Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Gulf Bend Center

Fiscal Years 2020-2021

Due Date: September 30, 2020

Submissions should be sent to:

Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

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Introduction

The Consolidated Local Service Plan (CLSP) encompasses all service planning requirements for local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
    - *Extended Observation or Crisis Stabilization Unit*
    - *Crisis Residential and/or Respite*
    - *Contracted inpatient beds*
    - *Services for co-occurring disorders*
    - *Substance abuse prevention, intervention, or treatment*
    - *Integrated healthcare: mental and physical health*
    - *Services for individuals with Intellectual Developmental Disorders(IDD)*
    - *Services for youth*
    - *Services for veterans*
    - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Gulf Bend Center-LMHA	6502 Nursery Drive, Ste 100 Victoria, 77904	Victoria	• Screening, assessment, and intake – Adult/Child • TRR outpatient services – Adult/Child • Crisis/MCOT – Adult/Child • Counseling – Adult/Child

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• LIDDA services – eligibility screening/assessment, service coordination – Adult/Child • MH Deputy – Adult/Child Community Response Team (CRT)
Gulf Bend Center-LMHA	Place4 1200 N. Virginia St Port Lavaca, 77979	Calhoun	• Counseling – Adult/Child
Gulf Bend Center – LMHA	The Wellness Community 1009 N. Nimitz Victoria, 77901	Victoria	• TRR outpatient services – Adult • Place 4 Services – Adult • IDD Services- Adult
The Harris Center for Mental Health and IDD	9401 Southwest Freeway Houston, 77074	Harris	• Crisis Hotline – Adult/Child
DeTar Family Medicine Center	501 E. Colorado St. Victoria, TX. 77901	Victoria	• Counseling- Adult/ Child
Cross Creek Psychiatric Hospital	8402 Cross Park Drive Austin, 78754	Travis	• Contracted Inpatient Services – Adult/Child (6 & up) – Substance Abuse and MH – Private Psychiatric Bed/Rapid Crisis Stabilization
SUN Behavioral Health Psychiatric Hospital	7601 Fannin Street Houston, 77054	Harris	• Contracted Inpatient Services – Adult/Child (6 & up) – Substance Abuse and MH – Private Psychiatric Bed/Rapid Crisis Stabilization
Westpark Springs Psychiatric Hospital	6902 S. Peek Rd Richmond, 77407	Fort Bend	• Contracted Inpatient Services – Adult/Child (13 & up) – Substance Abuse and MH – Private Psychiatric Bed/Rapid Crisis Stabilization

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Bluebonnet Trails Community Services La Esperanza Crisis Respite Home	1009 N. Georgetown St. Round Rock, 78664-3289 Respite Site- 1105 W. Court St. Seguin, Texas 78155	Williamson Guadalupe	• IDD Crisis Respite Services (18 & up)- Adult

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
	N/A			

I. C Community Mental Health Grant Program - Projects related to Jail Diversion, Justice Involved Individuals, and Mental Health Deputies

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that
provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY19	Community Response Team: Divert individuals with mental illness from unnecessary incarceration, inpatient psychiatric hospitalization, and emergency departments visits to more effective treatment	Calhoun Dewitt Goliad Jackson Lavaca Refugio Victoria	MH	277 unduplicated per year
FY20	Community Response Team: Divert individuals with mental illness from unnecessary incarceration, inpatient psychiatric hospitalization, and emergency departments visits to more effective treatment	Calhoun Dewitt Goliad Jackson Lavaca Refugio Victoria	MH	FY20 numbers not available fiscal year ends 8-31-20

I.D Community Participation in Planning Activities

Identify community stakeholders who participated in comprehensive local service planning activities.

