

# **All Texas Access Report for Fiscal Year 2024**

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**As Required by  
Texas Government Code  
Section 531.0222 (e)**

**Health and Human Services  
Commission  
December 2024**



**TEXAS**  
Health and Human  
Services

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# Executive Summary

The Health and Human Services Commission (HHSC) submits the *All Texas Access Report for Fiscal Year 2024* in compliance with Texas Government Code<sup>i</sup>.

The *All Texas Access Report* is an annual publication that highlights the opportunities and challenges rural Texans face when accessing mental health care. HHSC works collaboratively with 30 local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) serving at least one county of 250,000 people or less based on the LMHA groups established by Senate Bill 633.<sup>ii</sup> The All Texas Access initiative seeks to improve access to rural mental health services and to decrease four specific metrics:

- Cost to local governments of providing services to people experiencing a mental health crisis;
- Transportation of people served by an LMHA or LBHA to mental health facilities;
- Incarceration of people with mental illness in county jails; and
- Hospital emergency room (ER) visits by people with mental illness.

The 88th Legislature appropriated additional funding to HHSC to increase access to mental health services in rural areas of the state:

- \$3 million for the Rural Mental Health Initiative Grant Program per Senate Bill 1677; and
- \$7.4 million for Rural Health Telepsychiatry Grant per Article II, Rider 56.

The 30 rural-serving LMHAs and LBHAs endeavor to meet the needs of people in their communities through community partnerships. The spirit of Texans supporting one another was highlighted in 2024 when the largest wildfire in Texas history occurred in the Texas Panhandle area, burning over one million acres. Texas Panhandle Center and other LMHAs and LBHAs throughout the state mobilized to respond to the counties impacted by the devastating wildfires through crisis counseling and disaster mental health services for those experiencing the devastating loss of homes and farmland.

Rural Healthy People 2030<sup>iii</sup>, a survey of rural health stakeholders throughout rural America, identified mental health and mental disorders as their top priority followed

by addiction and healthcare access and quality. These priorities align with those identified during HHSC's community engagement project in Central and East Texas communities over the past year.

This report features updates on projects and regional group strategies outlined in the fiscal year 2023 *All Texas Access Report*. Additional information on LMHA and LBHA specific projects can be found in each group's All Texas Access Regional Group Plan.

























































































































































## Youth Services

### Multisystemic Therapy

Tropical Texas is adding another MST team so they can expand the service throughout their three counties. MST is an intensive, evidence-based practice that serves high-risk youth and families who have serious emotional and/or substance use concerns, are at risk of out-of-home placement, have experienced abuse and neglect, and/or have committed violent offenses.

### Youth Crisis Outreach Team

Border Region received funds from HHSC to develop a Youth Crisis Outreach Team (YCOT) program. The YCOT will provide access to crisis prevention and intervention services for children and their families and caregivers 24 hours per day, seven days per week. It reduces the risk of psychiatric hospitalization and parental relinquishment or removal. Peers will be a core part of YCOT crisis services to promote engagement of families and youth.

### Youth Sequential Intercept Model Mapping

Tropical Texas was a co-leader and participant in a Sequential Intercept Model (SIM) mapping session. It focused on increasing jail diversion, supporting access to appropriate care in the community, improving availability of local resources, and decreasing recidivism rates for psychiatric and local ER visits. The SIM also examined juvenile justice prevention services identifying gaps, priorities, and initiatives that can help divert youth from justice involvement.

## Substance Use Services

Coastal Plains provided substance use treatment services to 35 enrolled clients between September 1st, 2023, and February 29, 2024 in San Patricio County. Coastal Plains provides services in person or through telehealth. Coastal Plains is expanding their substance use services in their northern counties by increasing the number of licensed providers and adding a satellite office in San Patricio County. Coastal Plains developed a referral process to provide integrated care in the community to clients with Co-Occurring Psychiatric and Substance Use Disorders. This expansion also impacts and serves Live Oak, Bee, and Aransas counties.

Tropical Texas opened La Villa of Hope, a 15-bed licensed residential substance use program for males in June 2023. La Villa of Hope offers a holistic approach by

addressing the individualized needs of the person. As people prepare for discharge from La Villa of Hope, they are connected to outpatient services for an average of 90 days to provide support towards ongoing recovery efforts. Tropical Texas shares that 80% of the 55 people who entered the program completed it and directly transitioned to community-based services to continue their recovery.

## **Integrated Care**

Border Region has primary care services available for those in service through their integrated primary care clinic or through established contracts with local FQHCs. Border Region offers brief therapy and community health workers provide outreach in the community to those with substance use disorders.

Coastal Plains created a Clinical Services Division to improve access to primary and behavioral healthcare with the goal of improving health outcomes.

Tropical Texas Behavioral Health Center is now providing funding for uninsured and underinsured people to access specialty healthcare services through a partnership with local agencies. Tropical Texas implemented Unite Us, a platform which expands the ability to integrate services by providing participating agencies the potential to connect people at their door to a multitude of services including health education, food, mental health, and substance use services.

## **Housing**

Tropical Texas is completing the construction of a facility for the Tropical Milestone transitional housing center in McAllen, TX with the opening scheduled for the fall of 2024. This center will temporarily house people experiencing homelessness and provide wrap around services to them such as care coordination, case management, skills training, employment services, supportive housing, and outpatient psychiatric care.

## **Strategic Collaborations**

HHSC facilitated a SWOT with the rural-serving LMHAs and LBHAs in fiscal year 2024. The SWOT looked at internal strengths and weaknesses, and external opportunities and threats, to evaluate and plan collaboration with community partners focused on improving aspects of wellness in rural communities. The following is a summary of the detailed SWOT tool which can be found in Appendix E for this regional group.

## **Border Region Behavioral Health Center**

*Objective:* To increase community awareness of Border Region's services to provide additional services for clients and strengthen partnerships.

### *Outcomes*

- Awarded the YCOT grant;
- Awarded the transportation grant;
- Awarded the Live Well Texas: Salud Sin Fronteras grant;
- Increased collaboration with school districts, colleges, and universities, CCBHC agencies in Laredo, and numerous other providers;
- Offer more educational opportunities to the community;
- Improved access to information for grant applications including letters of support; and
- Saving lives through Community Health Worker program.

## **Coastal Plains Community Center**

*Objective:* To improve overall access to care.

### *Outcomes:*

- Pursued a community mental health grant opportunity to add contracted Mental Health Deputies to crisis team in Jim Wells and Kleberg counties;
- Worked in partnership with Mental Health Deputies in San Patricio County;
- Approved contractor to build new crisis diversion and addiction center in Jim Wells County;
- Assisting weeklong Texas Commission on Law Enforcement training in partnership with San Patricio MH deputies; and
- Increased number of Mental Health First Aid trainings in community.

## **Tropical Texas Behavioral Health**

*Objective:* To improve access to community support services, close gaps in resources needed to address mental health needs, and reduce the individual and community impact of untreated mental illness

*Outcomes:*

- Shared data to improve continuity of mental health care for justice-involved people;
- Started MH Diversion Center initiative;
- Supported housing for people with mental illness;
- High degree of collaboration in Hidalgo County; and
- Large group of stakeholders provide broad representation.

For additional information on the All Texas Access RGSC Regional Group LMHA SWOTs, reference Appendix E.

## Estimated Number of Inpatient and Outpatient Beds

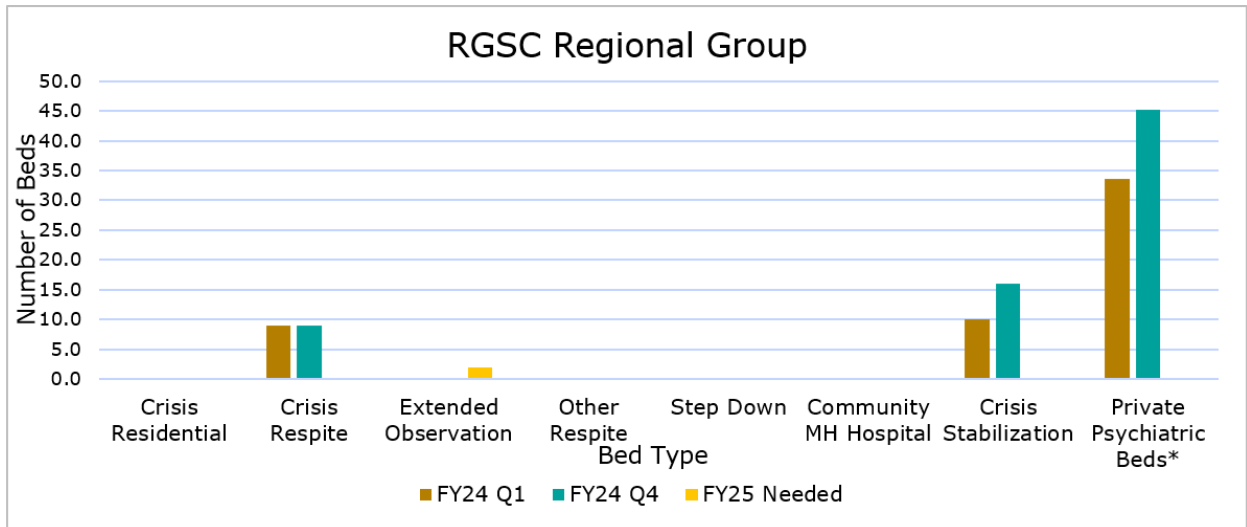
Each rural-serving LMHA or LBHA in the regional group submitted information about how many beds were available at the beginning of the fiscal year, how many beds were projected by the end of the fiscal year, and how many may be needed in the next fiscal year. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

**Table 11. All Texas Access RGSC Regional Group Bed Capacity**

Facility Type	FY24 Q1 Number of Beds Needed	FY24 Q4 Number of Beds	FY25 Additional Number of Beds Needed
<b>Crisis Residential</b>	0.0	0.0	0.0
<b>Crisis Respite</b>	9.0	9.0	0.0
<b>Extended Observation</b>	0.0	0.0	2.0
<b>Other Respite</b>	0.0	0.0	0.0
<b>Step Down</b>	0.0	0.0	0.0
<b>Community MH Hospital</b>	0.0	0.0	0.0
<b>Crisis Stabilization</b>	10.0	16.0	0.0
<b>Private Psychiatric Beds*</b>	33.5	45.2	0.0

\* Private Psychiatric Beds are per FY24 contract.

**Figure 22. All Texas Access RGSC Regional Group Bed Capacity**



\* Private Psychiatric Beds are per FY24 contract.

# All Texas Access RSH Regional Group

Figure 23. Map of All Texas Access Rusk State Hospital (RSH) Regional Group<sup>xxiv</sup>



## **Participating LMHAs and LBHAs**

- ACCESS
- Andrews Center Behavioral Healthcare System
- Burke
- Community Healthcore
- Spindletop Center
- Tri-County Behavioral Healthcare

The Harris Center for Mental Health and IDD, headquartered in Houston, participates in the Rusk State Hospital (RSH) regional group as an ex-officio member.

## **All Texas Access RSH Regional Group Plan**

### **Jail Diversion and Community Integration**

#### **Co-located Mobile Crisis Outreach Team**

Andrews Center’s Mobile Crisis Outreach Team (MCOT) is co-located in two hospitals in Smith County. This team collaborates with local stakeholders to provide training and coordination with law enforcement, Emergency Medical Services (EMS), hospital staff, and other referring partners. From March 1, 2023, through February 29, 2024, Andrews MCOT responded to a total of 8,224 crisis services including 4,371 crisis hotline calls, 1,485 crisis intervention walk-ins, and 2,386 MCOT follow-up calls.

#### **Crisis Stabilization Unit**

Tri-County reopened its CSU in Montgomery County. The CSU, which is a secure environment where people experiencing a mental health crisis can stay for up to 14 days, temporarily closed due to staffing and funding challenges and reopened in June 2023 after receiving funding through the Montgomery County Commissioners court and HHSC. The CSU served 190 people from June 1, 2023, through February 29, 2024.



## **Mental Health Deputy**

Spindletop Center received HHSC funding this year to expand the rural Mental Health Deputy (MHD) program from one MHD in Jasper to a full MHD Team by adding a full-time QMHP. The funding also continues the MHD program in rural Chambers County.

## **Diversion Team**

Burke provides a drop off location for law enforcement to transport people needing a crisis assessment. This frees law enforcement to assist with other community needs. The team diverted 963 people from jails and ERs from March 1, 2023, through Feb 29, 2024, which decreased the time law enforcement spends with people experiencing a mental health crisis.

## **Law Enforcement Liaison**

Burke's law liaison successfully improved communication between law enforcement and Burke. Law Enforcement benefits from direct access to the liaison for mental health consults. The liaison offers crisis intervention trainings and teaches a course on mental health to law enforcement staff which includes specific training on how to use diversions.

## **Competency Restoration**

Andrews Center established an Outpatient Competency Restoration (OCR) program to provide competency restoration in the community setting. Through this program, 365 screenings were completed from September 1, 2023, through February 29, 2024.

Andrews Center met with the jail, judicial system, and medical staff to implement a new JBCR program which began providing services in February 2024. The program provides services to people currently incarcerated and waiting for competency restoration services.

## **Integrated Care**

ACCESS continues to work with the Special Health Resources Jacksonville Care Clinic, a FQHC housed in the Jacksonville building, to provide urgent and ongoing medical care to people receiving services.

Burke was awarded two grants in FY24 for integrated care services to promote collaboration among care providers to address physical and behavioral health needs:

1. CCBHC Improvement and Advancement grant from SAMHSA, and;
2. Promoting the Integration of Primary and Behavioral Health Care (PIPBHC), through HHSC.

The CCBHC grant expanded staffing for the clinic in Angelina County. It meets people's medical and behavioral health needs within an integrated and co-located site. PIPBHC provided start-up funds for the opening of a new integrated care clinic in the Nacogdoches clinic to directly serve the local population. Burke also continues to work with Angelina Cities and Counties Health District, East Texas Community Health Services Inc., and Brown Family Health Center to provide services for those who require more specialized primary care services.

Community Healthcore expanded primary care services within five behavioral health clinics. It is actively pursuing FQHC look-alike status. It would sustain and expand integrated care to vulnerable populations, regardless of insurance status, by providing comprehensive primary and preventative healthcare services. Care coordination is used to identify primary care needs and connect to services.

Community Healthcore built a new facility to integrate mental health, substance use, and primary care services for adults in the Longview area. This location will provide access to care in one place, streamlining access for everyone.

Spindletop Center received funding for a PIPBHC contract from HHSC to implement co-located behavioral health services with Chambers Health FQHC. The Spindletop Center also established a co-location agreement with a pediatrician clinic in Jasper to serve children.

Tri-County has an integrated health clinic on-site at the Conroe location and a mobile health clinic that travels to three rural clinic sites. These programs provide basic primary healthcare, mental health, and substance use screenings and monitoring to people with co-occurring medical and psychiatric needs. Intensive outpatient substance use treatment can be provided to people with co-occurring needs. Those who need services are connected to an appropriate provider, either internally within programs or externally in the community. Additionally, teams are highly involved in the community, participating in multiple workgroups that help strengthen relationships between providers.

## Youth-focused programs

### Multisystemic Therapy

Spindletop Center received funding from HHSC to provide MST to serve youth and their families who have serious emotional and/or substance use concerns, are at risk of out-of-home placement, have experienced abuse and neglect, and/or have committed violent offenses. Spindletop Center plans to implement this program in late summer or early fall of 2024.

Tri-County also received funding to provide MST which they plan to implement in late summer or early fall of 2024.

### Child Traumatic Stress Initiative

Burke was awarded a SAMHSA grant to develop a Child Traumatic Stress Initiative within their local service area. The Child Traumatic Stress Initiative will offer outpatient counseling for grief, processing complex trauma, and parent education. Burke will provide trainings and formally partner with eight community organizations, including four school districts, two sheriff's offices, one child welfare agency, and one university.

### Youth Crisis Outreach Team

Both Burke and Tri-County received funding for a YCOT from HHSC. YCOT reduces the risk of hospitalization from acute mental health illness and help transition youth into care. YCOT provides relapse prevention and safety planning including up to 90 days of support following crisis.

### Peer Integration

ACCESS continues to grow their peer program. They added a peer lead to provide guidance and support to other peer staff.

Andrews Center integrates peers in many key parts of their organization. Peers provide crisis follow up, support case management services, and are co-located at a local veteran services nonprofit.

Burke holds quarterly family partner meetings to provide trainings and updates. Family partner support services were increased with families in the Specialized Treatment for Early Psychosis, YES Waiver, and Wrap Care Coordinator programs.

Community Healthcore actively promotes the use of peers in several programs. Peers are integrated in the Veterans, Care Coordination, Coordinated Specialty Care (CSC), and Women's Residential substance use programs. Community Healthcore will include a peer specialist within the new PIPBHC Integrated Care grant with HHSC. This is a SAMSHA-funded project designed to promote full integration and collaboration of clinical practices between primary and behavioral healthcare.

## **Workforce**

Spindletop Center collaborates with Lamar University's Department of Counseling to expand the mental health workforce while increasing access to mental health care in Hardin, Chambers, Jefferson, and Orange counties. This program, funded by the T.L.L. Temple Foundation, provides clinical supervision and direct practice opportunities to Lamar graduates who have obtained their Licensed Professional Counselor Associates license program in exchange for a two-year commitment to remain at Spindletop Center beyond completion of their clinical hours. The goal is to add six licensed mental health professionals by the completion of this program.

Spindletop Center secured HHSC funds to provide a full time Licensed Professional Counselor to support rural communities in their service area.

Spindletop Center was one of six LMHAs in Texas to be included in a Zero Suicide Learning Collaboration. The collaboration provides Jasper County Juvenile Detention staff with education and best practices for reducing or eliminating justice involved youth suicide.

Tri-County continues to seek ways to increase peer support within teams. The CSC team recently added a family partner to provide family support and services to people experiencing their first episode of psychosis and initiate ongoing behavioral health care.

Tri-County is partnering with the College of Osteopathic Medicine and the Child Psychiatry Workforce expansion through UT Health Houston to expose medical students to the field of psychiatry in the hopes of increasing interest in a career in community behavioral health.

## **Crisis Services**

Community Healthcore's extended observation and crisis residential unit reopened after a year of being shut down due to workforce issues. Community Healthcore is also in the process of obtaining licensing for a 13-bed Crisis Stabilization Unit (CSU)

in Atlanta, Texas. The CSU will have a medical treatment room equipped for monitoring medical issues that may arise after people are admitted to the CSU. Community Healthcore anticipates that becoming a licensed CSU will decrease the number of people needing to be placed in a psychiatric hospital.

The Andrews Center received funding from HHSC to develop a crisis respite center. They recently remodeled a building and are in the early stages of implementing the program.

Tri-County has five Crisis Intervention Response Teams in Montgomery County, comprised of three different Law Enforcement agencies paired with Tri-County clinicians who respond to active crisis. The crisis intervention response teams are instrumental in assisting with crisis follow-up and relapse prevention in the community. In Quarter 2 of fiscal year 2024, these teams provided 449 crisis services. Tri-County staff participate in the Behavioral Health and Suicide Prevention Community Taskforce as well as multiple crisis collaborative initiatives across the region aimed to bring agencies together to educate, streamline, and problem solve barriers to serving people in crisis. Additionally, Tri-County hosted a Sequential Intercept Model (SIM) workshop for all three counties. The SIM workshop helps mental health and law enforcement agencies increase jail diversion, support access to appropriate care in the community, improve availability of local resources, and decrease recidivism rates for psychiatric and local ER visits.

## **Strategic Collaborations**

HHSC facilitated a SWOT with the rural-serving LMHAs and LBHAs in fiscal year 2024. The SWOT looked at internal strengths and weaknesses, and external opportunities and threats, to evaluate and plan collaboration with community partners focused on improving aspects of wellness in rural communities. The following is a summary of the detailed SWOT tool which can be found in Appendix F for this regional group.

### **ACCESS**

*Objective:* To provide better access to consumers in remote locations through a collaboration with Alto Independent School District (ISD).

*Outcomes:*

- Expand partnership with the Alto ISD and Cherokee County judge; and

- Increase opportunities for education and service expansion via use of telemedicine.

## **Andrews Center**

*Objective:* To enhance diversion from jails and hospitals in all five counties through the creation of a Chief SIM Officer position who will supervise the forensic and MCOT teams.

*Outcomes:*

- Established office space at UT Health Northeast, Christus Mother Francis, and the Smith County jail;
- Offered trainings to stakeholders throughout the community; and
- Added jail-based competency services in Smith County.

## **Burke**

*Objective:* To improve coordination with outside providers in relation to crisis services and child, youth, and adolescent services, reduce unnecessary hospitalizations and emergency department use, and enhance relationships with local organizations.

*Outcomes:*

- Awarded a Community Health Improvement grant from Common Spirit for calendar year 2024 which will provide funding for a Hospital Care Coordinator position to work more closely with St. Luke's hospitals in Lufkin, Livingston, and San Augustine;

*Future Goals:*

- Reduce use of emergency departments and psychiatric hospitalizations; and
- Expand trainings to hospitals and law enforcement.

