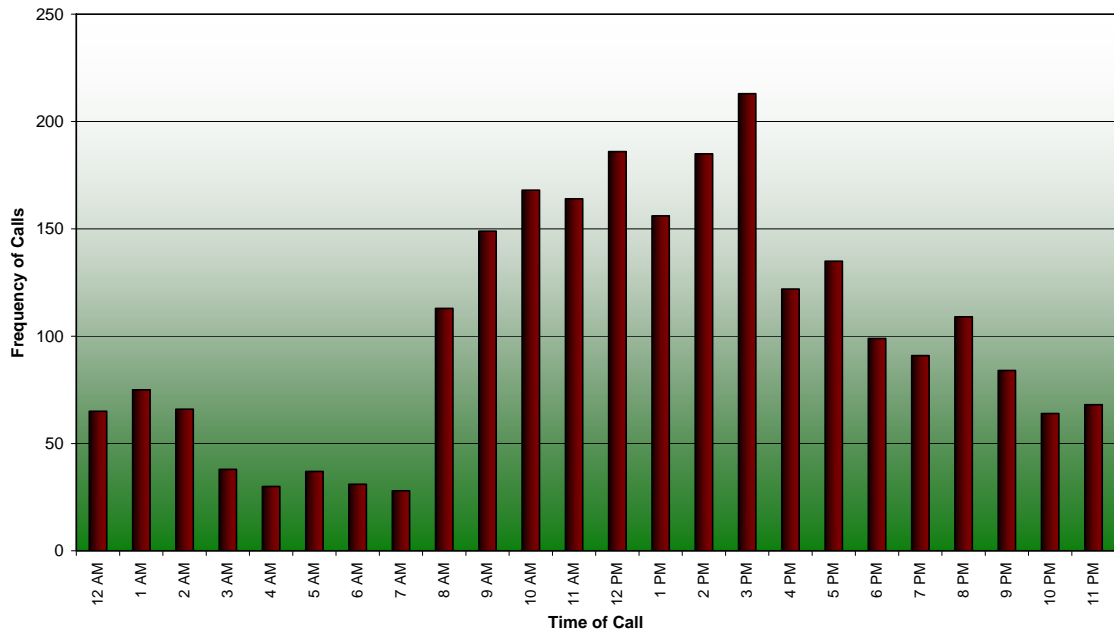
## Appendix E – Workflow for Crisis Services

Following four pages outline the process of the Community Healthcore Crisis Response System

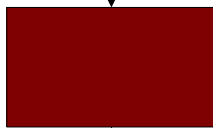
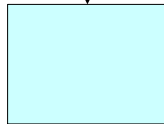
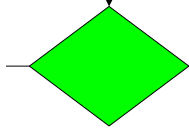
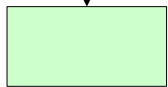
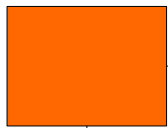
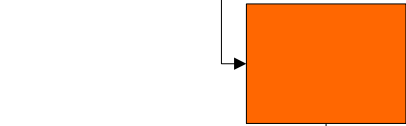
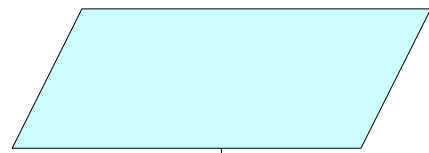


## Crisis Assessments - Time of Initial Call

Data based on FY2007 for Requests in Gregg, Harrison, Marion, Panola, Rusk, & Upshur



Please note that this is a general workflow but that there may be unique differences in each county at certain steps.