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens/others
	Local psychiatric hospital staff	☒	State hospital staff

Stakeholder Type	Stakeholder Type
**List the psychiatric hospitals that participated:* • Cross Creek Hospital, Austin, TX • Sun Behavioral Hospital, Houston, TX • West Park Springs Hospital, Richmond, TX	**List the hospital and the staff that participated:* • Marc Graham, San Antonio State Hospital (SASH)
☒ Mental health service providers	☒ Substance abuse treatment providers • Billy T. Cattan Recovery Outreach (BTCRO)
☐ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials • Gary Burns, Victoria County Commissioner	☒ City officials • Jesus Garza, City of Victoria Manager • Rawley McCoy, Victoria Mayor
☐ Federally Qualified Health Center and other primary care providers • Gabriel Gallardo, CHC of South-Central Texas	☒ Local health departments • Delilah Perez, Interim Public Health Dir. Victoria •

Stakeholder Type	Stakeholder Type
	LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* • Jeff Tunnell, ED • Darlyn Sustaita, COO • Lane Johnson, Chief Clinical Officer • Anna Arrage, CFO • Nicole Way, Director of Program Operations • Lauren Becker, DON • Tracy Chase, Director of Behavioral Health Services • Linda Rodriguez, Waiver Project Coordinator
☐ Hospital emergency room personnel • Jeff Payne, ED Manager Citizen's Medical Center (CMC) • Lisa Price, DeTar ED Manager • Jody Trevino, Assistant Manager CMC ED • Angie Burgis, ED Manager, DeTar North Hospital • Kyle Daniel, ED Manager, Memorial Medical Center	☒ Emergency responders • Robert "Tracy" Fox, Chief Victoria Fire Dept.
☒ Faith-based organizations • Branden Cahill, Bishop for Victoria Diocese • Tim Brewer, Pastor Methodist Church	☒ Community health & human service providers

	Stakeholder Type		Stakeholder Type
☒	Probation department representatives • Kathy Imes, Adult Probation Officer • Stacy Murry, Adult Probation Officer • Susan Longoria, Adult Probation Officer	☒	Parole department representatives
☒	Court representatives (Judges, District Attorneys, public defenders) **List the county and the official name and title of participants:* • Robert Mudd, Lavaca County Judge • Tramer J. Woytek, Lavaca County Judge • Daryl L. Fowler, DeWitt County Judge • Jill Sklar, Jackson County Judge • Dennis Simons, Jackson County Judge • Michael J. Pfeifer, Calhoun County Judge • Goliad County Judge • Robert Blaschke, Refugio County Judge Ben Zeller, Victoria County Judge • Daniel Gilliam, Victoria County District Judge • Constance Filley Johnson, Victoria District Attorney	☒	Law enforcement **List the county/city and the official name and title of participants:* • Sheriff Bobbie Vickery, Calhoun County • Sheriff Micah Harmon, Lavaca County • Sheriff T. Michael O'Connor, Victoria County • Sheriff Justin Marr, Victoria County • Chief Deputy Roy Boyd, Victoria County Sheriff's Office (VCSO) • Rex Mayes, VCSO • Darla Canfield, Captain VCSO • Charles Williamson, Captain VCSO • Donna Andres, Quartermaster VCSO • Sheriff AJ Louderback, Jackson County • Sheriff Carol Bowen, DeWitt County • Sheriff Pinky Gonzales, Refugio County • Sheriff Kirby Brumby, Goliad County • Chief JJ Craig, Victoria Police Department (VPD) • Cpt Caleb Breshears, Victoria Police Dept. • John Ray, VPD • Mark Jameson, Interim Chief, VPD • Kevin Sanderson, Captain VPD

	Stakeholder Type		Stakeholder Type
☒	Education representatives • Dr. Karen Parsonson, UHV Asst. Prof. of Forensic Psychology • Dr. Beverly Tomac, Assoc. Provost Dean of Univ. College Assoc. Professor of History • Dr. Paul Hamilton, UHV Professor	☐	Employers/business leaders • Carmen Herrera, Workforce Director • Ward Wyatt, VSO Communications • Steve Hipes, Sr. Leader of Prosperity Bank • Leo Rios, Rios Advantage Training Services
☒	• Planning and Network Advisory Committee • Cindy Cornish, GCPRC Director • Phyllis Hamilton, Reg. III Ed. Srvc. Cntr • Jean Herman, Community Rep. • Beth Parson, Family Rep • Shan Skipper, Family Rep. • Nora Garcia, Community Rep. • Deborah Escalante, Family Rep. • Robyn Garza, Family Rep.	☐	Local consumer peer-led organizations
☐	Peer Specialists Stanley Schweke, MH Peer Spec.	☐	IDD Providers
☐	Foster care/Child placing agencies	☐	Community Resource Coordination Groups Brooke Garcia, United Way Director for Victoria Bethany Castro, Executive Director of Perpetual Help Home Jodie Sandoval, Community Health Workers of The HOGG Foundation Rep./Be Well Victoria Jill Blucher, Community Engagement Coordinator

