

# Quantitative Data Summary: El Paso County Behavioral Health System Assessment

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Updated Final Report

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## Executive Summary

In February 2025, the Paso del Norte Health Foundation (PdN) engaged the Meadows Mental Health Policy Institute (Meadows Institute) to assess the behavioral health system in El Paso County, with a focus on changes over time and particular emphasis on the needs of children and youth. This assessment supports PdN’s 2024-2027 grant objectives by providing data to inform the community’s ongoing efforts to improve behavioral health services and evaluate the local system’s capacity to meet the needs of residents.

This assessment builds upon a series of prior reports and planning efforts, including the 2021 *El Paso County Behavioral Health System Assessment*, the 2023 *Rapid Assessment of El Paso’s Mental Health System Capacity*, and the 2024 *Children’s Behavioral Health Strategic Plan for Fiscal Years 2025–2029*. It is part of a continuing collaboration between PdN and the Meadows Institute to advance behavioral health system improvements across the Paso del Norte region. This updated quantitative data summary builds on the 2021 assessment, which examined trends through 2019. The current update extends the analysis through 2022, providing data on the prevalence of behavioral health conditions, utilization of local mental health authority services, and patterns of emergency departments and inpatient facility use for behavioral health care. These data are intended to inform ongoing planning, coordination, and investment in the region’s behavioral health system.

## Key Data Findings

### Demographics and Prevalence

- **Increasing Adult Population, Declining Child/Youth Populations (2023–2060):** El Paso’s population is projected to become older over time. The number of older adults (ages 65+) is expected to increase by nearly 50%, while the child and youth population (ages 6–17) is projected to decline by nearly 20%. Growth across all age groups (6–17, 18–64, and 65+) is expected to be slower than the statewide average.
- **Health Insurance Coverage:** One-fourth of adult and 11% of children/youth El Paso residents have no health insurance.
- **Core Prevalence Data:** In 2022, approximately 7,500 El Paso County children and youth had severe emotional disturbances, and about 29,000 adults had serious mental illnesses.
- **Declining Drug Overdose Mortality (2023–2024):** The mortality rate from drug overdose and accidental poisoning declined by approximately one-third between 2023 and 2024, largely due to reductions in opioid-related deaths. This marks a reversal of the nearly 200% increase observed between 2010 and 2023. Despite this improvement, the 2024 mortality rate remains higher than in most years since 2010, indicating persistent gaps in substance use treatment. Of note, our data suggest:

- Access to care for substance use disorder (SUD) remains a challenge among El Pasoans - over half of youth with SUDs and 80% of adults with SUDs need but do not receive treatment. The high rates of untreated SUDs and comorbidity with mental illness indicate a critical need for integrated and accessible treatment services in the region;<sup>1</sup> and,
- The reliance on self-pay for SUD-related emergency department encounters underscores the need for safety net providers and facilities to serve those with SUD.<sup>2</sup>

### Behavioral Health Workforce

- **El Paso County has fewer behavioral health physicians, psychologists, and marriage and family therapists per capita than Texas:**
  - Behavioral health physicians in El Paso serve nearly 50% more residents ages six and older than the statewide average (11,000 residents per physician vs. 7,500, respectively).
  - Notable gaps persist in the availability of psychologists and marriage and family therapists.<sup>3</sup>
- **El Paso's workforce of licensed psychiatric nurse practitioners, chemical dependency counselors, and licensed professional counselors has increased notably since 2020:** For these provider types, El Paso's resident-to-provider ratios are comparable to statewide figures.

### Local Mental Health Authority Services

- **Service Needs for those with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) and Living in Poverty:**
  - In FY 2023, Emergence Health Network (EHN) served one-quarter (26%) of the estimated number of El Paso resident children and youth who are living in poverty with a SED and half (54%) of the estimated adults in poverty with a SMI.
  - These rates meet (for children and youth) or exceed (for adults) pre-COVID levels, indicating that community service needs are increasingly met following COVID-related declines. Especially for children and youth, additional opportunities to reach those with undetected or untreated SED remain.

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<sup>1</sup> Nearly half of El Paso County adults with SUDs (47%) and 35% of youth with SUD also experience co-occurring mental health conditions.

<sup>2</sup> Uninsured individuals (categorized as 'self-pay') represented over half (56%) of substance use-related encounters.

<sup>3</sup> El Paso County had 18,000 residents per licensed psychologist compared to 5,500 statewide, 19,000 licensed school psychologists per resident compared to 8,500 statewide, and 22,000 residents per marriage and family therapist compared to 8,500 statewide.

- **Disproportionate Crisis Service use among Children and Youth:** Children and youth were far more likely than adults to use crisis care only at EHN. In FY 2023, 41% of EHN's children and youth received only crisis services (i.e., Level of Care (LOC) 0) compared to 19% of adults. Notably, the number of children and youth using only crisis services has increased by 63% between FY 2021 and FY 2023.
- **Growth in Utilization of Higher Levels of Care:** The number of EHN clients served in higher levels of care (i.e., beyond medication management and targeted services) increased between FY 2019 and FY 2023.
  - Despite a relatively small number of children and youth served in these programs over time, the number of clients served in Intensive Family Services tripled, and YES Waiver enrollment nearly doubled.
  - Among adults, use of transitional services increased by 61%, and enrollment in Assertive Community Treatment (ACT) also grew (+13%).
  - Notably, the number of children and youth treated in complex services declined by two-thirds between FYs 2019 and 2023.

### Emergency Department (ED) and Psychiatric Inpatient Utilization

- **Shifts in Behavioral Health Related ED Utilization:** ED visits declined by 14% for the overall population, despite population growth, beginning with the COVID-19 pandemic.
  - Mental health-related ED visits declined by 16% between 2019 and 2022, but SUD-related encounters increased by 5%.
  - Among children and youth, SUD-related ED visits increased by nearly 30%.
- **Disproportionate Distribution of ED Visits for Self-Pay Patients:** More than one-third (34%) of primary psychiatric ED encounters were among self-pay patients, underscoring the need for safety net providers and facilities in the region.
- **An Overall Increase in Inpatient Psychiatric Capacity:** El Paso's inpatient psychiatric capacity has increased slightly for children/youth (+16 beds) while adult capacity has declined (-9 beds). This is mostly due to increases in capacity at Rio Vista.
- **Strained Inpatient Psychiatric Capacity for Pediatrics in El Paso County:** In 2022, only two facilities—El Paso Behavioral Health System and Rio Vista Behavioral Health—reported having dedicated pediatric psychiatric beds. These hospitals treated pediatric patients at 171% of their designated bed capacity, indicating that both hospitals routinely admitted more children and adolescents than they had pediatric beds available.<sup>4</sup>

<sup>4</sup> In 2022, child and youth admissions to adult psychiatric beds occurred regularly at the El Paso Behavioral Health System (EPBHS) facility. On average, the census of children and youth in treatment at EPBHS represented 450% of the facility's pediatric capacity. For comparison, Rio Vista Behavioral Health averaged 93% of its pediatric capacity. In 2021 before increasing their pediatric care capacity, Rio Vista's child and youth census regularly exceeded pediatric capacity. This became less frequent in 2022, where there were fewer instances of admissions exceeding the pediatric inpatient treatment capacity at Rio Vista.

- The number of El Paso children/youth admitted to inpatient psychiatric beds increased by 32% between 2019 and 2022.
- Child and youth transfers from EDs to inpatient psychiatric beds more than doubled, rising 144% from 154 in 2019 to 376 in 2022.
- Only a small number of El Paso resident children and youth were admitted to non-El Paso psychiatric beds for inpatient care (<10) - a number that has remained stable since 2019. The few out-of-county inpatient placements reflect relatively stable access to local psychiatric beds for pediatric care.
- **Increase in Demand for Inpatient Care for Trauma-Related Conditions:** Adult inpatient discharges related to trauma- and stressor-related disorders increased more than 600% between 2019 and 2022.

Taken together, the data presented in this quantitative summary suggest a shifting landscape in El Paso characterized by an aging population; increases in demand for SUD- and trauma-related conditions, and dedicated inpatient space for treating children and youth clients; an increase in mental health-related crises; and an expanded mental health workforce (most notably, psychologists) to treat a changing population of El Pasoans.

## Background and Purpose

The Paso del Norte Center at the Meadows Institute requested an updated quantitative assessment of the behavioral health system in El Paso County to document change(s) that have occurred in the region since the 2021 system assessment.<sup>5</sup> This report builds on the Meadows Institute’s 2021 system assessment and provides a detailed analysis of behavioral health needs and service system capacity, with a particular emphasis on children and youth.

This updated report aims to support ongoing community planning efforts by offering comprehensive, data-driven insights into how behavioral health needs have changed between 2019 and 2022.<sup>6</sup> The analysis includes updated estimates of:

- mental health and substance use disorder (SUD) prevalence across children, youth, adults, and veterans;
- trends in mortality rates;
- service utilization data from the Local Mental Health Authority: Emergence Health Network (EHN); and,
- the use and availability of emergency departments and inpatient psychiatric services in the county.

Early sections of this summary focus on demographic and prevalence data for children, youth, adults, and veterans, followed by analyses of mortality trends and provider capacity. The report also examines service utilization patterns, including how EHN services are accessed across age groups, how levels of care are delivered, and how state hospitals and emergency systems interact with the local behavioral health infrastructure.

The data included in this report are intended to inform local policymakers, service providers, funders, and community stakeholders in their ongoing work to build a more accessible, responsive, and effective behavioral health system for all residents of El Paso County.

## El Paso County Community Demographics and Prevalence Overview

Understanding a community's behavioral health needs begins with a clear picture of its population. This section presents updated demographic and prevalence data to contextualize service demand in El Paso County. By examining trends in population size, age distribution, and social determinants such as poverty, we can better assess the scale and nature of behavioral health needs across different groups.

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<sup>5</sup> Meadows Mental Health Policy Institute. (2021, April). *El Paso Behavioral Health Assessment*. [https://healthypasodelnorte.org/wp-content/uploads/2023/06/El\\_Paso\\_Behavioral\\_Health\\_Assessment\\_Final\\_2021.04.30.pdf](https://healthypasodelnorte.org/wp-content/uploads/2023/06/El_Paso_Behavioral_Health_Assessment_Final_2021.04.30.pdf)

<sup>6</sup> More recent data are available for Emergence Health Network, covering fiscal year 2023, as well as for mortality trends, including finalized 2024 data released by the Centers for Disease Control and Prevention.

**Children and Youth (Ages 6-17): Demographics and Behavioral Health Overview**

The demographic profile of children and youth in El Paso County highlights challenges related to poverty and mental health. These challenges disproportionately affect children living in poverty, creating an interplay between poverty and mental health that can result in a cycle that is challenging to end.

Table 1 provides detailed population estimates from 2022, with a demographic breakdown (including age, sex, race, and ethnicity) of the 160,000 children and youth in El Paso County. El Paso's demographic composition has remained largely consistent since our 2021 report.

The population of El Paso County in 2022 was predominantly Hispanic or Latino, with more than half of children and youth living below 200% of the federal poverty level. Children and youth ages 6 to 11 made up 47% of the total population but accounted for half of the number of children and youth living in poverty (Table 1). This indicates that younger children were slightly more likely to live in poverty than older children and youth in El Paso County. This distinction is important because research suggests that poverty is generally associated with a higher burden of mental illness; length of exposure to poverty and childhood exposure to poverty have been strongly associated with poorer mental health outcomes.<sup>7</sup> Additionally, non-Hispanic White children and youth represented 8% of the total population but only 5% of the population in poverty, while Hispanic and Latino children and youth represented 88% of the population and 94% of those in poverty.

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<sup>7</sup> Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2017). Improving mental health access for low-income children and families in the primary care setting. *Pediatrics*, 139(1). 10.1542/peds.2015-1175

**Table 1: Demographic Characteristics of Children and Youth in El Paso County (2022)<sup>8,9</sup>**

|  | Total Population | Population in Poverty <sup>10</sup> | Population With SED <sup>11</sup> | Population With SED In Poverty |
|--|------------------|-------------------------------------|-----------------------------------|--------------------------------|
| Children and Youth Ages 6-17 <sup>12</sup> | 160,000          | 85,000                              | 12,000                            | 7,500                          |
| <b>Age</b>                                 |                  |                                     |                                   |                                |
| Ages 6–11                                  | 75,000           | 43,000                              | 6,000                             | 3,900                          |
| Ages 12–17                                 | 80,000           | 43,000                              | 6,500                             | 3,900                          |
| <b>Sex</b>                                 |                  |                                     |                                   |                                |
| Male                                       | 80,000           | 44,000                              | 6,000                             | 4,000                          |
| Female                                     | 75,000           | 42,000                              | 6,000                             | 3,700                          |
| <b>Race/Ethnicity</b>                      |                  |                                     |                                   |                                |
| Non-Hispanic White                         | 12,000           | 4,100                               | 850                               | 350                            |
| African American                           | 3,100            | 1,300                               | 250                               | 100                            |
| Asian American                             | 1,400            | 550                                 | 100                               | 50                             |
| Native American                            | 300              | 150                                 | 20                                | 10                             |
| Multiple Races                             | 2,600            | 1,000                               | 200                               | 90                             |
| Hispanic/Latino                            | 140,000          | 80,000                              | 11,000                            | 7,000                          |

Poverty is an important social determinant of health, particularly for children and youth. Therefore, service locations should be closely matched with where children and youth living in poverty reside to alleviate transportation barriers and other constraints their families face in accessing care. Figure 1 shows El Paso County census tracts, which are small, relatively permanent statistical subdivisions of a county or equivalent entity.<sup>13</sup> Census tracts are shaded to show which tracts housed the greatest proportion of children and youth in poverty. Darker blue shading reflects higher proportions of children and youth living in poverty. As this map shows, central El Paso and the Lower Valley (southeastern) region near the U.S.–Mexico border

<sup>8</sup> U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>9</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%.

<sup>10</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data was obtained from the U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/microdata.html>

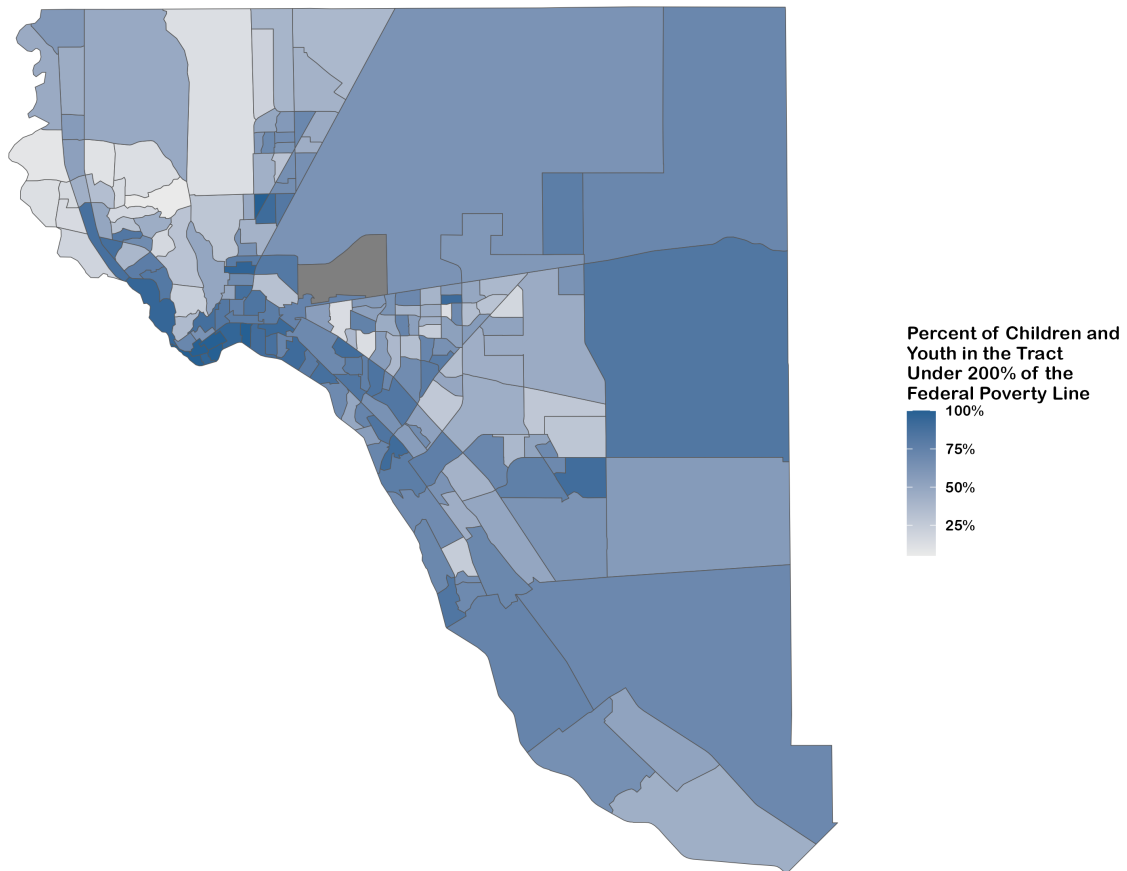
<sup>11</sup> Holzer, C., Nguyen, H., & Holzer, J. (2024). *Texas county-level estimates of the prevalence of severe mental health need in 2022*. Dallas, TX: Meadows Mental Health Policy Institute.

<sup>12</sup> Due to limitations in understanding and measuring behavioral health needs among very young children, population data for those under age six are not included in this analysis.

<sup>13</sup> United States Census Bureau. (n.d.). *Glossary*. [www.census.gov/programs-surveys/geography/about/glossary.html](http://www.census.gov/programs-surveys/geography/about/glossary.html)

had the highest concentrations of children and youth living in poverty, whereas El Paso's northwestern region had notably lower concentrations of children and youth in poverty. These geographic patterns have remained relatively unchanged since our 2021 assessment.

**Figure 1: El Paso Children and Youth (6-17) in Poverty, by Census Tract (2022)<sup>14</sup>**



The children and youth population (ages 6-17) in El Paso County is projected to gradually decline by approximately 19% from 2023 through 2060 (Figure 2, where the children and youth population is shown in the deep blue line). This represents a notable shift from previous projections that anticipated growth.<sup>15</sup> This growth rate is lower than the projected increases for the county's adult and older adult populations. In comparison, the statewide children and youth population is projected to remain relatively stable through the late 2020s, then increase

<sup>14</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>. "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region.

<sup>15</sup> Earlier projections (based on 2018 Texas Demographer data) indicated an 8.6% increase in El Paso County's children and youth population through 2050. The current projections, based on updated 2024 data, reflect revised estimates of demographic trends.

modestly by about 3% by 2060, highlighting a divergence between local and statewide trends in school-age populations.

**Figure 2: Estimated Change in the Population of El Paso County Children and Youth (2023–2060)<sup>16</sup>**

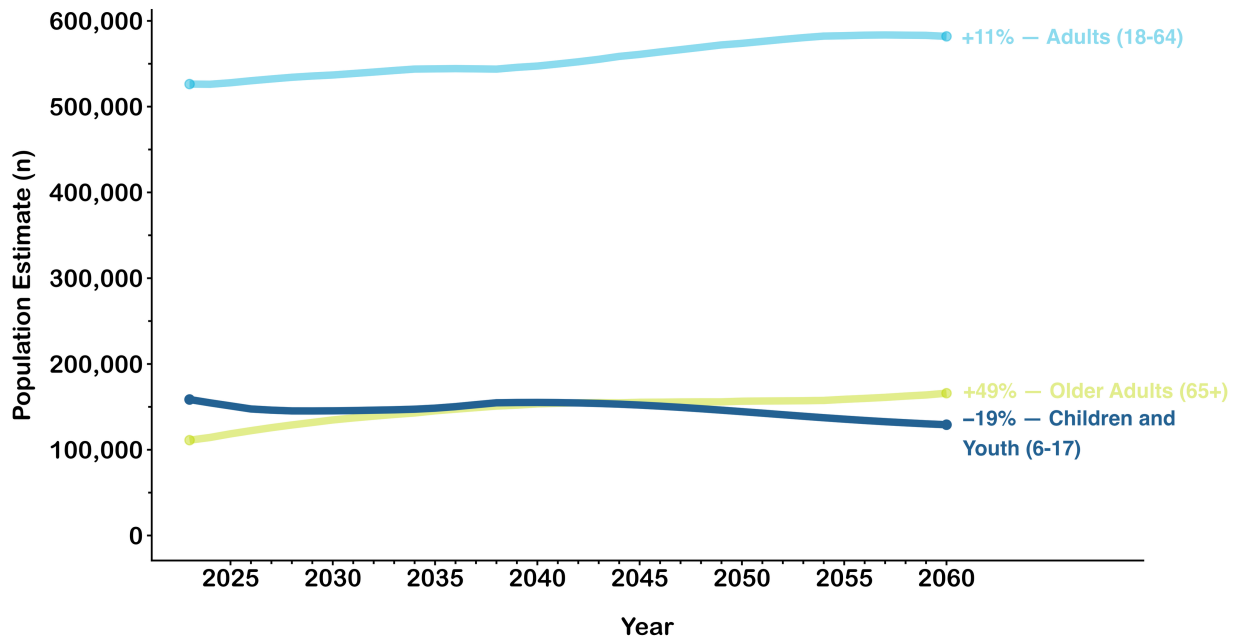


Table 2 compares medical insurance coverage, language spoken at home, and internet availability for children and youth in El Paso County and across the State of Texas. In both El Paso County and statewide, approximately 88% of children and youth had some form of health insurance coverage. However, among those with coverage, nearly 60% in El Paso County were enrolled in a public insurance plan, primarily Medicaid or similar programs like the Children’s Health Insurance Program (CHIP), compared to just 42% statewide.

Linguistic and technological access also have important implications for care delivery. Given that over half of El Paso County’s children and youth speak Spanish at home, access to Spanish-speaking providers is essential for equitable care delivery. Additionally, 94% of children and youth in the county have internet access, suggesting that telehealth services are a viable option for delivering care when clinically appropriate.

<sup>16</sup> Population projections are generated using the *American Community Survey 2019-2023 5-year estimates* and expected rates of change from the Texas Demographer Population Projections Program, 2024. <https://demographics.texas.gov/Projections/>

**Table 2: Medical Insurance Coverage, Language Spoken, and Internet Availability of Children and Youth in El Paso County and Statewide (2022)<sup>17,18</sup>**

|   | El Paso County | Texas (Statewide) |
|---|----------------|-------------------|
| Children and Youth Ages 6-17  | 160,000        | 5,200,000         |
| <b>Health Insurance</b>   |                |                   |
| No Health Insurance   | 18,000         | 640,000           |
| Any Health Insurance <sup>19</sup>  | 140,000        | 4,550,000         |
| Private Health Insurance  | 70,000         | 2,850,000         |
| Public Health Insurance <sup>20</sup>   | 75,000         | 1,900,000         |
| <i>Medicaid or Other Government Assistance Plans for People with Low Incomes or Disabilities<sup>21</sup></i> | 100%           | 97%               |
| <b>Language Spoken at Home</b>  |                |                   |
| Spanish Spoken at Home  | 95,000         | 1,500,000         |
| <b>Broadband Internet Access</b>  |                |                   |
| Internet Access Available   | 150,000        | 4,950,000         |

### Prevalence of Mental Health Conditions Among Children and Youth

Understanding the scope of mental health needs among children and youth is essential for aligning services with demand. Table 3 presents our twelve-month prevalence estimates of mental health needs and specific conditions for children and youth residents of El Paso County. We estimate 38% of the child and youth population in El Paso County, or 60,000 children and youth, have one or more mental health needs. Of those, most have mild or moderate conditions that are likely to be treatable in integrated primary care settings, while about 12,000 children and youth are estimated to have a serious emotional disturbance (SED). SEDs generally require more intensive, specialized mental health care.

Exposure to trauma and adverse life events remains a key concern that can lead to exacerbation of underlying mental illness. In El Paso, more than one in five (21%) children and

<sup>17</sup> U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 5-year estimates*. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>18</sup> 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.

<sup>19</sup> Because some individuals are dually enrolled in both private and public health insurance plans, the total number of people with any health insurance will be less than the sum of those with private and public coverage.

<sup>20</sup> In the American Community Survey, public health insurance includes three subsets: Medicare, Medicaid or other government assistance plans for people with low incomes or disabilities, and Veteran Affairs (VA) insurance. Among the 3% of Texas children and youth with public insurance but not Medicaid or other government assistance plans, 73% were enrolled in Medicare and 27% in VA insurance.

