GULF BEND CENTER

# Form O: Consolidated Local Service Plan

FY 2025

# Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to Performance.Contracts@hhs.texas.gov and CrisisServices@hhs.texas.gov.

## 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 or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)
- No Services for youth
- No Contracted inpatient beds

## Table 1: Mental Health Services and Sites

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|---|---|---|---|---|---|
| Gulf Bend Center | 6502 Nursery Drive, Ste 100 Victoria, 77904 | 361-575-0611 | Victoria | LMHA | • Screening, assessment, and intake – Adult/Child<br>• TRR outpatient services – Adult/Child<br>• Psychiatric Medical Services- Adult/Child<br>• Crisis/MCOT – Adult/Child<br>• Counseling – Adult/Child<br>• Substance Use Disorder Services (SUD) – Adult/Child<br>• Care Coordination – Adult/Child<br>• Commercial– Adult/Child<br>• LIDDA services – eligibility screening/assessment, service coordination – Adult/Child<br>• MH Deputy – Adult/Child<br>• Community Response Team (CRT) – Adult/Child<br>• MHFA Training and Development- Adult/Child<br>• Transportation – Adult/Child |
| Gulf Bend Center-Satellite Clinics | Yoakum Outpatient Clinic 1200 Carl Ramert Dr. Yoakum, 77995<br><br>Jackson Hospital 1013 S. Wells St. Edna 77957<br><br>Refugio Specialty Clinic 114 Swift St. Refugio, 78377 | | Dewitt/ Lavaca<br><br><br><br>Jackson<br><br><br>Refugio | Hospital Clinic<br><br><br><br>Hospital<br><br><br>Hospital Clinic | • Screening, assessment, and intake- Adult/Child<br>• Psychiatric Medical Services – Adult/Child<br>• TRR outpatient services – Adult/Child<br>• Care Coordination – Adult/Child<br>• Community Agency Referral – Adult/Child<br>    Transportation- Adult/Child |

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|---|---|---|---|---|---|
| Gulf Bend Center | The Wellness Community 1009 N. Nimitz Victoria, 77901 | 361 703-5161 | Victoria | LMHA Apartment Housing | • TRR outpatient services – Adult<br>• Commercial – Adult<br>• IDD Services- Adult<br>• Food Pantry Adult/Child<br>• Community Resource Center (CRC) Adult/Child Transportation- Adult |
| Gulf Bend Center-Military Veteran Peer Network | Pattie Dodson Public Health Center Ste. 501 2805 N. Navarro Victoria, 77901 | 361 582-5810 | Victoria | Public Health Bldg. | • Veteran support services - Adult |
| The Harris Center for Mental Health & IDD | 9401 Southwest Freeway Houston, 77074 | 713-970-7000 | Harris | LMHA | • Contracted Crisis Hotline – Adult/Child |
| Cross Creek Psychiatric Hospital | 8402 Cross Park Drive Austin, 78754 | 512-823-0570 | Travis | Psychiatric Hospital | • Contracted Inpatient Services – Adult/Child (8 & up) – Substance Abuse and MH – Private Psychiatric Bed/Rapid Crisis Stabilization, Detox |
| SUN Behavioral Health Psychiatric Hospital | 7601 Fannin St. Houston, 77054 | 713-715-4297 | Harris | Psychiatric Hospital | • Contracted Inpatient Services – Adult/Child (5 & up) – Substance Abuse and MH – Private Psychiatric Bed/Rapid Crisis Stabilization, Detox |
| Westpark Springs Psychiatric Hospital | 6902 S. Peek Rd. Richmond, 77407 | 832-535-2770 | Fort Bend | Psychiatric Hospital | • Contracted Inpatient Services – Adult/Child (13 & up) – Substance Abuse and MH – Private Psychiatric Bed/Rapid Crisis Stabilization, Detox |
| PAM Voyages Behavioral Health | 11931 S. Texas 6, Sugarland 77498 | 281-896-0112 | Fort Bend | Psychiatric Hospital | • Contracted Inpatient Services – Adult/Seniors (18 & up) – Substance Abuse and MH – Private Psychiatric Bed/Rapid Crisis Stabilization, Medically complex cases |

