



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

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.

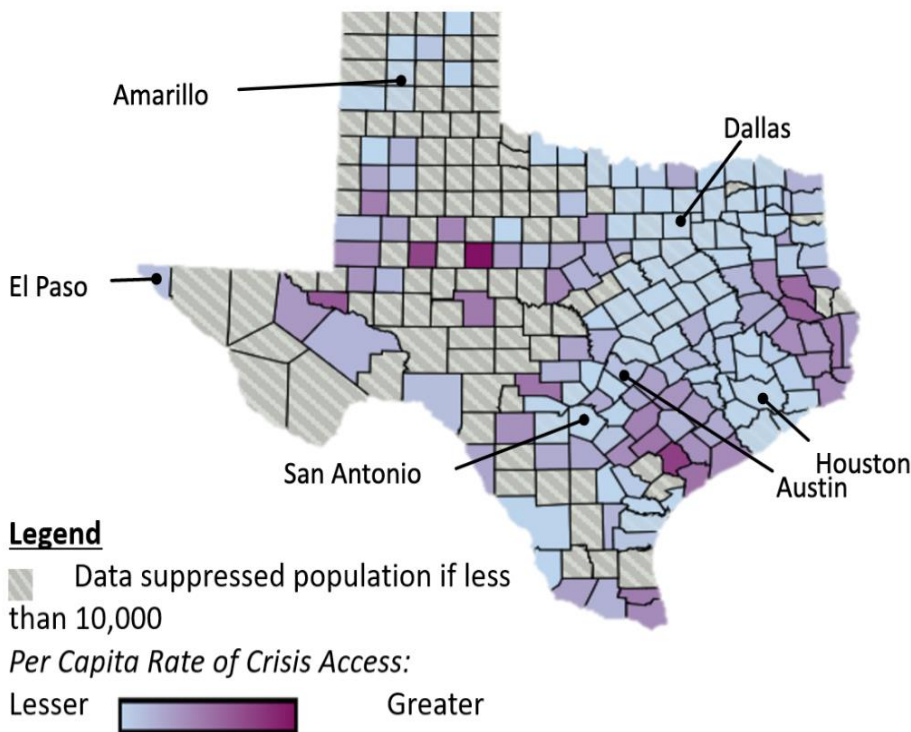
¹ Senate Bill (S.B.) 454, 87th Legislature, Regular Session, 2021, and S.B. 633, 86th Legislature, Regular Session, 2019.

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 Countyⁱ



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 IC² 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.

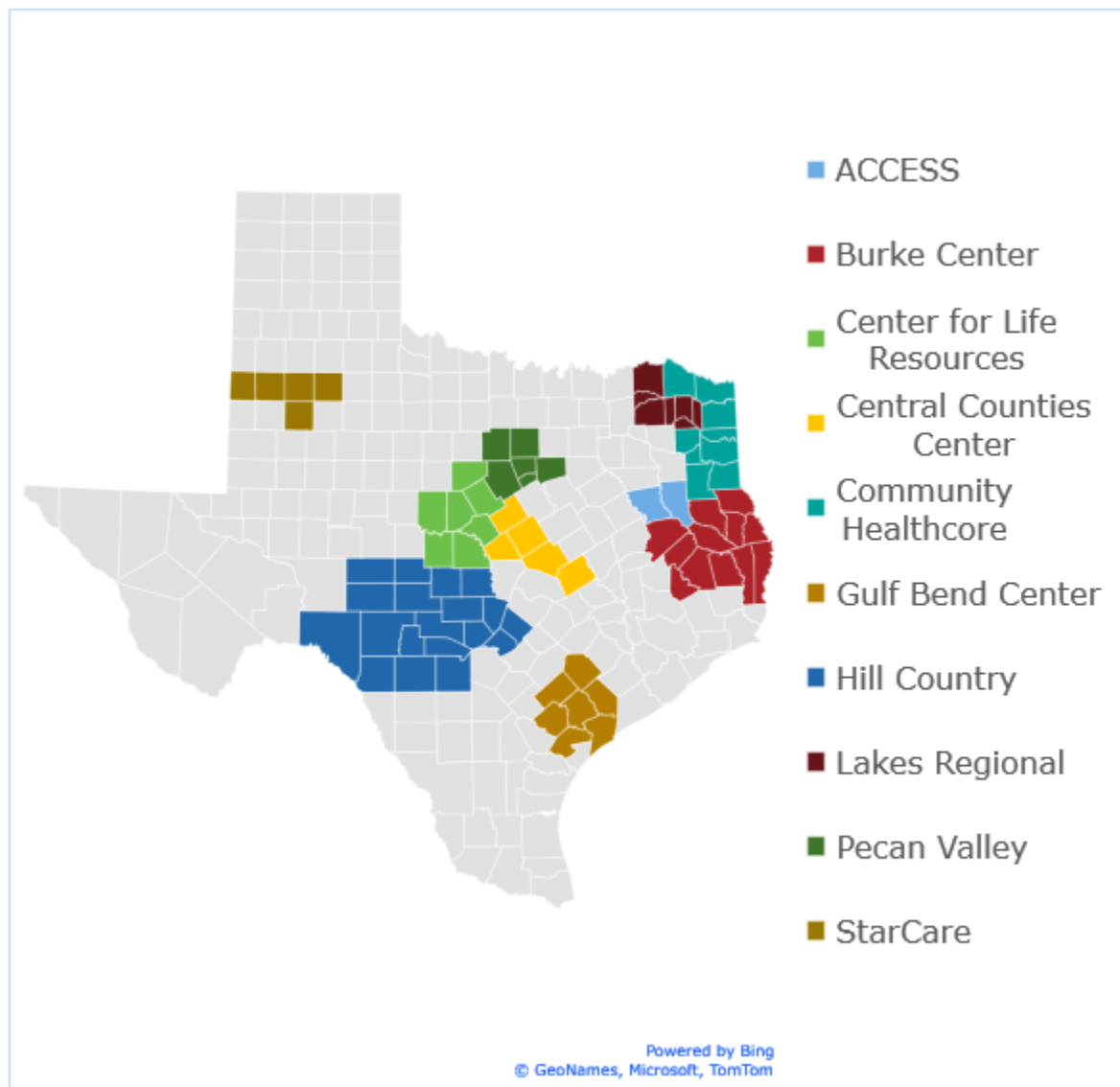
When learning collaborative participants were surveyed in May 2023, 90 percent of respondents indicated that the peer learning collaborative was a good use of their time and 80 percent indicated that they could apply what they were learning to their work. Comments noted that learning collaborative participants 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



Identifying Priorities: Community Engagement Pilot

Process Overview

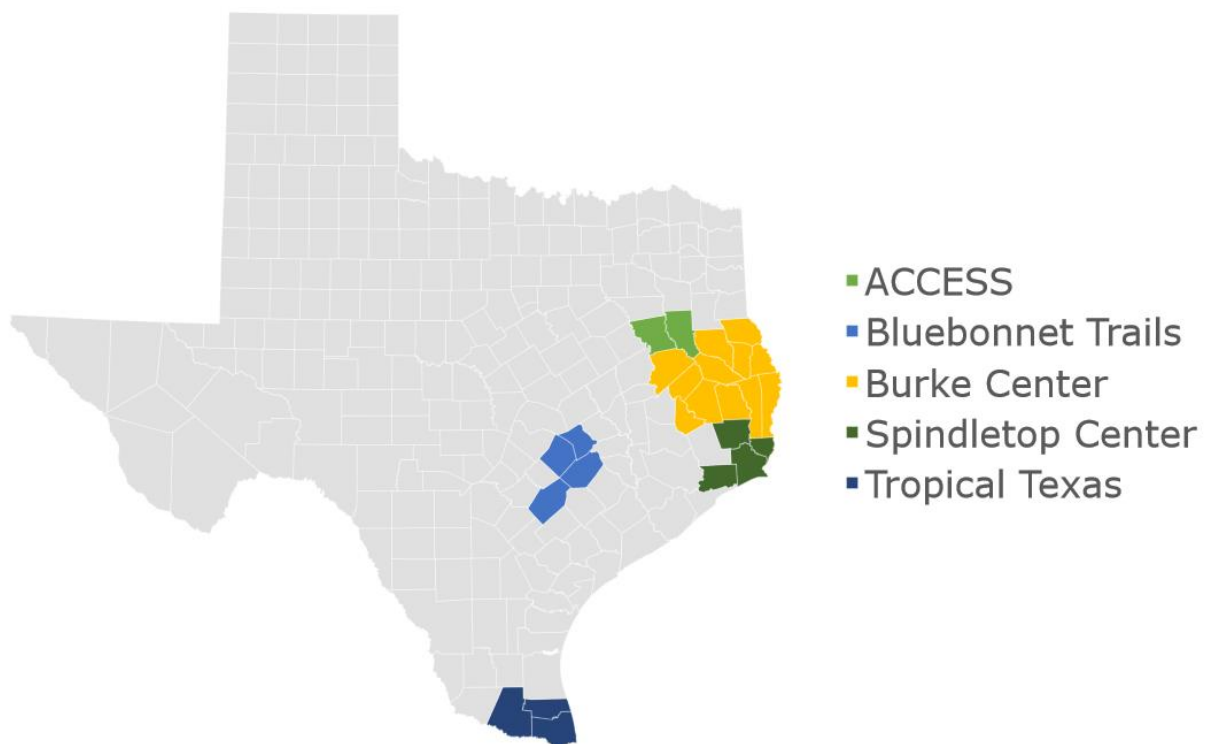
In September 2022, HHSC began a Community Engagement Pilot focusing on regions of rural Texas that experience some of the highest per capita use of HHSC funded crisis services. Rural regions identified for the Community Engagement Pilot were select counties in Central Texas, East Texas, and South Texas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

