



Reporting of Waiting Lists for Mental Health Services

**As Required by
2024-2025 General Appropriations Act
House Bill (H.B.) 1, 88th Legislature,
Regular Session, 2023 (Article II,
Health and Human Services
Commission, Rider 45)**

**Texas Health and Human Services
November 2024**



TEXAS
Health and Human
Services

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1. Introduction

The *Reporting of Waiting Lists for Mental Health Services* meets the requirements of the 2024-25 General Appropriations Act, House Bill (H.B.) 1, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services Commission, Rider 45). Rider 45 requires Health and Human Services Commission (HHSC) to report on waiting lists for mental health services to the Legislative Budget Board and Governor by November 1 and May 1 of each year.

Rider 45 requires the report to include waiting list 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 waiting list;
- Funds expended to remove people on the waiting list in each fiscal quarter included in the reporting period;
- Average number of days spent on a waiting list; and
- Explanation whether waiting lists are due to operational or other short-term or long-term factors, due to insufficient capacity.

The reporting period for this report is fiscal year 2024, quarters three and four.

Data Context and Limitations

The LMHA and LBHA community mental health waiting lists 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 waiting lists are 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 block grant funding, part of which HHSC allocated to LMHAs and LBHAs to increase the number of people served in fiscal years 2021-2024.² The COVID-19 pandemic affected many providers' ability to attract and retain a stable workforce, both during and after the pandemic, resulting in unprecedented workforce shortages statewide. This can result in a persistent population of underserved individuals due to lack of staff at LMHAs and LBHAs.

If the demand for services increases beyond the total funded capacity for community mental health services and available staff resources, a waiting list may remain despite the effective use of additional funding and an LMHA's or LBHA's success in meeting its contracted targets.

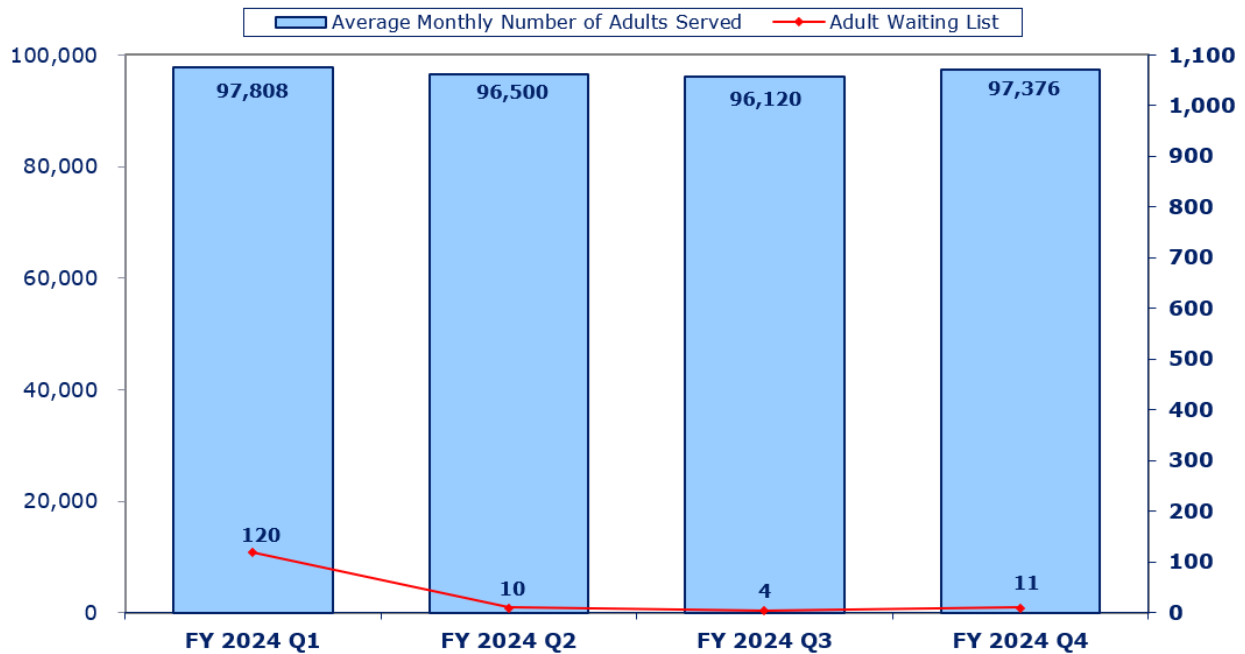
² Funds provided by the federal Coronavirus Response and Relief Supplemental Appropriations Act, 2021, expired March 14, 2024, and the American Rescue Plan Act, 2021, expire September 30, 2025.

