

Community Needs Assessment

2014 Mental Health Report

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Executive Summary

United Way of Denton County (UWDC) began compiling information on mental health in Denton County in September of 2012. There have been many challenges regarding the availability of data throughout the process. Data throughout the report will be updated annually or as it becomes available.

Following the release of the first UWDC Mental Health Needs Assessment in the summer of 2013, the Denton County Citizens' Council on Mental Health was formed to increase mental health access, services, and cohesive & complete treatments in Denton County.

This report includes updates to the original report in addition to new information collected and added in 2014.

Research on the topic of mental health in Denton County uncovered the following key findings:

- **In August of 2014 the Sunset Advisory Commission Review of the Department of State Health Services (DSHS) stated**
 - DSHS distributes local mental health funding without a rational plan.
 - Attempts to more equitably distribute local mental health funding have repeatedly failed.
 - Local mental health organizations do not receive the support they need to be effective.

- **The Meadows Foundation formed the Meadows Mental Health Policy Institute in 2012 that recommended that we leverage our resources statewide at a grassroots level-sharing best practices, making resources available, accessing information, building protocol-and then using that information to help those that need it most.**

- **In 2010, the State of Texas ranked 49th amongst U.S. States on expenditures for mental health per capita (50th counting the District of Columbia).**
 - In 2010, Texas spent \$38.99 per capita (national average was \$127.39).

- **Among persons living at less than 135% below the Federal Poverty Line in 2010, the State of Texas ranked 50th amongst U.S. States on expenditures for mental health per capita.**
 - Texas spent \$145.86 per capita (national average was \$684.39).

- **In fiscal year 2014, Denton County MHMR's funding rate was at \$13.79 per capita, 29th out of 38 LMHA's (Local Mental Health Authority).**

- **Denton County MHMR's funding rate is set at \$12.94 per capita for 2015, 25th among all 38 Texas LMHA's.**

- **Projections indicate that approximately 77,136 people in Denton County met the criteria for a diagnosable mental illness at some point in 2013, based on 2005 national prevalence rates and the 2013 U.S. Census population estimate for Denton County.**
- **In 2011, Denton County MHMR served the highest proportion of patients living at less than 50% of the Federal Poverty Line of any LMHA in the State of Texas.**
 - 81.56% of patients served in 2011 earned an income less than 50% of the Federal Poverty Line (Statewide Average is 45.52%).
 - 12.8% earn between 50% and 99.9% of the Federal Poverty Line.
 - Combined, 94.36% of Denton County MHMR patients earn an income that is less than the Federal Poverty Line.
- **Mental illness significantly reduces quality of life in communities.**
 - Life expectancy is 29 years shorter for people suffering from severe and persistent mental illness, compared to the general population.
 - 60% of the chronically homeless population have struggled with lifelong mental illness.
- **In Texas, the annual unemployment rate for individuals with serious mental illness was estimated at 90%.**
- **In fiscal year 2013, 43% of crisis screenings in Denton County were performed at Medical Hospitals.**
 - Though Southern Denton County has two thirds of the county's population, only 696 out of 2,000 screenings were performed in Southern Denton County.
- **In fiscal year 2014, Denton County MHMR was serving adults at an average of 107% of funding level, ranging anywhere from 87-118% of funding level each month.**
- **In fiscal year 2014, Denton County MHMR's waitlist was slowly discontinued going from 206 to 0 over a 6 month period due to a one time state funding grant.**
- **Since February of 2014, Denton County MHMR has been serving children at a minimum of 123% of funding level each month.**
- **The Texas Department of State Health Services estimates that 13, 408 adults meet the criteria for a Severe and Persistent Mental Illness. In 2012, Denton County MHMR had the capacity to serve 1,802 (13%).**
- **The Texas Department of State Health Services estimates that 4,976 Denton County children meet the criteria for a Severe Emotional Disturbance. In 2012, Denton County MHMR had the capacity to serve 410 (8%).**

- **In 2012, 10,433 Denton County children, ages 0-15, were reported as having ADD or ADHD.**
- **There are approximately 39,827 veterans living in Denton County, of which approximately 2,768 are in need of assistance for both a Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD).**

Introduction

In 2010, Texas ranked 49th in overall expenditure per capita by state mental health agencies at \$38.99 per capita with the national average being \$127.39 per capita. This is low compared to states with the highest spending in 2010 such as Arizona (\$221.27 per capita) and Alaska (\$310.01 per capita).

For the same year, Texas ranked 50th overall in per capita expenditures by state mental health agencies for patients living at less than 135% of the federal poverty line. Texas spending for this group was \$145.86 per capita while the national average was \$684.39 per capita^{1, 2}.

As of 2014, DCMHMR has the 29th ranked funding rate amongst LMHAs in Texas. The funding rate for 2015 is set at 25th amongst LMHAs in Texas²⁶.

In Texas, the annual unemployment rate for individuals with serious mental illness is estimated at 90%⁶. According to the Perry Group in collaboration with The Meadows Foundation, Texas business activity amounts to annual losses of:

- \$269 billion in spending
- \$1.7 million in permanent jobs
- \$136 billion on gross product
- \$83 billion on annual personal income
- \$61 billion on annual retail sales

This estimate excludes the costs associated with incarceration, homelessness and early mortality. In addition, the cost in terms of state tax dollars lost from the foregone activity and actual outlays (net of federal matching and reimbursement funds) total \$13 billion each year.

If all of these costs and losses could be eliminated, the Texas economy would be approximately 10% larger than its current size⁶.

