Mental Health Law Enforcement Officers and Case Workers For the Gulf Bend Region

A Draft / Proposed Working Paper (Version 4.0)

The Gulf Bend Community Collaborative
11/2/2016

This document is a draft / working paper that is intended to solicit review and input from the Gulf Bend Community Collaborative. Input will be used to refine positions proffered by the Collaborative for consideration in the 2018-2019 biennium. The intent is to continue to refine the content of the priorities established by the Collaborative through December and positively influence recommendations for legislative consideration at the beginning of the legislative session. THIS DOCUMENT DOES NOT REFLECT A DECISION TO FURTHER DISTRIBUTE THE CONTENTS OF THE MATERIAL CONTAINED HEREIN.
“Stand Alone” Handout

Printed separately from the planning document
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The Gulf Bend Community Collaborative is an initiative taken to correct current mental healthcare practices that do not reduce the incidence of mental illness within rural Texas communities and provide little hope for those on a path to mental crisis.

- The Collaborative undertakes initiatives to maximize the use of existing rural community resources to benefit mentally ill persons
- Currently, the Collaborative is taking actions to reduce the potential for incarceration of the mentally ill due to mental health crisis and if jailed, improving the potential for successful reentry into the community while reducing the potential for recidivism
- As necessary, the Collaborative identifies and defines priority resource needs for consideration by local and State leaders as ways to improve mental healthcare within the Gulf Bend Region – the proposed Collaborative plan identifies such a need

The Gulf Bend Community Collaborative proposes a solution to reduce criminalization of the mentally ill as persons in crisis are placed into the care of community-based treatment and support programs rather than jail.

- Texans undergoing mental health crises stand an 8 to 1 chance of incarceration rather than hospitalization
- Jails and prisons – which are not purposed, designed, or resourced to provide adequate mental healthcare services – have replaced hospitals as the primary facility for mentally ill individuals
- Local governments assume the costs for criminalizing the mentally ill as healthcare programs such as Medicare, Medicaid, and Veterans’ benefits are stopped or significantly reduced upon incarceration
  - Approximately 25% rural inmates require psychotropic medications – accounting for approximately 12-15% of total rural jail operating budgets
  - As healthcare programs are not automatically reinitiated upon discharge from jail, the mentally ill demonstrate a high rate of recidivism – due in part to self-medication by using illicit drugs
  - Local programs aimed at reducing criminalization of the mentally ill can leverage – rather than deny – available funds such as Medicaid for mental healthcare programs
- Criminalizing the mentally ill and high jail recidivism rates are indicators of a failed mental healthcare model that is increasingly expensive to rural governments

Criteria for success: Break the cycle and take a new direction
The Collaborative proposal is a coordinated, multi-phased, multi-year program to reduce criminalization of the mentally ill, improve management of persons who suffer from mental health illness, and reduce jail recidivism by the mentally ill.

- In addition to community resources currently committed within the Gulf Bend Region, the Collaborative is seeking resources for dedicated law enforcement officers and case managers to support mental health programs throughout the Gulf Bend Region.

- The program is proposed in two phases totaling a four-year period:
  - Phase I (2018-2019): Centralized development and validation of standardized law enforcement and case management capabilities.
  - Phase II (2020-2021): Centralized control and decentralized execution of standard law enforcement and case management capabilities.

- The Phase I intent is to establish a centralized process to man, equip, prepare, and validate law enforcement and case management capabilities.

- The Phase II intent is to facilitate centrally controlled, standardized support for local mental health programs throughout the Gulf Bend Region by law enforcement officers and case managers who live and work within local communities.

- Centralized control during both phases of the proposed program will facilitate uniform measures of program performance and effectiveness as well as disciplined fiscal controls.

- While the proposed program seeks resources for dedicated law enforcement officers and case managers to support mental health programs within the Gulf Bend Region, the Collaborative will simultaneously develop other prioritized needs such as improved assessment tools, mental health courts, and communication and education programs to name a few.

