University Health Consultation Assessment: Detention and Civil Behavioral Health

FINAL DRAFT PHASE 1 REPORT

September 2022

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Contents

Acknowledgements

The Meadows Mental Health Policy Institute would like to recognize the Bexar County Hospital District, known as University Health (UH); and our architectural partners, HOK and Alta Architects, for their contribution and support of this work. We are also grateful to the more than 80 community stakeholders we interviewed who helped inform our findings and recommendations.

Executive Summary

In January 2022, the Meadows Mental Health Institute (Meadows Institute) was selected through a competitive bid process by Bexar County Hospital District, known as University Health (UH), to address two core questions. The first is whether behavioral health services in the Bexar County jail meet the needs of inmates, and whether existing space in the jail needs to be reconfigured to improve services or whether expanded or new space should be created or programming expanded. The second is whether existing inpatient civil bed capacity in Bexar County is adequate or whether capacity needs to be expanded.

The Final Phase 1 Report synthesizes our findings and recommendations regarding the Phase 1 scope of work elements, which include Phase 1 Part 1 – adult detention health behavioral health services assessment and recommendations and Phase 1 Part 2 – civil inpatient mental health beds and programing assessment and recommendations.

Below are our primary recommendations: (See Appendix Eight for the full list of findings and recommendations)

Adult Detention Behavioral Health Services Recommendations:

Through our quantitative and qualitative analysis, we have projected that there are approximately 300 individuals with mental illness in the jail that could be treated outside the jail in psychiatric inpatient or residential treatment facilities. In addition, of the 200+ people in the competency restoration process waiting for transfer to a state hospital facility, the majority have legal charges that require treatment in a secure setting. Therefore, additional space within the jail dedicated to mental health, suicide observations, and treatment is needed to serve those inmates with mental illness in the jail that should stay in the jail. See executive summary appendix one on page iv.

Recommendation 1: Bexar County Criminal Justice Department should continue to utilize and reconfigure existing capacity at the Bexar County Applewhite Recovery Center and existing substance use treatment purchased beds, consider additional purchase of beds, and if existing capacity cannot be reconfigured to meet need, consider expansion of capacity, specifically at the Dual Diagnosis Residential Facility (DDRF), at the Bexar County Applewhite Recovery Center for the up to 300 people who are in jail but are candidates for release to an appropriate alternative placement other than a state hospital. This projected 300 people includes 161 people supervised by the local Community Supervision and Corrections Department (CSCD) and awaiting admission to a Court-ordered residential treatment facility.

Recommendation 2: Bexar County should pursue collaborations for expanding in-jail, outpatient, and contracted treatment beds to reduce the number of people in jail for competency restoration. See executive summary appendix two on page i.

- Bexar County should support efforts to increase access to qualified evaluators so that competency evaluations can be completed in a timely manner.
- The Bexar County Sheriff's Office and the criminal justice system and University Health should continue collaboration with CHCS to implement a Jail Based Competency Restoration

(JCBR) Program. The Center for Health Care Services (CHCS) has recently received grant funding for a small pilot program and is leading the planning and implementation.
- CHCS should expand outpatient competency restoration capacity to the fullest extent possible.
- Continue close coordination with the Bexar County Task Force on Criminal Justice and Behavioral Health as led by the Bexar County Criminal Justice Department. The Task Force is evaluating the efficacy of developing residential treatment capacity that could be used for competency restoration.
- Continue close coordination with the Bexar County Criminal Justice Department to increase access to and use of private psychiatric beds for non-violent offenders.
- Initiate discussions with leadership of San Antonio State Hospital on accessing existing or developing new capacity for competency restoration for Bexar County inmates, including the possibility for persons designated as needing a maximum-security facility (or non-maximum security if barriers to maximum security are prohibitive).

Recommendation 3: Proceed with planning for potential development of jail space to expand the number of dedicated mental health and suicide watch beds for persons who are unlikely to be released from the jail until their legal case is resolved. Phase 2 of this project will provide a deeper dive into the utilization and reconfiguration of existing space as well as the potential for newly developed space to meet these needs.
- There is a priority need for acute mental health beds and suicide watch beds for females. Specifically, a 26-bed unit for acute mental health treatment is a top priority with an additional space for a 26-bed unit for those deemed appropriate for suicide watch.
- We recommend capacity expansion for males of a 48-bed unit for additional stable mental health beds, 30 acute mental health beds and the development of two 26 bed units for those under suicide watch.
- These identified priorities require a total addition of 182 specialty beds within the current jail unit configurations. Additional dedicated mental health beds within the jail will support efforts to provide appropriate treatment in a more therapeutic setting. In addition, dorm style and single cell options need to be investigated in consideration of classification status.

Civil Mental Health Beds and Programming Recommendations

During this process our team gathered extensive quantitative and qualitative data, which led to key findings in several core domains, including potential needs for expanded inpatient capacity, expanded substance use disorder treatment capacity, and community provider system opportunities regarding Social Determinants of Health (SDoH). Expansion of community services outside of hospitals could help mitigate some of the need for inpatient bed expansion.

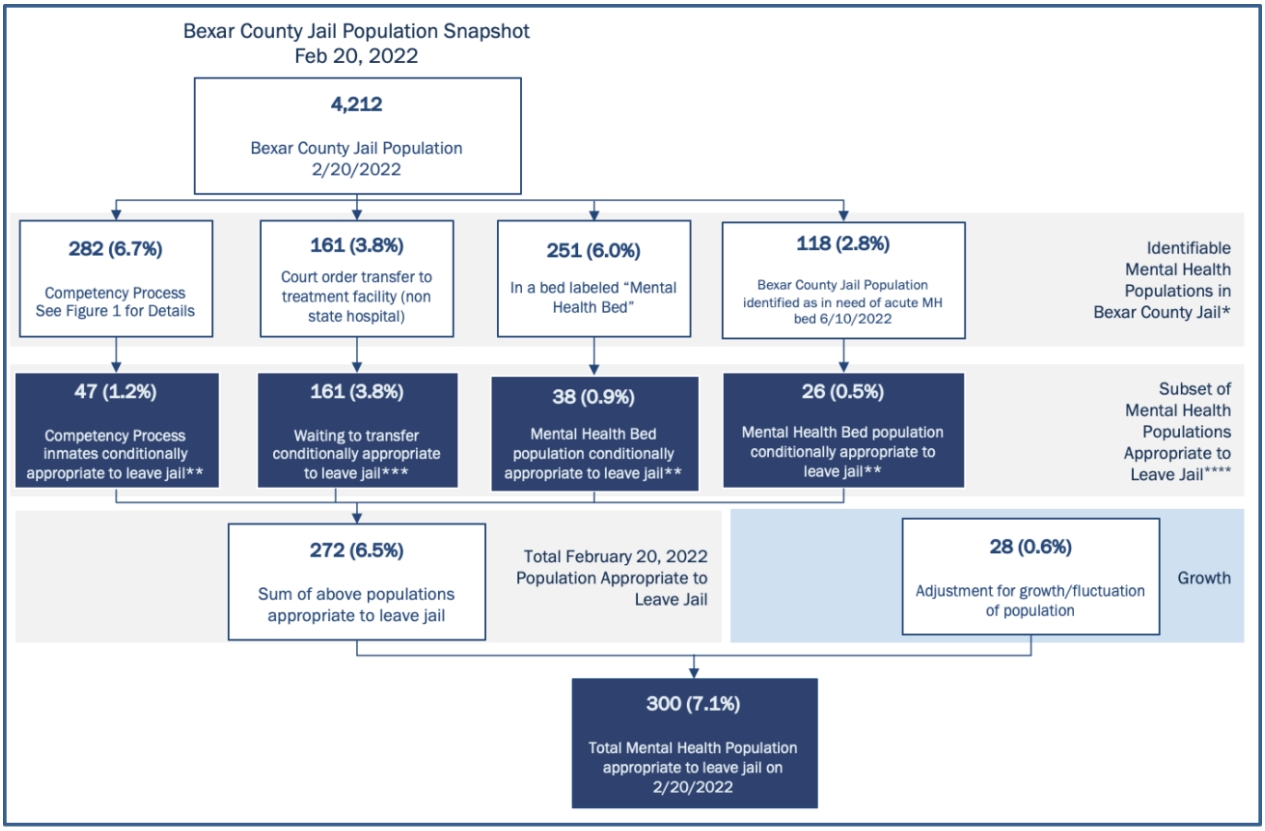
Recommendation 1: The current psychiatric bed capacity in Bexar County is insufficient to accommodate patient demand for inpatient mental health services. Assuming that no programmatic changes are made, we project that nearly 300 adult beds (yielding a total of 821) and 100 additional child/youth beds (totaling 292) may be needed by 2040 to serve Bexar County residents in need of inpatient psychiatric care (Table 31).

Recommendation 2: Community collaboration is critical to sustainable change. Increasing community-based housing capacity with support and treatment services can afford unhoused individuals with co-occurring mental health and substance use disorders to find stability in the community and decrease need for crisis services.

Executive Summary Appendices:

Appendix One:

Population Appropriate for Alternative Settings, February 20, 2022 and June 10, 2022



* Mutually exclusive boxes on this row
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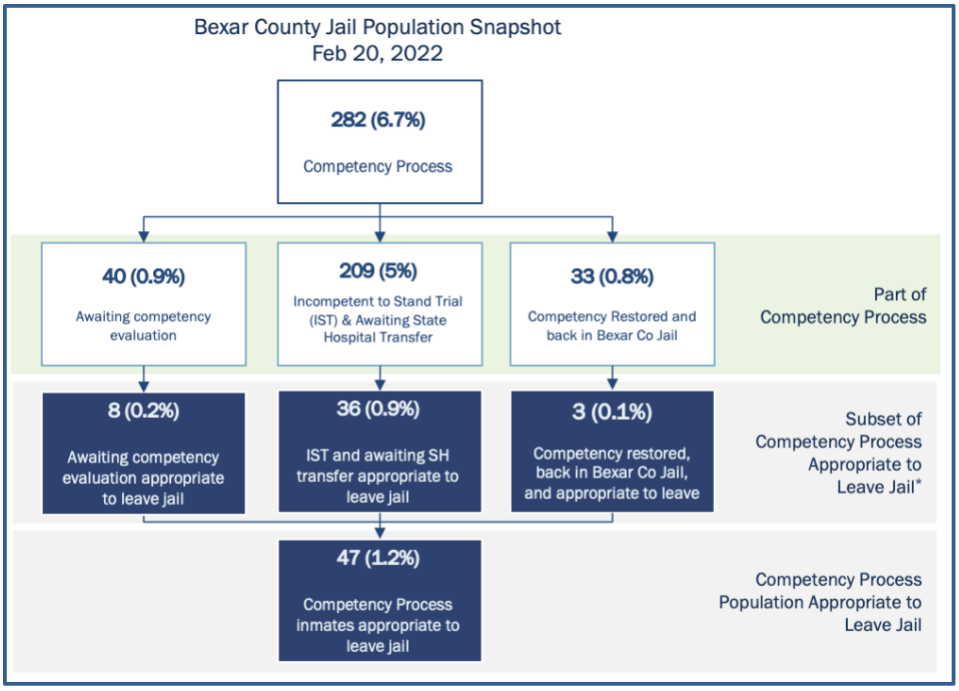
Appendix Two:

Competency Restoration Population Appropriate for Alternative Setting, February 20, 2022



*Removed from boxes on this row violent & sex offenses, persons with other holds, and persons awaiting transfer to an incarcerative facility

Introduction

In January 2022, the Bexar County Hospital District, known as University Health (UH), selected the Meadows Mental Health Institute (Meadows Institute) through a competitive bid process to assess the current jail operation, its future needs, and appropriate inmate behavioral health services during the period of incarceration while supporting continuity of care within the community. After submission of a response to the initial request for information (RFI), UH expanded the RFI to request an analysis of current and future need for civil mental health care within the Bexar County community. Our assessment also addresses University Health's goal for this assessment is treatment with increased effectiveness, increased recovery, and decreased readmission or recidivism through better identification and comprehensive treatment of behavioral health needs.

To conduct this assessment, we collected and reviewed extensive quantitative and qualitative data. In addition to the data analysis on jail detention and civil inpatient mental health bed capacity, we interviewed more than 80 community members, including stakeholders from the criminal justice and health systems, mental health and substance use disorder providers, the court system, nonprofits, specialty providers, and leaders from across the community. (See Appendix One for a list of interviewees to date.) In every discussion, we found stakeholders to be forthcoming about gaps and opportunities to improve the Bexar County community's mental and behavioral health care system. As our report details, we received feedback and guidance throughout the assessment, primarily through monthly meetings and ongoing communication, from UH leadership. We would like to express our gratitude for this support and partnership.

This Final Phase 1 Report synthesizes our findings and recommendations regarding the Phase 1 scope of work elements, which include Phase 1 Part 1 – adult detention health behavioral health services assessment and recommendations and Phase 1 Part 2 – civil inpatient mental health beds and programing assessment and recommendations. This report is an opportunity to receive feedback regarding findings and recommendations from UH leadership, creating consensus to inform Phase 2, Part 1 – detention health services facility analysis and Phase 2, Part 2 – civil mental health facility cost analysis. In Phase 2, as outlined in our response to the RFA, we will engage HOK, an architecture engineering firm with experience with detention and treatment facilities in Bexar County, the state of Texas, and other national sites, and Alta Architects, a 94-year-old design firm based in San Antonio with extensive experience in Bexar County, including the Bexar County detention facility.

Guiding Principles

The guiding principle for our work in Bexar County and throughout Texas is that the traditional approach of treating the mind and body separately has led to inadequate and often inappropriate care for people with mental illnesses and substance use disorders; an overuse of jails, emergency departments, and hospital beds; and treatment of adults with serious mental illnesses that stands in sharp contrast to the integrated care provided to people with complex physical health needs. In collaboration with UH leadership, at their request, we co-developed and incorporated guiding principles in the implementation of this work.

- Access to health care is a core value; we must be personally invested in assuring high-quality care for patients in a timely manner and in an appropriate setting.
- Access to behavioral health care is essential to overall health, and we must destigmatize asking for help.
- The patient is empowered as a health care team member, and collaboration with patients and families for recovery is essential.
- Our community health care will maintain a high level of quality across the continuum, including in prevention, and be supported by clinical best practices.
- We should design and deliver services in a trauma-informed manner which is compassionate, collaborative, person-centered, and promotes trust.
- Our programs will support safety for patients, care team members, and for the community.

Methodology

To conduct this assessment, we relied on extensive quantitative and qualitative data. In addition to the data analysis on jail detention and civil inpatient mental health bed capacity, we formally interviewed more than 80 community members. These included stakeholders from the criminal justice and health systems; mental health and substance use disorder providers; the court system; nonprofits; specialty providers; and leaders from across the community.

The quantitative data analysis began with quantifying the current jail population and those inmates in beds dedicated for specific uses. We also reviewed available data identifying arresting offense and status within the court process for each person and considered the number of charges, highest offense level at booking, and whether any charges were for "violent" behavior.

Quantitative data on the jail population were gathered from four sources:

- As advised by UH leadership a jail metrics report for February 20, 2022, was completed. This report includes the jail census, length of stay, and identifies key populations within the jail with a comparison to data from one year earlier. This "snapshot data" captures a person's status as of that date and does not track movement within the jail. Length of stay reflects the number of days that each person has spent in the jail as of February 20, 2022.
- Daily snapshot reports of the jail population for the 35 weeks period of August 22, 2021, through April 17, 2022.
- Booking and release information for the calendar years 2017 through 2021, which allowed for length of stay calculations based upon release from jail ("jail data").
- Aggregate data on individuals served and the number of encounters for behavioral health services provided in the jail by University Health for the period of July 2020 through April 2022.[1]

Our review of the data and information from our key informant interviews identified three populations within the jail with opportunities to be served in alternative settings:

[1] University Health. (2022, May 26). FW: University Health Detention Consultation - Data, Deadlines, and Meeting Availabilities [Personal communication].

- Inmates in dedicated beds for specific care.
- Inmates at some stage of the competency restoration process, a population with a disproportionate impact on jail resources. Our analysis of the competency restoration process includes a detailed review of evaluations, transfers to and from the state hospitals, and case dispositions once competency is restored.
- Inmates awaiting release to a special placement for treatment other than for competency restoration.

In this report, we provide both an analysis of the criminal justice factors resulting in continued detention for these populations of focus and an overview of the current resources available for these populations of focus.

Phase 1 Part 1 – Adult Detention Health Behavioral Services Assessment and Recommendations

Addressing Contract Questions

The Adult Detention Health Behavioral Services Assessment focused on assessing the behavioral health needs of inmates in jail and exploring options to meet those needs by enhancing the current space and/or options for settings other than the existing on-site clinical space. A critical part of the analysis is the number of inmates currently in jail who could be safely treated in alternative settings and what services are needed in those settings. We address the seven specific questions posed in the contract. Please note that some information is repetitive as it is applicable to multiple contract questions.

Q1. Current state of available care and resources for inmates with behavioral health diagnosis and issues and their co-morbid medical needs.

Table 1 below shows the current allocation of the 378 beds within the jail that are dedicated to the listed populations.

Table 1: Current State of Care Resources for Inmates with Behavioral Health Diagnoses and Co-Morbid Medical Needs[2]

Types of Care	Available Resources
Infirmary Beds	Males – 38 medical infirmary beds at the main jail.
	Females – 26 infirmary beds at the annex.
Substance Use Disorder/ Detoxification Beds	No dedicated unit for substance use disorder treatment, including detoxification services. Patients receiving detoxification services are housed throughout the facility with decentralized treatment provided at the unit.
Acute Mental Health Beds	Males – 26 acute mental health unit beds
	Females – Shares with the 26 female infirmary beds at the annex.
Stable Mental Health Beds	Males – 192 beds
	Females – 96 beds
Suicide Watch Beds	Males – 26 beds
	Females – Shares beds in the infirmary

[2] UH Detention Health Leadership stakeholder interviews. (May 20 – June 14).

Types of Care	Available Resources
General Population	General health care and access to targeted programs like specialty courts.

Q2. Opportunities to address treatment of inmates with behavioral health needs.

Our assessment and recommendations are focused on those populations with behavioral health needs identified as having the most disproportionate impact on jail resources and whose treatment needs can best be met in more clinical and therapeutic settings. We explore opportunities for inmates in dedicated beds, in the competency process, and those awaiting transfer to special placements, other than a state hospital for competency restoration.

Mental Health Bed Capacity: In our data analysis and interviews with UH Detention Health Leadership, we found that the need for dedicated behavioral health beds exceeded the number of dedicated beds currently in the jail by over 200 people daily. There are currently dedicated beds for acute mental health services, stable or sub-acute mental health services and for persons on suicide watch, as determined by a UH psychiatric provider. There is a need for more dedicated space for males for acute mental health and suicide watch beds and for females a dedicated space is needed for acute mental health and suicide watch beds as these beds are shared with the infirmary.

Substance Use Disorder Including Detoxification Services: According to UH jail health stakeholders, the Bexar County jail does not have a dedicated detoxification (detox) specialty unit, but these inmates are treated on general population units where they are provided medically supervised detoxification from substance use. UH Detention Health Leadership report that the detox protocols in place are working and that lack of a dedicated detox unit is not a barrier to providing the care.

There is an opportunity to better coordinate the in-jail and out-of-jail continuum of care for substance use disorder treatment. An opportunity for further exploration is Medication-Assisted Treatment (MAT), which is the use of medications such as methadone and buprenorphine managed by medical staff for opioid use disorder treatment. There is a growing use of MAT for correctional populations. The National Council for Behavioral Health released in January 2020 “Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit” (the Toolkit). The Toolkit provides data on the efficacy of MAT in correctional settings and detailed planning and implementation guidance for Bexar County Community Supervision and Corrections Department (CSCD) to use.[3]

Our stakeholder interviews revealed that the Bexar County Criminal Justice Department has funding to purchase SUD inpatient and outpatient treatment services from Lifetime Recovery, a local non-profit organization that is not currently used to full capacity. Additionally, we have

[3] Mace, S., Siegler, A. Wu, K., Latimore, A., & Flynn, H. (2020) Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit. The National Council for Behavioral Health and Vital Strategies. https://www.thenationalcouncil.org/wp-content/uploads/2022/02/MAT_in_Jails_Prisons_Toolkit_Final_12_Feb_20.pdf

learned that there is space at the Substance Abuse Treatment Facility (SATF) at the County's Applewhite Recovery Center location that could be utilized to expand capacity for SUD treatment with additional funding and staffing resources. Finally, expanding capacity at the Dual Diagnosis Residential Facility (DDRF) is imperative to expediting admission to treatment for those with a court order to the program who are waiting in jail for transfer as this program stays at full capacity and generates a waitlist according to County stakeholders.

Persons in the Competency Restoration Process: The competency restoration process includes persons awaiting a competency evaluation, persons found incompetent to stand trial and awaiting transfer to a state hospital, and persons returned to the Bexar County Jail following competency restoration at a state hospital. Competency restoration is managed by the Courts, per state law. Competency evaluations are ordered by the Court, which also makes a determination of competency based on the evaluation and orders placement in a state hospital or an outpatient competency restoration program. There are two opportunities to enhance the process for competency determinations and restoration:

- Bexar County can increase the number of qualified forensic evaluators so that all competency evaluations are completed, and a report issued to the Court within 30 days.
- Implement the Center for Health Care Services (CHCS) pilot for jail-based competency restoration. CHCS has recently received grant funding to implement a small JCBR program and is lead on collaborative implementation.

Persons Awaiting Transfer to Court-Order Treatment at Alternative Settings: There are inmates in the Bexar County Jail who are awaiting transfer for treatment to either local or state-operated treatment facilities. These inmates' criminal cases have been resolved with a conviction or released to community supervision and the Court orders release to these special placements as a condition of their community supervision, probation, or deferred adjudication. Three programs are operated by Bexar County CSCD and are co-located at the Applewhite Recovery Center; CHCS is embedded in all three programs. CSCD leadership reports available capacity in these programs. Bexar County Criminal Justice Department leadership also reports that funding for community treatment from Lifetime Recovery is not fully utilized. The identification of persons appropriate for these available beds and facilitation of transfers as soon as possible is needed.

Q3. Quantify the number of inmates that could appropriately be moved to a redeveloped behavioral health space within the jail or in a free-standing behavioral health unit or sent to allocated beds at the San Antonio State Hospital or other inpatient facility or enrolled in an appropriate outpatient intensive treatment program at The Center for Health Care Services (CHCS) or the like, to include those found incompetent to stand trial.

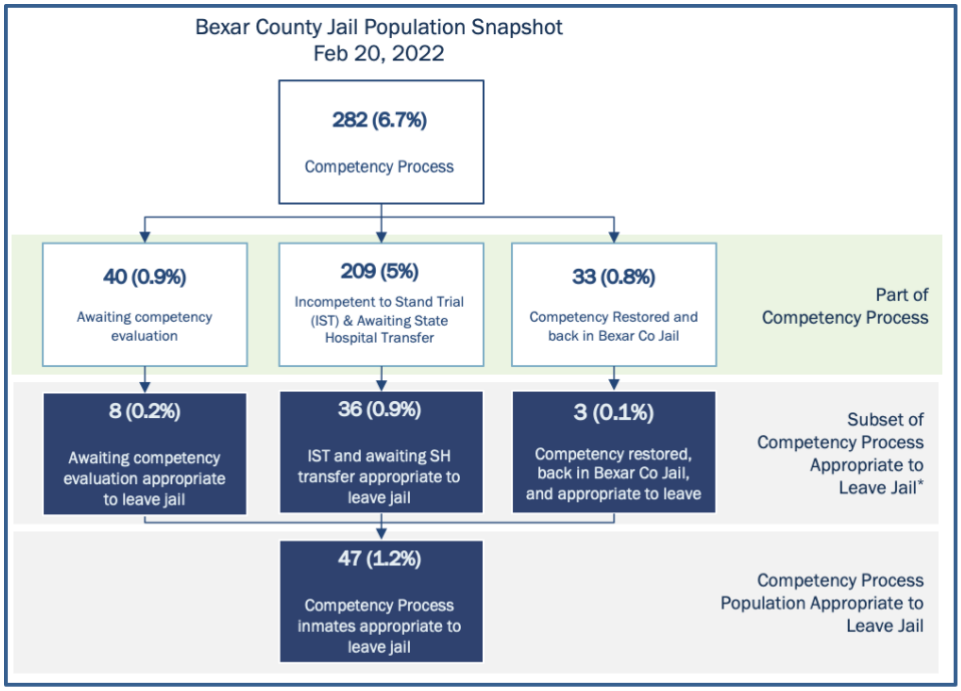
Candidates for Release from Jail to Inpatient or Residential Programs from Quantitative and Qualitative Data Analysis: As shown in Figure 1a and 1b, our analysis of the February 20, 2022, snapshot data projected 300 (identified 272 currently) candidates clinically appropriate to be released from the jail to a psychiatric inpatient or residential treatment facility. These 300 people include only 47 persons in the competency restoration process and with a legal status

that would allow for transfer out of jail to an inpatient or residential facility other than a state hospital. Also included are 161 persons supervised by Bexar County CSCD who are awaiting transfer to one of five available Court-ordered residential treatment facilities as well as an additional 92 projected from persons in stable mental health beds not in the competency restoration process (the difference includes estimates for future growth).

It is important to note that when looking at the February 20, 2022, snapshot data, there were 209 inmates found incompetent and awaiting transfer to a state hospital. Only 36 of those 209 inmates awaiting competency restoration are included in the projected 300 we recognize as appropriate for release from jail to inpatient or residential programs. The remaining 173 were excluded from consideration for alternative placement due to the serious nature of their offenses. Our analysis focused on identifying persons appropriate for alternative placements outside the state hospital system and considered the severity of offense in projecting persons appropriate for alternative settings.

Competency Restoration: The list of 282 persons currently in the competency restoration process were evaluated for transfer based upon criminal justice factors. These 282 persons include 40 inmates awaiting a competency evaluation, 209 inmates found incompetent to stand trial and awaiting transfer to the state hospital, and 33 inmates returned to the Bexar County Jail following competency restoration. Inmates charged with violent felony offenses, sex offenses, or anti-law enforcement offenses were excluded as were inmates with any type of hold for transfer to another jurisdiction once local charges are resolved (other counties, state, federal, and any other noted hold). Inmates who were adjudicated and awaiting transfer to a Texas Department of Criminal Justice (TDCJ) prison or state jail facility were eliminated as candidates for transfer. These exclusionary factors left 47 candidates for transfer to another facility (1.2 percent of total population) from the initial pool of 282 in the competency restoration process, see Figure 1a below.

Figure 1a: Competency Restoration Population Appropriate for Alternative Setting, February 20, 2022[4]



*Removed from boxes on this row violent & sex offenses, persons with other holds, and persons awaiting transfer to an incarcerative facility

161
Waiting to transfer conditionally appropriate to leave jail

Awaiting Transfer to Court-Ordered Treatment: The 161 inmates waiting for transfer to a Court-Ordered treatment facility other than a state hospital were all considered appropriate to move to another facility, because they have already been deemed as appropriate at some point in the criminal justice process. This population accounts for 3.8 percent of the total jail population.

38
Mental Health Bed population conditionally appropriate to leave jail

Persons in a Designated Stable Mental Health Bed: The 161 inmates waiting transfer to a Court-ordered local or state treatment facility other than a state hospital plus the 47 persons in the competency process result in a list of 208 candidates of which 31 were in beds identified as one of the 282 "stable mental health beds" included in the jail snapshot data. The remaining 251 inmates were evaluated with the same offenses and situational exclusions to identify an additional 38 inmates appropriate for alternative placement other than a state hospital.

[5] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication].

26
Mental Health Bed population conditionally appropriate to leave jail

Qualitative Data Review and Future Growth Projections: Qualitative data collection produced information that identified an estimated additional 26 candidates for alternative placement; 14 from persons in jail needing, but not placed in, a stable mental health bed and 12 persons needing, but not placed in an acute mental health bed. As the inmates were not identified in the February 20, 2022, snapshot data, only an estimation of the number appropriate for transfer is possible.

UH Detention Health Leadership reported 346 people needed a stable mental health bed on June 10, 2022, and of these only 288 were placed in this specialized designation; therefore, UH Detention Health Leadership recognized that 58 people needed a stable mental health bed that did not have this access. If this population is analogous to the known stable mental health bed population from February 20th, then an assumed 24 percent would be realistic candidates for release. The stable mental health bed population was 282 on February 20, 2022, with 69 people identified as appropriate for release, i.e., 24 percent. This calculates to 14 additional persons appropriate for transfer to another facility. During a qualitative data review discussion, UH also noted 26 males assigned to an acute mental health bed with an additional 34 in need of one on June 2, 2022, for a total of 60 persons in need of this level of services. Assuming this population is analogous to those on the competency pathway populations, the proportion appropriate for alternative placement is between 9 and 20 percent (depending on what part of the competency process the person is at, see the first three lines of Table 2) or between 5 and 12 additional acute mental health beds. We projected the upper end of the range of 12 persons. Therefore, the qualitative interviews resulted in identifying 118 people undiscoverable in the data and 26 appropriate to move out of the jail.

