

# Bexar County Mental Health Consortium

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## Executive Summary

The Bexar County Department of Community Resources submitted a proposal to the Hogg Foundation in September of 2010. The amount of funding received was \$162,854 for a period of twenty-four months for the purpose of creating policies and procedures that allow for the development of a seamless system of care and safety net for persons with mental illness. Ms. Aurora M. Sanchez served as the lead staff. A project manager and a facilitator were hired to assist stakeholders in the design and development of the process. Stakeholders representing all key mental health organizations or institutions were invited to form the Mental Health Consortium. An evaluator was hired for the project. The evaluator used a goal-oriented evaluation because this was the framework designed by the facilitator and stakeholders to develop the plan that would lead to the implementation of a seamless system of care. Descriptive statistics were utilized, as were correlations and factor analysis. Only the descriptive statistics were ultimately used because of the almost equal numbers of responses within options to a question.

A total of seventeen (17) stakeholders were interviewed about the process, perceived success, and completion of key indicators related to each of the four goals which were: to work and plan as a community; to make mental health a public health priority; to prioritize funding and workforce development; and to ensure a coordinated system of care. The proposal had indicated that a number of analyses would be conducted. Using the findings from these, as well as information from minutes, progress reports, and site visits to other providers, a content analysis was conducted. A critical point in this juncture is that the stakeholders formulated a three-year strategic plan and that these interviews were conducted only a year after the plan was developed. This partially accounts for why some of the success measures had not been met.

The results suggested that the stakeholders perceived that, as a whole, goals were met but that some of the success indicators within the goals were not. The stakeholders indicated that goal 1 to Plan and Coordinate as a Community was the goal whose success indicators were most completely accomplished. The success indicators in Goal 2 to Make Mental Health a Public Health Priority that respondents believed were accomplished were the identification of legislative players and engagement of the faith-based community. The success indicators that the respondents identified as met in Goal 3 to Prioritize Funding and Workforce Development were working on the 1115 Waiver, and convincing the Commissioner's Court to support the 1115 Waiver initiatives, and identification of workforce shortages. The indicators that were met in Goal 4 to Ensure a Coordinated System of Care were determining the need for a Crisis Stabilization Center, the need for early intervention, the continuation of law enforcement training, and the jail diversion initiative. When the Consortium realized that the goals they had set for themselves were more than could be accomplished within the timeframe indicated they broke down the work into more manageable and feasible tasks that they called initiatives. These initiatives arose from the success indicators that were identified under the four goals. Progress on the initiatives was reported under the main goal. The data suggests that the main reasons why some success indicators were not met were cost, resource changes in direction, or time limitations. The Consortium stakeholders and staff did a tremendous amount of work given the limited time they had. All stakeholder participants expressed commitment to continuing the work of the Consortium and continuing beyond the end of the grant period. A number of policy initiatives were submitted to the legislature, data important to the implementation of the system was gathered, and stakeholder organizations

and the County undertook collaborative projects. The work of creating a seamless system of care for persons with mental illness will never be fully accomplished but there is no doubt that more has been accomplished than ever in the past.

Commendations were made for the tremendous amount of work carried out by stakeholders, for their commitment, and willingness to undertake initiatives to improve the system of care for people with mental illness and their families. All the respondents reported that this was the first time they had been brought together, spoken to each other about common interests and concerns, and undertaken tasks and initiatives to improve the system of care for people with mental illness. Recommendations were made based on stakeholder suggestions or comments and on data from interviews, reports and minutes.

## **Introduction**

The Bexar County Mental Health Consortium presents this Program Evaluation Report to the Hogg Foundation. Evaluation is an important part of public sector management and accountability. Writing this evaluation report is the most visible part of the evaluation. This report is a tool that can be used long after the evaluation work is wrapped up.

The report is a combination of several forms of evaluation: summative, process, and outcome. This Report organizes evaluative information and data into four areas based on the four goals set by the stakeholders, revised initiatives, the process, and an assessment of the process, perceived success of the activities of the consortium; and perceived outcomes by stakeholders.

The guiding principle of the Consortium was to create policies and procedures that allow for the development of a seamless, integrated system of care and safety net for the mentally ill.

## **Background**

As a dynamic system, the Consortium has undergone several iterations since its inception. Since 2008 a group of Bexar County Stakeholders had been meeting to initiate a series of problem solving sessions that would strengthen the County's strategy of improving access to mental health treatment in the Community. The plan was to identify points of entry of the mentally ill, to fix the fractured service delivery system, to promote prompt identification of the mentally ill in the Bexar County Adult Detention Center, to ensure safe and expedited release from the BCADC (Bexar County Adult Detention Center) and their linkage into community mental health. The group was influential in the submission of several grants one of which allowed for a clinician to be housed at the Central Magistrate's office and instituted a jail diversion program that resulted in early identification of the mentally ill, their release from the Magistrate's office on a Mental Health bond or bond with special conditions, and prompt linkage into community based treatment.

In 2010, the Department of Community Resources applied for a Hogg Foundation Grant that once funded, resulted in the development of the Mental Health Consortium. The Mental Health Consortium included members of the original committee that had been meeting since 2008. Once the Consortium was established, a facilitator and consulting project manager were hired. Key stakeholders from multiple disciplines and those who were part of the current system of delivery of mental health services were identified, interviewed and invited to become part of this Consortium. The group includes members of the judiciary, law enforcement, private hospital systems, housing, employment, education, substance abuse treatment providers, the local mental health authority, business leaders, consumers and their families, and local elected officials. Key agencies, groups or organizations represented included NAMI, CHCS, Prosumers Group, Haven for Hope, UHS, Methodist Health Care Ministries, Methodist Health Care System, Baptist Hospital System, Nix Medical System, UTHSC, Incarnate Word University, Workforce Solutions San Antonio, Alamo Colleges, Home Comforts, Clarity Child Guidance Center, Bexar County Sheriff's Department, and SAPD officers. Additionally, focus groups were conducted with community consumers and their families, the faith community and school superintendents.

## **Project Design**

In the original proposal to the Hogg foundation six major subcommittees whose functions were to conduct a Needs Assessment, an Asset Inventory, identify Best Practices; a Gaps Analysis, a Finance/Sustainability assessment, and an Implementation Subcommittee were identified. The facilitator that was hired conducted a series of meetings with the stakeholders who developed a strategic three-year plan and established four (4) goals, with measureable objectives or success indicators and activities that would lead to implementation of these goals. The activities initially identified in the grant were subsumed under the four goals. The four goals identified by the stakeholders were: 1) To plan and coordinate as a Community; 2) To ensure a coordinated system of care; 3) To make mental health a Public Priority; and 4) To prioritize funding and workforce development. Each subcommittee produced a three-year action plan for their strategic direction.

## **Problem Statement**

The mental health care system of Bexar County, that includes the San Antonio Metropolitan area, consists of a patchwork of services with multiple providers who operate independently of each other with little or no coordination. Because of cuts by the Texas Legislature, this fragmented system of care is likely to become less responsive to the mentally ill. As most studies indicate the cost of treating the mentally ill in the emergency rooms is very costly to both the hospital and the person with the mental illness. The mentally ill are less likely to have health insurance. Some hospitals have implemented a diversion program to send an individual from the emergency room to stabilization units and others want to eliminate mental health units altogether. Emergency rooms are neither efficient nor cost effective when it comes to the mentally ill because often the person cannot inform a psychiatrist or emergency room physician about their diagnosis or medication they are on, and requires two care teams, one for physical illnesses and another for psychiatric care.

The cost to treat the mentally ill in jail is also, not cost effective. Caring for an inmate with mental illness costs \$250 a day. Psychotropic drugs represent twenty percent of the jail pharmacy's drugs and thirty percent (30%) of costs associated with the Medical Unit are for services to the mentally ill. The per capita funding for mental health care at the national level is \$103.53, for the state of Texas it is \$34.57, and in Bexar County the per capita funding is \$13.28. A large percentage of the population of Bexar County is uninsured. Many of these individuals are low income, minorities, marginally housed, with a low education attainment, and either unemployed or underemployed.

For this reason Bexar County proposed the establishment of a Mental Health Consortium whose mission would be to create a seamless integrated system of care and safety net for the mentally ill with multiple points of entry with coordinated programs, providers, and services. All types of mental health stakeholders were invited to participate in this consortium. Over sixty (60) stakeholders came together and realized their potential as a group. A facilitator was hired to assist the members in formulating a strategic plan along with goals, objectives, and activities that could be measured. Four goals were established and members were appointed to committees to work on these goals. A consulting project manager was hired to oversee the strategic project plan.

A goals-based evaluation was utilized that included both process and outcomes components to answer the following questions: 1) How were the program goals and objectives established and was the process effective? 2) What is the program's progress toward achieving the goals? 3) Were the goals achieved according to the timelines specified in the implementation plan? 4) Are there adequate resources to achieve the goals or implement the plan? 5) How should priorities be changed to put more focus on achieving the goals?

## **Methodology**

A number of methods were used to implement the project and to assess gaps, current best practices, focus groups, gaps analysis, a needs assessment, a plan process evaluation and ultimately a program evaluation using the four goals as a base.

The three data abstraction methods were: 1) interviews with key players and select members of tasks groups to determine the extent to which the goal was accomplished, perceived success of the process used; perceived barriers, its sustainability and the commitment of key player agencies to complete and implement the system; 2) examination of all documents (minutes, charts, memo, progress reports) to assess the process, progress, strengths, limitations and effectiveness; 3) cost analysis based on available or collected data.

Besides the interviews and documented sources of data, the strategic plan facilitator provided an evaluation of the process, and a few of the interviewees provided program expansion data and statistics.

In all 17 key players and stakeholders were interviewed at their place of choosing. An instrument consisting of 63 questions broken down into five areas: 1) stakeholder involvement and perceived consortium accomplishments, process strengths and limitations, commitment; 2) satisfaction with the process; 3) perceived success of the work; 4) and perceived accomplishment of the goals; 5) and the organization represented by each of the participant stakeholders was developed and used.

Data analysis was conducted using content analysis, and statistical analysis using PSPP. Besides descriptive data, correlations and factor analysis were used to assess correlations and variables to explain correlations.

## **Evaluation Results**

The first set of questions dealt with the evaluation of the process, member contributions and commitment to see the process through and to continue as a group.

### **Content Analysis**

The ten (10) open-ended questions used in the content analysis were based on the process of establishing the role, function, and work of the Consortium and on the perceived outcomes of their goals. Each question is identified and a summary of the most frequent or different responses is provided.

