



All Texas Access Report

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1. Executive Summary

Government Code Section 531.0221 as enacted by Senate Bill (S.B.) 633, 86th Legislature, Regular Session, 2019, directs the Texas Health and Human Services Commission (HHSC) to identify local mental health authorities and local behavioral health authorities (LMHA/LBHAs) serving at least one county with a population of 250,000 or less, assign those LMHA/LBHAs to groups, and develop mental health services development plans (referenced in this document as regional plans) with each group. The regional plans are designed to increase the capacity of LMHA/LBHAs in providing access to mental health services while reducing the cost associated with the following metrics:

- local governments providing services to people experiencing a mental health crisis;
- the transportation of people served by an LMHA/LBHA to mental health facilities;
- the incarceration of people with mental illness in county jails; and
- the number of hospital emergency room visits by people with mental illness.

S.B. 633 required each regional group to determine whether available state or grant funds could be used to fund the plan for their region, and the measures necessary to ensure alignment with the statewide behavioral health strategic plan and the comprehensive inpatient mental health plan, the hospital redesign. Further, the bill required HHSC to evaluate all the regional plans to determine cost-effectiveness and consider how implementation of the plan would improve the delivery of mental health treatment.

Past investments by the Texas Legislature have significantly improved access to care for rural Texans. Over the past decade, funding for community mental health has increased by approximately \$346 million. With this funding, some rural LMHA/LBHAs established innovative and effective mental health programs that also reduced the cost of mental health services to local governments, emergency rooms (ERs), and county jails.

Rural communities spent an estimated \$514.2 million in fiscal year 2019 to directly or indirectly address mental health crises. HHSC built models that estimate the cost of the metrics referenced in S.B 633 (above) in areas served by a rural LMHA/LBHA (see Appendix F, Data Methodology).

Table 1. All Texas Access Metric Costs for Fiscal Year 2019

Estimated Local Government Cost	Estimated Transportation Cost	Estimated Incarceration in County Jails*	Estimated Emergency Room Visits*
\$72,267,140	\$17,567,112	69,053 Incarcerations \$173,981,283	108,556 ER Visits \$250,352,168 in ER charges

*These are events, not individuals. One person could have multiple events.

All the regional plans identified opportunities to improve services with no-and/or low-cost solutions. These are referred to as “Existing Opportunities” in the regional plans. The regional plans also include items that would require new funding. HHSC assessed the proposed interventions using the cost offset models built around the All Texas Access metrics.

The opportunities and challenges to improve mental health care access are similar throughout the state. Rural LMHA/LBHAs express that transportation and maintaining a professional workforce are barriers to access in rural communities. Many LMHA/LBHAs see opportunities to improve mental health access by building on existing collaborations, establishing programs with law enforcement like mental health deputy programs or triage systems, and increasing psychiatric inpatient capacity for rural Texans.

The lack of a broadband infrastructure in rural communities makes telehealth services difficult. Telehealth services rely on synchronous video communication, which requires broadband internet. However, many rural Texans have limited broadband access. In March 2020, telehealth rules were temporarily expanded to allow some services to be delivered telephonically in response to the public health emergency declared due to the coronavirus disease of 2019 (COVID-19). This innovation increased access to Texans, especially those in rural areas.

Strategic collaborations are challenging in rural communities. Many systems interact with people experiencing a mental health crisis, including hospitals, county jails, law enforcement, insurance providers, and mental health providers. Because there may be limited local resources as well as vast distances between potential partners, it can be difficult for rural communities to establish and implement a local or regional vision for mental health that accounts for all the systems that interact with people in mental health crisis.

Prior to this report, there have been few systematic, statewide analyses of the cost estimates in rural Texas communities associated with mental health crisis and impact to local governments, law enforcement, and hospitals. This report begins that analysis and has opened the possibility of examining other challenges and barriers rural Texans face when accessing care.

2. Introduction

Due to the significant investments from the Governor and the Texas Legislature over the last decade, the public mental health system has transformed and improved significantly for all Texans in the following ways:

- Access to mental health crisis response through crisis hotlines and Mobile Crisis Outreach Teams (MCOTs);
- Increased jail-diversion alternatives and psychiatric hospitalization alternatives;
- LMHA/LBHAs now can purchase private psychiatric bed capacity;
- Peer support services are now a covered service and billable under Medicaid;
- Mental health grant programs leverage local match with state funding to establish innovative community mental health programs that respond to local need;
- The state hospital system is being redesigned to create a more effective healing environment that supports a systems-based continuum of care, high-quality services, and easy access for people who need that level of care; and
- Mental Health First Aid (MHFA) training has proliferated in public schools, universities, and communities at large.

However, along with these improvements, mental health disparities still exist. The gaps rural Texans experience when accessing mental health services at the right time and right place contrast with Texans who live in urban areas. S.B. 633 seeks to address the gaps in access to care. HHSC named the implementation of S.B. 633 “All Texas Access” for precisely that reason. The initiatives proposed in each of the regional plans are collaborative efforts to close gaps in care experienced by rural Texans.

The LMHA/LBHAs in each of the All Texas Access regional groups are experts at collaborating. They partner with neighboring LMHA/LBHAs, local and regional stakeholders, local government, law enforcement, school districts, hospital systems, and healthcare providers, including the state hospitals. The LMHA/LBHAs seek to engage members of diverse groups of racial and ethnic populations and social and economic stratifications, to include voices from communities most impacted by these mental health disparities. The All Texas Access project directed rural-serving LMHA/LBHAs to conceive of themselves as a larger collaborative body—a group with a shared purpose of increasing and conceptualizing access from a regional perspective and a unified view where each of the All Texas Access regional group’s sum of participating LMHA/LBHAs together were greater than their individual parts. Many members of the regional groups also participated in planning of the redesigned state hospitals across the state. Through this collaboration, the efforts of the state hospital system redesign and implementation of All Access Texas recommendations are aligned—two joint endeavors working with mutual support.

The LMHA/LBHAs in each of the All Texas Access regional groups are experts at collaborating.

The net results of this collaborative work are initiatives that can deliver a similar experience of increased access to care at the right time and the right place regardless if Texans live in a rural or urban setting. Additionally, while HHSC recognizes that 18 percent of people who struggle with a mental health condition also struggle with substance use¹, the implementation of All Texas Access focused only on mental health care access and services. However, the 2020-21 General Appropriations Act, 86th Legislature, Regular Session, 2019 (Article IX, Section 10.04(c)), directed the Statewide Behavioral Health Coordinating Council (SBHCC) to develop a sub-plan for state substance use services to be included in the update of the Statewide Behavioral Health Strategic Plan. The substance use services plan will provide state agencies an opportunity to collaborate and identify ways to enhance services across the spectrum of prevention, intervention, treatment, and recovery.

HHSC partnered with Lailea Noel, Ph.D., MSW, to conduct Community-based System Dynamics Group Model Building (“Modeling”). Dr. Noel is an Assistant Professor at The University of Texas at Austin, Steve Hicks School of Social Work and an Assistant Professor of Oncology & Health Social Work at The University of Texas at Austin Dell Medical School. At the time of this project she was a faculty research fellow at the Hogg Foundation for Mental Health. Dr. Noel conducted modeling sessions with the seven All Texas Access regional groups and other select

stakeholder groups. To help understand the dynamic complexity underlying the widening disparities in accessing mental health services between rural Texas communities and urban communities, the regional groups used the “Modeling” approach to develop a causal map of the factors influencing delays in access to care for rural Texans. “Modeling” is a community-based participatory research method for engaging communities in conceptualizing that system, how it works, what influences access to care, and existing gaps. Participants worked in small groups to document and draw relationships between all factors that impact the system of mental health service delivery, paying particular attention to those most impacted by gaps in service delivery.

The results are then entered into a software program for consolidation into a single “causal map,” showing all the system factors and connective arrowed lines portraying the relationships between the factors. The causal map can be used by the group to identify those system factors that most influence other parts of the system; those key factors can then be considered as potential starting points for change. Each regional group’s causal map was the springboard for that group’s planning process. The topics posed to the participants included:

- accessing mental health care in the existing system;
- gaps in service delivery in the existing system; and
- what is needed with this system to provide ideal mental health care.

Each region was asked the same types of questions which allowed for comparison among regions. The results were reported back in the words of the participants. HHSC did not modify or add to the resulting models, to summarize the region’s narrative exactly as reported by the community.

The COVID-19 global pandemic and the protective measures taken to address it have made an unparalleled impact on the health, safety, economic, and emotional well-being of all people. The beginnings of the pandemic for Texas in March 2020 occurred in the middle of the implementation of All Texas Access and required a shift in focus in all regional groups from planning to the health and safety of the Texans served by the regional groups and participating entities’ employees. The shift in focus resulted in the emergence of many new collaborations.

Texas received \$26.5 million in grant funding through the Federal Emergency Management Agency for LMHA/LBHAs to provide crisis counseling services along with statewide mental health COVID-19 call center services that are strengths-based, anonymous, outreach-oriented services conducted in nontraditional settings

and designed to strengthen existing community support systems. These services will continue through June 2021.

On March 31, 2020, The Harris Center for Mental Health and IDD, in collaboration with HHSC, launched the COVID-19 Mental Health Support Line to serve as a statewide crisis hotline and resource line in response to COVID-19. MHMR of Tarrant County coordinated the acquisition of personal protective equipment (PPE) for LMHA/LBHA personnel statewide, leveraging a collective strategy to close PPE shortages. Integral Care coordinated social media posts related to coping with COVID-19 and social distancing for the LMHA/LBHA community.

Further, the easing of Medicaid rules on the use of telephonic, and telehealth and telemedicine in the provision of mental health services shifted the Texas system for service delivery into a new practice with positive outcomes. Texas saw minimal effect by using a different mode for providing services as opposed to the traditional face-to-face services approach. From the advent of the COVID-19 pandemic, providers have been able to generally maintain service levels during the crisis by adjusting service delivery to the use of remote technology. LMHA/LBHAs were able to successfully provide both telephone and tele-video encounters to adults and children at a significantly higher number than before COVID-19 to address mental health needs in their service areas.

From January to June 2020, face-to-face encounters decreased by 67 percent while video encounters increased by 137 percent, and telephone encounters increased 365 percent.² Compared to the same period in 2019, there was a net increase in services to people who receive ongoing services at the LMHA/LBHAs. This continuation of services is significant because HHSC's analysis has shown that 98 to 99 percent of persons receiving ongoing services at the LMHA/LBHAs avoid psychiatric hospitalizations. HHSC will conduct further analysis over time about the impact of this telephonic/telehealth demonstration; however, the early analysis is promising.

Initially, in an effort to gain statewide input on S.B. 633, HHSC planned to conduct focus groups and townhalls in many of the more remote parts of the state that, by geography and isolation, do not tend to come to the attention of most Texans. However, the COVID-19 pandemic and need for social distancing required significant changes to HHSC's implementation of All Texas Access. In a few cases, these changes could be accommodated via virtual meetings; however, it did not meet HHSC's aspiration to go to the actual places people reside.

The regional plans in this report demonstrate that many of the gaps in care rural Texans experience are systemic, meaning service gaps are a function of a system Texans encounter not working as effectively as it could. Systemic problems require systemic solutions, and the regional plans developed in this report conceptualize regional gaps as shared gaps among all the LMHA/LBHAs participating in their respective All Texas Access regional groups.

The regional plans in this report demonstrate that many of the gaps in care rural Texans experience are systemic, meaning service gaps are a function of the system that Texans encounter not working together as effectively as it could.

All the regional plans complement the state hospital redesign goals, demonstrating shared solutions to enhance collaboration among themselves, with local partners, and with regional partners that should result in increased access to care at the right time and the right place for rural Texans. In varying degrees, all the regional plans capitalize on existing collaborative relationships or endeavor to forge new and productive relationships with community partners. Six of the seven plans propose co-located service delivery with partnering entities. Collaboration with law enforcement in the form of mental health deputies or remote evaluations is in five of the seven regional plans.

The ongoing aspiration and promise of All Texas Access is that a rural Texan's experience with their system of care be the same as for a Texan living in an urban context.

3. All Texas Access Implementation

All Texas Access Regional Groups

Of the 39 LMHA/LBHAs:

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

All 30 LMHA/LBHAs serving at least one county of 250,000 or less participated in All Texas Access. The remaining nine LMHA/LBHAs were invited to participate in an ex-officio capacity. The participants were divided into regional groups based on the seven state hospital catchment areas for adults and centered 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). See Figure 1 on the next page for a map of the regional groups. This structure allowed the LMHA/LBHAs to capitalize on existing collaborative relationships between themselves and other stakeholders. HHSC facilitated multiple meetings of each regional group to discuss and develop the regional plans.

Each regional group participated in the system modeling process with Dr. Noel and used the system map they created as the basis for the regional planning process. Four of the seven regional groups hosted focus group meetings with community partners that informed their regional plan, but several scheduled meetings had to be canceled due to COVID-19. Texans from all seven regions participated in the All Texas Access online survey with survey results reported in each regional plan, as well as the Statewide Analysis of Rural Mental Health Services section of this report.

Figure 1. Map of All Texas Access Regional Groups

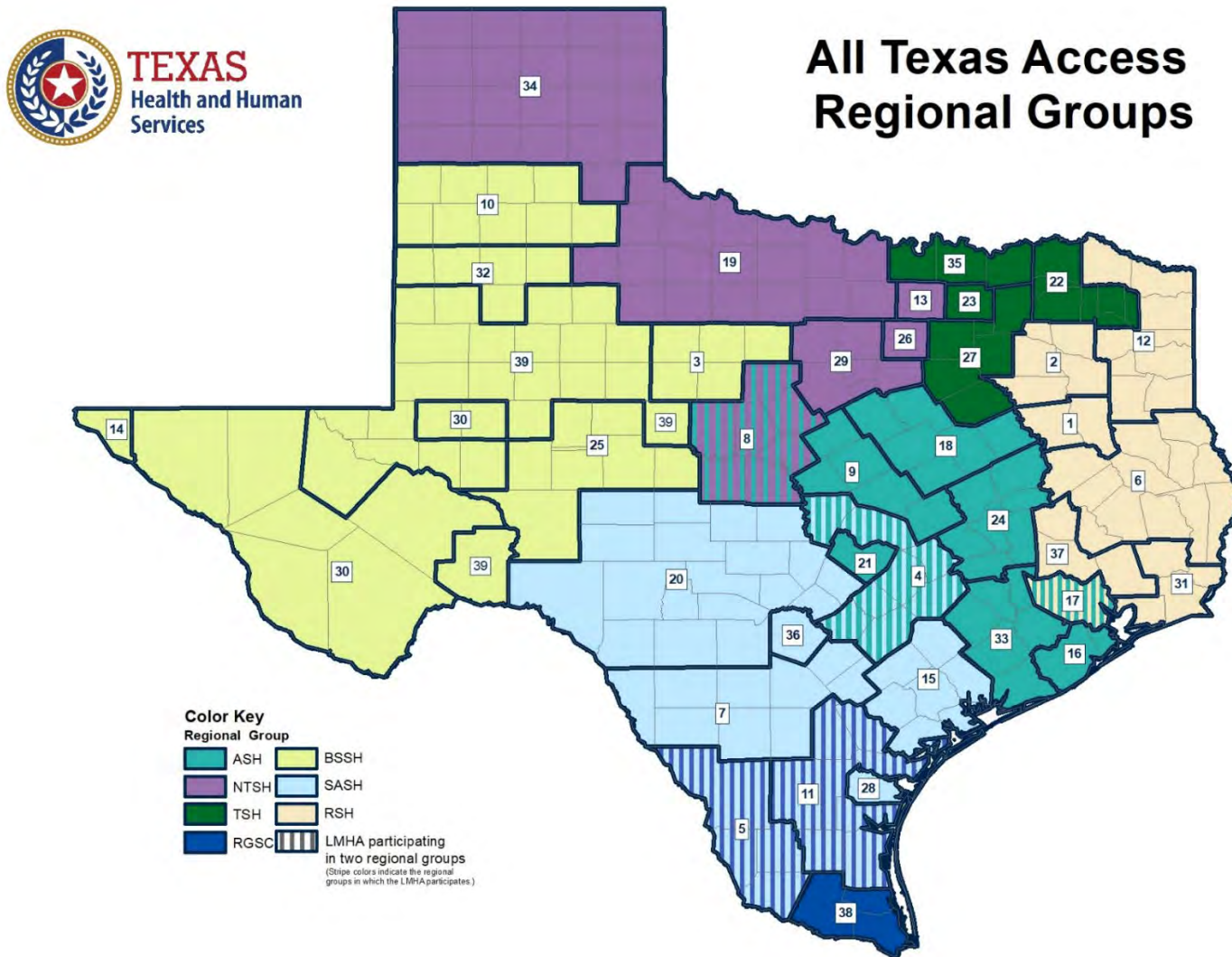


Image Source: HHSC Communications

Table 2. Legend for Map of All Texas Access Regional Groups

ID	LMHA/LBHA	Regional Group(s)	ID	LMHA/LBHA	Regional Group(s)
1	ACCESS	RSH	21	Integral Care	ASH
2	Andrews Center Behavioral Healthcare System	RSH	22	Lakes Regional Community Center	TSH
3	Betty Hardwick Center	BSSH	23	LifePath Systems	TSH
4	Bluebonnet Trails Community Services	ASH/SASH	24	MHMR Authority of Brazos Valley	ASH
5	Border Region Behavioral Health Center	RGSC, SASH	25	MHMR Services for the Concho Valley	BSSH
6	Burke Center	RSH	26	My Health My Resources (MHMR) of Tarrant County	NTSH
7	Camino Real Community Services	SASH	27	North Texas Behavioral Health Authority	TSH
8	Center for Life Resources	ASH, NTSH	28	Nueces Center for Mental Health & Intellectual Disabilities	SASH
9	Central Counties Services	ASH	29	Pecan Valley Centers for Behavioral and Developmental Healthcare	NTSH
10	Central Plains Center	BSSH	30	PermiaCare	BSSH
11	Coastal Plains Community Center	RGSC/SASH	31	Spindletop Center	RSH
12	Community Healthcore	RSH	32	StarCare Specialty Health System	BSSH
13	Denton County MHMR Center	NTSH	33	Texana Center	ASH
14	Emergence Health Network	BSSH	34	Texas Panhandle Centers	NTSH
15	Gulf Bend Center	SASH	35	Texoma Community Centers	TSH
16	Gulf Coast Center	ASH	36	The Center for Health Care Services	SASH
17	The Harris Center for Mental Health and IDD	ASH/RSH	37	Tri-County Behavioral Healthcare	RSH
18	Heart of Texas Region MHMR Center	ASH	38	Tropical Texas Behavioral Health	RGSC

ID	LMHA/LBHA	Regional Group(s)	ID	LMHA/LBHA	Regional Group(s)
19	Helen Farabee Centers	NTSH	39	West Texas Centers	BSSH
20	Hill Country MHDD Centers	SASH			

All Texas Access Metrics

S.B. 633 requires that each regional plan developed for All Texas Access increase capacity for needed services while focusing on reducing four specific metrics:

- The **cost to local governments** of providing services to persons experiencing a mental health crisis;
- The **transportation** of persons served by an authority in the LMHA group to mental health facilities;
- The **incarceration** of persons with mental illness in county jails located in an area served by an authority in the local mental health authority group; and
- The number of hospital **ER visits** by persons with mental illness at hospitals located in an area served by an authority in the LMHA group.

The metrics were measured using fiscal year 2019 data. Data sources are discussed in the next section. Estimated costs for each All Texas Access regional group appear in Table 3 below as reference points for the costs associated with each of these mental health crisis responses.

Table 3. Estimated Costs for All Texas Access Metrics Fiscal Year 2019 by Regional Group

	Estimated Costs to Local Government	Estimated Costs for Transportation	Estimated County Jail Incarcerations*	Estimated Costs for Incarceration	Estimated ER Visits*	Estimated Charges for ER Visits
ASH Regional Group	\$17,612,980	\$2,291,516	12,859	\$32,398,669	25,442	\$53,198,429
BSSH Regional Group	\$8,185,540	\$4,703,366	11,053	\$27,848,393	13,526	\$26,238,450
NTSH Regional Group	\$7,314,340	\$1,814,047	8,695	\$21,907,335	7,298	\$11,309,743
RGSC Regional Group	\$7,998,100	\$2,174,872	5,847	\$14,731,706	12,999	\$43,699,966
RSH Regional Group	\$15,217,180	\$3,565,790	15,553	\$39,186,289	23,825	\$58,306,681
SASH Regional Group	\$10,587,060	\$1,633,560	8,829	\$22,244,957	16,681	\$42,772,461
TSH Regional Group	\$5,351,940	\$1,383,961	6,217	\$15,663,934	8,785	\$14,826,438

*These are events, not people. One person could have multiple events.

Each of the estimated cost metrics shown in Table 3 for each regional group were graphed in the following charts, with Charts 1 through 6 visually representing each of the estimated cost metrics.

Chart 1. All Texas Access Estimated Costs to Local Government in Fiscal Year 2019 by Regional Group

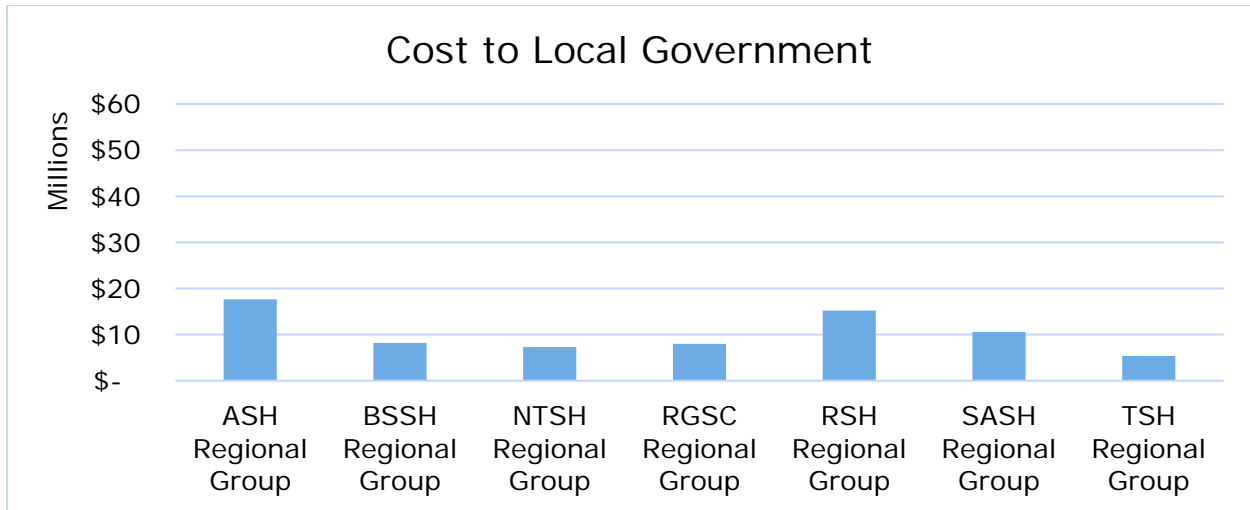


Chart 2. All Texas Access Estimated Transportation Costs in Fiscal Year 2019 by Regional Group

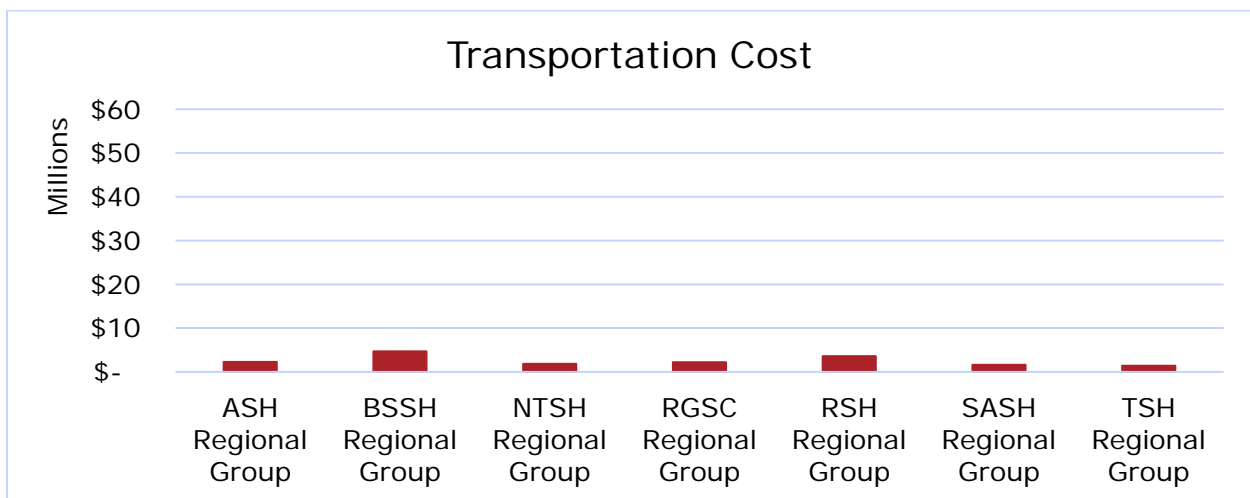


Chart 3. All Texas Access Estimated ER Charges in Fiscal Year 2019 by Regional Group

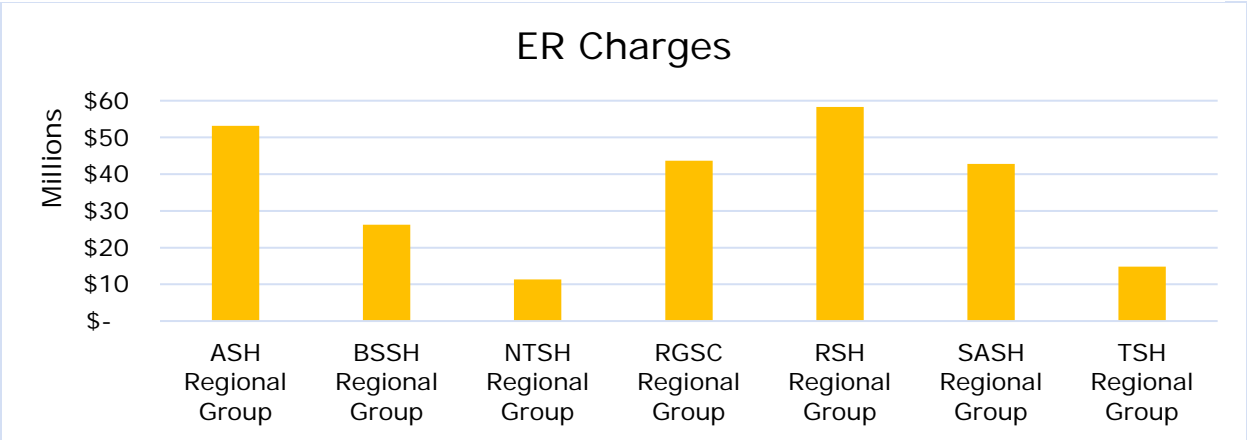


Chart 4. All Texas Access Estimated Incarceration Costs in Fiscal Year 2019 by Regional Group

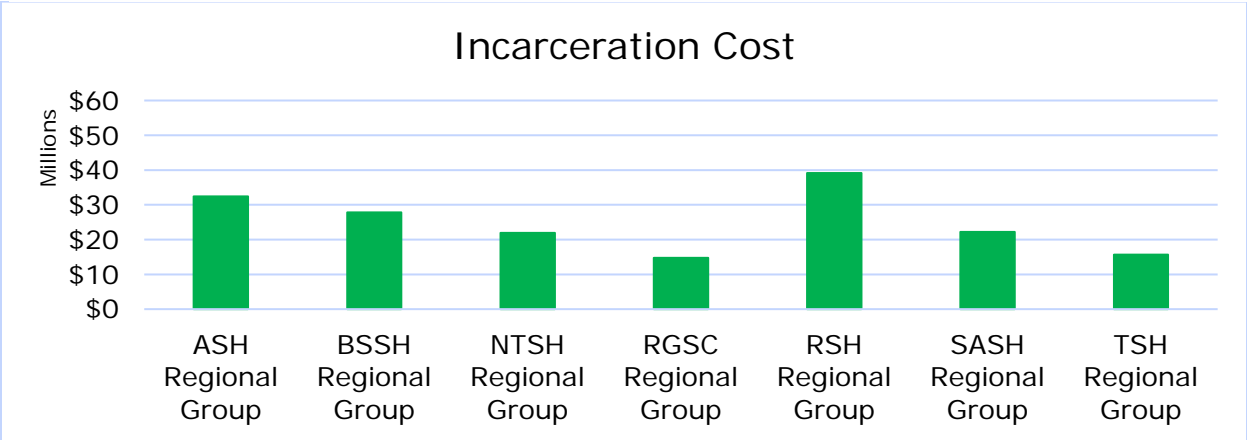
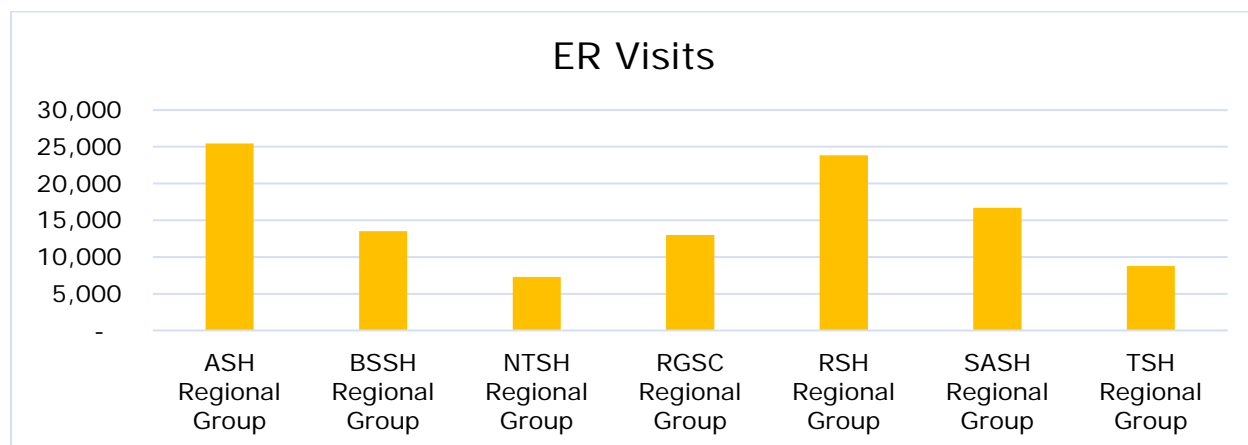
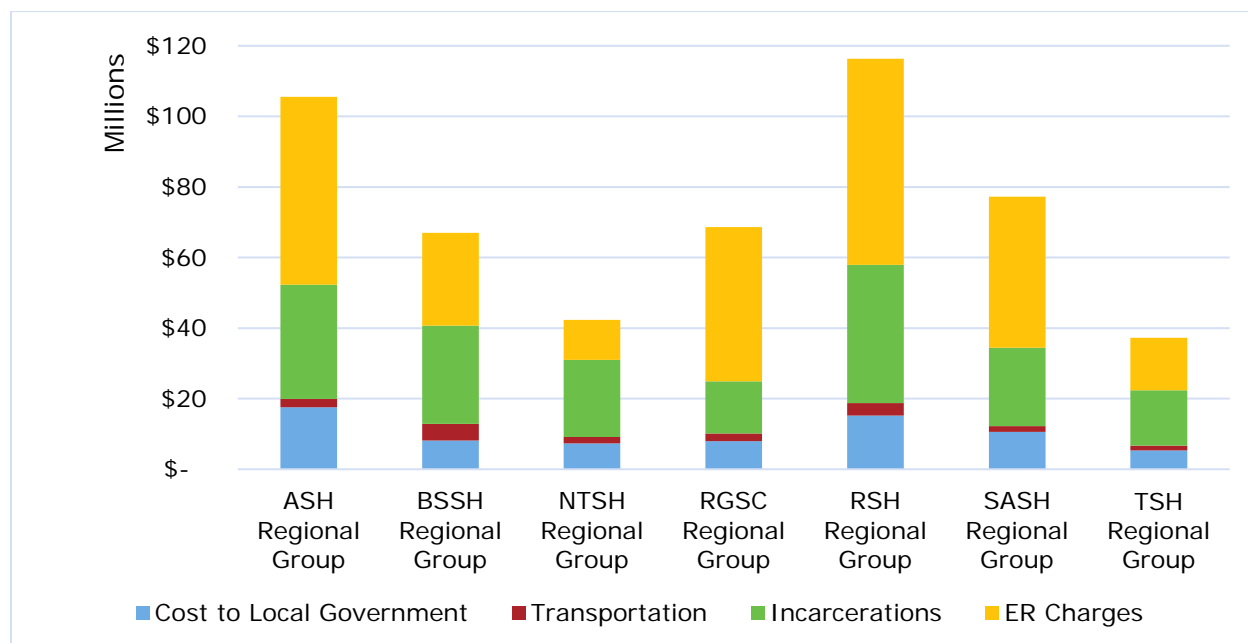


Chart 5. All Texas Access Estimated ER Visits* in Fiscal Year 2019 by Regional Group



*These are incidents, not people. One person could have multiple incidents.

Chart 6. All Texas Access Estimated Total Costs or Charges in Fiscal Year 2019 by Regional Group



Data Sources

Local County Government Data

The *Austin State Hospital Brain Health System Redesign* report, published in December 2018, 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.³ This model was used to infer information for all seven All Texas Access regional groups. Population data was obtained from the Texas Demographic Center. Calendar year 2019 population data was used to calculate this estimated cost.

Transportation Data

HHSC used data from the HHSC Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and the HHSC Health and Specialty Care System to estimate the number of people who were transported to LMHA/LBHAs inpatient facilities, inpatient resources, and crisis alternatives, as well as to state hospitals on civil commitments. Fiscal year 2019 data was used to calculate this estimated cost.

Incarceration Data

HHSC used data from The Texas Commission on Jail Standards (TCJS), including data that captured the daily incarceration costs of county jails. HHSC also used custom reports from the Texas Law Enforcement Telecommunications System (TLETS) and the Clinical Management for Behavioral Health Services System (CMBHS). Fiscal year 2019 data was primarily used to calculate this estimated cost.

Emergency Room (ER) Data

HHSC used data from the Department of State Health Services (DSHS) Texas Hospital Emergency Department Public Use Data Files for ER mental health crisis data. The HHSC Directory of General and Special Hospitals was used to obtain the location of each emergency room. The International Statistical Classification of Diseases and Related Health Problems, 10th revision, (ICD-10-CM) codes were used to interpret the data. Fiscal year 2019 data was used to calculate the estimated emergency room charges.

Further detail on the data methodology for each metric can be found in Appendix F, Data Methodology.

Cost Offset Models

The cost offset models estimate how each proposal in a regional plan would impact regional systems: the cost to local governments of providing services to persons experiencing a mental health crisis, the transportation of persons served by an LMHA/LBHA to mental health facilities, the incarceration of persons with mental illness in county jails, and the number of hospital ER visits by persons with mental illness. The cost offset models are not cost savings; instead, the proposals may transfer costs to more appropriate parts of the system where there is a better opportunity for the person to receive the right care at the right place.

Costs

Costs are the projected expenses for each regional plan proposal. Costs vary regionally based on the LMHA/LBHA estimates for implementing each proposal or initiative. Costs for the same proposal may vary from one region to another, or one LMHA/LBHA to another, based on a variety of factors. For purposes of offset calculations the per person cost, target diversion rate and diversions are rounded.

Effect on Incarcerations and ER Visits

The effect on incarcerations and ER visits in each proposal assumes that the proposed intervention will reduce the number of persons with mental health conditions being incarcerated or seeking care in the ER. HHSC has used the cost models outlined in Appendix F, Data Methodology, to estimate the financial impact of these reductions.

Target Diversion Rate

The target diversion rate conveys how many estimated incarcerations or ER visits need to be diverted for the proposal to become cost neutral or close to cost neutral. The target diversion rates vary regionally as they are dependent on the cost needed to implement each regional plan proposal.

Differences in Regional Plan Costs and Initiatives

The costs of the proposals in each regional plan were developed by the All Texas Access regional groups. Even though some proposals are found in multiple regional plans, the estimated costs may vary based on the details within specific proposals and the cost of business varying throughout the state.

Regional Plan Structure

Each All Texas Access regional plan included in this report has the same structure and components.

Each plan starts with the layout of the top priorities represented by icons for the region based on the system modeling process and the proposals in the plan related to each priority. Corresponding proposals are listed in the boxes underneath each priority. The top priorities are followed by a map of the region and the LMHA/LBHA headquarters in that region.

Each regional plan:

- Highlights impacts of DSRIP funding for the region;
- Describes proposals to expand and/or improve mental health care in the region;
- Indicates how the plan aligns with the *Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021* and the *Comprehensive Inpatient Mental Health Plan*;
- Highlights All Texas Access survey results specific to the region;
- Estimates the minimum number of ER and or incarceration diversions that would be needed to achieve an offset to the cost of each proposal outlined in the plan (unless the proposal has no associated cost); and
- Provides a “scorecard” for the regional plan.

The appendix for each regional group includes cost offset calculations for the regional plan proposals, regional demographic information, a map and list of LMHA/LBHA outpatient locations in the region, and the regional group’s system modeling map.

4. Background

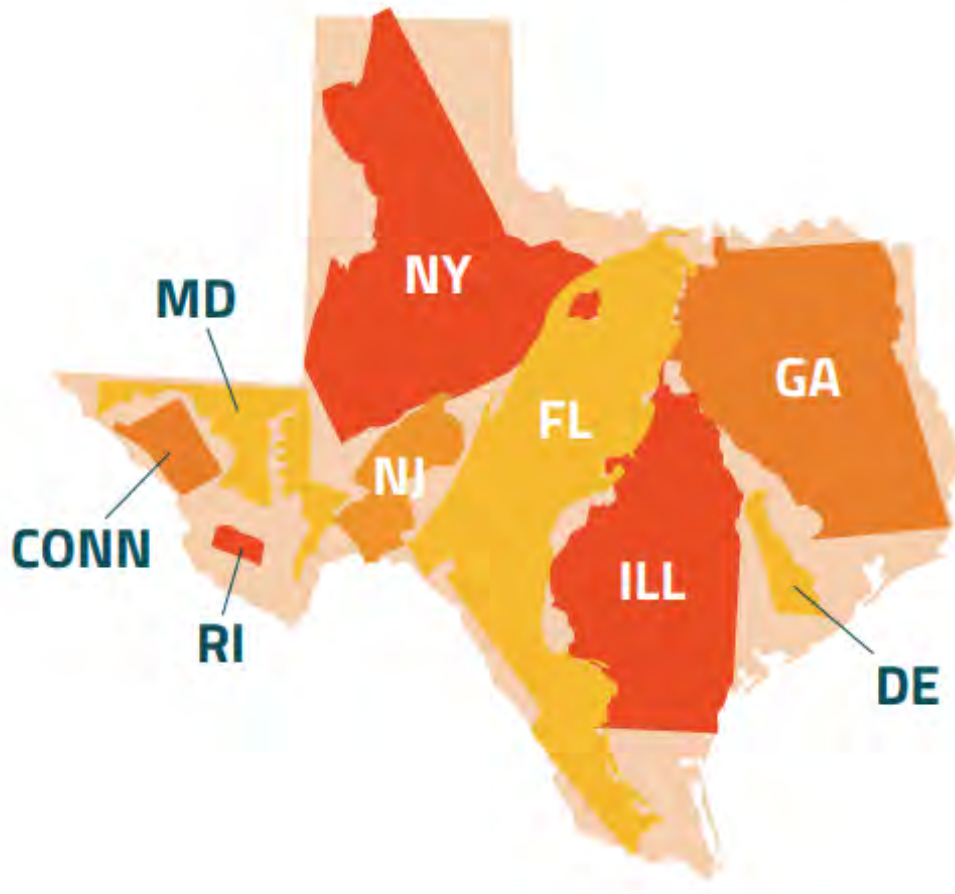
This section provides the context in which rural-serving LMHA/LBHAs operate. It provides a lens and context for viewing the All Texas Access regional plans. It is offered as a high-level overview of the many unique aspects of rural Texas for those who are less familiar with the challenges rural Texans face.

Rural Texas

Texas has 268,597 square miles and is physically larger than many sizeable countries including France, Bolivia, and Germany. Texas is also a highly populated state with 28,995,881 residents as of July 1, 2019.⁴ Much of the Texas population is clustered around metropolitan areas, such as Houston, San Antonio, Austin, El Paso, or the Dallas-Fort Worth Metroplex. For this report, counties with a population over 250,000 are considered urban, and counties with 250,000 residents or fewer are considered rural. The urban counties include 21,087,487 Texans (73 percent), while 7,614,756 Texans (27 percent) live in rural counties.

Figure 2. Size of Texas⁵

268,581 Sq. Miles in Texas
268,356 Sq. Miles in 9 Other States



Rural Counties

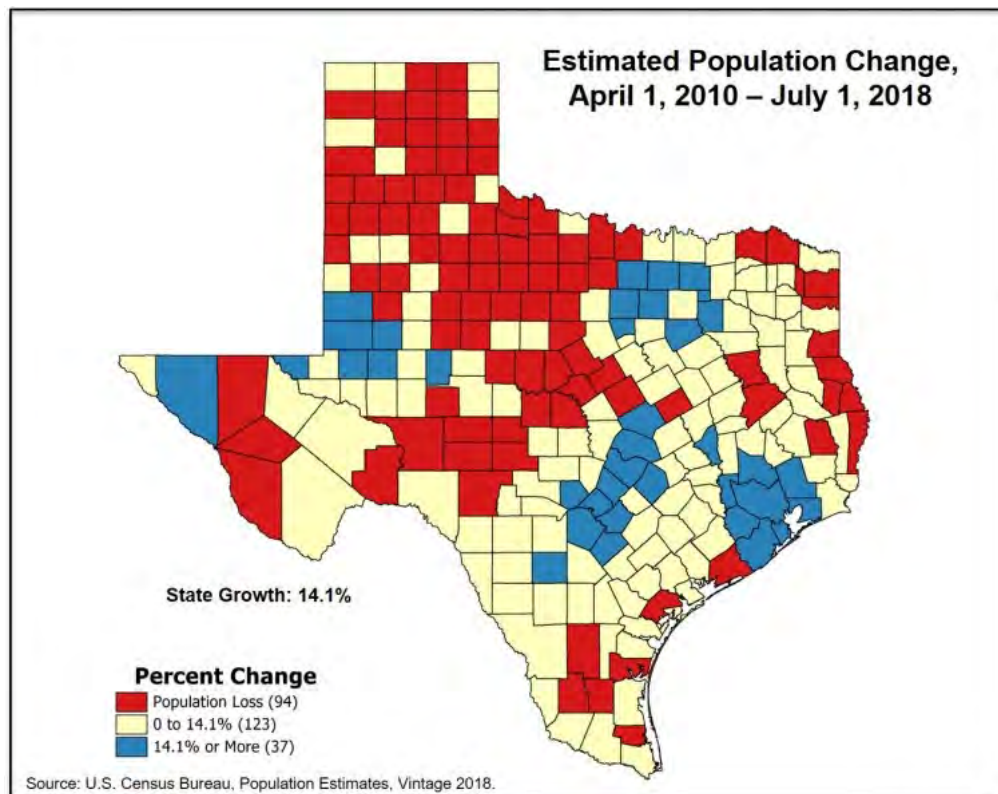
Texas has 254 counties, some of them larger than another state, and 233 of them were considered rural for this report. For example, Brewster County is three times the size of Delaware but has an estimated 9,200 residents. The average population of a rural county in Texas is less than 35,000. The average population of Texas's 21 urban counties is over 1 million.

Population Trends

The Texas population is growing rapidly. "In 2018, the Texas population grew by almost 380,000 residents."⁶ Much of this population growth is occurring around urban areas. While urban counties themselves are seeing significant population growth, the counties immediately adjacent to urban centers are growing at an even faster rate.

However, not all counties in Texas are experiencing growth. Most counties outside of the San Antonio, Dallas-Fort Worth, and Houston triangle had little-to-no growth, or a population decline between 2010 and 2018. None of the urban counties experienced a population decline during this time frame.⁷

Figure 3. Texas Estimated Population Change, by County, April 2010 to July 2018⁸



Rural Economy

The Texas economy is growing at an explosive rate in urban areas. Yet, in rural areas, it has either stalled or is growing at a lesser rate. More so than any other state, Texas "has seen a larger post-recession divergence [regarding its economy] between its ...cities and everywhere else."⁹ Over 2 million Texans live in areas that

have had their economic situation worsen since the recession of 2007, and the impacted people are primarily rural Texans.¹⁰ In addition, the economic impact resulting from the COVID-19 pandemic is being felt throughout rural Texas, from the oil industry to local businesses and restaurants, to the rural hospitals. As a result of the COVID-19 pandemic, rural hospitals have been negatively financially impacted due to the lack of elective procedures. These procedures account for a significant amount of annual revenue. Outpatient services account for a median of 71 percent of the hospital's revenue. The loss of elective surgeries added an additional strain to hospitals already operating with a limited budget. Rural hospitals have limited resources, such as personal protective equipment (PPE), bed capacity, and equipment. As the need to treat more critically ill patients increases, these hospitals may have to transfer patients that are stable to other hospitals.¹¹

Rural Texas Culture

Texans, especially rural Texans, have a strong sense of place, community, and cohesion.¹² Rural communities "may include the presence of complex, interrelated networks with deep historical, social, familial, and political roots; strong family ties; avoiding conflict or discussing feelings; stoic attitudes toward life in general; and high involvement in religious activities in their communities."¹³ Rural communities also value self-reliance and independence, a strong work ethic, and the importance of justice, loyalty, and faith.

"[A] belief in self-reliance and limited anonymity combine to more significantly limit a rural person's likelihood of seeking services."

While rural communities share common values and assets, it is important to recognize and celebrate their diversity. Each rural community has a unique history and heritage within its culture. "People in rural areas feel a deep connection to where they grew up and have a strong sense of history and place that may not be as evident in urban areas."¹⁴

Rural life is described as more relaxed, quiet, and peaceful. A recent survey indicated that Texans in rural counties are generally happy with their quality of life; however, the same poll indicated that the Texans in rural counties seek more access to jobs, healthcare, and mental health care.¹⁵

A lack of infrastructure contributes to a culture of resourcefulness and mutual support. Rural Texans are known to come together in times of crisis. This "community spirit" of cooperation and social cohesion requires a high degree of

trust amongst community members. A Pew Study revealed that 40 percent of rural residents say they know all or most of their neighbors, compared with 24 percent in urban and 28 percent in suburban areas.¹⁶

Whereas this degree of interconnectedness serves as an asset in many situations, the lack of anonymity in a rural community can sometimes be a challenge for those with mental health conditions. Stigma about mental health is real and can be a significant barrier to accessing care. A recent poll indicated that rural adults identified embarrassment (65 percent) and stigma (63 percent) as barriers to seeking help.¹⁷ A cultural value around reliance on self and family to solve problems may also contribute to people not seeking care. The low population density may create a heightened awareness about where a person is going or observed to be going to get help. Thus a “belief in self-reliance and limited anonymity combine to more significantly limit a rural person’s likelihood of seeking services.”¹⁸

Because mental health recovery and resiliency is built on strengths, rural culture can be a resource to draw upon. As with any population, rural communities require culturally-informed and responsive solutions. As trusted centers of knowledge, collaboration, and community development within rural communities, schools, faith-based organizations, public libraries, non-profits, and cooperative extensions should be key partners.

Rural Health Care Inequities

Rural Texans may have challenges accessing health care. Additionally, there may be significant disparities between access to mental health care for rural and urban Texans. Nationally, urban residents are more likely to access mental healthcare, and rural residents are less likely to access mental healthcare.¹⁹

There have been few studies on the impact of health care, rurality, ethnicity and race, yet data suggests there may be significant disparities between health care utilization and different ethnic groups in rural areas.^{20, 21, 22} “Researchers often refer to the differences between rural and urban communities when discussing disparities in rural health; less frequently discussed are the racial/ethnic disparities experienced within rural communities. Race and ethnicity should be considered when assessing differences within rural communities.”²³

The Hogg Foundation for Mental Health has funded five community collaboratives in the following rural Texas counties:

- Bastrop County

- Brooks County
- Morris County
- Nacogdoches County
- Victoria County

These rural collaboratives will “address a lack of understanding of how communities support resilience and mental health, the significant inequities that exist in Texas, the community conditions that contribute to mental health disparities, and how people come together to create and implement community-driven solutions.”²⁴ The first evaluation report on the Hogg Foundation’s Wellness in Rural Communities Grant Program will be available by the end of 2020 and may provide additional insight into the effect ethnicity and race plays in accessing physical and mental health care in rural Texas areas.

County Government

In rural areas, county government may be the primary form of government, taking on additional roles and responsibilities that are often associated with municipalities.

County governments have significant responsibilities, including:

- Hosting elections and registering voters
- Maintaining public records
- Building and maintaining roads, bridges, and county airports
- Providing emergency management services
- Providing health and safety services
- Collecting property taxes for the county and sometimes other taxing entities
- Issuing vehicle registration and transfers
- Providing public safety and justice

Law enforcement officers “in rural communities often stand as the only visible and available resource for people and families experiencing mental health crises.”

County sheriffs oversee the provision of county law enforcement and county jails. In rural communities, due to a lack of mental health professionals and resources,

the county sheriff's office often becomes the de facto provider for people experiencing a mental health crisis as well. Law enforcement officers "in rural communities often stand as the only visible and available resource for people and families experiencing mental health crises."²⁵

County governments receive most of their budget from property taxes, with other significant revenue streams being county fees and investment income. In rural counties this may present budgetary complications, as the population is slowly declining and property values may be decreasing, impacting a county's budget. This decrease in funding likely impacts a county's ability to allocate general operating funds towards mental health initiatives or contribute funds to a collaboration with the LMHA/LBHA that serves their county.

Mental Health and Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as "A process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential."²⁶ Also per SAMHSA, the four critical components to recovery are health, a safe place to live, meaningful daily activities, and supportive relationships.

Recovery from a mental health condition is possible, and more likely when a person receives support early and is active in planning their own path to recovery.

A mental health condition affects a person's thinking, feeling, mood, or a combination of these, which may in turn may affect the person's relationships and/or ability to function. Most mental health conditions, such as anxiety or depression, can affect a person's daily living on a range from a mild challenge to completely debilitating. Frequently people with the same mental health diagnosis experience their condition differently.

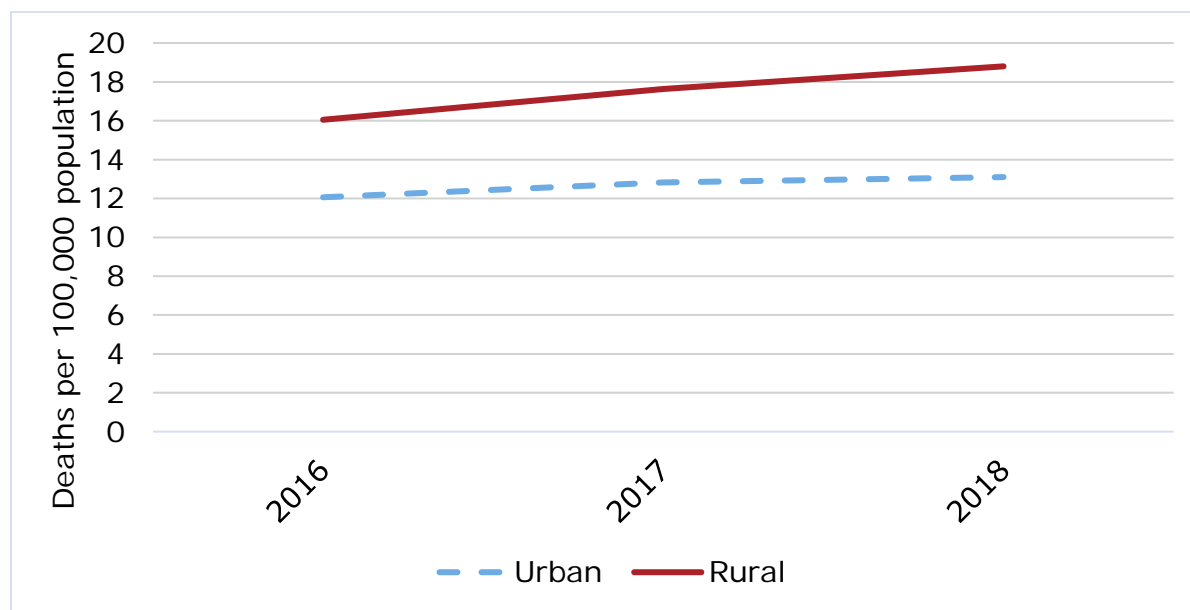
A mental health condition is not typically the result of one factor or event. Variables such as genetics, environment, and traumatic life events may make a person more susceptible to developing a mental health condition.

Recovery from a mental health condition is possible, and more likely when a person receives support early and is active in planning their own path to recovery. Recovery is not a single event or achievement, but an ongoing process. A person with a more serious or complex mental health condition may need a life-long plan for managing recovery and mental wellness, including an ongoing need for services and supports from mental health professionals. Complex or severe mental health conditions increase the risk for substance use, dangerous and reckless behaviors,

homelessness, incarceration, repeated hospitalizations, victimization, and poor self-care.

Although mental health conditions affect people at similar rates across rural and urban areas, the difference in suicide rates is significant. From 2016 to 2018, rural Texans trended higher in suicide mortality compared to urban Texans. The suicide mortality rate in rural areas was 33 percent higher than urban areas in 2016 and rose to 44 percent higher in 2018.²⁷ The reasons for higher rates of suicide in rural areas may include limited access to mental health services, high levels of substance use, access to lethal means, and reduced access to timely health care and emergency medical services.^{28,29}

Chart 7. Texas Suicide Mortality Rate by Urban and Rural Area, 2016-2018³⁰



Mental Health Care in Texas

Figure 4. Mental Health Services Continuum of Care

Mental Health Services Continuum of Care

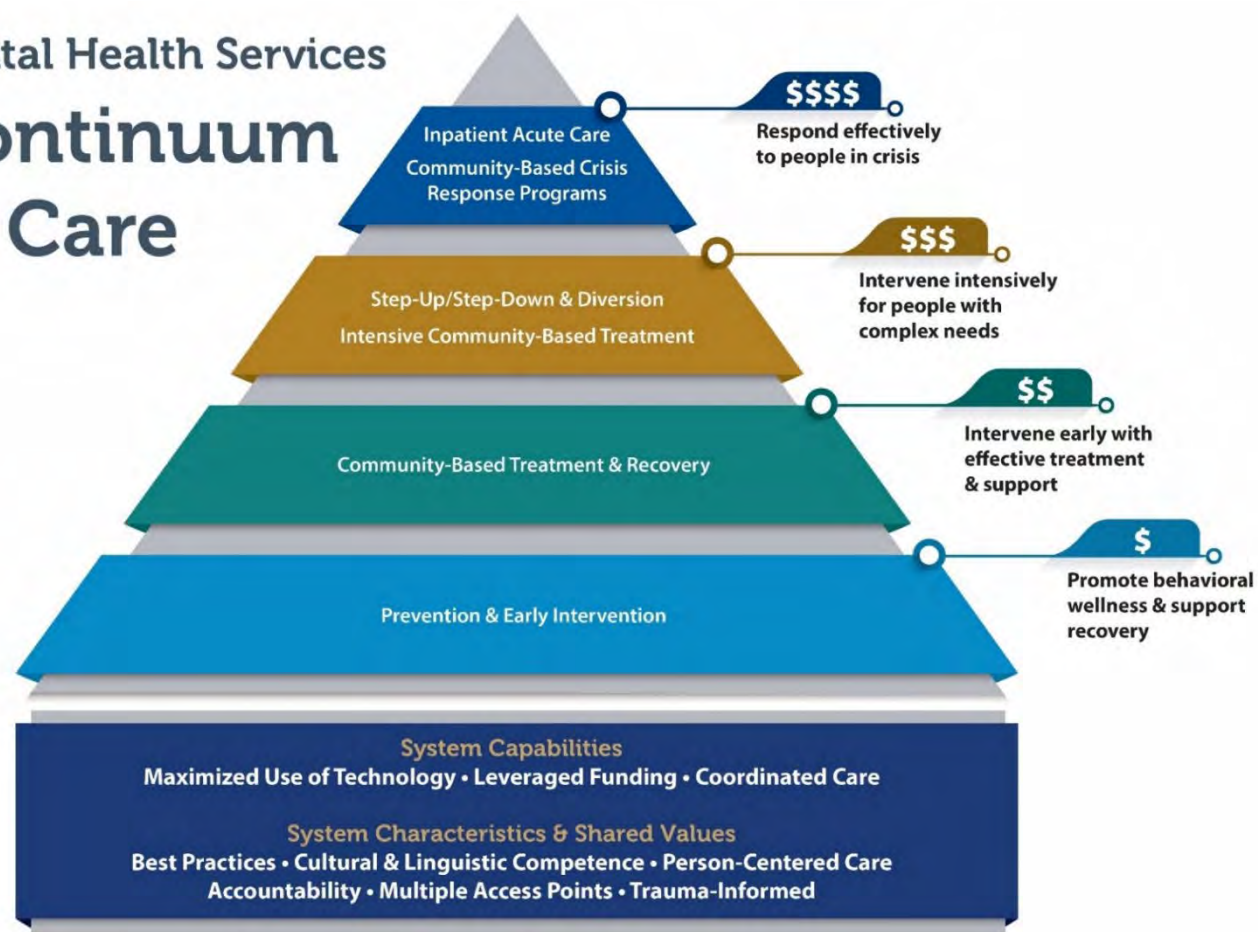


Image Source: HHSC Communications

Texas mental health services exist on a continuum, from the least restrictive and least expensive to the most restrictive and most expensive. As shown in Figure 4, the foundation of all mental health services is prevention and early intervention. Like physical ailments, untreated mental health conditions can worsen over time, making it harder and more expensive to successfully support someone to recovery. Prevention and early intervention services are generally the least expensive and can be very effective in decreasing the need for more expensive services in the future.

Like physical ailments, untreated mental health conditions can worsen over time, making it harder and more expensive to successfully support someone to recovery.

Next on the continuum are community-based services, offered by Texas' network of LMHA/LBHAs as well as other government entities and private providers. Offering services in a community setting is cost effective and offers greater freedom to people than services received in a facility setting. "Step-Up Step-Down" refers to facility settings that help people transition from a psychiatric hospital back to community life (step-down) or help a person avoid psychiatric hospital admission by providing some additional structure and support (step-up). Diversion programs are designed to offer mental health services that steer people away from the criminal justice system or hospital ERs. Inpatient acute care falls at the end of the continuum, being the most expensive option, designed to support people with the most severe or complex needs, often in a setting that is locked. Inpatient acute care is further discussed in the "Hospitals" section of this Introduction.

As noted in Figure 4, successfully providing prevention, early intervention, and community-based services is optimal, as those services are the least expensive to provide and keep Texans engaged with their family, friends, and community. In addition, people engaged in LMHA/LBHAs services are less likely to be incarcerated, be admitted to inpatient services, or seek services through hospital ERs.³¹ Crisis services exist on their own continuum, from hotlines operated by the LMHA/LBHAs to facility settings for people experiencing a mental health crisis who cannot be supported safely or effectively outside of a staffed facility.

Local Mental Health and Behavioral Health Authorities

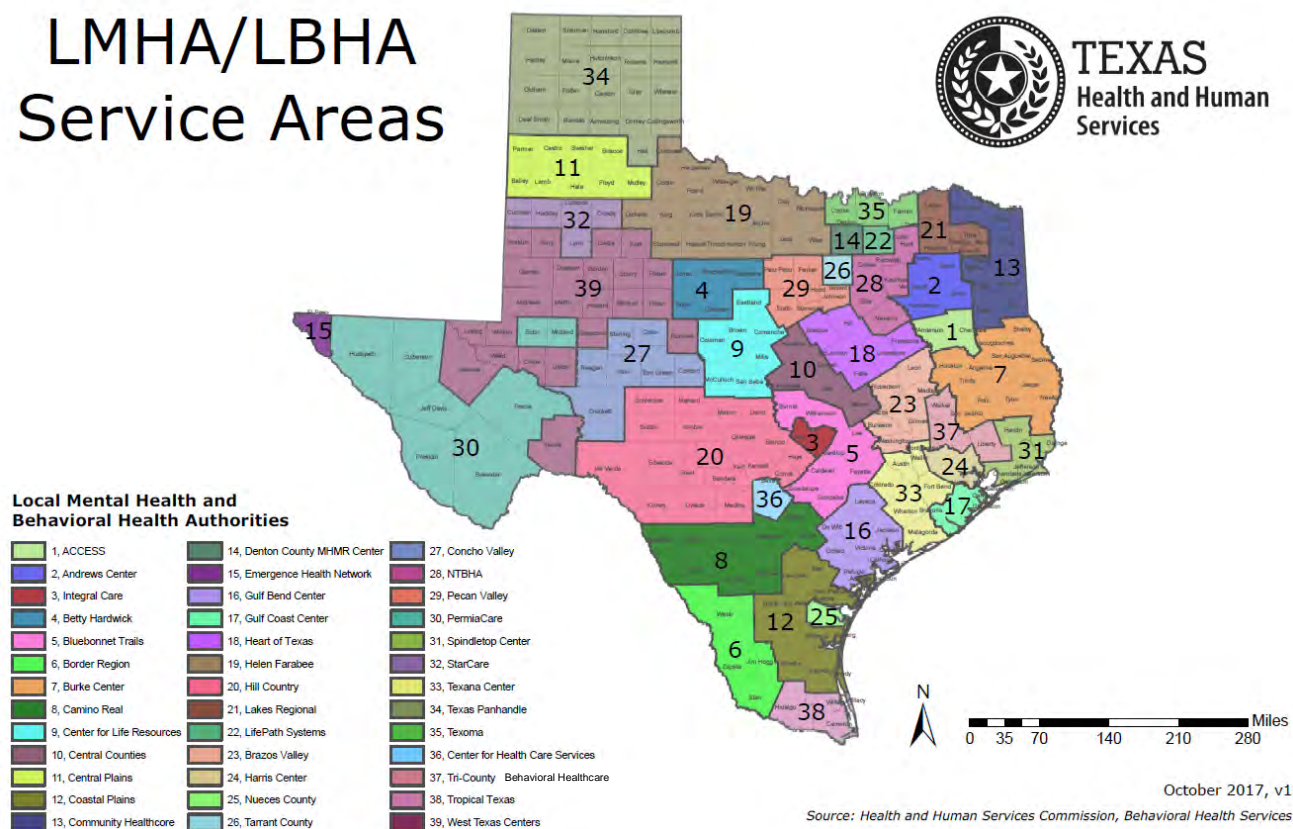
HHSC contracts with 39 LMHAs/LBHAs to deliver community-based mental health services across Texas. They are political subdivisions of the state. Their two primary responsibilities are established in Texas Health and Safety Code, Chapter 534: 1) planning and coordinating mental health policy and resources and 2) serving as a provider of last resort for community mental health services in their respective regions.

Strong collaborative relationships with these community partners are critical to the ability of an LMHA/LBHA to provide mental health services to community members earlier and more effectively.

Each LMHA/LBHA has a county-based service area, ranging from just one county (for LMHA/LBHAs serving a large urban area) to 23 counties (West Texas Centers). LMHA/LBHAs contract with mental health providers in the community and collaborate with other partners in the community, including schools, law enforcement, hospitals, and primary health care providers. These collaborations are a critical aspect to the success of an LMHA/LBHA. A person just beginning to struggle with a mental health condition may be first identified by a primary health care provider or, for children, in a school setting. A person experiencing a mental health crisis often turns to a hospital ER or calls 911 and interacts with law enforcement called to the scene. Strong collaborative relationships with these community partners are critical to the ability of an LMHA/LBHA to provide mental health services to community members earlier and more effectively.

Figure 5. Texas Local Mental Health Authorities and Local Behavioral Health Authorities

LMHA/LBHA Service Areas



Each person who requests LMHA/LBHA services is screened for eligibility and level of need; services are offered based on a person's level of need at any given time. Some persons may also be eligible for specialty programs. For example, Coordinated Specialty Care is a program specifically designed for young adults experiencing a first psychotic episode. There are 3,000 new people in Texas every year with a first episode of psychosis, but people often delay seeking treatment.³² Offering support and services early helps a person to better understand and manage their mental health condition, which increases the person's success at long-term recovery.

In Texas, the service delivery system for community-based mental health is the Texas Resiliency and Recovery (TRR) model. The TRR model uses an array of evidence-based practices (EBPs) to meet the needs of a person and build on their strengths.

EBPs are interventions which scientific evidence consistently shows to improve outcomes.³³ LMHA/LBHAs are contractually required to use EBPs to provide counseling, peer support services, skills training, and psychosocial rehabilitation. Some of the outcomes associated with EBPs include:

- Increased community tenure;
- Decreased law enforcement involvement;
- Decreased ER use; and
- Fewer and shorter inpatient stays.

Examples of EBPs used at Texas LMHA/LBHAs are described below.

Assertive Community Treatment (ACT) Team: a team-based program that provides treatment, rehabilitation, and support services to people who have a history of multiple hospitalizations. A person identified as needing ACT services are prioritized for supportive housing, supported employment, and co-occurring psychiatric and substance use disorder services as needed. The ACT services use an integrated services approach, merging clinical and rehabilitation staff expertise within one service delivery system.

Cognitive Behavioral Therapy: individual and group therapy focused on the reduction or elimination of a person's symptoms of mental illness and increasing a person's ability to perform activities of daily living. Counseling services include treatment planning to enhance recovery and resiliency.

Coordinated Specialty Care for First Episode Psychosis: a service designed to meet the needs of individuals ages 15-30 with an early onset of psychosis. Research shows that if a person gets the right help within the first year of experiencing psychosis, they are more likely to learn to manage their symptoms effectively.

Family Partners and Peer Supports: these services provide an invaluable source of support for individuals receiving mental health community services. Services may include introducing the individual and family to the treatment process, modeling self-advocacy skills, providing information, making referrals, providing non-clinical skills training, and assisting in the identification of informal and formal community supports.

Illness Management and Recovery: a rehabilitation curriculum that focuses on teaching recovery strategies, building social supports, using medication effectively, and developing coping strategies.

Individual Placement and Support (IPS): services designed to help people seeking employment stability and assistance with choosing and obtaining competitive employment in the community. These activities include matching a person to a job that aligns with their preferences and strengths, symptom-management and coping skills, assisting with job applications and interview preparations, building employer relationships through job development, and benefits counseling. The IPS employment specialist uses a system that focuses on developing relationships with potential employers to find job matches for clients.

Nurturing Parenting Programs: a family-centered, trauma-informed initiative designed to build nurturing parenting skills with the focus of prevention, intervention, and treatment of child abuse and neglect.

Permanent Supportive Housing: assists a person in choosing, obtaining, and maintaining long-term, integrated housing. This service includes treatment planning to facilitate a person's recovery.

Wraparound: a strengths-based treatment planning process that builds on family and community support to help enhance a family's natural support network and connection with their community. Wraparound is integral to the Youth Empowerment Services (YES) waiver which is a Medicaid program that provides services to children and youth with serious mental, emotional, and behavioral difficulties. The YES waiver services are family-centered, coordinated, and effective at preventing out-of-home placement and promoting lifelong independence and self-defined success.

Trauma-Focused Cognitive Behavioral Therapy: the approved counseling treatment model for children and youth with trauma disorders or children and youth whose functioning or behavior is affected by a history of traumatic events. Additional models of counseling available to children ages 3-7 include Parent-Child Psychotherapy and Play Therapy.

The following LMHA/LBHAs are also Certified Community Behavioral Health Clinics (CCBHCs), known for providing integrated care to improve overall health outcomes:

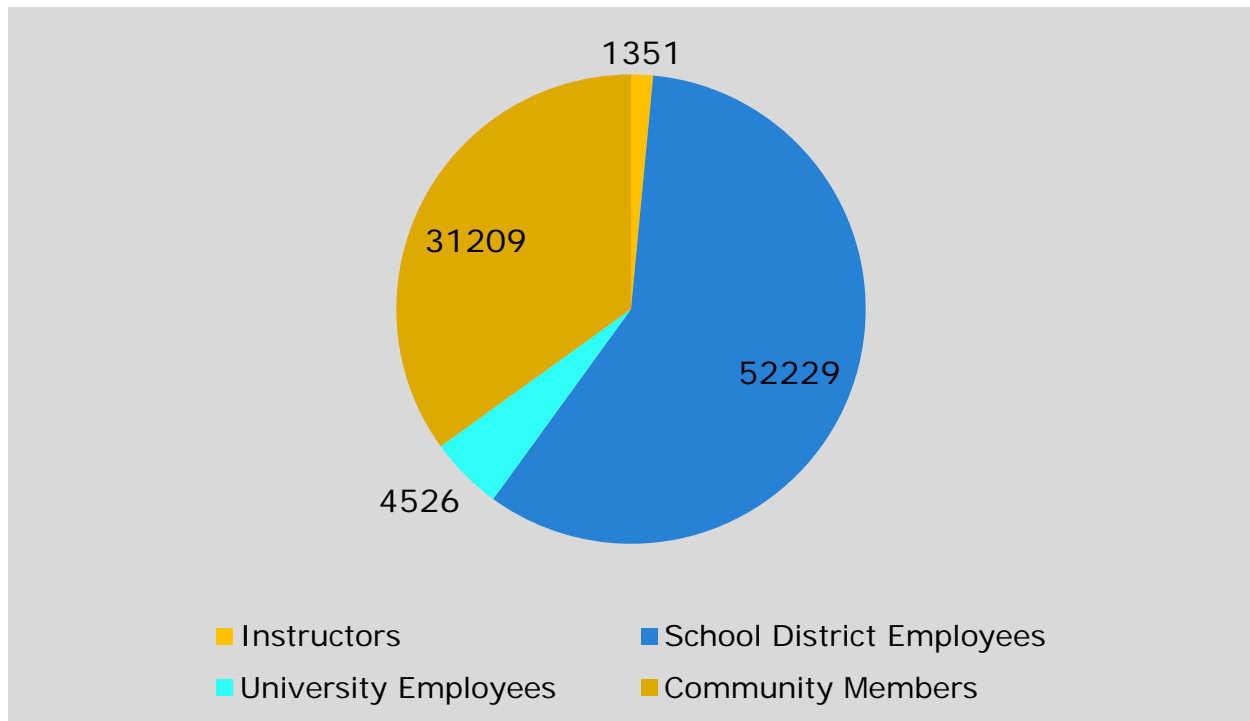
- Andrews Center
- Betty Hardwick Center
- Bluebonnet Trails Community Services
- Burke Center
- The Center for Health Care Services
- Community Healthcore
- Emergence Health Network
- The Harris Center for Mental Health and IDD
- Helen Farabee Centers
- Integral Care
- LifePath Systems
- MHMR of Tarrant County
- Pecan Valley Centers
- PermianCare
- StarCare Specialty Health System
- Texoma Community Center
- Tropical Texas Behavioral Health
- West Texas Centers

The list above is current as of September 2020. Being able to offer mental health services in a primary health care setting is more convenient for those accessing the services and can decrease the stigma people may feel about seeking help for mental health issues. Certified CCBHCs must directly provide or assure access to nine core services:

1. Crisis Mental Health Services
2. Screening, Assessment, and Diagnosis, including risk assessment
3. Person-centered treatment planning
4. Outpatient mental health and substance use services
5. Primary care screening and monitoring of key health indicators/health risk
6. Targeted case management
7. Psychiatric Rehabilitation Services
8. Peer Support and family supports
9. Intensive community-based mental health care for members of the armed forces and veterans (connection with Veterans Health Administration if possible)

All LMHA/LBHAs also offer services targeted at prevention and early intervention. One example of this is Mental Health First Aid (MHFA), an evidence-based training to help someone who may have a mental health issue or a mental health crisis. The MHFA training increases awareness of mental health, reduces stigma around mental illness, and teaches people how to assess a situation, provide assistance, and connect someone with a suspected mental health condition to appropriate community resources. Almost 90,000 Texans have been trained in MHFA since 2014. Chart 8 illustrates the types of participants in these trainings.

Chart 8. MHFA Participants, Fiscal Year 2014 to Fiscal Year 2020.

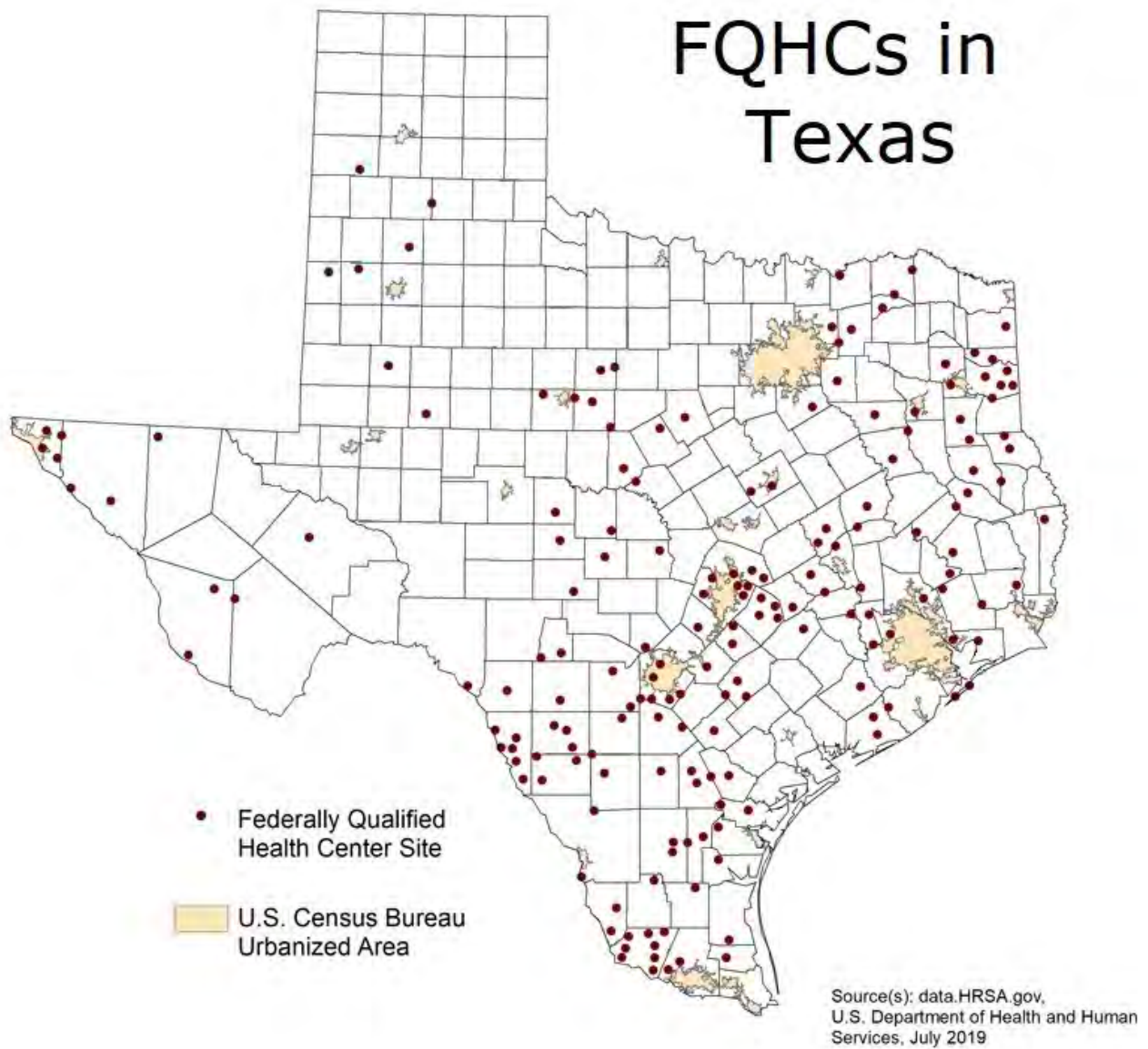


Source: HHSC Intellectual and Developmental Disability and Behavioral Health Services (IDD-BHS) Office of Mental Health Coordination

Federally Qualified Health Centers (FQHCs)

Some Texans receive behavioral health services from FQHCs, which provide underserved communities with comprehensive healthcare. FQHCs serve people with public health insurance such as Medicaid and CHIP, as well as people who are otherwise low income and uninsured. While the central mission of most FQHCs is to provide primary health care, many have started to partner with LMHA/LBHAs and other providers to offer behavioral health services in their clinics. There are 73 FQHCs in Texas with more than 300 service delivery sites statewide.³⁴

Figure 6. FQHCs in Texas as of July 2019³⁵



Statewide Behavioral Health Coordinating Council (SBHCC)

In 2015, the Legislature established the SBHCC to coordinate behavioral health services across state government agencies. The goals of the SBHCC are to avoid duplication of effort by state agencies and to ensure a strategic distribution of resources across the state, with an emphasis on underserved areas and unmet needs. Twenty agencies grew to twenty-three state government agencies and universities currently participating as members of the SBHCC.

The SBHCC reviews all legislative exceptional item requests for funding for behavioral health services from each of the member agencies in advance of each legislative session. In addition, the SBHCC produces coordinated statewide behavioral health expenditure proposals annually to inform the Legislature how the member agencies are working together to ensure their combined efforts work to fill gaps in the system, prevent duplication of effort, and seek the highest return on investment for taxpayer dollars. The SBHCC produced the *Statewide Behavioral Health Strategic Plan* in 2016 and updated the plan in 2019. The plan identifies 15 gaps in the Texas behavioral health care system and includes 5 goals to address those gaps.

Gap 1: Access to Appropriate Behavioral Health Services

Gap 2: Behavioral Health Needs of Public School Students

Gap 3: Coordination Across State Agencies

Gap 4: Veteran and Military Service Member Supports

Gap 5: Continuity of Care for Individuals Exiting County and Local Jails

Gap 6: Access to Timely Treatment Services

Gap 7: Implementation of Evidence-based Practices

Gap 8: Use of Peer Services

Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities

Gap 10: Consumer Transportation and Access to Treatment

Gap 11: Prevention and Early Intervention Services

Gap 12: Access to Housing

Gap 13: Behavioral Health Workforce Shortage

Gap 14: Services for Special Populations

Gap 15: Shared and Usable Data

Though the fifteen gaps affect urban and rural Texas equally, the following gaps are more pronounced in rural areas:

- Gap 1: Access to Appropriate Behavioral Health Services – In rural communities, EBPs can be challenging to implement to fidelity due to a lower population density and workforce challenges. Many EBPs are designed and ideally suited for urban areas.
- Gap 6: Access to Timely Treatment Services – There are fewer resources and community partners in rural areas.
- Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities – Finding a behavioral health provider who is able to work with individuals with intellectual disabilities can be challenging in an urban area, and it is extremely challenging in a rural area.
- Gap 10: Consumer Transportation and Access to Treatment – Transportation options are limited in rural communities. Law enforcement often provides crisis transportation in rural communities.
- Gap 13: Behavioral Health Workforce Shortage – Over 80 percent of Texas counties are designated as a Mental Health Professional Shortage area. It can be extremely challenging for rural Texans to access mental health professionals.

Figure 7. Statewide Behavioral Health Strategic Plan Goals



Image Source: *Statewide Behavioral Health Strategic Plan Update and IDD Strategic Plan Foundation*

The figure below highlights some of the accomplishments of the SBHCC over the last few years, organized by the goals depicted in the Figure 7 on the previous page.

Figure 8. SBHCC Progress Overview



Image Source: HHSC Communications

Funding Community-Based Mental Health Care

LMHA/LBHAs contract with HHSC to provide services in each of their respective service areas. Through these contracts, HHSC allocates general revenue appropriated by the Texas Legislature along with federal grant money awarded to the state. LMHA/LBHAs also receive Medicaid reimbursement when serving people enrolled in the state Medicaid program. In addition to these, LMHA/LBHAs work to generate funding from a variety of sources to ensure that they can effectively meet the mental health needs of the population they serve. This often involves applying for federal, state, or private grant programs; working with private foundations; and

partnering with other local organizations to develop or sustain specific programs or services.

General Revenue

The largest source of HHSC and LMHA/LBHA funding for mental health is non-Medicaid related general revenue funds appropriated by the Legislature. These funds are used to provide services for uninsured people.³⁶ Over the last ten years, the Texas Legislature has increased community mental health funding by \$346 million, from \$559 million in 2010 to \$904 million in 2020. This represents a 62 percent increase in funding.

Over the last ten years, the Legislature has increased community mental health funding by \$346 million.

Delivery System Reform and Incentive Payment Program

The second-largest mental health funding source comes from Medicaid funding in the form of Delivery System Reform and Incentive Payment (DSRIP). DSRIP provides financial incentives that encourage providers to focus on achieving quality health outcomes. Participating providers develop and implement programs, strategies, and investments to enhance access to healthcare services, quality of health care and health systems, cost-effectiveness of services and health systems, health of the patients and families served. DSRIP is not a reimbursement for services, and therefore, funding has been used to provide services not historically billable under Texas Medicaid that could improve the health of Texans. Over time, DSRIP transitioned to paying for system-level improvements in Texas health, demonstrated through outcome and process measure achievement. DSRIP currently provides \$333 million to the Texas mental health system³⁷. Almost one-third of LMHA/LBHAs mental health budgets currently come from DSRIP.³⁸ DSRIP payments to providers are funded by federal funds matched to intergovernmental transfers (IGTs) from providers or partnering entities. IGTs must be public funds, such as tax revenue from a county or hospital district or general revenue appropriated to a governmental entity.

The second-largest mental health funding source comes from Medicaid funding in the form of the Delivery System Reform and Incentive Payment (DSRIP).

Although DSRIP is not a permanent funding stream, it has been a major catalyst for improvements in quality of and access to behavioral health services across Texas that reinforced and enhanced the state's behavioral health system. DSRIP funding ends in September of 2021, and the LMHA/LBHAs are engaged with HHSC in transition planning. Each of the All Texas Access regional plans in this report

contains additional information about the funding and services in the region, and the potential impacts that the loss of DSRIP funding may have if alternate funding sources cannot be secured.

Grant Programs

Figure 9. Texas Mental Health Grant Programs



Image Source: HHSC IDD-BHS Grants Coordination

As shown in Figure 9 above, Texas recently initiated several grant programs which the LMHA/LBHAs are eligible to apply for funding (but are not limited to LMHA/LBHAs): the Community Mental Health Grant Program, the Mental Health Grant for Justice-Involved Individuals Program, the Healthy Community Collaborative Program, and the Texas Veterans + Family Alliance Grant Program.

The **Community Mental Health Grant Program** (CMHG) seeks to cultivate community collaboration, reduce duplication of services, and strengthen a diverse local provider network that provides continuity of care for people receiving services.³⁹ The grant program requires 100 percent match of local funds for urban areas and 50 percent match of local funds for rural areas. Communities are required to match state grant awards through cash or in-kind goods, services, and resources. Twenty-five LMHA/LBHAs were awarded Community Mental Health Grants, including 16 with rural service areas. Thirty-one other entities were awarded grants, of which seven have rural service areas. The Legislature appropriated \$30 million for the 2018-19 biennium and \$40 million for the 2020-21 biennium.

Figure 10. CMHG Counties Served

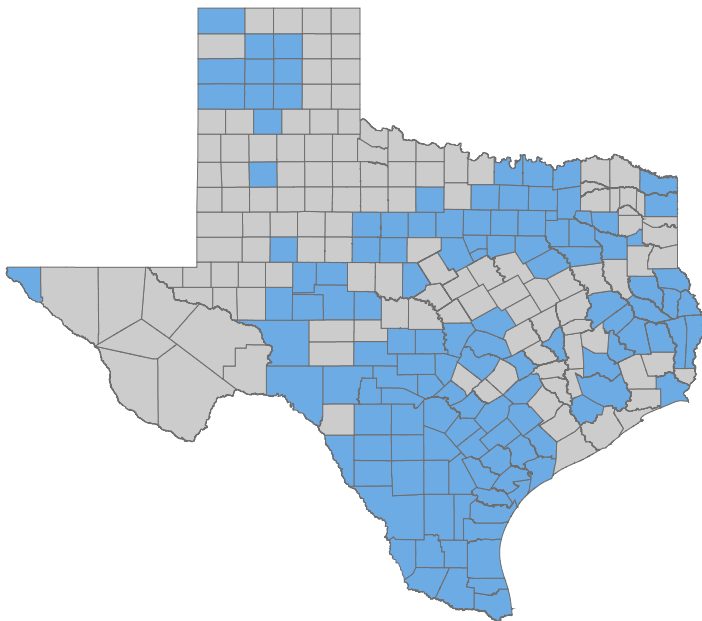


Image Source: HHSC IDD-BHS Grants Coordination

The **Mental Health Grant for Justice-Involved Individuals Program** (MHGJII) seeks to reduce recidivism rates, arrests, and incarceration among people with mental health conditions, as well as reduce the wait time for forensic commitments to state hospitals.⁴⁰ Fourteen LMHA/LBHAs were awarded urban grant awards for fiscal years 2018 and 2019 to support projects including forensic ACT teams, jail-based competency restoration programs, and continuity of care programs for people leaving state hospitals.⁴¹ Ten LMHA/LBHAs were awarded rural grant awards for fiscal year 2019 to support projects including interdisciplinary rapid response teams; local community hospital, crisis, respite, or residential beds; and substance use treatment. This grant program also requires 100 percent match of local funds for urban areas and 50 percent match of local funds for rural areas. Communities are required to match state grant awards through cash or in-kind goods, services, and resources. The Legislature appropriated \$37.5 million for the 2018–19 biennium and \$50 million for the 2020–21 biennium.