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

Adult Community Mental Health Services

Figure 1 shows the average monthly number of adults receiving community mental health services and the number of adults on the waiting list during the most recent four quarters.³

Figure 1. Adult Community Mental Health Number Served and Waiting List for FY 2024 (Q1-Q4) ⁴



³ Source: Client Assignment and Registration, September 2024.

⁴ “Average Monthly Number of Adults Served” uses Legislative Budget Board performance measure D.2.1. Strategy: Community Mental Health Svcs-Adults – Average Monthly Number of Adults Receiving Community Mental Health Services.

Table 1. Adult Community Mental Health Number Served and Waiting List for FY 2024 (Q1-Q4)

Category	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4
Average Monthly Number of Adults Served	97,808	96,500	96,120	97,376
Adult Waiting List	120	10	4	11

Table 2 and Table 3 outline the required report elements for the community mental health services for adults in LMHAs and LBHAs with waiting lists.

Table 2. Number of Adults Waiting for All Services or Removed from a Waiting List and Average Number of Days on a Waiting List by LMHA or LBHA⁵

LMHA or LBHA	No. Waiting for All Services FY 24 Q3	No. Waiting for All Services FY 24 Q4	No. Removed from Waiting List FY 24 Q3	No. Removed from Waiting List FY 24 Q4	Average No. of Days on Waiting List FY 24 Q3	Average No. of Days on Waiting List FY 24 Q4
Austin-Travis County Integral Care	1	0	0	1	144	0
Gulf Bend Center	3	11	0	0	59	46
Total	4	11	0	1	203	46

Table 3. Number of Underserved Adults Waiting for Additional Services by LMHA or LBHA⁶

LMHA or LBHA	FY 24 Q3	FY 24 Q4
Andrews Center Behavioral Healthcare System	471	309
Austin Travis County Integral Care	316	285
Betty Hardwick Center	5	3
Border Region Behavioral Health Center	21	17
Camino Real Community Services	8	18
Center for Health Care Services	44	39
Center for Life Resources	11	18
Central Plains Center	3	4
Denton County MHMR Center	17	14
Emergence Health Network	40	31

⁵ LMHAs and LBHAs with no underserved waiting lists from FY 24 Q3 to FY Q4 are excluded.

⁶ Data does not include adults in a lower level of care due to "consumer refused."

LMHA or LBHA	FY 24 Q3	FY 24 Q4
Gulf Bend Center	0	2
Gulf Coast Center	11	1
Heart of Texas Behavioral Health Network	1	1
Helen Farabee Centers	1	1
MHMR Authority of Brazos Valley	62	57
Nueces Center for Mental Health and Intellectual Disabilities	121	110
North Texas Behavioral Health Authority (NTBHA)	1	0
Pecan Valley Centers for Behavioral and Developmental Healthcare	127	145
PermiaCare	0	1
Community Healthcore	2	2
Spindletop Center	101	95
StarCare Specialty Health System	263	327
My Health My Resources (MHMR) of Tarrant County	1	1
Texas Panhandle Centers	1	3
Texoma Community Center	3	2
Tri-County Behavioral Healthcare	52	36
Tropical Texas Behavioral Health	232	223
West Texas Centers	1	1
Total	1,916	1,746

Children’s Community Mental Health Services

The following figure shows the average monthly number of children receiving community mental health services and the number of children waiting for community mental health services during the most recent four quarters.⁷

