



**All Texas Access
Report
Part 8: RSH Regional
Group**

As Required by

Senate Bill 633

86th Legislature, 2019

Health and Human Services

Commission

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TEXAS
Health and Human
Services

Regional Plan Structure

Each All Texas Access regional plan 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.

9. All Texas Access RSH Regional Group

Figure 1. All Texas Access RSH Regional Group Priorities and Plans
PRIORITIES AND PLANS

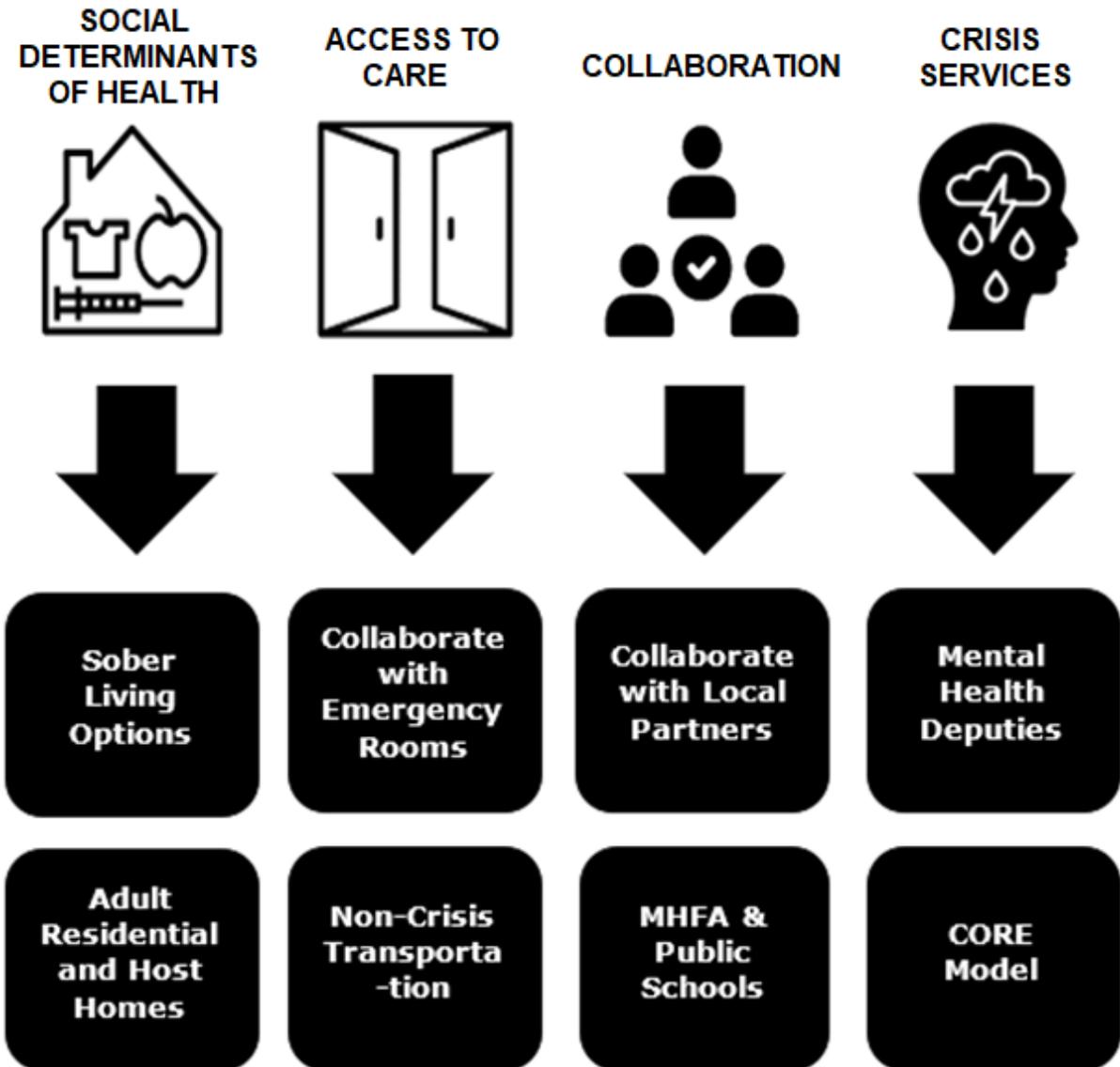


Figure 2. Map of All Texas Access RSH Regional Group*

All Texas Access RSH Regional Group

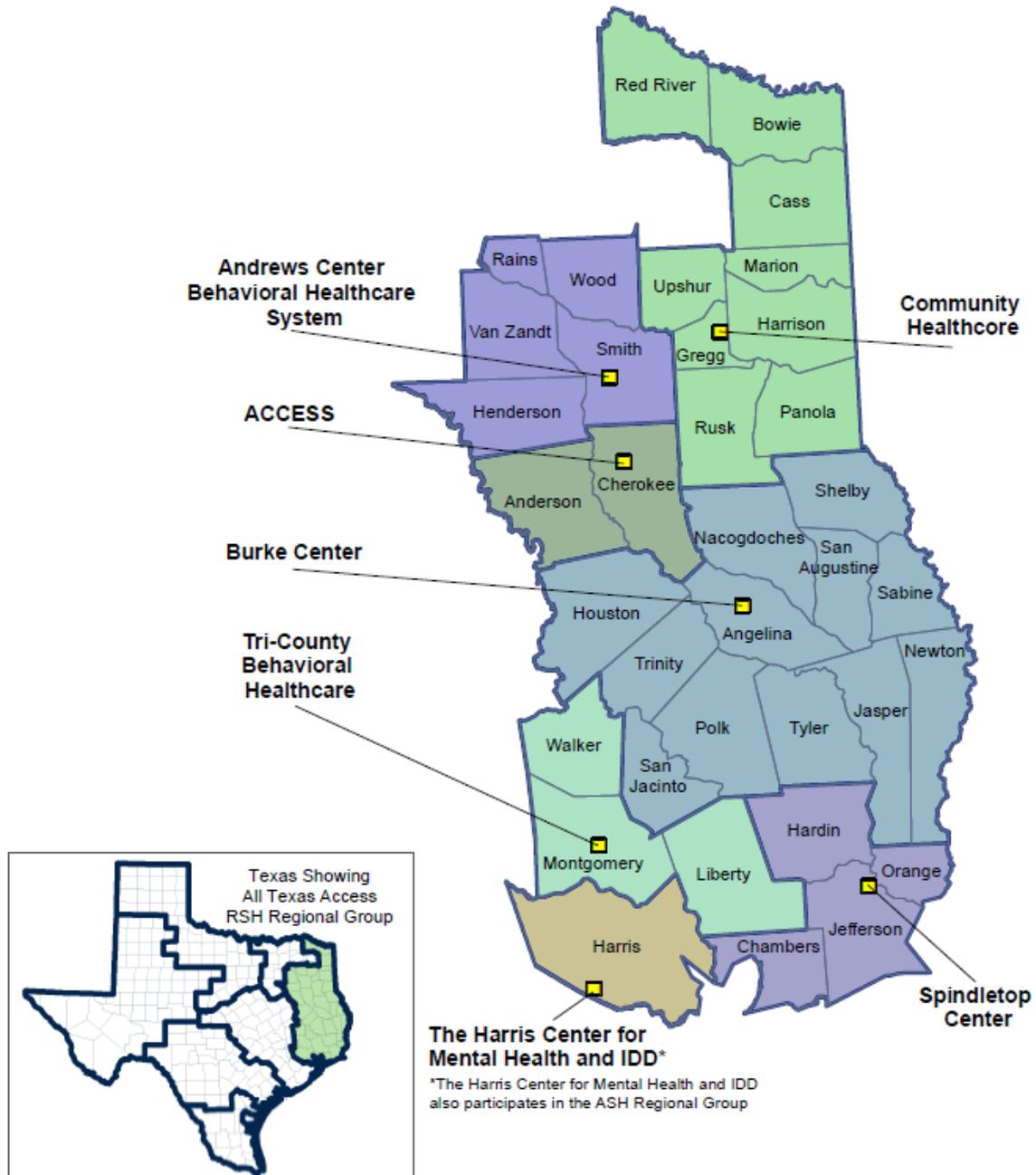


Image Source: HHSC Communications

* 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)