1. When you were asked to be a part of the Consortium what did you perceive your role to be?
  - Since the majority of stakeholders were either heads of their organization or decision makers for client populations, at least three indicated that they were there to represent their organization, several said they came as advisors, three reported that they saw themselves as advocates for the population they were serving;
  - One person said they were there to provide detail;
  - One used the term “liaison,” two used the phrase “to work collaboratively.”
  - One person came as the project manager and another as the “driver of the train.”
2. What motivated you to participate?
  - It was an opportunity to advocate for underserved populations, those under Ryan White and children.
  - Four reported seeing the lack of resources and extreme need or wanted a good gap analysis and in incorporation evidenced based practice if funding was available to implement the practice.
  - Two saw a desire to help people and were committed to community. Two expressed interest in preventing recidivism.
  - Two saw the effort as an opportunity for collaboration and coming together as public and private organizations interested in the mental health of the community.
  - One was interested in mental health and another was interested in her promoting mental health to nursing students.
3. How did the work of the Consortium improve access to mental health services for the mentally ill?
  - An overwhelming majority of the participants responded that it brought together all stakeholders involved in one place to collaborate and coordinate for the first time.
  - One person specifically mentioned the need to change the relationship between the CHCS and other providers.
  - Another said that it improved the working relationships among stakeholders.
  - Another mentioned that it educated its leaders and another that it prepared the stakeholders to better serve and to speak with one voice and to collaborate with one another.
  - Four others reported that portals of entry, gaps and barriers were identified and that they learned the strengths and deficits of the system.
  - One aptly stated that there was a value in coming together because they became aware of gaps, the need for safety nets, for trained personnel, and for multiple points of entry.
  - Two indicated that the Consortium did not improve the system but it was still in progress.
4. What has the Consortium accomplished?
  - The respondent responses to this question were very similar. Respondents either mentioned all three or a combination of two of the accomplishments listed below.
  - Brought the stakeholders or mental health providers together and allowed for the break down of barriers.
  - Good networking and working relationships were established, thus increasing collaboration and giving stakeholders and their clients a voice.

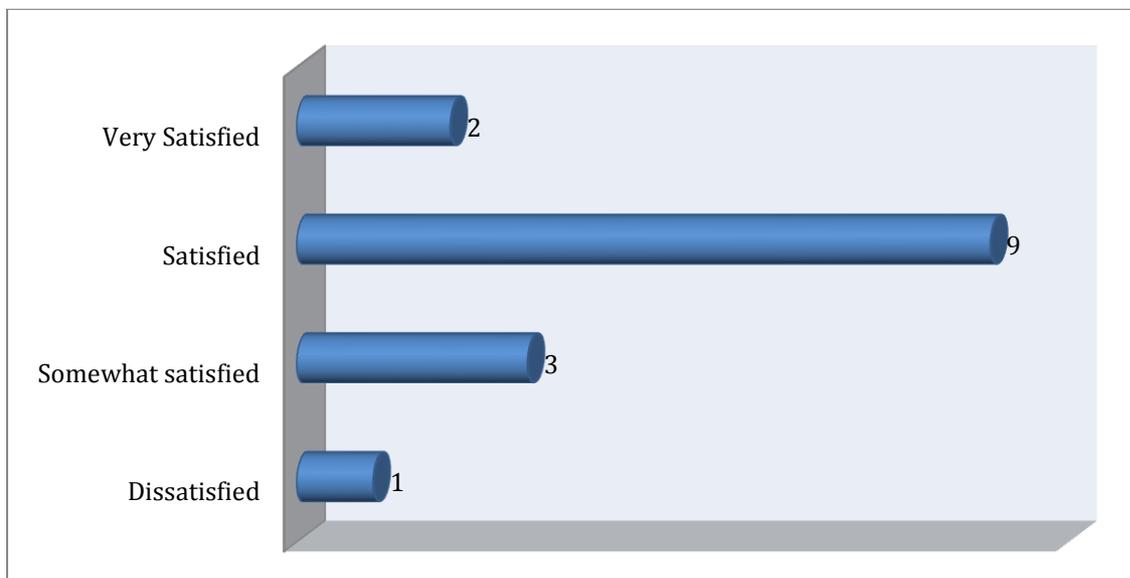
- A three year strategic plan was established that identified the gaps, and resources and allowed for needs to be prioritized
5. What were the strengths of the process used by the Consortium? The majority of stakeholders identified the following as strengths:
    - Collaboration of a diverse group of stakeholders with diverse views, from all facets of the mental health system, who had a wealth of knowledge, strong leadership, and a commitment to improving the system of care.
    - The hiring of facilitator and the facilitation of a strategic plan and the development of a legislative agenda.
  
  6. What are the weaknesses of the process? The respondents identified several areas:
    - One weakness mentioned was that because of the limited time the stakeholders had they were stretched to their limits since they were generally the heads of fairly large agencies, organizations or institutions.
    - The second was the lack of funding and resources for implementing the system of care and other identified needs.
    - The third was a concern about who would continue as leader once the current funding ended to make sure the plan was implemented.
    - Fourth, one person mentioned that the consensus process left out smaller provider groups or subpopulations like children
      - And one person mentioned the lack of inclusion of researchers from the University of Texas Health Science Center.
      - Two individuals mentioned the lack of inclusion of enough family members, parents, teachers and consumers (both mental health and substance abuse)
    - Fifth, one person said that after the strategic plan was developed, that the work should have been narrowed to what could realistically be accomplished. The respondent suggested narrowing the focus.
    - Sixth, still another mentioned that a body without authority had been created. There were great ideas but then what?
  
  7. What did you contribute?
    - Most of the stakeholders responded that they contributed input based on the populations or groups or organizations they worked with and their own expertise. The responses on contributions ranged from coordinating information, setting agenda for meetings or for the legislature, creating an awareness of other related organizations the Consortium could link with or collaborate with, to workforce development issues, and obstacles faced by offenders.
    - Two persons said they served as educators and experts about specific groups.
    - Another person felt like a backup for those who were less vocal and another tried to maintain neutrality to allow for a more open exchange of ideas.
    - One person's contribution has to do with their expertise as a psychiatrist in the treatment at the hospital and at the jail
    - One person shared the need for more outpatient care to reduce waiting lists.
    - One person contributed time served on several committees including public awareness, the legislative agenda group and also identified the issues of the mentally ill at risk for incarceration, and shared information about the youth behavioral mental health pilot.

8. Should the Consortium continue with the same focus or should the thrust change.
  - The respondents indicated that while there is room for improvement, the consortium should stay true to the project and at the same time stay attuned to what is current.
  - Another respondent said that it was time to institutionalize the Consortium to give it a home.
  - Three others said now that the plan was developed and that it is time to implement and to shift from problem identification to decision making, from planning to action and finish what was started.
  - Several answered that the Consortium should continue with the same focus
  - One suggested that now that the plan is in place that outcome measures should be obtained.
  - Another person suggested that the Consortium should be whittled down to a smaller group, who can advise the commissioners, work on developing legislative agendas, and identify gaps and needs, while acknowledging that the expertise of the members is part of its strength and there is strength in numbers when trying to make changes.
  - Two individuals mentioned the need to find funding so that the work of the consortium can continue and so that permanent staff can be in place.
  
9. Are you committed to remain involved beyond the life of the grant? If yes, Why? If no, Why?
  - All respondents responded in the affirmative.
    - One added that the consortium needs a home
    - Another said that children's issues need to be addressed
    - Still another addressed the need to look at the jail populations and the cost to society of incarcerating the mentally ill versus providing treatment.
    - Several reiterated their commitment by offering to provide their expertise.
    - One person reaffirmed their commitment because of the potential but indicated that the Consortium needs to redefine itself because the large group is not what will produce results.
  
10. Would the organization or agency you represent be willing to continue to invest time, money, or human resources in creating an integrated system of care for the mentally ill?
  - All respondents answered in the affirmative.
    - A few added such comments as that their organization had provided grants for the creation of a transition clinic and for the work force development effort
    - Another reiterated that the Judges recognize the importance of an integrated system
    - Another said it was their duty to represent their department and to advocate for services.
    - One said that although they are not a services provider they have a commitment.
    - One mentioned that their employer had suggested involvement in the Consortium.

## Satisfaction and Success Questions and Responses

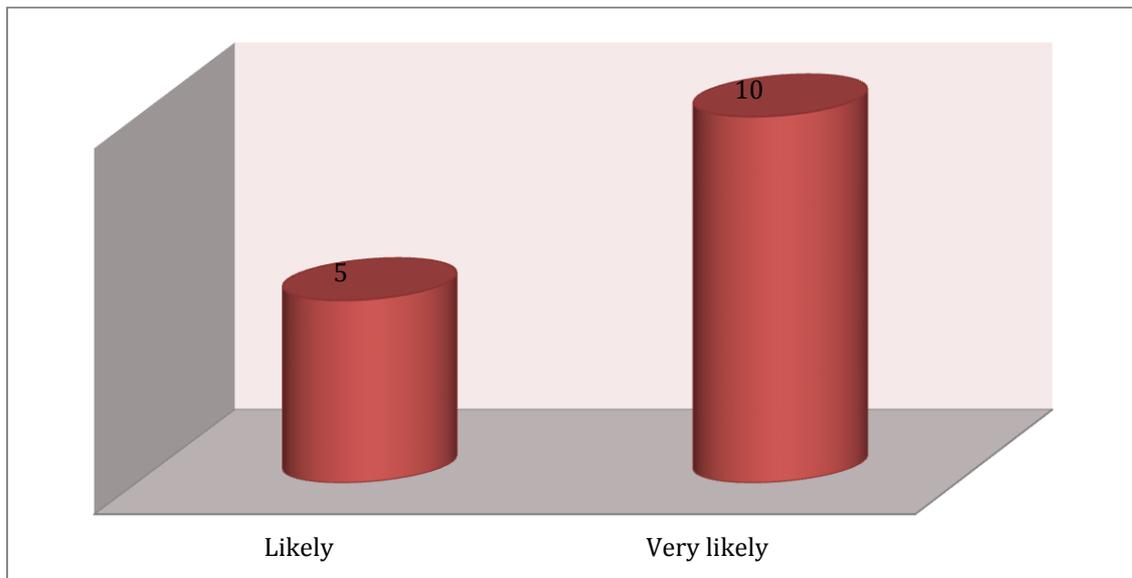
The second set of questions had to do with the satisfaction of the members of the consortium with the process, the perceived success in meeting the various tasks, and success in accessing evidence to move the project forward. Three questions looked at satisfaction, commitment, and perceived importance of the project. Seven questions assessed the perceived success of the work of the Consortium. Both groups of questions used Likert scales ranging from 1 to 5, with one being low and five high. Descriptive analysis was conducted. Because not everyone participated in the total process, nor did every member become involved with every goal, an extra variable had to be added to account for those who did not respond for that reason. The number 8 is used arbitrarily to allow for these responses. Those who responded as 8 or not applicable were not used in the figures that follow because these individuals were not involved in the committees that worked on achieving the success indicators. If statistical analysis were conducted the data would be skewed and therefore lose its meaning so only descriptive statistics were conducted.