<sup>21</sup> The Medicaid or other government assistance plans for people with low incomes or disabilities rate is a subset of those with public health insurance.

youth experience two or more Adverse Childhood Experiences (ACEs), such as abuse, neglect, or living with a household member with a mental illness.<sup>22</sup>

Among specific conditions, an estimated 20,000 children and youth have attention-deficit/hyperactivity disorder (ADHD), 16,000 have anxiety, and 8,000 have depression—with depression being more than three times as prevalent among youth (ages 12-17) than among children (ages 6-11).<sup>23</sup> Among youth specifically, an estimated 1,900 have bipolar I disorder, 100 have schizophrenia, and 30 experienced a first episode of psychosis (FEP).

As described in Appendix A, these prevalence rates are generated at the population level and are not expected to vary dramatically from year to year. Consequently, the rates of mental illness and severity distribution remain largely consistent with those reported in the 2021 assessment.

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<sup>22</sup> Adverse childhood experiences in the 2020-2021 National Survey of Children's Health include: difficulty covering basics like food or income because of family income, parent or guardian divorce, death of parent or guardian, incarceration of patient or guardian, violence between parents or guardians, victim or witness to neighborhood violence, living with someone with a serious mental illness, living with someone with a substance use disorder, and treated unfairly because of their race, gender identity, sexual orientation, or health condition.

<sup>23</sup> Bitsko, R. H., Claussen, A. H., Lichstein, J., et al. (2022). Mental health surveillance among children—United States, 2013–2019 (underlying data from 2016-2019 National Survey of Children's Health). *MMWR Supplements*, 71. 10.15585/mmwr.su7102a1

**Table 3: Twelve-Month Mental Health Prevalence Among El Paso County Children and Youth (2022)<sup>24,25</sup>**

|  | Age Range   | Prevalence     |
|--|-------------|----------------|
| <b>Total Population – Children and Youth</b>                   | <b>6–17</b> | <b>160,000</b> |
| Children Population  | 6–11        | 75,000         |
| Youth Population   | 12–17       | 80,000         |
| <b>All Mental Health Needs (Mild, Moderate, and SED)</b>       | <b>6–17</b> | <b>60,000</b>  |
| Mild Conditions <sup>26</sup>                                  | 6–17        | 35,000         |
| Moderate Conditions <sup>27</sup>                              | 6–17        | 14,000         |
| Serious Emotional Disturbance (SED) <sup>28</sup>              | 6–17        | 12,000         |
| SED in Poverty <sup>29</sup>                                   | 6–17        | 7,500          |
| At Risk of Out-of-Home / Out-of-School Placement <sup>30</sup> | 6–17        | 750            |
| <b>Adverse Childhood Experiences (ACEs)<sup>31,32</sup></b>    |             |                |
| Population with 1 ACE  | 6–17        | 42,000         |
| Population with 2 or More ACEs                                 | 6–17        | 33,000         |
| <b>Specific Disorders – Children and Youth</b>                 |             |                |
| Depression <sup>33</sup>                                       | 6–17        | 8,000          |
| Anxiety <sup>34</sup>  | 6–17        | 16,000         |
| Attention-Deficit/Hyperactivity Disorder <sup>35</sup>         | 6–17        | 20,000         |
| <b>Specific Disorders – Youth</b>                              |             |                |
| Bipolar Disorder <sup>36</sup>                                 | 12–17       | 1,900          |
| Schizophrenia <sup>37</sup>                                    | 12–17       | 100            |
| First Episode Psychosis (FEP) Incidence <sup>38</sup>          | 12–17       | 30             |

<sup>24</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>25</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%. Estimated values between 1 and 9 are rounded to “<10.”

<sup>26</sup> 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. 10.1001/archgenpsychiatry.2011.1603

<sup>27</sup> Kessler, R. C., et al. (2012b). Previously cited.

<sup>28</sup> Holzer, C., Nguyen, H., & Holzer, J. (2024). *Texas county-level estimates of the prevalence of severe mental health need in 2022*. Dallas, TX: Meadows Mental Health Policy Institute.

<sup>29</sup> Holzer, C., Nguyen, H., & Holzer, J. (2024). Previously cited. Poverty data was obtained from the U.S. Census Bureau. (2023, December). Previously cited.

<sup>30</sup> Based on our prior work in developing community-based service arrays in response to system assessments (in WA, MA, CT, NE, and PA), we estimate that one in 10 children with SED in poverty would require time-limited, intensive home and community-based services to reduce risk of out-of-home or out-of-school placement.

<sup>31</sup> Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and

As previously mentioned, over 80% of children and youth’s mental health conditions are mild to moderate in severity. These conditions, such as mild to moderate anxiety, depression, attention issues, and other behavioral challenges, can often be effectively treated in primary care settings. In addition to primary care settings, support may also be accessed at community centers or churches in their neighborhood from Community Health Workers (CHWs), visiting nurses, or Peer-Support Specialists. Early intervention and support can prevent these mild to moderate issues from escalating.

Figure 3 illustrates the estimated treatment needs of the 60,000 children and youth in El Paso County with a mental health condition. The majority (approximately 65%) are expected to be appropriately served in an integrated primary care setting, such as through a collaborative care model.<sup>39</sup> Among the estimated 21,000 children and youth who require specialty mental health services, about 75% can be treated in routine outpatient specialty care.

An additional 4,500 are estimated to need complex, team-based care, and approximately 300 children and youth are expected to require high-intensity services such as multisystemic therapy (MST) or coordinated specialty care (CSC).

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Human Services, Health Resources and Services Administration (HRSA), and Maternal and Child Health Bureau (MCHB). [www.childhealthdata.org](http://www.childhealthdata.org).

<sup>32</sup> The estimated number of El Paso children and youth who experience adverse childhood experiences (ACEs) varies considerably from our 2021 estimate (110,000 children and youth ages 0 to 17). The rate we currently use to generate this estimate is based upon the latest data from a national sample of youth from a slightly more limited age group (ages 6-17 vs. 0-17), resulting in a smaller number of children and youth estimated to experience ACEs in the present report compared to 2021.

<sup>33</sup> Bitsko, R. H., Claussen, A. H., Lichstein, J., et al. (2022). Mental health surveillance among children—United States, 2013–2019 (underlying data from 2016-2019 National Survey of Children’s Health). *MMWR Supplements*, 71. 10.15585/mmwr.su7102a1

<sup>34</sup> Bitsko, R. H., Claussen, A. H., Lichstein, J., et al. (2022). Previously cited.

<sup>35</sup> Child and Adolescent Health Measurement Initiative. (2024). *2022 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health, supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, and Maternal and Child Health Bureau. <https://www.childhealthdata.org>

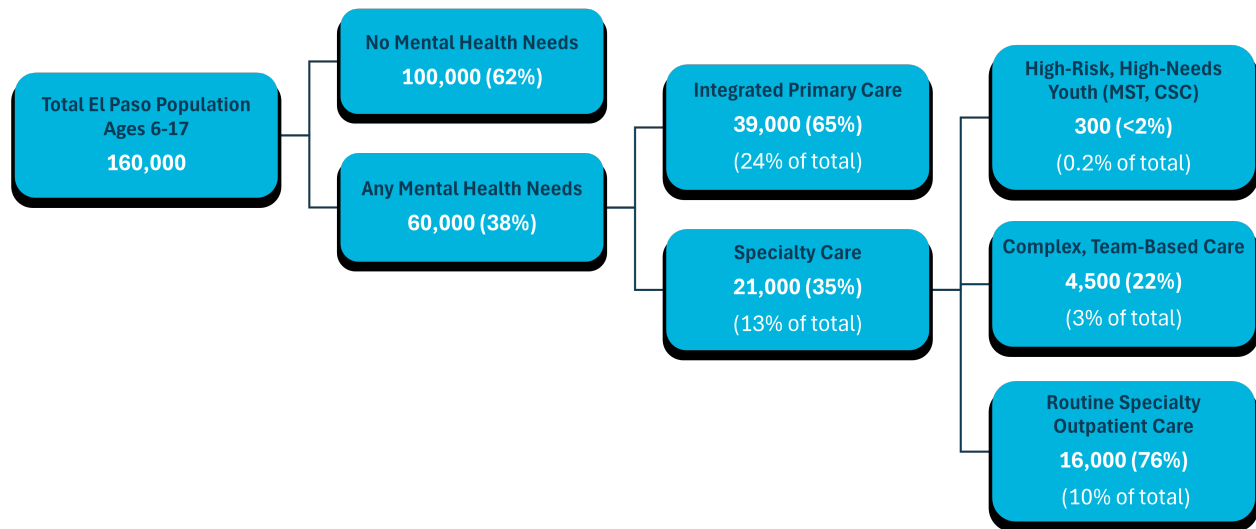
<sup>36</sup> Kessler, D.C., Petukhova, M., Sampson, N.A., Zaslavsky, A.M. & Wittchen, H-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States: Anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research*, 21(3), 169–184. 10.1002/mpr.1359

<sup>37</sup> Frejstrup Maibing, C., Pedersen, C., Benros, M., & Brøbech, P., Dalsgaard, S., & Nordentoft, M. (2015). Risk of schizophrenia increases after all child and adolescent psychiatric disorders: A nationwide study. *Schizophrenia Bulletin*, 41(4), 963–970. 10.1093/schbul/sbu119

<sup>38</sup> We considered seven articles that attempted to quantify the incidence of FEP across different samples and using different methodologies. We have chosen to continue using the same study we used historically (Kirkbride et al.), as we believe these are the most conservative estimates that provide a baseline for decision making and action. Kirkbride, J. B., et al. (2017). The epidemiology of first-episode psychosis in early intervention in psychosis services: Findings from the Social Epidemiology of Psychoses in East Anglia [SEPEA] study. *American Journal of Psychiatry*, 174, 143–153. 10.1176/appi.ajp.2016.16010103

<sup>39</sup> For more information on collaborative care, see the Meadows Mental Health Policy Institute. (n.d.). *Collaborative Care Model*. <https://mmhpi.org/topics/educational-resources/collaborative-care-model/>

Figure 3: El Paso County Children and Youth Mental Health Needs Cascade (2022)<sup>40,41,42,43</sup>



### Prevalence of Substance Use Disorders Among Children and Youth

Substance use and substance use disorders (SUDs) in children and youth often look and function differently than in adults. Several factors would distinguish “typical” experimentation from “at-risk” or clinically significant use and misuse. Provider and community awareness and understanding of these factors, including criteria for a diagnosis of SUD, is critical – as is a multi-tiered, stepped approach to prevention, early intervention, and intensive intervention.

Table 4 shows that among the 80,000 El Paso County youth residents (ages 12-17), an estimated 6,500 (8%) have an SUD, with half of those with SUDs living in poverty. Most SUDs experienced among youth are drug-related (4,400 youth), including 850 with opioid use disorder. Additionally, 2,700 youth experienced alcohol-related SUDs. Of those with alcohol-

<sup>40</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>41</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates.

<sup>42</sup> Any mental health need is the sum of mild mental health needs, moderate mental health needs, and serious emotional disturbances, estimated using 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. 10.1001/archgenpsychiatry.2011.1603; and Holzer, C., Nguyen, H., & Holzer, J. (2024). *Texas county-level estimates of the prevalence of severe mental health need in 2022*. Dallas, TX: Meadows Mental Health Policy Institute.

<sup>43</sup> In collaboration with clinical experts and based on the severity and type of conditions, the Meadows Institute estimates that 65% of children and youth with a mental health condition can be effectively treated in integrated primary care settings. The remaining 35% are expected to require specialty mental health care. Estimates for specific levels of specialty care were informed by analyses of local mental health authority level of care utilization data, the prevalence of mental health conditions, rates of juvenile justice involvement, and placements in substitute care. Additional methodological details are available upon request.

related conditions, most were classified as mild (78%), with moderate (18%) and severe (5%) comprising smaller proportions.

Access to SUD care remains a substantial challenge among El Paso youth, with over half of youth with SUDs (57%, or 3,700) estimated to need but not receive treatment. Co-occurring mental health concerns are also common – 2,300 youth with SUD also had a comorbid major depressive episode, underscoring the importance of services that address co-occurring conditions among youth.

**Table 4: Twelve-Month Substance Use Disorder Prevalence Among El Paso County Youth (2022)<sup>44,45</sup>**

|   | <b>Youth (Ages 12-17)</b> |
|---|---------------------------|
| <b>Total Population</b>   | <b>80,000</b>             |
| Population in Poverty <sup>46</sup>                                 | 43,000                    |
| <b>Any Substance Use Disorder (SUD)<sup>47</sup></b>                | <b>6,500</b>              |
| In Poverty with SUD <sup>48</sup>                                   | 3,300                     |
| Needing but Not Receiving Treatment for Substance Use <sup>49</sup> | 3,700                     |
| Comorbid Major Depressive Episode and SUD <sup>50</sup>             | 2,300                     |
| <b>Alcohol-Related SUD<sup>51,52</sup></b>                          | <b>2,700</b>              |
| Mild  | 2,100                     |
| Moderate  | 500                       |
| Severe  | 150                       |
| <b>Drug-Related SUD<sup>53</sup></b>                                | <b>4,400</b>              |
| Opioid Use Disorder <sup>54</sup>                                   | 850                       |

<sup>44</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>45</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%.

<sup>46</sup> “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, American Community Survey 2017-2021 Five-Year Public Use Microdata Sample (PUMS): <https://www.census.gov/programs-surveys/acs/data/pums.html>

<sup>47</sup> Substance Abuse and Mental Health Services Administration. (2024). *2022 National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Table 22).

<sup>48</sup> In poverty with SUD estimates for Texas youth are generated through a cross tabulation of past year substance use and poverty. The Texas SUD rate is derived from the Substance Abuse and Mental Health Services Administration (SAMHSA) data analysis system (DAS), specifically the *National Survey on Drug Use and Health: 2-year restricted use data (2021-2022)*. Poverty data obtained from the U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/data/pums.html>.

<sup>49</sup> Substance Abuse and Mental Health Services Administration. (2024). *2022 National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Tables 22 and 30).

<sup>50</sup> The Texas comorbid MDE and SUD rate is derived from the Substance Abuse and Mental Health Services Administration (SAMHSA) data analysis system (DAS). (2024, September). *National Survey on Drug Use and Health: 2-year restricted use data (2021-2022)*. <https://datatools.samhsa.gov/nsduh/2022/nsduh-2021-2022-rd02yr/variable-list>

<sup>51</sup> Substance Abuse and Mental Health Services Administration. (2024). *2022 National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Table 23).

<sup>52</sup> AUD severity levels are generated by applying the distribution of AUD severity to past year AUD in Texas. The Texas AUD severity rate is derived from the Substance Abuse and Mental Health Services Administration (SAMHSA) data analysis system (DAS), specifically the *National Survey on Drug Use and Health: 2-year restricted use data (2021-2022)*. The Texas rate of past year AUD is obtained from SAMHSA's (2022) *National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Table 23).

### Trends in Behavioral Health Needs (2019-2022): Children and Youth

As shown in Table 5 below, the estimated prevalence of mental health needs remained largely stable between 2019 and 2022. The total number with behavioral health needs—including mild, moderate, and SED—was consistent at approximately 60,000, with an estimated 12,000 experiencing SED in both years. The number of children and youth with SED living in poverty declined slightly, from 8,000 in 2019 to 7,500 in 2022, mirroring a modest decrease in the overall child poverty rate (from 58% to 53%). These small changes are likely due to rounding or refinements in measurement methodology and may not reflect true shifts in prevalence.

**Table 5: Change in Population Demographics and Need for Behavioral Health Care Among El Paso County Children and Youth (2019–2022)<sup>55,56,57</sup>**

|   | 2019        |                          | 2022        |                          |
|---|-------------|--------------------------|-------------|--------------------------|
|   | Ages        | Population <sup>58</sup> | Ages        | Population <sup>59</sup> |
| <b>Total Young Children, Children, and Youth Population</b>     | <b>0–17</b> | <b>240,000</b>           | <b>0–17</b> | <b>230,000</b>           |
| Poverty Rate <sup>60</sup>                                      | 0–17        | 58%                      | 6–17        | 53%                      |
| <b>All Behavioral Health Needs (Mild, Moderate, and Severe)</b> | <b>6–17</b> | <b>60,000</b>            | <b>6–17</b> | <b>60,000</b>            |
| Serious Emotional Disturbances (SED)                            | 6–17        | 12,000 <sup>61</sup>     | 6–17        | 12,000 <sup>62</sup>     |
| SED in Poverty  | 6–17        | 8,000                    | 6–17        | 7,500                    |

<sup>53</sup> Substance Abuse and Mental Health Services Administration. (2024). *2022 National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Table 25).

<sup>54</sup> Substance Abuse and Mental Health Services Administration. (2024). *2022 National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Table 27).

<sup>55</sup> All Texas population estimates were rounded to reflect uncertainty in the American Community Survey estimates. In March 2024, the Meadows Institute implemented updated rounding methods; all values in this table reflect the revised rounding approach. Therefore, the numbers presented in this table may vary slightly from the data provided in the April 2021 quantitative summary.

<sup>56</sup> Following the release of the Meadows Institute’s April 2021 El Paso Behavioral Health Assessment Report, the Meadows Institute refined its methodology for calculating behavioral health prevalence based on newly available studies and data.

<sup>57</sup> We did not examine the change over time in the prevalence of substance use disorder (SUD) given the change in our data source’s measurement of SUD during this time frame. The National Survey on Drug Use and Health’s transition from DSM-IV to DSM-5 criteria broadened the definition of SUD and led to more youth meeting diagnostic thresholds.

<sup>58</sup> Population data from U.S. Census Bureau. (2020, December). American Community Survey 2015–2019 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2019.html>

<sup>59</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018–2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>60</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region.

<sup>61</sup> Holzer, C., Nguyen, H., & Holzer, J. (2021). *Texas county-level estimates of the prevalence of severe mental health need in 2019*. Dallas, TX: Meadows Mental Health Policy Institute.

<sup>62</sup> Holzer, C., Nguyen, H., & Holzer, J. (2024). *Texas county-level estimates of the prevalence of severe mental health need in 2022*. Dallas, TX: Meadows Mental Health Policy Institute.

### Adults (Ages 18+): Demographics and Behavioral Health Conditions

Following the review of children and youth, this section examines the demographic characteristics and behavioral health needs of adults (ages 18 years and older) in El Paso County. The data presented below highlight the scale and distribution of mental health needs, including serious mental illness (SMI), and identify populations at greater risk due to poverty and other social factors. As in younger populations, poverty and mental health challenges often intersect among adults, contributing to persistent barriers to care and underscoring the need for targeted service strategies.

#### Demographic Profile: Adults

Table 6 presents 2022 population estimates for adults in El Paso County, including demographic details by age, sex, race, and ethnicity. Since the Meadows Institute’s 2021 assessment, El Paso’s resident adult population increased slightly from 610,000 adults in 2019 to 640,000 in 2022, with few changes to its demographic composition. Four in five resident adults (81%) in El Paso identified as Hispanic or Latino, and the population was evenly split between males and females. Adults ages 25 to 54 made up the largest proportion of the adult population (53%).

In 2022, an estimated 260,000 adults (41%) lived in poverty. Notably, Hispanic or Latino adults represented a disproportionate share of this group, making up 88% of those in poverty compared to 81% of the total adult population. Females experienced higher rates of serious mental illness (5%; SMI) and SMI in poverty (7% of the population in poverty) than males (4% and 6%, respectively), similar to the prevalence difference seen across the state.<sup>63</sup>

**Table 6: Demographic Characteristics of El Paso County Adults (2022)<sup>64,65</sup>**

|                  | Total Population | Population in Poverty <sup>66</sup> | Population With SMI <sup>67</sup> | Population With SMI in Poverty |
|------------------|------------------|-------------------------------------|-----------------------------------|--------------------------------|
| Adult Population | 640,000          | 260,000                             | 29,000                            | 17,000                         |

<sup>63</sup> Across Texas in 2022, 5% of females and 8% of females in poverty had an SMI, compared to 4% of males and 7% of males in poverty.

<sup>64</sup> U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>65</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%.

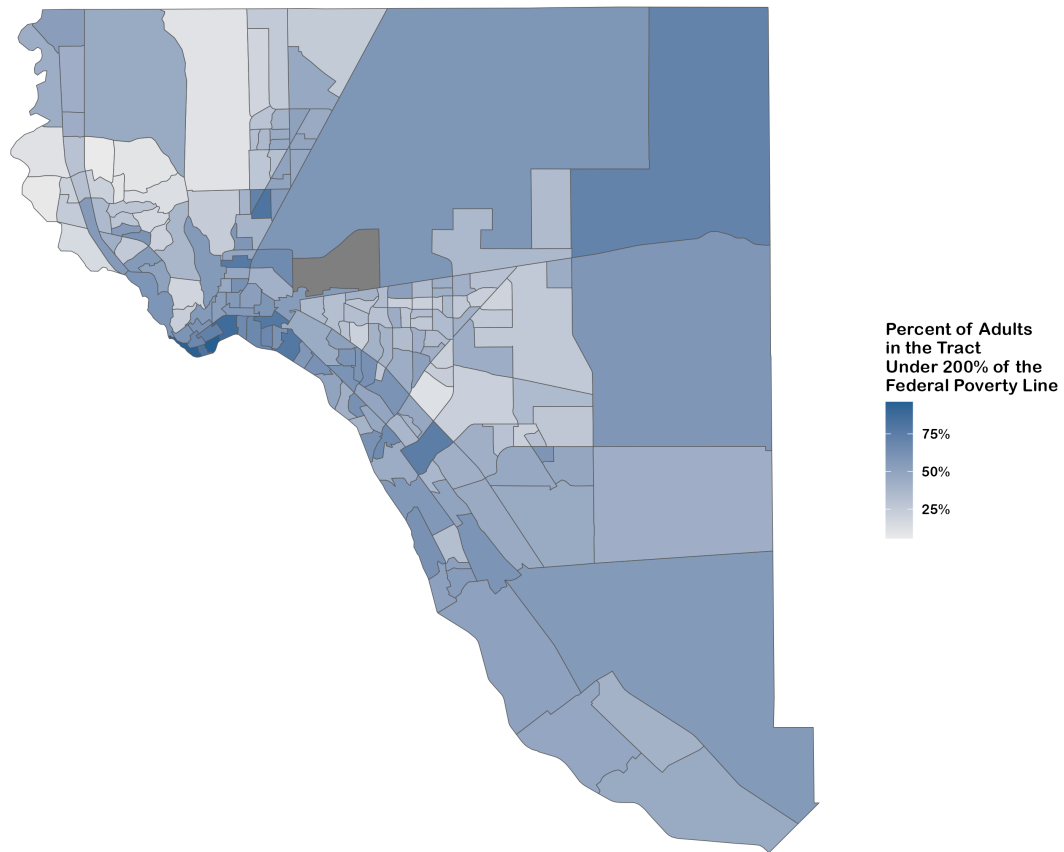
<sup>66</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data was obtained from the U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>67</sup> The Meadows Institute (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information.

|                         | Total Population | Population in Poverty <sup>66</sup> | Population With SMI <sup>67</sup> | Population With SMI in Poverty |
|-------------------------|------------------|-------------------------------------|-----------------------------------|--------------------------------|
| <b>Age</b>              |                  |                                     |                                   |                                |
| 18–20                   | 42,000           | 20,000                              | 2,000                             | 1,300                          |
| 21–24                   | 55,000           | 25,000                              | 2,800                             | 1,600                          |
| 25–34                   | 130,000          | 55,000                              | 7,500                             | 4,400                          |
| 35–44                   | 110,000          | 40,000                              | 6,500                             | 3,700                          |
| 45–54                   | 100,000          | 34,000                              | 4,800                             | 2,700                          |
| 55–64                   | 90,000           | 33,000                              | 2,900                             | 1,700                          |
| 65+                     | 110,000          | 50,000                              | 3,100                             | 1,900                          |
| <b>Gender</b>           |                  |                                     |                                   |                                |
| Male                    | 320,000          | 110,000                             | 14,000                            | 7,000                          |
| Female                  | 320,000          | 140,000                             | 16,000                            | 10,000                         |
| <b>Race / Ethnicity</b> |                  |                                     |                                   |                                |
| Non-Hispanic White      | 80,000           | 20,000                              | 4,300                             | 1,900                          |
| African American        | 21,000           | 6,500                               | 800                               | 400                            |
| Asian American          | 9,000            | 2,500                               | 200                               | 100                            |
| Native American         | 1,900            | 700                                 | 200                               | 100                            |
| Multiple Races          | 7,000            | 1,900                               | 500                               | 200                            |
| Hispanic / Latino       | 520,000          | 230,000                             | 23,000                            | 15,000                         |

Figure 4 shows the distribution of poverty among adults in El Paso County by census tract, with darker regions representing a greater proportion of adults living in poverty. Compared to the geographic distribution of children and youth in poverty, adult poverty was more heavily concentrated in the central El Paso region. As the distance from the city’s core increases, the proportion of adults living in poverty generally declines. These findings are consistent with those identified in our 2021 assessment.