## **Community Healthcare**

*Objective:* To reopen the regional Crisis Stabilization Unit that had been closed due to workforce shortages.

*Outcomes :*

- Established partnerships with local emergency departments and law enforcement;

*Future Goals:*

- Decrease stigma; and
- Further integrate services.

## **Spindletop Center**

*Objective:* To increase awareness and access to mental health services in Jasper County.

*Outcomes:*

- Expanding community education;
- Developing partnerships with the Children’s Clinic of Jasper, local school districts, T.L.L. Temple Foundation, Jasper Hospital District, Baptist Hospital, Jasper Public Library, and Jasper County officials; and
- Improving relationships in the community.

## **Tri-County Behavioral Healthcare**

*Objective:* To improve access to care and decrease barriers for eight school-based clinics in their local service area.

*Outcomes :*

- Strengthening partnerships with local independent school districts;
- Better understand gaps in local resources; and
- Increasing awareness of how to navigate situations efficiently and effectively.

*Future Goals:*

- Identify future funding opportunities after losing SAMSHA funding for one of the clinics.

For additional information on the All Texas Access RSH Regional Group LMHA SWOTs, reference Appendix F.

# Estimated Number of Inpatient and Outpatient Beds

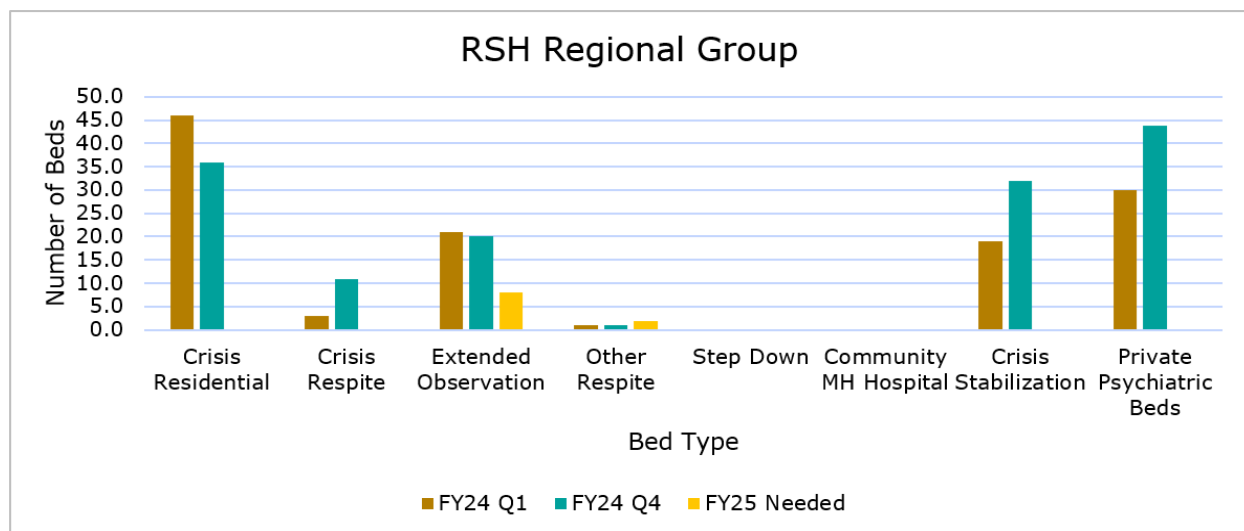
Each rural-serving LMHA or LBHA in the regional group submitted information about how many beds were available at the beginning of the fiscal year, how many beds were projected by the end of the fiscal year, and how many may be needed in the next fiscal year. Refer to the All Texas Access Implementation section of the report for additional information.

**Table 12. All Texas Access RSH Regional Group Bed Capacity**

Facility Type	FY24 Q1 Number of Beds	FY24 Q4 Number of Beds	FY25 Additional Number of Beds Needed
Crisis Residential	46.0	36.0	0.0
Crisis Respite	3.0	11.0	0.0
Extended Observation	21.0	20.0	8.0
Other Respite	1.0	1.0	2.0
Step Down	0.0	0.0	0.0
Community MH Hospital	0.0	0.0	0.0
Crisis Stabilization	19.0	32.0	0.0
Private Psychiatric Beds	29.9	43.7	0.0

\* Private Psychiatric Beds are per FY24 contract.

**Figure 24. All Texas Access RSH Regional Group Bed Capacity**

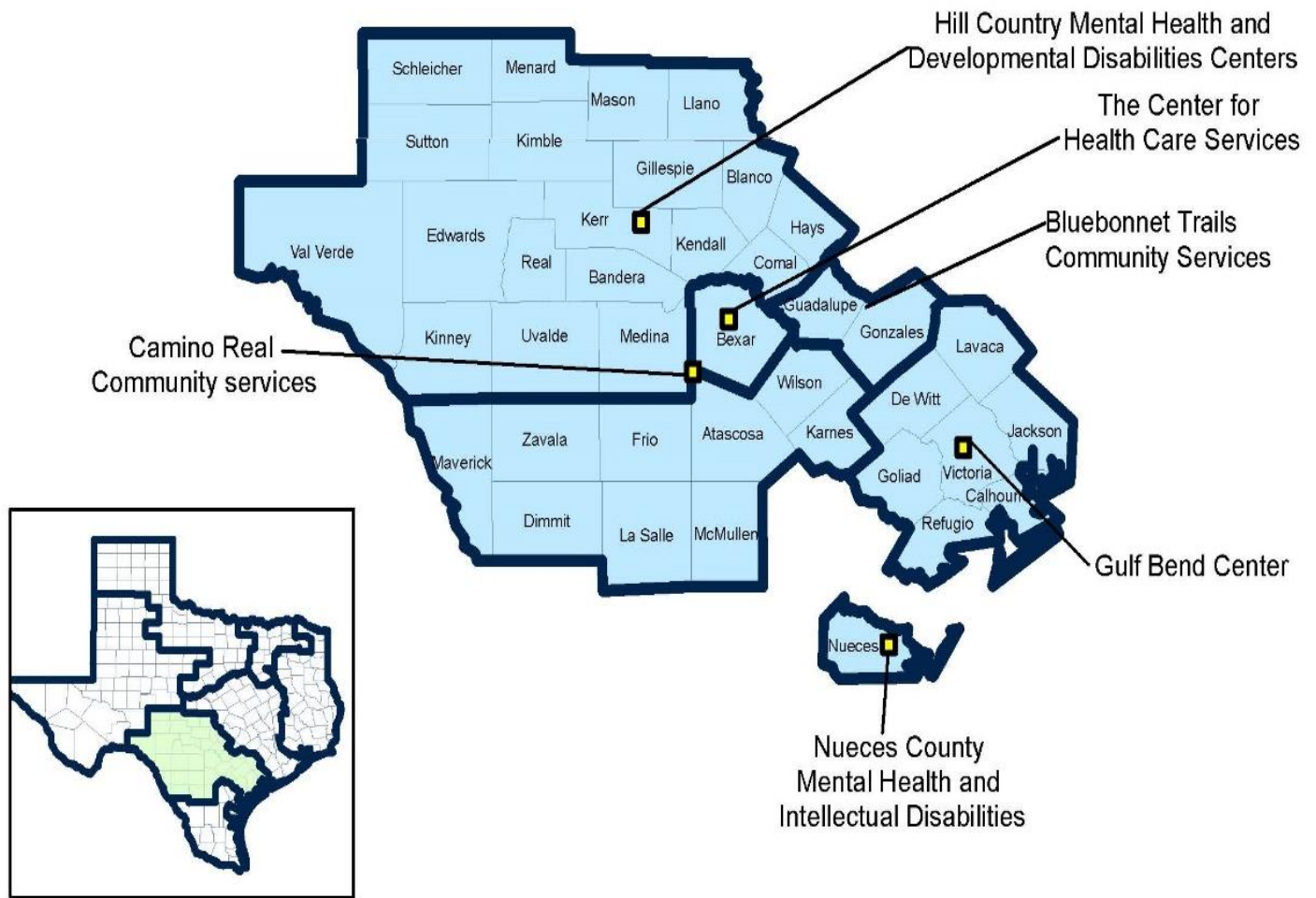


\* Private Psychiatric Beds are per FY24 contract.



# All Texas Access SASH Regional Group

Figure 25. Map of All Texas Access San Antonio State Hospital (SASH) Regional Group<sup>xxv</sup>



## Participating LMHAs and LBHAs

- Bluebonnet Trails Community Services (BTCS)
- Camino Real Community Services

- Gulf Bend Center
- Hill Country MHDD Centers

BTCS participates in both the All Texas Access ASH and SASH Regional Groups. The Center for Health Care Services and Nueces Center for Mental Health and Intellectual Disabilities are ex-officio members in this group.

## **All Texas Access SASH Regional Group Plan**

### **Jail Diversion and Community Integration**

#### **Diversion Center**

BTCS is developing a four-bed Diversion Center in Seguin. This Guadalupe County Diversion Center will serve adults experiencing a psychiatric crisis. Partnering with law enforcement in Guadalupe, Caldwell, Gonzales, and Lee Counties in the design of the Diversion Center, BTCS invested in renovating space on its existing integrated health campus. This unique setting ensures access to psychiatric, medical, and dental care; substance use treatment; and IDD support for persons experiencing and recovering from a psychiatric crisis. Alongside county partners, BTCS applied for legislative funding to staff the Diversion Center, addressing the gap in critical crisis care across the region. The long-term goal is to increase access to 16 beds when an infrastructure investment may be made to expand the Diversion Center on the Seguin campus. Strategically, the Diversion Center will continue to be located within steps of the BTCS 10-bed crisis respite program, allowing for rapid triage and appropriate transition when a lower level of care best meets the individual's needs.

#### **Paramedics as Co-responders**

Hill Country MHDDC, in a collaboration led by Blanco County EMS, is focusing on crisis response and diversion. Blanco County EMS Paramedics, along with Hill Country MHDDC crisis services, mental health deputies, law enforcement, and 9-1-1 provide:

- crisis intervention services;
- crisis follow up care;
- transportation to ERs or psychiatric facilities;
- medical clearance; and

- warm hand-offs to community mental health services.

This collaboration uses law-enforcement only when necessary. Specifically, when people present safety concerns. Hill Country MHDDC is planning to expand the EMS Co-responder model to Llano County.

## **Youth Sequential Intercept Mapping**

Hill Country MHDDC hosted a Youth Sequential Intercept Model (SIM) mapping for Blanco and Llano counties to identify resources, gaps, and strategies for preventing children and youth from going to psychiatric facilities or becoming involved in the juvenile justice system. Local priorities identified during the SIM were:

- Increasing co-responder models in Blanco and Llano counties through mental health officers, peers, and EMS paramedics;
- Improving mental health and substance use screenings in schools and the juvenile justice system;
- Use Youth Mental Health First Aid training; and
- Focus on community health education and mental health awareness for parents, caregivers, law enforcement, and the juvenile justice system.

BTCS hosted a SIM mapping to foster collaboration among behavioral health and juvenile justice stakeholders and improve early intervention and diversion for youth. Guided by HHSC leaders, the workshop took place on March 21 - 22, 2024 for Caldwell, Gonzales, and Guadalupe Counties with four goals:

- Educate local partners about available services, programs, and resources and how to access them;
- Collaborate with community stakeholders in identifying opportunities to engage and divert youths from the justice system;
- Identify resources to support youth and families in avoiding involvement in the juvenile justice system; and
- Create a framework for local communities to communicate, coordinate, and sustain effective and collaborative partnerships.

## **Rural Crisis Response and Diversion**

Camino Real continues to strengthen their crisis response through the Rural Crisis Response and Diversion Grant. From these funds, they have a law liaison who

works closely with law enforcement agencies, EMS, and stakeholders to increase access to crisis services for people in their local service area. The liaison, in collaboration with two Emergency Services Districts in the region, is instituting a Mobile Integrated Health program. With this program, the districts will provide a warm hand-off for people who may need behavioral health services to Camino Real, thereby expanding Camino Real's outreach in more rural areas. Camino Real's law liaison assisted 121 people experiencing a mental health crisis from March 1, 2023 through February 29, 2024.

Camino Real also expanded their MCOT through Rural Crisis Response and Diversion. This team diverted 312 people from jail in Wilson and Karnes County from March 1, 2023 through February 29, 2024.

Camino Real has a Community Restoration and Recovery Center which functions as a drop-off facility for law enforcement. Law enforcement can bring people to the facility to receive access to crisis services. Also on site, Camino Real co-located substance use and veterans' services to help people access care at the right place at the right time. Camino Real served 224 persons at this facility.

## **Uvalde Behavioral Health Campus**

Hill Country MHDDC held a groundbreaking ceremony for the Uvalde Behavioral Health Campus on October 17, 2024. The campus will contain a 4-bed youth Extended Observation Unit (EOU), a 12-bed youth crisis residential unit, a 6-bed adult EOU, and 10-bed adult crisis residential unit. It will also include an outpatient behavioral health clinic to provide follow up care for people recently discharged from intensive services and provide local access to behavioral health services. The behavioral health campus is currently under construction and anticipates opening late summer of fiscal year 2025.

## **Crisis Residential Center**

Hill Country's Crisis Residential Center in Comal County will house a combination of crisis services for adults including a six-bed Extended Observation Unit, a 10-bed Crisis Residential Unit, a law enforcement drop-off location, and office space for MCOT and clinical staff. It is anticipated to be open in the late summer of fiscal year 2025.

## **Step-Down Program**

From March 1, 2023 through February 29, 2024, the BTCS Step Down in Guadalupe County served seven people with five of those obtaining employment while in the program. No rehospitalizations occurred during this period and each graduating participant was connected to ongoing care in their chosen home community.

## **Youth Services**

### **Youth Respite**

BTCS Youth Therapeutic Respite Program (YTRP) in Guadalupe County opened its doors on September 27, 2023. YTRP provides therapeutic crisis respite options for families. During their stay, it also offers individual, group, and family therapies and case management. The program aims to reunify families originally wishing, or advised, to place their child into long-term residential treatment. This program strengthens relationships between the child and family. With appropriate consent, YTRP supports the child's successful return to school through communication and coordination. Since the fall of 2023, the YTRP program in Guadalupe County has supported 24 youth and their families.

Hill Country MHDDC's Youth Crisis Respite Center, located in Hays County, proudly serves 19 counties. From March 1, 2023, through February 29, 2024, Hill Country provided services to 73 children and adolescents. They expanded partnerships with local stakeholders including schools, social service agencies, local businesses, and law enforcement agencies to share information about this valuable community resource. Through collaboration, Hill Country plans to continue to bridge the gap between mental health services and communities, making them more accessible to children and adolescents in need of mental health support.

### **Multisystemic Therapy Program**

BTCS launched an MST program in April 2023 in Guadalupe County, comprised of clinicians available to high-risk youth and their families 24 hours per day, seven days per week. BTCS builds strong connections with community partners including juvenile probation, schools, caregivers and more. At this time, BTCS has received 68 referrals; served 38 families; and celebrates 19 families who successfully completed the program.

## **Early Intervention Services**

Gulf Bend partnered with Victoria ISD to provide early intervention services to elementary students through the Bend the Trend project. The project allows for Gulf Bend to provide school-based interventions for children identified as at-risk by the schools. Over the last school year, Gulf Bend reports the project has been successful and is now expanding to an additional three elementary schools.

## **Peer Integration**

Gulf Bend Center expanded peer services to include a peer on their veteran team and a recovery coach position. Gulf Bend Center is participating in Rural Mental Health Peer Providers Learning Collaborative.

Hill Country MHDDC has a peer on their Comal County MCOT who connects with and empowers those in crisis. This peer engages with people experiencing a mental health crisis while in jail and offers support and services upon release. Hill Country MHDDC also uses peers with people who are diagnosed with substance use or co-occurring disorders.

## **Integrated Care**

Camino Real Community Services focuses on increasing access to primary care and behavioral health care for consumers by co-locating primary care and behavioral health care providers in FQHCs. The center also has Memorandum of Understandings (MOU) with all four FQHCs where over a thousand consumers received a physical health exam since the beginning of fiscal year 2023.

Additionally, through a partnership with the Atascosa Health Center funded by HHSC's Community Mental Health Grant, McMullen County, and Camino Real, the behavioral health needs of the frontier county residents of McMullen County are being addressed at a co-located setting.

Gulf Bend has a MOU with all the local hospitals and rural health clinics in their seven-county service area.

## **Strategic Collaborations**

HHSC facilitated a SWOT with the rural-serving LMHAs and LBHAs in fiscal year 2024. The SWOT looked at internal strengths and weaknesses, and external opportunities and threats, to evaluate and plan collaboration with community partners focused on improving aspects of wellness in rural communities. The

following is a summary of the detailed SWOT tool which can be found in Appendix G for this regional group.

## **Bluebonnet Trails Community Services**

*Objective:* Engage a regional effort to expand access to critical crisis care to include crisis respite or crisis residential services in Burnet, Blanco, and Llano Counties.

*Outcomes:*

- Met with leadership in Burnet, Blanco, and Llano Counties, along with Hill Country MHDDC leadership, to develop a plan for a regional crisis respite and residential program.
- Supported Hill Country MHDDC for a grant application for a single point of access through the Public Defender’s Office fostering aftercare coordination and planning regardless of the county of residence of the incarcerated person.

*Future Goals:*

- Seeking sustainable funding for staffing to support the growing needs of this rural tri-county region.

## **Camino Real Community Services**

*Objective:* Jail diversion for people in Frio County that have behavioral health issues.

*Future Goals:*

- Apply for funding to expand the Frio County project and bring on additional counties;
- Decrease costs associated with incarceration; and
- Increase available law enforcement resources in the counties this program would serve.

## **Gulf Bend Center**

*Objective:* Continued collaboration with law enforcement and community partners to provide diversion and continuity of care. Continued expansion of Bend the Trend. Increase treatment options for children and youth to address crisis situations, including discussion of developing a children’s respite facility.

*Future Goals:*

- Apply for grants to expand Bend the Trend.
- Apply for grants to expand the community response team.

## **Hill Country MHDDC**

*Objective:* Improve mental health collaboration in Blanco and Llano counties.

*Outcomes:*

- Increased staffing in Blanco Community Resource Center;
- Improved joint operations with Llano County Sheriff's Office; and
- Met with Blanco County EMS for monthly problem-solving meetings.

*Future Goals*

- Pursue grant opportunities.

For additional information on the All Texas Access SASH Regional Group LMHA SWOTs, reference Appendix G.

## **Estimated Number of Inpatient and Outpatient Beds**

Each rural-serving LMHA or LBHA in the regional group submitted information about how many beds were available at the beginning of the fiscal year, how many beds were projected by the end of the fiscal year, and how many may be needed in the next fiscal year. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

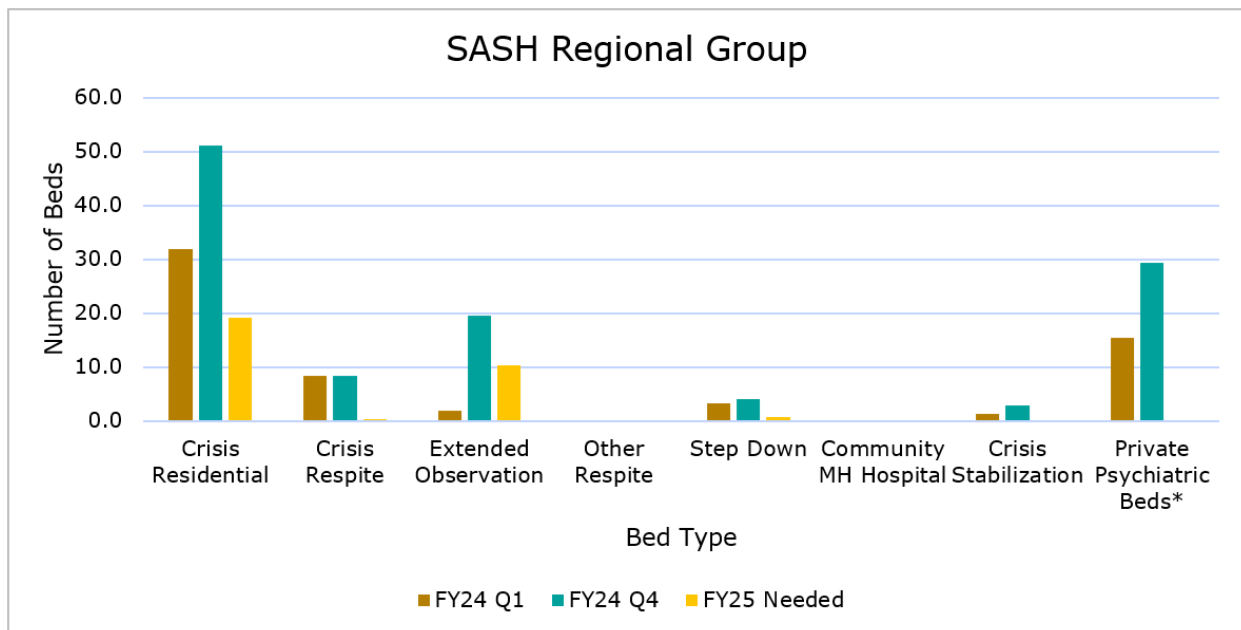


**Table 13. All Texas Access SASH Regional Group Bed Capacity**

Facility Type	FY24 Q1 Number of Beds	FY24 Q4 Number of Beds	FY25 Additional Number of Beds Needed
<b>Crisis Residential</b>	32.0	51.2	19.2
<b>Crisis Respite</b>	8.3	8.3	0.4
<b>Extended Observation</b>	2.0	19.6	10.4
<b>Other Respite</b>	0.0	0.0	0.0
<b>Step Down</b>	3.2	4.0	0.8
<b>Community MH Hospital</b>	0.0	0.0	0.0
<b>Crisis Stabilization</b>	1.2	2.9	0.0
<b>Private Psychiatric Beds*</b>	15.4	29.4	0.0

\* Private Psychiatric Beds are per FY24 contract.

