



Health and Human Services

Joint Committee on Access and Forensic Services

January 14, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Joint Committee on Access and Forensic Services](#) develops recommendations for the bed day allocation methodology and the bed day utilization review protocol that includes a peer review process and advises on a comprehensive plan for coordinating forensic services. Members:

<p>Shannon Carr Austin Area Mental Health Consumers, Inc. Austin</p> <p>Jonathan Caspell Texas Municipal League Lubbock</p> <p>Sherri Cogbill Texas Department of Criminal Justice Austin</p> <p>James "Mike" DeLoach Texas Association of Counties Littlefield</p> <p>Stephen Glazier Texas Hospital Association Houston</p> <p>Anna Gray Behavioral Health Advisory Committee San Antonio</p> <p>Windy Johnson Texas Conference of Urban Counties Austin</p>	<p>Wade McKinney, Chair County Judges and Commissioners Association Athens</p> <p>Jolene Rasmussen Behavioral Health Advisory Committee Austin</p> <p>Jimmy Sylvia County Judges and Commissioners Association Anahuac</p> <p>Sally Taylor Texas Hospital Association San Antonio</p> <p>Dennis Wilson Sheriff's Association of Texas Groesbeck</p> <p>Wayne Young Texas Council of Community Centers Houston</p>
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1. Welcome, call to order, and opening remarks. The meeting was convened by the Chair, Wade McKinney. A quorum was present.

2. Consideration of October 15, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Welcome new members. New members were introduced.

4. Subcommittee reports.



Access Subcommittee--Access Subcommittee focused on barriers to services, bed day allocation, utilization review, and policy/funding recommendations; working on a major report due December 2026.

Data Analysis Subcommittee--Data Subcommittee reviewed meaningful data for decision-making, forensic waitlist utilization, diversion effectiveness, and modernizing metrics. Sought subject matter experts and broader data integration.

**5. Health and Specialty Care System – General Appropriations Act
Senate Bill 1, 89th Regular Legislative Session, 2025, Article II, Rider
56, and Data Trends for the Extended.**

In summary. HHSC (Kayla Sons) presented on Rider 56, which requires a study on pilot programs for residential care for those with severe and persistent mental illness.

- Eligibility clarifications: individuals must have SPMI diagnosis and meet one of several criteria (not all), making the eligible group larger.
- The current focus is on proposal development, not pilot implementation (no funding); data from hospitals and communities sought via survey.
- Public input and examples are critical for legislative funding and successful proposal design.

Presentation. The rider requires HHSC to study and develop a proposal for a pilot program providing residential intermediate care services for certain individuals with severe and persistent mental illness. The study and proposal shall:

- Assess the existing unmet needs in the service continuum for the target population including the need for nursing-level care and other specialized services;
- Identify opportunities to modify or expand eligibility criteria for existing programs and services;
- Identify scalable options for implementing the program at residential care facilities and nursing facilities;
- Evaluate whether vacated buildings on state hospital campuses or other state facilities could be rehabilitated and used to provide intensive residential services for the target population; and
- Evaluate statutory changes and funding needed to establish the pilot program to serve the target population, including the estimated cost to provide intensive residential services for the eligible population and the estimated cost to rehabilitate



vacated buildings on state facility campuses to serve as the location of the pilot program.

Rider 56 - Population For the purposes of developing the study and proposal, an individual must meet the following eligibility criteria to qualify for the pilot program:

- Have a diagnosis of severe and persistent mental illness and may have a cooccurring condition, such as a traumatic brain injury or intellectual and developmental disability; and
- Spent three or more of the past five years in a psychiatric hospital; or
- Have been incarcerated more than three times and experienced two psychiatric crises in the previous three years; or
- Have been admitted to hospital emergency rooms more than three times with psychiatric crises.

Rider 56 - Timeline

- Survey – Spring 2026
- Submission deadline – October 15, 2026

Data Analyst, Office of Forensic Services and Coordination--Trends in the 365+ Patient Population

In Summary. Analysis showed 40% of state hospital patients have stayed over 365 days ("365+ population"). Many are forensic commitments; Kerrville, San Antonio, and Rusk hospitals hold the largest shares.

The main barriers to discharge include lack of community placements, guardianship, and housing.

The Patient Discharge Needs Form was developed to better track and understand requirements for successful transitions.

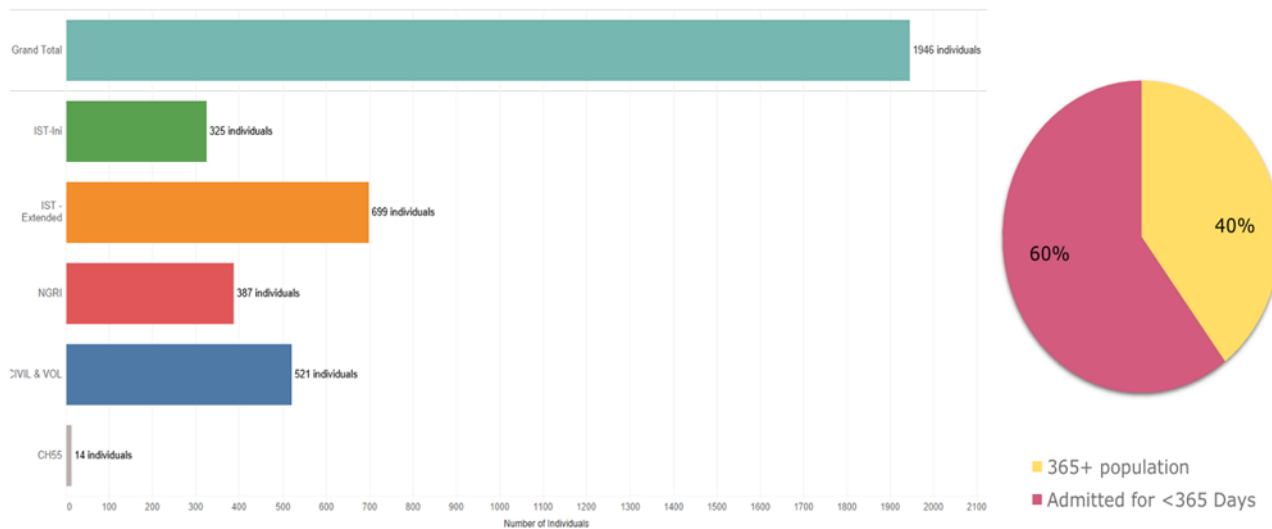
- About one-third of patients could be discharged with proper community support; most require intensive group home settings, and many have cognitive impairments or complex medical needs.
- Medicaid/Medicare eligibility is generally high among the population, though IMD exclusion remains a system limitation.

Presentation

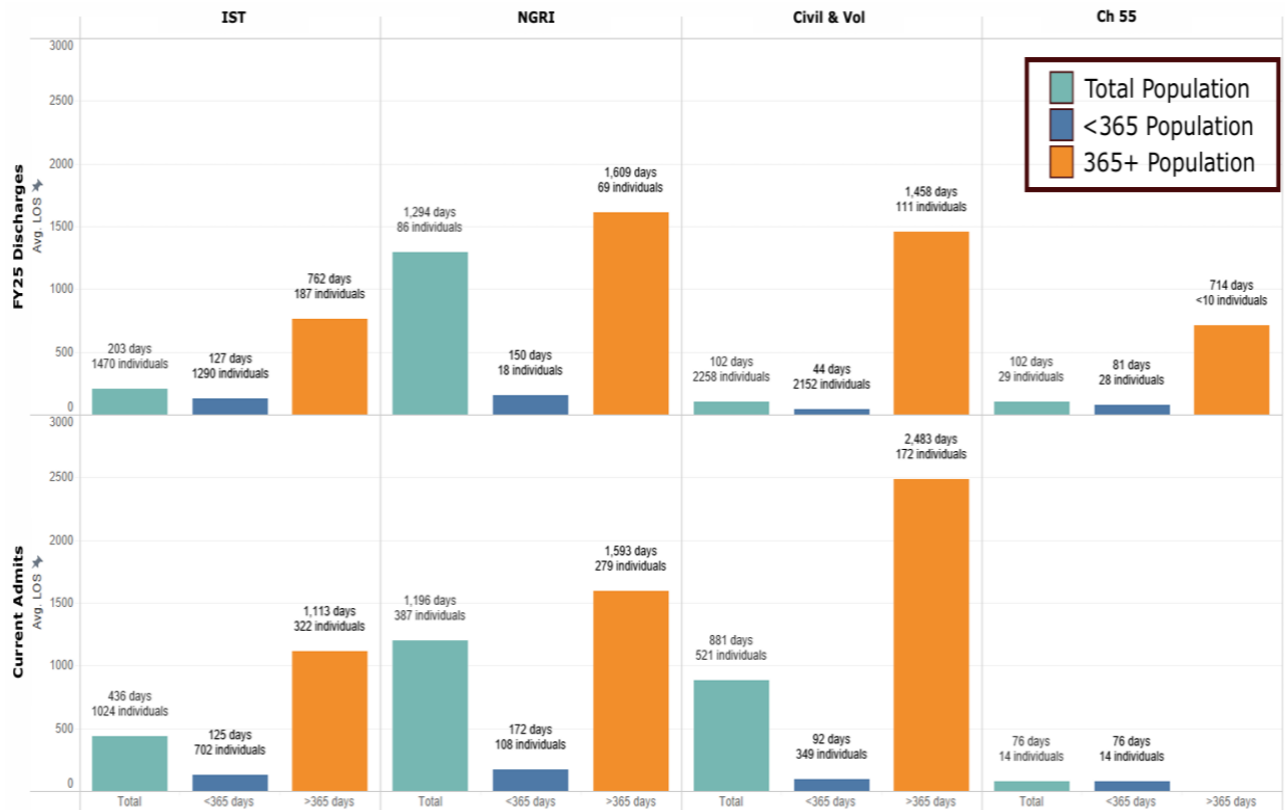
Overview of Texas State Hospitals



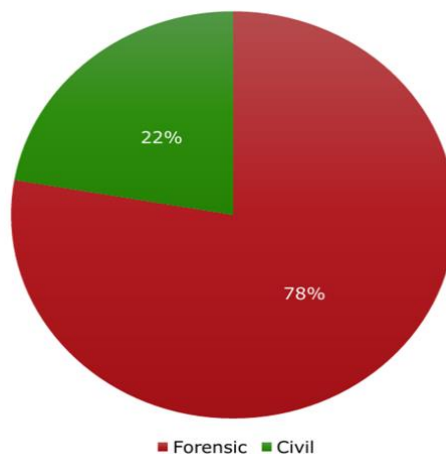
Snapshot of Current State Hospital Admissions



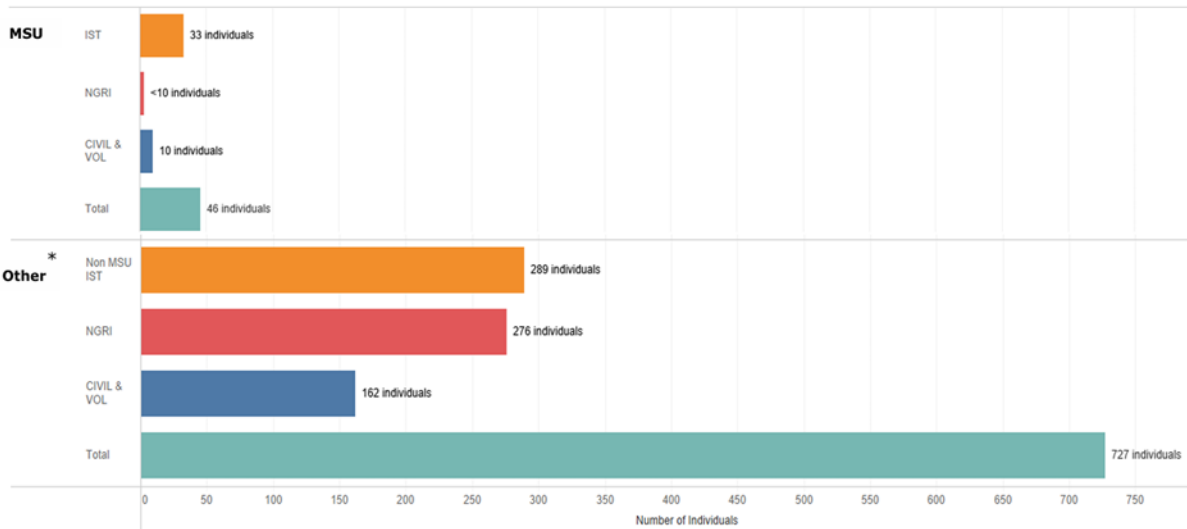
Length of Stay Trends



365+ Population by Commitment Type There are currently 773 individuals who make up the 365+ population. Their average length of stay of 1,591 days and of those individuals 601 are on a forensic commitment.