- The proposed fiscal resource requirements to man, train, and equip a dedicated law enforcement and case management capability for the seven county Gulf Bend Region is $11.6 million over the four-year prototype program period.

- The proposed program will be provided to State Legislators for their review, input, and consideration for funding in the coming Legislative Biennium.

- **The proposed program is a prototype as there are no comparable rural programs within the State of Texas. If successful, the proposed program can serve as the basis for improving mental healthcare for rural communities throughout the State of Texas.**
This draft / working document is the culmination of a deliberate process conducted by the Gulf Bend Community Collaborative to identify ways to improve mental healthcare for our citizens. With agreement on ways to move forward, requirements were identified for resources that are outside of the reach of the Gulf Bend communities. This document provides a brief outline of the operational concept and the organizational design that serve to justify fiscal resource requirements.

The following timeline serves to orient the reader on the state of effort required to prepare, brief, and submit as final for legislative consideration. As noted below, the intent is to continue to revise this draft as required in order to provide the best possible document for legislative consideration.
The Way Ahead

1. Maintain Momentum
   - Mental Health Officers
   - Mental Health Case Managers
   - Assessment tools
   - Mental Health Network system
   - Database
   - Community Support Services
   - Mental Health Court System
   - Criteria for program measurement
   - Communication and education

2. Prioritize Needs
   - (Legal Encounter)
   - Before
   - During (Detention)
   - After (Support Services)
   - Diversion
   - Intervention
   - Transition
   - "New Direction"
   - Criteria for Success: 
     Break the Cycle and Take a new Direction

3. Identify Requirements For Action

4. Resource A Preferred Future
   - Commitment
   - Proposed Cost
   - Preparations
   - Facilities
   - Personnel
   - Technical and Nontechnical Tools
   - Organizational Design
   - Environmental Scan
   - 18 Aug
1. Environmental Scan:

a. Mental illness affects all segments of the Texas Crossroads – also referred to as the Gulf Bend Region.

   1) It is estimated that approximately 26 percent of the Gulf Bend Region’s population suffers from a diagnosed mental illness

   2) The potential for increased mental health needs will be affected by changing demographics associated with socio-economic growth

b. Most often, the first community resource addressing a mental health crisis is local law enforcement officer.

   1) Local law enforcement officers must make an immediate determination about an individual’s mental stability and capability of harming oneself or others – recent high profile incidents resulting in mass murders or police involved shootings have involved persons who suffer from mental illness.

   2) Aside from responding to situations involving mental health crises, local law enforcement agencies provide support for commitment actions directed by civil or criminal courts. Law enforcement agencies throughout the Gulf Bend Region responded to more than 450 mental health-related calls during 2016 – a figure that is expected to rise over the course of the next year.

c. There are too few Gulf Bend Center case managers for current and projected non-serious mental healthcare populations within the seven county Gulf Bend Region.

   1) Without case manager advocacy, there is risk that client needs will not be properly assessed nor will mental healthcare programs be properly coordinated and integrated with other community agencies who are critical to achieving mental healthcare goals, objectives, and priorities

   2) Persons who suffer from mental illness will not be capable of integrating fully and contributing to their community

d. Current mental healthcare programs are ineffective while placing an increasingly expensive burden on local governments

2. Purpose: Improve ability to decriminalize encounters with mentally ill persons throughout the Gulf Bend Region
3. **Concept of Operation:** Execute a coordinated, multi-phased, multi-year program to establish common and sustained actions for encountering and managing persons who suffer from mental health illness throughout the Gulf Bend Region. See Fig. 1

a. **Phase I:** Establish a centralized 24/7/365 support capability for the Gulf Bend Region. The Phase I goal is to develop, validate, and implement a single standard for preparing and employing law enforcement officers and case managers in support of mental health programs implemented throughout the Gulf Bend Region.