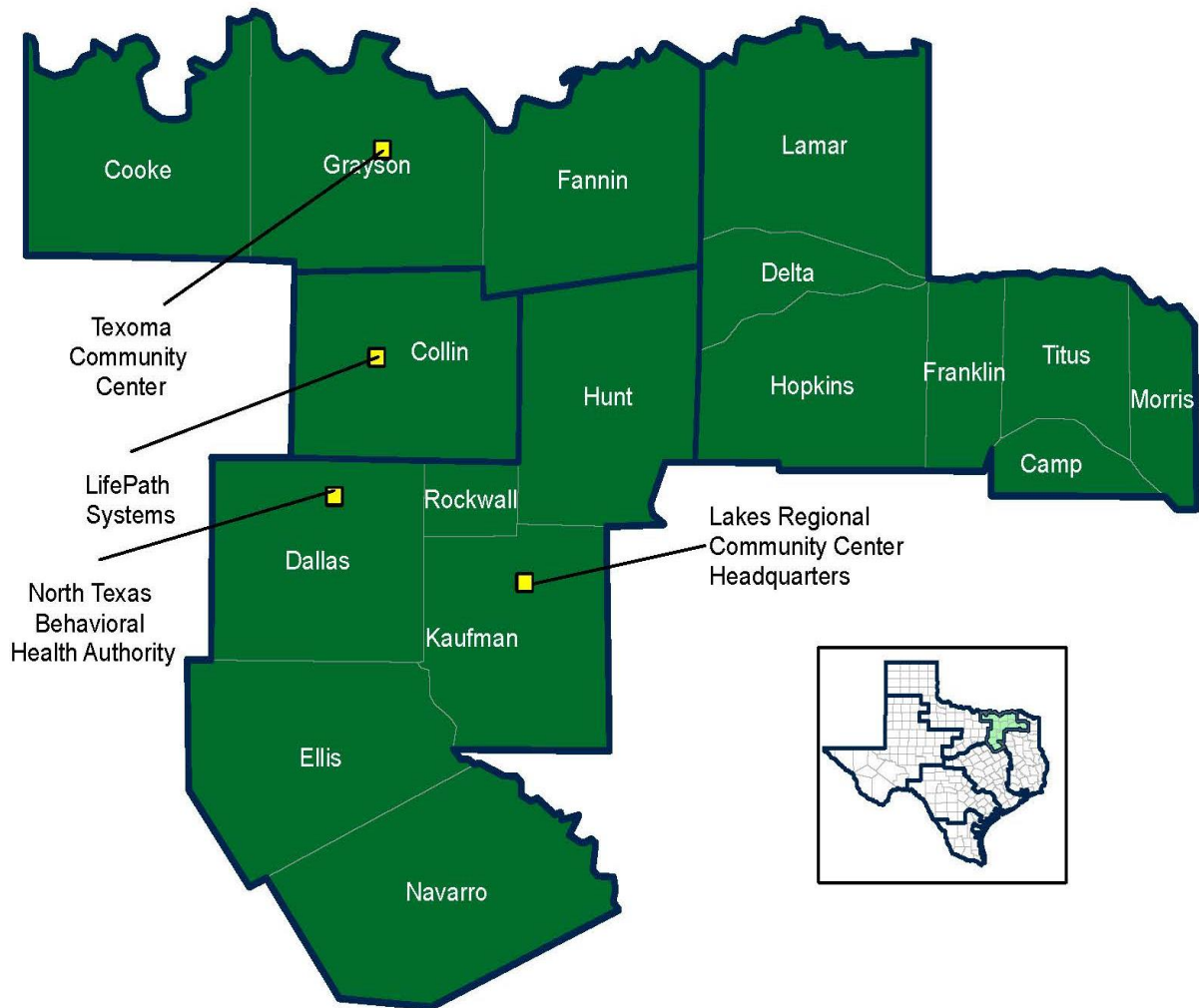
**Figure 26. All Texas Access SASH Regional Group Bed Capacity**



\* Private Psychiatric Beds are per FY24 contract.

# All Texas Access TSH Regional Group

Figure 27. Map of All Texas Access Terrell State Hospital (TSH) Regional Group<sup>xxvi</sup>



## Participating LMHAs and LBHAs

- Lakes Regional Community Center
- North Texas Behavioral Health Authority (NTBHA)
- Texoma Community Center (TCC)

LifePath Systems participates in this group as an ex-officio member.

## **All Texas Access TSH Regional Group Plan**

### **Jail Diversion and Community Integration**

#### **Jail Collaboration Study**

Lakes Regional Jail Collaboration Study continues to examine how a person experiencing a mental health crisis travels through the justice system. The study also evaluates the associated costs of that process. This program gained valuable insight over the past year and was used to establish important connections with the Franklin County Sheriff's Department. Moving forward, Lakes Regional will be shifting focus towards a new collaboration with Titus County stakeholders. Lakes Regional received notification that their application for a Sequential Intercept Model (SIM) mapping workshop was selected and will likely occur in March 2025. The initial planning meeting occurred in July 2024 with HHSC.

#### **Dropoff Center**

NTBHA received funds from HHSC through the Rural Crisis Response and Diversion grant to develop the Kaufman Drop-Off Center. The center diverts people from jails, ERs, and psychiatric hospitals while providing a connection to housing resources and other community supports. In January 2024, NTBHA hosted the official grand opening for the drop-off center which was attended by over 80 community partners including first responders, judges, and district attorneys. The drop off center served 261 people from September 1, 2023 through February 29, 2024. NTBHA holds quarterly engagement meetings for first responders (fire, police, EMS) to learn more about the services offered at the drop-off center.

#### **Co-Responder Program**

TCC received funds from HHSC to implement a co-responder program with the Sherman Police Department in Grayson County which began in January 2024. This program pairs behavioral health staff with law enforcement to respond to mental health crisis calls with the goal of diverting people away from jail and into mental health services. The team is available seven days a week from 10:00 a.m.-10:00 p.m. to provide crisis screenings. TCC staff attended the National Co-Responder Conference along with the Sherman Police Department. The conference focused on partnering perspectives to effectively respond to behavioral health crises in the

community and how to expand the co-responder program. The co-responder team diverted 114 people from jail from its start in January through February 29, 2024.

## **Step-Down Services**

NTBHA received funds from HHSC to develop a new step-down program to serve all their counties. This twelve-bed program will help people transition from a psychiatric hospital back to community life by providing structure and support in a community-based environment.

## **Competency Restoration**

NTBHA is currently in the process of expanding their Jail-Based Competency Restoration (JBCR) program which provides mental health, substance use treatment, and legal education for adults found Incompetent to Stand Trial. This program will have a designated space in area jails. The outpatient competency restoration (OCR) program's contract was executed in April 2024 and has participating hospitals in its network. OCR provides access to community psychiatric care for those who have a mental health condition and are found to be incompetent to stand trial. People referred to OCR services usually have misdemeanor charges and are treated on an outpatient basis.

TCC's JBCR program started in Grayson County in January 2024 with goals of expanding into Cooke and Fannin Counties.

## **Integrated Care**

Lakes Regional continues increasing access to integrated care services with local primary healthcare providers, including the Franklin County Rural Health Clinic. Additionally, Lakes Regional is exploring a cooperative relationship with Cohen Veterans Services to provide telehealth services tailored to veterans in the rural service area. Lakes Regional continues to offer comprehensive mental health and substance use services at rural centers, ensuring that community members have access to the care they need.

TCC employs a nurse practitioner who can serve as a primary care provider for anyone receiving services. The clinic has a separate entrance and waiting room to provide easy access for people to address their physical health care needs.

Lakes Regional implemented an Assertive Community Treatment (ACT) team, serving four of Lakes Regional's rural counties. This marks a significant milestone in

the mission to enhance access to quality mental health care in underserved communities.

NTBHA created a program where people who may benefit from multiple services can be screened for the different programs in one appointment. This has been a positive innovation, saving time and money for the people being served.

## **Youth Services**

### **Substance Use Services**

Lakes Regional received SAMHSA grants to develop two youth-focused programs: substance use services for adolescents in Hunt County and Mobile Response and Stabilization Services (MRSS) in Lamar County. They are offering a Hazards of Vaping class, a Drug Offender Education Program (DOEP), and Co-Occurring Psychiatric and Substance Use Disorder services to support the integration of mental health and substance abuse services within a recovery framework. Lakes Regional's MRSS program is a behavioral health led crisis intervention program that considers the developmental needs of children up to age 21 and their families. This program was launched in Lamar County in March 2023; however, due to workforce shortages, MRSS was not fully implemented until January 2024.

### **Coordinated Specialty Care**

Lakes Regional received funds from HHSC to develop a CSC program to provide outpatient mental health treatment to persons, ages 15-30, experiencing an early onset of psychosis. Lakes Regional has assembled the CSC team and will begin providing services in the fall of 2024.

### **Multisystemic Therapy**

NTBHA received funds from HHSC to provide MST, an evidence-based practice serving at-risk youth and their families who have serious emotional and/or substance use concerns, are at risk of out-of-home placement, have experienced abuse and neglect, and/or have committed violent offenses. Teams are fully operational as of June 2024 for Dallas County and July 2024 for Kaufman County..

### **Youth Crisis Outreach Team**

NTBHA also received funds from HHSC to pilot a Youth Crisis Outreach Team (YCOT) to reduce the risk of hospitalization from acute mental health illness and

transition youth into ongoing services. NTBHA also received funding from HHSC for a Children’s Crisis Respite (CCR) program which will provide a therapeutic, family, and child-centered environment for children who are in a crisis. It will also offer transition planning as needed.

## **Peer Integration**

Lakes Regional made significant strides in increasing the use of peers within the organization in their clinics and CSC Program. Lakes Regional facilitates monthly meetings for the Peer Team, known as “Peers on the Lake,” to empower peers and ensure their voices actively shape programming and keep it aligned with evolving community needs.

NTBHA increased peer services by adding peers to support the Kaufman Drop Off Center and MST program for at-risk youth in Kaufman County.

TCC added more peers with varying lived experiences. TCC plans to hire a peer for the Co-Responder team to work with the care coordinator. This will bridge the gap between services after involvement with law enforcement or a crisis episode so that people have a connection in the community and feel more comfortable engaging in follow up care after a crisis.

## **Strategic Collaborations**

HHSC facilitated a SWOT with the rural-serving LMHAs and LBHAs in fiscal year 2024. The SWOT looked at internal strengths and weaknesses, and external opportunities and threats, to evaluate and plan collaboration with community partners focused on improving aspects of wellness in rural communities. The following is a summary of the detailed SWOT tool which can be found in Appendix H for this regional group.

### **Lakes Regional Community Center**

*Objective:* Collaborate with community partners to address the increase in crisis episodes within the child and adolescent population

*Outcomes:*

- Received funding award for Coordinated Specialty Care First Episode of Psychosis and key staff, including a family partner, have been hired;
- Continued collaboration with local school districts; and

- Implementing Mobile Response and Stabilization Services (MRSS) in Lamar County with ongoing workgroups.

## **North Texas Behavioral Health Authority**

*Objective:* To leverage an engaged community to create a drop off center and other resources which address mental health, SUD, and homelessness in Hunt County.

*Outcomes:*

- Partnerships with Behavioral Health Leadership Team, Hunt County Law Enforcement, Carevide Federally Qualified Health Center, and Hunt County Coalition on Homelessness;
- Applied for drop off center funding; and
- Continued participation in the Hunt County Behavioral Health Leadership Team.

## **Texoma Community Center**

*Objective:* To partner with the Sherman Police Department to develop a Co-Responder Crisis Response Program. It will be comprised of Qualified Mental Health Professionals dispatched with local law enforcement officers to respond to community members experiencing a behavioral health crisis.

*Outcomes:*

- Received positive reactions from Sherman law enforcement, the local behavioral health hospitals, and the emergency departments; and
- Interest from neighboring cities' law enforcement departments in this model of care.

*Future Goals:*

- Looking towards opportunities for expansion

For additional information on the All Texas Access TSH Regional Group LMHA SWOTs, reference Appendix H.

# Estimated Number of Inpatient and Outpatient Beds

Each rural-serving LMHA or LBHA in the regional group submitted information about how many beds were available at the beginning of the fiscal year, how many beds were projected by the end of the fiscal year, and how many may be needed in the next fiscal year. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

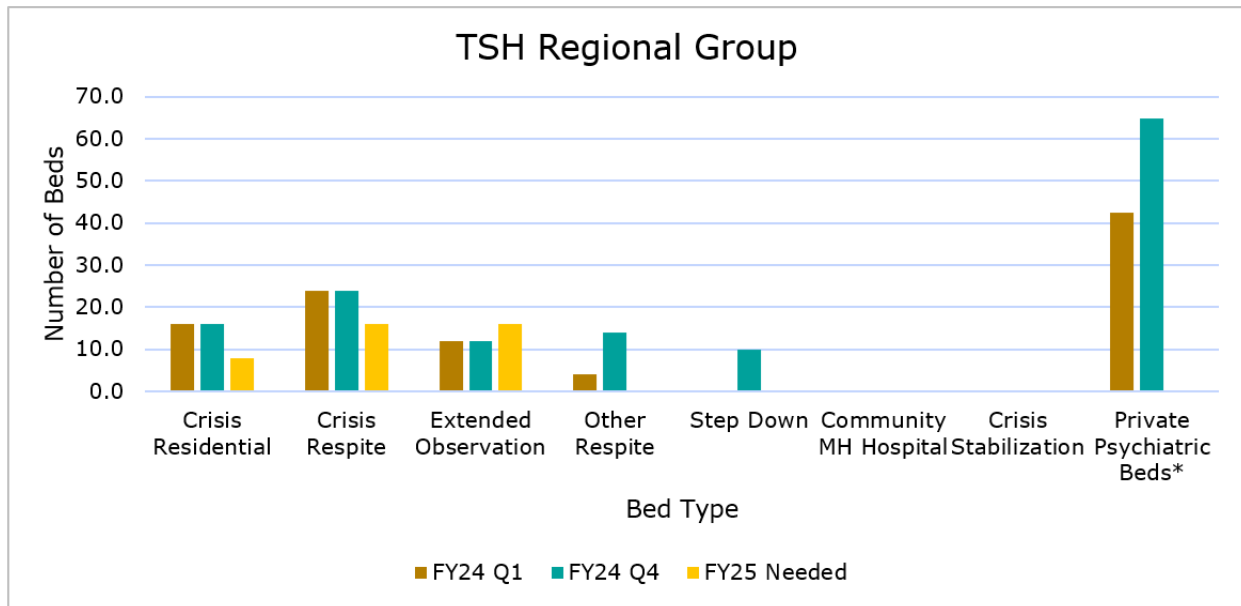
**Table 14. All Texas Access TSH Regional Group Bed Capacity**

Facility Type	FY24 Q1 Number of Beds	FY24 Q4 Number of Beds	FY25 Additional Number of Beds Needed
Crisis Residential	16.0	16.0	8.0
Crisis Respite	24.0	24.0	16.0
Extended Observation	12.0	12.0	16.0
Other Respite	4.0	14.0	0.0
Step Down	0.0	10.0	0.0
Community MH Hospital	0.0	0.0	0.0
Crisis Stabilization	0.0	0.0	0.0
Private Psychiatric Beds*	42.6	64.9	0.0

\* Private Psychiatric Beds are per FY24 contract.



**Figure 28. All Texas Access TSH Regional Group Bed Capacity**



\* Private Psychiatric Beds are per FY24 contract.

## Conclusion

The fiscal year 2024 All Texas Access report highlights the regional plans rural serving LMHAs and LBHAs are implementing to expand access to care at the right time and place. The LMHAs and LBHAs deliver innovative approaches while navigating ongoing challenges such as workforce shortages, staff burnout, and underfunded programs. Some experts describe mental health as the defining public health concern of our time<sup>xxvii</sup>. Many mental health needs are identified in the primary care setting thus integrating physical and mental health services is vital, particularly in rural Texas where insufficient access to mental health services continues. Across Texas, almost 25 percent of adults report difficulty accessing care due to lack of coverage, financial issues, insufficient workforce, limited treatment options, and a disconnect between primary care and behavioral health providers.<sup>xxviii</sup>

The LMHAs' and LBHAs' regional plans demonstrate actions taken to identify and address needs in their local service area through grants, local partnerships, learning collaboratives, and community conversations. The 88th Texas Legislature provided specific opportunities for behavioral health providers in rural Texas to increase access to community-based mental health services through the Rural Mental Health Initiatives Grant Program, Rider 56 Rural Hospital Telepsychiatry, and other grant opportunities to enhance behavioral health in Texas.

In fiscal year 2025, HHSC will illustrate outcomes from fiscal year 2024 All Texas Access regional plans and share results from the newly awarded grants that expanded services throughout Texas. HHSC remains focused on helping providers increase mental health services to the people in Texas by providing technical assistance, reviewing data to inform programs, promoting best practices, and fostering access to quality care.

## List of Acronyms

Acronym	Full Name
ACCESS	Anderson Cherokee Community Enrichment Services
ACT	Assertive Community Treatment
ASH	Austin State Hospital
BSSH	Big Spring State Hospital
BTCS	Bluebonnet Trails Community Services
CCBHC	Certified Community Behavioral Health Clinic
CHW	Community Health Worker
CCR	Children’s Crisis Respite
CFLR	Center for Life Resources
CMBHS	Clinical Management for Behavioral Health Services System
CSC	Coordinated Specialty Care
CSU	Crisis Stabilization Unit
DSHS	Texas Department of State Health Services
EMS	Emergency Medical Services
EOU	Extended Observation Unit
ER	Emergency Room
FQHC	Federally Qualified Health Center
FY	Fiscal Year
Hill Country MHDDC	Hill Country Mental Health and Developmental Disabilities Centers
HHSC	Health and Human Services Commission
HOTBHN	Heart of Texas Behavioral Health Network
ICD-10-CM	International Statistical Classification of Diseases and Related Health Problems, 10th Edition, Clinical Modifications
IDD	Intellectual and Development Disabilities
ISD	Independent School District
JBCR	Jail-Based Competency Restoration
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCOT	Mobile Crisis Outreach Team
MDRT	Multidisciplinary Response Team
MH	Mental Health
MHD	Mental Health Deputy
MHFA	Mental Health First Aid
MHMRABV	MHMR Authority of Brazos Valley
MHMRCV	My Health My Resources Concho Valley
MOU	Memorandum of Understanding
MRSS	Mobile Response and Stabilization Services
MST	Multisystemic Therapy
NTBHA	North Texas Behavioral Health Authority
NTSH	North Texas State Hospital

<b>Acronym</b>	<b>Full Name</b>
OCR	Outpatient Competency Restoration
PBBHC	Permian Basin Behavioral Health Center
PIPBHC	Promoting Integration of Primary and Behavioral Health Care
QMHP	Qualified Mental Health Professional
RHC	Rural Health Clinic
RIGP	Rural Mental Health Initiative Grant Program
RGSC	Rio Grande State Center
RSH	Rusk State Hospital
S.B.	Senate Bill
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SED	Serious Emotional Disturbance
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SUD	Substance Use Disorder
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TCJS	Texas Commission on Jail Standards
TCC	Texoma Community Center
TLETS	Texas Law Enforcement Telecommunications System
TPC	Texas Panhandle Centers
TSH	Terrell State Hospital
YCOT	Youth Crisis Outreach Team
YCOT+	Youth Crisis Outreach Team Plus
YTRP	Youth Therapeutic Respite Program

## Appendix A. Definitions

**911 integration:** Collaboration between an LMHA or LBHA and one or more 911 dispatch centers in their service area. They redirect mental health crisis calls from law enforcement response to co-response or LMHA or LBHA response if safe to do so.

**Assertive community treatment (ACT):** Services that help people live the life they want by finding jobs or homes, learning about their medications, and talking to their doctors to get what they need. ACT also shows people how to connect to other local services to help them meet their needs.