**Figure 1. Level of Satisfaction by Number of Participants**



As can be seen in figure 1. The majority (73%) of the respondents were either satisfied or very satisfied with the process. Only one person was dissatisfied. It is important to note that all interviewees were glad that they were brought together to form the Consortium and to work together. The one person who was dissatisfied stated that the reason was that issues of the population he worked with were not addressed.

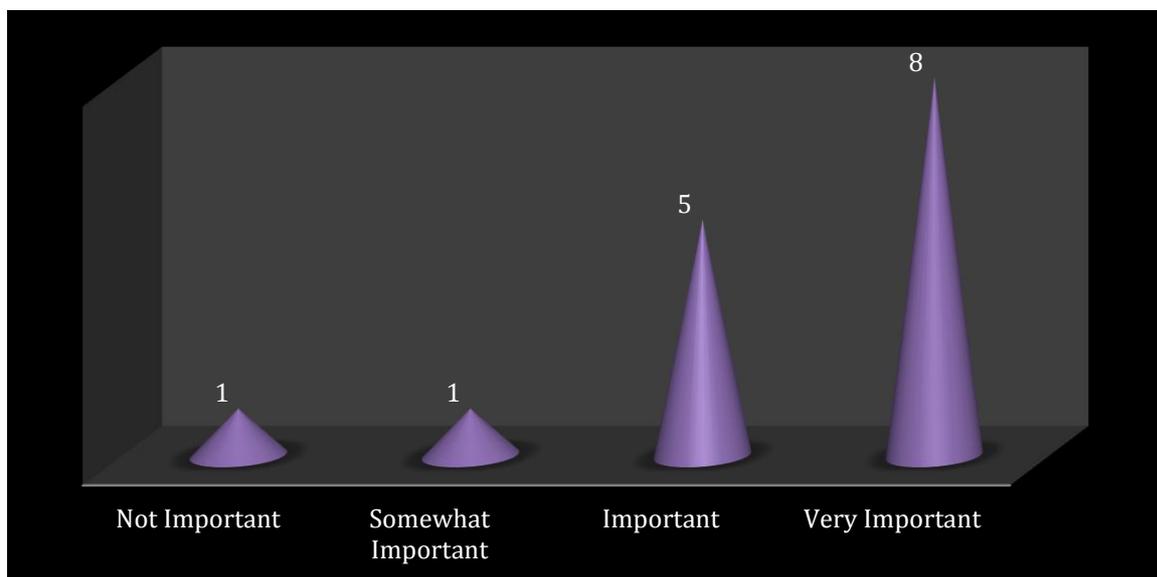
**Figure 2. Number of Participants by Likelihood of Seeing Project Through**



The figure above confirms the commitment of the members of the consortium to see the project through. An overwhelming one hundred percent (100%) responded that they were likely or very likely to see the project through. The two who responded that the question did not apply to them were individuals that provided expertise or direction but that did not serve on committees.

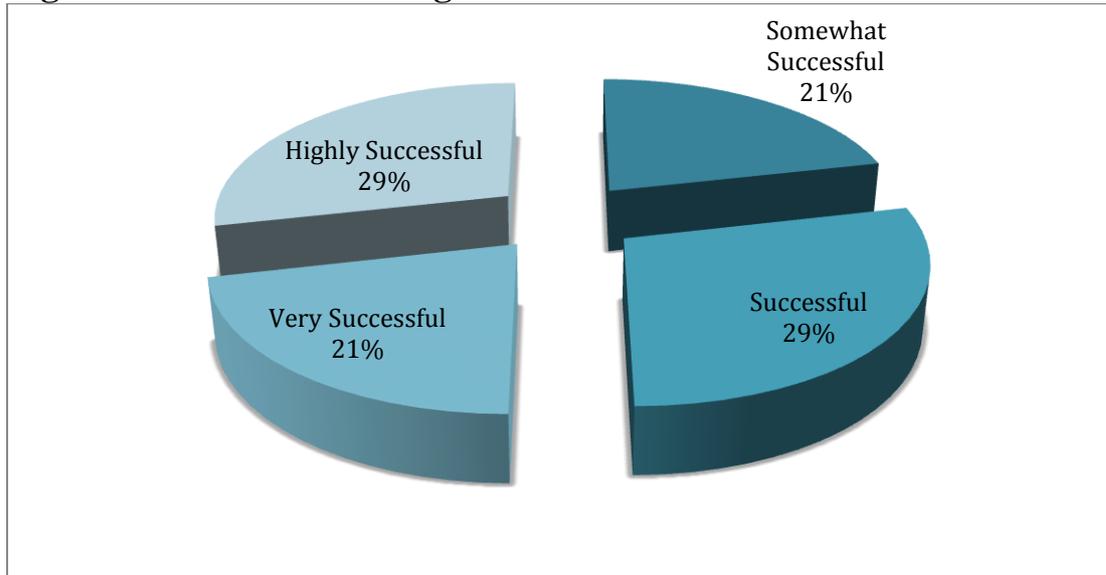
In spite of their busy schedule, the members believed it was important to work together toward establishing a seamless system of care for the mentally ill.

**Figure 3. Perceived Importance of the Project for the Target Population & Their families**



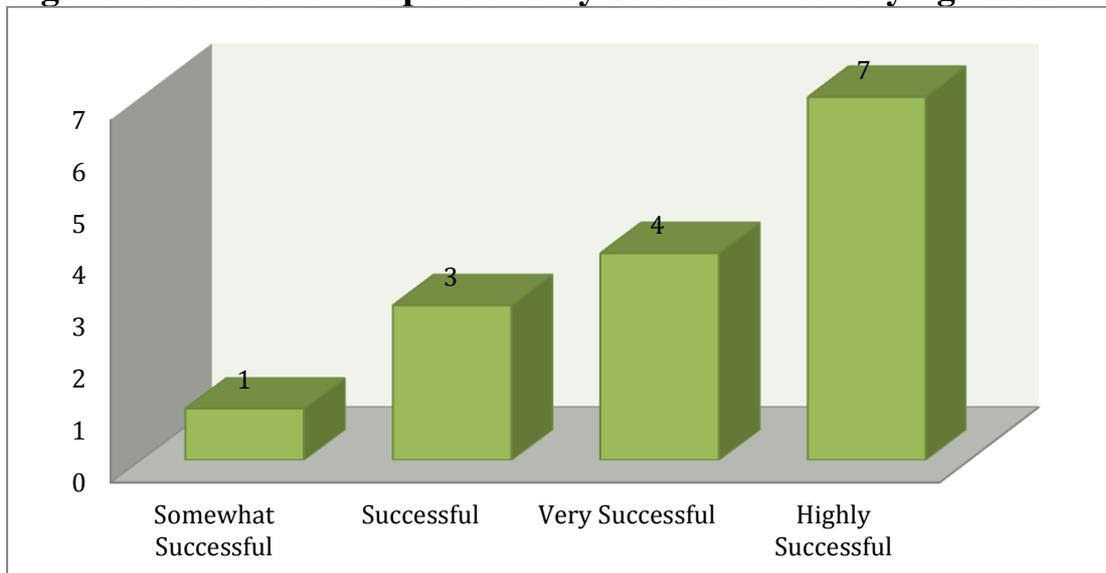
Only one of the seventeen (17) respondents did not believe that project was important for the mentally ill and their families. One person responded that the work was somewhat important. A little over seventy-six percent (76%) of respondents believed that their work was important to the mentally ill and their families. Perhaps the response of two that the project was not important to the mentally ill and their families resulted from an awareness that only two of the Consortium members were related to someone with a mental illness and that at this point the project did not have a plan to educate or inform the mentally ill or their families about the project.

**Figure 4. Success in Raising Awareness**



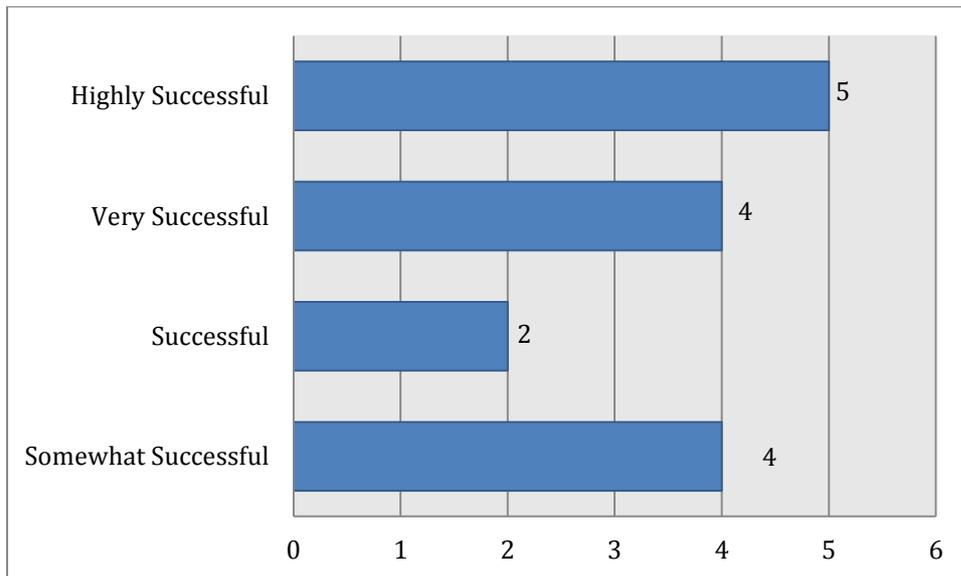
Almost seventy-nine percent (79%) of the respondents believed that the Consortium had been successful in raising awareness. Their responses ranged from believing that the group was successful to highly successful. Three believed the Consortium was somewhat successful in raising awareness.