Figure 2. Children’s Community Mental Health Number Served and Waiting List for FY 24 (Q1-Q4) ⁸

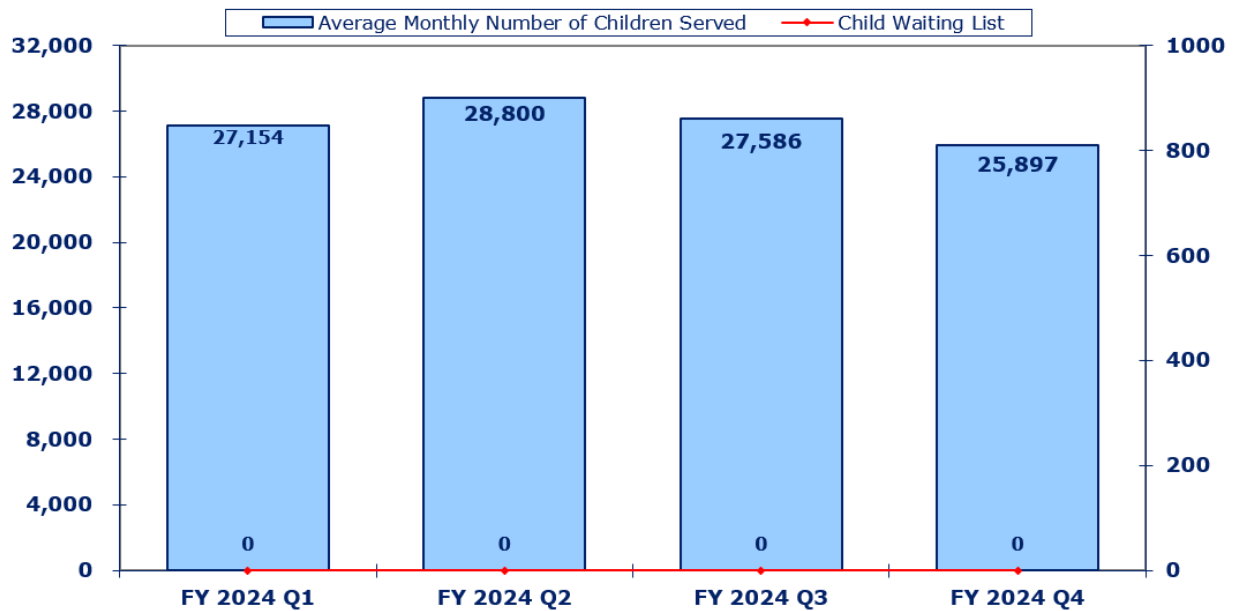


Table 4. Children’s Community Mental Health Number Served and Waiting List

Category	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4
Average Monthly Number of Children Served	27,154	28,800	27,586	25,897
Child Waiting List	0	0	0	0

⁷ Source: Client Assignment and Registration, September 2024.

⁸ “Average Monthly Number of Children Served” uses Legislative Budget Board performance measure D.2.2 Strategy: Community Mental Health Services-Children – Average Monthly Number of Children Receiving Community Mental Health Services.

Table 5 and Table 6 summarize the required report elements for the community mental health services waiting list for children. There were no children on a waiting list in quarters three or four of fiscal year 2024.

Table 5. Number of Children Waiting for All Services or Removed from a Waiting List and Average Number of Days on a Waiting List by LMHA or LBHA

LMHA or LBHA	No. Waiting for All Services FY 24 Q3	No. Waiting for All Services FY 24 Q4	No. Removed from Waiting List FY 24 Q3	No. Removed from Waiting List FY 24 Q4	Average No. of Days on Waiting List FY 24 Q3	Average No. of Days on Waiting List FY 24 Q4
Total	0	0	0	0	0	0

Table 6. Number of Underserved Children Waiting for Additional Services by LMHA or LBHA^{9,10}

