

Williamson County Mental Health Task Force Legislative Priorities

Priority		Demonstration of Need	Products to Support Need	Cost	Return on Investment
1	<p>Promote DSHS exceptional item for continuation of funding for mental health crisis services.</p> <p>Ask: Annualization and continuation of funding of \$109.4 M for the crisis services initiated during the 80th Legislative Session.</p> <p><i>[Amount as noted in the DSHS base budget.]</i></p>	<p>During the 2007-2008 biennium, the new funding dedicated to expansion of the crisis services system in Texas initiated the following programs improving the crisis response in Williamson County:</p> <ul style="list-style-type: none"> 24-Hour Crisis Hotline Services Additional funding to support the Mobile Crisis Outreach Team. <p>The continuation of the funding ensures sustainability and ongoing success of the newly implemented services.</p>	<p>24-Hour Crisis Hotline Services:</p> <ul style="list-style-type: none"> Since expanding the existing crisis hotline to offer 24-hour availability, crisis hotline has triaged 11,725 calls during 2008. This reflects an increase of 39% from the previous year, prior to the funding for the expansion. The hotline affords a central point of contact to mobilize our crisis teams in the county. 	<p>Annualized cost for maintaining the current hotline service capacity in Williamson County:</p> <p>\$27,000.00</p>	<p>Telephone triage of crisis calls through the crisis hotline affords costs savings by:</p> <ul style="list-style-type: none"> During calendar year 2008, the expanded Crisis Hotline provided services to 1,847 Williamson County residents. This represents an increase of 168% above the number of persons served prior to the expansion of the hotline services. Having a qualified mental health professional assess the situation before mobilizing a crisis team. The average cost of deploying crisis triage to the client was \$626 per trip. The actual cost savings realized by the MHMR Center comparing 2007 with 2008 crisis responses is \$37,560. Offering immediate access to a qualified mental health professional for persons in crisis alleviating the urgency of the situation prompting the crisis. The access allows the system to focus on true crisis situations, at the cost savings noted above.
			<p>Mobile Crisis Outreach Team:</p> <p>The Mission of the expanded Mobile Crisis Outreach Team (MCOT) is to link non-violent persons in crises with mental health, social service, or medical</p>	<p>Annualized Cost for maintaining the MCOT in Williamson County:</p>	<p>Expansion of mobile crisis outreach team to serve the 1,122 square miles of the county with an approximate population of 354,000 persons—a county experiencing an annual</p>

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			<p>providers in order to prevent escalation or interaction with law enforcement and other first responders.</p> <ul style="list-style-type: none"> ▪ The funding supports an additional full-time salaried Masters Level Counselor to serve on the Williamson County MCOT. ▪ The funding supports the completion of assessments and follow up services in the community provided by the entire MCOT—equating to an additional 700 hours of crisis services available in the community each year. ▪ One MCOT is on duty during peak crisis hours 56 hours per week to immediately respond to crisis calls, within 1 hour, in the community. ▪ Mobile outreach capability is maintained throughout the local service area 24 hours a day seven days a week. 	\$125,000	<p>growth rate of approximately 8%.</p> <ul style="list-style-type: none"> ▪ During calendar year 2008, the Williamson County MOT provided 1,479 hours of services to 1,227 individuals under the crisis services redesign funding. The MOT was able to double the number of persons served prior to the expansion of the MOT supported by the crisis services redesign funding. ▪ Our crisis teams are able to provide a face-to-face service within 1 hour of a crisis call compared to 2-5 hours prior to implementation of the mobile teams. ▪ The average cost for mobile crisis outreach has decreased from \$165/hour to \$147/hour by implementing the trained mobile crisis outreach team. Based on the average billable service hours, the resulting annualized cost savings approximately \$9,000 per team member. [Annual cost savings of \$13,500 for the 1.5 FTE supported by the funding] ▪ Prior to implementation of a mobile crisis outreach team in Williamson County, state hospital bed utilization reached 112% of the allocated bed days. During

