

ATTACHMENT 2

Border Region MHMR Community Center Crisis Redesign Plan Update

Updated 3/1/2010

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Crisis Services Plan Update
Border Region MHMR Community Center
3/1/10

Crisis Services Plan Update

6) Remaining New Crisis Funding

The following is a description of how any remaining new crisis funding will be used after implementing the AAS Hotline and the MCOT.

Upon the initial development of the Crisis Plan, Border Region Community Mental Health Mental Retardation Center believed it would expend all FY 08 and FY09 crisis redesign funding exclusively for the development, implementation and operation of the AAS Accredited Hotline, and the Mobile Crisis Outreach Team in all four counties it serves in the Local Service Area. Initial plans and budget estimates indicated the entire sum of \$274,099 in FY 2008 and the \$334,099 in FY2009 would be utilized and exhausted by the conclusion of each fiscal year, respectively, with the implementation of these two mandated crisis service initiatives. At this point, late December of 2007, it is likely that Border Region will realize lapse dollars because the initial salaries and other expenditures were calculated upon a full 12 month fiscal year role out. Border Region will start the initiatives of the Crisis Plan until January 2008, therefore the entire sum allocated to Border Region for FY2008 will not be expended fully and an additional service(s) will be launched.

During the stakeholders meetings held in all four counties served, stakeholders in Webb County and in the other three counties served by Border Region MHMR Community Center requested and recommended additional mental health training for law enforcement officers. Although it was conveyed to each stakeholder group in each county that the AAS Hotline and MCOT would be the two required services initially, each county stakeholder group expressed the desire for extended training for its law enforcement officers/deputies that typically are the first responders to a mental health crisis in the community, home, or emergency room. Based upon the recommendations evidenced in each of the four counties served, Border Region MHMR Community Center will research, locate and contract with a police department from another city that may provide Crisis Intervention Training (CIT) and develop a Mental Health Deputy Program for the law enforcement entities in each county.

Additionally, law enforcement officers in the county of Webb, the most active county within the LSA with the most mental health crisis each year expressed the desire to have a location other than the emergency room where an individual experiencing a mental health crisis could be assessed and remain if they are not a risk to themselves or others. Although the MCOT staff will be able to evaluate individuals out in the community and prevent the 100 percent use of the hospital emergency rooms as presently and historically evidenced, the implementation and further development of Crisis Respite Services will be considered. In January 2008, Border Region MHMR, in Webb County, will have available residential property that may be used to develop Crisis Respite services 24 hours a day for individuals at risk of a psychiatric crisis due to housing challenges or severe stressors in the family and who may have some functional impairment who require direct supervision and care but do not require hospitalization and are not a risk to themselves or others. If funding is sufficient, after the implementation of the AAS Hotline, MCOT and Mental Health Deputy Program in all four counties, Border Region will

explore the possibility of developing and offering Crisis Respite Services in one of the center's own residential buildings and staffed by our own center employees.

Crisis Intervention Team (CIT)/Mental Health Deputy Program and Crisis Respite Services:

a. The types and quantity of crisis services to be provided in the LSA is based on what Border Region in FY07: Total individuals provided MH Adults crisis serves totaled 1,690; total children and adolescents needing and provided crisis services totaled 329. Approximately 20% of these totals were hospitalized into state and private hospitals, or 340 adults and 65 children. Similar total adults (1690) and children (340) needing crisis services and psychiatric hospitalizations will be positively impacted by the new hotline, MCOT, CIT and Crisis Respite Services.

Crisis Intervention Team (CIT) training for deputies on patrol in the counties of Webb, Zapata, Starr, and Jim Hogg. Due the limited patrol staff in the smaller counties (Zapata, Jim Hogg and Starr), which at times consist of only one or two officers in any given shift, it would be wise to train all deputies who patrol these counties. In the County of Webb, train at least 10% of deputies and city police on patrol on each shift during a 24 hours period this first year.

Crisis Respite services will be able to accommodate at least 6 beds per day or 2190 bed days per year. Additionally, staff will provide a full crisis assessment, individual and group skills trainings, updated crisis treatment plan, and access to social, community, recreational activities. All services will be based on the client's individual goals and preferences.

b. Flowchart includes CIT intervention and Crisis Respite Services (Attachment: B)

c. The projected enhanced crisis response system staff makeup will occur primarily with the implementation, development and daily operation of the Crisis Respite Services to be provided in a residential setting. Crisis Respite services would be provided with the addition of mental health technicians sufficient in number to provide coverage 24 hours a day in a residential setting and to assure patient and staff safety and the provision of needed services. At minimum one MH technician/Aide for each 8 hour shift. At this time, a total of 5FTEs MH Therapist Technicians will be hired, and trained to staff the Crisis Respite Services unit which includes a residential unit. These MH therapist technician/Aide positions are in addition to the original five QMHPs to form the MCOT in all four counties.

d. The projected enhanced crisis response system training requirements for these services would be primarily for MH Adult Crisis Respite staff and would include CPR, management of seizures, choking and first aid as well as crisis respite protocols and procedures and supervision of self administration of medications. For the mental health deputy program or CIT: training for officers will include a 40 hour class setting to include major topics of instruction in: schizophrenia, psychosis, bipolar disorder, suicide, active listening, de-escalation techniques, the Texas Mental Health Code, substance abuse and officer safety. Role playing will also be part of the required training.

e. Projected enhanced crisis response system line item would include: CIT/Mental Health Deputy Program in FY08 and FY09, \$5,000 each year. Crisis Respite Services: \$63,000 in FY08 and \$85,000 in FY09. (Attachment: A).

f. Dates certain for compliance with the standards outlined in Information Item V:
MCOT: January 31, 2008

AAS Hotline Accreditation of Staff: January 31, 2008
 CIT/Mental Health Deputy Program: April 30, 2008
 Crisis Respite Services: March 31, 2008

Existing Crisis Response System	Improved Crisis Response System
24/7 1-800 Crisis Hotline	AAS Accredited 24/7 1-800 Hotline
	Hotline integrated with Mobile Outreach Team
	Compliance with 8 th Edition of the AAS Organization Accreditation Standards Manual. Seven organizational areas will be evaluated:
	ASS - Seven Organizational Areas Evaluated: 1. Administration 2. Training Program 3. General Service Delivery 4. Services in Life-Threatening Situations 5. Ethical Standards 6. Community Integration 7. Program Evaluation
QMHP Crisis workers available 24/7 for face-to-face assessment, if medically necessary, arrange hospitalization or referral to LSA service providers, including LMHA.	QMHP Crisis workers available 24/7 for face-to-face assessment, if medically necessary, arrange hospitalization or referral to LSA service providers, including LMHA.
QMHP Crisis On-Call Worker in each county	QMHP Crisis On-Call Worker in each county will continue
In Webb County: Adult, C&A, ACT assigned individual QMHP Crisis On-Call Worker	In Webb County: Adult, C&A, ACT assigned individual QMHP Crisis On-Call Worker will continue
QMHP may consult with AMH CMH Supervisor	QMHP may consult with AMH CMH Supervisor
All calls treated as Emergent within 1 hour of call	All calls treated as Emergent within 1 hour of call
QMHP crisis assessment training & competency	QMHP crisis assessment & competency
	Mobile Crisis Outreach Team
Only emergent care provided	Provides emergency, urgent, and crisis follow-up and relapse prevention to adults, adolescents & children
	One mobile crisis outreach team will be on duty during peak crisis hours 56 hours per week in a location base on local needs
	Respond to emergent crisis within one hour and to urgent crisis within eight hour
	Initial crisis follow-up and relapse prevention services within 24 hours
	A psychiatrist will serve as the medical director for all crisis services
	All MCOT staff will receive training in: signs, symptoms and crises response related to substance use and abuse, to trauma including sexual, physical and verbal and neglect and assessment and intervention for children and adolescents.
	A MCOT, at minimum, comprise of 2 QMHPs or when appropriate, 1 QMHP
	A psychiatrist, RN or LPHA will be available to provide face to face assessment as needed or clinically indicated
	When level of risk to staff significant, law enforcement and MCOT members meet the

	individual in crises together
	Upon resolution of crisis, eligible individual shall be transitioned to a non –crisis service package as medically necessary or receive crisis follow-up and relapse prevention by MCOT or other service provider for a 30 day period.
	An individual crisis plan is develop and implemented that provides most effective and least restrictive treatment
	CIT/MH Deputy Program
	Crisis Respite Services
	6 bed unit, 7days a week, 5 MH Aides

7) Description of how Border Region MHMR will integrate mental health and substance abuse crisis services:

Border Region MHMR Community Center’s crisis response system will integrate mental health and substance abuse crisis service as one continuum array of services provided by the center’s crisis-on-call worker and the newly developed MCOT to be implemented in January 2008. For both adult and children who may be mentally ill and also experiencing a substance abuse crisis, Border Region is the only agency in the counties of Webb, Starr, Jim Hogg and Zapata that has the clinical trained staff and resources to sustain and support a hotline and crisis workers 24/7 to provide a face to face assessment and once medically cleared, make the arrangements necessary to hospitalize them in SASH, NIX Behavioral Health, Laurel Ridge Treatment Center or Southwest Mental Health Center.

