



Report on Waiting Lists for Mental Health Services

**As Required by
Senate Bill 1, 87th
Legislature, Regular
Session, 2021 (Article II,
Health and Human Services
Commission, Rider 50)**

**Texas Health and Human
Services
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TEXAS
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1. Introduction

The *Reporting of Waiting Lists for Mental Health Services* is intended to meet requirements under HHSC Rider 50 in the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission (HHSC), Rider 50). This rider requires HHSC to report on waitlists for mental health services to the Legislative Budget Board and Governor by November 1 and May 1 of each year.

Rider 50 requires the report to include waitlist and expenditure data for community mental health services for adults and children, forensic state hospital beds, and maximum security forensic state hospital beds for each local mental health authority (LMHA), local behavioral health authority (LBHA), state facility, and contracted entity. Required data include:

- Number of people waiting for all services;
- Number of underserved¹ people waiting for additional services;
- Number of people removed from the waitlist;
- Funds expended to remove people from the waitlist in each fiscal quarter included in the reporting period;
- Average number of days on a waitlist; and
- Explanation whether waitlists are due to operational or other short-term factors or long-term issues, such as insufficient capacity.

The reporting period for this report is fiscal year 2023, quarters one and two.

Data Context and Limitations

The community mental health waitlists are point-in-time calculations of the total number of people waiting for mental health services at the end of the respective quarter of the reporting period. The waitlist is subject to daily fluctuations as people are added or removed for various reasons (e.g., admitted to services, no longer interested in services, receiving services elsewhere, no longer able to be contacted).

¹ Term used to designate persons who received a lower level of care than recommended based on assessment scores.

As part of the federal response to the coronavirus disease 2019 (COVID-19) pandemic, the Substance Abuse and Mental Health Services Administration awarded HHSC supplemental funding, part of which HHSC allocated to LMHAs and LBHAs to increase the number of people served in fiscal years 2021-2023.² The COVID-19 pandemic also affected many providers' ability to attract and retain a stable workforce, resulting in unprecedented workforce shortages statewide.

Pandemic challenges aside, if at any point the demand for services increases beyond the total funded capacity for community mental health services and available staff resources, a waitlist may remain despite the effective use of additional funding and an LMHA's or LBHA's success in meeting its contracted targets.

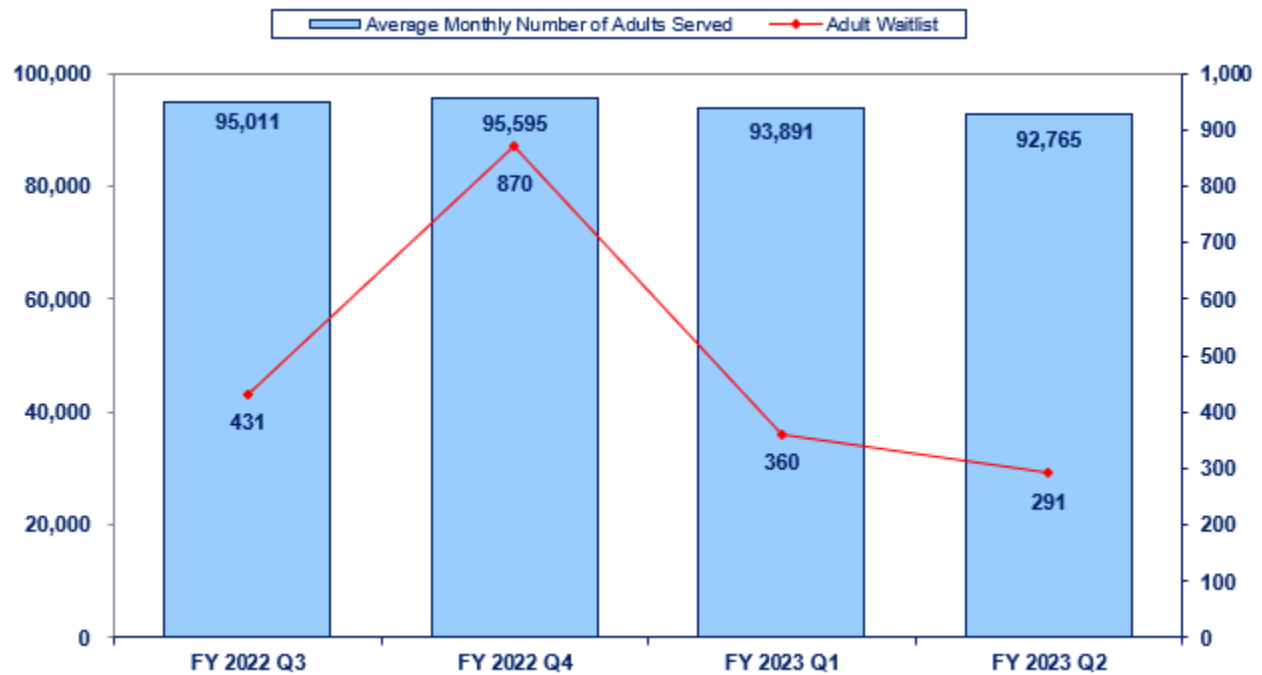
² Funds provided by the federal Coronavirus Response and Relief Supplemental Appropriations Act, 2021, which expires in 2024, and the American Rescue Plan Act, 2021, which expires in 2025.