Stakeholder Type	Stakeholder Type
	Angie Stafford, Tx Home Visiting Program Manager VCPHD Johanna Rohan, GCRPC Aging & Community Service Coordinator Dale Fowler, Director of Victoria Economic Development Debbie & John Ellsworth, American Red Cross Program Managers Kathy Frels, Methodist Hospital Nurse Katrin Ledwig, Community Investment Manager Chris Yanas, Dir. Of Governmental Affairs
☒ Veterans' organizations • James Pinn, Vet Peer Coord. • Oscar Pulido, Vet. Peer Coord.	☐ Other: • Mike Olson, CEO of CMC Victoria • Gary Malaer, CEO DeTar Healthcare System • Bernard Leger, CEO DeTar HealthCare System Rick Villa, Executive Dir. Of VLTRG Shawn Fennell, Transportation Coordinator for GCRPC

Describe the key methods and activities used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in the planning process.

• Regional and local collaborative meetings with stakeholders, e.g. law enforcement agencies, hospitals, probation, judges and faith-based organizations.
• Customer surveys
• Community Assessment sent to Board members and members of the Gulf Bend Regional Collaborative
• Community conversations and counselor meetings with schools.
• Provision of trainings to school staff and parents.
• PNAC meetings

List the key issues and concerns identified by stakeholders, including <u>unmet</u> service needs. Only include items raised by multiple stakeholders and/or had broad support.

• Lack of nearby psychiatric inpatient services.
• Transportation
• Judiciary system involvement – lack of a Mental Health Court
• Jail/criminal justice diversion of individuals with a mental illness.
• Reduce recidivism.
• Limited staffing after hours for MCOT

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

II.A Development of the Plan

Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

Ensuring all key stakeholders were involved or represented, to include contractors where applicable;

- Collaborative meetings were held with emergency departments (ED) in our 7county region to provide education on services, collect data and monitor time an individual spent in ED.
- Gulf Bend Regional collaborative meetings with Sheriff's Departments, Police Departments, Probation, Hospitals, Judges, and faith-based representatives from all seven counties to discuss community mental health needs related to crisis services, jail diversion and psychiatric hospitalization.

Ensuring the entire service area was represented; and

- Community Conversation to discuss how we can create a health information exchange (HIE) for our region.

Soliciting input.

Solicitation of input and involvement of PNAC and ETBHN's Regional PNAC.

II.B Utilization of the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed? Gulf Bend Center contracts this service with The Harris Center.

During business hours

- 24 Hours a day- 7 days a week

After business hours

- 24 Hours a day – 7 days a week

Weekends/holidays

- 24 Hours a day – 7 days a week

2. Does the LMHA/LBHA have a sub-contractor to provide the Crisis Hotline services? If, yes, please list the contractor:

- The Harris Center

3. How is the MCOT staffed?

During business hours

- 8:00 a.m. to 5:00 p.m. 5 QMHP's, 1 Crisis Mgr., 1 Director of Behavioral Health/LPHA

After business hours

- 1 MCOT QMHP; 1 Crisis Mgr. (available by phone), 1 Director of Behavioral Health/LPHA (available by phone)

Weekends/holidays

- 1 MCOT QMHP; 1 Crisis Mgr. (available by phone), 1 Director of Behavioral Health/LPHA (available by phone)

4. Does the LMHA/LBHA have a sub-contractor to provide MCOT services? If yes, please list the contractor:

- No

5. Provide information on the type of follow up MCOT provides (phone calls, face to face visits, case management, skills training, etc.).

- Phone calls
- Face to Face
- Tele-Video

6. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, please describe MCOT's role for:

Emergency Rooms:

- The hotline utilizes the protocol to contact MCOT when an individual present in a psychiatric crisis at the local emergency departments (EDs) to assist in coordination of services. Gulf Bend Center MCOT maintain a working relationship with all emergency departments

Law Enforcement:

- Protocol includes law enforcement accompaniment being required when MCOT is responding to a crisis at a residence of an unknown individual or when a scene needs to be secured due to elevated threat of violence
- Safety will always be considered before activating MCOT during a psychiatric crisis and law enforcement accompaniment will be requested. Although the MCOT may transport an individual for the purpose of obtaining crisis services, if the MCOT determines that they cannot transport the individual safely, they may arrange for or coordinate transportation with law enforcement

7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

- N/A

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?

