



All Texas Access Report

**As Required by
Senate Bill 454, 87th Legislature,
Regular Session, 2021**

**Texas Health and Human Services
December 2022**



TEXAS
Health and Human
Services

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Executive Summary

Senate Bill (S.B.) 454, 87th Legislature, Regular Session, 2021, added Government Code Section 531.0222, continuing the collaboration between the Texas Health and Human Services Commission (HHSC) and local mental health authorities and local behavioral health authorities (LMHAs and LBHAs) serving at least one county with a population of 250,000 or less. LMHAs and LBHAs work together in regional groups to develop strategies that strengthen mental health care access and crisis care while decreasing:

- Costs to local governments 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 [2020 All Texas Access Report](#) documents each All Texas Access regional group's initial plan, provides detailed background information regarding mental health in rural Texas, and includes a statewide analysis of mental health care in Texas. For this report, All Texas Access focuses on jail diversion and community integration as central themes in coordinated care that can significantly impact the four strategies above. Each rural-serving LMHA or LBHA chooses a strategy within the theme that would best meet the needs of their local community, with 17 of the 30 having a funding source for implementation. The budgets for these funded projects total \$8.9 million, primarily in the form of federal grants.

HHSC looks forward to continuing to support rural-serving LMHAs and LBHAs in finding innovative ways to expand mental health care.

Introduction and Background

History of All Texas Access

All Texas Access began as a legislatively directed, time-limited project under [Senate Bill 633, 86th Legislature, Regular Session, 2019](#). The bill focused on mental health care access for rural Texans, requiring HHSC to identify and group together LMHAs and LBHAs serving at least one county of 250,000 or less. Seven groups were created based on geographical regions loosely aligned with the legacy adult catchment areas of seven state hospitals (catchment areas were realigned in 2022 with the opening of the University of Texas Health Houston Behavioral Sciences Campus). Each group developed a plan to increase access to needed services with an aim to reduce: costs of local governments for providing mental health crisis services; costs to transport persons to psychiatric facilities; county jail incarceration for persons with a mental health condition; and local ER use by persons with a mental health condition. HHSC also gathered data around these costs and used the data to estimate systemic costs for mental health crisis care in each of the seven regional groups.

The first *All Texas Access Report* was published in December 2020. In developing the first report, HHSC learned that in rural Texas, mental health is everybody's business. The delivery of mental health services in rural parts of Texas is complex and requires the participation and collaboration of multiple actors along with the LMHAs and LBHAs including:

- Law enforcement;
- Federally qualified health centers;
- Rural health clinics;
- Medical general practitioners;
- Comprehensive providers of mental health rehabilitation services;
- School districts; and
- Rural hospitals.

The *2020 All Texas Access Report* included the regional group plans, data on local community mental health crisis care costs, a statewide analysis of rural mental health care, and legislative recommendations to help implement the plans. Five of the legislative recommendations have been addressed. Three bills enacted by the 87th Legislature included:

- House Bill (H.B.) 4, which requires HHSC to review Medicaid and Children’s Health Insurance Program policies, and other programs administered by HHSC, to ensure recipients can receive behavioral health services via telemedicine or telehealth “to the extent it is cost-effective and clinically effective.” H.B. 4 also directs HHSC to ensure audio-only platforms are considered for behavioral health within the Medicaid program. This aligns with the recommendation **“Evaluate innovations around telehealth in behavioral health services.”**
- H.B. 5 created the Broadband Development Office to expand access to broadband services in underserved areas. This aligns with the recommendation **“Consider building on the Broadband Development Council.”** See Appendix L for their 2022 [Broadband Plan Summary](#).¹
- H.B. 3088 lowered the match percentages required of rural counties that apply for HHSC behavioral health grants. This aligns with the recommendation **“Consider reducing grant match percentage for rural areas to allow greater participation.”**

Two of the recommendations were addressed through state and federal funding:

- The 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 54) appropriated \$15 million for additional state-purchased inpatient psychiatric beds in rural areas of the state. This aligns with the recommendation **“Continue to assess inpatient capacity for civil commitments.”**
- The federal Coronavirus Response and Relief Supplemental Appropriations Act, 2021 [P.L. 116-260] (H.R. 133) and the American Rescue Plan Act (ARPA), 2021 [P.L. 117-2] (H.R. 1319) resulted in HHSC dedicating funds to eight rural LMHA programs that divert people with a behavioral health condition away from jail. This development aligns with the recommendation in the *2020 All Texas Access Report* to **incentivize law enforcement and LMHA or LBHA collaboration**. The eight LMHAs are using these funds to hire law liaisons, set up law enforcement training, and strengthen or expand co-responder programs with law enforcement.

Upon publication of the first All Texas Access report, HHSC hosted the All Texas Access conference on December 9, 2020. With over 1,000 attendees, the conference focused on key behavioral health initiatives, innovations, and opportunities.

[S.B. 454](#) continued the work of All Texas Access, with the following requirements of HHSC and the All Texas Access Regional Groups:

- Regional Groups continue to meet at least quarterly;
- Document the progress of regional plans;
- Develop new strategies that reduce the cost of the following All Texas Access metrics:
 - Mental health crisis services to local government;
 - Transporting people to psychiatric facilities;
 - Incarceration of people with mental health conditions; and
 - Emergency room use by people with a mental health condition; and
- Document the estimated number of outpatient and inpatient beds necessary to meet the goals of each group's regional strategy.

Theme of the 2022 All Texas Access Report

HHSC focused on jail diversion and community integration for fiscal year 2022. Communities that have jail diversion and community integration systems in place for people with a mental health condition have the potential to increase access to mental health care locally while driving local system integration and collaboration. During the creation of the *2020 All Texas Access Report*, multiple stakeholders identified jail diversion as an important area of focus. The consequence of such efforts has the potential to impact all four All Texas Access strategies. The All Texas Access initiative focus on jail diversion also aligns with several priorities of the [Statewide Behavioral Health Strategic Plan](#):

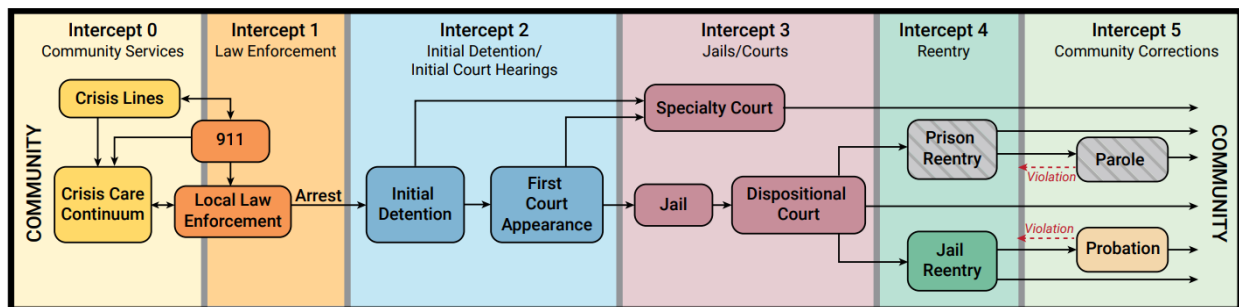
- Gap 1: Access to Appropriate Behavioral Health Services;
- Gap 6: Access to Timely Treatment Services; and
- Gap 14: Services for Special Populations.

LMHAs and LBHAs that prioritized community integration focused on social determinants of health or other factors that have an impact on a person's mental wellness or ability to access mental health services and supports.

Jail Diversion and the Sequential Intercept Model

Critical to the focus on jail diversion and community integration is the Sequential Intercept Model (SIM)², which allows communities to understand the intersection between behavioral health and the justice system; it maps resources and interventions at various points of criminal justice involvement, and identifies areas where community collaboration can be strengthened.

Figure 1. Sequential Intercept Modelⁱ



Each rural-serving LMHA or LBHA participated in an informal mapping of Intercepts 0 and 1 to begin fiscal year 2022 for All Texas Access, unless the LMHA or LBHA had a recent SIM mapping from another source. SIM maps can be found in the appendix for each regional plan. Common themes included a need for more substance use treatment (specifically withdrawal management) and a need for more housing resources (across the continuum from homeless shelters to permanent, affordable housing). The All Texas Access initiative also partnered with HHSC's Office of the State Forensic Director to offer SIM Mapping Workshops to communities across the state. The LMHAs and LBHAs who hosted a SIM mapping with HHSC are listed below in Table 1.

The LMHAs and LBHAs convened stakeholders across their behavioral health, justice, and housing systems to map local services, identify gaps and opportunities, and develop action plans to enhance care and expand diversion efforts in their communities.

ⁱ © 2019 Policy Research Associates, Inc.

Table 1: LMHAs and LBHAs Who Hosted a SIM Mapping with HHSC

Hosting LMHA or LBHA	Counties	Date
Central Counties Services	Bell	March 2022
MHMR of Concho Valley	Tom Green	August 2022
Heart of Texas Behavioral Health Network	Bosque, Falls, Freestone, McLennan, Hill, and Limestone	May 2022
North Texas Behavioral Health Authority	Navarro	March 2022
North Texas Behavioral Health Authority	Hunt	April 2022
PermiaCare	Midland	May 2022

Rural Crisis Response and Diversion

HHSC allocated \$21.7 million in federal Substance Abuse and Mental Health Services Administration (SAMHSA) block grant funds to strengthen rural crisis response and diversion, with funding through fiscal year 2025. The aim is to improve LMHA crisis response by successfully diverting people in need of mental health crisis services from jails and ERs into community-based mental health treatment. This project creates eight new programs in rural communities with populations of 250,000 people or less.

The LMHA participants are listed below.

- Betty Hardwick Center
- Border Region Behavioral Health Center
- Burke Center
- Camino Real Community Services
- Central Counties Services
- Coastal Plains Community Center
- StarCare Specialty Health System
- Texana Center

The LMHA participants established a mix of programs such as drop-off centers, co-responder teams, and law enforcement liaisons based on the needs of their local community. Details about each LMHA's selected program(s) can be found later in the regional plans and regional plan appendices.




HHSC anticipates that each of these programs will:








- Impact enough people that the program cost will be less than what the local community would have spent in ER, jail, and other local government expenses;
- Decrease the number of people with mental illness booked into county jails;
- Increase the number of people diverted into mental health and treatment; and
- Enhance mental health and criminal justice system coordination.

New Strategies Across the State

Each LMHA or LBHA participating in All Texas Access chose one or more strategies under the theme of jail diversion and community integration for fiscal year 2022. The figure below demonstrates the selection of strategies statewide. More information can be found in each of the seven regional plans. See [Appendix K](#) for a list of these projects by LMHA or LBHA and information about which projects have a current funding source.

Figure 2. LMHA and LBHA Jail Diversion and Community Integration Strategies

CO-RESPONDERS 	Texas Panhandle Centers Border Region Behavioral Health Center Coastal Plains Community Center Tropical Texas Behavioral Health Center	Andrews Center Spindletop Center Gulf Bend Center Texoma Community Center Central Counties Services Texana Center	Betty Hardwick Center StarCare Specialty Health System Camino Real Community Services My Health My Resources Concho Valley PermiaCare
DROP-OFF OR CRISIS RECEIVING 	MHMR Center of Brazos Valley Burke Center Tri-County Behavioral Healthcare North Texas Behavioral Health Authority West Texas Centers	911 INTEGRATION 	Bluebonnet Trails Community Services Heart of Texas Behavioral Health Network Helen Farabee Centers Betty Hardwick Center Central Plains Center

<p>LAW LIAISON</p>  <p>Central Counties Services Texana Center Camino Real Community Services</p>	<p>LAW ENFORCEMENT TRAINING</p>  <p>Tropical Texas Behavioral Health Center Texana Center Camino Real Community Services</p>
 <p>REMOTE CRISIS ASSESSMENT Pecan Valley Centers</p>	 <p>MENTAL HEALTH DEPUTY ACCESS Center for Life Resources</p>
<p>OTHER STRATEGIES</p> <div>  <p>Social Determinants of Health Community Healthcore</p> </div> <div>  <p>Care Navigation and Risk Stratification Hill Country MHDD Center</p> </div> <div>  <p>Jail Collaboration Study Lakes Regional Community Center</p> </div>	

COVID-19 Pandemic

Rural Impact

Significant differences exist between how rural and urban Texans access healthcare, and there is some evidence that these differences were exacerbated during the COVID-19 public health emergency. Adults in rural areas receive less frequent mental health services, are often treated by medical providers who do not specialize in mental health treatment, and may receive less care coordination.³ Additionally, many health providers such as hospitals, health clinics, and mental

health inpatient facilities are located in more populated areas, potentially making it burdensome for rural Texans to access resources that can be several hours away.

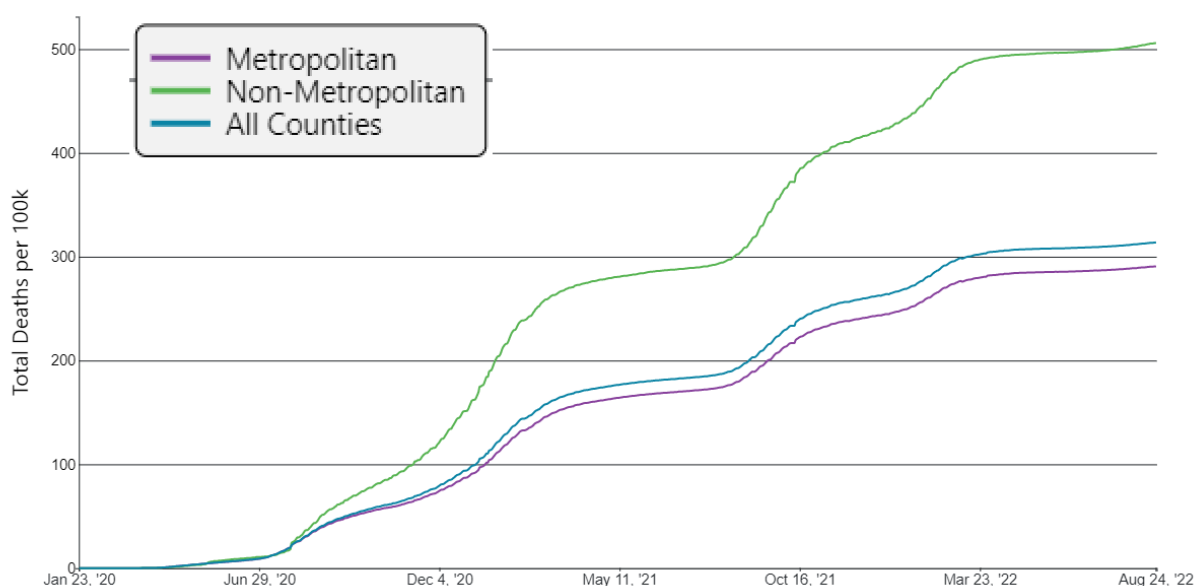
Rural hospitals often don't have the resources to treat acute illness.⁴

Rural communities also face a shortage of primary care providers with 228 Texas counties identified as shortage areas as of July 2021.⁵

Rural Texas has experienced a significantly higher COVID-19 death rate than their urban counterparts. Factors contributing to this divide include more underlying health conditions and high uninsured rates.⁶

The chart below, based on data from the Centers for Disease Control and Prevention, shows the stark difference in death rates for rural versus urban Texans.⁷

Chart 1. COVID-19 Cumulative Death Rate per 100,000 Population in Texas, Metro Versus Non-Metro, January 2020 to August 2022



While COVID-19 created a spike in mental health challenges, life under pandemic restrictions also underscored recommendations in the *2020 All Texas Access Report* related to innovations in telehealth and healthcare access in rural Texas.

“The rapid implementation of telehealth programs in rural areas in response to the COVID-19 pandemic holds tremendous potential for addressing rural health disparities.”⁸ It is possible that the gap in mental health care access between rural and urban Texans may be reduced through telehealth in the future; however, the current gaps in the broadband infrastructure in rural Texas impede telehealth realizing its full potential.

Funding Opportunities Related to COVID-19 Pandemic

Through H.R. 133 and ARPA, SAMHSA awarded Texas an additional \$203.4 million in Mental Health Block Grant funds.

The additional Mental Health Block Grant funds were intended to prevent, prepare for, and respond to the mental health needs and gaps in Texas related to COVID-19. HHSC used the additional funds to:

- Develop a state hospital step-down pilot to address housing instability and homelessness;
- Develop a Texas housing support hotline;
- Expand Coordinated Specialty Care;
- Expand mental health outpatient capacity; and
- Strengthen rural crisis response and diversion, as previously noted.

Other Impacts on Rural Mental Health

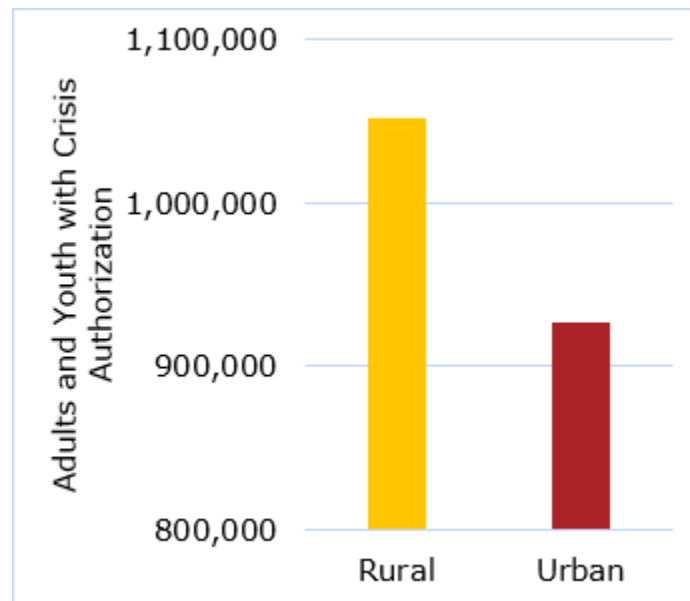
National Academy for State Health Policy

HHSC, the Texas Council of Community Centers, and the State Association of State Health Plans participated in a rural crisis policy academy with the National Academy for State Health Policy.

Central to HHSC's participation in this policy academy was a data analysis to better understand how Texans in rural communities may access mental health crisis services.

This analysis used Level of Care 0 (LOC-0) authorizations to determine when a person experiences a mental health crisis. LOC-0 services are "brief interventions provided in the community that ameliorate the crisis situation and prevent utilization of more intensive services."⁹ Only people who are not currently receiving LMHA or LBHA services receive a LOC-0 or crisis care authorization when they are in crisis.

Chart 2. FY 2017-2021 Total Level of Care 0 Crisis Authorizations



HHSC found that between fiscal year 2017 and fiscal year 2021:

- Rural Texans were more likely to receive crisis care from an LMHA or LBHA than urban Texans, despite there being fewer rural Texans;
- Rural Texans 18 years and older were about 45 percent more likely to access crisis services by an LMHA or LBHA on a per capita basis than their urban counterparts; and
- Rural Texans under 18 were about 150 percent more likely to access crisis services by an LMHA or LBHA on a per capita basis than their urban counterparts.

Figure 3 on the next page is a map that shows higher and lower numbers of crisis care authorizations on a per capita basis.

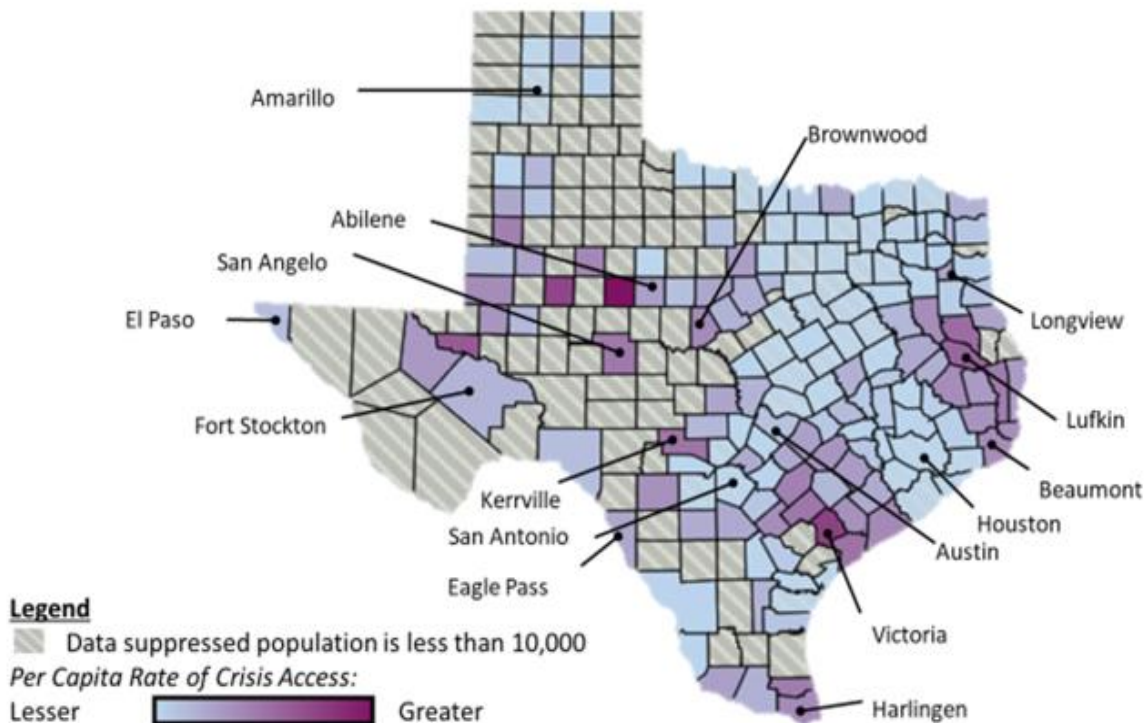


Figure 3. Per Capita Adult and Youth Level of Care 0 Crisis Authorizations Fiscal Years 2017-2022ⁱⁱ

HHSC found most people who are authorized for a crisis level of care receive services in their county of residence, including rural Texans. Between 2017 and 2021, fewer than 20 percent of people, on average, received a crisis care authorization outside their county of residence. Most people receive care in their own community. This speaks to the skill of LMHAs and LBHAs at serving people where they live in Texas despite gaps in the mental health crisis infrastructure, such as crisis stabilization units, psychiatric hospitals, etc.

Despite both the higher total and per capita levels of crisis care authorizations in rural communities as indicated by the number of people being authorized into LOC-0 services, HHSC did not find higher levels of incarceration for people with a mental health condition in rural communities. HHSC found the ratio at which people with a mental health condition history are incarcerated in county jails is comparable between rural and urban communities.

ⁱⁱ Counties with a 2020 population under 10,000 are suppressed in this map. Extremely small counties are likely to have a high-rates of year to year variance that may not be representative of their true need over time. This high rate of variance can result in changes in per capita rates that do not reflect large changes in a community.

The availability of multiple services and service providers in urban areas compared to rural areas may be a factor in the differences between how urban and rural Texans access crisis care. Additional factors that are outside of the scope of this analysis may also impact access to crisis care. Further analysis is needed to understand what is causing the differences between how urban and rural Texans access crisis care. HHSC has committed to working with communities in fiscal year 2023 to understand why some rural Texas communities access LMHA or LBHA crisis care more than others. HHSC will undertake this pilot for the *2023 All Texas Access Report*.

Routine Mental Health Care and Mental Health Crises

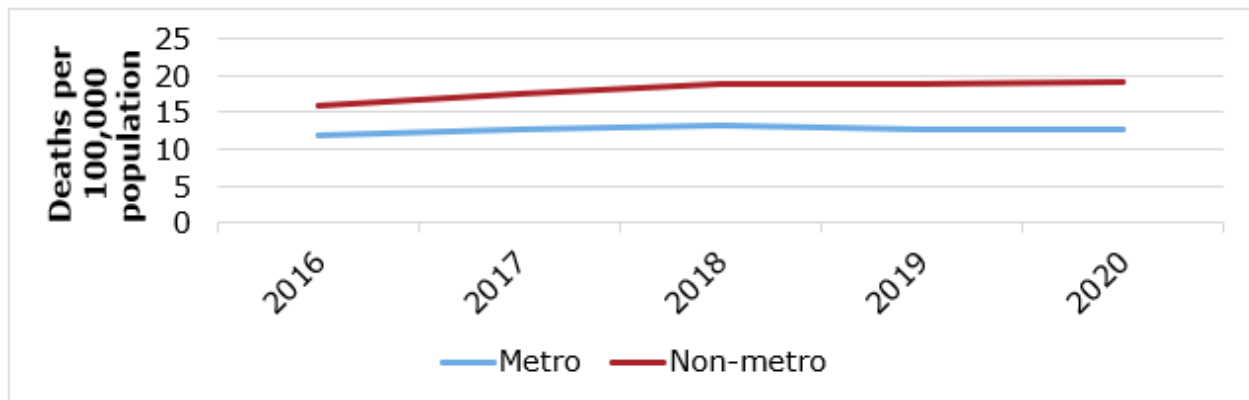
Prompt access to routine outpatient mental health care is likely to reduce the number of individuals experiencing mental health crises that put the person at risk of hospitalization, thereby reducing the burden on local hospitals and local governments.

HHSC's analysis of people enrolled in ongoing outpatient care at an LMHA or LBHA indicated that 98 percent of people receiving LMHA or LBHA outpatient services remain in the community and do not require an inpatient care.

Suicide Mortality Rates

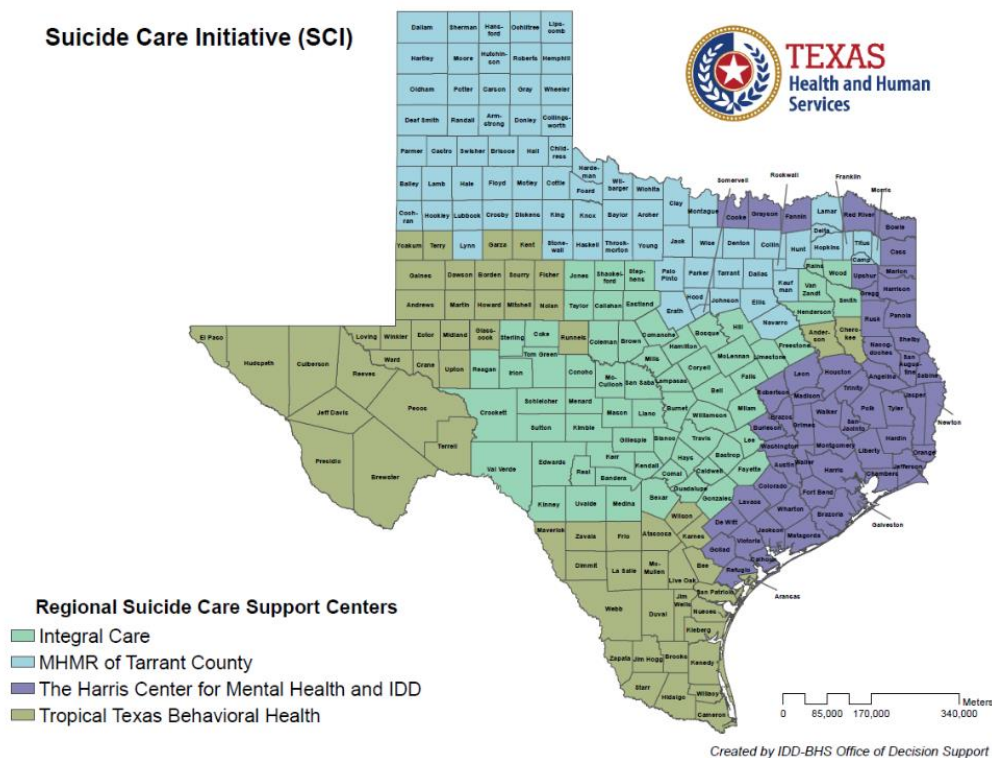
In rural communities, suicide risk may be elevated by socioeconomic status, social isolation, and scarcity of mental health resources, among other factors.¹⁰ Suicide mortality rates in 2020 continued to be elevated in rural Texas compared to urban areas of the state. The Office of Management and Budget defined 172 of Texas' 254 counties to be non-metro or rural.¹¹ These counties account for 12 percent of the Texas population. Using the Office of Management and Budget's definition, in 2020 the suicide mortality rate in non-metro and rural Texas was 1.5 times higher than in metro Texas areas.

Chart 3. Texas Suicide Mortality 2016-2020¹²



HHSC is working to improve suicide care in the public mental health system through the implementation of the Suicide Care Initiative. The Suicide Care Initiative involves establishing Regional Suicide Care Support Centers to serve as training and technical assistance organizations for other LMHAs and LBHAs. Through the four regional centers, all LMHAs and LBHAs have access to best practice training and technical assistance to strengthen suicide prevention.

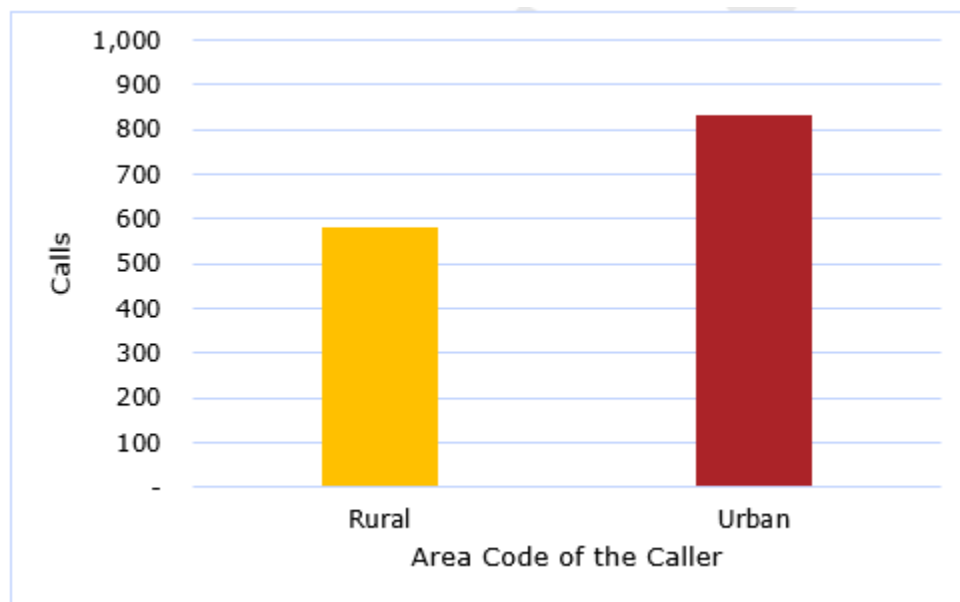
Figure 4. Map of Regional Suicide Care Support Center Coverage



Implementation of 988

Since 2007, Texas has had statewide coverage for local crisis hotlines. LMHAs and LBHAs are required to operate a 24-hour crisis hotline through their contract with HHSC and Certified Community Behavioral Health Clinic (CCBHC) certification standards. In Texas there are also five National Suicide Prevention Lifeline (NSPL) call centers connected to the larger national suicide prevention network, four of which are operated by LMHAs and LBHAs. Currently, people can call, text, or chat with trained staff or volunteers who can help people experiencing emotional distress or experiencing a suicidal crisis. Between September 1, 2020, and January 31, 2022, Texans calling from a rural area code were less likely to contact the NSPL on a per capita basis (chart below). An HHSC internal data analysis shows that most people who call the NSPL are seeking mental health resources and referrals and are not actively in crisis.

Chart 4: National Suicide Lifeline Center in Texas September 2020 – January 2022: Calls per 100,000 People



As of July 16, 2022, these call centers are accessible by dialing 988. The National Suicide Hotline Designation Act required that 988 function as a new phone number available to everyone in the United States – like 911 – to make the NSPL and local crisis services more accessible. Experts believe that this simplified phone number will increase use of the NSPL, but it is unknown what impact this will have on rural Texans. The 988 Lifeline is a resource for people experiencing a mental health crisis in addition to the 24-hour crisis hotlines operated by the LMHAs and LBHAs.

Population Changes in Rural Texas

The 2020 Census Redistricting Data shows trends in the population of rural Texas.¹³ Five of the seven All Texas Access regional groups increased in population from 2018 to 2020. Rural areas near urban metropolitan areas drove much of the rural Texas growth while smaller counties in South and West Texas near the border drove much of the population decline.

The All Texas Access Austin State Hospital (ASH) Regional Group includes rural counties in Central Texas. The region stretches from Bosque County in the north, Madison County in the east, and Matagorda County in the south (generally speaking, Austin to Bryan/College Station and Waco to Galveston, excluding Harris County). The rural population in the region increased by 131,612 people.

The All Texas Access North Texas State Hospital (NTSH) Regional Group includes the Texas Panhandle and stretches east along the northern border of Texas to the Dallas-Fort Worth area. The region dips as far south as the Brownwood area. The rural population in the region increased by 5,332 people.

The All Texas Access Rusk State Hospital (RSH) Regional Group is made up of the rural counties in East Texas. The region extends the entire length of the East Texas border and is adjacent to Harris County (Houston). The region's rural population increased by 8,756 people.

The All Texas Access San Antonio State Hospital (SASH) Regional Group consists of rural counties in south central Texas, with San Antonio somewhat at the center. The region stretches from Del Rio to Victoria and Eldorado to Corpus Christi (excluding ex-officio LMHA service areas). The region's rural population increased by 13,671 people.

The All Texas Access Terrell State Hospital (TSH) Regional Group consists of rural counties to the north and east of Dallas, from Fannin to Navarro County and from Dallas to Morris County. The rural population in the regional increased by 46,987 people.

The All Texas Access Big Spring State Hospital (BSSH) Regional Group and All Texas Access Rio Grande State Center (RGSC) Regional Group were the only regions that declined in population. The All Texas Access BSSH Regional Group is made up of large portions of West Texas. The region extends as far east as Stephens County in the Abilene area and from just south of Amarillo to Terrell County on the Mexico border. The region declined by 2,328 people.

The All Texas Access RGSC Regional Group consists of rural counties in the Rio Grande Valley, stretching from Live Oak and Bee counties to the tip of South Texas. The region declined by 32,334 people.

Correlating with the growth of the Texas population, and aligning with national trends, is an increase in rent and home prices in Texas. This increase may be particularly pronounced in suburban and rural communities. Since 2020, both suburban and rural homes nationally have appreciated in value significantly more than urban homes.^{14 15}

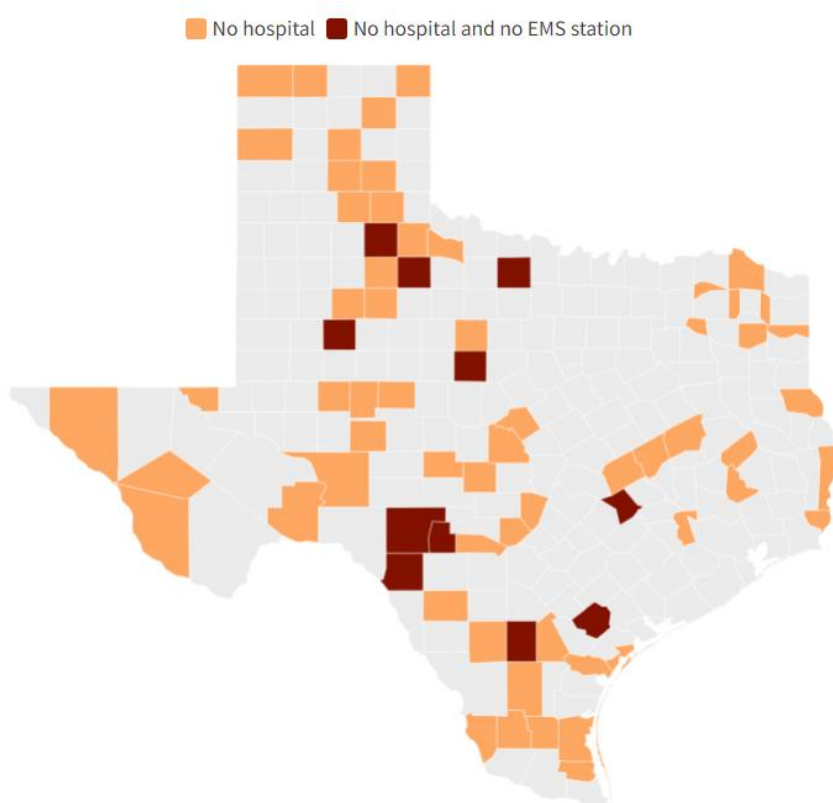
The rise in suburban and rural housing prices (which have traditionally been significantly less expensive than urban housing prices) may have contributed to new challenges for rural Texans looking for housing. Research shows that housing instability may contribute to:

- Poor health outcomes;
- Increased or worsened mental health or health behaviors like substance use; and
- Unemployment, loss of benefits, and lack of a social network.¹⁶

Rural Hospitals

Texas leads the nation in the number of rural hospitals closed and the number of rural hospital beds lost between January 2005 and November 2021, with 24 hospitals and 880 beds.¹⁷ In Figure 5, the orange counties have no hospital, and the red counties have neither a hospital nor an Emergency Medical Services (EMS) station. The impact of these closures further widens the gaps in health care access that rural Texans experience compared to urban Texans. **Rural Texans frequently travel farther than urban Texans and experience delays in access to routine, urgent, and emergent care.**

Figure 5. Texas Counties with No Hospital and No EMS Station, as of July 2021



Certified Community Behavioral Health Clinics

Congress established Certified Community Behavioral Health Clinics (CCBHCs) in 2014 with the Protecting Access to Medicare Act (H.R. 4302), which authorized demonstrations in states to improve community behavioral health services.

CCBHCs:

- Treat the whole person through access to integrated, evidence-based mental health and substance use services, and primary care screenings;
- Meet stringent criteria regarding timeliness of access, quality reporting, staffing and coordination with social services, criminal justice, and education systems; and
- Create federal grant and state Medicaid funding opportunities for CCBHC providers.

The CCBHC model integrates primary care screenings and substance use disorder care into mental health care settings clinically, financially, and administratively, with the goal of improving overall health outcomes. HHSC launched the Texas CCBHC initiative in 2016. It is based on the federal principles established by

SAMHSA, with additional features designed to meet the needs of Texas' delivery system.

Having all LMHAs and LBHAs attain CCBHC status is key to laying the foundation for a “no wrong door” approach for Texans seeking care.

This development also demonstrates a commitment to coordinating care with the LMHA's or LBHA's respective community partners who provide substance use disorder treatment and medical care.

The table below lists the timeline for rural-serving LMHAs and LBHAs becoming Texas-CCBHC (T-CCBHC) certified. The rural-serving LMHAs and LBHAs were T-CCBHC certified as early as 2016, and all rural-serving LMHAs and LBHAs are certified and have maintained their certification.

Table 2. Rural-Serving LMHAs and LBHAs as Texas CCBHCs

Rural Serving LMHAs and LBHAs as CCBHCs	Initial Certification
Bluebonnet Trails Community Services	October 2016
Burke Center	October 2016
Helen Farabee Centers	October 2016
StarCare Specialty Health System	October 2016
Tropical Texas Behavioral Health	October 2016
Community Healthcore	October 2019
Betty Hardwick Center	May 2020
Texoma Community Center	June 2020
Pecan Valley Centers	July 2020
PermiaCare	July 2020
Andrews Center	August 2020
West Texas Centers	September 2020
Lakes Regional Community Center	December 2020
Camino Real Community Services	January 2021
Gulf Bend Center	January 2021
Heart of Texas Behavioral Health Network	February 2021
Tri-County Behavioral Healthcare	March 2021
Central Counties Services	May 2021
Center for Life Resources	August 2021
Border Region Behavioral Health Center	December 2021
Hill Country MHDD Centers	December 2021

Rural Serving LMHAs and LBHAs as CCBHCs	Initial Certification
Spindletop Center	December 2021
ACCESS	March 2022
Central Plains Center	March 2022
Coastal Plains Community Center	March 2022
MHMR Authority of Brazos Valley	March 2022
My Health My Resources Concho Valley	March 2022
Texana Center	March 2022
Texas Panhandle Centers	March 2022
North Texas Behavioral Health Authority	July 2022

For more information about CCBHCs in Texas, see the HHSC website:
hhs.texas.gov/providers/behavioral-health-services/certified-behavioral-health-clinics.

Directed Payment Program for Behavioral Health Services

As part of the DSRIP transition plan, Texas received approval from the Centers for Medicare & Medicaid Services on November 15, 2021, to implement a new Directed Payment Program for Behavioral Health Services (DPP BHS), effective September 1, 2021, through August 31, 2022. The Centers for Medicare & Medicaid Services also approved a second year of DPP BHS in summer 2022; the program is approved through August 31, 2023.

The program includes additional payments, made through managed care organizations, to incentivize achieving or maintaining CCBHC certification. Texas is in the early stages of transitioning from DSRIP to DPP BHS, and it will take time to assess the impact of these programs.

Tragedy in Uvalde

On May 24, 2022, a mass-casualty event struck Uvalde, Texas that resulted in the loss of 21 lives, including the lives of 19 children. This tragedy was felt throughout its local community and the greater state of Texas.

The city and county of Uvalde are within the local service area of Hill Country Mental Health & Development Disabilities Center (Hill Country MHDD). In the aftermath, Hill Country MHDD extended their hours of operation to include weekends, worked with the Harris Center to establish an emotional support line pertaining to Uvalde, and partnered with Bluebonnet Trails Community Services and the Texas Child Mental Health Care Consortium to aid Hill Country staff and the community at-large.

LMHAs and LBHAs are experts at responding to the planned and unplanned needs of their community and ensuring mental health is accessible to all.

HHSC was also part of the response to this incident with its Disaster Behavioral Health Services Unit. They worked in close coordination with the Uvalde County District Attorney's Office, Texas Division of Emergency Management Recovery Taskforce, as well as local city and county officials, to setup a Family Resiliency Center (FRC). The FRC helps survivors navigate the system of services available to them in the aftermath of a tragedy.

HHSC and other state agencies are committed to the ongoing recovery of the Uvalde community. Local providers are working tirelessly to ensure everyone needing mental health support can access it. This tragedy will not be forgotten within the state, and all of Texas is committed to ongoing recovery from this trauma.

Mental Health Workforce

Texas, like most of the nation, is facing a crisis related to the mental health workforce. While this challenge has been discussed and tracked by Texas for many years¹⁸, the recent pandemic has exacerbated the challenge for the mental health system at large and the public mental health system more specifically.

COVID-19 has led many to leave the workforce entirely, pivot to private pay online therapy, or switch to other sectors of the workforce that offer increased wages. Over the last fiscal year, Texas state hospitals have instituted widespread signing bonuses and raises and/or retention bonuses to attract and retain nurses and direct care staff. LMHAs and LBHAs have also been forced to close or reduce capacity at crisis facilities due to staff shortages.

In December 2020, the Statewide Behavioral Health Coordinating Council published *Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward*.¹⁹ This document outlines strategies to improve the Texas behavioral health workforce, identifies barriers to implementation for each, and suggests next steps to move each strategy forward. HHSC also has a Behavioral Health Workforce Coordinator who tracks progress on these strategies and consults with LMHAs and LBHAs on their workforce challenges. The [Conclusion](#) section notes how HHSC will support rural-serving LMHAs and LBHAs next fiscal year in strengthening and expanding their workforce.

1. All Texas Access Implementation

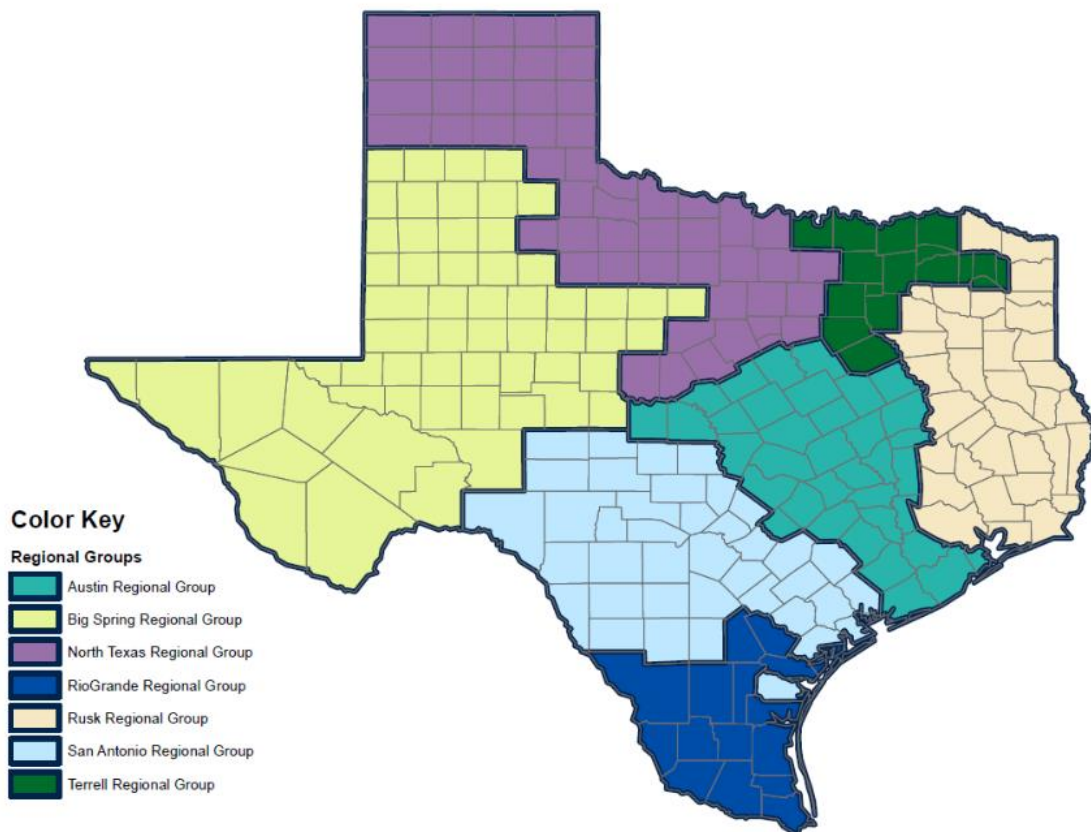
All Texas Access Regional Groups

Of the 39 LMHAs and LBHAs:

- 9 only serve counties with a population over 250,000;
- 10 serve a mix of counties with a population under and over 250,000; and
- 20 serve counties with a population of 250,000 or less.

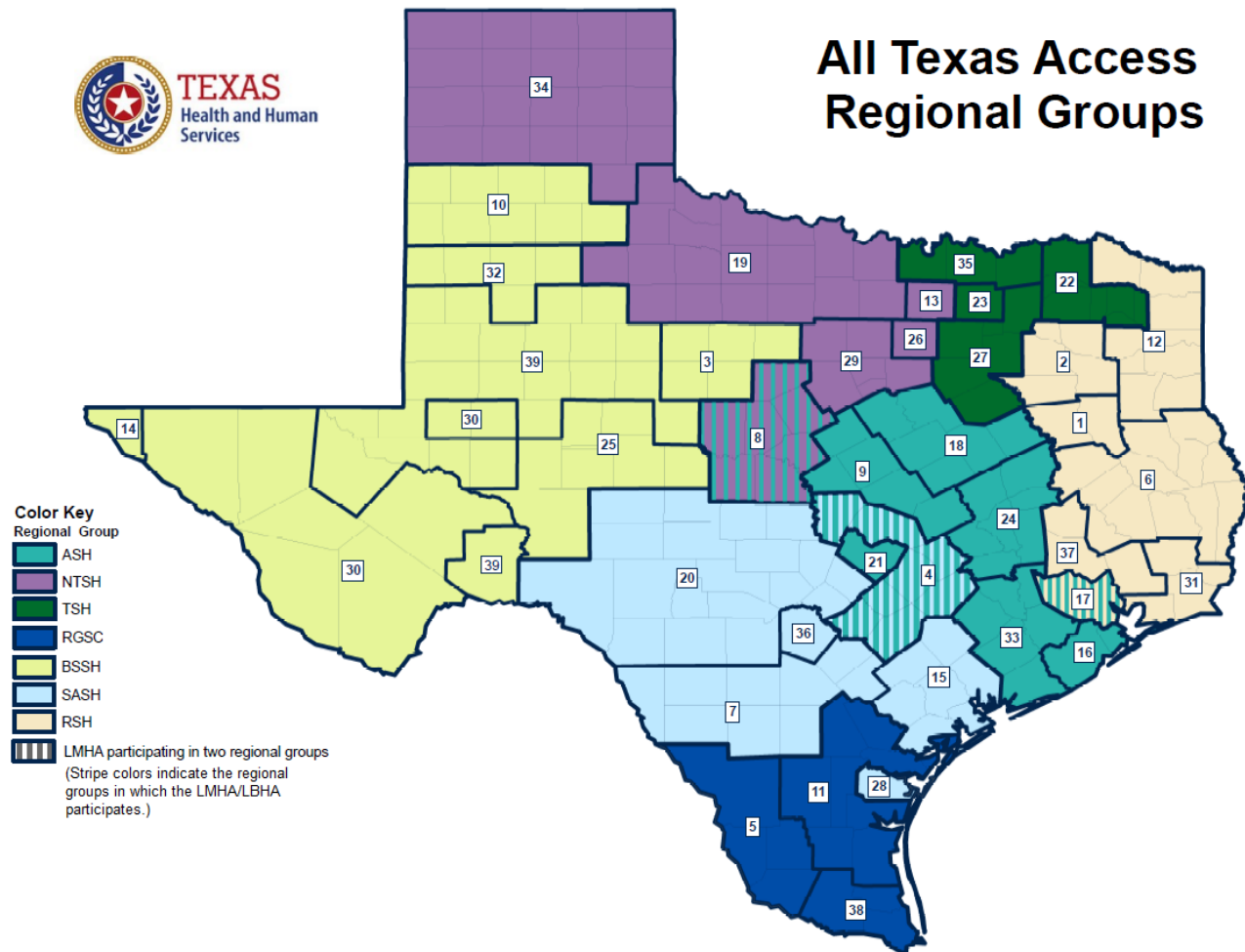
All 30 LMHAs and LBHAs serving at least one county of 250,000 or less participate in All Texas Access. The remaining nine LMHAs and LBHAs, Denton County MHMR, Emergence Health Network, Gulf Coast Center, Integral Care, The Harris Center for Mental Health and IDD, LifePath Systems, My Health My Resources of Tarrant County, Nueces Center for Mental Health & Intellectual Disabilities, and The Center for Health Care Services, are invited to participate in an Ex-officio capacity. Participants are divided into regional groups based on the seven state hospital catchment areas for adults that existed when All Texas Access began, centering around Austin State Hospital (ASH), Big Springs State Hospital (BSSH), North Texas State Hospital (NTSH), Rio Grande State Center (RGSC), Rusk State Hospital (RSH), San Antonio State Hospital (SASH), and Terrell State Hospital (TSH). With the 2022 opening of a new state hospital in Houston, catchment areas have changed in Southeast Texas. However, All Texas Access will continue to operate under the pre-existing regional group configuration for the sake of continuity.

Figure 6. All Texas Access Statewide Map



LMHAs and LBHAs are assigned to a regional group based on how their service area aligns with the legacy adult state hospital catchment areas. Center for Life Resources and Bluebonnet Trails Community Services both have counties in more than one state hospital catchment area and choose to participate in both regional groups. Since The Harris Center serves only Harris County, which has its own psychiatric hospital, it participates as an ex-officio member of its two neighboring regional groups: ASH Regional Group and RSH Regional Group.

Figure 7. All Texas Access Statewide Map with LMHAs and LBHAs



Legend for Map of All Texas Access Regional Groups

The numbers on the map above each correspond to an LMHA or LBHA. The list below matches the number to the LMHA or LBHA as well as the regional group.

1. ACCESS, RSH
2. Andrews Center Behavioral Healthcare System, RSH
3. Betty Hardwick Center, BSSH
4. Bluebonnet Trails Community Services, ASH and SASH
5. Border Region Behavioral Health Center, RGSC
6. Burke Center, RSH
7. Camino Real Community Services, SASH
8. Center for Life Resources, ASH and NTSH
9. Central Counties Services, ASH
10. Central Plains Center, BSSH
11. Coastal Plains Community Center, SASH
12. Community Healthcore, RSH
13. Denton County MHMR Center, NTSH
14. Emergence Health Network, BSSH
15. Gulf Bend Center, SASH
16. Gulf Coast Center, ASH
17. The Harris Center for Mental Health and IDD, ASH and RSH,
18. Heart of Texas Behavioral Health Network, ASH
19. Helen Farabee Centers, NTSH
20. Hill Country MHDD Centers, SASH
21. Integral Care, ASH
22. Lakes Regional Community Center, TSH
23. LifePath Systems, TSH
24. MHMR Authority of Brazos Valley, ASH
25. My Health My Resources Concho Valley, BSSH
26. My Health My Resources (MHMR) of Tarrant County, NTSH

27. North Texas Behavioral Health Authority, TSH
28. Nueces Center for Mental Health & Intellectual Disabilities, SASH
29. Pecan Valley Centers, NTSB
30. PermianCare, BSSH
31. Spindletop Center, RSH
32. StarCare Specialty Health System, BSSH
33. Texana Center, ASH
34. Texas Panhandle Centers, NTSB
35. Texoma Community Centers, TSH
36. The Center for Health Care Services, SASH
37. Tri-County Behavioral Healthcare, RSH
38. Tropical Texas Behavioral Health, RGSC
39. West Texas Centers, BSSH

All Texas Access Four Metrics

Per the enabling legislation that created All Texas Access, regional groups must produce regional plans that provide access to needed services in the regional group and reduce the following:

- Cost to local governments of providing services to persons experiencing a mental health crisis;ⁱⁱⁱ
- Transportation of persons participating in LMHA or LBHA services to mental health facilities;
- Incarceration of persons with mental illness in county jails located in the region; and
- ER visits by persons with mental illness in the region.

HHSC calculated the estimated number of people impacted, and the costs, of the four metrics referenced above for fiscal years 2019, 2020, 2021, and 2022 for rural Texans. These metrics were originally created for the implementation of S.B. 633.

ⁱⁱⁱ 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.

HHSC is continuing to develop and monitor these metrics per the implementation of S.B. 454.

The following tables and charts show the estimated numbers and costs for these four metrics. The metrics listed below *do not* include urban services. Please note, some of the metrics show significant increases or decreases during the four fiscal years. Increases or decreases in the data should not be interpreted as an indicator for reduced need and/or cost savings. These models also do not attempt to capture inflation and the changing costs of conducting business. For more information about the methodology used to create each metric, see [Appendix J, Data Methodology](#).

Table 4. Estimated Number of Rural Texans Experiencing a Mental Health Crisis

Category	FY 2019	FY 2020	FY 2021	FY 2022 ^{iv}
People served by Local Governments	332,000	261,000	265,000	268,000
People Transported to a State-Funded Psychiatric Facility	22,000	20,000	17,000	18,000
Incarcerations of People with a Mental Health Condition	73,000	75,000	85,000	92,000
ER Visits for Mental Health Crises	266,593	241,108	245,060	231,338

Table 5. Estimated Mental Health Rural Costs for All Texas Access Metrics

Costs	FY 2019	FY 2020	FY 2021	FY 2022 ^v
Cost to Local Governments	\$73,065,000	\$57,262,000	\$58,201,000	\$58,993,000
Transportation Cost	\$16,612,000	\$15,105,000	\$12,794,827	\$13,733,475
Incarceration Cost	\$183,586,000	\$197,959,000	\$226,433,000	\$248,136,000
ER Charges	\$617,049,587	\$599,004,291	\$657,502,410	\$661,448,603
Total Cost	\$890,312,587	\$869,330,291	\$954,931,237	\$982,311,078

^{iv} For fiscal year 2022, data was only pulled for the first six months of the fiscal year. HHSC used the Forecast function in Excel to project what the metrics may be for quarter 3 and quarter 4 for 2022. In addition, the cost to local government is calculated using a calendar year. Every other metric is calculated using a fiscal year.

^v For fiscal year 2022, data is only for the first six months of the fiscal year. HHSC used the Forecast function in Excel to project for the remainder of fiscal year 2022. In addition, the cost to local government is calculated using a calendar year. Every other metric is calculated using a fiscal year.

Chart 5. Estimated Number of People with a Mental Health Condition under 200% Federal Poverty Level, FY 2019-2022^{vi vii}

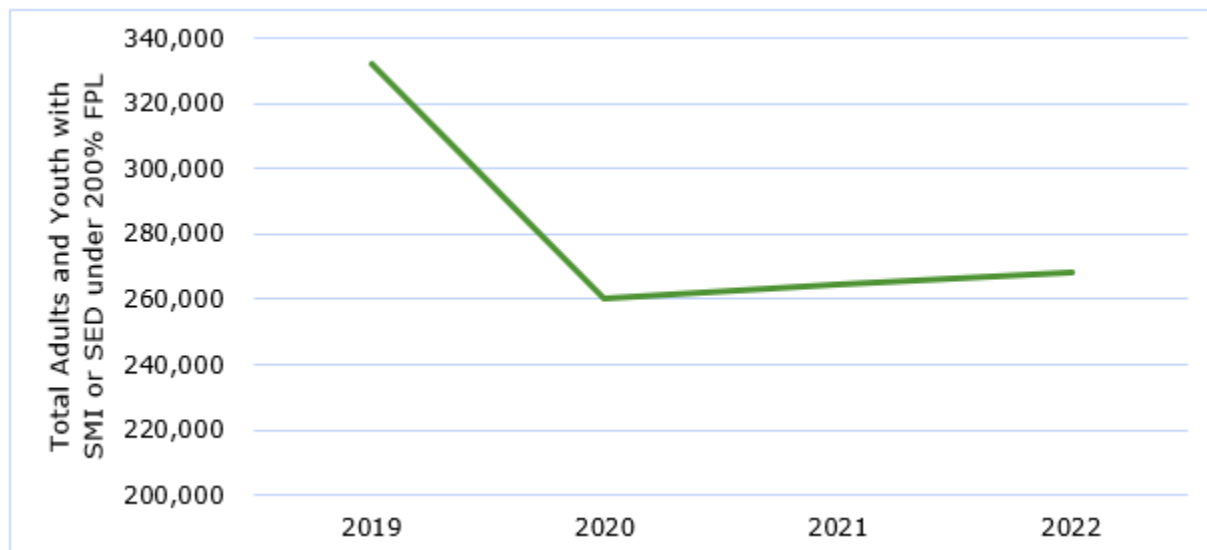
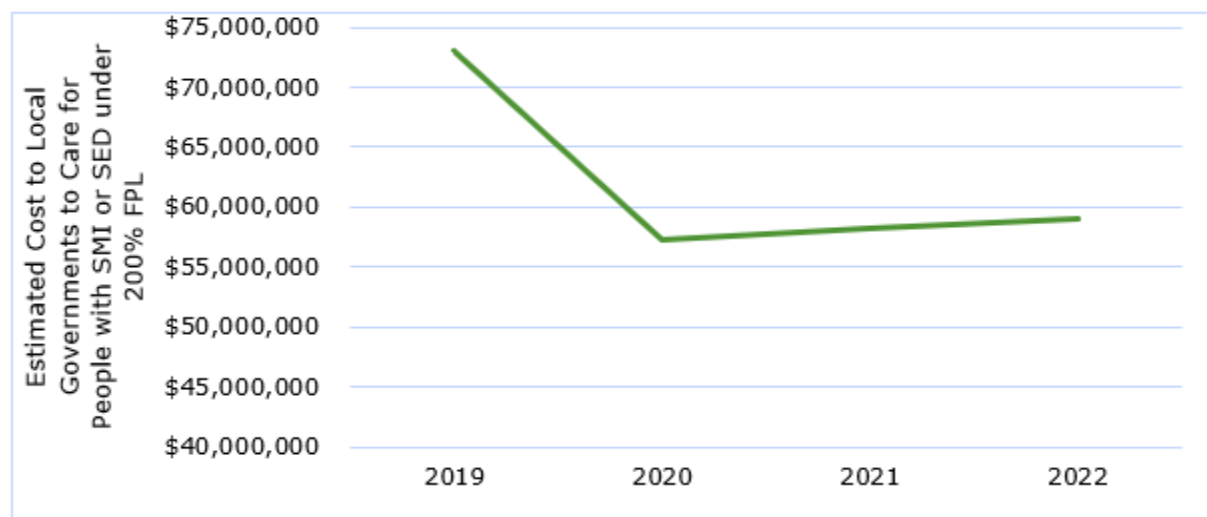


Chart 6. Estimated Cost to Local Governments to Care for People with a Mental Health Condition under 200% FPL, 2019 - 2022^{viii}



^{vi} At the time this report was written, SAMHSA had not yet released the percentages of people with a mental health condition under 200 percent of the federal poverty level. Therefore, HHSC used SAMHSA's prevalence rate from 2020 and applied it to 2021 and 2022.

^{vii} SAMHSA's prevalence rate for people with a mental health condition under 200 percent of the federal poverty level significantly decreased between 2019 and 2020. This is the primary reason the costs and number of people served by local governments decreases from 2019 onward.

^{viii} SAMHSA's prevalence rate for people with a mental health condition under 200 percent of the federal poverty level significantly decreased between 2019 and 2020. This is primary reason the costs and number of people served by local governments decreases from 2019 onward.

Chart 7. Estimated People Transported by Law Enforcement to a State-Funded Crisis Facility (Not Including Forensic Admissions), Fiscal Years 2019 - 2022 ^{ix}

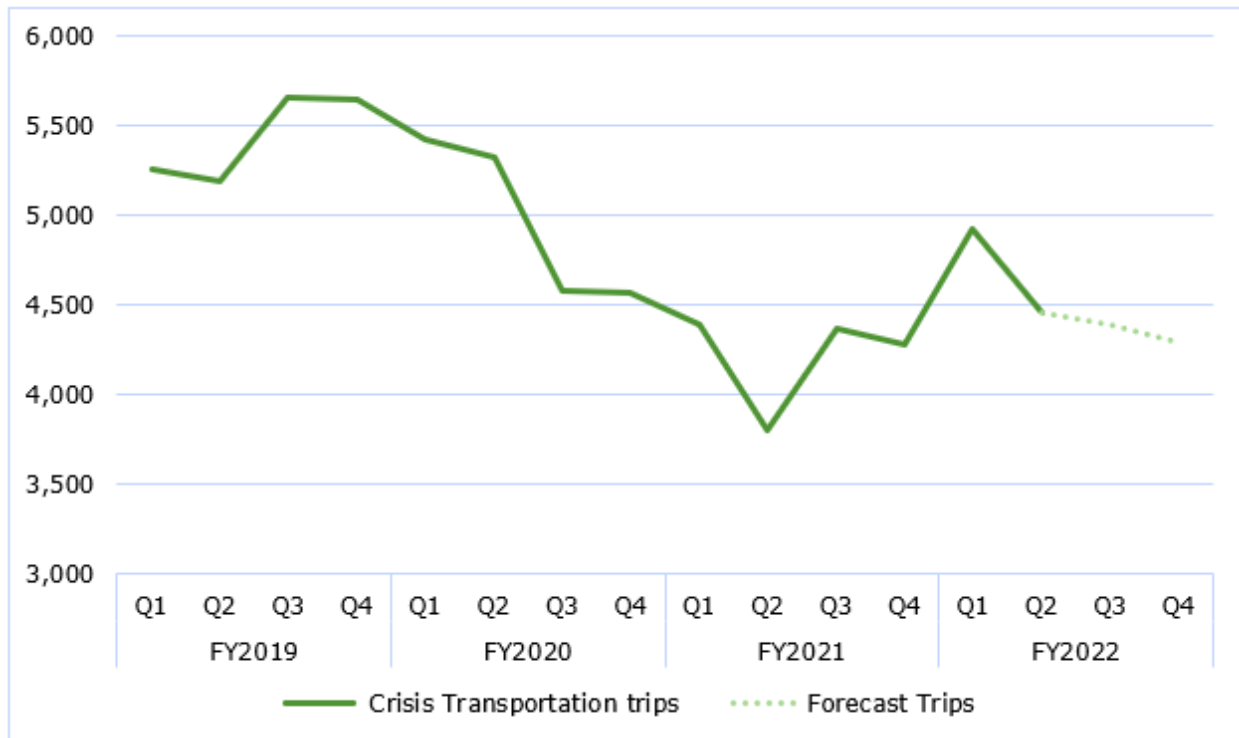


Chart 8. Estimated Transportation Costs (Not Including Forensic Admissions), Fiscal Years 2019-2022



^{ix} Crisis transportation data is limited to beds funded by Texas general revenue.

**Chart 9. Estimated Number of People Incarcerated with a Mental Health Condition
Fiscal Years 2019-2022**



**Chart 10. Estimated Incarceration Costs for People with a Mental Health Condition,
Fiscal Years 2019-2022**

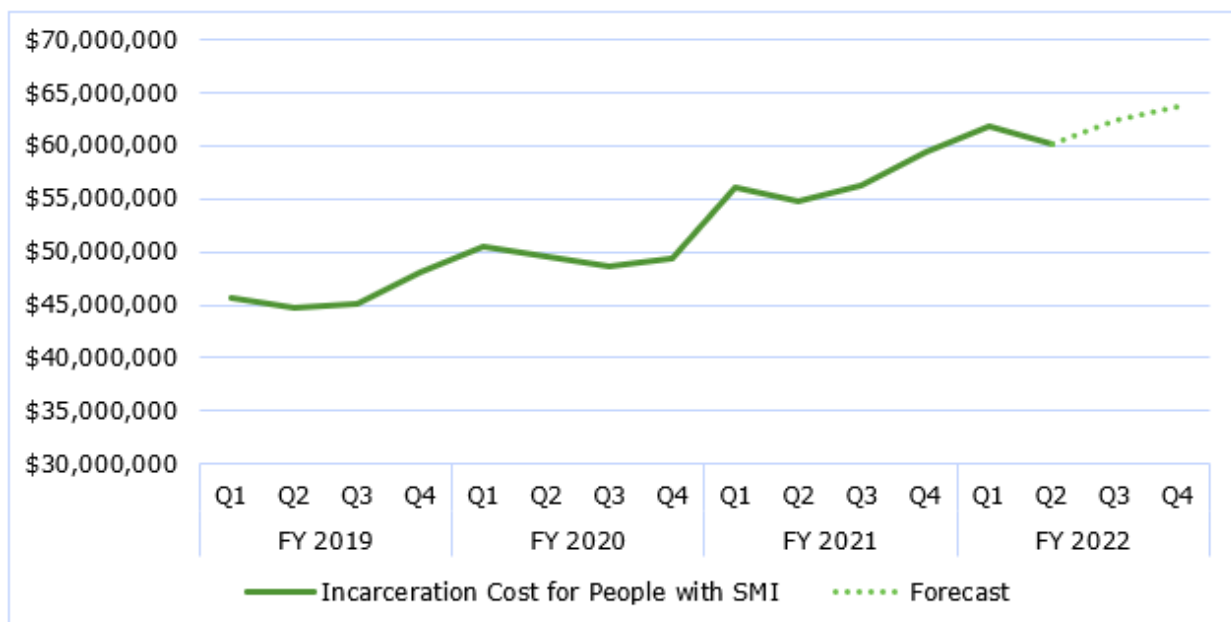


Chart 11. Estimated Number of ER Visits for a Mental Health Condition, Fiscal Years 2019-2022

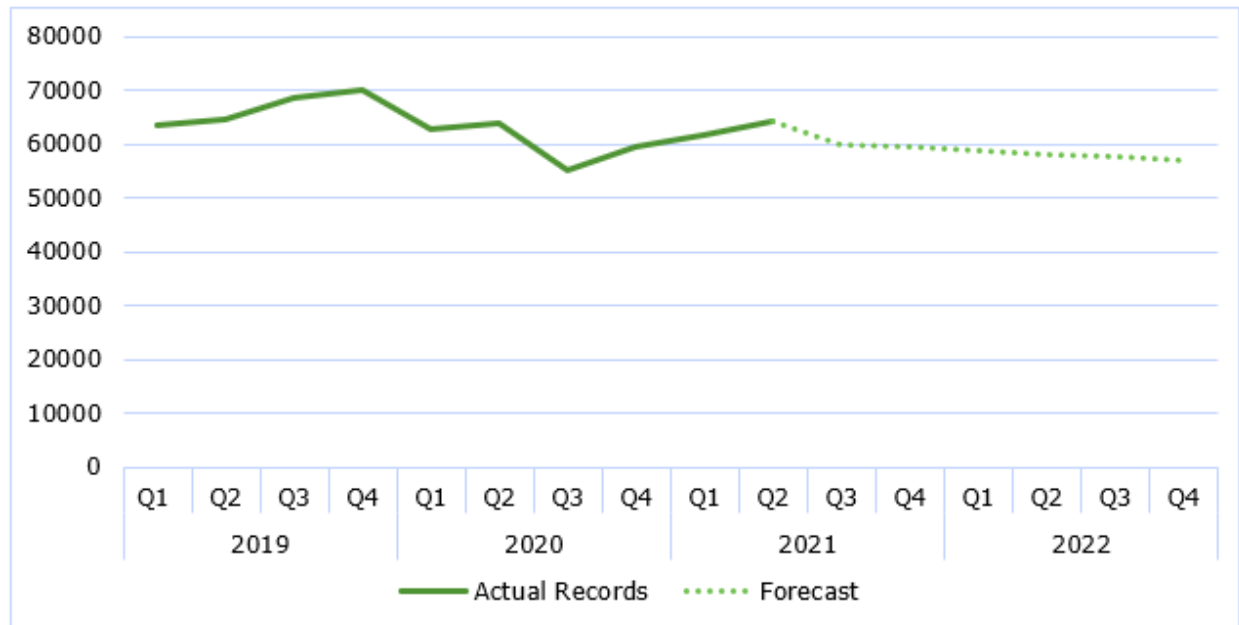
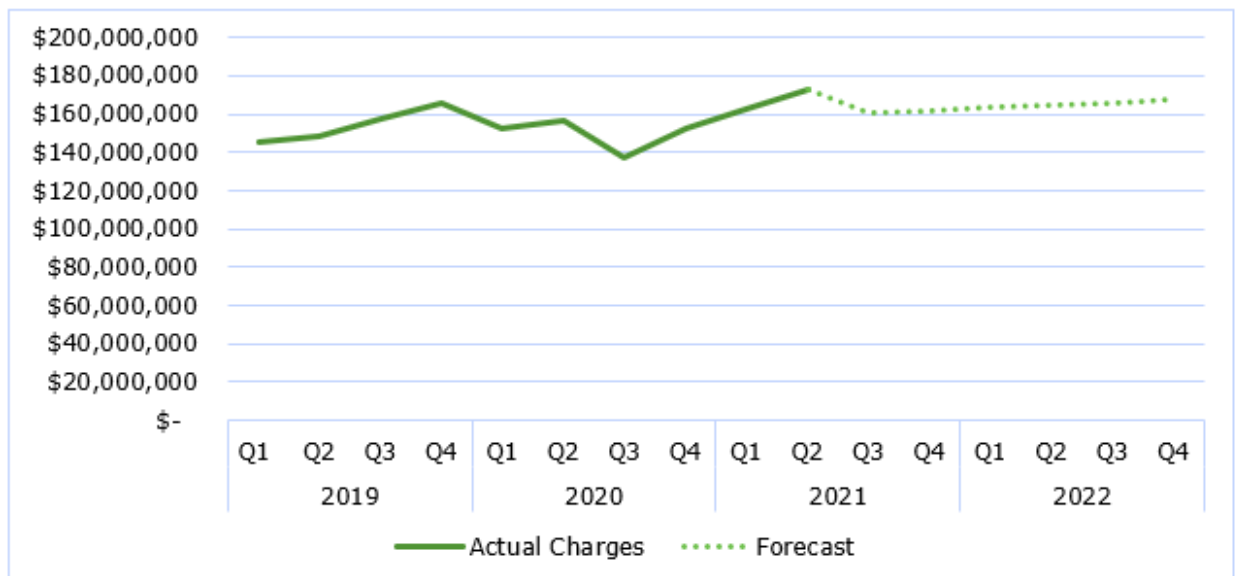


Chart 12. Estimated ER Charges for Mental Health Conditions, Fiscal Years 2019-2022



All Texas Access Regional Plans

Each All Texas Access regional plan has the same structure and components.

Each plan starts with:

- A map of the region and the LMHA and LBHA headquarters in that region;
- The participating LMHAs and LBHAs, including urban ex-officio members;
- Regional characteristics; and
- Estimated costs for the regional group for the four All Texas Access metrics.

The strategies for the regional group are then outlined as follows:

- Overview;
- New Strategies: Jail Diversion and Community Integration; and
- Updates on Existing Strategies (based on the themes in the first regional plan published in 2020).

The final section outlines the estimated number of inpatient and outpatient beds for the region, aggregated based on individual reports from the rural-serving LMHAs and LBHAs in the regional group.

At the end of this report, Appendices B through H provide additional information for each regional group, including:

- A sequential intercept model, formal or informal, for each rural-serving LMHA or LBHA in the regional group;
- More detail about the jail diversion and community integration strategies in the regional plan; and
- Bed capacity information submitted by each rural-serving LMHA or LBHA in the regional group.

Estimated Inpatient and Outpatient Bed Capacity

Based on a requirement in S.B. 454, each rural-serving LMHA or LBHA submitted information to HHSC about the inpatient and outpatient bed capacity currently available to them as well as what they foresee needing in the next two fiscal years. The LMHAs and LBHAs were asked to consider not only those beds directly related to the strategies outlined in their regional plan, but all beds available to them and needed to effectively serve their community.

Outpatient beds are generally crisis settings or step-up/step-down programs, while inpatient beds are generally acute, hospital-level care. The state hospital step-down pilot programs are specifically for state hospital patients who are ready for discharge but have medical needs or other complex needs that make discharge into the community difficult. This Hospital Transition Pilot Program currently has four sites: Bluebonnet Trails - Georgetown, Bluebonnet Trails -Seguin, Helen Farabee Center, and The Harris Center. In addition to the pilot program, LMHAs and LBHAs often use available crisis settings for step-up/step-down services.

Outpatient beds include:

- Crisis Residential Units;
- Crisis Respite;
- Extended Observation Units (EOU); and
- State Hospital Step-Down Pilot Programs.

Inpatient beds include:

- Crisis stabilization units (CSUs);
- Community mental health hospitals (CMHH); and
- Private psychiatric hospitals used as:
 - Private Psychiatric Beds (PPBs), used when state hospital beds are unavailable; or
 - Rapid Crisis Stabilization Beds (RCSBs) for shorter term inpatient crisis care.

Beginning in fiscal year 2022, HHSC began phasing out RCSBs and consolidating these with PPBs. Therefore, future All Texas Access reports will reflect that all HHSC-funded private psychiatric beds are PPBs. Since the state hospitals' census has evolved to serve a primarily forensic population, state hospital beds were not considered in these counts. Hospital numbers (CMHH, PPB, or RCSB) are expressed as bed per day. So, for example, three beds per day would allow an LMHA or LBHA access to an average of three beds every day of the fiscal year.

Without the needed bed capacity, rural Texans may:

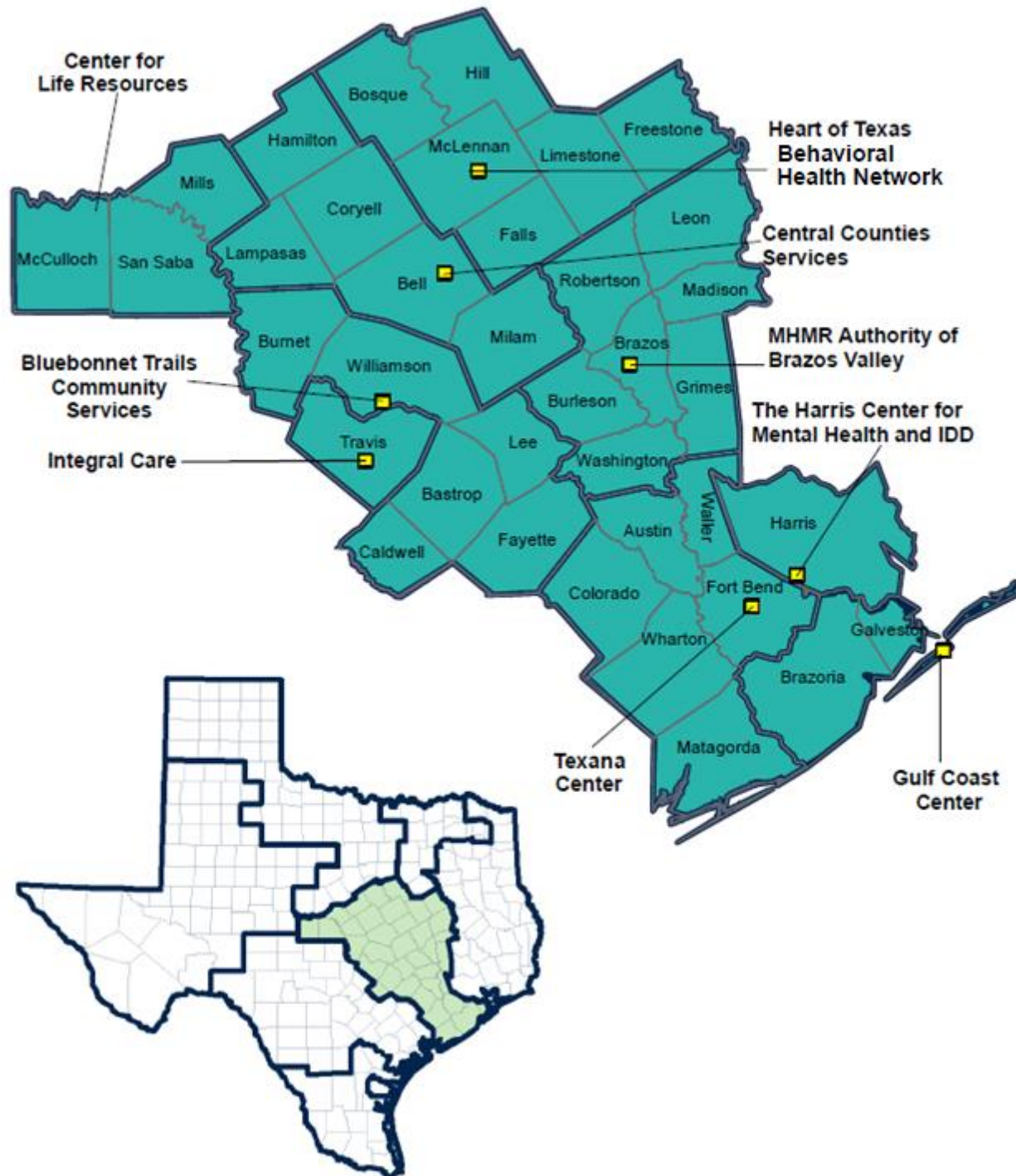
- Be admitted to psychiatric hospitals as the next best option when outpatient beds are unavailable;
- Stay longer than needed in a psychiatric hospital without outpatient beds as step-down options;

- Spend more time in ERs waiting for a psychiatric hospital bed;
- Travel further from their home community to receive care; or
- Be incarcerated if law enforcement responding to a mental health crisis have no other known resource for keeping the person safe.

