Hays County Mental Health Needs Assessment

Final Report

November 30, 2022

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

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Acknowledgement

The Meadows Mental Health Policy Institute is grateful to the Hays County Commissioners Court for its financial support of this work. We are especially grateful to the staff and leadership of Hill Country MHDD, who gave their time and expertise throughout the duration of this engagement. We are also grateful to the more than 100 people we interviewed either individually or in groups who helped inform our findings and recommendations.

Executive Summary

In May 2022, Hays County engaged the Meadows Mental Health Policy Institute (Meadows Institute) and its architectural partner, HOK, to assess the community's mental health system and provide recommendations for evolving and developing resources necessary to meet the current and future needs of its residents. As outlined in the executed contract, dated May 24, 2022, mental health services to be evaluated for the needs assessment include, but are not limited to:

- Preventative Care
- Integrated Mental Health Care
- Inpatient Services for Serious Mental Illness and Substance Abuse
- Mental Health Education
- Patient Navigation
- Case Management
- Transportation System

Extensive quantitative and qualitative data was gathered and analyzed to gain a clear understanding of the current system strengths, gaps, and opportunities for expansion and cross-system coordination. Quantitative analyses reviewed prevalence and utilization data used to determine the population make-up and current use of mental health resources in the community. Additionally, extensive qualitative data was gathered through key informant and focus group interviews with more than 100 stakeholders (See Appendix Four: Key Informant Interviews for a list of interviewees). Representatives of the local hospital systems, higher and primary education systems, community-based organizations and homeless service providers, the criminal justice system, mental health providers including extensive engagement with Hill Country MHDD Centers (the local mental health authority), mental health task force members, and county officials provided this critical feedback. In every case, we found people to be forthcoming regarding existing gaps and potential opportunities for improvement to the mental health system in Hays County.

In this Executive Summary, we highlight our findings and recommendations to date. This final report incorporates community feedback, which was solicited in early November after the draft report was made available.

Summary of Findings and Recommendations

Below is the summary of our findings and recommendations. Within the report, we provide data analysis and stakeholder insight that support these findings and recommendations, along with more detailed explanations of the recommended actions.

Summary of Findings and Recommendations

Findings	Recommendations	Estimated Cost
Hays County Community Resources and Existing Collaboration		
There is limited community and stakeholder coordination with the opportunity for building from existing efforts.	The creation of a broad-based planning group to oversee transformation and coordination of the behavioral health system in Hays County.	Not available
	Ensure collaboration across child and youth serving systems and providers is rooted in the system of care philosophy and framework.	
	Use Sequential Intercept Model (SIM) mapping to convene youth-serving systems to identify capacity gaps, opportunities, and recommendations for diverting youth with mental health needs from the justice system.	
Crisis System: Findings and Recommendations		
Navigating the Crisis System		
Hays County has limited crisis services available to residents.	Hays County should create a more robust crisis system.	Estimated costs are captured in other recommendations.
Hays County providers and individuals have a difficult time understanding and navigating the crisis system.	The Hays County community should work together to educate the community's residents and providers about crisis services available.	Not available

Findings	Recommendations	Estimated Cost
Evolving 9-1-1 and 988 Responses and Medically Facing Crisis Response System		
There is no integrated, medically facing crisis response system that emphasizes medical and mental health response as its key components and includes critical services such as crisis stabilization	To improve initial crisis response, Hays County should establish a dedicated Mobile Crisis Outreach Team (MCOT) to serve Hays County residents.	$1-1.25 million per year.
	To improve initial crisis response, Hays County should consider the development of a Multi-Disciplinary Response Team (MDRT).	Cost is specific to the model designed locally.
Crisis Respite, Crisis Stabilization Unit (CSU), and Extended Observation Unit (EOU)		
There is a lack of less restrictive crisis services available for Hays County residents and no available out-of-home, short-term crisis stabilization environments that can serve as an alternative to hospitalization for adults in crisis.	Consider options for facility-based services.	See options for facility-based services.
Emergency departments report long wait times for mental health inpatient admissions due to capacity limitations within the system.	Support and leverage non-traditional providers as an essential programmatic element of a comprehensive crisis response system, continue to invest in assisted technologies to advance access to care, and enhance clinical workflows.	Not available
Outpatient Mental Health System		
There is a need for integrating mental health into primary care practices for Hays County residents to treat mild to moderate mental health conditions.	Hays County primary care settings should adopt and implement the Collaborative Care Model (CoCM) to address service capacity needs with Seton Hays outpatient clinics leading the way.	CoCM is a financially sustainable model of care except for individuals without insurance.

Findings	Recommendations	Estimated Cost
There are limited adult outpatient behavioral health providers in Hays County.	Explore increased use of the state's Loan Repayment Program for Mental Health Professionals.	State-funded program at $1,035,938 per year since inception; request at least a 2x increase during the 88th Texas Legislative Session due to program expansion freeze.
Hill Country MHDD has strained capacity and is unable to meet the needs of the growing population in Hays County.	Hill Country MHDD should conduct a workforce pay audit for Hays County staff.	Not available
Substance Use Disorder Treatment		
There is limited availability of substance use disorder (SUD) treatment services in Hays County for adults.	Planning and collaboration efforts should ensure that SUD treatment and recovery supports are included.	Not available
	Create expanded access to SUD treatment in Hays County by developing a relationship with Be Well Texas.	State funded program; no additional cost.
High Intensity Services		
There are limited intensive outpatient services available to residents in Hays County.	Develop an Intensive Case Management (ICM) Team.	$300,000
The Emergency Department and Inpatient System		
There are no inpatient mental health beds located in the community to meet the need for Hays County residents.	Consider options for facility-based services.	See options for facility-based services.

Findings	Recommendations	Estimated Cost
There are limited purchased psychiatric beds (PPB) available to Hays County residents from Hill Country MHDD.	Hays County officials should consider utilizing county funding to purchase additional PPB from Hill Country MHDD that are designated for Hays County residents who need inpatient psychiatric hospitalization and should also work with Hill Country MHDD to educate the Texas legislature on the need for additional PPB funding to support Hays County residents.	$317,000 or more.
	Hospital system leaders and other mental health and substance use service providers should draw on theoretical and tested practices to improve the experience of individuals who present at the emergency department for mental health and substance use needs.	Not available
Justice Involved Adults		
Hays County Jail		
Hays County does not capture a person's mental health status within the jail data system. The current data system does not capture persons in jail awaiting transfer to treatment facilities including the state hospital.	Hays County should add fields to their data system that capture persons with mental health issues and their status in jail and the court process.	Not available
Mental Health Services in the Hays County Jail		
There is a lack of access to psychiatric prescribers that would allow persons in the Hays County jail to be seen within a reasonable time frame based on their acuity.	Hays County leadership should ensure that the ongoing community planning from the SIM Workshop includes a review of available mental health resources and develop plans to increase access, especially to inmates who need psychiatric medication.	Not available

Findings	Recommendations	Estimated Cost
Wellpath does not receive notification of planned discharges and does not provide any discharge planning services.	Stakeholders from the jail, Courts, and Wellpath should develop a process to provide prior notification, when possible, of planned discharges so that Wellpath can coordinate warm hand-offs to community treatment and support services.	Not available
Competency Restoration		
Hays County is not actively monitoring and managing the waitlist of persons needing competency restoration services who are in the Hays County Jail.	Hays County should implement improvements to their competency restoration process identified in the Jail In-Reach Learning Collaborative facilitated by HHSC to improve managing the waitlist for competency restoration services. There should be an immediate priority of actively managing those persons found incompetent, including timely access to treatment while in the jail.	Not available
Hays County Criminal Courts		
We found no evidence that Hays County is following the protocols of Article 16.22.	Hays County should prioritize developing a process to complete the assessments required by Article 16.22 of the Code of Criminal Procedures.	Not available

Findings	Recommendations	Estimated Cost
Special Populations		
Veterans Mental Health		
The Samaritan Center is the primary mental health care provider for veterans in Hays County but access to services is restricted due to time and staffing constraints.	Hill Country MHDD should explore contracting veteran mental health services in Hays County to the Samaritan Center.	Not available
	If Hays County builds a health and wellness center, outpatient office space should be dedicated to veterans' mental health to increase availability and visibility of services to veterans.	See options for facility-based services.
Transition-Age Youth and First Episode Psychosis		
Prevalence data for Hays County indicates that at least 30 transition-age youth (18-24) will experience first episode psychosis (FEP) each year. Coordinated Specialty Care (CSC) is the gold standard treatment for FEP but is not currently offered in Hays County.	Utilize a coordinated, multiple-entity approach to build and implement a Coordinated Specialty Care (CSC) program in Hays County.	$475,000 per Coordinated Specialty Care team per year.
Children and Youth Mental Health System		
School Mental Health Snapshot		
There are rising community concerns related to student substance use and mental health.	Given the complex but critical nature of schools in the children's mental health landscape, we recommend a more focused assessment of the full Multi-Tiered Systems of Support (MTSS) continuum across Hays County schools.	Cost varies by community and rigor of assessment.

Findings	Recommendations	Estimated Cost
Intensive Services		
Children and youth with the highest needs lack access to intensive, community-based services.	For youth with the highest intensity of need and at most risk of out of home placement, Hays County stakeholders should support Hill Country MHDD as they utilize newly allocated funding to implement Multisystemic Therapy (MST).	State funded program; no additional cost.
Behavioral health workforce shortages contribute to the lack of capacity in intensive services.	Invest in upstream interventions to identify behavioral health needs early and identify services and strategies that can help bridge care for children and youth awaiting entry into higher intensity services.	$75,000 per campus for a TCHATT school liaison.
Child and youth-serving providers and stakeholders described a lack of coordination and collaboration across the continuum of services.	Develop a formal venue for collaboration across child and youth serving systems and providers that is rooted in the system of care philosophy and framework.	Not available
Crisis Continuum		
The current crisis response continuum lacks resources and specialization needed to appropriately respond to the unique needs of children, youth, and their families.	Address the unique needs of children and youth in crisis and their families by investing in specializations such as Youth and Family Mobile Outreach Teams (YFMOTs).	$1.1 million for a full team annually plus $275,000 for startup costs.
School personnel need support to address crises that occur in school settings. Many schools in the county do not have the skills and resources necessary to effectively respond and support students in crisis.	Establish a memorandum of understanding (MOU) between school districts and Hill Country MHDD to improve school-based crisis response procedures.	Not available

Findings	Recommendations	Estimated Cost
There is a need for crisis stabilization and step-down services for children and youth in Hays County.	Expand capacity for the youth crisis respite center to meet demand and allow for increased specialization.	$550,000 per year.
The Juvenile Justice System in Hays County		
A lack of child and adolescent psychiatry capacity and greater demand for services results in months-long wait times for required psychiatric evaluations and mental health services for justice-involved youth.	Fund a new psychiatric staff position dedicated to serving Hays County youth who are involved in the juvenile justice system on probation or returning home after a period of incarceration, including those on the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) caseload.	$150,000 a year per employee.
Community behavioral health partnerships outside of Hill Country MHDD, such as Dell Medical School, have been underutilized by Hays JPD.	The Hays County JPD should leverage the Texas Child Health Access Through Telemedicine (TCHATT) program to increase access to child and adolescent psychiatric and other mental health services for justice-involved youth.	State funded program; no additional cost for schools enrolled in TCHATT.
Police often rely on the juvenile detention facility or the hospital emergency department for youth exhibiting behaviors as a result of their mental health condition, when treatment and care outside of the justice system would be more appropriate and effective.	The Hays County Juvenile Board should establish a First Offender Program in partnership with local law enforcement to avoid the negative impact and revolving door of justice contact for youth with mental health needs.	$60,000 per year for 60 youth.[1]

[1] Tarrant County first offender program was used as a benchmark. The nonprofit provider Lena Pope charges a case rate of $1,000 to serve 60 youth and their caregivers per year. Hays County would likely need fewer slots and could find a local provider to cover their need. Another option would be to contract with a larger provider and split the contract with a neighboring county. Funds for these types of programs typically flow through law enforcement, not juvenile probation.

Findings	Recommendations	Estimated Cost
The need for whole family services and intensive supports for justice-involved youth exceeds local provider capacity.	Hays JPD should contract with additional credentialed providers of evidence-based practices to bring a home-based family support program to youth on probation or otherwise justice-involved in Hays County.	$90,000 additional MST caseload for 20 youth per year in addition to the state-funded slots. $60,000 in-home care coordination for 25 youth per year (cost could likely be off-set or mostly covered by Medicaid).
Hays County does not have a mechanism to bring juvenile justice, mental health providers, schools, child welfare, and other youth-service systems together for strategic planning or coordination across service delivery systems to divert youth with mental health needs from the justice system.	Use SIM mapping to convene youth-serving systems to identify capacity gaps, opportunities, and recommendations for diverting youth with mental health needs from the justice system.	$16,000[2]

[2] There is also the potential for the Hays community to apply for a Texas Health and Human Services (HHSC) or Texas Judicial Commission on Mental Health (JCMH) grant when those opportunities become available, likely in late 2023.

Behavioral Health Facility Model Options		
Option 1: Health and Wellness Center	Local mental health authority (LMHA)-operated urgent care behavioral health clinic.	Construction cost: $11M Startup cost: $210,000 Annual operating: $4M
	LMHA-operated 16-bed crisis behavioral health unit to include crisis stabilization and extended observation services.	Construction cost: $9.8 M Startup cost: $325,000 Annual operating: $4.5M
Option 2: Psychiatric Inpatient Hospital	Includes up to 96 inpatient beds (nine units of 12 beds each). In addition to adult inpatient services, the hospital could be designed to designate two of the units (24 beds) for children and/or adolescent services (to ensure that child/adolescent and adult patients have limited contact, there are specific design requirements that should be integrated into a hospital's architecture).	Construction cost: $46.7M Startup cost: $2.7M Annual operating: $25.7M

Introduction

In May 2022, Hays County engaged the Meadows Mental Health Policy Institute (Meadows Institute) and its architectural partner, HOK, to assess the community's mental health system and provide recommendations for evolving and developing resources necessary to meet the current and future needs of its residents. As outlined in the executed contract, dated May 24, 2022, mental health services to be evaluated for the needs assessment include, but are not limited to:

- Preventative Care
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Extensive quantitative and qualitative data was gathered and analyzed to gain a clear understanding of the current system strengths, gaps, and opportunities for expansion and cross-system coordination. Quantitative analyses reviewed prevalence and utilization data used to determine the population make-up and current use of mental health resources in the community. Additionally, extensive qualitative data was gathered through key informant and focus group interviews with more than 100 stakeholders (See Appendix Four: Key Informant Interviews for a list of interviewees). Representatives of the local hospital systems, higher and primary education systems, community-based organizations and homeless service providers, the criminal justice system, mental health providers including extensive engagement with Hill Country MHDD Centers (the local mental health authority), mental health task force members, and county officials provided this critical feedback. In every case, we found people to be forthcoming regarding existing gaps and potential opportunities for improvement to the mental health system in Hays County.

Guiding Principles and the Ideal System of Care

The guiding principle for our work in Hays County and throughout Texas is that the traditional approach of treating the mind and body separately has led to inadequate and often inappropriate care for people living with mental illnesses and substance use disorders; an overuse of jails, emergency departments, and hospital beds; and treatment of adults with serious mental illnesses and children and youth with serious emotional disturbances stands in sharp contrast to the integrated care provided to people with complex physical health needs. Care for mental illness and substance use disorder, also known as behavioral health treatment, should be the same as care for physical illness unless clinical needs or public safety warrant a specialty approach, with integration of care the norm and not simply a goal.[3]

While similar to adults, a unique, comprehensive system of care for pediatric mental health is outlined in the section on Children and Youth.

There are several principles that flow from this guiding principle:

- **Identification and treatment of mental illness and substance use disorder should occur at the earliest stage in the illness**, just as with any other physical illness. Additionally, treatments should be provided, whenever possible, in the general health care system, from the initial response to a crisis using outpatient and inpatient care, with specialty care reserved for those whose needs cannot be addressed by the general health care system. In practice, this means that traditional reliance on law enforcement response to mental health crises should be shifted, to the degree possible, to a medical response typically used for all other health crises.
- **It is particularly important to identify and provide treatment for children, youth, and families at the earliest possible point** because untreated mental illnesses, emotional disturbances, and substance use disorders can have cascading effects on the child or youth's health, school performance, and other measures that, if left unaddressed, are associated with greater risks of entry into the juvenile justice and adult criminal justice systems.
- **Many people with diagnoses of mental illnesses and substance use disorders have complex physical health needs and, conversely, many people with complex physical health needs suffer from mental illnesses such as depression or substance dependence that can compromise care.** Given this, emergency assessment and hospitalization of people with behavioral illness diagnoses should occur, whenever possible, in settings that can assess and treat both physical and mental health conditions, including medically supervised detoxification and medication-assisted treatment needs. Cross-system efficiencies that target navigation and coordination of

[3] SAMHSA Behavioral Health Integration. (n.d.). Retrieved October 17, 2022, from https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf

treatment need to incorporate trauma-informed responses that begin in the least restrictive settings and include capabilities to identify acute physical and behavioral health needs at each entry point. When more intensive treatment is necessary, the transferring systems should assume responsibility for communicating details about the crisis and coordinate transitions between levels of care needed to best provide person-centered care. Lastly, communities should prioritize the expansion and evolution of existing intensive community-based services to reduce the need for hospitalizations, incarceration, and crisis services, with the ultimate goal of improving health, well-being, and quality of life for those in need.

- **It is important that mental health and substance use disorder services are integrated into an ideal mental health system.** We use the term "behavioral health" to include mental illness and substance use disorders, both separately and as co-occurring health care needs. Specific substance use disorders treatment protocols, such as medically supervised detoxification and medication-assisted treatment, need to be developed within the broader context of integrated physical and mental health care.

No community in Texas or the nation has a system that seamlessly incorporates all of these principles. In many instances, mental health care delivery is fragmented and segregated from the health care system.

Figure 1: The Current Adult Mental Health Care System

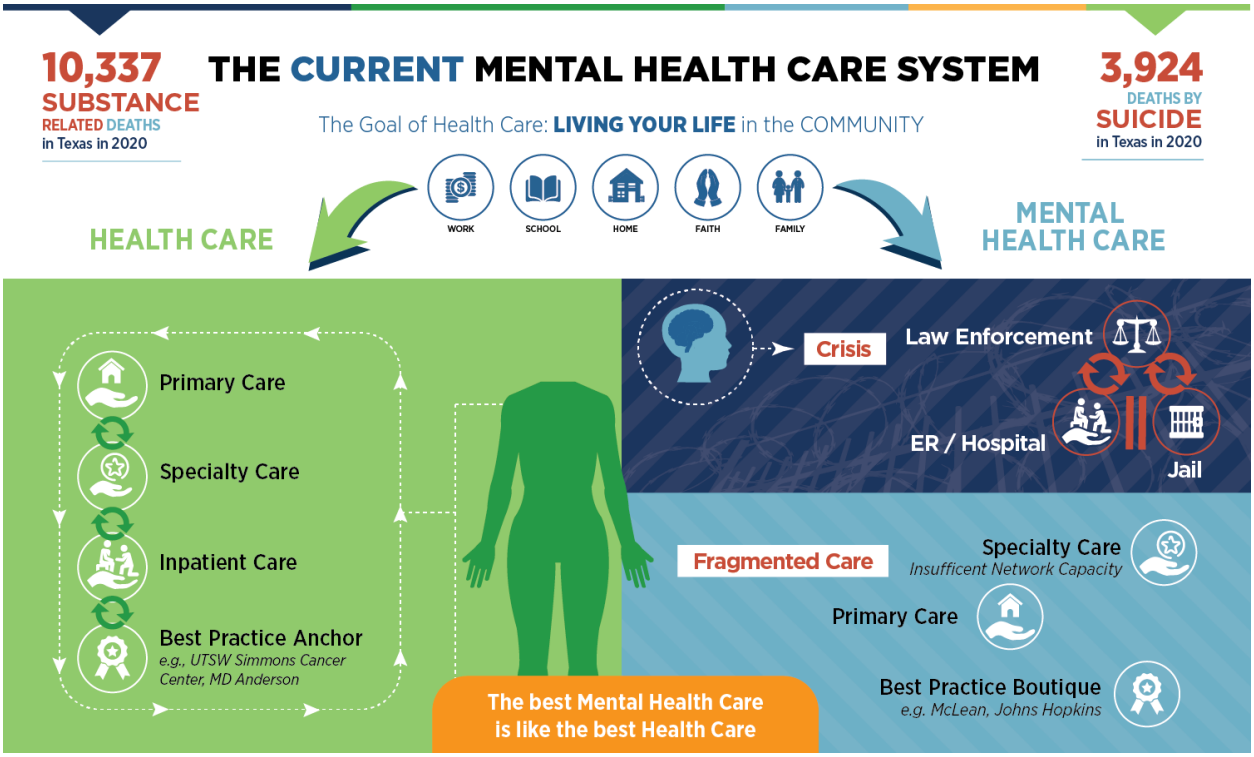
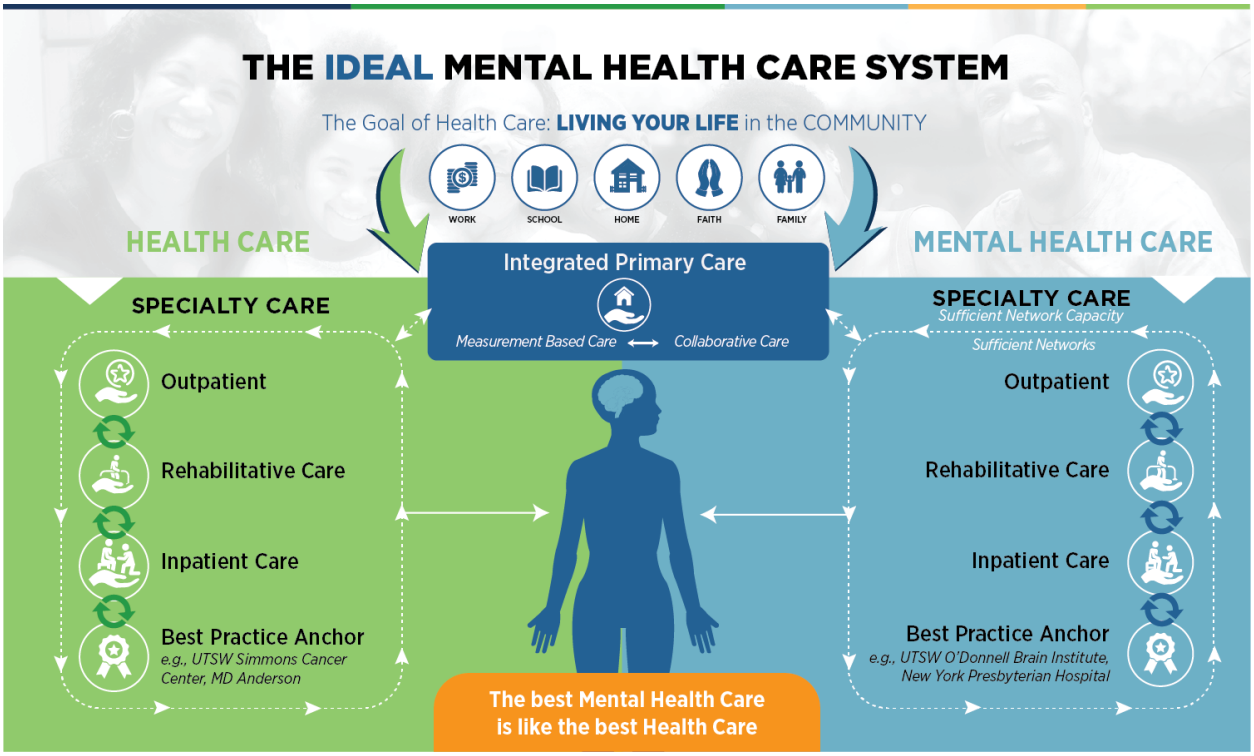


Figure 2: The Ideal Adult Mental Health Care System



Demographic and Prevalence Data

The capacity needed in each system depends on the number of people with mental health needs, which changes with the size of each population. For this reason, we begin our preliminary analysis of Hays County's mental health system with a demographic description of the adult, child, and youth population sizes. Adults, children, and youth have distinct but overlapping mental health needs that are best treated within systems of care. A system of care is a coordinated network of community-based services and supports created to meet the challenges faced by adults with serious mental illnesses (SMI) and children and youth at risk for or diagnosed with serious emotional disturbances (SED) and their families.[4]

The link between poverty and poor mental health outcomes is well established, with exposures to multiple stressors resulting in individuals with low incomes having an increased risk for mental illness. As such, people living in poverty often have higher rates of mental health needs and depend on the publicly funded mental health system. Therefore, we provide additional data on the number of people living in poverty within each group and the number of these people with the most serious forms of mental illness.

In analyzing these issues, we used a variety of quantitative data sources. We obtained demographic data on adults, children, and youth from the U.S. Census Bureau's 2016-2020 American Community Survey. We then applied a technique known as "horizontal synthetic estimation" to estimate the prevalence of mental health in Hays County (for more detailed information, please refer to Appendix One: Prevalence Estimation Methodology). Unless otherwise noted, all data presented is for the calendar year (CY) 2020.

Adult Demographics and Prevalence

Table 1 provides detailed 2020 population estimates, by demographic group, for adults in Hays County. Overall, about 180,000 adults lived in the county in 2020. The population was primarily non-Hispanic White (56%), with a smaller subset of the population identifying as Hispanic or Latino (37%). The population was equally split between males and females, and most of the population was in mid-adulthood (i.e., between the ages of 25 and 44). Compared to Texas (statewide), Hays County had a larger percentage of young adults (ages 18-24; 33% in Hays County, 13% statewide) and a smaller percentage of Black or African American adults (4% in Hays County, 12% statewide).

Approximately 50,000 adults (28% of the adult population) lived below 200% of the federal poverty level. Young adults (ages 18-24) were overrepresented among the population in

[4] Whitson, M. L., Kaufman, J. S., & Bernard, S. (2009). Systems of care and the prevention of mental health problems for children and their families: Integrating counseling psychology and public health perspectives. *Prevention in Counseling Psychology: Theory, Research, Practice and Training*, *3*(1), 3–9.

poverty. Females were also more likely than males to be in poverty, as were Hispanic or Latino adults (37% of the total population and 47% of the population in poverty).

Table 1: Demographic Characteristics of Adults in Hays County (2020)[5,6]

	Total Population	Population With SMI	Total Population in Poverty[7]	Population With SMI in Poverty
Adult Population	180,000	7,000	50,000	4,000
Age				
18–20	8%	5%	14%	6%
21–24	14%	14%	29%	25%
25–34	19%	27%	18%	25%
35–44	19%	27%	14%	19%
45–54	14%	14%	10%	14%
55–64	14%	9%	8%	8%
65+	14%	4%	8%	3%
Gender				
Male	49%	43%	44%	33%
Female	51%	57%	56%	67%
Race / Ethnicity				
Non-Hispanic White	56%	53%	47%	60%
African American	4%	4%	4%	6%
Asian American	1%	1%	1%	1%
Native American	0%	0%	0%	0%
Multiple Races	2%	3%	2%	3%
Hispanic / Latino	37%	40%	47%	30%

Adult Poverty

Table 2 below shows how the adult poverty rate of Hays County compares with Texas (statewide). The percentage of adults in poverty in Hays County is similar to the percentage of adults in poverty in Texas (28% in poverty in Hays County vs. 29% in Texas).

[5] U.S. Census Bureau. (2022). Previously cited.
[6] All population estimates were rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, percentages may not always add up to 100%.
[7] "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region.

Table 2: Adults in Poverty in Hays County (2020)[8]

	Total Population	Population in Poverty	% in Poverty
Hays County	180,000	50,000	28%
Texas (Statewide)	21,750,000	6,300,000	29%

Estimated Adult Mental Health Needs

Approximately 42,000 adults in Hays County (23% of all adults) are estimated to have had any mental health condition in 2020. Most adults living with mental health conditions had mild to moderate needs (83%; 35,000 adults), with a remaining 7,000 adults reported having a SMI. Compared to the distribution of severity levels for adults experiencing any mental health need in Texas (statewide), Hays County had a smaller percentage of adults with moderate or serious mental health needs (52% in Hays County vs. 58% in Texas). We highlight this because this indicates that a large portion of the population can be easily treated with a low level of care such as in a primary care setting rather than waiting for limited psychiatric services.

Figure 3: Severity Levels of Mental Health Need Among Adults in Hays County (2020)[9,10]

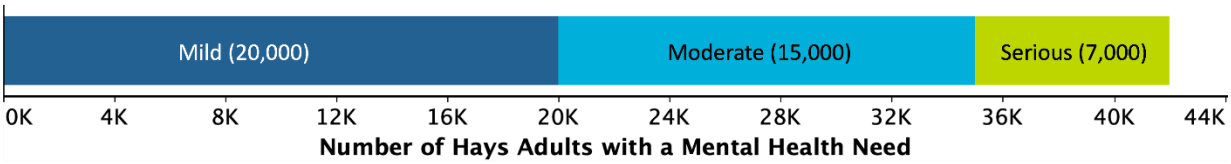


Table 3 shows the estimated 12-month prevalence of specific, some of which are considered priority population,[11] mental health disorders among Hays County adults. Of the estimated 7,000 adults living with SMI, over half (57%; 4,000 adults) were living in poverty. Based on 2020 data, common mental health needs for adults included major depression (8% of adults) and

[8] "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data obtained from the U.S. Census Bureau, American Community Survey 2016-2020 Five-Year Public Use Microdata Sample (PUMS): https://www.census.gov/programs-surveys/acs/data/pums.html

[9] Any mental health need is the sum of mild, moderate, and serious mental illness, estimated from Kessler, R. C., et al. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 64,* 617–627. 10.1001/archpsyc.62.6.617; and Holzer, C., Nguyen, H., & Holzer, J. (2022). *Texas county-level estimates of the prevalence of severe mental health need in 2020*. Dallas, TX: Meadows Mental Health Policy Institute.

[10] These estimates are based on historical patterns and do not include adjustments for changes due to the COVID-19 pandemic.

[11] A mental health priority population is defined as, "As identified in state performance contracts with LMHAs or LBHAs, those groups of children, adolescents, and adults with mental illness or serious emotional disturbance assessed as most in need of mental health services." Texas Administrative Code, Title 26: Health and Human Services § Chapter 306; Rule §306.153. Retrieved October 13, 2022, from https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=F&p_rloc=199341&p_tloc=14829&p_ploc=1&pg=2&p_tac=&ti=26&pt=1&ch=306&rl=153

post-traumatic stress disorder (5% of adults). Generalized anxiety disorder was prevalent among 3% of the adult population, and bipolar disorder represented approximately 1% of the population. Approximately 30 new cases of first episode psychosis were anticipated to have occurred in adults ages 18-34 during 2020.

Table 3: Twelve-Month Prevalence of Select Mental Health Disorders Among Adults in Hays County (2020)[12,13]

Mental Health Condition	Prevalence (% of Population)
Total Adult Population	**180,000**
Population in Poverty	50,000 (28%)
SMI in Poverty[14]	4,000 (2%)
Specific Diagnoses	
Major Depression[15]	15,000 (8%)
Bipolar I Disorder[16]	1,000 (1%)
Generalized Anxiety Disorder[17]	6,000 (3%)
Post-Traumatic Stress Disorder[18]	9,000 (5%)
First Episode Psychoses Incidence – New Cases per Year (Ages 18–34)[19]	30 (<1%)

As shown in Table 4, around 11% of adults in Hays County in 2020 (approximately 20,000 adults) had substance use disorders (SUD), with around 2% (3,000 adults) living in poverty with SUDs. Around half of all SUD cases (10,000 adults) involved co-occurring psychiatric and SUD.

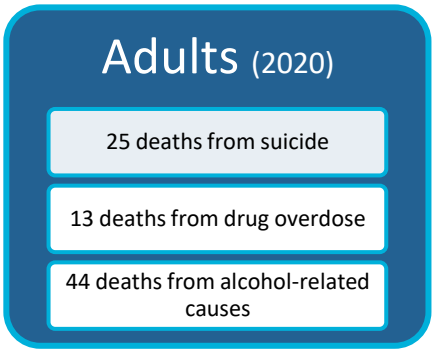
[12] All population estimates were rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, percentages may not always add up to 100%.
[13] These estimates are based on historical patterns and do not include adjustments for changes due to the COVID-19 pandemic.
[14] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited. Poverty data was obtained from the U.S. Census Bureau (2022). American Community Survey 2016-2020 5-year data release. https://www.census.gov/data/developers/data-sets/acs-5year.2020.html
[15] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[16] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[17] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[18] Goldstein, R. B., Smith, S. M., Chou, S. P., Saha, T. D., Jung, J., Zhang, H., Pickering, R. P., Ruan, W. J., Huang, B., & Grant, B. F. (2016). The epidemiology of DSM-5 posttraumatic stress disorder in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *Social Psychiatry and Psychiatric Epidemiology, 51*(8), 1137–1148. 10.1007/s00127-016-1208-5
[19] Kirkbride, J. B., et al. (2017). The epidemiology of first-episode psychosis in early intervention in psychosis services: Findings from the Social Epidemiology of Psychoses in East Anglia [SEPEA] study. *American Journal of Psychiatry, 174*, 143–153. 10.1176/appi.ajp.2016.16010103

Table 4: Twelve-Month Prevalence of Substance Use Disorders Among Adults in Hays County (2020)[20]

Population	Prevalence (% of Population)
Total Population	**180,000**
Population in Poverty	50,000 (28%)
Any Substance Use Disorder[21]	**20,000 (11%)**
In Poverty with SUD[22]	3,000 (2%)
Alcohol-Related SUD[23]	15,000 (8%)
Illicit Drug-Related SUD[24]	10,000 (6%)
Comorbid Psychiatric and SUD[25]	10,000 (6%)

Adult Mortality Data[26,27]

In 2020, there were 25 adult deaths from suicide in Hays County – a decline from 2018 and 2019 (35 and 28, respectively). Additionally, 13 Hays County adults died from drug overdose and 44 adults died from alcohol-related causes in 2020. While final mortality data is not available for 2021, provisional data suggests that the number of deaths from suicide and drug overdose among Hays County adults increased between 2020 and 2021. Specifically, as of September 2022, provisional data



[20] These estimates are based on historical patterns and do not include adjustments for changes due to the COVID-19 pandemic.
[21] Substance Abuse and Mental Health Services Administration. (2021). *2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates* – Texas, NSDUH
[22] The percentage of adults in poverty with an SUD is based on DPPYILLALC (Illicit Drug or Alcohol Dependence in Past Year) x Poverty Cross-tabulation, National Survey on Drug Use and Health, 2019-2020. The percentage was applied to the estimated number of adults in poverty in Texas. Poverty estimates are based on the PUMs 2020 poverty proportions, applied to the American Community Survey estimates.
[23] Substance Abuse and Mental Health Services Administration. (2021). Previously cited.
[24] Substance Abuse and Mental Health Services Administration. (2021). Previously cited.
[25] Co-occurring psychiatric and substance use disorders among adults are generated using rates of any mental illness (AMI) and substance use disorder (SUD), from the 2020 National Survey on Drug Use and Health: Detailed Tables - Tables 8.1 and 8.7 (SUD), and the Texas-based estimates of AMI from the *2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates* – Texas, Table 27.
[26] Centers for Disease Control and Prevention, National Center for Health Statistics. (2021, December). Multiple cause of death 1999-2020 on CDC WONDER online database. Data are from the multiple cause of death files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. For more information, see: http://wonder.cdc.gov/mcd-icd10.html.
[27] Overdose deaths are classified using underlying cause-of-death ICD-10 codes: X40–44, X60–64, X85, and Y10–Y14. Alcohol induced deaths are classified using any underlying cause of death and multiple causes of death category, "alcohol-induced causes."

suggests that nine additional Hays County adults died from suicide in 2021, while the number of deaths from drug overdose tripled (39 deaths are projected for 2021).[28]

Children and Youth Demographics and Prevalence

Table 5 provides detailed population estimates from 2020, with a demographic breakdown (including age, sex, race, and ethnicity) of children and youth in Hays County. Of the estimated 40,000 children and youth in Hays County in 2020, the population was predominantly Hispanic or Latino (53%) and evenly split between males and females and children (ages 6-11) and youth (12-17). Compared with Texas (statewide), Hays County has a similar percentage of Hispanic or Latino children and youth but a smaller percentage of Black or African American children and youth.

Approximately one quarter (25%) of children and youth lived below 200% of the federal poverty level (10,000 children and youth). While children (ages 6-11) made up half of the population (50%), they accounted for 55% of the children and youth population in poverty. Thus, younger children and youth were slightly more likely to live in poverty than older children and youth in Hays County. Similarly, non-Hispanic White children and youth represented 40% of the total population but only 18% of the population in poverty, while Hispanic and Latino children and youth represented 53% of the population but nearly three-quarters (74%) of the population in poverty. Hispanic or Latino children and youth living in Hays County are over-represented in rates of SED in poverty – nearly three fourths of Hays County children and youth with SED in poverty identifying as Hispanic or Latino despite constituting slightly more than half of the population.

Table 5: Demographic Characteristics of Children and Youth in Hays County (2020)[29,30]

	Total Population	Population With SED	Population in Poverty[31]	Population With SED In Poverty
Children and Youth Ages 6-17	40,000	3,000	10,000	1,000
Age				
Ages 6–11	50%	50%	55%	50%
Ages 12–17	50%	50%	45%	50%

[28] Provisional data are preliminary data that may not yet be complete. These data are subject to change as information continues to be collected and analyzed and may differ from the final counts released in late 2021.
[29] U.S. Census Bureau. (2022). Previously cited.
[30] All population estimates were rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, percentages may not always add up to 100%.
[31] "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region.

	Total Population	Population With SED	Population in Poverty[31]	Population With SED In Poverty
Gender				
Male	50%	50%	55%	60%
Female	50%	50%	45%	40%
Race				
Non-Hispanic White	40%	46%	18%	21%
African American	3%	4%	5%	4%
Asian American	1%	0%	0%	0%
Native American	1%	0%	0%	0%
Multiple Races	3%	4%	3%	3%
Hispanic/Latino	53%	46%	74%	72%

Table 6 below shows how the children and youth poverty rate of Hays County compares with Texas (statewide). The percentage of children and youth in poverty is 17% lower in Hays County than in Texas (25% in poverty in Hays County vs. 42% in Texas). This is dissimilar to what was seen among adults in Hays County, where the percentage in poverty was similar to the statewide percentage.

Table 6: Children and Youth in Poverty in Hays County (2020)[32]

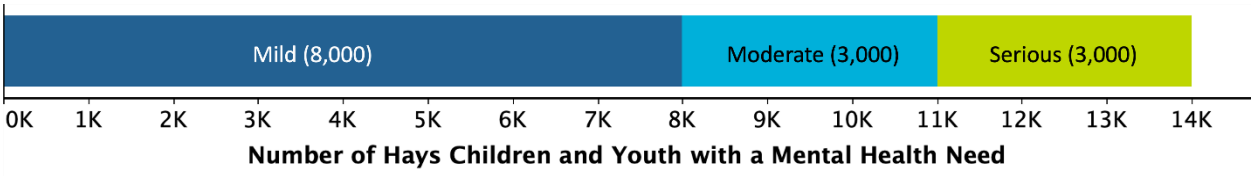
	Total Population	Population in Poverty	Percent in Poverty
Hays County	40,000	10,000	25%
Texas (Statewide)	5,100,000	2,150,000	42%

Children and Youth Mental Health

Throughout this section, children are uniquely defined as ages 6-11, while youth are defined as ages 12-17. Because the prevalence of mental health care needs for young children is poorly understood, and very few receive any type of treatment, we do not provide prevalence data for children under the age of six. Approximately 14,000 children and youth in Hays County (35% of the total 40,000 children and youth) are estimated to have had any mental health condition in 2020. Most children and youth living with mental health conditions had mild to moderate needs (79%; 11,000 children and youth); the remaining 3,000 children and youth reported having a serious emotional disturbance (SED). The distribution of mental health needs among children and youth in Hays County was similar to the distribution seen in Texas (statewide).

[32] "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data obtained from the U.S. Census Bureau, American Community Survey 2016-2020 Five-Year Public Use Microdata Sample (PUMS): https://www.census.gov/programs-surveys/acs/data/pums.html

Figure 4: Severity Levels of Mental Health Need Among Children and Youth in Hays County (2020)[33,34]



Approximately one third (33%; 1,000) of the children and youth with a SED lived in poverty (Table 7). The most serious conditions (conditions causing so much impairment that the child or youth is at risk for out-of-home or out-of-school placement or involvement in the child welfare or juvenile justice systems) affected a small number of children and youth in the region (approximately 100 children and youth: <1% of the population).

Common conditions affecting youth (ages 12-17) in Hays County in 2020 were major depressive episodes (experienced by an estimated 15%, 3,000 youth) and post-traumatic stress disorder (4%, 700 youth). Nearly half of all children and youth in Hays County (46%, 18,000 children and youth) were estimated to have one or more adverse childhood experiences (ACEs).[35] Incidents of abuse or neglect, having incarcerated parents, and witnessing intimate partner violence, substance misuse, or mental illness within the home are all considered adverse childhood experiences. These types of stressful and traumatic events correlate with various health problems throughout life, including substance use, mental health, and physical health conditions.[36]

[33] Any mental health need is the sum of mild mental health need, moderate mental health need, and serious emotional disturbance, estimated using Kessler, R. C., et al. (2012a). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. Archives of General Psychiatry, 69(4), 372–380. 10.1001/archgenpsychiatry.2011.160; Kessler, R. C., et al. (2012b). Severity of 12-Month DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. Archives of General Psychiatry, 69(4), 381–389. 10.1001/archgenpsychiatry.2011.1603; and Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.

[34] These estimates are based on historical patterns and do not include adjustments for changes due to the COVID-19 pandemic.

[35] We do not have specific by-county estimates on ACEs, therefore our rate is the same as the rate used for Texas (overall). This figure is in line with other research showing about half of children/youth have at least one ACE

[36] SAMHSA-HRSA Center for Integrated Health Solutions. (n.d.). Trauma. www.integration.samhsa.gov/clinical-practice/trauma-informed

Table 7: Twelve-Month Prevalence of Mental Health Needs Among Children and Youth in Hays County (2020)[37,38,39]

	Age Range	Prevalence (% of Population)
Total Population – Children and Youth	**6–17**	**40,000**
Children Population	6–11	20,000 (50%)
Youth Population	12–17	20,000 (50%)
All Mental Health Needs (Mild, Moderate, and SED)[40]	**6–17**	**14,000 (35%)**
Mild Conditions	6–17	8,000 (20%)
Moderate Conditions	6–17	3,000 (8%)
Serious Emotional Disturbance (SED)	6–17	3,000 (8%)
SED in Poverty[41]	6–17	1,000 (3%)
At Risk of Out-of-Home / Out-of-School Placement[42]	6–17	100 (<1%)
Adverse Childhood Experiences[43]		
Population with 1 ACE	6–17	9,000 (23%)
Population with 2 or More ACEs	6–17	9,000 (23%)
Specific Disorders – Youth (Ages 12-17)		
Major Depressive Episode[44]	12–17	3,000 (15%)
Bipolar Disorder[45]	12–17	400 (2%)
Post-Traumatic Stress Disorder[46]	12–17	700 (4%)
First Episode Psychosis – New Cases per Year[47]	12–17	<10 (<1%)

[37] U.S. Census Bureau. (2022). Previously cited.
[38] We rounded all population estimates to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, percentages may not always add up to 100%.
[39] These estimates are based on historical patterns and do not include adjustments for changes due to the COVID-19 pandemic.
[40] Kessler, R. C., et al. (2012a). Previously cited; Kessler, R. C., et al. (2012b). Previously cited; and Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[41] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited; Poverty data obtained from the U.S. Census Bureau, American Community Survey 2016-2020 Five-Year Public Use Microdata Sample (PUMS). https://www.census.gov/programs-surveys/acs/data/pums.html
[42] Based on our prior work in developing community-based service arrays in response to system assessments (in WA, MA, CT, NE, and PA), we estimate that one in 10 children with SED in poverty would require time-limited, intensive home and community-based services to reduce risk of out-of-home or out-of-school placement.
[43] Child and Adolescent Health Measurement Initiative. (2021). 2019-2020 National Survey of Children's Health (NSCH) data query - Texas. Data Resource Center for Child and Adolescent Health. www.childhealthdata.org
[44] Substance Abuse and Mental Health Services Administration. (2021). Previously cited.
[45] Kessler, D.C., Petukhova, M., Sampson, N.A., Zaslavsky, A.M. & Wittchen, H-U. (2012c). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States: Anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research, 21*(3), 169–184. 10.1002/mpr.1359
[46] Kessler, D.C., Petukhova, M., Sampson, N.A., Zaslavsky, A.M. & Wittchen, H-U. (2012c). Previously cited.
[47] Kirkbride, J. B., et al. (2017). Previously cited.

	Age Range	Prevalence (% of Population)
Specific Disorders – Children (Ages 6-11)		
Depression – Children[48]	6–11	300 (2%)

Table 8 details the estimated number of youth (ages 12-17) with SUD in Hays County. In 2020, approximately 5% of all youth (1,000 youth) had any SUD. Approximately half of youth with any SUD (3%, 500 youth) also had a comorbid major depressive episode.

Table 8: Twelve-Month Prevalence of Substance Use Disorders Among Youth in Hays County (2020)[49,50]

Population	Youth Prevalence (% of Population)
Total Population	**20,000**
Population in Poverty	5,000 (25%)
Any Substance Use Disorder[51]	**1,000 (5%)**
In Poverty with SUD[52]	100 (1%)
Alcohol-Related SUD[53]	500 (3%)
Illicit Drug-Related SUD[54]	900 (5%)
Comorbid Major Depressive Episode and SUD[55]	500 (3%)

[48] Perou, R., Bitsko, R.H., Blumberg, S.J., Pastor, P., Ghandour, R.M., Gfroerer, J.C.…Huang, L.N. (2013). Mental health surveillance among children – United States: 2005-2011. *Morbidity and Mortality Weekly Report. Supplement, 62*(2), 1–35.

[49] All population estimates were rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, percentages may not always add up to 100%.

[50] These estimates are based on historical patterns and do not include adjustments for changes due to the COVID-19 pandemic.

[51] Substance Abuse and Mental Health Services Administration. (2021). Previously cited.

[52] The percentage of adults in poverty with an SUD is based on DPPYILLALC (Illicit Drug or Alcohol Dependence in Past Year) x Poverty Cross-tabulation, National Survey on Drug Use and Health, 2019-2020. The percentage was applied to the estimated number of adults in poverty in Texas. Poverty estimates are based on the PUMs 2020 poverty proportions, applied to the American Community Survey estimates.

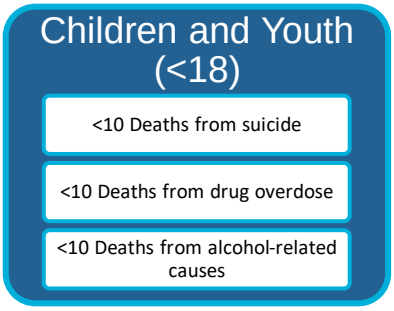
[53] Substance Abuse and Mental Health Services Administration. (2021). Previously cited.

[54] Substance Abuse and Mental Health Services Administration. (2021). Previously cited.

[55] The local prevalence of co-occurring major depressive episodes (MDE) and substance use disorders among youth are based on the intersection between the national prevalence rate of MDE and substance use disorder, from the 2020 National Survey on Drug Use and Health: Detailed Tables – Tables 9.5 and 9.7, and the Texas-based estimates of MDE from the *2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates* – Texas, NSDUH Table 30.

Children and Youth Mortality Data[56,57]

In Hays County in 2020, fewer than 10 children and youth (<18) died from suicide. Similarly, fewer than 10 youth (ages 12-17) died from drug overdose and alcohol-related causes in 2020.[58] The Centers for Disease Control and Prevention (CDC) suppresses counts of fewer than 10 for confidentiality reasons; therefore, trends may exist among youth deaths from suicide or substance use-related reasons that are not discernable from available data.

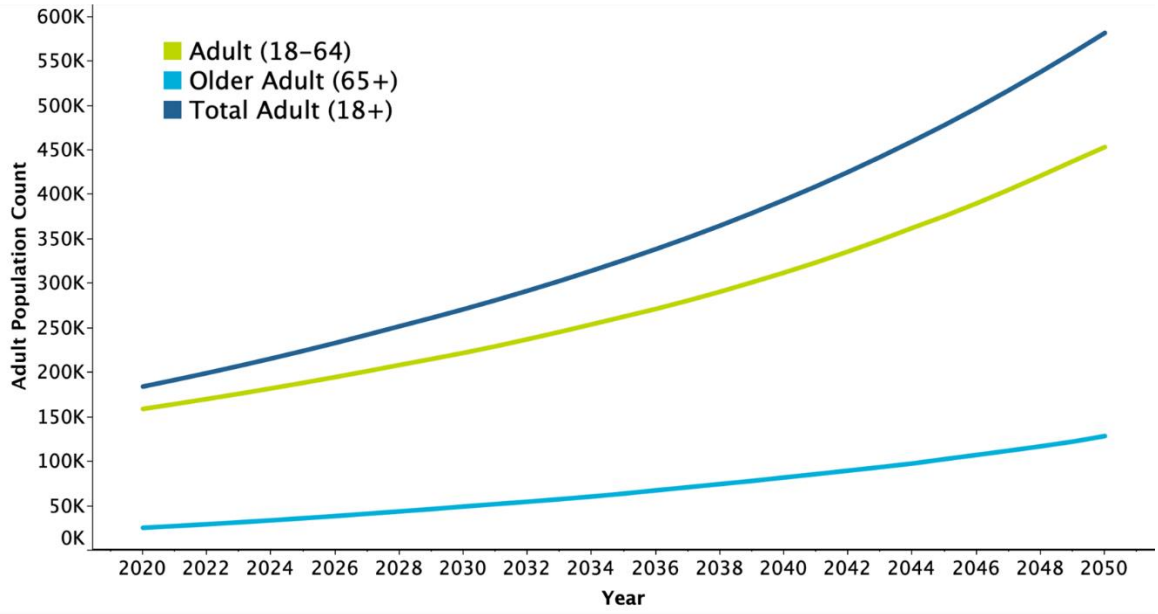


Population Growth

Stakeholders recognize that with rapid growth, new investments in mental health care are needed. The projected population of adults living in Hays County through 2050 is represented in Figure 5. The overall population is expected to increase by 216% by 2050 (from about 180,000 adults in 2020 to approximately 580,000 adults in 2050), with the older adult population (65+) growing at over double the rate of the 18-64-year-old adult population (410% increase vs. 185% increase, respectively). As a result, the need for mental health services for older adults may increase disproportionately to other age groups. Compared to Texas (statewide), the adult population in Hays County has over 3.5 times the expected growth through 2050 (216% for Hays County adults vs. 65% in Texas).

[56] Centers for Disease Control and Prevention, National Center for Health Statistics. (2021, December). Previously cited.
[57] Overdose deaths are classified using underlying cause-of-death ICD-10 codes: X40–44, X60–64, X85, and Y10–Y14. Alcohol induced deaths are classified using any underlying cause of death and multiple causes of death category, "alcohol-induced causes."
[58] The CDC suppresses death counts for sub-national data representing zero to nine (0-9) deaths to assure confidentiality.

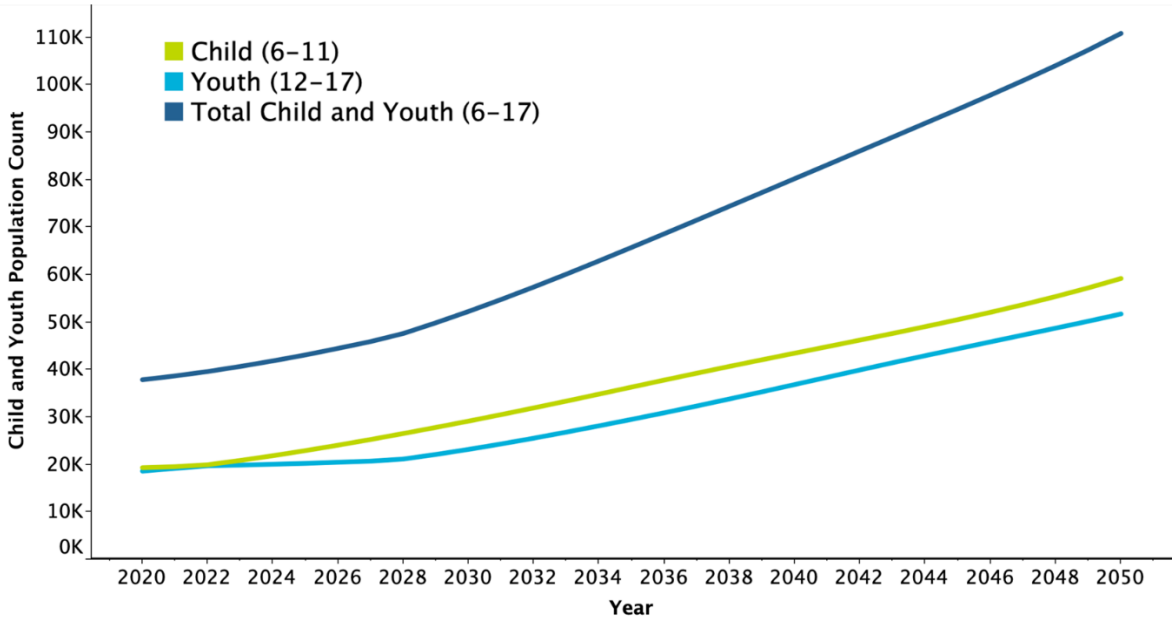
Figure 5: Projected Population Growth of Hays County Adults (2020–2050)[59]



The overall projected population of children and youth living in Hays County is expected to increase by 193% by 2050 (from about 40,000 children and youth in 2020 to approximately 110,000 in 2050), with the population of children (ages 6-11) growing more sharply than the 12-17-year-old adult population (207% increase vs. 179% increase, respectively). Based on these projections, the underlying need for mental health services for children and youth in Hays County will grow moderately through 2025, with even more linear growth thereafter through 2050, especially for younger children. Compared to Texas (statewide), the children and youth population in Hays County have over four times the expected growth through 2050 (193% for Hays County adults vs. 43% in Texas).