**Figure 5. Number of Respondents by Success in Identifying Needs**



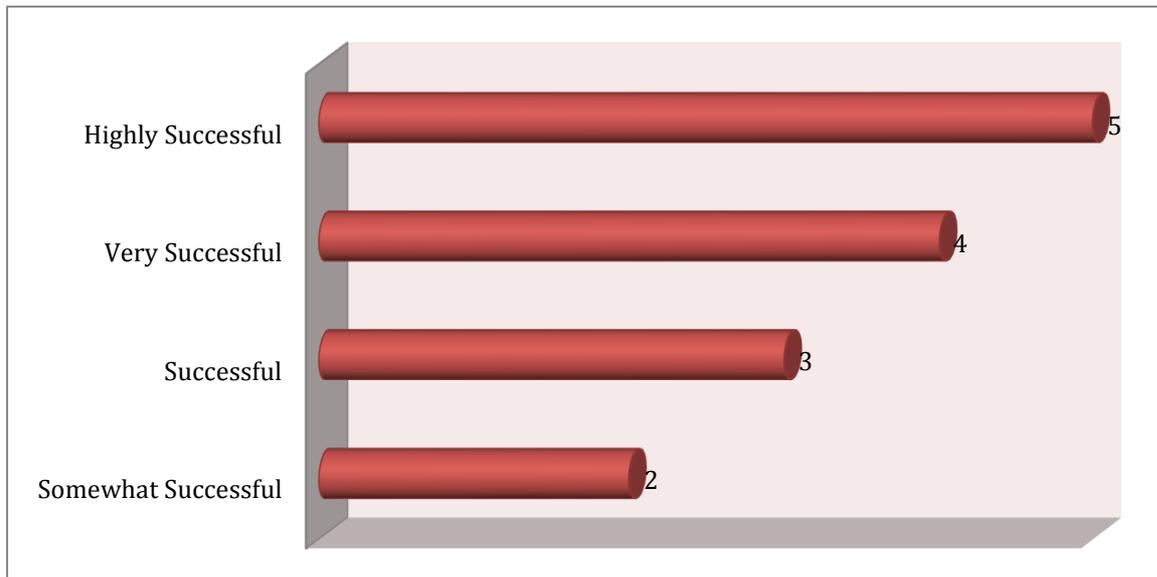
A full ninety-three percent (93%) believed that they had been successful in identifying needs. Only one person responded the group was only somewhat successful. A number of the respondents worked on data gathering committees and were confident that needs had been identified.

**Figure 6. Evidence of Need for Stabilization Unit**



To the question on whether the consortium had been successful in acquiring evidence of need for a crisis stabilization unit, seventy-three percent (73%) of respondents believed they had been successful, very successful or highly success in acquiring evidence for the need of a crisis stabilization unit. A committee visited stabilization units in several communities and presented their findings to the total group.

**Figure 7. Success in Raising Advocacy Awareness**



To the question of whether the Consortium had been successful in raising advocacy awareness, eighty six percent (86%) agreed that they had been successful, very successful or highly successful in raising advocacy awareness. Only two persons responded that the Consortium had only been somewhat successful in raising advocacy awareness.

**Figure 8. Success in Developing & Moving a Legislative Agenda**

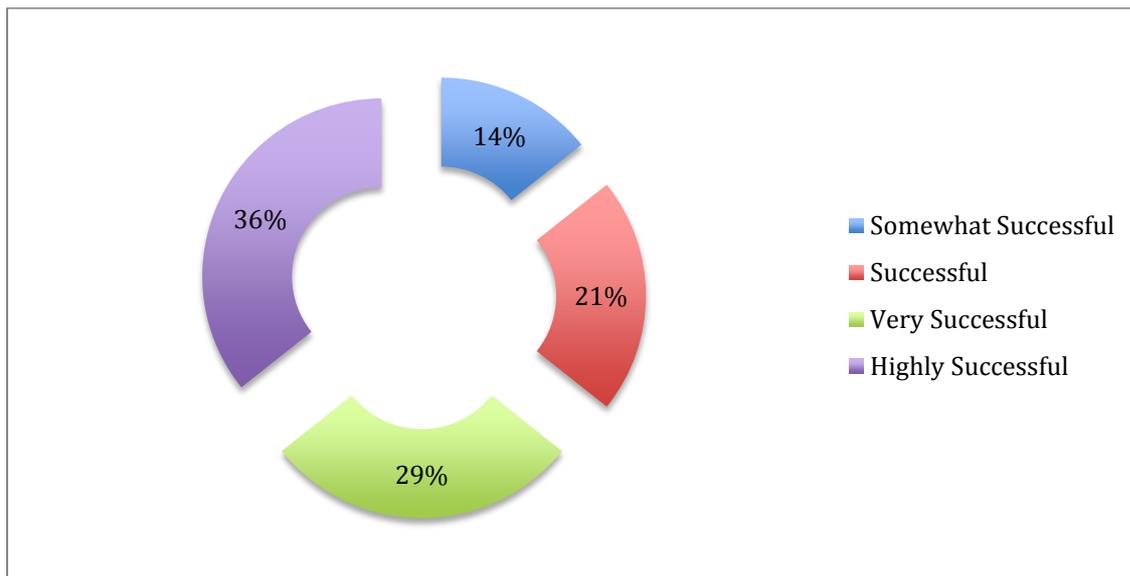
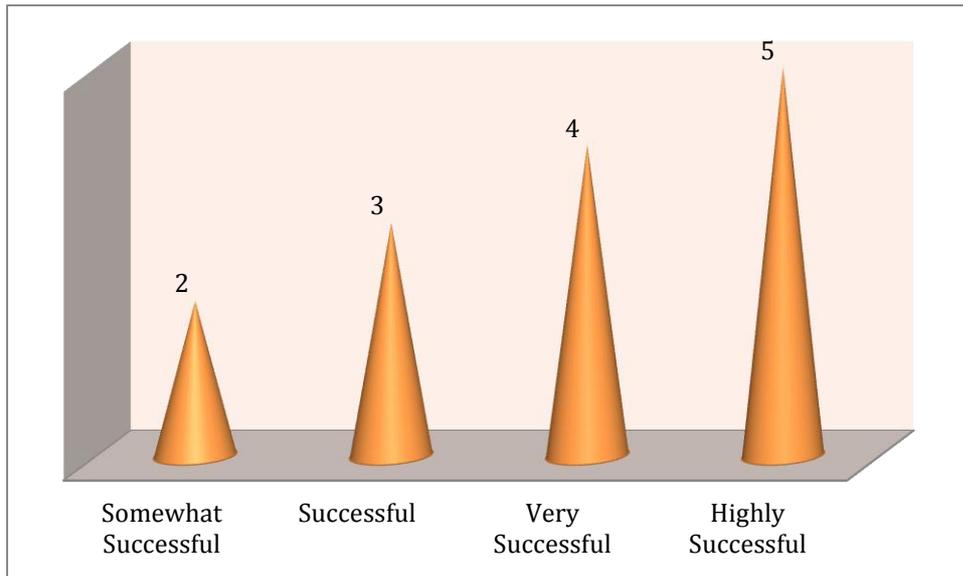


Figure 8 documents the results to the question on whether the Consortium had been successful in developing and moving a legislative agenda. Eighty-six percent (86%) reported that the Consortium has been successful in developing and moving a legislative agenda. Two persons, fourteen percent (14%), believed that the Consortium had been somewhat successful. The work of the committee working on and moving a legislative agenda has been well documented in reports, minutes, and data results. Almost every meeting of the Consortium had the issue on their agenda. One of the respondents, a judge, related how the

Consortium was successful in creating an agenda for policy change. During the last meeting of the Consortium, the committee presented the agenda they intended to bring to the legislature.

**Figure 9. Success in Reducing Gaps**



To the question on whether the Consortium had been successful in reducing gaps, eighty-six percent (86%) responded that they had been successful. Fourteen percent believed that they had only been somewhat successful. Actually, the project manager had conducted a gap analysis and the members of the Consortium had also identified gaps to use as a framework for the strategic plan.

**Figure 10. Success in Raising Awareness of a Broken System**

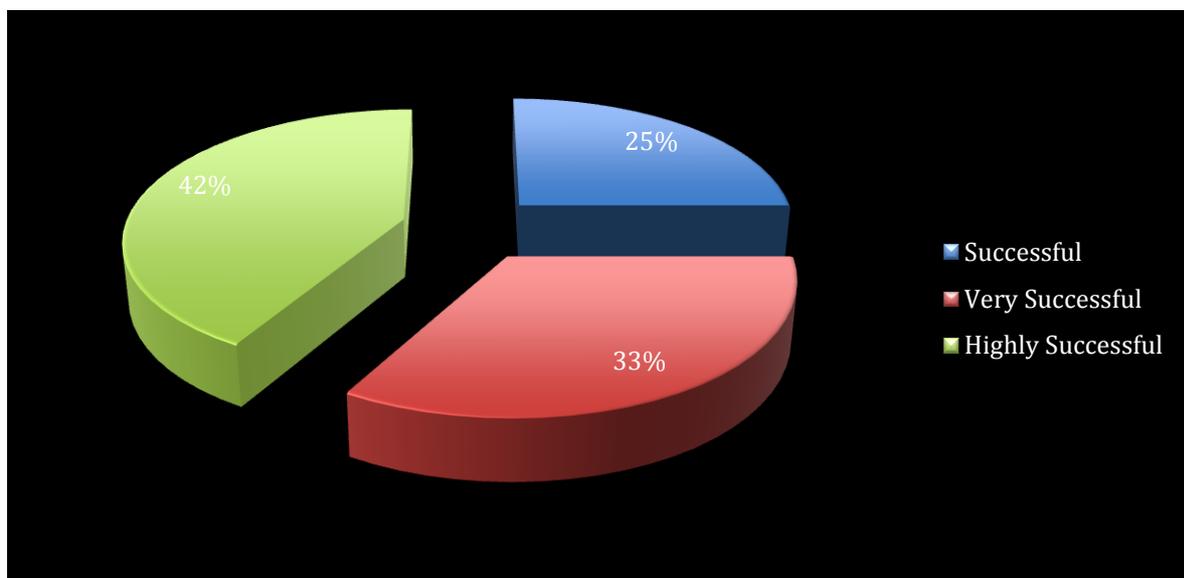


Figure 10 charts the level of success in raising awareness of a broken system. One hundred percent (100%) of respondents reported that the Consortium was successful in raising awareness of a broken system. Members of the Consortium cited the number of ways they raised awareness like speaking with the Commissioners Court, convincing legislators, collecting data on jail diversion, citing the problem of emergency room use by the mentally ill, and the costs associated with emergency room use.

## Evaluation Based on Goals

The final section of the questionnaire was designed to assess whether the goals and initiatives or success indicators under each goal had been met. There were four goals each with objectives and initiatives or success indicators.

The following tables summarize whether the members perceived or believed the tasks or initiatives under each goal had been accomplished.