Although other local substance abuse service providers (STCADA) have 24 hour crisis hotlines, assessments are conducted via telephone and they seek the assistance of the 911 paramedic services if needed. If the 911 crisis responders believe it is a medical or psychiatric crisis, they will transport the individual to the nearest ER. Once in the ER, the individual is examined and assessed by the ER physician. If the ER physician identifies the individual referred to the ER by STCADA is experiencing a psychiatric, emotional or behavioral crisis induced by mental illness or substance use, and is or could be a threat to himself or a threat to others, the ER staff will typically engage Border Region MHMR by calling the center’s crisis hotline. Once notified, the center’s on-call crisis QMHP will go the ER and conduct a mental health/suicide assessment and if necessary, the center’s crisis on-call QMHP arranges for inpatient hospitalization for the dual diagnosis crisis.

In the center’s LSA, the numerous substance abuse service providers do provide crisis service interventions via the EMS. These organizations will engage the 911 Para medic system. Border Region MHMR Community Center is primarily the crisis responder that provides and can integrate the resources to provide and care for an individual experiencing a severe and dangerous mental health and substance abuse crisis. Crisis as the result of both a mental health and substance abuse origin needing inpatient care can only be treated at this time either at SASH or other behavioral health or treatment centers or private hospitals in San Antonio, Texas. Border Region can also arrange for transportation for either adults or children via the Constables Office or Ambulance Service. If necessary with children and adolescents, Border Region staff will accompany the individual in a crisis together with the constable’s office to provide assistance with the admission.

To further integrate mental health and substance abuse crisis services, Border Region MHMR Community Center will initiate an MOU with the various SA agencies within the LSA to request an in-depth orientation on SA to the center's QMHPs. The MOU will request the development of a SA assessment instrument to assist QMHPs on MCOT to rule out SA and will include protocols to address SA crisis and outline needed hospitalization and follow-up. This MOU will enhance the MCOT's training, knowledge and efficacy when addressing a co-occurring MH/SA disorder.

8) Description of how Border Region will coordinate with other crisis responders to improve or develop the ability to divert individuals from incarceration, find alternatives to psychiatric hospitals. Written agreements and marketing/public relations documents should be included.

Border Region MHMR Community Center will coordinate with other local crisis response systems to improve or develop the LSA's crisis response system's ability to divert individuals from incarceration, or find alternatives to psychiatric hospitalization by the development, implementation, operation of several service initiatives and processes not previously in existence. The other local crisis response systems in the center's LSA include the Webb, Zapata, Jim Hogg and Starr County Sheriff's Office, the Laredo Police Department, the Rio Grande City Police Department, the local hospital emergency rooms for both medical hospitals in Webb County and one hospital in Starr County.

The combination of both additional crisis staff in the form of a the Mobile Crisis Outreach Team (MCOT), increased training for the law enforcement entities to identify mental illness, engagement techniques when dealing with individuals with mental illness, learning de-escalation techniques, and developing more confidence and more certain of their actions and decisions when responding to mental health crisis calls, will great enhance the options and mindset that less restrictive alternatives exist to the traditional options of either incarceration or hospitalization in a psychiatric unit. Additionally, Border Region plans to integrate the present jail diversion clinician as one of the agency staff members available for consultation and training and part of the MCOT when an individual suffering from a mental health crisis is arrested, charged with a misdemeanor and is eligible to be diverted prior to booking or incarceration with the option of community mental health treatment.

The implementation of a MCOT will greatly increase the options available to the law enforcement entities. The MCOT members will be able to provide direct care services that will take place in the community, home or schools and provide immediate interventions, treatment recommendations and aftercare. Also, the implementation of the Crisis Respite Services unit with an available residential facility will further increase the effectiveness and expediency of services rendered by the present crisis hotline and future AAS Hotline, traditional on-call crisis worker. The MCOT, the Crisis Respite Services unit and the jail diversion strategies will provide a positive impact in decreasing incarcerations and psychiatric hospitalizations.

At this time, there are no written agreements between Border Region MHMR Community Center and the other crisis respond entities in the four counties within the local service area specifically regarding this new crisis redesign plan. However, Border Region anticipates written agreements could be developed and agreed upon by all entities without difficulties. During the stakeholders meetings, crisis responds entities were asked directly if they would sign a written agreement to demonstrate and outline their participation, collaboration and each party's responsibilities and all agreed to a written memorandum of agreement.

Border Region MHMR Community Center will issue a media release as indicated below:

For Immediate Release

To: All Media

From: Daniel G. Castillon

Date: January 1, 2008

Border Region MHMR Community Center Will Receive \$608,000 to Re-design and Improve Mental Health Crisis Services in Local Service Area

During the 80th Texas Legislature, the Department of State Health Services (DSHS) was appropriated \$82 million over the FY08-09 biennium to both re-design and to improve the response to behavioral health crisis in every Texas County.

In FY08, the DSHS will allocate \$27.3 million and \$54.7 million in FY09 among the local mental health authorities (LMHA) in the State of Texas. Border Region MHMR Community Center, the local mental health authority for the counties of Webb, Zapata, Jim Hogg and Starr will be allocated \$274,099 and \$334,099 for fiscal year 2008 and 2009 of the biennium, respectively. These funds will be used to re-design and improve the present mental health crisis services system in all four counties.

The Crisis Redesign legislation funding requires **local planning and maintenance of current crisis funds**. To comply with these two contractual elements, Border Region MHMR will not reduce any funding presently already allocated to crisis services. In early October 2007, community stakeholders from each county were invited to participate in the development of the center's crisis redesign plan. This same community stakeholder workgroup will assist to assure implementation of the plan and to provide ongoing recommendations to meet changing community needs.

The DSHS requires the local crisis services plan to be based on the needs, priorities and existing resources of the community in order to achieve a rapid response, local stabilization when possible, jail diversion and reduced burden on local law enforcement and to decrease utilization of emergency healthcare resources

The DSHS required all local crisis plans to include the provision of an American Association of Sociology Accredited 24/7 crisis hotline and a mobile crisis outreach team to provide emergency care, urgent care, crisis follow-up and relapse prevention to children, adolescents and adults in the community.

In addition to the two required initial crisis services, Border Region will also utilize the funding to develop a law enforcement Crisis Intervention Team/Mental Health Deputy Program and a Crisis Respite Services unit. The accredited crisis hotline and mobile crisis outreach team will begin in January 2008. The CIT and Crisis Respite Services unit will be in operation by March 2008.

For additional information, contact Francisco Ramirez, Service Access Director, @ 794.3225

9) A description of strategies that will maximize the funding available to provide crisis services, including any collaboration with local or regional stakeholders, and collaboration with other Local Mental Health Authorities (LMHAs) or DSHS-funded substance abuse providers.

Strategies implemented to maximize the funding available to provide crisis services, primarily include the integration of existing present staff and services and either qualifying them to be additional staff to the AAS Hotline and/or the MCOT. Present on-call crisis workers and supervisors will be trained and be credentialed under the AAS requirements and guidelines.

This strategy will allow in-house crisis staff to not only be AAS credentialed and trained but will also avoid the center from having to contract for this service from another provider between 8AM to 5PM, Monday through Friday. Secondly, MCOT training and duties will not only be assigned to the staff being paid from this new funding source but all present QMHPs actively responsible for responding to present crisis on call hotline will be cross trained to assure they too can provide MCOT duties and fulfill MCOT responsibilities. This strategy will allow the center to increase its number of trained MCOT workers beyond those FTE positions being paid from the new crisis services funding allocated to the center this fiscal year. Additionally, the jail diversion clinician will provide technical assistance and training to the MCOT staff members and when necessary will provide on the spot intervention and collaboration with law enforcement and the criminal justice system to prevent incarcerations and promote jail diversions.

Other strategies to maximize the funding available to provide crisis service will also occur with the physical location, facility or residential unit to be used to provide the adult respite crisis services. The center will utilize present and existing buildings sufficiently adequate to provide comfortable and safe sleeping quarters, a common area for daily entertainment and meals, a kitchen for meal preparation and an area to provide needed and required treatment.

On a larger scale, Border Region MHMR Community Center is working together with the community centers comprising the South Texas Regional Community Mental Health Centers: Bluebonnet, Hill Country, Nueces County, Coastal Plains, the Center for Health Care and Tropical Behavioral in the possible collaboration and participation in the development of a Psychiatric Service Emergency Center.

In the Laredo, Webb County area, Border Region is a participating stakeholder and is an advisory board member in the creation of the Laredo Family Recovery Center, a child and adolescent substance abuse rehabilitation center to be opened and in operation in March of 2008.