Regarding mental health care needed vs. received, 49% of Denton County's 2014 homeless population reported that they needed mental health care, where only 34.6% reported that they received mental health care.

(Source: Denton County Homeless Coalition 2014 Point in Time Homeless Count)

Life expectancy is 29 years shorter for persons suffering from severe and persistent mental illness than for the general population (pg. 27).⁵

Defining Mental Health

Mental Health is a term which refers to two ends of a continuum in a person’s cognitive and behavioral functioning: well-being on one end of the spectrum and mental illness on the opposite end. Mental well-being describes an individual who is able to adaptively cope with daily stressors and discomfort without impacting typical functioning such as eating, sleeping, or problem-solving.

Mental illness is characterized by pronounced and/or prolonged alterations in mood, thinking, and behavior. These changes can be moderate to disabling, affecting every area of a person’s life, and even cause physical impairments. Mental illness can have a dramatic impact on a person’s social and professional functioning, as well as impacting domestic life.



Source:
http://hr.umich.edu/mhealthv/programs/mental_emotional/understanding/learn/mental_health.html

Mental illnesses are also known as brain disorders. The term brain disorder refers to the imbalance of chemicals in the brain and attributing physical features of the illness. Many professionals are moving toward this term in lieu of mental illness due to the negative stigma that surrounds mental illness. Mental illnesses and/or brain disorders can be treated and managed by mental health professionals through the utilization of medication and therapy.

Adult Mental Health

In assessing mental health needs, it is important to understand the pervasiveness of mental illness in the community. However, to date there has not been a study empirically describing the prevalence and incidence of mental illness in Denton County. Therefore, an estimate was created as an attempt to describe the degree of mental illness in the County (see Tables 1 and 2), for both lifetime and one-year prevalence. These estimates are based on the National Comorbidity Survey – Replication (a study funded by the National Institute of Mental Health to assess the prevalence of mental illness in the nation) and the 2013 Denton County Census population estimate. Of the current Denton County population, we estimate that 77,136 people will meet criteria for a mental health diagnosis this year^{3, 7}.

Table 1.

Estimated Lifetime Prevalence of Mental Disorders in Denton County (Ages 18-64 = 535,667 based off of the 2013 Census Estimate)

Disorder	Lifetime Prevalence % (SE)	Estimated Number	Range (95% CI)
<u>Anxiety Disorders</u>			
Any anxiety disorder	28.8 (0.9)	154,272	145,565 to 162,979
Panic disorder	4.7(0.2)	25,176	24,860 to 25,492
Agoraphobia without panic	1.4 (0.1)	7,499	7,452 to 7,546
Specific phobia	12.5 (0.4)	66,958	65,279 to 68,637
Social phobia	12.1 (0.4)	64,816	63,190 to 66,442
Generalized anxiety disorder	5.7 (0.3)	30,533	29,959 to 31,107
Obsessive-compulsive disorder	1.6 (0.3)	8,571	8,410 to 8,732
Posttraumatic stress disorder (PTSD)	6.8 (0.4)	36,425	35,511 to 37,339
<u>Mood Disorders</u>			
Any mood disorder	20.8 (0.6)	111,419	107,227 to 115,611
Major depressive disorder	16.6 (0.5)	88,921	86,133 to 91,709
Bipolar (I-II) disorder	3.9 (0.2)	20,891	20,629 to 21,153
<u>Substance Use Disorders</u>			
Any substance use disorder	14.6 (0.6)	78,207	75,265 to 81,149
Alcohol abuse	13.2 (0.6)	70,708	68,048 to 73,368
Alcohol dependence	5.4 (0.3)	28,926	28,382 to 29,470
Drug abuse	7.9 (0.4)	42,318	41,257 to 43,379
Drug dependence	3.0 (0.2)	16,070	15,868 to 16,272
<u>Eating Disorders</u>			
Anorexia nervosa	0.6 (0.2)	3,214	3,174 to 3,254
Bulimia nervosa	1.0 (0.2)	5,357	5,290 to 5,424
Binge eating disorder	2.8 (0.4)	14,999	14,623 to 15,375
<u>Any Disorder</u>			
1 Disorder	46.4 (1.1)	248,549	231,405 to 265,693
2 Disorders	27.7 (0.9)	148,380	140,006 to 156,754
≥3 Disorders	17.3 (0.7)	92,670	88,602 to 96,738

Source: Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62, 593-602.

Table 2.

*Estimated 12-month Prevalence of Mental Disorders in Denton County
(Population over age 18 = 535,667 based off of the 2013 Census Estimate)*

Disorder	12-month Prevalence % (SE)	Estimated Number	Range (95% CI)
<u>Anxiety Disorders</u>			
Any anxiety disorder	18.1 (0.7)	96,955	92,699 to 101,211
Panic disorder	2.7 (0.2)	14,463	14,282 to 14,644
Agoraphobia without panic	0.8 (0.1)	4,285	4,258 to 4,312
Specific phobia	8.7 (0.4)	46,603	45,434 to 47,772
Social phobia	6.8 (0.3)	36,425	35,740 to 37,110
Generalized anxiety disorder	3.1 (.02)	16,605	16,584 to 16,626
Obsessive-compulsive disorder	1.0 (0.3)	5,356	5,255 to 5,457
Posttraumatic stress disorder (PTSD)	3.5 (0.3)	18,748	18,395 to 19,101
<u>Mood Disorders</u>			
Any mood disorder	9.5 (0.4)	50,888	49,612 to 52,164
Major depressive disorder	6.7 (0.3)	35,889	35,214 to 36,564
Bipolar (I-II) disorder	2.6 (0.2)	13,927	13,752 to 14,102
<u>Substance Use Disorders</u>			
Any substance use disorder	3.8 (0.3)	20,355	19,972 to 20,738
Alcohol abuse	3.1 (0.3)	16,605	16,293 to 16,917
Alcohol dependence	1.3 (0.2)	6,963	6,876 to 7,050
Drug abuse	1.4 (0.1)	7,499	7,452 to 7,546
Drug dependence	0.4 (0.1)	2,142	2,129 to 2,155
<u>Eating Disorders</u>			
Anorexia nervosa	-	-	-
Bulimia nervosa	0.3 (0.1)	1,607	1,597 to 1,617
Binge eating disorder	1.2 (0.2)	6,428	6,347 to 6,509
<u>Any Disorder</u>			
1 Disorder	14.40 (0.6)	77,136	74,234 to 80,038
2 Disorders	5.8 (0.3)	31,068	30,484 to 31,652
≥ 3 Disorders	6.0 (0.3)	32,140	31,535 to 32,745

