



MEETING NOTES May 30th, 2008

I. EXECUTIVE COORDINATOR REPORT

Service System Capacity Analysis

Susan Stone shared a document jointly prepared between the MMHTFMC and ATCMHMR analyzing gaps in public psychiatric hospital bed capacity based upon historical utilization. The estimated number of additional beds needed to fill current community needs was determined to be approximately 65. The next step will be expanding that analysis to gaps in other parts of the behavioral health service system. There was, however, some discussion about whether this aspect of analysis might give policy makers ways to opt out of more costly services which are sorely needed. This will be taken into account.

Housing

➤ *Financial Modeling*

Susan met with Hogg Foundation staff to discuss potential funders for the CSH Financial Modeling proposal and the opportunities looked good. There was also the suggestion that larger grant funding might be available for a follow up project to respond to the analysis.

➤ *Housing Inventory Meeting*

Susan reported on the results of a recent meeting to coordinate affordable housing inventory efforts. She will be working with that group to develop a brief policy paper that can be used by all of the groups to gain support for affordable housing development.

Membership

Susan distributed a new version of the MMHTFMC membership application, which is now a web based document. The new version incorporates the suggestions of the membership subcommittee.

The quarterly consideration of MMHTFMC applications took place during this meeting. There was only one application—from Joan Clayton, PhD, Local Recovery Director for the

VA. The application was unanimously accepted. Dr. Clayton will provide an overview of VA Behavioral Health Services at the June meeting of the MMHTFMC.

The next quarterly membership consideration will take place at the September meeting. Susan will be contacting individual MMHTFMC members to request their efforts in recruiting new members for the sectors identified as needed strengthening.

Susan also contacted a number of members who had not attended recent meetings. Most expressed a continued commitment to the MMHTFMC, and indicated an effort to more consistently attend. One member, Deborah Fowler, with Texas Appleseed, indicated that her time constraints would not allow her to continue, and she nominated Jeanette Kinard, Director of the Mental Health Public Defender's Office, who accepted. This will ensure continued participation and input from the defense bar.

Web Site Revisions

Iliana Gilman has graciously provided support and technical assistance to make the MMHTFMC web site more appealing and user friendly. The changes should be up and running in the next couple of months.

Suicide Prevention Efforts

➤ *Postvention Efforts*

The Austin Travis County Suicide Prevention Coalition has been convening a number of work groups to develop protocols for various sectors of the community to respond to suicide. Their work is almost complete and Merily Keller will present the results at an upcoming meeting of the MMHTFMC.

➤ *Suicide Data Project*

Consultant Marcia Toprac is continuing her work in developing a real time data collection system for Austin and Travis County. She will be working with ATCHHS to do an epidemiologic data analysis of 2007 death certificates as a first step. She will then work with them to develop an ongoing mechanism to identify this data. Her work should be completed by the end of the summer.

Transition

Susan is conducting interviews with original task force members and committee members to discuss transition planning.

II. CRISIS SERVICE REDESIGN

Gerry McKimmey

Notes from presentation are attached.

III. OUTPATIENT RESTORATION OF COMPETENCY

Abraham Minjarez

Notes from presentation are attached.

IV. SCHEDULING AND ADJOURN

The next meeting of the MMHTFMC will be held on *June 28th, 2008 from 12-1:30* in the large training room of ATCMHMR. Please mark your calendars!

Please NOTE that the July meeting of the MMHTFMC has been cancelled!

Austin Travis County Mental Health Mental Retardation Center Outpatient Competency Restoration Pilot Program

Under Chapter 46B of the Code of Criminal Procedures any individual who is found Incompetent to Stand Trial (IST) is to be restored to competency in an inpatient setting. However, Senate Bill (SB) 867 amended Chapter 46B to allow the court to order certain individuals determined to be IST to be released on bail to participate in an outpatient treatment program.

Since there were no community based restoration programs in operation in Texas the Texas Department of State Health Services (DSHS) decided to fund up to 4 pilot outpatient competency restoration programs. Austin Travis County Mental Health Mental Retardation (ATCMHMR) was awarded one of these grants to begin such a program.

Program Specifics

V. Name of Program	ATCMHMR Outpatient Competency Restoration Program
Program Objective	This program will provide community –based competency restoration services to individuals who are found Incompetent to Stand Trial (IST).
Funding Agency	Texas Department of State Health Services (DSHS)
Funds Awarded	ATCMHMR was awarded \$800,000 dollars
Funding Period	June 1, 2008 - August 31, 2009
Program Contact	Program Coordinator - Abraham Minjarez abraham.minjarez@atcmhmr.com Office Phone: 512 445-7783 Cell Phone: 512 461-4225
Staffing	The program will comprise of 3 ½ staff. <ul style="list-style-type: none"> • OCRP Program Specialist <ul style="list-style-type: none"> ○ 1 full time licensed clinician officed within Del Valle Correctional Complexl • OCRP Program Case Manager <ul style="list-style-type: none"> ○ 2 full time Case Management staff providing Competency Restoration Training as well mental health and substance abuse services. • OCR Program Psychiatrist <ul style="list-style-type: none"> ○ Quarter time Psychiatrist • OCR Program Coordinator <ul style="list-style-type: none"> ○ Quarter time Program Coordinator

