All Texas Access Report

As Required by
Texas Government Code §531.0222(e)

Texas Health and Human Services
December 2023

TEXAS
Health and Human
Services

Table of Contents

Executive Summary

All Texas Access is an ongoing initiative regarding local mental health authority planning and strategy implementation under Government Code §531.0222.[1] All Texas Access is a collaboration between HHSC and the regional groups established in 2020. The regional groups consist of 30 local mental health authorities and local behavioral health authorities (LMHAs and LBHAs) that serve at least one county of 250,000 people or fewer. All Texas Access works to improve rural access to mental health services and to decrease four specific metrics:

- Cost to local governments of providing services to people experiencing a mental health crisis;

- Transportation of people served by an LMHA or LBHA to mental health facilities;

- Incarceration of people with mental illness in county jails; and

- Hospital emergency room visits by people with mental illness.

For fiscal year 2023, All Texas Access focused on three priority projects:

- a community engagement pilot project,

- a peer support learning collaborative, and

- supporting LMHAs and LBHAs in funding and implementing jail diversion strategies outlined in the last All Texas Access report.

The Introduction and Background highlights these three efforts, as they transcend regional group boundaries for All Texas Access. Regional groups are explained in the All Texas Access Implementation section. Each of the seven regional group plans in the report include a map of the region, list of LMHAs and LBHAs for that region, and updates to strategies previously developed by each group.

Previously published All Texas Access reports are available on the Rural Mental Health page of the Health and Human Services Commission's (HHSC) website.

---

[1] Senate Bill (S.B.) 454, 87th Legislature, Regular Session, 2021, and S.B. 633, 86th Legislature, Regular Session, 2019.

Introduction and Background

Rural Mental Health

During fiscal year 2022, HHSC completed an in-depth review of behavioral health crisis service use data across the state. The data revealed that between 2017 and 2021, people in rural areas were accessing crisis services much more frequently than those in urban areas. Rural children (under 18 years old) accessed crisis services 150 percent more often than urban children, and rural adults (18 years and older) accessed crisis services 45 percent more often than urban adults. More information regarding this data can be found in the All Texas Access 2022 report.

Figure 1. Per Capita Rate of Crisis Access, Fiscal Years 2017 to 2021: Heat Map by County[i]
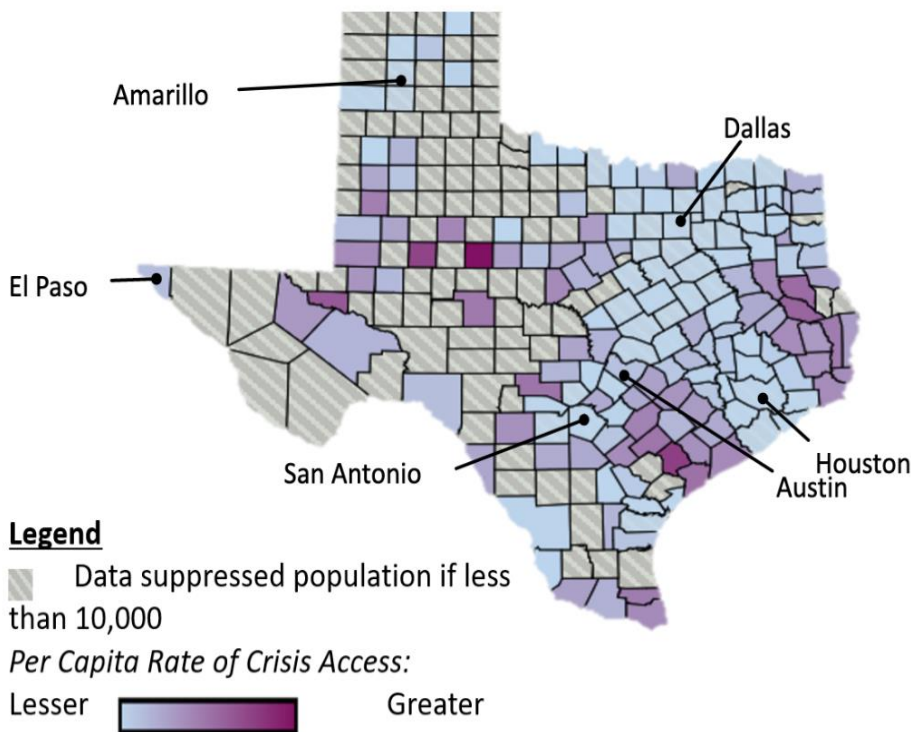
To increase focus on the needs of rural Texans, HHSC created a unit dedicated to rural mental health. The Rural Mental Health Unit implements the All Texas Access initiative and gives support to rural Texans and the unique opportunities and challenges they experience when accessing care. Rural Mental Health aims to:

- Connect rural Texans with regional and statewide behavioral health providers;

- Link rural behavioral health providers with local and national expertise;

- Develop relationships across different types of behavioral health providers;

- Elevate the perspective of rural behavioral health providers to state policymakers; and

- Continue the work of the All Texas Access initiative.

The challenges people face accessing mental health services in rural Texas are significant. As of November 2022, 98 percent of the 254 counties in Texas are considered mental health professional shortage areas.[ii] Workforce gaps have prevented private and state-run psychiatric hospitals from operating at full capacity.[iii] The sheer land mass, diversity, and disparate needs of rural Texans complicate efforts to make a recognizable difference in rural communities.

During fiscal year 2023, Rural Mental Health forged partnerships with other entities that impact rural Texas communities. Rural Mental Health began a collaboration with the Texas Department of State Health Services' Office of Public Health Policy as they implemented their federally-funded grant titled the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, (CDC-RFA-OT21-2103). Rural Mental Health also formed a strong working relationship with the Texas Department of Agriculture's Texas State Office of Rural Health. Additionally, Rural Mental Health has leveraged relationships with the following institutions of higher learning that impact rural Texas communities:

- Dell Medical School - University of Texas at Austin;

- The IC^2 Institute at The University of Texas at Austin;

- Stephen F. Austin University's Center for Applied Research and Rural Innovation;

- Steve Hicks School of Social Work - University of Texas at Austin;

- Texas A&M Kingsville Institute for Rural Mental Health Initiatives;

- Texas A&M University School of Public Health; and

- Texas Tech Health Science Center.

The goal of All Texas Access is that all Texans can access care at the right time and place. Interviews with law enforcement, who respond to community mental health

crisis calls, and others who need access to mental health care indicate that it takes significantly longer to access care in rural communities than in urban communities. The work of All Texas Access has begun to close the gaps of time and distance.

The key to closing these gaps is ensuring there is a workforce and capacity to serve rural Texans. Local communities will need to identify their priorities when it comes to health and well-being and organize to address those priorities. Additionally, LMHAs and LBHAs are doing their part to divert people with mental health conditions from the criminal justice system. This section of the report highlights these three elements, as they apply to rural communities throughout the state. Later sections of the report address regional planning for each of the seven All Texas Access Regional Groups.

Enhancing The Work Force: Peer Support Learning Collaborative

Peer support offers a person experiencing mental health conditions the opportunity to connect with a person who has similar lived experience and is currently in a stable recovery. Peers are in a unique position to best understand and validate a person's struggles with mental health and mental health treatment. Peers can share their own lived experience, offer practical guidance, and help people to develop their own goals, strategies for self-empowerment, and plans for managing their recovery and building a meaningful life.

LMHAs and LBHAs hire peers to offer peer support as part of their services. The Peer Support Learning Collaborative is an opportunity for rural LMHAs and LBHAs to participate in training and consultation with a national expert. In fiscal year 2023, six LMHAs volunteered to participate in this project:

- Anderson Cherokee Community Enrichment Services (ACCESS);
- Burke Center;
- Community Healthcore;
- Gulf Bend Center;
- Helen Farabee Centers; and
- Hill Country Mental Health & Developmental Disabilities Centers (Hill Country MHDD).

Each participating LMHA had varying degrees of experience with developing and sustaining effective peer support programs. The learning collaborative focused on developing best practices for hiring, retaining, and supervising peer support specialists and having them work across the service continuum at LMHAs. HHSC contracted with Achara Consulting, a national leader in peer and recovery-oriented approaches within behavioral health, to provide both virtual and in-person consultation to the participating LMHAs.

When learning collaborative participants were surveyed in May 2023, 90 percent of respondents indicated that the peer learning collaborative was a good use of their time and 80 percent indicated that they could apply what they were learning to their work. Comments noted that learning collaborative participants enjoyed meeting peer specialists from other LMHAs and hearing about how peer support services are delivered elsewhere. One survey respondent stated, "Our challenges are more universal across LMHAs than I realized. We can learn a lot by connecting with our partner LMHA's across the state."

The peer learning collaborative will continue into fiscal year 2024. Five new LMHAs volunteered to join the collaborative:

- Central Counties Services,
- Center for Life Resources,
- Lakes Regional Community Center,
- Pecan Valley Centers, and
- StarCare Specialty Health System.

As these LMHAs are supported in making the most of all that peer specialists offer, HHSC's goal is for this effort to mitigate some of the challenges created by the national mental health workforce shortage.

Figure 2. LMHAs Participating in the Peer Support Learning Collaborative

Powered by Bing
© GeoNames, Microsoft, TomTom
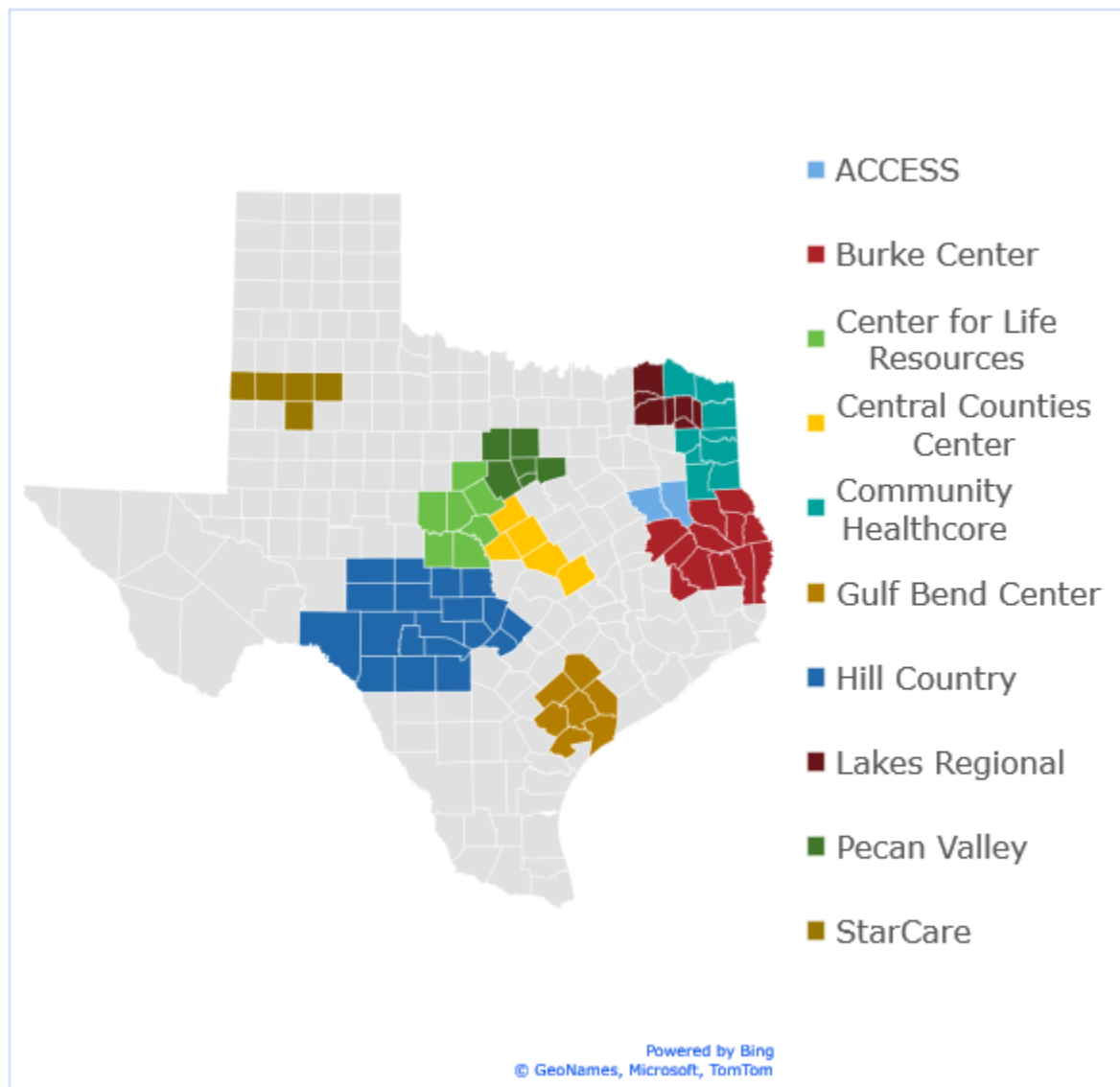
Identifying Priorities: Community Engagement Pilot

Process Overview

In September 2022, HHSC began a Community Engagement Pilot focusing on regions of rural Texas that experience some of the highest per capita use of HHSC funded crisis services. Rural regions identified for the Community Engagement Pilot were select counties in Central Texas, East Texas, and South Texas based on per

capita crisis incidents, as shown in [Figure 1, Per Capita Rate of Crisis Access: Heat Map by County](#).

Five LMHAs voluntarily participated in the community engagement pilot, as some or all of the counties they served had above-average crisis utilization:

- ACCESS;

- Bluebonnet Trails Community Services (BTCS);

- Burke;

- Spindletop Center; and

- Tropical Texas Behavioral Health.

Figure 3. Participation in Community Engagement Pilot
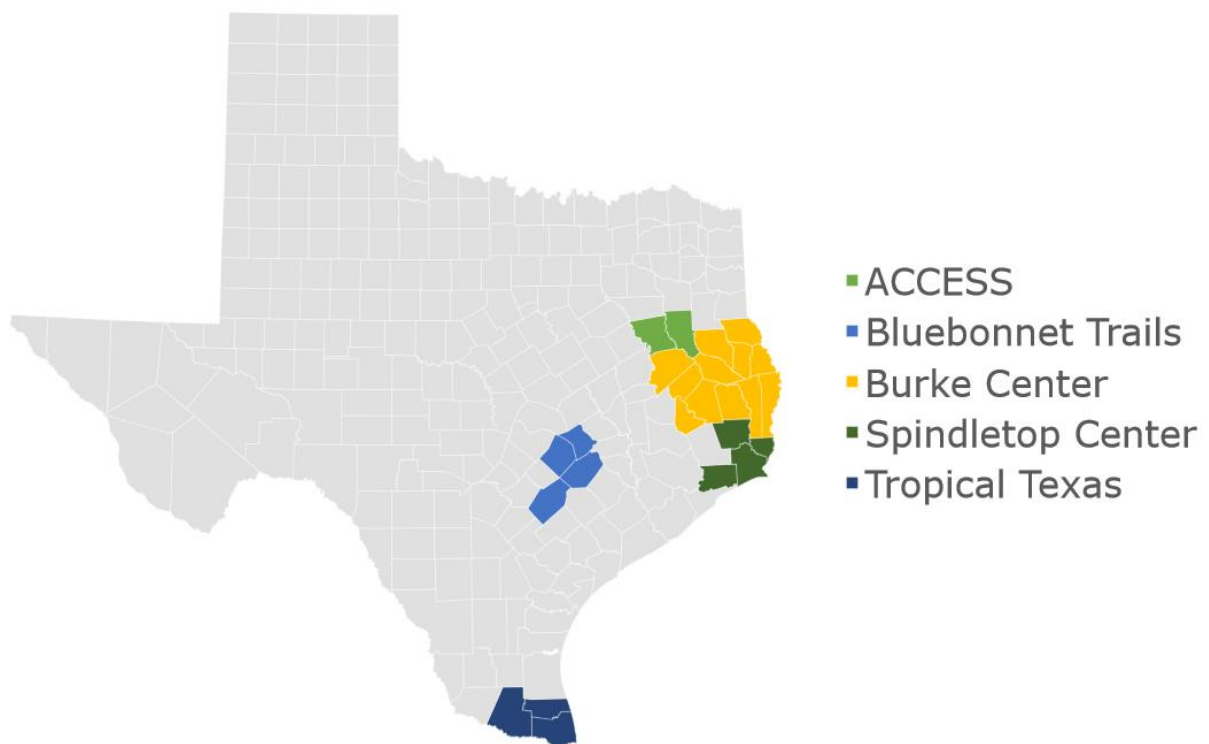
HHSC also engaged rural funders to participate in the pilot project. Many philanthropic organizations in Texas support mental health, rural communities, or both. HHSC invited those organizations to participate in the pilot. The participants were able to connect HHSC to community organizations and community members, and in return received regular updates on the progress of the pilot as well as the results of the pilot. Pilot results may help inform funding priorities for the

participants. HHSC partnered with the following rural-serving philanthropic organizations:

- Episcopal Health Foundation;
- Fayette Community Foundation;
- Hogg Foundation for Mental Health;
- Methodist Healthcare Ministries;
- St. David's Foundation;
- Stanzel Family Foundation;
- T.L.L. Temple Foundation; and
- Valley Baptist Legacy Foundation.

To better understand what rural Texans were experiencing in the pilot areas, HHSC conducted focus groups and individual interviews with community organizations such as health clinics, food banks, schools, and libraries. HHSC started with community organizations known to the LMHAs and rural funders, then gathered other contacts during the focus groups and interviews. Community organizations were asked about quality of life in the community, most frequent mental and emotional stressors, access to resources, and access to mental health services. HHSC reviewed available community assessments from organizations such as hospitals and councils of government as well as health statistics for the selected communities. HHSC also made visits to local resource centers and organizations that work to serve the unique needs of their community. Additionally, HHSC launched a community survey about stress and mental wellness in both English and Spanish. Participating LMHAs, community organizations that participated in focus groups and interviews, and other organizations advertised the survey in their local communities. Community members could scan a QR code on a posted flyer or request a paper copy of the survey.

HHSC conducted this pilot over nine months. The findings noted below do not represent every voice in each community, since some community organizations and pockets of each community may not have been aware of the pilot or had the chance to participate in a focus group, interview, or community survey. The findings below reflect HHSC's summary of available community input from the pilot and do not reflect a scientifically valid or reliable research method.

Findings

People live on a stress continuum. For rural Texans, stress can be elevated based on multiple non-medical drivers of health such as housing, transportation, employment, and broadband or cell phone signal availability.

Figure 4. Stress Continuum[iv]
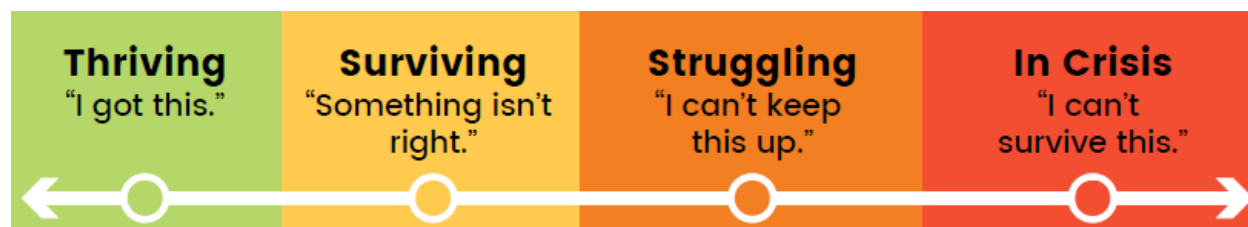
For many rural Texans, resolving issues around non-medical drivers of health creates stress, and typically at the core of that stress is making a living wage. According to the U.S. Bureau of Labor Statistics, for the third quarter of 2022, "Among the 228 smaller counties in Texas—those with employment below 75,000— 213 reported wages lower than the national average of $1,334."[v] The Massachusetts Institute of Technology also published an analysis of the living wage in the United States as calculated in December 2022, which is $104,077.70 per year before taxes for a family of four (two working adults and two children).[vi] Rural Texans struggling to make a living wage often focus on daily or immediate needs, and the ability to plan becomes challenging. One interviewee stated that this "tyranny of the moment" can result in people viewing medical or mental health conditions as less urgent issues until they reach a crisis point.[vii]

Texas LMHAs and LBHAs provide mental health crisis care and coordinate community access to mental health services; however, LMHAs and LBHAs are not designed or funded to serve all people at all levels of need. Communities must come together to address challenges and stressors specific to their area. As Judge Bob Inselmann of Angelina County stated, "Government has a role to play, but ultimately it's up to people in communities to make themselves better."[viii]

HHSC repeatedly heard throughout the interview and focus group process that innovative and creative community-based organizations in the pilot communities are responding to needs. These local champions contribute to their communities in creative and inspiring ways, often without government financial support. This report highlights a few of those local champions.

Lee County Youth Center

In support of its mission to enable all young people to reach their full potential as productive, caring, and responsible citizens, Lee County Youth Center (LCYC) has been providing healthy snacks, assistance with homework, English as a Second Language (ESL) tutoring, and mentoring to children in low-income families residing in Lee County for the last 11 years.

Students who attend the LCYC have shown marked improvement in homework completion, grades, and standardized test results. The heart and soul of LCYC began with Donna Orsag, LCYC's first Director. Donna was a retired Principal and ESL Teacher who set up the after-school program where young students were provided snacks, received help with homework assignments, and any needed ESL training under safe, adult supervision until their parents got off work. The program quickly grew to over 100 young people attending each day.

The LCYC was forced to temporarily close in 2020, due to the COVID-19 pandemic along with the deteriorating condition of the retired school building that was being used. However, the LCYC re-opened in 2022 in a new building constructed entirely with locally raised funds. Plans are currently underway for an expansion that includes a gym and additional classrooms.

Central Texas Community Contacts and Data

HHSC contacted residents and leaders in Bastrop, Fayette, Gonzales, and Lee counties via interviews and in person and virtual focus groups. The following groups supported HHSC's efforts to reach out to community members:

- Bastrop Cares,

- Resilient Bastrop County,

- Health & Behavioral Wellness Council of Greater Colorado Valley, and

- Pastor Jesse Elizondo of the Two Rivers Church of Gonzales and the Gonzales Ministerial Alliance.

All four counties are considered mental health workforce shortage areas with a significant lack of prescribers of psychiatric medications as well as providers of psychotherapy for children, adults, and families.

The absence of these health providers was a frequent topic in interviews and focus groups; however, gaps related to information about accessing existing resources such as applying for benefits, rental assistance, and education about health and mental health conditions to address stigma were more prominent. The themes of infrastructural gaps such as transportation and broadband were consistent in each county given the size and gaps in internet access. Bastrop County particularly identified needs related to housing and economic development and employment due to rapid growth.

Persons who participated in focus groups or interviews were later asked to prioritize challenges most frequently mentioned in their county. Results for each county are below and a summary follows in the Discussion section.

Figure 5. Bastrop County Priorities[ix]
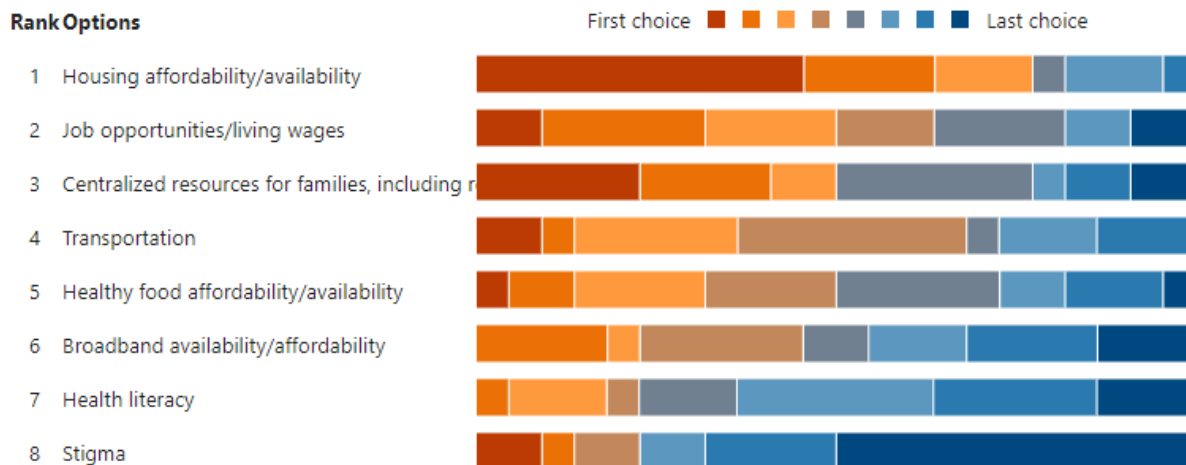
Table 1. Bastrop County Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Housing affordability or availability	46	18	14	0	5

Options	First Choice	Second	Third	Fourth	Fifth
Job opportunities or living wages	9	23	18	14	18
Centralized resources for families, including recreation	23	18	9	0	27
Transportation	9	5	23	32	5
Healthy food affordability or availability	5	9	18	18	23
Broadband affordability or availability	0	18	5	23	9
Health literacy	0	5	14	5	14
Stigma	9	5	0	9	0

Figure 6. Fayette County Priorities
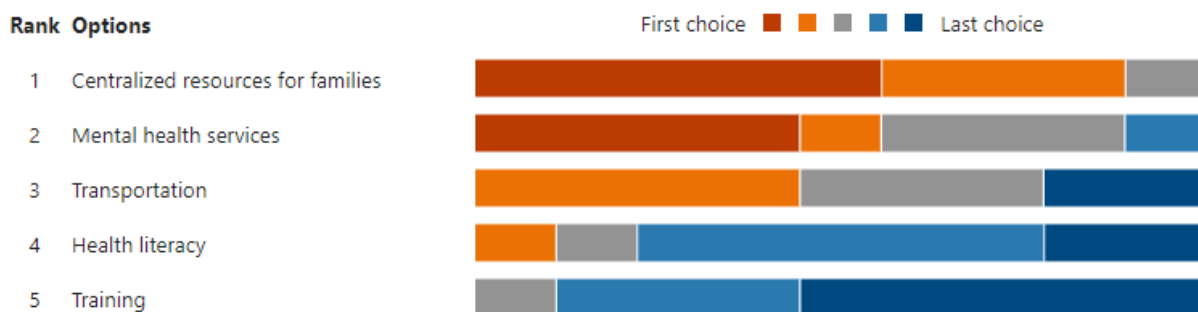
Table 2. Fayette County Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Centralized resources for families	56	33	11	0	0
Mental health services	45	11	33	11	0
Transportation	0	45	33	0	22
Health literacy	0	11	11	56	22
Training	0	0	11	33	57

Figure 7. Fayette County Community Organization Priorities
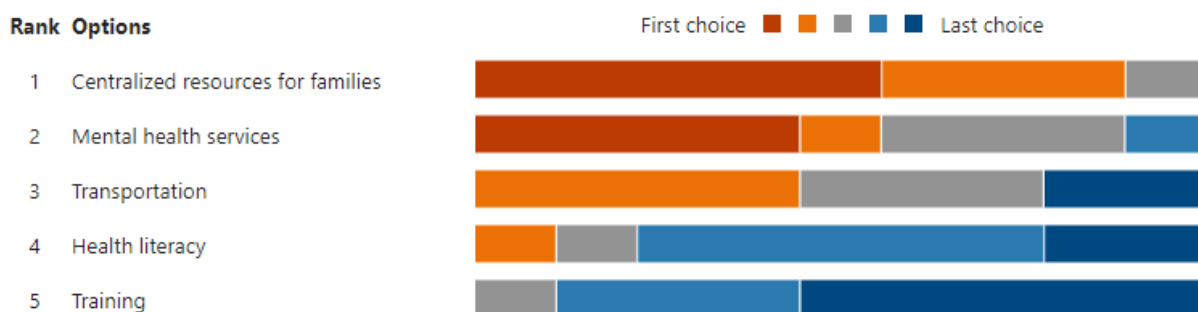
Table 3. Fayette County Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Centralized resources for families	56	33	11	0	0
Mental health services	45	11	33	11	0
Transportation	0	45	33	0	22
Health literacy	0	11	11	56	22
Training	0	0	11	33	57

Table 4. Gonzales County Community Organization Priorities
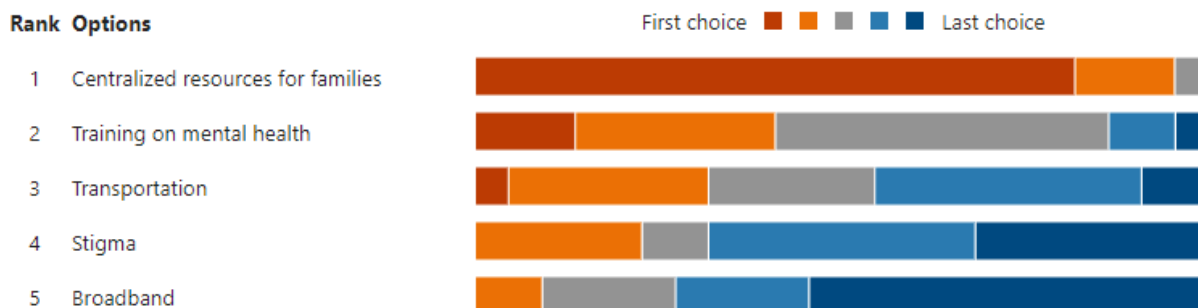
Table 5. Gonzales County Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Centralized resources for families	82	14	4	0	0
Training on mental health	14	27	46	9	4

Options	First Choice	Second	Third	Fourth	Fifth
Transportation	5	27	23	36	9
Stigma	0	23	9	36	32
Broadband	0	9	18	18	55

Figure 8. Lee County Community Organization Priorities
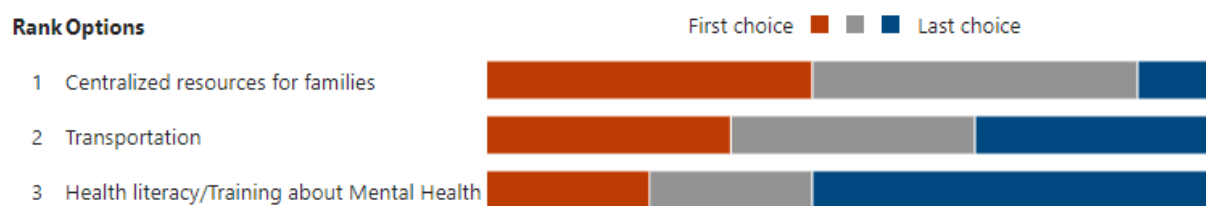
Table 6. Lee County Community Organization Priorities

Options	First Choice	Second	Third
Centralized resources for families	45	45	10
Transportation	33	33	33
Health literacy or training about mental health	22	22	56

HHSC also surveyed residents of these counties to ask what most often causes them stress. Results are below.

Figure 9. Bluebonnet Trails Stress Survey Responses[x]
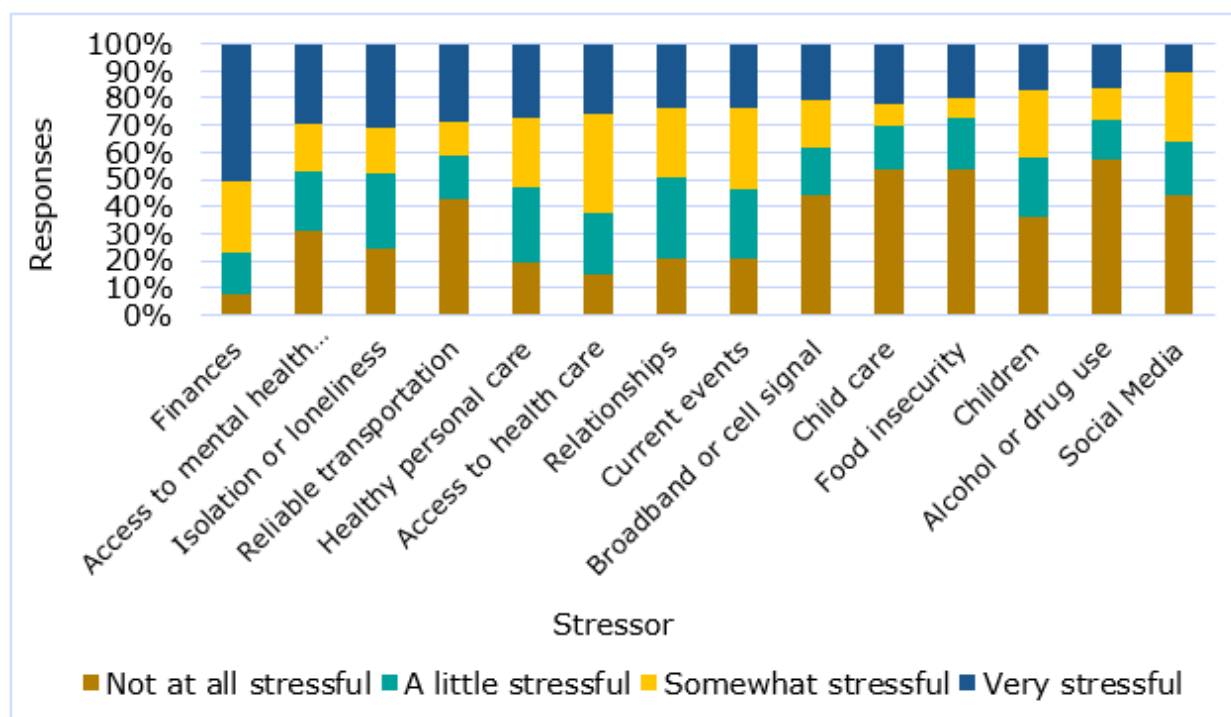
Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Finances	7%	14%	24%	47%	7%
Access to mental health care	30%	21%	17%	29%	3%
Isolation or loneliness	23%	26%	16%	29%	7%
Reliable transportation	40%	16%	11%	27%	6%
Healthy personal care	19%	26%	24%	26%	6%
Access to health care	14%	21%	34%	24%	6%
Relationships	19%	27%	23%	21%	10%
Current events	19%	23%	27%	21%	10%
Broadband or cell signal	43%	17%	17%	20%	3%
Childcare	49%	14%	7%	20%	10%
Food insecurity	50%	17%	7%	19%	7%
Children	33%	20%	23%	16%	9%
Alcohol or drug use	50%	13%	10%	14%	13%
Social Media	41%	19%	24%	10%	6%

Community members identified their top three areas of stress as:

1. Finances;

2. Access to mental health services; and

3. Loneliness.

Discussion

Consistent themes across the four counties in both surveys are a pattern of stress related to financial insecurity as well as access to timely mental health care. Additionally, centralized resources for families emerged as a priority for Fayette, Gonzales, and Lee counties. A few rural Texas counties have developed health resource centers, which serve as a single referral source for challenges such as rental assistance, utility bill assistance, benefits applications, and substance use treatment. Bastrop County, the largest in population of the four counties with a population of 106,188 as of July 1, 2022,[xi] has articulated ongoing challenges related to the rapid growth in the area with a focus primarily on affordable housing and jobs with living wages.

It is notable that Bastrop, Fayette, Gonzales, and Lee counties all lack a county health department. Chapter 121 of the Texas Health and Safety Code[xii] defines a local health department as a body that "may perform all public health functions that the municipality or county that establishes the local health department may perform." Services provided by a county health department might include:

- Identifying community health problems;
- Informing, educating, and empowering the community with respect to health issues;
- Mobilizing community partnerships in identifying and solving community health problems;
- Developing plans that support individual and community efforts to improve health; and
- Linking people who have a need for community and personal health services to appropriate community and private providers.

Bastrop County identified systemic challenges that would likely require the involvement of a centralized entity or a health authority to gather data and develop a health vision for the county, which is qualitatively different than Fayette, Gonzales, and Lee counties with populations of 24,913; 19,832; and 17,954 respectively as of July 1, 2022.[xiii]

Currently, Bastrop County local groups are coming together to address their unique challenges related to rapid growth. HHSC, in partnership with Bluebonnet Trails Community Services, will further engage with leaders in Fayette, Gonzales, and Lee counties to begin discussion about strategies related to closing identified gaps.

> **Fayette County Foundation Red Door Fund for Mental Health**
> The Fayette Community Foundation: Red Door Fund for Mental Health was established to create and support "Red Doors" in the rural regions of the Fayette Community Foundation service area. The Foundation uses the symbol of the red door to symbolize invitation and protection. The Red Door Fund accomplishes this by raising funds to support awareness and education efforts as well as services and providers. In supporting these, the Red Door Fund seeks to help local people who are struggling with mental illness as well their families and friends caring for them.

East Texas Community Contacts and Data

Three rural-serving LMHAs in East Texas participated in the community engagement pilot project: ACCESS, Burke, and Spindletop Center. However, the outcomes of the pilot project point to systemic and infrastructure challenges well beyond the scope of a local mental health authority. When asked about quality of life in East Texas, focus group and interview participants typically started with gaps and challenges with which many East Texans struggle:

- Access to routine medical care;
- Access to basic resources, such as housing or healthy foods;
- Employment opportunities;
- Transportation; and
- Broadband and cell phone service.

