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Health and Human Services

Rider 56: Analysis of Public Survey Responses

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Rider 56 - Requirements

Rider 56, included in the Texas Health and Human Services Commission (HHSC) section of Senate Bill 1 from the 89th Texas Legislature, Regular Session (2025), directs HHSC to study and propose a pilot program that would provide residential intermediate care services.

These services are intended for individuals with SPMI who may have co-occurring conditions – such as a TBI and IDD – who, due to the acuity of their conditions, are inappropriate for community placement, but no longer meet criteria for inpatient psychiatric care.

Submission Deadline: October 15, 2026

Rider 56 - Population

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

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

Rider 56 Survey Overview

Purpose: Gather input on the study and pilot proposal.

Survey Development:

- Survey questions were designed to align with the rider's specific requirements.
- Input was sought from an internal workgroup of HHSC employees, as well as authors of the Rider 56 rider language.

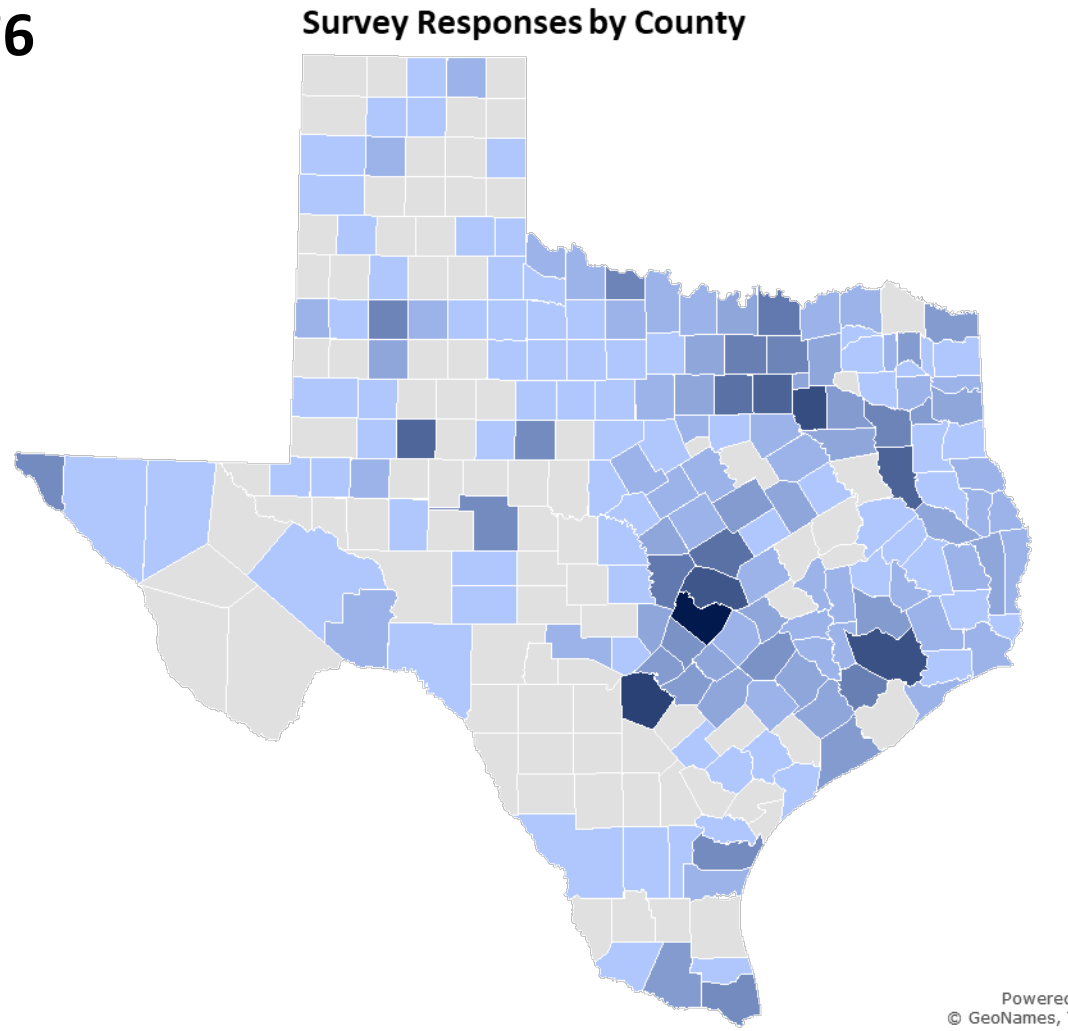
Survey Timeline: Survey was open February 3 to February 22.