2. Adult and Children’s Community Mental Health Services Waitlist Data

Adult Community Mental Health Services

The following figure shows the average monthly number of adults served and the adult waitlist during the most recent four quarters.³

Figure 1. Adult Community Mental Health Number Served and Waitlist for FY 2022 (Q3-Q4) and FY 2023 (Q1-Q2)⁴



Category	FY 2022 Q3	FY 2022 Q4	FY 2023 Q1	FY 2023 Q2
Average Monthly Number of Adults Served	95,011	95,595	93,891	92,765
Adult Waitlist	431	870	360	291

Tables 1 and 2 summarize the required report elements for the community mental health services waitlist for adults for those local authorities that have had waitlists.

³ Source: Client Assignment and Registration, March 2023.

⁴ The figure includes the average monthly number of adults served per Legislative Budget Board performance measures.

Table 1. Number of Adults Waiting for All Services or Removed from a Waitlist, and Average Number of Days on a Waitlist by LMHA or LBHA

LMHA or LBHA	Number Waiting for All Services FY 23 Q1	Number Waiting for All Services FY 23 Q2	Number Removed from Waitlist FY 23 Q1	Number Removed from Waitlist FY 23 Q2	Average Number of Days on Waitlist FY 23 Q1	Average Number of Days on Waitlist FY 23 Q2
Gulf Bend MHMR Center	29	46	0	0	35	96
Heart of Texas Region MHMR	119	123	14	13	88	132
MHMR Authority of Brazos Valley	35	32	2	0	163	235
Pecan Valley Centers	125	90	36	17	118	110
Tropical Texas Behavioral Health	52	0	258	0	69	0
Total	360	291	310	30	95	143

Table 2. Number of Underserved Adults⁵ Waiting for Additional Services by LMHA or LBHA

LMHA or LBHA	FY 23 Q1	FY 23 Q2
Anderson Cherokee Community Enrichment Services	1	1
Andrews Center	41	37
Austin Travis County Integral Care	215	223
Behavioral Health Center of Nueces County	106	90
Betty Hardwick Center	31	26
Border Region Behavioral Health Center	53	27
Camino Real Community Services	7	4
Center for Health Care Services	40	41
Center for Life Resources	55	56
Central Counties Center for MHMR Services	3	3
Denton County MHMR Center	8	15
Emergence Health Network	16	18
Gulf Coast Center	10	7
Hill Country Community MHMR	3	3
MHMR Authority of Brazos Valley	74	62
MHMR of Tarrant County	0	1
Pecan Valley Centers	78	75

