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

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

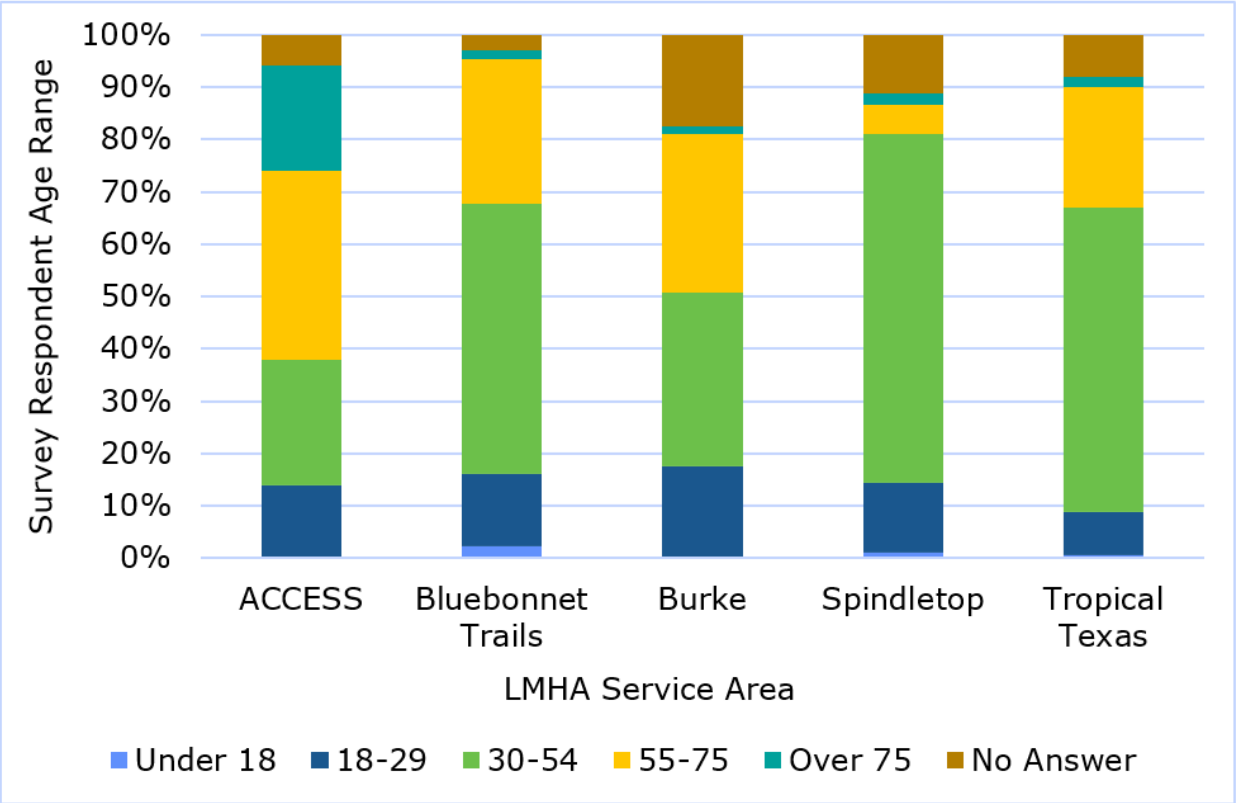


Table 32. Survey Respondent Age Range Percentages by LMHA Service Area

