



Evolving the Landscape: Texas State Hospitals Long-Range Planning Report

**As Required by
Texas Health and Safety Code, Section
533.032(c)**

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Table of Contents

Executive Summary	2
1. Introduction	3
2. State Hospitals Overview	4
Network and Capacity	5
Texas Legislature’s Investment to Expand State Hospital Capacity	7
3. Maximizing State Hospitals	10
Forensic Initiatives.....	10
Strengthening Workforce	12
Focus on Continuity of Care.....	14
Integrating Evidence-Based Practices into Programming	15
Data Integrity	17
4. Themes Affecting Future Need	18
Prevalence of Mental Health	18
Patient Profiles	19
Mental Health Workforce.....	21
Community Gaps.....	21
5. Projecting Future Capacity Need	26
Assumptions and Limitations	28
6. Maintenance Cost Projection	29
7. Conclusion.....	30
List of Acronyms	31

Executive Summary

This report presents a comprehensive analysis of the evolving landscape of state hospitals, focusing on maximizing resources and long-range planning to meet future needs. The report begins with an overview of state hospital profiles, providing insights into their current capacities, strengths, and challenges. It identifies key themes affecting future demand for state hospital services, including demographic shifts, emerging trends in mental health care delivery, and needs impacting the demand for state hospitalization. Strategies to maximize the use of state hospitals are explored, encompassing initiatives to enhance efficiency, improve service delivery, and strengthen partnerships with community providers.

The report also includes projections for future bed needs, utilizing a methodology that considers population trends, service utilization patterns, and other relevant factors. These projections provide valuable insights for policymakers and stakeholders to anticipate future demand and plan accordingly. Additionally, maintenance cost projections are presented to inform budgetary planning and resource allocation decisions.

Overall, this report serves as a resource for stakeholders involved in shaping the future of state hospitals, offering actionable insights and recommendations to optimize resources, improve service delivery, and ensure the provision of high-quality mental health care for all Texans.

1. Introduction

[Health and Safety Code \(HSC\) Section 533.032\(c\)](#) directs the Health and Human Services Commission (HHSC) to create a biennial report containing information and recommendations regarding the most efficient long-term use and management of state hospitals.

The report must:

1. Project future bed requirements for state hospitals;
2. Document the methodology used to develop the projection of future bed requirements;
3. Project maintenance costs for institutional facilities;
4. Recommend strategies to maximize the use of institutional facilities; and
5. Specify how each state hospital will:
 - A. Serve and support the communities and consumers in its service area; and
 - B. Fulfill statewide needs for specialized services.

In developing the report HHSC conducted two public meetings. The first meeting was held at the beginning of the process on March 13, 2024, and the second meeting was held on May 13, 2024, to receive comments from interested parties after a draft was made available. This report considers the medical needs of the most medically fragile of its patients with mental illness and solicited input from consumers of services of state hospitals.

2. State Hospitals Overview

State hospitals serve as places of assessment, stabilization, and treatment for individuals experiencing acute psychiatric crises or chronic mental health conditions. The primary goal of state hospitals is to provide quality inpatient mental health care and support to improve the well-being and functioning of their patients.

For individuals meeting admission criteria outlined in [26 Texas Administrative Code Section 306, Subchapter D](#), state hospitals provide:

- Emergency crisis services 24 hours a day and seven days a week;
- Competency restoration services for individuals found incompetent to stand trial (IST);
- Inpatient psychiatric services provided through a multi-disciplinary team approach using interventions such as individual treatment plans, individual and group therapy, and medication management;
- Any additional medical, dental, and specialized services such as rehabilitative therapies and vocational services that a patient may benefit from; and
- A continuum of care providing inpatient and outpatient care referrals.

State hospitals also provide services to individuals involved in other systems like:

- State Supported Living Center (SSLC) residents who require acute psychiatric stabilization and treatment beyond what the SSLCs provide;
- Certain sexually violent predators committed to the Texas Civil Commitment Office;
- Adults involved in the justice system including those found IST, not guilty by reason of insanity (NGRI), and those transferred from Texas Department of Criminal Justice;
- Youth involved in the juvenile justice system including the courts, Texas Juvenile Justice Department, and juvenile probation; and
- Youth involved with the Department of Family and Protective Services.

State hospitals are accredited by The Joint Commission.^a A vast majority of state hospital funding is sourced through general revenue and additional funding is

^a Joint Commission accreditation is the objective evaluation process via an onsite survey that can help health care organizations measure, assess, and improve performance to provide safe, high quality care for their patients. <https://www.jointcommission.org/>

obtained through patient cost recovery for services rendered from Medicare, Medicaid, and private insurance providers.

Network and Capacity

HHSC owns 2,497 beds across ten psychiatric hospitals^b and one adolescent residential treatment center (RTC), and an additional hospital under construction including:

- Austin State Hospital (ASH)
- Big Spring State Hospital (BSSH)
- El Paso Psychiatric Center (EPPC)
- John S. Dunn Behavioral Sciences Center - University of Texas Health Houston (DBSC)
- Kerrville State Hospital (KSH)
- North Texas State Hospital – Vernon, Vernon South, and Wichita Falls (NTSH-V, NTSH-S^c, NTSH-WF)
- Rio Grande State Center (RGSC)^d
- Rusk State Hospital (RSH)
- San Antonio State Hospital (SASH)
- Terrell State Hospital (TSH)
- Texas Behavioral Health Center at the University of Texas Southwestern (UTSW) Medical Center^e
- Waco Center for Youth (WCY)

State hospitals central office also manages contracts for beds at partner-owned hospitals including 80 competency restoration beds at Montgomery County Mental Health Treatment Facility, 20 competency restoration beds at Palestine Regional Medical Center, and 44 beds at the University of Texas Northeast Health Science Center – Tyler of which 14 beds are for acute care and 30 are for long-term patients with complex medical needs transferred from other state hospitals.

^b DBSC is operated by University of Texas Health Science Center - Houston.

^c NTSH-S is the Secure Adolescent Unit also known as the Adolescent Forensic Program.

^d RGSC also operates an outpatient primary care clinic addressing community physical health.

^e Currently under construction, projected to be operationalized in fiscal year 2026.

Figure 1. Total capacity at existing state-owned state hospitals.