Figure 11. MHGJII Program Counties Served

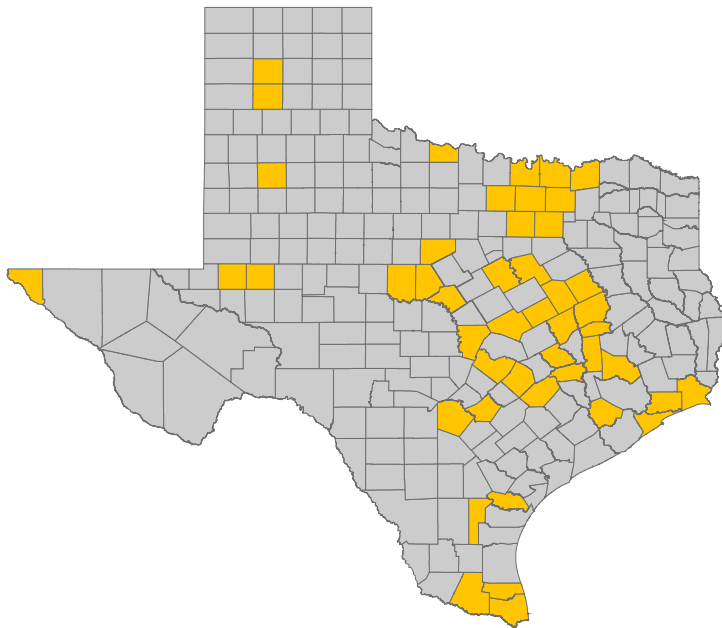


Image Source: HHSC IDD-BHS Grants Coordination

The **Healthy Community Collaborative Program (HCC)** funds local collaboratives that focus on re-integration into the community for adults experiencing homelessness with a mental health or substance use condition.⁴² The grant program requires 100 percent match of local funds for urban areas and 25 percent match of local funds for rural areas. Urban communities are required to match state grant awards through cash or in-kind goods, services, and resources; rural communities are only allowed a cash match. Five grants have been awarded thus far. The Legislature appropriated \$25 million for the 2018–19 biennium and \$25 million for the 2020–21 biennium.

Figure 12. Healthy Community Collaborative Program Counties Served

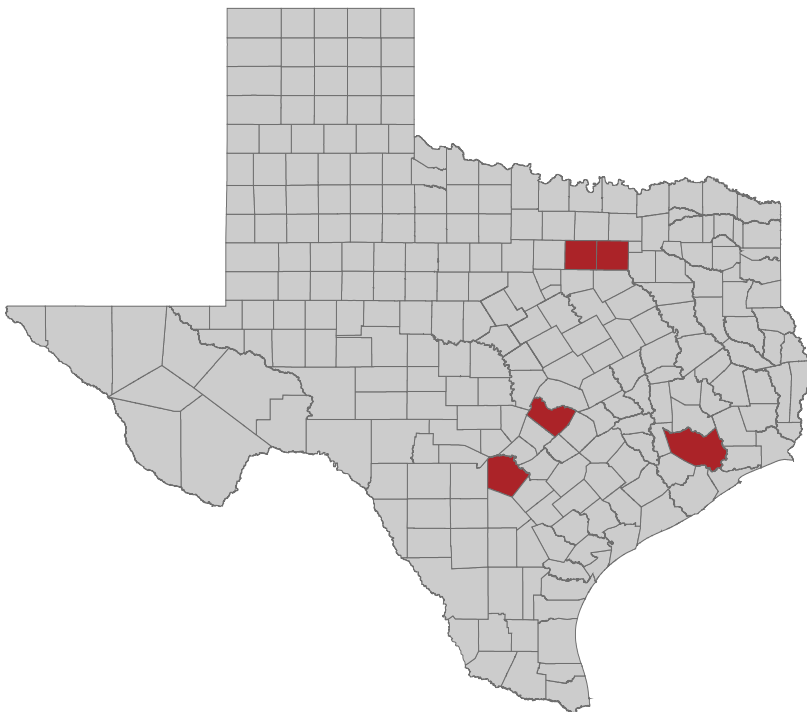
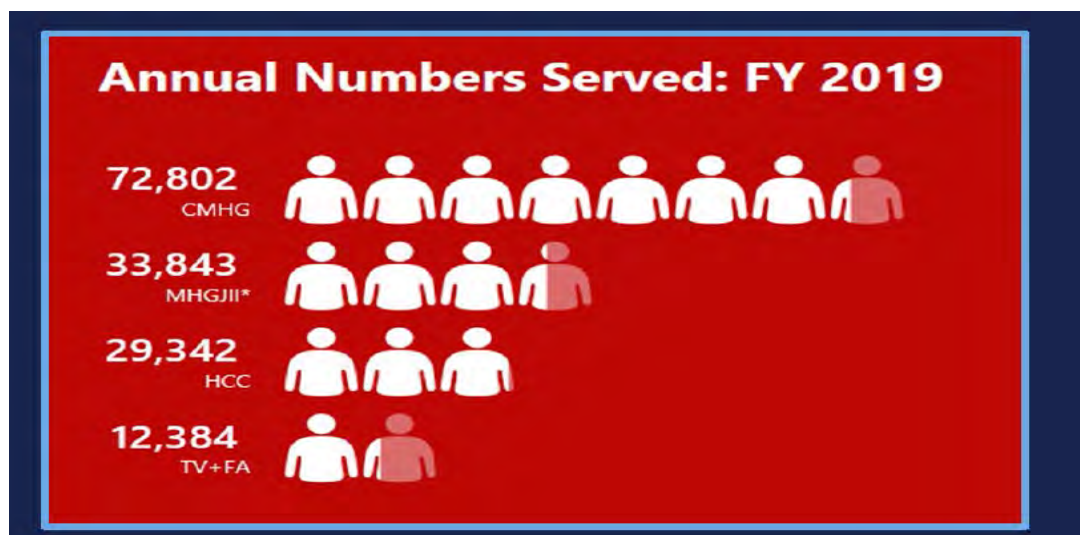


Image Source: HHSC IDD-BHS Grants Coordination

The **Texas Veterans + Family Alliance (TV+FA) Grant Program** funds services that expand mental health care for Texas veterans and their families. The TV+FA Grant Program is intended to help communities develop partnerships and coordinated service delivery that can be sustained after the life of a grant project. The grant program requires 100 percent match of local funds for urban areas and 50 percent match of local funds for rural areas. Communities are required to match state grant awards through cash or in-kind goods, services, and resources, demonstrating a commitment to address mental health needs of veterans and family members. Twenty organizations were awarded a grant in 2018, with five of those being LMHA/LBHAs. TV+FA has grant awardees serving all Texas counties. The Legislature appropriated \$20 million for the 2018–19 biennium and \$20 million for the 2020–21 biennium.

As shown in Figure 13 below, the four grant programs served over 150,000 persons in fiscal year 2019.

Figure 13. Grant Programs, Fiscal Year 2019 Numbers Served⁴³



*As data is still being submitted by MHGJII grantees, this is a conservative estimate based on the highest reported unduplicated monthly number

**Data above has not been audited by HHSC and represents what was reported by grantees throughout the grant period.

Hospitals

Hospitals contribute to mental health care in two very different, but equally important, ways. First, crisis care is provided in general hospital ERs. Secondly, specialty mental health care is provided in both private and public psychiatric hospitals, or a psychiatric unit of a general hospital.

General Hospital Emergency Rooms (ERs)

ERs across the state receive patients every day whose chief complaint is a mental health crisis, such as a panic attack, psychotic episode, or suicide attempt. An ER is required to stabilize and treat any person who comes to the ER until the person can be discharged or successfully transferred to a more appropriate setting. With no centralized system in Texas to find available inpatient psychiatric care, and a general shortage of inpatient psychiatric care beds, a person may wait in an ER for hours or days before being transitioned to a more appropriate mental health setting.⁴⁴

Shrinking rural populations, declining reimbursements, and a lack of health care professionals, among other factors, put rural hospitals at high risk for closure.

While the ER of a general hospital can provide limited treatment and supervision for a person experiencing a mental health crisis, ERs generally do not include a psychiatrist or dedicated space for mental health treatment. However, ERs are often used for mental health crises because Texas communities lack another option, particularly one that is well-known to the community, and ERs cannot refuse care based on bed capacity. The Pew Trusts notes, “Across the country, a critical shortage of state psychiatric beds is forcing mentally ill patients with severe symptoms to be held in ERs, hospitals and jails while they wait for a bed, sometimes for weeks.”⁴⁵

Hospitals in rural areas face additional challenges. Shrinking rural populations, declining reimbursements, and a lack of health care professionals, among other factors, put rural hospitals at high risk for closure. Some take advantage of federal programs such as becoming a Critical Access Hospital, a federal designation giving eligible hospitals certain benefits, including higher Medicare reimbursements. As of January 2020, Texas had 86 critical access hospitals.⁴⁶ However, Texas A&M University recently referred to the closing of rural hospitals as reaching a “crisis stage,” with 113 rural hospitals across the country closing since 2010, 18 percent of which were in Texas.⁴⁷

In both calendar years 2016 and 2017, there were almost 300,000 ER visits in Texas related to a mental health or substance use crisis. In those same two calendar years, 38.3 percent of mental health and substance use ER visits were attributed to people with no health insurance.⁴⁸

Psychiatric Hospitals

The United States has spent the last 50 years working to move mental health treatment from institutional settings to the community. The development of antipsychotic and antidepressant medications in the 1950s was the impetus for the first significant movement of people with mental health disorders out of large institutions.⁴⁹ Texas, and the rest of the United States, continually strives to provide mental health care in the least restrictive environment possible that will meet each person's needs. While people are generally hospitalized far less often and for generally shorter periods than was the practice in the 1950s, psychiatric hospitalization is still appropriate and necessary when a person is a risk to themselves or someone else.

The United States has spent the last 50 years working to move mental health treatment from institutional settings to the community.

Hospitalization for a mental health disorder may occur in the psychiatric unit of a general hospital, in a private psychiatric hospital, in a community mental health hospital, or in a state hospital. A community mental health hospital is funded by HHSC and can be operated by a variety of entities; a state hospital is funded and operated by HHSC. In general, a person with private health insurance is more likely to receive care in a general or private psychiatric hospital, while a person who is uninsured or on Medicaid is more likely to receive care in a community mental health or state hospital. In addition, state hospitals specialize in serving people with more complex mental health needs or a complicating medical condition.⁵⁰

HHSC operates nine state psychiatric hospitals and an adolescent psychiatric residential treatment center. All state hospitals provide care for adults, but only four provide care for children and adolescents. HHSC also funds psychiatric hospital beds at The University of Texas Health Science Center at Tyler and forensic psychiatric hospital beds at the Montgomery County Mental Health Treatment Facility. These beds complement the state hospital system's capacity. LMHA/LBHAs also receive funding through HHSC to contract with private psychiatric hospitals for available beds. In the past three legislative sessions, funding for these contracts has increased by almost \$44 million.

State hospitals are often considered to be the safety net for inpatient psychiatric care. However, a majority of persons served by state hospitals now are forensic patients—individuals who are mandated to be in the state hospital based on a criminal charge and have been deemed incompetent to stand trial or have been found not guilty by reason of insanity.

As the state hospitals have seen increasing forensic admissions, the Legislature has funded more than 500 private psychiatric hospital beds to address community needs. LMHA/LBHAs can contract with local private psychiatric hospitals to ensure availability of psychiatric hospital beds for people in the community as needed. In addition, HHSC is embarking on a multi-year project to expand, renovate, and transform the aging state hospitals. These projects are designed to, among other improvements, expand capacity. The strategy for the State Hospital Improvement Initiative was outlined in the *Comprehensive Inpatient Mental Health Plan* released in 2017 and mirrors many of the goals of All Texas Access.⁵¹

Justice Systems

The primary justice system that rural county residents interact with is county jails. However, 19 rural Texas counties do not have their own jail, instead boarding inmates in neighboring county jails.⁵² While some larger municipalities also operate municipal jails, municipal jails are rarely located in rural counties. Prisons, in contrast, are operated by the state or a state contractor, are often regionally located, and house inmates who have been convicted and sentenced.

County jails hold:

- People who have been arrested and are awaiting trial;
- People convicted and given brief sentences of incarceration;
- People convicted, given longer sentences of incarceration, and who are awaiting transport to a state prison or a state hospital; and
- People who have been deemed incompetent to stand trial and are waiting to receive competency restoration treatment.

County Jail Overview

When a person is booked into a county jail, the county jail is required to conduct a database query designed to identify people who are arrested and have received LMHA/LBHAs mental health services.⁵³ Ideally, this query allows county jailers to quickly re-connect LMHA/LBHAs to people who currently or previously participated in services and get those people moved out of jail. In fiscal year 2019, an estimated 35 percent of the adult population in Texas county jails had previously interacted with an LMHA/LBHA.⁵⁴

In fiscal year 2019, an estimated 35 percent of the adult population in Texas county jails had previously interacted with an LMHA/LBHA.

On September 1, 2017, the Sandra Bland Act (S.B. 1849, 85th Legislature, Regular Session, 2017) went into effect. Most significantly it:

- Requires county jails to provide telehealth services 24-hours-a-day if health services are not available;
- Reduces the time jailers have to determine if incarcerated people are currently experiencing a mental health or substance use issue and, if so, divert them to a mental health facility; and
- Requires all licensed jailers in Texas take eight hours of mental health training to help them identify mental health conditions and communicate with people experiencing a mental health crisis.⁵⁵

There are some variances as to how a person with a mental health condition receives treatment in a county jail system. A rural county jail may not have the staff or funds to provide adequate treatment. For example, the Hogg Foundation for Mental Health noted that people released from a jail in an affluent county are more likely to receive psychiatric medications when released, while people released from a jail in a less affluent county may not receive any psychiatric medications.⁵⁶ This lack of consistency in receiving medications could contribute to a person cycling in and out of crisis, and in and out of the jail.

Transporting People in Crisis

Law enforcement generally transports a person in crisis to an ER to be screened and/or a mental health facility to receive inpatient treatment. Rural communities may be far away from ERs and inpatient facilities, and the time law enforcement spends with people in crisis in the ER is significant. The Sheriff's Association of Texas reported that the average time law enforcement spends in the ER with a person in crisis is six hours.⁵⁷ Furthermore, this may just be the beginning of law enforcement's involvement with a person in crisis. If it is determined a person needs psychiatric inpatient care, law enforcement then transports the person to a treatment facility.

Transporting persons in crisis may be challenging for rural law enforcement. Their departments are small and may have difficulty absorbing the overtime costs incurred transporting a person to the ER and/or mental health facilities. In small communities, there are fewer deputies on duty at any given time. If a deputy spends most of a shift transporting a person in crisis, the county may not have sufficient law enforcement officers available to respond to other crises, or they may be forced to call-in deputies to provide additional coverage, resulting in overtime. S.B. 344, 85th Legislature, Regular Session, 2017, enacted Health and Safety Code, Section 573.002(e), which permits a person under emergency detention to be transported by emergency medical services personnel. This law represents a significant innovation in urban communities yet may be rarely implemented in rural communities due to a scarcity of emergency medical services personnel and higher costs.

Jail Diversion Strategies

Throughout the state, there are a variety of strategies that support people with mental health concerns from being detained in a county jail. Typically, more robust jail diversion strategies are found in urban counties, as many rural communities lack the financial resources to implement them. However, jail diversion can save money for both the county and state and result in better outcomes for people with mental health concerns. If a diversion program exists in a rural community, it typically involves mental health deputies or mental health courts.

Mental health deputies are law enforcement officers specially trained in crisis intervention through the Texas Commission on Law Enforcement who work collaboratively with the community and the crisis-response teams of LMHA/LBHAs. They help improve the crisis response system by diverting people in need of mental health crisis services away from hospitals and jails to community-based alternatives that provide effective treatment at a lower cost. Mental health deputies also

function as an effective bridge between the mental health and law enforcement communities.

Mental health courts are specialized courts that divert people with mental health conditions from incarceration and into court-supervised treatment. These courts reduce recidivism by treating mental health and substance use conditions, which may be the underlying cause of behavior that lead to the initial incarceration. As of July 16, 2019, Texas had 18 mental health courts: 14 in urban counties and 4 rural counties.⁵⁸ Any county can opt to run a specialty mental health court, and a limited amount of funding is available to help administer these courts through the Office of the Texas Governor.

Competency restoration is required as part of the judicial process for persons who have been arrested and found not competent to stand trial. Competency restoration can be provided in a jail, a state hospital, another psychiatric hospital, or in an outpatient setting. Outpatient competency restoration (OCR) is designed for those persons who can safely receive competency restoration in the community. The OCR services allow for the provision of competency restoration services where a person resides, and are provided in their home, crisis respite facilities, OCR transitional houses, and LMHA/LBHA clinic offices. The OCR services can be a better alternative to inpatient care for successful treatment and long-term recovery.

Special Populations

Veterans

According to the RAND Center for Military Health Policy Research, 18.5 percent of the veterans who served in either Iraq or Afghanistan suffer from either major depression or post-traumatic stress disorder.⁵⁹ There are nearly 1.6 million veterans residing in the state of Texas,⁶⁰ and an estimated 220,000 of those have a mental health condition.⁶¹ Both active duty service members and veterans face barriers to treatment for mental health issues, including:

- Embarrassment about mental health challenges related to military service;
- Long wait times to receive mental health treatment;
- Shame, fear, and stigma over needing to seek mental health treatment;
- Lack of information about mental health challenges and treatment options;
- Barriers to accessing treatment, such as transportation; and
- Concerns over the mental health services offered by the Veterans Health Administration (VHA).⁶²

HHSC and the Texas Veterans Commission (TVC) coordinate to administer the Mental Health Program for Veterans. Services are implemented by the TVC, LMHA/LBHAs, and Texas A&M University Health Science Center. The program provides peer counseling for veterans, access to licensed mental health professionals, and jail diversion services. The program also offers training and technical assistance for peers and mental health professionals serving veterans in the program.

There are more than 21 million veterans estimated to live in the United States with fewer than 10 million enrolled to receive health care from the VHA.⁶³ Veterans have a significantly higher suicide risk compared to the general population. HHSC is working on a veteran suicide prevention plan, with short-term goals expected to be implemented by September 2021 and long-term goals by September 2027. Partners in this initiative are the TVC; the U.S. Department of Veterans Affairs; SAMHSA; Service Members, Veterans, and their Families (SMVF) Technical Assistance Center; veteran advocacy groups; medical providers; and other organizations. This initiative resulted from passage of S.B. 578, 85th Legislature, Regular Session, 2017, as many veterans engage in services in their home

community rather than the VHA with the goal being to provide comprehensive services where veterans reside.

HHSC is tasked with identifying opportunities for raising awareness and providing resources for veteran suicide prevention; increasing access to veteran mental health services; providing accessible and affordable veteran mental health services; expanding public and private partnerships to ensure access to quality and timely mental health services; proactive outreach measures to reach veterans needing care; peer-to-peer service coordination, including training, certification, recertification, and continuing education for peer coordinators; and addressing suicide prevention awareness, measures, and training regarding veterans involved in the justice system.

Children and Adolescents

Many Texas children struggle with mental health challenges that affect their ability to function at home or at school. Each year, about half a million children and adolescents (ages 0 to 17) in Texas experience a mental health condition.⁶⁴ Mental health services for children must be specifically tailored to their age and family circumstances. For services to be the most successful, the family must learn to support the child identified as having mental health challenges, often by changing how the family interacts and functions. Services identify and build on the strengths and supports of the child and family.

Children are also a vulnerable population since they are not able to advocate for themselves. A parent or family member who is actively involved in the child's mental health services can be helpful in ensuring that the child's strengths and preferences are identified and considered.

All LMHA/LBHAs offer services to children and their families. HHSC also contracts with LMHA/LBHAs to manage the YES Waiver, a Medicaid program for children ages 3 through 18 years old that seeks to reduce psychiatric hospitalization and voluntary parental relinquishments to obtain care. The YES waiver program provides community-based coordinated care and access to a robust array of services for youth with particularly complex or severe mental health challenges.

HHSC and the Department of Family and Protective Services (DFPS) collaborate to prevent parents from voluntarily giving up custody of children due only to a lack of mental health resources. This usually happens when the child needs residential care that the family cannot afford. The Residential Treatment Center (RTC) Relinquishment Prevention/Diversion Program offers residential care, including weekly family therapy and coordination between the facility and the LMHA/LBHA in

the family's area. HHSC also participates in a formal System of Care agreement with DSHS, the Texas Education Agency, the Texas Juvenile Justice Department, the Texas Department of Corrections-Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), and DFPS. The agreement outlines the roles and responsibilities of each agency in delivering comprehensive mental health services and supports to children and their families.

Individuals with Intellectual and Developmental Disabilities

A person with an intellectual or developmental disability (IDD) who also has a mental health condition often faces barriers to treatment, services, and support. Behavioral health services for people with IDD is listed as Gap 9 in the *Statewide Behavioral Health Strategic Plan*.⁶⁵ Texas has begun taking steps to address this gap, particularly since the incidence of mental health disorders among people with IDD is estimated to be more than three times higher than the general population with approximately 30-35 percent of people with IDD having a co-occurring mental health diagnosis.⁶⁶

The 86th Legislature made some investments in behavioral health intervention supports for people with IDD. This legislative support resulted in:

- Establishing, expanding, or enhancing community-based crisis services for people with IDD;
- Providing support to existing crisis mobile units (such as a MCOTs) to include the availability of a behavioral specialist specifically trained in addressing crisis situations involving people with IDD; and
- Providing crisis respite services for people with IDD and for people who have IDD with co-occurring mental illness.

These crisis programs provided and continue to provide positive outcomes by alleviating the use of law enforcement as the primary responder while also minimizing the incarceration of persons with co-occurring IDD and mental illness who are in crisis.

Disaster Victims

Following a disaster, emergency, or incident, it is common for those in and around the impacted region to experience distress and anxiety about safety, health, and recovery. The effects of a disaster, terrorism incident, or public health emergency can be long-lasting, and the resulting trauma can affect those not directly exposed

to the incident. Disaster behavior health interventions are designed to address incident-specific stress reactions rather than ongoing behavioral health needs.

Disaster behavioral health addresses the impacts that disasters, emergencies, or incidents have on survivors and first responders as they respond and recover. The goals of disaster behavioral health are to relieve stress, reinforce healthy coping strategies, mitigate future behavioral health problems, and promote people and community resilience.

Texas relies on the LMHA/LBHAs, which are responsible for disaster behavioral health planning, response, and recovery. LMHA/LBHAs are among the first to respond to disaster behavioral needs in their service areas. Below are examples of disaster behavioral health related responses supported by LMHA/LBHAs⁶⁷:

- South Texas – Hurricane Hannah (July 2020) – Border Region Behavioral Health Center, Coastal Plains Community Center, Nueces Center for Mental Health and Intellectual Disabilities, Tropical Texas Behavioral Health
- Statewide – COVID-19 Response (May 2020) - 33 LMHA/LBHAs funded to ensure service provision to all 254 Texas counties.
- White Settlement: West Freeway Church of Christ Shooting (December 2019) MHMR of Tarrant County
- East Texas – Tropical Storm Imelda (October 2019) – Burke Center; The Harris Center for Mental Health and IDD; Spindletop Center; Tri-County Behavioral Healthcare
- Mass shooting incident in Odessa/Midland (August 2019) – PermianCare – Primary; Supported by Integral Care, StarCare Specialty Health System
- Mass shooting incident in El Paso, Texas (August 2019) – Emergence Health Network – Primary; Supported by Bluebonnet Trails Community Services, Integral Care, Tropical Texas Behavioral Health, MHMR of Tarrant County, Gulf Coast Center
- Flooding incident in the Rio Grande Valley (August 2019) – Tropical Texas Behavioral Health
- Flooding incident in the Rio Grande Valley (June 2018) – Tropical Texas Behavioral Health

- Mass shooting incident in Santa Fe, Texas (May 2018) – Gulf Coast Center, Texoma Community Centers, Hill Country Mental Health and Developmental Disabilities Centers
- Mass shooting incident in Sutherland Springs, Texas (November 2017) – Camino Real Community Services
- Texas Gulf Coast Hurricane Harvey (September 2017) – Bluebonnet Trails Community Services, The Harris Center for Mental Health and IDD, Tri-County Behavioral Healthcare, Gulf Coast Center, Gulf Bend Center, Coastal Plains Community Center, Nueces Center for Mental Health and Intellectual Disabilities, Spindletop Center, Burke Center, and Texana Center

5. All Texas Access ASH Regional Group

Figure 14. All Texas Access ASH Regional Group Priorities and Plans

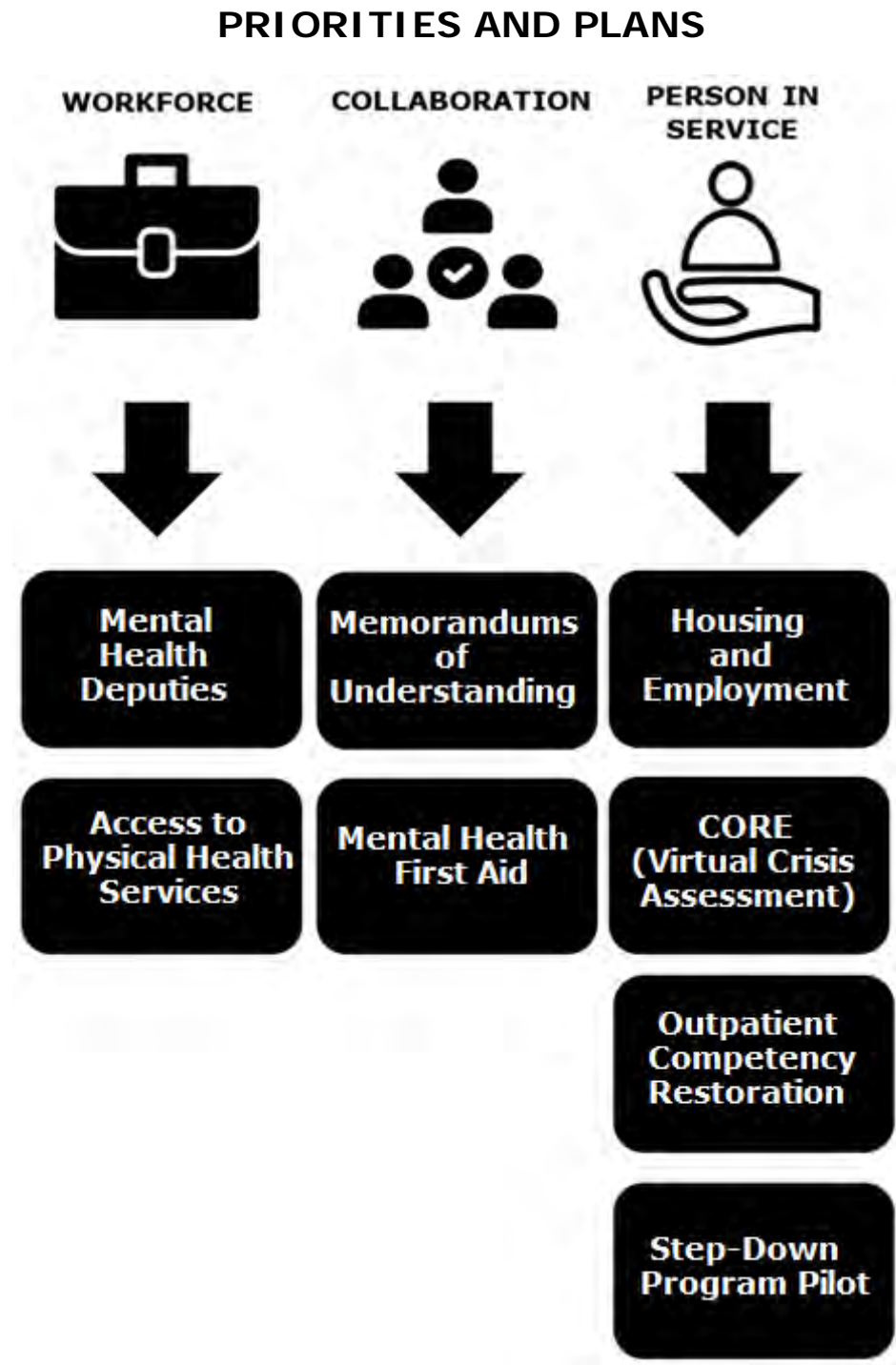


Figure 15. Map of All Texas Access ASH Regional Group*

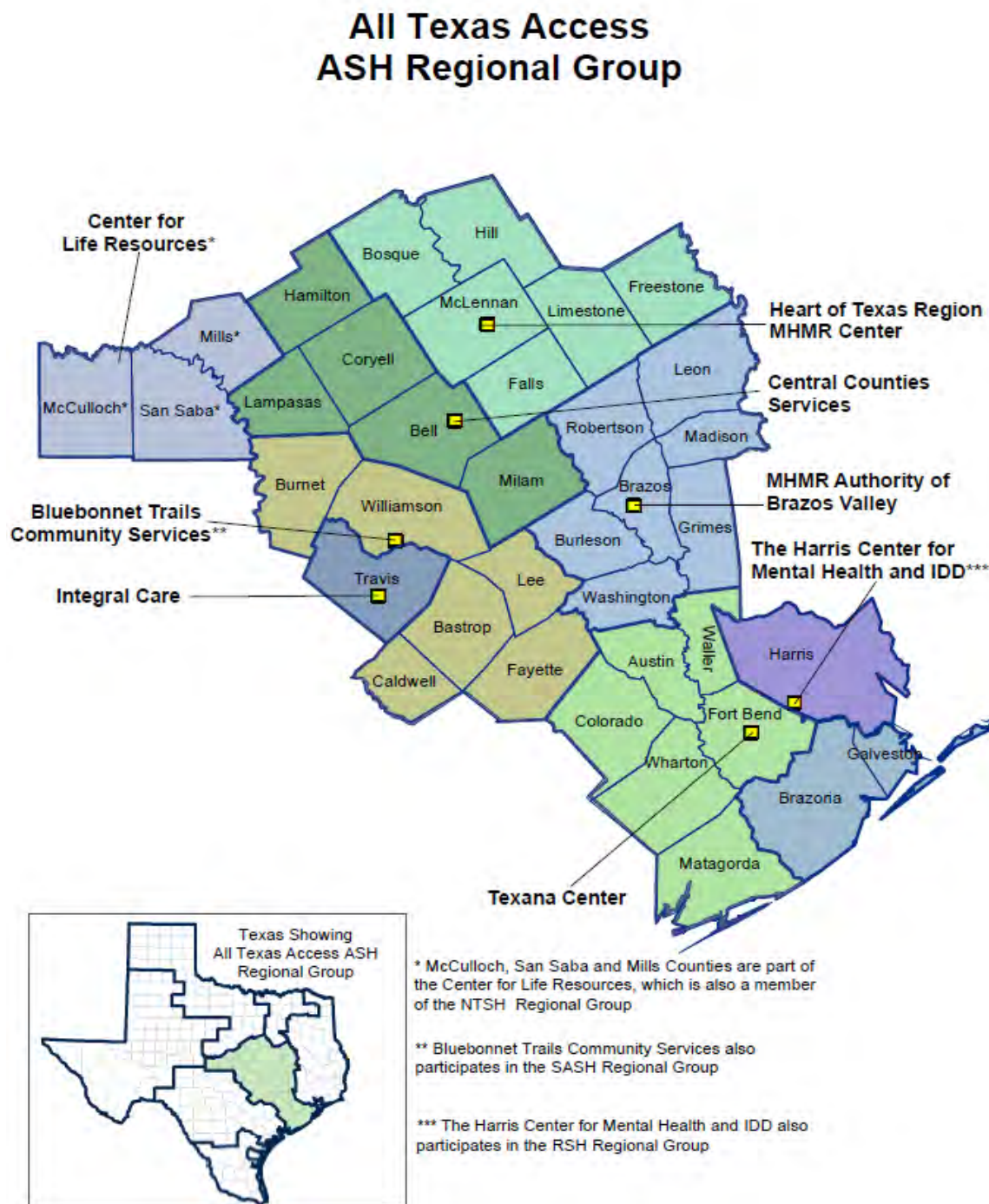


Image Source: HHSC Communications

* Yellow squares represent LMHA/LBHAs headquarter locations only. For a map of LMHA/LBHA mental health outpatient offices, see Appendix H, All Texas Access ASH Regional Group.

Participating LMHA/LBHAs

The following LMHA/LBHAs participated in the All Texas Access ASH Regional Group:

- Bluebonnet Trails Community Services
- Center for Life Resources
- Central Counties Services
- Gulf Coast Center
- The Harris Center for Mental Health and IDD
- Heart of Texas Region MHMR
- Integral Care
- MHMR Authority of Brazos Valley
- Texana Center

Integral Care (headquartered in Austin/Travis County) and The Harris Center for Mental Health and IDD (headquartered in Houston/Harris County) participated in this regional group as ex-officio members.

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

Regional Characteristics

37 counties		32,900 square miles	
8 urban	29 rural	2,694 urban	30,206 rural

Square Mileage Comparison: Indiana
Population Comparison: Michigan

Population: 9,629,989	
Largest County: Harris 4,686,778 People	Smallest County: Mills 4,931 People

Delivery System Reform and Incentive Payment (DSRIP)

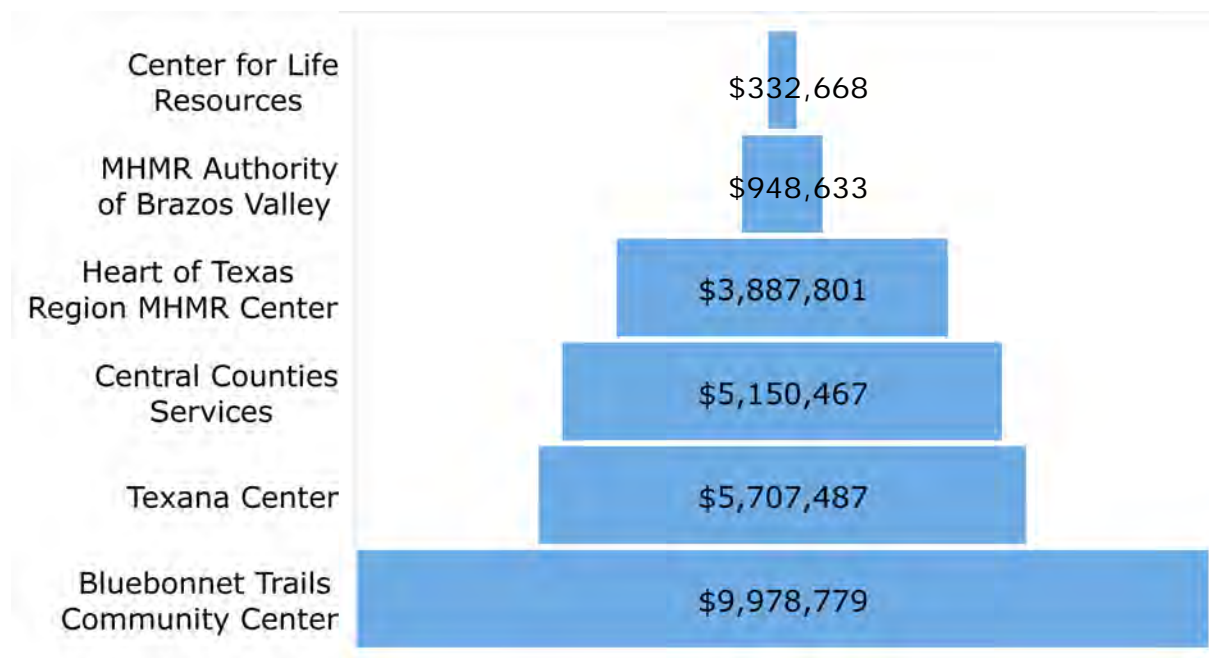
The All Texas Access ASH Regional Group had \$26,005,835 in federal funds through DSRIP in fiscal year 2019. That funding was primarily used by rural-serving LMHA/LBHAs in this region to:

- Maintain and extend services to people outside of the priority population;
- Supplement salaries to ensure the workforce is stable;
- Support initiatives for people experiencing a mental health crisis; and
- Support criminal justice diversion.

The anticipated end of this funding in 2021 has the risk of creating many gaps in access to care. The LMHA/LBHAs in this regional group report that the majority of

DSRIP activities are at risk of ending if this funding is not sustained. The LMHA/LBHAs anticipate that losing DSRIP-funded programs will result in challenges in responding to suicidality, increased homelessness, increased ER use, increased incarcerations, and higher rates of people going without treatment, resulting in community safety concerns and higher health care costs. Additionally, one LMHA/LBHA anticipates that losing DSRIP funding would cause them to create a waitlist for services.

Chart 9. All Texas Access ASH Regional Group DSRIP Federal Share Amounts for Federal Fiscal Year 2019



All Texas Access ASH Regional Group Plan

Overview

During the planning process, the All Texas Access ASH Regional Group defined the mental health workforce as anyone who may encounter the person in service. When viewed through this wider lens, the mental health workforce significantly expands beyond the mental health providers of the LMHA/LBHAs to include other potential providers and partners, including law enforcement, health care providers, hospitals,

LMHA/LBHAs in this region leverage relationships and resources to act as the hub of an interconnected web of mental health services.

schools/universities, faith-based organizations, and other community organizations. The challenge and responsibility of providing mental health services to rural Texans becomes a challenge and responsibility for all the community partners.

As an authority on mental health treatment and recovery principles, LMHA/LBHAs are uniquely positioned in communities to provide guidance, technical assistance, and collaborations that effectively extend the mental health workforce beyond the LMHA/LBHAs. The All Texas Access ASH Regional Group identified that LMHA/LBHAs in this region leverage relationships and resources to act as the hub of an interconnected web of mental health services.

By participating in both the hospital redesign and the All Texas Access planning, LMHA/LBHAs linked the two projects, ensuring a unified approach to improving the continuum of mental health services. The ASH redesign efforts prioritized exceptional care and collaboration, mirroring goals of the All Texas Access regional group and the Statewide Behavioral Health Coordinating Council. Both groups made similar recommendations relating to housing and service capacity.

The All Texas Access ASH Regional Group identified ways to effectively collaborate with community partners by forming or enhancing interlocal contracts and agreements clarifying roles and responsibilities, so each partner knows their area of expertise when it comes to providing mental health services in each region. LMHA/LBHAs can expand capacity by collaborating with partners, allowing the LMHA/LBHAs to focus on providing crisis services and serving people with more complex mental health conditions while partners in the community provide services as appropriate in the context of operations, such as school systems, health care clinics, FOHCs, and domestic violence shelters. The result of the strategic collaboration is system alignment to ensure Texans in the All Texas Access ASH Regional Group have access to care at the right time and right place.

Existing Opportunities

Existing opportunities are those that the LMHA/LBHAs of this region are already doing and that can be continued or strengthened with little or no additional funding.

Participate in Step-Down Program Pilot



Bluebonnet Trails Community Services is participating in an HHSC pilot program funded by the Mental Health Block Grant that is designed to transition a person who is psychiatrically and/or medically fragile from state hospitals to a more appropriate community-based setting. A person participating in this program will receive services to support

community tenure, including pre- and post-care coordination, psychiatric services, peer support, substance use treatment, housing and employment services, and medical care planning. Bluebonnet Trails Community Services will admit a person to a six-bed program, whether a person's county of residence is within the Bluebonnet Trails service area.

While the six-bed program is a small program and part of a pilot project, the new step-down program is an excellent opportunity to support state hospital residents in transitioning to community-based living, collaborate with other LMHA/LBHAs to serve people in the community, and develop best practices and "lessons learned" for inspiring other LMHA/LBHAs to develop a similar program in the future.

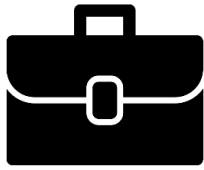
Increase Outpatient Competency Restoration (OCR) Programs



Bluebonnet Trails Community Services and Center for Life Resources have new OCR programs. An OCR program specializes in providing community-based competency restoration services, which include mental health and substance use treatment services, as well as legal education for people found incompetent to stand trial. OCR diverts a person from the criminal justice system by providing competency restoration, mental health treatment, and community reintegration. OCR has the potential to redirect persons who would normally be committed to a state hospital into a community setting. To be effective, an OCR program requires well-coordinated relationships with the local judicial system and other community stakeholders which takes time to develop. Over time, this service holds promise as an alternative to inpatient competency restoration for Bluebonnet Trails Community Services and Center for Life Resources local service areas, and, eventually, as the program matures, for the All Texas Access ASH Regional Group ensuring access to care for rural Texans.

OCR is a step toward building a continuum in rural Texas of alternatives to restrictive care which can also include outpatient commitments, Forensic ACT teams, Texas Correctional Office on Offenders with Medical or Mental Illness program (TCOOMMI), and step-up/step-down facilities. Outpatient commitments are court-ordered treatment in the community for a person with mental illness meeting certain legal criteria. Forensic ACT teams use the ACT model but adjust according to the criminal justice system involvement of the person with mental illness. The TCOOMMI program engages a person who is currently on either probation or parole by providing comprehensive mental health services to assist a person from re-offending while working with the criminal justice system.

Increase Mental Health Deputies



Many local jurisdictions in the All Texas Access ASH Regional Group employ mental health deputies or law enforcement who are trained to assist in a mental health crisis. These positions are currently funded in a variety of ways, including mental health grants, DSRIP funds, and General Revenue. Mental health deputies who are HHSC-funded have demonstrated effectiveness due to close collaboration between the LMHA/LBHAs and law enforcement. Mental health deputies can function as a liaison between law enforcement and the LMHA/LBHAs. LMHA/LBHAs working closely with law enforcement can develop localized solutions to close unique gaps in service. Currently, 26 percent of rural counties in the All Texas Access ASH Regional Group have mental health deputy coverage. Expanding mental health deputy programs in the remaining rural counties will assist the mental health system in the All Texas Access ASH Regional Group by diverting more people from jails and coordinate mental health care for rural Texans more effectively.

Regional Consideration - High Incarceration Rates for Persons with Mental Health Conditions

A lack of an accessible alternative to incarceration results in law enforcement weighing the risk of safety for the community versus accessible options for a person in crisis.

Expand Housing and Employment Recovery Investments



Safe and affordable housing in rural communities is a challenge for people participating in LMHA/LBHA services. Sober living arrangements are also a challenge for a person with co-occurring mental health and substance use conditions. During the All Texas Access ASH Regional Group meetings, LMHA/LBHAs agreed that a short-term plan enhancing coordination with the Aging Disability Resource Centers and the Area Agencies on Aging may provide further assistance with housing alternatives.

The All Texas Access ASH Regional Group will develop a regional approach to housing by doing the following:

- Conduct an environmental scan and gap analysis to examine options for expanding available and accessible affordable housing;
- Enhance tenancy support services;

- Identify regional solutions to address existing gaps and barriers to housing for a person with serious mental illness;
- Build local coalitions;
- Finance housing through tax credits; and
- Engage local developers interested in building tiny homes or other sustainable housing.

In addition to access to safe, affordable housing as being integral to recovery, the All Texas Access ASH Regional Group identified the importance of access to meaningful, sustaining employment for persons served through the LMHA/LBHAs. However, some people have criminal backgrounds that bar them from housing and employment opportunities. The All Texas Access ASH Regional Group agreed to a regional strategy that includes working with local judiciary to address criminal background challenges. The All Texas Access ASH Regional Group identified best practices in working with local judiciary to mitigate criminal backgrounds when appropriate.

Initiatives that address housing and employment solidify the path to long term, stable recovery and hold the promise of the individual in service becoming a fully contributing member of society.

To address the long-term need for meaningful employment, LMHA/LBHAs are interested in seeking opportunities to enhance training, GED classes, and other options to strengthen the workforce community. Initiatives that address housing and employment solidify the path to long-term, stable recovery and hold the promise of the person receiving services becoming a fully contributing member of society.

Regional Consideration – Housing

Due to the rapid population growth along IH-35 and in Houston, people participating in LMHA/LBHA services may have difficulty accessing affordable housing due to rising housing costs. Housing is at the foundation of social determinants of health. Without housing, the ability to maintain employment, continue education, and sustain health in the community will suffer.

Strengthen Strategic Collaborations with Community Partners



LMHA/LBHAs continuously work on expanding services in the community with collaborations through enhanced memorandums of understanding, interlocal agreements, and other contracts to support the expansion of the mental health workforce. Continuing to strengthen these relationships informally and through formal agreements enhances communication and provides clarity on roles and responsibilities to effectively address the mental health needs of the community. The outcomes of these collaborations will be a stronger, coordinated community approach to mental health care access. Logical partnerships would include local governments, law enforcement, school districts, universities, nonprofits, and healthcare providers (FQHCs and local hospitals).

Incorporating integrated care is critical in the rural community. At a minimum, addressing medical and behavioral health needs can impact costs of staffing, training, and transportation. Effective communication and linkages provide better access to care which, in turn, expand access to services.

In the All Texas Access ASH Regional Group, all the LMHA/LBHAs are working toward or have already become a certified community behavioral health clinic (CCBHC). The All Texas Access ASH Regional Group believes the CCBHC model has great potential to increase quality of care as well as begin to manage the significant growth and integrated care needs in the All Texas Access ASH Regional Group. Although there are numerous advantages to an integrated model of care, care coordination offers a significant boost to the robust CCBHC system. The care coordination model is essential to the CCBHC approach and will effectively expand the mental health workforce beyond the LMHA/LBHAs through the care coordinators' role in organizing care for each person through the various service providers that will address the person's mental health and medical needs.

Regional Consideration – Workforce

Another accessibility issue common across the LMHA/LBHAs serving rural counties in this region is the shortage of professional health care providers. Health care providers generally choose to locate near urban areas rather than rural communities. The lack of transportation combined with the lack of available mental health professionals increases the likelihood that mental health conditions will be left untreated and create crisis'

Mental Health First Aid (MHFA) training not only increases public awareness while reducing stigma toward mental illness but also indirectly increases the mental

health workforce. Ongoing MHFA training can effectively increase the mental health workforce as more school personnel are aware of the symptoms of mental illness and how to connect a person in a mental health crisis with the appropriate resources. Through this increase in understanding, awareness, and early intervention, people can have access to routine care more quickly.

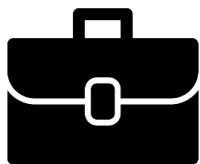
Regional Consideration – Growing Number of Children

Many rural counties in this region serve as “bedroom” or commuter communities for the urban centers. Consequently, several LMHA/LBHAs report a surging growth rate of children and children’s mental health needs. Rural LMHA/LBHAs report an increased number of suicide attempts among children and youth, as well as an increase in completed suicides. Sparse resources exist within the region to support youth crisis respite, which effectively diverts youth from inpatient psychiatric care and residential treatment.

Opportunities to Expand Capacity to Needed Services

Opportunities proposed in this section, in order to implement, would require a funding source. Anticipated costs are outlined later in this regional plan under “Cost Offsets.”

Provide Access to Physical Health Services



All of the LMHA/LBHAs in the All Texas Access ASH Regional Group have a relationship with the local FQHC. Many of the LMHA/LBHAs have collaborations with university health science centers for the purpose of providing integrated healthcare as well as expanding the workforce through residency and internship programs. When people have access to mental health as well as quality primary health care services, a person’s ability to recover is enhanced. People with serious mental illness tend to have a higher mortality rate compared to the general population.⁶⁸ However, LMHA/LBHAs have identified that many indigent people served cannot afford the co-payment required by the FQHC, which can result in untreated medical issues. Some LMHA/LBHAs use DSRIP funding to subsidize these costs. Other LMHA/LBHAs can transfer some people who are not psychiatrically complex into the care of FQHCs by covering the cost of the FQHC co-pays.

When people have access to mental health as well as quality primary health care services, their ability to recover is enhanced.

The All Texas Access ASH Regional Group identified that funding flowing through the LMHA/LBHAs to the FQHC formalizes the collaboration and coordination between the LMHA/LBHAs and the FQHCs in the region and enhances care coordination. In addition, funding sustaining integrated health partnerships with university health science centers offer opportunities to address professional shortages in the region. By accessing routine mental and medical health services, a person is less likely to access the emergency medical and mental health systems.

As a person's whole health improves, the required level of care to remain in the community can potentially decrease. Coordinating care will increase the person's ability to participate more fully in their recovery and increase their stability in the community.

Develop a Clinician Officer Remote Evaluation Program



LMHA/LBHAs expressed an interest in developing a region-wide care coordination system using technology with potential to streamline communication, coordination, and transportation for a person in crisis, law enforcement, and the LMHA/LBHAs. LMHA/LBHAs would like to develop a regionally controlled system in which there is a single point of contact for mental health crisis triage with law enforcement. This model is called Clinician Officer Remote Evaluation (CORE).

The CORE model connects law enforcement with the LMHA/LBHAs through the use of remote video technology to allow real-time crisis screening assessment in the field via telehealth. Technology could include a tablet, cell phone with video technology, or other streaming service. By connecting through technology, LMHA/LBHAs can screen a person for crisis services remotely, and then assist law enforcement to the best disposition of the case, which may include transporting a person to the nearest crisis service or detox center that would best meet the needs of a person in crisis.

The CORE concept has been tested in a Harris County pilot program with The Harris Center for Mental Health and IDD and the Harris County Sheriff's Department. An evaluation of the pilot program was funded by The Arnold Foundation to University of Houston-Downtown to complete a mid-term evaluation on the pilot project. The impact and effectiveness of the pilot was significant. Eighty-three percent of the participating deputies responded that having access to a clinician helped them decide what course of action to take with the person in crisis. Seventy-

CORE could potentially save law enforcement transportation costs and time in waiting for a person in crisis to be seen face-to-face.

one percent responded that The Harris Center for Mental Health and IDD helped them handle the call in a shorter period than if they had responded without using the telehealth option. There was a range of time for the calls; however, the average length of a call was 24 minutes. This resulted in the deputy returning to the call for service loop more quickly. Forty percent of the calls were resolved on scene with the other 60 percent resulting in an emergency detention order. Of the calls that remained on scene, the person in crisis and families were offered a follow up call within 24 hours by The Harris Center for Mental Health and IDD Crisis Line. If a face-to-face interview was needed by the person in crisis, The Harris Center for Mental Health and IDD staff traveled to the site. Of those transported to a hospital, the deputy could provide some input from a licensed clinician.

Currently, clinicians travel with law enforcement or drive out to meet law enforcement to provide a crisis screening. CORE could potentially save law enforcement transportation costs and time in waiting for a person in crisis to be seen face-to-face. This model would also help address workforce shortages by allowing one or two clinicians to remotely connect with multiple law enforcement and provide more immediate access for people in crisis to receive services.

Regional Considerations – Access to Care

People in this region often have difficulty accessing services that may support their recovery. For example, most of the rural communities do not have public transportation options. Some of the counties in this region are located an hour or more away from mental health inpatient facilities. Because of a lack of transportation, some may go without mental health treatment until their situation becomes a crisis.

Many of this region's rural counties are affected by the "digital divide." Internet and cell phone coverage is sporadic in rural counties farther away from urban centers. The lack of coverage affects use of technological advances in delivering timely care. Specifically, the lack of effective, reliable broadband internet service creates gaps in the ability to effectively leverage telemedicine and telehealth services.

All Texas Access ASH Regional Group Plan Alignment with Statewide Plans

The All Texas Access ASH Regional Group Plan addresses the following identified gaps in the *Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021*:

Gap 1: Access to Appropriate Behavioral Health Services

Gap 2: Behavioral Health Needs of Public School Students

Gap 6: Access to Timely Treatment Services

Gap 10: Consumer Transportation and Access to Treatment

Gap 12: Access to Housing

Gap 13: Behavioral Health Workforce Shortage







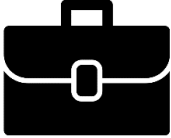




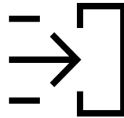
Gap 15: Shared and Usable Data

The All Texas Access ASH Regional Group Plan aligns with the *Comprehensive Inpatient Mental Health Plan* by coordinating care in the region to ensure that Texans in the All Texas Access ASH Regional Group have “Easy Access,” the second objective in the *Comprehensive Inpatient Mental Health Plan*. By embracing strategic collaborations and expanding care through collaboration with law enforcement, health care providers, and educators the LMHA/LBHAs can ensure that Texans in this region have “access to care at the right time and the right place.” The collaborations in this region will reinforce and support a “Systems Based Care,” the third objective in the *Comprehensive Inpatient Mental Health Plan* which focuses on getting people who need care access to that care at the right time and place.

All Texas Access ASH Regional Group Survey Results

The All Texas Access Community Survey was open from January 3, 2020, to April 3, 2020. The survey solicited feedback about mental health care in rural Texas communities. The survey occurred parallel to regional planning, and at times the survey results diverge from regional considerations. In addition, while HHSC recognizes the prevalence of co-occurring mental health and substance use conditions, substance use treatment is only addressed within the broader context of mental health services. The Statewide Analysis of Rural Mental Health Services section of this report and Appendix O, Statewide Online Survey, include additional information regarding the survey.

Table 4. All Texas Access ASH Regional Group Survey Results

Category	Top Three Responses		
Most Helpful	Crisis Services 	Counseling 	Medication 
Most Needed	Counseling 	Crisis Services 	Substance Use Treatment 
Greatest Opportunities	Increase Mental Health Workforce 	Reduce Wait Time for Services 	Increase Transportation Services 
Significant Barriers	Lack of Services in Rural Areas 	Transportation 	Lack of Timely Access to Mental Health Treatment 

All Texas Access ASH Regional Group Plan: HHSC Evaluation

Estimated Costs of Regional Group

The estimated cost, per incident, in this region for each of the four All Texas Access metrics are:

- Local Government Crisis Care = \$220
- Transportation = \$709
- Incarceration = \$2,520
- ER Charges = \$2,091

More information on how these costs were calculated can be found in Appendix F, Data Methodology.

Cost Offsets

For each of the opportunities to expand capacity in this regional group, HHSC has used available data to estimate the minimum number of emergency room and/or incarceration diversions that would result in offsetting the estimated cost of the proposal. Additional detail on how these offsets were calculated can be found in Appendix H, All Texas Access ASH Regional Group.

Increase Mental Health Deputies

Proposal: Fund 27 new Mental Health Deputies throughout the All Texas Access ASH Regional Group

Impact Statement:

- Cost Estimate: \$3,187,161
- Cost-Neutral Diversion Estimate: 1,267 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Provide Access to Physical Health Services

Proposal: Collaborate with FQHCs by covering co-pay costs for select persons receiving services at the LMHA/LBHAs. This proposal will expand capacity for the LMHA/LBHAs by assisting those who have no payor to get access to medical care at the FQHC to address physical health needs. This plan will also solidify relationships among the LMHA/LBHAs and FQHC partners.

Impact Statement:

- Cost Estimate: \$300,000
- Cost-Neutral Diversion Estimate: 143 ER visits annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Develop a CORE Program

Proposal: Implement the CORE program in the All Texas Access ASH Regional Group in an effort to divert more people experiencing a mental health crisis from ERs and incarceration.

Impact Statement:

- Cost Estimate: \$3,267,750, with an additional \$208,400 in one-time, statewide software development cost
- Cost-Neutral Diversion Estimate: 276 ER visits and 1,151 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

All Texas Access ASH Regional Group Plan Scorecard

Each regional plan is scored by the rural-serving LMHA/LBHA members of the regional group and staff from the HHSC's IDD-BHS department. The regional plan was scored based on alignments with regional perspectives, feasibility, impact on Texans, and alignment with statewide plans. Each of the metrics is scored on a scale of 0 to 10, with 10 being the best possible score. The score for each metric also contributed a weighted percentage to a composite score.

- **Alignment with Regional Perspectives**

- **System Modeling Themes** – The degree in which the regional plan aligns with the system model for the regional group.

The HHSC team and the All Texas Access ASH Regional Group felt positive about the plan addressing regional modeling themes. The regional group felt that enhancing and developing strategic collaborations with each other and with their community partners will be central to implementing their plan. The HHSC team believed that enhancing the workforce through collaborations will benefit the experience of the person receiving services.

Score: 8.49

Contribution to Composite Score: 15 percent

- **Survey Results** – The degree in which the regional plan aligns with the All Texas Access survey results for the region.

While the survey process was in parallel to regional planning, both the All Texas Access ASH Regional Group and the HHSC team felt that the regional plan aligned with the priorities in the survey. The HHSC team noticed that the CORE opportunity and strategic collaborations could effectively help address the identified survey need for substance use treatment for persons with co-occurring mental health and substance use conditions.

Score: 8.08

Contribution to Composite Score: 15 percent

- **Feasibility**

- **Community Partner Coordination** – The degree in which the regional plan is dependent upon community partners to successfully implement.

The All Texas Access ASH Regional Group expressed mixed feelings about the availability and willingness of community partners across the All Texas Access ASH Region. Some LMHA/LBHAs have well-developed and ongoing relationships with community partners. Other LMHA/LBHAs described the relationships as undeveloped and untapped. A small number expressed doubt about community partners' willingness to effectively collaborate. HHSC agreed that a more coordinated effort across the region would help all the LMHA/LBHAs and that some LMHA/LBHAs had a more developed relationship than others.

Score: 7.32

Contribution to Composite Score: 10 percent

- **Ability to Implement** – The degree in which the regional plan is anticipated to be successfully implemented by the involved parties.

The All Texas Access ASH Regional Group expressed concerns about the ability to implement aspects of the plan which are dependent on funding due to the availability of grant programs, local match requirements, and the much-needed participation of some community partners. The HHSC team was optimistic about the regional group's ability to implement the plan.

Score: 7.01

Contribution to Composite Score: 10 percent

- **Impact on Texans** – The degree in which the regional plan is anticipated to impact the four-metrics outlined in S.B. 633 (e.g. cost to local governments, transportation to mental health facilities, and jail and ER visits by people with a mental health condition).

The All Texas Access ASH Regional Group and the HHSC team are both very positive about the regional plan and the impact on rural Texans.

Score: 8.76

Contribution to Composite Score: 30 percent

- **Alignment with Statewide Plans** – The degree in which the regional plan addresses gaps outlined in the Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2017 – 2021 and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

Both the All Texas Access ASH Regional Group and HHSC are very positive about the alignment with the Statewide Behavioral Health Strategic Plan and the Comprehensive Inpatient Plan.

Score: 8.98

Contribution to Composite Score: 20 percent

Figure 16. All Texas Access ASH Regional Plan Scorecard



Regional Mental Health Crisis Facilities

The map in Figure 17 displays the state-funded mental health crisis facilities in the All Texas Access ASH Regional Group. Note that additional resources not funded by HHSC may exist in the region. A list of the specific facilities represented in the map are listed in Table 5.

Figure 17. All Texas Access ASH Regional Group Crisis Facilities*

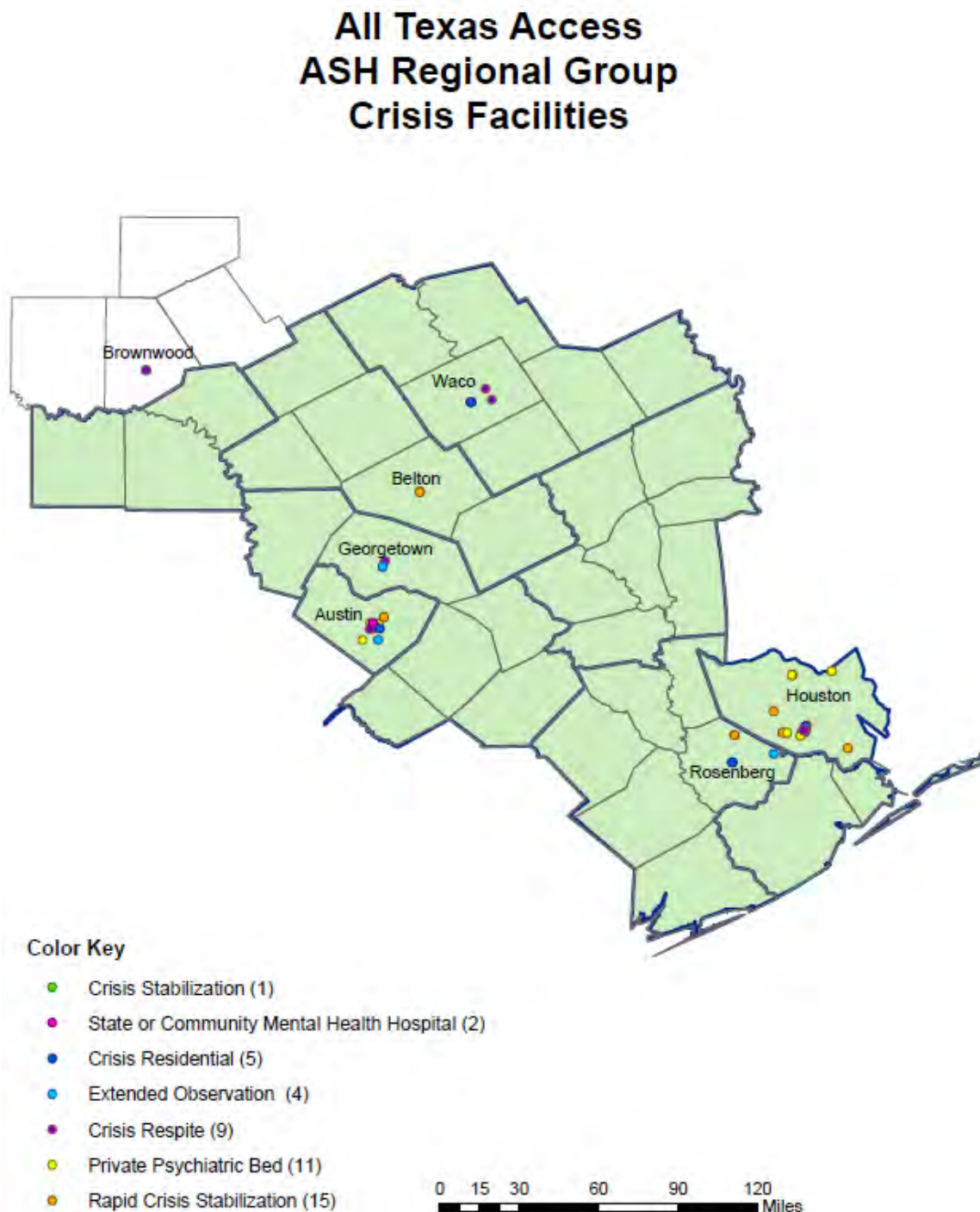


Image Source: HHSC Communications

*Note: Map dots may overlap, particularly in urban areas. A facility may also serve more than one purpose, which may cause the map dots not to match the counts in the legend and the table on the next page.

Table 5. All Texas Access ASH Regional Group LMHA/LBHA Crisis Map Locations

CSU = Crisis Stabilization Unit
 EOU = Extended Observation Unit
 PPB = Private Psychiatric Beds

Type	Provider Name	Address	City	Zip Code	County
Crisis Residential	The Harris Center for Mental Health and IDD	2627 Caroline	Houston	77004	Harris
Crisis Residential	Integral Care	1165 Airport Blvd.	Austin	78702	Travis
Crisis Respite	Center for Life Resources	1200 3rd St.	Brownwood	76801	Brown
Crisis Respite	The Harris Center for Mental Health and IDD	5518 Jackson St.	Houston	77004	Harris
Crisis Respite	Heart of Texas Region MHMR Center	1200 Clifton	Waco	76704	McLennan
Crisis Respite	Heart of Texas Region MHMR Center	7452 S. 3rd St.	Waco	76706	McLennan
Crisis Respite	Integral Care	403 E. 15th St.	Austin	78701	Travis
Crisis Respite	Integral Care	622 N. Lamar	Austin	78703	Travis
Crisis Respite	Bluebonnet Trails: San Gabriel Crisis Respite	711 North College St.	Georgetown	78626	Williamson
Crisis Respite/ Crisis Residential	The Harris Center for Mental Health and IDD	2505 Southmore St.	Houston	77004	Harris
CSU	The Harris Center for Mental Health and IDD	1502 Taub Loop	Houston	77030	Harris
EOU	Integral Care	6600 E. Ben White Blvd.	Austin	78741	Travis
EOU/Crisis Residential	Texana Center	5311 Ave. N	Rosenberg	77471	Fort Bend
EOU/Crisis Respite/Crisis Residential/ PPB	DePaul Center	301 Londonderry	Waco	76712	McLennan

Type	Provider Name	Address	City	Zip Code	County
EOU/Rapid Crisis Stabilization/PPB	Georgetown Behavioral Health Institute	3101 S. Austin Ave.	Georgetown	78626	Williamson
PPB	Austin Oaks Hospital	1407 W. Stassney Lane	Austin	78745	Travis
PPB	Dell Children's Medical Center	4900 Mueller Blvd.	Austin	78723	Travis
PPB/Rapid Crisis Stabilization	Cedar Crest Hospital	3500 S IH 35 Frontage Road	Belton	76513	Bell
PPBs/Rapid Crisis Stabilization	West Park Springs	6902 S. Peek Road	Richmond	77407	Fort Bend
PPB/Rapid Crisis Stabilization	Cypress Creek Hospital	17750 Cali Drive	Houston	77090	Harris
PPB/Rapid Crisis Stabilization	Behavioral Hospital of Bellaire	5314 Dashwood	Houston	77081	Harris
PPB/Rapid Crisis Stabilization	SUN Behavioral	7601 Fannin St.	Houston	77054	Harris
PPB/Rapid Crisis Stabilization	Kingwood Pines Hospital	2001 Ladbrook Drive	Kingwood	77339	Harris
PPBs/Rapid Crisis Stabilization	Cross Creek Hospital	8402 Cross Park	Austin	78754	Travis
Rapid Crisis Stabilization	Intra Care North	1120 Cypress Station	Houston	77090	Harris
Rapid Crisis Stabilization	Sacred Oak Medical Center	11500 Space Center Blvd.	Houston	77059	Harris
Rapid Crisis Stabilization	St. Joseph's Hospital	1404 St. Joseph's Parkway	Houston	77002	Harris
Rapid Crisis Stabilization	Houston Behavioral Healthcare Hospital	2801 Gessner Road	Houston	77080	Harris
Rapid Crisis Stabilization	West Oak Hospital	6500 Hornwood	Houston	77074	Harris
Rapid Crisis Stabilization	Austin Lakes Hospital	1025 E. 32nd Str.	Austin	78705	Travis

Type	Provider Name	Address	City	Zip Code	County
Rapid Crisis Stabilization	Ascension Seton Shoal Creek	3501 Mills Ave.	Austin	78731	Travis
State or Community Mental Health Hospital	UTHealth Harris County Psychiatric Center	2800 S MacGregor Way	Houston	77021	Harris
State or Community Mental Health Hospital	Austin State Hospital	4110 Guadalupe	Austin	78751	Travis

6. All Texas Access BSSH Regional Group

Figure 18. All Texas Access BSSH Regional Group Priorities and Plans

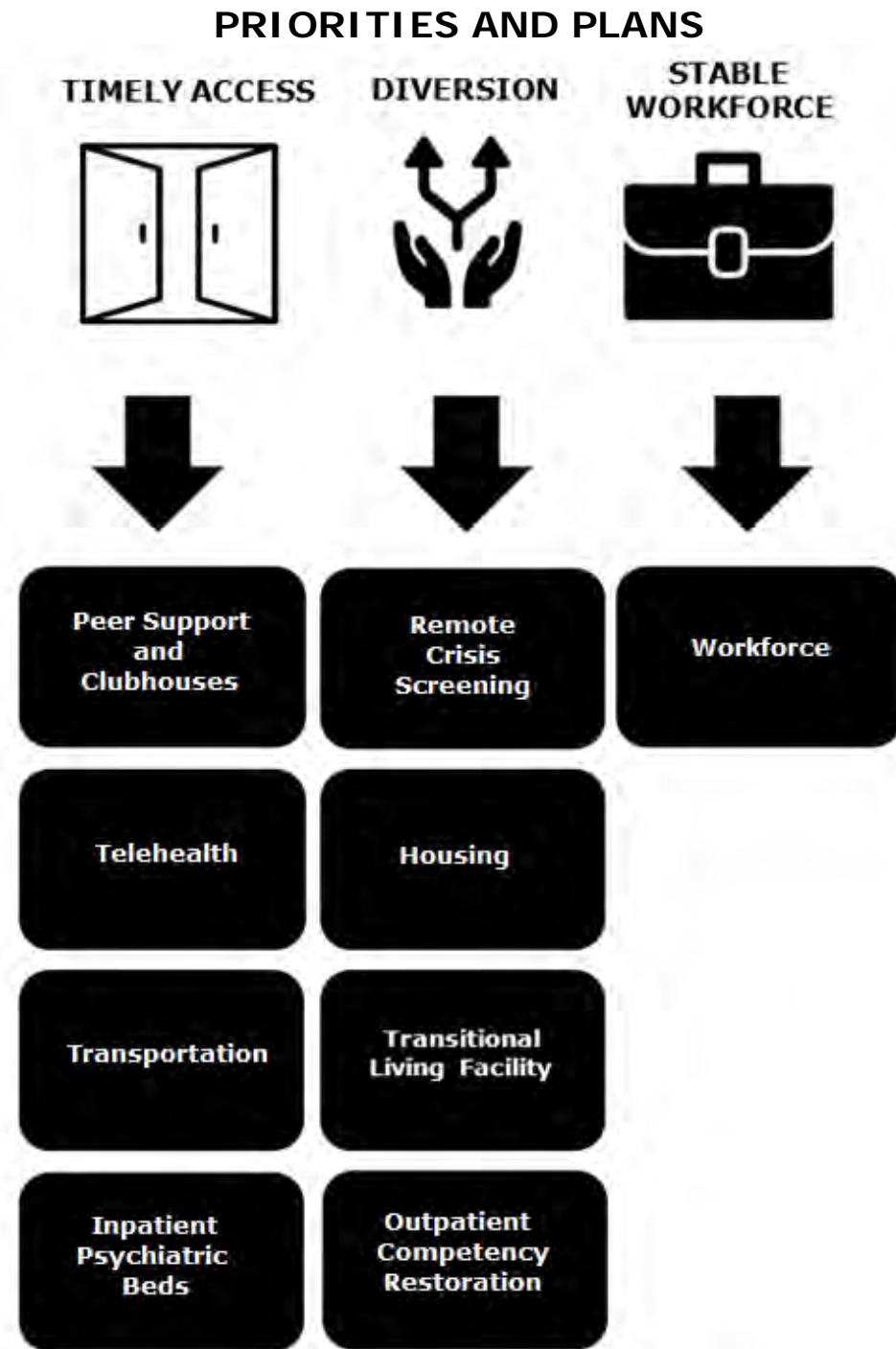


Figure 19. Map of All Texas Access BSSH Regional Group*

All Texas Access BSSH Regional Group

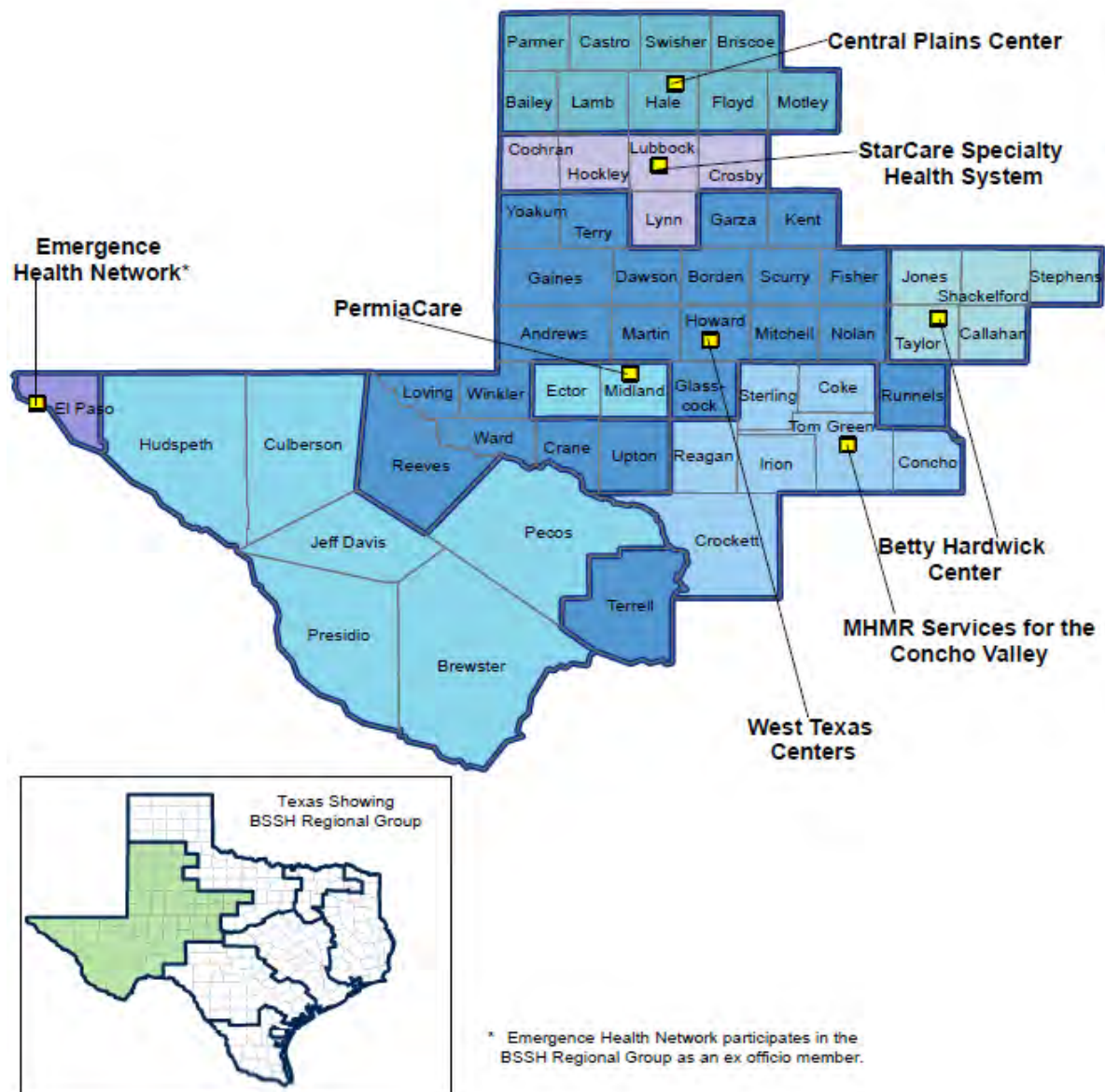


Image Source: HHSC Communications

* Yellow squares represent LMHA/LBHA headquarter locations only. For a map of LMHA/LBHA mental health outpatient offices, see Appendix I: All Texas Access BSSH Regional Group.

Participating LMHA/LBHAs

The following LMHA/LBHAs participated in the All Texas Access BSSH Regional Group:

- Betty Hardwick Center
- Central Plains Center
- Emergence Health Network
- MHMR Services for the Concho Valley
- PermianCare
- StarCare Specialty Health System
- West Texas Centers

*Emergence Health Network, headquartered in El Paso, participated in this regional group as an ex-officio member.

Regional Characteristics

58 counties		80,002 square miles	
2 urban	56 rural	1,012 urban	78,990 rural

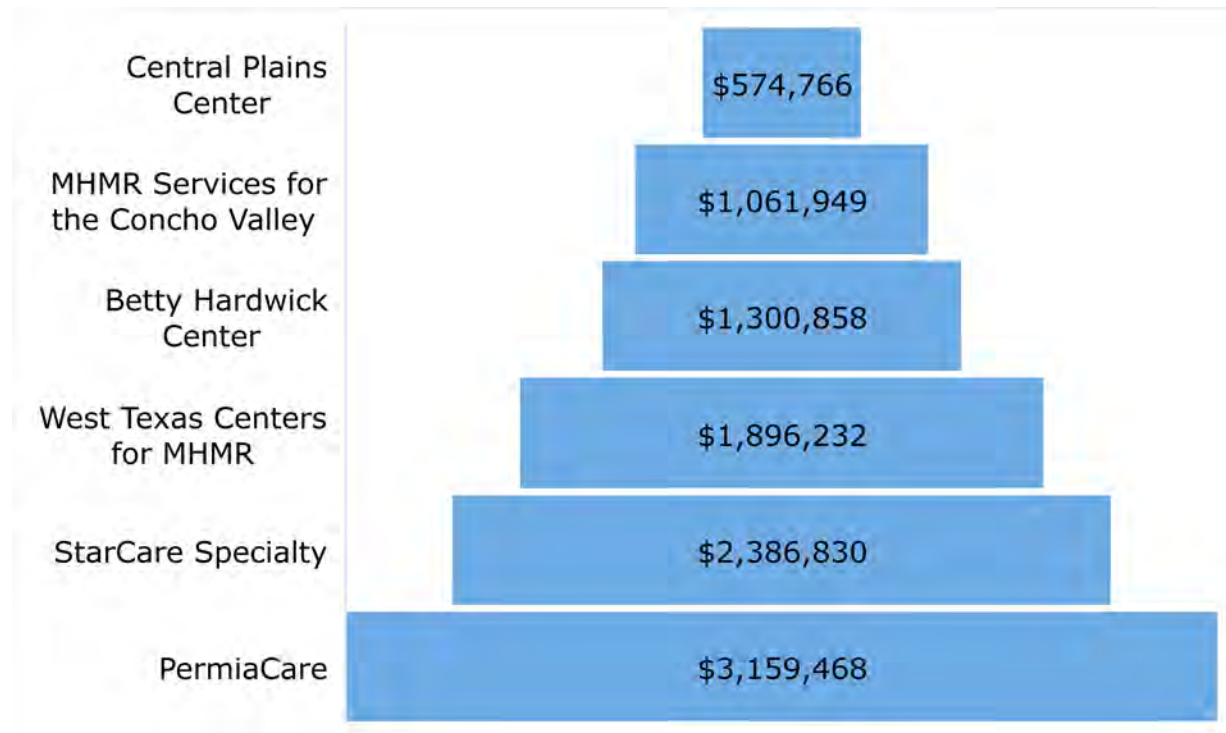
Square Mileage Comparison: Minnesota
Population Comparison: New Mexico

Population: 2,200,892	
Largest County: El Paso 852,552 People	Smallest County: Loving Fewer than 100 People

Delivery System Reform and Incentive Payment (DSRIP)

The All Texas Access BSSH Regional Group had \$10,380,103 in federal funds through DSRIP programs in fiscal year 2019. LMHA/LBHAs in this regional group report that losing DSRIP funds will create many service gaps that negatively impact mental health outcomes for people in this region. The funding gaps will overburden collaborative partners such as law enforcement. Specific impacts of losing funding include increased emergency room visits for people experiencing a mental health crisis, increased use of crisis stabilization services, and the creation of waiting lists for routine LMHA/LBHA mental health services.

Chart 10. All Texas Access BSSH Regional Group DSRIP Federal Share Amounts for Federal Fiscal Year 2019



All Texas Access BSSH Regional Group Plan

Overview

The All Texas Access BSSH Regional Group has fewer points of intersection due to the vast size of the region compared to the other All Texas Access regional groups. However, this group has a shared goal: to ensure people are served within the comfort of their local community.

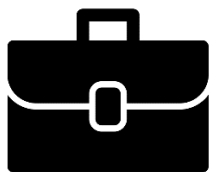
Although this regional group maintains individuality and management of LMHA/LBHA resources, the group works together to provide expertise and collectively serve as the mental health authorities for the region. The All Texas Access BSSH Regional Group frequently works together on projects affecting West Texas residents, ensuring the services are available to everyone. The LMHA/LBHAs collaborate in regularly scheduled meetings to share best practice information and managed care contracting strategies. When tragedy strikes the region, such as the two mass shooting events in El Paso and Odessa in 2019, the LMHA/LBHAs support each other and the impacted community.

The LMHA/LBHAs of the regional group feel that access to local psychiatric beds is a top priority. The group also feels providing both routine and crisis services remotely, expanding housing opportunities, maintaining the workforce, strengthening relationships with law enforcement, and providing enhanced peer services are essential elements for the success of the All Texas Access BSSH Regional Group.

Existing Opportunities

Existing opportunities are those that the LMHA/LBHAs of this region are already doing and can be continued or strengthened with little or no additional funding.

Strengthen Workforce



The mental health workforce shortage has particular impact in the All Texas Access BSSH Regional Group. In Texas, most counties are designated as Mental Health Professional Shortage

Areas⁶⁹ (refer to Figure 42 in the Statewide Analysis of Rural Mental Health Services section of this report for a Texas map of Mental Health Professional Shortage Areas.)

The regional group is continuously engaging community partners to provide opportunities to strengthen their workforce.

The LMHA/LBHAs of the All Texas Access BSSH Regional Group actively collaborate with local universities including Texas Tech University, Angelo State University, West Texas A&M University, and UT Permian Basin to provide training and internships. However, the employees tend to leave after one to two years in search of a higher paying job. The regional group is continuously engaging community partners to provide opportunities to strengthen the workforce.

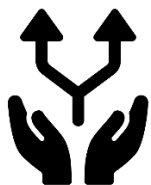
In addition, the All Texas Access BSSH Regional Group has difficulty maintaining licensed professionals and qualified mental health professionals in the region due to the high housing costs compared to other parts of Texas, lack of geographic density, and inability to offer a more competitive salary than the private sector. The regional group has been creative with programs for incentivizing employees, such as flexible schedules, teleworking, wellness programs, and a self-select benefits menu to include school loan repayment, tuition reimbursement, and childcare assistance.

If the telehealth expansion related to the COVID-19 pandemic continues, the expansion will increase the reach of licensed professionals to a wider service radius, thus decreasing the challenge of maintaining staff in the region. For example, people could participate in intakes, counseling, and other rehabilitation services from a licensed professional in a different geographic location.

Regional Consideration – Mental Health Providers

Due to the presence of the oil industry, this region has seen significant inflation. This creates a problem for LMHA/LBHAs in their ability to recruit and retain a mental health workforce. For potential employees, there are generally better paying employment options available, making it hard for them to justify working an emotionally taxing job for a smaller paycheck in a region with increasing housing costs.

Increase Housing



Housing in the All Texas Access BSSH Regional Group has additional challenges beyond the ones that plague most rural communities across Texas. Housing is not only limited in some areas (such as the Permian Basin), but housing that is available is frequently cost-prohibitive due to wind energy and oil field production economies driving a higher cost of housing. The All Texas Access BSSH Regional Group

The All Texas Access BSSH Regional Group collaborates with multiple community partners to provide housing opportunities for persons in service.

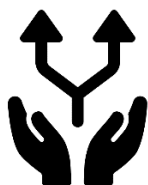
collaborates with multiple community partners to provide housing opportunities for persons receiving services, including the West Texas Homeless Network, Home Again West Texas, local housing authorities, and various veterans' programs. The All Texas Access BSSH Regional Group has identified that many people in mental health recovery have a history of arrests for misdemeanor crimes that prevent them from being able to gain employment and housing. This group would like to strengthen the recovery of the people receiving services by working with the local judiciary to expunge criminal records of these misdemeanors that stand as a barrier to access to gainful employment and safe affordable housing.

The All Texas Access BSSH Regional Group is amenable to working together to search for available housing grants and programs including working with the Area Agencies on Aging and the Aging Disability Resource Centers in the short term. All the LMHA/LBHAs have a housing specialist, which, if combined as a regional coalition may be effective in locating housing resources for the region. With the exception of El Paso County, counties within this region are in the Texas Homeless Network's Texas Balance of State Continuum of Care, with a membership that includes service providers, local governments, and advocates with the goal of eliminating homelessness.⁷⁰ The All Texas Access BSSH Regional Group also has access to supportive housing rental assistance, except for Central Plains Center, which may be used as leverage in the community when assisting persons with temporary rent subsidies, move-in costs, and utility bills.