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|---|---|---|---|---|---|
| Bluebonnet Trails Community Services<br><br>La Esperanza Crisis Respite Home | 1009 N. Georgetown St. Round Rock, 78664-3289<br><br>Respite Site- 1105 W. Court St. Seguin, Texas 78155 | 830-386-2770 | Williamson Guadalupe | LIDDA | • Contracted IDD Crisis Respite Services – Adult/Child |
| Mission Psychology | 1380 Pantheon Way Suite 310 San Antonio, TX 78232 | 210-699-8700 | Bexar | Private Provider office | • Psychological Assessment- Adult/Child<br>• Psychological Testing – Adult/Child<br>  Intellectual Disability Determination – Adult/Child |
| Hatch Learning | 4208 Retama Circle Victoria, Texas 77901 | 361-578-2257 | Victoria | Private Provider office | • Speech Therapy – Adult/Child<br>• Early intervention – Adult/Child<br>• Social Skills training – Adult/Child<br>  Physical therapy ABA therapy – Adult/Child |
| One Heart One Sound Music Therapy Services LLC | 2298 Lower Mission Valley Rd. Victoria, Texas 77905-2407 | | Victoria | Private Provider office | • Music Therapy – YES Waiver - Child |
| | | | | | |
| | | | | | |
| | | | | | |

# 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 in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative

Grant Program, authorized by Texas Government Code, Section 531.09936, - awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people 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 people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

**Table 2: Mental Health Grant for Justice-Involved Individuals Projects**

| Fiscal Year | Project Title (include brief description) | County(s) | Type of Facility | 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

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people 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, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

In the table below, describe Community Mental Health Grant Program projects related to jail diversion, justice-involved individuals, and mental health deputies. Number served per year should reflect reports for the previous fiscal year. Add

additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.D.

**Table 3: Community Mental Health Grant Program Jail Diversion Projects**

| Fiscal Year | Project Title (include brief description) | County(s) | Population Served | Number Served per Year |
|---|---|---|---|---|
| FY24 | 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 | 500 unduplicated per year |
| | | | | |
| | | | | |

# I.D Community Participation in Planning Activities

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

**Table 4: Community Stakeholders**

| | Stakeholder Type | | Stakeholder Type |
|---|---|---|---|
| ☒ | People receiving services | ☒ | Family members |
| ☒ | Advocates (children and adult) | ☒ | Concerned citizens or others |
| ☒ | Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <br>• Cross Creek Hospital <br>• Sun Behavioral Hospital <br>• West Park Springs Hospital <br>• PAM Voyages BH Hospital | ☒ | State hospital staff (list the hospital and staff that participated): <br>• San Antonio State Hospital (SASH), Marc Graham |
| ☐ | Mental health service providers | ☒ | Substance use treatment providers <br>• Billy T. Cattan, Recovery Outreach (BTCRO) |
| ☐ | Prevention services providers | ☒ | Outreach, Screening, Assessment and Referral Centers <br>• Tropical Texas <br>• The Center for Healthcare Services |