**Children’s crisis respite program:** Program that provides a therapeutic, family and child-centered environment for children in a crisis respite facility. These are children with a single diagnosis of serious emotional disturbance (SED) or a primary diagnosis of SED and a co-occurring diagnosis, including a substance use disorder or an intellectual or developmental disability.

**Collaborative care model:** A systematic approach to the treatment of behavioral health conditions (mental health or substance use) in primary care settings. The model integrates the services of behavioral health care managers and psychiatric consultants with primary care provider oversight to proactively manage behavioral health conditions such as chronic diseases, rather than treat acute symptoms.

**Community based crisis program:** Provides a combination of facility-based crisis care services. Community based crisis programs must be available for walk-ins and provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people experiencing a mental health crisis. Community based crisis programs are staffed by medical personnel and mental health professionals and provide care 24 hours per day, seven days per week.<sup>xxix</sup>

**Community mental health hospital:** A mental health hospital funded but not operated by the Texas Health and Human Services Commission.

**Competency restoration:** The process of providing treatment and education to people who have been found incompetent to stand trial. It helps them participate in their defense. The competency restoration process is designed to protect the rights of people with mental illness or an intellectual or developmental disability who are charged with a crime.

**Jail-based competency restoration:** A program that provides competency restoration services to adults who are deemed incompetent to stand trial (IST) pursuant to Texas Code of Criminal Procedure (CCP), Chapter 46B. Services include mental health, substance use treatment, and legal education.

**Outpatient competency restoration:** A program that provides community-based competency restoration services which include mental health, substance use treatment, and legal education.

**Co-occurring psychiatric and substance use disorder services:** A service that supports the integration of mental health and substance abuse services within a recovery framework.

**Coordinated specialty care:** Program designed to meet the needs of people with early onset of psychosis between the ages of 15-30 years. The program can last for up to 36 months. It is comprised of a multidisciplinary team including a psychiatric medical provider, licensed therapist, family partner, peer partner, and Supportive Employment and Education Specialist. The specialist helps with employment and school adjustment.

**Co-responder:** A co-responder program typically pairs LMHA or LBHA staff with law enforcement to work together on mental health crisis calls with the goal of diverting people away from jail and into mental health services when it is safe and appropriate to do so.

**Crisis residential:** Provides short-term, community-based, residential crisis care for persons who may pose some risk of harm to self or others and who may have severe functional impairment. Crisis residential facilities provide a safe environment with staff always on site. However, these facilities are designed to allow people receiving services to come and go at will. The recommended length of stay ranges from one to 14 days.<sup>xxx</sup>

**Crisis respite:** Provides short-term, community-based crisis care for persons who have low risk of harm to self or others but who require direct supervision. These services can occur in houses, apartments, or other community living situations and generally serve people with housing challenges or assist caretakers who need short-term respite. Crisis respite services may occur over a few hours or up to seven days.<sup>xxxi</sup>

**Crisis stabilization unit:** A setting designed to treat symptoms of mental illness for those who are at high risk of admission to a psychiatric hospital. This is a

secure, protected, clinically staffed, and psychiatrically supervised treatment environment with a stay of up to 14 days.<sup>xxxii</sup>

**Diversion center:** A setting designed to provide on-demand crisis evaluation and care services for people brought in by law enforcement or other entities, 24 hours a day, seven days a week. Diversion Centers serve as an alternative location for law enforcement to drop off adults ages 18 or older with mental illness or co-occurring disorder who are at risk of arrest and do not meet criteria for acute crisis.

**Drop-off or crisis receiving center:** A physical location where people can be dropped off or come on their own to seek crisis mental health services. Drop-off refers to law enforcement bringing a person to the center for crisis assessment and services rather than arresting the person or having to wait with the person in an ER.

**Extended observation unit:** A place where people at a moderate to high risk of harm to self or others are treated in a secure environment for up to 48 hours. Professional staff are available to provide counseling and medication services. Extended Observation Units serve people admitted voluntarily as well as those admitted on an emergency detention order.<sup>xxxiii</sup>

**Federally qualified health center (FQHC):** Provides comprehensive health care services to underserved communities. An FQHC offers a sliding fee scale and cannot deny services due to an inability to pay. FQHCs include community health centers, tribal health clinics, migrant health services, and health centers for people experiencing homelessness. FQHCs are not state licensed or accredited.

**Fiscal year:** For Texas, this represents September 1 through August 31, with the second calendar year identified with the fiscal year. For example, September 1, 2023, through August 31, 2024, is fiscal year 2024.

**Forensic assertive community treatment:** A service delivery model, built upon the evidence-based assertive community treatment (ACT) model, intended for those with serious mental illness who are involved with the criminal justice system. These people may have co-occurring substance use and physical health disorders. Their needs are often complex and their disorders are often under-managed and further complicated by varying degrees of involvement with the criminal justice system.

**Law liaison:** Person who works at the intersection of behavioral health and the criminal justice system in a specific community role to form stronger community

partnerships and improve access to behavioral health services. This person may also work to help divert people from jail or the criminal justice system.

**Licensed practitioner of the healing arts:** A person licensed as one of the following and acting within the authorized scope of the person's license: physician, licensed professional counselor, licensed clinical social worker, psychologist, advanced practice registered nurse, physician assistant, or licensed marriage and family therapist.

**Local behavioral health authority (LBHA):** An entity designated as an LBHA by HHSC in accordance with Texas Health and Safety Code §533.0356. Each LBHA is required to plan, develop, and coordinate local policy, resources, and services for mental health and substance use care.

**Local mental health authority (LMHA):** Local mental health authority. An entity designated as an LMHA by HHSC in accordance with Texas Health and Safety Code §533.035(a). Each LMHA is required to plan, develop, and coordinate local policy, resources, and services for mental health care.

**Mental health deputy:** Mental Health Deputies are officers specially trained in crisis intervention through Texas Commission on Law Enforcement. They work collaboratively with the community and crisis response teams of LMHAs and LBHAs. Mental Health Deputy programs help improve the crisis response system by diverting people in need of mental health crisis services from hospitals and jails to community-based alternatives that provide effective mental health treatment at less cost.

**Mobile crisis outreach team (MCOT):** Qualified professionals deployed into the community to provide a combination of crisis services including facilitation of emergency care services and provision of urgent care services, crisis follow-up, and relapse prevention to children, adolescents, or adults 24 hours a day, every day of the year.

**Multi-systemic therapy (MST):** An evidence-based clinical treatment program for at-risk youth and their families. It provides three to five months of intensive, community-based services to promote pro-social behavior and interrupt the children's involvement in the juvenile justice system. Services are available 24 hours per day and address the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the child.



**Non-medical drivers of health:** The conditions in which people are born, grow, live, work, and age that shape health. Non-medical drivers of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, social support networks, and access to health care. Also referred to as social drivers of health.

**Private psychiatric bed:** Bed in a private psychiatric hospital used via contract by LMHAs and LBHAs to provide acute inpatient care.

**Qualified mental health professional:** An LMHA or LBHA staff member who has demonstrated and documented competency in the work to be performed and:

1. Has a bachelor's degree from an accredited college or university with a minimum number of hours equivalent to a major in a qualifying field;
2. Is a registered nurse; or
3. Completes an alternative credentialing process per Texas Administrative Code rules.

**Remote crisis assessment:** LMHA or LBHA use of technology to provide a crisis assessment when travelling to the site of the crisis would significantly prolong crisis services. Remote crisis assessment typically involves use of a computer, smart phone, or tablet to conduct an audio-visual assessment of a person who is in an ER, a jail, or at the site of a crisis to which law enforcement has responded.

**Rural:** For the purposes of this report, a Texas county with a population of 250,000 or less.

**Rural health clinic:** A rural health clinic is a clinic in a rural area designated as a shortage area that provides outpatient primary care services. They are not state licensed but may be accredited, certified to participate in the federal Medicare Program, or both.

**Sequential Intercept Model (SIM):** A strategic planning model that details how people with mental health and substance use disorders encounter and move through the criminal justice system using six "intercepts" that represent stages in criminal justice involvement.<sup>xxxiv</sup>

**Serious emotional disturbance (SED):** A mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially

interferes with or limits a person's role or ability to function in family, school, or community activities.<sup>xxxv</sup>

**Serious mental illness:** Per SAMHSA, a diagnosable mental, behavioral, or emotional disorder in an adult that causes serious functional impairment that substantially interferes with or limits one or more major life activities.<sup>xxxvi</sup>

**Step-down (or step-up/step-down) program:** A facility setting that helps people transition from a psychiatric hospital back to community life by providing structure and support in a more community-based environment. In the case of step-up, the same program can support a person needing more structure and support who might otherwise require a psychiatric hospital admission.

**Urban:** For the purposes of this report, a Texas county with a population of more than 250,000.

**Youth crisis outreach team (YCOT):** Provides 24 hours per day, seven days per week support and access to crisis prevention and intervention services for children and their families in their home community as part of the children's crisis continuum.

**Youth crisis outreach team plus (YCOT+):** Provides 24 hours per day, seven days per week support and access to crisis prevention and intervention services for children and their families previously or currently served by DFPS.

# Appendix B. All Texas ASH Regional Group SWOTs

HHSC met with the ASH Regional Group LMHAs and LBHAs to explore strategic collaborations in their community by conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SWOT is a strategic planning tool that identifies current and potential collaborations, explores the internal and external factors that impact success, and determines areas of focus for an organization.

## Bluebonnet Trails Community Services SWOT

SWOT written and submitted by Bluebonnet Trails Community Services

**Objective:** Engaging a regional effort expanding access to critical crisis residential services in Burnet-Blanco-Llano Counties.

### **Internal Strengths**

- BTCS Strategic Plan includes strategies supporting partnerships enhancing access to crisis services in our communities (including Burnet County).
- Well-established, trusted partnership with Hill Country MHDD Centers with engaged and motivated leaders in Burnet, Blanco, and Llano Counties focusing on health and safety of persons and families experiencing crisis situations.
- Experience with local partners resulting in positive outcomes.
- CCBHC certification demonstrating ability to offer critical crisis services.
- Experienced and effective Mental Health Deputy Program in Burnet County funded through SB 292 (85<sup>th</sup> Texas Legislative Session).
- Two local hospitals (Ascension Seton and Baylor Scott & White) with engaged emergency departments located in Burnet County, at crossroads accessible by Blanco and Llano Counties.
- Sequential Intercept Model (SIM) mapping conducted whereby community leaders of the tri-county area identify the lack of access to crisis respite or residential care to be a prioritized need.

- Strategic planning for crisis respite and residential program for the tri-county area initiated through SIM mapping.

### ***Internal Weaknesses***

- Need to identify location easily accessible to partnering Blanco, Llano, and Burnet County partners – to be used as a source of local match when applying for competitive grant funding.
- Workforce shortages in the three rural counties creates challenges to appropriately staffing specialized 24-hour crisis respite care.
- Challenged by time-limited grant funding deploying programs while working toward sustainable funding streams to continue valued programs.
- Multiple state databases result in clinician time entering notes into state databases.
- The lack of transportation opportunities between counties results in the inability to access health care and other resources necessary for a healthy life.

### ***External Opportunities***

- Allowing access to crisis respite and residential care where none exists in Burnet, Blanco, and Llano Counties.
- Through demonstrated value of innovative programs, able to grow Info Item V.
- Encourage MCO networks to begin payment for value-based approaches to care that are defined within the Info Item V expectations of HHSC.
- Demonstration of reduced waiting time (and lists) for adults to receive care, including diversion from jail and hospitalization.
- Collectively, the financial investment between three rural counties supports the ability for each to access and sustain critical crisis care.
- As Burnet County Jail is a regional jail, BTCS resources currently engaged in Burnet County Jail will intentionally strengthen transitions upon release to Blanco and Llano Counties.
- The regional partnership between LMHAs and counties may grow based on resource availability.

### ***External Threats***

- Communication between partners will be even more critical to ensure effective transitions to appropriate levels of care from emergency departments and upon release from jail.
- Duplication of data entry increases the time for clinicians to document; and increases risk of errors and miscommunication as well as a lack of communication between providers and regional partners.
- Multiple state databases receiving clinical data which may increase data integrity risk.
- Disparate demands and expectations of Medicaid MCOs result when MCOs are not overseen by HHSC – resulting in a disparate and erratic Medicaid funding stream intended to sustain access to critical care.
- Health Information Exchange – although beneficial, are less so when not used by all parties.
- Grant funding that is time-limited.

## Center for Life Resources SWOT

SWOT written and submitted by Center for Life Resources

**Objective:** To serve families and individuals with housing needs.

### ***Internal Strengths***

- Leadership buy-in
- Strong infrastructure with and experienced staff in helping people find housing through TRR services
- Learning and exploring new outreach program with Brown County Home Solutions
- Existing relationship with Housing and Urban Development
- Currently use HHSC funding to support unhoused individuals

### ***Internal Weaknesses***

- Community buy-in
- Stigma
- Lack of available and affordable housing
- Limited funding

- Staffing
- No clear pathway for people just seeking resources for homelessness
- Substance use could impact individual engagement and community sentiment

### ***External Opportunities***

- Partnership with Brown County Home Solutions to support long-term housing
- Developing a community outreach pathway for people to access housing resources
- Educate the community to reduce negative stigma associated with homelessness
- Work with mental health deputies who are specially trained in helping guide individuals with CJ to housing resources

### ***External Threats***

- Criminal Justice considerations
- Community sentiment and stigma associated with homelessness
- Sustainable funding
- Substance use related barriers
- Cost of living and wages do not meet the cost of housing

## **Central Counties Services SWOT**

SWOT written and submitted by Central Counties Services

**Objective:** The strategic collaborations focus on identifying the status, resources, and gaps of the local systems of care that serve the youth of our catchment area. Service providers see an increase in the acuity and frequency of mental health crises in local youth. We are forming a youth Mental Health task force – this is slow in gaining traction due to personnel changes at both Baylor Scott and White and Central Counties Services – but we continue to meet and will pursue. Youth SIM should be on our agenda.

### ***Internal Strengths***

- High priority
- Experts for children Mental Health

- Access to Resources: MHFA, youth sim,
- Building collaborations
- Rural Crisis Response- technology with ERsocial workers to get dire
- Have 2.5 counselors on site
- Sustainable based on ability to bill
- Community Resource Coordination Groups chair – Bell County
- Training for the community and organizations
- MST Program

### ***Internal Weaknesses***

- Complexity of delivering services
- Staffing training
- How to keep families engaged
- Geographic area – lots of travel time; school procedures to access children
- Expensive to stand up resources and then maintain and sustain
- Multiple leadership vacancies in Adult Mental Health and Children’s Mental Health
- Low service delivery
- Not meeting contract targets

### ***External Opportunities***

- Juvenile Probation
- Outreach to educational service center position
- Community organization representation
- Connection to Texas Child Health Access Through Telemedicine – A&M for Milam
- UT for Central
- Taskforce
- Bell County Health Department- initiatives Youth Suicide Prevention, prioritizing schools-
- Child Watch call – Department of Family and Protective Services weekly

- Texas Department of State Health Services (DSHS) – community health workers
- Cross county lines- communication

***External Threats***

- Available funding
- Elected officials change
- Broadband- lack of accessibility
- Youth suicide and mental health initiatives have not landed with any particular agency yet

## **Heart of Texas Behavioral Health Network SWOT**

SWOT written and submitted by Heart of Texas Behavioral Health Network

**Objective:** To expand and create integrated healthcare models in our rural counties through a collaborative care model.

***Internal Strengths***

- Primary care provider involved with development to share model and move it forward.
- Building sustainability plan
- Contacts in other counties – tailored to each county

***Internal Weaknesses***

- Not all providers have same drive to provide mental health services – use white paper to provide info
- Role clarity between clinic and LMHA- silos; education
- Availability of licensed staff

***External Opportunities***

- Collaborative Care Model – Is only for Primary Care Provider at this time



- Child Psychiatry Access Network, Perinatal Psychiatry Access Network in Texas
- Potential grant funding
- Peer workforce

### ***External Threats***

- Funding
- Stigma
- Competition for workforce
- Closing of psych hospital

## **MHMR Authority of Brazos Valley SWOT**

SWOT written and submitted by MHMR Authority of Brazos Valley

**Objective:** Strategic collaboration with FQHC to improve wellness in the Brazos Valley service area.

### ***Internal Strengths***

- Good relationships with local FQHC resulting in co-location agreement
- Behavioral Health approach is holistic, inclusive of primary care
- Medical Director engaged in improving physical health of consumers
- Have a healthcare navigator to assist with primary healthcare coordination

### ***Internal Weaknesses***

- Need improvement in data management, including data analytics.
- Clinical staff turnover
- Better engagement of clients needing primary healthcare services
- Need improvement in employee recruitment and retention

### ***External Opportunities***

- State focus on integrated health care

- Primary healthcare for uninsured population, particularly for individuals with a major mental illness
- Increased funding for integrated health care
- Partnership with health resource centers in the rural counties

### ***External Threats***

- Lack of public transportation
- Billing for primary health to behavioral health centers
- Consumers resistance to primary care until it becomes a crisis, resulting in high no show rates for routine appointments, particularly among minority groups

## **Texana Center SWOT**

SWOT written and submitted by Texana Center

**Objective:** Identify means to address crisis transportation throughout the region.

### ***Internal Strengths***

- Able to expand MCOT in rural areas – have staff available Monday through Friday, afternoons and evenings
- Working with law enforcement in the rural counties- developing strong relationships
- Waller County ride along working well
- Colorado County – MHD working well; Texana writing grant to maintain MHD.
- Matagorda County – strong relationship – on board
- New State Representative interested in mental health

### ***Internal Weaknesses***

- Unpredictable schedules for crisis staff
- Data exists for crisis but does not indicate trends for peak times

### ***External Opportunities***

- Waller County – wants Crisis Intervention Team, motivated for changes, rapid growth

- Wellness Group – Leftwich
- New state rep interested in Mental Health
- Additional funding opportunities available
- Training community
- Election year – Will need to get to know and educate new legislators

***External Threats***

- Austin County – lack of funding
- Wharton – Sheriff supports sustainable opportunities, not grants.
- Inadequate workforce – compensation
- Disengagement
- Natural disasters – hurricane, flooding

# Appendix C. All Texas Access BSSH Regional Groups SWOTs

HHSC met with the BSSH Regional Group LMHAs and LBHAs to explore strategic collaborations in their community by conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SWOT is a strategic planning tool that identifies current and potential collaborations, explores the internal and external factors that impact success, and determines areas of focus for an organization.

## Betty Hardwick Center SWOT

SWOT written and submitted by Betty Hardwick Center

**Objective:** Betty Hardwick Center is working to engage with stakeholders across our rural communities to improve wellness overall.

### ***Internal Strengths***

- Experience in resource development that can translate to rural
- Established relationships with external providers – medical, Law Enforcement, Judges, etc.
- Info and referral strong
- Experienced staff
- Current Rural Crisis Funding
- New MST program
- Community Health Worker Program

### ***Internal Weaknesses***

- Staff – coordinator to represent Behavioral Health Clinic in rural counties
- Lack of staffing – QMHPs, Licensed professionals, Peers in rural communities
- Limited resources, infrastructure at this time

### ***External Opportunities***

- MHFA Training
- Expanding telehealth to improve access to intake, outpatient Behavioral Health and SUD services
- School H.B. 19 opportunities
- Community engagement with local partners
- Faith based partnerships
- Offices physically staffed more in rural areas
- Support from local stakeholders
- Potential funding – S.B. 292 application for Jail In Reach, H.B.13 Elm Creek Psychiatry clinic

### ***External Threats***

- Staffing
- Funding and sustainability
- Some challenges with perception of urban versus rural community service availability

## **Central Plains Center SWOT**

SWOT written and submitted by Central Plains Center

**Objective:** Collaboration between Texas Tech Psychiatry Department-Rural Health – telemedicine residency in Central Plains. To increase resources and the ability for Central Plains Center to expand its services, to increase the number of people seen daily with assistance from Texas Tech psychiatric department.

### ***Internal Strengths***

- Medical director has relationship with Texas Tech and will supervise the residence
- History of telemedicine – strength since 1999
- Work ethic and culture – about the why – is Central Plains purpose
- Have clinic space and technology structure
- Have one family partner

### ***Internal Weaknesses***

- Lack of licensed professionals
- Retention-workforce moves to more urban areas
- High percentage of children and families being admitted into services
- Peer accessibility

### ***External Opportunities***

- Potential funding for MD position in the future
- Potential funding for children worker in the future
- Potentially expand to substance use
- Increase time with new providers.
- Decrease time to access provider
- Texas Child Health Access Through Telemedicine – provide services for families

### ***External Threats***

- Sustainability
- Pandemic effect and potential future pandemic

## **My Health My Resources Concho Valley SWOT**

SWOT written and submitted by My Health My Resources Concho Valley

**Objective:** The objective of the Diversion Center is to reduce the recidivism rate of people diagnosed with a mental illness, substance use disorders, or any suspected biopsychosocial need and who also have a low-level misdemeanor charge. The aim of the diversion center is to promote and improve mental health by teaching skills that empower them to become self-sufficient and productive members of society in the least intrusive manner. The Diversion Center also aims to collaborate with Community Partners and network to deliver evidence-based interventions.