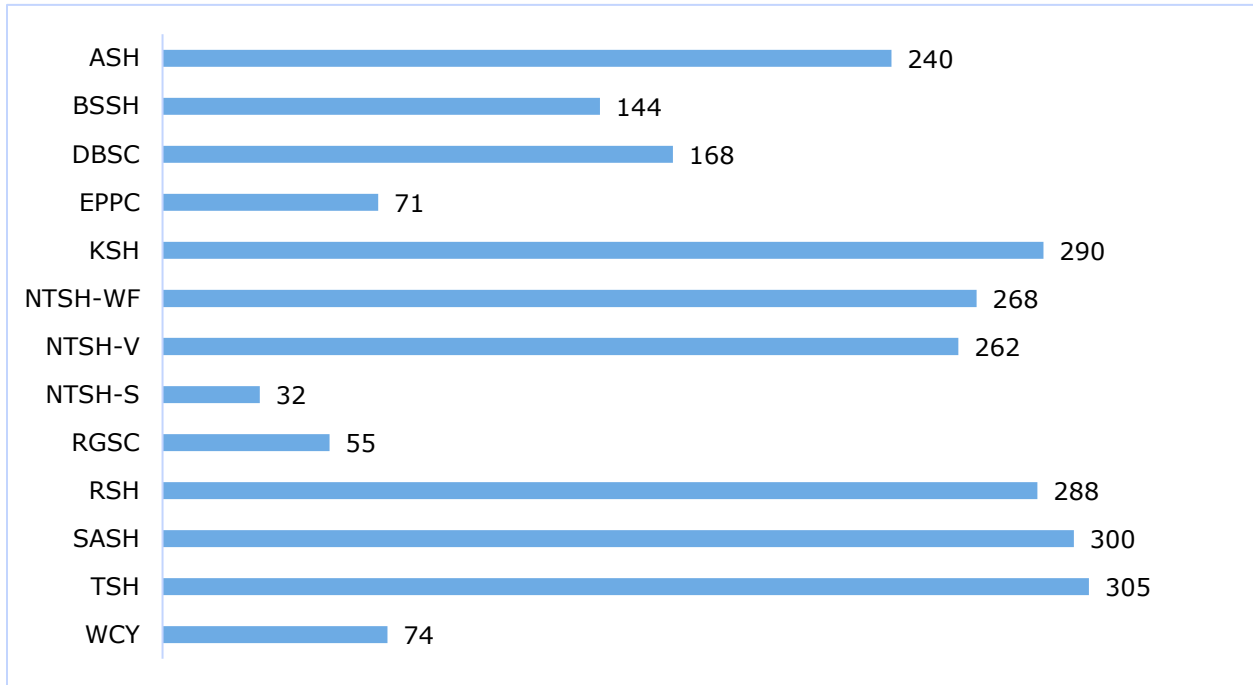


Table 1. General Services Provided by HHSC-operated State Hospitals.

	General Services			
	Non-Maximum Security Unit (Non-MSU) Adult Inpatient Psychiatric Services	Youth Inpatient Psychiatric Services	Maximum Security Unit (MSU) Adult Inpatient Psychiatric Services	Adolescent Residential Treatment Services
ASH	√	√		
BSSH	√			
EPPC	√			
KSH	√		√	
NTSH-V	√	√	√	
NTSH-S		√		
NTSH-WF	√	√	√	
RGSC	√			
RSH	√		√	
SASH	√			
TSH	√	√		
WCY				√

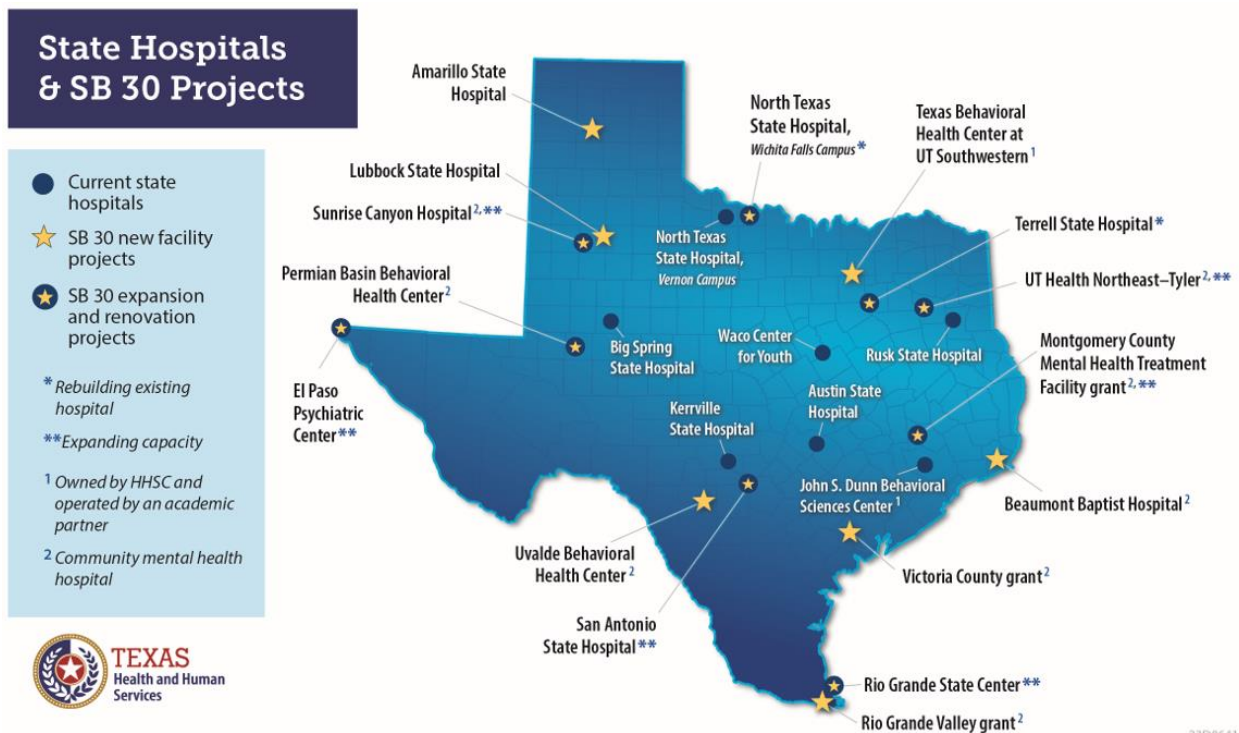
Texas Legislature’s Investment to Expand State Hospital Capacity

Since 2017, the Texas Legislature has invested over \$2.5 billion to expand state hospital capacity (Table 2). Investments are anticipated to increase state hospital capacity to a total of 2,931 state-owned beds upon completion of renovation and new construction projects.

The Supplemental Appropriations Act, Senate Bill (S.B. 30), 88th Legislature, Regular Session, 2023, provided funds for HHSC to award construction grants to build additional inpatient capacity for civil and forensic commitments in non-state-owned facilities in four areas of the state, including:

- \$85 million for up to 100 beds in the Rio Grande Valley,
- \$50 million for up to 100 beds in Montgomery County,
- \$40 million for up to 60 beds in Victoria County, and
- \$64 million for 72 beds at Beaumont Baptist Hospital.

Figure 2. Map of State Hospitals and S.B. 30 Projects



The 2024-25 General Appropriations Act (GAA), House Bill (H.B. 1), 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 52) allocated \$45.8 million per fiscal year to add 150 contracted competency restoration beds, which HHSC elected to disburse in areas with the highest numbers of individuals on the forensic waitlist. HHSC finalized contracts with North Texas Behavioral Health Authority and Integral Care whose subcontractors have already begun admissions. Additional contracts are pending for the remaining beds. The 2024-25 GAA, H.B. 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 52) also funded approximately \$4.1 million per fiscal year to add 16 contract beds to state hospital capacity, a contract for which is still being procured.

Table 2. Appropriations for the Construction or Renovation of State Hospitals by Texas Legislative Session.