| | Stakeholder Type | | Stakeholder Type |
|---|---|---|---|
| ☒ | County officials (list the county and the name and official title of participants):<br>• Gary Burns,Victoria County Commissioner<br>• Jason Orht, Victoria County Commissioner<br>• Kenneth Sexton, Victoria County Commissioner | ☒ | City officials (list the city and the name and official title of participants):<br>• Jesus Garza, City of Victoria Manager<br>• Duane Crocker, Mayor of Victoria |
| ☐ | Federally Qualified Health Center and other primary care providers | ☒ | LMHA LBHA staff<br>*List the LMHA or LBHA staff that participated:*<br>• Jeff Tunnell, Executive Director<br>• Nicole Way, Chief Operations Officer<br>• Lane Johnson, Chief Clinical Officer<br>• Tracy Chase, Director of Program Operations |
| ☒ | Hospital emergency room personnel<br>• Jeff Payne, ED Mgr. Citizens Medical Center<br>• Donna Tompkins, ED Mgr. DeTar<br>• Melissa Casas, ED Mgr. DeTar North<br>• Kyle Daniel, ED Mgr. Memorial Medical Center | ☒ | Emergency responders<br>• Robert "Tracy" Fox, Chief Victoria Fire Dept. |
| ☒ | Faith-based organizations<br>• Brandon Cahill, Bishop for Victoria Diocese<br>• Tim Brewer, Paster Methodist Church<br>• Sister Rebecca Janacek, ED Promise Pointe | ☒ | Local health and social service providers<br>• Ginny Stafford, CEO Midcoast Family Services<br>• Bethany Castro, ED United Way |
| ☒ | Probation department representatives<br>• Stacy Murray, Adult Probation officer | ☐ | Parole department representatives |

| | Stakeholder Type | | Stakeholder Type |
|---|---|---|---|
| ☒ | Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants):<br>• Keith Mudd, Lavaca County Judge<br>• Daryl L. Fowler, DeWitt County Judge<br>• Jill Sklar, Jackson County Judge<br>• Richard Meyer, Calhoun County Judge<br>• Mike Bennett, Goliad County Judge<br>• Thiela "GiGi" Poynter, Refugio County Judge<br>• Ben Zeller, Victoria County Judge<br>• Daniel Gilliam, Victoria County Judge<br>• Constance Filley Johnson, Victoria District Attorney | ☒ | Law enforcement (list the county or city and the name and official title of participants):<br>• Sheriff Bobbie Vickery, Calhoun County<br>• Sheriff Micah Harmon, Lavaca County<br>• Sheriff Justin Marr, Victoria County<br>• Interim Sheriff Kelly Janica, Jackson County<br>• Chief Chuck Young, Victoria Police Department<br>• First Deputy Chief Eline Moya, Victoria Police Department |
| ☒ | Education representatives<br>• Dr. Rachel Martinez, Dean of UHV College of Education<br>• Dr. Dorothy Thomas, UHV Director of Nursing | ☐ | Employers or business leaders |
| ☒ | Planning and Network Advisory Committee | ☐ | Local peer-led organizations |
| ☐ | Peer specialists | ☐ | IDD Providers |
| ☐ | Foster care or child placing agencies | ☒ | Community Resource Coordination Groups |
| ☐ | Veterans' organizations | ☐ | Housing authorities |
| ☒ | Local health departments<br>• David Gonzalez, Victoria Public Health Director<br>• Delilah Perez, Victoria Public Health Dept. | ☐ | Other:<br>_____ |

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.

Response:

| |
|---|
| • Regional and local collaborative meetings with stakeholders, e.g.  law enforcement agencies, hospitals, school districts, probation, Judges, and faith-based organizations. |
| • Customer Surveys |

| |
|---|
| • Community Assessment sent to Board Members and members of the Gulf Bend Regional Collaborative |
| • Provision of Trainings to school staff and parents |
| • PNAC meetings |
| • Social Media/Website |

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

Response:

| |
|---|
| • 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 |
| • Child and Adolescent needs: Crisis, justice system involvement, academic, substance use |
| • Forensic Services to those Incompetent to Stand Trial |

# 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 and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;

- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- 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 Developing 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;

Response:

- Collaborative meetings were held with emergency departments (ED) in our 7-county 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

Response:

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

- Soliciting input.