Regional summaries of estimated bed capacity are at the end of each regional plan, and the forms submitted by each LMHA or LBHA are in the regional plan appendices. A statewide summary is in [Appendix I, Statewide Bed Capacity Estimates](#). Forms submitted by the LMHAs and LBHAs may refer to the end of DSRIP funding as a factor in projected bed day losses.

2. All Texas Access Austin State Hospital (ASH) Regional Group

Figure 8. Map of All Texas Access ASH Regional Group^x



Participating LMHAs

- Bluebonnet Trails Community Services
- Center for Life Resources
- Central Counties Services
- Heart of Texas Behavioral Health Network
- MHMR Authority of Brazos Valley
- Texana Center

Bluebonnet Trails Community Services participates in both the All Texas Access ASH and SASH Regional Groups. The Center for Life Resources participates in both the All Texas Access ASH and NTSB Regional Groups.

Integral Care, The Harris Center for Mental Health and IDD, and the Gulf Coast Center participate in this group as ex-officio members.

Regional Characteristics

- Size: 32,905 Square Miles
 - Comparable State: South Carolina
 - Counties with 250,000 people or less: 29 with 24,394 sq. mi
 - Counties with more than 250,000 people: 8 with 8,512 sq. mi.
- Population: 9,837,218
 - Comparable State: Michigan
 - Largest County: Harris: 4,731,145
 - Smallest County: Mills 4,456

Estimated Costs of Regional Group

The estimated cost per encounter in this region for All Texas Access metrics between fiscal year 2019 and the first half of fiscal year 2022 is^{xi}:

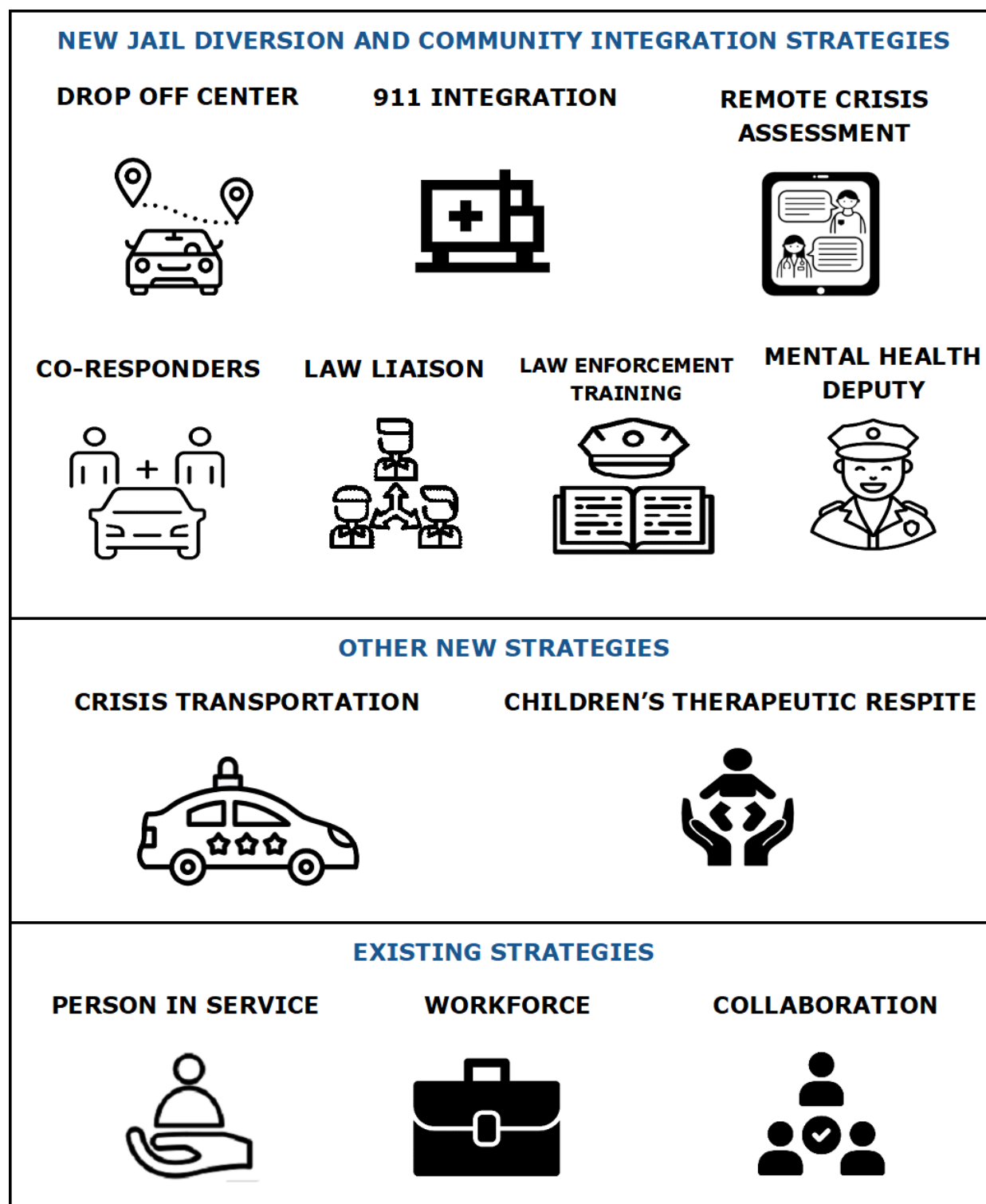
^{xi} Due to methodological constraints, the average cost to local governments and incarceration was calculated on a statewide basis using data from fiscal year 2019 through the first half of fiscal year 2022. However, average transportation costs and ER charges were calculated on a regional basis. Average transportation costs are calculated using data from fiscal year 2019 through the first half of fiscal year 2022. Average ER charges are calculated using data from fiscal year 2019 through the first half of fiscal year 2021.

- Cost to local Government = \$220
- Transportation = \$705
- Incarceration = \$2,624
- ER Charges = \$2,275

All Texas Access Austin State Hospital (ASH) Regional Group Plan

The icons below represent a high-level overview of the All Texas Access ASH Regional Group plan. Note that “Existing Strategies” are broad categories from the 2020 All Texas Access ASH Regional Group plan.

Figure 9. All Texas Access ASH Regional Plan Strategies



Overview

For this report, the All Texas Access ASH Regional Group preserved the three themes they identified during the initial phase of their regional plan: Focus on the Person in Service; Workforce; and Strategic Collaborations. The All Texas Access ASH Regional Group added Children's Therapeutic Respite and Crisis Transportation as two additional areas of focus in the All Texas ASH Region. Additionally, the All Texas Access ASH Regional Group developed a strategy for criminal justice diversion and community integration for those who have a mental health condition and are justice-involved or at risk of justice involvement. As a result, four of the six LMHA strategies are funded either through local or federal funds, while the remaining two are considered "grant ready" should a funding opportunity arise.

The focus on the person in service and supporting their whole health and recovery extends not just to physical and mental health recovery, but also recovery into the community through safe, sustainable housing and meaningful work. By continuing to extend into systems that affect people the LMHAs serve through Mental Health Deputy (MHD) Programs as well as work with independent school districts, the LMHAs expand beyond the mental health providers in the employ of LMHAs to include other potential providers and partners, including law enforcement, health care providers, hospitals, schools/universities, faith-based organizations, and other community organizations.

The challenge and responsibility of providing mental health services to rural Texans becomes a challenge and responsibility for all the community partners.

As an authority on mental health treatment and recovery principles, LMHAs and LBHAs are uniquely positioned in communities to provide guidance, technical assistance, and collaborations that effectively extend the mental health workforce beyond the LMHAs and LBHAs themselves.

The All Texas Access ASH Regional Group identified that LMHAs and LBHAs in this region leverage relationships and resources to act as the hub of an interconnected web of mental health care. By continuing to participate in both the ASH System Redesign and All Texas Access planning, LMHAs and LBHAs continue to link the two projects, ensuring a unified approach to improving the continuum of mental health services at the new hospital. The ASH System Redesign efforts prioritize exceptional care and collaboration, mirroring goals of the ASH All Texas Access Regional Group and the Statewide Behavioral Health Coordinating Council. Both groups made similar recommendations relating to housing and service capacity as well as planning related to the crisis continuum. The All Texas Access ASH Regional Group identified ways to effectively collaborate with community partners by forming or

enhancing interlocal contracts and agreements clarifying roles and responsibilities, so each partner knows their area of expertise when it comes to providing mental health services in each region. The expansion of MHD Programs funded through local funds and philanthropy in the ASH region demonstrate this positive influence. The two Rural Crisis Response and Diversion projects funded by HR 133 and ARPA funds are other examples of a deepening collaboration. The result of this continued strategic collaboration is system alignment to ensure Texans in the All Texas Access ASH Regional Group have access to care at the right time and right place.

New Strategies: Jail Diversion and Community Integration

Each rural-serving LMHA within the regional group identified one jail diversion or community integration strategy that would be the most effective in their local communities. Refer to [Appendix B](#) for more information about each strategy.

911 Integration and Triage Center



Bluebonnet Trails Community Services

This opportunity, implemented on November 15, 2021, creates immediate access to mental health-informed response at Williamson County's 911 answering point. Now, when a caller seeks emergency care through 911, an offer of police, fire, ambulance, or mental health services is extended. In partnership with Williamson County, Bluebonnet Trails opened a 24/7 Diversion Center for the purpose of establishing a law enforcement triage and drop-off center with a 23-hour observation program meeting the needs of adults experiencing a mental health crisis. The goals are to provide immediate access to critical care - while returning the law enforcement officer back to duty in the community and keeping persons from long stays in an emergency department.

Heart of Texas Behavioral Health Network

Heart of Texas Behavioral Health Network proposes embedding mental health professionals in their 911 call center that serves McLennan County. This proposal will provide 911 dispatch with mental health professionals to respond to mental health calls and if the call requires will dispatch a mental health response.

Drop-Off/Peer Respite



MHMR Center of Brazos Valley

A Peer-Run Crisis Respite program will provide a safe and home-like environment for up to five days receiving supports and recovery-oriented services from peers with lived experience to reduce the need for psychiatric hospitalization or higher levels of care. This opportunity can possibly reduce law enforcement interventions through crisis stabilization in the least restrictive environment while providing an opportunity to address the underlying cause of a crisis. Peer-Respite Crisis Respite will reduce hospitalization by building mutual, trusting relationships between peer staff members.

Rural Crisis Response and Diversion



Central Counties Services

Rural Crisis Response and Diversion Project provides real-time access and assessment between law enforcement—at the county and municipality level—and qualified crisis intervention specialists to remote and rural areas. This project provides additional training and guidance on mental health programming within law enforcement systems to improve handling of mental health crisis within the community. This project also provides rapid response and screening of people to increase triage between law enforcement and mental health providers through telehealth options which provides alternatives to care for people that may otherwise be put under arrest. As of May 2022, Central Counties hired staff and is in the process of training them while also testing electronic equipment in their most rural areas to ensure adequate broadband/cellular signal.

Texana Center

The rural counties that Texana Center serves have identified timely mental health crisis response is a challenge that can result in many people with mental health conditions being incarcerated. Texana, through the Rural Crisis Response and Diversion Project provides training to law enforcement, two Law Liaisons who interface with the law enforcement community, enhanced co-response with mental health professionals and law enforcement, and technology for remote evaluation. From November 2021 through May 2022, Texana reported 509 jail diversions.

Mental Health Deputy



Center for Life Resources

Building on the success of Brown, Coleman, Mills, and Eastland Counties the McCulloch and Comanche County Sheriff's offices are also establishing MHD programs in their respective counties. Center for Life Resources expects this implementation's impact to be for the persons receiving services when interacting with law enforcement and the specially trained MHD in their area who are available to consult on difficult calls. San Saba County, the only county without a current plan to implement MHDs, has indicated they also want an MHD program but do not have the funds to self-start the program at this time.

New Strategies

Crisis Transportation



The majority of rural-serving LMHAs in the All Texas Access ASH Regional Group traditionally have relied on law enforcement to transport people in crisis to inpatient settings. With workforce shortages affecting law enforcement as well as other demands on local government, relying on law enforcement solely has become increasingly challenging. Through a federal SAMHSA Community Mental Health

Centers (CMHC) grant award, Bluebonnet Trails has initiated transportation for persons served through the Williamson County Diversion Center to appropriate levels of care. The transportation services are provided by trained security professionals - allowing law enforcement officers to quickly return to duties in the community. Through Medicaid 1115 Waiver funding, Bluebonnet Trails also invests in MHDs in Bastrop, Burnet, Fayette, and Guadalupe Counties. Bluebonnet Trails was also awarded a time-limited grant through Austin's Capital Metro and the Texas Department of Transportation for transportation throughout the Bluebonnet Trails local service area.

When appropriate, LMHAs have been utilizing other methods to transport people in crisis. For example, Center for Life Resources and Central Counties will occasionally use a member of their Mobile Crisis Outreach Team (MCOT) or a friend or a family member of a person in crisis. Heart of Texas developed a contract with a security company to transport and wait with those in crisis. Heart of Texas' law enforcement agencies have interlocal agreements to cover the cost of transporting or "sitting with" a person. MHMR Authority of Brazos Valley pays stipends to current employees to provide out of region transportation when appropriate, in addition to negotiating with private psychiatric hospitals to transport as part of admission. Transportation for people in crisis continues to be a challenge; however, the rural-serving LMHAs continue to find innovative ways to close this gap.

Therapeutic Respite for Children and Youth

A 16-bed Youth Therapeutic Respite program has opened its doors in Round Rock providing crisis prevention, early intervention and diversion from more acute psychiatric settings for youths. Regardless of diagnosis, a Bluebonnet Trails interdisciplinary team including a psychiatrist, a psychologist, nurses, counselors, care coordinators, Behavioral Analysts, substance use treatment providers, and technicians serve youths between the ages of 5-17, ensuring care coordination with the family, pediatrician, school and selection of ongoing primary and behavioral health providers. The goal is successful reunification of the family and strengthening the skill set and wellbeing of the youth to thrive alongside peers. The length of stay is up to 30 days in the Youth Therapeutic Respite program.

Updates on Existing Strategies

The strategies in this section were developed under S.B. 633 and published in the *2020 All Texas Access Report*.



Person in Service

Step-Down Pilot Program

Bluebonnet Trails is part of the Step-Down Pilot program. The pilot program identifies, assesses, and facilitates the successful transition to community-based services of adults with serious mental illness (SMI) or a combination of SMI and medical needs exceeding the supports available in traditional settings, but who are clinically appropriate for discharge from a state hospital. Each pilot program receives persons from any state hospital with the goal of successfully transitioning the person to their chosen home community upon discharge. Working together, a robust multi-disciplinary team coordinates a plan with the state hospital staff and a person stepping down from the most intensive level of psychiatric care in Texas to a safe and professionally-staffed community setting. The project works with people before and after leaving the state hospital to support their transition to step-down residences and community-based mental health services. Each step-down residence has a maximum occupancy of six to eight people. There is an estimated cost avoidance of \$52,013 per person annually for people who would otherwise remain in a state hospital setting.

The Bluebonnet Trails Step-Down pilot in Georgetown has served 8 adults in the 6-bed home since January 2021. Over the 15 months since receiving the first admission, two people have successfully transitioned out of the program to the person's chosen home community without returning to the state hospital.

Outpatient Competency Restoration

Bluebonnet Trails, Central Counties, and Center for Life Resources are all participants in the Outpatient Competency Restoration (OCR) rural expansion. These unique programs provide access to community psychiatric care for those who have a mental health condition and are found to be mentally incompetent to stand trial on an outpatient basis. These Texans usually have misdemeanor charges and are not viewed as being a threat to public safety. The Texans in these programs engage in community services and maintain their tenure in the community thereby avoiding incarceration as well as an inpatient stay at a state hospital.

Accepting the first admission to the OCR program during October 2021, Bluebonnet Trails has served eight people thus far, Central Counties has served one, and Center for Life Resources has enrolled 4 people into their program. The current average length of participation at Center for Life Resources is 118 days, and all qualifying participants are still in the program (as of May 2022). Center for Life Resources is also considering the feasibility of jail-based competency restoration (JBCR) to support those who may not be appropriate for outpatient services.

Housing and Employment Recovery Investments

The COVID-19 Pandemic and the focus on ensuring the safety of people being served by the LMHA or LBHA as well as the staff while maintaining service levels posed significant challenges for the LMHAs and LBHAs in the All Texas Access ASH region. Despite these challenges, Bluebonnet Trails participated in a national Supported Employment Demonstration study. Through this study, Bluebonnet Trails was able to expand employment opportunities with willing employers in the fields of healthcare, manufacturing, and retail.

Additionally, Bluebonnet Trails received a Community Development Block Grant award through Williamson County for the purpose of providing Housing First services, assisting persons in securing permanent housing and achieve housing stability, without preconditions or barriers as a prerequisite for housing. The award focused on homelessness and housing needs by connecting people with local housing authorities, applying for Section 8 or Section 811, finding available rental units and negotiating with property managers. For a sustainable impact, Housing First also assisted with access to employment, psychiatric and primary healthcare, veteran and peer support services, access to community resources and apply for Social Security benefits and other benefits such as Supplemental Nutrition Assistance Program. Through both initiatives, a combined number of 112 persons were served during fiscal year 2021, and an additional 57 persons were served during the first six months of fiscal year 2022. Through the 18 months of these

projects, 87 percent maintained their housing situation; 81 percent maintained the employment for the entire period; and 88 percent were connected to health care providers to strengthen their ability to maintain wellness, housing, and employment.

Center for Life Resources targets people either directly impacted or at risk of homelessness through their Supportive Housing Rental Assistance Project program, the local homeless shelter, the ministerial alliance, and at times jail diversion at their crisis respite facility. Center for Life Resources continues to cultivate relationships with housing and employment providers in the area who are willing to collaborate to serve people who have unconventional or complex circumstances that make housing and employment challenging. Central Counties and the Heart of Texas made gains in housing as well. Central Counties' supported housing department continues to add to the list of potential landlords in the area and frequently interacts with housing authorities and Section 8 throughout their service area. Looking to the future, Central Counties also created partnerships with a few developers in the area that may manifest into lowering costs on future projects. Heart of Texas continued to work with the homeless coalition in their area to identify and close gaps for those with housing needs in their service area. Heart of Texas is the lead agency on several housing grants through HUD such as Tenant Based Rental Assistance (TBRA) and Youth Homelessness Demonstration Program (YHDP). TBRA funds units of general local governments, public housing authorities, LMHAs, and nonprofits wishing to provide the following in their local communities:

- Security and utility deposits; and
- Rental subsidies for up to 24 months while the household engages in a self-sufficiency program. If available, additional funds may be set-aside to aid beyond 24 months for households meeting certain program requirements.

YHDP is a multi-county, multi-partner collaborative that focuses on reducing the number of youth and young adults experiencing homelessness.

MHMR Authority of Brazos Valley was able to house 56 people/families in fiscal year 2021 who were homeless or at risk of homelessness with Supportive Housing Rental Assistance funds from HHSC. The relationship established with the local Homeless Coalition has assisted in the success of moving people quickly into stable housing.

Develop Best Practices for Rural Remote Evaluation

Pre-pandemic, all the rural-serving LMHAs in the ASH Region expressed interest in using remote technology (smart phones and tablets) to assist in evaluating people

experiencing a mental health crisis in the field who are with law enforcement. This interest was solidified in the 2020 All Texas Access ASH Regional plan with the proposal that the ASH Regional Group adapt Harris County's Clinician Officer Remote Evaluation program to their region. With the advent of flexibilities for telehealth, the rural-serving LMHAs began using smart phones and tablets to collaborate with law enforcement remotely. In embracing this new technology, the rural-serving LMHAs in the All Texas Access Regional group made significant gains. Through equipping law enforcement with technology for remote evaluation, LMHAs are seeing increased access to care for people needing an assessment as well as effective system navigation for law enforcement to help determine the most appropriate level of care for the person. The capacity to perform remote evaluation also allows for the resolution of the case on the scene in some instances. With expanded broadband capacity in rural Texas, many gaps of time and distance can be closed while increasing access to care.

Though this practice is new, it shows great promise to decrease time in accessing care. Bluebonnet Trails has added 10 providers for evaluations via telehealth, telemedicine, and telephone. While Center for Life Resources has been leveraging technology such as video chat when appropriate to complete crisis assessments, a large percentage of assessments are still provided in person. Central Counties has also begun remote evaluation in their rural counties through smart devices and have enjoyed success where devices are stationary such as a hospital ER; however, the field-based devices with law enforcement have faced challenges related to uneven cellular networks. Heart of Texas is also beginning the practice of remote evaluation for ERs and law enforcement in their catchment area; however, Heart of Texas staff have learned that they frequently conduct education about the practice of remote evaluation and how to use the devices. Heart of Texas has most partners equipped with smartphones or iPads and was able to provide tablets to those rural ERs and law enforcement partners that needed them in their local service area. Texana Center is participating with Rural Crisis Response and Diversion and has begun using the practice by deploying iPads to law enforcement in their rural counties to enable Texana staff to provide crisis assessments remotely.

Workforce

Mental Health Deputies

The All Texas Access ASH Regional Group worked with local partners to establish four additional county-specific MHD programs. MHD programs are sheriff deputies trained to work effectively with people they encounter who might have a mental health condition. MHD Programs work closely with LMHAs and LBHAs to divert people from unnecessary arrest to an appropriate level of care when there is no threat to public safety. Through these collaborations and trainings mental health expertise is extended into the law enforcement workforce.

Center for Life Resources collaborated with McCulloch and Comanche counties to add MHDs in fiscal year 2022. The McCulloch County MHD started in April 2022, while the Comanche position was not yet filled as of May 2022. Central Counties Services has a new MHD in Milam County who started January 1, 2022. As of May 11, 2022, the MHD has responded (either in person or assisting deputies by phone) to 93 calls for service. Local police departments in Milam County are also handling mental health calls within their own jurisdictions, and the MHD responds as able if called for assistance. Texana Center worked with local philanthropic organizations to fund an MHD in Colorado County for two years. The position was filled in May 2022. Texana and the philanthropic organization are working with Colorado County on a sustainability plan.

Access to Physical Health Services

With Bluebonnet Trails being the longest tenured CCBHC, it has learned about the challenges related to sustainability. Bluebonnet Trails is seeking certification for their La Grange and Giddings locations to be Rural Health Clinics (RHCs). Federal status as an RHC would allow Bluebonnet Trails to access funding for the cost of primary care services at the clinics. In partnership with Texas A&M University's College of Nursing, Bluebonnet Trails was awarded two federal Health Resources and Services Administration grant awards supporting the expansion of integrated health care and establishment of a professional pipeline into historically underserved areas.

Collaboration

Strategic Collaborations with Community Partners

The LMHAs and LBHAs in the All Texas Access ASH Regional Group have made progress in collaborating with community partners. Notably, over the last 18 months Bluebonnet Trails has worked in partnership with leaders of HHSC and state hospitals, local elected officials, emergency services, law enforcement, independent school districts and local task forces for the purposes of implementing:

1. Two step-down programs for state hospital patients;
2. Mental health coverage for 911 dispatch in Williamson County;
3. A diversion center in Williamson County supporting law enforcement triage and 23-hour observation;
4. Public school-based integrated health clinics; and
5. Development of two youth therapeutic respite programs.

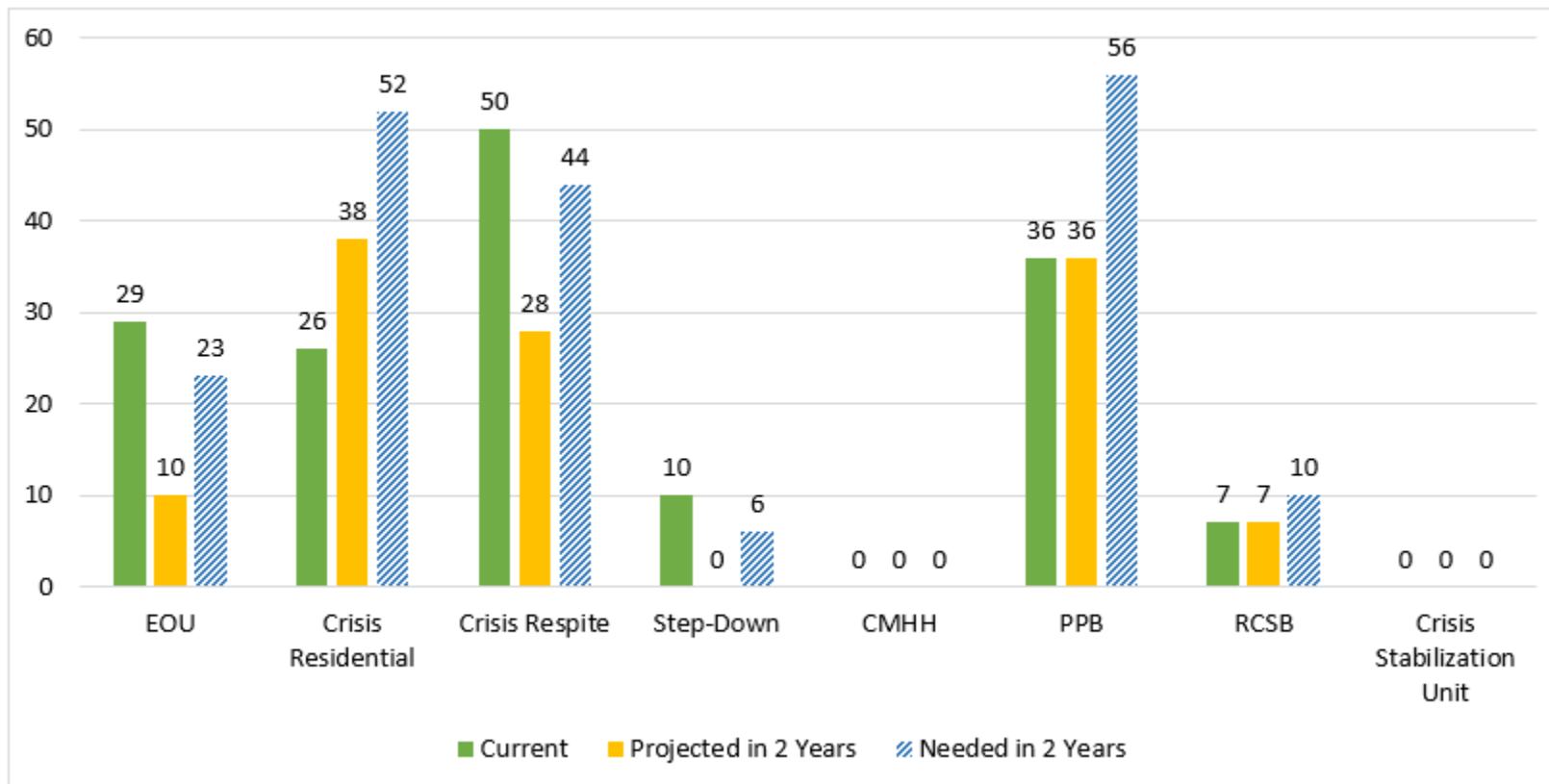
Center for Life Resources has developed more extensive relationships with all the counties in their local service area to promote and support collaborations with law enforcement. MHMR Authority of Brazos Valley participates in the Brazos Valley Health Coalition focusing on collaborations among health care providers, including development of community assessments and identification of health service gaps.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA in the regional group submitted information about the outpatient and inpatient beds available to them currently, projected change over two years, and anticipated need in two years. Note that the step-down beds in the chart below are part of the state hospital step-down pilot program and are therefore only available to persons discharging from state hospitals as part of that program.

Refer to the [Regional Plans](#) section of the report for additional explanation of the chart below.

Chart 13. All Texas Access ASH Regional Group Bed Capacity



Total Outpatient Beds Needed: 49**Total Inpatient Beds Needed: 23 beds/day (or 8,384 bed days/year)**

The All Texas Access ASH Region has no community mental health hospitals and no crisis stabilization units. The group expects to lose Extended Observation Unit (EOU), crisis residential, and crisis respite beds in the next two years due to loss of funding. In the absence of these outpatient alternatives, the LMHAs anticipate more private psychiatric hospital admissions.

Bluebonnet Trails expressed a need for more crisis respite and crisis residential. People in crisis are staying longer in these beds, and Bluebonnet Trails also uses these programs as a step-down from EOU and psychiatric hospital beds. While Bluebonnet Trails currently participates in the state hospital step-down pilot program, they also marked this funding as uncertain in the future. Heart of Texas also noted the need for 6 step-down beds, as they don't currently have step-down in their crisis continuum of care. Step-down would be beneficial to ensure a smooth transition from crisis services to traditional outpatient services.

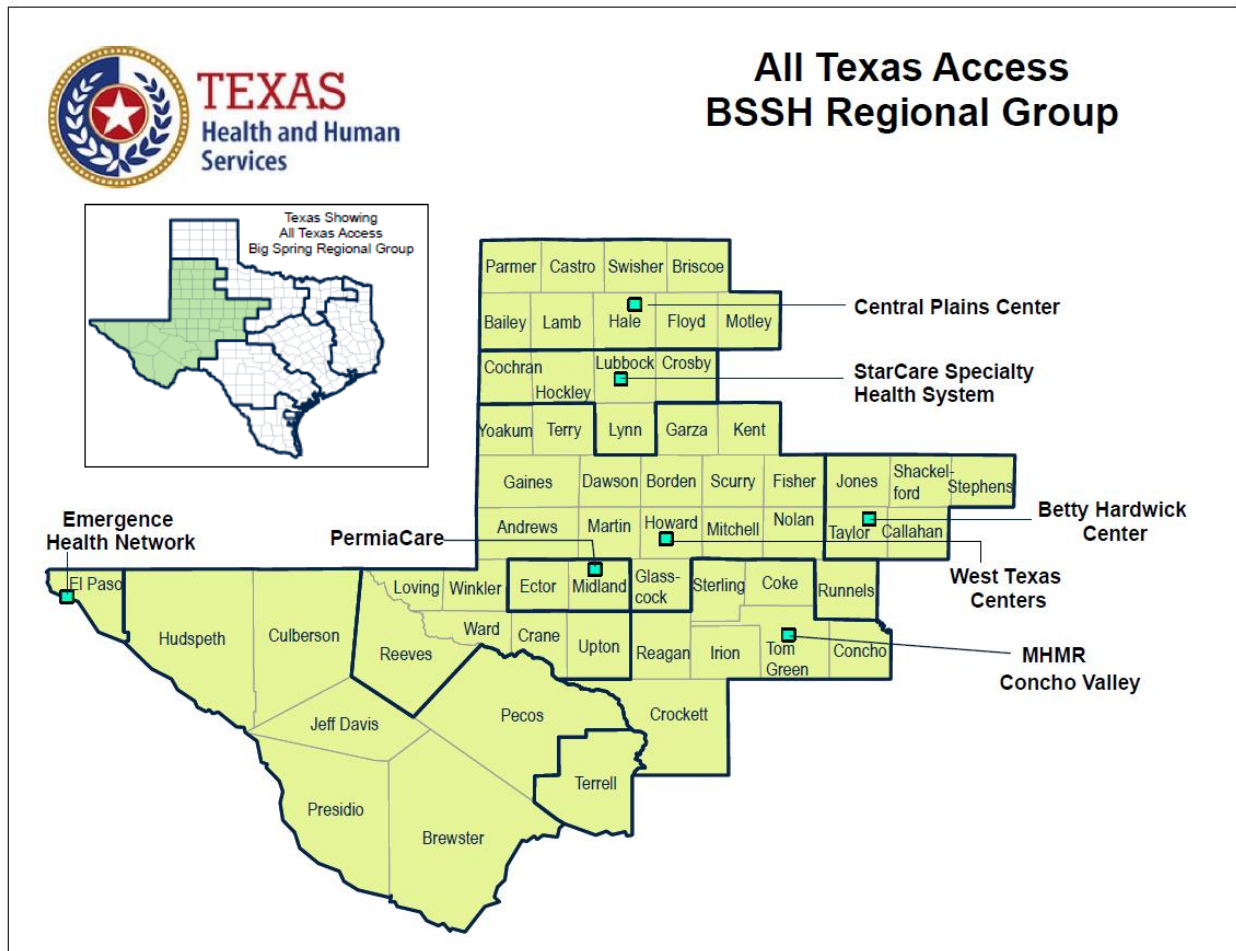
The increased need for inpatient beds relates to:

- Loss of current funding;
- Population growth;
- Hospital admission trends; and
- 988 implementation.

For LMHAs with dual participation in this and another All Texas Access regional group, numbers were not duplicated in the regional plans. Bluebonnet Trails Community Services submitted data specific to the counties they serve within the All Texas Access ASH Region (Bastrop, Burnet, Caldwell, Fayette, Lee, and Williamson). The data from Center for Life Resources was divided based on county population, with 19 percent counting toward the All Texas Access ASH Region and 81 percent counting toward the All Texas Access NTSB Region.

3. All Texas Access Big Springs State Hospital (BSSH) Regional Group

Figure 10. Map of All Texas Access BSSH Regional Group¹²



Participating LMHAs

- Betty Hardwick Center
- Central Plains Center
- My Health My Resources Concho Valley
- PermianCare
- StarCare Specialty Health System

¹² Green squares represent LMHA headquarter locations only.

- West Texas Center

Emergence Health Network participates in this group as an ex-officio member.

Regional Characteristics

- Size: 80,003 Square Miles
 - Comparable State: Kansas
 - Counties with 250,000 people or less: 56 with 78,094 sq. mi
 - Counties with more than 250,000 people: 2 with 1,909 sq. mi.
- Population: 2,211,669
 - Comparable State: New Mexico
 - Largest County: El Paso: 865,657
 - Smallest County: Loving: Fewer than 100

Estimated Costs of Regional Group

The estimated cost per encounter in this region for All Texas Access metrics between fiscal year 2019 and the first half of fiscal year 2022 is¹³:

- Cost to Local Government = \$220
- Transportation = \$833
- Incarceration = \$2,624
- ER Charges = \$3,034

All Texas Access Big Springs State Hospital (BSSH) Regional Group Plan

The icons below represent a high-level overview of the All Texas Access BSSH Regional Group plan. Note that “Existing Strategies” are broad categories from the 2020 All Texas Access BSSH Regional Group plan.

¹³ Due to methodological constraints, the average cost to local governments and incarceration was calculated on a statewide basis using data from fiscal year 2019 through the first half of fiscal year 2022. However average transportation costs and ER charges were calculated on a regional basis. Average transportation costs are calculated using data from fiscal year 2019 through the first half of fiscal year 2022. Average ER charges are calculated using data from fiscal year 2019 through the first half of fiscal year 2021.

Figure 11. All Texas Access BSSH Regional Plan Strategies



Overview

For the All Texas Access 2022 report, the All Texas Access BSSH Regional Group maintained themes they identified during the initial phase of the fiscal year 2020 regional plan: Jail and Hospital Diversion; Workforce; No Wrong Door; and Timely Access. In keeping with the larger theme for the *2022 All Texas Access Report*, the LMHAs in the All Texas Access BSSH Regional Group selected a strategy for criminal justice diversion and community integration for persons who have a mental health condition. Out of the six LMHAs in this group, three have funded strategies through

federal funds while the remaining three LMHAs developed plans which are considered “grant ready” should a funding opportunity arise.

The LMHAs continue to expand their network to partner with law enforcement and other community providers, engaging people at the location of the crisis. The two Rural Crisis Response and Diversion projects funded by HR 133 and ARPA funds are other examples of a deepening collaboration with the law enforcement community. The result of this continued strategic collaboration is system alignment to ensure Texans in the All Texas Access BSSH Regional Group have access to care at the right time and right place.

The LMHAs in the All Texas Access BSSH regional group have seen an increase in the number of adults experiencing a behavioral health crisis over the last two years. They determined providing more training to community partners will provide awareness of mental health symptoms and ways to assist those people prior to going into crisis. The group is also providing more telehealth services for people to gain more immediate access to care thereby potentially diverting trips to the ER or being detained by law enforcement. To address this, LMHAs are providing a wide range of crisis responses including expansion of:

- MCOT staff hours;
- Training of Co-Occurring Psychiatric Substance Use Disorders and Collaborative Assessment and Management of Suicidality;
- LMHA clinic office hours into the evening; and
- Remote crisis evaluations using smart phones and tablets.

The LMHAs have observed a trend of children going into crisis as well. As a result, there are increasing partnerships with school counselors and staff to provide education and awareness around mental health and suicide prevention.

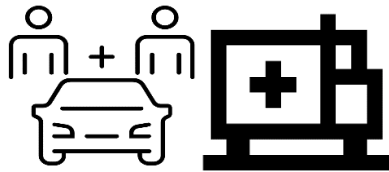
Additionally, LMHAs in the region are:

- Expanding MCOT shifts to support the increased volume;
- Increasing remote crisis screening capabilities in the schools; and
- Establishing relationships with other community partners for increased outreach- all of which have the added benefit of providing a quicker response time for children in crisis.

New Strategies: Jail Diversion and Community Integration

Each rural-serving LMHA within the regional group identified one jail diversion or community integration strategy that would be the most effective in their local communities. Refer to [Appendix C](#) for more information about each strategy.

Rural Crisis Response and Diversion



Betty Hardwick: Co-responder and 911 Integration

Betty Hardwick Center chose to add a co-responder team using their rural crisis response and diversion funds. This team will partner LMHA staff with law enforcement to de-escalate crisis situations and facilitate crisis assessments, diverting people from ERs and jails. The team will also provide follow up and outreach to people who are frequently involved with law enforcement to encourage engagement in mental health treatment.

Betty Hardwick Center is also co-locating staff in the local 911 call center to provide their expertise when people experiencing a mental health crisis call 911. In the past, these calls would receive a public safety response from law enforcement. With this collaboration, LMHA staff can respond to mental health crisis calls directly, or support law enforcement in their response to calls that are deemed a public safety risk.

As of May 2022, Betty Hardwick Center has hired and trained staff, started a learning collaborative with law enforcement, outlined the emergency detention order process with law enforcement, and purchased needed equipment.

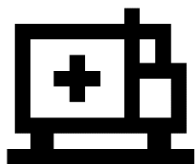
StarCare: Co-Responder

StarCare Specialty Health System is adding a co-responder team for Hockley County. StarCare staff will partner with licensed mental health peace officers at the Hockley County Sheriff's Office and the Levelland Police Department. The team will de-escalate crisis situations and facilitate crisis assessments to divert people from ERs and county jails. The team will provide follow-up services with the goal of engaging people in treatment services who might have otherwise come into

frequent contact with law enforcement. Mental health law enforcement officers will also have access to StarCare clinicians for remote crisis assessment.

As of May 2022, StarCare has one staff providing diversion services with law enforcement while they hire additional staff. They have also purchased equipment, provided technical assistance to county officials, and are continuing to work with the local justice system on diversion strategies.

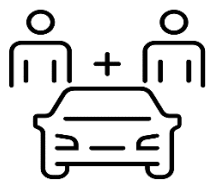
911 Integration



Central Plains Center

Central Plains Center chose to assist Hale County 911 dispatchers with answering mental health crisis calls. Dispatchers for 911 will be trained in how to assess calls and when to transfer mental health crisis calls to the Central Plains crisis hotline for the MCOT response. This collaboration will provide people experiencing a mental health crisis access to appropriate services more quickly. An added benefit to 911 integration is law enforcement will not be automatically dispatched for all mental health crisis calls, allowing them more time to focus on calls that are truly a threat to public safety.

Co-Responder



My Health My Resources Concho Valley

MHMR Concho Valley hired a rapid response case manager to work closely with local MHDs to perform crisis assessments for both adults and children experiencing a mental health crisis on weekends. The staff will assist with contacting people for follow-up with the goal of connecting people to treatment services and supporting recovery for those who might have otherwise come into frequent contact with law enforcement.

PermiaCare

PermiaCare proposes developing a co-responder model to divert people experiencing a mental health crisis from being incarcerated. The team will be comprised of local law enforcement, EMS, and PermiaCare staff. The team will be co-located with law enforcement and plans to provide outreach and engagement for people who frequently experience mental health crises but are not actively participating in treatment services.

PermiaCare is adding two full-time crisis response staff to cover the rural counties of Pecos, Brewster, Culberson, Jeff Davis, Hudspeth, and Presidio to improve response times and increase diversions for people experiencing a mental health crisis.

Crisis Receiving Facility



West Texas Centers

West Texas Centers hosted a SIM mapping and determined a crisis receiving facility accessible for community partners in Howard County and surrounding areas would assist with diverting people in crisis from jails in the region. West Texas Centers service area is expansive, covering 25,000 square miles and 23 rural counties. Having a central place where law enforcement can drop off people experiencing a mental health crisis would enable people to access care and enable law enforcement to focus more on public safety. The result can be that people who experience a mental health crisis and have been arrested with minor charges can be appropriately diverted to mental health services than being incarcerated. This plan is in development as there is currently no funding. Staff at the proposed crisis receiving center will link people with local resources and support them to engage in mental health treatment.

New Strategy

Emergency Response for Suicide Prevention



MHMR Concho Valley partnered with West Texas Counseling and Guidance and the local family shelter to focus on people impacted by domestic violence through the Rural West Texas COVID-19 Relief Suicide Prevention Grant. MHMR Concho Valley is providing services to people experiencing a mental health crisis upon discharge from a psychiatric facility. Pre-discharge, MHMR Concho Valley clinicians set up scheduled intakes for case management, psychiatric services, medication management, and counseling services if eligible. The goal is to decrease suicide and mental health crises for people who have experienced domestic violence and to provide wrap-around support to prevent the person from returning to a psychiatric hospital.

Updates on Existing Strategies

The strategies in this section were developed under S.B. 633, and published in the *2020 All Texas Access Report*.



Timely Access

Competency Restoration

MHMR Concho Valley is a recipient of the Outpatient Competency Restoration (OCR) rural expansion grant. Outpatient Competency Restoration fits into the theme of timely access for the region. People involved with this program can remain in the community rather than being incarcerated or hospitalized. These unique programs provide access to community psychiatric care for those who have a mental health condition and are found to be mentally incompetent to stand trial and can be assisted on an outpatient basis. These people usually have misdemeanor charges and are not viewed as being a threat to public safety. The people in these programs engage in community services and maintain their tenure in the community thereby avoiding incarceration as well as an inpatient stay at a state hospital. MHMR Concho Valley has, like the rest of the state, been experiencing workforce issues with hiring licensed staff to oversee the program so the program, while receiving funding for the full fiscal year, was only able to begin in February 2022 when the staffing position was filled. MHMR Concho Valley is considering how to serve people needing these services in the region. During March and April 2022, the MHMR Concho Valley met with the new public defender's team, both the district and county attorneys and their staff, and the Justices of the Peace to provide education about OCR to determine how to meet people's needs to move people along in their recovery and legal journey.

PermiaCare is expanding services in the JBCR program. JBCR provides jail based psychiatric care access for people who have a mental health condition and are found to be mentally incompetent to stand trial while remaining incarcerated. These Texans are usually viewed as being a threat to public safety. Through this program, PermiaCare has been successful in bridging services between the local jails and their outpatient clinics by hiring and placing continuity of care workers in the county jails. Jail-based continuity of care staff engage incarcerated people in behavioral health services including skills training and case management. When the person is released from jail, the continuity of care worker ensures the person is connected to behavioral health services at PermiaCare and/or other appropriate community resources.

Increase Telehealth Services

Telehealth services were frequently used during the COVID-19 pandemic and continue to be used frequently in crisis services. Some LMHAs in the region have expanded telehealth services for counseling and intakes. Telehealth has also

increased access to mental health professionals for people in jails and hospitals in rural West Texas. LMHAs and LBHAs prefer to use tele video when providing services but have also used audio only when tele video was unavailable.

Telehealth reduces costly travel time for prescribers and clinicians who previously travelled between clinics. The results have been more availability of prescribers and clinicians in an area with a limited amount of health professionals.

Expand Local Access to Psychiatric Hospital Beds

The All Texas Access BSSH Regional Group continues to see a need for more psychiatric beds. During the pandemic, private psychiatric hospitals were not operating at capacity, and there continues to be a shortage of staff for these facilities. Though some restrictions have eased, the region continues to experience a gap in places where people can receive treatment during a mental health crisis. This gap is made more apparent as the LMHAs develop strategies to decrease ER use and increase jail diversion but lack psychiatric beds in which to place people.

MHMR Concho Valley obtained \$183,600 for crisis stabilization beds through Tom Green County as a part of ARPA. PermianCare obtained over \$2.6 million in grants for crisis stabilization beds along with \$450,000 per year for private psychiatric beds. PermianCare is also participating in local planning workgroups to develop the Permian Basin Behavioral Health Center which will include a 100-bed inpatient psychiatric hospital that should be operational by 2025. StarCare received \$15 million in ARPA funds to expand the capacity of Sunrise Canyon Hospital by 15 beds. This will enable more people in mental health crisis to remain in their home community to receive treatment.

Covenant Health transitioned all their adult behavioral health services to StarCare. Covenant Health will invest in the services StarCare provides at Sunrise Canyon Hospital and in StarCare's crisis service array. Also, Texas Tech University Health Sciences Center, Department of Psychiatry is partnering with StarCare by moving their psychiatric residency inpatient rotation to Sunrise Canyon Hospital.

West Texas Centers implemented Xferall, a bed tracking system, hoping this will be a solution to see bed availability at private psychiatric facilities. They are also working more closely with psychiatric hospitals on admissions and discharges.

Establish Peer Clubhouses

The All Texas Access BSSH Regional Group identified a need for a peer clubhouse which is easily accessible throughout the region. The pandemic had an effect on

establishing peer clubhouses in the region due to competing priorities related to the pandemic.

Peer Support

Expanding peer services bridges the gap between people contemplating treatment and helping with engagement and service delivery. Peers have been invaluable to all LMHAs in this region. Peers have:

- Been beneficial on Assertive Community Treatment (ACT) teams; and
- Provided individual and group support.

Diversion

Increase Housing

Housing in the All Texas Access BSSH Region continues to be a challenge. Because of this, the LMHAs in the region continue to deepen their relationships with local agencies to seek housing opportunities. A person with access to stable housing has a greater opportunity for a successful recovery.

Betty Hardwick Center is active in the local homeless coalition and are providing some funds to have a coalition coordinator for the community. Betty Hardwick Center is also using their community health staff to coordinate housing entry points, thus streamlining services for those seeking housing assistance.

MHMR Concho Valley continues to work to address housing in their service area. They have a standing housing grant with the San Angelo, along with other housing grants to address homelessness in the counties. Community partnerships continue to expand with the local homeless coalition. MHMR Concho Valley has also expanded their hours of operation and virtual meetings with landlords.

PermiaCare has designated staff who have developed relationships with landlords throughout their service area to assist with housing people engaged in services. Staff also participate in local coalitions to address housing with the goal of increasing collaboration among community partners. Additionally, PermiaCare hired a consultant to review fidelity to the SAMHSA permanent support housing curricula to improve supported housing efforts in all service areas.

West Texas Centers continues to seek new housing opportunities and participate on Howard County's community wide housing committee to address homelessness.

Expand Remote Crisis Screening

LMHAs in the All Texas Access BSSH Regional Group have been using remote crisis screenings for many years due to the vast size of the region. With the pandemic, this practice has expanded over the last two years. Providing this service has enabled people experiencing a mental health crisis in rural areas to get connected to services more quickly. Many local hospitals, jails, and schools in the region now have access to technology to assist with remote evaluations. Remote evaluations have strengthened community partnerships.

Establish a Transitional Living Facility

Like most of the state, affordable housing is very difficult to find in the All Texas Access BSSH Region. The group acknowledges if there were access to voluntary transitional living facilities, it may assist state hospitals when they are trying to discharge people with complex medical needs who are homeless back into the community. Having such a facility could also divert people from accessing a higher level of care, reduce incarcerations, and address relapse prevention.

Establish a Diversion Center

Betty Hardwick Center is working with Taylor County stakeholders to use ARPA funds to establish a Crisis Diversion Center. Having a local crisis diversion center will allow people experiencing a mental health crisis to have access to care rather than being transported to an ER or jail. The proposed diversion center would be voluntary with a 23-hour stay. The person would receive crisis services and then be connected to the appropriate level of care. Also, a crisis diversion center will assist law enforcement by providing a safe place for them to transport and drop off people in crisis.

PermiaCare is having discussions with local stakeholders about the potential to develop a diversion center or transitional living facility; diverting people experiencing a mental health crisis from jails or ERs in the community. PermiaCare is participating in local planning workgroups to develop facilities and programming for the Permian Basin Behavioral Health Center which will contain a crisis respite center and should be operational by 2025.

StarCare received \$3,500,000 million dollars from Lubbock County and the City of Lubbock for a total of \$7,000,000 to construct a diversion center where crisis services will be offered to people experiencing mental health distress. Services will be available 24/7 and include psychiatric crisis intervention, law enforcement/emergency medical drop-off, on-site security, and a 23-hour Extended

Observation Unit. StarCare plans to add other services such as on-site medical clearance intensive outpatient services, Medicaid/SSI benefit applications, and identification restoration.

Workforce

Strengthen Workforce

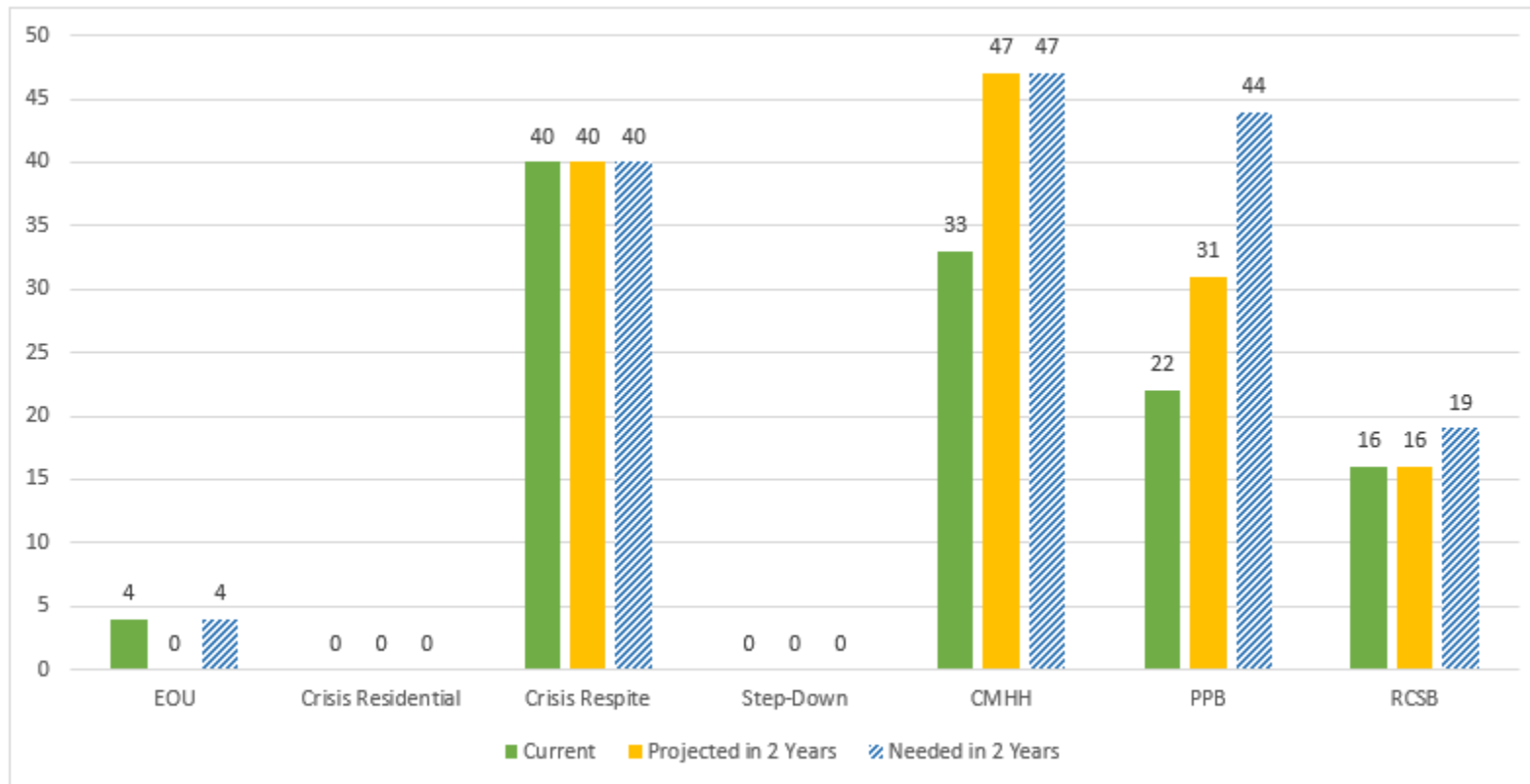
The All Texas Access BSSH Regional Group continued with strategies developed in the first regional plan including enhancing benefits and salaries. As providing telehealth services increased during the pandemic, several positions moved to telework. Other enticements offered in this part of the state include offering free clinical supervision for staff to obtain clinical licensure, sign on bonuses, and stipends for staff working in the most rural areas. Betty Hardwick Center met with Texas Tech University Health Sciences Center to discuss expanding services in Abilene with the psychiatric residence program. Betty Hardwick also continues to meet with Hendricks Medical Center and Oceans HealthCare to look at ways to strengthen the workforce in this region.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA in the regional group submitted information about the outpatient and inpatient beds available to them currently, projected change over two years, and anticipated need in two years.

Refer to the [Regional Plans](#) section of the report for additional explanation of the chart below.

Chart 14. All Texas Access BSSH Regional Group Bed Capacity



Total Outpatient Beds Needed: 4

Total Inpatient Beds Needed: 15 beds/day (or 5,430 bed days/year)

The All Texas Access BSSH Region has no crisis residential, no step-down, and no crisis stabilization units. Betty Hardwick Center's new co-responder and 911 integration initiatives are likely to increase need for psychiatric hospital services, as many people eligible for jail diversion will need immediate access to treatment. Similarly, West Texas Centers also anticipates that once they can fund and open their drop off center that they would need an additional 135 bed days per fiscal year to serve those being diverted who need acute care.

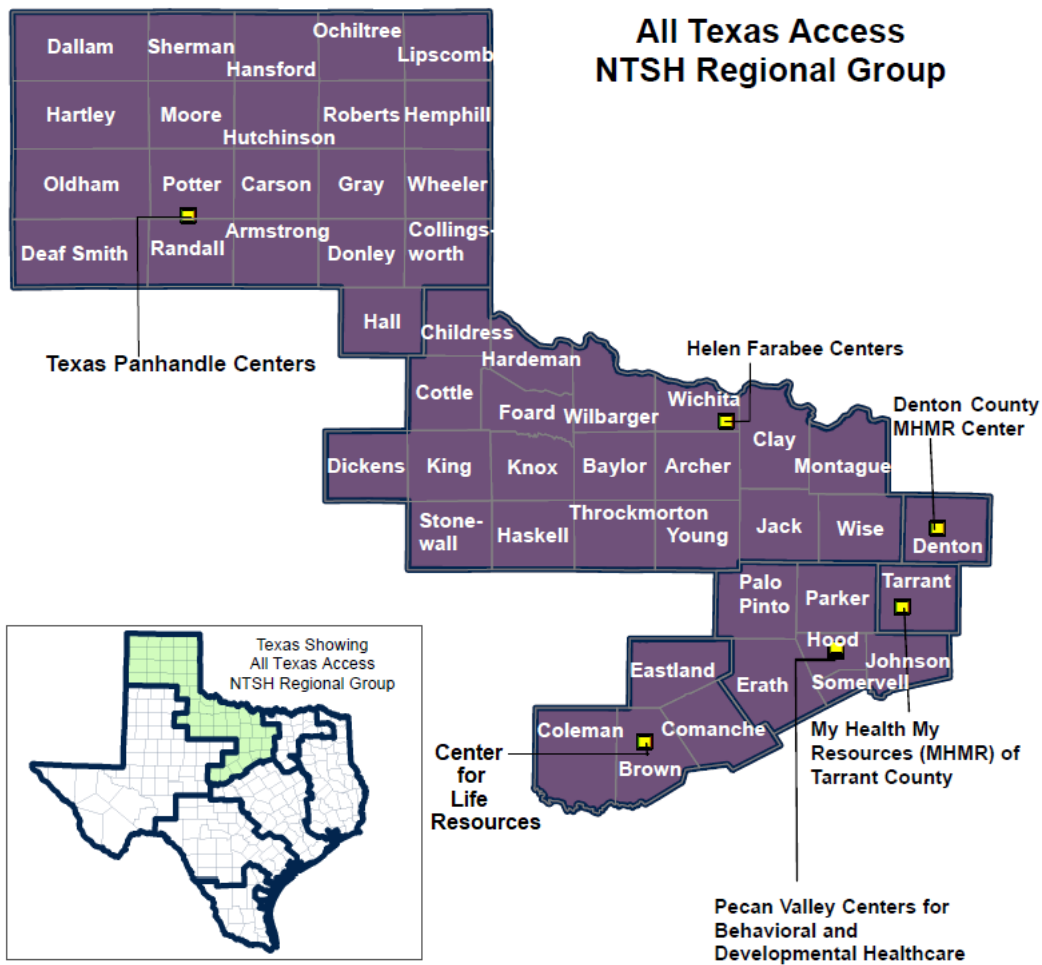
At the end of March 2022, Betty Hardwick Center had already expended 60 percent of rapid crisis stabilization funds and 90 percent of private psychiatric bed funds. At these rates of usage, Betty Hardwick Center anticipates the need for an additional 365 rapid crisis stabilization bed days and 1,460 private psychiatric bed days annually. Because rapid crisis stabilization funding is not expected to change, Betty Hardwick Center included both as needed private psychiatric bed days.

Likewise, StarCare used 922 private psychiatric bed days in fiscal year 2019 but only had dedicated funding to cover 307 bed days. StarCare anticipates utilization increasing over the next two years, even with their planned community mental health hospital expansion to add 15 beds. In addition, PermianCare only has funds for nine months out of the year for Midland and Ector County private psychiatric beds. PermianCare also noted that county governments subsidize a significant number of the beds needed in their service area.

StarCare's EOU is currently funded through a SAMHSA grant that will end in September 2023. Central Plains has very limited crisis stabilization resources in their rural area, but they are currently meeting the needs of their service area. MHMR Concho Valley also did not report anticipated need for additional beds at this time.

4. All Texas Access North Texas State Hospital (NTSH) Regional Group

Figure 12. Map of All Texas Access NTSH Regional Group^{xiv}



Participating LMHAs and LBHAs

- Center for Life Resources
- Helen Farabee Centers
- Pecan Valley Centers for Behavioral & Developmental HealthCare
- Texas Panhandle Centers

^{xiv} Yellow squares represent LMHA or LBHA headquarter locations only.

The Center for Life Resources participates in both the All Texas Access ASH and NTSH Regional Groups.

Denton County MHMR Center and MHMR of Tarrant County participate in this group as ex-officio members.

Regional Characteristics

- Size: 48,090 Square Miles
 - Comparable State: Mississippi
 - Counties with 250,000 people or less: 50 with 46,346 sq. mi
 - Counties with more than 250,000 people: 2 with 1,744 sq. mi.
- Population: 4,271,707
 - Comparable State: Oregon
 - Largest County: Tarrant 2,110,640
 - Smallest County: King 265

Estimated Costs of Regional Group

The estimated cost per encounter in this region for All Texas Access metrics between fiscal year 2019 and the first half of fiscal year 2022 is¹⁵:

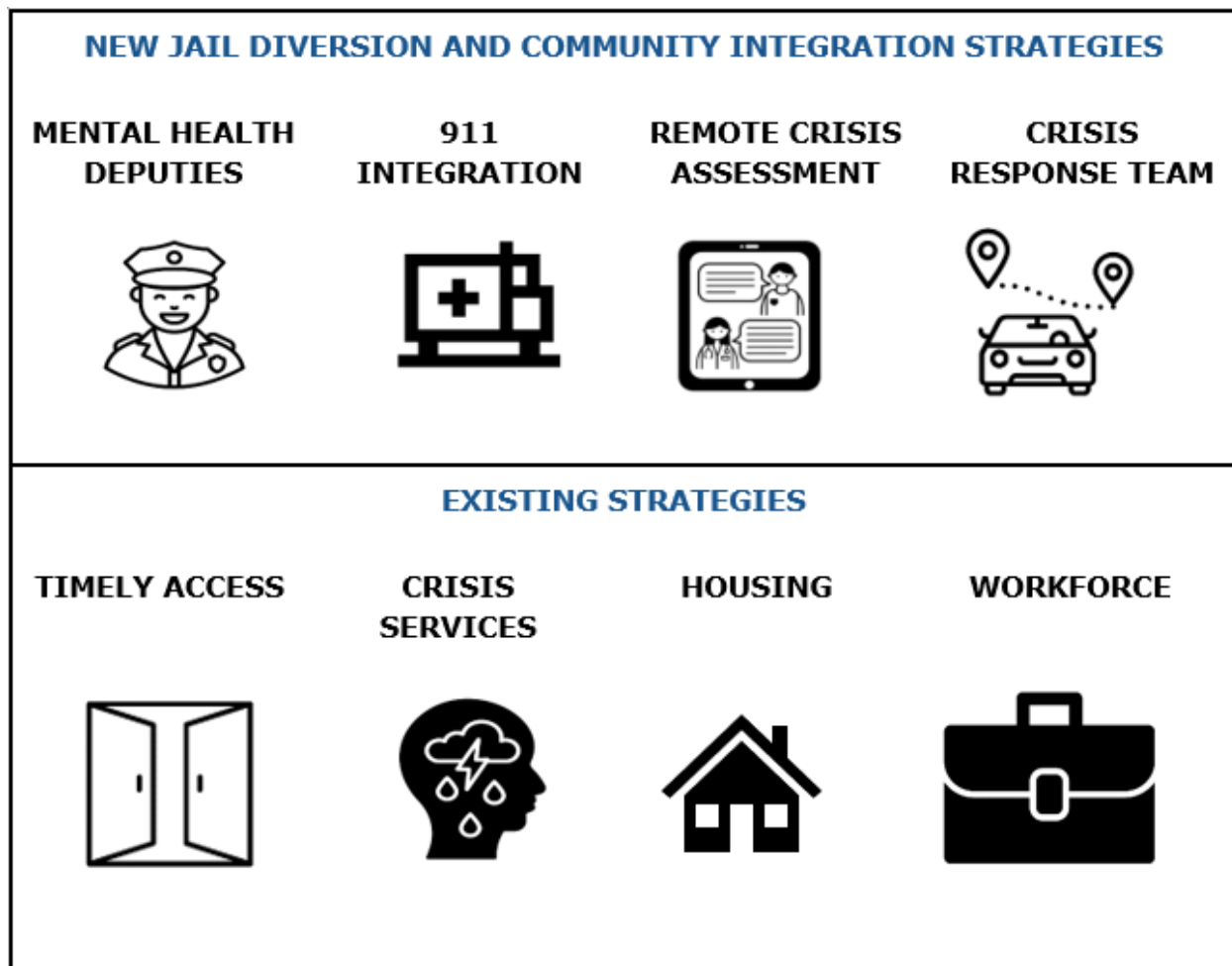
- Cost to Local Government = \$220
- Transportation = \$871
- Incarceration = \$2,624
- ER Charges = \$1,716

¹⁵ Due to methodological constraints, the average cost to local governments and incarceration was calculated on a statewide basis using data from fiscal year 2019 through the first half of fiscal year 2022. However average transportation costs and ER charges were calculated on a regional basis. Average transportation costs are calculated using data from fiscal year 2019 through the first half of fiscal year 2022. Average ER charges are calculated using data from fiscal year 2019 through the first half of fiscal year 2021.

All Texas Access North Texas State Hospital (NTSH) Regional Group Plan

The icons below represent a high-level overview of the All Texas Access NTSH Regional Group plan. Note that “Existing Strategies” are broad categories from the 2020 All Texas Access NTSH Regional Group plan.

Figure 13. All Texas Access NTSH Regional Plan Strategies



Overview

The All Texas Access focus on jail diversion this fiscal year was well-timed for the All Texas Access NTSH Regional Group. Texas Panhandle Centers and Pecan Valley had federal grant money already targeted at jail diversion, while Helen Farabee and Center for Life Resources already had collaborations with local law enforcement that would fit the theme. As outlined in the next section, all the rural-serving LMHAs in the All Texas Access NTSH Region are collaborating with community partners,

particularly law enforcement, to enhance crisis response. Although each LMHA has a different strategy, they are all responsive to the unique needs of their local communities and seek to collaborate with community partners to make mental health everybody's business.

New Strategies: Jail Diversion and Community Integration

Each rural-serving LMHA within the regional group identified one jail diversion or community integration strategy that would be the most effective in their local communities. Refer to [Appendix D](#) for more information about each strategy.

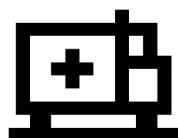
Mental Health Deputy



Center for Life Resources

Center for Life Resources and their numerous law enforcement partners have successfully implemented a MHD program in Brown, Coleman, Eastland, and Mills counties. As a result of the MHD program's success and with support from the Center for Life Resources MHD program, both the McCulloch County and Comanche County Sheriff's Offices are hiring an MHD.

911 Integration



Helen Farabee

Wichita Falls Police Department is seeing a higher call volume for behavioral health crisis and approached Helen Farabee about partnering to work on the behavioral health call volume. They decided to begin by tracking all the 911 behavioral health crisis calls and sending a monthly report to Helen Farabee on the data for those calls as well as the people involved. Helen Farabee is assessing the data for possible engagement or re-engagement in services while also building a data case for a future grant proposal. The data sharing began in Summer 2021. As of January 2022, the trend is 50-70 calls monthly, with about 10 of those involving past or

current participants in Helen Farabee’s services. The long-term goal is to fund a daytime Behavioral Health response unit comprised of a police officer and mental health professional who will respond to 911 calls flagged as “behavioral health”-related.

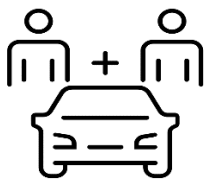
Remote Crisis Assessment



Pecan Valley Centers

Pecan Valley received a SAMHSA grant to strengthen their crisis services. Pecan Valley is using this opportunity to deploy remote crisis assessment throughout their service area. Law enforcement will be given tablets as well as the ability to download an app on their work-issued cell phone. When law enforcement is on the scene of a mental health crisis, they can contact Pecan Valley staff through the tablet or app for assistance with crisis assessment and help getting the person connected to appropriate services and supports. The grant started at the end of September 2021. Pecan Valley began providing these services in January 2022, and the grant runs through September 2023. Pecan Valley is successfully partnering with almost every law enforcement entity in their service area.

Crisis Response Team



Texas Panhandle Centers

People placed in jails and inpatient psychiatric settings to receive routine treatment for psychiatric and/or substance use conditions may be better served in a less costly and less restrictive community-based setting. There is a need to provide immediate psychiatric care in combination with social supports that promote community integration and better overall health outcomes.

The goal is to provide a safe and trauma-informed environment for people to receive treatment and support at the right place and time. This proposal will help services be more meaningful and relevant to the person needing the treatment and

will focus on safety for the person first. Crisis response teams will be trained in trauma-informed care so the person in need of help will begin to see the responders as promoting the person’s ability to stay in the community as opposed to being removed.

Updates on Existing Strategies

The strategies in this section were developed under S.B. 633 and published in the *2020 All Texas Access Report*.



Timely Access

Collaborate on Residential Treatment Centers for Children

Pecan Valley Centers actively participates in HHSC’s Residential Treatment Center Project. The Residential Treatment Center Project is a partnership between the DFPS and HHSC to provide children with intensive needs the care and support required in a residential treatment center while their guardian keeps legal responsibility for the child. The goal of the project is to support families who might otherwise need to place a child in DFPS conservatorship in order to get the child access to needed care and treatment.

Increase Integrated or Co-Located Services

Through a SAMHSA grant, Pecan Valley Centers started a primary care program that is integrated into their Johnson County mental health clinic, including a shared electronic health record. The program serves adults from Pecan Valley Center’s entire service area and focuses on high blood pressure, diabetes, and high cholesterol. The grant funds all staff for the program as well as medications for

participants. Pecan Valley Centers intends to use this program as a bridge while helping people obtain medication assistance or benefits if they do not have a funding source.

Texas Panhandle Centers started partnering with local health clinics through multiple funding sources and continues to explore options for more readily accessible physical health services. One of these options is contracting with a federally qualified health center (FQHC). Texas Panhandle Centers has also secured a SAMHSA grant that requires physical health care screenings which can lead to referrals to rural health care clinics. They have a Memorandum of Understanding with most rural healthcare clinics in their service area and meet quarterly with the clinics to discuss partnership opportunities.

Increase Outpatient Competency Restoration Program

Pecan Valley Centers has not received any referrals for OCR as of May 2022. They have met with county attorneys and district attorneys for most of their six-county service area to discuss the program. Most thought OCR was a good program but did not believe that most of the people in the local jails would be a good fit to release on a personal recognizance bond. Pecan Valley Center is committed to providing continued outreach regarding this program moving forward.

Center for Life Resources has enrolled 4 people out of 21 evaluated for OCR. The current average length of participation is 118 days. All qualifying participants are still in the program (as of May 2022). Center for Life Resources is also considering the feasibility of JBCR to support those who may not be appropriate for outpatient services.

Increase Transportation for Routine LMHA or LBHA Services

Through the same SAMHSA grant mentioned above, Pecan Valley Centers funded four drivers and vehicles to provide transportation to LMHA participants across four out of five clinics. People identified as needing assistance to clinic appointments and having no other transportation can be scheduled for pick-up and return. This includes Pecan Valley Centers' mental health and primary care services.

Center for Life Resources has increased access to telehealth services during the COVID-19 pandemic. Most behavioral health services can be completed via telehealth. Center for Life Resources intends to continue offering telehealth service to mitigate transportation challenges. Telehealth varies based on the needs of the person and the availability of needed technology.

Through funding from SAMHSA, Texas Panhandle Centers has added a new program that will focus on wellness for the people they serve. A new mobile wellness clinic will travel to the 21 counties in the Texas Panhandle to provide mental health, substance use, and physical health care services. The program strives to serve people and their families by providing specialized care in their own community. Texas Panhandle Centers has also increased on-demand prescribers and purchased thirty iPads for jails, first responders, and hospitals to access mental health services remotely.

Step-Down Program

Helen Farabee Centers has served four people, one of whom has graduated from the program. There is an expected maximum stay of one year which can be extended if needed. The program graduate elected to remain in the community with continued services at Helen Farabee Centers. Mental health rehabilitation services support people in transitioning to the community. These services include getting familiar with public transportation and taking field trips in the community. Internet access is offered to residents for needed resources.

Strengthen Scheduling Processes

Pecan Valley Centers has two positions for centralized scheduling that complete reminder calls for appointments with service providers (psychiatrists, Advanced Practitioner Registered Nurses, case managers, therapists, eligibility specialists) at all five of their clinics. Additionally, these staff back-fill appointments with the medical team when someone cancels an appointment. This has allowed medical provider schedules to remain fuller and for those Pecan Valley serves to access an earlier appointment when medications may not be working effectively. This has also alleviated additional stress from clinic support staff because they are now able to focus directly on incoming calls and checking people in and out of the clinic rather than making daily reminder calls. Pecan Valley Centers has also implemented a new software program called Appointment Wave, which sends electronic alerts and reminders of upcoming appointments to persons participating in services.

Crisis Services

Expand Crisis Services

Helen Farabee Centers received COVID-related MCOT expansion funds from HHSC to purchase iPads for remote crisis assessment. Local law enforcement can use the tablets to communicate both with Helen Farabee crisis workers and with state hospitals regarding potential admissions.

Through the same SAMHSA grant previously mentioned, Pecan Valley Centers purchased tablets, cases, and car chargers for law enforcement to use during mental health crisis events. The project is called Remote Crisis Assessment Team. Most law enforcement agencies in their service area have taken at least one tablet or have downloaded the app. Response times to obtain a crisis assessment can be decreased versus waiting for staff to drive to the location to conduct an assessment. This allows law enforcement to return to their patrol routes much faster. Additionally, staff appreciate being able to see the person they are assessing rather than conducting the assessment via telephone. Pecan Valley Centers is also collaborating with fire departments and EMS in select counties to reduce unnecessary transports to ERs or jail.

Texas Panhandle Centers is part of a community “Mental Health Think Tank” that is exploring the idea of a 23-hour observation program. Texas Panhandle Centers will use their crisis respite facility as a resource in the program. They are also in the process of expanding jail-based mental health services into the Deaf Smith County jail.

Workforce

Support the LMHA and LBHA Workforce

Helen Farabee Centers was equipped and comfortable using telehealth before the pandemic, but the flexibilities have allowed many more providers and agencies to be involved. They are now better equipped as an organization and network of providers to offer the right care in the right setting, including remote care as needed.

Through the SAMHSA grant mentioned above, Pecan Valley Centers can provide monthly team-building activities at each of their five clinics. The grant supported the purchase of items for the team-building gatherings in order to support staff morale and feelings of connectedness. The grant also allowed Pecan Valley Centers to purchase the full version of the Calm app for all staff within the agency to support staff mental health. They also incorporated workgroups focused on inclusion of support staff in their Employee Workforce Committee. Workforce shortage issues are being addressed by increasing social media and job fair activities to encourage more applications and offering student loan repayment program through the federal Health Resources and Services Administration.

Medicaid reimbursement of the use of audio-only and telehealth services greatly increased Pecan Valley Centers’ flexibility in delivering services during the COVID-19 pandemic. Being able to continue serving people while allowing staff to remain

at home was helpful to all. When staff felt ill, but were still able to work, Pecan Valley Centers allowed work from home flexibilities.

Center for Life Resources has been able to retain some staff during COVID-19 due to flexible work schedules and work from home models, when possible, as well as pay increases.

Texas Panhandle Centers is working with the Behavioral Health & Wellness Program of the University of Colorado School of Medicine to develop agency-wide employee wellness programming in recognition of ongoing pandemic-related stressors and the need for developing healthy coping strategies. The Behavioral Health & Wellness Program will help promote a culture of wellness at Texas Panhandle Centers through an inclusive assessment process followed by tailored consultation and technical assistance.

Increase Use of Peer Support Specialists

Pecan Valley Centers routinely uses peer support specialists, and all their peer positions are currently filled.

Texas Panhandle Centers has increased peer support positions by four, and those positions are working in programs funded through SAMHSA grants.

Housing

Develop Adult Residential Settings

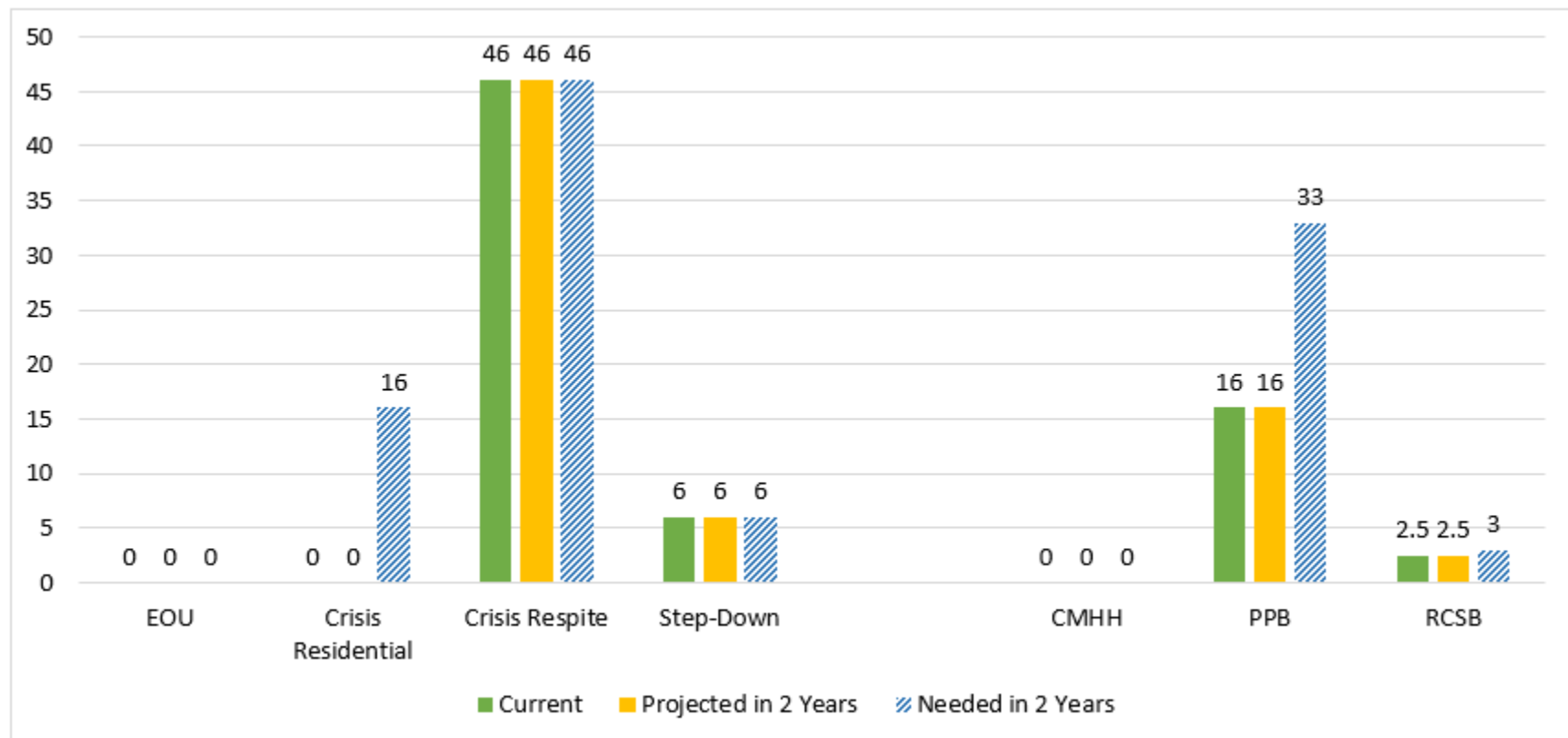
The regional group has no updates for this strategy. The COVID-19 pandemic required LMHAs and LBHAs to prioritize efforts over the last two years, and projects that require significant planning were placed on hold.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA in the regional group submitted information about the outpatient and inpatient beds available to them currently, projected change over two years, and anticipated need in two years. Note that the step-down beds in the chart below are part of the state hospital step-down pilot program and are therefore only available to persons discharging from state hospitals as part of that program.