[59] Population projections are estimated using the American Community Survey 2016-2020 5-year data releases and expected rates of change from the Texas Demographer Population Projections Program, 2018. https://demographics.texas.gov/data/tpepp/projections/

Figure 6: Projected Population Growth of Hays County Children and Youth (2020–2050)[60]



All stakeholders reported a need for increased access to mental health care. The growth in the region has resulted in additional health care services in the county. However, the integration of additional services introduced over the years, although important assets, have not kept up with the rate of growth according to local stakeholders. As part of our quantitative analysis, we estimate mental health needs in the community for adults and children. In addition, we reviewed available data on services provided and can see a need for increased services throughout the system. We discuss the gaps in services throughout this report, but some gaps in the current crisis system, identified in both the qualitative stakeholder feedback and quantitative data, include Multi-Disciplinary Response Teams (MDRT), youth and family mobile outreach teams, peer crisis services, psychiatric emergency centers, and inpatient services.

[60] American Community Survey 2016-2020 and Texas Demographer Population Projections Program. (2018). Previously Cited.

Hays County Community Resources and Existing Collaboration

Hays County has a foundational structure that will lend to its ability to evolve and expand in a coordinated and comprehensive way. Resources listed below can play a major role in advancing integrated care and mental health services in the region.

Throughout our interviews, it was apparent that the community leaders have taken the task of improving mental health care to heart and have made investments in improving access to services for their residents. The Hays County Commissioners Court has demonstrated a strong commitment to the work that lies ahead and serve as strong community leadership. Additionally, community stakeholders have been forthcoming and collaborative in sharing insights into the mental health care that is currently available in Hays County and are prepared to participate and contribute to the improvement efforts.

County leadership engaged the Meadows Institute with the goal of assessing and receiving recommendations that will inform future preventative care which can take place not only in community education but also in integrated mental health care. Additionally, leadership requested data to understand the need more clearly for inpatient treatment for serious mental illness (SMI) and substance use disorders (SUD) in the community along with expansion or development of services such as case management, which can include mental health education, supported patient navigation, and potential barriers to treatment such as transportation.

Community Collaboration and Leadership

While at the inception, the community's charge for system reform within Hays County may seem a daunting task, it has been clear during the assessment process that community leaders have a commitment to improving mental health services for Hays County residents. Initial investments towards developing a strategy for building capacity to meet the need have already begun. For example, beginning in November 2020, discussions and preliminary research regarding mental health needs in Hays County were initiated by a small group of local leaders. As a result of those initial conversations, in March 2021 a Mental Health Taskforce (Taskforce) was created. Since then, the Taskforce has met several times and determined that a mental health needs assessment should be undertaken. Taskforce members include the following members.

Table 9: Taskforce Members

Name	Organization	Title
Anne Halsey	SMCISD School Board	Vice President
Alice Jewell	McKenna Foundation	CEO
April Chatmons	San Marcos CISD	Director of Social Emotional Learning/Guidance

Name	Organization	Title
Charles Campise	Hill Country MHDD	Hays County Trustee Representative
Dr. Gloria Martinez-Ramos	Texas State University, Professor of Sociology	Director of Center for Diversity & Gender Studies
Dr. Toni Watt	Texas State University	Professor of Sociology and Chair Elect
Landon Sturdivent	Hill Country MHDD	Deputy CEO
Fox Y Whitworth	Hays County	Hays County Assistant Criminal DA
Jude Prather	Veterans Service, Hays County	Veterans Service Director
Eric Martinez	Mano Amiga	Executive Director
Krishnaveni Gundu	Texas Jail Project	Executive Director
Andrea Richardson	Bluebonnet Trails Community Services	Executive Director
Wes Mau	Hays County	District Attorney
Emiliano Romero	Ascension Seton	Advocacy & Outreach Advisor
Thomas McKinney	CHRISTUS Santa Rosa Hospital-San Marcos	President

Additionally, community stakeholders have been forthcoming and collaborative in sharing insights into the mental health care that is currently available in Hays County and are prepared to participate and contribute to the effort. This assessment provides an opportunity to formalize the limited but existing collaborations already happening in the community.

Finding: There is limited community and stakeholder coordination with the opportunity for building from existing efforts. There is no broad-based planning group, among providers, hospitals, academic institutions, schools, law enforcement, courts and elected political leadership. Although various entities meet regularly within their own arenas and domains to oversee issues related to mental health, there is no formal collaboration that brings all of these entities together to develop a strategic direction to transformation the overall Hays County mental health system, recognizing the interconnections between various organizations and their impact on the overall mental wellness of Hays County residents.

In our interviews with Texas State University, leaders were willing to partner and explore opportunities for deeper collaboration and expanded coordination efforts. Other entities were also eager or already establishing plans to do so. For example, recently, the Hays County Sequential Intercept Model (SIM) Workshop committee established a priority to “establish a County-wide Coordination and Planning office that can lead implementation of priorities identified in the SIM workshop and support ongoing planning activities including a behavioral health leadership team.” The Workshop committee also recognized the need for data sharing among system partners and established a priority to “develop protocols for information sharing to support point of service decisions and to collect and produce the data needed to manage the system transformation.”

Children and youth-serving providers and stakeholders also described a lack of coordination and collaboration across the continuum of services. However, they expressed a desire and willingness to participate in collaborative efforts to ensure the children and youth they serve can access the services they need quickly and efficiently. Stakeholders noted that the lack of communication between entities often result in children and youth entering services with an escalated level of need requiring more intensive services. They noted instances where youth were discharged from local psychiatric hospitals or emergency departments without clear plans or a connection to community-based services. Often these were clients who had been receiving services in the community and the providers were not able to deliver immediate follow up care due to the lack of notification and discharge coordination. Conversely, providers also noted often not being aware that a client had entered an out-of-home placement, leaving them unable to provide support and coordination that could have allowed the individual to return to the community sooner.

Lack of coordination and connection often results in individuals not getting the right services, even if they are available.

Stakeholders from other child-and-youth serving systems reported similar challenges when needing to make referrals for intensive community based mental health services. They described confusion about the proper way to refer to unique programs and a need for support in identifying the most appropriate services to meet the child or youth's need(s). This lack of coordination and connection often results in individuals not getting the right services, even if available.

Hays County does not currently have a mechanism to bring together juvenile justice, mental health providers, schools, child welfare, and other youth-service systems for strategic planning or coordination across service delivery systems to divert youth with mental health needs from the justice system. No one agency or system alone can effectively address the needs of youth who often end up in the juvenile justice system to access services. It is important to use research-based tools and procedures to identify needs and interventions across the continuum. Lacking a coherent, cross-systems plan to divert youth from the juvenile justice system in Hays County, there is general confusion regarding available services for those struggling with mental health, trauma, and substance use issues and the avenues to access these services. Additionally, with the rapid population growth in the county and significant changes to the service array since COVID-19, there is not a clear picture of resource gaps and availability across the county. The youth-serving sector in Hays County needs a roadmap for cross-systems collaboration.

Recommendation: The creation of a broad-based planning group to oversee transformation and coordination of the behavioral health system in Hays County. Community collaboration is critical to sustainable change. The creation of a formal leadership group with a goal of improving behavioral health care in the county will facilitate communication and create a plan for expanding services in a systematic way. This leadership group would provide overall direction and integration of efforts across the entire mental health system. The group should include a variety of members, be a place where local leaders meet to discuss data and make policy decisions, and where work groups can report up to a centralized group.

It is essential for a formal leadership team to "own" and "drive" the changes needed for the mental health system in Hays County. Many communities in Texas and elsewhere have created mental health workgroups and some, such as the Texoma Behavioral Health Leadership Team, are formalizing as a 501c3. Given the many needs of the Hays County system and given the political leadership of the current Hays County Commissioners Court, we recommend the creation of a leadership group comprised of elected officials, physical health care providers such as hospital systems and primary care practitioners, mental health care leaders and providers including SUD treatment and recovery providers (see more details on SUD treatment and supports in the Substance Use Disorder Treatment section), representatives of the veterans' community, school districts, law enforcement including juvenile justice, and others to provide an integrated approach to improving treatment for mental illnesses in Hays County. This leadership group would provide overall direction and integration of efforts across the entire spectrum of systemic transformation work.

Ultimately, it is up to Hays County to decide how to create a governing structure to implement system reform, including identifying participants, establishing the degree of formal authority exercised by the group, and deciding how it defines and performs its role. However, it is also important that the leaders of local health systems and elected officials are members of such a group. The group should include principals (not staff) from all major stakeholders. This leadership planning group and its committees could be supported by the County-wide Coordination and Planning Office envisioned in the SIM mapping recommendations.

As it will be difficult for a group of leaders to implement change over time and across populations and systems, we recommend that focused workgroups or subcommittees be convened under the auspices of the leadership group to take charge of (1) justice and mental health, (2) children, youth, transition age youth and their families and (3) integrated health for adults. Recommendations from the mental health needs assessment can be assigned to the leadership team and the workgroups. With focused attention, a plan can be created in each workgroup on priorities for implementation, timelines, and needed resources.

The El Paso Behavioral Health Consortium (Consortium) offers a structure that has been successful in spearheading change through coordinated efforts of a variety of engaged community leaders, members, and service providers. The Consortium was created in 2012 to examine the El Paso community behavioral health system in preparation for future service needs and funding trends.[61] The Consortium envisions an accessible, person-centered behavioral health system of care in the El Paso region. The Consortium includes three leadership councils, described below, that meet regularly and are dedicated to a specific population, policy, and program goals – the Justice Leadership Council, the Family Leadership Council, and the Integration Leadership Council. Each council has diverse membership representing a spectrum of providers, law enforcement entities, schools, local elected officials, nonprofits, and many more, and each has established goals, objectives, and strategic plans. Additionally, these councils have created workgroups to address specific topics.

Consortium Leadership Councils:

- **Family Leadership Council:** The Family Leadership Council works with child, adolescent and family health organizations, other child-serving agencies and natural support systems to transform El Paso County into a model community for child and family behavioral health services and support.
- **Judicial Leadership Council:** The Justice Leadership Council works with Justice System leaders and stakeholders as they transform the current system to support person-centered, recovery-oriented care and treat as many people as possible in health care settings instead of within the criminal justice system.
- **Integration Leadership Council:** The Integration Leadership Council works with healthcare providers to increase access to recovery-oriented behavioral healthcare by increasing the number of available providers and by integrating behavioral health and recovery supports into primary care settings.

Recommendation: Ensure collaboration across child and youth serving systems and providers is rooted in the system of care philosophy and framework. (Also mentioned in the Children and Youth Intensive Services section.) Built on the principle of interagency collaboration and community level authority and support, the system of care framework is an approach that provides the infrastructure and communication required for a community to build up and deploy its resources in a way that (1) centralizes the process of accessing services for families and (2) makes the most efficient, appropriate use of both the formal and informal supports available in a community. The county currently operates a Community Resource Coordination Group (CRCG), however a CRCG is only one component of a system of care; it is not intended to serve as the primary venue for coordination, collaboration, and capacity building across the

[61] Paso del Norte Health Foundation. (n.d.*). Health priorities, initiatives & programs: El Paso Behavioral Health Consortium*. https://pdnhf.org/what_we_do/initiatives/el-paso-behavioral-health-consortium

system. To support such efforts, the county should consider applying for a federal System of Care grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). The system of care approach is widely implemented in Texas and has strong support at the state level. These grants are awarded to government entities, in partnership with community partners, to develop and implement a system of care approach to improve outcomes for children and youth with serious emotional disturbances. A system of care grant would provide funding and technical assistance for Hays County to build the infrastructure needed for more effective collaboration, coordination, and much needed service capacity.

Recommendation: Use Sequential Intercept Model (SIM) mapping to convene youth-serving systems to identify capacity gaps, opportunities, and recommendations for diverting youth with mental health needs from the justice system. (More details in the Children and Youth Juvenile Justice System section). Over 60 stakeholders from the adult criminal justice and mental health system across Hays County convened in September 2022 to complete a SIM mapping exercise for adults in the justice system. We recommend building on the momentum of the recently completed adult system SIM by conducting a parallel process focused on youth. This would entail bringing together youth justice, community-based providers, schools, health care, mental health, child welfare, police, the courts, and youth and caregivers with lived experience for planning and problem solving.

The Hays County Juvenile Probation Department (Hays JPD) is a well-connected leader in the Hays County youth-serving sector, with a strong workplace culture, as demonstrated by a higher average length of employment and low employee turnover rate. The department would be well-positioned to serve as the lead entity to convene the youth-focused SIM and launch a youth-focused subcommittee of a Hays County collaboration council.

Community Education

Mental health stigma remains a barrier to residents seeking help. Mental health stigma often impacts whether a person seeks mental health services and treatment, or their decision not to seek care at all.[62] There are several constructs of mental illness stigma, including self-stigma, perceived stigmatization, stigma tolerance, indifference to stigma, desired social distance, and stigma toward treatment and antidepressant medications.[63] During interviews, several stakeholders expressed concerns about anonymity when seeking mental health care and

[62] Knaak S, Mantler E, Szeto A. Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. Healthcare Manage Forum. 2017 Mar;30(2):111-116. doi: 10.1177/0840470416679413. Epub 2017 Feb 16. PMID: 28929889; PMCID: PMC5347358. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5347358/#bibr12-0840470416679413

[63] Eghaneya, B. H., & Murphy, E. R. (2020). Measuring mental illness stigma among Hispanics: A systemic review. *Stigma and Health, 5*(3), 351–363. https://doi.org/10.1037/sah0000207

reported that individuals seeking mental health treatment may be judged as weak or incompetent, or even worse, seen as unable to take care of themselves.

Understanding stigma in the context of cultural norms can help address stigma concerns and its impact on access to care. The majority of Hays County adults are non-Hispanic White (56%), with a growing population identifying as Hispanic or Latino (37%). Research often shows that people in racial and ethnic minority groups in the United States are less likely than their White counterparts to seek outpatient therapy services.[64] As a result of disparities in access to treatment, communities of color often experience poorer mental health outcomes compared to White populations for various reasons, including exposure to significant risk factors, underreporting, limited access to services, cultural stigma, lack of culturally-tailored interventions, and issues with the quality of treatment.[65]

Little research is available specifically regarding the inclination among non-Hispanic White individuals to pursue treatment based on stigma bias. In one study, however, research conducted by the American Psychiatric Association found that when compared to African American respondents, non-Hispanic White respondents were less likely (87% vs 84%) to seek treatment for an emotional disturbance, whereas Hispanic or Latino respondents were the least likely to ask for professional help (81%).[66]

Among many Hispanics or Latinos, stigma has been found to be negatively associated with the desire to engage in mental health care, manage depression symptoms, disclose mental illness to family and friends, and adhere to antidepressant medication regimens.[67] In general, research shows that individuals from the Hispanic or Latino population have higher rates of perceived stigma and lower lifetime prevalence rates of mental health service use.[68] This results in delays and gaps in opportunities to discuss mental wellness, recognize early signs and symptoms associated with mental health conditions, and reduce access to needed services.

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[64] *Racial/Ethnic Differences in Mental Health Service Use among Adults* (SMA-15-4906; p. 49). (2015). Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf

[65] American Psychiatric Association. (2017). *Mental health disparities: Diverse populations*. https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

[66] Shim, R. S., Compton, M. T., Rust, G., Druss, B. G., & Kaslow, N. J. (2009). Race-Ethnicity as a Predictor of Attitudes Toward Mental Health Treatment Seeking. Psychiatric Services, 60(10), 1336–1341. https://doi.org/10.1176/ps.2009.60.10.1336

[67] Eghaneya, B. H., & Murphy, E. R. (2020). Measuring mental illness stigma among Hispanics: A systemic review. *Stigma and Health, 5*(3), 351–363. https://doi.org/10.1037/sah0000207

[68] Benuto, L. T., Gonzalez, F., Reinosa-Segovia, F., & Duckworth, M. (2019, December). Mental health literacy, stigma, and behavioral health service use: The case of Latinx and non-Latinx Whites. *Journal of Racial and Ethnic Health Disparities, 6*(6):1122–1130. doi: 10.1007/s40615-019-00614-8

Stigma has been shown to have a negative impact on access to services. Some people in the Hispanic or Latino community fear that people may think "me estoy volviendo loco" ("I'm going crazy"), or that they will be shamed for talking opening or publicly about their mental health challenges. Hispanic or Latino parents are also less likely to seek treatment for their children if they feel high levels of stigma regarding mental health services, as these parents may be more concerned about being ostracized by friends, families, and co-workers.[69] Hispanic or Latino parents are more likely to seek health care services for their child if they believe their children's problems are the result of biological issues, rather than to seek help for problems related to social, personality, or familial difficulties.[70]

It is important to recognize the diversity of culture and life experiences within the Hispanic or Latino population, which, as defined by the U.S. Census Bureau, refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.[71] It is also important to emphasize that Hispanic or Latino families experience the full range of psychosocial stressors that all families, irrespective of ethnicity or culture, experience.

In addition, stress from acculturation – the process when immigrants begin to adapt and develop new, hybrid cultures after arriving in the United States – may affect Hispanic or Latino immigrant families in unique ways that make coping more difficult because the usual cultural and social supports (e.g., extended family) that were available in their country of origin may not be readily available in their adopted country.[72]

Medical Community

Hays County is fortunate to have within its region access to physical health care, mental health treatment, and health care for child and youth needs. While capacity is small and expanded growth and identification of specific mental health needs requires the evolution and expansion of those systems, the essential types of providers already exist within the county and can be leveraged for the anticipated necessary shifts. Leaders from these organizations will be important participants in a broad-based planning group to oversee transformation and coordination of the behavioral health system in Hays County

[69] Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegría, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care: Stigma in older adults. *International Journal of Geriatric Psychiatry, 28*(10), 1061–1068. https://doi.org/10.1002/gps.3928

[70] Yeh, M., McCabe, K., Hough, R. L., Lau, A., Fakhry, F., & Garland, A. (2005). Why bother with beliefs? Examining relationships between race/ethnicity, parental beliefs about causes of child problems, and mental health service use. Journal of Consulting and Clinical Psychology, 73(5), 800–807. https://doi.org/10.1037/0022-006X.73.5.800

[71] Hispanic or Latino Origin—U.S. Census Definition. (n.d.). Retrieved October 21, 2022, from https://www.census.gov/quickfacts/fact/note/US/RHI725221

[72] Cervantes, R. C., Fisher, D. G., Padilla, A. M., & Napper, L. E. (2016). The Hispanic Stress Inventory Version 2: Improving the assessment of acculturation stress. *Psychological Assessment, 28*(5), 509.

Hill Country MHDD provides mental health care for adults and children, intellectual and developmental disability services, crisis care, and services for justice involved individuals. Hill Country MHDD serves a significant portion of children, youth, and adults with SMI in poverty throughout 19 counties in the greater Texas Hill Country region, and has two offices in Hays County, one in San Marcos and one in Kyle. The number of children and youth served by Hill Country MHDD from FY 2017 through FY 2021 is shown in Table 10. Of the estimated 4,000 children and youth with serious emotional disturbance (SED) in poverty in 2021 in Hays County, 2,731 unique children and youth were served by Hill Country MHDD (68% of the total children and youth with SED in poverty population). The total number served (and the corresponding percentage of SED in poverty served) increased 64% between FY 2017 and FY 2019 (1,632 to 2,679 served), with the total number served remaining stable in FY 2020 and FY 2021.

Table 10: Children and Youth Served by Hill Country MHDD – 19 County Catchment Area (FY 2017–FY 2021)[73]

	2017	2018	2019	2020	2021[74]
Total Children with SED in Poverty	4,000	4,000	4,000	4,000	4,000
Total Served by Hill Country MHDD	**1,632**	**1,833**	**2,679**	**2,767**	**2,731**
Percent of SED in Poverty Served	41%	46%	67%	69%	68%

Table 11 shows the number of adults in the 19-county catchment area who Hill Country MHDD served between FY 2017 to FY 2021. Of the estimated 11,000 adults with SMI in poverty in 2021 in Hays County, the local mental health authority (LMHA) served 8,983 unique adults (82%). The total number served (and the corresponding percentage of SMI in poverty served) has increased each year since FY 2017. See Table 17 for a comparison of Hill Country MHDD to four other LMHAs in Texas. Additional data on Hill Country MHDD's utilization of services is available in Appendix Three: Additional Data.

Table 11: Adults Served by Hill Country MHDD – 19 County Catchment Area (FY 2017–FY 2021)[75]

	2017	2018	2019	2020	2021[76]
Total Adults with SMI in Poverty	11,000	11,000	12,000	11,000	11,000
Total Served by Hill Country MHDD	**6,321**	**6,747**	**8,055**	**8,663**	**8,983**

[73] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.
[74] The total number of children with SED in poverty for 2020 was also used as an estimate for 2021, as 2021 population data was not available at the time of this report.
[75] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.
[76] The total number of adults with SMI in poverty for 2020 was also used as an estimate for 2021, as 2021 population data was not available at the time of this report.

	2017	2018	2019	2020	2021[76]
Percent of SMI in Poverty Served	57%	61%	67%	79%	82%

In addition, Hill Country MHDD has a well-established relationship with faith-based entities. One example is the First Baptist Church in Wimberley (discussed below) which hosts a mobile clinic, providing access to psychiatry and case management. As both the LMHA and the Local Intellectual and Developmental Disability Authority (LIDDA), Hill Country MHDD has an opportunity to address the needs of the communities they serve.

Ascension Seton Hays Hospital is a regional hospital with 24/7 emergency care and is certified as a Level II trauma center and as a primary stroke center. This location also offers Dell Children's Emergency services for children including mental health triage services. As the main hospital in Hays County, the emergency department provides essential triage services to address mental health crises and access to psychiatric hospitalization, when deemed medically necessary, in neighboring counties with inpatient beds. The hospital utilizes a consulting psychiatrist model in which the psychiatrist recommends treatment for stabilization. Patients are then referred out for follow-up mental health treatment. Ascension Seton Hays Hospital had the highest proportion of admissions lasting three or fewer days (64%) of Hays County residents admitted to inpatient units for mental illness or SUD care statewide (2018-2020). Table 12 below demonstrates the Hays County residents admitted to inpatient units for mental illness or SUD care statewide (2018-2020).

Table 12: Hays County Residents Admitted to Inpatient Psychiatric Units Statewide (2018–2020)[77,78]

Hospital	Hospital City	Age Group	Unit	Average Length of Stay (Days)	2018	2019	2020	Total	LOS of 3 or Fewer Days
Ascension Seton Shoal Creek	Austin	Adult	Psychiatric	5.60	146	153	166	465	173
Austin Oaks Hospital	Austin	Adult	Psychiatric	6.22	141	143	161	445	79
Ascension Seton Hays Hospital	Kyle	Adult	Other	3.98	82	107	114	303	194

[77] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records.

[78] Data in this table is from the Inpatient THCIC research data file and is limited to patients listed as Hays County residents. This table is additionally limited to hospitals receiving at least 10 such admissions in 2018, 2019, or 2020. Note that Cross Creek Hospital records are absent from this table because Cross Creek did not report patient residency data. Record counts reported in this table include encounters that had a primary diagnosis of MI/SUD, were labeled as psychiatry specialty unit (by the THCIC according to billing data), or both. All cells with values between one and nine are labeled as "< 10" to ensure patient confidentiality.

Hospital	Hospital City	Age Group	Unit	Average Length of Stay (Days)	2018	2019	2020	Total	LOS of 3 or Fewer Days
Wellbridge Hospital of San Marcos	San Marcos	Adult	Psychiatric	8.80	70	181	22	273	52
Austin Lakes Hospital	Austin	Adult	Psychiatric	6.05	71	68	74	213	41
Seton Shoal Creek Hospital	Austin	Adult	Psychiatric	4.65	144			144	55
Laurel Ridge Treatment Center	San Antonio	Adult	Psychiatric	5.58	33	28	31	92	30
Austin Oaks Hospital	Austin	Child/Youth	Psychiatric	6.73	147	169	112	428	62
Dell Children's Medical Center	Austin	Child/Youth	Psychiatric	6.25	44	87	97	228	41
Laurel Ridge Treatment Center	San Antonio	Child/Youth	Psychiatric	8.23	22	28	16	66	< 10
Dell Children's Medical Center	Austin	Child/Youth	Other	5.52	11	< 10	12	< 33	14
Georgetown Behavioral Health Institute	Georgetown	Child/Youth	Psychiatric	8.70	< 10	< 10	15	< 35	< 10

CommuniCare Health Centers is a Federally Qualified Health Center (FQHC) offering a continuum of physical health services, including primary care for adults and children, preventive health screenings and care, specialty care such as obstetrics and gynecology, cardiology, dermatology, vision and dental care, pharmacy, and mental health including psychiatry and counseling, provided in an integrated primary care outpatient setting. CommuniCare has been serving Hays County for over 40 years. As a FQHC, CommuniCare provides services regardless of an individual's ability to pay, however they accept Medicaid, Medicare, private health insurance, and offer a sliding fee scale or discount program for those whose total family income falls below 200% of the Federal Poverty Income Guidelines. According to their annual Uniform Data Set report to Health Resources and Services Administration (HRSA),[79] they are estimated to serve approximately 13,652 Hays County residents throughout their locations in San Marcos, Kyle, and Buda.

[79] Each calendar year, HRSA Health Center Program awardees and look-alikes are required to report a core set of information, including data on patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues as part of a standardized reporting system known as the UDS. Health Center Program Uniform Data System (UDS) Data Overview, Barrio Comprehensive Family Health Care

Non-medical Community

Hays County is fortunate to have a non-medical community of providers and organizations that work to improve mental health in the community. Leaders from these organizations will be important participants in a broad-based planning group to oversee transformation and coordination of the behavioral health system in Hays County

The Hays-Caldwell Women's Center (HCWC) provides education, violence prevention services, trauma informed counseling and crisis intervention to victims of family violence, dating violence, sexual assault, and child abuse in Hays County. The McCoy Family Shelter, in San Marcos, serves as the main shelter serving families and children experiencing homelessness in the region and is one of only two shelters in Hays County. Other services offered by HCWC include a 24-hour confidential crisis helpline for victims of abuse that can connect to counseling and shelter services, the Hospital Emergency Advocate Response Team (HEART), which provides support to victims of abuse and their families, is also available to respond 24 hours a day, Roxanne's House, which provides non-residential services for children and youth including forensic interviews, and counseling for both children and families. According to their 2021 Annual Report,[80] HCWC served 1,539 Hays County Residents.

The City of San Marcos allocates funding through its Human Services Grant[81] to organizations that provide support to improve the lives of San Marcos residents through social services that provide basic social, physical health, housing, and mental health services to clients in need within the community. The City of San Marcos has allocated $500,000 for this grant opportunity for Fiscal Year 2023.

First Baptist Church NBC is a faith-based community that is actively involved in advancing social services for residents of Hays County. Through the City of San Marcos Human Services Grant, First Baptist Church NBC provides community outreach through their Outreach Ministry[82] to provide no-cost mental health counseling and case management to address a variety of basic needs. Church leadership reported that they may be the first African American based organization in the San Marcos and Hays County area to be funded by the city for this service. The grant term is one year and funded at $100,000 with the opportunity to reapply for additional funding in subsequent years. This grant enabled the creation of an Outreach Director that is tasked with providing non-clinical case management. These services include coordinating

Center, Inc., San Antonio, Texas (DBA CommuniCare). https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS00672#serviceAreaMapModal.

[80] Hays-Caldwell Women's Center. "Annual Report." (2020). https://www.hcwc.org/wp-content/uploads/2021/11/Annual-Report-2021-FINAL.pdf

[81] City of San Marcos Planning and Development Services, "City Human Services Grants." (n.d). https://sanmarcostx.gov/3051/City-Human-Services-Grants.

[82] First Baptist NBC, City of San Marcos Human Services Grant Agency Packet. https://sanmarcostx.gov/DocumentCenter/View/30250

and linking individuals to assistance for basic needs, such as housing and or rent assistance, food, clothing, transportation and medical costs assistance. In their 2023 grant application, church leadership estimated they will serve approximately 600 unduplicated San Marcos residents.[83]

Texas State University provides low-cost counseling,[84] through the College of Education, Professional Counseling program, in San Marcos. Counseling services are provided by master's degree seeking students under the supervision of Professional Counseling Program Faculty. Services are available for the community at large and provides counseling for individual adults, adolescents, children, couples, and families. The number served varies by semester, however it is estimated by program faculty that approximately 85 individuals, families, and couples are served each semester. Additionally, Texas State's Compassion Advocacy Resources & Education (CARE) Center provides one-time emergency assistance to Texas State students for basic needs, such as rent, food, and other expenses. The CARE Center program also provides case management services to link students with both university and community supports to meet a variety of academic and social needs.

While resources and infrastructure are essential pieces of system change, individuals and cross-system partnerships are the catalyst or the inhibitors to the process of that change. Hays County leadership and community members have welcomed the challenge of improving the quality and capacity of care in their community for those residents most in need, and that is a foundational step toward successful redesign.

Non-medical Drivers of Health

Traditionally, communities have often looked at health care, including mental health care, as a function of the resources available to provide care. Although those resources are critically important, the social determinants of health, also known as the non-medical drivers of health, and the community context in which people live has an immense impact on health, development, and morbidity. The social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[85] While non-medical drivers of health are not the focus of this work, they do have a direct impact on both physical and mental health within a community. Throughout our community engagement efforts two non-medical drivers of health presented as needs in Hays County: housing affordability and

[83] The City of San Marcos. "Human Services Funding Application Fiscal Year 2023." (n.d). https://sanmarcostx.gov/DocumentCenter/View/30250
[84] Texas State University Department of Counseling, Leadership, Adult Education & School Psychology. "Counseling." (n.d.). https://www.txst.edu/clas/Professional-Counseling/counseling-services.html
[85] *Social Determinants of Health—Healthy People 2030 | health.gov*. (n.d.). Retrieved August 29, 2022, from https://health.gov/healthypeople/priority-areas/social-determinants-health

burden, and transportation. These issues are of great importance as they are barriers to accessing the overall system and affect utilization of resources and the need for unique programming and community services. These are issues that should be examined further for precise capacity and programming needs after the foundational structure of a newly designed mental health system is put in place, including crisis and basic behavioral health treatment.

Homelessness

A perceived increase in the number of individuals experiencing homelessness in Hays County will require further examination of actual needs as well as additional resources to meet these needs. Individuals with mental illness and SUD who are also experiencing homelessness can be found across communities in the United States. Characteristics vary from person to person, and so do the reasons for their homelessness. Access to affordable housing for extremely low-income individuals,[86] mental health and SUD treatment, and limited job options for individuals with a high school education are common systemic barriers facing this population.[87] In addition, individual life experiences that contribute to an increased risk of homelessness include cognitive impairment, preexisting medical conditions, unemployment, and family instability as well traumatic early-life experiences.[88]

The number of people experiencing homelessness in the area represent a small but growing percentage of people in Hays County. There are two primary sources for data on homelessness in Hays County:

1. The 2020 point-in time count estimate of the number of individuals experiencing homelessness in Hays County, which includes children and adults, was 102 people.
2. A similar snapshot of students experiencing homelessness in the Hays County area in 2019-20 shows 341 children, increasing to 359 in the Hays Consolidated Independent School District (CISD) 2020-21 report.[89]

The snapshot of homeless students, conducted by Hays CISD, uses a more in-depth understanding of the student's homeless situation following the McKinney Vento Homelessness

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[86] Extremely low income is defined as households with income at or below the Poverty Guideline or 30% of Area Median Income, whichever is higher. *Texas Housing Facts*. TAAHP - Texas Affiliation of Affordable Housing Providers. Retrieved June 28, 2022, from https://taahp.org/texashousingfacts/

[87] *Behavioral Health Services for People Who are Homeless* (No. PEP20-06-04–003; SAMHSA Advisory, p. 14). (n.d.). Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-04-003.pdf

[88] *Behavioral Health Services for People Who are Homeless* (No. PEP20-06-04–003; SAMHSA Advisory, p. 14). (n.d.). Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-04-003.pdf

[89] *2020-21 Texas Academic Performance Report (TAPR)*. (n.d.). Texas Education Agency. Retrieved October 13, 2022, from https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=perfrept.perfmast.sas&_debug=0&ccyy=2021&lev=D&id=105906&prgopt=reports%2Ftapr%2Fpaper_tapr.sas

Assistance Act.[90] The 2020-2021 snapshot indicates growth and a higher level of homelessness in the area than the Point-in-Time count.[91] Additionally, data and experiences shared by Hays-Caldwell Women's Center (HCWC) staff indicate a noticeable change in the homeless population in the region. Based on the homelessness needs assessment completed by Texas State University in 2019, 28% of the shelter beds at the HCWC were utilized by families experiencing homeless with children and in 2020 the same population grew to 69% of total bed utilization representing a 40% increase of homeless families with children in one year.

The mutual causality between homelessness and mental illness is complex. Research has consistently identified links between homelessness and serious mental illness, including psychotic, bipolar, and depressive disorders.[92] An individual's mental illness may lead to cognitive and behavioral challenges that make it difficult to work or to carry out activities of daily living that are conducive to maintaining stable housing. In addition, poverty and lack of access to affordable housing are contributing factors to homelessness for individuals living with mental illness. Often increased substance use and susceptibility to being victims of violence also reinforce the cyclical relationship between periods of mental instability and homelessness.[93]

Hays County stakeholders shared a prevalent perception that there is a need for specialty services to address the needs of people experiencing homelessness in their communities. Specifically, increased shelter capacity with fewer limitations on population served was a reported need. Moreover, homeless services and supports including both short-term and long-term housing, transportation to food pantries, free health care services, mental health supports, SUD treatment, and job training and retraining supports were identified gaps in our stakeholder interviews. While there are several organizations that provide assistance in the San Marcos area, there is currently no shared strategic plan, coordinated communication effort, or established decision-making authority occurring across private and public partnerships in Hays County. Finally, while the community shares concern for homelessness as an increasing issue, we recommend a more extensive examination into the actual need for the expansion and development of the forementioned services across Hays County.

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[90] 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths. Retrieved October 28, 2022, from http://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter119/subchapter6/partB&edition=prelim

[91] *Needs Assessment: Assessing the Needs of the Community to Keep Homelessness Rare, Brief, and Non-Recuring*, (20Chief Executive Officer/Administrator of22), Texas State University

[92] Elbogen, E. B., Lanier, M., Wagner, H. R., & Tsai, J. (2021). Financial Strain, Mental Illness, and Homelessness: Results from a National Longitudinal Study. *Medical Care*, *59*(Suppl 2), S132–S138. https://doi.org/10.1097/MLR.0000000000001453

[93] *Behavioral Health Services for People Who are Homeless* (No. PEP20-06-04–003; SAMHSA Advisory, p. 14). (n.d.). Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-04-003.pdf

Housing Affordability and Burden

The median household income for Hays County residents is $64,864, higher than the state's median income of $56,583. With a poverty rate of 16%, Hays County is slightly higher than the statewide at 17%. However, a higher percent of households (23%) in Hays County experience severe housing issues compared to statewide (18%). Substandard housing is present in Hays County (39%) more often than statewide (32%), and the percentage of households experiencing a housing cost burden (over 30% of their household income) is 38% in Hays County compared to 31% statewide.

Based on a Community Health Assessment completed by the St. David Foundation,[94]

> "More than half of Hays County residents who rent or own their own homes are experiencing significant housing burden as population growth drives up the price for homes. Those that are paying more than 50% of their income on rent are considered to be experiencing a severe rent burden. Among renter households in Hays County, 61% of renters experience a housing burden. This is slightly higher than the Texas housing burden rate of 56%. Homeowners in Hays County are also experiencing an increase in housing costs. According to the Austin Board of Realtors, home sale closing prices increased 52% in the last five years. In the city of Buda, also in Hays County, home sale closing prices increased by 63%."

Stakeholders expressed that a growing number of individuals are experiencing some level of housing burden, which can be due to an increased cost of rent and limited access to deeply affordable housing.[95] Without access to affordable housing in Hays County, more people may experience homelessness. As homelessness is closely connected to both physical and mental health declines in overall health, affordable housing is a necessary component to the larger mental health care system.

Transportation

The Capital Area Rural Transportation System (CARTS) currently provides transportation to Hays County.[96] Community stakeholders report access to transportation has become increasingly difficult. As the population continues to grow, public transportation has not been able to keep up with the expanding community and lacks access points to more rural areas of the county.

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[94] St. David's Foundation. "North Austin Medical Center Community Health Needs Assessment." (December 2019). https://stdavids.com/util/documents/2020/2019-Document-NAMC-CHNA-a.pdf

[95] The U.S. Department of Housing and Urban Development defines housing burden or cost- burdened families as those "who pay more than 30 percent of their income for housing," which may cause financial difficulties in affording other necessities such as food, transportation, clothing, and medical care. Office of Policy Development and Research (PD&R). "Rental Burdens: Rethinking Affordability Measures." (n.d). https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

[96] Transportation Plan 2021 | Hays County. (n.d.). Retrieved October 28, 2022, from https://hayscountytx.com/residents/transportation-projects/transportation-plan/

This lack of access creates barriers for individuals to travel for work, access healthcare, and other essential day-to-day activities throughout Hays County; often disproportionally impacting low-income communities or those living in rural parts of the county. The 2021 Hays County Transportation Plan Update engaged a variety of community voices and provides the county with a roadmap for addressing transportation gaps. Access to mental health resources for Hays County residents should be considered as the community continues to address transportation needs for residents.

Ideal Crisis Continuum

The Texas Administrative Code defines "crisis" as a situation in which (a) a person presents an immediate danger to self or others, (b) a person's mental or physical health is at risk of serious deterioration, or (c) a person believes that they present an immediate danger to self or others or that their mental or physical health is at risk of serious deterioration.[97] Common examples of a mental health crisis include (1) thoughts or plans to commit suicide; (2) a person's existing mental health disorder deteriorates, creating serious symptoms; (3) someone whose current functioning restricts their ability to go school or work, maintain healthy relationships, or successfully engage in activities of daily living; or (4) major changes in mood that affect functioning.

From a system intervention perspective, individual crises exist on a spectrum, with some crises requiring immediate intervention in a safe and secure place such as an emergency department, while others are best resolved and treated in a community-based setting such as a school, office, via telehealth, or in a home environment. Both ends of the crisis spectrum require a significant response; however, the challenge lies in ensuring treatment occurs in the most appropriate setting.

Crisis Continuum Within the Ideal System of Care

A strong mental health service system includes a crisis response and ongoing care management structure that provides support for children, youth, and adults who are affected by a single traumatic event as well as those struggling with complex mental health challenges.[98] Crisis service providers work closely with an individual and their family to address behaviors that put the individual or others at risk of harm. For many people, crisis services act as the front door to mental health treatment, making the availability of a continuum of quality crisis services extremely important.[99]

The ideal crisis continuum is based on the fundamental principle that people have the greatest opportunity for healthy development when they maintain their ties to community and family while receiving help. The Substance Abuse and Mental Health Services Administration

[97] Texas Administrative Code, Title 25, Part 1, Chapter 416, Subchapter a, Rule §416.3 (2014). https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=416&rl=3

[98] Pires, S. A. (2010). *Building a system of care: A primer (2nd edition).* National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.

[99] Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review, 2*(4), 199–254.

(SAMHSA) practice guidelines provide an overview of the ideal continuum of crisis services and outline essential values for crisis services.[100] These values and guidelines emphasize:

- Rapid response
- Safety
- Crisis triage
- Active engagement of the person in crisis
- Reliance on natural supports.

In this section of the report, we focus on Hays County's current and potential crisis and emergency response continuum, and we define the critical elements of that continuum below in Table 13. However, and as emphasized above, it is important to remember that the ideal crisis continuum exists within a broader system of care that identifies and responds to the mental health needs of the individual in the community. Without the availability of community-based mental health services that address needs ranging from mild to serious, the crisis end of the services spectrum becomes the default point of entry for care. In the ideal system, most people would have their mental health needs identified prior to reaching a point of crisis. Developing a strong community-based services continuum that people can access prior to being in crisis is critical to preventing crises and maximizing efficient use of the available crisis services. When meaningful community-based alternatives to inpatient treatment are absent, many people in crisis have nowhere to turn but to the most restrictive, disruptive, and expensive care.

Few communities in Texas or the nation currently offer all these services as part of their crisis services continuum. Community planners should prioritize the services most beneficial to their communities that are promising- or evidence-based practices and focus on effectively implementing those services.

[100] Substance Abuse and Mental Health Services Administration. (2009). Practice guidelines: Core elements in responding to mental health crises. Office of Consumer Affairs, Center for Mental Health Services. https://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf

Table 13: Continuum of Crisis Services in an Ideal System[101]

Continuum of Crisis Services in an Ideal System	
Program or Service	**Description & Services Provided**
24/7 Crisis Hotline	These hotlines provide direct services delivered through a free telephone line that is answered 24 hours a day, 7 days a week (24/7) by licensed and trained staff. A 24/7 crisis hotline provides immediate support, appropriate referrals, and linkages to a mobile crisis team or emergency medical services (EMS) response, if appropriate.
Mental Health Integration with 9-1-1 Response	When someone calls 9-1-1 and reports a mental health emergency, the call center plays a role in dispatching law enforcement as the first response includes a mental health clinician who can manage calls with clinical expertise and effectively assess the presence of an emergency related to mental health needs.
Multi-Disciplinary Response Teams (MDRT)	Based on the community paramedicine model, MDRTs include a paramedic, a licensed master's level mental health professional with at least five years' experience in providing mental health emergency care, and a tenured law enforcement officer with advanced crisis and mental health peace officer training. They are the first line of response to mental health emergencies and need access to same day medication prescription, linkages to a housing provider, and access to community hospital beds.
Mobile Crisis Outreach Team (MCOT)	MCOTs provide a rapid response to crisis calls in the community by mental health specialists who provide outreach, de-escalate crises, and make determinations for needed treatment. Mobile outreach is a key service that can help with onsite assessment, rapid medication when a psychiatric prescriber is available by telephone or tele-medicine (using mobile devices), and transportation of people who are agreeable to go to a crisis respite program, crisis residence, or a peer-operated crisis program. In most communities in Texas (and across the nation), crisis outreach services are either not sufficiently available after business hours or are hindered by inadequate geographic coverage (e.g., there may be one crisis team located at a single site in a large metropolitan or geographic area). Other communities may have multiple outreach programs that are not connected to each other, resulting in limited coordination. An effective system of care has multiple crisis sites, including mobile outreach and communication protocols among crisis teams that allow coordination and critical information sharing. This helps promote efficiency, care coordination, and sharing of after-hours coverage.

[101] Meadows Mental Health Policy Institute. (December 2016). *Behavioral health crisis services: A component of the continuum of care.* https://www.texasstateofmind.org/wp-content/uploads/2017/01/MMHPI_CrisisReport_FINAL_032217.pdf

Continuum of Crisis Services in an Ideal System	
Program or Service	**Description & Services Provided**
Youth and Family Mobile Outreach Team	Community-based service for children, youth, and families who feel the child or youth is in crisis. Team members specialized in working with youth and caregivers de-escalate crises, provide limited in-home supports, and link the young person and family to appropriate ongoing services. Such teams in multiple states have been shown to reduce emergency department use, psychiatric hospitalization, and out-of-home placement.
Crisis Transportation	A crisis system should include transportation services that are provided in a safe and timely manner when crisis services are needed. Depending on the circumstance, this service is provided by mobile crisis teams, EMS, or local law enforcement.
Peer Crisis Services	Peer crisis services include peer-led interventions and support that are provided in a calming, home-like environment during a crisis, operated by individuals with life experience of mental illness. These services are intended to last less than 24 hours but can last several days.
Walk-in Crisis Center	These centers are physical walk-in locations in which crisis assessments and triage are conducted by medical staff (including prescribers). Crisis urgent care centers, which may or may not be based in a hospital, provide immediate walk-in crisis services, including assessment, medication administration, and support services.
Crisis Telehealth Services	Crisis telehealth services provide access to emergency psychiatry services at crisis facilities and other settings, allowing highly trained staff to provide interventions over the phone without the cost of the person in crisis needing to be on site continuously, or when services would otherwise be unavailable. Crisis telehealth services include assessment, crisis de-escalation, and prescribing services.
Crisis Respite	Crisis respite offers opportunities to provide a safe environment to resolve crises and help people engage in services. Depending on the needs of the individual, the acuity of the crisis, and the resources of the program, many people can use these services as an alternative to inpatient care. Providing respite for an individual or a child/family prevents further escalation of relational stressor and decompensation, thereby avoiding a crisis that could result in hospitalization or incarceration.

Continuum of Crisis Services in an Ideal System	
Program or Service	**Description & Services Provided**
Short-Term Crisis Residential	Short-term crisis residential services provide urgent care treatment in a safe environment for people who are experiencing acute crisis symptoms. These units are used as a step-down out of an extended observation unit for people who need more time for stabilization and are not ready to return to the community. They may also be used for people who are at risk for decompensation. Short-term crisis residential services include 24-hour supervision, prompt assessments, medication administration, individual/group treatment, meetings with family and other supports, and referrals to community treatment.
Extended Observation Unit (EOU) / Crisis Stabilization Unit	Extended observation units (EOU) play a significant role in allowing people in crisis to be stabilized in the community rather than at an inpatient facility or a hospital emergency department. In addition, EOUs are secure facilities with the capacity to accept involuntary (via Emergency Detention) and voluntary patients who are experiencing a psychiatric crisis. This feature provides law enforcement officers an alternative to taking people in crisis to jail or a hospital. An EOU is not appropriate for people with high medical needs, who need to be restrained or secluded, or who are actively violent; however, almost all other psychiatric crises can be managed in an EOU. An EOU provides intensive, time-limited treatment in a safe environment for people who have significant thoughts of suicide or significantly compromised ability to cope in the community. EOU services include prompt assessments, medication administration, meetings with extended family and other supports, and referrals to appropriate services.
Psychiatric Emergency Centers	Also referred to as psychiatric emergency services, the essential functions of a psychiatric emergency center include immediate access to assessment and triage, treatment, and stabilization for people with the most serious and emergent psychiatric symptoms. Services include assessment, treatment, stabilization services, and immediate access to emergency medical care.
Hospital Emergency Departments	Similar to a psychiatric emergency center, hospital emergency departments include immediate access to assessment, treatment, stabilization, and admission/referral to inpatient care for people experiencing the most serious and emergent psychiatric symptoms. Services include assessment, treatment, stabilization services, immediate access to emergency medical care, referral, and admission to inpatient psychiatric care.

Continuum of Crisis Services in an Ideal System	
Program or Service	**Description & Services Provided**
Inpatient Services	Inpatient treatment services are reserved for people with mental illnesses who are a danger to themselves or others or who have a psychosis or compromised ability to cope in the community and cannot be safely treated in a less-restrictive level of care. Inpatient services include treatment, assessments, medication administration and management, meetings with extended family and others, transition planning, and referrals to appropriate community services.

Crisis Services Available in Hays County

In Hays County, multiple mental health providers, along with local emergency response, operate programs as part of the continuum of crisis services. Although Hill Country MHDD is the primary provider of community-based mental health crisis response services for the general population, there are many other organizations involved in the community's response to mental health crises. In Table 14, below, we provide the full continuum of services and note who provides the services. The table also shows the gaps in services that would be available in an ideal system.

Table 14: Continuum of Crisis Services in an Ideal System, Services Available in Hays County

Program or Service	Providers		
	Provider(s):	**Children & Youth**	**Adults**
24/7 Crisis Hotline	Hill Country MHDD	√	√
	The Hays-Caldwell County Women's Shelter Center	√	√
	National Alliance on Mental Illness	√	√
	Medicaid Managed Care Organizations	√	√
Mental Health Integration with 9-1-1 Response	Hill Country MHDD currently has limited coverage with tablets provided to law enforcement to support coordination with MCOT. Through telehealth, MCOT can respond to law enforcement during specified time periods.		
Multi-Disciplinary Response Teams (MDRT)	Not Available		
Crisis Intervention Training (CIT)	San Marcos Police Department		√

Program or Service	Providers		
	Provider(s):	Children & Youth	Adults
Mobile Crisis Outreach Team (MCOT)	Hill Country MHDD	√	√
Youth and Family Mobile Outreach Teams	Not Available		
Crisis Transportation	Hays County Sheriff's Department	√ *(ages 10 – 16)*	√
	EMS	√	√
Peer Crisis Services	Not Available		
Walk-In Crisis Center	Hill Country MHDD offers a walk-in clinic, but not a walk-in crisis center.		
Crisis Telehealth Services	Hill Country MHDD	√	√
Crisis Respite	Hill Country MHDD	√	
Short-Term Crisis Residential	Not Available		
Extended Observation Unit (EOU) / Crisis Stabilization Unit	Not Available. Hill Country MHDD operates a CSU in Kerrville; however, it is not located within Hays County.		
Psychiatric Emergency Centers	Not Available		
Hospital Emergency Departments	Ascension Seton Hays Hospital Emergency Department in Kyle	√	√
	CHRISTUS Santa Rosa Hospital, Emergency Department in San Marcos	√	√
Inpatient Services	Not Available		

Hill Country MHDD has begun to establish partnerships between their mobile crisis outreach team (MCOT), law enforcement, and local emergency departments. Through these partnerships, although limited, they are able to connect mental health clinicians virtually to individuals in the community by deploying tablets with law enforcement and in local emergency departments. These efforts have alleviated critical staffing shortages faced by Hill Country MHDD, which has significantly reduced their capacity to provide in-person response.

Beyond Hill Country MHDD, there are other community partners that must engage with mental health crises. Organizations identified to provide focused, albeit limited, mental health crisis response services within Hays County include:

- The Hays-Caldwell County Women's Shelter Center (HCWC)

- Ascension Seton Hays Hospital Emergency Department in Kyle
- CHRISTUS Santa Rosa Hospital, Emergency Department in San Marcos
- Texas State University's Counseling Center, which is available to serve students mental health needs.

Other organizations that provide support and training for crisis services include the National Alliance on Mental Illness Central Texas, which provides crisis intervention training, and the United Way of Hays and Caldwell Counties, which provides information on mental health crisis service options through the 2-1-1 call center, which is located in Austin.

Crisis System Challenges

Like many communities with limited access to community-based treatment options, most interactions for those experiencing a mental health crisis takes place in a health care setting that is most convenient and available, which includes emergency departments and inpatient psychiatric hospitals. Additionally, law enforcement typically becomes the first response to a mental health crisis rather than a more medically facing response as you would see in any other health crises. First, we will describe the current crisis system in Hays County, and then provide recommendations for improvement.

Entry Into the Crisis System

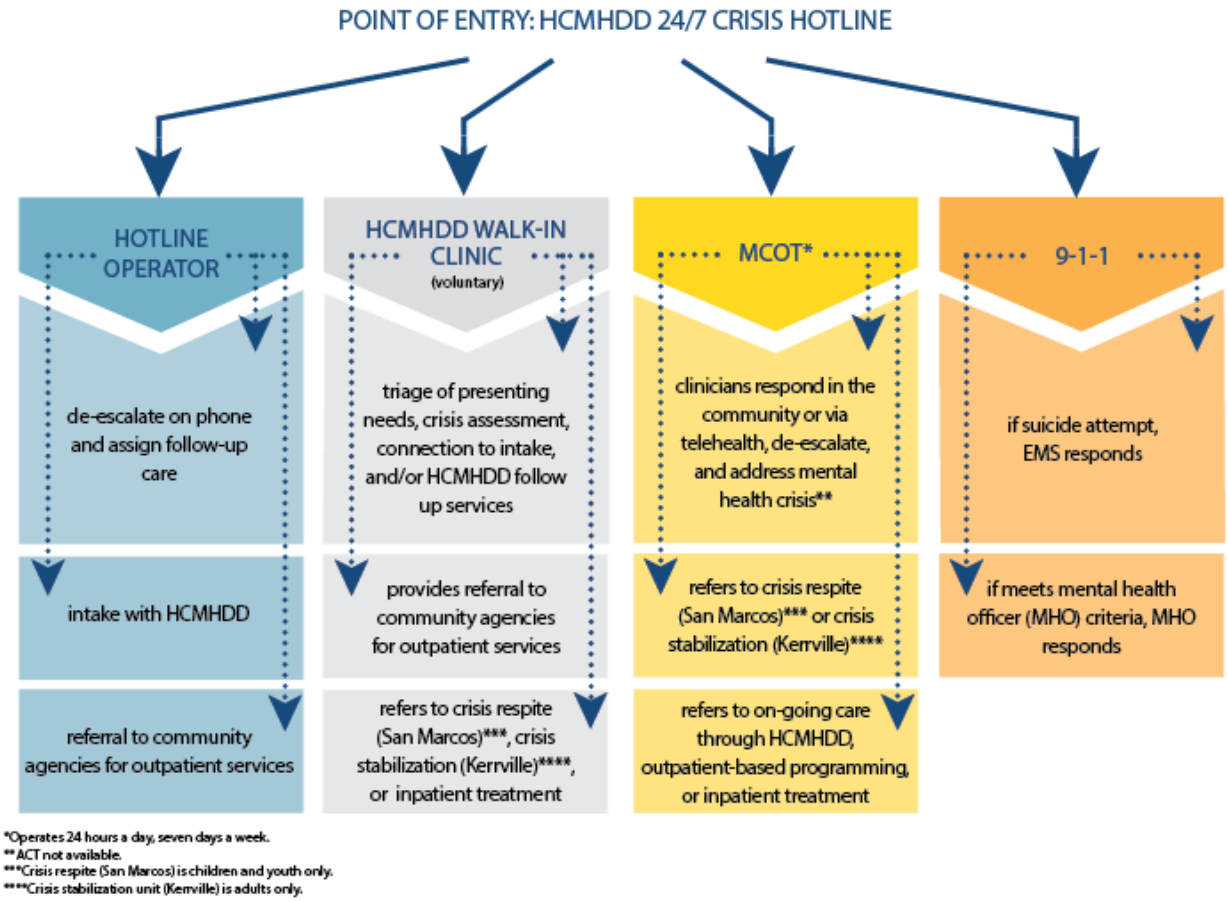
There are multiple ways, or entry points, in which individuals enter the system during a mental health crisis. Within Hays County the following specific entry points exist currently:

1. Hill Country MHDD 24/7 Crisis Hotline and MCOT
2. Public Safety and Emergency Medical Services through 9-1-1
3. 988 Suicide & Crisis Lifeline
4. Emergency Departments - Ascension Seton Hays Hospital Emergency Department in Kyle or CHRISTUS Santa Rosa Hospital, Emergency Department in San Marcos
5. Hill Country MHDD Walk-in Clinic.