Response:

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

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

1. How is the Crisis Hotline staffed?
   a. During business hours

   Response:

   | |
   |---|
   | • 24 Hours a day – 7 days a week |

   b. After business hours

   Response:

   | |
   |---|
   | • 24 Hours a day – 7 days a week |

   c. Weekends and holidays

   Response:

   | |
   |---|
   | • 24 Hours a day – 7 days a week |

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

   Response:

   | |
   |---|
   | • The Harris Center |

3. How is the MCOT staffed?
   a. During business hours

   Response:

   | |
   |---|
   | • 8:00 a.m. to 5:00 p.m. 8 QMHP's, 1 Crisis Team Lead, 1 Crisis Mgr, 1 Director of Behavioral Health, 1 LPHA Weekends/holidays. |

   b. After business hours

   Response:

   | |
   |---|
   | • 1 MCOT QMHP; 1 Crisis Team Lead (available by phone), 1 Crisis Mgr. (available by phone), 1 Director of Behavioral Health, 1 LPHA (available by phone) |

    c. Weekends and holidays

     Response:

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

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

     Response:

- No

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

     Response:

- Phone calls
- Face-to-face
- Tele video

6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:
    a. 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 4 Hours a day – 7 days a week

    b. 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?

     Response:

- N/A

8. 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 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.

    b. 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.

    c. Weekends and 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 a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

    Response:

- 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 a person requires further evaluation, medical clearance, or both.

    Response:

- 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 a person needs admission to a psychiatric hospital.

Response:

- MCOT will make recommendation for hospitalization based on crisis assessment.
- Uninsured individuals:  If no State Hospital beds available. MCOT will utilize contracted bed days.
- Insured/Voluntary individuals:  ER staff will initiate hospital to hospital transfer. If in community or GBC MCOT will coordinate transfer.
- Involuntary individuals will be transported to the inpatient facility by EDW

12. Describe the process if a person needs facility-based crisis stabilization (i.e.,

other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

Response:

-  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.

Response:

- 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 person wait for a bed?

Response:

- 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 person is placed in a clinically appropriate environment at the LMHA or LBHA?

Response:

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

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

Response:

- Family, friends, or EMS.

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

Response:

- Family, friends, or EMS.

## Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

**Table 5: Facility-based Crisis Stabilization Services**

| Name of facility | |
|---|---|
| **Location (city and county)** | None. |
| **Phone number** | |
| **Type of facility (see Appendix A)** | |
| **Key admission criteria** | |

| Name of facility | |
|---|---|
| Circumstances under which medical clearance is required before admission | |
| Service area limitations, if any | |
| Other relevant admission information for first responders | |
| Does the facility accept emergency detentions? | |
| Number of beds | |
| HHSC funding allocation | |

## Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

**Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured**

| Name of Facility | Cross Creek Psychiatric Hospital |
|---|---|
| Location (city and county) | Austin, Texas Travis County |
| Phone number | 512-215-3900 |
| Key admission criteria | 8 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?** | Contract psychiatric beds as needed; PPB guaranteed set (2) |
| **If under contract, what is the bed day rate paid to the contracted facility?** | $800/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** | 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. |
| **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?** | Contract psychiatric beds as needed<br>PPB- guaranteed set (2) |
| **If under contract, what is the bed day rate paid to the contracted facility?** | $800/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** | 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?** | Contract psychiatric beds as needed<br>PPB- guaranteed set (2) |
| **If under contract, what is the bed day rate paid to the contracted facility?** | $800/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** | PAM Voyages Behavioral Health |
| **Location (city and county)** | Sugarland, Fort Bend |
| **Phone number** | 281-896-0112 |
| **Key admission criteria** | 18 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** | 60 |
| **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** | Contracted psychiatric bed days as needed PPB- guaranteed set (2) |

| | |
|---|---|
| **guaranteed set or on an as needed basis?** | |
| **If under contract, what is the bed day rate paid to the contracted facility?** | $800/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 for People Deemed Incompetent to Stand Trial Pre- and Post-arrest

1. Identify local inpatient or outpatient alternatives, if any, to the state hospital the local service area has for competency restoration? Indicate "N/A" if the LMHA or LBHA does not have any available alternatives.