Distribution: Distributed survey via a listserv of more than 1,000 behavioral health and criminal justice stakeholders using HHSC's Government Delivery System.

Counties Represented

HHSC received 476 responses, representing 176 unique Texas counties.

Top Counties	# Responses
Travis	73
Bexar	31
Kaufman	24
Harris	22
Williamson	20
Cherokee	15
Dallas	15
Howard	14
Bell	11
Tarrant	11



Responder Characteristics

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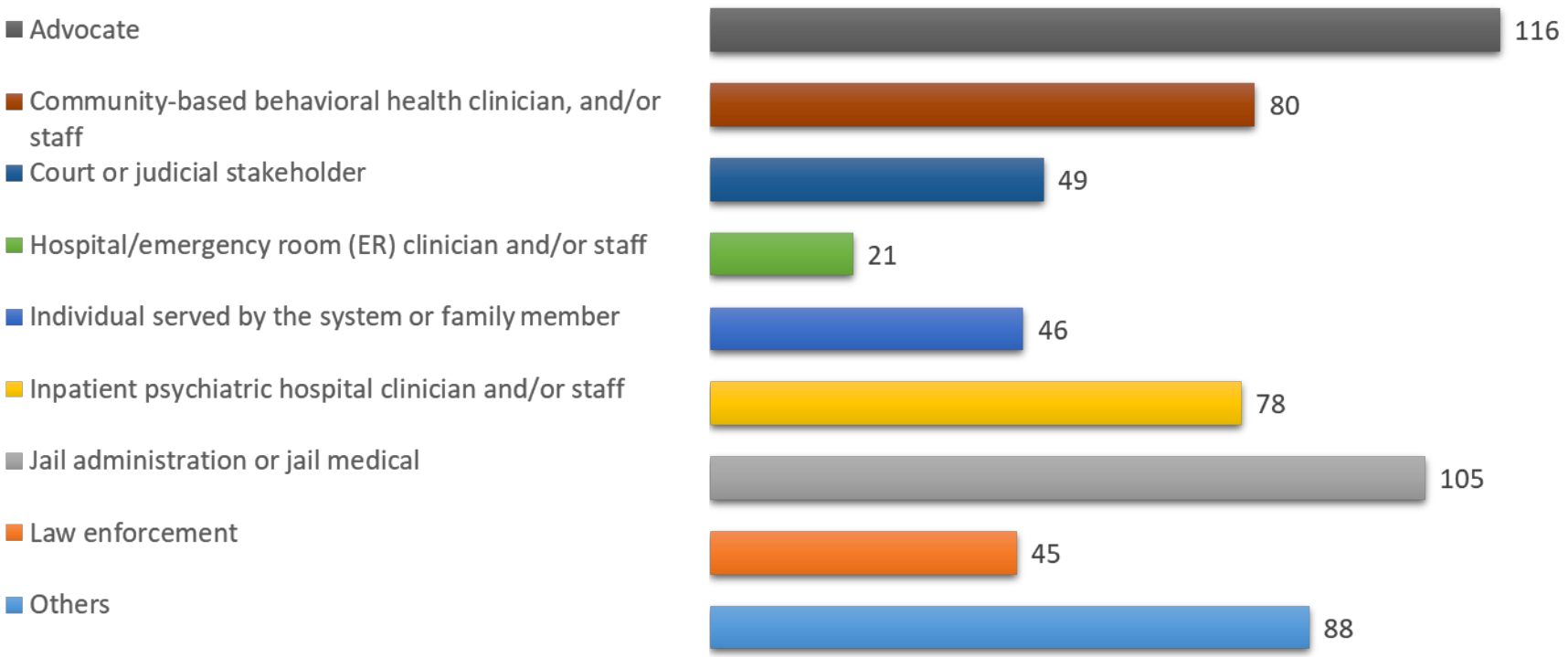
Respondents represented a variety of Texas' behavioral health and justice stakeholders.