LMHA or LBHA	FY 24 Q3	FY 24 Q4
Andrews Center Behavioral Healthcare System	0	3
Austin Travis County Integral Care	1	0
Central Counties Center for MHMR Services	1	0
Central Plains Center	1	1
Community Healthcore	108	92
Denton County MHMR Center	1	0
Emergence Health Network	37	0
Gulf Coast Center	1	0
MHMR of Tarrant County	1	0
My Health My Resources (MHMR) of Tarrant County	1	0
North Texas Behavioral Health Authority (NTBHA)	1	0
Texas Panhandle Centers	1	0
Pecan Valley Centers for Behavioral & Developmental Healthcare	22	16
Spindletop Center	70	108
Texoma Community Center	1	0
Tropical Texas Behavioral Health	7	20
West Texas Centers	3	0
Total	257	240

⁹ Data does not include children in a lower level of care due to "consumer refused."

¹⁰ LMHAs and LBHAs with no underserved waiting lists from FY 24 Q3 to FY Q4 are excluded.

Funds Expended to Remove People from Waiting Lists

The 2024-25 General Appropriations Act, H.B. 1, 88th Legislature, Regular Session, 2023, appropriated \$451,244,249 per fiscal year for adult community mental health services (D.2.1 Strategy) and \$110,629,159 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 waiting list as soon as service capacity allows.

In accordance with the federal HR-133 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.¹¹ HR-133 funds expired March 10, 2024 and America Rescue Plan Act funds are set to expire August 31, 2025. LMHAs and LBHAs continued expending the funds to address workforce shortages in order to serve additional people.

Factors Affecting Community Mental Health Waiting Lists for Adults and Children

LMHAs and LBHAs with waiting lists report ongoing workforce shortage challenges, including difficulties in recruiting and retaining behavioral health providers, particularly Licensed Practitioners of the Healing Arts and Qualified Mental Health Professionals. The Texas Administrative Code¹² specifies a narrow range of acceptable degree types, limiting potential candidates. HHSC is currently working to resolve this constraint through amendments to these rules. These challenges stemmed from a competitive job market in the mental healthcare industry. LMHAs and LBHAs had limited funding to retain existing staff or increase targeted recruiting efforts.

LMHAs and LBHAs across the state face professional mental health workforce shortages, with the impact on community mental health waiting lists being greatest for rural LMHAs. Gulf Bend Center, the one LMHA that reported a waiting list for

¹¹ [COVID-19 Supplemental Funding Primer](#)

¹² [26 Texas Administrative Code, Section 301.303](#)

adults is a rural provider in a designated health professional shortage area. However, Gulf Bend Center surpassed its contracted service targets every month in FY24, serving 102% to 129% more people than required by its contracts with HHSC.

To minimize the adult and child waiting lists, HHSC monitored the community mental health waiting list monthly and contacted LMHAs and LBHAs reporting waiting lists to obtain details on the causes and efforts taken to reduce them. HHSC provided technical assistance to these LMHAs and LBHAs by addressing workforce needs and offering guidance for expanding service capacity. HHSC informed the LMHAs and LBHAs about opportunities to use additional COVID-19 funding for workforce recruitment and retention, hosted a training webinar on recruitment and retention, facilitated collaboration between LMHAs and LBHAs and health-related institutions of higher education to establish talent pipelines, and assisted LMHAs and LBHAs in applying for federal assistance in recruiting, hiring, and retaining licensed clinicians.

3. Forensic Inpatient Waiting List Data

Tables 7-12 below show the number of people waiting, number of people removed, and average number of days spent waiting on the forensic inpatient bed waiting lists for each quarter of fiscal year 2024. HHSC's Health and Specialty Care System (HSCS) maintains two distinct lists of pending admissions for people on forensic commitments to state hospitals: one for people pending admission to a non-maximum-security unit (non-MSU); and one for people pending admission to a maximum-security unit (MSU).

Individuals may be admitted to a different facility than the facility they are noted to be waiting for. This may be due to availability of special population beds, admission to a contract bed with a statewide catchment area, or other factors. Additionally, individuals waiting for admission to an MSU are not added to a facility-specific waiting list until closer to their admission because all MSUs serve a statewide catchment area, rather than a region-specific catchment area.