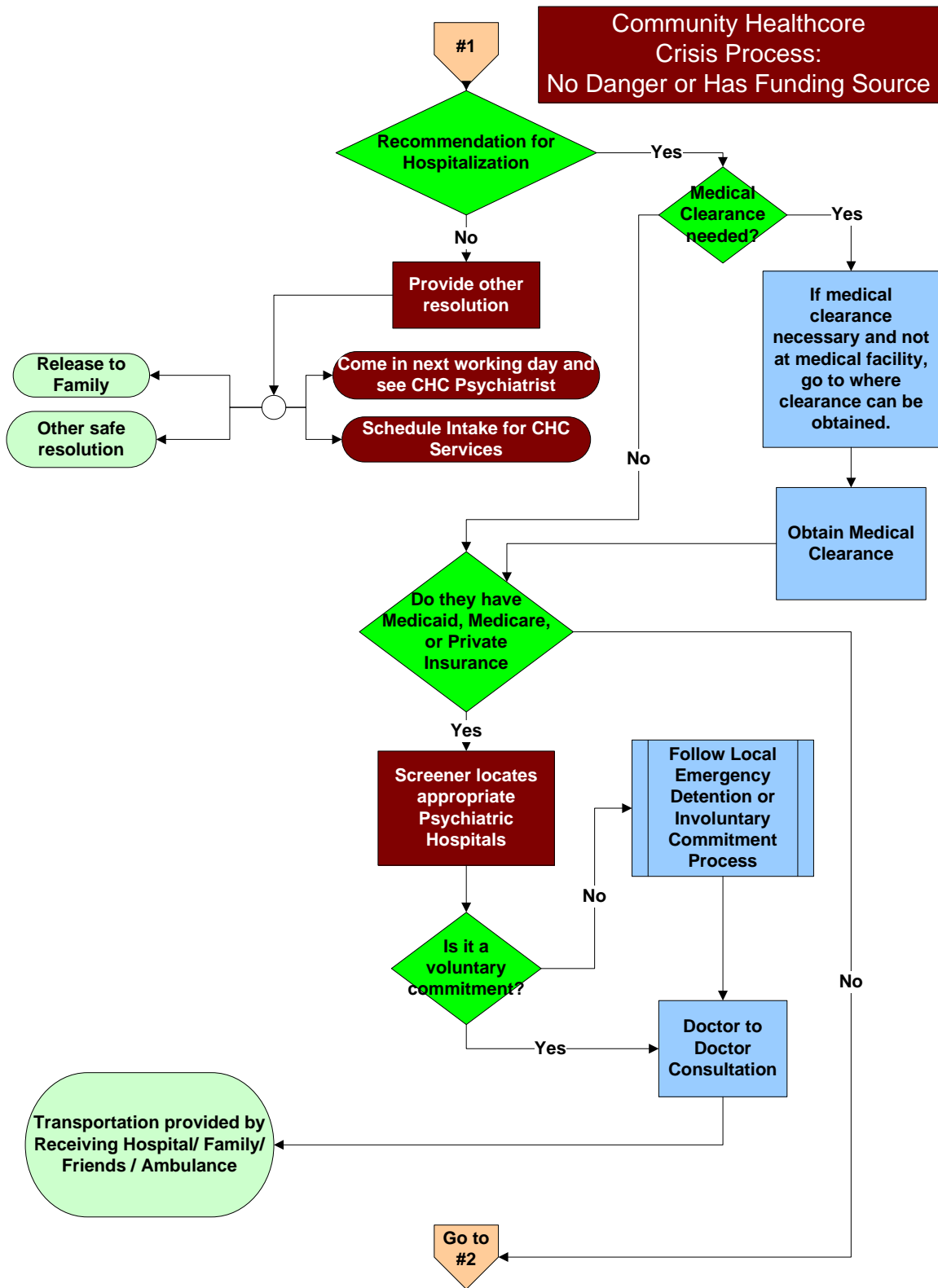


**Call from Hospital  
other (jail, school,  
probation, private  
physician, etc)**

**Avail  
attempts to  
offer**

**NO**

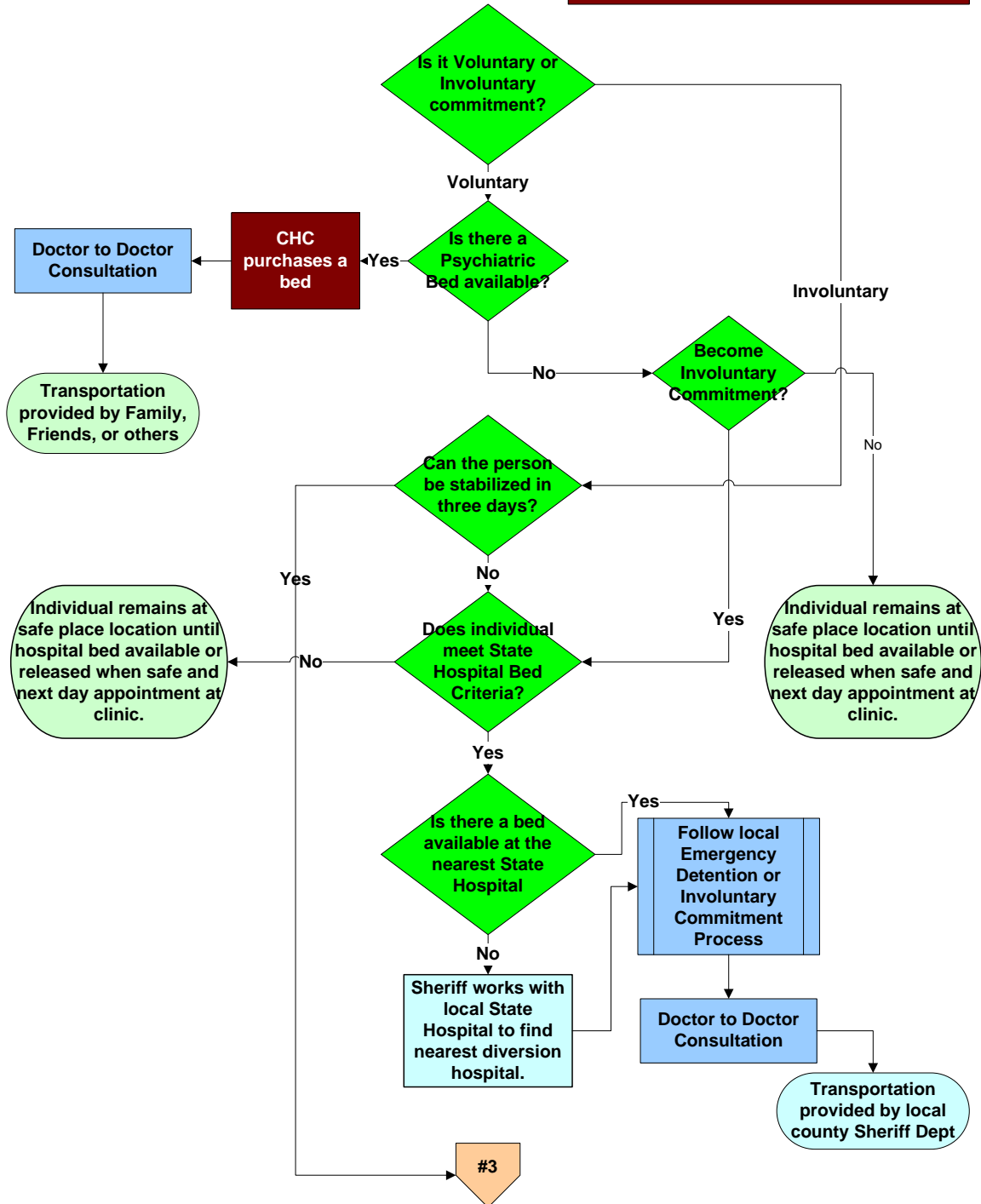