Refer to the [Regional Plans](#) section of the report for additional explanation of the chart below.

Chart 15. All Texas Access NTSB Regional Group Bed Capacity



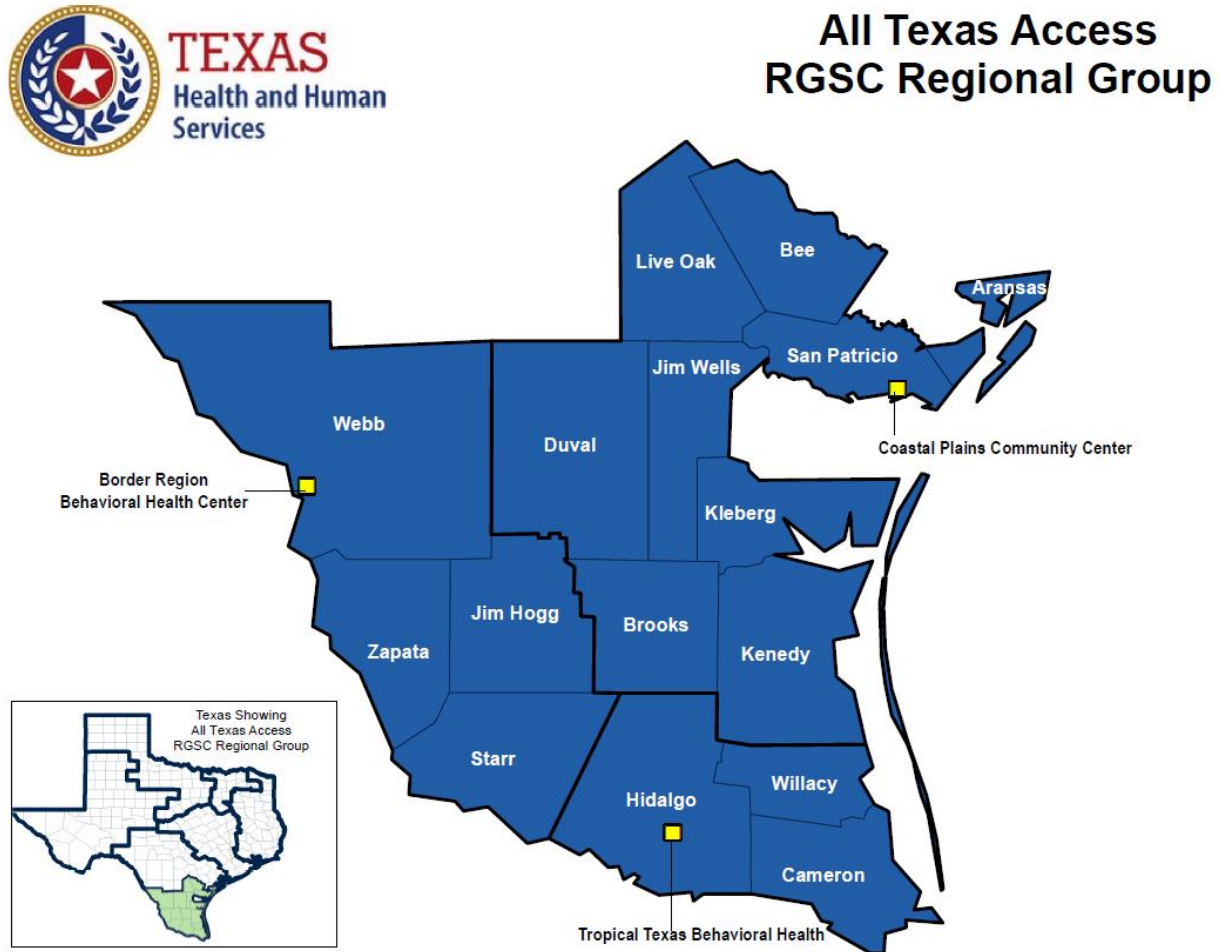
Total Outpatient Beds Needed: 16

Total Inpatient Beds Needed: 18 beds/day (or 6,572 bed days/year)

The All Texas Access NTSH Region has no EOU, crisis residential, crisis stabilization unit, or community mental health hospital. Center for Life Resources expressed the need for 2,522 more private psychiatric bed days in their service area, Helen Farabee similarly needs for 3,650 more, and Pecan Valley Centers needs 150 more. Texas Panhandle Centers needs 200 more rapid crisis stabilization bed days in their service area, and Pecan Valley Centers needs an additional 50 rapid crisis stabilization bed days. All these numbers are per fiscal year.

5. All Texas Access Rio Grande State Center (RGSC) Regional Group

Figure 1. Map of All Texas Access RGSC Regional Group^{xvi}



Participating LMHAs

- Border Region Behavioral Health Center
- Coastal Plains Community Center
- Tropical Texas Behavioral Health

^{xvi} Yellow squares represent LMHA headquarter locations only.

Regional Characteristics

- Size: 18,580 Square Miles
 - Comparable State: New Hampshire
 - Counties with 250,000 people or less: 13 with 12,756 sq. mi
 - Counties with more than 250,000 people: 3 with 5,824 sq. mi.
- Population: 1,885,878
 - Comparable State: Idaho
 - Largest County: Hidalgo 870,781
 - Smallest County: Kenedy 350

Estimated Costs of Regional Group

The estimated cost per encounter in this region for All Texas Access metrics between fiscal year 2019 and the first half of fiscal year 2022 is^{xvii}:

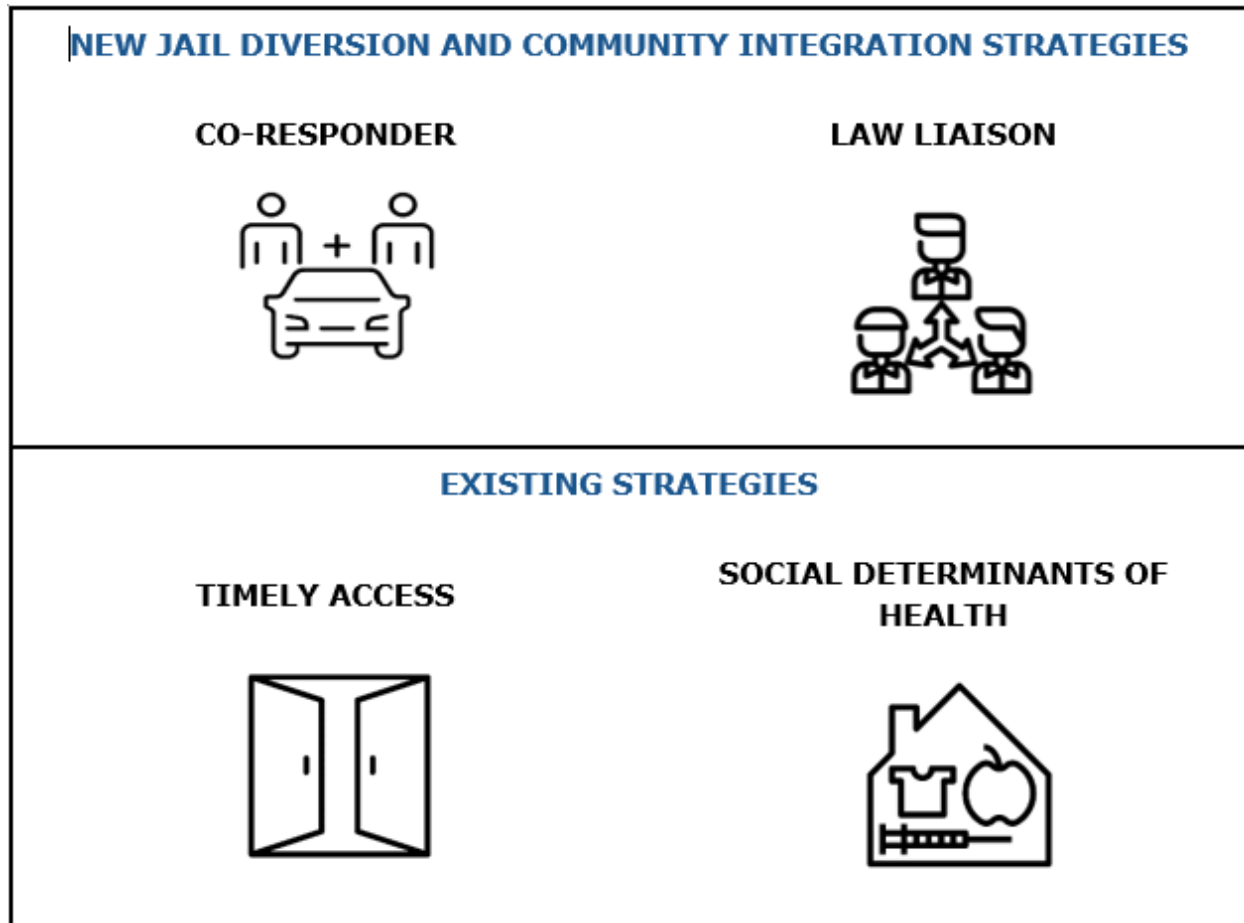
- Cost to Local Government = \$220
- Transportation = \$713
- Incarceration = \$2,624
- ER Charges = \$3,775

^{xvii} Due to methodological constraints, the average cost to local governments and incarceration was calculated on a statewide basis using data from fiscal year 2019 through the first half of fiscal year 2022. However average transportation costs and ER charges were calculated on a regional basis. Average transportation costs are calculated using data from fiscal year 2019 through the first half of fiscal year 2022. Average ER charges are calculated using data from fiscal year 2019 through the first half of fiscal year 2021.

All Texas Access Rio Grande State Center (RGSC) Regional Group Plan

The icons below represent a high-level overview of the All Texas Access RGSC Regional Group plan. Note that “Existing Strategies” are broad categories from the 2020 All Texas Access RGSC Regional Group plan.

Figure 15. All Texas Access RGSC Regional Plan Strategies



Overview

During fiscal year 2021, Border Region Behavioral Health Center, Coastal Plains Community Center, and Tropical Texas Behavioral Health Center participated in the SAMHSA GAINS Center’s Criminal Justice Communities of Practice “Building a Competent Crisis Care System at Intercepts 0-1.” The goal was to develop a strategic plan to advance alternatives to ER use, inpatient admissions, or arrest for people experiencing a mental health crisis.

Since the development of the first regional plan, this regional group has been able to collaborate with multiple community partners to increase mental health care accessibility in the region. Each LMHA in the All Texas Access RGSC Regional Group selected a strategy for jail diversion and community integration, and all three LMHAs received funding for their selected strategies.

The All Texas Access RGSC Regional Group has seen an increase over the last two years of both adults and children experiencing a mental health crisis. People needing mental health care in the region have benefited by the LMHAs expanding new collaborations with community partners to allow people to obtain immediate access to care.

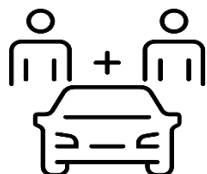
Strategies deployed by the LMHAs include:

- Merging adult and children mobile crisis outreach response teams;
- Developing mental health coalitions to improve coordination of mental health crisis services;
- Increasing crisis resolution skills and Mental Health First Aid training which will help those trained in the community to recognize and support people experiencing a crisis, decrease stigma and increase awareness; and
- Increasing collaborations with law enforcement and the courts to optimize the capacity of existing intervention resources for mental health crisis.

New Strategies: Jail Diversion and Community Integration

Each rural-serving LMHA within the regional group identified one jail diversion or community integration strategy that would be the most effective in their local communities. Refer to [Appendix E](#) for more information about each strategy.

Rural Crisis Response and Diversion



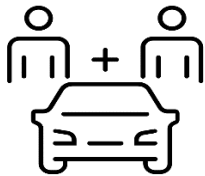
Border Region Behavioral Health Center

Co-Responder

Border Region Behavioral Health Center is providing 24/7 access and assessment through the co-responder model in both Webb and Starr counties. People receive crisis intervention services by the co-responder team composed of a law enforcement officer and mental health crisis worker. The team works together to provide on-site clinical support and assessment. The team also provides outreach and respond to non-criminal calls. Border Region Behavioral Health Center's co-responder team will streamline access to Casa Amistad to provide alternatives for people that may otherwise go to an ER or be arrested. This project will also develop mental health coalitions throughout the LMHA's service area to provide additional training and guidance on mental health programming to improve mental health crisis response. As of May 2022, Border Region reported 459 diversions.

Coastal Plains Community Center

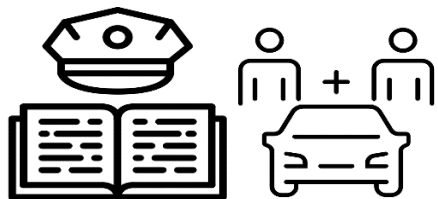
Mobile Crisis Outreach Team Expansion



Coastal Plains Community Center determined that expanding mobile crisis outreach teams to serve Brooks, Jim Wells, Duval, and San Patricio counties provides a timely mental health crisis response which diverts people in mental health crisis from being incarcerated. Crisis workers, counselors, a nurse, and a veteran provide crisis screenings in the community.

The LMHA is leasing office space in Jim Wells County at the local sheriff's office to provide easier access for law enforcement to bring people to receive crisis services. Law enforcement will also participate in mental health training during quarterly law enforcement coalition meetings held with Coastal Plains Community Center.

Co-Responder and Law Enforcement Training



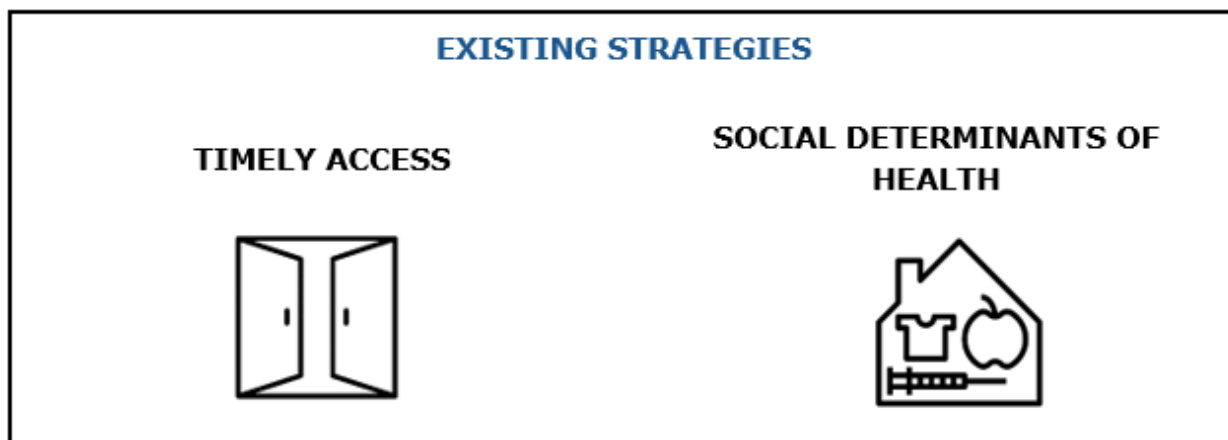
Tropical Texas Behavioral Health Center

Tropical Texas Behavioral Health Center received a three-year grant through the Bureau of Justice Assistance to develop a co-responder model in Hidalgo County. Providing a mental health clinician along with a law enforcement officer connects people experiencing a mental health crisis to appropriate care and treatment, thus diverting them from being arrested.

The first year of the grant was spent planning for implementation. Tropical Texas Behavioral Health will have a clinician co-located in the local police department who functions as a co-responder with mental health officers when they are dispatched to emergencies believed to involve a person in mental health crisis. Training for law enforcement will be provided in Cameron, Hidalgo, and Willacy counties. Of note is a regional enthusiasm in response to the first award. News of this resource inspired others to approach Tropical Texas Behavioral Health Center with interest in a similar partnership. This includes the cities of Mission, Harlingen, and Brownsville as well as the Edinburg Consolidated School District (ECSD) police.

Updates on Existing Strategies

The strategies in this section were developed under Senate Bill 633, 86th Legislature, Regular Session, 2019, and published in the *2020 All Texas Access Report*.



Timely Access

Strategic Collaborations with Community Partners

The All Texas Access RGSC Regional Group continues to enhance their relationships with community stakeholders.

All three LMHAs have increased collaborations with law enforcement to further strengthen their already robust relationships with these community partner. Border Region Behavioral Health Center has created a Behavioral Health Coalition in Webb and Starr counties to enhance partnerships and streamline access to services in the community. Participants include law enforcement, youth detention centers, and other providers in the community that provide mental health, crisis, and substance use services who address community needs. Tropical Texas Behavioral Health Center's strategic collaborations with law enforcement agencies gained momentum through solution-focused discussions and project-specific collaborations such as the co-responder grant. Other agencies in their local service area are interested in the results and have expressed an interest in engaging in similar collaborations. Coastal Plains Community Center also has regularly scheduled meetings with law enforcement to strengthen their response in their rural counties.

Border Region Behavioral Health Center, with the assistance of the Laredo Housing Authority, is planning a permanent supported housing initiative by developing a facility adjacent to their office. Tropical Texas Behavioral Health Center partnered with some local hospitals to ease the process of obtaining medical clearance for people needing a higher level of care by piloting the SMART model for medical clearance.

Operate Casa Amistad

Border Region Behavioral Health Center has been able to provide services through Casa Amistad despite the challenges presented due to the COVID-19 pandemic with social distancing and staffing shortages. Casa Amistad is a 16-bed crisis stabilization unit in Laredo (Webb County) which transitioned from HHSC's Health and Specialty Care System to Border Region in fiscal year 2021. Casa Amistad functions as a much-needed step-up for people who need short-term psychiatric stabilization or a step-down for those transitioning from a psychiatric hospital. Since opening Casa Amistad's doors on September 1, 2020, the facility has served 437 people in the community that otherwise would have been transported to a psychiatric hospital. Prior to this regional resource, people were reticent to admit they were in crisis because they did not want to be transported to San Antonio or Austin to access services.

Coastal Plains Community Center has access to Casa Amistad through a contract with Border Region Behavioral Health Center. This contracted service will provide access to care closer to people's home community. Coastal Plains anticipates that access to Casa Amistad will provide relief to their nine-county local service area. Coastal Plains Community Center also signed a contract with Camino Real Community Center to access the crisis residential unit in Lytle, Texas. As of April 2022, they have begun serving Coastal Plains Community Center's referrals.

Virtual Peer Clubhouses

The All Texas Access RGSC Regional Group chose to delay developing virtual peer clubhouses at this time. This endeavor would have diverted staff needed to provide this service. This regional group, like much of the state, continues to experience staffing challenges due to the COVID-19 pandemic.

Establish Peer Clubhouses

Although there is continued interest in developing peer clubhouses, it is on hold until funding becomes available for clubhouse development.

Establish Telepsychiatry Services for Jails

People incarcerated in this region often experience significant barriers to maintaining mental health treatment at a time when their mental health symptoms may be exacerbated. At the time of incarceration, Medicaid and prescription benefits are lost, which may leave people receiving less effective medications through the jail as the local jail formulary may not include medications which have been proven effective for the person.

Border Region Behavioral Health Center has jail telepsychiatry in Webb County only. Jim Hogg, Zapata, and Starr county jails choose to transport people who are incarcerated to LMHA offices to receive psychiatric services. Border Region Behavioral Health Center continues to meet with jail administrators to ensure people who are incarcerated can still access mental health treatment.

During the COVID-19 pandemic, more cost-effective virtual software became available so Coastal Plains Community Center was able to provide telepsychiatry in all jails in their service area. They have found this improves access to care and reduces the number of crisis episodes that occur in jails.

Tropical Texas Behavioral Health has a long established telepsychiatry presence in the Hidalgo County adult and juvenile facilities and with the Cameron County juvenile facility. Over the years, they have improved the technology along with

making process improvements which has had the effect of increasing access to mental health services for those incarcerated.

Social Determinants of Health

Increase Integrated Care

The All Texas Access RGSC Regional Group continues to integrate behavioral and physical health care. During the pandemic, this integration helped people get access to needed care at the right time and place.

Border Region Behavioral Health Center continues to provide integrated care in their region and in fiscal year 2022 received funding to provide substance use services. This addition ensures that all services are aligned to meet the person's health care needs.

Coastal Plains Community Center's clinics provide full integration of health and behavioral health. They have contracts with FQHCs to provide services monthly at all their facilities, ensuring a one-stop access for uninsured and underinsured people who have limited to no access to primary care services. Providing these services has significantly improved access to care throughout their service area.

Tropical Texas Behavioral Health Center, which has provided integrated care for years, has maintained this practice at full operational capacity throughout the pandemic.

Develop a Step-Down Facility

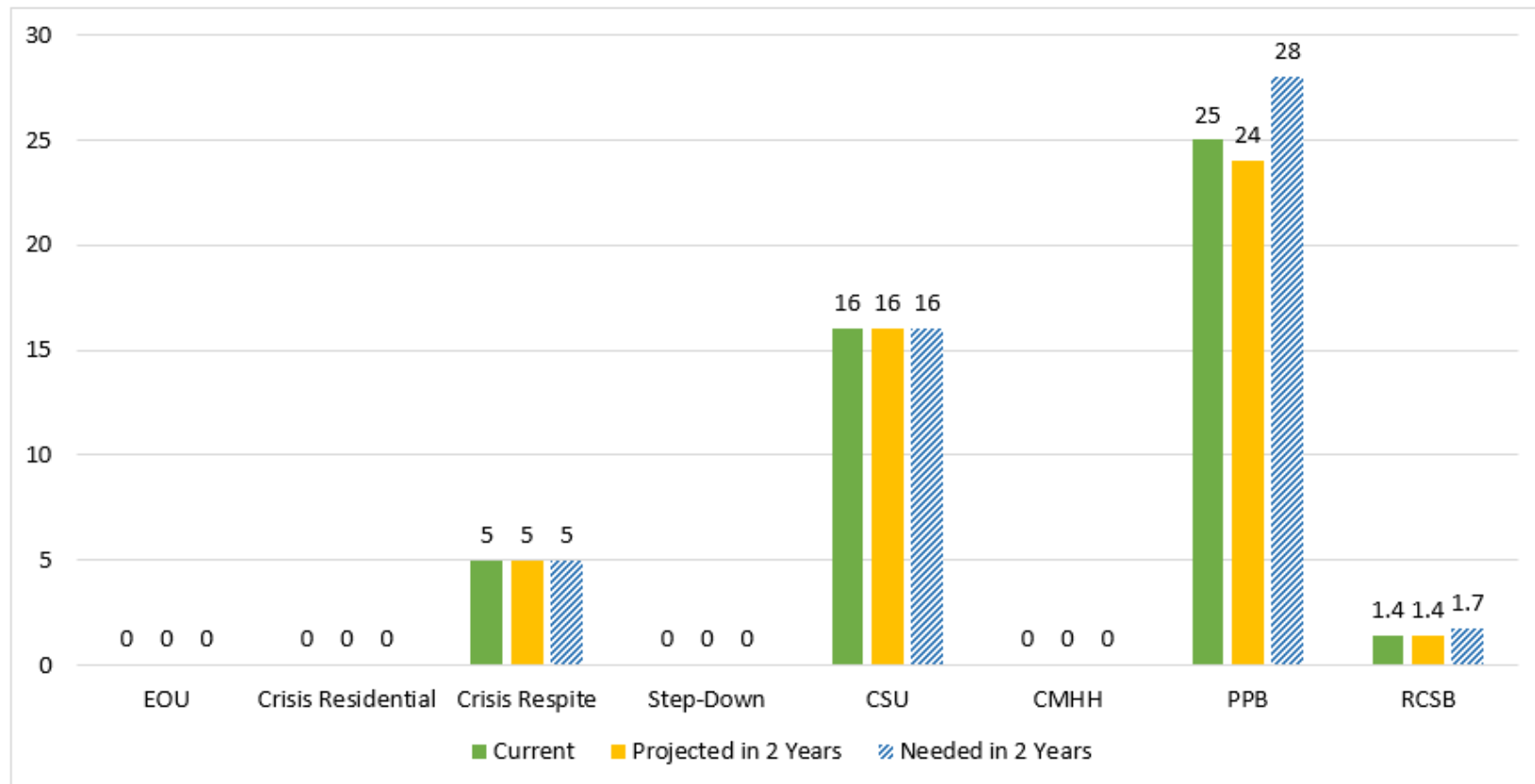
The All Texas Access RGSC Regional Group chose not to pursue developing additional step-down facilities at this time. The group recognized there is a substantial need for mental health crisis facilities that are less restrictive than a psychiatric hospital, but all agree funding is needed to develop and sustain this type of facility.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA in the regional group submitted information about the outpatient and inpatient beds available to them currently, projected change over two years, and anticipated need in two years.

Refer to the [Regional Plans](#) section of the report for additional explanation of the chart below.

Chart 16. All Texas Access RGSC Regional Group Bed Capacity

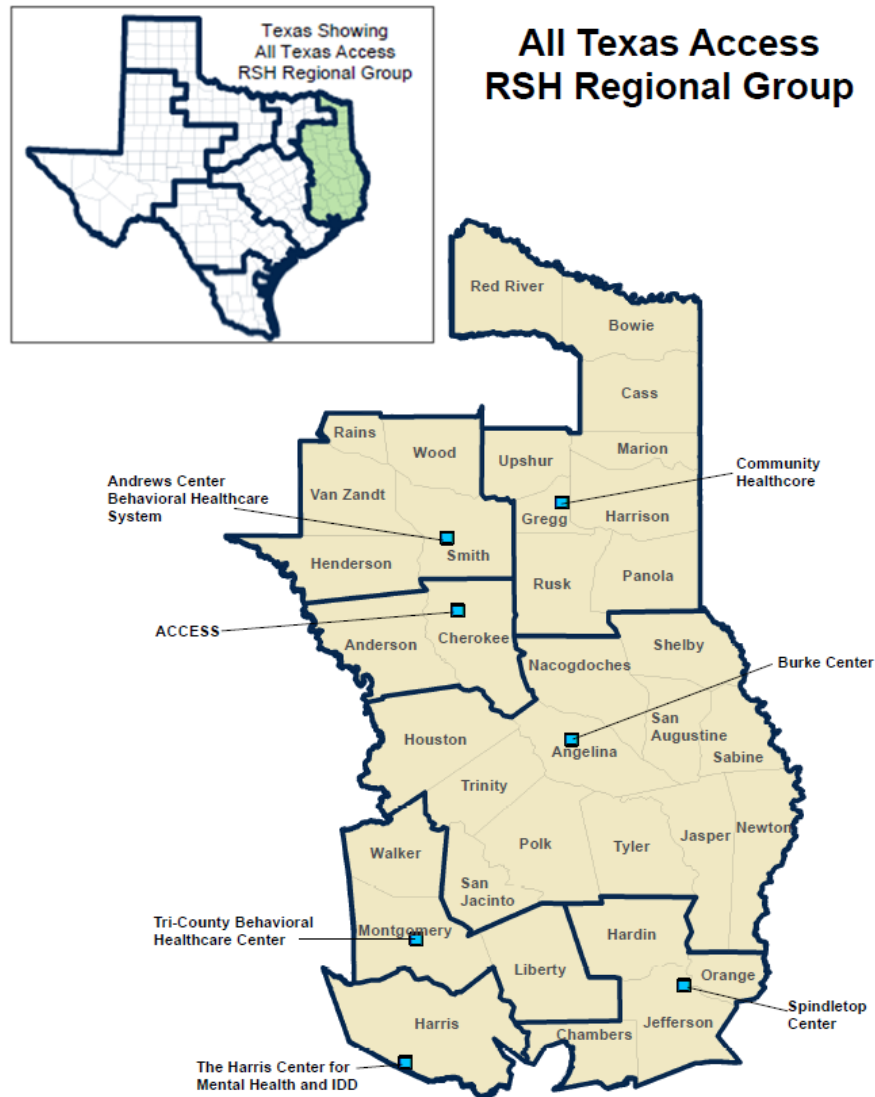


Total Inpatient Beds Needed: 4 beds/day (or 1,542 bed days/year)

The All Texas Access RGSC Region has no EOU, crisis residential, step-down, or community mental health hospital. Tropical Texas Behavioral Health is the only LMHA in this region with outpatient bed capacity. Coastal Plains is the only LMHA reporting use of rapid crisis stabilization beds. All three LMHAs use private psychiatric beds, with Border Region indicating a need for an additional 604 bed days and Coastal Plains indicating a need for 811 additional bed days (per fiscal year). Border Region reported 1,070 bed days in fiscal year 2020 and 1,339 bed days in fiscal year 2021.

6. All Texas Access Rusk State Hospital (RSH) Regional Group

Figure 2. Map of All Texas Access RSH Regional Group¹⁸



Participating LMHAs and LBHAs

- ACCESS
- Andrews Center Behavioral Healthcare System

¹⁸ Blue squares represent LMHA or LBHA headquarter locations only.

- Burke Center
- Community Healthcore
- Spindletop Center
- Tri-County Behavioral Healthcare

The Harris Center for Mental Health and IDD, headquartered in Houston, participates in this regional group as an ex-officio member.

Regional Characteristics

- Size: 29,667 Square Miles
 - Comparable State: South Carolina
 - Counties with 250,000 people or less: 33 with 26,041 sq. mi
 - Counties with more than 250,000 people: 3 with 3,626 sq. mi.
- Population: 7,326,667
 - Comparable State: Arizona
 - Largest County¹⁹: Montgomery 620,443
 - Smallest County: San Augustine 7,918 People

Estimated Costs of Regional Group

The estimated cost per encounter in this region for All Texas Access metrics between fiscal year 2019 and the first half of fiscal year 2022 is²⁰:

- Cost to Local Government = \$220
- Transportation = \$745
- Incarceration = \$2,624
- ER Charges = \$2,570

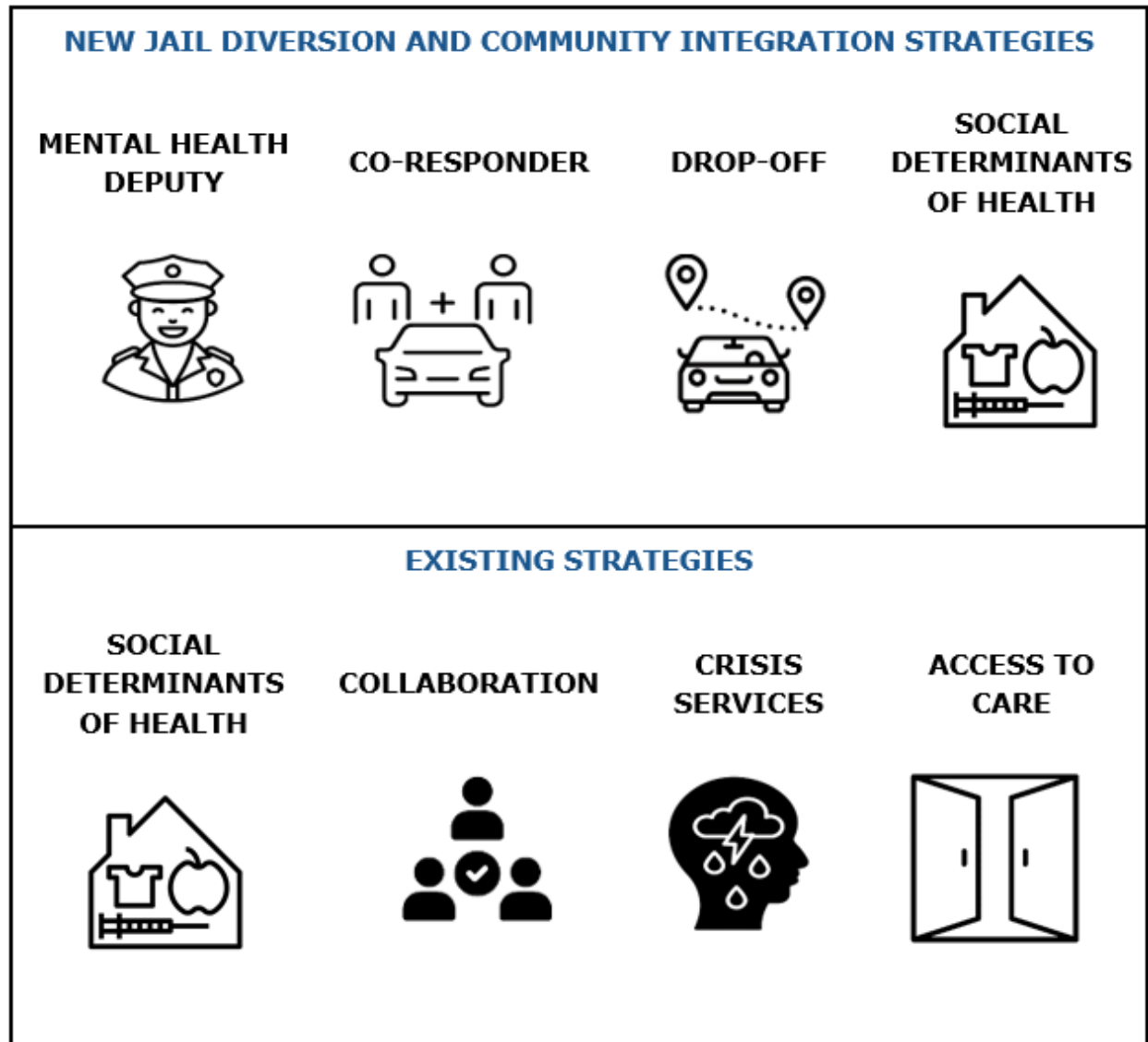
¹⁹ Other than Harris County

²⁰ Due to methodological constraints, the average cost to local governments and incarceration was calculated on a statewide basis using data from fiscal year 2019 through the first half of fiscal year 2022. However average transportation costs and ER charges were calculated on a regional basis. Average transportation costs are calculated using data from fiscal year 2019 through the first half of fiscal year 2022. Average ER charges are calculated using data from fiscal year 2019 through the first half of fiscal year 2021.

All Texas Access Rusk State Hospital (RSH) Regional Plan

The icons below represent a high-level overview of the All Texas Access RSH Regional Group plan. Note that “Existing Strategies” are broad categories from the 2020 All Texas Access RSH Regional Group plan.

Figure 17. All Texas Access RSH Regional Plan Strategies



Overview

With few urban centers in the All Texas Access RSH Region, the LMHAs and LBHAs in this regional group must strive to take full advantage of available resources.

These LMHAs and LBHAs must become masters of innovation and collaboration, consistently partnering with other organizations in their communities to expand access to services. As detailed in the next section, all the jail diversion strategies for the All Texas Access RSH Regional Group rely on good working relationships with community partners in order to succeed. In addition, four of the six strategies are funded while the other two are “grant-ready.” Most strategies focus on collaboration with law enforcement to strengthen mental health crisis response. Community Healthcore, however, had federal grant money to focus on crisis prevention through screening for needs around social determinants of health.

New Strategies: Jail Diversion and Community Integration

Each rural-serving LMHA within the regional group identified one jail diversion or community integration strategy that would be most effective in their local communities. Refer to [Appendix F](#) for more information about each strategy.

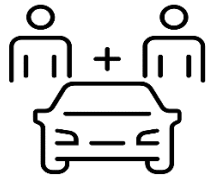
Mental Health Deputy Support



ACCESS

ACCESS funds one MHD in Anderson County and one in Cherokee County. When a person in Cherokee County needs transport to a mental health facility, the MHD often does this task. Because the available facilities are typically three or more hours away, transportation duties take the MHD out of the community for extended periods. ACCESS and the Cherokee County Sheriff would like the MHD more available to work in the community. A new contract with UT Health will allow for medical clearance at local UT Health clinics, and then transfer to UT Tyler for hospitalization if appropriate and if a bed is available. This new contract will mitigate some of the MHD’s transportation duties, allowing more time spent in the community providing valuable crisis services.

Co-Responder Program



Andrews Center

The community designed a collaborative co-responder plan to reduce chronic use of ER and law enforcement resources for mental health crises. Andrews Center is partnering with the Tyler Police Department, the Smith County Sheriff's Office, and UT Health East Texas EMS.

Goals of the program include:

- Diversion from jail and emergency departments.
- Enhanced outreach, proactive engagement, prevention, and linkage to care.
- Strengthened relationships between behavioral health systems, hospital systems, law enforcement and the criminal justice system.
- Aligned community resources to improve the outcomes for people with complex needs who routinely cycle between jails, emergency departments, and inpatient care.

This proposal uses collaboration between local community partners to address mental health crises more effectively from a multidisciplinary perspective.

Spindletop Center

Spindletop would like to expand their Assistance, Stabilization and Prevention (ASAP) program, which pairs a Spindletop staff person with a law enforcement officer to respond to mental health crisis calls. Spindletop currently partners with the Orange County Sheriff's Office and the Jefferson County Sheriff's Office, but the program provides more requests than the current staff can manage.

Drop Off Center



Burke Center

Burke would like to strengthen the crisis services available in the Lufkin area as part of jail diversion. Burke will receive funding for this effort and has set the goal to divert 200 people from jail in fiscal year 2022 and 100 people from jail in fiscal year 2023.

Burke's Lufkin location will begin offering extended hours, with two to four staff devoted to walk-in crisis care. Walk-in crisis care may include law enforcement drop offs when appropriate.

Tri-County Behavioral Healthcare

Tri-County has an existing crisis screening/drop-off center located in the front of their Psychiatric Emergency Treatment Center. The funding source associated with the positions that allow for 24/7/365 on-site coverage is no longer available, and this program is currently being funded through SAMHSA's Community Mental Health Center Grant. The goal is to maintain current drop-off service capability. Local law enforcement agencies are already familiar with this resource and use it regularly, so Tri-County wants to ensure that it continues to be available.

Social Determinants of Health



Community Healthcore

Community Healthcore is fostering recovery by refocusing care delivery on the social determinants of health and abating the impact of trauma. Community Healthcore will create a framework that, in addition to mental health diagnosis, assesses each person during intake for social determinants of health and past

traumatic experiences to provide a more complete picture of contributing factors to the person's illness and what is needed in all life domains for the person to sustain recovery. The project will serve 500 adults and children per year, 1,000 over the two-year grant period.

Updates on Existing Strategies

The strategies in this section were developed under S.B. 633, and published in the *2020 All Texas Access Report*.



Social Determinants of Health

Develop Adult Residential Settings

Having housing options that provide recovery support for those with substance use and/or mental health challenges can help individuals transition into community life more effectively and with better long-term results. Without these options, people may be at higher risk of returning to crisis and needing a more intensive level of care. Options that are less institutional and more home-like are also less expensive and more recovery-oriented.

The regional group has no updates for this strategy currently. The COVID-19 pandemic required LMHAs and LBHAs to prioritize efforts over the last two years, so projects that require significant planning were placed on hold.

Collaboration

Increase Integrated or Co-Located Services

ACCESS partners with school districts and FQHCs, including co-locating with a FQHC. ACCESS has Memorandums of Understanding (MOUs) with all school districts in their service area. Spindletop is developing more care coordination MOUs with referral partners of all types in their area.

Since 2020, Andrews Center been delivering outpatient substance use services to adults instead of referring out to a provider. They also recently received a substance use facility license for youth which has led to collaboration with a local school district. Andrews Center continues to operate an integrated health clinic which is responsible for outpatient primary care screening and treatment as well as monitoring of key health indicators and health risks in a coordinated environment.

Burke currently provides primary care at their Angelina County location in Lufkin. Burke Center also collaborates with the local FQHC in Nacogdoches County to provide primary care in their Nacogdoches clinic one day per week. Community Healthcare currently has primary care in Longview, Clarksville, and two locations in Texarkana.

Strengthen Collaborations with Public Schools

As noted above, ACCESS has MOUs with all school districts in their area. They had plans to pilot in-school psychiatric services, but those have been delayed due to COVID-19. Burke Center has established on-site psychiatric services with a local school district. This unfunded project provides psychiatric care through telemedicine, allowing families to minimize the burden of taking off work, traveling, and adding personal expense to office-based visits. Burke has also established a relationship with a local Junior College (Angelina College). This unfunded project provides a mental health professional on campus 1 day/week to answer questions from students and staff. Intake services and therapy can be provided all from the campus.

Spindletop continues to work with Project AWARE in Bridge City ISD and Hope Squad in Vidor ISD. They are now gathering data to identify the number of kids served in each school campus in their catchment area, with plans to use this data to offer to co-locate LMHA staff on school campuses with larger numbers of active clients. Tri-County is using SAMHSA grant funds for three staff at two Cleveland ISD elementary schools. This expands their school-based clinics, four of which pre-existed under different funding.

Andrews Center reports that Mental Health First Aid (MHFA) has been expanded to rural schools within Texas' Region 7. They are hopeful that this development will reduce the stigma associated with having a mental illness while building trust and relationships in very rural areas. Andrews Center also continues to provide psychiatric services via tele video to children in their rural counties.

Community Healthcore reports that increased public school collaboration is a specific goal.

Crisis Services

Increase Mental Health Deputies

Spindletop's MHD and crisis team has facilitated an expanded jail-based services contract with Orange County to offer JBCR. The team continues to engage Jefferson County in jail-based mental health services.

Tri-County does not have MHDs, but both Liberty and Montgomery counties have increased mental health focused law enforcement staff in the last year. Montgomery County now has 24 and Liberty County now has 6 mental health focused law enforcement staff.

ACCESS reports that with no additional funding for MHDs, they have instead been discussing finding ways to reduce MHD transportation responsibilities to allow them to focus more on crisis intervention.

Andrews Center reports that they would like to strengthen their relationships with local law enforcement so that they can build successful collaborations in the future.

Access to Care

Increase or Strengthen Hospital Collaborations

In 2022, Andrews Center developed a transition of care model for people discharging from private psychiatric hospitals, as they discovered people were not receiving aftercare planning by Andrews Center's continuity of care workers. Hospital officials are happy with this change, and Andrews Center will use this progress to continue strengthening relationships with the psychiatric hospitals.

Burke continues to meet quarterly with all interested stakeholders as well as other valued community members. These consistent meetings, including virtually during COVID-19, maintain a strong alliance set in place over a decade ago. Tri-County has regular meetings with law enforcement, hospitals, private psychiatric hospitals,

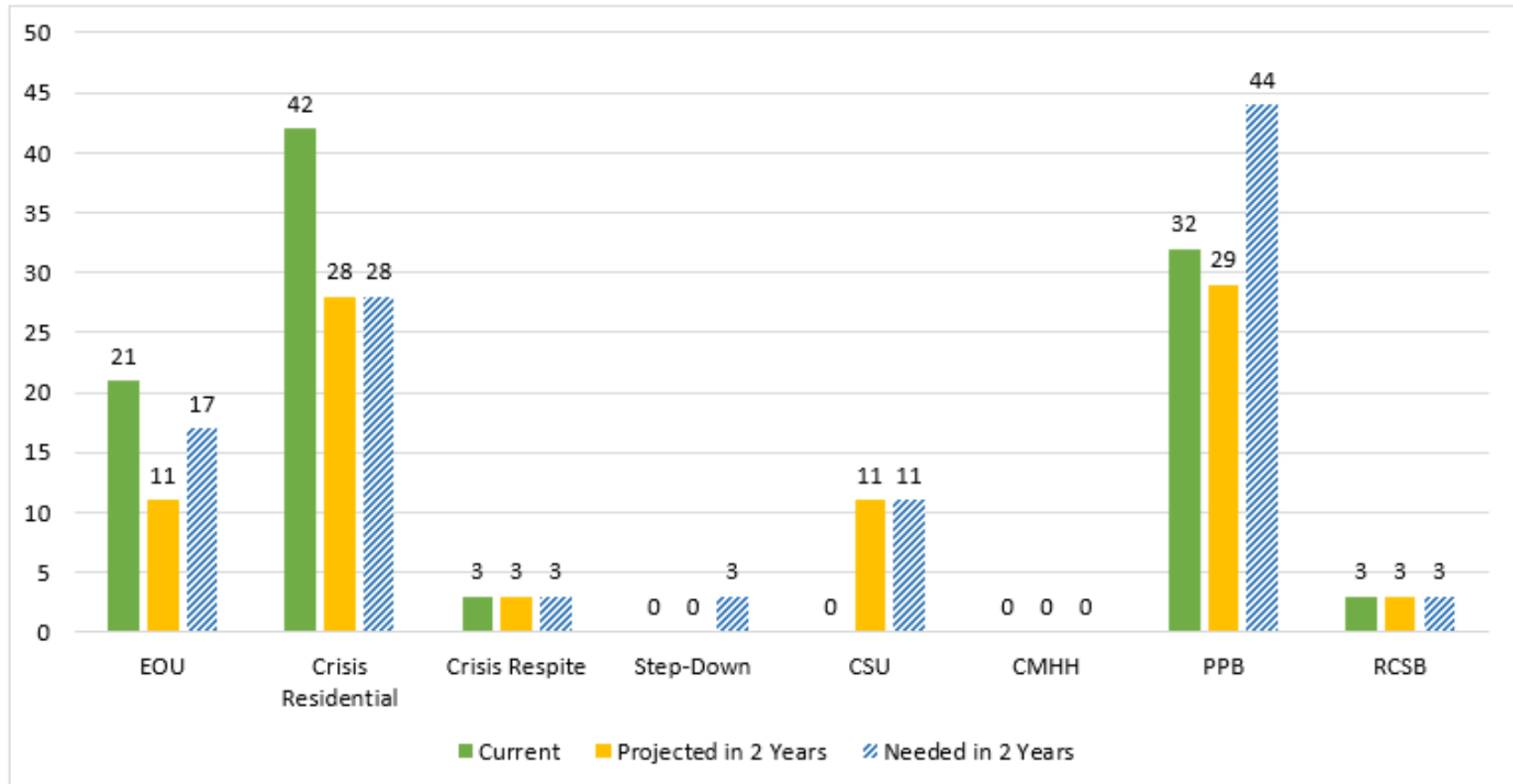
and other stakeholders. The meetings are productive in coordinating care and resolving local challenges. Community Healthcore has maintained regular meetings with hospital partners and has increased nursing triage staff embedded in CHRISTUS St. Michael in Texarkana.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA in the regional group submitted information about the outpatient and inpatient beds available to them currently, projected change over two years, and anticipated need in two years.

Refer to the [Regional Plans](#) section of the report for additional explanation of the chart below.

Chart 17. All Texas Access RSH Regional Group Bed Capacity



Total Outpatient Beds Needed: 9**Total Inpatient Beds Needed: 23 beds/day (or 8,284 bed days/year)**

The All Texas Access RSH Region currently has no step-down, crisis stabilization unit, or community mental health hospital. ACCESS currently has no outpatient beds in their service area and indicated that EOU and step-down beds would be helpful. Similarly, Community Healthcore plans to convert their EOU and crisis residential unit into a crisis stabilization unit within the next two years. Since there are no licensed psychiatric inpatient beds in Community Healthcore's service area, they anticipate using the CSU to provide a higher level of care and avoid hospital admissions that take people further from their home community.

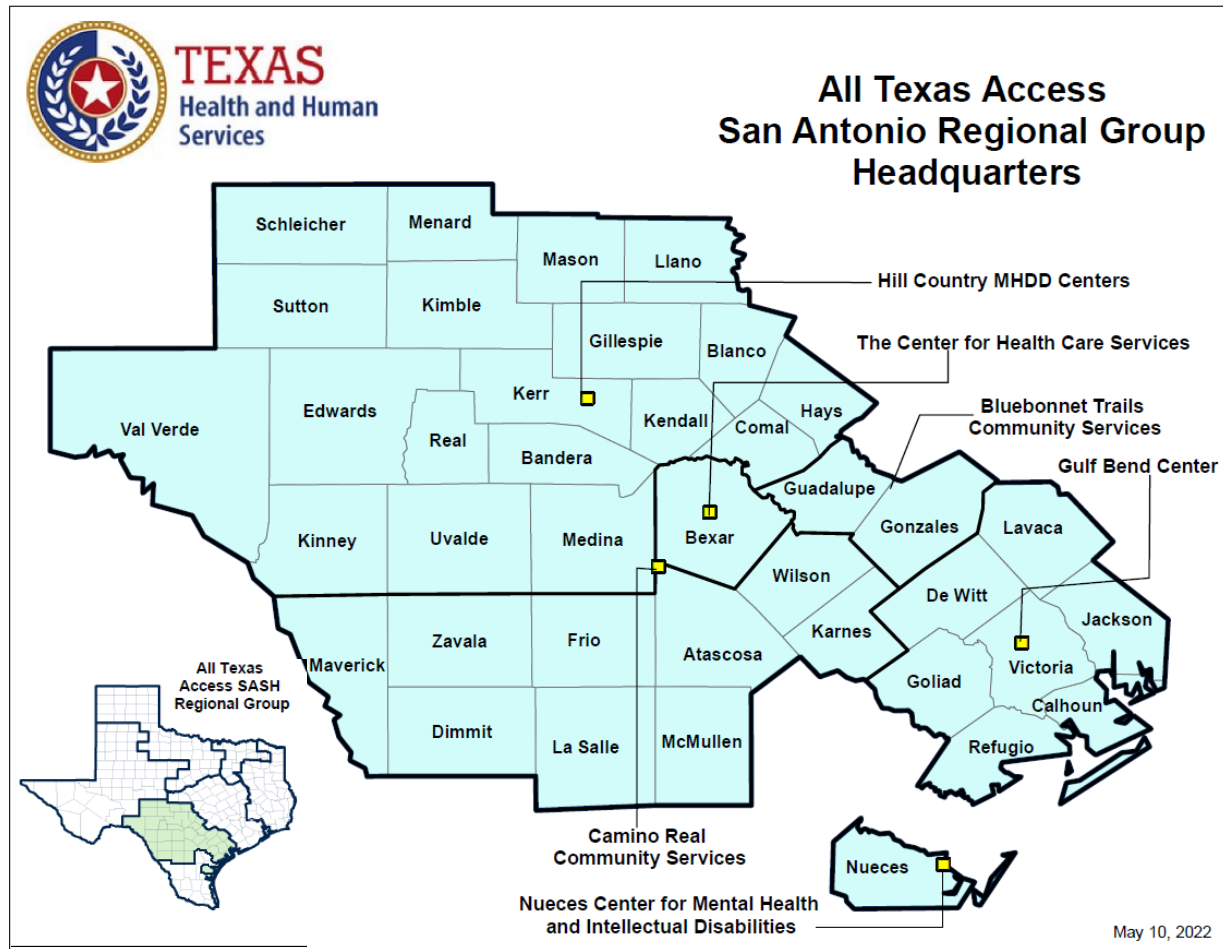
Conversely, both Andrews Center and Tri-County have closed facilities in the last two years (one crisis respite and one CSU, respectively). Those closures were not based on lack of need, but due to funding and staffing shortages. In fact, Tri-County's community partners would like to have access to more CSU beds but are unable to help fund a CSU, which Tri-County notes costs \$4 million per year for them to operate. This is in addition to the screening and assessment they provide for drop-offs at the CSU front door, which costs \$1.5 million per year. Meanwhile, Tri-County reports that they are currently funded for 9 private psychiatric beds per day, currently averaging 19.7 beds per day, and have an average of 21 people waiting in ERs for an inpatient admission.

LMHAs in this region expect private psychiatric bed rates to rise in the near future, with estimates ranging 14-18 percent above the current rates. Between psychiatric hospital bed day rate increases and rising rates of mental health crisis, private psychiatric bed funding is anticipated to run short over the next two years. Even with braided funding from a number of sources, LMHAs are struggling to meet the demand for inpatient care.

Adequate funding is also a challenge for outpatient beds. Burke has operated their combination EOU and crisis residential since 2008, but the daily reimbursement rate for these beds has not changed to meet increased costs. Therefore, it is currently running at an annual \$750,000 deficit. The EOU and crisis residential allows for lower levels of care to be provided closer to a person's home community.

7. All Texas Access San Antonio State Hospital (SASH) Regional Group

Figure 18. Map of All Texas Access SASH Regional Group²¹



Participating LMHAs and LBHAs

- Bluebonnet Trails Community Services
- Camino Real Community Services
- Gulf Bend Center
- Hill Country MHDD Centers

²¹ Yellow squares represent LMHA or LBHA headquarter locations only.

Bluebonnet Trails participates in both the All Texas Access ASH and SASH Regional Groups. Border Region Behavioral Health Center and Coastal Plains Community Center are members in the All Texas Access RGSC Regional Group and ex-officio members in the All Texas Access SASH Regional group

The Center for Health Care Services and Nueces Center for Mental Health and Intellectual Disabilities are ex-officio members in this group.

Regional Characteristics

- Size: 42,555 Square Miles
 - Comparable State: Virginia
 - Counties with 250,000 people or less: 37 with 40,475 sq. mi
 - Counties with more than 250,000 people: 2 with 2,079 sq. mi.
- Population: 3,676,322
 - Comparable State: Connecticut
 - Largest County²²: Bexar 2,009,324
 - Smallest County: McMullen 600

Estimated Costs of Regional Group

The estimated cost per encounter in this region for All Texas Access metrics between fiscal year 2019 and the first half of fiscal year 2022 is²³:

- Cost to Local Government = \$220
- Transportation = \$822
- Incarceration = \$2,624
- ER Charges = \$2,980

²² Other than Harris County

²³ Due to methodological constraints, the average cost to local governments and incarceration was calculated on a statewide basis using data from fiscal year 2019 through the first half of fiscal year 2022. However average transportation costs and ER charges were calculated on a regional basis. Average transportation costs are calculated using data from fiscal year 2019 through the first half of fiscal year 2022. Average ER charges are calculated using data from fiscal year 2019 through the first half of fiscal year 2021.

All Texas Access San Antonio State Hospital (SASH) Regional Group Plan

The icons below represent a high-level overview of the All Texas Access SASH Regional Group plan. Note that “Existing Strategies” are broad categories from the 2020 All Texas Access SASH Regional Group plan.

Figure 19. All Texas Access SASH Regional Plan Strategies



Overview

The All Texas Access SASH Regional Group is primarily focused on two themes originally identified in the *2020 All Texas Access Report*:

- Increasing collaborations amongst LMHAs and LBHAs and with local partners; and
- Increasing inpatient capacity and access to care.

Because of this group's close work with the San Antonio State Hospital Redesign, they have spent the last several years thinking about how LMHAs and LBHAs can best collaborate to increase access to inpatient care for civil patients. This group feels that increasing access to inpatient care by establishing new local facilities in rural and suburban areas outside of San Antonio will significantly increase a person's ability to get needed care closer to where they live. Recognizing that it may not be efficient or possible to have inpatient facilities in every community, this group of LMHAs and LBHAs is particularly collaborative and has discussed how to potentially share inpatient resources like EOU's, crisis respite facilities, and psychiatric hospitals.

The All Texas Access SASH Regional Group also identified a need to focus on two new strategies because of local need:

- Monitor promising or evidence-based practices for behavioral health; and
- Increase substance use and withdrawal management services.

These two new strategies may have been identified in part because of the additional needs highlighted by COVID-19. This group feels it is important to ensure that they are providing the best care they can, and that to do so they need to remain abreast of new successful practices. The All Texas Access SASH Regional Group noted that the need for substance use and withdrawal management services is becoming greater within its rural service areas; however, because the LMHAs are all now CCBHCs, there may be an opportunity for them to place a renewed emphasis on these services.

New Strategies: Jail Diversion and Community Integration

Each rural-serving LMHA within the regional group identified one jail diversion or community integration strategy that would be the most effective in their local communities. Refer to [Appendix G](#) for more information about each strategy.

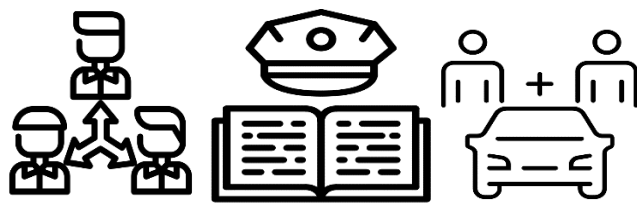
911 Integration and Triage Center



Bluebonnet Trails Community Services

Public Safety Answering Point interaction with Williamson County 911 partners. This opportunity, implemented on November 15, 2021, creates immediate access to mental health-informed response at the 911 answering point. Now, when a caller seeks emergency care through 911, an offer of police, fire, ambulance or mental health is extended. Bluebonnet Trails, in partnership with Williamson County Emergency Services, Bluebonnet Trails opened a 24/7 Diversion Center for the purpose of establishing a law enforcement triage and drop-off center with a 23-hour observation program meeting the needs of adults experiencing a mental health crisis. The goals are to provide immediate access to critical care - while returning the law enforcement officer back to duty in the community and keeping persons from long stays in an emergency department.

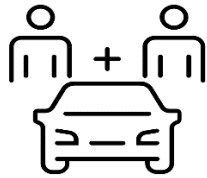
Rural Crisis Response and Diversion



Camino Real Community Services

Camino Real Community Services expanded their MCOT, hired a law liaison, is providing law enforcement training, and opened a drop-off facility for law enforcement. Camino Real Community Services would like to reduce arrests of people with mental health disorders by providing increased rapid access to alternate resources in the community. The proposed services will increase the knowledge of law enforcement interacting with people with mental illness, substance use, intellectual and developmental disabilities (IDD), and related conditions and enhance the mobile crisis outreach teams to improve crisis care continuum and response. As of May 2022, Camino Real had reported 397 jail diversions.

Co-Responder



Gulf Bend Center

Gulf Bend is proposing enhancing their existing co-responder team by extending it into additional counties so there is a greater likelihood that a trained mental health professional will respond to a mental health crisis. Gulf Bend is also proposing equipping sheriff deputies with technology that would enable remote assessment.

Care Navigation and Risk Stratification



Hill Country MHDD Center

Hill Country MHDD Center is establishing a dedicated Care Navigation Team that will:

- Follow up on referrals;
- Follow-up on appointments (mental health, physical, substance use, legal, resource);
- Ensure crisis and discharge follow-up occurs in a timely manner; and
- Problem-solve resource limitations/access, engage with multiple disciplinary teams and people in care on person centered treatment goals, inform and engage teams and service recipients on progress toward goals, help ensure individual needs are met as highlighted on assessments, and help with the overall navigation of services available in the community. Ultimately, this will help people remain engaged in treatment and reduce the likelihood of mental health crisis leading to incarceration. This is a funded project.

New Strategies

Monitor Promising or Evidence-based Practices



In continuing conversations with the All Texas Access initiative, this region felt it was important to monitor promising and/or established existing practices. Each of the rural LMHAs in this region has implemented at least one best practice within their service area:

- Bluebonnet Trails Community Services has partnered with Guadalupe County Sheriff's Office to support a 5-member MH Deputy Program since 2015.
- Camino Real Community Services recently opened a drop-off facility for law enforcement. This facility has already been used by law enforcement, members of the judiciary, and is helping people receive immediate care.
- Gulf Bend Center noted they have recently become CCHBC certified, and Gulf Bend Center is in the process of further establishing this program so they can best serve the needs of the community.
- Hill Country MHDD Center is seeking to expand use of peer service specialists throughout their organization. Hill Country currently employs 20 peer specialists who work with their clients across the continuum of care.

Substance Use and Withdrawal Management



In continuing conversations with HHSC, this region also felt it was important to place a renewed emphasis on SUD and withdrawal management services. Over the last several years, there has been a significant increase in the SUD services available throughout this region:

- Bluebonnet Trails Community Services is licensed by HHSC in Gonzales, Seguin and Seguin ISD to provide outpatient substance use treatment. Bluebonnet Trails has been contracted by HHSC to provide outpatient treatment services to adults and children since 2015.
- Camino Real Community Services opened an SUD office in fall of 2021 and offers MAT and other SUD services. Additionally, Camino Real Community Services provides some withdrawal management services at its crisis residential units (CRUs).
- Gulf Bend Center is in the process of renovating its clinic to provide withdrawal management services. Its providers are providing medications for those customers needing treatment.
- Hill Country MHDD Center offers outpatient substance use services.

Updates on Existing Strategies

The strategies in this section were developed under S.B. 633, and published in the *2020 All Texas Access Report*.



Telehealth

Telepsychiatry in Jails

The LMHAs in this region have a diversity of experience working with their county jails to provide telepsychiatry services:

- Bluebonnet Trails Community Services continues to offer telehealth and telemedicine services in Guadalupe and Gonzales County Jails;
- Camino Real Community Services does not provide telemedicine services to the county jails, though they do provide crisis assessments via telehealth;

- Hill Country Community Services provides tele-psychiatry in the following county jails: Bandera, Blanco, Comal, Edwards, Gillespie, Kendall, Kerr, Kimbell, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton; and
- Gulf Bend Center – due to COVID-19 – has made remote screening and assessment available to each of the seven county jails within their service region by placing iPads with each of the county jails.

Collaboration

Enhance Strategic Collaborations in the Region

The rural LMHAs in this region are undertaking a variety of efforts relating to strategic collaboration between themselves and their local community partners.

Bluebonnet Trail Community Services, Gulf Bend, Camino Real Community Center, and Hill Country Community Center all report they are continuing to collaborate regionally. Bluebonnet Trails Community Services reports it has contracts with Gulf Bend Center, Hill Country MHDD, Coastal Plains Community Center and Border Region Behavioral Health to increase their respective centers access to adult crisis respite programing. This region's ability to collaborate can be demonstrated through its response to the tragedy in Uvalde, Texas. Hill Country MHDD received assistance from all the nearby LMHAs and LBHAs after the tragedy to ensure everyone was able to receive timely mental health support.

Access to Care

Community Mental Health Hospitals

Hill Country Community MHDD has pivoted away from its desire to build a 48-bed psychiatric hospital in Uvalde and is instead planning to build a 16-bed facility in Uvalde which will have 6 extended observation unit beds and 10 crisis residential beds. Hill Country has received approximately \$2 million dollars to begin constructing such a facility from the federal Health Resources and Services Administration.

Gulf Bend has continued to discuss a regional hospital and is engaged in conversations with the Victoria County Hospital who may be able to provide space.

Extended Observation Units

Due to a lack of funding, this regional group has no updates regarding the EOUs. However, Camino Real noted it still has two closed facilities that could each become operational with approximately \$1.5 million per facility per year. Funding these facilities would significantly increase capacity within the region to provide access to services outside of San Antonio.

Outpatient Competency Restoration

Bluebonnet Trails Community Services established a new OCR program in Guadalupe County that became operational in March 2022.

Step-Down Pilot Program

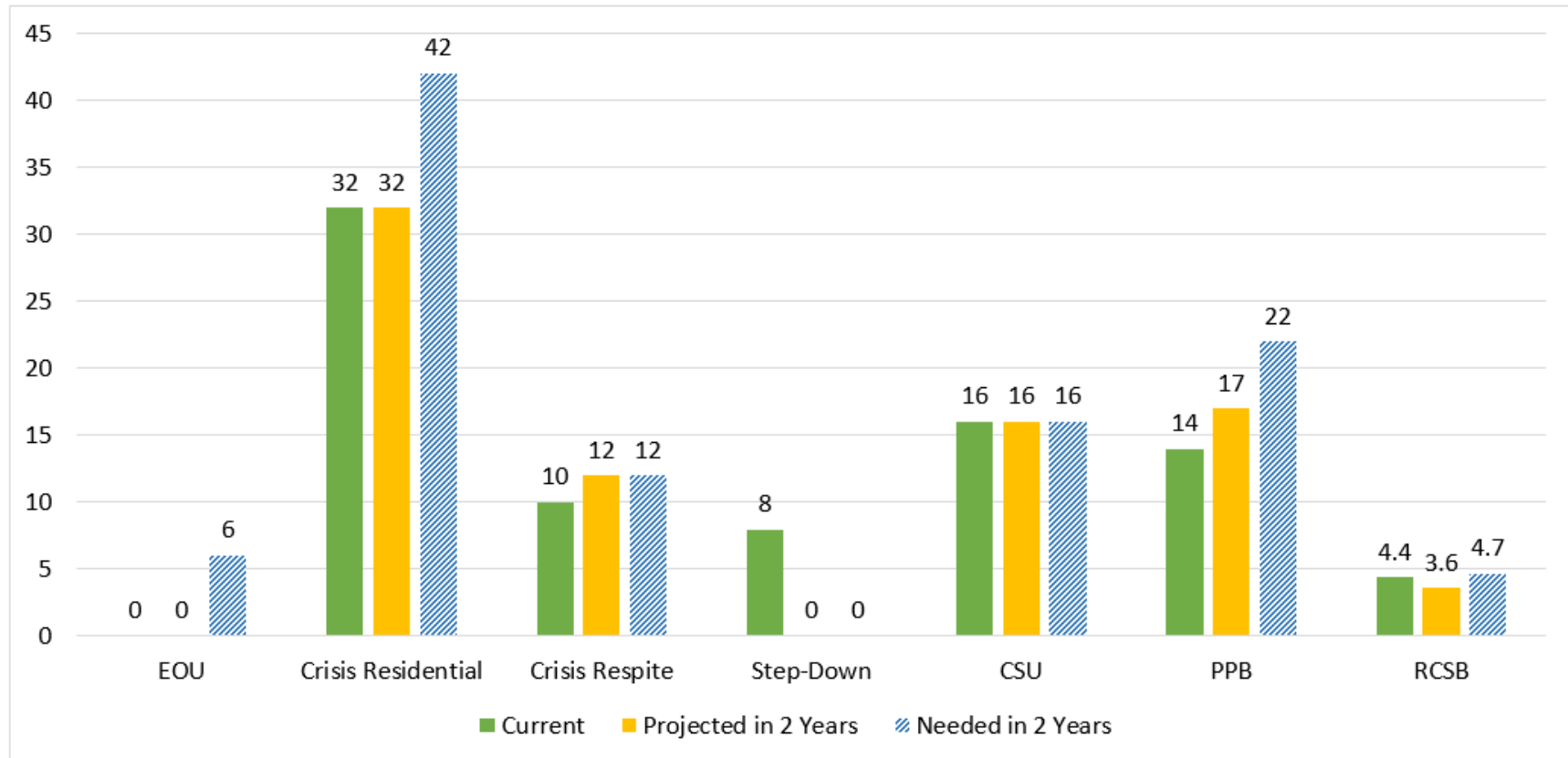
Bluebonnet Trails Community Services has a six-bed step-down pilot program in Guadalupe County, which had admitted four people as of May 2022. This program is in a residential setting 3 miles from the Bluebonnet Trails integrated health care campus in Seguin. Bluebonnet Trails is also adding capacity to its adult crisis respite program currently located on the Seguin campus so it has extended capacity as well as developing a 10-bed youth therapeutic respite program that will occupy the former 10-bed adult crisis respite program home on its Seguin campus. The length of stay for Youth Therapeutic Respite program is 30 days.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA in the regional group submitted information about the outpatient and inpatient beds available to them currently, projected change over two years, and anticipated need in two years.

Refer to the [Regional Plans](#) section of the report for additional explanation of the chart below.

Chart 18. All Texas Access SASH Regional Group Bed Capacity



Total Outpatient Beds Needed: 16

Total Inpatient Beds Needed: 7 beds/day (or 2,485 bed days/year)

The All Texas Access SASH Region has no EOU or community mental health hospital.

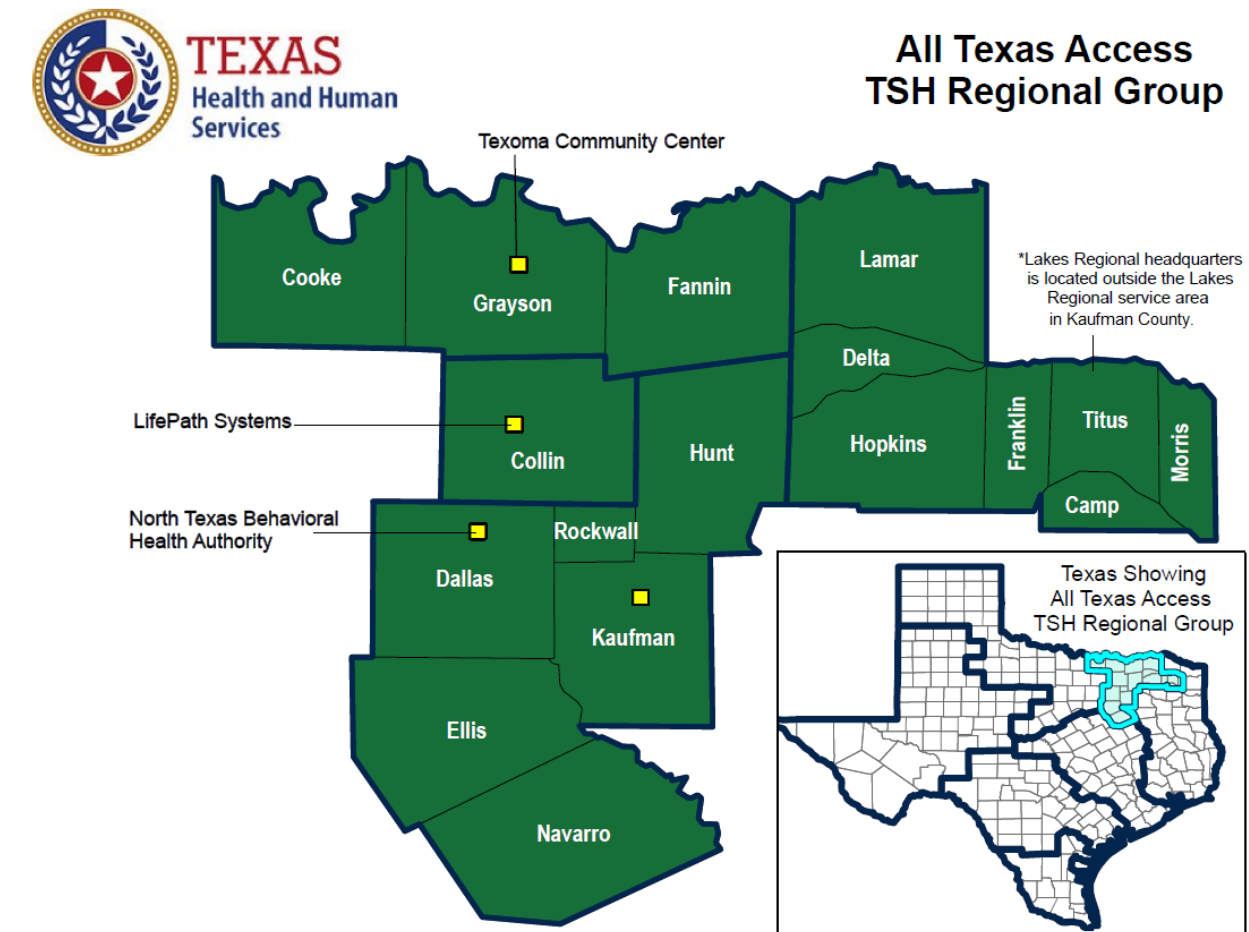
Gulf Bend Center reports that they have been using funds from other parts of their budget to supplement PPB and rapid crisis stabilization money from HHSC.

However, with current funding ending, it will be more challenging to sufficiently fund needed bed days. In addition, Gulf Bend Center's remote crisis assessment expansion is predicted to increase need for bed days as more people are diverted from jail. Gulf Bend Center notes that bed days utilized in 2021 was more than double the number in 2018, and they expect this trend to continue.

Like Gulf Bend, Hill Country MHDD Centers reports already supplementing PPB funding as the need outpaces their allotted funds. With population growth along the IH-35 corridor, they expect this trend to continue. Hill Country MHDD Centers also has multiple possible resources developing throughout their service area. They are currently in the grant implementation process for a six-bed youth crisis respite center which they hope to have operational in September 2022. Comal County is exploring options to fund construction of a facility that Hill Country MHDD Centers would operate as both an Extended Observation Unit (6 beds) and a Crisis Residential Unit (10 beds). Hays County is currently conducting a mental health community needs assessment to determine the quantity and type of mental health crisis residential beds needed in the County. Current discussions include the possibility of building a multipurpose facility to house inpatient psychiatric beds, mental health outpatient crisis services, and veteran's crisis services. In addition, Uvalde County is currently exploring options for building a mental health crisis residential facility to serve the regional area. Discussions include the possibility of building a facility to operate inpatient psychiatric beds, or extended observation beds and/or crisis residential beds.

8. All Texas Access Terrell State Hospital (TSH) Regional Group

Figure 20. Map of All Texas Access TSH Regional Group²⁴



Participating LMHAs and LBHAs

- Lakes Regional Community Center
- North Texas Behavioral Health Authority
- Texoma Community Center

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

²⁴ Yellow squares represent LMHA or LBHA headquarter locations only.

Regional Characteristics

- Size: 11,177 Square Miles
 - Comparable State: Delaware and New Jersey combined
 - Counties with 250,000 people or less: 15 with 9,462 sq. mi
 - Counties with more than 250,000 people: 2 with 1,714 sq. mi.
- Population: 4,647,189
 - Comparable State: Louisiana
 - Largest County²⁵: Dallas 2,613,539
 - Smallest County: Delta 5,230

Estimated Costs of Regional Group

The estimated cost per encounter in this region for All Texas Access metrics between fiscal year 2019 and the first half of fiscal year 2022 is²⁶:

- Cost to Local = \$220
- Transportation = \$680
- Incarceration = \$2,624
- ER Charges = \$2,076

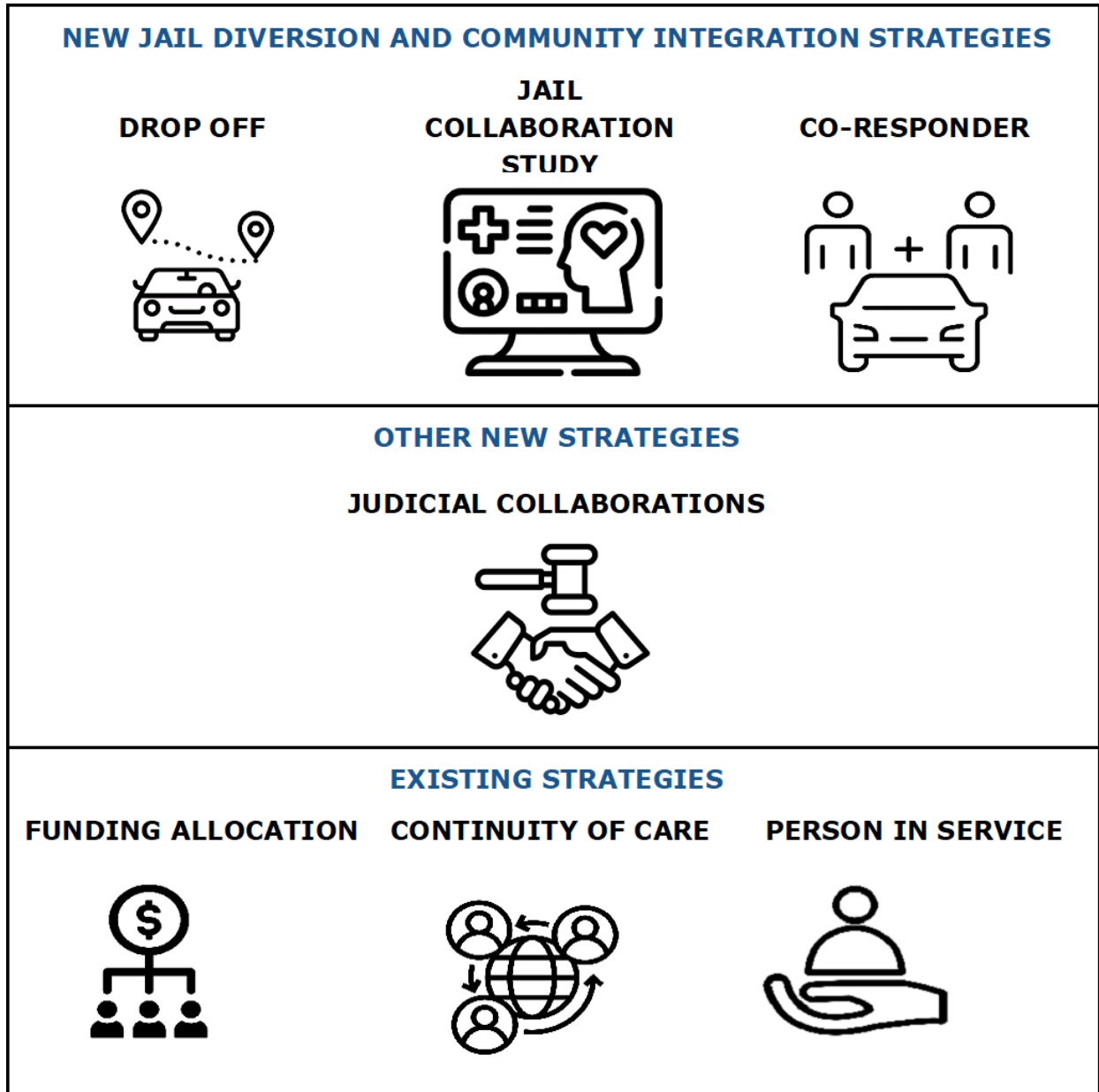
²⁵ Other than Harris County

²⁶ Due to methodological constraints, the average cost to local governments and incarceration was calculated on a statewide basis using data from fiscal year 2019 through the first half of fiscal year 2022. However average transportation costs and ER charges were calculated on a regional basis. Average transportation costs are calculated using data from fiscal year 2019 through the first half of fiscal year 2022. Average ER charges are calculated using data from fiscal year 2019 through the first half of fiscal year 2021.