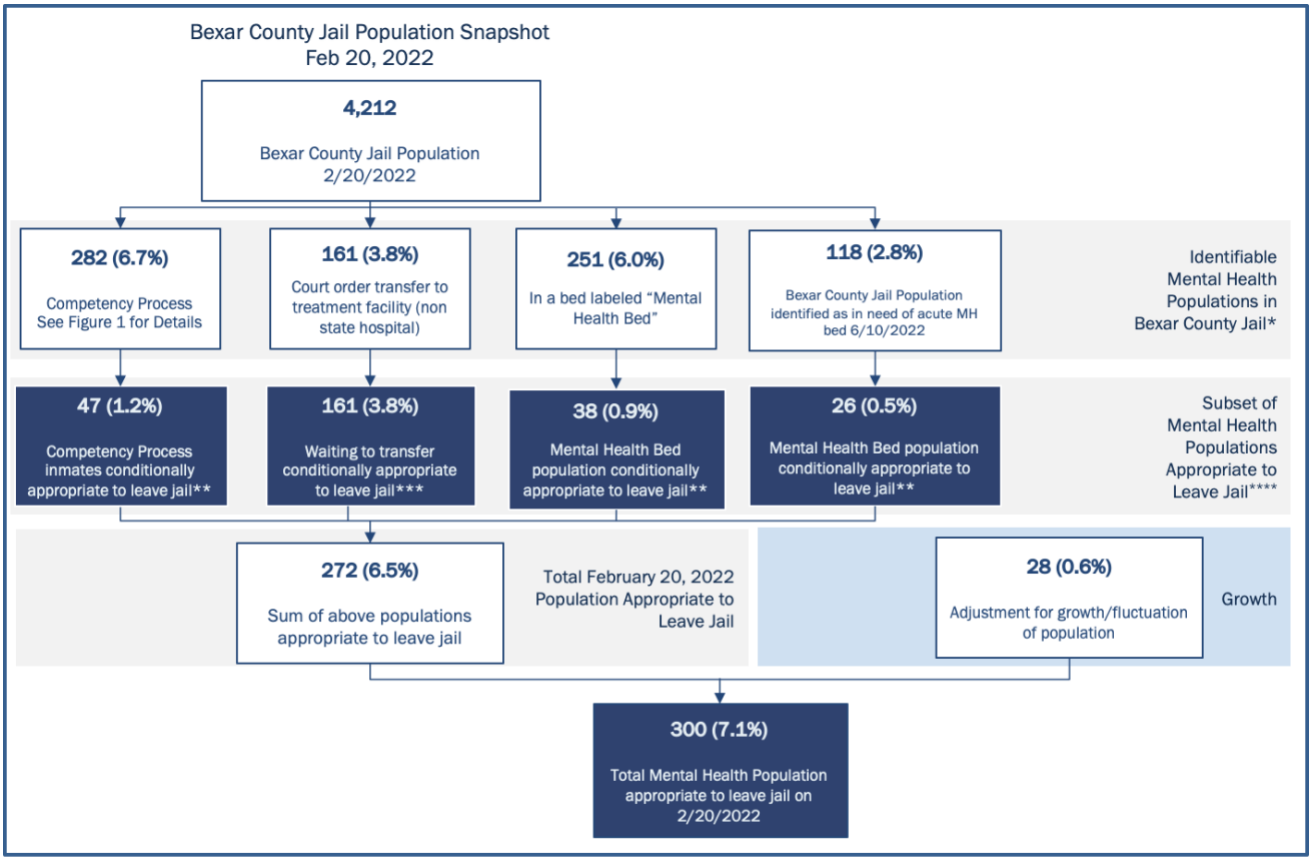
28
Projected Mental Health Bed population conditionally appropriate to leave jail

Our projections assume the population includes no double counts of the competency pathway population. Information gathered from the stakeholder interviews suggests a total of 26 additional persons appropriate for alternative placements. Therefore, these 26 persons combined with the 246 identified in the quantitative data review results in 272 persons who are clinically appropriate for transfer to alternative treatment settings other than the state hospital. Our final projection of 300 persons appropriate for alternative placement is rounded up to adjust for and consider fluctuation and growth in the future population by 28 persons. Our analysis accounted for the severity of the offense in projecting the 300 persons clinically appropriate for treatment in an alternative setting. Close coordination with the Court will be required to ensure public safety as transfers are recommended for Court approval.

It is important in accessing existing alternative placements and planning for new or expanded capacity to accommodate the projected 300 persons identified as appropriate for transfer by sex. Table 2 disaggregates the identified population into male and female. The total known population of 246 includes 180 males (73% of total) and 66 females (27%). The sex of the additional 26 people is unknown, so the known proportions from February 20 are applied to that population resulting in a total 199 male and 73 female treatment slots to serve “today’s”

population. This number should serve as a floor in the planning of additional capacity, potentially at the existing Applewhite Recovery Center. Bexar County is experiencing rapid growth, which will impact the number of alternative placements that are needed. The state also continues to grow, which will put additional pressure on the state hospital bed waitlist so the county will need to have internal flexibility. As a result, the 272 identified alternative treatment slots are rounded up to 300 in alternative settings to help the county plan – this expanded capacity should include at least 81 slots for females (27 percent) to match current proportions.

Figure 1b: Population Appropriate for Alternative Settings, February 20, 2022[5] and June 10, 2022[6]



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[5] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication].
[6] Personal Communication between Meadows and University Health (2022).

Table 2: Population Appropriate for Alternative Placements by Sex, February 20, 20227 and June 10, 20228

	Total Number	Appropriate for Alternative Placement	% of Total	Male Number	% of Appropriate	Female Number	% of Appropriate
Awaiting Competency Evaluation	40	8	20%	5	62.5%	3	37.5%
Incompetent to Stand Trial	209	36	17%	27	75%	9	25%
Competency Restored and Back in Bexar County (BC) Jail	33	3	9%	2	67%	1	33%
Waiting for Transfer to Treatment Facility	161	161	100%	125	78%	36	22%
In a "MH Bed" and not Previously Identified	251	38	15%	21	55%	17	45%
Total 2/20/2022	725	246	34%	180	73%	66	27%
Also Identified in 6/10/2022 Population	--	26	--	~19	73%	~7	27%
Additional Treatment Capacity Needs		272		199	73%	73	27%
Future Growth Needs		28		20	73%	8	27%
Additional Treatment Capacity Anticipating the Future Growth Needs		300		219	73%	81	27%

[7] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication].
[8] Personal Communication between Meadows and University Health (2022).

Q4. Investigate the feasibility of redeveloping or expanding jail space for behavioral health treatment programs (either within the jail or in a free-standing unit) including the demand for such space or other appropriate programming, along with requirements related to accreditation.

Our data analysis and stakeholder interviews identified a projected 300 persons who could be released from the jail to inpatient or residential treatment programs. These 300 persons include 47 in the competency restoration process, 161 under CSCD supervision and Court-ordered to residential treatment programs, 38 currently in a stable mental health bed, 26 located throughout the jail and future growth of 28. These 300 people can only be transferred by accessing available treatment capacity in the community and developing additional capacity. There are opportunities to increase access to available capacity in purchased treatment beds and at the local Applewhite Recovery Center that are a starting point for options for releasing persons from jail to inpatient or residential treatment programs.

The 282 people in some point of the competency restoration process have the biggest impact on the jail population. These 282 persons include 40 inmates awaiting a competency evaluation, 209 inmates found incompetent to stand trial and awaiting transfer to the state hospital, and 33 inmates returned to the Bexar County Jail following competency restoration. An estimated 83% of the 282 people in the Bexar County Jail awaiting an evaluation or deemed incompetent and awaiting transfer to the state hospital are unlikely to be considered for release without significant assurances that public safety is protected if these inmates are released. We project that only 47 persons in the competency process, including only 36 who have been found incompetent to stand trial and are awaiting transfer to a state hospital might be appropriate for competency restoration in an inpatient or residential program instead of a state hospital based upon their current charges and past history.

There are limited opportunities to use space in the jail to impact the competency restoration population. One emerging opportunity is developing a jail-based competency restoration (JBCR) program. The Center for Health Care Services has received funding to implement a pilot JBCR program and is currently planning for implementation with other justice system stakeholders. Dedicated space within the jail will be needed for the JBCR program.

Alternatives external to the jail should be developed to impact the number of people awaiting transfer to the state hospital. There is the potential for treatment outside the state hospital system for persons with offenses that are not typically considered for release to a non-secure setting, including community outpatient services (ex. violent felony offenses, sex offenses, or anti-law enforcement offenses), but who do not require a maximum-security state hospital bed. Developing alternatives for persons who require a maximum-security setting will be a significant challenge. There are three potential options to be considered and developed as part of Phase 2:

- *Increased access to private psychiatric beds for non-maximum-security offenders:* Texas law for competency restoration allows for criminal charges to either be dismissed or held as

pending by the criminal courts to allow for a transfer to the civil mental health courts for treatment.

- *Development of a residential treatment facility that can provide competency restoration services for non-maximum-security offenders:* A residential treatment facility that includes competency restoration services would increase capacity and reduce the wait time in jail for transfer to treatment.
- *Explore a collaboration with San Antonio State Hospital (SASH) to purchase dedicated competency restoration beds for those in the Bexar County jail, and whether or not SASH could develop a maximum-security unit:* Developing and implementing a collaboration with SASH will be complex with many details to be worked out. Alternatively, purchase of beds from SASH for non-maximum-security placement could also be considered.

There is a need for more dedicated specialty care beds within the jail. Our data analysis and stakeholder interviews identified the following needs for additional space:

- *Acute Mental Health Beds:* There are only 26 dedicated acute mental health beds for males and acute mental health female beds are shared with the medical infirmary. A dedicated acute mental health unit for up to 30 females and an additional 30 males is a top priority.
- *Stable Mental Health Beds:* An additional 58 stable mental health beds (44 males, 14 females) are needed in addition to the current 288 stable mental health beds (192 males and 96 females).
- *Suicide Watch Beds:* There are only 26 dedicated suicide watch beds for males. There are 26 beds in the women's infirmary that are shared between medical and mental health for the females. While placed on suicide precautions at the unit level, currently 21 women and an additional 58 males have been assessed as needing a suicide watch bed along with males with a higher security classification. Developing dedicated suicide watch units for up to 30 females and 30 males is a top priority.

Q5. Determine the acuity level and types of inmates appropriate for placement at such a facility.

The February 20, 2022, snapshot data and the jail release data allow us to look in detail at two populations to understand the characteristics of the projected 300 inmates appropriate for treatment in alternative settings detailed in Question 4 above: those released from a dedicated stable mental health bed in the Bexar County jail and those found incompetent to stand trial. UH Detention Health leadership also provided census data for June 10, 2022, that informed our analysis.

The February 20, 2022, snapshot data identified 282 persons housed in a stable mental health bed. Those 282 persons had been in jail for 262 days on average with 1.7 charges on average. Persons in the general population had a 164-day average length of stay with 2.3 charges on average.

Inmates that are found incompetent to stand trial are often housed in the dedicated acute or stable mental health units. With the lengthy waits for competency restoration, this reduces

access to these dedicated beds for those with more acute needs. Persons awaiting transfer to a "maximum- security" state hospital have the longest wait times, typically over two years.
It is important also to consider the safety measures required in this space as, in looking at the February 20, 2022, snapshot data, of the 209 inmates found incompetent to stand trial at that time, 167 of them were incarcerated with a violent offense. During that same snapshot, of those in a Bexar County Jail coded "mental health bed" one-fifth (19%) were incarcerated with a capital felony or a felony 1 offense, which was 53 inmates that particular day (Table 12).

Q6. Determine the overall impact on jail population for the solution proposed (either redeveloped space within the jail or a new facility) and develop a plan to work with the judicial system (judges, attorneys, and prosecutors) on the benefits of utilizing a new and/or re-developed facility.

Our data analysis and stakeholder interviews projected 300 persons, detailed in Question 4 above, as clinically appropriate for treatment outside the jail, other than a state hospital, and with a current legal status that allows for a transfer for treatment. There is some available capacity within the community, but additional capacity will have to be purchased or developed. An initial work plan for transferring these 300 persons includes:

- Coordinate with the Bexar County Department of Criminal Justice on accessing beds for substance use disorder treatment currently under contract with Lifetime Recovery but not utilized.
- Coordinate with the mental health court and mental health pretrial diversion programs in Judge Huff's County Court 12 and Judge Rangel's 379th District Court, Judge Carruthers's competency docket, and Assistant District Attorney Sally Uncapher, who is the lead prosecutor for the competency docket.
- Coordinate with the Bexar County Community Supervision and Corrections Department for accessing available capacity at the Applewhite Recovery Center.
- Added capacity in civil beds would allow for more coordination with the District Attorney and Courts to expand use of civil commitments and access to inpatient civil beds and outpatient court ordered mental health services when legal charges can be dropped instead of forensic commitments to the state hospital.
- Coordinate with Bexar County CSCD and CHCS on integrating in-jail substance use disorder treatment with out-of-jail services available in the community. UH should consider implementing a medication-assisted treatment program within the jail that is coordinated with community programs.

Regarding those deemed incompetent to stand trial (IST), a significant portion of the 209 persons in jail awaiting transfer to the state hospital can only be treated in a state hospital or similarly intensive facility. There is planning underway to implement a pilot for a jail-based competency restoration (JCBR) program in the Bexar County jail with CHCS as the lead grantee. The number to be served is 25 males at any one time not awaiting maximum security. An initial work plan for developing external placements for persons awaiting transfer to a state hospital include:

- Continue to participate in the planning for the JBCR program with CHCS and other stakeholders.
- Continue close coordination with the Bexar County Task Force on Criminal Justice and Behavioral Health as led by the Bexar County Criminal Justice Department. The Task Force is evaluating the efficacy of developing out-of-jail residential treatment capacity that could be used for competency restoration.
- Initiate discussions with leadership of San Antonio State Hospital on accessing existing or developing new capacity for competency restoration for Bexar County inmates, including persons designated as needing a maximum-security facility (or non-maximum security if barriers to maximum security are prohibitive).

There is a significant new initiative that provides promising opportunities for improved system collaboration and better outcomes for persons with behavioral health needs in the local criminal justice system. The Bexar County Managed Assigned Counsel Office (BCMAC) originated out of a need and desire to improve the overall delivery of defense services for Bexar County defendants who cannot afford counsel. The Chief Defender began work on January 3, 2022, and when BCMAC takes over the appointment process from the judiciary, it will appoint counsel for about 90 percent of all defendants qualifying for county provided counsel.

One of the first tasks was to draft a grant request[9] to the Texas Indigent Defense Commission (TIDC) for funding to address the challenges of those living with mental illness involved in the criminal justice system. The $1 million ask to create the Mental Health Services Unit that will support an appointment system to match defendants with severe mental illnesses (SMI) to defense counsel with specialized training in state law regarding mental health and on the ground knowledge of county policy and procedures to achieve the best disposition and health outcomes for clients.

Using these grant monies, the BCMAC will create an appointment process for clients with mental health diagnoses to be matched with one of the 15 specialized attorneys. Beyond that group of counsel, BCMAC will hire two mental health resource attorneys to work with the team, assist the Bexar County Public Defender if necessary, and provide support to the judiciary. Social workers or mental health case managers will also assist the group and be a resource to attorneys by meeting with clients, gathering medical histories, and connecting clients to community services.

The BCMAC Mental Health Services Unit and defense community are the key to informing, reminding, and encouraging the judicial system (judges, attorneys, and prosecutors) to use the available and appropriate treatment options through their client advocacy work. This unit allows for a single point of contact to inform the defense community on all available services. This process will be faster than going from lawyer to lawyer and can offer an invitation to speak at the San Antonio Defense Lawyers Association monthly meetings. One activity promised in

[9] The Meadows Institute provided drafting assistance to BCMAC on this grant request, creating an opportunity for an open working relationship.

the grant application is to provide the defense bar with continuing legal education on topics including, local programs assisting those living with mental illness. By informing the BCMAC Mental Health Services Unit, lawyers representing the highest volumes of clients with mental health concerns will be connected to the BCMAC Mental Health Services Unit who will provide a way to inform the majority of Bexar County's defense community.

Q7. Determine the effectiveness of the model in other parts of the country where the courts notify the jail about sentencing dynamics for inmates, as an early warning for inmates potentially at higher risk of events due to potentially unexpected sentencing.

We were tasked with determining the effectiveness of the model in other parts of the country where the courts notify the jail about sentencing dynamics for inmates, as an early warning for inmate potentially at higher risk of events due to potentially unexpected sentencing. There is an opportunity to develop such a system in Bexar County.

Court actions of all types must be communicated to the jail so that jail staff can fulfill the orders of the Court in a timely manner. The jail must receive court notice to release an individual, begin processing commitment to prison or other placements, notify other jurisdictions that a person is available for transfer, or take other appropriate action. These notices should also trigger a classification reassessment. Reactions to court action by inmates in jail require a more immediate response than provided by computer generated notices.

Findings and Recommendations

We provide in this section of the report more details of the analysis summarized in the prior section of the report: Addressing Contract Questions. We also include more detail on the findings and recommendations previously summarized.

Dedicated Bed Use

The snapshot data reported 4,212 individuals booked into the Bexar County jail with an average of 2.2 charges each and an average length of stay of 171 days through February 20, 2022. There were 3,861 individuals in jail with an average length of stay of 159 days on February 21, 2021, the one-year comparison date. The general population includes those persons in dedicated beds as well as the remainder of inmates in jail. Even if someone is not housed in a dedicated space, all receive health care. Many are enrolled in targeted programs such as specialty courts or are awaiting evaluations and transfer to external facilities, including the State Hospital system and the Texas Department of Criminal Justice (TDCJ). The general population also includes inmates who are clinically appropriate for a dedicated mental health bed, when mental health beds are full. This is also where many inmates receive medically supervised detox services.

There are three dedicated, specialty services commonly referred to as "beds", within the jail which the snapshot data tracks: infirmary, detoxification (although these do not capture an actual unit or all persons receiving detox services) and mental health. We learned in our stakeholder interviews that these three dedicated services tracked by the snapshot data do not

adequately capture the array of services within the jail. UH Detention Health staff reported in stakeholder interviews additional dedicated beds. Areas within the jail used for stable and acute mental health overflow units may change from one location to another depending on space, staffing, classification, and other issues managed by the Sheriff. Detox services are captured by the Bexar County snapshot and jail data as a specialty "bed", but there is not a dedicated physical space for detox services. UH Detention Health staff provide detox services wherever a person is housed within the jail. The remaining beds are considered general population. The current dedicated bed availability is summarized below.

- Infirmary beds are for inmates with physical health care needs. There are 38 dedicated male infirmary beds and 26 dedicated female beds for both infirmary, suicide watch, and acute mental health services. The snapshot data shows nine inmates in a bed labeled "infirmary bed", with an average of 2.1 charges and an average length of stay of 105 days. Further review is needed to determine why snapshot data undercounts infirmary beds if the daily jail population snapshot report is to be useful to Bexar County stakeholders.
- Detox beds as captured in the snapshot data do not reflect the actual numbers who receive detox services. Snapshot data shows 47 inmates in detox "beds" (1.1%). Average total length of stay cannot be calculated for this population due to how records are kept. The detox bed population had 2.0 charges on average. Additionally, this is not a dedicated unit but rather services received on the unit the inmate is currently assigned.
- Acute Mental Health beds are for inmates in need of intense mental health treatment. There are 26 acute mental health beds for men and 26 shared infirmary and acute mental health beds for women. UH Detention Health leadership reported that on 6/10/2022 there were 60 men and 43 women clinically appropriate for an acute mental health bed. The Acute Mental Health beds are single housing units and are staffed 24 x 7 by nurses and corrections officers trained for supervising this population. Snapshot data identified 282 inmates (6.7%) in mental health "beds" with an average length of stay of 262 days in jail through February 20, 2022. The population in the mental health beds had the lowest average of charges, 1.7 charges each.
- Stable Mental Health beds are for sub-acute care, persons who are stable but need continued monitoring. There are 192 stable mental health beds for men and 96 for women. The 92 beds for women also include pregnant women and women needing detox services. UH Detention Health Leadership reported that on 6/10/2022 there were 236 men and 110 women clinically appropriate for a stable mental health bed. The stable mental health beds are more like a dormitory, with bunk beds in shared sleeping quarters. UH Detention Health provides specialty case management as well as ongoing monitoring and treatment.
- Suicide Watch beds are for persons determined to need intensive monitoring by medical and correctional staff. There are 26 Suicide Watch beds for men, but suicide watch beds for females are co-located in the infirmary. UH Detention Health Leadership reported that on 6/10/22 there were 84 males and 21 females on suicide watch.

Table 3: Dedicated Bed Use in Bexar County Jail, June 10, 2022[10,11,12]

Population Type	Number of Available Beds[13]	Population Needing Bed as of 6/10/2022	Additional Beds Needed
Infirmary / Hospital Bed	64	64	
Men	38	38	
Women (shared with Acute Mental Health & Suicide Watch)	26	26	
Acute Mental Health Bed	26	103	77
Men	26	60	44
Women (shared with Infirmary & Suicide Watch)	Shared	43	43
Stable Mental Health Bed	288	346	58
Men	192	236	44
Women	96	110	14
Suicide Watch Bed	26	105	79
Men	26	84	58
Women (shared with Infirmary and Acute Mental Health)	Shared	21	21
Total	404	618	214

Out of the 4,212 Bexar County jail inmates in February 2022, just under 10% were in a dedicated bed. As of June 10, 2022, there were 214 individuals in the general population who were clinically appropriate for a dedicated bed. Inmates in dedicated mental health beds include those awaiting transfer to the state hospital for competency restoration or to other special placements. Both groups awaiting transfer are detailed in this report.

University Health Role in Jail Healthcare

UH is responsible for conducting the initial intake medical screening for all persons booked into the jail and providing all necessary health care for the inmate population. The Meadows Institute's focus for this analysis is on inmates screening positive for mental health and/or substance use disorders in the jail.

When the dedicated mental health and suicide watch beds are at capacity, inmates on suicide watch or with mental health needs are overflowed into general population beds (where they still continue to receive treatment), based upon classification requirements the Bexar County Sheriff's Office staff manages, while waiting for transfer into a dedicated mental health bed. Unlike general medical beds, dedicated acute mental health and suicide watch beds are staffed with nursing staff and specially trained correctional officers at all times. There are increased

[10] UH Detention Health Leadership Stakeholder Interviews. (May 20 – June 14).
[11] Bexar County Jail Report.
[12] Personal Communication between Meadows and University Health (2022).
[13] Bed counts were identified through key informant interviews.

logistical challenges to providing intensive services to inmates housed outside of dedicated bed areas.

Findings and Recommendations

- **Finding**: There are approximately 618 inmates clinically appropriate for one of the 404 dedicated infirmary, mental health, or suicide watch beds. The 214 awaiting a dedicated bed are in the general population. There is a priority need for dedicated acute, stable mental health and suicide watch beds for both males and females. Phase 2 of this project will provide a deeper dive into the utilization and potential reconfiguration of existing space as well as the potential for newly developed space to meet these needs.
  - **Recommendation**: Proceed with planning for potential development of jail space or secured bed leasing elsewhere to expand the number of dedicated mental health and suicide watch beds for persons who are unlikely to be released from the jail until their legal case is resolved. Phase 2 of this project will provide a deeper dive into the utilization and reconfiguration of existing space as well as the potential for newly developed space to meet these needs.
    - There is a priority need for acute mental health beds and suicide watch beds for females. Specifically, a 26-bed unit for acute mental health treatment is a top priority with an additional space for a 26-bed unit for those deemed appropriate for suicide watch.
    - We recommend capacity expansion for males of a 48-bed unit for additional stable mental health beds, 30 acute mental health beds and the development of two 26 bed units for those under suicide watch.
    - These identified priorities would require a total potential addition of 182 specialty beds within the current jail unit configurations. Additional dedicated mental health beds within the jail would support efforts to provide appropriate treatment in a more therapeutic setting. In addition, dorm style and single cell options could be investigated in consideration of classification status.

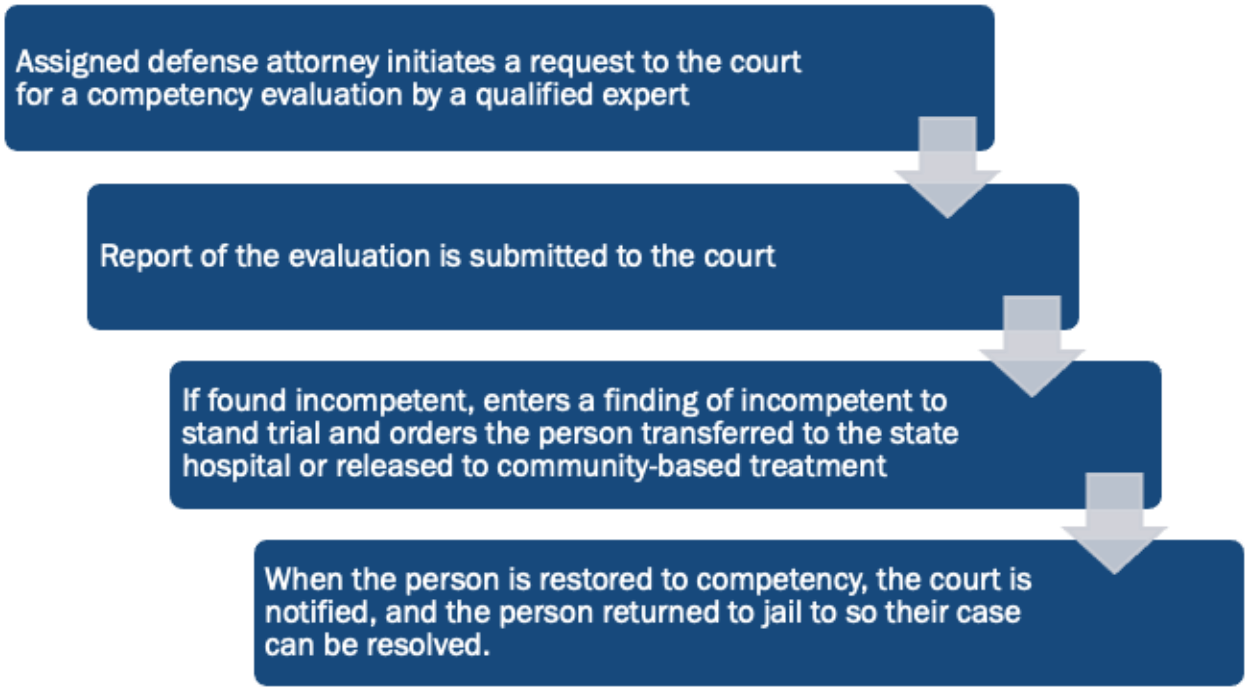
Incompetent to Stand Trial

Incompetency to stand trial is governed by Chapter 46b of the Texas Code of Criminal Procedures.[14] A person is considered incompetent if the person does not have: (1) sufficient present ability to consult with the person's lawyer with a reasonable degree of rational understanding; or (2) a rational as well as factual understanding of the proceedings against the person. An October 2021 publication called "Eliminate the Wait, The Texas Toolkit for Rightsizing Competency Restoration Services" (The Toolkit) provides an in-depth explanation of this complex process. The Toolkit reported more than 1,800 people in Texas jails awaiting competency restoration as of its publication, with persons incompetent to stand trial using 70% of all state hospital beds.

[14] Code of Criminal Procedure Chapter 46B. Incompetency to Stand Trial. (n.d.). Retrieved May 18, 2022, from https://statutes.capitol.texas.gov/Docs/CR/htm/CR.46B.htm

The competency process begins when an assigned defense attorney initiates a request to the Court for a competency evaluation by a qualified expert. The report of the evaluation is submitted to the Court, and if found incompetent, enters a finding of incompetent to stand trial and orders the person transferred to the state hospital or released to community-based treatment. When the person is restored to competency, the Courts are notified, and the person returned to jail to so their case can be resolved. The evaluation, finding of incompetency and resolution of the criminal case when competency restored are three separate steps within the overall competency process.