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

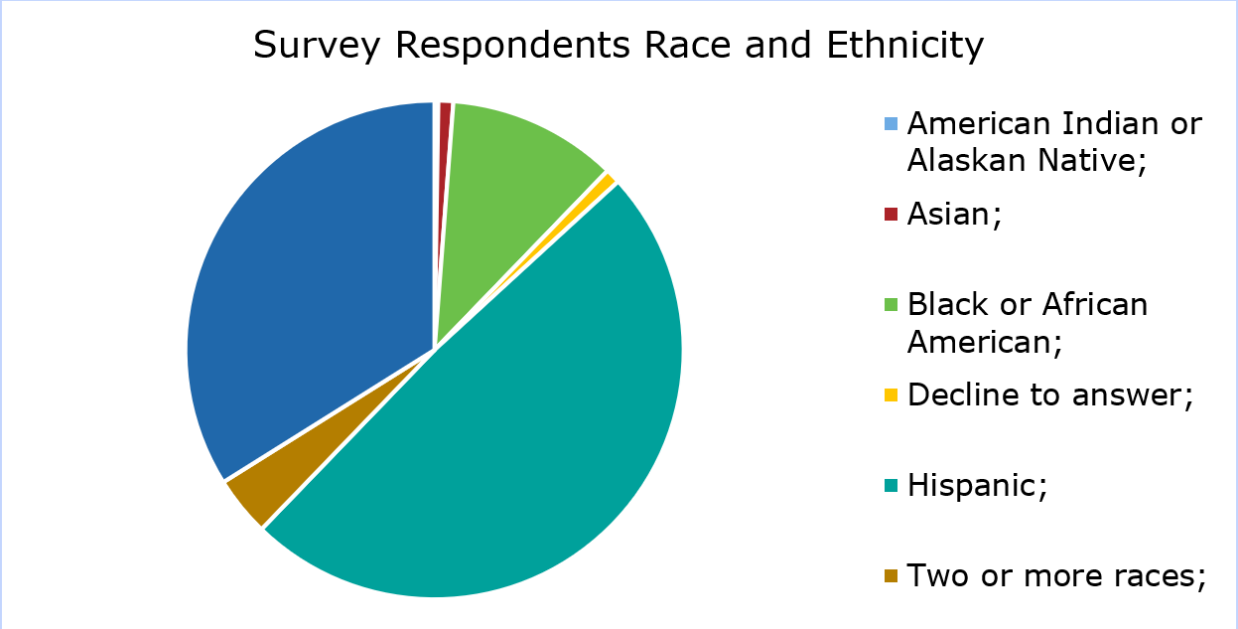


Table 33. Survey Respondent Race and Ethnicity, All Respondents

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