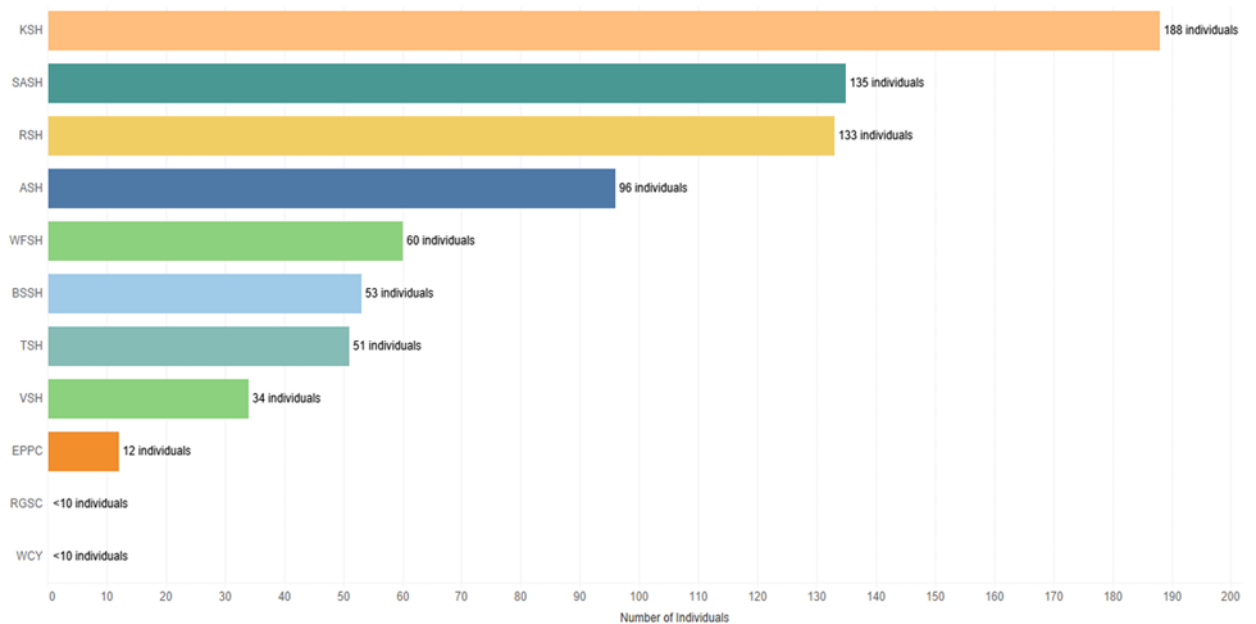
365+ Population by Bed Type



* Includes Non-MSU Beds and Youth Beds

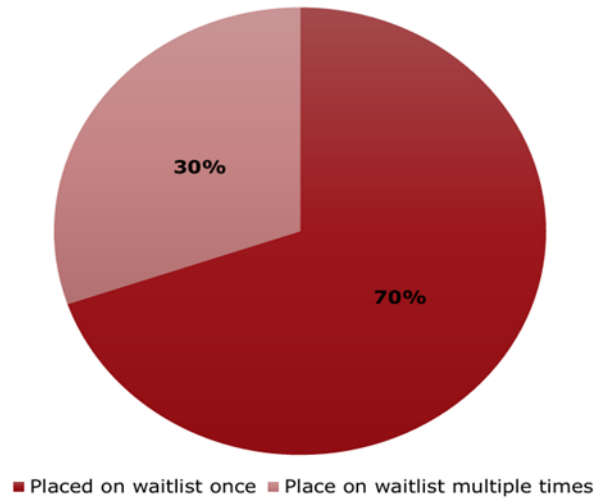
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365+ Population by Facility

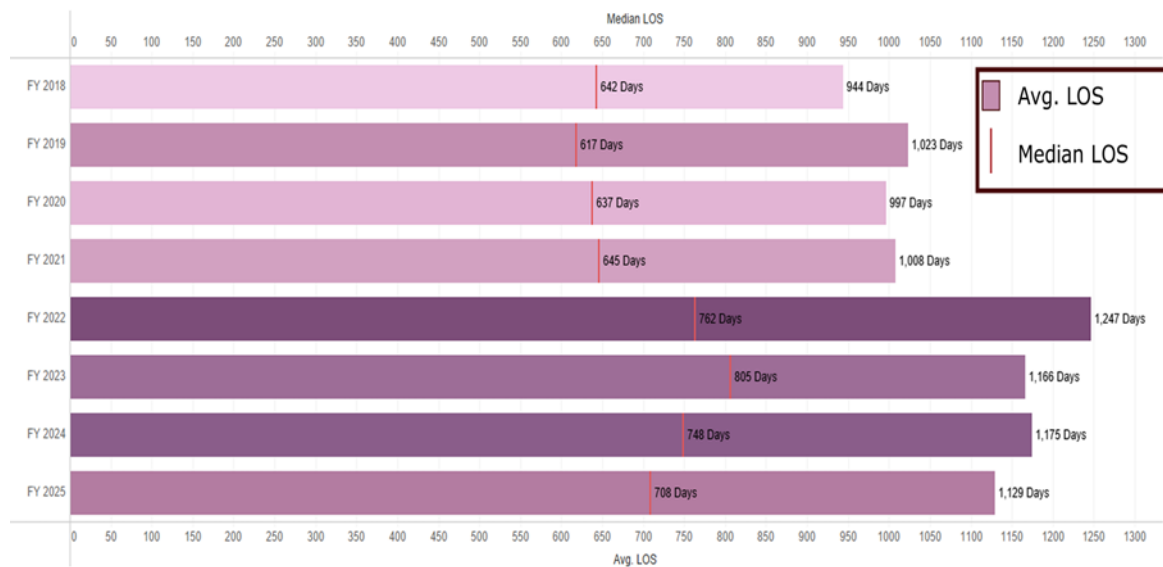


365 + Forensic Population Waitlist Trends Among these 601 individuals, 182 have been placed on the waitlist multiple times between 2010 and 2025:

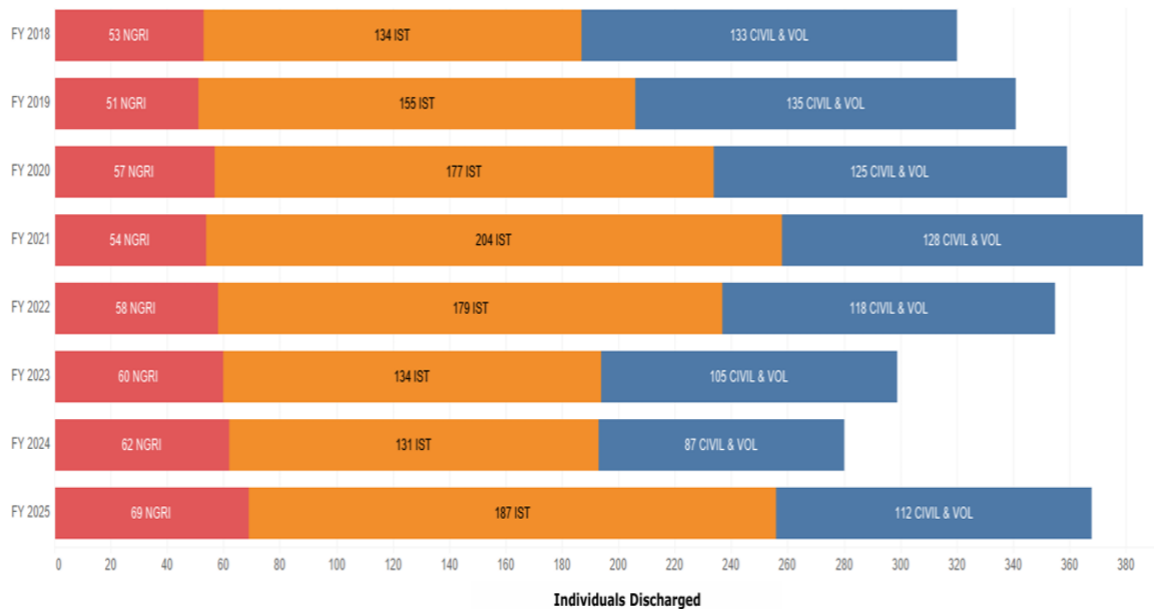
- 145 individuals have been on the waitlist twice,
- 22 individuals three times,
- Less than 10 individuals 4 times
- Less than 10 individuals 5 times



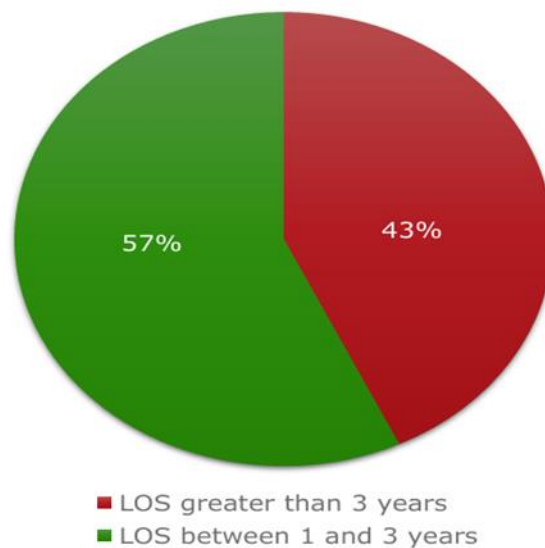
Trends for People Discharged with a LOS of More than 365 Days between FY 2018 – FY 2025



Trends in the Number of People Discharged with a LOS of More than 365 Days between FY 2018 – FY 2025



Current Admits with a LOS of More than Three Years Eligibility requirements for Rider 56: Spent three or more of the past five years in a psychiatric hospital. Of the 773 patients who are currently admitted for more than 365 days, 332 have been hospitalized for more than 3 years





365 + Readiness for Discharge

- Of the 773 individuals who are currently admitted for more than 365 days, 260 (34%) have been identified by the treatment team as ready for discharge barring identified barriers through the Patient Needs Discharge Form
- 130 (17%) of these individuals have been admitted for more than 3 years.

Chief Medical Officer, Jeffery Matthews, MD; State Hospitals-Patient Needs Discharge Form

Disclaimer

- This is a data gathering tool
- This is not a clinical assessment
- This is not a determination of discharge readiness
- This is not a care plan for any patient
- The decision whether to discharge or remain inpatient is individualized taking multiple factors into account

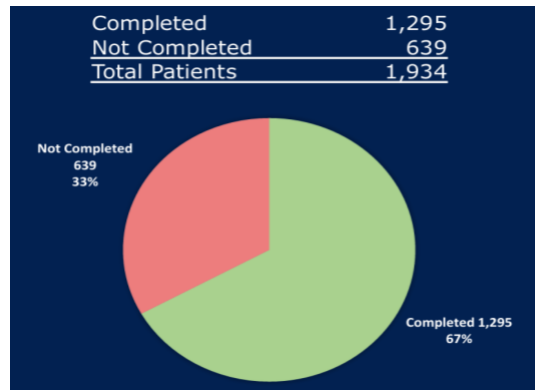
There are multiple factors that affect decisions regarding when to discharge patients and availability of potential placement settings include:

- This determination is made collectively by the Recovery Team at a point in time and is subject to change if the patient's condition changes.
- Roughly 78% of patients determined to not require inpatient psychiatric care are a under forensic commitment and any discharge must be approved by the committing judge.
- IMD exclusions deny Medicaid reimbursement if patient is discharged to a facility who has more than 16 individuals, half of whom have a primary psychiatric illness.

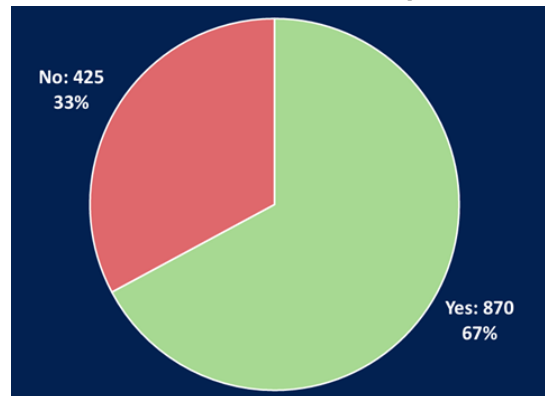
Hospital Review

Facility	# Completed	Out of	# Total	Percent
ASH	151	Out of	194	77.84%
BSSH	107	Out of	136	78.68%
EPPC	30	Out of	72	41.67%
KSH	248	Out of	248	100.00%
RGSC	15	Out of	55	27.27%
RSH	185	Out of	258	71.71%
SASH	147	Out of	246	59.76%
TSH	110	Out of	183	60.11%
VSH	132	Out of	233	56.65%
WCY	47	Out of	66	71.21%
WFSH	123	Out Of	243	50.62%
TOTAL	1,295	Out of	1,934	66.96%

Forms in Avatar



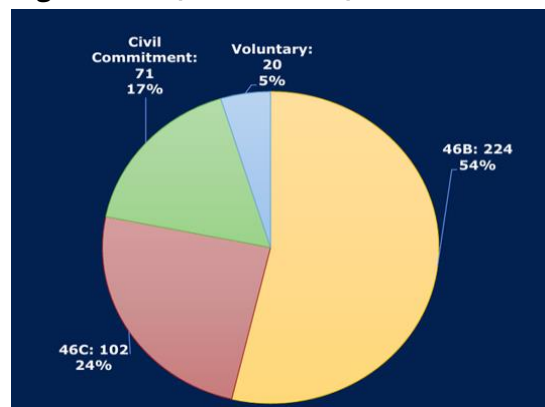
Does Patient Need Continued Inpatient Hospitalization If Appropriate Support and Monitoring Were Available Outside of The Hospital?