### ***Internal Strengths***

- Strong community relationships with local partners

- Positive reputation in community
- Community tenure of 57 years
- Have building – minimal renovations needed
- Established Crisis Respite Facility on the same property where diversion Center will be located
- Staff retention improvement
- Experienced staff familiar with crisis work

### ***Internal Weaknesses***

- Difficulty hiring licensed and credentialed staff for diversion center.
- Funding
- 24/7 psychiatric access
- Staff transitions to diversion center program may create employment gaps in existing Center programs
- CCBHC resource strategy

### ***External Opportunities***

- Homeless Navigation Days – for unsheltered individuals.
- Behavioral Health monthly meeting – SIM
- Future funding
- Community education on the new diversion center
- Partnering with stakeholders to provide crisis counseling
- Further strengthening community partners around the diversion center
- Remote technology

### ***External Threats***

- Sustainability
- Higher than anticipated demand
- Definition of diversion center and services provided

# PermiaCare SWOT

SWOT written and submitted by PermiaCare

**Objective:** PermiaCare has worked diligently the last couple of years to collaborate with the Midland County Hospital District (Midland Health) and the Ector County Hospital District (Medical Center Hospital) to support the development and operation of the new Permian Basin Behavioral Health Center (PBBHC). The PBBHC is a 200-bed hospital district formed jointly by the hospital districts of Midland Health and Medical Center Hospital to service the behavioral health needs of the Permian Basin. The PBBHC will provide 23-hour observation, psychiatric inpatient, partial hospitalization, and intensive outpatient services to children, adolescents, and adults with IDD, geriatric, civil adult, and forensic adult populations. PermiaCare will provide crisis assessments, continuity of care, discharge planning, care coordination, and other outpatient services on the campus of the PBBHC. Leadership of the PBBHC and PermiaCare will work to integrate the two agencies into one system of care.

## ***Internal Strengths***

- Two clinics operating well covering 700 square miles each in Midland/Odessa.
- Bridges 1115 Wavier Clinic moving to a new, modern, hospital location.
- Access and integration between BH and primary care is strong.
- Good Relationships with Law Enforcement.
- Familiarity with competency restoration through JBCR programs operating effectively in our local jails.
- Cooperative relationships with ISDs that allow services in the schools.
- History of demonstrated financial discipline.
- Long-standing local community partnerships.
- Experienced behavioral health leadership team.
- State-wide partnerships with other Community Centers, the Texas Council of Community Centers, and Texas HHS.

## ***Internal Weaknesses***

- Uncertainty about the ability for clients to attend services at a location 10 miles between Midland and Odessa.



- Increase in local workforce by 500 healthcare workers in communities with low unemployment.
- Increase in demand for nurses, bachelor level mental health workers, and all forms of licensed mental health professional in communities with healthcare professional shortages.
- High cost of living and local housing market due stemming from the strong local economy which makes recruitment from outside the area a challenge.
- Increased demand for physician and nurse time.
- Small core administration to impact project and maintain current operations.

### ***External Opportunities***

- Collaboration with Texas Child Health Access Through Telemedicine to improve services for adolescents.
- New and modern clinic site on the campus of a hospital that is part of the main-stream local hospital systems further de-stigmatizing receiving services at a MH/IDD Center
- PBBHC service location is easy to find and highly publicized.
- Increased network presence
- Integrated collaboration with the PBBHC to perform strong continuity of care for clients involved in both systems of care.
- Improved ability to know the demand for behavioral health services in other healthcare systems due to co-location and integration.
- Efficient service delivery through improved coordination between the behavioral healthcare systems.
- Increased education and awareness in the community about behavioral health and intellectual and developmental disabilities.
- Technology enhancement.
- New levels of care for individuals with mental illness or IDD.
- Expanded access to inpatient care for all populations and ages of individuals with mental illness.

### ***External Threats***

- Uncertain how the PBBHC will be funded.

- Uncertain how much of PermiaCare operational funding will be needed in various service areas at the PBBHC.
- Potential to expand the demand for services beyond the current funded capacity of PermiaCare given the co-location and collaborative interaction.
- Increase in competition for the healthcare workforce of PermiaCare.
- Determining the timing of implementation of the PBBHC and ensuring proper preparations have occurred.

## StarCare Specialty Health System SWOT

SWOT written and submitted by StarCare Specialty Health System

**Objective:** Expand Diversion Service opportunities focusing on county collaboration to fill “gaps” in the local service array, especially expansion of jail, ER, and inpatient diversion services.

### ***Internal Strengths***

- 12 year history of diversion – EOU, co-responder, JBCR, OCR
- Senior managers in Behavioral Health are licensed
- Stand-alone diversion grants from city and county
- Strong local support from govt and stakeholders
- Have 30 bed Inpatient hospital – about to be 60 bed facility
- Full continuum of care
- Child Psychiatry Access Network/Community Psychiatric Workforce Expansion
- Relationship with sheriff office, jail provider for all Mental Health

### ***Internal Weaknesses***

- Funding
- Ongoing workforce shortage
- Retention of staff

### ***External Opportunities***

- Expand relationship with Texas Tech residency- afterhours and on weekends.

- Learning Collab for Diversion and
- Covenant- potential partnerships for youth services
- SIM update for adult; new Youth SIM
- Electronic Health Record – Augmented Intelligence Technology- StarCare
- Query data base/audit- to improve review speed and identify area that need attention.
- MCOs- rate review/billable service- value added service
- Funding

***External Threats***

- Expiration of operational grants- Feb/March 2024
- Funding
- Lack of inpatient detox, risk, have to travel
- MCOs Low claims payment rate

# Appendix D. All Texas Access NTSH Regional Group SWOTS

HHSC met with the NTSH Regional Group LMHAs and LBHAs to explore strategic collaborations in their community by conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SWOT is a strategic planning tool that identifies current and potential collaborations, explores the internal and external factors that impact success, and determines areas of focus for an organization.

## Center for Life Resources SWOT

SWOT written and submitted by [Center for Life Resources can be found under Appendix B.](#)

## Helen Farabee SWOT

SWOT written and submitted by Helen Farabee.

**Objective:** Our main collaboration is with Wichita Falls Police and Fire Departments to launch a multidisciplinary response team. The main objective is to provide a comprehensive response to behavioral health-related calls received through the 911 call center. This level of response can reduce officer time involved in Behavioral Health – related cases, reduce emergency department utilization, and will help with engagement and follow-up efforts.

### **Internal Strengths**

- Continual community outreach
- Existing collaborations with Law Enforcement when developing Multi-Disciplinary Response Team (MDRT)
- Jail In Reach Learning Collaboration- expanding in other counties.
- Partnership with American Medical Response for medical clearance and crisis response
- Contracts with private hospitals
- Existing training programs for MHFA, ASSIST

- Readiness to work with all community partners

### ***Internal Weaknesses***

- Lack competitive pay
- Staffing shortage
- Staff location
- Appointment changes
- Large service area – focusing on one county for development of MDRT.

### ***External Opportunities***

- Training and education to community partners
- Education to ISDs
- Establish care coordination agreements with community partners.
- Funding
- Expansion of services
- Data system
- Grant opportunity

### ***External Threats***

- Funding
- Sustainability
- Billing rates
- Stigma
- Understanding of mental health system and services

## **Pecan Valley Centers SWOT**

SWOT written and submitted by Pecan Valley Centers

**Objective:** The objective of our strategic collaboration is to sustain the previously TJJD Grant funded mental health services with our local Juvenile Probation Offices that allowed us to hire staff to promote, develop, and sustain mental health services to the juveniles on probation in our community. This entails securing

funding through interlocal agreements with the Juvenile Probation Offices and respective counties. We aim to increase access to services and opportunities such as Trauma Informed Care Training, education on youth with dual diagnosis, and training in Mental Health First Aid, Ask About Suicide, and Coordinated Anxiety Learning and Management for stakeholders.

#### Internal Strengths

- Successful program and collaboration with Parker & Hood Counties Juvenile Probation.
- Services continued once grant ended.
- Developed strong stakeholder support and partnerships with Juvenile Probation and schools
- Team meetings at Juvenile Probation Departments
- Staff leadership experience with program to ensure

#### Internal Weaknesses

- Funding – dedicated, long term
- Staffing (QMHPs, Licensed Practitioners of the Healing Arts, and providers) – as grows and expands

#### External Opportunities

- Trauma Informed
- Training for community
- Partners
- Connection and support to Juvenile Probation Department from Pecan Valley through regular staffing meetings at Juvenile Probation Department.
- Program Success could lead to future funding opportunities.
- Educate on youth dual diagnosis
- Training in MHFA, Ask About Suicide, and Coordinated Anxiety Learning and Management for community stakeholders
- Collaborate with external providers
- Parent support groups

## External Threats

- Funding interruptions
- Staffing for county juvenile probation department and Pecan Valley
- External staffing – turnover of key leadership positions can negatively affect community program buy in
- Another pandemic
- Competition with other Medicaid providers

## Texas Panhandle Centers SWOT

SWOT written and submitted by Texas Panhandle Centers (TPC)

**Objective:** Strategic collaboration with regional Rural Health Clinics to improve wellness in the Texas Panhandle Centers service area.

### ***Internal Strengths***

- Relationship with Regence Healthcare
- History of FQHC and medical provider collaboration
- Experienced staff
- Reliable technology
- MOUs with healthcare
- Recent SIM
- Policies and procedures for CCBHC
- Conducted an initial meeting with an RHC located in Panhandle, Claude, and Bushland, TX.
- Established a two-way referral process for individuals

### ***Internal Weaknesses***

- Staffing challenges- for both licensed and QMHPs
- Policies for rural health clinics
- Need transportation resources for individuals who reside in frontier areas and lack a vehicle

- Maintaining adequate supervision
- No final decisions regarding scope of practice and cost per individual have been made

### ***External Opportunities***

- Exploring relationship with local hospital and health clinics – have existing MOUs
- Mobile clinic use
- Relationship further developing Behavioral Advisory Team
- Potential grant opportunities
- May present an opportunity for referrals of individuals with an unmet behavioral health need to TPC from the RHC
- Opportunity to address primary care concerns identified in most recent Community Needs Assessment

### ***External Threats***

- Funding and sustainability
- Addressing the possibility of a partner hiring the Integrated Care TPC staff away from TPC (has happened three times before)
- Initial efforts are currently on-hold



# Appendix E. All Texas Access RGSC Group SWOTS

HHSC met with the RGSC Regional Group LMHAs and LBHAs to explore strategic collaborations in their community by conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SWOT is a strategic planning tool that identifies current and potential collaborations, explores the internal and external factors that impact success, and determines areas of focus for an organization.

## Border Region Behavioral Health Center SWOT

SWOT written and submitted by Border Region Behavioral Health Center

**Objective:** The objective of the collaboration is to reach out to as many partners as possible to increase community awareness of Border Region's services. This also provides additional services to clients that Border Region may not be reaching. This strategic collaboration strengthens CCBHC partnerships as well.

### ***Internal Strengths***

- Strong existing relationships with all school districts
  - ▶ This continues by providing presentations as requested for staff development, parent meetings, career fair days, special events with special topics, as requested.
  - ▶ During our Children's Mental Health Awareness Day, we are involving the cheerleading dance team from both local school districts to be a part of the event by performing in our fair; school bands are also invited.
- Staff are trauma informed.
  - ▶ All Border Region Behavioral Health Center staff are required to take the Relias course certification – An Introduction to Trauma Informed Care.
  - ▶ Any learning opportunity related to Trauma Informed Care and Approaches – staff enrolls.
- Positive referral relationship

- ▶ Good partnerships with the two local school districts for referrals; on-going referrals from Pediatricians in our local community; feel comfortable to contact CAPS for emergent referrals from both school districts and local pediatricians. Established relationships with SCAN and PILLAR continue.
- Community Resource Coordination Group relationship with stakeholders
  - ▶ Active monthly Community Resource Coordination Group meetings including multiple community stakeholders Staff able to provide education to schools, alternative school, juvenile justice system, parents, faculty, students on mental health subject and services.
  - ▶ All staff are prepared to provide any presentations relating to any mental health subject, staff development, education to parents, legal system, all available in their preferred language.
- Licensed clinical staff support and delivery of crisis services.
- Staff retention of experienced LPCAs.
  - ▶ As part of retention efforts, contract services with Licensed Professional Counselor Supervisor to offer clinical supervision to Licensed Professional Counselor Associate at no cost to them.
- Co-location with Youth Village
  - ▶ Border Region BHC children's program continues to have a jail diversion staff co-located at the youth village, with backup staff, as needed.
- Structured training rollout and check-ins
- Supportive board of directors, county/city officials
- Crisis Stabilization Unit (Casa Amistad) located in Laredo
- Data collection
- Collaboration with other agencies: Blue Bonnet Trails, Camino Real for Crisis Respite
- Collaboration with Tarry Town Pharmacy for IDD Medications for HCS Homes
- Collaboration with private providers for IDD services. Ahora Y Siempre, Paso a Paso, D & S, Happy Families, Forever Growing Institute for Day Habilitation Services
- Strong Community Health Worker Department. Provides education to the homeless and those individuals with substance use. Educate on the use of Narcan and have saved lives.

- Strong YES Waiver Department; many success stories
- Collaboration with Universities such as The University of Texas Rio Grande Valley School of Medicine and Social Work, Incarnate Word, Texas A&M International University School of Nursing, Laredo College School of Nursing, Our Lady of the Lake University Social Work, University of Texas Arlington Social work
- South Texas Traveling Health Team (H.B. 13) community outreach – clients served at Roma Public Library, Area Health Education Center, Alvarez Nutrition Center, Operation Border Health, Saenz Community Center, La Casita Cenizo Center, Methodist Healthcare Ministries, Colonias Unidas, San Ignacio Community Center, Zapata County Public Library, Texas A&M AgriLife Extension, and Zapata County Chamber of Commerce.
- Collaboration with Clinical Providers; Laredo Counseling Services and Dr. Pina for DID and B-support plans, Texas Nutritional Services, Walk and Talk Rehab Services, Laredo West Nursing & Transitional Care, Laredo Nursing and Rehab Center
- Meridian Care of Hebbronville
- Rio Grande City Nursing and Rehab Center, Starr County Nursing and Transitional Care, Regent Care and Las Alturas Nursing Center, Texas Rehab Commission, Texas Workforce, TDPS, Disability Rights of Texas
- Licensed staff recruitment
  - ▶ Border Region Behavioral Health Center contracted with a Licensed Professional Counselor Supervisor Judith Jordan to provide clinical supervision hours to Licensed Professional Counselor Associates in efforts to recruit and retain from within.
  - ▶ One Licensed Professional Counselor Associate April 2024 is now fully licensed.
  - ▶ We have contracted with a Licensed Professional Counselor to assist in completing our crisis authorizations and diagnosis requirement to complete a crisis Adult Needs and Strengths Assessment and Child and Adolescent Needs and Strengths.
  - ▶ Second Licensed Professional Counselor Associate completed requirements to be fully licensed at the end of April 2024.

***Internal Weaknesses***

- Licensed staff recruitment
- Degree recruitment in rural areas (QMHPs)
- Most recently, recruitment in most departments is difficult. We are competing for staff with hospitals, state agencies, school districts, and fast-food businesses.
- Competitive Salaries
- Crisis stabilization for youth
- Funding for opportunities
- Lack of clinical providers in the outlying counties
- Only three hospitals in the four-county area
- No children's or adults' psychiatric hospital in our four counties.
- New Electronic Health Record system

### ***External Opportunities***

- Community education
- Promotion of programs such as YES Waiver, etc.
- Education during after school programs for students and parents
- Potential funding
- Build relationships with law enforcement. We continue to provide training to all new cadets for the Laredo Police Academy. We have also conducted Crisis Training as part of the Rural Crisis Response and Diversion to help officers to recognize signs and symptoms of mental illness, intellectual and developmental disabilities, substance use and co-occurring mental illness, as well as crisis intervention and de-escalation techniques.
- County partnership expansion
- Collaboration with community providers for Children Adolescent and Parents consumers
- Continuous staff development
- Community events and partnerships with city and county to promote. We continue to participate in community events and coalitions within all our communities.
- Education opportunities at Mental Health coalitions

- Have applied for several grants; (crisis intervention, SMART Crisis team)
- Was awarded the YCOT grant. This is in implementation.
- Was awarded the transportation grant.
- Was awarded the Live Well Texas: Salud Sin Fronteras grant.

### ***External Threats***

- Resources in community
- Competitive hiring
- Funding
- Timelines for program startup and hiring staff.
- Availability of location and space for program
  - ▶ Space for YES Waiver Program; visit two possible sites for relocation; one site did not meet our needs-building (too big); second site we are in the process of revisiting and negotiating square footage price.
  - ▶ Also looking to expand one of the ABHU wings to open walls and create a larger waiting area for individuals waiting to see the psychiatrist/NP, or their Primary Care Provider.
- Natural disasters, pandemic, or surge in COVID
- Community perception of Border services

## **Coastal Plains Community Center SWOT**

SWOT written and submitted by Coastal Plains Community Center

***Objective:*** Improve overall access to care.

### ***Internal Strengths***

- Strong relationship with law enforcement, hospital
- County judge board member support
- Crisis flow chart and well-defined processes.
- Experienced crisis staff and MCOT.
- Established jail diversion policies.

- Strong data to support need.
- Completed SIM in San Patricio

### ***Internal Weaknesses***

- Funding
- Workforce shortage for QMHP and Licensed Practitioners of the Healing Arts

### ***External Opportunities***

- Location to house MHDs
- Potential funding
- Chief of Police support
- Education and training for interested stakeholders including MHFA.
- Bring community resources to one location.
- Community Outreach
- Develop a more extensive community network for basic needs.
- SIM in Jim Wells County

### ***External Weaknesses***

- Sustainability
- Staff turnover in the community may challenge continuity of care for individuals.
- Stakeholder policies may not be in alignment with MH jail diversion policies.
- Law enforcement workforce shortages

## **Tropical Texas Behavioral Health SWOT**

SWOT written and submitted by Tropical Texas Behavioral Health

**Objective:** To improve access to community support services, to close gaps in resources needed to address mental health needs, and to reduce the individual and community impact of untreated mental illness.

### ***Internal Strengths***

- Highly supportive community partnerships (hospitals, law enforcement, educational systems, etc.). Current partners are Hidalgo County MH Coalition and Housing Authority
- Awareness of the needs of the area
- Quality of service provision
- Commission on Accreditation of Rehabilitation Facilities accreditation
- Strength in organizational leadership
- Viewed as leaders and a valuable resource, statewide
- SIM mapping
- Hiring and retention are improving

### ***Internal Weaknesses***

- Community Based Crisis Programs (psychiatric emergency center) funding uncertainty
- Continual increasing demand for services and capacity
- Decreasing number of staff at regulatory authorities with experience in relevant service operations
- Increased competition for qualified staff by other employers in the community
- Lack of community infrastructure for behavioral health services

### ***External Opportunities***

- Further cultivation of community partnerships for sustained support and on-going operation of behavioral health resources (Hidalgo Co. MH Coalition, Police Dept, City, Homeless Coalition, Housing Authority)
- Grant opportunities
- Landlord outreach
- Program development - Tenant education/skills training, employment
- Co-Location of PATH program staff in new Transitional Residential facility

### ***External Threats***

- Current regulatory requirements for clinicians to staff 24-hour crisis programs
- Border Issues and Poverty
- Investment of funds to develop service models that do not generalize well
- Mental health funding earmarked for entities other than the community mental health system



# **Appendix F. All Texas Access RSH Regional Group SWOTS**

HHSC met with the RSH Regional Group LMHAs and LBHAs to explore strategic collaborations in their community by conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SWOT is a strategic planning tool that identifies current and potential collaborations, explores the internal and external factors that impact success, and determines areas of focus for an organization.

## **Anderson Cherokee Community Enrichment Services SWOT**

SWOT written and submitted by Anderson Cherokee Community Enrichment Services (ACCESS)

*Objective:* To provide better access to consumers in remote locations in our catchment area.

### ***Internal Strengths***

- Good working relationship with ISD
- Good relationship with County Judge in Alto
- Have functional telemedicine system in place for children
- MD through East Texas Behavioral Health Network telemedicine
- Accepted by families and children in service area
- Cost effective
- New Electronic Health Record has flexibility for data/note entry
- Reduced no-show rate

### ***Internal Weaknesses***

- If offering other services in school besides telemedicine, may have staffing challenge with QMHP (non-medical)

### ***External Opportunities***

- Educating ISD on children's services
- Could lead to other service delivery

### ***External Threats***

- Some schools may not want treatment services on campus
- Connectivity
- Stigma if receiving other services besides telemedicine

## **Andrews Center SWOT**

SWOT written and submitted by Andrews Center

**Objective:** Strategic Collaboration between Andrews Center, local judicial systems, and county officials (all five counties) for diversion from jails, Emergency Departments, and State Hospital settings.