Focus group and interview participants in the two counties served by ACCESS, Anderson and Cherokee counties, identified the following community challenges as priorities:

Figure 10. ACCESS Service Area Priorities
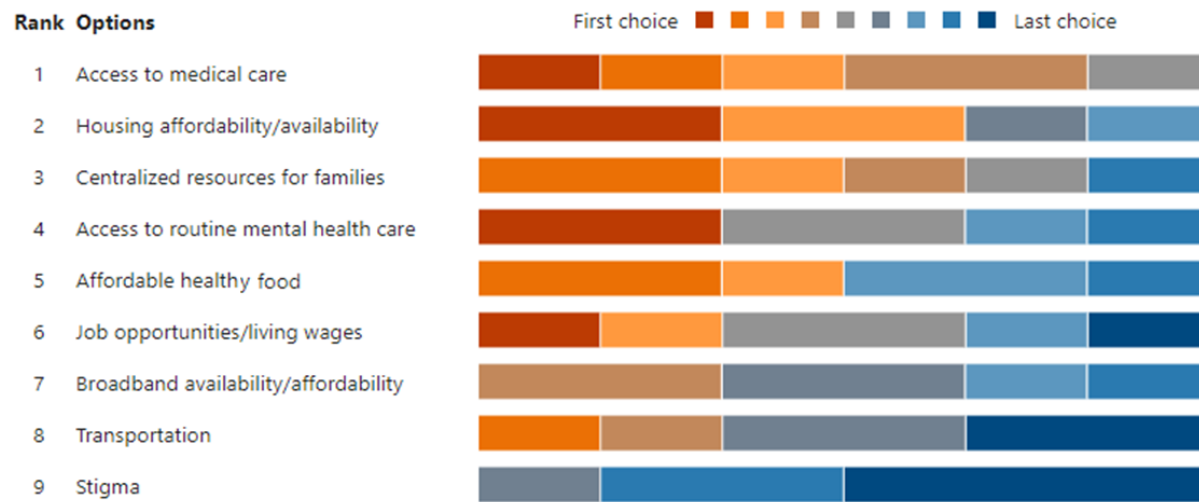
Table 7. ACCESS Service Area Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Access to medical care	17	17	17	33	16
Housing affordability or availability	33	0	33	0	0
Centralized resources for families	0	33	17	17	17
Access to routine mental health care	33	0	0	0	33
Affordable healthy food	0	33	17	0	0
Job opportunities or living wages	17	0	17	0	33
Broadband affordability or availability	0	0	0	33	0
Transportation	0	17	0	17	0
Stigma	0	0	0	0	0

The Northeast Texas Healthcare Task Force was particularly helpful with the community member survey in Anderson and Cherokee counties. Community members identified their top three areas of stress as:

1. Finances;

2. Broadband or cell signal; and

3. Access to medical care.

Figure 11. ACCESS Community Stress Survey Responses
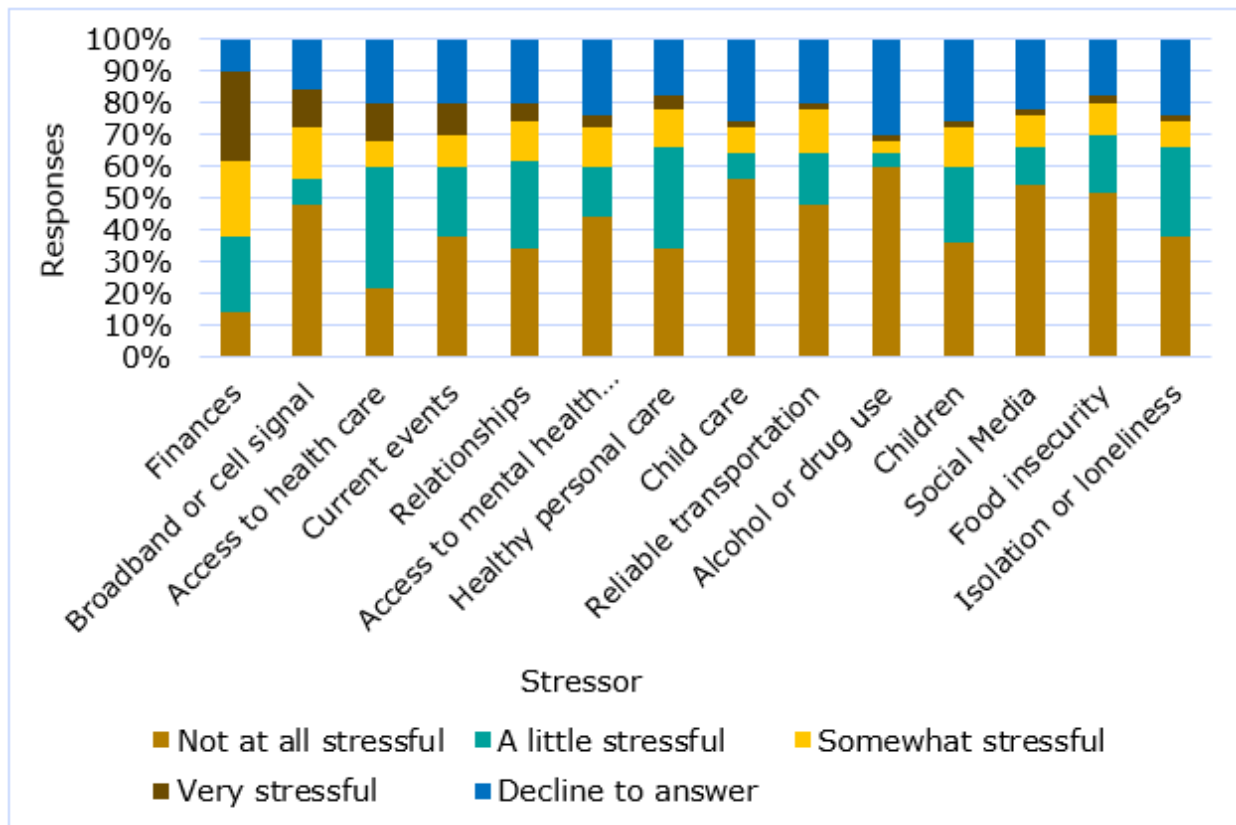
Table 8. ACCESS Service Area Community Stress Survey Responses

Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Money/finances	14%	24%	24%	28%	10%
Broadband or cellular signal	48%	8%	16%	12%	16%
Health or access to health care	22%	38%	8%	12%	20%
Current events	38%	22%	10%	10%	20%
Relationships	34%	28%	12%	6%	20%
MH or access to MH care	44%	16%	12%	4%	24%
Healthy personal care	34%	32%	12%	4%	18%
Childcare	56%	8%	8%	2%	26%
Reliable transportation	48%	16%	14%	2%	20%

Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Alcohol/drug use	60%	4%	4%	2%	30%
Children	36%	24%	12%	2%	26%
Social Media	54%	12%	10%	2%	22%
Food insecurity	52%	18%	10%	2%	18%
Isolation/loneliness	38%	28%	8%	2%	24%

Access to basic medical care emerged as a priority in these counties. In addition, the stress around finances might be mitigated by more affordable housing and job opportunities with living wages. Centralized resources for families ranked as a top three priority would help people know what support is available to them and also help them access that support more easily.

Focus group and interview participants in the counties served by Burke (Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler) identified the following community challenges as priorities:

Figure 12. Burke Service Area Priorities
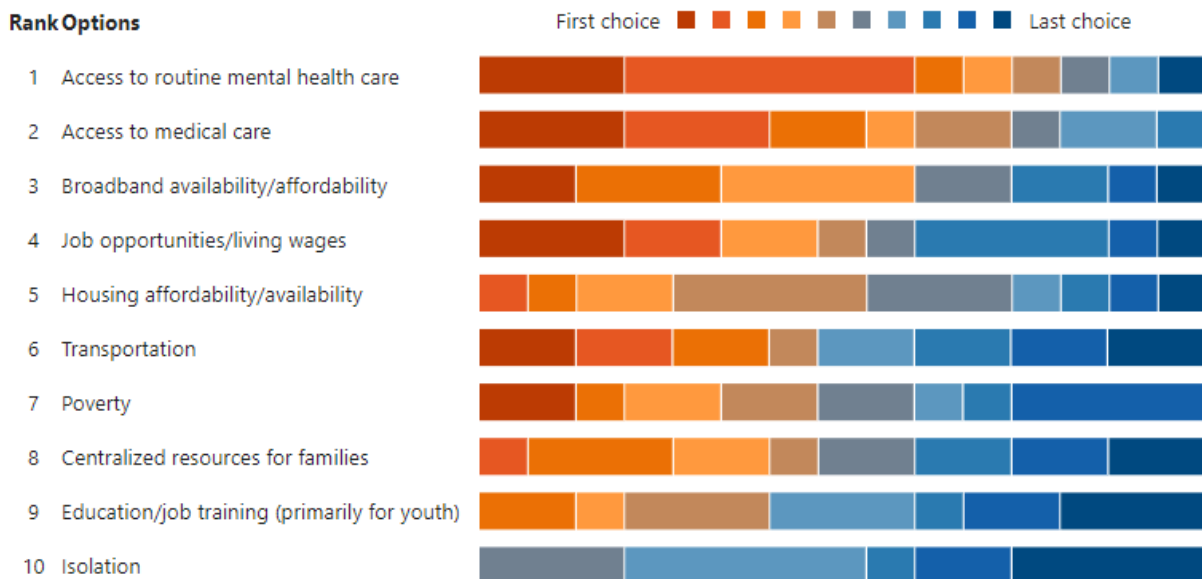
Table 9. Burke Service Area Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Access to routine mental health care	20	40	7	7	7
Access to medical care	20	20	13	7	13

Options	First Choice	Second	Third	Fourth	Fifth
Broadband affordability or availability	13	0	20	27	0
Job opportunities or living wages	20	13	0	13	7
Housing affordability or availability	0	7	7	13	27
Transportation	13	13	13	0	7
Poverty	13	0	7	13	13
Centralized resources for families	0	7	20	13	7
Education or job training (primarily for youth)	0	0	13	7	20
Isolation	0	0	0	0	0

Community members in the Burke service identified their top three areas of stress as:

1. Finances;

2. Healthy personal care (adequate sleep, adequate nutrition, etc.); and

3. Reliable transportation.

Figure 13. Burke Service Area Stress Survey Responses
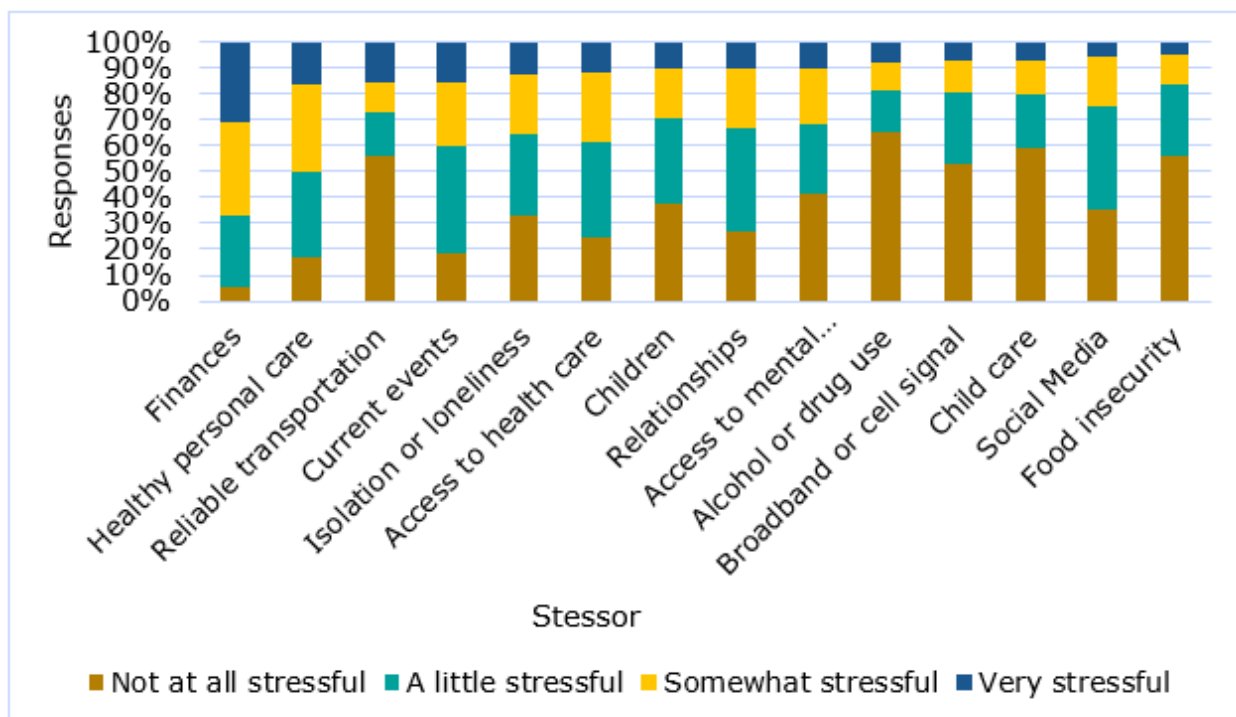
Table 10. Burke Service Area Stress Survey Responses

Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Money/finances	6%	27%	36%	30%	1%
Healthy personal care	16%	33%	33%	16%	1%
Reliable transportation	55%	16%	11%	16%	1%
Current events	18%	40%	24%	16%	1%
Isolation/loneliness	31%	30%	22%	12%	5%
Health or access to health care	24%	36%	27%	11%	1%
Children	37%	33%	19%	10%	1%
Relationships	26%	40%	23%	10%	1%
MH or access to MH care	41%	26%	21%	10%	1%
Alcohol/drug use	62%	15%	10%	8%	6%
Broadband or cellular signal	52%	28%	12%	7%	1%
Childcare	57%	20%	13%	7%	3%
Social Media	35%	39%	18%	6%	2%
Food insecurity	55%	27%	11%	5%	2%

The mental health workforce shortage is significant in this community. Few communities have a mental health professional outside of the Burke Center, and few primary care physicians are comfortable helping people address mental health challenges. People who need these resources must often travel to a larger city, which can trigger challenges with transportation and ability to take time away from work.

Kacie Pena of United Way of Greater Baytown Area & Chambers County assisted HHSC in scheduling a focus group in Chambers County with an existing coalition of providers in the county. Focus group and interview participants in the counties served by Spindletop Center (Chambers, Hardin, Jefferson, and Orange) identified the following community challenges as priorities:

Figure 14. Spindletop Center Service Area Priorities[xiv]

Rank	Options
1	Access to routine mental health care
2	Housing affordability/availability
3	Transportation
4	Health insurance
5	Broadband availability/affordability
6	Centralized resources for families, including r
7	Job opportunities/living wages
8	Education/job training (primarily for youth)
9	Stigma
10	Isolation

First choice ■ ■ ■ ■ ■ ■ ■ ■ ■ Last choice

Table 11. Spindletop Center Service Area Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Access to routine mental health care	40%	13%	27%	13%	7%
Housing affordability or availability	13%	7%	20%	0	13%
Transportation	13%	33%	13%	0	7%
Health insurance	7%	13%	0	27%	27%
Broadband affordability or availability	0	13%	13%	20%	13%
Centralized resources for families, including recreation	13%	13%	0	20%	0
Job opportunities or living wages	13%	7%	7%	0	13%
Education or job training (primarily for youth)	0	0	0	7%	13%
Stigma	0	0	13%	7%	7%
Isolation	0	0	7%	7%	0

Community members in the Spindletop Center service identified their top three areas of stress as:

1. Finances;

2. Preventative health care (adequate sleep, adequate nutrition, etc.); and

3. Children.

Figure 15. Spindletop Center Service Area Stress Survey Responses
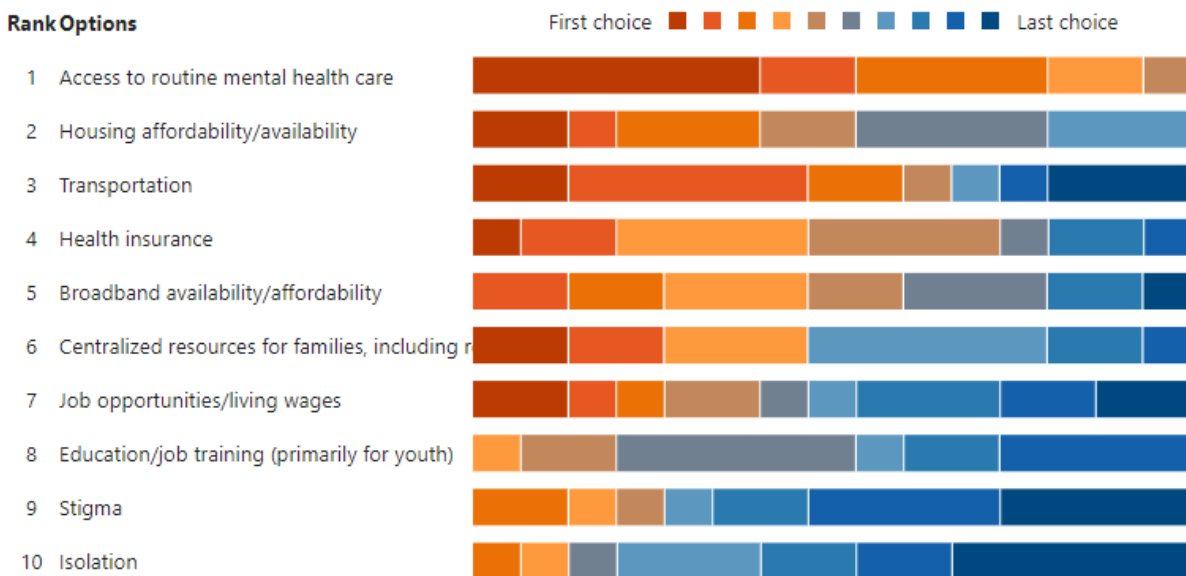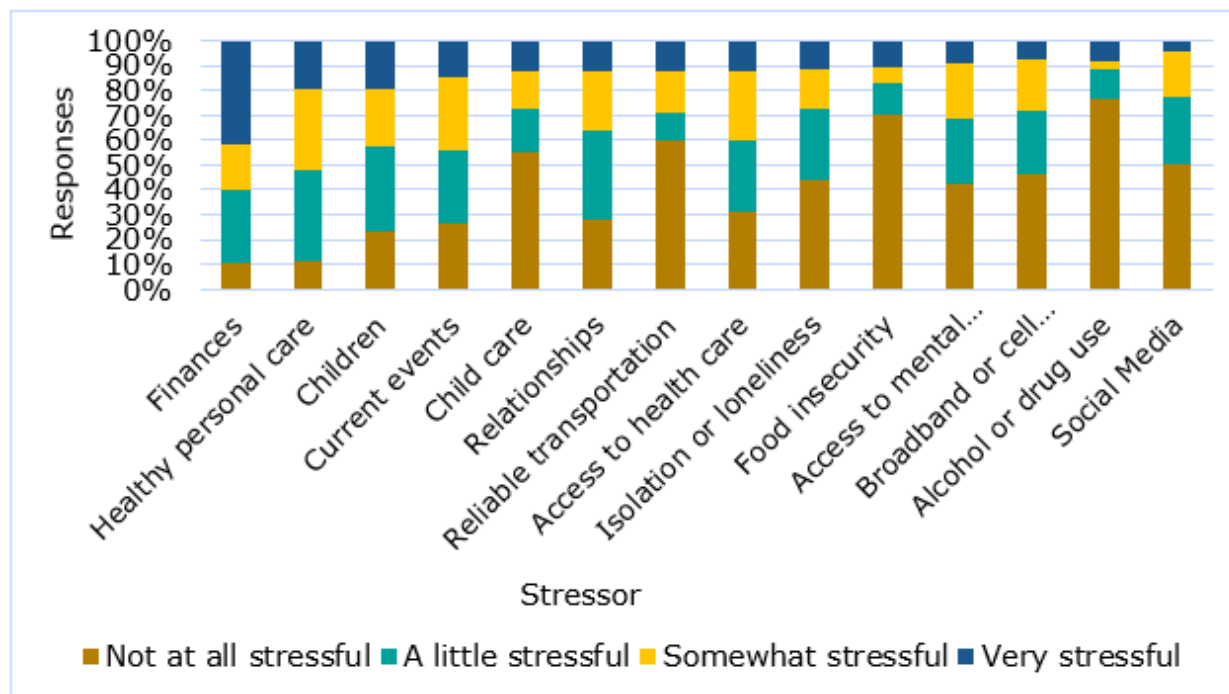

Table 12. Spindletop Center Service Area Stress Survey Responses

Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Money/finances	10%	29%	18%	41%	2%
Healthy personal care	11%	36%	31%	19%	3%
Children	22%	33%	22%	19%	3%
Current events	26%	29%	29%	14%	2%
Childcare	53%	17%	14%	12%	3%
Relationships	28%	34%	23%	12%	2%
Reliable transportation	58%	11%	16%	12%	3%
Health or access to health care	30%	28%	27%	12%	3%
Isolation/loneliness	42%	28%	16%	11%	3%
Food insecurity	68%	12%	7%	10%	3%
MH or access to MH care	42%	26%	22%	9%	1%
Broadband or cellular signal	46%	26%	20%	8%	1%
Alcohol/drug use	73%	11%	3%	8%	4%
Social Media	49%	26%	18%	4%	3%

Like the Burke Center's service area, this area needs mental health care that is available outside of the LMHA. However, many of their top stressors revolve around stretching inadequate income and caring for their family. Spindletop Center did

note that they will have a new outpatient location in Silsbee, which will create better access for Hardin County residents.

> ### *High School Career Training and Dual Credits*
>
> High schools in East Texas are helping seniors not only plan, but also prepare, for a career with a living wage. Two such high schools are in Woodville and Nacogdoches. Woodville High School Career and Technical Education and the Malcolm Rector Center for Advanced Careers & Innovation both offer programs that feature a wide variety of career paths. To read more about their innovative programs, see Appendix B: Local Champions.

> ### *Transitions Out of Poverty*
>
> Two programs in East Texas are supporting people to transition out of crisis or poverty into self-sufficiency. Buckner Family Pathways assists single parents pursuing a college degree, certificate, or vocational training. The South East Texas Regional Planning Commission hosts a similar program. Targeting Our Possibilities (TOP) is a program designed to help families and people achieve self-sufficiency with support for education and other expenses. To read more about these life-changing programs, see Appendix B: Local Champions.

Discussion

Generally, East Texas faces challenges related to rurality and economic development, compounded by a high risk for hurricanes and flooding. According to the Texas Forest Service at Texas A&M University, forests cover about 54 percent of East Texas.[xv] While this creates a beautiful and peaceful place to live, it also creates challenges with transportation and infrastructure such as high-speed broadband. Further, according to focus groups and interviews conducted as part of this pilot, many East Texas towns and families have long relied on factories and lumber mills

for steady jobs. However, with an increasingly global economy, many of those factories have disappeared, leaving workers without a way forward. In conversations with local community organizations, it was shared that generations move away from East Texas in search of a living wage, while most of the people moving to East Texas are wealthier retirees seeking the tranquility of rural life.

East Texas high schools are rising to the challenge by creating programs that help students develop a career path and marketable skills before graduating, while other programs are helping adults in East Texas return to school or train for a new career.

Other local champions, like the East Texas Food Bank, help people understand what resources are available to them and help them access those resources more easily. East Texas, like much of Texas, has a strong spirit of supporting neighbors and community. HHSC will continue to support East Texas communities, organizations, and coalitions coming together to prioritize needs and tackle challenges. In fiscal year 2024, HHSC will be partnering with ACCESS, Burke, Spindletop Center, local champions, other state agencies, and local philanthropy to build local coalitions in East Texas to help address these local gaps.

T.L.L. Temple Memorial Library

The T.L.L. Temple Memorial Library in Diboll, Texas, has been part of the community for almost 60 years. Justin Barkley, Library Director, thinks of the library as a community center. They have hosted health care clinics, smoking cessation, diabetes education, and a wide variety of community meetings.

The library makes literacy fun by making reading opportunities accessible through story walks in the public park and book themed game nights for teens. They recently partnered with the local school district on an emotional learning and literacy project, and they collaborate with a dozen other community organizations to initiate other local projects. In Diboll, if you don't know how to solve a problem, you go to the T.L.L. Temple Memorial Library.

South Texas Community Contacts and Data

Tropical Texas Behavioral Health's three counties participated in the community engagement pilot project. HHSC listened to residents and leaders in Cameron, Hidalgo, and Willacy counties through virtual focus groups and individual interviews to learn of both strengths and challenges in the region. The Valley Baptist Legacy Foundation, United Way of Southern Cameron County, and the Hidalgo County Mental Health Coalition were all helpful in the community engagement process. The outcomes of the community engagement pilot project highlighted needs that extend outside of the responsibilities of the LMHA.

The Rio Grande Valley has many agencies and local partners addressing non-medical drivers of health throughout the valley. Consistently heard throughout the discussions from participants that although there are multiple organizations in the valley doing great work to address needs, residents often do not know of the resources or how to access them.

People who participated in focus groups or interviews were later asked to prioritize items that were critical for the community to address. Results are below.

Figure 16. Tropical Texas Behavioral Health Service Area Priorities
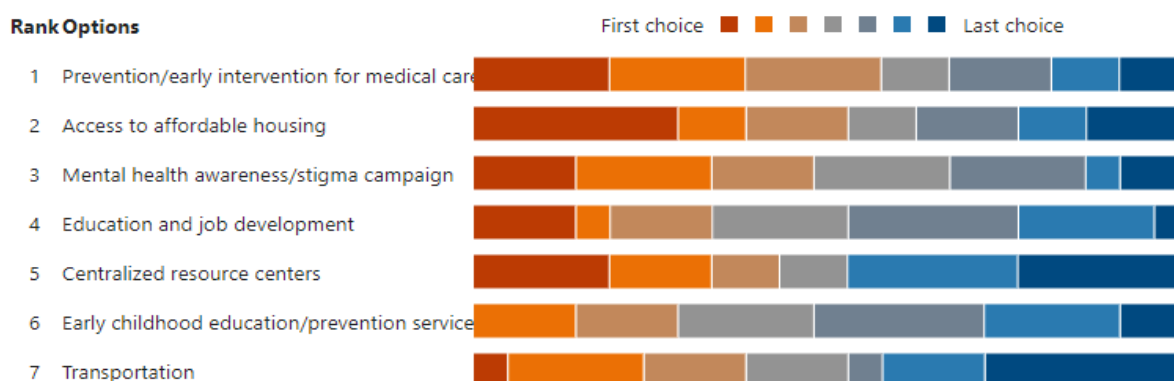
Table 13. Tropical Texas Behavioral Health Service Area Community Organization Priorities

Options	First Choice	Second	Third	Fourth	Fifth
Prevention or early intervention for medical care	19	19	19	10	14
Access to affordable housing	29	10	14	10	14
Mental health awareness or stigma campaign	14	19	14	19	19

Options	First Choice	Second	Third	Fourth	Fifth
Education and job development	14	5	14	20	24
Centralized resource centers	19	14	10	10	0
Early childhood education or prevention services	0	14	14	19	24
Transportation	5	19	14	14	5

The top three results are:

1. Prevention/early intervention for medical care

2. Access to affordable housing; and

3. Mental health awareness/stigma campaign.

HHSC also surveyed residents of these counties to ask what most often causes them stress. Results are below.

Figure 17. Tropical Texas Behavioral Health Service Area Stress Survey Responses
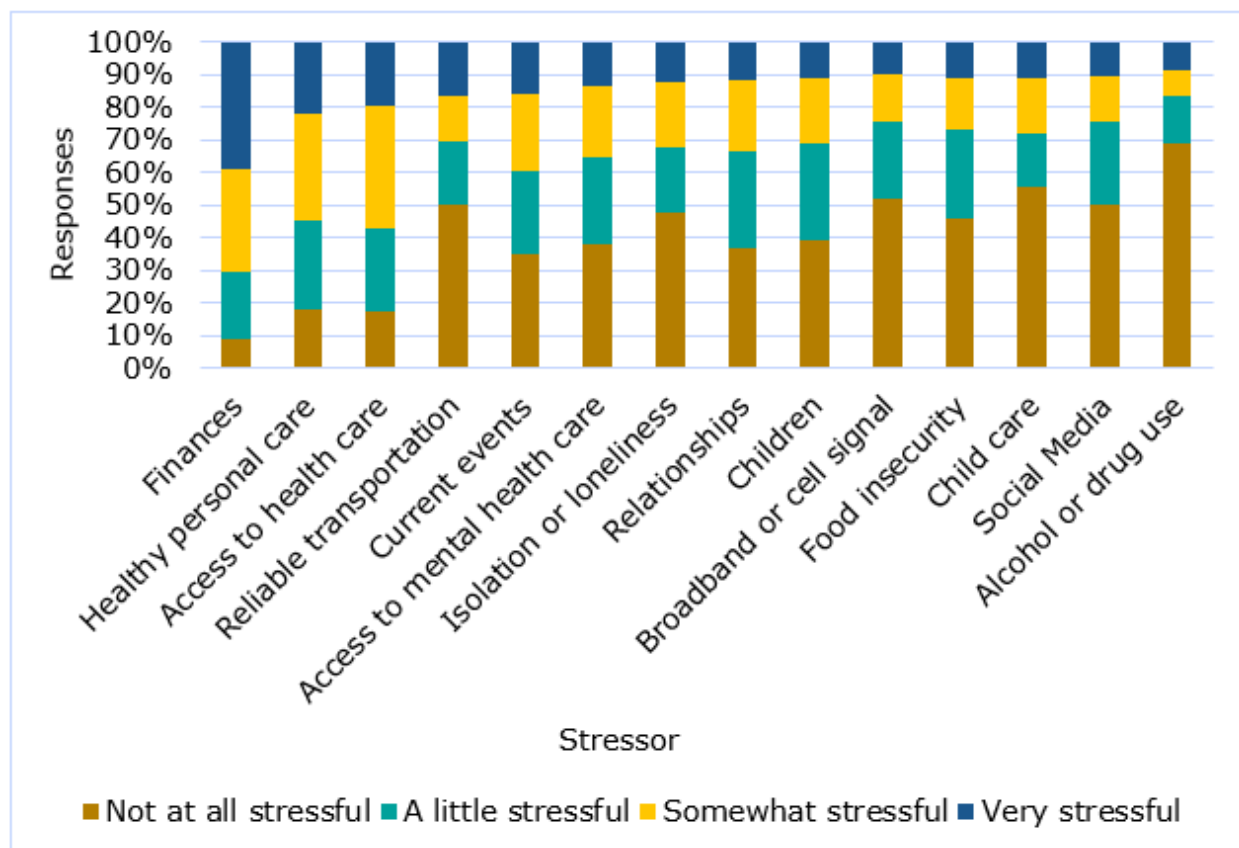
Table 14. Tropical Texas Behavioral Health Service Area Stress Survey Responses

Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Money/finances	8%	21%	31%	38%	1%
Healthy personal care	17%	25%	30%	20%	9%
Health or access to health care	15%	23%	33%	18%	10%
Reliable transportation	45%	17%	13%	15%	9%
Current events	31%	23%	21%	15%	10%
MH or access to MH care	36%	26%	21%	13%	4%
Isolation/loneliness	42%	18%	18%	11%	11%
Relationships	33%	27%	20%	10%	11%
Children	35%	26%	18%	10%	10%
Broadband or cellular signal	50%	23%	14%	10%	3%
Food insecurity	41%	24%	14%	10%	11%
Childcare	49%	15%	15%	10%	11%
Social Media	46%	23%	13%	9%	9%
Alcohol/drug use	59%	12%	7%	7%	15%

Community members identified their top three areas of stress as:

1. Finances;

2. Healthy personal care (adequate sleep, adequate nutrition, etc.); and

3. Access to healthcare.

Discussion

Stigma around mental health was a consistent theme in interviews. Community organizations indicated that providing training for first responders, teachers, and medical providers should be a priority to make communities more open to discussing mental health. Another priority was increased prevention and early intervention services in schools. Providing access to resources for children and their families by co-locating health providers in schools creates a space for service engagement.

South Texas has a few large population centers that have multiple health and wellbeing services. Towns just a few miles away from these population centers lack infrastructure including transportation and access to broadband. Willacy County residents generally must travel to Cameron County or Hidalgo County to access

services. Due to gaps in transportation and distance, local residents were attracted to creation of health resource centers which could address both stigma and general accessibility health and wellbeing services. Community resource centers in rural communities give residents an accessible way to address multiple needs including access to healthcare, mental health, healthy living classes, and social services. The Rio Grande Valley Food Bank is developing resource centers throughout the valley to address this priority.

Stigma can decrease the likelihood of people and families asking for help. Several participants mentioned residents seeing a medical doctor would be more likely to engage in preventative care if there were social services within the medical clinic. Tropical Texas Behavioral Health co-locates with several medical providers to increase accessibility to mental health care in the valley.

Consistent themes from both surveys are a need for access to prevention and early intervention for medical care and mental health awareness/healthy personal care.

> ### *Food Bank of the Rio Grande Valley*
>
> For nearly 40 years, the Food Bank of the Rio Grande Valley (Food Bank RGV) has been committed to improving lives through food assistance, nutrition education, and access to community services. They serve 76,000 meals weekly and 48 million meals per year. To read more about this vital resource in South Texas, see [Appendix B: Local Champions](#).

Medicaid Managed Care Organizations

Texas Medicaid managed care organizations (MCOs) are familiar with the challenges rural Texans face with both non-medical drivers of health and access to resources. MCOs deliver and manage health services in Texas Medicaid and the Children's Health Insurance Program (CHIP). HHSC contracts with MCOs and reimburses them a per member per month rate, or capitation payment. MCOs are required to provide all covered, medically necessary services to their members. HHSC met with representatives from several MCOs that cover both children and adults to learn their perspective on providing services in rural Texas. The MCOs acknowledge rural challenges related to housing, transportation, and healthcare providers. While urban communities may also struggle in these areas, the lack of local options

further amplifies the challenges in rural areas. MCOs address these gaps by offering benefits such as mileage reimbursement, health literacy programs, and assistance with navigating local resources. MCOs also acknowledge the workforce challenges in rural areas and seek opportunities to partner with Texas colleges and universities to improve recruitment and retention of needed health care professionals.

Findings and Next Steps

Non-medical drivers of health create risk for mental health crises. What these communities need most based on their local community survey and focus groups are basic supports related to living wages, transportation, and medical care. Housing and medical care were prominent concerns among community organizations, while finances and medical care were prominent among community members.[xvi] The next step for HHSC in supporting these communities will be to work with local champions and existing or new coalitions to strategize short- and long-term solutions to the stressors most prominent in their community. Because many other initiatives are already happening in the Burke Center service area, Tropical Texas Behavioral Health's service area, and Bastrop County, Rural Mental Health has suspended community engagement efforts in those communities based on the LMHAs' request and their need to focus on other priorities in their service area. However, Hill Country MHDD requested community engagement in Llano and Blanco counties, so Bluebonnet Trails will add Burnet County as contiguous to those two. Work in Llano, Blanco, and Burnet counties began in September 2023.

As HHSC continues to support local communities, these projects will pivot based on limitations and lessons learned. For example, virtual meetings are a convenient way to reach many people without incurring travel costs but relying on that technology limits HHSC to communication with a subset of community organizations and community members. HHSC looks forward to building more relationships with local communities and supporting them in finding unique solutions to their challenges.

Tracking Outcomes: Jail Diversion and Other Grants

Rural serving LMHAs and LBHAs are resourceful in looking at opportunities to go beyond state-funded services to help their communities. Over time, they have pursued grants to address local needs, such as housing, substance use services, preventative care, and veterans' services. HHSC Rural Mental Health chose to highlight how these opportunities are transforming lives in rural Texas.

Rural Crisis Response and Diversion grantees like Center for Life Resources (CFLR) provide jail and pre-arrest diversion. These projects have a significant impact on rural communities. In the second quarter of fiscal year 2023, CFLR served 406 people with a cost offset of $1,112,846.[xvii] The Heart of Texas Behavioral Health Network's pre-trial diversion program has served 53 people with a cost offset of $145,273[xviii] since its inception in October 2022. In addition to jail diversion projects, LMHAs have grant funded projects that positively impact all four All Texas Access metrics by assisting rural Texans to access mental health and wellness services. Examples of these projects are outlined below.

Table 15. Non-HHSC Grant-Funded Programs[xix]

Focus Area	LMHA Community Impact
Housing and Homelessness	• Gulf Bend Center, with funding from the City of Victoria, provided housing for 25 people. • Heart of Texas Behavioral Health Network, with funding from the United States Department of Housing and Urban Development, provided housing services to 205 homeless children and 230 adults.* • MHMR of Concho Valley, with funding from the Texas Veterans Commission, provided housing, rental, and utility assistance as well as burial assistance for 72 veterans & their families.*
Prevention and Education	• Lakes Regional Community Center, with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), provided substance use screenings and education classes for 95 youth.* • Tri-County Behavioral Healthcare, with funding from SAMHSA, provided school-based services to 63 children and families.*
Veterans Services	• Betty Hardwick Center, with funding from Community Foundation of Abilene, provided equine therapy for 9 veterans.* • StarCare Specialty Health System, with funding from the United States Department of Veterans Affairs, served 110 veterans and veteran families.* • Tropical Texas Behavioral Health, with funding from the Texas Veterans Commission, plans to provide financial assistance for 700 people with the Warrior's Assistance Program from July 1, 2023 through June 30, 2024.

Focus Area	LMHA Community Impact
Substance Use Services Created by Khoirin from the Noun Project	• Border Region Behavioral Health Center, with funding from the Federal U.S. Courts, provided 389 substance use and drug screenings.* • Camino Real Community Services, with funding from SAMHSA, provided 414 people with substance use services from February 14, 2021, through February 14, 2023. • Community Healthcore, with funding from SAMHSA, served 250 people with substance use services its first year.

All Texas Access Implementation

All Texas Access Regional Groups

Of the 39 LMHAs and LBHAs:

- Nine only serve counties with a population over 250,000;

- Ten serve a mix of counties with populations under and over 250,000; and

- Twenty serve counties with a population of 250,000 or fewer.

All 30 LMHAs and LBHAs serving at least one county of 250,000 or fewer people 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 and Intellectual Disabilities, and The Center for Health Care Services - are invited to participate in an ex-officio capacity. These urban LMHAs and LBHAs regularly attend regional group meetings to remain aware of strategies and initiatives in their area.

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.

