

“Celebrating 35 years of  
Caring, Community and Continuity”



THE COMMUNITY MENTAL HEALTH & MENTAL RETARDATION CENTER

**Local Plan**

**FY 2006 - 2007**

# RECOMMENDATION TO THE BOARD OF TRUSTEES

May 25, 2005

**ISSUE:** Adoption of the FY 2006 – 2007 Local Plan

## 1. RECOMMENDED ACTION

It is recommended that the Board of Trustees adopt the Local Plan for FY 2006 – 2007 and that the Executive Director be authorized to submit the Local Plan to the Texas Department of Mental Health and Mental Retardation (TDMHMR) as required by our Performance Contract with DSHS and DADS for FY 2005.

## 2. STRATEGIC PLAN

This recommendation supports the following Strategic Goals:

Objective One: Improve access/availability to services, core and non-core.

Objective Two: Improve communication.

Objective Three: Develop meaningful partnerships.

## 3. BACKGROUND

Through our Performance Contract with DSHS and DADS, Gulf Bend Center is required to prepare and submit a Local Plan every two years. The purpose of the Local Plan is to identify local needs and priorities to inform resource allocation, resource development and performance activities.

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Mark Daigle  
Chair, Board of Trustees

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Don Polzin  
Executive Director

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Diana Deborah  
Chair, Planning & Network Advisory Committee

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David Way  
Director, Operations

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# Mission, Vision & Values

## **Mission:**

The mission of Gulf Bend Mental Health and Mental Retardation Center is to improve the quality of life of persons and their families who are challenged with problems related to mental illness and mental retardation.

## **Vision:**

Gulf Bend Mental Health and Mental Retardation Center envisions an informed community working together improving the quality of life of the people we serve.

## **Values:**

We value...

- Integrity
- Individual Worth
- Quality
- Stewardship
- Productivity
- Innovation
- Dedication

## Center History

Gulf Bend Mental Health and Mental Retardation Center (the Center) is a political subdivision or agency of the State of Texas created under the Texas Mental Health and Mental Retardation Act of 1965, which established a statewide system of locally, governed public community mental health and mental retardation centers. In 1970, after considerable research and planning by community and state leaders, the Center opened its doors to the people of Calhoun, DeWitt, Goliad, Jackson, Refugio, and Victoria counties. In 1974, Lavaca County joined the local service area.

Our communities look to us as a provider of services for a very special segment of the population of those persons experiencing mental illness and mental retardation. Gulf Bend Center is contractually obligated with the Texas Department of Mental Health and Mental Retardation (TDMHMR) to specialize in serving the serious and persistent mentally ill including persons with major depression, bi-polar disorder and schizophrenia. Also, the Center addresses the needs of persons with mental retardation by providing long term care services and supports that enable individuals to live with dignity in their community as opposed to an institution. These two-service populations are termed "priority population". Today, the Center serves on average seven hundred thirty five adults with mental illness, over two hundred children with mental illness and one hundred fifty persons with mental retardation each month.

A nine-member board of trustees made up of community leaders who volunteer their time and expertise governs the Center. The commissioner's courts of the seven counties served appoint these board members. The board appoints a Planning and Network Advisory Committee (PNAC). The PNAC purpose is to advise management and the board in the planning and delivery of services to meet the needs of the seven county service area. A host of other community volunteers work directly with Center staff in promoting activities and services throughout the year. One such activity that brings volunteers and consumers of services together in a common setting of fun and fellowship is Friendship Fest, an annual event that focuses on alleviating the stigma of mental illness and mental retardation. Friendship Fest is now in its 10<sup>th</sup> year thanks to the support of the local community including, local businesses, employees of major industry and students of local high schools who volunteer their time to the event.

We remain by far the largest provider of comprehensive mental health and mental retardation services in our area. Our service population is 51% male, 49% female, 20% children and adolescents and 80% are adults. Adults who are 22-44 years old make up the single largest percentage of people who receive services from us. Ethnic composition follows that found in the general population for our local service area, with 53% white, 33% Hispanic, 12% black, and 2% other. Over 90% of the persons who are screened, assessed, and provided services for brief or extended periods of time have gross incomes under \$20,000.

## Priority -- Target Population Definitions

### Adult Mental Health

The *priority* population for mental health services consists of:

- Adults who have a severe and persistent mental illness such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

The *target* population for mental health services consists of:

- Adults who have a diagnosis of schizophrenia, bipolar disorder and severe major depression.

### Children and Adolescent Mental Health

The priority population for mental health services consists of:

- Children and adolescents between the ages of 3 and 17 who have a diagnosis of mental illness who exhibit severe emotional, behavioral or mental disorders and who:
  - Have a serious functional impairment
  - Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
  - Are enrolled in a schools system's special education program because of a serious emotional disturbance.

### Mental Retardation:

The priority population for mental retardation services includes those persons who request and need services and possess one or more of the following conditions:

- Mental retardation, as defined by Section 591.003(3), Title 7, Health and Safety Code.
- Autism as defined in the current edition of the Diagnostic and Statistical Manual (DSM)
- Pervasive Developmental Disorder (PDD) as defined in the current edition of the DSM

For persons with mental retardation, autism, or PDD, the priority population includes only those individuals whose needs for services can be most appropriately met through programs currently or potentially offered by the TDMHMR system rather than some other service system. The priority population does not include anyone whose service needs may be most appropriately met through other means, as determined by the State Authority (TDMHMR).

### Texas Commission on Offenders with Mental Illness (TCOMI)

- Individual must meet priority population criteria as defined by TDMHMR and currently on probation, not parole, and reside in Victoria or Lavaca counties.

# Mental Health & Mental Retardation Local Service Area Demographic Profile

Estimated Total Population of Gulf Bend Center local service area:  
\***176,626 (2003)**

Local Service Area Mental Health/Illness Prevalence (2003)

\* Statistical source: TDMHMR

*Adult Pop.	Total with mental illness	TDMHMR Priority Pop	Schizophrenia	Major Depression	Bi-Polar	Anxiety	Dysthymia	Phobia	Other impairment
129,855	25,503	3,762	1,169	3,506	779	2,078	2,727	9,479	9,090

\*Adult population number represents estimated total number of adults residing in local service area.

Local Service Area Mental Retardation Prevalence (2003)

\*Statistical Source: TDMHMR

Total MR Pop.	Mild	Moderate	Severe – Profound	TDMHMR Priority Pop.	Mild	Moderate	Severe -- Profound
4,822	4,115	530	176	720	412	132	176

\*Total MR number represents estimated number of adults residing in local service area who have mental retardation.

Local Service Area Child & Adolescent Mental Illness Prevalence

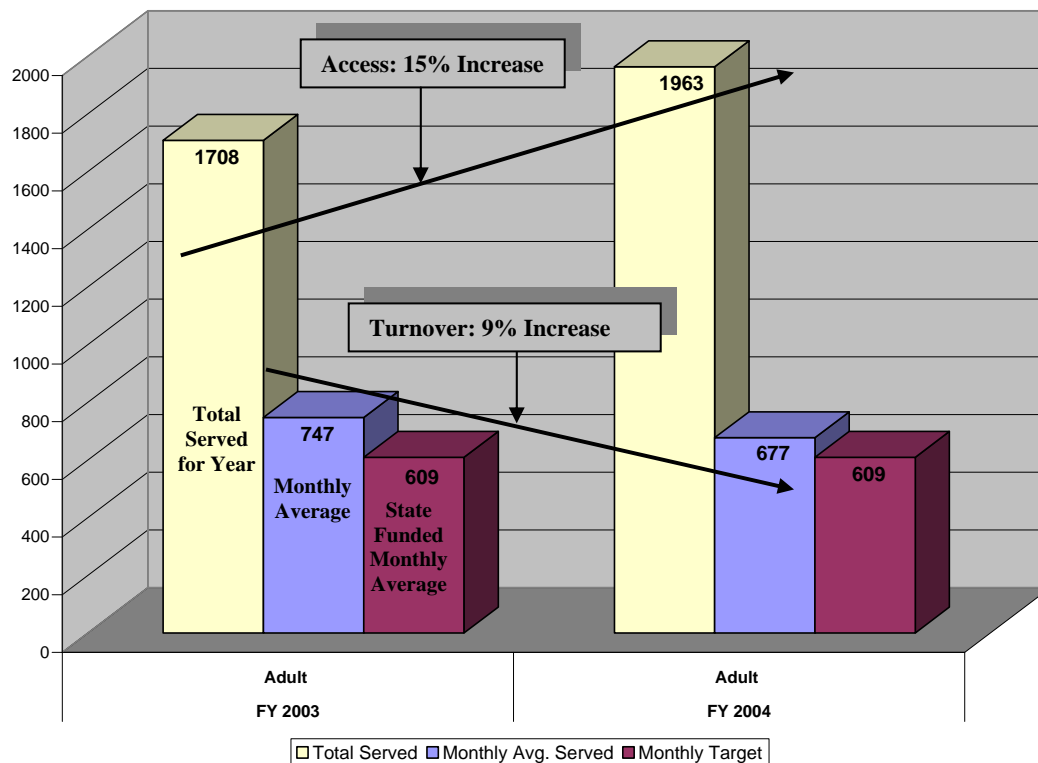
\* Statistical Source: Surgeon General (2003)

*Total C&A Pop.	Anxiety Disorders	Mood Disorders	Disruptive Disorders	Substance use Disorders	Any Disorder
48,176	13%	6.2%	10.3%	2%	20.9%
	6,263	2,987	4,962	963	10,068

\*Total number represents ALL children living in service area. Disorder totals are subset of general population.