1) Mental health support – *consisting of law enforcement officers and case managers* – will be centralized during Phase I within Victoria County for the Gulf Bend Region Communities that include rural communities (Refugio, Goliad, Lavaca, Calhoun, Dewitt, and Jackson counties).

   a) Law enforcement officers’ principal focus is to ensure the safety and security of persons experiencing mental health crisis as well as medical and mental health practitioners who are tending to their needs and bystanders. As possible, law enforcement officers will coordinate with members of the judicial and mental health communities as a minimum to take steps in diverting persons in need of mental healthcare from jail.

   b) Case managers serve as advocates for persons throughout the Gulf Bend Region not otherwise classified as Seriously Mentally Ill. As such, case managers coordinate programs of support from throughout the community for the benefit of persons who suffer from mental illness.

2) Law enforcement officers employed by local Law Enforcement Agencies will be part of a Mental Health Unit within the Gulf Bend Community Mental Health Center located in Victoria County, Texas.

   a) The Law Enforcement Mental Health Unit facilitates personnel actions, training, education, exercises, equipment, and sustainment requirements for unified law enforcement operations in support of the Region’s mental healthcare goals.

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**Figure I: Operational Concept**

<table>
<thead>
<tr>
<th>Rural LE Mental Health Unit and Case Management (proposed prototype)</th>
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<tbody>
<tr>
<td><strong>Phase I</strong>: 2 Years (2018 / 2019)</td>
</tr>
<tr>
<td>Centralized Control Victoria CO/ Centralized Execution Victoria CO</td>
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<tr>
<td>• Establish common operational concept through centralized manning, training, education, equipping, and operations</td>
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<tr>
<td>• Provide LE response to mental health needs throughout Gulf Bend Region using MOA/MOU established with all Law Enforcement Agencies (LEAs)</td>
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<tr>
<td>• Expand and provide centralized Case Management support for non-serious mental healthcare needs throughout the Gulf Bend Region</td>
</tr>
<tr>
<td>• Centralized operations from Victoria County responsive to region needs</td>
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</table>
b) Licensed Peace Officers will be recruited from throughout the region for assignment during Phase I to the Mental health Unit centralized within Victoria County

c) Licensed Peace Officers will perform their daily duties in a direct support role to Gulf Bend leadership

d) Memorandums of Agreement / Understanding established among all affected law enforcement agencies and communities will govern Mental Health Unit operations in all jurisdictions throughout the 7 county Gulf Bend Region

e) Law Enforcement Mental health Unit actions are coordinated with all affected law enforcement agencies while directed and controlled by Gulf Bend Center

f) Law Enforcement Mental Health Unit operations will be centralized within the Victoria County Gulf Bend Community Center facility for operations, support, and control

g) Calls for mental health assistance issues received by law enforcement agencies will be transferred to the Gulf Bend Center operations center (dispatch) for action

h) Required law enforcement actions / operations not normally associated with mental Health Officer roles and responsibilities are subject to the direction and control of the sheriff within each county

3) The Law Enforcement Mental Health Unit and the Gulf Bend Mobile Crisis Outreach Teams (MCOT) will comprise the Gulf Bend Region’s Crisis Intervention Team (CIT) capability. As such, the CIT brings together law enforcement, mental health providers, hospital emergency departments and individuals with mental illness and their families to improve responses to people undergoing mental health crisis

a) In coordination with the MCOT, the Law Enforcement Mental Health Unit will answer calls from family and friends of mentally or emotionally disturbed individuals during mental health crisis. The Law Enforcement Mental Health Unit will also:

a.1). Execute orders from Courts requiring actions relative to mental health needs

a.2). Conduct crisis negotiation as required;

a.3). Assist with assessment and processing of persons with mental health problems – thereby getting appropriate care rather than relying on detention;

a.4). Provide documentation for Emergency Detention when requested by a doctor
a.5). Provide transport of persons needing assistance with mental health needs;

a.6). Transport involuntary persons to local facilities when they meet mental health code criteria

a.7). Transport persons requesting assistance to local facilities under Emergency Detention Warrants

a.8). As required, take someone into custody (when endangering themselves or others), transport the person to a hospital for an evaluation, and remain with that person until an evaluation can be completed; and

a.9). If required, executes an emergency committal or a temporary detention order – otherwise, facilitate diversion after evaluation.