Regional Consideration – Housing

All LMHA/LBHAs in this region report housing is an issue, with few affordable housing choices and few public housing options. Additionally, all LMHA/LBHAs in this region report there are few shelters, and in some instances, none. Because of the rapid population growth and housing inflation around the oil field industry, many people have difficulty accessing affordable housing.

Outpatient Competency Restoration Program

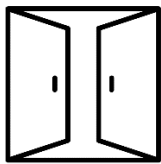


MHMR Services for the Concho Valley has a new Outpatient Competency Restoration (OCR) program in early development. An OCR program specializes in providing community-based competency restoration services, including mental health and substance use treatment services and legal education for people found incompetent to stand trial. OCR diverts people from the criminal justice system by providing competency restoration, mental health treatment, and community reintegration. To be effective, an OCR program requires well-coordinated relationships with the local judiciary

system and other community stakeholders, which takes time to develop. Over time, this service holds promise as an alternative to inpatient competency restoration for the MHMR Services for the Concho Valley's local service area. As the OCR program matures, it will ensure access to care for rural Texans for the All Texas Access BSSH Regional Group.

OCR is a step toward building a continuum of alternative care in rural Texas to restrictive care which can also include outpatient commitments, Forensic ACT teams, Texas Correctional Office on Offenders with Medical or Mental Illness program (TCOOMMI), and step-down/step-up facilities. Outpatient commitments are court-ordered treatment in the community for persons with mental illness meeting certain legal criteria. Forensic ACT teams use the ACT model but adjust according to the criminal justice system involvement of a person. TCOOMMI program engages a person who is currently on either probation or parole by providing comprehensive mental health services to assist persons from re-offending while working with the criminal justice system.

Promote Peer Support



The All Texas Access BSSH Regional Group advocates for a gathering place for persons receiving services to receive support from their peers along with employment and educational assistance. However, peer clubhouses may be difficult to set up due to the rural location.

In rural communities, many libraries function as a resource center. Community providers have been known to partner with LMHA/LBHAs to provide outreach services to individuals during certain library business hours. It may be possible to partner with libraries, churches, or other organizations within this context to support individuals in home communities.

Considering the COVID-19 pandemic, peer clubhouses have made temporary adjustments which may offer ways for rural communities to provide this service without brick and mortar facilities. For example, MHMR of Concho Valley, the only LMHA/LBHA in the region that has a peer clubhouse, has been using online meetings to provide members accessibility and support during the COVID-19 pandemic. There are multiple ways to continue providing clubhouse support and accessibility during the COVID-19 pandemic, including the use of teleconference lines for meetings, social media for people that have access, and providing training/tasks for members to do while in their homes. The All Texas Access BSSH Regional Group will discuss ways in which these ideas can be used to have a virtual clubhouse in the community.

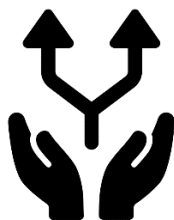
Regional Consideration – Military Service Members and Veterans

This region has three military installations. Fort Bliss, an Army post, headquartered in El Paso; Goodfellow Air Force Base is in San Angelo; and Dyess Air Force Base is in Abilene. LMHA/LBHAs in the region engage in partnership building and provide crisis services to service members and veterans. The presence of these bases increases the number of retired veterans living in the region for which services are provided.

Opportunities to Expand Capacity for Needed Services

Opportunities proposed in this section would require an implemented funding source. Anticipated costs are outlined later in this regional plan under “Cost Offsets.”

Expand Remote Crisis Screening Program



Due to the size of the region, West Texas Centers, Betty Hardwick Center, and the Central Plains Center have been collaborating with law enforcement for years to conduct remote screenings in local ERs, schools, law enforcement offices, and jails. These efforts have assisted in providing an immediate response for people in crisis. The centers use technology to allow real-time crisis screening assessments in the field via telehealth or telephone. By using technology such as a tablet or cell phone, LMHA/LBHAs can provide real-time crisis screening assessments and direct law enforcement to transport the person in crisis to the nearest crisis service center that would best assist the person in crisis.

West Texas Centers, Betty Hardwick Center, and Central Plains Center have been collaborating with law enforcement for years to conduct remote screenings.... these efforts have assisted in providing an immediate response for people in crisis.

The All Texas Access BSSH Regional Group expressed an interest in expanding virtual crisis screening capacity, as it has the potential to streamline communication among a person in crisis, law enforcement, and the LMHA/LBHAs. Incorporating this technology demonstrates not only the expertise but also the ability of the region to adapt by providing the most effective use of services within the All Texas Access BSSH Regional Group.

The All Texas Access BSSH Regional Group asserts that expanding this practice throughout the region would expand crisis services, increase efficiencies, and reduce costs to counties by effectively engaging the individual where they are located. The LMHA/LBHAs in this regional group utilizing this service agree it is providing a cost savings for all parties. The cost savings is a reduction in travel and more time spent on providing comprehensive services. Remote screenings also provide more immediate access for people in crisis to receive services through existing community resources. Some LMHA/LBHAs in the regional group voiced concerns regarding broadband connectivity to successfully expand their crisis services but have found success with a new provider in the region. Broadband

expansion is also addressed as a challenge in rural Texas in the Statewide Analysis of Rural Mental Health Services section of this report.

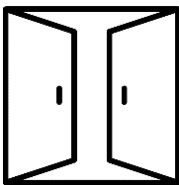
The All Texas Access BSSH Regional Group will collaborate with local law enforcement to ensure everyone's comfort level with this crisis screening technology through training for those not currently working with LMHA/LBHAs in providing this service.

A similar remote screening program was piloted in Harris County with The Harris Center for Mental Health and IDD and the Harris County Sheriff's Department. An evaluation of the pilot program responses is:

- 83 percent of deputies responded that having access to a clinician helped them decide what course of action to take with the individual in crisis;
- 71 percent responded that the clinician helped them handle the call in a shorter period;
- Average length of a call was 24 minutes; and
- 40 percent of calls were resolved on scene, with the other 60 percent resulting in an emergency detention order.

Remote crisis screening can potentially save law enforcement transportation costs and time waiting for a person in crisis to be seen face-to-face. It may also provide more immediate access for a person in crisis to receive services quickly within existing community resources. Remote crisis screening may help to address workforce shortages.

Increase Telehealth Services



Providing services in this large region is vastly different than providing services in smaller or more heavily populated areas. For example, one LMHA/LBHA noted there are more heads of cattle than people residing in some counties. People in this region must sometimes travel long distances to access services.

However, this regional group is a leader when providing mental health services remotely. Out of necessity, the LMHA/LBHAs in this region have engaged in telehealth services to provide both psychiatric

Members of this regional group also point to their success in providing telehealth services through remote locations ... to provide immediate care to people also engaged with their community partners.

appointments and crisis services. Telehealth increases availability of staff and decreases transportation costs. Members of this regional group also point to their success in providing telehealth services through remote locations such as schools, ERs, jails, and local law enforcement offices to provide immediate care to people also engaged with community partners.

The All Texas Access BSSH Regional Group has made several changes in their outpatient services to provide people the services they need at the right time and right place. Throughout the region, the LMHA/LBHAs have expanded hours and implemented open access appointment strategies to reduce wait time. The regional group also uses tele-video from one clinic to another to provide psychiatrist appointments, which decreases travel for the people receiving services. Using telehealth has the additional benefit of providing more accessibility for the person and their support network. Significant others, family members, and caregivers can attend appointments with their loved one without missing work or incurring transportation costs traveling to a remote clinic. The regional group would like to explore other opportunities to partner with providers in the region to expand telehealth access to persons receiving services, reducing both time and travel for the person, the LMHA/LBHA, and potentially law enforcement.

Continuing to provide services through tele-communications has the potential to expand the LMHA/LBHAs' workforce in the rural communities as there is more access to staff in more heavily populated towns, which could assist in addressing a workforce shortage. Telehealth rules in Texas were eased during the COVID-19 pandemic beginning in the third quarter of fiscal year 2020. The All Texas Access BSSH Regional Group noted a trend toward a decrease in no-show appointments as they were able to contact people by telephone to provide skills training, case management, and other support services to assist in maintaining mental health recovery. Engagement services increased as well, as noted by the All Texas Access BSSH Regional Group.

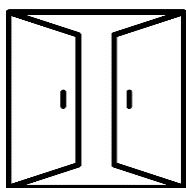
HHSC IDD-BHS Office of Decision Support provided comparative data between Quarter 3, March - May of fiscal year 2019, and Quarter 3, March - May of fiscal year 2020, and observed a significant increase of engagement, person/family counseling, and peer services for adults statewide. For example, in Quarter 3 of fiscal year 2020, of the 32,029 adult engagement services provided, 75 percent were telephonic and 24 percent face-to-face. During Quarter 3 of fiscal year 2019, 19,942 services were provided with 100 percent being face-to-face.

One LMHA/LBHA observed that the increased use of technology has made some people in the community feel more closely connected due to the immediacy of contact through telephone and tele-video.

Regional Consideration – Broadband

Many of the counties in this region report low rates of internet coverage, especially the more rural and remote counties. The lack of both public transportation and internet service makes receiving mental health treatment extremely difficult for people in the more rural and remote counties of this region.

Expand Local Access to Psychiatric Hospital Beds



The All Texas Access BSSH Regional Group identified a need for more psychiatric hospital beds. Sunrise Canyon Hospital, a Lubbock community mental health hospital operated by StarCare Specialty Health System (StarCare) since 1996, provides a full array of mental health services. This resource has assisted with the diversion of people from both jails and ERs. The Lubbock Area Comprehensive Mental Health Needs Assessment indicates there is a lack of psychiatric hospital capacity in this region.⁷¹

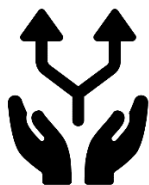
Providing intensive services in the community improves a person's likelihood of successful reintegration into the community, enhancing the ability to recover rapidly.

The regional group supports the addition of a minimum of 10 beds to Sunrise Canyon Hospital to address the growing psychiatric hospital needs for people residing in the Lubbock area. Additionally, Sunrise Canyon Hospital has been providing extensive mental health services for people in the area for a reimbursement rate that is out of step with the costs required to provide inpatient care. Supporting the facility with the funding that is provided for similar psychiatric hospitals would help ease the rising costs associated with acute inpatient care. Providing intensive services in the community improves a person's likelihood of successful reintegration into the community, enhancing the ability to recover rapidly.⁷² StarCare Specialty Health System maintains that if an additional 10 beds are added to the facility that would not give facility access to the other LMHA/LBHAs in the regional group. However, if an additional 16-30 beds were added, capacity would increase to be able to accept people from outside of StarCare Specialty Health System's service area.

Because the All Texas Access BSSH Regional Group covers such an immense geographic area, the LMHA/LBHAs agree that an increase in capacity at Sunrise Canyon Hospital would only partially address the psychiatric hospital capacity needs of the entire region. Other than the StarCare Specialty Health System, the LMHA/LBHAs in this regional group do not predict frequent use of Sunrise Canyon Hospital for people residing outside of StarCare Specialty Health System's service area. Instead, the LMHA/LBHAs agree enhanced crisis services, inclusive of private psychiatric beds, provided in home communities is a more effective strategy.

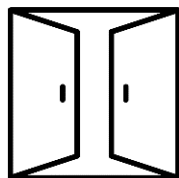
The All Texas Access BSSH Regional Group proposes increasing the private psychiatric bed allocation by an additional 25 beds to be distributed among Betty Hardwick Center, Central Plains Center, MHMR Services for the Concho Valley, PermianCare, and West Texas Centers, in addition to the expansion to Sunrise Canyon Hospital. Additional private psychiatric beds added in this region may likely result in a decrease in local government costs for mental health crisis care, decreased costs for transportation to facilities further away, decreased ER use for mental health crisis care, and decreased incarcerations of persons with mental health conditions. StarCare Specialty Health System notes that if increased capacity for Sunrise Canyon Hospital is not funded, they alternatively request a minimum of 10 additional private psychiatric beds to address the lack of psychiatric hospital capacity for their service area.

Establish a Transitional Living Facility



MHMR Services for the Concho Valley noted the region's only homeless shelter closed, which has created a waiting list for the limited housing available in the area. The All Texas Access BSSH Regional Group has identified the need for both transitional and step-down housing. The regional group noted that as people are released from either jail or a psychiatric hospital, the recidivism/readmission rate is high if there is not transitional housing available. Members of the group would like to provide Permanent Supportive Housing for up to 12 months, but there is a lag time to access Housing and Urban Development (HUD) funding. The group proposes a regional transitional housing facility because this resource is not in the region.

Establish Transportation Funds for Law Enforcement



Individuals

The All Texas Access BSSH Regional Group realizes transportation is an issue for many people in accessing LMHA/LBHA services and work with community partners to address gaps in access to transportation.

With the idea of transportation being a roadblock for people attempting to receive services, the LMHA/LBHAs set up clinics near bus lines, pay for bus passes, and use clinic space in rural communities. Remote telehealth services have aided with those unable to access transportation. Most facilities have access to Medicaid transport (however the wait and travel times can be very long). DSRIP funding has also been used for transportation services.

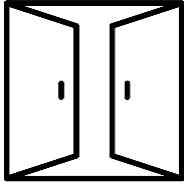
Regional Consideration – Public Transportation

Public transportation is extremely limited, with most cities and counties in this region having no public transportation. The vast size of the western Texas counties paired with their low population density worsens the issue. Some of the counties in this region are located hours away from a mental health facility. Because of a lack of transportation, some residents may go without mental health treatment until it becomes a crisis.

Law Enforcement

Many LMHA/LBHAs in the All Texas Access BSSH Regional Group successfully partner with law enforcement, including mental health deputies who provide transportation for people accessing crisis mental health services. LMHA/LBHAs recognize that unnecessary transports of a person in crisis should be avoided unless the person in crisis' criminal status requires such transport. Relying on law enforcement is not the primary way a person in crisis should be transported. However, at times it is the only way a person in crisis may be able to get to a crisis facility to receive needed care. Some members in this regional group felt it would further strengthen the collaborative regional efforts if the LMHA/LBHAs were funded to reimburse law enforcement invoices for transportation costs to inpatient facilities. This collaboration with law enforcement could ease the personnel gaps that result when law enforcement provides mental health transports.

Establish Peer Clubhouses



The All Texas Access BSSH Regional Group highlighted the need for a daily, structured environment for many of the people served, a need which can be met by the development of peer-run clubhouses. The clubhouse model offers people living with mental health conditions opportunities for friendship, employment, housing, and education in a single caring and safe environment. The clubhouse model provides:

- A structured day for recognizing the talents of members and utilizing member's abilities within the clubhouse.
- Opportunities to obtain paid employment in the local labor market and assistance in accessing community-based educational resources.
- Access to crisis intervention services when needed.
- Attending evening/weekend social and recreational events.
- Assistance in securing and sustaining safe, decent, and affordable housing.

All Texas Access BSSH Regional Group Plan Alignment with Statewide Plans

The All Texas Access BSSH Regional Group Plan addresses identified gaps in the *Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021* as follows:

Gap 1: Access to Appropriate Behavioral Health Services

Gap 2: Behavioral Health Needs of Public School Students

Gap 5: Continuity of Care for Individuals Exiting County and Local Jails

Gap 6: Access to Timely Treatment Services

Gap 8: Use of Peer Services

Gap 12: Access to Housing

Gap 13: Behavioral Health Workforce Shortage









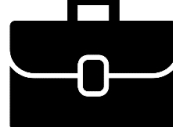
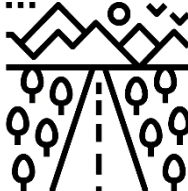
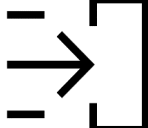

Gap 15: Shared and Usable Data

The All Texas Access BSSH Regional Group Plan aligns with the goals in the *Comprehensive Inpatient Mental Health Plan* by providing telehealth services for people to receive “Easy Access” to outpatient and crisis services in alignment with the second objective in the *Comprehensive Inpatient Mental Health Plan*. Through the strategic collaborations with law enforcement, ERs, and schools the LMHA/LBHAs in the regional group are expanding care to create a more comprehensive “Systems Based Care,” the third objective in the *Comprehensive Inpatient Mental Health Plan*, which will enable people in the service area to access care closer to their home community.

All Texas Access BSSH Regional Group Survey Results

The All Texas Access Community Survey was open from January 3, 2020, to April 3, 2020. The survey solicited feedback about mental health care in rural Texas communities. The survey occurred parallel to regional planning, and at times the survey results diverge from regional considerations. In addition, while HHSC recognizes the prevalence of co-occurring mental health and substance use conditions, substance use treatment is only addressed within the broader context of mental health services. The Statewide Analysis of Rural Mental Health Services section of this report and Appendix O, Statewide Online Survey, include additional information regarding the survey.

Table 6. All Texas Access BSSH Regional Group Survey Results

Category	Top Three Responses		
Most Helpful	Crisis Services 	Medication 	Counseling 
Most Needed	Crisis Services 	Counseling 	Substance Use Treatment 
Greatest Opportunities	Reduce Wait Time for Services 	Increase Substance Use Treatment 	Increase Mental Health Workforce 
Significant Barriers	Lack of Services in Rural Areas 	Lack of Timely Access to Mental Health Treatment 	People Unaware or Uninformed of Available Services 

All Texas Access BSSH Regional Group Plan: HHSC Evaluation

Estimated Costs of Regional Group

The estimated cost, per incident, in this region for each of the four All Texas Access metrics is:

- Local Government Crisis Care = \$220
- Transportation = \$828
- Incarceration = \$2,520
- ER Charges = \$1,940

More information on how these costs were calculated can be found in Appendix F, Data Methodology.

Cost Offsets

For each of the opportunities to expand capacity in this regional plan, HHSC has used available data to estimate the minimum number of ER and/or incarceration diversions that would result in offsetting the estimated cost of the proposal.

Additional details on how these offsets were calculated can be found in Appendix I: All Texas Access BSSH Regional Group.

Expand Remote Crisis Screening Program

Proposal: Expand the remote crisis screening program, in collaboration with law enforcement, in the All Texas Access BSSH Regional Group.

Impact Statement:

- Cost Estimate: \$3,548,374
- Cost-Neutral Diversion Estimate: 553 ER visits and 983 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Expand Local Access to Psychiatric Hospital Beds

Proposal: Increase the private psychiatric bed allocation by 25 beds to be distributed among Betty Hardwick Center, Central Plains Center, MHMR Services for the Concho Valley, PermianCare, and West Texas Centers; in addition to a minimum 10-bed expansion to Sunrise Canyon Hospital.

Impact Statement:

- Cost Estimate: \$8,942,500
- Cost-Neutral Diversion Estimate: 2,289 ER visits and 1,787 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish a Transitional Living Facility

Proposal: Establish one regional transitional living facility.

Impact Statement:

- Cost Estimate: \$2,400,000
- Cost-Neutral Diversion Estimate: 601 ER visits and 491 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish Transportation Funds for Law Enforcement

Proposal: Offset the cost of transportation for persons receiving services transported to state facilities by law enforcement.

Impact Statement:

- Cost Estimate: \$300,000
- Cost-Neutral Diversion Estimate: 61 ER visits, 61 trips, and 55 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish Peer Clubhouses

Proposal: Establish three clubhouses within the All Texas Access BSSH Regional Group.

Impact Statement:

- Cost Estimate: \$1,600,000
- Cost-Neutral Diversion Estimate: 365 ER visits and 354 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

All Texas Access BSSH Regional Plan Scorecard

Each regional plan is scored by the rural-serving LMHA/LBHA members of the regional group and HHSC IDD-BHS staff. The regional plan was scored based on alignment with regional perspectives, feasibility, impact on Texans, and alignment with statewide plans. Each of the metrics is scored on a scale of 0 to 10, with 10 being the best possible score. The score for each metric also contributed a weighted percentage to a composite score.

- **Alignment with Regional Perspectives**

- **System Modeling Themes** – The degree in which the regional plan aligns with the system model for the regional group.

The HHSC team and the All Texas Access BSSH Regional Group felt the plan addressed the regional modeling themes. The regional group felt that enhancing crisis services, which was a common theme throughout the plan, will be fundamental when implementing their plan. The HHSC team believed that enhancing the crisis telehealth services through collaborations will benefit the experience of the person receiving services.

Score: 8.20

Contribution to Composite Score: 15 percent

- **Survey Results** – The degree in which the regional plan aligns with the All Texas Access survey results for the region.

While the survey process was parallel to regional planning, both the All Texas Access BSSH Regional Group and the HHSC team felt that the regional plan aligned with the priorities in the survey. The HHSC team noted that expanding the remote crisis screening program already in existence would improve crisis services for a person.

Score: 8.11

Contribution to Composite Score: 15 percent

- **Feasibility**

- **Community Partner Coordination** – The degree in which the regional plan is dependent upon community partners to successfully implement.

The All Texas Access BSSH Regional Group was positive when discussing the availability and willingness of community partners across the region. Due to the size of the region, the LMHA/LHBAs are constantly in collaboration with these partners. HHSC team members were positive as well due to the

existing relationships the LMHA/LBHAs in this region have with community partners.

Score: 7.96

Contribution to Composite Score: 10 percent

- **Ability to Implement** – The degree in which the regional plan is anticipated to be successfully implemented by the involved parties.

The All Texas Access BSSH Regional Group expressed confidence in the ability to implement the plan if there were adequate funding provided through grants and other funding opportunities. The HHSC team was optimistic as well about the regional group's ability to implement the plan.

Score: 8.8

Contribution to Composite Score: 10 percent

- **Impact on Texans** – The degree in which the regional plan is anticipated to impact the four-metrics outlined in S.B. 633 (e.g. cost to local governments, transportation to mental health facilities, and jail and ER visits by people with a mental health condition).

The All Texas Access BSSH Regional Group and the HHSC team were both very positive about the regional plan's impact on rural Texans.

Score: 9.38

Contribution to Composite Score: 30 percent

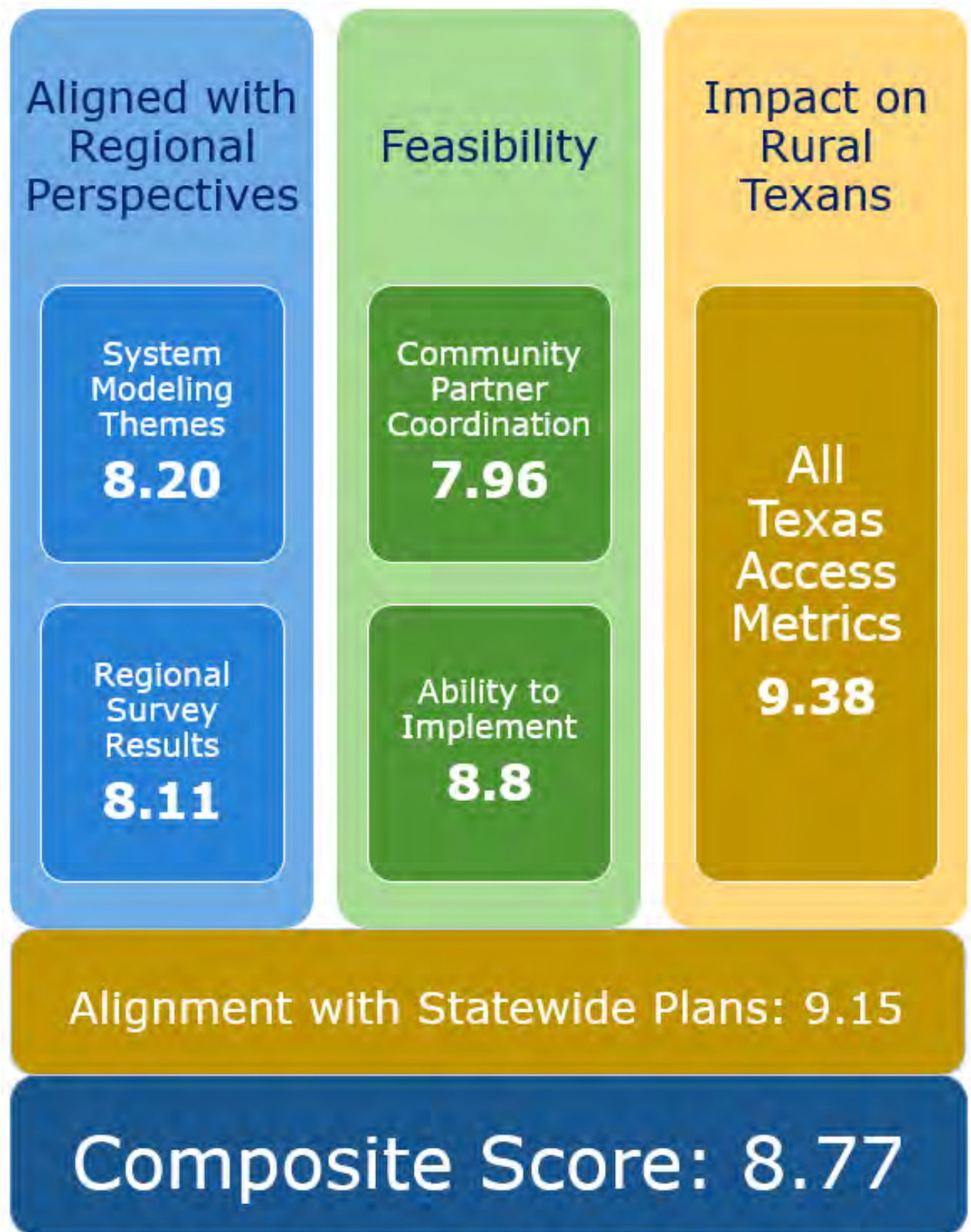
- **Alignment with Statewide Plans** – The degree in which the regional plan addresses gaps outlined in the Texas Statewide Behavioral Health Strategic Plan Fiscal years 2017 – 2021 and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

Both the All Texas Access BSSH Regional Group and HHSC team were very positive about the alignment with the Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2019 – 2021 and the Comprehensive Inpatient Plan.

Score: 9.15

Contribution to Composite Score: 20 percent

Figure 20. All Texas Access BSSH Regional Group Plan Scorecard



Regional Mental Health Crisis Facilities

The map in Figure 23 displays the state-funded mental health crisis facilities in the All Texas Access BSSH Regional Group. Note that additional resources not funded by HHSC may exist in the region. A list of the specific facilities represented in the map are listed in Table 7.

Figure 23. All Texas Access BSSH Regional Group Crisis Facilities*

All Texas Access BSSH Regional Group Crisis Facilities

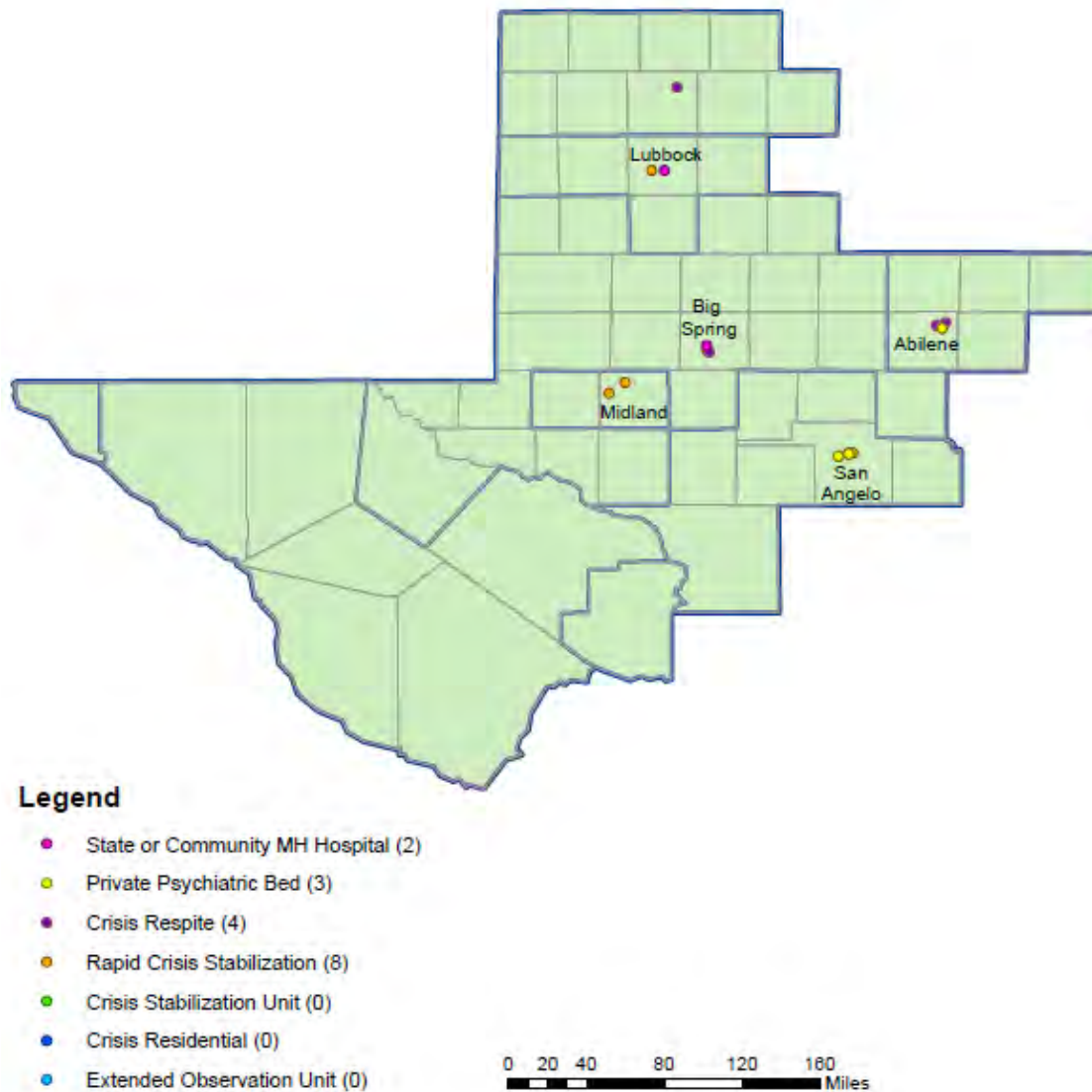


Image Source: HHSC Communications

*Note: Map dots may overlap, particularly in urban areas. A facility may also serve more than one purpose, which may cause the map dots not to match the counts in the legend and the table on the next page.

Table 7. All Texas Access BSSH Regional Group LMHA/LBHA Crisis Map Locations

PPB = Private Psychiatric Beds

Type	Provider Name	Address	City	Zip Code	County
Crisis Respite	Central Plains Center	801 Houston St.	Plainview	79072	Hale
Crisis Respite	West Texas Centers	3205 S. HWY 87	Big Spring	79720	Howard
Crisis Respite	The Wood Group	848 Formosa St.	Abilene	79602	Taylor
Crisis Respite	MHMR Services for the Concho Valley	244 N. Magdalen	San Angelo	76903	Tom Green
PPB/Rapid Crisis Stabilization	Oceans Behavioral Health	4225 Woods Place	Abilene	79602	Taylor
PPB/Rapid Crisis Stabilization	Shannon Medical Center	120 E. Harris	San Angelo	76903	Tom Green
PPB/Rapid Crisis Stabilization	Rivercrest Hospital	1636 Hunters Glen Road	San Angelo	76901	Tom Green
Rapid Crisis Stabilization	Scenic Mountain Medical Center	1601 W. 11th Place	Big Spring	79720	Howard
Rapid Crisis Stabilization	Covenant Children's Hospital	4000 24th St.	Lubbock	79410	Lubbock
Rapid Crisis Stabilization	Oceans Behavioral Health	3300 Farm to Market 1788	Midland	79706	Midland
Rapid Crisis Stabilization	Midland Memorial Hospital	400 Rosalind Redfern Grover Pkwy	Midland	79701	Midland

Type	Provider Name	Address	City	Zip Code	County
Rapid Crisis Stabilization	Shannon Behavioral Health	2018 Pulliam St	San Angelo	76905	Tom Green
State or Community Mental Health Hospital	Big Spring State Hospital	1901 North Hwy 87	Big Spring	79720	Howard
State or Community Mental Health Hospital	StarCare Specialty Health System	1950 Aspen Ave.	Lubbock	79404	Lubbock

7. All Texas Access NTSB Regional Group

Figure 21. All Texas Access NTSB Regional Group Priorities and Plans

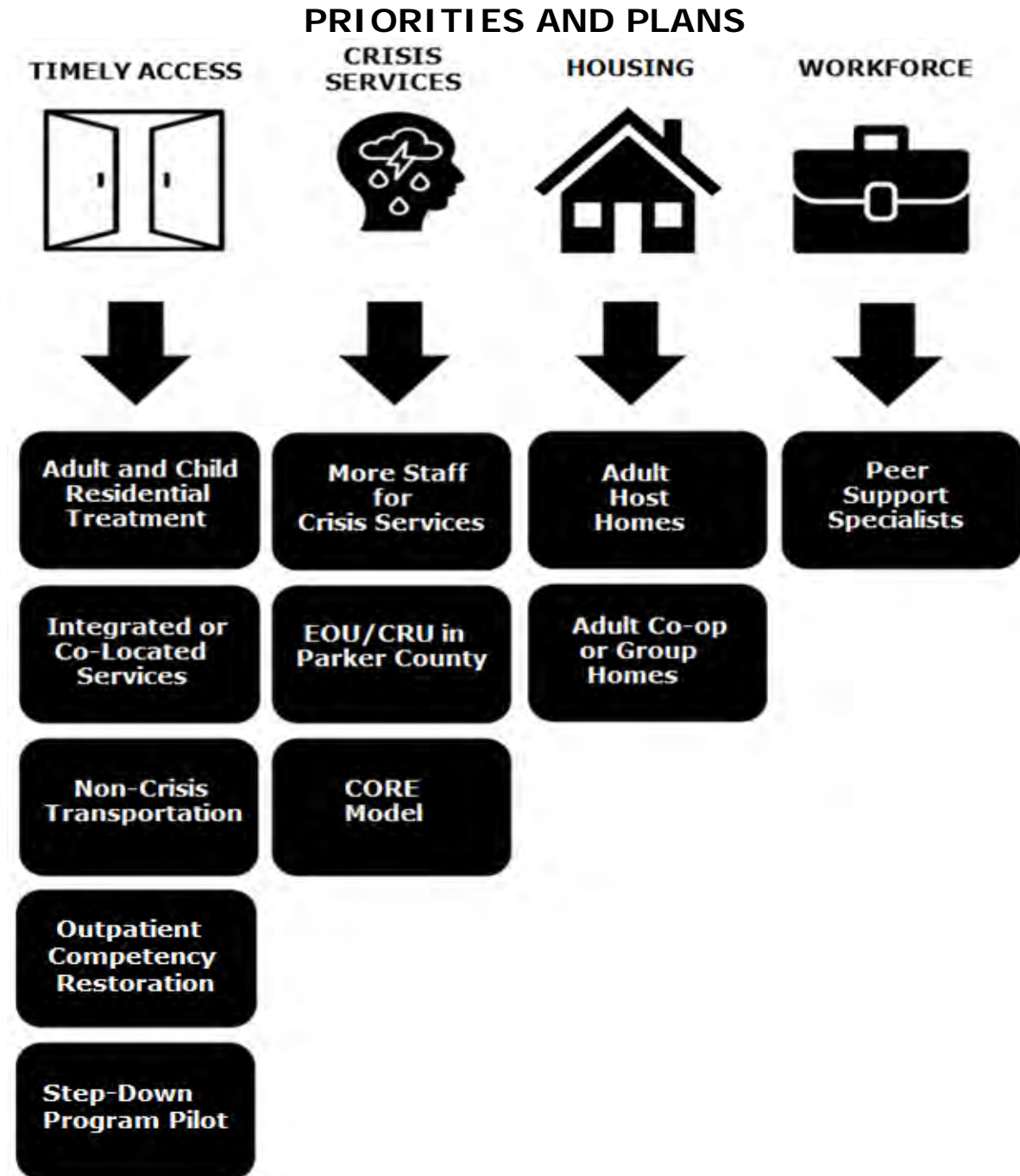


Figure 22. Map of All Texas Access NTSH Regional Group*

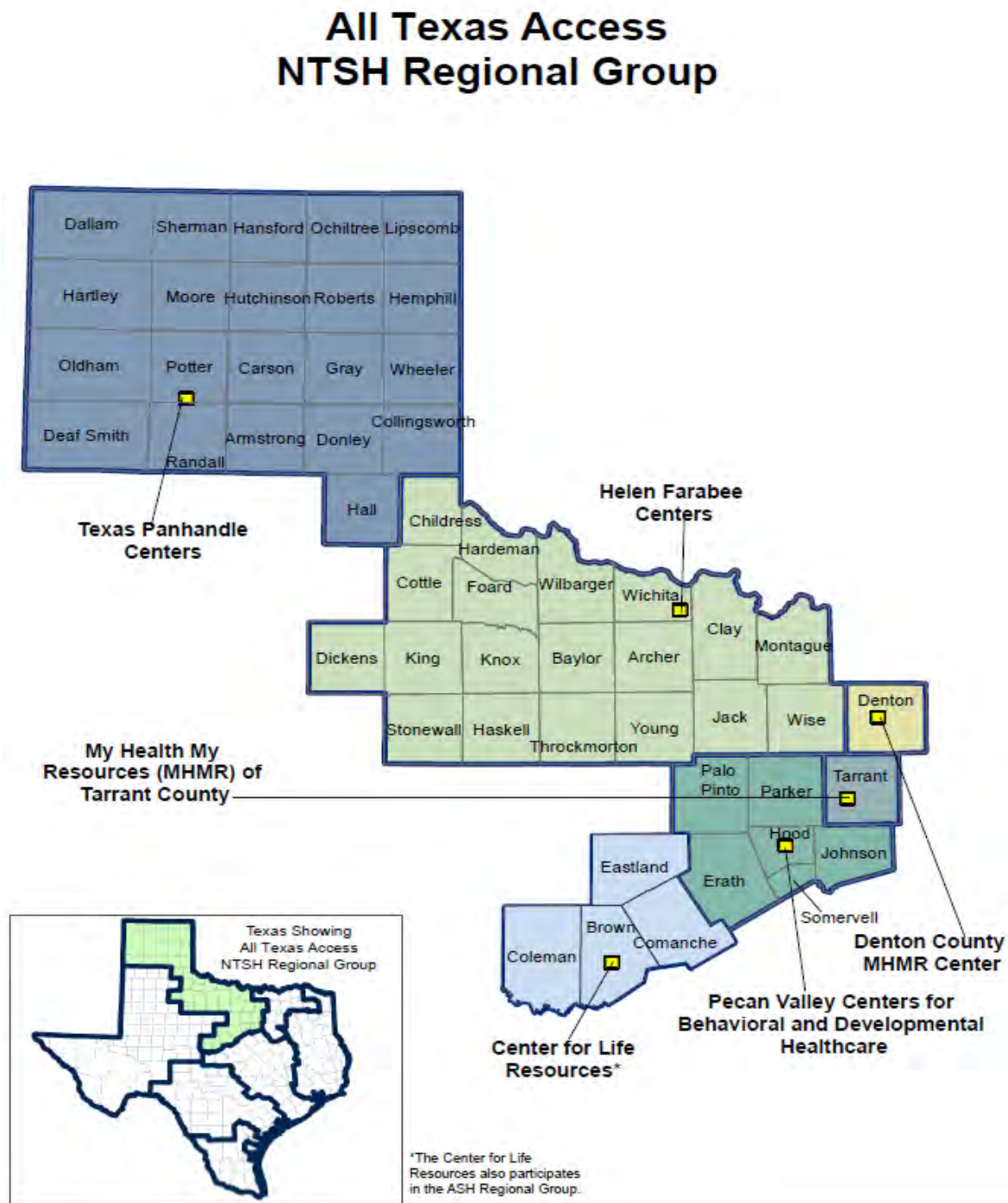


Image Source: HHSC Communications

* Yellow squares represent LMHA/LBHA headquarter locations only. For a map of LMHA/LBHA mental health outpatient offices, see Appendix J: All Texas Access NTSH Regional Group.

Participating LMHA/LBHAs

The following LMHA/LBHAs participated in the All Texas Access NTSH Regional Group:

- Center for Life Resources
- Denton County MHMR Center
- Helen Farabee Centers
- My Health My Resources (MHMR) of Tarrant County
- Pecan Valley Centers for Behavioral & Developmental HealthCare
- Texas Panhandle Centers

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

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

Regional Characteristics

52 counties		48,084 square miles	
2 urban	50 rural	1,742 urban	46,342 rural

Square Mileage Comparison: North Carolina Population Comparison: Oregon
--

Population: 4,153,408	
Largest County: Tarrant 2,052,267 People	Smallest County: King 271 People

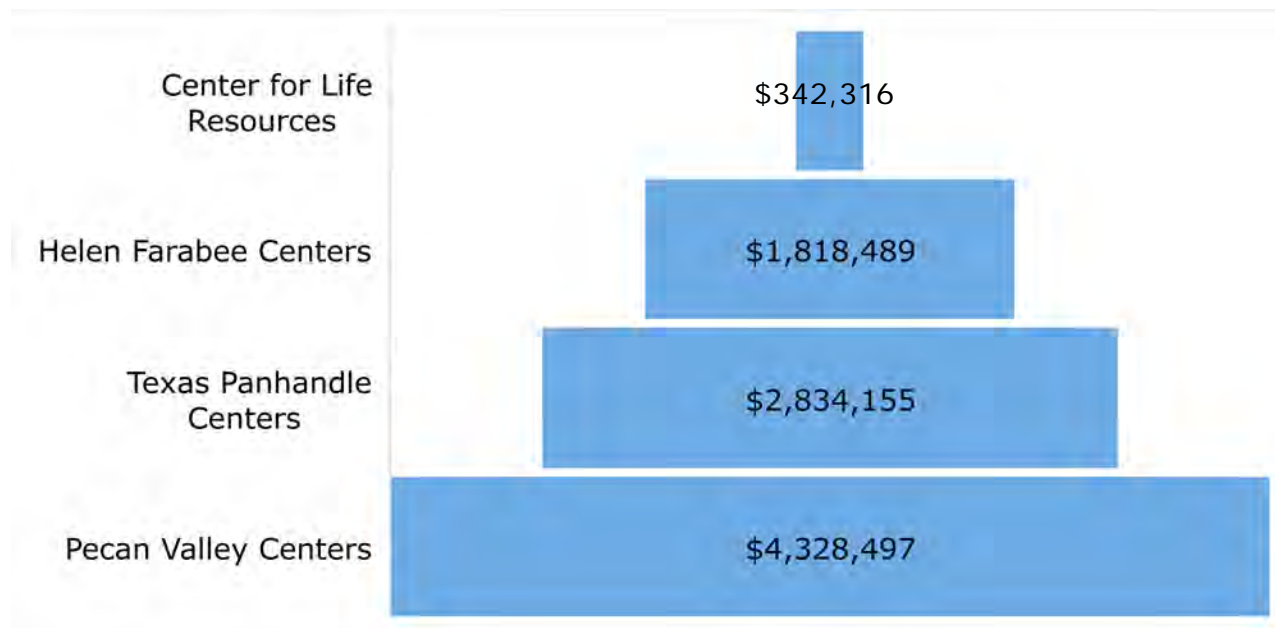
Delivery System Reform and Incentive Payment (DSRIP)

As noted in Chart 11, All Texas Access NTSB Regional Group received \$9,323,457 in DSRIP funding in fiscal year 2019. The LMHA/LBHAs in this regional group report that specific activities which will terminate when DSRIP funding ends include multiple outpatient substance use treatment clinics, crisis respite programs, and expanded peer services. The LMHA/LBHAs anticipate the outcomes of ending these activities and services would include increased:

- Prescriber wait times;
- ER use for mental health crises;
- Homelessness;
- Challenges in responding to suicidality;
- Incarceration;
- Primary care health-related issues; and
- Number of mental health crises.

Additionally, one LMHA/LBHA expressed concern that losing DSRIP funding would lengthen inpatient behavioral health hospitalizations due to losing state hospital step-down options.

Chart 11. All Texas Access NTSB Regional Group DSRIP Federal Share Amounts for Federal Fiscal Year 2019



All Texas Access NTSB Regional Group Plan

Overview

The All Texas Access NTSB Regional Group seeks to expand program/service options and maximize collaborations with their community partners. The regional group meetings and focus groups in this area highlighted that the LMHA/LBHAs in this region already partner well with other organizations in the community, and they seek to expand those efforts. These collaborations already offer more convenient,

less stigmatizing services and create efficiencies in communicating with other organizations also supporting persons receiving services. The LMHA/LBHAs proactively seek to ensure that programs and services are timely, convenient, and offer choice to persons receiving services. These efforts help keep people engaged in ongoing services, which minimizes risk that individuals will separate from the LMHA/LBHA prematurely and find themselves in a mental health crisis that results in law enforcement or hospital involvement. In addition, LMHA/LBHAs in this region use peer support services to further ensure that persons receiving services are

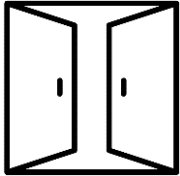
The regional group meetings and focus groups in this area highlighted that the LMHA/LBHAs in this region already partner well with other organizations in the community, and they seek to expand those efforts.

offered a sense of hope and support as they find a path toward mental health recovery.

Existing Opportunities

Existing opportunities are those that the LMHA/LBHAs of this region are already doing and that can be continued or strengthened with little or no additional funding.

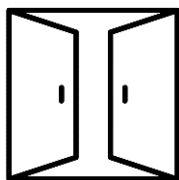
Step-Down Program



Helen Farabee Centers is participating in an HHSC pilot program funded by the Mental Health Block Grant that is designed to transition a person who is psychiatrically and/or medically fragile from state hospitals to more appropriate community-based settings. A person participating in this program will receive services to support community tenure, including pre- and post-transition services, peer support, and medical care planning. Helen Farabee Centers will admit individuals to this six-bed program whether or not a person's county of residence is within the Helen Farabee Centers service area.

While this is a small program and part of a pilot project, the new step-down program is an excellent opportunity to support state hospital patients in transitioning to community-based living, collaborate with other LMHA/LBHAs to serve people in the community, and develop best practices and "lessons learned" for inspiring other LMHA/LBHAs to develop a similar program in the future.

Increase Outpatient Competency Restoration (OCR) Program

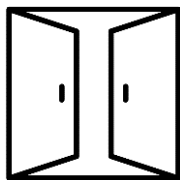


Center for Life Resources and Pecan Valley Centers for Behavioral and Developmental Healthcare have new OCR Programs. An OCR program specializes in providing community-based competency restoration services, which include mental health and substance use treatment services, as well as legal education for people found incompetent to stand trial. OCR diverts a person from the criminal justice system by providing competency restoration, mental health treatment, and community reintegration. OCR has the potential to redirect persons who would normally be committed to a state hospital, to a community setting. To be effective, an OCR program requires well-coordinated relationships with the local judiciary system and other community stakeholders, which takes time to develop. Over time this service holds promise as an alternative to inpatient competency restoration for the Center for Life Resources and Pecan Valley Centers for Behavioral and Developmental Healthcare's local

service areas, and eventually, as the program matures, for the All Texas Access NTSB Regional Group ensuring access to care for rural Texans.

OCR is a step toward building a continuum in rural Texas of alternatives to restrictive care which can also include outpatient commitments, Forensic ACT Teams, Texas Correctional Office on Offenders with Medical or Mental Illness program, and step-up/step-down facilities.

Strengthen Scheduling Processes



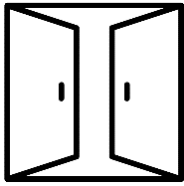
LMHA/LBHAs recognize that timely access to appointments and services is key in keeping individuals engaged in services and minimizing mental health crises. The LMHA/LBHAs of the All Texas Access NTSB Regional Group have developed a variety of methods to ensure that individuals can access needed services.

Texas Panhandle Centers, Helen Farabee Centers, Pecan Valley Centers for Behavioral and Developmental Healthcare, and Center for Life Resources all use the “open access” model, in which people can arrive at the LMHA/LBHA clinic without an appointment to access services. This practice may include a person giving the LMHA/LBHA their cell phone number, so that the person can leave the premises after signing in, and then be texted or called when they are close to the top of the list. Reducing “no show” appointments also helps to ensure access to needed services, as LMHA/LBHA staff can serve more people when appointments are not missed. Pecan Valley Centers for Behavioral and Developmental Healthcare uses centralized scheduling for select services to ensure maximum efficiency.

Helen Farabee Centers is considering use of “just in time” scheduling. “Just in time” scheduling involves scheduling routine appointments days in advance rather than weeks or months in advance, so that people can choose a date and time that best fits their needs and schedule. Center for Life Resources is considering an automated reminder system via text, email, or phone, including automated “Sorry we missed you” messages following missed appointments.

LMHA/LBHAs in this region are also considering development of patient portals. These efficiencies create better access to services, more choice for people, and increased opportunities to keep people engaged in services and in recovery. As such, these services are also more trauma-informed and person-centered, giving the person receiving services more control over their services and their relationship with the LMHA/LBHA.

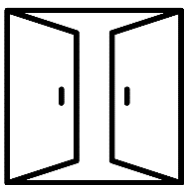
Collaborate on Residential Treatment Centers (RTCs) for Children



There are less than a dozen children's RTCs in or near the All Texas Access NTSH Region, and LMHA/LBHAs share that resource with Child Protective Services and other child-serving organizations. Except for one RTC in Johnson County, all the available RTCs are in urban counties. The LMHA/LBHAs in this regional group expressed a need for more RTC options in North Texas. Suggested locations include Wichita Falls, Brownwood, Granbury, Amarillo, or Denton. Although Amarillo and Denton are urban, neither currently has an RTC.

The LMHA/LBHAs expressed an interest in working with 2INgage, DFPS's contractor in North Texas, to discuss current providers interested and able to open a new facility in one or more of the suggested locations. If 2INgage can identify an organization interested in opening a new RTC in North Texas, the LMHA/LBHAs in this region would partner with them to support the opening of the RTC. The theory behind this proposal is that children who are connected to an LMHA/LBHA during their treatment, and receive LMHA/LBHA services post-discharge, will have an increased likelihood of recovery and depend less on crisis services. In addition, placing a child in a treatment facility closer to home may increase the likelihood that the child's family will be actively involved in the child's treatment, which may significantly contribute to the child's success once they are reunited with their family (post-discharge from the RTC).

Increase Integrated or Co-Located Services



The LMHA/LBHAs in this regional group recognize how effective integrated or co-located services can be for persons seeking or receiving LMHA/LBHA services. These collaborations can make mental health care less stigmatizing and easier to access and can improve the communication with another organization that serves the same population. Keeping people engaged in LMHA/LBHA services can support their long-term recovery in a way that minimizes crisis episodes that may result in emergency room or law enforcement involvement. Co-located or integrated services can also result in identifying and engaging new people to enroll in LMHA/LBHA services prior to their first mental health crisis.

Keeping people engaged in LMHA/LBHA services can support their long-term recovery in a way that minimizes crisis episodes that may result in emergency room or law enforcement involvement.

Each LMHA/LBHA in this regional group is committed to maximizing opportunities to collaborate with community partners through integrated or co-located services. All the rural LMHA/LBHAs already provide co-located or integrated care in multiple settings. In the near future, the LMHA/LBHAs in this regional group plan to primarily focus on expanding co-located or integrated care in schools and hospitals or health clinics.

Develop Adult Host Homes



The scarce affordable housing in this region combined with the few options for step-up/step-down or transitional living results in individuals cycling in and out of crisis. With more housing options, particularly those that offer a minimal amount of structure and support, individuals in this region could more successfully sustain mental health recovery and lead productive, meaningful lives.

One option for offering both housing and support is using host homes: private individuals or families, thoroughly vetted and trained, who offer space in their home to one adult with a mental health condition. The LMHA/LBHAs in this regional group plan to explore the most effective way to offer this option to their clients. While host homes theoretically exist, they are more frequently used for individuals with IDD. Finding an existing program of this type for adults with mental health conditions may be a challenge. The HHSC Community Care for Aged and Disabled Adult Foster Care Program (a Title XX program) is a possibility but has historically focused on adults who are elderly or have a physical disability. HHSC contracts with each individual home for this program, rather than larger organizations that recruit, train, and monitor the homes.

In the short-term, LMHA/LBHAs in this region would like to partner with the HHSC Title XX Adult Foster Care program to recruit foster homes willing to serve adults with mental health conditions, and then refer clients to that program for placement in those homes as appropriate. In the long-term, other options could be researched or developed.

Develop Adult Residential Settings



LMHA/LBHAs in this region agree that housing has a significant impact on the long-term recovery of clients who discharge from an inpatient setting. Having housing options available that provide

recovery support for those with substance use and/or mental health challenges can help individuals transition into community life more effectively and with better long-term results.⁷³ Without these options, clients may be at higher risk of returning to crisis and needing a more intensive level of care. Options that are less institutional and more home-like are also less expensive and more recovery-oriented.

[H]ousing has a significant impact on the long-term recovery of clients who discharge from an inpatient setting.

LMHA/LBHAs in the regional group would like to develop housing that operates on either a co-op or group home model. In the co-op model, the LMHA/LBHA holds the lease on each home and then leases space in the home to individual persons receiving services, with approximately four to six persons in a home. The residents of each home are generally self-sufficient and share basic upkeep of the home (cooking, housekeeping, etc.). The LMHA/LBHA provides staff who regularly visit the home to provide support and services as needed, but staff do not live in the home.

Group homes offer full-time staffing for persons who need additional structure and support. Full-time staffing can also serve to ensure neighbors any potential crisis in the home will be swiftly and effectively managed. Group homes are licensed and regulated, most often as assisted living facilities. LMHA/LBHAs in this region would choose one or both models based on the greatest need among their persons receiving services, housing availability, and funding opportunity.

Cost offsets would depend on the location, number, and types of homes developed under this proposal. However, offering a robust continuum of housing options helps persons receiving services transition from more acute care to independent community living at a pace that best meets their unique needs. Without an array of options, persons receiving services may be forced to discharge from inpatient acute care back to their own home or family, where the significant change in available structure and support increases the risk of crisis and re-admission into an acute care setting. Options that allow for a graduated return to independent community living decrease mental health crisis episodes and the need for ER visits, law enforcement involvement, or transportation to a mental health facility.

Support the LMHA/LBHA Workforce



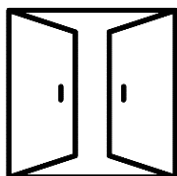
Finding and retaining qualified staff is particularly challenging for the rural-serving LMHA/LBHAs in the All Texas Access NTSB Regional Group. Other benefits are offered as part of staff appreciation and retention efforts to adjust for the challenge that LMHA/LBHAs face in offering a competitive salary. The LMHA/LBHAs in the All Texas Access NTSB Regional Group actively encourage a healthy work/life balance through promotion of community activities, sometimes offered at a discount for LMHA/LBHA employees. Examples include Zumba classes, art events, and discounted tickets to sporting events. LMHA/LBHAs also offer staff training on topics such as resiliency, compassion fatigue, and secondary trauma.

The LMHA/LBHAs recognize that the modest investment in these activities has a definite payoff, in that these efforts to retain tenured staff are far less expensive than hiring and training new staff. In addition, retaining tenured staff results in a generally higher quality of services for individuals participating in LMHA/LBHA services. Tenured staff have had time to develop the interpersonal skills most effective in engaging with individuals who have complex mental health needs. They have also had time to develop meaningful relationships with individuals receiving services; the trust and respect earned in those relationships can prove useful when supporting a person who is stressed or at risk of going into crisis.

Opportunities to Expand Capacity for Needed Services

Opportunities proposed in this section, in order to implement, would require a funding source. Anticipated costs are outlined later in this regional plan under “Cost Offsets.”

Develop New Adult Residential Settings



LMHA/LBHAs in this region agree that one or more adult residential programs would improve the long-term recovery of people who discharge from an inpatient setting and/or who need additional structure and support to prevent mental health crises. A residential program needs to be located both where a sufficient number of people can access it and where there is a potential workforce to operate it. LMHA/LBHAs in the regional group suggested Wichita Falls, Brownwood, Granbury, Amarillo, and/or Denton. A location in Wichita Falls would support individuals discharging from the state hospital there. LMHA/LBHAs in this regional group also expressed interest in combining the residential setting with a peer-run day program.

An adult residential program would support individuals who either need more of a transition from acute inpatient care to independent living or who do not have stable housing identified upon discharge from acute inpatient care. Offering a supportive environment that offers some structure and services gives a person a better chance to ensure stable housing, income, and the necessary independent living skills so that the eventual transition to independent living can be more successful.

Regional Consideration – Housing

All LMHA/LBHAs in this regional group report housing is an issue with limited or very limited affordable housing choices and limited or very limited public housing options. Additionally, all LMHA/LBHAs in this regional group report there are few homeless shelters, and no shelter in one LMHA/LBHA's service area.

Expand Crisis Services



As indicated by both the system modeling results and the All Texas Access survey results, crisis services are a critical component

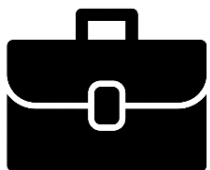
of mental health care in this region. The All Texas Access NTSH Regional Group currently has no extended observation units (EOUs), and the four crisis respite units (CRUs) are all in urban counties (Denton and Tarrant). All rural-serving LMHA/LBHAs in this group seek to expand their crisis services to ensure that they can provide adequate and timely services. For example, Center for Life Resources and Helen Farabee Centers would like to increase the number of full-time positions they can devote to crisis response. Center for Life Resources has expressed interest in the evidenced-based cooperative model of using Mobile Crisis Outreach Teams and mental health deputies in all their counties. Rather than expanding services, Texas Panhandle Centers indicates that the most effective support for their crisis services would be reimbursement for the telemedicine crisis services currently being provided by their qualified mental health professionals; this service already exists but is not currently funded. To close the gap in crisis residential alternatives, Pecan Valley Centers for Behavioral and Developmental Healthcare proposes an EOU and CRU combination that would be available to their LMHA/LBHA neighbors. The new EOU/CRU would be eight to ten beds and ideally located in Parker County, due to the high number of mental health commitments in that county.

As indicated by both the system modeling results and the All Texas Access survey results, crisis services are a critical component of mental health care in this region.

Regional Consideration – Suicide

Rates of suicide in the counties surrounding the DFW metroplex are higher than much of Texas.

Increase Use of Peer Support Specialists



Rural-serving LMHA/LBHAs in the All Texas Access NTSH Regional Group face challenges recruiting and retaining mental health professionals. Mental health professionals are more likely to reside and work in urban centers. Those who do live in rural counties often work at an LMHA/LBHA at the beginning of their career, but eventually transition to an organization that can offer better benefits. House Bill (H.B.) 1486, 85th Legislature, Regular Session, 2017, recognized that peer specialists are an excellent resource in mitigating the mental health professional workforce shortage. Peer specialists are a workforce of trained, certified individuals in recovery from a

mental health condition who are uniquely effective at supporting other individuals with a mental health condition. Peers offer hope that recovery is achievable and support from someone who has walked a similar path as the individual who is struggling with mental health. This relationship-based service can be a powerful motivator in a person's recovery journey.

Increasing the number of peers in the mental health workforce strengthens the services available to everyone, and strengthens each LMHA/LBHA as an organization, as more services can be delivered at a higher quality of care. Individuals who wait more than 30 days for service are less likely to participate in outpatient mental health services and more likely to get those services via psychiatric hospitalization, the ER, or the justice system. Conversely, individuals who receive appropriate community-based mental health services are less likely to be incarcerated, be admitted to inpatient psychiatric services, or seek services through hospital ERs.⁷⁴

Regional Consideration – Mental Health Providers

All LMHA/LBHAs in this regional group report that recruiting and retaining mental health providers in the rural areas is a challenge.

Increase Transportation for Routine LMHA/LBHA Services



A significant barrier to accessing mental health care in rural North Texas is the lack of transportation. Rural communities rarely offer public transportation. A person without access to transportation, therefore, may forego mental health treatment until a crisis results in an ER visit or a call to the sheriff's office. LMHA/LBHAs that can offer non-emergency transportation can keep individuals engaged in routine services and prevent mental health crisis episodes. LMHA/LBHAs in this regional group could significantly impact incidents of mental health crisis by offering non-emergency transportation that supports people remaining engaged with LMHA/LBHA services and on a path of mental health recovery.

LMHA/LBHAs that can offer non-emergency transportation can keep individuals engaged in routine services and prevent mental health crisis episodes.

Regional Consideration – Public Transportation

Every LMHA/LBHA in this regional group cited access to reliable public transportation as a challenge, and most of the cities and counties outside of the DFW metroplex do not have public transportation.

Develop a Clinician Officer Remote Evaluation Program



LMHA/LBHAs in this region expressed an interest in developing a region-wide care coordination system using technology with potential to streamline communication among a person in crisis, law enforcement, and the LMHA/LBHA. LMHA/LBHAs would like to develop a regional system in which there is a single point of contact for triage with law enforcement. This model is called Clinician Officer Remote Evaluation (CORE).

The CORE model has law enforcement contact the LMHA/LBHA, and the LMHA/LBHA uses technology to allow real-time screening assessment of the individual in crisis via telehealth. Technology could include a tablet, cell phone with video technology, or some other streaming service so LMHA/LBHAs can screen the individual for crisis services and direct law enforcement to transport the individual to the nearest crisis service that would best assist the person. LMHA/LBHAs would determine the nearest crisis service using a database of resources available throughout the region, including open beds in residential or inpatient programs.

The CORE concept has been tested in a pilot in Harris County with The Harris Center for Mental Health and IDD and the Harris County Sheriff's Department. An evaluation of the pilot program found:

- 83 percent of deputies responded that having access to a clinician helped them decide what course of action to take with the individual in crisis;
- 71 percent responded that the clinician helped them handle the call in a shorter period;
- Average length of a call was 24 minutes; and
- 40 percent of calls were resolved on scene, with the other 60 percent resulting in an emergency detention order.

CORE could potentially save law enforcement transportation costs and time in waiting for a person in crisis to be seen face-to-face. This would also provide more immediate access for individuals in crisis to receive services through existing community resources.

Regional Consideration – Remote and Rural Areas

Except for the DFW metroplex, Wichita Falls, and Amarillo, this region is both extremely remote and rural, which creates challenges for LMHA/LBHAs to provide responsive and timely treatment.

All Texas Access NTSH Regional Plan Alignment with Statewide Plans

The All Texas Access NTSH Regional Plan addresses the following identified gaps in the Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021, published February 2019:

Gap 1: Access to Appropriate Behavioral Health Services

Gap 8: Use of Peer Services

Gap 10: Consumer Transportation and Access to Treatment

Gap 13: Behavioral Health Workforce Shortage








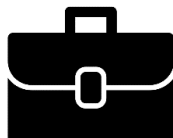



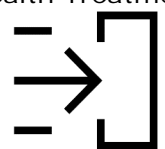
Gap 15: Shared and Usable Data

The All Texas Access NTSH Regional Plan aligns with the Comprehensive Inpatient Mental Health Plan by proposing initiatives that would create or expand “2. Easy Access” and “3. Systems-Based Care.” Seeking to increase co-located or integrated services and expanding crisis services both improve access to care. Transportation also improves access to care. Proposed residential settings contribute to systems-based care. Systems-Based Care also includes diverting individuals from incarceration, which aligns with use of the CORE Model.

All Texas Access NTSB Regional Plan Survey Results

The All Texas Access Community Survey was open from January 3, 2020, to April 3, 2020. The survey solicited feedback about mental health care in rural Texas communities. The survey occurred parallel to regional planning, and at times the survey results diverge from regional considerations. In addition, while HHSC recognizes the prevalence of co-occurring mental health and substance use conditions, substance use treatment is only addressed within the broader context of mental health services. The Statewide Analysis of Rural Mental Health Services section of this report and Appendix O, Statewide Online Survey, include additional information regarding the survey.

Table 8. All Texas Access NTSB Regional Group Survey Results

Category	Top Three Responses		
Most Helpful	Crisis Services 	Counseling 	Medication 
Most Needed	Counseling 	Crisis Services 	Substance Use Treatment 
Greatest Opportunities	Reduce Wait Time for Services 	Increase Mental Health Workforce 	Increase Substance Use Treatment 
Significant Barriers	Lack of Services in Rural Areas 	Transportation 	Lack of Timely Access to Mental Health Treatment 

All Texas Access NTSB Regional Plan: HHSC Evaluation

Estimated Costs of Regional Group

The estimated cost, per incident, in this region for each of the four All Texas Access metrics is:

- Local Government Crisis Care = \$220
- Transportation = \$853
- Incarceration = \$2,520
- ER Charges = \$1,550

More information on how these costs were calculated can be found in Appendix F, Data Methodology.

Cost Offsets

For each of the opportunities to expand capacity in this regional plan, HHSC has used available data to estimate the minimum number of emergency room and/or incarceration diversions that would result in offsetting the estimated cost of the proposal. Additional detail on how these offsets were calculated can be found in Appendix J: All Texas Access NTSB Regional Group.

Collaborate on Residential Treatment Centers for Children

Proposal: Collaborate with community partners to bring at least one children's RTC to the region, preferably in a rural county.

Impact Statement:

- Cost Estimate: \$600,000
- Cost-Neutral Diversion Estimate: 388 ER visits annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Develop New Adult Residential Settings

Proposal: Develop at least one adult residential setting in a rural county of the region.

Impact Statement:

- Cost Estimate: \$500,000
- Cost-Neutral Diversion Estimate: 110 ER visits and 131 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Expand Crisis Services

Proposal: Increased crisis services, including an EOU/CRU.

Impact Statement:

- Cost Estimate: \$2,240,000
- Cost-Neutral Diversion Estimate: 527 ER visits and 565 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunities

Increase Transportation for Routine LMHA/LBHA Services

Proposal: Non-crisis transportation provided by each LMHA/LBHA so that persons receiving services can stay engaged in routine services.

Impact Statement:

- Cost Estimate: \$868,000, with an additional \$250,000 in one-time startup costs
- Cost-Neutral Diversion Estimate: 251 ER visits, 251 trips, and 205 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunities (including the Medicaid Non-Emergency Transportation Program)

Develop a CORE Program

Proposal: Implement the CORE model as noted below.

CORE Participation

Center for Life Resources

CORE Service Area: All counties

Anticipated Number of New LMHA/LBHA positions: 4.5

Anticipated Number of Law Enforcement Officers Participating: 4.5

Helen Farabee Centers

CORE Service Area: none

Anticipated Number of New LMHA/LBHA positions: 0

Anticipated Number of Law Enforcement Officers Participating: 0

Pecan Valley Centers

CORE Service Area: All counties

Anticipated Number of New LMHA/LBHA positions: 5 Licensed Practitioners of the Healing Arts and 5 Qualified Mental Health Professionals

Anticipated Number of Law Enforcement Officers Participating: 30

Texas Panhandle Centers

CORE Service Area: Hereford – Dalhart; Borger; Perryton-Pampa; Dumas – Clarendon

Anticipated Number of New LMHA/LBHA positions: 4

Anticipated Number of Law Enforcement Officers Participating: 7

Impact Statement:

- Cost Estimate: \$1,301,941
- Cost-Neutral Diversion Estimate: 161 ER visits and 418 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

All Texas Access NTSH Regional Plan Scorecard

Each regional plan is scored by the rural-serving LMHA/LBHA members of the regional group and HHSC staff from the Intellectual Developmental Disability-Behavioral Health Services Department. The regional plan was scored based on alignment with regional perspectives, feasibility, impact on Texans, and alignment with statewide plans. Each of the metrics is scored on a scale of 0 to 10, with 10 being the best possible score. The score for each metric also contributed a weighted percentage to a composite score.

- **Alignment with Regional Perspectives**

- **System Modeling Themes** – The degree in which the regional plan aligns with the system model for the regional group.

The HHSC team and the regional group agreed that the plan does well in addressing the themes of timely access and crisis services. The regional group scored their plan slightly lower than HHSC, as they would have liked to more fully address the mental health professional workforce shortage in their region.

Score: 8.96

Contribution to Composite Score: 15 percent

- **Survey Results** – The degree in which the regional plan aligns with the All Texas Access survey results for the region.

The regional group was positive about how the proposed initiatives respond to the survey results. Again, the regional group expressed that the mental health professional workforce shortage remains an area of concern.

Score: 8.7

Contribution to Composite Score: 15 percent

- **Feasibility**

- **Community Partner Coordination** – The degree in which the regional plan is dependent upon community partners to successfully implement.

The regional group generally expressed confidence related to the availability and willingness of community partners across the region. Three of the four rural-serving LMHA/LBHAs in this region noted excellent relationships with community partners. The two focus groups conducted in this region also indicated positive relationships with community partners. The most

challenging initiative in this area would be the children's RTC since it relies so heavily on other organizations participating.

Score: 8.16

Contribution to Composite Score: 10 percent

- **Ability to Implement** – The degree in which the regional plan is anticipated to be successfully implemented by the involved parties.

The LMHA/LBHAs in this regional group indicated that appropriate funding is the primary challenge in implementing the proposed initiatives. The LMHA/LBHAs were particularly positive about the CORE model and initiatives related to peer support.

Score: 8.79

Contribution to Composite Score: 10 percent

- **Impact on Texans** – The degree in which the regional plan is anticipated to impact the four-metrics outlined in S.B. 633 (e.g. cost to local governments, transportation to mental health facilities, and jail and ER visits by people with a mental health condition).

The regional group and the HHSC team were both generally positive about how the initiatives in this regional plan could impact rural Texans if the proposals are funded and implemented as envisioned.

Score: 9.32

Contribution to Composite Score: 30 percent

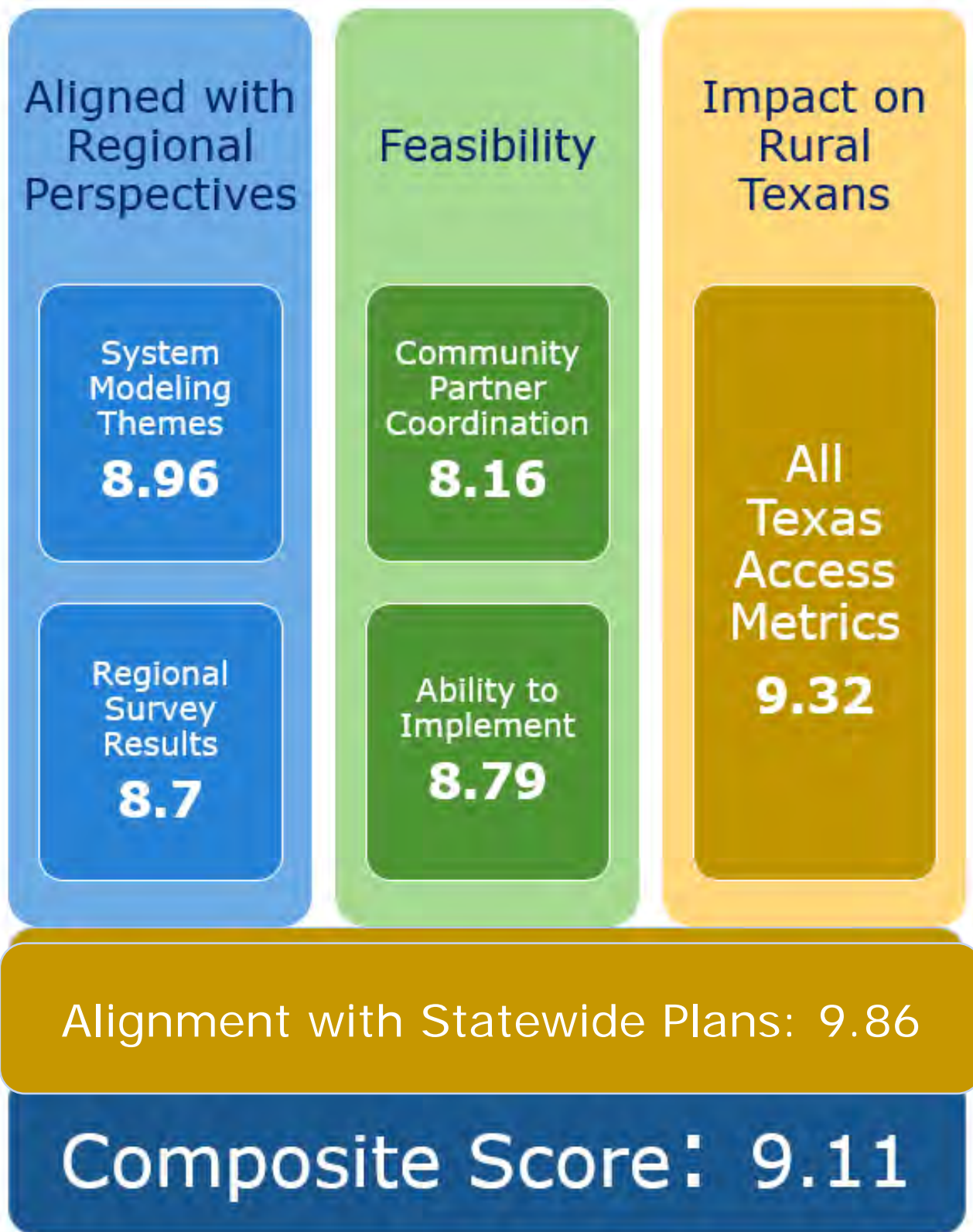
- **Alignment with Statewide Plans** – The degree in which the regional plan addresses gaps outlined in the Statewide Behavioral Health Strategic Plan and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

Both the regional group and HHSC are very positive about the alignment with the Statewide Behavioral Health Strategic Plan and the Comprehensive Inpatient Plan, with all LMHA/LBHAs in the regional group scoring this item as a 10.

Score: 9.86

Contribution to Composite Score: 20 percent

Figure 23. All Texas Access NTSB Regional Group Plan Scorecard



Regional Mental Health Crisis Facilities

On the next page is a map of the state-funded mental health crisis facilities in this region. Note that additional resources not funded by HHSC may exist in the region. A list of the specific facilities represented in the map follows.

Figure 24. All Texas Access NTS Regional Group Crisis Facilities*

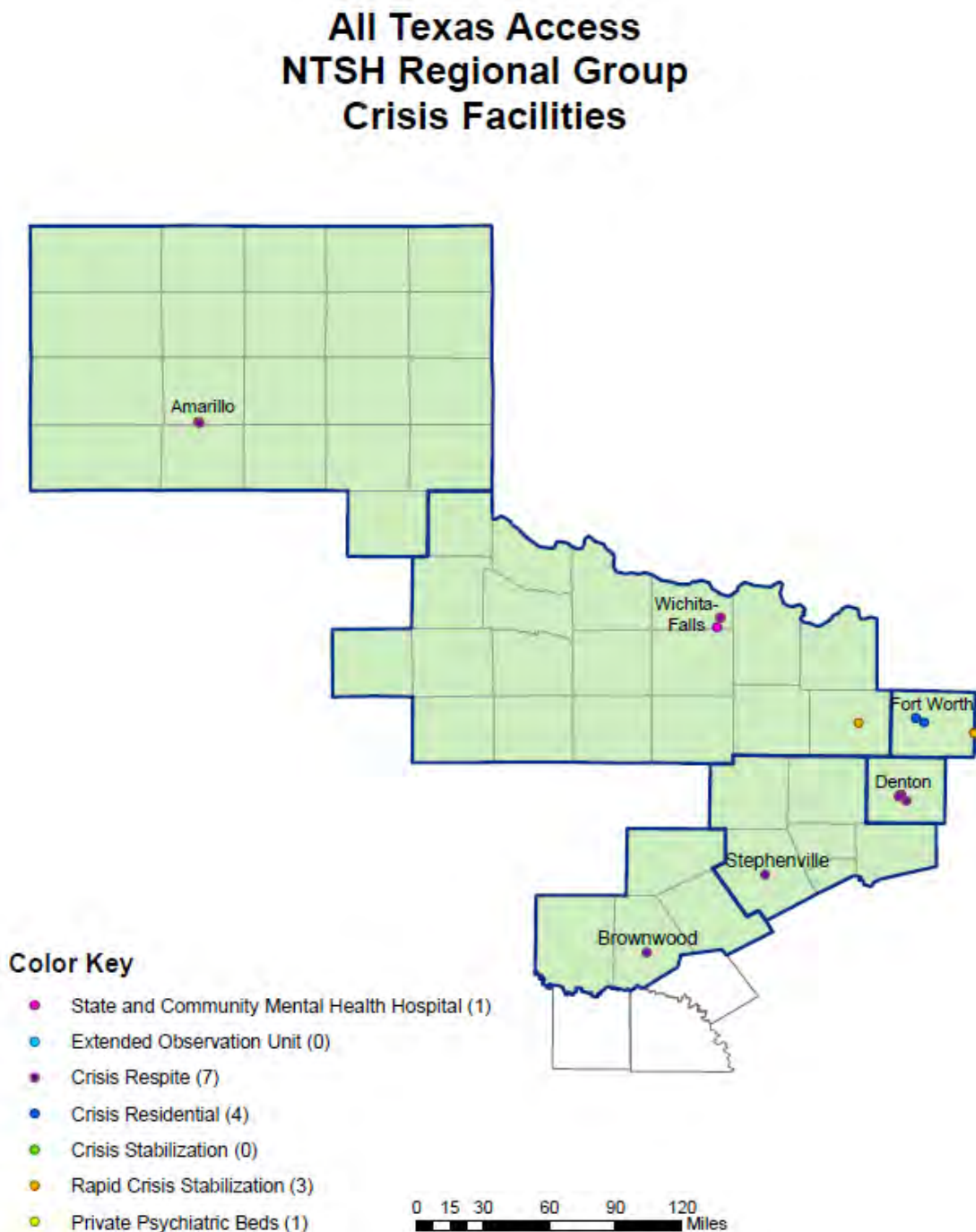


Image Source: HHSC Communications

*Note: Map dots may overlap, particularly in urban areas. A facility may also serve more than one purpose, which may cause the map dots not to match the counts in the legend and the table on the next page.

Table 9. All Texas Access NTSB Regional Group LMHA/LBHA Crisis Map Locations

PPB = Private Psychiatric Beds

Type	Provider Name	Address	City	Zip Code	County
Crisis Residential	Denton County MHMR Center	2519 Scripture Street	Denton	76201	Denton
Crisis Residential	Denton County MHMR Center	2438 Hillview Lane	Krum	76249	Denton
Crisis Respite	Center for Life Resources	1200 3rd Street	Brownwood	76801	Brown
Crisis Respite	Pecan Valley Centers	532 Green Street	Stephenville	76401	Erath
Crisis Respite	Texas Panhandle Centers	2002 Hardy Street	Amarillo	79106	Potter
Crisis Respite	MHMR Tarrant County	3883 Mighty Mite	Fort Worth	76105	Tarrant
Crisis Respite	The Wood Group	500 Broad Street	Wichita Falls	76301	Wichita
Crisis Respite/Crisis Residential	MHMR Tarrant County	1350 E. Lancaster	Fort Worth	76102	Tarrant
Crisis Respite/Crisis Residential	MHMR Tarrant County	815 S. Jennings	Fort Worth	76104	Tarrant
PPB/Rapid Crisis Stabilization	Red River Hospital	1505 8th Street	Wichita Falls	76301	Wichita
Rapid Crisis Stabilization	Northwest Texas Pavilion	1501 S. Coulter Street	Amarillo	79106	Potter
Rapid Crisis Stabilization	Wise Regional Hospital	609 Medical Center Drive	Decatur	76234	Wise
State or Community Mental Health Hospital	North Texas State Hospital	6515 Kemp Boulevard	Wichita Falls	76308	Wichita

8. All Texas Access RGSC Regional Group

Figure 25. All Texas Access RGSC Regional Group Priorities and Plans

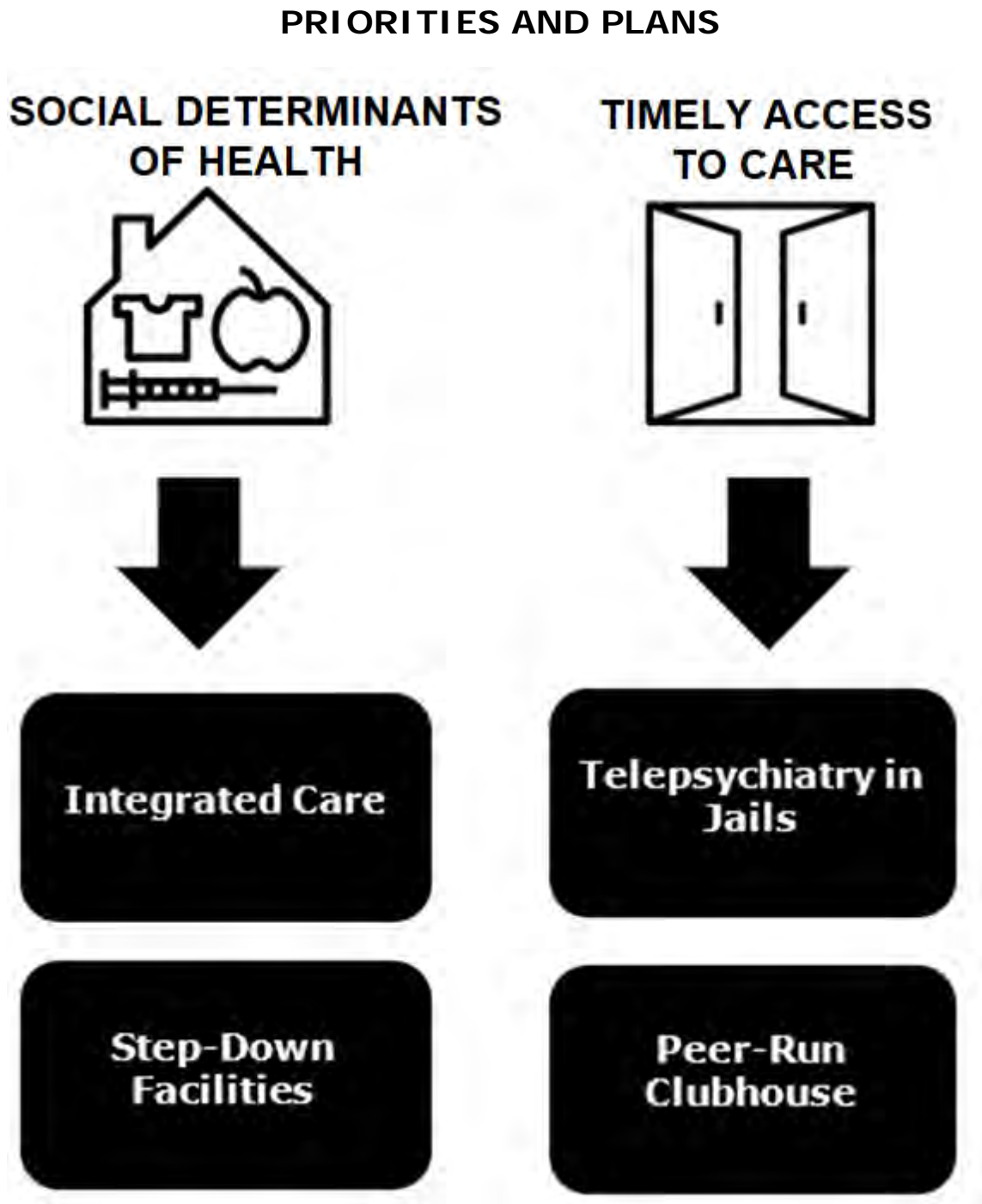


Figure 26. Map of All Texas Access RGSC Regional Group*

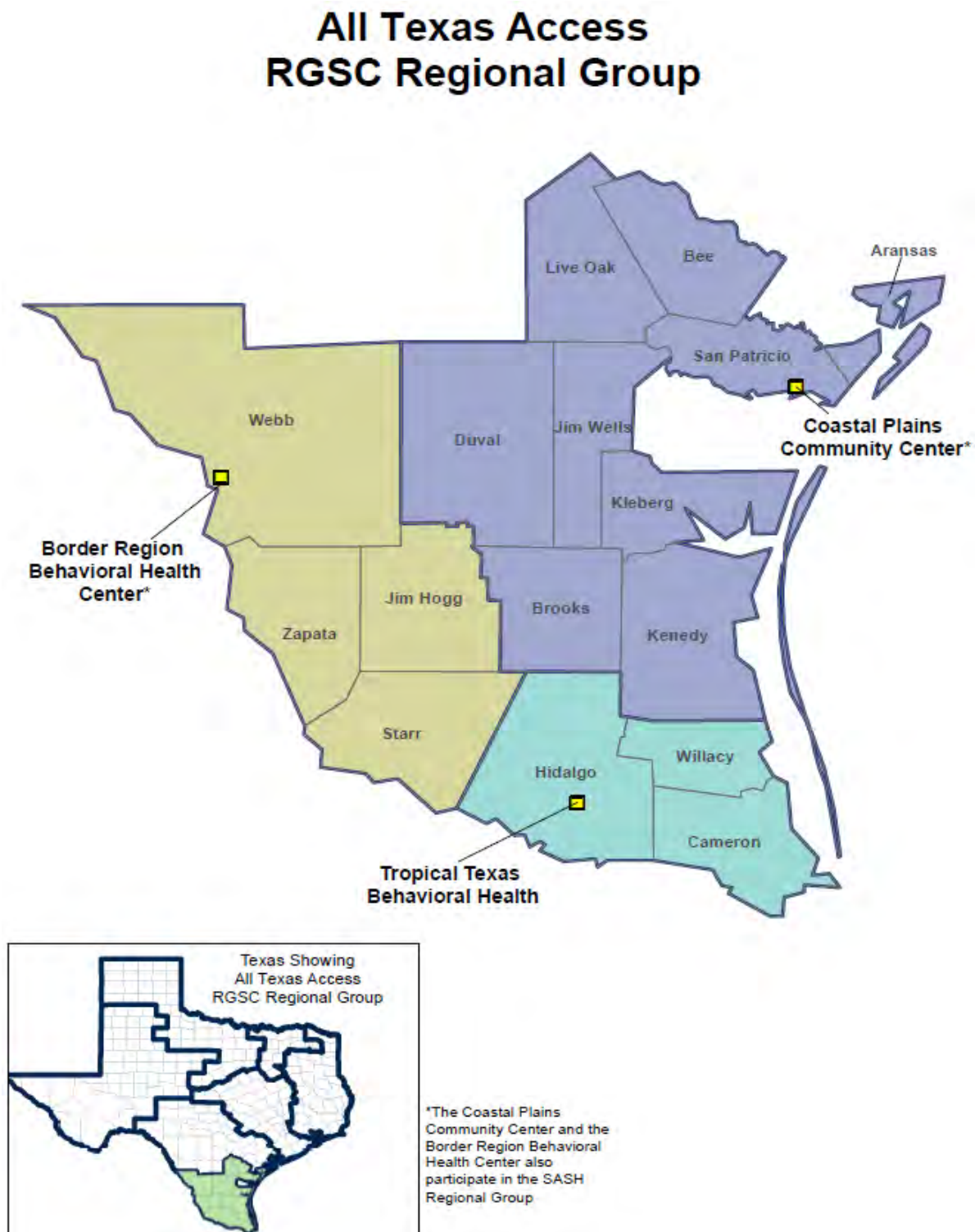


Image Source: HHSC Communications

* Yellow squares represent LMHA/LBHA headquarter locations only. For a map of LMHA/LBHA mental health outpatient offices, see Appendix K: All Texas Access RGSC Regional Group.