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					<p>2008, we utilize 68% of our allocated bed days. [Unused State Hospital Bed Days attributed to Williamson County for 2008: \$281,780.]</p> <ul style="list-style-type: none"> ▪ [Stats from Annie?]
		<p>Bluebonnet Trails Community MHMR Center was awarded competitive grant funding to establish a crisis respite unit. The unit is a ten-bed facility located in Georgetown, Williamson County, providing a safe, less restrictive alternative to emergency room mental health care, incarceration and hospitalization for individuals with psychiatric emergencies who do not require a secure environment. This facility provides short-term stabilization and focused treatment in a less costly alternative for individuals experiencing a crisis with greater capacity for successful, long-term outcomes for the individual.</p>	<p>Crisis Respite Unit treatment option with capacity to serve 10 persons through medical professionals in the residential facility intended to divert persons from local emergency rooms and the State Hospital system.</p>	<p>Annualized Cost for Crisis Respite Services in Williamson County:</p> <p>\$474,450</p> <p><i>Note:</i> Of the total amount, the local match commitment of Williamson County = \$145,800. This match amount includes a commitment of \$137,500 from local hospitals.</p>	<p>Implementation of a crisis respite unit has resulted in successful and appropriate diversions of persons from our five local hospital emergency rooms and the State Hospital system.</p> <ul style="list-style-type: none"> ▪ Since the unit opened on November 13, 2008, we have served 61 clients at this level of care with an average length of stay of 4.4 days—at an average daily cost of \$321/day. ▪ Diverted an average of 26 persons/month from local emergency rooms at a cost savings of \$1,042/day/person—an approximate savings exceeding \$325,100/year. ▪ Diverted an average of 13 admissions/month to the state hospital resulting in a cost savings of \$65/day/person. Considering the average state hospital length of stay of 10 days—an approximate savings exceeding \$101,400/year. ▪ Provided a step down level of care

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					<p>from hospitalization for approximately 10 persons/month. Considering a diversion of approximately 7 days—results in an approximate savings of \$54,600/year.</p> <ul style="list-style-type: none"> ▪ In combination with our MCOT, diverted an average of 2 persons/month from incarceration. Although this is a relatively breakeven cost, the crisis respite unit provided the appropriate level of care for the clients.
2	<p>Promote DSHS exceptional item to expand community MH services.</p> <p>With the introduction of crisis services in the local communities, an investment is needed for expansion for ongoing routine services in the system to fill the gaps in service delivery.</p> <p>Ask: Initiate a competitive bid process in the amount of \$88 M for community-based</p>	<p>Until the development of crisis services through funding from the 80th Legislative Session, psychiatric treatment for Williamson County residents was delivered only in 24-hour acute care facilities or outpatient practitioners' offices. The demand for cost containment and delivery of services at the most appropriate level of care compels us to further develop a continuum of care—including alternative treatment programs arrayed between the hospital and traditional outpatient settings.</p>	<p>Need:</p> <p>On an average monthly basis, 828 Williamson County residents are discharged from inpatient services including state hospitals, psychiatric hospitals, substance addiction/detoxification units and crisis respite units.</p> <ul style="list-style-type: none"> ▪ On average, only 322 (39%) transition into outpatient services to address the ongoing treatment for chronic illness. ▪ These fragile individuals are our most highly recidivistic (likely to return to an inpatient setting within a short length of time) at a rate of 37% or 120 Williamson County residents re-entering inpatient services on an annual basis. ▪ Diagnostically, 56% of the persons 	<p>Annualized Cost for staffing an intensive outpatient program within existing infrastructure in Williamson County:</p> <p>\$206,000</p>	<p>The goals of the intensive outpatient program include:</p> <ul style="list-style-type: none"> ▪ Stabilizing individuals with a history of frequent relapse—reducing the cost of recidivism into hospital or residential programs. ▪ Offering a step down level of care from hospitalization or residential programs – resulting in reduced stays at the more intensive levels of care. ▪ Maintaining a productive individual living at home—targeting the individual's stabilization in the community while the individual continues to go to work or school. ▪ Supporting an alternative to state hospitals—resulting in a decreased

