Mental Health Workgroup Initiatives

Survey Ranking Results – July 12, 2012

|  | **Initiative** | **Ranking** |
| --- | --- | --- |
| 1 | Expand integrated MH/SA outpatient services. Develop programs to expand services at MHMRA, FQHC, HCHD, public health clinics based on function improvement rather than diagnosis. Develop/train PCPs to assume treatment of stabilized patients. Develop collaborative treatment models.  | 4.58 |
| 2 | Improve Behavioral Health Access: Expanding outpatient behavioral health services for adults with severe psychiatric conditions  | 4.40 |
| 3 | Provide alternative levels of care for mental health and substance abuse population. Develop alternative levels of care including discharge planning, immediate after-care, assertive community treatment, evidence-based supportive housing, supportive employment, partial hospitalization, and rehab.  | 4.33 |
| 4 | Increase community based providers: Create programs to locate MHMRA professionals in the community clinics such as county clinics, FQHCs. Increase capacity of mid-level practitioners. Increase capacity of academic based clinics (e.g. UT, BCM)  | 4.27 |
| 5 | Outpatient Behavioral Health Intervention -Harris County Hospital District Community Health Clinic Program Expand behavioral health provider capacity to serve a target population in the primary care setting.  | 4.25 |
|  | Expand case management services for target population. Integrate case management in a MH setting so that patients have access to all necessary care, physical and mental.  | 4.24 |
| 6 | Increase case management with dedicated resources from a system approach for MH/SA. Provide integrated case management for supportive housing residents. Provide intensive case management, MH services, SA services, primary care through safety net clinics. Link to supportive housing via Houston Housing Authority.  | 4.17 |
| 7 | Enhancing the intensity of outpatient behavioral health services for adults with severe psychiatric conditions: Expand services to target population.  | 4.10 |
| 8 | Collaborative primary medical and behavioral health care: Develop project with two complementary branches: 1) co-location of primary medical care onsite at MHMRA's mental health clinics and 2) placement of MHMRA mental health care professionals in public health/safety net facilities (e.g. FQHC, public health clinics, HCHD clinics, etc.).  | 4.07 |
| 9 | Expansion of Professional Training Programs and Availability of Stipends: Develop programs to recruit and train workforce for delivery of behavioral health services.  | 4.00 |
| 10 | Expand Behavioral Health Access: Increase training for behavior health professionals; create practicum model with ER onsite training; use community based facility for training facility. Use SBI interventions.  | 3.93 |
| 11 | Expand access to behavioral health care. Expand use of tele-psychiatry using tele-communication equipment to provide face to face evaluation, consultation and treatment to other locations.  | 3.90 |
| 12 | Integrating substance abuse treatment services into mental health services. Develop collaborative treatment program for mentally ill adults who have co-morbid substance abuse disorder.  | 3.90 |
| 13 | Expand Child and Adolescent Behavior Health Services: Expansion sites provided in or near schools and/or in nearby clinics in which the child receives their primary care service in targeted underserved areas such as Northeast Harris County and the Baytown area.  | 3.90 |
| 14 | Mobile Crisis Outreach Team (MCOT): Expand MCOT to provide emergency and urgent crisis outreach and follow-up by traveling to locations and evaluating persons, both adults and children, in the community who cannot or will not access traditional psychiatric emergency room care.  | 3.83 |
| 15 | Create a medical management program for MH/SA conditions. Integrate medication management in the system of care such as urgent care centers, FQHCs, community based providers, and hospitals.  | 3.80 |
| 16 | Expand school-based services for MH/SA conditions. Replicate successful on-site school programs, train/educate additional practitioners to expand capacity.  | 3.80 |
| 17 | Crisis intervention Response Team Expansion (clinical staff)(CIRT): Implement a CIRT program that partners with CIT trained police officer with a licensed mental health clinician. The clinician's role is to de-escalate, mental health assessment, and resolution of the problem. Reduce arrests of those experiencing a behavioral health crisis, divert individuals from more costly crisis interventions, ER admissions and hospitalizations, and stabilize individuals within their home/community setting while maintaining safety.  | 3.76 |
| 18 | Expand access to behavioral health care. Expand Harris County Psychiatric Center's ability to serve more patients by increasing provider capacity and facility access.  | 3.73 |
| 19 | Increase crisis intervention centers. Expand long term crisis intervention/stabilization unit. Create incentives such as loan repayment for physicians working/rotating through these programs.  | 3.70 |
| 20 | Establish two Psychiatric Emergency Service (PES) Programs: Develop PES programs which provides 24 hour a day psychiatric emergency service. Objective is to promptly and accurately assess and evaluate consumers in Harris County experiencing a mental health crisis.  | 3.70 |
| 21 | Psychiatric Home Health Nursing Services: Implement Psychiatric Home Health Nursing Services in a community behavioral health system (LMHA) as means of integrating primary and behavior health services by having in-home nursing follow up for care management of psychiatric and physical health conditions.  | 3.70 |