At each entry point a crisis assessment is conducted to assess the acuity level of the individual in crisis. Rather than a standardized community assessment protocol, each system utilizes an internal instrument and protocol. The optimum outcome is that the crisis is resolved prior to moving to the next restrictive level of care. However, if the crisis is unable to be resolved, the patient will be connected to the next level of intervention whether that be contact with law enforcement, a crisis worker, emergency department exam, or inpatient hospitalization.

Entry Point #1 – Hill Country MHDD 24/7 Crisis Hotline and MCOT

Figure 7: Point of Entry: 24/7 Crisis Hotline



In Hays County, Hill Country MHDD operates a 24/7 crisis hotline, which provides screening, crisis intervention, and access to Hill Country MHDD's MCOT. If crisis resolution cannot be made over the phone, the hotline worker ideally dispatches the Hill Country MHDD MCOT to the location of the caller. Depending on staff availability, MCOT can be dispatched to respond in the community by Hill Country MHDD's Crisis Hotline, 988, and 9-1-1 directly. MCOT includes clinical professionals from Hill Country MHDD who provide assessment to individuals in psychiatric crisis to determine if psychiatric hospitalization is appropriate.

Hill Country MHDD has four MCOT teams, each comprised of five staff, including: one team lead and four care coordinators, located in San Marcos, New Braunfels, and Kerrville. These four teams provide crisis assessment services to the 19 counties in the Hill Country MHDD service area. These teams are designed to provide crisis response 24 hours a day, seven days a week, 365 days per year and serve both adult and children and youth populations. The team located in San Marcos is dedicated to both Hays and Blanco counties. In the MCOT model, clinicians respond anywhere in the community including, as examples, private homes, public locations,

and emergency departments. However, due to current workforce shortages the MCOT team assigned to service Hays County is unable to fully meet the requirements of the model and therefore the demand for crisis services in the area. During this assessment, stakeholders shared that MCOT is currently staffed by three team members out of the five positions designated to the region. With current staffing limitations, the MCOT team process is restricted to daytime hours with a limited response at night as well as on weekends and holidays. Hill Country MHDD has established a virtual presence in both emergency departments through the deployment of telehealth assessment provided by Hill Country MHDD MCOT staff using tablets during the time MCOT staff are available.

The VA's Crisis Hotline is the only veteran specific crisis resource for veterans in Hays County and is accessible 24 hours a day via call, chat, or text. The VA's crisis hotline responders are trained to listen, offer support, and develop plans to help the veteran stay safe. As part of the conversation, the VA crisis hotline also addresses the veteran's risk for immediate danger or suicide, and if the veteran has opted-in to providing contact information, will help coordinate with the veterans' local VA facility to follow up with the veteran usually within 24 hours via phone or in-person. If the veteran calls the Crisis Hotline and is considered suicidal, the Crisis Hotline provider can also initiate a welfare check with local law enforcement.

Throughout stakeholder interviews, veteran serving organizations typically turn to the local EMS/9-1-1 system for crisis response or, in some cases, will attempt to use private transportation to get the veteran in crisis to the nearest VA before initiating a call with the VA Crisis Hotline. Anecdotally, this was due to the preference of having more immediate availability of in-person support for the person and or organization supporting the veteran in crisis. Currently, there is no defined or predictable coordination for connecting veterans in crisis with local, appropriate, and culturally competent mental health care in Hays County.

Entry Point #2 – Public Safety and Emergency Medical Services through 9-1-1

As is the case in most communities, 9-1-1 receives the majority of calls connected to a person experiencing a mental health crisis. On average in 2021, Hays County 9-1-1 received 170[102] mental health related emergency calls per month. At this time in Hays County, when 9-1-1 is called for response to a mental health emergency, the routine response is from law enforcement. Currently, officers have three options when responding in the community; transport to an emergency room for an evaluation, book into jail, if a crime has been committed, or resolve the issue in the community without further action. At times EMS is utilized to assist in transporting individuals to the emergency department during a mental health crisis when necessary. While Hays County does have specially trained Mental Health

[102] On August 26, 2022, Hill Country MHDD provided data on crisis calls made from Hays County residents only. These data represent fiscal years 2018 to 2021.

Officers (MHO), their response options are the same as other officers in the field, which may lead to a less appropriate response.

Entry Point #3 – 988 Suicide & Crisis Lifeline

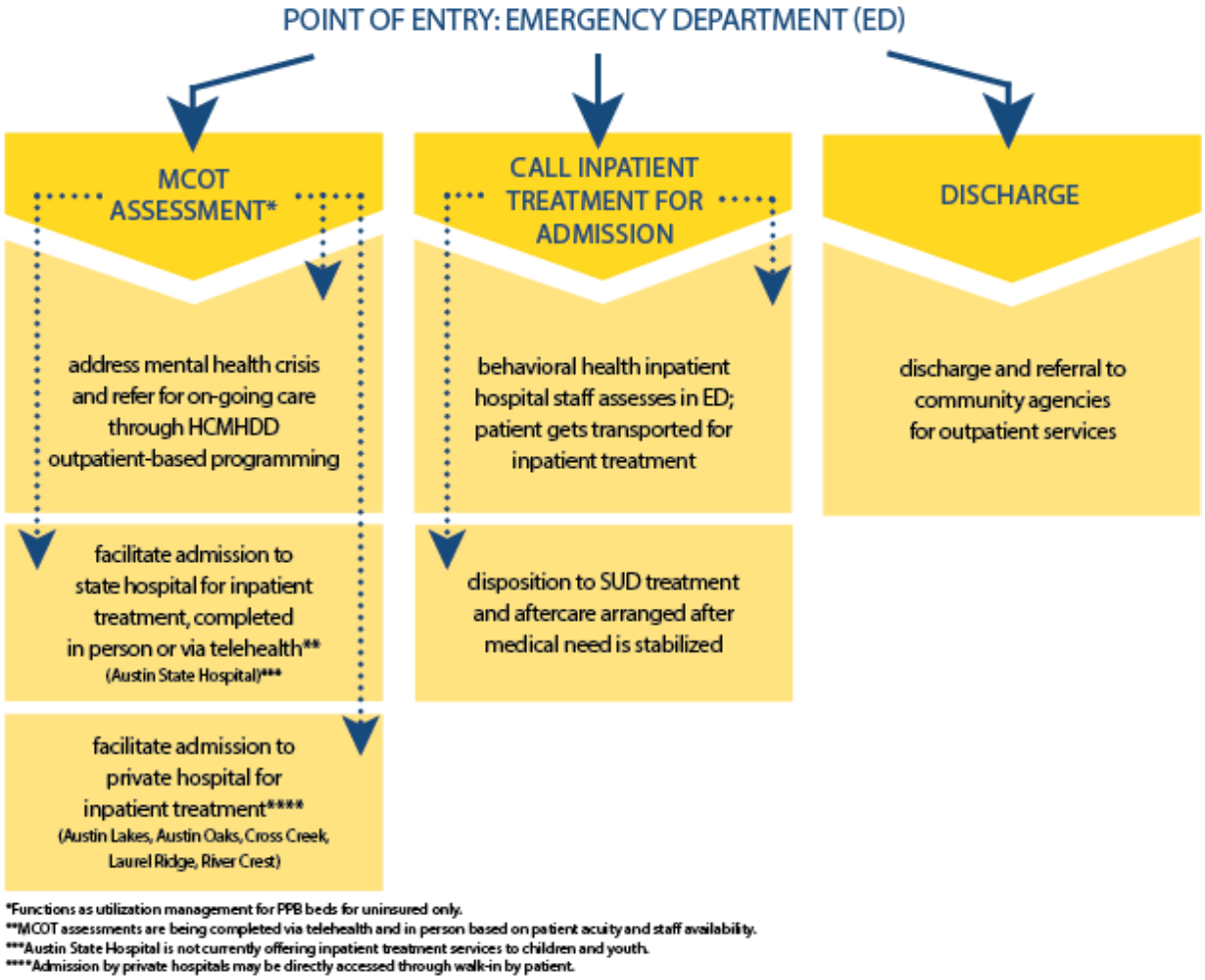
Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline in 2020.[103] 988 has been designated as the universal number in the United States for individuals experiencing a mental health crisis. The goal of this system is to transform the crisis care system by targeting suicide prevention and timely response to a mental health crisis within the community. Any call generated from a Hays County area is automatically routed to their assigned Suicide & Crisis Lifeline center. There are five geographically distributed Suicide & Crisis Lifeline-affiliated call centers in Texas, and the assigned Suicide & Crisis Lifeline for Hays County is Integral Care in Austin.

Through a nationally certified system, the 988 Suicide & Crisis Lifeline provides a centralized network triaging to address the need for crisis care and reduce emotional distress and suicidality. These services are available at all times at no cost and accessible to all. This service links individuals to care in Hays County, by directly coordinating outreach services by law enforcement and emergency medical services, or MCOT by transferring the call to Hill Country MHDD Crisis Hotline and provides follow-up services with Hill Country MHDD or other providers as needed. Triage to services is based in the practice of utilizing the least restrictive intervention possible for the person in need.

[103] *988 Suicide & Crisis Lifeline*. (n.d.). Retrieved October 17, 2022, from https://www.samhsa.gov/find-help/988

Entry Point #4 – Emergency Departments

Figure 8: Point of Entry: Emergency Department



Even in a community with an ideal service array of integrated primary care, specialty care, and rehabilitation capacity, the emergency department will play an important role in helping with mental health crises. In systems without the full array of outpatient services, the emergency department takes on the less ideal and more frequent role of acting as the entry point to care for people with untreated mental health conditions. Hays County has two hospital systems located within the boundaries of the county: Ascension Seton Hays Hospital in Kyle and CHRISTUS Santa Rosa Hospital - San Marcos. Both hospitals have emergency departments that serve as a point of entry for emergency mental health services, particularly for the uninsured residents of Hays County (Table 15), due to the requirements of Emergency Medical Treatment and Labor Act (EMTALA).

> "EMTALA was enacted by Congress in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 U.S.C. §1395dd). EMTALA was designed to prevent hospitals from transferring uninsured or Medicaid patients to public hospitals

> without, at a minimum, providing a medical screening examination to ensure they were stable for transfer. This law requires Medicare-participating hospitals with emergency departments to screen and treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed or color."[104]

While an important resource for the community, emergency departments are not ideal for treating all mental health emergencies in a community. According to a report by the Institute for Healthcare Improvement,[105] many emergency department teams lack the capacity to adequately support individuals with mental health and substance use disorder (SUD) needs. This often results in,

> "prolonged periods of 'psychiatric boarding,' where patients wait in the emergency department for transfer to another care setting; lack of care coordination and care management; and few alternative options to the emergency department to prevent and address crises. These issues contribute to poor patient outcomes and experience of care that may have recurring and serious consequences."

According to local hospital leadership, staffing is a concern for both hospital systems. Decreased staffing impacts the number of emergency department beds able to be operated, often decreasing daily bed capacity. A decrease in staffing also limits resources, such as staff providing individual supervision to patients in an acute mental health crisis. Within the local emergency departments, Hill Country MHDD has deployed tablets to provide a virtual crisis assessment. The organization, at the outset of the COVID-19 pandemic, partnered with the emergency departments to provide individuals experiencing a mental health crisis with these much-needed telehealth services. This is a practice that Hill Country MHDD has since adopted and continues presently.

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[104] *Understanding EMTALA*. (n.d.). Retrieved October 17, 2022, from https://www.acep.org/life-as-a-physician/ethics--legal/emtala/emtala-fact-sheet/

[105] Schall M, Laderman M, Bamel D, Bolender T. Improving Behavioral Health Care in the Emergency Department and Upstream. IHI White Paper. Boston, Massachusetts: Institute for Healthcare Improvement; 2020. Retrieved from ihi.org.

Table 15: Adult Patient Transfers from Hays County Emergency Departments to Any Inpatient Units, by Primary Inpatient Payer (2018–2020)[106]

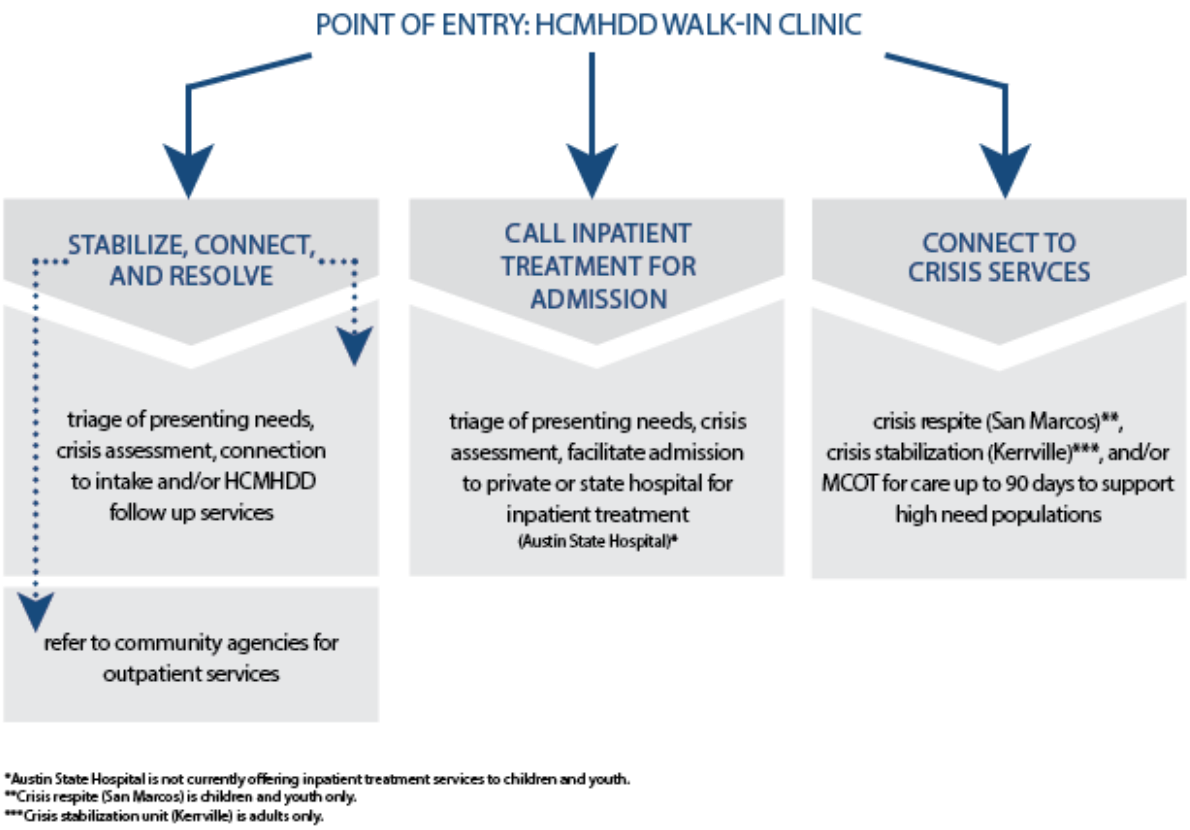
Name	Inpatient Hospital	Payer Group (% Total Admissions)						Total Admissions[107]
		Commercial	Medicaid	Medicare	Other Govt.	Self-Pay	Unassigned / Missing	
Seton Medical Center Hays	Seton Shoal Creek Hospital	10%	51%	13%	5%	17%	4%	< 253
Central Texas Medical Center	Oceans Behavioral Hospital of San Marcos	14%	72%	-	-	14%	-	< 72
Central Texas Medical Center	Cross Creek Hospital	15%	41%	15%	15%	15%	-	< 68
Central Texas Medical Center	Austin Oaks Hospital		42%	21%	19%	19%	-	< 53
Central Texas Medical Center	Laurel Ridge Treatment Center	20%	20%	20%	20%	-	20%	< 50
Seton Medical Center Hays	Austin Oaks Hospital		29%	31%	20%	20%	-	< 49
Seton Medical Center Hays	Austin Lakes Hospital	31%	45%	-	-	24%	-	< 42
Central Texas Medical Center	Austin Lakes Hospital	25%	25%	-	25%	25%	-	< 40
Seton Medical Center Hays	Cross Creek Hospital	-	25%	25%	25%	25%	-	< 40
Seton Medical Center Hays	Oceans Behavioral Hospital of San Marcos	26%	49%	-	-	26%	-	< 39
Central Texas Medical Center	San Antonio Behavioral Healthcare Hospital	-	33%	-	33%	33%	-	< 30
Seton Medical Center Hays	Central Texas Medical Center	-	33%	-	-	33%	33%	< 30

[106] Data in this table is from the inpatient and outpatient THCIC research data files and is limited to encounters that began at emergency departments located in Hays County and which we subsequently transferred to inpatient psychiatric unit (i.e., labeled as occurring in a psychiatric specialty unit by the THCIC according to billing data) anywhere in Texas. The number of admissions reported is conservative as errant patient IDs reported by the THCIC required the removal of some likely authentic transfers of this type. This table is additionally limited to transfer patterns with at least five transfers over the total time period of 2018-2020. Payer types in the table reflect the primary payer associated with psychiatric hospitalization. The percent that a payer type funded a transfer pattern was derived from masked values (i.e., values between 1 and 9 are labeled as < 10) to ensure patient confidentiality. Differences seen across tables in the total number of admissions for a given transfer pattern are due to alternative groups causing more or less masking of cells, changing the total admission field. Self-pay includes charity, indigent, and "unknown" payers.

[107] Reported totals in the table are sums of masked values and may be higher than true value.

Entry Point #5 – Hill Country MHDD Walk-in Clinic

Figure 9: Point of Entry: Walk-in Clinic



*Austin State Hospital is not currently offering inpatient treatment services to children and youth.
**Crisis respite (San Marcos) is children and youth only.
***Crisis stabilization unit (Kerrville) is adults only.

While Hill Country MHDD does not currently offer a dedicated psychiatric emergency urgent care facility for residents of Hays County, the Scheib Center, an outpatient mental health clinic located in San Marcos, provides a continuum of outpatient services, such as psychiatry, case management, counseling, peer support, care navigation, pharmacy services, and intake. Additionally, and importantly, this location provides acute crisis triage and assessment on a walk-in basis. The current assessment process for individuals presenting a mental health crisis at the clinic is to have a clinic-based staff, who are trained to provide a crisis assessment, meet with the individual in person, or virtually with staff located at another clinic if the clinic the individual presents does not have a crisis-trained staff member present, and provide crisis assessment. Clinic staff alert the crisis hotline when they are providing crisis services for potential follow-up in the community by MCOT or other teams for crisis counseling, case management, or psychosocial rehabilitation services.

Crisis Services Findings and Recommendations

Hays County has some components of a crisis system for children, youth, and adults. However, the crisis system in Hays County requires several other components in order to move the community closer to the ideal crisis system previously described.

In this section, we highlight key findings and recommendations regarding the current crisis system. This information was informed by extensive input from locally based providers, research on national best practice, and our analysis of quantitative data from available sources.

Navigating the Crisis System

Finding: Hays County has limited crisis services available to residents. Currently, Hays County does not have a robust array of crisis services. Although there is a shared MCOT team with Blanco County, MCOT cannot address the full array of crisis response needed. There is no Crisis Intake Center, rather crisis may be addressed by MCOT, at the emergency department, in a walk-in outpatient clinic, or in the jail. Without the full array of crisis services, particularly the ability to observe patients up to 23-hours or stabilize for up to 7 days, Hays County residents will most likely be brought to the emergency department or jail when experiencing a mental health crisis.

Recommendation: Hays County should create a more robust crisis system. Creating a more robust crisis system in Hays County, with different levels of care, would not only increase access to care for those in crisis, but divert unnecessary emergency department admissions and jail bookings to more appropriate settings.

Adding a Crisis Center as part of a comprehensive crisis continuum can provide comprehensive, community-based, and less restrictive solutions for complex problems of emergency department overcrowding and the overrepresentation of psychiatric patients in the criminal justice system.[108] In this model, alternatives are available for patients experiencing a mental health crisis, other than going to an emergency department, and receiving care at a facility with the ability to quickly triage, assess, and initiate treatment within a safe and healing environment. Individuals may arrive via walk-in, law enforcement drop-off, or transfer from emergency departments. An interdisciplinary team comprised of psychiatrists (and other psychiatric prescriber professionals), nurses, counselors, social services staff, and peers focus on early intervention, crisis resolution, and discharge planning. After a comprehensive triage of needs or a 23-hour observation and intervention period, individuals can return to the community, avoiding unnecessarily restrictive and costly hospitalization. Individuals needing further clinical stabilization could be transferred to a crisis stabilization unit or to a higher level of care based on clinical necessity. Additional information on including a crisis center in a new facility can be found on with the recommendation Option 1: Health and Wellness Center.

[108] Substance Use and Mental Health Services Administration. "National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit- Knowledge Informing Transformation." (2020). https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

Finding: Hays County providers and individuals have a difficult time understanding and navigating the crisis system. A general lack of knowledge of available crisis services and how to access care in a crisis was a consistent theme throughout stakeholder interviews. Per discussions with local emergency department providers, individuals are often brought to local emergency departments in a mental health crisis but do not always require a medical intervention.[109] Not all mental health crises require a visit to an emergency department and could be managed in the community. However, without knowledge and presence of a robust crisis system, emergency departments often become the default response.

Recommendation: The Hays County community should work together to educate the community's residents and providers about crisis services available. While Hays County has a limited crisis system available, there are some local services that could be accessed to prevent a crisis and emergency department admission. These include contacting the Hill Country MHDD MCOT crisis line for an assessment and accessing outpatient mental health care through the Hill Country MHDD clinics to prevent a crisis from occurring. Providers should work together to educate specialty providers and the public more effectively about the crisis services and supports that are available for individuals in Hays County, specifically how to access the 24/7 hotline and MCOT services.

Evolving 9-1-1 and 988 Responses and Medically Facing Crisis Response System

Finding: There is no integrated, medically facing crisis response system that emphasizes medical and mental health response as its key components and includes critical services such as crisis stabilization. In Hays County the response to mental health crises relies heavily on law enforcement. There is currently limited collaboration between MCOT and local law enforcement to provide a coordinated crisis response. Law enforcement and EMS are often utilized to transport individuals who are in crisis to emergency departments or other facilities that can provide acute crisis stabilization that are outside of the county. Utilizing law enforcement and EMS for transportation of individuals seeking voluntary mental health care in a crisis can create a strain on law enforcement and EMS resources, taking officers and paramedics out of the field for several hours.

It is essential that the crisis system be integrated into the broader continuum of emergency medical response. Traditionally, communities across the United States have primarily relied on law enforcement for the initial response to mental health emergencies, although those same communities do not take this approach in responding to other health emergencies as part of 9-1-1 calls (like emergency child births or heart attacks). The Hays County SIM Workshop

[109] Information was obtained during interview with stakeholders on September 9, 2022, though no quantitative data was provided to support.

established a priority to "enhance 9-1-1 and law enforcement response options to crisis situations that are impacted by behavioral health needs."

In the United States, when police do respond, too often they have been forced to choose one of three generally inappropriate, and too often tragic, responses: 1) book the person into jail, 2) transport them to a hospital emergency department, or 3) leave them in the community with no linkage to needed supports or treatments. There have been significant improvements to the criminal justice system's response to people with mental illnesses in the last two decades, including advanced crisis intervention training for law enforcement, laws and initiatives requiring better screening for and treatment of mental illness in jails, the creation of processes to release people with mental illnesses from jails on personal bond, specialty treatment courts, treatment-oriented probation, and the use of SIM as a planning tool.[110]

However, these improvements have occurred primarily within the criminal justice system. For example, as SIM developed, the goal was to divert people with mental illnesses from jail, but the process often failed to include the health systems that can play a major role in resolving a mental health emergency, particularly hospital emergency departments. This is an important omission, because people with mental illnesses often stay much longer in hospital emergency departments than people with other illnesses and linking people to care from an emergency department is often as difficult as linking people to care from a jail.[111,112] While Hays County is in the process of enhancing their Mental Health Officers (MHO) program, this is still fundamentally a law enforcement driven response. The MHO program has primarily enforced emergency detention orders from the Courts and transported persons to an emergency department.

Recommendation: To improve initial crisis response, Hays County should establish a dedicated MCOT team to serve Hays County residents. In Hays County, there is limited MCOT coverage, with one team assigned to cover Hays and Blanco counties, thus limiting the team's capacity and ability to adequately respond to the needs of Hays County residents. By establishing an MCOT team dedicated to Hays County, the system will have the capacity to provide timely response and appropriate intervention in the least restrictive setting. MCOT is designed to bring a crisis worker into the community to provide face-to-face assessment and intervention and

[110] Munetz, M., Griffin, P. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. https://pubmed.ncbi.nlm.nih.gov/16603751/
[111] Ngo, S., Shahsahebi, M., et al. (2018). Evaluating the effectiveness of community and hospital medical record integration on management of behavioral health in the emergency department. *Journal of Behavioral Health Services & Research*, *45*(4), 651–658.
[112] Nordstrom, K., et al. (2019). Boarding of mentally ill patients in emergency departments: American Psychiatric Association resource document. *Western Journal of Emergency Medicine*, *20*(5), 690.

linkage to appropriate community treatment consistent with state requirements.113 With a dedicated team, MCOT could be dispatched to a person's home, place of work, community setting, hospital, or school for assessment and connection to care 24/7. Services can be coordinated with community organizations and designed to reduce inpatient hospitalizations and intervention with law enforcement. Currently, MCOT operates on a parallel track to police response in Hays County with limited coordination with law enforcement as in nearly every other Texas community, leaving law enforcement to provide the primary response to all other mental health emergencies dispatched through 9-1-1. Funding for a dedicated MCOT team is not currently available at Hill Country MHDD and would need to be provided either through Hays County funding or additional funding through the Texas legislature. According to calculations by Hill Country MHDD, the direct and indirect costs for a dedicated MCOT team for 12 months would total $1-1.25 million per year.

Recommendation: To improve initial crisis response, Hays County should consider the development of a Multi-Disciplinary Response Team (MDRT). The need to refocus the default response to mental health emergencies from a primarily law enforcement response has assumed new urgency with the COVID-19 pandemic[114,115,116] and calls to redesign policing more broadly.[117] There are now renewed efforts to provide law enforcement agencies with models to shift their role as "default first responders to numerous social issues that they are neither trained nor equipped to properly handle,"[118] to more effective responses that provide access to needed medical care and resources rather than criminalizing behaviors related to mental illnesses and other health and social needs.

There is emerging evidence MCOT expansion can be used to reduce police involvement in subsets of 9-1-1 calls to deliver much needed care to people in situations which do not pose a

[113] Texas Health & Human Services Commission. (2020, April 2020). *Information item V – crisis service standards*. https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-v.pdf

[114] Meadows Mental Health Policy Institute. (2020, April 28). Projected COVID-19 MHSUD impacts, volume 1: Effects of COVID-induced economic recession (COVID recession). http://mmhpi.org/wp-content/uploads/2020/09/COVID-MHSUDImpacts.pdf

[115] Meadows Mental Health Policy Institute. (2020, June 15). Projected COVID-19 MHSUD impacts, volume 2: Effects of COVID-induced economic recession (COVID recession) on veteran suicide and substance use disorder (SUD). http://mmhpi.org/wp-content/uploads/2020/09/COVID-MHSUDImpactsVeterans.pdf

[116] Meadows Mental Health Policy Institute. (2020, August 6). Projected COVID-19 MHSUD impacts, volume 3: Modeling the effects of collaborative care and medication-assisted treatment to prevent COVID-related suicide and overdose deaths. http://mmhpi.org/wp-content/uploads/2020/09/COVID-MHSUDPrevention.pdf

[117] For an example, see: Policing Project. (2020). *Reimagining public safety.* NYU School of Law. https://www.policingproject.org/rps-landing

[118] Neusteter, R. S., et al. ((2019). Gatekeepers: The role of police in ending mass incarceration. Vera Institute of Justice. https://www.vera.org/downloads/publications/gatekeepers-police-and-mass-incarceration.pdf

risk to their non-police civilian response teams.[119] However, while such programs can reduce the role of police response, they cannot eliminate it given the subset of calls that involve use or suspected use of a weapon or other risk to public safety that fall outside MCOT response parameters. Although people with mental illness have comparable rates of violence to the public, specific mental illnesses such as psychosis are at much higher risk for violence against others.[120] In addition, members of the public at times perceive threats to public safety that do not actually exist but that 9-1-1 dispatch cannot rule out. As a result, law enforcement remains an essential element of mental health emergency response because it is not possible in all circumstances to know in advance which mental health emergencies may pose a public safety risk or otherwise be inappropriate for civilian response teams. In fact, the most tragic outcomes may occur during calls in which a civilian-only response occurs first but is not enough, and law enforcement comes in only after the initial non-police response has encountered a significant public safety risk, such as a weapon.[121]

As a result, communities seeking reform face a core dilemma: An emergency response that eliminates police is insufficient to respond to events with public safety risks and does not provide equitable access to care response for all people living with mental health emergency care needs; while a response that relies on police alone is insufficient to provide connection to broader health care services. What is needed is a response that can assure public safety, ensure rapid identification and assessment of acute mental health and broader health care needs (including substance use), and provide access to needed assessment, treatment, and broader resources (such as housing) for all people with emergent mental health care needs without regard to the unique nature of how their needs present. MDRT can provide such a response and have become the model for our work in Texas and increasingly across the United States

The MDRT model provides an integrated, health-driven approach based on best-practice responses to medical emergencies proven effective for other emergency 9-1-1 responses to people with chronic illnesses. MDRT is based on a community paramedicine approach that brings together paramedics, licensed mental health professionals, and specialized law enforcement officers within an integrated team with unique potential to transform the response to mental health emergencies through the 9-1-1 system from one that relies on either law enforcement or civilians, to one that can address mental health and broader health care

[119] For more information, see: Eugene Police Department. “CAHOOTS.” (n.d.). City of Eugene. https://www.eugene-or.gov/4508/CAHOOTS

[120] Meadows Mental Health Policy Institute. “Mental illness and violence: Current knowledge and best practices.” (November 2019). https://mmhpi.org/wp-content/uploads/2018/11/Mental-Illness-and-Violence-November-2019-FINAL.pdf

[121] Meadows Mental Health Policy Institute. “Mental illness and violence: Current knowledge and best practices.” (November 2019).

and social needs while assuring public safety.[122] The MDRT model provides a comprehensive response that recognizes that people with emergency mental health needs often have multiple needs, and those needs are best met outside of a jail or hospital emergency department, even when they exceed the capacity of mental health crisis systems.

The Meadows Institute is working in multiple communities across Texas and the United States to assist in the transformation of emergency response systems that are overly reliant on either police or specialty mental health response. We have developed a specialized MDRT framework for that work that addresses public safety, mental health, and broader health and resource needs (including substance use and homelessness) that are often presented in a single emergency response call. We are working with local stakeholders in communities that are diverse in population, ethnic, and racial makeup, including the cities of Abilene and El Paso, Galveston, Lubbock, and Travis (Austin) and Bexar (San Antonio) counties and in cities including Chicago, Fontana (California), and Tulsa (Oklahoma).

Crisis Respite, Crisis Stabilization Unit (CSU) and Extended Observation Unit (EOU)

Finding: There is a lack of less restrictive crisis services available for Hays County residents and no available out-of-home, short-term crisis stabilization environments that can serve as an alternative to hospitalization for adults in crisis. The ideal crisis continuum is based on the fundamental principle that people have the greatest opportunity for healthy development when they maintain their ties to community and family while receiving help. A crisis respite unit is a facility designed to treat symptoms of mental illness in the community and decrease the need for inpatient hospitalization. Crisis respite units are utilized to treat individuals who have a low risk of harm to self or others, provide opportunities to get away from stressful or triggering environments, provide a structured environment, and add short-term assistance to care givers.

Hill Country MHDD operates a 16-bed Crisis Stabilization Unit which includes acute, short-term stabilization that provides psychiatric, psychological, and nursing services, typically for about 14 days. A crisis stabilization unit is designed to treat symptoms of mental illness for those who are at high risk of admission to a hospital. While this is a piece of the crisis system, this CSU is located outside of Hays County, in Kerrville, more than an hour and half away, and serves the 19 counties in the Hill Country MHDD catchment area. Furthermore, Hays County residents do not have access to an EOU in or outside of the county. Within the crisis system, the EOU plays a significant role in allowing people in crisis to be stabilized in their community rather than at an inpatient facility or a hospital emergency department. An EOU is a unit in which people who are

[122] U.S. Department of Health and Human Services, Health Resources and Services Administration. (2012). *Community paramedicine evaluation tools.* https://www.hrsa.gov/sites/default/files/ruralhealth/pdf/paramedicevaltool.pdf

at high risk of harm to self or others are treated in a secure environment for up to 48 hours. These units are designed to prevent unnecessary hospital admissions.

Finding: Emergency departments report long wait times for mental health inpatient admissions due to capacity limitations within the system. With limited local crisis services and inpatient mental health beds, hospital leadership[123] and community stakeholders report long wait times in emergency departments while an individual's condition stabilizes, or they wait for an inpatient bed to become available in another community. Stakeholders report patients who are unfunded or underfunded have the longest wait times in the emergency department, as state funded inpatient beds are limited and difficult to obtain.[124] Without a robust crisis continuum, the emergency department often becomes the default for mental health emergencies.

In studies conducted by the National Institutes of Health,[125,126] it was found that boarding of patients in hospital emergency departments occurs routinely across the United States Psychiatric visits are more likely to be boarded than non-psychiatric visits (30% vs. 7%). Serious psychiatric visits are 1.4 times more likely to be boarded than non-serious psychiatric visits. In addition, 34% of psychiatric visits by children are boarded compared to 30% for adults. Emergency department patients with mental health conditions are more likely to be boarded than other patients. Furthermore, of mental health patients with prolonged emergency department stays, it was found that the primary barrier to discharge is a lack of available inpatient psychiatric beds and community settings such as EOUs and CSUs.

Recommendation: Consider options for facility-based services. (See more details in the Behavioral Health Facility Model Recommendations.) With a more robust crisis system, such as the addition of a walk-in center or urgent care center, a CSU and an EOU, Hays County residents could have multiple options when seeking help during a crisis. An increase in treatment options can reserve hospital emergency departments for those individuals needing the highest level of assessment and treatment. This level of crisis service can provide rapid assessments, routine interventions, and referrals for adults, children, and adolescents to community-based mental health services. This Health and Wellness Center, one option for a mental health facility which

[123] Information was obtained during interview with stakeholders on August 12, 2022, though no quantitative was provided.
[124] Information was obtained during interview with stakeholders on September 9, 2022, though no quantitative data was provided in support.
[125] Yoon, Jangho., Linh N Bui, Diana J Govier, Megan A Cahn, Jeff Luck. "Determinants of Boarding of Patients with Severe Mental Illness in Hospital Emergency Departments." The Journal of Mental Health Policy and Economics 23 (June 2020): 61-75. PMID: 32621726.
[126] Kraft, Caroline M., Paul Morea, Brittni Teresi, Timothy F. Platts-Mills, Natasha L. Blazer, Jane H. Brice, and Angela K. Strain. "Characteristics, Clinical Care, and Disposition Barriers for Mental Health Patients Boarding in the Emergency Department." The American Journal of Emergency Medicine 46 (August 2021): 550–55. https://doi.org/10.1016/j.ajem.2020.11.021.

is described in more detail later in the report, could also support the needs identified by the Hays County SIM Workshop to establish a deflection and or diversion center that could include a police drop-off location. This robust continuum of crisis services would support the reduction of unnecessary emergency department admissions and boarding, as well as expand law enforcement and emergency medical service options during a crisis. By establishing a spectrum of care in which mental health emergencies could be treated in a lower level of care thereby reserving emergency services time and resources to address the most acute needs.

Furthermore, expanding the crisis continuum in Hays County will improve access to crisis services for residents within their own community. Examples of successful crisis continuums developed in other Texas communities include StarCare's EOU and inpatient hospital in Lubbock, The Center for Health Care Services' Crisis Care Center in San Antonio, Integral Care's Mental Health Crisis Care Center in Austin, and the Burke Center in East Texas. All of these organizations offer crisis assessment and intervention in real time. These facilities serve as an important resource to resolve all mental health crises quickly, within the first 48 hours of onset, by providing psychiatric care, counseling, and case management, getting individuals back into the community as soon as possible, and by preventing emergency department visits and or inpatient hospitalization which tends to be lengthier and more costly.

Recommendation: Support and leverage non-traditional providers as an essential programmatic element of a comprehensive crisis response system, continue to invest in assisted technologies to advance access to care, and enhance clinical workflows. While the COVID-19 pandemic highlighted existing inequities in health care access, it also drastically impacted the health care workforce resulting in workforce shortages across the mental health continuum, including the crisis workforce.[127] In addition to significant mental health workforce shortages, public safety answering points such as 9-1-1 dispatch centers, state and local law enforcement, and other first responders are also experiencing staffing shortages.[128]

The workforce challenges touch on the issues faced by the evolving systems of care and the way mental health crisis services are administered in Hays County. To meet the growing demand for mental health care, Hill Country MHDD leadership needs to rethink and redesign the delivery of mental health care by identifying ways to more effectively use the workforce to increase access to mental health. The current mental health workforce serving Hays County is

[127] Substance Abuse and Mental Health Services Administration. (n.d.) Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the US. [PDF]. https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf

[128] The Health Resources and Services Administration National Center for Health Workforce Analysis and the Substance Abuse and Mental Health Services Administration Office of Policy, Planning, and Innovation (2015). *National projections of supply and demand for behavioral health practitioners: 2013-2025* [PDF]. Rockville, Maryland. https://bit.ly/3o2S8k9

not large enough to meet the growing demand for mental health across the care continuum. Mental health needs left unmet can soon become a mental health crisis. Broadening the concept of workforce can play a vital role in access to mental health support. The most effective strategies for supporting people with mental health conditions will reach beyond crisis response to strengthen access to prevention, early intervention, and community- based treatment and recovery-oriented services that can help people avoid crises. Thus, developing the capacity of health care providers other than mental health specialists to address mental health conditions upstream, including health integration practices, is an important strategy. In addition, the expansion of the crisis workforce to include possible alternatives such as Peer Support and Non-traditional Health Workers or Community Health Workers (CHW) who live and work in the community they serve, and who often share racial, ethnic, language and socioeconomic status with the populations they serve, can be a powerful tool to address workforce challenges, health equity, and diversity needs.

In addition to non-traditional workforce, use assisted technologies to increase access and improve workflows. Implementing risk stratification protocols and using the full functionality of the electronic health record develops data driven care coordination to increase operational efficiencies, identify gaps in care, connect ecosystems within the organization, and improve access to care. Centers for Medicare & Medicaid Services guidance[129] for mobile crisis services specifically allows the use of telehealth to expand workforce capacity through connection to a psychiatrist, a psychiatric nurse practitioner, or to support initial screening or assessment. Continuing to explore strategic use of telehealth coupled with appropriate crisis call triage can expand workforce capacity by ensuring that the appropriate workforce is deployed. Harris County and in Bexar County use similar technology, where clinicians are able to coordinate real time service delivery across teams and geographic locations using mobile applications to optimize efficiencies and service coverage. These efforts can support some of the more rural communities in accessing mental health support and reduces unnecessary hospital transports for individuals that can be stabilized in the community.

[129] Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services. https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf

Outpatient Mental Health System

Some conditions (including psychiatric and other illnesses) require tailored interventions provided by specialized providers in outpatient settings. Anxiety and routine depression can be readily treated in integrated primary care settings, but specialists are needed to treat more complex depression, bipolar disorder, post-traumatic stress disorder, and other conditions that require specialized interventions. Most people with a serious mental illness (SMI) would benefit from treatment in a specialized mental health setting, such as treatment provided in local mental health authority community clinics.

In this section, we highlight key findings and recommendations regarding the current outpatient mental health system in Hays County. This information was informed by extensive input from locally based providers, research on national best practice, and our analysis of quantitative data from available sources.

Outpatient Findings and Recommendations

Finding: There is a need for integrating mental health into primary care practices for Hays County residents to treat mild to moderate mental health conditions. Integrated care occurs when mental health and general medical care providers work together to address both the physical and mental health needs of their patients. For example, integrated primary care and mental health provides the opportunity for early detection and treatment of pediatric and adult mental health concerns. Primary care, in which the family doctor provides ongoing and routine care for patients, is the front line for health care delivery and the place where families are most likely to receive care. Furthermore, fully scaled integrated care programs have shown that about two thirds of individuals with mental health needs could be served in an integrated primary care model.[130] This is important because approximately 42,000 of adults in Hays County (23% of all adults) are estimated to have had any mental health condition in 2020, but more specifically, a large majority with a mental health need had conditions that were mild to moderate in severity (84% of those with any mental health need, or 35,000 adults) which suggests that these could be treated by their family practitioner.

[130] Straus, J. H., & Sarvet, B. (2014). Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project. Health Affairs, 33(12), 2153–2161. https://doi.org/10.1377/hlthaff.2014.0896

Figure 10: Severity Levels of Mental Health Need Among Children and Youth in Hays County (2020)[131]

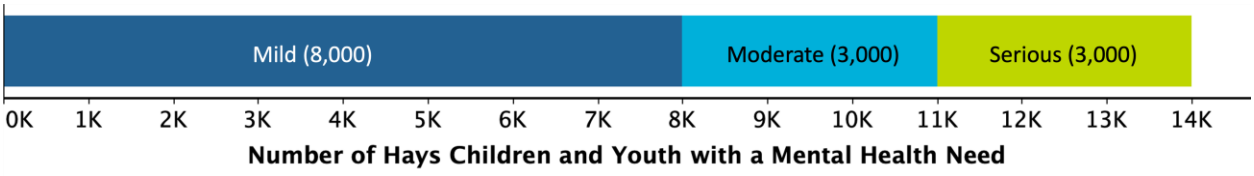
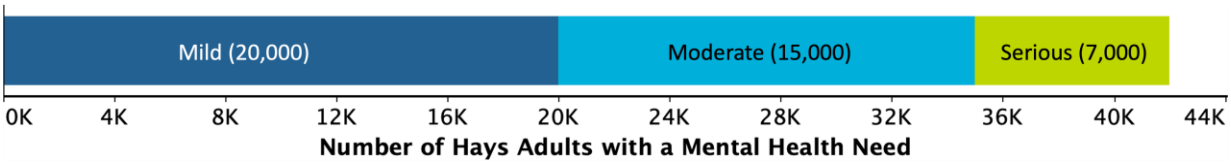


Figure 11: Severity Levels of Mental Health Need Among Adults in Hays County (2020)[132]



Integrated services are limited within the region for those with and without insurance or who are underinsured. There are at least seven additional private primary and specialty care practices in the Hays County area. Many of these entities serve children and youth and are noted to be enrolled in the Dell Medical School's Children's Psychiatric Access Network (CPAN).[133] CPAN provides provider-to-provider consultation, care coordination, and training for pediatric practitioners in the identification and treatment of mental health issues for children and youth. In addition, Ascension Seton is participating in the Lone Star Depression Challenge (LSDC), working towards the implementation of the Collaborative Care Model (CoCM) across their primary and pediatric practices with technical assistance from the Dell Medical School and Meadows Institute. CoCM is a best practice integrated care model for mild to moderate mental health treatment. Although Ascension Seton has outpatient clinics located in Hays County, these clinics are not currently involved in the LSDC. We found no evidence of Collaborative Care Management being utilized by any local primary care physicians or practices serving those who are uninsured or underinsured or with private insurance.

CommuniCare, the local FQHC, offers integrated primary and behavioral healthcare including counseling and psychiatry in an outpatient clinic setting through a co-location, Primary Care Behavioral Health (PCBH) model. PCBH is a prominent model of integrating care behavioral health care in primary care settings, where Behavioral Health Consultants (BHC) provide

[131] Any mental health need is the sum of mild mental health need, moderate mental health need, and serious emotional disturbance, estimated using Kessler, R. C., et al. (2012a). Previously cited; Kessler, R. C., et al. (2012b). Previously cited; and Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[132] Any mental health need is the sum of mild, moderate, and serious mental illness, estimated from Kessler, R. C., et al. (2005). Previously cited; and Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[133] Provided via email communication with Dell Medical School on 8/30/2022; Pediatric Junction, Austin Regional Clinic (various locations), Dripping Springs Pediatrics, Baylor Scott & White, Corridor Primary Care, Ascension Medical Group Seton Express Care, Beansprout Pediatrics.

consultative support to primary care providers and provide direct brief counseling interventions with patients. CommuniCare is an important resource in the community, however, their leadership expressed experiencing a high demand for integrated behavioral health services in the Hays County region while being challenged with staffing to meet that demand. Furthermore, CommuniCare leadership reported that while their behavioral health integrated programs can serve both adults and children, they are primarily serving children and adolescents due to community need and demand.

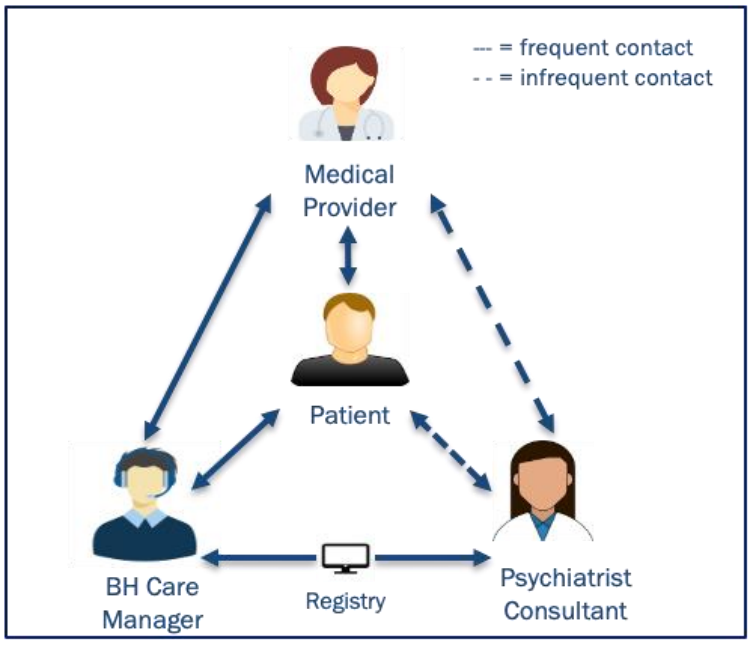
The Hays County Local Health Department provides public funding, from designated county taxes, for an Indigent County Health Program, serving individuals who do not have health coverage or funding. Through a collaborative partnership with CHRISTUS Santa Rosa Hospital, who operates the CHRISTUS Trinity Clinic in San Marcos, the program provides primary care and family health services, including a limited pharmacy benefit, for qualifying residents of Hays County. Patients of this clinic may also have access to specialty services available through CHRISTUS Santa Rosa Hospital's health system, such as cardiology, women's health obstetrics and gynecology, pain management, and orthopedics. They do not, however, offer mental health services, such as counseling and psychiatry, at this clinic.

Recommendation: Hays County primary care settings should adopt and implement the CoCM to address service capacity needs with Seton Hays outpatient clinics leading the way. CoCM is a systemic and evidence-based approach[134] to deliver mental health services effectively and efficiently in primary care settings. A patient-centered care team, led by the primary care provider (PCP), includes a behavioral health care manager and consulting psychiatrist who coordinate their integrated services over time. By embedding mental health services into medical practices, CoCM significantly expands access to mental health assessment and treatment for individuals experiencing mental health concerns. In addition to leveraging scant psychiatry specialty services to optimize service provision ratios, CoCM invariably leads to improved health outcomes and reduced overall costs to health systems. CoCM is the only evidence-based model for integrated care that is currently reimbursable with unique Current Procedural Terminology (CPT) codes in health care settings, covered by Medicare since 2017

[134] Centers for Medicare & Medicaid Services. (2019, May). Behavioral health integration services. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf

and by nearly all commercial and many Medicaid payers.[135] Additionally, it is the only model with strong evidence for longitudinal cost-savings.[136,137,138]

Figure 12: Collaborative Care Model



Given Ascension Seton's commitment to CoCM, engaging affiliated Hays County clinics to adopt this best practice model can be a first step toward enhancing the availability of mental health care to children and adults in Hays County.

Finding: There are limited adult outpatient behavioral health providers in Hays County. There are 180,000 adults who reside in Hays County and only three outpatient behavioral health clinics, all operated by Hill Country MHDD, located within the boundaries of the county, in San Marcos, Kyle, and Wimberly, to serve those with behavioral health disorders. Between FY 2018 and FY 2021, a total of 8,182 unduplicated Hays County residents were served by Hill Country MHDD (an average of approximately 2,046 per year). Of those served, 70% were adults. There are no other providers of adult outpatient behavioral health in the county to serve the uninsured and underinsured with SMI.

Table 16 shows the number of adults in the 19-county catchment area who Hill Country MHDD served between FY 2017 to FY 2021. Of the estimated 11,000 adults with SMI in poverty in 2021 in Hays County, the local mental health authority (LMHA) served 8,983 unique adults (82%). The

[135] Behavioral Health Integration Services (p. 12). (2022). Center for Medicare and Medicaid Services. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf

[136] Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013, May). The Collaborative Care Model: An approach for integrating physical and mental health care in Medicaid health homes. Center for Health Care Strategies, Inc. https://www.chcs.org/resource/the-collaborative-care-model-an-approach-for-integrating-physical-and-mental-health-care-in-medicaid-health-homes/

[137] Davenport, S., Matthews, K., Melek, S. P., Norris, D., & Weaver, A. (2018, February 12). *Potential economic impact of integrated medical-behavioral healthcare: Updated projections for 2017*. Milliman. file:///C:/Users/bwils/Downloads/Milliman-Report-Economic-Impact-Integrated-Implications-Psychiatry.pdf

[138] Press, M. J., Howe, R., Schoenbaum, M., Cavanaugh, S., Marshall, A., Baldwin, L., & Conway, P. H. (2017). Medicare payment for behavioral health integration. *New England Journal of Medicine, 376*(5), 405–407. https://doi.org/10.1056/NEJMp1614134

total number served (and the corresponding percentage of SMI in poverty served) has increased each year steadily since FY 2017.

Table 16: Adults Served by Hill Country MHDD – 19 County Catchment Area (FY 2017–FY 2021)[139]

	2017	2018	2019	2020	2021[140]
Total Adults with SMI in Poverty[141]	11,000	11,000	12,000	11,000	11,000
Total Served by Hill Country MHDD	**6,321**	**6,747**	**8,055**	**8,663**	**8,983**
Percent of SMI in Poverty Served	57%	61%	67%	79%	82%

Table 17 compares the percentage of adults with SMI in poverty served across LMHAs in FY 2021. In 2021, the percentage of adults with SMI in poverty served by Hill Country MHDD (82%) was slightly lower than the percentage served by neighboring Camino Real Community Services and Bluebonnet Trails Community Services (97% and 88%, respectively). Additionally, the percentage served by Hill Country was higher than the percentage served by The Center for Health Care Services (Bexar) and Austin-Travis County Integral Care (43% and 74%, respectively).

Table 17: Comparison of the Percentage of Adults with SMI in Poverty Served Across LMHAs (FY 2021)

	Hill Country MHDD	Austin-Travis County Integral Care	The Center for Health Care Services (Bexar)	Camino Real Community Services	Bluebonnet Trails Community Services
Total Adults with SMI in Poverty[142]	11,000	18,000	36,000	4,000	12,000
Total Served by the LMHA	**8,983**	**13,372**	**15,342**	**3,873**	**10,503**
Percent of SMI in Poverty Served	82%	74%	43%	97%	88%

Finding: Hill Country MHDD has strained capacity and is unable to meet the needs of the growing population in Hays County. Hill Country MHDD leadership staff report being unable to

[139] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.
[140] The total number of adults with SMI in poverty for 2020 was also used as an estimate for 2021, as 2021 population data was not available at the time of this report.
[141] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited. Poverty data was obtained from the U.S. Census Bureau (2022). Previously cited.
[142] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited. Poverty data was obtained from the U.S. Census Bureau (2022). Previously cited.

meet the growing needs of the Hays County community. Staffing shortages in the San Marcos and Kyle clinics as well as limited financial resources to expand service provision and hire additional staffing to meet the demand have had the largest impact on Hill Country MHDD's capacity. Accessing intake services can take up to three weeks unless an individual is in crisis and can access services via the MCOT. Delayed connection to services when the person is in need of medication management or resources can lead to a decline on overall health which feeds back into the cycle of utilization of emergency departments and contact with law enforcement.

While the United States faces a health care workforce shortage compounded by an increasing need for behavioral health services, systems are unable to meet the demand. Furthermore, the COVID-19 pandemic created a steep decline in health care employment, which has since struggled to make up losses and meet current demand.[143] The situation is more dire for pediatric mental health, a mental health subspeciality. Even before COVID-19, mental illness among America's youth was at a crisis point, and the pandemic has made it much worse. Recent estimates predict provider shortages across six behavioral health subspecialties surpassing a quarter of a million full-time equivalents (FTE) by 2025.[144] More alarmingly, the pediatric mental health workforce shortage will lead to long-term negative outcomes across countless dimensions, particularly in underserved communities,[145] with pronounced inequities across communities of color.[146]

In Texas, critical staff shortages and high turnover rates persist even though behavioral health providers and social services are diligently working to ramp up staffing levels. Reports obtained from the Texas Board of Nursing, the Texas Health and Human Services Commission (HHSC), and the Texas Medical Board indicate that the demand for providers is more than the supply.[147]

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[143] Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States. https://www.healthmanagement.com/wp-content/uploads/HMA-NCMW-Issue-Brief-10-27-21.pdf

[144] Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. (2015). *National projections of supply and demand for behavioral health practitioners: 2013-2025.* https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf

[145] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. (2020). *Using HRSA's health workforce simulation model to estimate the rural and non-rural health workforce.* https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/dataresearch/hwsm-rural-urban-methodology.pdf

[146] Ramchand, R., Gordon, J. A., & Pearson, J. L. (2021). Trends in suicide rates by race and ethnicity in the United States. *JAMA Network Open, 4*(5), e2111563. https://doi.org/10.1001/jamanetworkopen.2021.11563

[147] Data on the number of nurses with mailing addresses in Hays County were obtained through the Texas Board of Nursing. Mailing lists for all registered Texas licensed professional counselors, chemical dependency counselors, and licensed clinical social workers were obtained from the Texas Health and Human Services Commission. Registry data on all actively practicing physicians with practice addresses in Hays County were abstracted from the Texas Medical Board Open Records Self-Service Portal: orssp.tmb.state.tx.us/. Psychiatrists and addiction medicine specialists were classified as practicing in Hays County if the provider included a practice address located in Hays County.

