



Hogg Foundation  
for Mental Health

Appropriations Committee – S/C on Article II  
Request for Information  
September 25, 2020

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**Charge # 1 – Progress on construction of state hospitals and the capacity of the state hospital system to provide mental health support in all regions across Texas.**

The Hogg Foundation for Mental Health applauds the Texas Legislature for their investment in redesigning the state hospital system. We encourage the completion of the projects underway, as well as a continued focus on modernizing our state hospital system.

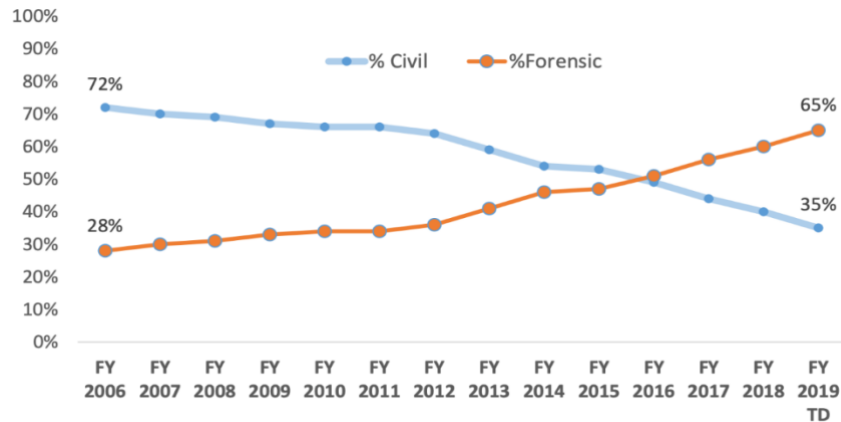
In addition to addressing the physical condition of the state hospital infrastructure and the number of state hospital beds available, the state must look at the issue of capacity through a broader lens. The new construction of the Austin State Hospital and the San Antonio State Hospital is needed, but will not add to the state's capacity to provide inpatient services. These two new facilities replace existing beds. Construction/renovation projects at Rusk, Kerrville, and the UTHHealth Houston Hospital are adding some new capacity of approximately 370 beds.<sup>1</sup>

It is important for Texas to focus on how hospital beds are used and ensure that only those who actually need an intensive level of care occupy state hospital beds. **Until we provide a continuum of housing and service options for individuals with mental health and/or substance use conditions, individuals who don't need the hospital level of care will continue to occupy those beds because no other options are available.** This results in significant wait lists and increased costs to the state.

Stabilization is typically the goal of an inpatient non-forensic admission. Recovery doesn't normally occur during a five to ten-day hospital stay. If an individual leaves the hospital without appropriate services and treatment to support their recovery, recidivism is likely. If an individual is admitted through the forensic system, the stay is typically much longer -- not because the individual needs the hospital level of care, but because more appropriate housing and restoration services are not available. We cannot continue to do what we have always done and expect different results. If we continue to release individuals from the hospital without appropriate housing and mental health supports, care will continue to repeatedly be provided by hospital emergency rooms and the state hospitals.

The data has made it clear that much of the state hospital capacity is occupied by individuals entering through the forensic system, often after extended waiting periods in jails. As forensic occupancy in state hospitals increases, availability for community or civil admissions declines. Plainly stated, people who need intensive services because of potential risks to themselves or others, cannot get those services. Additionally, across the state, county jails struggle to find empty psychiatric hospital beds and face challenges in transporting individuals to an available bed that may be across the state. Texas currently has no statewide mechanism in place to identify available beds, ensure rapid access to available beds, minimize transportation costs, and maximize hospital bed use.

## State Hospital Forensic Shift



Source: Texas Health and Human Services, Statewide Behavioral Health Coordinating Council. (February 2019). *Texas statewide behavioral health, fiscal years 2017-2021: Strategic plan update and the foundation for the IDD strategic plan*. Retrieved from <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/hb1-statewide-behv-hlth-idd-plan-feb-2019.pdf>

Various workgroups and advisory committees have done significant research and analysis on the housing needs of individuals with mental health and substance use conditions. For over a year, HHSC and external stakeholders have been developing a Housing Choice Plan to address the housing needs of individuals with mental health and/or substance use conditions. Their recommendations should be given strong consideration by this and other relevant committees. A copy of the report is expected to be available on the HHSC website in December 2020 or January 2021. Additionally, housing recommendations have been proposed by ASH Redesign Subcommittees, the Texas Behavioral Health Advisory Committee, The Joint Commission on Access and Forensics, and others.

### Hogg Foundation Recommendations:

1. **Knowing that inpatient services are the most costly level of services in our behavioral health system, Texas should create a statewide continuum of residential supports that provides more economically efficient housing support and more clinically effective services. These may include, but are not limited to:**
  - a. Step-down housing
  - b. Re-entry programs
  - c. Transitional community homes
  - d. Permanent supportive housing
  - e. Expanded LMHA/LBMHA rental subsidies
2. **Develop a statewide mechanism to identify available beds, ensure rapid access to available beds, maximize their use, and minimize transportation time and expense.**
3. **Expand outpatient competency restoration to limit the number of forensic admissions.**
4. **Improve and expand access to peer and recovery coach support services, including fair and appropriate reimbursement rates, to offer ongoing support post-hospitalization.**
5. **Create a forensic mental health unit at HHSC to coordinate state hospital and community supports.**

**Submitted by The Hogg Foundation for Mental Health. For additional information, please contact Colleen Horton, MPAff, Director of Policy, [colleen.horton@austin.utexas.edu](mailto:colleen.horton@austin.utexas.edu) or Shannon Hoffman, MSW, Policy Specialist, [Shannon.hoffman@austin.utexas.edu](mailto:Shannon.hoffman@austin.utexas.edu).**

<sup>1</sup> Texas Health and Human Services Commission. (2020) *Changes to the state hospital system*. Retrieved from <https://hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/changes-state-hospital-system>