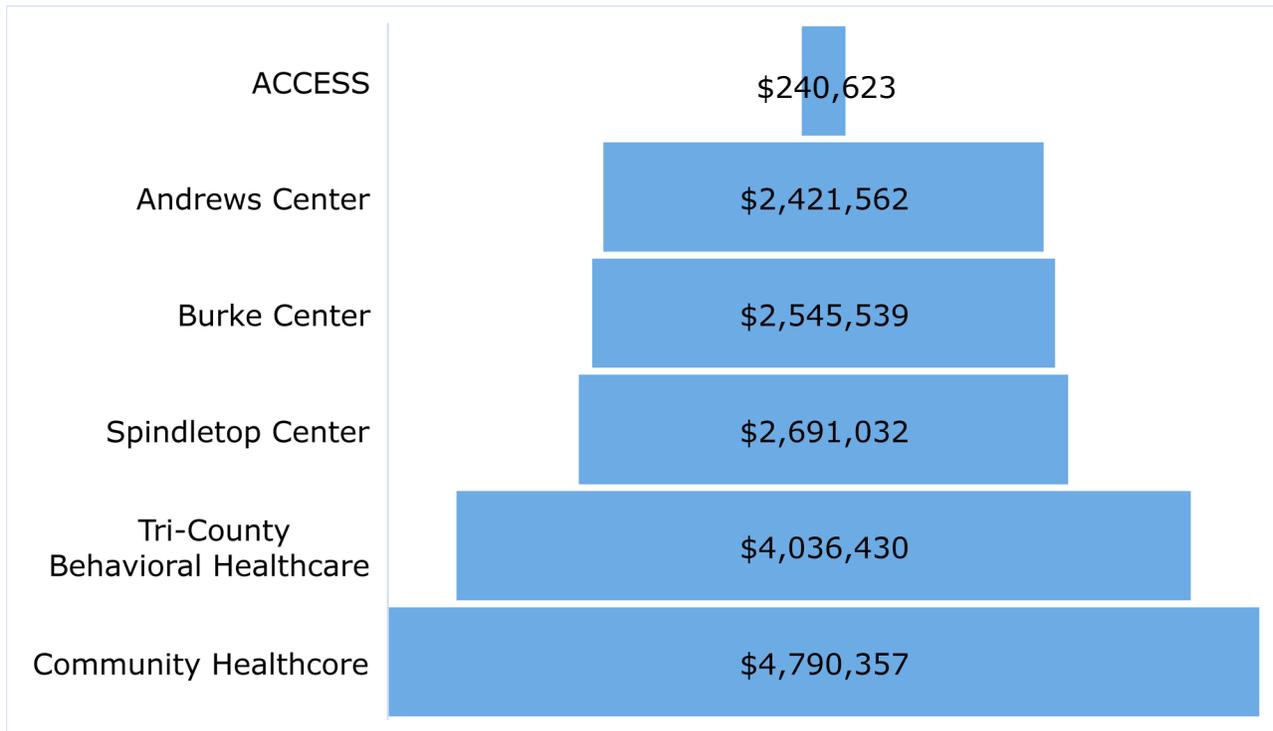
As outlined in Chart 13, this regional group received \$16,725,543 in DSRIP funding in fiscal year 2019. The LMHA/LBHAs in this region use DSRIP funding for a variety of activities, including:

- 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 1. 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.