## Service Capacity & Utilization: “Improving Service Efficiency”

### Adults with Mental Illness:



**Access:** Gulf Bend Center served an additional 255 adults during fiscal year 2004, representing a **15% increase** in access to services. The increase represents total unduplicated adults served for the fiscal year. Most significant is the increase represents *uninsured* adults admitted from the waiting list. The following are major contributing factors:

- Local Communities Fund Waiting List (uninsured adults):
  - Five of seven counties increase local contributions
  - Victoria and Calhoun County’s United Way agencies contribute to waiting list

**Turnover:** Gulf Bend Center demonstrates an overall **9% increase** in consumer turnover rate. The increase in turnover results in 70 fewer adults receiving service on a monthly basis while increasing volume of unduplicated adults served on an annual basis. The following are major contributing factors:

- Benefit Procurement:
  - Uninsured adults receive benefits (Medicaid/Medicare) allowing for discharge to private providers
- Treatment goal attainment:
  - Consumers meet treatment goals
- Utilization management: process ensures people get the right amount of service

**Funded Target:** Gulf Bend Center’s State funded capacity remains at 609 per month.

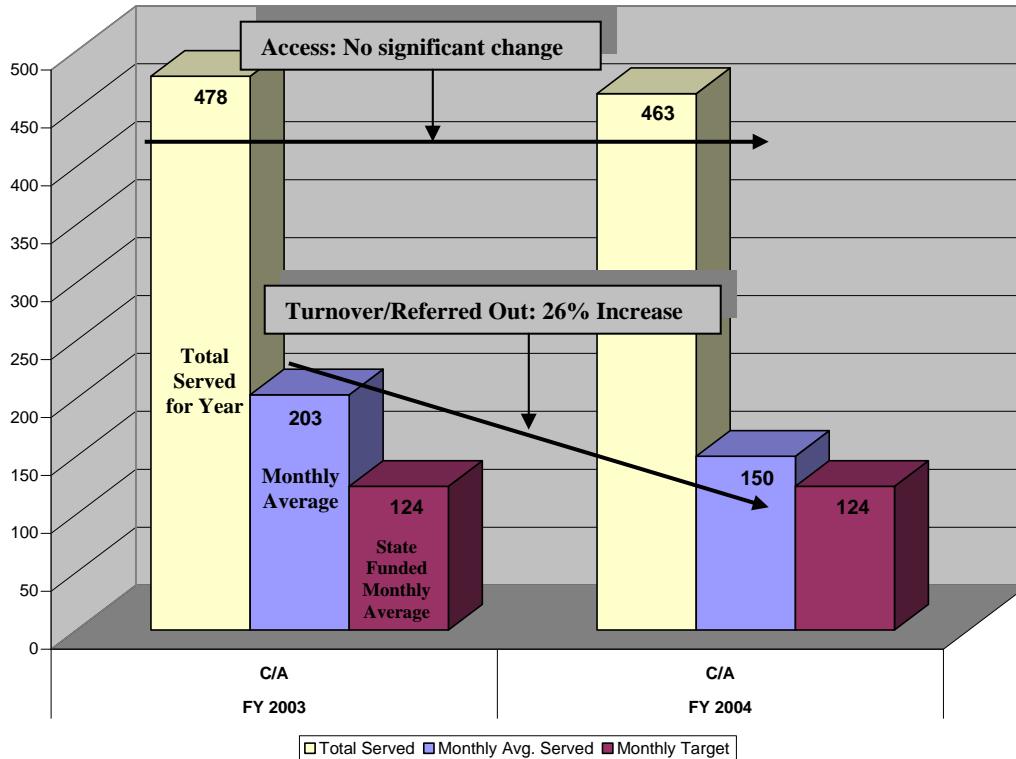
**Outcome:** The 15% increase in total adults served annually with a reduction in the average number of adults served monthly demonstrates 2 outcomes:

- Increased access to services for uninsured mentally ill adults
- Improved benefit procurement rate (Medicaid/Medicare) results in increased discharge rate

Overall, these two outcomes demonstrate a significant improvement in program efficiency

## Service Capacity & Utilization: “Improving Service Efficiency”

### Children & Adolescents with Mental Illness



**Access:** Gulf Bend Center maintained overall service capacity for children. This is possible due to the high Medicaid eligibility rate. Approximately 95% of children who request services have Medicaid or some other payer.

**Discharge and/or referred out:** Gulf Bend Center has served 26% fewer children per month. Totals here represent the *average* number of children who received a service each month. This decrease is due to the discharge of stable children who required only psychiatric medical services. Discharging these individuals ensures they receive services in the least restrictive environment and allows the redirection of strained state general revenue dollars to the uninsured child.

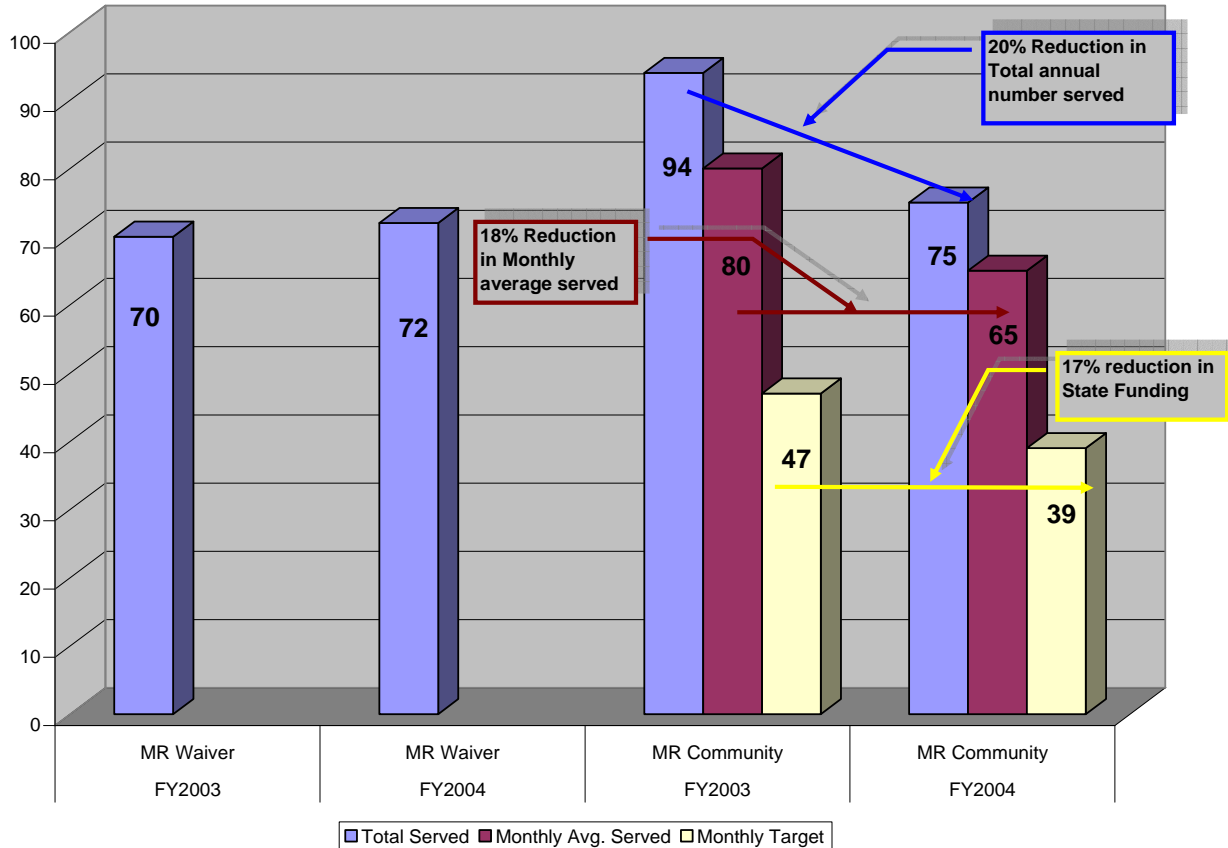
**Funded Target:** Gulf Bend Center’s State funded capacity remains at 124 per month.

