Gulf Bend Center

Department of State Health Services

Form O
2016 Consolidated Local Service Plan (CLSP)

Contents

Introduction

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

Local planning is a collaborative activity, and the CLSP asks for information related to community stakeholder involvement in planning. DSHS recognizes that community engagement is an ongoing activity, and input received throughout the biennium will be reflected in the local plan. LMHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed.

The Psychiatric Emergency Plan is a new component that stems from the work of the HB 3793 Advisory Panel. The panel was charged with assisting DSHS to develop a plan to ensure appropriate and timely provision of mental health services. The Advisory Panel also helped DSHS develop the required standards and methodologies for implementation of the plan, in which a key element requires LMHAs to submit to DSHS a biennial regional Psychiatric Emergency Plan developed in conjunction with local stakeholders. The first iteration of this Psychiatric Emergency Plan is embedded as Section II of the CLSP.

In completing the template, please provide concise answers, using bullet points. When necessary, add additional rows or replicate tables to provide space for a full response.

Section I: Local Services and Needs

I.A. Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA (or a subcontractor organization) that provide mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). 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, children, or both (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
    - *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*
    - *Other (please specify)*

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
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 • Services for co-occurring disorders - Adult • Integrated healthcare - mental & physical health - Adult/Child • Counseling - Adult/Child
Gulf Bend Center-	Citizens Medical Center	Victoria	• Extended Observation - Adult

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
LMHA	2701 Hospital Drive, 6th floor, 77901		• Screening, assessment and intake - Adult
Gulf Bend Center - LMHA	Place 4 Port Lavaca 225 N. Virginia, Suite 6, 77979	Calhoun	• TRR outpatient services - Adult/Child • Counseling - Adult/Child
Gulf Bend Center- LMHA	The Wellness Center 1109 N. Nimitz 77901	Victoria	• TRR outpatient services - Adult • Integrated healthcare - mental & physical health - Adult
Gulf Bend Center- LMHA	Place4 1127 N. Espanade, 77954	Dewitt	• TRR outpatient services - Adult/Child • Counseling - Adult/Child
The Harris Center for Mental Health and IDD	9401 Southwest Freeway , 77074	Harris	• Crisis Hotline
Gulf Coast Medical Center	10141 US 59 Rd. 77488	Wharton	• Contracted Inpatient - Adult
Hopebridge	5556 Gasmer Dr. 77035	Harris	• Contracted Inpatient - Adult/Children (5 & up)
Corpus Christi Medical Center - Bayview Behavioral Hospital	6629 Wooldridge Road 78414	Nueces	• Contracted Inpatient - Adult and Children (12 & up)
Nix Health Care System	414 Navarro Street, San Antonio, TX 78205	Bexar	• Contracted Inpatient - Adult and Children (5 & up)

I. B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

- *Identify the RHP Region(s) associated with each project.*
- *List the titles of all projects you proposed for implementation under the Regional Health Partnership (RHP) plan. If the title does not provide a clear description of the project, include a descriptive sentence.*

- *Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)*
- *Enter the static capacity—the number of clients that can be served at a single point in time.*
- *Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.*
- *If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.*

1115 Waiver Projects				
RHP Region(s)	**Project Title (include brief description if needed)**	**Years of Operation**	**Capacity**	**Number Served/ Year**
3	Calhoun County - Integrated Care (Develop and implement a Person-Centered Behavioral Health with Medical Health supports in Port Lavaca offering behavioral health services, primary care supports, health behavior education and training programs, long and short term, and case management.)	2	150	125
4	Victoria Area - Integrated Care (Implement person-centered behavioral health & medical health, targeting at risk populations with co-morbid diseases of mental illness and chronic disease who currently go untreated or under treated and who routinely access more intensive and costly services such as emergency departments or jails.)	2	250	150
4	Victoria Area - Tele-Health Expansion of services (Expand and enhance the psychiatric and behavioral health telemedicine services already provided by Gulf Bend in its service area in an effort to enhance and improve treatment for individuals with behavioral health conditions.)	2	Expanded in multiple measures	450 added

I.C Community Participation in Planning Activities

Identify community stakeholders who participated in your comprehensive local service planning activities over the past year.