The shortage of licensed psychiatrists is especially dire as the area has less than five licensed psychiatrists per 100,000 residents to serve the needs of the county.[148]

While hospitals, mental health providers, and social service organizations in the region have attempted to expand staffing, they have not yet been able to restore their original necessary staffing levels. Job vacancies for various positions and staff turnover continue to be a challenge. Per Hill Country MHDD leadership, 17 positions (or 37%) are vacant in Hays County; this includes clinics in San Marcos and Kyle. Additionally, Ascension Seton Hays Hospital leadership reported reduced capacity across service lines due to workforce challenges, which impacts patient care.

A local factor contributing to staffing challenges is the limited ability for healthcare providers in Hays County to offer competitive wages matching those in surrounding areas such as Austin and San Antonio, where healthcare workers are able to earn higher starting salaries and bonus incentives. Hill Country recently conducted a workforce pay audit and increased pay by 30% for Uvalde staff members. Additionally, the LMHA in Austin-Travis County recently conducted a compensation reclassification for staff across their workforce, increasing salaries and wages by approximately 10%, in addition to other incentives such as offering sign-on bonuses for new hires and rewarding tenured staff with longevity pay bonuses.[149]

Recommendation: Hill Country MHDD should conduct a workforce pay audit for Hays County staff. Given the workforce shortages for Hill Country MHDD in Hays County, a workforce pay audit should be conducted as was done in Uvalde County. Based on the outcomes of the audit, Hill Country should inform local and state elected officials on the funding needed to meet the demands of the workforce.

Recommendation: Explore increased use the state's Mental Health Loan Repayment Program. The State of Texas offers a Mental Health Loan Repayment Program that encourages qualified mental health professionals to practice in a Mental Health Professional Shortage Area (MHPSA) and provide mental health services to Medicaid and Children's Health Insurance Program (CHIP) recipients. Funding for the program has remained level at $1,035,938 per year since inception in 2015. This is important as Texas is experiencing a mental health workforce crisis. If this program is expanded in the next legislative session, it may provide opportunities to recruit new professionals to Hays County.

While Hays County does not meet the federal criteria necessary to be designated a shortage

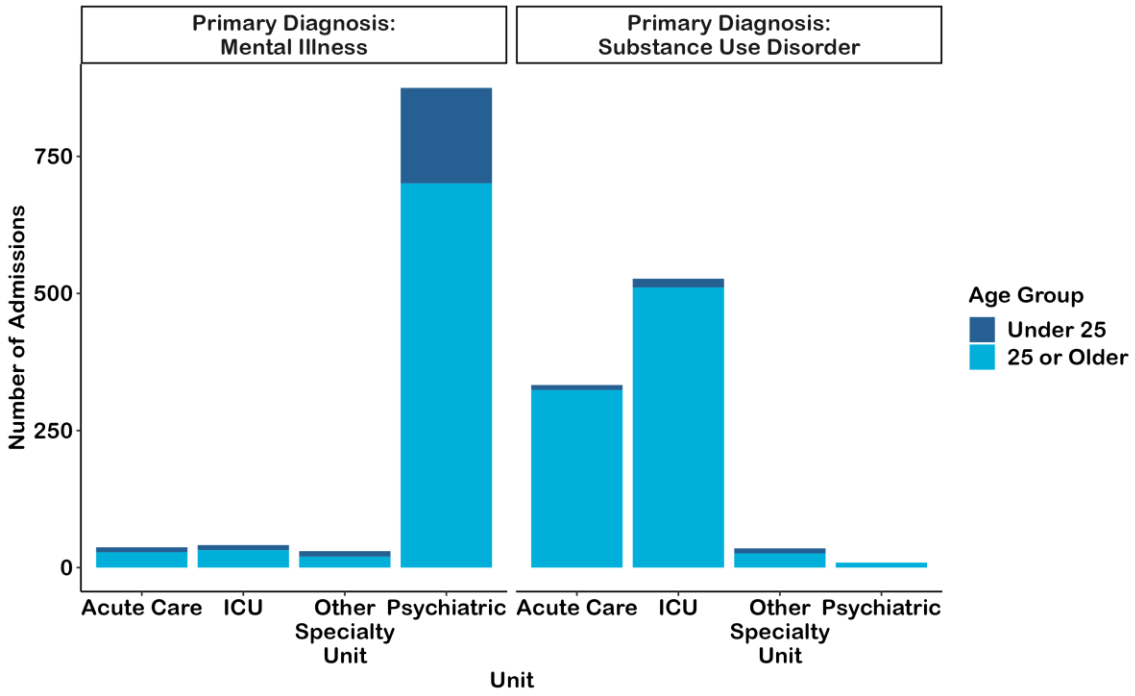
[148] *Texas Primary Care Consortium*. (n.d.). Retrieved October 19, 2022, from https://www.txprimarycareconsortium.org/tx/hays#workforce-divider
[149] Business Plan Update 3rd Quarter Fiscal Year 2022 Relating to Strategic Plan FY 2021-22. (2022). https://integralcare.org/wp-content/uploads/2022/08/FY22-3rd-Qtr-Business-Plan-Update-FINAL.pdf

area, there are two MHPSA facilities (FQHCs) in Hays County, CommuniCare clinics in Kyle and Wimberley that meet the criteria. FQHCs are automatically designated as MHPSAs (per the HRSA website).[150] The loan repayment participants could work in Hays County but would have to work in qualifying facilities for five consecutive years.

Substance Use Disorder Treatment

Finding: There is limited availability of substance use disorder (SUD) treatment services in Hays County for adults. Access to SUD treatment and recovery support is critical to an ideal behavioral health crisis system. Medically supervised detoxification, residential and outpatient treatment, and recovery support services are important components of a functioning behavioral health system. Based on our data analysis, in 2020, around 11% of adults in Hays County (approximately 20,000 adults) (Table 4) had SUD, with half of all SUD cases involving co-occurring psychiatric and SUD. From 2018 to 2020, there were a comparable number of inpatient admissions with a primary diagnosis of mental illness (~950) and inpatient admissions with a primary diagnosis of SUD (~900). Admissions with a primary diagnosis of SUD were far more likely to be treated in a general acute care unit or the intensive care unit than in a psychiatric specialty unit.

Figure 13: Total Number of Psychiatric and SUD Admissions to Hays County Hospitals by Primary Diagnosis, Unit, and Age Group (2018–2020)[151]



[150] *What is Shortage Designation? | Bureau of Health Workforce*. (n.d.). Retrieved October 20, 2022, from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation

[151] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records.

There are no inpatient or residential SUD treatment options for adults in Hays County outside of the services provided by Sunrise Rehab and Recovery (Sunrise), which provide intensive residential treatment programming limited to veterans. Stakeholders reported that substance use is an issue in Hays County, which impacts crisis utilization, hospitalizations, law enforcement interventions, incarceration, and homelessness. Per local hospital systems stakeholders' feedback, they have experienced an increase in patients presenting for care with co-occurring mental illness and SUD, and many people admitted to their emergency department and trauma units with serious physical health issues with primary or secondary psychiatric and SUD.[152] Residents in Hays County who have SUD have few options for adequate treatment close to home. Local emergency departments identified marijuana use among youth and adolescents, and opiates, fentanyl, and methamphetamine abuse among adults in those presenting for care.[153]

Cenikor, a non-profit substance use treatment provider, has prevention and recovery-based programs for youth and adolescents. However, Cenikor does not provide SUD treatment options for adults within the boundaries of Hays County and must refer to locations in other communities throughout Texas. A lack of local SUD treatment options can create barriers for individuals seeking to engage in treatment due to geographical and transportation barriers and travel time issues such as time off work or childcare responsibilities. Approximately two years ago, Cenikor closed their San Marcos adult outpatient services site that served over 7,300 patients a year. Since the start of the COVID-19 pandemic, this has left a gap in the continuum of substance use treatment services for the Hays County community. Their services included intensive outpatient treatment (IOP), treatment for those on federal probation, a Pregnant and Parenting Program (PPI) program that provided case management services, community-based linkage and retention services, and education for mothers with a past or present SUD diagnosis, while also providing support to their families and significant others. Furthermore, the services also included treatment for youth in the juvenile probation system and a treatment alternative to incarceration program (TAIP). Factors reported by Cenikor's leadership resulting in the closure of the adult facility was a reduction in referrals for adults on probation that had historically been a primary referral base for the program, which created financial difficulties that were a barrier to maintaining operations.

At this time, Hill Country MHDD provides individual and group outpatient substance use services to adults. Licensed chemical dependency counselors (LCDC) are on staff to provide screening, assessment, treatment planning, recovery counseling, family education, and relapse prevention support. Hill Country MHDD refers individuals with more intensive needs to

[152] Information was obtained during interview with stakeholders on August 12, 2022, though no quantitative data was provided to support.
[153] Information was obtained during interview with stakeholders on August 12, 2022, though no quantitative data was provided to support.

Outreach Screening and Referral (OSAR), which is contracted through Bluebonnet Trails Community Services, the designated agent for the state's OSAR Region 7, a 30-county service area, which includes Hays County. The OSAR assists in finding treatment options throughout the 30-county area. Hill Country MHDD anticipates expanding to include youth services in the near future.

Recommendation: Planning and collaboration efforts should ensure that SUD treatment and recovery supports are included. Hays County would benefit from additional local resources to help Hays County residents who are in need of substance use treatment services. Availability of a continuum of substance use treatment services ensures individuals can access treatment at a level appropriate to their need. Such services should include early intervention and prevention programming, medical detoxification and stabilization, medication assisted treatment (MAT), a spectrum of inpatient and outpatient treatments options, and aftercare programming. Access to a comprehensive continuum of treatment services ensures that individuals are less likely to fall through the gaps in treatment and decreases the likelihood of relapse and poor health outcomes. Medical detoxification and stabilization refers to medical services that help people safely stop substance use and often helps manage symptoms of withdrawal, while MAT is the practice of prescribing medication to treat opioid use disorder (OUD) in combination with counseling and case management. Outpatient SUD services are based in the community and offers services such as case management, counseling, education, and skills training.

Recommendation: Create expanded access to SUD treatment in Hays County by developing a relationship with Be Well Texas.[154] Be Well Texas is a state-funded program sponsored by the University of Texas Health Sciences Center at San Antonio for Texans seeking help with substance use treatment. They provide evidenced based treatment services to all with or without insurance or the ability to pay. Services are provided by an interdisciplinary team of addiction medicine specialists, and people with lived experience in recovery via telehealth.

High Intensity Services

Individuals with chronic mental health conditions and those in most need should have access intensive wrap-around services in their community. These individuals often need more intensive outpatient treatment to maintain stability in the community and without that level of service, may find themselves in a cyclical pattern of hospitalization and or incarceration. These services include Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Coordinated Specialty Care (CSC) for first episode psychosis treatment, and Permanent Supportive Housing services. These are often referred to as wrap-around services.

[154] Be Well Texas. (n.d.). UT Health Web Initiatives Site. Retrieved October 19, 2022, from https://bewelltexasclinic.org/

Wrap around services build on family and community supports and individual's strengths while utilizing a combination of resources to best serve individuals in the community.

Finding: There are limited intensive outpatient services available to residents in Hays County. Hill Country MHDD is responsible for providing intensive services to individuals with serious mental illness. However, due to the geographic span and coverage needs of the LMHA, these services are not readily available to Hays County residents. Hill Country MHDD does not offer ACT services; however, they do have individuals enrolled in level of care 4 services. Hill Country MHDD does not offer FACT, CSC, or Permanent Supportive Housing in any counties in the catchment area. While Hill Country MHDD works diligently to develop person centered care plans to address the needs of individuals with complex needs, these services are limited, and dedicated teams are not available to Hays County residents. Of the 149 individuals that qualified to receive ACT services in the Hill Country MHDD catchment area only 65 received the service, 84 fewer adults than recommended in FY 2021. The Hays SIM Workshop established a priority to "develop an intervention strategy for persons whose behavioral health needs lead to frequent encounters with the criminal justice system, emergency department and other crisis services", which would require FACT.

Table 18, below, describes the level of care received by the 1,517 Hays County adults who were served by Hill Country MHDD. In FY 2021, approximately 79% of Hays County adults were served in non-crisis settings. Hays adults had a smaller percentage of their total services going towards "medication management and skills therapy" in FY 2021 and a larger percentage of their services going towards "medication management and therapy," compared to the distribution seen among all adults served in the 19-county Hill Country MHDD catchment area (Table 19). Additionally, Hays adults had a slightly larger percentage of the total services going towards crisis or crisis follow-up compared to the 19-county Hill Country MHDD catchment area (21% vs. 18%, respectively).

Table 18: Hays County Adults Served by Hill Country MHDD, by Level of Care (FY 2021)[155]

Ideal System Category	Level of Care	Hays County Residents	
		Number Served	% of Total
Outpatient	Medication Management	0	0%
	Medication Management + Skills Training	942	62%
	Medication Management + Therapy	199	13%
Rehabilitation	Psychosocial Therapy + Case Management	47	3%
	Assertive Community Treatment (ACT)	14	1%

[155] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only between fiscal years 2018 and 2021.

Ideal System Category	Level of Care	Hays County Residents	
		Number Served	% of Total
	Coordinated Specialty Care/First Episode Psychosis	0	0%
	Transition Age Youth	0	0%
Crisis	Crisis Services	290	19%
	Crisis Follow Up	25	2%

Table 19: Adults Served by Hill Country MHDD, by Level of Care – 19 County Catchment Area (FY 2021)[156]

Ideal System Category	Level of Care	Hill Country MHDD Catchment	
		Number Served	% of Total
Outpatient	Medication Management	0	0%
	Medication Management + Skills Training	6,073	67%
	Medication Management + Therapy	963	11%
Rehabilitation	Psychosocial Therapy + Case Management	234	3%
	Assertive Community Treatment (ACT)	65	1%
	Coordinated Specialty Care/First Episode Psychosis	0	0%
	Transition Age Youth	0	0%
Crisis	Crisis Services	1,552	17%
	Crisis Follow Up	96	1%

Recommendation: Develop an Intensive Case Management (ICM) Team. ICM is a community-based service aimed at providing long-term care for individuals diagnosed with serious mental illness (SMI) who are often caught in the cycle of utilization of crisis services, emergency departments, inpatient hospitalizations, jails, and first responder systems. ICM evolved from two original community models of care, ACT, and case management, where ICM emphasizes the importance of small caseload (fewer than 20) and high-intensity intervention.[157]

As an emerging best practice model, ICM teams improve outcomes for individuals diagnosed with SMI and those who are at a higher risk for experiencing a mental health crisis and need for

[156] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.
[157] Dieterich, M., Irving, C. B., Bergman, H., Khokhar, M. A., Park, B., & Marshall, M. (2017). Intensive case management for severe mental illness. Cochrane Database of Systematic Reviews, 1. https://doi.org/10.1002/14651858.CD007906.pub3

inpatient hospitalization.[158] Research shows that ICM is effective in ameliorating many outcomes relevant to people with SMI, and compared to standard care, ICM can reduce rates of inpatient hospitalization admissions, increase retention in care, improve social functioning, employment status, and reduce recidivism within the justice system.[159] These teams play an important role when ACT services are not available or feasible in a community due to their inability to cover large rural areas or when the regional needs do not support the volume of clients needed to implement and sustain a full comprehensive ACT team.

With the addition of a ICM team in Hays County, the identified 14 individuals who qualify for ACT services would have access to preventative, wrap-around services that can support stability in the community rather than accessing emergency care to meet their routine and or intensive mental health needs. To be financially sustainable, these interventions must target only individuals using enough care to result in sufficient savings to justify their intensive nature and costs. They must also be managed so that people are stepped down assertively to lower levels of care as soon as they are stabilized to the point where they can reliably engage in more routine office-based interventions. Individuals with this clinical profile should be identified through a collaborative referral process with local crisis services, emergency departments, inpatient hospitals, and the local criminal justice system. Engagement into these services, then, will lead to a decrease in stress on the over-burdened crisis system as well as reduce use of costly healthcare safety-net services such as emergency medical services (EMS) and unnecessary use of the emergency departments for routine mental health care.

ICM Teams provide comprehensive services for adults diagnosed with SMI or co-occurring disorder (mental health and SUD), as well as those who additionally are living with chronic physical health conditions. Interventions include assertive outreach and engagement strategies and frequent interactions with treatment providers to stabilize and decrease symptoms in order to reduce complications of illness.

The following are characteristics of ICM:[160]

- Recovery-oriented, one to one case manager to client relationship approach. The team of case managers include persons with lived experience (peers), community support

[158] Burns, T., Catty, J., Dash, M., Roberts, C., Lockwood, A., & Marshall, M. (2007). Use of intensive case management to reduce time in hospital in people with severe mental illness: Systematic review and meta-regression. The BMJ, 335:336. https://doi.org/10.1136/bmj.39251.599259.55

[159] Dieterich, M., Irving, C. B., Bergman, H., Khokhar, M. A., Park, B., & Marshall, M. (2017). Intensive case management for severe mental illness.

[160] Tsemberis, S. J. (2010). Housing First: The Pathways Model to End Homelessness for People with Mental Health and Substance Use Disorders. Hazelden Publishing. https://www.researchgate.net/publication/47669330_Housing_First_The_Pathways_Model_to_End_Homelessness_for_People_with_Mental_Illness_and_Addiction_Manual

staff, and specialty staff to help individuals address substance use treatment needs, vocational needs, and housing as clinically indicated.

- The case manager supports the access to any additional community resources (food, clothing, fellowship, etc.) that the client identifies as needed to attain his or her goals.
- The case manager often accompanies clients to meetings and appointments to model advocating and assertiveness for obtaining resources and support to maintain recovery.
- Case managers are available on a regular schedule; caseloads are often shared to assure coverage of seven days per week with 12 hour a day coverage schedule.
- The staff to client ratio is generally one case manager per 15-20 clients.
- The duration of the service is determined by the needs of the client, with the goal of transitioning to step-down services as soon as possible.
- Treatment is based on the individual needs of each client and the team responds to the organic flow of recovery whether that be stability or relapse. Care is provided as clinically indicated rather than one-size fits all intervention.

Not only does the community require ICM services for individuals with SMI, co-occurring SUD, and complex medical issues, but there is also a need to meet the unique intervention and treatment needs of those with high criminogenic risk. This "fit" between intervention and individual is essential because these interventions require special skills to reduce criminal justice involvement. It will be important for the ICM team to also coordinate services closely with Community Supervision and be trained to implement risk-need-responsivity (RNR) principles for those with these specific needs.[161] Implementing RNR entails assessing and reducing various aspects of criminogenic risk – criminal thinking, substance use, and associating with bad influences, for example – by matching interventions to each person's specific constellation of risk factors. Collaboration between mental health agencies and criminal justice system is essential in managing those individuals with serious mental illness and criminal justice involvement once in community settings.[162]

With the recommended expansion, evolution, and enhancement of these services as well as developing a system-wide collaboration, the high acuity services offered by Hill Country MHDD will serve as leaders in the community for individuals moving out of over-utilization and into recovery.

[161] Skeem, J. et al. (2014). Offenders with mental illnesses have criminogenic needs, too: Toward recidivism reduction. *Law and Human Behavior, 38*(3), 212-224.

[162] Lamberti, S. (2016). Preventing Criminal Recidivism Through Mental Health and Criminal Justice Collaboration. *Psychiatric Services, 67,* 1206-1212.

The Emergency Department and Inpatient System

There is no formula for determining the exact number of inpatient psychiatric beds a community requires because it can depend on what other less restrictive mental health services are available in a particular community. Inpatient care for mental illnesses, like inpatient care for any illness, should only occur in situations when it is essential, and not as a default due to lack of capacity in ambulatory treatment. In addition, it is important to consider what types of beds (acute or long-term) are needed and for whom (geriatric, adults, or children) as well as their location (general hospital or free-standing psychiatric hospital). In our analysis, we relied on factors such as current inpatient capacity; historical bed use; how many Hays residents receive inpatient care in Hays County – and outside the county – through admission to a Hays County emergency department; the number of non-Hays County residents traveling through Hays County to receive inpatient care in inpatient psychiatric facilities, regardless of emergency department use; and length of inpatient stay.

Hays County is in the Austin State Hospital (ASH) catchment area for adults and children. In calendar year 2020, 11 Hays County residents were admitted to ASH, fewer than six through Hays County emergency departments. According to the state waitlist, there are 27 people from Hays County waiting for competency restoration at a state hospital (19 non-max, eight max). The eight individuals waiting for maximum security will go either to Vernon, Rusk, or Kerrville (when their maximum unit opens, therefor not to ASH). This suggests that most if not all of these admissions were forensic admissions for people admitted to ASH through the criminal justice process. In addition, ASH frequently places a moratorium on admissions because of staff shortages and consistently maintains a waitlist. In a 2018 Austin State Hospital assessment, stakeholder interviews reported that people needing hospitalization on a civil commitment can wait for several days to several weeks before a bed becomes available at ASH. These people wait at a variety of facilities, including emergency rooms, private psychiatric hospitals, and crisis services facilities.[163]

Key stakeholders also reported that people in need of care and awaiting admission to ASH are already in places where they could receive care, but those facilities are not physically or financially structured to do so. For example, people may be receiving care within a local private psychiatric facility, but clinically require a longer stay to respond to treatment which would require an expansion or shifting of clinical space to accommodate both acute and longer stays as well as increased cost to cover the length of stay and need for increased staffing and patient supervision. We were able to analyze utilization of services data for these settings based on discharge records obtained from the Texas Health Care Information Collection (THCIC). The

[163] As the demand for forensic mental health services has increased over the years, the state hospitals have been faced with a dilemma – which patient population to prioritize within hospitals that have not grown in capacity, the forensic patients who are waiting in jails or the civil population needing longer term care and who may already be in a healthcare setting.

THCIC comprises inpatient, emergency department, and outpatient discharge records for hospitals operating throughout Texas. Each discharge record included details on client age, length of stay, county of residence, charges (which reflect the nominal amount billed for each service), primary payer, and source of admission, among other variables.

We used these THCIC admission and discharge records to analyze psychiatric IP and emergency department utilization in Hays County and by residents of Hays and surrounding counties. Data included in this report represent calendar years 2016 to 2020 unless otherwise noted. Note, the number of emergency department encounters and IP admissions were lower in 2020 than in previous years. This is consistent with prior literature showing a significant decrease in emergency department utilization, overall, due to the pandemic (see Appendix Two: Impact of COVID-19 on Behavioral Health Care Use for more information regarding how COVID-19 impacted emergency department utilization).

Emergency Department Utilization by Residency and Age

The emergency department is an expensive and suboptimal setting for the provision of mental health treatment. It is also the primary mental health treatment provider for many individuals, particularly when in crisis. Because of these circumstances, emergency department treatment numbers are critical to consider when assessing mental health needs and services provided in a particular county or region.

Table 20 (adults) and Table 21 (children and youth) below detail the number of psychiatric or SUD encounters at Hays County emergency departments from 2018 to 2020. Most emergency department encounters for patients who had a primary psychiatric or SUD diagnosis occurred at Seton Medical Center Hays and Central Texas Medical Center (which was renamed CHRISTUS Santa Rosa Hospital San Marcos in 2020). This was true regardless of residency status and the pattern was consistent across years. Seton Medical Center Hays was the most visited emergency department for children and youth with a psychiatric or SUD diagnosis, regardless of residency status.

Table 20: Emergency Department Encounters in Hays County Among Adults for Primary Psychiatric and SUD Diagnosis by Residency and Year (2018–2020)[164]

Hospital Name	2018	2019	2020	Total[165]
Hays County Residents				
Seton Medical Center Hays	626	536	588	**1750**
Central Texas Medical Center	541	553	133	**1227**

[164] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records. All cells with values between 1 and 9 are labeled as "< 10" to ensure patient confidentiality.
[165] Reported totals in the table are sums of masked values and may be higher than true values.

Hospital Name	2018	2019	2020	Total[165]
CHRISTUS Santa Rosa Hospital San Marcos	-	-	359	**359**
Kyle ER & Hospital	-	41	45	**86**
Baylor Scott & White Medical Center Buda	-	13	71	**84**
MY EMERGENCY ROOM*	-	-	< 10	**< 10**
Premier ER Plus – San Marcos LLC*	-	-	< 10	**< 10**
Total	**1167**	**1143**	**< 1216**	**< 3526**
Residents of Counties Other than Hays				
Seton Medical Center Hays	339	295	289	**923**
Central Texas Medical Center	308	281	68	**657**
CHRISTUS Santa Rosa Hospital San Marcos	-	-	129	**129**
Kyle ER & Hospital	-	35	77	**112**
Baylor Scott & White Medical Center Buda	-	< 10	62	**< 72**
Premier ER Plus – San Marcos LLC*	-	-	< 10	**< 10**
MY EMERGENCY ROOM*	-	-	< 10	**< 10**
Total	**647**	**< 621**	**< 645**	**< 1913**

*Free standing emergency medical facility[166]

Table 21: Emergency Department Encounters in Hays County Among Children and Youth for Primary Psychiatric and SUD Diagnoses by Residency and Year (2018–2020)[167]

Hospital Name	2018	2019	2020	Total[168]
Hays County Residents				
Seton Medical Center Hays	69	53	50	**172**
Central Texas Medical Center	29	31	< 10	**< 70**
CHRISTUS Santa Rosa Hospital San Marcos	-	-	< 10	**< 10**
Baylor Scott & White Medical Center Buda	-	0	< 10	**< 10**
Kyle ER & Hospital	-	< 10	< 10	**< 20**
Total	**98**	**< 94**	**< 90**	**< 282**
Residents of Counties Other than Hays				
Seton Medical Center Hays	18	26	14	**58**
Central Texas Medical Center	< 10	< 10	< 10	**< 30**
CHRISTUS Santa Rosa Hospital San Marcos	-	-	< 10	**< 10**
Kyle ER & Hospital	-	< 10	0	**< 10**
Total	**< 28**	**< 46**	**< 34**	**< 108**

[166] Texas Department of State Health Services. (2022). *Free Standing Emergency Medical Care Facility Profession Roster Report*. Texas Health and Human Services. https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/freestanding-emergency/femc-directory.pdf

[167] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records. All cells with values between 1 and 9 are labeled as "< 10" to ensure patient confidentiality.

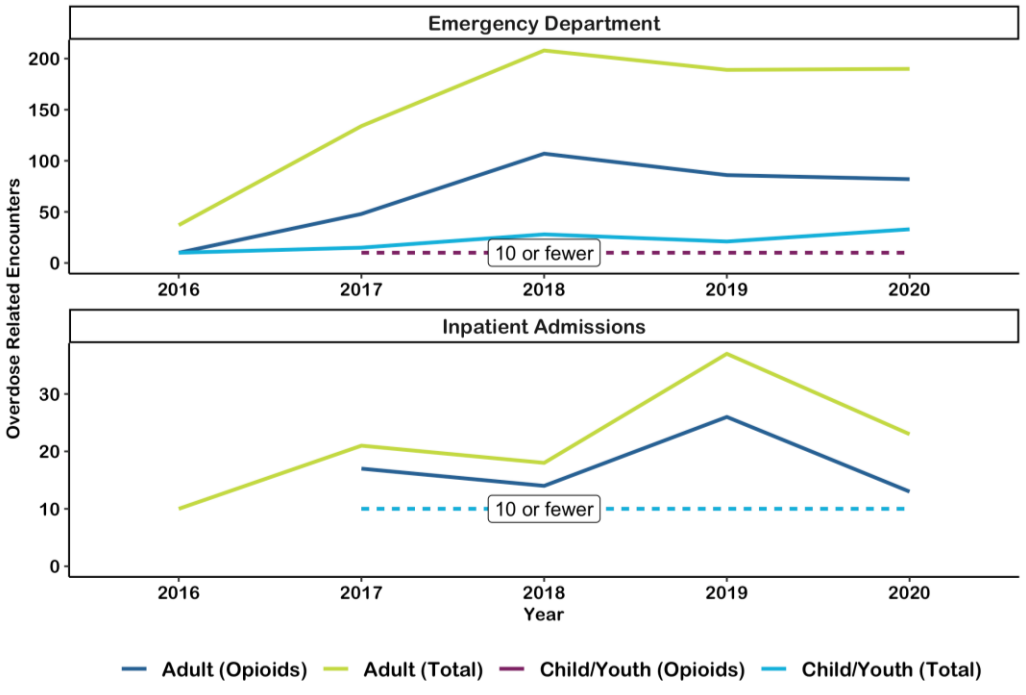
[168] Reported totals in the table are sums of masked values and may be higher than true values.

Emergency Department and Inpatient Overdose-related Encounters

Encounters related to substance overdose are a critical subset of mental health-related treatments to consider when assessing needs and future plans. Patterns of such encounters in emergency departments can be indicative of important community-level trends in substance use and treatment. Though less frequent, overdose-related encounters also occur on inpatient units and create complications for providers without an ideal setting for treating substance use disorders (SUD) (see Figure 14 below).

We examined these trends in overdose-related encounters by tabulating the use of procedure codes associated with overdose treatment procedures at emergency department and inpatient units statewide for encounters with Hays County residents.[169] This analysis did not include overdose procedure codes associated with alcohol or intentional self-harm through use of a substance not typically used recreationally (e.g., household chemicals for cleaning). We did examine one subset of interest – opioid-related encounters – for comparison to overall trends. We also stratified this analysis by age group, comparing children and youth (i.e., all individuals 17 years and under at the time of the encounter) to adults.

Figure 14: Hays County Residents' Overdose-related Encounters by Setting and Year (2016–2020)[170]



[169] Texas Health Care Information Collection (THCIC) 2016 to 2020 discharge records.
[170] Texas Health Care Information Collection (THCIC) 2016 to 2020 discharge records.

As can be seen in Figure 14 above, both the total number of adult overdose-related encounters and the number of such encounters specific to opioids in emergency departments rose from 2016 to 2018 and then plateaued through 2020. In children and youth, the total number of overdose-related encounters at emergency departments rose slightly from 2016 to 2020. Each year from 2017 to 2020 there was at least one but fewer than 10 child or youth opioid-specific encounters at emergency departments and so that number is masked as '10 or fewer.' Inpatient substance use-related visits followed a different pattern, peaking slightly later in 2019 and then dropping after 2019. There were between one and ten total overdose-related inpatient admissions for children and youth from 2017 to 2020 and none associated specifically with opioids.

Transfers from Emergency Departments to Inpatient Units

Inpatient hospitalization is best provided in a person's local community.[171,172] Local care improves access for the person's family and support group and helps the person integrate back into the community and engage with community-based services. In Table 22 (adults) and Table 23 (children and youth) we focus on admissions from Hays County emergency departments to inpatient psychiatric beds anywhere in Texas, highlighting the propensity at which individuals are separated from their communities in order to access necessary inpatient care. We identified these types of admissions by determining, for every psychiatric bed admission, whether a person had been in a Hays emergency department on the same or previous day. Individuals' county of residence did not play a role in this analysis.

There are reasons for large geographic separations between emergency departments and inpatient facilities, including mental health crises that occur during travel and the provision of specialized inpatient behavioral treatment such as competency restoration at a state hospital. In Hays County, the geographic separation also occurs because there were few inpatient psychiatric beds in the county in 2018-mid 2020, and then no inpatient psychiatric beds available in the county beginning in March of 2020. Geographic gaps of concern include those that only occur for specific payers (such as sending self-pay/uninsured patients to distant hospitals) or specific age groups (no youth beds), or because of insufficient local beds in total.

There are several important takeaways from the following tables.

- First, the vast majority of patients across the time period in question who were transferred from an emergency department to an inpatient psychiatric facility were

[171] Thornicroft, G., Tansella, M., & Law, A. (2008). Steps, challenges and lessons in developing community mental health care. *World Psychiatry*, *7*(2), 87–92. doi: 10.1002/j.2051-5545.2008.tb00161.x
[172] Thornicroft, G., & Tansella, M. (2002). Balancing community-basedand hospital-based mental health care. *World Psychiatry*, *1*(2), 84.

transferred outside of Hays County. Those patients were most commonly served by inpatient units in Austin.

- While there are currently (September 2022) no inpatient psychiatric units in Hays County, the predominance of transfers out of the County is clear even during 2018 when two units were operational in Hays County. From 2018 to 2020, nearly 700 Hays County adults were transferred from Hays County emergency departments to inpatient units outside of Hays County.
- Another critical take away is the lack of child and youth inpatient beds available in Hays County; this known shortage is highlighted in Table 22 by tabulating that, from 2018 to 2020, there were several hundred transfers of children and youth to units outside of Hays County. Recognizing the significant strain likely placed on many of those families as well as the established benefits of receiving inpatient care in one's community certainly merits consideration in Hays County's future service system planning.

Table 22: Transfers of Adults from Hays County Emergency Departments to Inpatient Psychiatric Beds Statewide by Year (2018–2020)[173]

Emergency Department of Origin	Inpatient Hospital Name	2018	2019	2020	Total[174]
Seton Medical Center Hays	Seton Shoal Creek Hospital	74	81	89	**244**
Central Texas Medical Center	Oceans Behavioral Hospital of San Marcos	22	42	< 10	**< 74**
Central Texas Medical Center	Cross Creek Hospital	50	< 10	0	**< 60**
Central Texas Medical Center	Austin Oaks Hospital	21	20	< 10	**< 51**
Seton Medical Center Hays	Austin Oaks Hospital	19	10	< 10	**< 39**
Seton Medical Center Hays	Austin Lakes Hospital	21	< 10	< 10	**< 41**
Seton Medical Center Hays	Oceans Behavioral Hospital of San Marcos	< 10	19	< 10	**< 39**
Central Texas Medical Center	Laurel Ridge Treatment Center	< 10	< 10	< 10	**< 30**
CHRISTUS Santa Rosa Hospital San Marcos	San Antonio Behavioral Healthcare Hospital	-	-	14	**14**
Central Texas Medical Center	Austin Lakes Hospital	< 10	< 10	0	**< 20**
Seton Medical Center Hays	San Antonio Behavioral Healthcare Hospital	< 10	< 10	< 10	**< 30**

[173] Data in this table are from the Inpatient and Outpatient THCIC research data files and is limited to encounters that began at emergency departments located in Hays County and which were subsequently transferred to an inpatient psychiatric unit (i.e., labeled as occurring in a psychiatric specialty unit by the THCIC according to billing data) anywhere in Texas. The number of admissions reported is conservative as errant patient IDs reported by the THCIC required the removal of some likely authentic transfers of this type. This table is additionally limited to transfer patterns with at least 5 transfers over the total time period of 2018-2020. All cells with values between 1 and 9 are labeled as "< 10" to ensure patient confidentiality.

[174] Reported totals in the table are sums of masked values and may be higher than true value.

Emergency Department of Origin	Inpatient Hospital Name	2018	2019	2020	Total[174]
Seton Medical Center Hays	Georgetown Behavioral Health Institute	< 10	< 10	< 10	**< 30**
Seton Medical Center Hays	Central Texas Medical Center	< 10	< 10	-	**< 20**
CHRISTUS Santa Rosa Hospital San Marcos	Austin Oaks Hospital	-	-	< 10	**< 10**
Seton Medical Center Hays	Laurel Ridge Treatment Center	< 10	< 10	< 10	**< 30**
Seton Medical Center Hays	Cross Creek Hospital	< 10	0	< 10	**< 20**
Central Texas Medical Center	San Antonio Behavioral Healthcare Hospital	< 10	< 10	< 10	**< 30**
CHRISTUS Santa Rosa Hospital San Marcos	Austin Lakes Hospital	-	-	< 10	**< 10**
Central Texas Medical Center	Central Texas Medical Center	< 10	< 10	-	**< 20**
CHRISTUS Santa Rosa Hospital San Marcos	Laurel Ridge Treatment Center	-	-	< 10	**< 10**
Total		**< 307**	**< 272**	**< 243**	**< 822**

Table 23: Transfers of Children and Youth from Hays County Emergency Departments to Inpatient Psychiatric Beds Statewide by Year (2018–2020)[175]

Emergency Department Name	Inpatient Hospital Name	2018	2019	2020	Total[176]
Seton Medical Center Hays	Dell Children's Medical Center	< 10	23	29	**< 62**
Seton Medical Center Hays	Austin Oaks Hospital	< 10	11	13	**< 34**
Central Texas Medical Center	Austin Oaks Hospital	11	10	< 10	**< 31**
Seton Medical Center Hays	San Antonio Behavioral Healthcare Hospital	< 10	< 10	< 10	**< 30**
Central Texas Medical Center	Cross Creek Hospital	10	< 10		**< 20**
Seton Medical Center Hays	Clarity Child Guidance Center	0	< 10	< 10	**< 20**
Seton Medical Center Hays	Seton Shoal Creek Hospital	< 10	0	0	**< 10**
Seton Medical Center Hays	Laurel Ridge Treatment Center	< 10	< 10	< 10	**< 30**
Central Texas Medical Center	Cedar Crest Hospital	< 10	< 10	< 10	**< 30**
Central Texas Medical Center	San Antonio Behavioral Healthcare Hospital	< 10	0	< 10	**< 20**

[175] Data in this table are from the Inpatient and Outpatient THCIC research data files and is limited to encounters that began at emergency departments located in Hays County and which were subsequently transferred to an inpatient psychiatric unit (i.e., labeled as occurring in a psychiatric specialty unit by the THCIC according to billing data) anywhere in Texas. The number of admissions reported is conservative as errant patient IDs reported by the THCIC required the removal of some likely authentic transfers of this type. This table is additionally limited to transfer patterns with at least five transfers over the total period of 2018-2020. All cells with values between one and nine are labeled as "< 10" to ensure patient confidentiality.

[176] Reported totals in the table are sums of masked values and may be higher than true value.

Emergency Department Name	Inpatient Hospital Name	2018	2019	2020	Total[176]
Seton Medical Center Hays	Georgetown Behavioral Health Institute	< 10	< 10	< 10	**< 30**
Central Texas Medical Center	West Oaks Hospital	< 10	< 10	< 10	**< 30**
Seton Medical Center Hays	Sun Behavioral Houston	< 10	< 10	< 10	**< 30**
CHRISTUS Santa Rosa Hospital San Marcos	Austin Oaks Hospital	-	-	< 10	**< 10**
Central Texas Medical Center	Laurel Ridge Treatment Center	< 10	< 10	-	**< 20**
Central Texas Medical Center	Dallas Behavioral Healthcare Hospital	< 10	< 10	< 10	**< 30**
Central Texas Medical Center	Palms Behavioral Health	< 10	< 10	-	**< 20**
Seton Medical Center Hays	Kingwood Pines Hospital	< 10	< 10	< 10	**< 30**
Seton Medical Center Hays	Cross Creek Hospital	< 10	0	0	**< 10**
Total		**< 171**	**< 164**	**< 162**	**< 497**

Table 24: Adult Patient Transfers from Hays County Emergency Departments to Any Inpatient Units, by Primary Inpatient Payer (2018–2020) [177]

Emergency Department Name	Inpatient Hospital	Payer Group (% Total Admissions)						Total Admissions [178]
		Commercial	Medicaid	Medicare	Other Govt.	Self-Pay	Unassigned / Missing	
Seton Medical Center Hays	Seton Shoal Creek Hospital	10%	51%	13%	5%	17%	4%	< 253
Central Texas Medical Center	Oceans Behavioral Hospital of San Marcos	14%	72%	-	-	14%	-	< 72
Central Texas Medical Center	Cross Creek Hospital	15%	41%	15%	15%	15%	-	< 68
Central Texas Medical Center	Austin Oaks Hospital		42%	21%	19%	19%	-	< 53

[177] Data in this table is from the inpatient and outpatient THCIC research data files and is limited to encounters that began at emergency departments located in Hays County and which we subsequently transferred to inpatient psychiatric unit (i.e., labeled as occurring in a psychiatric specialty unit by the THCIC according to billing data) anywhere in Texas. The number of admissions reported is conservative as errant patient IDs reported by the THCIC required the removal of some likely authentic transfers of this type. This table is additionally limited to transfer patterns with at least five transfers over the total time period of 2018-2020. Payer types in the table reflect the primary payer associated with psychiatric hospitalization. The percent that a payer type funded a transfer pattern was derived from masked values (i.e., values between one and nine are labeled as < 10) to ensure patient confidentiality. Differences seen across tables in the total number of admissions for a given transfer pattern are due to alternative groups causing more or less masking of cells, changing the total admission field. Self-pay includes charity, indigent, and "unknown" payers.

[178] Reported totals in the table are sums of masked values and may be higher than true value.

Emergency Department Name	Inpatient Hospital	Payer Group (% Total Admissions)						Total Admissions [178]
		Commercial	Medicaid	Medicare	Other Govt.	Self-Pay	Unassigned / Missing	
Central Texas Medical Center	Laurel Ridge Treatment Center	20%	20%	20%	20%	-	20%	< 50
Seton Medical Center Hays	Austin Oaks Hospital		29%	31%	20%	20%	-	< 49
Seton Medical Center Hays	Austin Lakes Hospital	31%	45%	-	-	24%	-	< 42
Central Texas Medical Center	Austin Lakes Hospital	25%	25%	-	25%	25%	-	< 40
Seton Medical Center Hays	Cross Creek Hospital	-	25%	25%	25%	25%	-	< 40
Seton Medical Center Hays	Oceans Behavioral Hospital of San Marcos	26%	49%	-	-	26%	-	< 39
Central Texas Medical Center	San Antonio Behavioral Healthcare Hospital	-	33%	-	33%	33%	-	< 30
Seton Medical Center Hays	Central Texas Medical Center	-	33%	-	-	33%	33%	< 30
Seton Medical Center Hays	Georgetown Behavioral Health Institute	33%	33%	-	-	33%	-	< 30
CHRISTUS Santa Rosa Hospital San Marcos	Laurel Ridge Treatment Center	33%	33%	33%	-		-	< 30
CHRISTUS Santa Rosa Hospital San Marcos	San Antonio Behavioral Healthcare Hospital	33%	33%	-	-	33%	-	< 30
Central Texas Medical Center	Central Texas Medical Center	-	50%	-	-	50%	-	< 20
Seton Medical Center Hays	Laurel Ridge Treatment Center	50%	50%	-	-	-	-	< 20
Seton Medical Center Hays	San Antonio Behavioral Healthcare Hospital	-	50%	-	-	50%	-	< 20
CHRISTUS Santa Rosa Hospital San Marcos	Austin Lakes Hospital	50%	50%	-	-	-	-	< 20
CHRISTUS Santa Rosa Hospital San Marcos	Austin Oaks Hospital	-	50%	50%	-	-	-	< 20

Inpatient Utilization and Capacity

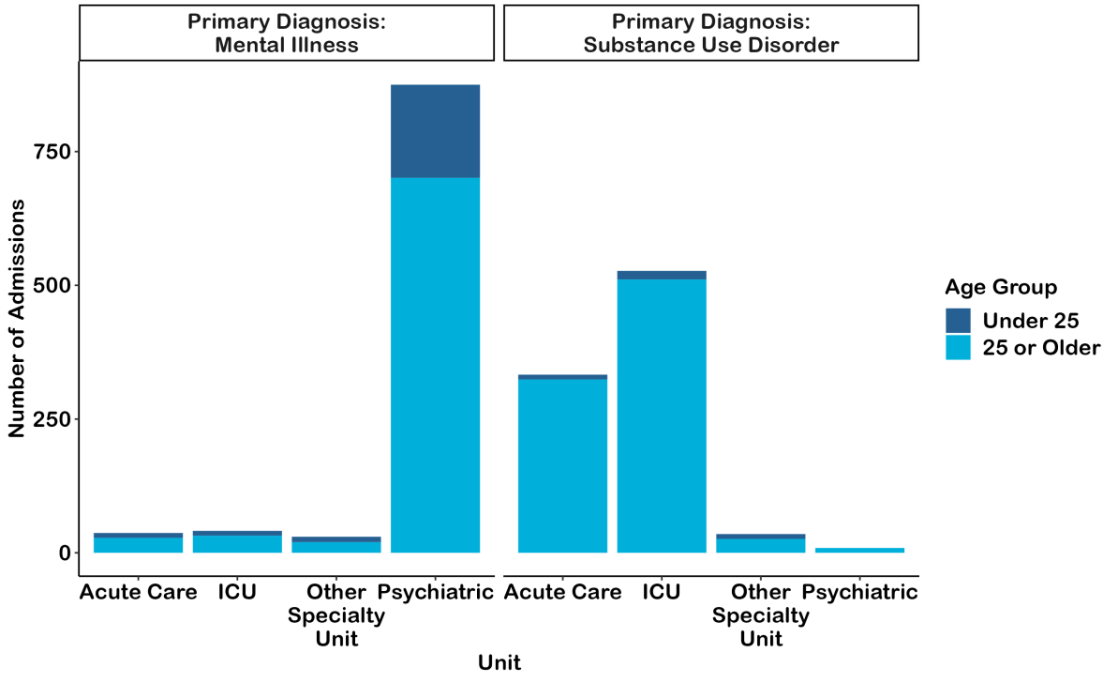
In the previous section, we examined the flow of people from local emergency departments to inpatient beds. In this section, we analyze inpatient bed use by all Hays County residents as well

as the bed capacity and use of Hays County inpatient psychiatric beds by residents of all counties. Data availability limited our analysis to the period of time ending in December of 2020. Importantly, the county's two psychiatric units closed, one in April 2019 (Central Texas Medical Center) and the other in March 2020 (WellBridge Hospital). Therefore, as of September 2022 (the date of this analysis), Hays County does not have any inpatient psychiatric capacity. Therefore, the analysis below describes the historical care patterns for patients with mental illness in Hays County at a time when inpatient psychiatric care was available in the county. These data can be used to inform planning for a new unit (or auxiliary services that can offset the need for higher levels of care).

96% of Hays County residents admitted to inpatient psychiatric units were served in Austin, Georgetown, Kyle, San Antonio, and San Marcos.

Figure 15 displays the total number of psychiatric and SUD admissions to Hays County Hospitals by primary diagnosis, unit, and age. From 2018 to 2020, there were a comparable number of inpatient admissions with a primary diagnosis of mental illness (~950) and inpatient admissions with a primary diagnosis of SUD (~900); however, admissions with a primary diagnosis of SUD were far more likely to be treated in a general acute care unit or the intensive care unit than in a psychiatric specialty unit.

Figure 15: Total Number of Psychiatric and SUD Admissions to Hays County Hospitals by Primary Diagnosis, Unit, and Age Group (2018–2020)[179]



Hays County Residents

The following table details the number of Hays County residents admitted to inpatient psychiatric units statewide. Although many of the admissions were outside of Hays County, the facilities to which they were admitted were primarily in the central Texas area. Approximately 96% of Hays County residents admitted to inpatient psychiatric unties were served in Austin, Georgetown, Kyle, San Antonio, and San Marcos. Although we do not have data for 2021-2022, we know the facilities in Kyle and San Marcos are closed and anticipate the admissions to those hospitals are now going to Austin, Georgetown, and San Antonio for inpatient psychiatric care.

Patients admitted to a psychiatric unit are included without limitation on their primary diagnosis; patients admitted with a primary diagnosis of mental illness or SUD were included if admitted to any unit. 'Other' in the table below is comprised of primarily generate acute care, intensive care, and detoxification units. Many of the 'Other' units admitting patients a primary diagnosis of mental illness or SUD also had the highest rates of patients staying three or fewer days during that admission. This may be indicative of improper use of acute and intensive care units for stabilization or detoxification purposes where a formal psychiatric or detoxification unit was not available, or to a need for additional outpatient options to care for mental health and associated comorbidities. The highest average length of stay was, by a significant margin, for admissions to Austin State Hospital.

[179] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records.

Table 25: Primary Diagnosis of Psychiatric and SUD Admissions of Hays County Residents to Inpatient Units Statewide by Age Group, Unit, and Year (2018–2020)[180,181]

Hospital	City	Unit[182]	Average Length of Stay (Days)	2018	2019	2020	Total[183]	LOS of 3 or Fewer Days	% LOS of 3 or Fewer Days
Adults									
Ascension Seton Shoal Creek	Austin	Psychiatric	5.60	146	153	166	465	173	37%
Austin Oaks Hospital	Austin	Psychiatric	6.22	141	143	161	445	79	18%
Ascension Seton Hays	Kyle	Other	3.98	82	107	114	303	194	64%
WellBridge Hospital of San Marcos	San Marcos	Psychiatric	8.80	70	181	22	273	52	19%
Austin Lakes Hospital	Austin	Psychiatric	6.05	71	68	74	213	41	19%
Seton Shoal Creek Hospital	Austin	Psychiatric	4.65	144	-	-	144	55	38%
Laurel Ridge Treatment Center	San Antonio	Psychiatric	5.58	33	28	31	92	30	33%
Seton Medical Center Hays	Kyle	Other	4.04	80	-	-	80	50	63%
St David's South Austin Hospital	Austin	Other	4.49	22	34	22	78	51	65%
Central Texas Medical Center	San Marcos	Other	3.08	32	38	< 10	< 80	53	66%
Texas NeuroRehab Center	Austin	Other	9.60	34	32	< 10	< 76	< 10	13%
San Antonio Behavioral Healthcare Hospital	San Antonio	Psychiatric	5.95	12	< 10	40	< 62	< 10	16%
Ascension Seton Medical Center	Austin	Other	4.66	19	23	14	56	28	50%
Rock Springs	Georgetown	Psychiatric	8.50	10	25	19	54	< 10	19%
Austin State Hospital[184]	Austin	-	78.55	23	22	< 10	< 55	< 10	18%
Georgetown Behavioral Health Institute	Georgetown	Psychiatric	5.47	15	18	20	53	16	30%
Nix Health Care System	San Antonio	Psychiatric	6.85	38	< 10	0	< 48	12	25%

[180] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records.
[181] Data in this table is from the Inpatient THCIC research data file and is limited to patients listed as Hays County residents. This table is additionally limited to hospitals receiving at least 10 such admissions in 2018, 2019, or 2020. Note that Cross Creek Hospital records are absent from this table because Cross Creek did not report patient residency data. Record counts reported in this table include encounters that had a primary diagnosis of MI/SUD, were labeled as psychiatry specialty unit (by the THCIC according to billing data), or both. All cells with values between one and nine are labeled as "< 10" to ensure patient confidentiality.
[182] 'Other' units are comprised of primarily generate acute care, intensive care, and detoxification units.
[183] Reported totals in the table are sums of masked values and may be higher than true values.
[184] Unit of care is not listed for state hospital admissions.

Hospital	City	Unit[182]	Average Length of Stay (Days)	2018	2019	2020	Total[183]	LOS of 3 or Fewer Days	% LOS of 3 or Fewer Days
Central Texas Medical Center	San Marcos	Psychiatric	10.76	29	< 10	0	< 39	< 10	26%
Rock Springs	Georgetown	Other	7.33	11	< 10	14	< 35	< 10	29%
Austin Lakes Hospital	Austin	Other	6.03	16	< 10	< 10	< 36	< 10	28%
Dell Seton Medical Center at The University of Texas	Austin	Other	5.14	< 10	11	< 10	< 31	17	55%
St. David's Hospital	Austin	Other	4.07	< 10	< 10	12	< 32	15	47%
Nix Behavioral Health Center	San Antonio	Psychiatric	5.33	20	< 10	-	< 30	< 10	33%
North Austin Medical Center	Austin	Other	3.25	< 10	10	< 10	< 30	16	53%
CHRISTUS Santa Rosa Hospital San Marcos	San Marcos	Other	2.83	-	-	23	23	17	74%
Central Texas Medical Center	San Marcos	Psychiatric[185]	12.40	15	< 10	-	< 25	< 10	40%
Nix Specialty Health Center	San Antonio	Psychiatric	7.89	16	< 10	-	< 26	< 10	38%
Seton Medical Center	Austin	Other	5.22	18	-	-	18	< 10	56%
Georgetown Behavioral Health Institute	Georgetown	Other	8.29	< 10	0	11	< 21	< 10	48%
Children and Youth									
Austin Oaks Hospital	Austin	Psychiatric	6.73	147	169	112	428	62	14%
Dell Children's Medical Center	Austin	Psychiatric	6.25	44	87	97	228	41	18%
Laurel Ridge Treatment Center	San Antonio	Psychiatric	8.23	22	28	16	66	< 10	15%
Dell Children's Medical Center	Austin	Other	5.52	11	< 10	12	< 33	14	42%
Georgetown Behavioral Health Institute	Georgetown	Psychiatric	8.70	< 10	< 10	15	< 35	< 10	29%
Ascension Seton Shoal Creek	Austin	Psychiatric	5.29	24	-	-	24	< 10	42%

Non-Hays County Residents

During the time period when Hays County had inpatient psychiatric beds, the majority of non-residents admitted to Hays County inpatient psychiatric beds were from Comal, Bexar, Travis,

[185] Though these are admissions to a psychiatric unit, they were admissions with a non-psychiatric primary diagnosis. Central Texas Medical Center was the only hospital in this timeframe reporting that particular combination of unit and diagnosis.

Guadalupe, and Caldwell counties. Compared to the 344 Hays County residents admitted to Hays County inpatient units during that time period, non-residents had similar but slightly longer lengths of stay. That means that more than two thirds of occupied 'bed-days' in Hays County inpatient psychiatric units were utilized by non-Hays County residents.