**Outcome:** Continuing to serve the same unduplicated number of children while decreasing the monthly service volume produces two outcomes:

- Reduced length of stay...consumers experience quicker treatment outcomes
- Reduced cost related to psychiatric medical services
- Overall, these two outcomes demonstrate a significant improvement in program efficiency

## Service Capacity & Utilization: “Maintaining Service Efficiency”

### Individuals with Mental Retardation



This graph illustrates two different types of funded programs for people with mental retardation.

- **MR Waiver programs** are purely Medicaid funded. The use of State General Revenue is prohibited. These programs include the Home and Community Based Services (HCS) and Intermediate Care Facilities (ICF). Service capacity is capped. Both of these programs are residential programs.
- **MR Community services** are funded with State General Revenue. State required services are limited to eligibility determination and service coordination. Gulf Bend Center is funded to serve an average number of individuals per month/quarter.

**Outcome:**

- MR Waiver Programs maintained capacity.
- MR Community Services experienced an overall 18% decrease in service capacity and service utilization. The following are key factors leading to the reduction.
  - State Authority reduced funded capacity by 17%
  - Gulf Bend Center discharged approximately 30 individuals due to *attaining treatment goals*. This discharge accounts for a significant portion of the reduction found in total number served and monthly average served.

Overall, Gulf Bend Center maintained a service capacity 40% greater than the State funded level. This demonstrates program efficiency.

## Waiting List Information

Gulf Bend Center developed and implemented a waiting list policy and procedure during FY2003. Implementation was necessary due to a continuance of diminishing funds especially monies allocated for the uninsured mentally ill population. Gulf Bend Center utilized its PNAC and Network Advisory Committee to review and give input on the policy and procedure.

Service Type	Population	Waiting FY2003	Waiting FY2005
Admission to adult MH Services (non-enrolled)	Adult MH	111	217
Admission to child MH Services (non-enrolled)	Child MH	13	27
HCS	Adult MR	148	186
Group Home	MR	20	4

The following is a breakdown by county for FY2005. All individuals waiting for services are uninsured (do not have Medicaid).

County	Waiting FY2005
Victoria	190
Calhoun	20
Dewitt	21
Jackson	8
Goliad	0
Lavaca	3
Refugio	5

The following is a FY2005 breakdown by diagnostic eligibility. Individuals with a **target** population diagnosis (Schizophrenia, Bi-polar, and Major Depression) are considered eligible. Individuals with a **priority** population diagnosis (all other mental illness) are not eligible for services unless the Center has demonstrated service capacity. State General Revenue must first be spent on the target population.

Target	Priority
193	51

## Service Array & Resource Allocation

The Center provides services to persons in Victoria, Calhoun, Goliad, Dewitt, Lavaca, Refugio, and Jackson counties. A staff of approximately 188 full-time employees includes nurses, Licensed Practitioners of the Healing Arts (LPHA), qualified mental health professionals, qualified mental retardation professionals, direct care staff, and administrative personnel. Of the 188 full-time staff approximately 56 serve individuals with mental illness and 102 serve those with mental retardation.

The following represents our service array designed to meet the needs of persons who meet admission criteria. Anyone residing in the local service area that experiences a mental health or mental retardation crisis will receive crisis support services (screening and assessment) regardless of admission status. Unless otherwise indicated all services listed here are available for all admitted children, adolescents, and adults.

### **Screening and Crisis Response**

These services are provided to any person in crisis residing within Gulf Bend Center's local service area 24 hours per day, seven days per week. The service is provided by a qualified mental health professional. Our crisis team is mobile, able to respond to any area within the local service area. Most screenings occur at the local community hospital and on occasion at local jails.

#### FY2005 Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2005	\$441,207	5%

### **Initial Assessment**

This service is provided to individuals who are not currently admitted and for whom are believed to meet admission criteria. The purpose of the assessment is to determine priority population status, diagnosis and level of need. The service is provided by a LPHA.

#### FY2005 Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2005	\$93,757	1%

### **Consumer Benefits**

This service is provided to all individuals receiving services and to those who are identified as meeting admission eligibility. The service meets requirements for the Charges for Community Services Rule, 25 TAC, Chapter 412. The goal of the service is

to assist individuals in procuring a payer/benefit for services received. All individuals are required to be screened for eligibility and apply for benefits; otherwise they must pay the full rate/charge for services. *Note: The resource allocation reported here is part of the overall program cost of all consumer services described herein. The purpose of reporting the total allocation separately is to provide an accurate representation of the actual program cost.*

FY2005: Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2005	\$146,231	1.6%

**Adult RDM Service Package 1**

Services in this service package are generally intended for individuals with major depressive disorder, bipolar disorder or schizophrenia and related disorders who present with very little risk of harm and who have supports and level of functioning that does not require more intensive levels of care. The general focus of services at this level of care is to reduce or stabilize symptoms, improve level of functioning and/or prevent deterioration of the person's condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings and are primarily limited to medication, rehabilitative services and education.

FY2005: Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2005	\$291,468	3.2%

**Adult RDM Service Package 2**

Services in this package are intended for individuals with residual symptoms of major depressive disorder (after medication treatment), with a intake GAV equal to or less than 50, who present very little risk of harm, who have supports and a level of functioning that does not require more intensive levels of care, and who can benefit from psychotherapy. The general focus of services at this level of care is to improve level of functioning and/or prevent deterioration of the person's condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in the outpatient, office-based setting and include psychotherapy services in addition to those offered in service package 1.

FY2005: Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2005	\$56,598	.6%

**Adult RDM Service Package 3**

This service provides a team approach to providing more intensive rehabilitative service for individuals. Services in this service package are generally intended for individuals who enter the system of care with a moderate to severe level of need and therefore

require intensive skills training to increase community tenure, establish support networks, increase community awareness, develop coping strategies and function effectively in their social environment. This can include maintaining the current level of functioning. Supported Housing and COPSD services are provided by the rehabilitative case manager. Supported employment services are provided by a supported employment specialist on the team in addition to the rehabilitative case manager. The general focus of services is to stabilize symptoms, improve functioning, and increase natural supports in the community and or to sustain improvements made in more intensive service packages. Service focus is on amelioration of functional deficits through skill training activities focusing on symptom management, independent living, self-reliance, non-job-task specific employment interventions, impulse control, and effective interaction with peers, family and community. Services are provided within the community.

FY2005: Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2005	\$718,330	7.8%

**Cognitive Behavioral Counseling Services**

This service is provided to children, adolescents and adults. The service focuses on the reduction or elimination of an individual's symptoms of severe and persistent mental illness and increasing the individual's ability to perform activities of daily living.

FY2005: Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2003	\$194,219	2%

**TCOOMMI**

This service addresses the unique needs of adult offenders with mental impairments. The TCOOMMI program is designed using a multi-service approach to mental health treatment directed at reducing the recidivism of offenders with special needs. With a caseload of 32, services are provided to individuals' currently on probation in Lavaca or Victoria Counties and include case management, psychosocial rehabilitation, psychiatric services, and medication monitoring.

FY2005: Budget Allocation

Fiscal Year	Resource Allocation	% of Total Budget
2003	\$121,822	1.3%

**Child and Adolescent RDM Services**

Gulf Bend Center provides six different service packages based on levels of care. Services are aimed at treating externalizing disorders (ADD/ADHD), conduct disorder or Oppositional defiant disorder) and internalizing disorders (depressive or anxiety disorders). Service packages include an array of services that include cognitive based therapy, skills training, family support/education, and case management.