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alternatives to hospitalization filling the gap between crisis-related services and the client's successful and sustained return to the community.		<p>served in an inpatient setting will have a dual diagnosis of mental illness and substance addictions.</p> <p>Intensive Outpatient Services: The development of fundamental crisis services in Williamson County developed an increased capacity for serving our residents--expanding the need for less intensive, less restrictive services once the persons returned to the community. We plan to supplement the existing crisis system in Williamson County with the development of an intensive outpatient program serving persons with mental illness and substance addictions.</p> <p>This short-term outpatient program is designed to stabilize and resolve immediate problems for individuals experiencing behavioral or emotional difficulties and/or substance addictions—who do not require, or no longer require, the intense level of psychiatric care provided by hospitalization or crisis residential programs.</p> <p>To effectively provide the services by consolidating existing resources, the costs for the intensive outpatient services include:</p>		<p>reliance on state hospital beds—allowing the system to maintain the current capacity of 2,477 beds.</p> <p>Statistics from the Department of Labor, Partnership for a Drug-Free America:</p> <ul style="list-style-type: none"> ▪ Nearly one in five (19 percent or 4.5 million) teens has tried prescription medication (pain relievers such as Vicodin and OxyContin; stimulants like Ritalin and Adderall) to get high. ▪ In 2000, problems resulting from the use of alcohol and other drugs cost American businesses an estimated \$84.6 billion in lost productivity due to premature death (38.3 billion) and illness (47 billion); 87% of these combined costs were attributed to drinking. <p>Full-time workers age 18-49 who reported current illicit drug use were more likely than those reporting no current illicit drug use to state that they had:</p> <ul style="list-style-type: none"> ▪ worked for three or more employers in the past year (32.1% versus 17.9%) ▪ taken an unexcused absence from work in the past month (12.1% versus 6.1%)

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			<ul style="list-style-type: none"> ▪ .5 Psychiatrist (cost to be shared with existing Crisis Respite Unit)---\$95,000/year (including benefits) ▪ 1 Counselor to provide Outpatient Intensive Group Services on the existing Crisis Respite Unit.---\$63,000/year (including benefits) ▪ 1 Qualified Mental Health Profession to provide ongoing assessments and case management for the clients served through this program--\$48,000/year (including benefits) ▪ Facility costs are included within the budget for the existing Crisis Respite Unit as this facility was designed to support outpatient services. <p>The services delivered in this outpatient program include psychiatric evaluation, medication monitoring, counseling and ongoing assessment with case management. The length of service is 60-90 days, whereby the client will participate in group and individual services 2-3 times/week for approximately 1-1.5 hours/session. Approximately 500 persons may be served annually. The total program cost</p>		<ul style="list-style-type: none"> ▪ voluntarily left an employer in the past year (25.8 % versus 13.6%) ▪ been fired by an employer in the past year (4.6% versus 1.4%) <p>Similar results were reported for employees who were heavy alcohol users.</p> <p>According to results of a National Institute on Drug Abuse (NIDA) sponsored survey:</p> <ul style="list-style-type: none"> ▪ drug-using employees are 2.2 times more likely to request early dismissal or time off ▪ 2.5 times more likely to have absences of eight days or more ▪ three times more likely to be late for work ▪ 3.6 times more likely to be involved in a workplace accident ▪ five times more likely to file a workers' compensation claim. <p>Alcoholism causes 500 million lost workdays each year.</p>

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			per person is approximately \$412/person served.		
3	<p>Support: DSHS exceptional item of \$2.7 M supporting stipends for psychiatric residency training programs.</p>	<p>Psychiatric residency programs supporting Williamson County are crucial to the training, recruitment and retention of professionals necessary in the delivery of behavioral health care in this underserved area.</p> <p>Currently, Texas ranks 38th in the nation in professionals per 100,000 population with 7.9 psychiatrists. Today, in Williamson County, we have 2.2 psychiatrists per 100,000 population.</p> <p>Compounding factors demonstrating supply is not keeping pace with demand for medical professionals include:</p> <ul style="list-style-type: none"> ▪ Texas ranks 2nd in population in the nation. ▪ During the last six years, Williamson County experienced a growth rate of approximately 41%. ▪ The average age of Texas physicians is 48.4—and 8.8% physicians are 65 years of age or older. 	<p>Psychiatric Residency Program supporting licensed professionals necessary to:</p> <ul style="list-style-type: none"> ▪ provide services under the state Resiliency and Disease Management Model and ▪ comply with the clinical service guidelines supported by funding through Medicaid, Medicare and private insurance carriers. 	Not requesting specific funding---only indicating support based on the identified need and cost savings.	<p>Texas is unable to provide training to sufficient numbers of medical students in order to keep up with the demand of the growing population. The Texas Medical Association states that physicians completing both medical and graduate medical education in Texas are almost 3 times more likely to practice in Texas—in an area closest to their graduate medical program.</p> <p>Teaching hospitals have substantial economic impact on local and state economies, averaging a boost to the local economy where, for every dollar spent, \$1.30 is generated.</p> <p>Trained residents overseen by a Medical Director provides a great cost savings in the provision of psychiatric services. A typical stipend for a third-year resident providing psychiatric evaluations is approximately 65% of the cost of a licensed psychiatrist.</p>