**Ac**



Persons needing hospitalization but has no outside payer source

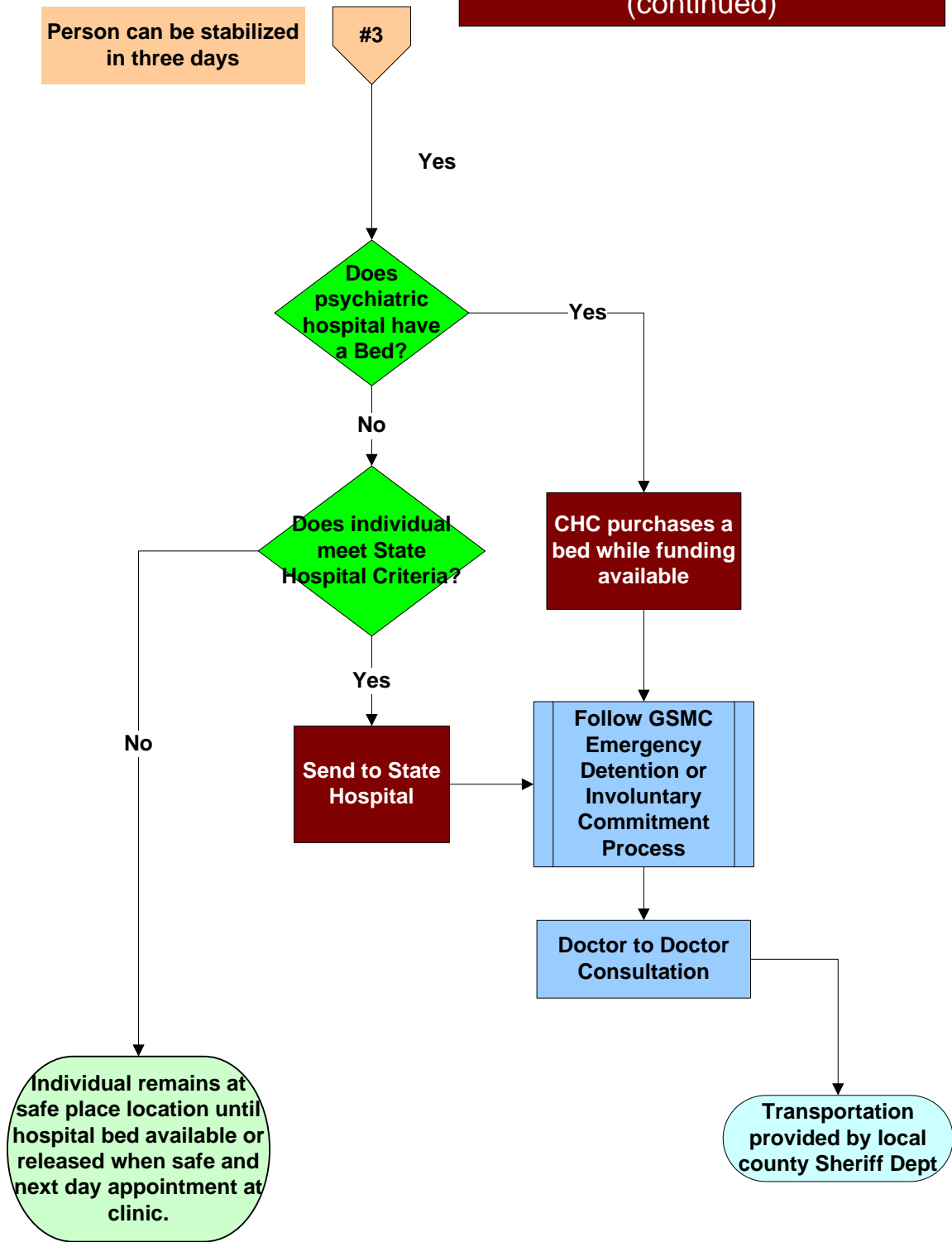
#2

### Community Healthcore Crisis Process: No Payer Source



**Community Healthcore  