	2018-19 ^f	2020-21 ^g	2022-23 ^h	2024-25 ⁱ
Amarillo State Hospital <i>New hospital - Adds 75 non-MSU beds</i>	-	-	-	\$159M
Austin State Hospital <i>240-bed non-MSU replacement hospital</i>	\$15.5M	\$165M	\$124.1M	-
El Paso Psychiatric Center <i>Expansion - Adds 50 non-MSU beds</i>	-	-	-	\$50M
Dunn Behavioral Sciences Center <i>New hospital – Adds 168 non-MSU beds^j</i>	\$126.5M	-	-	-
Kerrville State Hospital <i>Expansion - Adds 70-bed MSU</i>	\$30.5M	-	-	-
Lubbock State Hospital <i>New hospital - Adds 50 MSU beds</i>	-	-	-	\$121M
North Texas State Hospital-Wichita Falls <i>200-bed replacement hospital</i>	-	-	-	\$452M
Rio Grande State Center <i>Expansion - Adds 50 MSU beds</i>	-	-	-	\$120M
Rusk State Hospital <i>200-bed replacement hospital</i>	\$98.8M	\$90.1M	\$3M	-
San Antonio State Hospital <i>Expansion - adds 40 MSU beds^k</i>	\$11.5M	-	-	\$15M
San Antonio State Hospital <i>300-bed replacement hospital</i>	\$14.5M	\$190.3M	\$152.4M	-
Terrell State Hospital <i>250-bed replacement hospital</i>	-	-	-	\$573M
Texas Behavioral Health Center at UTSW <i>New hospital - Adds 292 beds^l</i>	-	-	\$282.5M	\$101.9M
Total	\$297.3M	\$445.4M	\$562M	1.59B

^f Included in S.B. 1, 85th Legislature, Regular Session, 2017

^g Included in S.B. 500, 86th Legislature, Regular Session, 2019

^h Included in H.B. 2, 87th Legislature, Regular Session, 2021 & S.B. 8, Third Called Session, 2021

ⁱ Included in S.B. 30, 88th Legislature, Regular Session, 2023

^j 264 beds constructed, 168 beds are for state hospital use and 96 beds are private pay.

^k The original \$11.5M added 40 non-MSU beds and the subsequent \$15M will convert those beds to serve the MSU population.

^l Children’s Health donated \$200M for the construction of 92 pediatric beds with an additional \$61M pending.

3. Maximizing State Hospitals

HHSC has implemented strategies to maximize the use of state hospitals that are centered on improving access across the state and enhancing collaboration and coordination among mental health providers, agencies, and stakeholders, including:

- Developing specialized treatment programs and workgroups tailored to the needs of the growing forensic population;
- Leveraging state hospital staff and leadership feedback, suggestions, and insights to guide the vision and direction of the state hospitals;
- Strengthening the workforce through targeted retention and recruitment activities;
- Expanding programming to include additional evidence-based practices and therapeutic interventions;
- Building collaborative interdisciplinary teams to provide comprehensive, person-centered care addressing medical, psychological, social, and vocational needs, including access to peer and rehabilitation services;
- Creating long-term care plans focused on continuity of care and rehabilitation, with transitions to less restrictive settings including collaboration with local community-based mental health agencies to facilitate seamless transitions for patients returning to the community;
- Evaluating risk assessments and management protocols consistently to ensure patient and staff safety; and
- Researching and implementing strategies for continuous improvement in treatment outcomes.

These initiatives aim to strengthen Texas' mental health system and improve outcomes for individuals and communities across the state.

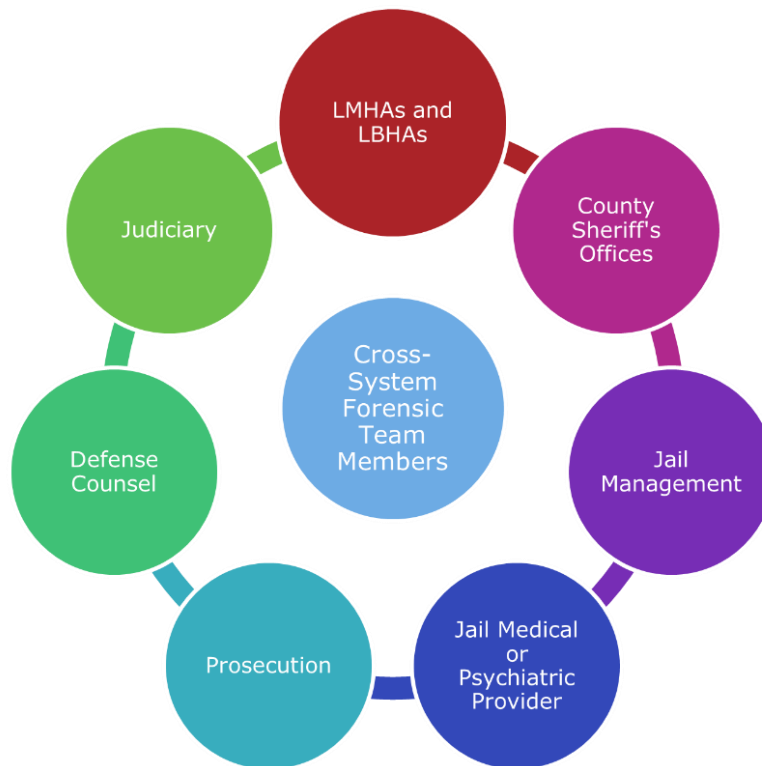
Forensic Initiatives

Jail In-Reach Learning Collaborative

The Jail In-Reach Learning Collaborative, facilitated by HHSC, engages stakeholders across the justice and mental health spectrum to enhance services for individuals found IST and awaiting admission into state hospitals from county jails for

competency restoration. This collaborative offers education on establishing effective local cross-system forensic teams, monitoring individuals who are IST in county jails, and leveraging the services provided by HHSC (Figure 3). It also provides a space for participating counties to network and learn from one another as they seek to formalize or enhance existing jail in-reach efforts.

Figure 3. Cross-system forensic team members.



Competency Restoration Curriculum

Competency restoration works to enable an individual to participate in the legal proceedings against them, as required by law, by addressing the underlying mental health needs that may be impacting their abilities while teaching them the aspects of the legal process and how to work with their attorney towards their defense. Once competency has been determined to be restored by a court, the individual can then stand trial and participate in their defense effectively.

In fiscal year 2023, state hospitals implemented a standardized Competency Restoration Curriculum (CRC) containing eight training modules, a study guide for

patient use, and an accompanying resources library. The CRC has been shared with external partners with the goal of providing consistency across community restoration program settings (i.e., outpatient, jail-based, contracted beds) and more effectively determining when competency is restored and when potential diversion from inpatient care may be appropriate.

HHSC is working to ensure that individuals receive services in a language and format comprehensible to them. A Spanish translation of the patient study guide will now be made available to patients and other languages will follow based on a needs survey.