10) A timeline specific to implementation of the activities described in Section C. 5), Section C. 6) and Section C. 7) of Information Item I.

Project And Activities	Description	Timeline for Accomplishment	Equipment or Build out cost Be needed	Comments
C5	Upgrade crisis hotline QMHPs to meet AAS Standards			
	Identify staff needing AAS credentialing	November 2007		
	Attend AAS training: assure credentialing	January 2008		
	AAS Credentialed & answering hotline (M-F) 8am to 5pm	January 2008		Avail Solutions: Operates hotline after 5pm & weekends
C5	Create MCOT			
	Post & Fill QMHP MCOT Providers	January 2008	Purchase computers &	

			wireless cards	
	Train MCOT new hires & transfers to MCOT	January 2008		MCOT initially staffed by experienced crisis workers
	MCOT on duty 56 hours per week/peak hours	January 2008		
C6	CIT/MH Deputy Program			
	Form task force, id. barriers & work plan	January 2008		
	Develop curriculum & organize training	February 2008		
	First training	March 2008		
	CIT full implementation	April 2008		
	Hold community stakeholder meeting	April 2008		
C6	Crisis Respite Services			
	Post & fill positions	January 2008		
	Train new TT/MH Aides	February 2008		
	Identification & needed modifications to building	February 2008		
	Startup of new building & crisis services	March 2008		
C7	Integration of MH and SA Crisis Services			
	Initiate written MOU with SA providers to provide MH SA training, develop SA assessment tool.	January 2008		
	Develop SA assessment tool, agree on treatment protocol and follow-up	February 2008		
	Conduct training & implement protocols	February 2008		

11) A description of Contractor's oversight of implementation, with input from the community stakeholders to ensure community needs and benchmarks are being met during the crisis redesign process.

Border Region MHMR Community Center will utilize the agency's Quality Management unit to assure compliance and implementation of this plan. Furthermore, the PNAC will be providing oversight of this plan's implementation on a monthly basis through its various committees.

At least twice per year, the center will reunite the stakeholders from each county to ensure the needs of the community and significant benchmarks are met during the crisis redesign process. Border Region MHMR understands that this plan is part of the center's yearly Performance Contract and it will do all in its power to assure it is executed as indicated. Any significant changes required to this plan will be submitted to the Performance Contracts office for approval. Throughout the execution of this plan, Border Region MHMR will listen and address the community's concerns and address any needs.

Attachment A

Budget Schedules

ALL PROGRAMS

**FY 2008 Contract Renewal
DSHS/Mental Health Contracts
C. ORGANIZATIONAL BUDGET SUMMARY**

Legal Name of Organization:		Border Region MHMR Community Center			
Budget Categories	DSHS Total Requested	Other	DSHS Program Income	DSHS Contract Match	Total Organizational Budget
F. Personnel	\$158,320.00	\$0.00	\$0.00	\$0.00	\$158,320.00
Fringe Benefits	\$49,195.41	\$0.00	\$0.00	\$0.00	\$49,195.41
G. Travel	\$1,600.00	\$0.00	\$0.00	\$0.00	\$1,600.00
H. Supplies	\$1,900.00	\$0.00	\$0.00	\$0.00	\$1,900.00
I. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J. Other	\$55,583.59	\$0.00	\$0.00	\$0.00	\$55,583.59
K. Equipment	\$7,500.00	\$0.00	\$0.00	\$0.00	\$7,500.00
Total Direct Costs	\$274,099.00	\$0.00	\$0.00	\$0.00	\$266,599.00

Indirect Costs					\$0.00
Total Costs	\$274,099.00	\$0.00	\$0.00	\$0.00	\$266,599.00
Indirect Cost Rate			Match Percentage		

If this organization will be funded solely by DSHS and has no other source of revenue, please place an X in the box and mark schedule D as N/A.

INSTRUCTIONS

DO NOT make entries in the shaded areas. These areas contain formulas that will assist you in completing the forms.

- Enter the legal name of your organization on the top of this form. All other forms are linked to this name field.
- Cost reimbursement programs shall enter the requested Non-DSHS Mental Health Services budgets for organizational funding in the appropriate columns. The "DSHS Total Requested" column will reflect the total amount requested for DSHS/Mental Health Services after schedules D-J are completed.
- Complete Schedule E: Match Detail** If any type of match is anticipated, place match dollar amount in appropriate cost line item category. Itemize the match by type in the sections provided in schedule D. The following programs have a match requirement for FY08:
Community Mental Health Projects (CMHP) - 10% match
Texas Integrated Funding Initiative (TIFI) - 10% match
Projects for Assistance in Transition from Homelessness (PATH) - 33% match

Program income: Contractor must estimate as well as document the PI to be generated during the budget period.
- Organizations may use an approved indirect cost rate or direct billed administrative cost. If you choose the indirect cost rate method, enter the approved indirect cost rate for the contract year for your organization. A copy of the current approved Indirect Cost Agreement must be submitted and approved by DSHS. Refer to the Contractors Financial Procedures Manual Chapter 6 Section 6.01.02 and Chapter 7 for additional information and instructions.
- To print all of the budget schedules go to File, select print then select Entire Workbook in the Print command box.

FY 2008 Contract Renewal
DSHS/Mental Health Contracts
F. PERSONNEL AND FRINGE BENEFITS COSTS DETAIL

Legal Name of Organization: **Border Region MHMR Community Center**

Employee Name	Functional Title	Average Monthly Salary	# of Months charged to DSHS	% Time on DSHS Progs	Total DSHS Personnel Costs	Total Non-DSHS Personnel Costs	Total Budget Personnel Costs
Service Coordinator Adult	Adult	\$ 2,666.67	8	100%	\$ 21,333.33	\$ -	\$ 21,333.33
Service Coordinator Adult	Adult	\$ 2,666.67	8	100%	\$ 21,333.33	\$ -	\$ 21,333.33
Service Coordinator Child	Child	\$ 2,666.67	8	100%	\$ 21,333.33	\$ -	\$ 21,333.33
Adult/Child	Adult/Child	\$ 2,666.67	8	100%	\$ 21,333.33	\$ -	\$ 21,333.33
Adult/Child	Adult/Child	\$ 2,666.67	8	100%	\$ 21,333.33	\$ -	\$ 21,333.33
Therapist Tech	Therapist Tech	\$ 1,291.33	8	100%	\$ 10,330.67	\$ -	\$ 10,330.67
Therapist Tech	Therapist Tech	\$ 1,291.33	8	100%	\$ 10,330.67	\$ -	\$ 10,330.67
Therapist Tech	Therapist Tech	\$ 1,291.33	8	100%	\$ 10,330.67	\$ -	\$ 10,330.67
Therapist Tech	Therapist Tech	\$ 1,291.33	8	100%	\$ 10,330.67	\$ -	\$ 10,330.67
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
		\$ -	0	0%	\$ -	\$ -	\$ -
Total Personnel Costs		\$ 19,790.00	80	100%	\$ 158,320.00	\$ -	\$ 158,320.00
					Est. Fringe Benefits Costs		
		Basis for Calculation		Rate			
FICA				7.65%	\$12,111.48		
Unemployment Insurance				0.16%	\$258.69		
Workers' Compensation		\$.76 per \$100		0.76%	\$1,203.23		
Health Insurance		\$353 per employee per month		17.25%	\$27,310.20		
Other*		Retirement contribution		5.25%	\$8,311.80		
Total Fringe Benefits Costs					\$49,195.41		
Total Personnel & Fringe Benefits Costs					\$207,515.41		

INSTRUCTIONS FOR FY2007

- DO NOT make entries in the shaded areas. These areas contain formulas that will assist you in completing the forms. Rows may be added in the unshaded areas as needed.
- Enter the legal name of your organization on the top of this form. All other forms are linked to this name field.
- Enter for each position the Staff Name in the "Staff Name" column and title in the "Functional Title" column. If the position is not filled, enter "Vacant" for the Staff Name. Complete only for DSHS-requested personnel working on the program attachment
- Enter the average monthly salary for each position.
- Enter the number of months that will be charged to DSHS for each position.
- Enter the percentage of time during those months that will be charged to DSHS for each position.
- Enter Rate or Basis or Calculation for Fringe Benefits and the Estimated Fringe Benefits Costs. *List other benefits. Examples include Disability Insurance, Unemployment Insurance, agency-funded retirement plan, etc.

**FY 2008 Contract Renewal
 DSHS/Mental Health Contracts
 G. TRAVEL COSTS DETAIL**

Legal Name of Organization: **Border Region MHMR Community Center**

Type of Travel expense	Total Estimated Cost
Local Travel	\$1,600.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
In-State Travel Costs:	\$1,600.00
Out-of-State Travel Costs:	\$0.00
Total Travel Costs	\$1,600.00
Mileage Rate* \$0.445/mile	
Per Diem Rate* \$36/day	
Lodging Rate* \$85/day	

DO NOT make entries in the shaded areas. These areas contain formulas that will assist you in completing the forms. Complete only for DSHS-funded travel in cost reimbursement programs.