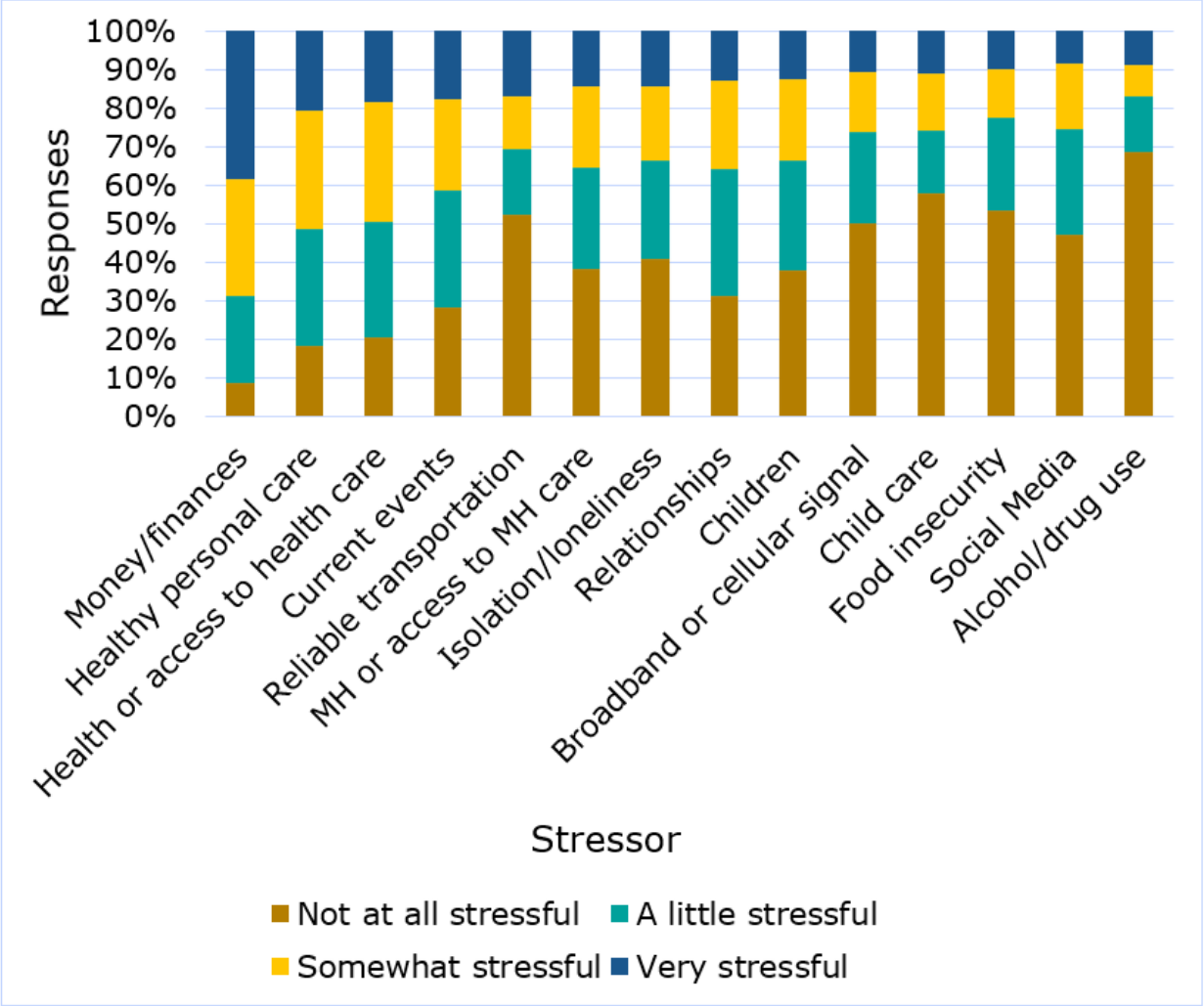


Table 35. Survey Responses to Common Stressors, All Respondents

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

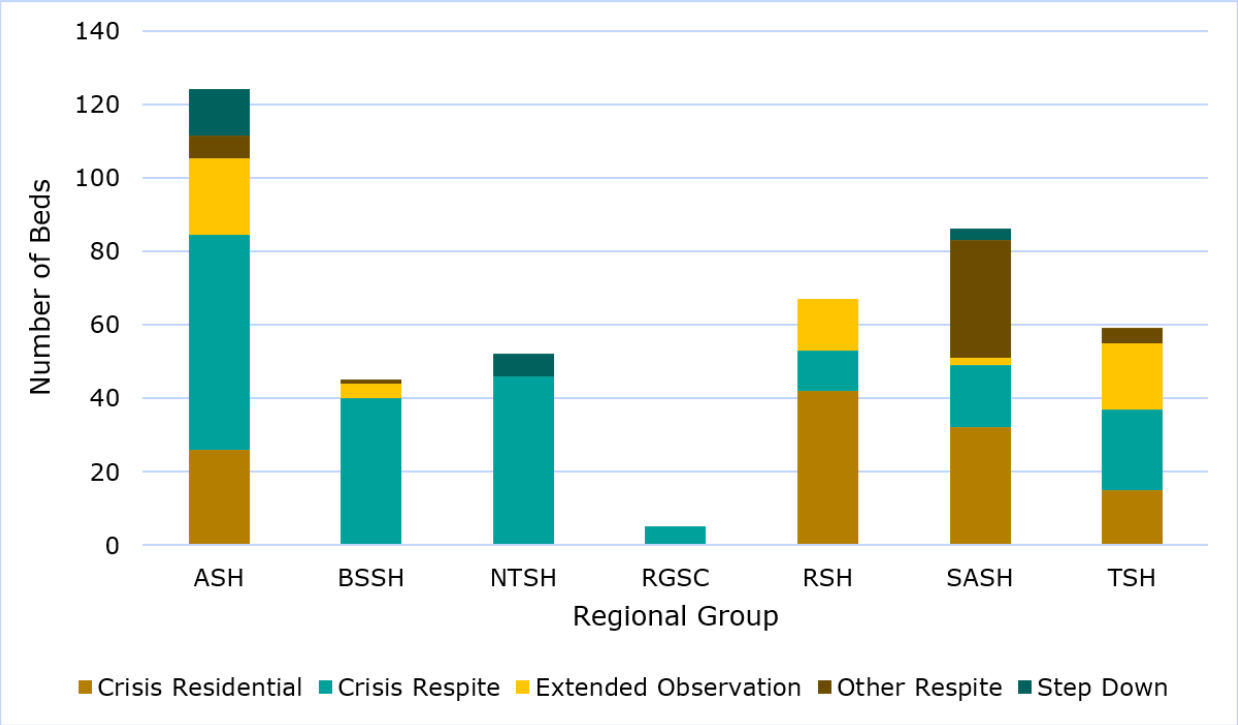