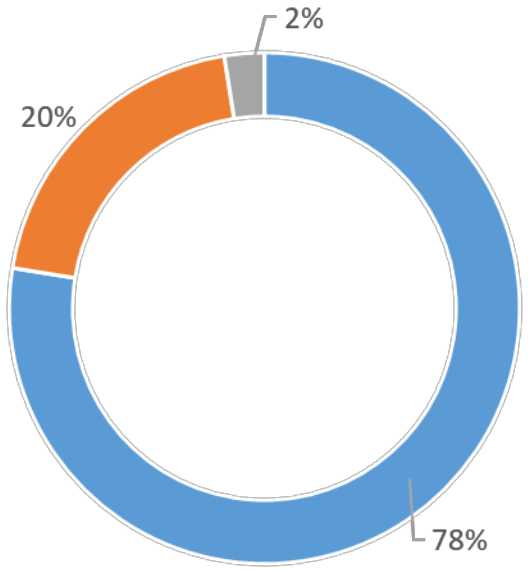
24% of respondents selected more than one role. Top role pairings:

- Advocate + Individual Served/Family Member
- Advocate + Community based behavioral health clinician
- Jail administration/medical + Law enforcement
- Advocate + Court/Judicial Stakeholder
- Advocate + Jail administration/ medical

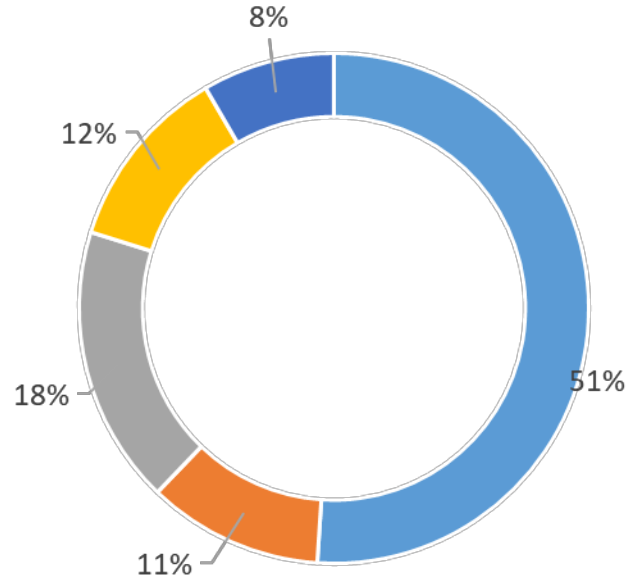
Familiarity with Target Population

Most respondents were experienced with the Rider 56 target population and have directly faced challenges finding suitable placement for the target population.

Very familiar	369
Somewhat familiar	95
Not familiar	12



Yes, 1-20 people	243
Yes, 21-40 people	53
Yes, more than 40 people	84
No	56
Not Sure	40



System Gaps and Barriers

Across roles, regions and disciplines, survey participants identified a consistent set of structural barriers.

- Shortage of Appropriate Placement Settings
- Workforce Challenges
- Funding, Benefits and Payer Source Barriers
- Restrictive Eligibility Criteria and Placement Rejection
- Lack of Transition and Discharge Supports
- Lack of Integrated Behavioral Health and Medical Services
- Systemic Legal and Guardianship Barriers
- High Recidivism and Revolving Door Cycles
- Special Populations with No Suitable Options