Source: Kessler, R.C., Chiu, W.T., Demler, O., & Walters, E.E.(2005). Prevalence, severity, and comorbidity of 12-month *DSM-IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*; 62: 617- 627.

Additionally, when an individual has a serious or extreme impairment in functioning, they can be described as having Severe and Persistent Mental Illness (SPMI). SPMI is described as having a cyclical nature which has varying symptom severity in relation to stress.

An estimate of the number of individuals with SPMI in Denton County is indicated on Table 3.

Table 3.

Estimate of Adults in Denton County Meeting Criteria for SPMI

	Population	Prevalence	Served	% Served
2012 Denton County Totals	515,696	13,408	1,802	13

Source: DSHS, Mental Health and Substance Abuse Division, Decision Support Unit

The federal guidelines estimate that 2.6% of the population, 18 years or older, have Severe and Persistent Mental Illness (SPMI)⁸. The category of those served refers to individuals who received any type of mental health service at DCMHMR, the local mental health authority.

It is important to note that the population estimated to have SPMI makes up 20% of the estimated total population for Denton County that meets one diagnosable disorder in a 12 month period according to Table 2.

Veterans Mental Health

According to the 2008-2012 American Community Survey 5 Year Estimates, there are approximately 39,827 veterans living in Denton County⁹. The RAND Corporation did a study in 2010 which found that 20% of all Iraq and Afghanistan veterans suffer from Post-Traumatic Stress Disorder (PTSD) or depression. The report suggests that there are approximately 8,000 Iraq and Afghanistan War veterans in Denton County suffering from PTSD or depression, symptoms of which approximately 50% seek help. Of the 4,000 veterans that seek help, approximately half are shown to receive minimally adequate treatment¹⁰.

The RAND Corporation also reported that 19% of veterans (which translates to approximately 7,500 in Denton County) suffer from a traumatic brain injury (TBI), and 7% (which translates to approximately 2,700 in Denton County) were in need of assistance for both TBI and PTSD. **In addition, military service doubled the likelihood that a person will commit suicide¹¹.** Furthermore, an individual diagnosed with both PTSD and Depression is 29 times more likely to commit suicide than a person not suffering from these conditions.

The PTSD distribution between services for Operation New Dawn (OND), Operation Iraqi Freedom (OIF), and Operations Enduring Freedom (OEF) is: Army 67% of cases, Air Force 9%, Navy 11%, and Marines 13%¹¹.

Children’s Mental Health

In 2012, Cook Children's Healthcare System completed the Community-wide Children's Health Assessment & Planning Survey (CCHAPS) which reported prevalence estimates on mental health for children in North Texas.

The U.S. Census Bureau estimated that there were 193,132 children and adolescents (persons under the age of 18) in Denton County in 2013. For the CCHAPS 2012 report, they sampled 2,107 respondents and their results are presented in Table 4. These results are contrasted with the 2008 CCHAPS report. The 2013 estimate is based on 2012 prevalence rates^{12, 13}.

Table 4.

Estimated Prevalence of Child and Adolescent Mental Disorder from CCHAPS
(Ages 0 – 17 = 193,132 based on 2013 US Census Estimate)

Diagnosis	2008	2012	Estimated Number (2013)
ADD or ADHD	4.09%	6.79%	13,134
Anxiety Problems	0.60%	1.79%	3,457
Autism/Asperger's Syndrome	0.48%	1.51%	2,916
Bipolar Disorder	0.24%	0.57%	1,101
Conduct Disorder	0.12%	0.57%	1,101
Eating Disorder	-	0.09%	174
Learning Disorder	0.96%	1.79%	3,457
Major or Severe Depression	0.12%	0.57%	1,101
Other mood disorder	0.12%	0.38%	734
PTSD	-	0.19%	367
Other	0.84%	1.70%	3,283
Dyslexia/Dysgraphia	0.36%	0.38%	734
None chosen	-	0.19%	367
No mental disorder	93.63%	89.63%	173,104

Source: CCHAPS 2010 Survey Results

When a child exhibits significantly impaired functioning in areas such as school, social settings, or person care, in conjunction with atypical behavior, the child is said to have a Serious Emotional Disturbance (SED). SED is categorized as a disability under 34 Code of Federal Regulations § 300.8, Child with Disability. Qualifying atypical behaviors include attention problems, internalizing problems, and externalizing problems¹⁴. The U.S. Federal Government estimates that 5% of children and adolescents between the ages of 9 and 17 meet criteria for SED¹⁵.