The number of people removed from a forensic inpatient bed waiting list includes people removed due to admission, case resolution, restoration of competency in jail, and various other dispositions.

The average number of days spent on a forensic inpatient bed waiting list is measured from the date the court notifies HSCS of the commitment and provides the commitment packet to the date of admission.

Table 7. Number of People on Non-MSU Forensic Inpatient Waiting List

Facility	FY 24 Q1	FY 24 Q2	FY 24 Q3	FY 24 Q4
Austin State Hospital	224	229	175	196
Big Spring State Hospital	79	80	61	40
El Paso Psychiatric Center	76	100	120	85
Kerrville State Hospital	0	1	4	1
North Texas State Hospital Wichita Falls	148	118	106	137
Rio Grande State Center	0	1	1	0
Rusk State Hospital	124	133	128	100
San Antonio State Hospital	199	203	201	200
Terrell State Hospital	232	264	197	238
Dunn Behavioral Center	89	110	151	148
Dallas Behavioral Hospital (SH)	-	-	0	0
Montgomery County Hospital	2	3	6	39
Harris County Psychiatric Center	0	0	0	0
Palestine Regional	2	1	0	10
Dallas Behavioral Hospital	3	6	0	0
Hickory Trail Hospital	-	-	0	6
Medical City Green Oaks Hospital	-	-	8	0
Georgetown Behavioral Health Institute	-	-	1	8
TOTAL	1,178	1,249	1,159	1,208

Table 8. Number of People Removed from Non-MSU Forensic Inpatient Waiting List

Facility	FY 24 Q1	FY 24 Q2	FY 24 Q3	FY 24 Q4
Austin State Hospital	63	81	83	60
Big Spring State Hospital	34	29	60	48
El Paso Psychiatric Center	29	8	23	32
Kerrville State Hospital	9	7	8	5
North Texas State Hospital Wichita Falls	97	106	104	94
Rio Grande State Center	14	8	9	5
Rusk State Hospital	28	13	12	11
San Antonio State Hospital	72	63	76	60
Terrell State Hospital	88	100	126	81
Dunn Behavioral Center	112	94	116	100
Dallas Behavioral Hospital (SH)	-	-	11	5
Montgomery County Hospital	64	41	54	50
Harris County Psychiatric Center	18	20	16	15
Palestine Regional	29	29	25	37
Dallas Behavioral Hospital	2	0	20	0
Hickory Trail Hospital	-	-	12	19
Medical City Green Oaks Hospital	-	-	4	0
Georgetown Behavioral Health Institute	-	-	29	18
TOTAL	659	599	788	640

Table 9. Average Number of Days on Non-MSU Forensic Inpatient Waiting List

Facility	FY 24 Q1	FY 24 Q2	FY 24 Q3	FY 24 Q4
Austin State Hospital	253.9	510.4	97	171.9
Big Spring State Hospital	255.4	219.4	243	139.2
El Paso Psychiatric Center	502.3	523	479.3	345.9
Kerrville State Hospital	33.8	32.4	24.5	42.6
North Texas State Hospital Wichita Falls	256.8	163.2	166.1	110.5
Rio Grande State Center	346.5	335.4	759.4	605.4
Rusk State Hospital	468.7	571	636	-
San Antonio State Hospital	388.6	284.3	334.5	226.6
Terrell State Hospital	306.6	239.6	270.5	217.8
Dunn Behavioral Center	45.9	78.1	82.5	99.4
Dallas Behavioral Hospital (SH)	-	-	206.3	252
Montgomery County Hospital	341.5	307.8	298.3	283.5
Harris County Psychiatric Center	45.4	47.2	64.3	144.3
Palestine Regional	316.5	308.8	313	264.7
Dallas Behavioral Hospital	320.5	-	330.4	-
Hickory Trail Hospital	-	-	244.4	253.1
Medical City Green Oaks Hospital	-	-	-	-
Georgetown Behavioral Health Institute	-	-	261	217.9
TOTAL	239.3	200.6	223.9	185.1