During business hours:

- Contact GBC Crisis Hotline who will contact MCOT staff. MCOT staff will call appropriate ED staff/Law Enforcement/Crisis Case Mgr. and speak directly with caller to determine individual's current level of crisis and need for further assistance and safety of MCOT worker.

After business hours:

- Contact GBC Crisis Hotline who will contact the on call MCOT staff. MCOT staff will call appropriate ED staff/Law Enforcement/ Crisis Case Mgr. and speak directly with caller to determine individual's current level of crisis and need for further assistance and safety of MCOT worker.

Weekends/holidays:

- Contact GBC Crisis Hotline who will contact the on call MCOT staff. MCOT staff will call appropriate ED staff/Law Enforcement/Crisis Case Mgr. and speak directly with caller to determine individual's current level of crisis and need for further assistance and safety of MCOT worker.

9. What is the procedure if an individual cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

- Voluntary clients: Individual's family/support person transports individual to local ER.
- Involuntary clients: Law enforcement is called to assist with transporting individual to local ER or inpatient facility for psychiatric hospitalization.

10. Describe the community's process if an individual requires further evaluation and/or medical clearance.

- Voluntary clients: Individual's family/support person transports individual to local ER.
- Involuntary clients: Law enforcement is called to assist with transporting individual to local ER or inpatient facility for psychiatric hospitalization.

11. Describe the process if an individual needs admission to a psychiatric hospital.

- MCOT will make recommendation for hospitalization based on crisis assessment.

- Uninsured individuals: If no State Hospital beds available. MCOT will utilize contracted bed days through PPB or PESC.
- Insured individuals: ER staff will initiate hospital to hospital transfer.
- Involuntary individuals will be transported to the inpatient facility by EDW.

12. Describe the process if an individual needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

- There are no resources in Center's service area for crisis respite, residential or extended observation services.
- We utilize our contracted Crisis Respite program for individuals with IDD needing respite.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

- Crisis Hotline will contact MCOT. MCOT will be accompanied to the home or alternate location with Law Enforcement/Mental Health Officer (MHO) to complete a crisis assessment. MHO's do not accompany MCOT to schools for crisis assessments.

14. If an inpatient bed at a psychiatric hospital is not available:
    Where does the individual wait for a bed?

- If at ER, individual will remain there.
- If in the community, development of a safety plan is an option for voluntary Individual if can be made safely (pending placement). If Involuntary, law enforcement will assist with getting a warrant to detain individual until placement is available.

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the individual is placed in a clinically appropriate environment at the LMHA/LBHA?

- Gulf Bend Center MCOT/ Community Response Team (CRT)

16. Who is responsible for transportation in cases not involving emergency detention?

- Family, friends or EMS.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	None.
Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of individual accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	
Number of Beds	

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals? Replicate the table below for each alternative.

Name of Facility	Cross Creek Psychiatric Hospital
Location (city and county)	Austin, Texas – Travis County
Phone number	512-215-3900
Key admission criteria	6 years of age and older

Service area limitations, if any	N/A
Other relevant admission information for first responders	*Transportation provided by Law Enforcement or family/friends.
Number of Beds	90

Is the facility currently under contract with the LMHA/LBHA to purchase beds?	yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	yes
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	PESC- as needed PPB- guaranteed set (2)
If under contract, what is the bed day rate paid to the contracted facility?	$600/day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	SUN Behavioral Health Psychiatric Hospital
Location (city and county)	Houston, Texas – Harris County
Phone number	713-796-2273
Key admission criteria	6 years of age and older
Service area limitations, if any	N/A
Other relevant admission information for first responders	*Transportation provided by Law Enforcement or family/friends.
Number of Beds	148

Is the facility currently under contract with the LMHA/LBHA to purchase beds?	yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	yes
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	PESC- as needed PPB- guaranteed set (2)
If under contract, what is the bed day rate paid to the contracted facility?	$600/day
If not under contract, does the LMHA/LBHA use facility for	N/A

single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	West Park Springs
Location (city and county)	Richmond, Texas – Fort Bend County
Phone number	832-535-2770
Key admission criteria	13 years of age and older.
Service area limitations, if any	N/A
Other relevant admission information for first responders	*Transportation provided by Law Enforcement or family/friends
Number of Beds	72

Is the facility currently under contract with the LMHA/LBHA to purchase beds?	yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	yes

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	PESC- as needed PPB- guaranteed set (2)
If under contract, what is the bed day rate paid to the contracted facility?	$600/day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? If not applicable, enter N/A.