Rankings: Barriers to Discharge and Community Placement

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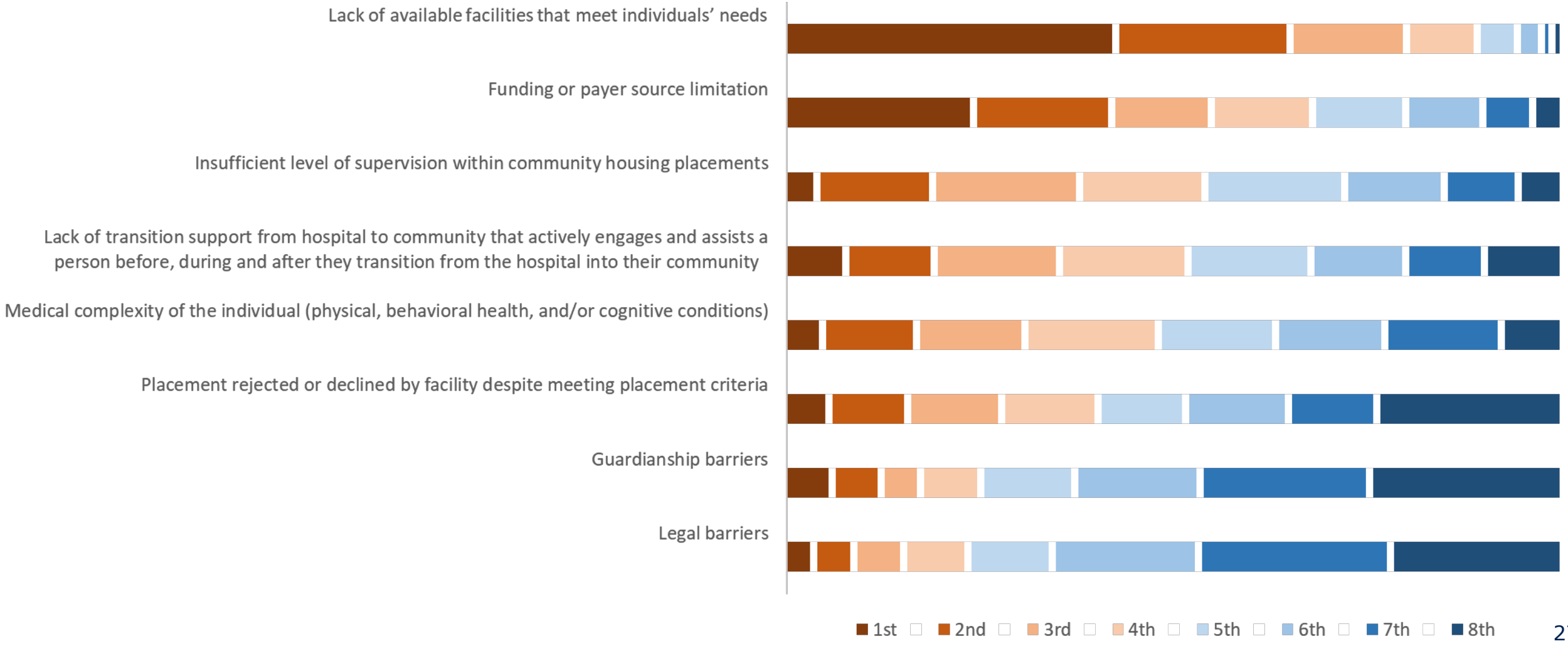
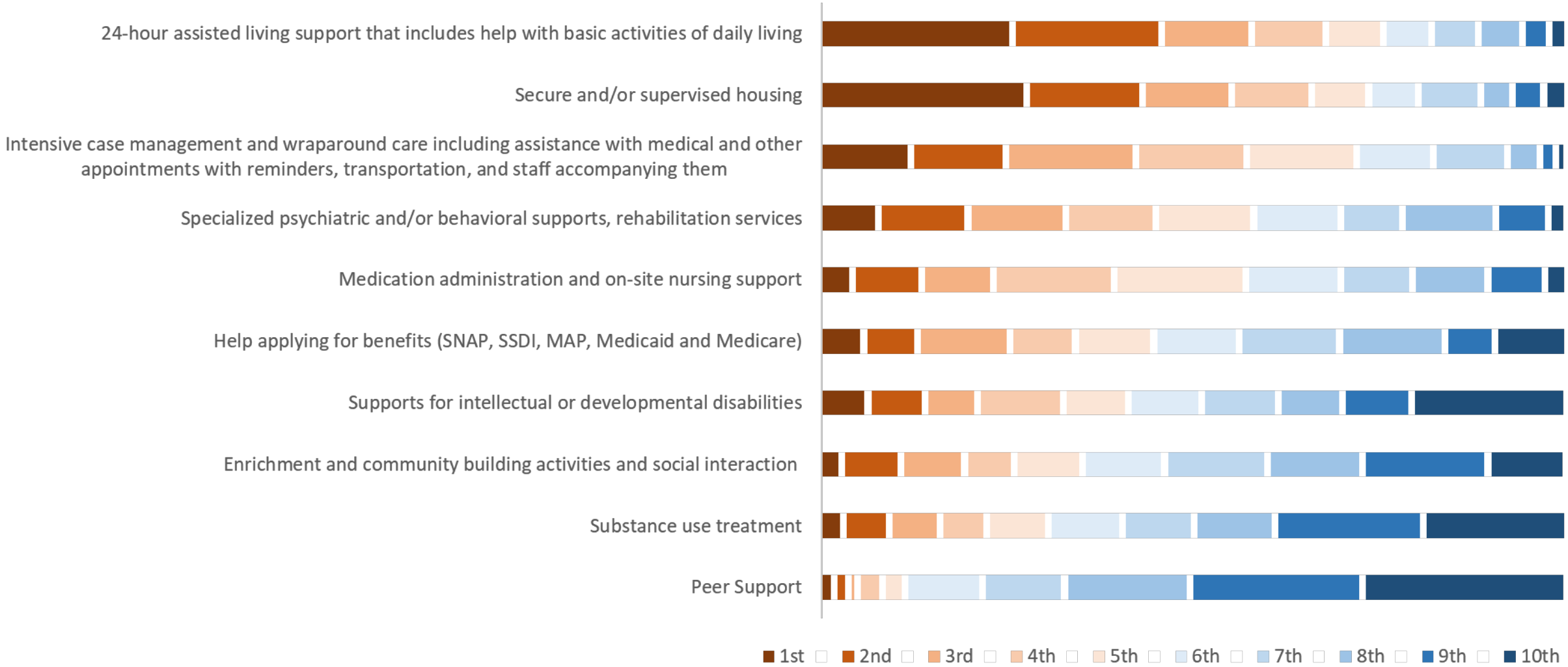