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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.¹ 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.

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.² 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.

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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.

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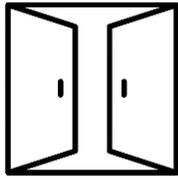
Each LMHA/LBHA in this regional group would like to offer transportation to non-crisis appointments as a way of keeping persons engaged in LMHA/LBHA routine services and out of crisis. While number of vehicles and staff would vary based on the LMHA/LBHA service area, this regional group agrees that offering 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.³ 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.⁴ 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.⁵ 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.

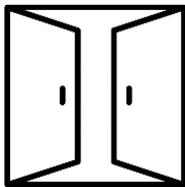
The CORE concept has been tested in a Harris County pilot program with The Harris Center for Mental Health and IDD and the Harris County Sherriff's Department. An evaluation of the pilot program found:

- 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.⁶ The Texas Observer drew attention to this challenge in a May 2019 article entitled "Warning Signs."⁷

UT Health East Texas lists the following statistics on its web site:⁸

- 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

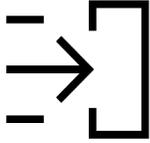
The All Texas Access RSH Regional Group Plan aligns with the *Comprehensive Inpatient Mental Health Plan* by proposing initiatives that would create or expand “2. Easy Access” and “3. Systems-Based Care.” Collaboration with area hospitals, building relationships with the school districts through MHFA, 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 1. 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 

Category	Top Three Responses		
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.

<p><i>ACCESS</i></p> <p>CORE Service Area: All counties</p> <p>Anticipated Number of New LMHA/LBHA positions: 0</p> <p>Anticipated Number of Law Enforcement Officers Participating: 0</p>
<p><i>Andrews</i></p> <p>CORE Service Area: all five counties</p> <p>Anticipated Number of New LMHA/LBHA positions: 2</p> <p>Anticipated Number of Law Enforcement Officers Participating: 15</p>
<p><i>Burke Center</i></p> <p>CORE Service Area: All counties</p> <p>Anticipated Number of New LMHA/LBHA positions: 3</p> <p>Anticipated Number of Law Enforcement Officers Participating: 25</p>
<p><i>Community Healthcare</i></p> <p>CORE Service Area: All counties</p> <p>Anticipated Number of New LMHA/LBHA positions: <i>(They tied this and their hospital collaboration together, so the LMHA/LBHA staff positions are reflected in that proposal.)</i></p> <p>Anticipated Number of Law Enforcement Officers Participating: 36</p>
<p><i>Spindletop Center</i></p> <p>CORE Service Area: All counties</p> <p>Anticipated Number of New LMHA/LBHA positions: 5</p> <p>Anticipated Number of Law Enforcement Officers Participating: 15</p>
<p><i>Tri-County</i></p> <p>CORE Service Area: All counties</p> <p>Anticipated Number of New LMHA/LBHA positions: 8</p> <p>Anticipated Number of Law Enforcement Officers Participating: 100</p>