Figure 2: Texas Competency Restoration Process[15]



Competency Restoration Process Data

According to the data provided by Bexar County, people who are at some stage of the competency process account for 0.9% of the jail population, but 16.8% of the total bed days. Specifically, the snapshot data shows that 382 inmates who are at one of the stages of the competency restoration process have collectively been in jail for 121,088 days, or 371 days per person. Therefore, inmates in the competency process collectively have the most disproportionate impact on jail bed and resource utilization preventing access to specialty mental health beds for acute needs as well as increasing burden on the overall jail capacity and staff resources.

The data suggests that the time from the initial request for a competency evaluation until the formal court determination of incompetent to stand trial had increased from 2017 to 2019 and then decreased from 2019 through 2021 showing some improvement in the process.

[15] Chapter 46B. Title I: Code of Criminal Procedure.

Table 4: Number of Booking with Incompetency Finding, Time to Finding, and Number/Proportion with Competency Restored, 2017 – 2021[16]

Year	Bookings with an Incompetency Finding	Average Days from Booking to an Incompetency Finding	People with Dates for Competency Restored	Bookings with an Incompetency Finding and Competency Restored
2017	333	313 Days	188	56%
2018	377	286 Days	158	42%
2019	402	394 Days	174	43%
2020	488	245 Days	135	28%
2021	323	147 Days	72	22%

Awaiting Competency Evaluation

On February 20, 2022, 40 people were awaiting a psychiatric examination to determine their competency to stand trial. Of the 40, 34 (85%) remained incarcerated from the time in which the examination was ordered and six (15%) had been released and later rebooked for a new offense and/or a violation of their pre-adjudicative release.

Table 5: Awaiting Competency Evaluation in Bexar County Jail, February 20, 2022[17]

Population Type	Psych Eval Ordered within 3 Days of Referral Order			Evaluation Order Sent Same Day as Received Date		Evaluation Scheduled as of 2/20/2022	
	Number	Yes	No	Yes	No	Yes	No
Custodial – Never Released	34	10	24	16	18	18	16
%	—	29%	71%	47%	53%	53%	47%
Rebooked	6	4	2	0	6	4	2
%	—	67%	33%	0%	100%	67%	33%
Total	40	14	26	16	24	22	18
% of Total	—	35%	65%	40%	60%	55%	45%

Table 6: Incompetent to Stand Trial Length of Stay in Jail by Highest Offense, February 20, 2022[18]

Population Type	Population	Percent Population	Length of Stay (LOS)	LOS Following Incompetence Finding
Felony	189	90%	449 Days	208 Days
Misdemeanor	20	10%	175 Days	100 Days

[16] Vahora, A. (2022). Bexar County Jail Bookings, 2017—2021 [Microsoft Excel]
[17] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]
[18] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]

Population Type	Population	Percent Population	Length of Stay (LOS)	LOS Following Incompetence Finding
Total	209	—	422 Days	198 Days

Findings and Recommendations

- **Finding**: Competency evaluations are not completed in a timely manner. While there were only 40 inmates awaiting completion of an evaluation as of February 20, 2022, no action can be taken on their cases until the evaluation is received and acted upon by the Bexar County Court.
  - **Recommendation**: There should be a focused effort throughout the entire Bexar County criminal justice system to complete competency evaluations and submit the evaluation reports to the Courts for action in a timely manner.

Competency Restored in Custody

There were 33 individuals in custody on February 20, 2022, with at least one charge on which they have had a competency restoration. The data set only indicates the most recent entry regarding competency restoration, therefore if a person has gone to restoration more than once, this information only reflects the last competency restoration. Regarding the extent of the restoration process, these 33 individuals that were incarcerated in Bexar County Jail 481 days before being transferred to another facility for restoration, were admitted for over a year at the restoration facility and stayed in the Bexar County Jail for 209 days since their return from restoration.

Table 7: Length of Stay Prior to and Post Restoration (N=33)[19]

Type of Stay	Length of Stay (LOS)	LOS
Prior to Transferring to Restoration	481 Days	1 Year, 4 Months
Days at Restoration Facility	372 Days	1 Year
Days in Bexar County Jail Post Restoration	209 Days	7 Months
Minimum Days in Lockdown Facility	1,062 Days	2 Years, 11 Months

All 33 people with competency restored had a charge for at least one TDCJ eligible felony. This suggests people with lower-level charges for misdemeanors and state jail felonies (non-violent, by definition) are treated in the community, have case dispositions resulting in case dismissals or outcomes other than continued detention, or are evaluated and found to be competent.

Table 8: Highest Offense Population with Competency Restored in Jail, February 20, 2022[20]

Offense Level	Population	% of Population
Felony 1	11	33.3%

[19] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]
[20] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]

Offense Level	Population	% of Population
Felony 2	12	36.4%
Felony 3	10	30.3%
Total Custodial Population	33	100%

Of the 33 with competency restored, 19 are waiting for trial or court hearing, 10 are waiting for a treatment bed or to go to a treatment facility, four have been sentenced and are either serving the sentence or waiting to transfer to another facility to serve that sentence, and one person is coded as awaiting competency evaluation.

Table 9: Charge Status for Population with Competency Restored in Jail, February 20, 2022[21]

Charge Status	Population	% of Population
Court Setting	19	58%
Waiting for Treatment Bed	9	27%
Sentenced	4	12%
Awaiting Competency Evaluation	1	3%
Total	33	100%

Findings and Recommendations

- **Finding**: All 33 inmates restored to competency and who remain in jail awaiting resolution of their legal case have been in custody for almost three years. All had felony cases that typically are not considered appropriate for release pending case resolution.
  - **Recommendation**: One area with potential legislative action is creating legislation that requires a focused effort to resolve the criminal cases of all inmates in jail who have been restored to competency as quickly as possible with specific parameters with timeline expectations and penalties.

Criminal Characteristics of Competency Population for Consideration

The primary challenge is identifying who in this population could be appropriately treated in a setting outside of the jail while considering the criminal justice and public safety concerns for the charged offenses. Of the 209 individuals, removing the 162 with violent offenses (79%) from consideration leaves 47 people. Seven of these have sexual-related offenses that would make them unlikely candidates for releases (e.g., failure to register as a sex offender, indecency, and exposure) and four of the remaining 40 have holds that would prevent them from being released. Removing them leaves 36 people, two with a misdemeanor as the highest offense and 34 with felonies.

[21] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]

Table 10: Population to Consider for Treatment in the Community, February 20, 2022[22]

Population Type	Population	Percent Population	Running Total
Total	209	—	209
Violent Offenses	162	78%	47
Sexual Offense	7	3%	40
Any Other Hold	4	2%	36
Total to Consider for Release	36	17%	—
Misdemeanor Highest	2	1%	—
Felony Highest	34	16%	—

There are 173 people unlikely to be considered for release without significant assurances that public safety is protected if these persons are released. These 173 people have stayed 458 days in jail, with 208 of those days taking place after they were found incompetent to stand trial. The remaining 36 individuals have a 262-day average length of stay, with 155 of those days occurring after they were found to be incompetent. The two misdemeanor defendants in this data set had a 133-day length of stay, as compared to the felony population's 270 days length of stay.

Table 11: Incompetent to Stand Trial Length of Stay in Jail by Highest Offense[23]

Population Type	Population	Percent Population	Length of Stay (LOS)	LOS Following Incompetency Finding
Unlikely Release Candidates	173	83%	458	208
Total to Consider for Release	36	17%	262	155
Felony	34	16%	270	158
Misdemeanor	2	1%	133	103
Total	209		422	198

This population has consumed 242 annual jail beds. Moving the 36 people to community settings would have saved 26 beds.

Findings and Recommendations

- **Finding**: The 209 inmates found incompetent to stand trial and awaiting transfer to the state hospital have the largest impact on jail population and resources and many have charges that are typically not considered appropriate for release to community treatment.

  From our findings and data analysis we recommend the following programming and alternative settings, that collectively implemented, will reduce over utilization of jail resources and the length of stay in jail due to state hospital wait list time:

[22] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]
[23] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]

- **Recommendation**: Prioritize implementing a Jail-based Competency Restoration Program (JCBR) as a pilot for the expanded treatment services and coordination within the justice system. There is an immediate opportunity for a JBCR program within the jail. CHCS has received federal grant funding to implement JCBR at the Bexar County Jail. Planning among partners and stakeholders is underway, providing an opportunity to explore the efficacy of expanded use of increased dedicated space within the secure jail perimeter. A JBCR pilot requires significant support from UH Detention Health, including prescribers, medication, and other treatment support. The JBCR implementation also requires services and support from jail leadership, the Courts, CHCS, and other justice system stakeholders.
- **Recommendation**: Increased capacity of appropriate treatment alternatives will allow for continued coordination with the District Attorney and Courts to expand use of civil commitments for mental health services instead of forensic commitments to the state hospital.
- **Recommendation**: Continue close coordination with the Bexar County Task Force on Criminal Justice and Behavioral Health as led by the Bexar County Criminal Justice Department. The Task Force is evaluating the efficacy of developing residential treatment capacity that could be used for competency restoration.
- **Recommendation**: Initiate discussions with leadership of San Antonio State Hospital on accessing existing or developing new capacity for competency restoration, including persons designated as needing a maximum-security facility.

Quantifying the Number of Inmates Outside of the Competency Restoration Pathway that Could Appropriately be Moved to Alternative Settings other than a State Hospital

The distribution of highest offenses by bed type is similar for mental health and general populations. For both, about a fifth (19%) have a capital felony or felony 1 charge as the highest offense they are facing. The mental health population has a slightly higher proportion of felony 2, 3, and ungraded felonies (other TDCJ felonies) with 56% compared to 54%. The reverse is seen for state jail felonies where 10% of those in mental health beds had this as the highest offense compared to 13% for the general population. The proportion with misdemeanors was effectively equivalent at 15% for those in mental health beds and 14% for those in general population. The difference in length of stay does not seem entirely attributable to offense grade.

Table 12: Population by Highest Offense in Bexar County Jail, February 20, 2022[24]

Population	Capital or Felony 1	Other TDCJ Felonies	State Jail Felonies	Misdemeanor	Total
Hospital Bed	2	5	2	0	9
% of 9	22%	56%	22%	0%	100%
Detox Bed	4	27	6	10	47
% of 47	9%	57%	13%	21%	100%

[24] Vahora, A. (2022, February 21). FW: NEW REVISED Jail Metrics Comparison [Personal communication]

Population	Capital or Felony 1	Other TDCJ Felonies	State Jail Felonies	Misdemeanor	Total
Mental Health Bed	53	159	27	43	282
% of 282	19%	56%	10%	15%	100%
General Population	751	2,078	489	556	3,874
% of 3,874	19%	54%	13%	14%	100%
Total	810	2,269	254	609	4,212
% of Total 4,212	19%	56%	10%	15%	—

Inmates Awaiting Transfer to External Treatment

Based on our data analysis, there is a portion of the jail population that has been approved for a minimum-security residential treatment setting. This indicates that these inmates could be appropriate for release to community supervision or a transitional residential setting while waiting for admission into their specialty placement location. This information highlights that treatment settings other than the state hospital or jail would be an appropriate level of care for the majority of individuals identified as needing transfer to special placement.

The February 20, 2022, snapshot data show there were 118 people in jail awaiting transfer to a special placement. These inmates' criminal cases have been resolved with a conviction or released to community supervision pending case resolution and the Court orders release to these special placements as a condition of their release, probation, or deferred adjudication. These three programs are operated by Bexar County Community Supervisions and Corrections Department (CSCD), which manages adults on probation. The three programs are co-located at the Applewhite Recovery Center; CHCS is embedded in all three programs.

- Dual Diagnosis Residential Facility (DDRF) provides residential mental health and substance abuse treatment to inmates ordered by the Courts as an alternative to revoking probation and committing the person to prison, an original condition of probation, or as an agreement between the person and Court. There are 60 beds at the DDRF, 30 for males and 30 for females. CSCD leadership reports that the DDRF beds are at full utilization.
- Substance Abuse Treatment Facility (SATF) provides residential substance abuse treatment as an original condition of probation or as a Court response to violations of the conditions of probation. There are 140 beds at the SATF, 90 for males and 50 for females. CSCD leadership reports that on June 17, 2022, there were 61 males and 22 females in the SATF, 57 less than staff capacity. With funding and access to staff, the SATF could add another 60 beds for a total of 200.
- Intermediate Sanction Facility (ISF) provides residential treatment for young male offenders, ages 17 to 24 to address criminal behavior issues, not mental health diagnoses or substance use disorders that may contribute to criminal activity. Inmates are placed at the ISF as an initial condition of probation or as a Court response to violations of the conditions of probation. There were 23 males in the ISF on June 17, 2022, with no waiting time for admissions.

An additional 43 people were awaiting transfer on February 20, 2022, to facilities operated by the Texas Department of Corrections. These facilities are primarily utilized for inmates who have violated their conditions of probation or parole as an intermediate sanction in lieu of return to prison. The Court orders placement in these facilities, with successful completion typically resulting in continued probation in the community. Inmates who do not successful complete their placement have their probation revoked and are almost always ordered to prison for the remainder of their sentence.

- Substance Abuse Felony Punishment Facility (SAFPF) provides a six-months long substance abuse treatment program in a secure correctional facility. Inmates are ordered by the Court to participate as a condition of probation, usually after a motion to revoke probation has been filed.
- Intermediate Sanction Facility (ISF) provides a 45-day program of cognitive behavioral treatment or a 90-day program that includes a brief substance abuse treatment program.

Table 13, using the jail data set, shows the total releases to these special placements for inmates booked into jail between the years of 2017 to 2021. The February 20, 2022, snapshot data separates the local facilities (118 awaiting placement) from the state-operated facilities (43 awaiting placement). The jail data captures specific releases for the DDRF program; however, the SAFP and SAFPF releases are combined into a single data element and the local and state operated ISF programs are combined into a single data element. Table 13 presents that same data, with the specification of a percentage of total releases.

Table 13: Number of Bookings from Bexar County Jail Released by March 20, 2022, to Special Placement[25,26]

Year	Bookings	Not Released by 2022 (3/10)	Released to State Hospital	DDRF	SAFP/ SATF	ISF	Non-State Hospital Placement	All Other Releases
2017	59,615	11	94	84	598	442	1,124	58,386
2018	62,415	23	131	142	422	420	984	61,277
2019	58,052	97	122	146	463	380	989	56,844
2020	43,675	280	96	84	256	243	583	42,716
2021	43,568	2,056	20	103	240	265	608	40,884

[25] MIOF: Mentally Impaired Offender Facility; DDRF: Dual Diagnosis Residential Facility; SAFP: Substance Abuse Felony Punishment; SATF: Substance Abuse Treatment Facility; ISF: Intermediate Sanction Facility

[26] Vahora, A. (2022). Bexar County Jail Bookings, 2017—2021 [Microsoft Excel]

Table 14: Percentage of Bookings from Bexar County Jail Released by March 20, 2022, to Special Placement[27,28]

Year	Bookings	Not Released by 2022 (3/10)	Percent Not Released	Released by 2020 (3/10) 3/10/22	Percent Bookings Released	Non-State Hospital Placement	Percent Releases to Special Placement
2017	59,615	11	0.02%	59,604	99.98%	1,124	1.9%
2018	62,415	23	0.04%	62,392	99.96%	984	1.6%
2019	58,052	97	0.17%	57,955	99.83%	989	1.7%
2020	43,675	280	0.64%	43,395	99.36%	583	1.3%
2021	43,568	2,056	4.72%	41,512	95.28%	608	1.5%

Findings and Recommendations

- **Finding**: The 161 inmates awaiting transfer to a special placement should be considered for treatment in an alternative out-of-jail setting. All have been approved for community supervision upon completion of their treatment and should be appropriate for community-based treatment in a non-secure setting. Out of the 161, the 118 persons awaiting transfer to programs at the Applewhite Recovery Center should be considered first. Bexar County CSCD leadership reports available capacity in these programs. Bexar County Criminal Justice Department leadership also report community SUD treatment from Lifetime Recovery that is not used to full capacity. Out of the 161, the 43 inmates awaiting transfer to one of the two Texas Department of Criminal Justice facilities should then be considered for treatment in an alternative setting.
  - **Recommendation**: The inmates awaiting transfer to a special placement should receive an evaluation by pre-trial or supervision staff to determine if release is an option. UH can provide any treatment updates needed to support this review and evaluation.
  - **Recommendation**: Bexar County Criminal Justice Department should explore access to SUD treatment capacity from Lifetime Recovery that is currently under-utilized and with Bexar County CSCD on accessing available beds at the Applewhite Recovery Center as well as expanding capacity specifically at DDRF.

Conclusions and Opportunities for Phase 2

Phase 2 focuses on costs for construction and projected ongoing operational costs in the detention health; projected cost offsets to current jail operations; and recommendations for services of discrete populations in a potential new facility for detention health.
The Adult Detention Center and Bexar County are faced with a complex decision regarding whether to reconfigure, expand, outsource, or build new capacity for the jail.

In Phase 2, in collaboration with our architectural partners, we will identify multiple options to expand the availability of step-down and community-based care, as well as potential redesign

[27] Vahora, A. (2022). Bexar County Jail Bookings, 2017—2021 [Microsoft Excel]
[28] Out of county warrants, out of state holds, federal detainers, bench warrants, and parole violations; an average 66% of these releases were to deferred adjudication or probation; and there were 2 people released to CHCS that are in this category, too. One in 2019 and one in 2020.

and/or new construction within the jail, to accommodate this projected need for mental health and SUD services in the near future.

Bexar County, as an overall community system, is known nationally for their intentional and focused work in diverting those that would have historically been inappropriately incarcerated into the most appropriate level of care in a community setting. This is reflected in our findings within the jail. Overall, those that are incarcerated seem to be appropriately placed. For example, of those in competency restoration process an estimated 83% of people in the Bexar County Jail are unlikely to be considered for release without significant assurances that public safety is protected if these inmates are released. Additionally, as stated earlier, the jail has 404 dedicated infirmary, mental health and suicide watch beds with a current need of 214 additional beds (see Table 3, page 25). Therefore, due to the clear need for expansion of capacity, dedicated specialty space for more clinically appropriate care, and new development of specialty services to include mental health unit beds, jail-based competency restoration unit, and infirmary capacity expansion Phase 2 will focus on the potential redesign or development of space within the jail.

In Phase 1, we gathered extensive quantitative and qualitative data to inform our recommendations on system improvement(s) needed to expand inpatient capacity, SUD treatment capacity, and community-based service enhancements. We identified that additional resources are needed given the unmet need for care in Bexar County. These additional resources may be a combination of the form of new facilities (either jail – or community-based), new community programs to mitigate the need for inpatient beds, and/or programs designed to address the underlying causes of crime and / or substance use (I.e., community-based housing capacity with support and treatment services). Phase 2 will allow the opportunity to explore evidence-based best-practice programming for these options as well as design and cost estimates for spaces to be considered.

Phase 1 Part 2 – Civil Mental Health Beds and Programming Assessment and Recommendations

Addressing Contract Questions

The Civil Mental Health Beds and Programming Assessment focused on the needs of the community and exploring ways to address barriers to accessing mental health care. We respond to the two specific questions and issues we were contractually tasked in our assessment throughout this section:

Q1. Current and future need for civil mental health beds and the competing demands for forensic mental health beds.

- During this process our team gathered extensive quantitative and qualitative data, which led to key findings in several core domains, including potential needs for expanded inpatient capacity, expanded substance use disorder treatment capacity, and community provider system opportunities regarding Social Determinants of Health (SDoH).
- Community stakeholders clearly identified a need for expansion in both community services and inpatient capacity.
- Results of our data analyses were challenging to interpret given the compounding effects of bed closures at Nix, reduced staffing and client flow into psychiatric beds due to COVID-19. However, it appears that the current psychiatric bed capacity in Bexar County is insufficient to accommodate patient demand for inpatient mental health services.[29]
- Results from our quantitative data analysis indicate that the average daily census for Bexar County's psychiatric beds, excluding San Antonio State Hospital, is roughly 70% of its capacity, across all ages (Table 32: Average Daily Census by Hospital and Year, 2017-2020).
  - Despite the Nix closure, the average daily census across all ages has declined from 79% of licensed psychiatric beds in 2018 to 63% in 2020. A decrease in adult average daily census from 459 in 2018 to 334 in 2020 – potentially driven by external factors, such as COVID-19 related closures and shortages.
  - At the same time, 19% of admissions (excluding SASH; Table 21) come from outside Bexar County, exacerbating capacity issues during periods when capacity is strained.
  - In 2020, the number of Bexar County residents who were transferred outside of Bexar County to receive psychiatric capacity tripled (Table 25).
  - Assuming that no programmatic changes are made, we project that nearly 300 adult beds (yielding a total of 821) and 100 additional child/youth beds (totaling 292) may be needed by 2040 to serve Bexar County residents in need of inpatient psychiatric care (Table 31).[30]
- Results of our data analyses were challenging to interpret given the compounding effects of reduced staffing and client flow into psychiatric beds due to COVID-19. However, it appears

[29] The number of additional beds identified in this section are calculated from the baseline data in Table 31.
[30] As noted in Table 31, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant. To reflect this flexing, we have rounded our projections of the number of "additional beds needed".

that the current psychiatric bed capacity in Bexar County is insufficient to accommodate patient demand for inpatient mental health services.[31]

- There are several reasons why we conclude that Bexar County has insufficient capacity in 2022 despite average daily census rates circling 70%.
  - The number of beds available in the community has fluctuated from year to year, and so the rate of referrals to inpatient facilities might remain conservative given this instability.
  - Pre-COVID occupancy rates were at least 75% in 2017 and 2018. Given trends in inpatient care utilization state-wide, we expect that inpatient care use will rebound to exceed pre-COVID numbers after population growth is accounted for. (This is described in Appendix Six on COVID-related changes)
  - Nix and the San Antonio Behavioral Healthcare Hospital were often running above capacity for both children/youth and adults.

The community explained that compounding factors such as workforce shortages, inadequate substance use treatment capacity, inflexible capacity on specialty units, and other factors as affecting use. Nearly all hospitals offer semi-private (or dual-occupancy) rooms, which are the only type of room available for psychiatric inpatients in some hospitals. Based on interviews with hospital staff, only one bed in semi-private rooms is available in some circumstances because of acuity of a patient occupying that bed, the need for infection control, or other reasons, and these blocked beds account for 2% of the total bed capacity in 2022. Only three Bexar County hospitals have a dedicated detoxification unit to treat those with substance use disorders (Table 30).

- Between 2016 and 2020, 45% of adults admitted to an inpatient bed for a primary substance use disorder were assigned to a psychiatric unit. Whereas 11% of adults were admitted to a detoxification unit (Table 30).
- Among the three hospitals with detoxication units, only one hospital, San Antonio Behavioral Healthcare Hospital, treated the majority of their substance use related inpatients in a detoxication unit (Table 30).

Q2. The need for other potential behavioral health services to be co-located in a psychiatric center or kept separate from inpatient beds.

According to stakeholder interview data, the community reports a need for expanded substance use disorder treatment as well as step-down services and housing support. While we recommend expansion of community-based programming in permanent supportive housing, the other potential health services such as substance use treatment and step-down programming requires further exploration of not only the capacity of these current existing services, but the utilization vs the need which will be found in individual hospital emergency department and admission data, as well as data from crisis services and step-down utilization at the LMHA.

[31] The number of additional beds identified in this section are calculated from the baseline data in Table 31.

Our analysis begins with an examination of Bexar County's adult demographic and behavioral health conditions data. Next, we provide an assessment of the clinical profile of the community which includes emergency department (ED) utilization of inpatient beds, flow of Bexar County and non-Bexar County residents' admission to and outside of Bexar County Emergency Departments. Finally, we assess the inpatient psychiatric care flow, length of stay data, the average daily census of psychiatric beds, and project demand for psychiatric beds through 2050. This data helps inform our recommendations regarding facility and programmatic design.

Bexar County's Adult Population: Demographics and Behavioral Health Conditions

Demographic Characteristics of the Population

It is essential to consider population demographics when assessing access to—and use of—behavioral health services in a community. As shown in Table 15 below, the majority of Bexar County's 1.5 million adults are Hispanic or Latino (58%) and non-Hispanic White (30%). There were slightly more females than males in the county, and age was evenly distributed across the population, although the people in mid-adulthood (ages 25-44) were the most commonly represented age group in the county.

An estimated 470,000 Bexar County adults had income levels that were less than 200% of the federal poverty level I in 2020. Notably, the team, "United for ALICE" estimated that roughly 30% of Texas households and 52% of Bexar County households did not make enough money to make ends meet.[32] Poverty was evenly represented across ages and genders. Clear racial / ethnic differences emerged, with adults who identified as Hispanic or Latino disproportionally experiencing poverty – 70% of the adults living under 200% of the federal poverty level were Hispanic or Latino.

Table 15: Demographics of Adults in Bexar County (2020)[33]

Bexar County	Population	Adults Living Under 200%of the Federal Poverty Level[34]
Adult Population 18 and Older	1,500,000	470,000
Age		
18–20	90,000 (6%)	35,000 (7%)
21–24	120,000 (8%)	50,000 (11%)

[32] ALICE in Texas: A Financial Hardship Study. (2020). www.unitedforalice.org/Attachments/AllReports/2020ALICEReport_TX_FINAL.pdf
The ALICE team reported that the average Household Survival Budget in Texas was $22,320 for a single adult, $25,392 for a single senior, and $64,512 for a family of four in 2018 — significantly more than the Federal Poverty Level of $12,140 for a single adult and $25,100 for a family of four.

[33] 62020 U.S. Census Bureau. (20220). American Community Survey 2016-2020 5-year data release. https://www.census.gov/data/developers/data-sets/acs-5year.2020.html. All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals may not equal the sum of their rounded counterparts.

[34] Poverty data obtained from the U.S. Census Bureau. (2022). American Community Survey 2016-2020 5-year Public Use Microdata Sample (PUMS): https://www.census.gov/programs-surveys/acs/data/pums.html. "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region.

Bexar County	Population	Adults Living Under 200%of the Federal Poverty Level[34]
25–34	320,000 (21%)	10,0000 (21%)
35–44	270,000 (18%)	80,000 (17%)
45–54	240,000 (16%)	65,000 (14%)
55–64	210,000 (14%)	60,000 (13%)
65 and Older	240,000 (16%)	75,000 (16%)
Sex		
Male	740,000 (49%)	210,000 (45%)
Female	770,000 (51%)	2600,00 (55%)
Race/Ethnicity		
Non-Hispanic White	450,000 (30%)	90,000 (19%)
Black or African American	110,000 (7%)	35,000 (7%)
Asian American	45,000 (3%)	10,000 (2%)
Native American	3,000 (0%)	1,000 (0%)
Multiple Races	25,000 (2%)	5,000 (1%)
Hispanic or Latino	870,000 (58%)	330,000 (70%)

Prevalence

To understand how many people in a community might require behavioral health care, it is necessary to quantify the number of people who suffer from mental illness and substance use disorders.

As shown in Table 16 below, slightly under a quarter (23%) of the Bexar County adult population in 2019 had a mental health condition. The majority had mild or moderate conditions (83%), while the remaining 18% had a serious mental illness (SMI). Over half of the 65,000 adults with a SMI were living under 200% of the federal poverty level. The most common mental health conditions were major depression (100,000), post-traumatic stress disorder (70,000). Bipolar I disorder and schizophrenia each represented 8,000 cases. According to the most recent data available from the Centers for Disease Control and Prevention (CDC) 225 adult Bexar County residents completed suicide in 2020.

Table 16: Twelve-Month Prevalence of Mental Health Disorders for Adults in Bexar County (2020)[35]

Mental Health Condition – Adults	Bexar County
Total Adult Population	1,500,000
Population Living Under 200% of the Federal Poverty Level[36]	470,000 (31%)

[35] All estimates were rounded to reflect uncertainty in the American Community Survey estimates.

[36] "In poverty" is the estimated number of people living below 200% of the federal poverty level for the region. Poverty data obtained from the U.S. Census Bureau (2022). Previously Cited.

Mental Health Condition – Adults	Bexar County
All Mental Health Needs (Mild, Moderate, and Severe)[37]	350,000 (23%)
Mild	150,000 (43%)
Moderate	140,000 (40%)
Serious Mental Illness (SMI)[38]	65,000 (18%)
SMI Among People living under 200% of the Federal Poverty Level	35,000 (54%)
Specific Diagnoses[39]	
Major Depression	100,000
Bipolar I Disorder	8,000
Post-Traumatic Stress Disorder[40]	70,000
Schizophrenia[41]	8,000
Number of Adults who Completed Suicide[42]	225

Prevalence data suggest that 180,000 adults in Bexar County (12% of the total adult population) had a substance use disorder (Table 17). Just under the majority (47%) of whom also have a comorbid psychiatric diagnosis. In total 732 adults died due to a drug or alcohol related cause in 2020.