Table 36. All Texas Access Current Rural Outpatient Bed Capacity

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

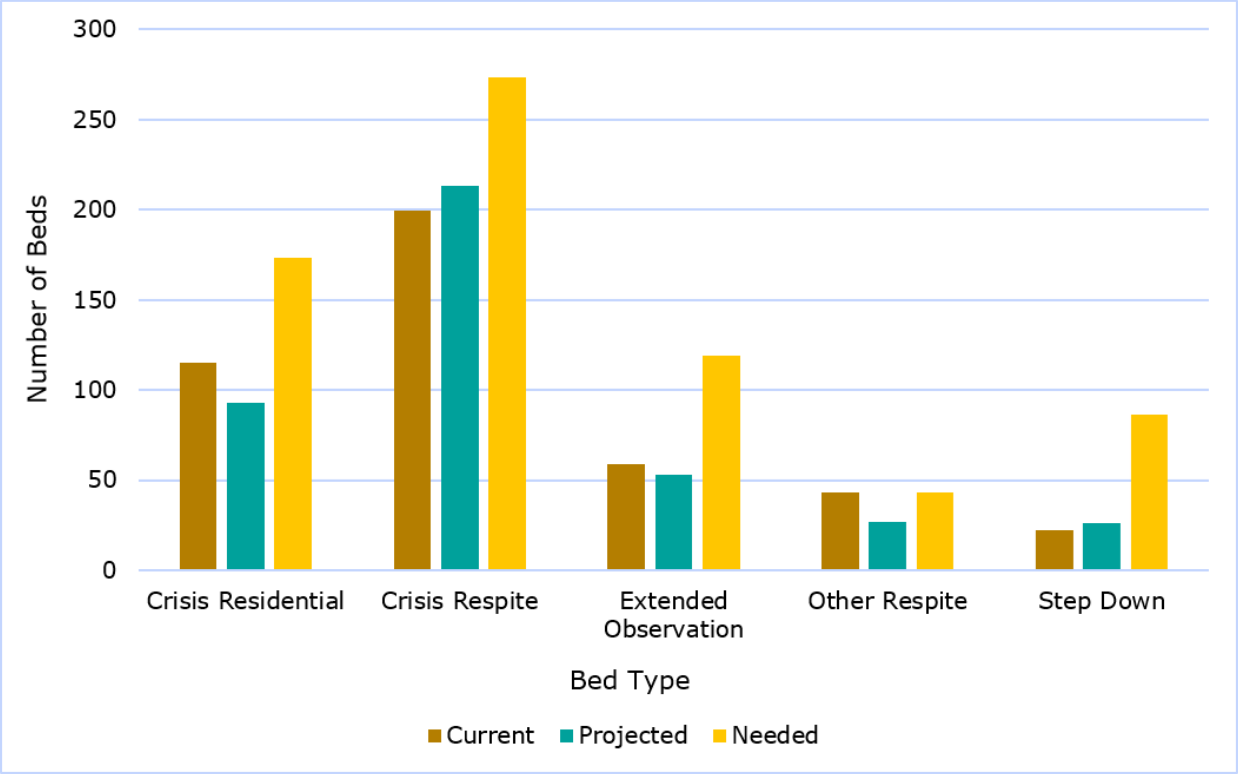
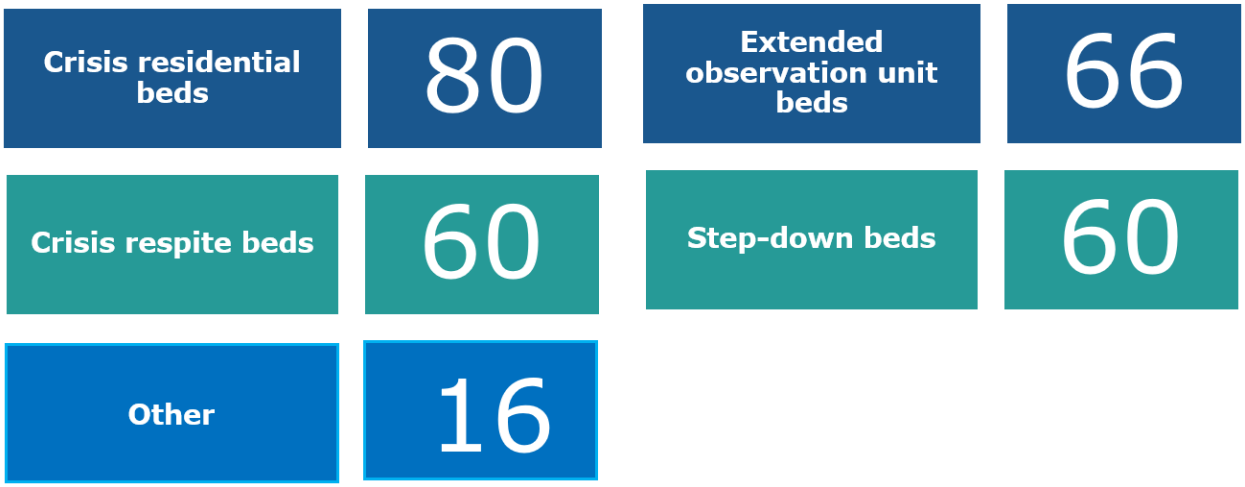