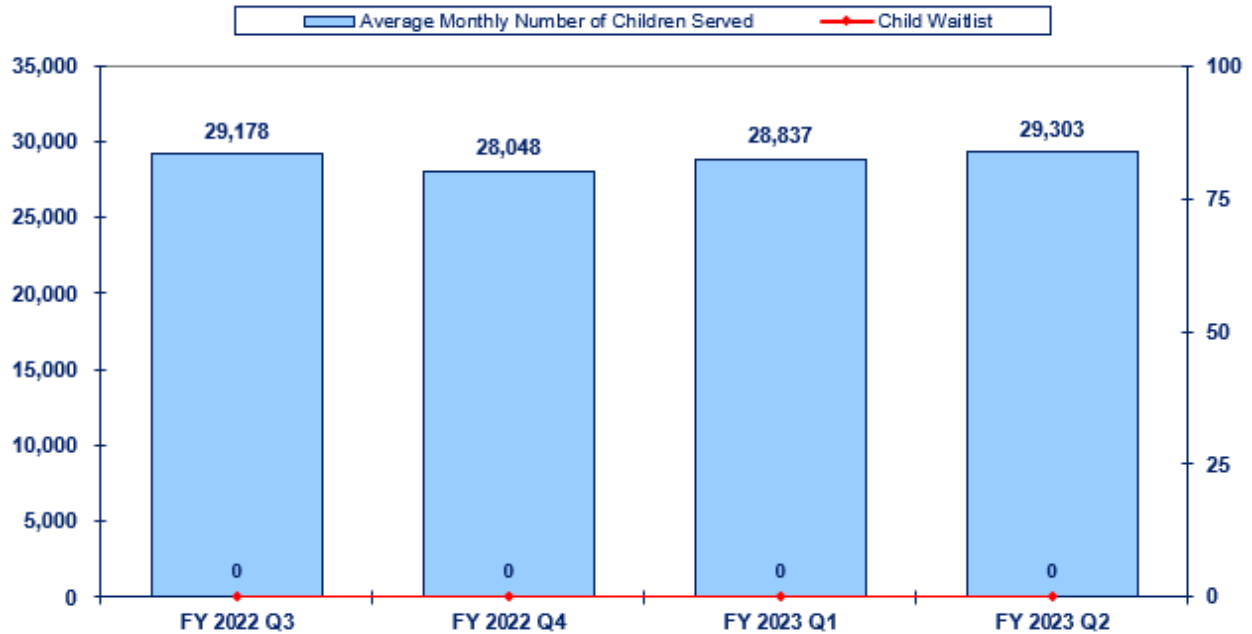
⁵ Data do not include adults in a lower level of care due to "consumer refused."

LMHA or LBHA	FY 23 Q1	FY 23 Q2
Permian Basin Community Centers for MHMR	2	0
Spindletop Center	7	19
StarCare Specialty Health System	149	154
Texas Panhandle MHMR	3	3
Texoma Community Center	2	2
Tri-County Behavioral Healthcare	57	41
Tropical Texas Behavioral Health	310	290
West Texas Centers for MHMR	1	4
Total	1,272	1,202

Children’s Community Mental Health Services

The following figure shows the average monthly number of children served and the children’s waitlist during the most recent four quarters.⁶

Figure 2. Children’s Community Mental Health Number Served and Waitlist⁷



Category	FY 2022 Q3	FY 2022 Q4	FY 2023 Q1	FY 2023 Q2
Average Monthly Number of Children Served	29,178	28,048	28,837	29,303
Child Waitlist	0	0	0	0

Tables 3 and 4 summarize the required report elements for the community mental health services waitlist for children. There were no children on a waitlist in quarters one or two of fiscal year 2023.

⁶ Source: Client Assignment and Registration, March 2023.

⁷ The figure includes the average monthly number of children served per Legislative Budget Board performance measures.

Table 3. Number of Children Waiting for All Services or Removed from a Waitlist, and Average Number of Days on a Waitlist by LMHA or LBHA

LMHA or LBHA	Number Waiting for All Services FY 23 Q1	Number Waiting for All Services FY 23 Q2	Number Removed from Waitlist FY 23 Q1	Number Removed from Waitlist FY 23 Q2	Average Number of Days on Waitlist FY 23 Q1	Average Number of Days on Waitlist FY 23 Q2
Total	0	0	0	0	0	0

Table 4. Number of Underserved Children⁸ Waiting for Additional Services by LMHA or LBHA

LMHA or LBHA	FY 23 Q1	FY 23 Q2
Anderson Cherokee Community Enrichment Services	2	0
Andrews Center	6	2
Betty Hardwick Center	0	1
Burke Center	0	1
Coastal Plains Community MHMR Center	2	0
Community Healthcore	103	110
Emergence Health Network	93	83
Hill Country Community MHMR	4	2
MHMR Services for the Concho Valley	1	3
Texas Panhandle MHMR	0	1
Pecan Valley Centers	14	5
Spindletop Center	3	16
Texoma Community Center	3	0
Tropical Texas Behavioral Health	204	324
West Texas Centers for MHMR	1	1
Total	436	549

⁸ Data does not include children in a lower level of care due to "consumer refused."

Funds Expended to Remove People on the Waitlists

The 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021, appropriated \$392,852,500 per fiscal year for adult community mental health services (D.2.1 Strategy) and \$93,939,756 per fiscal year for children’s community mental health services (D.2.2 Strategy). HHSC’s Utilization Management Program Manual requires LMHAs and LBHAs to prioritize the reduction of the waitlist as soon as service capacity allows.