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 18. All Texas Access Statewide Map with LMHAs and LBHAs

All Texas Access
Regional Groups

TEXAS
Health and Human
Services

Color Key
Regional Group
- ASH
- NTSH
- TSH
- RGSC
- BSSH
- SASH
- RSH

LMHA participating in two regional groups
(Stripe colors indicate the regional
groups in which the LMHA/LBHA
participates.)
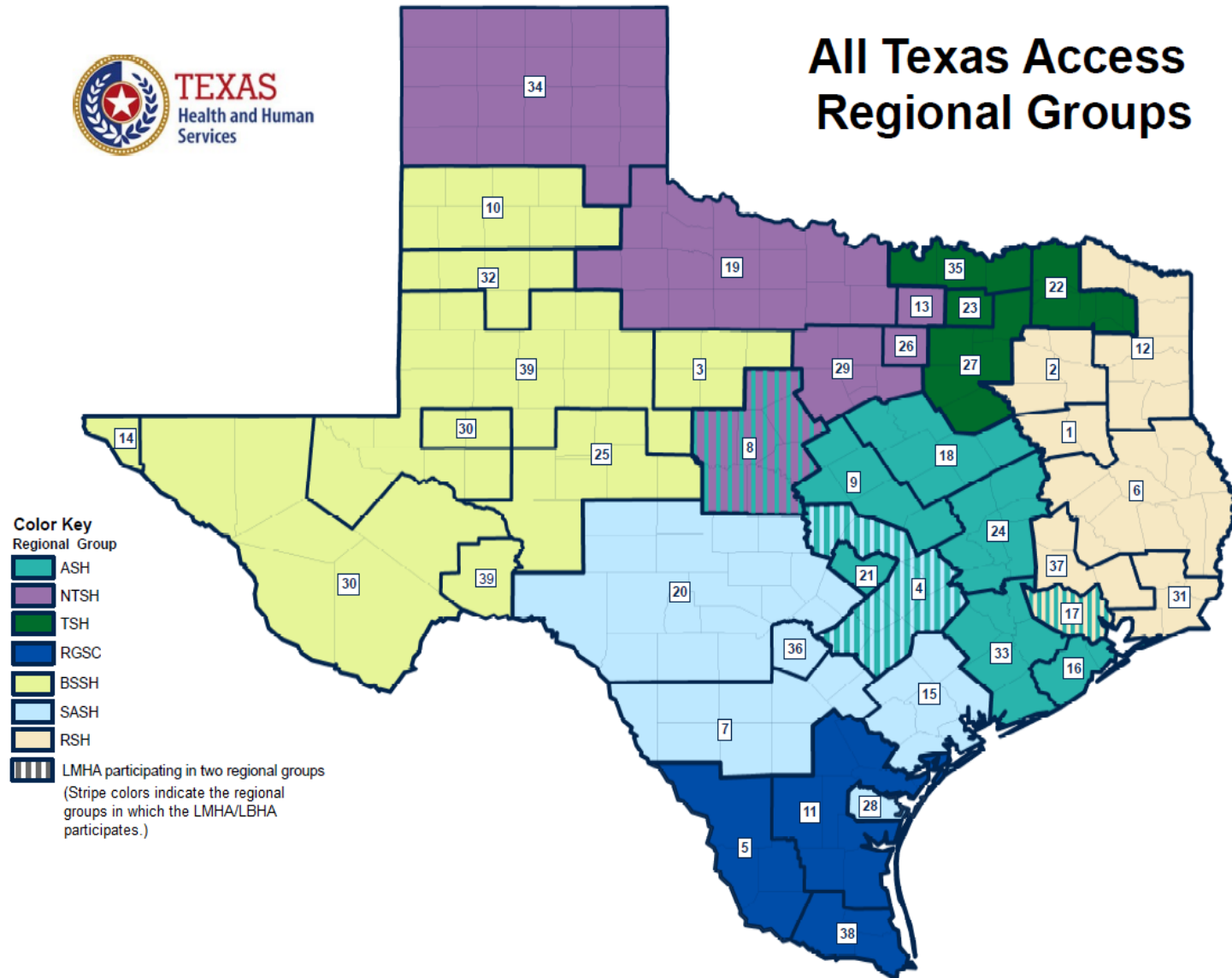
Legend for Map of All Texas Access Regional Groups

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, 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, NTSH

30.PermiaCare, BSSH

31.Spindletop Center, RSH

32.StarCare Specialty Health System, BSSH

33.Texana Center, ASH

34.Texas Panhandle Centers, NTSH

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

All Texas Access supports rural-serving LMHAs and LBHAs in developing strategies to reduce:

- Cost to local governments of providing services to persons experiencing a mental health crisis[xx]
- 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
- Emergency room (ER) visits by persons with mental illness in the region.

Each year, HHSC collects data related to these four metrics. Below is a summary of the data collected for this fiscal year. For information about data methodology, see Appendix E, Data Methodology.

Local Government

Figure 19. Estimated Cost to Local Governments to Care for Adults and Youth with a Mental Health Condition under 200% Federal Poverty Level, FY 2023
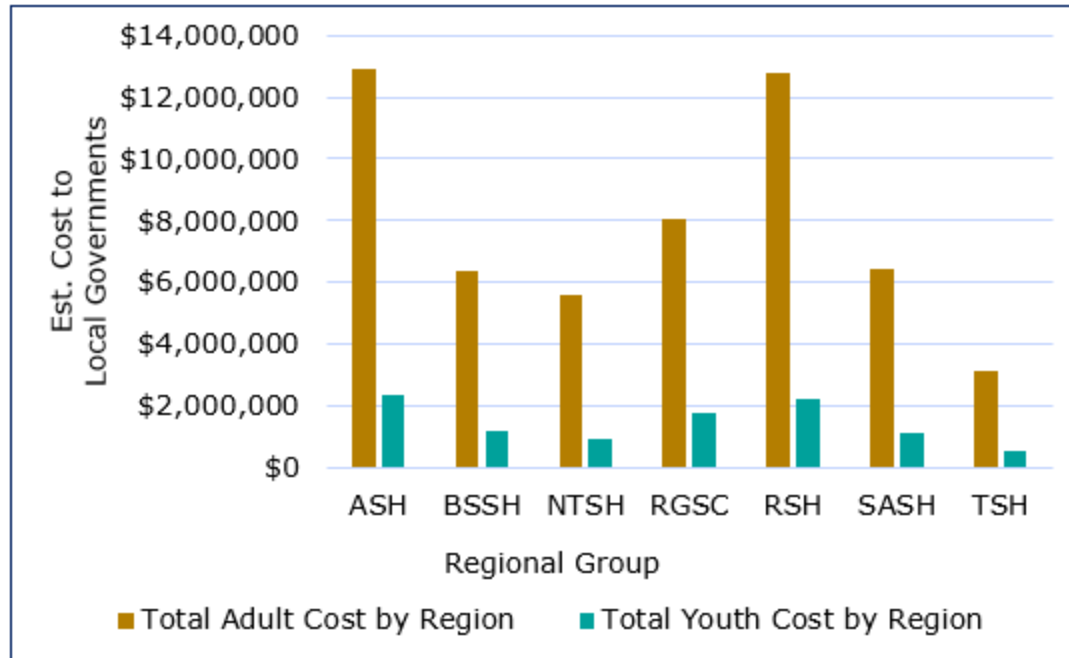
Table 16. Estimated Cost to Local Governments to Care for Adults and Youth with a Mental Health Condition under 200% Federal Poverty Level, FY 2023

Cost	ASH	BSSH	NTSH	RGSC	RSH	SASH	TSH
Estimated Adult Cost	$12.9M	$6.4M	$5.6M	$8M	$12.8M	$6.4M	$3M
Estimated Youth Cost	$2.4M	$1.2M	$1M	$1.7M	$2.2M	$1M	$0.5M

Figure 20. Change to Local Government Cost to Care for Adults and Youth with a Mental Health Condition under 200% Federal Poverty Level, FY 2022 to FY 2023 (Per Person)
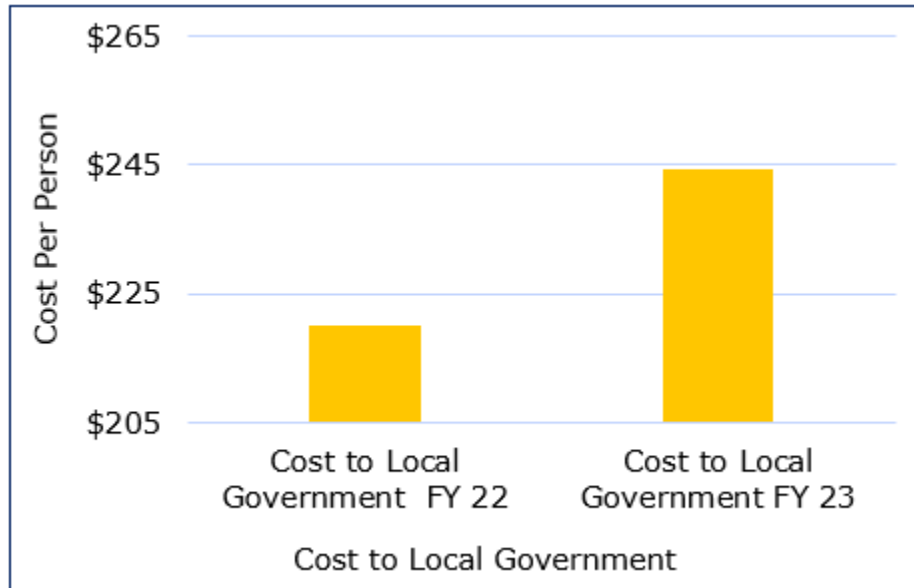
Change to Local Government Cost to Care for Adults and Youth with a Mental Health Condition under 200% Federal Poverty Level, fiscal year 2022 to fiscal year 2023 (Per Person):

- Fiscal Year 2022 Estimated Cost to Local Government: $220 per person
- Fiscal Year 2023 Estimated Cost to Local Government: $244.20 per person

Transportation

Figure 21. Estimated People Transported by Law Enforcement to a State-Funded Crisis Facility (Not Including Forensic Admissions), Fiscal Years 2022 and 2023
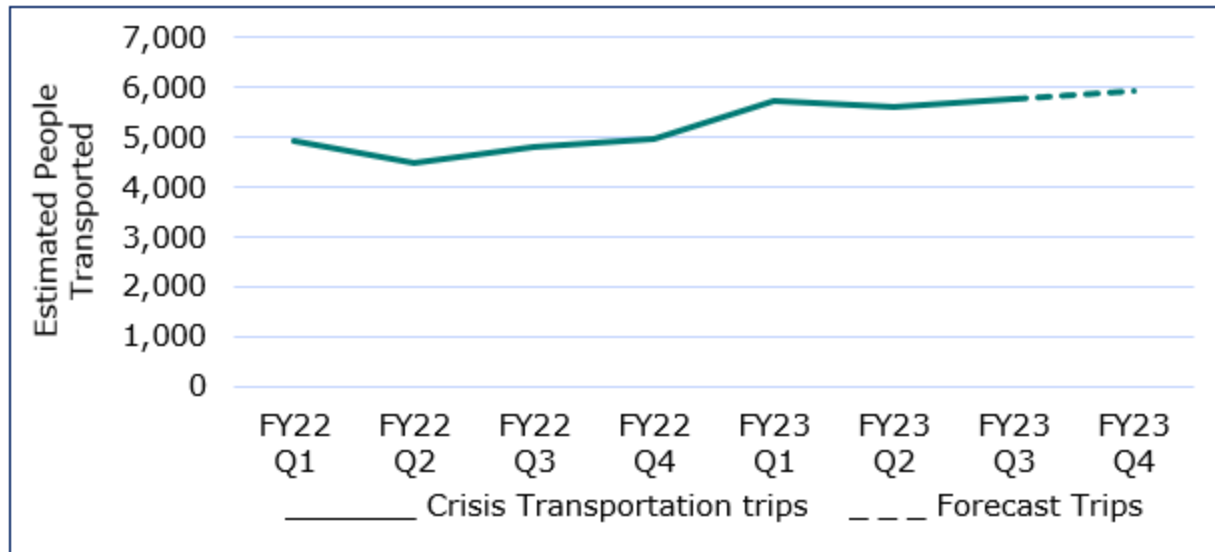
Table 17. Estimated People Transported by Law Enforcement to a State-Funded Crisis Facility (Not Including Forensic Admissions), Fiscal Years 2022 and 2023

Time Frame	Estimated People Transported
Fiscal Year 2022, Quarter 1	4,928
Fiscal Year 2022, Quarter 2	4,459
Fiscal Year 2022, Quarter 3	4,816
Fiscal Year 2022, Quarter 4	4,956
Fiscal Year 2023, Quarter 1	5,700
Fiscal Year 2023, Quarter 2	5,607
Fiscal Year 2023, Quarter 3	5,762 (forecasted)
Fiscal Year 2023, Quarter 4	5,927 (forecasted)

Figure 22. Estimated Transportation Costs Statewide (Not Including Forensic Admissions), Fiscal Years 2022 and 2023[xxi]
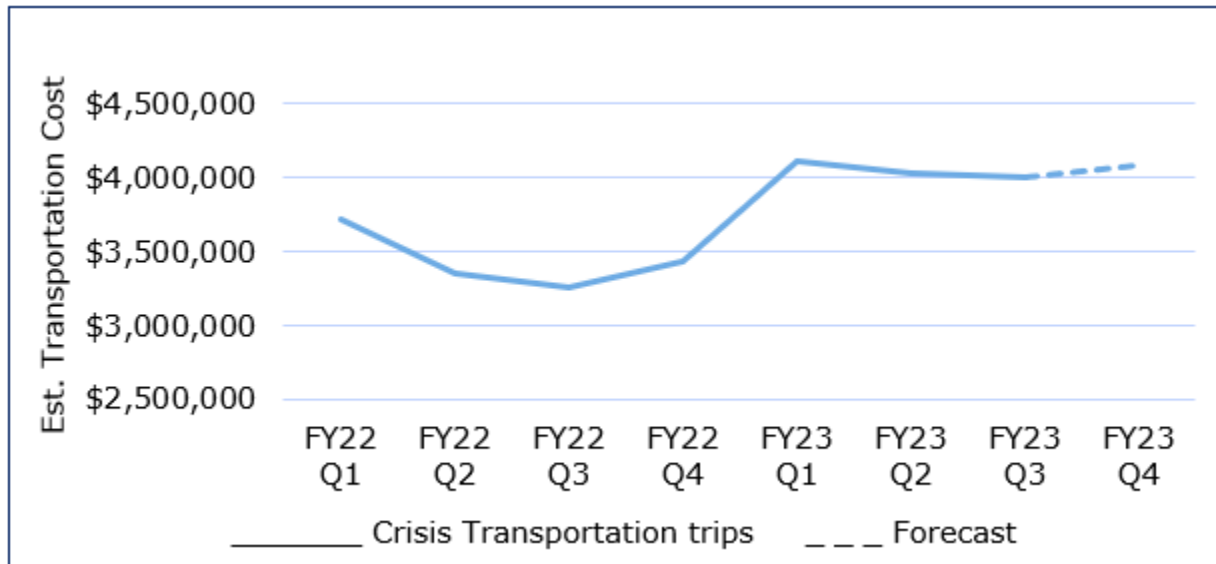
Table 18. Estimated Transportation Costs Statewide (Not Including Forensic Admissions), Fiscal Years 2022 and 2023

Time Frame	Estimated Transportation Cost
Fiscal Year 2022, Quarter 1	$3.7 million
Fiscal Year 2022, Quarter 2	$3.3 million
Fiscal Year 2022, Quarter 3	$3.3 million
Fiscal Year 2022, Quarter 4	$3.4 million
Fiscal Year 2023, Quarter 1	$4.1 million
Fiscal Year 2023, Quarter 2	$4.0 million
Fiscal Year 2023, Quarter 3	$4.0 million (forecasted)
Fiscal Year 2023, Quarter 4	$4.1 million (forecasted)

Figure 23. Cost of Transportation per Incident by Regional Group
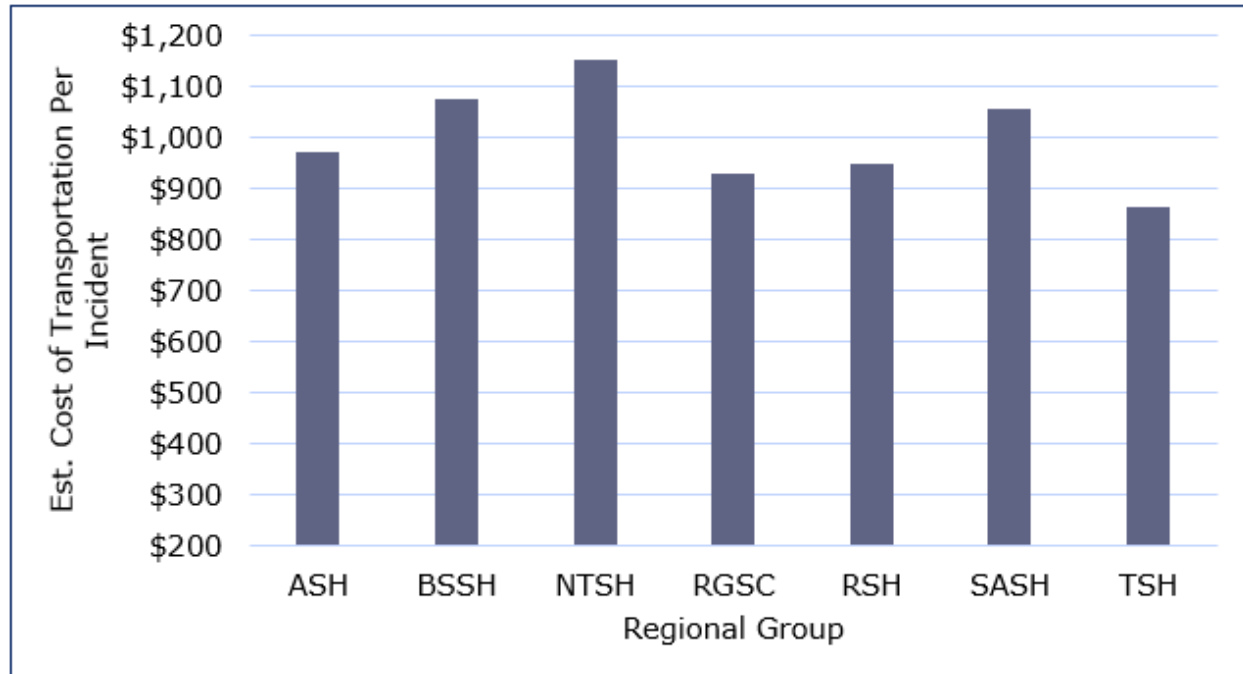
Table 19. Estimated Cost of Transportation per Incident by Regional Group

Cost	ASH	BSSH	NTSH	RGSC	RSH	SASH	TSH
Estimated Cost of Transportation per Incident	$973	$1,075	$1,151	$928	$948	$1,056	$866

Incarceration

Figure 24. Estimated Number of People Incarcerated with a Mental Health Condition, Fiscal Year 2023[xxii]
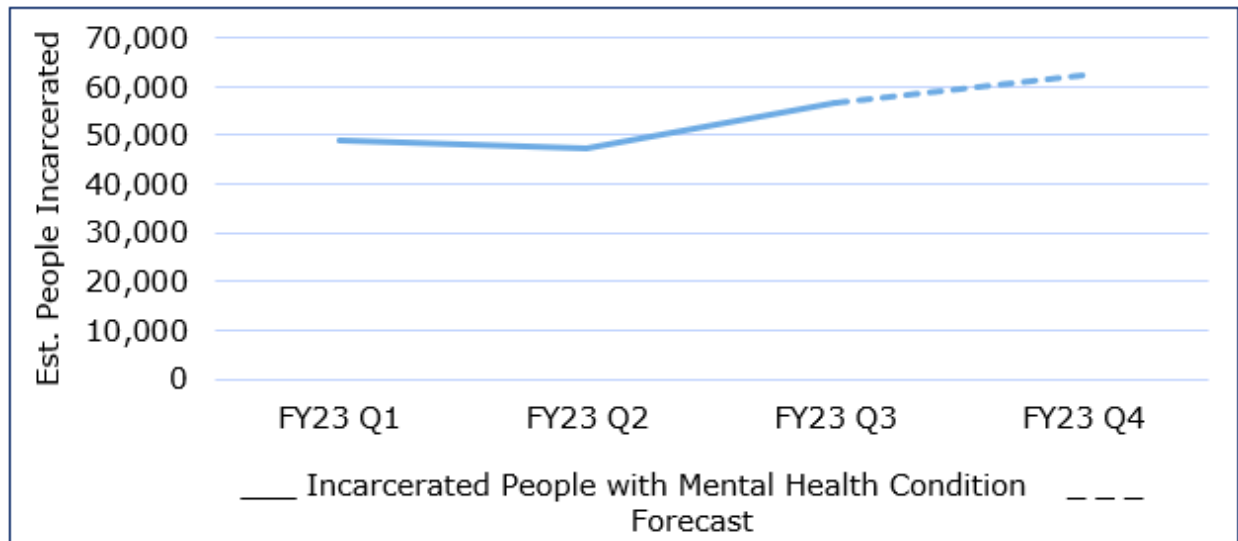
Table 20. Estimated Number of People Incarcerated with a Mental Health Condition, Fiscal Year 2023

Time Frame	Estimated People Incarcerated
Fiscal Year 2023, Quarter 1	48,911
Fiscal Year 2023, Quarter 2	47,188
Fiscal Year 2023, Quarter 3	56,659 (forecasted)
Fiscal Year 2023, Quarter 4	62,273 (forecasted)

Figure 25. Estimated Incarceration *Costs* for People with a Mental Health Condition, Fiscal Year 2023
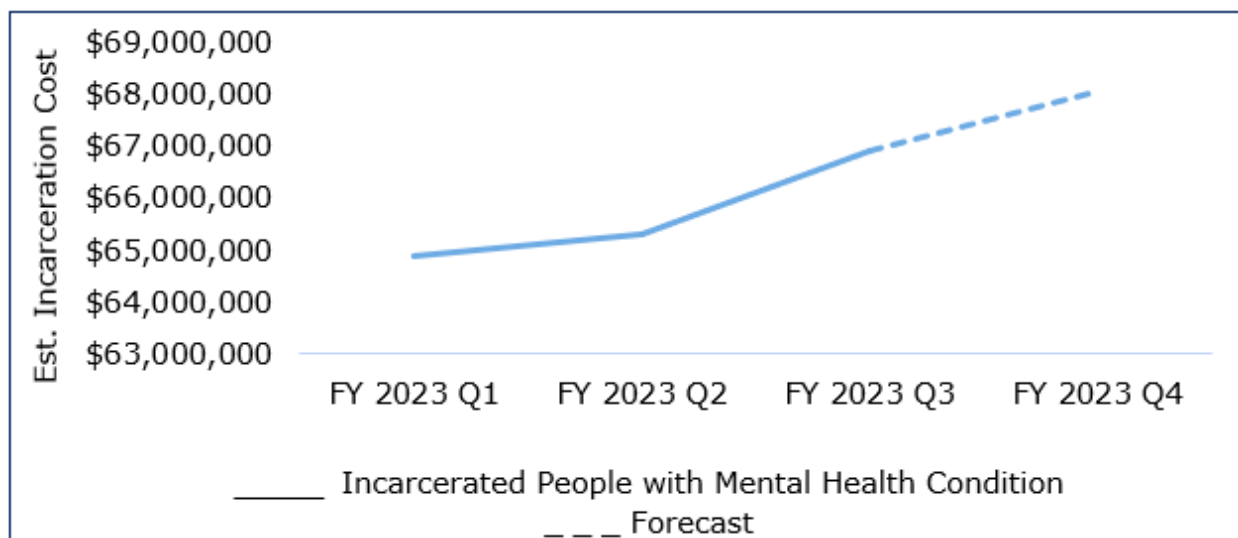
Table 21. Estimated Incarceration Costs for People with a Mental Health Condition, Fiscal Year 2023

Time Frame	Estimated Incarceration Cost
Fiscal Year 2023, Quarter 1	$64.9 million
Fiscal Year 2023, Quarter 2	$65.3 million
Fiscal Year 2023, Quarter 3	$66.9 million (forecasted)
Fiscal Year 2023, Quarter 4	$68.1 million (forecasted)

Emergency Room

Figure 26. Estimated Number of ER Visits for a Mental Health Condition, Statewide

xxiii
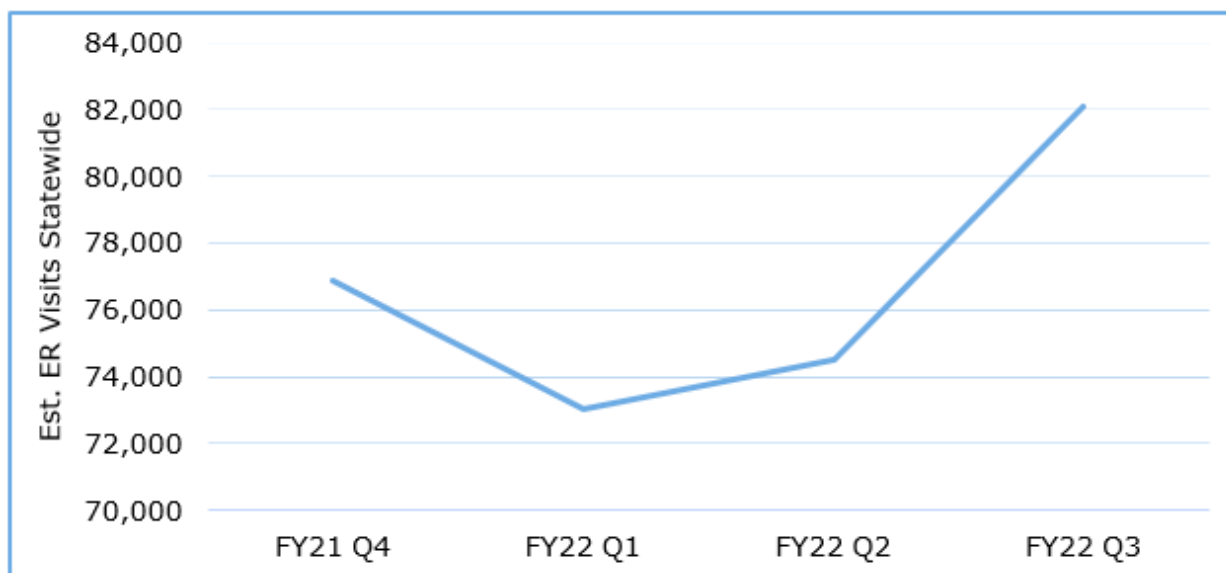
Table 22. Estimated Number of ER Visits for a Mental Health Condition, Statewide

Time Frame	Estimated ER Visits
Fiscal Year 2023, Quarter 1	76,885
Fiscal Year 2023, Quarter 2	73,017
Fiscal Year 2023, Quarter 3	74,501 (forecasted)
Fiscal Year 2023, Quarter 4	82,115 (forecasted)

Figure 27. Estimated ER Charges Per Event, by Regional Group, FY 2023
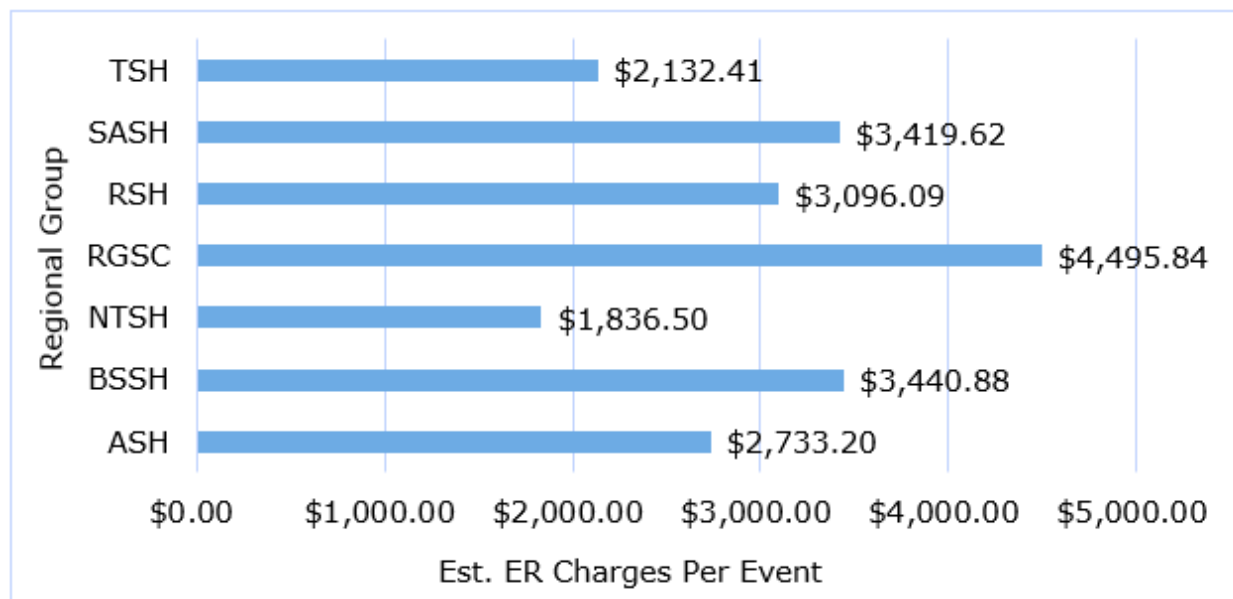
Table 23. Estimated ER Charges Per Event, by Regional Group, FY 2023

Charges	ASH	BSSH	NTSH	RGSC	RSH	SASH	TSH
Estimated ER Charges per Event	$2,733	$3,441	$1,837	$4,496	$3,096	$3,420	$2,132

Estimated Costs by Regional Group

The estimated cost to local government per encounter for fiscal year 2023 was $244. This applies to all regional groups. The estimated cost of incarceration per encounter for fiscal year 2022 was $2,624. This also applies to all regional groups. The estimated cost per encounter for transportation and ER charges varied by regional group.

Table 24. Regional Group Estimated Costs, Transportation and ER Charges

Regional Group	Estimated Transportation Cost, Per Event	Estimated ER Charges, Per Event
ASH Regional Group	$973	$2,733.20
BSSH Regional Group	$1,075	$3,440.88
NTSH Regional Group	$1,151	$1,836.50

Regional Group	Estimated Transportation Cost, Per Event	Estimated ER Charges, Per Event
RGSC Regional Group	$928	$4,495.84
RSH Regional Group	$948	$3,096.09
SASH Regional Group	$1,056	$3,419.62
TSH Regional Group	$866	$2,132.41

Estimated Inpatient and Outpatient Bed Capacity

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 changes they expect in the next two fiscal years. Outpatient beds are generally crisis settings or step-up/step-down programs, while inpatient beds are generally acute, hospital-level care.

Outpatient beds include:

- Crisis residential units;
- Crisis respite;
- Extended observation units; and
- Step-down programs.

Inpatient beds include:

- Crisis stabilization units;
- Community mental health hospitals; and
- Private psychiatric hospital beds.

Since the State Hospital census reflects an increasing forensic population, state hospital beds were not considered in these counts. Hospital numbers are expressed as beds 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. Outpatient and crisis stabilization unit beds are counted as facility capacity, since the LMHA or LBHA typically operates the facility.

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 detained or 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. Each LMHA completed and submitted a standardized form indicating estimated bed capacity. A statewide summary is in Appendix D, Statewide Bed Capacity Estimates.

All Texas Access ASH Regional Group

Figure 28. Map of All Texas Access Austin State Hospital (ASH) Regional Group[xxiv]
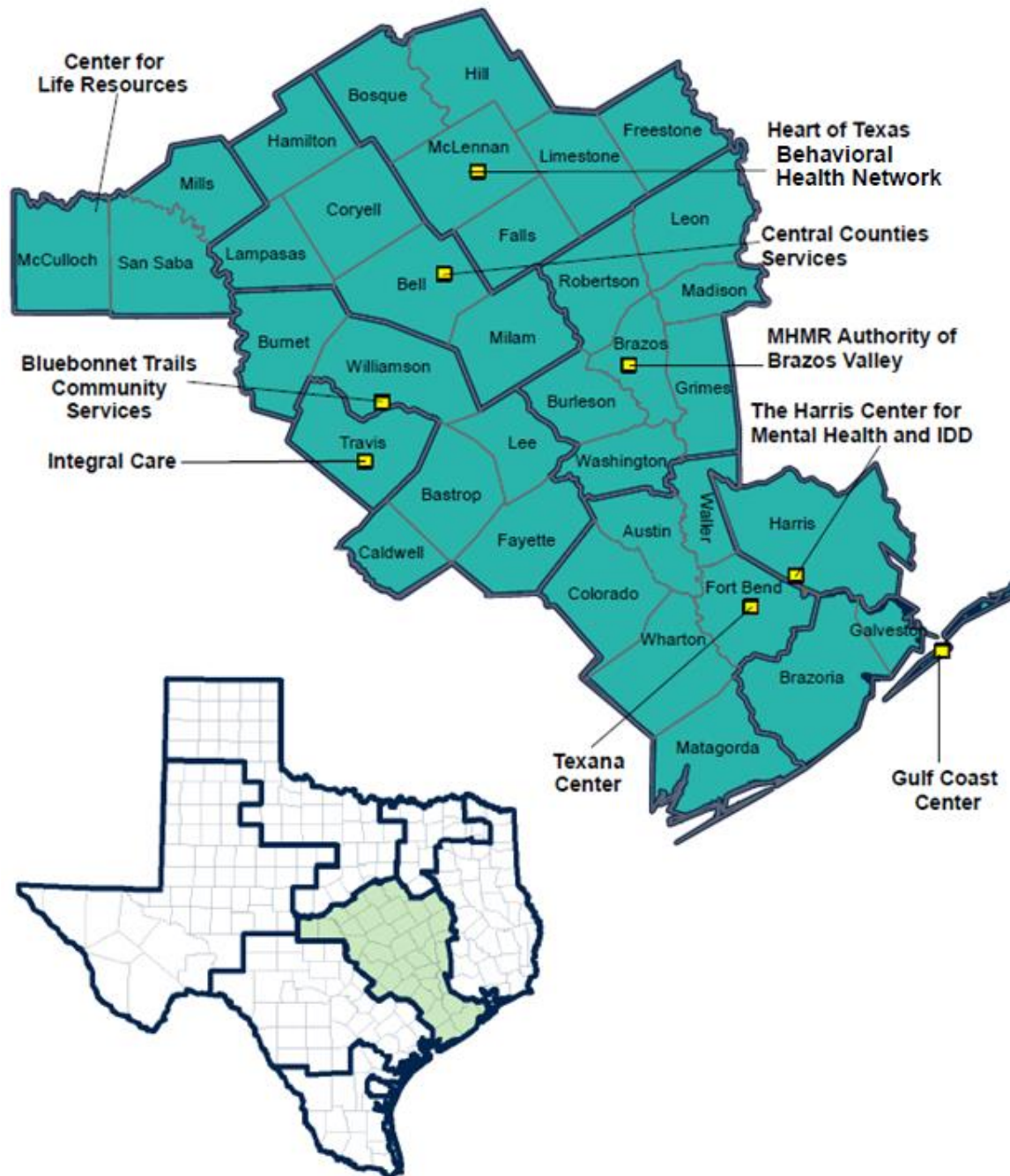
Participating LMHAs

- 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 Austin State Hospital (ASH) and San Antonio State Hospital (SASH) Regional Groups. The Center for Life Resources participates in both the All Texas Access ASH and North Texas State Hospital (NTSH) 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.

All Texas Access ASH Regional Group Plan

Jail Diversion and Community Integration

Bluebonnet Trails Community Services: 911 Integration and Triage Center

Bluebonnet Trails Community Services (BTCS) implemented a 911 Integration Program in Williamson County. From February 2022 to February 2023, BTCS answered 1,884 calls to Williamson County's 911 dispatch seeking a mental health response. Of these calls, 273 required Mobile Crisis Outreach Team (MCOT) response - and of those persons, 89 required co-response with law enforcement or emergency medical services (EMS). With a focus on diversion, the 911 Team diverted 171 persons from potential psychiatric hospitalization or incarceration.

BTCS also implemented a triage center in Williamson County in collaboration with local government. The Williamson County Diversion Center opened April 14, 2022, to triage adults experiencing an acute psychiatric crisis presenting to law enforcement in the community. In 10.5 months of operation, the Diversion Center served 731 persons, allowing law enforcement to quickly return to duty. Persons receive immediate assessment and evaluation by a medical and clinical team

followed by rapid care coordination to the appropriate level of care. Most persons triaged are received from law enforcement within the eight counties served by BTCS. Of those triaged and assessed, 23 percent returned home with a safety plan, 15 percent were referred to a less intensive program, and 62 percent were admitted to a private psychiatric hospital.

Heart of Texas Behavioral Health Network: 911 Integration

Heart of Texas Behavioral Health Network (HOTBHN) received Mental Health Block Grant funding from HHSC to support embedding mental health professionals in the 911 call center that serves McLennan County. HOTBHN has named this project the Crisis Call Diversion Program. HOTBHN has met several times with police department dispatch staff from Waco, and they have also reached out to other LMHAs with similar programs. HOTBHN plans to begin ramp-up on the program in fiscal year 2024.

MHMR Center of Brazos Valley: Drop-Off/Peer Respite

MHMR Authority of Brazos Valley (MHMRABV) received funding from HHSC from the Mental Health Block Grant to implement a triage center. The triage center will provide a location for law enforcement to transport a person for a crisis assessment and diversion from hospital emergency departments and jails. The triage center will be staffed with MCOTs, including peers, to provide crisis intervention and support services as appropriate to prevent admission to a psychiatric hospital. Currently, MHMRABV is in discussion with CHI St. Joseph Health (a local hospital) and Brazos County Health Department regarding space and location. The plan is to begin implementation in the beginning of fiscal year 2024.