Identify and briefly describe available alternatives.

- None available.

What barriers or issues limit access or utilization to local inpatient or outpatient alternatives?

- N/A

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged?

- Yes. We have Continuity of Care (COC) Case Managers. One is assigned to Victoria County jail and one is assigned to the 6 outlying county jails.

If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

- In the absence of the dedicated COC, Gulf Bend Center's MCOT, Crisis TL, Crisis Manager, Director BH.

What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?

- N/A

Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program inpatient competency restoration, Jail-based Competency Restoration, etc.)?

- Yes. Jail-based competency restoration (local) – for our 7county region.

What is needed for implementation? Include resources and barriers that must be resolved.

- More funding/dollars, psychiatrists/physicians, counselors.
- Continued collaboration and participation by all law enforcement agencies and judiciary system.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment and the development of Certified Community Behavioral Health Clinics (CCBHCs)

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?

   - Referrals are made to Billy T. Cattan for substance abuse services. Billy T. Cattan contracts with designated OSAR for the Region.
   - MOU with Billy T. Cattan for outpatient substance abuse services.
   - Referrals are made to community providers, DeTar Residency Clinic, and local Federally Qualified Healthcare Clinic (FQHC).

2. What are the plans for the next two years to further coordinate and integrate these services?

   - Use current resources available.
   - Continue to apply for grants to help growth and financial assistance needed to better serve the community.
   - Collaboration with community stakeholders to partner.

- Will obtain certification to be a Certified Community Behavioral Health Clinic (CCBHC)
- Expand service to include substance use services and primary care screenings to better serve the community.

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

   - Brochures that describe Crisis services
   - Center's website page that describes Crisis services and the steps to take to access crisis services.
   - Ongoing meetings with emergency responders/ law enforcement in all seven counties within service area.
   - Offering to provide speakers at various meetings of community stakeholders throughout the service area, (e.g. Lions Club, Rotary, Chamber of Commerce, health fairs, schools, hospitals, etc.)
   - Social Media- Gulf Bend's Facebook page that describes how to access crisis services and advertising available trainings.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

   - Provision of ongoing trainings (one on one, online tutorials)
   - Team Meetings to review plan and discuss implementation of plan
   - Development/availability of protocols/ manuals that describe processes to implement the plan

II.F Gaps in the Local Crisis Response System

What are the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties.

County	Service System Gaps	Recommendations to Address the Gaps
All seven counties	• Budget limitations within Center and law enforcement agencies	• Continue to apply for grants. Lobby in the next legislative session.
All seven counties	• Proximity of inpatient psychiatric services	• Executive Leadership participated in All Texas Access and proposed a regional hub: 20 bed inpatient unit in our service area. Other LMHA's in our region will be able to utilize the unit as well.
All seven counties	• Transportation of individuals to inpatient facilities	• Contracts with LE agencies for off duty officers to provide transportation to inpatient facilities.
All seven counties	• Additional psychiatrists (shortage/rural area)	• Continued recruiting efforts

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to the involvement of individuals with mental and substance use disorders in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:
https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Crisis Hotline – 24/7 crisis hotline services for screening and triage	• All 7 Counties	• Continue utilizing Harris County hotline services.
• Pathway program – provide services to individuals moderate to high risk of suicide.	• All 7 counties	• Continue Pathway program
• Mobile Crisis Outreach Team – 8 QMHPs available 24/7 to respond to crisis events	• All 7 counties	• Continue MCOT program
• Community Response Team responds to crisis call in our 7-county region through dispatch in Victoria County. Four CRTs are able to perform crisis assessment and make appropriate recommendations for diversion.	• All 7 Counties	• Continue ongoing communication and building relationships with EDs and law enforcement via ongoing face-to-face meetings in the community.
• Mental Health Officers – 2 MHOs provide wellness & prevention checks and also assist MCOT team as needed.	• Victoria County	• Continue MHO program with available funding through PESC program.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Mental Health First Aid is being provided to local law enforcement personnel.	• All 7 Counties	• Expand training to include first responder and dispatch.
• Mental Health Officers will respond to crisis calls through local	• All 7 Counties	• Sustain current CRT of a Mental Health Officer and a Mental