Participating LMHA/LBHAs

The following LMHA/LBHAs participated in the All Texas Access RGSC Regional Group:

- Border Region Behavioral Health Center;
- Coastal Plains Community Center; and
- Tropical Texas Behavioral Health.

Border Region Behavioral Health Center participated in the All Texas Access SASH Regional Group as a full participant and in the All Texas Access RGSC Regional Group as an ex officio member, as they share many resources and are geographically close to the other members of this regional group.

Coastal Plains Community Center participated in both the All Texas Access SASH and RGSC Regional Groups, as they have counties in both state hospital catchment areas.

Regional Characteristics

For the purposes of this section, only those counties in the RGSC catchment area are included: Brooks, Cameron, Duval, Hidalgo, Jim Wells, Kenedy, Kleberg, and Willacy.

8 counties		8,994 square miles	
2 urban	6 rural	2,462 urban	6,532 rural

Square Mileage Comparison: New Hampshire
Population Comparison: Hawaii

Population: 1,419,531	
Largest County: Hidalgo 880,024 People	Smallest County: Kenedy 414 People

Delivery System Reform and Incentive Payment (DSRIP)

The All Texas Access RGSC Regional Group had \$24,101,362 in federal funds through DSRIP in fiscal year 2019. This total is inclusive of all Border Region Behavioral Health Center's DSRIP funding and half of the DSRIP federal share for Coastal Plains Community Center.

The LMHA/LBHAs in this regional group report that all DSRIP activities are at risk of ending if this funding is not sustained. Some specific activities that will terminate when DSRIP funding ends include:

- Peer services;
- Mental health deputies;
- Substance use services;

- Integrated health services; and
- Care coordination and transition services.

Chart 12. All Texas Access RGSC Regional Group DSRIP Federal Share Amounts for Fiscal Year 2019



All Texas Access RGSC Regional Plan

Overview

The All Texas Access RGSC Regional Group identified four distinct projects to strengthen and improve services for the individuals residing in this area:

- Integrated care clinics;
- Telepsychiatry in local jails;
- Step-down facilities for individuals recently released from either a psychiatric hospital or jail; and
- Expansion of peer support services in the form of a peer clubhouse.

Social determinants of health have a significant impact on individuals in this region.⁷⁵ Along with the availability of resources, addressing health, housing, and community relationships could dramatically alter mental health outcomes in the All Texas Access RGSC Region.

Existing Opportunities

Existing opportunities are those that the LMHA/LBHAs of this region are already doing and that can be continued or strengthened with little or no additional funding.

Strengthen Collaboration

The House Select Committee on Mental Health Interim Report observes that “communities and stakeholders who work in partnership and collaboration provide more effective mental health/behavioral health services and in many cases to a greater number of persons and have the greatest successes.”⁷⁶ LMHA/LBHAs are uniquely positioned to provide expertise to community organizations and to coordinate a community approach to mental health care.

LMHA/LBHAs already collaborate with local governments, law enforcement agencies, school districts, universities, health clinics, hospitals, faith organizations, social service agencies, and others. These community partners represent the wide array of organizations and professionals that interact with people who have mental health issues.

There are several local collaborations within the All Texas Access RGSC Regional Group which positively impact mental health care access. There are varying degrees of memorandums of understanding with school districts, law enforcement, universities, and FQHCs to expand LMHA/LBHA ability to provide multiple services, thus expanding their network in the region. The All Texas Access RGSC Regional Group also has various contracts with local private psychiatric hospitals, enabling individuals to access inpatient services closer to home.

Operate Casa Amistad

Casa Amistad, a 16-bed crisis stabilization unit in Laredo (Webb County), is transitioning from HHSC’s Health and Specialty Care System to Border Region in fiscal year 2021. Casa Amistad will be an added resource for the All Texas Access RGSC Regional Group that can act as a much-needed step-up for people who need short-term psychiatric stabilization or a step-down for those transitioning from a psychiatric hospital. The regional group will establish policies and procedures for the facility to accept individuals from all LMHA/LBHAs in this region.

Casa Amistad will be an added resource for the All Texas Access RGSC Regional Group that can act as a much-needed step-up for people who need short-term psychiatric stabilization or a step-down for those transitioning from a psychiatric hospital.

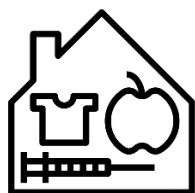
Develop Virtual Peer Clubhouses

Recognizing that individuals may be more reticent to engage in social activities after the COVID-19 pandemic, this regional group is open to exploring activities that can promote peer engagement through the creation of regional virtual clubhouses. Clubhouses are known for being communities of support, and there are different ways to provide this support in the local community which may not involve a physical building. Virtual and telephone contact with staff and clubhouse members has made mental health care accessible to more individuals.

Opportunities to Expand Capacity to Needed Services

Opportunities proposed in this section would require a funding source in order to implement. Anticipated costs are outlined later in this regional plan under “Cost Offsets.”

Increase Integrated Care



Integrating behavioral and physical health care blends the expertise of mental health, substance use, and primary care clinicians, with feedback from individuals and caregivers. This model creates a team-based approach where mental health care and general medical care are offered in the same location. People with psychosis, bipolar, and moderate to severe depression tend to die earlier due to medical conditions than those in the general population.⁷⁷ Coordinating both primary and mental health care is beneficial to address the whole person, obtain positive health outcomes, and provide cost-effective care.

Historically, it has been difficult for a primary care provider to offer effective, high-quality mental health care when working alone. Co-locating mental health services not only improves the quality of care but also reduces cost for both the individuals being served and for the providers. Providing integrated care also allows LMHA/LBHAs to engage persons in mental health care who may not have engaged otherwise, which has the potential to decrease ER visits and incarcerations related to mental health crises.

The All Texas Access RGSC Regional Group endorses a “one-stop shop accessibility” concept, including primary care, substance use treatment, crisis services, care coordination, veterans’ services, and jail diversion services. This concept would provide individuals easier access to a wider array of services within their own community (rather than traveling to multiple sites). There are many studies that indicate individuals with co-morbid mental health and physical health do not receive the care they need. One study indicates that 68 percent of individuals with mental health concerns have chronic health issues.⁷⁸ Another study indicates 80 percent of individuals with behavioral health concerns seek care in either their primary care clinic or emergency room.⁷⁹ By some estimates, 60 to 70 percent of these individuals leave these same facilities without receiving treatment for behavioral health conditions, only treating the

Co-locating mental health services not only improves the quality of care but also reduces cost for both the individuals being served and for the providers.

physical health.⁸⁰ Not receiving treatment for both lessens the chance for recovery from either condition.⁸¹

Coastal Plains Community Center, Border Region Behavioral Health, and Tropical Texas Behavioral Health have been providing integrated care funded through DSRIP. The regional group has been providing integrated care to an estimated 10,312 individuals per year and seeks to maintain this highly accessed service once DSRIP funding ends in 2021. The All Texas Access RGSC Regional Group is actively strategizing with their community partners to continue providing this service but is concerned since maintaining this benefit comes with significant costs. Providing integrated care in the community lowers local government mental health crisis costs, as the LMHA/LBHAs can engage more community members and keep those individuals engaged in services longer through the convenience and effectiveness of integrated care. The All Texas Access RGSC Regional Group proposes to continue these services to maintain individuals' improved outcomes for both physical and mental health.

Regional Consideration – Mexico Border

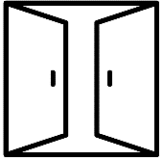
Five counties in this region share a border with Mexico, and nine counties in this region are within 100 miles of the U.S.-Mexico border. Within these counties, the percentage of people who identify as Hispanic is significantly higher, as is the percent of people five years or older who speak languages other than English at home. For the LMHA/LBHAs in this region, this adds complexity to the challenge of hiring and retaining a mental health workforce. Ideally, any mental health worker would speak both Spanish and English. There are also seven U.S. Border Patrol Checkpoints within this region, which can impact the ability to travel long distances to receive services.

Regional Consideration – Colonias

A "Colonia," Spanish for neighborhood or community, is a geographic area located within 150 miles of the Texas-Mexico border that has a majority population of individuals and families of very low income. These families lack safe, sanitary, and sound housing and are without basic services such as potable water, adequate sewage systems, drainage, utilities, and paved roads. Living conditions in colonias are often compared to those in developing nations. In a 2014 estimate by the Texas Office of the Secretary of the State, 255,605 people lived in colonias in this region. A 2008 report found that residents of colonias reported similar mental health status compared to the general population of the country, but they also reported worse physical

health. Length of time living in a colonia, co-morbidity status, and access to health care was associated with poorer mental health status.

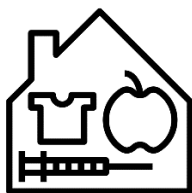
Establish Telepsychiatry Services for Jails



Individuals served by the All Texas Access RGSC Regional Group who become incarcerated often experience significant barriers to maintaining treatment at a time when their mental health symptoms may be exacerbated. At the time of incarceration, Medicaid and prescription benefits are lost, which may leave individuals receiving less effective medications through the jail. Most county jails are unable to cover the cost of higher-end pharmaceuticals available through other sources; as a result, the individual can experience a disruption of mental health care during incarceration that can result in poorer outcomes upon release. Improved access to psychiatric services and medications can be achieved through enhanced partnerships between the LMHA/LBHAs and their respective county jails.

The All Texas Access RGSC Regional Group proposes expanding telepsychiatry for incarcerated individuals by providing a consultative service for law enforcement. The LMHA/LBHAs would provide both consultation and pharmaceuticals to incarcerated individuals already engaged in LMHA/LBHA services to minimize disruption of a person's treatment. Providing these services to individuals who are already connected with the LMHA/LBHA offers a better possibility of maintaining mental health stability, which may improve treatment outcomes and recovery. Jails will need accessible technology that is compatible to provide telehealth services. Coastal Plains Community Center described collaborating with a local jail to assist with providing telehealth services but discovered there was no broadband service to connect the jail to the mental health services.

Develop a Step-Down Facility



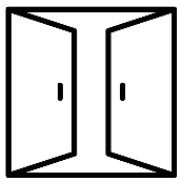
The All Texas Access RGSC Regional Group believes access to safe housing will promote recovery and reduce mental health crises. Often, individuals released from a psychiatric hospital or jail return a short time later due to a lack of safe, affordable housing in the community. Safe housing promotes recovery for a person using community supports. A step-down

A step-down facility in a rural community must offer opportunities for education, employment, and access to transportation to support recovery.

facility in a rural community must offer opportunities for education, employment, and access to transportation to support recovery.

The three LMHA/LBHAs which comprise this regional group estimate approximately 240 individuals would access a regional step-down facility annually, 60 individuals being released from a psychiatric hospital and 180 individuals being released from incarceration. There is also an assumption that the referrals to this facility will increase as the local judicial systems see the successful outcomes for individuals taking advantage of this opportunity.

Establish Peer Clubhouses



All LMHA/LBHAs in this region promote the active use of peers in their services. Peers promote recovery and enhance the stability of individuals engaged in services. If individuals are engaged in services, they tend to go into crisis less, thus avoiding jail and ER visits. Peer groups are offered in all three LMHA/LBHAs in this region; however, the group would like to expand peer services throughout the region. The All Texas Access RGSC Regional Group notes the success of peer groups and seeks to further develop a clubhouse model to promote higher engagement and recovery.

The All Texas Access RGSC Regional Group expressed an interest in the creation of a peer clubhouse to provide individuals opportunities for friendship, employment, housing, and education services in a single caring and safe environment. Tropical Texas Behavioral Health currently operates three peer drop-in centers funded by DSRIP. Border Region Behavioral Health Center estimates they could serve approximately 350 individuals per year if clubhouses were expanded throughout their service area. Coastal Plains Center provides space for peer groups throughout their clinics with attendance of 5-10 per week and would expect greater engagement in peer services if clubhouses were located in their local service area.

Regional Consideration – Veterans

LMHA/LBHAs in this group provide a strong network of coordinated services to support the state's veterans, service members, and their families. They provide evidence-based mental health services and supports to veterans and their families across the Rio Grande Valley.

All Texas Access RGSC Regional Group Plan Alignment with Statewide Plans

The All Texas Access RGSC Regional Plan addresses the following identified gaps in the *Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021*:

Gap 1: Access to Appropriate Behavioral Health Services

Gap 2: Behavioral Health Needs of Public School Students

Gap 5: Continuity of Care for Individuals Exiting County and Local Jails

Gap 6: Access to Timely Treatment Services













Gap 8: Use of Peer Services

The All Texas Access RGSC Regional Plan aligns with the goals in the *Comprehensive Inpatient Mental Health Plan* by providing telehealth services for incarcerated individuals and expanding peer support to receive “2. Easy Access.” Through their strategic collaborations, the LMHA/LBHAs are reaching out to provide community care to create more comprehensive “3. Systems-Based Care” which will enable those in their service area to access care closer to their home community.

All Texas Access RGSC Regional Group Survey Results

The All Texas Access Community Survey was open from January 3, 2020, to April 3, 2020. The survey solicited feedback about mental health care in rural Texas communities. The survey occurred parallel to regional planning, and at times the survey results diverge from regional considerations. In addition, while HHSC recognizes the prevalence of co-occurring mental health and substance use conditions, substance use treatment is only addressed within the broader context of mental health services. The Statewide Analysis of Rural Mental Health Services section of this report and Appendix O, Statewide Online Survey, include additional information regarding the survey.

Table 10. All Texas Access RGSC Regional Group Survey Results

Category	Top Three Responses		
Most Helpful	Counseling 	Substance Use Treatment 	Case Management 
Most Needed	Counseling 	Substance Use Treatment 	Crisis Services 
Greatest Opportunities	Reduce Wait Time for Services 	Increase Transportation Services 	Increase Mental Health Workforce 
Significant Barriers	Transportation 	Lack of Services in Rural Areas 	People Unaware or Uninformed of Available Services 

All Texas Access RGSC Regional Plan: HHSC Evaluation

Estimated Costs of Regional Group

The estimated cost, per incident, in this region for each of the four All Texas Access metrics is:

- Local Government Crisis Care = \$220
- Transportation = \$709

- Incarceration = \$2,520
- ER Charges = \$3,362

More information on how these costs were calculated can be found in Appendix F, Data Methodology.

Cost Offsets

For each of the opportunities to expand capacity in this regional plan, HHSC has used available data to estimate the minimum number of ER and/or incarceration diversions that would result in offsetting the estimated cost of the proposal.

Additional detail on how these offsets were calculated can be found in Appendix K: All Texas Access RGSC Regional Group.

Increase Integrated Care

Proposal: Continue the integrated care model provided throughout the region.

Impact Statement: The cost of this proposal is an estimated \$6,070,004. For this proposal to be cost-neutral, an estimated 1,806 ER visits need to be diverted annually.

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish Telepsychiatry Services for Jails

Proposal: Expand telepsychiatry for incarcerated individuals already engaged in LMHA/LBHA services by providing a consultative service for county jails.

Impact Statement: The cost of this proposal is an estimated \$229,099. For this proposal to be cost-neutral, an estimated 25 ER visits and 58 incarcerations need to be diverted annually.

Funding Source: General revenue, available grant programs, or other funding opportunity

Develop a Step-Down Facility

Proposal: Establish one step-down regional facility for individuals being released from psychiatric hospitals or incarceration.

Impact Statement: The cost of this proposal is an estimated \$2,589,500. For this proposal to be cost-neutral, an estimated 558 ER visits and 284 incarcerations need to be diverted annually.

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish Peer-Run Clubhouses

Proposal: Establish three peer-run clubhouses in the region.

Impact Statement: The cost of this proposal is an estimated \$945,000. For this proposal to be cost neutral, an estimated 203 ER visits and 106 incarcerations need to be diverted annually.

Funding Source: General revenue, available grant programs, or other funding opportunity

All Texas Access RGSC Regional Group Plan Scorecard

Each regional plan is scored by the rural-serving LMHA/LBHA members of the regional group and HHSC staff from the Intellectual Developmental Disability and - Behavioral Health Services Department. The regional plan was scored based on alignment with regional perspectives, feasibility, impact on Texans, and alignment with statewide plans. Each of the metrics is scored on a scale of 0 to 10, with 10 being the best possible score. The score for each metric also contributed a weighted percentage to a composite score.

- **Alignment with Regional Perspectives**

- **System Modeling Themes** – the degree to which the regional plan aligns with the system model for the regional group.

The All Texas Access RGSC Regional Group felt positive about the plan addressing all their system modeling themes, which are social determinants of health, timely access, and services. The group felt the four proposals identified would support timely access to services and an expansion of needed services. Social determinants of health would be aligned with integrated care, as this proposal would promote access to primary care services. The HHSC team was optimistic the plan aligned with the system modeling themes as well.

Score: 8.65

Contribution to Composite Score: 15 percent

- **Survey Results** – the degree to which the regional plan aligns with the All Texas Access survey results for the region.

The All Texas Access RGSC Regional Group felt the regional plan proposals slightly diverged from the survey; however, they felt the proposals within the plan do have an impact on the needs of their community. The HHSC team feels optimistic that the integrated care proposal and Casa Amistad will address needed counseling, substance use treatment, and crisis services per the survey.

Score: 7.52

Contribution to Composite Score: 15 percent

- **Feasibility**

- **Community Partner Coordination** – the degree to which the regional plan is dependent upon community partners to successfully implement.

The All Texas Access RGSC Regional Group highlighted the multiple existing partnerships throughout the region which would be necessary for the implementation of the plan and were positive about their ability to coordinate with their community partners. HHSC agreed that the region has many positive relationships within the community.

Score: 8.82

Contribution to Composite Score: 10 percent

- **Ability to Implement** – the degree to which the regional plan is anticipated to be successfully implemented by the involved parties.

The All Texas Access RGSC Regional Group expressed concerns about the ability to implement aspects of the plan which are dependent on funding, in part due to the availability of grant programs and local match requirements. The HHSC team was slightly more optimistic about the regional group's ability to implement the plan.

Score: 8.64

Contribution to Composite Score: 10 percent

- **Impact on Texans** – the degree to which the regional plan is anticipated to impact the four-metrics outlined in S.B. 633 (e.g. cost to local governments, transportation to mental health facilities, and jail and ER visits by people with a mental health condition).

The All Texas Access RGSC Regional Group was positive about the regional plan and the impact on rural Texans; however, the group is concerned about a lack of transportation in the region. The HHSC team was more positive about the plan's effect on rural Texans.

Score: 8.73

Contribution to Composite Score: 30 percent

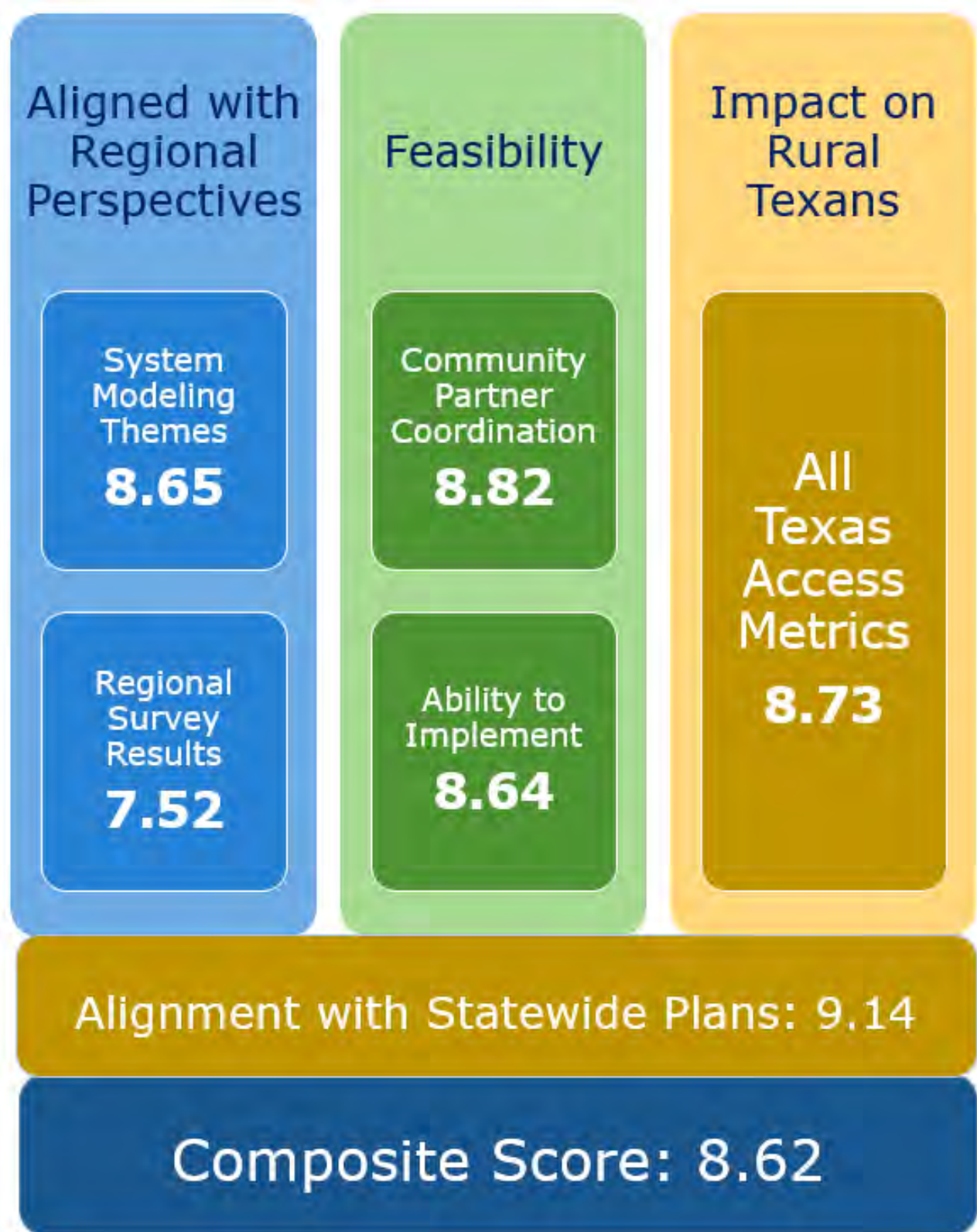
- **Alignment with Statewide Plans** – the degree to which the regional plan addresses gaps outlined in the Statewide Behavioral Health Strategic Plan and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

The All Texas Access RGSC Regional Group felt that many of the behavioral health strategic plan gaps are addressed by the plan. The HHSC team was also very positive about the alignment with the Statewide Behavioral Health Strategic Plan and the Comprehensive Inpatient Plan.

Score: 9.14

Contribution to Composite Score: 20 percent

Figure 27. All Texas Access RGSC Regional Group Plan Scorecard



Regional Mental Health Crisis Facilities

Figure 28 shows a map of the state-funded mental health crisis facilities in the RGSC Regional Group. Note that additional resources not funded by HHSC may exist in the region. A list of the specific facilities represented in the map follows.

Figure 28. All Texas Access RGSC Regional Group Crisis Facilities*

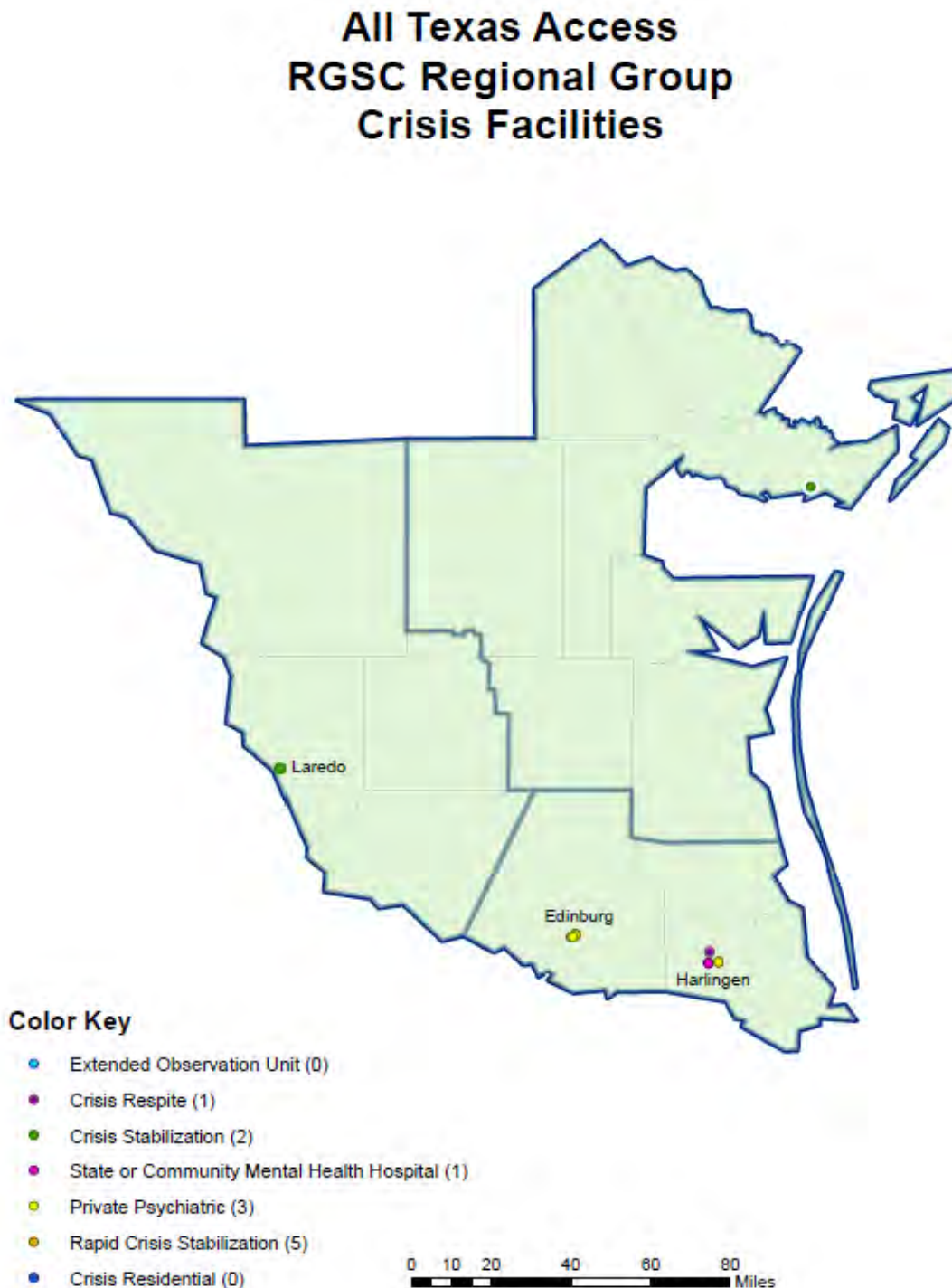


Image Source: HHSC Communications

*Note: Map dots may overlap, particularly in urban areas. A facility may also serve more than one purpose, which may cause the map dots not to match the counts in the legend and the table on the next page.

Table 11. All Texas Access RGSC Regional Group LMHA/LBHA Crisis Map Locations

CSU = Crisis Stabilization Unit

PPB = Private Psychiatric Beds

Type	Provider Name	Address	City	Zip Code	County
Crisis Respite	The Wood Group	715 N. H Street	Harlingen	78550	Cameron
CSU	Coastal Plains	200 Marriott	Portland	78374	San Patricio
CSU	Casa Amistad	1500 Pappas Street	Laredo	78041	Webb
PPB/Rapid Crisis Stabilization	Palms Behavioral Health Hospital	613 Victoria Lane	Harlingen	78550	Cameron
PPB/Rapid Crisis Stabilization	South Texas Behavioral Health Center	2102 W. Trenton Road	Edinburg	78539	Hidalgo
PPB/Rapid Crisis Stabilization	DHR Behavioral Health Hospital	5510 Raphael Drive	Edinburg	78539	Hidalgo
Rapid Crisis Stabilization	South Texas Behavioral Health System	2012 W. Trenton Road	Edinburg	78539	Hidalgo
Rapid Crisis Stabilization	Doctor's Hospital at Renaissance	5501 South McColl Road	Edinburg	78539	Hidalgo
State or Community Mental Health Hospital	Rio Grande State Center	1401 Rangerville	Harlingen	78550	Cameron

9. All Texas Access RSH Regional Group

Figure 29. All Texas Access RSH Regional Group Priorities and Plans

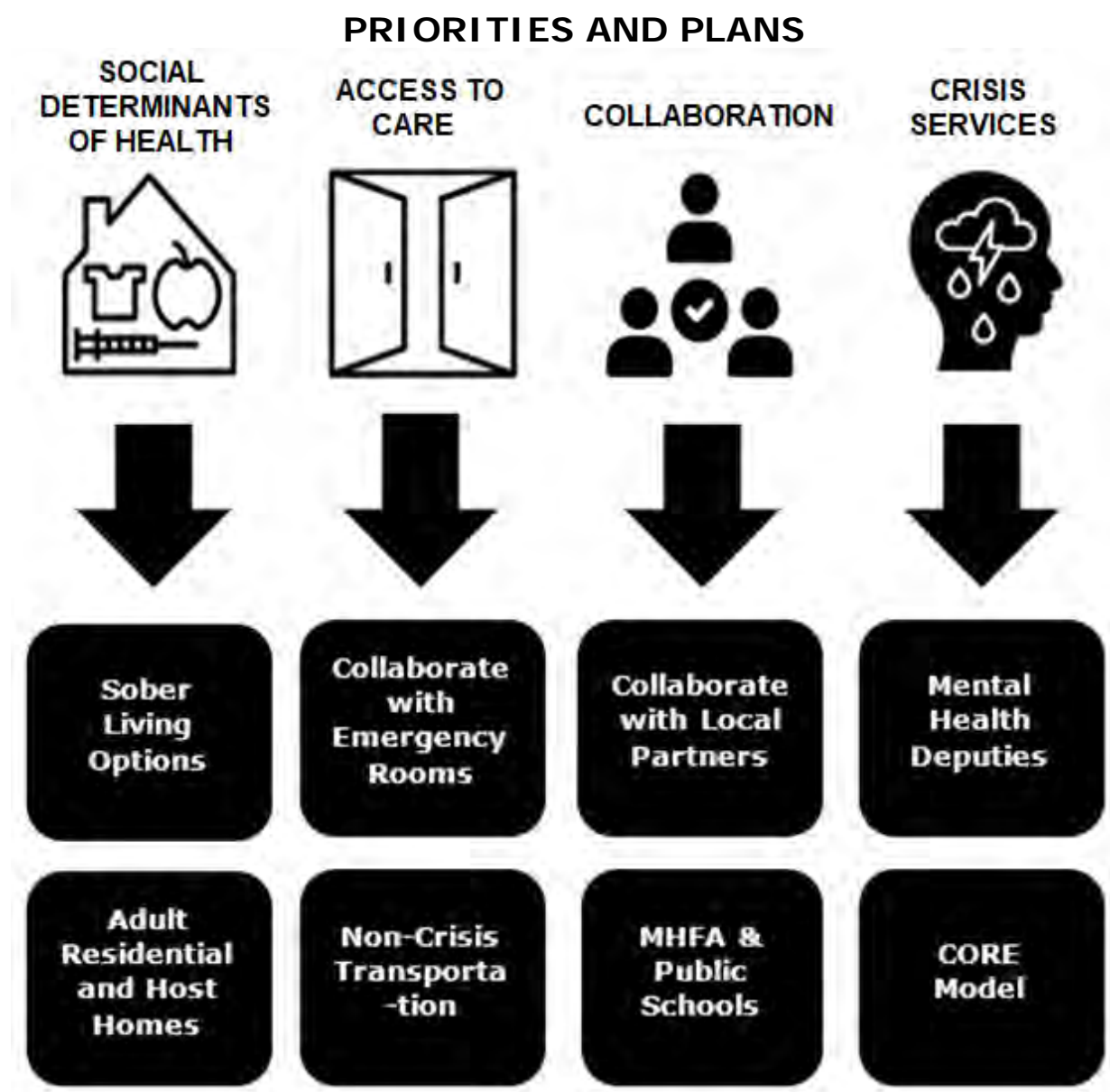


Figure 30. Map of All Texas Access RSH Regional Group*

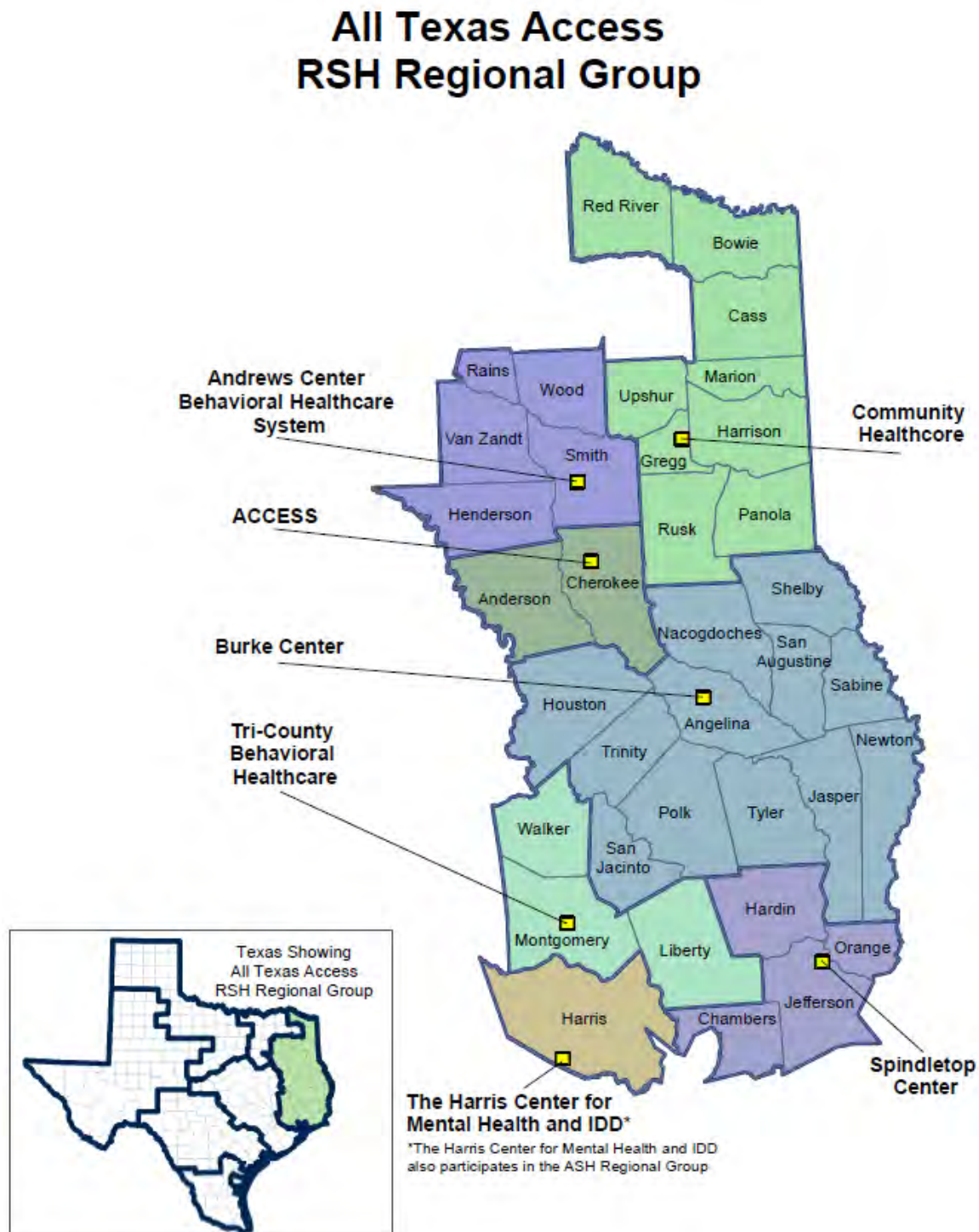


Image Source: HHSC Communications

* Yellow squares represent LMHA/LBHA headquarter locations only. For a map of LMHA/LBHA mental health outpatient offices, see Appendix L: All Texas Access RSH Regional Group.

Participating LMHA/LBHAs

The following LMHA/LBHAs participated in the All Texas Access RSH Regional Group:

- ACCESS
- Andrews Center Behavioral Healthcare System
- Burke Center
- Community Healthcore
- Spindletop Center
- Tri-County Behavioral Healthcare
- The Harris Center for Mental Health and IDD

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

Regional Characteristics

36 counties		29,645 square miles	
3 urban	33 rural	3,621 urban	26,024 rural

Square Mileage Comparison: South Carolina
Population Comparison: Arizona

Population: 7,273,544	
Largest County: Harris 4,686,778 People	Smallest County: San Augustine 8,562 People

Delivery System Reform and Incentive Payment (DSRIP)

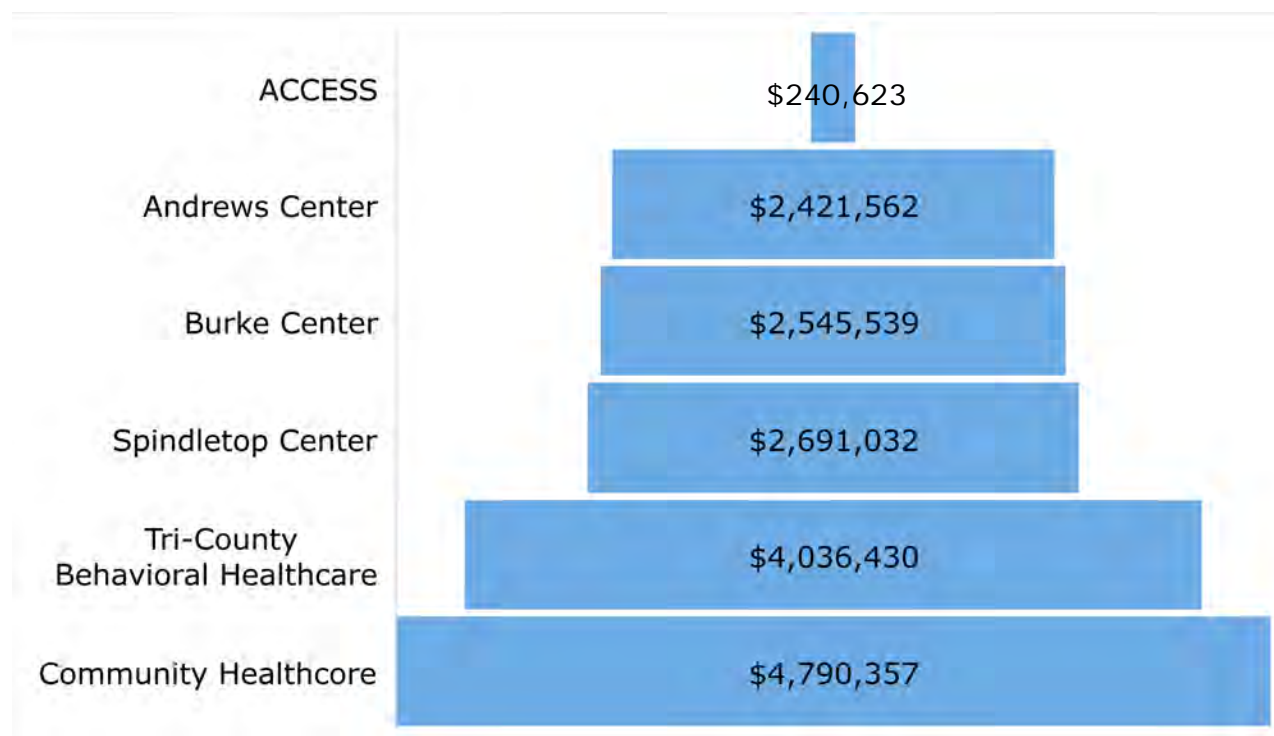
As outlined in Chart 13, this regional group received \$16,725,543 in DSRIP funding in fiscal year 2019. The LMHA/LBHAs in this region use DSRIP funding for a variety of activities, including:

- Crisis services;
- Expanded psychiatry services;
- Integrated healthcare; and
- Assertive community treatment for individuals with IDD.

The LMHA/LBHAs in this regional group consistently report that loss of DSRIP funding would result in increased mental health crises being addressed through emergency rooms (ERs) and/or law enforcement involvement. For example, some LMHA/LBHAs state the loss of their additional psychiatric practitioner would result in clients who take medication having to wait much longer before receiving services, which often results in more crisis intervention involving both ERs and law enforcement.

LMHA/LBHAs report that loss of DSRIP funding in their areas would result in decreased access to care for co-occurring physical health concerns and, therefore, increased use of ERs as well as a decline in the collective community's population health.

Chart 13. All Texas Access RSH Regional Group DSRIP Federal Share Amounts for Federal Fiscal Year 2019



All Texas Access RSH Regional Plan

Overview

With few urban centers in the All Texas Access RSH Region, the LMHA/LBHAs in this regional group must strive to take full advantage of the available resources. These LMHA/LBHAs must become masters of innovation and collaboration, as was evident during the meetings to develop this regional plan. The LMHA/LBHAs in this region consistently partner with other organizations in their community to expand access to services, including schools, hospitals, and law enforcement.

Another significant challenge in this region is that persons receiving services often struggle to find transportation and affordable housing. Due to competing priorities, rural municipalities frequently are not able to invest in affordable housing or offer public transportation. Without these resources, a person struggling with their mental health has very few options for seeking and receiving mental health treatment. Therefore, this regional plan includes both a transportation initiative and multiple housing proposals.

Rusk State Hospital, Harris County Psychiatric Center (HCPC) and the Montgomery County Mental Health Treatment Facility are in this region; however, they are not easily accessible for many rural Texans. Through the state hospital improvement projects, Rusk State Hospital will be increasing maximum security services, and UTHealth Houston is building a new hospital adjacent to the Harris County Psychiatric Center. While this hospital will bring much needed acute care beds to the region, the Houston location will continue to present a transportation challenge for rural community members needing services.

Existing Opportunities

Existing opportunities are those that the LMHA/LBHAs of this region are already doing and that can be continued or strengthened with little or no additional funding.

Develop Adult Host Homes



The scarce affordable housing in this region combined with the few options for step-up/step-down or transitional living results in individuals cycling in and out of crisis. With more housing options, particularly those that offer a minimal amount of structure and support, individuals in this region could more successfully sustain mental health recovery and lead productive, meaningful lives.

One option for offering both housing and support is using host homes: private individuals or families, thoroughly vetted and trained, who offer space in their home to one adult with a mental health condition. The LMHA/LBHAs in this regional group plan to explore the most effective way to offer this option to individuals participating in LMHA/LBHA services. While host homes theoretically exist, they are more frequently used for persons with intellectual and developmental disabilities. Finding an existing program of this type for adults with mental health conditions may be a challenge. The HHSC Community Care for Aged and Disabled Adult Foster Care Program (a Title XX program) is a possibility but has historically focused on adults who are elderly or have a physical disability. HHSC contracts with each individual home for this program, rather than larger organizations that recruit, train, and monitor the homes.

In the short-term, LMHA/LBHAs in this region would like to partner with the HHSC Title XX Adult Foster Care program to recruit foster homes willing to serve adults with mental health conditions, and then refer clients to that program for placement in those homes as appropriate. In the long-term, other options could be researched or developed.

Develop Adult Residential Settings



LMHA/LBHAs in this region agree that housing has a significant impact on the long-term recovery of clients who discharge from an inpatient setting. Having housing options available that provide recovery support for those with substance use and/or mental health challenges can help individuals transition into community life more effectively and with better long-term results.⁸² Without these options, clients may be at higher risk of returning to crisis and needing more intensive care. Options that are less institutional and more home-like are also less expensive and more recovery-oriented.

[H]ousing has a significant impact on the long-term recovery of clients who discharge from an inpatient setting.

LMHA/LBHAs in the regional group would like to develop housing that operates on either a co-op or group home model. In the co-op model, the LMHA/LBHA holds the lease on each home and then leases space in the home to individual persons receiving services, with approximately four to six persons in a home. The residents of each home are generally self-sufficient and share basic upkeep of the home (cooking, housekeeping, etc.). The LMHA/LBHA provides staff who regularly visit the home to provide support and services as needed, but staff are not present in the home throughout each day.

Group homes offer full-time staffing for persons who need additional structure and support. Full-time staffing can also serve to ensure neighbors any potential crisis in the home will be swiftly and effectively managed. Group homes are licensed and regulated, most often as assisted living facilities. LMHA/LBHAs in this region will choose one or both models based on the greatest need among their persons receiving services, housing availability, and funding opportunity.

Cost offsets will depend on the location, number, and types of homes developed under this proposal. However, offering a robust continuum of housing options helps persons receiving services transition from more acute care to independent community living at a pace that best meets their unique needs. Without an array of options, persons receiving services may be forced to discharge from inpatient acute care back to their own home or family or to homelessness, where the significant change in available structure and support increases the risk of crisis and re-entry into an acute care setting. Options that allow for a graduated return to independent community living decrease mental health crisis episodes and the need for ER visits, law enforcement involvement, or transportation to a mental health facility.

Regional Consideration – Housing

All LMHA/LBHAs in this regional group report housing is an issue, with limited or no affordable housing choices and limited or no public housing options. Additionally, all LMHA/LBHAs in this regional group report there are few homeless shelters, with no shelters in one LMHA/LBHA's service area.

Strengthen Collaborations with Public Schools



Providing Mental Health First Aid (MHFA) training in public schools has multiple benefits:

- 1) School personnel can recognize and refer a student with a mental health issue before a crisis occurs;
- 2) School personnel are better equipped to respond to a mental health crisis if one does occur; and
- 3) School personnel have a better understanding of the value of mental health services and the impact mental health has on a student's ability to learn.

Public schools can be reluctant to partner with LMHA/LBHAs to provide student services, due to concerns about those services taking a student out of the classroom. However, schools that have instituted MHFA are more likely to recognize the positive impacts that can result from collaboration with the LMHA/LBHA and may be more likely to partner with the LMHA/LBHA in ensuring that students receive needed mental health services. LMHA/LBHAs in this region seeks more opportunities to collaborate with public schools.

LMHA/LBHAs have recently gained two new avenues for collaborating with public school districts. In 2019, LMHA/LBHAs began receiving additional funds for a full-time MHFA Outreach Worker. The contract between HHSC and each LMHA/LBHA specifies that this position must be solely dedicated to MHFA, with the goal of increasing awareness of MHFA, the number of training sessions available, and the number of persons completing the training.

The second avenue results from H.B. 19, 86th Legislature, Regular Session, 2019. This bill created new opportunity for LMHA/LBHA collaboration with schools by requiring an LMHA/LBHA mental health professional work full-time in each education service center to provide public schools with consistent information and resources related to mental health. HHSC executed contract amendments with the LMHA/LBHAs outlining the duties for these new positions.

The MHFA Outreach Worker and LMHA/LBHA staff at education service centers both represent promising new opportunities to forge collaborations with public school districts to ensure that children's mental health needs are addressed. LMHA/LBHAs in this region are hopeful that stronger partnerships with school districts will eventually result in mental health plans formed by schools in collaboration with the LMHA/LBHA. Developing and implementing a thorough plan for student mental

health can be helpful to not only address routine challenges faced by students, but also crises such as a natural disaster. Collaboration and planned partnership between schools and LMHA/LBHAs will be particularly critical as Texas children continue to experience the effects of the COVID-19 pandemic.

Spindletop Center is also participating in Project AWARE (Advancing Wellness and Resilience in Education), a five-year pilot study designed to strengthen community and school-based supports for mental health and resiliency of students. With a federal grant from SAMHSA, the Texas Education Agency (TEA) has partnered with HHSC and local education agencies to design and implement a program that deploys evidence-based mental health resources in fifteen schools along the Texas Gulf Coast. The main objectives of Project AWARE are to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth who may have behavioral health issues (and their families) to needed services. SAMHSA expects that this program will focus on partnerships and collaboration between state and local systems to promote the healthy development of school-aged youth. The results of this pilot project may provide valuable insights to both the region and the state regarding how to most effectively structure collaboration between school settings and mental health care providers.

Regional Consideration – Rural Economy

Except for Houston and its suburbs, the economy of this region is largely boom or bust, especially in the more rural counties. One LMHA/LBHA reports the economy within their service area fluctuates because of world market and weather trends, creating challenges including high rates of poverty, substandard education, unhealthy air and water, and inadequate infrastructure and public services. A lack of economic stability, particularly unemployment, is a strong predictor of mental health related difficulties. As this region's economy rises and falls due to factors outside their control, so do the mental health crises within their geographic region.

Opportunities to Expand Capacity to Needed Services

Opportunities proposed in this section would require a funding source in order to implement. Anticipated costs are outlined later in this regional plan under “Cost Offsets.”

Increase Mental Health Deputies



Mental health deputies effectively expand the mental health workforce and function as a liaison between the LMHA/LBHAs and law

enforcement. Mental health deputies who work in collaboration with the LMHA/LBHA can be extremely successful in diverting individuals in crisis from emergency rooms and incarceration. One rural mental health deputy program in another region diverted 1,613 people from jail in four years.

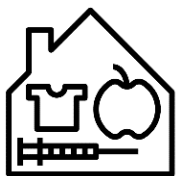
Mental health deputies who work in collaboration with the LMHA/LBHA can be extremely successful in diverting individuals in crisis from emergency rooms and incarceration.

In this region, Spindletop Center already has a mental health deputy program funded by the Mental Health Grant Program for Justice-Involved Individuals, both rural and urban, and a Psychiatric Emergency Service Center program for mental health deputies to provide follow up after a crisis. With additional funding, Spindletop Center could expand these programs to municipal police departments. Spindletop Center estimates 10 diversions per month per officer, based on current data from their existing programs.

Regional Consideration – Mental Health Providers

In the rural counties in this region, there are few psychiatrists and there is generally a long wait for a mental health evaluation. One LMHA/LBHA noted that there is currently only one private psychiatrist between two counties and only six private psychiatric beds for adults. Another LMHA/LBHA reports that, outside of the services they offer, psychiatry is a limited resource in all of its counties, typically involves long wait times, and costs more than what much of the population they serve can afford. Many of these providers also no longer accept private insurance, accepting cash only.

Develop Non-Crisis Client Transportation



A significant barrier to accessing mental health care in rural East Texas is lack of transportation. Rural communities rarely offer public transportation, and the nearest LMHA/LBHA office can be up to an hour away. A person without access to transportation, therefore, may forego mental health treatment until a crisis results in an ER visit or a call to the sheriff's office. LMHA/LBHAs that can offer non-emergency transportation to persons already receiving their services can keep those individuals engaged in routine services and prevent mental health crisis episodes. LMHA/LBHAs in this regional group could significantly impact incidents of mental health crisis by offering non-emergency transportation that supports persons already receiving their services remaining engaged with services and on a path of mental health recovery.

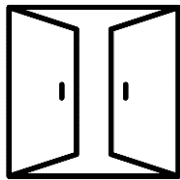
LMHA/LBHAs in this regional group could significantly impact incidents of mental health crisis by offering non-emergency transportation that supports clients remaining engaged with services and on a path of mental health recovery.

Each LMHA/LBHA in this regional group would like to offer transportation to non-crisis appointments as a way of keeping persons engaged in LMHA/LBHA routine services and out of crisis. While number of vehicles and staff would vary based on the LMHA/LBHA service area, this regional group agrees that offering transportation to appointments would help the region overcome a significant barrier to providing mental health services.

Regional Consideration – Public Transportation

Public transportation is extremely limited, and most of the cities and counties within this region do not have public transportation options. Additionally, some of the counties within this service region are physically located hours away from a facility where they can receive inpatient treatment.

Expand Sober Living Options



The National Institute on Drug Abuse notes that almost 38 percent of adults with a substance use disorder also have a mental health condition.⁸³ If a person cannot access treatment for substance use, then that person cannot sustain long-term recovery from a mental health condition and will likely cycle through crisis settings such as ERs and county jails. Successful recovery for such individuals relies on adequately supporting and addressing the person's needs in both areas.

The net cost benefit to the health care and criminal justice systems from the Oxford House assignment relative to standard care was estimated at approximately \$29,000 per person over the two-year follow-up period.

Sober living options are an important part of the continuum of care for substance use recovery but can be extremely difficult to access in rural communities. Increased sober living options in rural communities, therefore, would support efforts to keep rural Texans out of behavioral health crisis. One example is Oxford Houses, which provide an affordable, sustainable option for sober living. Oxford Houses are sober living residences for adults in recovery from substance use disorders. Residents share responsibility for maintaining the home, paying rent, and ensuring the home remains free from alcohol and other drugs. Oxford Houses are not substance use disorder residential treatment facilities. They are democratically operated, peer-run, and self-sustaining homes. There are currently nine Oxford Houses in the All Texas Access RSH Region, located in Tyler (6), Longview (2), and Beaumont (1). There are also 25 Oxford Houses in Houston.

Oxford Houses were described as effective in the 2016 Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. The report cited a randomized controlled trial which found that people with severe substance use disorders who were randomly assigned to live in an Oxford House after substance use disorder treatment were two times more likely to be abstinent and had higher monthly incomes and lower incarceration rates two years later than similar individuals assigned to receive standard continuing care.⁸⁴ The net cost benefit to the health care and criminal justice systems from the Oxford House assignment relative to standard care was estimated at approximately \$29,000 per person over the two-year follow-up period.⁸⁵ Average length of stay in an Oxford House is 10 months. All LMHA/LBHAs in this regional group actively support the development of at least one new Oxford House in their service area. In addition, this regional group is open to opportunities to partner with other community organizations in

developing substance use residential treatment, which is also much needed in the region.

Increase Integrated or Co-Located Services



The LMHA/LBHAs in this regional group recognize how effective integrated or co-located services can be for persons participating in LMHA/LBHA services. These partnerships can make mental health care less stigmatizing and easier to access and can improve the communication with another organization that serves the same population. Keeping clients engaged in LMHA/LBHA services can support their long-term recovery in a way that minimizes crisis episodes that may result in ER or law enforcement involvement. Co-located or integrated services can also result in identifying and engaging new individuals in LMHA/LBHA services prior to their first mental health crisis.

Each LMHA/LBHA in this regional group is committed to maximizing opportunities to integrate or co-locate services and has identified new opportunities that they plan to pursue.

Each LMHA/LBHA in this regional group is committed to maximizing opportunities to integrate or co-locate services and has identified new opportunities that they plan to pursue. All six of the rural LMHA/LBHAs would like to expand their school partnerships, and four would like to work more closely with local jails. Integrated or co-located care in school settings helps children engage with the LMHA/LBHA before a crisis occurs and offers access to services in a less stigmatizing environment with no need for parents to transport children to mental health appointments. Partnerships with the local law enforcement help to divert adults out of the criminal justice system and into mental health treatment, getting those adults into appropriate services more quickly while also relieving the jail and local government expense of trying to care for an incarcerated person with a mental health condition.

Regional Consideration – Broadband

Many of the rural counties in this region report low rates of internet coverage, especially the more rural counties. Within this region, the rates of internet coverage of 25+ Mbps range vary but are generally unfavorable. The lack of both transportation opportunities and internet make receiving mental health treatment extremely difficult for people in the more rural and remote counties in this region.

Develop a Clinician Officer Remote Evaluation Program



LMHA/LBHAs expressed an interest in developing a region-wide care coordination system using technology with potential to streamline communication among a person in crisis, law enforcement, and the LMHA/LBHAs. LMHA/LBHAs would like to develop a regionally controlled system in which there is a single point of contact for triage with law enforcement. This model is called Clinician Officer Remote Evaluation (CORE).

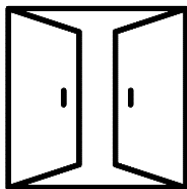
The CORE model has law enforcement contact the LMHA/LBHA where the person in need is located, and the LMHA/LBHA would leverage technology to allow real-time screening assessment in the field via telehealth. Technology could include a tablet, cell phone with video technology, telehealth, or other streaming service so LMHA/LBHAs would have the ability to screen a person for crisis services and direct law enforcement to transport a person to the nearest crisis service that would best meet the needs of a person in crisis.

The CORE concept has been tested in a Harris County pilot program with The Harris Center for Mental Health and IDD and the Harris County Sheriff's Department. An evaluation of the pilot program found:

- 83 percent of deputies responded that having access to a clinician helped them decide what course of action to take with the individual in crisis;
- 71 percent responded that the clinician helped them handle the call in a shorter period;
- Average length of a call was 24 minutes; and
- 40 percent of calls were resolved on scene, with the other 60 percent resulting in an emergency detention order.

The CORE model could potentially save law enforcement transportation costs and time waiting for a person in crisis to be seen face-to-face. This would also provide more immediate access for individuals in crisis to receive services quickly within existing community resources. The CORE model may also help to address workforce shortages.

Increase or Strengthen Hospital Collaborations



A consistent challenge for LMHA/LBHAs in this regional group is communication with local hospitals regarding people who frequently use the ER for crisis mental health care but are unknown to the LMHA/LBHA. LMHA/LBHAs in this region already work closely with local hospitals, but these efforts could be expanded or enhanced to engage new clients. LMHA/LBHAs in this region would like to enhance their collaborations with local hospitals to decrease mental health crisis episodes and the number of individuals using ERs for mental health crisis care.

Each LMHA/LBHA in this regional group has identified at least one local hospital with which it would partner to engage new clients and reduce the number of mental health crisis episodes in the ER. The number of hospitals varies based on the number of counties in the LMHA/LBHA service area.

Regional Consideration – Suicide

East Texas has rates of suicide by county that are higher than the rest of Texas. The Texas Observer drew attention to this challenge in a May 2019 article entitled “Warning Signs.”

UT Health East Texas lists the following statistics on its web site:

- Since 2005, suicide rates in Northeast Texas have been consistently higher than those in Texas overall, and higher than those in the U.S.

In 2014, the suicide rate in Northeast Texas was 43 percent higher than in Texas and exceeded the Healthy People 2020 target by 73 percent.

All Texas Access RSH Regional Group Plan Alignment with Statewide Plans

The All Texas Access RSH Regional Group Plan addresses the following identified gaps in the *Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021*:

Gap 1: Access to Appropriate Behavioral Health Services

Gap 2: Behavioral Health Needs of Public School Students

Gap 10: Consumer Transportation and Access to Treatment

Gap 11: Prevention and Early Intervention Services

Gap 12: Access to Housing

Gap 13: Behavioral Health Workforce Shortage












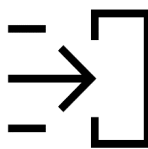
Gap 15: Shared and Usable Data

The All Texas Access RSH Regional Group Plan aligns with the *Comprehensive Inpatient Mental Health Plan* by proposing initiatives that would create or expand “2. Easy Access” and “3. Systems-Based Care.” Collaboration with area hospitals, building relationships with the school districts through MHFA, and seeking to increase co-located or integrated services all improve access to care. Transportation also improves access to care. Proposed residential treatment settings, sober living options, and host homes all contribute to systems-based care. Systems-Based Care also includes diverting individuals from incarceration, which aligns with additional mental health deputies and use of the CORE Model.

All Texas Access RSH Regional Group Survey Results

The All Texas Access Community Survey was open from January 3, 2020, to April 3, 2020. The survey solicited feedback about mental health care in rural Texas communities. The survey occurred parallel to regional planning, and at times the survey results diverge from regional considerations. In addition, while HHSC recognizes the prevalence of co-occurring mental health and substance use conditions, substance use treatment is only addressed within the broader context of mental health services. The Statewide Analysis section of this report and Appendix O, Statewide Online Survey, include additional information regarding the survey.

Table 12. All Texas Access RSH Regional Group Survey Results

Category	Top Three Responses		
Most Helpful	Crisis Services 	Counseling 	Medication 
Most Needed	Transportation 	Counseling 	Substance Use Treatment 
Greatest Opportunities	Increase Transportation Services 	Reduce Wait Time for Services 	Increase Community Knowledge of Mental Health Network 
Significant Barriers	Transportation 	Lack of Services in Rural Areas 	Lack of Timely Access to Mental Health Treatment 

All Texas Access RSH Regional Group Plan: HHSC Evaluation

Estimated Costs of Regional Group

The estimated cost, per incident, in this region for each of the four All Texas Access metrics is:

- Local Government Crisis Care = \$220
- Transportation = \$735
- Incarceration = \$2,520
- ER Charges = \$2,447

More information on how these costs were calculated can be found in Appendix F, Data Methodology.

Cost Offsets

For each of the opportunities to expand capacity in this regional plan, HHSC has used available data to estimate the minimum number of emergency room and/or incarceration diversions that would result in offsetting the estimated cost of the proposal. Additional detail on how these offsets were calculated can be found in Appendix L: All Texas Access RSH Regional Group.

Increase Mental Health Deputies

Proposal: Add 25 mental health deputies throughout the region.

Impact Statement:

- Cost Estimate: \$2,951,075
- Cost-Neutral Diversion Estimate: 1,173 incarcerations annually

Funding Source: Community Mental Health Grant Program, Community Mental Health Program for Justice-Involved Individuals, or other funding as available

Develop Non-Crisis Client Transportation

Proposal: Provide non-crisis transportation to routine LMHA/LBHA appointments so that persons receiving services can remain engaged with the LMHA/LBHA, minimizing crisis episodes.

Impact Statement:

- Cost Estimate: \$1,762,390
- Cost-Neutral Diversion Estimate: 372 ER visits, 372 trips, and 233 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Expand Sober Living Options

Proposal: There are currently nine Oxford Houses in Tyler (6), Longview (2), and Beaumont (1), with 25 more in Houston. The numbers below assume the addition of three in Burke Center's service area, three in Tri-County's service area, and two more in Spindletop Center's service area.

Oxford Houses: one-time startup cost of \$30,000

Impact Statement:

- Cost Estimate: \$240,000
- Cost-Neutral Diversion Estimate: 50 ER visits and 47 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Increase Integrated/Co-Located Services

Proposal: Increase collaboration with community partners to both engage new persons receiving services and make accessing services easier for those already connected to the LMHA/LBHA as well as the community partner.

Impact Statement:

- Cost Estimate: \$1,852,306
- Cost-Neutral Diversion Estimate: 598 ER visits and 156 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Develop a CORE Program

Proposal: Implement the CORE model in this region as noted below.

ACCESS

CORE Service Area: All counties

Anticipated Number of New LMHA/LBHA positions: 0

Anticipated Number of Law Enforcement Officers Participating: 0

Andrews

CORE Service Area: all five counties

Anticipated Number of New LMHA/LBHA positions: 2

Anticipated Number of Law Enforcement Officers Participating: 15

Burke Center

CORE Service Area: All counties

Anticipated Number of New LMHA/LBHA positions: 3

Anticipated Number of Law Enforcement Officers Participating: 25

Community Healthcore

CORE Service Area: All counties

Anticipated Number of New LMHA/LBHA positions: (They tied this and their hospital collaboration together, so the LMHA/LBHA staff positions are reflected in that proposal.)

Anticipated Number of Law Enforcement Officers Participating: 36

Spindletop Center

CORE Service Area: All counties

Anticipated Number of New LMHA/LBHA positions: 5

Anticipated Number of Law Enforcement Officers Participating: 15

Tri-County

CORE Service Area: All counties

Anticipated Number of New LMHA/LBHA positions: 8

Anticipated Number of Law Enforcement Officers Participating: 100

Impact Statement:

- Cost Estimate: \$1,239,806
- Cost-Neutral Diversion Estimate: 322 ER visits and 180 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

All Texas Access RSH Regional Group Plan Scorecard

Each regional plan is scored by the rural-serving LMHA/LBHA members of the regional group and staff from HHSC's IDD-BHS department. The regional plan was scored based on alignment with regional perspectives, feasibility, impact on Texans, and alignment with statewide plans. Each of the metrics is scored on a scale of 0 to 10, with 10 being the best possible score. The score for each metric also contributed a weighted percentage to a composite score.

Alignment with Regional Perspectives

- **System Modeling Themes** – The degree in which the regional plan aligns with the system model for the regional group.

The HHSC team and the regional group agreed that the plan does very well in addressing the themes of collaboration and social determinants of health. The regional group scored their plan slightly lower than HHSC, as they would have liked to more fully address access to care and the workforce shortage in their region.

Score: 8.79

Contribution to Composite Score: 15 percent

- **Survey Results** – The degree in which the regional plan aligns with the All Texas Access survey results for the region.

With three separate survey results pointing to transportation, the regional group was very positive about the planned proposal to address that need. The regional group also felt positively about the plan to provide sober living as a way to address substance use treatment needs in the region.

Score: 9.29

Contribution to Composite Score: 15 percent

• Feasibility

- **Community Partner Coordination** – The degree in which the regional plan is dependent upon community partners to successfully implement.

The regional group expressed mixed feelings about the availability and willingness of community partners across the region. Schools seemed to be a particular challenge for many of the LMHA/LBHAs in this region. One LMHA/LBHA did point out that the COVID-19 pandemic may motivate more community partners to collaborate on mental health needs in the near future.

Score: 7.17

Contribution to Composite Score: 10 percent

- **Ability to Implement** – The degree in which the regional plan is anticipated to be successfully implemented by the involved parties.

The LMHA/LBHAs in this regional group are confident that they can fully implement these plans given the appropriate funding. However, the regional group also indicated that many of their rural counties are not able to fulfill current grant match requirements. A few LMHA/LBHAs also expressed concern about the housing prospects in their areas, as the smaller rural communities present few opportunities to lease or purchase homes.

Score: 8.71

Contribution to Composite Score: 10 percent

- **Impact on Texans** – The degree in which the regional plan is anticipated to impact the four-metrics outlined in S.B. 633 (e.g. cost to local governments, transportation to mental health facilities, and jail and ER visits by people with a mental health condition).

The regional group and the HHSC team were both generally positive about how the initiatives in this regional plan could impact rural Texans if the plans are funded and implemented as envisioned.

Score: 9.11

Contribution to Composite Score: 30 percent

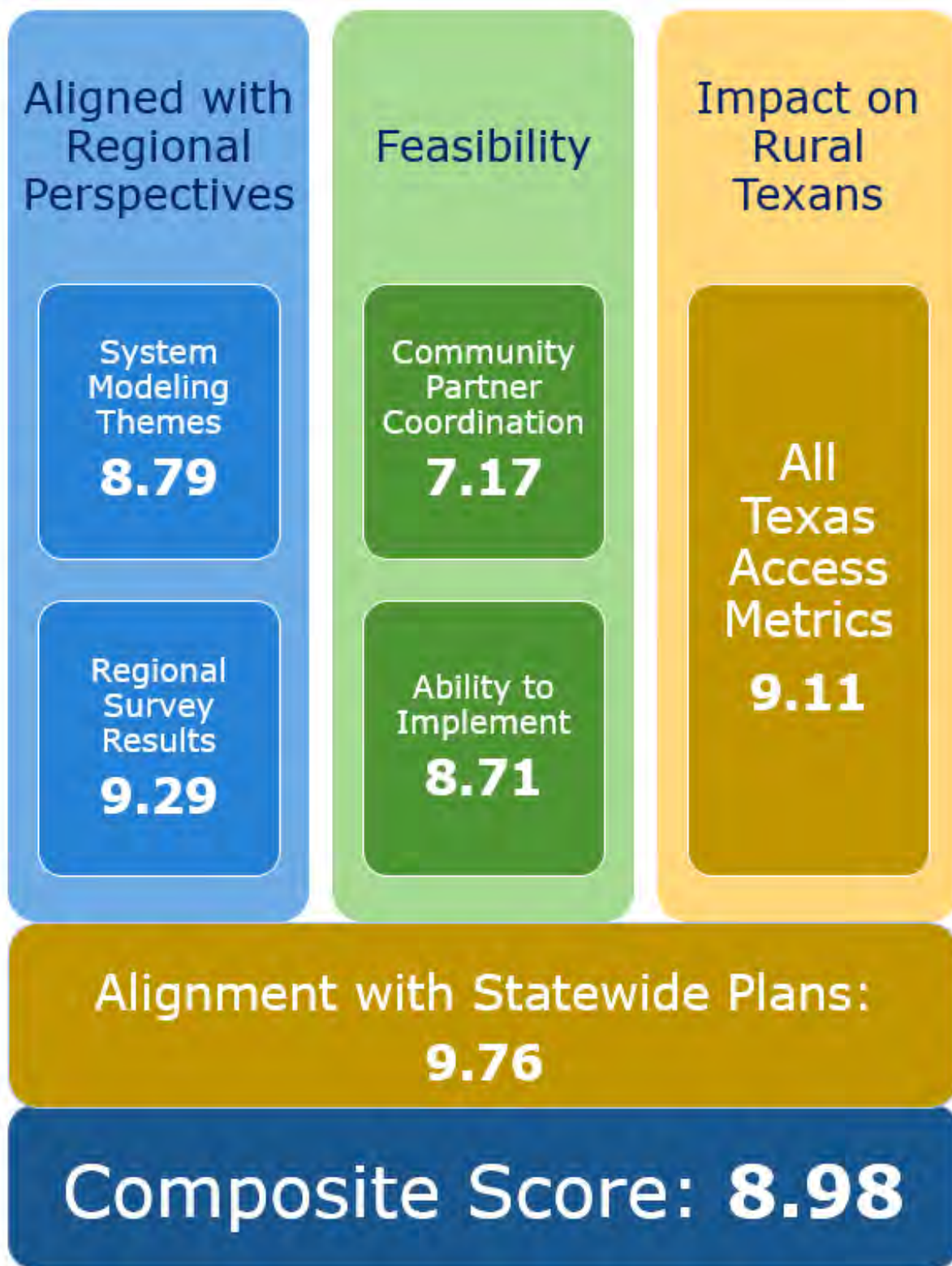
- **Alignment with Statewide Plans** – The degree in which the regional plan addresses gaps outlined in the Statewide Behavioral Health Strategic Plan and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

Both the regional group and HHSC are very positive about the alignment with the Statewide Behavioral Health Strategic Plan and the Comprehensive Inpatient Plan.

Score: 9.76

Contribution to Composite Score: 20 percent

Figure 31. All Texas Access RSH Regional Group Plan Scorecard



Regional Mental Health Crisis Facilities

The map in Figure 32 displays the state-funded mental health crisis facilities in this region. Note that additional resources not funded by HHSC may exist in the region. A list of the specific facilities represented in the map are listed in Table 13.

Figure 32. All Texas Access RSH Regional Group Crisis Facilities*

All Texas Access RSH Regional Group Crisis Facilities

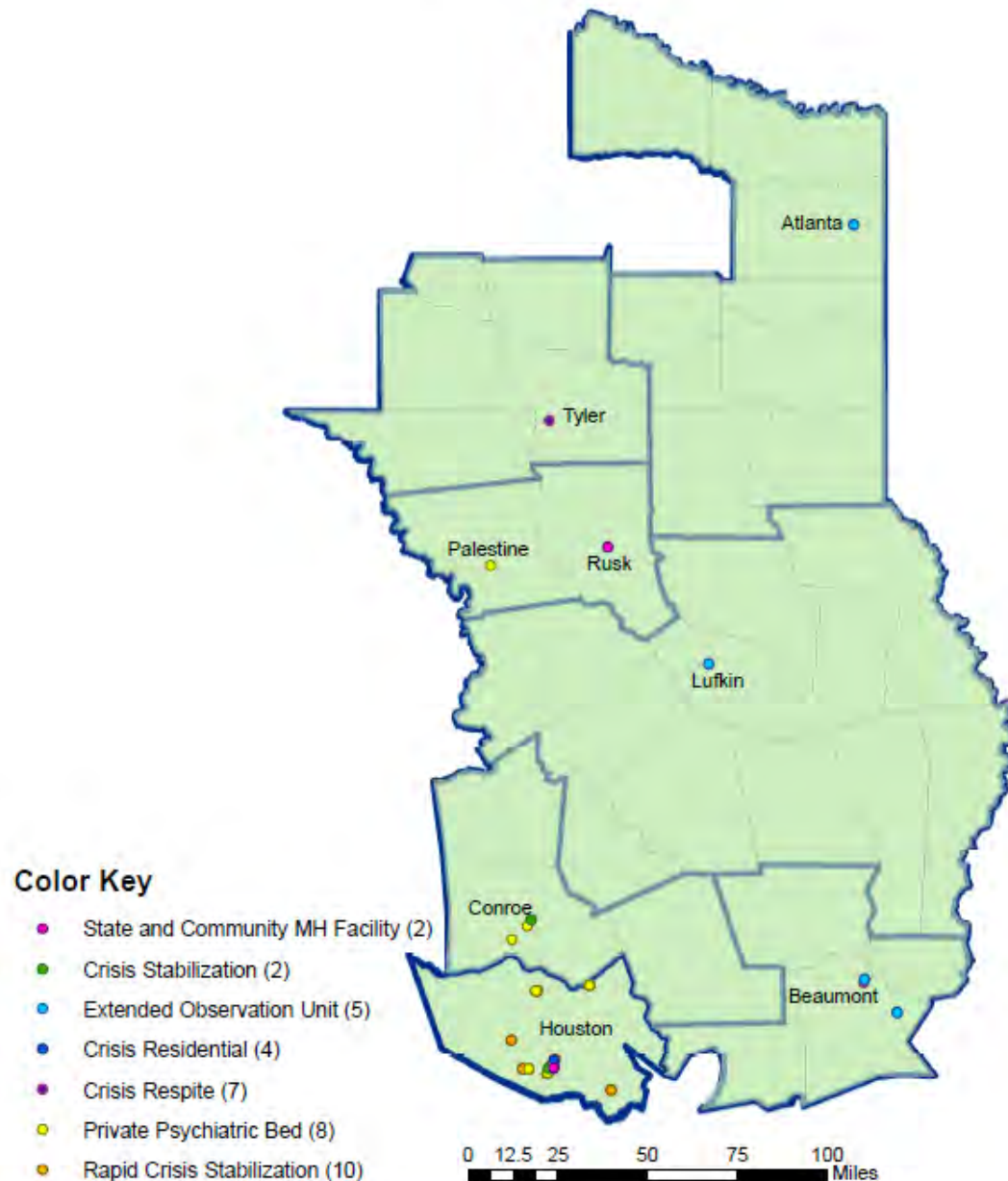


Image Source: HHSC Communications

*Note: Map dots may overlap, particularly in urban areas. A facility may also serve more than one purpose, which may cause the map dots not to match the counts in the legend and the table on the next page.

Table 13. All Texas Access RSH Regional Group LMHA/LBHA Crisis Map Locations

CSU = Crisis Stabilization Unit
 EOU = Extended Observation Unit
 PPB = Private Psychiatric Beds

Type	Provider Name	Address	City	Zip Code	County
Crisis Residential	The Harris Center for Mental Health and IDD	2627 Caroline	Houston	77004	Harris
Crisis Respite	The Harris Center for Mental Health and IDD	5518 Jackson Street	Houston	77004	Harris
Crisis Respite	Spindletop Center	2895 South 8th Street	Beaumont	77701	Jefferson
Crisis Respite	Spindletop Center	2750 South 8th Street	Beaumont	77701	Jefferson
Crisis Respite	Andrews Center	13470 Choctaw Drive	Tyler	75709	Smith
Crisis Respite	Andrews Center	959 Farm Road	Tyler	75705	Smith
Crisis Respite/Crisis Residential	The Harris Center for Mental Health and IDD	2505 Southmore Street	Houston	77004	Harris
CSU	The Harris Center for Mental Health and IDD	1502 Taub Loop	Houston	77030	Harris
EOU/Crisis Residential	Community Healthcare	1007 S. Williams Street	Atlanta	75551	Cass
EOU/Crisis Residential	Medical Center of Southeast Texas	2555 Jimmy Johnson Blvd.	Port Arthur	77640	Jefferson
EOU/Crisis Respite	Burke Center	105 Mayo Place	Lufkin	75904	Angelina
EOU/CSU	Tri-County Behavioral Healthcare	706 FM 2854	Conroe	77301	Montgomery
EOU/Rapid Crisis Stabilization/PPB	Baptist Hospital	3080 College Street	Beaumont	77701	Jefferson
PPB	Palestine Regional Medical Center	2900 South Loop 256	Palestine	75801	Anderson

Type	Provider Name	Address	City	Zip Code	County
PPB	Woodlands Springs Hospital	15860 Old Conroe Road	Conroe	77384	Montgomery
PPB	Aspire Hospital	2006 S. Loop 336, Ste 500	Conroe	77304	Montgomery
PPB/Rapid Crisis Stabilization	Cypress Creek Hospital	17750 Cali Drive	Houston	77090	Harris
PPB/Rapid Crisis Stabilization	Behavioral Hospital of Bellaire	5314 Dashwood	Houston	77081	Harris
PPB/Rapid Crisis Stabilization	SUN Behavioral	7601 Fannin Street	Houston	77054	Harris
PPB/Rapid Crisis Stabilization	Kingwood Pines Hospital	2001 Ladbroke Drive	Kingwood	77339	Harris
Rapid Crisis Stabilization	Intra Care North	1120 Cypress Station	Houston	77090	Harris
Rapid Crisis Stabilization	Sacred Oak Medical Center	11500 Space Center Blvd.	Houston	77059	Harris
Rapid Crisis Stabilization	St. Joseph's Hospital	1404 St. Joseph's Parkway	Houston	77002	Harris
Rapid Crisis Stabilization	Houston Behavioral Healthcare Hospital	2801 Gessner Road	Houston	77080	Harris
Rapid Crisis Stabilization	West Oak Hospital	6500 Hornwood	Houston	77074	Harris
State or Community Mental Health Hospital	UTHealth Harris County Psychiatric Center	2800 S MacGregor Way	Houston	77021	Harris
State or Community Mental Health Hospital	Rusk State Hospital	805 North Dickinson Drive	Rusk	75785	Cherokee

10. All Texas Access SASH Regional Group

Figure 33. All Texas Access SASH Regional Group Priorities and Plans

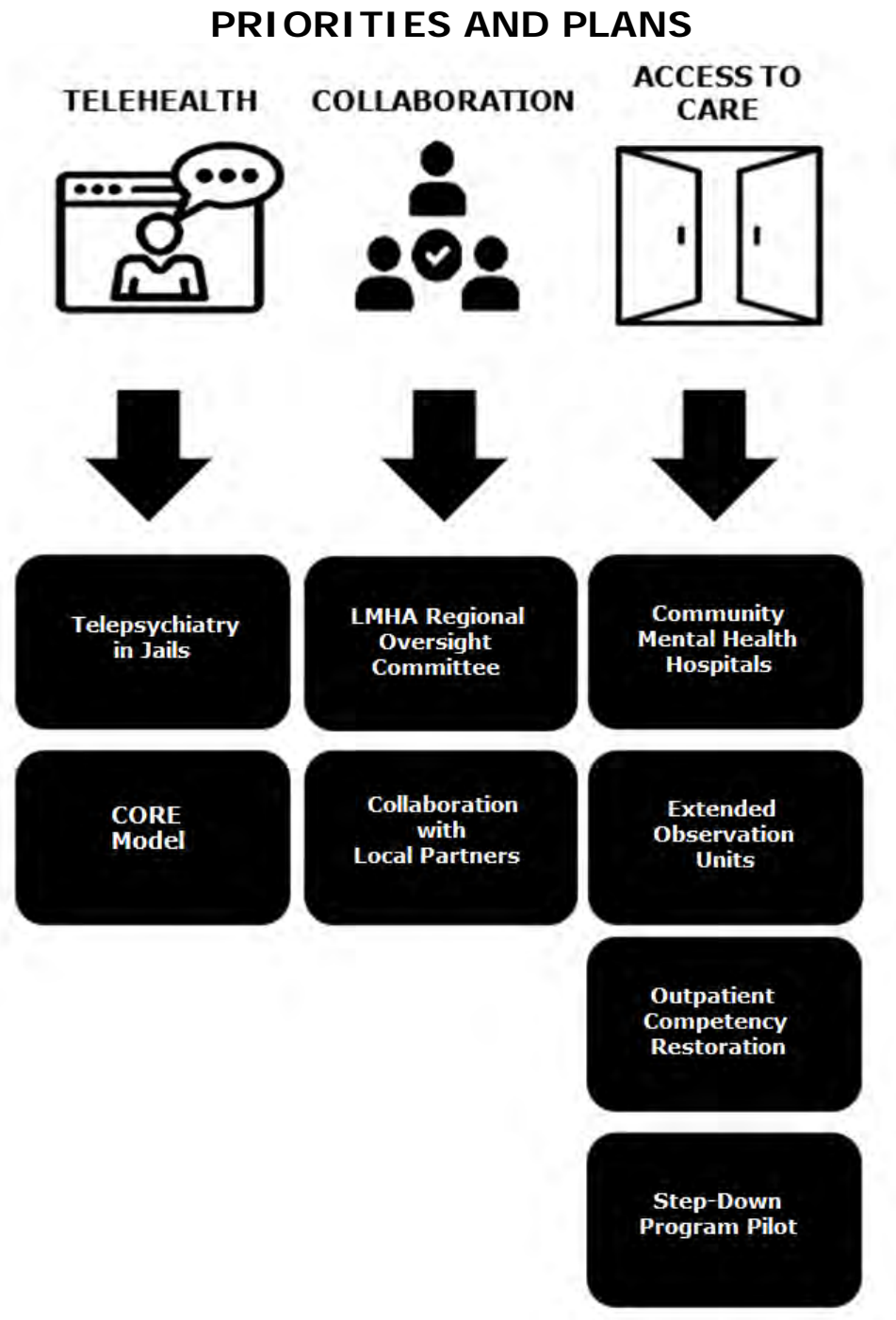


Figure 34. Map of All Texas Access SASH Regional Group*

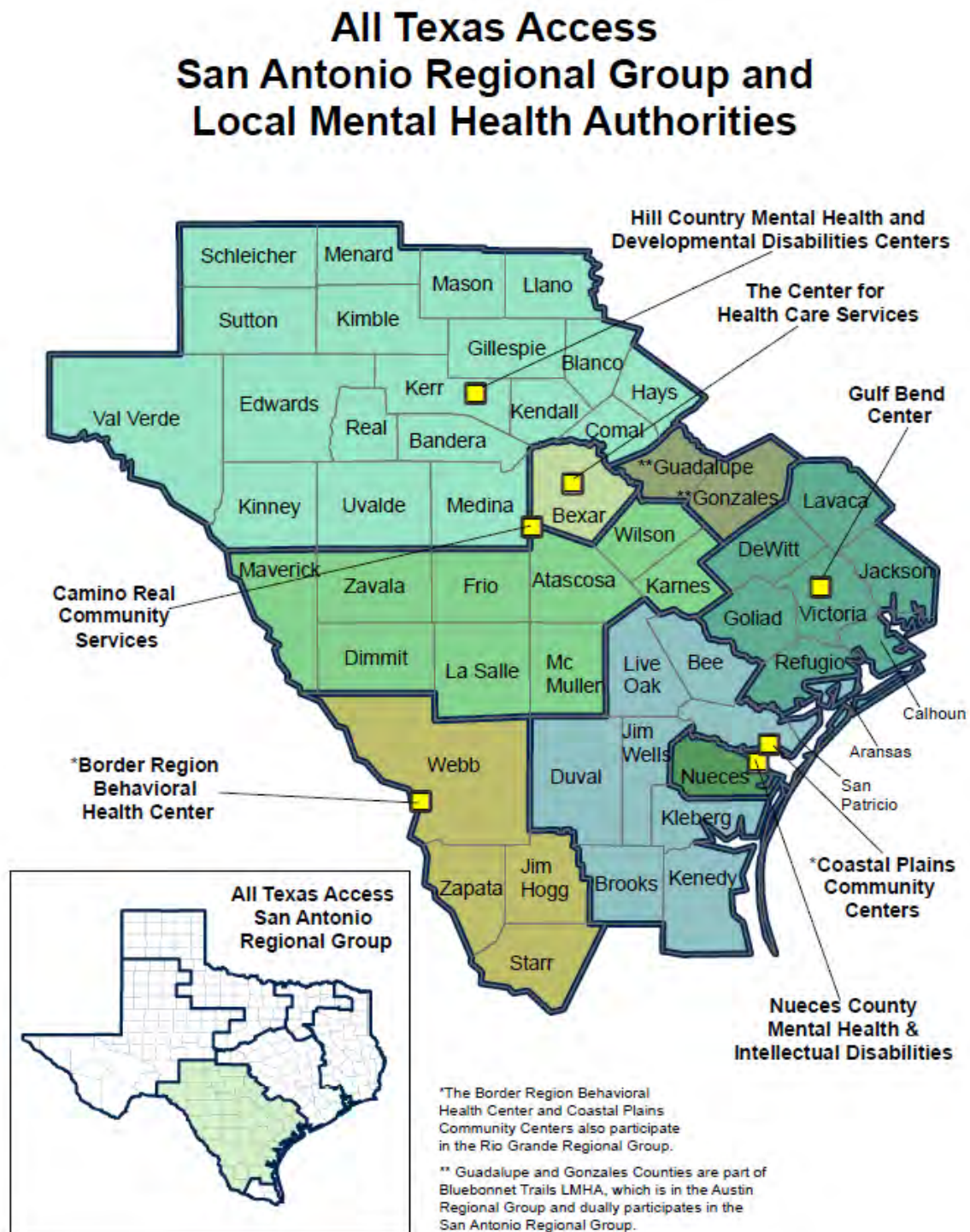


Image Source: HHSC Communications

* Yellow squares represent LMHA/LBHA headquarter locations only. For a map of LMHA/LBHA mental health outpatient offices, see Appendix M: All Texas Access SASH Regional Group.