In accordance with the federal Coronavirus Response and Relief Supplemental Appropriations Act, 2021, and the American Rescue Plan Act, 2021, the Substance Abuse and Mental Health Services Administration awarded Texas a combined total of \$203.4 million in Community Mental Health Services Block Grant supplemental funds, of which HHSC allocated \$78.2 million toward the Mental Health Outpatient Capacity Expansion project.⁹ LMHAs and LBHAs continue expending the funds to address workforce shortages and serve additional people.

Factors Impacting Community Mental Health Waitlists for Adults and Children

The LMHAs and LBHAs with waitlists reported to HHSC that they faced workforce shortages, including challenges in recruiting and retaining psychiatrists, licensed clinicians, and qualified mental health professionals. These issues were due primarily to longer-term challenges of having to compete with outside employment opportunities while also having limited funding to retain existing staff or to recruit new staff.

LMHAs and LBHAs in both rural and urban areas have faced workforce shortages. For example, in quarters one and two, two rural LMHAs (Pecan Valley Centers and Heart of Texas Region MHMR), both of which served more people than required by their contracts with HHSC even though they are in designated health professional shortage areas, had the largest adult waitlists. During the previous two quarters, an urban LMHA (Tropical Texas Behavioral Health) had the largest adult waitlist.

⁹ Source: Texas Health and Human Services. (2022). COVID-19 Supplemental Funding Primer. Retrieved from <https://www.hhs.texas.gov/sites/default/files/documents/covid-19-federal-supplemental-funding-primer-jan-2022.pdf>.

To reduce the adult and child waitlists, HHSC contacted LMHAs and LBHAs with a monthly waitlist to obtain feedback on the reasons for their respective waitlists and efforts to reduce it. In cases of comparatively large waitlists, HHSC meets with those LMHAs and LBHAs and provides technical assistance addressing workforce needs as well as support for expanding service capacity. For example, HHSC provided LMHAs and LBHAs the option to use supplemental COVID-19 funding for workforce recruitment and retention; offered a recruitment and retention training webinar through HHSC's contracted training institute; facilitated collaboration between LMHAs and LBHAs and health-related institutions of higher education; and assisted LMHAs and LBHAs in their applications to receive federal assistance recruiting, hiring, and retaining clinicians.

3. Forensic State Hospital Bed Waitlist Data

Tables 5 and 6 show required data elements for the forensic state hospital bed waitlists. HHSC’s state hospital system maintains two distinct lists of pending admissions for people on forensic commitments: one for people pending admission to a non-maximum security unit and one for people pending admission to a maximum security unit.

Table 5. Non-Maximum Security Forensic State Hospital Bed Waitlist

Data Element	Q3	Q4
People Added to the Waitlist	574	566
People Removed from the Waitlist	571	523
People on the Waitlist	1,481	1,526
Average Number of Days People Remained on the Waitlist	252	264

Table 6. Maximum Security Forensic State Hospital Bed Waitlist

Data Element	Q3	Q4
People Added to the Waitlist	196	199
People Removed from the Waitlist	141	79
People on the Waitlist	883	991
Average Number of Days People Remained on the Waitlist	519	617

Factors Impacting Forensic State Hospital Bed Waitlists

The following shows the long- and short-term factors that impact the forensic waitlist.

Staffing Shortages: Long-term

Employee turnover in key positions significantly outpaced recruitment efforts in recent years, creating critical shortages in those positions. State hospitals have been largely impacted by the nationwide worker shortage, especially in healthcare and healthcare support. This is exacerbated by the aging workforce, many of whom retired during the pandemic, the rural placement of many facilities, and competition with the private sector, not only in healthcare, but also in entry level positions that may provide higher wages, flexibility in hours and worksite, and easier job duties.

To combat these challenges, HSCS continues to prioritize recruitment and retention efforts in an ongoing effort to develop a workforce capable of serving state hospital patients and increasing capacity and number of persons served through the following key strategies:

- Pay raises for almost all state hospital employees,
- Enhanced marketing efforts,
- Applicant engagement,
- Merit bonuses, and
- Employee engagement

The initial salary increases impacting critical shortage staff in March 2022 stabilized the state hospital filled positions, and because of the second salary increase impacting almost all state hospital staff in February 2023 state hospital filled positions are on the rise.

Life Safety Code / Deferred Maintenance: Long-term

State hospitals are required to comply with life safety code and regulatory requirements such as ensuring the mitigation of ligature risks. State hospital beds

are taken offline when mitigation and remediation efforts or maintenance is required.