Central Counties Services: Rural Crisis Response and Diversion

The Rural Crisis Response and Diversion Project for Central Counties Services (CCS) provides real-time access and assessment between law enforcement in rural and remote areas—at the county and municipality level—and qualified crisis intervention specialists at the LMHA. This project provides additional training and guidance on mental health programming within law enforcement systems to improve handling of mental health crises within the community. CCS established a Law Liaison program and provided training to local law enforcement in their service area. From February 2022 to February 2023, 385 of 1513 (25 percent) mental health calls were handled by a mental health deputy or a mental health trained peace officer. 242 of the 1513

(16 percent) mental health calls resulted in the person in crisis being taken to an inpatient mental health facility for help. CCS hosted 56 meetings between their Law Liaison and rural county law enforcement agencies. Most of the discussions were about responding to mental health related calls in their respective jurisdictions and resources available to them. Some of the discussions were about specific mental health calls and how to respond to them. The CCS Law Liaison provided Mental Health Officer Courses and two Texas Commission on Law Enforcement (TCOLE) trainings for outlying counties as well as a TCOLE Mental Health training for jailers in Coryell County. From February 2022 to February 2023, CCS co-responded on 91 encounters. Only one percent of these encounters resulted in incarceration, 46 percent were referred to outpatient services, and 36 percent resulted in an inpatient admission.

Texana Center: Rural Crisis Response and Diversion

The rural counties that Texana Center serves have identified timely mental health crisis response as a challenge that can result in the incarceration of people with mental health conditions. Texana provides training to law enforcement through two Law Liaisons in the Rural Crisis Response and Diversion Project. These liaisons interface with the law enforcement community, enhance co-response with mental health professionals and law enforcement, and use technology for remote evaluation. Texana Center is starting a pilot in Waller County, one of their smaller outlying counties, where one of Texana Center's staff will ride with a Crisis Intervention Team officer a few days a week. From February 2022 to February 2023, Texana Center successfully diverted 1,247 people from incarceration.

Center for Life Resources: Mental Health Deputy

Center for Life Resources (CFLR), in collaboration with their law enforcement partners, operates a Mental Health Deputy Program within Brown, Coleman, Eastland, and Mills counties. Collectively, all Mental Health Deputies served 807 people from February 2022 to February 2023. This success is largely due to the shared vision of community leaders to address the needs of people in the community experiencing mental illness. CFLR has developed contractual agreements with Brown, Coleman, Eastland, and Mill counties' sheriffs' offices, and seeks to engage people using the Sequential Intercept Model (SIM). The shared vision focuses on increasing jail diversion, increasing access to appropriate community care, increasing access to local resources, and reducing recidivism rates for psychiatric hospitalization and local emergency room use. Due to the program's success, other counties are interested in collaborating with CFLR. CFLR is in the

process of expanding Mental Health Deputies through a Bureau of Justice Assistance (BJA) grant in the three counties not currently funded (Comanche, McCulloch, and Mills). One of CFLR's local police departments is working with CFLR to receive training and provide additional municipal mental health deputy support. The successful collaborations with local law enforcement have successfully reduced barriers to care, cut down on recidivism rates, and lessened the need for local emergency department visits or placement in psychiatric facilities. CFLR also demonstrates a lessened need for use of force from a law enforcement perspective. CFLR faces some challenges, including finding an electronic health record software that can track all the varied pieces of data being collected. Expansion opportunities have been challenged by a lack of applicants from law enforcement and a lack of sustainable funds to support such activities.

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 and other demands on local government, relying on law enforcement alone for transportation has become increasingly challenging. Supporting the Williamson County Diversion Center, BTCS partners with a security company to provide transportation to local hospitals as well as other services. Offering transportation through crisis-trained security professionals ensures law enforcement officers do not need to return to the Diversion Center. From February 2022 to February 2023, 176 transports were provided by security professionals under contract with BTCS.

CFLR continues to face challenges of distance in terms of crisis transportation.

For several years, HOTBHN has contracted with a local security company to offer law enforcement agencies an option when it comes to crisis transportation. Through interlocal agreements, law enforcement agencies have the option to use the contract to provide crisis transportation so that officers can return to public safety duties more quickly.

MHMRABV pays stipends to current LMHA employees to provide out of region transportation when appropriate, in addition to negotiating with private psychiatric hospitals to transport as part of admission.

Texana Center faces significant challenges related to crisis transportation in the rural counties. They report that there are not enough law enforcement officers available to transport and provide public safety coverage.

Overall, 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

BTCS's 16-bed Youth Therapeutic Respite program opened in May 2022. During the first nine months of operation it served 134 children. In December 2022, BTCS began a partnership with the Department of Family and Protective Services (DFPS) to ensure youth have a safe and therapeutic setting for recovery while seeking a more permanent living situation. Prior to December 2022, the average length of stay for children and youth referred to Youth Therapeutic Respite was 15.3 days. Following the contract with DFPS, the average length of stay is 21.4 days providing children and youth with uncertain placements more stability

Of the children served, 27 have been diverted from the juvenile justice system, 26 were diverted from private psychiatric hospitalization, and 7 were diverted from a state agency setting. Through the clinical strengths of this program, three youth waiting for admission to a residential treatment center were served until an opening at the more intensive level of care could be found.

Person in Service

Step-Down Pilot Program

HHSC contracts with BTCS to operate two step-down facilities Williamson County in collaboration with the state hospital system. The second step-down facility opened Spring 2023. These programs identify adults who have been in the state hospital for more than one year, readying them to return to their home community. The programs are supported by employment and housing specialists ensuring that people transitioning from long-term hospitalization build the skills for employment and develop the resources for sustainable housing plans.

Of the 23 people served between February 2022 and February 2023, five transitioned to the community. The five who transitioned made connections to employment and housing upon their return, as well as continued health care through the local Texas Certified Community Behavioral Health Clinic (T-CCBHC).

Outpatient Competency Restoration

BBTCS, CCS, and CFLR 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 incompetent to stand trial. People referred to OCR services usually have misdemeanor charges and are not a danger to others and can be safely treated on an outpatient basis. BTCS served 18 people in their OCR program from February 2022 to February 2023. BTCS is in the process of establishing a Jail-Based Competency Restoration (JBCR) program embedded in the Williamson County Jail. This program was initiated toward the end of fiscal year 2023.

As of March 2023, OCR is no longer a program CCS operates. The main barrier for this program to operate successfully was a lack of housing resources, making it difficult to justify releasing someone on bond to participate in OCR services. During the time CCS had an OCR program, four people were served. One person was declared not likely to restore to competency, one had his bond revoked due to non-compliance, and four people were successfully restored to competency.

CFLR served nine people from February 2022 to February 2023 in OCR and JBCR. CFLR began operating an OCR program in fiscal year 2022. This process required meetings and networking with local leaders, courts and attorneys, as well as jail and probation entities. This process also proved more difficult than originally anticipated, as screenings were completed on 18 people, with only four qualifying for outpatient competency services. Various factors have led to a relatively low percentage of people who were being referred to qualify for OCR. Some of the factors include violent or otherwise risky crimes with the nature of the charges increasing the risk of re-offense and danger to the community, lack of adequate secondary support for the person to be released to outpatient care, or the court would not permit a person to be released on bond from jail due to fear of re-offense. CFLR observed that 77 percent of people referred were screened out based on these factors.

This challenge led to increased conversations with local leaders and HHSC to establish JBCR services in Brown and Eastland counties. Through planning, review of successful programs, and collaboration with numerous partners, CFLR received approval to proceed with JBCR. This process has allowed CFLR to expand services in the jail setting to help meet the needs of people who may otherwise wait for inpatient competency services. CFLR plans to continue enrollment into both OCR

and JBCR and plans to explore other options for providing mental health treatment in county jails.

Housing and Employment Recovery Investments

BTCS partners with Community Resource Centers (CRC) in Marble Falls and Liberty Hill. Each CRC offers multi-family housing with a multi-agency complex in the center of the housing. The multi-agency complex provides access to health care, employment, and other social services. Additional CRC complexes are under consideration in Taylor and Smithville. As of May 2023, 38 persons receiving services through BTCS at one of the campuses have also been connected to employment either through BTCS supported employment specialists or on the CRC campus.

CCS has two employment programs: one for adults participating in mental health services and one for adults participating in substance use services. Referrals are received from CCS clinics and from Cenikor and West Texas Counseling Center in Temple. CCS has memorandums of understanding (MOUs) with both agencies to provide medication-assisted treatment (MAT) for those with an opioid addiction. Currently, CCS' employment programs are serving 15 people. Combined, CCS' employment programs have the capacity to serve 30 people at a given time. One of CCS' programs, the Supportive Housing Rental Assistance (SHR) Program, provided rental assistance to 42 people between September 2022 and April 2023. In March 2022, CCS obtained a grant from the Texas Department of Housing and Community Affairs (TDHCA) to help people secure housing. This grant allows CCS to cover expenses such as pet deposits, moving expenses, safety deposits, and landlord incentives. The landlord incentive program is designed to increase the chances of people with poor rental or credit history, or a criminal background be more successful in securing housing while also having an advocate and resource in navigating housing. The program funded through TDHCA has served 57 people as of May 2023.

CFLR developed a partnership with Brown County Home Solutions using SHR Program funds to purchase four emergency shelter beds. These emergency shelter beds can be used by people currently participating in CFLR services who are either homeless or at risk of becoming homeless. CFLR expressed homelessness continues to be a growing concern in the area as previously housed people are losing their housing.

HOTBHN recently underwent a major reorganization in their housing department, combining housing services for both adolescents and adults into one program with a single program director. HOTBHN created program manager positions to oversee both housing and homelessness services. HOTBHN is continuing to explore funding for housing services.

During fiscal year 2022, MHMRABV served 72 people using state supportive housing dollars. MHMRABV also coordinates with the local homeless coalition to provide housing options for people participating in MHMRABV services. MHMRABV is attempting to further integrate their supportive housing program with supporting employment services. With the assistance of a SAMHSA grant, MHMRABV expanded outpatient substance use disorder (SUD) services.

Texana Center faces challenges related to housing and employment in their rural counties. There is extremely limited affordable housing in good condition and limited employment.

Develop Best Practices for Rural Remote Evaluation

The CCS Law Enforcement Liaison assisted MCOT in issuing tablet computers to rural law enforcement to allow for more timely access to MCOT. As of April 2023, 11 of the 17 law enforcement agencies in CCS rural counties received their tablets. Two rural hospitals have also been issued tablets to assist them in accessing MCOT. This also assists rural law enforcement as they work with hospitals during a mental health crisis.

Through Rural Crisis Response and Diversion grant funding, Texana Center deployed tablets to local law enforcement and ERs. This resource made significant improvements in timeliness of crisis assessments.

Workforce

Access to Physical Health Services

All the LMHAs in the All Texas Access ASH Regional Group continue to maintain their Texas Certified Community Behavioral Health Clinics (T-CCBHC) certification and work toward more comprehensive integration of medical and behavioral health.

BTCS partners with Texas A&M School of Nursing (TAM-SON) in rolling out a three-year Health Resources and Services Administration (HRSA) grant award supporting a nurse pipeline for rural areas. TAM-SON students receive training at BTCS

locations in Giddings, La Grange, Taylor and Jarrell. TAM-SON advanced practice registered nurses support each clinic ensuring services may be provided to children and adults at these rural locations through in-person and virtual services. Between February 2022 and February 2023, the partners made primary health care available to 207 children and 310 adults. These services include immunization programs, sports physicals, check-ups and medication reviews, ensuring the physical health services and outcomes inform the integrated treatment team. Based on the demonstrated experience of the integrated health system, during spring 2023 the BTCS clinic in La Grange was certified by HRSA as a Rural Health Clinic. This designation offers a financial sustainability plan for the thriving rural clinic in Fayette County.

CCS has community health workers that focus on outreach and help people access behavioral health and medical services. From September 2022 to April 2023, the team helped 50 people link to substance use services, 134 people link to mental health services, and 62 people link to medical services. They also distributed 93 opioid overdose kits.

HOTBHN has established a new unit dedicated to care coordination. Through a Texas CCBHC expansion grant, HOTBHN established a team that helps ensure referrals made by HOTBHN mental health professionals to other community resources are successful for people participating in services. HOTBHN is expanding integrated medical and behavioral health into some of their outlying counties. Through a T-CCBHC expansion grant, HOTBHN has contracted with a rural primary health provider to bring integrated care into one of their rural counties.

Texana Center provides primary care screening required by T-CCBHC. In addition, Texana has a primary care clinic in Rosenberg available for people participating in LMHA services throughout their service area. The program is limited to people who are uninsured, are indigent, or who have a low income.

Collaboration

Strategic Collaborations with Community Partners

The LMHAs in the All Texas Access ASH Regional Group have made progress in collaborating with community partners. In fiscal year 2023, BTCS participated in the Community Engagement Pilot affirming and establishing partnerships in Bastrop, Fayette, Gonzales, and Lee Counties. Through the pilot, partners such as public libraries, housing coalitions, local clergy, food banks, and health care providers

helped provide access to services for people prior to any potential mental health crisis. Also, in partnership with Williamson County EMS Community Health Paramedics, BTCS conducts follow-up care for people who may benefit from substance use treatment. BTCS Licensed Chemical Dependency Counselors (LCDCs) receive referrals from EMS Community Health Paramedics related to persons receiving Narcan in the community. Each person receives a follow-up contact from a BTCS LCDC connecting the person with treatment services provided through BTCS or other local provider selected by the person.

For the period of February 2022 to February 2023, 94 persons were referred to BTCS, where 100 percent received a follow-up contact, 25 persons accepted substance use treatment through BTCS, and 13 persons were connected to external providers. BTCS serves as the 988 National Suicide Prevention Lifeline backup answering center supporting the five primary call centers responding to 988 calls from Texans, effective May 1, 2023.

In collaboration with the federal Department of Defense, CCS assisted with the creation of a Crisis Intervention Team that operates on Fort Cavazos. The Fort Cavazos Crisis Intervention Team uses MCOT and other local mental health resources to help people in crisis. CCS also provided two Mental Health First Aid courses, one for the newly created Fort Cavazos Crisis Intervention Team and the other for CCS staff. CCS also established a co-responder program to respond with law enforcement on mental health calls received by the Temple Police Department.

HOTBHN was recently awarded a planning grant from Episcopal Health Foundation to co-locate social workers in medical clinics in their outlying counties.

MHMRABV developed a collaboration with their local Federally Qualified Health Center (FQHC) to co-locate primary healthcare in their largest county. During the second quarter of fiscal year 2023, MHMRABV scheduled 255 primary healthcare visits for people participating in services, with approximately 133 people completing the visit. MHMHABV also hired a healthcare navigator using SAMHSA grant funds to coordinate healthcare referrals and ensure linkage and follow-up. Through a collaboration with Texas A&M University Medical School, MHMRABV anticipates residents will begin rotating in their healthcare clinics in June 2023.

The Health and Behavioral Wellness Council of Greater Colorado Valley in Colorado County, which is part of Texana Center's service area, successfully raised funds to establish a mental health deputy to serve the county.

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 currently available and projected changes over the next two years. LMHAs and LBHAs also reported how many beds they need to adequately serve their community. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

Figure 29. All Texas Access ASH Regional Group Bed Capacity[xxv]
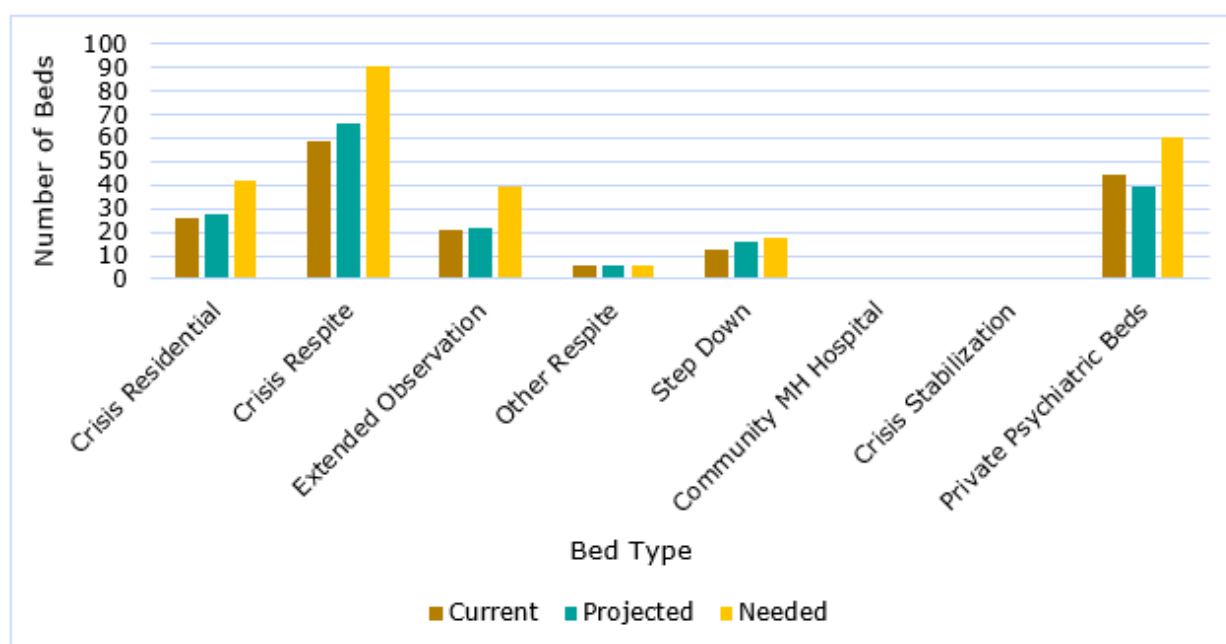
Table 25. All Texas Access ASH Regional Group Bed Capacity

	Current	Projected in Two Years	Needed in Two Years
Crisis Residential	26	28	42
Crisis Respite	58.4	66.4	90.4
Extended Observation	21	21.6	39.4
Other Respite	6	6	6
Step Down	12.8	16	17.6
Community MH Hospital	0	0	0
Crisis Stabilization	0	0	0
Private Psychiatric Beds	44.4	39	60.2

All Texas Access BSSH Regional Group

Figure 30. Map of All Texas Access Big Spring State Hospital (BSSH) Regional Group[xxvi]
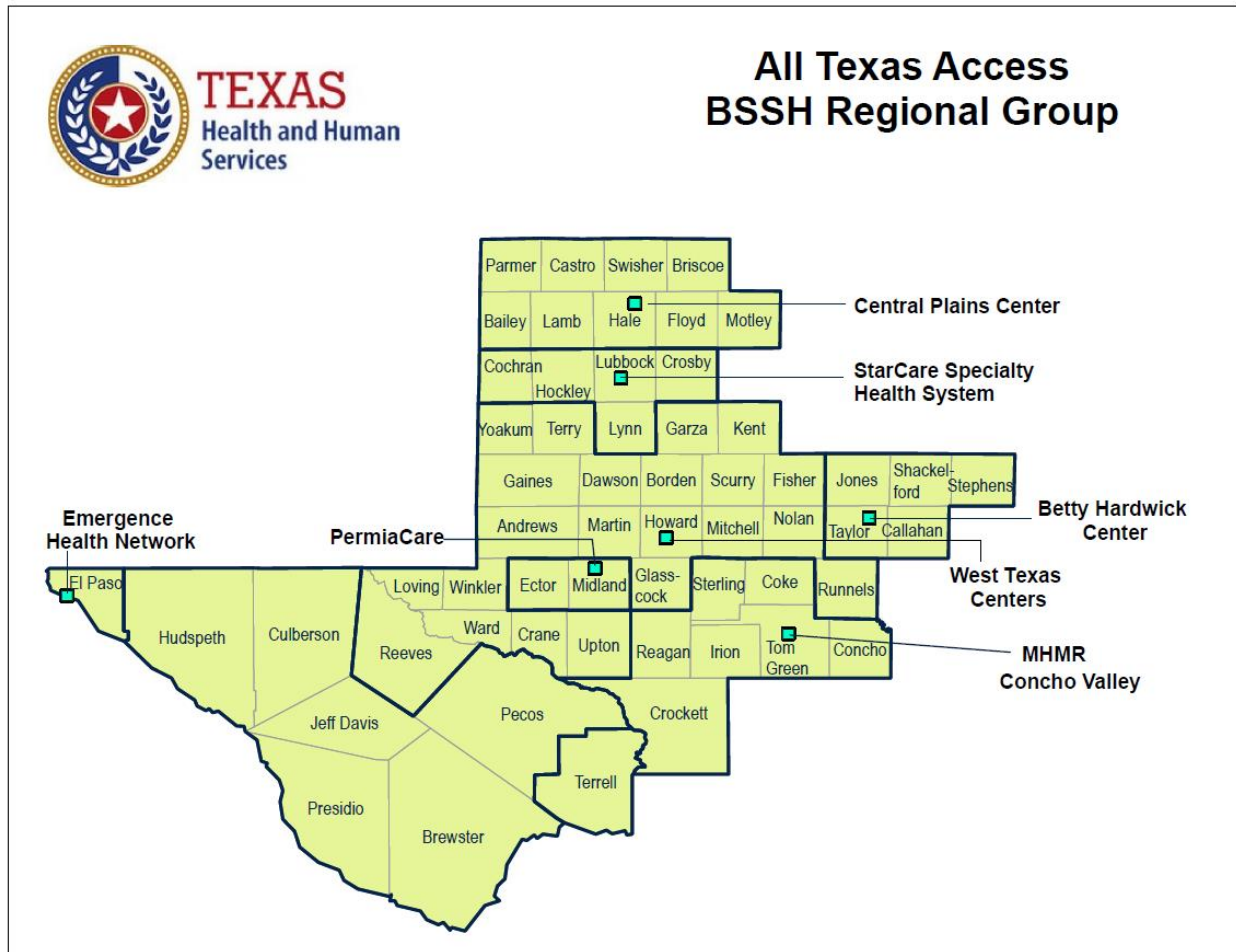
Participating LMHAs

- Betty Hardwick Center
- Central Plains Center
- My Health My Resources Concho Valley
- PermiaCare
- StarCare Specialty Health System
- West Texas Center

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

All Texas Access BSSH Regional Group Plan

Jail Diversion and Community Integration

Betty Hardwick: Rural Crisis Response and Diversion – Co-responder and 911 Integration

Betty Hardwick Center chose to add a co-responder team using rural crisis response and diversion funds. Betty Hardwick has increased staff available to respond to crisis and provided mental health crisis training for rural law enforcement. From February 2022 through February 2023, staff completed 372 diversions.

During fiscal year 2023, Betty Hardwick Center, like much of the state, had trouble recruiting and maintaining qualified applicants to be co-located in 911 dispatch. Betty Hardwick chose to share a virtual clinician with the 911 call center and provide a warm handoff to their crisis hotline when appropriate.

StarCare: Rural Crisis Response and Diversion – Co-Responder

StarCare Specialty Health System added a co-responder team for Hockley County. StarCare staff partnered with licensed mental health peace officers at the Hockley County Sheriff's Office and the Levelland Police Department. The co-responder team de-escalates crisis situations and facilitates crisis assessments to divert people from ERs and county jails. The team also provides follow-up services with the goal of engaging people in treatment who might otherwise come into frequent contact with law enforcement. StarCare provided 126 diversions from February 2022 to February 2023. StarCare, like other health professional shortage areas in the state, is facing challenges with hiring and retaining staff.

Central Plains Center: 911 Integration

Central Plains Center planned to assist Hale County 911 dispatchers with answering mental health crisis calls by providing training to 911 dispatchers to assess calls and determine when to transfer mental health crisis calls to the Central Plains crisis hotline for the MCOT response. However after further review, Central Plains Center chose not to implement this voluntary strategy as there was not enough need according to 911 dispatch data.

My Health My Resources Concho Valley: Co-Responder

My Health My Resources Concho Valley (MHMRCV) hired a rapid response case manager in June 2022 to work closely with local Mental Health Deputies to perform crisis assessments for both adults and children experiencing a mental health crisis. As of May 2023, 417 people have been evaluated through this program. The rapid response case manager assists with crises that occur on the weekends and after hours, providing follow-up and connecting people to treatment while supporting recovery for those who might have otherwise come into frequent contact with law enforcement.

MHMRCV MCOT and mental health deputies have partnered to provide outreach to San Angelo Independent School District (ISD). MCOT also provides training for the West Texas Boys Ranch on how to access crisis services after hours.

PermiaCare: Co-Responder and Crisis Receiving Facility

PermiaCare is continuing to develop a co-responder model to divert people experiencing a mental health crisis from incarceration. PermiaCare has developed a program description and budget, met with local police chiefs, and submitted a proposal for two full-time crisis response staff. These staff would serve Midland and Ector counties to improve crisis response times, synchronize crisis response programs, and increase diversions for people experiencing a mental health crisis.

PermiaCare is working with Midland Memorial Hospital, Medical Center Hospital, and the Texas Legislature on the planning and development of the Permian Basin Behavioral Health Center (PBBHC) which is set to open in the Summer of 2025. As a member of the planning committee, PermiaCare is developing a Crisis Care Center that will exist as the front door to the hospital and provide walk-in and jail diversion crisis services to 17 counties in the Permian Basin. PermiaCare will assist with funding for the Crisis Care Center through existing operational funds and will seek increased funding through grants issued by HHSC, SAMHSA, and other relevant state and federal agencies.

West Texas Centers: Crisis Receiving Facility

West Texas Centers continues to work on their crisis receiving facility and is in the planning phase for the Bureau of Justice Assistance (BJA) grant. The BJA fiscal year 2024 grant includes funding for a fully operational diversion facility. Having a central place where law enforcement can drop off people experiencing a mental health crisis will enable people to access care and enable law enforcement to focus

more on public safety. West Texas Centers is working on program design, developing policies and procedures, and facilitating stakeholder meetings. The facility opened in the fall of 2023.

Emergency Response for Suicide Prevention

MHMRCV continued their partnership with West Texas Counseling and Guidance and the local family shelter to focus on people impacted by domestic violence and support people with suicidal crisis upon discharge from psychiatric facilities. As of May 2023, 214 people have been served through this grant. This grant allows MHMRCV to see people while they are hospitalized and identify any gaps or barriers that would prevent them from receiving outpatient services.

This past year, MHMRCV developed suicide screening protocols for all people who present for intake. MHMRCV has a Zero Suicide Intake Coordinator who can serve people needing immediate access to crisis counseling using evidence-based interventions. MHMRCV has provided increased outreach services to agencies within the community to address suicide, suicide prevention, and postvention. The Zero Suicide Intake Coordinator has provided relevant trainings to MHMRCV employees, Goodfellow Air Force Base, National Association for the Advancement of Colored People, Angelo State University students, and the Concho Valley Suicide Coalition. Postvention services were provided to members of a local church after a church member died by suicide.

Timely Access

Competency Restoration

MHMRCV is moving to Jail-Based Competency Restoration (JBCR) instead of Outpatient Competency Restoration (OCR) based on the needs of their community. A case manager was hired for the JBCR program, and the team should be ready to serve people in the jail by the end of fiscal year 2023.

PermiaCare is expanding services in the JBCR program, which served 16 people in fiscal year 2022. In total, PermiaCare has served 1,057 people through jail-based programs in fiscal year 2022 and has been successful in bridging services between the local jails and PermiaCare's outpatient clinics by hiring and placing continuity of care workers in the county jails.

PermiaCare submitted a proposal for the Rural Border Intervention grant offered by HHSC in March 2023. PermiaCare received notification of award and now has new

resources for outreach and treatment for people with behavioral health conditions. The Rural Border Intervention program is a Community Health Worker program that supplies case managers who provide outreach and harm reduction services. Also included in the grant proposal was the development of tele-health substance use treatment services not currently existent but direly needed in the counties of Pecos, Brewster, Culberson, Jeff Davis, Hudspeth and Presidio.

Telehealth Services

Telehealth has increased access to mental health professionals for people in jails and hospitals in rural West Texas. At Betty Hardwick Center, case management services, peer specialist services, counseling and substance use services use telehealth to improve access to care. Central Plains Center provides full telehealth services and are integrated through telehealth at all the local jails and hospitals.

PermiaCare operates clinics with six physicians, five of whom are providing services through tele-medicine. In addition, all PermiaCare's licensed clinicians can provide services both in person and through tele-health. PermiaCare is currently seeking funding to expand telehealth to substance use treatment in rural counties. MHMRCV now offers cognitive behavioral therapy counseling 32 hours per week via telehealth at the children's mental health clinic. West Texas Centers has a robust telehealth system for 23 counties and 18 jails. They also use mobile devices to provide telehealth services.

Local Access to Psychiatric Hospital Beds

MHMRCV had funding for crisis stabilization beds through American Rescue Plan Act (ARPA) which were helpful for the region; however, this funding ended in September 2023.

As noted above, PermiaCare is working with the two local hospital districts to develop the PBBHC. The PBBHC will provide 100-200 community mental health beds for the Permian Basin area. In addition, it will offer a crisis intake unit providing extended observation capacity for approximately 30 people, both children and adults. The PBBHC anticipating opening in summer of 2025.

Starcare received ARPA funding to increase bed capacity for their area and with potential to receive future funding from the Texas Legislature, StarCare could build a larger hospital.

Peer Clubhouses

The Clubhouse Model is an evidence-based, recovery-oriented program for adults living with mental health conditions. The goal of the program is to improve a person's ability to function successfully in the community through involvement in a peer-focused environment. Members are encouraged to participate in the operations of the clubhouse and to participate in activities to promote outside employment, education, meaningful relationships, housing, and an overall improved quality of life.

National Alliance on Mental Illness Abilene operates the Phoenix House. Phoenix House is seeking to be recognized by the national clubhouse organization to receive funding as a clubhouse if there are future grant opportunities.

MHMRCV has been instrumental in establishing the San Angelo Clubhouse. San Angelo Clubhouse is a member of the Texas Clubhouse Coalition. The coalition has a goal to operationalize expansion of the number of clubhouses in Texas to increase access to recovery supports in Texas communities.

StarCare is expanding peer support services through the Outreach and Recovery Center, which is a peer-led drop-in center for anyone seeking services. StarCare provides services to an average of 45 to 60 people per month through the center, providing a supportive environment with available resources and both peer and clinical support groups.

Diversion

Housing and Employment

Betty Hardwick Center provides case management services for their local Housing and Urban Development (HUD) rapid rehousing and permanent supportive housing programs and took over the HUD rapid rehousing and permanent supportive housing programs in the fall of 2023. Betty Hardwick Center plans to assist the Abilene community with obtaining and maintaining housing, which will help connect people to other local resources. Betty Hardwick Center continues to offer supported housing and employment. With the addition of the Coordinated Specialty Care program, Betty Hardwick Center will be adding staff to further assist with employment for people participating in services.

Central Plains Center continues to increase the number of people served in housing through memorandums of understanding with local hotels for temporary housing

issues. MHMRCV plays a role in an initiative called "Navigation Day," which began in October 2022 through the Concho Valley Community Action agency. This initiative convenes local agencies whose goal is to promote housing and to deliver on-the-spot services for people experiencing homelessness. There has been an increase in homelessness in the area, and a willingness on the part of local landlords to participate in voucher programs. In addition, there is significant community engagement with the homeless coalition. Regarding employment, MHMRCV is actively serving people with career planning assessments, on the job skills training, and job interviewing skills. MHMRCV has also engaged more community business willing to participate in the program.

PermiaCare is facing challenges because resurgence of the local economy is driving up housing costs, but residential stability is still at 89 percent. The average employment rate for people participating in PermiaCare services is 92 percent. PermiaCare also implemented a Community Health Worker program in the urban areas of Midland and Odessa that provides harm reduction services to people experiencing homelessness and people using or at a high risk of using substances.

StarCare provides supportive housing and supportive employment services in their service area. The goal is to provide education and assistance to people seeking housing and employment opportunities to increase sustainability. West Texas Centers continues to experience a need for supported housing and is able to provide supported employment services.

Remote Crisis Screening

LMHAs in the All Texas Access BSSH Regional Group continue to provide remote crisis screenings due to the vast size of the region. Remote screenings have enabled people experiencing a mental health crisis in rural areas to get connected to services more quickly.

Transitional Living Facility

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

Diversion Center

Betty Hardwick Center was unable to pursue a diversion center with Taylor County stakeholders due to lack of funding. However, StarCare received $3,500,000 each 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, first responder drop-off, on-site security, and a 23-hour extended observation unit. StarCare plans to add other services such as on-site medical clearance for psychiatric hospital admission, intensive outpatient services, Medicaid/SSI benefit applications, and identification restoration. The community collaborative will seek grant funding to cover the costs of inflation.

Strengthen Workforce

Texas Certified Community Behavioral Health Clinic Updates

Betty Hardwick Center has implemented care coordination with the primary focus of integrating physical health into each person's care plan. Care coordinators complete screening assessments and connect people with health care services. Betty Hardwick Center plans to add Whole Health Action Management services under the scope of care coordination to continue improving their service array and outcomes for those they serve.

Central Plains Center successfully partnered with Covenant Medical for medical referrals and integration. The implementation of a substance use program at MHMRCV occurred because of Texas Certified Community Behavioral Health Clinics (T-CCBHC) certification. MHMRCV has seen an increase in adults served because of T-CCBHC certification.

PermiaCare operates two integrated care clinics co-located with their psychiatric clinics. PermiaCare has concentrated their tracking effort for physical health conditions to ensure appropriate referrals are made to the integrated clinics. PermiaCare implemented a care coordination delivery model. The care coordinator "closes the gap" to meet client needs in non-medical drivers of health. PermiaCare served over 715 adults through care coordination in fiscal year 2022. The center developed partnerships with over 40 local stakeholders to further these initiatives and provide primary care screenings for almost 3,000 people.

StarCare offers behavioral health and medical health care through their outpatient clinic through the Promoting Integration of Primary and Behavioral HealthCare SAMHSA grant. While this grant is scheduled to end in fiscal year 2024, StarCare will apply for additional grants to sustain this program. West Texas Centers has one mental health clinic located in the local hospital primary care clinic in Howard County. They provide integrated care coordination as well.

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 currently available to them and projected changes over the next two years. LMHAs and LBHAs also reported how many beds they need to adequately serve their community. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

Figure 31. All Texas Access BSSH Regional Group Bed Capacity
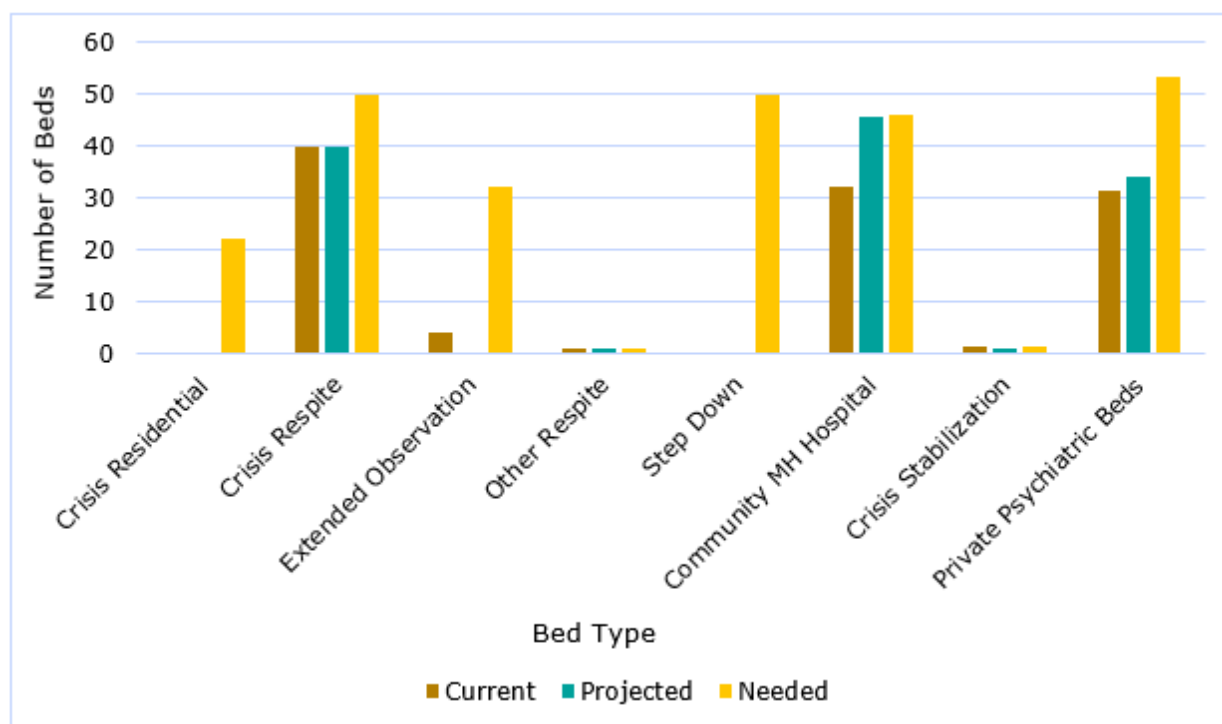
Table 26. All Texas Access BSSH Regional Group Bed Capacity

Type of Bed	Current Number of Beds	Number of Beds Projected in Two Years	Number of Beds Needed in Two Years
Crisis Residential	0	0	22
Crisis Respite	40	40	50
Extended Observation	4	0	32
Other Respite	1	1	1
Step Down	0	0	50
Community MH Hospital	32	45.5	46
Crisis Stabilization	1.3	0.8	1.3
Private Psychiatric Beds	31.25	34.25	53.25

All Texas Access NTSH Regional Group

Figure 32. Map of All Texas Access North Texas State Hospital (NTSH) Regional Group[xxvii]
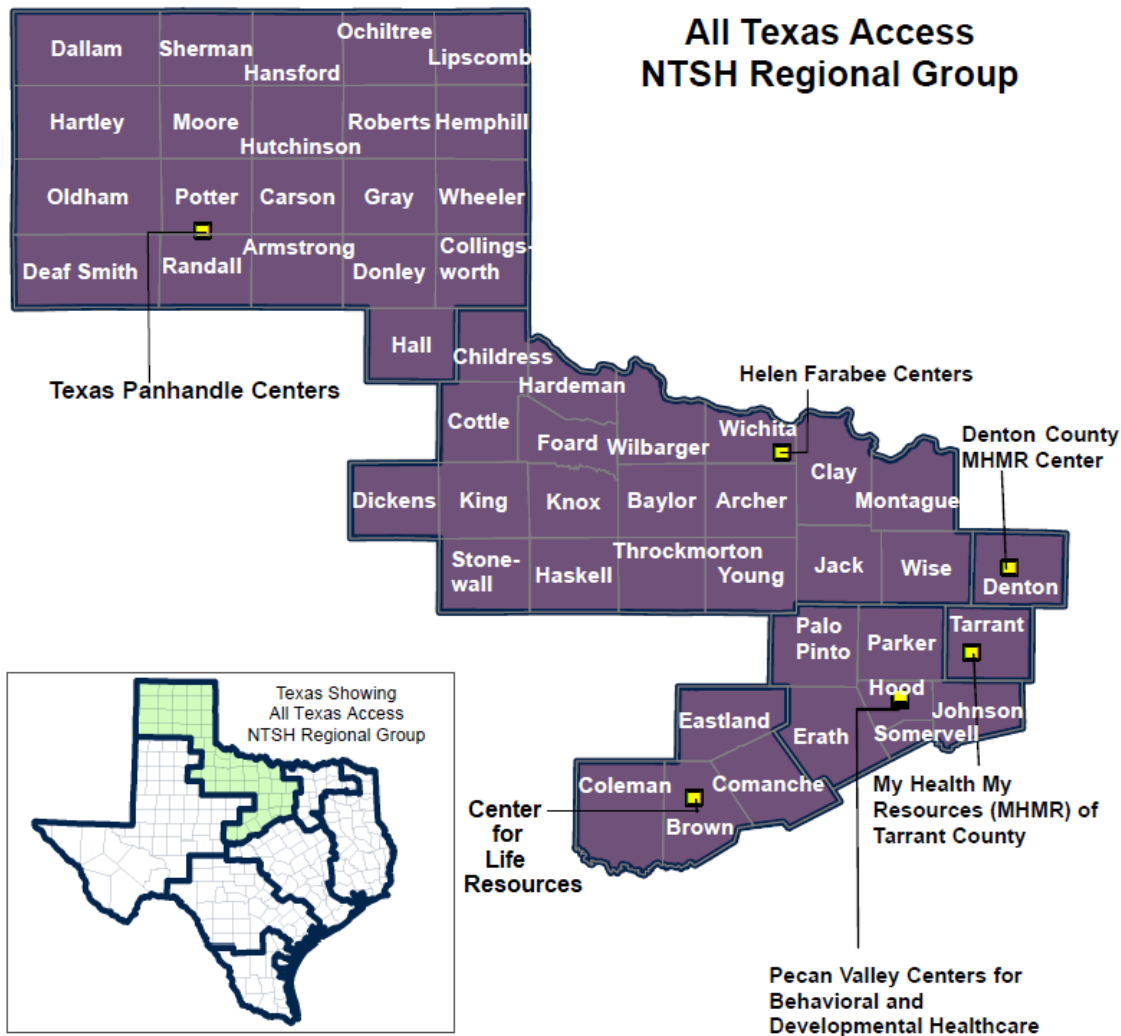
Participating LMHAs and LBHAs

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

- Texas Panhandle Centers

The Center for Life Resources participates in both the All Texas Access Austin State Hospital (ASH) and North Texas State Hospital (NTSH) Regional Groups.