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

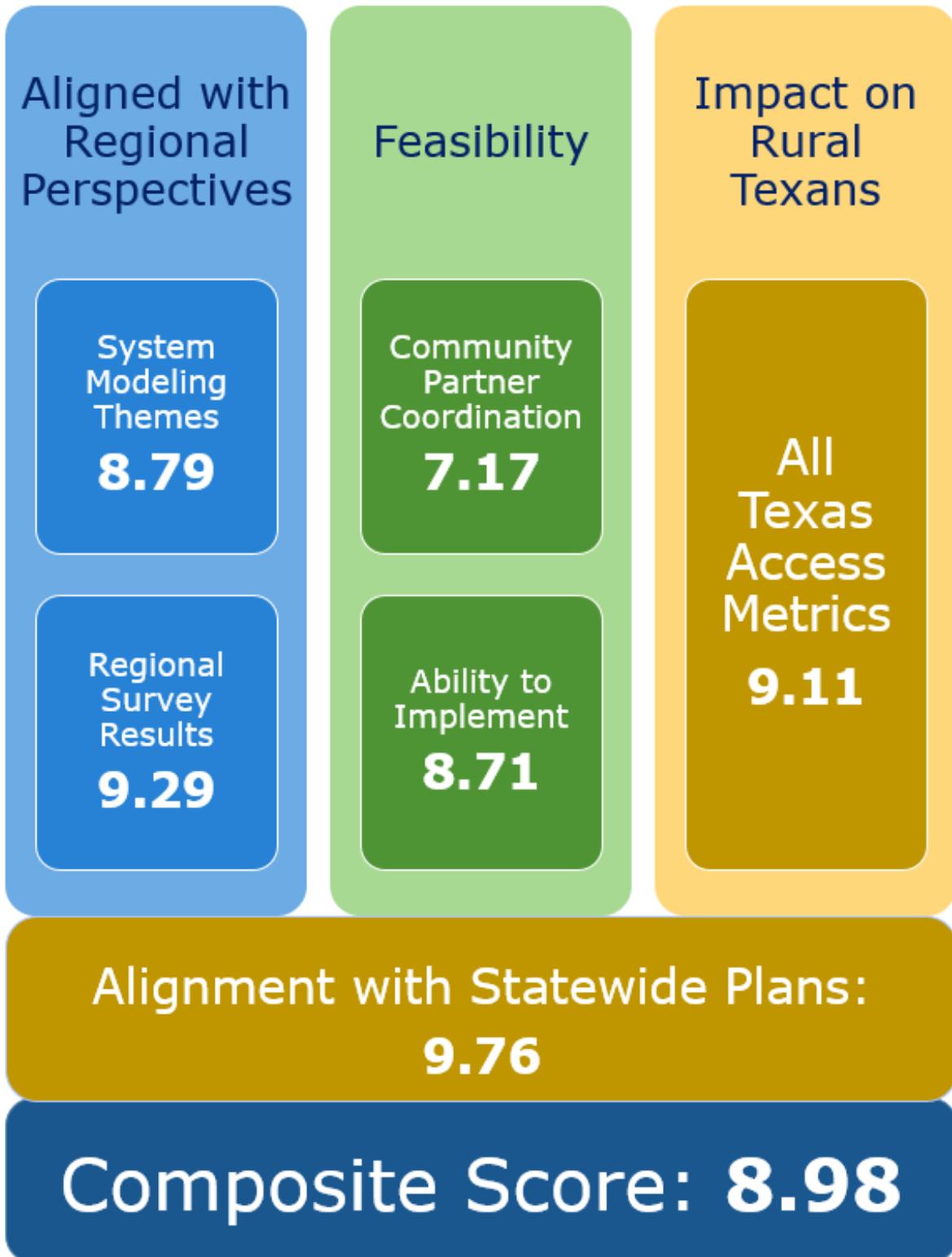
- **Alignment with Statewide Plans** – The degree in which the regional plan addresses gaps outlined in the Statewide Behavioral Health Strategic Plan and addresses relevant goals in the Comprehensive Plan for State-Funded Inpatient Mental Health Services.

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 3. 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 4. All Texas Access RSH Regional Group Crisis Facilities*