dispatch to conduct wellness checks and assess situation to determine if MCOT needs to be contacted		Health Case Manager that are deployed to address crisis situations in the 7-county region. • Sustain current MHO program through local police department
• Community Response Team responds to crisis call in our 7-county region through dispatch in Victoria County. CRT is able to perform crisis assessment and make appropriate recommendations for diversion.	• All 7 Counties	• Continue ongoing communication and building relationships with EDs and law enforcement via ongoing face-to-face meetings in the community.
• MCOT staff provide mobile crisis services in the community with law enforcement at the scene, as determined by assessment.	• All 7 Counties	• Implement ZEST initiative with all law enforcement agencies in catchment area.
• One-hour response to calls from jails to conduct assessment to determine if appropriate for services.	• All 7 Counties	• Develop MH court.
• MCOT/CRT staff provide follow-up services for individuals who have not been hospitalized. If individual is active, assigned case manager will follow-up.	• All 7 Counties	•
• Psychological First Aid training to the Office of Emergency Management (OEM).	• All 7 Counties	•

Intercept 3: Jails/Courts	County(s)	

Current Programs and Initiatives:		Plans for upcoming two years:
• Staff assigned to DUI court	• All 7 Counties	• Collaborate with community stakeholders to develop MH court, Drug Court, and Veteran's court.
• Routine screenings completed to determine mental illness eligibility.	• All 7 Counties	• Look for funding opportunities to enhance and sustain our crisis response and jail diversion services.
• Availability of evaluation by forensic psychiatrist through tele video provided by GBC. This is contracted by the Sheriff's office.	• All 7 Counties	• More communication measures with jail to identify opportunities for diversion.
• Provide Crisis services to inmates.	• All 7 Counties	• Continuation of current activities.
• Continuity of Care Services to assist individuals released from jail with transitioning to community and linking to local resources.	• All 7 Counties	• Sustain funding for this program.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Center operates TCOOMMI program that includes 3 QMHPs.	• Probation: Victoria and Lavaca counties • Parole: All 7 counties	•Continue contract with TDCJ
• Continuity of Care services to assist individuals released from jail with transitioning to community and linking to local resources.	• All 7 counties	• Sustain funding for this program.
• Utilize Mental Health Officers and/or Mental Health Case Mgr.'s to	• All 7 Counties	• Sustain funding for this program.

conduct follow ups on individuals to ensure continuity of services.		

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TRR Services	• All 7 counties	• Continuation of current activities.
• TRR Case Mgmt. Services	• All 7 counties	• Continuation of current activities.
Provides continuity of care services to assist individuals recently released from jail with accessing services/treatment to prevent future arrests	• All 7 counites	Maintain the funding to provide these services.
Center operates TCOOMMI program that includes 3 QMHPs.	• Victoria and Lavaca counties	Continue with TCOOMMI grant

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*

- *Gap 9: Behavioral health services for individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: Shared and usable data*

The goals identified in the plan are:

- *Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.*
- *Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.*
- *Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.*
- *Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.*
- *Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.*

In the table below briefly describe the current status of each area of focus as identified in the plan (key accomplishments, challenges and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• Using Just in Time scheduling process. • Hiring/contracting with more psychiatrists. • Additional LPHA added for diagnostic evaluations. • Contract with ETBHN for timely authorizations.	• Continue to support current status.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Assigned Continuity of Care Worker who works with State hospital staff to ensure transition between inpatient care and community. Meeting with SASH Medical Director to improve COC process. • Contracts with hospitals identify what the hospital's responsibility is with continuity of care back to Gulf Bend Center. • GBC staff conduct seven-day follow-up	• Continue to improve GBC post-discharge follow-up procedures