Table 5 reports Serious Emotional Disturbance (SED) estimates for Denton County. As with the estimates for the adult population, 20% of children experiencing mental illness are also experiencing SED.

Table 5.

*Estimate of Children and Adolescents in Denton County Meeting
Criteria for SED*

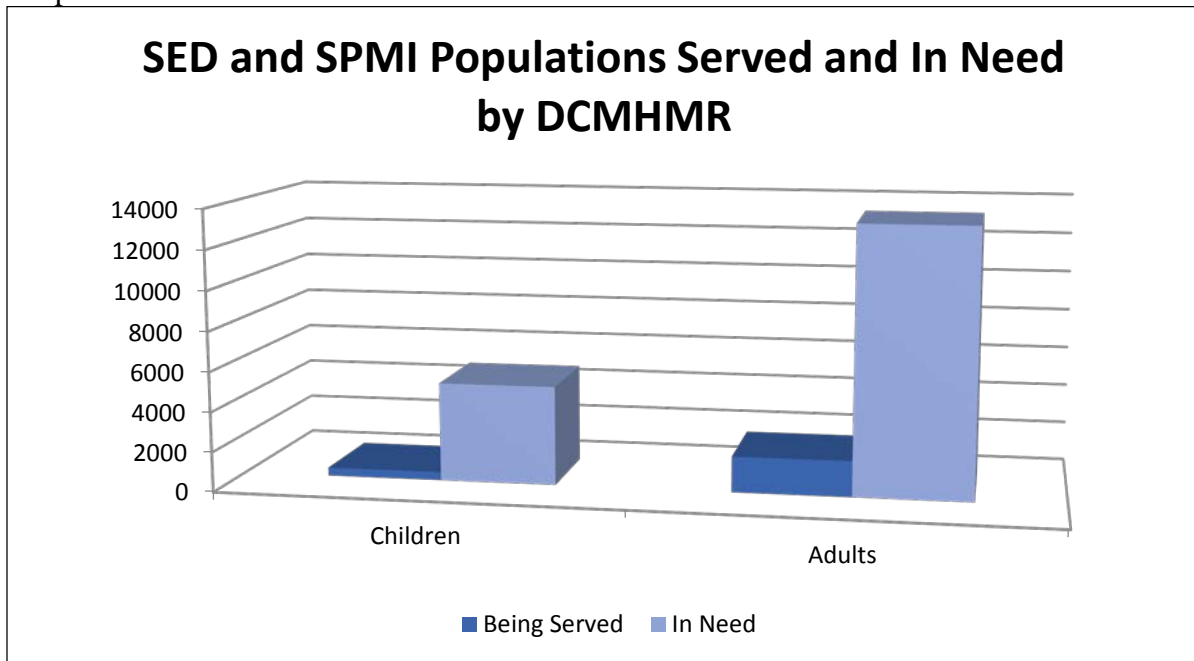
	Population	Prevalence	Served	% Served
2012 Denton County Totals	99,515	4,976	410	8

Source: DSHS, Mental Health and Substance Abuse Division, Decision Support Unit

As with Table 3, the number *Served* refers to those who received any service at Denton County MHMR.

A comparison of adults with SPMI (Severe and Persistent Mental Illness) and children with Severe Emotional Disturbance (SED) is shown in Graph 1. This illustrates the discrepancy between those in need of services and those who receive them. It is important to note that the SPMI and SED population are those experiencing the most severe mental illness, not all mental illness in general.

Graph 1.



Source: DSHS, Mental Health and Substance Abuse Division, Decision



Table 6 describes the number of children and adults receiving therapy related to abuse, neglect, and trauma. It is interesting to note that while children's services have increased over the past 15 years, adult services peaked in 2006.

Table 6.

Children's Advocacy Center for Denton County Service Report

Year	Kids in therapy	Adults in therapy	Total Clients in Therapy	Therapy Sessions Provided
1997	124	113	237	457
1998	106	93	199	1,819
1999	156	142	298	3,104
2000	164	147	311	2,929
2001	204	141	345	3,346
2002	230	195	425	4,036
2003	239	200	439	4,078
2004	261	302	563	5,588
2005	287	350	637	6,173
2006	246	357	603	6,249
2007	328	272	600	7,240
2008	290	350	640	8,115
2009	312	347	659	8,653
2010	317	238	555	9,027
2011	321	285	606	9,087
2012	346	232	578	9,004
2013	349	208	557	9,990

Source: Children's Advocacy Center for Denton County Service Report

Denton County MHMR

DCMHMR is designated the local mental health and intellectual and developmental disabilities authority for Denton County by the Texas Department of State Health Services.

DCMHMR receives funding for, and is mandated by the State of Texas to treat only the priority population. This population includes: Bipolar I and II, Major Depression, and Schizophrenia.

- **Bipolar I and II** can be described as a mood disorder causing either cyclical manic behavior or both manic and depressive behaviors, specified by its severity, duration, and degree of depression and/or mania with or without the presence of psychotic features.
- **Major Depression** is described as a mood disorder specified by its severity, recurrence, and rarely presence of psychotic features.
- **Schizophrenia** is described as a psychotic disorder with symptoms which may include delusions, hallucinations, and/or disorganized behaviors and/or speech.

In 2014 the legislature appropriated funding to remove all individuals off DCMHMR's current wait list. In addition, The Department of State Health Services provided funding to DCMHMR to provide services for additional children. Money was also appropriated from the legislature for Veterans Peer Provider Services and the provision of Mental Health First Aid in our schools.

Also in 2014, DCMHMR opened a psychiatric triage facility, integrated behavioral and primary healthcare clinic, and crisis residential facility with Texas' 1115 demonstration, entitled Texas Healthcare Transformation and Quality Improvement Program.