1. In-State Travel Costs: Enter the estimated travel costs for in-state travel. This should include airfare, lodging, mileage costs and incidental costs such as parking, taxis, etc. associated with trips. Please list them by specific travel dates. (i.e. by conference or specific training)
2. In-state travel costs may also include regular, daily travel within the service area please list the local mileage separately of the conferences and trainings planned.
3. Out-of-State Travel Costs: Enter the estimated costs for out-of-state travel. This should include airfare, lodging, mileage costs and incidental costs such as parking, taxis, etc. associated with trips. If requested, be prepared to provide information on out-of-state travel detail including location, number of staff, dates of travel, and purpose.

****If there is out of state travel proposed, DSHS pre-approval for travel is required.**

All Agency owned vehicle costs and any registration or workshop fees will be placed in Other category. Out-of-state travel costs for curriculum training should not be included in the budget or narrative.

***Rates may not exceed \$.445 per mile, \$36 per day for meals, and \$85 per day for lodging.**

**FY 2008 Contract Renewal
 DSHS/Mental Health Contracts
 H. SUPPLIES COST DETAIL**

Legal Name of Organization : Border Region MHMR Community Center

Description of Item	DSHS Total Costs
Consumable supplies	\$1,600.00
Wireless cards (5 @ \$60)	\$300.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
Total Supplies Costs	\$1,900.00

INSTRUCTIONS FOR FY2008

DO NOT make entries in the shaded areas. These areas contain formulas that will assist you in completing the forms.
Complete only for DSHS-requested supplies for cost reimbursement programs.

- Supplies are defined by DSHS as personal property with a unit cost of \$4,999 or less. Examples of supplies include but are not limited to medical supplies, drugs, janitorial supplies, office supplies, patient educational supplies, software (less than \$500), and any items of tangible personal property other than those defined as equipment.

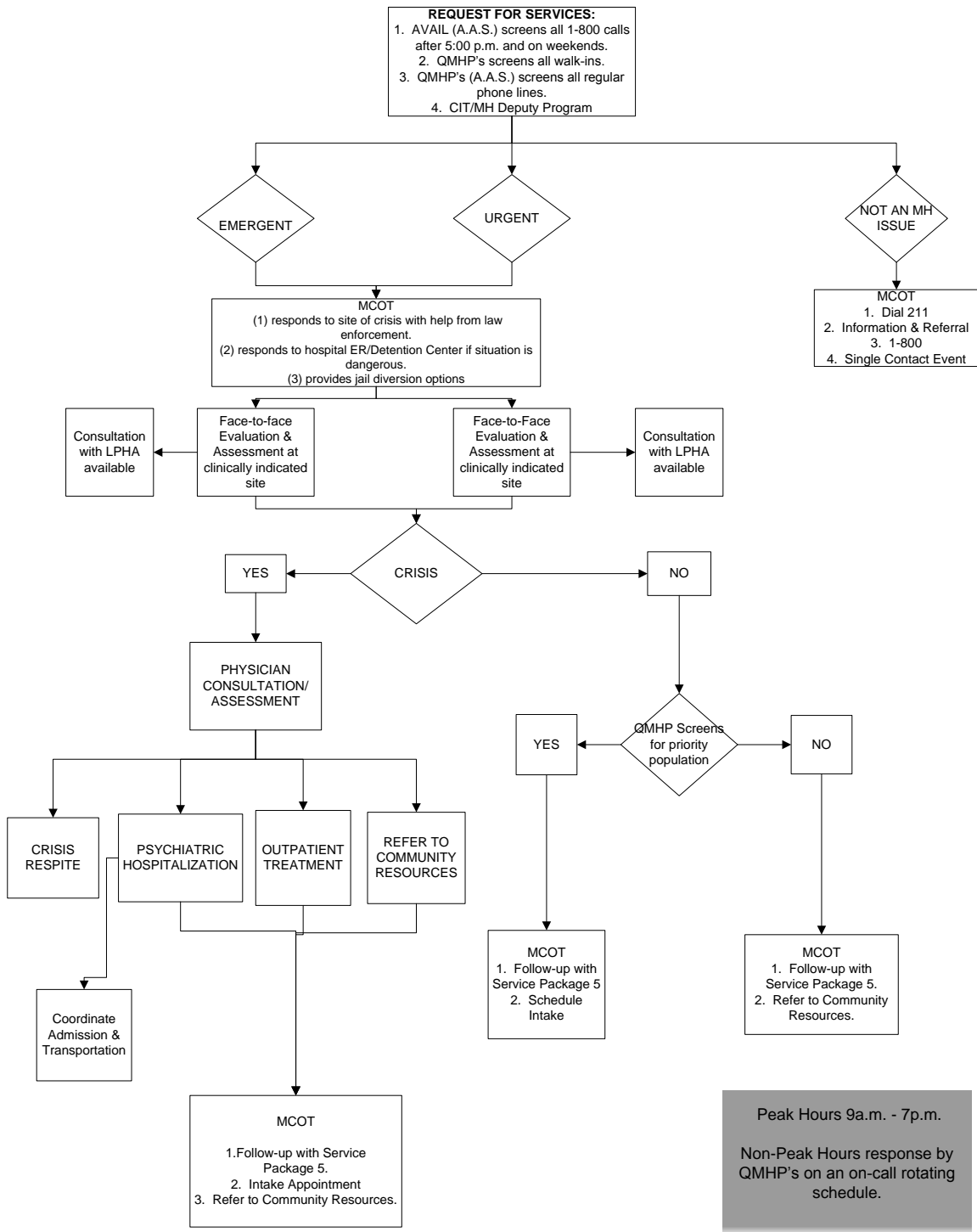
As part of your budget submission, submit the attached **Budget narrative by program type** that describes and justifies the project costs for each line item included in the budget schedule and describe how it relates to the grant. The narrative must include costs budgeted to support DSHS-Funded program. **Ensure that the budget narrative mirrors what is listed in the budget schedules.**

		Cost Item Detail Total
<p>Personnel: Identify all personnel include employee name, job title, and if the employee does not dedicate 100% of their time to the DSHS funded program, indicate by funder the allocated budget that represents 100% of that employees time.</p>	<p>Personnel: includes 5 case managers at an annual salary rate of \$32,028 and 5 therapist techs. at an annual salary rate of \$15,496 prorated for 8 months for a Salary Total of \$158,320. Two Adult Services Case Managers, one Child Services Case Manager and two Adult & Children Services Case Managers will provide crises response during the peak hours of the day and work as part of the Mobil Crise Outreach Team to serve the counties of Webb, Jim Hogg and Zapata. The 5 Therapist Techs. will serve the Crises Respite Services Unit.</p>	<p>\$158,320.00</p>
<p>Fringe: Identify fringe benefits and costs. Enter rate or basis or calculation for Fringe Benefits Costs. List all benefits to be included individually.</p>	<p>Fringe: Fringe benefits include FICA @ 7.65%, Unemployment insurance @ .16%, Workers compensation @ .76%, health insurance @ \$354.00/mn (may be higher for family coverage), and retirement @ 5.25%</p>	<p>\$49,195.41</p>
<p>Travel: Describe anticipated travel requirements attributable to the delivery of services under the model. Define costs in support of your program. Define any additional costs. Itemize the budget narrative to outline the trips or trainings who will be required under this program.</p>	<p>Travel:</p>	<p>\$0.00</p>
<p>Supplies: Briefly explain and list supplies and why items are necessary for the project*</p>	<p>Supplies: includes an average of \$200 /mn (costs for supplies may be higher during the initial months) for consumable office supplies for 8 months totaling \$1,600. There will be an initial cost for 5 Verizon Wireless Cards @ \$60/card for the case manager's laptops totaling \$300.</p>	<p>\$1,900.00</p>
<p>Contractual: Identify contractual staff, scope of work, cost per hour, and briefly explain why items are necessary for the project.</p>	<p>Contractual:</p>	<p>\$0.00</p>
<p>Other: Itemize costs for occupancy and telecommunications and costs identified in this category. Briefly explain why items are necessary for the project.</p>	<p>Crises Respite Services Unit startup costs-\$12,000; Crises Intervention Training-\$5,000; Crises Hospitalization -\$8,800; Verizon wireless for 5 laptops \$2,400; Telecommunication @ \$60/mn per case manager - \$2,400; Insurance & indemnification costs -\$1,664; Indirect Expenses for management and support services @ 10% of direct expenses equal \$24,919</p>	<p>\$57,183.59</p>
<p>Equipment: Briefly explain and list equipment items and why items are necessary for the project* <u>Equipment must be purchased in the first quarter of the contract term.</u></p>	<p>Equipment: Five Dell Wireless laptops with case and accessories @ \$1,500 ea.</p>	<p>\$7,500.00</p>
<p>Grand Total</p>	<p>\$274,099.00</p>	<p>\$274,099.00</p>