Figure 4: El Paso Adults in Poverty, by Census Tract (2022)<sup>68</sup>



El Paso's projected population trends are shown in Figure 5. Overall, El Paso's adult population is projected to grow by 17% among residents ages 18 and older (from 640,000 in 2023 to 750,000 in 2060). Much of this growth will be driven by an increase in the older adult population (ages 65 and older). The number of older adults —represented by the green line in Figure 5—is projected to rise by nearly 50% by 2060, leading to greater demand for healthcare, senior housing, and other services. Although substantial, this rate of growth is slower than the 106% increase in the older adult population projected statewide over the same period.

Meanwhile, the working-age population (ages 18 to 64) in El Paso County—shown by the bright blue line in Figure 5—is expected to grow by 11% from 2023 to 2060. This is well below the 36% growth anticipated across Texas during the same period, indicating that El Paso's adult population growth will be more heavily concentrated among older adults compared with Texas overall.

<sup>68</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>. "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region.

Figure 5: Estimated Change in the Population of El Paso County Adults (2023–2060)<sup>69</sup>

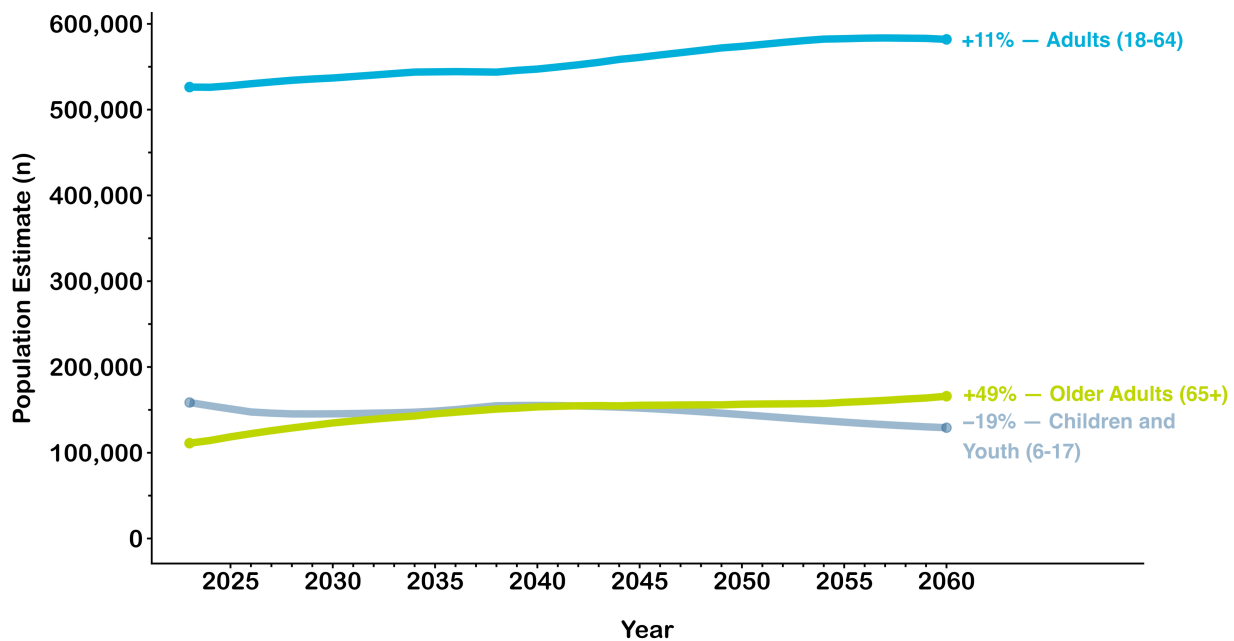


Table 7 compares medical insurance coverage, language spoken at home, and internet availability for adults in El Paso County with statewide data. In 2022, approximately 160,000 adults in El Paso County—or 25% of the adult population—lacked health insurance, compared to 20% of adults statewide. Among the 480,000 insured adults in El Paso County, 75% had private coverage and 38% had public coverage, with public insurance usage slightly higher than the statewide rate of 32%.<sup>70</sup>

Language and digital access are additional factors that affect access to care. Like the child and youth population, most El Paso adults (70%) speak Spanish at home, underscoring the importance of Spanish-speaking healthcare providers and culturally competent care. Internet access was reported by 91% of adults, aligning with the statewide rate. However, disparities persist among older adults, with one in four (25%) of older El Paso adults aged 65 and over lacking broadband internet access, which may limit their ability to benefit from telehealth and other digital health services.<sup>71</sup>

<sup>69</sup> Population projections are generated using the *American Community Survey 2019-2023 5-year estimates* and expected rates of change from the Texas Demographer Population Projections Program, 2024. <https://demographics.texas.gov/Projections/>

<sup>70</sup> Because some individuals are dually enrolled in both private and public health insurance plans, the total number of people with any health insurance will be less than the sum of those with private and public coverage.

<sup>71</sup> U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 5-year estimates*. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

**Table 7: Medical Insurance Coverage, Language Spoken, and Internet Availability of Adults in El Paso County and Statewide (2022)**<sup>72,73</sup>

|  | El Paso County | Texas (Statewide) |
|--|----------------|-------------------|
| Adult Population (18+)   | 640,000        | 22,500,000        |
| <b>Health Insurance</b>  |                |                   |
| No Health Insurance  | 160,000        | 4,600,000         |
| Any Health Insurance <sup>74</sup>   | 480,000        | 17,900,000        |
| Private Health Insurance   | 360,000        | 14,500,000        |
| Public Health Insurance <sup>75</sup>  | 180,000        | 5,750,000         |
| <i>Medicaid or Other Government Assistance Plans for People with Low Incomes or Disabilities</i> <sup>76</sup> | 47%            | 36%               |
| <b>Language Spoken at Home</b>   |                |                   |
| Spanish Spoken at Home   | 450,000        | 6,400,000         |
| <b>Broadband Internet Access</b>   |                |                   |
| Internet Access Available  | 580,000        | 20,200,000        |

### Prevalence of Mental Health Conditions Among Adults

In Table 8, we provide twelve-month prevalence estimates for mental health conditions among adult residents of El Paso County. We estimate that 23% of the adult population, or 150,000 adults, have at least one mental health need. Of those with a mental health need, approximately 83%, or 125,000 adults, had mild or moderate conditions that can often be treated in integrated primary care settings. However, an estimated 29,000 adults were estimated to have a serious mental illness (SMI), requiring more intensive and, likely, specialty care services. Notably, adults with SMI were much more likely to live in poverty than the general adult population (57% vs. 41%, respectively).

The estimated number of adults with specific mental health diagnoses is also shown in Table 8. Specifically, major depression was the most common mental health diagnosis, affecting 65,000 adults in the region. Other common conditions included:

- Specific phobias (31,000);
- Post-traumatic stress disorder (PTSD) (30,000);

<sup>72</sup> U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 5-year estimates*.

<https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>73</sup> 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, and percentages may not always add up to 100%.

<sup>74</sup> Because some individuals are dually enrolled in both private and public health insurance plans, the total number of people with any health insurance will be less than the sum of those with private and public coverage.

<sup>75</sup> In the American Community Survey, public health insurance includes three subsets: Medicare, Medicaid or other government assistance plans for people with low incomes or disabilities, and Veteran Affairs (VA) insurance.

<sup>76</sup> The Medicaid or other government assistance plans for people with low incomes or disabilities rate is a subset of those with public health insurance.

- Generalized anxiety disorder (GAD) (28,000); and,
- Panic disorder (16,000).

Less common, but clinically significant conditions among El Paso resident adults included Bipolar I disorder (9,000 adults) and schizophrenia (3,200 adults). Finally, the incidence of first episode psychosis (FEP) among adults ages 18-34 was estimated at 80 individuals annually, a population that often benefits from early, coordinated specialty care to prevent long-term disability.

**Table 8: Twelve-Month Mental Health Prevalence Among El Paso County Adults (2022)<sup>77,78</sup>**

|   | Prevalence     |
|---|----------------|
| <b>Total Adult Population</b>                               | <b>640,000</b> |
| Population in Poverty <sup>79</sup>                         | 260,000        |
| <b>All Mental Health Needs (Mild, Moderate, and Severe)</b> | <b>150,000</b> |
| Mild Conditions <sup>80</sup>                               | 65,000         |
| Moderate Conditions <sup>81</sup>                           | 60,000         |
| Serious Mental Illness (SMI) <sup>82</sup>                  | 29,000         |
| SMI in Poverty <sup>83</sup>                                | 17,000         |
| <b>Specific Diagnoses<sup>84</sup></b>                      |                |
| Major Depression  | 65,000         |
| Bipolar I Disorder  | 9,000          |
| Anxiety Disorders   |                |
| Generalized Anxiety Disorder                                | 28,000         |
| Panic Disorder  | 16,000         |

<sup>77</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>78</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%.

<sup>79</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data was obtained from the U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>80</sup> 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. 10.1001/archpsyc.62.6.617

<sup>81</sup> 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. 10.1001/archpsyc.62.6.617

<sup>82</sup> The Meadows Institute. (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information.

<sup>83</sup> The Meadows Institute. (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information. Poverty data was obtained from the U.S. Census Bureau, American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS): <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>84</sup> Unless otherwise cited, prevalence rates were generated by the Meadows Institute. (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information.

|  | Prevalence |
|--|------------|
| Social Phobia  | 15,000     |
| Specific Phobia  | 31,000     |
| Post-Traumatic Stress Disorder                                     | 30,000     |
| Schizophrenia <sup>85</sup>  | 3,200      |
| Eating Disorders   |            |
| Anorexia   | 2,300      |
| Bulimia  | 1,000      |
| Binge Eating   | 3,800      |
| First Episode Psychoses (FEP) Incidence (Ages 18-34) <sup>86</sup> | 80         |

### Prevalence of Substance Use Disorders Among Adults

Table 9 provides twelve-month SUD prevalence estimates for adult El Paso County residents. In 2022, an estimated 100,000 adults, or 16% of the total adult population, experienced SUD. Of these, approximately 70,000 (70%) had alcohol-related SUDs, while 48,000 (48%) had drug-related SUDs. Of the 70,000 adults with alcohol-related SUDs, more than one in five (21%) were classified as severe.

A key concern is the overlap between SUDs and mental illness. Nearly half of El Paso County adults with SUDs (47%) had co-occurring mental health conditions. Access to treatment for SUDs is a concern in this region, as an estimated 80% of adults with an SUD needed but did not receive treatment. The high rates of untreated SUDs and comorbidity with mental illness indicate a critical need for accessible treatment services for those living with co-occurring disorders in the region.

<sup>85</sup> 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. 10.1186/s12888-015-0578-7

<sup>86</sup> We considered seven articles that attempted to quantify the incidence of FEP across different samples and using different methodologies. We have chosen to continue using the same study we used historically (Kirkbride et al.), as we believe these are the most conservative estimates that provide a baseline for decision making and action. Kirkbride, J. B., et al. (2017). The epidemiology of first-episode psychosis in early intervention in psychosis services: Findings from the Social Epidemiology of Psychoses in East Anglia [SEPEA] study. *American Journal of Psychiatry, 174*, 143–153. 10.1176/appi.ajp.2016.16010103

**Table 9: Twelve-Month Substance Use Disorder Prevalence Among El Paso Adults (2022)**<sup>87,88</sup>

|   | Prevalence     |
|---|----------------|
| <b>Total Adult Population</b>                                       | <b>640,000</b> |
| Population in Poverty <sup>89</sup>                                 | 260,000        |
| <b>Any Substance Use Disorder (SUD)<sup>90</sup></b>                | <b>100,000</b> |
| In Poverty with SUD <sup>91</sup>                                   | 40,000         |
| Needing but Not Receiving Treatment for Substance Use <sup>92</sup> | 80,000         |
| Comorbid Mental Illness and SUD <sup>93</sup>                       | 47,000         |
| <b>Alcohol-Related SUD<sup>94,95</sup></b>                          | <b>70,000</b>  |
| Mild  | 46,000         |
| Moderate  | 11,000         |
| Severe  | 15,000         |
| <b>Drug-Related SUD<sup>96</sup></b>                                | <b>48,000</b>  |
| Opioid Use Disorder <sup>97</sup>                                   | 13,000         |

### Trends in Behavioral Health Needs (2019-2022): Adults

As shown in Table 10 below, the estimated changes in the prevalence of mental health conditions between 2019 and 2022 were minimal and are largely attributable to population

<sup>87</sup> Population data from the U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 5-year estimates*. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>88</sup> 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, and percentages may not always add up to 100%.

<sup>89</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region. U.S. Census Bureau. (2023, December). Previously Cited.

<sup>90</sup> Substance Abuse and Mental Health Services Administration. (2024). *2022 National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Table 22). <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2022>

<sup>91</sup> In poverty with SUD estimates for Texas adults are generated through a cross tabulation of past year substance use and poverty. The Texas SUD rate is derived from the Substance Abuse and Mental Health Services Administration (SAMHSA) data analysis system (DAS), specifically the *National Survey on Drug Use and Health: 2-year restricted use data (2021-2022)*. U.S. Census Bureau. (2023, December). Previously Cited.

<sup>92</sup> Substance Abuse and Mental Health Services Administration. (2024). Previously Cited. Texas (Tables 22 and 30).

<sup>93</sup> The Texas comorbid AML and SUD rate is derived from the Substance Abuse and Mental Health Services Administration (SAMHSA) data analysis system (DAS). (2024, September). *National Survey on Drug Use and Health: 2-year restricted use data (2021-2022)*. <https://datatools.samhsa.gov/nsduh/2022/nsduh-2021-2022-rd02yr/variable-list>

<sup>94</sup> Substance Abuse and Mental Health Services Administration. (2024). Previously Cited. Texas (Table 23).

<sup>95</sup> AUD severity levels are generated by applying the distribution of AUD severity to past year AUD in Texas. The Texas AUD severity rate is derived from the Substance Abuse and Mental Health Services Administration (SAMHSA) data analysis system (DAS), specifically the *National Survey on Drug Use and Health: 2-year restricted use data (2021-2022)*. The Texas rate of past year AUD is obtained from SAMHSA's (2022) *National Survey on Drug Use and Health: Model-based prevalence estimates – Texas* (Table 23).

<sup>96</sup> Substance Abuse and Mental Health Services Administration. (2024). Previously Cited. Texas (Table 25).

<sup>97</sup> Substance Abuse and Mental Health Services Administration. (2024). Previously Cited. Texas (Table 27).

growth in El Paso. The population grew by roughly 30,000 between 2019 and 2022, but the number of adults living in poverty remained unchanged (with approximately 260,000 El Paso resident adults living in poverty). During this period, the estimated number of adults with any mental health condition rose from 140,000 to 150,000, in line with population growth.

**Table 10: Change in Population Demographics and Need for Behavioral Health Care Among El Paso County Adults (2019 – 2022)**<sup>98,99,100</sup>

|   | 2019 <sup>101</sup>   | 2022 <sup>102</sup>   |
|---|-----------------------|-----------------------|
| <b>Total Adult Population</b>                                   | <b>610,000</b>        | <b>640,000</b>        |
| % Living in Poverty <sup>103</sup>                              | 43%                   | 41%                   |
| <b>All Behavioral Health Needs (Mild, Moderate, and Severe)</b> | <b>140,000</b>        | <b>150,000</b>        |
| Serious Mental Illness (SMI)                                    | 27,000 <sup>104</sup> | 29,000 <sup>105</sup> |
| SMI in Poverty  | 60%                   | 59%                   |

### Veterans: Demographics and Behavioral Health Overview

As El Paso County's adult population continues to grow and age, it is important to understand the specific behavioral health needs of distinct subgroups—particularly veterans. Veterans represent a unique and critical population with service-related experiences and health needs that often differ from civilians. This section provides a demographic and behavioral health overview of veterans in El Paso County, building on the broader adult data presented above.

<sup>98</sup> Following the release of the Meadows Institute’s April 2021 El Paso Behavioral Health Assessment Report, the Meadows Institute refined its methodology for calculating behavioral health prevalence based on newly available studies and data.

<sup>99</sup> All Texas population estimates were rounded to reflect uncertainty in the American Community Survey estimates. In March 2024, the Meadows Institute implemented updated rounding methods; all values in this table reflect the revised rounding approach. Therefore, the numbers presented in this table may vary slightly from the data provided in the April 2021 quantitative summary.

<sup>100</sup> We did not examine the change over time in the prevalence of substance use disorder (SUD) given the change in our data source's measurement of SUD during this time frame. The National Survey on Drug Use and Health’s transition from DSM-IV to DSM-5 criteria broadened the definition of SUD and led to more adults meeting diagnostic thresholds.<sup>101</sup> Population data from U.S. Census Bureau. (2020, December). American Community Survey 2015-2029 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2019.html>

<sup>101</sup> Population data from U.S. Census Bureau. (2020, December). American Community Survey 2015-2029 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2019.html>

<sup>102</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

<sup>103</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region.

<sup>104</sup> Holzer, C., Nguyen, H., & Holzer, J. (2021). *Texas county-level estimates of the prevalence of severe mental health need in 2019*. Dallas, TX: Meadows Mental Health Policy Institute.

<sup>105</sup> The Meadows Institute. (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information.

### **Demographic Profile: Veterans**

Table 11 presents demographic data on veterans in El Paso County. In 2022, approximately 60,000 veterans resided in the County, representing 9% of the adult population—a slightly higher proportion than the statewide average of 7%. More than half (56%) of veterans identified as Hispanic or Latino. Compared to the general adult population, more veterans identified as non-Hispanic White (27% vs. 13% in the general population). Veterans in El Paso had a lower poverty rate (25%) than the general adult population (41%). On average, El Paso County resident veterans are also older than the general adult population, with 30% aged 65 or older (vs. 17% 65+ in the general population) and 45% aged 55 or older (vs. 31% 55+ in the general population). As suggested by the aging population of El Paso County generally, these data further support a need for aging-related services, including mental and physical healthcare in a setting that is accessible for, and tailored to, older adults.

**Table 11: Demographic Characteristics of El Paso County Veterans (2022)**<sup>106,107</sup>

|                         | Total Population | Population in Poverty <sup>108</sup> | Population With SMI <sup>109</sup> | Population With SMI in Poverty |
|-------------------------|------------------|--------------------------------------|------------------------------------|--------------------------------|
| Veteran Population      | 60,000           | 15,000                               | 3,000                              | 1,400                          |
| <b>Age</b>              |                  |                                      |                                    |                                |
| 17–20                   | 350              | 70                                   | 30                                 | <10                            |
| 21–24                   | 1,700            | 650                                  | 100                                | 60                             |
| 25–34                   | 9,500            | 3,300                                | 650                                | 350                            |
| 35–44                   | 11,000           | 2,100                                | 750                                | 350                            |
| 45–54                   | 9,000            | 1,700                                | 550                                | 200                            |
| 55–64                   | 9,000            | 2,400                                | 400                                | 200                            |
| 65+                     | 18,000           | 4,300                                | 550                                | 250                            |
| <b>Gender</b>           |                  |                                      |                                    |                                |
| Male                    | 50,000           | 13,000                               | 2,500                              | 1,100                          |
| Female                  | 7,000            | 2,100                                | 450                                | 250                            |
| <b>Race / Ethnicity</b> |                  |                                      |                                    |                                |
| Non-Hispanic White      | 16,000           | 3,500                                | 950                                | 400                            |
| African American        | 6,000            | 1,700                                | 250                                | 100                            |
| Asian American          | 800              | 200                                  | 20                                 | 10                             |
| Native American         | 250              | 70                                   | 30                                 | 20                             |
| Multiple Races          | 1,500            | 250                                  | 100                                | 40                             |
| Hispanic / Latino       | 34,000           | 9,000                                | 1,700                              | 800                            |

Table 12 compares medical insurance coverage, language spoken at home, and internet availability for veterans in El Paso County to those of veterans statewide. Over 90% of El Paso veterans have health insurance coverage, consistent with the high coverage rate seen across Texas. Among insured veterans, a substantial portion had access to both private and public

<sup>106</sup> The estimated population of veterans was obtained from the National Center for Veterans Analysis and Statistics (2022). Veteran Population Projection Model 2020 (VetPop2020).

[https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp). To determine demographics, weights were applied to the base population. Weights are from the U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS). <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>107</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey and Veteran Population Projection Model estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%. Estimated values between 1 and 9 are rounded to “<10.”

<sup>108</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data was obtained from the U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS). <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>109</sup> The Meadows Institute (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information.

insurance, with 76% enrolled in private plans and over 70% covered by public insurance programs, suggesting that many veterans have dual coverage. The proportion of El Paso veterans enrolled in Medicaid or other government assistance programs (15%) was slightly higher than the statewide average of 12%, potentially reflecting a greater concentration of lower-income or medically complex individuals in the region.

While Spanish is spoken at home by nearly half of El Paso veterans (45%), this is notably lower than the general adult population in the county (70%). Regarding digital access, 92% of veterans in El Paso have broadband internet access, a comparable rate to statewide levels.

**Table 12: Medical Insurance Coverage, Language Spoken, and Internet Availability of Veterans in El Paso County and Statewide (2022)**<sup>110,111</sup>

|   | El Paso County | Texas (Statewide) |
|---|----------------|-------------------|
| Veteran Population (17+)  | 60,000         | 1,550,000         |
| <b>Health Insurance</b>   |                |                   |
| No Health Insurance   | 3,100          | 75,000            |
| Any Health Insurance <sup>112</sup>   | 55,000         | 1,450,000         |
| Private Health Insurance  | 42,000         | 1,100,000         |
| Public Health Insurance <sup>113</sup>  | 39,000         | 1,000,000         |
| <i>Medicaid or Other Government Assistance Plans for People with Low Incomes or Disabilities</i> <sup>114</sup> | 15%            | 12%               |
| <b>Language Spoken at Home</b>  |                |                   |
| Spanish Spoken at Home  | 27,000         | 220,000           |
| <b>Broadband Internet Access</b>  |                |                   |
| Internet Access Available   | 55,000         | 1,400,000         |

<sup>110</sup> The estimated population of veterans was obtained from the National Center for Veterans Analysis and Statistics (2022). Veteran Population Projection Model 2020 (VetPop2020).

[https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp). To determine demographics, weights were applied to the base population. Weights are from the U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS). <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>111</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey and Veteran Population Projection Model estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%.

<sup>112</sup> Because some individuals are dually enrolled in both private and public health insurance plans, the total number of people with any health insurance will be less than the sum of those with private and public coverage.

<sup>113</sup> In the American Community Survey, public health insurance includes three subsets: Medicare, Medicaid or other government assistance plans for people with low incomes or disabilities, and Veteran Affairs (VA) insurance.

<sup>114</sup> The Medicaid or other government assistance plans for people with low incomes or disabilities rate is a subset of those with public health insurance.

### Prevalence of Mental Health and Substance Use Disorders Among Veterans

Table 13 presents twelve-month prevalence estimates of mental health conditions among veterans in El Paso County. In 2022, an estimated 3,000 or 5% of veterans in the region were living with SMI - roughly equivalent to the general adult population (4.5%). Nearly half of these veterans with SMI (1,400) were also living in poverty. Common mental health conditions among veterans included major depression (4,800 veterans), post-traumatic stress disorder (PTSD) (4,400 veterans), generalized anxiety disorder (GAD) (2,500 veterans), and bipolar I disorder (850 veterans).

**Table 13: Twelve-Month Mental Health Prevalence Among El Paso County Veterans (2022)**<sup>115,116</sup>

|   | Prevalence    |
|---|---------------|
| <b>Total Adult Population</b>               | <b>60,000</b> |
| Population in Poverty <sup>117</sup>        | 15,000        |
| <b>Mental Health Needs</b>                  |               |
| Serious Mental Illness (SMI) <sup>118</sup> | 3,000         |
| SMI in Poverty <sup>119</sup>               | 1,400         |
| <b>Specific Diagnoses<sup>120</sup></b>     |               |
| Major Depression                            | 4,800         |
| Bipolar I Disorder                          | 850           |
| <b>Anxiety Disorders</b>                    |               |
| Generalized Anxiety Disorder                | 2,500         |
| Panic Disorder                              | 1,400         |

<sup>115</sup> The estimated population of veterans was obtained from the National Center for Veterans Analysis and Statistics (2022). Veteran Population Projection Model 2020 (VetPop2020).