Improving Proceedings for Youth

[Chapter 55 of the Texas Family Code](#) outlines the legal process for youth involved in the juvenile justice system and court-ordered to receive mental health services. HHSC has worked collaboratively with a multidisciplinary group of community stakeholders such as judges, attorneys, juvenile probation staff, and representatives from the Texas Juvenile Justice Department to develop key initiatives aimed at improving the fitness to proceed process, including developing a standardized fitness to proceed curriculum and instructor manual.

Once finalized, HHSC will facilitate the implementation of this curriculum across all state hospitals and provide access to external partners. HHSC and the multidisciplinary group will also develop educational materials for staff involved in fitness education and evaluations, as well as resources for courts and external partners, to ensure effective implementation of Chapter 55 court-ordered services and improve outcomes for youth deemed unfit to proceed.

Strengthening Workforce

Effective February and March 2023, HSCS implemented comprehensive pay increases for all eligible personnel within state hospitals. The Supplemental Appropriations Act, S.B. 30, 88th Legislature, Regular Session, 2023, funded an additional five percent or \$250 per month increase, whichever was more, for all state employees effective July 1, 2023. These salary enhancements, complemented by strategic recruitment and retention initiatives, have led to expanded bed capacity within state hospitals, thus facilitating improved accessibility to essential services.

In fiscal year 2023, state hospitals increased filled positions to 93.5 percent and have maintained a record low turnover rate of 21.1 percent in April 2024. This is a 23.9 percent decrease from the peak of 45 percent noted in October 2021.

Increased workforce as of April 2024 has contributed to:

- A reduction in the forensic waitlist, decreasing by 26.64 percent equivalent to over 700 individuals since the peak in December 2022;
- An increase in ADC, rising by 461 individuals since September 2022; and
- An increase of 480 state-owned and operated beds available online, rising from 1,501 in January 2023 to 1,981.

Academic Partnerships

State hospitals have become creative with hiring strategies to maintain a professional and credentialed workforce. Collaborating with academic institutions and implementing innovative approaches such as telemedicine services are among the solutions employed to address workforce shortages while ensuring high-quality patient care.

Physician residency programs fulfill academic needs by offering unmatched clinical training experiences within state hospitals. The unique populations served in state hospitals provide physicians with distinctive treatment opportunities, including psychiatric and physical pathologies. Resident physicians supplement the care provided by regular medical staff and increase the facility's capacity and time spent with patients.

State hospitals have also leveraged academic partnerships to facilitate the construction and operation of facilities. For instance:

- HHSC partnered with the University of Texas Health Science Center at Houston to design, construct, and operate the John S. Dunn Behavioral Health Science Center;
- HHSC worked with Dell Medical School at The University of Texas at Austin in designing and planning Austin State Hospital's replacement facility; and
- HHSC is partnering with UTSW in Dallas to design, construct, and operate the new state hospital in the Dallas-Fort Worth metroplex.

Streamlining Internal Work Visa Processes

State hospitals are improving internal processes to help credentialed and non-credentialed individuals obtain employment visas to work in the United States and specifically, in Texas. These efforts aim to simplify navigating visa procedures, enabling qualified candidates to join the state hospital workforce, enhance patient care, and contribute to continuity and stability within the workforce.

State Hospital Staff Wellness

HHSC introduced the Pursuit of Hope initiative to bolster employee well-being and retention. Utilizing Critical Incident Stress Management (CISM) teams, leadership actively supports staff in managing stress and implementing suicide prevention measures. A key aspect of the initiative involves providing resources and online tools for staff which are disseminated through email and the hospital texting system. This proactive approach aims to cultivate a supportive work environment and equip staff with the necessary tools to enhance their well-being and resilience.

Focus on Continuity of Care

State Hospital Step-Down Program

The State Hospital Step-Down Program, which began in fiscal year 2021, provides pre- and post-transition services, including short-term residential placements, to support individuals with severe mental illness (SMI) or complex medical needs as they transition from state hospitals to community living.

State hospital team members collaborate with a Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) to identify and prepare individuals for community integration. Step-down placements, lasting less than a year, facilitate gradual reintegration into the community while supplementing existing supports such as financial assistance for food, rent, and transportation. The program ensures ongoing support from state hospital transition specialists following the move into the community.

As of fiscal year 2023, the program facilitated the transition of 23 individuals from state hospitals to the State Hospital Step-Down Program, preventing prolonged stays in the hospital. Among them, four were civil commitments, and 19 were forensic commitments. Sixteen individuals have discharged from the program and are now living independently in the community.

The program continues to grow with investments from the Texas Legislature, as the 2024-25 GAA, H.B. 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 52) appropriated an additional \$8.5 million per fiscal year. This funding will add approximately 65 beds, bringing the projected total to 80 beds by the end of fiscal year 2024.

State Hospital Transition Teams

The 2024-25 GAA, H.B. 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 52) funded State Hospital Transition Teams as part of the comprehensive strategy to strengthen inpatient capacity and enhance continuity of care. Each state hospital, including two at North Texas State Hospital, is assigned a transition specialist, complemented by a statewide coordinator.

In accordance with [HSC, section 534.0535](#) as amended by S.B. 26, 88th Legislature, Regular Session, the transition specialists are the designated employee at state hospitals to provide transition support services. Transition specialists are tasked with collaborating closely with care teams and community partners to identify suitable placements and support systems for individuals who are deemed ready for discharge and were:

- Admitted to and discharged from a facility multiple times during a 30-day period; and/or
- In the state hospital for longer than 365 consecutive days.

This initiative advances beyond typical continuity of care protocols with the expectation that it will mitigate several obstacles encountered by individuals during their transition back to the community.

Integrating Evidence-Based Practices into Programming

Peer Support Utilization

HHSC actively incorporates peer support services to enhance patient care in state hospitals. This evidence-based mental health model involves qualified peer support providers with lived experience aiding individuals in their recovery journey from mental illness. While not a replacement for other mental health services, peer support can reduce the need for additional interventions.

HHSC plans to increase the number of certified peer support staff, allowing for more comprehensive support for a larger patient population. Additionally, these transition specialists will further explore innovative approaches to engage patients throughout their treatment and encourage participation in outpatient care to enhance continuity of care. The expansion includes supplemental training to broaden skill sets and enhance effectiveness in this unique role.

Trauma Informed Care

State hospitals have utilized Trauma-Informed Care (TIC) as a strategy to enhance staff and patient well-being. TIC, an evidence-based best practice, recognizes the presence of trauma symptoms and acknowledges trauma's role in individuals' lives, including staff. This approach emphasizes the need for a comprehensive understanding of a patient's life situation, past, and present to provide effective care with a healing orientation.

For staff, TIC can help reduce burnout and turnover by acknowledging trauma's widespread impact and understanding paths to recovery. It recognizes that many people living with mental health conditions have experienced trauma and that trauma may contribute to distress of the individual, with lifelong impacts on emotions and relationships.

The guiding principles of TIC—safety, choice, collaboration, trustworthiness, empowerment, and respect for diversity—focus on addressing physical and emotional safety as the first step to establishing trust. Providing choices to patients and staff allows them to feel in control of their treatment and services, leading to increased participation and potentially more effective treatment outcomes.