**Table 1. Plan and Coordinate as a Community**

Goal 1:	Frequency	Percent	Frequency	Percent
	Yes	%	No	%
<b>Governance Board</b>	6	60	4	40
<b>High Utilizer Program</b>	9	69	4	31
<b>ID School Districts W/MH</b>	4	50	4	50
<b>Reviewed Mod of Gov.</b>	8	80	2	20
<b>Reviewed Best Practices</b>	10	100	0	0
<b>List of Stakeholders</b>	13	100	0	0
<b>ID High User Entry point</b>	11	92	1	8
<b>ID Service Gaps</b>	13	100	0	0
<b>Identified Costs</b>	8	80	2	20

There were 10 questions related to whether goal 1 to Plan and Coordinate as a Community had been met.

- 1) A governance board that is not political was established. Yes or no? The first success indicator was whether a governance board had been established. Sixty percent (60%) said that a board was established. 4) The Consortium reviewed governance models in Texas and the nation. Yes or no? Eighty percent (80%) of the respondents agreed that models of governance had been reviewed. The Consortium reviewed its initiative to establish a “Super Advisory Committee” and found that a

legally established board already existed. The Consortium then requested that the Commissioners Court use their appointment power to ensure that the members of the Center for Health Care Services Board have expertise in Mental Health, public health planning and administration and education.

- 2) A high utilizer case management program was developed. Yes or No? Sixty-nine percent (69%) of the respondents said that they had been successful in developing a high utilizer case management program. 8) Points of entry for high users were identified. Yes or no? Ninety-two percent said that the points of entry for higher users had been identified. In reality, background work was done to find a way to capture that information. Committee members were in touch with Health Access San Antonio (HASA) to see if a system could be used to facilitate tracking of ER utilization. Options were still being examined. HIPPA issues were also being taken into consideration. The CHCS has just established a high utilizer program but it is not clear how high utilizers are being identified for this program.
- 3) The Consortium identified the school districts with the highest rate of mental illness. Yes or no? Fifty-percent (50%) reported that the Districts with the highest number of students with mental health problems had been identified. The committee had met with superintendents and plans for follow-up meetings were in progress when two of the superintendents left their positions. The Consortium continues this initiative and meetings with superintendents are in progress. The committee working with this issue will provide updates to the Consortium as the work progresses.
- 5) The Consortium reviewed “best practices” and held focus groups with implementation groups. Yes or no? One hundred percent (100%) reported that best practices had been reviewed and progress reports and minutes confirm that trips to four sites to examine best practice relating to crisis stabilization were taken. The project director conducted a survey on best practices. It is expected that the establishment of a crisis stabilization unit would add another point of entry or access to persons in crisis and would reduce the use of ERs. The timeline progress reports identified progress on the following dates February 2012 and July of 2012.
- 6) The Consortium included the faith community in the effort and held focus groups to ensure buy in. Yes or no? One hundred percent of respondents agreed that the faith community had been included.
- 7) A list of stakeholders was drafted. Yes or no? One hundred percent (100%) reported that a list of Bexar county stakeholders was identified. The timeline progress report of March of 2011 affirms this.
- 9) The Consortium identified service gaps. Yes or no? One hundred percent (100%) reported that service gaps were identified. The Consortium identified these gaps in developing its three-year plan.
- 10) The Consortium identified costs. Although eighty percent (80%) responded that costs had been discussed, the costs of a seamless system were not identified but rather the cost of various types of treatment options.

Over fifty percent (50%) of respondents responded in the affirmative to all success indicators. Respondents believed that a high utilizer program was in process; that best practices were reviewed; that a list of stakeholders was created; and that service gaps were identified, as were the high user entry points; that models of governance were reviewed and that costs were identified; that a governance board was developed; and that School districts with the highest number of students with mental health problems had been identified. The project facilitator and the stakeholders identified the gaps that were to serve as a basis for the development the strategic plan.

**Table 2. Make Mental Health a Public Health Priority**

Goal 2:	Frequency		Percent	
	Yes	%	No	%
<b>Developed Brand Name</b>	5	45	6	55
<b>ID Media Partners</b>	7	86	1	14
<b>Conducted PS Announcements</b>	3	30	7	70
<b>Engaged Faith-Based Community</b>	9	100	0	0
<b>ID MH Legislative Players</b>	13	100	0	0
<b>Recommended Structure &amp; Funding</b>	6	60	4	40
<b>ID how Superintendents Coordinate</b>	3	43	4	57
<b>Developed Pilot w/NEISD &amp; NAISD</b>	1	13	7	87

There are eight success indicators for goal 2 To Make Mental Health a Public Health Priority. The following constitute the responses to the 8 questions that were asked.

- 1) The Consortium developed a brand name. Yes or no? The first success indicator for goal 2 was to establish a brand name. Forty-five percent (45%) responded that the consortium had developed a brand name; however, fifty-five percent (55%) believed it had not. The Media Campaign Committee meeting of March 15, 2012, dedicated part of the agenda to a brand name. Suggestions were made about potential names and about presenting the themes to focus groups such as Prosumers, NAMI families, and via survey to the MH Consortium at large. Beyond this meeting, there are no more referrals to brand name in subsequent meetings.
- 2) The Consortium identified media partners. Yes or no? Eighty-six percent reported that media partners had been identified. The Media Campaign Committee held a number of meetings where its focus was redefined.
- 3) The Consortium conducted public service announcements or campaigns. Yes or no? Seventy percent of respondents said that public service announcements were not conducted. A number of meetings were held by the Media Campaign Committee to develop a plan. When the costs of public service announcements were obtained, the committee found the costs prohibitive. Instead they requested to use the funds target for media toward four initiatives that would promote public awareness: 1) A redesign of the Center for Health Care website for county wide access to improve a user friendly data base of programs and services; 2) An online and printed directory of

resources; 3) A Bexar County Consumer and Family Support Conference; and 4) A Facebook page for the Mental Health Consortium.

- 4) The Consortium engaged the faith-based community. Yes or not? One hundred percent (100%) of respondents affirmed that the faith-based community had been engaged. Focus groups were held with faith community representatives.
- 5) The Consortium identified legislative players. Yes or no? Again one hundred percent (100%) of the participants reported that the mental health legislative players were identified. Key mental health Legislative players were identified and visited. The Consortium did influence several pieces of legislation.
- 6) The Consortium recommended a structure and funding. Yes or no? Sixty percent (60%) reported that a structure had been recommended and that funding had been identified. A model or structure for delivery was designed. Although, funding was not identified funds were provided to the CHCS to assist in improving the system of care. Funds were also requested from the Hogg Foundation to follow up on portions of the implementation plan surrounding legislative and policy changes.
- 7) The Consortium identified how Superintendents coordinate. Yes or no? Only 43% agreed. This indicator only has relevancy as the school initiative begins to take shape. This initiative is a work in progress.
- 8) The Consortium developed a Pilot with NEISD and NAISD. Yes or no? Eighty-Seven percent believed that this indicator was not met. Again, the school initiative is only now taking root. This question may prove relevant at a later date if a pilot would contribute to the identification and provision of mental health services to the school age population.

Goals were prioritized and more manageable and feasible initiatives replaced some of the success indicators in Goal 3 on Work Force Development.

**Table 3. Prioritize Funding and Workforce Development**

Goal 3	Frequency	Percent	Frequency	Percent
	Yes	%	No	%
<b>Developed Continuum of Care</b>	4	29	10	71
<b>ID Higher Ed. MH Tracks</b>	6	55	5	45
<b>Committee to ID Workforce Shortages</b>	8	73	3	27
<b>Developed Coordinated System of Care</b>	4	40	6	60
<b>Worked on 1115 Waiver Funding</b>	9	53	1	6
<b>Convinced Commissioner's Court of 1115 Funding</b>	9	53	1	6

Results for six success indicators for Goal 3 To Prioritize Funding and Workforce Development will be reported.

- 1) The Consortium developed a continuum of care. Yes or no? Only twenty-nine percent answered in the affirmative. What was developed was a model of how a system would function.
- 2) The Consortium identified higher education mental health tracks. Yes or no? Fifty-five percent of the respondents answered in the affirmative. It appears that the participants were really not sure, although, over half said the tracks had been identified.
- 3) The committee identified workforce shortages. Yes or no? Seventy-three percent of the respondents reported that shortages had been identified. The Work Force Commission representative to the Consortium furnished that data. An initiative to improve workforce shortages was undertaken between Methodist Ministries and the UTHSC.
- 4) The Consortium developed a coordinated system of care. Yes or no? Forty-percent said that the consortium developed a coordinated system of care. What the Consortium did was bring all key stakeholders together to work together toward a coordinated system of care. A number of joint initiatives were undertaken by representative organizations to improve the system of care.
- 5) The Consortium worked on the 1115 Waiver. Yes or no? Fifty-three percent (53%) said that the Consortium worked on the 1115 Waiver. A number of the reports and meeting agendas included the 1115 Waiver for discussion and action.
- 6) The Consortium convinced the Commissioners Court to support 1115 Waiver funding. Fifty-three percent of respondents indicated that the Consortium did work to convince the Commissioners Court. A number of meetings were held and rationale presented to the Commissioners Court. If approved, the funding could expand services to include a Crisis Stabilization Unit, expand the Guardianship program, increase case management for high utilizers of the Criminal Justice System, Involuntary Outpatient Commitment, Supportive Housing, and Residential beds among other initiatives.

Results will be reported for indicators that the Consortium has worked on or continues to work on. Because of redesign and prioritizing initiatives were developed to assure that those factors that would most facilitate a system of care would be implemented.

**Table 4: Tasks to Ensure a Coordinated System of Care**

Goal 4	Frequency		Percent	
	Yes	%	No	%
Enhanced C-MAG Assess. 24/7	7	78	2	12
Dev. Pathways for Care	6	67	3	33
Dev. MH Fair for Partners	7	100	0	0
Dev. a Structure & ID Funding Guardianship Program	5	56	4	44
Determined Need to Inc. Crisis Ctr. Bed Cap. & Length of Stay	12	100	0	0
ID Need for Early Intervention.	9	90	1	10
Dev. Training for Law Enforce.	9	82	2	18
Increased Jail Diversion to Crisis Care	10	91	1	9
Decreased ER & Inpatient Stays	6	67	3	33

Results on ten indicators of success are reported for goal 4 To Ensure a Coordinated System of Care.

- 1) The Consortium enhanced the C-MAG 24/7 assessment. Yes or no? Seventy-eight percent (78%) said that the C-MAG Assessment 24/7 had been enhanced.
- 2) The Consortium developed pathways to care. Yes or no? Sixty-seven percent (67%) believed that pathways to care had been developed.
- 3) The Consortium developed a Mental Health Fair for partners. Yes or no?
- One hundred percent (100%) said that pathways of care were developed. Actually, the symposium was for Consumers and their families.
- 4) The Consortium developed a structure and identified funding for a guardianship program. Yes or no? Fifty-six percent (56%) agreed. This is one of the ongoing 2012 initiatives of the Consortium. This initiative has been discussed in several of the

Consortium meetings. Staff has met with Travis County Judges and the County to learn about their program. In addition a local agency has been contacted to see how the guardianship program works and whether they could expand their program to include the mentally ill involved in probate court.

