All Texas Access Report Part 11: Statewide Analysis

As Required by

Senate Bill 633

86th Legislature, 2019

Health and Human Services

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TEXAS
Health and Human Services

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."[i] 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."

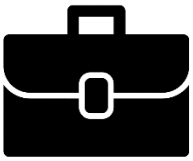
2. **Rural Texans need basic access to mental health services**.

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.

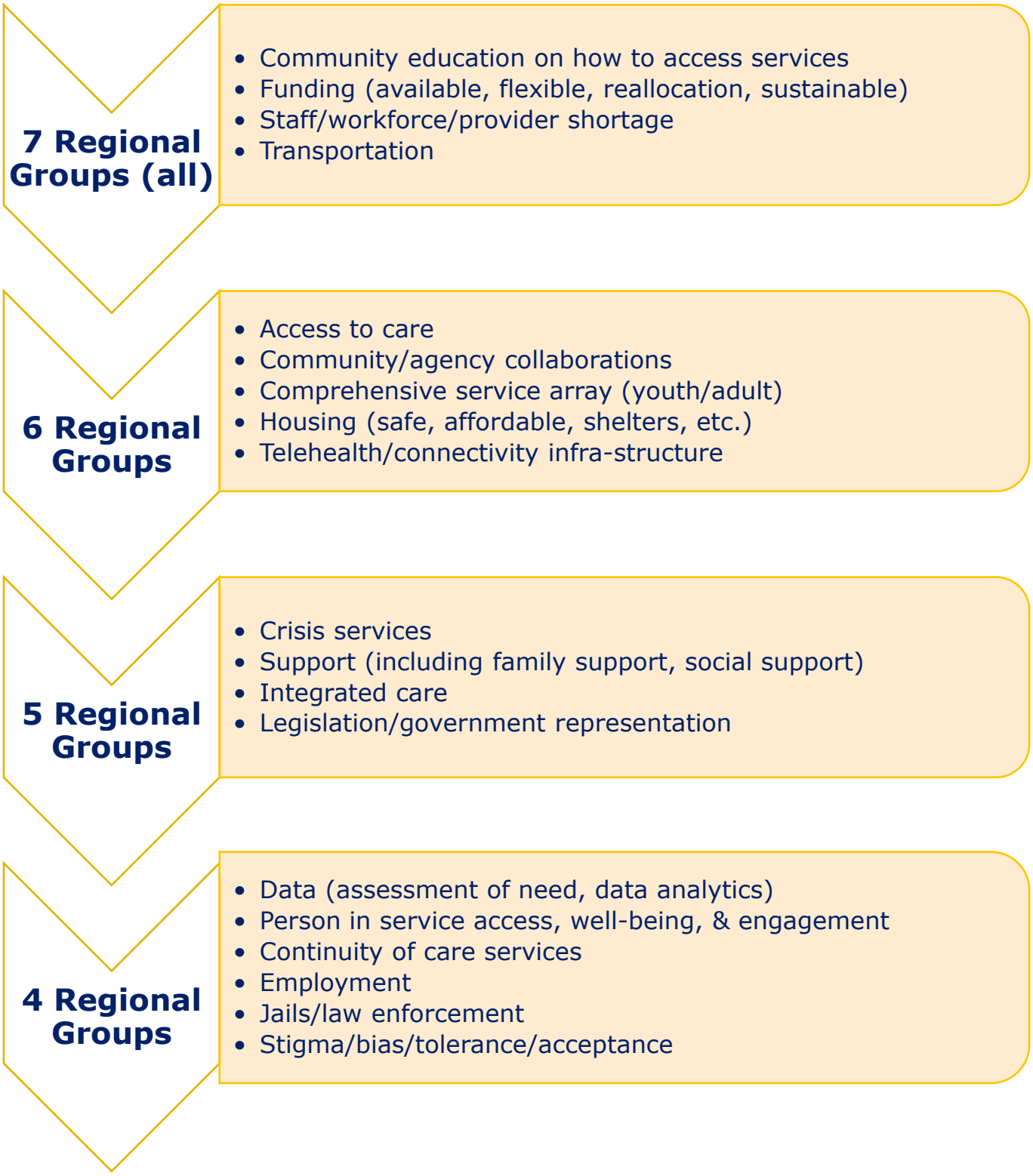
Table 1. Top Responses to All Texas Access Survey

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 1. Common System Modeling Themes



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

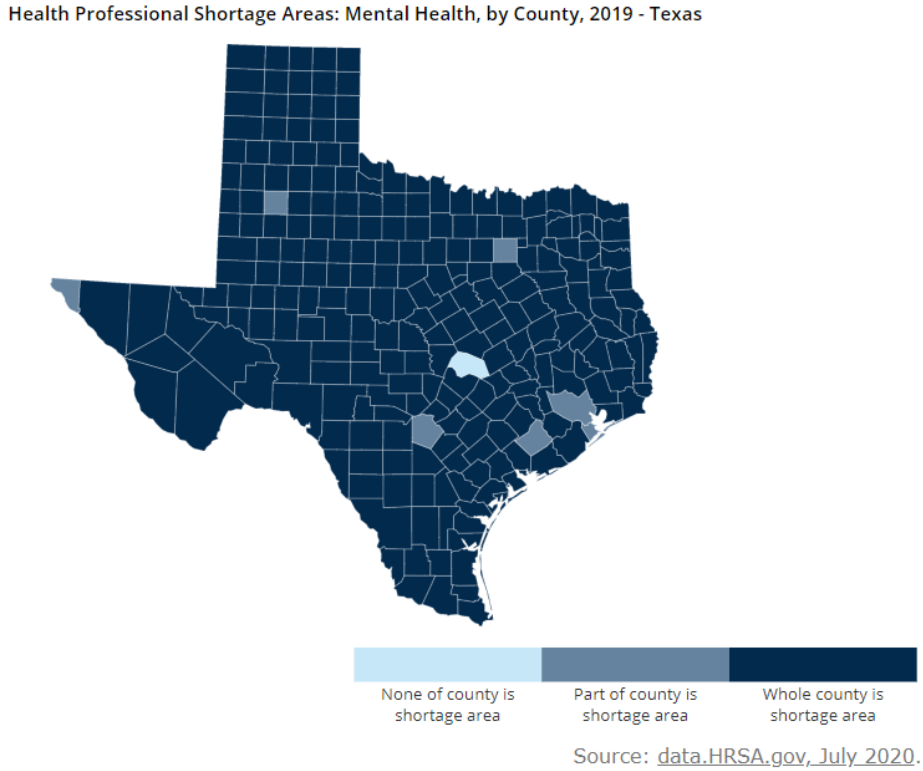
Several themes emerged across regional groups regarding the challenges of providing mental health care in rural communities.

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.[ii] This shortage creates challenges for many Texans seeking access to mental healthcare, including Texans with private insurance.[iii]

Only 55 percent of psychiatrists accept private insurance, and inpatient options for people with private insurance are generally limited to private psychiatric hospitals.[iv] 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 2. Texas Health Professional Shortage Areas: Mental Health, by County, 2019[v]



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.[vi] 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. TMCHCC 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."[vii] 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.[viii] 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/LHBAs 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.

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.

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.

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.[ix]

Increasing mental health resources in rural counties, and increasing partnerships between rural and urban inpatient providers, can help rural Texans access care more expediently.

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.[x]

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.

Telehealth services make mental health care more accessible.

Six of the seven regional groups identified "telehealth/connectivity infra-structure" as a priority in their region.

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.

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.

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