All Texas Access Terrell State Hospital (TSH) Regional Group Plan

The icons below represent a high-level overview of the All Texas Access TSH Regional Group plan. Note that “Existing Strategies” are broad categories from the 2020 All Texas Access TSH Regional Group plan.

Figure 21. All Texas Access TSH Regional Plan Strategies



Overview

The strategies identified in the first All Texas Access TSH Regional Plan that the group will continue pursuing are related to addressing housing by;

- Increasing alternative competency restoration options;
- Increasing relationships with mission-based organizations;
- Increasing inpatient funding and step-down capacity;
- Using technology to increase mental health care access; and
- Establishing peer-run clubhouses.

Regional progress has been made to varying degrees with each of these themes and is outlined below. The regional group has also pivoted their original strategy of relationships with judiciary from the specific goal of expunging misdemeanor criminal records to a more global goal of establishing effective collaboration.

For the *2022 All Texas Access Report*, each rural-serving LMHA was asked to choose one jail diversion or community integration strategy to plan with their community partners. The strategies that were selected are:

- Conducting a jail collaboration study to better understand how people with a mental health condition become incarcerated in county jails;
- Establishing drop-off center for law enforcement in an existing facility (Kaufman County Bridge); and
- Establishing a co-responder model that partners law enforcement with LMHA staff to respond to mental health crisis calls.

New Strategies: Jail Diversion and Community Integration

Each rural-serving LMHA within the regional group identified one jail diversion or community integration strategy that would be the most effective in their local communities. Refer to [Appendix H](#) for more information about each strategy.

Jail Collaboration Study



Lakes Regional Community Center

Lakes Regional is currently in the process of implementing a root cause analysis with a county jail, local governments, and Texas A&M Commerce students to understand how people experiencing a mental health crisis may be incarcerated and address the costs associated with these incarcerations. The proposal will primarily focus on people with mental illness who have been incarcerated in county jails. This study will seek to unearth and explore data relating to mental illness that could potentially be used in future grant opportunities.

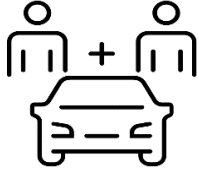
Dropoff Center



North Texas Behavioral Health Authority

North Texas Behavioral Health Authority (NTBHA) is proposing enhancing the Kaufman County Bridge facility by creating drop-off capacity. This enhancement will enable NTBHA to care for people who do not meet criteria for emergency detention from law enforcement and help connect people with care, housing resources, and community supports. NTBHA proposes adding a housing component to pay for short-term hotel stays, rent or utility deposits, and other costs to resolve short-term needs. This is currently an unfunded project.

Co-Response Model



Texoma Community Center

Texoma Community Center is proposing creating a co-responder program. This program would partner LMHA staff with law enforcement responders, enabling people in crisis to be screened quickly, and for LMHA staff to help law enforcement determine how to best respond to people in crisis. The program would operate throughout Texoma's three-county service area.

New Strategy

Judicial Collaborations



All the LMHAs and LBHAs in this regional group noted the need to enhance and reinforce their relationships with local judiciary members. Enhancing this relationship at the local level ensures that people with mental illness access treatment, even when they are interacting with the judicial system. Furthermore, enhancing this relationship can improve access to services across the continuum of care.

Updates on Existing Strategies

The strategies in this section were developed under Senate Bill 633, 86th Legislature, Regular Session, 2019, and published in the *2020 All Texas Access Report*.



Continuity of Care

Increase Alternative Competency Restoration

This region is interested in expanding competency restoration programs throughout the region by increasing the use of outpatient competency restoration programs and jail-based competency restoration programs.

Alternative competency restoration programs seek to restore people to competency either in the community under careful supervision (outpatient competency restoration programs) or while in jail (jail-based competency restoration programs). Alternative competency restoration programs can divert people away from the state hospital waitlist by serving people in their home communities, reducing the significant delays people may encounter if they are on the state hospital waitlist.

NTBHA is in the process of establishing outpatient competency restoration programs in Kaufman, Navarro, and Hunt counties, and some of these counties have already had participants in outpatient competency restoration programs. NTBHA is hoping that these programs will allow people to receive services in their local community close to their support system.

Increase use of Telehealth & Emerging Technologies

When formulating their initial All Texas Access regional plan, this regional group felt it was vital to consider how telehealth could help them increase access to care in rural communities. Since the original regional plan, Lakes Regional Center, North

Texas Behavioral Health Authority, and Texoma Community Center have dramatically increased their reliance upon telehealth due to COVID-19, inclusive of both audio-visual and audio only platforms. All three LMHAs and LBHAs now report feeling much more proficient with offering and providing telehealth services and feel that this could reduce the time and costs associated with driving to a mental health appointment, reduce the barriers which may be associated with a first appointment, reduce the number of cancelled appointments, and overall increase access to services. As it is possible that helping people engage and remain engaged in routine services may reduce the likelihood that people utilize crisis services, the increased utilization of telehealth services may reduce crisis episodes in this region.

Establish Step-Down Services through Assisted Living Facilities

Step-down is important because it can help people transition from an extended stay at an inpatient facility back into the community by providing additional structure and support. Furthermore, stepdown may reduce the likelihood of readmission for people leaving inpatient facilities. Due to competing priorities related to the COVID-19 Pandemic, the TSH Regional group has made limited progress on this strategy. However, two LMHAs and LBHAs have reported that they provide step-down services through a variety of other tools at their disposal:

- NTBHA reported that they coordinate with the treatment team, Adult Protective Services (APS), and the facility depending on the situation to provide step-down services for extended inpatient stays, and
- Texoma reported they can provide some step-down service through their CRU.

Person in Service

Increase Access to Housing

At the quarterly All Texas Access TSH meetings, the LMHAs and LBHAs have mentioned a variety of ways that they are seeking to address challenges with housing. This group noted proactive steps to address housing, as housing prices have risen significantly since the COVID-19 pandemic, making it more challenging for them to work with people who need housing.

Lakes Regional Center hosted a listening session with HHSC on housing and is currently working with HHSC to explore and understand potential options that would allow them to improve access to housing. This listening session will inform how HHSC structures learning opportunities for LMHAs and LBHAs in the summer of 2022.

NTBHA also hosted a listening session with HHSC on housing. Additionally, NTBHA was awarded and is implementing a Health Community Collaborative grant in Hunt and Navarro County. Healthy Community Collaborative grants are designed to promote collaboration between public and private sectors to integrate services for people experiencing homelessness and mental illness and/or substance use disorders. NTBHA also received housing funds related to COVID-19 and was processing applications for this funding pool in the summer of 2022. These activities will result in an increased access to housing for people in its service region.

Texoma Community Center reports they are continuing to work on building and enhancing their relationship with local housing authorities. Texoma Community Center believes that if they can increase their relationship with a local housing authority, they may be able to help more people access housing through this entity.

Connect with faith and mission-based organizations

The faith-based community within the All Texas Access TSH Region has a strong local presence. The faith and mission-based community is an important local resource for this community as there are:

- A large number of faith-based non-profits and social service providers in the community;
- Faith-based organizations are deeply embedded in the community; and
- Faith-based organizations in this region believe that caring for people in need is of the utmost importance.

Increasing connectivity between mission-based organizations and the LMHA or LBHA can only help increase access to care and could even help with the early identification of mental health challenges. Faith-based organizations are very effective at partnering with providers when there is a natural disaster, and there may be a similar opportunity for LMHAs and LBHAs to partner with faith and other mission-based organizations to ensure the mental health needs of local community members are met. In the 2022 SIM mappings with NTBHA, faith-based community members who participated felt passionate about increasing services for people in the region.

Since the *2020 All Texas Access Report*, Lakes Regional Center identified all faith-based organizations within its service area. Furthermore, local clinics for Lakes Regional Center have established relationships with these faith-based organizations if a relationship was not established previously. NTBHA has continued to work closely with faith-based organizations and participates in several faith-based groups

throughout its service region. NTBHA also worked with a national expert to develop behavioral health training for faith-based providers. Texoma Community Center works closely with the Fannin County Behavioral Health team which includes faith-based organizations.

Establish Peer Run Clubhouse

NTBHA has funded Lakes Regional Center to establish a peer run “coffee house” within NTBHA’s service area. Lakes Regional Center is interested in replicating this model around Mount Pleasant.

Peer led project like this serve the community by:

- Increasing peer support in the community, giving participants a positive role model, by which to increase their recovery goals,
- Increasing social inclusion for people allowing for purposeful and meaningful relations with others, and
- Increasing resources for people who come from jails and hospitals for a successful re-entry back into the community.

Lakes Regional has received SAMHSA grant funding to expand peer services through the establishment of peer advisory boards. Lakes Regional reports having a functional peer advisory board in one location, two that are in active development, and plans to implement three more. Lakes Regional has funded additional peer positions through grants to be part of Assertive Community Treatment (ACT) and MCOT services and has a current SAMHSA grant application that includes a Family Partner to work with youth and families in crisis. These are all important developments with Lakes Regional as increasing the visibility of peers throughout the mental health continuum normalizes recovery and may reduce the stigma associated with seeking care.

Funding Allocation

Increase PPB funding

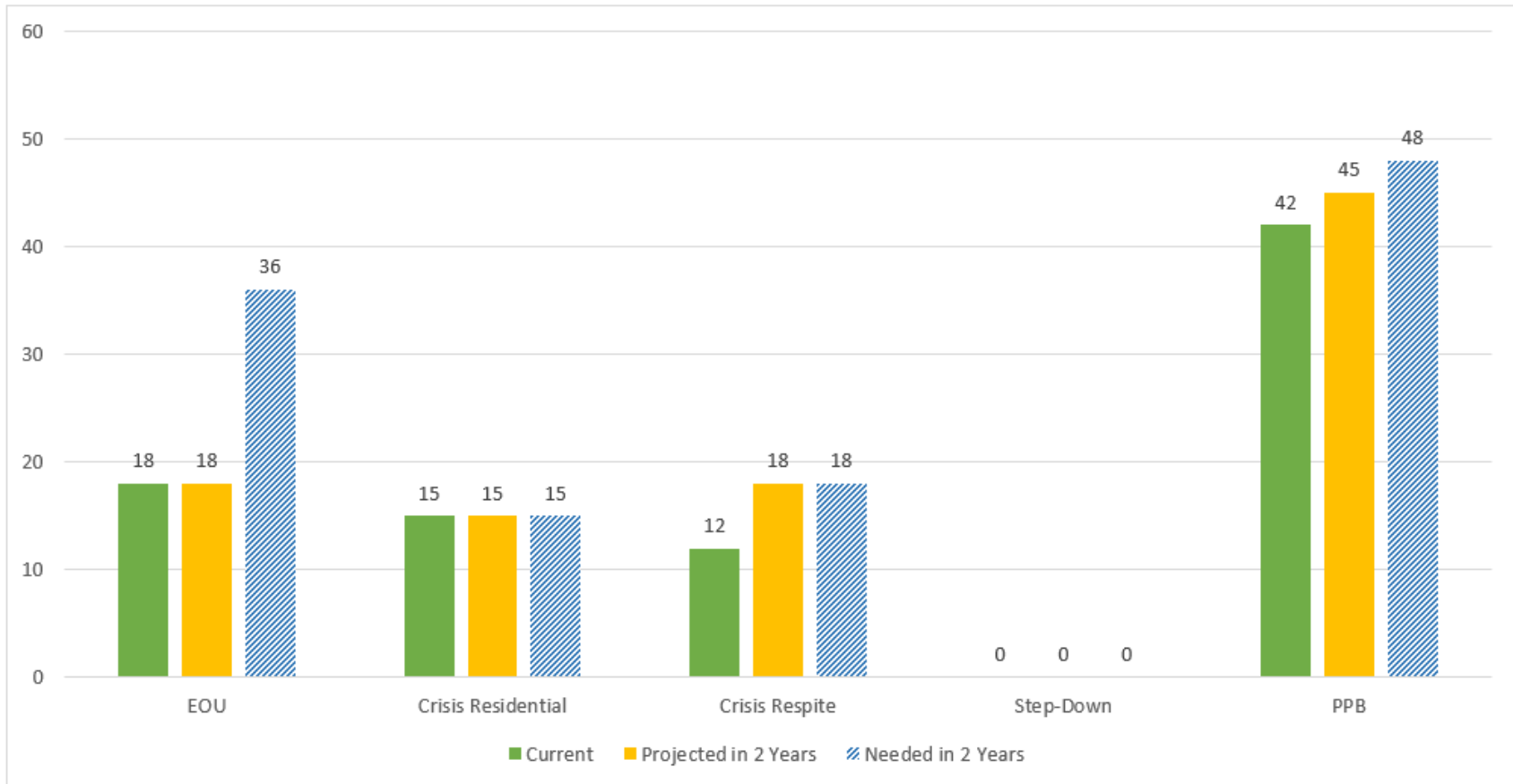
HHSC awarded additional PPB funding to Lakes, NTBHA, and Texoma between fiscal year 2019 and fiscal year 2021. This increased allocation of PPB funding was due to scheduled increases with HHSC. This groups feels that increased inpatient access is important to ensuring people can access the right care at the right time.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA or LBHA in the regional group submitted information about the outpatient and inpatient beds available to them currently, projected change over two years, and anticipated need in two years.

Refer to the [Regional Plans](#) section of the report for additional explanation of the chart below.

Chart 19. All Texas Access TSH Regional Group Bed Capacity



Total Outpatient Beds Needed: 18

Total Inpatient Beds Needed: 3 beds/day (or 1,078 bed days/year)

The All Texas Access TSH Region has no step-down, crisis stabilization unit, or community mental health hospital. Lakes Regional has a SAMHSA CMHC Grant of \$343,440 for PPB crisis beds that will give them access to 515 additional bed days. NTBHA also has funding outside of HHSC that allows 2,555 bed days. Texoma reports that current HHSC funding buys about 980 bed days annually. Over the next two years, they anticipate needing a 10 percent increase in PPB funding to meet increased demand.

9. Conclusion

2022 All Texas Access Report

This report highlights the existing and growing need for mental health services in Texas, particularly in rural communities. This report also highlights the perseverance, collaboration, agility, and flexibility of rural-serving LMHAs and LBHAs and the competence with which they serve their communities. These LMHAs and LBHAs:

- Continue to serve Texans throughout the COVID-19 pandemic;
- Consistently look for local, state, and federal funding opportunities to maintain or expand programs;
- Collaborate with community partners to serve their community more effectively; and
- Adapt existing programs or create new programs to meet the ever-changing needs of their community.

Regarding outcomes for the *2022 All Texas Access Report* (jail diversion and community integration), HHSC will continue to:

- Track outcomes for funded jail diversion and community integration projects; and
- Share funding opportunities, as they become available, with LMHAs and LBHAs who have not yet received funding for their jail diversion and community integration projects.

Furthermore, in part because of this report and its focus on rural communities, HHSC recognizes the need for and importance of rural mental health initiatives. All Texans deserve easy access to high quality mental health care. Since millions of Texans live in rural communities, HHSC created the Office of Rural Mental Health in September 2022. This office will continue the work of the All Texas Access Project and expand HHSC's effort to ensure all Texans can access the right care at the right time and place.

2023 All Texas Access Report

With the passage of S.B. 454, HHSC will continue to work with rural-serving LMHAs and LBHAs to ensure all Texans are able to access the right care at the right time. Through previous work with the All Texas Access initiative, participating LMHAs and LBHAs have made significant progress and great strides in addressing gaps in their systems of care. However, while significant progress has been made with improving access to mental health services with the Texas legislature across the last decade, there are still notable gaps in services for rural Texans.

HHSC will continue to work with rural-serving LMHAs and LBHAs on increasing access to care for rural Texas. Some of the projects HHSC intends to focus on with LMHAs and LBHAs in the upcoming *2023 All Texas Access Report* include:

- Enhancing Capacity of Peer Specialist in Rural Communities;
- Addressing Challenges with Recruiting and Retaining Behavioral Health Workforce; and
- Engaging Communities with Routine Access to Mental Health Care.

Enhancing Capacity of Peer Specialist in Rural Communities

HHSC will collaborate with national experts to host a peer specialist learning collaborative in fiscal year 2023. Seven rural-serving LMHAs have chosen to participate in this learning collaborative and have committed to developing strategies to strengthen and/or expand how peers are integrated into their organization. Efforts at incorporating peers throughout their organizations could help LMHAs and LBHAs address the growing workforce crisis in the mental health system and add to the workforce in a way that is person-centered and trauma-informed.

The participating LMHAs are:

- Burke Centers
- ACCESS
- Heart of Texas Behavioral Health Network
- Hill Country MHDD
- Helen Farabee Centers

- Gulf Bend Center
- Community Healthcore

Addressing Challenges with Recruiting and Retaining Behavioral Health Workforce

HHSC was awarded the SAMHSA Transformation Transfer Initiative in early 2022. This funding will be used to help LMHAs and LBHAs address behavioral health workforce challenges related to 988 implementation and sustainability. HHSC will work with expert contractors and LMHAs and LBHAs to develop strategies to recruit and retain their workforce, provide training sessions on strategies to address key workforce issues, foster peer-to-peer learning, and facilitate expert consultation to address specific challenges experienced across the state.

The learning collaboratives will have two tracks:

1. Track one will focus on 988 implementation workforce issues for the four urban 988 call centers. Areas of focus will include staff recruitment and retention, staff supervision, structuring the workday, and the integration of text and chat crisis call services.
2. Track two will focus on 988 implementation workforce issues at LMHAs and LBHAs statewide, with an emphasis on rural communities. Areas of focus will include staff recruitment and retention for all types of the behavioral health workforce.

All Texas Access will support rural-serving LMHAs and LBHAs participating in the second track. These LMHAs and LBHAs will develop individual action plans and implement the plans once participation in the learning collaborative ends.

Engaging Communities About Routine Access to Mental Health Care

Because of HHSC's work with the National Academy for State Health Policy on Rural Crisis Policy Academy, HHSC identified counties with higher than average crisis care for both youth and adults. HHSC is in the process of approaching the LMHAs who serve these counties, and HHSC intends to collaborate with willing participants to engage their local partners in addressing high levels of crisis access to examine what may stand in the way of rural Texans accessing routine mental health care early. Local partners may include:

- FQHCs;
- RHCs;
- Primary care physicians;
- ERs;
- School districts;
- First responders;
- Philanthropic organizations; and
- Faith-based organizations.

It is currently unclear why some rural Texas communities have higher than average crisis care when compared to other parts of the state. Since rural Texas communities are so different from one another, what might be driving crisis care in one part of the state could be wholly different in another part of the state. The community engagement work HHSC intends to focus on in 2023 will seek to understand and address what may be increasing crisis services in some rural communities more than others.

HHSC, rural-serving LMHAs and LBHAs, and local communities will continue the work of the All Texas Access Initiative in 2023 to ensure that all Texans have access to care at the right time and the right place. LMHAs and LBHAs are establishing and strengthening local partnerships, and through these partnerships, regional solutions that could increase access to care are becoming apparent.

Addressing the need for crisis services in rural communities may require looking upstream at prevention, early intervention, and connection to treatment. Viewing mental health from a prevention and early intervention perspective requires access

to care be viewed through a community lens and solved with community-driven solutions that come from and resonate with the community. The work HHSC will do with rural-serving LMHAs and LBHAs in 2023 will seek to uncover community strategies that will address their unique needs of rural Texans.

Stigma and the technological divide between rural and urban communities are also other factors that rural communities must consider. Stigma about mental health concerns still serves as a powerful barrier for rural Texans seeking care, and when rural Texans seek care, they may be unsure where to go. If they do know where to go, transportation and broadband gaps in rural Texas can prevent access to care.

Texas is making significant strides toward closing the technological divides in the state. Expanding the broadband infrastructure will enable rural Texans to access telehealth and telemedicine services that will make most services more accessible; however, Texans residing in rural spaces still need timely access to routine care nearby.

In rural Texas, mental health is everybody's business.

There is more work to be done to support Texans with mental health conditions in rural communities. LMHAs and LBHAs, healthcare providers, and other community partners need to be involved in the business of ensuring that rural Texans have access to timely care. Involving all these partners in a conversation about mental health access has the potential to increase timely access to care and decrease crisis utilization and the attendant crisis costs for local government, transportation, incarceration, and emergency room utilization while improving the overall health and well-being of the community.

List of Acronyms

Acronym	Full Name
ARPA	American Rescue Plan Act
ASAP	Assistance, Stabilization and Prevention
ASH	Austin State Hospital
BSSH	Big Spring State Hospital
CBCP	Community Based Crisis Programs
CCBHC	Certified Community Behavioral Health Clinic
CIT	Crisis Intervention Training
CMBHS	Clinical Management for Behavioral Health Services System
CMHC	Community Mental Health Centers (SAMHSA Grant)
CRT	Co-responder team
CRU	Crisis residential unit
CSU	Crisis stabilization unit
CY	Calendar Year
DDP BHS	(Medicaid) Directed Payment Program for Behavioral Health Services
DFPS	Department of Family and Protective Services
DSHS	Texas Department of State Health Services
DSRIP	Delivery System Reform Incentive Payment
DY	Demonstration year
EOU	Extended observation unit
ER	Emergency room
FRC	Family Resiliency Center
FTE	Full-time employee
FQHC	Federally qualified health center
H.B.	House Bill
HHSC	Health and Human Services Commission
ICD-10-CM	International Statistical Classification of Diseases and Related Health Problems, 10th Edition, Clinical Modifications
IDD	Intellectual and development disabilities
JBCR	Jail-based competency restoration
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCOT	Mobile Crisis Outreach Team
MHD	Mental Health Deputy
MHEC	Mental health emergency center
MHFA	Mental health first aid
MLIU	Medicaid, Low Income, Uninsured
MOU	Memorandum of understanding
NSPL	National Suicide Prevention Lifeline
NTBHA	North Texas Behavioral Health Authority
NTSH	North Texas State Hospital

Acronym	Full Name
OCR	Outpatient Competency Restoration
PPB	Private psychiatric bed
PRCR	Peer-Run Crisis Respite
PTE	Part-time employee
QMHP	Qualified mental health professional
RGSC	Rio Grande State Center
RSH	Rusk State Hospital
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SED	Serious emotional disturbance
SMI	Serious mental illness
TBRA	Tenant Based Rental Assistance
TCOLE	Texas Commission on Law Enforcement
TCJS	Texas Commission on Jail Standards
TLETS	Texas Law Enforcement Telecommunications System
TSH	Terrell State Hospital
YHDP	Youth Homelessness Demonstration Program

Appendix A. Definitions

1. **911 integration:** Collaboration between an LMHA or LBHA and one or more 911 dispatch centers in their service area to redirect mental health crisis calls from law enforcement response to co-response or LMHA or LBHA response when it is safe to do so.
2. **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 who helps with employment and school adjustment.
3. **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 24/7.²⁰
4. **Community mental health hospital:** A mental health hospital funded but not operated by the Texas Health and Human Services Commission.
5. **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.
6. **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 on site at all times. 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.²¹
7. **Crisis respite:** 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.²²

8. **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 and protected clinically staffed, psychiatrically supervised treatment environment with a stay of up to 14 days.²³
9. **Drop-off or crisis receiving center:** A physical location where people can be dropped off and/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.
10. **Extended observation unit:** A place where people who are at 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. EOUs serve people who are admitted voluntarily as well as those admitted on an emergency detention order.²⁴
11. **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, 2019, through August 31, 2020, is fiscal year 2020.
12. **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.
13. **Local behavioral health authority:** 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.
14. **Local mental health authority:** 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.
15. **Mental health deputy:** Mental Health Deputies are officers specially trained in crisis intervention through Texas Commission on Law Enforcement who work collaboratively with the community and the 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.

16. **Mobile crisis outreach team:** 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.
17. **Outpatient competency restoration:** A program that provides community-based competency restoration services which include mental health and substance use treatment services as well as legal education for people found Incompetent to Stand Trial.
18. **Private psychiatric bed:** Bed in a private psychiatric hospital used via contract by LMHAs and LBHAs to provide acute inpatient care when state hospital beds are not available.
19. **Public safety answering points:** A call center responsible for answering calls to an emergency telephone number for police, firefighting, and ambulance services. A public safety answering point facility runs 24 hours a day, dispatching emergency services or passing 911 calls on to public or private safety agencies.
20. **Qualified mental health professional:** An LMHA or LBHA staff member who has demonstrated and documented competency in the work to be performed and:
- A. 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;
 - B. Is a registered nurse; or
 - C. Completes an alternative credentialing process per Texas Administrative Code rules.
21. **Rapid crisis stabilization:** Brief stay in a licensed psychiatric hospital to relieve acute symptoms and restore a person's ability to function in a less restrictive setting.
22. **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 in the community at the site of a crisis to which law enforcement has responded.
23. **Rural:** For the purposes of this report, a Texas county with a population of 250,000 or less.

24. **Sequential intercept model:** This model details how people with mental health and substance use disorders come into contact with and move through the criminal justice system using five “intercepts” that represent stages in criminal justice involvement.²⁵
25. **Serious emotional disturbance:** 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.²⁶
26. **Serious mental illness:** Per SAMHSA, a diagnosable mental, behavior, or emotional disorder in an adult that causes serious functional impairment that substantially interferes with or limits one or more major life activities.²⁷
27. **Social determinants of health:** The conditions in which people are born, grow, live, work, and age that shape health. Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Also referred to as social drivers of health.
28. **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.
29. **Urban:** For the purposes of this report, a Texas county with a population of more than 250,000.
30. **Withdrawal management:** This service was previously known as “detox.” The updated term reflects focus on the total needs of the person whereas detoxification is only the process of removing toxins from the body.

Appendix B. All Texas Austin State Hospital (ASH) Regional Group

Sequential Intercept Model Maps

Figure 22. Bluebonnet Trails Community Services, Williamson County, February 2022²⁸

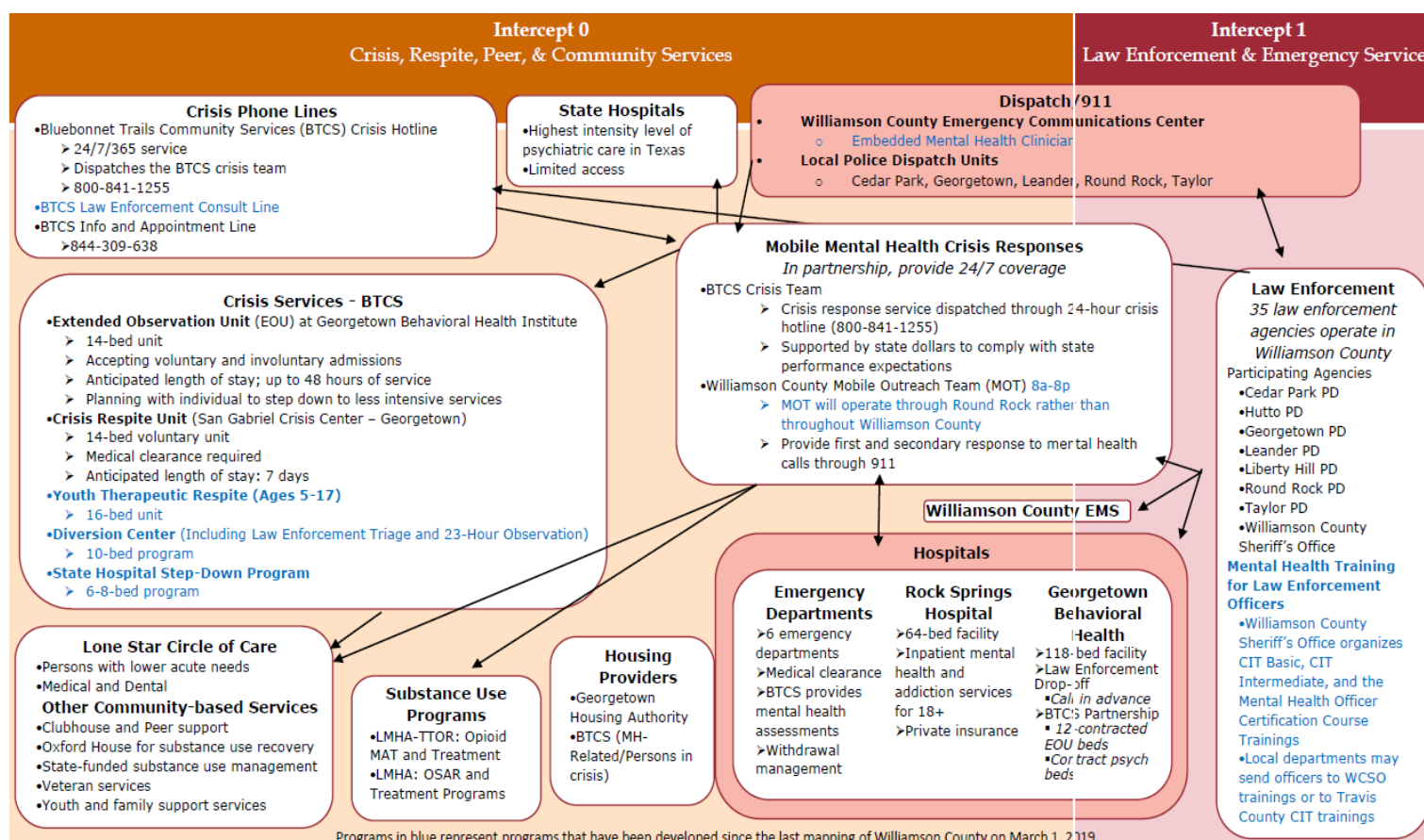


Figure 23. Center for Life Resources, October 2021

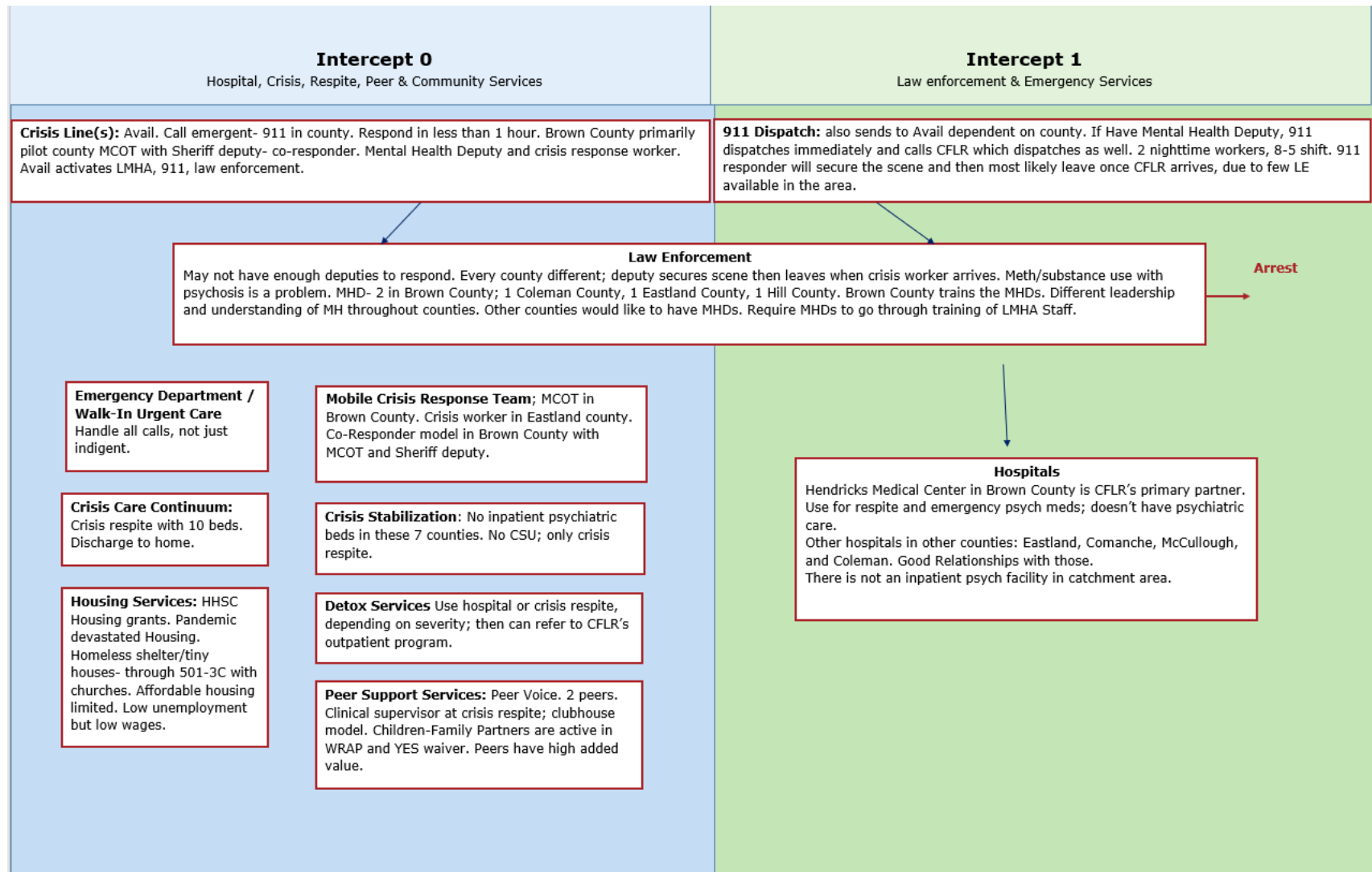


Figure 24. Central Counties Services, October 2021

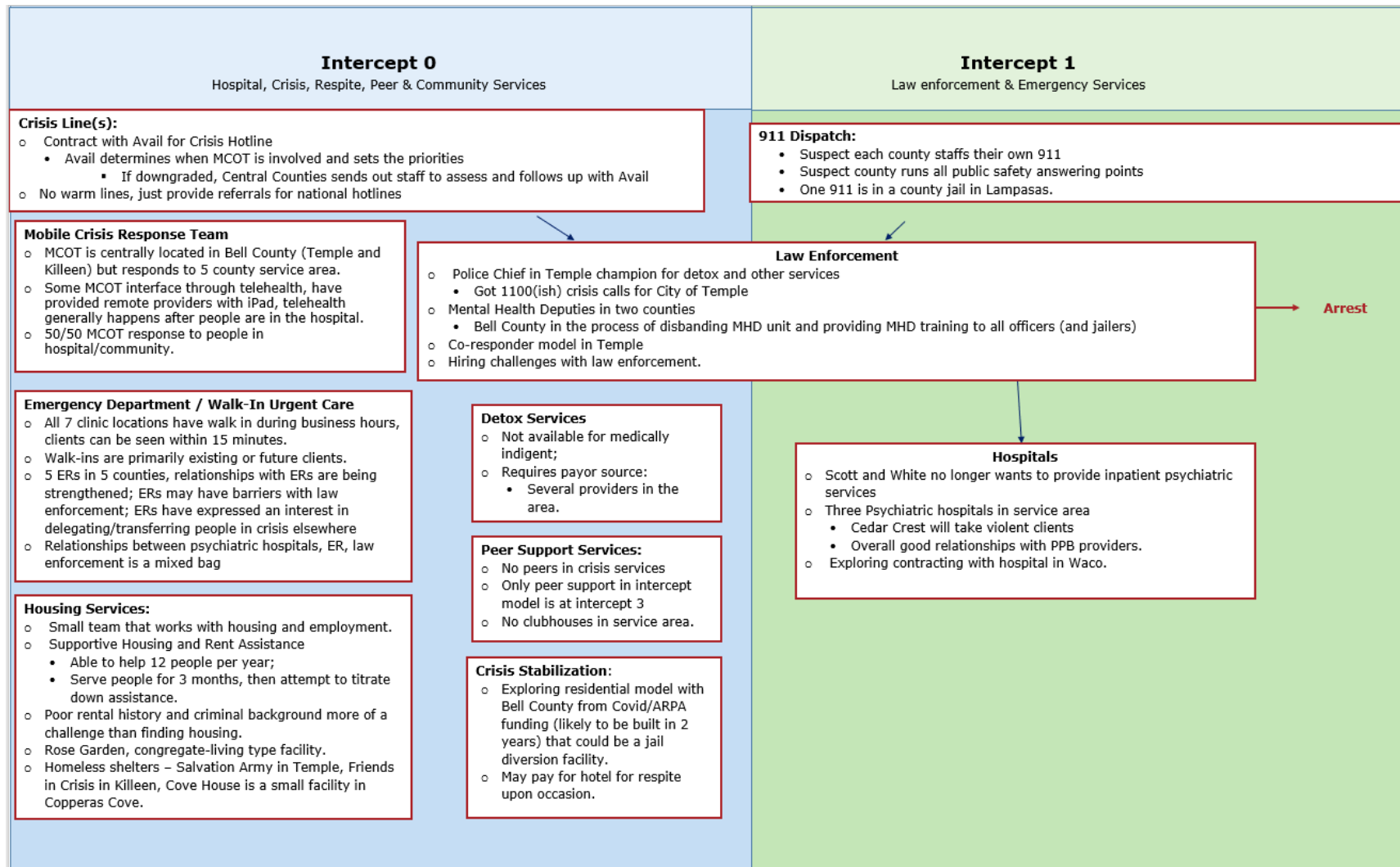


Figure 25. Heart of Texas Behavioral Health Network, October 2021

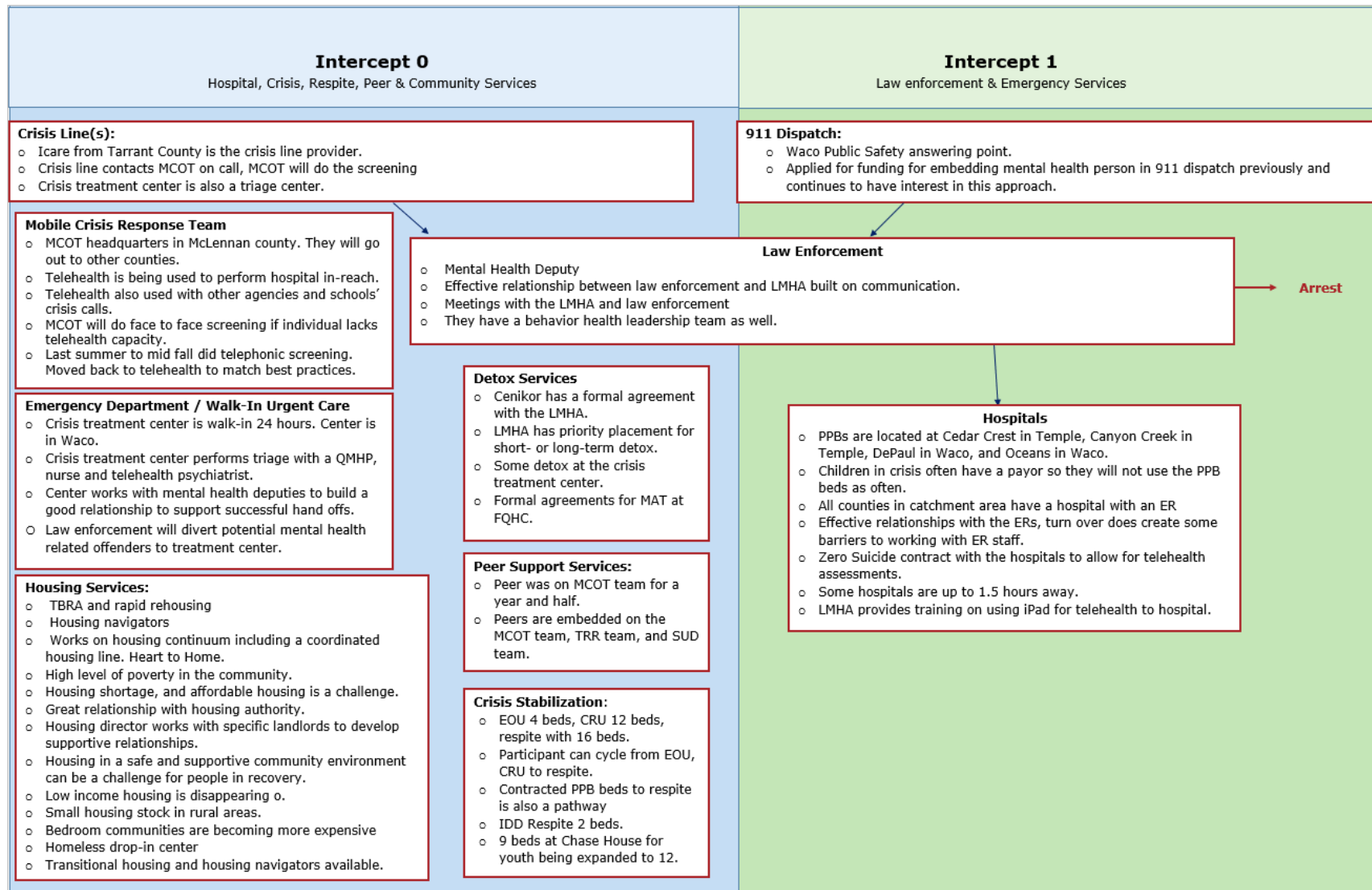


Figure 26. MHMR Authority of Brazos Valley, October 2021

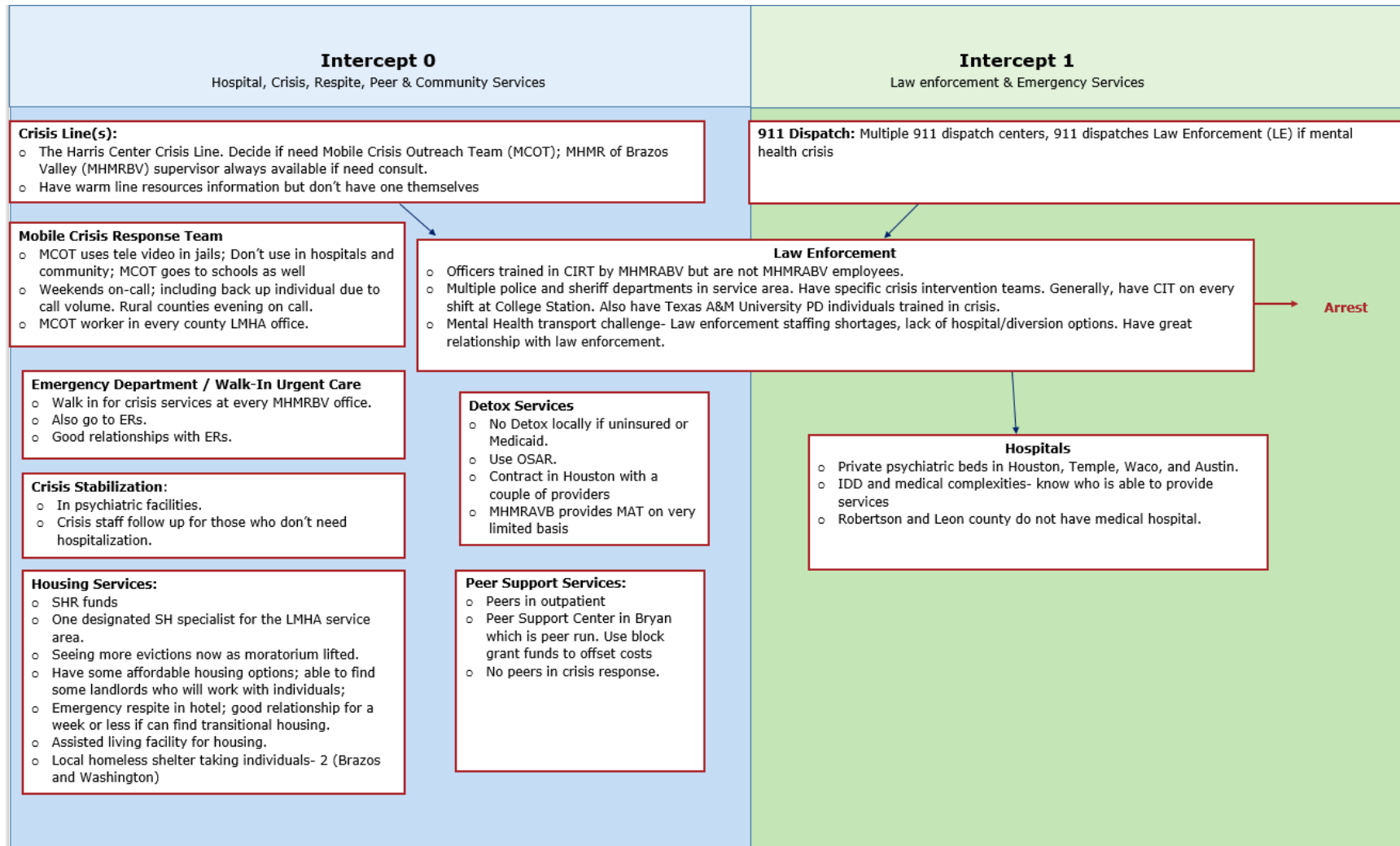
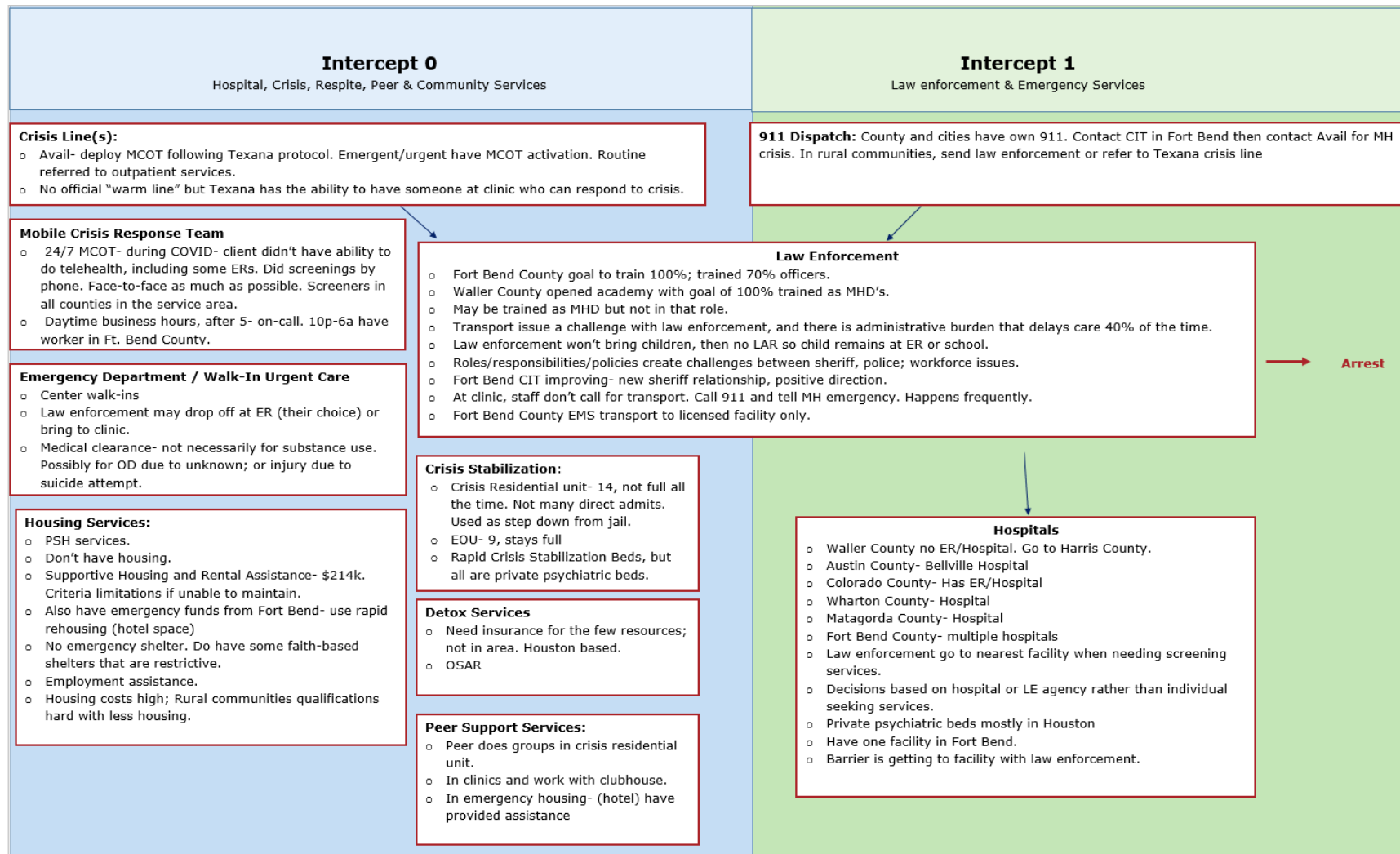


Figure 27. Texana Center, October 2021



Jail Diversion and Community Integration Strategies

Bluebonnet Trails Community Services

911 Integration and Triage Center



Overview

Bluebonnet Trails Community Services, in partnership with Williamson County Emergency Services, created immediate access to a mental health professional at the time of a crisis in Williamson County while also creating a collaborative response by immediately involving 911 partners in the intervention. Timely access to care by the appropriate, informed professional(s) will strengthen crisis response in Williamson County.

The highest rate of calls occurs 3p-11p, every day.

Bluebonnet Trails is analyzing trends with 911 and the 24-hour crisis hotline in order to consider impact when 988 is deployed broadly in July 2022.

Williamson County Emergency Services 911 Dispatch

During the initial two months of this program (November 15, 2021, through January 20, 2022):

- Receiving on average 18 calls/day with, on average:
 - 7 calls/day requiring deployment of MCOT and follow-up; and
 - 11 calls/day requiring only care coordination follow-up and linkage into community services.

The program is still assessing frequent users of emergency services. As care coordination for frequent users of emergency services is only now underway, data will be available in the future to demonstrate effort and effect.

In partnership with Williamson County, Bluebonnet Trails opened a 24/7 Diversion Center for the purpose of establishing a law enforcement triage and drop-off facility with a 23-hour observation program meeting the needs of adults experiencing a mental health crisis. The goal is to provide immediate access to critical care while returning the law enforcement officer back to duty in the community and keeping persons from long waits in ERs.

Staffing

- Seven new full-time employees (FTEs)
- Required qualifications: Qualified Mental Health Professional (QMHP) or above
- 24-hour coverage in 8-hour shifts

911 Partner

- Interlocal Agreement with Williamson County.
- Cross training required for all professionals to be allowed on the Dispatch floor; as well as Mental Health First Aid training by Bluebonnet Trails staff for all dispatchers.
- Routine debriefings weekly with entire dispatch team.
- City/counties covered: Williamson County except for the City of Round Rock.

Logistics

- Embedded at the Emergency Services Operation Center, but currently in a separate section on the dispatch floor.
- All equipment is provided by Williamson County except earphones and laptops (Dispatch desktop provided by Williamson County).
- Earphones and laptops provided by Bluebonnet Trails.
- All 7 staff are specialized staff dedicated to Dispatch.
- Policies/parameters on which calls to redirect completed and approved by Bluebonnet Trails and Williamson County.
- 17 Bluebonnet Trails Williamson County MCOT members and Bluebonnet Trails crisis staff at Diversion Center in the field to respond in person as needed.

Budget

- Total Budget = \$590,795/Year
- Local Match = In kind from Williamson County in the form of Dispatch space, equipment, utilities, and training costs.

Data Collection

- Number of calls
- Type of call response
- Day/time trends
- Frequent callers

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$590,795
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 226

Center for Life Resources

Mental Health Deputy



Overview

Center for Life Resources and their numerous law enforcement partners have successfully implemented an MHD program in Brown, Coleman, Eastland, and Mills Counties. As a result of the MHD program's success and with support from the Center for Life Resources MHD program, both the McCulloch County and Comanche County Sheriff's Offices are hiring an MHD.

Both counties have seen a steady increase of crisis or repeat events by those with behavioral health disorders in their area. This has resulted at times in prolonged wait times by local law enforcement, increased patients in the local emergency department or people ending up in local incarceration situations rather than in available treatment alternatives.

The goal of the MHD positions is to better provide those with behavioral health issues with expedited and specially trained care that will also alleviate overuse of community resources. The MHDs will:

- Alleviate wait times experienced by other officers when those with behavioral health issues experience crisis events;
- Provide jail diversion services when able;
- Prevent unnecessary emergency department visits by those with behavioral health disorders; and
- Seek to work in concert with the LMHA's crisis and case management system.

For McCulloch County, the LMHA crisis line recorded 46 calls from law enforcement and 53 calls to the local emergency department in the last 12 months. For Comanche County, the LMHA crisis line recorded 47 calls from law enforcement and 73 calls to the local emergency department in the last 12 months. These numbers do not include locally received direct calls for service. Both Sheriff's Offices experiences an average of three to four calls a month through their dispatch or 911 operators.

The McCulloch County Jail experiences about an average of four bookings per month with a behavioral health identifier. The Comanche County Jail experiences about an average of 42 bookings per month with a behavioral health identifier. An average of four of those bookings currently that require an assessment or engagement each month.

Staffing

- 1 Full Time Mental Health Deputy in each county.
- The MHDs will be paid an hourly wage.
- Each Sheriff's Office will receive access to training and guidance from Center for Life Resources regarding deputy activity and service provision.
- Communication between the Sheriff's Offices and Center for Life Resources will be covered by an MOU.

Budget

- The cost of each position is covered by the Sheriff's Office at this time.
- Each MHD is provided routine officer equipment such as a weapon, taser, duty belt, uniform, vehicle, sirens, radios, body armor, body cam, and documentation equipment, etc. These would likely be counted as match should the position be grant funded.

Data Collection

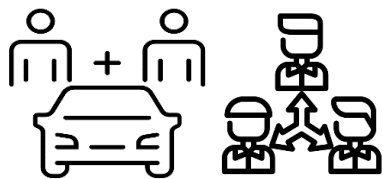
- Number of persons served (both unduplicated and duplicated)
- Number of diversions from local emergency departments
- Number of diversions from arrest/jail booking
- Number of referrals from law enforcement to mental health providers
- Number of referrals from law enforcement to community resources
- Number of admissions to psychiatric hospitals facilitated with MHD
- Number of emergency department visits facilitated with MHD
- Number of engagements with local jail inmates needing behavioral health care
- Number of repeat crisis interactions within a 6-month period
- Tracking regarding avoidance of or use of force with people suffering a behavioral health crisis
- Tracking of the number of times local law enforcement receive assistance

Offset Formula

Not applicable. Please note that the costs for this are covered through the local Sheriff's Office.

Central Counties Services

Rural Crisis Response and Diversion



Overview

Central Counties Services would like to provide real-time access and assessment between city and county law enforcement and qualified crisis intervention specialists. This will allow for a timelier response to crises that occur in remote and rural areas that would otherwise require significant travel time.

Central Counties aims to provide additional training and guidance on mental health programming to law enforcement systems to improve mental health crisis response in the community. This training, along with more rapid mental health screening through telehealth options, will strengthen coordination between law enforcement and mental health providers with the intended result of diverting more people into mental health treatment and away from incarceration.

Telehealth options that connect law enforcement to mental health providers create initial engagement that lends itself to a continuity of care that may result in reduced emergency services. Furthermore, trained law enforcement may be better equipped to identify and address mental health concerns and crisis while responding to an emergency.

Central Counties has an elevated Texas Law Enforcement Telecommunications System (TLETS) match relative to other rural-serving LMHAs and no HHSC funded diversion program.

Category	MCOT Expansion	Law Liaison
Staff Positions	4 to start (+2) later	1
Staff Qualifications	QMHP	Law enforcement, Mental Health certified, Texas Commission on Law Enforcement (TCOLE)
Staff Hours and Coverage	24/7	8-5 M-F
Office Space Location	Centralized, Temple	Temple

Category	MCOT Expansion	Law Liaison
Days/Hours and Area Covered	Telehealth – All rural	Face-to-Face, All rural
Partners Engaged in Planning to Ensure Use	County Judges, Law Liaison, MCOT Supervisor, CCS, Sheriffs, Police Chiefs	County Judges, CCS, Sheriffs, Police Chiefs
Partner MOU or Agreement	Will provide when telehealth devices deployed	N/A
Training, Initial and Ongoing	CCS internal training, Relias, Centralized Training	MHFA train the trainer, Law Enforcement Train the Trainer
Routine Meetings or Debriefings	Daily team meetings, weekly staff meetings	As needed with Community Manager
Counties Covered by Program	Coryell, Lampasas, Milam, Hamilton	Coryell, Lampasas, Milam, Hamilton
Budget	\$495,500 for FY23	N/A
Data Collected	Number of persons served Trends in location, day, time, etc. Outcomes Number of diversions from jail or ERs	Outcomes Number of diversions from jail or ERs Number released from jail for OCR or treatment (with charges dismissed) Number of transports by law enforcement to mental health facilities Number of referrals from law enforcement to mental health providers

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$495,500
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 189

Heart of Texas Behavioral Health Network

911 Integration



Overview

With the noted increase in positive outcomes for communities facilitating deep collaboration between law enforcement and LMHAs, this project aims to foster communication and integration between law enforcement and the Heart of Texas Behavioral Health Network while also providing optimal referral and care for people in need of immediate behavioral health support. As the *McLennan County Health Needs Assessment* (2016) put it, "There is a need for care coordination to strengthen the network and break down the silos of care."

The main goal for this proposal is the creation of dynamic and responsive programming that allows for the strong collaboration of the 911 system, local law enforcement, and Heart of Texas.

This proposal aims to bridge the gap between law enforcement and Heart of Texas by bringing together resources in the effort to create a coordinated and unified behavioral health response that can comprehensively support the various needs of people interfacing with the 911 system who require urgent/emergent behavioral health services.

The program will embed eight QMHPs in the local police department 911 dispatch. The QMHPs will provide 911 dispatch coverage 24 hours per day, seven days per week. They will be forwarded any 911 calls that appear to be behavioral health in nature. The staff will screen the calls and use Heart of Texas records to obtain any relevant information about the person in crisis. The QMHPs may resolve the call on the phone with the person using de-escalation techniques, offer a face-to-face follow up visit with a case manager, or arrange for MCOT to evaluate the person and coordinate access to care. The QMHPs will also assist with referrals to community service providers. The QMHPs can also assist with training dispatch personnel to identify calls involving persons with behavioral health disorders and/or intellectual and developmental disorders.

In addition to staff directly assigned to the project, Heart of Texas will have psychiatric coverage via contracted telepsychiatry. There will also be collaboration with multiple teams within Heart of Texas, such as ACT, YES, jail diversion, and the Chase House Youth Crisis Respite program.

Any call within the City Limits of Waco, or the unincorporated areas of McLennan County with a behavioral health or intellectual and developmental disability presentation of concern will be eligible for this project. The person in crisis does not need to be currently connected to Heart of Texas. The program will also serve both adults and children.

Staffing

- New positions: 8 QMHPs and 1 Program Manager (Bachelor's degree or higher with germane supervisory experience).
- Hours and coverage: 8 QMHPs working various shifts to provide 24 hour/7 days a week coverage.

911 Partners

- Formal agreements with Waco Police Department and McLennan County Sheriff's Department
- Cross training between the LMHA and 911 dispatch, both initial and ongoing
- Routine debriefings together with routine case conferencing between the LMHA and 911 dispatch
- Trainings in evidence-based practices and strategies
- City/counties covered: City of Waco, as the major metropolitan urban center, and McLennan County as a whole

Logistics

- Embedded in 911 dispatch
- Safety equipment may be needed depending upon whether QMHPs accompany law enforcement on some call response community visits
- Policies/parameters on which calls to redirect to be addressed with training and decision tree

Budget

- Total Budget = \$554,400/year

- Local Match: McLennan County Sheriff's Dept/Waco Police Department

Data Collection

- Number of redirected calls
- Frequency and length of calls
- Call dispositions
- Trends in location/day/time, etc.
- Number served
- Number successfully diverted/redirected
- Number of trainings for dispatchers, and relevant staff

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$554,400
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 212

MHMR Authority of Brazos Valley

Drop-Off/Peer Respite



Overview

MHMR Authority of Brazos Valley proposes a Peer-Run Crisis Respite (PRCR) program for adults experiencing, or are at risk of experiencing, a behavioral health crisis who do not require hospitalization. Such a program would offer crisis stabilization in the least restrictive environment, with the goal of reducing law enforcement interventions and psychiatric hospitalizations. This program would also provide an opportunity to address the underlying cause of an impending crisis

before the need for traditional crisis services arises. The program may also reduce possible trauma that can occur during ER visits, psychiatric hospitalizations, and contact with law enforcement. The PRCR provides a safe and home-like environment for up to five days for people to receiving supports and recovery-oriented services from peers to reduce the need for hospitalization or higher levels of care. The PRCR can provide critical coping skills to support resilience, recovery and personal growth.

Current data that proves need:

- Number of people receiving a crisis screening in an ER during 2021: 559
- Number of people transported out of county for hospitalization: 491
- Number of people using hotel for respite in 2021: 22
- Trends in original location of crisis:
 - ER=559
 - Community=413
 - Jail=109

Staffing

- Number of new positions, including any security staff
 - Psychiatrist: 0.05 FTE
 - Peer Team Leader: 1.0 FTE
 - Peer Bridger: 4.25 FTE
 - Peer Navigator: 4.25 FTE
- Required qualifications for new positions
 - Psychiatrist: MD, or APN
 - Peer's or GED
 - Peer Team Leader's or GED, Preferred Bachelor
 - QMHP: Bachelor's degree
 - Hours and coverage: 24 hours/7 days a week

Space

- Dedicated space in a new location
 - Accommodations for 8 beds sleeping area

- Kitchen area
- Private assessment/interview areas
- Waiting room area

Community Partners

- Engaged in planning to ensure usage
 - Law Enforcement
 - Hospitals
 - FQHCs
 - Texas A&M University
- Ongoing marketing/training regarding service
 - Quarterly Newsletter
 - Website
 - 211
- Routine debriefings
- MOU or other agreement, including roles and responsibilities
- Counties Covered by Program: Brazos

Budget

- Total Budget = \$419,623/year
- Subcontracts for secondary resources such as medical staff or a withdrawal management location
- Local Match:
 - Brazos County
 - City of Bryan
 - City of College Station
 - CHI St. Joseph
 - Scott & White

Logistics

- Policies/procedures for eligibility (such as nonviolent), assessment, crisis services, and placement as needed

- Contingencies for overflow or safety issues

Data

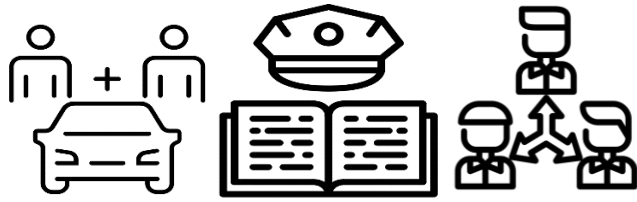
- Number of persons served:200
- Diversions- Number of diversions from jail or ERs
- Trends in day/time/original location of crisis, etc.
- Outcomes, short-term and long-term
 - ER diversion
 - Psychiatric hospital diversion
 - Reduce Law Enforcement travel time
- If multiple community partners, use by various partners
- Data on changes in partners crisis trends such as police wait times at ERs

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$419,623
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 160

Texana Center

Rural Crisis Response and Diversion



Overview

There has been a challenge to maintain a timely crisis response across the rural communities, including multiple challenges with transporting a person in crisis to a mental health facility. These challenges result in too many people in a mental health crisis being incarcerated instead of receiving mental health treatment.

Texana Center wants to have a more robust crisis response in the rural communities and increase jail diversion. Sometimes the behavior that gets law enforcement called out for a disturbance is directly related to the person's mental illness. Adding a criminal charge exacerbates the problem and can make the person and their family more hesitant to reach out for mental health services or crisis services.

Texana Center will hire six full-time MCOT staff to have additional coverage for longer hours in smaller geographical areas. This will increase crisis response and allow for more robust services. Texana Center will hire two full-time Law Enforcement Liaisons that will provide training to rural law enforcement that will educate on jail diversion and getting assistance from Texana crisis staff. The Law Enforcement Liaisons are available for consultation with any rural law enforcement agencies at any time. Texana Center also plans to provide rural law enforcement and ERs with electronic tablets that can be used for telehealth during a mental health crisis.

Category	MCOT Expansion	Law Liaison	Law Enforcement Training
Staff Positions	6 FTEs	2 FTEs	Both of Texana's Law Enforcement Liaisons plan to be Master TCOLE trainers to local police departments and rural county sheriff's offices
Staff Qualifications	Qualified Mental Health Professional with crisis experience	Former law enforcement officers that have experience working with people in a mental health crisis	N/A
Staff Hours and Coverage	7am-11pm Monday through Friday additional coverage and always have 24-7-365 crisis response capability	7am-11pm Monday through Friday with additional on-call outside of normal hours when needed	M-F with the ability to teach day and evening classes.
Office Space Location	Current rural Texana outpatient clinics	Mostly in Texana vehicle travelling rural areas Texana serves	Rural county community center or law enforcement offices.
Training Curriculum	Not applicable	Not applicable	TCOLE CIT (Crisis Intervention Training) Texana staff to go over crisis response and common mental health and IDD diagnoses
Training Space	Not applicable	Not applicable	Rural county community offices.
Schedule for Trainings	Not applicable	Not applicable	To be determined
Partners Engaged in Planning to Ensure Use	Texana MCOT crisis staff, Law Enforcement Liaisons, rural police, rural sheriffs, courts, probation, local ERs, schools	Texana MCOT crisis staff, Law Enforcement Liaisons, rural police, rural sheriffs, courts, probation, local ERs, schools	Rural county police departments and rural sheriff's offices

Category	MCOT Expansion	Law Liaison	Law Enforcement Training
Partner MOU or Agreement	N/A	N/A	Matagorda, Wharton, Colorado, Austin, and Waller counties
Training, Initial and Ongoing	Required annual trainings	Required annual trainings and additional law enforcement required trainings	Will be offered to rural counties as the need requires
Routine Meetings or Debriefings	N/A	Bi-annual meetings bringing all rural law enforcement and county official representatives together	As the need presents for each community
Counties Covered by Program	Matagorda, Wharton, Colorado, Austin, and Waller counties	Matagorda, Wharton, Colorado, Austin, and Waller counties	Matagorda, Wharton, Colorado, Austin, and Waller counties
Data Collected	Number of persons served Trends in location/day/time, etc. Outcomes, short-term and long-term Number of diversions from jail or ERs	Diversions from jail or ERs Number released from jail for OCR or treatment (charges dismissed) Transports provided by LE to mental health facilities Referrals from law enforcement to mental health providers	Number of trainings given/persons trained/agencies trained Participant satisfaction and law enforcement agency satisfaction Number of referrals from law enforcement to mental health providers Enhanced crisis de-escalation (reducing civilian and officer injuries) Officer time spent managing calls for service

Total Budget:

- \$678,509 for FY 2022
- \$362,491 for FY 2023

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$678,509
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 259

Bed Capacity Estimate Details

Table 6. Bluebonnet Trails Community Services

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	16 Beds: 6 – Funded by HHSC CBCP/ Community-Based Crisis Programs 5 – HB13 Grant 4 – DSRIP 1 – CMHC Grant	0 Beds	10 Beds: Due to loss of 1115 DSRIP; end of SAMHSA CCBHC-E and CMHC grant funding; and potential end of HB 13	6 Beds	As a step-down program in Georgetown, the need for these beds will grow with the increasing number of adults served through the Diversion Center (opened April 14, 2022) in Georgetown.
CSU	None	N/A	N/A	N/A	N/A
Crisis Residential	None	Discussing with local task forces and regional groups the need for this in- between level of crisis care – possible 10 bed program	N/A	Potential net gain of 10 beds if funding is available	Experiencing increasing number of adults in crisis requiring longer term stay than crisis respite programs – and offering a step down from PPB and EOU beds

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
Crisis Respite – Adult	16 Beds: 16 beds – Georgetown <ul style="list-style-type: none"> • 10 – HHCS CBCP • 4 – CCBHC-E Grant • 2 – CMHC Grant 	0 Beds	6 Beds: Due to the end of SAMHSA CCBHC-E and CMHC grant funding anticipated potential loss of beds	10 Beds	Necessary continuum of crisis care providing step-down options from state hospitals, private hospitals and EOU – as well as respite for SHSD program
Crisis Respite - Youth	16 Beds: Round Rock funded solely by Williamson County ARPA dollars through December 2023	0 Beds: Seeking CWOP funding for beds through DFPS	16 Beds: If sustainable funding is not received	0 Beds: Net of 0 beds if long-term funding for regional use of beds is unavailable through CWOP or other crisis funding streams	If respite beds are not available for youths, we will revert to increasing PPB and state hospital bed without the therapeutic component for reunification of the family
Step-Down (State Hospital Step-Down Program)	10 Beds: Georgetown = 10 beds, funded through HHSC pilot	0 Beds: During April 2022, expanded to a second program in Georgetown increasing capacity by 4 beds	Possibly 10 beds: Dependent upon 100% funding by HHSC for Pilot	Net of 0 beds if long-term funding for statewide use of beds is unavailable	Intended to relieve the pressure for civil beds in state hospital system, anticipate the need for forensic step-down programs

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
Other respite	10 Beds: Funded through Williamson County CDBG and TANF funding	0 Beds	10 Beds: With ending of CDBG and TANF funding	0 Beds	Loss of flexible funding to secure beds for families with a loved one with mental health needs
Community Mental Health Hospital	None	N/A	N/A	N/A	N/A
Private Psychiatric Bed	4,105 bed days/year [11.25 beds/day]	0	2,553 bed days/year [7.0 beds/day]	1,552 bed days/year (365 x 6.2 HHSC funded/day)	Additional Need: Data from Sept 2021 – March 2022: Indigent beds needed, but currently unfunded = 8.7/beds/day
Rapid Crisis Stabilization Bed	10 beds Funded by CMHC grant as 23- Hr Observation – has just been reviewed and accepted by HHSC as a 10-bed EOU See EOU, above.	No gain – transition to EOU beds	No loss – transition to EOU beds	0	As captured above, Diversion Center, opened April 14, 2022, will transition from 10-bed 23-Hr Observation to 10-bed EOU

Notes from LMHA:

PPBs:

As of May 2022, HHSC is funding 6.2 beds/day (an increase from 5.3 funded per day)

+

730 bed days/year (Williamson County funding 2 beds/day)

+

2,465 bed days/year (DSRIP)

Although the application process has not yet opened, Bluebonnet Trails will be applying through HHSC to fund an additional 8.7 beds/day to keep up with increasing PPB need for adults and children – and the loss of temporary funding streams

Expected PPB loss due to end of 1115 DSRIP and end of Williamson County funding

Note this response includes only Bastrop, Burnet, Caldwell, Fayette, Lee and Williamson Counties as a part of the ASH Region. All other counties are reported within the SASH Region.

Table 7. Center for Life Resources

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	10	0	0	10	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	1041	0	0	1041	3114 beds above budgeted amount
Rapid Crisis Stabilization Beds	0	0	0	0	0

Notes from LMHA:

We used data from fiscal year 2020, 2021, and 2022 to determine baseline and percentage increase for PPB beds.

Table 8. Central Counties Services

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	4
CSU	0	0	0	0	0
Crisis Residential	0	16	0	16	0
Crisis Respite	0	0	0	0	16
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	1,328	592	0	1920	0
Rapid Crisis Stabilization Bed	0	0	0	0	0

Notes from LMHA:

Central Counties receives \$896,638/year in PBB funds. Central Counties has contracted with 4 locations, each at the rate of \$675/day. Communication was received that Central Counties will receive an increase of approximately \$400K in funds for PPB; however, contract amendment has not been received. Increase demonstrated above is speculation.

Table 9. Heart of Texas Behavioral Health Network

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	4	0	0	4	N/A
CSU	0	0	0	0	N/A
Crisis Residential	0	12	0	12	N/A
Crisis Respite	16	0	0	16	N/A
Step-Down	0	0	0	0	+6
Other respite	9	3	0	12	N/A
Community Mental Health Hospital	0	0	0	0	N/A
Private Psychiatric Bed	4.4 beds/day	1.8	0	6.2	+5
Rapid Crisis Stabilization Bed	0	0	0	0	N/A

Notes from LMHA:

Other respite numbers are our Chase House/Child and Adolescent Respite beds

We have added the need for 6 additional step-down beds. This isn't something that we currently have in our crisis continuum of care and would be beneficial to ensure a smooth transition from crisis services to traditional outpatient services.

We have added 5 additional PPB beds due to anticipated community growth and increased volume from the 988 line.

Table 10. MHMR Authority of Brazos Valley

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	4380 bed days/year	HHSC Funding: 1,095	0	5,475	1,095
Rapid Crisis Stabilization Bed	730 bed days/year	0	0	0	0

Notes from LMHA:

The anticipated change in need for an additional 3 private psychiatric beds per day is based on current trends in hospital admissions.

Table 11. Texana Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	9	0	9	0	9
CSU	N/A	N/A	N/A	N/A	N/A
Crisis Residential	14	0	14	0	14
Crisis Respite	N/A	N/A	N/A	N/A	N/A
Step-Down	N/A	N/A	N/A	N/A	N/A
Other respite	N/A	N/A	N/A	N/A	N/A
Community Mental Health Hospital	N/A	N/A	N/A	N/A	N/A
Private Psychiatric Bed	1,591	0	0	1,591	780
Rapid Crisis Stabilization Bed	1,855	0	0	1,855	916

Notes from LMHA:

Outpatient – Texana Center currently has a DSRIP funded EOU and CRU. These will go away without identified funding. Although we could use more EOU beds, there is no additional space in our current building so I am speculating that we would at least like to keep what we have now as we have as many admissions into the EOU on an annual basis as we do into inpatient psychiatric hospitals beds.

Inpatient – I have included in the “number currently available” the current funding that we have via HHSC grants/funding for these beds. This does not include funding that we have begged and used from other centers who have graciously allowed us to use some of their allocation that they are not able to use. It was not officially

transferred to us but rather used on a year by year basis. We don't expect to gain or lose unless you guys know something that we don't. We do anticipate continuing to use more than we have the funding for, and this is represented in the "speculated changes in needed beds" column.

Also, please note that if we lose the EOU and CRU, we will need to double the needed beds for inpatient as we would have nowhere else for these folks to go. This is not included in the inpatient speculated column.