Participating LMHA/LBHAs

The following LMHA/LBHAs participated in the All Texas Access SASH Regional Group:

- Border Region Behavioral Health Center
- Bluebonnet Trails Community Services
- Camino Real Community Services
- Coastal Plains Community Center
- Gulf Bend Center
- Hill Country MHDD Center
- Nueces Center for Mental Health and Intellectual Disabilities
- The Center for Health Care Services

Bluebonnet Trails Community Services participated in both the All Texas Access ASH and SASH Regional Groups.

Border Region Behavioral Health Center and Coastal Plains Community Center participated in both the All Texas Access RGSC and SASH Regional Groups.

The Center for Healthcare Services, headquartered in San Antonio, participated in this regional group as an ex-officio member.

Regional Characteristics

47 counties		52,137 square miles	
3 urban	44 rural	5,439 urban	46,698 rural

Square Mileage Comparison: North Carolina
Population Comparison: Oregon

Population: 4,139,367	
Largest County: Bexar 1,979,294 People	Smallest County: McMullen 752 People

Delivery System Reform and Incentive Payment (DSRIP)

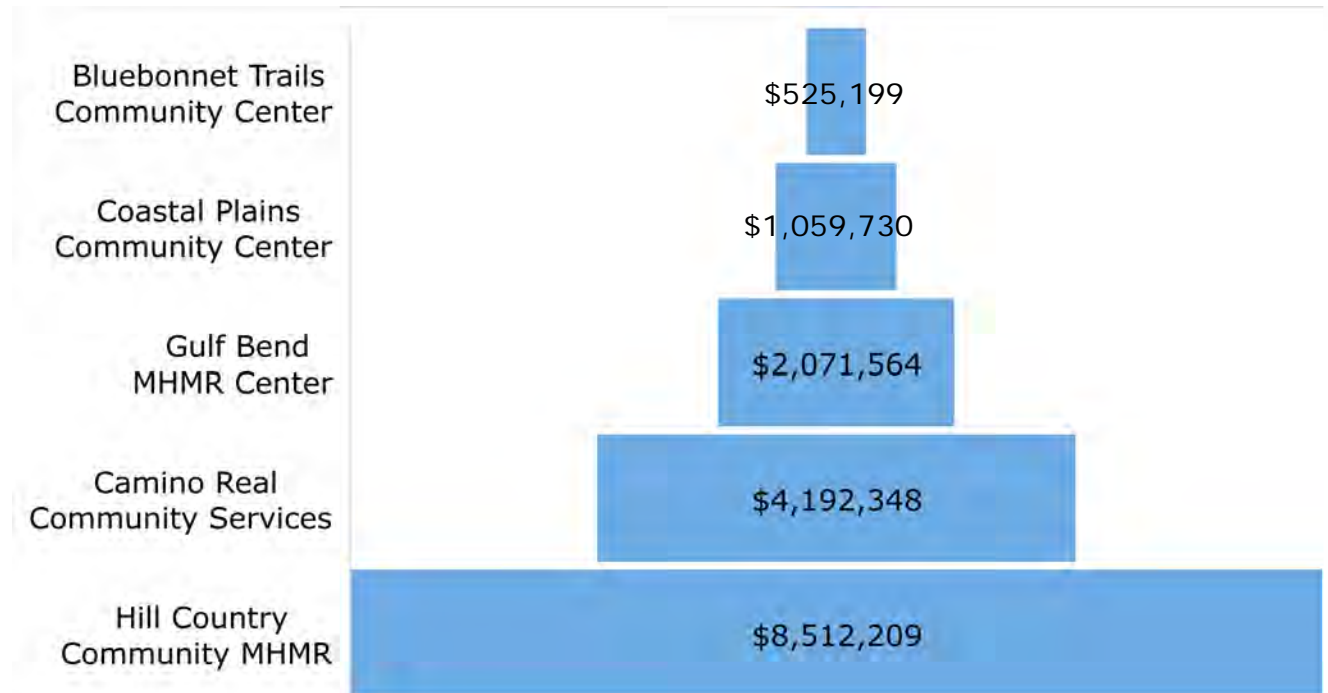
The All Texas Access SASH Regional Group had \$16,361,050 in federal funds through DSRIP in fiscal year 2019. This total is not inclusive of any of the Border Region Behavioral Health Center's DSRIP and includes only half of the DSRIP federal share for Coastal Plains Community Center, due to their dual participation in this regional group and the All Texas Access RGSC Regional Group.

The DSRIP funding noted above was primarily used by rural-serving LMHA/LBHAs in this region to:

- Provide integrated health services;
- Provide telehealth services in rural and remote counties;
- Support Mobile Crisis Outreach Teams and peer services;
- Provide mobile mental health clinics to rural and remote counties; and
- Support respite centers, crisis residential, and transitional housing projects.

The LMHA/LBHAs anticipate the loss of DSRIP funding for these activities will place pressure on communities in responding to emergency room (ER) visits, homelessness, psychiatric hospital admissions, and mental health crises in schools.

Chart 14. All Texas Access SASH Regional Group DSRIP Federal Share Amounts for Federal Fiscal Year 2019



All Texas Access SASH Regional Group Plan

Overview

The All Texas Access SASH Regional Group has a successful history of collaborating with other LMHA/LBHAs and local partners. Due to their work with the San Antonio State Hospital Redesign, they have spent the last several years thinking about how LMHA/LBHAs can best improve services regionally and increase access for people needing mental health services. Both groups made recommendations related to increasing acute care beds in rural parts of the SASH catchment area. The All Texas Access SASH Regional Group identified the need to continue focusing on innovative and strategic partnerships, increase inpatient capacity, provide telehealth consultations in rural jails, and implement a triage system between law enforcement and LMHA/LBHAs to enhance regional services.

Existing Opportunities

Existing opportunities are those that the LMHA/LBHAs of this region are already doing and that can be continued or strengthened with little or no additional funding.

Enhance Strategic Collaborations with LMHA/LBHAs in the Region



To enhance strategic collaborations throughout the region and ensure current resources are maximized, the All Texas Access SASH Regional Group intends to develop an LMHA/LBHA regional oversight committee. The committee will:

- Oversee any funded regional resources resulting from All Texas Access;
- Pursue formalized agreements among participating LMHA/LBHAs regarding shared resources in the region;
- Negotiate rate exchanges between LMHA/LBHAs for available inpatient services; and
- Meet quarterly to address regional opportunities and challenges, such as if specialization by specific LMHA/LBHAs is appropriate and can be an asset to the region.

Enhance Strategic Collaborations with Local Partners



To enhance collaborations throughout the region and ensure current resources are maximized, the All Texas Access SASH Regional Group intends to:

- Enhance formalized agreements with county officials and law enforcement;
- Develop new agreements necessary for operations, such as Community Mental Health Hospitals (CMHHs) that are intended to serve more than one LMHA/LBHA service area;
- Pursue relationships with faith-based organizations; and
- Pursue or formalize relationships with schools and universities that can benefit all or several LMHA/LBHAs as determined by the regional group.

As a regional mental health authority, LMHA/LBHAs have relationships and partnerships with law enforcement, county officials, social service organizations, hospitals, and other health care providers. They also frequently have relationships with schools, universities, and faith-based organizations. Due to the size of the LMHA/LBHA service areas in this regional group, the LMHA/LBHAs seek to maintain a significant number of close working relationships with law enforcement, county judges, and health care providers that help them more effectively respond to people in crisis. Through opportunities including grant programs, the relationships with other community partners such as faith-based organizations, public schools, and universities are growing. Despite the vast geography of this area, the LMHA/LBHAs in this regional group have established partnerships with many of these entities and are maintaining these relationships in a dynamic environment.

Regional Consideration – Housing

All LMHA/LBHAs in this region report housing is an issue, with few affordable housing choices and few public housing options. Additionally, all LMHA/LBHAs in this region report there are few homeless shelters, and no shelters in some areas. People are unlikely able to access safe, affordable housing without being employed - and unlikely to retain employment without stable housing. As a result, when individuals are discharged from mental health crisis facilities and services into an unstable living situation, they are more likely to cycle back into crisis.

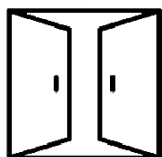
Step-Down Program



Bluebonnet Trails Community Services is participating in an HHSC pilot program funded by the Mental Health Block Grant that is designed to transition individuals who are psychiatrically and/or medically fragile from state hospitals to more appropriate community-based settings. A person participating in this program will receive services to support community tenure, including pre- and post-care coordination, psychiatric services, peer support, substance use treatment, housing and employment services, and medical care planning. Bluebonnet Trails Community Services will admit individuals to this six-bed program whether or not a person's county of residence is within the Bluebonnet Trails service area.

While this is a small program and part of a pilot project, this new step-down program is an excellent opportunity to support state hospital residents in transitioning to community-based living, collaborate with other LMHA/LBHAs to serve individuals in the community, and develop best practices and "lessons learned" for other LMHA/LBHAs inspired to develop a similar program in the future.

Increase Outpatient Competency Restoration (OCR) Programs



Bluebonnet Trails Community Services has a new OCR Program. An OCR program specializes in providing community-based competency restoration services, which include mental health and substance use treatment services as well as legal education for people found incompetent to stand trial. OCR diverts a person from the criminal justice system by providing competency restoration, mental health treatment, and community reintegration. OCR has the potential to redirect persons who would normally be committed to a state hospital to a community setting. To be effective, an OCR program requires well-coordinated relationships with the local judiciary system and other community stakeholders which takes time to develop. Over time this service holds promise as an alternative to inpatient competency restoration for the Bluebonnet Trails Community Services local service area, and, eventually, as the program matures, for the All Texas Access SASH Region ensuring access to care for rural Texans.

OCR is a step toward building a continuum in rural Texas of alternatives to restrictive care which can also include outpatient commitments, Forensic ACT teams, Texas Correctional Office on Offenders with Medical or Mental Illness program, and step-up/step-down facilities. Outpatient commitments are court-ordered treatment in the community for individuals with mental illness meeting

certain legal criteria. Forensic ACT teams use the ACT model but adjust according to the criminal justice system involvement of the individual. TCOOMMI program engages the individual who is currently on either probation or parole by providing comprehensive mental health services to assist individuals from re-offending while working with the criminal justice system.

Opportunities to Expand Capacity to Needed Services

Opportunities proposed in this section would require a funding source in order to implement. Anticipated costs are outlined later in this regional plan under “Cost Offsets.”

Establish Community Mental Health Hospitals



The All Texas Access SASH Regional Group proposes CMHHs be established in Uvalde, Corpus Christi, and Victoria. The proposed sites would be operated by individual LMHA/LBHAs but shared by and accessible to regional LMHA/LBHAs. An LMHA/LBHA regional oversight committee would have meaningful participation in the governance of all three hospitals.

CMHHs may result in reduced transportation time and costs for law enforcement and better outcomes for people who use them as they will be treated closer to their home communities.

The All Texas Access SASH Regional Group identified a need for more inpatient capacity in the region. This need is especially relevant for border counties, as law enforcement must drive extremely long distances to transport a person to the nearest psychiatric hospital. The regional group anticipates developing regional CMHHs would result in timely access to care for people experiencing a mental health crisis. CMHHs would also result in reduced transportation time and costs for law enforcement and better outcomes for people who receive CMHH services, as they will be treated closer to their home communities.

Civil capacity at San Antonio State Hospital is limited at any given time due to demand for forensic state hospital beds. This limitation makes access for civil commitments a significant challenge for the All Texas Access SASH Regional Group. Additionally, there are no private psychiatric hospitals located in the rural counties. The absence of rural psychiatric hospital bed capacity results in people relying upon lower levels of care that are not designed to provide intensive care for longer lengths of stay, such as an extended observation unit, crisis stabilization unit, and most notably ERs. Many ERs do not have psychiatric emergency capacity, yet because they are accessible, many people in crisis seek care at the ER. Establishing

CMHHs in the All Texas Access SASH region would help divert people needing acute care from the local ERs and other systems designed for lower levels of care or shorter lengths of stay.

The All Texas Access SASH Regional Group would like to renovate and/or construct regional CMHHs and provide ongoing funding to operate the hospitals. A \$600 per day bed rate is proposed, with this rate tied to any rate increases for the state hospitals that account for inflation costs and population growth, so the hospitals can continually operate at full capacity. (Over time, a lack of rate increases to account for inflation can result in CMHHs needing to close beds and serve fewer people to continue operating at the same budget.) The All Texas Access SASH Regional Group anticipates these hospitals will result in people receiving the right care at the right time in a more cost-effective way, producing better recovery outcomes.

Uvalde CMHH

The proposed hospital will be operated by Hill Country MHDD Centers, though it will be accessible to other LMHA/LBHAs in the region. This CMHH will serve the Highway 90 corridor, including underserved border counties and other counties that currently have little or no access to psychiatric hospitals. Hill Country MHDD Centers intends to build the proposed CMHH on land the City of Uvalde has already donated for this project. The CMHH would have 48 beds, with 32 beds dedicated to adults and 16 for adolescents (ages 12 to 17). Hill Country MHDD Centers has engaged an architect to serve as a neutral consultant and has been advised that renovation is likely to be as expensive as new construction.

Calallen/Corpus Christi CMHH

The proposed hospital will be operated by Nueces Center for Mental Health and Intellectual Disabilities (Nueces Center), though it will be accessible to other LMHA/LBHAs in the region. Nueces Center intends to negotiate with an existing, underutilized hospital to rehab a portion of their facility and operate a 40-bed CMHH.

Victoria CMHH

The proposed hospital will be operated by Gulf Bend Center, though it will be accessible to other LMHA/LBHAs in the region. Gulf Bend Center intends to negotiate with an existing, underutilized hospital to rehab a portion of their facility and operate a 20-bed CMHH.

Regional Consideration – Public Transportation

Public transportation is extremely limited. Most cities and counties in this region do not have public transportation options. Additionally, some of the counties in this region are physically located hours away from a mental health facility. Because of a lack of transportation, some residents of this region may go without mental health treatment until they are in crisis.

Fund Telepsychiatry for County Jails in Counties with 100,000 Residents or Fewer



Counties with 100,000 residents or fewer operate small jails that hold few people with mental health conditions. Although the goal is to divert persons from jail, persons with mental health conditions may be held in the jails until charges are dropped or deferred.

Funding telepsychiatry consultation services 24 hours per day/seven days per week for jails in counties with 100,000 residents or fewer will result in more people receiving the right level of care at the right time, potentially interrupting a person's cycle of crisis, incarceration, and release. Additionally, the All Texas Access SASH Regional Group believes funding this proposal will improve relationships between LMHA/LBHAs and county law enforcement. Fostering these relationships improves the mental health system for communities. Hill Country MHDD Centers has successfully initiated such services in the majority of the 19 counties they serve, with all participating counties and sheriff's departments advocating for continuation of the program. Other LMHA/LBHAs in this region would like to mirror that success.

Create a Clinician Officer Remote Evaluation (CORE) System



CORE is a triage service that enables LMHA/LBHAs to screen individuals in crisis electronically and find resources more quickly. The All Texas Access SASH Regional Group proposes a regional care coordination system which leverages technology. This system provides a single point of contact for law enforcement to connect

with when requesting a mental health screening or help finding inpatient care. Law enforcement would be equipped with devices capable of allowing an LMHA/LBHA clinician to perform a remote mental health screening. Key to this model working on a regional basis is a database that shows available resources operated or contracted by LMHA/LBHAs in the region, so mental health resources can be found more quickly and fully maximized.

A triage system would reduce law enforcement and LMHA/LBHA transportation costs and time spent waiting or making phone calls.

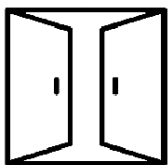
A triage system would reduce law enforcement and LMHA/LBHA transportation costs and time spent waiting or making phone calls. The Arnold Foundation funded a pilot in Harris County allowing law enforcement and The Harris Center for Mental Health and IDD to operate a system supporting the goals of this proposal. This program has been evaluated by the University of Houston-Downtown. It was found:

- 83 percent of the deputies responded that having access to a clinician helped them decide what course of action to take with the person in crisis;
- 71 percent of deputies responded that the clinician helped them handle the call in a shorter timeframe than if they had responded without the clinician;
- The average length of a call was 24 minutes, resulting in deputies resolving the incident more quickly; and
- 40 percent of the calls were resolved on scene and 60 percent resulted in an emergency detention order.⁸⁶

Regional Consideration –Broadband

Many of the rural counties in this region report low rates of broadband coverage, especially those further from San Antonio. In this region, rates of broadband coverage of 25+ Megabits per second (Mbps) vary but are generally unfavorable. Zero percent of Kinney County has broadband coverage at 25+ Mbps. Although Texas has made strong advances in providing mental health services through telemedicine, these advances are irrelevant without broadband coverage. The lack of transportation, broadband, and cell phone coverage make receiving mental health treatment extremely difficult for people in the more rural and remote counties in this region.

Create Regional Extended Observation Units (EOUs) in Lytle and Eagle Pass



Bluebonnet Trails Community Services has been operating a 6-bed state-funded EOU in Seguin since 2016. They have contracts with neighboring LMHA/LBHAs who may need to admit a person to the EOU. This service and service model could be expanded throughout the region. The All Texas Access SASH Regional Group proposes funding two four-bed regional EOUs for Camino Real Community Services to operate in Lytle and Eagle Pass. Camino Real already has the physical facilities necessary to open EOUs in these locations but does not have adequate funding to operate them. Access and cost to other LMHA/LBHAs for these EOUs would be determined by Camino Real

Community Services and the LMHA/LBHA regional oversight committee that this group intends to convene.

All Texas Access SASH Regional Group Plan Alignment with Statewide Plans

The All Texas Access SASH Regional Group Plan addresses the following identified gaps in the *Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021*:









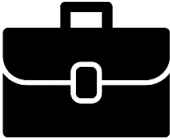



- Gap 1: Access to Appropriate Behavioral Health Services
- Gap 5: Continuity of Care for Individuals Exiting County and Local Jails
- Gap 6: Access to Timely Treatment Services
- Gap 10: Consumer Transportation and Access to Treatment
- Gap 15: Shared and Usable Data

The All Texas Access SASH Regional Plan aligns with the Comprehensive Inpatient Mental Health Plan by helping Texans have “2. Easy Access” to mental health services. By focusing on strategic partnerships and establishing a regional oversight committee, the LMHA/LBHAs in this region will enhance their regional vision and help Texans easily access mental health care from various systems. Additionally, the proposed EOU and community mental health hospitals would support a “3. Systems Based Continuum of Care” by helping people access inpatient services closer to their home communities, in the right place at the right time.

All Texas Access SASH Regional Group Survey Results

The All Texas Access Community Survey was open from January 3, 2020, to April 3, 2020. The survey solicited feedback about mental health care in rural Texas communities. The survey occurred parallel to regional planning, and at times the survey results diverge from regional considerations. The Statewide Analysis of Rural Mental Health Services section of this report and Appendix O, Statewide Online Survey, include additional information regarding the survey.

Table 14. All Texas Access SASH Regional Group Survey Results

Category	Top Three Responses		
Most Helpful	Counseling 	Crisis Services 	Medication 
Most Needed	Transportation 	Crisis Services 	Counseling 
Greatest Opportunities	Reduce Wait Time for Services 	Increase Transportation Services 	Increase Mental Health Workforce 
Significant Barriers	Lack of Services in Rural Areas 	Transportation 	People Unaware or Uninformed of Available Services 

All Texas Access SASH Regional Plan: HHSC Evaluation

Estimated Costs of Regional Group

The estimated cost, per incident, in this region for each of the four All Texas Access metrics is:

- Local Government Crisis Care = \$220
- Transportation = \$836
- Incarceration = \$2,520
- ER Charges = \$2,564

More information on how these costs were calculated can be found in Appendix F, Data Methodology.

Cost Offsets

For each of the opportunities to expand capacity in this regional group plan, HHSC has used available data to estimate the minimum number of emergency room and/or incarceration diversions that would result in offsetting the estimated cost of the proposal. Additional detail on how these offsets were calculated can be found in Appendix M: All Texas Access SASH Regional Group.

Establish Community Mental Health Hospitals.

Proposal: Establish three community mental health hospitals throughout the All Texas Access SASH Regional Group.

Impact:

Location	Estimated Annual Operation Cost	Estimated Annual Cost-Neutral Diversion
Uvalde	\$10,512,000	2,599 ER visits 79 state hospital admissions
Calallen	\$8,760,000	2,182 ER visits 65 state hospital admissions
Victoria	\$4,380,000	1,083 ER visits 33 state hospital admissions

Funding Source: General revenue, available grant programs, or other funding opportunity. For construction costs, there may be philanthropic, local governments, and other organizations able to assist with development.

Fund telepsychiatry consultation services for county jails in counties with 100,000 residents or fewer.

Proposal: Establish telepsychiatry consultation services for county jails in counties with 100,000 residents or fewer in the All Texas Access SASH Region.

Impact Statement:

- Cost Estimate: \$1,010,000
- Cost-Neutral Diversion Estimate: 69 ER visits and 331 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity.

Develop a CORE Program.

Proposal: Implement the CORE program in the All Texas Access SASH Regional Group in an effort to divert more individuals experiencing a mental health crisis from ERs and incarceration.

Impact Statement:

- Cost Estimate: \$1,950,352
- Cost-Neutral Diversion Estimate: 326 ER visits and 443 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Create regional EOUs in Lytle and Eagle Pass.

Proposal: Establish two regional EOUs in the All Texas Access SASH Region.

Impact Statement:

- Cost Estimate: \$1,010,000
- Cost-Neutral Diversion Estimate: 395 ER visits annually

Funding Source: General revenue, available grant programs, or other funding opportunity

All Texas Access SASH Regional Group Plan Scorecard

Each regional plan is scored by the rural-serving LMHA/LBHA members of the regional group and staff from HHSC's IDD-BHS department. The regional plan was scored based on alignment with regional perspectives, feasibility, impact on Texans, and alignment with statewide plans. Each of the metrics is scored on a scale of 0 to 10, with 10 being the best possible score. The score for each metric also contributed a weighted percentage to a composite score.

- **Alignment with Regional Perspectives**

- **System Modeling Themes** – The degree in which the regional plan aligns with the system model for the regional group.

The HHSC team and the All Texas Access SASH Regional Group felt positive about the plan addressing regional system modeling themes. The regional group felt sustaining and building community partner relationships and increasing inpatient capacity were pivotal to both their system map and their regional plans. The HHSC team believed that items in their plan strongly correlated to their system mapping themes.

Score: 9.02

Contribution to Composite Score: 15 percent

- **Survey Results** – The degree in which the regional plan aligns with the All Texas Access survey results for the region.

While the survey process was parallel to regional planning, both the All Texas Access SASH Regional Group and the HHSC team felt that the regional plan aligned with the priorities in the survey.

Score: 8.72

Contribution to Composite Score: 15 percent

- **Feasibility**

- **Community Partner Coordination** – The degree in which the regional plan is dependent upon community partners to successfully implement.

Both the HHSC team and the All Texas Access SASH Regional Group gave positive scores for this metric. LMHA/LBHAs noted current programs supported through grant match and/or future funding which requires match may be extremely challenging, as many local partners feel they are unable to allocate more funding to mental health.

Score: 8.27

Contribution to Composite Score: 10 percent

- **Ability to Implement** – The degree in which the regional plan is anticipated to be successfully implemented by the involved parties.

The All Texas Access SASH Regional Group and the HHSC team noted there are some items in this plan that would require the LMHA/LBHAs to learn how to administer new and complex programs which would require a learning curve.

Score: 8.02

Contribution to Composite Score: 10 percent

- **Impact on Texans** – The degree in which the regional plan is anticipated to impact the four-metrics outlined in S.B. 633 (e.g. cost to local governments, transportation to mental health facilities, and jail and ER visits by people with a mental health condition).

The All Texas Access Regional SASH Regional Group and the HHSC team were both very positive about the regional plan and the impact on rural Texans.

Score: 9.36

Contribution to Composite Score: 30 percent

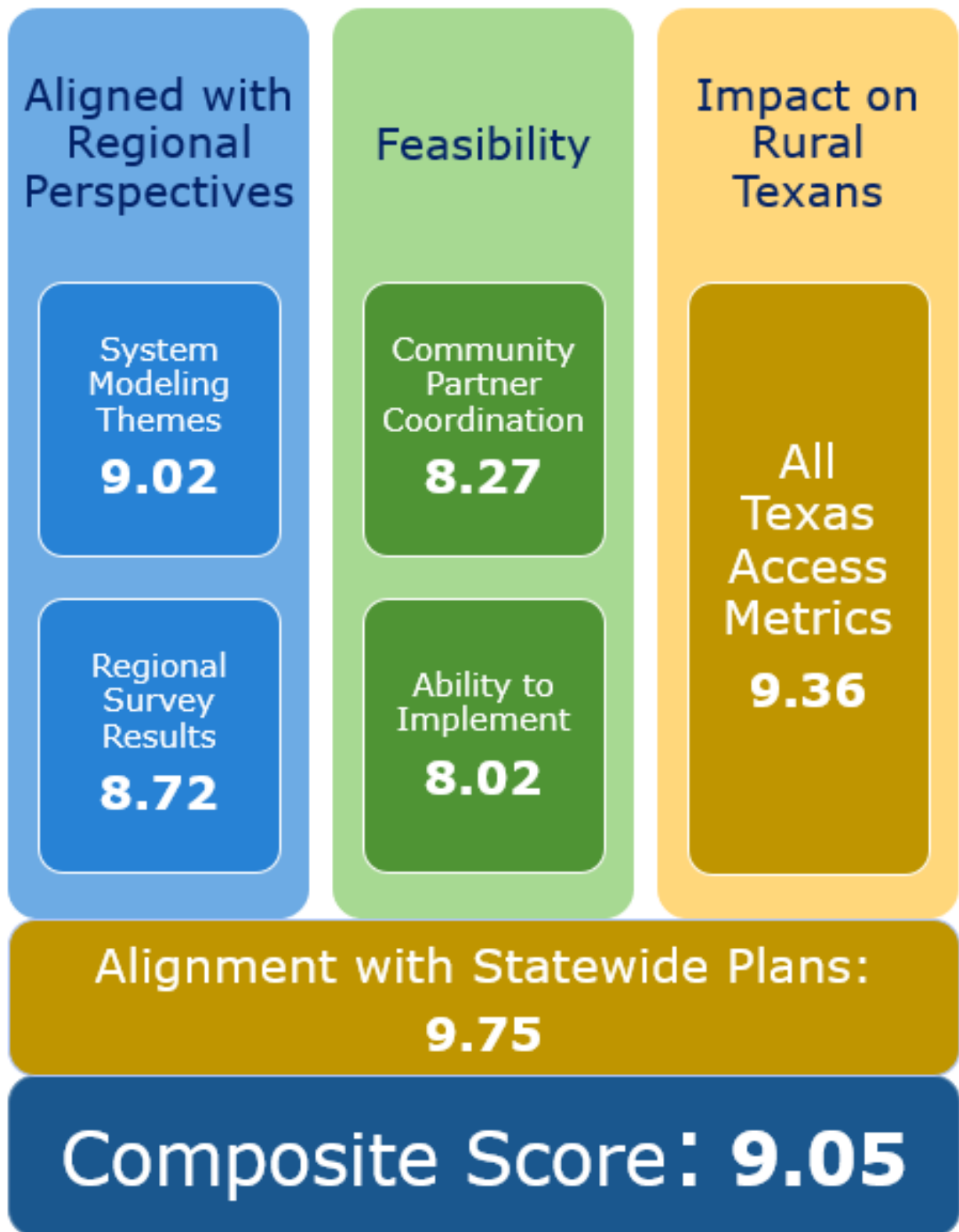
- **Alignment with Statewide Plans** – The degree in which the regional plan addresses gaps outlined in the Statewide Behavioral Health Strategic Plan and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

Both the All Texas Access SASH Regional Group and the HHSC team are very positive about the alignment with the Statewide Behavioral Health Strategic Plan and the Comprehensive Inpatient Plan.

Score: 9.75

Contribution to Composite Score: 20 percent

Figure 35. All Texas Access SASH Regional Group Plan Scorecard



Regional Mental Health Crisis Facilities

The map in Figure 37 displays the state-funded mental health crisis facilities in the All Texas Access SASH Regional Group. Note that additional resources not funded by HHSC may exist in the region. A list of the specific facilities represented in the map are listed in Table 15.

Figure 36. All Texas Access SASH Regional Group Crisis Facilities*

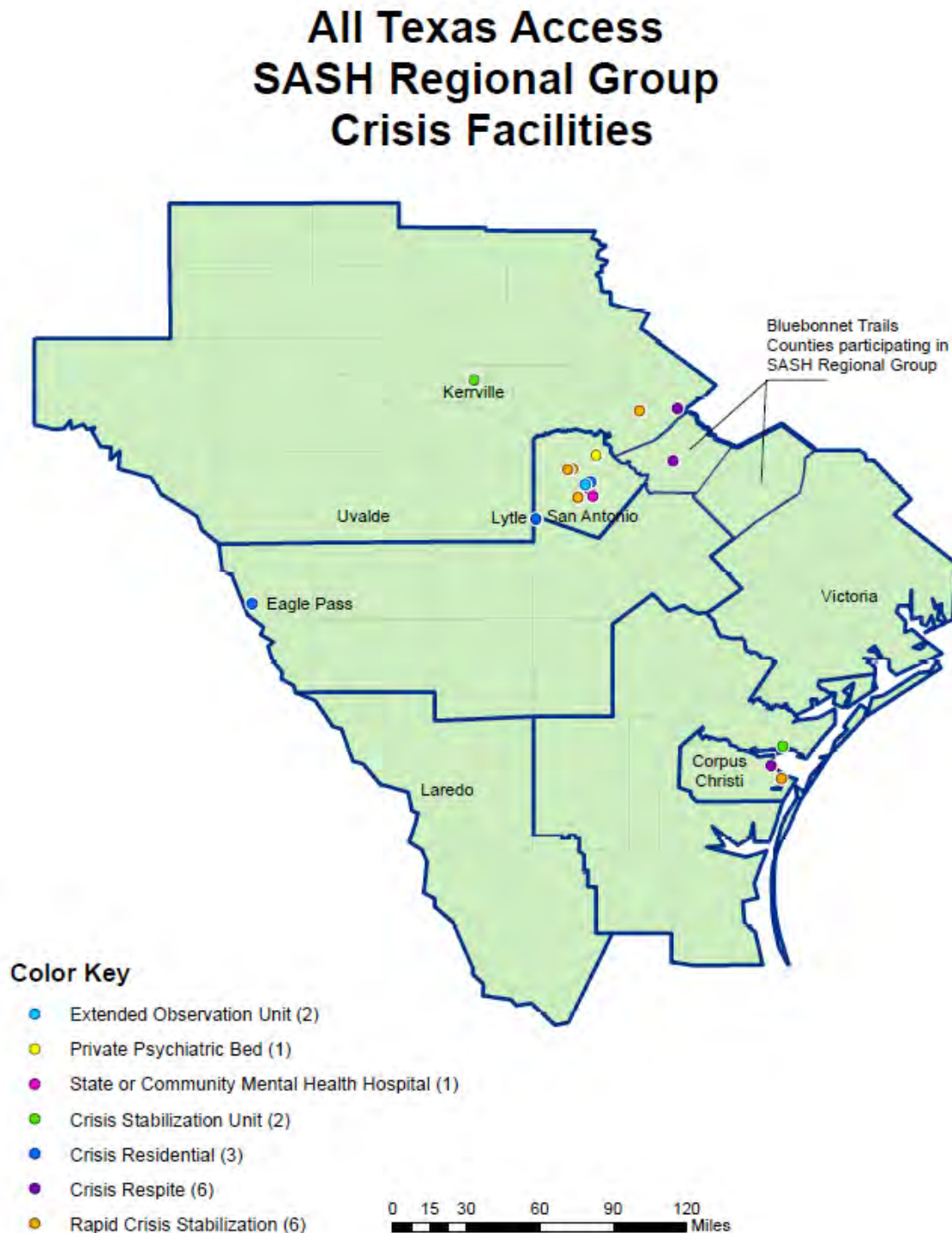


Image Source: HHSC Communications

*Note: Map dots may overlap, particularly in urban areas. A facility may also serve more than one purpose, which may cause the map dots not to match the counts in the legend and the table on the next page.

Table 15. All Texas Access SASH Regional Group LMHA/LBHA Crisis Map Locations

CSU = Crisis Stabilization Unit
 EOU = Extended Observation Unit
 PPB = Private Psychiatric Beds

Type	Provider Name	Address	City	Zip Code	County
Crisis Residential	The Center for Healthcare Services	711 E. Josephine Street	San Antonio	78208	Bexar
Crisis Respite	The Center for Healthcare Services	227 W. Drexel Avenue	San Antonio	78210	Bexar
Crisis Respite	Bluebonnet Trails: Esperanza Crisis Respite Center	1105 W. Court Street	Seguin	78155	Guadalupe
Crisis Respite	Hill Country MHDD	614 N. Bishop	San Marcos	78666	Hays
Crisis Respite	Nueces Center for Mental Health and Intellectual Disabilities	1642 S. Brownlee	Corpus Christi	78404	Nueces
Crisis Respite/Crisis Residential	Camino Real Community Services	19971 FM 3175	Lytle	78052	Atascosa
Crisis Respite/Crisis Residential	Camino Real Community Services	2644 Encino Park Drive	Eagle Pass	78852	Maverick
CSU	Hill Country MHDD	643 Sheppard Rees Road	Kerrville	78028	Kerr
CSU	Coastal Plains	200 Marriott	Portland	78374	San Patricio
EOU	The Center for Healthcare Services	610 N. Frio	San Antonio	78207	Bexar
EOU	Bluebonnet Trails: South EOU	2712 E. Court	Seguin	78155	Guadalupe
PPB/Rapid Crisis Stabilization	Laurel Ridge Hospital Treatment Center	17720 Corporate Woods Drive	San Antonio	78259	Bexar

Type	Provider Name	Address	City	Zip Code	County
Rapid Crisis Stabilization	Southwest General Hospital	7400 Barlite Blvd.	San Antonio	78224	Bexar
Rapid Crisis Stabilization	Clarity Child Guidance Center	8535 Tom Slick	San Antonio	78229	Bexar
Rapid Crisis Stabilization	San Antonio Behavioral Healthcare Hospital	8550 Huebner	San Antonio	78240	Bexar
Rapid Crisis Stabilization	New Life Children's Center (Residential Treatment Center)	650 Scarbrough	Canyon Lake	78133	Comal
Rapid Crisis Stabilization	Corpus Christi Medical Center	7101 S. Padre Island Drive	Corpus Christi	78412	Nueces
State or Community Mental Health Hospital	San Antonio State Hospital	6711 S. New Braunfels	San Antonio	78223	Bexar

11. All Texas Access TSH Regional Group

Figure 37. All Texas Access TSH Regional Group Priorities and Plans

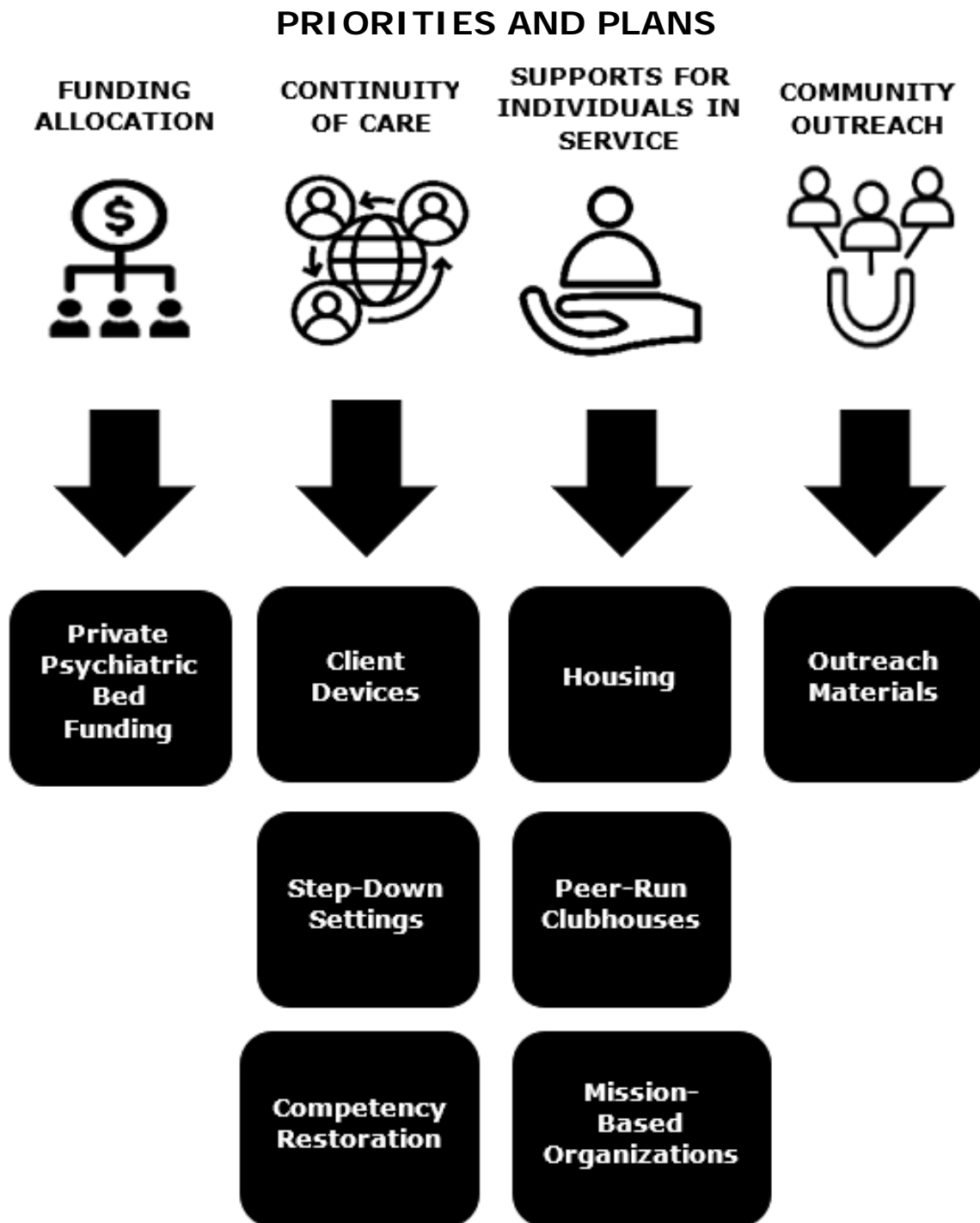


Figure 38. Map of All Texas Access TSH Regional Group*

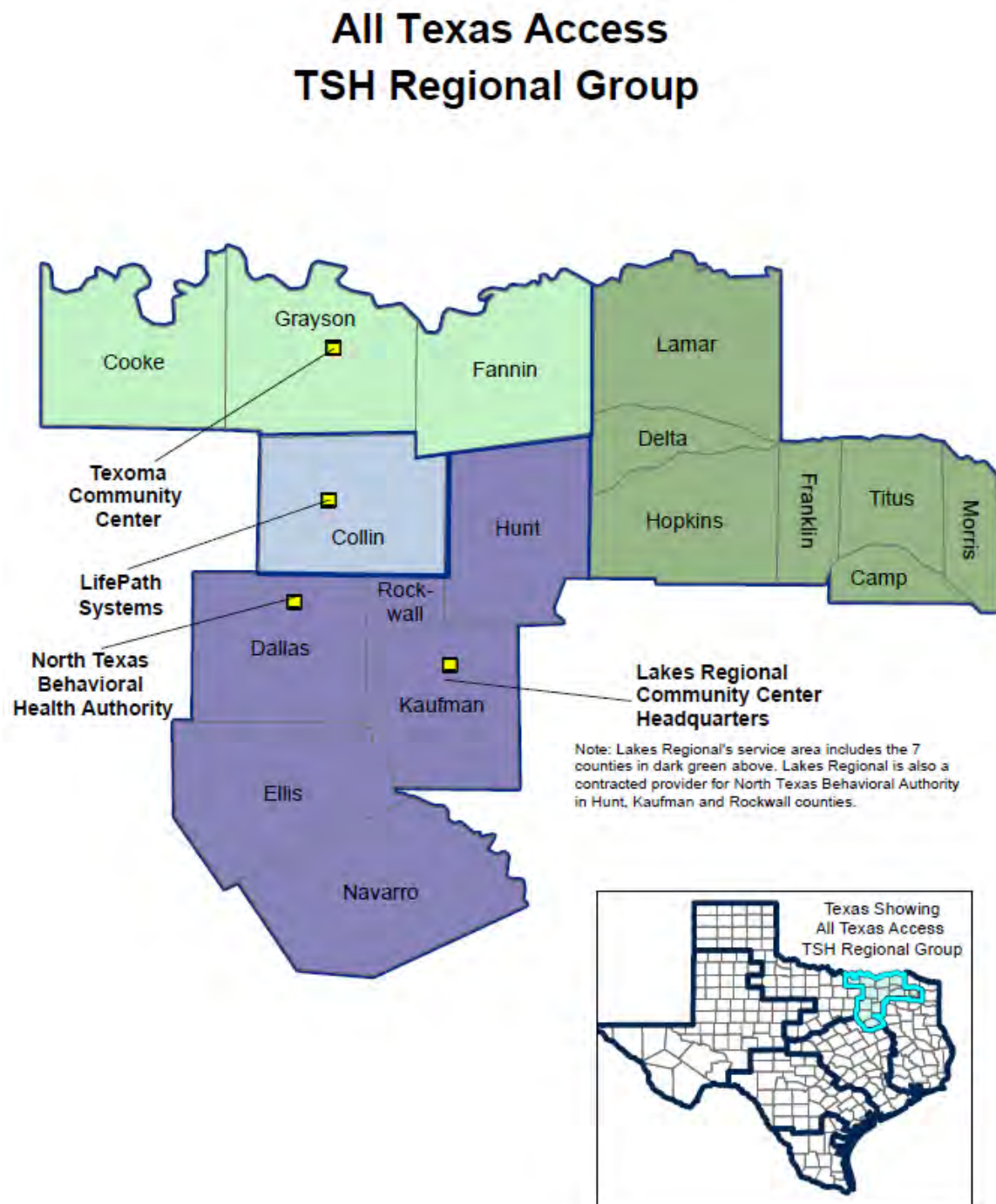


Image Source: HHSC Communications

* Yellow squares represent LMHA/LBHA headquarter locations only. For a map of LMHA/LBHA mental health outpatient offices, see Appendix N: All Texas Access TSH Regional Group.

Participating LMHA/LBHAs

The following LMHA/LBHAs participated in the All Texas Access TSH Regional Group:

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

LifePath Systems, operating only in Collin County, participated in this regional group as an ex-officio member.

Regional Characteristics

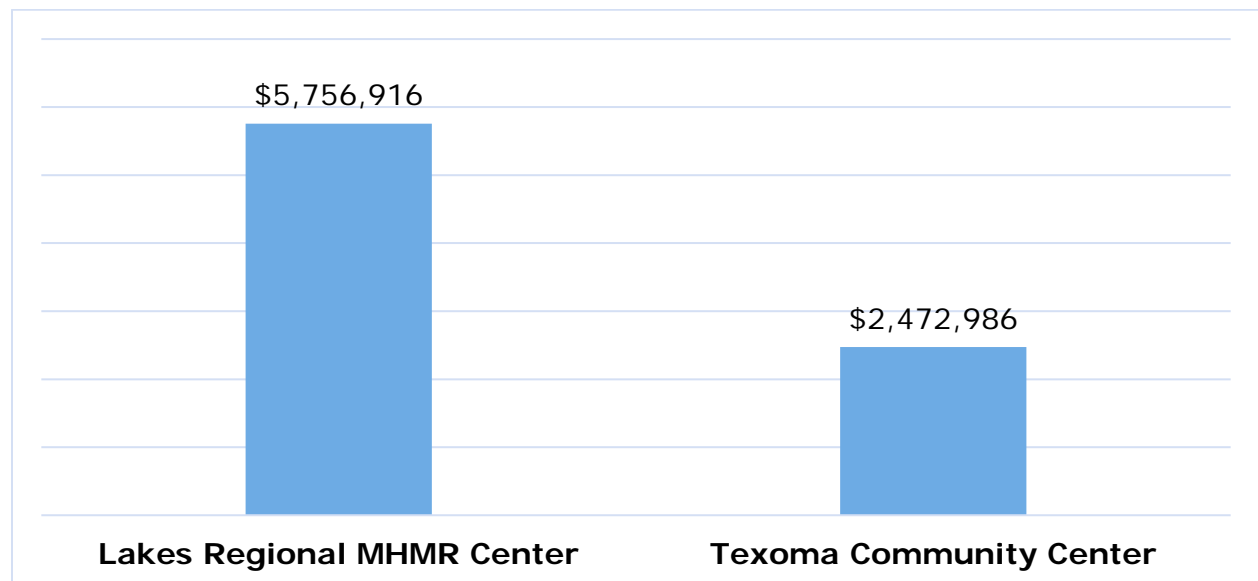
17 counties		11,174 square miles	
2 urban	15 rural	1,713 urban	9,461 rural
Square Mileage Comparison: Delaware and New Jersey combined Population Comparison: Kentucky			
Population: 4,572,290			
Largest County: Dallas 2,646,173 People		Smallest County: Delta 5,282 People	

Delivery System Reform and Incentive Payment (DSRIP)

The All Texas Access TSH Regional Group had \$8,229,902 in federal funds through DSRIP in fiscal year 2019. This total is not inclusive of the federal funds accessed by North Texas Behavioral Health Authority.

The LMHA/LBHAs in this regional group report that the majority of DSRIP-funded activities are at risk of ending if this funding is not sustained. LMHA/LBHAs report that they will be forced to reduce or eliminate telehealth opportunities for extremely rural clients, reduce current LMHA/LBHA staffing levels, and create wait lists for routine services once DSRIP ends. Additionally, one LMHA/LBHA noted that losing DSRIP funding may potentially increase community costs for increased ER visits for mental health crisis care.

Chart 15. All Texas Access TSH Regional Group DSRIP Federal Share Amounts for Federal Fiscal Year 2019



All Texas Access TSH Regional Plan

Overview

The participating LMHA/LBHAs in the All Texas Access TSH Regional Group are very rural, yet they border the Dallas metroplex. These LMHA/LBHAs also serve communities which could grow exponentially in the next decade, considering the

rate at which the Dallas metroplex is expanding. They propose to enhance regional services by increasing the use of telehealth services, expanding partnerships, expanding outpatient and inpatient treatment options and alternatives, and running a community education campaign.

Existing Opportunities

Existing opportunities are those that the LMHA/LBHAs of this region are already doing and that can be continued or strengthened with little or no additional funding.

Increase Access to Housing



The All Texas Access TSH Regional Group proposes increasing housing opportunities for people with mental health needs. They anticipate that increasing housing for persons receiving LMHA/LBHA services will result in meaningful recovery and help them avoid mental health crises.

This region is one of the fastest growing in the U.S.⁸⁷, and because of its population growth, housing is cost prohibitive in rural, suburban, and urban areas. While the area needs long-term solutions to soften the housing crisis, there are immediate opportunities for LMHA/LBHAs to increase housing access.

The All Texas Access TSH Regional Group proposes:

- **Working with Judiciary to Expunge Misdemeanor Criminal Records.**
Available public housing units, housing vouchers programs, and employment services are often hesitant to work with people who have criminal records. Many of the people the LMHA/LBHAs serve have complex backgrounds and find it difficult to access existing services because of past involvement with the judicial system. By partnering with judicial officials to expunge misdemeanor criminal backgrounds, people who could greatly benefit from existing services would be more able to access them.

- **Enhancing Partnerships with Housing Authorities.** This regional group intends to form stronger relationships with local housing authorities. They anticipate these partnerships will result in more persons receiving services being able to access housing and focus on recovery. Relationships with local housing authorities are difficult to navigate. Many local housing authorities have few housing vouchers to offer and a high demand for services.

This regional group intends to form stronger relationships with local housing authorities. They anticipate these partnerships will result in more persons in service being able to access housing and focus on recovery.

Regional Consideration - Housing

All LMHA/LBHAs in this region report a lack of affordable housing. This region includes both the 4th and 6th fastest growing metropolitan areas in the state. As the region has grown, affordable housing options and availability have decreased. All LMHA/LBHAs in this region report there are few homeless shelters, and none in some areas.

Increase Outpatient Competency Restoration (OCR) Programs

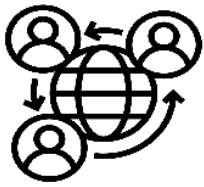
LifePath Systems has a new OCR Program. An OCR program specializes in providing competency restoration in an outpatient setting. OCR diverts a person from the criminal justice system by providing competency restoration, mental health treatment, and community reintegration. To be effective, an OCR program requires well-coordinated relationships with the local judiciary system and other community stakeholders which takes time to develop. Over time, this service holds promise as an alternative to inpatient competency restoration for the LifePath Systems local service area and may be an additional resource for the All Texas Access TSH Region, ensuring access to care for rural Texans.

OCR is a step toward building a continuum in rural Texas of alternatives to restrictive care which can also include outpatient commitments, Forensic ACT Teams, and step-up/step-down facilities.

Opportunities to Expand Capacity to Needed Services

Opportunities proposed in this section would require a funding source in order to implement. Anticipated costs are outlined later in this regional plan under "Cost Offsets."

Increase Alternative Competency Restoration Options.



The All Texas Access TSH Regional Group proposes increasing outpatient and jail-based competency restoration options in the entire region. There has been a dramatic increase in the number of Texans needing forensic services in the state hospital system.⁸⁸ This increase has placed significant strain on ERs and local jails.

Exploring alternative treatment options for people with criminal charges could reduce this strain and help people get appropriate treatment in the right place.

The All Texas Access TSH Regional Group proposes increasing outpatient competency restoration (OCR) and Jail-based competency restoration options.

Establishing OCR Programs

OCR provides treatment to low-risk offenders and allows people to avoid costly stays in jail and/or state hospitals. OCR programs have “promising outcomes in terms of high restoration rates, low program failures and substantial cost savings.”⁸⁹ This regional group intends to work with local district attorneys and law enforcement to educate them about OCR programs and discuss their efficiency while also pursuing funding to establish OCR programs in the Texoma Community Center and Lakes Regional MHMR Center service areas. The long-term success of OCR is dependent on increasing housing alternatives that can provide appropriate levels of support.

OCR programs have “promising outcomes in terms of high restoration rates, low program failures and substantial cost savings.”

Pilot a Program with North Texas Behavioral Health Authority to Treat Forensic Patients on Civil Commitments

As of May 12, 2020, over 200 Dallas County inmates had tested positive for the coronavirus⁹⁰, leading the City of Dallas and North Texas Behavioral Health Authority (NTBHA) to explore alternative methods for treating people needing forensic commitments. On a pilot basis, NTBHA worked with local officials to drop the pending charges for low risk people deemed incompetent to stand trial and civilly committed them to a private psychiatric hospital. Many of the people in this pilot program have already received treatment and been returned to the community. This program has been effective in terms of both treatment outcomes

and cost savings and is a significant innovation. NTBHA is now tentatively exploring expansion of this model into more rural counties in their service region.

Provide LMHA/LBHA Persons in Service Equipment Enabling Remote Services.



The All Texas Access TSH Regional Group proposes establishing a funding pool for LMHA/LBHAs to provide electronic equipment to rural persons receiving services. They anticipate that this funding pool would help people remain engaged in routine services and avoid mental health crises.

It is very challenging for rural Texans in this region to access mental health care, due to lack of public transportation. If LMHA/LBHAs had a funding stream to purchase and provide rural persons receiving services with electronic devices capable of telehealth (like a phone, computer, or tablet), those individuals would be able to engage with routine mental health services, helping them to avoid more expensive crisis care services.

Regional Consideration – Public Transportation

Most of the cities and counties in this region do not have public transportation options. Because of a lack of transportation, some clients find it extremely difficult to get mental health treatment, sometimes forcing them to go without treatment until they experience a mental health crisis.

Regional Consideration – Broadband

Many of the rural counties in this region report low rates of internet coverage, especially those further from Dallas. Internet allows people without transportation the ability to receive mental health services, yet telehealth is only a viable option if there is internet coverage. Within this region, the rates of internet coverage of 25+ Mbps range from 17.9 percent (Delta County) to 95.8 percent (Rockwall County).

Increase Private Psychiatric Bed Funding.



The All Texas Access TSH Regional Group proposes increasing private psychiatric bed (PPB) funding, as this service helps people in crisis get the treatment they need more quickly. There is a lack of state-funded psychiatric hospital access for LMHA/LBHAs in this region, and they have a limited ability to civilly commit people who need acute psychiatric care into Terrell State Hospital. Because of the lack of psychiatric hospital beds in this region, many people receive mental health crisis care in settings such as the ER that are not as well equipped to provide the needed treatment. More PPB funding would increase the LMHA/LBHA's ability to help people access inpatient treatment quickly, potentially resulting in fewer people experiencing a mental health crisis in a county jail or ER.

More PPB funding would increase the LMHA/LBHA's ability to help people access inpatient treatment quickly, potentially resulting in fewer people experiencing a mental health crisis in a county jail or ER.

Create Outreach Materials for LMHA/LBHAs.



The All Texas Access TSH Regional Group proposes creating outreach materials, or a marketing fund, for this region. They believe people with mental health needs often do not know of their agency or services until they go into crisis. This regional group anticipates that raising their community visibility will help people engage in services earlier, helping to avoid mental health crisis care.

Stock marketing materials, such as postcards, fact sheets, and ads, would help LMHA/LBHAs reach people who have mental health needs before a crisis occurs. It can be challenging to educate the community about mental health services, as many people do not seek mental health services before there is a crisis. While there are some template marketing materials available, this regional group is currently unable to distribute or market them due to a lack of funding. It can be difficult to find marketing funds when resources are already fully allocated to programs and services, yet dedicated funds for marketing and/or template marketing materials would help LMHA/LBHAs better reach people before they experience a crisis.

Regional Consideration – Suicide

North and East Texas have rates of suicide by county that are higher than the rest of Texas.

Establish LMHA/LBHA Positions to Liaison with Mission-based Organizations.



The All Texas Access TSH Regional Group proposes emulating the Texas Faith-based Model operated within DFPS. They anticipate this would help them to expand their local capacity, community visibility, and community partnerships.

The faith community has a long history of helping those in need. DFPS currently collaborates with faith-based organizations to the benefit of children in foster care, their parents, and kinship families. In fiscal year 2019, there were 12 DFPS faith-based specialists operating throughout the state. The goal of a faith-based specialist is to align the needs of local children with the mission of faith-based organizations. In fiscal year 2019, the Texas Faith-Based Model reported \$2 million cost returns in goods, service, and staff time.

The LMHA/LBHAs in this region see value and potential in partnering with faith-based organizations to provide more efficient and effective services to people.

Establish Step-Down Services through Assisted Living Facilities.



The All Texas Access TSH Regional Group proposes increasing step-down facilities for this region. They believe this will result in fewer readmissions to

psychiatric hospitals because discharged persons did not receive the support they needed to continue in their recovery.

Step-down services help people transition from psychiatric hospitals to outpatient care.

Regionally, there are very few step-down services for people leaving psychiatric hospitals. Step-down services are vital to helping people reacclimate to living in the community because “up to half of all patients who are discharged from a psychiatric hospital end up being readmitted within 1 year.”⁹¹

Step-down services are vital to helping people reacclimate to living in the community because “up to half of all patients who are discharged from a psychiatric hospital end up being readmitted within 1 year.”

Assisted living facilities are licensed through HHSC and can be effective facilities for delivering mental health treatment for people transitioning into a community setting. Providing step-down services in an assisted living facility allows Medicaid billing for mental health services. All three LMHA/LBHAs believe step-down facilities in their service area would greatly improve the continuum of care.

Establish Peer-Run Clubhouses



The All Texas Access TSH Regional Group proposes establishing peer-run clubhouses. They anticipate this will help persons receiving services improve their quality of life, increase their support system, and lead to meaningful recovery, as well as result in fewer mental health crises resulting in ER visits, interactions with law enforcement, or psychiatric hospitalization.

People in recovery often express the need for a structured environment. Peer-run clubhouses can provide this structure and help people access employment, housing, and/or education opportunities while providing them with a support system that can assist them in challenging times.

Regional Consideration – Mental Health Providers

The LMHA/LBHAs in this region report that employing and retaining mental health professionals is difficult because of the proximity to Dallas. One LMHA/LBHA noted the Dallas area engenders a competitive job market which requires higher salaries. Staff turnover within LMHA/LBHAs may be due to the job market in Dallas which can offer higher wages.

All Texas Access TSH Regional Plan Alignment with Statewide Plans

The All Texas Access TSH Regional Plan addresses the following identified gaps in the *Texas Statewide Behavioral Health Strategic Plan Update: Fiscal Years 2017-2021*:









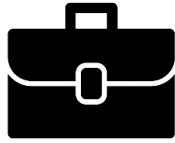



- Gap 1: Access to Appropriate Behavioral Health Services
- Gap 5: Continuity of Care for Individuals Exiting County and Local Jails
- Gap 6: Access to Timely Treatment Services
- Gap 8: Use of Peer Services
- Gap 10: Consumer Transportation and Access to Treatment
- Gap 12: Access to Housing
- Gap 13: Behavioral Health Workforce Shortage

The All Texas Access TSH Regional Plan aligns with the *Comprehensive Inpatient Mental Health Plan* by ensuring that Texans in this region have “2. Easy Access.” By focusing on building strategic partnerships with housing authorities and judiciary branches, as well as beginning an education campaign, Texans could find accessing care more convenient. Additionally, the proposed clubhouses, step-down facilities, increased PPB funding, and OCR programs could help Texans within this region access additional service options within the continuum of care, addressing the “3. Systems-Based Continuum of Care” in the *Comprehensive Inpatient Mental Health Plan*.

All Texas Access TSH Regional Group Survey Results

The All Texas Access Community Survey was open from January 3, 2020, to April 3, 2020. The survey solicited feedback about mental health care in rural Texas communities. The survey occurred parallel to regional planning, and at times the survey results diverge from regional considerations. The Statewide Analysis of Rural Mental Health Services section of this report and Appendix O, Statewide Online Survey, include additional information regarding the survey.

Table 16. All Texas Access TSH Regional Group Survey Results

Category	Top Three Responses		
Most Helpful	Medication 	Crisis Services 	Counseling 
Most Needed	Transportation 	Crisis Services 	Counseling 
Greatest Opportunities	Increase Transportation Services 	Reduce Wait Time for Services 	Increase Mental Health Workforce 
Significant Barriers	Lack of Services in Rural Areas 	Transportation 	People Unaware or Uninformed of Available Services 

All Texas Access TSH Regional Plan: HHSC Evaluation

Estimated Costs of Regional Group

The estimated cost, per incident, in this region for each of the four All Texas Access metrics is:

- Local Government Crisis Care = \$220
- Transportation = \$695
- Incarceration = \$2,520
- ER Charges = \$1,688

More information on how these costs were calculated can be found in Appendix F, Data Methodology.

Cost Offsets

For each of the opportunities to expand capacity in this regional group plan, HHSC has used available data to estimate the minimum number of emergency room and/or incarceration diversions that would result in offsetting the estimated cost of the proposal. Additional detail on how these offsets were calculated can be found in Appendix N: All Texas Access TSH Regional Group.

Increase Alternative Competency Restoration Options

Proposal: Expand OCR programs and pilot a program with NTBHA to treat forensic patients on civil commitments.

Impact Statement:

- Cost Estimate: \$500,000 for OCR and \$2 million for dismissal and treatment of incompetent to stand trial charges
- Cost-Neutral Diversion Estimate: 180 ER visits and 132 incarcerations, with 28 state hospital admissions avoided specific to dismissing charges, annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Provide LMHA/LBHA Clients Equipment Enabling Remote Services

Proposal: Establish a funding pool for LMHA/LBHAs to provide electronic equipment such as a phone, computer, or tablet to rural persons receiving services.

Impact Statement:

- Cost Estimate: \$353,150
- Cost-Neutral Diversion Estimate: 117 ER visits and 62 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Increase PPB funding

Proposal: Increase the private psychiatric bed allocation by 8.25 beds for the region.

Impact Statement:

- Cost Estimate: \$2,107,875
- Cost-Neutral Diversion Estimate: 559 ER visits and 462 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Create Outreach Materials for LMHA/LBHAs

Proposal: Create outreach materials and a marketing fund for this region.

Impact Statement:

- Cost Estimate: \$50,000
- Cost-Neutral Diversion Estimate: 14 ER visits and 11 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish LMHA/LBHA Positions to Liaison with Mission-based Organizations.

Proposal: Provide funds for each LMHA/LBHA to hire a staff member to liaison with faith-based community organizations.

Impact Statement:

- Cost Estimate: \$240,000

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish Step-Down Services.

Proposal: Increase step-down services for this region through the development of three assisted living facilities.

Impact Statement:

- Cost Estimate: \$800,000
- Cost-Neutral Diversion Estimate: 231 ER visits and 163 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

Establish Peer-Run Clubhouses

Proposal: Establish four peer-run clubhouses in the region.

Impact Statement:

- Cost Estimate: \$1,710,000
- Cost-Neutral Diversion Estimate: 454 ER visits and 375 incarcerations annually

Funding Source: General revenue, available grant programs, or other funding opportunity

All Texas Access TSH Regional Group Plan Scorecard

Each regional plan is scored by the rural-serving LMHA/LBHA members of the regional group and staff from HHSC's IDD-BHS department. The regional plan was scored based on alignment with regional perspectives, feasibility, impact on Texans, and alignment with statewide plans. Each of the metrics is scored on a scale of 0 to 10, with 10 being the best possible score. The score for each metric also contributed a weighted percentage to a composite score.

- **Alignment with Regional Perspectives**

- **System Modeling Themes** – The degree in which the regional plan aligns with the system model for the regional group.

The HHSC team and the All Texas Access TSH Regional Group felt positive about the plan addressing regional system modeling themes. The regional group felt that flexible funding and/or more funding will drive all the proposals in their plan. The HHSC team believed that items in their plan strongly correlated to the system mapping themes.

Score: 9.13

Contribution to Composite Score: 15 percent

- **Survey Results** – The degree in which the regional plan aligns with the All Texas Access survey results for the region.

While the survey process was parallel to regional planning, both the All Texas Access TSH Regional group and the HHSC team felt that the regional plan aligned with the priorities in the survey.

Score: 8.90

Contribution to Composite Score: 15 percent

- **Feasibility**

- **Community Partner Coordination** – The degree in which the regional plan is dependent upon community partners to successfully implement.

Both the HHSC team and the All Texas Access TSH Regional Group gave positive scores. Some of the LMHA/LBHAs expressed that they have stronger community partners than others, yet all LMHA/LBHAs expressed they have working relationships with their community partners and that with funding they would be able to enhance collaboration. Some of the LMHA/LBHAs noted that if they had to rely on community partners to meet match requirements for new funding, they may not be able to access those funding sources.

Score: 8.00

Contribution to Composite Score: 10 percent

- **Ability to Implement** – The degree in which the regional plan is anticipated to be successfully implemented by the involved parties.

The All Texas Access TSH Regional Group and the HHSC team noted there are some items in this plan that would require the LMHA/LBHAs to learn how to administer new and complex programs.

Score: 7.62

Contribution to Composite Score: 10 percent

- **Impact on Texans** – The degree in which the regional plan is anticipated to impact the four-metrics outlined in S.B. 633 (e.g. cost to local governments, transportation to mental health facilities, and jail and ER visits by people with a mental health condition).

The All Texas Access TSH Regional Group and the HHSC team were both very positive about the regional plan and the impact on rural Texans.

Score: 8.92

Contribution to Composite Score: 30 percent

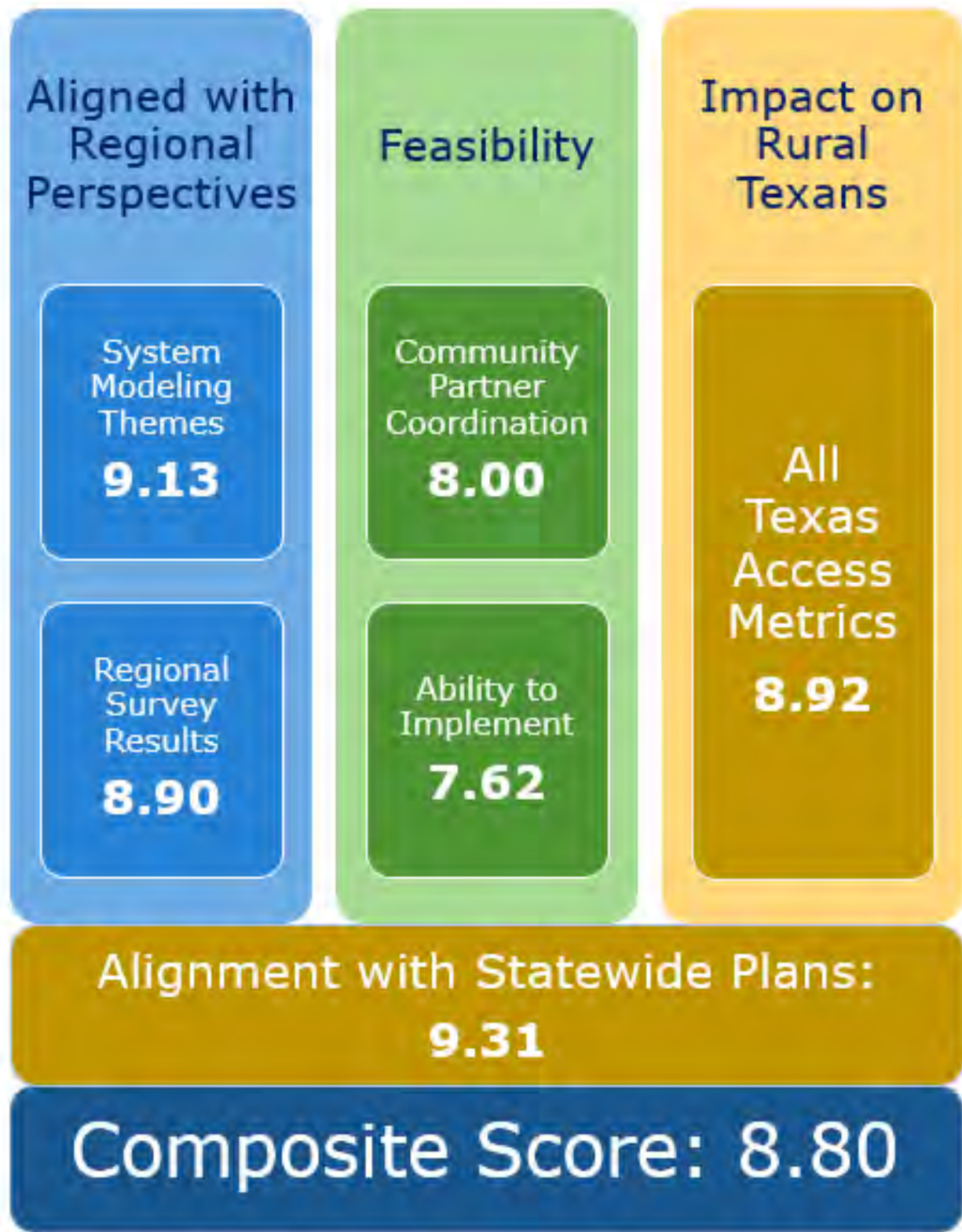
- **Alignment with Statewide Plans** – The degree in which the regional plan addresses gaps outlined in the Statewide Behavioral Health Strategic Plan and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

Both the All Texas Access TSH Regional Group and the HHSC team are very positive about the alignment with the Statewide Behavioral Health Strategic Plan and the Comprehensive Inpatient Plan.

Score: 9.31

Contribution to Composite Score: 20 percent

Figure 39. All Texas Access TSH Regional Group Plan Scorecard



Regional Mental Health Crisis Facilities

The map in Figure 40 displays the state-funded mental health crisis facilities in this region. Note that additional resources not funded by HHSC may exist in the region. A list of the specific facilities represented in the map are listed in Table 17.

Figure 40. All Texas Access TSH Regional Group Crisis Facilities*

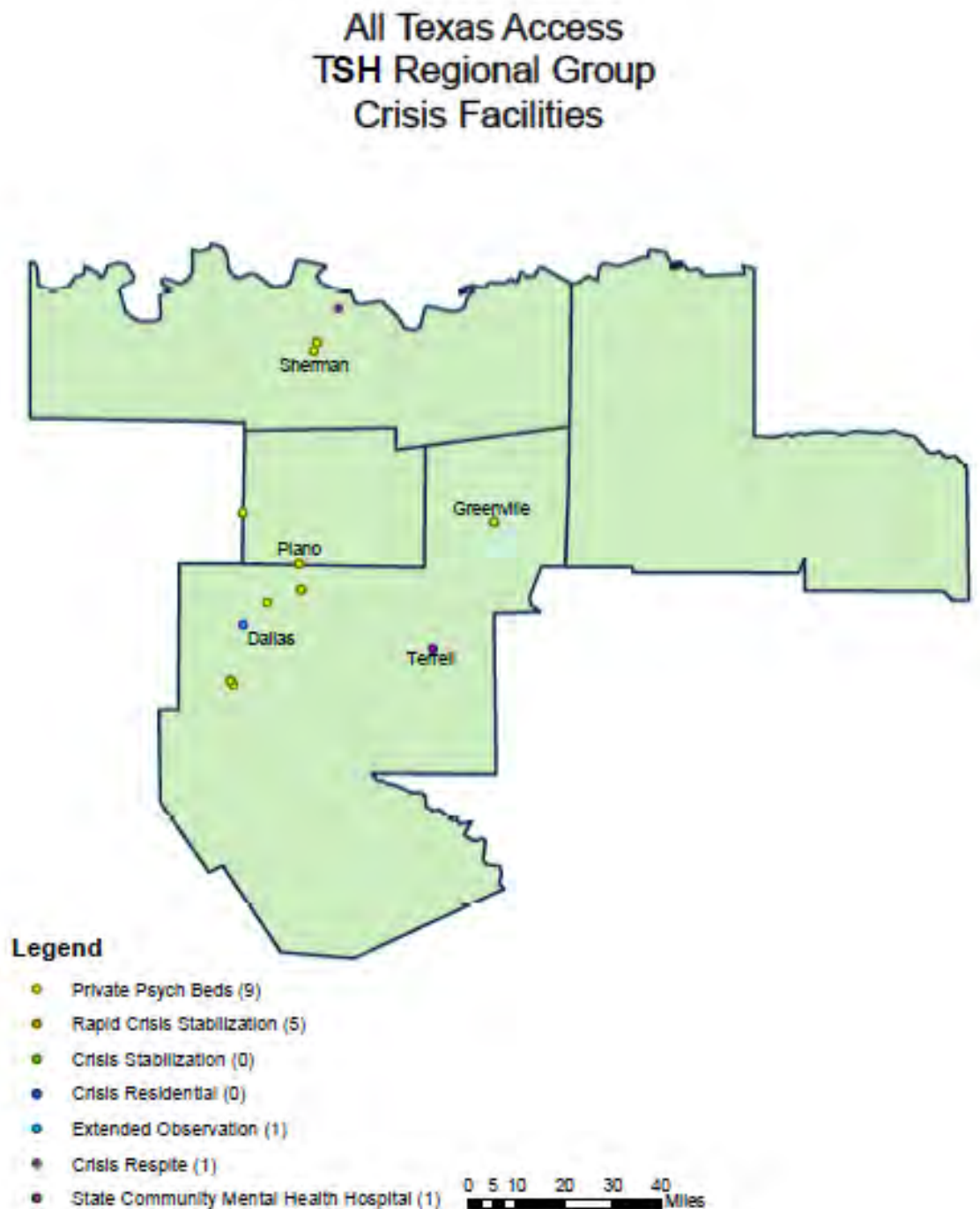


Image Source: HHSC Communications

*Note: Map dots may overlap, particularly in urban areas. A facility may also serve more than one purpose, which may cause the map dots not to match the counts in the legend and the table on the next page.

Table 17. All Texas Access TSH Regional Group LMHA/LBHA Crisis Map Locations

EOU = Extended Observation Unit

PPB = Private Psychiatric Beds

Type	Provider Name	Address	City	Zip Code	County
Crisis Respite	Texoma Community Center	102 Memorial Drive	Denison	75020	Grayson
EOU	Parkland Memorial Hospital	5200 Harry Hines Blvd.	Dallas	75235	Dallas
PPB	Texas Health Presbyterian Hospital Dallas	8200 Walnut Hill Lane	Dallas	75231	Dallas
PPB	Hickory Trail Hospital	2000 Old Hickory Trail	DeSoto	75115	Dallas
PPB	Methodist Richardson Medical Center	2831 E. President George Bush Hwy	Richardson	75082	Dallas
PPB	Wilson N. Jones	500 N. Highland Ave.	Sherman	75092	Grayson
PPB/Rapid Crisis Stabilization	Haven Behavioral Hospital	5680 Frisco Square Blvd.	Frisco	75034	Collin
PPB/Rapid Crisis Stabilization	Dallas Behavioral Healthcare Hospital	800 Kirnwood Drive	DeSoto	75115	Dallas
PPB/Rapid Crisis Stabilization	Garland Behavioral Hospital	2300 Marie Curie Blvd.	Garland	75042	Dallas
PPB/Rapid Crisis Stabilization	TMC Behavioral Health Center	2601 Cornerstone Drive	Sherman	75092	Grayson
PPB/Rapid Crisis Stabilization	Glen Oaks Hospital	301 Division Street	Greenville	75401	Hunt
State or Community Mental Health Hospital	Terrell State Hospital	1200 East Brin	Terrell	75160	Kaufman

12. Statewide Analysis of Rural Mental Health Services

The *Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2017-2021* and the *Foundation for the IDD Strategic Plan* articulates a vision of ensuring “Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to care at the right time and place.”⁹² Due to investments by the Texas Legislature and the Office of the Governor, there have been significant strides in the field of behavioral health. These improvements include:

- Increased access to crisis hotlines and Mobile Crisis Outreach Teams;
- Increased jail-diversion alternatives and inpatient psychiatric hospitalization alternatives;
- Redesign of select state hospitals;
- Increased funding for LMHA/LBHAs to purchase private psychiatric beds; and
- Significant funding improvements, on a per capita basis, for rural-serving LMHA/LBHAs.

However, many rural Texans still experience significant challenges accessing mental health services, even those with private insurance.

During the implementation of S.B. 633, HHSC gathered quantitative and qualitative data from surveys, system mapping, and focus groups throughout the state.

Survey Results

HHSC hosted an online survey concerning mental health care in rural communities to gather input from external stakeholders. The survey was open January 3, 2020, to April 3, 2020. A copy of the survey can be found in Appendix O, Statewide Online Survey, including survey results not highlighted here.

Results Summary

1. Barriers to access exist for all Texans.

Medicaid recipients, the uninsured, and Texans with health insurance report similar barriers to accessing mental health care. Texans with health insurance expressed frustration with the availability and expense of mental health care services. For example, one Texan, a family member of a person with a mental health condition who has private insurance and lives in a rural county, noted in a survey response, "It's too expensive to get help with insurance."









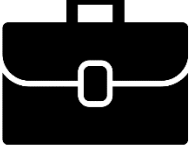



2. Rural Texans need basic access to mental health services.

Lack of services in rural areas and transportation were rated as the top two barriers to accessing mental health care. With mental health services in rural Texas often located over an hour away, and with few transportation options, the focus for rural Texans is their ability to access services.

3. Texas needs more mental health care access.

The top three responses for the greatest opportunities related to mental health all reflect a basic need for more services: reducing wait time for services, improving transportation to services, and improving the mental health workforce.

Table 18. Top Responses to All Texas Access Survey

Category	Top Three Responses		
Most Helpful	Counseling 	Medication 	Crisis Services 
Most Needed	Counseling 	Transportation 	Crisis Services 
Greatest Opportunities	Reduce Wait Time for Services 	Increase Transportation Services 	Increase Mental Health Workforce 
Significant Barriers	Lack of Services in Rural Areas 	Transportation 	People Unaware or Uninformed of Available Services 

System Modeling Results

Each of the All Texas Access regional groups independently created a system map to show factors that impact access to mental health care in their rural communities. There were many similarities between regional groups. Figure 41 notes how many regional groups separately identified the same factors as impacting access to mental health care. Additionally, an image of each regional group's system map can be found in the appendices.

Figure 41. Common System Modeling Themes

7 Regional Groups (all)

- Community education on how to access services
- Funding (available, flexible, reallocation, sustainable)
- Staff/workforce/provider shortage
- Transportation

6 Regional Groups

- Access to care
- Community/agency collaborations
- Comprehensive service array (youth/adult)
- Housing (safe, affordable, shelters, etc.)
- Telehealth/connectivity infra-structure

5 Regional Groups

- Crisis services
- Support (including family support, social support)
- Integrated care
- Legislation/government representation

4 Regional Groups

- Data (assessment of need, data analytics)
- Person in service access, well-being, & engagement
- Continuity of care services
- Employment
- Jails/law enforcement
- Stigma/bias/tolerance/acceptance

Focus Groups

HHSC hosted focus groups with rural professionals, state associations, and impacted people to gather input for this report. More information about the focus groups can be found in Appendix G, Focus Group Meetings. Consistent themes that arose during the focus groups are highlighted below.

- **The LMHA/LBHA is a valued partner in rural communities.** Organizations and professionals discussed the challenges of providing mental health care in rural communities and expressed value for the services the LMHA/LBHA provides to the community. A few organizations expressed frustration with LMHA/LBHAs, yet all acknowledged their challenging role.
- **There are few mental health treatment facilities in rural areas.** There is a lack of outpatient and residential/inpatient treatment facilities in rural communities. Often the absence of readily available treatment options results in people with mental health conditions going without treatment until there is a crisis, increasing the risk of the person coming to the attention of law enforcement and risk of incarceration.
- **Law enforcement has many challenges responding to people with mental health conditions, yet mental health deputies can improve outcomes.** Law enforcement at a focus group in Junction expressed frustration at the time and distance required to transport people to mental health facilities. In multiple focus groups, participants expressed that mental health deputies are effective at relieving this tension. A judge participating in a focus group in Bastrop County said, "Mental health deputies have made the biggest difference in our community."
- **Creating partnerships is more challenging in rural areas.** Many rural LMHA/LBHAs have catchment areas of five or more rural counties, making it challenging for them to partner and maintain relationships with the many different municipal and county officials they serve; in contrast, most urban LMHA/LBHAs only serve one county. Also, in multiple focus groups participants seemed interested in learning about the mental health services offered at other organizations present at the focus group. Other non-profit organizations or potential partners in rural areas are also likely to be much smaller organizations with less of a public presence than those headquartered in metropolitan areas.
- **Mental health issues are less visible in rural areas.** In urban areas, there are more opportunities for friends and neighbors to identify when a person is in

crisis, and homelessness is also generally more visible. Those who are in mental health crisis and/or homeless in a rural area may be so geographically isolated from friends and neighbors that identification and intervention are much more challenging unless the person reaches out for support.

Statewide Analysis

Several themes emerged across regional groups regarding the challenges of providing mental health care in rural communities.

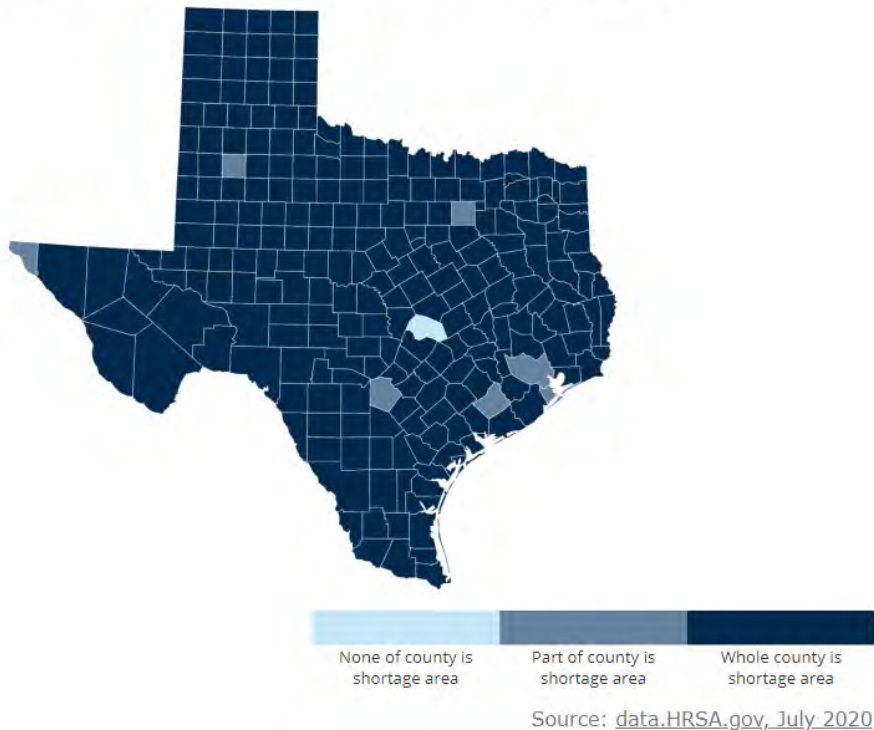
The mental health workforce shortage affects all mental health services, regardless of payor.