Table 26: County of Residence for Adult patients Admitted to Hays County Inpatient Psychiatric Units (2018–2020)[186,187]

County	Average Length of Stay (Days)	2018	2019	2020	Total[188]
Comal County	10.2	47	84	13	**144**
Bexar County	9.9	< 10	55	15	**< 80**
Travis County	15.3	35	38	< 10	**< 83**
Guadalupe County	11.3	17	40	< 10	**< 67**
Caldwell County	10.0	13	28	0	**41**
Williamson County	13.9	12	18	0	**30**
Bastrop County	16.1	< 10	11	< 10	**< 31**
Gillespie County	21.5	< 10	< 10	0	**< 20**
Kerr County	9.1	< 10	< 10	0	**< 20**
Bell County	20.8	10	< 10	0	**< 20**
Gonzales County	10.1	< 10	13	< 10	**< 33**
McLennan County	14.2	< 10	< 10	0	**< 20**
Harris County	10.4	< 10	< 10	< 10	**< 30**
Victoria County	19.6	< 10	< 10	0	**< 20**
Fayette County	17.1	< 10	< 10	< 10	**< 30**
Lavaca County	12.6	0	< 10	0	**< 10**
Total	-	**< 224**	**< 367**	**< 88**	**< 679**

An important measure of need for inpatient care in a particular facility is average daily census compared to unit capacity. Operating below this capacity can lead to financial sustainability issues and operating above this mark can lead to an increased risk of adverse events and

[186] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records.
[187] Data in this table is limited to Hays County hospitals and patients listed as residents of counties other than Hays. Record counts reported in this table include encounters that were labeled as psychiatric specialty unit (by the THCIC according to billing data). This table is additionally limited to hospitals receiving at least five such admissions in 2018, 2019, or 2020. This subset of data did not contain records associated with any individuals under 18 years of age. All cells with values between one and nine are labeled as "< 10" to ensure patient confidentiality.
[188] Reported totals in the table are sums of masked values and may be higher than true values.

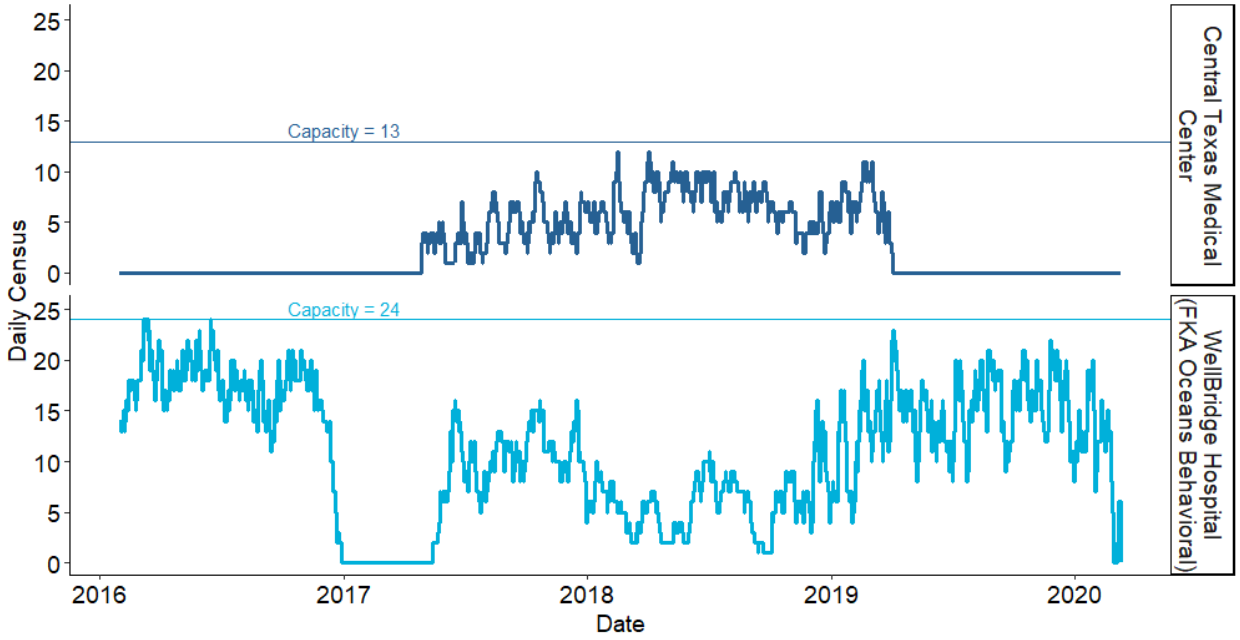
increased stress on the facility and staff.[189,190] Operating at a higher capacity also increases the risk of experiencing a shortage of beds and the resultant need to divert patients or place them in a waiting room for extended periods, neither of which are optimal for patient care.

As is clear in Figure 16, both Central Texas Medical Center and WellBridge Hospital experienced periods of closure during the timeframe (WellBridge Hospital in January 2017 and March 2020; Central Texas Medical Center in April 2019). When operational, both units experienced typical fluctuations in census. The average daily census, however, was rarely above 75% of unit capacity. This is a relatively low level of utilization.

[189] Jones, R. (2013). *Optimum bed occupancy in psychiatric hospitals*. https://www.researchgate.net/publication/252626295_Optimum_bed_occupancy_in_psychiatric_hospitals

[190] Boyle, J., Zeitz, K., Hoffman, R., Khanna, S., & Beltrame, J. (2014). Probability of Severe Adverse Events as a Function of Hospital Occupancy. *IEEE Journal of Biomedical and Health Informatics*, *18*(1), 15–20. https://doi.org/10.1109/JBHI.2013.2262053

Figure 16: Admissions to Psychiatric Units in Hays County Hospitals over Time (January 2016–March 2020)[191,192,193]



Travel to Inpatient Psychiatric Care by Residents of the Hays County Region

The lack of inpatient psychiatric care in Hays County detailed in the previous section begs the question of whether such a unit should be opened in Hays County and, if one was, what kind of utilization could it expect. Though perfect prediction of future utilization is not possible, some currently available numbers can shed light on potential patterns of use. One important question relevant to the larger planning and consideration process is "from which county or counties might patients travel to an inpatient psychiatric unit in Hays?" Though there are many reasons a patient may chose a hospital that is farther from their home over a closer one, geographic proximity to the inpatient unit is an important consideration and (as discussed in the emergency department transfer section above) is relevant to long-term outcomes from care.

Table 27 below reports the number of inpatient psychiatric admissions to a hospital in Hays or the 12 surrounding counties for residents of that 13-county region (see Figure 17 below). Those admission counts are stratified by whether a hypothetical hospital in Hays County (located, as a

[191] Texas Health Care Information Collection (THCIC) 2016 to 2020 discharge records.
[192] Data in this figure is from the Inpatient THCIC research data file and is limited to hospitals located in Hays County and encounters designated (according to billing records) as part of the psychiatric specialty unit. This subset of data did not contain records associated with any individuals under 18 years of age.
[193] Psychiatric Bed Utilization was determined via the Specialty Unit Flag in the THCIC. CTMC: 13 psychiatric beds reported in 2017 and 2019; WellBridge: 24 psychiatric beds reported in 2017, 2019, and 2021. Capacity indicated by the horizontal line represents the maximum capacity reported in the THA Hospital Survey data during the period.

proxy, at the Hays County courthouse) would have been closer to the patient's home (located, as a proxy, at the courthouse of the county of residence) than the hospital to which they were actually admitted. Consider Blanco County residents as an example: of the 156 residents admitted to an inpatient psychiatric unit in the region during this time period, 132 spent more time traveling to the psychiatric unit where they received care than they would have if they had been admitted to the hypothetical psychiatric unit in Hays County.

Table 27: Counts of Inpatient Psychiatric Care Admissions by Travel Time from County of Residence to Utilized Hospital Compared to Potential Hays County Hospital (2018–2020)[194, 195]

Patient County of Residence	Hays County is Farther	Hays County is Closer
Bastrop County	1,512	543
Bexar County	74,891	592
Blanco County	24	132
Burnet County	959	34
Caldwell County	76	807
Comal County	481	3,203
Gillespie County	246	59
Guadalupe County	239	3,080
Hays County	-	3,997
Kendall County	927	18
Kerr County	1,083	65
Travis County	28,731	458
Williamson County	11,719	185
Total	**120,888**	**13,173**

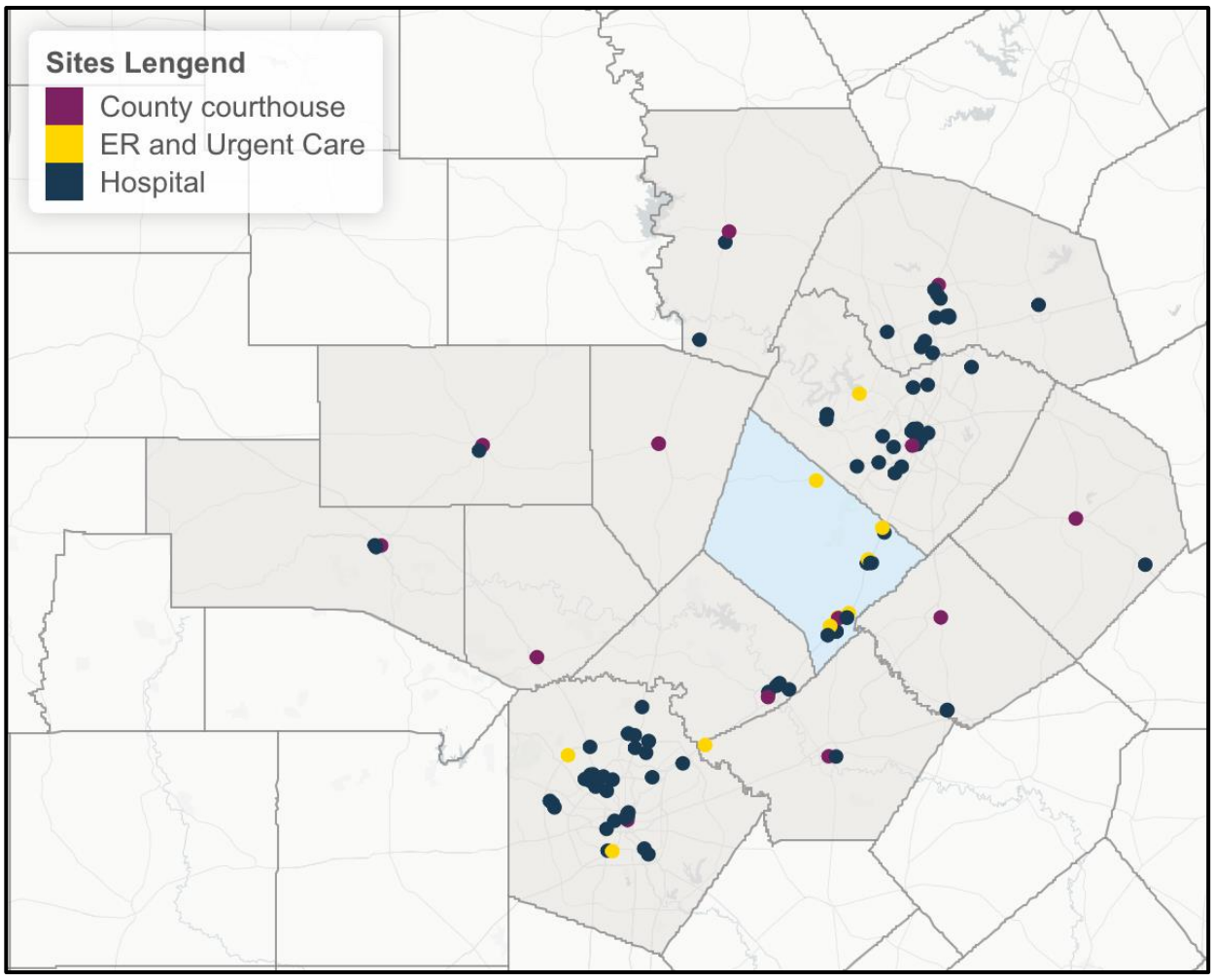
In the 13-county region surrounding Hays County, the majority of patients did not travel farther for inpatient psychiatric care than they would to a potential Hays County hospital; however,

[194] Texas Health Care Information Collection (THCIC) 2018 to 2020 discharge records.

[195] Data in this table are limited to calendar years 2018 to 2020 and to residents of and hospitals in one of the following counties: Bastrop, Bexar, Blanco, Burnet, Caldwell, Comal, Gillespie, Guadalupe, Hays, Kendall, Kerr, Travis, and Williamson. Note that admissions at Cross Creek Hospital are not included due to issues with data availability. The counts presented represent the number of admissions of residents of that county to a hospital, stratified by whether a hypothetical hospital in Hays County would be farther from (or closer to) the resident than was the actual hospital to which they were admitted. All admissions were either specified as part of the psychiatric specialty unit or had a primary diagnosis of mental illness or SUD. Distances were measured from the county courthouse of the patient county of residence to the actual hospital and to the Hays County courthouse (as a proxy for a potential Hays County hospital). Closer or farther is determined by drive time reported by the Google Maps API for each route.

more than 13,000 patients, or approximately 4,400 patients per year, did travel farther. Residents of Caldwell, Comal, and Guadalupe counties were particularly likely to travel farther than they would need to if there was a suitable option for inpatient psychiatric care in Hays County. Though it is not safe to assume that all of those encounters would be absorbed by the Hays County unit, an estimated percent of absorption and the numbers and travel patterns of those patients can inform deliberation on a potential new unit.

Figure 17: Map of the Region Considered in the Analysis of Travel Times with Indicated Points of Interest (2018–2020)



Inpatient Services Findings and Recommendations

Even when a full continuum of nonresidential crisis options is in place, some individuals still need inpatient care for acute and complex needs. Inpatient treatment services are reserved for people with mental illnesses who are a danger to themselves or others or who have a psychosis or compromised ability to cope in the community and cannot be safely treated in another level of care. Inpatient services include treatment, assessments, medication administration and

management, meetings with extended family and others, transition planning, and referrals to appropriate community services.

Although inpatient psychiatric care is not a substitute for ongoing, well-coordinated outpatient mental health care, it is an important piece of the crisis care continuum when there are immediate safety concerns. Inpatient psychiatric hospitalizations can be helpful for acute stabilization of individuals with complex needs, such as high suicide risk or medication adjustments that require close medical monitoring. These hospitalizations should be available when needed, but generally should be brief and supported by the broader crisis array and system.

In this section, we highlight key findings and recommendations regarding the current inpatient psychiatric hospital care. This information was informed by extensive input from locally based providers, research on national best practice, and our analysis of quantitative data from available sources.

Finding: There are no inpatient mental health beds located in the community to meet the need for Hays County residents. With no inpatient mental health beds available within the boundaries of Hays County, coupled with the increase in population in Hays County, stakeholders report a need for psychiatric inpatient hospital beds. Emergency department providers report unfunded patients often wait more than 24 hours for an inpatient mental health bed to become available in Travis, Williamson or Bexar counties, where Hill Country MHDD has contracted inpatient beds.[196] This challenge has created a backlog in the Ascension Seton Hays Hospital and CHRISTUS Santa Rosa Hospital – San Marcos emergency departments.[197] Hospital leadership reports difficulties locating open beds in hospitals that provide inpatient psychiatric care in the region. In addition to a growing population and a lack of inpatient beds, Hays County has also lost inpatient resources that were once available in Hays and in neighboring communities. Oceans Behavioral Hospital of San Marcos and Central Texas Medical Center, which provided inpatient geriatric mental health treatment, both freestanding psychiatric inpatient facilities, closed in 2020, with a combined loss of 37 beds (24 - Oceans, 13 - CTMC), as did Austin Lakes, which closed summer 2022. Stakeholders reported these hospitals closed due to financial and staffing challenges.

Recommendation: Consider options for facility-based services. (See more details in Behavioral Health Facility Model Recommendations.) Inpatient hospitalization for the treatment of psychiatric disorders, if properly placed within a continuum of care, offers the most restrictive

[196] Information was obtained during an interview with stakeholders on September 9, 2022, though no quantitative data was provided to support.
[197] Information was obtained during an interview with stakeholders on August 12, 2022 and September 9, 2022, though no quantitative data was provided to support.

level of care for individuals who are a danger to themselves or others because of mental illness. Modern psychiatric hospitals are treatment facilities defined by spaces designed to blend safety and healing, allow freedom of movement within a secure area, and provide a variety of focused clinical services.

In addition to clinical stabilization, inpatient psychiatric care includes intensive aftercare planning that will allow a person to successfully transition to outpatient and community-based care. Inpatient hospital teams work intensively with community providers to ensure that the successful clinical strategies implemented within the secure inpatient environment can follow the person into the community.

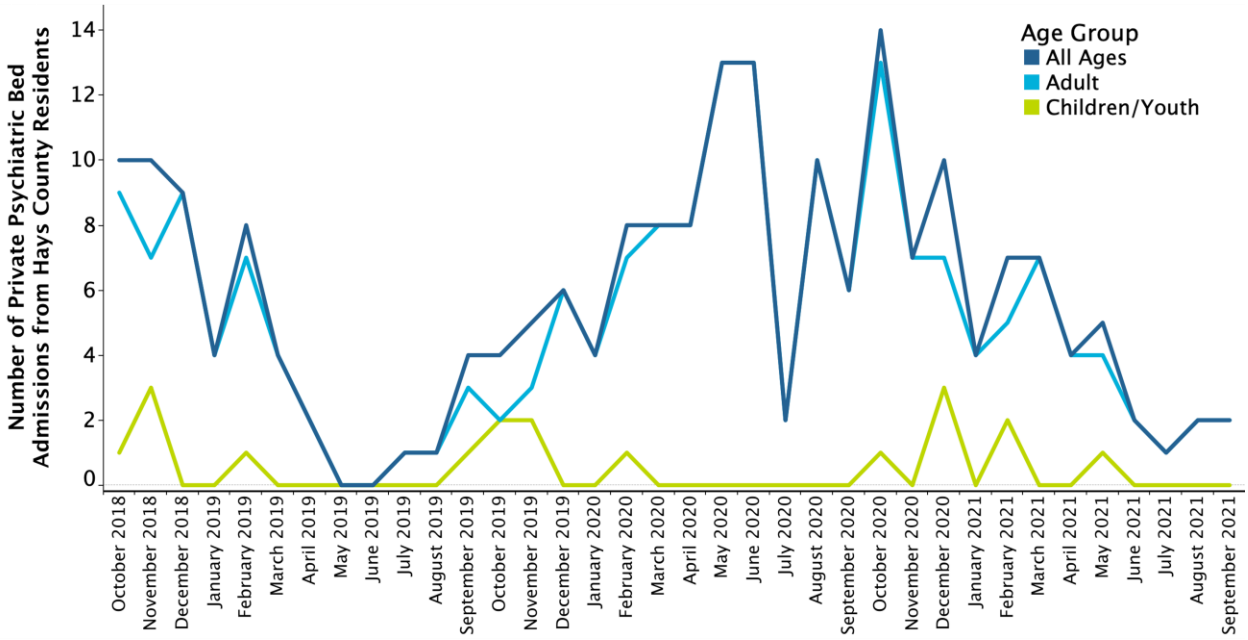
In our quantitative analysis of Hays County data, we project a regional community needs for inpatient care in the future may support a psychiatric hospital model that includes up to 96 inpatient beds (nine units of 12 beds each). In addition to adult inpatient services, the hospital could be designed to designate two of the units (24 beds) for children and/or adolescent services. Operating a hospital involves a substantial operating investment beyond the construction and one-time start-up costs therefore, this is an important aspect of the continuum needing significant consideration, evaluation, and dialogue among all stakeholders.

Finding: There are limited purchased psychiatric beds (PPB) available to Hays County residents from Hill Country MHDD. Although Hill Country MHDD has state general revenue in FY 2021 of $1,599,750 to pay for inpatient treatment through contracts with private psychiatric hospitals for its 19-county coverage area, a number of factors limit access for those needing inpatient level of care. From October 1, 2021, to August 11, 2022, Hays residents accounted for 40.1% of the total individuals admitted to private psychiatric beds from Hill Country MHDD. Per Hill Country MHDD staff, the amount of funding from the state is insufficient to cover the needs of 19 counties and increased demand, and they often run out of PPB funding in the summer months before the end of the fiscal year each September. The total bed day allocation equals to approximately 2,370 bed days for the year or an average of 197.5 beds per month.

During FY21, Hill Country MHDD reported that they ran out of funds July 17 and estimated a need for an additional $317,000. Considering the expanding populations of a number of counties in the Hill Country MHDD catchment and particularly in Hays County, they report needing approximately $1,916,750 to cover the PPB needs for the fiscal year. Due to this funding shortage, they expressed challenges with their ability to meet the demand for inpatient care unless general operating funds can be utilized to cover the funding gap. In addition to PPB funding limitations, workforce shortages of health care workers have forced private hospitals to increase rates. This has led hospitals, which provide inpatient mental health treatment, to request a higher payment per day from Hill Country MHDD to meet the hospital's increased financial needs. The current PPB maximum rate allowed by the state contract is $700 per day.

However, Hill Country MHDD report some hospitals in the area are requiring at least $750 per day to contract for this service. This is not allowed under the current state contract and increasing the bed day cost with the same total amount of funding will lead to fewer beds available per year or require an additional local investment.

Figure 18: Hays County Resident Admissions to Private Psychiatric Beds (PPB) from Hill Country MHDD (FY 2019–FY 2021)[198]



Recommendation: Hays County officials should consider utilizing county funding to purchase additional PPB from Hill Country MHDD that are designated for Hays County residents who need inpatient psychiatric hospitalization and should also work with Hill Country MHDD to educate the Texas legislature on the need for additional PPB funding to support Hays County residents. If Hays County builds an inpatient facility, then the county should engage with Hill Country MHDD to provide PPB funding to purchase inpatient psychiatric beds in the county facility. The Texas State Legislature appropriates funding to HHSC for the purchasing of private psychiatric beds and then funds are distributed to the local mental health authorities (LMHAs). The LMHAs then contract with psychiatric inpatient facilities in the community to cover the individuals in need of this service in their catchment area. In some Texas communities, LMHAs, like Hill Country MHDD receive funding from their counties to help supplement their state funding to serve more individuals in need. Hays County officials should work closely with Hill Country MHDD to quantify the need for the county based on beds days and rising bed costs and

[198] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only. These data and results may vary slightly from the data obtained from HHSC. These data represent fiscal years 2018 to 2021.

use this data to make informed decisions on county funding to supplement PPB funding and/or educating the legislature on the need in Hays County for more state funded PPB.

Recommendation: Hospital system leaders and other mental health and substance use service providers should draw on theoretical and tested practices to improve the experience of individuals who present at the emergency department for mental health and substance use needs. The Institute for Healthcare Improvement published a report, *White Paper: Improving Behavioral Health Care in the Emergency Department and Upstream*,[199] which offers a framework for a better system of care. In summary, the report suggests primary drivers, including the following, to test change in all areas to accelerate improvement and foster system-level change.

- Process: standardize emergency department processes
- Provider culture: create a trauma-informed culture in the emergency department
- Patients: engage and activate patients and families in emergency department care redesign
- Partnerships: strengthen relationships with community partners to support patients' ongoing needs.

Local hospital system leaders should consider how this resource can inform their current practices to improve patient care and outcomes. More details can be found by accessing the full publication, linked in the footnote below.

[199] Schall M, Laderman M, Bamel D, Bolender T. Improving Behavioral Health Care in the Emergency Department and Upstream. IHI White Paper, https://www.ihi.org/resources/Pages/IHIWhitePapers/Improving-Behavioral-Health-Care-in-the-Emergency-Department-and-Upstream.aspx

Justice Involved Adults

Our foundation for mental health assessments of justice involved adults is grounded in the Sequential Intercept Model (SIM).[200] We discussed the SIM process and the recent Hays County SIM Workshop in our discussion of crisis services.

Within the SIM framework, our analysis of justice involved adults in Hays County focused on persons with behavioral health treatment needs and was informed by, and coordinated with, our analysis of the local crisis services continuum. We also reviewed data available to the public and interviewed stakeholders throughout the system.

Sequential Intercept Model

Our foundation for mental health assessments of justice involved adults is grounded in the Sequential Intercept Model (SIM).[201] The SIM is a planning tool that organizes the criminal justice system into six phases, or intercepts, beginning with an individual's first contact with the criminal justice system. The figure below depicts the flow through the SIM intercepts: (0) community services such as crisis lines, (1) arrest, (2) booking and preliminary arraignment, (3) time spent in the courts and jail, (4) community reentry, and (5) community corrections (services in the community to prevent re-offense). The SIM framework has been used in jurisdictions across the United States and is an excellent tool for organizing diversion planning across the many systems that may have contact with an individual at each of the various intercepts. Hays County participated in a SIM workshop, facilitated by the Office of the State Forensic Director (OFSD), Texas Health and Human Services Commission (HHSC), September 15-16, 2022, which is discussed in detail below. Members of the Meadows Institute staff attended and participated in both days of the workshop.

[200] The Sequential Intercept Model is described in a 2006 paper by Mark Munetz and Patricia Griffin. It has since become a basic planning tool used by communities across the United States. In recent years, the model has been updated to include an Intercept 0, Community Services, to reflect the use of crisis lines and the crisis care continuum, as shown in the model in this report. The 2006 paper can be found here: Muntez, M. R., & Griffin, P. A. (2006, April). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57*(4), 544–549. https://www.ncbi.nlm.nih.gov/pubmed/16603751

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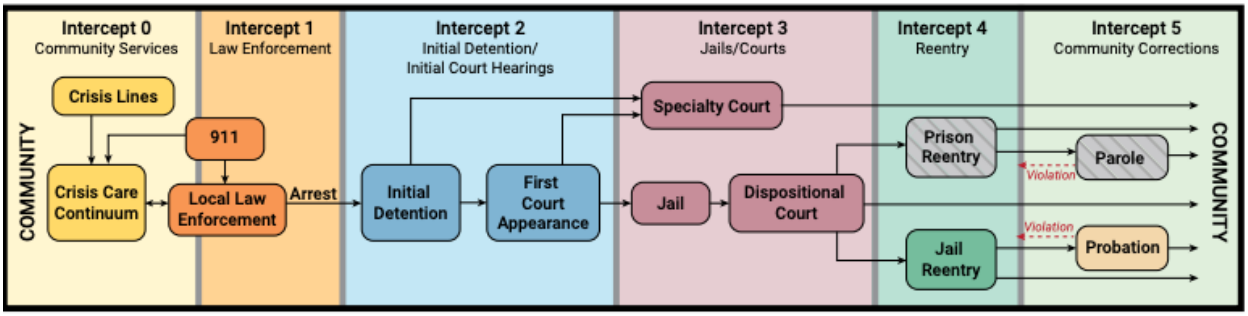
Figure 19: Sequential Intercept Model



Within the SIM framework, our analysis of justice involved adults in Hays County focused on persons with mental health treatment needs and was informed by, and coordinated with, our analysis of the local crisis services continuum. We also reviewed data available to the public and interviewed stakeholders throughout the system.

Hays County SIM Workshop

Hays County participated in a SIM workshop September 15-16, 2022. The workshop was facilitated by the OFSD HHSC. The OFSD has facilitated SIM workshops across Texas as part of their technical assistance to and support of local communities. The Hays County workshop was initiated by Hon. Dan O'Brien, County Court at Law No. 3, who is in the process of establishing a mental health treatment court for Hays County. The workshop was well-attended and included the key stakeholders needed for an effective mapping process. There was strong support for the SIM process from Hays County leadership, with two County Commissioners and the District Attorney as active participants. The participants agreed on the following priorities for immediate action and initiated planning to achieve these priorities:

1. Develop a deflection/diversion center that might include a police drop-off center, a sobering center, and other crisis services.
2. Develop an intervention strategy for persons whose behavioral health needs lead to frequent encounters with the criminal justice system, emergency department and other crisis services.
3. Establish a County-wide Coordination and Planning office that can lead implementation of priorities from the SIM workshop and support ongoing planning activities including a behavioral health leadership team.
4. Develop protocols for information sharing to support point of service decisions and to collect and produce the data needed to manage the system transformation.
5. Enhance 9-1-1 and law enforcement response options to crisis situations that are impacted by behavioral health needs.

Hays County SIM Next Steps

Following the SIM workshop, Judge O'Brien and other key participants participated in a follow-up call with HHSC. HHSC provided an initial overview of the workshop, with the listed priorities and resources to facilitate action towards the priorities. Hays County staff have begun organizing work groups for each of the five priorities. HHSC will produce a formal, detailed report of the Hays County SIM workshop that will include a map of current services at each of the intercept points, details on the identified priorities and resources that Hays County can use moving forward. This report will take some time to complete and community work on the SIM priorities should continue.

HHSC encouraged the Hays County participants to first consider where within the Hays County government structure the ongoing work of implementing the identified priorities would "live". HHSC provided several examples of communities that had developed some form of a behavioral health leadership team of key stakeholders and decision-makers. Hays County has an established Criminal Justice Coordinating Council that might serve as the home for ongoing community planning and implementation activities. The Meadows Institute supports the formal assignment of this work to a specific department which will "own", so to speak, the evolution of the process. This should be done in conjunction with the priority to establish a County-wide coordination and planning office. The coordination and planning staff should support the group that assumes leadership for the work. There are multiple models for adding coordination and planning staff. In some counties, a specific department is created. In others, the function is part of the budget office or the public health department. It is critical that coordination and planning resources support the ongoing work of the SIM process and a data-driven decision-making process for Hays County. Important skills and knowledge for additional resources include:

- Experience in managing and evaluating social service delivery systems
- Experience in coordinating with the criminal justice system
- Experience in conducting qualitative and quantitative data analysis
- Strong written and verbal communication skills.

Justice Involved Adults Findings and Recommendations

Hays County Jail

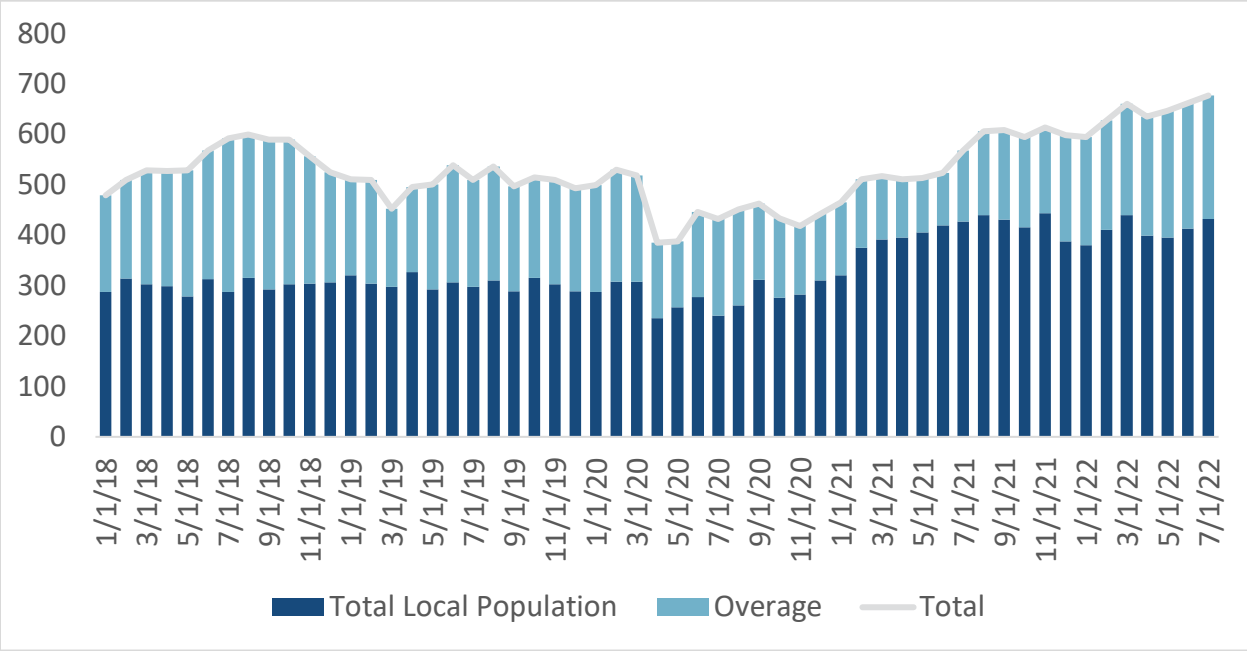
Jail Population and Purchase of Out of County Beds. The Hays County Jail Dashboard reported a total jail population of 688 on September 20, 2022.[202] We reviewed the first day of the month

[202] The dashboard was developed in partnership with the Vera Institute of Justice's 'In Our Backyards' (IOB) initiative. The IOB team developed the innovative Jail Population Project to provide granular, real-time data about local jail populations. The anonymized information Vera receives from Hays County is used to compute jail population statistics, disaggregated by categories such as bail amount, charge, gender, and race, to provide insights into how counties and states are using their jails. The dashboard is refreshed every two weeks. https://public.tableau.com/app/profile/in.our.backyards/viz/HaysCountyJailDashboard/HaysCountyJailDashboard?publish=yes

snapshot reports published by the Texas Commission on Jail Standards to determine recent population trends.

Figure 20 demonstrates the change in jail population since 2018. The jail population was relatively stable, averaging a daily population of 513 for the time period of March 2019 through March 2020. The COVID-19 impact on jail population started in April 2020 with a dramatic drop in jail population to 400 per day. From that point the jail population has steadily risen by over 50% to current levels. There is no current data collection or reporting on the prevalence of mental health needs among Hays County Jail detainees.

Figure 20: Change in Hays County Jail Population (2018–2022)



There is no current data collection or reporting on the prevelance of mental health needs among Hays County Jail detainees.

Hays County has been purchasing jail beds from other jurisdictions across Texas as the need for jail beds exceeds current staffed capacity. Sheriff Department leadership reported in our stakeholder interviews that there are consistently at least 200 persons in contract beds. On August 3, 2022, there were 650 persons in Hays County custody, with 203 in contract beds in seven locations across Texas. Hays County recently contracted with a private detention facility, LaSalle Corrections West, located in Haskell County at a cost up to $17M over three years.[203] The goal of the contract is to reduce the number of different

[203] Hays County commits millions to outsourcing inmates to a private detention center | kvue.com. (2022, August 30). https://www.kvue.com/article/news/investigations/defenders/hays-county-outsourcing-inmates-to-private-prison/269-5da47f92-68de-4662-9827-39cea50325f4

contract locations and to improve transportation. Jail leadership report that managing the movement of jail inmates to and from contract beds is a significant logistical challenge. The contracted counties have varying restrictions on who is appropriate for transfer, with most not willing to accept persons on psychiatric medications.

Hays County has recently completed construction projects that have increased the local jail capacity. However, jail leadership report not enough correctional officers and support staff to utilize all available jail beds.

Finding: Hays County does not capture within the jail data system any information on a person's mental health status. The current data system does not capture persons in jail awaiting transfer to treatment facilities including the state hospital. The Hays County SIM workshop established a priority to "develop protocols for information sharing to support point of service decisions and to collect and produce the data needed to manage the system transformation."

Recommendation: Hays County should add fields to their data system that capture persons with mental health issues and their status in jail and the court process. Key data that should be captured and reported are:

- Identified as persons with mental health needs
- Persons waiting for transfer to a treatment facility such as the state hospital
- Persons waiting transfer to a facility operated by the Texas Department of Corrections
- Persons waiting transfer to a facility operated by the local Community Supervision and Corrections Department (Adult Probation)
- Persons waiting release to a community-based treatment
- Persons returned from the state hospital with competency restored and awaiting disposition of their legal case.

Mental Health Services in the Hays County Jail

Hays County contracts with Wellpath, Inc. to provide health care in the jail. Health care services included initial screening and assessments upon intake, responding to acute medical needs including sick calls, and managing chronic medical needs. There are areas designated in the jail for an infirmary, suicide watch, and close behavioral observation. Until recently, there was one mental health coordinator available Monday to Friday from 8:00 am to 5:00 pm. The mental health coordinator is the gatekeeper for accessing services and is the initial responder to both crisis situations and routine sick calls. Hays County has recently provided increased funding to add two full-time and one part-time staff which will allow an on-site mental health coordinator seven days per week, but not full 24/7 coverage. The mental health coordinator conducts initial assessments, supports the jail's response to suicide risk and attempts including observations, responds to nurse referrals and sick call requests from inmates, and follows up with persons in

crisis. We learned in our stakeholder interviews that with only one coordinator until recently, the focus is largely on managing crisis situations. Wellpath does not provide any discharge support, including medications for persons released to the community, and reports not having advance notice of discharges.

A psychiatrist is available via telehealth for sick calls for three-hour blocks of time, twice per week. In these six hours, the psychiatrist can see about 20 people total. These six hours are not enough to provide timely access to a psychiatrist when needed. Wellpath staff report wait times of two or more weeks to see the psychiatrist.

Finding: There is a lack of adequate access to a psychiatric prescriber so that persons in the Hays County jail are seen within a reasonable time based upon their acuity. The recent funding for additional behavioral health coordinators is a positive initial step for increasing resources within the jail. However, the current six hours per week of telehealth access to a psychiatrist or psychiatric prescriber is not adequate. Ideally, services should be available, at least through telehealth, on a 24/7 basis.

Recommendation: Hays County leadership should ensure that the ongoing community planning from the SIM Workshop include a review of available mental health resources and develop plans to increase access, especially to inmates who need psychiatric medication.

Finding: Wellpath does not receive notification of planned discharges and does not provide any discharge planning services. Wellpath does provide the health status updates required for persons to be transferred to TDCJ facilities, the state hospital or other treatment programs. There are currently no processes in place to provide Wellpath with prior notification of planned discharges to the community. Wellpath is not able to provide a warm hand-off to community treatment or any medications to ensure continuity of care.

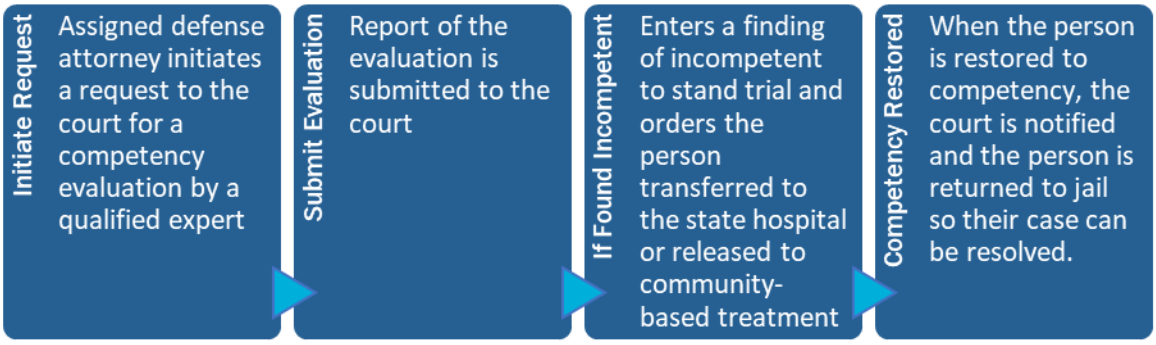
Recommendation: Stakeholders from the jail, Courts, and Wellpath should develop a process to provide prior notification, when possible, of planned discharges so that Wellpath can coordinate warm hand-offs to community treatment and support services. Developing a process for discharge planning should also include an evaluation of available staff resources for Wellpath and other partners' such as Hill Country MHDD for discharge planning. Wellpath has recently added funding for two full-time and one part-time mental health case manager that could support discharge planning.

Competency Restoration

Incompetency to stand trial is governed by Chapter 46B of the Texas Code of Criminal Procedure.[204] A person is considered incompetent if the person does not have: (1) sufficient present ability to consult with the person's lawyer with a reasonable degree of rational understanding; or (2) a rational as well as factual understanding of the proceedings against the person. An October 2021 publication called "Eliminate the Wait, The Texas Toolkit for Rightsizing Competency Restoration Services" (The Toolkit) provides an in-depth explanation of this complex process.[205] The Toolkit reported more than 1,800 people in Texas jails awaiting competency restoration as of its publication, with persons incompetent to stand trial using 70% of all state hospital beds.

The competency process begins when an assigned defense attorney initiates a request to the Court for a competency evaluation by a qualified expert. The report of the evaluation is submitted to the Court, and if found incompetent, enters a finding of incompetent to stand trial and orders the person transferred to the state hospital or released to community-based competency restoration treatment (if available). When the person is restored to competency, the Courts are notified, and the person returned to jail to so their case can be resolved. The evaluation, finding of incompetency and resolution of the criminal case when competency is restored are three separate steps within the overall competency process.

Figure 21: Texas Competency Restoration Process[206]



Finding: Hays County is not actively monitoring and managing the waitlist of persons needing competency restoration services who are in the Hays County Jail. Wellpath reported in our stakeholder interviews that 19 persons in the Hays County jail are awaiting transfer to a state

[204] Texas Legislature. "Code of Criminal Procedure Title 1. Code of Criminal Procedure Chapter 46B. Incompetency to Stand Trial Subchapter A. General Provisions." (2019). https://statutes.capitol.texas.gov/Docs/CR/htm/CR.46B.htm
[205] Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book (Third Edition). (2021). Judicial Commission on Mental Health. http://benchbook.texasjcmh.gov/
[206] Texas Legislature. "Code of Criminal Procedure Title 1. Code of Criminal Procedure Chapter 46B. Incompetency to Stand Trial Subchapter A. General Provisions." (2019). Previously cited

hospital for competency restoration. There is no formalized process for monitoring and tracking those persons in the competency restoration process.

The Wellpath mental health coordinator facilitates a weekly meeting with jail classification staff to review the status of those persons awaiting transfer to a state hospital to determine if the person has improved enough for another evaluation to confirm competency is restored. The coordinator visits with each person awaiting transfer on a monthly basis. Wellpath has a corporate policy that prohibits their providers from honoring orders for compelled medications from the courts for persons who are incompetent and refuse to take medications. At this time, there is no process to administer compelled medications in the Hays County Jail.

Hays County is participating in Cohort No. 2 of the Jail In-reach Learning Collaborative hosted by HHSC. The goal of the collaborative is to help reduce the waitlist for competency restoration by: (1) supporting a growing peer learning network of mental health and justice system professionals from across Texas; (2) sharing strategies to reduce the wait for inpatient competency restoration services; (3) help strengthen local cross-system forensic teams; and (4) support the implementation of various techniques for monitoring individuals on the waitlist with 46B commitments in county jails. HHSC is providing this technical assistance through:

- Four two-hour long virtual training sessions
- Nine monthly one-hour technical assistance calls featuring expert speakers from across Texas and the country
- Ongoing one-on-one support to enhance collaboration and coordination with local mental health and justice system stakeholders.

Recommendation: Hays County should implement improvements to their competency restoration process identified in the Jail In-Reach Learning Collaborative facilitated by HHSC to improve managing the waitlist for competency restoration services. There should be an immediate priority of actively managing those persons found incompetent, including timely access to treatment while in the jail. A starting point for improved case management is to establish processes that inform Wellpath, the jail, and the Courts when competency exams are requested, completed, and a person is formally placed on the state hospital waiting list. Wellpath should prioritize initiating treatment once a competency evaluation is ordered, including providing medication when indicated. There should also be a process to ensure timely action by the Court when someone returns to the jail from a state hospital with competency restored. Wellpath should also ensure that persons returning from the state hospital remain on the medication and follow the treatment protocols started at the state hospital. Finally, Hays County should develop a process that allows for Court-ordered compelled medications to be administered in the Hays County Jail when appropriate.

Hays County Criminal Courts

Honorable Dan O'Brien, County Court at Law No. 3, is establishing a mental health treatment court for Hays County. Judge O'Brien plans to follow the protocols of the Hays County veterans' treatment court, which we discussed in detail in the Justice Involved Veterans section of this report. Judge O'Brien initiated the recent SIM workshop and has publicly expressed his commitment to the new mental health court functioning within an overall continuum of services within the criminal justice system.

Article 16.22 of the Code of Criminal Procedure provides a protocol for Courts to follow when a person who has been arrested shows signs of mental illness or an intellectual disability.[207] There are several detailed requirements, but the Article 16.22 process is summarized as:

- The sheriff or jail staff provide the magistrate court with notice that a person may have mental illness or an intellectual disability
- The magistrate can order an assessment be conducted, typically by the local mental health authority
- The magistrate provides copies of the written assessment report to the trial court, prosecutor, or defense attorney
- The trial court can use the assessment to continue criminal procedures, initiate a competency evaluation, determine punishment, or refer to a specialty court.

Finding: We found no evidence that Hays County is following the protocols of Article 16.22.
We learned in our stakeholder interviews with Sheriff's Department leadership that the Sheriff's Department does provide notice to the Courts of suspected mental illness and the Court does order a 16.22 evaluation as required by Article 16.22 of the Code of Criminal Procedures. However, the Court order does not result in an evaluation as there have been no staff resources allocated to completing the required evaluations and returning the results to the Court. The Sheriff's Department has recently provided funding for additional Wellpath mental health coordinators who may be able to fill this requirement. The Article 16.22 evaluations are needed to identify those persons with mental health needs to ensure treatment is provided while incarcerated and to facilitate diversion from jail to community-based treatment. The Article 16.22 process is a critical step in identifying persons with mental illness in the justice system and releasing the person from jail with appropriate community services. A detailed explanation of the importance of the Article 16.22 process can be found in the *Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book* produced by the Texas Judicial Commission on Mental Health. The Hays County SIM Workshop established a priority to "develop protocols for information sharing to support point of service decisions and to collect and produce the data needed to manage the system transformation."

[207] Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book (Third Edition). (2021). Judicial Commission on Mental Health. http://benchbook.texasjcmh.gov/

Following the requirements of Article 16.22 is an important step in collecting and producing the data and information needed to promote release from jail to community treatment and services.

Recommendation: Hays County should prioritize developing a process to complete the assessments required by Article 16.22 of the Code of Criminal Procedures. The workload of the additional Wellpath resources should be closely monitored to ensure that Article 16.22 evaluations are completed. Procedures for providing results of the evaluations to the Courts, prosecution, and defense attorney must be established.

Special Populations

Veterans

According to the United States Census Bureau more than 10,000 veterans reside in Hays County,[208] including almost 4,000 veteran households with children.[209] We estimate that around 1,600 veterans have mental health needs, and approximately 2,600 have substance use disorder (SUD) needs. It is uncertain how many suffer from cooccurring mental health and substance use needs, but for the Hays County veteran and military family community, seeking care close to home is a difficult task.

Hays County veterans do not have a U.S. Department of Veteran Affairs (VA) Health Care facility, and of the more than 10,000 veterans in Hays County, approximately one in three (slightly more than 4,000) have a service-connected disability and are eligible for health care from the VA. We know nationwide that approximately 49% of eligible veterans utilize at least one VA benefit,[210] which leaves the other 51% seeking services in the community, or worse, uninsured – and not seeking any services which could be needed.

Additionally, eligible veterans choosing to participate in VA services must leave the county and travel to Austin, New Braunfels, or farther for all levels of care. For veterans in need of residential care, Hays County is host to the newly opened Sunrise Rehab and Recovery, but due to insurance restrictions veterans must receive a VA referral before entering Sunrise's services. This means although there is a facility in Hays County, veterans must *leave* the county and go to a VA facility in order to receive a VA referral before they can enter Sunrise's services. This additional required step and travel outside of Hays County may lead some veterans to decide to forgo needed care.

Nationally, half of all VA eligible veterans either choose not to engage or cannot engage with the VA. In Hays County, veterans seeking out culturally competent non-VA mental health services in the community rely on Austin's Samaritan Center for Counseling and Pastoral Care, whose counselors provide a limited scope of therapies in borrowed space at the county courthouse or at the Texas State University campus in San Marcos.

Furthermore, veterans and their families may have difficultly knowing what services are available to them no matter where they turn. Before the COVID-19 pandemic, many of the veteran service organizations and representatives we interviewed noted a healthy collaboration

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[208] United States Census Bureau. (2021). *American Community Survey*. https://data.census.gov/cedsci/table?t=Veterans&y=2020&tid=ACSST5Y2020.S2101

[209] U.S. Department of Veteran Affairs. (n.d.) *Veteran Households with Children FY15.* https://www.va.gov/vetdata/report.asp

[210] *VA Utilization Profile 2017*. (2020). National Center for Veterans Analysis and Statistics. https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf

and exchange of information among organizations across disciplines. However, the pandemic practically eliminated collaborative efforts and severely limited the interaction and flow of information in the veteran serving community. The dearth of veteran mental health services combined with a lack of coordination amongst veteran serving organizations has created a complex environment for veterans who need care and are unable, or unwilling, to navigate different organizations and systems to access mental health care on their own.

Veterans Prevalence and Demographics Data

Table 28 provides details on the estimated population of veterans in Hays County in 2020. Approximately 10,000 veterans were living in Hays County, with most veterans being male (91%) and over 45 years old (80%). Approximately two-thirds (64%) of veterans identified as non-Hispanic White, followed by Hispanic or Latino (27%). The demographics of Hays County veterans are similar to veterans Texas (statewide), with a slightly higher percentage of Hispanic or Latino veterans living in Hays County. Around one-fifth of Hays County veterans were living in poverty (2,000 veterans). While veterans ages 21-44 made up only 21% of the veteran population, they accounted for 38% of veterans in poverty, showing that younger veterans in Hays County are more likely to live under 200% of the federal poverty line.

Table 28: Demographic Characteristics of Veterans in Hays County (2020)[211,212]

	Total Population	Population With SMI	Total Population in Poverty[213]	Population With SMI in Poverty
Veteran Population	10,000	300	2,000	100
Age				
17–20	---	---	---	---
21–24	1%	0%	4%	0%
25–34	10%	25%	17%	36%
35–44	10%	29%	17%	27%
45–54	20%	18%	11%	9%
55–64	20%	18%	17%	18%
65+	40%	11%	34%	9%
Gender				
Male	91%	77%	91%	82%
Female	9%	23%	9%	18%

[211] U.S. Census Bureau. (2022). American Community Survey 2016-2020 5-year data release. https://www.census.gov/data/developers/data-sets/acs-5year.2020.html

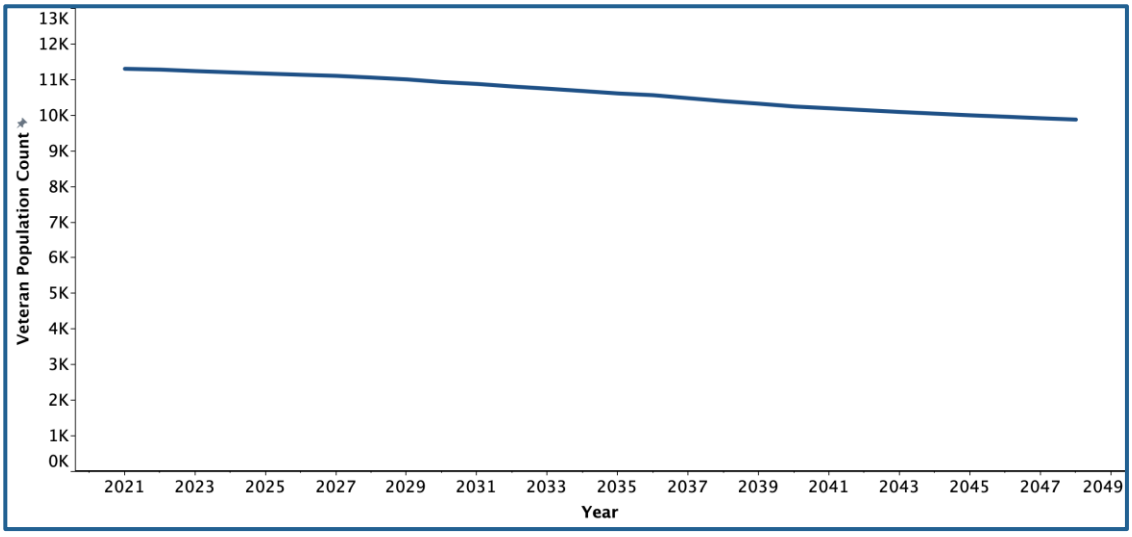
[212] All population estimates were rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, percentages may not always add up to 100%.

[213] "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region.

	Total Population	Population With SMI	Total Population in Poverty[213]	Population With SMI in Poverty
Race / Ethnicity				
Non-Hispanic White	64%	71%	61%	73%
African American	6%	4%	5%	0%
Asian American	0%	---	---	---
Native American	0%	0%	1%	0%
Multiple Races	2%	0%	3%	0%
Hispanic / Latino	27%	25%	30%	27%

Figure 22 below shows the projected population of Hays County Veterans through 2048. Between 2022 and 2048, the population of veterans is expected to decrease by roughly 12%, which is due to a large number of older veterans living in the county. This projected decrease in the number of veterans is similar to the decrease expected across Texas of 16%.

Figure 22: Projected Population Growth of Hays County Veterans (2020–2048)[214]



The twelve-month prevalence of behavioral health disorders among Hays County veterans is shown in Table 29. Approximately 3% of veterans were living with SMI, with 1% of veterans living in poverty with SMI. Post-traumatic stress disorder affected approximately 8% of all Hays County veterans, followed by major depression (5%). Many Hays County veterans had a SUD, with 20% having an illicit drug use-related SUD and 6% having an alcohol-related SUD. Fewer than six veterans were estimated to have completed suicide in Hays County in 2019.

[214] Estimated population of veterans obtained from the National Center for Veterans Analysis and Statistics (2019). Veteran Population by County. Available at https://www.va.gov/vetdata/veteran_population.asp.