<p>Eligibility Criteria</p> <p>Who will the program accept?</p>	<ul style="list-style-type: none"> • Individual who has been found Incompetent to Stand Trial • Individual who meets DHS Target Population Diagnosis <ul style="list-style-type: none"> ○ Schizophrenia ○ Schizoaffective Disorder ○ Bipolar Disorder ○ Major Depression with a GAF \leq 50 <ul style="list-style-type: none"> ▪ (GAF = Global Assessment of Functioning Scale) • Individual Level of Risk (low to moderate) as determined by HCR-20 • Charge against the individual <ul style="list-style-type: none"> ○ Program will accept both Misdemeanors and Felonies charges. However, most violent offenses will probably not be accepted. ○ No 3G offenses • Willingness to participate
<p>Program Services</p>	<p>Community services provided will address both mental health and substance abuse needs. Other services provided will include:</p> <ul style="list-style-type: none"> • Psychiatric Evaluation • Medication administration, management and maintenance • Intensive Case Management services such as <ul style="list-style-type: none"> ○ Social skills training ○ Life skills training ○ Supported Housing ○ Supported Employment ○ Substance abuse services and referrals • Competency Restoration Training
<p>Treatment Program</p>	<p>The OCR Program is designed to help individuals reach competency within a 90-day period. However, the length of stay in the program will be decided by an individual's needs and/or the Article 46B statute.</p>
<p>Program Capacity</p>	<p>The OCR Program is funded to treat up to 18 individuals at any given time. We expect that the program can provide competency restoration for up to 72 individuals per year.</p> <p>Note: Due to the late start in FY '08 (Sept. '07 – Aug. '08) we do not expect to restore 18 individuals.</p>

Expected Rollout	The program will start off slow with about 3 individuals in the first month of operations. We expect to For several months we expect to only take on individuals who have a misdemeanor charge on record. After program has been operational for about 3 to 4 months we will earnestly start taking individuals with non-violent felony charges.
Housing	We are funded to provide housing for up to 9 of the 18 clients in the program. During the assessment the OCRP Specialist will take into consideration an individual's living situation and their eligibility into the program.
Program Process	<ol style="list-style-type: none"> 1. Individual is found IST 2. OCR Program Specialist will complete face-to-face evaluation and risk assessment of individual along with compilation of any existing medical and psychiatric information obtained by jail staff. 3. OCRP Treatment Team will staff each case to determine if individual is appropriate for the program. 4. If recommendation is to accept the individual then the Court, Prosecutor, and defense attorney will be notified via a report. 5. Travis County Sheriff's CIT will transport individual to program to be evaluated by the OCR Program Psychiatrist and OCR Program Case Manager. 6. First phase of the program will be to stabilize the individual on psychiatric medications. 7. Second phase will commence once the individual appears to be responding to medications. This phase will include the competency restoration training and case management services as listed above. 8. The individual's progress towards restoration will be documented on a regular basis. Once the individual appears to have been restored, the court, prosecutor, and defense attorney will be notified via formal letter attesting to the individuals restored status. 9. The individual will remain on an outpatient status until their court hearing is schedule and they can be transported back to the court to stand trail.



		FY 2008	FY 2009
CRISIS REDESIGN PLAN			
<ul style="list-style-type: none"> Expansion of Mobile Crisis Outreach Team (MCOT) Accreditation of the Crisis Hotline by the American Association of Suicidology (AAS). Upgrade of the 16-bed Crisis Respite Program (the Inn) to Crisis Residential. Crisis Respite contract development for children/adolescents and developmental disabilities/mental illness 	<p>Allocated \$1,073,987</p>	<p>Allocated \$1,655,823</p>	

CRISIS FUNDING

		FY 2008	FY 2009
OUTPATIENT COMPETENCY RESTORATION PROGRAM (OOCR)			
<ul style="list-style-type: none"> Community-based competency restoration services to Travis County residents identified as incompetent to stand trial due to mental illness. 90-days of treatment for mental health and/or substance use disorders, along with legal education to help them to stand trial. 	<p>Requested \$255,307</p> <p>Awarded \$278,587</p>	<p>Requested \$528,739</p> <p>Awarded \$567,031</p>	

COMPETITIVE GRANT FUNDING FOR COMMUNITY-BASED CRISIS MENTAL HEALTH SERVICES			
<p>1. Integrated Behavioral Emergency Teams (IBET) Multidisciplinary teams of mental health providers (psychiatrists, LPHAs, and psych technicians available 24/7) to work with local hospital Emergency Departments and provide psychiatric consultation, support, and transition services</p>	<p>Requested \$376,086</p> <p>Awarded -0-</p>	<p>Requested \$1,628,850</p> <p>Awarded -0-</p>	
<p>2. Expanded Inpatient Psychiatric Treatment Provides funding for community purchase of service equivalent to eight additional bed in local psychiatric hospitals.</p>	<p>Requested \$674,033</p> <p>Awarded \$656,820</p>	<p>Requested \$2,022,100</p> <p>Awarded \$1,949,1000</p>	
<p>3. Crisis Respite Program Creates 32 crisis respite beds and four casework teams to assist consumers in need of short-term respite housing. Provides community substitute to Austin State Hospital bed allotments for Travis County, and alternatives to those in need of assistance coming out of a psychiatric hospital.</p>	<p>Requested \$477,316</p> <p>Awarded \$477,316</p>	<p>Requested \$1,535,273</p> <p>Awarded \$1,535,273</p>	