DCMHMR does not have an in-patient mental health/substance abuse unit, housing programs, or mental health residential programs.

They do offer limited in-home and family support programs, limited mental illness prevention programs for the indigent, limited out-patient mental health, a crisis stabilization residential program, and substance abuse programs for the indigent and residential programs for individuals with Intellectual and Developmental Disabilities (IDD).

All other diagnoses are not treated unless the patient is in crisis.

Table 7 reports the number of mental health patients served through DCMHMR.

Table 7.

Diagnostic Breakdown of Services at DCMHMR

Diagnosis	2007	2008	2009	2010	2011	2012	2013	2014
<i>Priority Population</i>								
Major Depression	1,056	885	680	623	621	600	523	845
Bi-polar (I and II)	1,097	996	872	850	883	823	522	702
Schizophrenia	375	353	350	326	366	403	273	365
<i>Other (In Crisis)</i>								
Affective Disorders	-	-	-	-	-	-	24	33
Non-Psychotics	-	-	-	-	-	-	18	28
Not Applicable	-	-	-	-	-	-	339	-
Anxiety	3	1	3	7	8	5	12	33
Personality Disorder	-	-	3	2	3	3	-	-
Other Psychoses	4	4	1	1	7	4	6	19
Alcohol	1	1	-	-	2	2	6	13
Drug Addiction	2	1	1	2	4	2	5	20
Mental Retardation	-	-	-	-	-	-	5	14
Other Developmental	185	223	196	215	238	241	-	-
No Mental Disorder	-	1	-	1	-	1	-	-
Not Reported	6	1	2	56	40	30	-	-

DCMHMR’s Mobile Crisis Outreach Team (MCOT) quickly respond to mental health crises 24 hours a day, 365 days per year.

Mental health screenings may be conducted anywhere, but when conducted in the community (instead of at the DCMHMR office), they are most often done at hospitals and county jails.

From 2009 to 2012, DCMHMR conducted screenings at multiple locations. The most and second most frequent sites of screenings were hospitals and the DCMHMR office, respectively.

90% of screenings completed by DCMHMR were in response to suicidal ideation or suicide attempts.

Table 8 reports the frequency of screenings by location over the period of 2009 through 2014. Note that the DCMHMR Psychiatric Triage (walk-in crisis services) did not open until 2014.

Table 8.

Number of Adult and Children Crisis Screenings by DCMHMR

Location	2009	2010	2011	2012	2013	2014
MHMR Office	429	865	708	527	435	238
County Jail	77	103	88	148	169	167
City Jail	33	17	33	36	32	24
Medical Hospitals	548	629	726	704	864	666
Psychiatric Hospital	13	146	137	157	179	192
Public Schools	12	19	44	26	25	16
JJAEP	19	26	11	17	13	8
Client Residence	79	73	47	99	107	67
At any PD	12	13	16	20	26	12
Other Location	34	20	24	59	47	53
MH Court	116	159	101	47	43	35
Psychiatric Triage	n/a	n/a	n/a	n/a	n/a	187
Total	1,372	2,070	1,935	1,840	1,940	1934

Source: DCMHMR Crisis Statistics Worksheet

Qualifying patients were placed in outpatient, voluntary inpatient, or involuntary inpatient treatment, as necessary.

See Table 9 for the frequency of placements in each type from 2009 – 2014.

Table 9.

DCMHMR Client Placement 2009-2014

Placement	2009	2010	2011	2012	2013	2014
Outpatient	839	1,229	1,135	1,045	1054	981
Voluntary Inpatient	302	446	389	377	379	478
Involuntary Inpatient	322	365	411	433	565	212

Source: DCMHMR Crisis Statistics Worksheet

While there was an increase in the frequency of individuals being treated on an involuntary inpatient basis, this rate remained roughly stable to the patient population as a whole.

Table 10 reports the frequency and type of calls received by DCMHMR 2009-2012.

Table 10.

DCMHMR Hotline Calls by Category

	2009	2010	2011	2012	2013	2014
Crisis Calls	1,453	1,436	1,865	2,032	2,278	2151
Supported Listening Calls	384	354	352	279	243	527
Intakes Scheduled	1,829	1,605	1,874	2,426	2,513	2,384
Information Calls	8,541	6,389	8,439	8,354	7,994	9,193
Misc Calls	2,158	1,929	2,503	2,581	2,496	2390
Total Calls	14,365	11,713	15,033	15,672	15,554	16,645

Source: DCMHMR Crisis Statistics Worksheet

Table 11 compares the number of screenings done between the northern and southern halves of Denton County.



Table 11.

DCMHMR Comparison of Screenings within County

Location	2009	2010	2011	2012	2013	2014
North County	1,023	1,479	1,327	1,284	1,303	1,340
South County	451	596	608	572	696	594

Source: DCMHMR Crisis Statistics Worksheet

As can be seen from Table 11, the majority of screenings are taking place in the northern half of Denton County. This may be in part to the distribution of those living in poverty, and the assumed number of individuals able to pay for private services in Southern Denton County.

DCMHMR previously had an extensive waiting list but this waiting list was eliminated in 2014 due to additional state grant funding. They have served the mental health community over their funding level (the target that the state has funded DCMHMR to see) for the previous 3 years.

In 2014, adult mental health patients are treated at an average of 107% of funding level. DCMHMR does not have a waitlist for children, and does not turn children in need away, currently serving them at an average of 123% of funding level²⁴.