b) The Mental Health Unit will divert persons who commit minor offenses while affected by mental illness away from the criminal justice system and jail by putting them into the care of community-based treatment and support service programs

4) Gulf Bend Case Managers will expand the ability to assess the needs of non-serious mentally ill populations and then advocate for, coordinate, and integrate develop, and monitor the implementation of personalized mental healthcare plans to meet client needs. Case Managers will be under the direct supervision and control of the Gulf Bend Community Mental Health Center located in Victoria County, Texas but will provide direct support to assigned counties within the Gulf Bend Region. Accordingly, Case Managers will:

a) Collect information from clients and their families to help team members understand clients’ situations. Understand the personal history of assigned clients with long-term mental healthcare needs and discern best available options to provide appropriate mental healthcare treatment / service plans

b) Work closely with multidisciplinary teams to create treatment programs and case plans that include diagnoses, prescribed treatments, and goals for becoming more independent. Work with other community resources to coordinate appropriate community services and crisis intervention as required. Locate appropriate resources that help clients resolve issues such as finding living arrangements, transportation, financial assistance, group therapies, or other therapeutic services.

c) Ensure that persons in directed mental healthcare programs comply with their service plan requirements – this often requires monitoring client activities, such as employment, training and counseling or treatment for substance abuse
d) Monitor services to ensure they are meeting clients’ needs. Assess progress on healthcare plans, report plan status, and make recommendations regarding further treatment.

e) Determine whether an individual is abiding by the terms of an enforceable plan that has been court directed

f) Serve as an advocate for clients in procuring social and medical services. If required, recommend that the client is placed into a controlled environment in order to receive appropriate mental healthcare

g) Provide on-going supportive and/or case management functions in accordance with the problems, needs, and the strategies identified within client service plans

h) Serve as liaison between clients, families, and community service providers to facilitate achievement of client mental healthcare needs. Educate clients and their families about medical, nutritional, or home care needs.

i) Maintain case documentation including all records and correspondence

j) Assess clients for drug induced mental health issues and provide / refer / follow-up for needed substance abuse treatment

5) Rural counties surrounding Victoria County support and supplement the initial centralized process throughout Phase I by providing first response capability and information sharing as required

6) Tempo of operations: See Figure 2. As the focus of effort during Phase I is the development, validation, and refinement of standard operating procedures and protocols, it is imperative that the maximum amount of time is provided for personal and professional development (see preparations – paragraph 8). Accordingly, the tempo of personal requirements is considered as

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<th>Law Enforcement</th>
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<td>2 + 14</td>
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<tr>
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<td>8</td>
</tr>
<tr>
<td>For Training (max):</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>For Admin Reqs*:</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

* Admin requirements include Personal Time Off, Sick Leave, Emergency Leave, Compensatory Time Off, and other administrative requirements imposed in the line of duty.
paramount to the initial success of Phase I and planned accordingly. The following figure describes the typical week of operations during Phase I.

a) The training tempo will be further described in paragraph 8

b) The daily duties are those required per the requirements set forth in this proposed plan

c) The administrative requirements are to allow personal recovery time as well as considering other imposed administrative requirements not associated with normal duties

7) Phase I begins immediately upon being resourced and continues over a two-year period.

b. Phase II: Centralized control continues through Phase II. Rural counties within the Gulf Bend Region are given the option of executing decentralized LE Mental Health Unit and case management operations from each of the Gulf Bend Region rural communities – or retaining the supporting / supported relationship established during Phase I. The Phase II goal is to proliferate support capabilities newly developed during Phase I throughout the Gulf Bend Region.