FY2005: Budget Allocation

<b>Fiscal Year</b>	<b>Resource Allocation</b>	<b>% of Total Budget</b>
2005	\$703,599	7.7%

**Community Funded Program**

Gulf Bend Center's local communities/government increased contribution for the sole purpose of meeting the mental health needs of the uninsured. Specifically, public dollars are utilized to provide direct mental health services to adults and children who would otherwise be placed on a waiting list. Services include pharmacological management, benefit procurement and case coordination. The purpose of the program is to provide basic mental health services to individuals who would otherwise likely require inpatient care or are at high risk of coming in contact with the law.

FY2005: Budget Allocation

<b>Fiscal Year</b>	<b>Resource Allocation</b>	<b>% of Total Budget</b>
2005	\$84,676	.9%

**In-Home Family Support**

This service provided financial assistance to individuals with mental retardation and mental illness during FY 2003. However, mental health funds were eliminated, due to the State's funding shortfall, for FY 2004. The service provides financial assistance to eligible individuals for the purpose of purchasing items that are above and beyond the scope of usual needs such as food and clothing. Such items are necessitated by the person's mental disability and directly support that person to live in his/her natural home. An individual does not have to be admitted to services to receive this service.

FY2005 Budget Allocation (mental retardation only)

<b>Fiscal Year</b>	<b>Resource Allocation</b>	<b>% of Total Budget</b>
2005	\$75,022	.8%

**Medical Services**

A critical and important component of our Center's services to the priority population involves medical professionals with extensive knowledge, training, and skills as board certified psychiatrists, nurses, and registered pharmacists. This team of professionals delivers pharmacological management, psychiatric evaluation and crisis services. Physicians work closely with all other mental health and mental retardation professionals and direct care staff to best ensure an interdisciplinary approach to comprehensive treatment. Medical services are delivered to all populations (mental health and mental retardation).

FY2005 Budget Allocation (MH and MR)

<b>Fiscal Year</b>	<b>Resource Allocation</b>	<b>% of Total Budget</b>
2005	\$1,320,193	14.4%

**Pharmacy**

Gulf Bend Center operates a type 1 pharmacy. The purpose of this service is to provide medications to uninsured individuals. Approximately 42% of total program allocation is covered through free medications received through the Patient Assistance Program.

FY2005 Budget Allocation (MH and MR)

<b>Fiscal Year</b>	<b>Resource Allocation &amp; Leveraged Dollars</b>	<b>% of Total Budget</b>
2005	\$1,338,333 – \$560,605	14.6%

**Habilitation Services**

Site-based habilitation services provide training in basic life skills for mentally retarded persons. The goal of the service is to help the consumers achieve increased self-awareness and independence that empowers them to exercise choice and participate more fully in their community.

FY2005: Budget Allocation

<b>Fiscal Year</b>	<b>Resource Allocation</b>	<b>% of Total Budget</b>
2003	\$148,000	1.6%

**Service Coordination (MR only)**

Service coordination provides assistance in accessing medical, social, educational, and other appropriate services and supports that will help an individual achieve a quality of life and community participation acceptable to the individual.

FY2005: Budget Allocation

<b>Fiscal Year</b>	<b>Resource Allocation</b>	<b>% of Total Budget</b>
2003	\$179,347	2%

**Supported Employment Program (MR only)**

The program assists consumers with mental retardation in locating paid individualized competitive employment in the community by helping him/her identify employment preferences, job skills, work requirements and conditions and prospective employers offering employment compatible with the individual's identified preferences, skills and requirements.

FY2005: Budget Allocation

<b>Fiscal Year</b>	<b>Resource Allocation</b>	<b>% of Total Budget</b>
2003	\$56,228	.6%

**Residential Services**

Residential services are provided to individuals with mental retardation who meet admission criteria. There are two residential programs, Intermediate Care Facilities (ICF) and Home and Community Based Services (HCS).

- The ICF program’s goal is to move people toward a higher level of independence. The Center operates four (4) six-bed group homes, termed ‘small facilities’ by the State. The homes are closely monitored to assure they continue the idea of being “teaching environments” designed to advance over time the adaptive and daily living skills of the consumers residing in them.
- HCS assists enrolled persons with mental retardation to live successfully in the community. Multiple supports follow identification of consumers’ individual strengths and needs, and a specific plan of services is developed that allows consumers to experience an ever expanding quality of life as defined by individual recipients. Individuals may live in their own home, their family home, in foster care, or in a supported living situation of no more than four persons with awake staff at all times when consumers are present.

FY2005: Budget Allocation (HCS and ICF)

Fiscal Year	Resource Allocation	% of Total Budget
2005	\$3,336,985	36%

# Planning Process



## **The Planning Process**

A sub-committee of the Planning and Network Advisory committee (PNAC) chaired by the Director of Operations considered feedback from representatives of the Executive Management team, and other agencies.

The PNAC includes representation of consumers, families, children, mental retardation, mental illness, community organizations and other stakeholders. The PNAC is an integral part of the Center's feedback loop. It supports the Center's infrastructure, reviews essential components (surveys, assessments etc.) and produces recommendation for strategic goals/strategies.

### **Planning and Network Advisory Committee (PNAC): Local Plan Development**

The functions of the PNAC are to assist the Board of Trustees in an advisory capacity, make recommendations concerning local needs and service delivery, and the development of the local plan. The PNAC is established and utilized in a manner that supports the intent/purpose of SB1182 (78<sup>th</sup> Texas Legislature). Its ultimate purpose is to advise the local board of trustees in developing a local plan that "maximizes the authority's services by using the best and most cost-effective means of using federal, state, and local resources to meet the needs of the local community according to the relative priority of those needs." (SB 1182).

In developing the local plan, the PNAC and Gulf Bend Center solicits information regarding community needs from representatives of the local community, consumers of mental health and mental retardation services, consumers receiving services from state schools and any other interested person. The PNAC also strives to "assure accountability for cost effectiveness of and relative value of service delivery options..." (SB1182).

The PNAC, under the direction of the local board of trustees, will appoint ad-hoc committees to participate in or conduct special studies or review bids in response to requests for proposals. Ad-hoc committees will also be established to deal with specific population needs/issues e.g., children, substance abuse, jail diversion or hospital utilization.

# Local Plan Development

- |   |                  |
|---|------------------|
| A. Define Data Collection Methodology                   | December         |
| 1. Develop surveys                                      |                  |
| 2. Define/identify sample population                    |                  |
| B. Data Collection                                      | February – March |
| 1. Needs assessment survey                              |                  |
| a. Major Stakeholders                                   |                  |
| i. Consumers  |                  |
| ii. Public health facilities                            |                  |
| iii. Local government                                   |                  |
| iv. Employees   |                  |
| v. Board of trustees                                    |                  |
| vi. Advisory committees                                 |                  |
| 2. SWOT (Strengths, Weaknesses, Opportunities, Threats) |                  |
| a. Same stakeholders as needs assessment                |                  |
| 3. Administration of Surveys                            |                  |
| a. Direct mail  |                  |
| b. Telephone  |                  |
| c. Person to person                                     |                  |
| C. Compilation of Data                                  | March            |
| 1. Define/interpret results                             |                  |
| 2. Track number of respondents by type e.g., consumer   |                  |
| D. Analyze and Report Results                           | April            |
| E. Review results with PNAC and develop goals           | April            |
| F. PNAC reviews plan and recommends adoption to Board   | May              |
| G. Board of trustees adopts local plan                  | May              |
| H. Publish and distribute Local Plan                    | July             |

## **Internal and External Assessments**

Soliciting stakeholder input is crucial to the planning process. Our Center takes seriously the thoughts, opinions, and suggestions offered by interested individuals. In accordance with the Local Plan Development calendar, key stakeholders including PNAC members and executive staff developed the data collection methods to be used.

The best methods were determined to be use of a needs-assessment survey to address the needs of our community and gaps in services. Individuals were asked to rank the three most important services they currently receive. They were also asked to identify service gaps, important community supports or services that are not delivered or considered at threat of being lost.

The SWOT survey was utilized to gain insights as to the stakeholder's perception of how environmental forces may affect or help shape the services provided by Gulf Bend Center. Both of these surveys were developed to provide information to be used in planning for both service enhancement and organizational goal/initiative development.

The PNAC instructed executive management to survey county officials/stakeholders on two major areas; 1) what progress had been made, if any, in meeting the three established strategic goals for the FY04—05 Plan Year and, 2) what degree of importance does each goal have for their community for the FY06—07 Plan Year.