By focusing on individuals' strengths and empowering them to build on those strengths while developing coping skills, TIC creates a foundation for healthy recovery. HHSC has formed a TIC task force at each state hospital to:

- Develop campus-wide staff development trainings to help staff identify signs of suicide;
- Increase the number of staff members participating in CISM teams; and
- Provide staff with training in Dialectical Behavior Therapy (DBT).

Dialectical Behavior Therapy

State hospitals are implementing DBT programming into patient treatment as part of efforts to enhance well-being. This evidence-based, trauma-informed practice integrates elements from various therapeutic modalities, including Cognitive Behavior Therapy and mindfulness to help individuals understand and accept difficult emotions, develop skills to manage these emotions effectively, and facilitate positive changes in their lives. The incorporation of DBT programming into patient treatment reflects a commitment to providing comprehensive and effective care that addresses the complex needs of individuals served.

HHSC has implemented the use of a DBT 19-journal series focused on emotional well-being and coping skills. These journals cater to different learning styles, allowing patients and staff to learn and process skills effectively. Additionally, staff receive weekly activities aligned with the journals to expand their knowledge and enhance daily care practices.

Data Integrity

HHSC is exploring options to streamline the state hospital incident management system with the goal of establishing a more efficient system. The focus is on improving the ability to track, trend, and analyze data related to state hospital incidents.

4. Themes Affecting Future Need

Key themes were identified as factors impacting the forecast for future bed requirements and maintenance costs aimed at optimizing facility utilization. These themes reflect the critical points around how the recommendations are structured and are supported by both qualitative and quantitative data.

Prevalence of Mental Health

Texas is the nation's second-most populous state and is the fourth fastest-growing state with the highest percentage of growth by county.^m According to the Office of the State Demographer, Texas' population is estimated to have grown 7.5 percent in the last seven years, from 28.29 million in 2017 to what is anticipated to be over 30.5 million in 2024.ⁿ

The growth of Texas's population coincides with an increase in the prevalence of mental illness among both adults and youth. According to data collected by the Substance Abuse and Mental Health Services Administration (SAMHSA), 17 percent of adult Texans were estimated to have a mental illness for the 2013-2014 reporting period.^o This estimate increased to approximately 22 percent for the 2021-2022 reporting period, and almost doubled for the 18-25 years of age subset reaching over 33 percent.^p

In a 2023 study published by Mental Health America, Texas was ranked 46th in the nation when comparing the prevalence of mental health in adults and youth to access to care measures. Factors contributing to limited access to care included lack of insurance, limited access to quality treatment, lack of special education, and a reduced mental health workforce.^q

^m United States Census Bureau. (n.d.). United States Census Bureau [Dataset]. In *Texas Population*. <https://www.census.gov/quickfacts/fact/table/TX/PST045222>

ⁿ Texas Demographic Center (TDC). (n.d.). <https://demographics.texas.gov/>

^o Substance Abuse and Mental Health Services Administration (SAMHSA). (December 17, 2015). 2013-2014 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Table 24.

<https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>

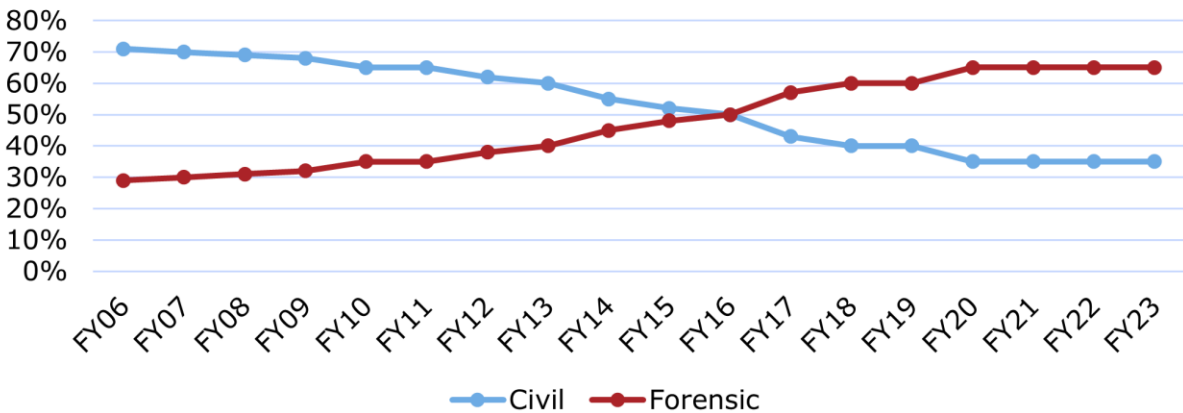
^p SAMHSA. (February 15, 2024). 2021-2022 State Prevalence Tables [Dataset]. Table 31. <https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates>

^q Mental Health America. (2023). *The State of Mental Health in America*. <https://mhanational.org/issues/state-mental-health-america>

Patient Profiles

Beginning in fiscal year 2016, the state hospital population transitioned from mostly civil to forensic. This trend continues with the population consisting of 64 percent adults under forensic commitments, 28 percent adults under civil commitments, and eight percent youth in fiscal year 2023 (Figure 4).

Figure 4. Average daily census (ADC), Fiscal Years 2006-2023.



Adults on forensic commitments had a longer average length of stay than those on civil commitments at eight of 10 adult-serving, HHSC-operated state hospital campuses in fiscal year 2023 (Table 3).

Table 3. Average Length of Stay at Discharge Measured in Days, Fiscal Year 2023.

	Adult Civil	Adult Forensic	Youth
ASH	232	540	96
BSSH	532	306	N/A
EPPC	39	277	N/A
KSH	1,547	2,069	N/A
NTSH-S	N/A	N/A	114
NTSH-V	197	270	N/A
NTSH-WF	110	245	32
RGSC	39	142	N/A
RSH	1,105	572	N/A
SASH	175	396	N/A
TSH	32	276	39
WCY	N/A	N/A	235

Long-Term Population

Patients admitted to state hospitals are primarily adult men under the age of 65 experiencing psychosis. In fiscal year 2023, 72 percent of individuals who remained in state hospitals for over one year were admitted under forensic commitments: 39 percent of individuals were deemed IST and 33 percent were found NGRI.

The frequency of readmissions has declined over the past four years, likely due to longer stays for forensic cases and increased referrals to private psychiatric beds for civil commitments.

Multiple barriers delay the transition from state hospitals to community living, especially for individuals returning to rural or remote areas, including:

- Insufficient transition support before, during, and after hospital discharge;
- Difficulties in obtaining Medicaid coverage and federal disability-related financial benefits;
- Limited access to medical, behavioral health, long-term care, substance use disorder, peer support, and crisis services;
- Challenges related to physical, behavioral health, or cognitive conditions that affect daily living activities;
- Untreated substance use disorders that are managed in the hospital due to restricted access to substances;
- Limited community-based discharge destinations to include, safe, affordable housing and housing supports; and
- Justice system involvement that complicates community reintegration.

Furthermore, societal misconceptions about individuals with SMI exacerbate difficulties for clients trying to access housing and community services.