Table 37. Statewide Rural Outpatient Beds Over Time

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



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

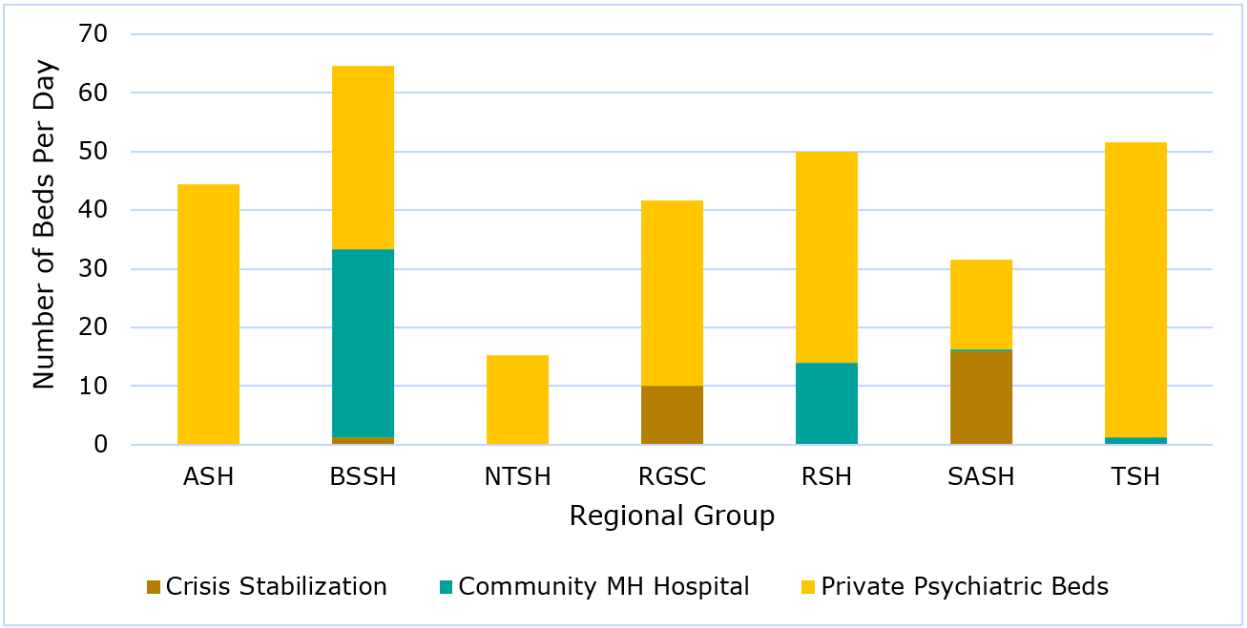


Table 38. All Texas Access Regional Rural Inpatient Bed Capacity, by Beds Per Day

