Lee Johnson
Deputy Director
Texas Council of Community Centers
Ljohnson@txcouncil.com
512.775.9572
www.txcouncil.com
<table>
<thead>
<tr>
<th></th>
<th>City</th>
<th>County</th>
<th>Other (e.g., Hospital District)</th>
<th>Total Local Taxing Authority Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2009</td>
<td>$2,858,986</td>
<td>$50,450,717</td>
<td>$5,069,887</td>
<td>$58,379,590</td>
</tr>
<tr>
<td>FY 2010</td>
<td>$4,775,123</td>
<td>$51,915,530</td>
<td>$7,122,817</td>
<td>$63,813,470</td>
</tr>
<tr>
<td>FY 2011</td>
<td>$5,377,085</td>
<td>$48,392,672</td>
<td>$15,088,323</td>
<td>$68,975,503</td>
</tr>
<tr>
<td>FY 2012</td>
<td>$5,925,356</td>
<td>$51,860,573</td>
<td>$11,167,093</td>
<td>$68,953,022</td>
</tr>
<tr>
<td>FY 2013</td>
<td>$5,312,970</td>
<td>$53,806,917</td>
<td>$11,057,638</td>
<td>$70,177,525</td>
</tr>
<tr>
<td>FY 2014</td>
<td>$5,514,583</td>
<td>$57,673,184</td>
<td>$9,839,880</td>
<td>$73,027,647</td>
</tr>
</tbody>
</table>

Local Taxing Authority Investment
Overview of MH Service Array
Adults & Children

**Statewide**
- Crisis Hotline (accredited)
- Mobile Crisis Outreach Teams
- Crisis Transitional Services
- Intensive Ongoing Services
- Jail Diversion Planning
- Medication-Related Services
- Skills Training (psychosocial rehab)
- Case Management
- Cognitive Behavioral Therapy
- Supported Employment
- Supported Housing
- Assertive Community Treatment
- Benefits Assistance

**Certain Local Service Areas**
- Crisis Stabilization Units
- Extended Observation (23 – 48 hrs)
- Crisis Residential Services
- Crisis Respite Services
- Crisis Step-Down/Local Hospital
- Outpatient Competency Restoration
- Community Hospitals
- Local Hospital Beds
- Substance Use Disorder Services
- Homeless Services
- Peer Support Services
Impact of Expanding Community Inpatient Psychiatric Beds

<table>
<thead>
<tr>
<th>2015 State Funded Beds</th>
<th>456</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gulf Coast</td>
<td>18</td>
</tr>
<tr>
<td>Sunrise Canyon</td>
<td>30</td>
</tr>
<tr>
<td>Harris Center</td>
<td>148</td>
</tr>
<tr>
<td>Harris (Long Stay)</td>
<td>6</td>
</tr>
<tr>
<td>Harris (ICR)</td>
<td>23</td>
</tr>
<tr>
<td>CHCS</td>
<td>25</td>
</tr>
<tr>
<td>Tri-County</td>
<td>5</td>
</tr>
<tr>
<td>Harris County</td>
<td>17</td>
</tr>
<tr>
<td>Tarrant County</td>
<td>20</td>
</tr>
<tr>
<td>Tropical</td>
<td>10</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>94</td>
</tr>
<tr>
<td>UTHSC Tyler (UTHNE)</td>
<td>44</td>
</tr>
<tr>
<td>Hill Country CSU</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2016 Additional State Funded Beds</th>
<th>94</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Hardwick</td>
<td>3</td>
</tr>
<tr>
<td>Austin Travis County</td>
<td>10</td>
</tr>
<tr>
<td>CHCS</td>
<td>5</td>
</tr>
<tr>
<td>Gulf Coast Center</td>
<td>2</td>
</tr>
<tr>
<td>Spindletop Center</td>
<td>9</td>
</tr>
<tr>
<td>Tarrant County</td>
<td>10</td>
</tr>
<tr>
<td>Heart of Texas</td>
<td>3</td>
</tr>
<tr>
<td>Brazos Valley</td>
<td>6</td>
</tr>
<tr>
<td>Harris Center</td>
<td>5</td>
</tr>
<tr>
<td>Denton County</td>
<td>6</td>
</tr>
<tr>
<td>Access</td>
<td>20</td>
</tr>
<tr>
<td>West Texas Centers</td>
<td>10</td>
</tr>
<tr>
<td>Coastal Plains</td>
<td>5</td>
</tr>
</tbody>
</table>