For fiscal years 2022 and 2023, HSCS was appropriated less funding for deferred maintenance than what was appropriated for the previous biennium. Currently the cost of anti-ligature remediation for the state hospitals exceeds what has been appropriated and the state hospitals experience challenges maintaining buildings with aging infrastructure and building systems, which further impacts the number of patients who can be served. HSCS has a deferred maintenance need of over \$1,000,000,000 and requests appropriations each legislative session to maintain a consistent cycle of projects to meet this need.

COVID-19 Precautions: Short-term

To create a safe environment for patients and staff, all state hospitals had to create space for social distancing and establish isolation units where patients who have tested positive or been exposed to COVID-19 can be safely quarantined.

While some of the guidelines have changed by allowing patients to be quarantined for fewer days, hospitals still must maintain a space for patients who are positive or suspected to be positive for COVID-19. Isolation units require staff to be pulled from other patient units, which may ultimately lead to the unavailability of additional state hospital resources for people needing to be hospitalized.

As the prevalence of COVID-19 decreases, additional beds are brought online as less space is needed and for shorter lengths of time for quarantine and isolation.

County Coordination: Long-term

A lack of coordination among county stakeholders can impact the demand for inpatient competency restoration services. There are several instances of patients becoming competent prior to admission to a state hospital, patients decompensating after competency is restored but prior to their hearing, and possible alternative dispositions to keep the patient in the community.

To address these issues, the Texas State Hospitals Office of Forensic Medicine and the Behavioral Health Services Office of Forensic Coordination engage counties through the Jail In-Reach Learning Collaborative which aims to educate and collaborate with external stakeholders and community-based teams to support active forensic waitlist monitoring and services through:

- Clinical consultation services that may assist with psychiatric stabilization;
- Trial competency re-evaluations in the event of immediate restoration while awaiting state hospital transfer;
- Legal education on options for alternative case dispositions; and
- Enhanced follow-ups on patients restored to competency and returned to jail to prevent clinical decompensation and unnecessary rehospitalization.

Current Construction: Long-term

HSCS is ensuring current and future state hospital capacity through the following projects:

Rusk State Hospital

- A new patient complex is being constructed at Rusk State Hospital. While the overall census at the hospital will not increase, the number of maximum-security beds will increase, providing additional capacity to address the maximum-security waitlist. The project is 94% complete and the estimated move in date is June 2023.

Austin State Hospital

- A replacement hospital building for Austin State Hospital is under construction. This project will not increase capacity but will provide a lasting therapeutic environment. The project is 75% complete and the estimated move in date is June 2024.

San Antonio State Hospital

- Patients moved into a renovated 40-bed Alamo Hall in April 2022.
- A replacement hospital building for the San Antonio State Hospital is under construction. This project will not increase capacity but will provide a lasting therapeutic environment. The project is 74% complete the estimated move in date is March 2024.

Kerrville State Hospital

- Patients began moving into the new 70-bed maximum security unit at Kerrville State Hospital in April 2023, which provides additional capacity to address the maximum-security waitlist.

John S. Dunn Behavioral Sciences Center - Houston

- HHSC, in partnership with the University of Texas Health Science Center at Houston, opened the John S. Dunn Behavioral Sciences Center in Houston on March 28, 2022. This new 264-bed hospital serves forensic and civil patients from 29 counties in Southeast Texas and includes 96 forensic and 72 civil state hospital beds.

Texas Behavioral Health Center at the University of Texas Southwestern

- The Texas Behavioral Health Center at the University of Texas Southwestern will be a new 296-bed inpatient psychiatric hospital with 200 adult beds and 96 pediatric beds. The adult unit is under construction with move in estimated for July 2025, and the pediatric unit is in the planning phase with move in estimated for January 2026.

Future Construction Needs: Long-term

To meet the growing demand for inpatient psychiatric services in Texas, HHSC has identified the following future construction needs in the Comprehensive Plan for State-Funded Inpatient Mental Health Services:

- North Texas State Hospital – Wichita Falls Campus replacement to maintain and expand current capacity
- Terrell State Hospital replacement to maintain current capacity
- State hospital in the Panhandle area to expand capacity in rural Texas

List of Acronyms

Acronym	Full Name
COVID-19	Coronavirus Disease 2019
FY	Fiscal Year
HHSC	Health and Human Services Commission
HSCS	Health and Specialty Care System
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
S.B.	Senate Bill