[https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp). To determine demographics, weights were applied to the base population. Weights are from the U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS). <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>116</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey and Veteran Population Projection Model estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%. Estimated values between 1 and 9 are rounded to “<10.”

<sup>117</sup> “In poverty” refers to the estimated number of people living below 200% of the federal poverty level for the region. Poverty data was obtained from the U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>118</sup> The Meadows Institute (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information.

<sup>119</sup> The Meadows Institute (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information. Poverty data was obtained from the U.S. Census Bureau, American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS): <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>120</sup> Unless otherwise cited, prevalence rates were generated by The Meadows Institute (2024). *Texas county-level mental health prevalence estimates, 2022*. See Appendix A for more information.

|                                | Prevalence |
|--------------------------------|------------|
| Social Phobia                  | 1,500      |
| Specific Phobia                | 2,100      |
| Post-Traumatic Stress Disorder | 4,400      |
| Eating Disorders               |            |
| Anorexia                       | 100        |
| Bulimia                        | 30         |
| Binge Eating                   | 250        |

In Table 14, we provide estimates of SUDs among veterans in El Paso County. Approximately 10,000 veterans, or 17% of the veteran population, had an SUD in 2022. Most experienced an alcohol-related SUD (7,000 veterans), with 4,300 experiencing a drug-related SUD, indicating approximately 1,300 veterans have co-occurring alcohol- and drug-related SUDs. Notably, nearly a quarter (24%) of veterans with an alcohol-related SUD were classified as having a "severe" condition. The co-occurrence of mental illness and substance use was also substantial, with 44% of veterans with an SUD having a co-occurring mental illness.

**Table 14: Twelve-Month Substance Use Disorder Prevalence Among El Paso County Veterans (2022)**<sup>121,122</sup>

|  | Prevalence    |
|--|---------------|
| Total Veteran Population                                 | 60,000        |
| <b>Substance Use Disorder (SUD) Needs</b> <sup>123</sup> | <b>10,000</b> |
| <b>Comorbid Mental Illness and SUD</b>                   | <b>4,400</b>  |
| <b>Alcohol-Related SUD</b>                               | <b>7,000</b>  |
| Mild   | 4,200         |
| Moderate   | 1,300         |
| Severe   | 1,600         |
| <b>Drug Use Disorder</b>                                 | <b>4,300</b>  |

<sup>121</sup> The estimated population of veterans was obtained from the National Center for Veterans Analysis and Statistics (2022). Veteran Population Projection Model 2020 (VetPop2020).

[https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp). To determine demographics, weights were applied to the base population. Weights are from the U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 Five-Year Public Use Microdata Sample (PUMS). <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>122</sup> All Texas population estimates are rounded to reflect uncertainty in the underlying American Community Survey and Veteran Population Projection Model estimates. Because of this rounding, row or column totals or may not equal the sum of their rounded counterparts, and percentages may not always add up to 100%.

<sup>123</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) data analysis system (DAS). (2024, September). *National Survey on Drug Use and Health: 2-year restricted use data (2021-2022)*. <https://datatools.samhsa.gov/nsduh/2022/nsduh-2021-2022-rd02yr/variable-list>

## Mortality Trends

This section highlights key trends in suicide and drug overdose/accidental poisoning deaths among residents of El Paso County from 2000 to 2024, based on mortality data from the Centers for Disease Control and Prevention.<sup>124</sup>

In 2024, **108** El Paso residents died from suicide, and **123** died from drug overdose or accidental poisoning.

As shown in Figure 6, both suicide and drug overdose/accidental poisoning deaths among El Paso County residents increased substantially over the past decade. Suicide mortality rate nearly doubled, rising 92% from 6.4 deaths per 100,000 residents in 2010 to 12.3 deaths per 100,000 in 2024, peaking at 112 suicide deaths in 2022. Drug overdose deaths saw an even steeper rise, increasing 199% from 6.9 deaths per 100,000 residents in 2010 to 20.6 deaths per 100,000 in 2023, before declining sharply to 14.0 deaths per 100,000 in 2024 (123 deaths). Most of that growth (110%) occurred since 2018, but the 2024 decline represents a meaningful reversal of the recent upward trend.

Opioid-specific deaths,<sup>125</sup> which have historically accounted for a large share of overdose mortality, showed notable improvements in 2024. In El Paso County, opioids made up their highest proportion of total overdose deaths in 2021, at approximately 72%. Opioid deaths fell sharply from 121 (13.9 per 100,000) in 2023 to 67 (7.7 per 100,000) in 2024, accounting for most (96%) of the overall decline in overdose deaths and representing 54% of total overdose deaths in 2024. This decline reflects the impact of local prevention and intervention efforts aimed at reducing opioid-related mortality

Statewide, Texas experienced a 24% increase in the suicide mortality rate (from 11.5 deaths per 100,00 residents in 2010 to 14.3 in 2024) and a 67% rise in drug overdoses (from 9.5 deaths per 100,00 residents in 2010 to 15.9 in 2024). While both Texas and El Paso County saw upward trends in recent years, El Paso County's 2024 reduction in total overdose and opioid-specific deaths highlights local progress relative to the state, which also saw a decline but less pronounced. The rate of deaths from suicide remained stable in both Texas and El Paso County in recent years, with slight fluctuations between 2022 and 2024.

<sup>124</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, Provisional Mortality on CDC WONDER Online Database. (2026, March). Multiple cause of death 1999-2024 on CDC WONDER online database. Data are from the multiple cause of death files, 1999-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

<sup>125</sup> Opioid overdose deaths are identified by the presence of any of the following multiple cause-of-death codes: opium (T40.0); heroin (T40.1); natural opioid analgesics (T40.2); methadone (T40.3); synthetic opioid analgesics other than methadone (T40.4); or other and unspecified narcotics (T40.6).

**Figure 6: Mortality from Suicide and Drug Overdose or Accidental Poisoning Among El Paso Residents (2000-2024)<sup>126,127</sup>**

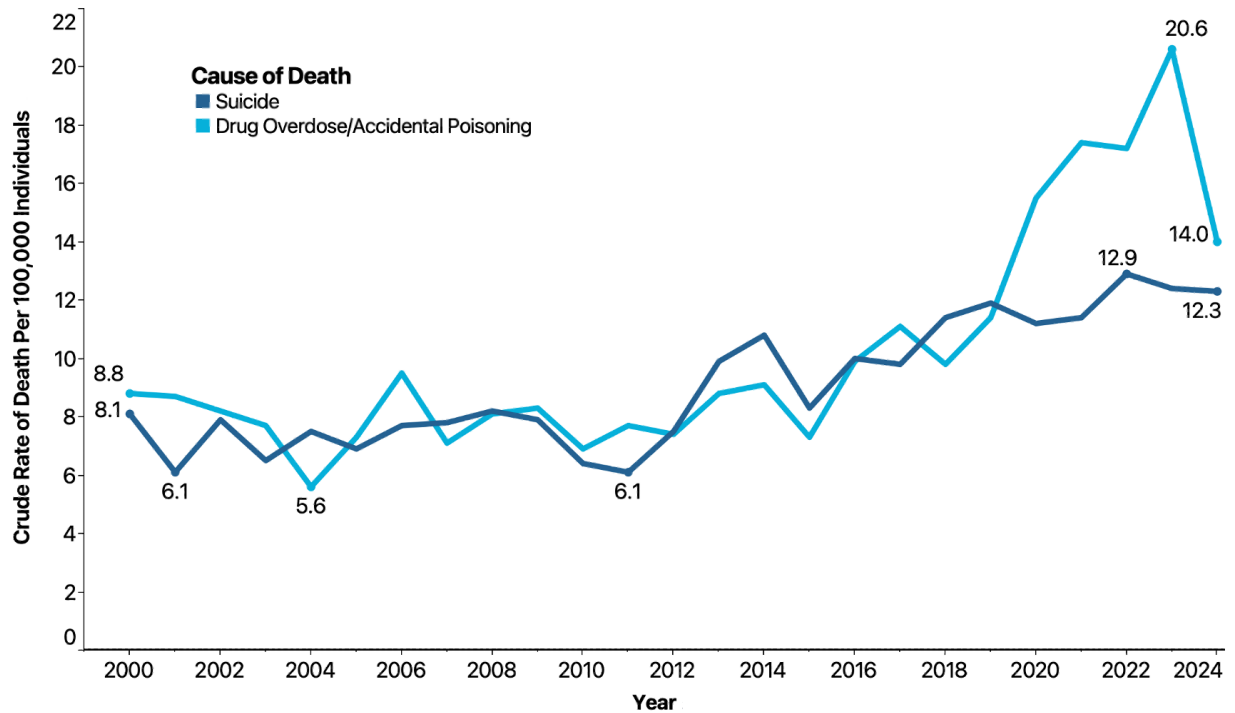


Table 15 presents the demographic characteristics of deaths from suicide and drug overdose/accidental poisoning among El Paso residents in 2024. Of those who died from suicide (108 deaths) and drug overdose (123 deaths), most decedents were male (84% for suicide, 76% for drug overdose).

Suicide deaths occurred most frequently among younger age groups, with 44% of decedents under 35, 23% aged 35-44, 14% aged 45-54, and 19% aged 55 and older. In contrast, deaths from drug overdose were more likely to occur in older age groups, with 20% under 35, 30% aged 35-44, 20% aged 45-54, and 30% in those 55 and older. Although a significant proportion of both suicide (74%) and drug overdose deaths (77%) involved Hispanic individuals, they were slightly under-represented relative to their share of the overall population, as 83% of El Paso’s child, youth, and adult residents identify as Hispanic or Latino.<sup>128</sup>

<sup>126</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2026, March). Previously Cited. Deaths from suicide are classified using underlying cause-of-death ICD-10 codes U03, X60–X84, and Y87.0. Overdose/accidental poisoning deaths are classified using underlying cause-of-death ICD-10 codes: X40–44, X60–64, X85, and Y10–Y14.

<sup>127</sup> Regions with fewer than ten (1-9) deaths are suppressed by the CDC to protect decedent confidentiality. Similarly, rates including 11 to 20 deaths are considered ‘unreliable’ by the CDC and not included in this graphic.

<sup>128</sup> U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

**Table 15: Demographic Characteristics of Deaths from Suicide and Drug Overdose / Accidental Poisoning Among El Paso Residents (2024)<sup>129,130</sup>**

|                               | Suicide <sup>131</sup> | Drug Overdose / Accidental Poisoning <sup>132</sup> |
|-------------------------------|------------------------|---|
| <b>Total Number of Deaths</b> | <b>108</b>             | <b>123</b>  |
| <b>Age Group</b>              |                        |   |
| <35                           | 47 (44%)               | 25 (20%)  |
| 35-44                         | 25 (23%)               | 36 (30%)  |
| 45-54                         | 15 (14%)               | 25 (20%)  |
| 55+                           | 21 (19%)               | 37 (30%)  |
| <b>Sex</b>                    |                        |   |
| Male                          | 91 (84%)               | 94 (76%)  |
| Female                        | 17 (16%)               | 29 (24%)  |
| <b>Ethnicity</b>              |                        |   |
| Hispanic                      | 80 (74%)               | 95 (77%)  |
| Non-Hispanic or Not Stated    | 28 (26%)               | 28 (23%)  |

## Behavioral Health Providers

The availability of qualified providers plays a crucial role in access to behavioral health services in El Paso County. An analysis of behavioral health providers (Table 16) offers a snapshot of the provider landscape available to catchment area residents in 2024. Our summary highlights the number of providers by licensure type, the demographic information of licensed behavioral health physicians, and shifts in provider availability since the 2021 assessment.

### Provider Availability and Ratios

El Paso County is currently served by 71 behavioral health physicians (including psychiatrists and other physicians specializing in mental health, addiction, and related fields).<sup>133</sup> Of these, 20 (28%) specialize in treating children and youth. Compared to the statewide average, El Paso has fewer behavioral health physicians per capita, underscoring greater barriers to accessing care. For instance, behavioral health physicians in El Paso serve nearly 50% more residents ages six and older than the statewide average (11,000 residents per physician vs. 7,500, respectively).

<sup>129</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2026, March). Previously Cited.

<sup>130</sup> Statistics representing fewer than ten persons (0-9) are suppressed to assure the confidentiality of decedents.

<sup>131</sup> Deaths from suicide are classified using underlying cause-of-death ICD-10 codes U03, X60–X84, and Y87.0.

<sup>132</sup> Overdose/accidental poisoning deaths are classified using underlying cause-of-death ICD-10 codes: X40–44, X60–64, X85, and Y10–Y14.

<sup>133</sup> Physicians were considered "behavioral health providers" if their primary or secondary specialty included: psychiatry, child and adolescent psychiatry, pediatric psychiatry, neurology and psychiatry, addiction medicine, addiction psychiatry, addictive diseases, addiction medicine – IM, addiction medicine – FP, forensic psychiatry, neurodevelopmental disabilities (psychiatry and neurology), geriatric psychiatry, pain medicine (psychiatry), internal med – psychiatry, family practice/psychiatry, developmental-behavioral pediatrics, psychoanalysis, psychosomatic medicine, and/or behavioral neurology.

The shortage is especially acute for licensed psychologists, with the county’s resident-to-provider ratio more than double the state average. While El Paso’s resident-to-provider ratios for certain non-physician professionals, such as licensed clinical social workers, licensed professional counselors, and psychiatric nurse practitioners, are comparable to state figures, notable gaps persist in the availability of psychologists, school psychologists, and marriage and family therapists.

**Table 16: Number of Behavioral Health Care Providers in El Paso County (2024)**<sup>134,135,136</sup>

| Provider Type   | El Paso County      |                              | Texas (Statewide)   |                              |
|---|---------------------|------------------------------|---------------------|------------------------------|
|   | Number of Providers | Average Residents / Provider | Number of Providers | Average Residents / Provider |
| <b>Licensed Behavioral Health Physicians</b> <sup>137</sup> | <b>71</b>           | <b>11,000</b>                | <b>3,671</b>        | <b>7,500</b>                 |
| Psychiatrists   | 66                  | 12,000                       | 3,470               | 8,000                        |
| Children and Youth Behavioral Health Physicians             | 20                  | 8,000                        | 1,034               | 5,000                        |
| <b>Non-Physician Providers</b> <sup>138</sup>               |                     |                              |                     |                              |
| Licensed Psychologists                                      | 44                  | 18,000                       | 5,069               | 5,500                        |
| Licensed Chemical Dependency Counselors <sup>139</sup>      | 277                 | 2,900                        | 9,510               | 2,900                        |
| Licensed Clinical Social Workers                            | 613                 | 1,300                        | 21,309              | 1,300                        |
| Licensed Professional Counselors                            | 548                 | 1,500                        | 25,396              | 1,100                        |
| Licensed Marriage and Family Therapists                     | 36                  | 22,000                       | 3,284               | 8,500                        |
| Licensed Specialists in School Psychology                   | 41                  | 19,000                       | 3,268               | 8,500                        |
| Psychiatric Nurse Practitioners <sup>140</sup>              | 148                 | 5,500                        | 4,985               | 5,500                        |
| Psychiatric/Substance Use Registered Nurses <sup>141</sup>  | 366                 | 2,200                        | 10,232              | 2,700                        |

As shown in Table 17, despite slight methodological shifts in how the Meadows Institute defines workforce over the years, the number of licensed psychiatrists in El Paso has remained

<sup>134</sup> All Texas population estimates are rounded to reflect uncertainty in the American Community Survey estimates.

<sup>135</sup> Population data were obtained from the U.S. Census Bureau. (2023, December). Previously cited.

<sup>136</sup> The resident-to-provider rate represents the number of residents aged six and older for general providers and residents aged six to 17 for pediatric and child/youth specialties.

<sup>137</sup> Texas Medical Board Open Records. (2024, April). *Licensed physician database*.

<https://orssp.tmb.state.tx.us/Main.aspx>. Providers were considered "behavioral health providers" if their primary or secondary specialty included: psychiatry, child and adolescent psychiatry, pediatric psychiatry, neurology and psychiatry, addiction medicine, addiction psychiatry, addictive diseases, addiction medicine – IM, addiction medicine – FP, forensic psychiatry, neurodevelopmental disabilities (psychiatry and neurology), geriatric psychiatry, pain medicine (psychiatry), internal med – psychiatry, family practice/psychiatry, developmental-behavioral pediatrics, psychoanalysis, psychosomatic medicine, and/or behavioral neurology. Physicians were geographically classified based on the address of the listed practice location. The reported provider numbers include trainees. As behavioral health physicians encompass more specialties than psychiatrists or children and youth behavioral health physicians, the sum of these respective rows will not equal the total number of behavioral health physicians.

<sup>138</sup> Unless otherwise noted, non-physician provider counts were obtained from Texas Behavioral Health Executive Council Records. (2024, April). Mailing lists for all registered Texas licensed behavioral health providers represent point-in-time estimates. The listed mailing address may differ from the provider's practice location. <https://bhec.texas.gov/open-records/>.

stable, with 66 practicing, licensed psychiatrists in the County in 2024 (1 per 12,000 residents) compared to 67 in 2020 (1 per 11,500 residents). The number of child and youth behavioral health physicians increased only slightly from 18 providers in 2020 (one for every 8,900 El Paso children and youth) to 20 in 2024 (a slightly lower ratio of one provider available for every 8,000 El Paso children and youth).

Access to child and youth behavioral health physicians is not specific to El Paso County. According to the American Academy of Child & Adolescent Psychiatry, there were 15.5 child psychiatrists for every 100,000 children ages 0 to 17 nationally in January 2024.<sup>142</sup> In 2024, there were 8.8 child and youth behavioral health physicians for every 100,000 children ages 0 to 17 in El Paso. This suggests that El Paso residents have less access to child and youth behavioral health physicians compared to youth nationally, overall.

The number of licensed non-physician behavioral health care providers in El Paso County has changed more variably than physician providers since 2020. Notably, the number of psychologists declined by 52%, although some of this decline may be attributed to missing (i.e., masked) provider location data.<sup>143</sup> In contrast, the number of psychiatric nurse practitioners increased by 174%, chemical dependency counselors by 87%, and licensed professional counselors by 19%.

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<sup>139</sup> Texas Health and Human Services. (2024, April). *Licensed chemical dependency counselor roster*. <https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program>.

<sup>140</sup> Texas Board of Nursing. (2024, October). *APRN: Nurse practitioners by county and population focus*. [https://www.bon.texas.gov/reports\\_and\\_data\\_nursing\\_statistics.asp.html](https://www.bon.texas.gov/reports_and_data_nursing_statistics.asp.html)

<sup>141</sup> Texas Board of Nursing. (2024, October). *RN by county and clinical practice area*. [https://www.bon.texas.gov/reports\\_and\\_data\\_nursing\\_statistics.asp.html](https://www.bon.texas.gov/reports_and_data_nursing_statistics.asp.html).

<sup>142</sup> American Academy of Child & Adolescent Psychiatry. (2024, January). *Workforce Maps by State – Practicing Child and Adolescent Psychiatrists*. Retrieved on June 13, 2025 from [https://www.aacap.org/aacap/Advocacy/Federal\\_and\\_State\\_Initiatives/Workforce\\_Maps/Home.aspx](https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx).

<sup>143</sup> The 2024 Texas provider data allowed licensed psychologists, licensed chemical dependency counselors, licensed social workers, and licensed professional counselors to mask their geographic location.

**Table 17: Change in El Paso County Behavioral Health Care Providers (2020-2024)**

| El Paso County Providers                        | 2020 <sup>144</sup> | 2024 <sup>145</sup> | % Change |
|---|---------------------|---------------------|----------|
| <b>Licensed Behavioral Health Physicians</b>    |                     |                     |          |
| Psychiatrists                                   | 67                  | 66                  | -1%      |
| Children and Youth Behavioral Health Physicians | 18                  | 20                  | 11%      |
| <b>Non-Physician Providers<sup>146</sup></b>    |                     |                     |          |
| Licensed Psychologists                          | 92                  | 44                  | -52%     |
| Licensed Chemical Dependency Counselors         | 148                 | 277                 | 87%      |
| Licensed Social Workers                         | 652                 | 613                 | -6%      |
| Licensed Professional Counselors                | 462                 | 548                 | 19%      |
| Psychiatric Nurse Practitioners                 | 54                  | 148                 | 174%     |

**Provider Demographics**

The demographic characteristics of behavioral health physicians<sup>147</sup> in El Paso County are provided in Table 18. In 2024, most behavioral health physicians were male (62%) and just one quarter identified as Hispanic or Latino, despite this group comprising 83% of the County’s population. In contrast, 60% of child and adolescent behavioral health physicians were female, while still only one quarter identified as Hispanic or Latino. In addition, the availability of behavioral health physicians may be limited, as only three-fourths of all such physicians and 65% of those specializing in children and youth practice direct patient care.

<sup>144</sup> Provider counts in 2020 were extracted from registry data on all actively practicing physicians with practice addresses in El Paso County from the Texas Medical Board Open Records Self-Service Portal on March 30, 2020: [orssp.tmb.state.tx.us/](https://orssp.tmb.state.tx.us/). Mailing lists for all registered Texas licensed professional counselors, chemical dependency counselors, and licensed clinical social workers were obtained from the Texas Health and Human Services Commission in April 2020. Data on the number of nurses with mailing addresses in El Paso County were obtained through the Texas Board of Nursing in July 2020.

<sup>145</sup> Provider counts in 2024 were extracted from Texas Medical Board Open Records. (2024, April). Previously cited; Texas Behavioral Health Executive Council Records. (2024, April). Previously cited. Texas Health and Human Services. (2024, April) and Texas Board of Nursing. (2024, October). Previously cited.

<sup>146</sup> The 2024 Texas provider data allowed licensed psychologists, licensed chemical dependency counselors, licensed social workers, and licensed professional counselors to mask their geographic location. Numbers presented in the table may be underreporting actual provider counts in El Paso County.

<sup>147</sup> Providers were considered “behavioral health providers” if their primary or secondary specialty included: psychiatry, child and adolescent psychiatry, pediatric psychiatry, neurology and psychiatry, addiction medicine, addiction psychiatry, addictive diseases, addiction medicine – IM, addiction medicine – FP, forensic psychiatry, neurodevelopmental disabilities (psychiatry and neurology), geriatric psychiatry, pain medicine (psychiatry), internal med – psychiatry, family practice/psychiatry, developmental-behavioral pediatrics, psychoanalysis, psychosomatic medicine, and/or behavioral neurology. Physicians were geographically classified based on the address of the listed practice location. The reported provider numbers include trainees.