1) The intent of Phase II is to facilitate local support for mental health issues by law enforcement officers and case managers who live and work within all of the Gulf Bend Region’s local communities on a continuous basis

2) Counties opting to evolve into decentralized execution roles will continue to provide comparable law enforcement response and support to that established within centralized Mental Health Unit operations during Phase I

   a) Law Enforcement Mental Health Unit and case management operations control will remain centralized under the Gulf Bend Regional operations center located in Victoria County

   b) Law Enforcement Mental Health Unit and case management execution will be decentralized within those counties opting to develop a 24/7/365 response capability to serve their county needs

   c) As required, Law Enforcement Mental Health Unit officers and case management personnel serving in decentralized roles will be available to augment Mental Health Unit operations throughout the Gulf Bend Region as required
d) As required, mental health officers serving in decentralized roles will be augmented by the others serving within the centrally controlled Gulf Bend Mental Health Unit locations in Victoria County

3) Support practices as described for Phase I will continue for counties not opting to conduct decentralized operations

4) Tempo of operations: It is anticipated that the tempo of operations would be comparable to that depicted in Phase I due to potential personnel turn-over and discovery of new or improved techniques and procedures

5) Phase II begins after the initial two year organizational period and continue for 2 years thereafter.

4. **Organizational Design:** See Figure 3

a. **Law Enforcement Mental Health Unit:**

1) 14 Certified Law Enforcement Officers subordinate to 2 Law Enforcement Mental Health Supervisors comprise an LE Mental Health Unit located for duty during Phase I at the Victoria Gulf Bend Center facility in Victoria County

   a) 14 officers provide 24/7/365 capability for 7 counties that comprise the Gulf Bend Region

   b) 2 LE supervisors provide 24/7/365 capability and can provide additional support as required
2) Mental Health Unit operates in Direct Support of a Gulf Bend Crisis Response capability located within the Gulf Bend Center facility in Victoria County and works in collaboration with the Mobile Crisis Outreach Teams (MCOT) and comprise the Crisis Intervention Team (CIT)

3) Gulf Bend Crisis Hotline Center serves as the dispatch capability for the LE Mental Health Unit – coordinates calls regarding mental health calls for service with affected county dispatch centers

4) During Phase I, the Mental Health Unit is assigned to the VCSO and is subject to personnel actions, training, education, exercising, equipping, and sustainment requirements required for certified law enforcement operations to be compliant with TCOLE requirements

5) During Phase II, the Mental Health Unit retains the same basic structure with daily duty locations for mental health officers determined by each county as they exercise the option to continue centralized operations executed from Victoria County or opt to execute decentralized operations within each county. Supervisors retained at the Gulf Bend Center in Victoria County.

b. Gulf Bend Case Managers:

1) 12 Certified Case Managers subordinate to two Case Manager Supervisors. Case Management office located at the Victoria Gulf Bend Mental Health Center facility in Victoria County

a) 12 Case Managers provide 24/7/365 capability for 7 counties that comprise the Gulf Bend Region

b) 2 Case Manager supervisors provide 24/7/365 capability and can provide additional support as required

2) Case Managers work in close collaboration with all community services and agencies that can provide for the needs of persons suffering from mental illness with the intent of fully reintegrating the person back into a productive community role.

3) During Phase I, Case Workers are assigned to the Gulf Bend Community Mental Health Center and are subject to personnel actions, training, education, exercising, equipping, and sustainment requirements

4) During Phase II, the Case management Office retains the same basic structure with daily duty locations for case managers determined by each county as they exercise the option to continue centralized operations executed from Victoria County or opt to execute
decentralized operations within each county. Supervisors retained at the Gulf Bend Center in Victoria County.