	Stakeholder Type		Stakeholder Type
X	Consumers	X	Family members
X	Advocates (children and adult)	X	Concerned citizens/others
☐	Local psychiatric hospital staff	X	State hospital staff
X	Mental health service providers	X	Substance abuse treatment providers
☐	Prevention services providers	X	Outreach, Screening, and Referral (OSAR)
X	County officials	X	City officials
X	FQHCs/other primary care providers	X	Local health departments
X	Hospital emergency room personnel	X	Emergency responders
X	Faith-based organizations	X	Community health & human service providers
X	Probation department representatives	X	Parole department representatives
X	Court representatives (judges, DAs, public defenders)	X	Law enforcement
X	Education representatives	X	Employers/business leaders
X	Planning and Network Advisory Committee	☐	Local consumer-led organizations
X	Veterans' organization		

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

• Lack of nearby psychiatric inpatient services
• Transportation (to inpatient facilities)
• Judiciary system involvement - lack of a Mental Health Court; lack of timely processing of EDWs
• Improved access to psychiatric services, e.g. initial psychiatric evaluation/diagnostic

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure that stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures that will enable them to coordinate their 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. Planning should consider all available resources, including projects funded through the 2015 Crisis and Inpatient Needs and Capacity Assessments.

The HB 3793 Advisory Panel identified the following stakeholder groups as 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
- Users of crisis services and their family members

Most LMHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations, including those related to the 2015 Crisis Needs and Capacity Assessment.

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 you used to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including:

- Ensuring all key stakeholders were involved or represented
- Ensuring the entire service area was represented
- Soliciting input

- Surveys were mailed out to community stakeholders and distributed to consumers to solicit information about need for contracted services and gaps in service delivery system in Center's service area.
- Collaborative meetings were held with Citizens Medical Center Staff to develop the Extended Observation Unit to decrease use of ER and inpatient hospitalization.
- Meetings with Sheriff's Departments and Police Chiefs from all seven counties to discuss crisis services needs and utilization of the EOU.
- Meeting with Victoria County Sheriff's Officer(s) to plan for development of a program for MH Deputies. Visited Gulf Coast Center in Galveston County to discuss Mental Health Deputy program implemented in that service area.
- Community forum sponsored by Victoria Advocate to discuss and identify mental health service needs in GBC's service area.
- Solicitation of input and involvement of PNAC and ETBHN's Regional PNAC.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?
    a. During business hours

o 8:00 a.m. to 5:00 p.m. - 6 QMHPs; 1 Crisis Manager; 3 LPHAs available at crisis walk-in site; 1 psychiatrist available at crisis walk-in site.

    b. After business hours

o 1 MCOT QMHP; 1 Crisis Manager; 1 LPHA

    c. Weekends/holidays

o 1 MCOT QMHP; 1 Crisis Manager; 1 LPHA

2. What criteria are used to determine when the MCOT is deployed?

• A) because of a mental health condition 1) Individual presents immediate danger to self or others 2)Individual's mental/physical health is at risk of serious deterioration; OR • B) Individual believes (s)he presents immediate danger to self or others or his/her mental/physical health is at risk of serious deterioration.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA.

- MCOT conducts crisis assessment to determine severity and immediate action to be taken - 1) development of safety plan (risk not imminent); 2) inpatient services at private/contracted hospital or State Hospital; 3) finding other placement such as Extended Observation Unit.
- MCOT conducts follow-up (phone, face-to-face) with individual regarding individual's current well being (24 hours f/u for regular crisis; inpatient discharge follow-up within 7 days; EOU discharge f/u within 24 hours by EOU staff)

4. Describe MCOT support of emergency rooms and law enforcement:

   a. Do emergency room staff and law enforcement routinely contact the LMHA when an individual in crisis is identified? If so, is MCOT routinely deployed when emergency rooms or law enforcement contact the LMHA?