Table 10. Number of People on MSU Forensic Inpatient Bed Waiting List

Facility	FY 24 Q1	FY 24 Q2	FY 24 Q3	FY 24 Q4
North Texas State Hospital Vernon	44	21	34	35
Kerrville State Hospital	3	0	3	3
Maximum Security	792	684	637	524
Rusk State Hospital	11	13	17	12
North Texas State Hospital Wichita Falls	7	2	2	8
TOTAL	857	720	693	582

Table 11. Number of People Removed from MSU Forensic Inpatient Waiting List

Facility	FY 24 Q1	FY 24 Q2	FY 24 Q3	FY 24 Q4
North Texas State Hospital Vernon	95	84	82	113
Kerrville State Hospital	18	14	9	11
Maximum Security	101	84	62	51
Rusk State Hospital	55	47	38	55
North Texas State Hospital Wichita Falls	20	24	18	18
TOTAL	289	253	209	248

Table 12. Average Number of Days on MSU Forensic Inpatient Waiting List

Facility	FY 24 Q1	FY 24 Q2	FY 24 Q3	FY 24 Q4
North Texas State Hospital Vernon	601.1	563	483.9	408
Kerrville State Hospital	441.3	409.3	287.6	242.2
Rusk State Hospital	624.5	532.3	475.9	408.1
North Texas State Hospital Wichita Falls	629.6	500.6	469.3	382.4
TOTAL	595.4	531.3	467.6	396.2

Factors Impacting Forensic Inpatient Waiting Lists

Below are the long-term factors that impact the forensic waiting list. Currently, there are no short-term factors impacting the forensic waiting list.

Deferred Maintenance and Emergency Repairs

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.

The Supplemental Appropriations Act, Senate Bill (S.B.) 30, 88th Legislature, Regular Session, 2023, appropriated \$50,000,000 for deferred maintenance and \$14,000,000 for emergency repairs to Strategy G.4.2, Facility Repairs and Renovation, to be used for state hospitals and state supported living centers. Currently the cost of anti-ligature remediation and other necessary repairs 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 approximately \$800,000,000 and requests appropriations each legislative session to maintain a consistent cycle of projects to meet this need.

County Planning, Coordination, and Education

Planning, coordination, and education among county stakeholders can impact the demand for inpatient competency restoration services. Collaboration with stakeholders can help to address effective and timely services depending on the individual's needs and placements, such as when an individual's competency to stand trial is restored prior to admission to a state hospital, or when a person is not likely to restore to competency in the foreseeable future but may be able to successfully live and receive treatment in the community. To address these issues, the Health and Specialty Care System Office of Forensic Coordination (OFC) proactively reaches out to stakeholders to explore alternative dispositions and options.

Additionally, OFC engages 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.

The OFC and Behavioral Health Services Forensic and Jail Diversion Services (FJDS) promote statewide initiatives that support local communities in behavioral health and justice planning to reduce and prevent justice-involvement for people with behavioral health needs, with the downstream impact of reducing the number of people in the competency restoration process. OFC and FJDS conduct local strategic planning with counties through Sequential Intercept Model Mapping Workshops. Sequential Intercept Model Mapping Workshops support counties in developing strategic plans that increase the use of diversion and reduce reliance on inpatient competency restoration services.

OFC, in collaboration with the Texas Judicial Commission on Mental Health launched the Eliminate the Wait Campaign in 2021, which provides municipal and county behavioral health and justice stakeholders with training and technical assistance on strategies that reduce reliance on inpatient competency restoration services. A toolkit is publicly available, and trainings are provided on request.

The Texas Behavioral Health and Justice Technical Assistance Center provides statewide training and technical assistance on competency restoration processes, diversion, and other issues that impact forensics and justice.

Current Construction

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

San Antonio State Hospital

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$15,000,000 to Strategy G.4.2, Facility Repairs and Renovation, to convert the 40-bed Alamo Hall

at San Antonio State Hospital to an MSU, and HHSC is designating this unit to serve the geriatric MSU population. The architecture and engineering (A/E) contract was executed in August 2023, and the construction contract is estimated to be procured by the end of the 2024 calendar year. HHSC estimates construction will begin in spring 2025 and reach substantial completion in spring 2026.