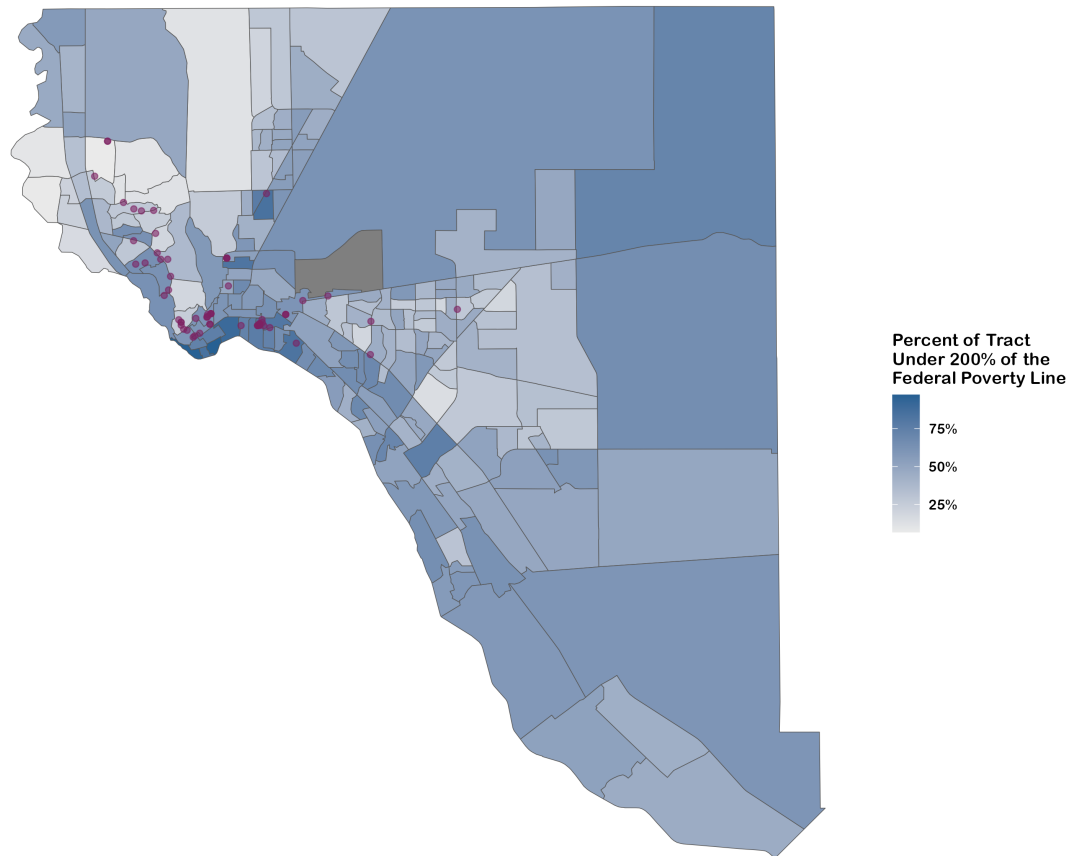
**Table 18: Demographic Characteristics of Behavioral Health Physicians in El Paso County (2024)<sup>148</sup>**

| Demographic Characteristics | Behavioral Health Physicians<br>N = 71<br>N (%) | Child / Adolescent Behavioral Health Physicians<br>N = 20<br>N (%) |
|-----------------------------|---|--|
| <b>Sex</b>                  |   |  |
| Male                        | 44 (62%)  | 8 (40%)  |
| Female                      | 27 (38%)  | 12 (60%)   |
| <b>Race / Ethnicity</b>     |   |  |
| African American            | 6 (8%)  | 2 (10%)  |
| Asian American              | 11 (15%)  | 4 (20%)  |
| Hispanic / Latino           | 18 (25%)  | 5 (25%)  |
| Native American             | 0   | 0  |
| Non-Hispanic White          | 27 (38%)  | 6 (30%)  |
| Other Race                  | 9 (13%)   | 3 (15%)  |
| <b>Practice Type</b>        |   |  |
| Administrative Medicine     | 1 (1%)  | 0  |
| Direct Patient Care         | 53 (75%)  | 13 (65%)   |
| Medical Teaching / Facility | 11 (15%)  | 5 (25%)  |
| Resident / Fellow           | 6 (8%)  | 2 (10%)  |

Figure 7 maps the practice locations of licensed behavioral health physicians in El Paso County in 2024. Darker areas represent census tracts with higher poverty rates, while red markers indicate the number of psychiatrists practicing in each tract. Physician practice sites were primarily concentrated in downtown El Paso, western Mission Valley, and the city’s northwest region. Although some practices are located near high-poverty census tracts, few are located within them. The southeastern region of El Paso County has a socioeconomically disadvantaged population and especially limited access to behavioral health physicians. Limited access to reliable transportation may hinder residents’ ability to reach these providers, even when they are geographically proximal to residents' homes.

<sup>148</sup> Texas Medical Board Open Records. (2024, April). *Licensed physician database*. <https://orssp.tmb.state.tx.us/Main.aspx>. Providers were considered “behavioral health providers” if their primary or secondary specialty included: psychiatry, child and adolescent psychiatry, pediatric psychiatry, neurology and psychiatry, addiction medicine, addiction psychiatry, addictive diseases, addiction medicine – IM, addiction medicine – FP, forensic psychiatry, neurodevelopmental disabilities (psychiatry and neurology), geriatric psychiatry, pain medicine (psychiatry), internal med – psychiatry, family practice/psychiatry, developmental-behavioral pediatrics, psychoanalysis, psychosomatic medicine, and/or behavioral neurology. Physicians were geographically classified based on the address of the listed practice location.

**Figure 7: Locations of Behavioral Health Physicians (April 2024)<sup>149</sup> and Area Poverty Levels, by Census Tract (2022)<sup>150</sup>**



### Local Mental Health Authority (LMHA) Need and Utilization

The Meadows Institute received Level of Care (LOC) utilization and deviation data from Emergence Health Network (EHN) to analyze trends in service use at the Local Mental Health Authority (LMHA). This data helps assess the reach of mental health services for residents of all ages, providing insight into how LMHAs are meeting the needs of individuals with mental health needs. LMHAs are a cornerstone of Texas's mental health system, delivering essential community-based services, ensuring timely access to mental health screenings, counseling, crisis intervention, and inpatient care for all age groups.

<sup>149</sup> Behavioral health physicians' practice locations were obtained from Texas Medical Board Open Records. (2024, April). *Licensed physician database*. <https://orssp.tmb.state.tx.us/Main.aspx>

<sup>150</sup> Population data from U.S. Census Bureau. (2023, December). American Community Survey 2018-2022 5-year data release. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>. "In poverty" refers to the estimated number of people living below 200% of the federal poverty level for the region.

EHN is the LMHA that serves El Paso County, playing a central role in addressing various behavioral health issues by providing early intervention and other services to individuals and families in need. The following section presents utilization data for EHN from fiscal year (FY) 2019 to FY 2023, including the levels of care provided and information on any deviations.

**Children and Youth (Ages <18) Use of Emergence Health Network Services Over Time**

Table 19 shows the Meadows Institute's estimated number of children and youth with serious emotional disturbance (SED) in poverty who may require services from EHN, compared with the number of unduplicated children and youth served each year between FY 2019 and 2023.<sup>151,152</sup> Despite a slight drop in the estimated proportion of children and youth with SED in poverty served between FY 2020 and FY 2022—likely due to the pandemic—the rate has since rebounded to pre-COVID-19 rates in FY 2023.<sup>153</sup> In FY 2023, EHN served one-quarter (26%) of El Paso resident children and youth with SED in poverty—a rate nearly comparable to pre-COVID-19 service rates.

**Table 19: Children and Youth Served by Emergence Health Network (FY 2019–FY 2023)<sup>154</sup>**

| Fiscal Year (FY)  | FY 2019    | FY 2020    | FY 2021    | FY 2022    | FY 2023    |
|---|------------|------------|------------|------------|------------|
| Estimated Children and Youth with SED in Poverty <sup>155,156</sup>             | 8,000      | 8,000      | 8,000      | 8,000      | 7,500      |
| Children and Youth Served by EHN  | 2,119      | 1,684      | 1,537      | 1,657      | 1,918      |
| <b>Estimated Reach of EHN in Serving Children and Youth with SED in Poverty</b> | <b>26%</b> | <b>21%</b> | <b>19%</b> | <b>21%</b> | <b>26%</b> |

Figure 8 depicts changes in the percentage of children and youth who only receive crisis services (LOC C0) versus established clients receiving ongoing treatment services (i.e., LOCs other than C0). In FY 2019, 35% of children and youth only used crisis services. This proportion declined to 23% in FY 2020 and remained low through FY 2022. However, in FY 2023, the proportion rose sharply, with 41% of all children and youth who used crisis services only.

<sup>151</sup> The number of unduplicated children and youth includes fully established clients who received Level of Care (LOC) services and children and youth who just received crisis services (LOC C0).

<sup>152</sup> Note: The state does not allocate funding based on the Meadows Institute's calculated prevalence rates.

<sup>153</sup> Details about our methodology and data sources are available in *Appendix A: Prevalence Estimation Methodology* and *Appendix B: El Paso County Hospital Data and Methodology*. Additional data are included in *Appendix C: Changes in Behavioral Health Care Utilization During the COVID-19 Pandemic*.

<sup>154</sup> Emergence Health Network. (2025, September 11). *LOCs And Deviation FY19-23.xlsx*. Personal communication with Emergence Health Network.

<sup>155</sup> Holzer, C., Nguyen, H., & Holzer, J. (2024). Previously Cited. Poverty data obtained from the U.S. Census Bureau. (2023, December). Previously Cited.

<sup>156</sup> The total number of children and youth with SED in poverty refers to the calendar year (CY) at the start of the LMHA's fiscal year (e.g., prevalence from CY 2022 is provided for the LMHA's FY 2023).

**Figure 8: Trends in the Number of Children and Youth Served by Emergence Health Network (FY 2019–FY 2023)<sup>157</sup>**

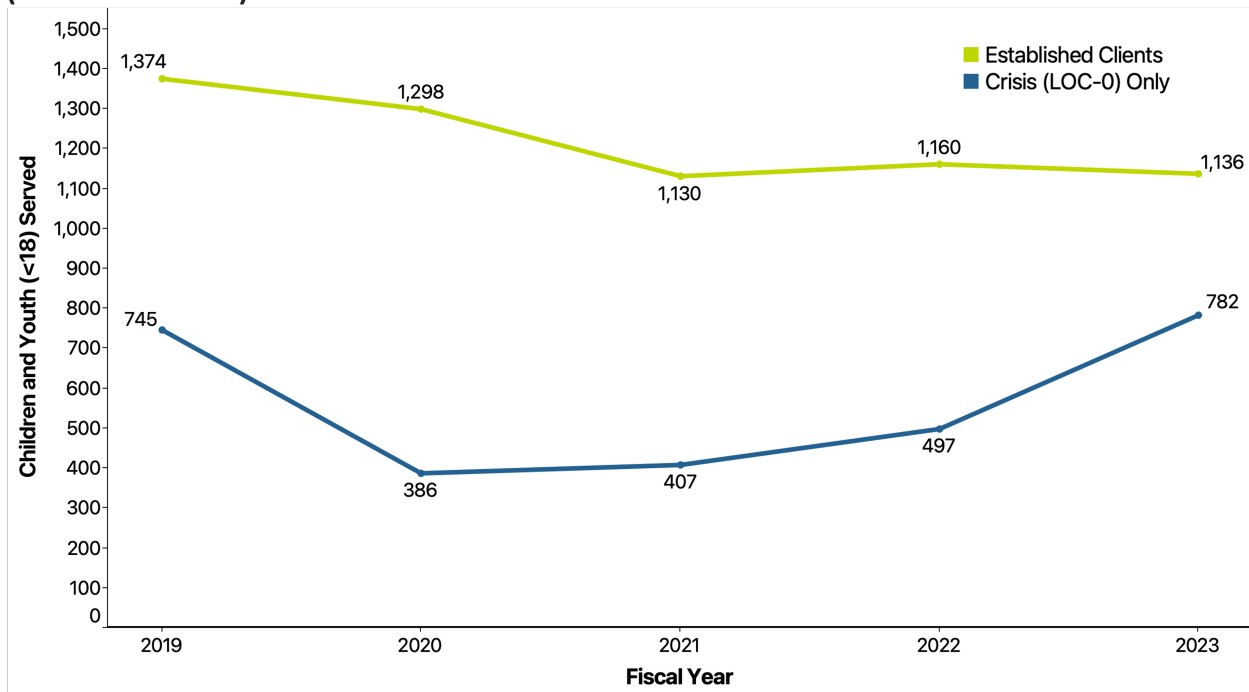


Table 20 outlines the LOCs received by children and youth served by EHN in FY 2019 and FY 2023. In FY 2023, EHN provided services to 1,918 unduplicated children and youth, with the majority (1,136, or 59%) being established clients who received ongoing treatment and specialized services. Over 40% (782 unduplicated children and youth clients) received crisis services (C0) only in 2023.

The broader decline in the number of children and youth served by EHN is driven by a drop in ongoing treatment services. Specifically, the number of children and youth who received complex services (C3) through EHN dropped sharply from 457 individuals (one-third of clients receiving ongoing care in FY 2019) to just 128 in FY 2023 (11% of clients). In addition, utilization of medication management (C1) decreased from 204 clients in FY 2019 to 110 clients in FY 2023. Meanwhile, targeted services (C2) have increasingly comprised a larger share of EHN’s non-crisis care service provision, rising from 46% in FY 2019 to 60% in FY 2023.

Established EHN clients are increasingly receiving intensive family services (LOC C4) and YES Waiver services (CYES). Specifically, the proportion of clients who received LOC C4 tripled from less than one percent of established clients receiving ongoing services in FY 2019 to 3% in FY 2023. Similarly, uptake of YES Waiver services (CYES) increased from 2% of clients in FY 2019 to

<sup>157</sup> Emergence Health Network. (2025, September). Previously Cited.

5% in FY 2023, demonstrating an increasing capacity to serve children and youth with complex and specialized needs.

**Table 20: Children and Youth Served by Emergence Health Network by Level of Care (LOC; FY 2019 and FY 2023)**<sup>158,159</sup>

| Client Type                            | Level of Care                       | Number Served |              |
|--|-------------------------------------|---------------|--------------|
|  |                                     | FY 2019       | FY 2023      |
| <b>Crisis Services Only</b>            | Crisis Services (C0)                | 745           | 782          |
| <b>Established Clients</b>             | Medication Management (C1)          | 204           | 110          |
|  | Targeted Services (C2)              | 626           | 749          |
|  | Complex Services (C3)               | 457           | 128          |
|  | Intensive Family Services (C4)      | 8             | 30           |
|  | Early Onset Psychosis (CEO)         | 9             | 15           |
|  | Transitional Services (C5)          | 0             | 4            |
|  | Young Child Services (CYC)          | 39            | 42           |
|  | YES Waiver (CYES)                   | 31            | 58           |
|  | Transition Age Youth (CTAY)         | 0             | 0            |
|  | Residential Treatment Centers (RTC) | 0             | 0            |
| <b>Total Children and Youth Served</b> |                                     | <b>2,119</b>  | <b>1,918</b> |
| Child/Youth Established Client Total   |                                     | 1,374         | 1,136        |

**Adult (Ages 18+) Utilization of Emergence Health Network Services Over Time**

Table 21 presents the Meadows Institute's estimated number of adults with serious mental illness (SMI) in poverty who might require services from EHN between FY 2019 and FY 2023. Despite a slight drop in the estimated proportion of adults with SMI in poverty served in FY 2020—likely due to the pandemic—service reach has rebounded to exceed pre-COVID-19 rates in FY 2022 and 2023, with EHN providing services to 54% of the estimated adults with SMI in poverty in El Paso County in FY 2023.

<sup>158</sup> Emergence Health Network. (2025, September). Previously Cited.

<sup>159</sup> Children and youth served by EHN are unduplicated by the highest level of care (LOC) they received in a fiscal year. For example, a child who received both medication management (C1) and complex services (C3) in a fiscal year would be counted under C3 only in the table.

**Table 21: Adults Served by Emergence Health Network (FY 2019–2023)<sup>160</sup>**

| Fiscal Year (FY)  | FY 2019    | FY 2020    | FY 2021    | FY 2022    | FY 2023    |
|---|------------|------------|------------|------------|------------|
| Estimated Adults with SMI in Poverty <sup>161,162</sup>             | 17,000     | 17,000     | 17,000     | 17,000     | 17,000     |
| Served by EHN   | 8,731      | 7,871      | 8,488      | 8,758      | 9,132      |
| <b>Estimated Reach of EHN in Serving Adults with SMI in Poverty</b> | <b>51%</b> | <b>46%</b> | <b>49%</b> | <b>52%</b> | <b>54%</b> |

Figure 9 depicts the shifts in the proportion of adults who only received crisis services (LOC A0) versus established clients receiving ongoing treatment services (all other LOCs) from EHN between FY 2019 and FY 2023. In FY 2019, 19% of adults who engaged with EHN only utilized crisis services. Those who only used crisis services declined to 17% of all adults who received EHN services in FY 2020 but gradually increased back to 19% in FY 2023.

**Figure 9: Trends in the Number of Adults Served by Emergence Health Network (FY 2019–FY 2023)<sup>163</sup>**

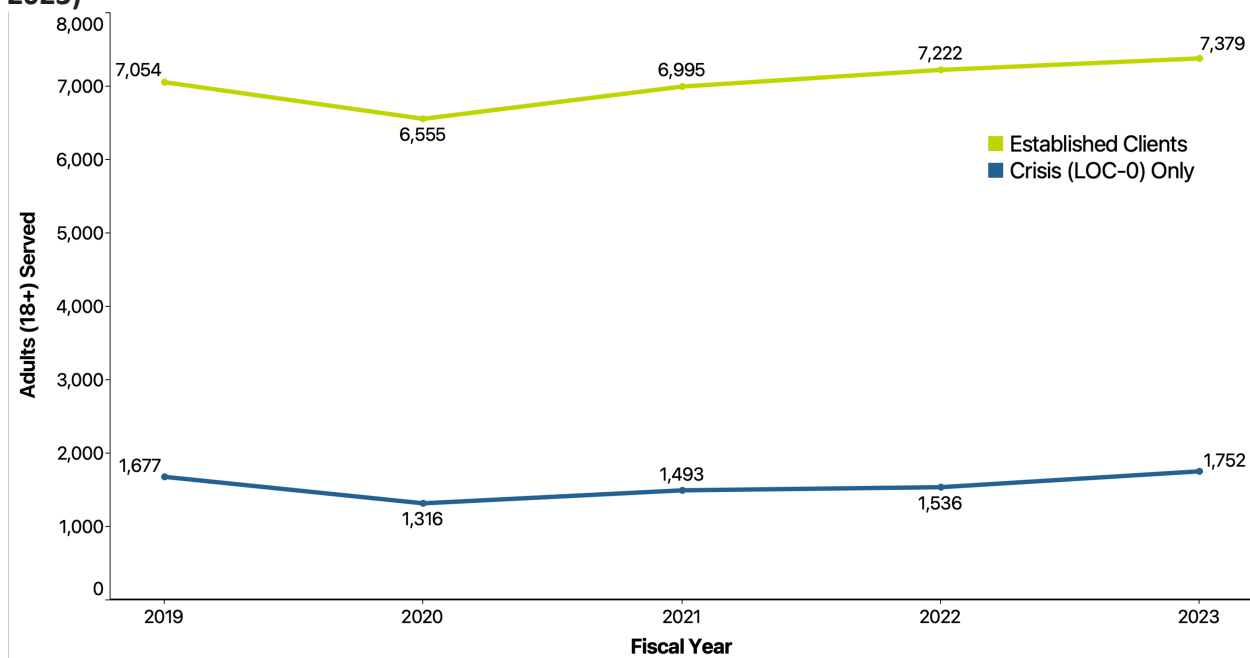


Table 22 presents the levels of care (LOC) provided to adults by EHN between FY 2019 and FY 2023. In FY 2023, EHN served 9,131 unduplicated adults, the majority (74%) of whom were established clients receiving ongoing treatment. Overall adult utilization rose by 5% over the

<sup>160</sup> Emergence Health Network. (2025, September). Previously Cited.

<sup>161</sup> The Meadows Institute (2024). Previously Cited. Poverty data was obtained from the U.S. Census Bureau. (2023, December). Previously Cited.

<sup>162</sup> The total number of adults with SMI in poverty refers to the calendar year (CY) at the start of the LMHA’s fiscal year (e.g., prevalence from CY 2022 is provided for the LMHA’s FY 2023).

<sup>163</sup> Emergence Health Network. (2025, September). Previously Cited.

five-year period, driven primarily by increased use of crisis-related levels of care. Transitional services (A5) grew by 61%, and crisis services (A0) increased by 4%.

Other levels of care also saw important shifts. The number of clients receiving Medication Management and Therapy (A2) rose by 33%, and Assertive Community Treatment (A4; ACT) increased by 13%. Conversely, 13% fewer EHN clients were served in Psychosocial Therapy and Case Management (A3), and 5% fewer received Medication Management & Skills Training (A1S).

**Table 22: Unduplicated Adults Served by Emergence Health Network, by Level of Care (FY 2019 and FY 2023)**<sup>164,165</sup>

| Client Type                    | Level of Care                                 | Number Served |              |
|--------------------------------|---|---------------|--------------|
|                                |   | FY 2019       | FY 2023      |
| <b>Crisis Services Only</b>    | Crisis Services (A0)                          | 1,677         | 1,752        |
| <b>Established Clients</b>     | Medication Management (A1M)                   | 0             | 0            |
|                                | Medication Management & Skills Training (A1S) | 3,992         | 3,801        |
|                                | Medication Management & Therapy (A2)          | 1,266         | 1,680        |
|                                | Psychosocial Therapy & Case Management (A3)   | 1,225         | 1,059        |
|                                | Assertive Community Treatment (ACT) (A4)      | 122           | 138          |
|                                | Transitional Services (A5)                    | 410           | 662          |
|                                | Early Onset Psychosis Services (AEO)          | 39            | 39           |
|                                | Adult Transition Age Youth (ATAY)             | 0             | 0            |
| <b>Total Adults Served</b>     |   | <b>8,731</b>  | <b>9,131</b> |
| Adult Established Client Total |   | 7,054         | 7,379        |

### Level of Care Deviations

This section examines instances in FY 2019 and FY 2023 where the Authorized Level of Care (LOC-A) provided to children, youth, and adults differed from their Recommended Level of Care (LOC-R). These deviations may reflect over- or under-treatment attributable to clinical discretion, resource availability, and individual preferences. Additional deviation data are available in Appendix D: Supplemental Local Mental Health Authority Data.<sup>166</sup>

Table 23 compares deviations among children and youth at EHN in FY 2019 and FY 2023. The number of deviation incidents and the number of unique children and youth who experienced a

<sup>164</sup> Emergence Health Network. (2025, September). Previously Cited.

<sup>165</sup> Adults served by EHN are unduplicated by the highest level of care (LOC) they received in a fiscal year. For example, an adult who received both Medication Management & Skills Training (A1S) and Psychosocial Therapy & Case Management (A3) in a fiscal year would be counted under A3 only in the table.

<sup>166</sup> Data on the reason for a deviation was unavailable for this report.

deviation both increased substantially between FY 2019 and FY 2023, due primarily to staffing shortages among therapists at EHN. Between those years, the number of deviations increased from 860 to 1,555 (81%), while the number of affected children and youth grew from 258 to 479 (86%).

Deviations increased most notably among clients recommended for complex services (C3), with deviations doubling over this period. In FY 2023, nearly three-fourths of all deviation incidents involved clients recommended for C3, and most of these deviations (74%) shifted clients into targeted services (C2).<sup>167</sup>

Deviations from C2 to other levels of care were the second most common type of deviation in both FYs. In FY 2023, 87% of the 363 deviations from C2 resulted in clients being shifted to medication management (C1), a lower level of care. In contrast, in FY 2019, only half of the 263 deviations from C2 went to C1, with deviations to higher levels of care, such as C3, being more frequent. In FY 2023, however, deviations from lower levels of care into intensive family services (C4) had become more common than in FY 2019.

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<sup>167</sup> Data on the crosstabulation between the recommended and authorized level of care, as referenced in this and the following paragraph, is available in Appendix D: Supplemental Local Mental Health Authority Data.

**Table 23: Child and Youth Deviations at Emergence Health Network by Level of Care (FY 2019 and FY 2023)**<sup>168,169,170</sup>

| Level of Care  | FY 2019            |                   | FY 2023            |                   |
|--|--------------------|-------------------|--------------------|-------------------|
|  | Number Recommended | Number Authorized | Number Recommended | Number Authorized |
| Medication Management (C1)                                       | 47                 | 169               | 32                 | 421               |
| Targeted Services (C2)   | 263                | 380               | 363                | 888               |
| Complex Services (C3)  | 534                | 113               | 1,146              | 21                |
| Intensive Family Services (C4)                                   | 16                 | 29                | 9                  | 74                |
| Transitional Services (C5)                                       | 0                  | 0                 | 0                  | 4                 |
| Early Onset Psychosis (CEO)                                      | -                  | 37                | -                  | 31                |
| Young Child Services (CYC)                                       | -                  | 0                 | -                  | 0                 |
| YES Waiver (CYES)  | -                  | 132               | -                  | 116               |
| Not Eligible (C9)  | 0                  | -                 | 5                  | -                 |
| <b>Total Deviation Incidents</b>                                 | <b>860</b>         |                   | <b>1,555</b>       |                   |
| <b>Total Unduplicated Children/Youth Deviated</b> <sup>171</sup> | <b>258</b>         |                   | <b>479</b>         |                   |

As shown in Table 24, the number of deviations and the number of unduplicated adults who experienced a deviation increased between FY 2019 and FY 2023, although at a lower rate than among children and youth. The number of deviations increased by 14%, from 5,272 to 6,034, while the number of adults with at least one deviation grew from 2,903 to 3,420 (18%). This increase outpaced the 5% growth in the total number of unduplicated adults who received LOC services at EHN during the same period.

In both FYs, most deviations occurred among adults initially recommended for medication management and skills training (A1S), accounting for 69% of deviations in FY 2019 and 65% in FY 2023. These deviations typically shifted clients into higher levels of care, primarily medication management and therapy (A2), which accounted for 50% of deviations in FY 2019 and 55% in FY 2023. Deviations from A1S into psychosocial therapy and case management (A3)

<sup>168</sup> Unless otherwise noted, deviation data was provided by Emergence Health Network. (2025, October 13).

*Deviation Info Updated.xlsx*. Personal communication with Emergence Health Network.