- Emergency rooms: Yes. MCOT deployed after receiving anticipated/full medical clearance from ER staff. If ER staff gives an estimate of when individual may be medically cleared MCOT will be deployed prior to receiving full medical clearance in an attempt to reduce wait time. *Medical clearance and/or lucid client in order to validate crisis assessment.
- Law enforcement: Yes. MCOT deployed after phone triage conducted to determine severity/duration of SI/HI and/psychosis . MCOT staff will provide law enforcement staff with a window of estimated time of arrival if face-to-face crisis evaluation is warranted (8 hour response time).

   b. What activities does the MCOT perform to support emergency room staff and law enforcement during crises?

- Emergency rooms: MCOT works closely in communication with ER staff throughout completion of Crisis assessments/evaluations; develop safety plans for individual and family; makes recommendations for higher level of care; assist with finding appropriate placement (e.g. private hospital beds, state hospital beds, EOU placement); completes paperwork for admission to EOU; facilitates transfers by EDW; finds transportation if needed.
- Law enforcement: MCOT provides direct communication and crisis assessment; develop safety plan; provide information/education on verbal and non-verbal signs of SI/HI vs. attention-seeking behavior.

5. 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?
    a. Describe your community's process if a client needs further assessment and/or medical clearance:

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

    b. Describe the process if a client needs admission to a hospital:

- MCOT, upon arrival and crisis assessment completion, will make recommendation for hospitalization if appropriate.
- Uninsured individuals: MCOT will facilitate transfer by EDW. If no State Hospital beds available MCOT will find alternate placement.
- Insured individuals: ER staff will initiate hospital to hospital transfer.

    c. Describe the process if a client needs facility-based crisis stabilization (i.e., other than hospitalization–may include crisis respite, crisis residential, extended observation, etc.):

- If EOU is needed, MCOT will make referral and validate acceptance with EOU LPC/RN upon completion of crisis assessment. MCOT will request needed documentation from ER (MD H&P, labs, diagnostics as determined by ER MD, discharge instructions). EOU RN will review and call ER RN for needed reports. EOU RN will give acceptance for individual to be transferred to EOU.

6. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
    a. During business hours

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

b. After business hours

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

c. Weekends/holidays

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

7. If an inpatient bed is not available:

a. Where is an individual taken while waiting 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 (pending placement). If needed, law enforcement can provide assistance for MCOT safety.
- If voluntary, individual can be admitted to EOU while waiting for hospital bed.

b. Who is responsible for providing continued crisis intervention services?

- Gulf Bend Center MCOT and EOU QMHPs/LPC.

c. Who is responsible for continued determination of the need for an inpatient level of care?

- Gulf Bend Center MCOT, Crisis Manager.

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

- Family, friends, or EMS.

Crisis Stabilization

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

Name of Facility	Extended Observation Unit operated by LMHA.
Location (city and county)	Victoria, Texas - Victoria County
Phone number	361-582-5370
Type of Facility (see Appendix B)	Extended Observation Unit (EOU)
Key admission criteria (type of patient accepted)	18 years of age, voluntary, resident of 7 county service area who displays one of the following criteria: • danger to self • danger to others • danger to property • Axis 1 diagnosis, GAF < 50 and presence of acute psychosis (e.g. auditory/visual hallucinations, disorganized or illogical thoughts, bizarre behavior, delusions, paranoia)
Circumstances under which medical clearance is required before admission	Determined by EOU accepting RN
Service area limitations, if any	Available to 7 county catchment area
Other relevant admission information for first	Individuals under EDW shall be diverted from EOU. Exclusionary

responders	criteria: hostility and aggressiveness; presence of substance abuse/intoxication or dependence diagnosis; overriding medical conditions that cannot be treated by EOU staff.
Accepts emergency detentions?	No

Inpatient Care

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent? Replicate the table below for each alternative.