- 5) The Consortium determined the need to increase crisis center bed capacity and length of stay. Yes or no? One hundred percent (100%) said that the Consortium did determine the need to increase crisis center bed capacity. This is another one of the major initiatives that the Consortium is working on and that will be funded by 1115 Waiver funds if these are approved.
- 6) The Consortium identified the need for early intervention. Yes or no? Ninety percent (90%) reported that the Consortium did identify the need for early intervention to prevent emergency room use or involvement in the Criminal Justice System.
- 7) The Consortium developed training for law-enforcement. Yes or no? Ninety percent of the respondents said that the Consortium had developed training for law-enforcement. Actually law enforcement training is in place. However, the content of training and the encounter of law enforcement with the mentally ill are being examined to see how training can be enhanced.
- 8) The Consortium increased jail diversion to crisis care. Yes or no? Ninety-one percent (91%) believed that jail diversion from crisis program had been increased. The County did fund a clinician position to divert individuals with non-violent offences into treatment.
- 9) The Consortium reduced emergency room use and inpatient care. Yes or no? Sixty-seven percent (67%) said that ER and inpatient care had been decreased. Perhaps the responses of the stakeholders came from an awareness of funding by the County to the CHCS for crisis services and the implementation by the Methodist system of a diversion program and clinician position at the jail to divert persons from the Criminal Justice System to treatment.

The table below shows the type of organization the stakeholder represented. The stakeholders were very representative of providers in the community. There were over 60 organizations represented in the Consortium and the interview participants were representative.

**Table 5. Participant Stakeholder and Organization Represented**

<b>Organization</b>	<b>Number</b>
<b>Community Mental Health</b>	2
<b>Treatment Facility</b>	1
<b>MH Psych Academic Dept.</b>	2
<b>Hospital Psych Department</b>	1
<b>Judicial</b>	2
<b>County Government</b>	3
<b>Consultation Organization</b>	1
<b>Work Force Organization</b>	1
<b>Volunteer</b>	1
<b>Corrections</b>	3

## **Minutes, Progress Reports, and Survey Reports**

The Bexar County Mental Health Consortium and staff have done a tremendous amount of work. Based on the Mission of the Consortium to create policies and procedures that allow for the development and implementation of a seamless, integrated service delivery system of and safety net for the mentally ill, the milestones established were all met. The minutes, progress reports and findings reports all indicated a timely meeting of milestones. Prior to the launching of the Consortium, the project manager met with a majority of stakeholders to obtain their perspectives on the gaps in the mental health care system. The areas covered included: insurance coverage issues, mental health workforce issues, community resources availability, service coordination issues, multiple populations with mental health needs, and communication issues. These gaps were then used by the Consortium to develop the strategic plan for the delivery system. Where possible information from the minutes, progress reports and survey findings were incorporated in the discussion on the goals.

## **Cost Analysis**

A cost analysis was part of one of the goals but the committee overseeing this task did not follow through. However, some costs were obtained from visits undertaken to examine best practices or data for grant justification. Cost data being reported will be a mix of research data and stakeholder organization data. As a preamble to the analysis it is important to remember that inadequate mental health services contributes to overcrowding of jails and other corrections facilities. According to a report issued by the National Council for Community Behavioral Healthcare, about 16 percent (16%) of inmates have a mental illness and about sixty percent (60%) of those in juvenile detention have at least one mental illness. In addition in 33 states children and adolescents are retained in juvenile facilities when waiting for mental health treatment. The National Council for Behavioral Health provides a chart to demonstrate that community based treatment for children is more cost effective than inpatient treatment. In Kansas home and community services (outpatient) for children cost \$12,900 and the cost for inpatient care it is \$25,600; In Vermont the cost of community care is \$23,344 and \$52,588 for hospital based services; and in New York, the cost is \$40,000 for outpatient services and \$77,429 for inpatient services. Interestingly, a report issued in July of 2011 by the National Survey on Drug Use and Health, found that 34.5 percent of individuals who received outpatient services indicated that the costs were borne by private health insurance and 43.7 percent of those who received inpatient services indicated that most of the costs were paid by public insurance like Medicaid and Medicare. In Texas the inpatient mental health cost per day in 2010 was \$1943.

When individuals do not have access to appropriate treatment, they are more likely to end up in the ER. Phoenix has a supportive housing program that has demonstrated that this program has reduced fifty-eight percent (58%) of emergency rooms visits, fifty-percent (50%) in jail time, and has also increased earned income. Supportive housing is compared to living in a homeless shelter which costs \$22.46 compared to \$20.54 for supportive housing, \$45.84 for incarceration, \$86.60 for prison, \$280 for a psychiatric hospital, and \$1621 for hospital care ([www.TheNationalCouncil.org](http://www.TheNationalCouncil.org)).

The table below taken from data supplied by stakeholders demonstrates the differences between inpatient, outpatient, ER, and incarceration costs.

**Table 6. Costs by Type of Service**

Type of Organization	Cost per individual/per visit	Inpatient/Out patient/Community
Volunteer	\$100	Community
Treatment	\$805	Inpatient
	\$1500	ER
	\$65	Outpatient
Corrections	\$1500	Incarceration
Children's	\$800	Inpatient

As part of the 1115 Waiver proposal, supporting data demonstrates that it costs \$250 a day for treatment in the BCADC compared to \$49.00 for those not requiring treatment; and the cost for community outpatient care is \$12 a day. As a result of the establishment of the Mental Health Court recidivism rates have been reduced from thirty percent (30%) to three percent (3%). In the recommendations to the 83<sup>rd</sup> Legislature the estimated costs of treatment in the criminal justice system is \$3500 for booking, \$250 per day for treatment and \$1500 for assessment.

In an article titled “Nowhere Else to Go” the author states that “Texas’ underfunded mental health system shifts the cost burden to emergency rooms (Jones).’ According to Jones research by Health Management Associates found that the average cost of community-based care is \$12 compared to \$986 for ER use. Another study co-authored by Ziebell found out that 9 patients alone (high utilizers) who used the ER over a 6 year period cost \$3 million to treat and that seven of the nine suffered from mental illness (Jones).

An article, found in the Journal of Behavioral Healthcare, featured The Center for Health Care Services in their November/December 2011 issue. A description of all their programs was made. In the article there is a chart on the cost savings to the city and county for select diversion programs. The chart shows savings ranging from \$137,898 to 3.7 million dollars for the City and County. However, it is not clear how the savings were arrived at. In a quarterly report on the Crisis Care Center, figures indicate which patients are routine cases and which are emergent. It appears that sixty-two percent (62%) are regular patients and not new crisis care patients. The question is how are cost savings calculated when sixty-two percent (62%) of clients are ongoing and thirty-eight percent (38%) are new? Are sixty-two percent (62%) still in crisis mode? An earlier report related to the use of the SAPD by CCC over a 7-month period showed that the use of police of the CCC decreased over time. The original proposal to the Commissioners Court indicated that the primary purpose of the funding was to clear the ER of mentally ill patients and to reduce the time an SAPD officer spent with emergency detention patients in hospital ERs. However, the number of persons brought in to the ER by the SAPD decreased. The conclusion drawn by the CHCS was that perhaps the lack of increase was that less than ten percent (10%) of the emergency detentions that police pick up have to go to Crisis Care Clinic or that perhaps CCC could not meet the needs of the type of patient that the SAPD picks up. When a survey of SAPD officers was conducted, police officers responded that the criteria used by the CCC are too restrictive for the type of patient they see on patrol.

The data gathered by the program manager and committee members on visits to crisis stabilization units at Harris, Tarrant and Travis counties also provide cost analysis. The

Harris county Crisis Stabilization unit serves voluntary adults only for a total of up to 5 days and the cost to MHMR is \$400.34 a day. The Crisis Residential facility allows for a 10-14 day stay and cost \$230 a day. The Crisis Respite unit allows for up to a 30-day stay and the cost per day is \$132 per bed day. Involuntary patients are treated at the Harris County Psychiatric Center. The Juvenile Justice System has a separate funding source. The Tarrant County Stabilization Unit is located at John Peter County Hospital. The cost per bed is \$342 per bed day. Tarrant County has both a Respite Care and A Residential Treatment unit for men and women separately. Respite Care is \$345 a day and Residential treatment is \$260 per bed day. Youth services are contracted out and these beds are categorized as Crisis Respite beds. Travis County does not currently have a Crisis Stabilization Unit but is considering a CSU in conjunction with a private hospital. Crisis services are operated through a PES walk-in clinic. There is a Residential Program that is available for voluntary adults only. There is a Respite Program. Both Residential and Respite Programs are founded through ACIC and some of the services are contracted out at a cost of \$65.86 per bed day. All involuntary patients are treated as Hospital admissions. Outpatient Competency Restoration Residential Treatment Facility also exists.

Bexar County has had a fractured system of care with persons in crisis ending up in the emergency room. The State Hospital is on eighty-eight percent (88%) diversion. A Crisis Stabilization Unit is non-existent and the Crisis Care Clinic does not accept any emergency room transfers. The Center for Health Care Services Restoration Detox Center and the Crisis Care Clinics do not accept persons with medical conditions, physical injuries, pregnant women, or violent persons. The Consortium has researched services, costs, and models as they plan to develop a seamless system of care and is aware of its resources and lack of resources.

What must be considered in making a cost analysis is not just cost savings but the benefit to the targeted population. The costs are clear. The costs data also demonstrates that outpatient services are more cost effective than inpatient care. To really demonstrate cost benefit the services have to be comprehensive with the final goal being recovery. It is difficult to find out how much it would cost to deliver a seamless system because one entity alone cannot do it. The system is fragmented because the key players have not worked together to create this seamless system. No matter what type of treatment is provided or where, the end goal is recovery and recovery can only take place if there is a comprehensive system that meets all needs from treatment, to health care, to services, to support, housing and employment. For these reasons the Consortium's role is critical to a seamless system of care. In the instance of the Consortium, stakeholders are and want to work together.

A finance and sustainability committee was to examine ways to keep the Consortium going after funding ended. The Consortium has examined sources of funding for sustainability. The sustainability of the Consortium is critical to creation of a seamless system of care because all the mental health stakeholders are part of the Consortium. The Consortium has applied for Hogg Foundation funds to continue its work on making policy and procedure changes and recommendations that will ultimately lead to an improved system of care and safety net for the mentally ill in Bexar County.