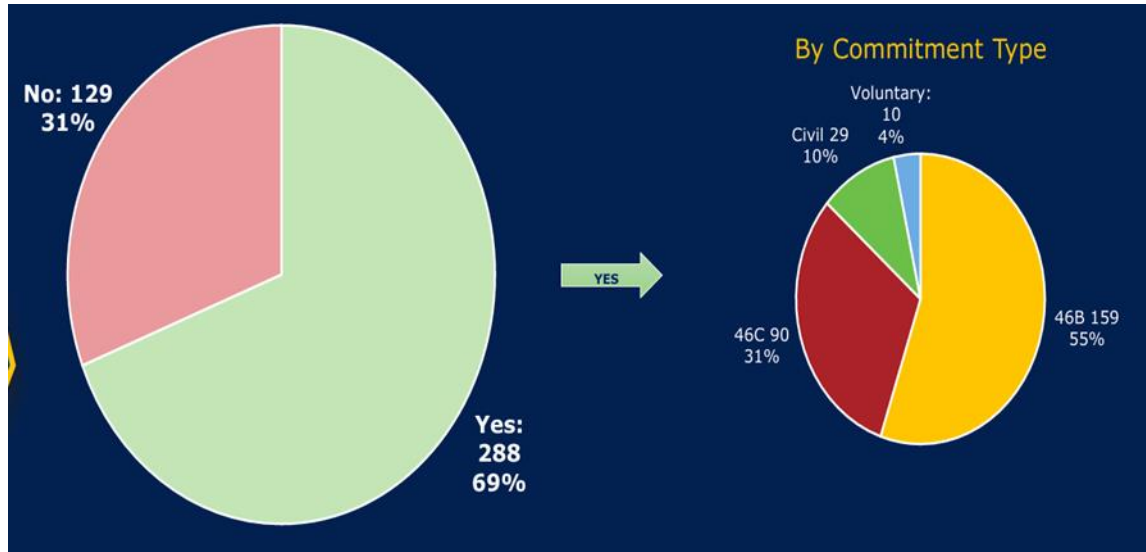
Patient's Served Age

417 were the age of 18. Or older and 8 were less than 18.

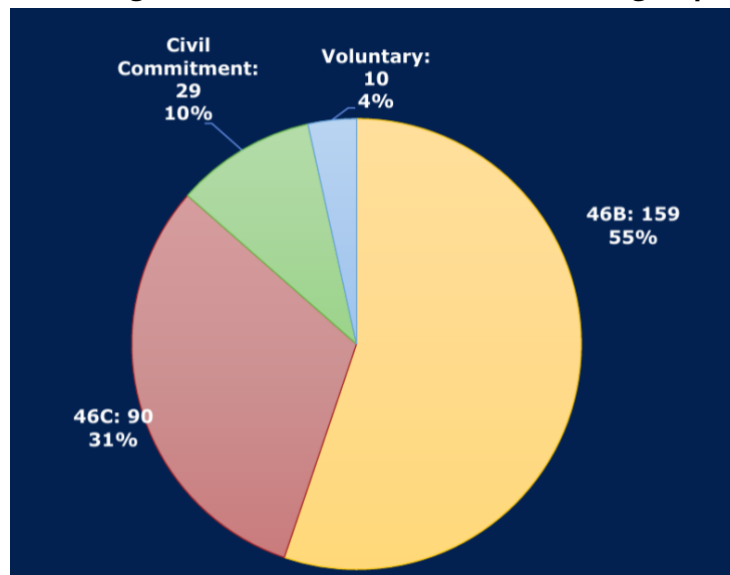
Individuals' Current Legal Status (417 Patients)



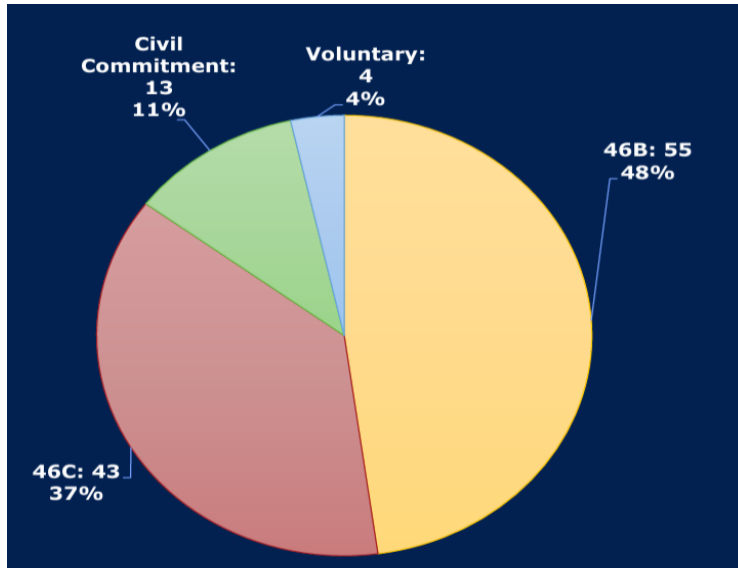
Could Patient Be Discharged to An Unlocked Group Home (24/7 Staffed) e.g. Step-Down Pilot Or HCBS-AMH? (If Available)



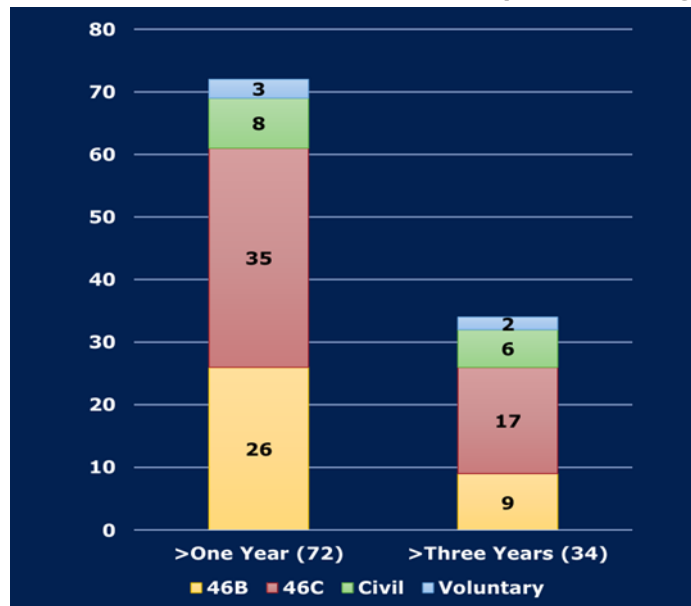
Individuals' Current Legal Status (288 Patients – 24/7 staffed group home)



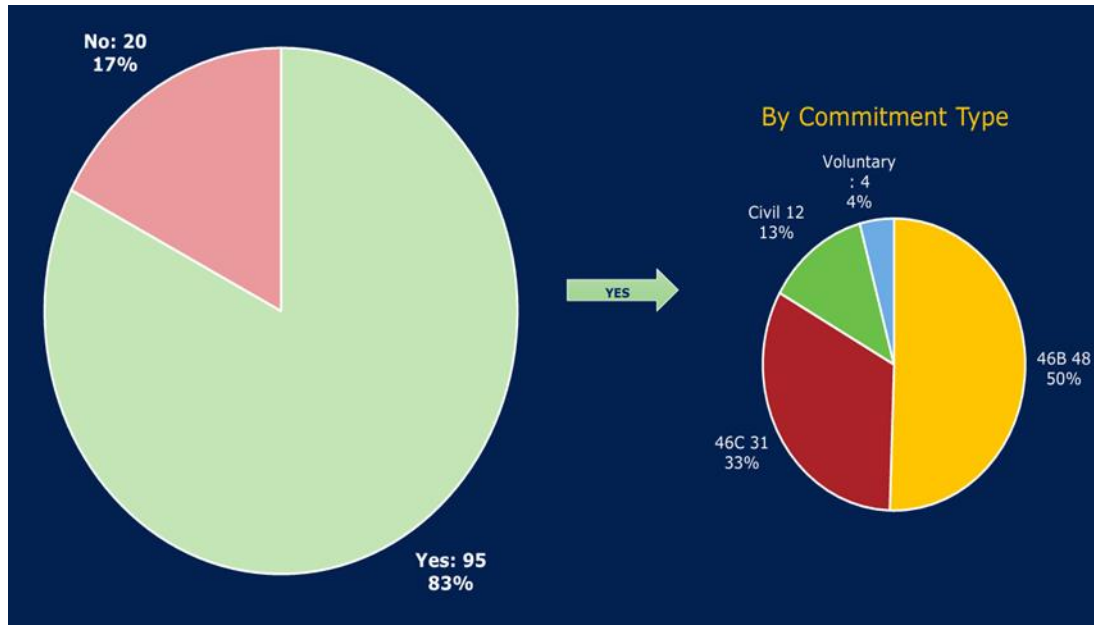
Individuals' Current Legal Status (115 Patients but not independent living)



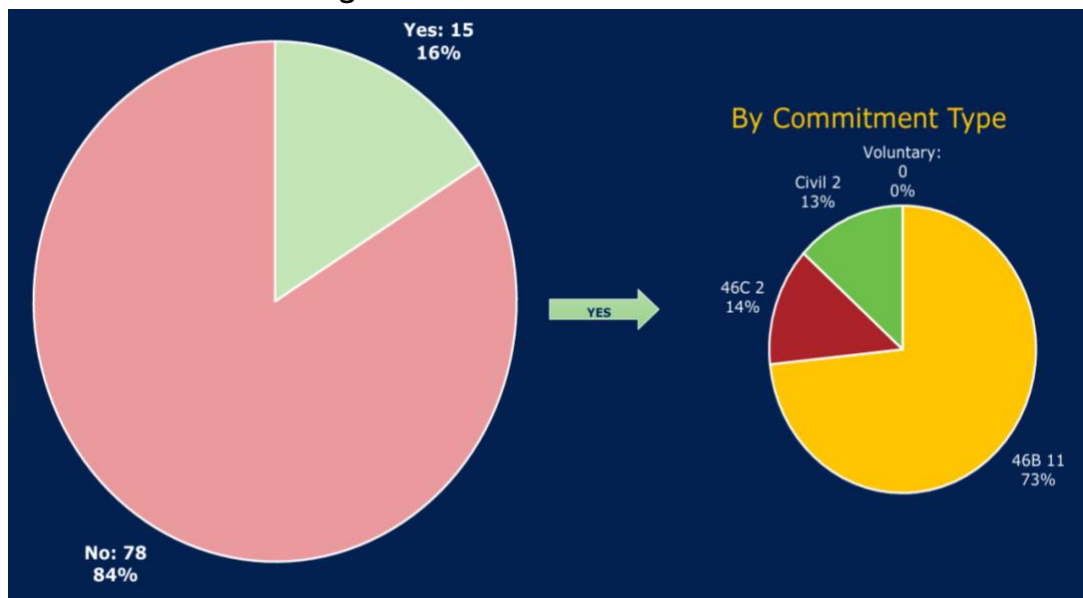
One Year and Three Years (115 Patients but not independent living)



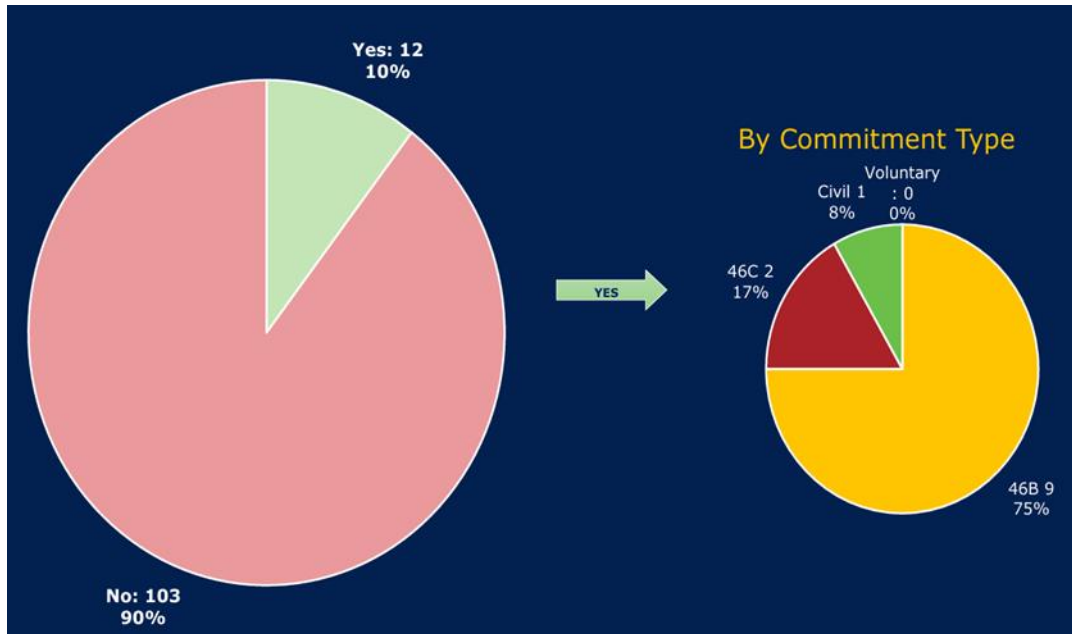
Could Patient Be Discharged to A Locked Group Home (24/7 Staffed) If One Exists?



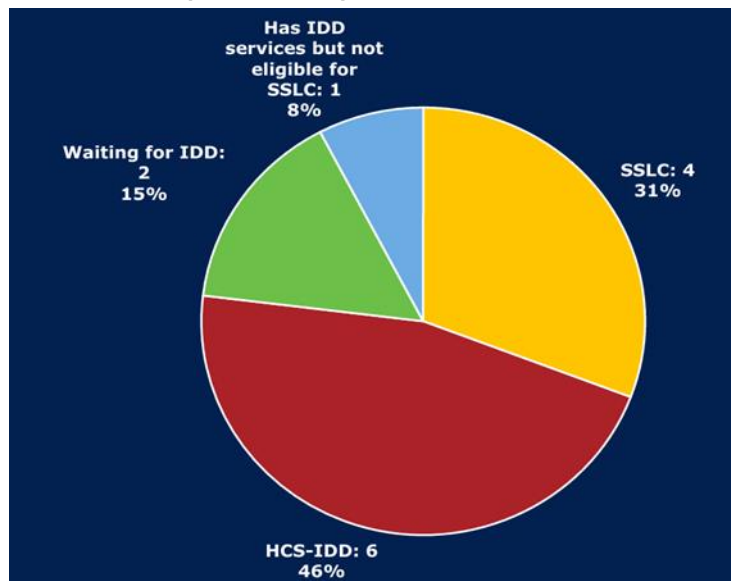
Does Patient Need Setting Similar to SSLCs But for Individuals With SMI?