### **Planning Outcomes and Products**

- Planning and Network Advisory Committees continue to meet and monitor planning activities on a quarterly basis
- Biennial Local Plan
  - Strategic Goals and Objectives
- Local Network Development Plan
- Jail Diversion Plan
- Inpatient (State and Local) Bed Day reduction Plan

## Assessment Results

The following assessment and outcomes represent a study conducted during FY2003 for the purpose of developing strategic goals for the FY2004 – 2005 Local Plan. The Center’s PNAC instructed executive management to use this data as the basis for the development of the FY2006 – 2007 Local Plan. PNAC members commented that the overall needs and service gaps identified herein are representative of those the organization faces today over the next couple of years.

### Community Needs Assessment

A. Please indicate the top three services you feel are most important for Gulf Bend Center to provide for Adults with mental illness

Rank	Top Three Choices for Adults with Mental Illness
1	Medication related services
2	Skills or psychosocial training
3	Service or case coordination

B. Please indicate the top three services you feel are most important for Gulf Bend Center to provide for children with mental illness.

Rank	Top Three Choices for Children with Mental Illness
1	Medication related services
2	Counseling/Psychotherapy
3	Family Support and Training

C. Please indicate the top three services you feel are most important for Gulf Bend Center to provide for Adults with mental retardation.

Rank	Top Three Choices for Adults with Mental Retardation
1	Emergency/Crisis Services
2	Service or Case Coordination
3	Habilitation Services

D. Please indicate the top three services you feel are most important for Gulf Bend Center to provide for children with mental retardation.

Rank	Top Three Choices for Children with Mental Retardation
1	Emergency/Crisis Services
2	In-Home Family Services
3	Transition Planning Services

**Need Assessment results, cont....**

**Service Gaps**

- A. Please identify any gaps in direct or indirect services or supports that you feel children or adults with mental illness or mental retardation experience. Focus on what gaps in services most impact consumers, family members, or the community at large.

**Adult Mental Health**

Title	Description/Purpose	Identified Barrier
1. Counseling	Services provided individuals (to include sex offenders, victims, etc.) for whom evidenced-based research indicates that counseling significantly improves functioning and is integral to the continuum of care.	Recruitment and retention of LPHA and ability to provide access (transportation) to population eligible for services.
2. Transportation	Service provided to consumers unable to access community events, non-medical services and to those that have no other means of receiving services from Gulf Bend Center.	Lack of vehicles equipped to meet needs of disabled population and our inability to procure these vehicles or maintain them.
3. Community Education	Service provided to general public that educates community on mental illness and challenges faced by those diagnosed with priority population diagnosis. Furthermore, the service serves to assist general public in understanding how to access services.	Organization must carefully examine deployment of staff in an effort to identify staff resources.
4. Advocacy/support groups	Consumer run advocacy groups provide opportunity for individuals with similar experiences to advocate on behalf of themselves and others.	Lack of facility space and lack of staff support to assist with the implementation and start-up management.
5. Brief outreach crisis services	Services (e.g., counseling, medication) provided to individuals on waiting list or those who do not meet eligibility although would deteriorate without prompt service intervention.	Unable to access LPHA for counseling and lack of community resources for medication or practitioners to follow individuals
6. Rehabilitative skills training for non Medicaid individuals	Skills training services	Unavailable resources/funding
7. Jail Diversion	Service to divert mentally ill or mentally retarded from incarceration.	Community supports and technology

**Service gaps, cont....**

**Mental Retardation**

1. Site-Based Habilitation	Services provided to individuals for the purpose of life skill development and socialization.	Center provides at this time although extensive cuts in funding have caused need to reduce amount of Local funds dedicated to this program
2. Community Based long-term Care	Residential services for non-waiver consumers providing housing services to include support services, in-home training, and financial support.	Lack of property/facilities and personnel necessary for ensuring life safety for persons beyond our funded capacity.
3. Counseling	Services provided individuals (to include sex offenders, victims, etc.) for whom evidenced-based research indicates that counseling significantly improves functioning and is integral to the continuum of care.	Recruitment and retention of LPHA and ability to provide access (transportation) to population eligible for services.
4. Transportation	Service provided to consumers unable to access community events, non-medical services and to those that have no other means of receiving services from Gulf Bend Center.	Lack of vehicles equipped to meet needs of disabled population and inability to procure these needed vehicles or maintain them.
8. Community Education	Service provided to general public that educates community on mental retardation and challenges faced by those diagnosed with priority population diagnosis. Furthermore, the service serves to assist general public in understanding how to access services.	Organization must carefully examine deployment of staff in an effort to identify staff resources.

## Children and Adolescents

1. Counseling	Services provided individuals (to include sex offenders, victims, etc.) for whom evidenced-based research indicates that counseling significantly improves functioning and is integral to the continuum of care.	Recruitment and retention of LPHA and ability to provide access (transportation) to population eligible for services.
2. Transportation	Service provided to consumers unable to access community events, non-medical services and to those that have no other means of receiving services from Gulf Bend Center.	Lack of vehicles equipped to meet needs of disabled population and inability to procure these needed vehicles or maintain them.
3. Community Education	Service provided to general public that educates community on mental illness and challenges faced by those diagnosed with priority population diagnosis. Furthermore, the service serves to assist general public in understanding how to access services.	Organization must carefully examine deployment of staff in an effort to identify staff resources.
4. Brief outreach crisis services	Services (e.g., counseling, medication) provided to individuals on waiting list or those who do not meet eligibility although would deteriorate without prompt service intervention.	Unable to access LPHA for counseling and lack of community resources for mediation or practitioners to follow individuals
5. Local inpatient hospital bed	Psychiatric hospital services to provide intensive psychiatric care locally for individuals in LSA	Lack of community resources

# SWOT Analysis Results

## Internal Survey: Employees

A. What do you feel are Gulf Bend Center's

- Strengths
- Weaknesses
- Opportunities
- Threats

### FY2003

	1	2	3
<b>S</b>	Staff	Staff	Services
<b>W</b>	Communication	Staff attitudes	Management
<b>O</b>	Partnerships	Community	N/A
<b>T</b>	Funding	Staff Reduction	Staff Burnout

### \*FY2005

	1	2	3
<b>S</b>	Staff	Staff	Staff
<b>W</b>	Communication	Communication	Funding/Resources
<b>O</b>	Partnerships	Community	Media Coverage
<b>T</b>	Funding	Staff Reduction	Staff Burnout

*\*Per direction of the Center's PNAC, Gulf Bend Center employees were asked to complete a SWOT survey for the current local planning process. Very important to note is there has been a significant employee turnover since 2002 however the survey results are essentially identical.*