Name of Facility	Extended Observation Unit operated by LMHA.
Location (city and county)	Victoria, Texas - Victoria County
Phone number	361-582-5370
Type of Facility (see Appendix B)	Extended Observation Unit (EOU)
Key admission criteria (type of patient accepted)	18 years of age, voluntary, resident of 7 county service area who displays one of the following criteria: • danger to self • danger to others • danger to property • Axis 1 diagnosis, GAF < 50 and presence of acute psychosis (e.g. auditory/visual hallucinations, disorganized or illogical thoughts, bizarre behavior, delusions, paranoia)
Circumstances under which medical clearance is required before admission	Determined by EOU accepting RN
Service area limitations, if any	Available to 7 county catachment area
Other relevant admission information for first responders	Individuals under EDW shall be diverted from EOU. Exclusionary criteria: hostility and aggressiveness; presence of substance abuse/intoxication or dependence diagnosis; overriding medical conditions that cannot be treated by EOU staff.
Accepts emergency detentions?	No

Name of Facility	Gulf Coast Medical Center
Location (city and county)	Wharton, Texas - Wharton County
Phone number	979-282-6411
Key admission criteria	GERO Psych 65+ years of age with occasional acceptance of 55-64 years of age
Service area limitations, if any	N/A
Other relevant admission information for first responders	*Transportation provided by Law Enforcement or family/friends.

Name of Facility	Hopebridge
Location (city and county)	Houston, Texas - Harris County
Phone number	713-422-2650
Key admission criteria	Children & Adolescents 4-17 years of age
Service area limitations, if any	N/A
Other relevant admission information for first responders	*Transportation provided by Law Enforcement or family/friends.

Name of Facility	Bayview Hospital
Location (city and county)	Corpus Christi, Texas - Nueces County
Phone number	361-986-8200
Key admission criteria	12 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.

Name of Facility	Nix Health Care System
Location (city and county)	San Antonio, Texas - Bexar County
Phone number	210-579-3800
Key admission criteria	5 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.

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

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?
    a. Identify and briefly describe available alternatives.

- None available.

    b. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives? If not applicable, enter N/A.

- Limited resources - no local psychiatric inpatient beds available; limited outpatient alternatives; no transportation funding

    c. Does the LMHA have a dedicated jail liaison position? If so, what is the role of the jail liaison? At what point is the jail liaison engaged?

- No

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

- Gulf Bend Center's MCOT Crisis QMHPs, Crisis Director

d. What plans do you have over the next two years to maximize access and utilization of local alternatives for competency restoration? If not applicable, enter N/A.

- Collaborative discussions with community stakeholders to establish a mental health deputies and mental health court.

11. Does your 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) - Victoria County

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

- More funding/dollars, psychiatrists/doctors, counselors.
- Participation by all law enforcement agencies and judiciary system.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services?

- Physical healthcare services are offered at the GBC clinic location 3 days a week. The Center has contracted with local hospital for physician to provide healthcare services to Center consumers.
- Center has employed a mid-level practitioner (P.A.) to provide physical healthcare services.
- Referrals are made to Mid-Coast for substance abuse services. Mid-Coast contracts with designated OSAR for the Region.
- MOU with Billy T. Cattan for outpatient substance abuse services.

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

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

II.E Communication Plans

15. How will key information from the Psychiatric Emergency Plan be shared with emergency responders and other community stakeholders? Consider use of pamphlets/brochures, pocket guides, website page, mobile app, etc.

- Brochures that describe EOU and Crisis services
- Center's website page that describes EOU and Crisis services and the steps to take to access crisis services.
- Ongoing meetings with emergency responders/law enforcement in all 7 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, hospitals, etc.)