Contracts scheduled to become effective during FY2016.
Effective Community Inpatient Psychiatric Beds

Average Length of Stay at Discharge by Component Type FY2015

- State-Operated: 64.61 days
- Private Psychiatric: 17.39 days
- Community Mental Health: 9.78 days

Percent of Treatment Episodes Discharged in 14 Days or Less

- State-Operated: 34%
- Private Psychiatric: 73%
- Community Mental Health: 84%
Civil Vs Forensic Patient Population of State Hospitals
Includes Montgomery County Mental Health Treatment Facility
Snapshot taken on January 21st of each year. Last data point snapshot of August 4th, 2015
Promising Practices
• **Mental Health Law Liaison Program**
  - Averages 764 calls/referrals a month from Law Enforcement with 5% of those calls resulting in incarceration.
  - Referrals have increased by 400% in the last 5 years.

• **Peer Support Re-entry Pilot**
  - Engaging Certified Peer Support Specialists (CPS’s) to successfully transition inmates with a mental illness from the county jail into clinically appropriate community-based care.

• **Enhanced Mental Health Services Docket**
  - Program has served 155 individuals in the past year.
  - Currently serving 97 released from jail on a pre-trial bond with follow up treatment as a condition.
Successes of the Sunrise Canyon Model

- Community-based
- Shorter lengths of stay
- Lower cost of care
- LMHA Operated
- Leverage of local resources
- Jail diversion
- Emergency room diversion
- On-site competency restoration
- Natural support network
- Proximity to full service array
- No waiting list
- County to county support
- State Mental Health Facility (Big Spring) diversion site
- Alternate care site for other LMHAs

FY15 Cost per Episode of Care Comparison

<table>
<thead>
<tr>
<th>Facility</th>
<th>Bed Day Cost</th>
<th>Average Length of Stay</th>
<th>Episode of Care Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunrise Canyon Hospital</td>
<td>$439.01</td>
<td>23.7 days</td>
<td>$10,405.25</td>
</tr>
<tr>
<td>State Mental Health Facility System</td>
<td>$425.00*</td>
<td>74.4 days</td>
<td>$31,620.00</td>
</tr>
</tbody>
</table>

*During certain Department of State Health Services presentations, one may hear of a bed day rate under $100. The higher rate is inclusive of certain state-related costs, not applicable for comparison with Sunrise Canyon Hospital. For the purpose of this chart, only those costs directly comparable between the two (2) rates are included.
Summary of Results:

- Reduced victimization and increased support for the homeless population.
- Greater efficiency in the use of law enforcement, resulting in increased public safety and return of law enforcement officers back to community policing.
- Reduced inappropriate incarceration of persons with mental illness and/or substance abuse issues.
- Reduced inappropriate use of emergency rooms and hospitalizations.
- Increased efficiency and effectiveness in the use of public dollars.
- Five year total cost avoidance:
  - City of San Antonio: $10.5 million
  - Bexar County: $39.5 million
**Program Description**

- Not a hospital but a hybrid
- 8 bed 48 hour secure observation unit & 16 bed crisis residential unit
- Psychiatric care via telemedicine
- Non-coercive: no seclusion, no restraint
- Medical detox provided (1115 Waiver)
- Average length of stay is 3 days
- Provides rapid stabilization in least restrictive environment
- **70% of persons presenting in crisis are stabilized successfully at MHEC**

**Cost of Care**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State MH Hospital stay (2011)</td>
<td>$11,629</td>
</tr>
<tr>
<td>MH Jail Stay (2011)</td>
<td>$10,960</td>
</tr>
<tr>
<td>Psych ED Visit (2012)</td>
<td>$2,264</td>
</tr>
<tr>
<td>Psych Inpatient Stay (2011)</td>
<td>$5,700</td>
</tr>
<tr>
<td>MHEC Stay (2016)</td>
<td>$2,905</td>
</tr>
</tbody>
</table>
**Issue:** Significant lack of state hospital bed capacity as well as a professional healthcare shortage of registered nurses experienced in Central Texas, the local mental health authority and a private psychiatric hospital have collaborated on a community-based solution.

**Solution through partnership:** Bluebonnet Trails Community Services (BTCS) and Georgetown Behavioral Health Institute (GBHI) to open an Extended Observation Unit (EOU) within the private psychiatric hospital.