Table 29: Twelve-Month Prevalence of Mental Health and Substance Use Disorders Among Veterans in Hays County (2020)[215,216,217]

Behavioral Health Condition	Prevalence (% of Population)
Total Veteran Population	**10,000**
Population in Poverty	2,000 (20%)
Mental Health Needs	
Serious Mental Illness (SMI)[218]	300 (3%)
SMI in Poverty[219]	100 (1%)
Major Depression[220]	500 (5%)
Bipolar I Disorder[221]	40 (<1%)
Post-Traumatic Stress Disorder[222]	800 (8%)
Number of Deaths by Suicide in 2020[223]	< 6
Substance Use Disorder (SUD) Needs[224]	
Alcohol-Related SUD	600 (6%)
Illicit Drug Use-Related SUD	2,000 (20%)
Nonmedical Use of Psychotherapeutics	400 (4%)
Nonmedical use of Pain Relievers	300 (3%)

U.S. Department of Veteran Affairs in Hays County

The likelihood of veterans with service-connected disabilities seeking VA health care increases with the veteran's disability rating[225] and the VA has no presence in Hays County. For the more than 4,000 Hays County veterans that have a disability rating and are eligible for VA

[215] All population estimates were rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, percentages may not always add up to 100%.
[216] The veteran population was also included in the prevalence estimates for adults.
[217] These estimates are based on historical patterns and do not include adjustments for changes due to the COVID-19 pandemic.
[218] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[219] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited., & U.S. Census Bureau (2022). Previously cited.
[220] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[221] Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.
[222] Veteran post-traumatic stress disorder (PTSD) was estimated using Lehavot, K., Katon, J. G., Chen, J. A., Fortney, J. C., & Simpson, T. L. (2018). Post-traumatic stress disorder by gender and veteran status. *American Journal of Preventive Medicine, 54*(1), e1–e9. 10.1016/j.amepre.2017.09.008
[223] Veteran suicide mortality obtained from The U.S. Department of Veteran Affairs (2022, September). Texas Veteran Suicide Data Sheet, 2020. https://www.mentalhealth.va.gov/suicide_prevention/data.asp.
[224] Local prevalence was estimated using Substance Abuse and Mental Health Services Administration (SAMHSA)'s Restricted Online Data Analysis System (RDAS). (2022, February). National Survey on Drug Use and Health: 2-Year RDAS (2019 to 2020). https://rdas.samhsa.gov/#/survey/NSDUH-2019-2020-RD02YR
[225] *VA Utilization Profile 2017*, (2020), National Center for Veterans Analysis and Statistics

services,[226,227] they must travel outside of the county to for VA health care. Veterans utilizing VA services for routine and outpatient care have the options of traveling to Community Based Outpatient Clinic (CBOCs) in Austin or New Braunfels; and for inpatient and residential care, veterans must travel to the Olin E. Teague Veterans' Hospital in Temple or the Audie L. Murphy VA Medical Center in San Antonio. According to the VA's national statistics, veterans between the ages of 25 and 34, and those over the age of 65 are more likely to use VA benefits (when compared by age groups).[228] Cumulatively, these two age groups make up almost half of Hays County's total veteran population and, as such, likely account for the bulk of the Hays County veterans currently utilizing VA health care in Austin and New Braunfels.

Table 30: Distance to Nearest Select Care Facility from Hays County

	Austin	New Braunfels	Temple	San Antonio
Community-Based Outpatient	32 miles	33 miles	--	--
Olin E. Teague Veterans' Hospital	--	--	98 miles	--
Audie L. Murphy VA Medical Center	--	--	--	66 miles

VA statistics for Hays County are limited. However, additional data from the Central Texas VA Healthcare System, of which Hays County is included, can help demonstrate the state of veteran mental health in the larger Central Texas area. According to the VA, 35.49% of veterans in the Central Texas VA Healthcare System who used VHA Services had a mental illness reported in any diagnostic field (i.e., percent of possibly mentally ill service users),[229] and 26.22% of veterans in Central Texas VA Healthcare System who used VHA Services had a confirmed mental illness.[230,231]

[226] United States Census Bureau. (2021). American Community Survey, Service-Connected Disability-Rating Status and Ratings for Civilians veterans 18 years and older. https://data.census.gov/cedsci/table?t=Veterans&g=0500000US48209&y=2020&tid=ACSDT5Y2020.B21100

[227] A 0% service-connected disability rating may be compensable or non-compensable and allows the veteran to access no-cost healthcare and prescription drugs at a VA medical facility for service-connected disabilities, travel allowances for scheduled appointments at VA medical facilities, or VA authorized health care facilities, and the use of commissaries, exchanges, and retail facilities.

[228] *VA Utilization Profile 2017*, (2020), National Center for Veterans Analysis and Statistics

[229] VHA prevalence and utilization data was obtained from the Northeast Program Evaluation Center (NEPEC). FY15 Annual Data Sheet on Mental Health. hmihiriyer.shinyapps.io/MentalHealth/

[230] VHA prevalence and utilization data was obtained from the Northeast Program Evaluation Center (NEPEC). FY15 Annual Data Sheet on Mental Health. hmihiriyer.shinyapps.io/MentalHealth/

[231] For this percentage, a confirmed mental illness is defined as at least two outpatient encounters with any mental health diagnosis in any diagnostic field, or an inpatient/residential stay in which the veteran had a primary mental health diagnosis. At least one of the outpatient stops must be an in-person encounter; i.e., both encounters cannot be telephone contacts. Stays include being in a bed at the end of the fiscal year.

Readily available access to VA health care is an important consideration for leaders in the community, as the economic impact of veterans and their families moving to and staying in Hays County is substantial. In Hays County the veteran population collectively received more than $105,124,000 in payments for VA compensation and pensions in fiscal year 2021 (FY21).[232] On top of that, the VA spent more than $41,209,000 in medical and behavioral health care for veterans residing in Hays County in FY21 in facilities outside of Hays County.[233]

Hill Country MHDD Veteran Services

Hill Country MHDD provides another access point to mental health for veterans and tracks veteran and military affiliated family status as part of the intake process. However, in 2021, only 18 veterans had been identified as Hill Country MHDD.[234] Between 2018-2020, Hill Country MHDD never identified more than 16 veterans participating in mental health services in a single year. Certified as a Community Behavioral Health Clinic (CCBHC) in 2021, Hill Country MHDD has met the Substance Abuse and Mental Health Services Administration (SAMHSA) certification standards for serving the service member, veteran, and family (SMVF) community. As a CCBHC, Hill Country must incorporate and implement those standards of care, to include that all staff are trained in Military Cultural Competency, so that their system is prepared to serve the SMVF community. As a standard, all Hill Country MHDD staff must attend an initial training, and subsequent annual refresher training, on military and veteran culture to ensure that all care is provided with cultural competence.

However, during stakeholder interviews Hill Country MHDD was never identified as a veteran serving organization, or even recognized as providing military culturally competent services. The veteran community, including veteran serving organizations in Hays County, is not aware that Hill Country MHDD trains clinicians to provide culturally sensitive services to veterans. This lack of awareness leads other high visibility veteran programs, like the Veteran Treatment Court, Veteran County Service Officer, and Texas State University's Veteran's programs, to seek out other community partners, like the Samaritan Center, for clinical services and perpetuates the perception that Hill Country MHDD does not have anything to offer veterans.

Hill Country MHDD does, however, house a nonclinical veteran-focused program called the Military Veteran Peer Network (MVPN). The MVPN Coordinator is funded by the State of Texas through the LMHA and trained by the Texas Veterans Commission's Veterans Mental Health Program to provide peer-to-peer support through training, technical assistance, and connection to a statewide network of military trauma-affected veteran peer support. As a local level

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[232] U.S. Department of Veterans Affairs. (n.d.) *Summary of Expenditures by State for Fiscal Year 2021.* https://www.va.gov/VETDATA/Expenditures.asp
[233] U.S. Department of Veterans Affairs. (n.d.) *Summary of Expenditures by State for Fiscal Year 2021.* https://www.va.gov/VETDATA/Expenditures.asp
[234] Data provided by Hill Country MHDD (personal communication).

connector to mental health providers, the MVPN coordinator and a cohort of trained volunteer peers provide Hill Country MHDD with outreach efforts that engage and identify veterans that need mental health services but have not yet connected with a provider. MVPN Coordinators are also notified of veterans that enter the justice system and identified through the VA's Veteran Re-entry Search System (VRSS), a web-based system that identifies veterans in county jails. Once identified, the veterans in jail receive a postcard from the Sheriff's Office that can be mailed to the Texas Veterans Commission (TVC). Upon receipt, the TVC will notify the local MVPN coordinator, and if the veteran is still in jail, the MVPN coordinator will visit and evaluate what services that veteran might need on release.

The MVPN Coordinator is responsible for tracking the types and number of services provided to veterans and family members in the community, and reporting that data to the Veterans Mental Health Department at TVC. The current reporting system for MVPN relies on the individual coordinator to categorize their interactions into three broad categories: Peer Support Coordinator Service, Peer Support Coordinator Training, and Peer Support Coordinator Justice Involved Veterans Engagement. The MVPN reporting expectations set by TVC does not account for the duplication of veterans or family members or require any specificity as to what type of referral (mental health, VA benefits assistance, peer support, etc.) is being provided. Due to possibility of over-reporting or underreporting, it's not possible to determine the efficacy of veterans accessing mental health programs through coordinator referrals. Hill Country MHDD has recently hired a new MVPN Coordinator, officed in Hays County, who is in the process of reestablishing the MVPN program in Hill Country MHDD's service area. The previous coordinator reported modest numbers of interactions in all three categories of reporting, averaging less than 200 peer support services, five training, and 72 justice involved veteran engagements per quarter since the start of FY21. However, the FY22 Q3 report is a good example of how an individual's interpretation of TVC's reporting guidelines can create vastly different reports in the same community.

Table 31: Hill Country MHDD MVPN Encounters FY21 Q4–FY22 Q3[235]

Hill Country MHDD MVPN Encounters FY21 Q4 Q1 – FY22 Q3			
Fiscal Year and Quarter	**Peer Support Service/ Referrals (Mental Health, VA Benefits, etc.)**	**Peer Support Training**	**Justice Involved Veteran Engagements**
FY 2021 Q4	221	7	0
FY 2022 Q1	167	1	67
FY 2022 Q2	138	0	61
FY 2022 Q3	1,542	194	14

[235] Data provided by Texas Veteran Commission (personal communication).

That said, the reporting requirement for the TVC is just that, a minimum of information that the state agency requires. There is an opportunity for Hill Country MHDD to require more detailed documentation on veteran engagement and use it to make better informed decisions on how to support their veteran community's mental health needs. A starting point would be finding out how many and where veterans and family members are being referred to for mental health, housing, financial, and other social determinants of health supports.

Sunrise Rehab and Recovery

Sunrise Rehab and Recovery (Sunrise) is an intensive residential treatment program designed specifically for veterans, and focuses on chemical dependency, post-traumatic stress (PTS), depression, anxiety, and sexual trauma. Sunrise utilizes a Medical Director and Clinical Director to provide rapid screening of referrals for same day admissions (when possible), and leans on a team of social workers, nurses, and counselors to provide care throughout the veterans stay. Veterans are provided with 30-, 60-, and 90-day plans for completion of care and discharge, and are able to participate in an assortment of services during their stay including:

- Individual and group therapy
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Eye Movement Desensitization Reprocessing
- 12-Step facilitation
- Grief Therapy
- Detoxification
- Medication Assisted Therapies

Currently, Sunrise is only receiving veterans through VA referrals due to insurance limitations with TriWest Healthcare Alliance. The insurance limitation presents a barrier to community clinician referrals and local veteran access, since Sunrise can only admit veterans through referrals directly from the VA and there are no VA sites in Hays County. As such, the veteran population participating in services at Sunrise hail from across Texas. It is possible for a Hays County veteran to be referred but s/he must leave Hays County to visit a VA facility to receive a referral. Further, these insurance limitations have restricted the number of veterans admitted for treatment – an average census of 6 out of 24 beds filled – leaving many beds habitually unused. Leadership at Sunrise has recognized the impediment to care this has caused and has begun the process to expand their accepted insurances to include private healthcare (but has not yet completed the process).

Additionally, opening during the COVID-19 pandemic dampened the visibility and awareness of Sunrise's services. This is the only veteran specific mental health facility in Hays County and will

be an important piece in building out the rest of the of the mental health continuum of care for veterans.

Texas State University

Texas State University (TSU) has been recognized nationally as a military-friendly institution, and with almost 7% (more than 2,500) of the student population using the GI Bill, TSU has taken a thoughtful and serious approach to the supports needed for their student veterans. A Veteran Advisory Council, composed of representatives from every department that interacts with a veteran in some fashion, meets regularly and uses a coordinated model to identify veteran needs, gaps, and outreach efforts that guide decisions on veteran affairs on campus. A tangible result of these efforts led to an MOU with the Samaritan Center to position a counselor in the TSU School of Social Work to provide resources and counseling.

Additionally, as part of the access veterans gain as admitted students, the TSU Counseling Center is available at no cost to the student during business hours Monday-Friday. Outside of business hours during the week, and during the weekend, student have access to a 24/7 counseling hotline that can initiate EMS and, if needed, MCOT. Using a short term/brief model, the counselors at the counseling center do not diagnose or provide intensive therapies. If the veteran needs long term or more intensive therapies, the counselors transition into advocates and provide guidance on how to find a provider, assist navigating insurance and VA benefits, and make every effort to ensure that veterans are going to trusted community providers equipped to provide them appropriate and timely services. In the past academic year, the student counseling center saw 49 veterans.[236]

Samaritan Center for Counseling and Pastoral Care

The Samaritan Center for Counseling and Pastoral Care presence in Hays County has been an important resource for veterans with mental health needs that either choose not to or cannot access VA health care. Through funding provided by the Texas Health and Human Services Commission's (HHSC's) Texas Veteran + Family Alliance Grant program and the Texas Veterans Commission's Fund for Veteran Assistance, the Samaritan Center has been able to provide limited services to Hays County Veterans. Counselors are available each Wednesday at the Hays County Courthouse, and at the Texas State University's San Marcos campus for mental health services. Availability of counseling services are limited by financial resources and dedicated space. However, in the past calendar year, despite limited staff availability, the Samaritan Center provided counseling services to 64 veterans, active-duty service members, and their families.

[236] Data provided by Texas State University (personal communication).

Veterans Mental Health: Findings and Recommendations

Finding: The Samaritan Center is the primary mental health care provider for veterans in Hays County but access to services is restricted due to time and staffing constraints. Community members consistently named the Samaritan Center as the most visible and preferred resource for veterans and family members seeking mental health care.

Recommendation: Hill Country MHDD should explore contracting veteran mental health services in Hays County to the Samaritan Center. As a certified CCBHC, Hill Country MHDD has the ability to improve and expand the delivery of mental health services to veterans and their families through a partnership with an established community provider.

Recommendation: If Hays County builds a health and wellness center, outpatient office space should be dedicated to veterans' mental health to increase availability and visibility of services to veterans. (See more details in the report section on Option 1: Health and Wellness Center.) The current one-day-a-week arrangement with Samaritan Center at the county courthouse severely limits access to mental health resources for veterans and their families. However, a commitment to veteran specific office space in the health and wellness center would allow the Samaritan Center to provide a safe, predictable, and more accessible environment for veterans to engage with mental health services in Hays County.

Justice Involved Veterans

According to the Hays County Law Enforcement Center (HCLEC), 331 veterans have been identified in VRSS by Hays County Law Enforcement Center from July 2021 to June 2022.[237,238] Veterans or active-duty service members that have been charged with a misdemeanor or felony that can be reduced to a misdemeanor and are identified as having substance dependency or mental health issues connected to physical and emotional injuries sustained during their service that have influenced that veteran's criminal conduct, may be eligible for apply for Hays County's Veteran Treatment Court (VTC). The VTC, presided by the Judge Chris Johnson, provides an alternative to the traditional criminal justice system by diverting veterans from jail to rehabilitation services for substance abuse, mental health treatment, and supportive services. Veterans are identified through jail and court screening and assessments, lawyer and District Attorney-referrals, and self-referrals. After acceptance into the VTC, veterans and service members are monitored for participation and progress through the program and must satisfactorily complete the conditions set by the court to graduate over one year minimum. These conditions include mental health and substance use treatments, in addition to

[237] Data provided by Hays County Law Enforcement Center (personal communication).
[238] The number of veterans retrieved from the U.S. Department of Veteran Affairs' Veteran Re-Entry Search Services (VRSS) program use by correctional and other criminal justice system entities to identify inmates or defendants who have served in the United States military. County procedures for VRSS system use vary and veterans may be searched multiple times resulting in inflated numbers.

attendance at any court mandated appearances and other requirements meted out by the Veteran Treatment Court Judge. If VTC participants choose, they can remove themselves from the program; they can also be removed from the program entirely if they are noncompliant with, or fail, program requirements. Veterans successfully completing the program can have their case-related criminal records expunged.

A key partner for the VTC is the VA clinic in Austin, where the VA's Veteran Justice Outreach Coordinator (VJO) for Central Texas is located. To help navigate VA resources, the VJO will help VTC veterans access VA services as part of the treatment plan set by the court. This is an important relationship for veterans eligible for VA health care services and able to leverage those services to satisfy mental health and substance use needs. However, veteran's ineligible for VA services will have to navigate providers through private insurance. In some cases, if the veteran is unable to access or afford mental health services due to financial constraints, the VTC can use grant funds to help veterans obtain mental health services through private providers. Hill Country MHDD is not used for these services, and MVPN does not have a current presence in the VTC.

Overall, the Hays County Veteran Treatment Court has been successful when compared to other Veteran Courts in Texas. Since 2014, the VTC has graduated more than 130 veterans with a graduation rate of almost 81%, and, of those graduated, only experienced a recidivism rate of 6%. Table 32 below demonstrates the most recent results from the program.

Table 32: Hays County Veteran Treatment Court 2019–Current

Hays County Veteran Treatment Court[239]				
Year	**Graduates**	**Removed from Program**	**Voluntary Removal**	**Graduation Rate**
2019	12	1	0	92%
2020	26	1	1	96%
2021	13	0	0	100%
2022[240]	9	3	2	67%

Transition-Age Youth and First Episode Psychosis

The first experience of psychosis (also known as first episode psychosis) is an often terrifying and bewildering experience for individuals and their families. People report experiencing difficulties making sense of reality and difficulty with thoughts and perceptions, however everyone's experience of psychosis is different. According to the National Alliance on Mental Illness (NAMI), early intervention is critical for successful treatment outcomes—that is,

[239] Data provided by Hays County Veteran Treatment Court (personal communication).
[240] Data accurate as of July 31, 2022 and is subject to change based on rolling admissions to the VTC program.

connecting to treatment during the first episode (or as early as possible) of psychosis can have a tremendous positive impact on achieving recovery.[241]

Finding: Prevalence data for Hays County indicates at least 30 transition-age youth (18-24) will experience first episode psychosis each year. Coordinated specialty care is the gold standard treatment for first episode psychosis but is not currently offered in Hays County. As noted, prevalence data for Hays County indicates roughly 30 transition-age youth (ages 14-24) experience first episode psychosis each year, meaning that while it is rare, there is a clear need for treatment options in Hays County. The most effective treatment for first episode psychosis is coordinated specialty care (CSC), a multi-disciplinary treatment team that provides support to patients more robust than the typical office visits and medication management. CSC is the gold-standard for treating first episode psychosis and helps eliminate the elevated risk of violence for people experiencing psychosis. The goal of CSC is to provide effective treatment and support as early in the course of illness as possible so people can remain on a healthy developmental path. Current research shows participants in CSC programs are able to reduce their number of inpatient hospitalizations, heling to keep them in the community and preserving their social functioning and quality of life.[242] This is particularly critical for transition-age youth, as they are just beginning to step into their adult lives—the earlier they can receive treatment and support, the more likely they are to be able to continue to pursue self-determined lives in their community without having to rely on costly, disruptive, and ineffective inpatient treatment.

According to Hill Country MHDD, they currently do not provide CSC services. They report the primary barrier to implementing this program is securing the staff needed to implement the model to fidelity. To maximize their service offerings with current staff, they are prioritizing programs like the YES waiver and other services that reach a broader population. However, Hill Country MHDD expressed interest in starting a CSC program when they can meet the required staffing needs.

The Coordinated Specialty Care Model

Coordinated specialty care (CSC) is an intensive, team-based, multi-intervention approach to treating youth and young adults experiencing the onset of psychosis. This approach involves multiple services, including:

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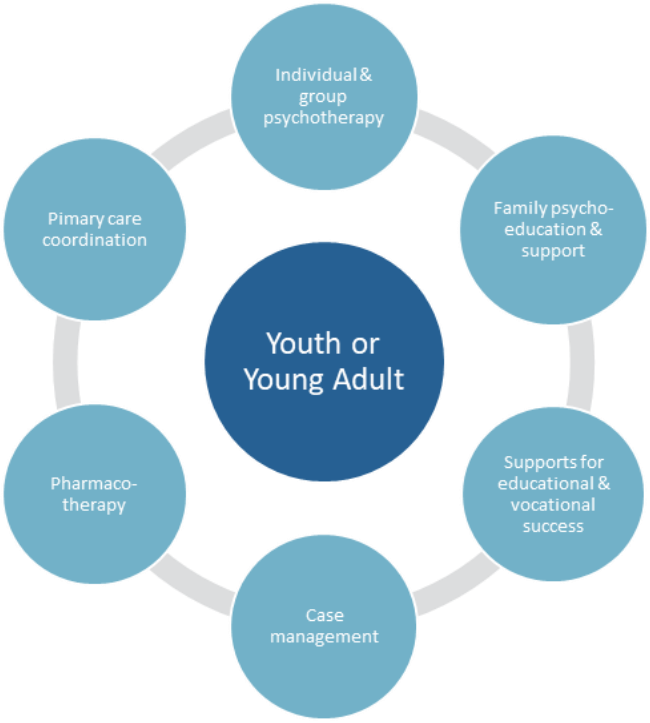
[241] NAMI Texas. "What is Early and First-Episode Psychosis?" (July 2016). https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/What-is-Early-and-First-Episode-Psychosis.pdf

[242] Westfall, Megan B. E., Christian G. Kohler, Irene Hurford, Courtney Abegunde, Dominick Agosti, Aaron Brinen, Mary Lyn Cadman, et al. "Pennsylvania Coordinated Specialty Care Programs for First- Episode Psychosis: 6- and 12-month Outcomes." Early Intervention in Psychiatry 15, no. 5 (October 2021): 1395–1408. https://doi.org/10.1111/eip.13084.

- Individual and group psychotherapy
- Pharmacotherapy
- Family psychoeducation and support
- Case management
- Individualized assessments, training, and supports integrated with treatment to achieve and maintain educational and vocational success
- Primary care coordination.

Figure 23: Coordinated Specialty Care Approach



CSC services are individualized, meaning the intention and duration of services are based on the participants needs and goals. The typical program provides services for 24 months; however, some programs can provide care for up to 36 months. Evidence from multiple studies indicates most patients need at least two years of treatment to achieve success—however, it again should be noted these programs are individualized and should be based on the unique needs of the patient rather than one standard treatment directive.

Recommendation: Utilize a coordinated, multiple-entity approach to build and implement a CSC program in Hays County. According to feedback from county stakeholders, the primary barrier to implementing a CSC program in Hays County has been a lack of staff resources available at a single entity to implement the program with fidelity to the model and in alignment with contract requirements**.** Funding for a CSC program is available through the Health and Human Services Commission (HHSC) and the Local Mental Health Authority, Hill Country MHDD, is likely the best suited to act as the primary contracting entity for this funding. To overcome the resource barriers currently preventing implementation, Hill Country MHDD and Hays County should explore coordination and subcontracting arrangements with other entities with expertise in psychiatry, psychology and other licensed clinical providers like Dell Medical School and Texas State University to provide components of the program currently unavailable. With the staffing and resource related challenges addressed via this type of collaborative contracting arrangement, Hill Country MHDD can develop a comprehensive billing

and reimbursement methodology by leveraging the funding available through HHSC for individuals without a payor and to supplement components of the program not reimbursable by commercial and Medicaid payors.

Children and Youth

For this report, the Meadows Institute conducted an assessment on mental health needs and supports for Hays County children and youth with a focus on the following topics:

- Crisis and intensive community-based services
- Juvenile justice
- Schools

The child and youth focused portions of this assessment are integrated into larger system findings in some instances, whereas some sections are population specific. The framework we used to evaluate child and youth serving systems and services is based on our comprehensive system of care for pediatric behavioral health which is described below. We recognize that no community in Texas or the nation currently has services and supports that make up a comprehensive continuum of care. However, this framework serves as a valuable benchmark for evaluating need and care. When evaluating schools and districts, we also use the Multi-tiered Systems of Supports Framework which will be described in detail in that section.[243]

A Comprehensive System of Care for Pediatric Behavioral Health

Half of all mental health conditions manifest by age 14 and 75% by age 24,[244] and yet individuals often do not receive care until symptoms have been present for years and needs become acute.[245] This demonstrates that we are missing an opportunity to intervene at a time when services can have the most impact. Moreover, no community in Texas or the nation currently has services and supports that make up a comprehensive continuum of care. Today, most care is delivered in primary care settings by providers without adequate supports to detect and treat emerging concerns. These same providers often struggle to connect patients with more complex needs to appropriate specialty providers, who may be in short supply, do not accept certain types of insurance, are located far away, or are not accepting new patients. Because of the challenges in accessing treatment in the current system, many opportunities to respond early are missed. These missed opportunities often result in an exacerbation of conditions. As a result, historically too many children and youth have received their first mental health treatment in a juvenile justice facility or an emergency department.

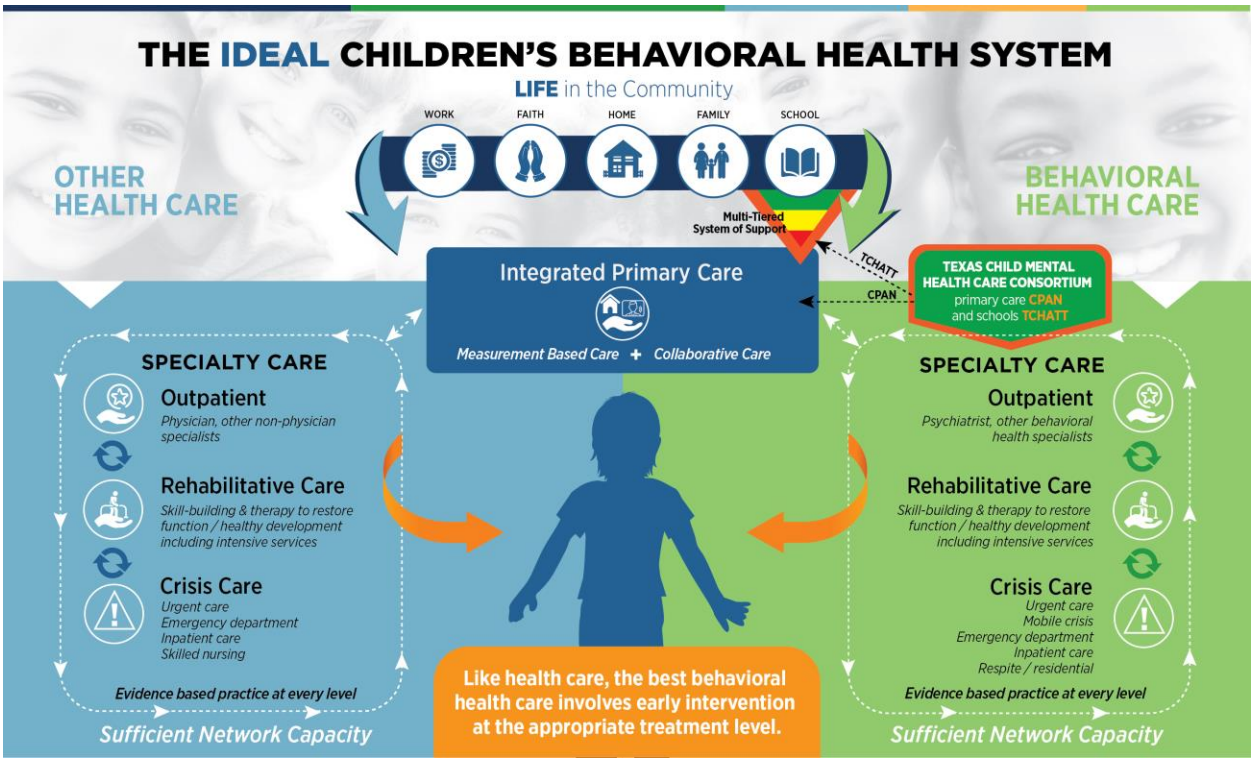
To better address mental illness that often begins in adolescence, we need to rethink the way health systems are organized so they can provide care to children, youth, and families sooner and more effectively. The Meadows Institute developed the Mental Health Systems Framework

[243] Texas Education Agency. (n.d.). *MTSS Overview*. Retrieved September 26, 2022, from https://tier.tea.texas.gov/sites/tier.tea.texas.gov/files/2020-12/MTSS-Overview.pdf
[244] Texas Education Agency. (n.d.). MTSS Overview. Retrieved September 26, 2022, from https://tier.tea.texas.gov/sites/tier.tea.texas.gov/files/2020-12/MTSS-Overview.pdf
[245] Wang, P. S., Berglund, P. A., Olfson, M., & Kessler, R. C. (2004). Delays in initial treatment contact after first onset of a mental disorder. *Health Services Research, 39*(2), 393–415.

for Children and Youth (framework) to illustrate the components that make up a comprehensive continuum of care for children and youth. The five overall components are described in Figure 24. These components include strategies to support needs ranging from mild to moderate, intensive, and crisis.

As we summarize the framework, please keep in mind that no community in Texas or anywhere in the nation currently offers this full range of care. Although examples of the best practices described below are increasingly available in communities across the nation, most mental health care today is delivered without the coordinated array of supports required to detect and treat such health needs early and effectively.

Figure 24: The Ideal Children's Behavioral Health System



Framework Components

- **Life in the Community (Component 0),** as depicted at the top of the figure, includes the range of community settings where children and families spend their time. Health needs – including diseases affecting the brain such as mental health disorders as well as other pediatric health conditions, both chronic (like diabetes) or acute (like orthopedic accidents) – occur in the social context of life: home, family, schools, faith communities, foster care, juvenile justice settings, and other places where children, youth, and their families spend their time. The types of health care services that occur here are prevention and early intervention as well as supports for children, youth, and families

with more serious needs who require interventions in their home and community. This includes services embedded in other child-serving organizations, including schools (note the symbol for Multi-tiered Systems of Support, which is the primary framework we describe in the report for organizing the full range of needed school-based mental health supports, from prevention to treatment).

- **Integrated Primary Care (Component 1)** are the health settings where all children should receive routine medical care and where the vast majority of children and youth with mild-to-moderate mental health needs should receive mental health care. The family doctor's office is in the center of the diagram because this represents the best place to detect any health need early and successfully provide routine care. Integrating mental health treatment into pediatric primary care settings is an essential strategy for increasing access to mental health services for children and youth, treating those with most mild-to-moderate conditions in primary care, and creating referral pathways for those in need of more specialized and intensive care.[246] The majority of Hays County children and youth suffering from mild-to-moderate anxiety, depression, attention issues, and other behavior challenges each year (about 8,000 of 40,000 total children and youth with mental health conditions in Hays County) could have their needs adequately addressed in such settings if detected early and treated with adequate supports to the primary care provider (such as the Child Psychiatry Access Network – or CPAN – a program that was launched in May 2020), particularly if the clinical setting offers collaborative care (which pays for a behavioral health specialist in the primary care office, either in person or through telehealth).[247,248,249]
- **Specialty Outpatient Care (Component 2)** is the level of the system that most people tend to think of when imagining mental health care: a mental health (other behavioral health) specialist such as a psychiatrist, psychologist, social worker, therapist, counselor, or nurse practitioner providing care in a clinic or office. However, research shows that such care is only needed for children and youth with moderate-to-serious needs in a well-functioning system that routinely provides adequate primary care supports to the family doctor. Specialty care is essential for both assessing more complex conditions and providing ongoing care for conditions like bipolar disorder, posttraumatic stress, serious depression, and other more complex disorders that require specialized interventions beyond the capacity of integrated primary care. This level of care includes the typical example of a clinician in an office as well as more novel approaches using telehealth

[246] Straus, J. H., & Sarvet, B. (2014).
[247] Shippee, N. D., Mattson, A., Brennan, R., Huxsahl, J., Billings, M. L., & Williams, M. D. (2018). Effectiveness in regular practice of collaborative care for depression among adolescents: A retrospective cohort study. *Psychiatric Services, 69*(5), 536–541. https://doi.org/10.1176/appi.ps.201700298
[248] Kolko, D. J., Campo, J., Kilbourne, A. M., Hart, J., Sakolsky, D., & Wisniewski S. (2014).
[249] Richardson, L. P., Ludman, E., McCauley, E., Lindenbaum, J., Larison, C., Zhou, C., Clarke, G., Brent, D., & Katon, W. (2014).

such as the new Texas Child Health Access Through Telemedicine (TCHATT) program for underserved Texas schools that launched in May 2020. We estimate that less than one fifth (16%) of children and youth with mental health conditions (about 6,400 of the 40,000 total children and youth with mental health conditions in Hays County) need specialty outpatient care each year.

- **Specialty Rehabilitative Care (Component 3)** includes the broad range of evidence-based services necessary to address more serious conditions that result in functional impairments such as first episode psychosis and serious behavioral impairment that too often, if untreated, can lead to serious problems at home or school and even involvement in the juvenile justice system. Such care needs to address both the underlying clinical needs and the associated serious functional impairment in multiple life domains. Each year, about 3,200 children and youth in Hays County suffer from these more serious and often chronic needs and impairments that require specialty rehabilitative care. This includes intensive home and community-based services for the children and youth with the most serious needs and who face the greatest risk for out-of-home or out-of-school placement each year. Our data indicates that there are 100 children or youth in Hays County at-risk for out-of-home placement.
- **Crisis Care (Component 4)** is essential to effectively respond to the acute needs of children, youth, and their families that can flare up at any level of care. Crisis services are not intended as substitutes for routine, ongoing care. However, even with optimal levels of the right kinds of prevention, primary care, specialty, rehabilitation, and intensive services, any health condition can become acute at times and require urgent intervention to respond to crises that can jeopardize a child or youth's safety and functioning. Crisis care ideally includes mobile teams that respond to urgent needs outside the routine delivery of care and offers a continuum of time-limited out-of-home placement options ranging from crisis respite to acute inpatient to residential care. In addition to preventing a potentially dangerous escalation of a mental health condition, crisis services also create connections between the crisis care continuum and ongoing care.

Readers should be mindful that this description of an ideal system serves as a benchmark for assessing current services and envisioning future improvements. A key premise of this report is that if mental health needs could be detected sooner, children, youth, and families could be linked to needed care and supports earlier and placed on a path for healthy development.

School Mental Health Snapshot

Given the broad nature of this assessment, our focus for children and youth was on those with mental health concerns, which mirrors how we approached adult services. However, it is important to recognize that there are important distinctions both in service systems and how needs progress between children and adults. For example, schools have widely varying roles in

how they influence student mental health. In some cases, experiences at school can perpetuate or worsen an emerging mental health condition. But in many cases, schools have a significant role in identifying and working with community partners to ameliorate student mental health concerns.

Recognizing the significance of schools in the children's mental health landscape, we engaged several Hays County school districts and school partners as part of this project. This included interviews with individuals from Hays Consolidated Independent School District (ISD), Dripping Springs ISD, Wimberley ISD, and representatives from the San Marcos CISD School Board, Community Action, and the Hays Safety Board. We used the Multi-Tiered Systems for Support (MTSS) as the framework for our school analysis to help understand the mental health landscape within each district. The MTSS framework includes universal promotion strategies for all students (Tier 1), targeted services and supports for a smaller group of students experiencing or at risk of experiencing a mental and behavioral health challenge (Tier 2), and specialized and individualized services for the small number of students with complex mental and behavioral health needs that Tier 1 or Tier 2 programs cannot adequately meet (Tier 3).[250] MTSS is considered an evidence-based framework for integrating services to address academic and behavioral needs.[251]

Because the MTSS framework covers a full continuum of support, we created the table below to provide a high-level snapshot of what Hays County school districts are doing to address school mental health at each of the three tiers. While this table provides perspective on the school mental health landscape in Hays County, it is not an exhaustive list of relevant activities and services across all campuses, which would require a more focused assessment to capture in full.

[250] American Institutes for Research. (2017, September). *Mental health needs of children and youth: The benefits of having schools assess available programs and services*. https://www.air.org/sites/default/files/downloads/report/Mental-Health-Needs-Assessment-Brief-September-2017.pdf

[251] *ESSA and MTSS for Decision-Makers*. (n.d.). National Association of School Psychologists (NASP). Retrieved November 15, 2022, from https://www.nasponline.org/research-and-policy/policy-priorities/relevant-law/the-every-student-succeeds-act/essa-implementation-resources/essa-and-mtss-for-decision-makers

Table 33: MTSS Overview for Hays County Districts

MTSS Overview for Hays County Districts				
Strategy/Intervention	**Hays Consolidated ISD**	**Dripping Springs ISD**	**Wimberley ISD**	**San Marcos Consolidated ISD[252]**
Tier 1				
Schoolwide/classroom behavioral expectations[253]	Y	Y	Y	Y
Campus-based acknowledgment system[254]	Hays High Five	Tiger Stripes	Unknown	Rattler Recap
School uses data to evaluate student behavior.	Y	Y	Y	Y
Communities In Schools	14 of 26 campuses	N	N	5 of 9 campuses
Uses executive function and self-regulation skill-strengthening curriculum.	Y	Y	Y	Y
School Climate Assessment	Youth Risk Behavior Survey	Panorama	Yes, but not publicly available.	Youth Risk Behavior Survey
Professional Development				
Youth Mental Health First Aid	Y	Y	Y	50%
Tier 2				
Small Groups	Y	Y	Y	Information not obtained
Mentoring	Y	Y	Y	Information not obtained
Communities In Schools	14 of 26 campuses	N	N	5 of 9 campuses

[252] Information on San Marcos CISD was obtained from an interview with a school board member and viewing the official district website.
[253] These can be a set of characteristics or goals set by the district or campus which are exemplified in all common areas and classrooms.
[254] Students and staff are recognized at campus and/or district level communication. Examples are a district newsletter or morning announcements.

MTSS Overview for Hays County Districts				
Strategy/Intervention	**Hays Consolidated ISD**	**Dripping Springs ISD**	**Wimberley ISD**	**San Marcos Consolidated ISD[252]**
Tier 3				
Texas Children's Health Access Through Telemedicine (TCHATT)	Y	Y	Y	Y
Mobile Crisis Response (MCOT)	Y	N	N	Information not obtained
Communities In Schools	14 of 26 campuses	N	N	5 of 9 campuses
Community Partners	Texas State Social Work Interns	Samaritan Center Vida Clinic	Wimberley ISD Wellness Center	San Marcos Mental Health Officers (PD) Green Dot by Altruistic

Finding: There are rising community concerns related to student substance use and mental health. Findings from this analysis are incorporated into the recommendations presented later in this section.

Recommendation: Given the complex but critical nature of schools in the children's mental health landscape, we recommend a more focused assessment of the full MTSS continuum across Hays County schools. This analysis would be particularly timely given rising community concerns related to student substance use and mental health. In keeping with our focus on children and youth with existing mental health concerns, the school analysis conducted for this assessment centered around Tier 2 and Tier 3 needs and supports.

Community-Based Services for Children and Youth with High Complexity Needs

Intensive community-based services are a critical component of the children's behavioral health continuum of care. These services, which can be provided in a home, school, or other community settings, can address a child or youth's behavioral health needs before they reach a point of crisis, or their mental health deteriorates to a point where they require more restrictive care like inpatient hospitalization. Additionally, after a mental health crisis, intensive community-based services also provide the level of clinical intervention and support necessary to successfully return each child or youth to a healthy developmental trajectory within their home and community. In either situation, community-based services and supports must be provided in a context that is child-centered, family-focused, strengths-based, culturally competent, and responsive to each child and youth's psychosocial, developmental, and treatment needs. When services can be provided in home and in community settings, the

clinician can better observe family dynamics; identify what is important to the child/youth and family; understand the roles of language, culture, and religion; and consider whether extended family or friends are available to support the child or youth. The team can also gain information about the family's general welfare and help the family obtain food, clothing, and other key resources that enable children and youth to thrive. When services are arranged through the school, the clinical team can also get a better understanding of things like peer dynamics and academic considerations. The clinical team is then able to connect the child/youth and family to resources and additional services based on what they observe. Despite the numerous benefits of these types of services, they are often scarce because they are more complex to pay for and less engrained in the larger healthcare landscape, which has traditionally favored in-office and institutional types of care. Intensive community-based programs and services frequently available in communities across Texas include the Youth Empowerment Services (YES) Waiver, Multisystemic Therapy (MST), Parent-Child Interaction Therapy (PCIT), and Coordinated Specialty Care (CSC). Like most interventions, these services are targeted toward specific populations and needs and, when available, can help create a comprehensive array of services able to meet the unique needs of the children and youth in a community.

Parent-Child Interaction Therapy has strong support as an intervention for use with children ages three to six who are experiencing oppositional disorders.[255,256,257] PCIT works by improving parent-child attachment by coaching parents on how to manage their child's behavior. It uses structural play and specific communication skills to help parents implement constructive discipline and limit setting and teaches parents how to assess their child's immediate behavior and give feedback while an interaction is occurring.

Multisystemic Therapy is a well-established evidence-based practice for youth living at home with more severe behavioral problems related to willful misconduct and delinquency, and it has proven outcomes and cost benefits when implemented with fidelity.[258,259] In addition, the developers are currently working to create specialized supplements to meet the needs of

[255] Chaffin, M., Silovsky, J., Funderburk, B., Valle, L., Brestan, E., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, *72*(3), 500–510.
[256] Eyberg, S. M. (2003). Parent-child interaction therapy. In T. H. Ollendick & C. S. Schroeder (Eds.) *Encyclopedia of Clinical Child and Pediatric Psychology*. Plenum.
[257] Querido, J. G., Eyberg, S. M., & Boggs, S. (2001). Revisiting the accuracy hypothesis in families of conduct-disordered children. *Journal of Clinical Child Psychology*, *20*, 253–261.
[258] Huey, S. J. Jr., Henggeler, S. W., Brondino, M. J., &, Pickrel, S. G. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. J*ournal of Consulting and Clinical Psychology*, *68*(3), 451–467.
[259] Schoenwald S. K., Henggeler S. W., Pickrel S. G., & Cunningham, P. B. (1996). Treating seriously troubled youths and families in their contexts: Multisystemic therapy. In M. C. Roberts (Ed.), *Model programs in child and family mental health*, 317–332. Lawrence.

specific sub-groups of youth. MST is an intensive, home-based service model provided to families in their natural environment at times convenient to the family.

Coordinated Specialty Care for first-episode psychosis is delivered by a multi-disciplinary team of mental health professionals, including psychiatrists, therapists and substance use disorder (SUD) counselors, employment specialists, and peer specialists. CSC is individually tailored to the person experiencing early psychosis and it actively engages the family in supporting recovery. CSC provides effective treatments for psychosis, including medication management, individual therapy, and illnesses management as well as other less common evidence-based approaches such as Supported Education and Supported Employment that are known to help people with serious mental illnesses retain or recover a meaningful life in the community.

The Youth Empowerment Services Waiver program provides specialized services to children and youth ages three to 18 years whose mental health needs are so serious that they would otherwise need institutional care, or whose parents would turn to state custody for care. Children, youth, and families receive services that are identified through the wraparound planning process, coordinated by a designated provider. Services available as part of the YES Waiver include respite care, adaptive aids and supports, community living supports, family supports, minor home modifications, non-medical transportation, paraprofessional services, professional services, supportive employment services, supportive family-based alternatives, and transitional services.

Intensive Services

Finding: Children and youth with the highest needs lack access to intensive, community-based services. As noted earlier, we estimate that approximately 3,000 children and youth in Hays County have a serious emotional disturbance (SED) and 100 have mental health conditions that place them at risk of out-of-home or out-of-school placement. Children and youth with SED, especially those at risk of being removed from their community, would benefit from intensive community-based services to improve their emotional and behavioral functioning, and keep them in their home.

In Hays County the Local Mental Health Authority, Hill Country MHDD, is the only provider currently offering these services. Stakeholders reported satisfaction with the quality of services provided by Hill Country MHDD, however the only program or intervention currently available for children and youth with intensive needs is the Youth Empowerment Services waiver. The YES Waiver is a program for children with SED who would otherwise be at risk of requiring hospitalization. The waiver provides a variety of intensive, home and community-based services and supports to youth and their families to supplement, enhance, and offer alternatives to the more traditional supports available.

In fiscal year 2021, Hill Country MHDD served 10 Hays County children and youth in its YES Waiver program. With approximately 100 Hays County children and youth in need of an intensive level of care and Hill Country MHDD as the only provider, there is a critical gap between need and capacity. The lack of capacity within the YES Waiver, the lack of intensive services providers, and the overall lack of variety of available interventions to meet the most intensive service needs may lead to an overreliance on the crisis system, hospitalization, and unnecessary out of home placements.

Recommendation: For youth with the highest intensity of need and at most risk of out of home placement, Hays County stakeholders should support Hill Country MHDD as they utilize newly allocated funding to implement Multisystemic Therapy (MST). Multisystemic Therapy is a well-established evidence-based practice for youth living at home with more serious behavioral problems related to willful misconduct and delinquency, and it has proven outcomes and cost benefits when implemented with fidelity. Hays County does not currently have this service available, however Hill Country MHDD has been identified as an apparent awardee for upcoming funding to establish one team with coverage extending into Hays County, representing the ability to serve approximately 50 families in Hill Country MHDD's service area per year. In addition to being an effective intervention, the availability of MST in the community can and should reduce some of the capacity challenges currently experienced in other programs intended for youth with intensive needs at risk of being placed outside of their homes. Collaboration between stakeholders who refer children and youth as well as those providing services will be imperative to ensure youth who need MST are able to obtain timely access. This type of coordination will require stakeholders to communicate and develop referral processes in advance of program implementation, as well as continued communication to refine referral processes and program decisions. Stakeholders should also take an active role to ensure the availability of the program is well known and understood by child and youth serving systems to ensure this resource is made available at the point in a youth's experience where it can be most effective at preventing out of home placement.

Finding: Behavioral health workforce shortages contribute to the lack of capacity in intensive services. The behavioral health workforce shortage was a recurring theme throughout this assessment, cited universally as a barrier to providing care at all levels of need but particularly for those with the most complex needs. Hill Country MHDD reported that while there is fiscal capacity to serve the number of individuals who may need intensive services or the YES Waiver (and flexibility from the state to increase capacity if warranted), staffing shortages have limited the number of youth who can enroll in the program. Specifically, the role of wraparound facilitator, a critical role and component of the program, has been difficult to fill. Hill Country MHDD reports facilitators often leave the role for neighboring community centers, including Austin, where the pay is reportedly higher and/or leave the field of mental health altogether. When service access is limited—as happens when there is a shortage of clinicians to deliver

those services—the need becomes concentrated at the intensive end of the service delivery continuum. When a child or youth's needs are left untreated or they are put on a waiting list, the likelihood of symptoms worsening increases. On the other hand, when behavioral health conditions are addressed early, they are more treatable and less likely to escalate.

Recommendation: Invest in upstream interventions to identify behavioral health needs early and identify services and strategies that can help bridge care for children and youth awaiting entry into higher intensity services. Early intervention and prevention are key to improved health and wellbeing, but for mental illness there is an average of eight to 10 years between initial onset of mental health symptoms and access to treatment.[260] Given that half of all mental health conditions manifest by age 14,[261] early identification and prevention efforts are critical. While there is limited capacity for intensive services in Hays County, there are upstream strategies and interventions the region should consider to both decrease the need for intensive services and prevent needs from escalating while waiting for admission into programs like the YES Waiver or other intensive services.

A valuable community resource for children and youth with mild-to-moderate needs is the Texas Child Health Access Through Telemedicine (TCHATT) program. For participating schools, TCHATT provides students with telehealth or telemedicine consultations to help identify mental health concerns and provide access to services. Currently, all school districts within Hays County have access to TCHATT. School district stakeholders consulted for this assessment identified TCHATT as a needed and effective resource for addressing emerging and moderate needs presenting in students. They also noted school-based supports are necessary to sustain the program. For TCHATT to serve as a long-term resource across Hays County, school districts must consider and address staffing and other logistical resources needed to maintain the program. For example, an informal time study completed by school staff in Hays ISD identified a need for approximately 9.75 hours of staff time per student, per course of treatment, to help facilitate access to the therapeutic resources available through TCHATT. Activities requiring staff time include appointment scheduling, attending and supervising appointments, and coordination with parents among others. This staff time is not currently financially supported by the program and staff with other full-time responsibilities are taking it on. Given the current pressures on staff time and understanding the continued student growth expected in Hays ISD, the community should consider identifying and allocating a specific funding source to support these coordination activities related to accessing TCHATT.

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[260] American Academy of Child and Adolescent Psychiatry Committee on Health Care Access and Economics Task Force on Mental Health. (2009). Improving mental health services in primary care: Reducing administrative and financial barriers to access and collaboration. *Pediatrics, 123*(4):1248–1251.

[261] Meadows Mental Health Policy Institute. (2016, March 24). Estimates of prevalence of mental health conditions among children and adolescents in Texas. Dallas, TX: Author. Retrieved from http://www.texasstateofmind.org/wp-content/uploads/2016/01/MMHPI-Child-Adolescent-Prevalence-Summary-2016.03.24.pdf

In addition to maximizing the use of TCHATT in school settings, there are other strategies that can be used more broadly in Hays County to address labor and staffing challenges. Other upstream strategies that may mitigate the challenges posed by the workforce shortage include:

- Expanding the use of evidence-based models of behavioral health integration in pediatric primary care settings. For example, the Collaborative Care Model (CoCM), an evidence-based model of behavioral health integration, can be implemented in pediatric primary care settings to treat mild-to-moderate depression, anxiety, and other conditions. Using a team-based approach, children and youth can be treated with evidence-based medication or short-term therapeutic treatments. Please see the section on the Outpatient Mental Health System for an in-depth analysis and explanation of the Collaborative Care Model and how it can support early identification and access to care as well as mitigate the effects of the workforce shortage.
- Providing services that can function as a bridge (e.g., counseling, skills training) for those awaiting entry into intensive services. These bridge services have the potential to prevent needs from escalating, even if the only services that can be provided are intended for more moderate needs. If implemented, providers should establish a clear process for monitoring the needs of those receiving bridge services to ensure they eventually obtain access to needed intensive services.
- Subcontracting with providers available via telehealth to deliver evidence-based interventions for children and youth awaiting entry into any level of care but particularly those needing intensive services.
- Building upon each of the district's Multi-Tiered Systems of Support (MTSS) Frameworks. The MTSS framework includes universal wellness promotion strategies for all students (Tier 1), targeted services and supports for a smaller group of students experiencing or at risk of experiencing a mental and behavioral health challenge (Tier 2), and specialized and individualized services for the small number of students with complex mental and behavioral health needs that Tier 1 or Tier 2 programs cannot adequately meet (Tier 3).[262] Each of the four districts reported utilizing MTSS, which should be applauded. It provides a strong foundation for ensuring well-being and ultimately academic success. For a more in-depth discussion of MTSS and examples of Tier 1, 2, and 3 interventions, reference our Mental and Behavioral Health Roadmap and Toolkit for Schools.[263]

[262] American Institutes for Research. (2017, September). *Mental health needs of children and youth: The benefits of having schools assess available programs and services*. https://www.air.org/sites/default/files/downloads/report/Mental-Health-Needs-Assessment-Brief-September-2017.pdf

[263] Meadows Mental Health Policy Institute. (2018, November). *Mental and behavioral health roadmap and toolkit for schools*. https://www.texasstateofmind.org/uploads/RoadmapAndToolkitForSchools.pdf

Finding: Child and youth-serving providers and stakeholders described a lack of coordination and collaboration across the continuum of services. (Also mentioned in the Community Collaboration and Leadership section.) Mental health providers noted that the lack of communication between providers often results in children and youth entering services with an escalated level of need requiring more intensive services. They noted instances where youth were discharged from local psychiatric hospitals or emergency departments without clear plans or a connection to community-based services. Often these were clients who had been receiving services in the community and the providers were not able to deliver immediate follow up care due to the lack of notification and discharge coordination. Conversely, providers also noted often not being aware that a client had entered an out-of-home placement, leaving them unable to provide support and coordination that could have allowed the individual to return to the community sooner.

Stakeholders from other child-and-youth serving systems reported similar challenges when needing to make referrals for intensive community based mental health services. They described confusion about the proper way to refer to unique programs and a need for support in identifying the most appropriate services to meet the child or youth's need(s). This lack of coordination and connection often results in individuals not getting the right services, even if available. Respondents expressed a desire and willingness to participate in these types of collaborative efforts to ensure the children and youth they serve can access the services they need quickly and efficiently.

Recommendation: Develop a formal venue for collaboration across child and youth serving systems and providers that is rooted in the system of care philosophy and framework. (Also mentioned in the Community Collaboration and Leadership section.) Built on the principle of interagency collaboration and community level authority and support, the system of care framework is an approach that provides the infrastructure and communication required for a community to build up and deploy its resources in a way that (1) centralizes the process of accessing services for families and (2) makes the most efficient, appropriate use of both the formal and informal supports available in a community. The county currently operates a Community Resource Coordination Group (CRCG), however a CRCG is only one component of a system of care; it is not intended to serve as the primary venue for coordination, collaboration, and capacity building across the system. To support such efforts, the county should consider applying for a federal System of Care grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). The system of care approach is widely implemented in Texas and has strong support at the state level. These grants are awarded to government entities, in partnership with community partners, to develop and implement a system of care approach to improve outcomes for children and youth with serious emotional disturbances. A system of care grant would provide funding and technical assistance for Hays County to build

the infrastructure needed for more effective collaboration, coordination, and much needed service capacity.

Crisis Continuum

Finding: The current crisis response continuum lacks resources and specialization needed to appropriately respond to the unique needs of children, youth and their families. For children and youth in Hays County, entry into the crisis system generally mirrors that of adults. The county's Mobile Crisis Outreach Team (MCOT) is operated by Hill Country MHDD and is built to serve both children and adults. Team members are cross trained to serve both children and adults, however there is not a specialized team or protocol deployed for children and youth. This model is consistent with the way most crisis response teams across Texas operate, and often results in a model of response most suited for the unique needs of adults experiencing crisis.

To access the crisis system, an individual can call the 24/7 crisis line operated by Hill Country MHDD. Calls are received from emergency departments, schools, and other locations in the community. Between 2018 and 2022 the crisis line received an average of 1100 calls per year, with roughly 40% (or 400 calls) involving children and youth. As mentioned above, there is no specialized mobile crisis team for children, youth, and families; their path through the crisis system is quite similar to adults, with the exception of the former youth crisis respite center. The crisis respite center was uniformly cited as one of the Hay's County mental health service delivery system's greatest strengths. Open to ages 12 and up, it was used as both a step-down for children leaving inpatient treatment as well as a tool for preventing immediate hospitalization or need for another out-of-home placement.

Recommendation: Address the unique needs of children and youth in crisis and their families by investing in specializations such as Youth and Family Mobile Outreach Teams (YFMOTs). As outlined above, while Hill Country's MCOT is well known in the community, the teams are primarily focused on adults and lack the necessary specialization to fully serve children, youth, and families. Investing in crisis system specializations may help divert children and youth from inpatient placement. YFMOTs in particular have a strong track record of diverting individuals from inpatient placement and helping them remain in their community.