### ***Internal Strengths***

- CEO knowledge of collaborating and networking
- Dedicated staff for SIM coordination to work across intercepts.
- Relationships with local colleges and regional healthcare - intern and resident programs
- Staffing and retention
- Experienced staff
- Community engagement and education

### ***Internal Weaknesses***

- Exceeding provision of services for adults and children.
- Focused departments and communication structure
- Funding
- Grant sustainability
- Unique or inclusive data capturing for all stakeholders.

- Limited resources
- Knowledge of quality assurance, compliance, finance for new staff

### ***External Opportunities***

- Education and cross training on crisis services to community partners
- Establish new and enhance existing relationships
- Technology advancements
- Funding
- Strengthen partnerships with local universities, local governments, and hospital systems
- Increase communication and marketing to the community.

### ***External Threats***

- Cost of living and salary conditions
- Funding and match
- Sustainability
- Workload
- Natural disasters
- Pandemic
- Perception of mental health services in the area

## **Burke SWOT**

SWOT written and submitted by Burke

**Objective:** The purpose of this strategic collaboration is to improve continuity of care with outside providers in relation to crisis services and child, youth, and adolescent services, reduce unnecessary hospitalizations and emergency department utilization, and enhance relationships with many of our local organizations.

### ***Internal Strengths***

- History of strong collaboration with hospitals

- Quarterly meetings to address needs.
- Subject matter expertise - have psychiatric emergency services center - coordination with hospitals.
- Training

### ***Internal Weaknesses***

- Staffing with licensed staff and QMHPs- in Angelina and southern counties
- Sustainability
- Community match

### ***External Opportunities***

- Community Crisis Collaboration with stakeholders
- Education and training for hospital and community stakeholders- law enforcement
- Customizable grant local service area
- Physical presence

### ***External Threats***

- Lack of placement
- Funding and sustainability
- Stigma
- Programs with higher funding in competition with established, lesser funded opportunities

## **Community Healthcore SWOT**

SWOT written and submitted by Community Healthcore

**Objective:** Our biggest objective at this time is standing up the Regional Crisis Stabilization Unit that has been on “stand-down” this past year due to workforce.

### ***Internal Strengths***

- Providing services for individuals receiving care through multiple stakeholders

- Strong relationships with local stakeholders
- Wide variety of services- physical, substance use, mental health, housing
- 60+ contracts for services
- Regional crisis center- back in Nov. Looking to be licensed for CSU.
- Primary Care addition; behavioral health led integration
- Better outcomes and opportunity to reduce stigma and behavioral health

### ***Internal Weaknesses***

- Data
- Staffing - QMHP, Licensed Practitioners of the Healing Arts, Registered Nurses
- Retention- Competition with FQHC
- Funding for primary care integration
- Branding as primary care
- Expansion workforce
- Electronic health record capability for what is allowed per various grants.

### ***External Opportunities***

- Became a 501-C3.
- Has funding; gets SAMHSA.
- Data
- See protected health information among agencies through waivers.
- Develop electronic health record
- Expand access to other counties – Texarkana site.
- Education for community on resources
- Promote prevention, primary care, and behavioral health

### ***External Threats***

- Workforce
- Inflation

- Defining services in the community
- Stigma

## Spindletop Center SWOT

SWOT written and submitted by Spindletop Center

**Objective:** The goal of our collaboration in Jasper County is to increase awareness of and access to mental health screening, assessment and services for the residents living in that community.

### ***Internal Strengths***

- Existing strong collaborations
- Momentum of partnership
- Meet needs of the community with staffing (Advanced Practice Registered Nurses and Psychiatrist)
- Business Development Dept. for education purposes

### ***Internal Weaknesses***

- Knowledge of policies for new staff
- Competing priorities and large center
- Staffing of the location due to growth
- Knowledge of the new community

### ***External Opportunities***

- Technology
- Enhance relationships.
- Funding
- Training and education for community partners
- Community outreach

### ***External Threats***

- Broadband and cybersecurity

- Shared information technology and data sharing
- Potential loss of location
- Sustainability
- Funding and match requirements
- Competitive staffing opportunities

## Tri-County Behavioral Healthcare SWOT

SWOT Written and Submitted by Tri-County Behavioral Healthcare

**Objective:** Tri-County Behavioral Healthcare has been participating in strategic collaboration with community agencies in our service area to improve access to care and remove as many barriers as possible through mutual understanding and accessing of known resources. This includes understanding gaps in local resources and how to navigate those situations most efficiently and effectively.

### ***Internal Strengths***

- Strong relationships with schools and law enforcement
- Growing collaborations (i.e., crisis, veterans)
- MOUs with schools
- Strengthened collaborations and continuity of care between crisis and school services.
- Strong administrative team with experience
- Fiscally responsible
- Growth-focused
- 40 years of operations

### ***Internal Weaknesses***

- Staffing- retention and turnover (QMHP and support staff)
- Salary limitations
- Bandwidth is not affordable in many of our service areas
- Ability to secure match or funding may not support vision

### ***External Opportunities***

- Outreach
- Training/Recruitment
- Community collaboration meeting
- Education and awareness for the community
- Using technology to meet unmet needs
- New facilities being planned in rural areas

### ***External Threats***

- Funding and sustainability
- High population growth
- Transportation – distance and traffic lead to less efficiency with visits
- Disasters (environmental and man-made)
- Rapid pace and frequency of change
- Loss of historical knowledge over time
- Loss of funding sources puts working programs at risk



## **Appendix G. All Texas Access SASH Regional Group SWOTS**

HHSC team met with the SASH Regional Group LMHAs and LBHAs to explore strategic collaborations in their community by conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SWOT is a strategic planning tool that identifies current and potential collaborations, explores the internal and external factors that impact success, and determines areas of focus for an organization.

### **Bluebonnet Trails Community Services SWOT**

SWOT written and submitted by [Bluebonnet Trails Community Services can be found under Appendix B.](#)

### **Camino Real Community Services SWOT**

SWOT written and submitted by Camino Real Community Services

**Objective:** The objective of the strategic collaboration is to divert rurally located, Frio County residents with mental health or substance use issues enrolled in Camino Real Community Services.

#### ***Internal Strengths***

- A staff member will attend court dates as needed to remain an active part of the ongoing collaborative relationship with the criminal justice sector for the preventive and relapse prevention of behavioral health conditions in the Frio County rural population. Trained professionals will meet with the inmates in a group setting for evidence-based psychoeducation weekly (e.g., Cognitive Behavioral Therapy, Motivational Enhancement Therapy, or Dialectical Behavioral Therapy). For those that are reintegrated into the community, probated, and post-jail release, services are available but not limited to psychiatry, case management, outpatient therapy, and peer support to attend to their ongoing dual recovery.
- The staff member attending court has continued to provide the support and guidance for the referral process to treat adult males and females who can benefit from psychiatric medications or other therapeutic needs. Trained staff

provides the interdisciplinary care necessary to stabilize patients acutely, short, or long-term. Provide in-person, hybrid, telehealth, and secure video conferencing to provide services as it best meets the rural patient because of distance or transport barriers.

- The ability to hire more staff for more intensive services (e.g., additional medical, additional group therapy, additional single sessions, additional case managers, ability to hire transporters to increase patient contact sessions).
- The jail group was canceled by the jail staff.
- Long standing relationships with the community FQHCs, Outreach, Screening, Assessment, and Referral, Texas Workforce Commission, Local ERs, Law Enforcement Agencies, and etc.
- Available office space in Frio County (Pearsall and Dilley Texas)
- Involvement of community stakeholders
- Transportation for Behavioral Health services offered in the community.
- Proximity of clinics (Pearsall, Dilley, Cotulla)

### ***Internal Weaknesses***

- There is limited staff in a rural community.
- Staff with high turnover or burnout.
- Workforce Shortages
- Credentialing gaps for QMHPs, licensed chemical dependency counselors, licensed professional counselors, registered nurses, licensed vocational nurses, and MDs
- Lack of community awareness of LMHA services
- High Caseloads
- Staff wear multiple hats.
- Distance to psychiatric and medical hospitals
- Large rural service area
- Shortage of Substance Use Disorder resources i.e., Detox, and Residential Treatment, and sober living Facilities

### ***External Opportunities***

- Enhance relationship with judicial system networks.
- Process for referrals during courts
- Resource growth
- Funding or grants opportunity
- Prevention activity and community involvement
- Opportunity to establish a satellite office in Cotulla, Texas.
- Marketing Improvements
- Healthcare Outcomes
- Community savings / return of investment

### ***External Threats***

- Negative perceptions of behavioral health care services and existing stigma
- Limited Funding to retain programming and personnel.
- Limited-Service Space
- Consumer engagement challenges
- Limited resources
- Law enforcement activity in community (bailouts)
- Competing governmental priorities on healthcare

## **Gulf Bend Center SWOT**

SWOT written and submitted by Gulf Bend Center

**Objective:** Continued collaboration with law enforcement and community partners to provide diversion and continuity of care. Continued expansion of Bend the Trend. Increasing treatment options for children or teens to address crisis situations. Discussion of developing a children’s respite facility.

### ***Internal Strengths***

- Demonstrated need for youth.
- Support from regional collaborative with representation from all seven counties (meets quarterly)

- Working with Victoria school district on early intervention (Bend the Trend) with plans for expansion.
- Receive care closer to home.
- Expertise

***Internal Weaknesses***

- Match requirement
- Hiring

***External Opportunities***

- Victoria County hospital
- Development of a children’s respite facility
- Parent involvement (Victoria ISD)
- State funding available
- Training
- Collaboration with law enforcement and jails

***External Threats***

- Smaller schools and educational service centers are less involved.
- Location – needs to be in commercial area
- Long-term funding/sustainability

**Hill Country MHDD Centers SWOT**

SWOT written and submitted by Hill Country MHDD Centers

***Objective:*** To enhance a strong Mental Health Collaboration in Llano and Blanco Counties as exemplified by regular stakeholders meeting, participation, and communication.

***Internal Strengths***

- New focus on relationship building/ community engagement.
- Knowledgeable community leadership.

- Solution focused approach.
- Change in local clinic leadership (e.g., full-time Director, staff, realigned geographic supervision and coverage).
- Restructured Crisis response and coverage in area.
- Collaboration with community paramedic in Blanco County.
- Collaboration with Llano MHD.

### ***Internal Weaknesses***

- Historical tension in the community related to mental health processes.
- Lack of interagency communication infrastructure.
- Lack of interagency understanding of scope and limitations.
- Lack of sufficient resources (e.g., staff, affordable housing, counseling, health care, SUD, etc.).
- Difficulty recruiting staff in rural communities.
- Lack of transportation.
- Lack of community MH awareness and existing community resources (e.g., clinic availability)

### ***External Opportunities***

- Opening of Community Resource Center location in Kingsland (2025).
- Increased staffing at Blanco Community Resource Center to ensure someone is present each day of the week.
- Partnering with Community Paramedic program in Blanco County.
- Opportunity to do a joint tour of facilities with BTCS at varying levels of the care continuum to help inform local officials on what will best fit local needs.
- Partnership with the HHSC to complete a Needs Assessment for Llano and Blanco Counties.
- Active and collaborative partnership with the regional public defender's office.
- MHD with the Llano Sheriff's office who is an excellent advocate.
- Mental Health Grant for Justice-Involved Individuals funds to place a QMHP and a peer specialist in the Llano and Blanco County jails

- Mental Health Grant for Justice-Involved Individuals funds to embed a QMHP in the regional public defender's office for Llano, Blanco, and Burnet Counties (partnership with BTCS)
- Community Mental Health Grant (H.B. 13) application to expand Canyon Lake program to include a co- responder program in Blanco County
- Monthly problem-solving meetings with Blanco County EMS
- Improved joint operations with Llano County Sheriff's Office (e.g., crisis response and safety)
- SUD Grant
- Future community paramedic in Llano to provide medical clearance.

### ***External Threats***

- Potential for grants to not be awarded.
- Misunderstanding of organizations roles within the catchment area has contributed to trust and relationship and safety issues.
- Traditional lack of resources in our rural areas have contributed significantly.
- Lack of mental health provider services impacts the health and safety of the communities (e.g., increased suicides, health costs, stigma, etc.).

# Appendix H. All Texas Access TSH Regional Group SWOTS

HHSC team met with the TSH Regional Group LMHAs and LBHAs to explore strategic collaborations in their community by conducting Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SWOT is a strategic planning tool that identifies current and potential collaborations, explores the internal and external factors that impact success, and determines areas of focus for an organization.

## Lakes Regional MHMR Center SWOT

SWOT written and submitted by Lakes Regional MHMR Center

**Objective:** Lakes Regional will collaborate with community partners to address the increase in crisis episodes within the child and adolescent population.

### ***Internal Strengths***

- Strong MCOT team
- Positive relationships within school districts
- Participate at in-service for counselors with child, youth and MCOT
- History of using telehealth and technology; good infrastructure

### ***Internal Weaknesses***

- Applicant pool not large
- Continuity of care with both internal and external stakeholders
- Specialized training for YCOT
- Family partner position

### ***External Opportunities***

- Increasing partnerships with local ISDs (46 in the 7 counties)
- Education and training within the schools
- Potential Funding

- Suicide prevention training/early intervention
- Continuity of care

***External Threats***

- Funding and Sustainability
- Stigma around children’s mental health

## **North Texas Behavioral Health Authority SWOT**

SWOT written and submitted by North Texas Behavioral Health Authority

**Objective:** The objective of our collaborative is to leverage an engaged community to create a drop off center and other resources which address mental health, SUD, and homelessness issues in Hunt County.

***Internal Strengths***

- Cohesive staffing
- Recent SIM Mapping
- Active community aware of mental health and SUD issues
- Population growth
- Involvement with Behavioral Health Leadership Team and Homelessness Coalition
- Recent training and subject matter experts for law enforcement issues
- Remote Screenings

***Internal Weaknesses***

- Staffing for Contractor Infrastructure
- No NTBHA storefront
- Transportation
- Funding

***External Opportunities***



- Telehealth
- Solutions for individuals with housing challenges
- Law Enforcement in Hunt County
- Greater connection with FQHCs and physical health infrastructure
- Drop off center.
- Colocation with existing Medication Assisted Treatment provider
- Track record of rallying to address homelessness and behavioral health issues

### ***External Threats***

- Population Growth in eastern half of the county
- Insufficient awareness of NTBHA services
- Distance from many Behavioral Health services
- Lack of emergency shelter and other crisis services beyond the community hospitals
- Transportation
- Funding

## **Texoma Community Center SWOT**

SWOT written and submitted by Texoma Community Center

**Objective:** TCC has partnered with Sherman Police Department to develop a Co-Responder Crisis Response Program. TCC’s Qualified Mental Health Professionals are dispatching with local law enforcement officers and responding to community members who are experiencing a behavioral health crisis, to develop a continuum of care aimed to reduce harm and divert people from the justice system and emergency health departments.

### ***Internal Strengths***

- Well-trained, experienced leadership for the program.
- Strong collaboration with the police department.

- Existing MOUs and contracts with community partners include, but are not limited to local psychiatric hospitals, ERs, schools, community resource agencies, etc.
- Experienced MCOT, with documented skill responding to law enforcement related calls in the community.
- TCC has well-defined crisis policies and procedures that define processes for triaging responses, timeline of response, and specific co-responder procedures are in the operational stage.

### ***Internal Weaknesses***

- Due to our rural service area, adequate applicant pool to expand our current crisis response team is a challenge.
- Things to avoid – assuming a problem cannot be solved before trying. Instead, use creative problem solving to approach each challenge.
- Previous inadequate funding.
- Finding ways to compensate for low salaries, due to small rural center.
- Serving a wide geographical area with a relatively small MCOT team, due to rural area.
- Small Data and IT Department with limited personnel, results in delays in resolving technical problems or data needs.

### ***External Opportunities***

- Rapidly expanding population growth which will expand community tax base, will hopefully provide additional funding resources.
- App that allows sharing of information in HIPAA compliant format with law enforcement agencies.
- Potential for expanding existing collaborations with local law enforcement departments.
- Increase education opportunities for external parties and stakeholders.

### ***External Threats***

- Rapidly expanding population growth that will also present a challenge.

- Lack of clear understanding of the role and limitations of the Local Mental Health Authority.
- Natural disasters – There are assumed threats of potential natural disasters, although the agency has a strong history and experience with responding, adapting, and overcoming those threats.
- Existing distrust and stigma related to interactions with law enforcement from community members.
- Barriers occur with hiring potential peer support specialists due to convictions prohibited offenses barring employment

# Appendix I. Statewide Bed Capacity Estimates

In Texas, availability of both inpatient and outpatient beds varies from one region to the next. Bed needs shift due to factors such as:

- Loss of funding;
- Population growth;
- Local, state, or national crises; and
- Rising costs of care, including daily rates for private psychiatric hospitals.

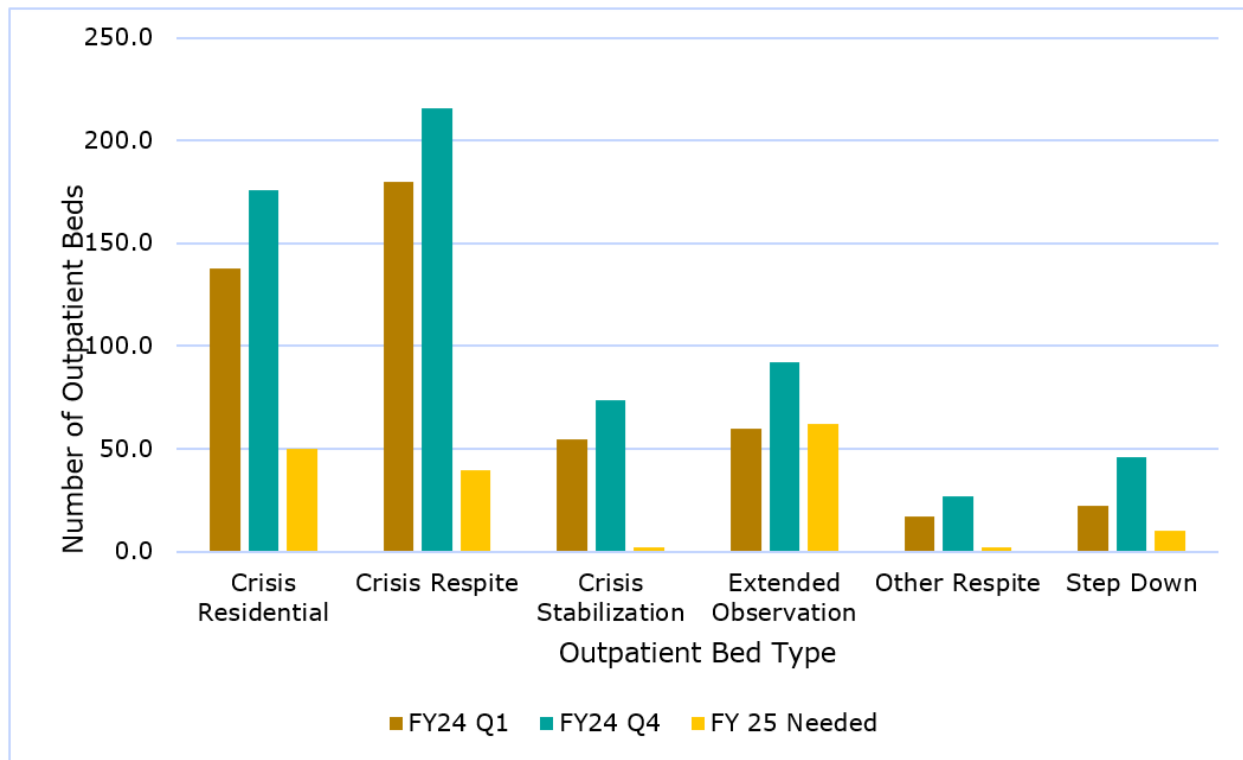
## Outpatient Beds

Rural LMHAs and LBHAs were asked how many beds they have of each type at the beginning of the fiscal year, how many beds were projected by the end of the fiscal year, and how many may be needed in the next fiscal year. The All Texas Access regions vary regarding how many outpatient beds are available to serve the population in their area.