BTCS, the local mental health authority and operator of the EOU, is working with GBHI, a licensed and Joint Commission accredited private psychiatric treatment facility, to develop a contractual agreement to provide the space for the Extended Observation Unit (EOU) on the fourth floor of GBHI.

**Benefits to community:** Collaboration and partnership will improve clinical operations by providing access to professional staff within an accredited setting. This action improves recruitment and retention through association with this facility, and enhances opportunities for third party reimbursement necessary in sustaining—and growing—a valued system of care over time. Increases current EOU capacity from 3-bed unit to 6-bed unit at GBHI.

**Funding:** The EOU is made possible through joint funding through the DSHS Crisis Services Funding (gratefully acknowledging the support during the 83rd Legislative Session) and the Medicaid 1115 Transformation Waiver.

**Extended Observation Unit (EOU) goals:**
Provide focused care stabilizing persons experiencing crises within 48 hours, diverting them from emergency rooms, the state hospital system and jail.

Step-down option for persons preparing for discharge from Austin and San Antonio State Hospitals so that beds may be opened at the state hospital.
Defining the Continuum of Care

Ideal Components of the Continuum of Care for Behavioral Health in Travis County

- **Strategy 1**: Promote behavioral wellness and support recovery
- **Strategy 2**: Intervene early with effective treatment and supports
- **Strategy 3**: Intervene intensely for persons with complex needs
- **Strategy 4**: Respond effectively to people in crisis

System Capabilities
- Maximized Use of Technology
- Leveraged Funding
- Coordinated Care

System Characteristics and Shared Values
- Best Practices
- Integrated Care
- Consumer-orientation
- Cultural and Linguistic Competence
- Accountability
- Multiple Access Points
Appendices
<table>
<thead>
<tr>
<th>Community Mental Health Act of 1963</th>
<th>Texas MH/IDD Act of 1965 (THSC, Sec. 534.001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>➣ Federal funding for Community MH/IDD Centers</td>
<td>➣ Authorized local taxing authorities (counties, cities, hospital districts, school districts) to</td>
</tr>
<tr>
<td>➣ Community-based service philosophy</td>
<td>➣ create local governmental entity;</td>
</tr>
<tr>
<td>➣ Emphasized natural support systems, new medications, regionalized relationship with state facilities</td>
<td>➣ appoint local governing board;</td>
</tr>
<tr>
<td>➣ Catalyst for state legislation and funding</td>
<td>➣ develop community alternatives to treatment in large residential facilities.</td>
</tr>
<tr>
<td></td>
<td>➣ Established local, state and federal partnership to create community-based system for people with mental illness and intellectual disabilities</td>
</tr>
</tbody>
</table>
Population Served by Major Service Category (FY 2014)

- Mental Health: 57%
- Veterans: 5%
- Jail-based Screening/Assessment: 9%
- Intellectual & Developmental Disabilities: 12%
- Early Childhood Intervention: 7%
- Substance Use Disorder: 7%
- Other: 3%

18
Expenditures by State Budget Strategy
FY2015

MH Adult, $496,891,873, 59%
MH Child, $110,808,403, 13%
Crisis, $169,866,621, 20%
Community Hospital (Inpatient Only), $68,266,594, 8%
# State Mental Health Hospital Admission & Discharge Criteria

## Admission

<table>
<thead>
<tr>
<th>Voluntary or Involuntary (Civil) Mental Health Commitment (Chapters 46B and 46C of the Texas Code of Criminal Procedure)</th>
</tr>
</thead>
</table>
| • Diagnosed with a mental illness; and  
• Determined a danger to self and/or others, or at risk of deterioration* |

<table>
<thead>
<tr>
<th>Persons/Professionals Involved</th>
</tr>
</thead>
</table>
| • Police officers  
• Admitting physicians  
• Local Mental Health Authorities (LMHAs)  
• Adults’ relatives & guardians |

<table>
<thead>
<tr>
<th>Types of Involuntary Mental Health Commitments</th>
</tr>
</thead>
</table>
| • Emergency detention  
• Order of protective custody  
• Temporary commitment  
• Extended commitment |