Attachment B
Flowcharts for Adults and Children Crisis Services

Border Region MHMR

Improved Crisis Response System Flowchart



Attachment E
List of Stakeholders Invited Per County

**Starr County Stakeholders
Meeting – 10/10/07, 2:00pm**

Ms. Rosie Benavidez
601 E. Main Street
78582, TX

Mr. Gene Falcon, Jr.
401 N. Britton Ave.
Rio Grande City, TX 78582

Mr. Noe Flores
Roma ISD
P O Box 187
Roma, TX 78584

Mr. Jose H. Garcia
Roma Police Department
987 E. Grant ST.
Roma, TX 78584

Mr. Hernan Garza
Rio Grande City ISD
Fort Ringgold E. Hwy 83
Rio Grande City, TX 78582

Mr. Noe Gonzalez
Tri County Probation Department
107 E. 5th St.
Rio Grande City, TX 78582

Mr. Reymundo Guerra
Starr County Sheriff's Department
100 E. 6th St.
Rio Grande City, TX 78582

Mr. Alfredo Hernandez
La Grulla Police Department
P O Box 197
La Grulla, TX 78548

Mr. Ventura Huerta
CACST
604 N. Garza St.
Rio Grande City, TX 78582

Ms. Thalia Munoz
Starr County Memorial Hospital
P O Box 78
Rio Grande City, TX 78582

Chief Dutch Piper
Starr County Police Department
402 E. Main St.
Rio Grande City, TX 78582

Ms. Drucella Reyes-Bocanegra
Federal Probation
253 FM 3167
Rio Grande City, TX 78582

Judge Eloy Vera
Starr County Commissioners Court
401 N. Britton Rm. 203
Rio Grande City, TX 78582

**Stakeholders Webb Meeting
October 11, 2007**

Mr. Jaime Arizpe
Laredo HHSC-OBA Regional Coordinator
1500 Arkansas
Laredo, TX 78040

Ms. Analyssa Benoit
Director of Investigations
1500 Arkansas
Laredo, TX 78040

Ms. Sylvia Bruni
Children's Advocacy Center of Webb County
111 N. Merida
Laredo, TX 78040

Ms. Luisa Campillo
3802 N. Lost Creek Loop
Laredo, TX 78046

Ms. Susana Campos
AAMA
1205 E. Hillside, Ste. B
Laredo, TX 78041

Mr. Jose Ceballos
419 Surrey Rd.
Laredo, TX 78041

Ms. Maria De La Garza
1120 Garza
Laredo, TX 78040

Mr. Rene De La Vina
2059 Don Pasqual
Laredo, TX 78045

Ms. Marilyn De Llano
414 Longshadow
Laredo, TX 78041

Lieutenant Harold Devally
1001 Washington St.
Laredo, TX 78040

Ms. Rebecca Diaz
1312 Johnson Dr.
Laredo, TX 78046

Chief Agustin Dovalina,III
Laredo Police Department
4712 Maher Ave.
Laredo, TX 78040

Ms. Diana Espinoza
112 Colorado
Laredo, TX 78041

Sheriff Rick Flores
Sheriff's Department
902 Victoria St.
Laredo, TX 78040

Mr. Luis Flores
SCAN
2287 E. Saunders, Ste. #2
Laredo, TX 78040

Mr. Henry Flores
7550 Country Club Dr. #2206
Laredo, TX 78041

Dr. Jose Garcia
San Antonio State Hospital (Laredo)
1500 Pappas St.
Laredo, TX 78041

Commissioner Jerry Garza
Webb County Commissioners Court
1000 Houston, 1st Floor
Laredo, TX 78040

Dr. Sergio Garza
1317 Taylor #1
Laredo, TX 78041

Judge Jesus Garza
County Court at Law No. 2
1110 Victoria, Ste. 404
Laredo, TX 78040

Dr. Julio Gomez-Rejon
Border Region MHMRCC
1500 Pappas St.
Laredo, TX 78041

Dr. Hector Gonzalez
Health Department
2600 Cedar
P O Box 2337
Laredo, TX 78044-2337

Ms. Judith Gutierrez
Board Member
1505 Calle Norte, Suite 405
Laredo, TX 78041

Mr. Jesse Hernandez
1319 Corpus Christi
Laredo, TX 78040

Major Jorge Iruegas
Jail Administrator
1001 Washington St.
Laredo, TX 78040

Sergeant Jose Jalomo, Jr.
Laredo Police Department
4712 Maher Ave.
Laredo, TX 78041

Ms. Cassia Jantz
5411 McPherson, PBM #379
Laredo, TX 78041

Constable Tino Juarez
Constable, Precinct 4
610 Delmar Blvd.
Laredo, TX 78045

Mr. Mike Kazen
Community Action Agency
1110 Washington St., Ste. 203
Laredo, TX 78040

Mr. Christopher Laurel
STACADA
1502 Laredo
Laredo, TX 78040

Ms. Christina Leal
4605 Rhonda Drive
Laredo, TX 78041

Mrs. Teresita Lezama
1311 Johnson Dr.
Laredo, TX 78046

Judge Hector J. Liendo
Justice of the Peace Precinct Place 1
1110 Victoria St., Ste 106
Laredo, TX 78040

Judge Oscar Liendo
Justice of the Peace Precinct 1 Place 2
1110 Victoria St., Ste. 103
Laredo, TX 78040

Ms. Grace Lopez
UISD, Director Guidance & Counseling
201 Lindenwood
Laredo, TX 78041

Mr. Elmo Lopez
Doctors Hospital of Laredo
10700 McPherson Rd.
Laredo, TX 78045

Ms. Magaly Macias
3103 Lee
Laredo, TX 78040

Ms. Rosario Marengo
915 Glacier
Laredo, TX 78046

Mr. Abraham Martinez
Laredo Medical Center
1700 E. Saunders
Laredo, TX 78041

Judge Oscar Martinez
Justice of the Peace Pct. 4
8501 San Dario
Laredo, TX 78045

Mr. Hugo D. Martinez
Public Defender
1110 Washington St., Suite 102
Laredo, TX 78040

Commissioner Sergio "Keko" Martinez
Webb County Commissioners Court
1000 Houston, 1st Floor
Laredo, TX 78040

Ms. Nancy Mayers
2902 Fremont
Laredo, TX 78041

Ms. Janice McFarland
1705 Iturbide #1
Laredo, TX 78040

Ms. Estela G. Miranda
UISD Special Education Area 1
201 Lindenwood
Laredo, TX 78045

Ms. Melissa L. Mojica
Chief Probation Officer
4101 Juarez Ave.
Laredo, TX 78041

Deputy Chief Eugenio M. Moncivais
Laredo Police Department
4712 Maher Ave.
Laredo, TX 78040

Judge Alvino "Ben" Morales
County Court at Law No. 1
1110 Victoria, Ste. 303
Laredo, TX 78040

Ms. Rebecca Palomo
Community Supervisor & Corrections Department
1110 Victoria St., Suite 203
Laredo, TX 78040

Chief Ivan Perez
Laredo Police Department
4712 Maher Ave.
Laredo, TX 78040

Mr and Mrs. Carlos Puente
1215 Garcia
Laredo, TX 78040

Mr. Homero Ramirez
Webb County Attorney
1110 Washington St., Ste. 301
Laredo, TX 78040

Judge Ricardo Rangel
Justice of the Peace Precinct 2 Place 2
901 S. Milmo
Laredo, TX 78043

Constable Ruben Reyes
Constable Office Precinct 2
901 S. Milmo
Laredo, TX 78043

Ms. Susana Rivera
SCAN
2287 E. Saunders, Suite #2
Laredo, TX 78040

Mr. Joe Rubio
District Attorney
1110 Victoria St., Ste. 404
Laredo, TX 78040

Ms. Elva Ruelas
528 Idylwood
Laredo, TX 78045

Asst. Chief Fructuoso San Miguel
Laredo Police Department
4712 Maher
Laredo, TX 78040

Mr. Javier Santos
1420 Corpus Christi
Laredo, TX 78042

Ms. Cindy Santos
802 Plymouth Lane
Laredo, TX 78041

Commissioner Frank Sciaraffa
Webb County Commissioners Court
1000 Houston St., 1st Floor
Laredo, TX 78040

Ms. Dina Scorpio
TDFPS/Child Protective Services
1500 Arkansas
Laredo, TX 78040

Fire Chief Luis F. Sosa, Jr.
Fire Department
#1 Guadalupe
Laredo, TX 78041

Ms. Campos Susana
AAMA
1205 E. Hillside, Ste. B
Laredo, TX 78041

Commissioner Rosaura "Wawi" Tijerina
Webb County Commissioners Court
1000 Houston, 1st Floor
Laredo, TX 78040