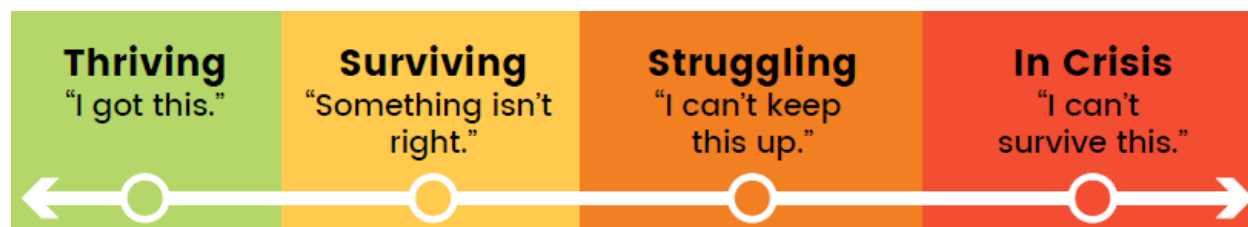
To better understand what rural Texans were experiencing in the pilot areas, HHSC conducted focus groups and individual interviews with community organizations such as health clinics, food banks, schools, and libraries. HHSC started with community organizations known to the LMHAs and rural funders, then 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}

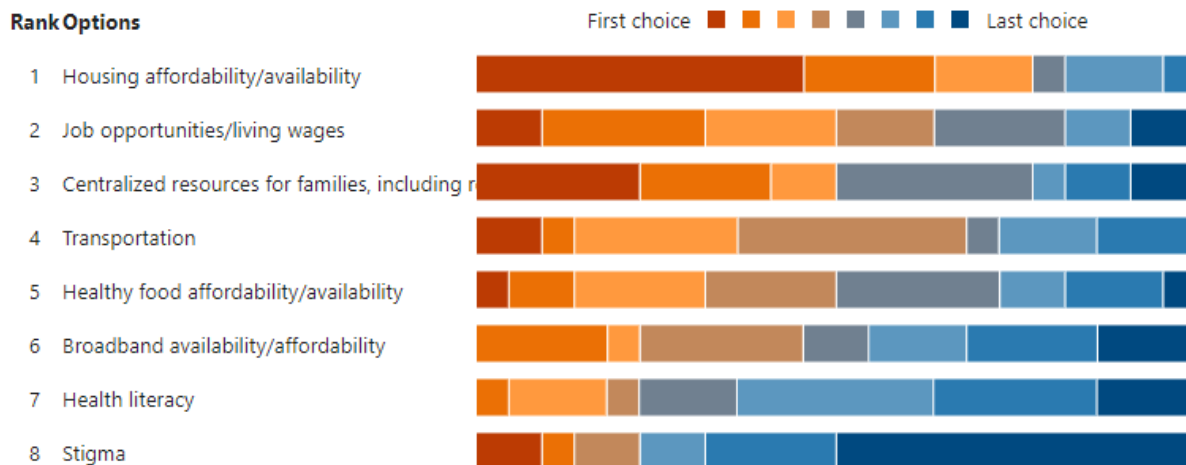


Table 1. Bastrop County Community Organization Priorities

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

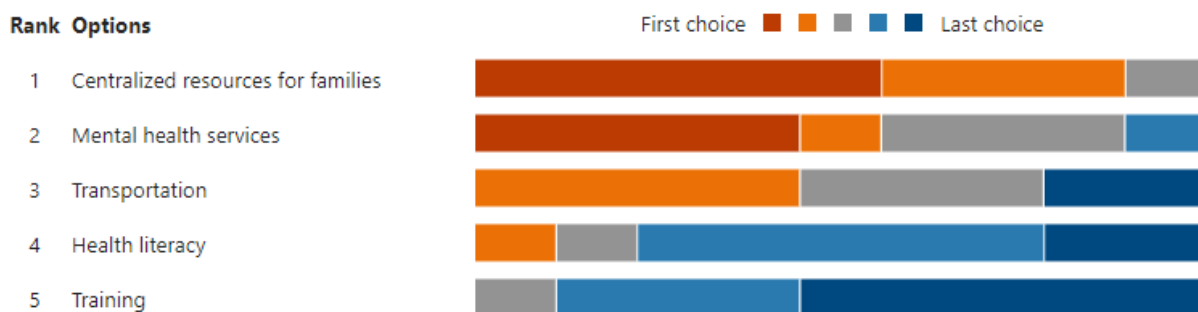


Table 2. Fayette County Community Organization Priorities

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

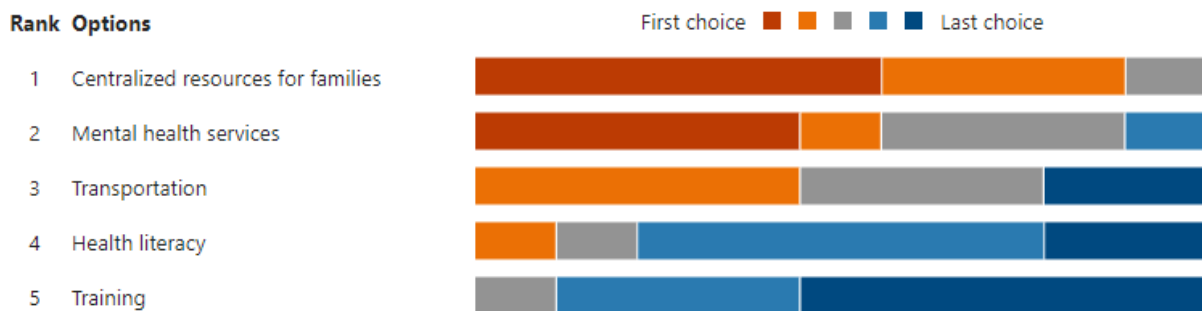


Table 3. Fayette County Community Organization Priorities

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

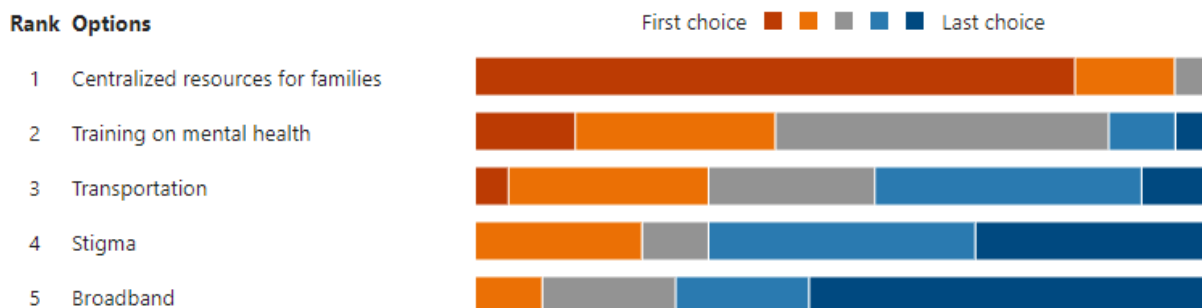


Table 5. Gonzales County Community Organization Priorities

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

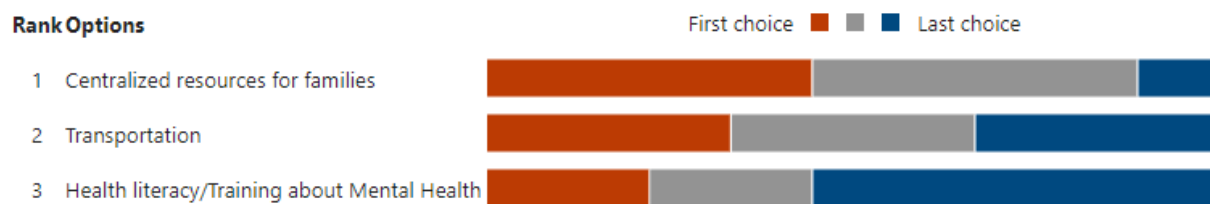
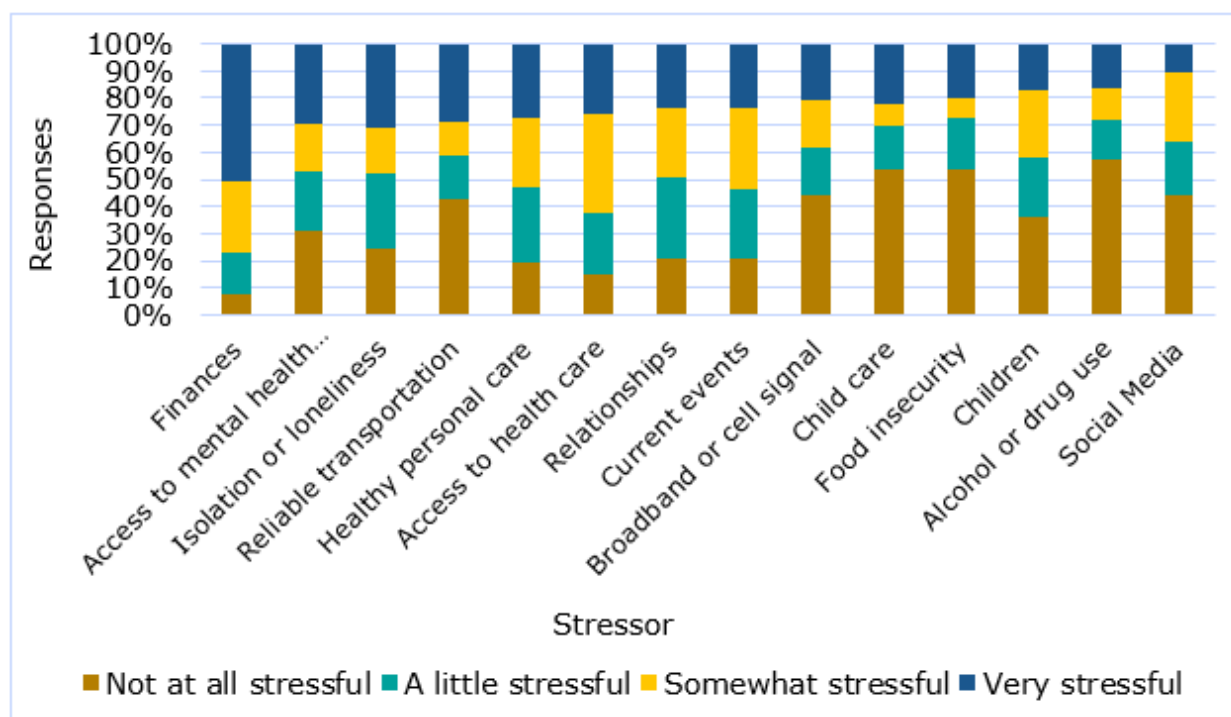