Texas Behavioral Health Center at the University of Texas Southwestern Medical Center

The Texas Behavioral Health Center at the University of Texas Southwestern Medical Center will be a new 292-bed inpatient psychiatric hospital with 200 adult beds, 75 of which will serve the forensic population, and 92 pediatric beds. The adult unit is under construction with completion estimated for July 2025, and the pediatric unit is under construction with completion estimated for April 2026.

North Texas State Hospital – Wichita Falls Campus

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$452,000,000 to Strategy G.4.2 to construct a 200-bed replacement hospital for the North Texas State Hospital - Wichita Falls campus to include 24 MSU beds, 16 civil beds, 24 adolescent beds, and 136 non-MSU forensic beds. The A/E contract was executed in December 2023, and the construction manager at risk (CMR) contract was executed in May 2024. The groundbreaking ceremony took place on September 24, 2024. HHSC estimates construction will begin in fall 2024 and reach substantial completion in June 2027.

Terrell State Hospital

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$573,000,000 to Strategy G.4.2 to construct a 250-bed replacement hospital for the Terrell State Hospital campus to include 50 MSU beds, 25 civil beds, 35 adolescent beds, and 140 non-MSU forensic beds. The A/E contract was executed in January 2024, and the CMR contract was executed in July 2024. The groundbreaking ceremony took place on August 28, 2024. Construction began in fall 2024 and is estimated to reach substantial completion in June 2027.

Rio Grande State Center

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$120,000,000 to Strategy G.4.2 to expand the Rio Grande State Center by 50 MSU beds. The A/E contract was executed in February 2024, and the CMR contract was executed in

August 2024. HHSC estimates construction will begin in spring 2025 and reach substantial completion in March 2027.

El Paso Psychiatric Center

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$50,000,000 to Strategy G.4.2 for land acquisition, pre-planning, planning, and initial construction of a 50-bed expansion of El Paso Psychiatric Center, to include 25 non-MSU forensic beds. The A/E contract was executed in March 2024, sites are being studied to acquire land, and CMR selection will occur closer to final site selection. A construction timeline will depend on land acquisition and final legislative appropriations to complete construction.

Panhandle State Hospital

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$159,000,000 to Strategy G.4.2 to construct a new 75-bed hospital in Amarillo to include 50 non-MSU forensic beds. The land lease agreement between Texas A&M and HHSC is nearing completion. The A/E contract was executed in December 2023, and the CMR contract was executed in July 2024. HHSC estimates construction will begin in spring 2025 and reach substantial completion in April 2027.

Lubbock Psychiatric Center

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$121,000,000 to Strategy G.2.4 to construct a new 50-bed MSU hospital in Lubbock. The land lease agreement between TDCJ and HHSC is nearing completion. The A/E contract was executed in February 2024, and the CMR contract was executed in July 2024. HHSC estimates construction will begin spring 2025 and reach substantial completion in March 2027.

Additional Capacity

The General Appropriations Act, H.B. 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 52), appropriated \$45,834,616 per fiscal year to Strategy G.2.2., Community Mental Health Hospitals, to contract for 150 additional competency restoration beds. As of fiscal year 2025, quarter 1, contracts are executed for 113 of the 150 beds and HHSC intends to have all operational by the end of the fiscal year. The General Appropriations Act, H.B. 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 52), appropriated \$4,068,000 per fiscal year to Strategy G.2.2., Community Mental Health Hospitals, to contract for

16 additional beds. HHSC is in the process of procuring these beds to provide competency restoration services to the geriatric population.

S.B. 30, 88th Legislature, Regular Session, 2023, appropriated \$239,000,000 in grants to Strategy G.4.2 for private construction of up to 332 inpatient beds, half of which must serve forensic patients, in the Rio Grande Valley, Victoria County, Montgomery County and Beaumont areas. The grant award contracts have been executed for the Rio Grande Valley, Montgomery County, and Beaumont area hospitals. Victoria County is still pending land acquisition in accordance with the requirements of S.B. 30.