Ms. Clara Trainer
Director of Family Based Services
1500 Arkansas
Laredo, TX 78040

Mr. John Ulbricht
Laredo Medical Center
1700 Saunders
Laredo, TX 78041

Judge Danny Valdez
Webb County Commissioners Court
100 Houston, 3rd Floor
Laredo, TX 78040

Mr. Roberto Vela
616 W. Calton Road, Ste. 8
Laredo, TX 78041

Ms. Cecilia Vela
408 Westmont
Laredo, TX 78041

Judge Ramiro Veliz
Justice of the Peace Precinct 2 Place 1
901 S. Milmo
Laredo, TX 78043

Dr. Susan Walker
2103 Aldama
Laredo, TX 78043

**Zapata County Stakeholders
Meeting – 10/12/07, 10:00am**

Judge Rosalva Guerra
Zapata County Commissioners Court
P O Box 99
Zapata, TX 78076

Mr. Sifigredo Gonzalez
Sheriff's Department
2311 STOP 23A
Zapata, TX 78076

Ms. Rosa Gloria
Zapata Family Clinic
P O Box 355
Zapata, TX 78076

Dr. Rosa Montes
Zapata Family Clinic
P O Box 355
Zapata, TX 78076

Mr. Mike Chapa
Zapata County Medical Group
2329 STOP 23B
Zapata, TX 78076

Dr. Sands
Zapata County Medical Group
2329 STOP 23B
Zapata, TX 78076

Ms. Rebecca Ramirez Palomo
Zapata County CSCD Adults
P O Box 1125
Zapata, TX 78076

Ms. Sandy Pippin Gomez
Zapata County Juvenile Probation Department
P O Box 1125
Zapata, TX 78076

Mr. Derly Villarreal
P O Box 158
Zapata, TX 78076

Commissioner Jose Emilio Vela
Zapata County Commissioners Court
P O Box 99
Zapata, TX 78076

**Jim Hogg County Stakeholders
Meeting – 10/12/07, 2:00pm**

Sheriff Erasmo Alarcon
Jim Hogg Sheriff's Department
211 E. Galbraith St.
Hebbronville, TX 78361

Judge Guadalupe Canales
Jim Hogg Commissioners Court
P O Box 729
Hebbronville, TX 78361

Mr. Roberto Chavez
508 N. Dagmar, Apt. 107A
Hebbronville, TX 78361

Mr. Dan De Leon
Quality Care Ambulance Service
P O Box 156
Hebbronville, TX 78361

Ms. Florinda De Leon
Quality Care Ambulance Service
P O Box 156
Hebbronville, TX 78361

Judge Alfredo Garcia
Webb County Justice of the Peace
P O Box 55
Oilton, TX 78371

Mr. Luis Guerra
Juvenile Officer
211 E. Galbraith St.
Hebbronville, TX 78361

Dr. Jose A. Gutierrez
P O Box 129
Hebbronville, TX 78361

Mr. David Lee Henry
JHCISD Police Department
112 W. Lucille St.
Hebbronville, TX 78361

Constable Annette Munoz
Constable, Precinct 3
P O Box 55
Oilton, TX 78371

Dr. Roque Ramirez
205 S. Smith
Hebbronville, TX 78361

Ms. Francisca Rodriguez
806 N. Frans
Hebbronville, TX 78361

Commissioner Sandalio Ruiz
Jim Hogg Commissioners Court
P O Box 729
Hebbronville, TX 78361

Mr. Frank Segura
Jim Hogg County Adult Probation Officer
P O Box 729
Hebbronville, TX 78361

Mr. Gonzie Trevino
Jim Hogg County ISD
112 W. Lucille St.
Hebbronville, TX 78361

Attachment D
Letter to Stakeholder

October 2, 2007

SAMPLE LETTER

Ms. Thalia Munoz
Starr County Memorial Hospital
P O Box 78
Rio Grande City, TX 78582

RE: Stakeholder Meeting - Assistance to Develop Local Crisis Re-design Plan

Dear Ms. Munoz:

During the 80th Texas Legislature, the Department of State Health Services (DSHS) was appropriated \$82 million over the FY08-09 biennium to both re-design and to improve the response to behavioral health crisis in every Texas county.

Border Region MHMR Community Center, your Local Mental Health Authority (LMHA), will be allocated \$274,099 and \$334,099 for fiscal year 2008 and 2009 of the biennium, respectively. These funds will be used to re-design and improve the present mental health crisis services in your county.

The Crisis Redesign funding requires local **planning and maintenance of current crisis funds**. To comply with these two contractual elements, Border Region will not reduce any funding presently already allocated to crisis services. However, Border Region needs your assistance to determine the best use of these dollars to meet local needs by working together with you, a significant local community stakeholder.

As part of the local planning process, every LMHA will be required to develop a local crisis services plan based on the needs, priorities and existing resources of the community and designed to meet the following objectives:

- Rapid response
- Local stabilization when possible
- Jail diversion and reduced burden on local law enforcement
- Decrease utilization of emergency healthcare resources

At minimum, local plans must ensure a basic infrastructure of crisis services to include:

- An Accredited hotline with two or more crisis counselors on duty 24/7
- Mobile outreach services available with sufficient capacity to provide on site response from one or more Qualified Mental Health Professionals.

Your input, concerns and recommendations will be invaluable to the development of this mental health crisis services plan for adults, children and adolescents in your county.

A meeting is scheduled for October 10, 2007, 2:00pm, at the Rio Youth Plex, 1409 Canales Bros. St., Rio Grande City, Texas.

Thank you in advance for your presence. If you are not able to attend, please send a representative from your office, their presence will greatly enhance the planning process.

Respectfully,.

Daniel G. Castillon, CEO.

Attachment E
Stakeholder Sign-In Rosters

**Border Region MHMR Community Center
Crisis Redesign Stakeholders Meeting - Starr
October 10, 2007**

NAME (Please Print)	AGENCY	PHONE NUMBER	EMAIL ADDRESS
Frank Jimenez	APS	956-580-8527	Francisco.Jimenez@dfss.state.tx
Noe Castillo	Rio Police Department	956-487-8892	ncastillo@crio-grande-city.tx.us
J Rodriguez	RGC Police Dept.	956-487-8892	
Sylvia Lopez	Starr County Memorial Hospital	956-487-9057	
Veronica Pena	Starr County Memorial Hospital	956-487-9057	
Nancy Sanchez	SCMH	956-487-9057	
Sharon Dreumont	RGCCISD	956-716-6842	
Larry Fuentes	SCSO	956-487-5571	
Guillermo Pena	SCSO	956-487-4552	
Jose H. Garcia	Roma PD	956-437-8605	jgarcia@cityofroma.net
Victoria V. Ruiz	CACST HST	956-844-6819	Victoria_V_Ruiz@CACST.org
Nancy G. Molina	CPS	956-487-2531 X 234	Nancy.molina@dfps.state.tx.us
Dora L. Muniz	DADS	956-716-6242	doramuniz@dads.state.tx.us
Toni Botello	CACST	956-487-2585	tonib@CACST.org
Mark Ramirez	STCADA	956-488-0342	Mramirez@stcada.org

NAME (Please Print)	AGENCY	PHONE NUMBER	EMAIL ADDRESS
Raul Bazan	STCADA	956-488-0343	RBazan@stcada.org
Sandra Garza	SCAN, Inc.	956-716-1795	sndy@scan-inc.org
Doralisa R. Saenz	Juvenile Probation	956-487-8512	lisasaenz@aol.com
Judith Solis	Starr County Attorney	956-487-8629	judithsolislaw@msn.com
Y Medina	Buckner	956-500-4266	yimedina@buckner.org

Border Region MHMR Community Center
Crisis Redesign Stakeholders Meeting - Webb
October 11, 2007

NAME (Please Print)	AGENCY	PHONE NUMBER	EMAIL ADDRESS
Griselda Prado	Child Protective Services	956-794-6314	Griselda.prado@dfps.state.tx.us
Jesse Hernandez	La Familia	956-795-0947	lafamilia@bizlaredo.rr.com
Wendy Escobedo	SCAN Inc.	956-724-3177	wendy@scan-inc.org
Gabriel E. Martinez, Jr.	Laredo Police	956-725-2522 or 956-795-2899	Gmartinezl@ci.laredo.tx.us