Crisis Process: No Payer Source  
(continued)**

Person can be stabilized  
in three days



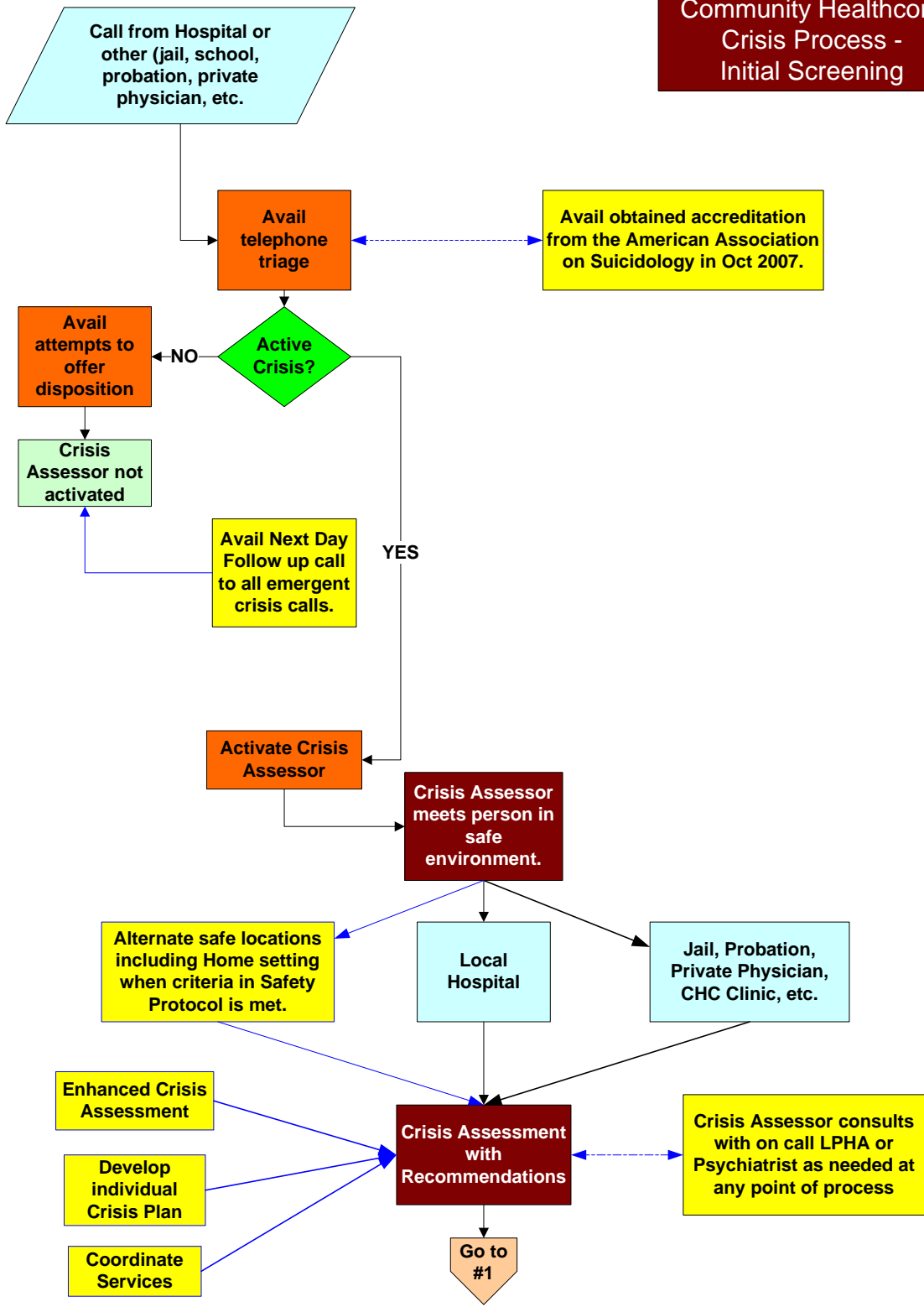
## Appendix F – Workflow for Crisis Services – Enhanced Services