## **Discussion**

The Hogg Foundation gave Bexar County Department of Community Resources a grant to assist in development of polices and a plan for a seamless delivery system for people with mental illness to improve the fractured system of care. The Department of Community Resources brought together representatives from all mental health related organizations to form the Consortium. When the representatives or stakeholders came together, it was the first time many had spoken with one another over a common issue they all shared. In their assessment of the process all the stakeholders agreed that this was the first time they had come together and that is why the process was so important. All the stakeholders are committed to the process because they believe this is the only way to create a seamless system. To demonstrate the success of the process, several stakeholder organizations came together and undertook several initiatives. For example Methodist Healthcare Ministries provided grant to the UTHSC at San Antonio to provide grants to increase the number of mental health professionals and reduce shortages.

Another grant was provided to assist in reducing the use of the ER. Still another hospital associated organization worked with their hospital ER to transfer or admit patients to their crisis stabilization unit. The County granted the CHCS funding to help in the jail diversion program. The County also provided funding to the Magistrate Office for a clinician to screen and divert non-serious offenders with mental health problems into treatment.

The report provided statistics but the interviews provided the details that statistics do not furnish. The stakeholders responded that they are committed to the process and more than willing to see the process through. Every one from the Judges, the CHCS director, to the academics, to the psychiatrist is willing to continue the work. Several of the stakeholders have worked on the 1115 Waiver initiatives. Implementation funds were requested from the Hogg Foundation and the Consortium continues to search for funds to sustain it and its work.

So to the initial question on whether the process was successful, yes it was. The response to the question on how the program goals were developed is that stakeholders and the facilitator worked together over several sessions to design and develop the plan and goals. . The goals were: 1) To Work and Plan as a Community; 2) To Make Mental Health a Public Priority; 3) To Prioritize Funding and Workforce Development; and 4) To Ensure a Coordinated System of Care.

The process was effective in that both research and initiatives were undertaken by subcommittees to move the process forward. Initially stakeholders were assigned to one of the four goals orientated committees. However, this committee structure did not function well because the match between stakeholder expertise and experience and the work of the committee was not there. So changes were made. The goals were reprioritized and narrowed into a list of initiatives, and were brought to the full consortium for approval. This list of initiatives was adopted by the MHC as a group and reported to the Hogg Foundation in January 2012. From this point, the focus changed to accomplish these initiatives.

The initiatives were as follows:

1. Establish a “super advisory” for mental health in Bexar County;
2. Research and Establish a guardianship initiative,;
3. Raise awareness through a media awareness campaign,;
4. Research the need and cost of a Crisis Stabilization Facility for Bexar County;
5. Implement a Case Management program for high utilizers of ER services and Criminal Justice services;

6. Advance Workforce Initiatives;
7. Investigate and implement a program for School Districts.

These initiatives became the basis for work as we moved forward. Each of these initiatives has been addressed by the MHC. In some instances the work has moved forward, and in others, as reported, it was determined that the initiative could not be advanced and was discontinued or redirected.

The Mental Health Consortium established four goals needed to develop a plan and policies that would lead to the implementation of a system of care. Returning to the five goal evaluation questions to summarize what was accomplished.

- 1) How were the program goals established? Was the process effective?

A facilitator was hired to work with the members of the Consortium to identify gaps, develop a three-year plan that included goals and success indicators. An extensive amount of time was taken. The plan was very well thought out and formulated over a series of sessions. All members had inputs and the interviews indicated that the stakeholders bought into the plan.

- 2) What is the program's progress toward achieving the goal?

One year into the implementation of the plan, the Consortium has achieved the goals in general as can be seen by the achievement of its success indicators. Because the Consortium realized that not all the initiatives within those goals could feasibly be achieved, they prioritized initiatives that could be accomplished within a time frame. As discussed in previous paragraphs a number of initiatives have been undertaken by stakeholder organizations working together. All of the research needed to know how to move the process forward was gathered and used. As seen by the responses of the stakeholders, some of the success indicators within the goals were not met. However, when the strategic plan was created, there was more work identified than could be accomplished in one year with stakeholders who worked as heads of their organizations full time. However, a tremendous amount of work was done. The analysis showed which indicators were successful and which goals were not met.

- 3) Were the goals achieved according to the timeline specified?

Many of the tasks and success indicators were met within the timeline specified. An extension was requested and received to complete others. Currently sustainability and implementations issues are being addressed both as legislative initiatives and grant initiatives. The plan is complete. Initiatives identified for 2012 are in progress and those prioritized for 2013 are now in discussion.

The stakeholders did specify which success indicators they believed had not been met. Some of the success indicators were never met either because the initiative was being planned or developed or was in progress or the resources were not available. One example was the media committee. The committee met for a number of sessions but a media campaign or a brand name were never achieved. The Media Sub-committee determined that the cost of conducting a sustainable campaign to increase public awareness, and diminish the stigma associated with mental illness, was impossible to pursue without considerable funding. The funding that was indicated for this campaign was thus redirected to providing an online and printed directory of services. This activity is currently in progress and will be complete by March 31, 2013. Sometimes the indicator had been met but the individual had not been involved. Another example of non-

completion of a success indicator was the cost analysis. After meeting with the school district superintendents, two of the four invited school superintendents left the school districts. As a result, the work with the school systems stalled. The project manager is currently working to address the issues surrounding children and gaps in their treatment. She is also working to reestablish relationships with the school districts and with Region 20 to offer training to the school districts to increase awareness of mental illness within the school systems. The private sector key provider of children's mental health services expressed some disappointment that issues in the private sector were not addressed. The sustainability issue was brought up a number of times but a good solution was not arrived at. Finally the plan of action was somewhat cumbersome. It had too many tasks to accomplish within the time frame given the small staff and busy stakeholders. It would not have been possible to accomplish everything. As one stakeholder aptly put it "there was too much work for the time we had. Some things could have been cut out."

- 4) Do personnel have resources (money, equipment, facilities, training etc.) to achieve the goals?

The answer is the resources are limited but committed to the effort. The Community Resources director has provided space, equipment and much time to the effort. The Bexar County Department of Community Resources has limited resources and has committed these to the effort. A number of the stakeholders have launched initiatives that will facilitate the seamless systems. Some stakeholder organizations have more money than others. The Center for Health Care Services is perhaps one of the largest providers of mental health services and has coordinated with the county and other stakeholder organizations on a number of initiatives. One of the stakeholder organizations has provided funds for scholarships to build up the mental health workforce. Training of law enforcement personnel is in place. Funding is being pursued. If approved funds under the 1115 Waiver will be available to implement initiatives identified by the MHC.

In discussing sustainability, the members are committed to continuing to work as a Consortium. Some members have suggested finding a permanent home for the Consortium. One mentioned that the Consortium could be subsumed under a group that had decision-making powers and a source of funding. However, the Consortium would have more layers to work through to implement the project if they were subsumed under another body.

- 5) How should priorities be changed to achieve its goals? This last section is the response to this question.

## **Commendations and Recommendations**

The final goal oriented evaluation question is: How should priorities be changed to put more focus on achieving the goals?

The basic plan was successful as a whole. The goals as a whole were met. The respondents reported that Goal 1 to plan as a community was the most highly met. Every single goal has important critical indicators met. When indicators or measures within a goal were not met, the data suggest that either costs or resources were an issue or a barrier existed. The Consortium also found that the plan was very ambitious and that activities had to be prioritized and feasible initiatives developed.

The Consortium continues to work on measures they believe are critical to improve the system of care. The Consortium has gone back to review the Goals and decide on whether the thrust should continue or whether a new or different thrust is needed. A new revised implementation plan, set of goals and success criterion with a specified timeline is needed. Some aspects of the plan were not executed, because of changes in direction, as was mentioned in the discussion. Other aspects may not be essential to the implementation of a seamless system of care. Still other initiatives are waiting Waiver 1115 funding and others are in progress. Based on the evaluation results, reports, minutes, and interviews the following commendations and recommendations are being made.

The Consortium is to be commended for:

- Bringing together key stakeholders interested in the same population but never having spoken to each other about working together.
- The initiative in bringing different stakeholders to work together to reduce a barriers to service or treatment or to increase a service.
- Realizing the importance of coming together and being open to dialogue and action.
- Their commitment to see the work they began to its completion.
- The amount of work they accomplished in a year when the proposed plan of work was for three years.

The recommendations to the Consortium are that:

- Consider including the aspect of recovery in the model to improve the system of care for the mentally ill.
- Expand the number of stakeholders to include specialists in housing, job readiness type of education, and employment.
- Include youth and adolescent services and juvenile justice system in a revised implementation plan.
- Incorporate the role of the Consortium in model of delivery that was created.
- Revise its plan to reflect long term goals and time frame.
- That the guardianship program, the crisis stabilization center, children's services, and public education awareness through the media-programs not yet integrated, be implemented.
- The issue of sustainability beyond the grant still needs to be resolved. Sustainability has been discussed and a committee was looking at options. Perhaps a foundation would be willing to help with the creation of a permanent home that would include permanent staff.
- That cost data for the administrative permanent component of the Consortium be gathered.
- To examine programs where recidivism has been reduced to find the elements that lead to recovery.