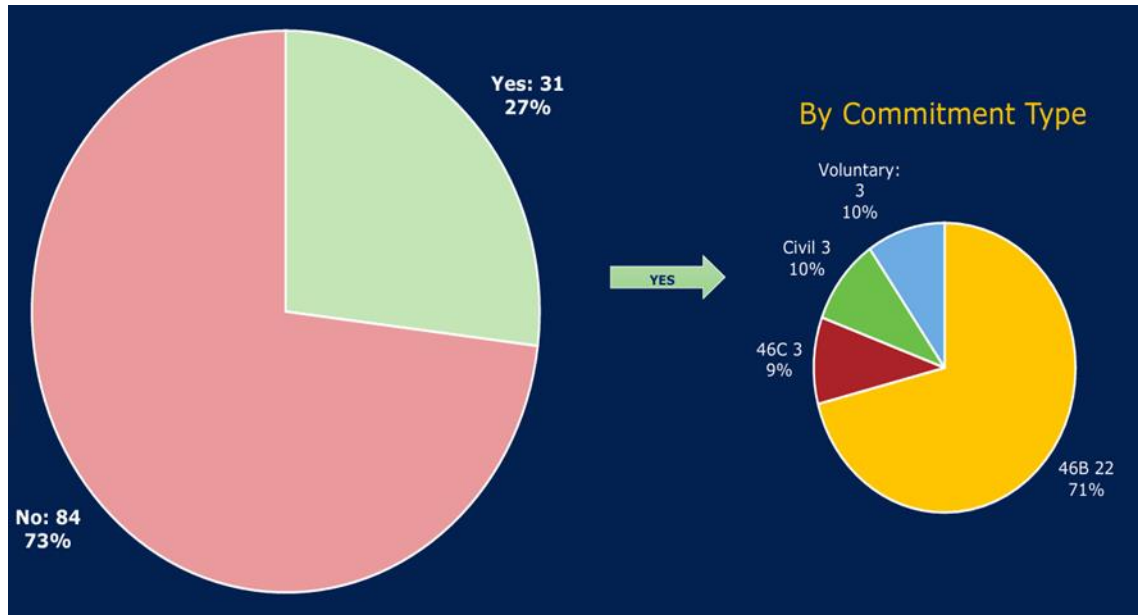
Could Patient Be Discharged to A Residential Treatment Center?



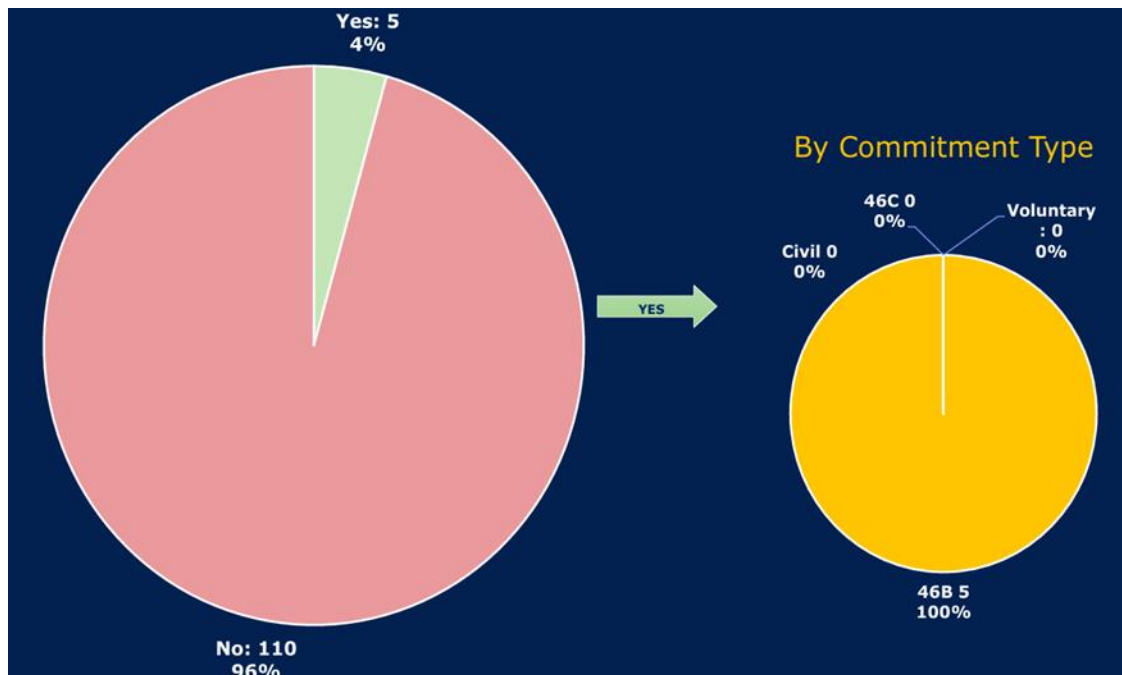
Select IDD Service Needed (13 Patients)



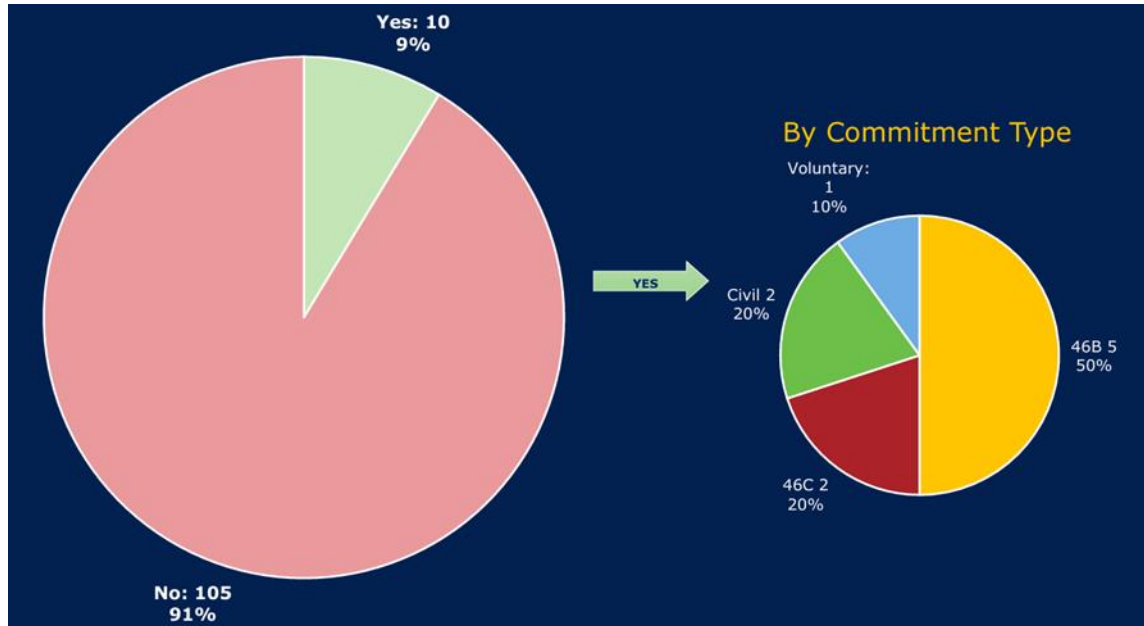
Could Patient Be Discharged to An Assisted Living Setting?



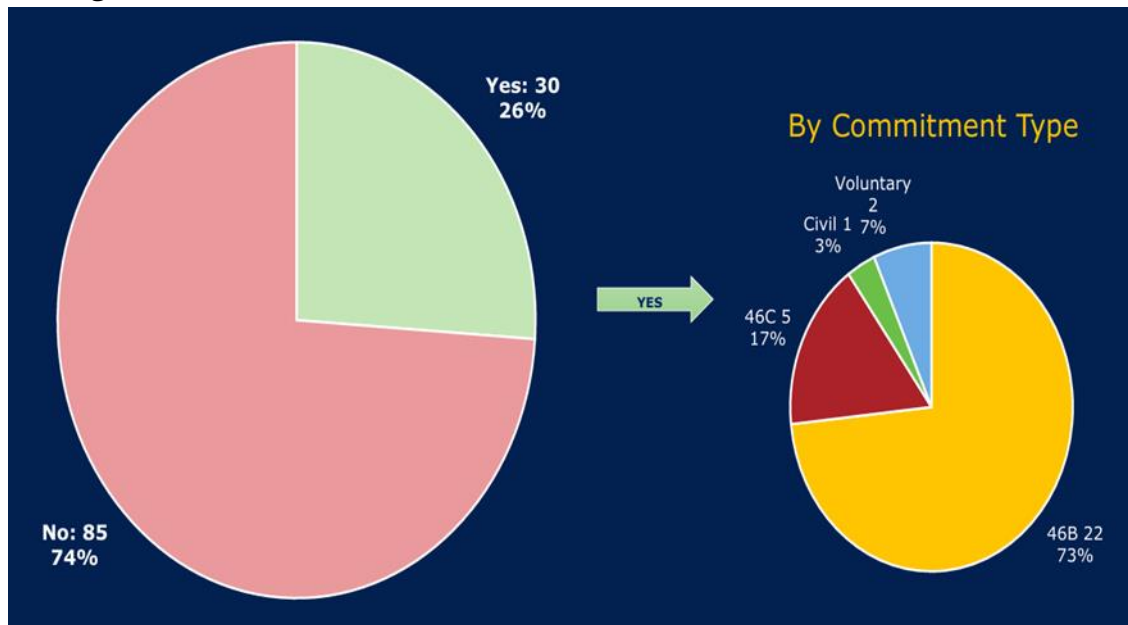
Does Patient Need Memory Care (But Not Necessarily Nursing Home Level of Care)?



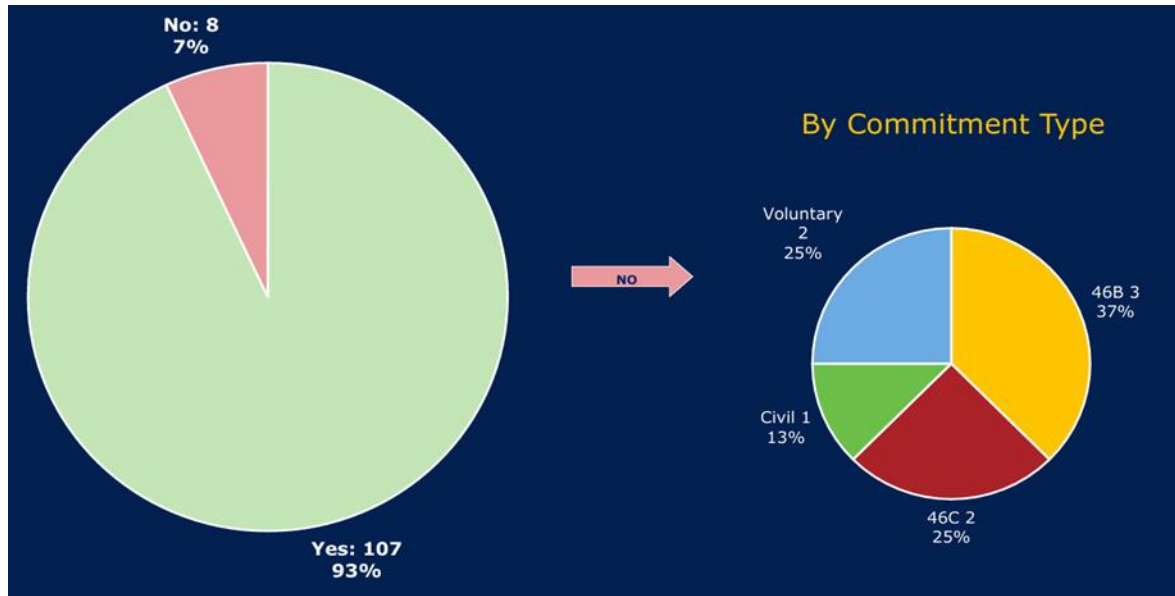
Could Patient Be Discharged to A Nursing Home?