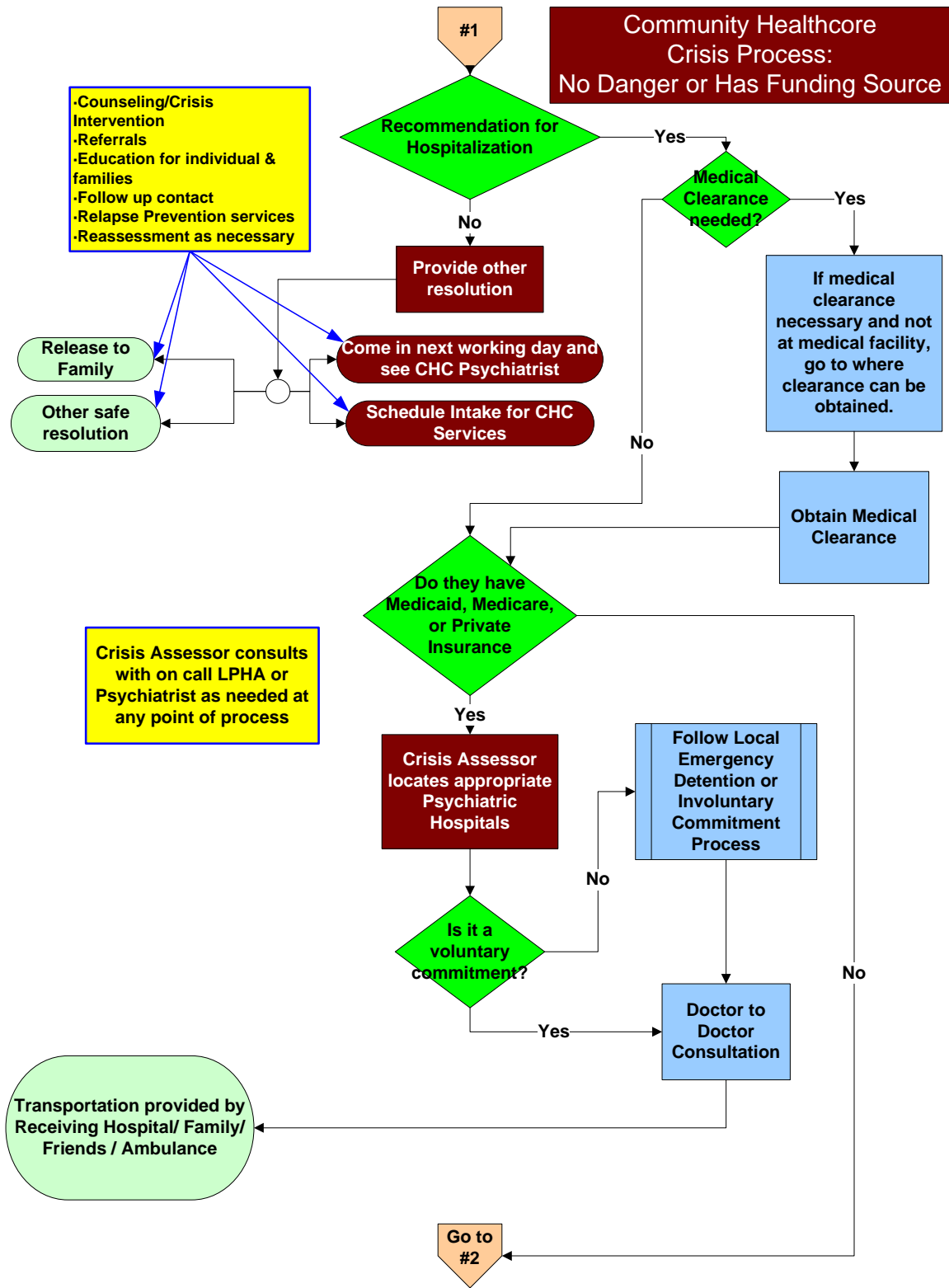
The following four pages reflect the changes to the Community Healthcore crisis response system after Crisis Redesign.