Patients discharging from state hospitals require extensive support services, starting during their hospital stay and continuing through their transition back into the community. The transition often involves significant changes in services, providers, and living conditions. These individuals may struggle with less structured environments and the loss of the state hospital's familiar routines. Ongoing support is crucial, particularly for those with cognitive issues, residual psychotic symptoms, or lack of insight into their illness.

Addressing these needs and barriers is essential for improving outcomes for long-term state hospital residents and facilitating their successful reintegration into the community. We will evaluate the impact of current initiatives focusing on continuity of care including the State Hospital Step-Down Program and State Hospital Transition Teams and continue to work toward addressing existing need.

Mental Health Workforce

Estimates indicate there are 47,060 mental health professionals in Texas, resulting in an average ratio of 640 individuals per mental health provider.^r This ratio is double the national average of 320 individuals per provider indicating lack of access, with rural areas disproportionately impacted. Nine facilities are in counties where the population to mental health professional is above the national average indicating workforce shortage areas.

Table 4. Ratio of population to mental health providers by county of location.

	County of Physical Location	Ratio of Population to Mental Health Providers
ASH	Travis	270:1
BSSH	Howard	490:1
EPPC	El Paso	810:1
KSH	Kerr	300:1
NTSH-V and NTSH-S	Wilbarger	570:1
NTSH-WF	Wichita	480:1
RGSC	Cameron	1,130:1
RSH	Cherokee	920:1
SASH	Bexar	430:1
TSH	Kaufman	1,010:1
WCY	McLennan	500:1

Community Gaps

Rural Communities

Rural communities face barriers in accessing mental health services due to geographic isolation and limited resources. In fiscal year 2022, HHSC completed an in-depth review of behavioral health crisis service utilization data across the state. The data revealed that between 2017 and 2021, individuals in rural areas were accessing crisis services at a higher rate than those in urban areas. Youth in rural

^r Texas. (n.d.). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/texas?year=2024&measure=Mental+Health+Providers&tab=0>

areas accessed crisis services 150 percent more often than youth in urban areas, and adults in rural areas accessed crisis services 45 percent more often than adults in urban parts of the state.⁵

Individuals in rural areas who do not receive timely intervention through community-based services may be at increased risk of potential crisis, hospitalization and/or justice-involved interventions.

Unscheduled Admissions

Admissions to state hospitals are impacted by a growing number of unscheduled admissions or “walk-ins.” Walk-ins present as referrals primarily from law enforcement, family members, or the individual themselves appearing at a state hospital for the purpose of admission. State hospitals are required to comply with the [Emergency Medical Treatment and Active Labor Act](#) (EMTALA). This means if an individual needs immediate crisis stabilization, state hospitals must assess the individual and provide stabilizing care if possible or transfer the individual 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. In counties with limited community-based mental health resources, treatment at state hospitals is increasingly sought. As individuals bypass local services due to their limited availability, planned admissions are further delayed. TSH and EPPC report higher walk-in admissions, which account for 77.1 percent and 50 percent of total admissions at the respective facilities (Table 5).

Table 5. Unscheduled Walk-ins by State Hospital, September 2023 to March 2024.[†]

	Total Walk-ins	Walk-in Admissions	Total Admissions
ASH	109	42	104
BSSH	17	1	82
EPPC	271	137	274
NTSH	3	1	629
RSH	20	16	161
SASH	116	79	249
TSH	751	596	773
TOTAL	1,287	872	2,272

⁵ Texas Health and Human Services. (2023). All Texas Access report. In *Texas Health and Human Services* (p. 1). <https://www.hhs.texas.gov/sites/default/files/documents/part-1-introduction-and-implementation.pdf>

[†] State hospitals not in the table reported no walk-ins from September 2023 to March 2024.

Access to Care for Individuals with Intellectual and Developmental Disabilities

HHSC has identified a need for community-based behavioral health services for individuals with co-occurring IDD and mental health diagnoses.⁴ Challenges include timely access to services for individuals with dual diagnosis and increasing incidents of crisis events, hospitalizations, or incarcerations.

While state hospitals excel in providing intensive psychiatric interventions for those experiencing acute psychotic episodes or severe symptoms, they are not always the optimal environment for individuals with IDD, unless they require significant psychiatric stabilization. These individuals often require tailored support and interventions that consider their unique preferences across their lifespan.

Limited discharge destination options impact the length of stay for individuals with IDD. Specifically, those who could benefit from placement in SSLCs. SSLCs are experiencing changes in their population, notably an increase in forensic admissions. [HSC Section 555.002](#) designates Mexia and San Angelo SSLCs as separate forensic SSLC facilities for high-risk alleged offender residents. Limited capacity for forensic admissions strains resources and delays access to a lesser restrictive environment for individuals with IDD in a state hospital under a forensic commitment who could potentially benefit from a placement in an SSLC.

Youth Residential Treatment

Families are increasingly seeking access to residential treatment center (RTC) services to prevent psychiatric hospitalization, juvenile justice involvement, expulsion from school, serious injury to self or others, or relinquishment to the Department of Family Protective Services (DFPS).

Referrals to Waco Center for Youth (WCY) and HHSC's Relinquishment Avoidance Program, also known as the RTC Project, largely consist of families who have exhausted community-based behavioral health services and who have Medicaid coverage or are uninsured (Figure 5).

⁴ IDD Strategic Planning Group. (2022). *Texas Statewide Intellectual and Developmental Disabilities Strategic Plan*. [statewide-idd-strategic-plan-jan-13-2022.pdf](#)

Figure 5. Factors influencing the need for RTC services.



Community Resource Coordination Groups (CRCGs) are county-based, interagency workgroups comprised of representatives from public and private agencies such as schools, public and private sector health and human services agencies, faith and community-based organizations, and local criminal justice organizations. CRCGs work with youth, families, and adults with complex needs to develop a customized, integrated Individual Service Plan (ISP) for individuals served through the CRCG by helping individuals and families identify needed resources and services in their communities, and providing referrals.

CRCGs are integral to WCY admissions, as WCY admission criteria outlined in [26 TAC Section 306.174](#) requires that the CRCG endorse LMHA or LBHA referrals confirming that all appropriate community-based resources have been exhausted and that WCY is the least restrictive environment needed. Adolescents may also be referred for admission by the LMHA or LBHA without a CRCG endorsement letter in certain circumstances where the CRCG cannot convene in a timely manner or the youth is referred by a state hospital.

Referrals for RTC placement are increasing and exceed available capacity. Between 2020 and 2021, CRCGs issued 228 letters of recommendation for referrals to

treatment at the WCY, recommended the HHSC RTC Project 28 times, and recommended placement at other unidentified residential treatment facilities 219 times.^v In addition to CRCG referrals, in fiscal year 2023, the HHSC RTC Project reported receiving a total of 249 referrals for RTC services through DFPS, LMHAs or LBHAs, approximately double the referrals received in fiscal year 2022. This may be due in part to the S.B. 642, 87th Legislature, Regular Session, 2021, which began allowing LMHAs and LBHAs to serve as a referral source for the HHSC RTC Project.