16. How will you ensure LMHA 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
- Development/availability of protocols/manuals that describe processes to implement the plan

II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
All seven counties	• Limited resources related to hospital beds (uninsured)
All seven counties	• Budget limitations/issues within Center and for law enforcement
All seven counties	• Proximity of inpatient psychiatric services
All seven counties	• Transportation of individuals to inpatient facilities
All seven counties	• Additional psychiatrists (shortage/rural area)

Section III: Plans and Priorities for System Development

III.A Jail Diversion

Indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities that describe the strategies checked in the first column. For those areas not required in the DSHS Performance Contract, enter NA if the LMHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
X Co-mobilization with Crisis Intervention Team (CIT) ☐ Co-mobilization with Mental Health Deputies ☐ Co-location with CIT and/or MH Deputies ☐ Training dispatch and first responders	• Mental Health First Aid is being provided to local law enforcement personnel. • MCOT staff provide mobile crisis services in the community with law enforcement at the scene,

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
X Training law enforcement staff ☐ Training of court personnel ☐ Training of probation personnel ☐ Documenting police contacts with persons with mental illness ☐ Police-friendly drop-off point X Service linkage and follow-up for individuals who are not hospitalized ☐ Other: Click here to enter text.	as determined by assessment. • 8 hour response to calls from jails to conduct assessment to determine if appropriate for EOU or inpatient • MCOT staff provide follow-up services for individuals who have not been hospitalized. If individual is active, assigned case manager will follow-up. • Crisis Manager currently conducting workshops on Mental Health topics (e.g. De-escalation techniques) with local law enforcement agencies (2015-2016)
Plans for the upcoming two years: • Improve communication and build relationships with ERs and law enforcement via ongoing face-to-face meetings in the community. • Develop/establish MH Deputy in Victoria County that could be deployed with MCOT staff to address crisis situations in the community. • Develop MH court. • Implement ZEST initiative with all law enforcement agencies in catchment area.	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**
☐ Staff at court to review cases for post-booking diversion	• Provide screenings at all county jails within

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**
X Routine screening for mental illness and diversion eligibility X Staff assigned to help defendants comply with conditions of diversion ☐ Staff at court who can authorize alternative services to incarceration X Link to comprehensive services ☐ Other: Click here to enter text.	service area . • Provide televideo diagnostic assessment at local jails. • Availability of evaluation by forensic psychiatrist through televideo provided by Gulf Bend Center. • Referrals made for comprehensive services as identified through completion of screening and evaluations.
Plans for the upcoming two years: • Utilization of televideo at all county jails in catchment area. • Use of MH deputies in Victoria County.	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
X Routine screening for mental illness and diversion eligibility ☐ Mental Health Court ☐ Veterans' Court ☐ Drug Court ☐ Outpatient Competency Restoration ☐ Services for persons Not Guilty by Reason of Insanity ☐ Services for persons with other Forensic Assisted Outpatient Commitments	• Staff assigned to DUI court. • Routine screenings completed to determine mental illness eligibility. • Availability of evaluation by forensic psychiatrist through televideo provided by Gulf Bend Center. • Provide psychiatric medical services via televideo for individuals enrolled in GBC

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☐ Providing services in jail for persons Incompetent to Stand Trial ☐ Compelled medication in jail for persons Incompetent to Stand Trial X Providing services in jail (for persons without outpatient commitment) X Staff assigned to serve as liaison between specialty courts and services providers ☐ Link to comprehensive services ☐ Other:	services. • Provide Crisis services to inmates.
Plans for the upcoming two years: • Plans to develop MH court and Veteran's court.	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
☐ Providing transitional services in jails X Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release ☐ Structured process to coordinate discharge/transition plans and procedures ☐ Specialized case management teams to coordinate post-release services X Other: EOU Transition	• Educate Jails regarding use of EOU as transition service. • TCOOMMI program .
Plans for the upcoming two years:	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
• Utilizing EOU as a transition step for individuals who are released from jails/prisons • Develop structured process to coordinate discharge/transition plans and procedures.	

Intercept 5: Community corrections and community support programs	
Components	**Current Activities**
X Routine screening for mental illness and substance use disorders ☐ Training for probation or parole staff X TCOOMMI program ☐ Forensic ACT ☐ Staff assigned to facilitate access to comprehensive services; specialized caseloads X Staff assigned to serve as liaison with community corrections X Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance ☐ Other:	• Center operates TCOOMMI program - 4 QMHP case managers available to provide screening for mental illness and substance use disorders. • QMHPs provide case management and rehab services to individuals involved in community corrections and support programs.
Plans for the upcoming two years: • Look into expansion of probation TCOOMMI caseload into all 7 counties. • Continue with TCOOMMI grant.	