Appendix C. All Texas Big Springs State Hospital (BSSH) Regional Group

Sequential Intercept Model Maps

Figure 28. Betty Hardwick Center, October 2021

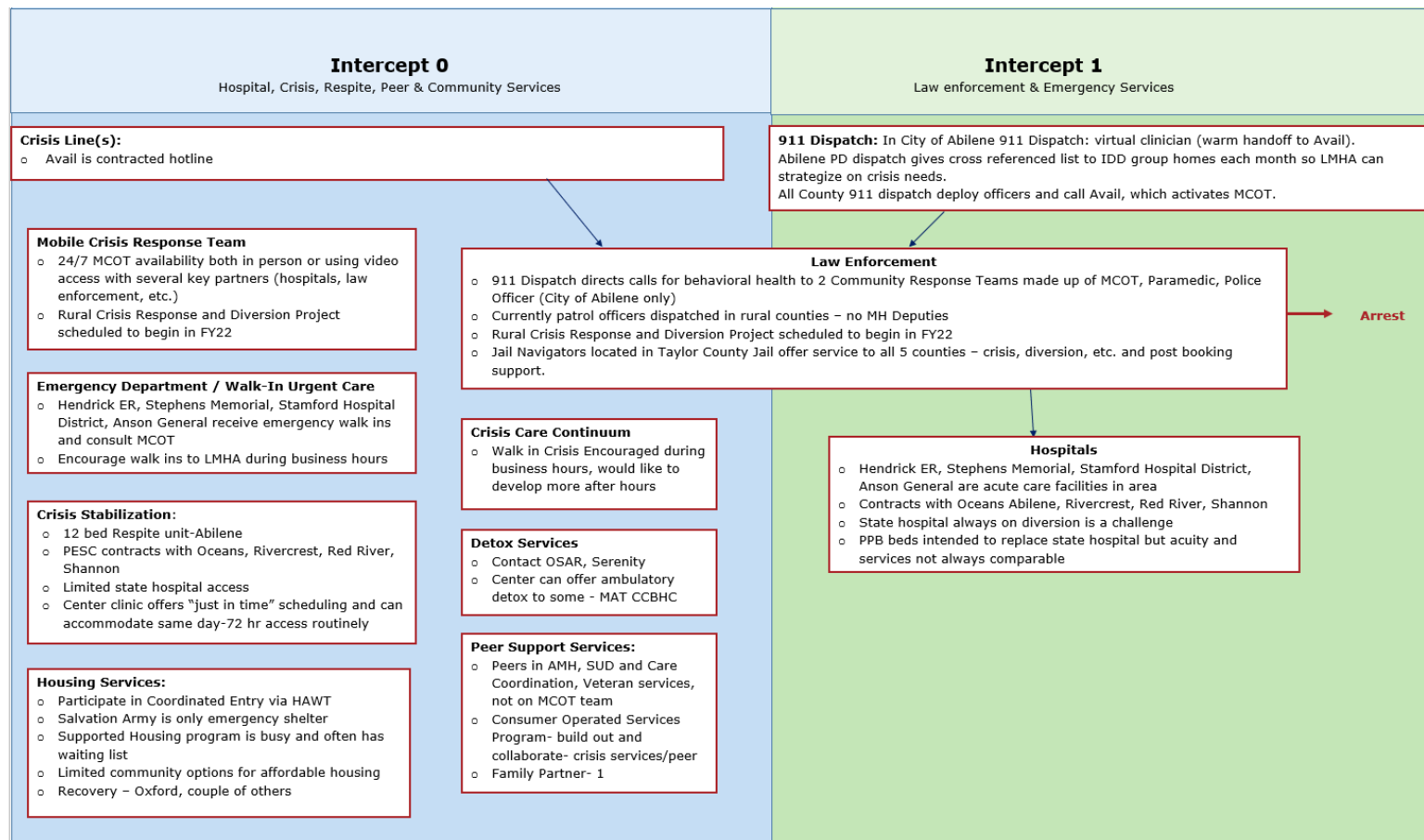


Figure 29. Central Plains Center, October 2021

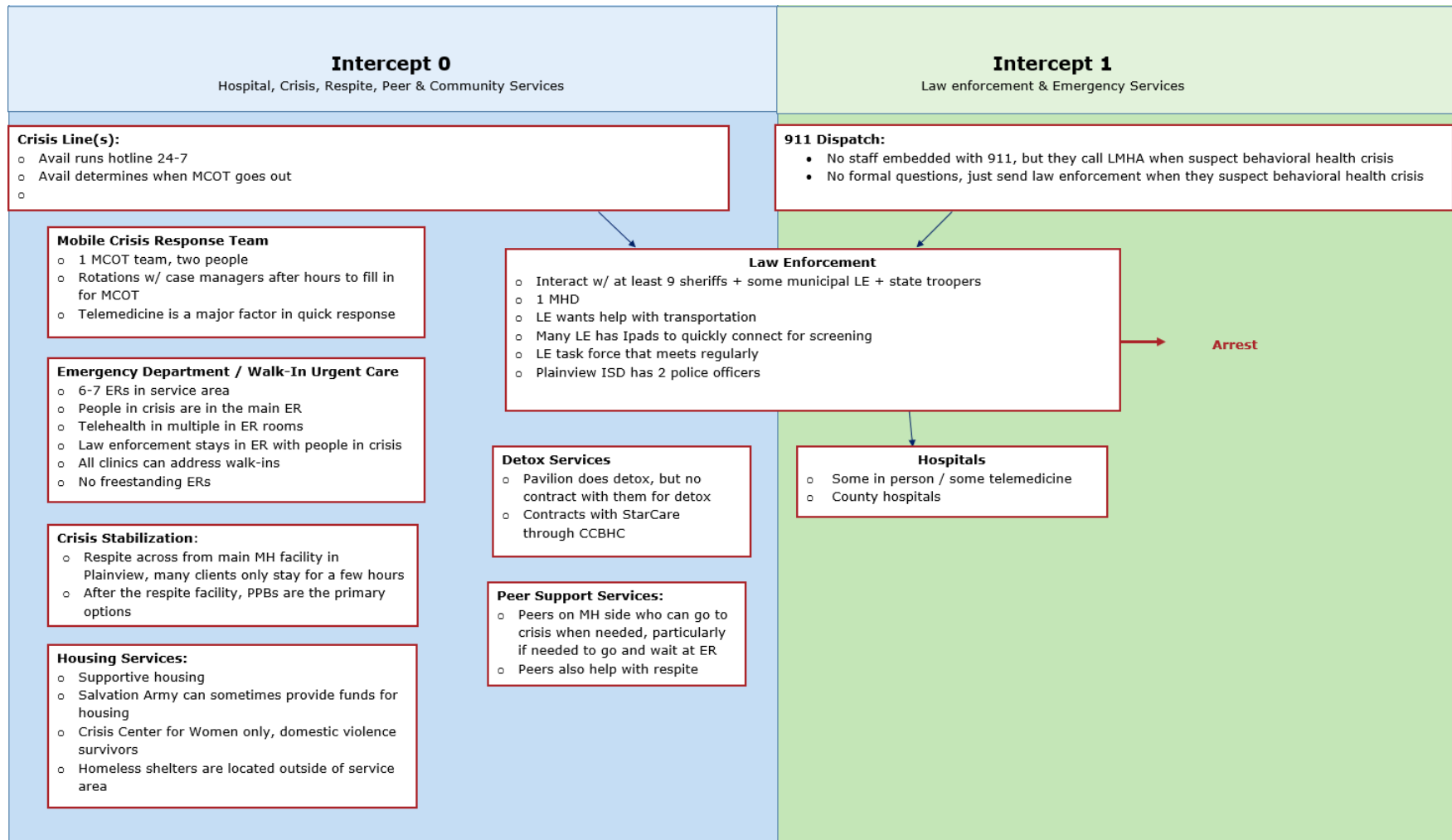


Figure 30. My Health My Resources Concho Valley, April 2022

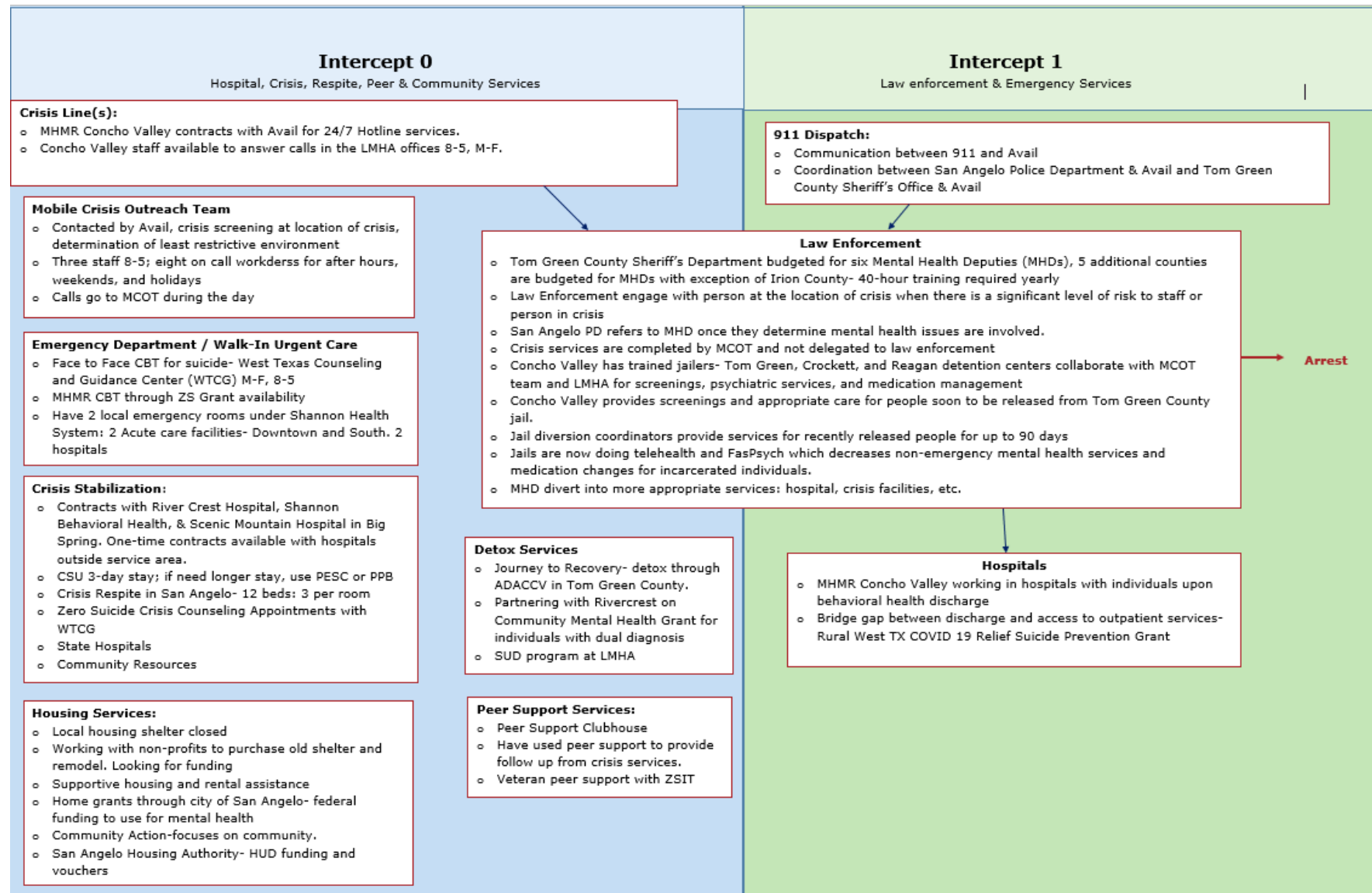


Figure 31. PermianCare, October 2021

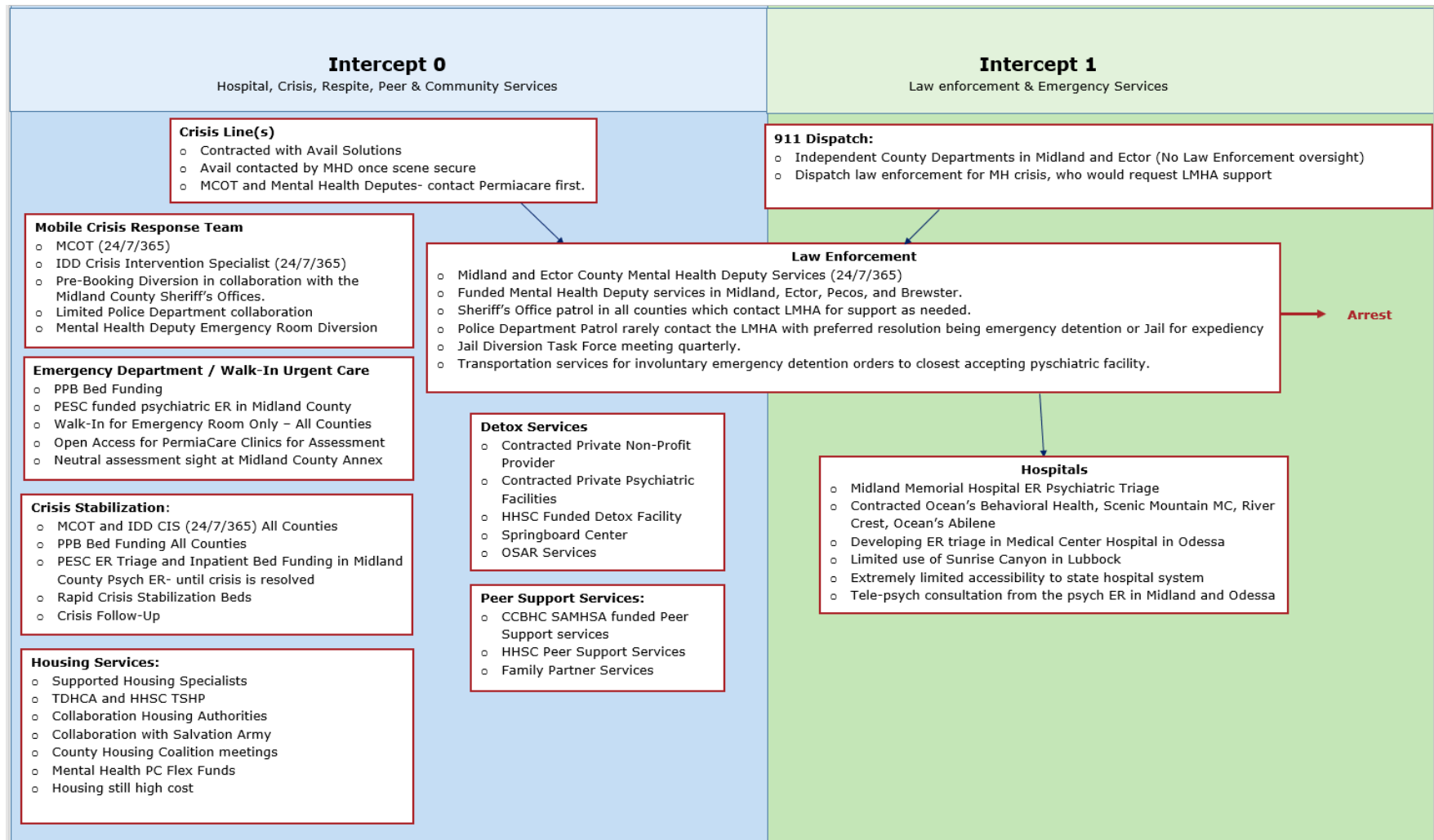


Figure 32. StarCare Specialty Health System, October 2021

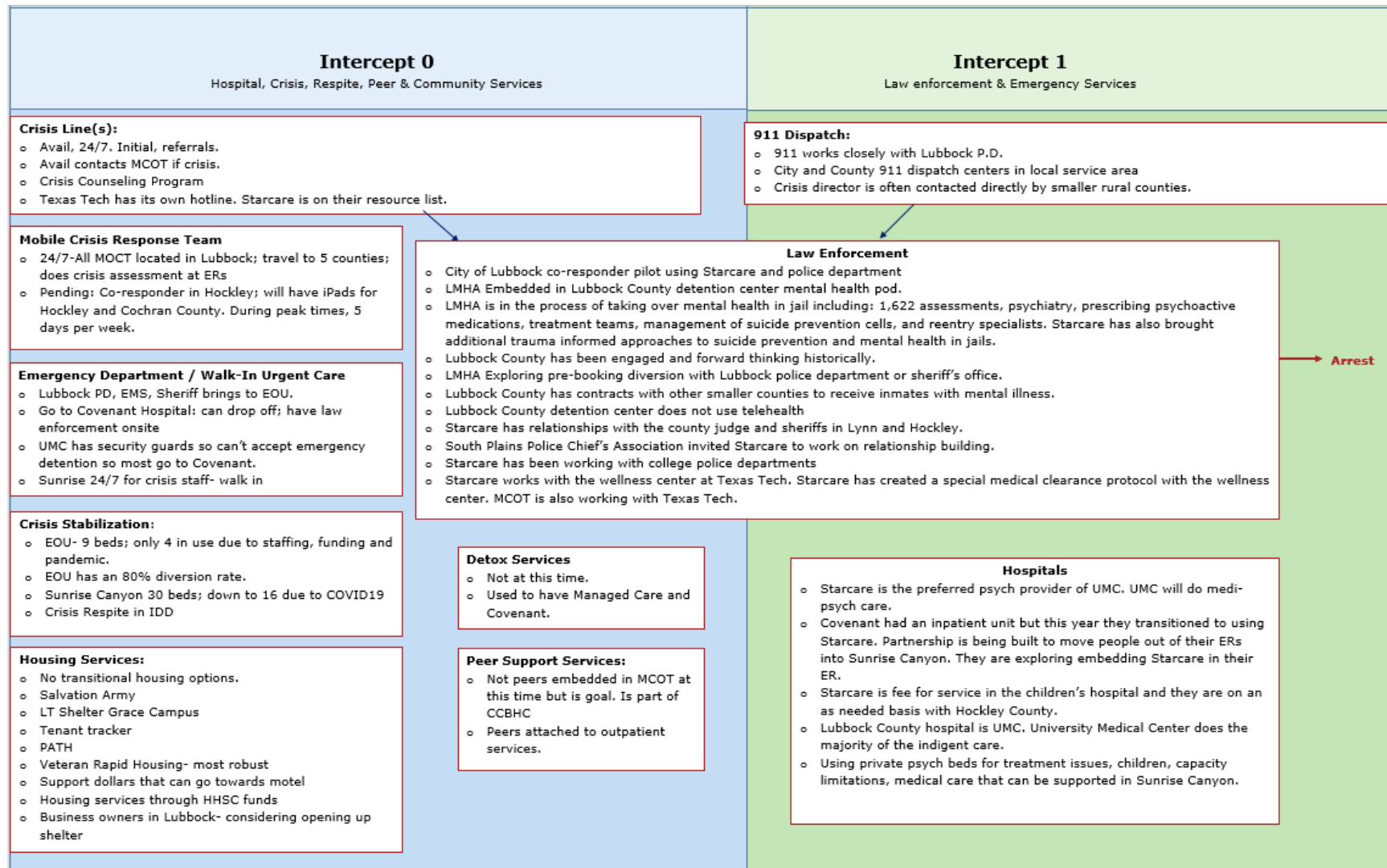
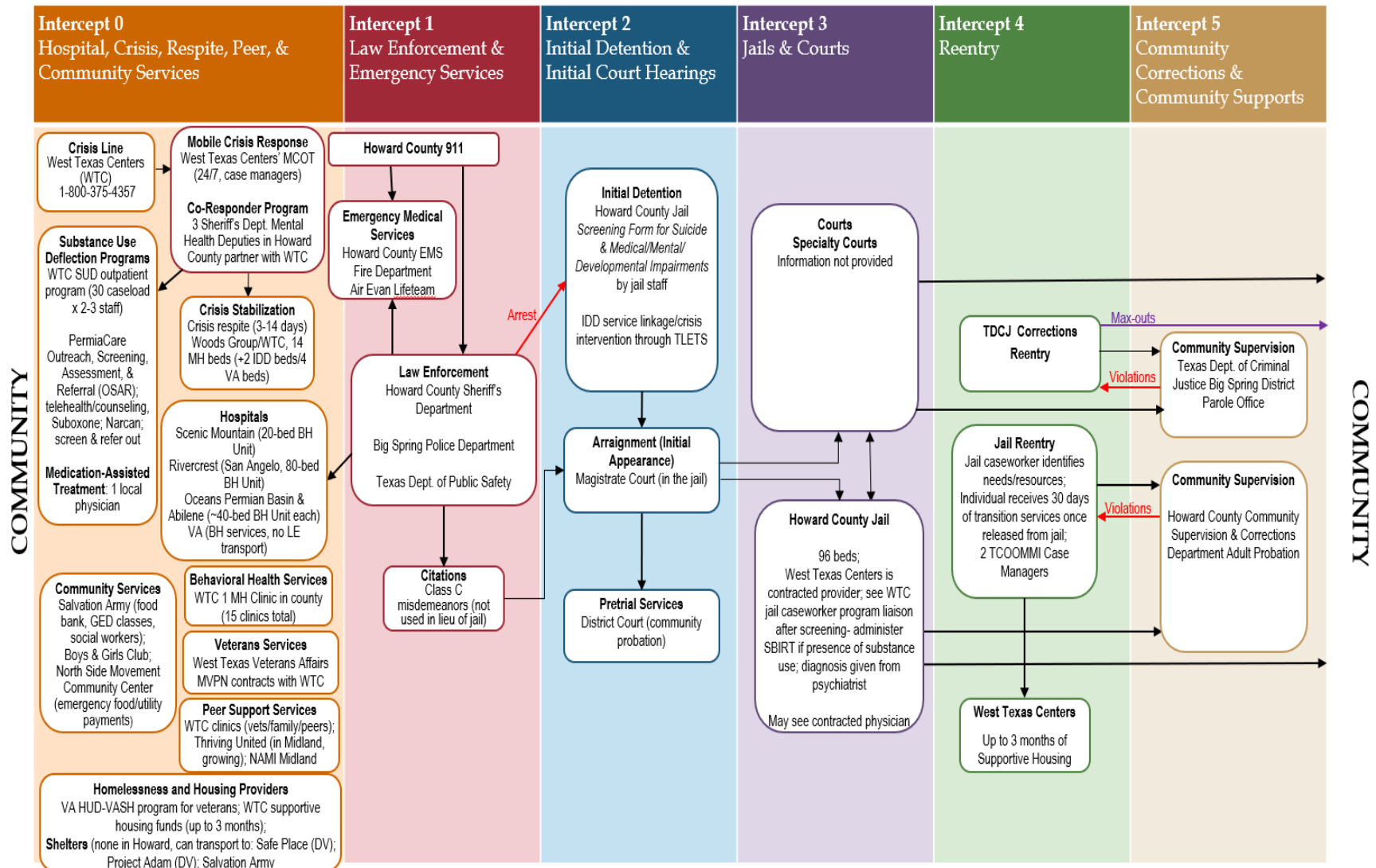
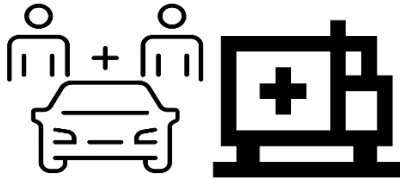


Figure 33. West Texas Centers, March 2022²⁹



Jail Diversion and Community Integration Strategies

Betty Hardwick Center



Rural Crisis Response and Diversion

Co-responder and 911 Integration

Overview

Betty Hardwick Center will enhance rural crisis response using several strategies:

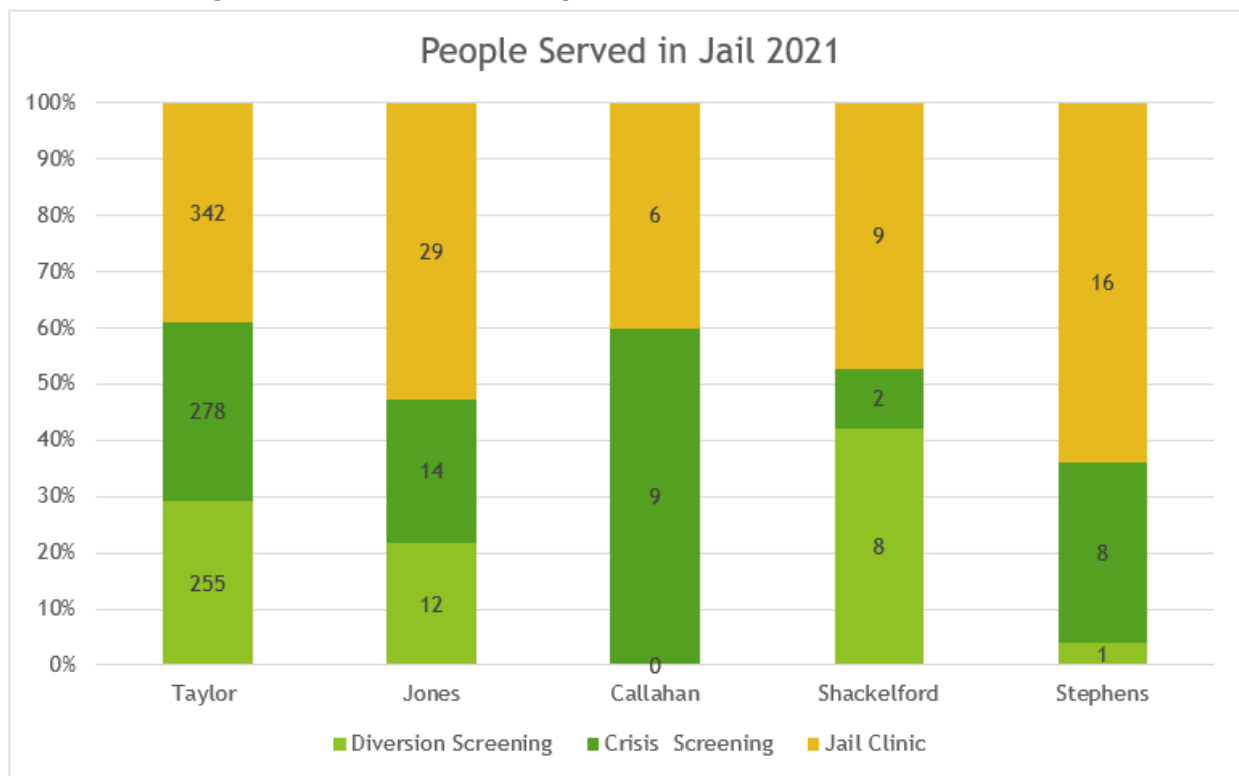
- Co-locate two MCOT staff in Abilene Police Department Dispatch on staggered shifts Friday through Monday to divert calls from patrol to mental health response when possible.
- Add an additional Crisis Relapse Specialist to work Friday through Monday, to increase the work with known people engaged in our crisis system who may need additional support to remain in the community.
- Add four MCOT staff who will cover all rural areas providing both crisis co-response and follow up/liaison work with law enforcement.
- Provide training for rural law enforcement on a variety of mental health topics to help increase engagement with people and diversion from Jail/ER.
- An administrative assistant will help coordinate the work of the team, track data, and manage logistics.

Program staff will serve as a liaison to and co-responder with rural law enforcement to de-escalate crisis situations, facilitate crisis assessments, increase jail and hospital diversions, and providing follow up and outreach to those persons previously screened. Clinical staff will also provide training to law enforcement in effective crisis response, safety planning, and alternatives to inpatient treatment. Diversions from jail can occur with victimless and non-violent offenses.

Rural law enforcement officers are some of Betty Hardwick Center’s best partners, but they often feel unprepared to manage the mental health needs of people in their communities. BHC has deployed technology resources to speed up assessments and help in the field. These new staff will augment those efforts, be more available to engage people in care, and provide more strategic crisis follow up when services are needed to keep people out of jail and ERs. Additionally, training on behavioral health, training on crisis procedures, and improved ongoing dialogue can help build relationships with law enforcement and people participating in LMHA services that will enhance engagement and treatment outcomes.

Betty Hardwick Center was identified by HHSC for this project because TLETS matches were higher than the average in the state. Data from Betty Hardwick Center reflects steady engagement with inmates in areas jails, indicating that jail diversion efforts would be beneficial to the region.

Chart 20. Betty Hardwick Center, People Served in Jail 2021



Staffing

- Eight positions:
 - 2 MCOT staff co-located with Abilene police dispatch
 - 1 Relapse Prevention Specialist

- 4 MCOT staff who will split time working as Law Liaison and Co-Responder
- 1 Crisis Coordinator/Admin Assistant
- Qualifications: Prefer LPHA, QMHP required

Community Partners

- Taylor, Callahan, Jones, Shackelford and Stephens Sherriff's Departments and Jails
- Abilene, Merkel, Tye, Stamford, Anson, Hamlin, Baird, Clyde, Breckenridge, Albany Police Departments
- Abilene Christian, McMurry and Hardin Simmons University Police Departments
- Dyess Security Forces

Logistics

- Office Locations
 - 2 FTEs at Abilene Police Department dispatch
 - Relapse Specialist at Respite
 - 4 MCOT staff based out of Abilene, but MCOT mobile
 - 1 FTE at Betty Hardwick Center's Abilene office
- MOU or agreement with:
 - Abilene Police Department
 - Taylor, Callahan, Jones, Shackelford and Stephens County Jails
- Training, initial and ongoing, with Betty Hardwick Center staff, 911 dispatch staff, law enforcement
- Routine Meetings and Debriefings
- Program coverage:
 - City of Abilene in Taylor County
 - Taylor, Jones, Shackelford, Stephens, Jones counties

Budget

- \$1,041,000 for FY22-FY23

Data

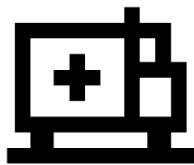
- Number of persons served
- Trends in location/day/time, etc.
- Outcomes, short-term and long-term
- Number of diversions from jail or ERs

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$520,500
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 199

Central Plains Center

911 Integration



Overview

Central Plains Center would like to assist local 911 dispatchers with crisis related calls that do not need law enforcement response. Mental health crisis calls could be transferred to Avail for resolution, allowing law enforcement to focus more on public safety. The calls tend to follow a seasonal pattern, with 23 calls in one month being the largest.

Staffing

- No new staff would be required, just an agreement between the 911 dispatch and Avail.

911 Partner(s)

- Contract with Avail and MOU with 911

- Crisis training for 911 dispatchers
- Start with Hale County and possibly expand in the future

Logistics

- Call transfers will work, since calls are not frequent enough to warrant mental health staff at dispatch. The crisis hotline would continue as is, with Avail handling the calls and dispatching MCOT or other resources as needed.
- Calls that are not considered life-threatening may be eligible to transfer.

Budget

- No additional funding required.

Data

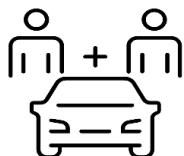
- Number of redirected calls: Average of 10 behavioral health calls yearly (six percent of 911 calls last year)

Offset Formula

Not applicable. No additional funding is required to implement this strategy.

My Health My Resources Concho Valley

MCOT Expansion



Overview

MHMRCV has identified people with complex behavioral, physical, and social needs who over-utilize ERs and inpatient psychiatric facilities during non-business hours, resulting in costly, chaotic, and ineffective ways of managing care. MHMRCV needs a designated MCOT team member who can engage with and provide intensive services for these people outside of normal business hours.

MHMRCV will hire an MCOT Rapid Response Case Manager who will work outside of normal business hours and collaborate with law enforcement to identify people at high risk and link them with appropriate services/resources with an emphasis on jail and ER diversions.

The MCOT Rapid Response Case Manager will work with the Tom Green County mental health deputies. MHMRCV and Tom Green County created a mental health deputy program in 2001. This program started with two deputies and is now funded through MHMRCV, Tom Green County, and the City of San Angelo for six deputies. MHMRCV's relationship with the Tom Green County is very strong.

Calls to the Tom Green County mental health deputy unit increased 15 percent from 2020 to 2021 (2020 – 1,423 calls, 2021 – 1,632 calls). Individuals being transported to an ER after being assessed by a Tom Green County mental health deputy increased by 74 percent (2020 – 355, 2021 – 617). MHMRCV experienced a 63 percent increase in the number of people needing inpatient hospitalizations and a 46 percent increase in the length of stay in fiscal year 2020, compared to the previous year. In fiscal year 2021, MHMRCV saw a 25 percent increase in the number of people needing inpatient hospitalizations and a 24 percent increase in the length of stay compared to pre-pandemic numbers. These numbers tend to be very high Friday through Monday.

Staffing

- One full time employee
- Required qualifications for new positions: Bachelor's degree in a human services field; must become QMHP certified
- Hours and coverage: Friday through Monday, 8:00 a.m. to 6:00 p.m. (40 hours)

Logistics

- Location of office space: The Haven, MCOT office
- Area of coverage: Concho, Coke, Crockett, Iron, Reagan, Sterling, Tom Green

Law Enforcement Partner

- MOUs with mental health deputies
- Training: 40 hours of mental health training per year
- Routine debriefings: Quarterly mental health deputy meetings

Budget

- Total Annual Funding \$51,979

Data

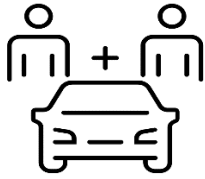
- Number of persons served
 - Anticipated average # of cases per month is 60
- Trends in location/day/time, etc.
 - Jail, community, ER
 - Peak times: weekends from 4 am to 9 am; 1 to 3 pm; 7 pm to 3 am
- Outcomes
 - Reduce hospitalizations and incarcerations; increase referrals for outpatient services; enhance relationships with outside agencies
 - Improve follow up services by having additional staff working different shifts.
- Number of diversions from jail: March to April 2022 = 22
- Number of diversions from ERs: March to April 2022 = 369

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$51,979
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 20

PermiaCare

Co-Responder



Overview

PermiaCare would like to create a community-based initiative to engage people experiencing a mental health crisis in the cities of Midland and Odessa. Such a program would reduce ER visits, hospital admissions, and incarcerations for a known group of people who frequently require crisis services. A co-responder team (CRT) comprised of one fire/paramedic, one police officer, and one PermiaCare response worker will respond to crisis calls as well as perform outreach and follow up services to people known to the team. The CRT will office together, working primarily as a mobile response unit. This program seeks to address the high volume of crisis calls that PermiaCare receives as compared with the rest of the state.

Staffing

- Six positions:
 - ▶ Two police officers (one for each city)
 - ▶ Two fire/paramedics (one for each city)
 - ▶ Two PermiaCare crisis response workers (one for each city)
- Required qualifications for new positions
 - ▶ Police Officer
 - ◊ Advanced Mental Health training – either TCOLE or curriculum provided by PermiaCare prior to deployment on the team.
 - ▶ Fire/Paramedic –
 - ◊ Certification to complete the medical work of the team, trained to use the equipment in the CRT unit, and trained on Mental Health Curriculum provided by PermiaCare prior to deployment on the team.
 - ▶ Crisis Response Worker –
 - ◊ QMHP or above

- ◊ Trained in crisis response evidenced based curricula as required to provide mobile crisis outreach services.
- Hours and coverage
 - Monday – Friday 8:00 am to 5:00 pm
 - After hours crisis response would occur through standard MCOT and law enforcement collaborations. The CRT would follow-up as referred and when people known to the team experience a crisis. CRT would respond during business hours to crisis when not engaged in follow-up and outreach services.

Law Enforcement Partner

- MOU or other agreement – PermiaCare would form MOUs with all agencies involved in the collaboration for services. This could include the law enforcement agencies, 911 dispatch, and the city for fire/rescue response.
- Training, initial and ongoing – PermiaCare would provide the Qualified Mental Health Professional training for all staff involved in all agencies. Staff without requisite psychology or other related classes could not be certified as a QMHP but would still receive the training. All staff from all agencies would also attend the 40 hour MHD training.
- Routine debriefings – All agencies would participate in the jail diversion task force which meets quarterly for long-term management. Following the implementation period, monthly meetings would be held until the program was stable and could be transitioned to the existing quarterly meeting.

Logistics

- Location of office space – It is anticipated that crisis response staff from PermiaCare would office on location at either the EMS fire house or the police department, whatever is determined appropriate and most efficient during implementation.

Budget

- Total Budget = \$842,010/year

Data

- Number of persons served - Estimated, we believe we could impact 300 unique individuals.
- Outcomes, short-term and long-term-

- Decrease the response and processing time for mental health calls for both PermiaCare and law enforcement.
- Decrease the utilization of emergency rooms and jails.
- Increase in sustained participation in outpatient services with the LMHA.
- Number of diversions from jail or ERs – A Review of Jail Diversion Options for the Individuals with Mental Health and Substance Abuse Disorders prepared for Midland County by GMJ identified 81 people from a snapshot of the jail population that met offense criteria for potential diversion. We anticipate about 50 percent could be diverted for a total of 40 diversions annually in each town.

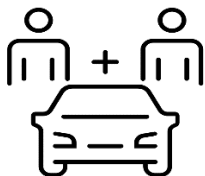
Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$842,010
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 321

StarCare Specialty Health System

Rural Crisis Response and Diversion

Co-Responder



Overview

StarCare Specialty Health System (StarCare) seeks to improve crisis response in Hockley County, including increasing diversions from county jail and ERs. The funded services will reduce the average response time to a crisis call by 50 percent for both behavioral health and law enforcement in Hockley County.

Staffing

- Seven positions:
 - 1 team lead
 - 2 co-responder clinicians
 - 3 care coordinators
 - 1 aftercare specialist
- Required qualifications
 - Team Lead: LPHA
 - Co-responder clinician: QMHP-LPHA
 - Care coordinator: QHMP
 - Aftercare specialist: QMHP
- Hours
 - Team Lead: Mon-Fri, 8a-5p with flexibility
 - Clinicians: Mon-Fri, 3pm-11pm
 - Care Coordinators: Mon-Fri, 8a-5p
 - Aftercare Specialist: Mon-Fri, 8a-5p

Community Partners

- City of Levelland, Hockley County, Covenant Hospital of Levelland
- MOUs with community partners

Logistics

- Coverage
 - Offices in Hockley County Law Enforcement Center
 - Areas covered: City of Levelland and Hockley County
 - Hours covered: Mon-Fri, 8a-11p
- Training
 - On job crisis training (initial)
 - Client rights, compliance, HIPAA, COPS0-D, ANSA/CANS
- Routine Meetings or Debriefings

- Quarterly Admin meeting
- Monthly Rural diversion team meeting

Budget

- Total Budget = \$1,041,000 for fiscal year FY22-FY23

Data

- Number of persons served
- Trends in location/day/time, etc.
- Outcomes, short-term and long-term
- Number of diversions from jail or ERs

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$520,500
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 199

West Texas Centers

Crisis Receiving Facility



Overview

In the West Texas Centers service area, rural counties do not have access to a place where law enforcement can divert people experiencing a mental health crisis 24 hours per day. If the person does not qualify for hospitalization, then the only place law enforcement can take them is the county jail. Unfortunately, most people with mental illness in the county jails of West Texas Center's service area are also considered lower socioeconomic status. This means that the ability to bond out of

jail is usually slim, which leads to longer stays in jail with inadequate treatment. In turn, the jails are spending more of taxpayer money to house people longer and at a higher daily cost.

The goal of having a drop-off/crisis receiving center is to divert people with low level misdemeanor or public nuisance charges.

The drop-off/crisis receiving center would offer people appropriate resources, a place to become stable on medication, a place to manage withdrawal from substance use if necessary, and a place to wait on inpatient substance use services, housing services, etc. Law enforcement agencies would have another resource to take people that isn't as timely due to long reports after each arrest. With a quicker drop off, law enforcement can be out on the streets doing other duties to keep the community safe. Finally, relationships between law enforcement, West Texas Centers, and community members could potentially strengthen with this partnership.

For Howard County and surrounding areas, the number of people with an SMI who interact with law enforcement is approximately 20 per month. Of those 20, 75 percent have non-violent public disorder charges. Misdemeanor charges in Howard County take approximately 45 to 60 days for a court date. Therefore, about 15 people with SMI and misdemeanor charges are sitting in county jail waiting for court, costing the county tens of thousands of dollars per month. Further, the people with SMI have an increased chance of decompensation in jail.

Staffing

- Number of new positions, including any security staff
 - ▶ With a 24/7 drop-off/crisis receiving center, the total positions should include 5 FTEs and 2 part-time employees (PTEs). In addition, contracting with an outside agency for withdrawal management services and security services.
- Required qualifications for new positions
 - ▶ Two of those FTEs would require a QMHP. The remaining 3 FTE and 2 PTE would require a Peer Specialist certification.
- Contract services
 - ▶ Contracted services costs would include daily withdrawal management rates and security services.

- ▶ Daily withdrawal management is approximately \$3,000 for a 5-day length of stay.
- Hours and coverage
 - ▶ The drop-off/crisis receiving center is designed to be a 24/7 facility. Withdrawal management services would be contracted with the local hospital in Howard County. This is due to lack of nursing staff in the area.

Space

West Texas Centers plans to use an existing location behind West Texas Centers' current crisis respite center located in Howard County.

Renovations would be necessary to include space for a receiving desk, office space for transition planning, office for medical supplies and med evaluation and administration, bedrooms for respite stays, and a common area for gatherings.

Estimated cost of renovations is \$160,000 and 6 months to complete.

Community Partners

- Engaged in planning to ensure usage
 - ▶ Community partners from Howard County and surrounding areas will be engaged in the planning and implementation of the drop-off/crisis receiving center. Both leadership and front-line workers will meet weekly to begin planning if a grant is awarded.
- Ongoing marketing/training regarding service
 - ▶ Marketing and training would be provided to all law enforcement agencies in the area. This would include how and when to use the facility and data on why the drop off/crisis receiving is needed for the community.
- Routine debriefings
 - ▶ The use of our current jail diversion meetings would be available to present data of the outcomes every quarter. Additionally, in the beginning stages, community stakeholders would meet weekly and eventually move to monthly meetings to debrief the implementation and ongoing operations of the drop-off/crisis receiving center.
- MOU or other agreement, including roles and responsibilities
 - ▶ MOUs between West Texas Centers and the following agencies are necessary to communicate and partner together for jail diversion:

- ◇ City of Big Spring Police Department
- ◇ Howard County Sheriff's Department
- ◇ Martin County Sheriff's Department
- ◇ Glasscock County Sheriff's Department
- ◇ Dawson County Sheriff's Department
- ◇ Mitchell County Sheriff's Department
- Counties Covered by Program: Howard, Martin, Glasscock, Dawson, and Mitchell

Budget

- Total Budget = \$508,038/per year
- Estimated Start-Up Equipment Costs = \$22,300
- Subcontracts for secondary resources such as medical staff or a withdrawal management location
 - Subcontract with Scenic Mountain Behavioral Health Unit to provide a five-day withdrawal management program for people in need of that service. Estimation of at least five people per month needing the service at \$3,000 per person would be a total cost of \$15,000 per month.

Logistics

- Policies/procedures for eligibility (such as nonviolent), assessment, crisis services, and placement as needed
- Contingencies for overflow or safety issues
- Drop-off/crisis receiving will have a dedicated entrance around the back on the south side of the building. This entrance will have a receiving/intake desk with drop off center identifiers.

Data

- Number of persons served
 - Annually, it is estimated that the drop-off/crisis receiving center could serve 95-100 people. This is only an estimation and is based on eight people arrested with SMI and a non-violent charge per month.
- Diversions- Number of diversions from jail or ERs (if different from above)
- Trends in day/time/original location of crisis, etc.

- Outcomes, short-term and long-term
 - Foreseen outcomes as a result in implementing the drop-off/crisis receiving center will affect the communities both systematically and financially.
 - Long term; reducing the number of people with mental illness in our county jails and/or in crisis, reducing the number of people with mental illness in our ER's due to crisis, improving the relationships among community stakeholders, improving the relationships between law enforcement and people with mental illness, improving the lives of people with mental illness overall, increasing stable housing situations.
 - Short term; linking and coordinating people with mental illness to appropriate resources, decreasing the use of time and resources of law enforcement and crisis outreach workers in the field.
- If multiple community partners, use by various partners
- Law enforcement agencies from Howard County and surrounding areas are partners in this project.
- Data on changes in partners crisis trends such as police wait times at ERs
- Wait times for law enforcement agencies will be drastically cut due to no wait times in ERs or Jails. Long extensive reports for jail booking would no longer be required if the person was just dropped off.

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$508,038
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 194

Implementation and operation of the new drop-off/crisis receiving center would offset costs in many other areas in the community.

For people with SMI in our county jails, it costs approximately \$100 to \$150 per day per inmate. If there is a dually diagnosed physical illness the costs are even greater. Every month, if there are 15 to 20 people diverted from Howard or surrounding counties, that is saving the County jails \$67,500 to \$90,000 per month.

In addition, the cost of indigent people to use court appointed attorneys is \$150 for just one hearing. Each additional hearing is \$300.

Court fees also add up for each person with SMI from \$40 for a class C misdemeanor to \$83 for Class A and B misdemeanors. If 20 people with SMI per month were arrested with class C misdemeanor charges that is a total of \$800 per month is spent on court fees alone. Felony charges are even more so diverting people early and prevention of future felony charges is a proactive cost diversion.

The time a law enforcement officer spends on long booking reports when arresting someone with SMI is extensive. The report takes about 30 to 60 minutes after the arrest. If the officer makes \$25 per hour, that costs on arrest and booking can go over \$50 per person.

Costs for 20 People with SMI	Monthly	Annually
Jail stay	\$90,000	\$1,080,000
Court appointed attorney	\$3000	\$36,000
Court fees	\$800	\$9,600
Law enforcement officer time	\$1000	\$12,000

Bed Capacity Estimate Details

Table 12. Betty Hardwick Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	N/A	N/A	N/A	N/A	N/A
CSU	N/A	N/A	N/A	N/A	N/A
Crisis Residential	N/A	N/A	N/A	N/A	N/A
Crisis Respite	12 beds/day	0	0	12 beds/day	0
Step-Down	N/A	N/A	N/A	N/A	N/A
Other respite	N/As	N/A	N/A	N/A	N/A
Community Mental Health Hospital	N/A	N/A	N/A	N/A	N/A
Private Psychiatric Bed	1218 or 3.3 beds/day	348 or 1 bed/day	0	1566 or 4.2 beds/day	775 bed days
Rapid Crisis Stabilization Bed	1495 or 4 beds/day	0	0	1495 or 4 beds/day	0

Notes from LMHA:

Currently BHC operates 12 Crisis Respite Beds daily. This calculates to 4380 bed day capacity annually.

Currently BHC has two funding sources for private psychiatric beds.

PBB: At the current contracted bed rate the PBB funding purchases 1218 bed days annually. At the end of March fiscal year 2022 90% of the funds were expended. We anticipate a contract amendment that will provide the equivalent of almost 1 bed per day this spring. But, even with that, we are using PPB beds at a rate that exceeds our allocation. To that end, BHC projects the need for an additional 4 beds/day or 1460 bed days annually. At the current LOS of 11 days this is projected to provide services for an additional 70.5. This would bring total bed day capacity for PBB to:

Fiscal year 2023 2678 Bed Days LOS11 Bed Days Projected Individuals served:243

Fiscal year 2024 2678 Bed Days LOS11 Bed Days Projected Individuals served:243

BHC is implementing a more robust jail diversion initiative utilizing Co Responder and Law Enforcement Strategies. This is anticipated to increase the need for psychiatric hospital services as many individuals eligible for jail diversion will need immediate access to treatment.

Community Based Crisis Programs (CBCP): At the current contracted bed rate CBCP purchase 1495 bed days annually. At the end of March fiscal year 2022 60% of funds were expended. At this rate BHC projects the need for an additional 365.25 bed days due to increase jail diversion strategies. Because CBCP funding is not expected to change, we will include the additional resources in PPB funds needed.

Fiscal year 2023 1495 Bed Days LOS 11.5 Bed Days Projected Individuals served:130

Fiscal year 2024 1495 Bed Days LOS 11.5 Bed Days Projected Individuals served:130

In summary the need for increased psychiatric hospital beds is due to increased crisis and jail diversion activities but for individuals with mental illness and co-occurring substance use disorders. These crises often lead to the need for the higher levels of care to obtain stability and positive treatment outcomes. Implementation of 988 may increase the need for additional service demand with a small percentage requiring the highest level of care.

Table 13. Central Plains Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	N/A	0	N/A
CSU	0	0	N/A	0	N/A
Crisis Residential	0	0	N/A	0	N/A
Crisis Respite	0	0	N/A	0	N/A
Step-Down	0	0	N/A	0	N/A
Other respite	1	N/A	N/A	N/A	N/A
Community Mental Health Hospital	1	0	N/A	1	N/A
Private Psychiatric Bed	10	3	N/A	13	N/A
Rapid Crisis Stabilization Bed	0	0	N/A	0	N/A

Notes from LMHA

Due to our rural coverage area, crisis stabilization resources are very limited. We do have our own respite house, which is used for people who need a break or stress relief. They can take a shower, use the laundry if necessary. The respite house is stocked with food as well. We can also use the respite house as a waiting area for people that are being transported to a hospital, if they are not in immediate risk of danger to themselves or others.

We maintain a good number of inpatient beds through our various contracts (around 10). It is rare that we must wait for a bed, but it has happened from time to time. Our main inpatient facilities are North Texas, Rivercrest, and Oceans. We have very limited access to the only community hospital in Hale County, Freedom Health Care, which specializes in geriatric patients only. We do see a need to increase bed access due to the numbers of crisis and hospitalizations we are seeing.

Table 14. My Health My Resources Concho Valley

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	12	0	0	12	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	1652	334	0	1986	0
Private Psychiatric Bed	216 + 300 used as CSU	334 + 200 used as CSU	0	550 + 500 used as CSU	0

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
Rapid Crisis Stabilization Bed	1436	0	0	1436	0

Notes from LMHA:

CSU increase is from Tom Green County ARPA funding Concho Valley applied for & was awarded. This is for Fiscal Years 2022 & 2023 only.

PPB increase is per Rider 54, 87th Legislative Session, communication with HHSC on September 21, 2021. At that time contracts were expected to start routing the 1st half of FY2022. So far, we have not seen a new contract or funding.

Table 15. PermiaCare

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	578	0	0	578/per year	3,008
Rapid Crisis Stabilization Bed	2,689	0	0	2,689/per year	897

Notes from LMHA:

The numbers in the table above are based on current contract allocations for beds (\$430,618 in PPB beds – 10% for administration/ \$700 per bed day. \$1,882,301 in CBCP beds/ \$700 per bed day)

The logic behind the speculated change in bed day needs is based on historic utilization. PermiaCare’s CBCP beds are utilized for Midland County only. The Midland County Hospital District was the only entity in a position to provide matching funds during the time that the Crisis Needs and Capacity Assessment became available. PermiaCare was later able to secure PPB funding through HHSC to help fund beds in Ector County and the Center’s other six counties. While we have no reason to suspect a change in the way operations between PermiaCare and our counties

currently operate, it's a fact that our counties subsidize a significant number of the beds need to meet the need for our catchment area.

Midland County typically utilizes the full amount of funding available through PermiaCare in 9 months. If you divide the 2,689 beds available by nine months you arrive at an average 299 beds utilized per month. That leaves three months of bed day need if the county found itself in a position where it could no longer subsidize beds. 299 beds multiplied 3 months amounts to 897 additional beds that would be needed in Midland alone. Ector County is approximately the same size as Midland County. Ector County would require an additional 3,008 beds in the form of CBCP and/or PPB added to the 578 beds they have available to them via PPB through PermiaCare. PermiaCare estimates that Midland and Ector Counties have the need for 3,905 bed days per year.

Table 16. StarCare Specialty Health System

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	4	0	4	0	+4
CSU	N/A	N/A	N/A	N/A	N/A
Crisis Residential	N/A	N/A	N/A	N/A	N/A
Crisis Respite	N/A	N/A	N/A	N/A	N/A
Step-Down	N/A	N/A	N/A	N/A	N/A
Other respite	N/A	N/A	N/A	N/A	N/A
Community Mental Health Hospital	30 Beds	15 Beds -ARPA funding	0	45	N/A
Private Psychiatric Bed	307 Bed Days	0	0	307	+615
Rapid Crisis Stabilization Bed	N/A	N/A	N/A	N/A	N/A

Notes from LMHA:

Extended Observation Unit – The EOU is currently operated with funds from the SAMHSA CMHC grant which is anticipated to end on 9/29/23.

Community Mental Health Hospital – StarCare receives HHSC funds to operate a 30-bed inpatient psychiatric Facility. StarCare has received \$15,000,000 of ARPA funding to increase bed capacity to 45 beds by 9/1/2023.

Private Psychiatric Bed – StarCare currently receives PPB funds from HHSC to cover 307 bed days. The same funding amount is anticipated for the next two years. Data from FY19 was reviewed due to being reflective of typical utilization prior to COVID-19 disrupting normal service delivery. StarCare utilized 922 private psychiatric bed days in FY19, which is 615 above the funded amount and anticipates utilization increasing over the next two years. Factors

that may contribute to an increase in utilization is Covenant Hospital closing its adult inpatient psychiatric facility as well as the implementation of 988.

Table 17. West Texas Centers

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	N/A	N/A	N/A	N/A	N/A
CSU	N/A	N/A	N/A	N/A	N/A
Crisis Residential	N/A	N/A	N/A	N/A	N/A
Crisis Respite	16 Bed Capacity	0	0	16 Bed Capacity	N/A
Step-Down	N/A	N/A	N/A	N/A	N/A
Other respite	0	0	0	0	0
Community Mental Health Hospital	N/A	N/A	N/A	N/A	N/A
Private Psychiatric Bed	2,930 bed days	HHSC Funding Increase: 205 bed days	0	3135 bed days	135 bed days
Rapid Crisis Stabilization Bed	413 Bed Days	0	0	413 bed days	N/A

Notes from LMHA:

Crisis Respite

1. Currently Available – we have a 16-bed facility for Crisis Respite
2. Expected Gains – we did not get any additional funding for FY22-FY23
3. Expected Loss – we do not anticipate losing any funding for Crisis Respite
4. Speculated Changes – there are no speculated changes for Crisis Respite.

Private Psychiatric Bed

1. Currently Available – FY21 funding of \$1,846,143 with an average cost per day of \$630 allows 2,930 bed days in the PPB funding.
2. Expected Gains – FY22 increase in funding allowed an extra 205 bed days
3. Expected Loss – We do not anticipate losing any funding for PPB
4. Speculated Changes - West Texas Centers continues to participate in Jail Diversion and have identified the Jail Diversion Drop-off/crisis receiving center as our strategy for All Access Texas. West Texas Centers does not currently have funding for the Jail Diversion Drop-off/Crisis Receiving Center. West Texas Centers is awaiting funding opportunities to apply for when and if those become available. If funded, West Texas Centers expects to divert 100 people with an anticipated 15% needing psychiatric hospitalization. The average length of stay for FY21 was 9 days. West Texas Centers anticipates needing an additional 135 bed days per fiscal year to help implement the additional resources for our local jails.

Rapid Crisis Stabilization

1. Currently Available – FY21 CBCP funding of \$260,000 with average cost per day of \$630 allows 413 bed days.
2. Expected Gains – Did not receive any additional funding for Rapid Crisis Stabilization in the FY22 contract
3. Expected Loss – We do not anticipate losing any funding for CBCP

Speculated Changes – We do not have any anticipated changes for CBCP funding

Appendix D. All Texas North Texas State Hospital (NTSH) Regional Group

Sequential Intercept Model Maps

Figure 34. Center for Life Resources, October 2021

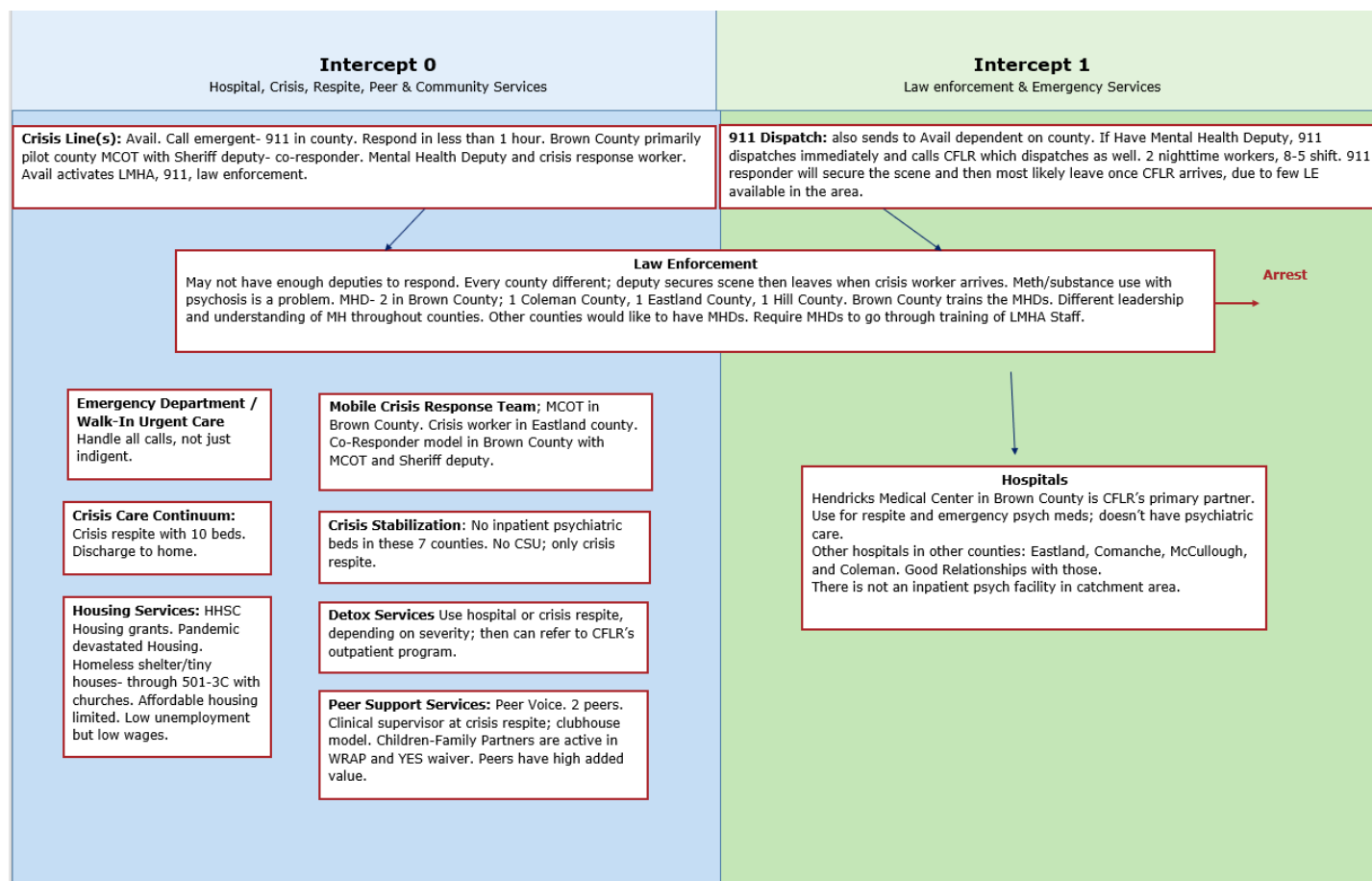


Figure 35. Helen Farabee, October 2021

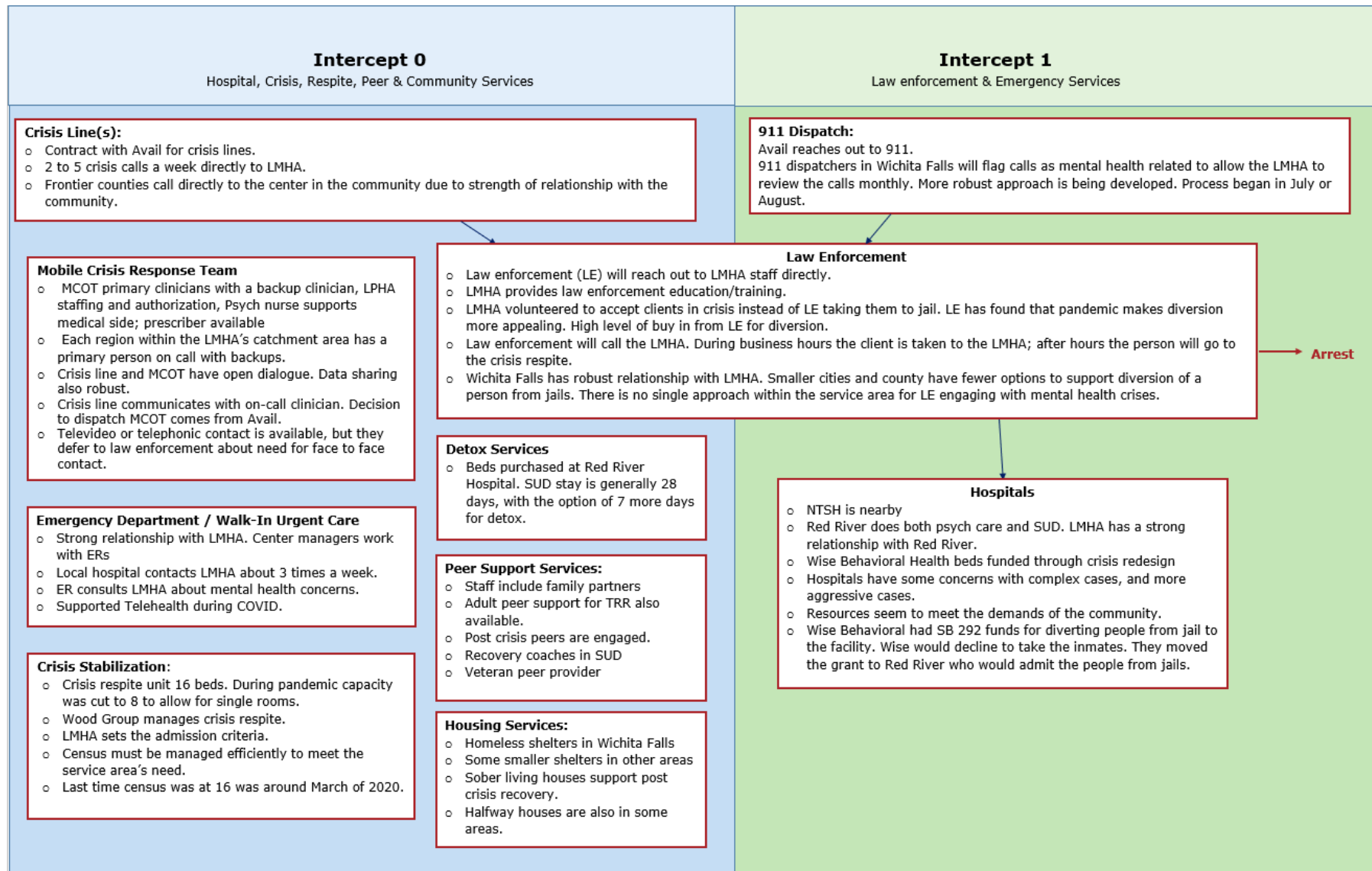


Figure 36. Pecan Valley Centers, May 2022³⁰

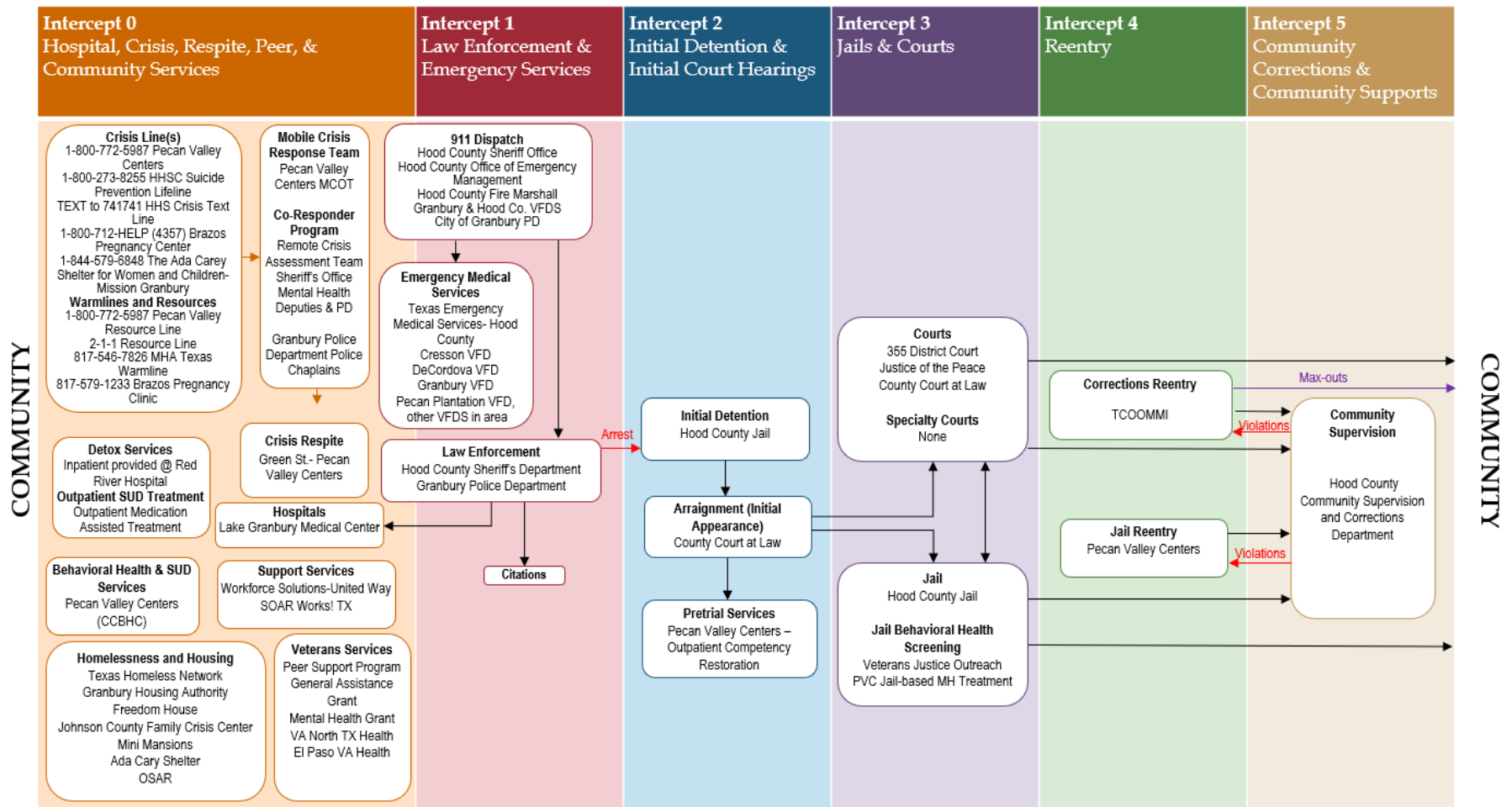
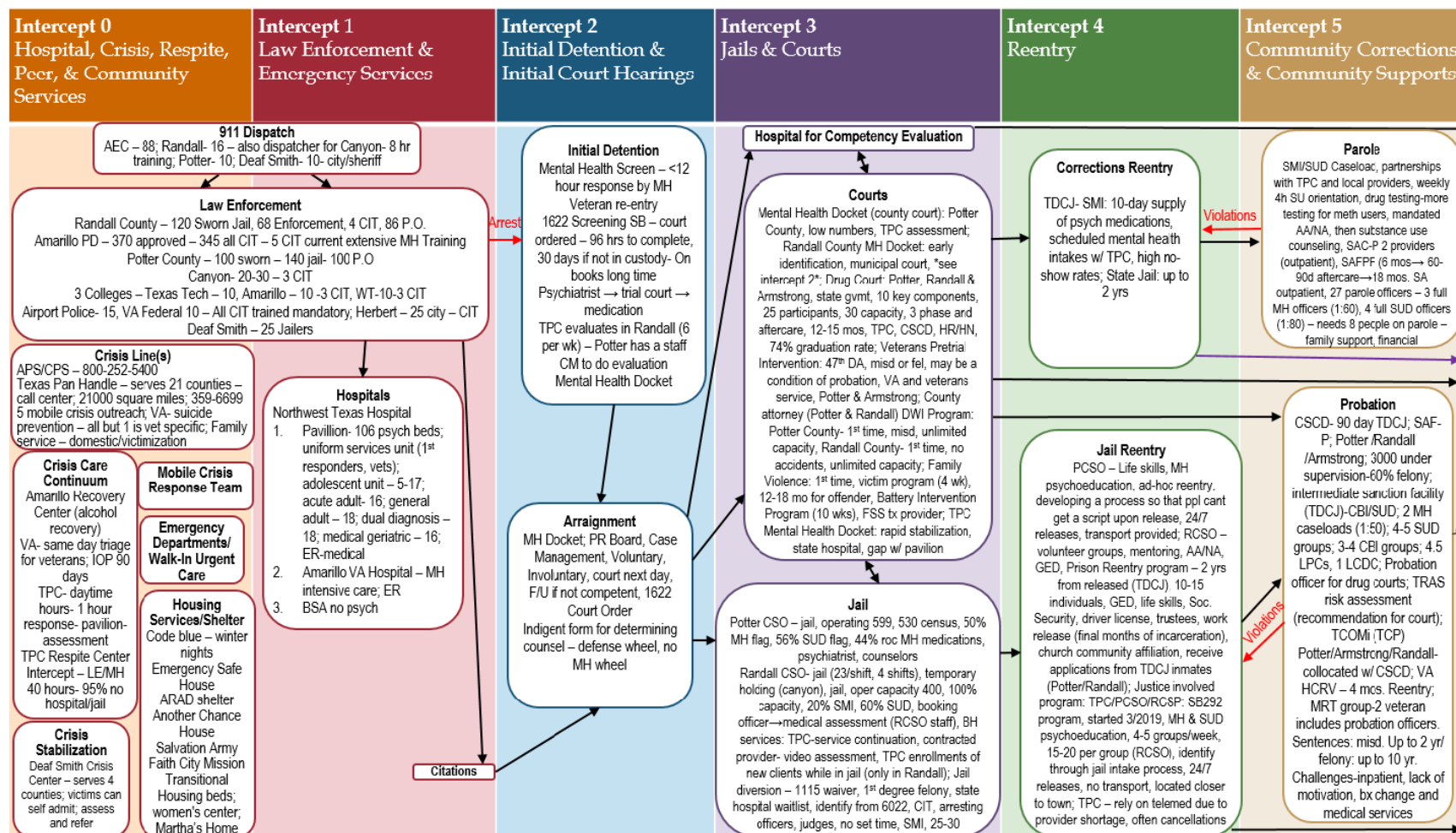


Figure 37. Texas Panhandle Centers, Potter and Randall counties, 2019³¹



Additions since 2019:

- Contracts with two more hospitals - Oceans and Golden Phoenix
- Staff co-located in Potter County jail

- Three co-responder teams in the City of Amarillo
- Partner on a Problem-Solving Court in Potter County

Jail Diversion and Community Integration Strategies

Center for Life Resources

Mental Health Deputy



Overview

Center for Life Resources and their numerous law enforcement partners have successfully implemented an MHD program in Brown, Coleman, Eastland, and Mills Counties. As a result of the MHD program's success and with support from the Center for Life Resources MHD program, both the McCulloch County and Comanche County Sheriff's Offices are hiring an MHD.

Both counties have seen a steady increase of crisis or repeat events by those with behavioral health disorders in their area. This has resulted at times in prolonged wait times by local law enforcement, increased patients in the local emergency department or people ending up in local incarceration situations rather than in available treatment alternatives.

The goal of the MHD positions is to better provide those with behavioral health issues with expedited and specially trained care that will also alleviate overuse of community resources. The MHDs will:

- Alleviate wait times experienced by other officers when those with behavioral health issues experience crisis events,
- Provide jail diversion services when able,
- Prevent unnecessary emergency department visits by those with behavioral health disorders, and
- Seek to work in concert with the LMHA's crisis and case management system.

For McCulloch County, the LMHA crisis line recorded 46 calls from law enforcement and 53 calls to the local emergency department in the last 12 months. For

Comanche County, the LMHA crisis line recorded 47 calls from law enforcement and 73 calls to the local emergency department in the last 12 months. These numbers do not include locally received direct calls for service. Both Sheriff's Offices experiences an average of three to four calls a month through their dispatch or 911 operators.

The McCulloch County Jail experiences about an average of four bookings per month with a behavioral health identifier. The Comanche County Jail experiences about an average of 42 bookings per month with a behavioral health identifier. An average of four of those bookings currently that require an assessment or engagement each month.

Staffing

- 1 Full Time Mental Health Deputy in each county.
- The MHDs will be paid an hourly wage.
- Each Sheriff's Office will receive access to training and guidance from the LMHA regarding deputy activity and service provision
- Communication between the Sheriff's Offices and the LMHA will be covered by an MOU.

Budget

- The cost of each position is covered by the Sheriff's Office at this time.
- MHDs typically make \$70,000 annually.
- Each MHD is provided routine officer equipment such as a weapon, taser, duty belt, uniform, vehicle, sirens, radios, body armor, body cam, and documentation equipment, etc. These would likely be counted as match should the position be grant funded.

Data

Center for Life Resources intends to track the following data:

- Number of persons served (both unduplicated and duplicated)
- Number of diversions from local emergency departments
- Number of diversions from arrest/jail booking
- Number of referrals from law enforcement to mental health providers
- Number of referrals from law enforcement to community resources

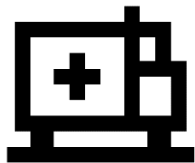
- Number of admissions to psychiatric hospitals facilitated with MHD
- Number of emergency department visits facilitated with MHD
- Number of engagements with local jail inmates needing behavioral health care
- Number of repeat crisis interactions within a six-month period
- Tracking regarding avoidance of or use of force with people suffering behavioral health needs
- Tracking of the number of times local law enforcement receive assistance

Offset Formula

Not applicable. Please note that the costs for this are covered through the local Sheriff's Office.

Helen Farabee

911 Integration



Overview

Wichita Falls Police Department is seeing a higher call volume for behavioral health crisis and approached Helen Farabee about partnering to work on that. They decided to begin by tracking all the 911 behavioral health crisis calls and sending a monthly report to Helen Farabee on the data for those calls as well as the people involved. Helen Farabee is assessing for possible engagement or re-engagement in services while also building a data case for a future grant proposal. The data sharing began in Summer 2021. As of January 2022, the trend is 50-70 calls monthly, with about 10 of those involving past or current participants in Helen Farabee's services. The long-term goal is to fund a daytime Behavioral Health response unit comprised of a police officer and mental health professional who will respond to 911 calls flagged as "behavioral health"-related.

Goals:

- Short-term: Secure grant funding for 2 FTE's and a vehicle.
- Short-term: increase number of referrals to MH service providers in real time, on location.
- Long-term: reduce the number of repeat calls for persons in mental health crisis.

Staffing

- Currently, 1 or more FTEs at PD working in 911 dispatch
- Projected, 1 FTE Officer, 1 FTE Qualified Mental Health Professional
- Required qualifications for new positions
 - Officer trained in relevant MH-related prevention strategies (MHFA, Trauma-Informed Care, etc.)
 - QMHP-CS cross-trained in relevant PD policies/procedures
- Hours and coverage – 8-5, M-F

911 Partner: Wichita Falls Police Department

- Establish contract between HFC and WFPD to formalize the new response unit, hours of operation, duty parameters/goals, etc.
- Cross training, both initial and ongoing
- Routine debriefings

Logistics

- Location of staff – Wichita Falls unit, city limits
- Equipment: One dedicated response vehicle meeting full PD requirements and equipped for MH QMHP ride-along
- Policies/parameters on which calls to redirect

Budget

- Total Budget = \$152,355 initial, then \$115,355 annual thereafter

Data

- Number of redirected calls – none “redirected” but around 50-70 per month flagged as BH

- Frequency and length of calls – length unknown
- Call dispositions
 - Commitments result in transportation to a MH facility
 - Overdoses result in ER visit, followed up by MH SUD referral
 - Attempted Suicide results in available placements and/or referral to MH Intake/Triage.
- Trends in location/day/time, etc.
 - Beat 2 (downtown) tends to have the highest volume of BH-related calls. Day/time not tracked but can review.

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$152,355
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 59

Pecan Valley Centers

Remote Crisis Assessment



Overview

Pecan Valley received a federal grant to strengthen their crisis services. Pecan Valley is using this opportunity to deploy remote crisis assessment throughout their service area. Law enforcement will be given tablets as well as the ability to download an app on their work-issued cell phone. The grant started at the end of September 2021. Pecan Valley began providing these services in January 2022, and the grant runs through September 2023. Pecan Valley is successfully partner with almost every law enforcement entity in their service area.

Staffing

- Will use current crisis line and MCOT staff; hired a crisis specialist as well
- Required qualifications for new positions
 - Crisis position is required to be a licensed professional or associate.
 - MCOT staff are Bachelor level QMHPs
- Hours and coverage
 - Crisis position- Primarily available Monday-Friday 8-5PM
 - MCOT QMHP- Coverage 24/7. Currently, due to staffing shortages, two MCOT staff per shift will work shifts that consist of 48-hours and 72-hours on a rotating basis.

Equipment

- 24 Tablets
 - Under warranty
 - Tablets are maintained on First Net. A spreadsheet was created to track the deployment of which agency received which tablet by phone number associated to each tablet.

Community Partners

- Developing MOUs with law enforcement agencies
- Training, both initial and ongoing
- Law enforcement trained as tablets were deployed. Each agency designates a specific person to be the trainer for the agency or to arrange follow-up trainings with Pecan Valley Centers staff.
- Law enforcement gives feedback on how well the experience is accessing crisis services with the tablet.

Budget

- Total Budget = \$75,160, including startup costs such as tablets and other equipment
- No local match

Data, as of May 2022

- Number of assessments

- ▶ Crisis LPHA number of assessments completed:
 - ◊ 33 services provided
- ▶ MCOT Crisis Assessments completed via tele video
 - ◊ Erath County: 7
 - ◊ Hood County: 7
 - ◊ Johnson County: 7
 - ◊ Palo Pinto County: 7
 - ◊ Parker County: 11
 - ◊ Somervell County: 0
- High utilization Days/Times
 - ▶ Monday- Thursday
 - ▶ Start time of crisis between the hours of 8AM – 5 PM
- Outcomes, short-term and long-term
 - ▶ Decrease response time
 - ▶ Collaborate and build relationships with law enforcement agencies
 - ▶ Assist law enforcement and give them other options to help resolve a situation involving an individual with a mental health crisis.
 - ▶ Diverting from jail and inpatient psychiatric hospitalization when possible

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$75,160
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 29

Texas Panhandle Centers

Crisis Prevention and Intervention, On-Demand Services



Overview

People are going into jails and inpatient psychiatric settings to receive routine treatment for psychiatric and/or substance use conditions who could be better served in a community-based setting. There is a need to provide immediate psychiatric care in combination with social supports that promote community integration and better overall health outcomes.

The goal is to provide a safe and trauma-informed environment for people to receive treatment and support at the right place and time. This proposal will help services be more meaningful and relevant to the individual needing the treatment and will focus on safety for the individual first. Responder teams will be trained in trauma-informed care so the person in need of help will begin to see the responders as promoting the person's ability to stay in the community as opposed to being removed.

Services to be provided would include temporary housing through respite, on demand psychiatric evaluation and medication, securing identification and eligibility information for basic needs, counseling, skills training, psychosocial rehabilitation, substance use counseling, peer support, primary health care screenings, and ongoing legal advocacy and coordination with the judicial system. The provision of these services will be reliant on various community service providers.

- A monthly average of people incarcerated in the upper 21 counties of the Panhandle with an SMI is 114 people. This comprises the majority of the population in the service area.
- A monthly average of people incarcerated in the area county jails on the State Hospital Waitlist is 51 people.

Staffing

- Four FTEs at Texas Panhandle Centers:

- ▶ 2 QMHPs – Bachelor’s level social service providers with a degree in an approved human service field, preferred experience in a criminal justice field.
- ▶ Peer Support Specialist – Person with lived experience in mental health or substance use. Ability to be certified as a peer support specialist.
- ▶ Transportation Specialist – HS or equivalent with a clear driving record.
- Hours and coverage – Hours will be based on a 40-hour work week. The days and times of shifts will be flexible and adjusted based on the needs in the program.

Space

- Office at the crisis respite location.
- Some renovations for office space may be needed to ensure there is privacy when meeting with people in the program.

Community Partners

- Engaged in planning to ensure usage – Wood Group, Trial and county court judges, City police and county sheriff’s departments, FQHC, rural health clinics and health departments, local psychiatric inpatient facilities, substance use providers, Workforce Solutions, Panhandle Community Services, Amarillo HUD office and Community Development.
- Ongoing marketing/training regarding service
- MOU or other agreement, including roles and responsibilities
- Routine debriefings would occur
- Covers upper 21 counties of the Texas Panhandle.