   Response:

   - Jail in Reach coordination services.

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

   Response:

   - No local inpatient facilities
   - Criminal Charges

3. 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? Identify the name(s) and title(s) of employees who operate as the jail liaison.

   Response:

- Yes.  We have two Continuity of Care (COC) Case Managers. One is assigned

  to Victoria County jail, and one is assigned to the 6 outlying county jails.  Their role includes assisting individuals who will be released from jail with transitioning to the community and linking to local resources.  They become engaged with inmates with identified needs after booking through referrals from jail staff, inmate request or GBC staff.

4. 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.

   Response:

- In the absence of the dedicated COC, Gulf Bend Center's CRT, MCOT, Crisis Team Lead, Crisis Manager, Director Behavioral Health.

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

   Response:

- Gulf Bend Center is participating in a pilot program to provide services and restore competency to those waiting for inpatient restoration in Jackson, Refugio, Goliad, and Victoria County jails.  The program plans to expand to the three remaining county jails in our service area.

6. Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (e.g., Outpatient Competency Restoration, Inpatient Competency Restoration, Jail-based Competency Restoration, FACT Team, Post Jail Programs)?

   Response:

- Yes. Jail based competency restoration (local) for 7 county regions to be continued and sustained past the pilot stage.

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

    Response:

- More funding/dollars, psychiatrist/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 Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

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

    Response:

- Referrals are made to Billy T. Cattan for substance abuse services.
- MOU with Billy T. Cattan for outpatient substance abuse services.
- GBC has MOU with Center of Healthcare Services in San Antonio for OSAR 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?

    Response:

- 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 retain certification to be a Certified Community Behavioral Health Clinic (CCBHC)
- Expand service to include substance use services, care coordination, 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?

   Response:

- 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, Instagram, Twitter (X.com) 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?

   Response:

- 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

Use the table below to identify 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. Add additional rows if needed.

**Table 7: Crisis Emergency Response Service System Gaps**

| County | Service System Gaps | Recommendations to Address the Gaps | Timeline to Address Gaps (if applicable) |
|---|---|---|---|
| All seven counties | Budget limitations within Center and law enforcement agencies | • Continue to apply for grants. Lobby in the next legislative session. | • On-going |

| County | Service System Gaps | Recommendations to Address the Gaps | Timeline to Address Gaps (if applicable) |
|---|---|---|---|
| All seven counties | Proximity of inpatient psychiatric services | • The Gulf Bend Regional Collaborative, for our seven-county region, requested funding to support a local inpatient facility and Victoria county was awarded $40 million dollars for the infrastructure for a 60-bed facility. (30 forensic beds and 30 civil beds) | • Assigned to Victoria County to complete, timeline unknown |
| All seven counties | Transportation of individuals to inpatient facilities | • Contracts with LE agencies for off duty officers to provide transportation to inpatient facilities. | • On-going |
| All seven counties | Additional psychiatrists (shortage/rural area) | • Continued recruiting efforts | • On-going |

# Section III: Plans and Priorities for System Development

## III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to people with mental health and substance disorders involved 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 people 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. Enter N/A if not applicable.

**Table 8: Intercept 0 Community Services**

| 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. |

| Intercept 0: Community Services Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|---|---|
| Mental Health Officers – 2 MHOs provide wellness & prevention checks and also assist MCOT team as needed. | All 7 Counties | • Continue MHO program with available funding through PESC program. |

**Table 9: Intercept 1 Law Enforcement**

| 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 dispatch to conduct wellness checks and assess situation to determine if MCOT needs to be contacted | All 7 Counties | • Sustain current CRT of a Mental Health Officer and a Mental Health Case Manager that are deployed to address crisis situations in the 7-county region.<br>• 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 | • Sustain by utilizing Tele video and Face to Face. |
| 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 | • Continue to follow up within 24 hours and provide additional resources as needed. |
| Jail in Reach Program | Goliad, Refugio, Jackson, and Victoria | • To expand Lavaca, Dewitt, and Calhoun |