## **Appendix**

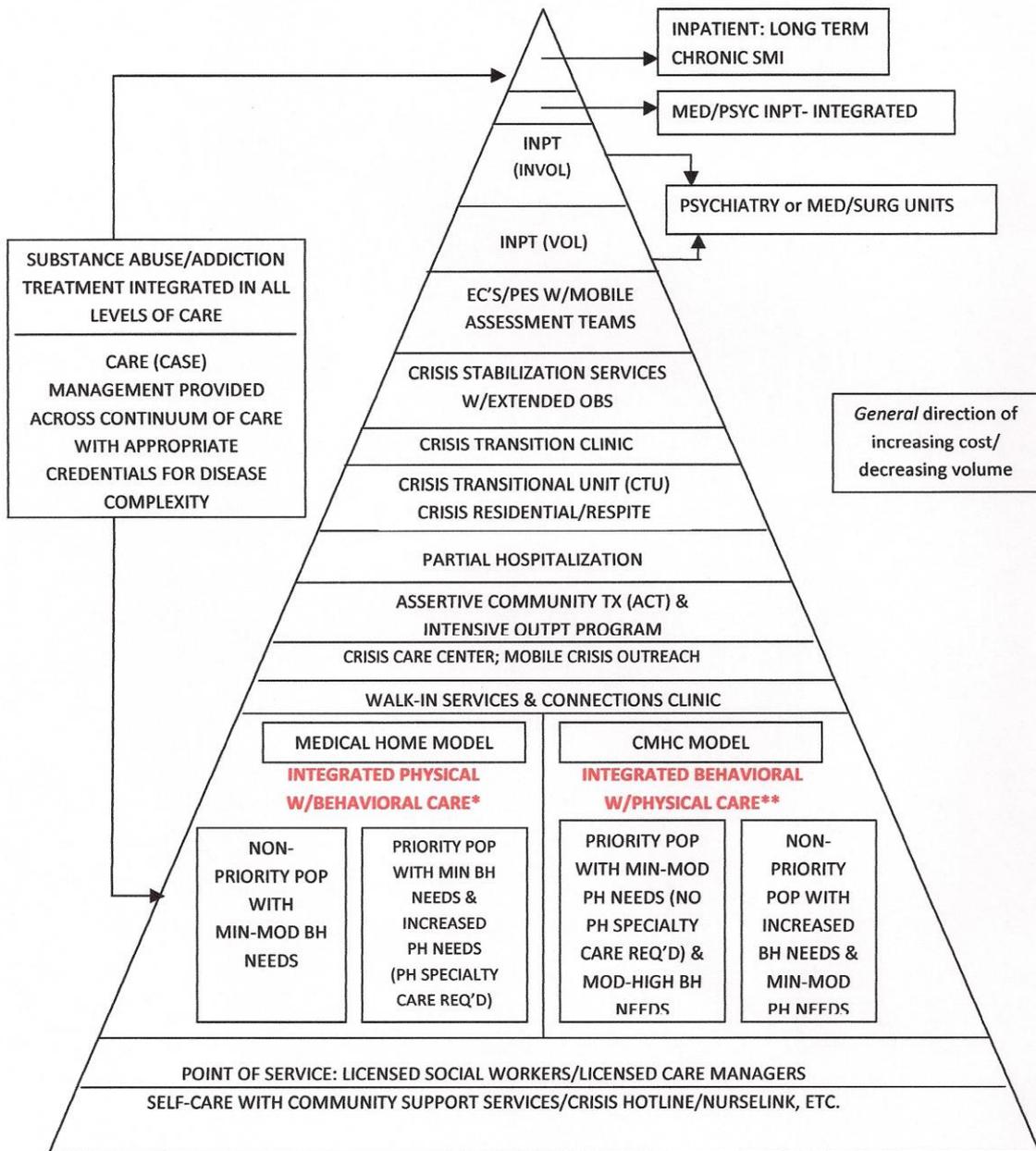
## **List of Stakeholder Organizations**

1. Haven for Hope
2. Baptist Health System
3. Department of State Health Services
4. Alamo Colleges
5. Consumers
6. NAMI
7. Clarity Child Guidance Center
8. Disability Rights
9. Center for Health Care Services Bexar County
10. Bexar County Department of Community Resources
11. Home Comforts
12. University Health System
13. Family Counseling Services
14. University of Incarnate Word
15. Centro Med
16. Methodist Health System
17. Methodist Ministries
18. Nix Health System
19. Texas House of Representatives
20. University of Texas Health Science Center San Antonio Texas
21. Texas Workforce Commission
22. Texas Senate
23. Veteran's Administration
24. Morning Side Ministries
25. City of San Antonio
26. University of Texas San Antonio
27. San Antonio Police Department
28. Bexar County Sheriff's Department
29. Adult Probation
30. Bexar County Mental Health Court
31. Bexar County Drug Court
32. Bexar County Commissioner's Court
33. Workforce Solutions
34. Detention Ministries
35. Prosumers
36. Northside Independent School District
37. North East Independent School District
38. San Antonio Independent School District
39. San Antonio Council on Alcohol and Drug Abuse
40. Texas Association of Community Health Centers

\*There are over 60 members representing these organizations



### COMMUNITY BEHAVIORAL HEALTH SYSTEM OF CARE (ADULTS)





## **Bexar County Commissioners Court Mental Health Consortium Evaluation**

The focus and goal of the Consortium was to create a seamless, integrated system of care and a safety net for the mentally ill having multiple points of entry; coordinated programs, providers & services; and sufficient community resources to prevent relapse.

You are being interviewed because you are a key stakeholder and have participated in the ongoing work of the MHC in an effort to improve services to the mentally ill in your community. Thank you for your willingness to participate. Your input is important to the work of the consortium.

**You will be asked questions based on the process of establishing the role, functions, and work of the Consortium and on the perceived outcomes of the work.**

1. When you were asked to be a part of the Consortium what did you perceive your role to be?
2. What motivated you to participate?
3. How did the work of the Mental Health Consortium improve access to mental health services for the mentally ill?
4. What has the Consortium accomplished?
5. What were the strengths of the process used by the Consortium?
6. What are the weaknesses?
7. What did you contribute?

8. Should the Consortium continue with the same focus or should the thrust change?  
Elaborate.
  
9. Are you committed to remain involved beyond the life of the grant?  
If yes, Why? If no, Why?
  
10. Would your agency or organization be willing to continue to invest time, money, or human resources to accomplish the goal to create an integrated system of care for the mentally ill in this community?
  
11. What does it cost your organization, hospital, agency etc. to serve someone with a mental illness per day?

**The following sets of questions use a scale from 1 to 5 with 1 being low and 5 being high**

12. How satisfied are you with the way the process is going?  

1	2	3	4	5
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13. How likely is it that you will continue to see the project through?  

Not likely at all				Very likely
1	2	3	4	5
  
14. How important do you believe the project was for the mentally ill and their families?  

Not Important at all				Very Important
1	2	3	4	5

**On a scale from 1 to 5, how successful was the work of the Mental Health Consortium in:  
On a scale from 1 being not successful to 5 highly successful.**

Not successful	Somewhat	Successful	Very Successful	Highly Successful
1	2	3	4	5

15. Raising the level of awareness in the community and faith based groups about the issues of the mentally ill?  

1	2	3	4	5
---	---	---	---	---
  
16. Identifying the needs and gaps in services to the mentally ill.

- |  | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 17. Providing evidence for the need of some form of crisis stabilization unit for the mentally ill to reduce the cost of emergency room care and crowdedness.              | 1 | 2 | 3 | 4 | 5 |
| 18. Raising awareness as stakeholders that advocacy for the mentally ill is critical to maintaining and creating funding streams.  | 1 | 2 | 3 | 4 | 5 |
| 19. Developing and moving a legislative agenda that would provide a funding stream for improving services and capacity for the mentally ill in Bexar County?               | 1 | 2 | 3 | 4 | 5 |
| 20. Raising the awareness and realization among stakeholders of a broken and fractured system of care that could be improved by working together to fill some of the gaps? | 1 | 2 | 3 | 4 | 5 |
| 21. Reducing some of gaps in the system of care to create a more seamless system of care for the mentally ill?   | 1 | 2 | 3 | 4 | 5 |

**The next four sets of questions are based on the goals that the Consortium set for itself. The responses to these are yes, no or not applicable to the work you were involved in.**

**One of the goals of the Consortium was to plan and coordinate as a community. In order to do this the Mental Health Consortium developed the following:**

<b>Goal 1</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
<b>A governance board that is not political</b>	1	2	8
<b>A high utilizer case management program</b>	1	2	8
<b>Identified the school districts with the highest rate of mental illness</b>	1	2	8
<b>Reviewed governance models in Texas and the nation</b>	1	2	8
<b>Reviewed “Best Practices” and held focus groups w/implementation groups</b>	1	2	8
<b>Included faith community in the effort and held focus groups to ensure buy in</b>	1	2	8
<b>Drafted a list of all stakeholders</b>	1	2	8
<b>Identified the points of entry for high users</b>	1	2	8
<b>Identified service gaps</b>	1	2	8
<b>Identified costs</b>	1	2	8

**The second goal of the consortium was to make Mental Health a Public Health Priority and completed the following objectives:**

<b>Goal 2</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
<b>Developed an area brand promise</b>	1	2	8
<b>Identified Media partners</b>			
<b>Conducted public service announcements or campaigns</b>	1	2	8
<b>Engaged and involved the faith based community</b>	1	2	8
<b>Identified Mental Health Legislative players</b>	1	2	8
<b>Identified Legislative efforts by the various mental health Organizations</b>	1	2	8
<b>Recommended the organization structure and funding needed</b>	1	2	8
<b>Identified how superintendents coordinate with each other</b>	1	2	8
<b>Developed a model program/pilot with NEISD and SAISD</b>	1	2	8

**Goal 3 of the Mental Health Consortium was to prioritize funding and workforce development and completed the following tasks:**

<b>Goal 3</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
<b>Developed a full continuum of timely outpatient services available to all who desire and need them</b>	1	2	8
<b>Developed and incentive for community mental health graduates to want to stay in the region</b>	1	2	8
<b>Identified Mental Health tracks available in higher education institutions</b>	1	2	8
<b>Identified mental health employment and training programs</b>	1	2	8
<b>Determined if bilingual training programs exist for Mental Health Workers</b>	1	2	8
<b>Created a committee to identify workforce shortages in mental health</b>	1	2	8
<b>Identified whether skill gaps exist at the various occupational levels</b>	1	2	8
<b>Developed a system of care that is coordinated, patient centered and outcomes based</b>	1	2	8
<b>Worked to obtain funding through the 1115 Waiver</b>	1	2	8
<b>Convinced the Commissioners Court of the importance</b>	1	2	8

of supporting funds from the Waiver

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**Goal 4 of the Mental Health Consortium to ensure a coordinated system of care was assured by the completion of the following:**

<b>Goal 4</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
<b>Enhanced a 24/7 clinical assessment (C-MAG)</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Developed pathways for moving patients through the system of care</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Developed or supported a Mental Health Fair for community partners</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Developed a structure and identified funding for a county guardianship program</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Determined the need to increase Crisis Center bed capacity &amp; length of stay</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Developed training for clinical and community partners</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Identified the need for early intervention</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Developed training for law enforcement, CIT</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Increased jail diversion to crisis care</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Decreased ER and inpatient stays/visits</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Identified the need for MH education and screening at schools in Bexar County</b>	<b>1</b>	<b>2</b>	<b>8</b>
<b>Obtained demographic data of mental health patients from providers</b>	<b>1</b>	<b>2</b>	<b>8</b>

**Which best describes the organization you represent?**

**Type of Organization represented**

\_\_\_\_\_ **Community Mental Health Agency**

\_\_\_\_\_ **Treatment Facility**

\_\_\_\_\_ **Mental Health or Psychiatric Academic Department**

\_\_\_\_\_ **Mental Health corrections unit**

\_\_\_\_\_ **Other (elaborate)** \_\_\_\_\_

**Thank you for having taken time out of your busy schedule to participate in this survey. The report that we prepare will demonstrate the work of the Consortium along with any recommendations for continuation or improvement of the system of care.**

**Response #** \_\_\_\_\_