Table 17: Prevalence of Substance Use Disorders (SUD) Among Bexar County Adults (2020)

Population	Bexar County
Total Adult Population	1,500,000
Total Population Living Under 200% of the Federal Poverty Level[43]	470,000

[37] Mild / moderate needs were estimated using Kessler, R. C., et al. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 64, 617–627.

[38] Holzer, C., Nguyen, H., & Holzer, J. (2022*). Texas county-level estimates of the prevalence of severe mental health need in 2020*. Dallas, TX: Meadows Mental Health Policy Institute. Please see Appendix Four for additional information on this methodology.

[39] Unless otherwise specified, estimates were generated using Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.

[40] Goldstein, R. B., Smith, S. M., Chou, S. P., Saha, T. D., Jung, J., Zhang, H., Pickering, R. P., Ruan, W. J., Huang, B., & Grant, B. F. (2016). The epidemiology of DSM-5 posttraumatic stress disorder in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *Social Psychiatry and Psychiatric Epidemiology*, 51(8), 1137–1148. 10.1007/s00127-016-1208-5

[41] Simeone, J.C., Ward, A.J., Rotella, P., Collins, J. & Windisch, R. (2015). An evaluation of variation in published estimates of schizophrenia prevalence from 1990–2013: A systematic literature review. *BMC Psychiatry*, 15, 193.

[42] Centers for Disease Control and Prevention, National Center for Health Statistics. (2021, December). Underlying cause of death 1999-2020 on CDC WONDER online database. Data are from the multiple cause of death files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. For more information, see: http://wonder.cdc.gov/ucd-icd10.html

[43] "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data obtained from the U.S. Census Bureau (2022). Previously Cited.

Population	Bexar County
Any Substance Use Disorder[44]	180,000 (12%)
Alcohol-Related SUD	120,000
Illicit Drug-Related SUD	85,000
SUD in Poverty[45]	30,000
Comorbid Psychiatric and Substance Use Disorders[46]	85,000
Number of Drug-Related Deaths[47]	287
Number of Alcohol-Induced Deaths[48]	445

Clinical Profile of Bexar County Behavioral Health Services Use

As shown in Table 18 below, there were 84,796 primary mental health and 46,746 primary SUD-related encounters at 27 different Bexar County emergency departments between 2016 and 2020. Eighty-eight percent of primary mental health encounters and 87% of primary SUD encounters were from Bexar County residents, respectively.

Table 18: Adult Emergency Department (ED) Visits for Primary Mental Health and Substance Use Disorders (SUD), 2016 – 2020[49]

Hospital	Primary Mental Health Visits				Primary SUD Visits			
	Resident	Non-Resident	Residency Unknown	Annual Average	Resident	Non-Resident	Residency Unknown	Annual Average
Mission Trail Baptist Hospital	3,035	183	23	648	2,081	165	29	455
Baptist Emergency Hospital Hausman	543	27	12	116	141	18	<6	<33
Baptist Medical Center	6,238	512	135	1,377	3,978	263	126	873

[44] Substance Abuse and Mental Health Services Administration. (2021). 2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates – Texas. https://www.samhsa.gov/data/report/2019-2020-nsduh-state-prevalence-estimates.

[45] The percentage of adults in poverty with an SUD is based on DPPYILLALC (Illicit Drug or Alcohol Dependence in Past Year) x Poverty Cross-tabulation, National Survey on Drug Use and Health, 2019-2020. The percentage was applied to the estimated number of adults in poverty in Bexar County. Poverty estimates are based on the PUMs 2020 poverty proportions, applied to the American Community Survey estimates.

[46] Co-occurring psychiatric and substance use disorders among adults are generated using rates of any mental illness (AMI) and substance use disorder (SUD), from the 2020 National Survey on Drug Use and Health: Detailed Tables - Tables 8.1 and 8.7 (SUD), and the Texas-based estimates of AMI from the 2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates – Texas, Table 27.

[47] Centers for Disease Control and Prevention. (2021). Previously Cited.

[48] Centers for Disease Control and Prevention. (2021). Previously Cited.

[49] Texas Hospital Outpatient Research Data File. [2016-2020]. Previously Cited.

Hospital	Primary Mental Health Visits				Primary SUD Visits			
	Resident	Non-Resident	Residency Unknown	Annual Average	Resident	Non-Resident	Residency Unknown	Annual Average
Northeast Baptist Hospital	4,215	440	81	947	2,424	241	66	546
Methodist Hospital	3,377	1,203	107	937	2,642	794	94	706
Methodist Specialty & Transplant Hospital	10,307	1,303	453	2,413	5,488	789	266	1,309
Northeast Methodist Hospital	3,446	756	76	856	2,607	568	81	651
Methodist Texan Hospital	2,439	140	38	523	617	38	20	135
University Hospital	9,548	1,045	156	2,150	6,336	728	96	1,432
Texas Vista Medical Center	12,183	1,110	103	2,679	2,885	283	36	641
Metropolitan Methodist Hospital	5,076	286	93	1,091	4,425	267	93	957
CHRISTUS Santa Rosa Medical Center	1,199	135	14	270	670	60	11	148
CHRISTUS Santa Rosa Hospital-Westover Hills	2,519	188	33	541	1,943	174	31	430
Nix Specialty Health Center	1,408	272	36	343	70	<10	<6	<17
Nix Health Care System	1,783	322	39	429	324	58	30	82
St Luke's Baptist Hospital	1,111	80	19	<28	510	44	<10	113
Children's Hospital of San Antonio	120	12	<10	<28	33	<10	<6	<10

Hospital	Primary Mental Health Visits				Primary SUD Visits			
	Resident	Non-Resident	Residency Unknown	Annual Average	Resident	Non-Resident	Residency Unknown	Annual Average
Baptist Emergency Hospital Thousand Oaks	428	22	<6	<91	193	10	<10	43
North Central Baptist Hospital	1,308	215	16	308	902	197	22	224
Methodist Ambulatory Surgery Hospital-Northwest	27	<6	-	<10	<10	-	-	<6
Methodist Stone Oak Hospital	1,505	287	46	368	1,530	307	45	376
Baptist Emergency Hospital Overlook	203	107	<6	63	114	59	<10	<37
Baptist Emergency Hospital Westover Hills	631	34	<10	<135	203	15	<6	<45
Nix Behavioral Health Center[50]	783	94	21	180	58	<10	<6	<15
CHRISTUS Santa Rosa Hospital Alamo Heights	87	16	<6	22	25	<10	<6	<6
Cumberland Surgical Hospital	13	<6	-	<6	<10	-	<6	<6
Baptist Emergency Hospital Zarzamora	857	77	13	189	302	22	14	68

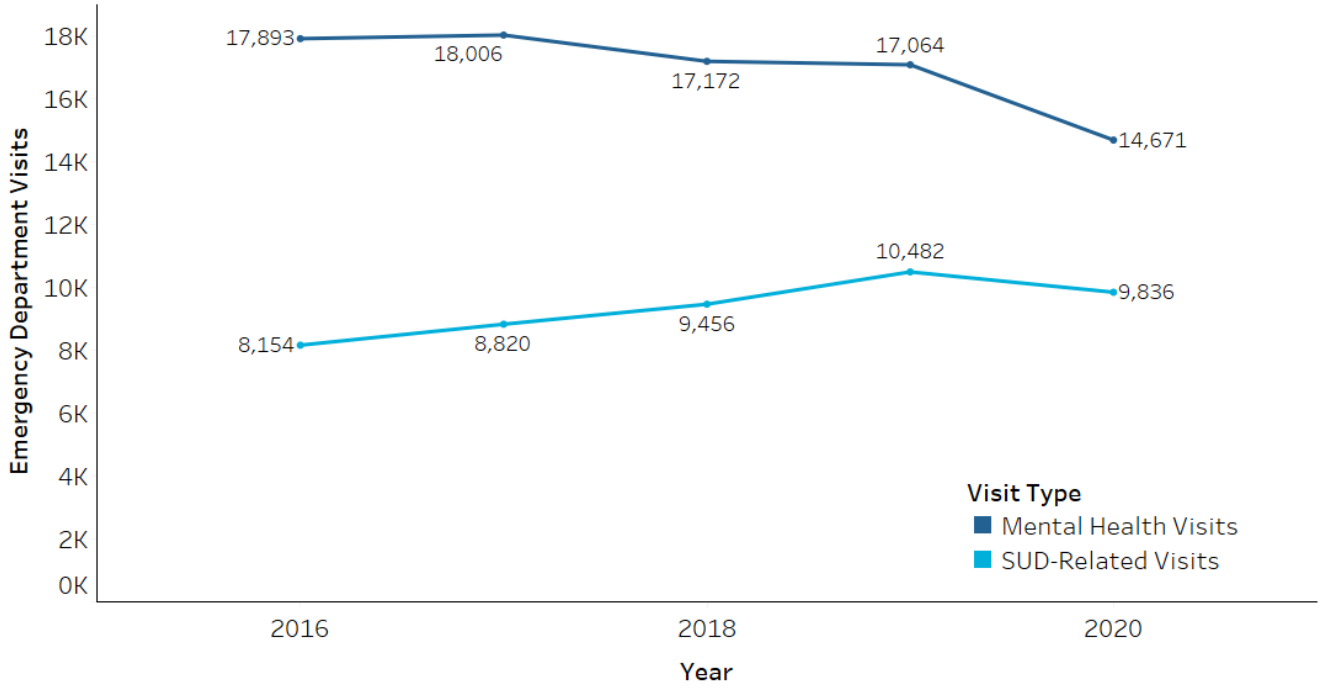
[50] Nix Health System stop seeing patients on October 1, 2019.

Hospital	Primary Mental Health Visits				Primary SUD Visits			
	Resident	Non-Resident	Residency Unknown	Annual Average	Resident	Non-Resident	Residency Unknown	Annual Average
Total	**74,389 (88%)**	**8,869 (10%)**	**1,538 (1.8%)**	**16,959**	**40,516 (87%)**	**5,128 (11%)**	**1,102 (2%)**	**9,349**

As shown in Figure 3, in 2016, 17,893 adults had an encounter for a primary psychiatric condition at a Bexar County emergency department (ED) and these declined slightly from 2017 to 2019. The onset of COVID-19 exacerbated this trend, resulting in a 74% of the overall decrease in ED visits between 2017 and 2020. This trend is typical of the trends in hospital utilization due to COVID-19 across the State of Texas (see Appendix Six for a review of our research on COVID-19 impacts on ED and inpatient behavioral health utilization).

The opposite trend was observed for SUD related ED visits. From 2016 to 2019, the number of SUD-related visits per year increased from 8,154 to 10,482, a 29% increase. In 2020, however, the number of SUD-related visits declined by 6% from the peak in 2019 to 9,836 visits.

Figure 3: Bexar County Emergency Department (ED) Adult Use for Behavioral Health Conditions, Adults (2016-2020)[51]



Between 2016 and 2020, more than one-third (35%) of mental health related ED visits were for anxiety and fear-related disorders (Table 19), and one-fourth were for a primary diagnosis of schizophrenia spectrum and other psychotic disorders (25%). Twenty percent of visits were

[51] Texas Outpatient Research Data File. [2016-2020]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

attributable to primary diagnoses of depressive disorders and 11% were driven by bipolar and related disorders).

Table 19: Primary Mental Health Related Diagnoses for Adult Bexar County ED Visits (2016-2020)[52]

Diagnostic Category[53]	Mental Health Visits		
	Total Visits	Average Annual Visits	%
Anxiety and fear-related disorders	29,339	5,868	35%
Schizophrenia spectrum and other psychotic disorders	21,223	4,245	25%
Depressive disorders	17,077	3,415	20%
Bipolar and related disorders	9,563	1,913	11%
Trauma- and stressor-related disorders	3,575	715	4%
Somatic disorders	582	116	1%
Other	3,437	687	4%
Total	84,796	16,959	100%

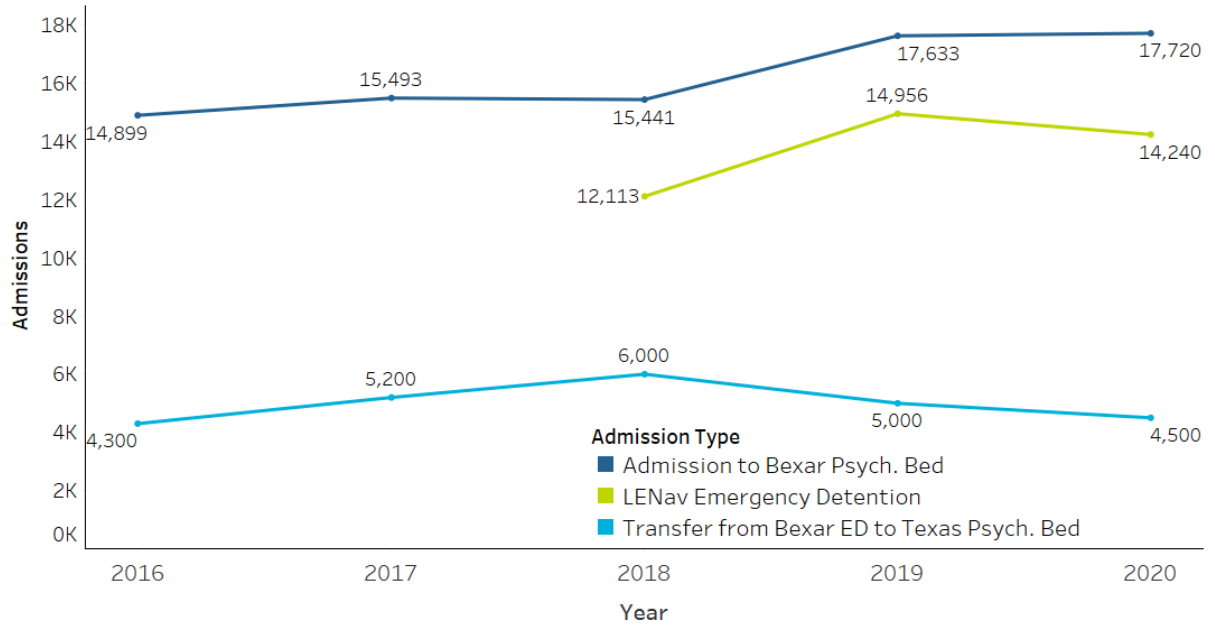
Non-Bexar County residents comprised 11% of the total number of adults served at Bexar County emergency rooms for psychiatric or SUD-related reasons (Table 18). Two-thirds of the total flow into Bexar County are by residents of the eight counties surrounding Bexar. Although there was a decline in non-resident visits in 2020, since 2016 the number of non-residents visiting Bexar Emergency Departments has increased Inpatient Psychiatric Admissions from Bexar County Emergency Departments.

Figure 4 shows the number of admissions to a psychiatric bed in Bexar County and the number of transfers from Bexar County ED to a psychiatric bed across Texas. Admissions of adults to the eight psychiatric facilities in Bexar County has increased by 19% between 2016 (14,899 admissions) and 2020 (17,720 admissions). Most of the increased occurred from 2018 to 2019, when admissions increased by over 2,000 adults.

Transfers from Bexar Emergency Departments to psychiatric beds have followed a different trend such that the number of transfers had been increasing from 2016 to 2018, from 4,300 to 6,000 – a 39% increase. However, beginning in 2019 the number of transfers began to decline, returning to a similar number of transfers in 2020 to that of 2016. This decline in transfers temporally coincides with an increase in LENav (Law Enforcement Navigation) participation.

[52] Texas Outpatient Research Data File. [2016-2020]. Previously Cited.
[53] Diagnostic categories aligned with Clinical Classifications Software Refined (CCSR) for ICD-10-CM Diagnoses (v2021.2). Retrieved from https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/dxccsr.jsp

Figure 4: Trends in Adult Admissions to Inpatient Psychiatric Beds and LENav Participation (2016-2020)[54,55,56,57]



As shown below, between 2016 and 2020, an estimated 24,700 adults[58] were transferred from a Bexar County ED to a psychiatric inpatient bed in Texas (Table 20). Most people, regardless of residency, remained in Bexar County for inpatient psychiatric care after being treated at a Bexar County ED. A small number of Bexar County residents are discharged from a Bexar County ED to an inpatient psychiatric bed elsewhere (6% of discharges). However, three times as many patients (an estimated 620 per year vs. 280 transfers out) are transferred into Bexar County for inpatient psychiatric care. Additional detail on the hospitals from which patients are transferred for psychiatric care is provided in Appendix Three, Table B2.

[54] Texas Outpatient Research Data File. [2016-2020]. Previously Cited. Conservative estimates of transfers were used in figure.
[55] Southwest Texas Regional Advisory Council [2017-2020]
[56] The number of transfers from Bexar County Emergency Departments to state-wide psychiatric beds are rounded due to uncertainty in the THCIC's unique patient index. Please see Appendix Five for additional details.
[57] The affect that the COVID-19 pandemic had on hospital utilization for behavioral health related encounters is explored in Appendix Six.
[58] A range of patients is provided to accommodate the uncertainty inherent in administrative data when patients are matched across different hospital systems.

Table 20: Adult Transfers from Bexar County ED to Inpatient Psychiatric Beds (2016-2020)[59,60]

Resident Status	Inpatient Psychiatric Bed Location	Estimated Total Transfers (2016-2020)			Transfers to State Hospitals (2016-2020)		
		Total	Annual Average	Percent (%)	Total	Annual Average	Percent (%)
Bexar County Residents	Bexar County	20,000	4,000	81%	110	25	63%
	Outside Bexar County (Flow Out of Bexar County)[61]	1,400	280	6%	20	<6	11%
Non-Resident / Residency Unknown	Bexar County (Flow in)	3,100	620	12%	35	<10	20%
	Outside Bexar County	200	40	1%	<10	<6	<6%
Total Estimated Patients	**Total Residents**	**21,400**	**4,280**	**87%**	**130**	**<31**	**>74%**
	Total Non-Residents	**3,300**	**660**	**13%**	**<45**	**<16**	**<26%**
	All Transfers	**24,700**	**4,940**	**-**	**<175**	**<45**	**-**

Inpatient Psychiatric Care

As shown below in Table 21, over 80,000 adults were admitted to Bexar County inpatient psychiatric beds between 2016 and 2020. Three quarters (75%) of adults admitted to these beds were Bexar County residents. Laurel Ridge Treatment Center (Laurel Ridge), San Antonio Behavioral Healthcare Hospital, and Methodist Specialty & Transplant Hospital admitted the most patients, accounting for 69% of the total admissions. Laurel Ridge and San Antonio State Hospital (SASH) both admitted a higher proportion of non-Bexar County Residents compared to other hospitals.

Table 21: Adult Admissions to Bexar County Psychiatric Inpatient Beds by Resident Status (2016-2020)[62]

Local Hospital	Total Admissions (column%)	Average Annual Admissions	Bexar County Residents (row%)	Non-Residents (row%)	Residency Unknown (row%)
San Antonio State Hospital	2,783 (3%)	557	1,062 (38%)	1,698 (61%)	23 (1%)
Baptist Medical Center	4,355 (5%)	871	3,839 (88%)	449 (10%)	67 (2%)

[59] Texas Outpatient Research Data File. [2016-2020]. Previously Cited.
[60] Values are rounded due to uncertainty in the THCIC's unique patient index. Please see Appendix Five for details.
[61] Other County refers to an inpatient bed not in Bexar County.
[62] Texas Outpatient Research Data File. [2016-2020]. Previously Cited.

Local Hospital	Total Admissions (column%)	Average Annual Admissions	Bexar County Residents (row%)	Non-Residents (row%)	Residency Unknown (row%)
Northeast Baptist Hospital	2,004 (2%)	401	1,704 (85%)	274 (14%)	26 (1%)
Methodist Specialty & Transplant Hospital	15,867 (20%)	3,173	12,941 (82%)	2,454 (15%)	472 (3%)
University Hospital	4,783 (6%)	957	4,159 (87%)	547 (11%)	77 (2%)
Texas Vista Medical Center	10,996 (14%)	2,199	10,039 (91%)	853 (8%)	104 (1%)
Laurel Ridge Treatment Center	24,160 (30%)	4,832	14,434 (60%)	6,808 (28%)	2,918 (12%)
San Antonio Behavioral Healthcare Hospital	16,238 (20%)	3,248	12,868 (79%)	3,164 (19%)	206 (1%)
Total	81,186	16,237	61,046 (75%)	16,247 (20%)	3,893 (5%)
Total excluding San Antonio State Hospital	78,403	15,680	59,984 (77%)	14,549 (19%)	3,870 (5%)

Adults admitted to a Bexar County psychiatric bed (excluding San Antonio State Hospital) were most commonly diagnosed with schizophrenia spectrum and other psychotic disorders (23,811, 30%) and depressive disorders (23,772, 30%; see Table 22a below). An additional twenty percent of patients were diagnosed with bipolar and related disorders (15,893, 20%). Substance use related disorders were less commonly identified as the primary diagnosis for admission, representing 11% of admissions to Bexar County psychiatric beds.

Table 22a: Primary Diagnoses for Adult Bexar County Psychiatric Inpatient Stays, Excluding San Antonio State Hospital (2016-2020)[63]

Diagnostic Category[64]	Psychiatric Bed Admissions Excluding San Antonio State Hospital		
	Total Admissions	Average Annual Admissions	Percent
Schizophrenia spectrum and other psychotic disorders	23,811	4,762	30%
Depressive disorders	23,772	4,754	30%
Bipolar and related disorders	15,893	3,179	20%
Alcohol-related disorders	3,737	747	5%
Trauma- and stressor-related disorders	2,945	589	4%
Opioid-related disorders	2,181	436	3%

[63] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

[64] Diagnostic categories aligned with Clinical Classifications Software Refined (CCSR) for ICD-10-CM Diagnoses (v2021.2). Previously Cited.

Diagnostic Category[64]	Psychiatric Bed Admissions Excluding San Antonio State Hospital		
	Total Admissions	Average Annual Admissions	Percent
Stimulant-related disorders	1,980	396	3%
Other	4,084	817	5%
Total	78,403	15,681	100%

The primary diagnoses among adult patients discharged from inpatient beds at San Antonio State Hospital (SASH) are shown in Table 22b, below. More than half of patients (57%) had a primary diagnosis of schizophrenia spectrum and other psychotic disorders. Bipolar and depressive disorders were the second and third most commonly identified disorders among patients, representing 19% and 17% of patients, respectively.

Table 22b: Primary Diagnoses among Adults Patients Discharged from San Antonio State Hospital, (2016-2020)[65]

Diagnostic Category[66]	Psychiatric Bed Admission, San Antonio State Hospital		
	Total Admissions	Average Yearly Admissions	Percent
Schizophrenia spectrum and other psychotic disorders	1,595	319	57%
Bipolar and related disorders	538	108	19%
Depressive disorders	468	94	17%
Trauma- and stressor-related disorders	51	10	2%
Anxiety and fear-related disorders	23	5	1%
Disruptive, impulse-control and conduct disorders	11	2	0%
Other	97	19	3%
Total	2,783	557	100%

Twenty percent of admissions to Bexar County's eight inpatient psychiatric facilities (including SASH) were non-Bexar County residents from 173 different counties across the state (Table 23 and Map 1); when SASH is excluded the percentage of non-residents remains virtually the same (Table 24). Note that the percentage of non-residents admitted to Bexar County inpatient beds (about 20% of the total) is twice the percentage of ED admissions from outside Bexar County (about 10% of the total). Of non-residents admitted to psychiatric beds, 43% were residents of surrounding counties.[67] Among counties more distant from Bexar, residents from Webb (959 admissions), Nueces (610 admissions) and Harris (384 admission) had the highest number of

[65] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.
[66] Diagnostic categories aligned with Clinical Classifications Software Refined (CCSR) for ICD-10-CM Diagnoses (v2021.2). Previously Cited.
[67] These counties include Guadalupe, Comal, Kendall, Medina, Atascosa, Bandera, Wilson, and Kerr County.

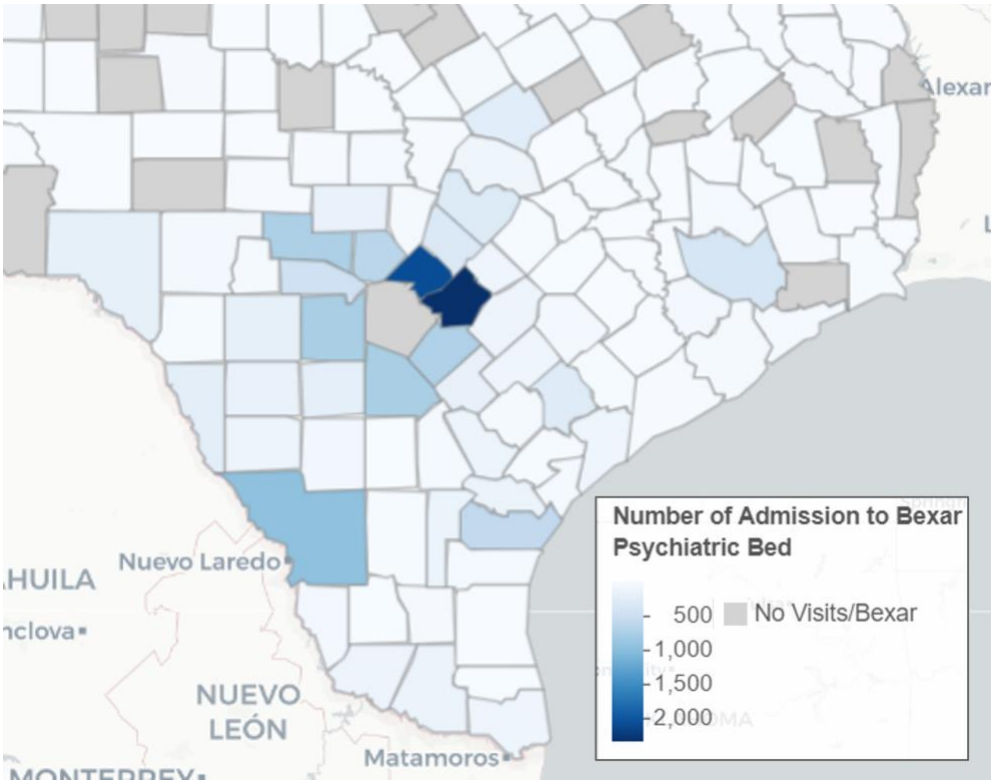
admissions. In 132 counties, less than ten residents were admitted annually, on average, to a Bexar psychiatric bed.

Table 23: Adult Non-Resident Admissions to Bexar County Psychiatric beds, by county of residence (Including San Antonio State Hospital) (2016-2020)[68]

County of Residence	2016	2017	2018	2019	2020	Average	Total
Guadalupe	393	494	449	483	504	465	2,323
Comal	336	378	397	442	515	414	2,068
Webb	178	165	218	237	161	192	959
Medina	132	149	180	178	147	157	786
Atascosa	115	120	178	177	193	157	783
Kerr	174	142	130	164	156	153	766
Wilson	132	124	132	163	194	149	745
Other	1,605	1,560	1,602	1,531	1,519	1,563	7,817
Total Non-Residents	3,065 (21%)	3,132 (20%)	3,286 (21%)	3,375 (19%)	3,389 (19%)	3,249 (20%)	16,247 (20%)
Bexar Residents	11,203 (75%)	11,578 (75%)	11,306 (73%)	13,471 (76%)	13,488 (76%)	12,209 (75%)	61,046 (75%)
Residency Unknown	631 (4%)	783 (5%)	849 (5%)	787 (4%)	843 (5%)	779 (5%)	3,893 (5%)

[68] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.

Map 1: Residential County of Origin for Adult Non-Residents Admitted to Bexar County Psychiatric beds (2016-2020)[69]



Excluding SASH, 19% of admissions to inpatient psychiatric beds had a residential county code outside of Bexar County (Table 24).[70] Guadalupe and Comal counties remained the most frequently identified counties of origin for non-resident inpatient encounters when state hospitals were excluded. This analysis identified Webb County as one of the primary counties that frequently sends patients to SASH. More than one-fourth (28%) of Webb County's patients who are treated in Bexar County inpatient psychiatric beds were discharged from SASH.

Table 24: Adult Non-Resident Admissions to Bexar County Inpatient Psychiatric beds, by County of Residence (Excluding San Antonio State Hospital)[71]

County of Residence	2016	2017	2018	2019	2020	Average	Total
Guadalupe	380	479	437	477	499	454	2,272
Comal	318	368	385	437	511	404	2,019
Medina	129	143	177	175	146	154	770
Atascosa	107	109	163	165	188	146	732

[69] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.
[70] No reliable indicator of homelessness is available in the THCIC data. Therefore, any patients who were homeless or unstably housed were classified using the address that the patient reported to the hospital during their visit (if any). The data included in Table 24 is limited to patients who reside in county outside of Bexar County. Any patient with missing county of residence information is not included in Table 24.
[71] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.