## Table 10: Intercept 2 Post Arrest

| Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|---|---|
| Continuity of Care services to assist individuals released from jail with transitioning to community and linking to local resources | All 7 counties | |
| Current GBC customers can request their medication list be sent to jail for continuity of care | All 7 counties | |
| | | |

## Table 11: Intercept 3 Jails and Courts

| Intercept 3: Jails and Courts Current Programs and Initiatives: | County(s) | 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. |
| | | |

## Table 12: Intercept 4 Reentry

| Intercept 4:  Reentry Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|---|---|
| | | |
| | | |
| | | |

## Table 13: Intercept 5 Community Corrections

| Intercept 5:  Community Corrections Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|---|---|
| | | |
| | | |

| Intercept 5: Community Corrections Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|---|---|
| | | |

# III.B Other Behavioral Health Strategic Priorities

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. In 2015, the Texas Legislature established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. Core duties of the SBHCC include developing, monitoring, and implementing a five-year statewide behavioral health strategic plan; developing annual coordinated statewide behavioral health expenditure proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

The Texas Statewide Behavioral Health 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
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- 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 people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

Use the table below to briefly describe the 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.

**Table 14: Current Status of Texas Statewide Behavioral Health Plan**

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|---|---|
| Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services | • Gaps 1, 10 <br> • Goal 1 | • Annual Staff Training for Trauma Informed Care (TIC), Cultural Awareness, linguistic are computer based trainings. <br><br> • Designated TIC team to survey and review environment/staff for recommendations <br><br> • All staff are trained to utilize Masterword Services to accommodate communication barriers. | • Continue to improve and enhance current activities. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|---|---|
| Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes | • Gaps 2, 3, 4, 5, 10, 12<br>• Goal 1 | • Gulf Bend has obtained SAMHSA grant to assist with transportation and other needs that impact health outcomes.<br>• Gulf Bend Center participates with the local Homeless Coalition but receive no funding. | • Continue to sustain grant and obtain more. |
| Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services | • Gaps 1, 10<br>• Goal 1, 2 | • GBC obtained a SAMHSA-IA grant to improve and enhance services. GBC continues to explore additional opportunities and has a staff in place designated for this role | • Continue to sustain grant and obtain more. |
| Implement services that are person- and family-centered across systems of care | • Gap 7<br>• Goal 1 | • GBC is a CCBHC which includes person and family centered treatment planning for all individuals as part of their plan of care<br>• All direct care staff are trained in person/family centered treatment planning | • Continue to follow the CCBHC model of care |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|---|---|
| Enhance prevention and early intervention services across the lifespan | • Gaps 1, 2, 11<br><br>• Goal 1 | • GBC has partnered with VISD school system to implement "Bend the Trend:" an initiative to be proactive by providing social and emotional support and services to children showing early warning signs of a potential need for mental/behavioral health services | • Continue to sustain grant and obtain more. |
| Identify best practices in communication and information sharing to maximize collaboration across agencies | • Gap 3, 14<br><br>• Goal 2 | • GBC has MOUs in place with several agencies for information sharing and continuity of care<br><br>• As part of CCBHC, GBC is exploring addition of an HIE system to receive information from emergency departments for continuity of care purposes | • Continue to follow the CCBHC model of care<br><br>• Continue to add and enhance MOUs with additional partners |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|---|---|
| Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems | • Gaps 1, 3<br><br>• Goal 2 | • GBC has a core team of key staff members from various departments meet weekly to discuss policies, procedures, CQI, and CCBHC projects throughout the center. The team makes recommendations and strategizes implementation of new services | • Continue core team meetings weekly |
| Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans | • Gap 3<br><br>• Goal 2 | • GBC does not currently participate with SBHCC committees<br><br>• GBC participates in surveys when receives | • GBC will explore opportunities |
| Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care | • Gaps 1, 11<br><br>• Goal 2 | • GBC hosts a quarterly collaborative meeting with community partners to increase awareness of needs of individuals in our community<br><br>• GBC employs educators to provide MHFA to the community and other various trainings | • GBC will continue quarterly meetings with community partners<br><br>• GBC will continue community trainings |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|---|---|
| Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services | • Gaps 1, 5, 6<br>• Goal 2 | • GBC has a dedicated staff member to COC duties in the community and in our jails | • GBC will continue this service |
| Develop step-down and step-up levels of care to address the range of participant needs | • Gaps 1, 5, 6<br>• Goal 2 | • GBC provides a variety of levels of care of service ranging from routine to intensive services. An assessment can be done at any time needs change to allow for level of care to adjust as needed | • GBC will continue this practice to meet the needs of the individuals served |
| Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance | • Gaps 3, 14<br>• Goal 2 | • GBC does not currently participate in SBHCC committees | • GBC will explore opportunities |
| Explore opportunities to provide emotional supports to workers who serve people receiving services | • Gap 13<br>• Goal 3 | • All staff at GBC are trained in trauma informed care as well as we have a Trauma Informed Care team who surveys staff and makes recommendations to leadership on ways to improve culture and environment to support both staff and people receiving services | • GBC will continue TIC training and team activities throughout the center. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|---|---|
| Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce | • Gaps 13, 14<br>• Goal 3 | • GBC reviews data in operations and HR to determine staffing needs in correlation to people receiving services.  This is reviewed in staffing plans and creating new positions if needed | • GBC will continue this practice |
| Implement a call to service campaign to increase the behavioral health workforce | • Gap 13<br>• Goal 3 | • GBC is not doing this at this time | • GBC will continue to explore opportunities to address workforce needs |
| Develop and implement policies that support a diversified workforce | • Gaps 13<br>• Goal 3 | • GBC is not working on this at this time | • GBC will continue to explore opportunities to address workforce needs |
| Assess ways to ease state contracting processes to expand the behavioral health workforce and services | • Gaps 3, 13<br>• Goal 3 | • GBC is not working on this at this time | • GBC will continue to explore opportunities to address workforce needs |
| Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance | • Gaps 3, 14<br>• Goal 2 | • GBC does not currently participate in SBHCC committees | • GBC will explore opportunities |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|---|---|
| Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis | • Gaps 3, 14<br>• Goal 4 | • GBC is not working on this at this time | • GBC will explore opportunities |
| Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources | • Gaps 3, 4, 14<br>• Goal 1 | • GBC has a veteran peer support staff who works to link veterans and their families to services and supports. This staff also provides community trainings and outreach events to reach more veterans who may need support | • GBC will continue this service |
| Collect data to understand the effectiveness of evidence-based practices and the quality of these services | • Gaps 7, 14<br>• Goal 4 | • GBC is not working on this at this time | • GBC will explore opportunities |

# 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, including a relevant timeline. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.

**Table 15: Local Priorities**

| 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.<br><br>• Transportation provided to hospital by law enforcement or family. Return to community by supports or bus.<br>  • Victoria County received funding from the state to build a local civil/forensic facility. They are still in the planning phase of this development | • Improved continuity with the state and private hospitals.<br><br>• Implement local program for GBC staff to coordinate with Psychiatric Inpatient facilities to potentially pick up discharged inpatient consumers. |
| Improve Judiciary and forensic system involvement. | • Lack of a Mental Health Court<br>  • GBC is providing "Jail In Reach Coordination" to those found Incompetent to Stand Trial on the forensic waitlist. Services are focused on restoring competency in a more timely manner | • Work with community stakeholders for options<br>  • Continue Jail In Reach program and expand to all 7 counties |

