TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Charge to the Crisis Services Redesign Committee

The Texas mental health system dates back to 1856, when the Legislature established the first state mental health institution in Austin. Like most states, Texas initially met its obligation to provide services to mentally ill persons by offering "asylum" in large, state-run institutions.

The development of community mental health services began in 1963, when the federal Community Mental Health and Mental Retardation Act (P.L. 88-164) provided community-based services: (1) outpatient services; (2) emergency care services; (3) day treatment programs; (4) screening for inpatient services; and (5) consultation and educational services.

Two years later, in 1965, state mental health functions were consolidated in the Texas Department of Mental Health and Mental Retardation (TDMHMR). Almost 40 years later, another consolidation combined mental health, substance abuse, and health functions into the Texas Department of State Health Services.

In 1981, landmark state legislation redefined the purpose of the then TDMHMR. Its first purpose was to treat mentally ill persons in their own communities by providing a continuum of services at the local level. Among the core elements in this array were crisis stabilization services. TDMHMR developed measurable standards of care in order to monitor these services.

Since then, little has been done to build or improve upon crisis services statewide. As a result, crisis services in Texas comprise a patchwork of programs that vary widely from center to center and from one geographical area of the state to the next.

For purposes of identifying, establishing, and maintaining quality crisis services statewide, the charge of the Crisis Services Redesign Committee is to develop recommendations for a comprehensive array of specific services that will best meet the needs of Texans who are having a mental health and/or substance abuse crisis. In order to accomplish this, the committee will gather and analyze information from mental health literature, medical experts, members of the public, and staff. The recommended redesign will address the necessary elements of crisis services (including substance abuse), rural issues, clinical competencies, finance (cost), and important collaborations and partnerships.