All Texas Access RSH Regional Group Crisis Facilities

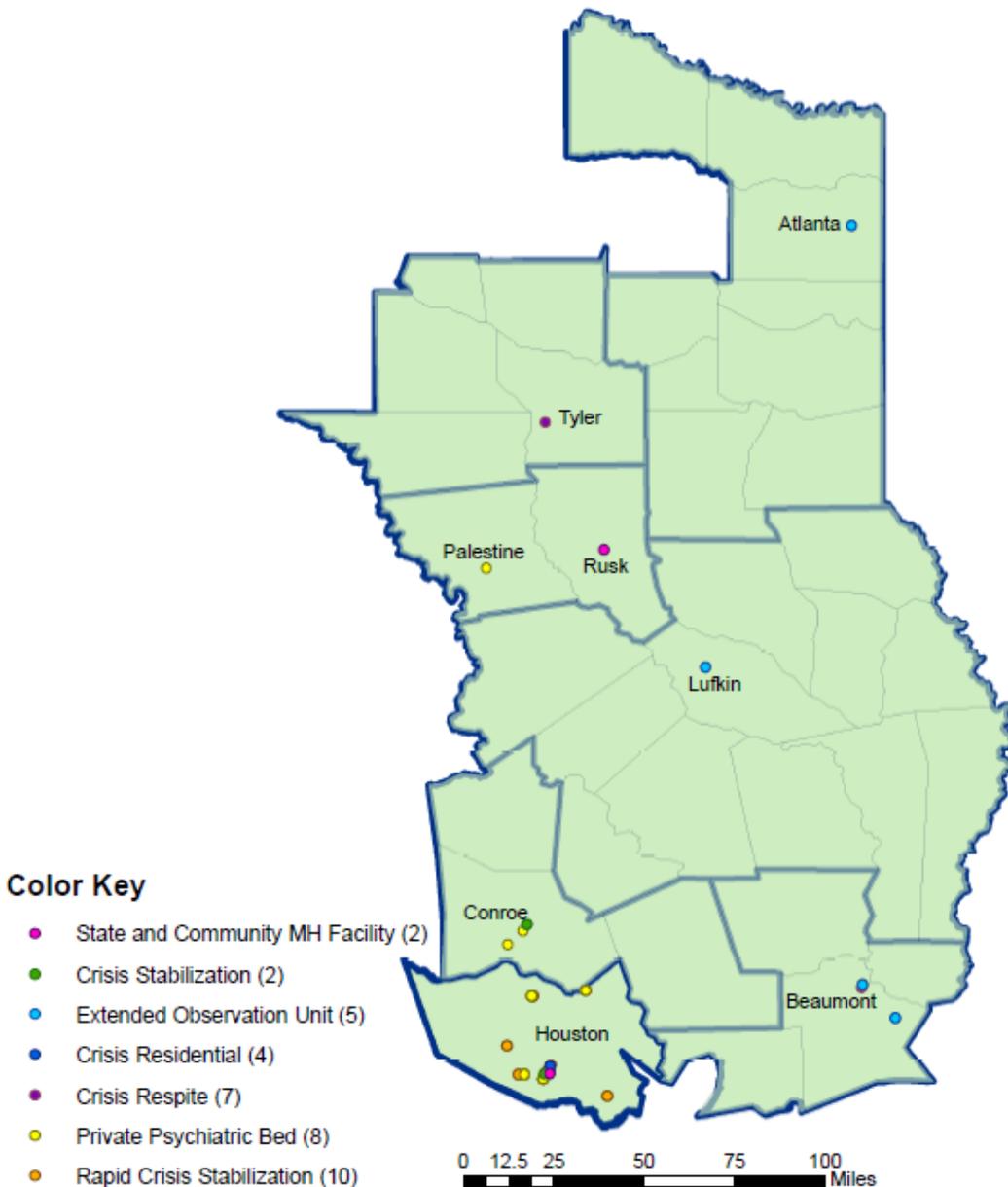


Image Source: HHSC Communications

*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 2. 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

Type	Provider Name	Address	City	Zip Code	County
PPB	Palestine Regional Medical Center	2900 South Loop 256	Palestine	75801	Anderson
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 Ladbrook 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

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
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
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
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
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 3. All Texas Access RSH Regional Group County Populations⁹

* 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

LMHA	County	Total Population
Community Healthcore	Rusk	54,042
Community Healthcore	Upshur	41,066
Community Healthcore	Cass	30,819
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 2. All Texas Access RSH Regional Group Race and Ethnicity¹⁰