5. Personnel Requirements:

a. Law Enforcement Mental Health Unit:

1) Supervisors must be certified peace officers and have a minimum of two years’ experience in law enforcement operations (patrol, civil, warrants, courts, detention) or satisfactory equivalent

2) Mental Health Officers must be certified peace officers and have a minimum of one year experience in law enforcement operations (patrol, civil, warrants, courts, detention) or satisfactory equivalent

3) All Law Enforcement Mental Health Officers are required to complete the Texas Commission On Law Enforcement (TCOLE) mental health certification course

4) All Law Enforcement Mental Health Officers are required to complete a crisis negotiation course within the first year of assignment to the Mental Health Unit

5) It is preferred that Law Enforcement Mental Health Officers receive cross training in Mental Health case management as courses are made available within the Victoria Community College, the University of Houston-Victoria, or provided through Gulf Bend

6) During Phase I, all law enforcement personnel will satisfy VCSO training, exercise, and education requirements in order to comply with TCOLE requirements for certified law enforcement officers

7) During Phase I, all personnel will participate and demonstrate progress in the completion of a certified career progression plan developed jointly by the Victoria County Sheriff’s Office, the Victoria Community College, the University of Houston-Victoria, and the Gulf Bend Center

a) The career progression plan will include education, training, situational exercises that are focused on improving encounters with mentally ill persons; managing persons during encounters; establishing incident site command during major encounters with mentally ill persons; and interfacing with mental health providers within the communities represented within the Gulf Bend Region

b) Persons selected for duty within the Mental Health Unit will have a minimum of a 2 year tour of duty with the Law Enforcement Mental Health Unit
b. Gulf Bend Case Managers:

1) Supervisors must have a minimum of two years’ work experience in mental health field preferred.

2) Mental Health Officers should have a minimum of one-year experience in community or social services – with preference provided to work in mental health related field.

3) All case managers must have a minimum of a Baccalaureate Degree from an accredited college/university.

c. During Phase I, all personnel will be available for duty on a rotational basis in order to provide 24/7/365 coverage for the Gulf Bend Region. During Phase II, personnel assigned to counties that opt for decentralized execution will be on call in order to provide for a 24/7/365 capability.

6. Technical / non-technical tool requirements:

a. During Phase I, each person assigned to the Law Enforcement Mental Health Unit will have the following items provided through the VCSO using State appropriated funds:

1) Automobile with required communications, emergency lighting, and associated safety equipment (take home vehicles for 24 hour response capability)

2) Maintenance programs for assigned vehicles and communications systems

3) Uniforms, personal communications systems, and personal protective equipment (vests, gloves, facemasks, respirators, etc.)

4) Lethal and non-lethal firearms to include Tasers and beanbag systems

b. Each person assigned to the Law Enforcement Mental Health Unit will have the following items provided through Gulf Bend:

1) Workspace and access to personal computers, printers, telephones, and office materials

2) Access cards / codes for building entry, storage space for files, etc.

3) Space for vehicle parking
c. During Phase I, each person assigned to the Gulf Bend Case Management Office will have the following items provided through the Gulf Bend Community Mental Health Center using State appropriated funds:

1) Automobile (take home vehicles for 24 hour response capability)

2) Cellular telephone communications to enable 24 hour response capability

3) Maintenance / service programs for assigned vehicles and communications systems

d. Each person assigned to the Gulf Bend Case Management Office will have the following items provided through Gulf Bend:

1) Workspace and access to personal computers, printers, telephones, and office materials

2) Access cards / codes for building entry, storage space for files, etc.