III.B Other System-Wide Strategic Priorities

Briefly describe the current status of each area of focus (key accomplishments and current activities),and then summarize objectives and activities planned for the next two years.

Area of Focus	Current Status	Plans
Improving continuity of care between inpatient care and community services	• Assigned Continuity of Care Worker who works with State hospital staff to ensure transition between inpatient care and community. COC worker visits hospital to meet with patient and staff . • Meeting with SASH Medical Director to improve COC process. • Contracts with hospitals state what the hospital's responsibility is to link to Gulf Bend Center. • GBC staff conduct 7 day follow-up with clients upon discharge from State Hospital and contract hospitals. • Utilize EOU as transition service for individuals discharged from inpatient care.	• Continue to utilize EOU as transition service for individuals discharged from inpatient care. • Continue to improve GBC post-discharge follow-up procedures.
Reducing hospital readmissions	• Utilize EOU for services vs. inpatient. • Utilizing EOU as transition service when individual is discharged from inpatient services.	• Utilization of SP5 services. • Continue utilization of EOU as transition service from inpatient care to community. • Make referrals to local Detar's Intensive Outpatient Program. • Implementation of a transportation

Area of Focus	Current Status	Plans
		program to utilize GBC staff to pick up clients upon discharge from hospital ("warm hand-off").
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community	•	• Continue looking into options for services for transitioning long-term state hospital patients back into the community.
Reducing other state hospital utilization	• Utilize EOU for services vs. inpatient	• Continue to utilize EOU for services. • Utilization of SP5 services. • Make referrals to local Detar's Intensive Outpatient Program.
Tailoring service interventions to the specific identified needs of the individual	• Developed safety plan format to use for each individual that provides coping strategies to handle/address crisis symptoms/situation. • Provided recovery plan training for Case Managers.	• Continue training and awareness for Case Managers and Crisis QMHPs on the process of developing individual Recovery Plans. • Provision of ZEST (Zero Suicides in Texas) training for all GBC employees.
Ensuring fidelity with evidence-based practices	• 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-	• Participation in Peer certification	• Employ Family Partner.

Area of Focus	Current Status	Plans
oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)	training • Recruiting peer support specialist(s) • Using volunteer peer support specialist • Employ Family Partner for children services • Client/client family members appointed to PNAC	• Build peer support specialist program.
Addressing the needs of consumers with co-occurring substance use disorders	• COPSD Training provided for all provider staff. • Inclusion of COPSD in recovery plans • Provision of psychosocial rehabilitation services to COPSD individuals. • Referrals to community providers (Mid-Coast, Billy T. Cattan).	• Continue communications with Mid-Coast and Billy T. Cattan for substance abuse services • Establish protocols for referring GBC clients to local resources for easier/smoother transitions.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Developed integrated care projects for 1115 waiver. • Contract with DeTar for provision of primary healthcare and physician oversight of mid-level practitioners by physician. • Employed Physician's Assistant to provide primary healthcare	• Continue to develop coordination and partnership with FQHC. • Utilization of medical school residents to provide primary healthcare to current GBC consumers.

Area of Focus	Current Status	Plans
	services to address physical needs • Coordinate with local FQHC regarding identification of mutual consumers. • Employed Behavioral Health Consultant to provide consultation to local county hospital.	

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your 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 your 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 state wide. • Transportation provided to hospital by law enforcement or family. Return to community by bus.	• Better liaison with the state and private hospitals. • Utilize local EOU services. • Implement local program for GBC staff to coordinate with Psych Inpatient facilities staff to potentially pick up discharged inpatient consumers.