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		<ul style="list-style-type: none"> During 2007, Texas graduated only 1,260 medical students— which is less than 2.5 times the number of physicians eligible to retire. 			
4	<p>Support: DSHS exceptional item to fund services for returning veterans and their families.</p>	<p>During 2009, it is expected that the State of Texas will receive ____ returning veterans. It is anticipated Williamson County will be experiencing the return of ____ veterans.</p> <p>The 2008 RAND Survey estimates 300,000 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans with post traumatic stress disorder (PTSD) and/or major depression. Multiple tours and prolonged deployments increase the risk of combat stress by 50%.</p> <p>The 2008 RAND Survey estimates 320,000 OIF and OEF Veterans with Traumatic Brain Injury (TBI).</p> <p>Data from the Texas Veterans Commission indicates that</p>	<p>Counseling Services: Demonstrated success in provision of counseling services enabling a cost-effective contractual partnership with the VA to provide services through:</p> <ul style="list-style-type: none"> Individual Counseling Family Counseling <p>Education: Regarding available services:</p> <ul style="list-style-type: none"> The stigma associated with mental illness prevents more military service members from seeking care. Many military families have insufficient information regarding MH treatment options. According to a 2008 APA Harris survey, 59% of military service members and 66% of military spouses reported having insufficient information. 	Not requesting specific funding--- only indicating support based on the identified need and cost savings.	<p>Additional risks noted are alcohol abuse, substance addiction, domestic violence, job loss, family dissolution, homelessness, incarceration and suicide.</p> <p>Through contractual relationships, community MHMR centers serving each of the 254 counties in Texas are able to provide, local access to counseling services through the veterans' community based outpatient clinics (CBOCs).</p>

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		<p>approximately 10% of eligible OIF/OEF veterans have enrolled with the Veterans Health Administration (VHA).</p> <p>The 2008 APA Harris Interactive Survey indicates only 10% of the returning Veterans have sought treatment despite substantial behavioral health issues including suicidal thoughts.</p>			
5	<p>Support: TDCJ exceptional item for \$12 M to expand TCOOMMI Services for mentally ill offenders and created 4 mental health courts.</p> <p><i>Consider if John Bradley would like this item added to the Williamson County Priority List.</i></p>				

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Priority		Amount of Ask to Support State of Texas	Product	Cost to Support Williamson County	Demonstrated Annual Return on Investment in Williamson County
1	Promote DSHS exceptional item and/or continuation of funding for mental health crisis services.	\$109.4 M	Crisis Hotline	\$27,000	\$37,560
			Mobile Crisis Outreach Team	\$125,000	\$295,280
			Crisis Respite Unit	\$474,450	\$481,100
2	Promote DSHS exceptional item to expand community MH services	\$88 M	Intensive Outpatient Services including psychiatric evaluations, medication management, counseling, assessments and case management services	\$206,000	
3	Support DSHS exceptional item supporting stipends for psychiatric residency training programs	\$2.7 M	Stipends for psychiatric residency training program to support cost-effective crisis respite and intensive outpatient services	\$50,000	
4	Support DSHS exceptional item to fund services for returning veterans and their families.		Counseling, case management and education services for returning veterans and their families		
5	Support TDCJ exceptional item for \$12 M to expand TCOOMMI Services for mentally ill offenders and created 4 mental health courts.	\$12 M	Establishment of local mental health (and drug?) court.		