<sup>169</sup> Data on the crosstabulation between the recommended and authorized value of care is available in Appendix D: Supplemental Local Mental Health Authority Data. Values marked as “-” indicate “not applicable,” as these levels of care are not recommended within the Child and Adolescent Needs and Strengths (CANS) assessment framework.

<sup>170</sup> In March 2026, Emergence Health Network identified data entry errors related to two child deviation incidents from fiscal year 2019 in the data previously provided to the Meadows Institute. These data entry errors have been corrected in this report.

<sup>171</sup> Emergence Health Network. (2025, September). Previously Cited.

or ACT (A4) became less common in FY 2023, while deviations into transitional services (A5) and early onset psychosis services (AEO) increased.<sup>172</sup>

Deviations from A2 were the second most common form of deviation in both FYs. Their frequency rose from 1,112 incidents in FY 2019 to 1,638 in FY 2023 (a 47% increase). Nearly 90% of A2 deviations in FY 2023 moved adults to A1S, slightly higher than in FY 2019 (84%). Additionally, deviations into ACT decreased in FY 2023, while deviations into A5 became more frequent.

**Table 24: Adults Deviations at Emergence Health Network by Level of Care (FY 2019 and FY 2023)**<sup>173,174,175</sup>

| Level of Care   | FY 2019            |                   | FY 2023            |                   |
|---|--------------------|-------------------|--------------------|-------------------|
|   | Number Recommended | Number Authorized | Number Recommended | Number Authorized |
| Medication Management (A1M)                             | 0                  | 0                 | 0                  | 0                 |
| Medication Management & Skills Training (A1S)           | 3,628              | 1,056             | 3,915              | 1,506             |
| Medication Management & Therapy (A2)                    | 1,112              | 1,860             | 1,638              | 2,179             |
| Psychosocial Therapy & Case Management (A3)             | 81                 | 1,828             | 59                 | 1,536             |
| Assertive Community Treatment (ACT) (A4)                | 425                | 46                | 300                | 33                |
| Transitional Services (A5)                              | 0                  | 417               | 0                  | 701               |
| Early Onset Psychosis Services (AEO)                    | -                  | 65                | -                  | 78                |
| Refused Services (A6)                                   | -                  | 0                 | -                  | 1                 |
| Not Eligible (A9)                                       | 26                 | -                 | 122                | -                 |
| <b>Total Deviations</b>                                 | <b>5,272</b>       |                   | <b>6,034</b>       |                   |
| <b>Total Unduplicated Adults Deviated<sup>176</sup></b> | <b>2,903</b>       |                   | <b>3,420</b>       |                   |

<sup>172</sup> Data on the crosstabulation between the recommended and authorized level of care, as referenced in this and the following paragraph, is available in Appendix D: Supplemental Local Mental Health Authority Data.

<sup>173</sup> Emergence Health Network. (2025, October). Previously Cited.

<sup>174</sup> Data on the crosstabulation between the recommended and authorized value of care is available in Appendix D: Supplemental Local Mental Health Authority Data. Values marked as “-” indicate “not applicable,” as these levels of care are not recommended within the Adult Needs and Strengths Assessment (ANSA) framework.

<sup>175</sup> In March 2026, Emergence Health Network identified data entry errors for two adult deviation incidents in fiscal year 2019 and seven adult deviation incidents in fiscal year 2023 in the data it provided to the Meadows Institute. These data entry errors have been corrected in this report.

<sup>176</sup> Emergence Health Network. (2025, September). Previously Cited.

## The Emergency Department (ED) and Inpatient System

Access to high-quality community-based treatments for mental illness reduces the need for crisis services, including emergency departments (EDs) and inpatient psychiatric services. To understand patterns of acute behavioral health service use in El Paso County, we analyzed hospital discharge records from calendar years (CYs) 2019 through 2022. The Texas Health Care Information Collection (THCIC) includes encounter-level inpatient, ED, and outpatient discharge information for hospitals operating throughout Texas. Each discharge record included details on patient age, length of stay, county of residence, charges (which reflect the nominal amount billed for each service), primary payer, and source of admission, among other variables.

We used these THCIC discharge records to analyze psychiatric inpatient and ED utilization in El Paso County, as depicted in the following data tables. Additional information on the THCIC data source is provided in Appendix B: El Paso County Hospital Data and Methodology.

### Emergency Department Visits in El Paso County

Even in a community with an ideal system comprised of integrated primary care, specialty care, crisis and rehabilitative capacity, EDs remain essential for behavioral health emergency services provision. However, in systems where outpatient services are limited or fragmented, EDs often become the entry point to care for people with untreated or worsening behavioral health conditions.

Because EDs are required to provide treatment regardless of an individual's circumstances, ED data provides valuable insight into who is experiencing behavioral health crises and how they engage with the healthcare system. This section provides an analysis of ED utilization resulting from primary psychiatric and substance use diagnoses (jointly known as "behavioral health conditions") at El Paso County-based facilities and among El Paso County residents across the state. Our analyses cover:

- Trends in ED use for behavioral health-related conditions by age and residency;
- Primary payers of behavioral health encounters; and,
- Patterns of ED use within El Paso County by age and diagnosis.

### ED Utilization Trends Among El Paso County Residents

As shown in Table 25, ED encounters with a primary or secondary behavioral health diagnosis among El Paso residents declined by 14% between 2019 and 2022. Despite population growth among adults, the number of behavioral health-related ED encounters declined from 43,030 in 2019 to under 37,000 in 2022—a 15% decrease. This decline began in 2020, likely due to the COVID-19 pandemic, and ED utilization has not yet returned to pre-pandemic levels.

Children and youth consistently accounted for approximately 5 to 6% of annual behavioral health-related encounters. While their ED utilization experienced a temporary decline in 2020, it rebounded to pre-pandemic levels by 2022.

**Table 25: Emergency Department (ED) Encounters for Primary or Secondary Behavioral Health Conditions Among El Paso County Residents, by Age (2019 – 2022)<sup>177,178</sup>**

|                        | 2019          | 2020          | 2021          | 2022          |
|------------------------|---------------|---------------|---------------|---------------|
| Adults (18+)           | 43,030        | 36,584        | 35,180        | 36,790        |
| Children / Youth (<18) | 2,408         | 1,691         | 1,742         | 2,432         |
| <b>Overall Total</b>   | <b>45,438</b> | <b>38,275</b> | <b>36,922</b> | <b>39,222</b> |

In 2022, El Paso residents had fewer than 9,349 emergency department (ED) encounters for which a behavioral health condition was listed as the primary diagnosis, or the main reason for the visit (Table 26). Primary behavioral health diagnoses accounted for approximately one-quarter of all encounters that involved any behavioral health diagnosis, whether primary or secondary.<sup>179</sup> For the remainder of this section, however, we examine encounters with a primary behavioral health diagnosis, as these more directly reflect acute and crisis-level behavioral health needs.

Trends in annual primary behavioral health ED encounters (Table 26) largely mirror the pattern shown in Table 25 for any behavioral health diagnosis. Among El Paso adult residents, the number of primary behavioral health encounters declined in 2020 and remained 8% below 2019 levels in 2022. However, encounters among children and youth recovered to pre-pandemic levels by 2022, rising from fewer than 742 in 2019 to fewer than 748 in 2022. Across all four years, very few El Paso residents sought care at Texas EDs outside of El Paso County.

<sup>177</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>178</sup> Data in this table is limited to patients listed as residents of El Paso County. Record counts include behavioral health encounters with a primary or at least one of nine secondary diagnosis fields containing a psychiatric or substance use-related diagnosis code from the Clinical Classifications Software Refined (CCSR) categories: MBD001-MBD011, MBD013, MBD014, MBD017-MBD034. We modified these CCSR categories so that each ICD-10 code is assigned only one CCSR category. A full list of ICD-10 codes is available upon request.

<sup>179</sup> Secondary behavioral health diagnoses often appear alongside visits for physical health conditions, such as chest pain or infections, and are important for assessing a patient’s overall care needs.

**Table 26: Emergency Department (ED) Encounters for Primary Behavioral Health Conditions Among El Paso County Residents, by Age (2019 – 2022)<sup>180,181</sup>**

| Population                        | 2019              | 2020             | 2021             | 2022             |
|-----------------------------------|-------------------|------------------|------------------|------------------|
| <b>Adults (18+)</b>               |                   |                  |                  |                  |
| Encounters within El Paso County  | 9,267             | 8,117            | 8,445            | 8,495            |
| Encounters outside El Paso County | 112               | 106              | 123              | 106              |
| <b>Total</b>                      | <b>9,379</b>      | <b>8,223</b>     | <b>8,568</b>     | <b>8,601</b>     |
| <b>Children / Youth (&lt;18)</b>  |                   |                  |                  |                  |
| Encounters within El Paso County  | 732               | 507              | 591              | 738              |
| Encounters outside El Paso County | <10               | <10              | <10              | <10              |
| <b>Total</b>                      | <b>&lt;742</b>    | <b>&lt;517</b>   | <b>&lt;601</b>   | <b>&lt;748</b>   |
| <b>Overall Total</b>              | <b>&lt;10,121</b> | <b>&lt;8,740</b> | <b>&lt;9,169</b> | <b>&lt;9,349</b> |

Understanding how emergency behavioral health services are financed can provide insight into system gaps and highlight populations that require additional support. Table 27 presents the payer mix for statewide primary behavioral health ED encounters for all El Paso residents in 2022. Uninsured individuals (categorized as 'self-pay') represented more than one-third (34%) of encounters for primary psychiatric diagnoses and over half (56%) of substance use-related encounters. This large reliance on self-pay underscores the need for safety net providers and facilities in the region.

Medicaid and Medicare were the next most common payers, covering 24% and 18% of psychiatric encounters, and 17% and 10% of substance use-related encounters, respectively. In contrast, commercial insurance was relatively uncommon, covering just 13% of psychiatric encounters and less than 7% of substance use-related encounters.

<sup>180</sup> Texas Hospital Inpatient, Outpatient, and Emergency Discharge Research Use Data Files. (2019-2022). Texas Department of State Health Services. Austin, Texas.

<sup>181</sup> Data in this table is limited to patients listed as residents of El Paso County. Record counts include behavioral health encounters identified by a primary psychiatric or substance use-related diagnosis code within the following Clinical Classifications Software Refined (CCSR) categories: MBD001-MBD011, MBD013, MBD014, MBD017-MBD034. We modified these CCSR categories so that each ICD-10 code is assigned only one CCSR category. A full list of ICD-10 codes is available upon request. All values between 1 and 9 are labeled as "<10" to protect confidentiality and may result in totals differing between tables.

**Table 27: Emergency Department (ED) Visits for Primary Behavioral Health Conditions Among El Paso County Residents, by Diagnosis and Payer – All Ages (2022)<sup>182,183</sup>**

| Primary Diagnosis<br>Payer Type | Psychiatric Diagnosis |             | Substance Use-Related Diagnosis |             |
|---------------------------------|-----------------------|-------------|---------------------------------|-------------|
|                                 | N                     | %           | N                               | %           |
| Commercial                      | 643                   | 13%         | 315                             | 7%          |
| Medicaid                        | 1,223                 | 24%         | 759                             | 18%         |
| Medicare                        | 868                   | 17%         | 426                             | 10%         |
| Other Government                | 285                   | 6%          | 214                             | 5%          |
| Self-Pay <sup>184</sup>         | 1,706                 | 34%         | 2,404                           | 56%         |
| Unassigned <sup>185</sup>       | 289                   | 6%          | 208                             | 5%          |
| <b>Total</b>                    | <b>5,014</b>          | <b>100%</b> | <b>4,326</b>                    | <b>100%</b> |

### ED Utilization at El Paso County-Based Facilities

This section analyzes where individuals, regardless of residence, accessed emergency care for primary behavioral health needs in El Paso County. Table 28 provides an overview of the residency of patients who visited El Paso EDs for a primary behavioral health condition. About 11% of encounters between 2019 and 2022 were among individuals residing outside of El Paso County, with most out-of-state visits coming from New Mexico. These data reflect El Paso’s role as a regional healthcare hub, serving patients across state boundaries. This trend is particularly notable among New Mexico residents, reinforced by proximity to the state border and New Mexico Medicaid policies that allow for reimbursement to providers located within 100 miles of the state line.<sup>186</sup>

<sup>182</sup> Texas Health Care Information Collection (THCIC) January 2022 – December 2022 discharge records.

<sup>183</sup> Data in this table is limited to patients listed as residents of El Paso County. Record counts include behavioral health encounters identified by a primary psychiatric or substance use-related diagnosis code within the following Clinical Classifications Software Refined (CCSR) categories: MBD001-MBD011, MBD013, MBD014, MBD017-MBD034. We modified these CCSR categories so that each ICD-10 code is assigned only one CCSR category. A full list of ICD-10 codes is available upon request. All values between 1 and 9 are labeled as "<10" to protect confidentiality and may result in totals differing between tables.

<sup>184</sup> Self-pay includes charity, indigent, and “unknown” payers.

<sup>185</sup> “Unassigned” payers are payment sources that are not easily collapsed into the other categorized shown in this Figure. Examples include ‘automobile medical,’ ‘Title V,’ and ‘Indemnity Insurance.’

<sup>186</sup> *N.M. Admin. Code § 8.302.4.12—Covered out-of-state services.* (n.d.). LII / Legal Information Institute. Retrieved June 3, 2025, from <https://www.law.cornell.edu/regulations/new-mexico/N-M-Admin-Code-SS-8.302.4.12>

**Table 28: Emergency Department (ED) Visits at El Paso Facilities for Primary Behavioral Health Conditions by Residency (2019 - 2022)**<sup>187,188</sup>

|  | 2019          | 2020         | 2021              | 2022          |
|--|---------------|--------------|-------------------|---------------|
| <b>Adults (18+)</b>                            |               |              |                   |               |
| El Paso County Residents                       | 9,267         | 8,117        | 8,445             | 8,495         |
| Non-Residents – Texas Residents                | 170           | 119          | 150               | 148           |
| Non-Residents – Out-of-State Residents         | 948           | 837          | 983               | 966           |
| <i>% New Mexico Residents</i>                  | <i>81%</i>    | <i>84%</i>   | <i>81%</i>        | <i>81%</i>    |
| Residency Missing                              | 21            | 10           | <10               | 11            |
| <b>Total</b>                                   | <b>10,406</b> | <b>9,083</b> | <b>&lt;9,588</b>  | <b>9,620</b>  |
| <b>Children / Youth (&lt;18)</b>               |               |              |                   |               |
| El Paso County Residents                       | 732           | 507          | 591               | 738           |
| Non-Residents – Texas Residents <sup>189</sup> | 22            |              |                   |               |
| Non-Residents – Out-of-State Residents         | 94            | 67           | 78                | 85            |
| <i>% New Mexico Residents</i>                  | <i>100%</i>   | <i>97%</i>   | <i>96%</i>        | <i>93%</i>    |
| Residency Missing <sup>190</sup>               | <10           |              |                   |               |
| <b>Total</b>                                   | <b>836</b>    | <b>577</b>   | <b>672</b>        | <b>833</b>    |
| <b>Overall Total</b>                           | <b>11,242</b> | <b>9,660</b> | <b>&lt;10,260</b> | <b>10,453</b> |

While earlier tables combined psychiatric and substance use-related ED visits, Table 29 provides a facility-level breakdown of encounters specifically for primary psychiatric conditions in El Paso County. From 2019 to 2022, psychiatric conditions accounted for over half (55%) of adult behavioral health-related encounters and two-thirds (67%) of child and youth encounters.

Among adults, nearly 60% of psychiatric ED encounters occurred at four facilities: Del Sol Medical Center, University Medical Center of El Paso–Alameda, The Hospitals of Providence East Campus, and Las Palmas Medical Center. However, these facilities saw steeper declines (29-36%) in adult psychiatric utilization than the overall decrease in adult behavioral health utilization during the period.

<sup>187</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>188</sup> Data in this table is limited to patients who visited El Paso County emergency departments, regardless of their residency. Record counts include behavioral health encounters identified by a primary psychiatric or substance use-related diagnosis code within the following Clinical Classifications Software Refined (CCSR) categories: MBD001-MBD011, MBD013, MBD014, MBD017-MBD034. We modified these CCSR categories so that each ICD-10 code is assigned only one CCSR category. A full list of ICD-10 codes is available upon request. Out-of-state and New Mexico residents were identified by the discharge records’ patient ZIP code. All values between 1 and 9 are labeled as "<10" to protect confidentiality and may result in totals differing between tables.

<sup>189</sup> Primary behavioral health visits by child and youth non-El Paso County residents of Texas were pooled between 2019 and 2022 due to their small number of annual visits.

<sup>190</sup> Primary behavioral health visits by children and youth with missing residency data were pooled between 2019 and 2022 due to their small number of annual visits.

A similar concentration was observed among children and youth, with nearly 60% of encounters occurring at four facilities: El Paso Children’s Hospital, The Hospitals of Providence East Campus, Del Sol Medical Center, and The Hospitals of Providence Transmountain Campus. Between 2019 and 2022, patient encounters at the Hospitals of Providence East Campus declined by 19%, similar to the overall 13% decline in psychiatric ED use observed among children and youth. The other three facilities experienced larger declines in patient encounters for mental health conditions, ranging from 31% to 43%. This pattern suggests that new smaller or lower-volume EDs in the region may be increasingly serving pediatric psychiatric patients, offsetting declines at larger facilities.

**Table 29: Emergency Department (ED) Visits at El Paso Facilities for Primary Psychiatric Conditions by Facility – All Ages (2019 - 2022)<sup>191,192</sup>**

| Facility   | 2019         | 2020         | 2021         | 2022         | Total         |
|--|--------------|--------------|--------------|--------------|---------------|
| <b>Adults (18+)</b>                              |              |              |              |              |               |
| Del Sol Medical Center                           | 1,184        | 844          | 799          | 839          | 3,666         |
| University Medical Center of El Paso-Alameda     | 1,090        | 845          | 762          | 711          | 3,408         |
| The Hospitals of Providence East Campus          | 873          | 864          | 640          | 597          | 2,974         |
| Las Palmas Medical Center                        | 810          | 660          | 498          | 515          | 2,483         |
| The Hospitals of Providence Transmountain Campus | 616          | 520          | 481          | 416          | 2,033         |
| The Hospitals of Providence Memorial Campus      | 596          | 410          | 405          | 409          | 1,820         |
| The Hospitals of Providence Northeast Campus     | 292          | 263          | 224          | 234          | 1,013         |
| The Hospitals of Providence Sierra Campus        | 312          | 213          | 235          | 233          | 993           |
| The Hospitals of Providence Horizon City Campus  | 185          | 233          | 210          | 179          | 807           |
| UMC East Emergency Department                    | 0            | 28           | 150          | 191          | 369           |
| Other Facilities <sup>193</sup>                  | 15           | 226          | 807          | 711          | 1759          |
| <b>Adult Total</b>                               | <b>5,973</b> | <b>5,106</b> | <b>5,211</b> | <b>5,035</b> | <b>21,325</b> |
| <b>Children and Youth (&lt;18)</b>               |              |              |              |              |               |
| El Paso Children’s Hospital                      | 137          | 69           | 99           | 93           | 398           |
| The Hospitals of Providence East Campus          | 99           | 94           | 54           | 80           | 327           |
| Del Sol Medical Center                           | 93           | 43           | 42           | 53           | 231           |
| The Hospitals of Providence Transmountain Campus | 68           | 38           | 48           | 47           | 201           |

<sup>191</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>192</sup> Data in this table is limited to patients who visited El Paso County emergency departments, regardless of their residency. Record counts include encounters identified by a primary psychiatric diagnosis code within the following Clinical Classifications Software Refined (CCSR) categories: MBD001-MBD011, MBD013, MBD014, and MBD026. We modified these CCSR categories so that each ICD-10 code is assigned only one CCSR category. A full list of ICD-10 codes is available upon request. All values between 1 and 9 are labeled as "<10" to protect confidentiality and may result in totals differing between tables.

<sup>193</sup> Between 2019 and 2022, adults received primary mental health treatment at twelve additional emergency departments not listed in this table. The most frequently utilized were the UMC Northeast Emergency Department (325 encounters), the Hospitals of Providence Emergency Room Edgemere (272 encounters), and the Hospitals of Providence Emergency Room Montwood (253 encounters).

| Facility  | 2019         | 2020         | 2021         | 2022         | Total         |
|---|--------------|--------------|--------------|--------------|---------------|
| The Hospitals of Providence Memorial Campus     | 53           | 27           | 39           | 44           | 163           |
| Las Palmas Medical Center                       | 55           | 27           | 18           | 24           | 124           |
| The Hospitals of Providence Northeast Campus    | 30           | 28           | 27           | 28           | 113           |
| The Hospitals of Providence Horizon City Campus | 35           | 30           | 26           | 21           | 112           |
| Other Facilities <sup>194</sup>                 | 22           | 30           | 103          | 123          | 278           |
| <b>Children and Youth Total</b>                 | <b>592</b>   | <b>386</b>   | <b>456</b>   | <b>513</b>   | <b>1,947</b>  |
| <b>Overall Total</b>                            | <b>6,565</b> | <b>5,492</b> | <b>5,667</b> | <b>5,548</b> | <b>23,272</b> |

While Table 29 above highlights trends in ED visits for primary psychiatric conditions, it is important to also examine substance use-related ED encounters separately, as they often reveal different patterns. Table 30 presents ED utilization for primary substance use-related conditions in El Paso facilities from 2019 to 2022, revealing a contrasting trend of increasing visits. Adult visits rose by 3%, from less than 4,439 encounters in 2019 to 4,585 in 2022, primarily driven by greater utilization among out-of-state residents. Among children and youth, utilization increased more substantially (nearly 30%), rising from fewer than 248 encounters in 2019 to 320 in 2022, with most of the increase attributable to El Paso residents. These trends indicate a growing need for substance use-related services in the county, particularly for younger residents.

As with psychiatric ED visits, the same four facilities<sup>195</sup> accounted for two-thirds of adult substance use-related encounters from 2019 to 2022. While utilization at the University Medical Center of El Paso–Alameda increased by 4%,<sup>196</sup> the other three facilities experienced modest declines. Most of the growth in adult substance-related ED use occurred at newer, smaller EDs across the county.

Similarly, more than 60% of child and youth substance use-related encounters occurred at the same four facilities<sup>197</sup> most utilized for psychiatric ED visits. From 2019 to 2022, these facilities

<sup>194</sup> Between 2019 and 2022, children and youth received primary mental health treatment at thirteen additional emergency departments not listed in this table. The most frequently utilized were the Hospitals of Providence Sierra Campus (39 encounters), the Hospitals of Providence Emergency Room Edgemere (37 encounters), and the Hospitals of Providence Emergency Room Montwood (34 encounters).

<sup>195</sup> The four facilities with the most adult primary psychiatric and substance-related ED encounters include: Del Sol Medical Center, University Medical Center of El Paso–Alameda, The Hospitals of Providence East Campus, and Las Palmas Medical Center.

<sup>196</sup> The increase in adult primary substance use-related encounters at the University Medical Center of El Paso–Alameda was driven by El Paso County residents and corresponds with the county’s 5% adult population growth between 2019 and 2022.

<sup>197</sup> The four facilities with the most child and youth primary psychiatric and substance-related ED encounters include: El Paso Children’s Hospital, The Hospitals of Providence East Campus, Del Sol Medical Center, and The Hospitals of Providence Transmountain Campus.

maintained consistent volumes. Unlike the adult trend, nearly all facilities, regardless of size, saw slight increases in child and youth substance use-related encounters during this period.