Youth and Family Mobile Outreach Teams (YFMOTs) differ from traditional mobile crisis outreach teams (MCOTs) in two major ways. First, they are staffed by people who specialize in working with children, youth, and families (rather than just individuals) and understand the nuances of navigating child-serving systems. Second, YFMOTs are staffed much more intensively, meaning they can provide dozens of hours of care over time as opposed to the less than 10 that is typical for most MCOTs. These teams provide support beyond initial crisis stabilization and follow-up, with specialized features such as the ability to respond proactively

to an urgent, escalating need (rather than having to wait for a crisis) and ongoing, 24/7 availability of comprehensive, in-home supports. Well-established programs in Wisconsin,[264] Ohio,[265] and Seattle/King County, WA[266] may provide examples for implementation. The YFMOTs those communities have been shown to prevent hospitalization, decrease disruptions or out-of-home placements, and prevent the need for more costly long-term use of institutional care. If Hays County chooses to implement a YFMOT, it could fit nicely with previous efforts at the pediatric crisis respite center to prevent foster care placement disruption.

The cost to implement and run a YFMOT vary depending on the catchment area and services included, but a good rule of thumb is just over $1,000,000 per full team per year, plus an additional $250,000 in start-up costs for vehicles and equipment (including telehealth and technical assistance). Costs include the following (note there is significant variation among programs, and local programs should be free to propose alternatives with similar capacity; also, costs per clinician will vary by region):

Table 34: Average Cost per Youth and Family Mobile Outreach Teams

Average Costs Per YFMOT[267]			
Salaries	**Salary/Rate**	**# of FTEs**	**Cost**
Licensed Clinician	$85,000	3.0	$255,000
Family Support Peer Partner	$60,000	3.0	$180,000
Program Director	$100,000	1.0	$100,000
Psychiatrist	$300,000	0.2	$60,000

[264] *Children's Mobile Crisis Team | Children's Community Mental Health Services & Wraparound Milwaukee*. (n.d.). Retrieved October 31, 2022, from https://wraparoundmke.com/programs/mutt/. About the Milwaukee Children's Mobile Crisis Team (CMCT): The CMCT program operates as an independent collaboration between the child welfare and mental health systems of Milwaukee, Wisconsin. In operation for over two decades, it is the gold standard of YFMOT care. CMCT serve children and youth with urgent mental health needs, as identified by the young person, their family or caregiver, or others in the community. CMCT teams meet those they serve in a variety of natural settings, including at school or in the home. Covered services include a 24-hour emergency mental health phone line, face-to-face crisis intervention, and follow-up care. Follow-up care is an especially crucial piece for ensuring the young person is connected to appropriate ongoing services and supports to prevent future crises. Notably, CMCT is contracted with the state child welfare agency to provide specialized services for children and youth in foster care.

[265] *Mobile Response Stabilization Services (MRSS) | Department of Mental Health and Addiction Services.* (n.d.). Retrieved October 31, 2022, from https://mha.ohio.gov/community-partners/early-childhood-children-and-youth/resources/mobile-response-stabilization-services. About the Ohio Mobile Response and Stabilization Services (MRSS): Similar in scope to CMCT, this program provides onsite crisis response within 60 minutes, up to 45 days of intensive, in-home services, and linkage to ongoing supports.

[266] *Children's Crisis Outreach Response System (CCORS)—King County.* (n.d.). Retrieved October 31, 2022, from https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/services/Youth/CrisisOutreach.aspx. About the Seattle/King County, WA Children's Crisis Outreach Response Systems (CCORS): Another program similar to both CMCT and MRSS, CCORS has a track record of diverting over 90% of hospital admissions.

[267] Each line item in the table must be increased by roughly 10% to factor in the effects of inflation.

Average Costs Per YFMOT[267]			
Sub-Total Salary		7.2	$595,000
Benefits	22%		$130,900
Total Personnel Costs		7.2	$725,900
Direct Costs	25%		$181,475
Total Direct Expenses			$907,375
Indirect	12%		$108,885
Total Program Costs			$1,016,260
Average Costs Per Child	$180 per year (15 per month)		$5,646

Finding: School personnel need support to address crises that occur in school settings. Many schools in the county do not have the skills and resources necessary to effectively respond and support students in crisis. Population growth across Hays County has resulted in increased enrollment in school districts. This, combined with the impacts of COVID-19, has increased the need for schools to provide more crisis intervention than in the past. This trend is not unique to Hays County—schools across the state are reporting an increase in incidents escalating to the level of crisis. Adding to the challenge, district personnel across Hays County report difficulty navigating the county's crisis system and accessing its resources.

One resource available to schools when a student is in crisis is Hill Country MHDD's Mobile Crisis Outreach Team (MCOT), a team of mental health professionals trained to de-escalate crises and connect individuals in crisis with needed services. However, many personnel pointed to long wait times for MCOT response creating situations where school personnel are frequently left supervising a child or youth during and after school hours while waiting for MCOT to arrive. As noted earlier in this report, workforce shortages and staffing challenges have necessitated that Hill Country MHDD alter their response hours and triage crisis response. This likely contributes to the increased wait time experienced by school district staff.

In addition to wait times requiring after-hours presence by school staff, district personnel also report their staff are unprepared and untrained to administer crisis services while waiting for MCOT to arrive. In some instances, law enforcement appears to be the default contact for crisis resolution and transportation when a child is experiencing a significant crisis in the school setting. This presents multiple issues, as research indicates law enforcement presence is not an appropriate intervention strategy and may escalate the severity of the situation.[268] Ultimately, stakeholders reported that they often use neither MCOT nor law enforcement for crises which likely results in overuse of emergency departments or, worse, children and youth not receiving

[268] Choi, K. R., O'Malley, C., Ijadi-Maghsoodi, R., Tascione, E., Bath, E., & Zima, B. T. (2021). A Scoping Review of Police Involvement in School Crisis Response for Mental Health Emergencies. *School Mental Health*, *14*, 431–439. https://doi.org/10.1007/s12310-021-09477-z

support when it's needed resulting in an escalation of needs. This finding also lends support for the previous recommendation of establishing a crisis response team that is dedicated to children and youth experiencing a mental health crisis.

Recommendation: Establish a memorandum of understanding (MOU) between school districts and Hill Country MHDD to improve school-based crisis response procedures. The crisis line and MCOT in Hays County are operated by the LMHA, Hill Country MHDD. Hill Country MHDD and Hays County school districts would benefit from convening to ensure schools have an accurate understanding of the crisis response support available and that Hill Country MHDD has an accurate understanding of the need within schools and the unique ways in which crises escalate and present in the school setting. By opening these lines of coordination and communication, the two entities can better develop a process for utilizing existing resources to respond to crisis and more accurately identify gaps in processes and expectations. Development of a formal agreement for how calls from schools can and should be managed will ensure resources are prioritized and deployed efficiently. This type of arrangement is most effectively memorialized through an MOU. As part of the MOU development, Hill Country MHDD and each respective school district should consider, at a minimum: (1) what processes should be followed for initiating crisis response support, (2) expected response times, and (3) agreements and support to develop tools and protocols schools can deploy independently either to minimize the need for MCOT intervention or to safely address a student's behavior while schools are awaiting a response.

Finding: There is a need for crisis stabilization and step-down services for children and youth in Hays County. The Youth Crisis Respite Center served as an important support for children and youth, including those involved in the juvenile justice system, with both intensive and moderate behavioral health needs. The center was operated by Hill Country MHDD and funded primarily through the Medicaid Delivery System Reform Incentive Payment (DSRIP) program; it opened in 2016 and served 352 youth prior to its closure in April 2020 because of the COVID-19 pandemic. While Hays County lacks a specialized crisis response for children and youth, stakeholders spoke overwhelmingly of the value the former youth crisis respite center brought to the community. The quality of care provided at the youth crisis respite center was consistently cited as excellent, with stakeholders particularly impressed with its ability to safely provide individualized stabilization support for youth experiencing escalating mental health needs or crisis. Stakeholders from a variety of child and youth serving systems reported successfully referring youth from their programs to the center and, in doing so, preventing immediate hospitalization or need for other out of home placement.

Recommendation: Expand capacity for the youth crisis respite center to meet demand and allow for increased specialization. The youth crisis respite center is tentatively scheduled to reopen by November 2022, with the ability to serve six youth at any given time. This capacity is

consistent with what was available prior to its closure in 2020—however, even before youth mental health-related emergency department visits began to rise in 2020 the center was often at capacity (both in terms of census and child-specific needs). Expanding capacity by opening a second location would allow Hill Country MHDD to serve more youth and provide for ideal milieu considerations upon admission. For example, center staff and other stakeholders highlighted the importance of being able to consider factors such as presenting need, gender, and age necessary to ensure a safe and therapeutic environment—e.g., being able to admit an older youth to a different respite center if the current census is primarily younger children. A second center would allow for these considerations to be made without preventing admission for non-volume related limitations. According to Hill Country MHDD leadership, the center was previously funded through Delivery System Reform Incentive Payment (DSRIP), however it is now funded by the HHSC (approximately $506,000 per year) and local center funds (approximately $40,000 per year). Expanding capacity to a second location would require securing an additional $550,000 per year. Hays County stakeholders could consider funding the expansion using a combination of county funds (e.g., Hays County and/or surrounding counties whose residents access the facility), other agency funds (e.g., juvenile justice, child welfare), philanthropy, and Medicaid billing.

Juvenile Justice System

This section will explore the service delivery system that is available to children and youth with behavioral health needs through the juvenile justice system in Hays County, including opportunities to divert youth along each intercept point from initial justice contact to reentry.

Initial Contact and Referral

The Hays County Juvenile Probation Department (Hays JPD) is the agency charged with supervising children and youth referred to the juvenile justice system. Of the 19,211 juveniles residing in Hays County, 257 were referred to Hays JPD in 2021, down from 377 in 2019. The referral rate in 2021 was 16 per 1,000 youth, down from pre-COVID-19 levels of 25 to 1,000, but higher than the statewide referral rate of 12 youth per 1,000. About half of the referrals were for felonies (131), just over half were for misdemeanors (141), and only 26 youth were referred for technical probation violations or status offenses (conduct that would not be considered criminal if committed by an adult). Dispositions in 2021 ranged from probation (36), deferred prosecution (94), and supervisory caution (42), with the majority (108) dismissed. Five youth were committed to a Texas Juvenile Justice Department (TJJD) state prison or other secure residential facility, and no youth were certified as adults in 2021.[269]

[269] Texas Juvenile Justice Department. (2022, August). The state of juvenile probation activity in Texas: Statistical and other data on the juvenile justice system in Texas for calendar year 2021. (Report Number RPT-STAT-2021). https://www.tjjd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/3201-the-state-of-juvenile-probation-activity-in-texas-2021

Table 35: Juvenile Probation Referral Activity in Hays County, Calendar Year 2021[270]

Referrals in 2021	Juvenile Population	Felonies	Misdemeanors	Technical Violations	Status Offenses	Total Referrals	Referral Rate/ 1,000	Total Youth Referred
Hays County	19,211	131	141	14	12	298	16	257

Table 36: Juvenile Probation Disposition Activity in Hays County, Calendar Year 2021[271]

Dispositions in 2021	Dismissed	Supervisory Caution	Deferred	Probation	Commitment
Hays County	108	42	94	36	5

Behavioral Health Need Identification and Assessments

Most children and youth in the juvenile justice system have unmet behavioral health issues or needs. These unmet needs often result in children and youth engaging in behaviors that result in them receiving a referral to the juvenile justice system. Studies estimate 70–90% of children and youth in the juvenile justice system have experienced trauma.[272,273] For some children and youth involved with the juvenile justice system, behavioral health is the main factor that gave rise to the offending behavior. Others had a behavioral health need that was unrelated to the reason for referral or was identified for the first time when the child or youth entered the juvenile justice system.

Hays JPD uses a standardized tool, the Positive Achievement Change Tool (PACT), to assess risk and need. The utility of this tool is high because protocols are in place that match care recommended in assessment findings. Additionally, all children and youth are pre-screened for behavioral health needs using the Massachusetts Youth Screening Instrument-2 (MAYSI-2) within 48 hours of intake.[274] The MAYSI-2 is a brief, 52-question self-report screening tool with several subscales and is designed to help juvenile justice facilities flag youth who may need a lengthier mental health assessment to ensure they receive adequate care. Results from the PACT and MAYSI-2 – combined with self-reported information collected from caregivers and children and youth regarding mental health needs, diagnosis, and prior treatment – are taken into account at key decision points in the juvenile justice system. These tools are administered

[270] Texas Juvenile Justice Department. (2022, August).
[271] Texas Juvenile Justice Department. (2022, August).
[272] Maschi T. (2006). Unraveling the link between trauma and male delinquency: The cumulative versus differential risk perspectives. Social Work, 51(1): 59–70; Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. Archives of General Psychiatry, 61: 403–410.
[273] Shufelt, J.S., & Cocozza. J.C. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state, multi-system prevalence study. National Center for Mental Health and Juvenile Justice.
[274] National Youth Screening & Assessment Partners. (n.d.). MAYSI-2. http://nysap.us/maysi2/index.html

by juvenile probation staff and not mental health clinicians. They are used to guide judicial decisions, rather than to initiate treatment.

Mental Health Juvenile Jail Diversion

Children and youth who are diverted from formal system involvement have a lower recidivism rate than those who are given another disposition, including probation or out-of-home placement.[275] This is often because children and youth who are diverted are connected to services that more effectively address their behaviors than probation or court ordered sanctions. Currently, no front-end diversion program exists in Hays County to avoid an arrest record, and youth often have to be formally referred into the justice system to access services that are more accessible to Hays JPD. Additionally, there are no substance use treatment services available to divert youth who are arrested from formal probation or justice involvement, particularly for youth detained for THC vape possession. With the closure of Hays Caldwell Council on Alcohol and Drug Abuse's adolescent program in 2020, outpatient SUD programs that Hays County relied on for justice-involved youth are no longer available.
While few children and youth referred to Hays JPD were diverted from formal involvement in the system once contact had been made, 37% were placed in deferred prosecution, meaning the case will be dismissed if the child or youth completes the supervision requirements.[276] At this stage, some children and youth with mental health needs are referred to the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program, which is administered in partnership with the Hill Country MHDD to serve children and youth with serious mental illnesses in the juvenile justice system. TCOOMMI links program participants to services such as education regarding mental illnesses and manifestations of those illnesses that are more appropriate for their successful rehabilitation than probation supervision. In 2021, the TCOOMMI program served 10 youth on deferred prosecution, out of a contracted capacity of 15. Because of staffing shortages, Hill Country MHDD was unable to utilize its full contracted capacity to meet the need in Hays County.

Probation and Treatment Programs

Adjudication is a finding by the juvenile court that the child or youth has committed the act for which they are charged. For many adjudicated youth, Hays JPD uses a graduated level of supervised probation delivered by a team of nine probation officers, including a specialized Mental Health and Special Needs Diversionary Officer. Children and youth with mental health needs who are adjudicated to community-based probation supervision have access to two

[275] Wilson, H., & Hoge, R. (2013). The Effect of Youth Diversion Programs on Recidivism. *Criminal Justice and Behavior*, 40(5), 497-518.
[276] Texas Juvenile Justice Department. (2022, August). *The state of juvenile probation activity in Texas: Statistical and other data on the juvenile justice system in Texas for calendar year 2021.* (Report Number RPT-STAT-2021). https://www.tjjd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/3201-the-state-of-juvenile-probation-activity-in-texas-2021

mental health programs delivered by private contractors in the community, Liberty Resources and Stogner and Associates, as well as a few in-house skills classes and recreational programs delivered by probation officers or volunteer community partners. There are no evidence-based intensive family services contracted by Hays JPD for youth under their jurisdiction apart from the services accessed by the local mental health authority.

County Detention and Secure Commitment

Of 257 Hays County children and youth referred to the juvenile justice department in 2021, 70% (179) were detained in the department's 34-bed detention facility. Detention is primarily used to hold children and youth charged with delinquent acts prior to their court hearing until they can be released to a parent or guardian.[277] Juvenile pretrial detention should be used sparingly, and only for youth at highest risk of absconding or who pose the greatest risk to public safety, because research shows even short periods of juvenile detention have a profoundly negative impact on young people's mental and physical wellbeing, their education, and their employment.[278]

Hays JPD also has a 114-bed post-adjudication facility, which includes mental health, substance use treatment, and sex offender therapy beds. Only 30 of the 114 beds were online at the time of this assessment due to staffing shortages. The facility is designed as a regional secure placement option to divert youth from areas throughout Texas from state secure TJJD facility, funded by "regionalization" diversion funds from the state. Only two youth in the facility at the time of this assessment were referred from Hays County, and the rest were from areas throughout Texas. Hays JPD is committed to minimizing the use of secure commitment and has been a leader in the state in keeping youth "close to home" and avoiding commitments to TJJD. Only two youth were referred to TJJD juvenile state prisons in 2021; both were for capital offenses.

Hays JPD also has a 114-bed post-adjudication facility, which includes mental health, substance use treatment, and sex offender therapy beds.

Youth who are detained in the department's secure facilities have access to an array of in-house mental health supports on site or via telehealth through a partnership with private providers based in Austin. They also have access to an in-house clinical department staffed by licensed mental health professionals and supervised by the Director of Counseling Services who

[277] Texas Juvenile Justice Department. (2022, August). *The state of juvenile probation activity in Texas: Statistical and other data on the juvenile justice system in Texas for calendar year 2021.* (Report Number RPT-STAT-2021). https://www.tjjd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/3201-the-state-of-juvenile-probation-activity-in-texas-2021

[278] Holman, B., & Ziedenberg, J. (2006). *The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities*, Justice Policy Institute.

is a Licensed Professional Counselor Supervisor. These child psychiatry and clinical services are only provided to youth who are in the facility and services stop upon release; they are not available to most of the youth in the juvenile justice system who are diverted, deferred, or on probation and not placed in a facility. Providers reported a critical gap in services to help transition youth with mental health needs back home after being released from a secure facility.

Finding: A lack of child and adolescent psychiatry capacity and greater demand for services results in months-long wait times for required psychiatric evaluations and mental health services for justice-involved youth. Once a youth is identified as needing a psychiatric evaluation, Hays JPD has a memorandum of understanding with only one provider, Hill Country MHDD, to complete those assessments and obtain child and adolescent psychiatric and prescriber services. The wait time at Hill Country MHDD for the services of their sole child psychiatrist can be up to 12 weeks. Although Hays JPD only contracts with Hill Country MHDD, families with insurance or the ability to pay often use other providers in the community. For mild to moderate issues, such as ADHD or anxiety, Hays JPD reports that families are increasingly willing to rely on their primary care provider for medication, but for more serious needs or for those who are uninsured, the options are limited. Additional specialty care capacity is needed to serve those who cannot be served through their primary care physician. We estimate that about one quarter of children and youth with mental health conditions need treatment by such specialists each year, including a significant proportion of youth who are referred to the Hays County juvenile justice system.

Recommendation: Fund a new psychiatric staff position dedicated to serving Hays County youth who are involved in the juvenile justice system on probation or returning home after a period of incarceration, including those on the TCOOMMI caseload. Instead of a physician, we recommend hiring a mid-level provider who can prescribe medication, administer psychological evaluations, diagnose, and provide therapeutic services, such as a psychiatrically trained Physician's Assistant or Psychiatric Nurse Practitioner. It is important that a portion or all of the assigned caseload is reserved for this vulnerable population of justice-involved youth. It is also essential for the position to be paid at a competitive market salary. This position could be established at a local hospital or Federally Qualified Health Center (FQHC), Texas State University, or with Hill Country MHDD.

To increase access to psychiatric services for justice-involved youth, Hays JPD can also explore a Memorandum of Understanding (MOU) or contractual relationship with other local partners, including the CommuniCare Health Center, the FQHC in Hays County, which has three child psychiatrists who could serve this population. Additionally, Texas State University has expressed willingness to partner and explore opportunities for collaboration through its social work and Licensed Professional Counselor program.

Finding: Community behavioral health partnerships outside of Hill Country MHDD, such as Dell Medical School, have been underutilized by Hays JPD. Dell Medical School has played a major role in advancing integrated care in the region, particularly for children and youth, through initiatives such as the Texas Child Health Access Through Telemedicine (TCHATT) program created by the Texas Legislature in 2019. TCHATT is a statewide program that gives schools access to mental health providers via telemedicine and telehealth to help children and youth with urgent mental health needs whom school personnel have identified as high-risk. Urgent assessments and short-term stabilization care are available through TCHATT, increasing community-wide urgent care capacity. TCHATT also provides linkages for follow-up care to specialty outpatient mental health providers. Dell Medical School is the hub implementing TCHATT in schools across Hays County, but Hays JPD does not utilize the service for youth on probation or incarcerated in its secure facilities. Given the lack of both psychiatric and specialty outpatient and rehabilitative providers available to justice-involved youth, it is critical for Hays JPD to have access to the telemedicine services and the community-based referral network available to schools through TCHATT.[279]

Recommendation: The Hays County JPD should leverage the TCHATT program to increase access to child and adolescent psychiatric and other mental health services for justice-involved youth. Providing the juvenile justice system with this package of short-term services, including telehealth consultations for behavioral health issues, would fill an important gap for Hays County for youth both on probation in the community, and those in secure facilities.

For youth on probation who attend local public schools, Hays JPD could establish an MOU with districts that are currently enrolled in TCHATT to ensure youth on probation are identified as a high needs population with priority access to the services. Prior to September 1, 2011, a school superintendent and a juvenile probation department had to enter into a written interagency agreement to share information about juvenile offenders. Now, the Family Code specifically provides for the interagency sharing of educational records between a juvenile service provider and an independent school district.[280] Youth could therefore be flagged because of their probation status and referred to the TCHATT liaison to be screened for services. All four districts in Hays County have schools enrolled in TCHATT that would qualify.

For youth in the detention or post-adjudication facilities, Hays JPD contracts with John H. Wood Jr. Public Charter School to provide educational services. TCHATT is available to any public school in Texas, including public charter schools operating in alternative and/or

[279] A directory of all TCHATT participating schools by district can be found at https://tcmhcc.utsystem.edu/tchatt/
[280] Texas Family Code (§58.0051(b) cited in Texas Attorney General (2020). *Juvenile Justice Handbook.* https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/juvenile-justice/JuvenileJusticeHandbook.pdf

disciplinary settings. We recommend that John H. Wood Jr. Public Charter School enroll as a TCHATT site with Dell Medical School to gain access to the array of free services offered by the program. Through the TCHATT MOU, Dell Medical School would provide the same access to telemedicine services to incarcerated youth at these alternative campuses as they provide to other Hays County schools. Hays JPD and its partner school already has some of the infrastructure required for successful TCHATT implementation, including dedicated space, internet access, secure equipment, and staff to facilitate the remote connection between the provider and youth.

Finding: Police often rely on the juvenile detention facility or the hospital emergency department for youth exhibiting behaviors as a result of their mental health condition when treatment and care outside of the justice system would be more appropriate and effective. Law enforcement officers have few options or providers outside of the juvenile justice system to divert status offenders, youth referred for mental health needs, non-serious criminal offenders, and first-time offenders from the formal juvenile court system, but diversion from juvenile court can result in better outcomes in cases involving all children, including children with mental illness.[281] Once youth are in police custody, the officer's options are limited to the hospital emergency department or a crisis service team, release with no services, or juvenile justice system involvement. Once a young person is taken to the juvenile justice department and they are processed through the juvenile intake department, the juvenile probation team can recommend that the judge order release on temporary supervision, conditional release, or deferred prosecution, but the arrest will be on their record, and they must utilize the juvenile justice system to access services.

Recommendation: The Hays County Juvenile Board should establish a First Offender Program in partnership with local law enforcement to avoid the negative impact and revolving door of justice contact for youth with mental health needs. First Offender Programs are typically funded and operated through local law enforcement agencies (sheriff or police) with no involvement of the juvenile court of probation department. This diversion opportunity is for youth with no prior juvenile adjudications, and once they complete the program all records linking the child to the offense are destroyed. The program can include an opportunity for youth to repair harm through voluntary restitution and community service, and it can also be a way to connect youth to vocational and skills training, substance use prevention, and counseling**.** Every juvenile board in Texas is required to adopt guidelines for informal disposition or first offender programs to encourage more law enforcement agencies to implement such programs, but these guidelines are not mandatory, and some counties (including Hays) have yet

[281] Texas Judicial Commission on Mental Health (2020). *Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book*. First Edition 2020-2021.

to establish a program.[282] With access to a First Offender Program, more youth with mental health needs will be diverted from justice involvement and avoid a criminal record. A First Offender Program will also provide access to useful early intervention services that are currently missing in the juvenile justice service array.

Additional juvenile jail diversion strategies the county might consider including in the service array are Pediatric Mobile Crisis Response Teams described in the Children and Youth section on Intensive Services. The Youth Crisis Respite Facility that closed during the COVID-19 pandemic was touted by justice stakeholders as an asset and important part of their diversion continuum. It provided a place for youth who were arrested or in crisis on probation to have a temporary, intermediate place to go that was not juvenile detention when it was not safe for them to be in the home. See the Intensive Services section for our recommendation to expand this service in Hays County.

Finding: The need for whole family services and intensive supports for justice-involved youth exceeds local provider capacity. The juvenile justice department only has access to one in-person and one tele -counseling service via a contractual relationship with two private providers, Liberty Resources and Stogner and Associates. Hays JPD staff and partners identified the need for providers and services that can work with the whole family, with a focus on parenting skills and wraparound supports. Additionally, Hill Country MHDD has had a long-standing vacancy in the family partner role and parents have not been able to access the support they need to understand how to parent children with mental health needs.

For the highest need youth referred to the juvenile justice system, Multisystemic Therapy (MST) is a well-established evidence-based intervention for youth with more serious behavioral problems related to willful misconduct and delinquency. MST keeps youth living at home while engaging schools, friends, and community members in the treatment process.[283,284] The service provides comprehensive outreach to address variables such as family, school, and peer groups. MST therapists are also available to youth and their families 24 hours a day, seven days a week. Texas legislators have recently funded seven new MST teams across the state, and Hill Country

[282] Despite the name, a first offender program is not just for juveniles who have been taken into custody for the first time. A juvenile who has been referred to a first offender program previously, and who has then been released without being referred to juvenile court or adjudicated as having engaged in CINS, may again be referred to a first offender program. Typically, a juvenile board will establish a first offender program for certain cases involving CINS or delinquent conduct, other than felonies or misdemeanors involving violence or use or possession of weapons. (Texas Family Code §52.031(a))

[283] Huey, S. J. Jr., Henggeler, S. W., Brondino, M. J., &, Pickrel, S. G. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology, 68*(3), 451–467.

[284] Schoenwald S. K., Henggeler S. W., Pickrel S. G., & Cunningham, P. B. (1996). Treating seriously troubled youths and families in their contexts: Multisystemic therapy. In M. C. Roberts (Ed.), *Model programs in child and family mental health* (pp. 317–332). Lawrence.

MHDD is an apparent awardee, pending contract negotiations. The new Hill Country MHDD MST team will serve youth and families with the most complex needs, regardless of current or past involvement in the justice system. Because referrals will come from schools, child welfare, or elsewhere in the community, and will be open to many of the 19 counties outside of Hays County served by Hill Country MHDD, access to these services by Hays JPD will be limited.

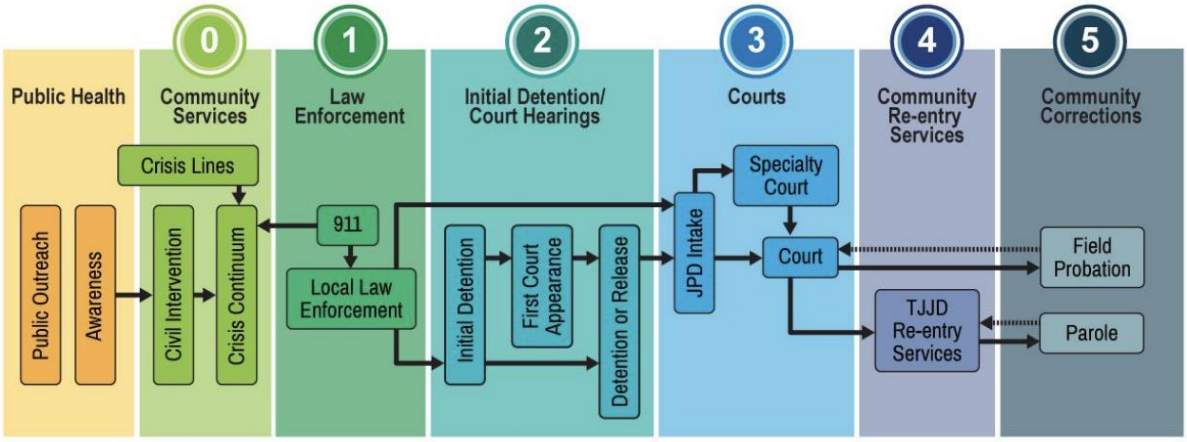
Recommendation: Hays JPD should contract with additional credentialed providers of evidence-based practices to bring a home-based family support program to youth on probation or otherwise justice-involved in Hays County. In the short term, Hays JPD could establish an MOU with Hill Country MHDD and their contracted MST provider, Southwest Key Programs, to set aside a certain number of spots for justice-involved families, or to otherwise prioritize these highest need youth for services. But because Hill Country MHDD will have multiple counties and many referral sources to cover with the single MST program with the capacity to serve approximately 50 youth per year, Hays JPD should consider investing in additional home-based intensive family programming. This could be done through a separate contract with Southwest Key Programs to form an MST team dedicated to serving justice-involved youth. This could be used solely for Hays County, or it could be a regional agreement sharing MST slots with other local juvenile probation departments in neighboring counties, such as Comal, Guadalupe, and/or Caldwell. Southwest Key is a nonprofit organization and certified MST provider, as well as a provider of other evidence-based programs such as Functional Family Therapy and Wraparound Intensive Case Management. Southwest Key is also able to bill Medicaid for services, which would allow Hays JPD to maximize Medicaid reimbursement opportunities. Drawing down Medicaid funds to pay for evidence-based practices could reduce the need for a large county funding investment, potentially allowing for the expansion of MST or the implementation of additional evidence-based practices.

Finding: Hays County does not have a mechanism to bring juvenile justice, mental health providers, schools, child welfare, and other youth-service systems together for strategic planning or coordination across service delivery systems to divert youth with mental health needs from the justice system. No one agency or system alone can effectively address the needs of youth, who often end up in the juvenile justice system to access services. It is important to use research-based tools and procedures to identify needs and interventions across the continuum. Lacking a coherent, cross-systems plan to divert youth from the juvenile justice system in Hays County, there is general confusion regarding available services for those struggling with mental health, trauma, and substance use issues and the avenues for access to these services. Additionally, with the rapid population growth in the county and significant changes to the service array since COVID-19, there is not a clear picture of resource gaps and availability across the county. The youth-serving sector in Hays County needs a roadmap for cross-systems collaboration.

Recommendation: Use Sequential Intercept Model (SIM) mapping to convene youth-serving systems to identify capacity gaps, opportunities, and recommendations for diverting youth with mental health needs from the justice system. (Also mentioned in the Community Collaboration and Leadership section.) Over 60 stakeholders from the adult criminal justice and mental health system across Hays County convened in September 2022 to complete a SIM mapping exercise (described below) for adults in the justice system. We recommend building on the momentum of the recently completed adult system SIM by conducting a parallel process focused on youth. This would entail bringing together youth justice, community-based providers, schools, health care, mental health, child welfare, police, the courts, and youth and caregivers with lived experience for planning and problem solving.

Diverting youth with behavioral health needs from the juvenile justice system and disrupting the school-to-prison pipeline is a multifaceted challenge. It must be addressed at multiple levels, or "intercepts." The Sequential Intercept Model (depicted below), which has been used across the United States, is an excellent tool for organizing justice diversion planning across multiple systems that may have contact with an individual, including schools, crisis response, child welfare, and juvenile justice. SIM organizes the justice system into phases, or intercepts, beginning with a person's first contact through court involvement and community reentry.

Figure 25: Sequential Intercept Model, Developed by Policy Research Associates, Inc, and Adapted for Youth by the Texas Judicial Commission on Mental Health[285]



The value in completing a SIM mapping is more than the products and deliverables themselves. The true power of mapping is in the process of bringing together a diverse group of leaders to talk openly across sectors about gaps, opportunities, and the alternatives to justice involvement

[285] Munetz, M. R., & Griffin, P. A. (2006, April). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services,* 57(4), 544–549. https://www.ncbi.nlm.nih.gov/pubmed/16603751

that exist or need to be established for youth to thrive. Typically, over a dozen entities are represented in the SIM mapping process, with between 30 and 60 individuals participating in the event, including those with lived experience. The adult SIM mapping process in September resulted in the formation of a Hays County Behavioral Health Leadership Council with workgroups focused on implementing action plans for the top five priorities identified during the event.

To launch the youth SIM process, we recommend first contracting with a trained facilitator and establishing an interdisciplinary workgroup. A number of agencies are conducting SIM mapping in Texas. The Office of the Forensic Director at the Health and Human Services Commission (HHSC) facilitated the adult SIM in Hays County and has mapped the adult system for a number of rural and mid-sized counties across the state. The Office of the Forensic Director is currently convening a workgroup to develop a Texas-specific youth SIM workshop model and plans to begin youth focused mappings in the fall of 2023. Additionally, the Judicial Commission on Mental Health is funded to conduct SIM mappings and has also contracted with local and national facilitators, including Meadows Mental Health Policy Institute, to facilitate SIM mappings in counties across the state.

Once Hays County contracts with a facilitator, the process starts by gathering quantitative data through a self-assessment survey to provide the workgroup with information to support decision-making. An inventory of existing resources and collaborations is created through a community collaboration and resource questionnaire, and a full-day mapping event is hosted, followed by half day of action planning around the top five priorities identified. During the mapping process, community stakeholders are introduced to evidence-based and emerging best practices from around the country all along the intercepts. At the end of the day, participants participate in a voting process to identify five top priorities for action. On the second day, workshop participants break into groups to discuss and document action plans around the top five priorities.

The culmination of the mapping process is the creation of a local roadmap based on the gaps, resources, and priorities identified by community stakeholders. Deliverables include:

- A tailored youth justice SIM report, including resources, opportunities, and gaps identified during mapping, with recommendations and model best practices at each intercept
- A set of county action plans around the top five priorities developed by participants during the mapping session
- A visual SIM map of the youth justice system in Hays County.

The Hays JPD is a well-connected leader in the Hays County youth-serving sector, with a strong workplace culture, as demonstrated by a high average length of employment and low employee

turnover rate. The department would be well-positioned to serve as the lead entity to convene the SIM and launch a youth-focused subcommittee of the newly formed Hays County Behavioral Health Leadership Council.

Behavioral Health Facility Model Recommendations

Where a continuum of crisis mental health care does not exist, the burden of emergency mental health care falls largely on hospital emergency departments and jails. Many individuals with psychiatric emergencies use emergency departments for assistance instead of receiving the specialized crisis care they need. As a result, emergency department overcrowding and psychiatric boarding can become an increasing problem for emergency departments, most of whom are not equipped to provide adequate behavioral health assessment and treatment. As a result, the default disposition is often inpatient admission or discharge without adequate behavioral health follow up. Individuals often wait extended periods of time for a psychiatric bed in an environment not equipped to meet their needs.

In addition, and as reported by stakeholders during the Hays County sequential intercept model (SIM) mapping process, there is an overrepresentation of people with mental health needs in the criminal justice system. For behavioral emergencies, the first responders on the scene are often law enforcement rather than emergency medical and/or mental health services. Bringing a person to the emergency department for treatment can take significant time for the officers, and when time is of essence jail can become the solution to address the crisis.

Adding facility-based services as part of a comprehensive crisis continuum can provide comprehensive, community-based, and less restrictive solutions for these complex problems of emergency department overcrowding and the overrepresentation of psychiatric patients in the criminal justice system.[286] In this model, alternatives are available for patients experiencing a mental health crisis other than going to an emergency department and receive care at a facility with the ability to quickly triage, assess, and initiate treatment within a safe and healing environment. Individuals may arrive via walk-in, law enforcement drop-off, or transfer from emergency departments. An interdisciplinary team comprised of psychiatrists (and other psychiatric prescriber professionals), nurses, counselors, social services staff, and peers focuses on early intervention, crisis resolution and discharge planning. After a comprehensive triage of needs or a 23-hour observation and intervention period, individuals can return to the community, avoiding unnecessarily restrictive and costly hospitalization. Individuals needing further clinical stabilization could be transferred to a crisis stabilization unit or to a higher level of care based on clinical necessity.

Research has shown that this model works. One study of a crisis response center designed by Connections Health Solutions in Phoenix, Arizona resulted in a 40% reduction in emergency department hold times, and the percent requiring inpatient admission decreased from 75% to

[286] National Guidelines for Behavioral Health Crisis Car—A Best Practice Toolkit. (2020). Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

less than 50%.[287] In addition, studies have shown that a crisis center serving as a central receiving facility for law enforcement is a key component of successful pre-booking jail diversion programs.[288]

For this report, Hays County requested facility options that could be designed to meet the needs of their community. We provide two options for consideration and include services, costs, and other considerations. Hays County could choose to build and operate both types of facilities or one of the options.

Option 1: Health and Wellness Center

To adequately meet the needs in Hays County, one option for facility design is the development of a Health and Wellness Center to provide behavioral health services and access to crisis triage and response for adults and children. As a crisis response center, the Health and Wellness Center can be tailored to the unique needs of the community and a physical plan designed to facilitate rapid triage, early intervention and initiation of treatment, and continuous observation.

The Health and Wellness Center is a unique and innovative concept that should combine a modern, trauma-informed architectural design and a multi-agency, multiservice collaborative clinical continuum model. The components of the Center include:

1. Services for adults and children provided in segregated areas of the facility and both areas include 24/7 walk-in urgent care.
2. Outpatient office space for veterans' mental health to increase availability and visibility of services to veterans.
3. A flexible 16-bed adult unit which can be utilized as an Extended Observation Unit (EOU) or as a Crisis Stabilization Unit (CSU). An EOU can be used to provide 48-hour observation in which individuals in an acute mental health state can be observed and assessed, possibly leading to transition to higher levels of care. A CSU will be used for short-term crisis stabilization needs lasting less than 14 days usually also allowing supports to connect an individual to community resources during that stabilization period.
4. Law enforcement access as the central behavioral health receiving facility, dropping off individuals via a secure sally port for adults as well as a separate, designated drop-off for children.

[287] Little-Upah, P., Carson, C., Williamson, R., Williams, T., Cimino, M., Mehta, N., Buehrle, J., & Kisiel, S. (2013). The Banner Psychiatric Center: A Model for Providing Psychiatric Crisis Care to the Community while Easing Behavioral Health Holds in Emergency Departments. The Permanente Journal, 17(1). https://doi.org/10.7812/TPP/12-016
[288] Steadman, H. J., Stainbrook, K. A., Griffin, P., Draine, J., Dupont, R., & Horey, C. (2001). A specialized crisis response site as a core element of police-based diversion programs. Psychiatric Services (Washington, D.C.), 52(2), 219–222. https://doi.org/10.1176/appi.ps.52.2.219

5. Space for co-located community partners to provide intake into step-down and community-based behavioral health treatment programs as well as connection to peer or community health worker run programs that will provide post-crisis wraparound support and wellness programming.
6. Space to serve as a research and training site for Texas State University social work and professional counseling students, as well as psychiatric residents, advanced nurse and physician assistant practitioners, and medical students.

Services

Psychiatric Urgent Care (Walk-in) Clinic: A walk-in urgent care clinic provides immediate access to psychiatric services or other necessary interventions provided to individuals in crisis who do not need emergency care services but who are potentially at risk of serious deterioration. The clinic is staffed with crisis workers, behavioral health medical providers (physician, nurse practitioner, physician assistant) and recovery support specialists.[289] Services provided include crisis assessment and triage, medication management, and connection to psychiatric follow-up appointments.

Crisis Stabilization Unit and Extended Observation Unit: This service offers the most intensive interventions on the crisis facility continuum by providing short-term behavioral health treatment to reduce acute symptoms of mental health crisis in individuals with a risk of harm to themselves or others. Crisis stabilization services are provided by medical personnel, mental health professionals, and trained support staff with demonstrated competency in the provision of crisis services designed to reduce an individual's acute mental health symptoms.[290]

Access: Most patients arrive directly from the community via law enforcement, or via transfer from outside emergency departments, mobile crisis teams, or walk-in. The criterion for admission to the CSU or EOU is similar to inpatient psychiatric unit admission standards – danger to self/others, and/or acute psychiatric symptoms. In this crisis response model, through rapid assessment, early intervention, and proactive discharge planning, individuals can successfully transition to less restrictive and less costly community-based care when clinically appropriate.

Continuity of Care: Interdisciplinary teams are made up of medical providers, crisis workers, nurses, behavioral health technicians, peers as recovery support staff. The diverse teams work together to assess, stabilize, and treat individuals in crisis as well as provide coordination and

[289] Sunderji, N., Tan de Bibiana, J., & Stergiopoulos, V. (2015). Urgent Psychiatric Services: A Scoping Review. Can J. Psychiatry, 60(9). https://doi.org/10.1177/070674371506000904
[290] Crisis Units | Texas Health and Human Services. (n.d.). Retrieved October 27, 2022, from https://www.hhs.texas.gov/providers/behavioral-health-services-providers/crisis-service-providers/crisis-units

support to ensure the individual returns to the community without the need for hospitalization unless it is clinically appropriate.

Health and Wellness Center Financial Feasibility Considerations

For the Health and Wellness Center, we recommend two components to be included in one facility:

1. Local mental health authority (LMHA)-operated urgent care behavioral health clinic
2. LMHA-operated 16-bed crisis behavioral health unit to include crisis stabilization and extended observation services

It is important to note that the cost associated with these services were conceptualized as separate free-standing facilities. As we envision a combined Health and Wellness Center, economy of scale will decrease overall cost.

The costs estimated for the two components below also include space for co-located community partners, research and training space and drop-off space for law enforcement.

Facility needs: LMHA-operated urgent care behavioral health clinic. The Health and Wellness Center should be anchored by an urgent care behavioral health clinic that would act as a triage point for people in crisis. Designed to address both adult and youth crisis needs, the Center should offer crisis mental health counseling and psychiatric evaluation, recovery support, medication management, connection to outpatient community treatment services, and triage to a higher level of care when appropriate.

Total projected development costs for an urgent care behavioral health clinic would be $11 million and would require two acres of land. Startup and yearly operating costs, including staff salaries, benefits, and fringe are projected to be $4 million.

Table 37: Urgent Care Behavioral Health Clinic

FTEs	Construction Cost	One Time Start Up Cost including Furnishing Cost	Annual Operating Cost	Land Size Needed	Other Notes
26	$11m	$210,000	$4m	2 Acres	30,548 SF (14,548 SF building +18,000 SF parking)

Facility needs: LMHA-operated 16-bed crisis behavioral health unit to include crisis stabilization and extended observation services. Among the options for addressing facility-based crisis intervention needs is a crisis behavioral health unit comprised of 16 beds. Designed for flexibility, this type of facility can be used to address shorter-term clinical intervention

needs, such as extended observation and crisis inpatient stabilization services. Depending upon need, a 16-bed unit can be designed to accommodate both adults needing crisis stabilization or extended observation in secure areas.

A crisis behavioral health unit includes 24/7 nursing and psychiatric care (e.g., initiation of medication-assisted treatment), substance use counseling, treatment for co-occurring medical conditions, and connection to outpatient treatment and other community resources.

Table 38: LMHA-Operated 16-Bed Crisis Behavioral Health Unit Specifications

Number of Beds	FTEs	Construction Cost	One Time Start Up Costs including Furnishing Cost	Annual Operating Cost	Land Size Needed*	Other Notes
16	35	$9.8m	$325,000	$4.5m	3 Acres	50,787 SF (17,037 SF building + 33,750 SF parking)

*This can include the Urgent Care Behavioral Health Clinic

Figure 26: Rendering of Hill Country MHDD Health and Wellness Center in Comal County

Figure 27: HOK Behavioral Health Design for Healing and Wellness[291]

Option 2: Psychiatric Inpatient Hospital

In addition to crisis triage and stabilization services, the continuum of care for people experiencing a psychiatric crisis can require an inpatient hospitalization level of care. Inpatient hospitalization for the treatment of psychiatric disorders, if properly placed within a continuum of care, offers the most restrictive level of care for individuals who are a danger to themselves or others due to the symptoms of mental illness. Modern psychiatric hospitals are treatment facilities defined by spaces designed to blend safety and healing, allow freedom of movement within a secure area, and provide a variety of focused clinical services. The focus of clinical care is management of symptoms through medication and other intensive therapies, with the goal of transitioning to a less restrictive environment as soon as possible. Clinical inpatient service teams include psychiatrists (MD, DO), advanced psychiatric practitioners (advanced practice registered nurses, physician assistant), registered nurses, psychologists (PhD, PsyD), and licensed mental health professionals (licensed clinical social worker, licensed master social worker, licensed professional counselor).

In addition to clinical stabilization, inpatient psychiatric care includes intensive aftercare planning that will allow a person to successfully transition to outpatient and community-based care. Inpatient hospital teams work intensively with community providers to ensure that the successful clinical strategies implemented within the secure inpatient environment can follow the person into the community.

[291] HOK Q+A: Behavioral Health Design for Healing and Wellness. (2020, May 12). HOK. https://www.hok.com/news/2020-05/hok-qa-behavioral-health-design-for-healing-and-wellness/

The size of an inpatient facility is driven by many factors, including community need, projected workforce, cost, service array, lot size, design, and many other factors. Basing a design around 12-bed units provides some flexibility and scalability. Analysis of Hays County and regional data suggests that regional community needs for inpatient care in the future may support a psychiatric hospital model that includes up to 96 inpatient beds (nine units of 12 beds each). In addition to adult inpatient services, the hospital could be designed to designate two of the units (24 beds) for children and/or adolescent services (to ensure that child/adolescent and adult patients have limited contact, there are specific design requirements that should be integrated into a hospital's architecture). The 12-bed units model offers flexibility to open and close units as needed and based on staffing, funding, and clinical needs (for example, if staffing does not support full operations, units can be safely and securely closed off).

Table 39: Inpatient Psychiatric Beds Needed for Residents of 13-County Region including Hays (with Average Unit Occupancy at 75% of Capacity)[292]

Year	Bastrop County	Bexar County	Blanco County	Burnet County	Caldwell County	Comal County	Gillespie County	Guadalupe County	Hays County	Kendall County	Kerr County	Travis County	Williamson County	Total
Adults														
2025	3	4	0	0	3	13	0	15	21	0	0	3	1	**63**
2030	3	4	0	0	3	15	0	16	27	0	0	3	1	**72**
2035	3	4	0	0	3	17	0	19	32	0	0	4	1	**83**
2040	4	5	0	0	4	20	0	21	39	0	0	4	3	**100**
2045	4	5	0	0	4	24	0	24	47	0	0	4	3	**115**
2050	4	5	0	0	4	28	0	27	56	0	0	4	3	**131**
Children/Youth														
2025	1	0	0	0	1	11	0	9	7	0	0	1	1	**31**
2030	1	0	0	0	1	13	0	11	9	0	0	1	1	**37**
2035	1	0	0	0	1	16	0	12	11	0	0	1	1	**43**
2040	1	0	0	0	1	19	0	13	13	0	0	1	3	**51**
2045	1	0	0	0	1	21	0	13	16	0	0	1	3	**56**
2050	1	0	0	0	1	25	0	15	19	0	0	1	3	**65**

[292] Note: Estimates in these table were generated using data from the Inpatient THCIC research data file. That data was limited to patients listed as residents of one of the 13 counties in the defined region. Admissions used to estimate need were also limited to hospitals in the 13-county region and did not include any state hospital admissions. Note that Cross Creek Hospital encounters are also absent from this table because Cross Creek did not report patient residency data. Patient admissions considered in these calculations were labeled as occurring on a psychiatry specialty unit (by the THCIC according to billing data), labeled with a primary diagnosis of mental illness or SUD, or both. The number of beds needed reported in the table represent the number of beds needed to serve the number of patients from each county who are expected to present to a Hays County inpatient psychiatric unit with the unit running, on average, at 75% capacity. The number of patients expected to present at a Hays County hospital is 75% of the number of patients from each county who traveled further in a year (calculated as an average of 2018 and 2019) from their home county to receive inpatient psychiatric care than they would have if there had received care in Hays County. These estimates have been indexed to population growth through 2050, but do not explicitly include any other adjustments for changes in the number of patients in the region presenting for services.

Table 40: Distribution of Payers for Residents Included in the 13-County Regional Bed Needs Analysis[293]

Payer	Bastrop County	Bexar County	Blanco County	Burnet County	Caldwell County	Comal County	Gillespie County	Guadalupe County	Hays County	Kendall County	Kerr County	Travis County	Williamson County
Adults													
Commercial	29%	48%	37%	26%	30%	29%	43%	27%	50%	62%	56%	33%	31%
Medicaid	6%	14%	14%	22%	21%	14%	6%	13%	12%	0%	9%	12%	6%
Medicare	16%	18%	24%	26%	17%	15%	34%	14%	18%	31%	21%	21%	29%
Other Government	45%	10%	6%	4%	12%	6%	9%	15%	4%	0%	7%	5%	7%
Self-Pay	4%	10%	18%	22%	19%	30%	9%	26%	15%	8%	7%	25%	22%
Unassigned	0%	0%	1%	0%	1%	5%	0%	3%	1%	0%	0%	3%	4%
Children/Youth													
Commercial	61%	49%	34%	9%	31%	38%	0%	34%	48%	50%	33%	34%	29%
Medicaid	11%	35%	16%	64%	57%	44%	60%	31%	40%	0%	67%	42%	27%
Other Government	18%	5%	28%	0%	3%	5%	20%	19%	4%	50%	0%	2%	3%
Self-Pay	6%	0%	22%	18%	5%	10%	20%	11%	2%	0%	0%	5%	20%
Unassigned	4%	0%	0%	9%	0%	2%	0%	4%	2%	0%	0%	15%	15%
Medicare	0%	11%	0%	0%	5%	1%	0%	0%	4%	0%	0%	1%	5%

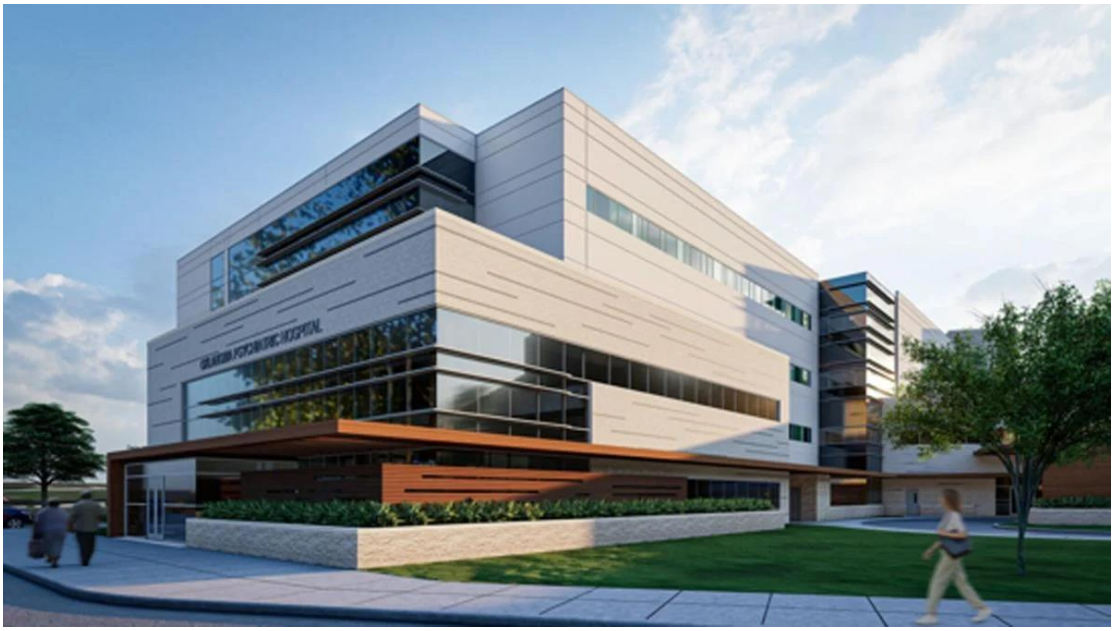
[293] Note: Data in this table is from the Inpatient THCIC research data files. It includes the distribution of payers for the subset of admissions reported in the table above. (Refer to the previous footnote for more detailed description). Payer types in the table reflect the primary payer associated with psychiatric hospitalization. Self-pay includes charity, indigent, and "unknown" payers.

Operating a hospital involves a substantial operating investment beyond the construction and one-time start-up costs (anti-ligature furniture and unit appliances, computer and medical equipment, office equipment, etc.). For a 96-bed psychiatric hospital, it is estimated that one-time start-up costs (not including design and construction costs) would be $2.7 million. Once fully staffed and operational, yearly operational costs are estimated to be $25.7 million.[294] Although third-party insurance revenue (including private health insurance, Medicare, and Medicaid) will offset some operational costs, services to uninsured individuals will significantly impact operational funding needs.

Table 41: Psychiatric Inpatient Hospital Specifications

Number of Beds	FTEs	Construction Cost	Furnishing Cost	Annual Operating Cost	Land Size Needed	Other Notes
96	245.5	$46.7m	$2.7m	$25.7m	15 Acres	81,244 SF

Figure 28: Tulsa Psychiatric Hospital (106 Bed Facility)[295]



[294] In addition, should the hospital be operated under contract by a hospital management group (e.g., Seton Healthcare, Oceans Behavioral, HCA Healthcare, Acadia Healthcare, CHRISTUS Health System, etc.), there may be additional financial considerations and administrative costs to consider.