## External Survey: Stakeholders

B. What do you feel are Gulf Bend Center's

- Strengths
- Weaknesses
- Opportunities
- Threats

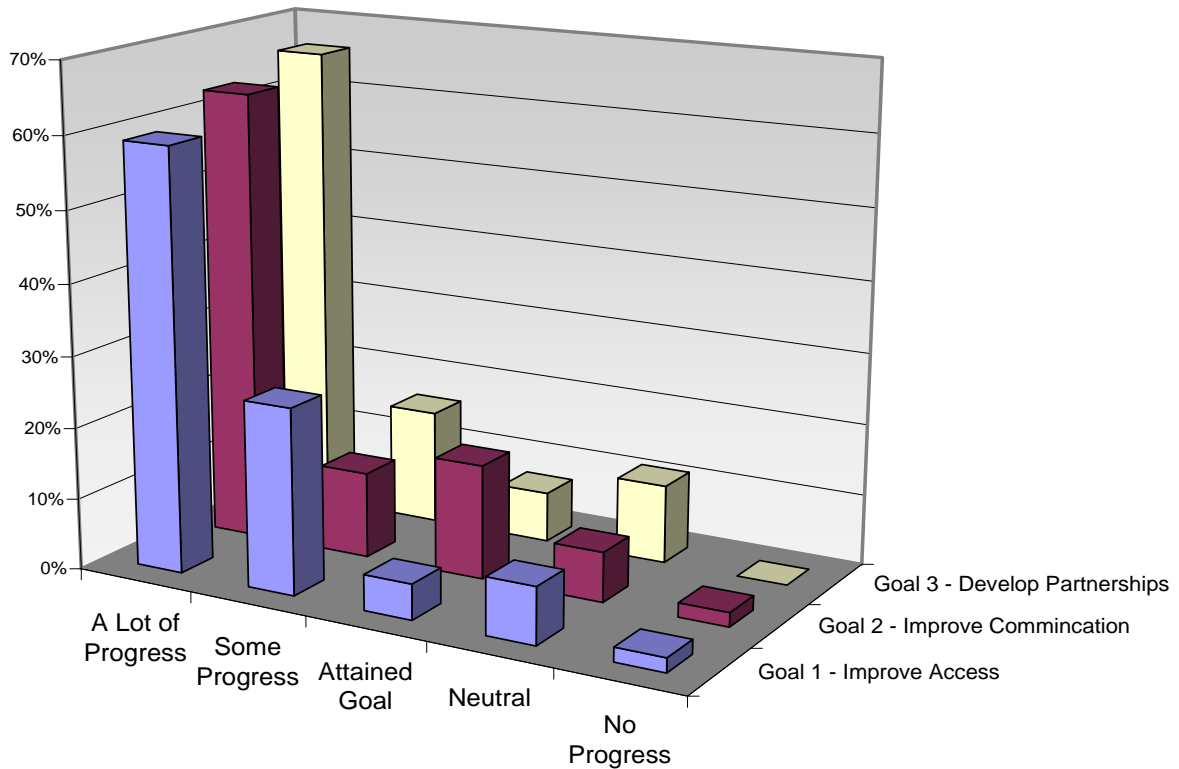
### \*FY2003

	1	2	3
<b>S</b>	Staff	Services	N/A
<b>W</b>	Waiting List	Lack of Services	Overloaded Staff
<b>O</b>	Partnerships	Outside Sources	N/A
<b>T</b>	Funding	Legislation	Lack of Services

*\*Per direction of the Center's PNAC, Gulf Bend Center did not conduct a SWOT survey of external stakeholders*

# Stakeholders Assess Overall Strategic Goal Success & Importance

## Goal Success

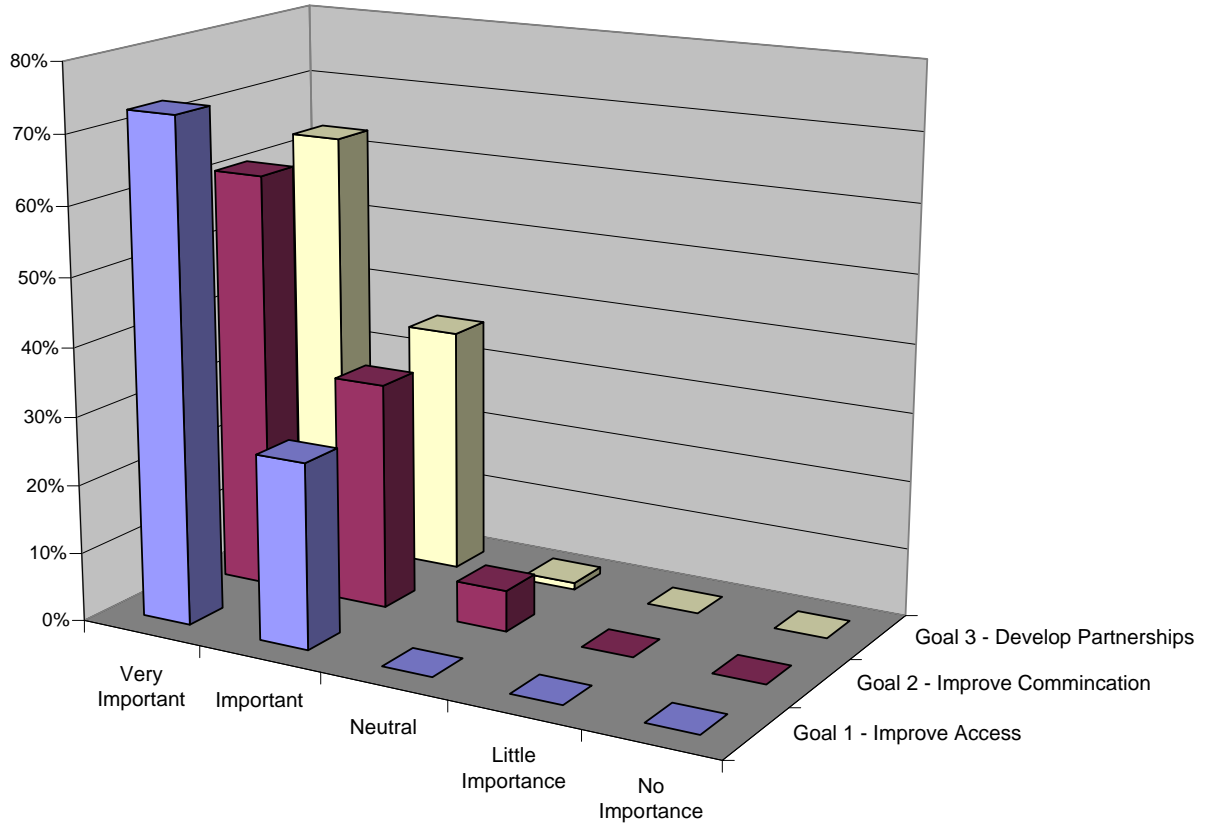


Community stakeholders were asked to rate Gulf Bend Center on its overall success in making progress toward each of the three strategic goals. The overwhelming response was Gulf Bend Center had made a lot of progress toward each goal.

With an overall average of 63% indicating Gulf Bend Center had made “a lot of progress” the PNAC and executive management recommend to the Board of Trustees that continuing the goals into the next Local Plan biennium would greatly serve the individuals that depend on the Center’s services.

# Stakeholders Assess Overall Strategic Goal Success & Importance

## Goal Importance



Community Stakeholders were asked to rate the overall importance of each of the three strategic goals. Approximately 100% of respondents felt the three goals were vitally important. Again, as with the overall ranking of goal success, stakeholders communicate a high degree of commitment to the continuation of the currently established strategic goals.

## Strategic Goals and Objectives 'Gulf Bend Center's Strategy'

In February 2002, Texas Community Centers Executive Director's Consortium and the Texas Council Board of Trustees endorsed the "Balanced Scorecard" approach (by Robert S. Kaplan and David P. Norton) to measure and improve the quality of services across the system [Texas Community Mental Health and Mental Retardation system].

Gulf Bend Center has chosen to use the Balance Scorecard as its framework for communicating the organization's strategy for the next biennium (2004 – 2005). Gulf Bend Center's ability to translate its strategy into a measurement system is believed to be fundamental for a successful implementation and execution of this local plan and fulfilling the organization's mission. A sound and clearly defined measurement system (Balanced Scorecard) will focus managers and employees on the critical drivers, enabling them to align investments, initiatives, and actions with accomplishing Gulf Bend Center's strategic goals. Thus, our Local Plan is intended to communicate a strategy through an integrated set of financial and non-financial measurements. Each strategy or objective is supported by a lag indicator/outcomes (common goal for many strategies e.g., profitability, and customer satisfaction and employee skills) and by lead indicators/performance drivers that are unique for a specific service/business unit.

### Identifying Issues/Themes: An Aggregate of Stakeholder Responses

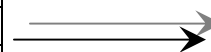
The Community Needs assessment and SWOT analysis were used to identify core organizational issues/strategies. Responses from both tools were reviewed and aggregated to produce a concise snapshot of what the community – stakeholders want, need and expect.

The following table (1) displays a correlation between services identified as "**Most Valued**" and direct or indirect services and supports having the greatest impact on customers that were identified as "**Service Gaps.**" Identified here are five key assessed needs – service gaps. Most important is the theme or correlation. The valued services and service gaps represent opinions for all populations, adults/children and mental health/mental retardation.