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

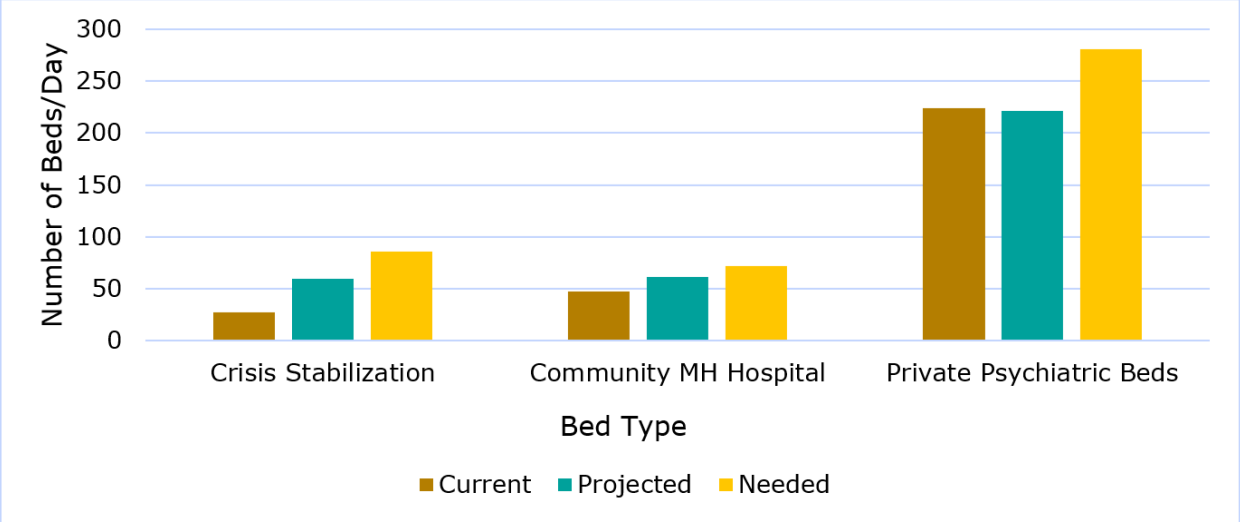


Table 39. Statewide Rural Inpatient Beds Over Time, by Beds Per Day

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

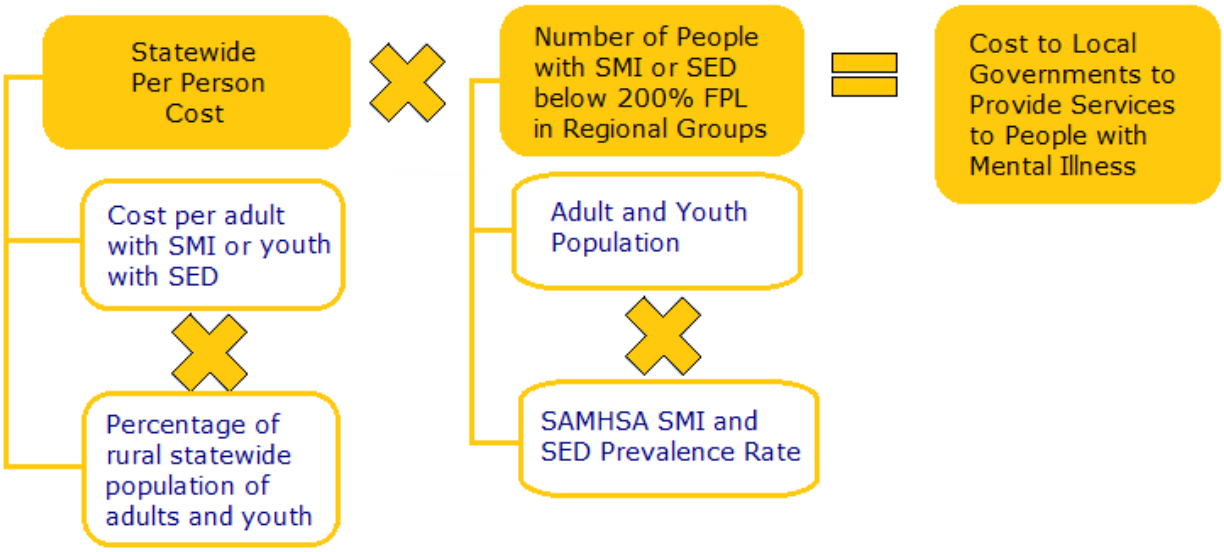
In 2018, the Austin State Hospital Brain Health System Redesign report published by the University of Texas at Austin Dell Medical School provided an estimated cost to local governments within the ASH catchment area, including costs such as mental health courts, probation, law enforcement, and 911 calls 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