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

All Texas Access NTSH Regional Group Plan

Jail Diversion and Community Integration

Center for Life Resources: Mental Health Deputy

Center for Life Resources (CFLR) has successfully collaborated with local law enforcement to have at least one Mental Health Deputy in Brown, Coleman, Eastland and Mills counties. Collectively, all Mental Health Deputies served 807 people from February 2022 to February 2023. This success is largely due to the shared vision of community leaders to address the needs of people in the community experiencing mental illness. CFLR has developed contractual agreements with Brown, Coleman, Eastland and Mill county's Sheriff's Offices, and seeks to engage people using the Sequential Intercept Model (SIM). The shared vision focuses on increasing jail diversion, increasing access to appropriate community care, increased access to local resources and reduction in recidivism rates regarding psychiatric hospitalization and local emergency room use.

Due to the program's success, other counties wish to collaborate with CFLR, and CFLR is in the process of expanding Mental Health Deputies through a Bureau of Justice Assistance (BJA) grant in the three counties not currently funded (Comanche, McCulloch and Mills). One of CFLR's local police departments is working with CFLR to receive training and provide additional municipal mental health deputy support. The successful collaborations with local law enforcement have reduced barriers to care, reduced recidivism rates, and decreased emergency department visits as well as psychiatric facility admissions. CFLR has also been able to demonstrate a decreased need for use of force from a law enforcement perspective. CFLR faces some challenges, including finding an electronic health record software that can track all the varied pieces of data being collected. Expansion opportunities have been challenged by lack of applicants in the law enforcement field and lack of sustainable funds to support such activities.

Helen Farabee: 911 Integration

Wichita Falls Police Department approached Helen Farabee about a partnership to address 911 calls related to behavioral health crises. 911 receives approximately 50-70 behavioral health crisis 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 response unit comprised of a police officer, local EMS and a mental health professional who will respond to 911 calls flagged as behavioral health related. Wichita Falls PD has identified a grant to pursue for funding the team. In addition, Helen Farabee has been designated as a behavioral health crisis drop-off point to help with ER diversion. This brings Helen Farabee, Wichita Falls Police Department and local EMS closer to forming a proactive response team.

Helen Farabee has also increased community engagement in Jack and Young counties to help identify jail diversion strategies and to increase access to outpatient and inpatient care. These counties enlisted Helen Farabee's participation in a SIM mapping event to help resolve access issues in rural counties and to divert people into behavioral health care and away from jails when possible.

Pecan Valley Centers: Remote Crisis Assessment

Pecan Valley received a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to strengthen their crisis services by deploying remote crisis assessment throughout their service area. Law enforcement officers were provided with tablet computers 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 ran through September 2023. Pecan Valley is successfully partnering with almost every law enforcement entity in their service area.

Pecan Valley's Remote Crisis Assessment Team has streamlined crisis services across their six counties with 357 telehealth crisis risk assessments completed by the MCOT between February 2022 and February 2023. The crisis mental health professional has also completed 33 assessments and consults with law enforcement agencies during this same time frame.

Texas Panhandle Centers: Crisis Response Team

Texas Panhandle Centers (TPC) participated in two SIM mappings in fiscal year 2023, one for Potter and Randall counties and one for Dallam, Hartley and Moore counties. These two events were well-attended by a wide variety of community partners. The workgroups formed as a result of the mappings are focusing on:

- Developing a diversion center;

- Increasing the mental health presence in 911 dispatch services;

- Data sharing;

- Formation of a leadership team with all stakeholders;

- Improving re-entry programs; and

- Behavioral health training for first responders.

TPC deployed more than 10 tablet computers to law enforcement in Potter and Randall counties for remote crisis assessment and treatment. TPC also added two positions to their MCOT team and one position to their jail diversion program. They have also submitted a JBCR proposal to HHSC for Potter County.

TPC is applying for a SAMSHA grant to create a Family and Youth Wellness Center with a crisis respite component for families who are identified through MCOT or schools as needing ongoing support to avoid the need for hospitalization. TPC recently completed an 18-month report for their SAMHSA Wellness grant. During the first 18 months of the grant, 2,145 people received TPC crisis services. TPC stated that, "One objective of TPC's T-CCBHC wellness program is to keep enrollees out of crisis situations and expensive levels of care. Using NOMs [National Outcomes Measure] data, TPC determined that among program enrollees with both baseline and six-month reassessment data (n = 117), there were 38 fewer nights spent in the hospital for a psychiatric or emotional problem, 11 fewer ER visits for a psychiatric or emotional problem, 21 fewer nights spent homeless, and only a slight increase of three additional nights in jail during the 30 days prior to reassessment compared to the 30 days prior to baseline (Objective 3.7)."

TPC has also increased on-demand prescribers and purchased 30 tablet computers for jails, first responders, and hospitals to access mental health services remotely. The tablets are the main source of contact between TPC and both ERs and jails and create quicker, safer access to assessments and MCOT services. TPC will work with first responders on the best use of the tablets for them. In addition, TPC is working

with Potter County, Randall County, and Amarillo law enforcement to discuss getting mental health assessment services incorporated into 911 dispatch. TPC is also collaborating with community partners on the design for a diversion center.

Timely Access

Collaborate on Residential Treatment Centers for Children

The LMHAs in this regional group collaborate with local community partners like Community Resource Coordination Groups and juvenile probation to serve children in their services area, but crisis and acute options for children are still a challenge. TPC was awarded funding from Center for Mental Health Services 2023 CCBHC Improvement and Advancement Grant for a 16-bed youth and family respite program. These short-term respite services will also be tailored to the family's needs promoting the use of natural supports and home like placements whenever available.

Increase Integrated or Co-Located Services

Through a SAMHSA grant, Pecan Valley Centers started a primary care program 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 have no funding source. The grant funded remodeling, equipment, medical supplies, and a primary care team. Pecan Valley served 435 people in this program from February 2022 to February 2023 and hopes to expand the program to more medical concerns.

Pecan Valley's MCOT team is also co-located in three of six county jails. This allows them to continue developing relationships with local law enforcement and easily assess those that may need a crisis intervention while in jail or about to bond out.

TPC started partnering with local health clinics through multiple funding sources and continues to explore options for more readily accessible physical health services. They have an MOU with most rural healthcare clinics in their service area and meet quarterly with the clinics to discuss partnership opportunities. TPC contracts with a Federally Qualified Health Center (FQHC) for basic physical health care treatment as well as a community urgent care facility. TPC moved several

programs into the same location as the FQHC this year, and they are considering adding more services at that location. TPC has also contracted with West Texas A&M University to fund eight hours per month of psychiatric time for students in need of this service. This service is co-located in the student health clinic. West Texas A&M University counselors work with the case managers at TPC to provide counseling and psychosocial rehabilitation services to assist students in their recovery.

Increase Competency Restoration Program

Due to low referrals, both Pecan Valley and CFLR have converted either part or all of the OCR contract funds to JBCR.

Various factors have led to a relatively low percentage of people being referred to qualify for OCR. Those factors include violent or other higher risk crimes, lack of adequate secondary support for the person to be released to outpatient care, or the court not permitting a person to be released from jail on bond due to concerns of re-offense. For CFLR, 77 percent of people referred to OCR have been screened out based on these factors. By adding JBCR services, CFLR can reduce some of these exclusions and serve more people.

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. Additionally, people can use this service to access primary care at the Cleburne Clinic. Pecan Valley assisted 593 people with transportation services from February 2022 to February 2023.

Through funding from SAMHSA, TPC added a new mobile wellness clinic that travels to the twenty-one 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. The team being mobile has met a significant need in the rural and frontier counties. Many people would go without services and medication because of the many challenges they face, such as chronic health issues, lack of transportation, and severe mental illness. Being able to go out and meet them where they are and providing all services in their home or current location, has been a great support to people and their families.

For TPC, one focus group out of the recent rural SIM is dedicated to transportation services. The group identified this as a need due to the bulk of care being located in Amarillo. The cost of gas and lack of transportation services is a barrier to overall health and support needs.

Step-Down Program

From February 2022 to February 2023, four people were admitted to Helen Farabee's step-down program. The program has added exercise and recreational options, such as basketball, gym memberships, a garden, and transportation to community activities. All the residents receive assistance with their medical needs, which have included hospital visits, lab work, hearing tests, hearing aids, dental work, dentures, and primary care physician visits.

Crisis Services

Expand Crisis Services

Helen Farabee Centers received COVID-related MCOT expansion funds from HHSC used to purchase iPads for remote crisis assessment. Helen Farabee remains responsive to community needs which suggest in-person crisis response is preferred over phone/video services. They continue to use remote services when requested, and this remains an integral part of their eligibility determinations and prescriber services. Workplace shortages are improving through increased hiring over the past few months.

Through the same SAMHSA Community Mental Health 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.

TPC is part of a community "Mental Health Think Tank" that is exploring the idea of an Extended Observation Unit. TPC will use their crisis respite facility as a resource

in the program. They are also in the process of expanding mental health services within the jail in Deaf Smith County.

Workforce

Support the LMHA and LBHA Workforce

Using grant funds, Pecan Valley is hosting monthly team-building activities at each clinic location. They also purchase light snacks for staff to have while they are working. This has enabled field team members to grab a snack and drink before leaving the clinic for the day. Office-based team members can access the snacks at any time during the day. Staff have voiced that they are very appreciative of this. Pecan Valley also continues to use the Calm app for all staff. Additionally, through the Calm for business tools, they use email templates to send staff information about series that may be helpful for stress reduction, improved sleep, or anxiety reduction. This series can be in-depth or as simple as a one minute guided meditation. Staff report using these tools to improve their sleep and mindfulness practices. Grant funds also enabled a contract with a local yoga studio owner. Pecan Valley staff received a reduced monthly rate for unlimited yoga classes for the remainder of the grant, which ended September 2023.

TPC increased wages for key direct care staff – Qualified Mental Health Professionals (QMHP) and staff who were making under $15.00 an hour – and increased salaries overall for staff working at the Center. They have increased their presence at job recruiting events and on social network platforms. TPC has also increased presentations to universities and colleges that have social service fields and developed shadowing programs for student nurses entering the two-year and four-year Licensed Practical Nurse and Registered Nurse (RN) programs. Two additional days of paid time off, have been added to the agency benefit plan. TPC also added one percent to the current agency match for each staff participating in the retirement plan. A referral reward has been created so when a current staff refers someone to work at TPC and the person is hired, the staff making the referral is given a cash award when the person starts New Employee Orientation and six months after employment. A retention bonus is being developed to incentivize employees to stay longer at the agency.

Increase Use of Peer Support Specialists

Helen Farabee participated in the Peer Support Learning Collaborative in fiscal year 2023. Please refer to the Introduction for more information about the Peer Support Learning Collaborative.

Pecan Valley Centers routinely uses peer support specialists. Grant funds allowed Pecan Valley Centers to hire two part-time Recovery Peer Support Specialists. Both Recovery Peers are finishing their training and will support people recovering from substance use. Three Peer Support Specialists participated in training to become Wellness Recovery Action Plan (WRAP) Facilitators and held a WRAP group. One Peer Support Specialist attended a national peer conference. The Assisted Outpatient Treatment and Coordinated Specialty Care programs also have dedicated peer support specialists, with specific lived experience that informs their work with the people participating in those programs.

TPC added four peer positions in two SAMHSA grant-funded programs this past year. An additional three have been added, two identified as recovery support peers and one specific to mental health. TPC has added a peer to the intake process to help engage and support people who are new to the agency. In total, they have 10 peers: six mental health, three substance use, and one Family Partner. They hope to add a peer to a rural area.

TPC recently certified a peer to be a tobacco cessation trainer. Plans to certify another peer are in the works. Classes will be held in clinics throughout the Panhandle. The Wellness Team funded by TPC's Texas Certified Community Behavioral Health Clinic (T-CCBHC) expansion grant have conducted various outreach and educational events in rural and frontier areas. This team combines an Advanced Practice Registered Nurse, RN, QMHPs and Peers who travel to the person's home for service delivery. Approximately 450 people will be served in this program. This type of service delivery is starting to be replicated in TPC's other programs. TPC is also applying for a T-CCBHC Improvement and Advancement grant to help create a comprehensive family and youth mindfulness clinic. The aim is to reduce crisis episodes for youth and families who might need hospitalization if not treated. This program will take referrals from the MCOT team, schools, and other community service providers. The grant will also have a crisis respite component for youth.

Housing

Develop Adult Residential Settings

TPC is increasing the census in their Crisis Respite program and has increased programming in their Respite Center.

Texas Certified Community Behavioral Health Clinics Updates

Helen Farabee continues to maintain basic medical and behavioral health integration by having a Care Coordination team respond to people with elevated values on key medical screenings. These teams identify people, complete care coordination assessments, and help to link them to primary care providers.

Pecan Valley established a primary care program in their Cleburne Clinic that is accessible for all adults in services throughout the region. They served 435 people in the clinic from February 2022 to February 2023.

TPC's Wellness program, funded through a T-CCBHC expansion grant, has produced positive outcome. For example, people with elevated body mass index scores experienced a statistically significant reduction after six months of engagement, and people with elevated blood pressure achieved a statistically significant reduction in average systolic blood pressure (143 at baseline to 131 at reassessment) and diastolic blood pressure (93 to 87).

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 currently available to them and projected changes over the next two years. LMHAs and LBHAs also reported how many beds they need in order to adequately serve their community. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

Figure 33. All Texas Access NTSH Regional Group Bed Capacity[xxviii]
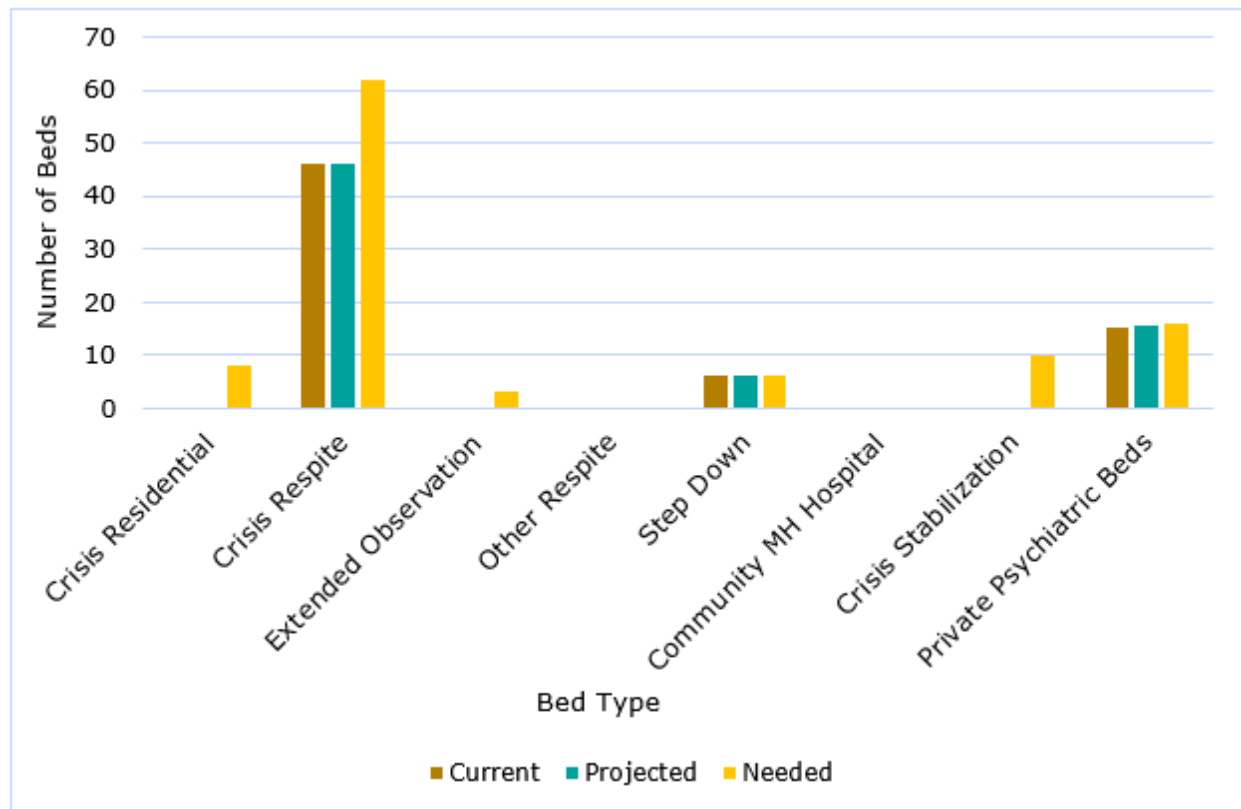
Table 27. All Texas Access NTSH Regional Group Bed Capacity

	Current Number of Beds	Number of Beds Projected in Two Years	Number of Beds Needed in Two Years
Crisis Residential	0	0	8
Crisis Respite	46	46	62
Extended Observation	0	0	3
Other Respite	0	0	0
Step Down	6	6	6
Community MH Hospital	0	0	0
Crisis Stabilization	0	0	10
Private Psychiatric Beds	15.3	15.6	16

All Texas Access RGSC Regional Group

Figure 34. Map of All Texas Access Rio Grand State Center (RGSC) Regional Group[xxix]
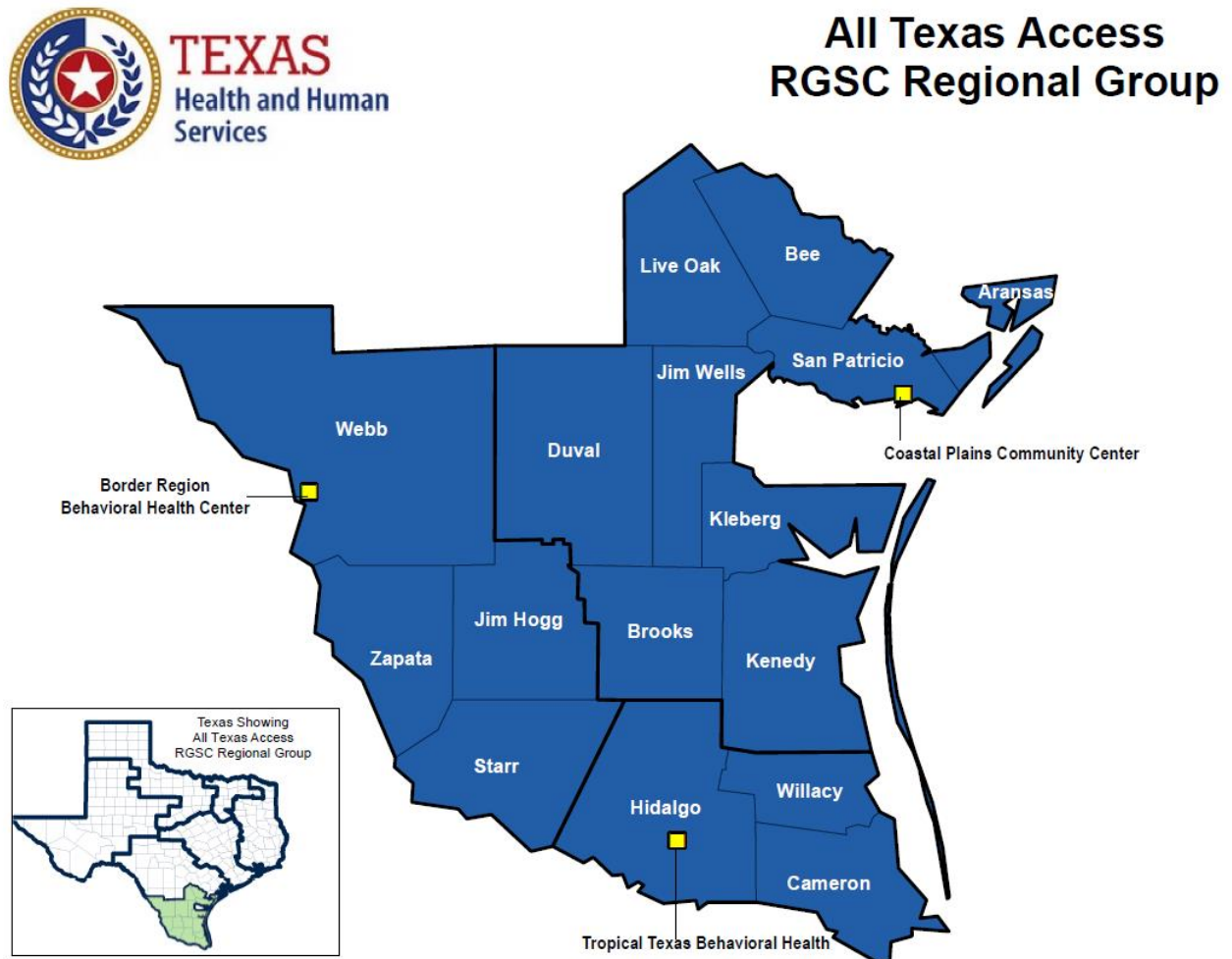
Participating LMHAs

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

All Texas Access RGSC Regional Group Plan

Jail Diversion and Community Integration

Border Region Behavioral Health Center: Rural Crisis Response and Diversion – Co-Responder

Border Region Behavioral Health Center is providing 24/7 access to crisis services through a co-responder model in both Webb and Starr counties. People receive crisis intervention services from the co-responder team composed of a law enforcement officer and a mental health crisis worker. The co-responder team provides an assessment in the community and crisis services to the person on-site, diverting people into mental health services more quickly. From February 2022 through February 2023, Border Region Behavioral Health Center reported 3,069 diversions through their co-responder program.

In addition, Border Region Behavioral Health Center held a crisis training for the Laredo Police Department that included a licensed therapist and live testimonies from an individual and a family who had both a positive and a negative encounter with a police officer. The crisis training included a peer specialist who spoke about living with a mental illness and suicidal ideation and provided some education regarding the work of a peer support specialist. Following the training and its success, the LMHA received crisis training requests from other law enforcement entities as well as other counties.

Coastal Plains Community Center: Mobile Crisis Outreach Team Expansion

Coastal Plains Community Center has fully implemented their expanded Mobile Crisis Outreach Team (MCOT), but has experienced periodic staffing shortages. The MCOT teams have improved access to care for those in crisis as well as reduced intake wait times in some of the LMHA's clinics by over 50 percent. MCOT is also providing follow-up for people discharged from psychiatric facilities, which has improved overall wellness. From February 2022 through February 2023, the Coastal Plains Community Center MCOT team served 263 people.

Coastal Plains Community Center is using a drop-in center to provide crisis screenings and intakes for people in the Jim Wells County jail. Access to care has improved through this process, and on average 19 crisis assessments and 11

screenings occur quarterly in the jail. Recently hired jail diversion staff will be housed at the drop-in center three days per week to assist with crisis screenings, assessments, and hospital discharge follow-ups. From February 2022 through February 2023, Coastal Plains Community Center diverted 49 people from being incarcerated.

Tropical Texas Behavioral Health Center: Co-Responder and Law Enforcement Training

Tropical Texas Behavioral Health (TTBH) integrates its crisis services with other local crisis response systems, including police departments and hospital emergency rooms. TTBH's Mental Health Officer Team officers are co-located in the LMHA's clinics and are dispatched with MCOT to respond to psychiatric emergencies in the community.

TTBH has been awarded three grants through the Bureau of Justice Assistance (BJA). A fourth application is in process. The first grant funded a co-responder program with the Pharr Police Department. Fully implemented as of October 1, 2021, this program provided approximately 600 services from February 2022 through February 2023. Services included screening, assessment, brief intensive intervention, and crisis follow-up. In collaboration with the Harlingen and Brownsville Police Departments, TTBH was awarded two BJA grants for co-responder initiatives. These two projects began October 1, 2022, and are in the planning phase.

TTBH is partnering with the Mission Police Department on a Justice and Collaboration grant through the BJA. Together, TTBH and Mission Police Department respond to mental health crisis incidents and provide follow-up for people who need continued engagement.

Timely Access

TTBH acquired property for a 15-bed substance use treatment facility. The licensed facility received its first admission in July 2023. In addition, Tropical Texas has started Multisystemic Therapy services for youth at high risk for involvement with the criminal justice system.

Coastal Plains Community Center is focused on getting a clinic in Aransas Pass licensed to provide substance use services in fiscal year 2024.

Strategic Collaborations with Community Partners

All three LMHAs are working with local law enforcement to identify and address challenges in their communities. Border Region Behavioral Health Center is networking with other T-CCBHC organizations to collaborate and educate on each agency's services. The Mental Health Transportation team continues to identify barriers and work together to find solutions and alternatives to better serve the community. Coastal Plains Community Center holds quarterly meetings to facilitate community building and discussion around solutions to local challenges.

To support access to mental health and wellness, TTBH has established partnerships and collaborations with local foundations, courts and judges, law enforcement, military organizations, public and private hospitals, schools, and advocacy organizations. In addition, TTBH has increased trainings.

Operate Casa Amistad

Border Region Behavioral Health Center has been able to provide services through Casa Amistad, a 16-bed crisis stabilization unit in Laredo (Webb County) that transitioned from HHSC to Border Region in fiscal year 2021 and served 707 people from February 2022 through February 2023. 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. A contract executed in September 1, 2022, expands eligibility to those people going through a mental health crisis.

Peer Services

Border Region Behavioral Health Center has established Veteran Peer Specialist and Veteran Peer Coordinator positions to assist any veteran that is going through a crisis. Additionally, a peer provider has been hired for Coordinated Specialty Care in the First Episode Psychosis Program.

Coastal Plains Community Center chose to hold off on establishing peer clubhouses as they are in the process of hiring peers to support people receiving services.

TTBH continues to seek opportunities to expand peer services in veteran, mental health, and substance use programs, as well as mental health services for people involved in the criminal justice system. They offer family partner services for youth and families. These positions continue to be staffed and hold a low turnover rate.

TTBH has also increased enrollment at drop-in centers by providing transportation, which had been identified as a barrier in the past.

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 impact or change the medications people receive as the local jail formulary may not include medications which have previously been proven effective for the person.

Border Region Behavioral Health is providing telepsychiatry for the jail population in Webb County. From February 2022 through February 2023, 187 people were served. Coastal Plains Community Center is using secure meeting software and laptops at county jails to provide telepsychiatry.

TTBH is currently using telepsychiatry in the Hidalgo County Jail. The LMHA clinician is meeting with people who are incarcerated and have been referred by the jail diversion team for medication evaluations. Approximately 65 unduplicated individuals were provided with a psychiatric diagnosis and medication review by the Tropical Texas provider from February 1, 2022, through February 28, 2023.

Texas Certified Community Behavioral Health Clinics & Integrated Health 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.

For Border Region Behavioral Health, T-CCBHC certification has offered integration of behavioral and primary care services and improved clients' quality of life through chronic disease management, wellness visits, health screenings, nutritional services, and education. The LMHA works with contract providers to provide physical health services to clients in all counties they serve. In-house primary care services are provided in Webb County by two Family Nurse Practitioners and an overseeing physician who provides clinical consultation, audit, and visits with patients as needed. These patients are screened and referred by the treatment team alignment with their diagnosis and condition. Based on information received from clinics, there are additional screenings and health services offered such as

nutrition; screening, brief intervention and referral to treatment (SBIRT); or tobacco screening.

T-CCBHC has increased collaboration and eased scheduling. For example appointments for both medical and behavioral health services can be scheduled on the same day. This change in scheduling and service delivery has increased consistency with treatment and improved care coordination. The initiative has also decreased use of emergency room referrals, assisted in reducing the financial burden of medical treatment, and eased the process of finding a provider. By establishing outpatient primary care services, clients have gained access to low or no-cost medical visits with a nurse practitioner, laboratory testing, medication education, and a better quality of life.

Coastal Plains Community Center has developed relationships with community partners who provide referrals to our program. Virtual healthcare allowed improved access to integrated care as well since our area has limited transportation agencies. The LMHA is contracting with FQHCs to provide primary care in their clinics. Substance use training was provided to the Licensed Chemical Dependency Counselors (LCDC) on staff to increase the variety of services they can provide. Coastal Plains Community Center purchased an acre of land adjacent to their Alice Clinic and plans to build an addiction center in 2024 to better support the high need for substance use services in this area.

TTBH continues to increase access to integrated care by maintaining its T-CCBHC certification. This comprehensive process entails developing Care Coordination agreements with school districts, substance use facilities, and additional community partners. The T-CCBHC certification standards ensure that needs are identified, appropriate referrals are made, and that the Center closes the loop on referrals. TTBH has implemented a new electronic health record system, allowing for staff to document and work off the same chart. The newly implemented electronic health record system facilitates communication between the different departments to ensure client needs are being met.

TTBH recognizes the prevalence of co-occurring mental health and substance use disorders in the community, and by following up on screenings, services, and activities across programs they can track progress and scores related personal health and medical risk. TTBH has observed an increase in the number of people receiving services through primary care and an increase in referrals to SUD services.

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 currently available to them and projected changes over the next two years. LMHAs and LBHAs also reported how many beds they need to adequately serve their community. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

Figure 35. All Texas Access RGSC Regional Group Bed Capacity
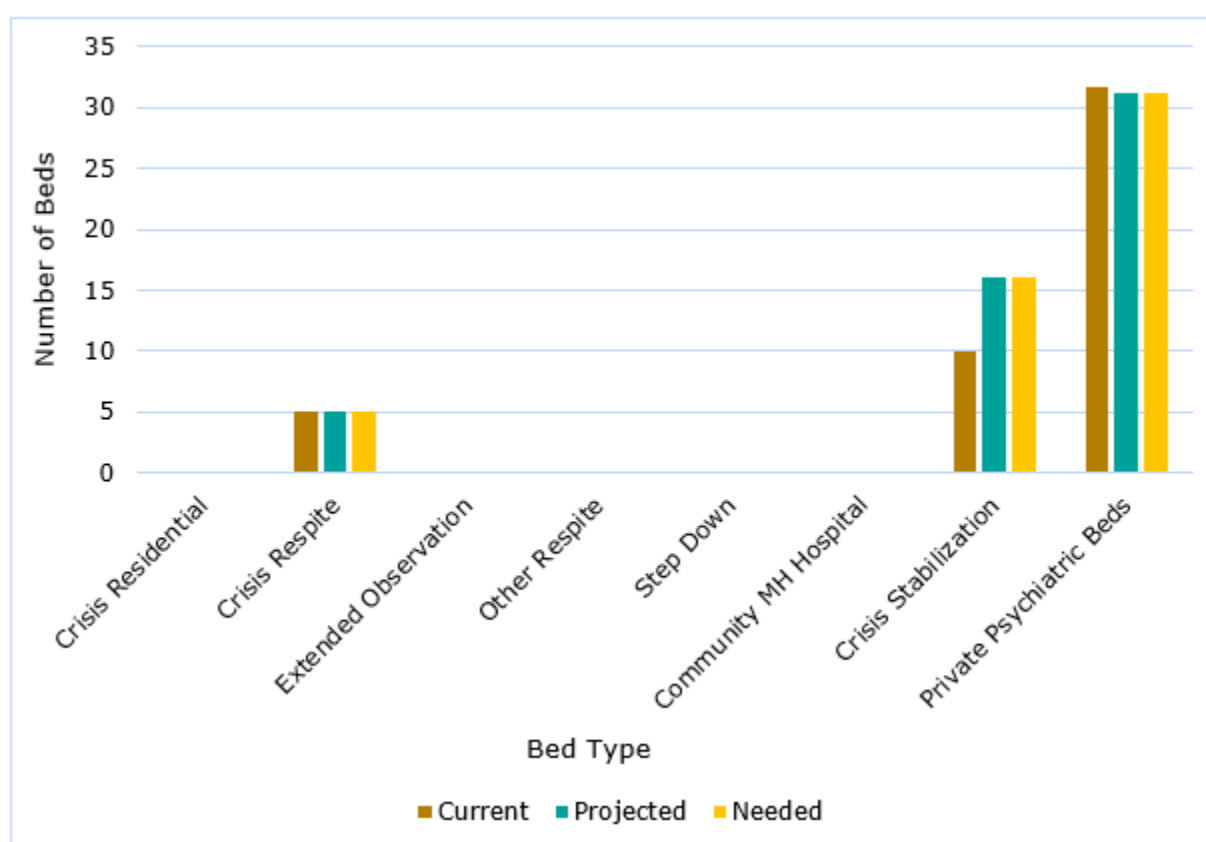
Table 28. All Texas Access RGSC Regional Group Bed Capacity

	Current Number of Beds	Number of Beds Projected in Two Years	Number of Beds Needed in Two Years
Crisis Residential	0	0	0
Crisis Respite	5	5	5
Extended Observation	0	0	0
Other Respite	0	0	0

	Current Number of Beds	Number of Beds Projected in Two Years	Number of Beds Needed in Two Years
Step Down	0	0	0
Community MH Hospital	0	0	0
Crisis Stabilization	10	16	16
Private Psychiatric Beds	31.7	31.2	31.2

All Texas Access RSH Regional Group

Figure 36. Map of All Texas Access Rusk State Hospital (RSH) Regional Group[xxx]
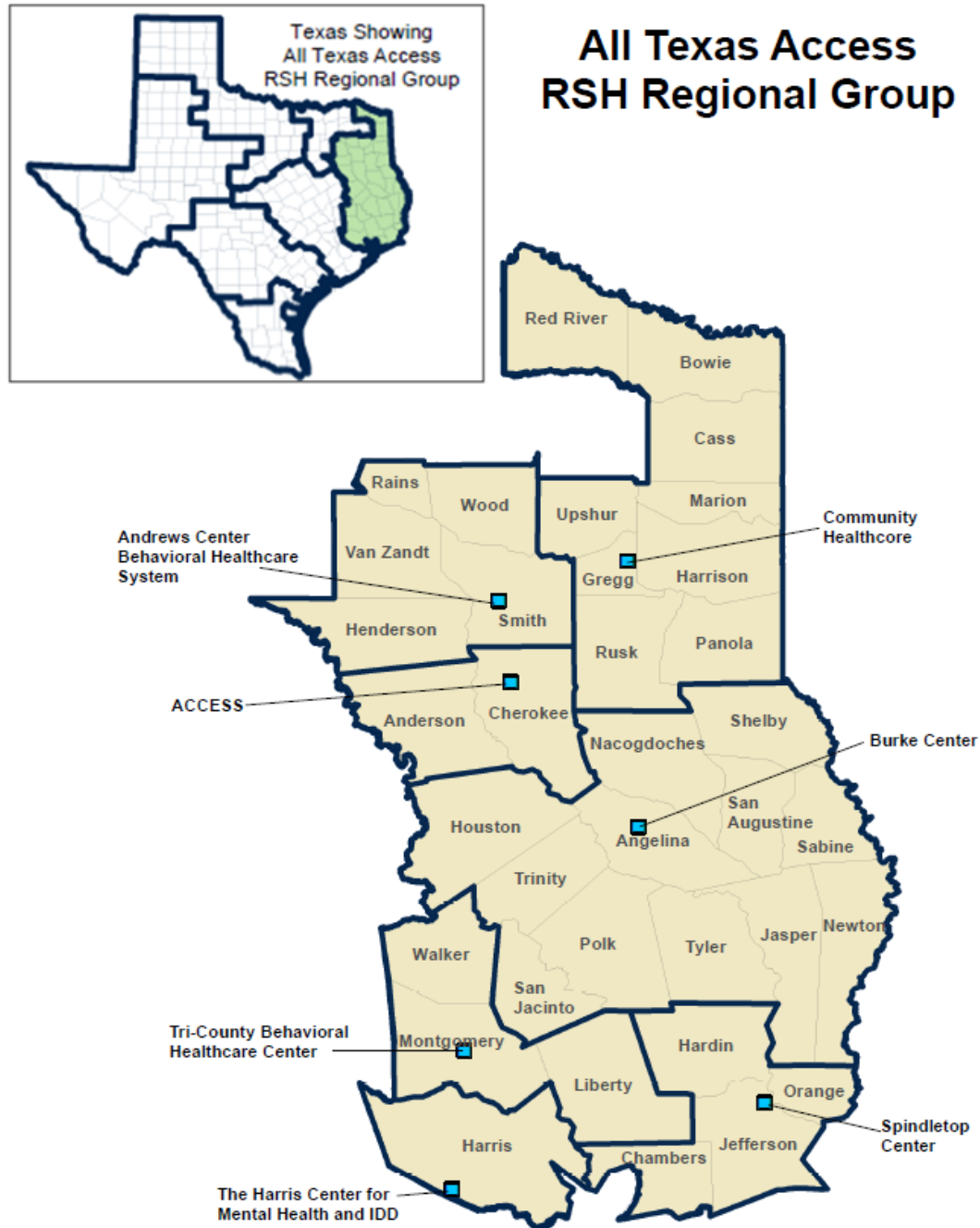
Participating LMHAs and LBHAs

- ACCESS

- Andrews Center Behavioral Healthcare System

- Burke Center

- Community Healthcore

- Spindletop Center

- Tri-County Behavioral Healthcare

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

All Texas Access RSH Regional Plan

Jail Diversion and Community Integration

ACCESS: Mental Health Deputy Support

ACCESS continues to have two Mental Health Deputies. However, the Cherokee County position was vacant for several months due to the deputy leaving the sheriff's office and difficulty finding eligible officers. The loss of support to crisis staff has been a challenge, but ACCESS used lapsed salary dollars to pay off-duty law enforcement officers to provide transportation to inpatient facilities. The transport is being coordinated through the sheriff's office and has worked well.