Rankings: Identified Needs



Essential Services

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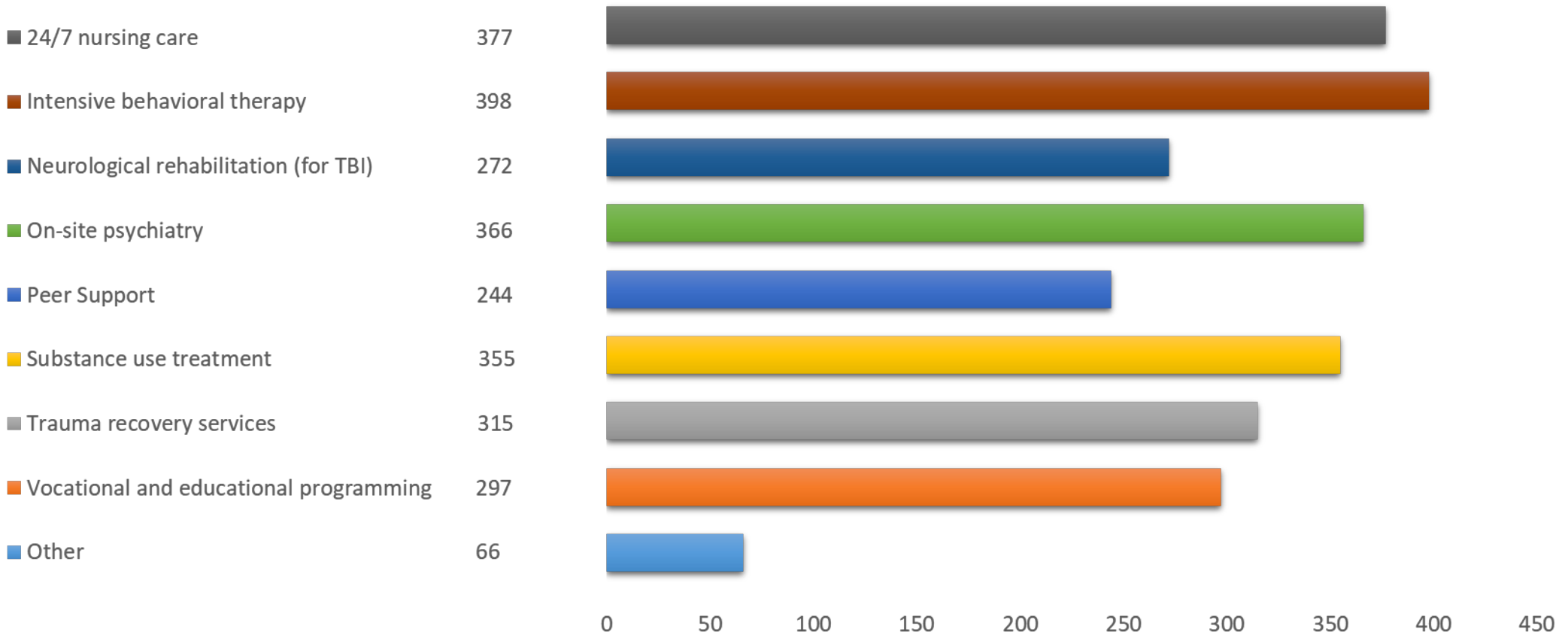
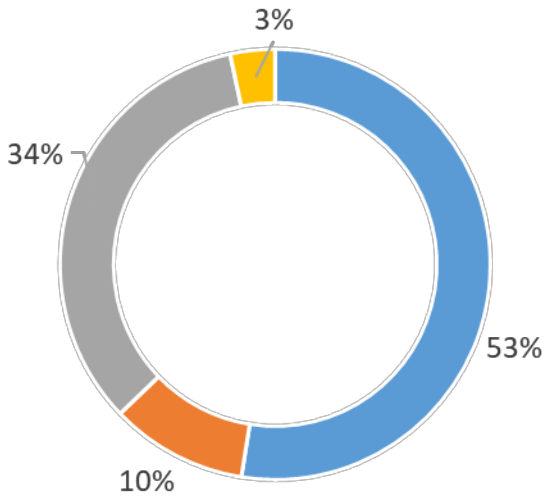
Respondents emphasized the need for comprehensive support.