DCMHMR's waitlist, capacity, and target served are shown in Tables 12, 13 and 14. Note that the adult waitlist decline in Table 14 is due to a one time state funding grant given to DCMHMR to reduce the 2014 adult wait list.

Table 12.

DCMHMR 2012 Served and Capacity with Adult Wait List

	Adult Wait List	Adult Served	% Capacity	Children Served	% Capacity
Jan	301	1,306	115%	251	235%
Feb	259	1,308	116%	246	228%
Mar	275	1,300	115%	252	222%
Apr	292	1,320	117%	288	226%
May	308	1,290	114%	230	210%
Jun	307	1,278	113%	207	197%
Jul	340	1,270	112%	176	168%
Aug	294	1,264	112%	160	152%
Sep	320	1,244	110%	171	147%
Oct	334	1,270	112%	166	158%
Nov	298	1,252	111%	177	159%
Dec	283	1,230	109%	181	167%

Source: MHMR FY 2012 Service Numbers Report

Table 13.

DCMHMR 2013 Served and Capacity with Adult Wait List

	Adult Wait List	Adult Served	% Capacity	Children Served	% Capacity
Sep	320	1,244	105%	171	160%
Oct	336	1,270	107%	166	155%
Nov	301	1,252	106%	177	165%
Dec	289	1,230	104%	181	169%
Jan	288	1,230	104%	188	176%
Feb	290	1,244	105%	186	174%
Mar	256	1,257	106%	182	170%
Apr	217	1,283	109%	187	175%
May	224	1,312	111%	182	170%
Jun	221	1,306	110%	171	160%
Jul	230	1,300	110%	164	153%
Aug	249	1,322	112%	155	145%

Table 14.

DCMHMR 2014 Served and Capacity with Adult Wait List

	Adult Wait List	Adult Served	% Capacity	Children Served	% Capacity
Sep	206	1,381	87%	153	78%
Oct	94	1,500	95%	165	85%
Nov	37	1,554	98%	175	90%
Dec	8	1,594	101%	177	91%
Jan	2	1,694	107%	208	106%
Feb	0	1,760	111%	249	128%
Mar	0	1,804	114%	249	128%
Apr	0	1,769	112%	263	135%
May	0	1,754	111%	255	131%
Jun	0	1,783	113%	263	135%
Jul	0	1,835	116%	255	131%
Aug	0	1,865	118%	240	123%

Suicide

In a report published in 2014, American Association of Suicidology stated that suicide is the tenth leading cause of death in the United States.

The nationwide rate for 2011 was 12.7 per 100,000 with a total of 39,518 deaths by suicide for that year. The suicide rate is highest in ages 45-54 and second highest amongst the elderly population. While the suicide rate is lower amongst the 15-24 age group than it is within the aforementioned groups, suicide is the second leading cause of death amongst persons aged 15-24¹⁷.

According to Suicide and Crisis Center of North Texas, almost as many teens die from suicide each year as from all natural causes combined. 9% of Texas high school students attempt suicide each year¹⁸.

Table 15 compares the national suicide rate by age.

Table 15.

Suicide Rate Comparison by Age Cohort, Per 100,000 Population (National)

	Years Reported	Suicide Rate
Youth (15-24)	2000-2010	9.7 to 11.00
Adults (45-54)	2011	19.8
Elderly (85+)	2011	16.9

Source: American Association of Suicidology, Suicide in The USA - Based on 2011 Data (2014)

Since 2009, suicide has been one of the top ten causes of death in Denton County¹⁸. According to the Denton County Medical Examiner’s office, the majority of suicides in Denton County are in the City of Denton, and the most common method is the use of prescription drugs or alcohol in combination with gunshot wounds. Toxicology reports revealed that 70% of suicide victims had these in their system at the time of death.

The percentage of suicides that involve non-prescription narcotics, such opiates and methamphetamine, is low.

Since we have raised mental health screenings within hospitals, schools, and jails, prevalence of suicide has decreased in recent years.

Table 16 reports the number of suicides for Denton County as well as the number of suicides for Collin, Johnson and Parker Counties, as a comparison.

Table 16.

Suicide Rate Comparison by County 2009-2013

	2009	2010	2011	2012	2013
Denton County	64	58	66	66	63
Collin County	62	83	89	100	126
Johnson County	16	29	12	13	27
Parker County	10	18	25	15	12

Source: Tarrant County and Collin County Medical Examiners' Office

Denton State Supported Living Center

Approximately 4,000 individuals in the State of Texas, who have mental and/or developmental disabilities, reside in State Supported Living Centers.

Denton State Supported Living Center (DSSLC) was established in 1960 and currently employs about 1,700 staff, is home to 490 individuals, and is the largest of 13 state supported living centers in Texas.

Of the 490 residents on campus, there are approximately 300 residents who use wheelchairs and roughly 100 individuals who are listed as medically fragile. Due to the nature of the disorders and physical ailments, all individuals require diversity in medical support.

The Denton Chamber of Commerce learned in the late 1950's that the state was planning to build a mental retardation (now referred to as Intellectual of Developmental Disability) facility in the Dallas/Ft. Worth area. Citizens donated money for the purchase of 200 acres of land, and the land was donated to the state with the stipulation that it be used to provide services to people with intellectual disabilities. Today it offers a central kitchen that prepares and serves all meals / snacks daily, a 30-bed infirmary, a café, cemetery, full medical and dental clinics, laundry facilities, a shopping center, a custom wheelchair shop, and much more. DSSLC is an environment in which the residents live independently while providing employment opportunities to any person who wants to earn money. DSSLC offers special programs such as horticulture in the greenhouse, pottery in the ceramics program, and jewelry / home décor in the creations program. A tiny shop on the square in Denton called Impressions sells one of a kind gifts made by DSSLC residents.