NAME (Please Print)	AGENCY	PHONE NUMBER	EMAIL ADDRESS
Jose L. Ceballos	PNAC	956-337-7058	joselceballos@gmail.com
Cristina Leal	Parent	956-722-5124	
Daniel Dominquez	Webb County Constable Pct. 2	956-718-8613	dadominquez@webbcountytx.gov
Roberto Vela	BRMHMR Trustee	956-723-1367	Velar@stx.rr.com
Homero Ramirez	County Attorney	956-523-4044	hramirez@webbcountytx.gov
Jesus Molina	AAMA CHL	956-728-0440	jmolina@yahoo.com
Martha Sanchez	Client	361-586-4278	mms18369@yahoo.com
Lt. Manuel Gomez, Jr.	Webb Co SO	956-523-4500	
Capt. Harold D. Devally	Webb Co SO	956-523-4500	hdevally@webbcountytx.gov
Estela G. Miranda, LBSW	UISD	956-473-2064	estmir@uisd.net
Dr. Sergio Garza	Community Member	956-286-8454	Drsergioeddzoo@yahoo.com
Jerry Liendo	Juvenile Dept.	956-721-2350	
Mary Rodriguez	Juvenile Dept.	956-721-2350	marodriguez@webbcountytx.gov
Henry Flores	Retired	956-722-1028	goliad1836@hotmail.com
Claire Dickinson	CPL Retail Energy	956-337-5332	Claire.Dickinson@Directenergy.com

**Border Region MHMR Community Center
Crisis Redesign Stakeholders Meeting - Zapata
October 12, 2007**

NAME (Please Print)	AGENCY	PHONE NUMBER	EMAIL ADDRESS
Ramon E. Montes	Zapata Co. S.D.	956-765-8612	ramonmontes@sbcglobal.net
Sandy J. Pippin-Gomez	Zapata Probation	956-765-8632	Sandy@zapatajpo.com
Alba Benavidez	Zapata Probation	956-765-9957	alba@zapatajpo.com
Salvador Elizonodo	Zapata Co S.O.	956-7965-9960	salelizonado@sbcglobal.net
Josefina Villarreal	SCAN, Inc.-ZCC	956-765-3555	josefina@scan-inc.org
Luis L. Gonzalez	Zapata Tax Office	965-765-9971	
San Juanita Sanchez		956-765-9971	
Anna C. Juarez	Tax Office	956-765-9971	
Mercedes M. Gonzalez	ZCISD	956-765-4822	Megon0618@yahoo.com
Elia Laura Montes	ZCIS	956-765-4822	
Juan H. Navarro	Zapata Co S O	956-765-9960	
Monica L. Benavidez	Zapata Co S O	956-765-9936	mlbenavidez@webbcountytexas.gov

**Border Region MHMR Community Center
Crisis Redesign Stakeholders Meeting – Jim Hogg
October 12, 2007**

NAME (Please Print)	AGENCY	PHONE NUMBER	EMAIL ADDRESS
Roberto A. Chavez	Consumer		
Dr. Roque Ramirez	MHMR	361-767-7771	rjr@surgeon-one.com
Brigette Gonzalez	Jim Hogg Co ISD	361-527-3329	brigette@cts.du
Dora Hinojosa	JH County	361-527-3329	dorahinojosa@jhcisd.net
Andrea Garcia	Surgeon One Inc.	361-767-7771	andrea@surgeon-one-com
Frank Segura	Tri County CSCD	361-527-3233	fseguracscd@msn.com
Celestino Canales	J.P.	361-527-5830	
Amanda G. Molina	CDI	361-527-3120	
Irma Canales	CDI	361-527-3120	
Sandalio Ruiz	JH Co	361-527-5840	
Francisca Rodriguez	Parent/consumer		
Pamela Hernandez	CACST	361-527-4053	Tax44417@yahoo.com
Lorenzo Benavidez Jr	JHCSO	361-527-4140	Lorenzo.benavides@co.jimhogg.tx.us
Antonio Flores, III	JHCSO	361-527-4140	Sgtflores2104@yahoo.com
Larry Benavidez	JHCSO	361-527-4140	Larry.benavidez@co.jim-hogg.tx.us

NAME (Please Print)	AGENCY	PHONE NUMBER	EMAIL ADDRESS
Louis Guerra	JHCSO	361-527-4140	
Erasm0 Alarcon Jr.	Jim Hogg Co SO	361-527-4140	sheriff@co.jim-hogg.tx.us
Lynda L. Soliz	Webb CISD	361-747-5415 x 111	Lunda.soliz@webbcist.com
David Gutierrez	Sheriff's Dept.	361-527-4100	

Attachment F
Service Gaps Identify
Per County

Border Region MHMR Community Center
Component Code: 485

GAPS – Starr County

1. Transportation
2. Local respite beds
3. Medication for consumer
4. Intervene in crisis earlier before it escalates
5. Working together with law enforcement
6. Emergency responders
7. Problem with medical clearance
8. Limited security in hospital
9. Cooperation from medical doctors
10. Training to prevent relapse
11. Educating communities on crisis services available
12. Provide mental health training to enhance the ability of law enforcement to identify mental health symptoms

GAPS – Webb County

1. Better communication between partners in resolving mental health needs for community
2. Transportation issues
3. Increase bed capacity at San Antonio State Hospital (SASH)
4. Barriers need to be discussed
5. Improve communication to prevent chronic episodes
6. Seek county resources
7. Elements of law enforcement
8. Get appropriate funding
9. Long wait time in the hospital for medical clearance
10. No psychiatric unit in the local hospital in Webb
11. Protected setting in community with new plan implemented
12. Minimize law enforcement hours spent waiting at hospital for medical clearance
13. More need than people to provide services – greater demand than available resources
14. Intervention team can prevent or alleviate crisis

GAPS - Webb County Cont.

15. Organize a volunteer team for intervention to prevent an emergent or urgent crisis
16. Mandate so that families can follow through (if not mandate families will not follow through)
17. Alleviate the need of respite beds
18. Crisis intervention
19. Refining the emergency room response
20. Medication education to clients
21. Lack of educating the community
22. Reach out to the local government
23. Imperative to solicit City and County support
24. Additional funding for Crisis Unit
25. Sharing the burden of transportation
26. Accessibility to the Mobile Crisis Outreach Team (MCOT)
27. Contract doctor for medical clearance
28. Alleviate the need for medical clearance
29. Reduce wait time for law enforcement it affects their responsibility to cover community
30. Meet with hospital administrators as a unified group to address ER wait time
31. No local detox unit
32. No rehab beds available
33. More collaboration through team

GAPS – Zapata County

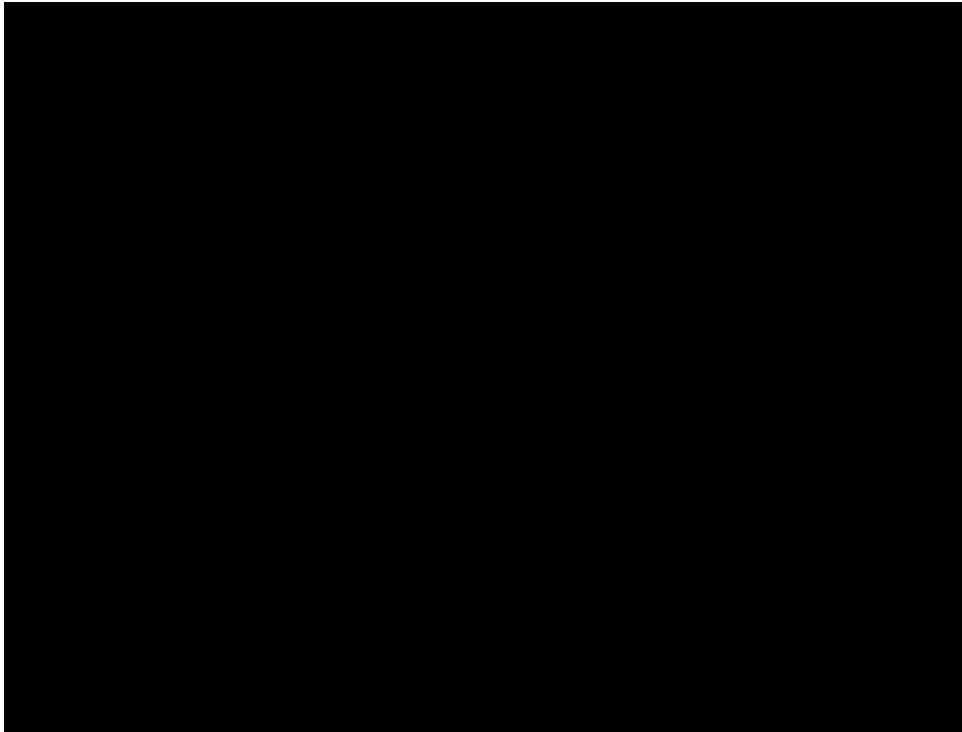
1. Substance abuse beds needed
2. Juvenile detox center
3. Detox units
4. Lack of education for both mental health and mental retardation
5. Training for law enforcement
6. Training to enhance ability to identify mental health
7. Children services should be mandated as voiced in Webb County
8. Mandate parenting skills

9. Reduce wait time for emergency room/medical clearance
10. Reduce liability for those transporting individuals
11. Stabilize them locally and minimize using law enforcement
12. Lock down system for juveniles in substance abuse unit
13. Lack of detox unit in all four counties: Zapata, Webb, Starr and Jim Hogg
14. Collaboration between agencies
15. Training officers through the academy
16. Training officers in mental health – additional clinical training
17. CIT requires 40hrs training – intense