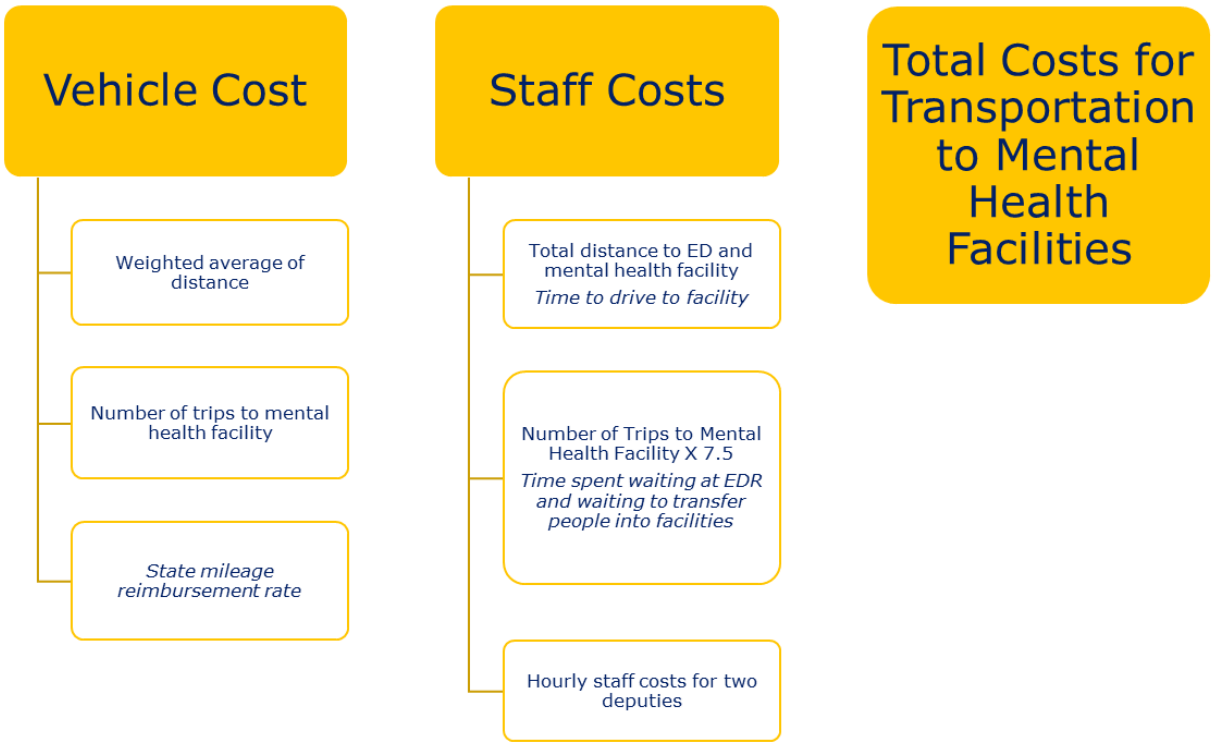
The number of people who accessed a state funded LMHA or LBHA inpatient facility or crisis alternative, who accessed an LMHA or LBHA inpatient resource like private psychiatric beds, or who were civilly committed to a state hospital was used to estimate the regional costs to transport people to mental 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



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.