Supervision and Support

Participants overwhelmingly agreed that this population requires continuous, intensive supervision, with the most selected model being 24/7 nursing care paired with 24/7 home-management staff.

24/7 nursing care and 24/7 home management staff	250
24/7 nursing care and daytime-only home management staff	49
Daytime-only nursing care and 24/7 home management staff	161
Daytime-only nursing care and daytime-only home management staff	16



Existing Resources

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When asked whether any existing programs could meet the needs of the Rider 56 target population, 78 respondents (16%) indicated "yes."

Programs Frequently Cited

- Home and Community Based Services - Adult Mental Health (HCBS-AMH),
- Home and Community Services Medicaid Waiver,
- State Supported Living Centers (SSLCs)
- Local/regional models:
  - Crisis Respite,
  - State Hospital Step-Down Programs,
  - Assertive Community Treatment Teams,
  - Assisted Outpatient Treatment

Noted Limitations

- No full-acuity, secure, multidisciplinary residential model
- Strict eligibility rules, limited capacity, and exclusion criteria:
  - Aggression or high behavioral complexity
  - Sexual offense history
  - Significant medical fragility
- Absence of secure or locked residential settings

Texas Statute and Rules

When asked whether there are any Texas statutes or rules that would need to be changed to facilitate the type of programs identified through Rider 56, 173 respondents (36%) indicated "yes."

- Fix Restrictive Eligibility Criteria
- Create Statutory Authority for Intermediate, Secure Residential Care
- Reform Civil Commitment and Medication Statutes
- Address Medicaid/Benefits Barriers in Statute or Rule
- Expand or Modify Guardianship Authority
- Update Licensing and Program Rules
- Utilize State Hospital Campuses through Statutory Flexibility

Additional Feedback: Eligibility Criteria

- Respondents felt it was critical that programs not exclude those traditionally left out by existing programming. Most common reasons noted for placement rejection:
  - Co-occurring conditions
  - Forensic involvement / history of justice involvement
  - Significant medical fragility/complex medical needs
  - Aggression / high behavioral complexity

- Respondents felt the Rider 56 eligibility criteria was too strict, noting it would be incredibly difficult to meet all four criteria listed.
  - "Rider 56 as written does not make sense – it has an 'and' in the eligibility criteria where there should have been an 'or.' The 'and' renders Rider 56 useless."
  - "…cannot be implemented. Without being able to replace 'and' with 'or' the criteria are impossible to reach."
  - "…should meet A and then either B or C or D but the wording suggests a-d all must be met."