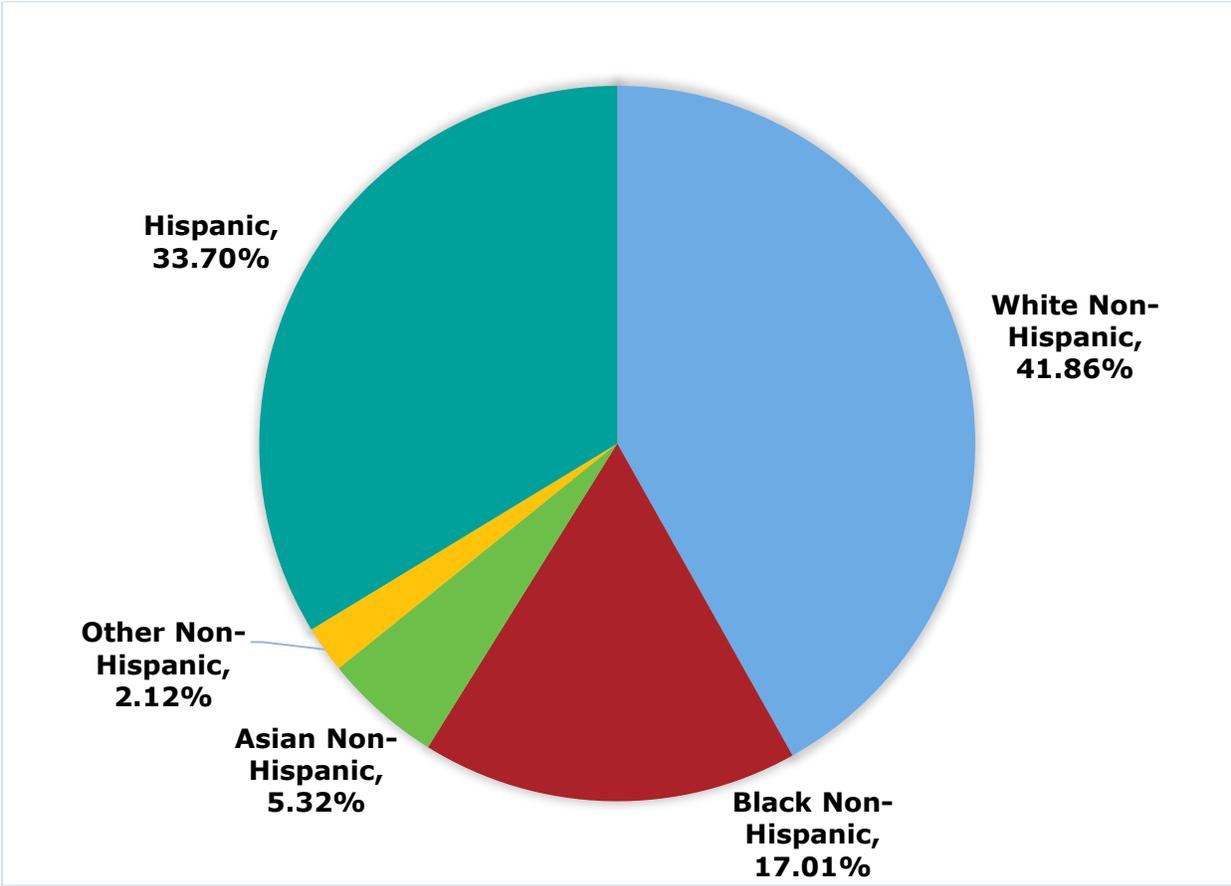


Table 37 below offers multiple data points for this region and compares them to statewide averages. The statewide average is for the entire state. The regional percentages are based on the counties in this regional group.