County of Residence	2016	2017	2018	2019	2020	Average	Total
Kerr	155	133	122	156	151	143	717
Wilson	123	113	121	157	186	140	700
Webb	85	126	164	176	147	140	698
Other	1,220	1,260	1,368	1,358	1,435	1,328	6,641
Total Non-Residents	2,517 (18%)	2,731 (18%)	2,937 (20%)	3,101 (18%)	3,263 (19%)	2,910 (19%)	14,549 (19%)
Bexar Residents	10,916 (78%)	11,351 (76%)	11,085 (75%)	13,249 (77%)	13,383 (77%)	11,997 (76%)	59,984 (77%)
Residency Unknown	623 (4%)	779 (5%)	843 (6%)	784 (5%)	841 (5%)	774 (5%)	3,870 (5%)

Bexar County adult residents were admitted to psychiatric beds outside of Bexar County 3,713 times between 2016 to 2020 (Table 25), excluding San Antonio State Hospital. Admission to non-Bexar beds was comparatively rare when compared to the number of resident admissions to Bexar County beds (61,046; Table 21). As shown in Map 2, Bexar County residents who received care outside of the county were mainly served in Travis County (70%). Notably, the number of Bexar County residents who were admitted for inpatient psychiatric care outside Bexar County tripled to more than 1,300 in 2019. Before 2019, roughly 400 patients were treated outside of Bexar County.

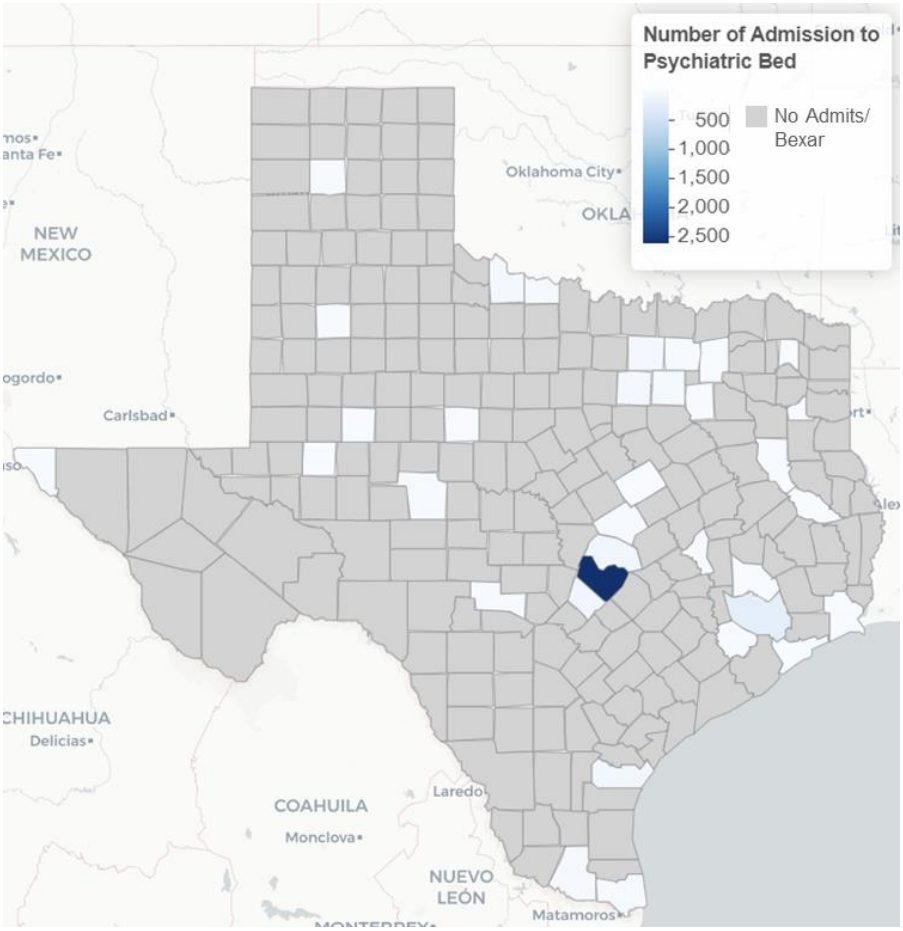
The proportion of Bexar County patients who are admitted to non-Bexar County psychiatric beds has also increased over time. Between 2016 and 2018, half of Bexar County residents served outside of Bexar County were admitted to inpatient beds in Travis County. However, in 2019 and 2020, four out of every five patients served outside of Bexar County were admitted to inpatient psychiatric beds in Travis County. Overall, four times more non-residents are admitted to Bexar psychiatric beds (~15,000; Table 24) than Bexar residents being admitted to non-Bexar County systems (3,713).

Table 25: Admissions to Inpatient Psychiatric Beds Outside of Bexar County among Adult Bexar County Residents, Excluding San Antonio State Hospital[72]

County of Admission	2016	2017	2018	2019	2020	Average	Total
Travis	255	167	193	1,039	946	520	2,600 (70%)
Harris	27	54	49	50	74	51	254 (7%)
Williamson	15	18	21	29	23	21	106 (3%)
Hays	11	3	8	55	15	18	92 (2%)
Nueces	14	16	21	18	15	17	84 (2%)
Tarrant	9	9	18	7	12	11	55 (1%)
Other	117	121	99	104	81	104	522 (14%)
Total	448	388	409	1,302	1,166	743	3,713

[72] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.

Map 2: Location of Inpatient Psychiatric Bed Admission among Adult Bexar County Residents (2016-2020)[73]



Length of Stay

Average length of inpatient stays for adults in Bexar County psychiatric beds are described in Table 26. For non-state hospital stays, the average length of stay was 7 days, with two-thirds of patient stays (66%) lasting six days or less and 9% of stays lasting 16 days or longer. Stays at SASH were substantially longer, with an average length of stay of nearly three months (84.7 days). More than half of SASH stays were 25 days or longer (55%).[74]

[73] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.

[74] The average length of stay of 84.7 days represents the average length of stay of patients who were discharged between 2016 and 2020. Patients who were not discharged are not included in this metric; therefore, the average length of stay at SASH is likely much longer than 84.7 days.

Table 26: Adult Length of Stay in Bexar County Inpatient Psychiatric Beds (2016-2020)[75]

Length of Stay	Non-State Hospital		San Antonio State Hospital	
	Total Admission	Annual Average	Total Admission	Annual Average
1 to 3 days	25,354 (32%)	5,071 (32%)	182 (7%)	36 (7%)
4 to 6 days	26,501 (34%)	5,300 (34%)	260 (9%)	52 (9%)
7 to 9 days	12,539 (16%)	2,508 (16%)	209 (8%)	42 (8%)
10 to 15 days	7,454 (10%)	1,491 (10%)	303 (11%)	61 (11%)
16 to 24 days	2,954 (4%)	591 (4%)	286 (10%)	57 (10%)
25 or more days	3,601 (5%)	720 (5%)	1,543 (55%)	309 (55%)
Average length of stay (LOS)	7.0 days		84.7 days	

Complex Co-Occurring Medical Needs

When considering the need for retooled or newly developed inpatient capacity, the co-occurring complex medical conditions of the population must be considered in the development of medical intervention capacity included in these services. Many people with mental illnesses and substance use disorders have co-occurring complex medical conditions (Tables 27 and 28). Those medical conditions can be exacerbated by underlying mental health conditions and vice versa. The tables that follow illustrate the most common comorbid medical conditions associated with behavioral health disorders. Any expanded inpatient psychiatric capacity, either for civil or jail inmates, must take this co-morbidity into account.

Table 27: Secondary Physical Health Conditions among Adult Patients who visit Bexar County Emergency Departments with a Primary Behavioral Health Diagnosis[76]

Rank	Secondary Physical Health Diagnosis (2016 – 2020)	
	Primary Psychiatric Diagnosis (Number of Visits) N=86,806	Primary SUD Diagnosis (Number of Visits) N=46,748
1	Hypertension (18,191)	Hypertension (8,751)
2	Type 2 diabetes mellitus (6,839)	Hypokalemia (2,875)
3	Hyperlipidemia (4,890)	Type 2 diabetes mellitus (2,378)
4	Asthma (4,570)	Acute kidney failure (2,094)
5	Urinary tract infection (4,096)	Portal hypertension (1,931)
6	Gastro-esophageal reflux disease (3,381)	Urinary tract infection (1,863)
7	Hypothyroidism (2,964)	Dehydration (1,852)

[75] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.
[76] Texas Hospital Outpatient Research Data File. [2016-2020]. Previously Cited.

Table 28: Primary Physical Health Conditions among Adult Patients using Bexar County Emergency Departments for a Secondary Behavioral Health Condition[77]

Rank	Primary Physical Health Diagnosis (2016 – 2020)		
	Patients with a Secondary Psychiatric Diagnosis (Number of Visits), N=200,503	Patients with a Secondary SUD Diagnosis (Number of Visits), N=340,939	Patients with Secondary Co-Occurring Psychiatric and SUD Diagnoses (Number of Visits), N=43,384
1	Chest pain (14,125)	Chest pain (15,400)	Chest pain (2,610)
2	Urinary tract infection (4,957)	Urinary tract infection (7,604)	Sepsis (830)
3	Sepsis (4,227)	Sepsis (5,239)	Urinary tract infection (779)
4	Abdominal pain (2,547)	Abdominal pain (4,547)	Chronic obstructive pulmonary disease (654)
5	Hypertension (2,358)	Noninfective gastroenteritis and colitis (3,959)	Acute kidney failure (471)
6	Syncope and collapse (2,163)	Acute upper respiratory infection (3,826)	Abdominal pain (451)
7	Headache (2,143)	Chronic obstructive pulmonary disease (3,647)	Epilepsy (440)
8	Acute kidney failure (2,136)	Low back pain (3,604)	Headache (353)
9	Chronic obstructive pulmonary disease (1,900)	Headache (3,592)	Syncope and collapse (348)
10	Pneumonia (1,871)	Nausea (3,091)	Gastroenteritis and Colitis (336)

Payer Distribution for Inpatient Stays

Payer mix for Bexar County inpatient psychiatric stays is described in Table 29. For all non-state hospital stays, the greatest proportion of stays were funded through commercial insurance (28%), followed by self-pay (26%) and Medicaid / Medicare (each representing 17%). *Note that "self-pay" includes indigent, charity, and unknown payers and does not indicate that the person paid for their own care.*

For "long" inpatient stays of 25 days or more, Other Government was the most common payer (57%), followed by Medicare (12%). TriCare represented 75% of the Other Government payer sources, nearly all of which were admitted to Laurel Ridge (96%).[78] All SASH stays are classified as "self-pay" in the Texas Health Care Information Collection (THCIC). The true payers for civil admissions to SASH may differ from what is stated in the THCIC.

[77] Texas Hospital Outpatient Research Data File. [2016-2020]. Previously Cited.
[78] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.

Table 29: Payer Categories for Adult Behavioral Health Related Inpatient Stays (2016 – 2020)[79]

Primary Payer	Non-State Hospital - All Admission		Non-State Hospital - Long Stay (25+ Days)		San Antonio State Hospital - All Admissions
	Total Admission	Annual Average	Total Admission	Annual Average	
Commercial	21,670 (28%)	4,334 (28%)	253 (7%)	51 (7%)	-
Self-Pay[80]	20,589 (26%)	4,118 (26%)	204 (6%)	41 (6%)	2,783 (100%)
Medicaid	13,537 (17%)	2,707 (17%)	200 (6%)	40 (6%)	-
Medicare	13,061 (17%)	2,612 (17%)	429 (12%)	86 (12%)	-
Other Government	6,198 (8%)	1,240 (8%)	2,055 (57%)	411 (57%)	-
Unassigned/ Missing	3,348 (4%)	671 (4%)	460 (13%)	93 (13%)	-

Psychiatric Inpatient Capacity

As noted above, some community stakeholders identified various reasons a licensed bed may not be immediately available for use in the community. Double-occupancy rooms are licensed for two beds, but a patient's acuity level might prevent them from being an appropriate candidate for a sharing a room, therefore that becomes a single room. For all but two hospitals, double-occupancy rooms are typically the only type of room available for psychiatric bed admissions. Insufficient staffing requires beds to be taken off-line. Additionally, some inpatient facilities have units dedicated to a specific patient population that cannot be re-designed or flexed to accommodate varied capacity needs according to current patient profile (i.e., beds in a unit that serves adolescents cannot be easily repurposed to treat an adult population).

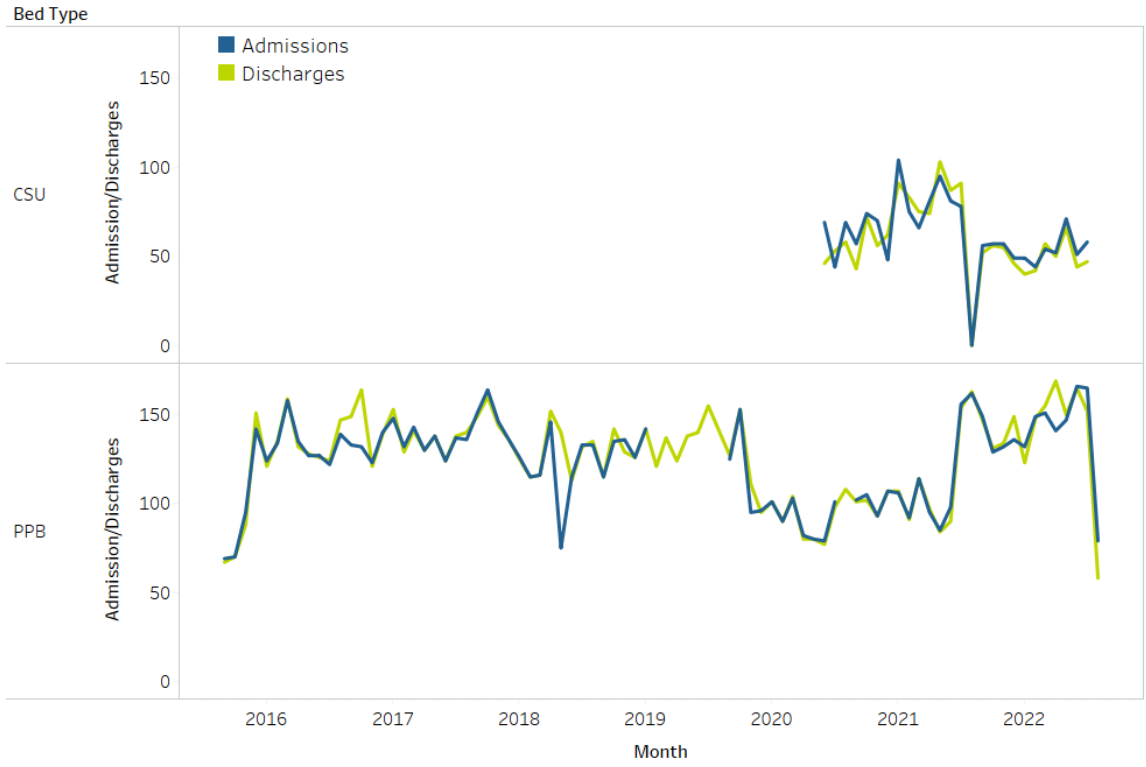
A significant concern of stakeholders within and familiar with the Bexar County crisis system is the underutilization of LMHA purchased psychiatric beds (PPB or "contract" beds). These contract beds are reserved beds, at various hospitals, funded by the LMHA to be available to patients served by the LMHA. According to the Center for Health Care Services (CHCS), there are currently 45 contract beds in the community, with 39 of these being private psychiatric beds. Although, we were unable to verify this quantitatively,[81] community utilization reports noted that utilization ranges from 60-80%, depending on the month and the particular facility.[82]

Most recently, the pandemic related staffing shortages have led to open licensed bed capacity being reduced due to too few staff available to care for and supervise patients. All health systems reported operating below capacity on a regular basis as a means to maintain safe staff to patient ratios.[83]

[79] Texas Hospital Inpatient Discharge Research Data File. [2016-2020]. Previously Cited.
[80] Self-pay includes charity, indigent, and "unknown" payers.
[81] We did not receive data on length of stay for patients placed in purchased psychiatric beds; therefore, we were unable to estimate the operating capacity for purchased psychiatric beds.
[82] Southwest Texas Regional Advisory Council. (2022, May 18). *Conversation with STRAC* [Personal communication].
[83] Annual Survey of Hospitals, 2020. Texas Hospital Association, (2020).

Figure 5 depicts the trends in admissions and discharges for CHCS' PPB and crisis stabilization unit beds (CSU). Between September of 2015 and August of 2022, an average of 123 patients were admitted to a PPB bed each month, when excluding the outlier year of 2020, the average admissions to a PPB bed each month was 128. In 2020, COVID-related shutdowns likely caused the number of monthly PPB admissions to fall to 95; however, the admission rate recovered in 2021.[84] Unlike PPBs, use of CSUs increased over time from 2020 to 2021, averaging 62 admissions per month.

Figure 5: Trends in Admissions and Discharges from Center for Health Care Services' Purchased Psychiatric Beds (PPB) and Crisis Stabilization Unit (CSU) Beds, by Month (September 2015- August 2022)[85]



The closure of the Nix Health System in November 2019 and closure of its 148 psychiatric beds (117 for adults and 31 for children/youth) was a considerable loss for the Bexar County/San Antonio area. Nix served a geographically broad population in three locations across the downtown and northwest parts of the city.

A new private hospital group, Voyages, will reportedly open a new 44-bed behavioral health facility, or Long-term Acute Care Hospital (LTACH) that will focus on providing care for adults,

[84] A lack of length of stay data associated with the purchased psychiatric beds admissions and discharges caused the Meadow's Institute to be unable to calculate the operating capacity for the purchased psychiatric beds.
[85] Center for Health Care Services (August 17, 2022). CHCS PPB FY16-FY22 ASMISSIONS DISCHARGES.xlsx, CHCS CSU Data.xlsx. [Personal Communication].

including the geriatric population, who are medically complex. Their aim is to fill a gap in the community for those psychiatric patients requiring medically sophisticated care. This group is in the process of connecting to the emergency healthcare provider continuum such as STRAC, Center for Health Care Services, and University Health. These additional beds, while having a specialty focus within the crisis continuum, will increase bed capacity in the county.

Substance Use Disorder Treatment Capacity

We estimate that 12% of Bexar County adults, or 180,000 people, have a substance use disorder (SUD; Table 17). Nearly half of adults with SUD (47%, or 85,000) have a comorbid mental health diagnosis. A common theme among stakeholder reports is that individuals have difficulty accessing high quality behavioral health services due to capacity constraints creating a funnel in crisis entry points.

Regional health systems are experiencing challenges in addressing the prevalence of substance use related visits to their emergency departments. Specifically medical emergency rooms in Bexar County report high volumes of patients with acute intoxication. These individuals often remain in the emergency department until the patient's behavioral health need can be identified as substance-induced or dual diagnosis. This is a difficult task in the busy emergency department environment, particularly if there is no behavioral health team present. Without adequate SUD treatment in the community, hospitals stabilize these individuals and then report a lack of stepdown care to refer to in the community, creating a cycle of readmission.

Adults who are admitted to an inpatient bed for a primary SUD-related disorder rarely stay in a detox unit (Table 30). Three behavioral health hospitals have dedicated detoxification units, and in total admitted 11% of SUD-related admissions. Typically, the psychiatric unit is used to care for those needing SUD-treatment, but it is not uncommon for general hospitals to care for these patients in an acute care or intensive care unit (Table 30). This may indicate substantial medical comorbidities that are present among patients with a primary SUD diagnosis, as described in Table 27.

Table 30: Primary Unit During Stay for Adults with a Primary SUD-Related Diagnoses, 2016 – 2020[86]

Hospital	Primary Unit (row%)						
	Psychiatric Unit	Detoxification Unit	Acute Care	Intensive Care Unit	Coronary Care Unit	Other	Total
Baptist Medical Center	156 (11%)	-	315 (22%)	312 (22%)	552 (39%)	79 (6%)	1,414
Northeast Baptist Hospital	22 (2%)	-	275 (30%)	266 (29%)	318 (34%)	49 (5%)	930
Methodist Hospital	-	-	265 (20%)	792 (60%)	227 (17%)	39 (3%)	1,323

[86] Texas Hospital Inpatient Research Data File. [2016-2020]. Previously Cited.

Hospital	Primary Unit (row%)						
	Psychiatric Unit	Detoxification Unit	Acute Care	Intensive Care Unit	Coronary Care Unit	Other	Total
Methodist Specialty & Transplant Hospital	3,208 (64%)	72 (1%)	847 (17%)	530 (11%)	339 (7%)	<10 (<1%)	<5,006
University Hospital	645 (17%)	-	1,714 (46%)	1,090 (29%)	138 (4%)	144 (4%)	3,731
Texas Vista Medical Center	219 (37%)	-	71 (12%)	232 (40%)	-	63 (11%)	585
Laurel Ridge Treatment Center	3,891 (74%)	1,258 (24%)	-	-	-	127 (2%)	5,276
San Antonio Behavioral Healthcare Hospital	715 (45%)	849 (53%)	-	-	-	26 (2%)	1,590
Total	**8,856 (45%)**	**2,179 (11%)**	**3,487 (18%)**	**3,222 (16%)**	**1,574 (8%)**	**533 (3%)**	**19,851**

Findings and Recommendations

Both civil and forensic providers report a need for additional resources to help alleviate demand for inpatient services in the future. This need for additional capacity was identified throughout the process of stakeholder engagement, as capacity backlogs have been felt at the points of entry into the Bexar County crisis system, a situation compounded by the loss of beds due to the Nix closure. Stakeholders reported a sense that patients are presenting with greater acuity than before, and emergency department providers report a struggle to keep up with the volumes of patients entering the crisis system as a result of appropriate jail diversion.

Description of Current Psychiatric Bed Availability

Between calendar years 2016 and 2020, 61,046 Bexar County residents and 16,247 non-residents were admitted to inpatient psychiatric beds in Bexar County hospitals (Tables 21 and 23 above). In addition, an estimated 1,400 Bexar County residents were transferred from a Bexar County emergency department to an inpatient hospital bed outside of Bexar County (Table 20 above; this excludes state hospitals since those admissions are generally for forensic admissions by court order). Therefore, in considering "how many beds" are needed in Bexar County, it is useful to consider whether there is existing capacity to treat *all* residents (other than forensic admissions) who were admitted to inpatient care regardless of admission to Bexar County facilities or elsewhere.

Table 31 below identifies the number of psychiatric beds available by hospital between 2017 and 2020. Overall, the number of psychiatric beds available in Bexar County increased from 710 in 2017 to 806 in 2019 before declining to 734 in 2020 with the Nix Hospital closure and loss of four additional beds at Baptist. The loss of 148 beds due to the Nix closure was partially mitigated by the addition of 80 beds at Laurel Ridge; however, these new beds appear to be reserved for veterans and first responders.

Table 31: Psychiatric Bed Capacity by Hospital and Year, All Ages, 2017-2020[87,88]

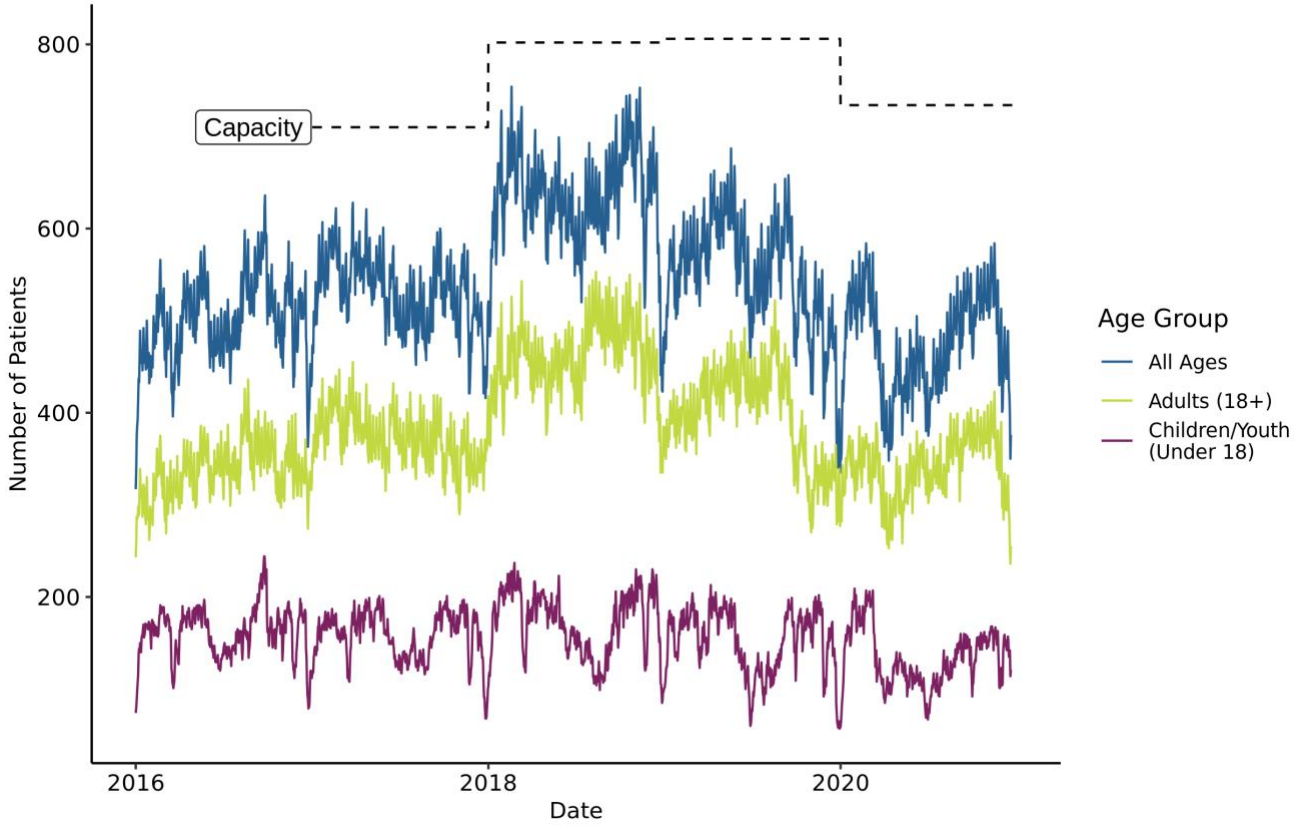
Hospital	Age	Number of Beds for Psychiatric Care			
		2017	2018	2019	2020
Baptist Health System[89]	Adults (18+)	38	40	40	36
	All Ages	38	40	40	36
Clarity Child Guidance Center	Children/Youth (Under 18)	66	66	66	66
	All Ages	66	66	66	66
Laurel Ridge Treatment Center	Children/Youth (Under 18)	62	42	42	42
	Adults (18+)	146	166	166	246
	All Ages	208	208	208	288
Methodist Specialty & Transplant Hospital	Adults (18+)	74	74	74	74
	All Ages	74	74	74	74
Nix Health Care System[90]	Children/Youth (Under 18)	31	31	31	-
	Adults (18+)	117	117	117	-
	All Ages	148	148	148	-
San Antonio Behavioral Healthcare Hospital[91]	Children/Youth (Under 18)	-	36	36	80
	Adults (18+)	108	162	162	118
	All Ages	108	198	198	198
Texas Vista Medical Center[92]	Adults (18+)	48	48	52	52
	All Ages	48	48	52	52
University Hospital	Adults (18+)	20	20	20	20
	All Ages	20	20	20	20
Total[93]	Children/Youth (Under 18)	159	175	175	188
	Adults (18+)	551	627	631	546

[87] All ages, adult, and children/youth psychiatric bed capacity from the Department of State Health Services, the American Hospital Association, and the Texas Hospital Association. (2017-2020). Previously Cited.
[88] MMHPI contacted stakeholders at each hospital to identify the number of psychiatric beds available, beds in dual-occupancy rooms, and the number of staffed beds available to patients. We identified that 2% of beds are unavailable at any given time due to the use of dual-occupancy rooms. While we did not receive a timely response from Laurel Ridge and Methodist, all other hospitals reported unstaffed beds [Personal Communication].
[89] Baptist Medical Center and Northeast Baptist Hospital are analyzed together due the hospitals being grouped together in the Texas Hospital Association's survey data.
[90] Nix Health Care System closed on September 30, 2019. The 2019 bed capacity data reflects Nix Health Care System's psychiatric bed capacity prior to closure.
[91] The San Antonio Behavioral Healthcare Hospital (SABHH) reported a capacity of 80 pediatric psychiatric beds in 2020 but only 36 in 2019. Upon further investigation, we learned that SABHH flexes their units according to the patient need (i.e., use of adolescent units for adults in the summer when few adolescents need care). These beds are then re-allocated to adolescents in the fall.
[92] Of Texas Vista Medical Center's 52 adult psychiatric beds, 24 are purchased psychiatric beds and 15 of crisis stabilization unit beds contracted by The Center for Health Care Services.
[93] As noted above, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant.