Andrews Center: Co-Responder Program

The Behavioral Health Leadership Team in Smith County has plans for a diversion center. Andrews Center, as well as other community partners, are supporting the Behavioral Health Leadership Team in researching best practices and seeking funding for the center. In the meantime, Andrews Center has co-located MCOTs in the Smith County jail and the local psychiatric hospital.

Spindletop Center: Co-Responder Program

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. Spindletop has not yet identified a funding source for this need.

Burke: Rural Crisis Response and Diversion - Drop Off Center

Burke has increased jail diversion through Rural Crisis Response and Diversion grant funds. Law enforcement has a direct line to Burke's diversion team, and law enforcement has been very supportive and excited about this resource. Burke has experienced an increase in direct calls to the diversion team from both law enforcement and emergency rooms. Burke's Law Enforcement Liaison has conducted multiple trainings with law enforcement, which has been well-received. Law enforcement has even started referring people they feel need additional training and support around mental health.

Emergency rooms are now contacting Burke more and law enforcement less. Law enforcement is also contacting Burke more often in the field, which results in decreased need for law enforcement to transport people to emergency rooms. Burke has increased availability of the diversion team after business hours and feels fortunate to have a crisis stabilization unit to use as part of jail diversion when appropriate.

Tri-County Behavioral Healthcare: Rural Crisis Response and Diversion - Drop Off Center

Tri-County secured local funding to reopen their Crisis Stabilization Unit through the end of 2024. Tri-County continues to provide crisis screening and assessment located in the front of the Psychiatric Emergency Treatment Center (PETC). Staff have conducted over 3,100 crisis resolution services at the PETC, and when including those screened and assessed through other means this number is significantly higher.

Community Healthcore: Non-Medical Drivers of Health

Community Healthcore is fostering recovery by refocusing care delivery on non-medical drivers of health (NMDOH) and abating the impact of trauma. Community Healthcore uses a NMDOH assessment with each new person at intake. Identified NMDOH needs are referred to the care coordination program. Between February 1, 2022, and February 28, 2023, Community Healthcore performed 3,227 NMDOH

assessments and screens all people for NMDOH needs using a tool in their electronic health record.

All people screened who identify an NMDOH need and want assistance are referred to the care coordination team. This team is comprised of nurses, caseworkers, and peers. The team has successfully connected people to housing, new eyeglasses, assistance with transportation, prescriptions, and medical and dental care. Peers have brought food boxes to people and showed them how to access resources for their food needs. Community Healthcore has also been able to move people out of unsafe living arrangements.

Collaboration

Increase Integrated or Co-Located Services

ACCESS partners with school districts and FQHCs, including co-locating with a FQHC. ACCESS has MOUs with all school districts in their service area. ACCESS is working with local FQHCs on processes for warm handoffs and crisis screenings.

Andrews Center collaborations continue to improve, particularly related to jail diversion. For example, they now have jail diversion at an office inside the Smith County jail where they meet with people prior to booking. They also have MCOT housed in the UT North Hospital.

Burke continues to meet quarterly with community partners in each county to collaborate.

Community Healthcore now has five outpatient sites licensed to provide youth substance use services using LCDCs. Community Healthcore has provided MAT since February 2019 and ambulatory detox since September 2021. These services are available at two outpatient clinic sites in Longview and Texarkana.

To help alleviate workforce shortages, Community Healthcore started a Behavioral Health Intern Academy through a SAMHSA grant. This Academy is for university students in their final year of a human services degree. Community Healthcore has been able to hire some of these students upon their graduation.

Spindletop is developing more care coordination MOUs with referral partners of all types in their area.

Tri-County continues to have success through their involvement with the Montgomery County veterans jail dorm where veterans receive peer support and counseling. Tri-County continues to participate in many other community collaborations where key community partners work to find solutions and fill gaps for people with behavioral health needs (e.g., medical, behavioral health, law enforcement, criminal justice, and other community agencies). A few such collaboratives include the Montgomery County Behavioral Health and Suicide Prevention Taskforce, Montgomery County Crisis Collaborative meeting, and Liberty County Community Stakeholder meeting. Additionally, Tri-County collaborates with community partners in Walker County, including Sam Houston State University, criminal justice partners, and other agencies, to address the need for a Crisis Intervention Response Team (CIRT) in Walker County. This collaboration is still in the initial stages and has not officially been named.

Strengthen Collaborations with Public Schools

ACCESS has MOUs with all school districts in their area. Burke has established on-site psychiatric services with a local school district. This 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 would like to emulate this program in other districts, but currently does not have a funding source to do so. Burke has also established a relationship with Angelina College, a local community college. This unfunded project provides a mental health professional as needed to answer questions from students and staff. Intake services and therapy can be provided all from the campus.

Andrews Center reports that Mental Health First Aid has been expanded to rural schools within Texas' Education Region 7. They are hopeful that this development will reduce the stigma associated with having a mental illness and 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 for their service area. One collaboration is through an MOU with Tatum ISD. Through this agreement, Community Healthcore recently placed a mental health professional on the school campus to address student and faculty needs. Community Healthcore plans to expand this model to other school districts after demonstrating the benefit.

Spindletop is co-locating services in Hardin Jefferson ISD and Nederland ISD and operating grant programs in Vidor ISD and Bridge City ISD. They are working on a potential collaboration with Goose Creek ISD and a Federally Qualified Health Center (FQHC) in Chambers County.

Tri-County continues to partner with several schools in their service area and now has six school-based clinics with staff co-located inside the schools. Most recently, through a SAMHSA grant, they were able to begin a new school-based clinic in Cleveland, Texas.

Increase or Strengthen Hospital Collaborations

In 2022, Andrews Center developed a transition of care model for people discharging from private psychiatric hospitals. The model has been successful ensuring people receive an uninterrupted provision of services. Due to the model's success, in 2023 Andrews Center implemented care navigation for uninsured people hospitalized in contracted inpatient beds to ensure extra support during and following hospital discharge. These services indicate continued progress for people served and strengthened relationships with psychiatric hospitals.

Burke continues to meet quarterly with all interested stakeholders and valued community members. These consistent meetings 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.

Crisis Services

Increase Mental Health Deputies

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

Burke has no Mental Health Deputies. Burke has seen an increase in the severity of crisis incidents, and it is common that the crisis is too severe for referral to their

crisis stabilization unit. However, finding private psychiatrics beds is challenging, as local hospitals have reduced capacity due to staff shortages.

Effective April 2, 2023, Community Healthcore closed their Extended Observation Unit/Residential Crisis Unit in Atlanta, Texas, due to workforce shortages. The goal is to attract new workers to properly staff the facility. Fortunately, their MCOT remains well-staffed with little turnover.

Tri-County operates two CIRTs, which are law enforcement/clinician teams typically available daily from 11:00am – 11:00pm to respond to crisis situations in Conroe. The Montgomery County Sherriff's Office was recently awarded a grant to operate two additional CIRT teams for which Tri-County has provided the clinicians. These teams, in addition to a partnership for a similar team through the Montgomery County Constable's Office funded by SAMHSA, have expanded this specialized service significantly in Montgomery County. Walker County is in preliminary discussions with the goal of developing a CIRT team in that area as well.

Texas Certified Community Behavioral Health Clinic Updates

ACCESS partners with local FQHCs, including co-locating with an FQHC. ACCESS is working with local FQHCs on processes for warm handoffs and crisis screenings.

Andrews Center continues to use co-located, integrated health services. They are also developing care coordination agreements with local FQHCs.

Burke continues to have a care coordination program to work with people who receive both mental health and primary care. They were recently re-certified as a T-CCHBC. Burke is working to expand child psychiatric services in Houston County, expanding children's services and adding additional service hours in Tyler County, and opening a satellite clinic in Newton County.

Community Healthcore participated in the General Health Integration Learning Collaborative through the National Council for Mental Wellbeing from July 2021 through July 2022 and continues to partner in the learning collaborative through an Extension for Community Healthcare Outcomes project. Community Healthcore has improved performance outcomes in key areas including screening for drug and alcohol use, depression screenings, and laboratory testing for people experiencing schizophrenia. To serve all people with a behavioral health condition, Community

Healthcore provides psychiatry services to people not requiring a high level of treatment through primary care services.

Spindletop has implemented a new electronic health record system, which they expect to help in care coordination and monitoring of key health outcomes.

Tri-County continues to run an integrated health clinic for people participating in their services, currently through SAMHSA grant funding. This program assists Tri-County with identifying and treating common co-occurring health conditions for people who may otherwise not receive care. Through SAMHSA grant funding, Tri-County has also developed an Enhanced Care Coordination Team (in addition to care coordination provided by staff) that accepts referrals from both staff and through their risk stratification process to provide additional support and coordination for people with complex needs. As a part of addressing whole person care, Tri-County has also launched a MAT program.

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 currently available to them and projected changes over the next two years. LMHAs and LBHAs also reported how many beds they need to adequately serve their community. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

Figure 37. All Texas Access RSH Regional Group Bed Capacity
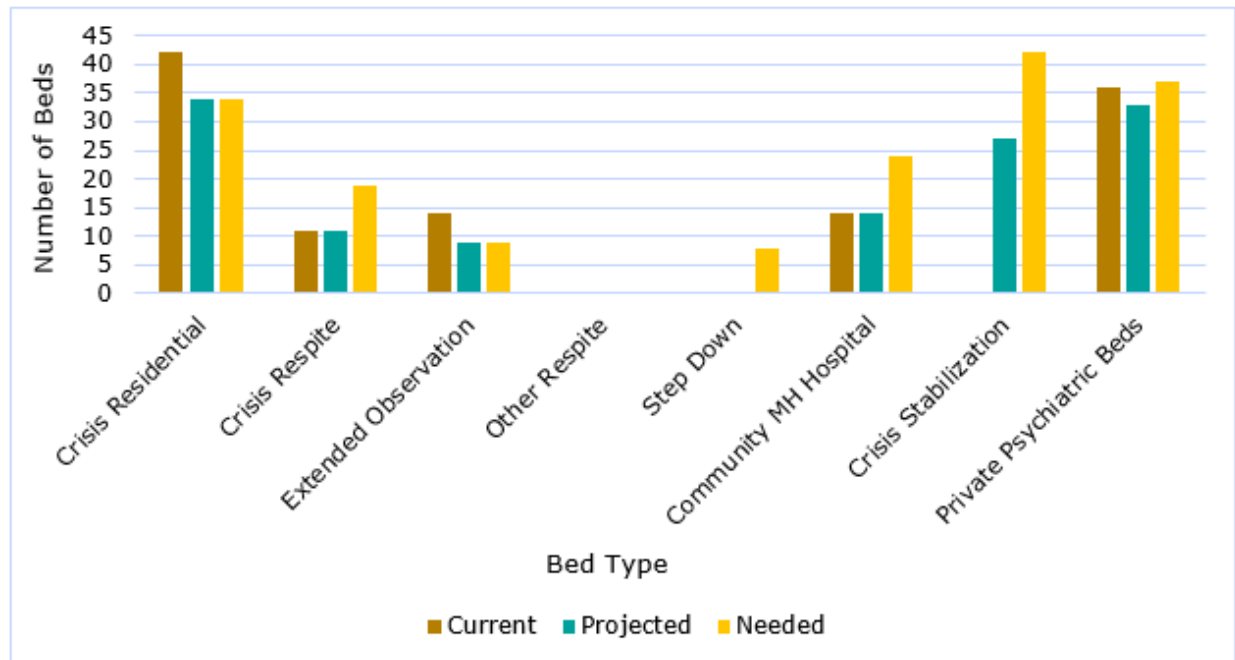
Table 29. All Texas Access RSH Regional Group Bed Capacity

	Current Number of Beds	Number of Beds Projected in Two Years	Number of Beds Needed in Two Years
Crisis Residential	42	34	34
Crisis Respite	11	11	19
Extended Observation	14	9	9
Other Respite	0	0	0
Step Down	0	0	8
Community MH Hospital	14	14	24
Crisis Stabilization	0	27	42
Private Psychiatric Beds	36	33	37

All Texas Access SASH Regional Group

Figure 38. Map of All Texas Access San Antonio State Hospital (SASH) Regional Group[xxxi]
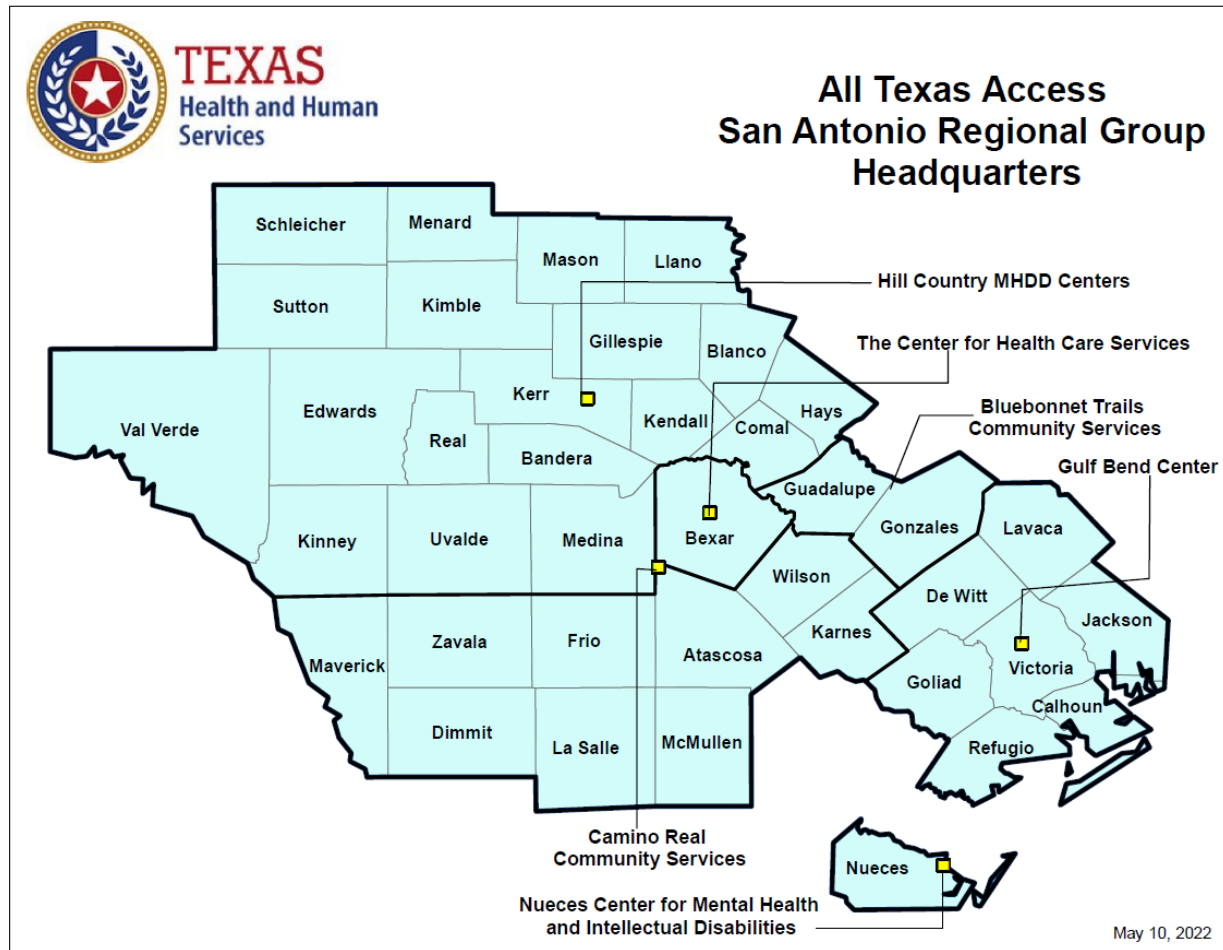
Participating LMHAs and LBHAs

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

BTCS participates in both the All Texas Access Austin State Hospital (ASH) and San Antonio State Hospital (SASH) Regional Groups. Border Region Behavioral Health

Center and Coastal Plains Community Center are members in the All Texas Access Rio Grande State Center (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.

All Texas Access SASH Regional Group Plan

Jail Diversion and Community Integration

Bluebonnet Trails Community Services (BTCS): Crisis Care Expansion

During Winter of 2022-2023, BTCS renovated and expanded the adult crisis respite program located in Seguin. Now offering 11 beds, the program diverts persons from local emergency rooms and supports persons transitioning from inpatient psychiatric care as well as persons court-ordered into care as a diversion from incarceration. Critical to success is the collaboration between mental health officers with Guadalupe County and the City of Seguin, funded in part through HHSC's Mental Health Grant for Justice-involved Individuals and a federal BJA grant award. During the three months post renovation, the program served 56 adults with an average length of stay of 12 days.

BTCS is planning to open a second diversion center in Seguin during the winter of 2023-2024.

Camino Real Community Services: Rural Crisis Response and Diversion

Camino Real Community Services chose to expand their MCOT, providing access to people within their community. Through the Rural Crisis Response and Diversion project, Camino Real Community Center was able to divert 1,307 people experiencing a mental health crisis from February 1, 2022-February 28, 2023.

Camino Real also hired a law enforcement liaison with the Rural Crisis Response and Diversion funds who works with the various law agencies serving as a connection for those needing crisis services. The law enforcement liaison presents at quarterly Crisis Task Force meetings which provide opportunities for law enforcement officers to engage and address any concerns expressed by the law

enforcement community. The law enforcement liaison has provided 15 trainings to include suicide prevention and crisis intervention training for employees in local jails and for peace officers.

Camino Real implemented a drop-off facility for law enforcement which is where people experiencing a crisis can receive access to a crisis assessment while allowing law enforcement to drop off the people and return to protecting the community. There were 59 people diverted from February 1, 2022- February 28, 2023. Camino Real also uses technology to provide immediate access to law enforcement who are needing crisis assessments for people using tablet computers. Law enforcement are given immediate access to crisis assessment workers so people encountered in crisis receive care at the right time with the goal of diverting them from being detained or arrested.

Camino Real has added a peer recovery coach, an onsite LCDC and a veteran peer coordinator at the drop-off center to assist persons in crisis.

Gulf Bend Center: Co-Responder

Through the Community Mental Health Grant Program, Gulf Bend Center currently has four co-responder teams for the seven counties that Gulf Bend serves.
The teams currently work with local law enforcement for those in crisis or wellness checks or both. The co-responders can provider transportation to an inpatient hospital if the local law enforcement is short staffed. In the previous All Texas Access report, Gulf Bend Center was proposing equipping sheriff's deputies with technology to enable law enforcement to access Gulf Bend crisis staff to complete remote assessments while officers were in the field. At this time, Gulf Bend Center has not been able to implement this initiative and will continue using their co-responder teams.

Hill Country MHDD Center: Care Navigation and Risk Stratification

Hill Country MHDD Center planned to establish a dedicated Care Navigation Team to provide referral and appointment follow up along with addressing resource limitations and overall navigation of services in their service area.

Hill Country, like much of the state, has experienced workforce shortages which create barriers to the Care Navigation project. From February 1, 2022 - February 28, 2023, Hill Country has been able to serve 397 persons while continuing to roll

out this project. Risk Stratification tools have been built in their electronic health record to flag unmet needs. Also, each person coming into services is referred to the Care Navigation program based on their individual needs.

Monitor Promising or Evidence-based Practices

During January 2023, BTCS engaged in a pilot program serving children and families in Guadalupe, Caldwell, and Gonzales Counties. The Multisystemic Therapy program, which will begin on April 1, 2023, will serve children between the ages of 12-17 who are at risk of experiencing severe consequences due to anti-social or delinquent behaviors. Multisystemic Therapy is an evidenced based practice for at-risk children, providing children and caregivers with tools to transform their lives.

Camino Real is using both MAT and Matrix Model programs for people with SUD, which are evidenced based practices that are in place to support people in engaging in recovery in the community. The Matrix Model is an intensive 32-week outpatient program. In this intensive outpatient program, 28 people were served from February 1, 2022 to February 28, 2023.

Gulf Bend Center provides monitoring and ongoing training for their staff to ensure evidence-based practices are utilized.

Hill Country MHDD Center is in the process of implementing a Multisystemic Therapy program in Comal, Hays, and Uvalde counties. They are also implementing Coordinated Specialty Care in Hays and Comal counties. Due to workforce shortages, these programs have not been fully implemented.

Substance Use and Withdrawal Management

To combat the increasing youth substance use rates in Guadalupe County, in January 2023 BTCS and the Guadalupe County Juvenile Services Department entered into a partnership agreement to provide therapeutic services to at-risk youth 10-17 years old referred to juvenile services. The program is now licensed by HHSC at its location in the Guadalupe County Probation Office and Detention Center in Seguin and Schertz. The goal of the program is to reduce substance use among Guadalupe County youth and diversion of the substance-related referral upon successful completion of the program. During the first two months the program received referrals of 14 youths. Participation in this program diverts youths from judicial intervention and conviction.

BTCS was licensed by HHSC to operate four new substance use treatment sites including within three independent school districts and the Guadalupe County Juvenile Services location.

Camino Real Community Services has an active SUD program that offers MAT. The treating psychiatrist is an addiction specialist and has made progress with many service participants. Both SUD individual and group services are provided to help support people as they work through withdrawal management. The SUD program recently celebrated seven people reaching their one year of sobriety mark.

Gulf Bend Center received their substance use facility license in January 2023. They are developing and recruiting staff to provide intensive outpatient services and are currently providing MAT and SUD counseling. From January 2023 through April 2023, Gulf Bend's substance use counselor has provided individual SUD counseling to 37 people and provided group SUD counseling for 31 people. Gulf Bend Center has provided MAT services for alcohol and tobacco use for 34 people.

Hill Country MHDD Center met with the medical director from Be Well Texas to discuss contracting with them for withdrawal management services. An MOU with Be Well Texas has been signed to streamline SUD referrals. Hill Country MHDD is preparing to license additional facilities as satellite clinics, developing stages to expand to youth services and further developing single diagnosis services. Hill Country is participating monthly in the Kendall-Kerr County Opioid Response Coalition and working to develop Naloxone training for staff.

Telehealth

Telepsychiatry in Jails

BTCS has been partnering with Guadalupe and Gonzales County jails and Sheriffs' Offices since 2018, ensuring timely access to mental health assessments, psychiatric evaluations and medication management. From February 1, 2022-February 28, 2023, the partners have been able to divert 127 persons prior to booking, serve 459 persons through assessments of mental illness, and reduce the number of persons from committing a felony offence while in jail by 34 percent from the previous year. Working alongside jail medical staff during the 13-month period, BTCS served 68 persons incarcerated the Gonzales County Jail and 391 persons incarcerated the Guadalupe County Jail.

Hill Country MHDD Center currently uses telepsychiatry services in the Comal County Jail.

Gulf Bend Center uses telepsychiatry in all the seven county jails they serve for medication treatment for current clients, intake, and crisis services. Gulf Bend Center also participated in a voluntary Jail In-Reach learning collaborative through HHSC. They are learning and implementing the sequential intercept model in three of the seven county jails and plan to expand to the other county jails in their region.

Collaboration

Enhance Strategic Collaborations in the Region

During January 2023, BTCS was awarded a contract through HHSC to establish a Vocational Apprenticeship program. The program began in Guadalupe County in spring 2023. Through this program, a Job Coach and a Program Instructor will provide classroom instruction and paid on-the-job-training to twelve apprentices. Classroom instruction is part of the program to teach appropriate social and communication skills to enhance employment opportunities. As of May 2023, two local employers are engaged to participate in the program and provide apprenticeships within their companies. Efforts are now underway to recruit apprentices to the program.

Camino Real holds quarterly Crisis Task Force meetings in various counties which gives the stakeholders and partner agencies a chance to exchange information and improve processes. Camino Real also has a Suicide Coalition established in McMullen County (a frontier community), where staff have been actively engaged in the Crisis Task Force meetings. Their participation is enhancing relationships, knowledge, and communication in the area. In Maverick County, the MCOT team leader is participating in the Eagle Pass Threat Assessment Group, which is a prevention focused group comprised of multiple law enforcement agencies and other partners.

Hill Country MHDD participated in SIM mapping in Kerr, Comal and Hays counties and has scheduled a SIM mapping for Kendall County in January 2024. Hill Country MHDD participated in the Jail In-Reach program for Hays County. Through a collaboration with the San Marcos Police Department, a ride-a-long position was created for a care coordinator to be embedded with the San Marcos Police

Department. Hill Country MHDD will be implementing this program in Summer 2023.

Hill Country MHDD continues working on the Uvalde Diversion Center planning. The city of Uvalde has donated property for the facility and the United States Congress has appropriated $2 million in funding to assist in the design and construction of the facility. The center will have extended observation and crisis residential beds for both adults and youth as well as an integrated outpatient behavioral health clinic. Additional funding for the center was appropriated by the 88th Texas Legislature (Regular Session, 2023)

Hill Country MHDD is also working on developing the Comal County Diversion Center. Comal County has donated land and approved funding for construction of the facility. Architectural drawings are being finalized and construction is anticipated to begin January 2024. The center will have six adult extended observation beds and 10 adult crisis residential beds.

Gulf Bend Center continues to meet quarterly with the Gulf Bend Regional Collaborative which has been in existence for the last seven years.

Access to Care

Community Mental Health Hospitals

Gulf Bend Center has been educating the community about the need for an inpatient unit in their region through engaging regional community collaborations. They have developed a proposal to fund a 60-bed inpatient unit and garnered support from over 300 community members. Gulf Bend submitted the proposal to their local representatives.

Extended Observation Units

Camino Real has two closed extended observation facilities that they estimate could each become operational with approximately $1.5 million per facility per year to bring the eight extended observation beds on-line. Camino Real has received funds through the legislature to reopen the facilities in the next biennium.

Outpatient Competency Restoration

BTCS established an OCR program in Guadalupe County that became operational in March 2022. Between February 1, 2022 - February 28, 2023, 38 adults were served

through the OCR program. Working alongside the court, BTCS assists the court with identifying people most likely to be successful in a community-based program, providing and connecting the person with necessary care and treatment, and providing routine monitoring and reporting to the court. As of May 2023, 35 people remain adherent with the court-ordered care, two people returned to court for additional restrictions, and one person was incarcerated.

Step-Down Pilot Program

BTCS opened a six-bed step-down pilot program in Guadalupe County during late February 2022. Alongside state hospital staff across the state, BTCS staff review referrals submitted by state hospitals with the goal of assisting people to make successful transition from the most intensive level of psychiatric care. The program aims to serve adults with a length of stay at a state hospital of greater than one year. Since opening its doors, the team has served 10 adults, celebrating five successful graduations from the program. The National Council on Wellbeing invited HHSC to provide a poster session on the State Hospital Step-Down program during the NatCon23 annual conference showcasing new ideas and innovative solutions.

BTCS is in the process of adding a 10-bed Youth Therapeutic Respite Program to open in Seguin by late Summer 2023. This program provides intensive therapeutic care for children and adolescents between the ages of 5-17 years with the goal of reunifying the family. The program follows the success of the 16-bed program located in Williamson County. DFPS contracts with the center to ensure youth in DFPS custody and are without a placement can receive care through the Youth Therapeutic Respite Program.

Hill Country MHDD re-opened the six-bed Youth Crisis Respite Home in San Marcos on June 1, 2023.

Certified Community Behavioral Health Centers

BTCS has engaged integrated primary and behavioral health care since 2010. The 13-year partnership with the Federally Qualified Health Centers (FQHC) in Guadalupe and Gonzales Counties continues to grow, serving over 8,600 children and adults during the time period of February 1, 2022 through February 28, 2023, through the integrated practice. As one of the eight pilots of the Texas Certified Community Behavioral Health Clinics (T-CCBHC) model in Texas, BTCS continues to add specialized programs serving people diagnosed with co-occurring conditions including physical, psychiatric, intellectual and developmental disabilities and

substance use. BTCS is accredited by National Committee for Quality Assurance and Commission on Accreditation of Rehabilitation Facilities.

Camino Real has seen success with physical health indicators to include body mass index documentation. A1c testing, used to diagnose type 1 and type 2 diabetes, is actively conducted, and results are documented for high-risk patients. The co-located office in McMullen County contains a licensed clinician and Health Care Navigator to address patients with physical health, mental health, and substance use. Camino Real also has a pediatric nurse practitioner to provide behavioral health services along with addressing any physical health concerns.

Gulf Bend Center offers primary health screenings, monitoring of key health indicators, and health education for all clients receiving medication management services. Laboratory services are an integral part of risk identification and are offered in the outpatient clinic. During 2023, 570 labs were collected by clinic nurses and more than 700 were gathered by partnering labs. Of clients screened, 1,298 were assessed for elevated hemoglobin A1c levels. Within the calendar year, 1,239 were able to achieve or maintain levels below nine percent. The screenings provided by Gulf Bend also resulted in the identification of 1,123 clients with an elevated body mass index. More than 440 of those with an elevated body mass index achieved a reduction during the calendar year, with 68 percent of these clients participating in nurse-lead health education sessions on nutrition and physical activity. Finally, because of T-CCBHC certification, Gulf Bend began providing transportation to any appointment associated with the client's wellness. Over the last year, Gulf Bend has provided 1,610 transports, which significantly improved the availability and accessibility of comprehensive health care.

Hill Country MHDD continues to improve on tracking and linking people and families to primary care providers. Care coordination is closing the loop with referrals to medical care and an increase of MOUs have been executed to streamline care and follow up. Hill Country MHDD is collaborating with EMS by embedding staff with paramedics in Blanco County to divert people from unnecessary admissions to the hospital by using field medical clearance to transport people directly to the psychiatric facility and bypass medical clearance in the emergency department.

Estimates: Number of Inpatient and Outpatient Beds

Each rural-serving LMHA and LBHA in the regional group submitted information about the outpatient and inpatient beds currently available to them and projected

changes over the next two years. LMHAs and LBHAs also reported how many beds they need in order to adequately serve their community. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

Figure 39. All Texas Access SASH Regional Group Bed Capacity[xxxii]
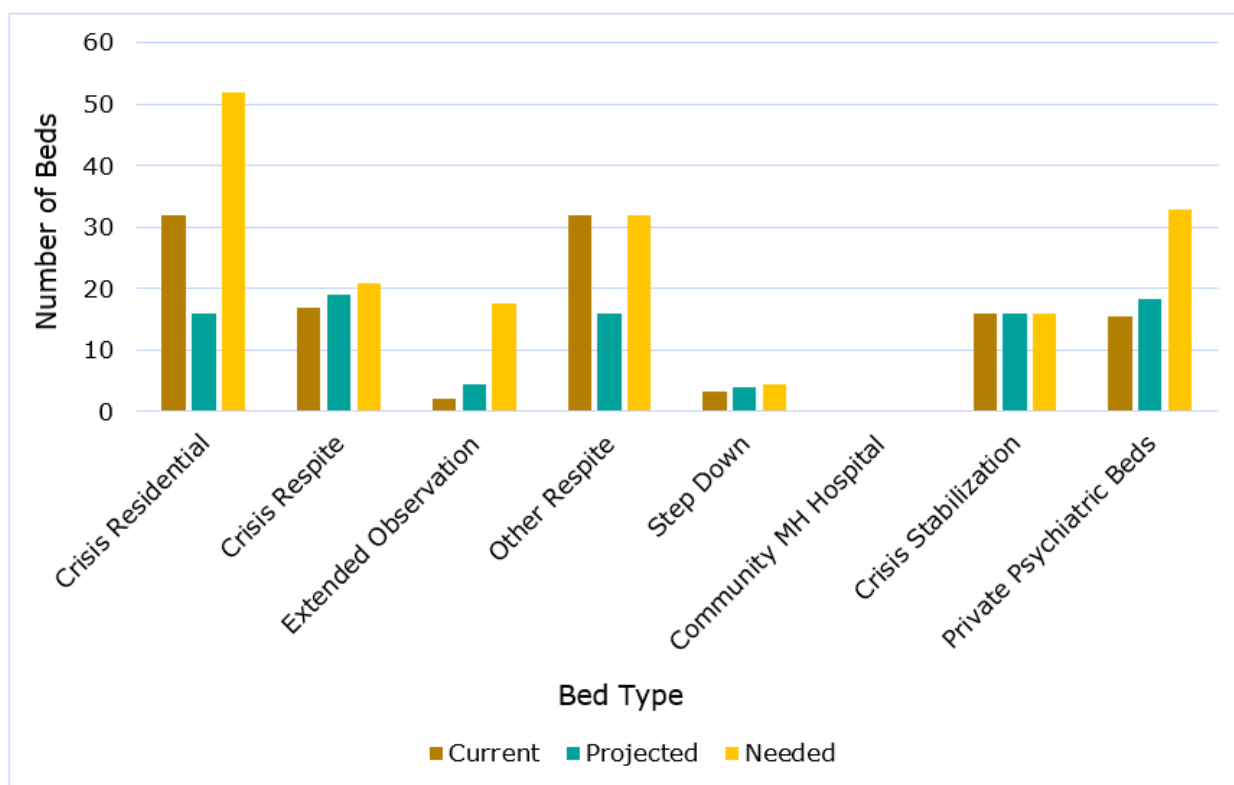
Table 30. All Texas Access SASH Regional Group Bed Capacity

	Current Number of Beds	Number of Beds Projected in Two Years	Number of Beds Needed in Two Years
Crisis Residential	32	16	52
Crisis Respite	16.9	18.9	20.9
Extended Observation	2	4.4	17.6
Other Respite	32	16	32
Step Down	3.2	4	4.4
Community MH Hospital	0.2	0.2	0.2
Crisis Stabilization	16	16	16
Private Psychiatric Beds	15.4	18.3	32.9

All Texas Access TSH Regional Group

Figure 40. Map of All Texas Access Terrell State Hospital (TSH) Regional Group[xxxiii]
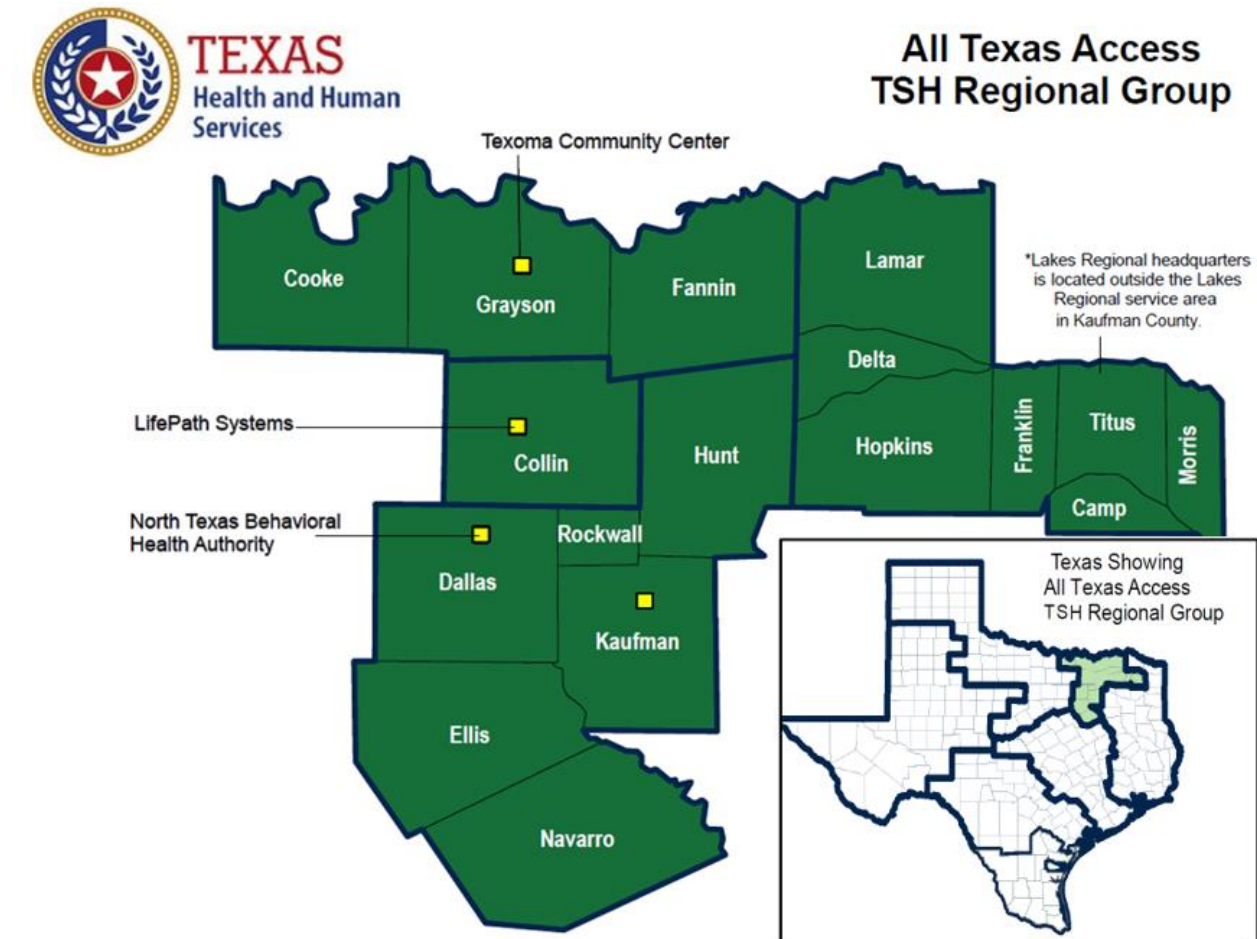
Participating LMHAs and LBHAs

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

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

All Texas Access TSH Regional Group Plan

Jail Diversion and Community Integration

Lakes Regional Community Center: Jail Collaboration Study

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 a person experiencing a mental health crisis might get arrested and address the costs associated with these incarcerations. Franklin County has purchased an electronic medical record database to help improve the organization and storage of records. Lakes Regional Community Center will continue the study with Franklin County to gather representative data of all incarcerations so that analysis can be completed, and county needs identified.