Budget

- Total Budget = \$218,190
- Subcontracts for secondary resources such as medical staff or a withdrawal management location – Woods Living Center Respite and Recovery Program – \$108.18 per day bed day rate. Current estimate is 20 people served for 15-day stays over 1 year - \$32,454
- ETBHN On Demand Virtual Prescriber Network - \$275 per session, 200 for 1 hour - \$55,000

Logistics

- Policies/procedures for eligibility (such as nonviolent), assessment, crisis services, and placement as needed. Existing respite policies and procedures will be used for the program. Policies for existing programs outlining on demand services will be used as well.

Data

- Number of persons served
- Diversions- Number of diversions from jail or ERs (if different from above)
- Trends in day/time/original location of crisis, etc.
- Outcomes, short-term and long-term
- If multiple community partners, use by various partners
- Data on changes in partner's crisis trends such as police wait times at ERs

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$218,190
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 84

Bed Capacity Estimate Details

Table 18. Center for Life Resources

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	10	0	0	10	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	1041	0	0	1014	3114
Rapid Crisis Stabilization Bed	0	0	0	0	0

Notes from LMHA:

We used data from fiscal year 2020, 2021, and 2022 to determine baseline and percentage increase for PPB beds.

Table 19. Helen Farabee

Type	Number Currently Available	+	-	=	Speculated Need for Beds
EOU	0	Projected Gains in Next 2 Years	Projected Losses in Next 2 Years	Net Beds in Next 2 Years	
Crisis Residential	0	0	0	0	0
Crisis Respite	16	0	0	16	0
Step-Down	6	0	0	6	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	4745	0	0	4745	3650
Rapid Crisis Stabilization Bed	0	0	0	0	0
Crisis Stabilization Unit	0	0	0	0	0

Notes from LMHA:

The respite unit has a fixed capacity of 16 beds based on the licensed facility type and this is not expected to change.

Private contracted psychiatric beds allow for approximately 3 at Wise Behavioral Health (Decatur) and 10 at Red River Hospital (Wichita Falls). The anticipated number available is based on historic utilization. Ten more private psychiatric beds are needed in this area.

Step Down unit is a 6-bed facility. No expected changes.

Table 20. Pecan Valley Centers

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	6	0	0	6	None
Step-Down	0	0	0	N/A	0
Other respite	0	0	0	0	N/A
Community Mental Health Hospital	0	0	0	0	N/A
Private Psychiatric Bed	212	0	(25) Due to anticipated increase in bed day cost.	187	The need for 150 more beds is anticipated.

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
Rapid Crisis Stabilization Bed	52	0	(13) Due to anticipated increase in bed day cost.	36	The need for 50 more beds is anticipated.
Crisis Stabilization Unit	0	0	0	0	N/A

Notes from LMHA:

Pecan Valley Centers struggles to stretch available funds to provide needed psychiatric beds for our six-county region. The number of “current beds available” for CBCP have typically run out by December of each fiscal year. The PPB funds typically run out by June of each fiscal year. Therefore, the needed bed days mentioned above are a very rough estimate of what may be needed due to 988 implementation and no expected increase in funding from HHSC. There are no psychiatric hospitals, step down units, or stabilization units in our six-county region.

Table 21. Texas Panhandle Centers

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	N/A
Crisis Residential	0	0	0	0	16 is needed
Crisis Respite	16	0	0	16	We can meet needs of communities at this time

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
Step-Down	0	0	0	0	Crisis Respite is used as a step-down facility for inpatient hosp.
Other respite – 23 hr.	0	14	0	14	N/A
Community Mental Health Hospital	NA	N/A	N/A	N/A	N/A
Private Psychiatric Bed	NA	N/A	N/A	N/A	N/A
Rapid Crisis Stabilization Bed/SH Diversion	884	N/A	Request Additional funds from HHSC for 200 bed days	1,084	If additional funding is received from HHSC, we believe this would meet our needs
Crisis Stabilization Unit	N/A	N/A	N/A	N/A	N/A

Notes from LMHA:

We have used all our rapid crisis stabilization and state hospital diversion funding for the year (fiscal year 2022), because of the lack of accessibility to a state hospital. The need in our communities for these inpatient services has increased over the last twelve months and we anticipate that this trend will continue upward.

Appendix E. All Texas Rio Grande State Center (RGSC) Regional Group

Sequential Intercept Model Maps

Figure 38. Border Region Behavioral Health Center, October 2021

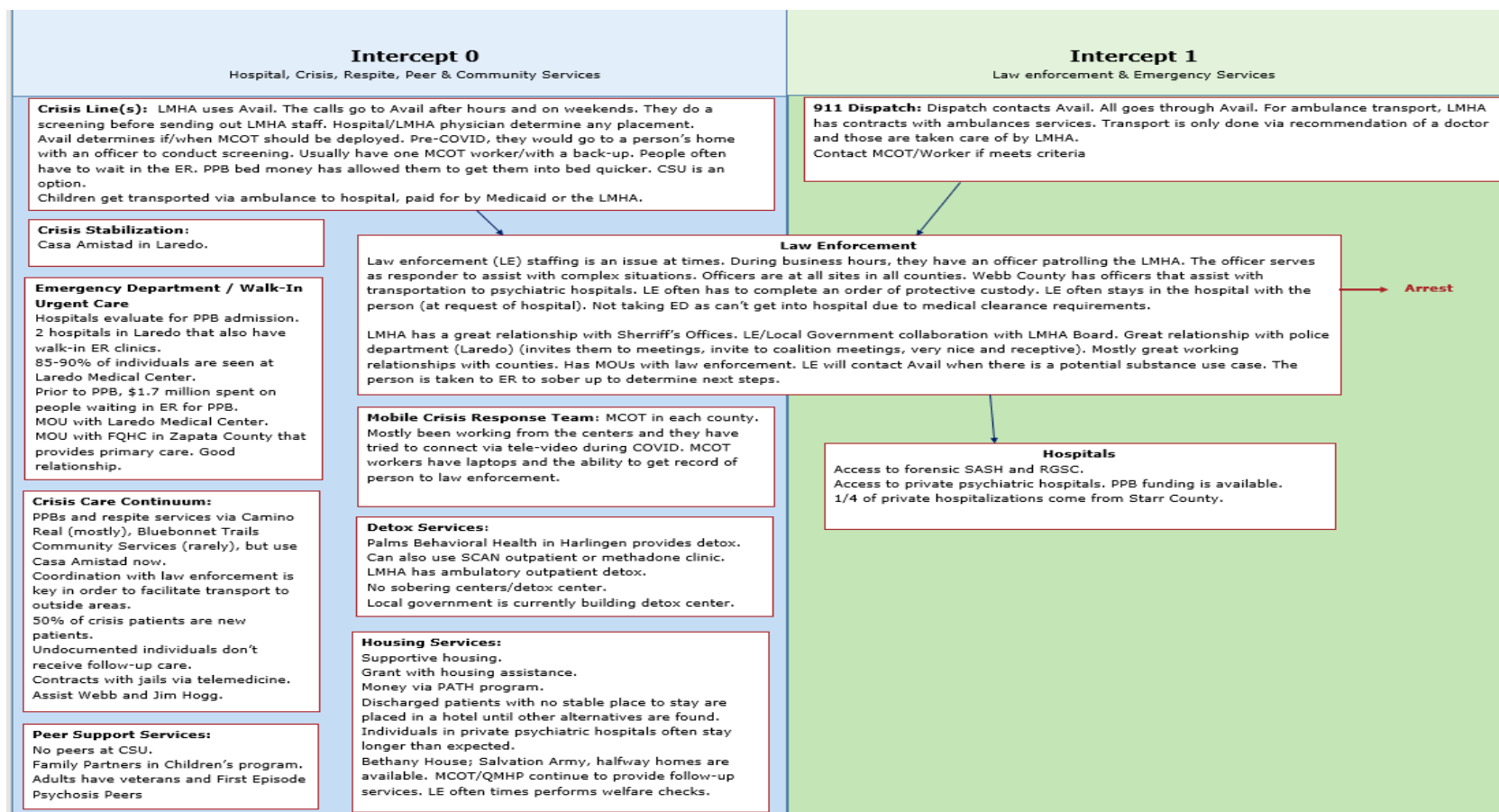


Figure 39. Coastal Plains Community Center, October 2021

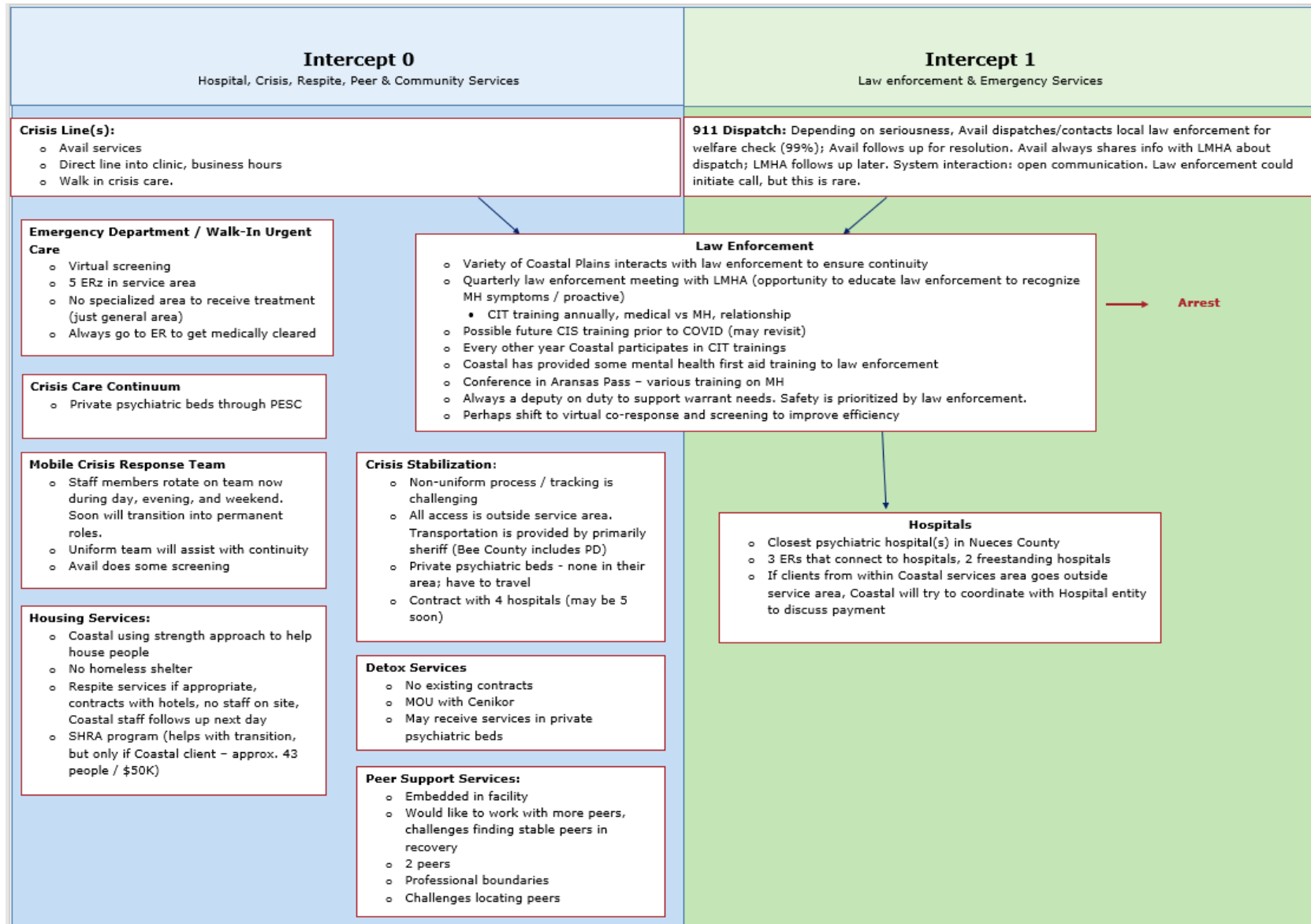
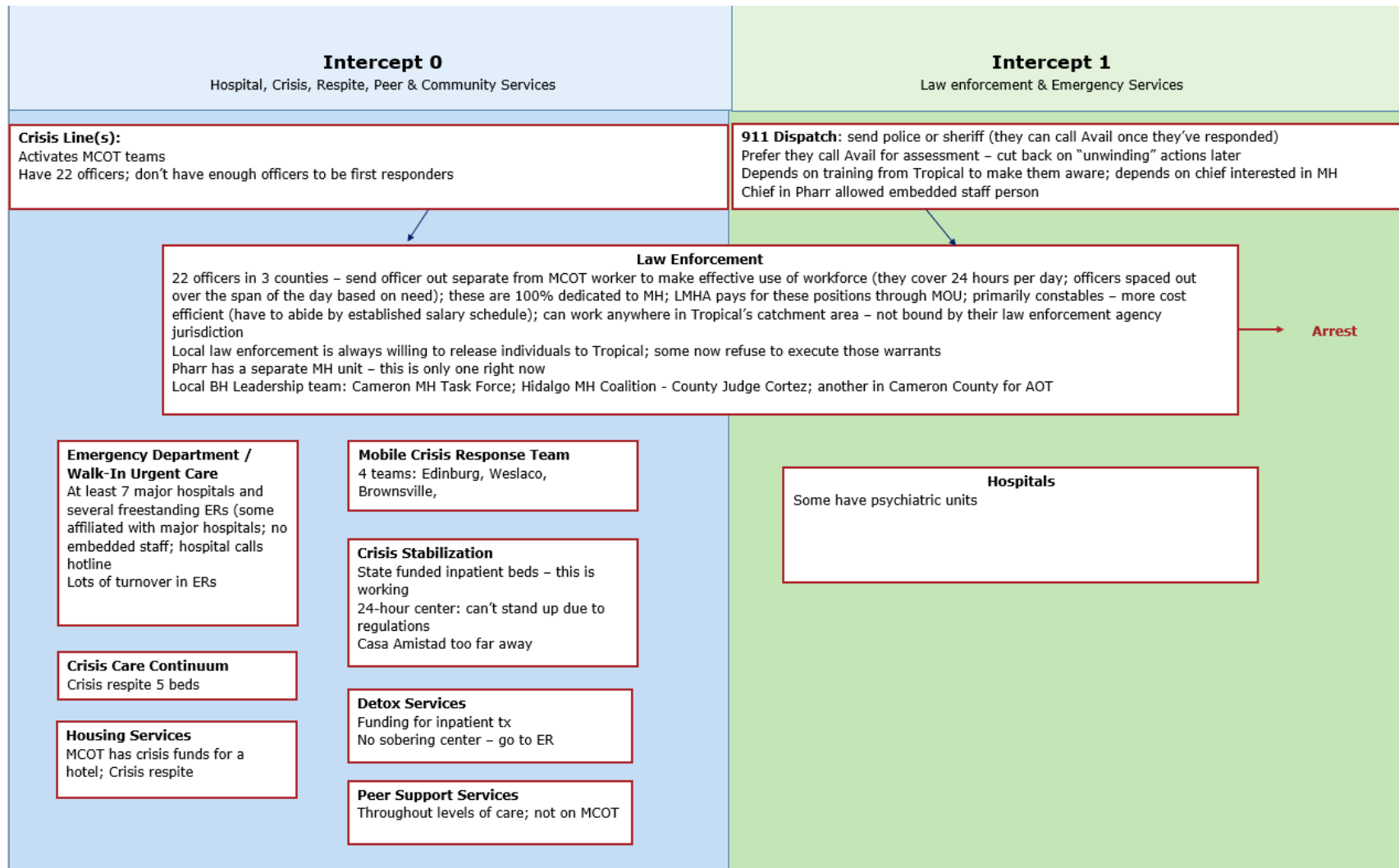


Figure 40. Tropical Texas Behavioral Health, October 2021

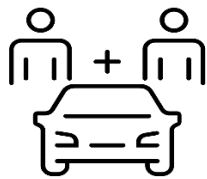


Jail Diversion and Community Integration Strategies

Border Region Behavioral Health Center

Rural Crisis Response and Diversion

Co-Responder



Overview

Border Region Behavioral Health Center seeks to prevent unnecessary arrest of people with mental health illness and provide a more appropriate response to mental health crisis. A co-responder team will respond to calls for people experiencing a mental health crisis, who can be diverted from jail and into appropriate mental health services.

Staffing

- 18 positions:
 - 11 MCOT Workers
 - 2 MCOT Supervisors
 - 3 Mental Health Officers
 - 1 Mental Health Officer Supervisor
- MCOT staff must be a QMHP
- Mental Health Officers must have CIT training

Community Partners

- Laredo Medical Center
- Doctor Hospital of Laredo
- Webb County Sheriff – MOU or agreement
- Webb County Youth Village – MOU or agreement

- Local School Districts – MOU or agreement

Logistics

- Program will cover Webb County, 24/7
- MCOT will co-locate with police department at the central station in Webb County
- A variety of trainings will be offered for both MCOT and law enforcement
- Routine meetings and debriefings

Budget

- Total budget = \$668,227

Data

- Number of persons served
- Trends in location/day/time, etc.
- Outcomes, short-term and long-term
- Number of diversions from jail or ERs

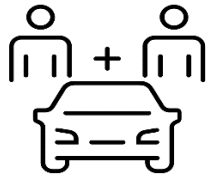
Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$668,227
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 255

Coastal Plains Community Center

Rural Crisis Response and Diversion

Mobile Crisis Outreach Team Expansion



Overview

Coastal Plains Community Center seeks to connect people who have mental health and substance use disorders with services before they come into contact with the criminal justice system. Coastal Plains supports local law enforcement in responding to both public safety emergencies and mental health crises. Coastal Plains works to enable diversion to treatment before an arrest takes place and to reduce pressure on resources at local ERs and inpatient psychiatric facilities. Coastal Plains works to prevent crisis through community engagement, community education, and ensuring community partners identify and refer people with mental health and substance use needs to Coastal Plains. Coastal Plains will partner with not only law enforcement but also with the district attorney, justice of the peace, county attorney, and county court system to divert people with mental health conditions out of the criminal justice system and into treatment.

Coastal Plains has two targets for this proposal. Coastal Plains will achieve 400 contacts each fiscal year and achieve 200 jail diversions each fiscal year.

Tentative goals:

1. Reduce number of jail inmates with mental health conditions
2. Reduce number of arrests of people with mental health conditions
3. Reduce number of jail days for people with mental health conditions

Staffing

- New positions:
 - ▶ Crisis worker/Jail diversion liaison for San Diego MH clinic
 - ▶ Crisis worker/Jail diversion liaison for Alice MH clinic

- Licensed Chemical Dependency Counselor
- Support staff
- Program specialist II/LPC – grant management
- LPHA-intake/CBT
- Transporter
- Nurse Practitioner
- Crisis Veteran
- Hours and coverage: 8-5p.m., M-F
- Location of office space
 - San Diego, Texas
 - Alice, Texas

Community Partners

- Brooks, Duval, Jim Wells and San Patricio County Jails and Sheriff's Departments
- Duval Co Adult and Juvenile Probation
- MOUs or agreements with ERs and local ISDs
- Counties Covered: Duval, Jim Wells, Brooks, San Patricio

Trainings

- Will provide a variety of training at Law Enforcement Coalition Meetings and Training (MHFA)- Quarterly

Budget

- Total Budget = \$378,966/year

Data

- Number of persons served
- Trends in location/day/time, etc.
- Outcomes, short-term and long-term
- Number of diversions from jail or ERs

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$378,966
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 145

Tropical Texas Behavioral Health

Co-Responder and Law Enforcement Training



Overview

Tropical Texas Behavioral Health (Tropical Texas) seeks to reduce arrest of people with mental health conditions for nuisance violations, reduce ER use by people with mental health conditions, and reduce law enforcement time waiting with people in ERs and other settings while seeking inpatient care. At the same time, Tropical Texas seeks to equip law enforcement with the skills and resources to maintain the safety of both citizens and law enforcement as they respond to mental health emergencies and to make those interactions more effective. Tropical Texas will offer mental health intervention training to law enforcement and co-locate a mental health clinician with law enforcement. The mental health clinician will be a co-responder with law enforcement when dispatched to emergencies believed to involve a mental health crisis.

Category	Co-responder	Law Enforcement Training
Staff Positions	1.0 FTE QMHP Pharr 1.0 FTE QMHP Mission 0.25 FTE LPC Supervisor	1.0 MCOT Supervisor 3.0 MCOT / MH Service Supervisors

Category	Co-responder	Law Enforcement Training
Staff Qualifications	QMHP LPC	Master Peace Officer MH Officer Certification LPC QMHP
Staff Hours and Coverage	40 hrs. / wk. Pharr 40 hrs. / wk. Mission + on-call 24/7/365	Varies
Office Space Location	Police department	Community based
Days/Hours and Area Covered	Peak times as identified by police department. 7am – 4pm M-F 8am – 7pm M-Th	As needed
Training Curriculum	Not applicable	Mental Health Certification (40 hr. "TCOLE 4001") Emergency Detention Local MH Crisis Intervention Mental Health Diagnoses
Training Space	Not applicable	Varies
Schedule for Trainings	Not applicable	Varies
Partners Engaged in Planning to Ensure Use	Police Chiefs Tropical Texas Board City Councils Judges, JPs	9 Participating Partner law enforcement agencies County sheriffs Local police departments
Partner MOU or Agreement	Yes	MOUs with 9 law enforcement agencies
Training, Initial and Ongoing	Yes	N/A
Routine Meetings or Debriefings	Monthly	As needed
Counties Covered by Program	City of Pharr City of Mission (both in Harlingen County)	Cities throughout and counties of Hidalgo, Cameron, and Willacy

Category	Co-responder	Law Enforcement Training
Data Collected	Number of persons served Trends in location/day/time, etc. Outcomes, short-term and long-term Number of diversions from jail or ERs	Number of trainings/ persons trained/agencies trained Participant and law enforcement agency satisfaction Outcomes Referrals from LE to MH providers Enhanced crisis de-escalation (reducing injuries) Officer time spent managing calls for service

Total Budget: \$550,000

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$550,000
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 210

Bed Capacity Estimate Details

Table 22. Border Region Behavioral Health Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	16	0	0	16	0
Crisis Residential	0	0	0	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	669 bed days	0	HHSC funding decrease by 50%, or 335 bed days	334 bed days	604 additional bed days
Rapid Crisis Stabilization Bed	0	0	0	0	0

LMHA Notes:

We currently only have our Crisis Stabilization Unit (Case Amistad- CSU) which has a 16-bed capacity, but due to COVID-19 we are operating the facility at only half capacity.

We were informed by HHSC that our 669 bed day allocations would be cut in half, and we are approximately spending about 45% of the funds in each quarter. We believe that we will probably spend all our bed day funds by May 2022, if not sooner. We will then be forced to use GR monies to pay for individuals that require higher level of care and who will need to be sent to the private psychiatric hospitals.

During fiscal year 2020 we used a total of 1,070 bed days and in fiscal year 2021 we used a total of 1,339 bed days, that is approximate a 20% increase in bed days.

Table 23. Coastal Plains Community Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	934	0	0	934	811
Rapid Crisis Stabilization Bed	498	0	0	498	127

Notes from LMHA:

Current number of beds available for PPB and RCS Beds were determined by calculating the average number of people per program each year and then multiplied by the average length of stay. Coastal Plains is projected to have 154 individuals for PPB and the average length of stay is 6.06 days. For RCS, the projected number of individuals is 160 with an average length of stay of 3.11 days.

The net beds over the next 2 years are based on the average number of individuals per program we have seen in previous fiscal year multiplied by the current length of stay for this fiscal year. Last fiscal year for PPB we saw 288 individuals and for RSC we saw 201.

Expected gains for each program was determined by subtracting the current availability by net beds.

Table 24. Tropical Texas Behavioral Health

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	5 beds = 1,825 bed days yearly	0	0	5 beds = 1,825 bed days yearly	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	37 beds = 13,505 bed days yearly	0	0	37 beds = 13,505 bed days yearly	0
Private Psychiatric Bed	7,432 bed days	0	0	7,432 bed days	0
Rapid Crisis Stabilization Bed	0	0	0	0	0

Notes from LMHA:

Outpatient Beds:

Crisis Respite Beds = 5 daily beds totaling 1,825 potential bed days

Inpatient Beds:

Community Mental Health Hospital: Tropical Texas' primary is RGSC

Capacity= 52 beds

Forensic = 15 beds

Total available community beds = 37 beds or 13,505 bed days yearly

Based on fiscal year 2021 funding allocations

Community Based Crisis Programs (CBCP) = \$976,250.00

State Inpatient Care (SIC)^{xxvii} = 3,668,702.00

Total allocation = \$4,644,952.00

\$4,644,952.00 / \$625.00 per day = 7,432 total Private Psyche bed days available

Private Psych Beds (gains and losses)

Average utilized for past 3 FYs (*fiscal year 2019- 7,424 fiscal year 2020- 7,450 & fiscal year 2021- 7,324*) = 7,399
avg fiscal year 2021- utilized 7,324 bed days equaling a minimal decrease of 75 bed days vs. the yearly average.

Current funding allocation allows for purchase of 7,431 bed days. For last 3 years, we have utilized 7,399 for a difference of 32 bed days yearly or 0.4 percent.

^{xxvii} This is Tropical Texas' term for PPBs

Appendix F. All Texas Rusk State Hospital (RSH) Regional Group

Sequential Intercept Model Maps

Figure 41. ACCESS, October 2021

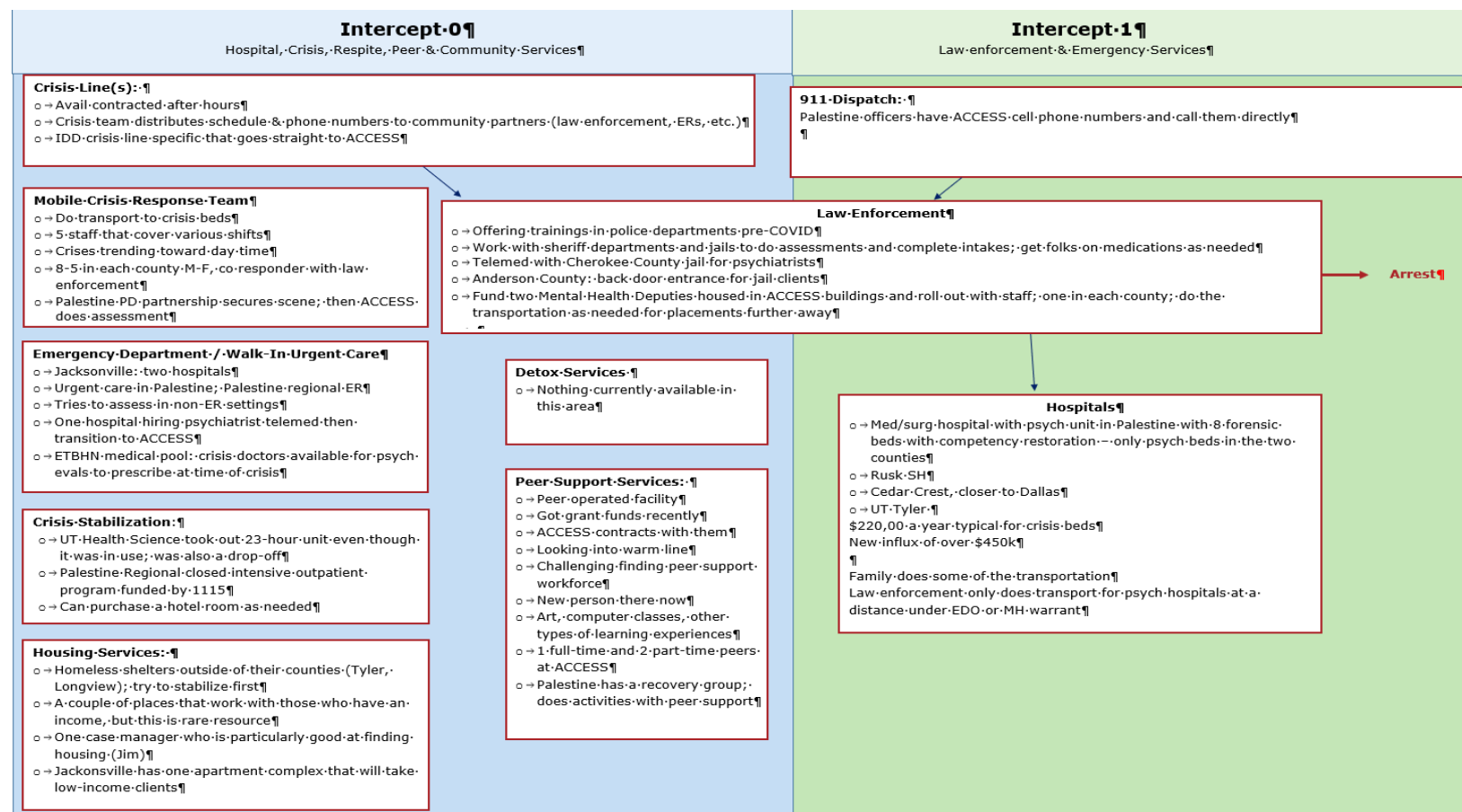


Figure 42. Andrews Center, October 2021

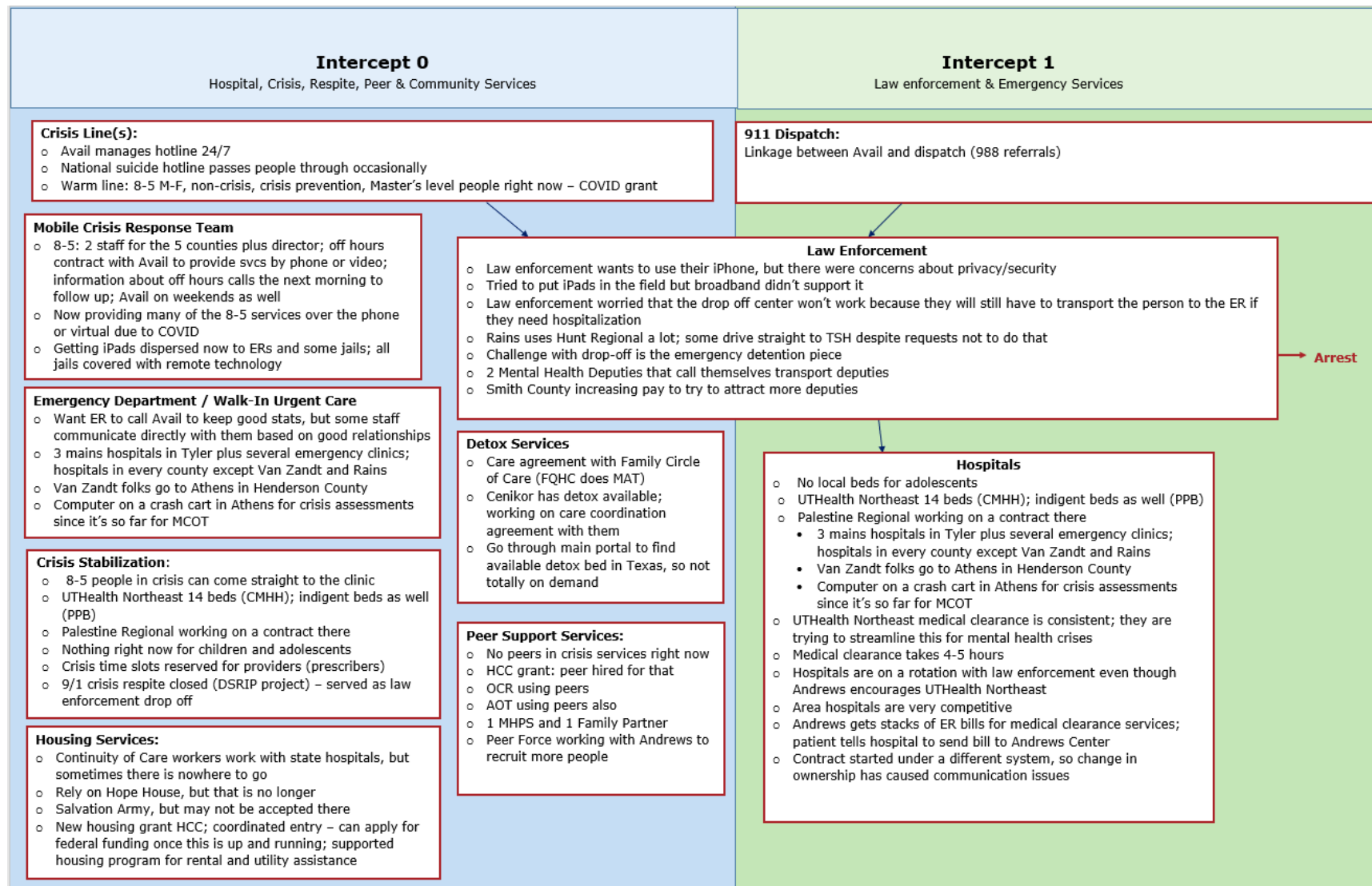


Figure 43. Burke Center, March 2022

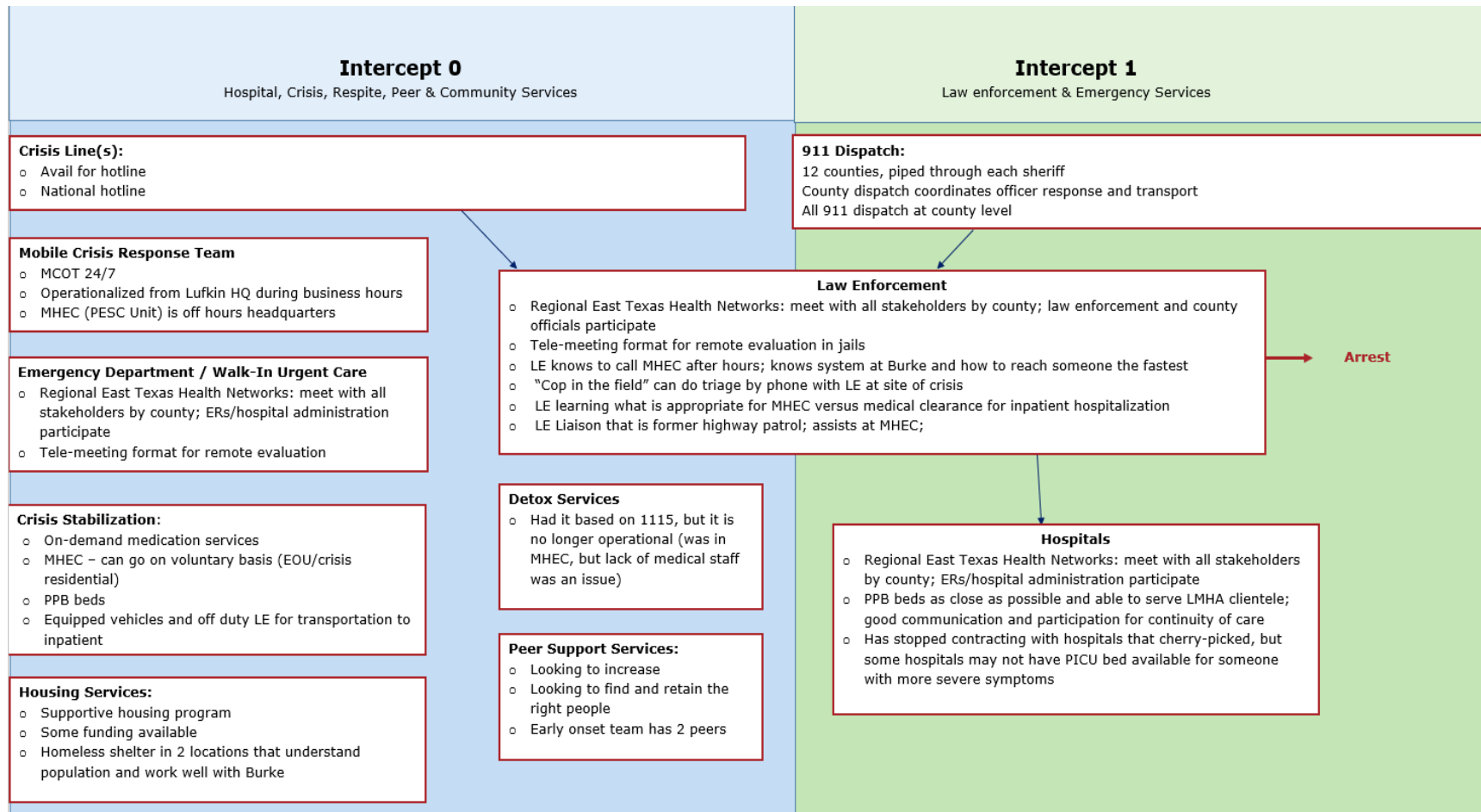


Figure 44. Community Healthcore, October 2021

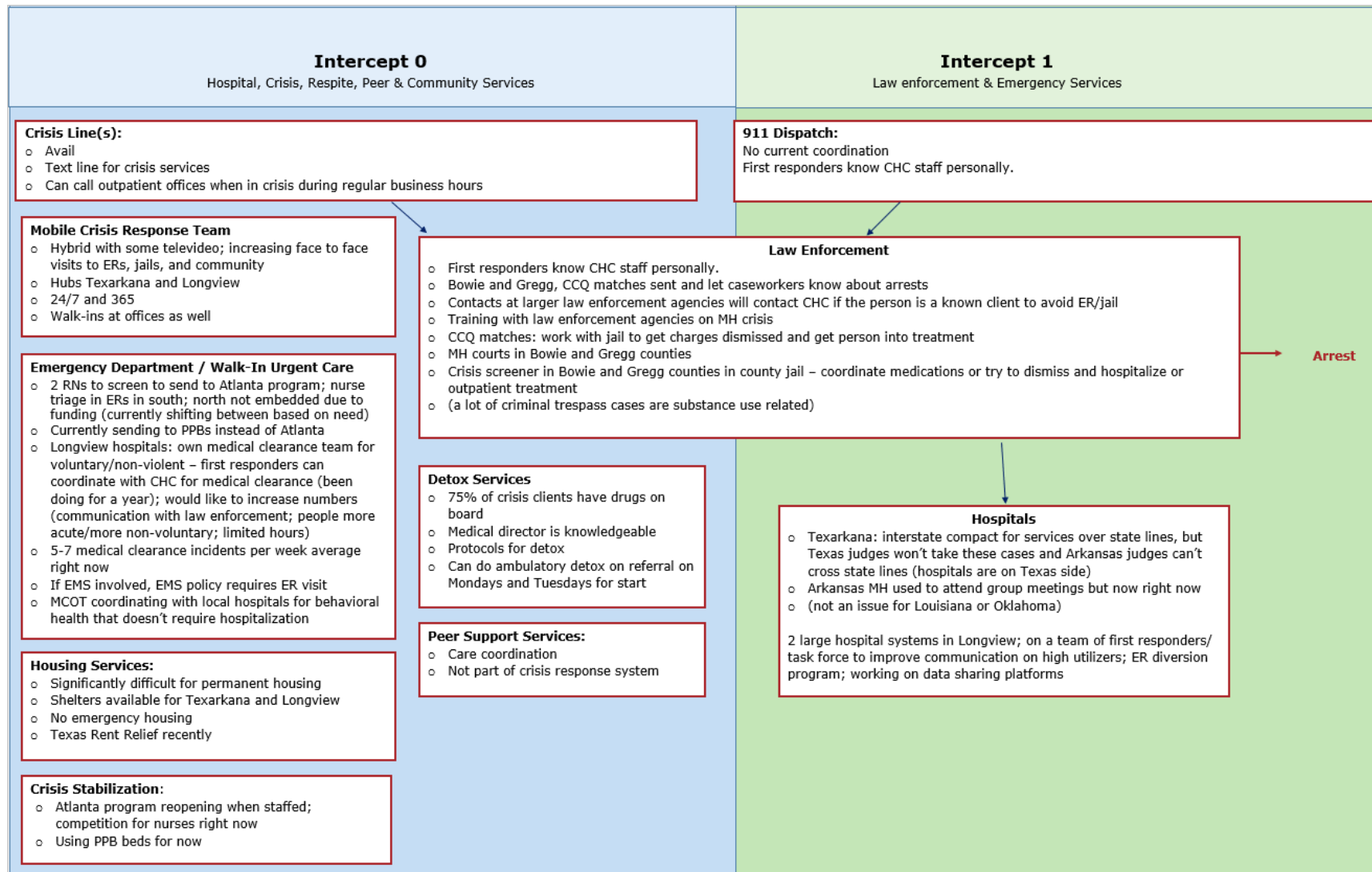


Figure 45. Spindletop Center, October 2021

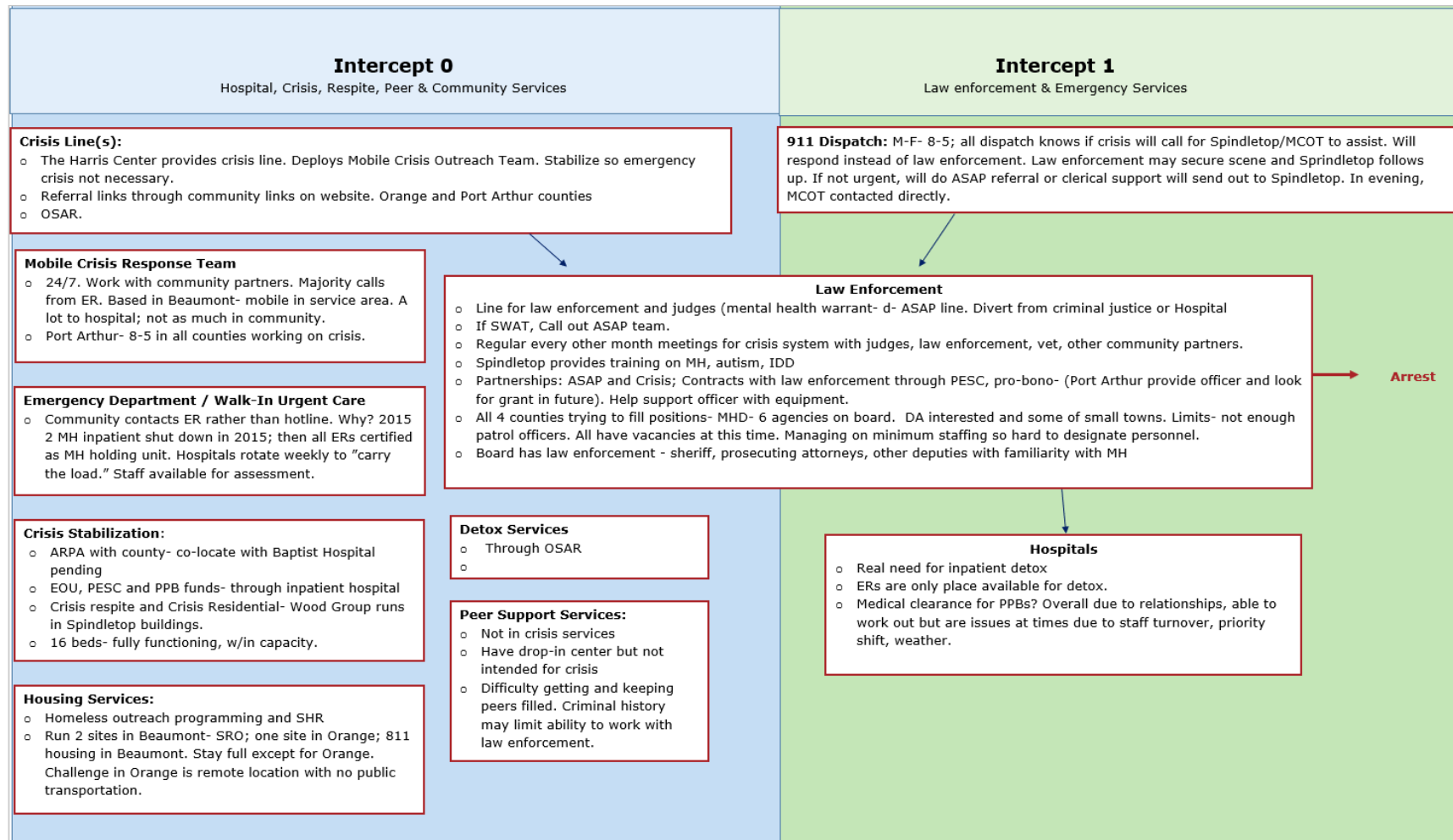
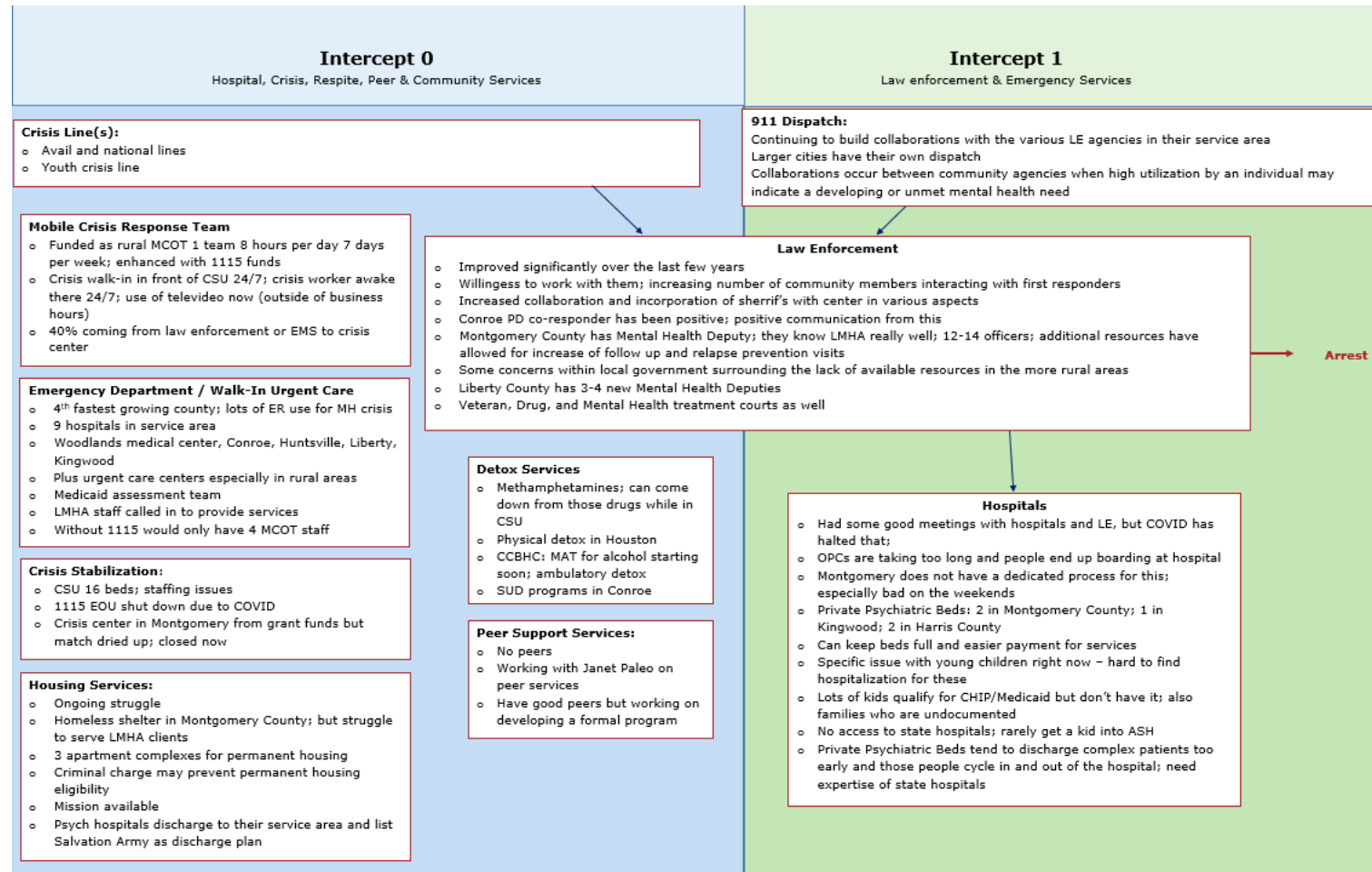


Figure 46. Tri-County Behavioral Healthcare, October 2021



Jail Diversion Plan Details

ACCESS

Mental Health Deputy



Overview

ACCESS funds one MHD in Anderson County and one in Cherokee County. When a person in Cherokee County needs transport to a mental health facility, the MHD often performs this task. Because the available facilities are typically 3 or more hours away, transportation duties take the MHD out of the community for extended periods. ACCESS and the Cherokee County Sheriff would like the MHD more available to work in the community. A new contract with UT Health will allow for medical clearance at local UT Health clinics, and then transfer to UT Tyler for hospitalization if appropriate and if a bed is available. This new contract will mitigate some of the MHD's transportation duties, allowing more time spent in the community providing valuable crisis services.

Staffing

Not applicable. The new contract with UT Health creates efficiencies without the need for additional ACCESS staff.

Law Enforcement Partner

The Cherokee County Sheriff will continue to be the partner for the Mental Health Deputy in that county.

Budget

The Cherokee County Sheriff was hoping to get \$20,000 from the county to support non-MH deputy transport, however, based on the hourly rates that off-duty officers currently get, that figure will probably be too low to cover all the transport, but it would be a start.

ACCESS will be using beds at UT Health Sciences in Tyler, at a cost of \$625 per bed day, though a new contract initiated in Fiscal Year 2021 and finalized in March of Fiscal Year 2022. Since crisis bed dollars appropriated in the last legislative session will cover the costs of all hospital utilization through Fiscal Year 2023, no additional funding will be needed to cover this option.

Data

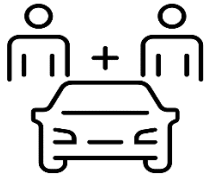
- Number of persons served is part of our routine data collection
- Trends in location/day/time, etc. – Part of our routine data collection. We note the location of all screening requests calls and the location where the screening was administered.
- Number of diversions from jail or ERs – This data is not collected.
- Transports provided by LE to mental health facilities – in a recent 4-month period, the Cherokee County MH deputy provided 50 transports for a total of 214.5 hours and 10,462 miles. We will continue to monitor the amount of time our MH deputy is unavailable due to transport duties
- Additional bed availability, though contracts with UT Health Sciences in Tyler, will allow for less travel when crisis beds are available. We will be able to see whether the hours and miles traveled by the Cherokee County MH deputy is impacted

Offset Formula

Not applicable. Access intends to use their existing PPB budget and apply it towards the new contract with UT Health.

Andrews Center

Co-Responder



Overview

The community designed a collaborative co-responder plan to reduce chronic use of emergency room and law enforcement resources for mental health crises. Andrews Center is partnering with the Tyler Police Department, the Smith County Sheriff's Office, and UT Health East Texas EMS.

Goals of the program include:

- Diversion from jail and emergency departments.
- Enhanced outreach, proactive engagement, prevention, and linkage to care.
- Strengthened relationships between behavioral health systems, hospital systems, law enforcement and the criminal justice system.
- Aligned community resources to improve the outcomes for people with complex needs who routinely cycle between jails, emergency departments, and inpatient care.

This proposal uses collaboration between local community partners to more effectively address mental health crises from a multidisciplinary perspective.

Staffing

- Number of new positions: 1 for now
- Required qualifications for new positions: QMHP
- \$49,034 Salary and Fringe
- Hours and coverage: TBD based on data; potentially begin with one shift during peak hours of 4:00 pm – 12:00 am

Law Enforcement and EMS Partners

- Tyler and Smith County: Tyler PD and Smith County Sheriff; UT Health East Texas EMS

- MOU or other agreement: Will be completed with EMS before March launch
- Training, initial and ongoing: PMAB, MHFA, Crisis Intervention, ASIST, CIT others to be determined
- Routine debriefings

Logistics

- Each team will be 1 clinician, 1 law enforcement officer, 1 EMS staff
- Location of office space: Andrews Center clinic
- Days/hours and area of coverage: Start with smaller area, not 24/7

Budget

Foundation will be East Texas Medical Center Foundation and ARPA funds. Andrews Center will circle back with emergency rooms after data collection to see if they can chip in based on offsets.

The total budget is an estimated \$390,000 for the first year. This includes startup costs of approximately \$135,000.

Data

Andrews Center will present the following data (2019 – 2021) to potential funders:

- Info on 903-HELP and 211 requests
- Andrews Center Crisis Hotline calls
- Number of mental health custodies for Tyler PD and Smith County Sheriff
- Voluntary and Involuntary mental health hospital admissions

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$390,000
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 149

Burke Center

Drop-Off/Crisis Receiving



Overview

Burke would like to strengthen the crisis services available in the Lufkin area as part of jail diversion. Burke will receive funding for this effort and has set the goal to divert 200 people from jail in fiscal year 2022 and 100 people from jail in fiscal year 2023.

Burke's Lufkin location will begin offering extended hours, with two to four staff devoted to walk-in crisis care. Walk-in crisis care may include law enforcement drop offs when appropriate.

Staffing

- 5 QMHPs and 1 Team Lead; 1.5 LVN and 1.75 support staff
- Hours and coverage: Team lead working 11-7 shift. Will track Burke and law enforcement data as program launches. After hours coverage will be developed to safely fit the needs of the community.

Space

- Multi-use of existing outpatient clinic

Community Partners

- Burke Center will market the service to local law enforcement once the program is firmly established
- Ongoing marketing/training regarding service – outreach via face to face for community stakeholders thorough quarterly community meetings.
- Routine debriefings
- Counties Covered by Program: Angelina (Lufkin only for now)

Logistics

- Policies/procedures for eligibility (such as nonviolent), assessment, crisis services, and placement as needed
- Coordination of traffic flow within shared facility – managing the process to maintain simple clarity for Law Enforcement and Burke staff (related and unrelated to the Jail Diversion program).

Budget

- Total Budget = \$678,509/year

Data

- Number of persons served
- Diversions- Number of diversions from jail or ERs
- Trends in day/time/original location of crisis, etc.

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$678,509
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 259

Community Healthcore

Social Determinants of Health Assessment



Overview

Community Healthcore is fostering recovery by refocusing care delivery on the social determinants of health and abating the impact of trauma. Community Healthcore will create a framework that, in addition to mental health diagnosis, assesses each person during intake for social determinants of health and past traumatic experiences to provide a more complete picture of contributing factors to the person's illness and what is needed in all life domains for the person to sustain recovery. The project will serve 500 adults and children per year, 1,000 over the two-year grant period.

Staffing

- 15 new peer providers
- Up to 20 university interns
 - Recruiter for the interns
 - Trainer for the interns
- Utilizing the care coordination team created under CCBHC grant, adding staff, and meeting identified SDOH needs and adding trauma services
 - QMHP level Care Coordinators
 - RN level Care Coordinators
 - Peer Provider Care Coordinators
- Psychiatric mid-level providers for non-state funded patients
- Licensed Therapists for trauma services

Community Partners

- People needing assistance with social determinants of health may receive that support from Community Healthcore or may be referred to other community organizations. In the case of referrals, Community Healthcore will

follow up to ensure that the referral was successful, and the person received the support needed.

- FQHC Partners
- Hospital Partners
- Community Ministries
- County Health Clinics
- Local Social Service Agencies

Budget

- \$2.5 million per year for 2 years

Data

The following data will be collected through the CMHC grant:

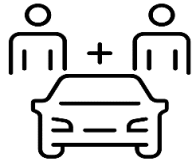
- Number of people served through the SAMSHA Grant
- 500 people to be served per year
 - 250 Adults with SMI
 - 100 Youth and/or Adults with SMI and SUD/Co-Occurring Disorders
 - 150 Youth with serious emotional disturbance (SED)
- Number of people receiving trauma counseling
- Number of people that received a grant funded psychiatric medication clinic service
- Number of people that receive a Care Coordination service to address a SDOH issue
- Tracking of National Outcome Measures

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$1,250,000
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 477

Spindletop Center

Co-Responder



Overview

Spindletop would like to expand their Assistance, Stabilization and Prevention (ASAP) program. Spindletop currently partners with the Orange County Sheriff's Office and the Jefferson County Sheriff's Office, but the program receives more requests than the current staff can manage.

Staffing

- Orange County
 - 1 Mental Health Peace Officer
 - 1 Qualified Mental Health Professional
- **Jefferson County**
 - 2 Mental Health Peace Officers
 - 2 Qualified Mental health Professionals

The expansion of the ASAP Program would include 3 full time mental health peace officers and 3 QMHPs. This would complete 3 ASAP Teams.

Total Compensation for all six positions is \$484,063.

Teams would work 40 Hours a week on 8-hour shifts.

Law Enforcement Partners

- MOUs: Spindletop currently has MOUs with both Orange and Jefferson County for the ASAP programs.
- Debriefing: The ASAP team meets weekly to debrief and discuss any challenges. The team also has a clinical case load review once a month. The ASAP team is also involved in a quarterly community meeting with first responders, judicial staff, and hospital staff.
- Logistics

- Orange County team will be housed in the Orange Spindletop building.
- Jefferson County teams will be in Beaumont and Port Arthur.
- Days/hours and area of coverage
 - The ASAP Teams are assigned designated work zones but may be called upon to work throughout the Spindletop catchment area. The Teams work Monday-Friday 8am-5pm.

Budget

- Total Budget = \$773,135 for first year, including startup costs for vehicles and equipment

Data

ASAP Team project's success:

Category 1 Milestone: Number of people served by ASAP

Demonstration Year (DY)	Target	Unduplicated Achieved	% Achieved	Follow up Encounters
DY1 09/01/17 08/31/18	110	277	251%	418
DY2 09/01/18 08/31/19	300	956	318%	2413
DY3 09/01/19 08/31/20	400	1350	337.5%	3826
DY4 09/01/20 08/31/21	500	1521	304%	3621

Category 2 Medicaid, Low Income, Uninsured (MLIU) Target Percentages

Demonstration Year (DY)	Medicaid	LIU	Total	MLIU % Achieved
DY1 09/01/17 08/31/18	21%	64%	85%	95%
DY2 09/01/18 08/31/19	21%	64%	85%	93%
DY3 09/01/19 08/31/20	21%	64%	85%	87%
DY4 09/01/20 08/31/21	21%	64%	85%	90%

Category 3 Measure: Decrease in mental health admissions and readmissions to criminal justice settings, such as jails or prisons.

Demonstration Year (DY)	Jail Diversion	People Arrested Within 30 days after ASAP contact	Jail admission within 30 days after ASAP contact	Estimated Savings
DY1 09/01/17 08/31/18	331	3	.7%	\$188,670.00
DY2 09/01/18 08/31/19	2074	106	4.3%	\$1,182,180.00
DY3 09/01/19 08/31/20	2906	185	4.8%	\$1,656,420.00
DY4 09/01/20 08/31/21	2608	339	9%	\$1,486,560.00

Jail Diversion Estimated Cost Detail:

- Law Enforcement Cost = 110.00
- Correctional Unit Stay = 390.00
- Arraignment = 50.00
- Psychiatric Jail Screening =20.00
- **Estimated Total Cost = 570.00**

Prevention Estimated Cost Detail:

- Law Enforcement Cost =210.00
- **Estimated Total Cost = 210.00**

Category 4 Measure: Decrease in mental health admissions and readmissions to Hospital Emergency Rooms and psychiatric inpatient hospitals.

Demonstration Year (DY)	Hospital Diversion	MH Hearing Diversion	Cost Per Diversion	Estimated Savings
DY1 09/01/17 08/31/18	125	125	\$9,684.56	\$1,210,570.00
DY2 09/01/18 08/31/19	1767	1767	\$9,684.56	\$17,112,617.50
DY3 09/01/19 08/31/20	2700	2700	\$9,684.56	\$26,148,312.00
DY4 09/01/20 08/31/21	2512	2512	\$9,684.56	\$24,327,614.70

- Law Enforcement Cost = 210.00
- ER Psychiatric Medical Screening = 5,555.00
- Psychiatric Crisis Screening = 147.56
- Psychiatric Inpatient Stay = 3,250.00
- ***Estimated Hospital Total Cost = 9,162.56***
- Mental Health Hearing Cost = 522.00
- ***Estimated MH Hearing Total Cost = 522.00***

Category 5 Measure: provide support and education to public services (Law Enforcement, Fire Department, Ambulance, Hospital Emergency room, etc.)

Demonstration Year (DY)	Number of Officers Trained	Number of Classroom Hours
DY1 09/01/17 08/31/18	No data	No Data
DY2 09/01/18 08/31/19	395	348
DY3 09/01/19 08/31/20	141	185
DY4 09/01/20 08/31/21	413	673

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$773,135
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 295

Tri-County Behavioral Healthcare

Drop-Off/Crisis Receiving



Overview

Tri-County has an existing crisis screening/drop-off center located in the front of their Psychiatric Emergency Treatment Center. The funding source associated with the positions that allow for 24/7/365 on-site coverage is no longer available, and this program is currently being funded through SAMHSA's Community Mental Health Center Grant. The goal is to maintain current drop-off service capability. Local law enforcement agencies are already familiar with this resource and use it regularly, so Tri-County wants to ensure that it continues to be available.

Staffing

- 3-4 FTEs
- Credentialed as QMHPs
- 1 staff per shift 24/7/365

Space

- Current location

Community Partners

- Local law enforcement is aware of this existing program and uses it regularly. No new efforts are required to engage or train law enforcement on this service.

Budget

- Total Budget = \$282,154/year

Logistics

- Policies/procedures for eligibility (such as nonviolent), assessment, crisis services, and placement as needed: Yes. Already existed.

- Contingencies for overflow or safety issues: Yes. Already existed.

Data

- The team will screen at least 100 unduplicated people per month.
 - ▶ 25 percent of the persons screened will be children and youth under the age of 18.
 - ▶ 25 percent of the persons screened will have been brought in by law enforcement and would presumably be taken to jail or the ER if they were not brought to Tri-County's Crisis Assessment and Screening Service.
- Crisis interventions to include screening and assessment, rehabilitative skills training, and/or transfer to a higher level of care with an eye towards connection with ongoing outpatient services for qualifying people.

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$282,154
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 108

Bed Capacity Estimate Details

Table 25. ACCESS

Type	Number Currently Available	+	Projected Gains in Next 2 Years	-	Projected Losses in Next 2 Years	=	Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0		0		0		0	6
Crisis Residential	0		0		0		0	0
Crisis Respite	0		0		0		0	0
Step-Down	0		0		0		0	3
Other respite	0		0		0		0	0
Community Mental Health Hospital	0		0		0		0	0
Private Psychiatric Bed	810		0		0		810	0
Rapid Crisis Stabilization Bed	0		0		0		0	0
Crisis Stabilization Unit	0		0		0		0	0

Notes from LMHA:

The crisis bed day formula was provided in our HHSC contract for the purchase of inpatient psychiatric beds. The bed day costs as formulated in the contract is \$578, so with our current average of \$541, we should have sufficient funds to cover any expected or unexpected hospitalization needs.

I currently do not see any indication that any additional funding for other types of inpatient or outpatient crisis beds will become available in the near future, nor have I seen where any outside entity is planning to incorporate those type o crisis services in our area.

Table 26. Andrews Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	N/A
Crisis Residential	0	0	0	0	N/A
Crisis Respite	0	0	0	0	N/A
Step-Down	0	0	0	0	N/A
Other respite	0	0	0	0	N/A
Community Mental Health Hospital	0	0	0	0	N/A
Private Psychiatric Bed	480 bed days	50 bed days	0	530 bed days	Not specified
Rapid Crisis Stabilization Bed	0	0	0	N/A	N/A
Crisis Stabilization Unit	0	0	0	N/A	N/A

Notes from LMHA:

Private Psych Beds: Presently receive \$288,768 funding per year; average bed cost is \$600 per day with an average stay of 5 days yields an availability of serving 96 people.

Closed the Crisis Respite facility at the end of August 2021; presently negotiating respite money to be used in PPB funding for an increase of a possible 10 beds.

Anticipate increase due to:

- Increase in Community Population
- Increase in bed cost
- Increased Crisis/hotline use and accessibility (calls to our crisis hotline increased by 30 percent during the pandemic and crisis episodes leading to a psychiatric hospitalization within 30 days of the episode increased by 2 percent)

Table 27. Burke Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	580/year	0	0	580/year	0
Crisis Residential	700/year	0	0	700/year	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	2,206.98/year	0	0	3,191.1 x 2	984.13 additional beds per year
Rapid Crisis Stabilization Bed	0	0	0	0	0
Crisis Stabilization Unit	0	0	0	0	0

Notes from LMHA:

Burke has worked diligently to be a good steward of our PPB dollars. While we are *funded* at \$687/bed day (2,162 beds per year); however, our average cost across hospitals is \$590 per bed day. We do not anticipate maintaining this low rate but believe it is important to be transparent about our numbers. We do expect our cost to rise as we are resisting current pressure from the private hospitals to raise rates (approximately 14 percent). Thus, our future estimates are calculated at a conservative \$673 bed day rate.

We have exceeded our PPB allotment in fiscal year 2020 and fiscal year 2021. While we are currently on target 6 months into fiscal year 2022, we are also aware that our past trend projects that hospitalizations will increase the last 6 months of the fiscal year (a 10 percent to 26 percent increase). Utilizing an optimistic average of 20% increase for the last half of this fiscal year, we can estimate that we will again go over our funding. An average of that projection as well as the performance of the last 2 years suggests we need a minimum of \$398,576 additional funding to make budget based on *current* bed day rates. The 14% rate adjustment for the anticipated increase in bed day rates (\$1,485,294 + \$398,576) is \$263,742. The total request is \$2,147,612 (with no administrative cost).

Or, in bed day language, 3,191.10 bed days at \$673 per bed day.

We do not foresee a significant decrease in overall numbers due to additional help lines. Our Jail Diversion program might have some minimal impact; however, that funding is short-lived.

Cross Walk (numbers rounded):

Funded rate of \$687/ bed and 2,162 beds -- the amount we get now

Actual rate of \$590 yields 2,517 bed days -- above, converted to our lower cost per bed

Need: \$673/bed for 3,191 bed days -- factoring in future cost and expected beds used

Burke spent over \$500,000 last fiscal year in private psychiatric bed day dollars than was allocated. 1115 Waiver was used to supplement this funding. We are not able to continue overspending in this area and the result will be that people will not receive the most appropriate level of care but will have to stay in the ER and/or the jail system. Neither is a viable option to ensure improved mental health.

MHEC

The Mental Health and Emergency Center (MHEC) is a single structure combining an EOU and a CRU. The MHEC serves a large gap that allows for lower levels of psychiatric acuity to be addressed in brief, close to home services.

Predicting future bed use is a challenge. One could select any duration and obtain a value; however, it would lack reliability. What we do know is that averages of the past indicate that Burke is able to maximize the value of the current footprint and meet the expectations of the State for both the Crisis Residential unit and the Extended Observation unit.

Burke's Mental Health Emergency Center was funded via legislative action and opened in 2008. There has been a minimal increase in General revenue allocation, but the increase required additional expense to offset the service requirements. There has been no additional money to offset cost of living increases, etc. The MHEC is now being ran at an approximately \$750,000 loss to the Center each year. Our rural counties provide a match but are barely able to make their obligation. The 1115 Waiver funds have been used to offset this loss and support a program that fills a true gap in the rural community.

The DDP BHS funds that are estimated for fiscal year 2023 are approximately \$1.5 million under Burke's current DRSIP funds. We are hoping the Charity Care Pool will provide the difference. However, we are also looking at cost of inflation and increasing salaries to keep up with the market. Although we are hopeful, we are cautious in our expectations that the Charity Care Pool program will bring the approximate \$3.5 million extra our Center will need to provide services at the same level we are doing today.

We intend to continue primary care until we have more understanding of what we can expect via both DPP BHS and CCP and/or we can partner with our FQHA. Our local FQHA has set up a primary care unit within our Nacogdoches MH clinic.

We are requesting 1) a 20 percent increase in annual funding (from \$2,095,299 to \$2,514,358) and 2) that our stakeholders match is lowered from 25 percent to 20 percent. This is the equivalent of asking for bed days as it will allow the MHEC to remain operational.

Table 28. Community Healthcore

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	10	0	10	0	0
Crisis Residential	14	0	14	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	1591	0	730	861	0
Rapid Crisis Stabilization Bed	0	0	0	0	0
Crisis Stabilization Unit	0	11	0	11	0

Notes from LMHA:

Use this box to provide context for your answers above. Thank you.

Currently, Community Healthcore has 24 beds (14 CRU/10 EOU) located in the CHRISTUS Atlanta Hospital in Atlanta, Texas. It is Community Healthcore's plan to transition these beds to a licensed 11-bed CSU within the next two years. The unit will have a treatment/sick room that will allow for the monitoring of medical issues that may arise when people are admitted to the unit.

The facility has been upgraded by the installation of two new air conditioning units to provide the required number of air exchanges needed for a licensed CSU.

The current bed-day rate of \$600/day is being paid to contracted hospitals (Glen Oaks and Texoma) for people requiring a higher level of care than can be provided at the rapid crisis stabilization unit in Atlanta, Texas.

The 7-day average contracted bed-day cost is \$2,615. The average bed-days per day is 4.36. Currently, there are no licensed psychiatric inpatient beds located in Community Healthcore's catchment area.

We anticipate that moving to a licensed CSU will decrease the number of contracted bed days needed for people requiring a higher level of care.

Table 29. Spindletop Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	3	0	0	3	0
Crisis Residential	12	0	0	12	0
Crisis Respite	3	0	0	3	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	9	0	0	9	0
Rapid Crisis Stabilization Bed	3	0	0	3	0
Crisis Stabilization Unit	0	0	0	0	0

Notes from LMHA:

No change in capacity is expected over the next two years.

Table 30 Tri-County Behavioral Healthcare

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	9	.45	2	7.45	Total of 20 per day needed
Rapid Crisis Stabilization Bed	0	0	0	0	0
Crisis Stabilization Unit	0	0	0	0	?

Notes from LMHA:

We are currently funded for 9 private psychiatric beds per day (combination of 3 funding types), at \$600 per day (for a 7 day stay). The rate varies by day due to psychiatrist charges, but \$600 is the average for 7 days with shorter stays being more expensive per day and longer stays being less expensive per day. We were awarded a small amount of additional dollars this year from the legislature, which pay for .45 of a day for the year.

We have been informed by local psychiatric hospitals that rates will be going up significantly next year. This will have the effect of reducing the number of days available. I have reduced the number by 2 based on an anticipated 18% (\$100) per day increase, but it could be more.

Using Montgomery County ARPA funds, we are currently averaging 19.7 beds per day actually full through March. Yesterday, Monday 4.4.22, we had an additional 21 persons backed up in the ERs on top of the persons we had currently in a private bed. The demand is far outpacing our ability to manage in our community.

Approximately 75% of the persons who receive a crisis screening by the Center (MCOT or Crisis Screening program) are not currently in Outpatient services, on average 25% of the persons are brought in by Law Enforcement and 25% of this number are children and youth.

Our Crisis Stabilization Unit is currently off-line. We have conversations with HHSC about reopening the unit, but it appears that I will need an additional 1.867 million per year to operate it. The primary increase in costs has to do with RN and Tech salaries, but the nature of a free-standing CSU is that it is very expensive to run with many of the overhead costs of a full psychiatric hospital.

Our community loves what we do at the CSU (+ crisis screening and assessment) in Conroe, and we have had requests from our stakeholders (primarily Law Enforcement) for 2 new CSUs in Montgomery County, 1 in Walker County and at least 1 in Liberty County. In addition to dollars to operate these facilities, staffing in these rural areas is difficult because most professionals live outside of these rural counties and have to drive in. Even if we had the facilities, which would have to be built to meet code, the operation of the CSU is currently \$4 million each year and the operation of the crisis screening and assessment is another \$1.5 million each year. None of these counties have volunteered any ongoing operational funds.

Nearly every crisis stakeholder in our community agrees that more capacity for crisis services is needed. However, in addition to the crisis capacity, we would need additional outpatient capacity to truly be effective in the care we provide.

Appendix G. All Texas San Antonio State Hospital (SASH) Regional Group

Sequential Intercept Model Maps

Figure 47. Camino Real Community Services, October 2021

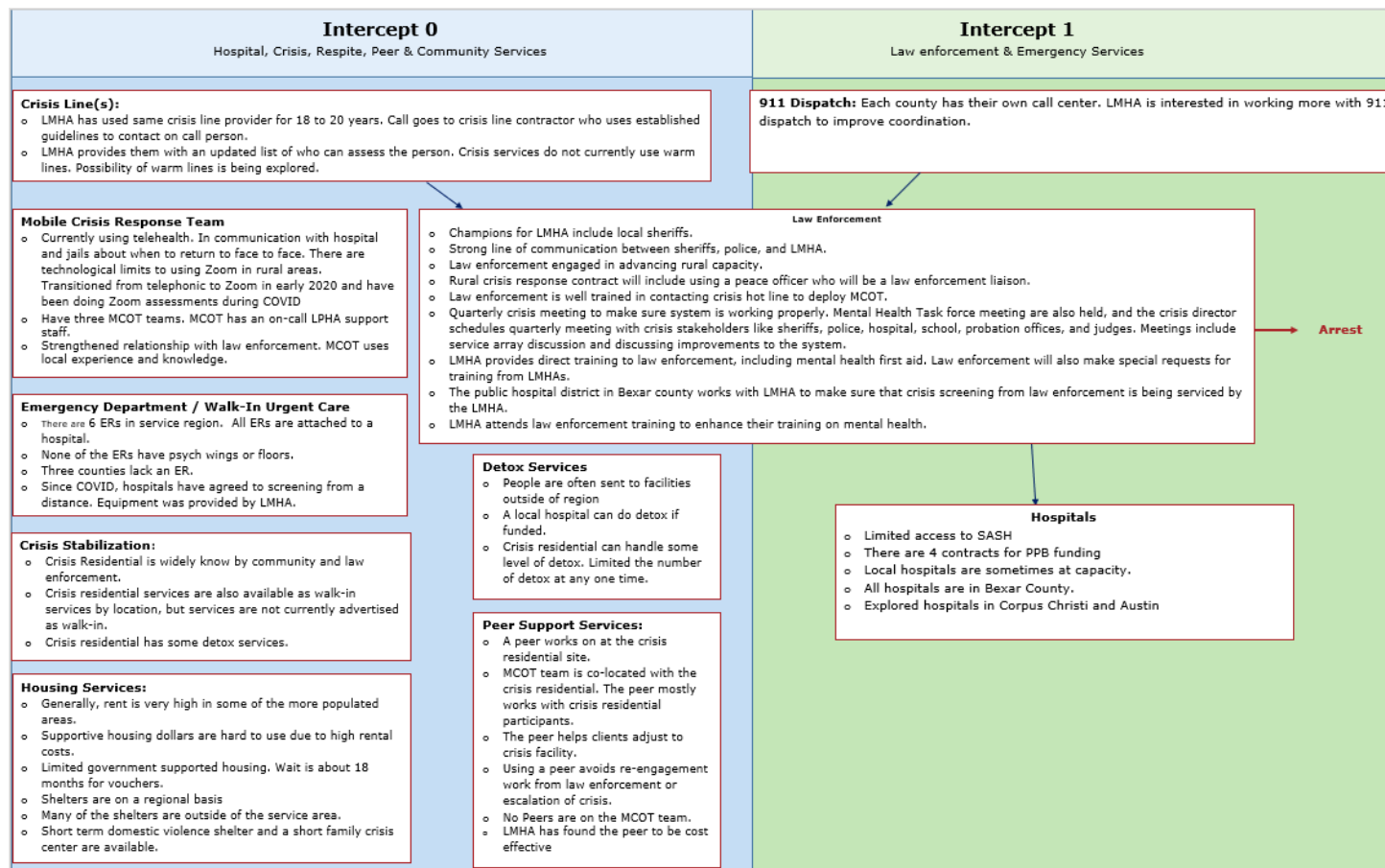


Figure 48. Gulf Bend Center, October 2021

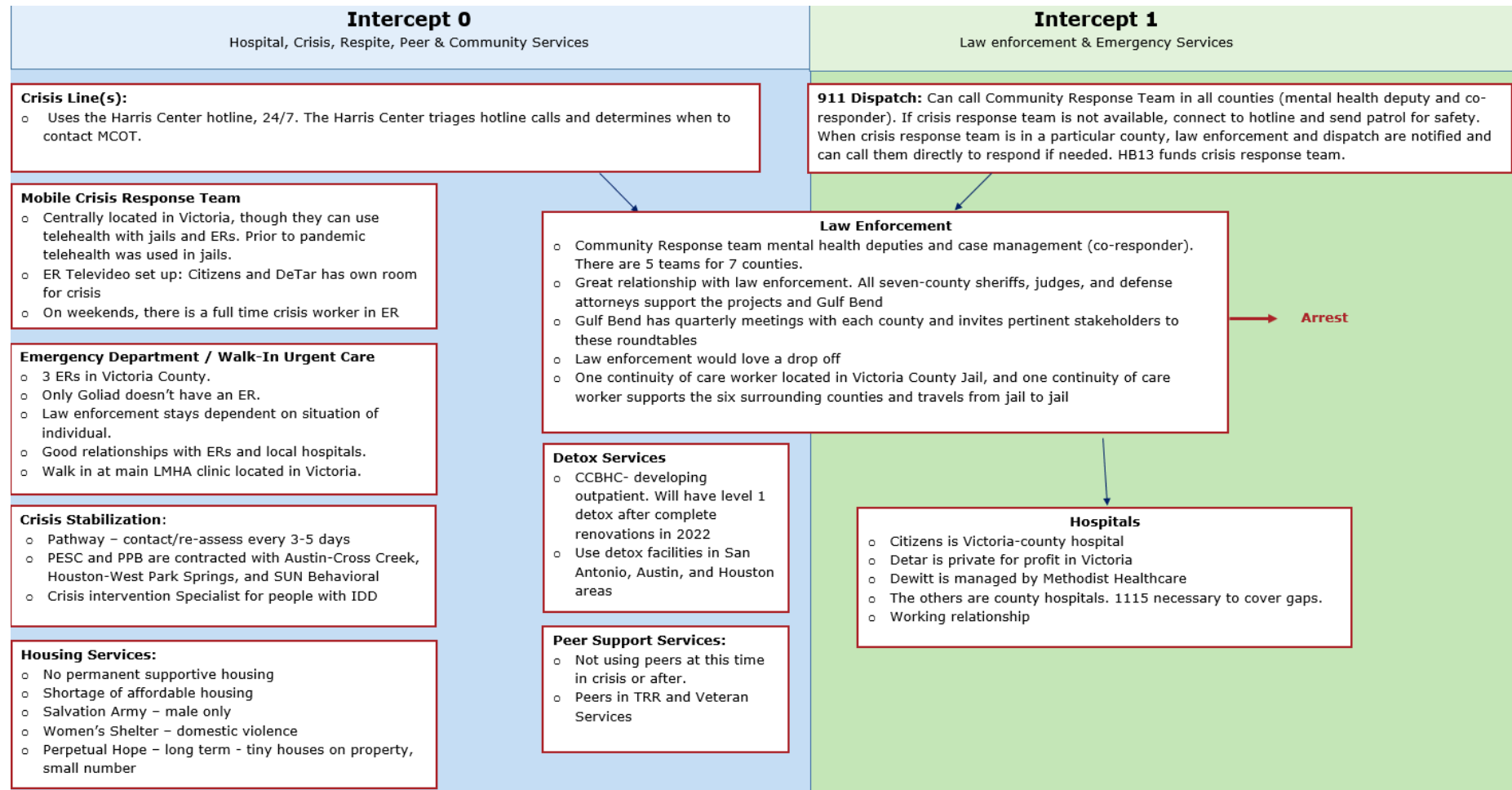
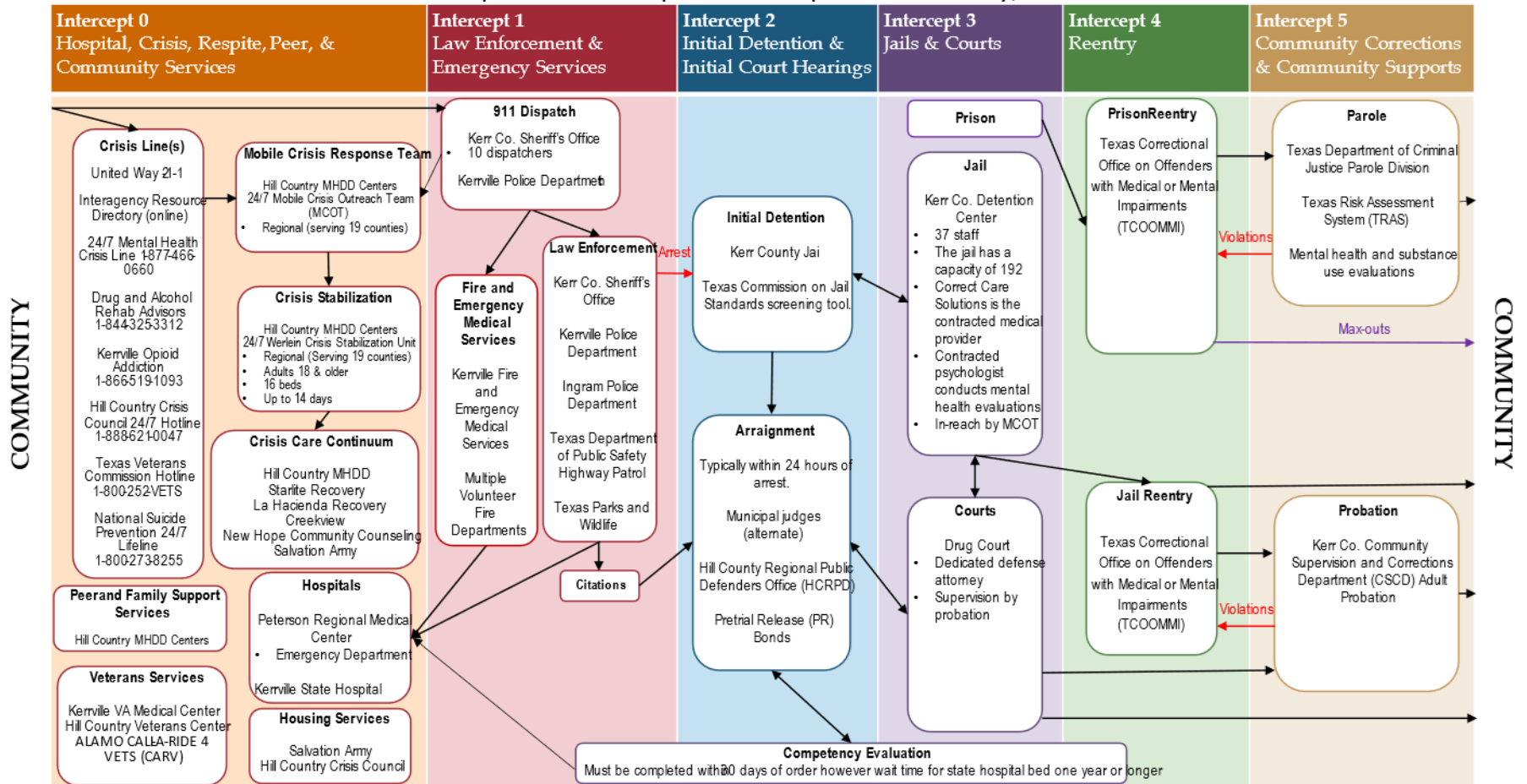


Figure 49. Hill Country MHDD Centers, July 2021³²

Sequential Intercept Model Map for Kerr County, Texas



Jail Diversion and Community Integration Strategies

Bluebonnet Trails Community Services

911 Integration and Triage Center



Overview

Bluebonnet Trails Community Services, in partnership with Williamson County Emergency Services, created immediate access to a mental health professional at the time of a crisis in Williamson County while also creating a collaborative response by immediately involving 911 partners in the intervention. Timely access to care by the appropriate, informed professional(s) will strengthen crisis response in Williamson County.