| Local Priority | Current Status | Plans |
|---|---|---|
| Enhance and expand services for children and partnerships with the school system | • GBC has partnered with VISD to develop the "Bend the Trend" program to provide early intervention to children and their families showing early signs of possible behavioral health needs | • GBC will continue program and expand to additional campuses.<br><br>• GBC will continue to explore additional opportunities for children and families with the school system(s) |
| Substance Use Services | • As a CCBHC, GBC has added Substance Use Services to include assessment, individual counseling, group counseling, and medication assisted treatment | • GBC plans to continue these services, expand, and enhance as we grow in knowledge and experience |
| | | |
| Mental Health Officer/Community Response Team (CRT) | • Two MHOs in place for Victoria County.<br><br>• GBC has 4 teams of an MHO and Case Manager to respond to mental health crisis calls in our service area to focus on diversion | • GBC continues to apply and search for additional opportunities to expand current CRT program with a goal of 15 teams. |
| | | |

# IV.D System Development and Identification of New Priorities

Developing 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.

Use the table below to 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 people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric 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 or components would be funded, including estimated quantity when applicable.
- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

**Table 16: Priorities for New Funding**

| Priority | Need | Brief description of how resources would be used | Estimated cost | Collaboration with community stakeholders |
|----------|------|--------------------------------------------------|----------------|-------------------------------------------|
| 1 | *Example: Detox Beds* | • *Establish a 6-bed detox unit at ABC Hospital.* | | |

| Priority | Need | Brief description of how resources would be used | Estimated cost | Collaboration with community stakeholders |
|---|---|---|---|---|
| *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.* <br> • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.* | | |
| 1 | Child & Adolescent Respite Unit | Establish a local respite unit | $2 million | Victoria County |
| 2 | Develop School Based Response Team(s) | Establish school-based response teams to provide intervention and diversion to at risk youth | $750,000 | Victoria ISD <br><br> Victoria Police Dept <br><br> Victoria County Sheriff's Office |
| 3. | Crisis Stabilization Unit | Establish a CSU for adults in proximity of the 60-bed psychiatric inpatient hospital to be built in Victoria County. | $10 million | Victoria County |

# Appendix A: Definitions

**Admission criteria** – Admission into services is determined by the person'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.

**Community Based Crisis Program (CBCP) -** Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs 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 or LBHA funding.

**Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs)** – 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 person's ability to function in a less restrictive setting.

**Crisis hotline** – 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 (CRU)** – Provide community-based residential crisis treatment to people 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 units are not authorized to accept people on involuntary status.

**Crisis respite units** – Provide community-based residential crisis treatment for people 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 people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

**Crisis services** – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

**Crisis stabilization unit (CSU) –** The only licensed facilities on the crisis continuum and may accept people 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 people with a high to moderate risk of harm to self or others.

**Diversion centers -** Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

**Extended observation unit (EOU)** – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

**Jail-based competency restoration (JBCR) -** Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

**Mental health deputy (MHD) -** Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

**Mobile crisis outreach team (MCOT)** – A 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 people in the community.

**Outpatient competency restoration (OCR) -** A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

# Appendix B: Acronyms

| | |
|---|---|
| **CBCP** | Community Based Crisis Programs |
| **CLSP** | Consolidated Local Service Plan |
| **CMHH** | Community Mental Health Hospital |
| **CPB** | Contracted Psychiatric Beds |
| **CRU** | Crisis Residential Unit |
| **CSU** | Crisis Stabilization Unit |
| **EOU** | Extended Observation Units |
| **HHSC** | Health and Human Services Commission |
| **IDD** | Intellectual or Developmental Disability |
| **JBCR** | Jail Based Competency Restoration |
| **LMHA** | Local Mental Health Authority |
| **LBHA** | Local Behavioral Health Authority |
| **MCOT** | Mobile Crisis Outreach Team |
| **MHD** | Mental Health Deputy |
| **OCR** | Outpatient Competency Restoration |
| **PESC** | Psychiatric Emergency Service Center |
| **PPB** | Private Psychiatric Beds |
| **SBHCC** | Statewide Behavioral Health Coordinating Council |
| **SIM** | Sequential Intercept Model |