In fiscal year 2023, DFPS reported 11 percent of youth entering foster care required RTC level of care. Additionally, DFPS identified the need for an additional 324 beds to adequately address the demand and enhance placement practices.^w

Increasing access to RTC services may effectively decrease family crises that might otherwise lead to psychiatric hospitalization or involvement with other systems.

^v Texas Health and Human Services. (2022b). *Community Resource Coordination Groups of Texas report* [Report].

<https://crcg.hhs.texas.gov/pdf/reports/CRCG%20Report%202022%2010.26.22.pdf>

^w Texas Department of Family and Protective Services. (2023). *Foster care needs assessment*. https://www.dfps.texas.gov/About_DFPS/Reports_and_Presentations/CPS/documents/2023/FY23_Foster_Care_Needs_Assessment.pdf

5. Projecting Future Capacity Need

The 88th Texas Legislature invested more than \$2.5 billion in expanding mental healthcare, including through state hospital construction projects, contracted inpatient beds and grant programs to further expand inpatient capacity. Although there is no universally accepted methodology for determining how many psychiatric beds a community or state needs to meet demand for mental health services, HHSC believes the investments made in capacity in recent biennia will be sufficient to meet the short-term future demands of the population needing inpatient mental health treatment at state hospitals once the increased capacity is fully operationalized.

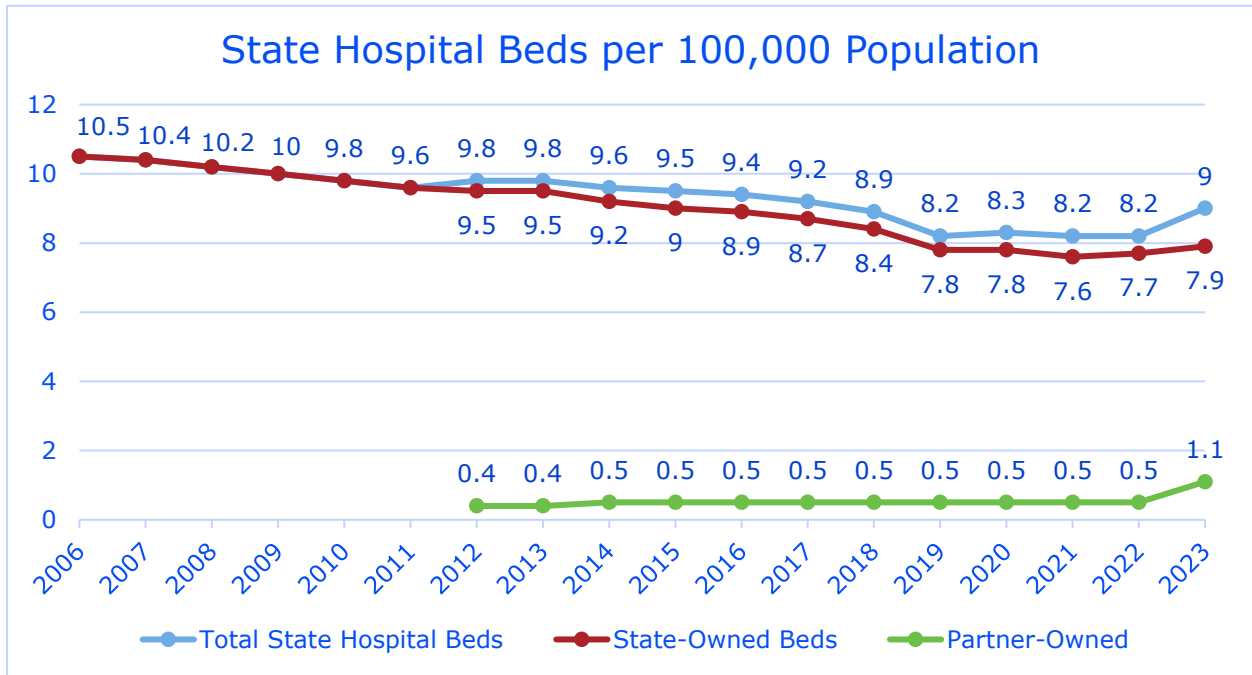
HHSC does project a need for additional capacity to deliver specialty psychiatric care for individuals with IDD as well as a need for additional capacity for RTC services and placement; however, this capacity could be developed outside of state hospitals. There is potential to develop specialty homes on SSLC campuses for individuals requiring a higher level of psychiatric care. Increased RTC capacity can be expanded through the HHSC RTC project, or through the development of another facility like WCY. HHSC will continue to monitor, and funding will be requested as necessary to meet long-term needs.

Numerous complex and unpredictable variables have impacted the state's mental health systems and created varying levels of access in preceding years. Some variables to consider include:

- Facility construction, renovation, or expansion and operational ramp up;
- Rates of unscheduled admissions and commitment receipt wait times;
- Staffing rates and employee retention;
- Commitment types and lengths of stay;
- Expanding community-based mental health crisis services; and
- Emergency orders (e.g. COVID-19 pandemic).

Historically, state hospital beds per capita has decreased, stabilizing in fiscal year 2019, but as the number of state-owned beds has decreased, contract beds at partner-owned facilities have supplemented capacity (Figure 6).

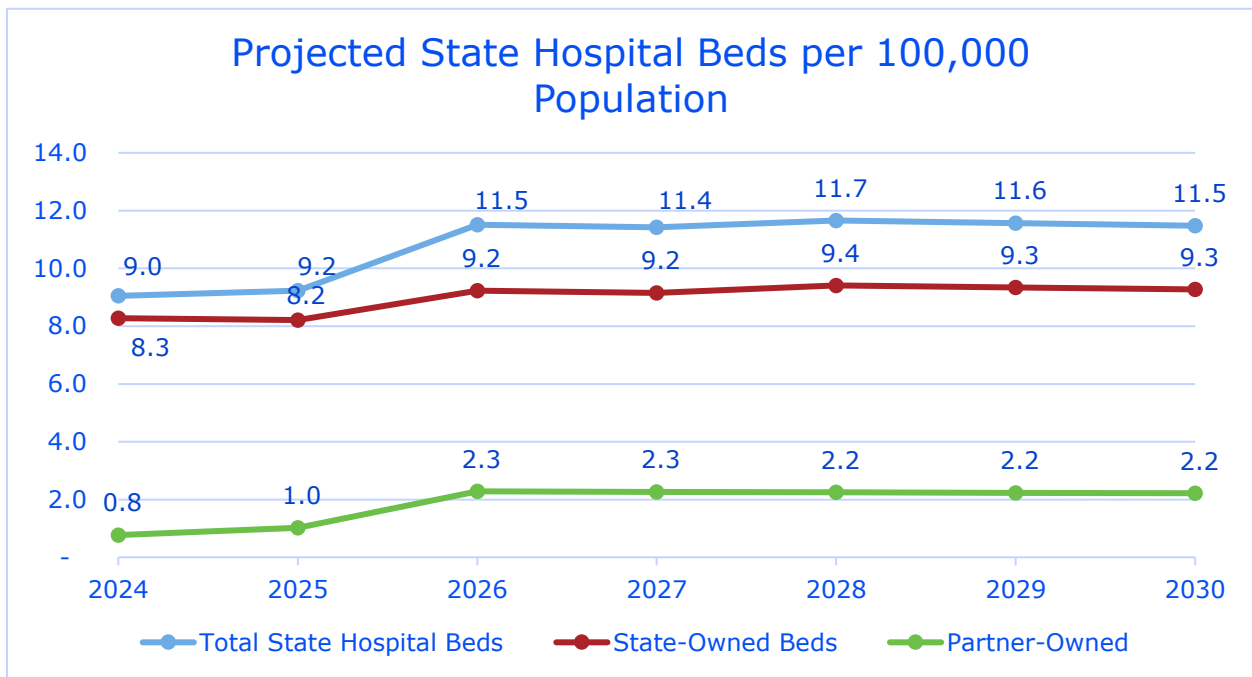
Figure 6. State Hospital Beds per 100,000 Population, Fiscal Years 2006-2023.