Texas has a shortage of mental health workers. Two-thirds of Texas' licensed psychologists and over half of the state's licensed psychiatrists and social workers work in the urban counties. Most Texas counties – urban and rural alike – are designated as Mental Health Professional Shortage Areas.⁹³ This shortage creates challenges for many Texans seeking access to mental healthcare, including Texans with private insurance.⁹⁴

Only 55 percent of psychiatrists accept private insurance, and inpatient options for people with private insurance are generally limited to private psychiatric hospitals.⁹⁵ With limited options for treatment, Texans with private insurance are just as likely – if not more so – to experience a mental health crisis that can contribute to incarceration or the use of an ER. Both factors could, in turn, contribute to a job loss and cause people to seek out care in the public mental health network. To reduce reliance on the state-funded mental health network, mental health care must become more accessible throughout the state among the public and private sectors. All seven regional groups identified the mental health workforce shortage as a predominate theme.

Figure 42. Texas Health Professional Shortage Areas: Mental Health, by County, 2019⁹⁶

Health Professional Shortage Areas: Mental Health, by County, 2019 - Texas



Peers are underutilized in the mental health workforce.

Peers can help bridge some of the gaps in the mental health workforce, especially in rural areas. Peers are people who have struggled with mental health in the past, are currently in recovery, and are trained and certified as a peer services provider. Peers offer hope, support, and advocacy for people struggling with mental health conditions. Although peers hold great potential to mitigate the mental health workforce shortage, recruiting peers can be particularly challenging in rural areas. The stigma that exists around mental health may deter those in smaller communities from being willing to openly identify as a person in recovery from a mental health condition.

Some models of care are challenging to implement in rural communities.

Over the past decade, Texas has made significant investments in the behavioral health system. To strategically provide behavioral health services that yield positive outcomes, the service delivery system for community-based services requires the use of evidence-based practices (EBPs). These programs have been proven effective at having positive outcomes when they are delivered with a high degree of

fidelity to their models. Many of these programs can be found in urban, suburban, and rural communities operating successfully, yet rural communities may have unique challenges implementing EBP programs to fidelity. These challenges may be unique to rural communities because of the lack of resources, such as:

- Lack of licensed mental health professionals;
- Lack of transportation options;
- Reduced staffing ability due to costs; and
- Lack of available community partners.

Overall, the lack of these resources can result in EBP programs in rural communities incurring proportionally larger operating expenses if they implement EBP programs to fidelity; consequently, many rural communities implement EBP programs to fidelity as best they can. Most EBP programs are developed in and for urban areas. As a result, rural providers use both EBPs and evidence-informed treatment. Evidence-informed treatment in rural communities often is a combination of local innovation, common purpose, and EBPs. Economy of scale may impact to what degree certain mental health resources are offered in rural communities.

Children's mental health needs are being increasingly recognized throughout the state.

The House Select Committee on Mental Health identified early intervention and prevention measures among school-age children as a priority in the Interim Report to the 85th Texas Legislature in 2016.⁹⁷ This recommendation has resulted in an increased focus on the mental health needs of children in the last several legislative sessions.

Senate Bill 11, 86th Legislature, Regular Session, 2019, created the Texas Child Mental Health Care Consortium (TCMHCC) to address gaps in mental health care for children and youth. TCMHCC will be implemented "through the collaboration of the state's many health-related institutions, state agencies and nonprofits, building on the ability and success of existing programs at some of the institutions, developing new programs in conjunction with local school districts and local community mental health providers, and addressing the shortage of psychiatrists."⁹⁸ TCMHCC leverages the expertise and capacity of the health-related institutions to address mental health challenges and improve the mental health care system in Texas for children and youth by:

- Supporting pediatricians and primary care physicians in caring for children and youth with mental health needs through The Child Psychiatry Access Network;
- Supporting mental health telehealth programs for children and youth through Texas Child Health Access Through Telemedicine;
- Funding new child and psychiatry positions at institutions of higher education and community health centers; and
- Funding mental health research projects seeking to advance care for children and youth.

H.B. 18, 86th Legislature, Regular Session, 2019, expanded school curricula to include mental health education. Mental Health First Aid (MHFA) is one program that is increasingly being taught in Texas through a collaboration between school districts and LMHA/LBHAs.

H.B. 19, 86th Legislature, Regular Session, 2019, has resulted in a growing number of collaborations between LMHA/LBHAs, educational service centers, and school districts focusing on mental health awareness, prevention, and treatment.

Many rural LMHA/LBHAs have expressed that these bills have helped them build collaborations focusing on the mental health needs of children and youth. The long-term impact of an emphasis on mental health awareness, prevention, and treatment for students may be profound, particularly in rural Texas communities where the stigma around mental health is significant.⁹⁹ Three notable examples are Bluebonnet Trails Community Services, Hill Country Mental Health & Developmental Disabilities Centers, and Spindletop Center. Bluebonnet Trails Community Services has forged a relationship with the Leander Independent School District, and Hill Country Mental Health & Developmental Disabilities Centers is working with Dripping Springs Independent School District. Spindletop Center is participating in Project AWARE (Advancing Wellness and Resilience in Education), a five-year pilot study designed to strengthen community and school-based supports for mental health and resiliency of students. When people can access preventative or early mental health treatment, they may be more likely to stabilize, and it may be less likely that they need costlier crisis care.

Dynamic partnerships are more challenging for rural LMHA/LBHAs.

All the regional groups view relationships with private and public community partners as key to their success. Rural LMHA/LBHAs have large service areas that require collaboration with many county and municipal governments, while most urban LMHA/LBHAs interact with one county government and few municipalities. Many rural LMHA/LBHAs have the additional challenge of managing more partnerships over greater distances.

All the regional groups view relationships with private and public community partners as key to their success.

Dedicating a pre-determined portion of mental health grant funding for rural communities is one trend that has emerged over the last several legislative sessions. The Community Mental Health Grant Program, the Mental Health Grant Program for Justice-Involved Individuals, and the Healthy Community Collaborative all have dedicated funds for rural communities. This innovation has resulted in many transformative practices in rural communities; however, not all the grant funding reserved for rural communities has been allocated. One contributing factor affecting rural grant applications is that many rural communities have challenges generating the required match to make a grant initiative viable.

One promising practice is to establish contracting relationships across county lines. If local governments establish contracts with LMHA/LBHAs and one another that allow professionals to operate across county lines, rural counties may be more capable of meeting the needed match, as they would each only be responsible for generating a portion of the required match. This model has proven effective in the Bluebonnet Trails Community Services local service area where one county contracts with two other counties to provide mental health deputy services. There may also be additional opportunities for LMHA/LBHAs to create regional grant applications with other LMHA/LBHAs, further reducing the required match for local governments.

Law enforcement officers want to help people access mental health treatment.

Focus groups and the statewide survey showed that law enforcement is sensitive to the needs of people with mental health conditions and wants to help them access mental health care. Law enforcement in rural areas must balance the time and effort involved in securing the mental health treatment for a single individual against serving the larger community during that same time.

Law enforcement officers are often responsible for transporting people experiencing a mental health crisis to facilities such as a county hospital, state hospital, or other mental health facility. For deputies in rural counties, transportation can pose significant challenges. For example, in Kimble County the closest mental health facility is located in San Antonio, which is a two-hour drive away. Practically, this means a Kimble County Deputy will spend an entire shift finding a mental health facility for a person and transporting them there, diverting the deputy from all other law enforcement duties in the community. This diversion of duties is a significant burden for a sheriff's office in a rural county that may only have a handful of deputies on duty at any given time. Leveraging technology in rural communities to establish efficiencies – such as the Clinician Officer Remote Evaluation (CORE) model, in which law enforcement officers can connect with LMHA/LBHA staff for virtual screenings and referral – would help put rural mental health services on a more equal footing with urban mental health services.

Leveraging technology in rural communities to establish efficiencies ... would help put rural mental health services on a more equal footing with urban mental health services.

Mental health deputies are another innovation. They are officers trained in crisis intervention, and they work collaboratively with the community and the crisis-response teams of LMHA/ LBHAs. Mental health deputies appear to be most effective when they are funded through an LMHA/LBHA and focus on interacting with people in crisis or acting as a law enforcement consultant to other responding officers. A variety of stakeholders have expressed that mental health deputies are highly effective at diverting people from county jails.

Many Texans access mental health treatment in Texas jails.

The Texas Legislature has made mental health in county jails a priority throughout the past several legislative sessions, passing legislation such as the Sandra Bland Act and focusing on jail-based competency restoration. While past treatment for mental health services may not demonstrate current need for treatment, there is a

significant correlation between mental health treatment and incarceration, with 35 percent of county jail inmates having been served by an LMHA/LBHA.¹⁰⁰

Rural Texans access urban systems of care when there are no other options.

The Texas public mental health system is designed to encourage county residents to access crisis and routine mental health care based on their county of residence within the local service area of their respective LMHA/LBHA. Counties pay in-kind or cash match for county residents to have access to LMHA/LBHA services, and some counties allocate additional funding for mental health services, such as Houston's Harris County Psychiatric Center. When people access care outside of county lines, the counties where the mental health services are located may be subsidizing mental health care for non-county residents.

The DSHS Texas Hospital Emergency Department Public Use Data Files for 2019 indicate that approximately 12 percent of people who access the ER in Harris County with a mental health diagnosis are non-Harris County residents, and The Harris Center for Mental Health & IDD reported that, in fiscal year 2018, approximately 18 percent of people who accessed care at the Harris County Psychiatric Center were not from Harris county. The further people are from outpatient mental health facilities, the less likely they are to access them; however, for people needing psychiatric inpatient care, distance may be irrelevant, even if that requires people in crisis to cross multiple county lines to get the care they need.¹⁰¹

When rural Texans access inpatient psychiatric care in urban counties, discharge also becomes complex. There may not be post-discharge mental health services in rural counties, so the person receiving services may feel forced to advocate for themselves to remain in an urban county where there may be a more robust mental health service array, or they may return to their rural county where services are not easily accessible. This situation can also be difficult for mental health providers, as it is not always clear who should be providing post-discharge services. Increasing mental health resources in rural counties, and increasing partnerships between rural and urban providers, can help rural Texans access care more expediently and reduce the financial strain on urban counties that are providing care to rural Texans.

Increasing mental health resources in rural counties, and increasing partnerships between rural and urban inpatient providers, can help rural Texans access care more expediently.

Telehealth services make mental health care more accessible.

Telehealth services currently require synchronous audio-video capture. In rural communities, the existing broadband infrastructure is underdeveloped, so telehealth services using synchronous audio-video capture are often not viable. Altering insurance codes to allow mental health services to be delivered via telephone (audio-only) would increase access to rural Texans who cannot access treatment otherwise. This

is a good interim solution which would expand rural mental health care access while the broadband infrastructure is built. Six of the seven regional groups identified “telehealth/connectivity infrastructure” as a priority in their region.

Six of the seven regional groups identified “telehealth/connectivity infrastructure” as a priority in their region.

As of May 2020, eight Medicaid managed care organizations are offering cell phones to members as an optional value-added service, and this may help members remain engaged in routine services delivered telephonically. People accessing the public mental health network may be hesitant or unable to contact providers because of limited data and/or limited access to a cell phone. By helping to reduce barriers for people accessing services, managed care organizations may be helping people remain engaged in routine services and avoiding more costly crisis services. This is a promising innovation for Texans in rural communities.

An underdeveloped broadband infrastructure makes telehealth services unobtainable for many rural Texans.

Rural Texas communities could benefit from telemedicine, yet many do not have access to sufficient broadband speeds to access telehealth services. The Federal Communications Commission defines broadband as a minimum of 25 Mbps (Megabits per second) download and 3 Mbps upload.

The loss of the Delivery System Reform and Incentive Payment (DSRIP) funding will have significant impact on rural-serving LMHA/LBHAs.

The loss of DSRIP funding will have a significant impact on rural-serving LMHA/LBHAs. DSRIP funding is scheduled to end in 2021, which has the potential to cause a significant strain on the mental health system in urban and rural communities. This is currently the second-largest mental health funding source in Texas, with rural serving LMHA/LBHAs receiving over \$111 million in federal dollars in fiscal year 2019. As LMHA/LBHAs look to maintain existing services with new funding streams, rural LMHA/LBHAs may face additional challenges with this

transition. Larger funding partners are more likely to be headquartered in urban areas, and urban local governments are more likely to have the resources to collaborate on a project or grant program.

13. Recommendations to the Legislature

The following recommendations were developed by stakeholders and include considerations for how to improve the delivery of mental health services in rural areas of Texas. The recommendations below were not authored by and may not reflect the views and opinions of the Texas Health and Human Services system, its component agencies, or staff.

Recommendations

Consider amending Texas Health and Safety Code §573.012(h) to streamline emergency detentions

Currently, any adult can file an application for emergency apprehension and detention in-person, but only physicians can do so electronically and only then if permitted by a judge. This limitation causes unique challenges in rural areas since an LMHA/LBHA crisis worker may have to drive a considerable distance to file an application in-person.

Revising the Health and Safety Code to allow an LMHA/LBHA Chief Executive Officer, Executive Director, or their designee to file an application electronically would help people get treatment more quickly and reduce costs to LMHA/LBHAs, law enforcement, and hospitals.

Consider reducing grant match percentage for rural areas to allow greater participation

Rural communities have expressed difficulty in meeting local match requirements, making participation in grant activities challenging when the economy falters. Anticipated budget shortfalls in local governments due to COVID-19 may result in difficulties sustaining mental health programs funded by Community Mental Health Grants and the Community Mental Health Grants for the Justice-Involved. These grants currently require a 50 percent match in counties with a population of 250,000 or less. Psychiatric Emergency Service Center funds only require a 25 percent match for counties of 250,000 or less.

Lowering match requirements for the Community Mental Health Grants and the Community Mental Health Grants for the Justice-Involved, or other similar grants, may help ensure continuity of services in rural areas or counties with a population of 250,000 or less.

Enhance collaboration among community mental health partners

During regional planning, several LMHA/LBHAs observed there are challenges in partnering with organizations whose primary scope is not mental health (e.g. schools and school districts, FQHCs, or jails). LMHA/LBHAs find it important to first educate these systems about how mental health issues affect those served by the community partner and how collaboration with the LMHA/LBHA can ultimately make the community partner's primary mission easier to achieve, rather than be a distraction or burden to their organization.

Legislation that creates an incentive for these organizations to collaborate may alleviate these challenges.

Consider building on the Broadband Development Council

Texas is making strides to address broadband access. H.B. 1960, 86th Legislature, Regular Session, 2019, created the Broadband Development Council, which has the authority to suggest and advise. A state broadband office could implement and respond to council initiatives and help rural communities apply for federal funding. This would expedite the development of broadband for rural Texans and maximize the use of federal funding, increasing access to mental health and health services, as well as jobs and education opportunities in rural areas.

Over the last several years, there have been a variety of federal funding opportunities intended to assist rural communities expand broadband capacity; however, rural Texas communities may have experienced difficulty accessing federal funds because the grants are complex, require public-private partnerships, and have short timeframes for submitting proposals. Additionally, some federal grants to expand broadband capacity positively weigh proposals from states with a state coordinating entity.

Establishing a state office capable of providing technical assistance to rural communities and coordinating statewide efforts may help rural communities access federal funds. If such an office existed in Texas, it could coordinate a strategic statewide approach to expanding broadband, benefiting rural Texans and potentially strengthening the Texas economy for years to come.

Evaluate innovations around telehealth in behavioral health services

In March 2020, in response to the COVID-19 Disaster Declaration, many telehealth services were broadened to allow services to be delivered telephonically. This

development has made a positive impact in all communities where broadband is not readily accessible.

Codifying telephonic delivery into law, where appropriate, would help Texans maintain access to mental health care, particularly in rural areas.

Increase support and training for mental health professionals

Texas administers a student loan repayment program for licensed mental health professionals who work in designated mental health professional shortage areas, which includes some urban areas and nearly all rural communities in Texas.

To help address workforce shortages in rural areas of the state, future legislation may consider additional incentives, training, and support for mental health professionals. Prioritizing opportunities for rural mental health professionals may result in more licensed mental health professionals practicing in rural areas, and prioritizing professionals who work at a state facility, agency, or LMHA/LBHA may help these entities with the struggle to recruit and retain a qualified mental health workforce.

Incentivize mental health deputy program and LMHA/LBHA collaboration

Mental health deputy programs are highly effective at diverting people in crisis from county jail and emergency rooms. They can also help bridge the divide and increase collaboration between law enforcement and other mental health service providers. One LMHA/LBHA diverted 1,613 people from jail in four years, saving an estimated \$5 million in jail costs and helping individuals in mental health crisis receive services in a more appropriate setting. Despite the cost-saving that can be realized from mental health deputy programs, very few Texas counties have a mental health deputy program.

To reduce the number of people with mental illness in county jails, future legislation may consider additional funding, incentives, training, and support to encourage LMHA/LBHAs to establish mental health deputy programs.

Continue to assess inpatient capacity for civil commitments

Over the past several sessions, the Legislature has made significant investments in the state hospital system and these investments impact the lives of thousands of people forensically committed to the state hospitals. The state hospital beds are cost-effective and are usually close to full capacity. With the state hospitals serving a growing number of individuals under a forensic commitment, Texas may need

other options for people seeking acute inpatient care. Many LMHA/LBHAs and advocates express that the decreased civil capacity in the state hospital system results in people in crisis not having access to an adequate level of care, which may in turn contribute to them cycling in and out of emergency rooms and county jails.

Texas should continue to monitor appropriate inpatient capacity and ensure access to inpatient services, including in rural areas.

14. Conclusion

Through the leadership of the Governor and the Legislature, Texas has made great strides to increase access to mental health care for all Texans at the right time and the right place. However, since Texas is a large, diverse state, there are still challenges, especially in parts of Texas where mental health resources are fewer or Texans must travel great distances to access them.

During the implementation of S.B. 633, HHSC worked with all 39 of the LMHA/LBHAs in Texas. All of the LMHA/LBHAs are integral to the delivery of mental health services to Texans and, as such, they are experienced in collaboration with their local partners. Through collaboration and coordination, the rural-serving LMHA/LBHAs participating in the All Texas Access regional mental health development plans viewed themselves beyond their respective individual LMHA/LBHA local service areas to a larger, collective regional service area. Each of the All Texas Access regional groups proposed initiatives that have demonstrated cost offsets to some or all the metrics associated with S.B. 633:

1. Cost to local governments of providing services to persons experiencing a mental health crisis;
2. Transportation of persons served by an authority in the local mental health authority group to mental health facilities;
3. Incarceration of persons with mental illness in county jails that are located in an area served by an authority in the local mental health authority group; and
4. Number of hospital emergency room visits by persons with mental illness at hospitals located in an area served by an authority in the local mental health authority group.

There have been few systematic statewide analyses of the estimated costs to rural Texas local governments, law enforcement, and hospitals related to mental health crises, and this report begins that analysis. This initial analysis indicates that more work can be done to examine the challenges all populations face in accessing mental health care as well as health care generally in rural Texas. As a first step toward addressing these challenges, the participating rural-serving LMHA/LBHAs have agreed to begin implementing the Existing Opportunities in their respective All Texas Access Regional Plans. By working on the Existing Opportunities, these

LMHA/LBHAs are demonstrating their collective commitment to improving access to care for rural Texans through collaboration and coordination.

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List of Acronyms

Acronym	Full Name
ACT	Assertive Community Treatment
ASH	Austin State Hospital
AWARE	Advancing Wellness and Resilience in Education
BSSH	Big Spring State Hospital
CCBHC	Certified Community Behavioral Health Clinic
CDC	The Centers for Disease Control and Prevention
CMBHS	Clinical Management for Behavioral Health Services System
CMHG	Community Mental Health Grant Program
CMHH	Community Mental Health Hospital
CORE	Clinician Officer Remote Evaluation
COVID-19	Coronavirus disease of 2019
CRU	Crisis Respite Unit
CSU	Crisis Stabilization Unit
DFPS	Texas Department of Family and Protective Services
DSHS	Texas Department of State Health Services
DSRIP	Delivery System Reform and Incentive Payment
EBP	Evidence-based practice
ER	Emergency room
EOU	Extended Observation Unit
FPL	Federal poverty level
FQHC	Federally qualified health center
FY	Fiscal Year
H.B.	House Bill
HCC	Healthy Community Collaborative
HHSC	Texas Health and Human Services Commission

Acronym	Full Name
ICD-10-CM	International Statistical Classification of Diseases and Related Health Problems, 10th revision
IDD	Intellectual and developmental disabilities
IDD-BHS	Intellectual and Developmental Disability and Behavioral Health Services
IGT	Intergovernmental transfer
IPS	Individual Placement and Support
LBHA	Local behavioral health authority
LMHA	Local mental health authority
MBOW	HHSC Mental Retardation and Behavioral Health Outpatient Warehouse
Mbps	Megabits per second
MCOT	Mobile Crisis Outreach Team
MHFA	Mental Health First Aid
MHGJII	Mental Health Grant Program for Justice-Involved Individuals
NTBHA	North Texas Behavioral Health Authority
NTSH	North Texas State Hospital
OCR	Outpatient competency restoration
PPB	Private psychiatric bed
PPE	Personal protective equipment
RGSC	Rio Grande State Center
RSH	Rusk State Hospital
RTC	Residential treatment center
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
S.B.	Senate Bill
SBHCC	Statewide Behavioral Health Coordinating Council
SED	Serious emotional disturbance
SMI	Serious mental illness

Acronym	Full Name
SMVF	Service members, veterans, and their families
TCJS	Texas Commission on Jail Standards
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TEA	Texas Education Agency
TLETS	Texas Law Enforcement Telecommunications System
TRR	Texas Resiliency and Recovery
TSH	Terrell State Hospital
TV+FA	Texas Veterans + Family Alliance Grant Program
TVC	Texas Veterans Commission
VHA	Veterans Health Administration
YES Waiver	Youth Empowerment Services Medicaid waiver

Appendix A. Definitions

All Texas Access – The implementation of Senate Bill 633, 86th Legislature, Regular Session, 2019.

AWARE – Project AWARE (Advancing Wellness and Resilience in Education), a five-year pilot study designed to strengthen community and school-based supports for mental health and resiliency of students.

Behavioral health – A term that references both mental health and substance use.

CCBHC – Certified Community Behavioral Health Clinic. This is a new Medicaid provider type designed to provide a comprehensive range of mental health and substance use services at an enhanced Medicaid reimbursement rate based on anticipated costs to meet the needs of a complex population. CCBHCs services must include 24-hour crisis care, care coordination, and integration with physical health care.

Civil – In a state hospital, an admission of a person not related to a criminal charge.

CMHH - Community Mental Health Hospital. A mental health hospital funded but not operated by the Texas Health and Human Services Commission.

CORE – Clinician Officer Remote Evaluation. The CORE model is a collaboration between law enforcement and an LMHA/LBHA. Law enforcement contacts the LMHA/LBHA via telehealth to obtain a real-time mental health screening assessment for a person in crisis. LMHA/LBHAs screen the individual for crisis services and direct law enforcement to transport the individual to the nearest crisis service that would best assist the individual.

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 fairly severe functional impairment. Crisis residential facilities provide a safe environment with staff on site at all times. However, these facilities are designed to allow individuals receiving services to come and go at will. The recommended length of stay ranges from one to 14 days.¹⁰²

CRU - Crisis Respite Unit. 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 individuals 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.¹⁰³

CSU - 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.¹⁰⁴

DSRIP – Delivery System Reform and Incentive Payment. DSRIP is part of the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver. DSRIP funding provides financial incentives that encourage hospitals and other providers to focus on achieving quality health outcomes. Participating providers develop and implement programs, strategies, and investments to enhance access to healthcare services, quality of health care and health systems, cost-effectiveness of services and health systems, health of the patients and families served.

EOU - Extended Observation Unit. A place where people who are at moderate to high risk of harm to self or others are treated in a secure environment for up to 48 hours. Professional staff are available to provide counseling and medication services. EOUs serve individuals who are admitted voluntarily as well as those admitted on an emergency detention order.¹⁰⁵

Forensic – In a state hospital, an admission of a person related to a criminal charge.

FY – 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.

HCC – The Healthy Community Collaborative Program, which is a grant program administered by HHSC.

LBHA – 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.

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

Mbps - Megabits per second, a measure of broadband speed.

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 LMHA/LBHAs. Mental Health Deputy programs help improve the crisis response system by diverting people in need of behavioral health crisis services from hospitals and jails to community-based alternatives that provide effective behavioral health treatment at less cost.

Mobile Crisis Outreach Team – An LMHA/LBHA crisis service that provides face-to-face help to people who are at risk of harm to themselves or others. An MCOT provides counseling services to people at their home, school, or other location. The services are available 24 hours a day, seven days a week.

NTBHA – North Texas Behavioral Health Authority, an LBHA in the All Texas Access TSH Regional Group.

PPB – Private psychiatric beds. Beds in private psychiatric hospitals used via contract by LMHA/LBHAs to provide acute inpatient care when state hospital beds are not available.

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.

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

SMI – 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.¹⁰⁶

SMVF – Service members, veterans, and their families. Collective acronym for active duty military, veterans, and their family members.

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

Step-Up/Step-Down – A facility setting that help individuals transition from a psychiatric hospital back to community life (step-down) or helps individuals avoid psychiatric hospital admission by providing some additional structure and support (step-up).

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

YES Waiver - Youth Empowerment Services Medicaid waiver program for children ages 3 through 18 years old, which seeks to reduce psychiatric hospitalization and voluntary parental relinquishments to obtain mental health care.

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Appendix C. Senate Bill 633

S.B. No. 633

AN ACT

relating to an initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0221 to read as follows:

Sec. 531.0221. INITIATIVE TO INCREASE MENTAL HEALTH SERVICES CAPACITY IN RURAL AREAS. (a) In this section, "local mental health authority group" means a group of local mental health authorities established under Subsection (b)(2).

(b) Not later than January 1, 2020, the commission, using existing resources, shall:

(1) identify each local mental health authority that is located in a county with a population of 250,000 or less or that the commission determines provides services predominantly in a county with a population of 250,000 or less;

(2) in a manner that the commission determines will best achieve the reductions described by Subsection (d), assign the authorities identified under Subdivision (1) to regional groups of at least two authorities; and

(3) notify each authority identified under Subdivision (1):

(A) that the commission has identified the authority under that subdivision; and

(B) which local mental health authority group the commission assigned the authority to under Subdivision (2).

(c) The commission, using existing resources, shall develop a mental health services development plan for each local mental health authority group that will increase the capacity of the authorities in the group to provide access to needed services.

(d) In developing a plan under Subsection (c), the commission shall focus on reducing:

(1) the cost to local governments of providing services to persons experiencing a mental health crisis;

(2) the transportation of persons served by an authority in the local mental health authority group to mental health facilities;

(3) the incarceration of persons with mental illness in county jails that are located in an area served by an authority in the local mental health authority group; and

(4) the number of hospital emergency room visits by persons with mental illness at hospitals located in an area served by an authority in the local mental health authority group.

(e) In developing a plan under Subsection (c):

(1) the commission shall assess the capacity of the authorities in the local mental health authority group to provide access to needed services; and

(2) the commission and the local mental health authority group shall evaluate:

(A) whether and to what degree increasing the capacity of the authorities in the local mental health authority group to provide access to needed services would offset the cost to state or local governmental entities of:

(i) the transportation of persons for mental health services to facilities that are not local providers;

(ii) admissions to and inpatient hospitalizations at state hospitals or other treatment facilities;

(iii) the provision of services by hospital emergency rooms to persons with mental illness who are served by or reside in an area served by an authority in the local mental health authority group; and

(iv) the incarceration in county jails of persons with mental illness who are served by or reside in an area served by an authority in the local mental health authority group;

(B) whether available state funds or grant funding sources could be used to fund the plan; and

(C) what measures would be necessary to ensure that the plan aligns with the statewide behavioral health strategic plan and the comprehensive inpatient mental health plan.

(f) In each mental health services development plan produced under this section, the commission, in collaboration with the local mental health authority group, shall determine a method of increasing the capacity of the authorities in the local mental health authority group to provide access to needed services.

(g) The commission shall compile and evaluate each mental health services development plan produced under this section and determine:

(1) the cost-effectiveness of each plan; and

(2) how each plan would improve the delivery of mental health treatment and care to residents in the service areas of the authorities in the local mental health authority group.

(h) Not later than December 1, 2020, the commission, using existing resources, shall produce and publish on its Internet website a report containing:

(1) the commission's evaluation of each plan under Subsection (g);

(2) each mental health services development plan evaluated by the commission under Subsection (g); and

(3) a comprehensive statewide analysis of mental health services in counties with a population of 250,000 or less, including recommendations to the legislature for implementing the plans developed under this section.

(i) The commission and the authorities in each local mental health authority group may implement a mental health services development plan evaluated by the commission under this section if the commission and the local mental health authority group to which the plan applies identify a method of funding that implementation.

(j) This section expires September 1, 2021.

SECTION 2. The Health and Human Services Commission is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically

for that purpose, the Health and Human Services Commission may, but is not required to, implement a provision of this Act using other appropriations available for that purpose.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2019.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 633 passed the Senate on April 10, 2019, by the following vote: Yeas 30, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 633 passed the House on May 21, 2019, by the following vote: Yeas 141, Nays 6, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor

Appendix D. External Stakeholder Workgroup Membership

External stakeholders were recruited to provide advice, guidance, and input on this project. The External Stakeholder Workgroup is comprised of people with valuable experience and knowledge about mental health care and service delivery in rural parts of the state who do not work for HHSC. The External Stakeholder Workgroup met multiple times and was given various opportunities to provide feedback and guidance on this report.

Table 19. All Texas Access External Stakeholder Workgroup

Name	Title	Organization
Aaryce Hayes	Policy Specialist	Disability Rights Texas
Adrian Gaspar	Policy Specialist	Disability Rights Texas
Adrianna C. Rojas	President & CEO	United Ways of Texas
Amanda Mathias	Senior Director of Innovation	The Meadows Mental Health Policy Institute
Anna Barnett	Chief of Staff	Senator Brian Birdwell's office
April Wiechmann	Associate Professor	University of North Texas Health Science Center
April Zamora	Director of Reentry and Integration Division	Texas Correctional Office on Offenders with Medical or Mental Impairments
Ayanna Clark	Director of Contract Management	West Texas Behavioral Health Network
Carly McCord	Director of Telebehavioral Health / Clinical Assistant Professor	Texas A&M School of Psychiatry
Catherine Hudson	Director of Research, Reporting, and Data Management	Texas Tech Health Science Rural Health
Christine Yanas	Director of Government Affairs	Methodist Healthcare Ministries
Colleen Horton	Director of Policy	The Hogg Foundation for Mental Health

Name	Title	Organization
Dana Williams	Community Engagement Director	H. E. Butt Foundation
Danette Castle	Chief Executive Officer	The Texas Council of Community Centers
Debra Curti	Research Associate	Texas Tech Health Science Rural Health
Donna Klaeger	Senior Vice President Community Resources	Texas Housing Foundation
Ginny Lewis Ford	Executive Director	Texas Association of Regional Councils
Greg Hansch	Executive Director	National Alliance on Mental Illness Texas
Heather Clark	Director of Public Health Practice / Research Assistant Professor	Texas A&M School of Public Health
J.D. "Butch" Wagner	Judge	Terry County
J.E. Morrison	Chief Medical Officer / Executive Vice President	Baylor Scott & White
Jason Howell	Executive Director	Recovery People
Jeffrey Hatala	Instructional Association Professor / MPH Program Director	Texas A&M School of Public Health
Jim Allison	General Counsel	County Judges and Commissioners Association of TX
Jim Burdine	Professor / Director of the Center for Community Health Development	Texas A&M University School of Public Health
John Henderson	Chief Executive Officer / President	Texas Organization of Rural and Community Hospitals
Jose Camacho	Executive Director / General Counsel	Texas Association of Community Health Centers

Name	Title	Organization
Kara Mayer Mayfield	Executive Director	Association of Rural Communities in Texas
Katie Olse	Chief Executive Officer	Texas Alliance of Child and Family Services
Kelly Cheek	Center Director	Texas Rural Health Association
Lee Johnson	Deputy Director	The Texas Council of Community Centers
Lisa Hollier, MD	Chief Medical Officer	Texas Children's Health Plan
Luanne Southern	Executive Director for the Texas Child Mental Health Care Consortium	UT System
Mary Jo Callaway	Business Administrator	Community Resource Centers of Texas, Inc.
Nataly Saucedo	Mental Health Policy Fellow	United Ways of Texas
Sharon Beasley	Legal Manager	Texas Hospital Association
Sophia Checa	Director of Continuum of Care Programs	Texas Homeless Network
Steve Westbrook	Executive Director	Sheriff's Association of Texas
Susan Franks	Associate Professor	University of North Texas Health Science Center
Trenton Engledow	State Office of Rural Health Director	Texas Department of Agriculture Office of Rural Health

Appendix E. Internal Stakeholder Workgroup Membership

Internal stakeholders were recruited to provide advice, guidance, and input on this project. The Internal Stakeholder Workgroup is comprised of people with valuable experience and knowledge about mental health care and service delivery in rural parts of the state who work for HHSC and DSHS. The Internal Stakeholder Workgroup met multiple times and was given various opportunities to provide feedback and guidance on this report.

Table 20. All Texas Access Internal Stakeholder Workgroup

Name	Title	Organization
Amanda Broden	Legislative Director, IDD and Behavioral Health Services	HHSC
Angel Angco-Barrera	Director of Nursing	DSHS
Apryl Rosas	Project Coordinator with RTC	HHSC
Ariel Traub	Government Relations Specialist	HHSC
Britney L. Rohsner	Director of Crisis Services, Mental Health Program Policy and Planning Unit	HHSC
Carissa Dougherty	Director, Stakeholder Engagement & Strategic Planning	HHSC
Courtney Seals	Director, Mental Health Programs, Planning, and Policy	HHSC
Danielle Kailing	Behavioral Health Lead and Senior Program Advisor	HHSC
Daphney Augustin	Behavioral Health Program Specialist	HHSC
David Gruber	Associate Commissioner of Regional and Local Health Operations	DSHS
Helen Eisert	Project Director, Innovation and Strategy	HHSC
Jay Todd	Director, IDD-BHS Innovation and Engagement	HHSC
Jennifer D. Miller	Director, Contractor Services	HHSC
Jessica Stewart	Program Specialist VI	HHSC
Joyce Pohlman	Senior Housing Advisor	HHSC
JR Top	Senior Executive Policy Advisor	HHSC

Name	Title	Organization
Kacie Cardwell	Behavioral Health Program Specialist	HHSC
Lucrece Pierre-Carr	Director, Crisis Services, Mental Health, Programs Policy and Planning Unit	HHSC
Melissa Martinez	Behavioral Health Integration Specialist	HHSC
Micki M. Neal	Program Specialist VII	HHSC
Natasha Boston	Project Manager	HHSC
Natasha Dixon	Senior Executive Policy Advisor	HHSC
Noah Abdenour	Peer Services Director	HHSC
Rishi Sawhney	Community Behavioral Health Medical Director	HHSC
Robyn R. Strickland	Senior Policy Director, Behavioral Health Services	HHSC
Rosa Hernandez	Program Specialist VI	HHSC
Sandy Herrera	Legislative Liaison	HHSC
Sheila S. Craig	Director, SUD Programs, Planning & Policy	HHSC
Tamara Allen	Program Specialist VII	HHSC
Tina M. Hosaka	Director, Substance Use Disorder, Substance Use Programs, Policy and Planning	HHSC
Vicky Hall	Program Specialist V	HHSC
Warren Stewart	Manager, Adult Mental Health	HHSC

Appendix F. Data Methodology

Breakout of LMHA/LBHAs and Counties for All Texas Access Metrics

LMHA/LBHAs largely participated in the All Texas Access regional group that aligns with their designated state hospital on a county-by-county basis. LMHA/LBHAs that were in two regional groups or chose to be in a regional group that deviated from how counties traditionally feed into the state hospital system are listed below, broken out by counties.

All Texas Access ASH Regional Group

Bluebonnet Trails Community Centers: Williamson, Bastrop, Burnet, Caldwell, Fayette, and Lee are included in the All Texas Access ASH Regional Group.

Center for Life Resources: McCulloch, San Saba, and Mills are included in the All Texas Access ASH Regional Group.

Hill Country MHDD has two counties that fall into the ASH catchment area but chose to participate solely in the All Texas Access SASH Regional Group.

All Texas Access NTSH Regional Group

Center for Life Resources: Brown, Eastland, Comanche, and Coleman are included in the All Texas Access NTSH Regional Group.

Texoma Community Center has two counties that fall into the NTSH catchment area but chose to participate solely in the All Texas Access TSH Regional Group.

All Texas Access SASH Regional Group

Bluebonnet Trails Community Centers: Guadalupe and Gonzales are included in the All Texas Access SASH Regional Group.

Coastal Plains Community Center: San Patricio, Bee, Aransas and Live Oak are included in the All Texas Access SASH Regional Group.

Hill Country MHDD: Hays, Comal, Kerr, Medina, Val Verde, Kendall, Uvalde, Gillespie, Bandera, Llano, Blanco, Kimble, Mason, Sutton, Kinney, Real, Schleicher, Menard, and Edwards are included in the All Texas Access SASH Regional Group, although Blanco and Hays counties fall into the ASH catchment area.

All Texas Access RGSC Regional Group

Coastal Plains Community Center: Jim Wells, Kleberg, Duval, Brooks, and Kenedy are included in the All Texas Access RGSC Regional Group.

Border Region Behavioral Health Center chose to participate as an ex officio member of this group due to its location in the Rio Grande Valley. However, all its counties were only included in All Texas Access SASH Regional Group data.

All Texas Access TSH Regional Group

Texoma Community Center: Cooke, Fannin, and Grayson are included in the All Texas Access TSH Regional Group, although two of those counties fall into the NTSH catchment area.

Exclusion Criteria

The following counties are excluded from data calculations, as they are served by an LMHA/LBHA which only serves an urban county: Bexar, Brazoria, Collin, Dallas*, Denton, El Paso, Galveston, Harris, Nueces, Tarrant, and Travis. An exception to this rule was made when calculating transportation costs. Facilities operated by LHMA/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/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 fewer.

*While Dallas County is served by NTBHA, Dallas County was excluded when calculating costs except for the transportation metric. This decision was made based on the significant population of Dallas County.

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

Cost to Local Governments

S.B. 633 required metric: the cost 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;
- The estimated cost for local government to provide services to youth experiencing serious emotional disturbance (SED) in the ASH adolescent catchment area;
- 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 (FPL) 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

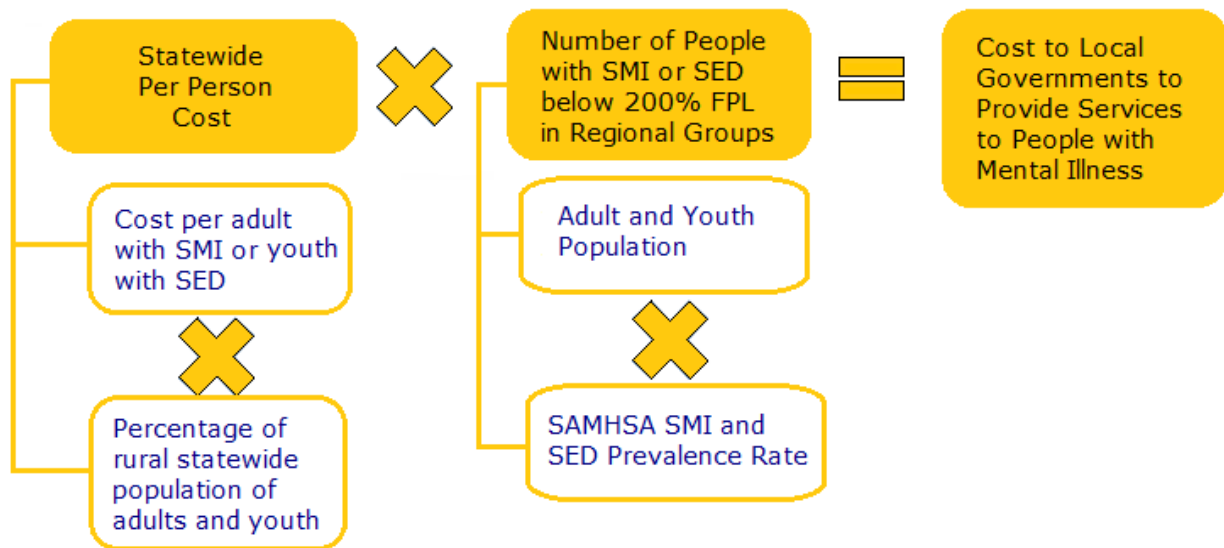
In 2018, the *Austin State Hospital Brain Health System Redesign* report published by the University of Texas at Austin Dell Medical School provided an estimated cost to local governments within the ASH catchment area, including costs such as mental health courts, probation, law enforcement, and 911 calls for adults as well as adjudication, probation, and confinement costs for youth.¹⁰⁷ The population information was from the Texas Demographic Center's calendar year 2019 data.¹⁰⁸

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 experience 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.¹⁰⁹

Figure 43. Process to Derive Cost of Local Governments for Providing Services to People with SMI or SED below 200 FPL



Limitations

Statewide Average Cost

A limitation to this model is that it was built using a statewide weighted average cost to local government in a specific Texas region.

Local Government Accounting

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

Data Years

All data has been published within the last five years. However, not all data sources were available for the exact same time period. Therefore, the variance in time periods used may impact the results.

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 youth.

Transportation

S.B. 633 required metric: the transportation of persons served by an authority in the local mental health authority group to mental health facilities

Overview

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

- Use of any state-funded LMHA/LBHA inpatient facility or crisis alternative, LMHA/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.

A significant limitation to this cost model is 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.

Note: This cost model only accounts for people served by an LMHA/LBHA transported to mental health facilities. S.B. 633 specified that this measure applies only to persons served by an LMHA/LBHA rather than the general population of the region. For this analysis, the focus of this calculation and data sources used were based on the adult population.

Sources

Fiscal year 2019 data pulled from the HHSC Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) provided the number of people in crisis 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.

Methodology

The number of people who accessed a state-funded LMHA/LBHA inpatient facility or crisis alternative, who accessed an LMHA/LBHA inpatient resource like private psychiatric beds, or who were civilly committed to a state hospital was used to

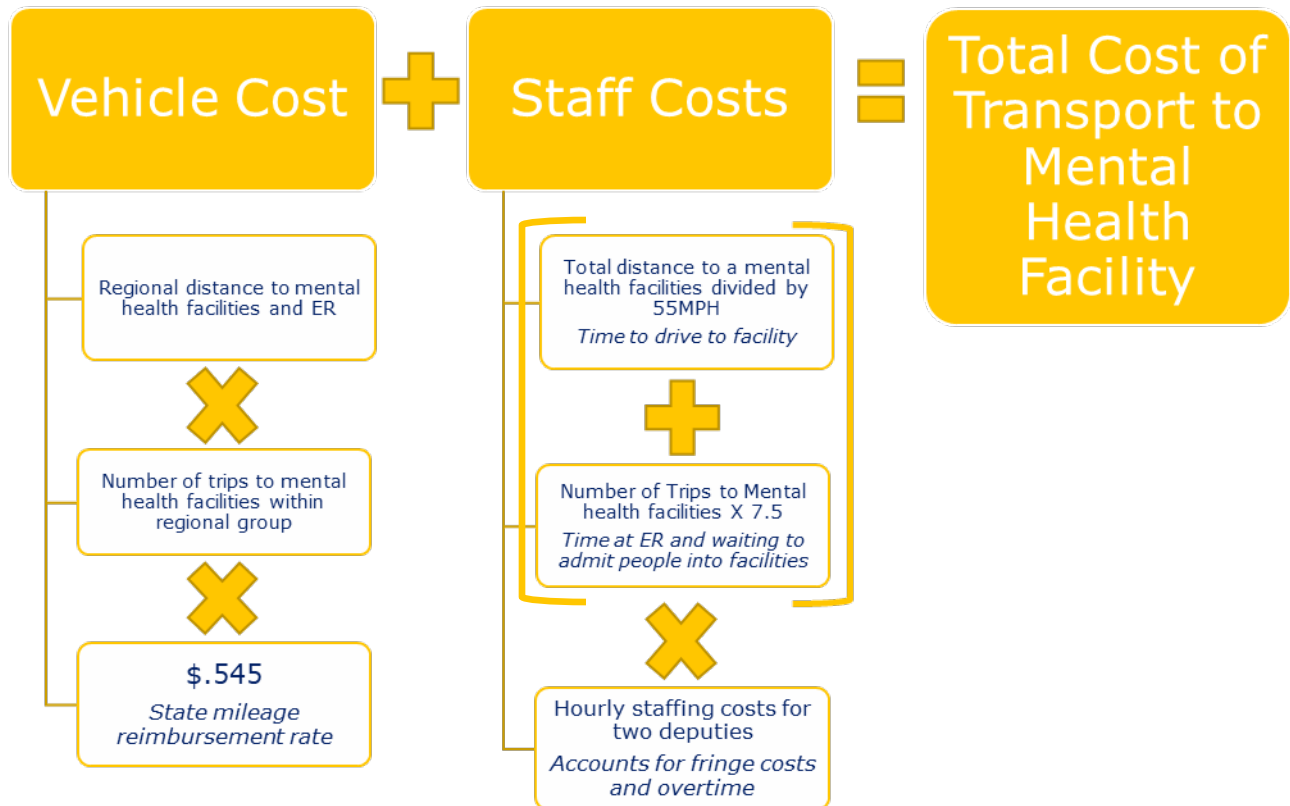
estimate the regional costs to transport people to mental health facilities. HHSC used various data points to estimate regional distances people travelled to access mental health facilities. Anecdotally, people often travel significantly further to access state hospitals, yet due to limited existing data, HHSC was unable to confirm this claim, yet to validate stakeholder concerns, HHSC doubled the regional distances within the cost model when estimating the cost to transport people to state hospitals. HHSC assumed law enforcement was the primary entity transporting people to mental health facilities. While S.B. 344, 85th Legislature, Regular Session, 2017, allows emergency medical services personnel (ambulances) to transport people under emergency detention, law enforcement is the primary entity that transports people 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 state mileage reimbursement rate of \$0.545 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 44. Costs for Transportation to Mental Health Facilities



Limitations

Missing Data Sets

Many pieces of data that would be helpful when estimating the cost to transport people to mental health facilities are not tracked; therefore, when building this cost model, HHSC talked with various stakeholders and made multiple inferences based on what seemed the most likely 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 State of Texas Automotive Mileage Rate of \$.545 per mile.

LMHA/LBHA Inpatient Facilities Not Funded By HHSC

The HHSC MBOW does not collect or store data for facilities that are not funded through HHSC. Therefore, this cost model does not estimate transportation costs to LMHA/LBHA operated facilities funded through DSRIP, private donors, or other methods.

Inclusion Criteria for LMHA/LBHAs in Two Regional Groups

Bluebonnet Trails Community Center, Coastal Plains 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 2018 Texas Demographic population.

Travel to ER

Anecdotally, HHSC was told from a variety of stakeholders that people rarely travel to mental health facilities without first being screened at an ER. Therefore, HHSC assumed all people were transported an average of 20 miles to the ER and screened before being directed to a mental health facility. There is extremely

limited existing data on this occurrence. HHSC chose 20 miles as this distance is likely less than the average distance rural Texans drive to visit the ER and longer than the average distance suburban and urban Texans drive to visit the ER.

Incarceration

S.B. 633 required metric: the incarceration of persons with mental illness in county jails that are located in an area served by an authority in the local mental health authority 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/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 of this calculation and data sources used were based on the adult population.

A limitation is the use of some variables related to the general jail population rather than to specifically those with a mental illness. This limitation likely results in underestimated costs for incarcerating people with mental illness.

Sources

The Texas Commission on Jail Standards (TCJS) provided:

- The fiscal year 2019 statewide average daily cost of incarcerating a person;
- The average length of stay for people in Texas county jails¹¹⁰; 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.¹¹¹

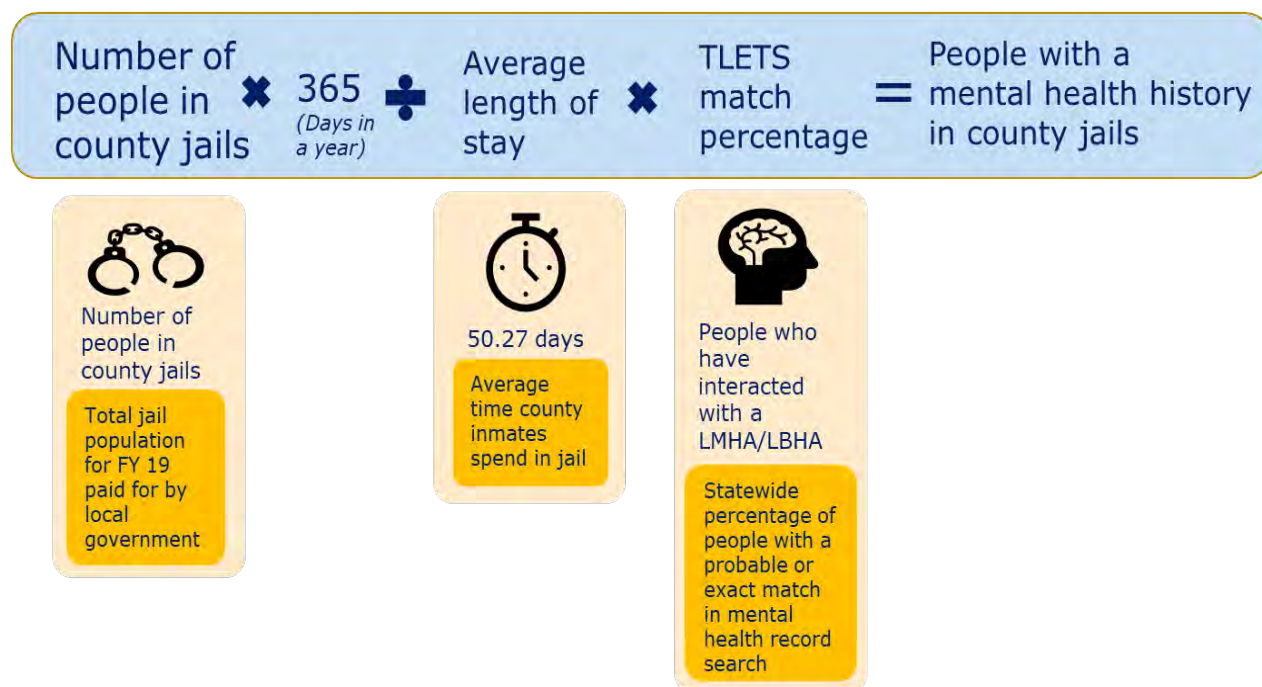
HHSC also used custom reports which included the number of exact matches, probable matches, and zero matches for each Texas county by month for fiscal year 2019 using both the Texas Law Enforcement Telecommunications System (TLETS) and the Clinical Management for Behavioral Health Services System (CMBHS).

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.

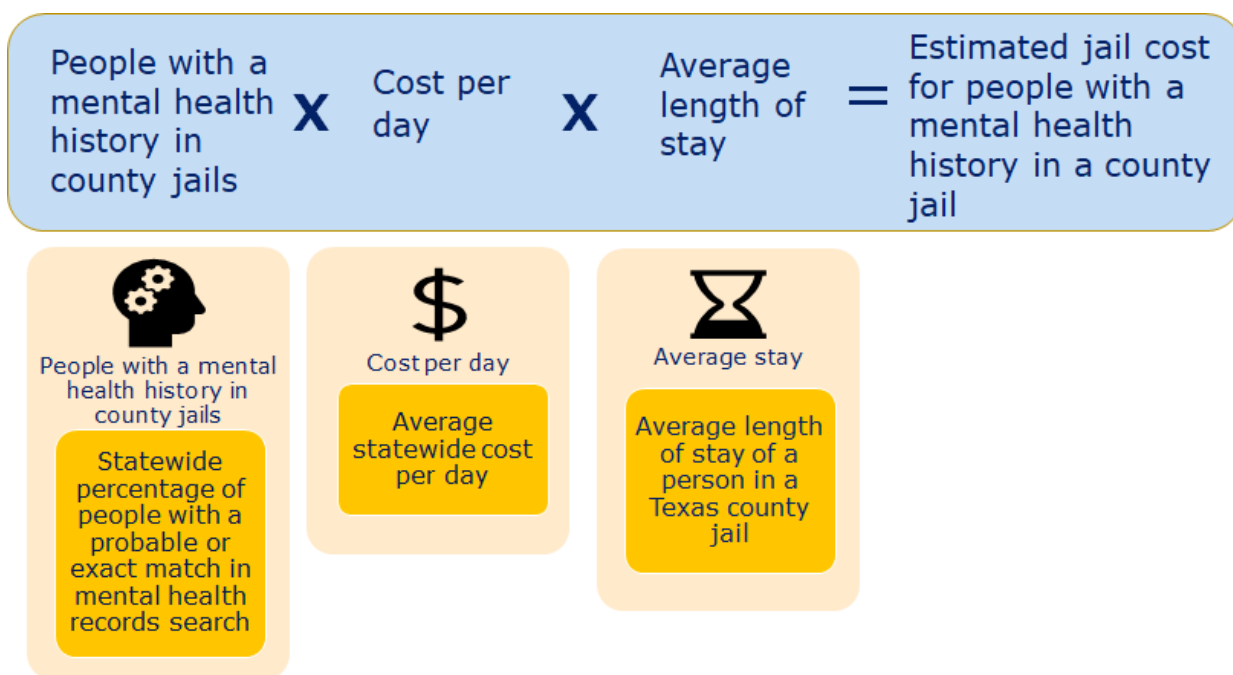
When a person enters a county jail, their personal information is entered in TLETS. This information can be matched with data available in the CMBHS system. The CMBHS system provides data on people who have accessed mental health services through LMHA/LBHAs, contracted substance abuse and mental health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

Figure 45. People with a Mental Health History in County Jails



To estimate the number of incarcerated individuals with a mental illness, an average of the monthly jail census was calculated based on the Texas Commission on Jail Standards (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 46. Estimated Jail Cost for People with a Mental Health History



Limitations

Number of People in Jails

The Abbreviated Jail Census report captures bed information which may not accurately reflect the number of people in jails and/or unique people 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 to a jail in a year. The total county jail population may also underestimate the number of people in county jails.

TLETS Match

Data based on a TLETS match with CMBHS may not fully capture the number of people with mental illness in county jails. Not all incarcerated people provide at least five demographic variables to jails that would allow them to be matched with existing records in TLETS. Also, not all jails feed information into TLETS in a uniform manner. Since the CMBHS system only includes people with mental illness who have received LMHA/LBHA services, using the CMBHS system may not fully capture the number of people with mental illness in county jails. Additionally, people who

receive a mental health screening through an LMHA/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.

Variance in Data Years

All data has been published within the last five years. However, not all data sources were available for the exact same time period. Therefore, the variance in time periods used may impact the results.

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.

County Jail Providers

This analysis only included the cost of local county jail beds. Local county jails that are government-operated and operated by private contractors were not included. This may have resulted in an underestimate of the overall cost of incarceration.

Length of Stay

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

Emergency Rooms

S.B. 633 required metric: the number of hospital emergency room visits by persons with mental illness at hospitals located in an area served by an authority in the local mental health authority group

Overview

The number of hospital emergency room visits was calculated using the fiscal year 2019 Texas Department of State Health Services (DSHS) Texas Hospital Emergency Department Public Use Data Files.^{112, 113, 114, 115} This data analysis relied upon facility location, the principal diagnosis code, and county of residence.

Sources

Hospital in Texas report their emergency department data to DSHS. This data is then compiled by DSHS into data files. The outpatient DSHS fiscal year 2019 Texas Hospital Emergency Department Public Use Data Files (Data Files)^{116, 117, 118, 119} were used to estimate mental health related ER use. The analysis only used data from outpatient ER records with a mental principal diagnosis. For this analysis, the focus of this calculation and data sources used were not age specific and include adults and children.

Table 21. ICD-10-CM Diagnosis Codes

ICD-10 Code	Description
F01 – F09	Mental disorders due to known physiological conditions
F10 – F19	Mental and behavioral disorders due to psychoactive substance use
F20 – F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30 – F39	Mood (affective) disorders
F40 – F48	Anxiety, dissociative, stress-related, somatoform, and other non-psychotic mental disorders
F50 – F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60 – F69	Disorders of adult personality and behavior
F70 – F79	Intellectual Disabilities
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.¹²⁰ The definitions and criteria for mental 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 (CDC).¹²¹

Methodology

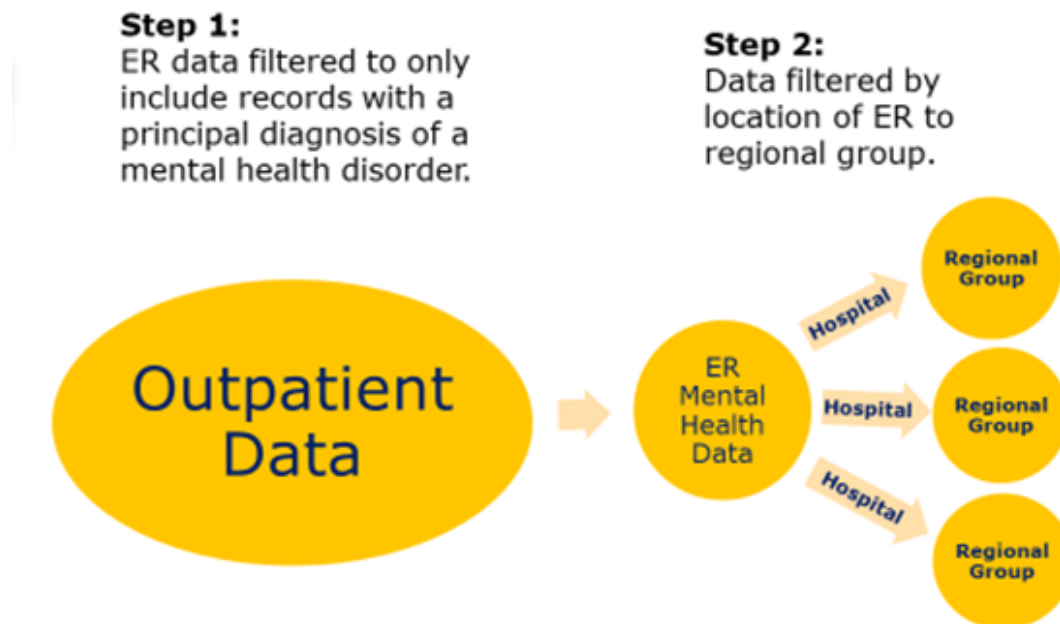
The records were obtained utilizing SAS and were filtered based on the following variables:

Table 22. 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
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 an LMHA/LBHA and All Texas Access regional group based on the county of the facility where services were received by utilizing the provider identification. As there were four LMHA/LBHAs participating in more than one regional group, the data from those LMHA/LBHAs contained the location of the facility aligned with their respective regional group.

Figure 47. ER Data Filtering Process



For example, Bluebonnet Trails Community Services has a total of seven counties of which five aligned with the All Texas Access ASH Regional Group while the other two (Guadalupe and Gonzales) aligned with the All Texas Access SASH Regional Group. The records that belong to the hospitals in Guadalupe and Gonzales counties were associated with the All Texas Access SASH Regional Group.

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:

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

Appendix G. Focus Group Meetings

HHSC hosted focus groups in rural areas of the state and online in coordination with LMHA/LBHAs, state associations, and people with lived experience. A variety of stakeholders were invited to participate in the focus groups, including:

- Hospital personnel
- People with lived experience
- County judges
- Law enforcement (sheriffs, jailers, deputies)
- Medical professionals
- Mental health professionals
- Non-profit organizations

Focus group participants were asked questions about mental health services and service delivery in rural communities. Insights from focus group were reported back to regional groups and used to shape various sections of this report. Due to the social distancing restrictions of COVID-19, HHSC and the sponsoring LMHA/LBHAs chose to cancel focus groups in Wichita Falls, Lufkin, and Cameron.

Table 23. All Texas Access Focus Groups

Hosting Organization	Topic	Location	Date
Hill Country Mental Health and Developmental Disabilities Centers	Rural Mental Healthcare	Junction	October 18, 2019
Bluebonnet Trails Community Services	Rural Mental Healthcare	Bastrop	December 4, 2019
North Texas Behavioral Health Authority	Rural Mental Healthcare	Greenville	January 28, 2020
Texana Center	Rural Mental Healthcare	Rosenberg	February 3, 2020
Texas Panhandle Centers	Rural Mental Healthcare	Amarillo	February 18, 2020
Texas Council of Community Centers	All Texas Access Metrics	Online	February 26, 2020

Hosting Organization	Topic	Location	Date
Pecan Valley Centers for Behavioral & Developmental HealthCare	Rural Mental Healthcare	Granbury	March 4, 2020
Texas Council of Community Centers	All Texas Access Metrics	Online	March 5, 2020
Sheriff's Association of Texas	All Texas Access Transportation Metric	Online	April 21, 2020
Texas Organization of Rural & Community Hospitals	All Texas Access Emergency Room Metric	Online	April 24, 2020
Texas Hospital Association	All Texas Access Emergency Room Metric	Online	April 30, 2020
Texas Council of Community Centers	All Texas Access Metrics	Online	May 11, 2020
Focus group with people with lived experiences	Rural Mental Healthcare	Online	July 7, 2020
Focus group with people with lived experiences	Rural Mental Healthcare	Online	July 8, 2020

Appendix H. All Texas Access ASH Regional Group

Cost Offset Models

Increase Mental Health Deputies

Cost Model Assumptions

- 1) The mental health deputy officer cost (FY 2019) was calculated using the budget provided by Bluebonnet Trails Community Services that reflects a comprehensive breakdown and costs associated with operating a mental health deputy program.

Personnel (salary, benefits, etc.)	\$85,913
Training and Equipment	\$7,350
Supplies & Operating Expenses	\$24,780
Total Cost	\$118,043

- 2) The incarceration metrics were obtained from the analysis conducted of the All Texas Access Metrics.
- 3) The diversion rate will be contingent on the total cost associated with the implementation of mental health deputies in each regional group.
- 4) The metrics associated with the officer ratio will vary based on the number of officers that are available, per regional group.
- 5) The calculation of how many mental health deputies were needed was a ratio of three mental health deputies (to provide 24/7 coverage) per every three counties that do not currently have mental health deputy coverage funded from a rural-serving LMHA/LBHA. The assumption is programs funded through rural-serving LMHA/LBHAs provide an opportunity for effective collaboration between the mental health and law enforcement communities.

6) Interaction with a mental health deputy will allow for individuals in crisis to be sent to the service that best meets their needs. No extra expense would be incurred.

7) Source: https://house.texas.gov/_media/pdf/committees/reports/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf

Calculations

Effect on Incarceration

Estimated Number of Incarcerations	Estimated Cost of Incarcerations	Per Incarceration Cost	Target Diversion Rate	Number of Incarcerations Diverted	Potential Offset
12,859	\$32,398,669	\$2,520	9.85%	1,267	\$3,192,840

Potential Offset

Estimated Incarceration Costs	\$3,192,840
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Estimated Mental Health Deputy Cost

Per Officer	\$118,043
Number of Officers	27
Total Cost	\$3,187,161

Estimated Incarceration Diversions Per Officer

Number of Officers	27
Incarceration Diversion	47

Provide Access to Physical Health Services

Cost Model Assumptions

- 1) The total number of persons served by each LMHA/LBHA will be contingent on the funds received, the amount of the copay, and the number of visits each person is allowed.
- 2) The number of visits each person requires depends on medical need.
- 3) The number of diversions is the number of ER visits that need to be avoided. This figure is not the number of people that need to avoid ER visits, as one person may visit the ER many times.
- 4) Source: <https://jamanetwork.com/journals/jama/fullarticle/2545685>

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit
25,442	\$53,198,429	\$2,091

Cost of Co-Pay Assistance	
Number of LMHAs	6
Amount Per LMHA	\$50,000
Total Cost	\$300,000

Potential Offset	
Estimated ER Charges Per Visit	\$2,091
Total Cost	\$300,000
Estimated Number of Diversionary Events	143
Number of Diversionary Events Per LMHA	24
Diversionary Events Percentage Per LMHA	17%

All rural-serving LMHA/LBHAs except Center for Life Resources	
Amount of Funds	\$50,000
Cost Per Visit	\$25
Yearly Visits	12
Cost Per Person	\$300
Number of People Served	167

Center for Life Resources	
Amount of Funds	\$25,000
Cost Per Visit	\$25
Yearly Visits	12
Cost Per Person	\$300
Number of People Served	83

Enhance Communication and Care Coordination Through a Remote Evaluation System

Cost Model Assumptions

- 1) The software development will be a one-time cost incurred for the first year. Once developed, the software can be used statewide. The cost for software updates, technical support, or training are not included in the statewide cost.
- 2) The costs were developed using estimates based on current rates. These costs can change based on quantity of devices or changes in staff salary and other associated costs.
- 3) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 4) Since law enforcement will be involved, the ER metrics were based on the estimated number of people living in a rural county who were transported to the ER via law enforcement.
- 5) The diversion rate will be contingent on the total cost associated with the implementation of CORE in the regional group.
- 6) The metrics associated with the law enforcement officer ratio will vary based on the number of officers and devices (tablets, cell phones, etc.) that will be used to conduct the consultations.

Calculations

Effect on ER Visits

Estimated ER Visits Via LE	Estimated ER Charges for Visits Via LE	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
3,234	\$6,762,294	\$2,091	8.52%	276	\$577,116

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
12,859	\$32,398,669	\$2,520	8.95%	1,151	\$2,900,520

Estimated Cost of Proposals

Regional Costs	\$3,267,750
Software Development (Statewide)	\$208,400
Total Cost	\$3,476,150

Potential Offset

Estimated Emergency Room Charges	\$577,116
Estimated Incarceration Costs	\$2,900,520
Total	\$3,477,636

Estimated Officer Ratio

Number of Officers	1,396
ER Diversions (Per Officer)	0.20
Incarceration Diversions (Per Officer)	0.82

Demographics

Table 24. All Texas Access ASH Regional Group County Populations¹²²

* denotes counties with a population greater than 250,000

LMHA	County	Total Population
Bluebonnet Trails Community Services	Williamson*	563,041
Bluebonnet Trails Community Services	Bastrop	88,157
Bluebonnet Trails Community Services	Burnet	47,649
Bluebonnet Trails Community Services	Caldwell	42,593
Bluebonnet Trails Community Services	Fayette	25,857
Bluebonnet Trails Community Services	Lee	17,366
Center for Life Resources	McCulloch	8,318
Center for Life Resources	San Saba	6,246
Center for Life Resources	Mills	4,931
Central Counties Services	Bell*	353,634
Central Counties Services	Coryell	73,992
Central Counties Services	Milam	25,208
Central Counties Services	Lampasas	21,194
Central Counties Services	Hamilton	8,667
Gulf Coast Center	Brazoria	375,517
Gulf Coast Center	Galveston	337,503
The Harris Center for Mental Health and IDD	Harris*	4,686,778
Heart of Texas Region MHMR Center	McLennan*	254,952
Heart of Texas Region MHMR Center	Hill	36,354
Heart of Texas Region MHMR Center	Limestone	23,843
Heart of Texas Region MHMR Center	Freestone	20,429
Heart of Texas Region MHMR Center	Bosque	18,916
Heart of Texas Region MHMR Center	Falls	17,355
Integral Care	Travis*	1,248,631
MHMR Authority of Brazos Valley	Brazos	226,294
MHMR Authority of Brazos Valley	Washington	35,711
MHMR Authority of Brazos Valley	Grimes	28,871
MHMR Authority of Brazos Valley	Burleson	18,392
MHMR Authority of Brazos Valley	Robertson	17,896

LMHA	County	Total Population
MHMR Authority of Brazos Valley	Leon	17,491
MHMR Authority of Brazos Valley	Madison	14,421
Texana Center	Fort Bend*	779,600
Texana Center	Waller	53,305
Texana Center	Wharton	41,093
Texana Center	Matagorda	36,550
Texana Center	Austin	31,504
Texana Center	Colorado	21,730

While the Harris Center for Mental Health and IDD is participating in this group as an ex-officio member, the county demographics for Houston are not included in the calculations below.

Chart 16. All Texas Access ASH Regional Group Race and Ethnicity¹²³

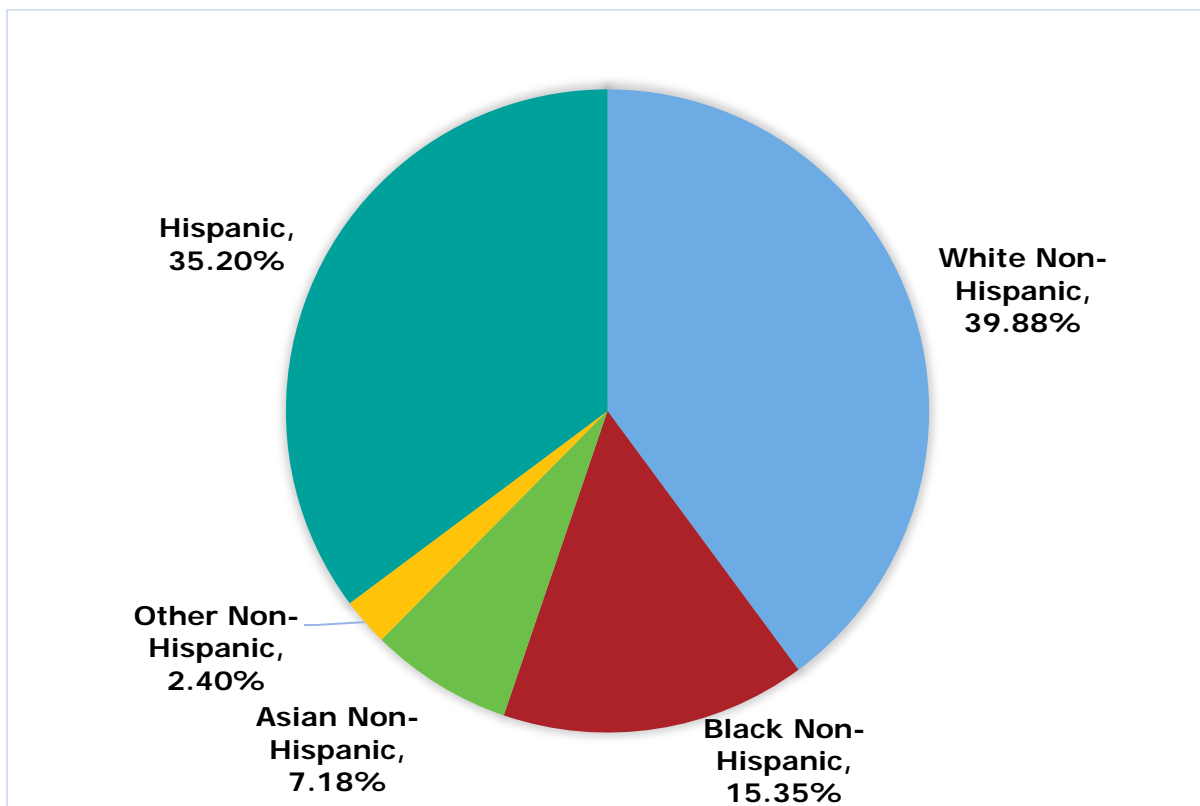


Table 25. All Texas Access ASH Regional Group County Demographics

The table below offers multiple data points for this region and compares them to statewide averages. The statewide average is for the entire state. The regional percentages are based on the counties in this regional group.

	Poverty (All Ages)	Children in Poverty (Under 18 Years Old)	Veterans (Percentage of Population 18 Years and Older)	Uninsured Under 65 Years Old	Uninsured Children (Under 19 Years old)
Statewide Average	14.9%	21.1%	6.8%	19.9%	11.1%
Regional Group County Average	14.8%	21.5%	9.2%	20.3%	12.6%
Lowest County Percentage in Regional Group	6.4% - Williamson County	7.9% - Williamson County	4.8% - Brazos County	12.4% - Williamson County	6.7% - Bell County
Highest County Percentage in Regional Group	23.2% - Brazos County	33.0% – Limestone County	22.0% - Lampasas County	28.0% - San Saba County	19.8% - Leon County

All information in the table above originates from the United States Census Bureau's data for 2018. For a closer look at Census Bureau data, visit <https://data.census.gov/cedsci/>.

LMHA/LBHA Outpatient Locations

Figure 48. All Texas Access ASH Regional Group LMHA/LBHA Outpatient Locations

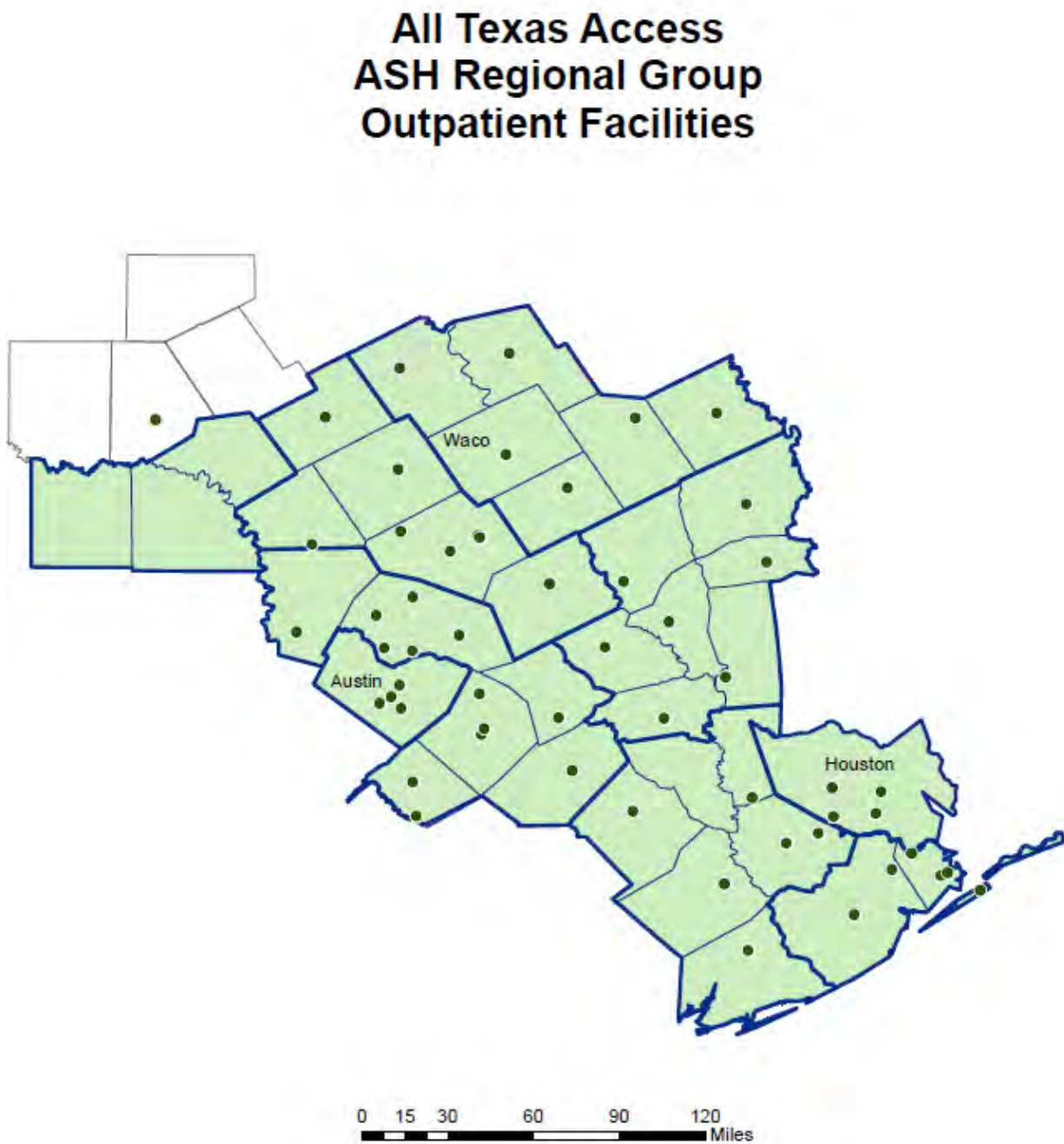


Image Source: HHSC Communications

Table 26. All Texas Access ASH Regional Group LMHA/LBHA Outpatient Map Locations

LMHA/LBHA	Address	City	Zip Code	County
Bluebonnet Trail Community Services	275 Jackson Street	Bastrop	78602	Bastrop
Bluebonnet Trail Community Services	1602 Hill Street	Bastrop	78602	Bastrop
Bluebonnet Trail Community Services	902 W. 2 nd Street	Elgin	78621	Bastrop
Bluebonnet Trail Community Services	4606 Innovation Loop	Marble Falls	78654	Burnet
Bluebonnet Trail Community Services	2060 S. Colorado Street	Lockhart	78644	Caldwell
Bluebonnet Trail Community Services	510 E Pierce Street	Luling	78648	Caldwell
Bluebonnet Trail Community Services	275 Ellinger Road	La Grange	78945	Fayette
Bluebonnet Trail Community Services	849 E. Industry Street	Giddings	78942	Lee
Bluebonnet Trail Community Services	1009 North Georgetown Street	Round Rock	78664	Williamson
Bluebonnet Trail Community Services	1401 Medical Pkwy. Bldg. C, Ste 300	Cedar Park	78613	Williamson
Bluebonnet Trail Community Services	155 Hillcrest Lane	Liberty Hill	78642	Williamson
Bluebonnet Trail Community Services	312 N. 5th Street	Jarrell	76537	Williamson
Bluebonnet Trail Community Services	404 Carlos Parker Blvd. NW	Taylor	76574	Williamson
Central Counties	100 E. Avenue A	Killeen	76541	Bell
Central Counties	101 Park Hill	Hamilton	76531	Hamilton
Central Counties	1305 S. Key Avenue, #203	Lampasas	76550	Lampasas
Central Counties	207 N. Lutterloh	Gatesville	76528	Coryell
Central Counties	304 S. 22nd	Temple	76501	Bell
Central Counties	317 N. 2nd	Temple	76501	Bell
Central Counties	708 N. Crockett	Cameron	76520	Milam
Gulf Coast Center	101 Brennen Lane	Alvin	77511	Brazoria
Gulf Coast Center	101 Tigner Street	Angleton	77515	Brazoria
Gulf Coast Center	123 25th Street, #600	Galveston	77550	Galveston

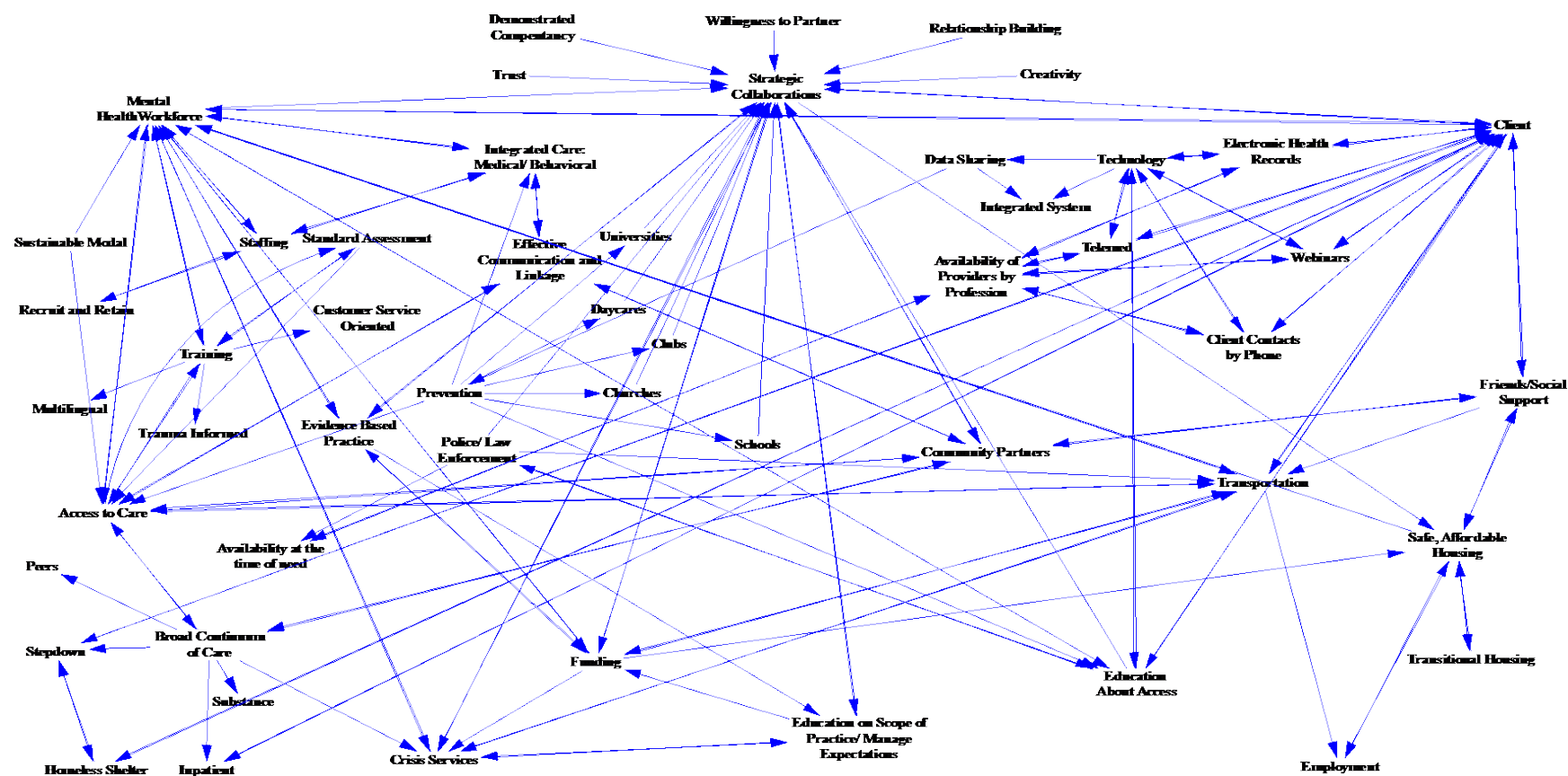
LMHA/LBHA	Address	City	Zip Code	County
Gulf Coast Center	4352 Emmet F. Lowry Expy	Texas City	77591	Galveston
Gulf Coast Center	4444 W. Main Street	League City	77573	Galveston
Gulf Coast Center	7510 FM 1765	Texas City	77591	Galveston
Heart of Texas Region MHMR Center	110 S 12th St	Waco	76701	McLennan
Heart of Texas Region MHMR Center	407 S. Hill St	Meridian	76665	Bosque
Heart of Texas Region MHMR Center	365 Coleman St	Marlin	76661	Falls
Heart of Texas Region MHMR Center	622 W. Main St	Fairfield	75840	Freestone
Heart of Texas Region MHMR Center	130 N. Covington St	Hillsboro	76645	Hill
Heart of Texas Region MHMR Center	700 W. Hwy. 171	Mexia	76667	Limestone
Integral Care	1631 E. 2nd Street	Austin	78702	Travis
Integral Care	2410 Riverside Drive	Austin	78741	Travis
Integral Care	5015 S IH35, Ste. 200	Austin	78744	Travis
Integral Care	825 E. Rundberg	Austin	78753	Travis
MHMR Authority of Brazos Valley	804 S. Texas Avenue	Bryan	77803	Brazos
MHMR Authority of Brazos Valley	103 Hwy. 21 East	Caldwell	77836	Burleson
MHMR Authority of Brazos Valley	702 La Salle	Navasota	77868	Grimes
MHMR Authority of Brazos Valley	203 W. Main Street	Centerville	75833	Leon
MHMR Authority of Brazos Valley	3438 Hwy. 21 East	Madisonville	77864	Madison
MHMR Authority of Brazos Valley	1212 W. Brown Street	Hearne	77859	Robertson
MHMR Authority of Brazos Valley	609 E. Blue Bell Road	Brenham	77833	Washington
Texana Center	1460 Walnut	Columbus	78934	Colorado
Texana Center	2535 Cordes Drive	Sugar Land	77479	Fort Bend
Texana Center	4910 Airport Avenue	Rosenberg	77471	Fort Bend
Texana Center	400 Avenue F	Bay City	77414	Matagorda
Texana Center	535 FM 359 South	Brookshire	77423	Waller
Texana Center	3007 N. Richmond Road	Wharton	77488	Wharton

LMHA/LBHA	Address	City	Zip Code	County
The Harris Center for Mental Health and IDD	3737 Dacoma Street	Houston	77092	Harris
The Harris Center for Mental Health and IDD	5901 Long Drive	Houston	77087	Harris
The Harris Center for Mental Health and IDD	7200 North Loop East Freeway	Houston	77028	Harris
The Harris Center for Mental Health and IDD	9401 Southwest Freeway	Houston	77074	Harris

System Model

Below is a software-generated graphic of the factors that the All Texas Access ASH Regional Group identified as most impactful to people in their region accessing mental health services and receiving needed services.