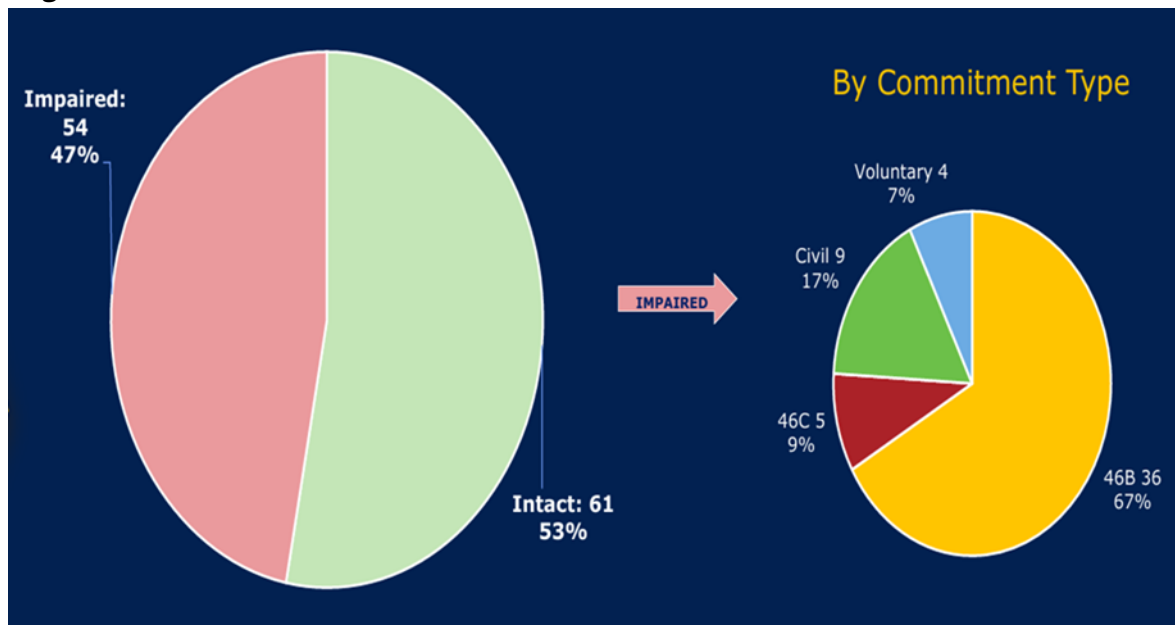
Anosognosia?



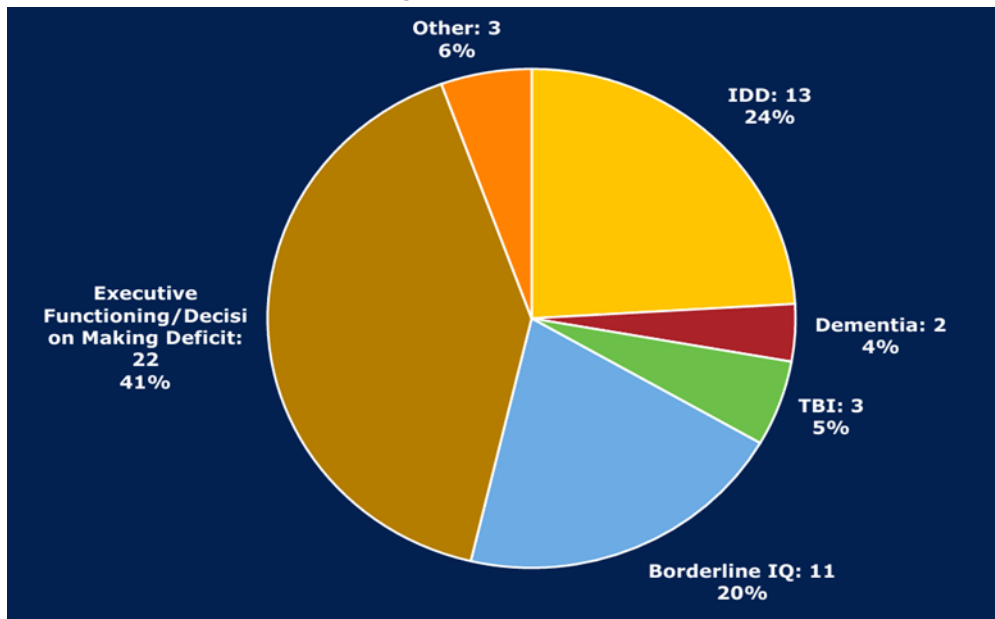
Does Patient Want to Leave Hospital (Regardless of Commitment Type)?



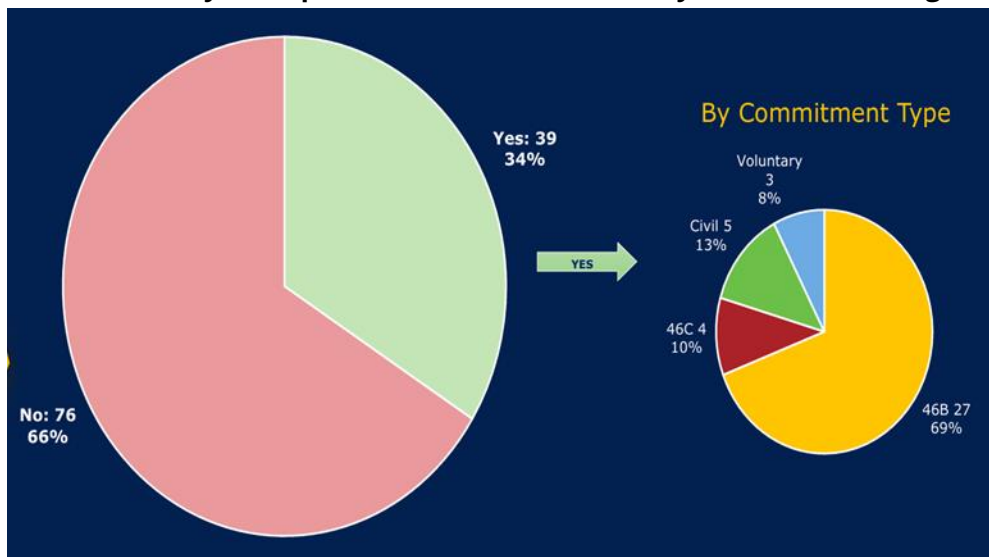
Cognition



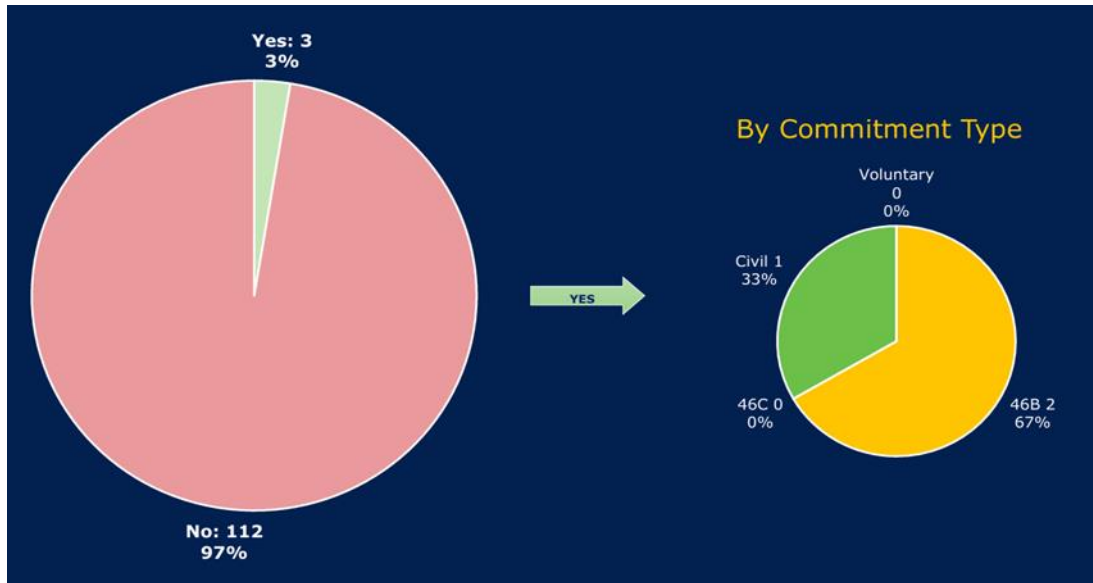
**Indicate Impairment Most Patients Have More Than One Cognitive Impairment
(115 Patients, 54 Identified Impairments)**



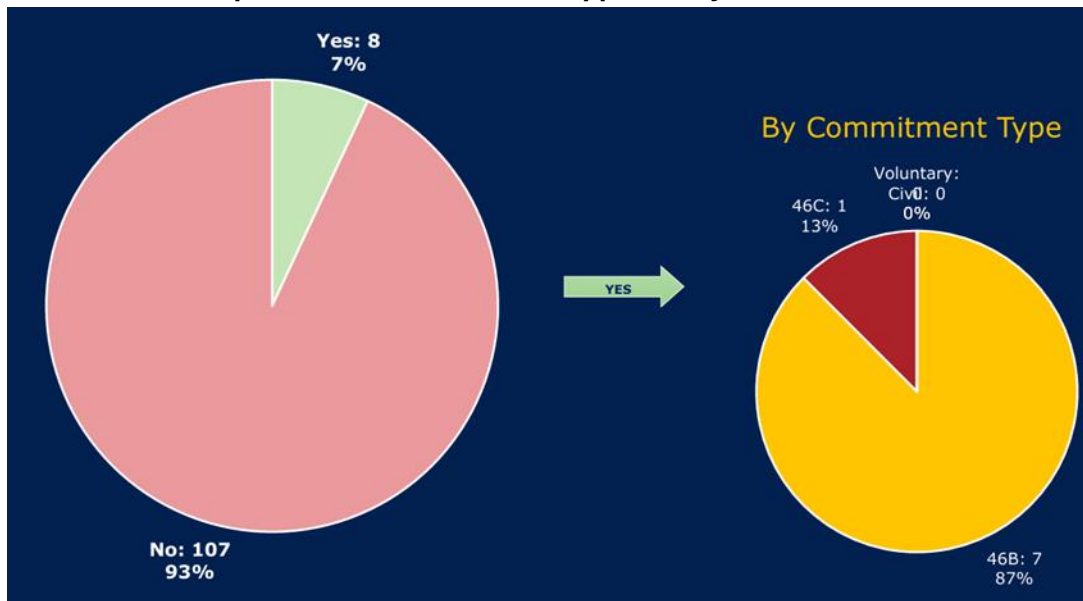
Is Patient Likely to Elope or Wander Off Community Placement Setting?



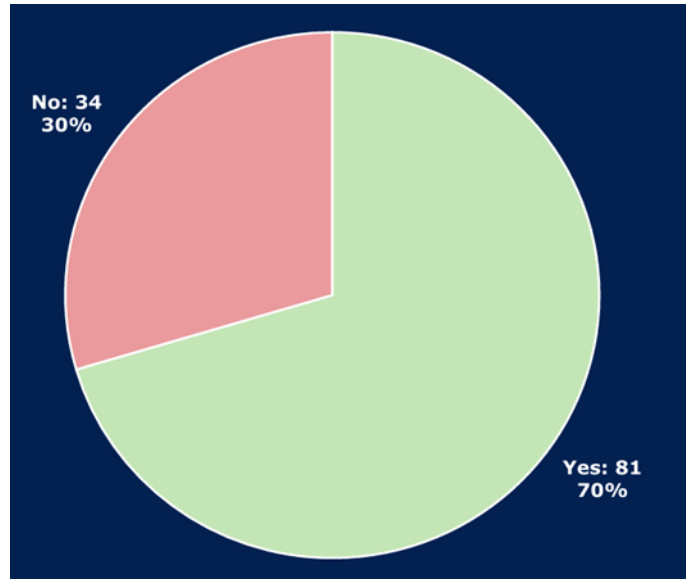
Is Patient Required to Register as A Sex Offender?



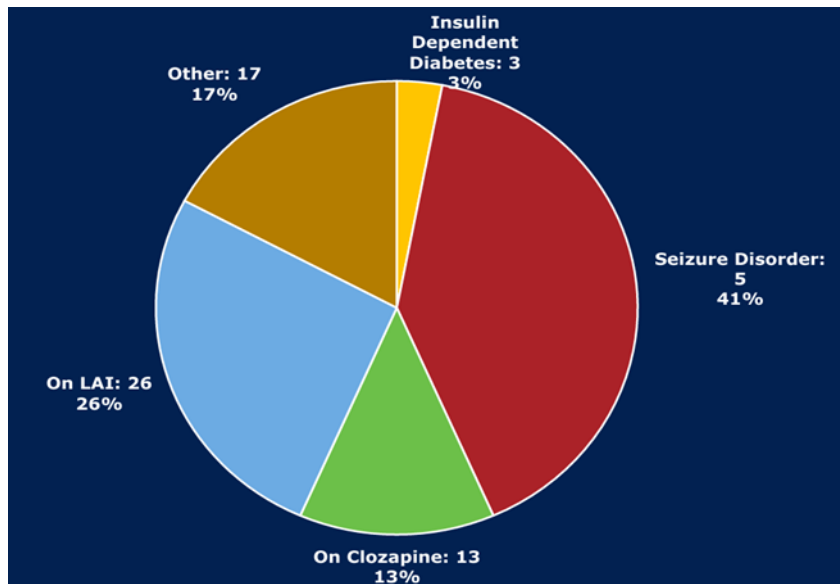
Would Patient Exploit Others If Given the Opportunity?