Unscheduled Admissions

A growing number of unscheduled admissions or “walk-ins” impact admissions to state hospitals. Walk-ins are typically referrals primarily from law enforcement, family members, or the individual themselves appearing at a state hospital for the purpose of admission. State hospitals must comply with the [Emergency Medical Treatment and Active Labor Act](#). This means if a person needs immediate crisis stabilization, state hospitals must assess the individual and provide stabilizing care if possible or transfer that person to another facility for treatment with that facility's agreement.

Beds occupied by walk-in admissions limit the number of beds available for planned admissions from the civil and forensic waitlists, which are typically coordinated through the LMHA, LBHA, or designated party at the county of an individual's commitment. Counties with limited community-based mental health resources increasingly seek treatment at state hospitals. As individuals bypass local services due to their limited availability, planned admissions become further delayed.

Funds Expended to Remove People from Forensic Inpatient Bed Waiting Lists

Table 13, below, details the funds expended to remove people from the forensic waiting lists in each quarter of fiscal year 2024. Please note that the expenditure data represents spending on a cash basis by fiscal quarter for any open appropriation year.

State hospital operations includes all expenditures from Strategy G.2.1, Mental Health State Hospitals, including funds used for salaries, supplies, other items, and excluding funds used for contract beds. State hospital operations expenditures

include funds used to serve children and adolescents, and civil and voluntary patients at state hospitals in addition to forensic patients.

State hospital contract beds includes expenditures from Strategy G.2.1, Mental Health State Hospitals, and Strategy G.2.2, Community Mental Health Hospitals, that fund the contracts under HSCS for the operation of beds at the John S. Dunn Behavioral Sciences Center, Montgomery County Mental Health Treatment Facility, Palestine Regional Medical Center, and University of Texas Health Science Center at Tyler. State hospital contract beds expenditures also include funds used to serve civil patients at John S. Dunn Behavioral Sciences Center and University of Texas Health Science Center at Tyler in addition to forensic patients.

State hospital deferred maintenance includes expenditures from Strategy G.4.2. Additional deferred maintenance expenditures may be included within the state hospital operations category if funded within a state hospital's existing budget.

Table 13. Forensic Waiting Lists Related Expenditures

Expenditures	FY 24 Q1	FY 24 Q2	FY 24 Q3	FY 24 Q4	TOTAL FY 24
State Hospital Operations	\$ 152,940,549.61	\$ 150,933,553.21	\$ 147,094,759.51	\$ 152,423,567.90	\$ 603,392,430.23
State Hospital Contract Beds	\$ 13,396,229.17	\$ 19,661,346.14	\$ 17,930,811.36	\$ 19,853,005.31	\$ 70,841,391.98
State Hospital Construction	\$ 100,510,748.19	\$ 6,973,385.85	\$ 11,846,330.00	\$ 97,775,285.73	\$ 217,105,749.77
State Hospital Deferred Maintenance	\$ 15,299,733.95	\$ 18,960,298.11	\$ 13,661,201.50	\$ 12,794,307.16	\$ 60,715,540.72
State Hospital Emergency Repairs	\$ -	\$ -	\$ 69,065.70	\$ 1,614,542.03	\$ 1,683,607.73
TOTAL	\$ 282,147,260.92	\$ 196,528,583.31	\$ 190,602,168.07	\$ 284,460,708.13	\$ 953,738,720.43

List of Acronyms

Acronym	Full Name
A/E	Architecture and Engineering
CMR	Construction Manager At-Risk
COVID-19	Coronavirus Disease 2019
FY	Fiscal Year
H.B.	House Bill
HHSC	Health and Human Services Commission
HSCS	Health and Specialty Care System
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MSU	Maximum-Security Unit
Non-MSU	Non-Maximum-Security Unit
OFC	Office of Forensic Coordination
Q	Quarter
S.B.	Senate Bill