Hospital	Age	Number of Beds for Psychiatric Care			
		2017	2018	2019	2020
	All Ages	710	802	806	734

As shown in Figure 5 and Table 32 below, Bexar County psychiatric bed utilization peaked in 2018 when 632 patients occupied the 79% of the 802 available beds on an average day. This is likely driven by the addition of 90 beds at San Antonio Behavioral Healthcare Hospital and 2 beds added at Baptist Health System, thus increasing the capacity for psychiatric care. Further, Nix Health Care System regularly operated above their reported capacity, with an average daily census representing 137% of the hospital's available capacity. Prior to the 2018 spike, psychiatric beds operated at 75% capacity.

Figure 6: Bexar County Psychiatric Inpatient Utilization (Excluding San Antonio State Hospital) by Age Group, 2016-2020[94,95,96]



As shown below in Table 32, the overall utilization rate declined from 68% in 2019 to 63% in 2020. This decline does not appear to have been driven by the closure of Nix Health Care

[94] Texas Hospital Inpatient Discharge Research Use Data Files. (2016-2020). Previously Cited.
[95] Department of State Health Services, the American Hospital Association, and the Texas Hospital Association. (2017-2020). Previously Cited.
[96] Nix Health Care System closed on September 30, 2019. The 2019 bed capacity data reflects Nix Health Care System's psychiatric bed capacity prior to closure.

System's 148 beds in 2019, as a decline in utilization rates was observed uniformly across hospitals.

Nix patients were largely absorbed by San Antonio Behavioral Healthcare Hospital and Clarity Child Guidance Center, both of which experienced an increase in utilization from 2019 to 2020. Most of this increase in patient flow occurred at San Antonio Behavioral Healthcare Hospital, with a net increase of 11 patients per day, on average. In 2020, two-thirds of beds at San Antonio Behavioral Healthcare Hospital were filled, representing 13 additional adult patients per day, on average. Clarity experienced only a modest increase in the average daily census between 2019 and 2020 (2 patients/day, on average; utilization rate increased from 63% in 2019 to 67% in 2020).

As reflected in Figure 6, above, most inpatient psychiatric beds are occupied by adults over age 18. However, bed utilization rates were markedly different between children/youth under age 18 compared to adults. Most hospitals that served children / youth had an average daily census that exceeded the number of beds available. For example, Laurel Ridge operated between 107% and 123% of available capacity for children/youth on any given day between 2018 and 2020. During the last full year of operations at Nix, 43 children/youth occupied the 31 available beds, on average. The average daily census for children/youth served at the San Antonio Behavioral Healthcare Hospital exceeded capacity by 3 to 8 patients per day until the facility doubled the number of beds available to serve children/youth in 2020. At the same time, the Clarity Child Guidance Center had roughly one-third, or 22, beds available.

Table 32: Average Daily Census by Hospital and Year, All Ages, 2017-2020[97,98]

Hospital	Age	Average Daily Census (% Capacity)			
		2017	2018	2019	2020
Baptist Medical Center[99]	Adults (18+)	20 (52%)	18 (44%)	26 (64%)	25 (69%)
	All Ages	20 (52%)	18 (44%)	26 (64%)	25 (69%)
Clarity Child Guidance Center	Children/Youth <18	42 (63%)	40 (60%)	42 (63%)	44 (67%)
	All Ages	42 (63%)	40 (60%)	42 (63%)	44 (67%)
Laurel Ridge Treatment Center	Children/Youth <18	53 (85%)	51 (121%)	52 (123%)	45 (107%)
	Adults (18+)	128 (87%)	137 (82%)	135 (81%)	135 (55%)
	All Ages	180 (87%)	188 (90%)	186 (90%)	180 (63%)
Methodist Specialty & Transplant Hospital	Adults (18+)	53 (72%)	56 (75%)	56 (76%)	46 (62%)
	All Ages	53 (72%)	56 (75%)	56 (76%)	46 (62%)

[97] Texas Hospital Inpatient Discharge Research Use Data Files. (2016-2020). Previously Cited.
[98] Department of State Health Services, the American Hospital Association, and the Texas Hospital Association. (2017-2020). Previously Cited.
[99] Baptist Medical Center and Northeast Baptist Hospital are analyzed together due the hospitals being grouped together in the Texas Hospital Association's survey data.

Hospital	Age	Average Daily Census (% Capacity)			
		2017	2018	2019	2020
Nix Health Care System[100]	Children/Youth <18	23 (76%)	43 (138%)	19 (61%)	-
	Adults (18+)	82 (70%)	160 (137%)	85 (73%)	-
	All Ages	106 (72%)	203 (137%)	104 (70%)	-
San Antonio Behavioral Healthcare Hospital[101]	Children/Youth <18	40 (-)	39 (108%)	44 (122%)	42 (53%)
	Adults (18+)	40 (37%)	45 (28%)	73 (45%)	86 (73%)
	All Ages	80 (74%)	84 (43%)	117 (59%)	127 (64%)
Texas Vista Medical Center	Adults (18+)	35 (73%)	34 (70%)	32 (62%)	32 (61%)
	All Ages	35 (73%)	34 (70%)	32 (62%)	32 (61%)
University Hospital	Adults (18+)	14 (68%)	10 (50%)	11 (57%)	11 (54%)
	All Ages	14 (68%)	10 (50%)	11 (57%)	11 (54%)
Total	Children/Youth <18	158 (99%)	173 (99%)	151 (87%)	131 (70%)
	Adults (18+)	371 (67%)	459 (73%)	397 (63%)	334 (61%)
	All Ages	529 (75%)	632 (79%)	549 (68%)	465 (63%)

Factors such as patient acuity, staffing, and room type may cause the operating capacity percentage to underestimate true availability. To investigate the potential impact of room type on capacity, we gathered self-reported data from hospital stakeholders on the number of semi-private beds available, and the rate at which semi-private beds were used by a single, high acuity patient. The results are shown in Table 33, below. Briefly, only 14 (2%) of the total beds were identified as being "generally blocked" by high acuity patients, thus reducing the number of available beds.

Table 33: Current Psychiatric Bed Capacity at Bexar County Hospitals, All Ages (2022)[102]

Hospital	Hospital Reported Inpatient Mental Health Beds	Private Beds	Observatory Beds/PES	Semi-Private Beds	Semi-Private Blocked on Average for Acuity
University Health	20	0	0	20	6

[100] Nix Health Care System's 2019 average daily census reflects encounters prior to October 1, 2019.
[101] The San Antonio Behavioral Healthcare Hospital (SABHH) reported a capacity of 80 pediatric psychiatric beds in 2020 but only 36 in 2019. Upon further investigation, we learned that SABHH flexes their units according to the patient need (i.e., use of adolescent units for adults in the summer when few adolescents need care). These beds are then re-allocated to adolescents in the fall.
[102] Unless noted elsewhere, bed capacity from personal communication with the hospital. June-August2020. A "-" indicates that the information was unavailable at the time of this report.

Hospital	Hospital Reported Inpatient Mental Health Beds	Private Beds	Observatory Beds/PES	Semi-Private Beds	Semi-Private Blocked on Average for Acuity
Laurel Ridge Treatment Center	288	0	0	288	0
San Antonio Behavioral Health[103]	198	0	0	198	Data not available at time of this report
Baptist Health	36	22	0	14	0
Methodist – Specialty Transplant	74	0	7	67	5
Clarity Child Guidance Center	66	0	0	66	4
Texas Vista Medical Center	57	-	7	50	3
Total	**739**	**22**	**14**	**6703**	**18**

Finally, long length of stay in psychiatric beds can substantially influence a hospital's bed availability. A breakdown of length of stay by hospital is shown in Table 34, below. Overall, 66% of adults admitted to a Bexar County psychiatric facility stayed less than one week (1-6 days). University Hospital (55%), Baptist Medical Center (41%), and Methodist Specialty & Transplant Hospital (43%) largest proportion of stays were between 1–3 days. Laurel Ridge, San Antonio Behavioral Health, and Northeast Baptist Hospital tend to have patients stay longer than in the previously list hospitals. The largest proportion of stays at these hospitals are between 4-6 days. Laurel Ridge has the most long-term stays (11% greater than 25 days). Hospitals typically averaged a length of stay between 5-7 days, with a notable exception being Laurel Ridge which had an average LOS of 9.4 days.

[103] San Antonio Behavioral Health's bed capacity Licensed Beds Regular and Special Hospital Directory, Texas Department of Health Facility Licensure, 2022. Retrieved from https://www.hhs.texas.gov/providers/health-care-facilities-regulation/hospitals-general-hospitals. The number of beds blocked due to patient acuity was unavailable for San Antonio Behavioral Health.

Table 34: Adult Length of Stay of Psychiatric Bed Stays by Bexar County Hospital[104]

Hospital	Admission by Length of Stay in Days (row%)					
	1-3	4-6	7-9	10-15	16-24	25+
Baptist Medical Center	1,785 (41%)	1,255 (29%)	642 (15%)	471 (11%)	151 (3%)	51 (1%)
Northeast Baptist Hospital	438 (22%)	596 (30%)	461 (23%)	362 (18%)	111 (6%)	36 (2%)
Methodist Specialty & Transplant Hospital	6,772 (43%)	4,712 (30%)	1,995 (13%)	1,414 (9%)	606 (4%)	368 (2%)
University Hospital	2,650 (55%)	1,268 (27%)	403 (8%)	288 (6%)	129 (3%)	45 (1%)
Texas Vista Medical Center	4,227 (38%)	3,822 (35%)	1,576 (14%)	988 (9%)	310 (3%)	73 (1%)
Laurel Ridge Treatment Center	5,204 (22%)	8,518 (35%)	4,068 (17%)	2,431 (10%)	1,200 (5%)	2,739 (11%)
San Antonio Behavioral Healthcare Hospital	4,278 (26%)	6,330 (39%)	3,394 (21%)	1,500 (9%)	447 (3%)	289 (2%)
Total	25,354 (32%)	26,501 (34%)	12,539 (16%)	7,454 (10%)	2,954 (4%)	3,601 (5%)

Civil Bed Needs Estimation Approach

We used an enhanced version of the methodology used in our prior assessments to project the number of psychiatric beds needed to serve adults seeking care in Bexar County through 2050.[105] These projections were generated based on the following inputs (not the number of existing beds available):

- Number of psychiatric inpatient admissions between 2016 and 2019 to Bexar County[106,107] (Table 21, Table B4) and non-Bexar County (Table 25, Table B4) hospitals, separated for

[104] Texas Hospital Inpatient Research Data File. [2016-2020]. Previously Cited. Data were obtained from the Texas Health Care Information Collection (THCIC) January 2016– December 2020 discharge records.
[105] This methodology was used to project psychiatric bed need in the Meadow's Institute's community assessment of Lubbock and Nueces County.
[106] Nix Health Care System psychiatric bed admission, which are not shown in Table 21 are included in the psychiatric bed need projections.
[107] Psychiatric admissions during 2020 were excluded from the civil bed needs projections due to the average weekly number of admissions in 2020 being statically significantly less than average weekly admission in the previous year.

adults and children/youth excluding state hospital admissions; length of stay for inpatient admissions (Table 26, Table 34, and Table B6);
- Adult and child/youth population growth[108];
- Use of dual-occupancy rooms for single occupancy (Table 33); and,
- Allowance of 25% beds to be open on any given day.

Note that these projections do *not* take into account the development of new community capacity (i.e., programming) and are designed to estimate the number of beds a community might need if no programmatic changes are made.

The results of our bed needs calculations are below. To ensure sufficient capacity and allowing 25% of beds to remain available on an average day, we expect that Bexar County will need a total of:

Adult Beds
- 695 beds in 2030;
- 821 beds 2040; and,
- 954 adult beds in 2050.

Children/Youth (<18) Beds
- 266 beds in 2030;
- 292 beds in 2040; and,
- 327 beds in 2050.

To serve the projected adult patient population, we estimate that 695[109] adult beds may be needed in 2030, 821 beds may be needed in 2040, and 954 may be needed (an addition of roughly 400 adult beds; see Table 31[110]) to accommodate projected demand in 2050. Similarly, children and youth may require 266 beds in 2030, 292 beds in 2040, and 327 in 2050 - an addition of roughly 150 child/youth beds through 2050.[111] Overall, our analysis suggests that additional beds may be needed to serve the broader Bexar County population in the coming years if no changes are made to community services.

Because this decline in admissions was likely a short term affect due to the outbreak of COVID-19, the year was not included in the projection so to not artificially deflate the results.

[108] Bexar County hospitals served residents of 172 Texas counties in 2016-2020. Bexar County has a similar expected growth rate compared to the State of Texas overall (2.18% per year for Bexar County relative 2.15% in Texas). Therefore, we estimated population growth using the state rate.

[109] Capital Healthcare Planning. [May 2021]. Bexar County: Psychiatry Market Analysis.

[110] As noted in Table 31, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant.

[111] As noted in Table 31, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant.

Table 35: Bexar County Psychiatric Bed Need Projections, by Age, 2025-2050[112]

Year	Adult population[113]	Adult Psychiatric Bed Need	Children / Youth Population[114]	Children / Youth Psychiatric Bed Need
		Beds needed to operate at 75% capacity		Beds needed to operate at 75% capacity
2025	1,720,623	635	576,294	247
2030	1,881,656	695	620,552	266
2035	2,049,049	758	656,837	282
2040	2,223,229	821	688,91	292
2045	2,401,898	886	722,623	310
2050	2,581,956	954	761,973	327

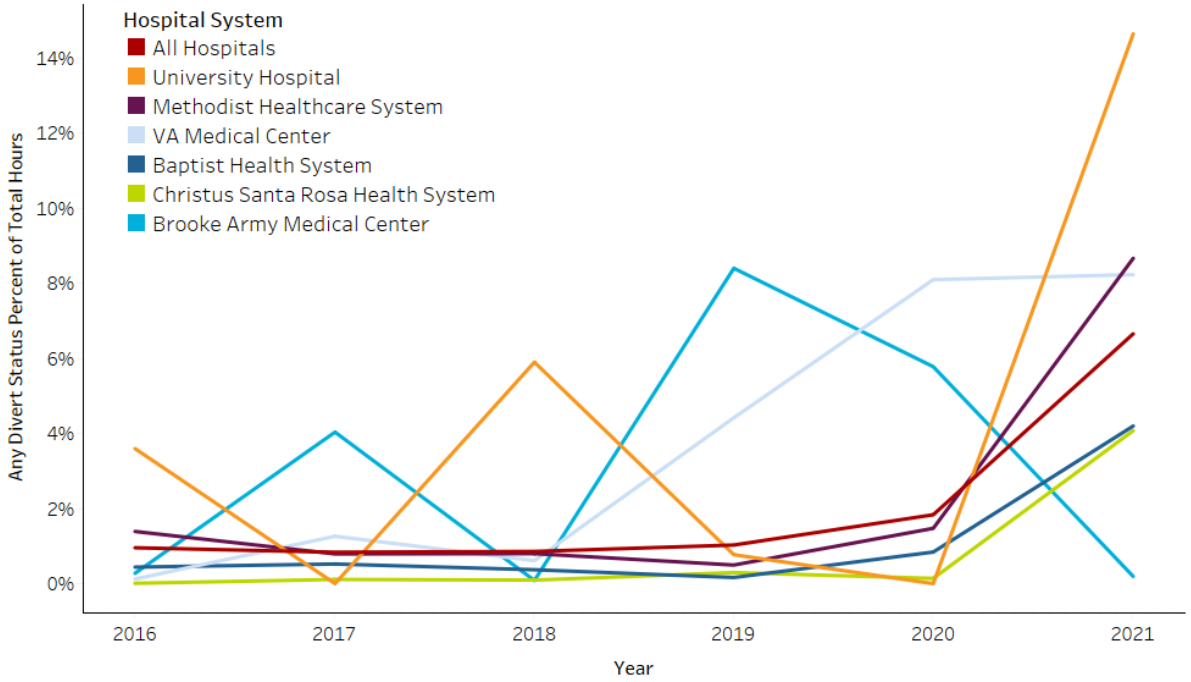
Hospital Diversion

With the local Peace Officers completing between 1,200 and 1,600 emergency detentions per month, hospital staff at facilities that receive a large volume of behavioral health transports reported being overwhelmed in a variety of ways. Hospital systems reported that they commonly go on "diversion" status because they are inundated with the number of behavioral health patients coming through their doors. Data from STRAC on the amount of time that each hospital spent on diversion status is included in Figures 7 and 8, below.

On average, between 2016 and 2021, Bexar County emergency departments were on diversion for 168 hours per year, or 2% of the time.[115] As shown in Figure 7, a substantial increase in the amount of time spent on divert, mandatory diversion, or diversion override status occurred in 2021, with Brooke Army Medical Center and the VA Hospital being the only hospital systems that did not experience an increase in the time spent on diversion.

[112] The projections were generated using the following inputs: length of stay for inpatient admissions in Bexar County hospitals, number of adult and child/youth psychiatric inpatient admissions between 2016 and 2020 to Bexar County hospitals; the number of admissions by Bexar County adult and child/youth residents to psychiatric beds outside of Bexar County; population growth; and rate of dual-occupancy beds "blocked" for single occupancy. State Hospital admissions were excluded from the analysis.
[113] Texas Demographer Population Projections Program, 2018. https://demographics.texas.gov/data/tpepp/projections/
[114] Texas Demographer Population Projections Program, 2018. https://demographics.texas.gov/data/tpepp/projections/
[115] Mission Trail Baptist Hospital (Baptist Health System – MTB), Christus San Rosa Westover Hills, TEST San Antonio Hospital, and Texas Vista Medical Center, emergency department status data was only available for 2021.

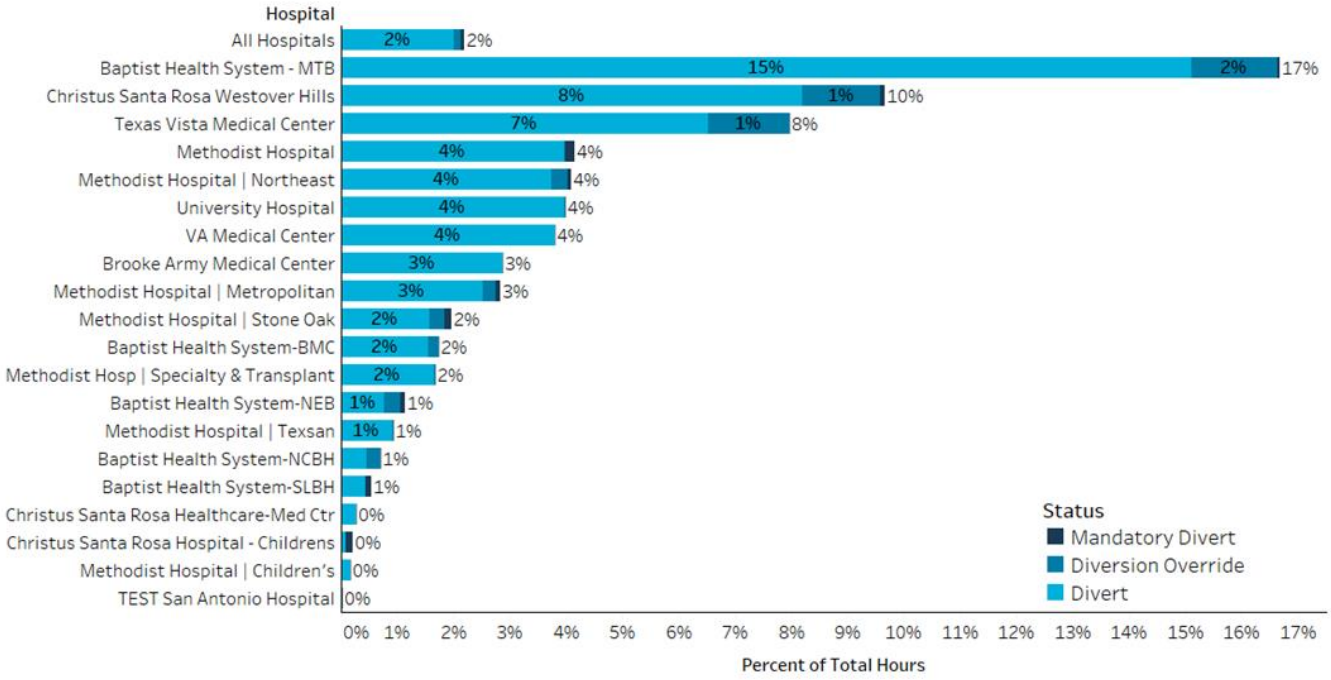
Figure 7: Trends in Emergency Departments Time Spent on Diversion, by Hospital System (2016-2021)[116,117]



The total time that each hospital was on diversion, by level of diversion (I.e., divert, mandatory divert, and diversion override), is shown in Figure 8, below.[118] Mandatory divert and diversion override were rare among the hospitals, with all hospitals on these statuses for 536 hours per year, or less than 1% of the time. Nearly all hospital facilities were on diversion status for 4% of the time or less. The three hospitals that spent the most time on diversion status, Mission Trail Baptist Hospital or Baptist Health System – MTB (17%), Christus San Rosa Westover Hills (10%), and Texas Vista Medical Center (8%), only provided data for 2021. As shown in Figure 7, the diversion rate for nearly all hospitals increased in 2021, and thus, this may not be an accurate representation of the hospitals' historical diversion rates.

[116] Southwest Texas Regional Advisory Council (August 17, 2022). San Antonio, _TX_(HCC_P_&_S) _StatusDetail_Diversion_01_01_2016_12_31_2021. [Personal communication].
[117] The following hospitals were excluded because data were available for 2021 only: Mission Trail Baptist Hospital (Baptist Health System – MTB), Christus San Rosa Westover Hills, TEST San Antonio Hospital, and Texas Vista Medical Center.
[118] For Mission Trail Baptist Hospital (Baptist Health System – MTB), Christus San Rosa Westover Hills, TEST San Antonio Hospital, and Texas Vista Medical Center, emergency department diversion status was only available for 2021.

Figure 8: Average Time Spent on Diversion Status by Hospital Facility (2016-2021)[119]



Findings and Recommendations

- **Finding:** The data analyses were complex to interpret given the compounding effects of bed closures at Nix and reduced client flow into psychiatric beds due to COVID-19. However, it appears that the current psychiatric bed capacity in Bexar County is insufficient to accommodate patient demand for inpatient mental health services.[120]
  - **Recommendation**: We project that nearly 300 adult beds (yielding a total of 821) may be needed by 2040 to serve Bexar County residents in need of inpatient psychiatric care.[121] *Note that the development and expansion of best practice community services with evidence base that buffer against inpatient bed use may have an impact on these estimates of need.* Examples of these best practice mitigation strategies include:
    - Adult Outpatient Clinics / Community Support Services with walk-in services

[119] Southwest Texas Regional Advisory Council (August 17, 2022). San Antonio, _TX_(HCC_P_&_S) _StatusDetail_Diversion_01_01_2016_12_31_2021. [Personal communication]. For the following hospitals, emergency department diversion status was only available for 2021: Mission Trail Baptist Hospital (Baptist Health System – MTB), Christus San Rosa Westover Hills, TEST San Antonio Hospital, and Texas Vista Medical Center.
[120] The number of additional beds identified in this section are calculated from the baseline data in Table 31.
[121] As noted in Table 31, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant. To reflect this flexing, we have rounded our projections of the number of "additional beds needed".

  - Complex Care Specialty Services -- Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Assisted Outpatient Treatment (AOT), and Complex Care Clinics
  - Homeless Services- Homeless Clinics, Projects for the Assistance in Transition from Homelessness (PATH), Street Medicine, Diversion Centers, Peer Community Centers
  - Substance Use Treatment- Outreach, screening, assessment, and referral (OSAR), Office Based Opioid Treatment (OBOT), Ambulatory Detox, Medically Supervised Detox, Intensive Residential, COPSD services, Integrated Care
  - Social Determinates of Health Services- Community health workers (CHWs), Housing/Residential Services and Benefit Assistance
  - Forensic Services- - Jail Diversion Liaison, Outpatient Competency Restoration, Jail-Based Competency Restoration
  - Jail Diversion Services - Diversion Centers, First Responder Programs
  - Crisis Services- Crisis Hotline, Mobile Crisis Outreach Teams (MCOT), Crisis Respite and Crisis Residential
- **Recommendation**: In the absence of additional community-based programming, we estimate 100 additional child/youth beds (totaling 292) may be needed in Bexar County by 2040.[122]

Housing as a Social Determinant of Health and Impact on Civil Bed Capacity

There are a number of social determinants of health that impact the need for acute inpatient treatment. Ideally, if these social determinates can be addressed throughout the continuum of behavioral health care, the number of individuals in crisis will potentially decrease in the community, leaving inpatient psychiatric beds available for those individuals needing an inpatient level of care. Community stakeholders across the continuum of care shed light on the availability of housing as a social determinant of highest need in the Bexar County community. If the community as a whole works to address these social determinants such as the provision of permanent supportive housing and expand the focus of crisis prevention, over time the need for increased inpatient beds would have less of a strain on the system.

Community stakeholders report homelessness as being closely connected to both physical and mental health decompensation in the populations they serve. Without safe and stable housing, individuals with comorbid mental health and substance use disorders continue to present at Emergency Departments in crisis.

The 2019 San Antonio Poverty Report states there was a 6% reduction in overall homelessness, however there was an 18% increase in the number of families experiencing homelessness. According to the 2021 Point in Time Report completed by the South Alamo Regional Alliance for the Homeless (SARAH), of 2,013 people counted who were engaged through street outreach,

[122] As noted in Table 31, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant. To reflect this flexing, we have rounded our projections of the number of "additional beds needed".

71%, or 1,429 people had a reported mental health condition, and older adults experienced the longer periods of homelessness showing that adults 55-61 years old are more vulnerable as they stay an average of 652 days (22 months) homeless and adults 62+ spend an average of 846 days (28 months) in homelessness.[123]

According to a report developed by the City of San Antonio's Human Services Department and Metropolitan Health District, among the 25 most populous US Metropolitan Areas, the San Antonio-New Braunfels Metropolitan Area ranks highest for poverty. Since 2013, the overall poverty rate for the City of San Antonio has remained at 18-20%, indicating that about one in five individuals are experiencing the financial and social burdens of poverty.[124]
Recognizing the importance of housing in health outcomes, stakeholders are working to augment housing resources for the community with a special focus on those experiencing homelessness with disabilities. To accomplish this goal, the City of San Antonio is creating a coordinated housing system through the Strategic Housing Implementation Plan[125] making housing a priority. Local housing providers, governments, non-profits, and developers are aligned in service to a shared vision to create a centralized system where resources are easy to navigate, and it is clear to the public how housing efforts are connected to other plans and systems.

The Bexar County Supportive Housing Collaborative, a group of stakeholders working to address housing and homelessness is working to provide permanent housing and stability for all people in San Antonio/Bexar County experiencing housing instability or long-length of stay in homelessness and/or chronic homelessness. This collaborative is focused on increasing cross-system partnerships and increase supportive services for vulnerable population in supportive housing. To this end, the group promoted a bond package, and in May 2022 a majority of San Antonio voters approved a $1.2 billion bond. The bond includes $150 million for various affordable housing projects. Permanent supportive housing for those struggling to stay off the streets is among the main priorities for the Collaborative creating an opportunity to meet the needs of people in need.

Findings and Recommendations

- Finding: Housing instability, lack of affordable housing and homelessness were reported by community providers and stakeholders as factors impacting the mental health continuum of care.
  - Recommendation: Community collaboration is critical to sustainable change. Increasing community-based housing services can afford unhoused individuals with cooccurring mental health and substance use disorders to find stability in the community and decrease need for crisis services.

[123] SARAH Hud Reporting and Resources. (n.d.). SARAH - Alliance to House Everyone. https://sarahomeless.org/reports-and-data/#hud-reporting-and-resources
[124] Status of Poverty in San Antonio. (n.d.). San Antonio City Government. https://www.sanantonio.gov/Portals/0/Files/HumanServices/FaithBased/2019PovertyReport.pdf
[125] Status of Poverty in San Antonio. (n.d.). Previously Cited.