Are Family Involved? (Available To Work with Team Regarding Preferences, Options, And Geographical Considerations)



Health/Medical (Conditions That Required Planning for Outpatient Care) 115 of Patients, 64 Conditions Identified

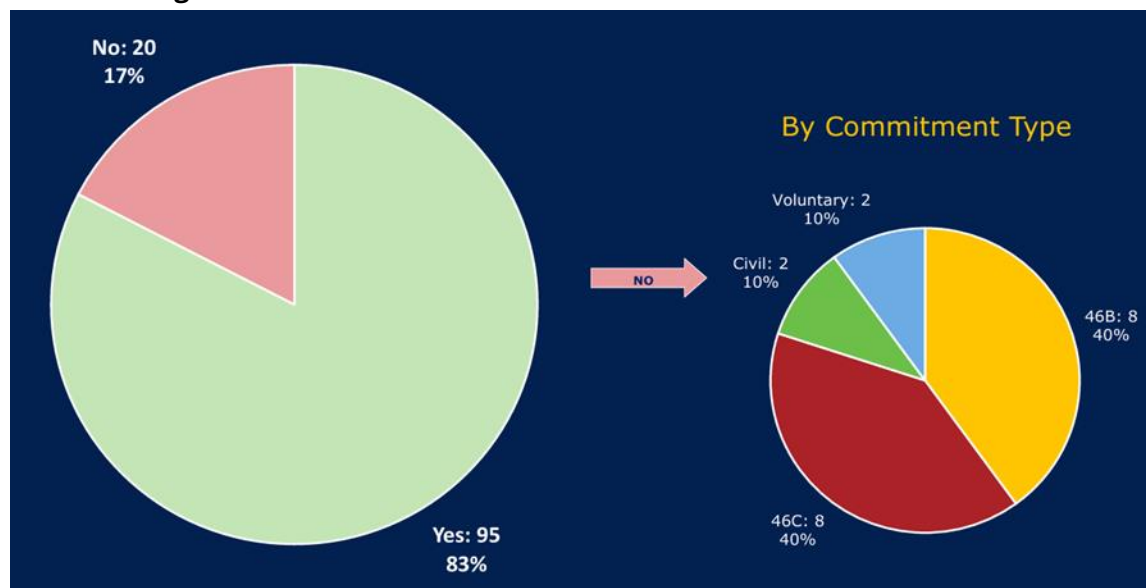


Does Patient Have a Guardian? 5 individuals or 4% had a guardian

Power of Attorney Information (9 Patients). 3 had durable power of attorney and 6 had medical power of attorney with no overlap.

Does Patient Have a History of Medicaid? 67 or 58 percent had a history of Medicaid and 48 (42%) did not.

Is Patient Eligible for Medicaid/Medicare?



The Harris Center-Population Snapshot

In Summary. The Harris Center (Wayne Young and Dr. Hickey) shared data on community service use, jail/crisis recidivism, and success of various step-down housing models (Hospital to Home, State Hospital Step-Down, Independent Living, Transitional Apartments).

- Peer support specialists are integrated into all community programs.
- Significant reductions in psychiatric hospitalizations, jail bookings, and homelessness were reported for individuals in these programs.

- Funding comes from a mix of city, county, and HHSC sources; ongoing evaluation of program outcomes and capacity needs.

The presentation materials were not made available.

6. Health and Specialty Care System – Office of Forensic Services and Coordination report

In Summary: Office of Forensic Services and Coordination provided updates on dashboard improvements, trends in waitlist, admissions, discharges, and length of stay.

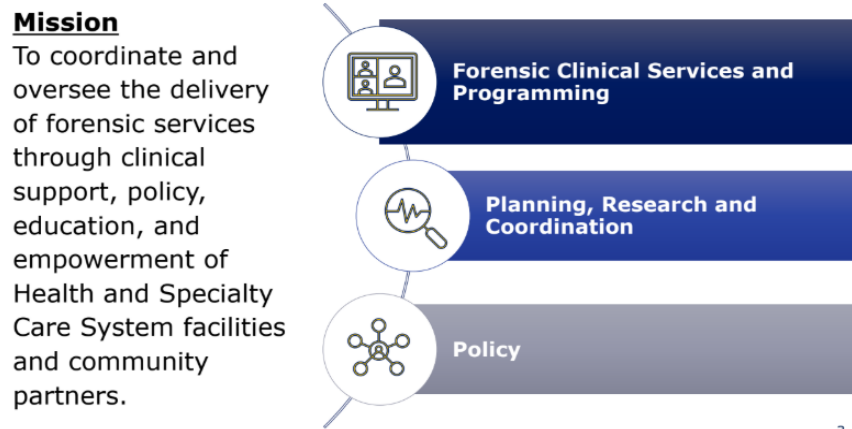
New state hospital capacity continues to come online (San Antonio, Terrell, Lubbock, Panhandle, Rio Grande, etc.), with \$2.5B legislative investment. Staff recruitment remains a key challenge.

A long-range plan for state hospitals is being developed, with public input sought.

Patient Support Program aims to increase access to guardianship and community support for discharges.

Presentations

Associate Commissioner/State Forensic Director-Office of Forensic Services and Coordination Updates.

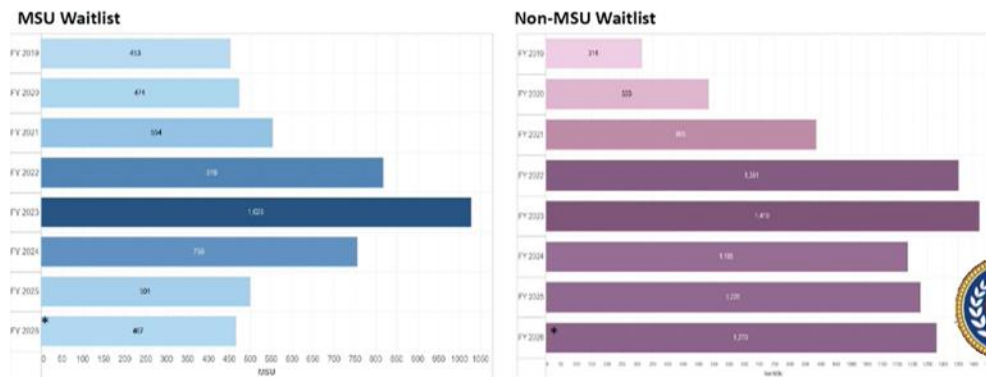


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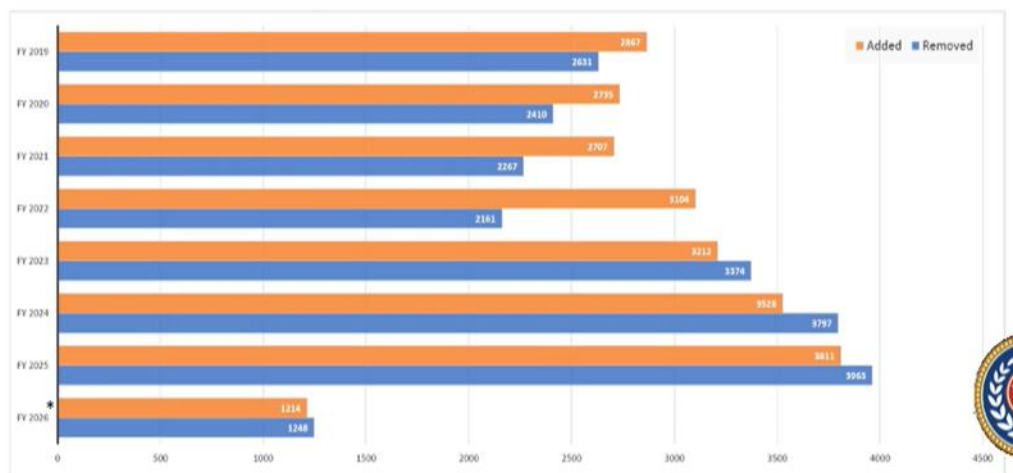
Data Analyst--JCAFS dashboard. The data dashboard evolved from a data collection report that was named the State Hospital Allocation Methodology Report (SHAM). One of the JCAFS initial assignments was to rework the SHAM and the result of this work became the committee's first report completed for the legislature. The revised data report was named the Hospital Bed Allocation Report (HBAR) in 2016 and began including an allocation and utilization review. The dashboard in its current format was created in 2019 for committee members to review data in a more easily accessible format.

The Dashboard was not made available by HHSC for inclusion in this report.

1. Average Number of People on the Waitlist from FY 2019 through FY 2020



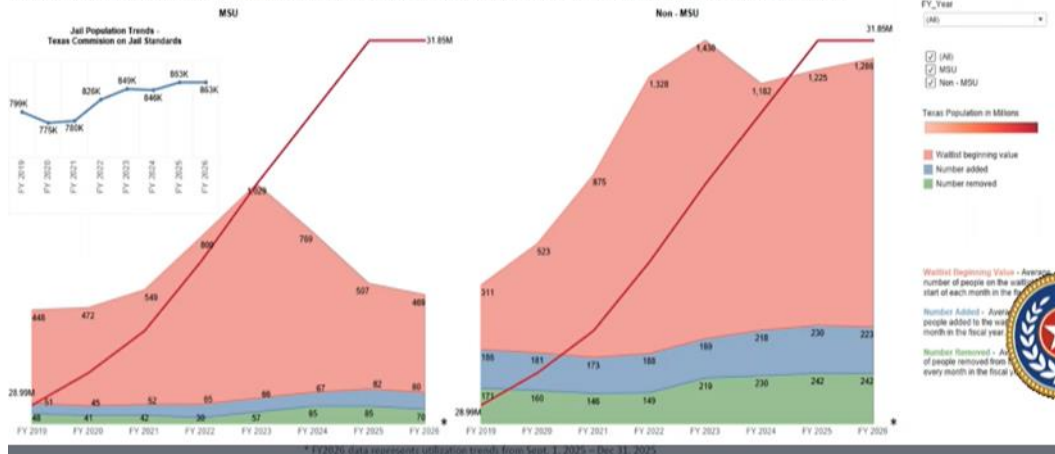
2. Total Waitlist Additions and Removals from FY 2019 through FY 2020



3. Waitlist Utilization Trends

Purpose:

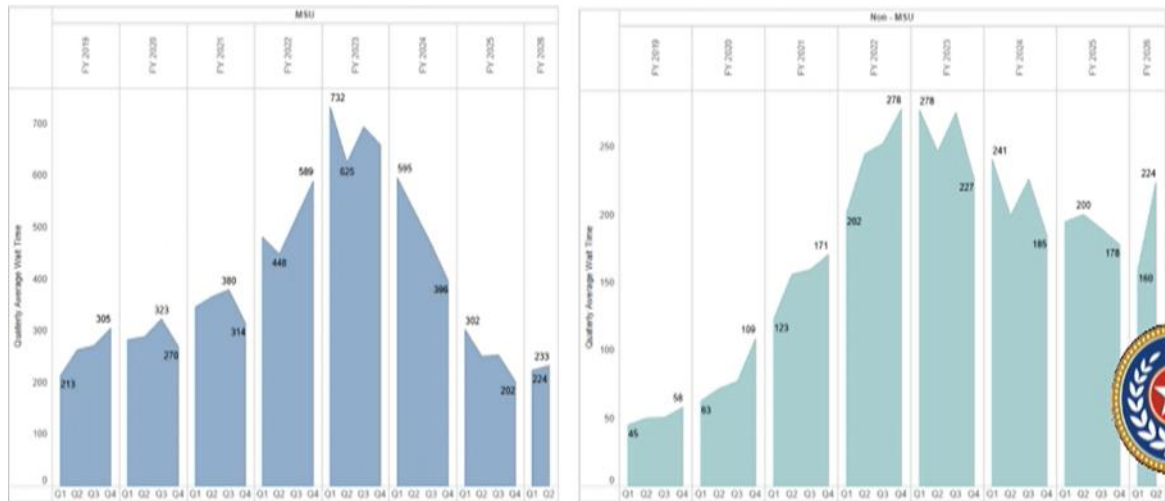
The purpose of this visualization is to show demand for inpatient competency restoration services based on waitlist trends. This visualization shows the average number of people on the waitlist at the start of each month, along with the average number of people added to and removed from the waitlist each month, within each fiscal year.



4. Average Wait for Inpatient Competency Restoration Services

Purpose:

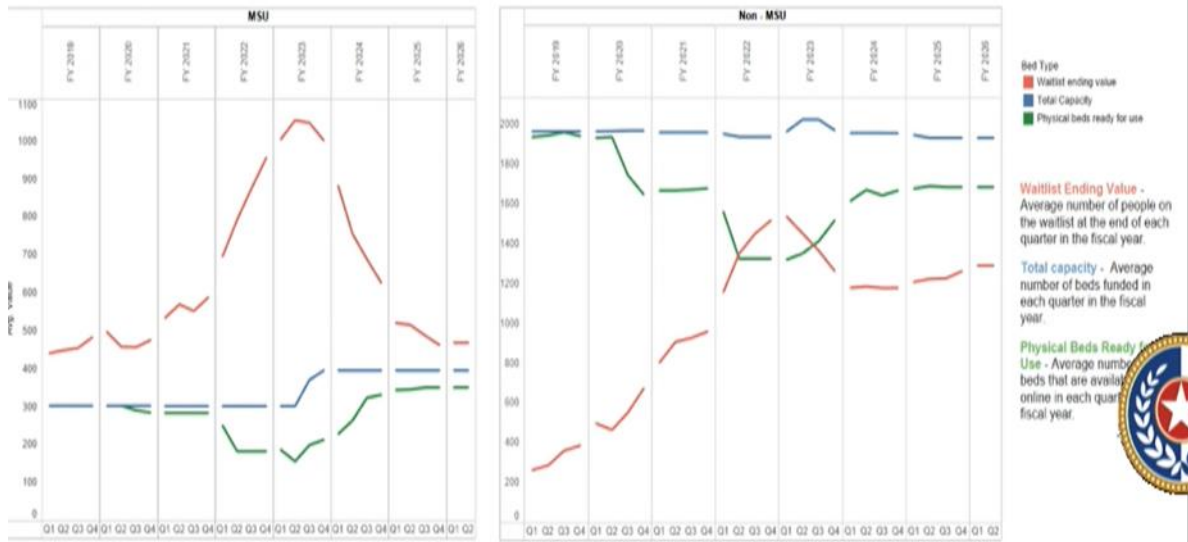
The purpose of this table is to depict the average wait for inpatient competency restoration services by commitment type.