| 22 | Provide an early intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e., the criminal justice system, ER, urgent care etc.). Expand crisis stabilization services for persons with intellectual and developmental disabilities and challenging behaviors. Expand crisis stabilization model: emergency respite, intensive behavior supports and credentialed direct care staff to prevent out of home emergency care. Fort Bend area. Experienced behavior support and respite provider – facility site; psychiatrist, social worker, credentialed direct care.  | 3.69 |
| 23 | 911 Mental Health Crisis Call Diversion: Route calls deemed eligible from Houston 911 to a certified crisis hotline to provide a less expensive and more appropriate level of care.  | 3.63 |
| 24 | Integrated Mental Health/Substance Use Disorder Residential Treatment: Develop program that entails a truly integrated and comprehensive residential treatment program for individuals with substance use and mental diagnoses (minimum of 90 days).  | 3.61 |
| 25 | Create a child and family based program. Treat mother and child at the same appointment; provide age appropriate, developmentally appropriate and clinically appropriate services to the child and family; incorporate evidence-based services.  | 3.60 |
| 26 | Crisis Residential Unit (CRU): Develop program to assist clients in developing skills that will allow them to avoid future psychiatric crises. The 25-bed unit specifically designed as a step-down from hospitalization to reduce the number of bed days required for acute psychiatric hospitalization and to prevent the utilization of state hospitals beds.  | 3.60 |
| 27 | Intensive in-home, wrap-around services program for children and adolescents with complex conditions. Replicate of the Systems of Hope program model and expand access to intensive, coordinated, in- home based services, custom tailored to the needs and preferences of each family.  | 3.60 |
| 28 | Integrated Mental Health and Housing First: Housing First is an evidence based model providing safe, affordable permanent housing to people experiencing co-occurring psychiatric and substance use disorders who are currently homeless. The model provides a stable living environment in which various needed psychiatric services and other medical services can be delivered.  | 3.60 |
| 29 | Partial Hospitalization Programs: Create programs to provide patients with multiple hospitalizations access post-discharge, supervised, and structured treatment services that have been proven to reduce the demand for inpatient care.  | 3.57 |
| 30 | Add additional inpatient beds for pediatric and adolescents: Expand the capacity for inpatient beds for pediatric and adolescents through "floating beds" in surgical units, step down units, centralized clearinghouse for intake, expand capacity in the outpatient setting.  | 3.57 |
| 31 | Integrate treatment of physical and mental health conditions. Expand integration of mental and physical health for children through co-location. Model program after DePelchin's work with UT related to obesity, diabetes, HIV clinics. Cross train MH/SA professionals in clinics; utilize motivation interviewing outreach.  | 3.53 |
| 32 | IDD/ASD Community Behavioral Crisis Services Supports: Expand crisis and mobile outreach capabilities for people with intellectual and Developmental Disabilities and Autism Spectrum Disorders and severe behaviors to prevent hospitalizations and to support successful transition from intensive to outpatient services.  | 3.48 |
| 33 | Increase veterans’ access to MH/SA services. Develop programs to expand services in the community for veterans.  | 3.47 |
| 34 | Create Intensive Case management Services for High Risk Consumers with Intellectual and Developmental Disabilities: Service Coordinators responsible for the coordination and monitoring of services until crisis intervention has been stabilized for at least 3 months.  | 3.47 |
| 35 | Behavioral Health Respite Post Incarceration: Develop program for 25 bed facility provides respite care to individuals who are at risk of mental health crisis due to recent release from an institution, lack of stabilization on medication, limited coping skills and homelessness.  | 3.47 |
| 36 | IDD Specialized Treatment and Rehabilitative Services (STARS): Expand outpatient specialty services for children and adults with complex co-occurring psychiatric/behavioral and intellectual and IDD or ASD.  | 3.47 |
| 37 | Expand Behavioral Health Access: Develop mobile service and home visitation expansion for target population.  | 3.45 |
| 38 | Increase availability of geo-psychiatric services. Expand outpatient, inpatient, and consultative geo-psychiatric specialty services throughout region. Create incentives to attract/recruit specialists.  | 3.43 |
| 39 | Employ use of standardized assessment screening tools: Develop program to increase standardized assessment screening tools to detect mental health/substance abuse such as PHQ-9, AUDIT, DAST, etc.). Employ telephonic consultations between primary care and psychiatrist. Develop training program for primary care.  | 3.43 |
| 40 | Harris County MHMRA Electronic Health Record: Implement an electronic record for mental health and intellectual development disorders which complies with the "meaningful use" criteria.  | 3.38 |
| 41 | Crisis Residential Unit (CRU): CSU is a short term residential treatment model of 16 beds or less designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a crisis stabilization unit.  | 3.37 |
| 42 | Crisis Residential Unit (CRU): This program is a short term residential treatment model of 16 beds or less designed to reduce acute symptoms of mental illness provided in a secure and protected clinically, psychiatrically supervised, treatment environment.  | 3.34 |