GAPS – Jim Hogg

1. One person available to assist when transporting female client
2. Border Region MHMR – Jim Hogg has limited resources
3. Negative stigma regarding mental health services
4. Educating community of need for mental health services
5. Advertisement of services available for people that need assistance
6. Parenting skills to deal with illness
7. Detox facilities have decrease
8. After care for detox patients
9. Education and prevention programs for substance abuse
10. Need professionals: social workers, psychiatrist, etc
11. Lack of manpower to supervise community (law enforcement)
12. Back-up from mental health provider
13. No service in certain communities for substance abuse
14. Collaboration with school district
15. Collaboration with law enforcement agencies
16. Warrant addressing the emergency room with hospital administrators
17. Recruit professionals to this remote area

Attachment G
Crisis Redesign Power Point
Presentation



Community Stakeholders Involved

Client representatives

Probation and parole
department representatives

Client family member
representatives

Judicial representatives from
each county in the local service
area

Child and adult advocates

Mental health service
providers

Outreach, Screening,
Assessment and Referral (OSAR)
provider(s) serving the counties in
the local service area

Emergency healthcare
providers

local public healthcare
providers (i.e., Federally
Qualified Health Centers, local
health departments, etc)

Substance abuse service
providers

Law enforcement
representatives from each
jurisdiction in the local service
area

Others deemed appropriate by
the LMHA. (e.g. concerned
citizens, representatives from the
private sector)

COMMUNITY SURVEYS

- 1600 surveys were mailed before September 1, 2005.
- 700 returned for overall return rate of 44%.
- 570 to Community Hospital Emergency Departments
 - 258 were returned for a response rate of 45%
- 1030 to Law Enforcement, Sheriff Departments, Chiefs of Police
 - 442 returned for a response rate of 43%

SURVEY RESULTS

- Primary concerns of both Hospital/ER staff and Law Enforcement:
 - Timeliness of MHMR response
 - Issues related to requiring medical clearance
 - Need for improved communication and coordination
- Law Enforcement also frequently mentioned:
 - Issues related to substance abuse
 - Need for more procedures and written agreements with LMHAs

MAJOR ISSUES

- Training — crisis workers - assessment, suicide, substance abuse, law enforcement (CIT, MH Deputies), families
- Integration with medical health services
- Medical evaluations/clearance — waiting time, consistency

MAJOR ISSUES

- Jail as an option — due to long waiting time, lack of options
- Need for forensic system — individuals who may be dangerous
- Courts — mental health and substance abuse

MAJOR ISSUES

- Transportation — responsibility, availability, distance, cost
- Rural issues — distance, transportation, lack of professionals, telemedicine
- Involuntary admissions into state hospitals
- Financial resources necessary

Crisis Services Funding

- **REQUESTED:** DSHS requested \$82 million from the 80th Legislature to make significant progress toward improving the response to behavioral health crises
- **AWARDED:** Through the Legislature and Rider 69, \$82 million was appropriated over the FY08-09 biennium to redesign the crisis system

Crisis Services Funding, cont'd.

- **\$27.3 million** will be allocated in **FY 08**
- **\$54.7 million** will be allocated in **FY 09**
- Additional funds will be requested to the 81st Legislature
- It is expected that **new funds Will** be used to **improve** the current crisis services provided and not replace the current services

Crisis Services Funding Border Region MHMR

- **\$274,099** will be allocated to BRMHMR in **FY 08**
- **\$334,099** will be allocated to BRMHMR in **FY 09**
- **Funds to be distributed among the four counties of the Local Service Area based on need, demand, resources and collaboration among stakeholders.**

Crisis Service Local Planning

- As part of the local planning, the MHA must develop a local crisis services plan to meet the following objectives:
 - Rapid Response
 - Local stabilization when possible
 - Jail diversion and reduced burden on local law enforcement
 - Decrease utilization of emergency healthcare resources

Crisis Service Local Planning

- The planning process must describe how existing crisis services will provide the recommended best practices.
- At minimum, the local crisis plan must provide rapid and mobile responses to crisis that include identification, screening and stabilization to those who can be safely treated in the community.
- Initial crisis services:
 - An accredited hotline
 - Mobile Crisis Outreach Service Team (MCOT)

Initial Crisis Services: Hotline

- Provide a critical gateway to behavioral health services via toll-free telephone service 24/7.
- Staffed by trained MH counselors: provide information, screening and intervention, support and referrals to callers.
- All hotlines will be accredited by the American Association of Suicidology (AAS)

Initial Crisis Services: Mobile Outreach Services

- Operate in conjunction with crisis hotlines and provide emergency care, urgent care and crisis follow-up in the individual's environment
- Allow immediate assessment and crisis resolution, regardless of the time, place or individuals 's transportation resources
- May provide temporary services in the community to those needing psychiatric treatment but refuse to use traditional access modes
- Serve those with urgent needs but do not meet criteria for involuntary detention
- Team works closely with law enforcement (MH Deputy/Crisis Intervention Team programs) and other local crises responders.

Existing Crisis Response System

- 24/7 Crisis Hotline
- QMHP staff available for face to face assessment, and hospitalization arrangements 24/7 from office or ER.
- QMHPs assigned to each MH unit in each county 24/7
- In FY07 — 1,690 crisis calls, 1219 adult and 471 CAPS
- 263 adults admitted to SASH; 65 children & adolescents admitted
- Crisis Services: Crisis 1-800, mobile crisis assessments, crisis evaluations, emergency medications, arrange psychiatric hospitalizations, information and referral
- Current crisis response system budget: \$130,383.00

Improved Crisis Response System Mobile Crisis Outreach

- Emergency care services available 24/7
- One mobile crisis outreach team will be on duty during peak crisis hours 56 hours per week
- Responds to emergent crisis within one hour and to urgent crisis within eight hours
- Initial crisis follow-up and relapse prevention services within 24 hours
- A psychiatrist will serve as the medical director for all crisis services
- All MCOT staff will receive training in: signs, symptoms and crises response related to substance use and abuse, to trauma including sexual, physical and verbal and neglect and assessment and intervention for children and adolescents.
- A MCOT, at minimum, comprised of 2 QMHPs or when appropriate, 1QMHP and one law enforcement

Improved Crisis Response System Mobile Crisis Outreach

- A psychiatrist, RN or LPHA will be available to provide face to face assessment as needed or clinically indicated
- When level of risk to staff significant, law enforcement and MCOT members meet the individual in crisis together
- Children crisis services provided by a QMHP with additional experience, training and competency in children and family crisis and treatment issues.
- Upon resolution of crisis, eligible individual shall be transitioned to non crisis services as medically necessary or receive crisis follow-up and relapse prevention for a 30 day period.
- Improved crisis system budget: In FY08 \$404K; In FY09 \$464K

Enhanced Crisis Services: Currently Provided

Once initial crisis service requirements are satisfied, additional services may be developed or improved upon, to include:

Children's Outpatient Crisis Services: Currently Provided
Community-based outpatient services tailored to the needs of children and adolescents, providing immediate screening and assessment and brief, intensive interventions focused on resolving a crisis and preventing admission to a more restrictive level of care

Walk-In Services: Currently Provided
Office-based outpatient services for adults, children and adolescents providing immediate screening and assessment and brief, intensive interventions focused on resolving a crisis and preventing admission of a more restrictive level of care

Enhanced Crisis Services: Future Services

Extended Observation Services (up to 48 hours):

Emergency and crisis stabilization services provided to individuals in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment

Crisis Stabilization Units (CSUs):

Short-term residential treatment (up to a stay of 14 days) designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised treatment environment that complies with a CSU licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code

Enhanced Crisis Services: Future Services

Crisis Residential/Respite (Child and Adult):

Crisis residential services treat individuals with high risk of harm and severe functional impairment who need direct supervision and care. Length of stay is generally less than one week.

Mental Health Deputies/Crisis Intervention Teams:

Funding used to assist local law enforcement agencies in providing specialized training for deputies on the recognition of mental illness and de-escalation of volatile situations

Current Service Gaps/Community Needs

- Adult Substance Abuse Crisis Intervention Services
- No local detoxification facilities for adults, children and adolescents
- Limited substance use rehab beds for adults and children
- Lack of permanent psychiatrist — poor continuity, not bilingual /bicultural
- No psychiatric beds for children /adolescents in the LSA
- No adult respite beds for MH clients
- Lack of crisis stabilization beds for psychiatric clients
- No homeless shelters for women

Crisis Service Local Planning

- A description of how crisis response system will integrate mental health and substance abuse crisis services and coordinate with other local crisis response systems, including written agreements between crisis response entities and any marketing/public relations efforts to inform the community about the changes in the crisis response system.