5. Trends in Bed Capacity and Demand for Inpatient Competency Restoration Services

Purpose:

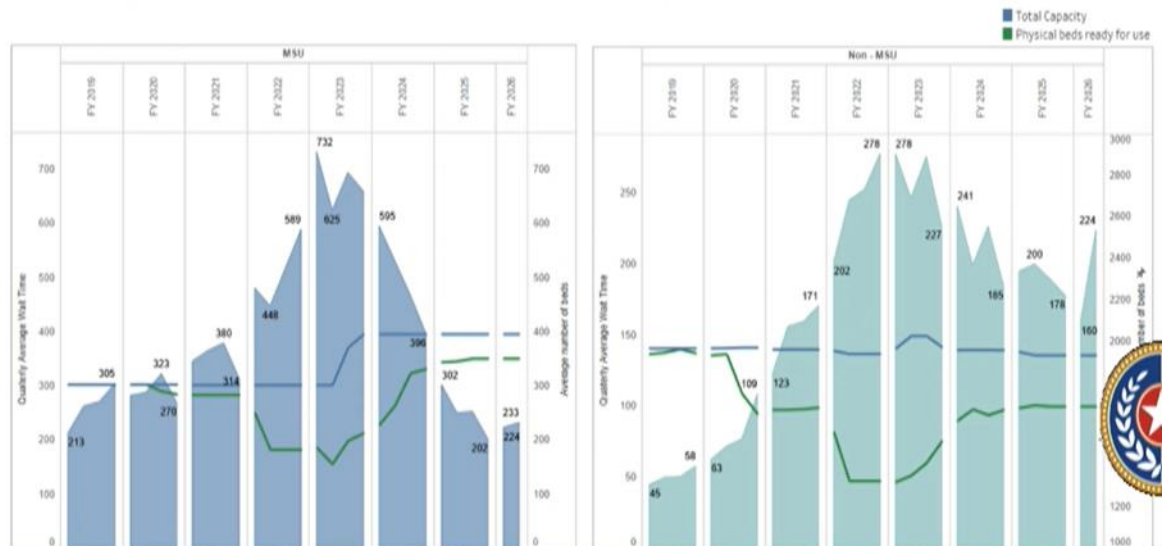
The purpose of this visualization is to compare total bed capacity and physically ready beds against demand, or people currently on the waitlist.



6. Impact of New Beds on Average Wait for Inpatient Competency Restoration Services

Purpose:

The purpose of this table is to illustrate the impact of bed capacity on the average wait for admission to inpatient competency restoration services.



7. Average Length of Stay by Commitment Type

Purpose:

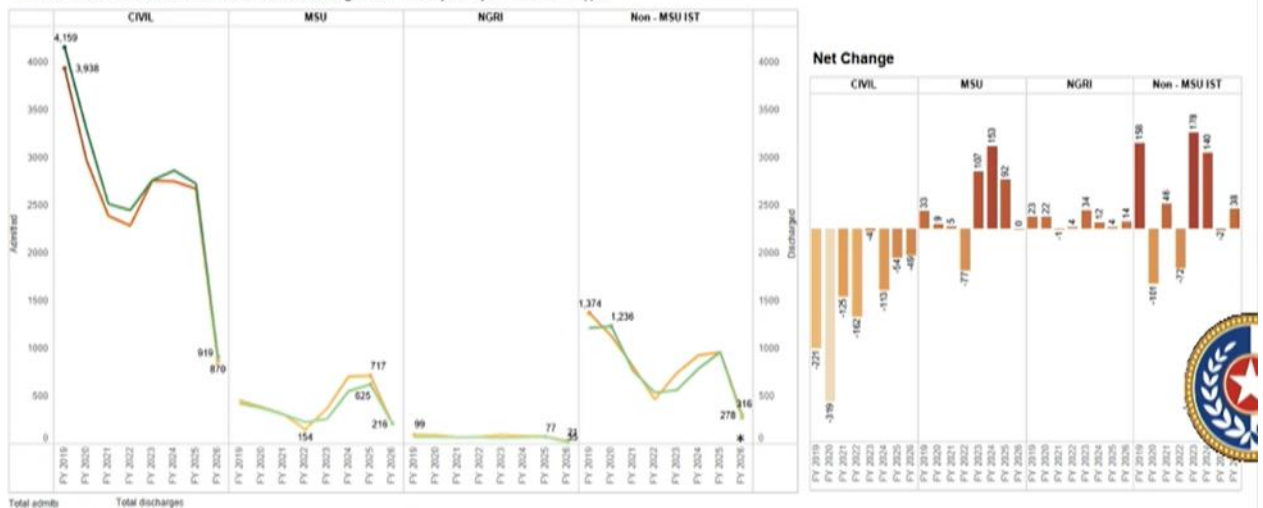
The purpose of this dashboard is to highlight changes in length of stay by commitment type.

	FY 2019				FY 2020				FY 2021				FY 2022				FY 2023				FY 2024				FY 2025				FY 2026	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
CIVIL	84	77	86	69	81	90	89	94	97	104	99	89	115	118	82	98	80	91	91	74	68	75	111	83	82	120	115	86	84	84
MSU	154	182	266	171	220	265	190	284	261	355	262	239	364	241	284	207	350	356	273	132	192	158	158	154	168	176	161	167	176	155
NGRI	501	887	690	950	848	689	1,313	799	779	1,054	540	820	828	1,104	1,111	878	907	1,115	906	1,484	1,034	1,849	809	878	1,566	1,975	1,076	1,227	857	858
Non - MSU IST - Int	90	98	106	95	95	87	95	12	100	117	108	98	120	117	117	110	101	88	89	103	92	92	96	97	94	95	93	80	80	
Non - MSU IST - Ext	394	470	350	513	402	406	387	416	453	383	713	611	765	891	831	546	473	585	666	514	445	442	426	427	426	381	335	364	29	

8. State Hospital Admission and Discharge Trends

Purpose:

The purpose of the first table is to illustrate trends in quarterly admissions and discharges for individuals receiving inpatient services at a state-operated facility. The second table illustrates the net difference between admissions and discharges each fiscal year by commitment type.



Discussion.



There appear to be outliers in the NGRI numbers. HHSC stated that there have higher commitments related to NGRI. The courts make this decision.

Reporting of discharges quarterly can impact that number.

Chief of Forensic Medicine and Director of Forensic Psychology-Clinical Services and Programming Updates. The Director described her experience from a written document not shared with the public.

7. Health and Specialty Care System – Texas State Hospitals Report. Associate Commissioner State Hospitals Update

HHSC-Owned, State--Hospital Capacity

	Pre-Construction Capacity	Post-Construction Capacity
Austin SH	263	240
Big Spring SH	144	144
El Paso PC	71	71
Kerrville SH	220	290
Lubbock PC	-	50
Panhandle SH	-	75
Rio Grande SC	55	105
Rusk SH	288	288
San Antonio SH	262	340
Terrell CY	-	30
Terrell SH	305	275
Vernon South	32	32
Vernon SH	262	262
Wichita Falls SH	268	225
Total	2,170	2,427

Projected Openings

Mid-Late 2026
Texas Behavioral Health Center
New Terrell Center for Youth
San Antonio State Hospital Alamo Unit (Maximum-Security Unit)
Mid-Late 2027
New Panhandle State Hospital
New Lubbock Psychiatric Center
Wichita Falls State Hospital replacement
Terrell State Hospital replacement
Rio Grande State Center expansion (MSU)

Construction Grants

				
Beaumont Baptist of Southeast Texas	Doctor's Hospital Renaissance	Montgomery County	UT Tyler	Victoria County
72-beds (50% forensic)	Up to 100-beds (50% forensic)	Up to 100 forensic beds	44-beds forensic & civil for medically complex population	60-beds (50% forensic)
Status: Projected completion June 2029	Status: Projected completion August 2026	Status: Projected completion February 2027	Status: Projected completion January 2027	Status: Projected completion September 2027

Staffing

Allocated FTEs	8,781.9
Total Filled FTEs	7,716.4
Fill Rate	88.18%

Includes authority for new and expanded hospitals (Austin State Hospital, Kerrville State Hospital, Lubbock Psychiatric Center, Panhandle State Hospital, Rusk State Hospital, San Antonio State Hospital).

Long Range Plan Public hearing February 2

Register to provide formal comment



Email Ask_SH_Leadership@hhs.Texas.gov for more information



Patient Support Program. Open Enrollment for the Patient Support Program is set to open in early 2026.

Program Eligibility

The program is open to people who:

- Are currently admitted to a state hospital.
- Are ready to transition to a less acute inpatient psychiatric hospital level of care.
- Require assistance from an outside advocate who can assist them with daily living skills and decision making in a community setting.

Discussion.

How many FTEs were allocated by the Legislature. HHSC stated there were 900 FTEs received. There are 200 hundred beds offline due to staffing. Over half of those are at facilities that received additional FTEs.

There are 218 beds total offline. There are 52 beds offline due to construction. Lack of staffing has been an issue.

8. Behavior Health Services – Mental Health Programs Report. **Director, Behavioral Health Medicaid Programs Behavioral Health Services Update**

In Summary. Expansion of Mental Health Grants for Justice-Involved Individuals and Youth Crisis Outreach Teams, with measurable impact on diversion and service reach.

Jail Diversion Centers and crisis stabilization centers being expanded statewide with additional construction and program grants.

- Transition to a new data reporting portal for competency restoration programs.
- Launch of Sequential Intercept Model grants and Rural Mental Health Initiative to target behavioral health and justice coordination in underserved areas.

Mental Health Grant for Justice-Involved Individuals -- In fiscal year 2025, the Mental Health Grant for Justice-Involved Individuals (MHGJII) allocated \$40 million to 29 local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs), operating 59 individual projects across 114 counties.



- 31,455 unique Texans received MHGJII-funded services.
- 86% of participants were not arrested while enrolled in MHGJII-funded services.
- 96% of people encountered by a mental health deputy program or jail diversion center were diverted from arrest.

General Updates.

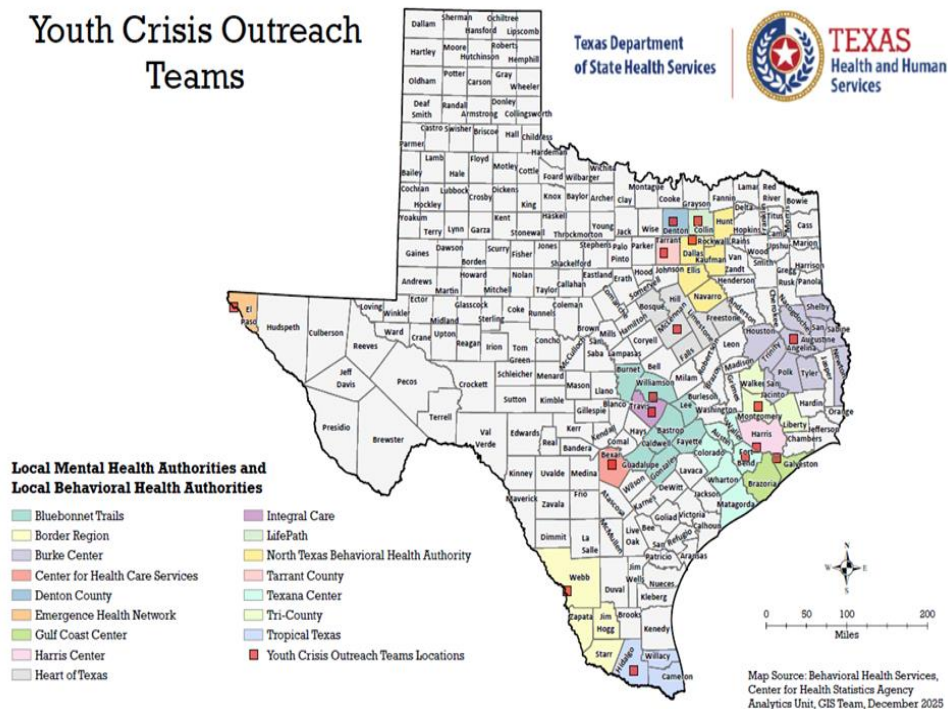
MHGJII 2026-27 General Appropriations Act (GAA), Senate Bill (SB) 1, 89th Legislature, Regular Session, 2025 (Article II, Health and Human Services Commission [HHSC], Rider 50) appropriated \$45 million in each fiscal year (an additional \$5 million each fiscal year) to expand MHGJII.

- BHS released a Needs and Capacity Assessment on June 20, 2025, accepting applications from LMHAs and LBHAs to award the additional \$10 million across the biennium.
- BHS completed an evaluation process and notified all applicants of their award status. Contracts reflecting Rider 50 funding are under development.