<table>
<thead>
<tr>
<th>Forensic Commitment (Chapters 46B and 46C of the Texas Code of Criminal Procedure)</th>
</tr>
</thead>
</table>
| • Found incompetent to stand trial (IST); i.e. Chapter 46B  
• Found not guilty by reason of insanity (NGRI), i.e. Chapter 46C |

<table>
<thead>
<tr>
<th>Persons/Professionals Involved</th>
</tr>
</thead>
</table>
| • Courts/judges/juries  
• Admitting physicians  
• LMHAs |

---

## Discharge

<table>
<thead>
<tr>
<th>Involuntary Commitment</th>
</tr>
</thead>
</table>
| • Court discharges patient at time of probable cause, temporary or extended hearing; or  
• Treatment team determines the person is no longer an imminent risk to self or others and can safely be treated in a less restrictive setting and an appropriate community placement exists |

<table>
<thead>
<tr>
<th>Forensic Commitment</th>
</tr>
</thead>
</table>
| • Treatment team recommends when the person is competent to stand trial, or (for NGRI), the person is no longer an imminent risk to self or others and can safely be treated in a less restrictive setting  
• Courts/judges must approve discharges or changes in commitment status  
• State hospitals and LMHAs have little control over the actual discharge of patients |

---

*The risk of harm must be substantial and imminent unless immediately detained. Also, inpatient services must be the least restrictive option for keeping the person safe.*
Demand for Outpatient Crisis Response

Crisis Outpatient Consumers Served, 2006-2015

Crisis Outpatient Served

Crisis Outpatient Served per 100K Population
Suspension, Time-limited Suspension & Termination

SUSPENDING, rather than terminating, Medicaid makes regaining coverage more seamless when someone is released from prison, allowing him or her quicker access to mental health services, prescribed medicines, and other needed care. It also reduces paperwork for state agencies.

16 states plus DC suspend Medicaid for the duration of incarceration, allowing quick and seamless reactivation of coverage upon release.

15 states suspend Medicaid for a specific period of time, for example, 30 days or up to one year. This allows people who are incarcerated for short periods to quickly reactivate their coverage once they get out, but it forces people who are incarcerated for longer periods to fully reapply upon release. This adds red tape and increases costs for the state.

19 states terminate Medicaid coverage altogether when someone is incarcerated. Such individuals must fully reapply on release as well.

*Colorado has passed a law changing its policy to time-limited suspension, but the state has not yet implemented this law.
**Hawaii has passed a law changing its policy to indefinite suspension, but the state has not yet implemented this law.
***Washington passed SB 6430, which allows for indefinite suspension, but the law won’t be implemented until July 1, 2017.

Link between mental illness and substance use disorders

## Texas Counties With No General Psychiatrist

There are 185 counties in Texas with no general psychiatrist. These counties include:

<table>
<thead>
<tr>
<th>Andrews</th>
<th>Childress</th>
<th>Duval</th>
<th>Hardin</th>
<th>Kleberg</th>
<th>Mitchell</th>
<th>Runnels</th>
<th>Upshur</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aransas</td>
<td>Clay</td>
<td>Eastland</td>
<td>Hartley</td>
<td>Knox</td>
<td>Montague</td>
<td>Rusk</td>
<td>Upton</td>
</tr>
<tr>
<td>Armstrong</td>
<td>Cochran</td>
<td>Edwards</td>
<td>Haskell</td>
<td>La Salle</td>
<td>Moore</td>
<td>Sabine</td>
<td>Uvalde</td>
</tr>
<tr>
<td>Atascosa</td>
<td>Coke</td>
<td>Ellis</td>
<td>Hemphill</td>
<td>Lamb</td>
<td>Morris</td>
<td>San Augustine</td>
<td>Waller</td>
</tr>
<tr>
<td>Austin</td>
<td>Coleman</td>
<td>Fannin</td>
<td>Hill</td>
<td>Lee</td>
<td>Motley</td>
<td>San Jacinto</td>
<td>Ward</td>
</tr>
<tr>
<td>Bailey</td>
<td>Collingsworth</td>
<td>Fayette</td>
<td>Hockley</td>
<td>Leon</td>
<td>Nacogdoches</td>
<td>San Patricio</td>
<td>Washington</td>
</tr>
<tr>
<td>Baylor</td>
<td>Colorado</td>
<td>Fisher</td>
<td>Hopkins</td>
<td>Liberty</td>
<td>Navarro</td>
<td>San Saba</td>
<td>Wharton</td>
</tr>
<tr>
<td>Bee</td>
<td>Comanche</td>
<td>Floyd</td>
<td>Houston</td>
<td>Lipscomb</td>
<td>Newton</td>
<td>Schleicher</td>
<td>Wheeler</td>
</tr>
<tr>
<td>Blanco</td>
<td>Concho</td>
<td>Foard</td>
<td>Hudspeth</td>
<td>Live Oak</td>
<td>Ochiltree</td>
<td>Scurry</td>
<td>Willacy</td>
</tr>
<tr>
<td>Borden</td>
<td>Cooke</td>
<td>Franklin</td>
<td>Hutchinson</td>
<td>Llano</td>
<td>Oldham</td>
<td>Shackelford</td>
<td>Wilson</td>
</tr>
<tr>
<td>Bosque</td>
<td>Coryell</td>
<td>Freestone</td>
<td>Irion</td>
<td>Loving</td>
<td>Orange</td>
<td>Shelby</td>
<td>Winkler</td>
</tr>
<tr>
<td>Briscoe</td>
<td>Cottle</td>
<td>Frio</td>
<td>Jack</td>
<td>Lynn</td>
<td>Palo Pinto</td>
<td>Sherman</td>
<td>Wise</td>
</tr>
<tr>
<td>Brooks</td>
<td>Crane</td>
<td>Gaines</td>
<td>Jackson</td>
<td>Madison</td>
<td>Panola</td>
<td>Somervell</td>
<td>Wood</td>
</tr>
<tr>
<td>Brown</td>
<td>Crockett</td>
<td>Garza</td>
<td>Jasper</td>
<td>Marion</td>
<td>Parmer</td>
<td>Starr</td>
<td>Yoakum</td>
</tr>
<tr>
<td>Burleson</td>
<td>Crosby</td>
<td>Glasscock</td>
<td>Jeff Davis</td>
<td>Martin</td>
<td>Pecos</td>
<td>Stephens</td>
<td>Young</td>
</tr>
<tr>
<td>Burnet</td>
<td>Culberson</td>
<td>Goliad</td>
<td>Jim Hogg</td>
<td>Mason</td>
<td>Presidio</td>
<td>Sterling</td>
<td>Zapata</td>
</tr>
<tr>
<td>Caldwell</td>
<td>Dallam</td>
<td>Gonzales</td>
<td>Jim Wells</td>
<td>Matagorda</td>
<td>Rains</td>
<td>Stonewall</td>
<td>Zavala</td>
</tr>
<tr>
<td>Calhoun</td>
<td>Dawson</td>
<td>Gray</td>
<td>Jones</td>
<td>Maverick</td>
<td>Reagan</td>
<td>Sutton</td>
<td></td>
</tr>
<tr>
<td>Callahan</td>
<td>Deaf Smith</td>
<td>Grimes</td>
<td>Karnes</td>
<td>McCulloch</td>
<td>Real</td>
<td>Swisher</td>
<td></td>
</tr>
<tr>
<td>Camp</td>
<td>Delta</td>
<td>Hale</td>
<td>Kenedy</td>
<td>McMullen</td>
<td>Red River</td>
<td>Terrell</td>
<td></td>
</tr>
<tr>
<td>Carson</td>
<td>DeWitt</td>
<td>Hall</td>
<td>Kent</td>
<td>Medina</td>
<td>Reeves</td>
<td>Terry</td>
<td></td>
</tr>
<tr>
<td>Cass</td>
<td>Dickens</td>
<td>Hamilton</td>
<td>Kimble</td>
<td>Menard</td>
<td>Refugio</td>
<td>Throckmorton</td>
<td></td>
</tr>
<tr>
<td>Castro</td>
<td>Dimmit</td>
<td>Hansford</td>
<td>King</td>
<td>Milam</td>
<td>Roberts</td>
<td>Trinity</td>
<td></td>
</tr>
<tr>
<td>Chambers</td>
<td>Donley</td>
<td>Hardeman</td>
<td>Kinney</td>
<td>Mills</td>
<td>Robertson</td>
<td>Tyler</td>
<td></td>
</tr>
</tbody>
</table>

*Source: American Medical Association Physician Master File/MMS 2014*
Early Impact of 1115 Waiver