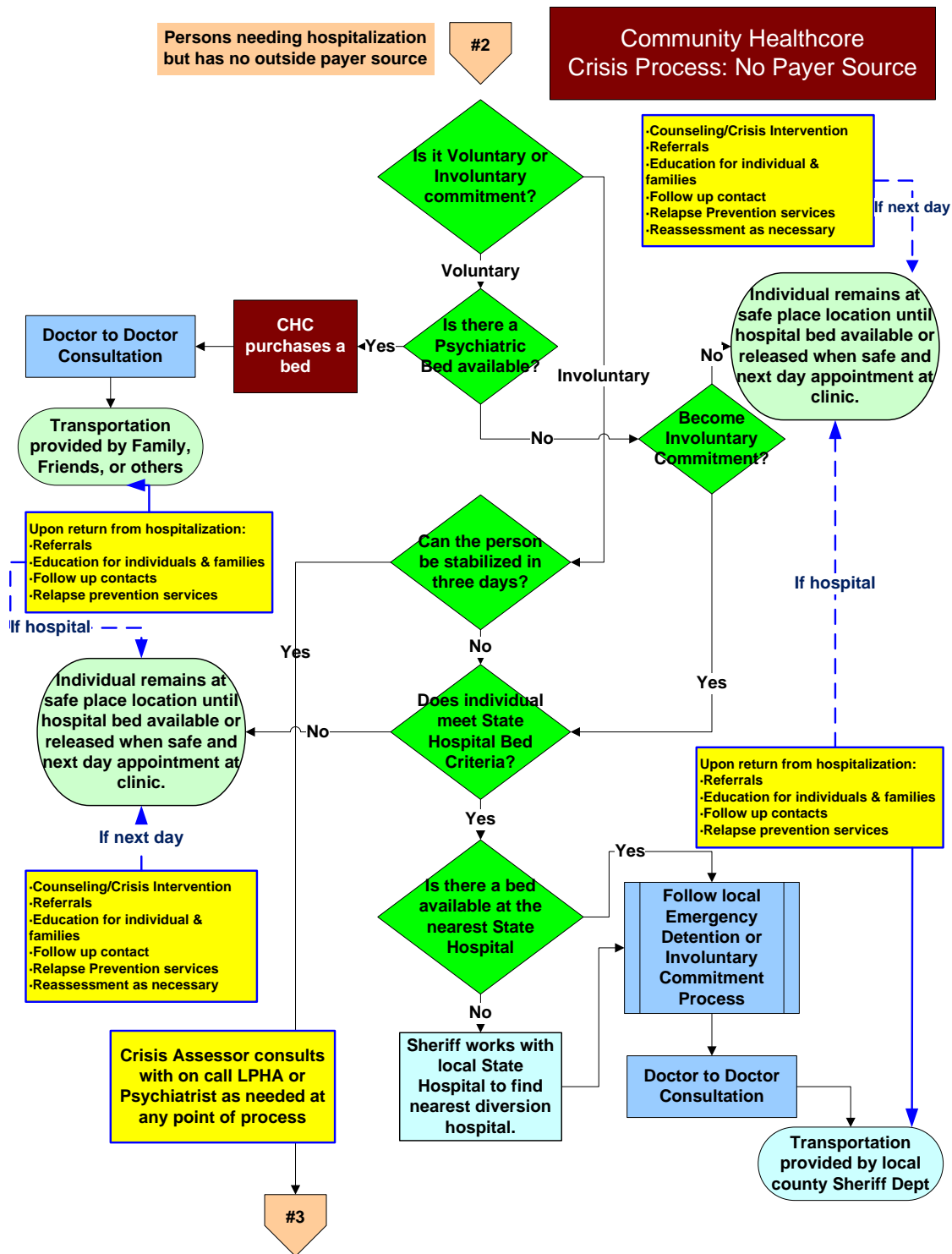
Please note:

- Yellow Boxes represent the enhanced services.
- Solid blue lines represent actions that will occur each and every time.
- Dotted blue lines represent actions that will occur depending on the outcome of the prior step.
- All of the processes from the original flowchart are present although there may be some small rearrangement to accommodate the enhanced services.

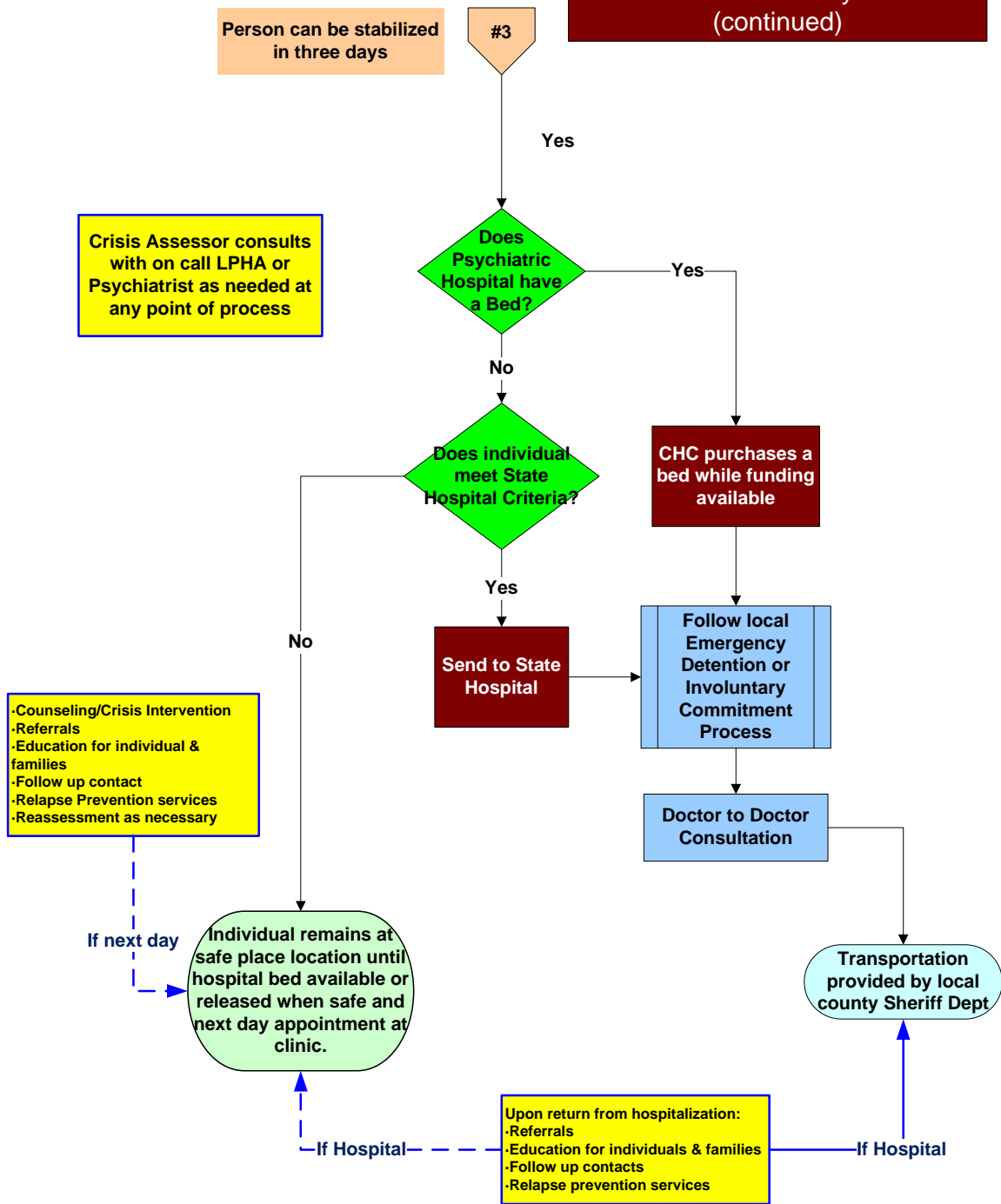
**Community Healthcare  
Crisis Process -  
Initial Screening**