**Table 30: Emergency Department (ED) Visits for Primary Substance Use-Related Conditions by Facility – All Ages (2019 - 2022)<sup>198,199</sup>**

| Facility   | 2019             | 2020         | 2021         | 2022         | Total             |
|--|------------------|--------------|--------------|--------------|-------------------|
| <b>Adults (18+)</b>                              |                  |              |              |              |                   |
| University Medical Center of El Paso-Alameda     | 998              | 903          | 952          | 1,036        | 3,889             |
| Del Sol Medical Center                           | 973              | 761          | 811          | 945          | 3,490             |
| Las Palmas Medical Center                        | 565              | 508          | 493          | 519          | 2,085             |
| The Hospitals of Providence East Campus          | 536              | 525          | 497          | 517          | 2,075             |
| The Hospitals of Providence Transmountain Campus | 405              | 374          | 414          | 365          | 1,558             |
| The Hospitals of Providence Memorial Campus      | 384              | 264          | 253          | 263          | 1,164             |
| The Hospitals of Providence Sierra Campus        | 289              | 235          | 241          | 215          | 980               |
| The Hospitals of Providence Northeast Campus     | 197              | 207          | 145          | 181          | 730               |
| The Hospitals of Providence Horizon City Campus  | 82               | 102          | 92           | 86           | 362               |
| UMC Northeast Emergency Department               | 0                | 24           | 134          | 146          | 304               |
| Other Facilities <sup>200</sup>                  | <10              | 74           | 339          | 312          | <735              |
| <b>Adult Total</b>                               | <b>&lt;4,439</b> | <b>3,977</b> | <b>4,371</b> | <b>4,585</b> | <b>&lt;17,372</b> |
| <b>Children and Youth (&lt;18)</b>               |                  |              |              |              |                   |
| El Paso Children’s Hospital                      | 51               | 34           | 42           | 64           | 191               |
| The Hospitals of Providence East Campus          | 46               | 46           | 38           | 51           | 181               |
| Del Sol Medical Center                           | 33               | 19           | 28           | 33           | 113               |
| The Hospitals of Providence Transmountain Campus | 27               | 23           | 23           | 37           | 110               |
| The Hospitals of Providence Memorial Campus      | 32               | <10          | <10          | 25           | <77               |
| Las Palmas Medical Center                        | 24               | 17           | 13           | 20           | 74                |
| The Hospitals of Providence Northeast Campus     | 13               | 18           | 20           | 21           | 72                |
| The Hospitals of Providence Horizon City Campus  | <10              | 12           | 12           | 20           | <54               |
| Other Facilities <sup>201</sup>                  | 12               | 14           | 31           | 49           | 106               |

<sup>198</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>199</sup> Data in this table is limited to patients who visited El Paso County emergency departments, regardless of their residency. Record counts include encounters identified by a primary substance use-related diagnosis code within the following Clinical Classifications Software Refined (CCSR) categories: MBD017-MBD034. We modified these CCSR categories so that each ICD-10 code is assigned only one CCSR category. A full list of ICD-10 codes is available upon request. All values between 1 and 9 are labeled as "<10" to protect confidentiality and may result in totals differing between tables.

<sup>200</sup> Between 2019 and 2022, adults received primary substance use-related treatment at eleven additional emergency departments not listed in this table. The most frequently utilized were the UMC East Emergency Department (140 encounters), the Hospitals of Providence Emergency Room Montwood (121 encounters), and Las Palmas Del Sol Healthcare-Horizon (101 encounters).

<sup>201</sup> Between 2019 and 2022, children and youth received primary substance use-related treatment at eleven additional emergency departments not listed in this table. Of these eleven facilities, nine had no primary child and youth substance use-related encounters in 2019. The most frequently utilized were the University Medical Center of

| Facility                 | 2019   | 2020   | 2021   | 2022  | Total   |
|--------------------------|--------|--------|--------|-------|---------|
| Children and Youth Total | <248   | <193   | <217   | 320   | <978    |
| Overall Total            | <4,687 | <4,170 | <4,588 | 4,905 | <18,350 |

### Inpatient Admissions from El Paso County Emergency Departments

Following the analysis of ED utilization for behavioral health conditions in El Paso County, this section examines El Paso's use of inpatient psychiatric care. Specifically, we focus on admissions from El Paso County EDs to inpatient psychiatric beds anywhere in Texas, showing how frequently patients must leave El Paso – and sometimes the region – to receive inpatient psychiatric treatment.

Where possible, local hospitalization allows patients to remain near their families and support networks, which can ease the transition back into the community and strengthen engagement with outpatient services. We identified these types of admissions by determining, for every psychiatric bed admission, whether a person had been in an El Paso County ED on the same or previous day. Patient residence was not a factor in this analysis.

Table 31 presents patterns of patient transfers from El Paso EDs to psychiatric inpatient beds across Texas. Between 2019 and 2022, the total number of transfers increased by 25%, from 1,446 to 1,802. However, the overall transfer rate per 1,000 ED visits declined slightly (from 7.3 in 2019 to 7.0 in 2022). Among adults, however, the transfer rate per 1,000 ED patients remained relatively stable, suggesting that more unique individuals visited El Paso EDs in 2022 than in 2019, rather than a greater likelihood of transfer to inpatient care.

Child and youth transfers to psychiatric beds rose sharply, rising 144% from 154 in 2019 to 376 in 2022. Additionally, the transfer rate for this group increased by 23%, indicating both a growing need and an increased likelihood of hospitalization. Simultaneously, the proportion of children and youth transferred to non-local inpatient psychiatric facilities declined from 8% in 2019 to just 1% in 2022. This drop is likely attributable to expanded local psychiatric bed capacity in El Paso County, which is examined in more detail in the following sections.

Among adults, the number of admissions rose by 10%, but the transfer rate per 1,000 ED patients remained relatively stable (8.1 per 1,000 in 2019 to 7.9 in 2022). Very few adult transfers involved out-of-county inpatient placements in any year, reflecting relatively stable access to local psychiatric beds for the adult population.

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El Paso-Alameda (20 encounters), the Hospitals of Providence Sierra Campus (14 encounters), and the UMC Northeast Emergency Department (14 encounters).

**Table 31: Admissions to Psychiatric Hospitals from El Paso County Emergency Departments (EDs), by Age (2022)**<sup>202,203,204</sup>

|   | 2019         | 2020         | 2021         | 2022         | Percent Change from 2019 to 2022 |
|---|--------------|--------------|--------------|--------------|----------------------------------|
| <b>Adults (18+)</b>                                   |              |              |              |              |                                  |
| Admitted to Inpatient Facility from El Paso County ED | 1,292        | 1,142        | 987          | 1,426        | 10%                              |
| % Admitted to non-local inpatient facility            | 1%           | <1%          | 1%           | 0%           | -100%                            |
| Transfer Per 1,000 ED Patients                        | 8.1          | 7.9          | 6.0          | 7.9          | -2%                              |
| <b>Children / Youth (&lt;18)</b>                      |              |              |              |              |                                  |
| Admitted to Inpatient Facility from El Paso County ED | 154          | 191          | 225          | 376          | 144%                             |
| % Admitted to non-local inpatient facility            | 8%           | 6%           | 9%           | 1%           | -75%                             |
| Transfer Per 1,000 ED Patients                        | 4.0          | 6.8          | 6.5          | 4.9          | 23%                              |
| <b>Overall Total</b>                                  | <b>1,446</b> | <b>1,333</b> | <b>1,212</b> | <b>1,802</b> | <b>25%</b>                       |
| <b>Transfers Per 1,000 ED Patients</b>                | <b>7.3</b>   | <b>7.7</b>   | <b>6.1</b>   | <b>7.0</b>   | <b>-4%</b>                       |

## Inpatient Psychiatric Bed Capacity and Utilization

Building on the prior section, this segment shifts focus to the availability and use of inpatient psychiatric beds within the county. Specifically, we assess whether El Paso County has sufficient inpatient psychiatric resources to meet the needs of its population as well as those of surrounding areas.

Between 2019 and 2022, four hospitals in El Paso County reported inpatient psychiatric discharges: El Paso Behavioral Health System, El Paso Psychiatric Center, Providence Memorial Hospital, and Rio Vista Behavioral Health. To assess whether El Paso has sufficient inpatient capacity to serve residents, we examined:

- Geographic distribution of inpatient discharges.** We first investigated the county of residence for patients discharged from El Paso County psychiatric beds. This analysis highlights another facet of bed capacity: many patients residing in distant counties likely use El Paso County psychiatric beds because the county has available beds. In a related analysis, we examined the use of non-El Paso County psychiatric beds by residents of El

<sup>202</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>203</sup> Data in this table is limited to patients who visited El Paso County emergency departments, regardless of their residency. Transfers were determined by matching a patient's unique identifier on their discharge date from an emergency department with an admission to a psychiatric unit on the same or the next day. Psychiatric units were identified from THCIC billing codes. All state hospital admissions were considered psychiatric specialty encounters.

<sup>204</sup> The THCIC dataset includes outpatient and inpatient discharges for the state of Texas only. Therefore, any patients who were discharged from a Texas emergency department and admitted to an inpatient facility in New Mexico will not be detected in our analyses.

Paso County. If the flow of patients out of the county is substantially greater than the flow in, there may be a lack of local beds.

- **Utilization compared to reported staffed bed capacity.** Then, we compared daily inpatient utilization relative to reported staffed bed capacity for each hospital. This approach identifies hospitals that are operating above capacity or under capacity relative to need. Prolonged operation at or above capacity may indicate insufficient capacity to meet need.
- **The number of inpatient psychiatric discharges by age cohort.** Pediatric patients (<18 years of age) often face different behavioral health needs than the adult population, so ensuring there are beds dedicated the children and youth needs is vital for treating this vulnerable population and promoting long-term population health and wellness.

Additional details on our hospital capacity and utilization analyses are included in Appendix B: El Paso County Hospital Data and Methodology.

### El Paso County Psychiatric Hospital Capacity

Between 2019 and 2022, the total number of licensed behavioral health beds in El Paso County grew by 12 beds, increasing from 332 to 344 (Table 32). While the number of adult psychiatric and substance use treatment beds remained relatively unchanged, the number of licensed psychiatric beds for children and youth more than doubled, from 15 to 36 beds. This expansion aligns with earlier findings showing rising demand for youth psychiatric services, including emergency department utilization and inpatient transfers.

**Table 32: Change in El Paso County Licensed Behavioral Healthcare Beds (2019-2022)<sup>205</sup>**

|   | 2019       | 2020       | 2021       | 2022       | Percent Change from 2019 to 2022 |
|---|------------|------------|------------|------------|----------------------------------|
| Licensed Psychiatric Beds                           | 310        | 310        | 310        | 322        | 4%                               |
| <i>Licensed Psychiatric Beds for Children/Youth</i> | <i>15</i>  | <i>35</i>  | <i>35</i>  | <i>36</i>  | <i>140%</i>                      |
| Licensed SUD Treatment Beds                         | 22         | 22         | 22         | 22         | 0%                               |
| <b>Total Behavioral Health Beds</b>                 | <b>332</b> | <b>332</b> | <b>332</b> | <b>344</b> | <b>4%</b>                        |

### Psychiatric Bed Utilization Among Residents of El Paso County (2022)

This section discusses inpatient psychiatric bed use by El Paso County residents across Texas. Understanding these patterns helps contextualize local psychiatric bed capacity in El Paso County, as frequent use of psychiatric beds outside of the region may indicate insufficient local capacity to serve residents. Additional breakouts showing admissions by primary payer and diagnosis may highlight sub-populations with unmet behavioral health needs in the region.

<sup>205</sup> Hospital capacity data was obtained from the Texas Hospital Association's Annual Survey of Hospitals (2019 - 2022). *Annual Survey of Hospitals*. Received from email communication on January 23, 2024.

Roughly 15% of El Paso County inpatient psychiatric beds are filled by non-El Paso County residents, primarily from out-of-state patients.

Of note, 98% of state psychiatric hospital admissions for El Paso County residents in 2022 occurred at El Paso Psychiatric Center.<sup>206</sup> This suggests that El Paso County has sufficient state bed capacity, as residents are not traveling elsewhere to seek state psychiatric care.<sup>207</sup>

In 2022, nearly 8,000 psychiatric inpatient discharges were recorded at El Paso County hospitals (Table 33). More than two-thirds (68%) of discharges were from the El Paso Behavioral Health System, and 66% of those discharged were adults between the ages of 18 and 64.

**Table 33: Discharges from El Paso Psychiatric Inpatient Beds among El Paso County Residents by Age, All Patient Residences (2022)**<sup>208,209</sup>

| Hospital  | All Ages     | Children (6-11 years) | Youth (12-17 years) | Adults (18-64 years) | Older Adults (65+ years) |
|---|--------------|-----------------------|---------------------|----------------------|--------------------------|
| El Paso Behavioral Health System <sup>210</sup> | 5,459        | 299                   | 1,228               | 3,661                | 259                      |
| Rio Vista Behavioral Health                     | 1,883        | 46                    | 632                 | 1,185                | 20                       |
| El Paso Psychiatric Center                      | 317          | 0                     | 0                   | <317                 | <10                      |
| Providence Memorial Hospital                    | 242          | 0                     | 0                   | <10                  | <242                     |
| Non-El Paso Hospitals <sup>211</sup>            | 68           | <10                   | <10                 | 58                   | <10                      |
| <b>Total Inpatient Psychiatric Admissions</b>   | <b>7,969</b> | <b>&lt;355</b>        | <b>&lt;1,870</b>    | <b>&lt;5,226</b>     | <b>&lt;540</b>           |

Table 34 below details the number of patients with psychiatric inpatient discharges in 2022 for both El Paso County and Texas (statewide) by age. Compared to Texas, El Paso County residents used inpatient psychiatric services at a 64% higher rate across all age groups in 2022. The rate of inpatient discharges per 100,000 residents was 74% higher among children ages 6–11 and adults 65 and older, and 67% higher among working-age adults (18–64) in El Paso compared to

<sup>206</sup> The rate of in-county admissions for state hospitals remains close to 100% across all age groups (i.e., children and youth, adults, and older adults residents treated in a state bed are overwhelmingly receiving their treatment in El Paso County).

<sup>207</sup> Texas Health Care Information Collection (THCIC) January 2019– December 2022 discharge records.

<sup>208</sup> Texas Health Care Information Collection (THCIC) January 2022 – December 2022 discharge records.

<sup>209</sup> Data in this table is limited to El Paso County residents with an inpatient stay in a psychiatric bed. Record counts include psychiatric specialty encounters identified by THCIC billing data. Further, all state hospital admissions are considered psychiatric specialty encounters. All values between 1 and 9 are labeled as "<10" to protect confidentiality.

<sup>210</sup> El Paso Behavioral Health System also treated 12 admissions for children between the ages of 0 and 5 in 2022.

<sup>211</sup> There were 68 admissions by El Paso County residents for inpatient stays within Texas but outside of El Paso County in 2022. These 68 admissions occurred at 36 facilities. No facility had more than 10 admissions.

statewide. Youth ages 12–17 also had elevated discharge rates, at approximately 1.5 times the state average. Overall, these higher utilization rates may reflect both greater need for psychiatric hospitalization in El Paso and comparatively strong access to inpatient services within the region.

**Table 34: Number and Rate of Unduplicated Patients with Inpatient Discharges for El Paso County, Compared to Texas (2022)**<sup>212,213,214</sup>

| Age Group       | El Paso County Residents |                            | Texas Residents |                            | Ratio           |
|-----------------|--------------------------|----------------------------|-----------------|----------------------------|-----------------|
|                 | Patients                 | Rate per 100,000 Residents | Patients        | Rate per 100,000 Residents | El Paso / Texas |
| Ages 0 – 5      | < 10                     | <14                        | 171             | 7                          | <1.89           |
| Ages 6 – 11     | 263                      | 344                        | 4,930           | 197                        | 1.74            |
| Ages 12 – 17    | 1,378                    | 1,697                      | 29,341          | 1,137                      | 1.49            |
| Ages 18 – 64    | 3,575                    | 681                        | 73,405          | 406                        | 1.67            |
| Ages 65+        | 402                      | 371                        | 7,952           | 211                        | 1.76            |
| <b>All Ages</b> | <b>&lt;5,628</b>         | <b>&lt;652</b>             | <b>115,799</b>  | <b>396</b>                 | <b>1.64</b>     |

### Inpatient Utilization Compared to Bed Capacity

Table 35 presents the average daily psychiatric capacity and utilization in El Paso County in 2022. Among the four facilities that reported maintaining inpatient psychiatric beds to the Texas Hospital Association, overall psychiatric bed utilization varied across facilities, ranging from an average of 87% occupancy (El Paso Behavioral Health System) to 55% occupancy (El Paso Psychiatric Center). More information about inpatient capacity by hospital is available in Appendix E: Supplemental Hospital Utilization Data.

This pattern is particularly evident in adult psychiatric services, where no facility exceeded 70% of its adult bed capacity over the year. These findings suggest that, overall, El Paso County had sufficient inpatient psychiatric capacity to meet the needs of its adult population in 2022.

In contrast to the adequate inpatient capacity for adults, pediatric psychiatric capacity in El Paso County was strained in 2022. Only two facilities—El Paso Behavioral Health System and Rio Vista Behavioral Health—reported having dedicated pediatric psychiatric beds. Across all facilities in 2022, El Paso County pediatric units operated at 171% of their designated bed

<sup>212</sup> Texas Health Care Information Collection (THCIC) January 2022 – December 2022 discharge records.

<sup>213</sup> Data in this table is limited to patients listed as El Paso County and Texas residents. Unique patients were identified by the THCIC’s unique patient ID and were limited to patients with a psychiatric specialty encounter identified by THCIC billing data. Further, all state hospital admissions are considered psychiatric specialty encounters.

<sup>214</sup> Population data was extracted from the U.S. Census Bureau. (2023, December). *American Community Survey 2018-2022 5-year estimates*. <https://www.census.gov/data/developers/data-sets/acs-5year.2022.html>

capacity, with both hospitals consistently admitting more children and adolescents than they had pediatric beds available.

**Table 35: Average Daily Psychiatric Utilization and Capacity – El Paso County (2022)<sup>215,216,217</sup>**

| Utilization                                  | El Paso Psychiatric Center | El Paso Behavioral Health System | Rio Vista Behavioral Health | Providence Memorial Hospital |
|--|----------------------------|----------------------------------|-----------------------------|------------------------------|
| <b>Overall Psychiatric Bed Utilization</b>   |                            |                                  |                             |                              |
| Total Bed Capacity                           | 74                         | 166                              | 92                          | 12                           |
| Average Daily Utilization                    | 41                         | 144                              | 71                          | 7                            |
| Utilization as a Percentage of Capacity      | 55%                        | 87%                              | 77%                         | 56%                          |
| <b>Adult Psychiatric Bed Utilization</b>     |                            |                                  |                             |                              |
| Total Adult Bed Capacity                     | 74                         | 158                              | 64                          | 12                           |
| Average Daily Utilization                    | 41                         | 107                              | 45                          | 7                            |
| Utilization as a Percentage of Capacity      | 55%                        | 68%                              | 70%                         | 56%                          |
| <b>Pediatric Psychiatric Bed Utilization</b> |                            |                                  |                             |                              |
| Total Pediatric Bed Capacity                 | 0                          | 8                                | 28                          | 0                            |
| Average Daily Utilization                    | -                          | 36                               | 26                          | -                            |
| Utilization as a Percentage of Capacity      | -                          | 450%                             | 93%                         | -                            |

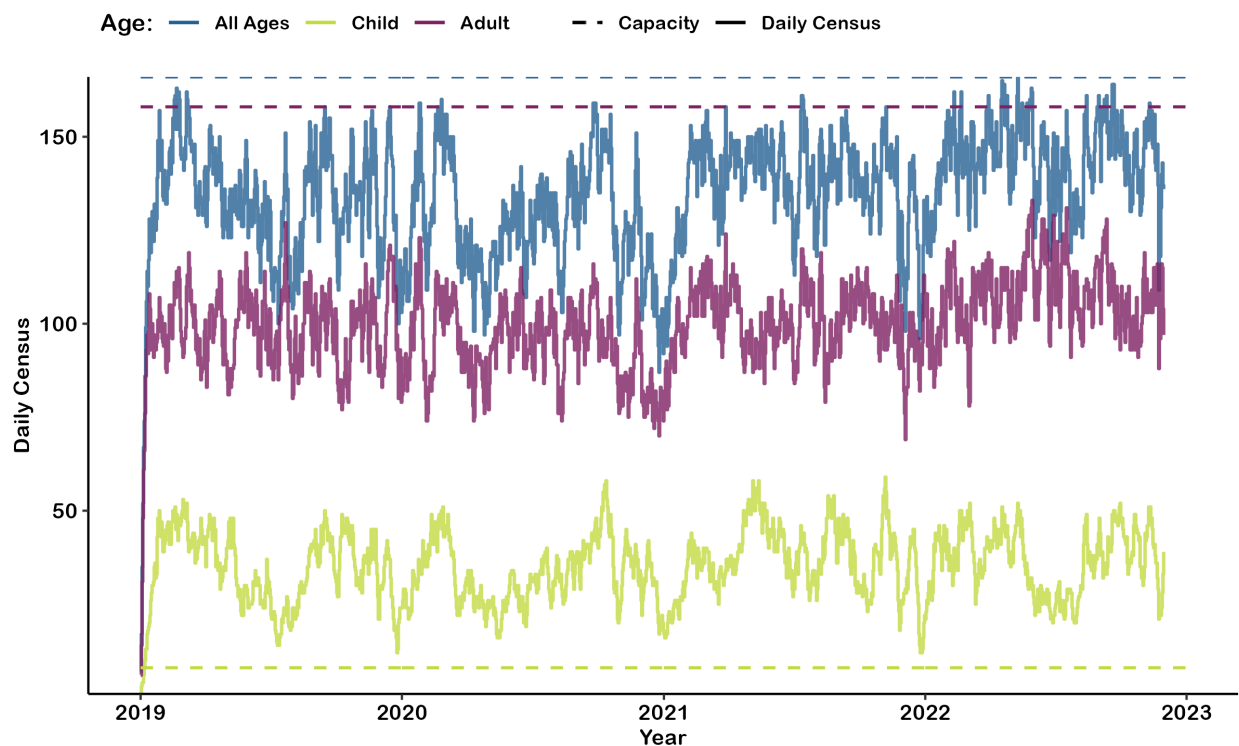
Figures 10 and 11, below, show how the admitted pediatric census (the solid green line) frequently exceeded the available pediatric bed capacity (dashed green line), indicating that children and youth were likely treated in adult psychiatric beds.

<sup>215</sup> Texas Health Care Information Collection (THCIC) January 2022 – December 2022 discharge records.

<sup>216</sup> Data in this table is limited to patients admitted to El Paso County facilities, regardless of their county of residence. Record counts include psychiatric specialty encounters identified by THCIC billing data. Further, all state hospital admissions are considered psychiatric specialty encounters.

<sup>217</sup> Hospital capacity data was obtained from the Texas Hospital Association's Annual Survey of Hospitals (2019 - 2022). *Annual Survey of Hospitals*. Received from email communication on January 23, 2024.

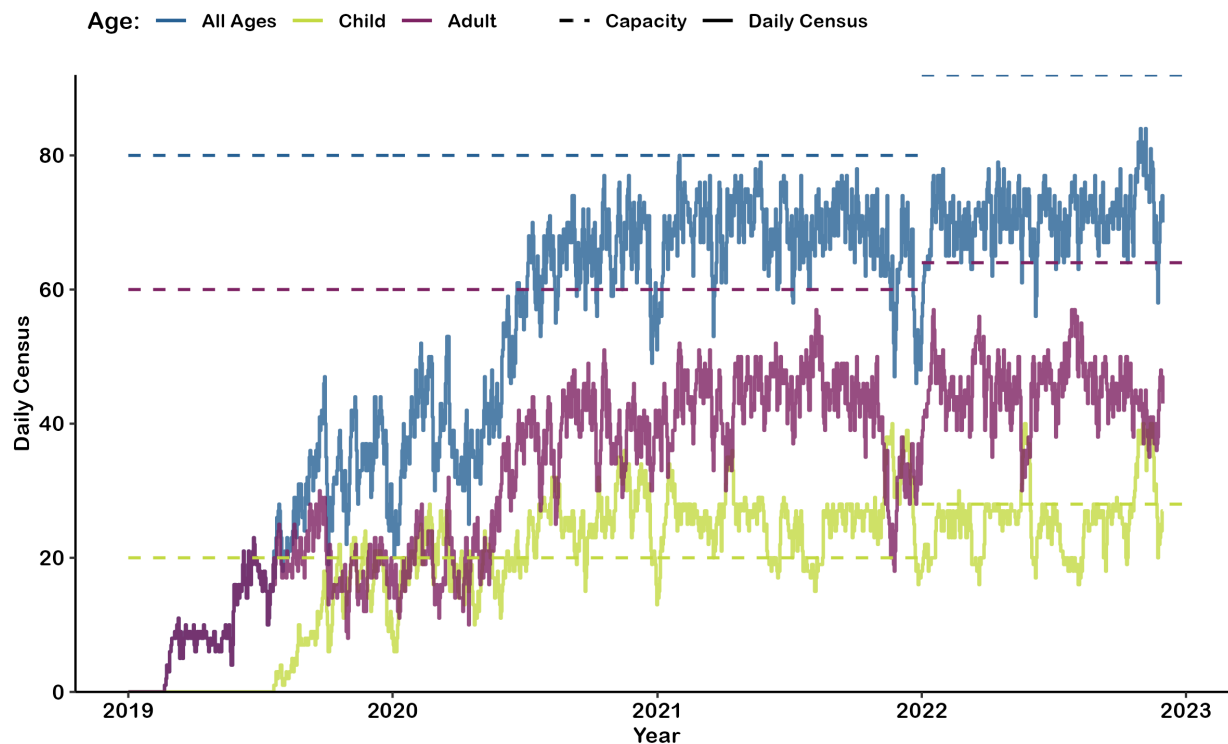
**Figure 10: Psychiatric Utilization Compared to Capacity by Age (Child [<18] vs Adult [18+]) – El Paso Behavioral Health System (2019-2022)<sup>218,219</sup>**



<sup>218</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>219</sup> Hospital capacity data was obtained from the Texas Hospital Association's Annual Survey of Hospitals (2019 - 2022). *Annual Survey of Hospitals*. Received from email communication on January 23, 2024.