Table 6. Lee County Community Organization Priorities

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*



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

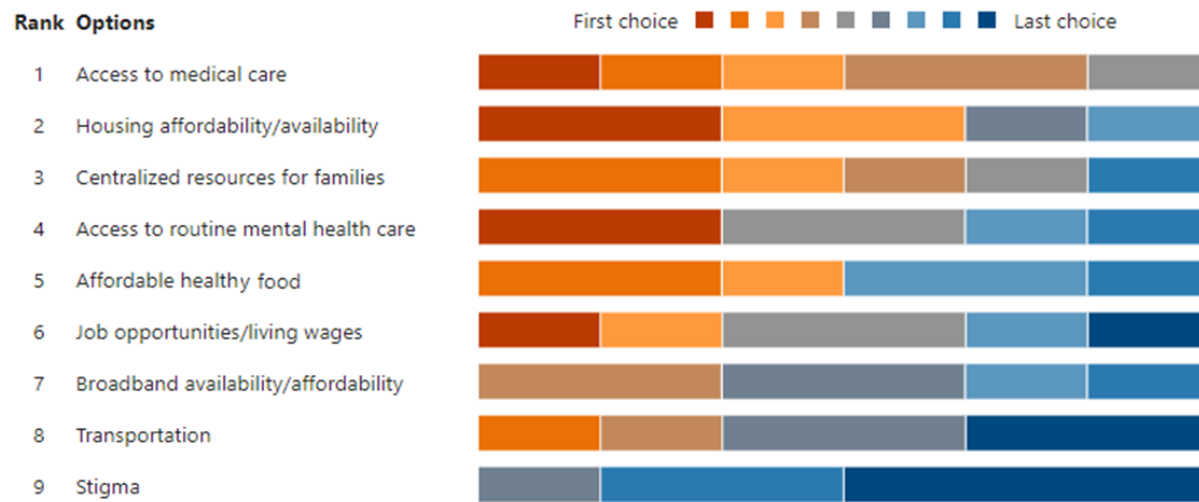


Table 7. ACCESS Service Area Community Organization Priorities

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

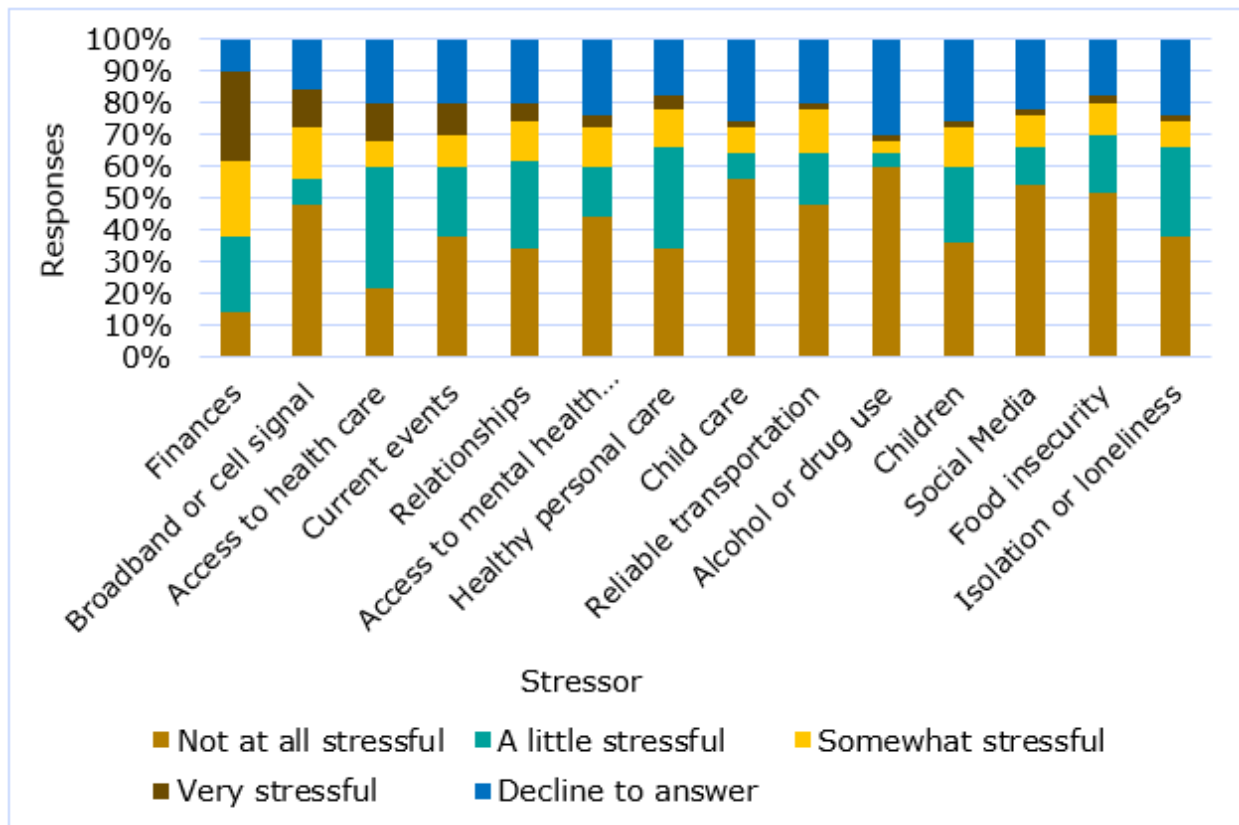


Table 8. ACCESS Service Area Community Stress Survey Responses

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

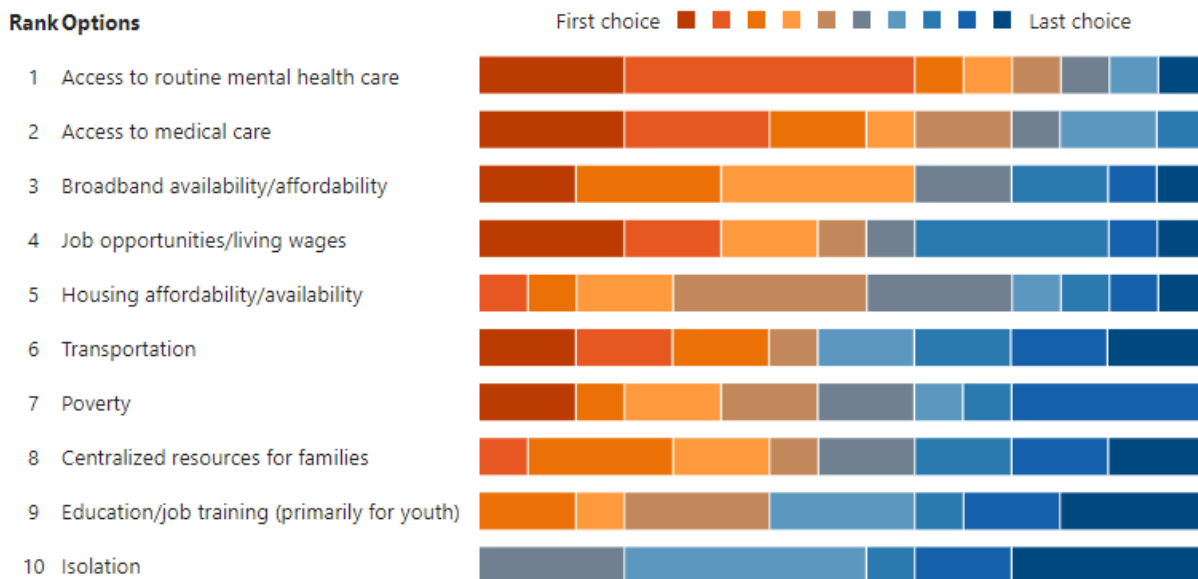


Table 9. Burke Service Area Community Organization Priorities

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

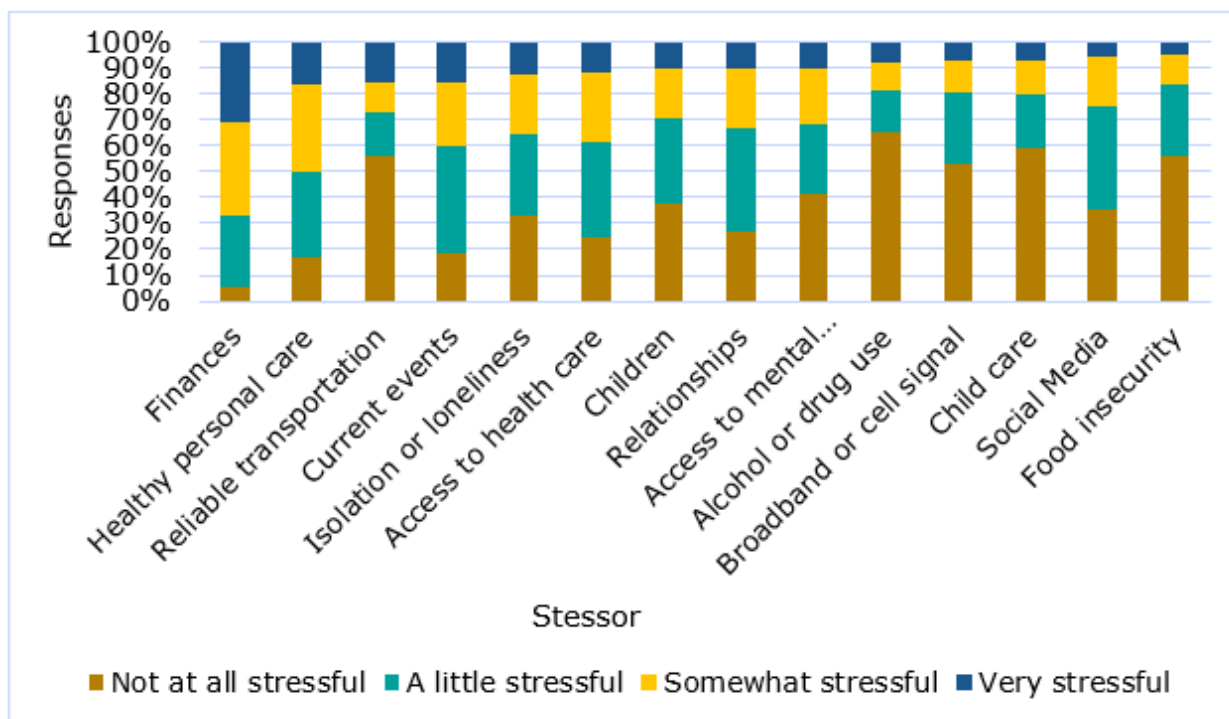


Table 10. Burke Service Area Stress Survey Responses

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}