**Community Healthcare  
Crisis Process: No Payer Source  
(continued)**



## Appendix G – Community Stakeholders

This is a running list that reflects all members of the community who have been invited and/or participated in the Crisis Redesign community meetings.

### COMMUNITY STAKEHOLDERS INVITATION LIST FOR CRISIS REDESIGN

Organization	Name
Acadia Pathways	Chris Diamond
Acadia Pathways	Jennifer Graham
Advocacy, Inc.	Susan Fortlage
Atlanta Memorial Senior Care	Debbie Robison
Atlanta Memorial Senior Care	Denorise Ham
Bi-State Civigenics Facility	J. R. McCormick
Bi-State Civigenics Facility	Roger Wise
Bowie Co. - TCOOMMI	Sherry Jones
Bowie Co. Adult Parole	Mike Biggar
Bowie Co. Adult Probation	Jack Pappas
Bowie Co. DA's Office	Bobby Lockhart
Bowie Co. Juvenile Detention	Mary Choate
Bowie Co. Sheriff's Dept.	James Prince
Bowie Co. Sheriff's Dept.	Larry Parker
Bowie Co. Sheriff's Dept.	Stanley Cowley
Bowie County Courthouse	Betty Mauldin
Bowie County Courthouse	Deborah Lann
Bowie County Courthouse	Errol Owen
Bowie County Courthouse	John Deck
Bowie County Courthouse	Judge James Carlow
Cass Co. Juvenile Probation	Phil Haze
Cass Co. Sheriff's Dept.	James Estes, Sheriff
Cass Co. Sheriff's Dept.	Troop Estes
Cass County Courthouse	Judge Charles McMichael
Cass County Courthouse	Sterling Corbett
Cass County DA's Office	Clint Allen
Christus St. Michael	Chris Karam
Christus St. Michael	Laurie Chichester
Community Specialty Hospital	Travis Roderick
E.T. Behavioral Health Center	Beverly Christopher
E.T. Behavioral Health Center	Jerry Echols
E.T. Behavioral Health Center	Lacy Canion
E.T. Behavioral Health Center	Ronnette Robinson
ETCADA	Jana Elmoe
ETCADA	Susan Erwin
ETMC - Carthage	Gary Judson