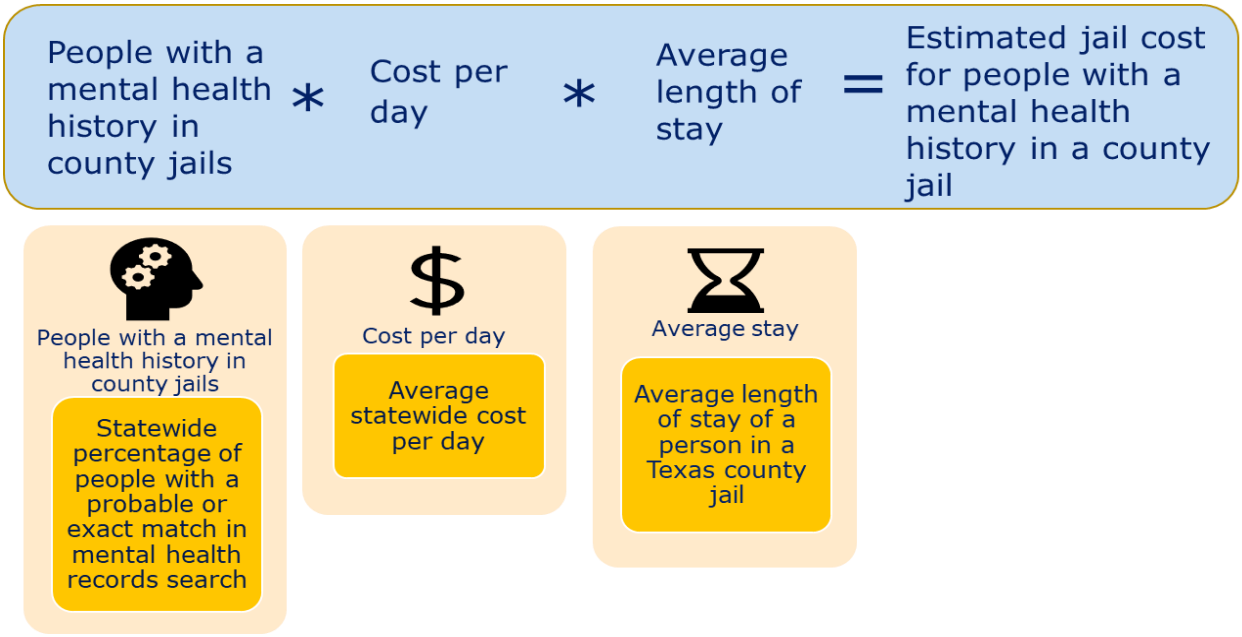
Methodology

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



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:

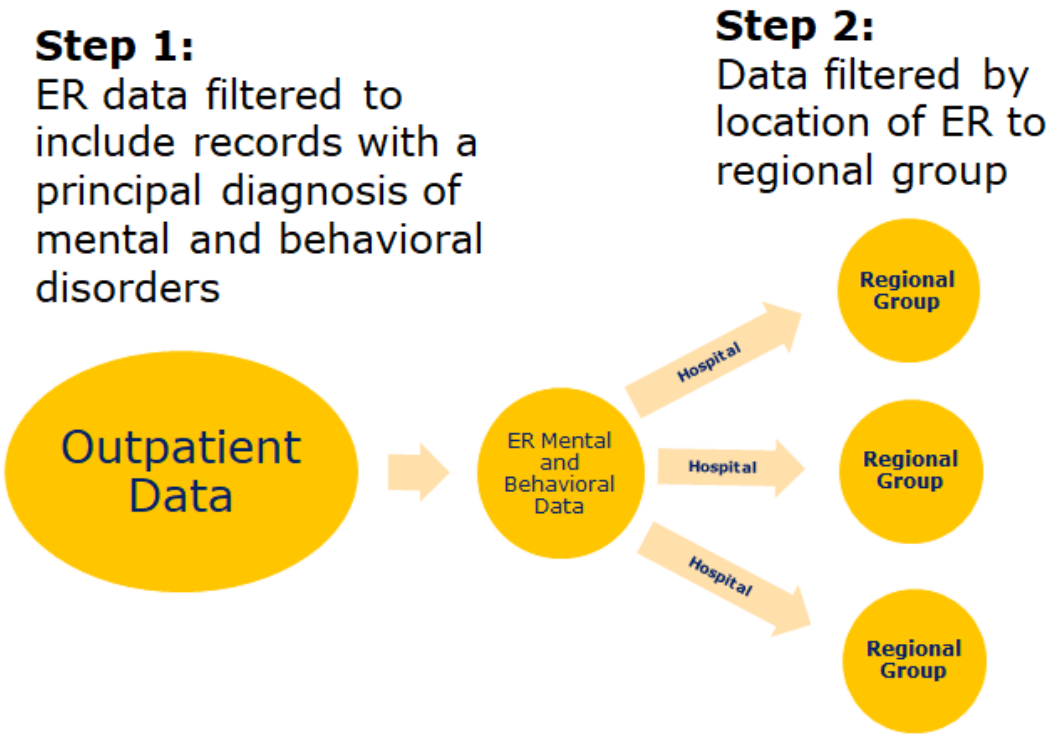
Table 41. DSHS Emergency Room Data Variables

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



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/