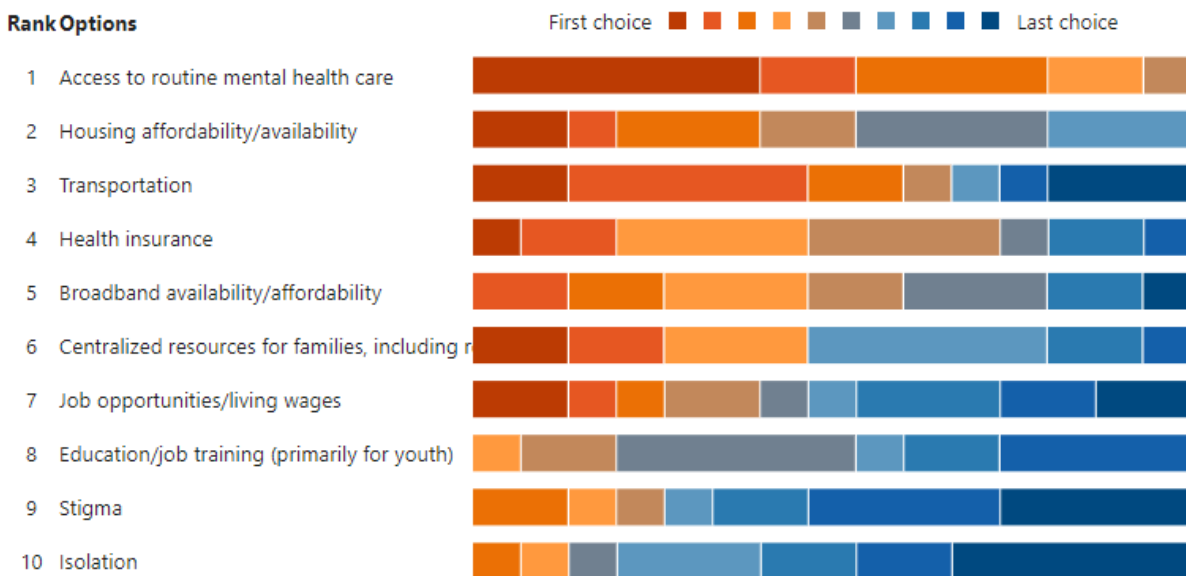


Table 11. Spindletop Center Service Area Community Organization Priorities

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

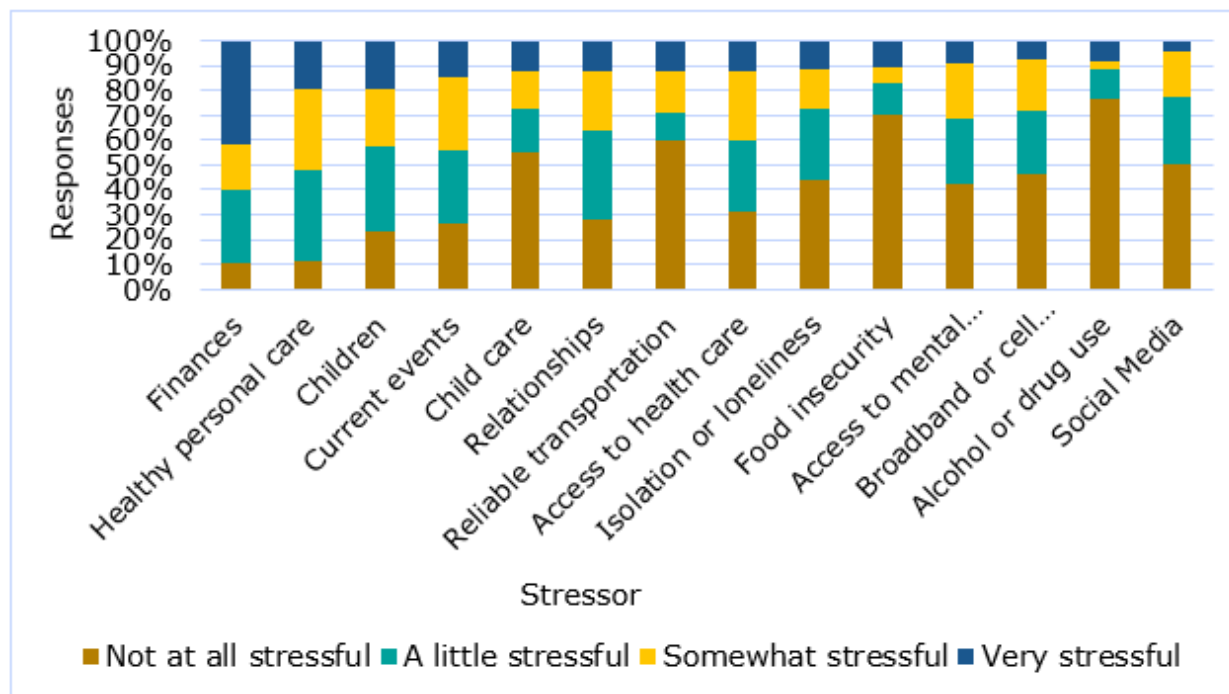


Table 12. Spindletop Center Service Area Stress Survey Responses

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

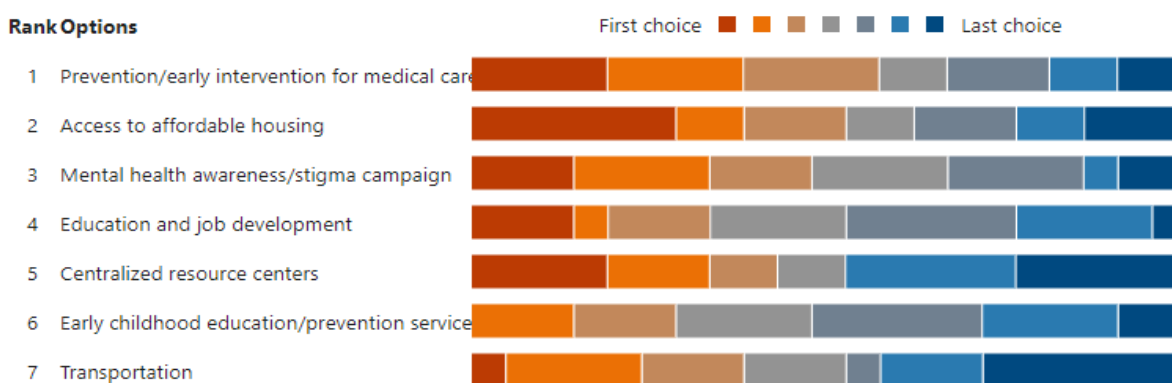


Table 13. Tropical Texas Behavioral Health Service Area Community Organization Priorities

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

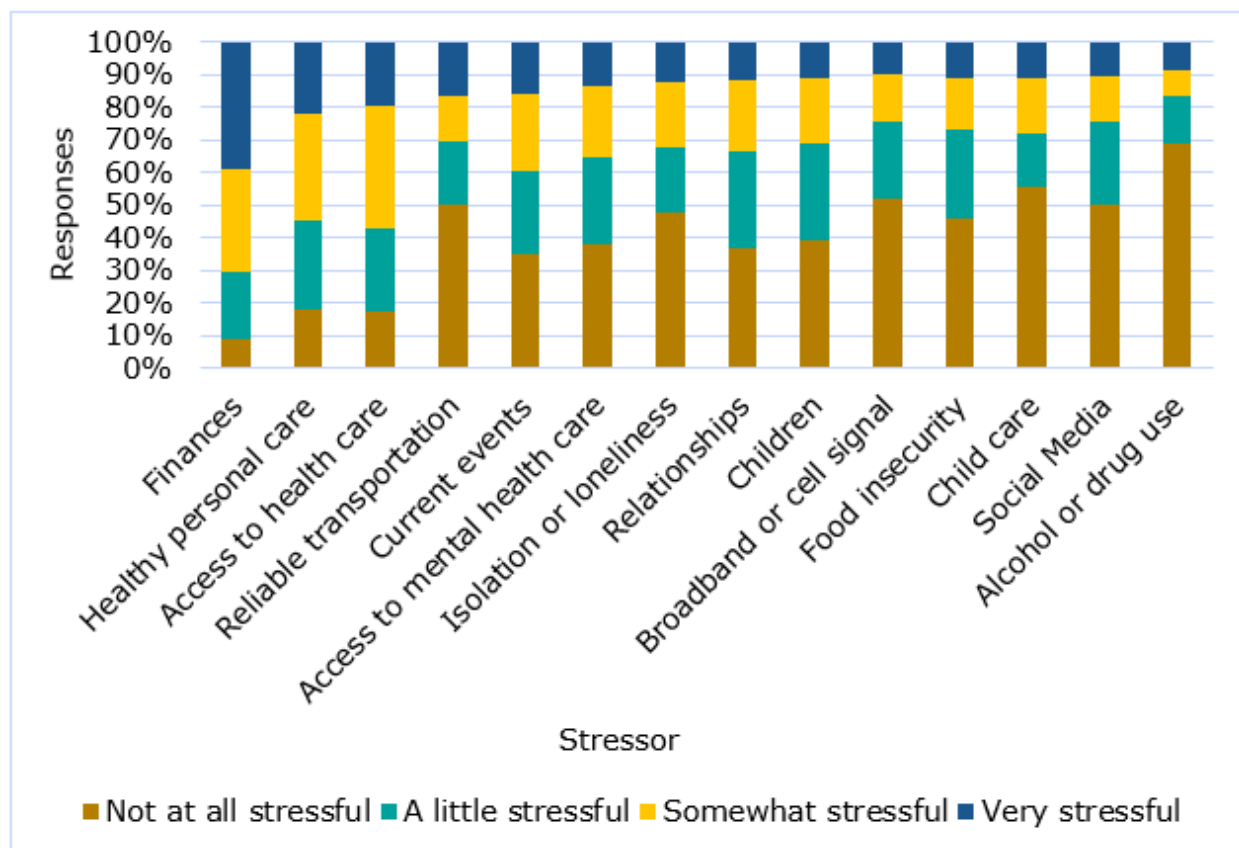


Table 14. Tropical Texas Behavioral Health Service Area Stress Survey Responses

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
<p>Housing and Homelessness</p>  <p><small>Created by Muhammad Tajudin from the Noun Project</small></p>	<ul style="list-style-type: none"> • 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.*
<p>Prevention and Education</p>  <p><small>Created by Muhammad Tajudin from the Noun Project</small></p>	<ul style="list-style-type: none"> • 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.*
<p>Veterans Services</p>  <p><small>Created by Muhammad Tajudin from the Noun Project</small></p>	<ul style="list-style-type: none"> • 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
<p data-bbox="232 352 472 422">Substance Use Services</p>  <p data-bbox="261 575 375 594"><small>Created by Kholin from The Noun Project</small></p>	<ul style="list-style-type: none"> • 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:

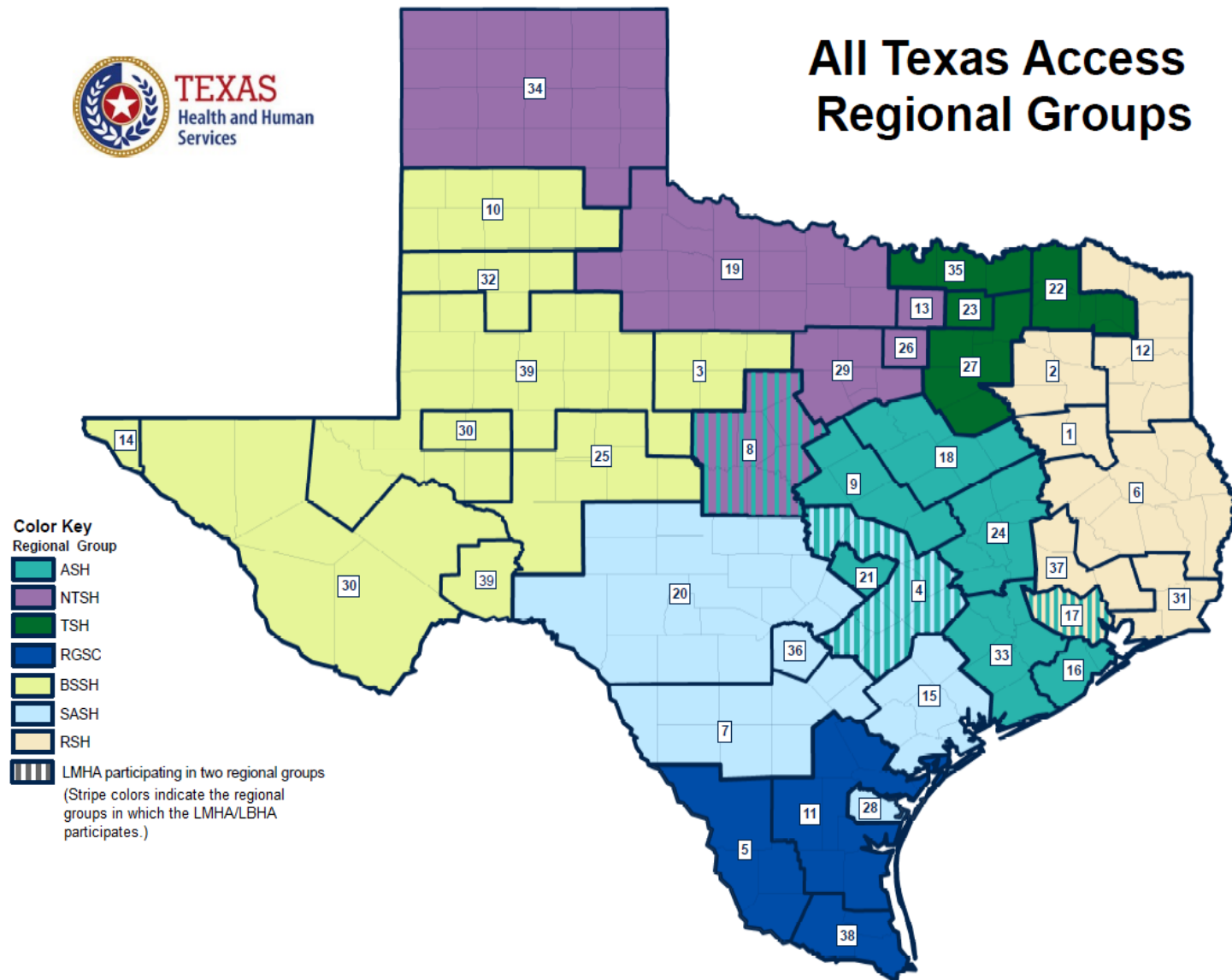
- Nine only serve counties with a population over 250,000;
- Ten serve a mix of counties with populations under and over 250,000; and
- Twenty serve counties with a population of 250,000 or fewer.

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



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, NTSB
30. PermianCare, BSSH
31. Spindletop Center, RSH
32. StarCare Specialty Health System, BSSH
33. Texana Center, ASH
34. Texas Panhandle Centers, NTSB
35. Texoma Community Centers, TSH
36. The Center for Health Care Services, SASH
37. Tri-County Behavioral Healthcare, RSH
38. Tropical Texas Behavioral Health, RGSC
39. West Texas Centers, BSSH

All Texas Access Four Metrics

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

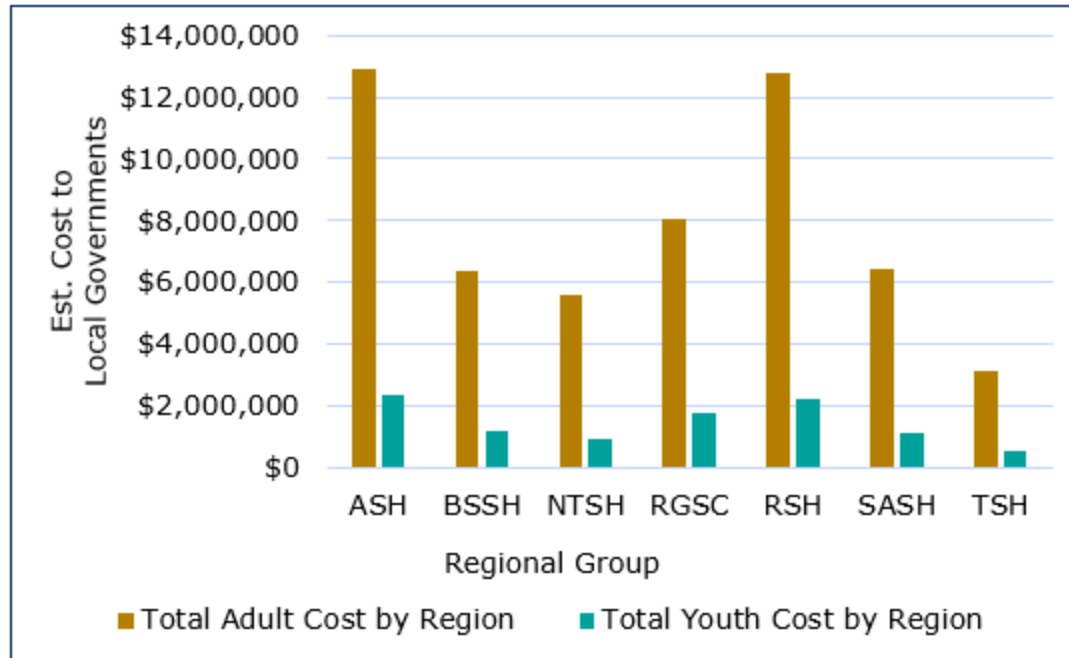
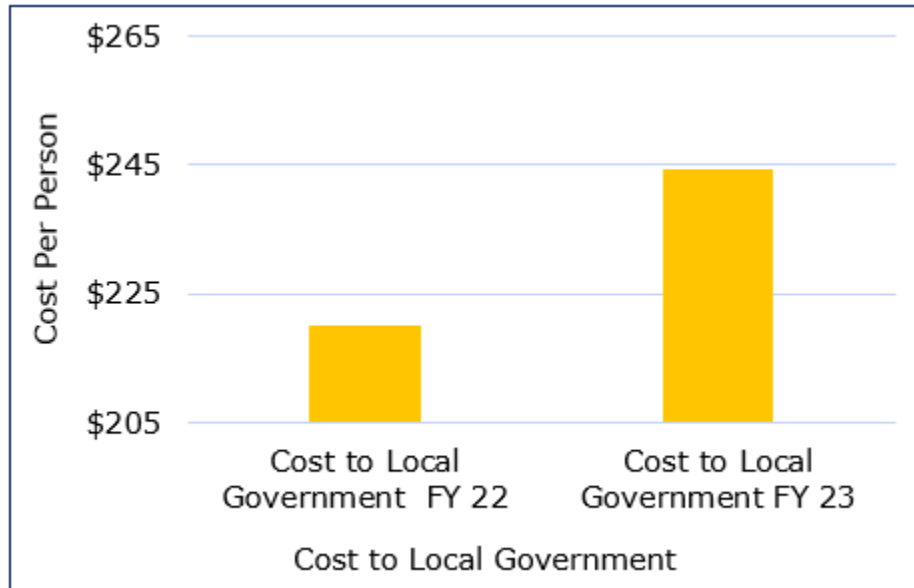


Table 16. Estimated Cost to Local Governments to Care for Adults and Youth with a Mental Health Condition under 200% Federal Poverty Level, FY 2023