Conclusions and Opportunities for Phase 2

While Bexar County is successful in jail diversion efforts, stakeholders have the perception that the crisis system often is now overwhelmed by volumes of patient's that are appropriately brought to emergency rooms for treatment rather than to jail because of the improvements in the system but increase in capacity to treat them has not coincided with this shift. Hospital providers communicate that compounding factors such as patient acuity necessitating blocking double occupancy rooms to create single occupancy rooms, staffing shortages, free standing psychiatric facility's lack of medical treatment capacity to care for medically complex patients and inflexibility of current units due to the specific populations (geriatric, adolescent, veteran, etc.) they serve make capacity unavailable to individuals in need of treatment. Therefore, we interpret the results of our data analyses to reflect that Bexar County's psychiatric bed capacity is insufficient to meet the demand for adult and child/youth inpatient mental health care.

A resounding theme from stakeholder engagement data relays that in addition to these inpatient psychiatric treatment access concerns is a need for an expanded substance use disorder continuum of care. Hospital stakeholders express a need for a more robust continuum of care so there are more treatment options between inpatient care and outpatient care, as patients needing treatment for substance use disorder (SUD) create bottlenecks in emergency departments given the lack of community-based and stepdown substance use disorder treatment options. Additionally, stakeholders reported the need for detox beds, SUD treatment, housing and stepdown levels of care often delay discharges and keep inpatient beds unavailable to incoming patients. This continuum of care could also potentially prevent admissions, emergency department visits, and emergency detentions.

The community providers also conveyed that there are several social determinates of health that are impacting access to inpatient treatment. These findings are outside of the scope of this project yet directly impact how community resources are utilized in Bexar County. Among these findings that impact the behavioral health continuum are housing instability, lack of affordable housing and increased homelessness. There is also a need for increased care coordination services for individuals exiting the criminal justice system to impact avoidable decompensation and recidivism. Addressing these social determinates of health as a community can impact the number of crisis encounters and decrease the volume of individuals needing inpatient treatment.

In conclusion, while a clear theme from stakeholder feedback suggests that there is an apparent need to increase access to inpatient psychiatric beds, further data analysis to take place in Phase 2 when STRAC community data of individual hospital admission and length of stay data as well as expanded LMHA Utilization Management data will be required to make an accurate recommendation regarding the need for restructured or expanded capacity for both inpatient and substance use disorder treatment.

Appendices

Appendix One: Key Informant Interviewees

Local Leaders[126]

Name	Title	Organization
Robert Arizpe	Superintendent	San Antonio State Hospital
Doug Beach	Board of Directors President/Interim Executive Director	Board President, National Alliance on Mental Illness San Antonio
Jim Bethke	Director	Bexar County Managed Assigned Counsel
Hon. Andrew W. Carruthers	Presiding Judge of the Magistrate Court	Bexar County Criminal Law Magistrate
Todd Citron	Executive Director	Hill Country MHDD Centers
Ted Day	EVP, Strategic Planning/Business Development	University Health
Eric Epley	Executive Director/Chief Executive Officer	Southwest Texas Regional Advisory Council/STCC
Hon. Ernie Glenn	Presiding Judge	Bexar County Drug Court
Gilbert Gonzales	Director	Bexar County Department of Behavioral Health
Joe Gonzales, Philip Kazen, First Asst. DA	District Attorney	Bexar County District Attorney's Office
George Hernandez, Jr., JD	President/Chief Executive Officer	University Health
Sarah Hogan	Division Director, Southwest Texas Crisis Collaborative (STCC)	Southwest Texas Regional Advisory Council (STRAC)
Hon. Yolanda Huff	Presiding Judge	Mental Health Court
Claude Jacob	Executive Director	Metro Health – City of San Antonio
Jelynne LeBlanc Jamison	President/Chief Executive Officer	Center for Health Care Services (LMHA)
Kim Jefferies	Chief Executive Officer	Haven for Hope
Hon. Oscar Kazen	Presiding Judge	Bexar County Probate Court
Mike Lozito	Director	Bexar County Office of Criminal Justice
Steven Pliszka, MD	Chair of the Department of Psychiatry	UT Health San Antonio
Hon. Ron Rangel	Chief Administrative Judge	Bexar County Criminal District Court
Andrea Richardson	Executive Director	Bluebonnet Trails Community Services (LMHA)
Sheriff Javier Salazar	Sheriff	Bexar County Sheriff's Office
Veronica Sanchez	Executive Director	Camino Real Community Services (LMHA)

[126] While Appendix One lists 80 interviewees, some of these calls included interviewee's support staff, therefore expanding our true number of interviewees above 80.

Name	Title	Organization
Hon. Barbara Scharf-Zeldes	Mental Health Associate Judge	Bexar County Probate Court
David Smith	County Manager	Bexar County
Stephanie Stiefer	Vice President, Detention Health Care Services	University Health
Sally Taylor, MD	Senior Vice President/Chief of Behavioral Medicine	University Health
Katie Vela	Executive Director	South Alamo Regional Alliance for the Homeless
Chris (Christine) Yanas	VP of Policy and Advocacy; Vice President of Governmental Affairs	Methodist Healthcare Ministries
Michael Young	Chief Public Defender	Bexar County Public Defender's Office

Bexar County Local Mental Health Authority (LMHA)

Name	Title	Organization
Edward Benavides	Interim VP Adult Behavioral Health	Center for Health Care Services
Lauren Estrada	Director of Authorization Services and Continuity of Care	Center for Health Care Services
Samantha Galloway	Clinical Director Complex Care	Center for Health Care Services
William Lee	Medical Director Community and Crisis Services	Center for Health Care Services
Rene Olvera, MD	Chief Medical Officer	Center for Health Care Services
Jesse Peralez	VP Community and Crisis Response/Chronic Crisis Stabilization Initiative	Center for Health Care Services
Laura Robles	Interim Director Outpatient Services and First Episode Psychosis (POWER Program)	Center for Health Care Services
Briana Rodriguez	Clinical Administrator ACT/FACT	Center for Health Care Services
Steven Salazar	Hospital Liaison Manager	Center for Health Care Services
Monica Torres	Clinical Director Justice Programs Clinic	Center for Health Care Services
Nguyen Vu (Michelle)	Clinical Administrator TCOOMMI Genesis Program	Center for Health Care Services

Law Enforcement/Legal

Name	Title	Organization
Joel Janssen	Asst. Chief Deputy - Adult Detention Bureau	Bexar County Sheriff's Office
Aida Negron	Reentry Program Manager Services	Bexar County Programs and Services Reentry Center Program
Jaime Rios	Deputy Chief - Jail	Bexar County Sheriff's Office
Roland Schuler	Chief of Staff - Sheriff's Office	Bexar County Sheriff's Office

Name	Title	Organization
James Serrato	Chief Deputy	Bexar County Sheriff's Office
Michelle Starr-Salazar	Mental Health Court Manager	Bexar County Mental Health Court
Sally Uncapher	Asst District Attorney (Civil)	Bexar County District Attorney's Office

Hospitals/Mental Health Providers

Name	Title	Organization
Bryan Alsip, MD	EVP/Chief Medical Officer	University Health
Aleen Arabit	Chief Executive Officer	San Antonio Behavioral Healthcare Hospital
Krystal Ayala, RN	Clinical Coordinator	Texas Vista Medical Ctr. (FKA SW General Hospital)
Ed Banos	EVP/Chief Operating Officer	University Health
Melissa Bourland	Director of Admission	San Antonio State Hospital
Mark Carmona	Chief Housing Officer	City of San Antonio
Vincent Creazzo	Assistant Superintendent	San Antonio State Hospital
Jacob Cuellar, MD	Chief Executive Officer	Laurel Ridge Treatment Center
Denise Descoteaux	Director Mental Health, Detention Health Care Services	University Health
Megan Frederick	Practice Manager	UT Health SA
Facundo Fulgueira, MD	Medical Director, Detention Health Care Services (Bexar County Jail)	University Health
David Gonzalez	Medical Director	San Antonio State Hospital
Marc Graham	Director of Admission	San Antonio State Hospital
Charles Handley	VP Finance/Chief Financial Officer	Baptist Health System
Andrew Hardin, MSN-RN, EHA	Senior Vice President, Chief Operating Officer	Voyages Behavioral Health
Kasandra Johnston	Senior Director, Detention Health Care Services	University Health
Jessica Knudsen	President/Chief Executive Officer	Clarity Child Guidance Center
Heather Labyer	Social Services Manager	Texas Vista Medical Ctr. (FKA SW General Hospital)
John Meier	Chief Operating Officer	San Antonio Behavioral Healthcare Hospital
Jason Miller, DO	Medical Director	Texas Vista Medical Ctr. (FKA SW General Hospital)
Jessica Miller, LCSW	Administrative Director, Behavioral Health Service Line	Baptist Health System
Luis Santos, LCSW	Director, Behavioral Health Care Coordination	University Health
Theresa Scepanski	President/Chief Executive Officer, Community First Health Plan	University Health
Paige Smith, MD	VP Growth and Development	Voyages Behavioral Health

Name	Title	Organization
Connie Tucker, MA, LPC-S	Program Specialist, STCC	Southwest Texas Regional Advisory Council
Jon Turton	President	Texas Vista Medical Ctr. (FKA SW General Hospital)
Christopher Wallace, MD	Emergency Department Psychiatrist	University Health

Nonprofit Organizations

Name	Title	Organization
Bill Glenn	Secretary (Board Member)	National Alliance on Mental Illness San Antonio

Southwest Texas Regional Advisory Council/Southwest Texas Crisis Collaborative (STRAC/STCC)

Name	Title	Organization
Kellie Burnham	Assistant Division Director	Southwest Texas Regional Advisory Council/STCC
Ernie Stevens	Crisis and Resiliency Specialist	Southwest Texas Regional Advisory Council/STCC
Dudley Wait	Chief of Operations	Southwest Texas Regional Advisory Council/STCC

Alamo Area Council of Governments (AACOG)

Name	Title	Organization
Jacob Ulczynski	Senior Director, IDD Division	AACOG Local IDD Authority

Appendix Two: Understanding the Length of Stay in the Competency Process

Another way to quantify the impact of the competency process is to create a uniform tracking period. The below table displays the number and proportion of people with competency restored within 730 days of booking. Because of the timeframe reviewed, the below data contains no observations for 2021 and data specific to 2020 uses only releases from January 1, 2020, through March 10, 2020. When controlling for exposure time, the proportion with competency restored is stable at about 39%, except in 2018 which had only 32%.

Table A1: Number of Bookings with Incompetency Finding, Time to Finding, and Number/Proportion with Competency Restored for People with 730 Observation Period from Booking, 2017 – March 10, 2020[127]

Year	Bookings with an Incompetency Finding	Days From Booking to an Incompetency Finding	People with Dates for Competency Restored within 730 Days (2 Years)	Percent of Bookings with an Incompetency Finding and Competency Restored in 2 Years
2017	333	313 Days	133	40%
2018	377	286 Days	122	32%
2019	402	394 Days	158	39%
2020 (From 1/1 - 3/10)	84	298 Days	32	38%

As of February 20, 2022, psychiatrists have evaluated over one third of those waiting but have not yet delivered a report. There were 13 (38%) evaluations done for the 34 defendants never released from jail, but the reports were not completed compared to one (17%) for the six inmates who were released and then rebooked.

Table A2: Awaiting Competency Evaluation Report in Bexar County Jail, February 20, 2022[128]

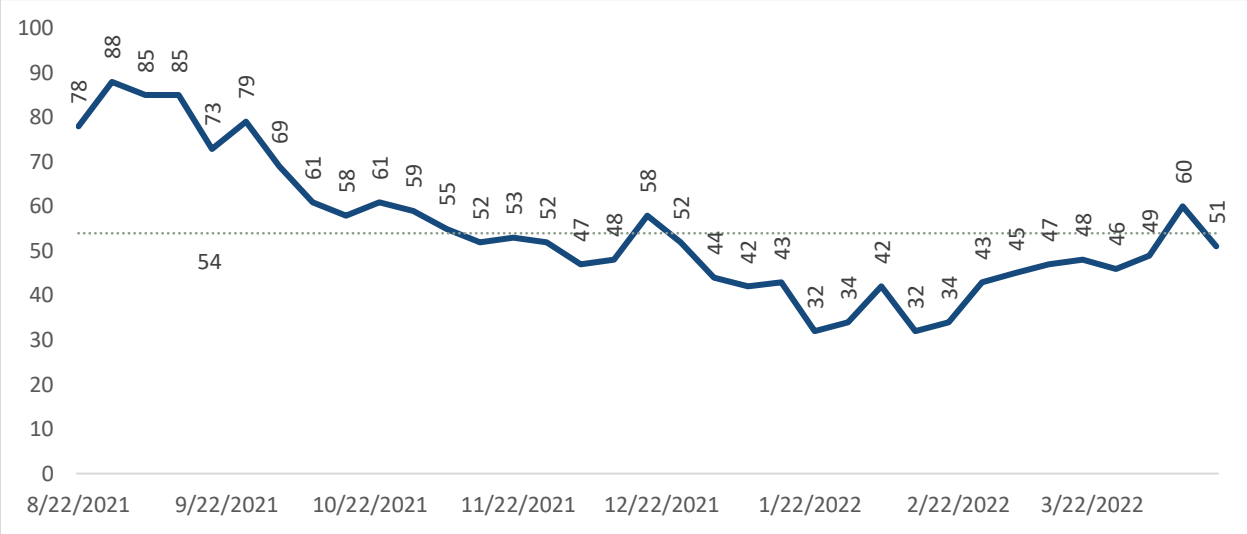
Population Type	Population	Evaluated, Waiting on Report	Percent Evaluated, Waiting on Report	Not Evaluated	Percent Not Evaluated
Custodial List – Never Released	34	13	38%	21	62%
Rebooked	6	1	17%	5	83%
Total	40	14	35%	26	65%

On average, there were 54 people on the custodial list (never released) awaiting a competency evaluation in the Bexar County Jail between August 22, 2021, and March 22, 2022. The

[127] Vahora, A. (2022). Bexar County Jail Bookings, 2017—2021 [Microsoft Excel]
[128] Vahora, A. (2022). Previously Cited.

February 20, 2022, number of 34 is 20 people below average. There is a downward trend seen over the time period of August 2021 through the end of February 2022, when it begins to increase again.

Figure A1: Snapshot Population of Custodial List/Never Released in Bexar County Jail Over Time, August 8, 2021 – April 17, 2022[129]



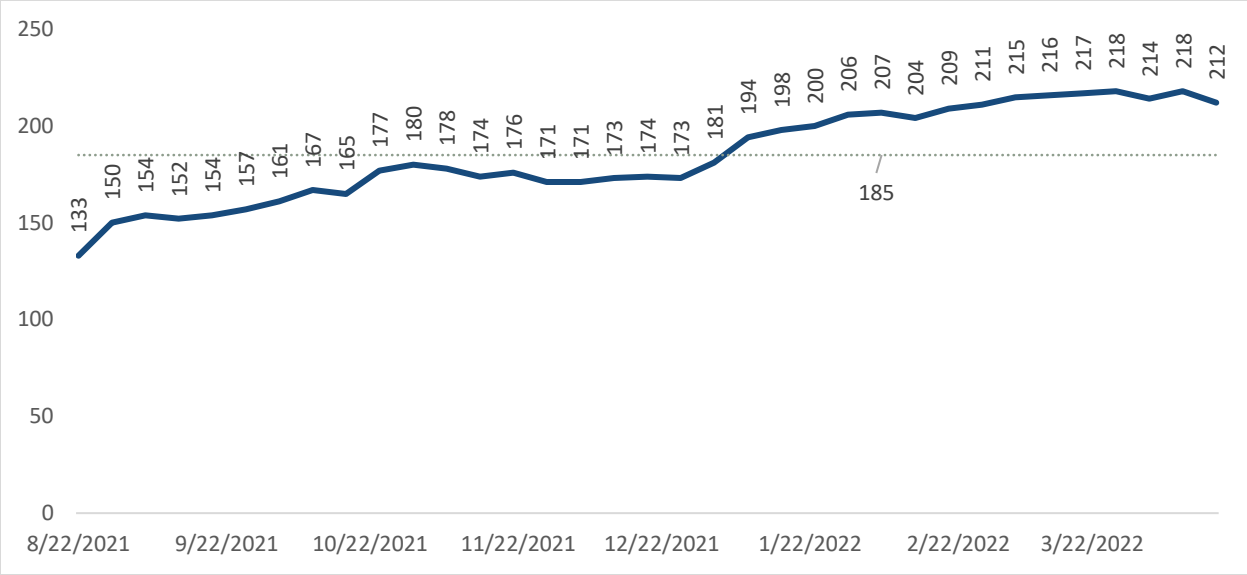
Opportunity: Reducing the time to order and receive a completed competency evaluation for the Court to act upon will allow inmates found incompetent to be considered for alternative placements or to be placed on the state hospital waiting list.

Court Finding of Incompetent to Stand Trial

On average, the jail data shows that there were 185 people found incompetent to stand trial in the Bexar County Jail between August 22, 2021, and April 17, 2022. However, on the date the snapshot data was reviewed (February 20, 2022), 209 people found to be incompetent were incarcerated, or 24 people above average. We observed a consistent upward trend throughout the noted time period. Following the snapshot taken on February 20, 2022, as of April 17, 2022, the number of those incarcerated that have been found incompetent to stand trial has not dipped below 210.

[129] Vahora, A. (2022). Previously Cited.

Figure A2: Snapshot Population of People in Bexar County Jail Found Incompetent or Insane, August 22, 2021, through April 17, 2022[130]



The snapshot data shows 209 people found incompetent to stand trial on at least one charge. UH housed these individuals in the jail for an average of 422 days, of which an average 198 had passed since they were found incompetent to stand trial. Only 20 people (10%) have a misdemeanor as their highest charge, with 189 people (90%) with a felony as the highest charge. By February 20, 2022, defendants with misdemeanors as their highest offense have stayed an average of 175 days in jail and 100 of those days are post finding of incompetence. The longest possible sentence for a Misdemeanor B is 180 days; it is 365 days for a Misdemeanor A. Defendants with felonies as the highest offense stayed an average of 449 days in the jail by February 20, 2022, with 208 of those days being post finding of incompetence.

Opportunity: A jail-based competency restoration program would allow restoration in the jail instead of transfer to the state hospital. More access to intensive community-based restoration would allow inmates to be treated in the community rather than the state hospital.

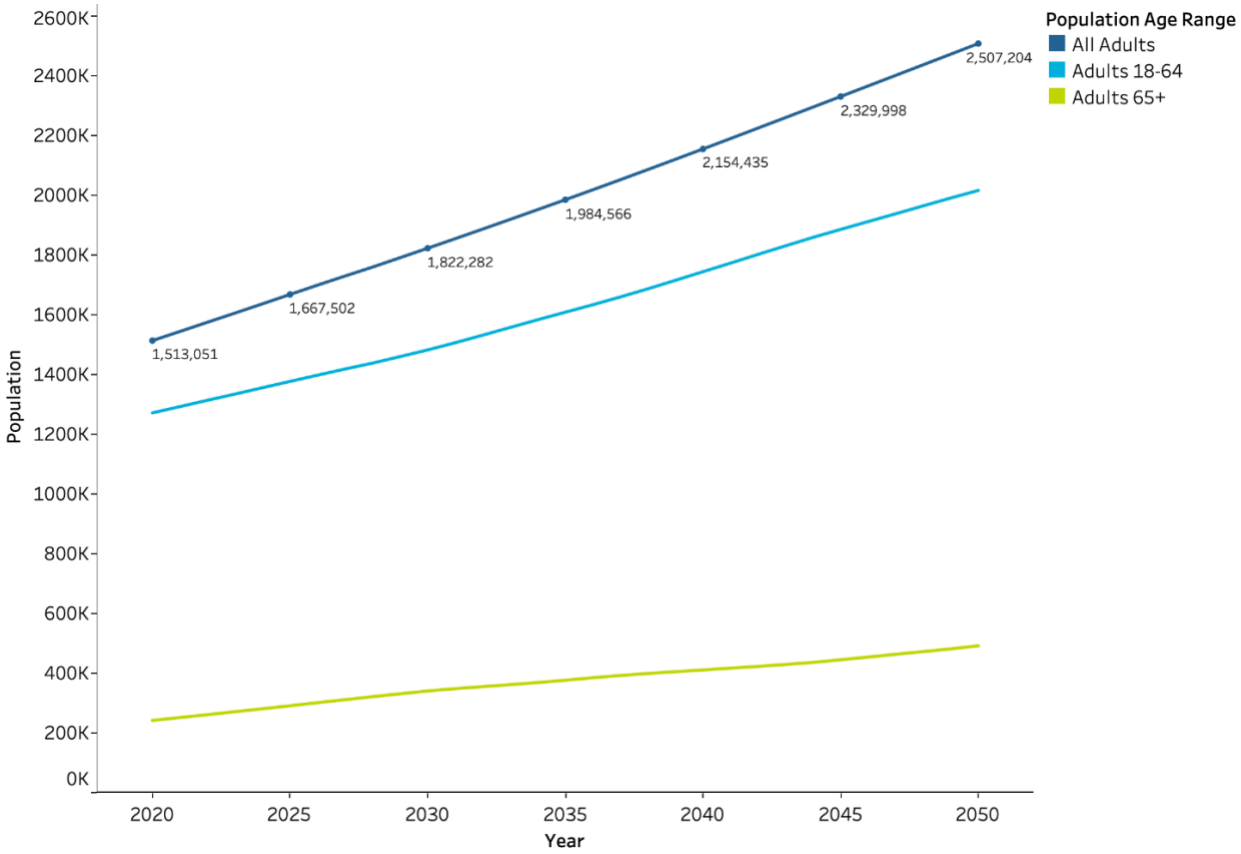
[130] Vahora, A. (2022). Bexar County Jail Bookings, 2017—2021 [Microsoft Excel]

Appendix Three: Data Supplement: Additional Data Reviewed

Demographics

Bexar County's adult population of approximately 1.5 million is projected to grow to 2.5 million by 2050, two thirds increase. The older adult population is expected to double in the next thirty years to over 500,000 people while the other adult population (18-64) is expected to increase to nearly 2 million.

Figure B1: Estimated Population of Adults in Bexar County – 2020 through 2050[131]



Inpatient Psychiatric Admissions from Bexar County Emergency Departments

Transfer from Bexar County emergency departments to inpatient psychiatric typically flowed into non-state hospital inpatient facilities within Bexar County. University Hospital, Baptist Medical Center, and Northeast Baptist Hospital transferred the most patients per year on average to other psychiatric facilities.

[131] Population projections are estimated using the American Community Survey 2015-2019 5-year data releases and expected rates of change from the Texas Demographer Population Projections Program, 2018. https://demographics.texas.gov/data/tpepp/projections/

Table B1: Adult Average Annual Transfers from Bexar County ED to Inpatient Psychiatric Beds by Source ED (2016-2020)[132,133]

Bexar County Hospital	Transfer Within Bexar County		Transfer Outside Bexar County	
	Non-State Hospital Admissions	State Hospital Admissions	Non-State Hospital Admissions	State Hospital Admissions
University Hospital	900	10	60	<6
Baptist Medical Center	600	<6	10	0
Northeast Baptist Hospital	400	<6	20	<6
Texas Vista Medical Center	300	<6	20	<6
Metropolitan Methodist Hospital	300	<6	30	<6
Northeast Methodist Hospital	300	<6	20	0
Methodist Hospital	300	<6	30	<6
CHRISTUS Santa Rosa Hospital-Westover Hills	200	<6	20	<6
Methodist Specialty & Transplant Hospital	200	<6	20	<6
Other	1,000 (90%)	10 (1%)	100 (9%)	<6 (<1%)

Bexar County Inpatient Psychiatric Bed Utilization

The Annual Survey of Hospitals identified eight Bexar County hospitals as having adult licensed psychiatric beds in 2020. Over 80,000 adults were admitted to these inpatient psychiatric beds from 2016-2020, with 75% of the admitted adults being Bexar County residents (Table B3).

Laurel Ridge Treatment Center, San Antonio Behavioral Healthcare Hospital, and Methodist Specialty & Transplant Hospital were the most utilized hospitals, accounting for 75% of the total admissions. Laurel Ridge and SASH both admitted a higher proportion of non-Bexar County residents compared to other hospitals. With a catchment area spanning 54 counties, at SASH nearly 60% of the admissions are of non-Bexar County residents, which may be expected for a state hospital with a large multi-county catchment area. Over 30% of Laurel Ridge's admissions were non-residents.

Table B2: Adult Admissions to Bexar County Psychiatric Inpatient Beds by Resident Status (2016-2020)[134]

Local Hospital	Total Admissions	Bexar County Residents	Non-Bexar County Residents	Residency Unknown
San Antonio State Hospital	2,783	1,062	1,698	23

[132] Texas Hospital Outpatient Research Data File. [2016-2020]. Previously Cited.
[133] Values are rounded due to uncertainty in the THCIC's unique patient index. See Appendix Five for details.
[134] Texas Hospital Inpatient Research Data File. [2016-2020]. Previously Cited.

Local Hospital	Total Admissions	Bexar County Residents	Non-Bexar County Residents	Residency Unknown
Baptist Medical Center	4,355	3,839	449	67
Northeast Baptist Hospital	2,004	1,704	274	26
Methodist Specialty & Transplant Hospital	15,867	12,941	2,454	472
University Hospital	4,783	4,159	547	77
Texas Vista Medical Center	10,996	10,039	853	104
Laurel Ridge Treatment Center	24,160	14,434	6,808	2,918
San Antonio Behavioral Healthcare Hospital	16,238	12,868	3,164	206
Total	81,186 (100%)	61,046 (75%)	16,247 (20%)	3,893 (5%)

Self-pay was the most common payer for adult psychiatric inpatient admissions (29%), followed by commercial insurance (27%) and Medicaid (17%). Self-pay was the sole payer stated at SASH. State hospital beds are paid for by the state, with funds allocated by HHSC. Self-pay was also common at University Hospital and Methodist Specialty & Transplant Hospital, representing 58% and 40% of payers respectfully. The overall commercial insurance rate is slightly skewed by San Antonino Behavioral where commercial insurance represents 62% of the payers and Texas Vista Medical Center where it represents 43% of payers. At the other hospital (ignoring SASH), commercial insurance is only the primary payer for 15% of admission, on average. Laurel Ridge was the predominant hospital that served adults with a Medicaid payer, admitting 49% of the total adults using a Medicaid payer.

Table B3: Adult Admissions to Bexar County Psychiatric Beds by Payer (2016-2020)[135,136]

Hospital	Medicaid	Medicare	Other Government	Self-Pay[137]	Commercial	Unassigned/ Missing
San Antonio State Hospital	-	-	-	2,783	-	-
Baptist Medical Center	880	1,372	45	1,171	887	-
Northeast Baptist Hospital	234	1,236	36	156	342	-

[135] Texas Hospital Inpatient Research Data File. [2016-2020]. Previously Cited.
[136] We are continuing to revise our classification of payer mix using the THCIC data. As a result, there may be discrepancies between the data reported here and internal hospital classifications.
[137] Self-pay includes charity, indigent, and "unknown" payers.

Hospital	Medicaid	Medicare	Other Government	Self-Pay[137]	Commercial	Unassigned/ Missing
Methodist Specialty & Transplant Hospital	2,453	2,985	227	6,309	3,590	303
University Hospital	822	705	16	2,795	401	44
Texas Vista Medical Center	2,502	1,708	971	1,071	4,744	-
Laurel Ridge Treatment Center	6,579	1,413	4,113	7,403	1,651	3,001
San Antonio Behavioral Healthcare Hospital	67	3,642	790	1,684	10,055	-
Total	13,537 (17%)	13,061 (16%)	6,198 (8%)	23,372 (29%)	21,670 (27%)	3,348 (4%)

The below table shows that self-pay was the most common primary payer for psychiatric and SUD-related visits. SUD-related visits were more likely to self-pay for services (54%) than those visiting for a psychiatric reason (33%). A payer mix evenly distributed across commercial insurances (23%), Medicaid (19%), and Medicare (22%) made up the majority of funding for psychiatric visits.