North Texas Behavioral Health Authority: Dropoff Center

Through Mental Health Block Grant funding from HHSC, North Texas Behavioral Health Authority (NTBHA) is 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 housing resources and community supports.

NTBHA has developed a plan to make modifications to the back of the building as well as the interior to facilitate more through-traffic and offer a safe and comfortable space. This project is in its pre-opening phase and the community is starting to use the resource. This calendar year NTHBA served 57 people through the drop off service and will officially begin operations in fiscal year 2024.

Texoma Community Center: Co-Response Model

Texoma Community Center created a co-responder program funded by HHSC through the Mental Health Block Grant and will soon be hiring and training staff for this program. This program partners Texoma Community Center staff with law enforcement, enabling people in crisis to be screened quickly. This also allows staff to help law enforcement determine how to best respond to people experiencing a behavioral health crisis. Texoma Community Center staff are officing in the new Sherman Police Department facility. The Texoma Community Center and Sherman Police Department meet regularly to refine the co-responder operational processes which will begin in Fall 2024.

Judicial Collaborations

In January 2023, Lakes Regional Community Center staff and community stakeholders met with 8th District Judge Eddie Northcutt, who serves Hopkins, Delta and Franklin counties. The focus of the meeting was competency restoration in Hopkins County. Lakes Regional is collaborating with Hopkins County to develop a drug court program. In addition, Hopkins County obtained designation as a Specialty Court as of February 2023. Lakes Regional is working together with the courts to model the program after successful drug courts in Titus and Fannin counties which are also served by Lakes Regional Community Center.

NTBHA had a SIM mapping which has created ongoing conversation regarding JBCR. NTBHA also has provided a mental health coordinator which supports several courts and the community with behavioral health cases.

Texoma Community Center leadership staff meet with judicial and law enforcement entities several times a month in Grayson County and are initiating additional meetings in Cooke and Fannin Counties. Texoma Community Center staff participated in two SIM mapping processes for targeting interventions with justice-involved individuals. A JBCR program is in the planning stage, this program is intended to restore people in the jails to competency.

Continuity of Care

Increase Alternative Competency Restoration

NTBHA is in the planning stage for OCR and JBCR programs. With support of local stakeholders, a location has been identified. The next step is a planning meeting with the courts and attorneys over processes and program design.

Texoma Community Center has tripled the size of the forensic program through the Mental Health Grant for Justice-Involved Individuals, increased Texas Correctional Office on Offenders with Medical or Mental Impairment services and is adding JBCR. Texoma has also started providing psychiatric services in the local jails, reducing the wait time for medications from eight months to 30 days.

Establish Step-Down Services through Assisted Living Facilities

Step-down services are important because they can help people transition from an extended stay at an inpatient facility back into the community by providing

additional structure and support. Step-down services may also reduce the likelihood of readmission for people leaving inpatient facilities.

Texoma Community Center provides step-down services, including assistance locating residential placements for people in assisted living facilities such as Exbury Garden in Grayson County.

Person in Service

Lakes Regional Community Center is using a SAMHSA grant to develop two youth-focused programs: substance use for adolescents in Hunt County and Mobile Response and Stabilization Services in Lamar County. These programs and locations were chosen based on community needs and the support of local stakeholders.

Increase Access to Housing

In 2022 the LMHAs and LBHAs in the TSH Regional Group mentioned a variety of ways that they are seeking to address challenges with housing. 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 Community Center participates in training opportunities related to housing and employment services and actively participates in local initiatives in the communities it serves. Lakes Regional staff served on a panel discussion for a recent Rural Mental Health Summit hosted by Texas A&M Commerce Counseling Center. The summit was aimed at bringing together various community partners to have a space to discuss multiple issues, such as housing and employment, in relation to rural mental health.

NTBHA hosted SIM mappings in Hunt, Navarro and Kaufman counties which included a component focused on housing. As a result of the SIM mappings, NTBHA participates in regular homelessness working groups in Hunt and Kaufman counties. In Hunt County, NTHBA participates in the coalition conducting a fundraiser to support FISH Ministries, a local service provider. In Kaufman County, the action committee is focused on creating a housing location in the community and conducting public awareness about the need to support unhoused people.

Texoma Community Center aids with both housing and employment as part of their outpatient services. Texoma has also initiated plans for sober living assistance.

Texoma Community Center staff coordinate regularly with Goodwill Industries of Grayson County to find employment for people in the forensic program.

Connect with Faith and Mission-based Organizations

The faith-based community within the All Texas Access TSH Region has a strong local presence. This regional group has worked to increase connectivity between the LMHAs or LBHAs and faith-based organizations and groups.

Lakes Regional Community Center staff have established relationships with faith and mission-based organizations. In Hunt County there is a mission-based organization, Fishers of Men, which provides hot meals during the LMHA's peer-led coffee house through an MOU.

NTBHA helped bring faith communities to each of the SIM mappings. NTHBA also works with service-focused organizations such as FISH Ministries and maintains ongoing collaboration with other faith-based communities.

Texoma Community Center works closely with several area churches and faith-based organizations to provide resources to people, including housing, transportation and food. The LMHA maintains an MOU with Four Rivers Behavioral Health, which provides faith-based treatment and temporary residence for people with substance use disorders. Texoma Community Center is also working closely with House of Hope, another faith-based facility for stabilizing people in the community.

Texas Certified Community Behavioral Health Clinics & Integrated Health Care

Lakes Regional continues efforts to provide integrated medical and behavioral health services beyond screenings and assessments. Lakes Regional is working towards a partnership with the University of Texas at Tyler Health Science Center that will allow psychiatric residents to gain experience delivering psychiatric services in a community mental health setting. Lakes Regional is hopeful this collaboration could also allow some residents or nurse practitioners the chance to provide primary health care services for people in Lakes Regional services.

Lakes Regional participates in a rural county collaborative in Morris and Franklin counties and has met with local FQHCs in Hunt and Titus counties. The LMHA has also established a relationship with a community-based nonprofit organization that provides primary care medical services to Rockwall County and surrounding areas.

NTBHA has local care coordinators specifically assigned to assist residents in each county of their catchment area. In addition to helping people get their identification cards and other critical documents, these staff connect people to Carevide (a local non-profit health center), other FQHCs, benefits specialists and other indigent health care resources. NTBHA's contracted providers provide integrated health screenings and services.

Texoma Community Center has a fully integrated medical and behavioral health team co-located in their largest facility. One key component of their successful integration has been the shared electronic health records system that facilitates communication, tracking and care coordination. Between February 2022 and February 2023, TCC's Integrated Health Care Team served 563 unique clients with 1,974 services and created a coordinated "medical home" for these people where all medical and behavioral health needs can be met in a holistic, coordinated way.

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 currently available to them and projected changes over the next two years. LMHAs and LBHAs also reported how many beds they need to adequately serve their community. Refer to the All Texas Access Implementation section of the report for additional explanation of the chart below.

Figure 41. All Texas Access TSH Regional Group Bed Capacity
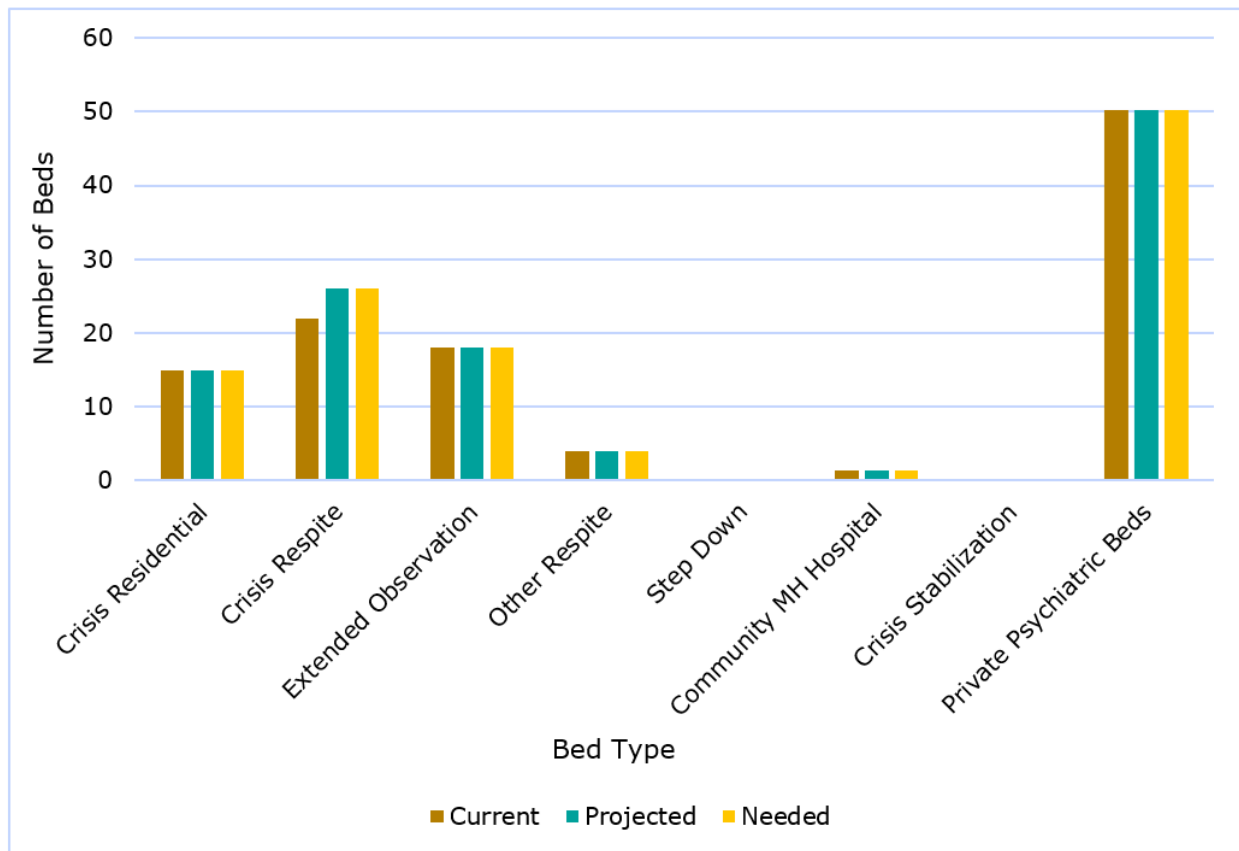
Table 31. All Texas Access TSH Regional Group Bed Capacity

	Current Number of Beds	Number of Beds Projected in Two Years	Number of Beds Needed in Two Years
Crisis Residential	15	15	15
Crisis Respite	22	26	26
Extended Observation	18	18	18
Other Respite	4	4	4
Step Down	0	0	0
Community MH Hospital	1.3	1.3	1.3
Crisis Stabilization	0	0	0
Private Psychiatric Beds	50.2	50.2	50.2

Conclusion

This report highlights the existing and growing initiatives in rural Texas communities to address mental health needs. Texans who reside in rural communities are resilient and creative problem solvers. As All Texas Access continues, these initiatives broaden the continuum between crisis and prevention as well as extend LMHA and LBHA efforts to the community. Interest in supporting rural Texans also continues to grow from organizations such as state agencies, universities and philanthropic organizations.

Though there are many organizations in rural Texas working to close gaps in creative and innovative ways, significant gaps remain. For example, when rural Texans need help, they may not know what resources are available to them. Smaller rural communities may not have a local place to access mental health care, medical care, rental assistance or assistance with other non-medical drivers of health. There are not enough prescribers of psychiatric medicine in rural Texas communities. "In rural settings, primary care practitioners may not have a behavioral health specialist to refer individuals with SMI [Severe Mental Illness] for care, and therefore need to take a larger role in screening, prescribing, and monitoring care for individuals with SMI."[xxxiv] HHSC will continue to work with rural medical providers to integrate psychiatry through the new Collaborative Care Medicaid benefit as well as through innovative practices which support primary care in providing psychiatric care, such as the Child Psychiatric Access Network.

Another gap is the lack of affordable, accessible psychotherapy in rural Texas communities. While the increase in telehealth has begun to close this gap, digital literacy, broadband and cell service challenges may limit this option in many rural communities. There is an opportunity for rural communities to reimagine health through community connections, support groups and other activities that support mental health and wellbeing. Communities can assess increased social supports in the form of in-person or virtual support groups as well the provision of peer support by Certified Peer Specialists and Family Partners. In many cases, rural Texas communities appear more ready than ever to act on the priorities that are most meaningful to them in support of mental health and wellness in their home communities.

In service of the 2024 All Texas Access report, HHSC will continue to work with coalitions and local champions from the community engagement pilot by supporting their efforts. The Peer Support Learning Collaborative will continue as LMHAs and

LBHAs learn from national experts and each other how to most effectively allow peer specialists to shine their light on paths to recovery. In addition, HHSC will continue to support LMHAs and LBHAs in reaching their individual and regional goals to ensure rural Texans have access to care at the right time and place.

List of Acronyms

Acronym	Full Name
ACCESS	Anderson Cherokee Community Enrichment Services
ARPA	American Rescue Plan Act
ASAP	Assistance, Stabilization and Prevention
ASH	Austin State Hospital
BJA	Bureau of Justice Assistance
BSSH	Big Spring State Hospital
BTCS	Bluebonnet Trails Community Services
CCS	Central Counties Services
CFLR	Center for Life Resources
CIRT	Crisis Intervention Response Team
CMBHS	Clinical Management for Behavioral Health Services System
CRC	Community Resource Center
DFPS	Department of Family and Protective Services
DSHS	Texas Department of State Health Services
EMS	Emergency Medical Services
ER	Emergency Room
ESL	English as a Second Language
FQHC	Federally Qualified Health Center
HHSC	Health and Human Services Commission
HRSA	Health Resources and Services Administration
HOTBHN	Heart of Texas Behavioral Health Network
HIV-STD	Human Immunodeficiency Virus – Sexually Transmitted Disease
HUD	Housing and Urban Development
ICD-10-CM	International Statistical Classification of Diseases and Related Health Problems, 10th Edition, Clinical Modifications
IDD	Intellectual and Development Disabilities
ISD	Independent School District
JBCR	Jail-Based Competency Restoration
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCYC	Lee County Youth Center
LMHA	Local Mental Health Authority
MAT	Medication-Assisted Treatment
MCO	Managed Care Organization
MCOT	Mobile Crisis Outreach Team
Mer-c unit	Mobile Emergency Resource Center
MHMRABV	MHMR Authority of Brazos Valley
MOU	Memorandum Of Understanding
NMDOH	Non-Medical Drivers Of Realth
NTBHA	North Texas Behavioral Health Authority
NTSH	North Texas State Hospital

Acronym	Full Name
OCR	Outpatient Competency Restoration
PBBHC	Permian Basin Behavioral Health Center
PETC	Psychiatric Emergency Treatment Center
RGSC	Rio Grande State Center
RGV	Rio Grande Valley
RSH	Rusk State Hospital
RN	Registered Nurse
S.B.	Senate Bill
SAMHSA	Substance Abuse and Mental Health Services Administration
SAS	Statistical Analysis System
SASH	San Antonio State Hospital
SBIRT	Screening, Brief Intervention and Referral to Treatment
SED	Serious Emotional Disturbance
SHR	Supportive Housing Rental Assistance
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TAM-SON	Texas A&M School of Nursing
T-CCBHC	Texas Certified Community Behavioral Health Clinic
TCJS	Texas Commission on Jail Standards
TCOLE	Texas Commission on Law Enforcement
TDHCA	Texas Department of Housing and Community Affairs
TLETS	Texas Law Enforcement Telecommunications System
TOP	Targeting Our Possibilities
TPC	Texas Panhandle Centers
TSH	Terrell State Hospital
TTBH	Tropical Texas Behavioral Health
WRAP	Wellness Recovery Action Plan

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

3. **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.

4. **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.[xxxv]

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

6. **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.

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

8. **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.[xxxvii]

9. **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.[xxxviii]

10. **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.

11. **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. Extended Observation Units serve people who are admitted voluntarily as well as those admitted on an emergency detention order.[xxxix]

12. **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.

13. **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.

14. **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.

15. **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.

16. **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.

17. **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.

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

19. **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 adults found Incompetent to Stand Trial.

20. **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.

21. **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.

22. **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.

23. **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.

24. **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.

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

26. **Sequential intercept model**: This model details how people with mental health and substance use disorders encounter and move through the criminal justice system using five "intercepts" that represent stages in criminal justice involvement.[xl]

27. **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.[xli]

28. **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.[xlii]

29. **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.

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

31. **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. Local Champions

Lee County Youth Center

In support of its mission to enable all young people to reach their full potential as productive, caring, and responsible citizens, Lee County Youth Center (LCYC) has been providing healthy snacks, assistance with homework, English as a Second Language (ESL) tutoring, and mentoring to children in low-income families for the last 11 years. Students who attend the LCYC have shown marked improvement in homework completion, grades and standardized test results. The heart and soul of LCYC began with Donna Orsag, LCYC's first Director. Donna was a retired Principal and ESL Teacher who set up the after-school program where young students were fed snacks, received help with homework assignments and any needed ESL training under safe, adult supervision until their parents got off work. The program quickly grew to over 100 young people attending each day.

The LCYC was forced to close in 2020 temporarily due to the COVID-19 Pandemic and the deteriorating condition of its retired school building. However, the LCYC re-opened in 2022 with a new building constructed entirely with locally raised funds. Plans are underway for an expansion that includes a gym and additional classrooms.

Transitions Out of Poverty

Two programs in East Texas are supporting single-parent families transition out of crisis or poverty into self-sufficiency. Buckner Family Pathways, available in seven locations throughout Texas, assists parents pursuing a college degree, certificate or vocational training with access to:

- Family Coaching;
- Affordable housing;
- Child care;
- Parenting skills;
- Counseling;
- Money management training; and
- Conflict resolution tools.

On average, participants stay in the program 36 months while completing their education. Over the past five years, 76 percent of participants exited the program with a college degree or certification. In 2022, 94 percent of participants exited the program successfully.

Buckner Family Pathways in Lufkin offers clean, safe housing at little to no cost. If a single parent needs to further their education in order to become self-sufficient, Buckner will support them through two to four years of education. Their average participants stays 36 months with an average success rate of 65 percent. In 2022, the success rate was over 90 percent.

The South East Texas Regional Planning Commission hosts a similar program. Targeting Our Possibilities (TOP) is a case management program designed to help families and people achieve self-sufficiency through continuing education and workforce training. Education is a key component in eliminating poverty and fostering self-sufficiency and TOP offers participants the option of attending a trade school or local university. TOP provides case management for clients and helps with job searches, resume development, dress for success workshops, financial literacy and other services offered by community partners. TOP's goal is to assist people in permanently transitioning out of poverty and having an opportunity for success.

High School Career Training and Dual Credits

High schools in East Texas are helping seniors plan and prepare, for a career with a living wage. Two such high schools are in Woodville and Nacogdoches. Woodville High School Career and Technical Education offers programs related to:

- Agriculture, Food and Natural Resources;

- Architecture and Construction;

- Arts, Audio/Video Technology and Communications;

- Business, Marketing and Finance;

- Health science;

- Hospitality and Tourism;

- Law and Public Service;

- Manufacturing; and

- Transportation, Distribution and Logistics.

Woodville partners with Angelina College, Kilgore College and Stephen F. Austin State University. Students preparing for college can earn dual credits and begin college as a sophomore.

Nacogdoches offers a similar program at their [Malcolm Rector Center for Advanced Careers & Innovation](#), offering certifications and real-world experiences for students combined with high academic standards. The Nacogdoches Independent School District Career and Technical Education Department offers a wide range of career paths. In addition to those listed above for Woodville, Nacogdoches also offers:

- Cosmetology and Personal Care Services;

- Family and Community Services; and

- Military Science.

Any Nacogdoches High School student can take four different courses designated as "Career Exploration Electives." These courses are designed to provide students with a range of transferable and technical skills that can be used in any profession or post-secondary pathway the student pursues.

Food Bank of the Rio Grande Valley

For nearly 40 years, the Food Bank of the Rio Grande Valley (Food Bank RGV) has been committed to improving lives through food assistance, nutrition education, and access to community services. They serve 76,000 meals weekly and 48 million meals per year.

The Food Bank's Mission Resource Center is a "one stop shop" that provides emergency food as well as case management such as assistance completing benefit applications. The Food Bank RGV has plans to replicate their resource center services in multiple locations. Since not everyone can travel to a resource center, the Food Bank RGV also plans to acquire a trailer and create a Mobile Emergency Resource Center (Mer-c unit). The Mer-c unit will take needed food and services to communities that are considered "food deserts," and it will offer activities for children while parents access services. The Mer-c unit also plans to serve as a command center during disasters in the region.

Finally, the Food Bank RGV has extensive children's programming, such as:

- Kids Produce Market, which offers a free fresh food shopping experience to children at 69 sites;

- School Tools, which provides school supplies to 62 elementary schools in South Texas; and

- Operation Kid Pack, which ensures that kids leave school each week with food for the weekend.

Appendix C. Community Member Stress Survey

The community member stress survey was distributed throughout the three areas of the community engagement pilot project from January to March 2023. LMHAs and other community organizations assisted HHSC in advertising the web-based survey and in distributing paper copies of the survey later submitted to HHSC. HHSC received 826 responses, including 135 in Spanish and 67 on paper. Of the 826 responses, 106 were from people outside of the pilot counties.

Figure 42. Survey Respondent Age Range Percentages by LMHA Service Area
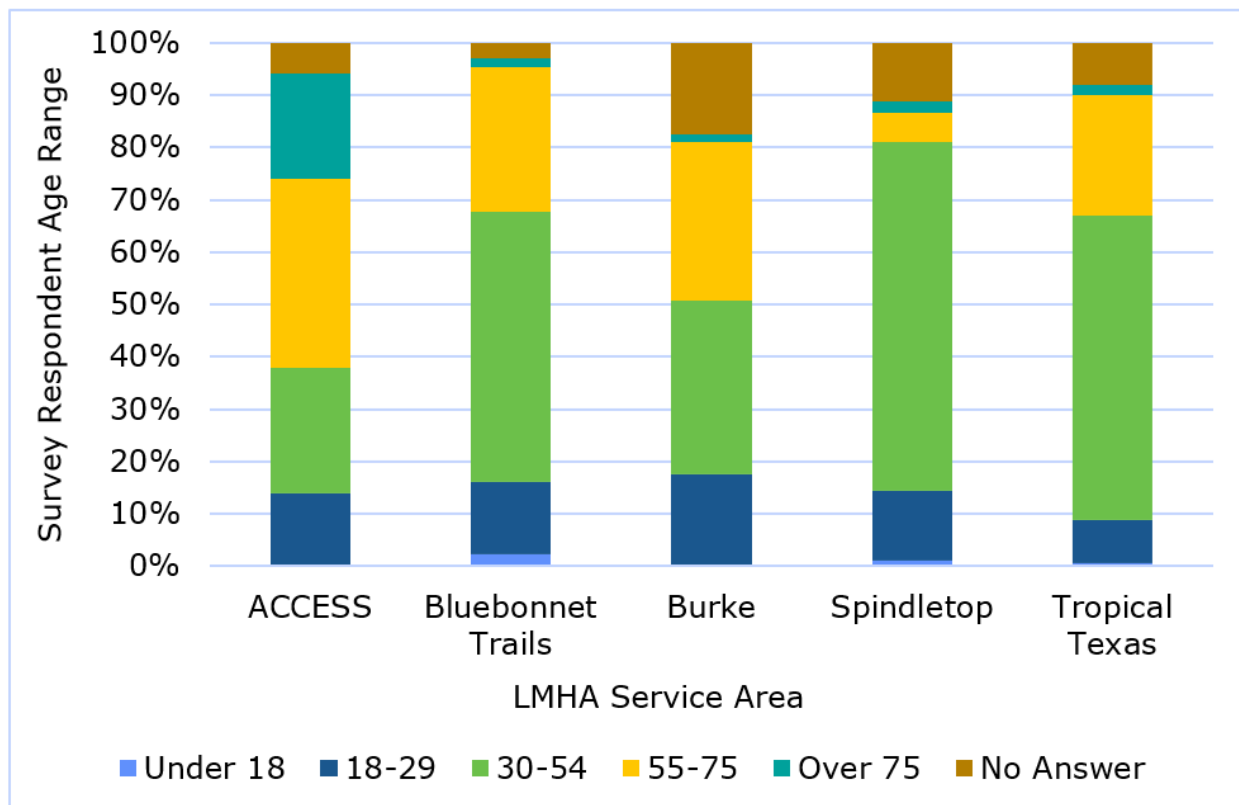
Table 32. Survey Respondent Age Range Percentages by LMHA Service Area

Age Range	ACCESS	Bluebonnet Trails	Burke	Spindletop	Tropical Texas
No Answer	6%	3%	18%	11%	8%
Over 75	20%	2%	1%	2%	2%
55 to 75	36%	28%	30%	6%	23%
30 to 54	24%	52%	33%	67%	58%
18 to 29	14%	14%	18%	13%	8%

Age Range	ACCESS	Bluebonnet Trails	Burke	Spindletop	Tropical Texas
Under 18	0	2%	0%	1%	1%

Figure 43. Survey Respondent Race and Ethnicity, All Respondents


Survey Respondents Race and Ethnicity

- American Indian or Alaskan Native;
- Asian;
- Black or African American;
- Decline to answer;
- Hispanic;
- Two or more races;
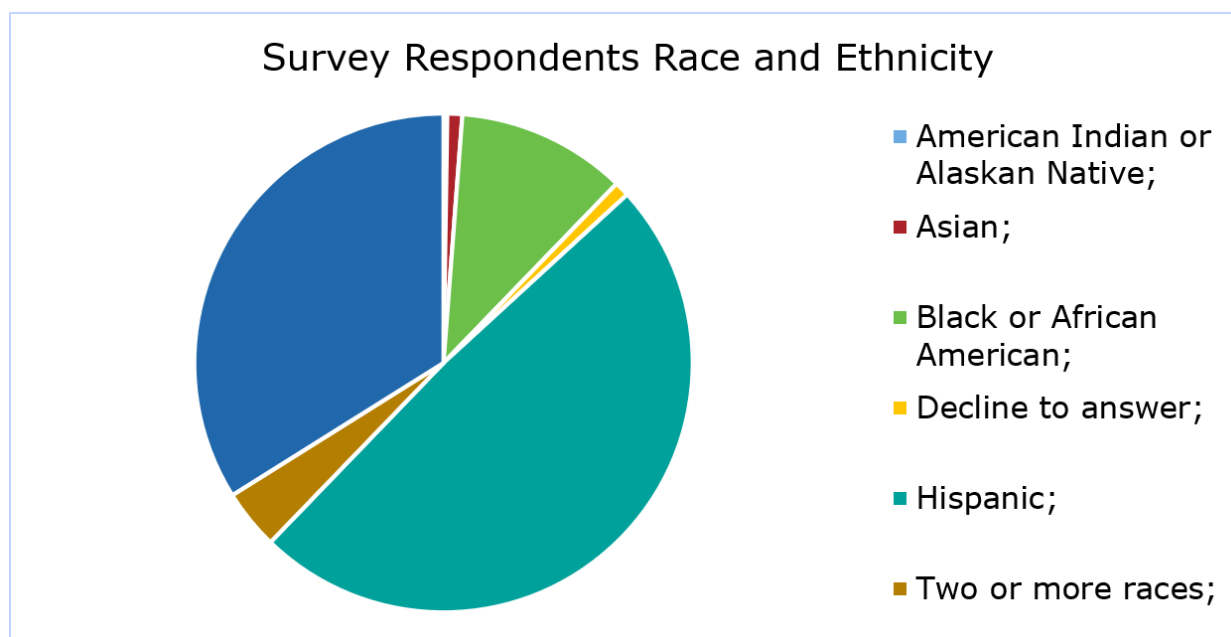
Table 33. Survey Respondent Race and Ethnicity, All Respondents

American Indian or Alaskan Native	Asian	Black or African American	Decline to answer	Hispanic	Two or more races	White
2	8	91	8	405	32	280

Table 34. Barriers to Mental Health Care with Over 100 Yes Responses, All Respondents

Challenge or Barrier	Number of "Yes" Responses
I cannot afford to pay for a mental health professional.	152
I work and don't have time to see a mental health professional.	132
I don't know how I would pay for mental health support.	130
It is hard to find a mental health professional who is available at times that are good for my schedule.	118
It is hard to find a mental health professional who is taking new clients.	110
It is hard to find a mental health professional who is nearby or in a good location for me.	109

Challenge or Barrier	Number of "Yes" Responses
I'm not sure I could find a professional who understands me, my experiences, or my culture.	107

Figure 44. Survey Responses to Common Stressors, All Respondents
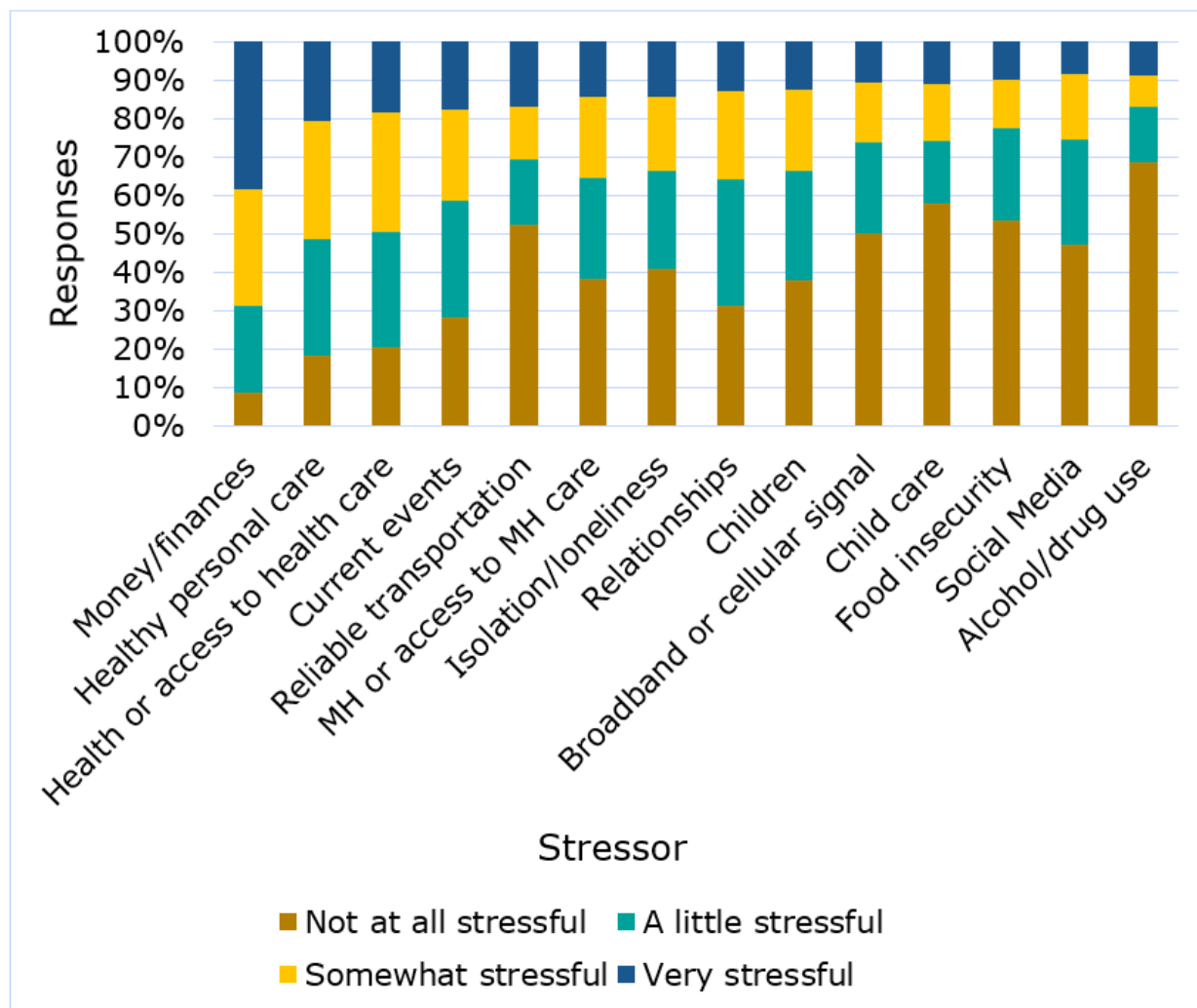
Table 35. Survey Responses to Common Stressors, All Respondents

Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Money/finances	8%	22%	29%	38%	2%
Healthy personal care	17%	28%	29%	19%	7%
Health or access to health care	19%	27%	29%	17%	8%
Current events	26%	28%	22%	16%	8%

Stressor	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Decline to answer
Reliable transportation	49%	16%	13%	16%	7%
MH or access to MH care	37%	25%	20%	14%	4%
Isolation/loneliness	37%	23%	17%	13%	9%
Relationships	29%	30%	21%	12%	8%
Children	35%	26%	19%	11%	8%
Broadband or cellular signal	48%	23%	15%	10%	4%
Childcare	53%	15%	13%	10%	9%
Food insecurity	49%	22%	12%	9%	8%
Social Media	44%	25%	16%	8%	7%
Alcohol/drug use	61%	13%	7%	8%	12%

Appendix D. Statewide Bed Capacity Estimates

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

- Loss of funding;

- Population growth;

- Local, state, or national crises, such as COVID-19; and

- Rising costs of care, including daily rates for private psychiatric hospitals.

Outpatient Beds

LMHAs and LBHAs were asked to report how many beds they have of each type right currently. LMHAs and LBHAs were also asked to project the number of beds they willhave in two years, and how many they anticipate needing in two years, considering the needs of their communities. Projections do not include funding received for additional beds during the 88th Legislative Session.

The All Texas Access regions vary regarding how many outpatient beds are available to serve the population in their area.