**Table 15. All Texas Access FY24 Outpatient Bed Capacity**

Facility Type	FY24 Q1 Number of Beds	FY24 Q4 Number of Beds	FY 25 Additional Number of Beds Needed
Crisis Residential	138.0	176.0	50.0
Crisis Respite	179.9	215.9	39.4
Crisis Stabilization	54.9	73.9	2.0
Extended Observation	60.0	92.0	62.0
Other Respite	17.0	27.0	2.0
Step Down	22.0	46.0	10.0

**Figure 29. All Texas Access Rural Outpatient Bed Capacity**



**Table 16. All Texas Access FY24 Q1 Regional Group Rural Outpatient Bed Capacity**

Type of Placement	ASH Regional Group	BSSH Regional Group	NTSH Regional Group	RGSC Regional Group	RSH Regional Group	SASH Regional Group	TSH Regional Group
Crisis Residential	26.0	18.0	0.0	0.0	46.0	32.0	16.0
Crisis Respite	59.6	30.0	46.0	9.0	3.0	8.3	24.0
Crisis Stabilization	0.0	9.9	0.0	10.0	19.0	16.0	0.0
Extended Observation	21.0	4.0	0.0	0.0	21.0	2.0	12.0
Other Respite	12.0	0.0	0.0	0.0	1.0	0.0	4.0
Step Down	12.8	0.0	6.0	0.0	0.0	3.2	0.0

**Table 17. All Texas Access FY24 Q4 Regional Group Rural Outpatient Bed Capacity**

Type of Placement	ASH Regional Group	BSSH Regional Group	NTSH Regional Group	RGSC Regional Group	RSH Regional Group	SASH Regional Group	TSH Regional Group
Crisis Residential	54.8	18.0	0.0	0.0	36.0	51.2	16.0
Crisis Respite	75.6	42.0	46.0	9.0	11.0	8.3	24.0
Crisis Stabilization	0.0	9.9	0.0	16.0	32.0	16.0	0.0
Extended Observation	31.4	9.0	0.0	0.0	20.0	19.6	12.0
Other Respite	12.0	0.0	0.0	0.0	1.0	0.0	14.0
Step Down	26.0	0.0	6.0	0.0	0.0	4.0	10.0

## Inpatient Beds

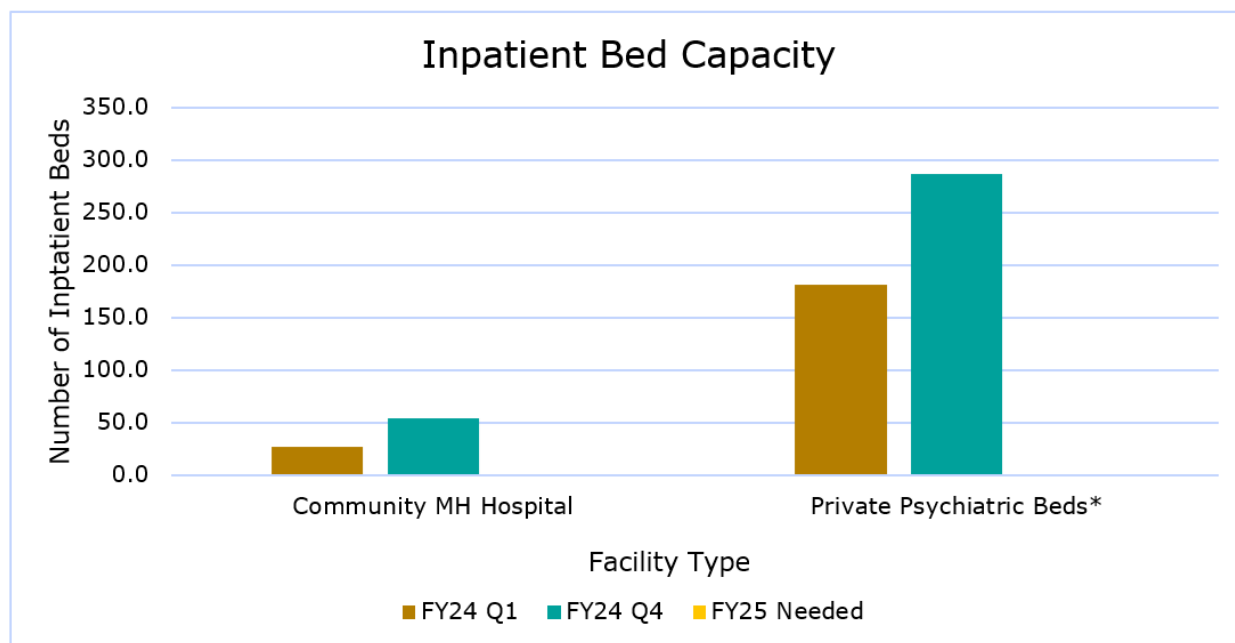
The All Texas Access regions vary regarding how many inpatient beds are available to serve the population in their area. This report looked at Private Psychiatric Beds and Community Mental Health Hospital Beds.

**Table 18. All Texas Access FY24 Rural Inpatient Bed Capacity**

Facility Type	FY24 Q1 Number of Beds	FY24 Q4 Number of Beds	FY25 Additional Number of Beds Needed
Community MH Hospital	27.0	54.0	0.0
Private Psychiatric Beds*	181.4	286.7	0.0

\* Private Psychiatric Beds are per FY24 contract.

**Figure 30. All Texas Access FY24 Rural Inpatient Bed Capacity**



\* Private Psychiatric Beds are per FY24 contract.

**Table 19. All Texas Access FY24 Q1 Regional Group Rural Inpatient Bed Capacity**

FY24 Q1 Bed Capacity	ASH Regional Group	BSSH Regional Group	NTSH Regional Group	RGSC Regional Group	RSH Regional Group	SASH Regional Group	TSH Regional Group
Community MH Hospital	0.0	27.0	0.0	0.0	0.0	0.0	0.0
Private Psychiatric Beds*	30.8	20.3	8.8	33.5	29.9	15.4	42.6

\* Private Psychiatric Beds are per FY24 contract.

**Table 20: All Texas Access FY24 Q4 Regional Group Rural Inpatient Bed Capacity**

FY24 Q4 Bed Capacity	ASH Regional Group	BSSH Regional Group	NTSH Regional Group	RGSC Regional Group	RSH Regional Group	SASH Regional Group	TSH Regional Group
Community MH Hospital	0.0	54.0	0.0	0.0	0.0	0.0	0.0
Private Psychiatric Beds	54.1	29.2	20.2	45.2	43.7	29.4	64.9

\* Private Psychiatric Beds are per FY24 contract.

# Appendix J. Data Methodology

## Disclaimer

The models presented in this report are built using real data reported to HHSC, and in instances when this data is not available, data previously published in federal or state reports or research papers. The models presented in this report are intended to capture large-scale shifts and are largely not dynamic. They may not capture the rising costs associated with doing business and may not be able to accurately portray cost specific to a local area.

## Breakout of LMHAs, LBHAs, and Counties for All Texas Access Metrics

The All Texas Access data for each LMHA or LBHA is assigned to its respective regional group. CFLR and BTCS participated in two different All Texas Access Regional Groups. The county-level data for these two LMHAs was assigned to an All Texas Access regional group based on how the counties within their local service area align with state hospital catchment areas.

## Exclusion Criteria

The following counties are excluded from data calculations, as they are served by an LMHA or LBHA which only serves an urban county: Bexar, Brazoria, Collin, Dallas,<sup>xxxvii</sup> Denton, El Paso, Galveston, Harris, Nueces, Tarrant, and Travis. An exception to this rule was made when calculating the transportation costs. Facilities operated by LMHAs and LBHAs serving these urban counties were not used when determining transportation costs; however, if people had an urban county of residence and accessed a mental health facility operated by a rural-serving LMHA or LBHA, they were included in the cost model. For the purpose of this report, rural refers to a county with a population of 250,000 or less.

The following counties have a population over 250,000 but are included in calculations since they fall into the local service area of an LMHA or LBHA that serves rural counties: Bell, Cameron, Fort Bend, Hidalgo, Jefferson, Lubbock, McLennan, Montgomery, Webb, and Williamson.



## Cost to Local Governments

All Texas Access required metric: costs to local governments of providing services to persons experiencing a mental health crisis. This [metric can be found in the body of the report](#) under All Texas Access Implementation – All Texas Access Four Metrics.

### Overview

The cost to local governments to provide services to people experiencing a mental health crisis was built using:

- The estimated cost for local governments to provide services to adults with serious mental illness (SMI) experiencing a mental health crisis in the ASH adult catchment area before the COVID-19 pandemic;
- The estimated cost for local government to provide services to youth experiencing serious emotional disturbance (SED) in the ASH adolescent catchment area before the COVID-19 pandemic;
- An estimated statewide per person cost to local government based on the two estimates above to provide services to a person experiencing a mental health crisis; and
- A regional estimated cost based on the number of adults with SMI (18+) or youth (9-17) with SED that are classified as below 200 Federal Poverty Level in each of the All Texas Access regional groups.

The costs referenced in this model do not include local government costs related to incarcerations, ER usage, or transportation to mental health facilities.

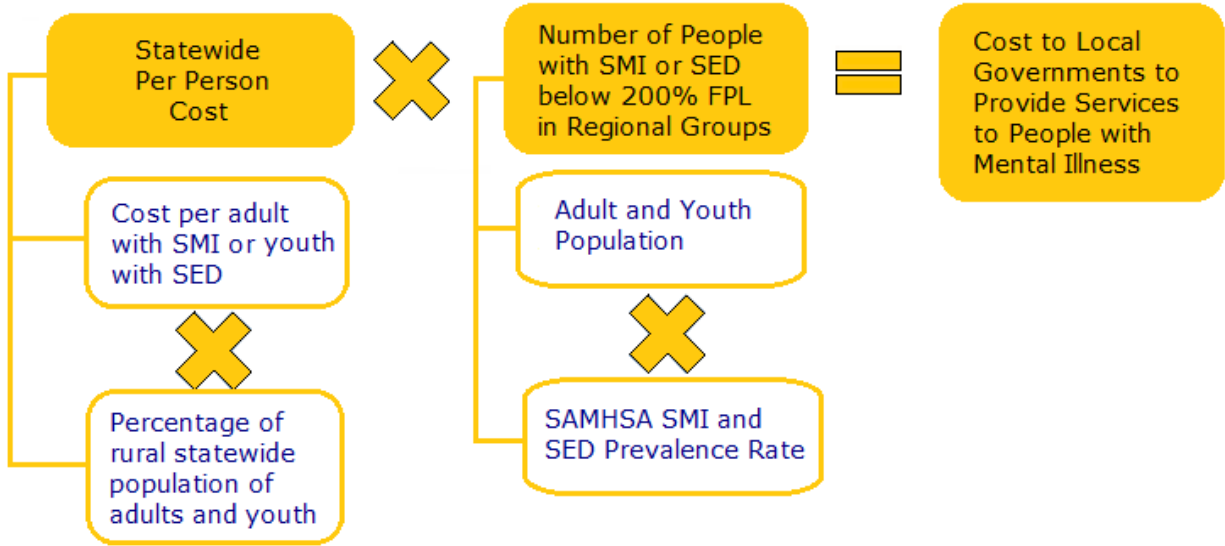
### Sources

In 2018, the Austin State Hospital Brain Health System Redesign report published by the University of Texas at Austin Dell Medical School provided an estimated cost to local governments within the ASH catchment area, including costs such as mental health courts, probation, law enforcement, and 911 calls for adults as well as adjudication, probation, and confinement costs for youth.<sup>xxxviii</sup> The population information is from the Texas Demographic Center and the 2020 Census.<sup>xxxix</sup>

# Methodology

The University of Texas at Austin Dell Medical School published the Austin State Hospital Brain Health System Redesign in 2018, which provided the cost to local governments to provide mental health services to people experiencing a mental health crisis. This cost was used to obtain a base cost for adults and youth in the ASH catchment area who are experiencing a mental health crisis. These regional base costs were used as the average cost to local governments for adults and youth experiencing a mental health crisis throughout the state. The weighted average cost was obtained by multiplying the base costs by the percentage of adults and youth in the estimated rural population for that year. This cost was multiplied by the number of people with SMI or SED in each of the All Texas Access regional groups. The number of people with SMI or SED in each region was obtained by applying SAMHSA’s prevalence methodology to demographic data from the Texas Demographic Center for 2020. SAMHSA’s prevalence methodology for 2022 was applied.<sup>x1</sup>

**Figure 31. Process to Derive Cost of Local Governments for Providing Services to People with SMI or SED below 200 percent Federal Poverty Level**



**Explanation of Figure 31**

"Statewide per person cost" times "number of people with SMI or SED below 200 percent Federal Poverty Line in Regional Groups" equals cost to local governments to provide services to people with mental illness.

Statewide per person cost = cost per adult with SMI or youth with SED times percentage of rural statewide population of adults and youth.

Number of people with SMI or SED below 200 percent Federal Poverty Line in Regional Groups = Adult and Youth Population times SAMHSA SMI and SED prevalence rates.

## **Limitations**

### **Statewide Average Cost**

A limitation to this model is that it was built using a statewide cost to local government that was specific to the ASH catchment area before the COVID-19 pandemic.

### **Adult and Youth Populations**

As of April 2024, there was not existing data that broke out the age of county residents for 2020 through 2024. To estimate the number of adults and youths in a county for 2020 through 2024, HHSC calculated a percentile ratio from the Texas Demographers data from 2020 for both adults (age 18+) and youth (ages 9–17) and multiplied this by county populations for respective years. This was ultimately used to calculate the number of adults and youth with SMI or SED within each county.

### **Local Government Accounting**

Most local governments do not have a line-item in their budgets for expenditures on services to people with mental illness. This cost model is built upon pre-existing data and may not accurately reflect all actual costs to local governments.

### **Multiple Data Sets Used for County Population**

As of April 2024, there was not a single standard organization reporting county populations for 2019 through 2024; therefore, HHSC used multiple datasets that show county population. There is some variation between these datasets. Variances between the datasets do account for some degree of change between years.

## ASH Brain Health System Redesign Report

The University of Texas at Austin Dell Medical School reported the various costs to local governments within the ASH catchment area, yet the data used to determine the total cost to local governments in this report only included:

- Mental health court costs for adults with mental illness;
- Probation costs for adults with mental illness;
- Sheriff, police, and other 911 response costs for calls associated with adults; and
- Adjudication, probation, and confinement costs for children.

## Transportation

All Texas Access required metric: transportation to mental health facilities of persons served by an authority that is a member of the regional group. This [metric can be found in the body of the report](#) under All Texas Access Implementation – All Texas Access Four Metrics.

## Overview

The cost to transport people receiving services from an LMHA or LBHA to mental health facilities was built using a cost model which accounts for:

- Use of any state funded LMHA or LBHA inpatient facility or crisis alternative, LMHA or LBHA inpatient resource like private psychiatric beds, and civil commitments to state hospitals;
- An estimated regional distance for a person to be transported to a mental health facility; and
- Estimated costs for law enforcement to transport people in crisis.

Significant limitations to this cost model are that existing data is unable to:

- Capture county of commitment;
- Account for where people go before arriving at a mental health facility; and
- Account for the time it takes for people to be transported to a mental health facility.

This cost model only accounts for people transported to LMHA or LBHA operated or contracted mental health facilities or a state hospital on a civil commitment. S.B. 633 (86th Legislature, Regular Session, 2019), the enabling legislation that All Texas Access is built upon, specified that this measure applies only to persons served by an LMHA or LBHA rather than the general population of the region. For this analysis, the focus was on the adult population.

## Sources

Data was received from HHSC Behavioral Health Services, Decision Support Services. This data provided the number of people who were admitted to a mental health facility. The Texas Sheriff's Association provided HHSC with an average hourly wage for law enforcement when transporting people to mental health facilities in 2020.

## Methodology

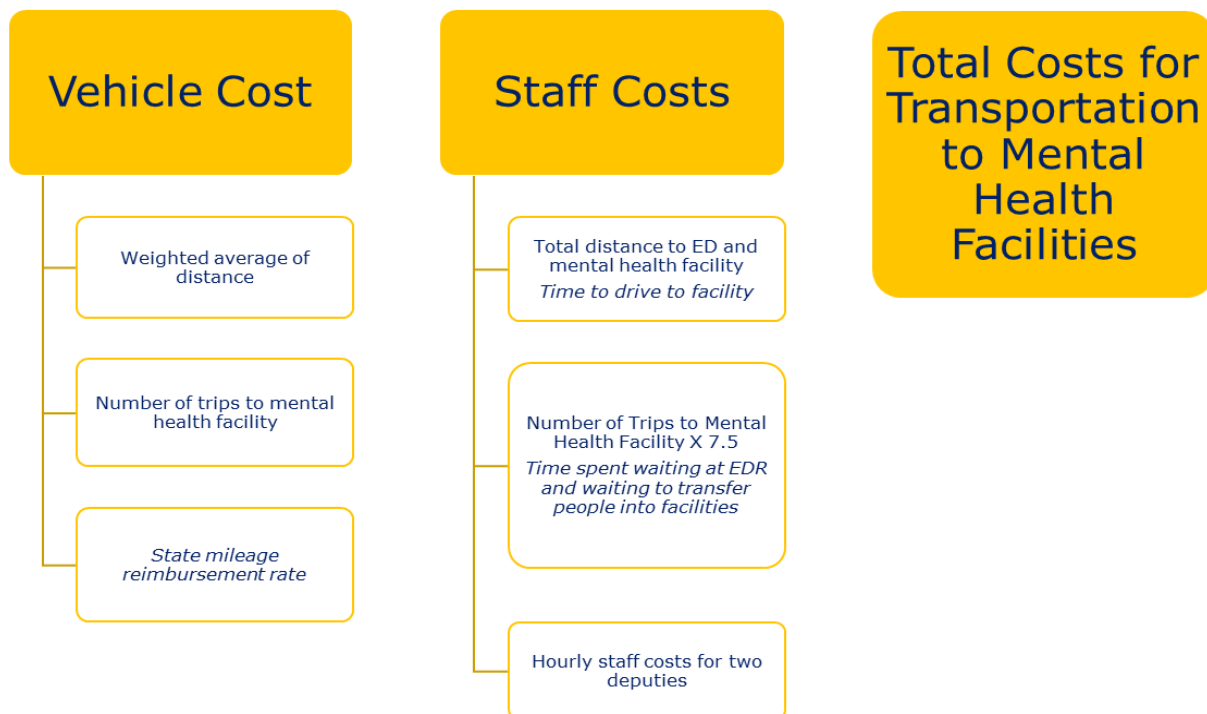
The number of people who accessed a state funded LMHA or LBHA inpatient facility or crisis alternative, who accessed an LMHA or LBHA inpatient resource like private psychiatric beds, or who were civilly committed to a state hospital was used to estimate the regional costs to transport people to mental health facilities. HHSC used various data points to estimate regional distances people travelled to access mental health facilities. Anecdotally, people often travel significantly further to access state hospitals, so HHSC doubled the regional distances within these cost models when estimating the transportation distance to state hospitals. HHSC assumed law enforcement was the primary entity transporting people to mental health facilities. While Texas Health and Safety Code §573.005 allows emergency medical services personnel to transport people via ambulance under emergency detention, law enforcement is the primary transportation to mental health facilities in rural Texas communities.

Travel cost assumptions:

- Two law enforcement officers are used to transport a person to a mental health facility;
- The hourly cost for one law enforcement officer is \$32.50 an hour (inclusive of fringe benefits);
- The hourly overtime cost for one law enforcement officer is \$44.68 (inclusive of fringe benefits);

- Before being directed to a mental health facility, people are screened at the ER;
- The average distance to an ER is 20 miles;
- Law enforcement officers spend six hours at the ER before they are directed to a mental health facility;
- The distance to and from the facility is the same;
- The average driving speed is 55 miles per hour;
- Vehicle costs are incurred at the annual state mileage reimbursement rate per mile;
- All mental health facilities take 90 minutes to process admission and transfer a person into the care of the facility from a law enforcement officer;
- Overtime pay for law enforcement officers does not occur for five-sixths of transports to mental health facilities; and
- Law enforcement officers incur overtime pay one-sixth of the time when they transport people to mental health facilities.

**Figure 32. Costs for Transportation to Mental Health Facilities**



## **Explanation of Figure 32**

Vehicle Cost plus Staff Costs equals Total Cost to Transport to Mental Health Facility.

Vehicle cost = regional distance to mental health facilities multiplied by the number trips to mental health facilities within regional group multiplied by the annual, state mileage reimbursement rate.

Staff costs = time to drive to facility plus time at ER and facilities waiting for people to be admitted into a facility multiplied by hourly staffing costs for two deputies, accounting for fringe costs and overtime.

## **Limitations**

### **Missing Data Sets**

Many pieces of data that would be helpful when estimating the cost to transport people to mental health facilities are not tracked; therefore, when building this cost model, HHSC talked with various stakeholders and made multiple inferences based on what seemed to be the most common outcome.

### **Time Spent Waiting at ER and Mental Health Facilities**

Existing data does not capture the time law enforcement spends at the ER and at mental health facilities waiting for people to be admitted. The Sheriff's Association of Texas estimates that the average time law enforcement spends waiting for a person to be screened at an ER is six hours, the average time law enforcement spends waiting for a mental health facility to process an admission is 90 minutes, and two law enforcement officers are generally present.

### **Travel Time**

Distance was one component that was used to estimate the time spent transporting people in crisis. It was assumed that the average driving speed for law enforcement transporting a person to and from a mental health facility is 55 miles per hour.

### **Travel Costs**

The estimated hourly wage of a law enforcement officer of \$32.50 (inclusive of fringe benefits) was used to determine staff cost to transport people to mental health facilities. The average wage of a Mental Health Deputy is \$24.36 as reported

to HHSC by survey data. HHSC added in the cost of fringe benefits at a rate of 33.41 percent. Using hourly costs for a Mental Health Deputy may underestimate the cost to counties. Many counties do not employ Mental Health Deputies. Vehicle costs were estimated using the annual State of Texas Automotive Mileage Rate.