Youth Crisis Outreach Team

- 2026-27 GAA, SB 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, Rider 54) appropriated \$27 million in each fiscal year (an additional \$20 million each fiscal year) to establish at least eight new Youth Crisis Outreach Teams (YCOTs), prioritizing urban areas of the state.
- HHSC finalized YCOT expansion, establishing 10 new teams at eight LMHAs and LBHAs.
- Fiscal year 2025 YCOT outcomes: (Number of children served by YCOT: 1,645)

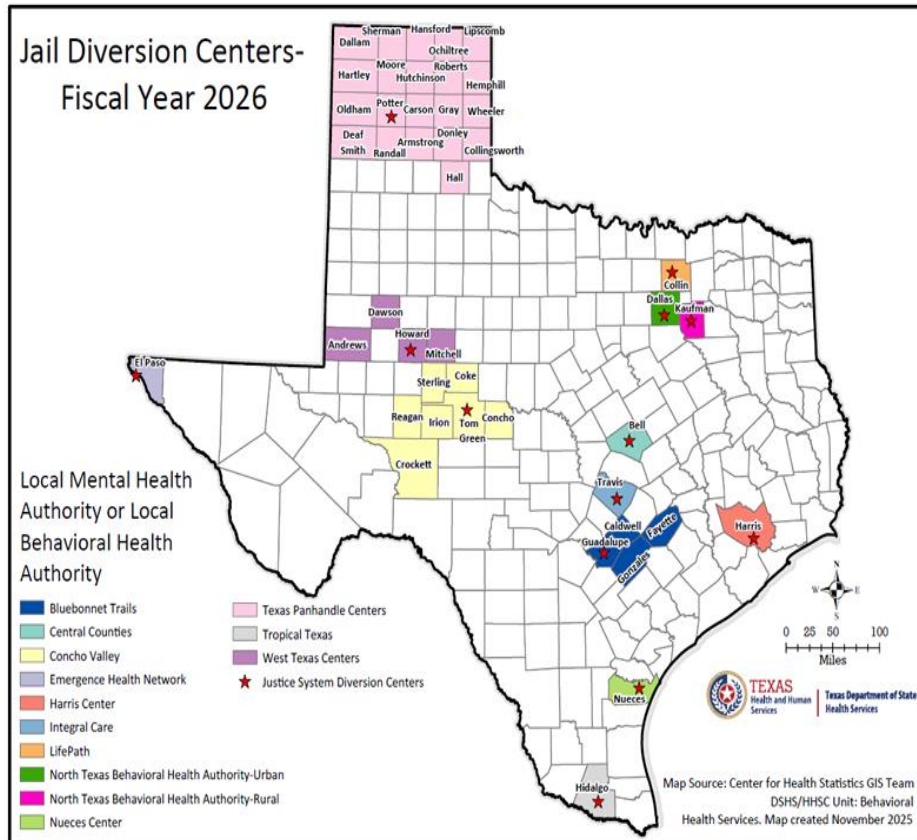
Youth Crisis Outreach Teams



Jail Diversion Centers In fiscal year 2025, all four jail diversion centers became operational and served 449 unduplicated people through 631 diversion center encounters. Anticipated by the end of fiscal year 2026:

- BHS will develop a new diversion center dashboard based on data received from Form OO, a client-level service delivery report.
- BHS will oversee 13 HHSC-funded jail diversion centers serving 45 counties.

Jail Diversion Centers Map



89th Legislature Implementation

Crisis Stabilization Facilities

Rider	LMHA	Funding	Program
53	Gulf Coast Center (Galveston County)	\$4.5 million per fiscal year	Crisis services
58	Heart of Texas (McLennan County)	\$2.5 million per fiscal year	Crisis stabilization and inpatient services
61	Burke Center	\$2 million per fiscal year	Mental health and crisis stabilization services
62	Hill Country MHDD (Comal County)	\$3 million per fiscal year	Mental health facility
64	Gulf Coast Center (Brazoria and Galveston Counties)	\$5 million fiscal year 26	Mental health and crisis stabilization services



Rider	LMHA	Funding	Program
65	My Health My Resources Tarrant County	\$5 million fiscal year 26	Mental health and crisis stabilization services
Section 17.28	Emergence Health Network	\$49.8 million* per fiscal year	Mental health services and inpatient facilities
Exceptional Item	StarCare	\$21.3 million per fiscal year	Community mental health hospital services

*From unexpended and unobligated funds from SB 30, 88th Legislature, Regular Session, 2023.

HHSC started contract development for all legislative implementation contracts and contract execution is expected by quarter three in fiscal year 2026.

10

Construction Projects SB 30, 88th Legislature, Regular Session, 2023

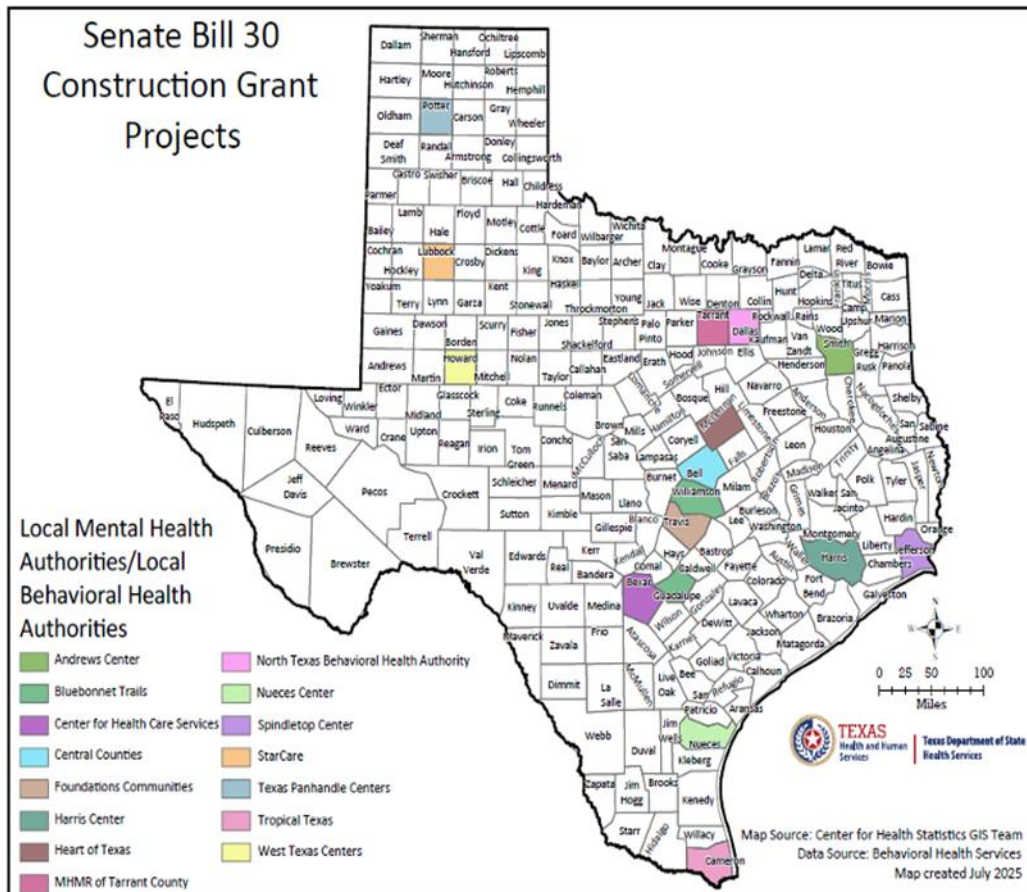
Total HHSC Award Amount	\$100,000,000
Number of Grantees	15
Rural 1 (population less than 100,000) with 25% required match	1
Rural 2 (population more than 100,000 and less than 250,000) with 50% required match	3*
Urban (population more than 250,000) with 100% required match	12
Number of Contracts	23
Number of Facility Projects	31

*Bluebonnet Trails has one rural construction project and one urban.

Andrews Center	<ul style="list-style-type: none"> Jail diversion Crisis respite 	6/1/2026
Bluebonnet Trails Community Services	<ul style="list-style-type: none"> Jail diversion Youth step-down 	9/1/2026
Center for Health Care Services	<ul style="list-style-type: none"> Permanent supportive housing 	12/31/2026
Central Counties Services	<ul style="list-style-type: none"> Permanent supportive housing 	7/1/2027
Foundations Communities	<ul style="list-style-type: none"> Permanent supportive housing (2) 	12/31/2027
Heart of Texas	<ul style="list-style-type: none"> Jail diversion Crisis respite 	7/1/2026
MHMR of Tarrant County	<ul style="list-style-type: none"> Crisis stabilization unit 	1/30/2026



North Texas Behavioral Health Authority	<ul style="list-style-type: none"> • Jail diversion • Adult step-down • Crisis respite 	7/1/2028
North Texas Behavioral Health Authority	<ul style="list-style-type: none"> • Permanent supportive housing 	1/30/2028
Nueces Center for Mental Health and Intellectual Disabilities	<ul style="list-style-type: none"> • Jail diversion 	4/1/2026
Spindletop Center	<ul style="list-style-type: none"> • Jail diversion 	12/31/2026
StarCare	<ul style="list-style-type: none"> • Jail diversion/outreach and recovery center 	11/1/2026
StarCare	<ul style="list-style-type: none"> • Jail diversion/pavilion 	12/1/2026
Texas Panhandle Centers	<ul style="list-style-type: none"> • Jail diversion • Crisis respite 	1/31/2027
The Harris Center (Branard Street)	<ul style="list-style-type: none"> • Crisis respite • Jail diversion (remodel and expansion) 	8/31/2027
The Harris Center	<ul style="list-style-type: none"> • Youth crisis respite and residential 	7/30/2027
The Harris Center (Main Street)	<ul style="list-style-type: none"> • Jail diversion (bed expansion) 	8/31/2027
The Harris Center (Dennis and Bob White)	<ul style="list-style-type: none"> • Crisis respite 	9/30/2027
The Harris Center (Ben Taub Loop)	<ul style="list-style-type: none"> • Jail diversion 	9/30/2027
Tropical Texas Behavioral Health	<ul style="list-style-type: none"> • Jail diversion • Adult step-down • Crisis respite 	8/31/2026
West Texas Centers	<ul style="list-style-type: none"> • Permanent supportive housing 	5/31/2027
West Texas Centers	<ul style="list-style-type: none"> • Jail diversion 	5/31/2027



El Paso House Bill (H.B.) 500 and the 2026-27 GAA, SB 1, 89th Legislature, Regular Session, 2025, Section 17.28 requires that all unexpended and unobligated balances remaining (\$49.8 million) shall only be used for the land or building acquisition, construction and operation of facilities related to crisis services, including crisis stabilization, extended observation, crisis respite and other related services in El Paso. The campus will include:

- Youth and adult extended observation units
- Youth and adult crisis residential units (Subcontract additional crisis residential services)
- Diversion center for adults
- Outpatient behavioral health clinic



Sunrise Canyon SB 30, 88th Legislature, Regular Session, 2023 allocated \$45 million to construct 30 additional beds at the Sunrise Canyon facility in Lubbock, Texas, with at least 50% of the beds being designated for forensic capacity. Exception Item 5.c (2025-R)– Sunrise Canyon increased bed day rate and start-up costs. The amount of \$18,817,000 is appropriated from the general revenue fund (G.2.2. Strategy: Mental Health Community Hospitals). Increases bed rate from \$700 to \$770 and one-time start-up costs in fiscal year 2026 of \$2.5 million for expanded 30 bed campus. The anticipated opening date is April 2026.

Uvalde The 2026-27 GAA, SB 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, Rider 59) appropriated \$2.5 million in fiscal year 2026 and \$10 million in fiscal year 2027 for start-up and operational funding for the Uvalde Behavioral Health Campus. Currently, the tentative project completion date is January 2027, with an estimated operational date of February 2027.

BHS Competency Restoration Program Data BHS oversees contracts for outpatient competency restoration (OCR), and jail-based competency restoration (JBCR) programs.
Fiscal Year 2025 Data

BHS Competency Restoration Program Data BHS oversees contracts for outpatient competency restoration (OCR), and jail-based competency restoration (JBCR) programs.

Fiscal Year 2025 Data

Program Type	Number of Programs	Counties Served	Number Admitted	Number Restored
OCR	16	61	337	149
JBCR	20	21	867	465

Competency Restoration Data Reporting Transitions BHS will transition electronic reporting for OCR and contracted inpatient competency restoration (ICR) providers from WebCare to the new BHS-IDD portal in fiscal year 2026. Estimated launch dates:

- OCR: January 2026
- ICR: May 2026

BHS is training OCR providers in January 2026. A comparable training for ICR providers will be offered in spring 2026.



Jail COC Liaison Program. Five LMHAs (Andrews Center, Center for Life Resources, Community HealthCore, MHMR Concho Valley, and Nueces Center) received funding for Jail CoC Liaison programs in fiscal year 2025. Four of the LMHAs serve rural communities, and one serves an urban community. The BHS tracks data points such as, but not limited to:

- Primary diagnosis and co-occurring diagnoses
- History of incompetent to stand trial
- Level of charge
- Service referrals
- Texas Law Enforcement Tracking System (TLETS) match
- Timeframe of last arrest
- Initial follow-up attendance post-release

Initial data highlights include:

- Over 340 people were enrolled in the program in fiscal year 2025.
- At least 85% of participants served had a probable or exact TLETS match.
- Center for Life Resources, the first grantee to start service provisions, reported 97% of people who were scheduled for an intake appointment post-release, and have been released, attended their appointments due to increased contact and supervision from the dedicated LMHA staff.
- Across programs, approximately 70% of participants were identified as having co-occurring diagnoses.

Discussion.

Is the portal a public facing portal? HHSC stated they would check on this.

SAMHSA funding cuts. Is HHSC going to provide replacement funding to help with the impact of the cuts.

9. Public comment.

Sonja Burns. Representing herself emphasized focus on innovative intermediate care solutions and leveraging existing funding/program structures, especially for IDD populations. There was public discussion on the need for intentional therapeutic communities and better infrastructure for individuals who do not fit traditional models.



10. Adjourn (April 15, 2026 is the next meeting). There being no further business, the meeting was adjourned,

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