Figure 49. All Texas Access ASH Regional Group System Model



Appendix I. All Texas Access BSSH Regional Group

Cost Offset Models

Expand Remote Crisis Screening Program

Cost Model Assumptions

- 1) The software development will be a one-time cost incurred for the first year. Once developed, the software can be used statewide. The cost for software updates, technical support, or training are not included in the statewide cost.
- 2) The costs were developed using estimates based on current rates. These costs can change based on quantity of devices or changes in staff salary and other associated costs.
- 3) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 4) Since law enforcement will be involved, the ER metrics were based on the estimated number of people living in a rural county who were transported to the ER via law enforcement.
- 5) The diversion rate will be contingent on the total cost associated with the implementation of CORE in the regional group.
- 6) The metrics associated with the law enforcement officer ratio will vary based on the number of officers and devices (tablets, cell phones, etc.) that will be used to conduct the consultations.

Calculations

Effect on ER Visits

Estimated ER Visits via LE	Estimated ER Charges for Visits Via LE	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
5,682	\$11,023,080	\$1,940	9.74%	553	\$1,072,820

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
11,053	\$27,848,393	\$2,520	8.89%	983	\$2,477,160

Estimated Cost of Proposal

Regional Costs	\$3,548,374
Software Development (Statewide)	See ASH Regional Plan
Total Cost	\$3,548,374

Potential Offset

Estimated Emergency Room Charges	\$1,072,820
Estimated Incarceration Costs	\$2,477,160
Total	\$3,549,980

Estimated Officer Ratio

Number of Officers	183
ER Diversions (Per Officer)	3.02
Incarceration Diversions (Per Officer)	5.37

Expand Local Access to Inpatient Psychiatric Beds

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The target diversion rate will be contingent on the overall costs. The higher the cost, the higher the target diversion rate will need to be.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
13,526	\$26,238,450	\$1,940	16.92%	2,289	\$4,440,660

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
11,053	\$27,848,393	\$2,520	16.17%	1,787	\$4,503,240

Estimated Cost of Proposals

Operating Costs	\$8,942,500
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Potential Offset

Estimated Emergency Room Charges	\$4,440,660
Estimated Incarceration Costs	\$4,503,240
Total	\$8,943,900

Establish a Transitional Living Facility

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The number of persons housed will be contingent on availability of resources and management of each program.
- 4) While a person receives housing support, they will also receive access to primary care, case management, counseling, etc.
- 5) This cost-effectiveness model is based on the proposal for a 16-bed transitional living facility. The average length of stay was calculated at 75 days. The number of individuals served will depend on the length of stay.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	Number of ER Visits Diverted	Potential Offset
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Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Number of Incarcerations Diverted	Potential Offset
11,053	\$27,848,393	\$2,520	4.44%	491	\$1,237,320

Estimated Cost of Proposal

Operating Costs	\$2,400,000
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Potential Offset

Estimated Emergency Room Charges	\$1,165,940
Estimated Incarceration Charges	\$1,237,320
Total	\$2,403,260

Establish Transportation Funds for Law Enforcement

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of transportation services will be dependent on the operator.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) The cost per trip was calculated based on the total number of trips to crisis facilities in the regional group and the total cost associated with these trips. This cost assumes that persons were transported via law enforcement.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
13,526	\$26,238,450	\$1,940	0.45%	61	\$118,340

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
11,053	\$27,848,393	\$2,520	0.50%	55	\$138,600

Estimated Effect on Transportation

Trips to Crisis Facilities	Estimated Transportation Costs	Cost Per Trip	Diverted Trips	Potential Offset	
5,682	\$4,703,366	\$828	61	\$50,508	

Estimated Cost of Transportation Proposals

Operating Cost	\$300,000
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Potential Offset

Estimated Emergency Room Charges	\$118,340
Estimated Incarceration Costs	\$138,600
Estimated Transportation Costs	\$50,508
Total	\$307,448

Establish Peer Clubhouses

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The target diversion rate will be contingent on the overall operating costs. The higher the cost, the higher the target diversion rate will need to be.
- 4) With the support received at clubhouses, the probability of a person being incarcerated or visiting an ER will be reduced.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
13,526	\$26,238,450	\$1,940	2.70%	365	\$708,100

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
11,053	\$27,848,393	\$2,520	3.20%	354	\$892,080

Estimated Cost of Proposals

Operating Costs	\$1,600,000
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Potential Offset

Estimated Emergency Room Charges	\$708,100
Estimated Incarceration Costs	\$892,080
Total	\$1,600,180

Demographics

Table 27. All Texas Access BSSH Regional Group County Populations¹²⁴

* denotes counties with a population greater than 250,000

LMHA	County	Total Population
Betty Hardwick Center	Taylor	138,849
Betty Hardwick Center	Jones	19,764
Betty Hardwick Center	Callahan	14,142
Betty Hardwick Center	Stephens	9,639
Betty Hardwick Center	Shackelford	3,314
Central Plains Center	Hale	33,919
Central Plains Center	Lamb	12,862
Central Plains Center	Parmer	9,862
Central Plains Center	Castro	7,646
Central Plains Center	Swisher	7,430
Central Plains Center	Bailey	7,179
Central Plains Center	Floyd	5,715
Central Plains Center	Briscoe	1,516
Central Plains Center	Motley	1,230
Emergence Health Network	El Paso*	852,552
MHMR Services for the Concho Valley	Tom Green	117,490
MHMR Services for the Concho Valley	Reagan	3,733
MHMR Services for the Concho Valley	Crockett	3,456
MHMR Services for the Concho Valley	Coke	3,359
MHMR Services for the Concho Valley	Concho	2,239

LMHA	County	Total Population
MHMR Services for the Concho Valley	Irion	1,610
MHMR Services for the Concho Valley	Sterling	1,291
PermiaCare	Midland	171,954
PermiaCare	Ector	163,349
PermiaCare	Pecos	15,110
PermiaCare	Brewster	9,249
PermiaCare	Presidio	7,030
PermiaCare	Hudspeth	3,669
PermiaCare	Jeff Davis	2,407
PermiaCare	Culberson	2,175
StarCare Specialty Health System	Lubbock*	306,837
StarCare Specialty Health System	Hockley	23,318
StarCare Specialty Health System	Lynn	5,977
StarCare Specialty Health System	Crosby	5,796
StarCare Specialty Health System	Cochran	2,929
West Texas Centers	Howard	36,070
West Texas Centers	Gaines	21,004
West Texas Centers	Andrews	18,678
West Texas Centers	Scurry	17,049
West Texas Centers	Reeves	15,672
West Texas Centers	Nolan	14,493
West Texas Centers	Dawson	12,581
West Texas Centers	Terry	12,553
West Texas Centers	Ward	11,322

LMHA	County	Total Population
West Texas Centers	Runnels	9,938
West Texas Centers	Yoakum	8,928
West Texas Centers	Mitchell	8,263
West Texas Centers	Winkler	7,685
West Texas Centers	Garza	6,398
West Texas Centers	Martin	5,727
West Texas Centers	Crane	4,711
West Texas Centers	Fisher	3,777
West Texas Centers	Upton	3,706
West Texas Centers	Glasscock	1,380
West Texas Centers	Terrell	832
West Texas Centers	Kent	767
West Texas Centers	Borden	667
West Texas Centers	Loving	94

Chart 17. All Texas Access BSSH Regional Group Race and Ethnicity¹²⁵

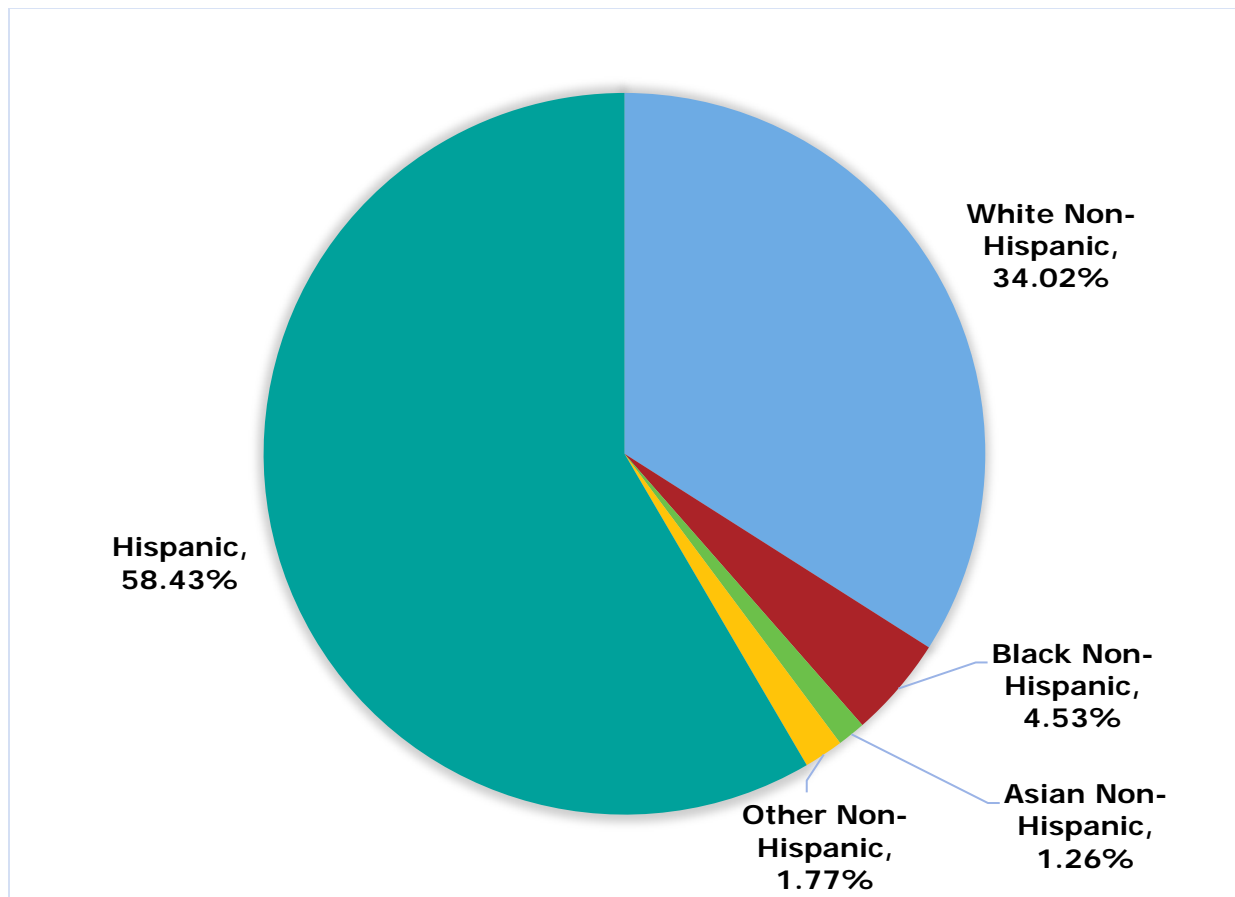


Table 28 below offers multiple data points for this region and compares them to statewide averages. The statewide average is for the state as a whole. The regional percentages are based on the counties in this regional group.

Table 28. All Texas Access BSSH Regional Group County Demographics

	Poverty (All Ages)	Children in Poverty (Under 18 Years Old)	Veterans (Percentage of Population 18 Years and Older)	Uninsured (Under 65 Years Old)	Uninsured Children (Under 19 Years Old)
Statewide Average	14.9%	21.1%	6.8%	19.9%	11.1%
Regional Group County Average	16.5%	23.3%	6.5%	21.5%	13.6%
Lowest County Percentage in Regional Group	3.3% - Loving County	9.6% - Loving County	1.3% - Presidio County	11.3% - Borden County	8.7% - Lubbock County
Highest County Percentage in Regional Group	26.6% - Concho County	37.1 – Crosby County	13.6% - Jeff Davis County	32.2% - Gaines County	24.4% - Gaines County

All information in the table above originates from the United States Census Bureau's data for 2018. For a closer look at Census Bureau data, visit <https://data.census.gov/cedsci/>.

LMHA/LBHA Outpatient Locations

Figure 50. All Texas Access BSSH Regional Group LMHA/LBHA Outpatient Locations

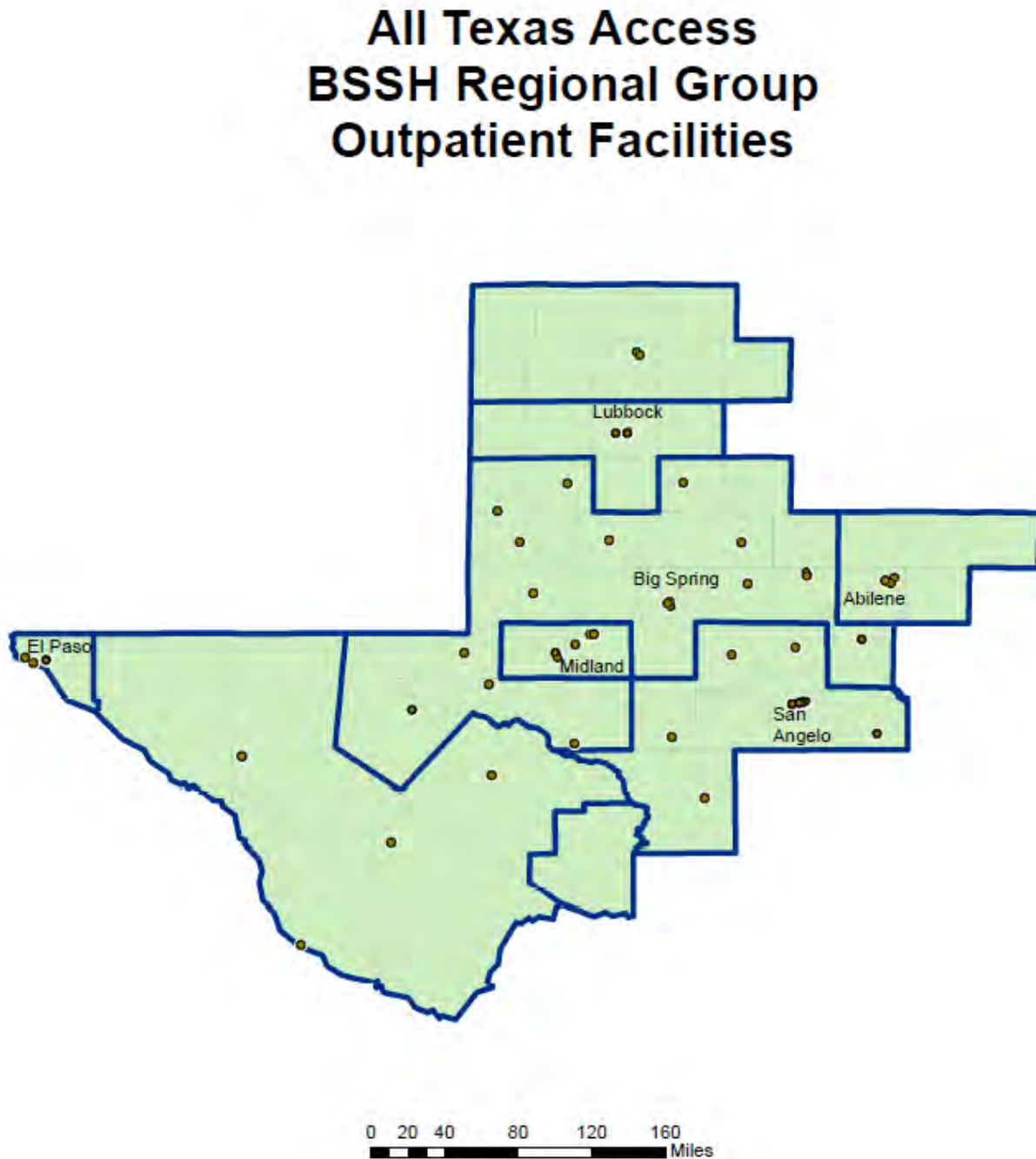


Image Source: HHSC Communications

Table 29. All Texas Access BSSH Regional Group LMHA/LBHA Outpatient Map Locations

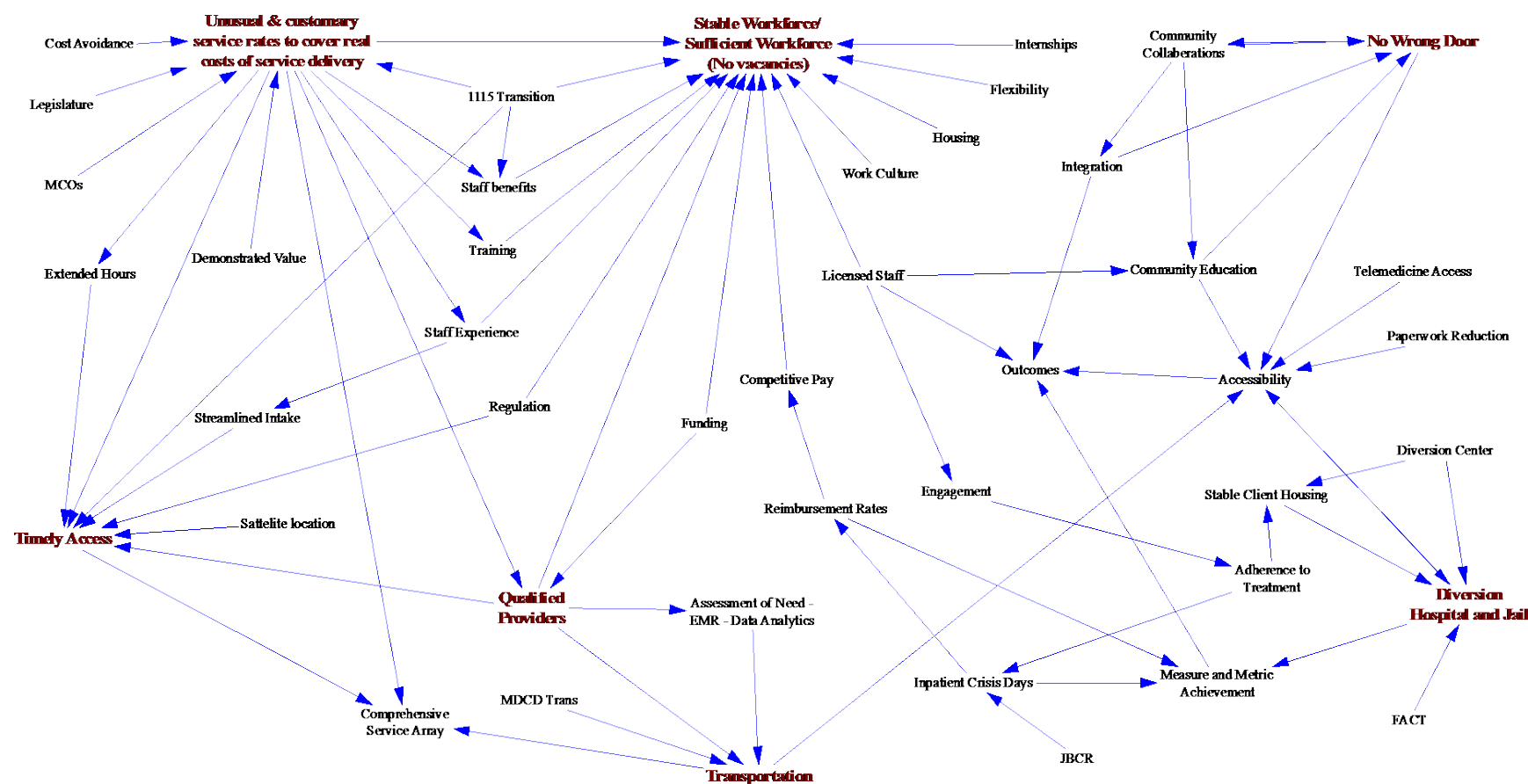
LMHA/LBHA	Address	City	Zip Code	County
Betty Hardwick Center	2626 S. Clack Street	Abilene	79606	Taylor
Betty Hardwick Center	612 West Walker	Breckenridge	76424	Stephens
Emergence Health Network	725 S. Mesa Hills Dr., Ste 1	El Paso	79912	El Paso
Emergence Health Network	8500 Boeing Drive	El Paso	79925	El Paso
MHMR Services for the Concho Valley	1501 W. Beauregard	San Angelo	76901	Tom Green
MHMR Services for the Concho Valley	202 N. Main Street	San Angelo	76903	Tom Green
MHMR Services for the Concho Valley	424 S. Oakes	San Angelo	76903	Tom Green
PermiaCare	805 N. 5th Street	Alpine	79830	Brewster
PermiaCare	700 W. Broadway	Van Horn	79855	Culberson
PermiaCare	600 N. Grant Avenue	Odessa	79761	Ector
PermiaCare	401 E. Illinois, Ste. 200	Midland	79701	Midland
PermiaCare	301 E. 5th Street	Fort Stockton	79735	Pecos
PermiaCare	202 O'Reilly	Presidio	79845	Presidio
StarCare Specialty Health System	1950 Aspen Avenue	Lubbock	79404	Lubbock
West Texas Centers	215 N.W. 1st Street	Andrews	79714	Andrews
West Texas Centers	211 N. Main Street	Lamesa	79331	Dawson
West Texas Centers	702 Hobbs Hwy.	Seminole	79360	Gaines
West Texas Centers	411 S. Avenue C	Post	79356	Garza
West Texas Centers	1501 W. 11th Pl., Ste 104	Big Spring	79720	Howard
West Texas Centers	505 Chestnut Street	Colorado City	79512	Mitchell
West Texas Centers	1401 Hailey Street	Sweetwater	79556	Nolan
West Texas Centers	304 New Mexico Avenue	Sweetwater	79556	Nolan
West Texas Centers	700 W. Daggett, #4	Pecos	79772	Reeves
West Texas Centers	126 State Street	Winters	79567	Runnels
West Texas Centers	1300 26th Street, Ste 100	Snyder	79549	Scurry

LMHA/LBHA	Address	City	Zip Code	County
West Texas Centers	502 W. Broadway Street	Brownfield	79316	Terry
West Texas Centers	103 N. Burleson Avenue	McCamey	79752	Upton
West Texas Centers	1200 N. Main Avenue	Monahans	79756	Ward
West Texas Centers	814 Myer Lane	Kermit	79745	Winkler
West Texas Centers	104 W. 2nd	Denver City	79323	Yoakum

System Model

Figure 51 below shows a software-generated graphic of the factors that the All Texas Access BSSH Regional Group identified as most impactful to people in their region accessing mental health services and receiving needed services.

Figure 51. All Texas Access BSSH Regional Group System Model



Appendix J: All Texas Access NTSH Regional Group

Cost Offset Models

Collaborate on RTCs for Children

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of an RTC will depend on the average length of stay.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) With better access to an RTC, the probability of children visiting ERs for mental health crisis care will be reduced.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
7,298	\$11,309,743	\$1,550	5.31%	388	\$601,400

Estimated Cost of RTC Proposal

Cost Per Day (Per Child)	\$400
Length of Stay (Average)	30
Cost Per Child (Per Stay)	\$12,000
Number of Children (Average)	50
Total	\$600,000

Potential Offset

Estimated Emergency Room Charges	\$601,400
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Develop New Adult Residential Settings

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The number of people housed will be contingent on availability of resources and management of each program.
- 4) While a person receives housing support, they will also receive access to primary care, case management, counseling, etc.
- 5) This cost-effectiveness model is based on the proposal for a 16-bed transitional living facility. The average length of stay was calculated at 75 days. The number of people served will depend on the length of stay.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	Number of ER Visits Diverted	Potential Offset
7,298	\$11,309,743	\$1,550	1.51%	110	\$170,500

Effect on Incarceration

Effect on ER Visits					
Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Number of Incarcerations Diverted	Potential Offset
8,695	\$21,907,335	\$2,520	1.51%	131	\$330,120

Estimated Cost of Proposal

Operating Costs	\$500,000
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Potential Offset

Estimated Emergency Room Charges	\$170,500
Estimated Incarceration Costs	\$330,120
Total	\$500,620

Expand Crisis Services

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of the crisis services will depend on the operator and the type of services provided.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) With greater access to crisis services, people will rely less on ERs for crisis mental health care.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
7,298	\$11,309,743	\$1,550	7.22%	527	\$816,850

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
8,695	\$21,907,335	\$2,520	6.50%	565	\$1,423,800

Estimated Cost of Crisis Services Proposal

Operational Cost	\$2,240,000
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Potential Offset

Estimated Emergency Room Charges	\$816,850
Estimated Incarceration Costs	\$1,423,800
Total	\$2,240,650

Increase Transportation for Routine LMHA/LBHA Services

Cost Model Assumptions

- 1) The rural ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of transportation services will be dependent on the operator.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) With greater access to transportation services to appointments, the better access to treatment and the fewer ER visits and incarcerations of persons who may enter into mental health crisis.
- 5) The cost per trip was calculated based on the total number of trips to crisis facilities in the regional group and the total cost associated with these trips. This cost assumes that persons were transported via law enforcement.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
7,298	\$11,309,743	\$1,550	3.44%	251	\$389,050

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
8,695	\$21,907,335	\$2,520	2.36%	205	\$516,600

Estimated Effect on Transportation

Trips to Crisis Facilities	Estimated Transportation Costs	Cost Per Trip	Diverted Trips	Potential Offset	
2,127	\$1,814,047	\$853	251	\$214,103	

Estimated Cost of Transportation Proposal

Operating Cost	\$868,000
Start Up Cost (One Year Only)	\$250,000
Total Cost	\$1,118,000

Potential Offset

Estimated Emergency Room Charges	\$389,050
Estimated Incarceration Costs	\$516,600
Estimated Transportation Costs	\$214,103
Total	\$1,119,753

Implement the CORE Model

Cost Model Assumptions

- 1) The software development will be a one-time cost incurred for the first year. Once developed, the software can be used statewide. The cost for software updates, technical support, or training are not included in the statewide cost.
- 2) The costs were developed using estimates based on current rates. These costs can change based on quantity of devices or changes in staff salary and other associated costs.
- 3) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 4) Since law enforcement will be involved, the ER metrics were based on the estimated number of people living in a rural county who were transported to the ER via law enforcement.

- 5) The diversion rate will be contingent on the total cost associated with the implementation of CORE in the regional group.
- 6) The metrics associated with the law enforcement officer ratio will vary based on the number of officers and devices (tablet, cell phone, etc.) that will be used to conduct the consultations.

Calculations

Effect on ER Visits

Estimated ER Visits via LE	Estimated ER Charges for Visits Via LE	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
2,127	\$3,296,850	\$1,550	7.59%	161	\$249,550

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
8,695	\$21,907,335	\$2,520	4.81%	418	\$1,053,360

Estimated Cost of Proposal

Regional Costs	\$1,301,941
Software Development (Statewide)	See ASH Regional Plan
Total Cost	\$1,301,941

Potential Offset

Estimated Emergency Room Charges	\$249,550
Estimated Incarceration Costs	\$1,053,360
Total	\$1,302,910

Estimated Officer Ratio

Number of Officers	41.5
ER Diversions (Per Officer)	3.88
Incarceration Diversions (Per Officer)	10.07

Demographics

Table 30. NTS Regional Group County Populations¹²⁶

* denotes counties with a population greater than 250,000

LMHA	County	Total Population
Center for Life Resources	Brown	39,279
Center for Life Resources	Eastland	18,458
Center for Life Resources	Comanche	13,922
Center for Life Resources	Coleman	8,505
Denton County MHMR Center	Denton	851,828
Helen Farabee Centers	Wichita	133,296
Helen Farabee Centers	Wise	68,690
Helen Farabee Centers	Montague	19,630
Helen Farabee Centers	Young	18,501
Helen Farabee Centers	Wilbarger	12,615
Helen Farabee Centers	Clay	10,410
Helen Farabee Centers	Archer	9,459
Helen Farabee Centers	Jack	9,249
Helen Farabee Centers	Childress	6,993
Helen Farabee Centers	Haskell	5,743
Helen Farabee Centers	Hardeman	3,816
Helen Farabee Centers	Baylor	3,753
Helen Farabee Centers	Knox	3,465
Helen Farabee Centers	Dickens	2,255
Helen Farabee Centers	Throckmorton	1,531
Helen Farabee Centers	Stonewall	1,387
Helen Farabee Centers	Cottle	1,375
Helen Farabee Centers	Foard	1,215
Helen Farabee Centers	King	271
MHMR of Tarrant County	Tarrant	2,052,267

LMHA	County	Total Population
Pecan Valley Centers for Behavioral and Developmental HealthCare	Johnson	172,289
Pecan Valley Centers for Behavioral and Developmental HealthCare	Parker	136,391
Pecan Valley Centers for Behavioral and Developmental HealthCare	Hood	60,178
Pecan Valley Centers for Behavioral and Developmental HealthCare	Erath	43,016
Pecan Valley Centers for Behavioral and Developmental HealthCare	Palo Pinto	28,874
Pecan Valley Centers for Behavioral and Developmental HealthCare	Somervell	9,477
Texas Panhandle Centers	Randall	139,785
Texas Panhandle Centers	Potter	117,191
Texas Panhandle Centers	Gray	21,993
Texas Panhandle Centers	Moore	21,331
Texas Panhandle Centers	Hutchinson	20,782
Texas Panhandle Centers	Deaf Smith	19,538
Texas Panhandle Centers	Ochiltree	10,159
Texas Panhandle Centers	Dallam	7,311
Texas Panhandle Centers	Carson	6,106
Texas Panhandle Centers	Hartley	5,825
Texas Panhandle Centers	Hansford	5,415
Texas Panhandle Centers	Wheeler	5,201
Texas Panhandle Centers	Hemphill	3,848
Texas Panhandle Centers	Donley	3,346
Texas Panhandle Centers	Lipscomb	3,337
Texas Panhandle Centers	Hall	3,106
Texas Panhandle Centers	Sherman	3,086
Texas Panhandle Centers	Collingsworth	2,959
Texas Panhandle Centers	Oldham	2,112
Texas Panhandle Centers	Armstrong	1,948

LMHA	County	Total Population
Texas Panhandle Centers	Roberts	891

Chart 18. All Texas Access NTSH Regional Group Race and Ethnicity¹²⁷

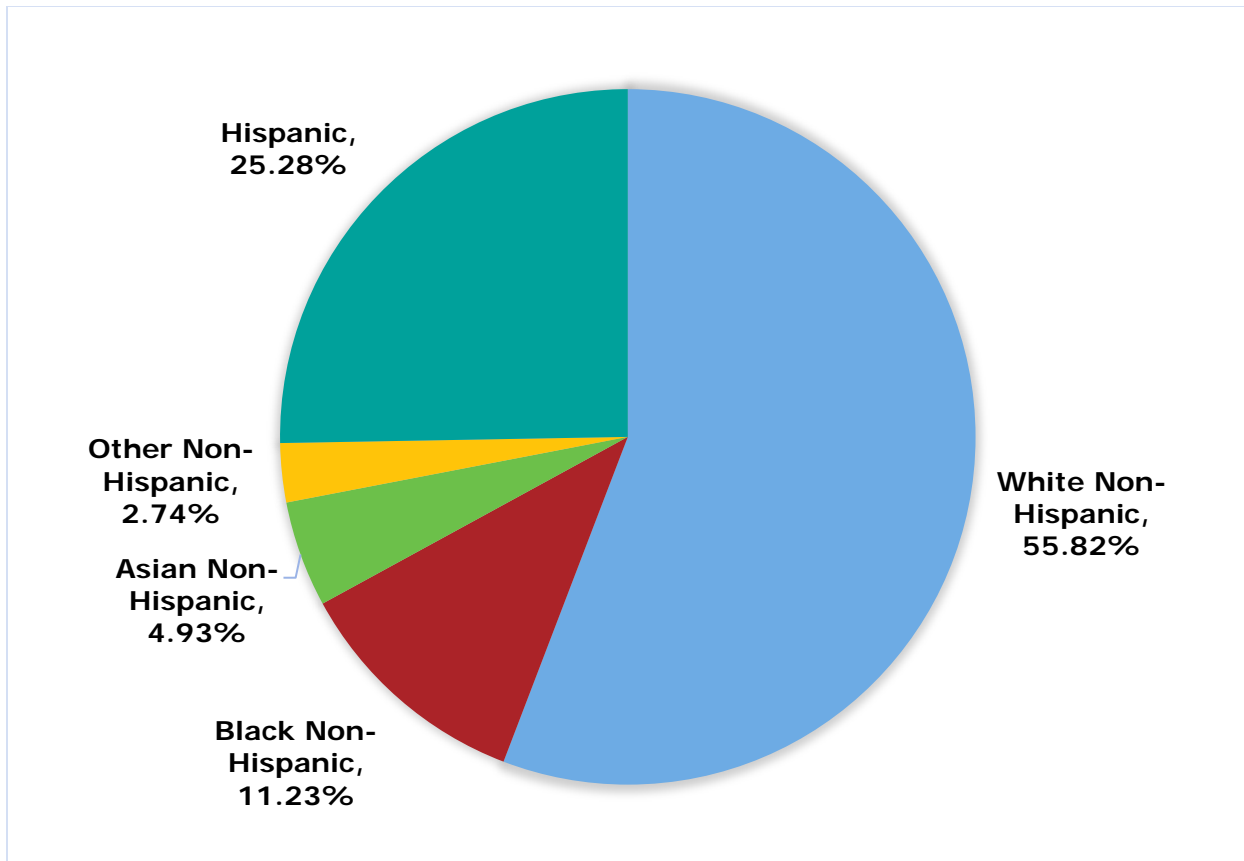


Table 31 below offers multiple data points for this region and compares them to statewide averages. The statewide average is for entire state. The regional percentages are based on the counties in this regional group.

Table 31. All Texas Access NTS Regional Group County Demographics

	Poverty (All Ages)	Children in Poverty (Under 18 Years Old)	Veterans (Percentage of Population 18 Years and Older)	Uninsured (Under 65 Years Old)	Uninsured Children (Under 19 Years Old)
Statewide Average	14.9%	21.1%	6.8%	19.9%	11.1%
Regional Group County Average	14.4%	21.1%	7.9%	21.8%	14.5%
Lowest County Percentage in Regional Group	7.3% - Denton County	8.1% - Denton County	4.1% - Oldham County	13.0% - Denton County	7.7% - Randall County
Highest County Percentage in Regional Group	24.1% - Hall County	40.1% - Cottle County	13.1% - Stonewall County	30.2% - Dallam County	23.7% - Lipscomb County

All information in the table above originates from the United States Census Bureau's data for 2018. For a closer look at Census Bureau data, visit <https://data.census.gov/cedsci/>.

LMHA/LBHA Outpatient Locations

Figure 52. All Texas Access NTSB Regional Group LMHA/LBHA Outpatient Locations

All Texas Access NTSB Regional Group Outpatient Facilities

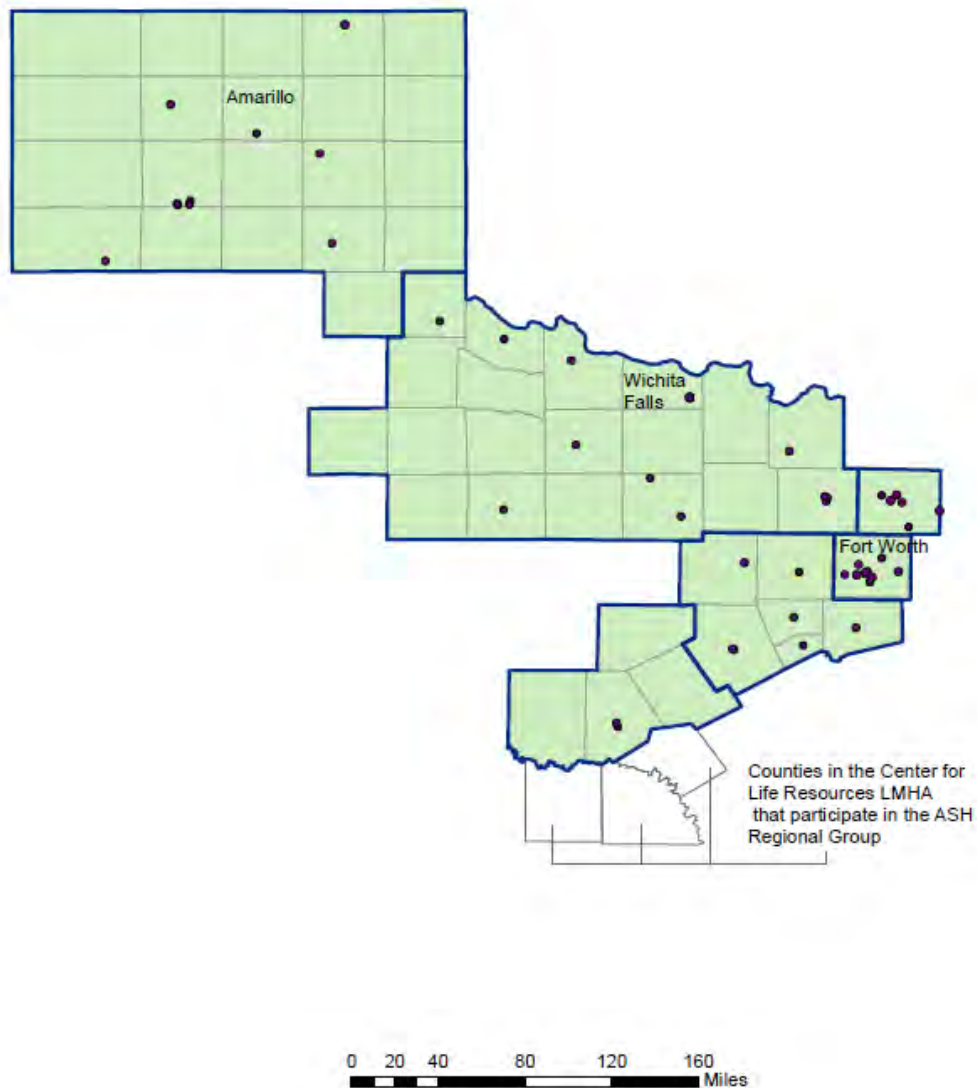


Image Source: HHSC Communications

Table 32. All Texas Access NTS Regional Group LMHA/LBHA Outpatient Map Locations

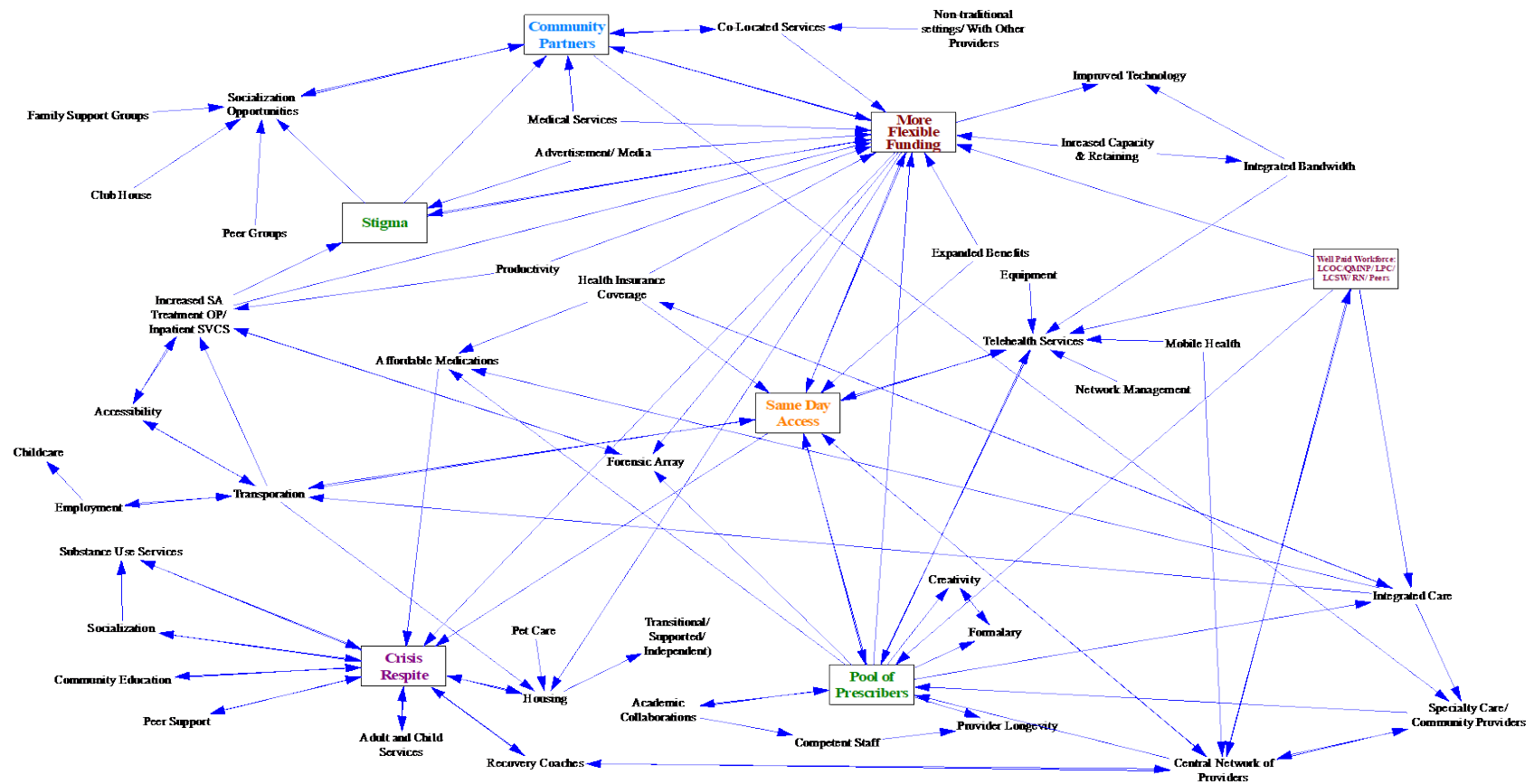
LMHA/LBHA	Address	City	Zip Code	County
Center For Life Resources	408 Mulberry Street	Brownwood	76801	Brown
Denton County MHMR Center	1001 Cross Timbers Road, Ste. 1250	Flower Mound	75028	Denton
Helen Farabee Centers	301 N. Washington Street	Seymour	76380	Baylor
Helen Farabee Centers	8150 US Hwy 287	Childress	79201	Childress
Helen Farabee Centers	510 King Street	Quanah	79252	Hardeman
Helen Farabee Centers	1201 N. 1st Street, Ste. A	Haskell	79521	Haskell
Helen Farabee Centers	605 Decatur Street	Bowie	76230	Montague
Helen Farabee Centers	516 Denver Street	Wichita Falls	76301	Wichita
Helen Farabee Centers	2500 Wilbarger	Vernon	76384	Wilbarger
Helen Farabee Centers	105 E. Walnut Street	Decatur	76234	Wise
Helen Farabee Centers	1515 N. Business 287	Decatur	76234	Wise
Helen Farabee Centers	1006 Arbor Street	Olney	76374	Young
Helen Farabee Centers	1720 4th Street	Graham	76450	Young
MHMR Tarrant County	1200 Circle Drive, Ste. 400B	Fort Worth	76119	Tarrant
MHMR Tarrant County	1527 Hemphill Street	Fort Worth	76104	Tarrant
MHMR Tarrant County	2400 NW 24th Street	Fort Worth	76106	Tarrant
MHMR Tarrant County	300 Pennsylvania Avenue	Fort Worth	76104	Tarrant
MHMR Tarrant County	3840 Hulen Street	Fort Worth	76107	Tarrant
MHMR Tarrant County	4525 City Point Drive	North Richland Hills	76180	Tarrant
MHMR Tarrant County	510 W. Sanford, Ste. 2700	Arlington	76011	Tarrant
MHMR Tarrant County	601 W. Sanford, Ste. 11	Arlington	76011	Tarrant
MHMR Tarrant County	8808 W. Camp Bowie	Fort Worth	76116	Tarrant
Pecan Valley Centers	906 Lingleville Hwy.	Stephenville	76401	Erath
Pecan Valley Centers	104 Pirate Drive	Granbury	76048	Hood
Pecan Valley Centers	1601 N. Anglin	Cleburne	76031	Johnson
Pecan Valley Centers	100 Travis Drive	Mineral Wells	76067	Palo Pinto

LMHA/LBHA	Address	City	Zip Code	County
Pecan Valley Centers	1715 Santa Fe Drive	Weatherford	76086	Parker
Pecan Valley Centers	301 Bo Gibbs	Glen Rose	76043	Somervell
Texas Panhandle Centers	426 Main, Ste D.	Hereford	79045	Deaf Smith
Texas Panhandle Centers	111 S. Kearney Street	Clarendon	79226	Donley
Texas Panhandle Centers	615 Buckler Avenue	Pampa	79065	Gray
Texas Panhandle Centers	412 N. Main Street	Borger	79007	Hutchinson
Texas Panhandle Centers	500 E. 1st Street, Ste. 203	Dumas	79029	Moore
Texas Panhandle Centers	311 S. Main Street	Perryton	79070	Ochiltree
Texas Panhandle Centers	1500 S. Taylor	Amarillo	79101	Potter
Texas Panhandle Centers	1501 S. Polk Street	Amarillo	79101	Potter

System Model

Figure 53 shows a software-generated graphic of the factors that the All Texas Access ASH Regional Group identified as most impactful to people in their region accessing mental health services and receiving needed services.

Figure 53. All Texas Access NTS Regional Group System Model



Appendix K. All Texas Access RGSC Regional Group

Cost Offset Models

Increase Integrated Care

Cost Model Assumptions

- 1) The total number of persons served by each LMHA/LBHA will be contingent on the funds received, the amount of the copay, and the number of visits each patient is allowed.
- 2) The number of visits each person requires depends on medical need. For example, a person with complex medical needs will likely need more visits.
- 3) The number of diversions is the number of ER visits that need to be avoided. This figure is not the number of people that need to avoid ER visits, as one person may visit the ER many times.
- 4) Source: <https://jamanetwork.com/journals/jama/fullarticle/2545685>

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	Number of Visits Diverted	Potential Offset
12,999	\$43,699,966	\$3,362	13.89%	1,806	\$6,071,772

Estimated Cost of Proposal

Operating Costs	\$6,070,004
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Potential Offset

Estimated Emergency Room Charges	\$6,071,772
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Establish Telepsychiatry Services for Jails

Cost Model Assumptions

- 1) The ER rural living and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) Since law enforcement will be involved, the ER metrics were based on the estimated number of people living in rural counties who were transported via law enforcement to the ER.
- 3) The costs are associated with telepsychiatry services at all county jails in the region.
- 4) Inmates who receive telepsychiatry services in jail are assumed to continue receiving services upon release that will result in fewer mental health crises and reduced likelihood of incarceration or ER visits for mental health crises.
- 5) These costs do not include those that could be incurred by sheriff's departments or jail operators. These are costs incurred by the LMHA/LBHAs.

Calculations

Effect on ER Visits

Estimated ER Visits via LE	Estimated ER Charges of Visits Via LE	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
3,068	\$10,314,616	\$3,362	0.80%	25	\$84,050

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
5,847	\$14,731,706	\$2,520	1.00%	58	\$146,160

Estimated Cost of Jail Telepsychiatry Service Proposal

Operating Cost	\$229,099
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Potential Offset

Estimated Emergency Room Charges	\$84,050
Estimated Incarceration Costs	\$146,160
Total	\$230,210

Develop a Step-Down Facility

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The number of people housed will be contingent on availability of resources and management of each program.
- 4) While a person receives housing support, they will also receive access to primary care, case management, counseling, etc.
- 5) This cost-effectiveness model is based on the proposal for a 16-bed transitional living facility. The average length of stay was calculated at 75 days. The number of individuals served will depend on the length of stay.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
12,999	\$43,699,966	\$3,362	4.29%	558	\$1,875,996

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
5,847	\$14,731,706	\$2,520	4.85%	284	\$715,680

Estimated Cost Proposal

Operating Costs	\$2,589,500
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Potential Offset

Estimated Emergency Room Charges	\$1,875,996
Estimated Incarceration Costs	\$715,680
Total	\$2,591,676

Establish Peer-Run Clubhouses

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The target diversion rate will be contingent on the overall operating costs. The higher the cost, the higher the target diversion rate will need to be.
- 4) With the support received at clubhouses, the probability of a person being incarcerated or visiting an ER will be reduced.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
12,999	\$43,699,966	\$3,362	1.56%	203	\$682,486

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
5,847	\$14,731,706	\$2,520	1.81%	106	\$267,120

Estimated Cost of Proposal

Operating Costs	\$945,000
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Potential Offset

Estimated Emergency Room Charges	\$682,486
Estimated Incarceration Costs	\$267,120
Total	\$949,606

Demographics

Table 33. RGSC Regional Group County Populations¹²⁸

* denotes counties with a population greater than 250,000

LMHA	County	Total Population
Coastal Plains Community Center	Jim Wells	41,080
Coastal Plains Community Center	Kleberg	32,295
Coastal Plains Community Center	Duval	10,985
Coastal Plains Community Center	Brooks	7,215
Coastal Plains Community Center	Kenedy	414
Tropical Texas Behavioral Health	Hidalgo*	880,024
Tropical Texas Behavioral Health	Cameron*	425,827
Tropical Texas Behavioral Health	Willacy	21,691

(Please refer to Appendix W, SASH Regional Group Demographics, for the counties associated with Border Region Behavioral Health Center.)

Chart 19. All Texas Access RGSC Regional Group Race and Ethnicity¹²⁹

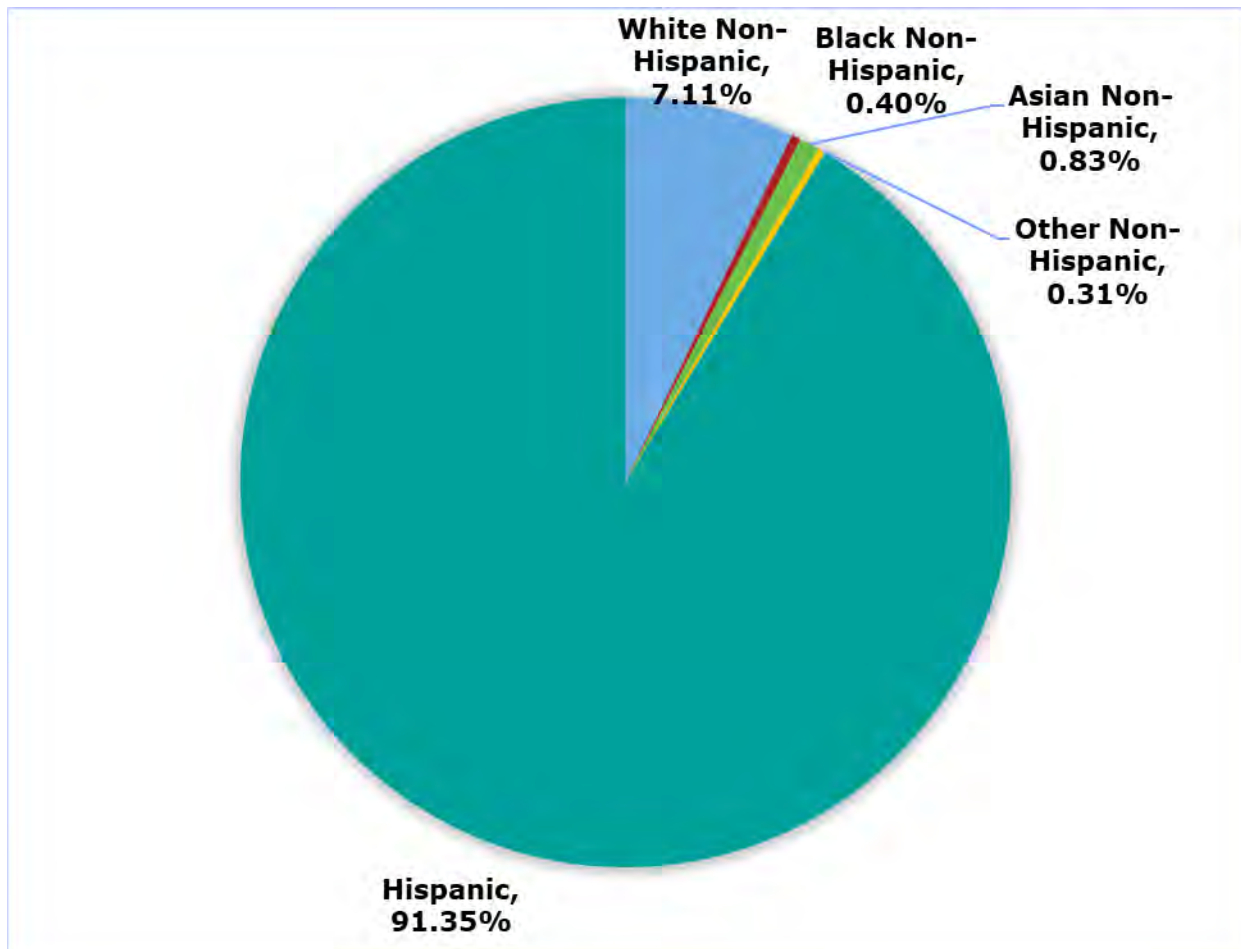


Table 34. All Texas Access RGSC Regional Group County Demographics

The table below offers multiple data points for this region and compares them to statewide averages. The statewide average is for entire state. The regional percentages are based on the counties in this regional group.

	Poverty (All Ages)	Children in Poverty (Under 18 Years Old)	Veterans (Percentage of Population 18 Years and Older)	Uninsured (Under 65 Years Old)	Uninsured Children (Under 19 Years old)
Statewide Average	14.9%	21.1%	6.8%	19.9%	11.1%
Regional Group County Average	27.2%	38.7%	4.2%	24.7%	11.5%
Lowest County Percentage in Regional Group	14.3% - Kenedy County	20.3% - Kenedy	0% - Kenedy County	17.9% - Brooks County	7.3% - Brooks County
Highest County Percentage in Regional Group	35.0% - Willacy County	49.1% - Zapata County	7.2% - Kleberg County	32.1% - Hidalgo County	16% - Kenedy County

All information in the table above originates from the United States Census Bureau's data for 2018. For a closer look at Census Bureau data, visit <https://data.census.gov/cedsci/>.

LMHA/LBHA Outpatient Locations

Figure 54. All Texas Access RGSC Regional Group LMHA/LBHA Outpatient Locations



Image Source: HHSC Communications

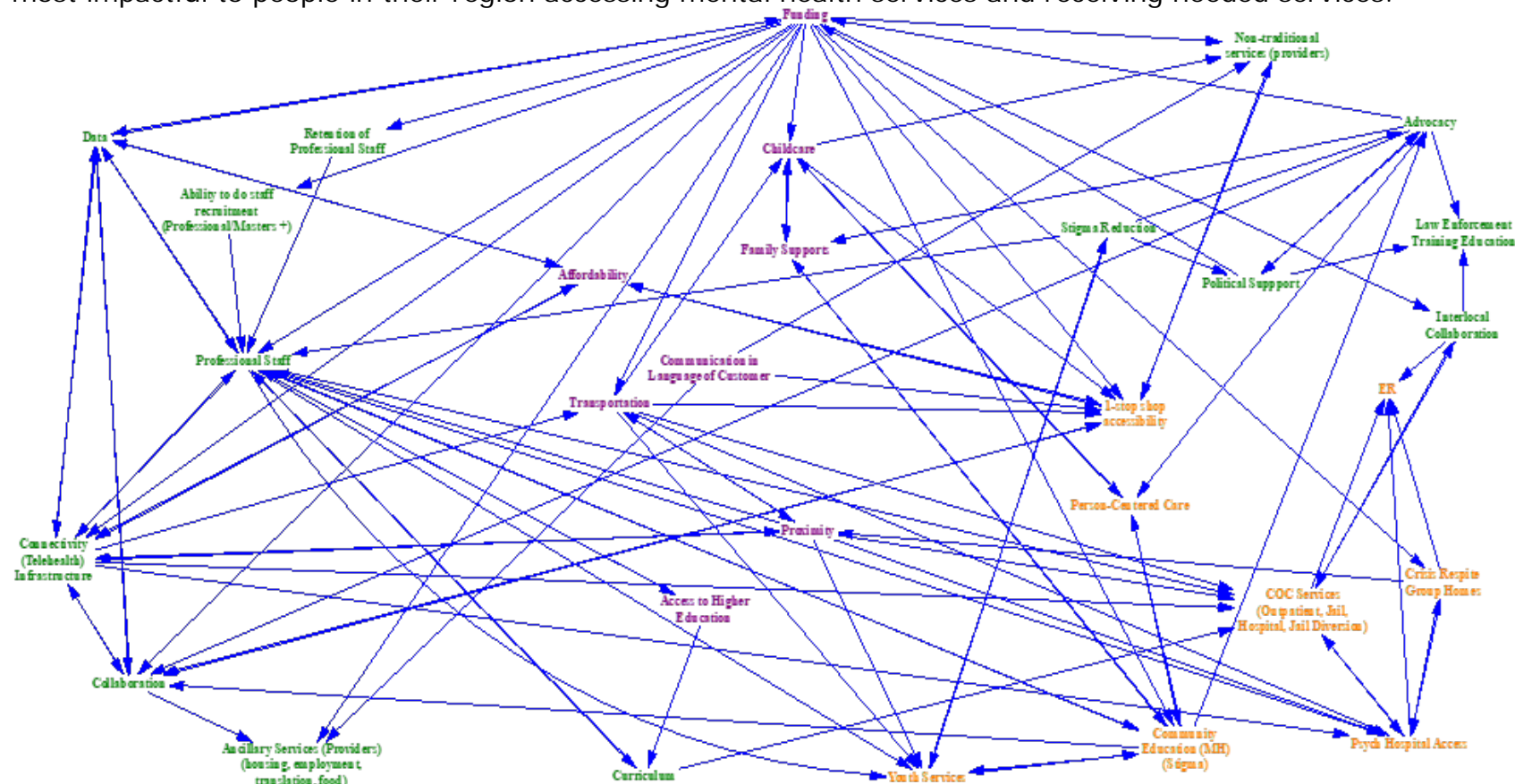
Table 35. All Texas Access RGSC Regional Group LMHA/LBHA Outpatient Map Locations

LMHA/LBHA	Address	City	Zip Code	County
Border Region	106 E. Amada Street	Hebbronville	78361	Jim Hogg
Border Region	2751 Pharmacy Road	Rio Grande	78582	Starr
Border Region	1500 Pappas Street	Laredo	78041	Webb
Border Region	101 US Highway 83	Zapata	78076	Zapata
Coastal Plains	620 E. Concho	Rockport	78382	Aransas
Coastal Plains	2808 Industrial Loop	Beeville	78102	Bee
Coastal Plains	101 W. Potts	Falfurrias	78355	Brooks
Coastal Plains	111 E. Riley	Freer	78357	Duval
Coastal Plains	614 W. Front Street	Alice	78332	Jim Wells
Coastal Plains	1621 E. Corral	Kingsville	78363	Kleberg
Coastal Plains	504 Houston Street, Ste. B	George West	78022	Live Oak
Coastal Plains	1010 Commercial	Aransas Pass	78336	San Patricio
Coastal Plains	201 Roots Avenue	Taft	78390	San Patricio
Tropical Texas Behavioral Health	103 N. Loop 499	Harlingen	78550	Cameron
Tropical Texas Behavioral Health	202 S. G Street	Harlingen	78550	Cameron
Tropical Texas Behavioral Health	1242 N. 77 Sunshine Strip	Harlingen	78550	Cameron
Tropical Texas Behavioral Health	861 Old Alice Road	Brownsville	78520	Cameron
Tropical Texas Behavioral Health	1901 S. 24th Avenue	Edinburg	78539	Hidalgo
Tropical Texas Behavioral Health	2215 W. Business 83	Weslaco	78596	Hidalgo

System Model

Figure 55. All Texas Access RGSC Regional Group System Model

Below is a software-generated graphic of the factors that the All Texas Access RGSC Regional Group identified as most impactful to people in their region accessing mental health services and receiving needed services.



Appendix L. All Texas Access RSH Regional Group

Cost Offset Models

Increase Mental Health Deputies

Cost Model Assumptions

- 1) The mental health deputy officer cost (FY 2019) was calculated by using the budget provided by Bluebonnet Trails Community Services that reflects a comprehensive breakdown of associated with operating a mental health deputy program.

Personnel (salary, benefits, etc.)	\$85,913
Training and Equipment	\$7,350
Supplies & Operating Expenses	\$24,780
Total Cost	\$118,043

- 2) The incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 3) The diversion rate will be contingent on the total cost associated with the implementation of mental health deputies in each regional group.
- 4) The metrics associated with the officer ratio will vary based on the number of officers that are available, per regional group. For this regional group, the LMHA/LBHAs decided the number of officers they would need.
- 5) Interaction with a mental health deputy will allow for a person in service to be sent to the service that best meets their need. No extra expense would be incurred.
- 6) Source: https://house.texas.gov/_media/pdf/committees/reports/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf

Calculations

Effect on Incarceration

Estimated Number of Incarcerations	Estimated Cost of Incarceration	Per Incarceration Cost	Target Diversion Rate	Number of Incarcerations Diverted	Potential Offset
15,553	\$39,186,289	\$2,520	7.54%	1,173	\$2,955,960

Potential Offset

Estimate Incarceration Costs	\$2,955,960
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Estimated Mental Health Deputy Cost

Per Officer	\$118,043
Number of Officers	25
Total Cost	\$2,951,075

Estimated Incarceration Diversions Per Officer

Number of Officers	25
Incarceration Diversion	47

Develop Non-Crisis Client Transportation

Cost Model Assumptions

- 1) The rural ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of transportation services will be dependent on the operator.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) With greater access to transportation services to appointments, the better access to treatment and the fewer ER visits and incarcerations of individuals who may enter into mental health crisis.
- 5) The cost per trip was calculated based on the total number of trips to crisis facilities in the regional group and the total cost associated with these trips. This cost assumes that persons were transported via law enforcement.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
23,825	\$58,306,681	\$2,447	1.56%	372	\$910,284

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
15,553	\$39,186,289	\$2,520	1.50%	233	\$587,160

Estimated Effect on Transportation

Trips to Crisis Facilities	Estimated Transportation Costs	Cost Per Trip	Diverted Trips	Potential Offset
4,850	\$3,565,790	\$735	372	\$273,420

Estimated Cost of Transportation Proposal

Operating Cost	\$1,762,390
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Potential Offset

Estimated Emergency Room Charges	\$910,284
Estimated Incarceration Costs	\$587,160
Estimated Transportation Costs	\$273,420
Total	\$1,770,864

Expand Sober Living Options

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of sober living options will be dependent on the type of programs offered.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) With access to an appropriate living arrangement, individuals will receive services that will reduce their use of the ER for mental health crisis care and reduce the probability of being incarcerated related to a mental health crisis.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
23,825	\$58,306,681	\$2,447	0.21%	50	\$122,350

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
15,553	\$39,186,289	\$2,520	0.30%	47	\$118,440

Estimated Cost of Sober Living Options Proposal

Operating Cost	\$240,000
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Potential Offset

Estimated ER Charges	\$122,350
Estimate Incarceration Costs	\$118,440
Total	\$240,790

Increase Integrated/Co-Located Services

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of co-located/integrated services will depend on the type of programs offered.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) With earlier access to services, effective treatment will reduce the probability of individuals being incarcerated or seeking mental health crisis care in the ER.

Calculations

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
23,825	\$58,306,681	\$2,447	2.51%	598	\$1,463,306

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
15,553	\$39,186,289	\$2,520	1.00%	156	\$393,120

Estimated cost of Integrated/Co-Located Services Proposal

Operating Costs	\$1,852,306
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Potential Offset

Estimated Emergency Room Charges	\$1,463,306
Estimated Incarceration Costs	\$393,120
Total	\$1,856,426

Develop a CORE Program

Cost Model Assumptions

- 1) The software development will be a one-time cost incurred for the first year. Once developed, the software can be used statewide. The cost for software updates, technical support, or training are not included in the statewide cost.
- 2) The costs were developed using estimates based on current rates. These costs can change based on quantity of devices or changes in staff salary and other associated costs.
- 3) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 4) Since law enforcement will be involved, the ER metrics were based on the estimated number of people living in a rural county who were transported to the ER via law enforcement.
- 5) The diversion rate will be contingent on the total cost associated with the implementation of CORE in the regional group.
- 6) The metrics associated with the law enforcement officer ratio will vary based on the number of officers and devices (tablet, cell phone, etc.) that will be used to conduct the consultations.

Calculations

Effect on ER Visits

Estimated ER Visits via LE	Estimated ER Charges for Visits Via LE	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
4,850	\$11,867,950	\$2,447	6.63%	322	\$787,934

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
15,553	\$39,186,289	\$2,520	1.16%	180	\$453,600

Estimated Cost of Proposal

Regional Costs	\$1,239,806
Software Development (Statewide)	See ASH Regional Plan
Total Cost	\$1,239,806

Potential Offset

Estimated Emergency Room Charges	\$787,934
Estimated Incarceration Costs	\$453,600
Total	\$1,241,534

Estimated Officer Ratio

Number of Officers	191
ER Diversions (Per Officer)	1.69
Incarceration Diversions (Per Officer)	0.94

Demographics

Table 36. All Texas Access RSH Regional Group County Populations¹³⁰

* denotes counties with a population greater than 250,000

LMHA	County	Total Population
ACCESS	Anderson	58,979
ACCESS	Cherokee	53,427
Andrews Center Behavioral Healthcare System	Smith	229,523
Andrews Center Behavioral Healthcare System	Henderson	82,517
Andrews Center Behavioral Healthcare System	Van Zandt	56,092
Andrews Center Behavioral Healthcare System	Wood	44,985
Andrews Center Behavioral Healthcare System	Rains	12,259
Burke Center	Angelina	91,687
Burke Center	Nacogdoches	65,561
Burke Center	Polk	49,556
Burke Center	Jasper	36,407
Burke Center	San Jacinto	29,190
Burke Center	Shelby	24,609
Burke Center	Houston	23,339
Burke Center	Tyler	22,437
Burke Center	Trinity	14,663
Burke Center	Newton	13,759
Burke Center	Sabine	11,038
Burke Center	San Augustine	8,562
Community Healthcore	Gregg	125,906
Community Healthcore	Bowie	97,397
Community Healthcore	Harrison	68,453
Community Healthcore	Rusk	54,042
Community Healthcore	Upshur	41,066
Community Healthcore	Cass	30,819

LMHA	County	Total Population
Community Healthcore	Panola	24,554
Community Healthcore	Red River	11,971
Community Healthcore	Marion	9,957
Spindletop Center	Jefferson*	252,469
Spindletop Center	Orange	84,862
Spindletop Center	Hardin	58,355
Spindletop Center	Chambers	43,018
The Harris Center for Mental Health and IDD	Harris*	4,686,778
Tri-County Behavioral Healthcare	Montgomery*	594,453
Tri-County Behavioral Healthcare	Liberty	86,495
Tri-County Behavioral Healthcare	Walker	74,359

While the Harris Center for Mental Health and IDD is participating in this group as an ex-officio member, the county demographics for Houston are not included in the calculations below.

Chart 20. All Texas Access RSH Regional Group Race and Ethnicity¹³¹

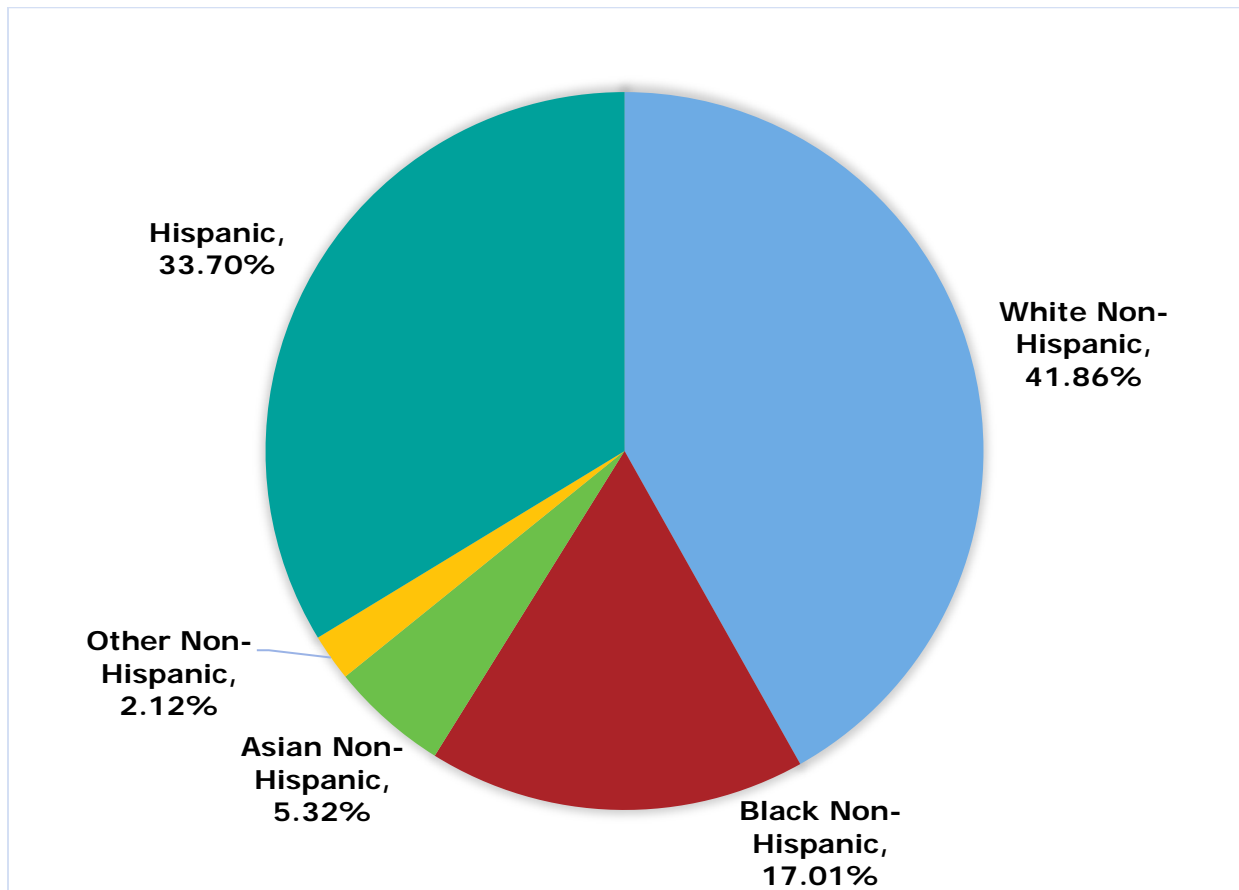


Table 37 below offers multiple data points for this region and compares them to statewide averages. The statewide average is for the entire state. The regional percentages are based on the counties in this regional group.

Table 37. All Texas Access RSH Regional Group County Demographics

	Poverty (All Ages)	Children in Poverty (Under 18 Years Old)	Veterans (Percentag e of Population 18 Years and Older)	Uninsured (Under 65 Years Old)	Uninsured Children (Under 19 Years Old)
Statewide Average	14.9%	21.1%	6.8%	19.9%	11.1%
Regional Group County Average	17.5%	25.6%	9.2%	19.7%	12.0%
Lowest County Percentage in Regional Group	8.5% - Chambers County	10.9% - Chambers County	6.1% - Red River County	15.1% - Chambers County	8.8% - Bowie County / Hardin County
Highest County Percentage in Regional Group	26.1% - Houston County	40.85 – Houston County	14.8% - Sabine County	25.3% - Shelby County	22.6% - Harris County

All information in the table above originates from the United States Census Bureau's data for 2018. For a closer look at Census Bureau data, visit <https://data.census.gov/cedsci/>.

LMHA/LBHA Outpatient Locations

Figure 56. All Texas Access RSH Regional Group LMHA/LBHA Outpatient Locations

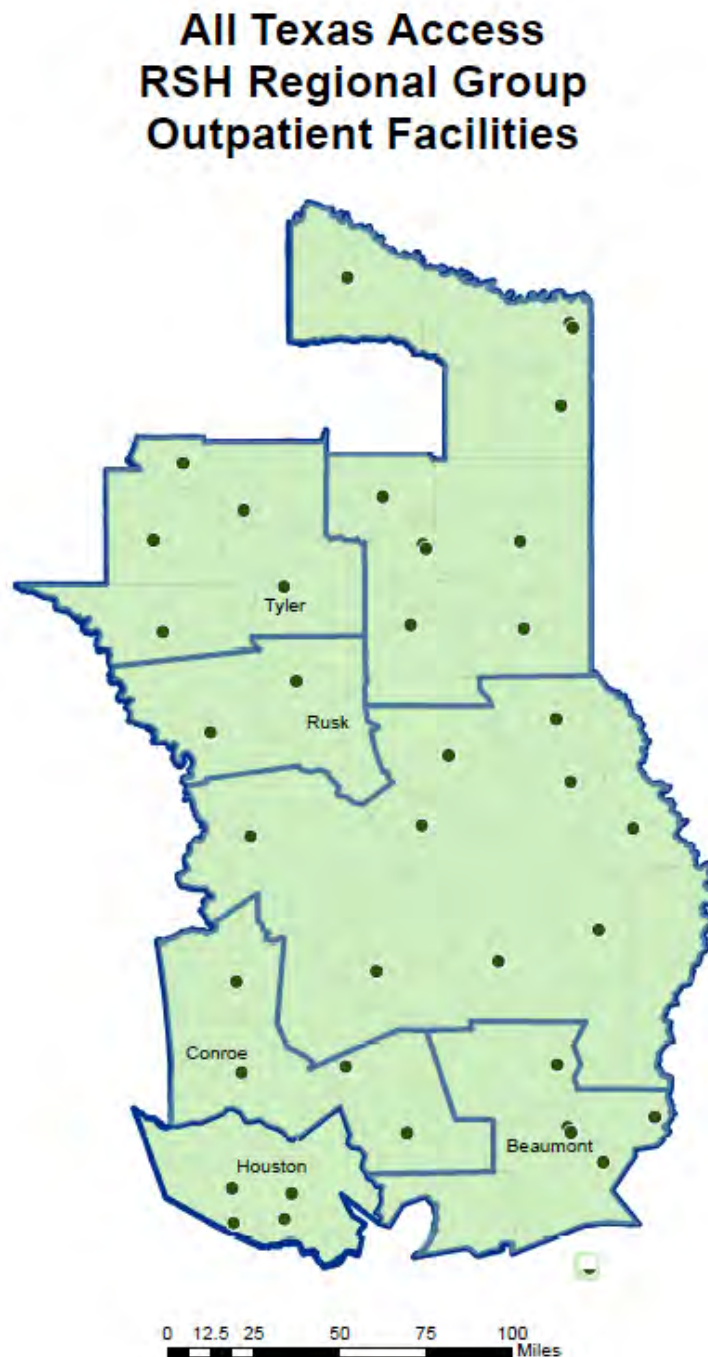


Image Source: HHSC Communications

Table 38. All Texas Access RSH Regional Group LMHA/LBHA Outpatient Map Locations

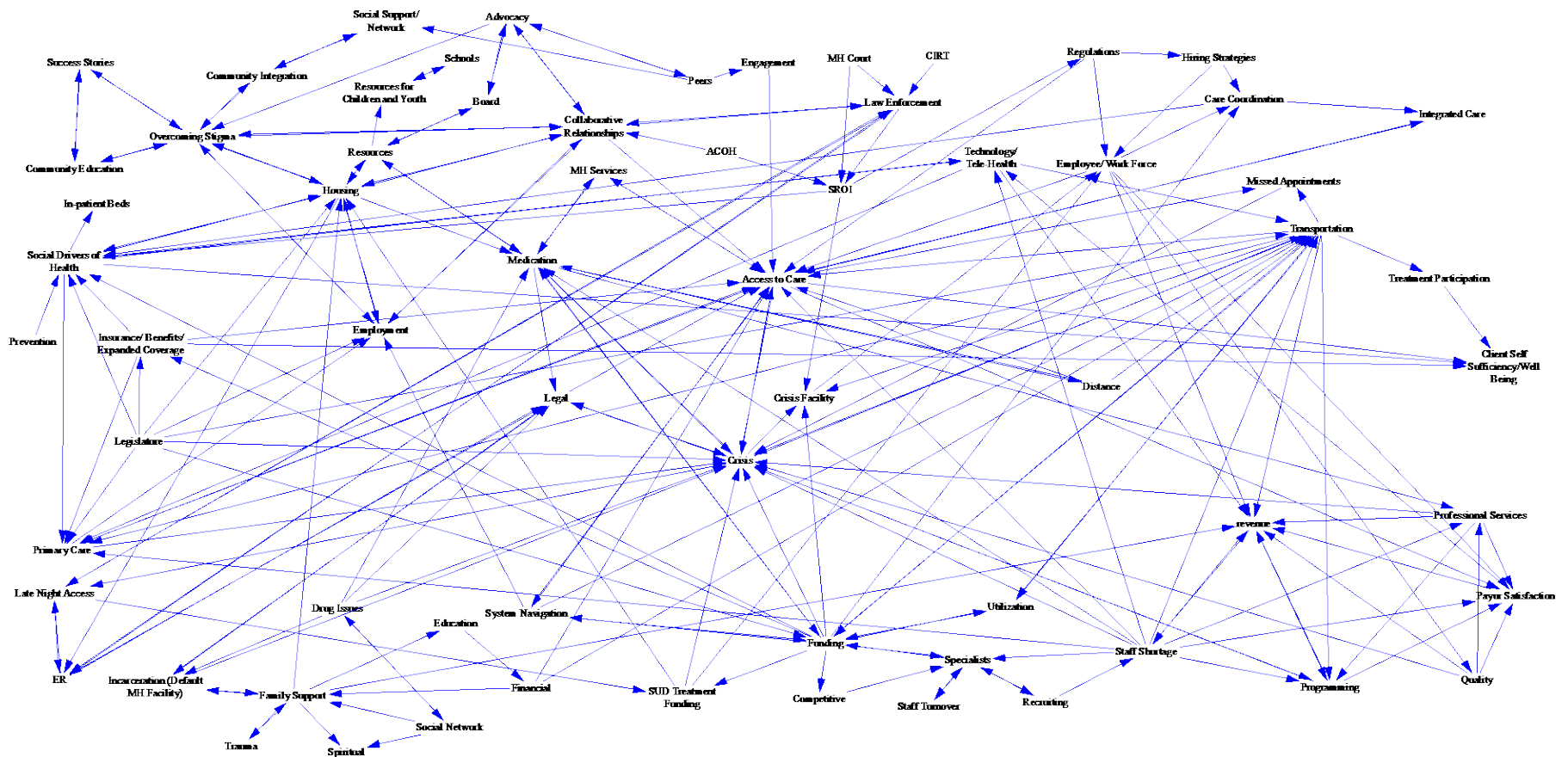
LMHA/LBHA	Address	City	Zip Code	County
ACCESS	3320 S. Loop 256	Palestine	75801	Anderson
ACCESS	1011 College Avenue	Jacksonville	75766	Cherokee
Andrews Center	6901 Hwy. 19 South	Athens	75751	Henderson
Andrews Center	1174 E. Lennon	Emory	75440	Rains
Andrews Center	2323 West Front Street	Tyler	75702	Smith
Andrews Center	575 W. Hwy. 243	Canton	75103	Van Zandt
Andrews Center	703 W. Patten Street	Mineola	75773	Wood
Burke Center	1522 West Frank Avenue, Suite 300	Lufkin	75904	Angelina
Burke Center	1401 W. Austin Street	Crockett	75835	Houston
Burke Center	1250 Marvin Hancock Drive	Jasper	75951	Jasper
Burke Center	3824 N. University Drive, Suite 101	Nacogdoches	75965	Nacogdoches
Burke Center	1100 Ogletree Drive	Livingston	77351	Polk
Burke Center	2301 Worth Street	Hemphill	75948	Sabine
Burke Center	583 S. El Camino Crossing	San Augustine	75972	San Augustine
Burke Center	223 Hurst Street, Suite B	Center	75935	Shelby
Burke Center	1100 West Bluff	Woodville	75979	Tyler
Community Healthcore	2435 College Drive	Texarkana	75501	Bowie
Community Healthcore	1911 Galleria Oaks	Texarkana	75503	Bowie
Community Healthcore	1008 N Louise St	Atlanta	75551	Cass
Community Healthcore	1300 N. Sixth Street	Longview	75601	Gregg
Community Healthcore	701 E. Marshall, Suite 310	Longview	75601	Gregg
Community Healthcore	401 N. Grove	Marshall	75670	Harrison
Community Healthcore	1701 S. Adams	Carthage	75633	Panola
Community Healthcore	106 N. MLK Dr.	Clarksville	75426	Red River
Community Healthcore	209 North Main Street	Henderson	75652	Rusk

LMHA/LBHA	Address	City	Zip Code	County
Community Healthcore	101 Madison	Gilmer	75644	Upshur
Spindletop Center	845 US 96 Business	Silsbee	77656	Hardin
Spindletop Center	2750 South 8th Street	Beaumont	77701	Jefferson
Spindletop Center	2895 South 8th Street	Beaumont	77701	Jefferson
Spindletop Center	3407 57th Street	Port Arthur	77642	Jefferson
Spindletop Center	4305 N. Tejas Parkway	Orange	77632	Orange
The Harris Center for Mental Health and IDD	3737 Dacoma Street	Houston	77092	Harris
The Harris Center for Mental Health and IDD	5901 Long Drive	Houston	77087	Harris
The Harris Center for Mental Health and IDD	7200 North Loop East Freeway	Houston	77028	Harris
The Harris Center for Mental Health and IDD	9401 Southwest Freeway	Houston	77074	Harris
Tri-County Behavioral Healthcare	2004 Truman Street	Cleveland	77327	Liberty
Tri-County Behavioral Healthcare	2000 Panther Lane	Liberty	77575	Liberty
Tri-County Behavioral Healthcare	233 Sgt. Ed Holcomb Blvd. S.	Conroe	77304	Montgomery
Tri-County Behavioral Healthcare	7045 TX-75	Huntsville	77340	Walker

System Model

Figure 57 shows a software-generated graphic of the factors that the All Texas Access RSH Regional Group identified as most impactful to people in their region accessing mental health services and receiving needed services.

Figure 57. All Texas Access RSH Regional Group System Model



Appendix M. All Texas Access SASH Regional Group

Cost Offset Models

Establish Community Mental Health Hospitals

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) State hospital data was obtained from the HHSC Health and Specialty Care System.
- 3) With the availability of CMHHS, persons will be diverted from ERs and state hospitals. This could also affect incarceration of individuals experiencing a mental health crisis.
- 4) CMHHS will be an option for service provision. They will not replace medical services provided by hospitals.
- 5) With greater access to CMHHS, there may be a reduction in costs associated with the transportation of persons to state hospitals/crisis facilities both in and out of the region.
- 6) The diversion rate for ER visits and state hospital admissions can be manipulated according to program/project targets in accordance with operating costs and constructions costs.
- 7) The construction/renovation costs and operating costs listed were obtained from LMHA/LBHAs. The operating cost varies based on the number of units, types of services provided, and expected utility expenses. The construction/rehabilitation cost for Uvalde is estimated at \$9,850,000; Calallen is \$4,000,000; and Victoria is \$2,000,000.