#### Community Needs Assessment

Most Valued	Service Gap
Counseling	Counseling
Skills Training	Skills Training
Family Support/Education	Community Education
Crisis support Services	Brief Outreach/Intervention
Habilitation	Habilitation

**Table 1**

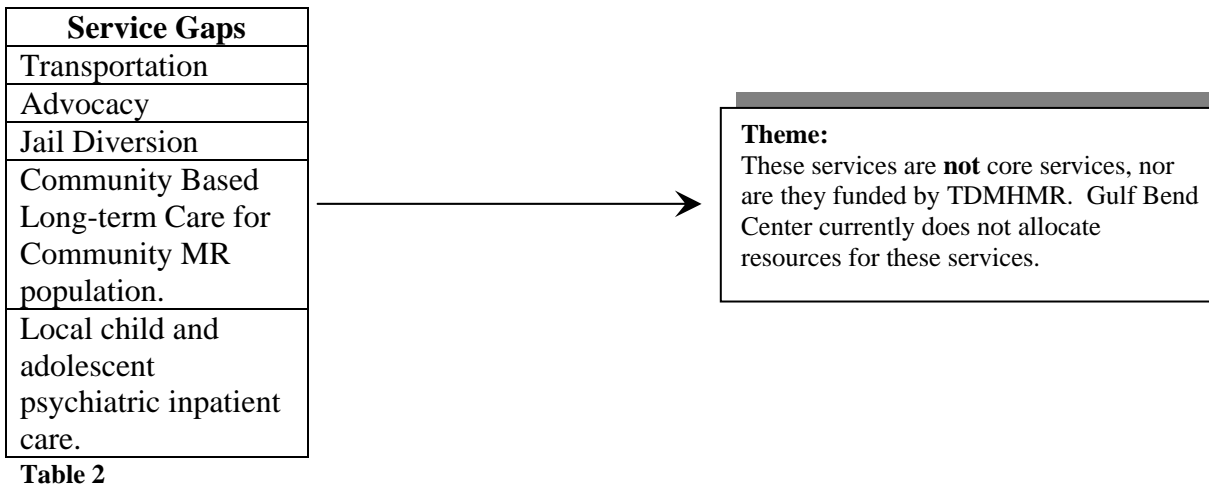
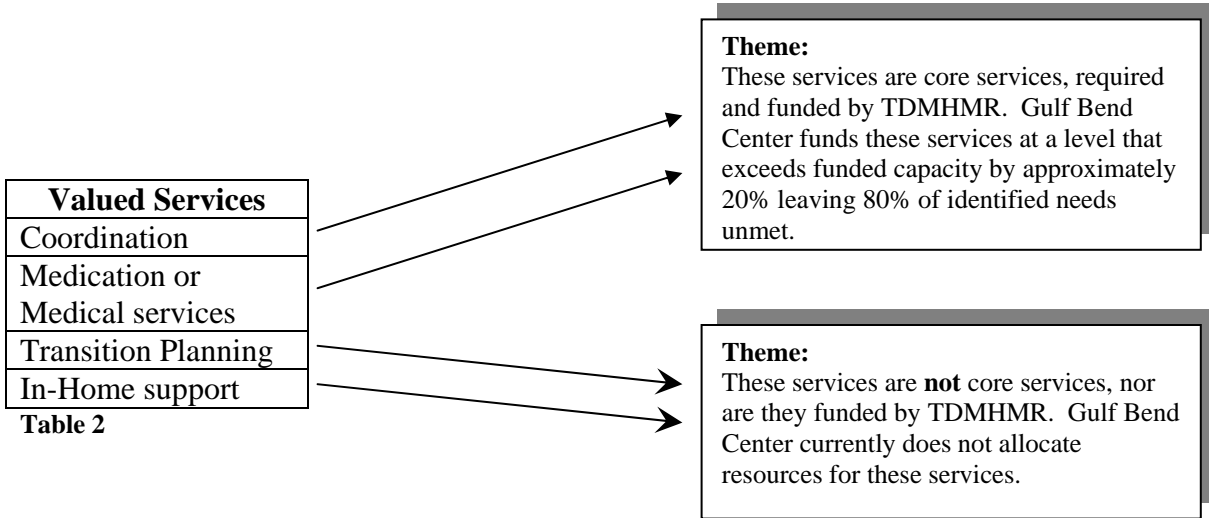


**Theme:**  
Five of the **most valued** and/or important services as defined by internal and external customers/stakeholders are also assessed as **service gaps** meaning the service is either **a)** not provided or provided very minimally or **b)** at great risk of being lost.

Strategic Issue/Theme #1: [Table 1]

This comparison yields a very important message from our stakeholders, internal and external. The message is that stakeholders are either not getting the services they believe to be most valuable or they are concerned about future availability (#1).

The following table (2) presents responses from the community needs assessment that did not have a correlating Most Valued and Service Gap theme. However, the responses do send a vitally important message.



Strategic Issue/Theme #2 & #3: [Table 2]

While there is not a clear correlation between **most valued** and **service gaps**, what is clear is stakeholders are communicating an interest in continued and increased access [funding] for core services (#2) and a need for network development/expansion addressing crucial service gaps (#3).

## SWOT Analysis

Using the same approach, identifying themes/correlation, an aggregate of SWOT analysis responses produced the following information:

	1
<b>S</b>	Staff
<b>W</b>	Communication; Access to Services
<b>O</b>	Partnerships; Grants
<b>T</b>	Funding; Legislation

### Strategic Issue/Theme:

A SWOT analysis assesses internal and external aspects of an organization. Strengths and Weaknesses focus on internal aspects while Opportunities and Threats focus on external aspects.

The internal assessment identifies staff, as the major strength while communication is a weakness. The strategic issue then becomes **how does Gulf Bend Center capitalize on its major strength, staff, to *strengthen* its weakness of communication (#4)?**

The external assessment identifies partnerships as the major opportunity and funding/legislation as the major threat. The strategic issue then becomes **how does Gulf Bend Center capitalize on partnerships in a manner that deals with the threat of future funding and legislation (#5)?**

### **Summary:**

#### Strategic Issue/Theme:

1	Stakeholders are concerned that they are not getting the most valuable services or if they are receiving them, there is great risk of losing the service [Access to non-core services is limited or unavailable].
2	Stakeholders want continued funding and increased access to Core services.
3	Need for developing/expanding network of providers and community partners to bridge crucial service gaps.
4	Employees are recognized as an integral force in shaping an organizational culture change to enhance/strengthen Center communication [vertical and horizontal communication].
5	Partnerships must be developed in order to address continued decrease funding [better ensure continued access] and better communicate local needs during legislative process.

## **FY2004 – 2005**

# **Gulf Bend Center's Strategic Goal Achievements**

With the start of Fiscal Year 2004, Gulf Bend Center began implementing programs and strategies for the purpose of achieving the three key strategic goals set forth in the FY2004 – 2005 Local Plan. With careful review and consideration Gulf Bend Center's PNAC voted unanimously to carry these three goals forward, using them as the foundation and overall strategic direction for Gulf Bend Center's 2006—2007 biennium Local Plan. In developing the 2006—2007 Local Plan, the 2004—2005 Local Plan has served as a benchmark, providing executive management with a measure of past success and setting the standard for future strides.

Gulf Bend Center's PNAC convened on April 21<sup>st</sup> 2005 in regular session. The PNAC voted unanimously accept and acknowledge the following outcomes as accurately describing Gulf Bend Center's achievements. The following provides documented outcomes relative to each strategic goal.

### **Goal 1: Improve Access/Availability to services, core and non-core.**

#### **Outcomes:**

- Developed 140 uninsured community funded slots or 23% of funded target covered by local community.
  - Sponsoring entities increased annual giving by \$45,000
  - Victoria United Way contributes \$45,000
  - Calhoun County United Way contributes \$5,000
- Reduced initial assessment time from 3 weeks to 1 week.
- Free medications: increased PAP program from 30k to 50k per month.
- Developed and implemented crisis response protocol. Protocol reduced time (increased access) to after hour crisis services.
- Sponsored development of local advocacy group, NAMI. NAMI provides services and supports to anyone with mental illness. This provides a service to active consumers and those on the waiting list.
- Expanded C&A psychiatric provider network. This ensures choice for consumers and ensures most cost effective service.
- Developed and implemented Televideo services, rural/extension and jail.
- Developed 4 assisted living beds for adults with mental illness
- Increased auto fleet through Lilly Johnson Foundation grant of \$100,000
- Hogg foundation awards \$77,257 toward increasing access to services for uninsured

## **Goal 2: Improve Communication**

### Outcomes:

- News articles
- Developed an email account “my ideas” for people to give suggestions directly to the CEO, Don Polzin.
- Developed our Intranet to include local, state and national resources, organizational policies and procedures etc.
- Utilized focus employee focus groups to solve problems: RDM
- Sponsored a legislative forum
- Holding community luncheons in each county. We are communicating the return on public investment.
- Attending commissioner courts
- Regularly speak at civic groups
- Working with county officials and other stakeholders developed crisis protocol
- Sponsored NAMI. This has increased community education/awareness
- Members of Southeast Texas Healthcare System (SETH). This fosters communication with community hospitals on a regional basis
- UM/Productivity reports

## **Goal 3: Develop Meaningful Partnerships**

### Outcomes:

- Victoria Advocate and other community media
- NAMI, local and State
- Community Hospitals
- Law enforcement, Sheriff and Police
- Judicial
- United Way
- Johnson Foundation
- Regional Collaboration (community centers)
- Jail Diversion task force
- PNAC
- Sponsoring entities