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

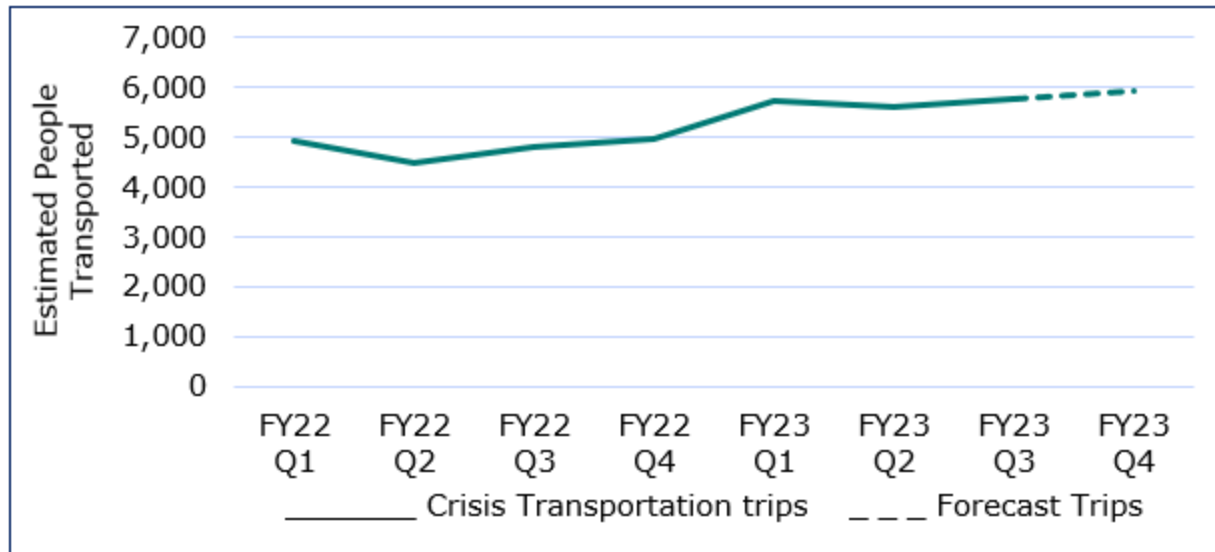


Table 17. Estimated People Transported by Law Enforcement to a State-Funded Crisis Facility (Not Including Forensic Admissions), Fiscal Years 2022 and 2023

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}

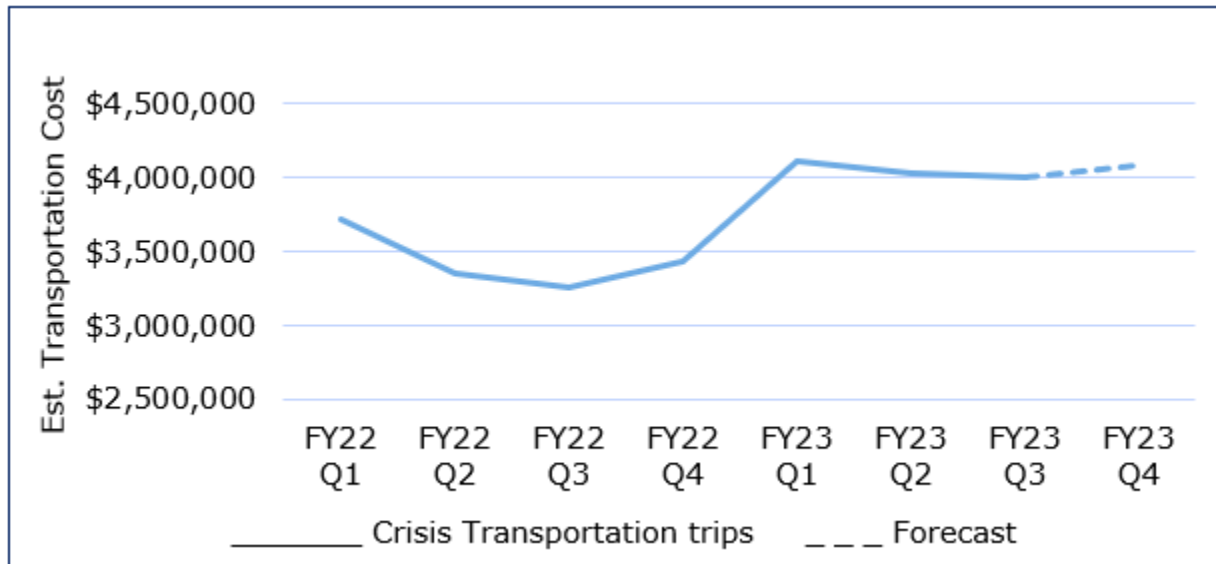


Table 18. Estimated Transportation Costs Statewide (Not Including Forensic Admissions), Fiscal Years 2022 and 2023

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

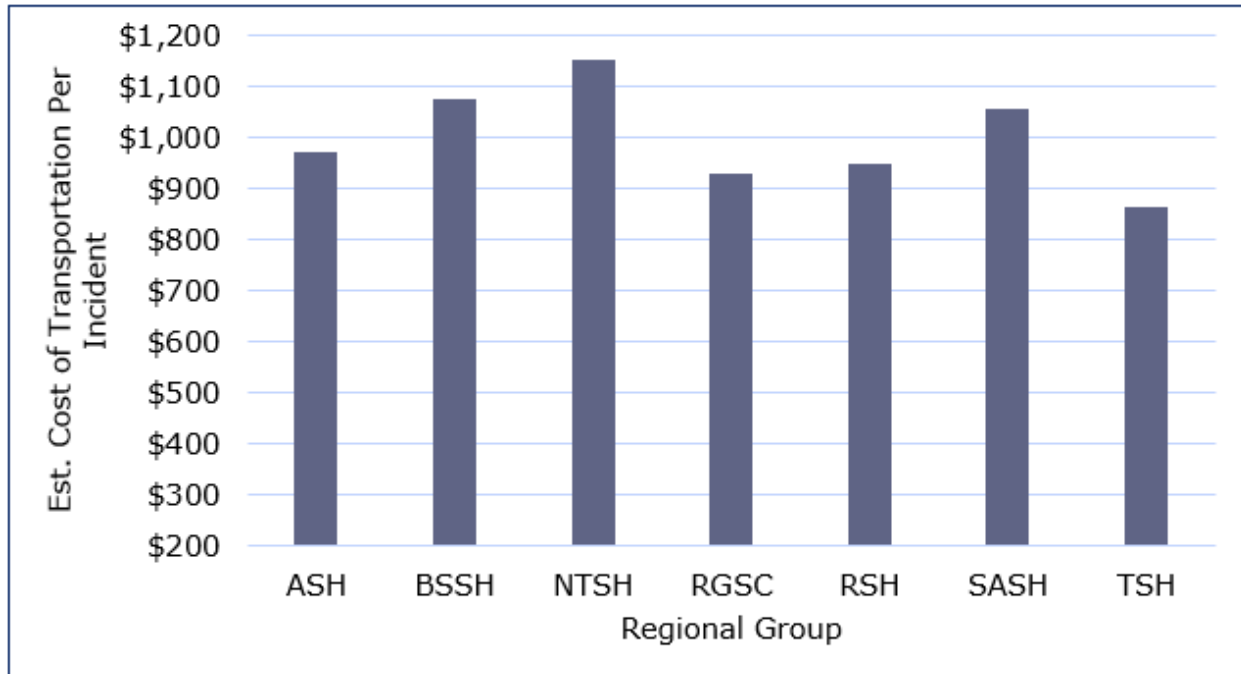


Table 19. Estimated Cost of Transportation per Incident by Regional Group

Cost	ASH	BSSH	NTSB	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}

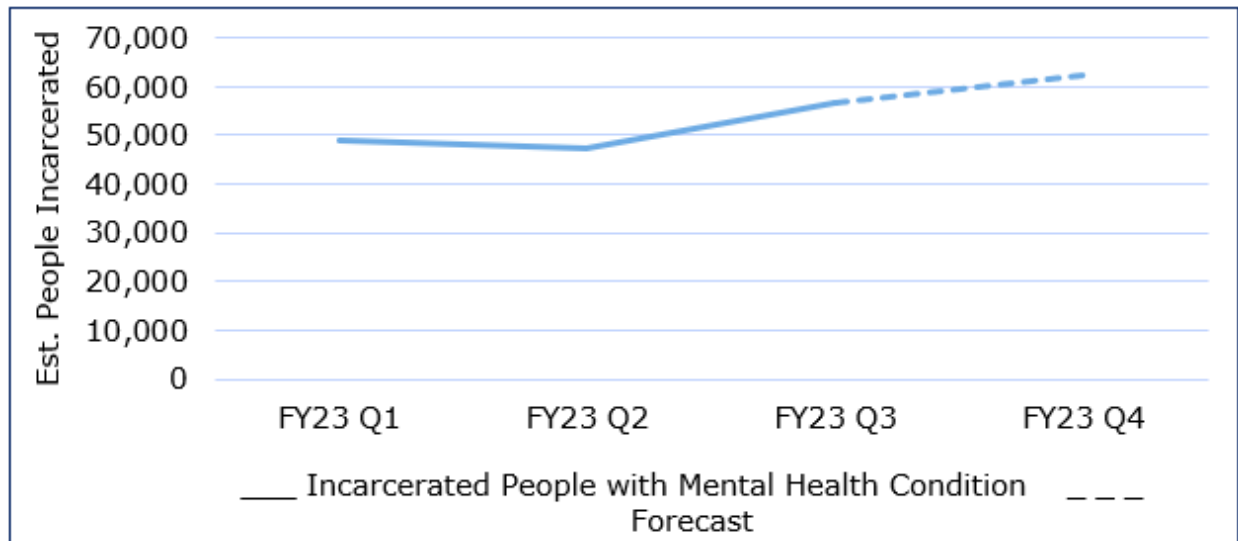


Table 20. Estimated Number of People Incarcerated with a Mental Health Condition, Fiscal Year 2023