| 43 | Training of Certified Peer Specialists: Expand programs to provide initial and advanced training for peer specialists. Support people who are in recovery to hold full-time jobs in the field of mental health.  | 3.33 |
| 44 | IDD/ASD Wrap-Around and in-home services for high risk consumers with intellectual and Developmental Disabilities and Autism Spectrum Disorders and their families, as clinically warranted to avoid utilization of intensive services. Expand the capacity of In-Home Training team to extend services to more families and incorporate wrap-around services not allowed under current funding methods.  | 3.31 |
| 45 | Private Provider Network for Individuals with Stabilized Severe Mental Illnesses: Develop a network of private providers will to accept responsibility for providing ongoing psychiatric treatment services to individuals who’s SMI is well stabilized.  | 3.30 |
| 46 | Decrease length of stay for MH/SA patients. Create a new regional facility to provide services that decrease LOS. Develop program that focuses on front load assessments, early intervention, sharing of information and coordination of after-care.  | 3.27 |
| 47 | Develop regional strategy to reducing barriers to behavioral health programs through a comprehensive website. Develop a listing of behavioral health programs and eligibility requirements by county on a searchable website; Launch the site and promote its use, gather feedback to refine the site; Negotiate HIPAA compliant, secure electronic transfer of clinical information between sites. Increase listings of programs as they become available; Add data collection for county and regional planning; Launch secure transfer of clinic information; Consider making portal available to other regions  | 3.21 |
| 48 | IDD/Dual Diagnosis Service: Expand intensive day treatment for adults with intellectual and Development Disabilities and Autism Spectrum Disorders. Expand intensive, time-limited clinical day program for adults with a co-occurring DD and MI.  | 3.21 |
| 49 | Parenting skills training for adults with mental illnesses who have children. Develop program to offer individual and group parenting skills training to mentally ill adults in treatment who are identified as experiencing significant challenges in parenting.  | 3.20 |
| 50 | Expand capacity to provide Multiple Systemic Therapy (MST) for families involved with Harris County Juvenile Probation Department: Develop "evidence based-best practice model" of community based services for youth with complex behavioral problems who experience out of home placements either through the juvenile probation or children Protective Systems of care.  | 3.20 |
| 51 | Expand capacity to provide Multiple Systemic Therapy (MST) for families involved with Harris County Juvenile Probation Department: Develop "evidence based-best practice model" of community based services for youth with complex behavioral problems who experience out of home placements either through the juvenile probation or children Protective Systems of care.  | 3.20 |
| 52 | Create programs for pregnant women with mental health conditions. Develop a screening tool for pregnant women for MH/SA conditions. Implement the tool region-wide. Provide interventions and education. Include community-based organizations.  | 3.17 |
| 53 | Create a Sobering Clinic for target population. Develop a program for individuals who are inebriated because of alcohol, drugs, or prescription drugs.  | 3.10 |
| 54 | IDD/ASD Inpatient Consultation and Liaison Service: Expand support services for transition from intensive inpatient to outpatient services through the use of Consultation and Liaison (C&L) teams.  | 3.07 |
| 55 | IDD/ASD and MI Residential Diversion: Develop an intensive residential option for people with intellectual and Developmental Disabilities or Autism Spectrum Disorders and co-occurring mental illness to prevent accessing emergency centers and avoid hospitalizations/re-hospitalizations.  | 3.03 |
| 56 | Clubhouse Expansion for Harris County: Expand psycho-social rehabilitation for the mental health community.  | 3.03 |
| 57 | Expand Behavioral Health Access: Develop CME credits for training of practitioners.  | 2.97 |
| 58 | Applied Behavior Analysis Skills Intervention Program (ABA-SkIP): Expand intensive day treatment for children with Autism Spectrum Disorders (ASD).  | 2.97 |
| 59 | The Coffeehouse is a drop-in skills training program for people with Asperger's Disorder or High Functioning Autism. Expand the program where people with these conditions can find a community of support and can learn and rehearse skills that promote their ability to find jobs, remain employed, go to college, and manage relationships without aggression.  | 2.94 |
| 60 | Mental Health Respite, Facility-Based: Provide respite in a facility for a short period of time (up to 14 days) that allows caregivers/families a respite from daily care and supervision of MI adults and/or provide short-term housing alternative.  | 2.87 |
| 61 | Clinical Out of Home Respite (COR): Implement a program for COR to provide a safe controlled environment to conduct clinical assessments of people with intellectual and Developmental Disabilities or Autism Spectrum Disorders during times of crisis, such as on-going display of challenging behaviors that preclude an immediate return to the home.  | 2.86 |
| 62 | Psychiatric Differential Diagnosis and treatment Planning Service for Children and Adults: Develop a specialty differential diagnosis service for mental health, substance abuse, and primary care services for target population.  | 2.57 |