[295] Tulsa Center for Behavioral Health headed for final approval of $38 million for new mental hospital in downtown Tulsa. (2022, October). https://tulsaworld.com/news/local/tulsa-center-for-behavioral-health-headed-for-final-approval-of-38-million-for-new-mental/article_159b3534-2a31-11ed-94d7-5b4f164e0469.html

Appendix One: Prevalence Estimation Methodology

Introduction

To provide meaningful estimates based on the most rigorous and contemporary epidemiological sources available regarding overall prevalence of serious emotional disturbance (SED) and serious mental illness (SMI), we utilize the work of Dr. Charles Holzer.[296] In 2014, the Meadows Institute commissioned Dr. Holzer to estimate the prevalence of SMI in Texas counties using 2012 and earlier data.[297] We believe that Dr. Holzer's original SED and SMI estimates and our adaptation of his data, findings, and methodologies to current Texas populations provide the most practically relevant estimates available. The method, described in detail below, uses statistical formulas that apply national prevalence rates to Texas population and demographic data.

Estimating the prevalence of specific mental illnesses such as bipolar disorder, depression, or schizophrenia in different age groups (e.g., children, youth, adults) is a more complicated endeavor – one requiring us to incorporate the best available national studies of the prevalence of those specific disorders. In cases where these alternative epidemiological sources are used, they are always cited and represent what we judge to be the best available contemporary source.

Holzer and "Horizontal Synthetic Estimation"

Beginning with his work at the University of Florida in the 1970s, Holzer drew connections between established data (drawn largely from census data), demographics, and the careful study of how these factors correlated with various needs among populations. Holzer derived principles about these connections as presented in the Mental Health Demographic Profile System (MHDPS). This system matched demographic data from the Florida Health Survey with community demographics and known needs for mental health services, creating a model for estimating need in places and situations in which survey data were not available.

The method, which those in the MHDPS team termed "Horizontal Synthetic Estimation," evolved as Holzer refined his work. A crucial step came in the 1980s following the National Institute of Mental Health's Epidemiologic Catchment Area (ECA) program, the largest psychiatric epidemiological study in the United States at the time. Holzer used ECA findings to develop a series of prevalence estimates for the Texas Department of Mental Health and Retardation, a project which led to several similar projects in Colorado, Ohio, and Washington State. Following the 1990 Census and the 1993 National Comorbidity Survey (NCS), Holzer

[296] Charles E. Holzer III, PhD, was an esteemed psychiatric epidemiologist who has worked and published in behavioral science for forty years.

[297] In 2014, the Meadows Institute hired Dr. Holzer to perform a revised county-level prevalence estimate throughout Texas. Dr. Holzer licensed the study and methodology to the Meadows Institute on an ongoing basis.

developed estimates in other states, including Colorado, Wyoming, and Nebraska, among others, and included county-level prevalence estimates.

Holzer's method represented a departure from previous, less-precise methods. He argued that prior approaches mistakenly assumed that local mental health systems served all people with mental health needs. He also criticized indirect methods of estimation, such as those using social indicators (crime levels, poverty, divorce, etc.) with no data on mental illnesses.

Holzer argued that if prevalence estimates and their correlates with demographic characteristics from national epidemiological studies were applied to state and county populations, he could provide more precise estimates of mental health need. He used statistical methods that analyzed survey data from the 2001–2003 Collaborative Psychiatric Epidemiology Surveys (CPES) to estimate the relationships between seven socio-demographic characteristics (i.e., age, sex, race/ethnicity, marital, education, poverty, housing status) and SED and SMI prevalence rates. He then applied these rates to the most up-to-date, available county- or state-level American Community Survey (ACS)[298] population and demographic data, which included estimates of the number of people who can be categorized by the same seven socio-demographic characteristics.

The Meadows Institute's Adaptation of Holzer's Methodology and Data

In 2014, the Meadows Institute hired Dr. Holzer to perform a revised county-level estimate throughout Texas using 2012 Three-Year ACS data (the most recently available data at the time). Dr. Holzer then licensed the methodology to the Meadows Institute for use in estimating prevalence in Texas. From this work, and by using Dr. Holzer's findings, especially his 2012 Meadows Institute-commissioned Texas estimates, we have developed a new series of 2018 estimates utilizing the 2018 ACS Five-Year dataset and the 2018 Population Estimates. These data were the most current at the time of our analysis.

Estimating the Prevalence of Specific Disorders

In estimating the prevalence of specific disorders, we draw on the most recent national prevalence studies conducted by psychiatric epidemiologist Ron Kessler and colleagues, as well as reviews of prevalence studies that target specific disorders. The two primary national studies are the National Comorbidity Survey Replication (NCSR)[299] and the National Comorbidity Survey Replication-Adolescent Supplement (NCSR-A).[300] These studies provide national estimates of

[298] The ACS is an extension of the U.S. Census Bureau. It is an ongoing statistical survey that gathers significant data that, among other things, track shifting demographic data. The use of ACS data helps to align the Holzer estimates with the most up-to-date, local demographic data.
[299] Kessler, R.C., et al. (2005).
[300] Kessler, R.C., et al. (2012b).

specific disorders. We then apply these estimates to the Texas populations of the same age groups (all adults ages 18 and older and adolescents ages 12–17, respectively).

The national studies did not include all disorders of interest. For example, because of its very low prevalence rate, schizophrenia was not included in the NCSR. In cases of missing diagnoses in the NCSR or NCSR-A, we rely on what we determine to be the best available reviews of epidemiological studies specific to each diagnosis.[301]

[301] For example: McGrath, J., et al. (2008). Schizophrenia: A concise overview of incidence, prevalence, and mortality. *Epidemiological Reviews, 30*, 67–76.

Appendix Two: Impact of COVID-19 on Behavioral Health Care Use

Changes in Behavioral Health Care Utilization During the COVID-19 Pandemic

The onset of the SARS-CoV-2 (COVID-19) pandemic in the first quarter of 2020 quickly altered the healthcare utilization landscape. Emergency departments in many locations were overwhelmed and understaffed, leading to many departments diverting patients to different facilities for care.[302] Research conducted early in the pandemic suggests that overall emergency department encounters declined by as much as 60% in April 2020[303] and never returned to pre-pandemic projected volume rates.[304] Rates of hospitalization declined substantially during the first months of the COVID-19 pandemic, suggesting delayed routine, elective, and emergency care in the United States.[305]

To assess the utilization patterns for mental health and substance use disorders (SUD) in Texas, we examined how the COVID-19 pandemic impacted emergency department encounters and inpatient hospitalizations for mental health and SUD in Texas. Overall, we identified the following:

- A statistically significant 11.4% decline in psychiatric emergency department encounters following the COVID-19 emergency declaration
- A statistically significant 7.0% decline in psychiatric inpatient encounters following the COVID-19 emergency declaration
- The number of emergency department encounters and inpatient hospitalizations slowly increased over time but did not approach projected volume rates.

The reduced rate of behavioral health care utilization should be considered when projections or capacity assessments are conducted using data from 2020.

[302] Jeffery MM, D'Onofrio G, Paek H, et al. (2020). Trends in emergency department visits and hospital admissions in health care systems in 5 states in the first months of the COVID-19 pandemic in the US. *JAMA Intern Med*, *180*(10), 1328–1333. 10.1001/jamainternmed.2020.3288.

[303] Jeffery MM, D'Onofrio G, Paek H, et al. (2020). Trends in emergency department visits and hospital admissions in health care systems in 5 states in the first months of the COVID-19 pandemic in the US.

[304] Birkmeyer, Barnato, A., Birkmeyer, N., Bessler, R., & Skinner, J. (2020). The impact of the COVID-19 pandemic on hospital admissions in the United States. *Health Affairs (Millwood, Va.)*, 39(11), 2010–2017. 10.1377/hlthaff.2020.00980.

[305] Birkmeyer, Barnato, A., Birkmeyer, N., Bessler, R., & Skinner, J. (2020). The impact of the COVID-19 pandemic on hospital admissions in the United States.

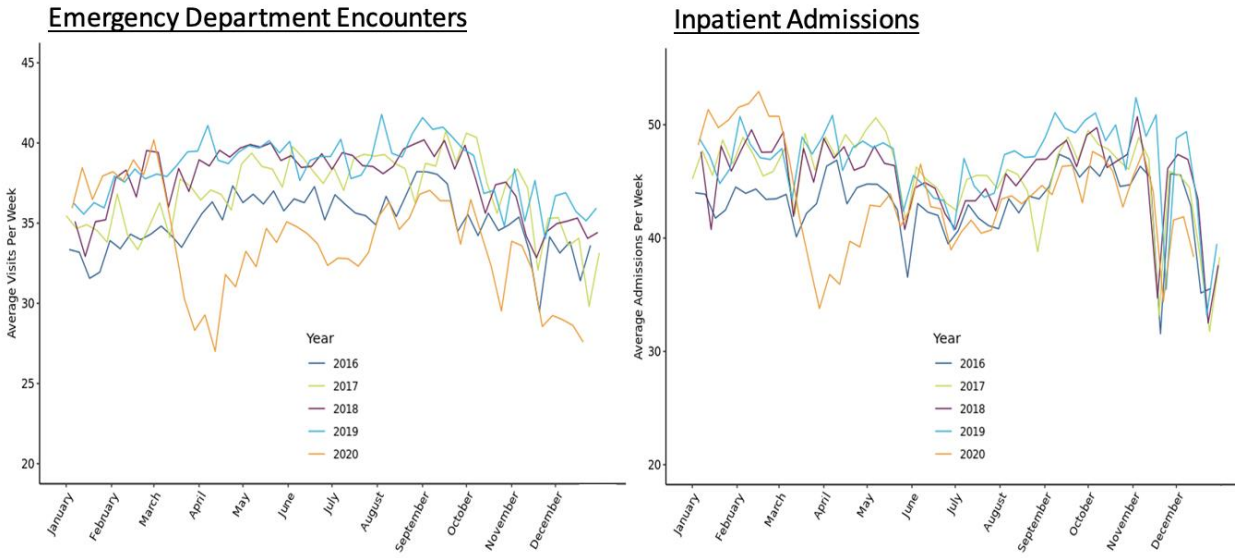
Methodological Details

The Meadows Institute investigated the impact of COVID-19 on Texas emergency department encounters and psychiatric inpatient admissions using the Texas Health Care Information Collection (THCIC).[306,307]

Changes in Behavioral Health Care Utilization Overall

Trends in the weekly average number of encounters for behavioral health reasons are shown in the Figure 1 below. Statistically significant declines in all behavioral healthcare utilization were identified after the onset of the COVID-19 pandemic (March 15, 2020).

Figure 1: Trends in the Average Weekly Number of Behavioral Health Emergency Department Encounters and Inpatient Admissions, by Year (2016-2020)



As shown in Table 1, the average number of weekly emergency department encounters for behavioral health reasons declined from 37.0 encounters pre-COVID-19 to 32.8 encounters after the onset of COVID-19 – a statistically significant decline. Similarly, the average number of weekly inpatient encounters declined from 45.4 pre-COVID-19 to 42.2 after the onset of the COVID-19 pandemic.

[306] Texas Hospital Inpatient and Emergency Department Discharge Research Data File, [2016-2020]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.
[307] Facilities with small averages of weekly emergency department encounters and inpatient admissions were not included in the analyses due to large fluctuations in percentage change estimates. We analyzed data from 128 hospitals representing 75% of total behavioral health visits from 2019-2020. For inpatient, 79 hospitals were analyzed, representing 78% of total behavioral health admissions from 2019-2020.

Table 1: Weekly Encounters for Behavioral Health Reasons (2016-2020) by COVID-19 Period[308]

	Emergency Department Encounters		Inpatient Admissions	
	Pre-COVID-19	COVID-19	Pre-COVID-19	COVID-19
Average Number of Encounters Per Week (Standard Error)	37.0* (0.26)	32.8* (0.52)	45.4* (0.25)	42.2* (0.60)
Percent Change	-11.4%		-7.0%	

*Denotes a significant difference ($p<0.001$) between the average number of pre-COVID-19 and COVID-19 values using a student's t-test.

Table 2 includes the results of the regression discontinuity analyses using four different time intervals. Overall, the models identified a rapid, statistically significant decline in behavioral health emergency department encounters after the onset of the COVID-19 emergency declaration. This significant reduction in emergency department encounters persisted through the end of 2020.

For inpatient encounters, the results show no immediate difference in the rate of admissions in March / April 2020 compared to February / March 2020 (Table 2). However, the rate of inpatient care utilization between 16- and 40- weeks after the onset of COVID-19 resulted in a significant reduction in inpatient care utilization compared to pre-COVID-19.

Table 2: Results of Regression Discontinuity Analysis Examining Changes in Emergency Department Encounters and Inpatient Admissions Over Time

Weeks Before / After COVID-19 Pandemic Declaration Date	Coefficient	Standard Error	P-value
Emergency Department Encounters			
6 weeks	-0.464	0.179	0.009
16 weeks	-0.478	0.051	<0.001
28 weeks	-0.418	0.032	<0.001
41 weeks[309]	-0.354	0.024	<0.001
Inpatient Admissions			
4 weeks	-0.330	0.295	0.264
16 weeks	-0.443	0.068	<0.001
28 weeks	-0.475	0.043	<0.001
40 weeks	-0.365	0.034	<0.001

[308] Pre-COVID-19 period refers to January 3, 2016, through March 14, 2020. COVID-19. The COVID-19 period refers to March 15, 2020, through December 31, 2020.

[309] Because our data source was discharge data, we truncated the inpatient dataset to 40 weeks and the emergency department dataset to 41 weeks. This removed the final weeks in 2020 that had an artificially lower encounter rates due to patients not being discharged until after the end of calendar year 2020.

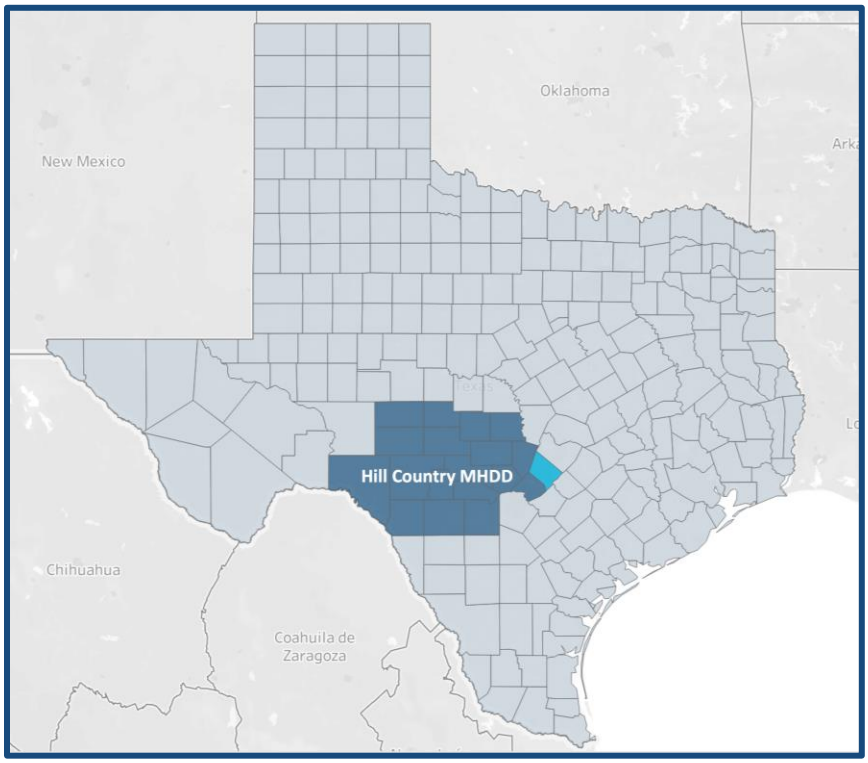
Summary

The COVID-19 pandemic had a substantial effect on overall behavioral healthcare utilization. This impact on emergency department encounters was immediate, and the rates of both emergency department encounters and inpatient admissions were 11.4% and 7.0% lower, respectively, post-COVID-19 compared to pre-pandemic rates.

Appendix Three: Additional Data

Below shows the service region of Hill Country MHDD. In total, Hill Country MHDD serves 19 counties (shown in deep blue), with Hays County being on the far-right side of the service region (shown in bright blue). With approximately 220,000 individuals ages 6+ in 2020, Hays County is the most populated county in the Hill Country MHDD catchment area and accounts for about 32% of people in the catchment area.[310] In addition to Hays County, the other counties served by Hill Country MHDD include Bandera, Hays, Llano, Schleicher, Blanco, Kendall, Mason, Sutton, Comal, Kerr, Medina, Uvalde, Edwards, Kimble, Menard, Val Verde, Gillespie, Kinney, and Real.

Figure 1: Counties Served by Hill Country Mental Health & Developmental Disabilities Centers (2020)



Of the 40,000 Hays County adults with any mental health need, the vast majority (35,000) can be adequately treated in an integrated primary care setting. Of the remaining adults who need care in a specialty setting, we estimate that about 4,000 with serious mental illness (SMI) who are living in poverty would benefit from care through Hill Country MHDD.

[310] U.S. Census Bureau (2022). American Community Survey 2016-2020 5-year data release. https://www.census.gov/data/developers/data-sets/acs-5year.2020.html

Table 1: Hays County Adults in Need, by Care Setting (2020)

Community Care Need	Adults (18+)
All Mental Health Conditions[311]	**42,000**
Need that Can Be Met in Integrated Primary Care Settings[312]	35,000
Need that Requires Specialty Settings[313]	7,000
Need for LMHA Services (SMI in Poverty)[314]	**4,000**
Adults With Substance Use Disorders	**20,000**
Need that Can Be Met in Integrated Care Settings[315]	10,000
Need that Requires Specialty Settings[316]	10,000

Below shows the total number of adults who received crisis and non-crisis services from Hill Country MHDD by status (crisis vs. non-crisis). The total number of adults served in non-crisis (outpatient and rehabilitative care settings) increased by 49% between FY 2017 and FY 2021 (bright green line below; 4,761 adults in FY 2017 and 7,335 adults in FY 2021). During that same period, the number served in crisis services remained stable (blue line below). According to Hill Country MHDD staff, there has been a large increase in non-crisis services due to potentially many contributing factors such as the COVID-19 pandemic, economic trends that impact a variety of socioeconomic factors, and the fact that their catchment area has two of the fastest growing counties in the nation (Comal and Hays).

[311] Kessler, R. C., et al. (2012a). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry, 69*(4), 372–380. 10.1001/archgenpsychiatry.2011.160; Kessler, R. C., et al. (2012b). Severity of 12-Month DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry, 69*(4), 381–389. 10.1001/archgenpsychiatry.2011.1603

[312] Kessler, R. C., et al. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 64,* 617–627. 10.1001/archpsyc.62.6.617

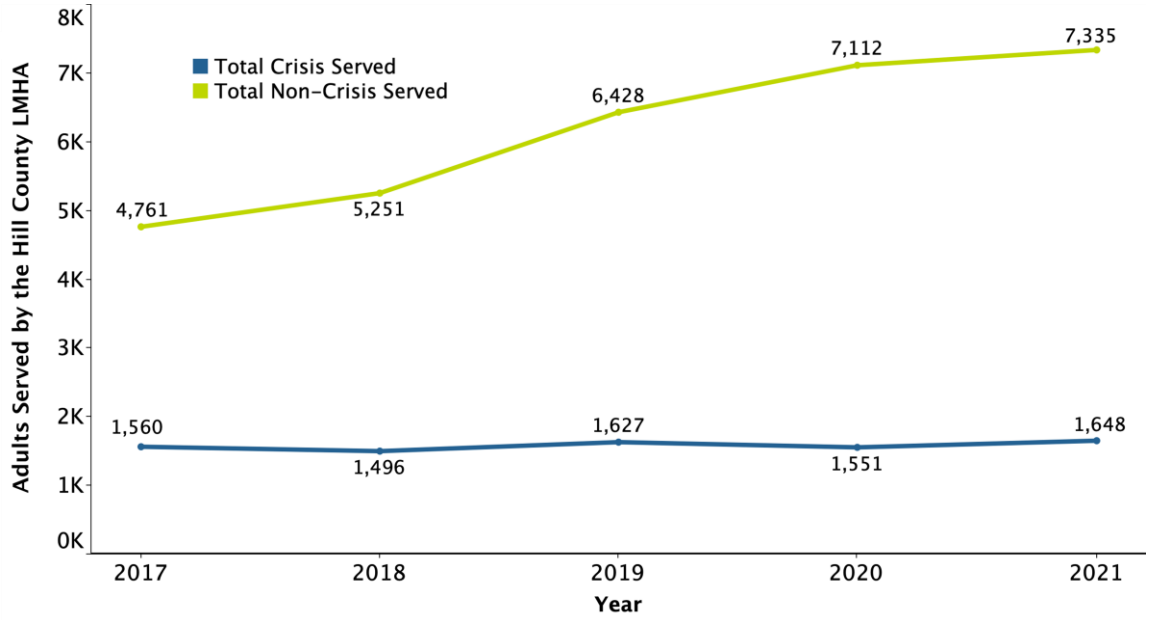
[313] The remaining individuals with SUD who needed more intensive treatment than what could be provided in an integrated care setting were categorized as needing specialty care.

[314] Holzer, C., Nguyen, H., & Holzer, J. (2022). *Texas county-level estimates of the prevalence of severe mental health need in 2020*. Dallas, TX: Meadows Mental Health Policy Institute; & U.S. Census Bureau (2022). Previously cited.

[315] Madras, B. K. et al. (2008). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug & Alcohol Dependence, 99*(1), 280–295. 10.1016/j.drugalcdep.2008.08.003

[316] The remaining individuals with SUD who need more intensive treatment than what can be provided in an integrated care setting are categorized as needing specialty care.

Figure 2: Adults Served by Hill Country MHDD, by Crisis Status – 19 County Catchment Area (FY 2017–FY 2021)[317]



Below compares the percentage of children and youth with SED in poverty served across LMHAs in FY 2021. The percentage of children and youth with SED in poverty served by Hill Country MHDD (68%) was higher than the percentage served by neighboring The Center for Health Care Services (Bexar; 29%). Yet, the percentage served by Hill Country was lower than the percentage served by Austin-Travis County Integral Care (80%) and considerably lower than Bluebonnet Trails Community Services and Camino Real Community Services, which served nearly all children and youth with SED in poverty (100% and 113%, respectively).

Table 2: Comparison of the Percentage of Children with SED in Poverty Served Across LMHAs (FY 2021)[318]

	Hill Country MHDD	Austin-Travis Co Integral Care	The Center for Health Care Services (Bexar)	Camino Real Community Services	Bluebonnet Trails Community Services
Total Children with SED in Poverty	4,000	5,000	14,000	2,000	4,000
Total Served by the LMHA	**2,731**	**4,016**	**4,109**	**2,268**	**3,986**

[317] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.
[318] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.

	Hill Country MHDD	Austin-Travis Co Integral Care	The Center for Health Care Services (Bexar)	Camino Real Community Services	Bluebonnet Trails Community Services
Percent of SED in Poverty Served	68%	80%	29%	113%	100%

Below provides an overview of the number of children and youth served by Hill Country MHDD by each level of care. In FY 2020, approximately 86% of children and youth served by MHDD were served in a non-crisis (outpatient or rehabilitative care) setting, with the most utilized level of care being "targeted services" (42% of all children and youth served). Approximately one-quarter (24%) of children and youth served received complex services, with another 17% receiving medication management. No children and youth received first episode psychosis services, transition age youth services, or care in residential treatment centers.

Table 3: Children and Youth Served by Hill Country MHDD, by Level of Care – 19 County Catchment Area (FY 2021)[319]

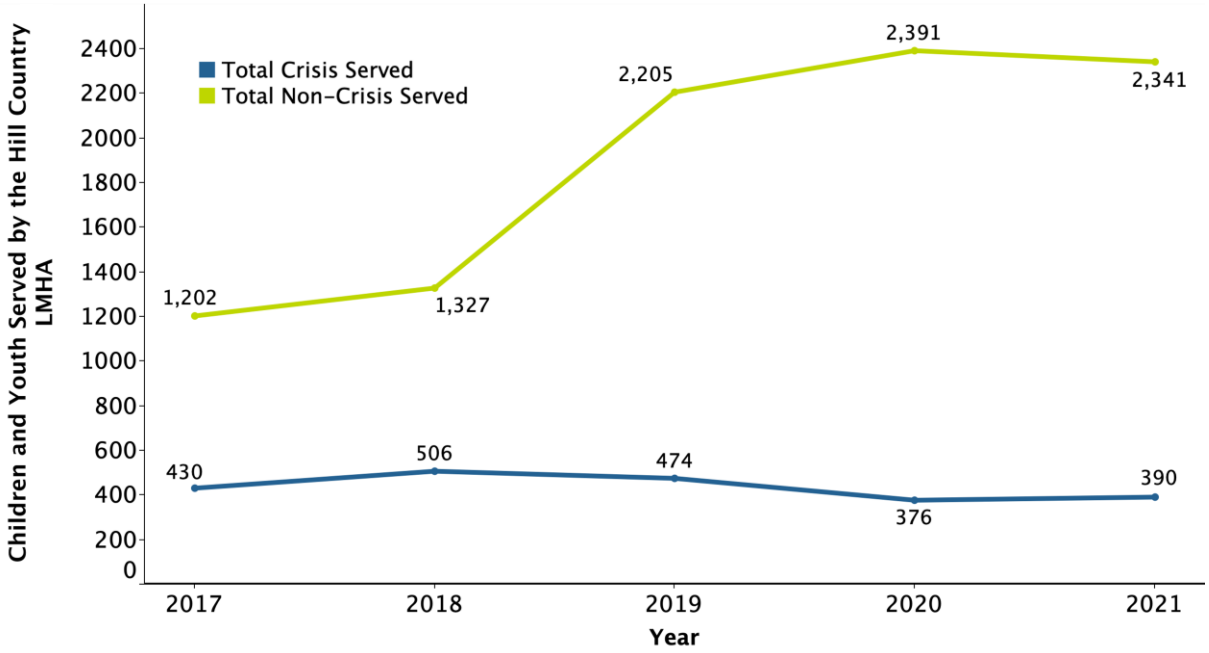
Ideal System Category	Level of Care	Hill Country MHDD Catchment	
		Number Served	% of Total
Outpatient	Medication Management	430	16%
	Targeted Services	1,136	42%
Rehabilitation	Complex Services	674	25%
	Intensive Family Services	6	<1%
	First Episode Psychosis	-	-
	Young Child Services	42	2%
	YES Waiver	53	2%
	Transition Age Youth	-	-
Crisis	Residential Treatment Centers	2	<1%
	Crisis Services	379	14%
	Crisis Follow Up	9	0%

Below shows the total number of children and youth who received crisis and non-crisis services from Hill Country MHDD by status (crisis vs. non-crisis). The total number of children and youth served in non-crisis (outpatient and rehabilitative care settings) increased by 83% between FY 2017 and FY 2019 (bright green line below; 1,202 children and youth in FY 2017 and 2,205 children and youth in FY 2029), with the number served in non-crisis remaining stable in FY

[319] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.

2020 and FY 2021. During that same period, the number served in crisis services has remained flat (blue line below).

Figure 3: Children and Youth Served by Hill Country MHDD, by Crisis Status – 19 County Catchment Area (FY 2017–FY 2021)[320]



Below shows the total number of Hays County residents served from FY 2018 to FY 2021. From FY 2018 to FY 2020, the total number served grew 18%, from 1,863 residents to 2,201 residents, which remained stable in FY 2021. The growth is primarily attributed to an increase in the number of adults served since FY 2018.

Table 4: Hays County Residents Served by Hill Country MHDD, by Age Group (FY 2018–FY 2021)[321]

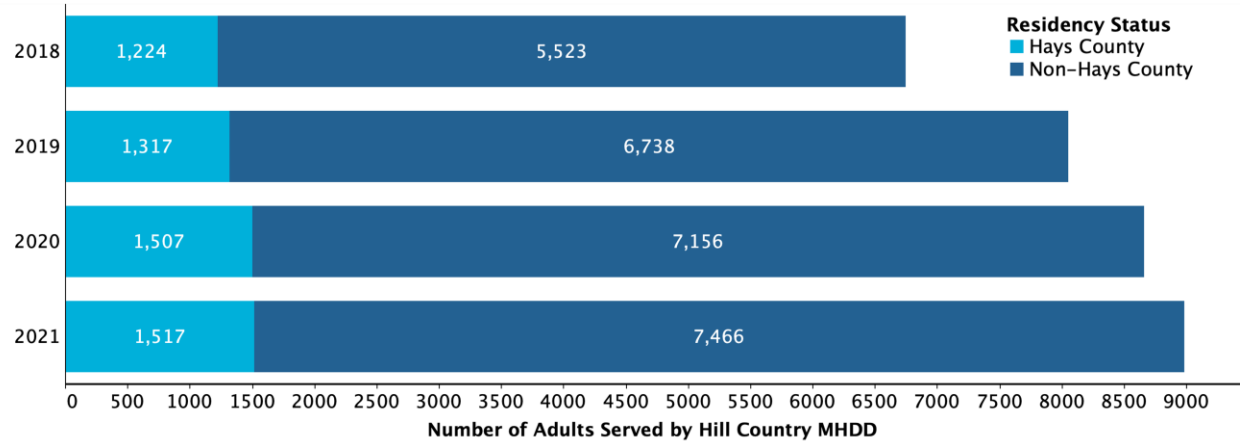
	2018	2019	2020	2021
Total Served by Hill Country MHDD	**1,863**	**1,962**	**2,201**	**2,156**
Total Adults Served	1,224	1,317	1,507	1,517
Total Children and Youth Served	639	645	694	639

The total number of adults served by Hill Country MHDD by Hays County residency status is available below. Hays County adults (represented in bright blue) accounted for 17% of all adults

[320] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.
[321] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only. These data and results may vary slightly from the data obtained from HHSC. These data represent fiscal years 2018 to 2021.

served by Hill Country MHDD between FY 2018 and FY 2021 (5,565 of the 32,448 total adults served). The number of Hays County adults served has increased over time (from 1,224 in 2018 to 1,517 in 2021). While the total number served has increased, the proportion of Hays County adult residents served out of all Hill Country MHDD catchment has decreased slightly (16.9% in 2021). As Hays County is experiencing vast population growth (see the section on Population Growth), this suggests that Hays County adults may not be proportionally represented in service expansion at Hill Country MHDD.

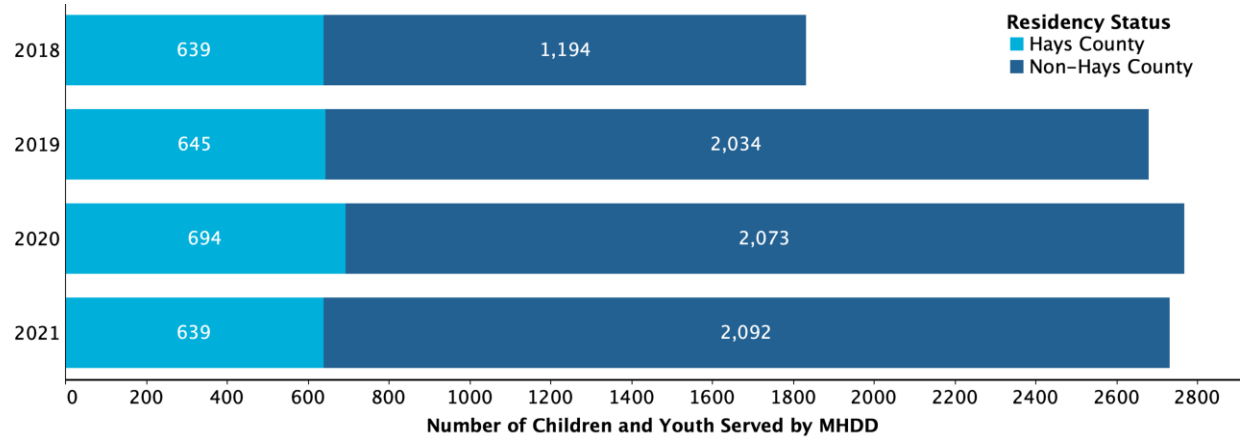
Figure 4: Adults Served by Hill Country MHDD, by Hays County Residency Status (2018–2021)[322]



The total number of children and youth served by Hill Country MHDD by Hays County residency status is available below. Hays County children and youth (represented in bright blue) accounted for more than one-fourth of all children and youth served by Hill Country MHDD between FY 2018 and FY 2021 (2,617 of the 10,010 total children and youth served). This is larger than the percentage of Hill Country MHDD adults who were Hays County residents. The number of children and youth served by Hill Country MHDD remained constant despite a ~30% increase in the LMHA's number of patients served between 2018 and 2019.

[322] Data for this analysis were triangulated from information on service provision between fiscal years 2018 and 2021 as provided by Hill Country MHDD on August 26, 2022 (Hays County residents only) and Texas Health and Human Services Commission (2017 – 2021). Previously Cited.

Figure 5: Children and Youth Served by Hill Country MHDD, by Hays County Residency Status (2018–2021)[323]



The table below describes the demographic characteristics of Hays County residents served by Hill Country MHDD between FY 2018 and FY 2021. Of the 8,182 Hays County residents served across that period, 70% were adults, and slightly more females served than males (55% vs. 45%, respectively). Most residents who were served identified as White (87%), followed by Black or African American (7%) and multi-racial (6%). Approximately 39% of all residents served identified as Hispanic or Latino ethnicity.

Table 5: Demographics of Hays County Residents Served by Hill Country MHDD (FY 2018–FY 2021)[324]

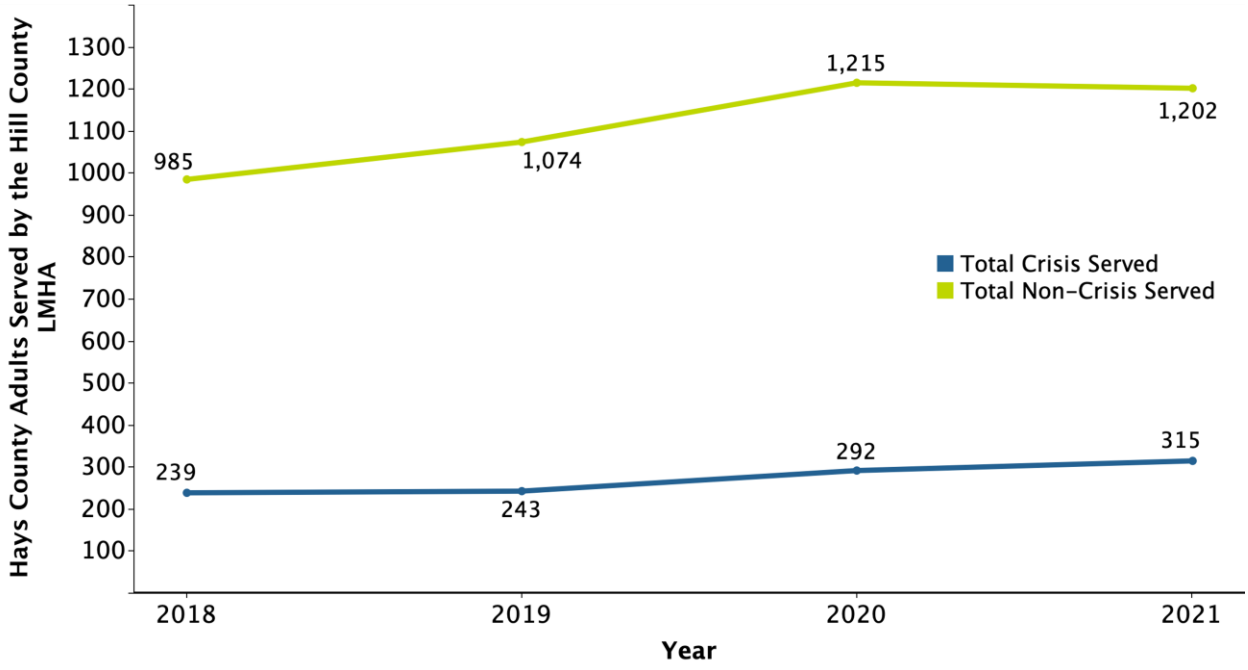
	% of Total
Total Hays County Residents Served FY 2018 – FY 2021	**8,182**
Average Number Served per Year	2,046
Age Group	
Children and Youth	30%
Adults	70%
Gender	
Female	55%
Male	45%
Race	
White	87%
Black or African American	7%

[323] Data for this analysis were triangulated from information on service provision between fiscal years 2018 and 2021 as provided by Hill Country MHDD on August 26, 2022 (Hays County residents only) and Texas Health and Human Services Commission (2017 – 2021). Previously Cited.
[324] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only between fiscal years 2018 and 2021.

	% of Total
Total Hays County Residents Served FY 2018 – FY 2021	**8,182**
Multi-Racial	6%
Asian, American Indian, or Pacific Islander	<1%
Ethnicity	
Hispanic or Latino	39%
Non-Hispanic or Latino	61%

The figure below shows the total number of Hays County adults who received crisis and non-crisis services from Hill Country MHDD by status (crisis vs. non-crisis). Between FY 2018 and FY 2021, non-crisis utilization among Hays County adults increased 22%, which is lower than the 40% increase that the entire 19-county Hill Country MHDD catchment area experienced over the same period. However, crisis utilization among Hays County adults increased 32% between FY 2018 and FY 2021, which is nearly three times the growth experienced over the same period for the entire Hill Country MHDD catchment (10%).

Figure 6: Hays County Adults Served by Hill Country MHDD, by Crisis Status (FY 2017–FY 2021)[325]

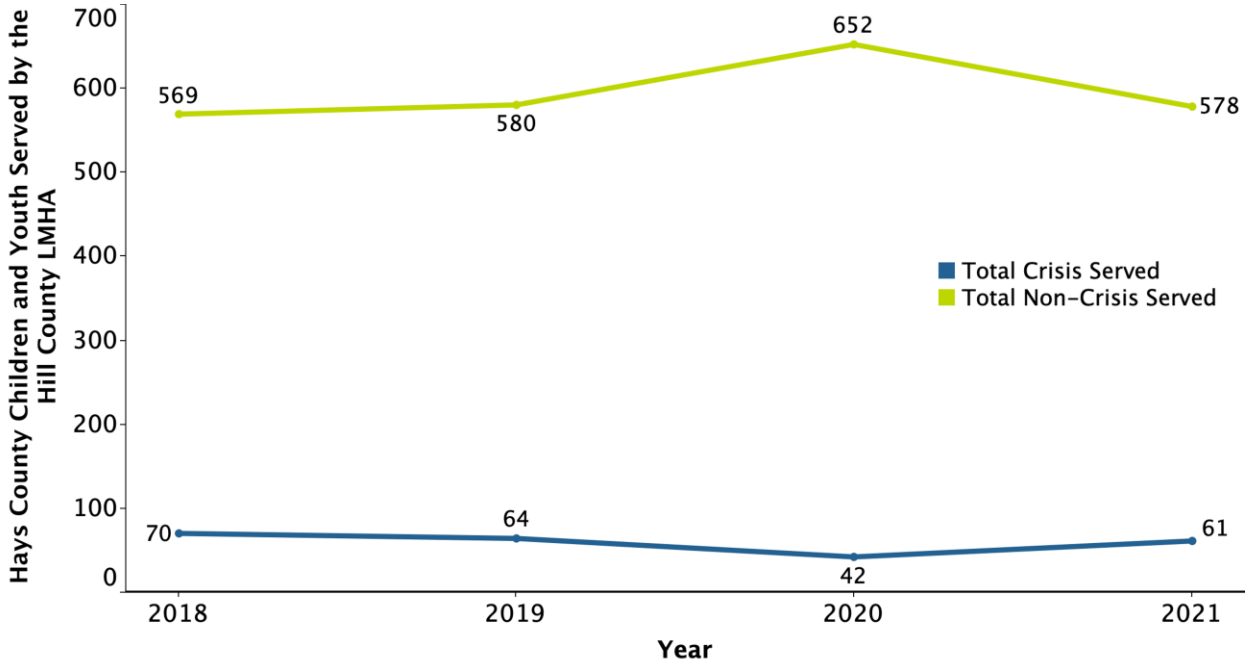


The below figure shows the total number of Hays County children and youth who received crisis and non-crisis services from Hill Country MHDD by status (crisis vs. non-crisis). Between FY 2018

[325] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only between fiscal years 2018 and 2021.

and FY 2021, non-crisis utilization among Hays County children and youth increased 2%, which is much lower than the 76% increase that the entire 19-county Hill Country MHDD catchment area experienced over the same period. However, crisis utilization among Hays County children and youth decreased 13% between FY 2018 and FY 2021, which is slightly lower than the decrease experienced over the same period for the entire Hill Country MHDD catchment (23%).

Figure 7: Hays County Children and Youth Served by Hill Country MHDD, by Crisis Status (FY 2017–FY 2021)[326]



The below table details the number of Hays County children and youth served by Hill Country MHDD by the level of care. In FY 2021, approximately 90% of Hays County children and youth were served in non-crisis settings. Hays County children and youth had a slightly larger percentage of their total services going towards "medication management" and "targeted services" in FY 2021, compared to the distribution seen among all children and youth served in the 19-county Hill Country catchment area. Additionally, Hays County children and youth had a slightly smaller percentage of the total services going towards crisis or crisis follow-up than the 19-county Hill Country catchment area (10% vs. 14%, respectively).

[326] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only between fiscal years 2018 and 2021.

Table 6: Hays County Children and Youth Served by Hill Country MHDD, by Level of Care (FY 2021)[327]

Ideal System Category	Level of Care	Hays County Residents	
		Number Served	% of Total
Outpatient	Medication Management	120	19%
	Targeted Services	279	44%
Rehabilitation	Complex Services	160	25%
	Intensive Family Services	1	0%
	First Episode Psychosis Services	0	0%
	Young Child Services	8	1%
	YES Waiver	10	2%
	Transition Age Youth	0	0%
Crisis	Residential Treatment Centers	0	0%
	Crisis Services	61	10%
	Crisis Follow Up	0	0%

State Hospital Admissions by Hays County Residents

The following table details involuntary state hospital admissions by Hays County residents from Hill Country MHDD. From FY 2018 to FY 2021, there were 93 total involuntary admissions, with only four admissions being among Hays County children and youth (<18). The average length of stay (in days) ranged from 81 days in FY 2018 to 188 days in FY 2019. These 93 admissions represent approximately 20% of the 467 total state hospital admissions from Hill Country MHDD.[328]

[327] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only between fiscal years 2018 and 2021.

[328] Texas Health and Human Services Commission (2017 – 2021). Previously Cited. This data details those served across the entire 19-county Hill Country MHDD catchment area and are not limited to Hays County residents.

Table 7: Involuntary State Hospital Admissions by Hays County Residents from Hill Country MHDD (FY 2018–FY 2021)[329]

Fiscal Year	Involuntary Admissions			Average Length-of-Stay (Days)[330]
	Total	Adult	Children/ Youth	
2018	**27**	24	3	81
2019	**29**	28	1	188
2020	**19**	19	0	166
2021	**18**	18	0	167

Private Psychiatric Beds Admissions by Hays County Residents

The table below describes the demographic characteristics of Hays County residents admitted to private psychiatric beds (PPB) from Hill Country MHDD between FY 2019 and FY 2021.[331] Of the 205 Hays County residents admitted to PPBs across that period, 91% were adults. Additionally, there were slightly more males served than females (45% vs. 55%, respectively), which is the opposite gender distribution seen among all Hays County residents served in non-crisis or crisis services by Hill Country MHDD. Most individuals admitted to PPBs were White (87%) and approximately 36% of all residents served identified as Hispanic or Latino ethnicity.

Table 8: Demographics of Hays County Residents Admitted to Private Psychiatric Beds (FY 2019–FY 2021)[332]

	% of Total
Total Hays County Residents Admitted to Private Psychiatric Beds FY 2019 – FY 2021	**205**
Average Number Served per Year	68
Age Group	
Children and Youth	9%
Adults	91%
Gender	
Female	45%
Male	55%

[329] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only. These data and results may vary slightly from the data obtained from HHSC. These data represent fiscal years 2018 to 2021.
[330] Average length-of-stay may not apply to children and youth admissions.
[331] Data on FY 2018 was not available for PPB admissions.
[332] On August 26, 2022, Hill Country MHDD provided data on services provided to Hays County residents only. These data and results may vary slightly from the data obtained from HHSC. These data represent fiscal years 2019 to 2021.

	% of Total
Total Hays County Residents Admitted to Private Psychiatric Beds FY 2019 – FY 2021	**205**
Race	
White	87%
Black or African American	5%
Multi-Racial	6%
Asian, American Indian, or Pacific Islander	2%
Ethnicity	
Hispanic or Latino	36%
Non-Hispanic or Latino	64%

Appendix Four: Key Informant Interviews

Hays County Commissioners Court	
Name	**Title**
Ruben Becerra	Hays County Judge
Debbie Gonzales Ingalsbe	Hays County Commissioner Precinct 1
Mark Jones	Hays County Commissioner Precinct 2
Lon A. Shell	Hays County Commissioner Precinct 3
Walt Smith	Hays County Commissioner Precinct 4

Mental Health Task Force Members			
Name	**Title**	**Organization**	**Notes**
Fox Whitworth	Assistant Criminal District Attorney	Hays County	Also reflected in the Justice section
Toni Watt	Professor and Chair of Sociology	Texas State University	Also reflected in the Higher Education section
Jude Prather	County Veteran Service Officer	Hays County Veterans Services	N/A
Landon Sturdivent	Deputy Chief Executive Officer	Hill Country MHDD Centers	Also reflected in the Hill Country MHDD Centers section
Wes Mau	Criminal District Attorney	Hays County	Also reflected in the Justice section
Charles Campise	Hays County Trustee	Hill Country MHDD Centers	N/A
Andrea Richardson	Executive Director	Bluebonnet Trails Community Services	Also reflected in the Other Area Mental Health / Behavioral Health Service Providers section
Landon Campbell	Interim Scheib Board Chair	Scheib Center	Also reflected in the Community Based Organizations section
Anne Halsey	VP	SMCISD School Board	Also reflected in the school section
Emiliano Romero	Advocacy Advisor	Seton Healthcare Family	Also reflected in the Hospital Systems section
Gloria Martinez-Ramos	Professor of Sociology & Latina/o Studies, Director of the Center for Diversity and Gender Studies	Texas State University	Also reflected in the Higher Education section
Thomas McKinney	President	CHRISTUS Santa Rosa Hospital-San Marcos	Also reflected in the Hospital Systems section

Mental Health Task Force Members			
Name	**Title**	**Organization**	**Notes**
Eric Martinez	Executive Director and Policy Director	Mano Amiga	Also reflected in the Community Based Organizations section

*Three Meadows Institute staff members visited the San Marcos and Kyle Hill Country MHDD Centers locations for a site visit and to engage with staff.

Hill Country MHDD Centers	
Name	**Title**
Landon Sturdivent	Deputy CEO
Jennifer Claunch	Director of YES Waiver Services
Melissa Ramirez	Director of Children Services
Able Rosas	TCOOMMI Program Director
Danielle Pratt	Mobile Crisis Outreach Team Lead / Crisis Supervisor
Ashlee Miller	Director of Behavioral Health
Rikki Tai Ferrell	Director of Adult Services
Michael Fogerty	Military Peer Veteran Network Coordinator
Joan Cortez	Director of Crisis Services
Rebecca Lewis	CSU Facility Director
Jazzie Hamlett	Centralized Crisis Team Lead
Michelle Zaumeyer	Kyle Clinic Director
Anne Taylor	Mental Health Trainer and Contract Oversight
Kerry Raymond	Care Transition Team Lead
Anthony Winn	Director of Clinical Operations
Amy Lowrie	Clinic Director, San Marcos Mental Health Clinic
Elizabeth Behrens	Director of the Care Navigator Program
Randie Benno	Interim Director for Peer Support

Schools		
Name	**Title**	**Organization**
Tisha Kolek	Director of Social Emotional Learning	Dripping Springs ISD
Crystal Winn, LMHP	Licensed Mental Health Counselor	Dripping Springs ISD
Gabby Mora, LMHP	Licensed Mental Health Counselor	Dripping Springs ISD
Angela Gamez	Principal Dripping Springs High School	Dripping Springs ISD

Schools		
Name	**Title**	**Organization**
Amy Lyles, MEd, LPCS	Director of Student Support Services	Wimberly ISD
Maritza Gonzalez	Director of Guidance	Hays CISD
LindaRae Johnson	Mental Health Support Specialist	Hays CISD
Rachel Maldonado	Mental Health Professional-ESSER	Hays CISD
Anne Halsey	Vice President	San Marcos CISD School Board
Cristal Lopez	Youth Service Director	Community Action, Inc.
Dr. Christine Norton	Professor of Social Work	Texas State University
Dr. Nithya Mani	Associate Director, CPAN/TCHATT	Dell Medical School
Krystle Pleitz, LCSW	Social Worker, UT Austin Pediatric Psychiatry	Dell Medical School

*Two Meadows Institute staff members attended the two-day SIM exercise hosted in Hays County September 15 and 16, 2022.

Justice		
Name	**Title**	**Organization**
Tacie Zelhart	Former Judge, County Court-at-Law, # 3	Individual
Chief Deputy Mike Davenport	Chief Deputy Support Services Bureau	Hays County Sheriff/Jail
Captain Julissa Villalpando	Captain of the Corrections Bureau	Hays County Sheriff/Jail
Captain John Saenz	Corrections Bureau Captain of Operations	Hays County Sheriff/Jail
Lisa Day	Chief Juvenile Probation Officer	Hays County Juvenile Probation
Cody Heintz	MH JPD Officer	Hays County Juvenile Probation
Valerie Zerr	MH JPD Officer	Hays County Juvenile Probation
Brett Littlejohn	Facility Director	Hays County Juvenile Probation
Shaun Mosqueda	Veterans Treatment Court Case Manager	Hays County Veteran Treatment Court
HHSC SIM Planning Team	SIM Task Force Planning team	Hays County
Nichole (Cynthia) Mueller	Mental Health Coordinator - Jail	Wellpath
Judge Dan O'Brien	Judge, County Court-at-Law, # 3	Hays County
Meenu Walters	Supervising Attorney	Neighborhood Defender Services

Justice		
Name	**Title**	**Organization**
Julia New	Executive Director	Greater San Marcos Youth Council (Family Justice)
Catherine Bialick	Policy Advisor	HHSC Office of the State Forensic Director
Emily Dirksmeyer	Policy Advisor	HHSC Office of the State Forensic Director
Jennie Simpson	Director	HHSC Office of the State Forensic
Fox Whitworth	Assistant Criminal District Attorney	Hays County
Wes Mau	Criminal District Attorney	Hays County

Other Area Mental Health / Behavioral Health Service Providers		
Name	**Title**	**Organization**
Cindy Long	CEO	Samaritan Center
Robert Olivarez	CEO	Sunrise Rehab and Recovery
David McClintock	Executive Director	Sunrise Rehab and Recovery
Lori Linn	Youth Recovery Community Manager	Cenikor
Carla Merritt	Director of Prevention Programs	Cenikor / HCCADA
Robert Milks	COO	CommuniCare
Myrna Valentine	Director of Operations	CommuniCare
April Harris	Practice Manager, Hays County	CommuniCare
Andrea Richardson	Executive Director	Bluebonnet Trails Community Services

Community Based Organizations		
Name	**Title**	**Organization**
Toniya Parker	Program Manager	NAMI Central Texas
Dulce Gruwell	Program Manager	NAMI Central Texas
Michelle Harper	President / CEO	United Way of Hays & Caldwell Counties
Jayne Whisnant	Central & West Texas Area Director	American Foundation for Suicide Prevention
Jonnie LM Wilson	CEO	Speaking Heart to Heart Women's Wellness Clinic
Melissa Rodriguez	Chief Executive Officer	Hays Caldwell Women's Center
Joe Castillo	Vice President	Nosotros La Gente
Landon Campbell	Board Member	Scheib Center

Community Based Organizations		
Name	**Title**	**Organization**
Rev. Joshua Sutherlun	Lead	Homeless Coalition of Hays County
Eric Martinez	Executive Director and Policy Director	Mano Amiga
Cristal Lopez	Youth Service Director	Community Action, Inc.

Hospital Systems		
Name	**Title**	**Organization**
Thomas McKinney	CEO	CHRISTUS Santa Rosa Hospital-San Marcos
Micah Johnson	CNO	CHRISTUS Santa Rosa Hospital-San Marcos
D'Anna Blevins	Director of Emergency Department	CHRISTUS Santa Rosa Hospital-San Marcos
Emiliano Romero	Advocacy Advisor Advocacy & External Affairs	Ascension Seton
Geronimo Rodriguez	Chief Advocacy officer	Ascension Seton
Dr. Kimberly Avila Edwards	Director of Advocacy	Ascension Seton
Dr. Fausto Meza	Ascension Texas Chief Medical Officer	Ascension Seton
Dr. Joshua Pozos	Ascension Seton Hays County Chief Medical Officer	Ascension Seton
Dr. Roshni Koli	Medical Director of Pediatric Mental Health at Dell Children's Medical Center	Ascension Seton
Dr. Michael Kerr	Emergency Medicine Specialist, Ascension Seton Hays County	Ascension Seton
Pam Howard	Case Manager at Ascension Seton Hays County	Ascension Seton
Margaret Beville	Director of Nursing at Ascension Seton Hay County	Ascension Seton
Michele Reese	Manager of Nursing Clinical Programs at Ascension Seton Hays County	Ascension Seton
Sarah Leverett	Manager of Nursing, Emergency Department, Ascension Seton Hays County	Ascension Seton

Higher Education – Texas State University	
Name	**Title**
Rebecca Davio	Director, Institute for Government Innovation Geography Internship Program Coordinator and Associate Professor of Practice, Geography
Terence Parker	Associate Dean of Students, C.A.R.E
Dr. Katherine Selber	Professor, School of Social Work, Texas State University Founding Member, Texas State Veterans Advisory Council
Cheryl Nickell	Referral Coordinator & Counselor Specialist
Tracy Chiles	Senior Lecturer, Professional Counseling Program Clinic Director Practicum and Internship Coordinator
Dr. Kathy Ybanez-Llorente	Program Coordinator & Graduate Advisor, Associate Professor
Toni Watt	Professor and Chair of Sociology
Dr. Gloria Martinez-Ramos	Director of the Center for Diversity and Gender Studies

Patient Advisory Councils		
Name	**Title**	**Organization**
D.J. Seeger	Chair, Representing Comal County	Hill Country MHDD Centers, Citizen Advisory Committee