The highest rate of calls occurs 3p-11p, every day. Bluebonnet Trails is analyzing trends with 911 and the 24-hour crisis hotline in order to consider impact when 988 is deployed broadly in July 2022. During the initial two months of this program (November 15, 2021, through January 20, 2022):

- Receiving on average 18 calls/day with, on average:
 - 7 calls/day requiring deployment of MCOT and follow-up; and
 - 11 calls/day requiring only care coordination follow-up and linkage into community services.

The program is still assessing frequent users of emergency services. As care coordination for frequent users of emergency services is only now underway, data will be available in the future to demonstrate effort and effect.

In partnership with Williamson County, Bluebonnet Trails opened a 24/7 Diversion Center for the purpose of establishing a law enforcement triage and drop-off facility with a 23-hour observation program meeting the needs of adults experiencing a mental health crisis. The goal is to provide immediate access to critical care while

returning the law enforcement officer back to duty in the community and keeping persons from long waits in ERs.

Staffing

- Seven new FTEs
- Required qualifications: QMHP+
- 24-hour coverage in 8-hour shifts

911 Partner

- Interlocal Agreement with Williamson County.
- Cross training required for all professionals to be allowed on the Dispatch floor; as well as Mental Health First Aid training by Bluebonnet Trails staff for all dispatchers.
- Routine debriefings weekly with entire dispatch team.
- City/counties covered: Williamson County except for the City of Round Rock.

Logistics

- Embedded at the Emergency Services Operation Center, but currently in a separate section on the dispatch floor.
- All equipment is provided by Williamson County except earphones and laptops (Dispatch desktop provided by Williamson County).
- Earphones and laptops provided by Bluebonnet Trails.
- All 7 staff are specialized staff dedicated to Dispatch.
- Policies/parameters on which calls to redirect completed and approved by Bluebonnet Trails and Williamson County.
- 17 Bluebonnet Trails Williamson County MCOT members and crisis staff to respond in person as needed.

Budget

- Total Budget = \$590,795/Year
- Local Match = In kind from Williamson County in the form of Dispatch space, equipment, utilities, and training costs.

Data Collection

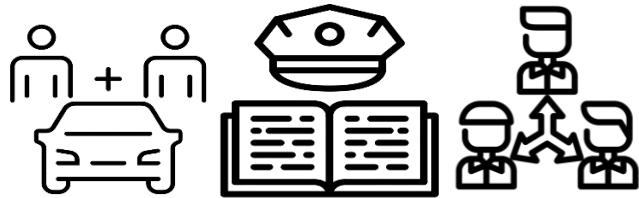
- Number of calls
- Type of call response
- Day/time trends
- Frequent callers

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$590,795
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 226

Camino Real Community Services

Rural Crisis Response and Diversion



Overview

Camino Real Community Services would like to reduce arrests of people with mental health disorders by providing increased rapid access to alternate resources in the community. The proposed services will increase the knowledge of law enforcement interacting with people with mental illness, substance use, IDD, and related conditions and enhance the mobile crisis outreach teams in order to improve crisis care continuum and response.

Category	MCOT Expansion	Law Liaison	Law Enforcement Training
Staff Positions	5	1	NA
Staff Qualifications	QMHP-CS	Licensed Peace Officer CIT Certified Trainer Mental Health Peace Officer Mental Health Peace Officer Trainer TCOLE Advanced Instructor	Training types: TCOLE#3843 CIT Update; 8hr TCOLE#4900 Mental Health Jailer; 8hr TCOLE#4001 Mental Health Officer Training; 40hrs TCOLE#1850 CIT40; 40hrs

Category	MCOT Expansion	Law Liaison	Law Enforcement Training
Staff Hours and Coverage	Atascosa, LaSalle, Frio, McMullen: 8AM-7PM M-F 8AM-5PM S-S After Hours On-call Rotation Wilson & Karnes: Same as above Dimmit, Zavala, Maverick: Same as above Eagle Pass & Lytle CRU residential 24/7	M-F; 8AM-5PM; flexible	M-F; 8AM-5PM; flexible
Office Space Location	Lytle, Texas Eagle Pass, Texas Floresville, Texas (Restoration and Recovery Center) Crystal City, Texas	Floresville, Texas	Training space located within our 9 counties to include: Atascosa, McMullen, Frio, LaSalle, Wilson, Karnes, Dimmit, Zavala, Maverick
Training Curriculum	Not applicable	Not applicable	Curriculum on file with Texas Municipal Police Association
Partners Engaged in Planning to Ensure Use	Stakeholders to include law enforcement, city government, hospitals, school districts, nursing homes, juvenile/adult probation, local FQHCs, outpatient mental health clinics, inpatient psychiatric facilities, rehabilitation facilities, jails, substance use treatment, and detention center	Law enforcement stake holders in Atascosa, McMullen, Frio, LaSalle, Wilson, Karnes, Dimmit, Zavala, Maverick	Law enforcement stake holders in Atascosa, McMullen, Frio, LaSalle, Wilson, Karnes, Dimmit, Zavala, Maverick
Partner MOU or Agreement	Yes.	NA	NA

Category	MCOT Expansion	Law Liaison	Law Enforcement Training
Training, Initial and Ongoing	Mental Health First Aid ASIST Columbia Suicide Severity Rating Scale Safety Planning Training ASK CALM	Mental Health First Aid ASIST Safety Planning Training 40hrs of TCOLE credits every 2 years	Training types: 1. TCOLE#3843 CIT Update; 8hr 2. TCOLE#4900 Mental Health Jailer; 8hr 3. TCOLE#4001 Mental Health Officer Training; 40hrs 4. TCOLE#1850 CIT40; 40hrs
Routine Meetings or Debriefings	Quarterly task force meetings with community stake holders. Weekly treatment team staffing with medical director, MCOT teams, SUD staff, Continuity of care staff, Law Enforcement Liaison, CRU staff.	Quarterly meetings with law enforcement stake holders in Atascosa, McMullen, Frio, LaSalle, Wilson, Karnes, Dimmit, Zavala, Maverick	NA
Counties Covered by Program	Atascosa, McMullen, Frio, LaSalle, Wilson, Karnes, Dimmit, Zavala, Maverick	Atascosa, McMullen, Frio, LaSalle, Wilson, Karnes, Dimmit, Zavala, Maverick	Atascosa, McMullen, Frio, LaSalle, Wilson, Karnes, Dimmit, Zavala, Maverick
Total Budget	\$533,501	\$79,650	NA

Category	MCOT Expansion	Law Liaison	Law Enforcement Training
Data Collected	<ul style="list-style-type: none"> Number of persons served: December 2021: 126 January 2022: 139 Number of diversions from jail or ERs: December 2021: 93 January 2022: 123 Trends in location/day/time, etc.: <ul style="list-style-type: none"> 30% of crisis activations from hospitals 20% of crisis activations from jails 18% of crisis activations from law enforcement 12% of crisis activations from schools 	<ul style="list-style-type: none"> Outcomes, short-term: <ul style="list-style-type: none"> Meet target of 3 CIT/Mental Health trainings per quarter. Ensure LE Liaison conducts outreach on a quarterly basis to each of the 9 counties. Outcomes, long-term: <ul style="list-style-type: none"> 75% of Law Enforcement staff certified as Mental Health Officers in our 9 counties. Develop MOUs with EMS & Law Enforcement stakeholders for emergency detention transports. 	<ul style="list-style-type: none"> Number of trainings given/persons trained/agencies trained All training law enforcement participants will complete a student satisfaction evaluation. Outcomes <ul style="list-style-type: none"> Number of referrals from LE to MH providers: December 2021: 87 January 2022: 74 Enhanced crisis de-escalation (reducing civilian and officer injuries)

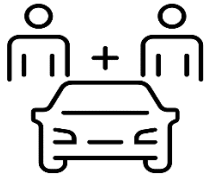
Category	MCOT Expansion	Law Liaison	Law Enforcement Training
Data Collected Continued	<ul style="list-style-type: none"> Outcomes, short-term: <ul style="list-style-type: none"> ▶ Increase diversion on adolescent crisis calls from the ERs. ▶ Schedule quarterly task force meetings with stakeholders throughout service area Outcomes, long-term: <ul style="list-style-type: none"> ▶ Work with county judges, jails, and LE on jail diversion options that include detainment only or dropping of charges to divert people in crisis to mental health treatment. ▶ Pilot a co-response team between. 	<ul style="list-style-type: none"> Number of diversions from jail or ERs: December 2021: 93 January 2022: 123 Transports provided by LE to mental health facilities: December: 32 January: 45 Number of referrals from law enforcement to mental health providers: December: 87 January: 74 	<ul style="list-style-type: none"> ▶ Officer time spent on emergency detention transports: Maverick County 7hrs per transport Wilson/Atascosa County 2.5hrs per transport Karnes County 3hrs per transport McMullen County 4hrs per transport Frio County 3hrs per transport LaSalle County 3.5hrs per transport Dimmit/Zavala County 5hrs per transport

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$613,151
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 234

Gulf Bend Center

Co-Responder



Overview

Gulf Bend Center's current co-response team program (CRT) has four teams to cover a seven-county catchment area. Each team consists of an MHD and a mental health case worker. The teams work four-10-hour days (8a-7p) with coverage Monday thru Friday. Gulf Bend Center's challenge is 24/7 coverage.

The goal is to extend the program by working with county sheriffs to have a deputy in their county designated to respond to mental health crisis calls when the CRT is not available. These deputies would be equipped with an iPad for a virtual risk assessment from our crisis staff. This allows for more crisis coverage and provides the community with a familiar face/resource in law enforcement.

Often after 8pm, law enforcement takes people to the ER for assessment or jail clearance rather than calling the hotline for staff to respond in the community. This can exhaust ER resources that are not necessary. If the deputy was equipped with an iPad, they could have an assessment completed virtually without using the ER.

Staffing

- No new positions. The expansion would use current sheriff deputies.
- Each identified deputy must have the 40-hour mental health officer certification.
- Each designated deputy would receive a monthly stipend.
- Hours and coverage to be determined by the deputy's schedule and the sheriff's office.

Law Enforcement Partner

- Training, initial and ongoing: Forty-hour mental health officer training.

- Routine debriefings: Weekly with the designated CRT is in each county. If the debriefing needs to occur immediately and CRT is not available, the deputy can contact MCOT via telehealth or phone.
- Counties covered by program: Victoria, DeWitt, Goliad, Refugio, Calhoun, Jackson, and Lavaca.

Budget

- Estimated \$150,000 which includes the stipend for at least 7 deputies, travel, iPad and training.

Data

- Number of persons served: 75 duplicated annually
- Trends in location/day/time, etc.: unknown at this time
- Outcomes, short-term and long-term: Divert from ERs, jails, and inpatient facilities and assist the individuals with connecting to treatment in the community.
- Number of diversions from jail or ERs: 50 duplicated annually

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$150,000
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 58

Hill Country MHDD Centers

Care Navigation and Risk Stratification



Overview

Currently, Hill Country MHDD Centers (Hill Country) has no dedicated Care Navigation Team. Hill Country's QMHPs are performing care navigation versus focusing solely on providing services that will impact treatment goals. It is imperative to have a Care Navigation Team for people to receive appropriate support and services related to social determinants of health stressors. This would also relieve the QMHPs, who are understaffed and have heavy caseloads.

Care navigation activities would include follow-up on referrals and appointments, ensuring crisis and discharge follow-up occurs in a timely manner, problem solving resource limitations/access, internal care coordination with other teams, helping ensure individual needs are met as highlighted on assessments, and helping with the overall navigation of services available in the community and available through Hill Country.

People in our service area would benefit from dedicated Care Navigators who serve as liaisons between the behavioral health clinical staff and primary care providers, supporting the relationships between health systems and community resource organizations, promoting a seamless transition for patients across the full spectrum of health services, and ensuring the whole person's needs are met.

Staffing

- 15 full-time positions.
- Required qualifications for new positions:
 - Director of Care Navigation - Bachelor's degree in business administration or graduate degree in a behavioral science field
 - Project Evaluator – A Master's degree in a behavioral health field (or related field) or bachelor's degree with substantial experience in evaluation of projects and data collection

- ▶ Assistant Project Evaluator - Bachelor's Degree in behavioral health field (or related field) or substantial experience in data collection and reporting
- ▶ Care Transition Team Lead - Master's Degree (Psychology, Counseling, Marriage and Family Therapy, Social Work) and fully licensed in Texas as LPC, LMFT, or LCSW
- ▶ Care Navigator -Preferred - Certified Medical Assistant or a High School Diploma or GED
- Hours and coverage – 40-hour work week, flexible scheduling to meet the needs of the people enrolled in the program.

Equipment

- Laptops and cell phones

Community Partners

- Community partners involved in grant implementation and what are the strategies for keeping them engaged, such as:
 - ▶ MOUs
 - ◊ Comal Acacia Medical Mission
 - ◊ Comal CRRC
 - ◊ Comal First Footing Shelter
 - ◊ Comal ISD
 - ◊ Gillespie ISD
 - ◊ Gillespie Good Samaritan
 - ◊ Hays Dripping Spring ISD
 - ◊ Hays Kyle Police Department
 - ◊ Hays San Marcos Police Department
 - ◊ Hays Wimberly First Baptist Church
 - ◊ Hays Wimberly ISD
 - ◊ Kerr County Dr. Tappe
 - ◊ Kerr Ingram ISD
 - ◊ Kerr La Hacienda Treatment Center
 - ◊ Kerr Mercy Gate

- ◊ Kinney Bracketville ISD
- ◊ Llano County Jail
- ◊ Llano United Methodist Church
- ◊ Uvalde CHDI FQHC
- ◊ Uvalde Family Service Rural
- ◊ Uvalde FQHC STRHS
- ◊ Val Verde SCAN
- ◊ Val Verde Texas A & M AgriLife Extension Organization
- ▶ Routine debriefing – Each county collaborates with community organizations and will setup specific meetings to staff high risk cases to ensure continuity of care. Several counties attend community stakeholder meetings and mental health coalition meetings to address barriers of care in that county.
- ▶ Ongoing marketing of service – HCMHDD Centers recently hired a marketing coordinator and is building a marketing program.

Budget

- Total Budget = \$1,157,334

Data

- Number of people helped (anticipated): 585 adults annually
- Number of people diverted from jail: 50 annually
- Number of people diverted from another crisis episode: 100 annually
- Data from other community partners: None as of May 2022.

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$1,157,334
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 442

Bed Capacity Estimate Details

Table 31. Bluebonnet Trails Community Services

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	None	N/A	N/A	N/A	N/A
CSU	None	N/A	N/A	N/A	N/A
Crisis Residential	None	N/A	N/A	N/A	N/A
Crisis Respite – Adult in Seguin	10 beds – Seguin 6 – HHSC CBCP 4 - CMHC Grant	1 Bed: An additional bed is under renovation in Seguin (CMHC grant)	5 Beds: Due to the end of two SAMHSA grants	6 Beds	Necessary continuum of crisis care providing step-down options from state hospitals, private hospitals and EOU – as well as respite for step-down program.
Crisis Respite - Youth	None In discussions to open 10-bed unit for youths by September 2022.	10 Beds:	10 Beds: If sustainable funding is not available	0 Beds	If respite beds are unavailable for youths, we will revert to increasing PPB and state hospital beds without the therapeutic component for reunification of the family.
Step-Down (State Hospital Step-Down Program)	8 Beds: Seguin = 8 beds, funded through HHSC Pilot, opened January 2022	0 Beds	Possibly 8 beds: Dependent upon 100% funding by HHSC for Pilot	Net of 0 beds if long-term funding for statewide use of beds is unavailable	Intended to relieve the pressure for civil beds in state hospital system, anticipate the need for forensic step-down programs.

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
Other respite	None	N/A	N/A	N/A	N/A
Community Mental Health Hospital	None	N/A	N/A	N/A	N/A
Private Psychiatric Bed	1,024.5 bed days/year [2.8 beds/day] Funded through DSRIP	0	642 bed days/year [1.8 beds/day] Due to loss of 1115 DSRIP	382.5 bed days/year	Data from Sept 2021 – March 2022: Indigent beds needed but currently unfunded = 2.87/beds/day
Rapid Crisis Stabilization Bed	None	N/A	N/A	N/A	N/A

Notes from LMHA:

Closed a 6-bed program on August 31, 2021, due to anticipated loss of DSRIP, fully funding the unit embedded within a local hospital in Seguin

Crisis Respite for Youth: Collaborating with HHSC on a 10-bed unit in Seguin (additional funding through CMHC and DSRIP) seeking CWOP/ funding for beds through DFPS)

Note this response includes only Guadalupe and Gonzales Counties as a part of the SASH Region. All other counties are reported within the ASH Region.

Table 32. Camino Real Community Services

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	n/a
CSU	0	0	0	0	n/a
Crisis Residential	32	0	0	32	n/a
Crisis Respite	0	0	0	0	n/a
Step-Down	0	0	0	0	n/a
Other respite	0	0	0	0	n/a
Community Mental Health Hospital	0	0	0	0	n/a
Private Psychiatric Bed	796 bed days	0	0	796 bed days	n/a
Rapid Crisis Stabilization Bed	294 bed days	0	0	294 bed days	n/a

Notes from LMHA:

Camino Real has two 16 bed crisis residential units.

The center receives \$619,244 in PPB funding. The average bed day is \$700 per day. This equates to 796 bed days.

The center receives \$232,680 in RCSB funding. The average bed day is \$700 per day. This equates to 294 bed days

Table 33. Gulf Bend Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	1045	1434	0	2479	746
Rapid Crisis Stabilization Bed	1236	1297	1600	933	418

Notes from LMHA:**Number currently available:**

Number of beds available through CBCP and PPB funding is not enough to support the amount of bed day stays expected for FY22. Therefore, GBC budgeted additional bed day expenses funded through GR dollars. Those days are included with the Rapid Crisis Stabilization totals. GR funded bed days make up 35% over the total days.

Expected gains:

PPB funding is expected to increase in FY23. In addition, GBC expects to receive additional funding (or to supplement with other sources) to support the increased needs.

Expected losses:

GBC can supplement the increased needs in FY22 with GR funding. However, due to the decrease in other funding sources – such as 1115 waiver and SAMHSA grants – those GR funds will be reallocated in future budgets.

Speculated changes in needs:

GBC plans to expand its CRT by working with the counties to have a designated deputy respond to crisis calls when CRT is not available. This program would equip outlying counties with an iPad for virtual crisis assessments which would divert people from the jails and increase the need for bed days.

Suicide prevention hotline is also expected to increase the need for bed days. This hotline will make accessing crisis services easier which will increase GBC's population. The increase in advertisement of a state-wide number will also increase the number of calls to the hotline.

GBC has seen a consistent increase in bed day needs over the last 3 years. Factors such as COVID-19, increased substance use and/or self-medicating, and isolation have played a key part in this amongst other elements. The amount of bed days utilized in 2021 was more than double that utilized in 2018. GBC only expects this trend to continue.

Table 34. Hill Country MHDD Centers

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	6 through ARPA funds in Comal County
CSU	16	0	0	16	0
Crisis Residential	0	0	0	0	10 through ARPA funds in Comal County
Crisis Respite	0	6	0	6	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	2370 bed days	0	0	2370 Bed days	273 additional bed days
Rapid Crisis Stabilization Bed	71 Bed days	0	0	71 Bed days	0

Notes from LMHA:

-No additional PPB funds are anticipated, however in 2021 2,517 psychiatric inpatient bed days were required with Hill Country MHDD Centers funding the additional bed days. It is anticipated over the next two years the need will increase a minimum 5%, considering the population growth along the I-35 corridor. This puts the expected bed day need of at 2,643.

-Hill Country MHDD Centers currently has \$48,000 in CBCP funds for rapid crisis stabilization beds which cover an estimated 71 bed days at \$675 per day (current contracted rate). This is primarily utilized for people residing in Gillespie and Llano counties.

- Hill Country MHDD Centers is currently in the grant implementation process for a 6-bed youth crisis respite center. The goal is to be operational effective 9/1/2022.
- Comal County is exploring options to fund the construction of a facility that Hill Country MHDD Centers would operate as both an Extended Observation Unit (6 beds) and a Crisis Residential Unit (10 beds).
- Hays County is currently conducting a mental health community needs assessment to determine the quantity and type of mental health crisis residential beds needed in the County. Current discussions include the possibility of building a multipurpose facility to house inpatient psychiatric beds, mental health outpatient crisis services and veteran's crisis services.
- Uvalde County is currently exploring options of building a mental health crisis residential facility to serve the regional area. Discussions include the possibility of building a facility to operate inpatient psychiatric beds, or extended observation beds and/or crisis residential beds.

Appendix H. All Texas Terrell State Hospital (TSH) Regional Group

Sequential Intercept Model Maps

Figure 50. Lakes Regional MHMR Center, October 2021

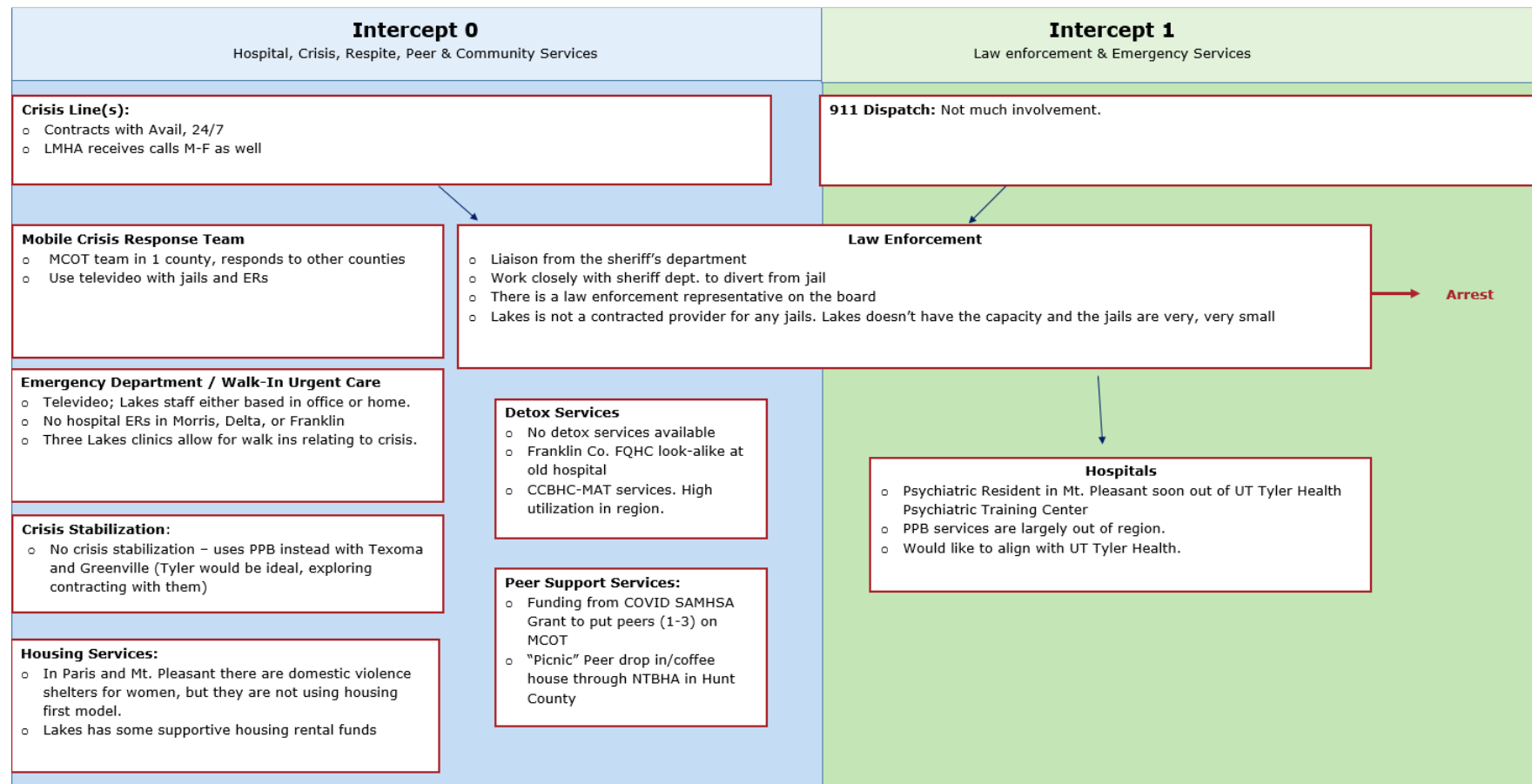


Figure 51. North Texas Behavioral Health Authority, October 2021

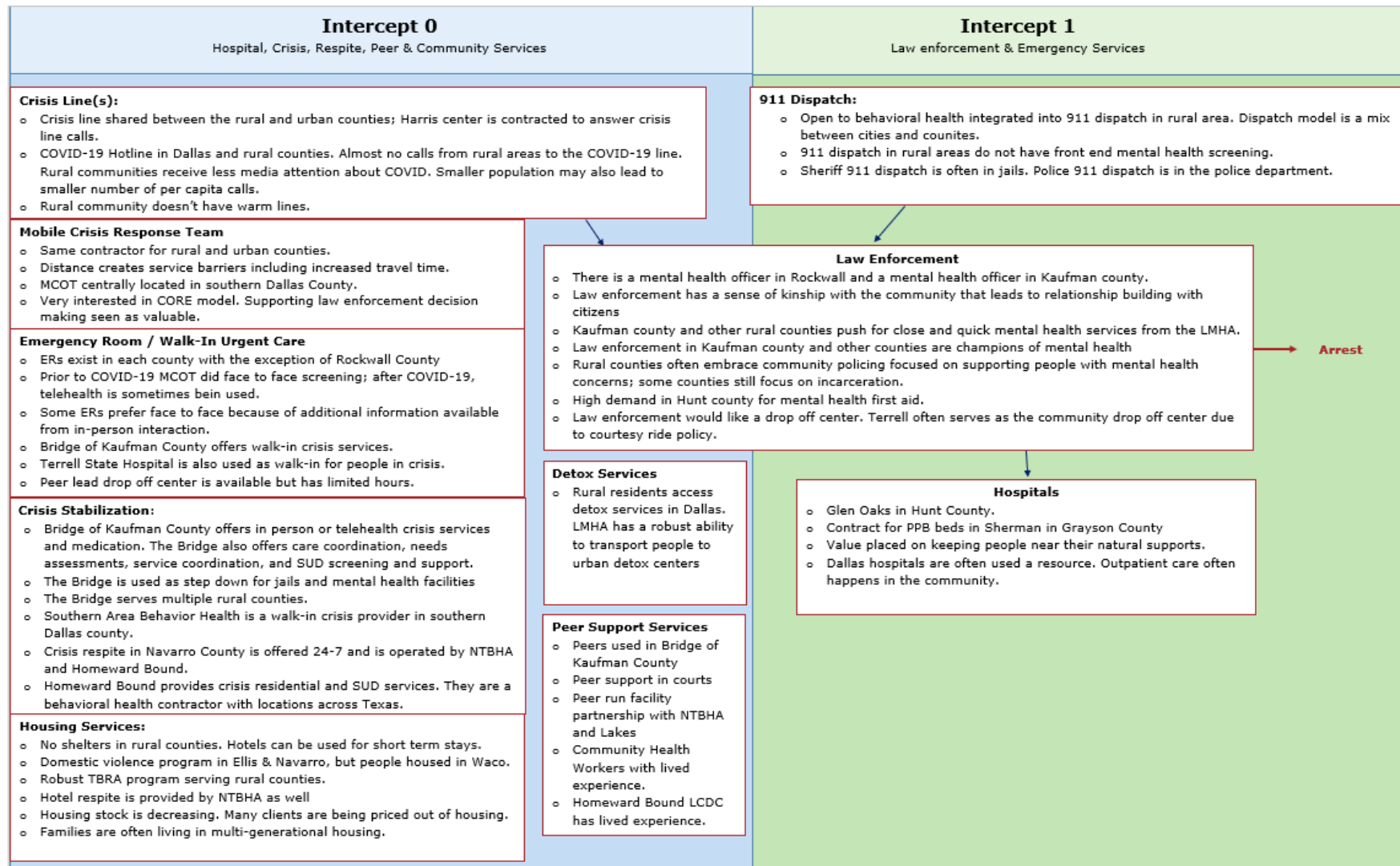
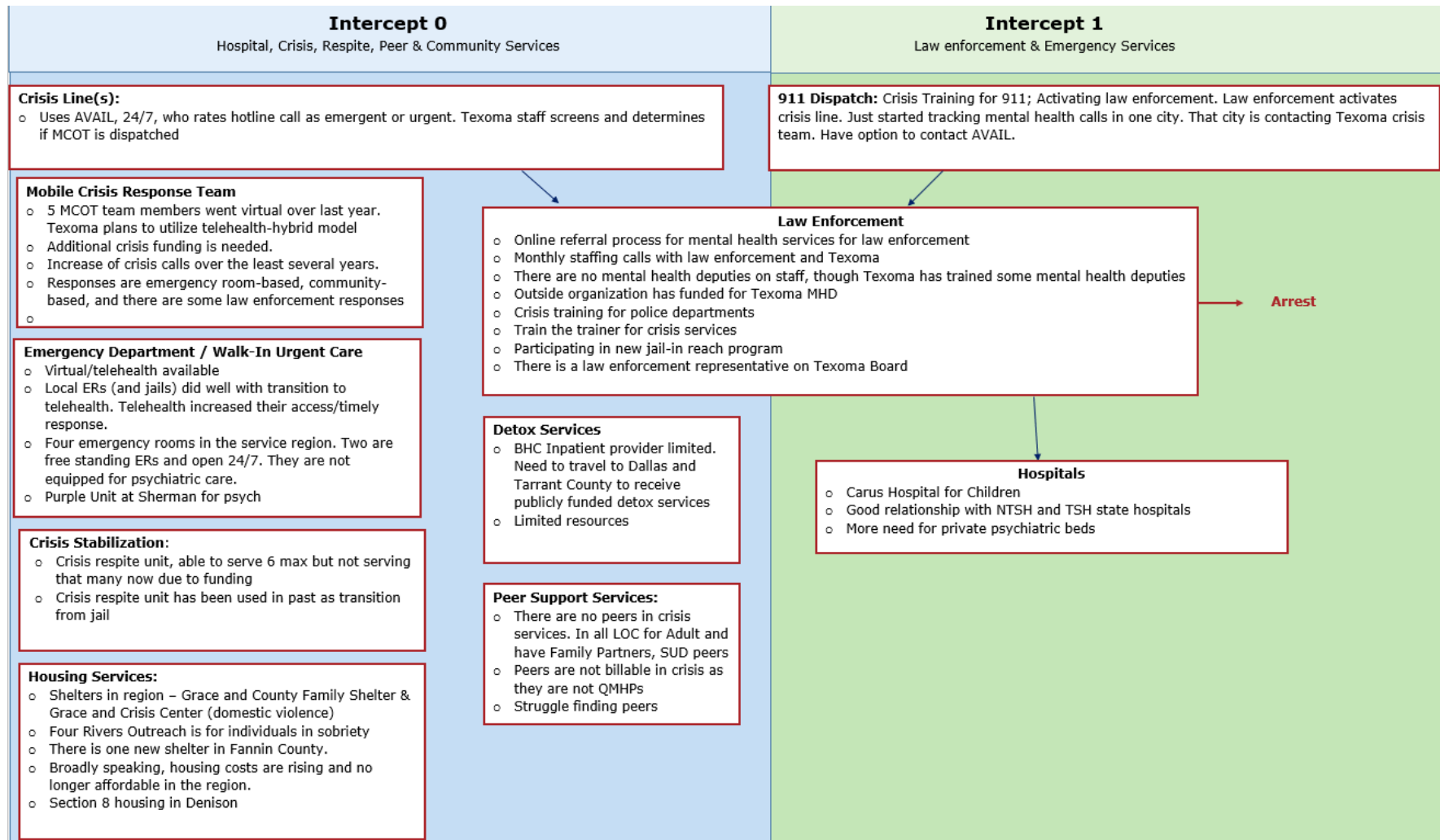


Figure 52. Texoma Community Center, October 2021



Jail Diversion and Community Integration Strategies

Lakes Regional MHMR Center

Rural County Jail Collaboration Study



Overview

Lakes Regional Community Center is developing a project to explore potential service expansion to county jails. Initial investigation will be people with mental illness who have been incarcerated in county jails; this could expand to transportation of people to mental health facilities as well as the number of ER visits by people with mental illness. The primary focus at this time will be people with mental illness who have been incarcerated in local rural county jails. Funding has not yet been identified, and this study would explore data that could be used in future grant opportunities.

In order to determine the scope of this project, Lakes is requesting access to 2021 arrest data, highlighting people with mental illness. Lakes would work closely with the Chief Jailer or designee and student researchers from Texas A&M Commerce.

Staffing

- Two to three student researchers from Texas A&M Commerce

Equipment

- Three laptops for student researchers
- Lakes Regional will provide equipment

Community Partners

- Two to three rural county jails

- Texas A&M Commerce – counseling, social work, criminal justice, business or other

Budget

- \$3,000-\$5,000 for student researchers for data recovery
- Total budget = \$15,000/per year

Data

Study will cover two to three rural counties served by Lakes Regional Community Center: Delta, Franklin, and/or Hopkins. These counties are currently represented on the Lakes' Board of Trustees by their Sheriffs, as either a board member or as an ex-officio member and have a greater awareness of All Texas Access projects. Lakes will partner with these law enforcement leaders in determining the scope of the study, and county sheriffs will share their preliminary data with students conducting the study. The study will focus on incarcerations during the calendar year of 2021. All incarcerations for each county will be examined using existing data points. It is expected they would cover the follow data points:

- Suicidal ideation
 - Mental health screenings
 - Sandra Bland Act requirements
- History/current prescription for psychotropic medications
- CARE/TLETS match for mental health diagnosis/treatment
- AVAIL hotline calls from county jails
- SUD match
- Nature of arrest/charges
 - Criminal trespass
 - Public urination
 - Domestic/family violence/assault
 - Abuse of 911
 - Failure to identify
 - Evading arrest
- Outcome of incarceration

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$15,000
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 6

North Texas Behavioral Health Authority

Drop-Off/Crisis Receiving



Overview

North Texas Behavioral Health Authority (NTBHA) would like to open a drop-off crisis receiving center. Law enforcement encounters people in need of services who do not meet criteria for hospitalization yet have an overlap of behavioral health and psychosocial needs. In a rapidly growing non-urban area, the community needs a solution to help connect people to care, including addressing immediate housing needs. The Span Project will provide a convenient access point for law enforcement and people needing services.

Many resources already exist at NTBHA's Kaufman County Bridge facility which are key to this project: behavioral health urgent care, care coordinators, OSAR screeners, peers, and community health workers. NTBHA can enhance the drop-off and waiting areas, combined with specific outreach and agreements, to receive people who do not meet criteria for emergency detention from law enforcement and help them connect with services, housing resources, and community supports. Many people that come to NTBHA's attention have a co-occurring or exacerbating emergency housing need. A crisis housing component to this program will pay for short-term hotel stays, rent/utility deposits, and other costs to resolve these short-term needs.

Staffing

- Most of the service providers for this project are already on staff, however the new project will require a dedicated program manager and a care coordinator.
 - The program manager will need to have experience in the behavioral health system and 5 years of management experience.
 - The Care Coordinator will need to meet QMHP-CS criteria
- Hours and coverage
 - Adding the Span Project to the Kaufmann County Bridge will allow NTBHA to extend hours. The new coverage hours will be 8:00 am to 7:00 pm.
 - Once the service is operational, NTBHA will evaluate the hours and may increase them if warranted and feasible.
 - Based on several factors unique to the non-urban setting of this new service, a 24/7 operation is not anticipated.

Space

- This project will share space with the existing behavioral health urgent care and Kaufman County Bridge programs.
 - Renovations will be needed to the back entry door to improve drop off access for law enforcement. Improvements to a group room are also needed to make it a suitable waiting space.
 - Given the current difficulties with supplies and labor shortages, renovations may take 6-9 months and cost about \$40,000.

Community Partners

- NTBHA is very engaged with Law enforcement, probation, parole, the court system, and county leadership in their non-urban counties.
- Ongoing marketing/training regarding service will be the responsibility of the Chief of Regional Operations and the program manager
- Routine debriefings will be scheduled.
- MOUs must be in place with local law enforcement entities for them to use the service. The MOUs will include sections describing contact procedures as well as inclusion and exclusion criteria.

- The project will begin with Kaufman County residents and those found in Kaufman County, then will add Rockwall, and finally Hunt as space and operational tempo allow.

Budget

- Total Budget = \$247,940 for first year, including subcontracts for secondary resources such as medical staff or a withdrawal management location

Logistics

- Policies/procedures for eligibility (such as nonviolent), assessment, crisis services, and placement as needed
- Contingencies for overflow or safety issues
- Dedicated entrance

Data

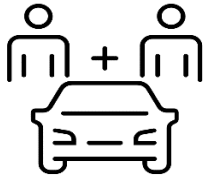
- Number of persons served: 100
- Diversions- Number of diversions from jail or ERs: 50
- People who are served by this program have increased engagement in outpatient services.
- Law Enforcement and other community partner use of the service.
- Data on changes in partners crisis trends such as police wait times at ERs

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$247,940
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 95

Texoma Community Center

Co-Responder



Overview

The City of Sherman is the most populated city in Grayson County, serving over 43,000 residents. Mental health crisis situations continue to increase in this area. Texoma has a very small crisis team consisting of five crisis workers to cover a 24/7 shift 365 days a year with a rotating clinician for call support. In addition to the City of Sherman, the crisis team must cover the rest of Grayson County as well as Fannin and Cooke counties. This puts an extreme strain on local resources. A co-responder model could help to alleviate the strain on resources as the largest police department who has the most mental health crisis encounters would have added support at calls. This would in turn support more street level diversion efforts at SIM Intercept 0 and 1, reducing incarcerations and potentially dangerous situations for officers and people in crisis. A co-responder model could also improve the fidelity of training for officers when responding to mental health crisis calls as well as create a more robust relationship between Texoma and supporting community stakeholders.

Texoma would provide the Sherman Police Department with dedicated staff that serve as an extension of the LMHA's crisis team to support officers during their busiest call times for crisis team support. The co-responder team would also provide training and support to law enforcement related to mental health crisis situations. Since 74 percent of LMHA services are provided in Grayson County, Texoma receives a lot of calls directly from the Sherman Police Department and from Sherman residents. This model will bolster services in the community and help alleviate the stress on the current crisis team. The Sherman Police Department had 640 mental health calls from February 2021 to February 2022.

Staffing

- Projected need to cover this type of model would be at minimum 3 FTEs – 1 clinician and 2 QMHPs.
 - Clinician: licensed master's level professional

- ▶ QMHP: bachelor's degree and QMHP credentialing
- 10 a.m. to 10 p.m.

Law Enforcement Partner

- MOU with Sherman Police Department
- Texoma and Sherman Police Department to share training responsibilities
- Weekly meetings for debriefing
- Covers Grayson County

Logistics

- Will reside at Sherman Police Department offices and share space at Texoma

Budget

- Total Budget (estimated) – \$227,470 annually

Offset Formula

- Estimated total cost for the proposed jail diversion strategy in a single year = \$227,470
- Estimated average statewide cost for an incarceration event for a person with a behavioral health condition between fiscal year 2019 and half of fiscal year 2022 = \$2,624
- Estimated number of diversions needed to make this jail diversion strategy cost neutral at a systems level = 87

Bed Capacity Estimate Details

Table 35 Lakes Regional MHMR Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	0	0	0	0	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	883 bed days	HHSC Contract Augment – 703 bed days CMHC Grant – 515 bed days	0	2101	0
Rapid Crisis Stabilization Bed	0	0	0	0	0

Notes from LMHA:

HHSC provided funding of \$589,000 (less 10% G&A) at an average of \$600/bed which produced funding for 883 beds.

HHSC notified about an addendum of \$468,750 (Less 10% G&A) at an average of \$600/bed which would produce funding for 703 bed days.

The SAMHSA CMHC Grant provided \$343,440 (Less 10% G&A) for PPB Crisis beds at \$600/bed which would produce 515 additional bed days.

Table 36 North Texas Behavioral Health Authority

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	18	0	0	18	18
CSU	0	0	0	0	0
Crisis Residential	15	0	0	15	0
Crisis Respite	6	8	0	14	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	13505 bed days/year	0	0	13505 bed days/year	0
Rapid Crisis Stabilization Bed	0	0	0	0	0

Notes from LBHA:

NTBHA's state PPB contract provides for 30 private psychiatric beds per day. Additional funding sources provide 7 more beds per day.

Table 37. Texoma Community Center

Type	Number Currently Available	+ Projected Gains in Next 2 Years	- Projected Losses in Next 2 Years	= Net Beds in Next 2 Years	Speculated Need for Beds
EOU	0	0	0	0	0
CSU	0	0	0	0	0
Crisis Residential	0	0	0	0	0
Crisis Respite	6	0	2	4	0
Step-Down	0	0	0	0	0
Other respite	0	0	0	0	0
Community Mental Health Hospital	0	0	0	0	0
Private Psychiatric Bed	980	0	0	980	98 additional bed days
Rapid Crisis Stabilization Bed	0	0	0	0	0

Notes from LMHA:

Texoma Community Center's PPB Bed Days over the last several years has been as follows:

2022	2021	2020	2019	2018
1,228,397.00	759,647.00	759,647.00	511,000.00	223,779.20

Since 2018, Texoma has utilized all PPB dedicated monies to fund bed days to stabilize people in crisis. Since 2018, TCC's available PPB monies have been exhausted prior to the conclusion of the fiscal year, and TCC was unable to provide funding for bed days as early as July prior to the end of the fiscal year.

In 2022, Texoma received an increase of \$468,750 in PPB funding for fiscal year 2021 from HHSC. We are currently projected to utilize all the available PPB funding including the recent increase by the conclusion of this fiscal year.

Since 2020, Texoma has seen an increase overall of Face to Face Encounters requested increase by 12%.

Since March 2020, Texoma has observed increased clinical acuity for people presenting in crisis which results in increased utilization of PPB funds and longer hospital stays.

Texoma is currently allotted 980 bed days annually. Over the next two years, we project needing an increase in PPB funding by 10% to be consistent with the increased demand for face to face crisis services which would represent 1,078 bed days annually.

Appendix I. Statewide Bed Capacity Estimates

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

- Loss of funding;
- Population growth;
- Local, state, or national crises, such as COVID-19; and
- Rising costs of care, including daily rates for private psychiatric hospitals.

Highlights of regional trends include:

- All seven of the All Texas Access regional groups have crisis respite.
- Only two of the seven All Texas Access regions have an operating crisis stabilization unit (CSU).
- Three of the seven All Texas Access regional groups have no crisis residential units.
- Four of the seven All Texas Access regional groups have no step-down program.
- Three of the seven All Texas Access regional groups have no EOUs, and the All Texas Access BSSH Region expects to lose their EOU in the next two years.

Outpatient Beds

LMHAs and LBHAs were asked how many beds they have of each type right now, how many they project having in two years, and how many they anticipate needing in two years. The All Texas Access regions vary regarding how many outpatient beds are available to serve the population in their area.

Chart 21. All Texas Access Current Rural Outpatient Bed Capacity

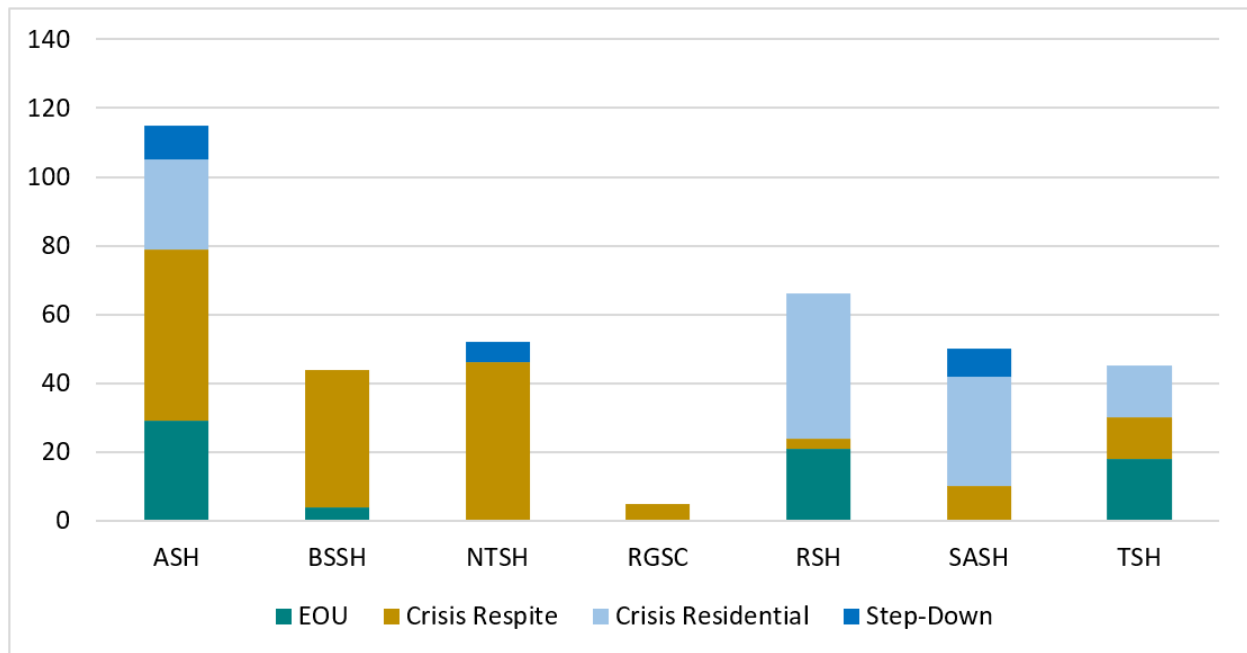


Chart 22. Statewide Rural Outpatient Beds Over Time

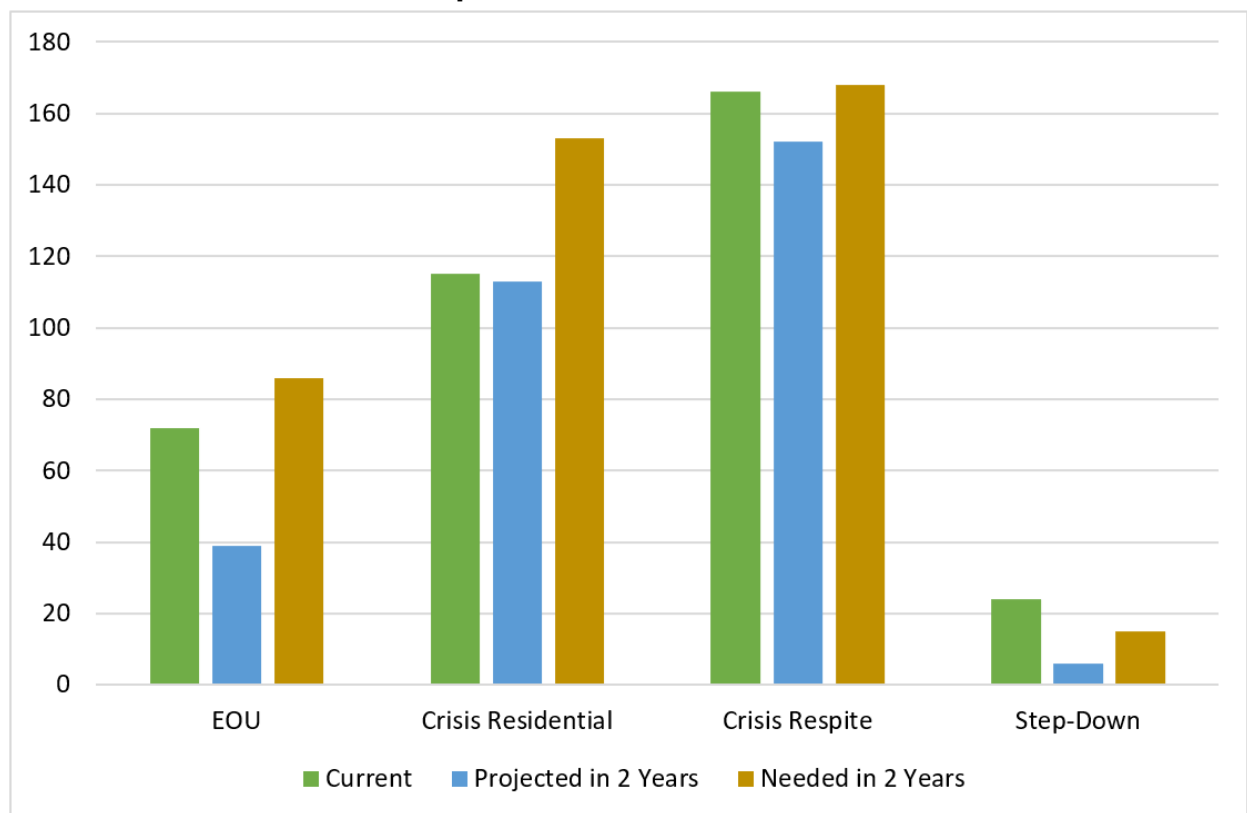


Table 38. Outpatient Beds Needed

Extended Observation Unit Beds	47
Crisis Residential Beds	40
Crisis Respite Beds	16
Step Down Beds	9
Total Outpatient Beds needed	112

Inpatient Beds

As only two All Texas Access regions have a CSU, this summary is limited to hospital beds. The All Texas Access regions vary regarding how many inpatient beds are available to serve the population in their area.

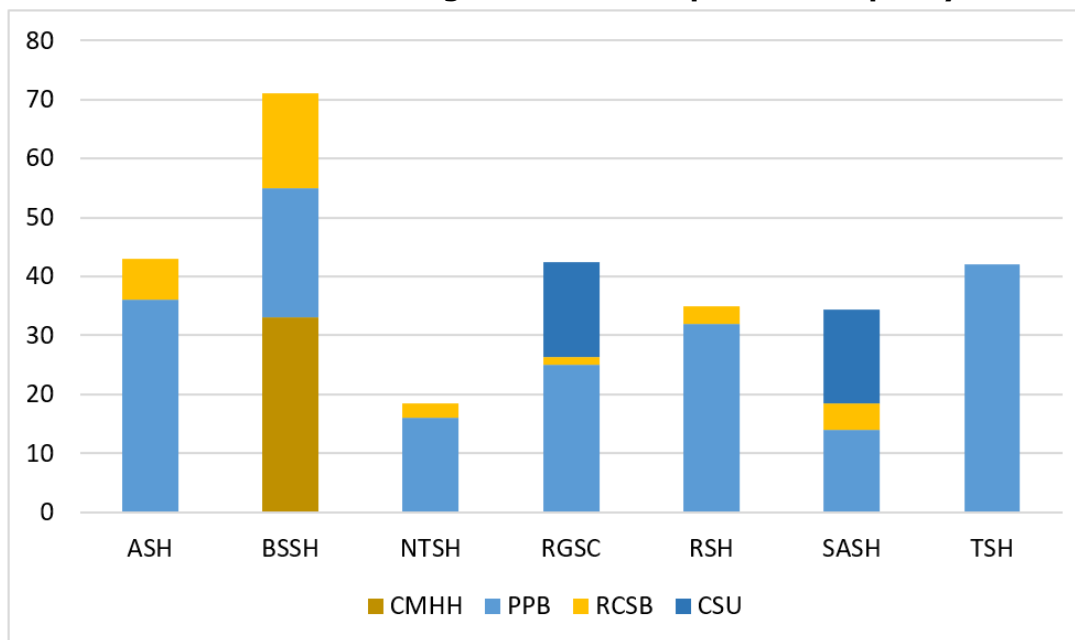
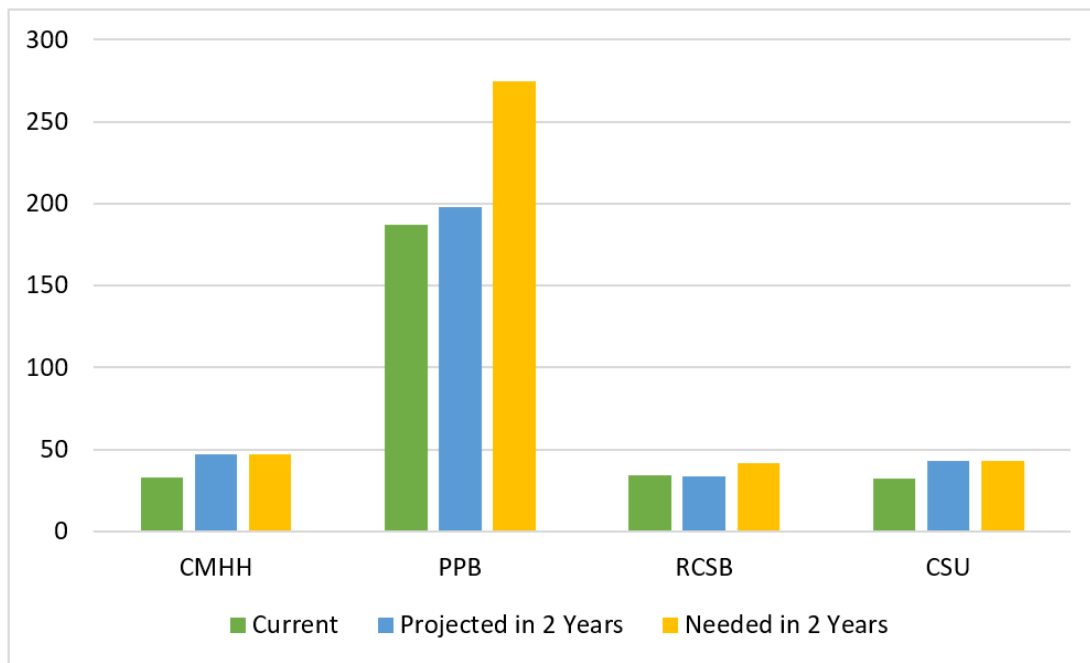
Chart 23. All Texas Access Regional Rural Hospital Bed Capacity

Chart 24. Statewide Rural Hospital Beds Over Time



Total Inpatient Beds Needed: 93 beds/day (33,775 bed days/year)

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, the best data available that has been 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 and 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. Center for Life Resources and Bluebonnet Trails Community Center 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*, 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.

*While Dallas County is served by NTBHA, Dallas County was generally excluded when performing a data analysis. This decision was made based on the significant population of Dallas County.

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.

Estimated Cost Offsets for LMHA or LBHA Jail Diversion and Community Integration Strategies

For each LMHA or LBHA jail diversion or community integration strategy, HHSC estimated how the strategy could impact the average cost of county jail incarceration of persons with mental illness between fiscal year 2019 and half of fiscal year 2022. The estimated cost offsets can be found at the end of each LMHA or LBHA strategy in the Regional Group appendices. The cost offsets should not be confused with cost savings; instead, they are meant to denote that effective LMHA or LBHA programs can transfer costs to more appropriate parts of the overall community system. For example, funding a mental health court may reduce the funding spent in a county jail for people with a mental health condition.

Each LMHA or LBHA was asked to estimate the total cost of a proposed project or submit the total budget for a funded project. Costs vary between LMHAs and LBHAs depending on the scope of the project and regional cost of living. HHSC divided the LMHA or LBHA reported total cost of each project by the statewide average cost of each incarceration event for people with a mental health condition between fiscal year 2019 and half of fiscal year 2022 to determine how many people would need to be diverted from county jails for the proposed project to become cost-neutral to the community system as a whole.

The effect on incarcerations for each project assumes that the project will reduce the number of persons with mental health conditions being incarcerated. HHSC has used the cost models outlined in this appendix to estimate the financial impact of these reductions.

Cost to Local Governments

S.B. 454 required metric: costs to local governments of providing services to persons experiencing a mental health crisis

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 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.

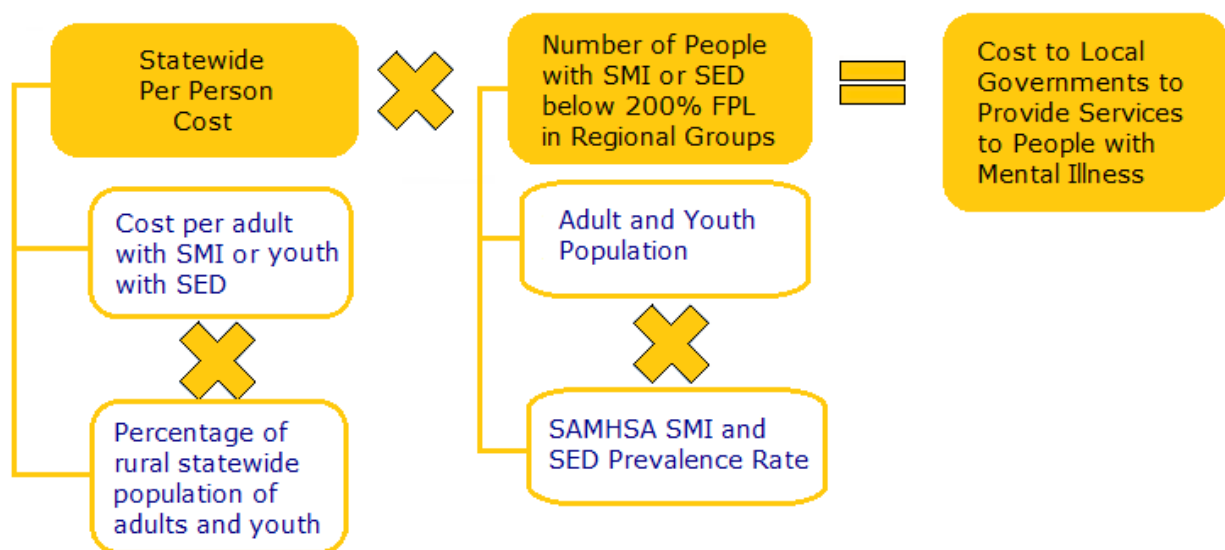
Sources

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.³³ The population information was from the Texas Demographic Center and the 2020 Census.³⁴

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 2019 and 2020. Since SAMHSA has not published new prevalence metrics for 2021 or 2022, SAMHSA's prevalence methodology for 2020 was applied to those years.³⁵

Figure 54. Process to Derive Cost of Local Governments for Providing Services to People with SMI or SED below 200 Federal Poverty Level



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 2022, there was not existing data that broke out the age of county residents for 2020, 2021, and 2022. To estimate the number of adults and youths in a county for 2020, 2021, and 2022, HHSC calculated a percentile ratio from the Texas Demographers data from 2019 for both adults (age 18+) and children (ages 9–17) and multiplied this by county populations for respective years. This was ultimately used to calculate the number of adults and children with SMI or SED within each county.

Local Government Accounting

Most local governments don't 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 2022, there was not a single standard organization reporting county populations for 2019, 2020, 2021, and 2022; 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

S.B. 454 required metric: transportation to mental health facilities of persons served by an authority that is a member of the regional group

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.

Also please note this cost model only accounts for people transported to a LMHA or LBHA operated or contracted mental health facilities and/or a state hospital on a civil commitment. S.B. 633, the enabling legislation that S.B. 454 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 for FY19-21, and the first two quarters of FY22 was received from the HHSC IDD-BHS Office of Decision Support. 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

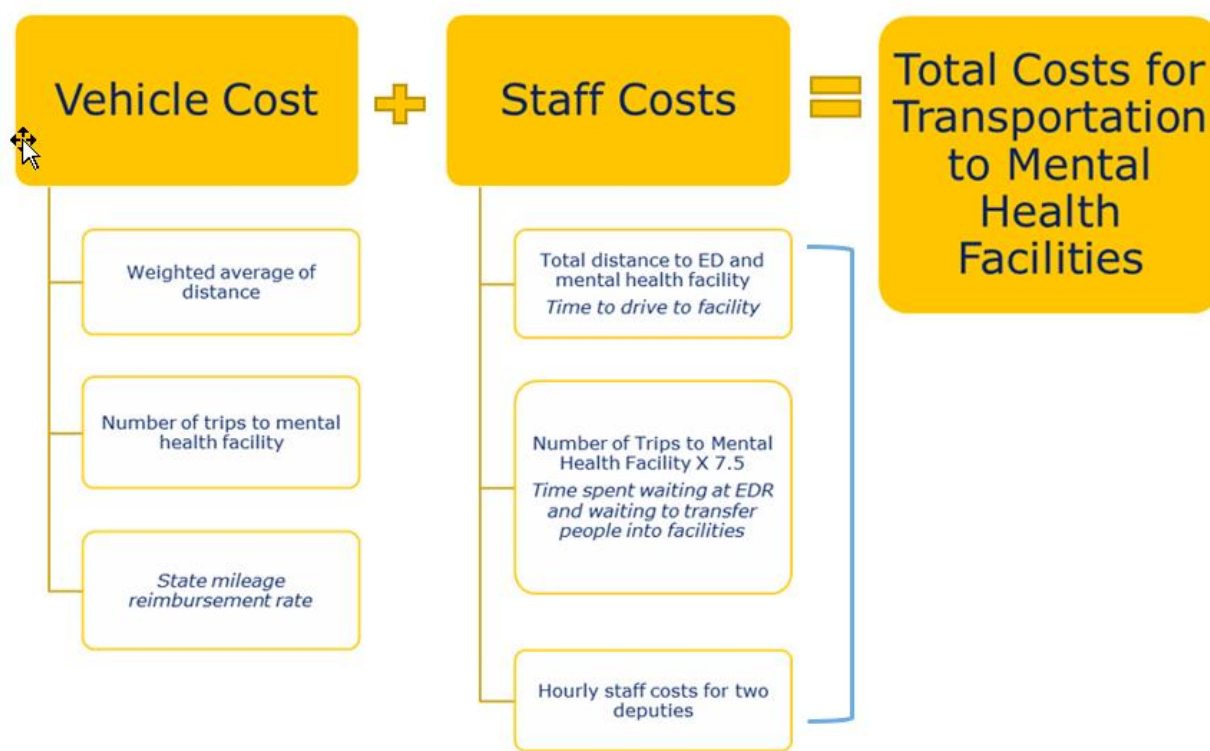
The number of people who accessed a state-funded LMHA or LBHA inpatient facility or crisis alternative, who accessed an LMHA or LBHA inpatient resource like private psychiatric beds, or who were civilly committed to a state hospital was used to estimate the regional costs to transport people to mental 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 model when estimating the transportation distance to state hospitals. HHSC assumed law enforcement was the primary entity transporting people to mental health facilities. While Senate Bill 344, 85th Legislature, Regular Session, 2017, does allow 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 55. Costs for Transportation to Mental Health Facilities



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 an MHD 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 an MHD may underestimate the cost to counties. Many counties do not employ MHDs. Vehicle costs were estimated using the annual State of Texas Automotive Mileage Rate.

LMHA or LBHA Inpatient Facilities Not Funded By HHSC

HHSC IDD-BHS Office of Decision Support does not have access to data for facilities that are not funded through HHSC IDD-BHS. 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

Bluebonnet Trails Community Center and Center for Life Resources 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 was told 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

S.B. 454 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

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 for fiscal year 2019, 2020, 2012, and the first two quarters of fiscal year 2022;
- The average length of stay for people in Texas county jails³⁶; 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.³⁷

HHSC also used custom reports which included the number of exact matches, probable matches, and unmatched persons for fiscal year 2019, 2020, 2021, and first two quarters of 2022 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.

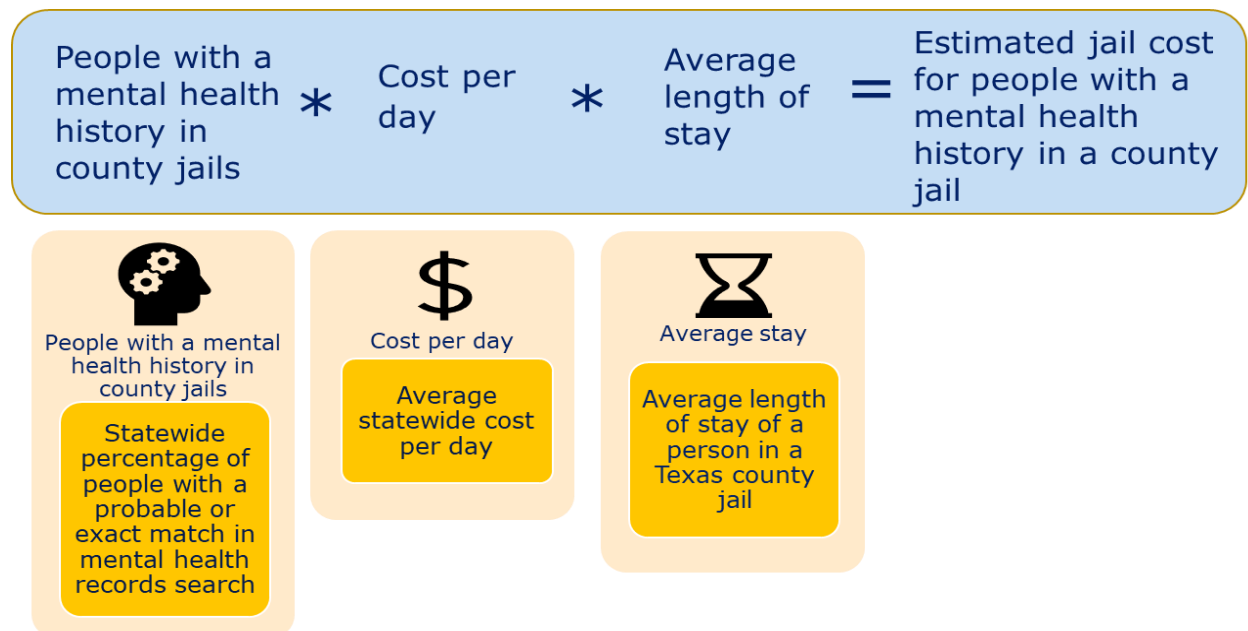
Methodology

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/or 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 year 2019. 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 56. Estimated Jail Cost for People with a Mental Health History



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 is currently being reconfigured with an expected 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. It is thought that 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

S.B. 454 required metric: visits by persons with mental illness at hospital emergency rooms located in an area served by an authority that is a member of the regional group

Overview

The number of hospital emergency room visits was calculated using the 2019, 2020, and 2021 Texas Department of State Health Services (DSHS) Texas Hospital Emergency Department Public Use Data Files.^{38, 39, 40, 41} This data analysis relied upon facility location, the principal diagnosis code, and county of residence.

Sources

Every hospital in Texas must report its emergency room use data to DSHS. This data is then compiled by DSHS into data files. The outpatient DSHS fiscal year 2019 Texas Hospital Emergency Department Public Use Data Files (Data Files)^{42, 43, 44, 45} 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 39. 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.⁴⁶ 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.⁴⁷

Methodology

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

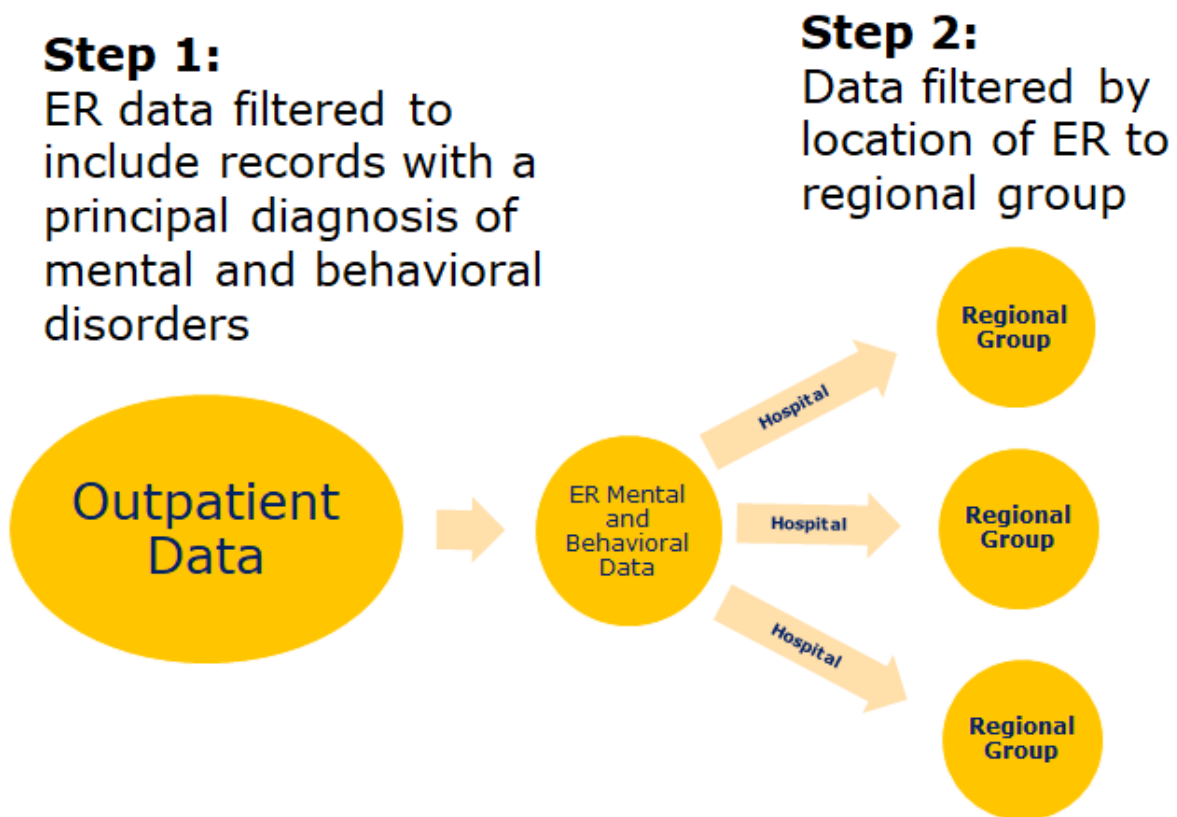
Table 40. DSHS Emergency Room Data Variables

Name of Variable	Variable Code
Provider Identification	THCIC_ID
Record Identification	RECORD_ID
Source of Admission	SOURCE_OF_ADMISSION
Emergency Room Charge Amount	ER_AMOUNT

Name of Variable	Variable Code
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 57. ER Data Filtering Process



Once the records were associated with their respective regional group, an aggregate calculation and analysis was conducted to develop each regional group's emergency room utilization. To obtain the overall regional group emergency room utilization, all records regardless of their county of residence were utilized. When calculating emergency room 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, an HIV-STD 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 emergency room utilization.
- The number of records and the ER charge are comprehensive and were not sorted by payor/payee source.

Appendix K. Jail Diversion/Community Integration Projects and Funding Status

The table below lists each rural-serving LMHA or LBHA that participates in All Texas Access, the strategy(ies) they chose for jail diversion/community integration, and the funding status of each.

Table 41. Funding Status of LMHA or LBHA Jail Diversion and Community Integration Strategies

LMHA or LBHA	Strategy	Funding Status
ACCESS	Mental Health Deputy	FUNDED: HHSC funds
Andrews Center Behavioral Healthcare System	Co-Responder	Grant-Ready
Betty Hardwick Center	Co-Responder 911 Integration	FUNDED: Rural Crisis Response and Diversion
Bluebonnet Trails Community Services	911 Integration	FUNDED: SAMHSA grant
Border Region Behavioral Health Center	Co-Responder	FUNDED: Rural Crisis Response and Diversion
Burke Center	Drop-Off or Crisis Receiving Center	FUNDED: Rural Crisis Response and Diversion
Camino Real Community Services	Co-Responder Law Liaison Law Enforcement Training	FUNDED: Rural Crisis Response and Diversion
Center for Life Resources	Mental Health Deputy	FUNDED: Counties are paying Mental Health Deputies
Central Counties Services	Co-Responder Law Liaison	FUNDED: Rural Crisis Response and Diversion
Central Plains Center	911 Integration	(No funding required.)
Coastal Plains Community Center	Co-Responder	FUNDED: Rural Crisis Response and Diversion
Community Healthcore	Social Determinants of Health	FUNDED: SAMHSA grant
Gulf Bend Center	Co-Responder	Grant-Ready

LMHA or LBHA	Strategy	Funding Status
Heart of Texas Behavioral Health Network	911 Integration	Grant-Ready
Helen Farabee Centers	911 Integration	Grant-Ready
Hill Country MHDD Centers	Care Navigation and Risk Stratification	FUNDED: SAMHSA grant
Lakes Regional Community Center	Jail Collaboration Study	Grant-Ready
MHMR Authority of Brazos Valley	Drop-Off or Crisis Receiving Center	Grant-Ready
My Health My Resources Concho Valley	Co-Responder	FUNDED: HHSC funded through ARPA COVID-19 funds
North Texas Behavioral Health Authority	Drop-Off or Crisis Receiving Center	Grant-Ready
Pecan Valley Centers	Remote Crisis Assessment	FUNDED: SAMHSA grant
PermiaCare	Co-Responder	Grant-Ready
Spindletop Center	Co-Responder	Grant-Ready
StarCare Specialty Health System	Co-Responder	FUNDED: Rural Crisis Response and Diversion
Texana Center	Co-Responder Law Liaison Law Enforcement Training	FUNDED: Rural Crisis Response and Diversion
Texas Panhandle Centers	Co-Responder	Grant-Ready
Texoma Community Centers	Co-Responder	Grant-Ready
Tri-County Behavioral Healthcare	Drop-Off or Crisis Receiving Center	FUNDED: SAMHSA grant
Tropical Texas Behavioral Health	Co-Responder Law Enforcement Training	FUNDED: Bureau of Justice Assistance Grant
West Texas Centers	Drop-Off or Crisis Receiving Center	Grant-Ready

Appendix L. Sequential Intercept Model Maps Full Text

This appendix is for those who are using screen readers and are not able to access the LMHA and LBHA Sequential Intercept Model Map images in Appendices C through I. Each map's content is in full text below.