3) Space for vehicle parking

e. During Phase II, each county that chooses to opt for decentralized execution will have the property identified above laterally transferred to the responsible authority within each county

f. At the core of the process of deploying members of the Law Enforcement Mental Health Unit and / or the Case Management Office is a viable knowledge base that is supported within HIPAA parameters using information technical systems

1) The intent is to establish a process whereby members of the Law Enforcement Mental Health Unit and the Case Management Office connect, communicate, and collaborate during the execution of operations throughout the region using available virtual means

2) Video-teleconferencing will be used to allow members of the Law Enforcement Mental Health Unit and the Case Management Office to receive pertinent information regarding situations affecting mentally ill persons while enroute to an encounter, during an encounter, or as a follow-up to an encounter as required

3) Video-teleconferencing will also facilitate communications during an encounter with Gulf Bend case managers or other psychiatric care practitioners

4) As a minimum, video-teleconferencing equipment will be located within hospitals located within each county in order to facilitate assessments

7. Facilities:
a. During Phase I, office / workspace within the Gulf Bend Center as the primary duty station for Law Enforcement Mental Health Unit and the Case Management Office

b. During Phase II, office / workspace outside of the Gulf Bend Center will be provided by counties opting to conduct decentralized operations

c. As possible, during Phases I and II, create and use halfway houses within each county for meetings involving Gulf Bend Patients, Gulf Bend Case Management Office, and Law Enforcement Mental Health Unit personnel as required

8. Preparations:

a. The Gulf Bend Community Collaborative provides community advisory oversight for activities conducted for Phases I and II

b. Program management for the development, implementation, assessment, and reporting of the Law Enforcement Mental Health Unit operations and organization will reside within the appropriate Law Enforcement Agency.

c. Program management for the development, implementation, assessment, and reporting of the Gulf Bend Case Management Office operations and organization will reside within the Gulf Bend Mental Health Center

1) **Victoria Community College and / or the University of Houston-Victoria develops Crisis Intervention Team (CIT) training for members of the Law Enforcement Mental Health Unit, Gulf Bend Mobile Crisis Outreach Teams and dispatchers**

2) **Victoria Community College and /or the University of Houston-Victoria develops career paths and associated training, education, and exercise programs for Law Enforcement Mental Health Unit and Gulf Bend Mobile Crisis Outreach Teams**

3) **Victoria Community College and / or the University of Houston-Victoria provides the venue for the development of common protocols and education on mental health procedures executed by JPs from throughout the Gulf Bend Region**

4) **Victoria Community College and / or the University of Houston-Victoria provides the venue for the development of common protocols and education on hospital medical clearances required for mentally ill persons encountered by the legal system.**

Authority For Further Distribution Granted by Collaborative Plenary
d. Community outreach requirements to ensure common understanding of the Law Enforcement Mental Health Unit program will be a shared responsibility between Law Enforcement Agencies and the Gulf Bend Center.

e. The Law Enforcement Mental Health Unit and the Case management Office will function as a community of practice whereby Gulf Bend case managers, mental health officers, and other practitioners engage and interact in joint activities and discussions to share information and enable learning from each other.

1) Interactions will take place daily during shift briefs, weekly during encounter reviews, and monthly during Mental Health Unit after action review periods.

2) As possible succinct records of interactions will be collected for record.

f. Tempo of training / education / exercise operations: See Figure 4. As stated, the priority of effort during phase I is the development of capable personnel and organizations. Accordingly, significant amount of time during Phase I will be dedicated to specialized training, education, and validating exercises at the individual, unit, and combined / joint levels. Figure 4 provides a brief description of the events that will outline the first year of Phase I:

1) It is expected that as many as 9 separate training / education / exercise opportunities will be made available over the course of the 24-month period that comprises Phase I.

2) Interspersed throughout the Phase I period are requirements for the team of Case Workers, the LE Mental Health Unit, and the Mobile Crisis Outreach Team to develop, implement, and refine operating procedures and protocols for day-to-day operations.

3) Training opportunities will include other community public and private agencies to participate, i.e., mental health, veterans’ court officials, etc.
9. Resource requirement (4 years):

<table>
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<tr>
<th>Item Description</th>
<th>Initial Cost (year)</th>
<th>Subsequent Cost (year)</th>
<th>Total Cost (2 year – Phase I)</th>
<th>Total Cost (4 year – Phase I and II)</th>
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<td>$3,569,742.62</td>
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<td>b. Overtime</td>
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<td>c. Training budget</td>
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