Calculations

Uvalde

Effect on ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
16,681	\$42,772,461	\$2,564	15.58%	2,599	\$6,663,836

Effect on State Hospital Admissions (Civil) FY 2019

Number of Episodes	Cost Per Day	Estimated Cost Per Episode	Target Diversion Rate	Visits Diverted	Potential Offset
503	\$574	\$48,733	15.70%	79	\$3,849,907

Estimated Cost of Uvalde CMHH Proposal

Operating Cost	\$10,512,000
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Potential Offset

Estimated Emergency Room Charges	\$6,663,836
Estimated State Hospital Admissions Costs (Civil)	\$3,849,907
Total	\$10,513,743

Calallan**Effect on ER Visits**

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
16,681	\$42,772,461	\$2,564	13.08%	2,182	\$5,594,648

Effect on State Hospital Admissions (Civil) FY 2019

Number of Episodes	Cost Per Day	Estimated Cost Per Episode	Target Diversion Rate	Visits Diverted	Potential Offset
503	\$574	\$48,733	13.00%	65	\$3,167,645

Estimated Cost of Calallan CMHH Proposal

Operating Cost	\$8,760,000
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Potential Offset

Estimated Emergency Room Charges	\$5,594,648
Estimated State Hospital Admissions Costs (Civil)	\$3,167,645
Total	\$8,762,293

Victoria**Effect on ER Visits**

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
16,681	\$42,772,461	\$2,564	6.49%	1,083	\$2,776,812

Effect on State Hospital Admissions (Civil) FY 2019

Number of Episodes	Cost Per Day	Estimated Cost Per Episode	Target Diversion Rate	Visits Diverted	Potential Offset
503	\$574	\$48,733	6.50%	33	\$1,608,189

Estimated Cost of Victoria CMHH Proposal

Operating Cost	\$4,380,000
----------------	-------------

Potential Offset

Estimated Emergency Room Charges	\$2,776,812
Estimated State Hospital Admissions Costs (Civil)	\$1,608,189
Total	\$4,385,001

Fund telepsychiatry consultation services for county jails in counties with 100,000 residents or fewer

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) Since law enforcement will be involved, the ER metrics were based on the estimated number of people living in rural counties who were transported via law enforcement to the ER.
- 3) The costs are associated with telepsychiatry services at jails serving counties with a population of 100,000 residents or fewer.
- 4) Inmates who receive telepsychiatry services in jail are assumed to continue receiving services upon release that will result in fewer mental health crises and reduced likelihood of incarceration or ER visits for mental health crises.
- 5) These costs do not include those that could be incurred by sheriff's departments or jail operators. These are costs incurred by the LMHA/LBHAs.

Calculations

Effect on ER Visits

Estimated ER Visits via LE	Estimated ER Charges for Visits Via LE	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
1,955	\$5,012,620	\$2,564	3.51%	69	\$176,916

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
8,829	\$22,244,957	\$2,520	3.75%	331	\$834,120

Estimated Cost of Jail telepsychiatry Service Proposal

Operating Cost	\$1,010,000
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Potential Offset

Estimated Emergency Room Charges	\$176,916
Estimated Incarceration Costs	\$834,120
Total	\$1,011,036

Create a Clinician Officer Remote Evaluation (CORE) System

Cost Model Assumptions

- 1) The software development will be a one-time cost incurred for the first year. Once developed, the software can be used statewide.
- 2) The costs were developed using estimates based on current rates. These costs can change based on quantity of devices or changes in staff salary and other associated costs.
- 3) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.

- 4) Since law enforcement will be involved, the ER metrics were based on the estimated number of people living in a rural county who were transported to the ER via law enforcement.
- 5) The diversion rate will be contingent on the total cost for the implementation of CORE in the regional group.
- 6) The metrics associated with the law enforcement officer ratio will vary based on the number of officers and devices (tablet, cell phone, etc.) that will be used to conduct the consultation.

Calculations

Effect of ER Visits

Estimated ER Visits via LE	Estimated ER Charges for Visits Via LE	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
1,955	\$5,012,620	\$2,564	16.70%	326	\$835,864

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
8,829	\$22,244,957	\$2,520	5.02%	443	\$1,116,360

Estimated Cost of Proposal

Regional Costs	\$1,950,352
Software Development (Statewide)	See ASH Regional Plan
Total Cost	\$1,950,352

Potential Offset

Estimated Emergency Room Charges	\$835,864
Estimated Incarceration Costs	\$1,116,360
Total	\$1,952,224

Estimated Officer Ratio

Number of Officers	375
ER Diversions (Per Officer)	0.87
Incarceration Diversions (Per Officer)	1.18

Create regional EOUs in Lytle and Eagle Pass

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The operational cost of the EOUs will be dependent on the operator.
- 3) The target diversion rate will be contingent on the overall operational cost.
- 4) With greater access to EOUs, individuals will have access to crisis services rather than having to rely on receiving mental health crisis care at ERs.

Calculations

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
16,681	\$42,772,461	\$2,564	2.37%	395	\$1,012,780

Estimated Cost of Proposal

Operating Cost	\$1,010,000
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Potential Offset

Estimated Officer Ratio

Estimated Emergency Room Charges	\$1,012,780
Total	\$1,012,780

Demographics

Table 39. All Texas Access SASH Regional Group County Populations¹³²

* denotes counties with a population greater than 250,000

LMHA	County	Total Population
Behavioral Health Center of Nueces County	Nueces	361,243*
Bluebonnet Trails Community Services	Guadalupe	162,618
Bluebonnet Trails Community Services	Gonzales	20,641
Border Region Behavioral Health	Webb	280,945*
Border Region Behavioral Health	Starr	63,649
Border Region Behavioral Health	Zapata	14,015
Border Region Behavioral Health	Jim Hogg	5,130
Camino Real Community Center	Maverick	57,425
Camino Real Community Center	Wilson	50,755
Camino Real Community Center	Atascosa	50,233
Camino Real Community Center	Frio	19,411
Camino Real Community Center	Karnes	15,318
Camino Real Community Center	Zavala	12,199
Camino Real Community Center	Dimmit	10,308
Camino Real Community Center	La Salle	7,484
Camino Real Community Center	McMullen	752
The Center for Health Care Services	Bexar	1,979,294*
Coastal Plains Community Center	San Patricio	65,920
Coastal Plains Community Center	Bee	33,240
Coastal Plains Community Center	Aransas	23,724
Coastal Plains Community Center	Live Oak	12,058
Gulf Bend Center	Victoria	92,025
Gulf Bend Center	Calhoun	21,955
Gulf Bend Center	DeWitt	20,938
Gulf Bend Center	Lavaca	20,256
Gulf Bend Center	Jackson	15,234
Gulf Bend Center	Goliad	7,791
Gulf Bend Center	Refugio	6,944
Hill Country Community MHDD	Hays	221,266

LMHA	County	Total Population
Hill Country Community MHDD	Comal	146,941
Hill Country Community MHDD	Kerr	52,496
Hill Country Community MHDD	Medina	52,268
Hill Country Community MHDD	Val Verde	50,560
Hill Country Community MHDD	Kendall	46,469
Hill Country Community MHDD	Uvalde	27,768
Hill Country Community MHDD	Gillespie	26,973
Hill Country Community MHDD	Bandera	22,723
Hill Country Community MHDD	Llano	21,576
Hill Country Community MHDD	Blanco	11,772
Hill Country Community MHDD	Kimble	4,672
Hill Country Community MHDD	Mason	4,263
Hill Country Community MHDD	Sutton	3,745
Hill Country Community MHDD	Kinney	3,717
Hill Country Community MHDD	Real	3,569
Hill Country Community MHDD	Schleicher	3,030
Hill Country Community MHDD	Menard	2,141
Hill Country Community MHDD	Edwards	1,913

Chart 21. All Texas Access SASH Regional Group Race and Ethnicity¹³³

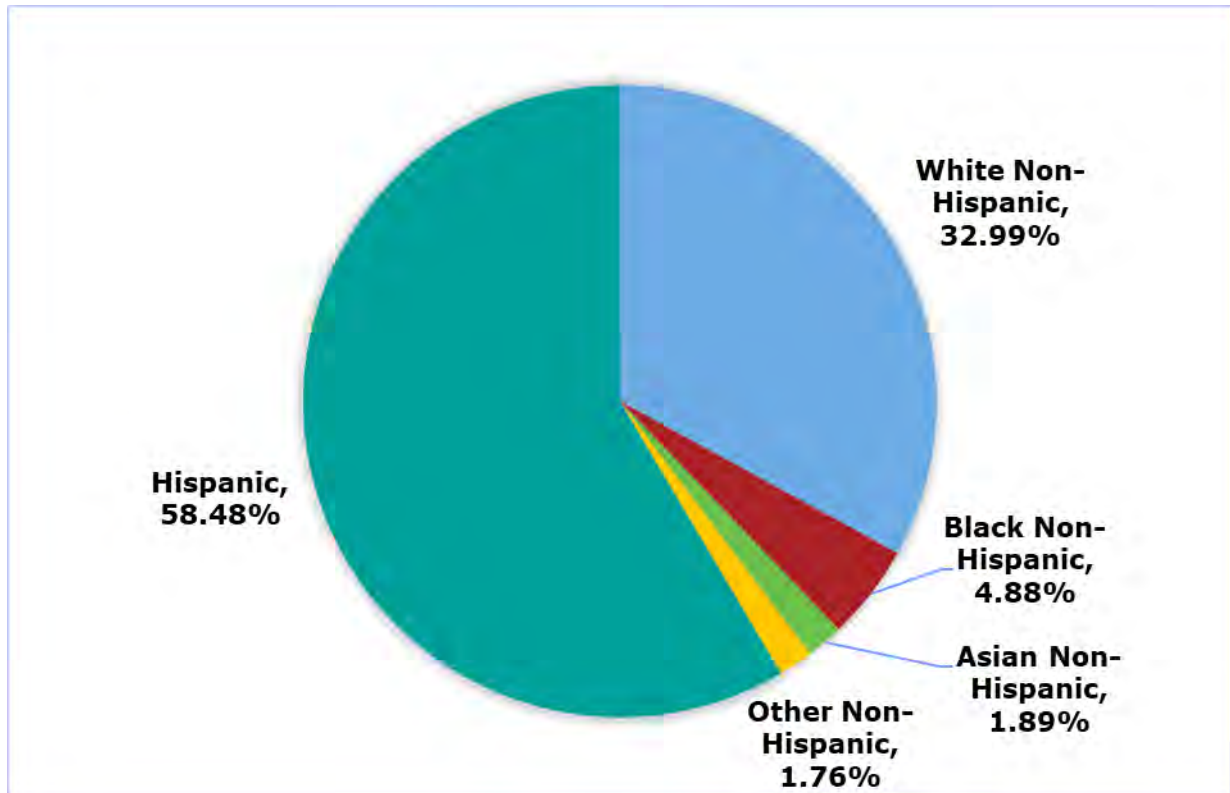


Table 40. All Texas Access SASH Regional Group County Demographics

The table below offers multiple data points for this region and compares them to statewide averages. The statewide average is for entire state. The regional percentages are based on the counties in this regional group.

	Poverty (All Ages)	Children in Poverty (Under 18 Years Old)	Veterans (Percentage of Population 18 Years and Older)	Uninsured (Under 65 Years Old)	Uninsured Children (Under 19 Years Old)
Statewide Average	14.9%	21.1%	6.8%	19.9%	11.1%
Regional Group County Average	18.0%	26.8%	9.0%	20.8%	12.4%
Lowest County Percentage in Regional Group	7.1% - Comal County	10.2% - Comal County	1.6% - Starr County	14.1% - McMullen County	7.3% - La Salle County
Highest County Percentage in Regional Group	33.2% - Starr County	49.1% - Zapata County	22.7% - Kinney County	29.9% - Starr County	23.0% - Mason County

All information in the table above originates from the United States Census Bureau's data for 2018. For a closer look at Census Bureau data, visit <https://data.census.gov/cedsci/>.

LMHA/LBHA Outpatient Locations

Figure 58. All Texas Access SASH Regional Group LMHA/LBHA Outpatient Locations

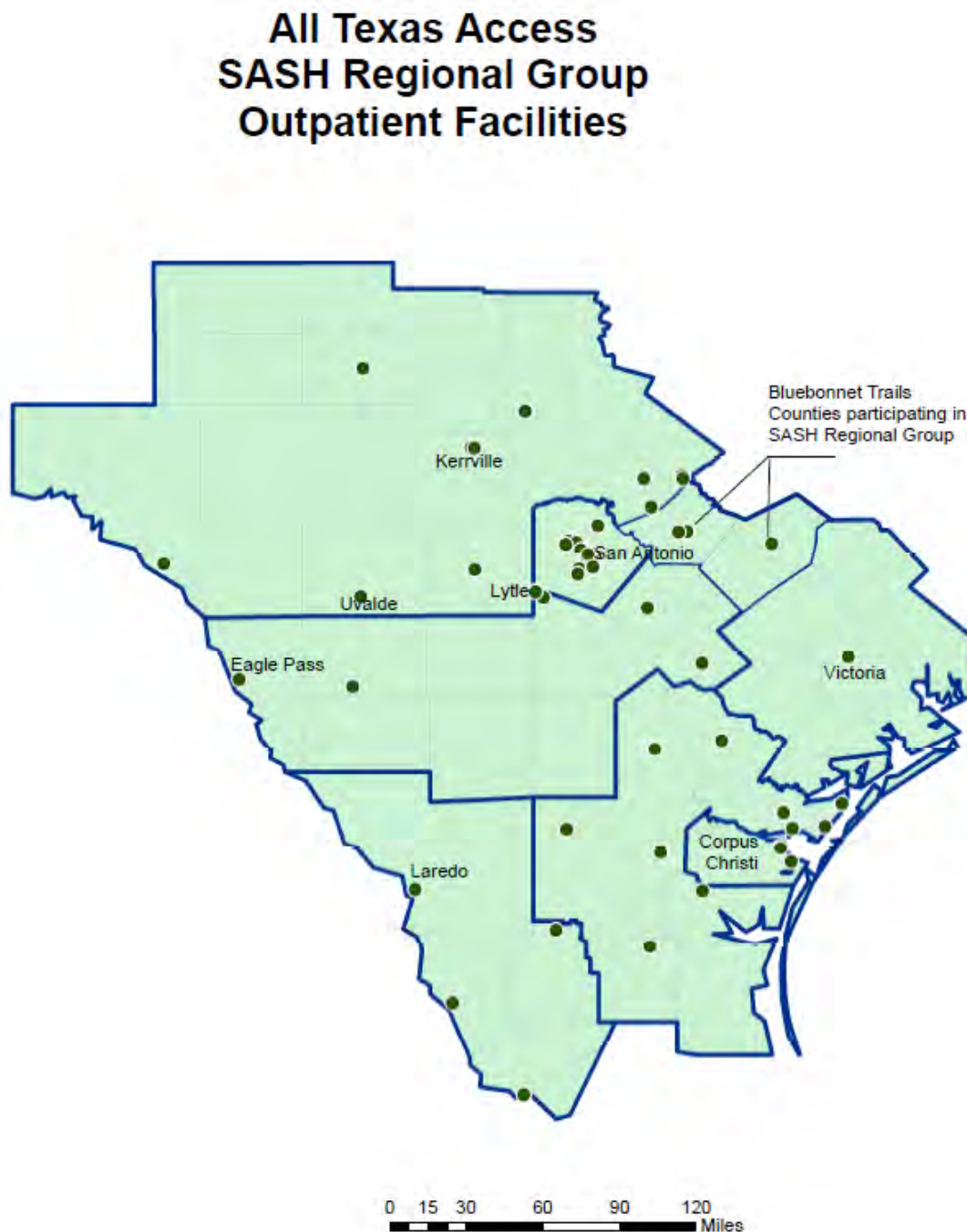


Image Source: HHSC Communications

Table 41. All Texas Access SASH Regional Group LMHA/LBHA Outpatient Map Locations

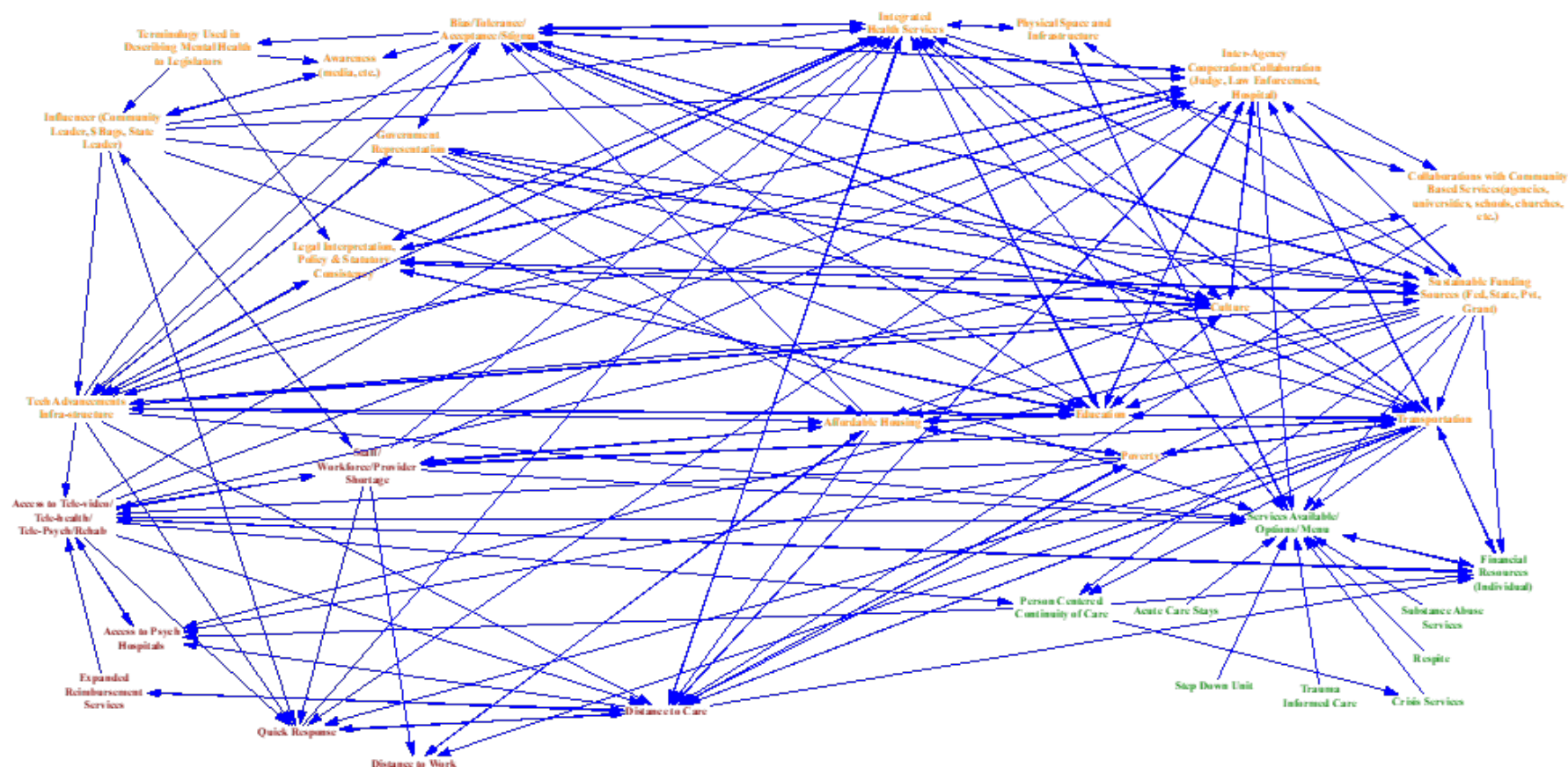
LMHA/LBHA	Address	City	Zip Code	County
Border Region	106 E. Amada Street	Hebbronville	78361	Jim Hogg
Border Region	2751 Pharmacy Road	Rio Grande	78582	Starr
Border Region	1500 Pappas Street	Laredo	78041	Webb
Border Region	101 US Highway 83	Zapata	78076	Zapata
Coastal Plains	620 E. Concho	Rockport	78382	Aransas
Coastal Plains	2808 Industrial Loop	Beeville	78102	Bee
Coastal Plains	101 W. Potts	Falfurrias	78355	Brooks
Coastal Plains	111 E. Riley	Freer	78357	Duval
Coastal Plains	614 W. Front Street	Alice	78332	Jim Wells
Coastal Plains	1621 E. Corral	Kingsville	78363	Kleberg
Coastal Plains	504 Houston Street, Ste. B	George West	78022	Live Oak
Coastal Plains	1010 Commercial	Aransas Pass	78336	San Patricio
Coastal Plains	201 Roots Avenue	Taft	78390	San Patricio
Bluebonnet Trail Community Services	228 St. George Street	Gonzales	78629	Gonzales
Bluebonnet Trail Community Services	1104 Jefferson Avenue	Sequin	78155	Guadalupe
Camino Real Community Services	19965 FM 3175	Lytle	78052	Atascosa
Camino Real Community Services	509 Martin Branch Rd.	Dilley	78017	Frio
Camino Real Community Services	221 W. Main Street	Kenedy	78119	Karnes
Camino Real Community Services	2644 Encino Park Drive	Eagle Pass	78852	Maverick
Camino Real Community Services	1005 B Street	Floresville	78114	Wilson
Camino Real Community Services	1007 N. 1st Avenue	Crystal City	78839	Zavala
Gulf Bend MHMR Center	6502 Nursery Drive	Victoria	77904	Victoria

LMHA/LBHA	Address	City	Zip Code	County
Hill Country MHDD	358 Landa Street, #300	New Braunfels	78130	Comal
Hill Country MHDD	140 Industrial Loop	Fredericksburg	78624	Gillespie
Hill Country MHDD	1605-B E. Main St	Fredericksburg	78624	Gillespie
Hill Country MHDD	1200 N. Bishop Street, #200	San Marcos	78666	Hays
Hill Country MHDD	1901 Dutton Drive	San Marcos	78666	Hays
Hill Country MHDD	1003 College St.	Junction	76849	Kimble
Hill Country MHDD	728 18th Street	Hondo	78861	Medina
Hill Country MHDD	328 Crystal City Hwy	Uvalde	78801	Uvalde
Hill Country MHDD	1927 N. Bedell	Del Rio	78840	Val Verde
The Center for Healthcare Services	104 Story Lane	San Antonio	78223	Bexar
The Center for Healthcare Services	1123 N Main Avenue, Ste. #203	San Antonio	78212	Bexar
The Center for Healthcare Services	1920 Burnet Street	San Antonio	78202	Bexar
The Center for Healthcare Services	227 W. Drexel Avenue	San Antonio	78210	Bexar
The Center for Healthcare Services	2711 Palo Alto Road	San Antonio	78211	Bexar
The Center for Healthcare Services	3031 IH-10 West	San Antonio	78201	Bexar
The Center for Healthcare Services	5372 Fredericksburg Rd	San Antonio	78229	Bexar
The Center for Healthcare Services	5802 S. Presa	San Antonio	78223	Bexar
The Center for Healthcare Services	601 N. Frio	San Antonio	78207	Bexar
The Center for Healthcare Services	6800 Park Ten Blvd., Ste. 200	San Antonio	78213	Bexar
The Center for Healthcare Services	6812 Bandera Road, #102	San Antonio	78238	Bexar
The Center for Healthcare Services	711 E. Josephine Street	San Antonio	78208	Bexar
The Center for Healthcare Services	928 W. Commerce	San Antonio	78207	Bexar

System Model

Figure 59 shows a software-generated graphic of the factors that the All Texas Access ASH Regional Group identified as most impactful to people in their region accessing mental health services and receiving needed services.

Figure 59. All Texas Access SASH Regional Group System Model



Appendix N. All Texas Access TSH Regional Group

Cost Offset Models

Increase Alternative Competency Restoration Options

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) State hospital data was obtained from the HHSC Health and Specialty Care System.
- 3) With greater access to OCR, there may be a reduction in costs associated with incarcerations and the admission of individuals to state hospitals and ERs.
- 4) The diversion rate for ER visits, incarcerations, and the number of state hospital admissions can be manipulated according to program/project targets in accordance with operating costs.

Calculations

OCR

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
8,785	\$14,826,438	\$1,688	1.65%	145	\$244,760

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
6,217	\$15,663,934	\$2,520	1.65%	103	\$259,560

Estimated Cost of Proposal

Operating Cost	\$500,000
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Potential Offset

Estimated Emergency Room Charges	\$244,760
Estimated Incarceration Costs	\$259,560
Total	\$504,320

Dismissing IST Charges

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
8,785	\$14,826,438	\$1,688	0.40%	35	\$59,080

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
6,217	\$15,663,934	\$2,520	0.46%	29	\$73,080

State Hospital Admissions (IST) FY 2019

Cost Per Episode	Admissions Diverted	Potential Offset
\$66,773.00	28	\$1,869,644

Estimated Cost of Proposal

Operating Cost	\$2,000,000
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Potential Offset

Estimated Emergency Room Charges	\$59,080
Estimate Incarceration Costs	\$73,080
Estimated State Hospital Admission Costs	\$1,869,644
Total	\$2,001,804

Provide LMHA/LBHA Clients Equipment Enabling Remote Services

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The target diversion rate will be contingent on the overall operating costs. The higher the cost, the higher the target diversion rate will need to be.
- 4) With the availability of electronic equipment, individuals living in rural areas will have improved access to LMHA/LBHA services. The improved access will reduce mental health crises involving the ER and/or incarceration.
- 5) The costs listed are only those that will be incurred by the LMHA/LBHAs. They include costs associated with the purchase of electronic equipment.

Calculations

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
8,785	\$14,826,438	\$1,688	1.33%	117	\$197,496

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
6,217	\$15,663,934	\$2,520	1.00%	62	\$156,240

Potential Offset

Estimated Emergency Room Charges	\$197,496
Estimated Incarceration Costs	\$156,240
Total	\$353,736

Estimated Cost of Proposal

Operating Costs	\$353,150
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Increase PPB funding

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The target diversion rate will be contingent on the overall costs. The higher the cost, the higher the target diversion rate will need to be.

Calculations

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
8,785	\$14,826,438	\$1,688	6.36%	559	\$943,592

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
6,217	\$15,663,934	\$2,520	7.43%	462	\$1,164,240

Potential Offset

Estimated Emergency Room Charges	\$943,592
Estimate Incarceration Costs	\$1,164,240
Total	\$2,107,832

Estimated Cost of Proposal

Operating Costs	\$2,107,875
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Create Outreach Materials for LMHA/LBHAs

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The target diversion rate will be contingent on the overall operating costs. The higher the cost, the higher the target diversion rate will need to be.
- 4) With the increase of outreach activity, participating LMHA/LBHAs will be able to promote the services they provide. This will improve the relationship between the community and the LMHA/LBHAs. Ideally, the outreach activity will result in individuals seeking LMHA/LBHA services rather than depending on ERs for mental health crisis care and/or reducing incarceration of persons experiencing a mental health crisis.

Calculations

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
8,785	\$14,826,438	\$1,688	0.16%	14	\$23,632

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
6,217	\$15,663,934	\$2,520	0.18%	11	\$27,720

Potential Offset

Estimated Emergency Room Charges	\$23,632
Estimated Incarceration Costs	\$27,720
Total	\$51,352

Estimated Cost of Proposal

Operating Costs	\$50,000
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Establish Step-Down Services through Assisted Living Facilities.

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The number of individuals housed will be contingent on available resources and management of each program.
- 4) While a person receives housing support, they will also receive access to primary care, case management, counseling, etc.
- 5) This cost-effectiveness model is based on the proposal for a 16-bed transitional living facility. The average length of stay was calculated at 75 days. The number of individuals served will depend on the length of stay.

Calculations

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
8,785	\$14,826,438	\$1,688	2.63%	231	\$389,928

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
6,217	\$15,663,934	\$2,520	2.62%	163	\$410,760

Potential Offset

Estimated Emergency Room Charges	\$389,928
Estimated Incarceration Costs	\$410,760
Total	\$800,688

Estimated Cost of Proposal

Operating Costs	\$800,000
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Establish Peer-Run Clubhouses

Cost Model Assumptions

- 1) The ER and incarceration metrics were obtained from analysis of the All Texas Access Metrics.
- 2) The diversion rate for ER visits and incarcerations can be manipulated according to program/project targets.
- 3) The target diversion rate will be contingent on the overall operating costs. The higher the cost, the higher the target diversion rate will need to be.
- 4) With the support received at clubhouses, the probability of individuals being incarcerated or visiting an ER will be reduced.

Calculations

Effect of ER Visits

Estimated ER Visits	Estimated ER Charges	Estimated Charges Per Visit	Target Diversion Rate	ER Visits Diverted	Potential Offset
8,785	\$14,826,438	\$1,688	5.17%	454	\$766,352

Effect on Incarceration

Estimated Incarcerations	Estimated Incarceration Costs	Estimated Cost Per Incarceration	Target Diversion Rate	Incarcerations Diverted	Potential Offset
6,217	\$15,663,934	\$2,520	6.03%	375	\$945,000

Potential Offset

Estimated Emergency Room Charges	\$766,352
Estimated Incarceration Costs	\$945,000
Total	\$1,711,352

Estimated Cost of Proposal

Operating Costs	\$1,710,000
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Demographics

Table 42. All Texas Access TSH Regional Group County Populations¹³⁴

* denotes counties with a population greater than 250,000

LMHA	County	Total Population
Lakes Regional Community Center	Ellis	178,965
Lakes Regional Community Center	Lamar	50,485
Lakes Regional Community Center	Hopkins	36,968
Lakes Regional Community Center	Titus	33,880
Lakes Regional Community Center	Morris	12,850
Lakes Regional Community Center	Camp	12,335
Lakes Regional Community Center	Franklin	10,785
Lakes Regional Community Center	Delta	5,282
LifePath Systems	Collin	1,003,919*
North Texas Behavioral Health	Dallas	2,646,173*
North Texas Behavioral Health	Kaufman	125,620
North Texas Behavioral Health	Rockwall	98,492
North Texas Behavioral Health	Hunt	96,208
North Texas Behavioral Health	Navarro	50,175
Texoma Community Center	Grayson	134,738
Texoma Community Center	Cooke	40,095
Texoma Community Center	Fannin	35,320

Chart 22. All Texas Access TSH Regional Group Race and Ethnicity¹³⁵

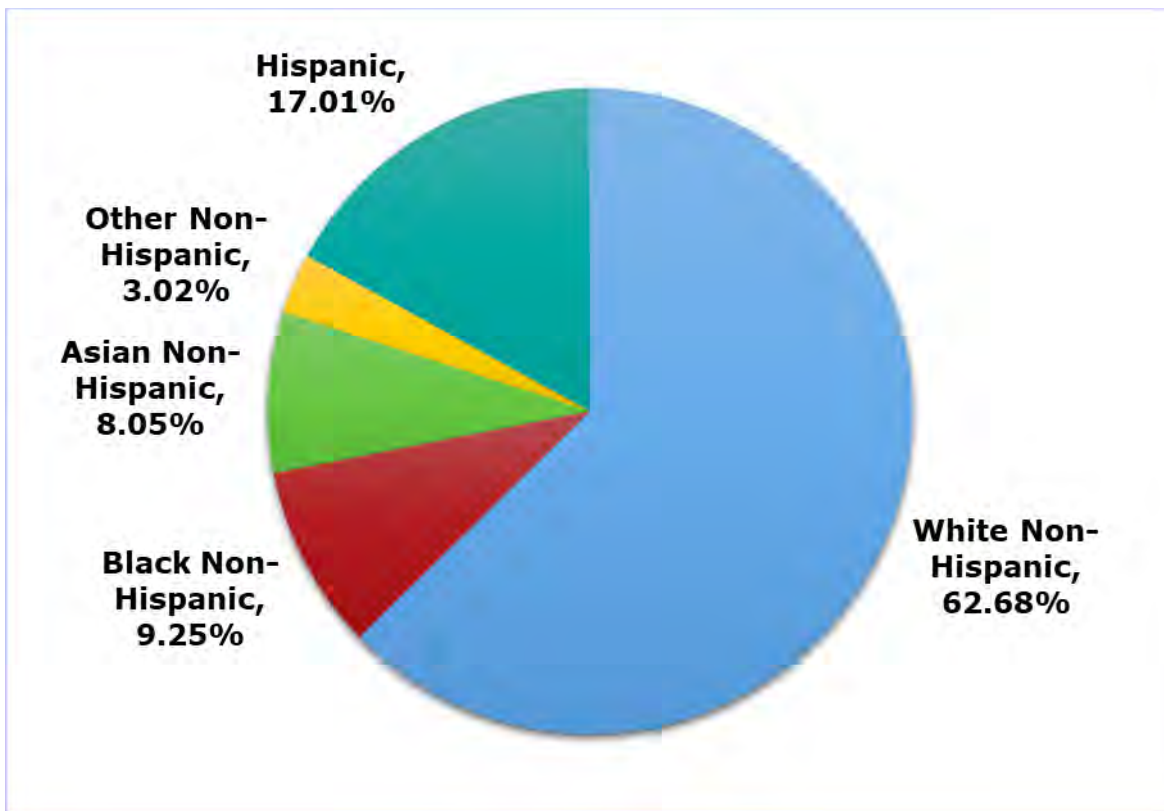


Table 43. All Texas Access TSH Regional Group County Demographics

The table below offers multiple data points for this region and compares them to statewide averages. The statewide average is for the entire state. The regional percentages are based on the counties in this regional group.

	Poverty (All Ages)	Children in Poverty (Under 18 Years Old)	Veterans (Percentage of Population 18 Years and Older)	Uninsured Under 65 Years Old	Uninsured Children (Under 19 Years old)
Statewide Average	14.9%	21.1%	6.8%	19.9%	11.1%
Regional Group County Average	14.1%	21.0%	8.8%	19.3%	11.5%
Lowest County Percentage in Regional Group	5.1% - Rockwall County	6.7% - Collin County	4.9% - Dallas County	12.5% - Collin County	8.4% - Collin County
Highest County Percentage in Regional Group	20.2% - Morris County	31.1% - Morris County	12.0% - Fannin County	24.0% - Dallas County	14.4% - Dallas County

All information in the table above originates from the United States Census Bureau's data for 2018. For a closer look at Census Bureau data, visit <https://data.census.gov/cedsci/>.

LMHA/LBHA Outpatient Locations

Figure 60. All Texas Access TSH Regional Group LMHA/LBHA Outpatient Locations

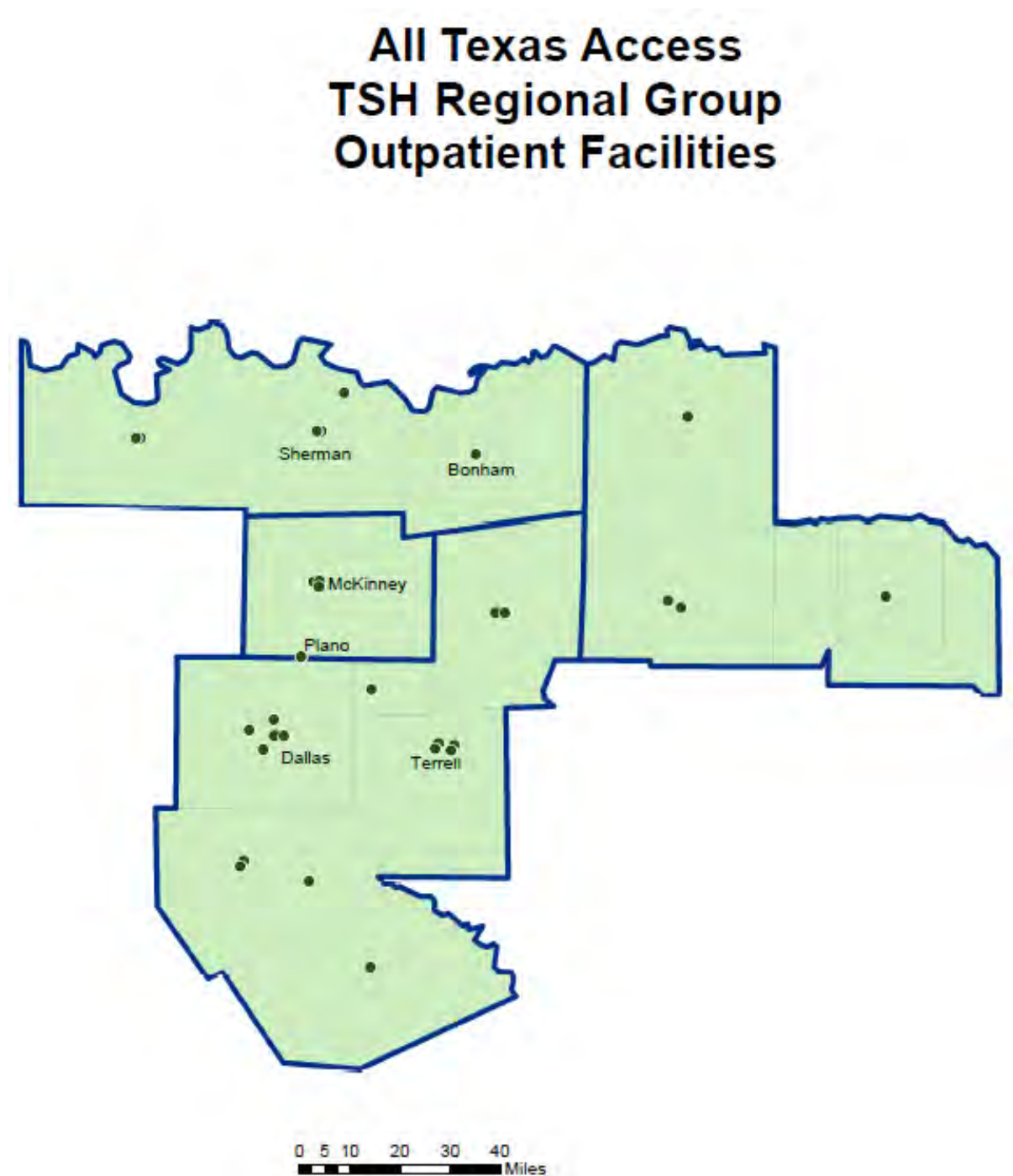


Image Source: HHSC Communications

Table 44. All Texas Access TSH Regional Group LMHA/LBHA Outpatient Map Locations

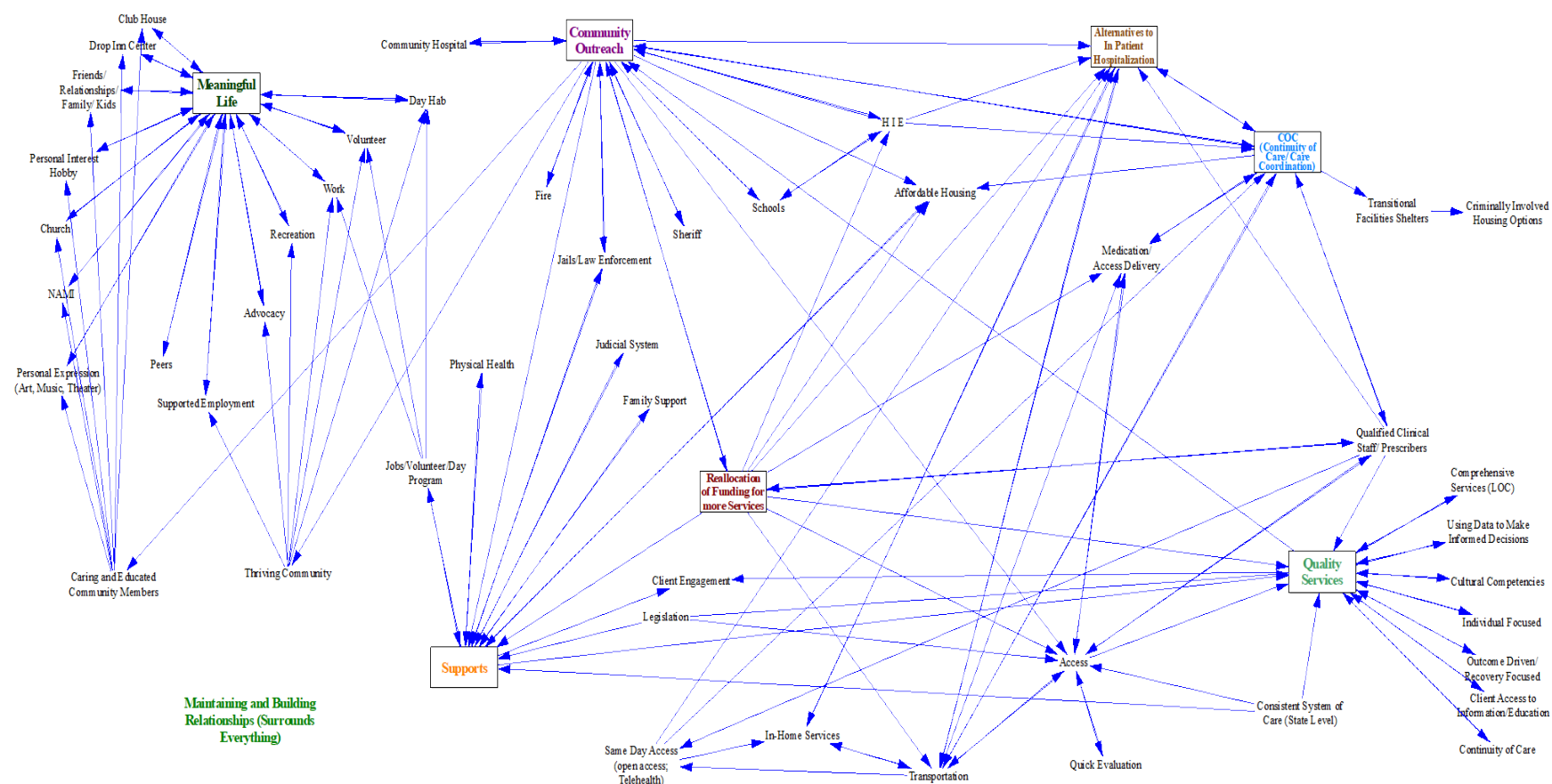
LMHA/LBHA	Address	City	Zip Code	County
Lakes Regional Community Center	101 Executive Court #200	Waxahachie	75165	Ellis
Lakes Regional Community Center	102 W Parks Avenue	Waxahachie	75165	Ellis
Lakes Regional Community Center	2414 N. Preston Street	Ennis	75119	Ellis
Lakes Regional Community Center	421 N Sam Rayburn Fwy.	Sherman	75090	Grayson
Lakes Regional Community Center	1400 College Street, #111	Sulphur Springs	75482	Hopkins
Lakes Regional Community Center	655 Airport Road	Sulphur Springs	75482	Hopkins
Lakes Regional Community Center	4200 Stuart Street	Greenville	75401	Hunt
Lakes Regional Community Center	4804 Wesley Street	Greenville	75401	Hunt
Lakes Regional Community Center	115 E Moore Avenue	Terrell	75160	Kaufman
Lakes Regional Community Center	303 E Dallas Street	Terrell	75160	Kaufman
Lakes Regional Community Center	400 Airport Road	Terrell	75160	Kaufman
Lakes Regional Community Center	612 N. Rockwall Street	Terrell	75160	Kaufman
Lakes Regional Community Center	2673 N Main Street, Suite B	Paris	75460	Lamar
Lakes Regional Community Center	800 N. Main Street	Corsicana	75110	Navarro
Lakes Regional Community Center	2435 Ridge Road, #107	Rockwall	75087	Rockwall
Lakes Regional Community Center	1300 W 16th Street	Mount Pleasant	75455	Titus
Lifepath Systems	1416 N Church Street	McKinney	75069	Collin

LMHA/LBHA	Address	City	Zip Code	County
Lifepath Systems	1515 Heritage Drive	McKinney	75069	Collin
Lifepath Systems	209 N. Benge Street	McKinney	75069	Collin
Lifepath Systems	7308 Alma Drive	Plano	75025	Collin
North Texas Behavioral Health Authority (Metrocare office location)	1353 N. Westmoreland	Dallas	75211	Dallas
North Texas Behavioral Health Authority (Metrocare office location)	3330 S. Lancaster Rd.	Dallas	75216	Dallas
North Texas Behavioral Health Authority (Metrocare office location)	4645 Samuell Blvd.	Dallas	75228	Dallas
North Texas Behavioral Health Authority (Metrocare office location)	4701 Samuell Blvd.	Dallas	75228	Dallas
North Texas Behavioral Health Authority (Metrocare office location)	9708 Skillman Street	Dallas	75243	Dallas
Texoma Community Center	301 N. Grand Avenue	Gainesville	76240	Cooke
Texoma Community Center	319 N. Dixon Street	Gainesville	76240	Cooke
Texoma Community Center	1221 E. 6th Street	Bonham	75418	Fannin
Texoma Community Center	2113 N. Loy Lake Road	Sherman	75090	Grayson
Texoma Community Center	315 McLain Drive	Sherman	75092	Grayson
Texoma Community Center	800 S. Mirick Avenue	Denison	75020	Grayson

System Model

Figure 61 shows a software-generated graphic of the factors that the All Texas Access TSH Regional Group identified as most impactful to people in their region accessing mental health services and receiving needed services.

Figure 61. All Texas Access TSH Regional Group System Model



Appendix O. Statewide Online Survey

Introduction

Below is the introduction that explained the online survey to respondents.

Texas Health and Human Services Commission (HHSC) is currently seeking feedback on mental health care in rural communities across Texas (for this survey, “rural communities” means counties with fewer than 250,000 residents). This is an opportunity to share your perspective and help HHSC better understand factors that impact rural mental health care and service delivery. All Texans are invited to take the survey, but HHSC is particularly interested in gathering input from people living in rural communities.

The survey will take less than five minutes to complete.

This survey is part of the implementation of Senate Bill 633 (86th Legislature, Regular Session, 2019). HHSC is calling this implementation “All Texas Access.” For more information about All Texas Access, please visit the [HHSC website](#) or email HHSC at AllTexasAccess@hhsc.state.tx.us

For information on available mental health services, please visit the [HHSC website](#) to find the local mental health authority for your area.

Respondents

The survey split into two versions after the first question – one version intended for mental health providers or public servants, and the other version intended for general community members as well as people with mental health conditions or family members or friends of those with mental health conditions. These two survey groups will be referenced as “provider/public servant” and “client/family/friend/community member.” Both versions of the survey asked similar questions about the strengths, weaknesses, barriers, and opportunities related to mental health care in rural Texas.

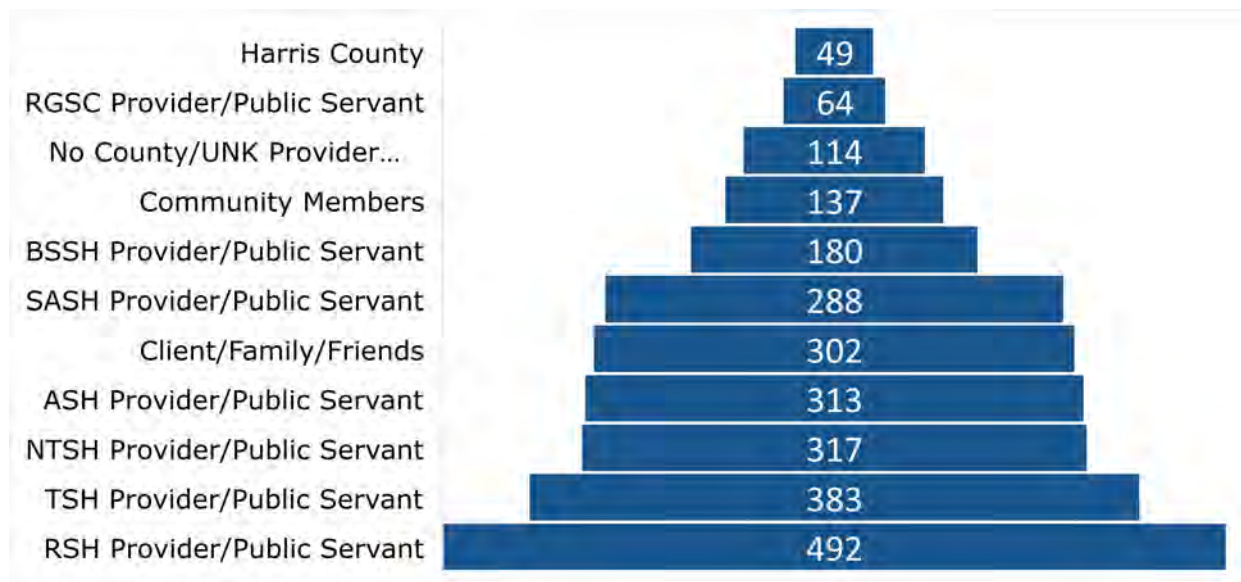
A total of 2,639 people took the survey, with the clear majority of those being provider/public servants, at 2,200.

First question as it appeared in the survey:

1. What statement best describes you?

- a. I am a mental health provider and/or a public servant.
- b. I am a person with a mental health condition or a family member/friend who provides assistance to a person with a mental health condition.

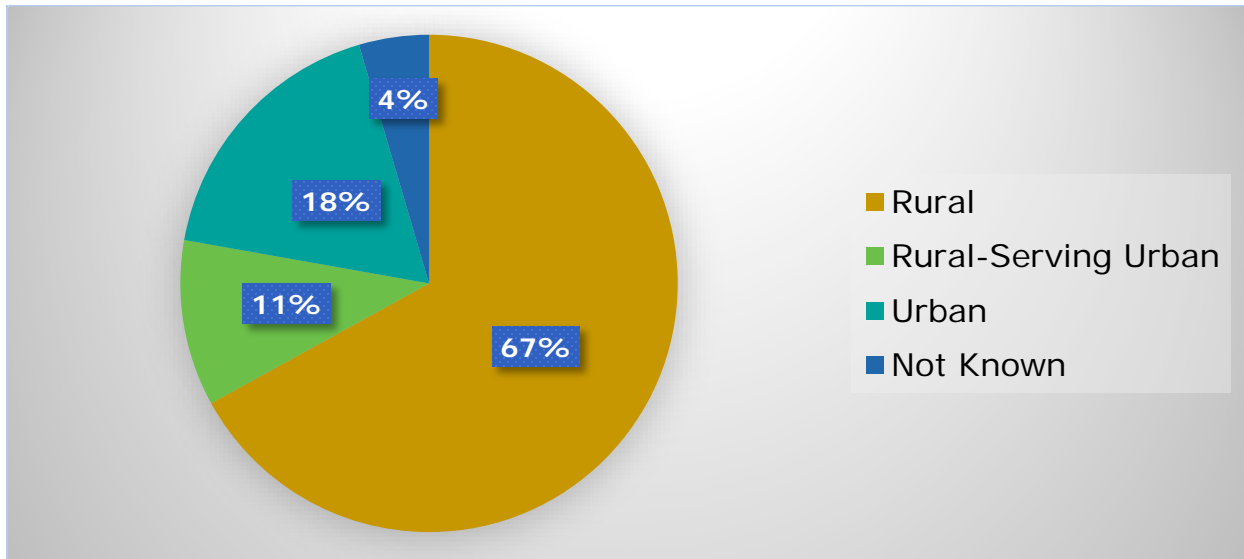
Chart 23. Survey Respondents by Type



Both surveys asked for the respondent's county.

Note: "Rural-serving Urban" references a person who lives in an urban county that is within the local service area of an LMHA/LBHA that also serves at least one rural county.

Chart 24. Survey Respondents by Rural Versus Urban County

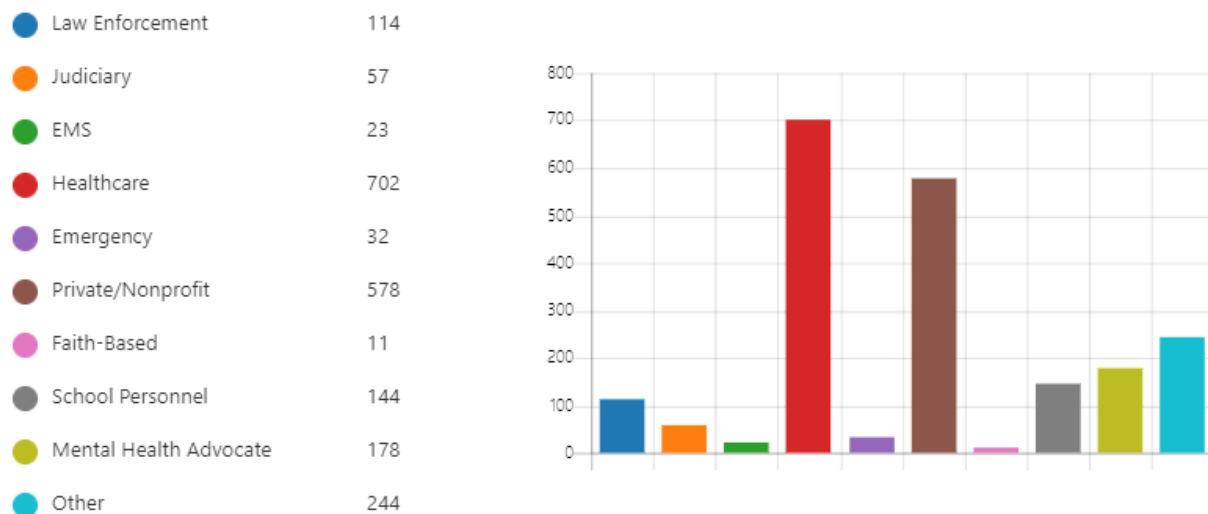


Mental Health Provider/Public Servant Survey

2. Role:

- Law Enforcement
- Judiciary
- EMS
- Healthcare
- Emergency
- Private/Nonprofit
- Faith-Based
- School Personnel
- Mental Health Advocate
- Other:

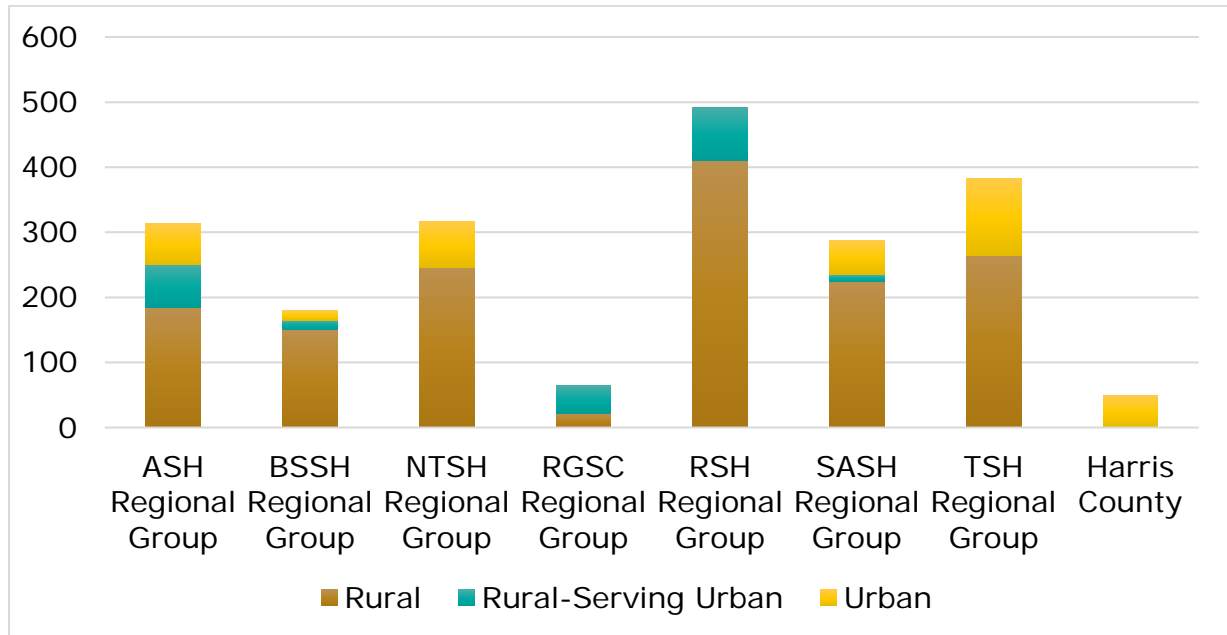
Chart 25. Provider Public Servant Survey Role Responses



3. What is the primary county in which you work?

- (254 Texas counties listed)
- I don't know.
- I don't live in Texas.

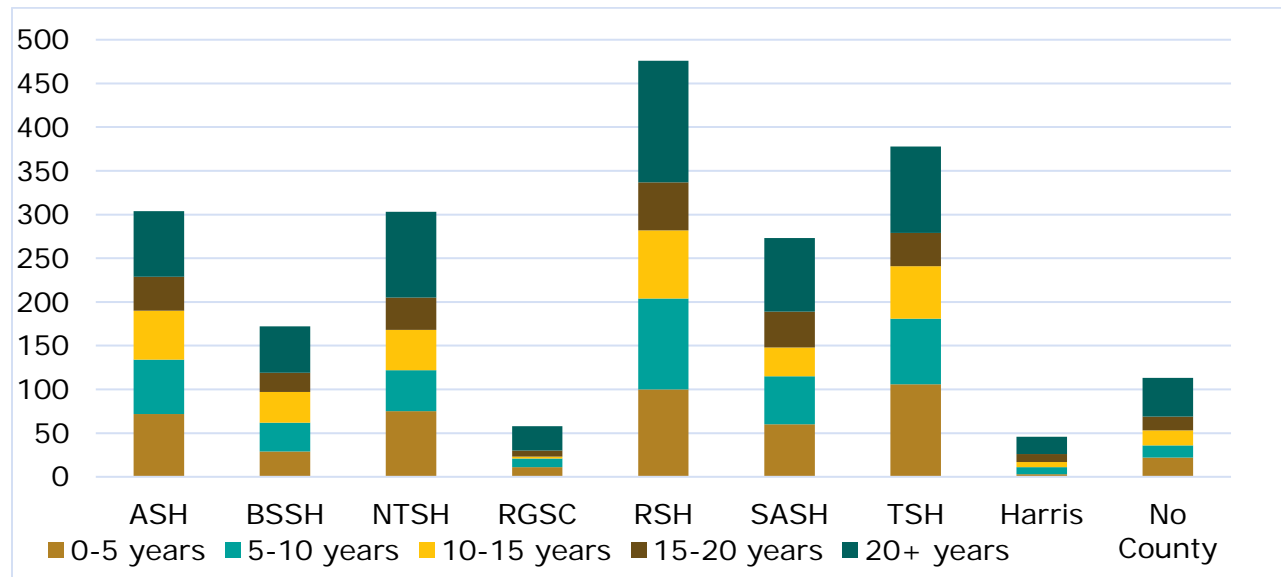
Chart 26. Provider/Public Servant Survey Respondents by Regional Group and Rural Versus Urban County



4. Years of experience providing services in the community:

- 0-5 years
- 5-10 years
- 10-15 years
- 15-20 years
- 20+




Chart 27. Regional Group Provider/Public Servant Survey Responses on Years of Experience



5. What existing mental health programs or services have the greatest impact on people with mental health conditions in rural communities? Please select three programs.

- Case Management
- Counseling
- Crisis Services
- Employment Services
- Housing Services
- Medication
- Outpatient Competency Restoration
- Peer Support
- Respite
- Skills Training
- Substance Use Treatment
- Telehealth
- Transportation
- Other:

Table 45. Top Three Survey Responses for Greatest Impact/Most Helpful

	Counseling 	Medication 	Crisis Services 
STATEWIDE	1	2	3
ASH Providers/Public Servants	2	3	1
BSSH Providers/Public Servants	3	2	1
NTSH Providers/Public Servants	2	3	1
RGSC Providers/Public Servants*, **	1		
RSH Providers/Public Servants	2	3	1
SASH Providers/Public Servants	1	3	2
TSH Providers/Public Servants	3	1	2
Harris County Providers/Public Servants	1	2	3
Providers/Public Servants with No County Indicated	1	3	2
Clients/Family Members/Friends/ Community Members**	1	2	

* "Substance Use Treatment" was the second option for RGSC Regional Group Providers/Public Servants.

** "Case Management" was the third option for RGSC Regional Group Providers/Public Servants as well as Clients/Family Members/Friends/Community Members.





6. What existing mental health programs or services are most needed for people with mental health conditions in rural communities?

Please select three programs.

- Case Management
- Counseling
- Crisis Services
- Employment Services
- Housing Services
- Medication
- Outpatient Competency
Restoration

- Peer Support
- Respite
- Skills Training
- Substance Use Treatment
- Telehealth
- Transportation
- Other:

Table 46. Top Three Survey Responses for Most Needed

	Counseling 	Transportation 	Crisis Services 	Substance Use Treatment 
STATEWIDE	1	2	3	
ASH Providers/Public Servants	1		2	3
BSSH Providers/Public Servants	2		1	3
NTSH Providers Public Servants	1		2	3
RGSC Providers/Public Servants	1		3	2
RSH Providers/Public Servants	2	1		3
SASH Providers/Public Servants	3	1	2	
TSH Providers/Public Servants	3	1	2	
Harris County Providers/Public Servants*, **	1	3		
Providers/Public Servants with No County Indicated*, **	1		2	

* Providers/Public Servants from Harris County and with No County Indicated had "Medication as their second and third responses, respectively.




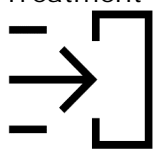
**Providers/Public Servants from Harris County and with No County Indicated both had a tie for their third top response with "Housing Services."

7. What are the most significant barriers that prevent people with mental health conditions from receiving care in rural communities?

Please select three barriers.

- Access to Internet
- Lack of a Mental Health Workforce
- Lack of Affordable Housing
- Lack of Services Available for People Exiting County and Local Jails
- Lack of Mental Health Services for People with Intellectual Disabilities
- Lack of Mental Health Services in Public Schools
- Lack of Mental Health Services in Rural Locations
- Lack of Coordination Between Agencies
- Lack of Prevention Services
- Lack of Telemedicine Services
- Lack of Timely Access to Mental Health Treatment
- Lack of Transportation
- Lack of Available Substance Use Treatment
- Lack of Veteran and Military Supports
- Lack of Available Peer Services
- People Have Difficulty Navigating Mental Health Systems
- People Do Not Know What Services Are Available
- Stigma around Mental Illness
- Other:

Table 47. Top Three Survey Responses for Most Significant Barriers

	Lack of Services in Rural Areas 	Transportation 	People Unaware/ Uninformed of Available Services 	Lack of Timely Access to Treatment 
STATEWIDE	1	2	3	
ASH Providers/ Public Servants	1	2		3
BSSH Providers/ Public Servants	1		3	2
NTSH Providers/ Public Servants	1	2		3
RGSC Providers/ Public Servants	2	1	3	
RSH Providers/ Public Servants	2	1		3
SASH Providers/ Public Servants	1	2	3	
TSH Providers/ Public Servants	1	2	3	
Harris County Providers/ Public Servants*, **	1		3	
Providers/ Public Servants with No County Indicated	1	2		3
Clients/Family Members/ Friends/ Community Members	2		1	3

* Harris County Providers/Public Servants had a tie for third between "People Unaware/Uninformed of Available Services" and "Stigma Around Mental Illness."



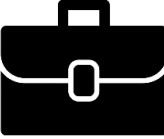

** Harris County Providers/Public Servants second response was "People Have Difficulty Navigating Mental Health Systems."

8. Please select the factors below that offer the most opportunity to improve mental health care in rural communities.

Please select five factors.

- Expand Telemedicine Services
- Increase Access to Internet
- Increase Affordable Housing Opportunities
- Increase Peer Services
- Increase Substance Use Treatment
- Increase Mental Health Services for People with Intellectual Disabilities
- Increase Mental Health Services in Public Schools
- Increase Mental Health Workforce
- Increase Community Knowledge of Mental Health Network
- Increase Coordination Between Agencies
- Increase Prevention Services
- Increase Services for People Exiting County and Local Jails
- Increase Transportation Services
- Increase Veteran and Military Supports
- Reduce Stigma around Mental Illness
- Reduce the Wait Time to Receive Mental Health Treatment

Table 48. Top Three Survey Responses for Greatest Opportunities

	Reduce Wait Time for Services 	Increase Transportation Services 	Increase Mental Health Workforce 	Increase Community Knowledge of Mental Health Network 
STATEWIDE	1	2	3	
ASH Providers/ Public Servants	2	3	1	
BSSH Providers/ Public Servants*	1		3	
NTSH Providers/ Public Servants*	1		2	
RGSC Providers/ Public Servants**	1	2	3	
RSH Providers/ Public Servants	2	1		3
SASH Providers/ Public Servants	1	2	3	
TSH Providers/ Public Servants	2	1	3	
Harris County Providers/ Public Servants***, ****	1		3	2
Providers/ Public Servants No County Indicated	1	2	3	
Clients/Family Members/ Friends/ Community Members	1		3	2

*BSSH and NTSH Providers/Public Servants had "Increase Substance Use Treatment" as their second and third responses, respectively.

** RGSC Providers/Public Servants had a tie for third between "Increase Mental Health Workforce," "Increase Mental Health Services in Public Schools" and "Increase Coordination Between Agencies."

*** Harris County Providers/Public Servants had a tie for second between "Increase Community Knowledge of Mental Health Network" and "Increase Mental Health Services in Public Schools."

**** Harris County Providers/Public Servants had a tie for third between "Increase Mental Health Workforce," "Increase Coordination Between Agencies," and "Reduce Stigma around Mental Illness."

Person with a Mental Health Condition/Family Member/Friend Version

Most community member and client/family/friend responses were from family members and advocates. Over 100 of the 137 Community Member survey respondents identified themselves as an "Advocate" while almost 200 of the 302 Client/Family/Friends identified themselves as a "Family Member."

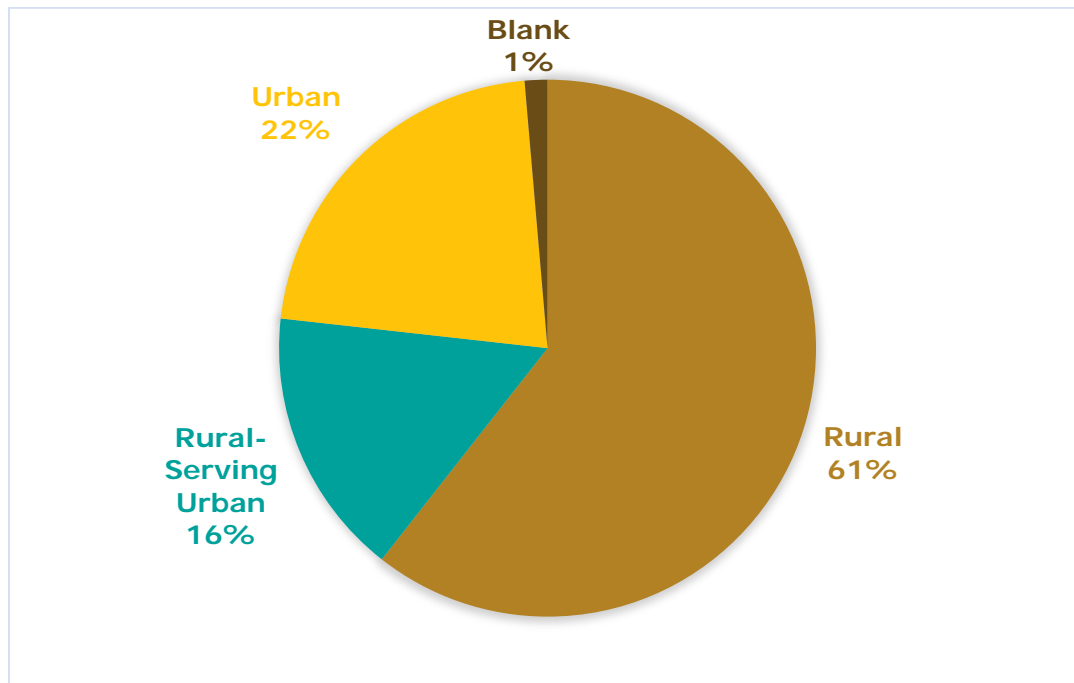
2. Role:

- Current Client
- Former Client
- Family Member
- Advocate
- Other:

3. County of Residence:

- (254 Texas counties listed)
- I don't know
- I don't live in Texas

Chart 28. Client/Family/Friends/Community Member Survey Respondents by Rural Versus Urban County



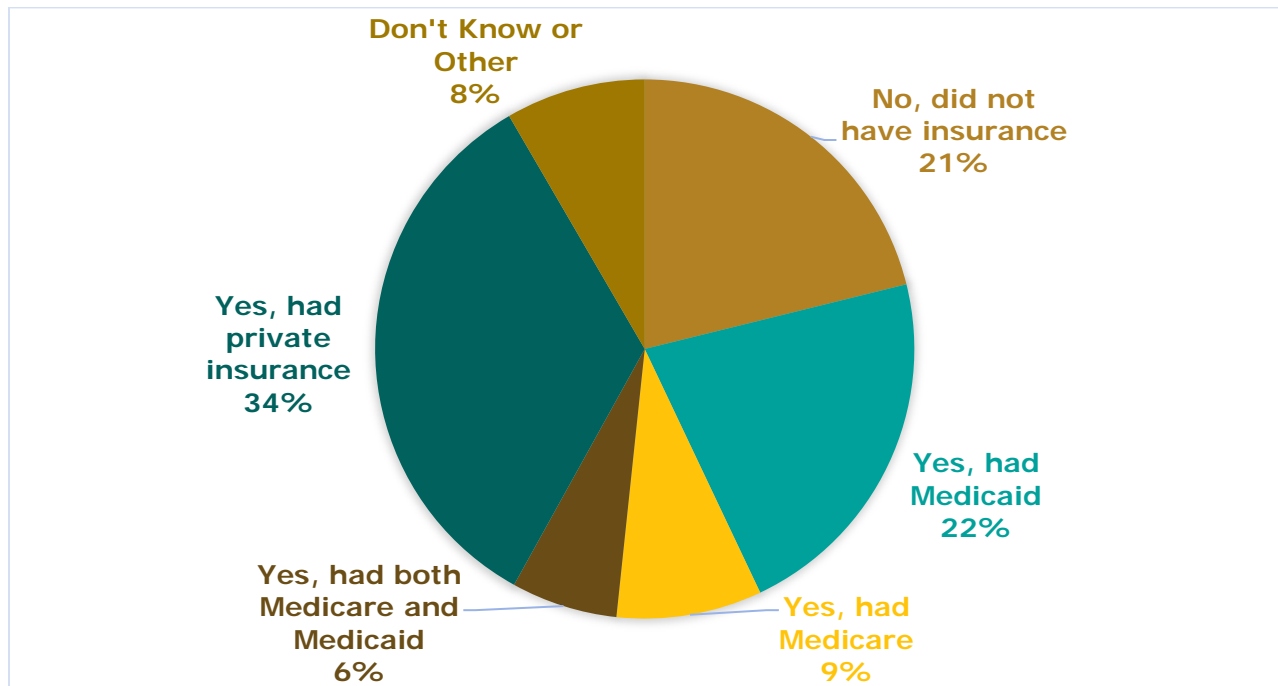
The age range of the person receiving mental health services varied significantly.

4. Age of Person Receiving Services:

- 3-17
- 18-21
- 22-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+

Of the client/family/friends/community members who answered the survey question regarding insurance status, most indicated that the person receiving services had private insurance.

Chart 29. Survey Responses on Health Insurance Status



5. Did the person receiving services have health insurance?

- I don't know
- No, did not have insurance
- Yes, had Medicaid
- Yes, had Medicare
- Yes, had both Medicare and Medicaid
- Yes, had private insurance
- Other:

**** For an answer summary to question 6 below, please refer to the Mental Health Provider/Public Servant section answer summary for their question 5. ****

6. What existing mental health programs or services were most helpful to you or someone you know who has accessed mental health services in a rural community?

Please select three programs.




- Case Management
- Counseling
- Crisis Services
- Employment Services
- Housing Services
- Medication
- Outpatient Competency Restoration
- Peer Support
- Respite
- Skills Training
- Substance Use Treatment
- Telemedicine
- Transportation
- Other:

7. What existing mental health programs or services were the least helpful to you or someone you know who has accessed mental health services in a rural community?

Please select three programs. Case Management

- Counseling
- Crisis Services
- Employment Services
- Housing Services
- Medication
- Outpatient Competency Restoration
- Peer Support
- Respite
- Skills Training
- Substance Use Treatment
- Telemedicine
- Transportation
- Other:

Chart 30. Top Three Survey Responses for Least Helpful

	Telehealth 	Employment Services 	Housing Services 
STATEWIDE	1	2	3
Clients/Family Members/Friends*	1	1	2
Community Members**	1	2	

* Clients/Family Members/Friends had "Crisis Services" as their third response.

**Community Members had "Transportation" as their third response.

**** For an answer summary to question 8 below, please refer to the Mental Health Provider/Public Servant section answer summary for their question 7. ****

8. What were the most significant barriers that prevented you or someone you know with a mental health condition from receiving care in a rural community?

Please select three barriers.

- Access to Internet
- Lack of Sufficient Mental Health Providers
- Lack of Affordable Housing
- Lack of Services Available for People Exiting County and Local Jails
- Lack of Mental Health Services for People with Intellectual Disabilities
- Lack of Mental Health Services in Public Schools
- Lack of Mental Health Services in Rural Locations
- Lack of Coordination Between Agencies
- Lack of Prevention Services
- Lack of Telemedicine Services
- Lack of Timely Access to Mental Health Treatment
- Lack of Transportation
- Lack of Available Substance Abuse Treatment
- Lack of Veteran and Military Supports
- Lack of Available Peer Services
- People Have Difficulty Navigating Mental Health Systems
- People Do Not Know What Services Are Available
- Stigma around Mental Illness
- Other:

**** For an answer summary to question 9 below, please refer to the Mental Health Provider/Public Servant section answer summary for their question 8. ****

9. Please select the factors below that offer the most opportunity to improve mental health care in rural communities.

Please select five factors.

- Expand Telemedicine Services
- Increase Access to Internet
- Increase Affordable Housing Opportunities
- Increase Peer Services
- Increase Substance Use Treatment
- Increase Mental Health Services for People with Intellectual Disabilities
- Increase Mental Health Services in Public Schools
- Increase Mental Health Workforce
- Increase Community Knowledge of Mental Health Network
- Increase Coordination Between Agencies
- Increase Prevention Services
- Increase Services for People Exiting County and Local Jails
- Increase Transportation Services
- Increase Veteran and Military Supports
- Reduce Stigma around Mental Illness
- Reduce the Wait Time to Receive Mental Health Treatment

Survey Closing Remarks

The survey ended with the following closing remarks:

Thank you for taking the time to take the survey!

Your input will be used to help HHSC compile recommendations to include in a report to the legislature. This report will be published on the HHSC website on or before December 1, 2020. Please direct questions about the survey to AllTexasAccess@hhsc.state.tx.us.

Appendix P. Additional Resources

Helpful Documents

Senate Bill 633

Texas Legislature Online maintains detailed information about each bill and dates back to legislation from 1989. The web address is <https://capitol.texas.gov/>.

Web page for Senate Bill 633:

<https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=86R&Bill=SB633>

Direct link to enrolled legislation:

<https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB00633F.pdf#navpanes=0>

Statewide Behavioral Health Strategic Plan

A link to the plan can be found at www.mentalhealthtx.org.

Here is a direct link to the document:

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/hb1-statewide-behv-hlth-idd-plan-feb-2019.pdf>

Comprehensive Plan for State-Funded Inpatient Mental Health Services

Here is a direct link to the document:

<https://hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/comprehensive-inpatient-mental-health-plan-8-23-17.pdf>

Here is a direct link to the January 2019 Addendum:

<https://hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/Addendum-to-A-Comprehensive-Plan-for-State-Funded-Inpatient-Mental-Health.pdf>

HHSC Inaugural Business Plan

Blueprint for a Healthy Texas can be found on HHSC's web site at

<https://hhs.texas.gov/about-hhs/2020-inaugural-business-plan>.

Here is a direct link to the document:

<https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/hhs-inaugural-business-plan.pdf>

LMHA/LBHAs

Links to all the LMHA/LBHAs can be found on the HHSC web site at:

<https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>

Table 49. LMHA/LBHA Contact Information

LMHA/LBHA	Headquarters	Phone Numbers	Web Site
ACCESS	913 N. Jackson St. Jacksonville, TX 75766	Crisis phone: 800-621-1693 Main phone: 903-586-5507	http://www.accessmhmr.org/
Andrews Center Behavioral Healthcare System	2323 West Front St. Tyler, TX 75702	Crisis phone: 877-934-2131 Main phone: 903-597-1351	http://www.andrewscenter.com/
Betty Hardwick Center	2616 S. Clack St. Abilene, TX 79606-1545	Crisis phone: 800-758-3344 Main phone: 325- 690-5100	https://bettyhardwick.org/
Bluebonnet Trails Community Services	1009 N. Georgetown St. Round Rock, TX 78664	Crisis phone: 800-841-1255 Main phone: 512-255-1720	www.bbtrails.org/
Border Region Behavioral Health Center	1500 Pappas St. Laredo, TX 78041	Crisis phone: 800-643-1102 Main phone: 956-794-3000	http://www.borderregion.org/
Burke Center	2001 S. Medford Drive Lufkin, TX 75905	Crisis phone: 800-392-8343 Main phone: 936-639-1141	https://myburke.org/
Camino Real Community Services	19965 FM 3175 N. Lytle, TX 78052	Crisis phone: 800-543-5750 Main phone: 210-357-0300	www.caminorealcs.org/
The Center for Health Care Services	6800 Park Ten Blvd. Suite 200-S San Antonio, TX 78213	Crisis phone: 800-316-9241 or 210-223-7233 Main phone: 210-261-1000	www.chcsbc.org/

LMHA/LBHA	Headquarters	Phone Numbers	Web Site
Center for Life Resources	408 Mulberry Brownwood, TX 76801	Crisis phone: 800-458-7788 Main phone: 325-646-9574	http://cflr.us/ns/
Central Counties Services	304 S. 22nd St. Temple, TX 76501	Crisis phone: 800-888-4036 Main phone: 254-298-7000	https://centralcountiesservices.org/
Central Plains Center	2700 Yonkers Plainview, TX 79072	Crisis phone: 800-687-1300 Main phone: 806-293-2636	http://centralplains.org/
Coastal Plains Community Center	200 Marriott Dr. Portland, TX 78374	Crisis phone: 800-841-6467 Main phone: 361-777-3991 Toll-free: 888-819-5312	http://www.coastalplainsctr.org/
Community Healthcore	107 Woodbine Place Longview, TX 75601	Crisis phone: 800-832-1009 Main phone: 903-758-2471	http://www.communityhealthcore.com/
Denton County MHMR Center	2519 Scripture St. Denton, TX 76201	Crisis phone: 800-762-0157 Main phone: 940-381-5000	www.dentonmhmr.org/
Emergence Health Network	1600 Montana Ave. El Paso, TX 79902	Crisis phone: 915-779-1800 Main phone: 915-887-3410	emergencehealthnetwork.org/
Gulf Bend Center	6502 Nursery Drive Suite 100 Victoria, TX 77904	Crisis phone: 877-723-3422 Main phone: 361-575-0611	www.gulfbend.org/
Gulf Coast Center	123 Rosenberg St. Suite 6 Galveston, TX 77550	Crisis phone: 866-729-3848 Main phone: 409-763-2373	www.gulfcoastcenter.org/
The Harris Center for Mental Health and IDD	9401 Southwest Freeway Houston, TX 77074	Crisis phone: 866-970-4770 Main phone: 713-970-7000	www.theharriscenter.org



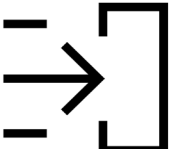



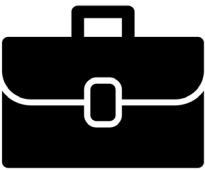
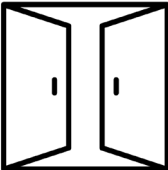



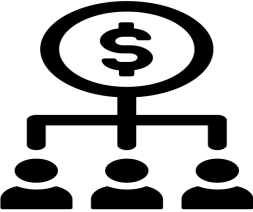
LMHA/LBHA	Headquarters	Phone Numbers	Web Site
Heart of Texas Region MHMR Center	110 S. 12th St. Waco, TX 76703	Crisis phone: 866-752-3451 or 254-776-1101 Main phone: 254-752-3451	www.hotrmhmr.org/
Helen Farabee Centers	1000 Brook St. Wichita Falls, TX 76301	Crisis phone: 800-621-8504 Main phone: 940-397-3143	https://www.helenfarabee.org
Hill Country Mental Health & Developmental Disabilities Centers	819 Water St. Suite 300 Kerrville, TX 78028	Crisis phone: 877-466-0660 Main phone: 830-792-3300	www.hillcountry.org/
Integral Care	1631 East 2nd Street Building C Austin, TX 78702	Crisis phone: 512-472-4357 Main phone: 512-447-4141	http://www.integralcare.org/
Lakes Regional MHMR Center	400 Airport Road (P.O. Box 747) Terrell, TX 75160	Crisis phone: 877-466-0660 Main phone: 972-524-4159	http://www.lakesregional.org/
LifePath Systems	1515 Heritage Drive McKinney, TX 75069	Crisis phone: 877-422-5939 Main phone: 877-422-5939	www.lifepathsystems.org
MHMR Authority of Brazos Valley	1504 S. Texas Ave. Bryan, TX 77802	Crisis phone: 888-522-8262 Main phone: 979-822-6467	www.mhmrabv.org
MHMR Services for the Concho Valley	1501 W. Beauregard San Angelo, TX 76901-4004	Crisis phone: 800-375-8965 Main phone: 325-658-7750	https://www.mhmr-cv.org/
My Health My Resources (MHMR) of Tarrant County	3840 Hulen St. North Tower Fort Worth, TX 76107	Crisis phone: 800-866-2465 Main phone: 817-569-4300	http://www.mhmrtarrant.org/
North Texas Behavioral Health Authority (NTBHA)	9441 LBJ Freeway Suite 350 Dallas, TX 75243	Crisis phone: 866-260-8000 Main phone: 877-653-6363	https://ntbha.org/
Nueces Center for Mental Health & Intellectual Disabilities	1630 S. Brownlee Corpus Christi, TX 78404	Crisis phone: 888-767-4493 Main phone: 361-886-6900	http://bhcn.net/

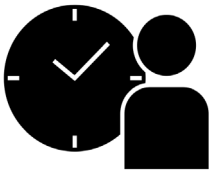
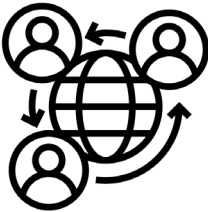
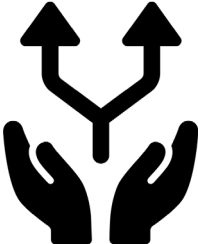

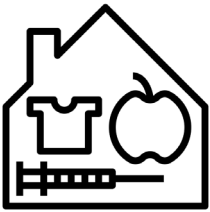








LMHA/LBHA	Headquarters	Phone Numbers	Web Site
Pecan Valley Centers for Behavioral & Developmental HealthCare	2101 W. Pearl St. Granbury, TX 76048	Crisis phone: 800-772-5987 Main phone: 817-579-4400	https://www.pecanvalley.org/
PermiaCare	401 E. Illinois Ave. Suite 403 Midland, TX 79701	Crisis phone: 844-420-3964 Main phone: 432-570-3333	www.pbmhmr.com/
Spindletop Center	655 S. 8th St. Beaumont, TX 77701	Crisis phone: 800-937-8097 Main phone: 409-784-5400	http://spindletopcenter.org/
StarCare Specialty Health System	904 Ave. O Lubbock, TX 79408	Crisis phone: 806-740-1414 or 800-687-7581 Main phone: 806-766-0310	www.starcarelubbock.org/
Texana Center	4910 Airport Ave. Rosenberg, TX 77471	Crisis phone: 800-633-5686 Main phone: 281-239-1300	www.texanacenter.com/
Texas Panhandle Centers	901 Wallace Blvd. Amarillo, TX 79106	Crisis phone: 800-692-4039 or 806-359-6699 Main phone: 806-358-1681	https://www.texaspanhandlecenters.org/
Texoma Community Center	315 W. McLain Drive Sherman, TX 75092	Crisis phone: 877-277-2226 Main phone: 214-366-9407 Toll-free: 903-957-4700	http://www.texomacc.org/
Tri-County Behavioral Healthcare	233 Sgt. Ed Holcomb Blvd S Conroe, TX 77304	Crisis phone: 800-659-6994 Main phone: 936-521-6100	http://www.tricountybehavioral.org/
Tropical Texas Behavioral Health	1901 S. 24th Ave. Edinburg, TX 78540	Crisis phone: 877-289-7199 Main phone: 956-289-7000	http://www.ttbh.org/
West Texas Centers	319 Runnels St. Big Spring, TX 79720	Crisis phone: 800-375-4357 Main phone: 432-263-0007	https://www.wtcmhmr.org/

Appendix Q. Icon Credits

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