Table 17 reports DSSLC's demographics and Intellectual and Developmental Disabilities for 2013.

Table 17.

2013 DSSLC Demographics

Population	490
Male	57%
Female	43%
Ages/Under 21	5
Ages/22-54	260
Ages/55+	225

*Intellectual and Developmental Disabilities (IDD)
at DSSLC*

Level of IDD Borderline	0%
Level of IDD Mild	8.98%
Level of IDD Moderate	12.04%
Level of IDD Severe	18.37%
Level of IDD Profound	59.19%
Level of IDD Unspecified	1.43%
Health Status Moderate	189
Health Status Severe	108

Mental Health and the Criminal Justice System

Denton County does not have a public facility designated to providing housing for mentally ill offenders and must either house them within the County Jail or transport them outside of the county for housing.

Meanwhile, judicial proceedings must be conducted in Denton County. This requires the Denton County Sherriff's Office to transport these individuals to and from court which interrupts treatments as well as increases the county's transportation and law enforcement expenses¹⁹.

The State of Texas projects that the total incarcerated population for the Texas Department of Criminal Justice will exceed operating capacity by an accelerating rate over the course of 2012-2017. This projection assumes that drivers remain constant, and levels of treatment and prevention remain unchanged.

However, the population in state funded juvenile detention facilities is projected to decline both nominally and relative to capacity, leaving the Texas Juvenile Justice Department (TJJD) with greater capacity than usage.²⁰ (The current trend is moving towards keeping juveniles within their local community as much as possible). Recidivism rates have steadily declined for both adult and juvenile offenders statewide over the period of 2005 through 2009²¹.

The DCMHMR Mobile Crisis Outreach Team (MCOT) was developed to quickly respond to mental health crises and often calls upon law enforcement (Mental Health Sheriff’s deputies) make a detention without a commitment. These deputies work with MCOT and can travel to the location of screening. If, based on the recommendation of MCOT, the deputies agree that hospitalization is necessary; clients will be taken to a local hospital with psychiatric care facilities to await a competency hearing, usually the next day so that necessary treatment can begin immediately.

Table 18 shows the average number of weekly psychiatric evaluations that are provided to inmates in the Denton County Jail.

Table 18.

2012 Denton County Jail Correctional Health Psychiatric Evaluations

	Low Census	High Census	Average Evaluations	% of Low Census	% of High Census
Jan	1,179	1,208	105	8.91%	8.69%
Feb	1,165	1,212	199	17.08%	16.42%
Mar	1,141	1,165	132	11.57%	11.33%
Apr	1,114	1,163	114	10.23%	9.80%
May	1,140	1,181	127	11.14%	10.75%
Jun	1,195	1,258	148	12.38%	11.76%
Jul	1,170	1,265	109	9.32%	8.62%
Aug	1,236	1,282	118	9.55%	9.20%
Sep	1,341	1,341	145	10.81%	10.81%
Oct	1,250	1,331	217	17.36%	16.30%
Nov	1,202	1,255	185	15.39%	14.74%
Dec	1,111	1,205	179	16.11%	14.85%

Source: Denton County Correctional Health, Jail Health Department

The Department of State Health Services (DSHS) does not track juvenile justice and criminal justice involvement. However, all the jails in the state report “bookings” to the Mental Health system. In 2012 there were 856 clients with exact matches (based on demographics) to clients that are being or have been served by DCMHMR in the past.

Mental Health and Poverty

According to the Public Consulting Group, 81.56% of the patients served by DCMHMR in 2011 had incomes at less than half of the federal poverty line while an additional 12.8% had incomes between 50% and 99.9% of the federal poverty line. This means that 94.36% of patients served by DCMHMR in 2011 had incomes below the federal poverty line. See Table 19 below.

Table 19.

Denton County MHMR Population Living Under Poverty Line (FPL)

	Percentage	Cumulative Percentage
Less than 50% of FPL	81.56%	81.56%
Between 50% and 99.9% of FPL	12.80%	94.36%
Above Federal Poverty Line	5.64%	100.00%

Source: Public Consulting Group (2013), Analysis of the Texas Behavioral Health System

In 2014, 90.16% of DCMHMR’s population in services are below the federal poverty line. This includes both adults and children.

DCMHMR had the highest proportion of patients with incomes less than half of the federal poverty line statewide with Tarrant County having the second highest percentage in this category at 77.43%. The average percentage of patients in this category for LMHA’s in Texas was 45.52%⁴.

According to the Substance Abuse and Mental Health Service Administration, more than 60% of the chronically homeless population has experienced lifelong mental health problems while approximately 30% of chronically homeless persons have mental health conditions. Many have co-occurring substance abuse problems²².

The Denton County Homeless Coalition estimated that 1,595 homeless persons lived in Denton County in 2014²³ (This is a significant increase from the 576 homeless person count in 2011 as reported in the last needs assessment in part because of more ground covered and expanded time frame for the 2014 count).

Glossary of Mental Health Terms

1115 Grant: A waiver that allows the state to expand Medicaid managed care while preserving hospital funding, provides incentive payments for health care improvements and directs more funding to hospitals and outpatient clinics that serve large numbers of uninsured patients.

AD/HD (Attention Deficit/Hyperactivity Disorder): Any of a range of behavioral disorders occurring primarily in children, including such symptoms as poor concentration, hyperactivity, and impulsivity.

