



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

January 11, 2010

### REPORT/PUBLICATION CLEARANCE REQUEST

#### MEMORANDUM FOR THE COMMISSIONER

**THROUGH:** Tommy Boukhris, Point of Contact  
Executive Communications and Correspondence

**FROM:** Mike Maples, Assistant Commissioner  
Division for Mental Health and Substance Abuse Services

**SUBJECT:** Senate Bill 1, Rider 65, Final Evaluation Report - Crisis Redesign

#### Purpose

To request your approval of the independent final evaluation report satisfying the requirements of Senate Bill (SB) 1, 81st Legislature, Rider 65, and your signature on the letters to the Governor, Lieutenant Governor, Speaker of the House, and the presiding officers of the Senate Committee on Health and Human Services, the House Human Services Committee and the House Public Health Committee.

#### Background

The 80th Legislature appropriated \$82 million to the Department of State Health Services (DSHS) for the Fiscal Year 2008-09 biennium to redesign the community mental health crisis system. The desired impact of this Crisis Redesign initiative is to improve responses to behavioral health crises.

In accordance with SB 1 (81<sup>st</sup>), Rider 65, DSHS contracted with an independent entity, Texas A&M University, for an evaluation of DSHS-funded community mental health crisis services. DSHS previously contracted with Texas A&M to complete an initial evaluation of the implementation of Crisis Redesign, and that evaluation was submitted on January 1, 2009.

The two-year evaluation includes an analysis of the implementation of crisis services and the impact of crisis services, including on clients, local communities, mental health and health care providers, and law enforcement. This final report contains evaluation findings of the implementation of Crisis Redesign.

### **Summary**

Using a combination of visits to selected Local Mental Health Authorities (LMHA), interviews with community partners (law enforcement officers, judges, and emergency room staff), statewide online surveys of key stakeholder groups, client satisfaction surveys of users of DSHS-funded community mental health crisis services, archival data analyses, and a return-on-investment study, the Texas A&M University evaluation team generated 10 findings on the impact of Crisis Redesign, which are summarized below.

1. Crisis Redesign funds are used as intended to improve local crisis infrastructure.
2. Since Crisis Redesign, more consumers of crisis services are served than ever before, and are more likely to receive treatment in a community setting.
3. Direct and measurable cost savings associated with crisis redesign more than cover the cost of the program, even while supporting a 24 percent increase in crisis episodes from 2007 to 2008.
4. Increased funding for crisis services alone is not sufficient. Parallel investment in ongoing routine services is also needed to prevent a crisis-driven mental health system.
5. Crisis hotline users remain generally pleased with help received while users of other types of crisis services reported lower rates of satisfaction in 2009.
6. Changing characteristics of the population of crisis services users since Crisis Redesign may require an adaptive response from LMHAs if the needs of new crisis services consumers are to be met.
7. Community partners perceive some positive impacts of Crisis Redesign, but further improvements are needed.
8. Increasing numbers of crises continue to place burdens on law enforcement agencies and emergency rooms.
9. Communities with engaged and informed stakeholders seem to be implementing Crisis Redesign more effectively, though many communities continue to have difficulty collaborating with stakeholders.
10. Community partners must commit to resolve issues impacting the success of Crisis Redesign.

This final evaluation report by Texas A&M University points to several recommendations that support DSHS' exceptional item requests and subsequent appropriations for Fiscal Years 2010-2011, including continued support for Crisis Redesign and additional funding for transitional and on-going intensive community mental health and substance abuse services.

**Government Affairs Comments**

This memo and report have been reviewed and are approved to advance forward for your approval.

**Commissioner's Decision**

Approve	<u>DLL 3/4/10</u>	Disapprove	_____
Modify	_____	Needs More Discussion	_____
Pend for Future Consideration	_____		

Attachments