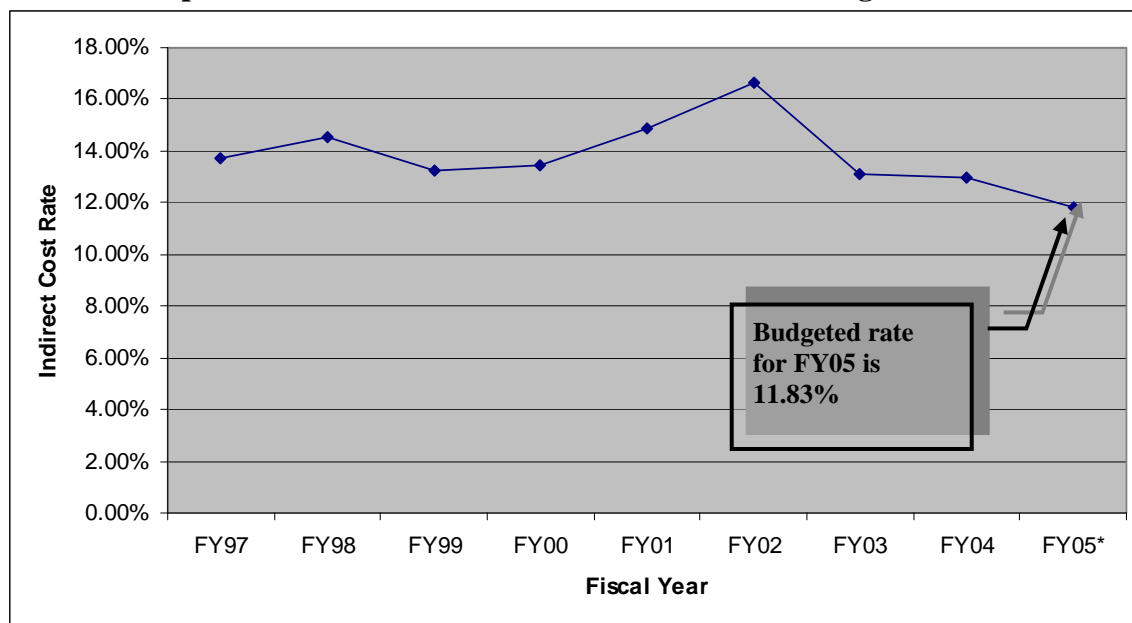
The following two core outcomes were attained during the FY2004 – 2005 Local Plan year. These core outcomes are directly related to the Center’s Balanced Scorecard objectives. The outcomes are essential, they are measurable results that directly support and/or is the direct cause for progress toward the overall strategic goals (increase access, improve communication and develop meaningful partnerships).

The first sets of outcomes are financial ratios. These financial ratios are national standards/benchmarks for assessing overall fiscal health. The second set of data demonstrates the proportion of dollars spent on administrative services to that of direct consumer service

**Financial Perspective: Core Outcomes – Lag Indicators**

	<b>Days of Operation</b>	<b>Acid Test</b>	<b>Quick Ratio</b>	<b>Debt Service</b>
<b>Fiscal year</b>	Number of days a company can continue to operate without any additional funds coming in.	The ratio tells creditors how much of the company's short term debt can be met by selling all the company's liquid assets at very short notice	A measure of a company's liquidity, used to evaluate creditworthiness. Equals quick assets divided by current liabilities.	Revenue less total expenses plus principal and interest payments divided by current principal and interest of long term debt.
FY2003	73.45	7.31	7.31	-2.22
FY2004	73.45	8.59	8.59	1.83
FY2005	83.14	10.76	10.76	No Debt

**Internal Perspective: Indirect Overhead: Core Outcomes – Lag Indicators**



## The Center's Balanced Scorecard

### Translating Issues/Themes into Organizational Goals:

The five issues/themes identified have been translated into three major organizational goals.

- *Improve access/availability to services, core and non-core.*
- *Improve communication.*
- *Develop meaningful partnerships.*

These goals serve as Gulf Bend Center's major strategic focal point, guiding the development of strategic objectives. Using the Balance Scorecard, the goals are translated into objectives and measures, organized into four different perspectives: financial, customer, internal business process, and learning and growth. The four perspectives make possible a balance between Gulf Bend Center's short-term and long-term objectives.

### Gulf Bend Center's Balanced Scorecard: Transforming Local Needs/Issues into Strategic Objectives

Strategic Objectives	Strategic Measurements	
	Core Outcomes (Lag)	Performance Drivers (Lead)
<b>Financial</b>		
<ul style="list-style-type: none"> <li>• Reduce cost structure</li> <li>• Meet stakeholder expectations</li> <li>• Broaden revenue mix</li> </ul>	<ul style="list-style-type: none"> <li>• Days of Operation</li> <li>• Acid test ratio</li> <li>• Quick ratio</li> <li>• Debt service coverage</li> <li>• Cost reduction</li> <li>• Asset utilization</li> <li>• Revenue growth</li> </ul>	<ul style="list-style-type: none"> <li>• Revenue mix</li> </ul>
<b>Customer</b>		
<ul style="list-style-type: none"> <li>• Increase satisfaction [stakeholder, partner, and client].</li> <li>• Demonstrate effective treatment</li> <li>• People get service in least restrictive setting</li> <li>• Reach more people                             <ul style="list-style-type: none"> <li>• Priority population</li> <li>• General public</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Satisfaction</li> <li>• Treatment outcomes</li> <li>• Sponsor acquisition</li> <li>• Partner acquisition</li> </ul>	<ul style="list-style-type: none"> <li>• Needs assessment</li> <li>• Satisfaction survey</li> <li>• Public relations vs. plan</li> <li>• Client outcome assessment</li> <li>• Encounter data [UM]</li> </ul>
<b>Internal</b>		
<ul style="list-style-type: none"> <li>• Improve QM</li> <li>• Improve service delivery</li> <li>• Create services – bridge gaps</li> <li>• Promote community based problem solving</li> <li>• Develop grant/fund raising abilities</li> <li>• Improve UM</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of services</li> <li>• Service gaps are bridged</li> <li>• Claims collections</li> <li>• Direct/indirect ratio</li> <li>• Corporate compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Medication expense as % if GR</li> <li>• Increased productivity</li> <li>• CAM – TAFI</li> <li>• QM audit results</li> </ul>
<b>Learning</b>		
<ul style="list-style-type: none"> <li>• Improve access to strategic information</li> <li>• Reduce turnover rate</li> <li>• Maximize employee capabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Employee satisfaction</li> <li>• Employee retention</li> <li>• Employee productivity</li> </ul>	<ul style="list-style-type: none"> <li>• Staff development vs. plan</li> <li>• Strategic IT availability vs. plan</li> <li>• Staff competencies</li> </ul>

## **Network Planning**

A network plan is a configuration of the local service system that results in a network of service providers for the priority population. The purpose of the Center's network is to create more consumer options for service providers and to increase service access while maintaining quality. The Center strives to develop its network based on information provided by consumers, key stakeholders and other interested individuals. The goal is to develop a network of providers that meets the community's needs and priorities as they have been described in this local plan.

The Center has used three approaches in its effort to develop a meaningful network. Request for Proposals (RFP) has proven to be the most effective for identify best value. The Planning and Network Advisory Committee is an integral partner in the RFP process. The PNAC appoints a network advisory committee to review proposals/bids and determine best value. The Center also develops its network through community partnerships or interlocal agreements and by developing community service agreements (contracts) with providers of service.

In FY 2003 the Center conducted an extensive review of pharmacy services to determine whether the continuance of its in-house pharmacy offered best value. A formal RFP was developed in collaboration with the PNAC. The RFP resulted in several bids including national pharmacy management businesses to local privately owned pharmacies. The review process determined that best value was achieved by maintaining the Center's in-house pharmacy. The Center used the same process in FY 2001 to develop a Crisis Respite Program for people with mental illness.

The Center currently manages thirty (30) community service agreements, contracts. This process is used for services that require many providers. The Center currently contracts for medical services (psychiatrists), counseling, dieticians, occupational therapist and many other specialty providers.

The FY 2004 – 2005 Local Planning process identified an ever-growing need for expansion of services. Many of the services/needs identified herein will require strategic partnerships and interlocal agreements while others will demand a continued effort at developing the network through the RFP process.

Throughout this planning cycle the PNAC and all other interested stakeholders will be called upon to help the Center in its effort develop and maintain a network of providers that best ensure the community's needs are met.