Addiction: A condition in which the body requires a drug in order to function without physical and psychological reactions to its absence; often the outcome of tolerance and dependence.

Affect: Observable behavior that represents the expression of a subjectively experienced feeling state (emotion), such as fear, sadness, joy and anger.

Anxiety disorders: Mental disorders marked by physiological arousal, feelings of tension, and intense apprehension without apparent reason.

Autism Spectrum Disorder (ASD): A general term for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behavior.

Bipolar disorder: A mood disorder characterized by alternating periods of depression and mania.

Clinical Social Worker (LCSW): Provides mental health services for the prevention, diagnosis, and treatment of mental, behavioral, and emotional disorders in individuals, families, and groups. The LCSW's goal is to enhance and maintain their patients' physical, psychological, and social function.

Comorbidity: The experience of more than one disorder at the same time.

Compulsion: A strong, usually irresistible impulse to perform an act, especially one that is irrational or contrary to one's will.

Copayment: A payment made by a beneficiary (especially for health services) in addition to that made by an insurer.

Deductible: The amount you have to pay out-of-pocket for expenses before the insurance company will cover the remaining costs.

Depression: A condition of general emotional dejection and withdrawal; sadness greater and more prolonged than that warranted by any objective reason. *See also Major Depressive Disorder.*

Diagnostic and Statistical Manual of Mental Disorders (DSM): The standard classification of mental disorders used by mental health professionals in the United States.

Dual Diagnosis: Co-occurring Mental Illness, Drug Addiction and/or Alcoholism in various combinations.

Eating disorders: Conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health.

Grief: A person's emotional reaction to a significant loss.

FQHC: Federally qualified health center.

Hallucinations: False perceptions that occur in the absence of objective stimulation.

HSNT: Health Services of North Texas is the only Federally Qualified Health Center in Denton County. HSNT treats the whole person, to include both medical and mental health issues.

IDD (Intellectual or Developmental Disability): a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. *See also Mental Retardation.*

Inpatient: A patient who stays in a hospital overnight, while under treatment.

LMHA: Local Mental Health Authority

Major depressive disorder: A mood disorder characterized by intense feelings of depression over an extended time, without the manic high phase of bipolar depression.

Mental health: A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mental health crisis: An intensive behavioral, emotional, substance use, or psychiatric situation which, if left untreated, could result in an emergency situation.

Mental retardation: Condition in which individuals have IQ scores 70 to 75 or below and also demonstrates limitations in the ability to bring adaptive skills to bear on life tasks.

DCMHMR: Denton County Mental Health and Mental Retardation. Denton County MHMR Center is a local Non-Profit Community MHMR Center that contracts with the Texas Department of State Health Services and the Texas Department of Aging and Disability Services as well as other agencies to provide services to individuals with behavioral health care needs. Denton County MHMR Center is designated the local mental health and intellectual & developmental disabilities authority for Denton County, Texas.

Obsessive-compulsive disorder (OCD): A mental disorder characterized by obsessions-recurrent thoughts, images, or impulses that recur or persist despite efforts to suppress them-and compulsions-repetitive, purposeful acts performed according to certain rules or in a ritualized manner.

Panic disorder: An anxiety disorder in which sufferers experience unexpected, severe panic attacks that begins with a feeling of intense apprehension, fear, or terror.

Paranoia: An unfounded or exaggerated distrust of others, sometimes reaching delusional proportions. Paranoid individuals constantly suspect the motives of those around them, and believe that certain individuals, or people in general, are "out to get them."

Partial hospitalization: Also known as PHP, it is a type of program used to treat mental illness and substance abuse. In partial hospitalization, the patient continues to reside at home, but commutes to a treatment center up to seven days a week.

Personality disorder: A chronic, inflexible, maladaptive pattern of perceiving, thinking, and behaving that seriously impairs an individual's ability to function in social or other settings.

Phobia: A persistent and irrational fear of a specific object, activity, or situation that is excessive and unreasonable, given the reality of the threat.

Posttraumatic stress disorder (PTSD): An anxiety disorder characterized by the persistent reliving of traumatic events through distressing recollections, dreams, hallucinations, or dissociative flashbacks; develops in response to rapes, life-threatening events, severe injuries, and natural disasters.

Prevalent: Widespread; of wide extent or occurrence

Primary care: Health care at a basic rather than specialized level for people making an initial approach to a doctor or nurse for treatment.

Psychiatrist: An individual who has obtained an M.D. degree and also has completed postdoctoral specialty training in mental and emotional disorders; a psychiatrist may prescribe medications for the treatment of psychological disorders.

Psychological trauma: A type of damage to the psyche that occurs as a result of a severely distressing event.

Psychologist: An individual with a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school. A psychologist does not typically prescribe medications; instead they treat patients using psychotherapy, and are experts in psychological testing.

Psychotic disorders: Severe mental disorders in which a person experiences impairments in reality testing manifested through thought, emotional, or perceptual difficulties; no longer used as a diagnostic category after DSM-III.

Psychotropic medication: A prescription drug that is used to treat or manage a psychiatric symptom or challenging behavior.

SAMHSA: Substance Abuse and Mental Health Services Administration

Schizophrenic disorder: Severe form of psychopathology characterized by the breakdown of integrated personality functioning, withdrawal from reality, emotional distortions, and disturbed thought processes.

Stress: The pattern of specific and nonspecific responses an organism makes to stimulus events that disturb its equilibrium and tax or exceed its ability to cope.

Support group: A group of people, sometimes led by a therapist, who provide each other moral support, information, and advice on problems relating to some shared characteristic or experience.

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