Table B4: Payer Categories for Adult Behavioral Health Related ED Visits (2016 – 2020)[138]

Payer Category	Psychiatric Visits N (%)		SUD-Related Visits N (%)	
	Total Visit	Average Visits Per Year	Total Visit	Average Visits Per Year
Commercial	19,190 (23%)	3,838 (23%)	7,095 (15%)	1,419 (15%)
Medicaid	15,749 (19%)	3,150 (19%)	6,136 (13%)	1,227 (13%)
Medicare	18,349 (22%)	3,670 (22%)	6,565 (14%)	1,313 (14%)
Other Government	2,042 (2%)	408 (2%)	772 (2%)	154 (2%)
Self-Pay	28,161 (33%)	5,632 (33%)	25,215 (54%)	5,043 (54%)
Unassigned/Missing Payer	1,315 (2%)	263 (2%)	965 (2%)	193 (2%)
Total	84,806 (100%)	16,961 (100%)	46,748 (100%)	9,349 (100%)

Table B5 and B6 show the overview of child and youth (under 18) admissions to Bexar County psychiatric beds or the admission by Bexar County residents to psychiatric beds outside of Bexar County, used to project future bed need for this population. In total 39,670 children and youth were admitted to Bexar County beds, of which 71% of which were non-Bexar County residents. Additionally, 1,145 Bexar County residents were admitted to beds outside of the

[138] Texas Hospital Inpatient Research Data File. [2016-2020]. Previously Cited.

county. The average length of stay among these admissions was 7.2 days, however 62% had a length of stay less than a week.

Table B5: Child/Youth (Under 18) Admissions to Psychiatric Beds by Residency[139]

Year of Admission	Total Admissions	Bexar County Residents		Non-Bexar County Residents	Residency Unknown
		Bexar Hospital	Non-Bexar Hospital		
2016	7,677	1,928	207	5,497	45
2017	8,003	2,072	164	5,728	39
2018	9,572	2,406	144	6,978	44
2019	8,572	2,145	424	5,949	54
2020	6,991	1,792	206	4,955	38
Total	40,815 (100%)	10,343 (25%)	1,145 (3%)	29,107 (71%)	220 (1%)

Table B6: Child/Youth (Under 18) Length of Stay[140]

Length of Stay	Admissions
1 to 3 days	7,398 (18%)
4 to 6 days	18,133 (44%)
7 to 9 days	9,635 (24%)
10 to 15 days	3,433 (8%)
16 to 24 days	1,202 (3%)
25 or more days	1,014 (2%)
Total	40,815 (100%)
Average length of stay (LOS)	7.2 days

[139] Texas Hospital Inpatient Research Data File. [2016-2020]. Previously Cited.
[140] Texas Hospital Inpatient Research Data File. [2016-2020]. Previously Cited.

Appendix Four: Prevalence Estimation Methodology

Introduction

To provide meaningful estimates based on the most rigorous and contemporary epidemiological sources available regarding overall prevalence of serious emotional disturbance (SED) and serious mental illness (SMI), we utilize the work of Dr. Charles Holzer.[141] In 2014, we commissioned Dr. Holzer to estimate the prevalence of SMI in Texas counties, using 2012 and earlier data. We believe that Dr. Holzer's original SED and SMI estimates and our adaptation of his data, findings, and methodologies to current Texas populations provide the most practically relevant estimates available. The method, described in detail below, uses statistical formulas that apply national prevalence rates to Texas population and demographic data.

Estimating the prevalence of specific mental illnesses such as bipolar disorder, depression, or schizophrenia in different age groups (e.g., children, youth, and adults) is a more complicated endeavor – one requiring us to incorporate the best available national studies of the prevalence of those specific disorders. In cases where these alternative epidemiological sources are used, they are always cited and represent what we judge to be the best available contemporary source.

Holzer and "Horizontal Synthetic Estimation"

Beginning with his work at the University of Florida in the 1970s, Holzer drew connections between established data (drawn largely from census data), demographics, and the careful study of how these factors correlated with various needs among populations. Holzer derived principles about these connections, as presented in the Mental Health Demographic Profile System (MHDPS). This system matched demographic data from the Florida Health Survey with community demographics and known needs for mental health services, creating a model for estimating need in places and situations in which survey data were not available.

The method, which those on the MHDPS team termed "Horizontal Synthetic Estimation," evolved as Holzer refined his work. A crucial step came in the 1980s, following the National Institute of Mental Health's Epidemiologic Catchment Area (ECA) program, the largest psychiatric epidemiological study in the United States at the time. Holzer used ECA findings to develop a series of prevalence estimates for the Texas Department of Mental Health and Retardation, a project which led to several similar projects in Colorado, Ohio, and Washington State. Following the 1990 Census and the 1993 National Comorbidity Survey (NCS), Holzer developed estimates in other states, including Colorado, Wyoming, and Nebraska, among others, and included county-level prevalence estimates.

Holzer's method represented a departure from previous, less-precise methods. He argued that prior approaches mistakenly assumed that local mental health systems served all people with mental health needs. He also criticized indirect methods of estimation, such as those using social indicators (crime levels, poverty, divorce, etc.) with no data on mental illnesses.

[141] Charles E. Holzer III, PhD, was an esteemed psychiatric epidemiologist who has worked and published in behavioral science for forty years.

Holzer argued that if prevalence estimates and their correlates with demographic characteristics from national epidemiological studies were applied to state and county populations, he could provide more precise estimates of mental health need. He used statistical methods that analyzed survey data from the 2001–2003 Collaborative Psychiatric Epidemiology Surveys to estimate the relationships between seven socio-demographic characteristics (i.e., age, sex, race/ethnicity, marital, education, poverty, housing status) and SED and SMI prevalence rates. He then applied these rates to the most up-to-date, available county- or state-level American Community Survey (ACS)[142] population and demographic data, which include estimates of the number of people who can be categorized by the same seven socio-demographic characteristics.

MMHPI Adaptation of Holzer's Methodology and Data

In 2014, we hired Dr. Holzer to perform a revised county-level estimate throughout Texas, using 2012 three-year ACS data (the most recently available data at the time). Dr. Holzer then licensed the methodology to us for use in estimating prevalence in Texas. From this work, and by using Dr. Holzer's findings, especially his 2012 MMHPI-commissioned Texas estimates, we have developed a new series of 2019 estimates utilizing the 2019 ACS five-year dataset and the 2019 population estimates. These data were the most current at the time of our analysis.

Estimating the Prevalence of Specific Disorders

In estimating the prevalence of specific disorders, we draw on the most recent national prevalence studies conducted by psychiatric epidemiologist Ron Kessler and his colleagues as well as reviews of prevalence studies that target specific disorders. The two primary national studies we use are the National Comorbidity Survey Replication (NCSR)[143] and the National Comorbidity Survey Replication-Adolescent Supplement (NCSR-A).[144] These studies provide national estimates of specific disorders. We then apply these estimates to the Texas populations of the same age groups (all adults ages 18 and older and youth ages 12 to 17).

The national studies do not include all disorders of interest. For example, because of its very low prevalence rate, schizophrenia is not included in the NCSR. In cases of missing diagnoses in the NCSR or NCSR-A, we rely on what we determine to be the best available reviews of epidemiological studies specific to each diagnosis.[145]

[142] The ACS is an extension of the U.S. Census Bureau. It is an ongoing statistical survey that gathers significant data that, among other things, track shifting demographic data. The use of ACS data helps to align the Holzer estimates with the most up-to-date, local demographic data.

[143] Kessler, R.C., et al. (2005). Previously Cited.

[144] Kessler, R.C., et al. (2012b). Severity of 12-Month DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. Archives of General Psychiatry, 69(4), 381–389.

[145] See, for example, McGrath, J., et al. (2008). Schizophrenia: A concise overview of incidence, prevalence, and mortality. Epidemiological Reviews, 30, 67–76.

Appendix Five: Hospital Data and Methodology

We drew our data for emergency department and inpatient psychiatric bed use from the research-use Texas Health Care Information Collection (THCIC), which is maintained by the Texas Department of State Health Services.[146] THCIC comprises discharges from inpatient,[147] emergency department,[148] and outpatient[149] services for hospitals operating throughout Texas and includes patient-level information about Texas residents and non-residents discharged from Texas hospitals. These THCIC discharge records were used to analyze psychiatric inpatient and emergency department utilization within counties and across Texas.

Each discharge record included details on the client's age, length of stay, county of residence, charges (which reflect the nominal amount billed for each service), hospital or facility name, patient diagnoses, primary payer type,[150] and source of admission, among other indicators about the patient, services provided and information about the facility in which the patient was treated. The Meadows Institute maintains THCIC data for calendar year 2015 through September of 2020.

Patient Flow and Improbability Index

Each patient within the THCIC is assigned a unique identifier that permits assessment of patient flow between geographies, facilities and service types provided to patients. During our internal investigations using these data, The Meadows Institute identified a relatively small number of patient identifiers that account for an implausible number of discharge records and unusual patterns in the service provision (e.g., patient IDs with nearly six thousand outpatient visits per year in varying Texas regions). Through conversation with the THCIC staff and our own internal investigation, we concluded that a small number of unique patient identifiers (<1% of patients) included data from multiple different patients and are therefore, unreliable.[151]

To address this problem, we created an "improbability index" to identify and remove patient IDs that are unlikely to represent a single, unique patient. The "improbability index" includes seven (7) indicators that a single patient ID may be representing multiple patients. These indicators include patient-level variables that are unlikely to change over a calendar year, such as date of birth, demographics, and residential information (e.g., residential zip code), and that

[146] Texas Department of State Health Services. (2021, January 7). Texas Health Care Information Collection. https://www.dshs.texas.gov/thcic/

[147] Texas Department of State Health Services. (2021, August 13). Texas Inpatient Research Data File (IP RDF). https://www.dshs.texas.gov/thcic/hospitals/inpatientresearchfile.shtm

[148] Texas Department of State Health Services. (2021, August 19). Texas Hospital Emergency Department Research Data File (ED RDF). https://www.dshs.texas.gov/thcic/Texas-Hospital-Emergency-Department-Research-Data-File-(ED-RDF).doc

[149] Texas Department of State Health Services. (2021, August 13). Texas Outpatient Research Data File (OP RDF). https://www.dshs.texas.gov/thcic/Texas-Outpatient-Research-Data-File-(OP-RDF)/

[150] Payer types are grouped into one of five categories: Medicaid, Medicare, Other Governmental Payer, Self-Pay, and Commercial Insurance.

[151] According to the THCIC office, patients are prone to misclassification when a facility reports unknown or masked data (e.g., all 9's) for social security number, date of birth, and / or name. The more information that is masked or missing, the greater the likelihood that these patients will be classified under the same patient identifier.

are overrepresented in suspect patient IDs (e.g., birthdates of January 1). Each patient ID is assigned an index value based on the presence and amount of conflicting or concerning information within those seven (7) indicators. Using this system, a score of one (1) on the index indicates no conflicting or concerning information and higher scores indicate the presence more conflicting or concerning information. In effect, a value of one (1) on the improbability index indicates a high likelihood that a given patient ID represents a single patient, while values above one (1) raise questions about the validity of that patient ID.

No single cutoff point for the "improbability index" can be identified given the wide variation in the quality of data that are reported between hospital systems. Generally, we have considered index values in the range of 1.2 to 1.9 as indicative of potentially problematic patient IDs. Once the appropriate cut-off point was determined, patient IDs with "improbability index" scores at or above that point were removed from the data set and not considered in transfer pattern analyses. As a result, the number of patients discharged as presented in this report may vary slightly from the internal records at each hospital facility.

Appendix Six: Shifts in Behavioral Health Care Utilization During the COVID-19 Pandemic

The onset of the SARS-CoV-2 (COVID-19) pandemic in the first quarter of 2020 quickly altered the healthcare utilization landscape. Emergency departments in many locations were overwhelmed and understaffed, leading to many departments diverting patients to different facilities for care.[152] Research conducted early in the pandemic suggests that overall emergency department (ED) visits overall declined by as much as sixty percent (60%) in April 2020 and never reached projected volume calculations based on historical data. Rates of hospitalization declined substantially during the first months of the COVID-19 pandemic, suggesting delayed routine, elective, and emergency care in the United States.[153]

This summary describes the impact of the COVID-19 pandemic on ED visits and inpatient hospitalizations for mental health and substance use disorders (SUD) in Texas.

In summary, we identified a statistically significant decline in ED visits immediately following the COVID-19 emergency declaration in March 2020. Inpatient admissions for behavioral health care did not immediately decline; however, a significant reduction in inpatient care utilization was identified during the third quarter (summer/fall) of 2020 and persisted for the remainder of the calendar year. For both ED visits and inpatient hospitalizations, the number of visits slowly increased over time but did not approach projected volume rates.

The reduced rate of behavioral health care utilization should be considered when projections or capacity assessments are conducted using data from 2020.

Approach

The Meadows Institute investigated the impact of COVID-19 on Texas ED visits and inpatient admissions for behavioral health reasons using a subset of facilities from the Texas Health care Information Collection (THCIC).[154,155] Technical information on the methodology may be supplied if request.

Changes in Behavioral Health Care Utilization Overall

Trends in the weekly average number of encounters for behavioral health reasons are shown in Figure C1, below. Statistically significant declines in all behavioral health care utilization were

[152] Jeffery MM, D'Onofrio G, Paek H, et al. (2020). Trends in emergency department visits and hospital admissions in health care systems in 5 states in the first months of the COVID-19 pandemic in the US. JAMA Intern Med, 180(10), 1328–1333. 10.1001/jamainternmed.2020.3288.

[153] Birkmeyer, Barnato, A., Birkmeyer, N., Bessler, R., & Skinner, J. (2020). The Impact of the COVID-19 pandemic on hospital admissions in the United States. Health Affairs (Millwood, Va.), 39(11), 2010–2017. 10.1377/hlthaff.2020.00980.

[154] Texas Hospital Inpatient and Emergency Department Discharge Research Data File, [2016-2020]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

[155] For ED, 128 hospitals were analyzed, representing 75% of total behavioral health visits from 2019-2020. For inpatient admissions, 79 hospitals were analyzed, representing 78% of total behavioral health admissions from 2019-2020. Facilities with small averages of weekly admissions were not included in the analyses due to large fluctuations in percentage change estimates.

identified after the onset of the COVID-19 pandemic (March 15, 2020). As shown in Table 1, the average number of weekly ED visits for behavioral health reasons declined from 36.3 encounters pre-COVID-19 to 31.1 encounters after the onset of COVID-19 – a statistically significant decline. For inpatient encounters, the average number of weekly visits declined from 43.7 pre-COVID-19 to 38.6 after the onset of the COVID-19 pandemic.

Figure C1. Trends in the Weekly Average Number of Behavioral Health Emergency Department Visits and Inpatient Admissions, by Year (2016-2020)

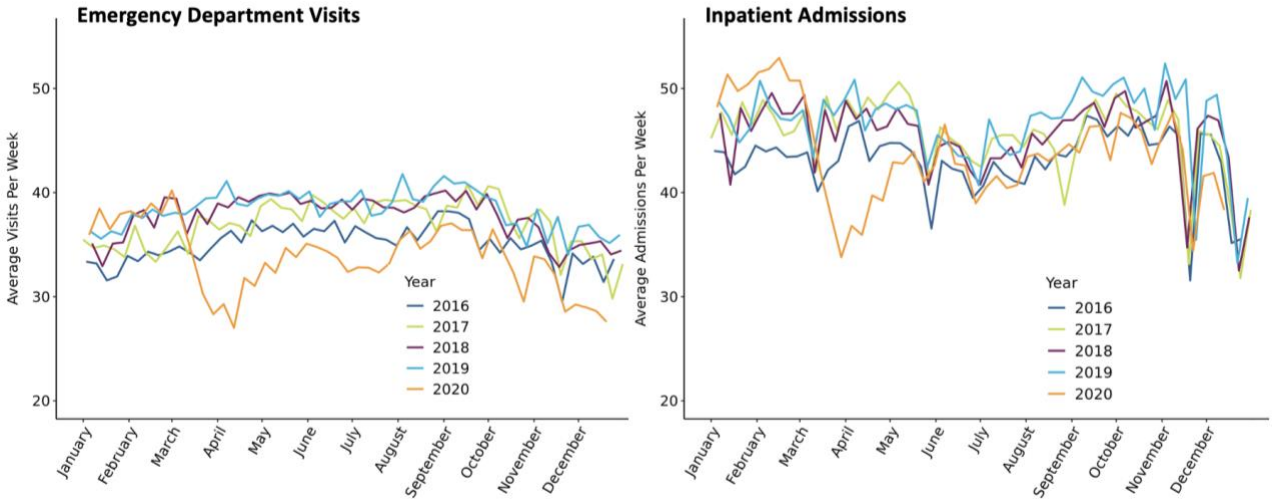


Table C1. Weekly Encounters for Behavioral Health Reasons (2016-2020) by COVID-19 Period[156]

	Emergency Department Visits		Inpatient Admissions	
	Pre-COVID-19	COVID-19	Pre-COVID-19	COVID-19
Average Number of Encounters Per Week (Standard Error)	37.0* (0.26)	32.8* (0.52)	45.4* (0.25)	42.2* (0.60)

*Denotes a significant difference ($p<0.001$) between the average number of pre-COVID-19 and COVID-19 values using a student's t-test.

Table 2 includes the results of the regression discontinuity analyses by four different bandwidths.[157] Overall, the models identified a rapid, statistically significant decline in behavioral health ED visits after the onset of the COVID-19 emergency declaration. This significant reduction in ED visits persisted through the end of 2020.

For inpatient encounters, the results show no significant difference in the rate of inpatient behavioral health admissions in March / April of 2020 compared to February / March of 2020

[156] Pre-COVID-19 period refers to January 3, 2016, through March 14, 2020. COVID-19. The COVID-19 period refers to March 15, 2020, through December 31, 2020.

[157] Four different bandwidths were used to explore changes before and after the COVID-19 pandemic declaration date. See the Technical Appendix for more information on the selection of bandwidth values.

(Table 2). However, the rate of inpatient care utilization between 16- and 40- weeks after the onset of COVID-19 resulted in a significant reduction of inpatient care utilization when compared to utilization rates during the same pre-COVID-19 period.

Table C2. Results of Regression Discontinuity Analysis Examining Changes in ED visits and Inpatient Admissions Over Time

Weeks Before / After COVID-19 Pandemic Declaration Date	Coefficient	Standard Error	P-value
	Emergency Department Visits		
6.21 weeks	-0.464	0.179	0.009
16 weeks	-0.478	0.051	<0.001
28 weeks	-0.418	0.032	<0.001
41 weeks[158]	-0.354	0.024	<0.001
	Inpatient Admissions		
4.33 weeks	-0.330	0.295	0.264
16 weeks	-0.443	0.068	<0.001
28 weeks	-0.475	0.043	<0.001
40 weeks	-0.365	0.034	<0.001

Summary

The COVID-19 pandemic had a substantial effect on overall behavioral health care utilization. This impact on ED visits was immediate, and the rates of both ED visits and inpatient admissions were significantly lower throughout 2020 than expected given prior years' utilization patterns.

[158] We truncated the inpatient dataset to include only 40 weeks and the emergency department dataset to include 41 weeks, which removed the final weeks in 2020 that had an artificially lower encounter rates due to patients not being discharged until after the end of calendar year 2020.

Appendix Seven: Acronym List

Acronym	Meaning/Definition
AACOG	Alamo Area Council of Governments
ACS	American Community Survey
ACT	Assertive Community Treatment
ADC	Adult Detention Center
AOT	Assisted Outpatient Treatment
BC	Bexar County
BCMAC	Bexar County Managed Assigned Counsel Office
BCSO	Bexar County Sheriff's Office
CCSR	Clinical Classifications Software Refined
CDC	Centers for Disease Control and Prevention
CHCS	Center for Health Care Services
CHW	Community Health Worker
COPSD	Co-Occurring Psychiatric and Substance Use Disorders
CSC	Coordinated Specialty Case
CSCD	Community Supervision and Corrections Department
DDRF	Dual Diagnosis Residential Facility
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
ECA	Epidemiologic Catchment Area
ED	Emergency Department
FACT	Forensic Assertive Community Treatment
HOK	Hellmuth, Obata + Kassabaum
ID	Identification
IDD	Intellectual Developmental Disability
ISF	Intermediate Sanction Facility
IST	Incompetent to Stand Trial
JBCR	Jail-Based Competency Restoration
LENav	Law Enforcement Navigation
LMHA	Local Mental Health Authority
LOS	Length Of Stay
LTACH	Long-Term Acute Care Hospital
MAT	Medication Assisted Treatment
MCOT	Mobil Crisis Outreach Teams
MH	Mental Health
MHDD	Mental Health and Developmental Disabilities
MHDPS	Mental Health Demographic Profile System
MMHPI	Meadows Mental Health Policy Institute
NCS	National Comorbidity Survey
NCSR	National Comorbidity Survey Replication
NCSR-A	National Comorbidity Survey Replication-Adolescent Supplement
OBOT	Office Based Opioid Treatment
OSAR	Outreach, Screening, Assessment and Referral

PATH	Projects for the Assistance in Transition from Homelessness
PPB RFI	Purchased Psychiatric Beds Request For Information
SAFPF	Substance Abuse Felony Punishment Facility
SARAH	South Alamo Regional Alliance for the Homeless
SASH	San Antonio State Hospital
SATF	Substance Abuse Treatment Facility
SDOH	Social Determinants of Health
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
STCC	Southwest Texas Crisis Collaborative
STRAC	Southwest Texas Regional Advisory Council
SUD	Substance Use Disorder
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDCJ	Texas Department of Criminal Justice
THCIC	Texas Health Care Information Collection
TIDC	Texas Indigent Defense Commission
UH	University Health

Appendix Eight: Full Findings and Recommendations

Adult Detention Behavioral Health Services

Findings and Recommendations:

- **Finding**: There are approximately 618 inmates clinically appropriate for one of the 404 dedicated infirmary, mental health, or suicide watch beds. The 214 awaiting a dedicated bed are in the general population. The need for dedicated mental health and suicide watch beds for males and females is a priority. Phase 2 of this project will provide a deeper dive into the utilization and reconfiguration of existing space as well as the potential for newly developed space to meet these needs.
  - **Recommendation**: Proceed with planning for potential development of jail space to expand the number of dedicated mental health and suicide watch beds for persons who are unlikely to be released from the jail until their legal case is resolved. Phase 2 of this project will provide a deeper dive into the utilization and reconfiguration of existing space as well as the potential for newly developed space to meet these needs.
    - There is a priority need for acute mental health beds and suicide watch beds for females. Specifically, a 26-bed unit for acute mental health treatment is a top priority with an additional space for a 26-bed unit for those deemed appropriate for suicide watch.
    - We recommend capacity expansion for males of a 48-bed unit for additional stable mental health beds, 30 acute mental health beds and the development of two 26 bed units for those under suicide watch.
    - These identified priorities require a total addition of 182 specialty beds within the current jail unit configurations. Additional dedicated mental health beds within the jail will support efforts to provide appropriate treatment in a more therapeutic setting. In addition, dorm style and single cell options need to be investigated in consideration of classification status.
- **Finding**: Competency evaluations are not completed in a timely manner. While there were only 40 inmates awaiting completion of an evaluation as of February 20, 2022, no action can be taken on their cases until the evaluation is received and acted upon by the Bexar County Court.
  - **Recommendation**: There should be a focused effort throughout the entire Bexar County criminal justice system to complete competency evaluations and submit the evaluation reports to the Courts for action in a timely manner.
- **Finding**: All 33 inmates restored to competency and who remain in jail awaiting resolution of their legal case have been in custody for almost three years. All had felony cases that typically are not considered appropriate for release pending case resolution.
  - **Recommendation**: One area with potential legislative action is creating legislation that requires a focused effort to resolve the criminal cases of all inmates in jail who have been restored to competency as quickly as possible with specific parameters with timeline expectations and penalties.
- **Finding**: The 209 inmates found incompetent and awaiting transfer to the state hospital have the largest impact on jail population and resources and many have charges that are typically not considered appropriate for release to community treatment.

From our findings and data analysis we recommend the following programming and alternative settings, that collectively implemented, will reduce over utilization of jail resources and the length of stay in jail due to state hospital wait list time:

- **Recommendation**: Prioritize implementing a Jail-based Competency Restoration Program (JCBR) as a pilot for the expanded treatment services and coordination within the justice system. There is an immediate opportunity for a JBCR program within the jail. CHCS has received federal grant funding to implement JCBR at the Bexar County Jail. Planning among partners and stakeholders is underway, providing an opportunity to explore the efficacy of expanded use of increased dedicated space within the secure jail perimeter. A JBCR pilot requires significant support from UH Detention Health, including prescribers, medication, and other treatment support. The JBCR implementation also requires services and support from jail leadership, the Courts, CHCS, and other justice system stakeholders.
- **Recommendation**: Continue to coordinate with the District Attorney and Courts to expand use of civil commitments for mental health services instead of forensic commitments to the state hospital. However, civil bed capacity must be expanded for this.
- **Recommendation**: Continue close coordination with the Bexar County Task Force on Criminal Justice and Behavioral Health as lead by the Bexar County Criminal Justice Department. The Task Force is evaluating the efficacy of developing residential treatment capacity that could be used for competency restoration.
- **Recommendation**: Initiate discussions with leadership of San Antonio State Hospital on accessing existing or developing new capacity for competency restoration, including persons designated as needing a maximum-security facility.

- **Finding**: The 161 inmates awaiting transfer to a special placement should be considered for treatment in an alternative out-of-jail setting. All have been approved for community supervision upon completion of their treatment and should be appropriate for community-based treatment in a non-secure setting. Out of the 161, the 118 persons awaiting transfer to programs at the Applewhite Recovery Center should be considered first. Bexar County CSCD leadership reports available capacity in these programs. Bexar County Criminal Justice Department leadership also report community SUD treatment from Lifetime Recovery that is not used to full capacity. Out of the 161, the 43 inmates awaiting transfer to one of the two Texas Department of Criminal Justice facilities should then be considered for treatment in an alternative setting.
  - **Recommendation**: The inmates awaiting transfer to a special placement should receive an evaluation by pre-trial or supervision staff to determine if release is an option. UH can provide any treatment updates needed to support this review and evaluation. Recommendation: UH should collaborate with Bexar County Criminal Justice Department to explore access to SUD treatment capacity from Lifetime Recovery that is currently under-utilized and with Bexar County CSCD on accessing available beds at the Applewhite Recovery Center as well as expanding capacity specifically at DDRF.

Civil Mental Health Beds and Programming

Findings and Recommendations:

- **Finding:** The data analyses were complex to interpret given the compounding effects of bed closures at Nix and reduced client flow into psychiatric beds due to COVID-19. However, it appears that the current psychiatric bed capacity in Bexar County is insufficient to accommodate patient demand for inpatient mental health services.[159]
  - **Recommendation**: We project that nearly 300 adult beds (yielding a total of 821) may be needed by 2040 to serve Bexar County residents in need of inpatient psychiatric care.[160] *Note that the development and expansion of best practice community services with evidence base that buffer against inpatient bed use may have an impact on these estimates of need.* Examples of these best practice mitigation strategies include:
    - Adult Outpatient Clinics / Community Support Services with walk-in services
    - Complex Care Specialty Services -- Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Assisted Outpatient Treatment (AOT), and Complex Care Clinics
    - Homeless Services- Homeless Clinics, Projects for the Assistance in Transition from Homelessness (PATH), Street Medicine, Diversion Centers, Peer Community Centers
    - Substance Use Treatment- Outreach, screening, assessment, and referral (OSAR), Office Based Opioid Treatment (OBOT), Ambulatory Detox, Medically Supervised Detox, Intensive Residential, COPSD services, Integrated Care
    - Social Determinates of Health Services- Community health workers (CHWs), Housing/Residential Services and Benefit Assistance
    - Forensic Services- - Jail Diversion Liaison, Outpatient Competency Restoration, Jail-Based Competency Restoration
    - Jail Diversion Services - Diversion Centers, First Responder Programs
    - Crisis Services- Crisis Hotline, Mobile Crisis Outreach Teams (MCOT), Crisis Respite and Crisis Residential
  - **Recommendation**: In the absence of additional community-based programming, we estimate 100 additional child/youth beds (totaling 292) may be needed in Bexar County by 2040.[161]
- **Finding**: Housing instability, lack of affordable housing and homelessness were reported by community providers and stakeholders as factors impacting the mental health continuum of care.
  - **Recommendation**: Community collaboration is critical to sustainable change. Increasing community-based housing services can afford unhoused individuals with co-occurring

[159] The number of additional beds identified in this section are calculated from the baseline data in Table 31.
[160] As noted in Table 31, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant. To reflect this flexing, we have rounded our projections of the number of "additional beds needed".
[161] As noted in Table 31, facilities flex their capacity according to patient demand. Therefore, the number of beds available for children/youth/adults is not constant. To reflect this flexing, we have rounded our projections of the number of "additional beds needed".

mental health and substance use disorders to find stability in the community and decrease need for crisis services.