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		with clients upon discharge from State Hospital and contract hospitals. •	
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• No current status	• Look into options for services for transitioning long-term state hospital patients back into the community.
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Ensuring provider staff are trained in the DSHS approved evidence-based practices prior to provision of the services (e.g. Assertive Community Treatment, IMR). •	• Continue ongoing training of staff in evidence-based practices. • Regular oversight of compliance through internal monitoring.
Transition to a recovery-oriented	• Gap 8 • Goals 2,3	• Participation in Peer certification training	• Employ Family Partner.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
system of care, including use of peer support services		• Employ a full-time peer support specialist(s) • Using volunteer peer support specialist • Recruiting for a Family Partner for children services • Client/client family members appointed to PNAC • All direct care staff have received training in the Person-Centered Recovery Planning. •	• Enhance peer support specialist program. • Continue with training in PCRP.
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• COPSD Training provided for all provider staff. • Inclusion of COPSD in recovery plans • Provision of psychosocial rehabilitation services to COPSD individuals.	• Continue communications with Billy T. Cattan for substance abuse services • Establish protocols for referring GBC clients to local resources for easier/smoother transitions. • Collaborate with Billy T. Cattan to integrate LCDC

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• Referrals to community providers (e.g. Billy T. Cattan).	presence within GBC services. •
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Refer individuals to community primary healthcare providers. • Coordinate with local FQHC regarding identification of mutual consumers. • Employ LPC to provide consultation to local community clinic. Utilize medical school residents to provide primary healthcare to current GBC consumers.	• Continue to develop coordination and partnership with FQHC. • Utilization of medical school residents within the Gulf Bend Psychiatric Outpatient Clinic. •
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• Provide tele video psychiatric and crisis services for individuals in remote/rural areas. •	• Continue to develop and coordinate access.
Addressing the behavioral health needs of consumers	• Gap 14 • Goals 2,4	• PASSRR program in place to provide behavioral services for	• Continue to develop and coordinate access.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
with Intellectual Disabilities		nursing home residents. • Employed a Crisis Intervention Specialist to provide crisis services for IDD individuals. • Contract with Camino Real and Bluebonnet Trails for provision of Crisis Respite Services. • Provision of psychiatric medical services for IDD individuals.	
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Contract for Veterans Program in place through HHSC. Employing a Veteran's Peer Support through the contract. •	• Continue current status.

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation*

of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.

- *List at least one but no more than five priorities.*
- *For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.*

Local Priority	Current Status	Plans
Psychiatric inpatient services and transportation (to and from inpatient facilities)	• Shortage of psychiatric inpatient facilities/beds for the local service area and statewide. • Transportation provided to hospital by law enforcement or family. Return to community by bus.	• Improved continuity with the state and private hospitals. • Implement local program for GBC staff to coordinate with Psychiatric Inpatient facilities to potentially pick up discharged inpatient consumers.
Improve Judiciary system involvement.	• Lack of a Mental Health Court; lack of timely processing of EDWs	• Work with community stakeholders for options.
Increasing knowledge and skill related to suicide prevention, intervention and postvention.	• Trained the trainers in ASIST (Applied Suicide Intervention Skills Training), Safe TALK, ASK and CALM • Trained direct care and support staff in Suicide Prevention. • Provided training to school counselors. • Provided training to law enforcement.	• Continue provision of staff training. • Continue to educate and inform community.
Mental Health Officer	• Two MHOs in place for Victoria County. • Two part time MHOs in place for Jackson County.	• Submitted a proposal to HHSC to expand the MHO Officer Program to all 7 counties utilizing off duty officers.

III.D System Development and Identification of New Priorities

Development of the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

In the table below, identify the local service area's priorities for use of any *new* funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

- Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority;
- Identify the general need;
- Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable; and
- Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	***Example:*** *Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	•
1	Detox Beds	• Contract with inpatient substance abuse treatment facility	• Contract @ $650.00 per day
2	MH Crisis Respite	• Fund additional QMHP, LPHA, and RN positions to provide crisis respite services in our region.	• $500,000 per fiscal year
		•	•
		•	•

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found here for adults or here for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT, or other crisis services.

Crisis Residential Units– provide community-based residential crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.

Crisis Respite Units –provide community-based residential crisis treatment for individuals who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

Extended Observation Units (EOU) – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

Mobile Crisis Outreach Team (MCOT) – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESCs provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
PESC	Psychiatric Emergency Service Center