All Texas Access ASH Regional Group

Bluebonnet Trails Community Service, Williamson County, February 2022

Intercept 0: Community Services

Crisis Phone Lines

- Bluebonnet Trails Community Services (Bluebonnet Trails) Crisis Hotline
 - 24/7/365 service
 - Dispatches the crisis team
 - 800-841-1255
- Bluebonnet Trails Law Enforcement Consult Line
- Bluebonnet Trails Info and Appointment Line, 844-309-638

Crisis Services at Bluebonnet Trails

- EOU at Georgetown Behavioral Health Institute
 - 14-bed unit
 - Accepts voluntary and involuntary admissions
 - Anticipated length of stay up to 48 hours
 - Planning with individual to step down to less intensive services
- Crisis Respite Unit (San Gabriel Crisis Center – Georgetown)
 - 14-bed voluntary unit
 - Medical clearance required
 - Anticipated length of stay 7 days

- Youth Therapeutic Respite (Ages 5-17), 16-bed unit
- Diversion Center (Including Law Enforcement Triage and 23-Hour Observation), 10-bed program
- State Hospital Step-Down Program, 6-8-bed program

Mobile Mental Health Crisis Responses

In partnership, provide 24/7 coverage

- Bluebonnet Trails Crisis Team
 - Crisis response service dispatched through 24-hour crisis hotline (800-841-1255)
 - Supported by state dollars to comply with state performance expectations
- Williamson County Mobile Crisis Outreach Team (MCOT) 8a-8p
 - MCOT will operate through Round Rock rather than throughout Williamson County
 - Provide first and secondary response to mental health calls through 911

Hospitals

- Emergency Rooms
 - 6 emergency rooms
 - Medical clearance
 - Bluebonnet Trails provides mental health assessments
 - Withdrawal management
- Rock Springs Hospital
 - 64-bed facility
 - Inpatient mental health and substance use services for 18+
 - Private insurance
- Georgetown Behavioral Health
 - 118-bed facility
 - Law Enforcement Drop-off (Call in advance)
 - Bluebonnet Trails Partnership – 12 contracted EOU beds as well as contract psychiatric beds

State Hospitals

- Highest intensity level of psychiatric care in Texas
- Limited access

Substance Use Programs

- Bluebonnet Trails TTOR: Opioid medication assisted treatment and other treatment
- Bluebonnet Trails OSAR and Treatment Programs

Lone Star Circle of Care

- Persons with lower acute needs
- Medical and Dental

Other Community-based Services

- Clubhouse and Peer support
- Oxford House for substance use recovery
- State-funded substance use management
- Veteran services
- Youth and family support services

Housing Providers

- Georgetown Housing Authority
- Bluebonnet Trails, for persons experiencing mental health crisis

Intercept 1: First Responders

Dispatch/911

- Williamson County Emergency Communications Center - Embedded Mental Health Clinician
- Local Police Dispatch Units - Cedar Park, Georgetown, Leander, Round Rock, Taylor

Law Enforcement

- 35 law enforcement agencies operate in Williamson County

- Participating Agencies:
 - ▶ Cedar Park Police Department
 - ▶ Hutto Police Department
 - ▶ Georgetown Police Department
 - ▶ Leander Police Department
 - ▶ Liberty Hill Police Department
 - ▶ Round Rock Police Department
 - ▶ Taylor Police Department
 - ▶ Williamson County Sheriff's Office
- Mental Health Training for Law Enforcement Officers:
 - ▶ Williamson County Sheriff's Office organizes Crisis Intervention Training Basic, Crisis Intervention Training Intermediate, and the Mental Health Officer Certification Course Trainings
 - ▶ Local police departments may send officers to Williamson County Sheriff's Office trainings or to Travis County trainings

Williamson County EMS

- (Box for this on diagram, but nothing listed)

Center for Life Resources, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail
 - If call emergent- 911 in county
 - Respond in less than 1 hour
- Brown County primarily pilot county MCOT with Sheriff deputy- co-responder. Mental Health Deputy and crisis response worker.
- Avail activates LMHA, 911, law enforcement.

Emergency Department / Walk-In Urgent Care

Handle all calls, not just indigent.

Crisis Care Continuum

Crisis respite with 10 beds. Discharge to home.

Mobile Crisis Response Team

- MCOT in Brown County
- Co-Responder model in Brown County with MCOT and Sheriff deputy.
- Crisis worker in Eastland County.

Crisis Stabilization

- No inpatient psychiatric beds in these 7 counties.
- No CSU; only crisis respite.

Detox Services

Use hospital or crisis respite, depending on severity; then can refer to LMHA's outpatient program.

Peer Support Services

- Peer Voice - two peers.
- Clinical supervisor at crisis respite; clubhouse model.

- Children-Family Partners are active in WRAP and YES waiver.
- Peers have high added value.

Housing Services

- HHSC Housing grants.
- Pandemic devastated housing.
- Homeless shelter/tiny houses- through 501-3c with churches.
- Affordable housing limited.
- Low unemployment but low wages.

Intercept 1: First Responders

911 Dispatch

- Also sends to Avail dependent on county.
- If county has Mental Health Deputy, 911 dispatches immediately and calls LMHA which dispatches as well.
- Two nighttime workers, 8-5 shift.
- 911 responder will secure the scene and then most likely leave once LMHA arrives, due to few law enforcement available in the area.

Law Enforcement

- May not have enough deputies to respond.
- Every county is different; deputy secures scene then leaves when crisis worker arrives.
- Meth/substance use with psychosis is a problem.
- Mental Health Deputies
 - ▶ 2 in Brown County
 - ▶ 1 Coleman County
 - ▶ 1 Eastland County
 - ▶ 1 Hill County.
- Brown County trains the Mental Health Deputies.
- Different leadership and understanding of mental health throughout counties.

- Other counties would like to have MHDs.
- Require MHDs to go through training of LMHA staff.

Hospitals

- Hendricks Medical Center in Brown County is the primary partner.
 - Use for respite and emergency psych meds
 - Doesn't have psychiatric care.
- Other hospitals in other counties: Eastland, Comanche, McCullough, and Coleman.
 - Good Relationships with those
- There is not an inpatient psych facility in catchment area.

Central Counties Services, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Contract with Avail for crisis hotline
 - Avail determines when MCOT is involved and sets the priorities
 - If downgraded, Central Counties sends out staff to assess and follows up with Avail
- No warm lines, just provide referrals for national hotlines

Emergency Department / Walk-In Urgent Care

- All seven clinic locations have walk-in during business hours, clients can be seen within 15 minutes.
- Walk-ins are primarily existing or future clients.
- Five ERs in five counties; relationships with ERs are being strengthened; ERs may have barriers with law enforcement; ERs have expressed an interest in delegating/transferring people in crisis elsewhere
- Relationships between psychiatric hospitals, ER, law enforcement is a mixed bag

Mobile Crisis Response Team

- MCOT is centrally located in Bell County (Temple and Killeen) but responds to five-county service area.
- Some MCOT interface through telehealth, have remote providers with iPad, telehealth generally happens after people are in the hospital.
- 50/50 MCOT response to people in hospital/community.

Crisis Stabilization

- Exploring residential model with Bell County from COVID/ARPA funding (likely to be built in 2 years) that could be a jail diversion facility.
- May pay for hotel for respite on occasion.

Detox Services

- Not available for medically indigent;

- Requires payor source; several providers in the area.

Peer Support Services

- No peers in crisis services
- Only peer support in intercept model is at intercept 3
- No clubhouses in service area.

Housing Services

- Small team that works with housing and employment.
- Supportive Housing and Rent Assistance
 - Able to help 12 people per year;
 - Serve people for 3 months, then attempt to titrate down assistance.
- Poor rental history and criminal background more of a challenge than finding housing.
- Rose Garden, congregate-living type facility.
- Homeless shelters – Salvation Army in Temple, Friends in Crisis in Killeen, Cove House is a small facility in Copperas Cove.

Intercept 1: First Responders

911 Dispatch

- Suspect each county staffs their own 911
- Suspect county runs all 911 dispatch
- One 911 is in a county jail in Lampasas.

Law Enforcement

- Police Chief in Temple champion for detox and other services
 - Got 1100(ish) crisis calls for City of Temple
- Mental Health Deputies in two counties
 - Bell County in the process of disbanding MHD unit and providing MHD training to all officers (and jailers)
 - Co-responder model in Temple
 - Hiring challenges with law enforcement.

Hospitals

- Scott and White no longer wants to provide inpatient psychiatric services
- Three Psychiatric hospitals in service area
 - ▶ Cedar Crest will take violent clients
 - ▶ Overall good relationships with PPB providers.
- Exploring contracting with hospital in Waco.

Heart of Texas Behavioral Health Network, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Icare from Tarrant County is the crisis line provider
- Crisis line contacts MCOT on call, MCOT will do the screening
- Crisis treatment center is also a triage center.

Emergency Department / Walk-In Urgent Care

- Crisis treatment center in Waco is walk-in 24 hours.
- Crisis treatment center performs triage with a QMHP, nurse, and telehealth psychiatrist.
- Center works with mental health deputies to build a good relationship to support successful hand offs.
- Law enforcement will divert potential mental health related offenders to treatment center

Mobile Crisis Response Team

- MCOT headquarters in McLennan County. They will go out to other counties.
- Telehealth is being used to perform hospital in-reach.
- Telehealth also used with other agencies and schools' crisis calls.
- MCOT will do face to face screening if no telehealth capacity at scene of crisis.

Did telephonic screening summer to mid fall of 2021. Moved back to telehealth to match best practices.

Crisis Stabilization

- EOU 4 beds, crisis residential unit 12 beds, respite 16 beds.
- Participant can cycle from EOU, crisis residential unit, to respite.
- Contracted PPB beds to respite is also a pathway
- IDD Respite 2 beds.

- 9 beds at Chase House for youth being expanded to 12.

Detox Services

- Cenikor has a formal agreement with the LMHA.
- LMHA has priority placement for short- or long-term detox.
- Some detox at the crisis treatment center.
- Formal agreements for medication assisted treatment at FQHC.

Peer Support Services

- Peer was on MCOT team for a year and half.
- Peers are embedded on the MCOT team, TRR team, and SUD team.

Housing Services

- TBRA and rapid rehousing
- Housing navigators
- Works on housing continuum including a coordinated housing line, Heart to Home.
- High level of poverty in the community.
- Housing shortage, and affordable housing is a challenge.
- Great relationship with housing authority.
- Housing director works with specific landlords to develop supportive relationships.
- Housing in a safe and supportive community environment can be a challenge for people in recovery.
- Low income housing is disappearing.
- Small housing stock in rural areas.
- Bedroom communities are becoming more expensive.
- Homeless drop-in center.
- Transitional housing available.

Intercept 1: First Responders

911 Dispatch

- Waco 911 dispatch.
- Applied for funding for embedding mental health person in 911 dispatch previously and continues to have interest in this approach.

Law Enforcement

- Mental Health Deputy
- Effective relationship between law enforcement and LMHA built on communication.
- Meetings with the LMHA and law enforcement
- They have a behavior health leadership team as well

Hospitals

- PPBs are located at Cedar Crest in Temple, Canyon Creek in Temple, DePaul in Waco, and Oceans in Waco.
- Children in crisis often have a payor so they will not use the PPB beds as often.
- All counties in catchment area have a hospital with an ER
- Effective relationships with the ERs, turnover does create some barriers to working with ER staff.
- Zero Suicide contract with the hospitals to allow for telehealth assessments.
- Some hospitals are up to 1.5 hours away.

MHMR Authority of Brazos Valley, October 2021

Intercept 0: Community Services

Crisis Line(s)

- The Harris Center Crisis Line. Decide if person needs Mobile Crisis Outreach Team (MCOT); MHMR of Brazos Valley (MHMRBV) supervisor always available if need consult.
- Have warm line resources information but don't have one themselves

Emergency Department / Walk-In Urgent Care

- Walk in for crisis services at every LMHA office.
- Also go to ERs.
- Good relationships with ERs.

Mobile Crisis Response Team

- MCOT uses tele video in jails; don't use tele video in hospitals and community;
- MCOT goes to schools as well
- Weekends on-call; including back up staff person due to call volume. Rural counties evening on call.
- MCOT worker in every county LMHA office.

Crisis Stabilization

- In psychiatric facilities.
- Crisis staff follow up for those who don't need hospitalization.

Detox Services

- No Detox locally if uninsured or Medicaid.
- Use OSAR.
- Contract in Houston with a couple of providers
- LMHA provides medication assisted treatment on very limited basis

Peer Support Services

- Peers in outpatient
- Peer Support Center in Bryan which is peer run. Use block grant funds to offset costs
- No peers in crisis response.

Housing Services

- SHR funds
- One designated supportive housing specialist for the LMHA service area.
- Seeing more evictions now as COVID moratorium lifted.
- Have some affordable housing options; able to find some landlords who will work with individuals
- Emergency respite in hotel; good relationship for a week or less if can find transitional housing.
- Assisted living facility for housing.
- Local homeless shelter taking individuals- two in Brazos and Washington counties

Intercept 1: First Responders

911 Dispatch

- Multiple 911 dispatch centers
- 911 dispatches law enforcement if mental health crisis

Law Enforcement

- Officers trained in CIRT by LMHA but are not LMHA employees.
- Multiple police departments and sheriff offices in service area. Have specific crisis intervention teams. Generally, have CIT on every shift at College Station. Also have Texas A&M University Police Department has officers trained in crisis.
- Mental health transport challenge- Law enforcement staffing shortages, lack of hospital/diversion options. Have great relationship with law enforcement.

Hospitals

- Private psychiatric beds in Houston, Temple, Waco, and Austin.
- IDD and medical complexities- know who is able to provide specialized services
- Robertson and Leon counties do not have medical hospital.

Texana Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail- deploy MCOT following Texana protocol. Emergent/urgent have MCOT activation. Routine referred to outpatient services.
- No official “warm line” but Texana has the ability to have someone at clinic who can respond to crisis.

Emergency Department / Walk-In Urgent Care

- LMHA walk-ins
- Law enforcement may drop off at ER (their choice) or bring to LMHA.
- Medical clearance - not necessarily for substance use. Possibly for overdose or injury due to suicide attempt.

Mobile Crisis Response Team

- 24/7 MCOT - during COVID some people didn't have ability to do telehealth, including some ERs. Did screenings by phone. Face-to-face as much as possible. Screeners in all counties in the service area.
- Daytime business hours, on-call after 5pm. 10p-6a have worker in Fort Bend County.

Crisis Stabilization

- Crisis Residential unit – 14 beds, not full all the time. Not many direct admits. Used as step down from jail.
- EOU – 9 beds, stays full
- Rapid Crisis Stabilization Beds, but all are private psychiatric beds.

Detox Services

- Need insurance for the few resources; not in area. Houston based.
- OSAR

Peer Support Services

- Peer does groups in crisis residential unit.
- In clinics and work with clubhouse.
- In emergency housing (hotel) have provided assistance

Housing Services

- Permanent supportive housing services.
- Don't have housing.
- Supportive Housing and Rental Assistance. Criteria limitations if unable to maintain.
- Also have emergency funds from Fort Bend - use rapid rehousing (hotel space)
- No emergency shelter. Do have some faith-based shelters that are restrictive.
- Employment assistance.
- Housing costs high; Rural communities qualifications hard with less housing.

Intercept 1: First Responders

911 Dispatch

- County and cities have own 911.
- Contact crisis intervention team in Fort Bend then contact Avail for crisis.
- In rural communities, send law enforcement or refer to Texana crisis line

Law Enforcement

- Fort Bend County goal to train 100%; trained 70% officers.
- Waller County opened academy with goal of 100% trained as Mental Health Deputies.
- May be trained as Mental Health Deputy but not in that role.

- Transport issue a challenge with law enforcement, and there is administrative burden that delays care 40% of the time.
- Law enforcement won't transport children, then no LAR so child remains at ER or school.
- Roles/responsibilities/policies create challenges between sheriff, police; workforce issues.
- Fort Bend crisis intervention team improving- new sheriff relationship, positive direction.
- At clinic, staff don't call for transport. Call 911 and tell mental health emergency. Happens frequently.
- Fort Bend County EMS transport to licensed facility only.

Hospitals

- Waller County has no ER/Hospital. Go to Harris County.
- Austin County - Bellville Hospital
- Colorado County - Has ER/Hospital
- Wharton County - Hospital
- Matagorda County - Hospital
- Fort Bend County- multiple hospitals
- Law enforcement go to nearest facility when needing screening services.
- Decisions based on hospital or law enforcement rather than person needing services.
- Private psychiatric beds mostly in Houston; have one facility in Fort Bend.
- Barrier is getting to facility with law enforcement.

All Texas Access BSSH Regional Group

Betty Hardwick Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail is contracted hotline.

Emergency Department / Walk-In Urgent Care

- Hendrick ER, Stephens Memorial, Stamford Hospital District, Anson General receive emergency walk-ins and consult MCOT
- Encourage walk-ins to LMHA during business hours; would like to develop more after hours

Mobile Crisis Response Team

- 24/7 MCOT availability in person or using video access with several key partners (hospitals, law enforcement, etc.)
- Rural Crisis Response and Diversion Project scheduled to begin in fiscal year 2022

Crisis Stabilization

- 12-bed crisis respite in Abilene
- Contracts with Oceans, Rivercrest, Red River, Shannon
- Limited state hospital access
- Center clinic offers “just in time” scheduling and can accommodate same day or 72-hour access routinely

Detox Services

- Contact OSAR, Serenity
- Center can offer ambulatory detox to some – medication assisted treatment at CCBHC

Peer Support Services

- Peers in adult services, substance use services, care coordination, and veteran services (but not on MCOT team)
- Consumer Operated Services Program - build out and collaborate
- One Family Partner

Housing Services

- Participate in Coordinated Entry
- Salvation Army is only emergency shelter
- Supported Housing program is busy and often has waiting list
- Limited community options for affordable housing
- Recovery – Oxford House, couple of others

Intercept 1: First Responders

911 Dispatch

- In City of Abilene 911 Dispatch: virtual clinician (warm handoff to Avail).
- Abilene Police Department dispatch gives cross referenced list to IDD group homes each month so LMHA can strategize on crisis needs.
- All County 911 dispatch deploy officers and call Avail, which activates MCOT.

Law Enforcement

- 911 Dispatch directs calls for behavioral health to two Community Response Teams made up of MCOT, Paramedic, Police Officer (City of Abilene only)
- Currently patrol officers dispatched in rural counties – no Mental Health Deputies
- Rural Crisis Response and Diversion Project scheduled to begin in fiscal year 2022
- Jail Navigators located in Taylor County Jail offer services to all five counties (crisis, diversion, post-booking support, etc.).

Hospitals

- Hendrick ER, Stephens Memorial, Stamford Hospital District, Anson General are acute care facilities in area

- State hospital always on diversion is a challenge
- Contracts with Oceans Abilene, Rivercrest, Red River, Shannon for psychiatric hospitalization
- PPB beds intended to replace state hospital but acuity and services not always comparable

Central Plains Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail runs hotline 24-7
- Avail determines when MCOT goes out

Emergency Department / Walk-In Urgent Care

- Six to seven ERs in service area
 - People in crisis are in the main ER
 - Telehealth in multiple in ER rooms
 - Law enforcement stays in ER with people in crisis
- No freestanding ERs
- All clinics can address walk-ins

Mobile Crisis Response Team

- One MCOT team, two people
- Rotations w/ case managers after hours to fill in for MCOT
- Telemedicine is a major factor in quick response

Crisis Stabilization

- Respite across from main mental health facility in Plainview
 - Many clients only stay for a few hours
- After the respite facility, PPBs are the primary option

Detox Services

- Pavilion does detox, but no contract with them for detox
- Contracts with StarCare through CCBHC

Peer Support Services

- Peers on mental health side who can go to crisis when needed, particularly if needed to go and wait at ER

- Peers also help with respite

Housing Services

- Supportive housing
- Salvation Army can sometimes provide funds for housing
- Crisis Center for women only, domestic violence survivors
- Homeless shelters are located outside of service area

Intercept 1: First Responders

911 Dispatch

- No staff embedded with 911, but they call LMHA when suspect behavioral health crisis
- No formal questions, just send law enforcement when they suspect behavioral health crisis

Law Enforcement

- Interact with at least nine sheriffs plus municipal law enforcement and state troopers
- One Mental Health Deputy
- Law enforcement wants help with transportation
- Many law enforcement have iPads to quickly connect for screening
- Law enforcement task force that meets regularly
- Plainview ISD has two police officers

Hospitals

- Some in person, some telemedicine
- County hospitals

My Health My Resources Concho Valley, April 2022

Intercept 0: Community Services

Crisis Line(s)

- Avail 24/7.
 - Dependent on level- welfare check.
 - Crisis- contact San Angelo PD.
 - Use Mental Health Deputies in counties
- Regular phone line, West Texas Counseling and Guidance partner- Zero Suicide hotline

Emergency Department / Walk-In Urgent Care

- Face-to-face for suicidal thoughts- West Texas Counseling and Guidance (M-F, 8-5)
- Have 2 ERs under Shannon Health
- Maybe ER in Reagan or Concho counties
- Walk-in LMHA clinic 8-5

Mobile Crisis Response Team

- Contacted for screening after Mental Health Deputy transports to ER
- Same with San Angelo Police Department.
- Three staff 8-5 daytime, 6-7 after hours, 7 days per week
- Calls go to MCOT

Crisis Stabilization

- Contracts with River Crest and Shannon Behavioral Health
- Up to 3 days in CSU; if need more, go to PPB. Between CSU and Inpatient - 7 day stay or so
- Scenic Mountain Behavioral Health at Big Springs used as backup
- Transport depends on situation.
- LMHA has a Crisis Respite Unit in San Angelo- 12 beds; 3 per room.

Detox Services

- Journey to Recovery - detox through ADAC in Tom Green County. Don't make direct referrals.
- Community Mental Health Grant funds for dual diagnosis treatment with Rivercrest

Peer Support Services

- Peer Support Clubhouse
- Peer support providing crisis follow up

Housing Services

- 12 bed apartment complex with staff present 8-5
- Housing shelter closed
- Working with non-profits
 - Looking for funding
- Supportive housing and rental assistance
- Grants from San Angelo and federal funding used for mental health housing
- Community Action focusing on community housing
- San Angelo Housing Authority- HUD funding, HUD voucher

Intercept 1: First Responders

911 Dispatch

- Communication between 911 and Avail
- Coordination between San Angelo Police Department and Avail.

Law Enforcement

- San Angelo Police Department - budgeted for six Mental Health Deputies, currently have 5 mental health deputies to serve Tom Green County
- Mental Health Deputies divert into more appropriate services- hospital, etc.
- Staying 6-8 hours with people in the ER. Now able to bring in and leave since LMHA staff are working in the hospital
- Law enforcement involved in Mental Health First Aid training

- Reagan County has small jail- trained jailers in Mental Health First Aid
- Tom Green County: LMHA provides mental health screenings and assigns level of care for people before their release.
 - Jail diversion coordinator follows people two to three months after release.
 - LMHA has TCOOMI case workers.
 - Jail now doing telehealth and FastPsych contract- Decreases non-emergency mental health services and medication changes for inmates

Hospitals

- LMHA working in hospitals when patient is nearing discharge.
- Zero Suicide - crisis supports, service supports, continuity of care

PermiaCare, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Contract with Avail
- Avail contacted by Mental Health Deputy once scene is secure
- MCOT and Mental Health Deputies contact PermiaCare first.

Emergency Department / Walk-In Urgent Care

- PPB Bed Funding
- PESC funded psychiatric ER in Midland County
- Walk-In for Emergency Room Only – All Counties
- Open Access for PermiaCare Clinics for Assessment
- Neutral assessment sight at Midland County Annex

Mobile Crisis Response Team

- MCOT (24/7/365)
- IDD Crisis Intervention Specialist (24/7/365)
- Pre-booking diversion in collaboration with the Midland County Sheriff's Office
- Limited Police Department collaboration
- Mental Health Deputy Emergency Room Diversion

Crisis Stabilization

- MCOT and IDD Crisis Intervention Specialist (24/7/365) for all counties
- PPB bed funding for all counties
- PESC ER triage and inpatient bed funding in Midland County Psych ER- until crisis is resolved
- Rapid Crisis Stabilization Beds
- Crisis Follow-Up

Detox Services

- Contracted Private Non-Profit Provider

- Contracted Private Psychiatric Facilities
- HHSC-Funded Detox Facility
- Springboard Center
- OSAR Services

Peer Support Services

- CCBHC SAMHSA funded Peer Support services
- HHSC Peer Support Services
- Family Partner Services

Housing Services

- Supported Housing Specialists
- TDHCA and HHSC TSHP
- Collaboration with Housing Authorities
- Collaboration with Salvation Army
- County Housing Coalition meetings
- Mental Health Flex Funds
- Housing still high cost

Intercept 1: First Responders

911 Dispatch

- Independent County Departments in Midland and Ector (No Law Enforcement oversight)
- Dispatch law enforcement for mental health crisis, who would request LMHA support

Law Enforcement

- Midland and Ector County Mental Health Deputy Services (24/7/365)
- Funded Mental Health Deputy services in Midland, Ector, Pecos, and Brewster counties.
- Sheriff's Office patrol in all counties which contact LMHA for support as needed.

- Police Department Patrol rarely contact the LMHA with preferred resolution being emergency detention or jail for expediency
- Jail Diversion Task Force meeting quarterly.
- Transportation services for involuntary emergency detention orders to closest accepting psychiatric facility.

Hospitals

- Midland Memorial Hospital ER Psychiatric Triage
- Contracted Ocean's Behavioral Health, Scenic Mountain MC, River Crest, Ocean's Abilene for psychiatric hospitalization
- Developing ER triage in Medical Center Hospital in Odessa
- Limited use of Sunrise Canyon in Lubbock
- Extremely limited accessibility to state hospital system
- Tele-psych consultation from the psych ER in Midland and Odessa

StarCare Specialty Health System, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail, 24/7 for initial referrals
- Avail contacts MCOT if crisis
- Crisis Counseling Program
- Texas Tech has its own hotline. StarCare is on their resource list.

Emergency Department / Walk-In Urgent Care

- Lubbock police, EMS, and county sheriff bring people to the EOU
- Go to Covenant Hospital
 - Can drop off
 - Have law enforcement on-site
- University Medical Center (UMC) has security guards so can't accept emergency detentions; most go to Covenant
- Sunrise Canyon 24/7 for crisis walk-ins

Mobile Crisis Response Team

- MCOT (24/7/365)
 - Located in Lubbock
 - Travel to five counties
 - Do crisis assessments at ERs
- Pending: Co-responder in Hockley
 - For Hockley and Cochran counties
 - Will have iPads
 - Will be available during peak times, five days per week

Crisis Stabilization

- EOU with nine beds, currently only four in use due to staffing, funding, and COVID-19

- EOU has an 80 percent diversion rate
- Sunrise Canyon has 30 beds, but currently down to 16 due to COVID-19
- Crisis Respite in IDD

Detox Services

- Not currently available
- Previously had Covenant and managed care

Peer Support Services

- Peers in outpatient services
- Goal is to add peers to MCOT

Housing Services

- No transitional housing options
- Salvation Army
- LT Shelter Grace Campus
- Tenant tracker
- PATH
- Veteran rapid housing – most robust
- Support funds that can go toward hotel
- Housing services through HHSC funds
- Business owners in Lubbock considering funding a shelter

Intercept 1: First Responders

911 Dispatch

- 911 works closely with Lubbock Police Department
- City and county 911 dispatch centers in service area
- Crisis director is often contacted directly by smaller rural counties

Law Enforcement

- City of Lubbock co-responder pilot with police department
- LMHA embedded in Lubbock County detention center mental health pod

- LMHA in the process of taking over mental health in jail including assessments, psychiatry, prescribing medication, treatment teams, management of suicide prevention cells, and re-entry specialists.
- StarCare has brought additional trauma-informed approaches to suicide prevention and mental health in jails.
- Lubbock County has been engaged and forward thinking historically.
- LMHA exploring pre-booking diversion with Lubbock police and sheriff
- Lubbock County has contracts with other smaller counties to receive inmates with mental illness.
- Lubbock County detention center does not use telehealth.
- StarCare has relationships with the county judge and sheriffs in Lynn or Hockley County.
- South Plains Police Chiefs Association invited StarCare to work on relationship building.
- StarCare has been working with college police departments.
- StarCare works with the wellness center at Texas Tech and has created a special medical clearance protocol with the wellness center.

Hospitals

- StarCare is the preferred psychiatric provider of UMC. UMC will do medi-psych care.
- Covenant had an inpatient unit but transitioned this year to using StarCare. Partnership being built to move people out of their ERs into Sunrise Canyon. They are exploring embedding StarCare in their ER.
- StarCare is fee for service in the children's hospital and they are on an as needed basis with Hockley County.
- Lubbock County hospital is UMC. UMC does the majority of the indigent care.
- Using private psychiatric beds for treatment issues, children, capacity limitations, medical care that can't be supported in Sunrise Canyon.

West Texas Centers, March 2022

Intercept 0: Community Services

Crisis Line(s)

- Avail, crisis services, 24/7
 - Avail can activate MCOT workers
- LMHA intake line

Emergency Department / Walk-In Urgent Care

- Tech in emergency rooms with varying success
 - Challenges with learning new behaviors with remote screening
 - Challenges with workforce in rural hospitals

Mobile Crisis Response Team

- Located throughout service area
- Team members vary
- Telehealth and crisis screening
- Mental health Deputy in Howard County with MCOT team

Crisis Stabilization

- 16 beds for Crisis Respite/Residential

Detox Services

- Licensed Chemical Dependency Counselor positions are challenging to fill, few in region
- Closest place to get services is in San Angelo (Journeys)
- Medication assisted treatment in the future
- May be open beds for detox in the near future
- Some funding for people in Howard County jail who need detox services

Peer Support Services

- Peer support services throughout the service area

Housing Services

- Limited housing
- Red Cross has limited resources to help with housing
- Supported Housing program
- For housing services, people have to go to larger cities
- No shelters

Intercept 1: First Responders

911 Dispatch

- All 911 calls relating to mental health are forwarded to Avail.

Law Enforcement

- Police officer sometimes call Avail
- 19 jails
- 3 Mental Health Deputies in Howard County, 2 in Nolan, and 1 in Terry
- Jail case workers are embedded in Howard, Nolan, Terry, and Reeves county jails
 - Use caseworkers when people first come into jail
 - Try to get people in front of prescriber
 - Work on release plans

Hospitals

- 40% of admissions come from Howard County
- Use five hospitals
 - Big Spring Hospital has a behavioral health unit (PPB)
- All ERs attached to a hospital

All Texas Access NTSB Regional Group

Center for Life Resources, October 2021

(See All Texas Access ASB Regional Group section)

Helen Farabee, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Contract with Avail for crisis line.
- Two to five crisis calls a week directly to LMHA.
- Frontier counties call directly to the center in the community due to strength of relationship with the community.

Emergency Department / Walk-In Urgent Care

- Strong relationship with LMHA. Center managers work with ERs
- Local hospital contacts LMHA about three times a week.
- ER consults LMHA about mental health concerns.
- Supported telehealth during COVID.

Mobile Crisis Response Team

- MCOT primary clinicians with a backup clinician, professional staffing and authorization, psych nurse supports medical side; prescriber available
- Each region within the LMHA's service area has a primary person on call with backups.
- Crisis line and MCOT have open dialogue. Data sharing also robust.
- Crisis line communicates with on-call clinician. Decision to dispatch MCOT comes from Avail.
- Tele video or telephonic contact is available, but they defer to law enforcement about need for face-to-face contact

Crisis Stabilization

- Crisis respite unit 16 beds. During pandemic capacity was cut to 8 to allow for single rooms.
- Wood Group manages crisis respite.
- LMHA sets the admission criteria.
- Census must be managed efficiently to meet the service area's need.
- Last time census was at 16 was around March of 2020.

Detox Services

- Beds purchased at Red River Hospital. SUD stay is generally 28 days, with the option of 7 more days for detox.

Peer Support Services

- Staff include family partners
- Adult peer support for TRR also available.
- Post crisis peers are engaged.
- Recovery coaches for substance use
- Veteran peer provider

Housing Services

- Homeless shelters in Wichita Falls
- Some smaller shelters in other areas
- Sober living houses support post crisis recovery.
- Halfway houses are also in some areas.

Intercept 1: First Responders

911 Dispatch

- Avail reaches out to 911.
- 911 dispatchers in Wichita Falls will flag calls as mental health related to allow the LMHA to review the calls monthly. More robust approach is being developed. Process began in July or August 2021.

Law Enforcement

- Law enforcement will reach out to LMHA staff directly.
- LMHA provides law enforcement education/training.
- LMHA volunteered to accept clients in crisis instead of law enforcement taking them to jail. Law enforcement has found that pandemic makes diversion more appealing. High level of buy in for diversion.
- Law enforcement will call the LMHA. During business hours the person is taken to the LMHA; after hours the person will go to the crisis respite.
- Wichita Falls has robust relationship with LMHA. Smaller cities and counties have fewer options to support diversion of a person from jails. There is no single approach within the service area for law enforcement engaging with mental health crises.

Hospitals

- North Texas State Hospital is nearby
- Red River Hospital does both mental health and substance use. LMHA has a strong relationship with Red River.
- Wise Behavioral Health beds funded through crisis redesign
- Hospitals have some concerns with complex cases and more aggressive cases.
- Resources seem to meet the demands of the community.
- Wise Behavioral had SB 292 funds for diverting people from jail to the facility. Wise would decline to take the inmates. They moved the grant to Red River who would admit the people from jails

Pecan Valley Centers, May 2022

Intercept 0: Community Services

Crisis Line(s)

- 1-800-772-5987 Pecan Valley Centers
- 1-800-273-8255 HHSC Suicide Prevention Lifeline
- TEXT to 741741 HHS Crisis Text Line
- 1-800-712-HELP (4357) Brazos Pregnancy Center
- 1-844-579-6848 The Ada Carey Shelter for Women and Children- Mission Granbury

Warmlines and Resources

- 1-800-772-5987 Pecan Valley Resource Line
- 2-1-1 Resource Line
- 817-546-7826 MHA Texas Warmline
- 817-579-1233 Brazos Pregnancy Clinic

Detox Services

- Inpatient provided at Red River Hospital

Outpatient SUD Treatment

- Outpatient Medication Assisted Treatment

Behavioral Health & SUD Services

- Pecan Valley Centers (CCBHC)

Homelessness and Housing

- Texas Homeless Network
- Granbury Housing Authority
- Freedom House
- Johnson County Family Crisis Center
- Mini Mansions

- Ada Cary Shelter
- OSAR

Support Services

- Workforce Solutions-United Way
- SOAR Works! TX

Veterans Services

- Peer Support Program
- General Assistance Grant
- Mental Health Grant
- VA North TX Health
- El Paso VA Health

Hospitals

- Lake Granbury Medical Center

Crisis Respite

- Green St.- Pecan Valley Centers

Mobile Crisis Response Team

- Pecan Valley Centers MCOT

Co-Responder Program

- Remote Crisis Assessment Team
- Sheriff's Office
- Mental Health Deputies & police departments
- Granbury Police Department Police Chaplains

Intercept 1: First Responders

911 Dispatch

- Hood County Sheriff Office
- Hood County Office of Emergency Management

- Hood County Fire Marshall
- Granbury & Hood Co. VFDS
- City of Granbury PD

Law Enforcement

- Hood County Sheriff's Department
- Granbury Police Department

Emergency Medical Services

- Texas Emergency Medical Services- Hood County
- Cresson Volunteer Fire Department
- DeCordova Volunteer Fire Department
- Granbury Volunteer Fire Department
- Pecan Plantation Volunteer Fire Department
- Other Volunteer Fire Departments in area

Texas Panhandle Centers, Potter and Randall counties, 2019

Intercept 0: Community Services

Crisis Line(s)

- Adult and Child Protective Services: 1-800-252-5400
- Texas Panhandle serves 21 counties and 21,000 square miles, 806-359-6699
- Five MCOT teams
- VA – suicide prevention
- Family services for domestic violence

Emergency Department / Walk-In Urgent Care

- (Box for this in diagram, but nothing listed)

Mobile Crisis Response Team

- (Box for this in diagram, but nothing listed)

Crisis Stabilization

- Deaf Smith County Crisis Center serves four counties.
 - Victims can self-admit
 - Assess and refer

Crisis Care Continuum

- Amarillo Recovery Center (alcohol recovery)
- VA – same day triage for veterans; 90-day intensive outpatient treatment
- Texas Panhandle Centers crisis respite center
- Texas Panhandle Center crisis services result in 95 percent of people not going to jail or the hospital

Housing Services

- Code blue on winter nights
- Emergency Safe House

- ARAD shelter
- Another Chance House
- Salvation Army
- Faith City Mission
- Transitional housing beds
- Women's center
- Martha's Home

Intercept 1: First Responders

911 Dispatch

- Mix of city and county 911 dispatch centers in the 21 counties covered by Texas Panhandle Centers

Law Enforcement

- Randall County has 4 CIT trained officers
- Amarillo Police Department has 345 CIT trained officers, 5 with extensive mental health training
- Canyon has 3 CIT trained officers
- Three college police departments
- Also work with Canyon, airport police, VA federal, Deaf Smith County, and Herbert

Hospitals

- Northwest Texas Hospital
- Pavilion has 106 psychiatric beds for a variety of special populations, including vets, first responders, geriatric, adolescent, and adult
- Amarillo VA Hospital has mental health intensive care

Additions since 2019:

- Contracts with two more hospitals – Oceans and Golden Phoenix
- Staff co-located in Potter County jail
- Three co-responder teams in the City of Amarillo

- Partner on a Problem-Solving Court in Potter County

All Texas Access RGSC Regional Group

Border Region Behavioral Health Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- LMHA uses Avail.
 - The calls go to Avail after hours and on weekends.
 - They do a screening before sending out LMHA staff.
 - Hospital/LMHA physician determine any placement.
 - Avail determines if/when MCOT should be deployed.
- People often have to wait in the ER.
 - PPB bed money has allowed them to get them into psychiatric hospital beds more quickly.
 - CSU is an option.
 - Children get transported via ambulance to hospital, paid for by Medicaid or the LMHA.

Emergency Department / Walk-In Urgent Care

- Hospitals evaluate for PPB admission.
- Two hospitals in Laredo also have walk-in ER clinics.
- 85-90% of people are seen at Laredo Medical Center. MOU with Laredo Medical Center.
- Prior to PPB, \$1.7 million spent on people waiting in ER for PPB.
- MOU with FQHC in Zapata County that provides primary care. Good relationship.

Mobile Crisis Response Team

- MCOT in each county.
- Usually have one MCOT worker/with a back-up.
- Mostly been working from the centers.

- Pre-COVID, they would go to a person's home with an officer to conduct screening.
- They have tried to connect via tele-video during COVID.
- MCOT workers have laptops and the ability to get record of person to law enforcement.

Crisis Stabilization

Casa Amistad in Laredo.

Crisis Care Continuum

- Casa Amistad
- PPBs and respite services via Camino Real (mostly) and Bluebonnet Trails Community Services (rarely)
- Coordination with law enforcement is key in order to facilitate transport to outside areas.
- 50% of crisis patients are new patients.
- Undocumented people don't receive follow-up care.
- Contracts with jails via telemedicine. Assist Webb and Jim Hogg counties.

Detox Services

- Palms Behavioral Health in Harlingen provides detox.
- Can also use SCAN outpatient or methadone clinic.
- LMHA has ambulatory outpatient detox.
- No sobering centers/detox center.
- Local government is currently building detox center.

Peer Support Services

- No peers at Casa Amistad.
- Family Partners in children's program.
- Adults have veterans and First Episode Psychosis peers.

Housing Services

- Supportive housing.

- Grant with housing assistance.
- Money via PATH program.
- Discharged patients with no stable place to stay are placed in a hotel until other alternatives are found.
- People in private psychiatric hospitals often stay longer than expected.
- Bethany House; Salvation Army, halfway homes are available.
- MCOT/QMHP continue to provide follow-up services.
- LE often times performs welfare checks.

Intercept 1: First Responders

911 Dispatch

- Dispatch contacts Avail.
 - All mental health crisis calls go through Avail.
 - Contact MCOT/Worker if meets criteria
- For ambulance transport, LMHA has contracts with ambulances services. Transport is only done via recommendation of a doctor and those are taken care of by LMHA.

Law Enforcement

- Law enforcement staffing is an issue at times.
- During business hours, an officer patrols the LMHA.
 - The officer serves as responder to assist with complex situations.
 - Officers are at all sites in all counties.
- Webb County has officers that assist with transportation to psychiatric hospitals.
- Law enforcement often has to complete an order of protective custody.
 - Law enforcement often stays in the hospital with the person (at request of hospital).
 - Not taking emergency detentions as can't get into hospital due to medical clearance requirements.
- LMHA has a great relationship with sheriff's offices.
- Law enforcement/local government collaboration with LMHA Board.

- Great relationship with Laredo Police Department (invites them to meetings, invite to coalition meetings, very nice and receptive).
- Mostly great working relationships with counties.
- Has MOUs with law enforcement.
- Law enforcement will contact Avail when there is a potential substance use case. The person is taken to ER to sober up and determine next steps.

Hospitals

- Access to forensic SASH and RGSC.
- Access to private psychiatric hospitals.
 - ▶ PPB funding is available.
 - ▶ One-fourth of private hospitalizations come from Starr County.

Coastal Plains Community Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail services
- Direct line into clinic during business hours
- Walk-in crisis care at LMHA.

Emergency Department / Walk-In Urgent Care

- Virtual screening
- Five ERs in service area
- No specialized area to receive treatment (just general area)
- Always go to ER to get medically cleared

Mobile Crisis Response Team

- Staff members rotate on team now during day, evening, and weekend.
 - Soon will transition into permanent roles.
 - Uniform team will assist with continuity
- Avail does some screening

Crisis Stabilization

- Non-uniform process / tracking is challenging
- Private psychiatric beds - none in their area; have to travel
 - Contract with 4 hospitals (may be 5 soon)
 - Transportation is provided by primarily sheriff (Bee County includes police department)

Crisis Care Continuum

- Private psychiatric beds through PESC

Detox Services

- No existing contracts

- MOU with Cenikor
- May receive services in private psychiatric hospitals

Peer Support Services

- Embedded in facility
- Would like to work with more peers - challenges finding stable peers in recovery
- 2 peers
- Professional boundaries

Housing Services

- Coastal using strength-based approach to help house people
- No homeless shelter
- Respite services if appropriate
 - Contracts with hotels
 - No staff on site
 - Coastal staff follows up next day
- SHRA program (helps with transition, but only if Coastal client – approximately 43 people / \$50K)

Intercept 1: First Responders

911 Dispatch

- Depending on seriousness, Avail dispatches/contacts local law enforcement for welfare check (99%)
- Avail follows up for resolution
- Avail always shares info with LMHA about dispatch, and LMHA follows up later.
- System interaction: open communication.
- Law enforcement could initiate call, but this is rare.

Law Enforcement

- Variety of Coastal Plains interacts with law enforcement to ensure continuity

- Quarterly law enforcement meeting with LMHA (opportunity to educate law enforcement to recognize MH symptoms / be proactive)
- CIT training annually, medical vs mental health, relationship
- Possible future CIS training prior to COVID (may revisit)
- Every other year Coastal participates in CIT trainings
- Coastal has provided some Mental Health First Aid training to law enforcement
- Conference in Aransas Pass – various training on mental health
- Always a deputy on duty to support warrant needs. Safety is prioritized by law enforcement.
- Perhaps shift to virtual co-response and screening to improve efficiency

Hospitals

- Closest psychiatric hospital(s) in Nueces County
- Three ERs that connect to hospitals, two freestanding hospitals
- If people from Coastal's service area go outside service area, Coastal will try to coordinate with hospital to discuss payment

Tropical Texas Behavioral Health, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail activates MCOT teams
- Have 22 officers; don't have enough officers to be first responders

Emergency Department / Walk-In Urgent Care

- At least 7 major hospitals and several freestanding ERs (some affiliated with major hospitals)
 - No embedded staff
 - Hospital calls hotline
 - Lots of turnover in ERs

Mobile Crisis Response Team

- 4 teams
- Located in Edinburg, Weslaco, Brownsville

Crisis Stabilization

- State funded inpatient beds – this is working
- CSU: can't stand up due to regulations
- Casa Amistad too far away

Crisis Care Continuum

- Crisis respite 5 beds

Detox Services

- Funding for inpatient treatment
- No sobering center – go to ER instead

Peer Support Services

- Throughout levels of care, but not on MCOT

Housing Services

- MCOT has crisis funds for a hotel
- Crisis respite

Intercept 1: First Responders

911 Dispatch

- Send police or sheriff (they can call Avail once they've responded)
- Prefer they call Avail for assessment – cut back on “unwinding” law enforcement actions later
- Depends on training from Tropical to make them aware, which depends on police chief or sheriff interested in mental health
- Chief in Pharr allowed embedded staff person

Law Enforcement

- 22 officers in 3 counties
 - Send officer out separate from MCOT worker to make effective use of workforce
 - They cover 24 hours per day; officers spaced out over the span of the day based on need
 - These officers are 100% dedicated to mental health
 - LMHA pays for these positions through MOUs;
 - Primarily constables – more cost efficient (have to abide by established salary schedule)
 - Can work anywhere in Tropical's service area – not bound by their law enforcement agency jurisdiction
- Local law enforcement is always willing to release individuals to Tropical; some now refuse to execute warrants
- Pharr Police Department has a separate mental health unit – this is the only one right now.
- Local Behavioral Health Leadership team:
 - Cameron Mental Health Task Force
 - Hidalgo Mental Health Coalition - County Judge Cortez

- ▶ Another in Cameron County for Assisted Outpatient Treatment

Hospitals

- Some have psychiatric units

All Texas Access RSH Regional Group

ACCESS, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail contracted after hours
- Crisis team distributes schedule & phone numbers to community partners (law enforcement, ERs, etc.)
- IDD crisis line that goes straight to ACCESS

Emergency Department / Walk-In Urgent Care

- Jacksonville: two hospitals
- Urgent care in Palestine; Palestine Regional ER
- Tries to assess in non-ER settings
- One hospital hiring psychiatrist for telemedicine then transition to ACCESS
- East Texas Behavioral Health Network medical pool: crisis doctors available for psych evals to prescribe at time of crisis

Mobile Crisis Response Team

- Do transport to crisis beds
- Five staff that cover various shifts
- Crises trending toward daytime
- 8-5 in each county M-F, co-responder with law enforcement
- Palestine Police Department partnership secures scene; then ACCESS does assessment

Crisis Stabilization

- UT Health Science took out 23-hour observation unit even though it was in use; was also a drop-off
- Palestine Regional closed intensive outpatient program funded by 1115 Waiver

- Can purchase a hotel room as needed

Detox Services

- Nothing currently available in this area

Peer Support Services

- Peer-operated facility
- Got grant funds recently
- ACCESS contracts with them
- Looking into warm line
- Challenging finding peer support workforce
- New person managing the peer facility now
- Art, computer classes, other types of learning experiences
- One full-time and two part-time peers at ACCESS
- Palestine has a recovery group; does activities with peer support

Housing Services

- Homeless shelters outside of their counties (Tyler, Longview); try to stabilize first
- A couple of places that work with those who have an income, but this is rare resource
- One case manager who is particularly good at finding housing (Jim)
- Jacksonville has one apartment complex that will take low-income clients

Intercept 1: First Responders

911 Dispatch

- Palestine officers have ACCESS staff cell phone numbers and call them directly

Law Enforcement

- Offering trainings in police departments pre-COVID
- Work with sheriff offices and jails to do assessments and complete intakes; get people on medications as needed

- Telemedicine with Cherokee County jail for psychiatrists
- Anderson County: back door entrance for jail clients
- Fund two Mental Health Deputies housed in ACCESS buildings and roll out with staff; one in each county; do the transportation as needed for placements further away

Hospitals

- Med/surg hospital with psych unit in Palestine with 8 forensic beds with competency restoration – only psych beds in the two counties
- Rusk State Hospital
- Cedar Crest, closer to Dallas
- UT Tyler
- \$220,00 a year typical for crisis beds; new influx of over \$450k
- Family does some of the transportation

Andrews Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail manages hotline 24/7
- National suicide hotline passes people through occasionally
- Warm line: 8-5 M-F, non-crisis, crisis prevention, master's level people staffing it right now – COVID grant

Emergency Department / Walk-In Urgent Care

- Want ER to call Avail to keep good stats, but some staff communicate directly with them based on good relationships
- 3 main hospitals in Tyler plus several emergency clinics; hospitals in every county except Van Zandt and Rains
- Van Zandt folks go to Athens in Henderson County
- Computer on a crash cart in Athens for crisis assessments since it's so far for MCOT

Mobile Crisis Response Team

- 8-5: two staff for the 5 counties plus director; off hours contract with Avail to provide services by phone or video; information about off hours calls given to Andrews the next morning to follow up; Avail on weekends as well
- Now providing many of the 8-5 services over the phone or virtual due to COVID
- Getting iPads dispersed now to ERs and some jails; all jails covered with remote technology

Crisis Stabilization

- 8-5 people in crisis can come straight to the clinic
- UTHHealth Northeast 14 beds (CMHH); indigent beds as well (PPB)
- Palestine Regional working on a contract there
- Nothing right now for children and adolescents
- Crisis time slots reserved in schedules for providers (prescribers)

- September 1st crisis respite closed (DSRIP project) – served as law enforcement drop off

Detox Services

- Care agreement with Family Circle of Care (FQHC does medication assisted treatment)
- Cenikor has detox available; working on care coordination agreement with them
- Go through main portal to find available detox bed in Texas, so not totally on demand

Peer Support Services

- No peers in crisis services right now
- Healthy Community Collaborative grant: peer hired for that
- Outpatient Competency Restoration using peers
- Assisted Outpatient Treatment using peers also
- 1 mental health peer specialist and 1 Family Partner
- Peer Force working with Andrews to recruit more people

Housing Services

- Continuity of Care workers work with state hospitals, but sometimes there is nowhere to go
- Relied on Hope House, but that is no longer
- Salvation Army, but may not be accepted there
- New housing grant under Healthy Community Collaborative; coordinated entry – can apply for federal funding once this is up and running; supported housing program for rental and utility assistance

Intercept 1: First Responders

911 Dispatch

- Linkage between Avail and dispatch (988 referrals)

Law Enforcement

- Law enforcement wants to use their iPhone, but there were concerns about privacy/security
- Tried to put iPads in the field but broadband didn't support it
- Law enforcement worried that the drop off center won't work because they will still have to transport the person to the ER if they need hospitalization
- Rains County uses Hunt Regional a lot; some drive straight to Terrell State Hospital despite requests not to do that
- Challenge with drop-off is the emergency detention piece
- Two Mental Health Deputies that call themselves transport deputies
- Smith County increasing pay to try to attract more deputies

Hospitals

- No local beds for adolescents
- UTHealth Northeast 14 beds (CMHH); indigent beds as well (PPB)
- Palestine Regional working on a contract there
 - 3 main hospitals in Tyler plus several emergency clinics; hospitals in every county except Van Zandt and Rains
 - Van Zandt residents go to Athens in Henderson County
 - Computer on a crash cart in Athens for crisis assessments since it's so far for MCOT
- UTHealth Northeast medical clearance is consistent; they are trying to streamline this for mental health crises
- Medical clearance takes 4-5 hours
- Hospitals are on a rotation with law enforcement even though Andrews encourages UTHealth Northeast
- Area hospitals are very competitive
- Andrews gets stacks of ER bills for medical clearance services; patient tells hospital to send bill to Andrews Center
- Contract started under a different system, so change in ownership has caused communication issues

Burke Center, March 2022

Intercept 0: Community Services

Crisis Line(s)

- Avail and national hotline

Emergency Department / Walk-In Urgent Care

- Regional East Texas Health Networks: meet with all stakeholders by county; ERs/hospital administration participate
- Tele-meeting format for remote evaluation

Mobile Crisis Response Team

- MCOT 24/7
- Operationalized from Burke headquarters in Lufkin during business hours
- MHEC (PESC Unit) is off hours headquarters

Crisis Stabilization

- On-demand medication services
- MHEC – can go on voluntary basis (EOU/crisis residential)
- PPB beds
- Equipped vehicles and off duty law enforcement for transportation to inpatient

Detox Services

- Had it based on 1115 Waiver, but it is no longer operational (was in MHEC, but lack of medical staff was an issue)

Peer Support Services

- Looking to increase
- Looking to find and retain the right people
- Early onset team has 2 peers

Housing Services

- Supportive housing program
- Some funding available
- Homeless shelter in two locations that understand population and work well with Burke

Intercept 1: First Responders

911 Dispatch

- 12 counties, all 911 dispatch managed through each county sheriff's office
- County dispatch coordinates officer response and transport

Law Enforcement

- Regional East Texas Health Networks: meet with all stakeholders by county; law enforcement and county officials participate
- Tele-meeting format for remote evaluation in jails
- Law enforcement knows to call MHEC after hours; knows system at Burke and how to reach someone the fastest
- "Cop in the field": Burke can do triage by phone with law enforcement at site of crisis
- Law enforcement learning what is appropriate for MHEC versus medical clearance for inpatient hospitalization
- Law enforcement liaison that is former highway patrol; assists at MHEC

Hospitals

- Regional East Texas Health Networks: meet with all stakeholders by county; ERs/hospital administration participate
- PPB beds as close as possible and able to serve LMHA clientele; good communication and participation for continuity of care
- Has stopped contracting with hospitals that cherry-picked, but some hospitals may not have psychiatric ICU bed available for someone with more severe symptoms

Community Healthcore, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail
- Text line for crisis services
- Can call outpatient offices when in crisis during regular business hours

Emergency Department / Walk-In Urgent Care

- Two RNs to screen to send to Atlanta program; nurse triage in ERs in south; north not embedded due to funding (currently shifting between locations based on need)
- Currently sending to PPBs instead of Atlanta
- Longview hospitals: own medical clearance team for voluntary/non-violent – first responders can coordinate with Community Healthcore for medical clearance (been doing for a year); would like to increase numbers (communication with law enforcement; people more acute/more non-voluntary; limited hours)
- 5-7 medical clearance incidents per week average right now
- If EMS involved, EMS policy requires ER visit
- MCOT coordinating with local hospitals for behavioral health that doesn't require hospitalization

Mobile Crisis Response Team

- Hybrid with some tele video; increasing face to face visits to ERs, jails, and community
- Hubs in Texarkana and Longview
- 24/7 and 365
- Walk-ins at Community Healthcore offices as well

Crisis Stabilization

- Atlanta program reopening when staffed; competition for nurses right now
- Using PPB beds for now

Detox Services

- 75 percent of crisis clients have drugs in their system
- Medical director is knowledgeable
- Protocols for detox
- Can do ambulatory detox on referral on Mondays and Tuesdays for start

Peer Support Services

- Care coordination
- Not part of crisis response system

Housing Services

- Significantly difficult for permanent housing
- Shelters available in Texarkana and Longview
- No emergency housing
- Texas Rent Relief recently

Intercept 1: First Responders

911 Dispatch

- No current coordination
- First responders know Community Healthcore staff personally.

Law Enforcement

- First responders know Community Healthcore staff personally.
- Bowie and Gregg, CCQ matches sent and let caseworkers know about arrests
- Contacts at larger law enforcement agencies will contact Community Healthcore if the person is a known client to avoid ER/jail
- Training with law enforcement agencies on mental health crisis
- CCQ matches: work with jail to get charges dismissed and get person into treatment
- Mental health courts in Bowie and Gregg counties
- Crisis screener in Bowie and Gregg counties in county jail – coordinate medications or try to dismiss and hospitalize or get into outpatient treatment

- (a lot of criminal trespass cases are substance use related)

Hospitals

- Crossing state lines:
 - Texarkana: interstate compact for services over state lines, but Texas judges won't take these cases and Arkansas judges can't cross state lines (hospitals are on Texas side)
 - Arkansas mental health staff used to attend group meetings but not right now
 - (not an issue for Louisiana or Oklahoma)
- Two large hospital systems in Longview
 - On a team of first responders/task force to improve communication on high utilizers
 - ER diversion program
 - Working on data sharing platforms

Spindletop Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- The Harris Center provides crisis line
 - Deploys Mobile Crisis Outreach Team
 - Stabilize so emergency crisis not necessary
- Referral links through community links on website
- OSAR.

Emergency Department / Walk-In Urgent Care

- Community contacts ER rather than hotline
 - In 2015, two mental health inpatient facilities shut down; then all ERs were certified as mental health holding units.
 - Hospitals rotate weekly to “carry the load.”
- Staff available for assessment.

Mobile Crisis Response Team

- 24/7.
- Work with community partners.
- Majority of calls from ERs.
- Based in Beaumont- mobile in service area.
- A lot of visits to hospitals; not as much in community.
- Port Arthur- 8-5 in all counties working on crisis.

Crisis Stabilization

- ARPA with county- co-locate with Baptist Hospital pending
- EOU, PESC and PPB funds- through inpatient hospital
- Crisis respite and Crisis Residential- Wood Group runs in Spindletop buildings.
- 16 beds- fully functioning, w/in capacity.

Detox Services

- Through OSAR

Peer Support Services

- Not in crisis services
- Have drop-in center but not intended for crisis
- Difficulty getting and keeping peers on staff. Criminal history may limit ability to work with law enforcement.

Housing Services

- Homeless outreach programming and SHR
- Run two sites in Beaumont - SRO; one site in Orange
- 811 housing in Beaumont.
- Stay full except for Orange.
- Challenge in Orange is remote location with no public transportation.

Intercept 1: First Responders

911 Dispatch

- M-F- 8-5; all dispatch knows if mental health crisis to call for Spindletop/MCOT to assist.
 - ▶ Will respond instead of law enforcement.
 - ▶ Law enforcement may secure scene and Spindletop follows up.
 - ▶ If not urgent, will do ASAP referral or clerical support will send out to Spindletop.
- In evening, MCOT contacted directly.

Law Enforcement

- Phone line for law enforcement and judges (mental health warrant- d- ASAP line). Divert from criminal justice or Hospital
- If SWAT called, Call out ASAP team as well.
- Regular every other month meetings for crisis system with judges, law enforcement, vets, other community partners.

- Spindletop provides training on mental health, autism, IDD
- Partnerships: ASAP and Crisis
 - Contracts with law enforcement through PESC, pro-bono- (Port Arthur provides officer and looking for grant in future).
 - Help support officer with equipment.
- All 4 counties trying to fill positions- MHD- 6 agencies on board.
 - DA interested and some of small towns.
 - Limits- not enough patrol officers.
 - All have vacancies at this time.
 - Managing on minimum staffing so hard to designate personnel.
- Board has law enforcement - sheriff, prosecuting attorneys, other deputies with familiarity with mental health

Hospitals

- Real need for inpatient detox
- ERs are only place available for detox.
- Medical clearance for PPBs? Overall due to relationships, able to work out but are issues at times due to staff turnover, priority shift, weather.

Tri-County Behavioral Healthcare, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Avail and national lines
- Youth crisis line

Emergency Department / Walk-In Urgent Care

- Fourth fastest growing county; lots of ER use for mental health crisis
- Nine hospitals in service area: Woodlands medical center, Conroe, Huntsville, Liberty, Kingwood
- Plus urgent care centers especially in rural areas
- Medicaid assessment team
- LMHA staff called in to provide services
- Without 1115 funds would only have 4 MCOT staff

Mobile Crisis Response Team

- Funded as rural MCOT 1 team 8 hours per day 7 days per week; enhanced with 1115 funds
- Crisis walk-in in front of CSU 24/7; crisis worker awake there 24/7; use of tele video now (outside of business hours)
- 40 percent coming from law enforcement or EMS to crisis center

Crisis Stabilization

- CSU 16 beds; staffing issues
- 1115 funds for EOU, shut down due to COVID
- Crisis center in Montgomery from grant funds but match dried up; closed now

Detox Services:

- Methamphetamines; can come down from those drugs while in CSU
- Physical detox in Houston

- CCBHC: medication assisted treatment for alcohol starting soon; ambulatory detox
- Substance use programs in Conroe

Peer Support Services

- Working with Janet Paleo on peer services
- Have good peers but working on developing a formal program

Housing Services

- Ongoing struggle
- Homeless shelter in Montgomery County, but it struggles to serve LMHA clients
- Three apartment complexes for permanent housing
- Criminal charges may prevent permanent housing eligibility
- Mission available
- Psychiatric hospitals discharge to their service area and list Salvation Army as discharge plan

Intercept 1: First Responders

911 Dispatch

- Continuing to build collaborations with the various law enforcement agencies in the area
- Larger cities have their own dispatch
- Collaborations occur between community agencies when high utilization by a person may indicate a developing or unmet mental health need

Law Enforcement

- Improved relationships significantly over the last few years
- Increasing number of community members interacting with first responders
- Increased collaboration and incorporation of sheriffs with center in various aspects
- Conroe Police Department co-responder has been positive; positive communication from this

- Montgomery County has Mental Health Deputies
 - ▶ They know LMHA really well
 - ▶ 12-14 officers
 - ▶ Additional resources have allowed for increase of follow up and relapse prevention visits
- Some concerns within local government surrounding the lack of available resources in the more rural areas
- Liberty County has 3-4 new Mental Health Deputies
- Veteran, Drug, and Mental Health treatment courts as well

Hospitals

- Had some good meetings with hospitals and law enforcement, but COVID has halted that;
- OPCs are taking too long and people end up boarding at hospital
- Montgomery County does not have a dedicated process for this; especially bad on the weekends
- Private Psychiatric Hospitals:
 - ▶ 2 in Montgomery County
 - ▶ 1 in Kingwood
 - ▶ 2 in Harris County
- Can keep beds full and easier payment for services
- Specific issue with young children right now – hard to find hospitalization for these
- Lots of kids qualify for CHIP/Medicaid but don't have it; also families who are undocumented
- No access to state hospitals
- Private Psychiatric Beds tend to discharge complex patients too early and those people cycle in and out of the hospital; need expertise of state hospitals

All Texas Access SASH Regional Group

Bluebonnet Trails Community Services

(See All Texas Access ASH Regional Group section)

Camino Real Community Services, October 2021

Intercept 0: Community Services

Crisis Line(s)

- LMHA has used same crisis line provider for 18 to 20 years.
 - Call goes to crisis line contractor who uses established guidelines to contact on-call person.
 - LMHA provides them with an updated list of who can assess the person.
- Crisis services do not currently use warm lines. Possibility of warm lines is being explored.

Emergency Department / Walk-In Urgent Care

- There are 6 ERs in service area. All ERs are attached to a hospital.
- None of the hospitals have psychiatric wings or floors.
- Three counties lack an ER.
- Since COVID, hospitals have agreed to screening from a distance. Equipment was provided by LMHA.

Mobile Crisis Response Team

- Currently using telehealth.
 - In communication with hospital and jails about when to return to face to face.
 - There are technological limits to using Zoom in rural areas.
 - Transitioned from telephonic to Zoom in early 2020 and have been doing Zoom assessments during COVID.
- Have three MCOT teams.
 - MCOT has an on-call mental health professional support staff.

- Strengthened relationship with law enforcement.
- MCOT uses local experience and knowledge.

Crisis Stabilization

- Crisis residential unit is widely known by community and law enforcement.
- Crisis services are also available as walk-in services by location, but services are not currently advertised as walk-in.
- Crisis residential has some detox services.

Detox Services

- People are often sent to facilities outside of region.
- A local hospital can do detox if funded.
- Crisis residential unit can handle some level of detox. Limited number of detox at any one time.

Peer Support Services

- A peer works at the crisis residential unit.
 - The peer helps clients adjust to crisis facility.
 - Using a peer avoids re-engagement work from law enforcement or escalation of crisis.
- No peers are on the MCOT team.
- LMHA has found the peer to be cost effective.

Housing Services

- Generally, rent is very high in some of the more populated areas.
- Supportive housing dollars are hard to use due to high rental costs.
- Limited government supported housing. Wait is about 18 months for vouchers.
- Shelters are on a regional basis, and many of the shelters are outside of the service area.
- Short term domestic violence shelter and a short family crisis center are available.

Intercept 1: First Responders

911 Dispatch

- Each county has their own call center.
- LMHA is interested in working more with 911 dispatch to improve coordination.

Law Enforcement

- Champions for LMHA include local sheriffs.
- Strong line of communication between sheriffs, police, and LMHA.
- Law enforcement engaged in advancing rural capacity.
- Rural crisis response contract will include using a peace officer who will be a law enforcement liaison.
- Law enforcement is well trained in contacting crisis hot line to deploy MCOT.
- Routine meetings with stakeholders that include law enforcement.
 - Quarterly crisis meeting to make sure system is working properly.
 - Mental Health Task force meetings are also held.
 - The crisis director schedules quarterly meetings with crisis stakeholders like sheriffs, police, hospital, school, probation offices, and judges.
 - Meetings include service array discussion and discussing improvements to the system.
- LMHA provides direct training to law enforcement, including mental health first aid. Law enforcement will also make special requests for training from LMHAs.
- The public hospital district in Bexar County works with LMHA to make sure that crisis screening from law enforcement is being coordinated the LMHA.
- LMHA attends law enforcement training to enhance their training on mental health.

Hospitals

- Limited access to SASH
- There are 4 contracts with private psychiatric hospitals.
 - Local hospitals are sometimes at capacity.

- All hospitals are in Bexar County.
- Explored hospitals in Corpus Christi and Austin

Gulf Bend Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Uses the Harris Center hotline, 24/7. The Harris Center triages hotline calls and determines when to contact MCOT.

Emergency Department / Walk-In Urgent Care

- 3 ERs in Victoria County.
 - Only Goliad doesn't have an ER.
 - Law enforcement stays with the person in the ER dependent on situation.
 - Good relationships with ERs and local hospitals.
- Walk-in at main LMHA clinic located in Victoria.

Mobile Crisis Response Team

- Centrally located in Victoria, though they can use telehealth with jails and ERs. Prior to pandemic telehealth was used in jails.
- ER Tele video set up: Citizens and DeTar have own room for crisis
- On weekends, there is a full time crisis worker in ER.

Crisis Stabilization

- Pathway – contact/re-assess every 3-5 days
- PESC and PPB are contracted with Austin-Cross Creek, Houston-West Park Springs, and SUN Behavioral
- Crisis Intervention Specialist for people with IDD

Detox Services

- CCBHC - developing outpatient. Will have level 1 detox after complete renovations in 2022.
- Use detox facilities in San Antonio, Austin, and Houston areas.

Peer Support Services

- Not using peers in crisis or after currently.
- Peers in TRR and Veteran Services

Housing Services

- No permanent supportive housing
- Shortage of affordable housing
- Salvation Army shelter – male only
- Women’s Shelter – domestic violence
- Perpetual Hope – long term - tiny houses on property, small number

Intercept 1: First Responders

911 Dispatch

- Can call Community Response Team in all counties (mental health deputy and co-responder). If crisis response team is not available, connect to hotline and send patrol for safety.
- When crisis response team is in a particular county, law enforcement and dispatch are notified and can call them directly to respond if needed.

Law Enforcement

- Community Response team mental health deputies and co-responder. There are five teams for seven counties.
- Great relationship with law enforcement. All seven-county sheriffs, judges, and defense attorneys support the projects and Gulf Bend.
- Gulf Bend has quarterly meetings with each county and invites pertinent stakeholders to these roundtables.
- Law enforcement would love a drop off.
- One continuity of care worker located in Victoria County jail.
- One continuity of care worker supports the six surrounding counties and travels from jail to jail.

Hospitals

- Citizens is Victoria County hospital.

- Detar is private for profit in Victoria.
- Dewitt is managed by Methodist Healthcare.
- The others are county hospitals, with 1115 funds necessary to cover gaps.

Hill Country MHDD Centers, Kerr County, July 2021

Intercept 0: Community Services

Crisis Line(s)

- United Way 2-1-1
- Interagency Resource Directory (online)
- 24/7 Mental Health Crisis Line 1-877-466-0660
- Drug and Alcohol Rehab Advisors
- 1-844-325-3312
- Kerrville Opioid Addiction
- 1-866-519-1093
- Hill Country Crisis Council 24/7 Hotline
- 1-888-621-0047
- Texas Veterans Commission Hotline
- 1-800-252-VETS
- National Suicide Prevention 24/7 Lifeline
- 1-800-273-8255

Emergency Department / Walk-In Urgent Care

- Peterson Regional Medical Center ER
- Kerrville State Hospital

Mobile Crisis Response Team

- Hill Country MHDD Centers - 24/7 Mobile Crisis Outreach Team (MCOT) serves all 19 counties

Crisis Care Continuum

- Hill Country MHDD
- Starlite Recovery
- La Hacienda Recovery
- Creekview

- New Hope Community Counseling
- Salvation Army

Peer Support Services

- Hill Country MHDD Centers

Veterans Service

- Kerrville VA Medical Center
- Hill Country Veterans Center
- ALAMO CALL-A-RIDE 4 VETS (CARV)

Housing Services

- Salvation Army
- Hill Country Crisis Council

Intercept 1: First Responders

911 Dispatch

- Kerr County Sheriff's Office
 - 10 dispatchers
- Kerrville Police Department

Law Enforcement

- Kerr County Sheriff's Office
- Kerrville Police Department
- Ingram Police Department
- Texas Department of Public Safety Highway Patrol
- Texas Parks and Wildlife

Fire and EMS

- Kerrville Fire and Emergency Medical Services
- Multiple Volunteer Fire Departments

All Texas Access TSH Regional Group

Lakes Regional MHMR Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Contracts with Avail, 24/7
- LMHA receives calls during business hours as well

Emergency Department / Walk-In Urgent Care

- Tele video; Lakes staff either based in office or home.
- No hospital ERs in Morris, Delta, or Franklin counties
- Three Lakes clinics allow for walk-ins relating to crisis.

Mobile Crisis Response Team

- MCOT team in one county, responds to other counties
- Use tele video with jails and ERs

Crisis Stabilization

- No crisis stabilization – uses PPB instead with Texoma and Greenville (Tyler would be ideal, exploring contracting with them)

Detox Services

- No detox services available
- Franklin County FQHC look-alike at old hospital
- CCBHC medication assisted treatment services. High utilization in region.

Peer Support Services

- Funding from COVID SAMHSA Grant to put peers (1-3) on MCOT
- “Picnic” Peer drop in/coffee house through NTBHA in Hunt County

Housing Services

- In Paris and Mt. Pleasant there are domestic violence shelters for women, but they are not using housing first model.
- Lakes has some supportive housing rental funds

Intercept 1: First Responders

911 Dispatch

- Not much involvement.

Law Enforcement

- Liaison from the sheriff's office
- Work closely with sheriff office to divert from jail
- There is a law enforcement representative on the board
- Lakes is not a contracted provider for any jails. Lakes doesn't have the capacity and the jails are very, very small

Hospitals

- Psychiatric Resident in Mt. Pleasant soon out of UT Tyler Health Psychiatric Training Center
- PPB services are largely out of region.
- Would like to align with UT Tyler Health.

North Texas Behavioral Health Authority, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Crisis line shared between the rural and urban counties; Harris Center is contracted to answer crisis line calls.
- COVID-19 Hotline in Dallas and rural counties.
 - Almost no calls from rural areas to the COVID-19 line.
 - Rural communities receive less media attention about COVID.
 - Smaller population may also lead to smaller number of calls.
- Rural community doesn't have warm lines.

Emergency Department / Walk-In Urgent Care

- ERs exist in each county with the exception of Rockwall County.
- Prior to COVID-19, MCOT did face to face screenings; after COVID-19, telehealth is sometimes being used.
- Some ERs prefer face to face because of additional information available from in-person interaction.
- Bridge of Kaufman County offers walk-in crisis services.
- Terrell State Hospital is also used as walk-in for people in crisis.
- Peer-run drop off center is available but has limited hours.

Mobile Crisis Response Team

- Same contractor for rural and urban counties.
- Distance creates service barriers including increased travel time.
- MCOT centrally located in southern Dallas County.
- Very interested in remote crisis assessment. Supporting law enforcement decision making seen as valuable.

Crisis Stabilization

- Bridge of Kaufman County offers in person or telehealth crisis services and medication.
 - The Bridge also offers care coordination, needs assessments, service coordination, and substance use screening and support.
 - The Bridge is used as step down for jails and mental health facilities.
 - The Bridge serves multiple rural counties.
- Southern Area Behavioral Healthcare is a walk-in crisis provider in southern Dallas County.
- Crisis respite in Navarro County is offered 24-7 and is operated by NTBHA and Homeward Bound.
- Homeward Bound provides crisis residential and substance use services. They are a behavioral health contractor with locations across Texas.

Detox Services

- Rural residents access detox services in Dallas.
- LMHA has a robust ability to transport people to urban detox centers.

Peer Support Services

- Peers used in Bridge of Kaufman County
- Peer support in courts
- Peer run facility partnership with NTBHA and Lakes
- Community Health Workers with lived experience.
- Homeward Bound substance use counselor has lived experience.

Housing Services

- No shelters in rural counties. Hotels can be used for short term stays.
- Domestic violence program in Ellis & Navarro counties, but people housed in Waco.
- Robust TBRA program serving rural counties.
- Hotel respite is provided by NTBHA as well
- Housing stock is decreasing. Many clients are being priced out of housing.
- Families are often living in multi-generational housing.

Intercept 1: First Responders

911 Dispatch

- Open to behavioral health integrated into 911 dispatch in rural area. Dispatch model is a mix between cities and counties.
- 911 dispatch in rural areas do not have front end mental health screening.
- Sheriff 911 dispatch is often in jails. Police 911 dispatch is in the police department.

Law Enforcement

- There is a mental health officer in Rockwall County and a mental health officer in Kaufman County.
- Law enforcement has a sense of kinship with the community that leads to relationship building with citizens.
- Kaufman County and other rural counties push for close and quick mental health services from the LMHA.
- Law enforcement in Kaufman County and other counties are champions of mental health.
- Rural counties often embrace community policing focused on supporting people with mental health concerns; some counties still focus on incarceration.
- High demand in Hunt County for mental health first aid.
- Law enforcement would like a drop off center. Terrell State Hospital often serves as the community drop off center due to courtesy ride policy.

Hospitals

- Glen Oaks in Hunt County.
- Contract for PPB beds in Sherman in Grayson County
- Value placed on keeping people near their natural supports.
- Dallas hospitals are often used as a resource. Outpatient care often happens in the community.

Texoma Community Center, October 2021

Intercept 0: Community Services

Crisis Line(s)

- Uses Avail 24/7, which rates hotline call as emergent or urgent.
- Texoma staff screens and determines if MCOT is dispatched.

Emergency Department/Walk-In Urgent Care

- Virtual/telehealth available
- Local ERs (and jails) did well with transition to telehealth. Telehealth increased their access/timely response.
- Four emergency rooms in the service area. Two are free standing ERs and open 24/7. They are not equipped for psychiatric care.
- Purple Unit at Sherman for psychiatric care

Mobile Crisis Response Team

- Five MCOT team members went virtual over last year. Texoma plans to utilize telehealth-hybrid model
- Additional crisis funding is needed.
- Increase of crisis calls over the last several years.
- Responses are emergency room-based, community-based, and there are some law enforcement responses

Crisis Stabilization

- Crisis respite unit, able to serve six people but not serving that many now due to funding
- Crisis respite unit has been used in past as transition from jail

Detox Services

- Inpatient providers limited. Need to travel to Dallas and Tarrant County to receive publicly funded detox services
- Limited resources

Peer Support Services

- There are no peers in crisis services.
- Peers in adult programs, including substance use; also have Family Partners,
- Peers are not billable in crisis as they are not QMHPs
- Struggle finding peers

Housing Services

- Shelters in region – Grace and County Family Shelter & Grace and Crisis Center (domestic violence)
- Four Rivers Outreach is for individuals in sobriety
- There is one new shelter in Fannin County.
- Broadly speaking, housing costs are rising and no longer affordable in the area.
- Section 8 housing in Denison

Intercept 1: First Responders

911 Dispatch

- Crisis Training for 911; activating law enforcement.
- Law enforcement activates crisis line.
- Just started tracking mental health calls in one city.
 - That city is contacting Texoma crisis team.
 - Have option to contact Avail.

Law Enforcement

- Online referral process for mental health services for law enforcement
- Monthly staffing calls with law enforcement and Texoma
- There are no mental health deputies on staff, though Texoma has trained some mental health deputies
- Outside organization has funded for Texoma MHD
- Crisis training for police departments
- Train the trainer for crisis services

- Participating in new jail-in reach program
- There is a law enforcement representative on Texoma Board

Hospitals

- Carus Hospital for Children
- Good relationship with NTSH and TSH
- More need for private psychiatric beds

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