<table>
<thead>
<tr>
<th>Unduplicated Clients Served During DY3(^1)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients Served Regardless of Funding Source</td>
<td>515,663</td>
</tr>
<tr>
<td>New Clients Served with 1115 Waiver Funds</td>
<td>50,350</td>
</tr>
<tr>
<td>Existing Clients that Received Enhanced Services with 1115 Waiver Funds</td>
<td>23,728</td>
</tr>
</tbody>
</table>

\(^1\) Demonstration Year 3; third year of the Waiver

The Waiver structure is based on pay for performance (P4P). The ability to successfully meet performance metrics and measures determines whether a performing provider is eligible to receive a Delivery System Reform Incentive Payment (DSRIP). These payments are used to incentivize Community Centers to transform service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness.
### Telemedicine

**Thirty-six (36) Community Centers utilize telemedicine.**

- **Examples related to jail services:**
  - **Betty Hardwick Center**
  Intake, crisis & medication services in each of five (5) county jails in local service area

- **Bluebonnet Trails Community Services**
  Psychiatric, crisis evaluations, intake by LPHA, counseling services, crisis assessments, jail-based services, court-based services

- **Texoma Community Center**
  Crisis and jail assessments, as well as substance abuse treatment

- **Examples related to MH crisis services:**
  - **Austin Travis County Integral Care**
  Crisis and routine mental health consultations

- **Hill Country**
  Services to Veterans at Hill Country clinic via contract with Veterans Affairs (VA) and screening, continuity of care between crisis stabilization unit and outpatient clinics

- **Lakes Regional**
  Mental health diagnosis and crisis consultations

### 1115 Waiver

**Seventeen (17) active jail diversion/MCOT related DSRIP projects, highlighting use of telemedicine.**

- **Helen Farabee**
  Crisis respite unit to serve adults and children with Intellectual & Developmental Disabilities (IDD) either Medicaid or indigent and experience behavioral health issues, co-occurring mental health conditions, and/or are at risk for being placed in jail or an inpatient psychiatric facility

- **Harris Center**
  Expand Mobile Crisis Outreach Team (MCOT), which provides outreach and follow-up to adults and children unable or unwilling to access traditional psychiatric services. MCOT interventions occur in a variety of settings: person’s community, home, or school. Services include assessment, intervention, education, and linkage to other services.

- **Tropical Texas**
  Enhanced MCOT capacity at three clinics, with experts specially trained in crisis services for people with co-occurring IDD & mental health needs. Connected all MCOT staff to telemedicine/telehealth system to increase electronic psychiatric consultations.

- **West Texas**
  Expand MCOT capacity by a minimum of one additional qualified MH provider.
Next Steps for Continued System Improvements

- Ready Access
- Prevention & Early Intervention
- Criminal Justice / Mental Health Interface
- Workforce Development
Ready Access

Short-term

• Streamline Performance Contract (Flexibility & Accountability)

• Leverage existing flexibility statute

• Reduce regulatory barriers (SUD & MH Integration)

Long-term

• MCOs (alignment of financial incentives, now what?)

• Crisis Stabilization Unit Requirements

• Defining Continuum of Care

• Strengthen Outcome Measurement
Prevention & Early Intervention

Short-term
• Cross-system Collaboration:
  ➢ Partnerships with local schools
  ➢ Foster Care (LMHAs & CPAs)
• MHFA Training

Long-term
• Build on effective local models (Bluebonnet Trails)
• Educate stakeholders

School Districts in Texas: 1,219
Campuses: 8,646
Criminal Justice/MH Interface

Short-term
• Technology: increase use of Telemedicine
• Cross-system collaboration:
  ➢ Policies/procedures accessible (Burke MHEC example)
  ➢ Need first responders with skills to intervene & tenure to build relationships (speak same language)

Long-term
• Transportation
• Build on effective "super-utilizers" diversion models (Bluebonnet example)
• MH Deputies
• Law Enforcement Training (CIT & others)

County Jails in Texas: 243
TX Prisons & State Jails: 114
Adult Probation Depts: 121

Source: SAT & TCJC, 2015-16
Workforce

Short-term
• Telemedicine
• Peer Support Services

Long-term
• Medical Residency
• Loan Repayment
• Strengthen partnerships with Higher Education

Interns providing unpaid clinical services in Community Center system of care (FY2014):
  Number of Interns: 730
  Total Hours: 97,658

Source: Community Center Profile, 2015.