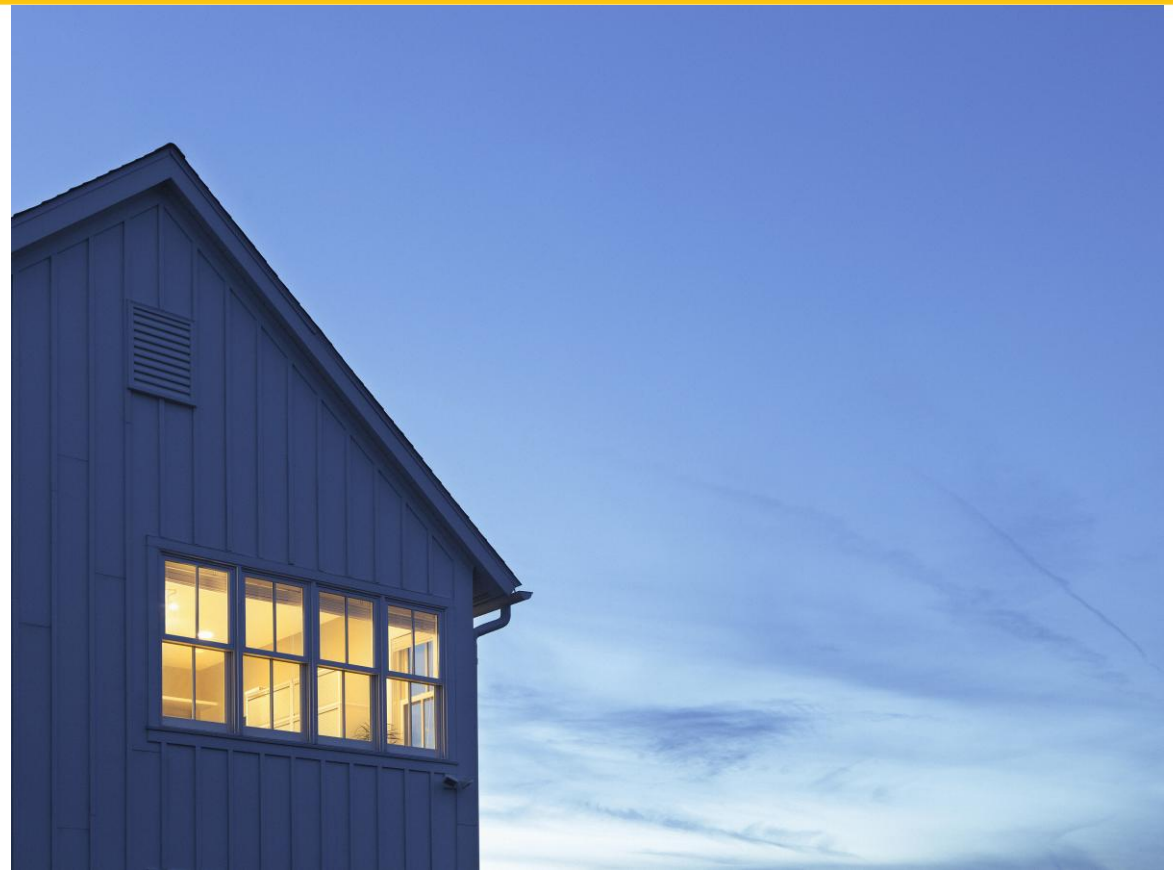
Additional Feedback: Workforce and Care Capacity

- Scarcity in specialized clinical/behavioral skills
- Challenges exist in recruitment, retention and compensation
- There is need for more specialized training and cross-training
- General workforce capacity (ability to adequately staff programs), including challenges meeting 24/7 coverage requirements
- Rural staffing/access constraints

Additional Feedback: System Fragmentation

- Challenges to transition exist across systems and providers, including: jails, hospitals, LMHAs/LIDDAs, courts, crisis systems, and social services.
- Poor communication, benefit reinstatement delays, and lack of warm handoffs lead to homelessness, rapid decompensation, and repeated crises.
- Respondents stressed: **the system is failing not because people are "difficult," but because structures and facility types are not designed for high-acuity needs**

Common Recommendations



- Secure therapeutic residential settings with 24/7 staffing
- Expanded SSLC/HCBS-AMH eligibility
- Specialized psychiatric/IDD nursing facility tracks
- Step-down and step-up models
- Campus-based or intentional-community designs
- Stronger funding, workforce strategies, and statutory authority for intermediate care
- Repurposing state hospital campuses for specialized residential programs

Potential Implications for Pilot Recommendations

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- Establish Licensing Authority for Secure, Clinically Supervised Intermediate Care
- Build a Staffing Model Centered on 24/7 Clinical and Daily-Living Support
- Enable Eligibility Flexibility to Match Real-World Needs
- Accept Individuals Routinely Rejected by Existing Programs
- Explore Opportunities to Improve Access to Guardianship
- Integrate Behavioral Health and Medical Treatment Onsite
- Co-Locate or Leverage State Hospital Infrastructure
- Ensure Benefits Continuity and Rapid Reinstatement Mechanisms
- Build Structured Transition and Re-Entry Supports
- Align Civil Commitment and Medication Statutes with Clinical Realities

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Questions?

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Thank you!

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