HHSC projects reaching 3,631 total state hospital beds by fiscal year 2030: 2,931 state-owned and 700 contracted beds at partner-owned facilities. This will maintain approximately 11.5 beds per 100,000 population^x, a significant per capita increase compared to the past 20 years, that HHSC anticipates reaching in fiscal year 2026 (Figure 7).

^x Texas Demographic Center (2022). Projections of the Total Population of Texas and Counties in Texas, 2020-2060 (0.5 Migration Scenario). Retrieved July 11, 2024, from https://demographics.texas.gov/Resources/TPEPP/Projections/2022/2022statetotsex_mig100.csv.

Figure 7. Projected State Hospital Beds per 100,000 Population, Fiscal Years 2024-2030.



Assumptions and Limitations

The projections in this report should be interpreted as estimates of future needs used to aid in planning rather than definitive needs. The methodology reflects the following assumptions and limitations:

1. The projections carry a margin of error and will rely on periodic updates reflecting population growth and accounting for the above variables.
2. Capacity is contingent upon the timely completion of all currently planned construction projects and assumes facilities are fully ramped up by the end of each listed fiscal year with sustained funding to continue operations and contracts.
3. These projections account for the current level of community-based behavioral health services available and do not account for any future investments which can reduce the need for hospitalization (i.e., bed capacity contracted by Behavioral Health Services division of HHSC, crisis respite, mobile crisis outreach teams, diversionary centers, etc.).

6. Maintenance Cost Projection

As the state hospitals aim to increase bed capacity, the priority includes repairing and maintaining existing facilities which will enable Texas to maximize the utilization of all facility capacities. The aging infrastructure of select state hospitals raises concerns regarding the increasing need for repairs in key areas including heating, ventilation, and air condition (HVAC) systems, electrical wiring, and plumbing to ensure the daily needs of both patients and staff are met.

Maintenance costs include upkeep, preventive repairs to halt further deterioration, and replacement of materials, equipment, and fixtures beyond repair. The following projections are based on industry standards and Life Safety Code requirements, are contingent on varying levels of usage including the anticipated rise in the number of individuals served, assume the upkeep of buildings at their current state, and account for a two percent inflation rate.

For fiscal year 2023, the annual maintenance cost for state hospitals outside of deferred maintenance projects amounted to \$5,049,920. Annual maintenance expenses for fiscal year 2024 are expected to be approximately \$4.2 million and increase two percent each following year due to inflation. Presently, in fiscal year 2024, there are 52 active deferred maintenance projects with a total budget of \$174,750,981; however, an additional 143 projects await attention, with estimated costs exceeding \$367 million. Projected costs are based on historical costs of similar projects across the system, cost estimates of architects or engineers, or quotes from vendors.

The Supplemental Appropriations Act, S.B. 30, 88th Legislature, Regular Session, appropriated \$50 million for deferred maintenance and \$14 million for emergency repairs to address the needs of the SSLCs and state hospitals. The maintenance need far exceeds what has been funded therefore projects must be prioritized.

Maintenance projects are prioritized across HSCS based upon their use: residential buildings; buildings used for day programs and direct support services; administration buildings; support buildings (e.g., warehouse, kitchen, maintenance); and sites (e.g., electrical and natural gas distribution).

7. Conclusion

This State Hospital Long-Range Planning Report, required by [HSC, section 533.032\(c\)](#), provides information on current state hospital operations, initiatives to maximize use of state hospitals, and projections for future needs and maintenance costs.

State hospitals provide a variety of psychiatric services across the state in a growing network of capacity, through investments from the Texas Legislature to construct new and replacement state hospitals and to contract for beds in the community. State hospitals primarily serve a population of individuals under forensic commitments who have either been found IST or NGRI; however, high rates of civil walk-in admissions from the community hinder the ability of state hospitals to admit from waitlists.

Maintenance needs for aging state hospital infrastructure continue, totaling an estimated \$546 million, which includes ongoing and requested deferred maintenance projects and annual facility maintenance.

The need for state hospital services has increased along with the increasing population of Texas, and capacity is impacted by patients with higher than average lengths of stay due to complex needs and barriers to discharge in the community. To address this, and maximize capacity, state hospitals have undertaken and will continue to implement several initiatives focusing on the forensic population, continuity of care, evidence-based practices, data integrity, and strengthening the workforce.

Considering all assumptions and limitations, HHSC currently estimates that the investments in capacity will be sufficient to meet the short-term future demands of the population needing inpatient mental health treatment at state hospitals once all capacity is fully operational. However, HHSC does project a need for additional capacity to deliver specialty psychiatric care for individuals with IDD as well as a need for additional capacity for RTC services and placement.

List of Acronyms

Acronym	Full Name
ADC	Average Daily Census
ASH	Austin State Hospital
BSSH	Big Spring State Hospital
CISM	Critical Incident Stress Management
CRC	Competency Restoration Curriculum
DBSC	John S. Dunn Behavioral Sciences Center at University of Texas Health Science Center at Houston
DBT	Dialectical Behavior Therapy
DFPS	Department of Family Protective Services
EMTALA	Emergency Medical Treatment and Active Labor Act
EPPC	El Paso Psychiatric Center
GAA	General Appropriations Act
H.B.	House Bill
HHSC	Health and Human Services Commission
HSC	Health and Safety Code
HVAC	Heating, Ventilation, and Air Condition
IDD	Intellectual and Developmental Disabilities
ISP	Individual Service Plan
IST	Incompetent to Stand Trial
KSH	Kerrville State Hospital
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
M	Million
NGRI	Not Guilty by Reason of Insanity
NTSH-S	North Texas State Hospital – Vernon South
NTSH-V	North Texas State Hospital – Vernon
NTSH-WF	North Texas State Hospital – Wichita Falls
RGSC	Rio Grande State Center
RSH	Rusk State Hospital
RTC	Residential Treatment Center
S.B.	Senate Bill
SMI	Severe Mental Illness
SSLC	State Supported Living Center
TAC	Texas Administrative Code
TIC	Trauma-Informed Care
TSH	Terrell State Hospital
UTSW	University of Texas Southwestern
WCY	Waco Center for Youth