ETMC - Gilmer	Mike Pruitt
ETMC - Gilmer	Phyllis McDaniel
Glen Oaks Hospital	Joel Klein
Good Shepherd Medical Center	Ken Cunningham
Good Shepherd Medical Center	Ruby Brewer
Gregg Co. Juvenile Probation	Cindy Martindale
Gregg Co. Juvenile Probation	Shelly Smith
Gregg Co. Sheriff's Dept.	Maxey Cerliano, Sheriff
Gregg Co. Sheriff's Dept.	Mike Dooley
Gregg Co. Sheriff's Dept.	Rodney Burns
Gregg Co. Sheriff's Dept.	Stephen L. Clark
Gregg County Courthouse	Darlynn Jones
Gregg County Courthouse	Judge Bill Stoudt
Gregg County DA's Office	Molly Lewis
Harrison Co. Sheriff's Dept.	Tom McCool, Sheriff
Harrison County Courthouse	Charlene Graff
Harrison County Courthouse	Judge Richard Anderson
Henderson Memorial Hospital	Mark Leitner
Laird Memorial Hospital	Bob Ellzey
Laird Memorial Hospital	Patricia Stansell
Laird Memorial Hospital	Rachel Beall
Living Hope - Texarkana	Kimbrow Stephens
Longview Police Department	Michael D. Bishop
Longview Regional Hospital	Jim Kendrick
Marion Co. Sheriff's Dept.	Bill McCay, Sheriff
Marion County Courthouse	Judge Phil Parker
Marshall Regional Hospital	Russ Collier
NAMI Greater Longview	Edna Vaughan
NAMI Greater Longview	Paula Hendrix
Panola Co. Sheriff's Dept.	Jack Ellett, Sheriff
Panola County Courthouse	Judge David Anderson
Red River Co. Sheriff's Dept.	Randal Case
Red River County Courthouse	Judge Morris Harville
Red River DA's Office	Val Varley
Rusk Co. Sheriff's Dept.	Glen Deason, Sheriff
Rusk Co. Sheriff's Dept.	Shirley Broyles
Rusk County Courthouse	Judge Sandra Hodges
Rusk State Hospital	Ted Debbs
Texarkana Police Department	Dan Shiner
Texarkana Police Department	Joe Bunting
Texas Council	Pam Beach
Texoma Behavioral Health Care	Michael Womack
TX Municipal Bldg, Texarkana	James Bramlett, Mayor
Upshur Co. Sheriff's Dept.	Anthony Betterton, Sheriff
Upshur County Courthouse	Judge Dean Fowler
Wadley Behavioral Health Ctr	Jena Teer
Wadley Behavioral Health Ctr	Kathy Pilgreen
CHC Comprehensive PAC	Barbara Fite

CHC Comprehensive PAC	Bobbie & Michael Gilbert
NAMI Advocate	Charles Holmes
CHC Comprehensive PAC	Dr. Leonard Peck
CHC Comprehensive PAC	Iris Harte
CHC Comprehensive PAC	Jennifer Soape
CHC Comprehensive PAC	Mary Finn
CHC Comprehensive PAC	Michael Clark
CHC Comprehensive PAC	Pam Ashley
CHC Comprehensive PAC	Pauline Strong
CHC Comprehensive PAC	Prudence Thrasher
CHC Comprehensive PAC	Susan Olson
CHC Comprehensive PAC	Vince Williams
CHC Comprehensive PAC	Wilma DeSoto

**Appendix H – Line Item Crisis Budget for New Funds with Narrative.**

Line Item Budget for new Crisis funds

<b>Community Healthcare</b>		
<b>Budget Categories</b>		<b>New Crisis Budget</b>
F.	Personnel	\$128,399.00
	Fringe Benefits	\$36,297.00
G.	Travel	\$8,962.00
H.	Supplies	\$12,000.00
I.	Contractual	\$72,095.00
J.	Other	\$6,067.00
K.	Equipment	\$3,150.00
<b>Total Direct Costs</b>		<b>\$266,970.00</b>
<b>Indirect Costs</b>		29,663
<b>Total Costs</b>		<b>\$296,633.00</b>
<b>Indirect Cost Rate</b>		11.1%

New Crisis Funds Narrative

**BUDGET NARRATIVE FOR NEW CRISIS DOLLARS**

Personnel: 1.4 LPHA; 1.5 Crisis Assessor/QMHP-CS; .5 Para Professional; 1.6 Support Staff; .13 LVN; and, .13 Nurse Practitioner. This is \$121,899 for full time positions and \$6,500 for part time positions. Total cost for salaries are based eight months; FY09 costs for the same positions will be greater.	\$ 128,399
Fringe: Fringe expenses equal to 29.77% for the full time positions for eight months.	\$ 36,297
Travel: Increase in travel for Crisis Assessors to go out into the community for assessments.	\$ 8,962
Supplies: To purchase medicine and drugs for persons in Crisis to assist in stabilization and to reduce hospital or jail time.	\$ 12,000
Contractual: \$1,200 for AAS Certification; \$26,400 for next day follow-up for emergent crisis calls; \$12,000 for two Psychiatrists to be available on week nights and weekends for consultation; and \$32,495 for Stipends to Crisis Assessments during off hours.	\$ 72,095
Other: \$2,000 for Advertising for new positions; \$3,000 for Flexible Benefits to support persons in crisis to remain in the community; and \$1,067 for cell phone costs to facilitate communication with new staff in the field.	\$ 6,067
Equipment: \$3,150 to purchase four new lap tops for new staff	\$ 3,150
<b>Subtotal for Direct Costs for New Crisis Funding</b>	<b>\$ 266,970</b>
Indirect Cost: 10% of the New Crisis Funding	\$ 29,663
<b>TOTAL COSTS</b>	<b>\$ 296,633</b>