Local Priority	Current Status	Plans
Improve Judiciary system involvement -	• lack of a Mental Health Court; lack of timely processing of EDWs	• Work with community stake-holders for options.
Improve access to psychiatric services, e.g. initial psychiatric evaluation/diagnostic	• Limited access to Psychiatric Services and up to 6 months wait-list.	• Improve scheduling and implementation of "Just In Time Scheduling". Contract to be executed for consultation services to implement new scheduling process. • Addition of mid-level psychiatric practitioners
Increasing knowledge and skill related to suicide prevention, intervention and postvention.	• Trained the trainers in ASIST (Applied Suicide Intervention Skills Training) , Suicide Care, Safe TALK and CALM.	• Provide training to all GBC staff • Inform community and provide training to law enforcement.

III.D Priorities for System Development

Development of the local plans should include a process to identify local priorities and needs, and the resources that would be 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 will build on the ongoing communication and collaboration LMHAs have with local stakeholders, including work done in response to the 2015 Crisis Needs and Capacity Assessment. The primary purpose is to support local planning, collaboration, and resource development. The information will also provide a clear picture of needs across the state and support planning at the state level. Please provide as much detail as practical for long-term planning.

In the table below, identify your service area's priorities for use of any new funding for crisis and other services. 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.

a. Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority.
b. Identify the general need.
c. Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable.
d. 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	MH Deputy Program	• Establish a MH Deputy Program. • Fund positions for 4 MH deputies • Provide Transportation to/from Hospitals	**Gulf Bend Center TOTAL Costs = $21,051** • Training - $1,200 for each Deputy; **Total $4,800** • Vehicle Fuel and Maintenance - **$16,251** **Victoria County Costs:** • Salaries/Benefits for 4 Deputies - $62, 995 ea; **Total - $251, 980 –** • **3** Vehicles - $38,650 ea; **Total - $115,950**

2	Specialized Case Mgmt Team to transition individuals from jail to community	• Fund positions to provide specialized Case Mgmt services to individuals while in jail and upon release from jail.	• Salary/Benefits for one Case Mgr - **$35,963.20 (salary) + $10, 788.96 (benefits)**
3	Transportation program for picking up clients upon hospital discharge	• Fund Case Management position(s) to pick up individuals upon discharge from hospital to make immediate initial contact and engage individual to continue treatment upon discharge. • Fund means of transportation (vehicle cost)	• Salary/Benefits for one Case Mgr **- $35,963.20 (salary) + $10, 788.96 (benefits)** • Vehicle **$28,000**

Appendix A:Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), 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, the Mobile Crisis Outcome Team (MCOT), or other crisis services.

Crisis Residential – Up to 14 days of short-term, community-based residential, crisis treatment for individuals who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and who are demonstrating psychiatric crisis that cannot be stabilized in a less intensive setting. Mental health professionals are on-site 24/7 and individuals must have at least a minimal level of engagement to be served in this environment. Crisis residential facilities do not accept individuals who are court ordered for treatment.

Crisis Respite – Short-term, community-based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment. Services may occur over a brief period of time, such as 2 hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid mental health crisis. Crisis respite services are both facility-based and in-home, and may occur in houses, apartments, or other community living situations. Facility based crisis respite services have mental health professionals on-site 24/7.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis situation 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. (TRR-UM Guidelines)

Crisis Stabilization Units (CSU)–Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

Extended Observation Units (EOU) – Emergency services of up to 48 hours provided to individuals in psychiatric crisis, in a secure and protected, clinically staffed, psychiatrically supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. These individuals may pose a moderate to high risk of harm to self or others. EOUs may also accept individuals on voluntary status or involuntary status, such as those on Emergency Detention. Individuals on involuntary status may receive preliminary examination and observation services only. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

Mobile Crisis Outreach Team (MCOT) – Mobile Crisis Outreach Teams 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) and Associated Projects – There are multiple psychiatric emergency servicesprograms or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (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. 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 funding.

Psychiatric Emergency Service Centers (PESC) – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESCs 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 close proximity to a licensed hospital. PESCs must be available to individuals who walk in, and must contain a combination of projects.

Rapid Crisis Stabilization 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.