## **LMHA or LBHA Inpatient Facilities Not Funded by HHSC**

HHSC Decision Support Services does not have access to data for facilities that are not funded through HHSC. Therefore, this cost model does not estimate transportation costs to LMHA or LBHA operated facilities funded through other methods. HHSC cannot estimate the number of these inpatient trips.

## **Inclusion Criteria for LMHAs and LBHAs in Two Regional Groups**

BTCS and CFLR are in two All Texas Access regional groups. Their travel costs were assigned to regional groups based on the percentage of people who lived in the counties represented in the All Texas Access regional groups from the 2020 Census Redistricting Data.

## **Travel to ER**

Anecdotally, HHSC heard from a variety of stakeholders that people rarely travel to mental health facilities without first being screened at an ER. Therefore, HHSC assumed all people were transported an average of 20 miles to the ER and screened before being directed to a mental health facility. HHSC chose 20 miles as this distance is likely less than the average distance rural Texans drive to visit the ER and longer than the average distance suburban and urban Texans drive to visit the ER.

## **Incarceration**

All Texas Access required metric: incarceration of persons with mental illness in county jails located in an area served by an authority that is a member of the regional group. This [metric can be found in the body of the report](#) under All Texas Access Implementation – All Texas Access Four Metrics.



## Overview

The number of people with mental illness in county jails was built from an estimate of the number of people in jails who have received a service from an LMHA or LBHA.

The cost model of people with mental illness in county jails was built from:

- The estimated number of people with mental illness in county jails;
- Multiplied by statewide daily jail cost average; and
- Multiplied by the average length of stay in a county jail.

For this analysis, the focus was the adult population. Youth populations, unless they were included county monthly jail census, were not included in this analysis. For example, juvenile detention facilities were not considered for this analysis.

A limitation to this model is the use of some variables related to the general jail population rather than specific variables to those with a mental illness. This limitation likely results in underestimated costs for incarcerating people with mental illness. This metric does not provide the unduplicated number of individuals. The data available does not provide a way of identifying unique individuals in jail.

## Sources

The Texas Commission on Jail Standards (TCJS) provided:

- The statewide average daily cost of incarcerating a person;
- The average length of stay for people in Texas county jails<sup>xli</sup>; and
- Abbreviated Jail Census data that showed a time-in-place snapshot for the population of each jail provider on the first day of each month.<sup>xlii</sup>

HHSC also used custom reports which included the number of exact matches, probable matches, and unmatched persons using the Texas Law Enforcement Telecommunications System (TLETS) and the Clinical Management for Behavioral Health Services System (CMBHS). This allowed HHSC to estimate how many people in rural areas have a history of mental illness.

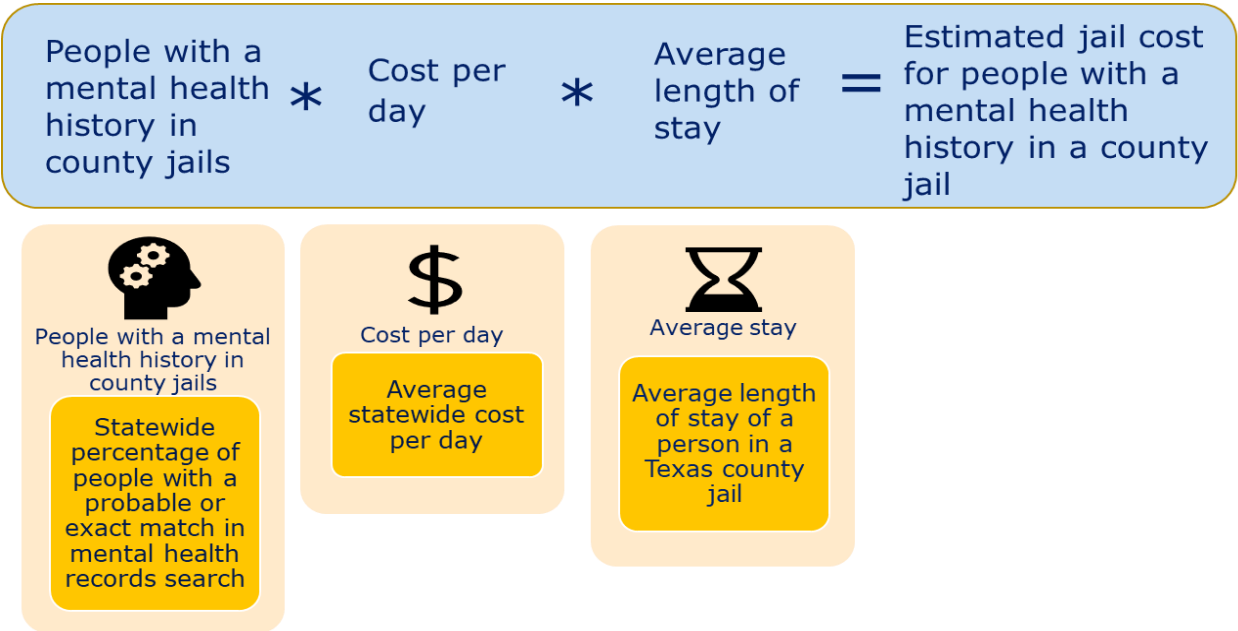
# Methodology

County jails do not uniformly collect data on the cost of incarcerating people with mental illness; therefore, a cost model was built based on the statewide average daily cost per bed, average length of stay per person, match between TLETS and CMBHS, and jail population data.

When a person enters a county jail, their personal information is entered in TLETS. This information can be matched with data available in the CMBHS system. The CMBHS system provides data on people who have accessed mental health services through LMHAs and LBHAs, contracted substance use and mental health service providers, and other state agencies. Both CMBHS and TLETS data can report on people who are currently receiving services and people who have used services in the past three years.

To estimate the number of incarcerated people with a mental illness, an average of the monthly jail census was calculated based on the TCJS Abbreviated Population Reports for fiscal years 2023-2024. The average monthly census for each jail was then multiplied by 365 which resulted in total jail days. The total jail days were then divided by 50.27 (average length of stay for fiscal year 2016). The resulting numbers were then multiplied by the TLETS Match percentage.

**Figure 33. Estimated Jail Cost for People with a Mental Health History**



## **Explanation of Figure 33**

Estimated jail cost for people with a mental health history in a county jail = people with a mental health history in county jails times cost per day times average length of stay.

## **Limitations**

### **Number of People in Jails**

The Abbreviated Jail Census report captures bed information which may not accurately reflect the number of people in jails and/or unique individuals in jails. Data shows the number of beds used by county jail providers on the first day of each month. Unique individuals cannot be identified in the abbreviated jail census reports. The data cannot differentiate between a single person going to jail four times in a year and for unique individuals going and staying in jail for an entire year. The total county jail population may underestimate the number of people in county jails.

### **TLETS Match**

The TLETS match with CMBHS may not fully capture the number of people with mental illness in county jails. Not everyone who is incarcerated provides demographic variables to jails that would enable them to be matched with existing records in TLETS. Since the CMBHS system only includes people with behavioral health condition who have received LMHA or LBHA services, using the CMBHS system may not fully capture the number of people with mental illness in county jails. If a person has not received services from a publicly funded mental health provider, they do not screen positive for having a mental illness in this model.

Additionally, people who receive a mental health screening through an LMHA or LBHA or in a jail will register as having received a mental health service in the TLETS system, regardless of whether they receive services, resulting in an undetermined number of "false positives."

### **TLETS Match Percentage**

The percentage of people in jail with a TLETS match was calculated by taking the number of exact or probable matches between TLETS and CMBHS and dividing this number by the number of exact, probable, and no matches added together. An exact match is when six of the variables between TLETS and CMBHS match. A

probable match is when one of the five probable match variable series is met. No match is when none of the variables match. This matching percentage is thought to produce a high number of false positives and the algorithm used to match these two data systems was reconfigured and launch in late 2022.

## Daily Cost

The statewide average monthly daily cost was obtained from the TCJS. This is a statewide average and may suppress the variance in daily cost amongst county jails. This daily cost may also not include a significant number of hidden costs, including costs specific to private jails.

## County Jail Providers

This analysis only included the cost of local county jail beds. This dataset does not include the cost for counties that contract with other counties to provide county jail services. This may have resulted in an underestimate of the overall cost of incarceration. This data does include counties that contract with private providers.

## Length of Stay

The fiscal year 2016 average length of stay for all offenders was used. This average length of stay may have changed. TCJS does not maintain a yearly average length of stay. Additionally, people with mental illness may have longer lengths of stay. This may underestimate the length of stay and cost calculations.

## Emergency Rooms

All Texas Access required metric: visits by persons with mental illness at hospital ERs located in an area served by an authority that is a member of the regional group. This [metric can be found in the body of the report](#) under All Texas Access Implementation – All Texas Access Four Metrics.

## Overview

The number of hospital ER visits was calculated using the Texas Department of State Health Services (DSHS) Texas Hospital Emergency Department Public Use Data Files. This data analysis relied on facility location, the principal diagnosis code, and county of residence.

## Sources

Every hospital in Texas must report its ER use data to DSHS. This data is then compiled by DSHS into data files. The outpatient DSHS Texas Hospital Emergency Department Public Use Data Files (Data Files) were used to estimate mental health and behavioral health related ER use. The analysis only used data from outpatient ER records with a mental or behavioral health principal diagnosis. For this analysis, the focus was not age specific and includes both adults and children.

**Table 21. ICD-10-CM Diagnosis Codes**

ICD-10 Code	Description
F01 – F09	Mental disorders due to known physiological conditions
F10 – F19	Mental and behavioral disorders due to psychoactive substance use
F20 – F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30 – F39	Mood (affective) disorders
F40 – F48	Anxiety, dissociative, stress-related, somatoform, and other non-psychotic mental disorders
F50 – F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60 – F69	Disorders of adult personality and behavior
F80 – F89	Pervasive and specific developmental disorders
F90 – F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder
R41840	Attention and concentration deficit
R45851	Suicidal ideations

The addresses and locations of the healthcare facilities were obtained from the Texas Health and Human Services Commission Directory of General and Special Hospitals.<sup>xliii</sup> The definitions and criteria for mental health and behavioral health in adherence to the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10-CM) codes was obtained from the Centers for Disease Control and Prevention.<sup>xliiv</sup>

## Methodology

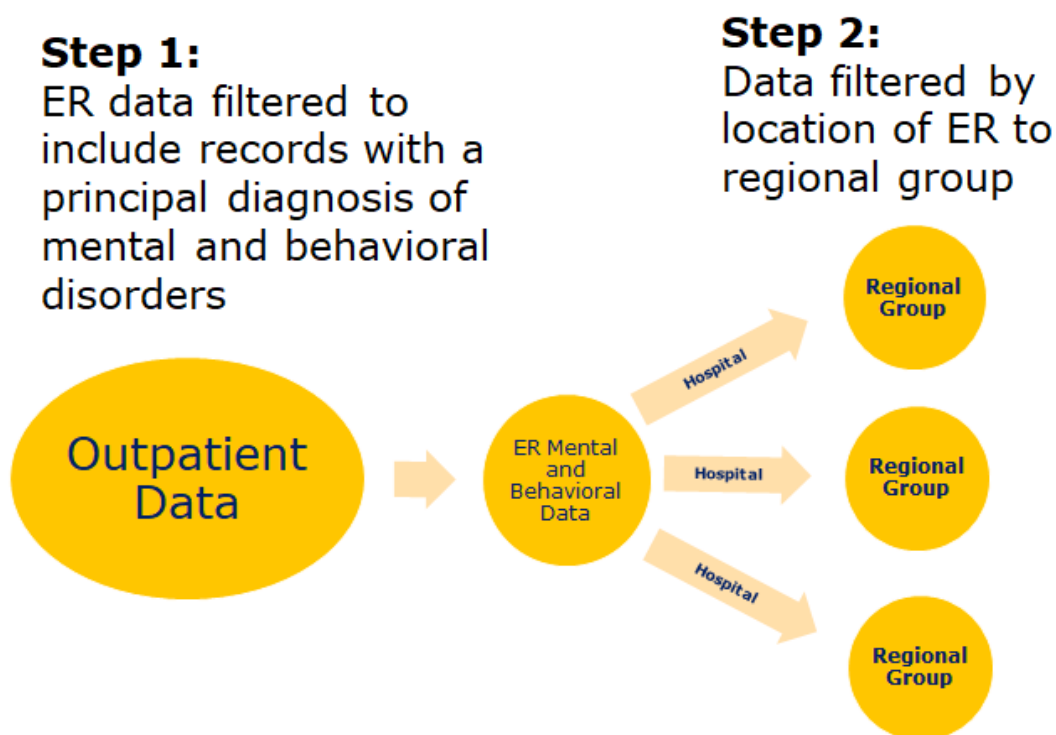
The records were obtained utilizing Statistical Analysis System and were filtered based on the following variables:

**Table 22. DSHS ER Data Variables**

<b>Name of Variable</b>	<b>Variable Code</b>
Provider Identification	THCIC_ID
Record Identification	RECORD_ID
Source of Admission	SOURCE_OF_ADMISSION
ER Charge Amount	ER_AMOUNT
Total Charges	TOTAL_CHARGES
Patient Status	PAT_STATUS
Patient Reason for Visit	PAT_REASON_FOR_VISIT
Principal Diagnosis Code	PRINC_DIAG_CODE
Patient Age	PAT_AGE
Length of Service	LENGTH_OF_SERVICE
Patient Residence ZIP Code	PAT_ZIP
Patient County of Residence	PAT_COUNTY
Patient State of Residence	PAT_STATE
Patient Country of Residence	PAT_COUNTRY

Records were filtered and assigned to county, LMHA or LBHA, and All Texas Access regional group based on the county of the facility where services were received by utilizing the provider identification.

**Figure 34. ER Data Filtering Process**



### **Explanation for Figure 34**

All ER outpatient data was filtered for those with a principal diagnosis of a mental or behavioral disorder. That data was further filtered by hospital location to group the data by All Texas Access regions.

Once the records were associated with their respective regional group, an aggregate calculation and analysis was conducted to develop each regional group's ER utilization. To obtain the overall regional group ER utilization, all records regardless of their county of residence were used. When calculating ER utilization to account for only rural patients, all records with a patient's urban county of residence were excluded. For this purpose, the following were considered urban counties: Bexar, Brazoria, Dallas, Denton, Collin, El Paso, Galveston, Harris, Nueces, Tarrant, and Travis. The patient county codes were obtained from the DSHS Texas Hospital Emergency Department Public Use Data Files User Manual.

## **Limitations**

The outpatient Data File contains the following limitations:

- The entire ZIP Code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, a Human Immunodeficiency Virus – Sexually Transmitted Disease diagnosis, or if a hospital has fewer than five discharges of either male or female.
- Without a ZIP Code or county of residence, HHSC is unable to identify a record from a patient that lives in an urban or rural county.
- Hospitals with fewer than 50 discharges have been aggregated into the Provider ID “999999.” If a hospital has fewer than 5 discharges of either male or female, including “unknown,” Provider ID is “999998.” Records with a Provider ID of “999999” or Provider ID “999998” were not analyzed as they were not able to be associated with a hospital facility.
- The ER charges analyzed are only inclusive of charges incurred by the facility. They do not include charges associated with services that are billed by third-party organizations such as specialists, doctors, etc. This limitation affects the accuracy of the calculation of the estimated cost associated with ER utilization.
- The number of records and the ER charge are comprehensive and were not sorted by payor/payee source.



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- <sup>i</sup> [Chapter 531, Texas Government Code, 531.0222\(e\)](#)
- <sup>ii</sup> [S.B. 633, 86<sup>th</sup> Legislature, Regular Session, 2016](#)
- <sup>iii</sup> Kassabian, M., MBA, Shrestha, A., MPH, Callaghan, T., PhD, Helduser, J., MA, Horel, S., MAG, Johnson, N., MBA, Kaspar, S., MHA, Bolin, J., PhD, JD, BSN, & Ferdinand, A., DrPH, JD. (2023). Rural Healthy People 2030: Common Challenges, Rural Nuances. In <https://srhrc.tamu.edu/>. Southwest Rural Health Research Center. <https://srhrc.tamu.edu/publications/>
- <sup>iv</sup> [S.B. 633, 86<sup>th</sup> Legislature, Regular Session, 2016](#)
- <sup>v</sup> [Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2022–2026](#)
- <sup>vi</sup> [Addendum: A Comprehensive Plan for State-Funded Inpatient Mental Health Services \(texas.gov\)](#)
- <sup>vii</sup> [Chapter 531, Texas Government Code, 531.0222\(e\)](#)
- <sup>viii</sup> [Chapter 531, Texas Government Code, Section 531.09936](#)
- <sup>ix</sup> [2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 \(Article II, HHSC, Rider 56\)](#)
- <sup>x</sup> *Conference Committee Report H.B. No. 1 General Appropriations Bill*. Legislative Budget Board. (2023, May 19). [https://www.lbb.texas.gov/Documents/Appropriations\\_Bills/88/Conference\\_Bills/Conf\\_CCR\\_GAB\\_88\\_R.pdf](https://www.lbb.texas.gov/Documents/Appropriations_Bills/88/Conference_Bills/Conf_CCR_GAB_88_R.pdf)
- <sup>xi</sup> Castillo, E. G., Ijadi-Maghsoodi, R., Shadravan, S., Moore, E., Mensah, M. O., 3rd, Docherty, M., Aguilera Nunez, M. G., Barcelo, N., Goodsmith, N., Halpin, L. E., Morton, I., Mango, J., Montero, A. E., Rahmanian Koushkaki, S., Bromley, E., Chung, B., Jones, F., Gabrielian, S., Gelberg, L., Greenberg, J. M., ... Wells, K. B. (2019). Community Interventions to Promote Mental Health and Social Equity. *Current psychiatry reports*, 21(5), 35. <https://doi.org/10.1007/s11920-019-1017-0>
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- <sup>xiii</sup> American Psychological Association. (2023). *Stress in America 2023: A nation recovering from collective trauma*. <https://www.apa.org/news/press/releases/stress/2023/collective-trauma-recovery>
- <sup>xiv</sup> Herrera PA, Campos-Romero S, Szabo W, Martínez P, Guajardo V, Rojas G. Understanding the Relationship between Depression and Chronic Diseases Such as Diabetes and Hypertension: A Grounded Theory Study. *Int J Environ Res Public Health*. 2021 Nov 19;18(22):12130. doi: 10.3390/ijerph182212130. PMID: 34831886; PMCID: PMC8618720.
- <sup>xv</sup> Pogue, G. (2023, December 5). *Libraries as Well-Being Hubs*. The IC<sup>2</sup> Institute. <https://ic2.utexas.edu/libraries-as-well-being-hubs/>
- <sup>xvi</sup> Puyt, R. W., Lie, F. B., & Wilderom, C. P. (2023). The origins of SWOT analysis. *Long Range Planning*, 56(3), 102304. <https://doi.org/10.1016/j.lrp.2023.102304>
- <sup>xvii</sup> <https://acharaconsulting.com/>
- <sup>xviii</sup> The cost to local governments in this report includes mental health courts, probation, law enforcement, and 911 calls for adults as well as adjudication, probation, and confinement costs for youth.
- <sup>xix</sup> HHSC used custom reports which included the number of exact matches, probable matches, and unmatched persons for the first two quarters of fiscal year 2024 using the Texas Law Enforcement Telecommunications System (TLETS) and the Clinical Management for Behavioral Health Services System (CMBHS). This allowed HHSC to estimate how many people incarcerated rural counties have a mental health condition.
- <sup>xx</sup> Yellow squares represent LMHA or LBHA headquarter locations only.
- <sup>xxi</sup> Green squares represent LMHA or LBHA headquarter locations only.
- <sup>xxii</sup> Green squares represent LMHA or LBHA headquarter locations only.
- <sup>xxiii</sup> Yellow squares represent LMHA headquarter locations only.

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- xxiv Blue squares represent LMHA or LBHA headquarter locations only.
- xxv Yellow squares represent LMHA headquarter locations only.
- xxvi Yellow squares represent LMHA or LBHA headquarter locations only.
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- xxviii *2022 State of Mental Health in America Report.* (n.d.). Mental Health America. <https://www.mhanational.org/research-reports/2022-state-mental-health-america-report>
- xxix Texas Court of Criminal Appeals. (2019). Texas Mental Health Resource Guide. Retrieved from: <https://www.txcourts.gov/media/1445767/texas-mental-health-resource-guide-01242020.pdf>.
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- xxxii Title 25 of the Texas Administrative Code, Part 1, Chapter 306, Subchapter B, Standards of Care and Treatment in Crisis Stabilization Units. Retrieved from [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=306&sch=B](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=306&sch=B)
- xxxiii Texas Health and Human Services Commission. (2020). LMHA and LBHA Contract: Information Item V, Crisis Service Standards. Retrieved from <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-v.pdf>
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