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

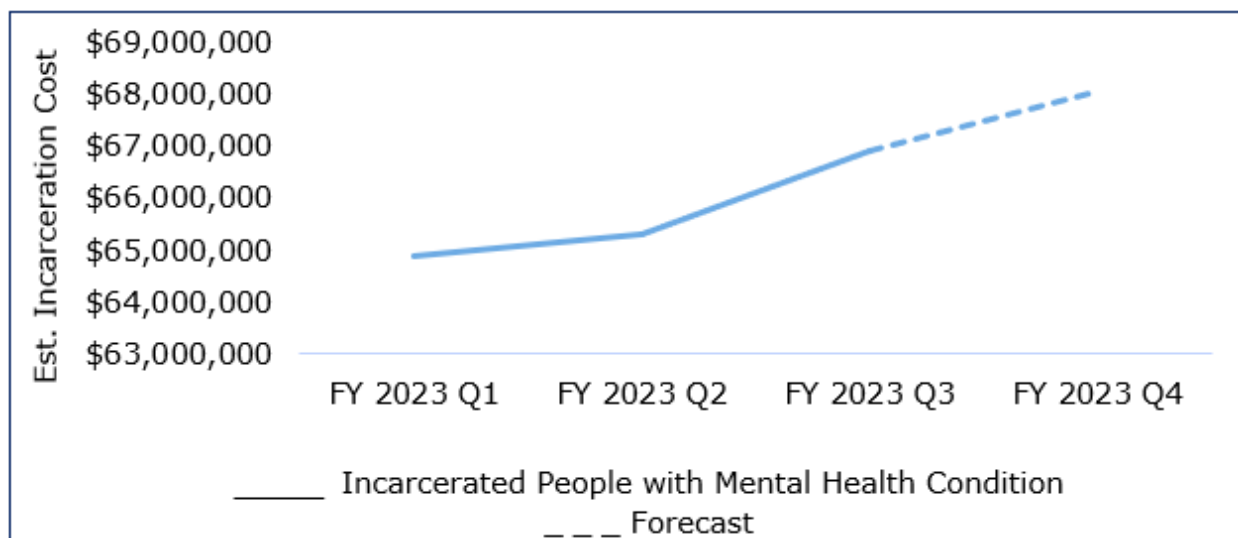


Table 21. Estimated Incarceration Costs for People with a Mental Health Condition, Fiscal Year 2023

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

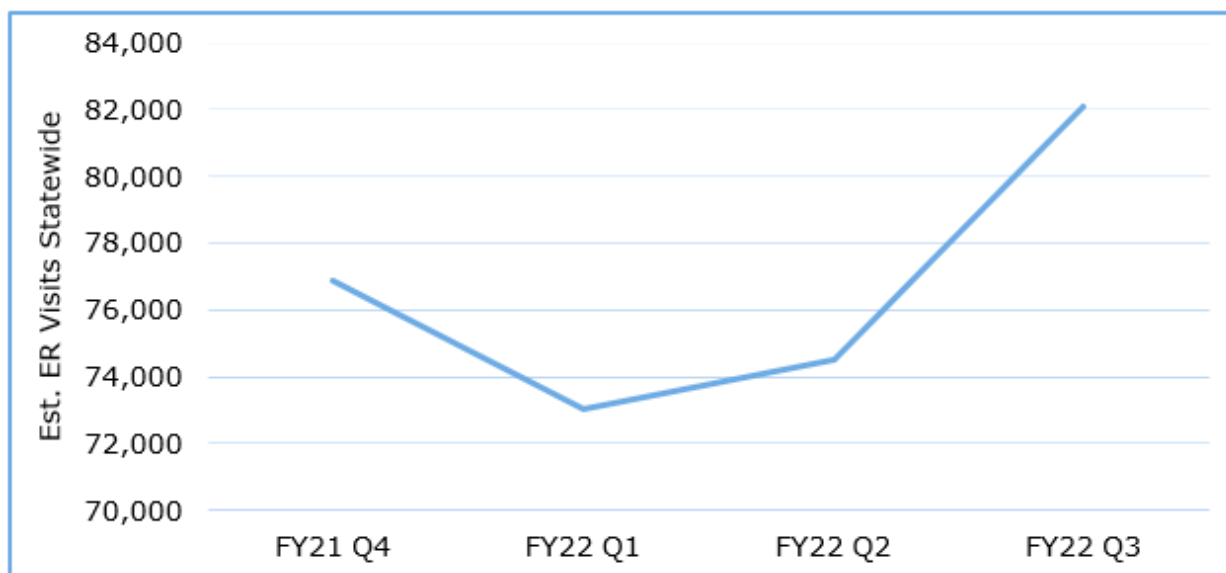


Table 22. Estimated Number of ER Visits for a Mental Health Condition, Statewide

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

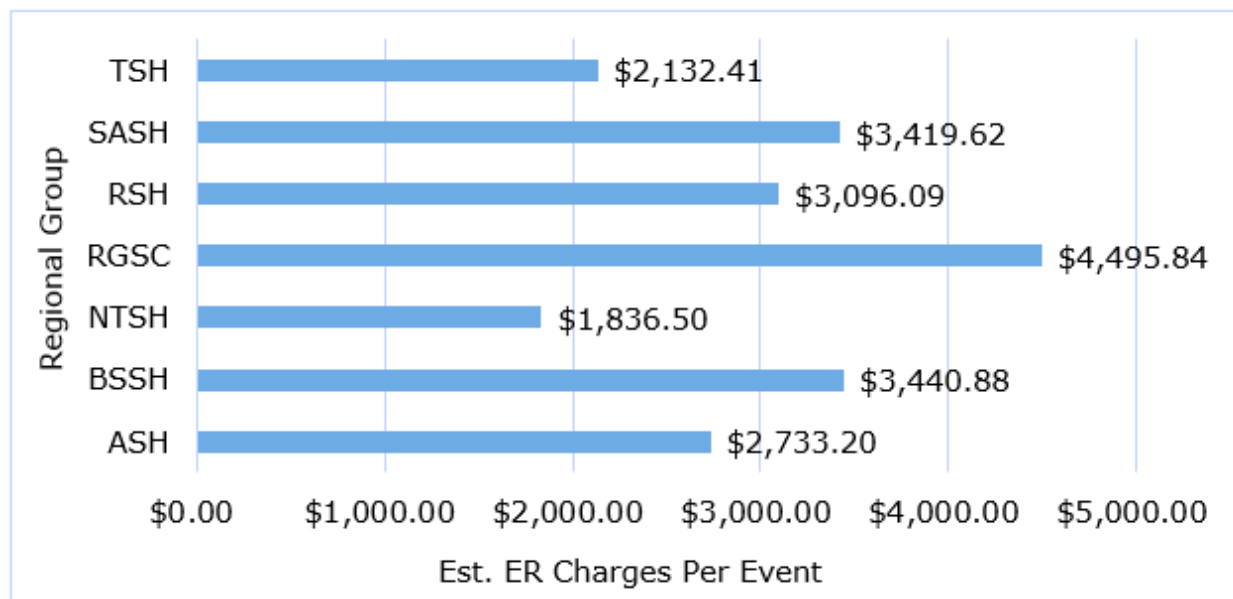


Table 23. Estimated ER Charges Per Event, by Regional Group, FY 2023

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](#).