Figure 45. All Texas Access Current Rural Outpatient Bed Capacity
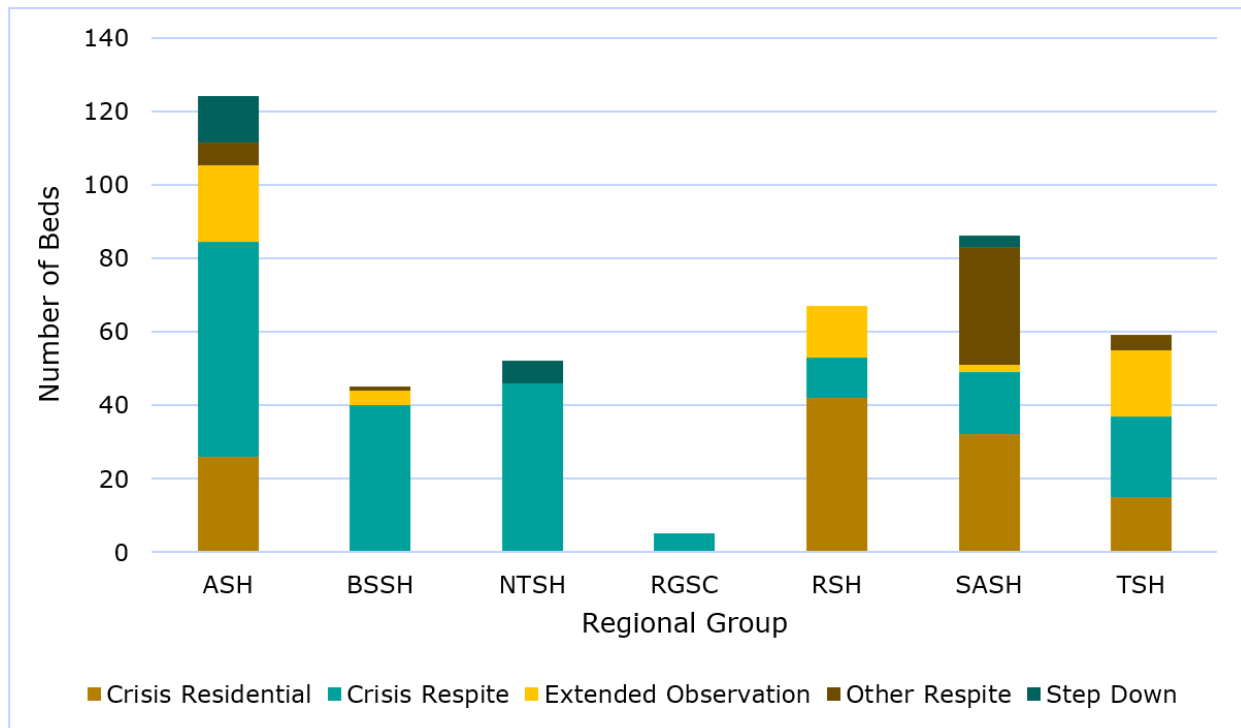
Table 36. All Texas Access Current Rural Outpatient Bed Capacity

Type of Placement	ASH	BSSH	NTSH	RGSC	RSH	SASH	TSH
Step Down	12.8	0	6	0	0	3.2	0
Other Respite	6	1	0	0	0	32	4
Extended Observation	21	4	0	0	14	2	18
Crisis Respite	58.4	40	46	5	11	16.9	22
Crisis Residential	26	0	0	0	42	32	15

Figure 46. Statewide Rural Outpatient Beds Over Time
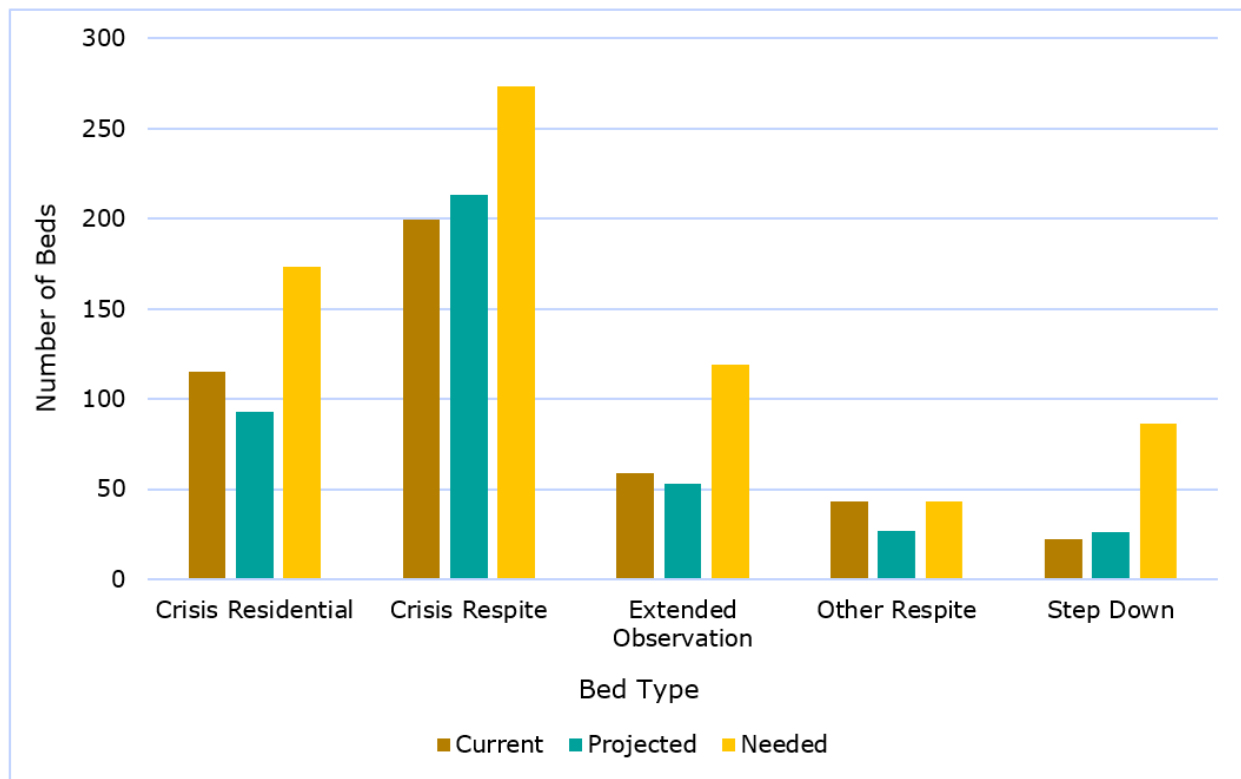
Table 37. Statewide Rural Outpatient Beds Over Time

Time	Crisis Residential	Crisis Respite	Extended Observation	Other Respite	Step Down
Current	115	199	59	43	22
Projected in Two Years	93	213	53	27	26
Needed in Two Years	173	273	119	43	86

Figure 47. Outpatient Beds Needed

Crisis residential beds	**80**	Extended observation unit beds	**66**
Crisis respite beds	**60**	Step-down beds	**60**
Other	**16**		

Total Outpatient Beds Needed: **282 beds** more than the projected number available in two years.

Inpatient Beds

The All Texas Access regions vary regarding how many inpatient beds are available to serve the population in their area.
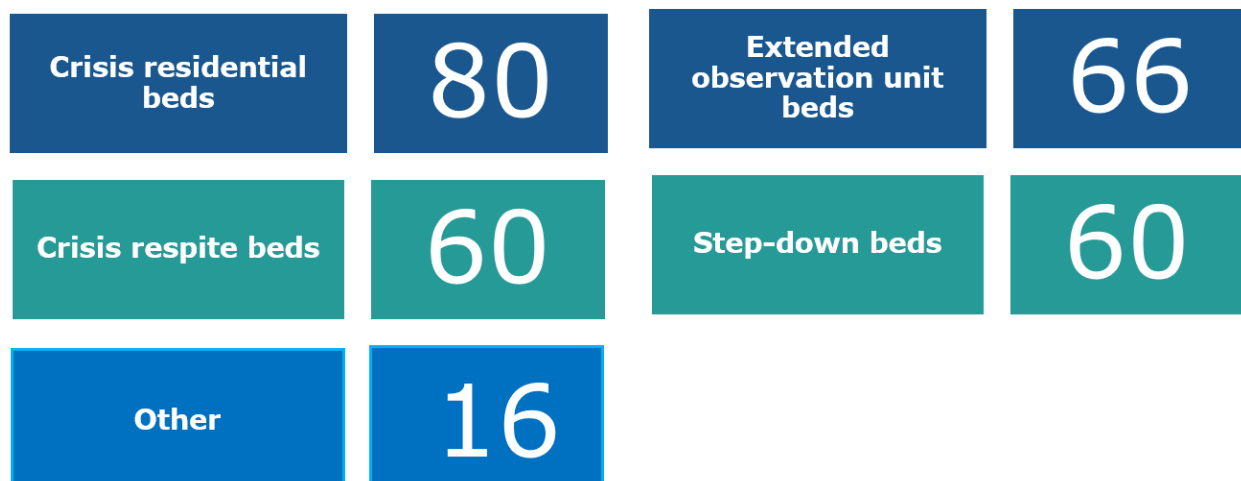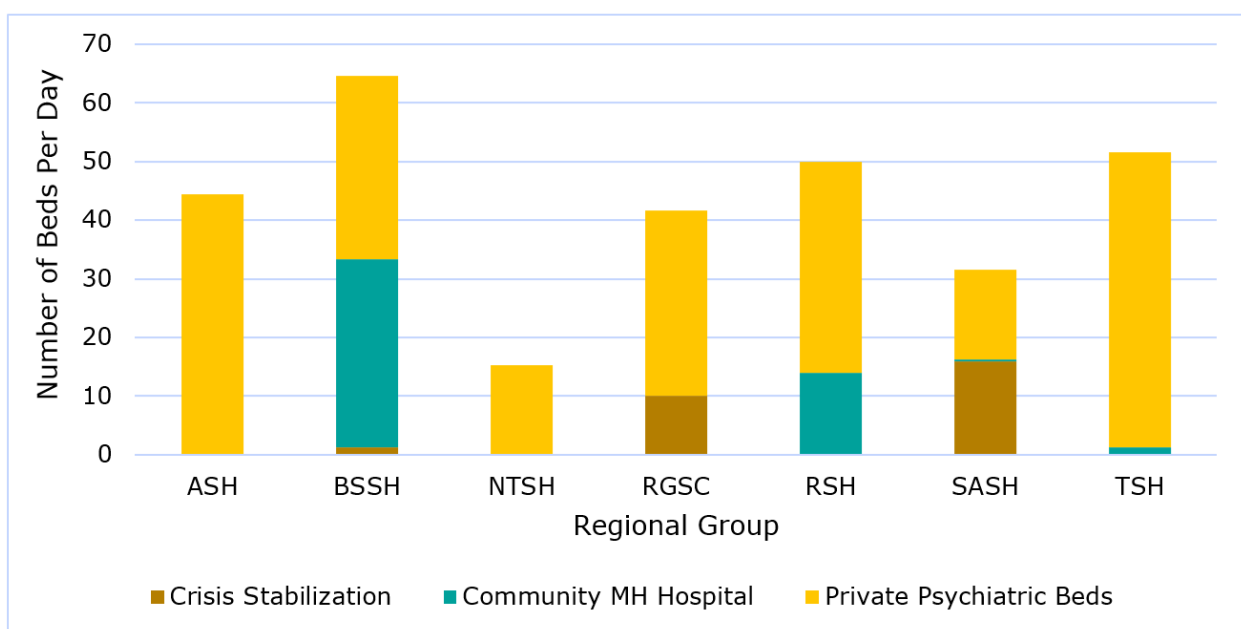
Figure 48. All Texas Access Regional Rural Inpatient Bed Capacity, by Beds Per Day

Table 38. All Texas Access Regional Rural Inpatient Bed Capacity, by Beds Per Day

Bed Type	ASH	BSSH	NTSH	RGSC	RSH	SASH	TSH
Private Psychiatric Beds	44.4	31.25	15.3	31.7	36	15.4	50.2
Community Mental Health Hospital	0	32	0	0	14	0.2	1.3
Crisis Stabilization Unit	0	1.3	0	10	0	16	0

Figure 49. Statewide Rural Inpatient Beds Over Time, by Beds Per Day
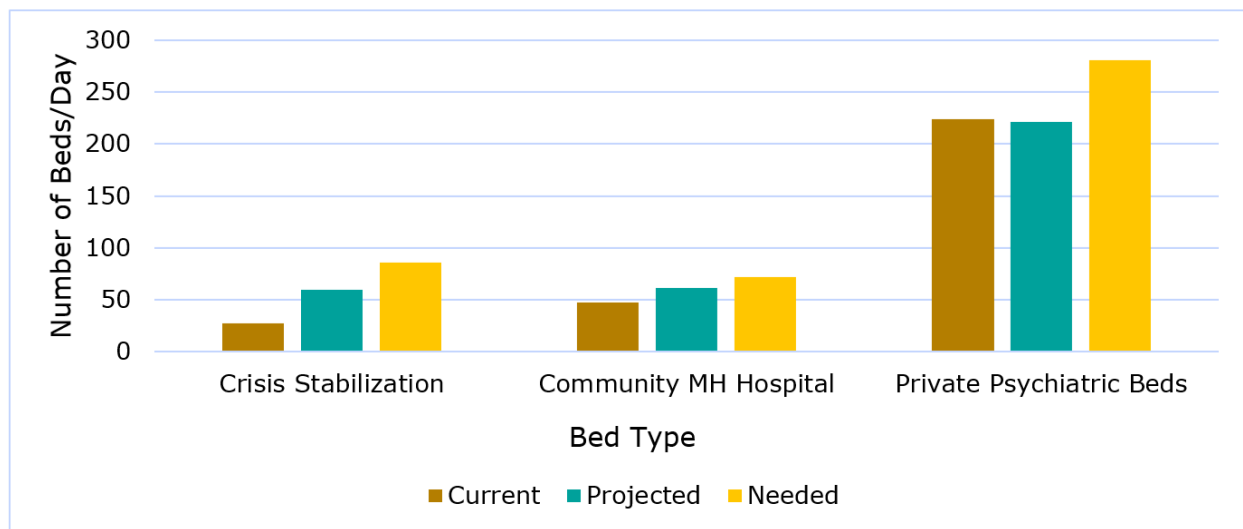
Table 39. Statewide Rural Inpatient Beds Over Time, by Beds Per Day

Timeline	Crisis Stabilization	Community Mental Health Hospital	Crisis Stabilization Unit
Current	27.3	47.5	224.25
Projected in Two Years	59.8	61	221.55
Needed in Two Years	85.3	71.5	280.75

Total Inpatient Beds Needed: **95.2 beds per day** more than the projected number available in two years.

Appendix E. Data Methodology

Disclaimer

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

Breakout of LMHAs 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,[xliii] Denton, El Paso, Galveston, Harris, Nueces, Tarrant and Travis. An exception to this rule was made when calculating the transportation costs. Facilities operated by LHMAs and LBHAs serving these urban counties were not used when determining transportation costs; however, if people had an urban county of residence and accessed a mental health facility operated by a rural-serving LMHA or LBHA, they were included in the cost model. For the purpose of this report, rural refers to a county with a population of 250,000 or less.

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

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.

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

All Texas Access 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 serious mental illness (SMI) experiencing a mental health crisis in the ASH adult catchment area before the COVID-19 pandemic;

- The estimated cost for local government to provide services to youth experiencing serious emotional disturbance (SED) in the ASH adolescent catchment area before the COVID-19 pandemic;

- An estimated statewide per person cost to local government based on the two estimates above to provide services to a person experiencing a mental health crisis; and

- A regional estimated cost based on the number of adults with SMI (18+) or youth (9-17) with SED that are classified as below 200 Federal Poverty Level in each of the All Texas Access regional groups.

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

Sources

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

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.[xlvi]

Figure 50. Process to Derive Cost of Local Governments for Providing Services to People with SMI or SED below 200 Federal Poverty Level
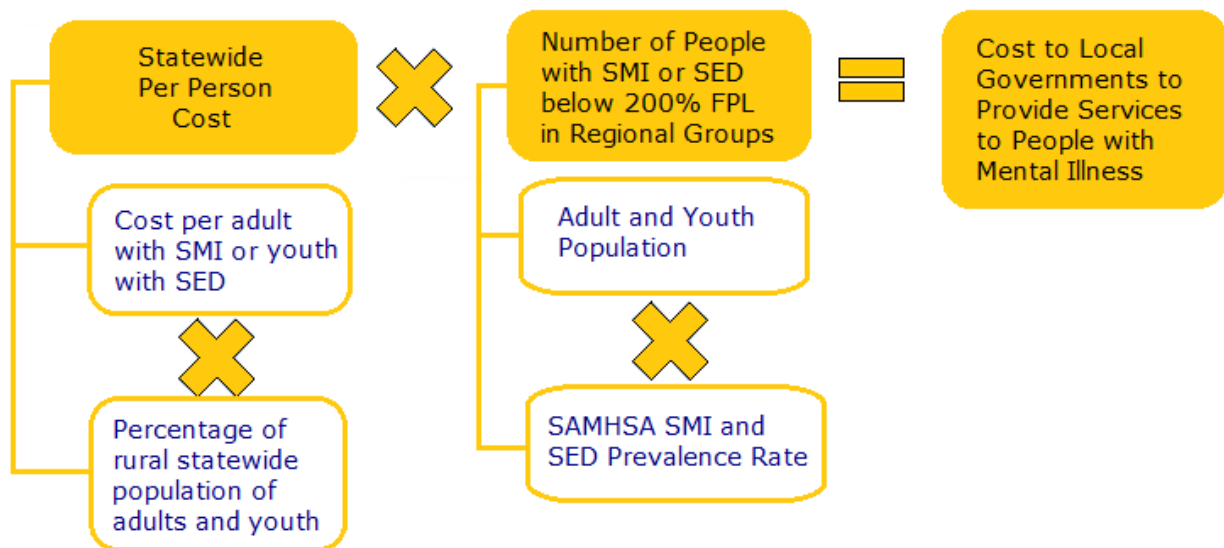
Explanation of Figure 50

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

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

Number of people with SMI or SED below 200% FPL in Regional Groups = Adult and Youth Population times SAMHSA SMI and SED prevalence rates.

Limitations

Statewide Average Cost

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

Adult and Youth Populations

As of April 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 youth (ages 9–17) and multiplied this by county populations for respective years. This was ultimately used to calculate the number of adults and youth with SMI or SED within each county.

Local Government Accounting

Most local governments 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

All Texas Access 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.

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

Sources

Data was received from HHSC Behavioral Health Services, Decision Support Services. This data provided the number of people who were admitted to a mental health facility. The Texas Sheriff's Association provided HHSC with an average

hourly wage for law enforcement when transporting people to mental health facilities in 2020.
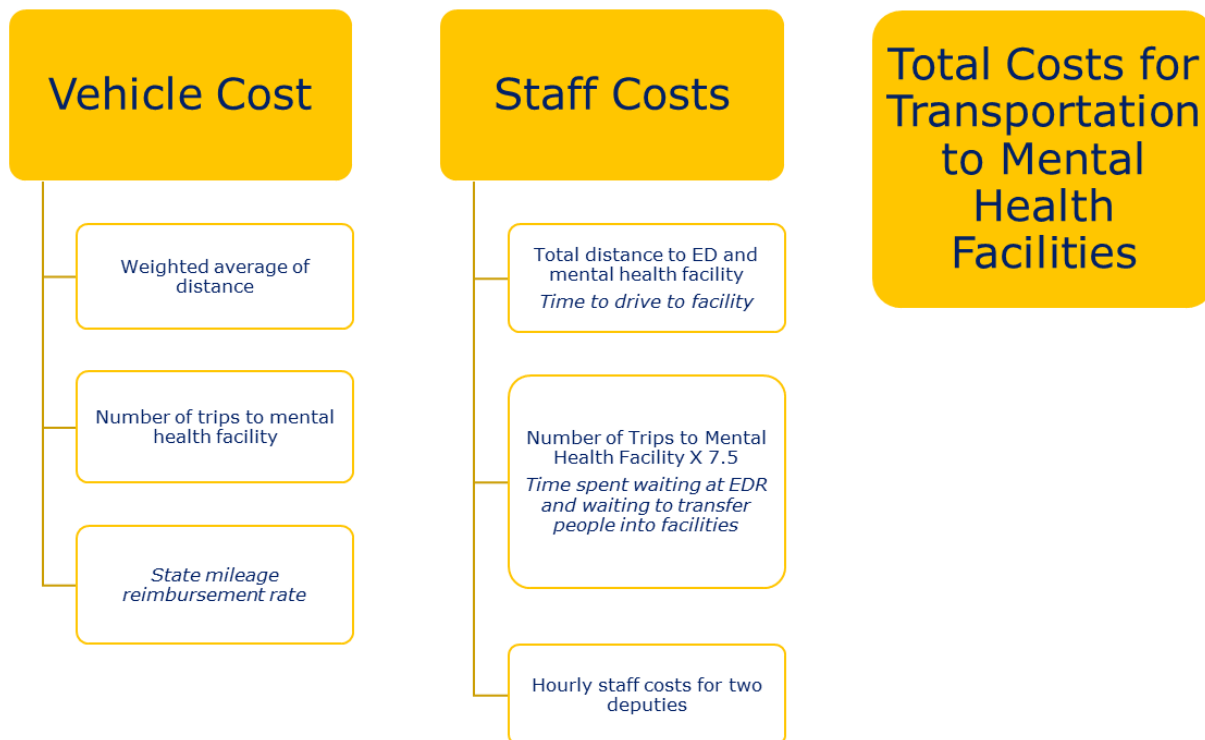
Methodology

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

Travel cost assumptions:

- Two law enforcement officers are used to transport a person to a mental health facility;
- The hourly cost for one law enforcement officer is $32.50 an hour (inclusive of fringe benefits);
- The hourly overtime cost for one law enforcement officer is $44.68 (inclusive of fringe benefits);
- Before being directed to a mental health facility, people are screened at the ER;
- The average distance to an ER is 20 miles;
- Law enforcement officers spend six hours at the ER before they are directed to a mental health facility;
- The distance to and from the facility is the same;
- The average driving speed is 55 miles per hour;
- Vehicle costs are incurred at the annual state mileage reimbursement rate per mile;

- All mental health facilities take 90 minutes to process admission and transfer a person into the care of the facility from a law enforcement officer;

- Overtime pay for law enforcement officers does not occur for five-sixths of transports to mental health facilities; and

- Law enforcement officers incur overtime pay one-sixth of the time when they transport people to mental health facilities.

Figure 51. Costs for Transportation to Mental Health Facilities

Vehicle Cost	Staff Costs	Total Costs for Transportation to Mental Health Facilities
Weighted average of distance	Total distance to ED and mental health facility *Time to drive to facility*	
Number of trips to mental health facility	Number of Trips to Mental Health Facility X 7.5 *Time spent waiting at EDR and waiting to transfer people into facilities*	
State mileage reimbursement rate	Hourly staff costs for two deputies	

Explanation of Figure 51

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

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

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

Limitations

Missing Data Sets

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

Time Spent Waiting at ER and Mental Health Facilities

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

Travel Time

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

Travel Costs

The estimated hourly wage of a law enforcement officer of $32.50 (inclusive of fringe benefits) was used to determine staff cost to transport people to mental health facilities. The average wage of a Mental Health Deputy is $24.36 as reported to HHSC by survey data. HHSC added in the cost of fringe benefits at a rate of 33.41 percent. Using hourly costs for a Mental Health Deputy may underestimate the cost to counties. Many counties do not employ Mental Health Deputies. Vehicle costs were estimated using the annual State of Texas Automotive Mileage Rate.

LMHA or LBHA Inpatient Facilities Not Funded By HHSC

HHSC Decision Support Services does not have access to data for facilities that are not funded through HHSC. Therefore, this cost model does not estimate

transportation costs to LMHA or LBHA operated facilities funded through other methods. HHSC cannot estimate the number of these inpatient trips.

Inclusion Criteria for LMHAs and LBHAs in Two Regional Groups

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

Incarceration

All Texas Access required metric: incarceration of persons with mental illness in county jails located in an area served by an authority that is a member of the regional group.

Overview

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

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

- The estimated number of people with mental illness in county jails;

- Multiplied by statewide daily jail cost average; and

- Multiplied by the average length of stay in a county jail.

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

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

Sources

The Texas Commission on Jail Standards (TCJS) provided:

- The statewide average daily cost of incarcerating a person;

- The average length of stay for people in Texas county jails[xlvii]; 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.[xlviii]

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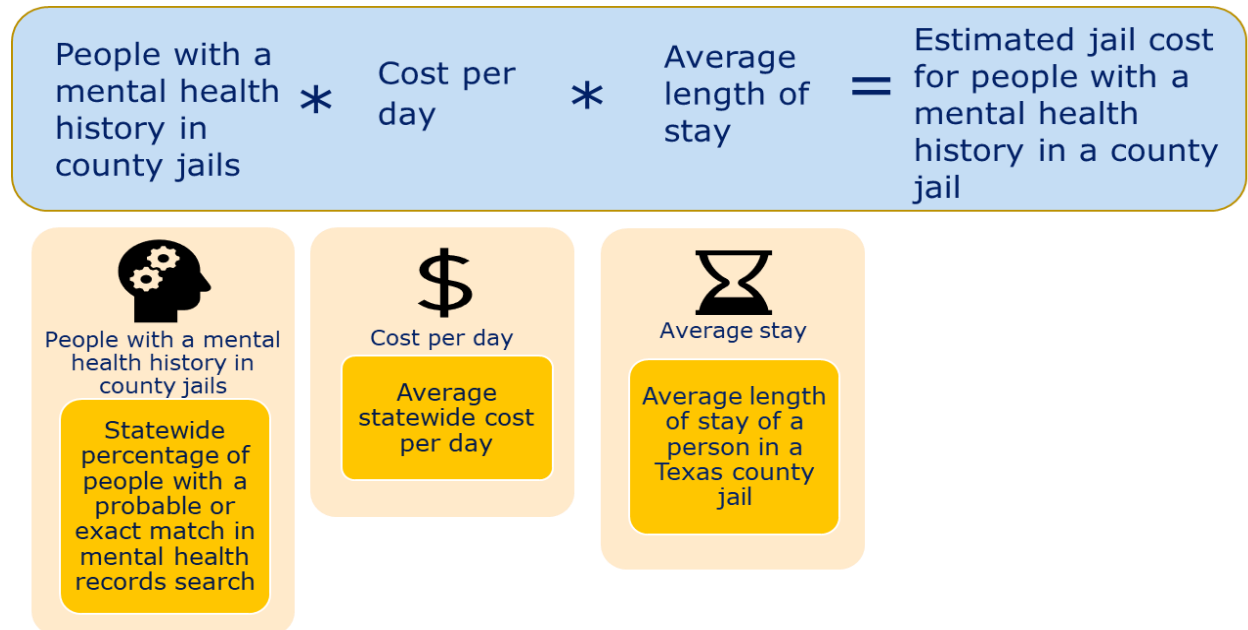
Methodology

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

When a person enters a county jail, their personal information is entered in TLETS. This information can be matched with data available in the CMBHS system. The CMBHS system provides data on people who have accessed mental health services through LMHAs and LBHAs, contracted substance use and mental health service providers, and other state agencies. Both CMBHS and TLETS data can report on people who are currently receiving services and/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 52. Estimated Jail Cost for People with a Mental Health History

People with a mental health history in county jails * Cost per day * Average length of stay = Estimated jail cost for people with a mental health history in a county jail

People with a mental health history in county jails

Statewide percentage of people with a probable or exact match in mental health records search

Cost per day

Average statewide cost per day

Average stay

Average length of stay of a person in a Texas county jail

Explanation of Figure 52

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

Limitations

Number of People in Jails

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

year. The total county jail population may underestimate the number of people in county jails.

TLETS Match

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

Additionally, people who receive a mental health screening through an LMHA or LBHA or in a jail will register as a 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. This daily cost may also not include a significant number of hidden costs, including costs specific to private jails.

County Jail Providers

This analysis only included the cost of local county jail beds. This dataset does not include the cost for counties that contract with other counties to provide county jail

services. This may have resulted in an underestimate of the overall cost of incarceration. This data does include counties that contract with private providers.

Length of Stay

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

Emergency Rooms

All Texas Access required metric: visits by persons with mental illness at hospital 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 Texas Department of State Health Services (DSHS) Texas Hospital Emergency Department Public Use Data Files. 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 Texas Hospital Emergency Department Public Use Data Files (Data Files) were used to estimate mental health and behavioral health related ER use. The analysis only used data from outpatient ER records with a mental or behavioral health principal diagnosis. For this analysis, the focus was not age specific and includes both adults and children.

Table 40. 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

ICD-10 Code	Description
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.[xlix] 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.[l]

Methodology

The records were obtained utilizing Statistical Analysis System (SAS) and were filtered based on the following variables:
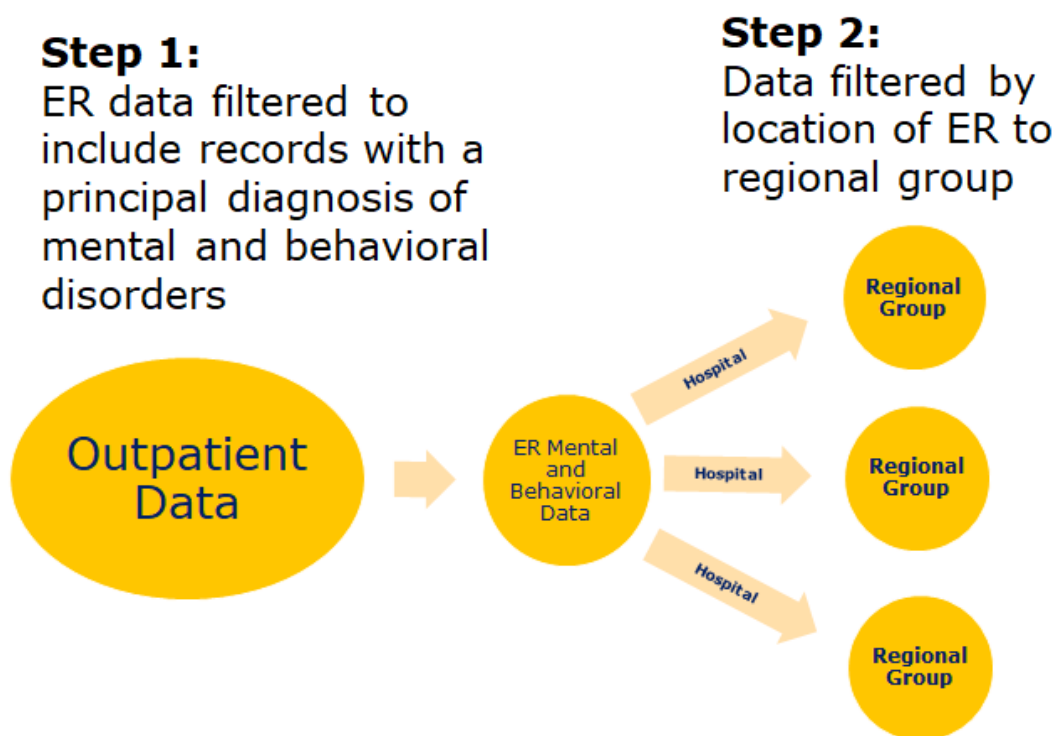
Table 41. DSHS Emergency Room Data Variables

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
Total Charges	TOTAL_CHARGES
Patient Status	PAT_STATUS

Name of Variable	Variable Code
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 53. ER Data Filtering Process

Step 1: ER data filtered to include records with a principal diagnosis of mental and behavioral disorders

Outpatient Data → ER Mental and Behavioral Data

Step 2: Data filtered by location of ER to regional group

Hospital → Regional Group
Hospital → Regional Group
Hospital → Regional Group

Explanation of Figure 53

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

Once the records were associated with their respective regional group, an aggregate calculation and analysis was conducted to develop each regional group's 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, a Human Immunodeficiency Virus – Sexually Transmitted Disease (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.

i Counties with a population of less than 10,000 were suppressed due to the per capita representation. Otherwise, these counties would have been overly skewed.

ii Retrieved from https://www.ruralhealthinfo.org/charts/7data.HRSA.gov, November 2022

iii The Facts: Texas Hospitals Work to Stabilize Amid Harmful Mistruths. (n.d.). Retrieved May 3, 2023, from https://www.tha.org/wp-content/uploads/2023/02/2023-Refute-With-Facts-Whitepaper.pdf

iv Retrieved from www.cohcwcovidsupport.org. Adapted from: Watson, P., Gist, R., Taylor, V. Evlander, E., Leto, F., Martin, R., Vaught, D., Nash, W.P.,Westphal, R., & Litz, B. (2013). Stress First Aid for Firefighters and Emergency Services Personnel. National Fallen Firefighters Foundation.

v U.S. Bureau of Labor Statistics. (March 22, 2023). County Employment and Wages in Texas – Third Quarter 2022. Retrieved from County Employment and Wages in Texas – Third Quarter 2022 : U.S. Bureau of Labor Statistics (bls.gov).

vi Dr. Amy K. Glasmeier. Massachusetts Institute of Technology. (February 1, 2023). Retrieved from: https://livingwage.mit.edu/articles/103-new-data-posted-2023-living-wage-calculator#:~:text=An%20analysis%20of%20the%20living,in%20the%20United%20States%20is.

vii Dennis Cullinane. (February 3, 2023). Personal interview.

viii Judge Bob Inselmann. (March 7, 2023). Personal interview.

ix Item 3 is "Centralized resources for families, including recreation."

x These results are limited to survey respondents who identified Bastrop, Fayette, Gonzales, or Lee County as their county of residence.

xi https://www.census.gov/quickfacts/bastropcountytexas Retrieved May 22, 2023.

xii Texas Statutes, Health and Safety Code. (1989). Communicable Disease Prevention and Control Act, Retrieved May 22, 2023

xiii https://www.census.gov/ Retrieved May 22, 2023.

xiv Item 6 is "Centralized resources for families, including recreation."

xv Texas Forestry Service, Texas A & M University. (2010). East Texas Forestlands. Retrieved from: https://tfsweb.tamu.edu/uploadedFiles/TFSMain/Data_and_Analysis/Forest_Economics_and_Resource_Analysis/Resource_Analysis/Resource_Analysis_publications/EastTexasforestlands.pdf.

xvi For more information about the community member stress survey, please see Appendix C.

xvii Cost offset represents an estimated cost avoidance if the people served would have been incarcerated, visited an emergency room, or otherwise would have used local government resources instead of mental health services.

xviii Based on Cost of Incarceration $2,741 for fiscal year 2023

xix * These numbers are for Fiscal Year 2023, Quarter Two.

xx 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.

xxi Exact reasons for the sharp increase at the beginning of fiscal year 2023 are not known. However, likely factors include hospital beds becoming more available as the COVID-19

pandemic was ending; law enforcement wage increases, and mileage reimbursement increases.

xxii HHSC used custom reports which included the number of exact matches, probable matches, and unmatched persons for the first two quarters of fiscal year 2023 using the Texas Law Enforcement Telecommunications System (TLETS) and the Clinical Management for Behavioral Health Services System (CMBHS). This allowed HHSC to estimate how many people incarcerated rural counties have a mental health condition.

xxiii Exact reasons for the sharp increase in Quarter 3 are not known. However, likely factors include hospital beds becoming more available as the COVID-19 pandemic was ending, law enforcement wage increases, and mileage reimbursement increases.

xxiv Yellow squares represent LMHA or LBHA headquarter locations only.

xxv Numbers for Bluebonnet Trails Community Services and Center for Life Resources were split between the two regional groups in which they participate, based on county populations. Therefore, these numbers represent 80 percent of Bluebonnet Trails capacity and 20 percent of Center for Life Resources capacity.

xxvi Green squares represent LMHA headquarter locations only.

xxvii Yellow squares represent LMHA or LBHA headquarter locations only.

xxviii Numbers for Center for Life Resources were split between the two regional groups in which they participate, based on county populations. Therefore, these numbers represent 80 percent of Center for Life Resources capacity.

xxix Yellow squares represent LMHA headquarter locations only.

xxx Blue squares represent LMHA or LBHA headquarter locations only.

xxxi Yellow squares represent LMHA or LBHA headquarter locations only.

xxxii Numbers for Bluebonnet Trails Community Services were split between the two regional groups in which they participate, based on county populations. Therefore, these numbers represent 20 percent of Bluebonnet Trails capacity.

xxxiii Yellow squares represent LMHA or LBHA headquarter locations only.

xxxiv Ezekiel, N., Malik, C., Neylon, K., Gordon, S., Lutterman, T., & Sims, B. (2021). Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities. Washington, D.C., American Psychiatric Association for the Substance Abuse and Mental Health Services Administration.

xxxv Texas Court of Criminal Appeals. (2019). Texas Mental Health Resource Guide. Retrieved from: https://www.txcourts.gov/media/1445767/texas-mental-health-resource-guide-01242020.pdf.

xxxvi Texas Health and Human Services Commission. (2020). LMHA and LBHA Contract: Information Item V, Crisis Service Standards. Retrieved from https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-v.pdf

xxxvii Texas Health and Human Services Commission. (2020). LMHA and LBHA Contract: Information Item V, Crisis Service Standards. Retrieved from https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-v.pdf

xxxviii Title 25 of the Texas Administrative Code, Part 1, Chapter 411, Subchapter M, Standards of Care and Treatment in Crisis Stabilization Units. Retrieved from https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=411&sch=M

xxxix Texas Health and Human Services Commission. (2020). LMHA and LBHA Contract: Information Item V, Crisis Service Standards. Retrieved from https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-v.pdf

xl Substance Abuse and Mental Health Services Administration. Retrieved from: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview.

xli Texas Government Code Section 531.251, Texas System of Care Framework. Retrieved from https://statutes.capitol.texas.gov/Docs/GV/htm/GV.531.htm#531.251.

xlii Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/find-help/disorders.

xliii While Dallas County is served by NTBHA, Dallas County was generally excluded when performing data analysis. This decision was made based on the significant population of Dallas County.

xliv The University of Texas Dell Medical School. *ASH Brain Health System Redesign: Reimagining Mental Health*. The University of Texas at Austin Dell Medical School (2018). Retrieved from: https://www.ashredesign.org/

xlv Texas Demographic Center. Population Projections for the State of Texas (Single Years of Age 2010-2050). Retrieved from www.Demographics.texas.gov/DATA/TPEPP/Projections

xlvi CMHS, SAMHSA, HHS (1999). Estimation Methodology for Adults with Serious Mental Illness (SMI). Federal Register, v64.

xlvii Texas Commission on Jail Standards. (2016). House Bill 1140 Report to The Texas Legislature. Retrieved from https://www.tcjs.state.tx.us/wp-content/uploads/2019/08/HouseBill1140Report.pdf

xlviii Texas Commission on Jail Standards. (2019). Abbreviated Population Report (FY 2019).

xlix Texas Health and Human Services Commission. Retrieved from https://www.dshs.state.tx.us/thcic/hospitals/FacilityList.xls

l The Centers for Disease Control and Prevention. Retrieved from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2020/