Table 4. All Texas Access RSH 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	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 5. All Texas Access RSH Regional Group LMHA/LBHA Outpatient Locations

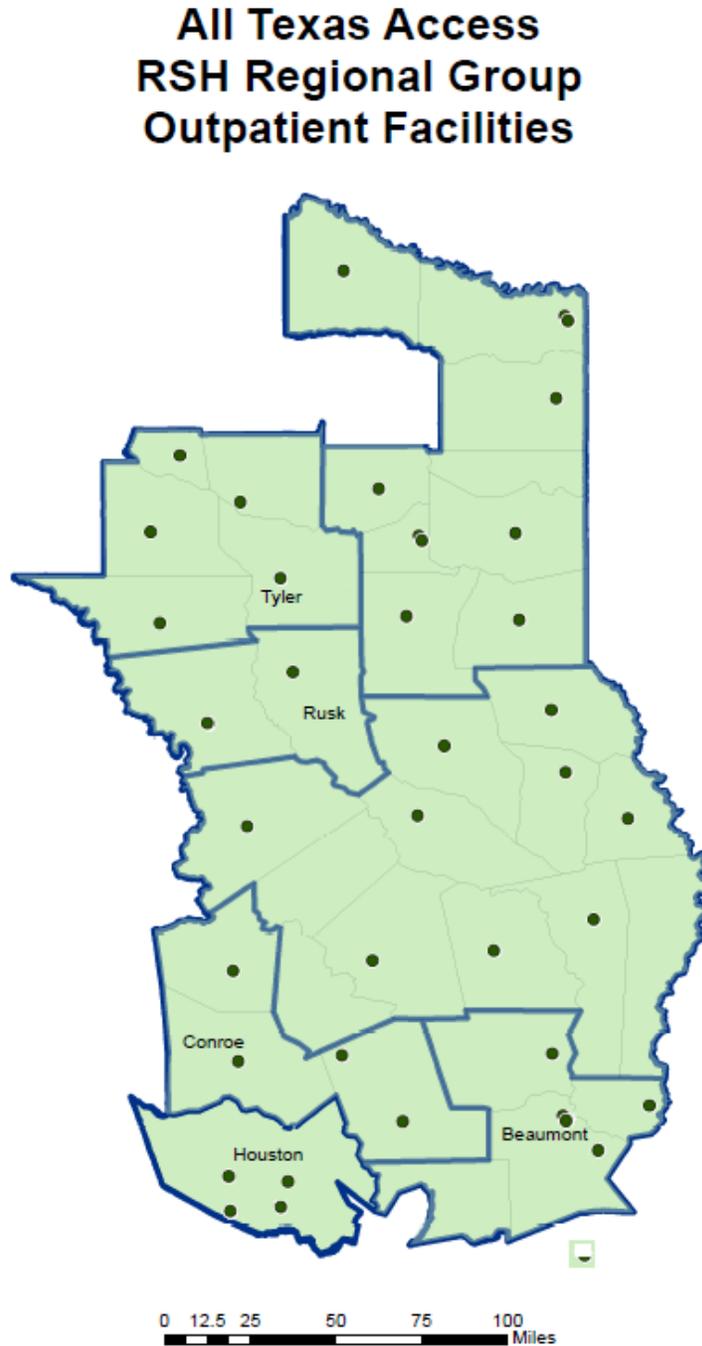


Image Source: HHSC Communications

Table 5. 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 Healthcare	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

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- ¹ Mericle, A. A., & Grella, C. E. (2016). Integrating Housing and Recovery Support Services: Introduction to the Special Section. *Journal of dual diagnosis, 12*(2), 150–152. Retrieved from <https://doi.org/10.1080/15504263.2016.1176408>
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 - ⁸ UT Health East Texas. (n.d.). Retrieved from <https://utthealtheasttexas.com/news/mental-health-us-east-texas>
 - ⁹ Texas Demographic Center. Total Population By County for 2018. Retrieved from <https://demographics.texas.gov/Data/TPEPP/Estimates/>
 - ¹⁰ Texas Demographic Center. Total Population By County for 2018. Retrieved from <https://demographics.texas.gov/Data/TPEPP/Estimates/>