**Figure 11: Psychiatric Utilization Compared to Capacity by Age (Child [<18] vs Adult [18+]) – Rio Vista Behavioral Health Capacity (2019-2022)<sup>220,221</sup>**



Rio Vista Behavioral Health opened in March 2019 and quickly exceeded pediatric bed capacity before the end of its first year, even as adult psychiatric beds remained underutilized.<sup>222</sup> Unlike many facilities that saw reduced admissions during the early stages of the COVID-19 pandemic,<sup>223</sup> Rio Vista Behavioral Health’s patient census continued to grow through 2020 and beyond. As Table 36 shows, from 2019 to 2022, Rio Vista Behavioral Health experienced a 193% increase in total inpatient encounters, with pediatric volumes more than tripling in those three years. This growth was accompanied by a 20% rise in the average length of stay for inpatients, and a 21% increase in the length of stay for pediatric patients, specifically. This likely indicates an increase in the clinical severity or complexity of the population served over this period.

This growth stands in contrast to more modest changes—or even declines—observed at other psychiatric facilities in El Paso County. For example, while El Paso Behavioral Health System saw

<sup>220</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>221</sup> Hospital capacity data was obtained from the Texas Hospital Association's Annual Survey of Hospitals (2019 - 2022). *Annual Survey of Hospitals*. Received from email communication on January 23, 2024.

<sup>222</sup> The data analyzed in this quantitative summary was available through December 2022. As of 2025, Rio Vista Behavioral Health currently maintains 152 psychiatric beds. Future updates to this quantitative summary will explore the use of the additional psychiatric beds available at Rio Vista Behavioral Health.

<sup>223</sup> For more information on the COVID-19 pandemic’s impact on hospital utilization, please refer to Appendix C.

a 6% increase in total encounters, its pediatric volume grew by only 10% over the same period, and its average length of stay decreased slightly.

**Table 36: Average Psychiatric Length of Stay by Facility and Age – El Paso County (2019-2022)<sup>224</sup>**

| Hospital of Admission              | Encounters |       |          | Average Length of Stay (Days) |      |          |
|------------------------------------|------------|-------|----------|-------------------------------|------|----------|
|                                    | 2019       | 2022  | % Change | 2019                          | 2022 | % Change |
| <b>All Ages</b>                    |            |       |          |                               |      |          |
| El Paso Psychiatric Center         | 694        | 336   | -52%     | 33.9                          | 28.2 | -16%     |
| Providence Memorial Hospital       | 305        | 275   | -10%     | 9.3                           | 8.7  | -6%      |
| El Paso Behavioral Health System   | 6,007      | 6,385 | 6%       | 8.1                           | 8.0  | -2%      |
| Rio Vista Behavioral Health        | 779        | 2,286 | 193%     | 9.2                           | 11.1 | 20%      |
| <b>Adults (18+)</b>                |            |       |          |                               |      |          |
| El Paso Psychiatric Center         | 500        | 336   | -33%     | 43.1                          | 28.2 | -35%     |
| Providence Memorial Hospital       | 305        | 275   | -10%     | 9.3                           | 8.7  | -6%      |
| El Paso Behavioral Health System   | 4,472      | 4,700 | 5%       | 8.1                           | 8.0  | 0%       |
| Rio Vista Behavioral Health        | 576        | 1,540 | 167%     | 8.9                           | 10.4 | 17%      |
| <b>Children and Youth (&lt;18)</b> |            |       |          |                               |      |          |
| El Paso Psychiatric Center         | 194        | 0     | -100%    | 10.1                          | 0    | -100%    |
| Providence Memorial Hospital       | -          | -     | -        | -                             | -    | -        |
| El Paso Behavioral Health System   | 1,535      | 1,685 | 10%      | 8.3                           | 7.7  | -7%      |
| Rio Vista Behavioral Health        | 203        | 746   | 267%     | 10.3                          | 12.5 | 21%      |

**Payer Mix of El Paso County Psychiatric Beds**

Table 37 lists discharges to each hospital by payer status. Each facility has its own unique payer mix, with a notable association between payer status and the facility at which a patient receives treatment. In 2022, 97% of Medicaid patients received treatment at El Paso Behavioral Health System. Medicaid patients represented 52% of the payer mix of that facility. Meanwhile 74% of patients with other government insurance (including Tricare, Veterans Affairs, and state insurance plans) received treatment at Rio Vista Behavioral Health. Although The Hospitals of Providence Memorial Campus only accounted for less than 3% of El Paso admissions to psychiatric beds, that facility accounted for 75% of Medicare admissions in the county in 2022. Finally, given that the El Paso Psychiatric Center is a state-run hospital, the payer mix is classified as entirely self-pay.

<sup>224</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

**Table 37: El Paso County Psychiatric Bed Discharges by Payer (2022)<sup>225,226</sup>**

| Hospital                         | Total Admissions | Medicaid     | Medicare   | Other Government | Self-Pay <sup>227</sup> | Commercial Insurance |
|----------------------------------|------------------|--------------|------------|------------------|-------------------------|----------------------|
| El Paso Behavioral Health System | 6,385            | 3,329        | 42         | 574              | 0                       | 2,274                |
| El Paso Psychiatric Center       | 336              | 0            | 0          | 0                | 336                     | 0                    |
| Rio Vista Behavioral Health      | 2,286            | 107          | 37         | 1,739            | 34                      | 369                  |
| Providence Memorial Hospital     | 275              | 0            | 235        | 26               | 11                      | 0                    |
| <b>Total Admissions</b>          | <b>9,282</b>     | <b>3,436</b> | <b>314</b> | <b>2,339</b>     | <b>381</b>              | <b>2,643</b>         |

### Case Mix of El Paso County Psychiatric Beds

Table 38 displays the most common psychiatric diagnostic categories among El Paso County adults admitted to inpatient psychiatric care in 2019 and 2022. The leading diagnoses in 2022 were schizophrenia spectrum and other psychotic disorders (1,610 encounters), bipolar and related disorders (1,590), and depressive disorders (1,384). Together, these three categories accounted for approximately 80% of all adult psychiatric admissions that year.

While the proportion of discharges attributable to schizophrenia-related conditions declined slightly (–4%) over the four-year period, bipolar-related diagnoses rose by 41%, indicating a growing need for intensive mood disorder stabilization services. Notably, discharges related to trauma- and stressor-related disorders increased more than sixfold, from 70 in 2019 to 463 in 2022. Although these trauma-related cases comprised just 8% of 2022 discharges, the steep rise likely reflects broader population-level stressors—such as mass shootings and the psychological impact of the COVID-19 pandemic—and points to a need for stronger community-based trauma services and crisis response systems.

<sup>225</sup> Texas Health Care Information Collection (THCIC) January 2022 – December 2022 discharge records.

<sup>226</sup> Data in this table is limited to patients admitted to El Paso County facilities, regardless of their county of residence. Record counts include psychiatric specialty encounters identified by THCIC billing data. Further, all state hospital admissions are considered psychiatric specialty encounters. All values between 1 and 9 are labeled as "<10" to protect confidentiality. Row percentages may not add up to 100% because fewer than 1% of admissions did not have an identified payer.

<sup>227</sup> Self-pay includes charity, indigent, and “unknown” payers. All state hospital encounters are also classified as 'self-pay'.

**Table 38: Change in Top Inpatient Diagnoses for El Paso County Adult Residents with a Psychiatric Bed Admission Between 2019 and 2022<sup>228,229</sup>**

| 2022 Rank    | Principal Diagnostic Category                            | Encounters   |              |             |
|--------------|--|--------------|--------------|-------------|
|              |  | 2019         | 2022         | % Change    |
| 1            | Schizophrenia spectrum and other psychotic disorders     | 1,684        | 1,610        | -4%         |
| 2            | Bipolar and related disorders <sup>230</sup>             | 1,128        | 1,590        | +41%        |
| 3            | Depressive disorders                                     | 1,605        | 1,384        | -14%        |
| 4            | Trauma- and stressor-related disorders                   | 70           | 463          | +561%       |
| 5            | Other specified and unspecified mood disorders           | 151          | 229          | +52%        |
| 6            | Alcohol-related disorders                                | 126          | 181          | +44%        |
| 7            | Opioid-related disorders                                 | 56           | 93           | +66%        |
| 8            | Non-Behavioral Health Primary Diagnosis                  | 99           | 89           | -10%        |
| 9            | Miscellaneous mental and behavioral disorders/conditions | 52           | 27           | -48%        |
| 10           | Other  | 45           | 77           | +71%        |
| <b>Total</b> |  | <b>5,016</b> | <b>5,743</b> | <b>+14%</b> |

Table 39 shows the top three diagnostic categories for El Paso children and youth under 18. There are fewer diagnoses for the pediatric population than the adult population, with “Other specified and unspecified mood disorders” (1,102 encounters) being the most prevalent. Note that changes in diagnostic categories for children and youth could be driven by changes in the DSM-V which revised diagnostic criteria across several disorders, including bipolar disorders, in 2022. More detail about the principal ICD-10 diagnosis codes for children can be found in Appendix E: Supplemental Hospital Utilization Data.

<sup>228</sup> The principal ICD-10 diagnosis code for each inpatient encounter was aggregated into clinical categories as defined by the Agency for Health Research and Quality (AHRQ) Clinical Classifications Software Refined (CCSR) v2024-1. More information can be found on the AHRQ website: [hcup-us.ahrq.gov/toolssoftware/ccsr/ccs\\_refined.jsp](https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp).

<sup>229</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>230</sup> Increases in bipolar and related disorders encounters appear in the data to be unrelated to payer type, patient age, hospital, or patient severity. These increases happened steadily over the time period examined and do not appear to reflect a policy change on any specific date.

**Table 39: Change in Top Diagnoses for El Paso County Child and Youth (<18) Residents Discharged from Inpatient Psychiatric Beds Between 2019 and 2022<sup>231,232</sup>**

| 2022 Rank    | Principal Diagnostic Category                                 | Encounters   |              |             |
|--------------|---|--------------|--------------|-------------|
|              |   | 2019         | 2022         | % Change    |
| 1            | Other specified and unspecified mood disorders <sup>233</sup> | 624          | 1,102        | +77%        |
| 2            | Depressive disorders  | 668          | 726          | +9%         |
| 3            | Bipolar and related disorders <sup>234</sup>                  | 139          | 373          | +168%       |
| 4            | Other mental health and substance use diagnoses               | 253          | 25           | -90%        |
| <b>Total</b> |   | <b>1,684</b> | <b>2,226</b> | <b>+32%</b> |

### Summary and Conclusions

Since our 2021 quantitative summary, El Paso has made substantial progress in increasing the availability of inpatient psychiatric beds for children/youth (Rio Vista Behavioral Health) and expanding access to complex care (LOC C4) at EHN. Further, El Paso's behavioral health workforce has increased for psychiatric nurse practitioners (+174%), chemical dependency counselors (+87%) and licensed professional counselors (+19%). For these provider types, El Paso's resident-to-provider ratios are comparable to state figures.

Given the anticipated growth in El Paso County’s older adult population, the county should continue to build capacity for services designed to meet the needs of an expanding older population. These could include addressing issues that lead to health inequities among older adults such as transportation needs, mobility concerns, and isolation. Because older adults often have more co-occurring medical conditions, they may benefit from integrated health care settings that can treat commonly co-occurring mental health and physical conditions.

Based on the trends in El Paso residents use of emergency departments (EDs) for behavioral health-related conditions and inpatient psychiatric services, additional community-based services may be needed to treat conditions before they result in a mental health crisis or need for emergency care. This will require expanding community-based service availability for substance use disorder (SUD) treatment in El Paso, especially for children and youth. Similarly,

<sup>231</sup> The principal ICD-10 diagnosis code for each inpatient encounter was aggregated into clinical categories as defined by the Agency for Health Research and Quality (AHRQ) Clinical Classifications Software Refined (CCSR) v2024-1. More information can be found on the AHRQ website: [hcup-us.ahrq.gov/toolssoftware/ccsr/ccs\\_refined.jsp](https://hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp).

<sup>232</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>233</sup> The top diagnosis code for children in the diagnostic category “Other specified and unspecified mood disorders” is F39 - “Unspecified mood [affective] disorder”, with 1,046 encounters in 2022. The next most frequently occurring principal diagnosis code within this category is Disruptive mood dysregulation disorder (29 encounters in 2022).

<sup>234</sup> Increases in bipolar and related disorders encounters appear in the data to be unrelated to payer type, patient age, hospital, or patient severity. These increases happened steadily over the time period examined and do not appear to reflect a policy change on any specific date.

El Paso could benefit from integrated primary care and availability of safety net facilities to treat mental health conditions, especially among those without insurance, to prevent continued increases in the use of EDs and EHN for behavioral health crises.

Taken together, the data presented in this quantitative summary suggest a shifting landscape in El Paso characterized by an aging population and increases in demand for SUD-related, trauma-related conditions and mental health crisis, dedicated inpatient space for treating children and youth clients, and an expanded mental health workforce (most notably, psychologists) to treat a changing population of El Pasoans.

## Appendix A: Prevalence Estimation Methodology

### Introduction

To provide meaningful estimates based on the most rigorous and contemporary epidemiological sources available regarding the prevalence of mental illness, the Meadows Institute uses horizontal synthetic estimation, a well-established method that has been extensively published and validated through scientific research.<sup>235,236</sup> The Meadows Institute believes that our methodology is among the most cutting-edge and rigorous methods available to estimate the current prevalence of mental illness.

### Summary of The Meadows Institute's Prevalence Estimation Methodology

Horizontal synthetic estimation is a statistical method that is built on the premise that a region's socio-demographic characteristics (e.g., age, sex, race/ethnicity, marital, education, poverty, and housing distribution),<sup>237</sup> coupled with the most granular data available on the demographic composition of Texas, could be used to estimate mental health needs.

In 2023, the Meadows Institute developed new prevalence models and matrices for adults and veterans using restricted-access 2012-2013 National Epidemiologic Survey of Alcohol and Related Conditions III (NESARC-III) data.<sup>238</sup> All diagnoses in the NESARC-III survey were measured according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). These new models expanded upon the sociodemographic inputs to include veteran status, unemployment status, and first-generation immigration status. Including these variables in the model allows us to generate prevalence estimates specifically for these population subgroups.

### Quality Assurance and Validity Comparisons

As a quality improvement measure, we verified that our newly generated estimates were comparable to estimates that the Institute used previously (based on data from 2001–2003) and a large national survey (the National Survey on Drug Use and Health). Substantial increases in both major depressive disorder (MDD) and major depressive episode (MDE) of 3-5% were

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<sup>235</sup> Holzer III, C., Jackson, D. J., & Tweed, D. (1981). Horizontal synthetic estimation: A strategy for estimating small area health-related characteristics. *Evaluation and Program Planning*, 4(1), 29-34. 10.1016/0149-7189(81)90051-3

<sup>236</sup> Herman-Stahl, M., Wiesen, C. A., Flewelling, R. L., Weimer, B. J., Bray, R. M., & Rachal, J. V. (2001). Using social indicators to estimate county-level substance intervention and treatment needs. *Substance Use & Misuse*, 36(4), 501-521. 10.1081/JA-100102639

<sup>237</sup> Jarjoura, D., McCord, G., Holzer III, C. E., & Champney, T. F. (1993). Synthetic estimation of the distribution of mentally disabled adults for allocations to Ohio's mental health board areas. *Evaluation and Program Planning*, 16(4), 305-313. 10.1016/0149-7189(93)90043-8

<sup>238</sup> National Institute on Alcohol and Alcohol Abuse. (n.d.). *National Epidemiologic Survey of Alcohol and Related Conditions-III (NESARC-III)*. <https://www.niaaa.nih.gov/research/nesarc-iii>

observed. These increases in MDD and MDE may be partly attributable to changes in the diagnostic criteria during the transition to DSM-IV and DSM-V.<sup>239,240</sup> The rate of serious mental illness was comparable across all data sources.

### **Prevalence Estimation Methodology - Veterans**

The Meadows Institute is the first organization to have independently developed models to estimate the county-level prevalence of mental illness among veterans. In 2023, the Meadows Institute generated mental illness prevalence estimates, including serious mental illness (SMI), major depressive disorder (MDD), major depressive episode (MDE), post-traumatic stress disorder (PTSD), bipolar I, generalized anxiety disorder, agoraphobia, social phobia, specific phobia, panic disorder, manic episode, hypomania, anorexia nervosa, bulimia nervosa, and binge eating disorder, for veterans using the same method and dataset described above.

We defined a "veteran" as any person who reported previously being on active duty in the armed forces, excluding those active only for training in the Reserves or National Guard.

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<sup>239</sup> American Psychiatric Association. (2013). *Highlights of Changes from DSM-IV-TR to DSM-5*. [www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA\\_DSM\\_Changes\\_from\\_DSM-IV-TR\\_to\\_DSM-5.pdf](http://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM_Changes_from_DSM-IV-TR_to_DSM-5.pdf)

<sup>240</sup> The removal of the 'bereavement exclusion' in the DSM-V is one the most notable changes to the MDD diagnostic criteria that changed between the DSM-IV-TR and the DSM-V. In the DSM-IV, a major depressive episode following the death of a loved one could not have counted towards the MDD criteria if the episode lasted less than 2 months. In the DSM-V, this exclusion was lifted and this change could elevate the MDD prevalence rate.

## Appendix B: El Paso County 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.<sup>1</sup> THCIC comprises discharges from inpatient,<sup>2</sup> emergency department,<sup>3</sup> and outpatient<sup>4</sup> 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,<sup>5</sup> 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 2022.

## Appendix C: Changes 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.<sup>241</sup> Research conducted early in the pandemic suggests that overall emergency department (ED) visits declined by as much as sixty percent (60%) in April 2020<sup>1</sup> and never reached projected volume calculations based on historical data.<sup>2</sup> 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.<sup>242</sup>

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 ED 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).<sup>243,244</sup>

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<sup>241</sup> 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.

<sup>242</sup> 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.

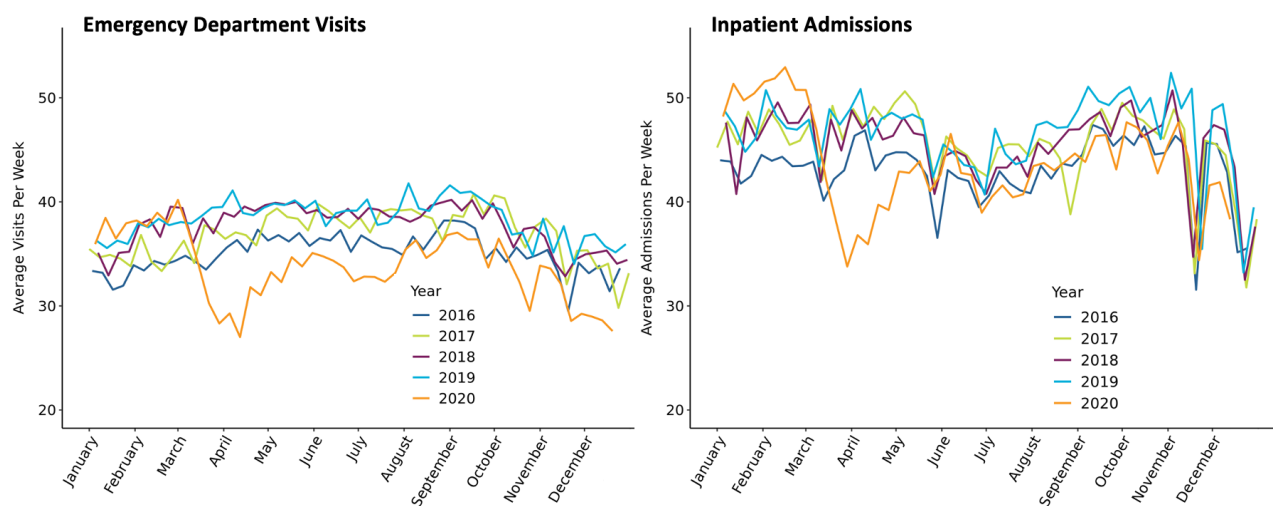
<sup>243</sup> Texas Hospital Inpatient and Emergency Department Discharge Research Data File. (2016-2020). Texas Department of State Health Services, Center for Health Statistics, Austin, Texas.

<sup>244</sup> 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.

### Changes in Behavioral Health Care Utilization Overall

Trends in the weekly average number of encounters for behavioral health reasons are shown in Figure D1, below. Statistically significant declines in all behavioral healthcare utilization were identified after the onset of the COVID-19 pandemic (March 15, 2020). As shown in Table D1, 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)<sup>245</sup>**



**Table 40: Weekly Encounters for Behavioral Health Reasons (2016-2020) by Time Period<sup>246,247</sup>**

|                                       | Emergency Department Visits |                    | Inpatient Admissions   |                    |
|---------------------------------------|-----------------------------|--------------------|------------------------|--------------------|
|                                       | Pre-COVID-19 Mean (SE)      | COVID-19 Mean (SE) | Pre-COVID-19 Mean (SE) | COVID-19 Mean (SE) |
| Average Number of Encounters Per Week | 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 Student’s t-test. *SE* = standard error

<sup>245</sup> Texas Hospital Inpatient and Emergency Department Discharge Research Data Files. (2016-2020). Previously Cited.

<sup>246</sup> 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.

<sup>247</sup> Texas Hospital Inpatient and Emergency Department Discharge Research Data Files. (2016-2020). Previously Cited.

Table D2 includes the results of the regression discontinuity analyses by four different bandwidths.<sup>248</sup> 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 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 (Table D2). 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 41: Results of Regression Discontinuity Analysis Examining Changes in ED visits and Inpatient Admissions Over Time (2016-2020)<sup>249</sup>**

| Weeks Before / After COVID-19 Pandemic Declaration Date | Regression Coefficient | Standard Error | p-value |
|---|------------------------|----------------|---------|
| <b>Emergency Department Visits</b>                      |                        |                |         |
| 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 <sup>250</sup>                                 | -0.354                 | 0.024          | <0.001  |
| <b>Inpatient Admissions</b>                             |                        |                |         |
| 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  |

p-values less than .05 were considered statistically significant.

### Summary

The COVID-19 pandemic had a substantial effect on overall behavioral healthcare 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.

<sup>248</sup> 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.

<sup>249</sup> Texas Hospital Inpatient and Emergency Department Discharge Research Data Files. (2016-2020). Previously Cited.

<sup>250</sup> 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 D: Supplemental Local Mental Health Authority Data

**Table 42: Child and Youth Deviation by Recommended and Authorized Level of Care (FY2019 and FY 2023)<sup>251,252</sup>**

| Level of Care Recommended | Level of Care Name        | Level of Care Authorized |            |            |           |          |           |            |              |
|---------------------------|---------------------------|--------------------------|------------|------------|-----------|----------|-----------|------------|--------------|
|                           |                           | C1                       | C2         | C3         | C4        | C5       | CEO       | CYES       | Total        |
| <b>FY 2019</b>            |                           |                          |            |            |           |          |           |            |              |
| C1                        | Medication Management     | 0                        | 44         | 1          | 0         | 0        | 2         | 0          | 47           |
| C2                        | Targeted Services         | 131                      | 0          | 108        | 0         | 0        | 12        | 12         | 263          |
| C3                        | Complex Services          | 36                       | 331        | 0          | 29        | 0        | 23        | 115        | 534          |
| C4                        | Intensive Family Services | 2                        | 5          | 4          | 0         | 0        | 0         | 5          | 16           |
| C5                        | Transitional Services     | 0                        | 0          | 0          | 0         | 0        | 0         | 0          | 0            |
| CEO                       | Early Onset Psychosis     | --                       |            |            |           |          |           |            |              |
| CYES                      | YES Waiver                | --                       |            |            |           |          |           |            |              |
| C9                        | Not Eligible              | 0                        | 0          | 0          | 0         | 0        | 0         | 0          | 0            |
| <b>Total</b>              | --                        | <b>169</b>               | <b>380</b> | <b>113</b> | <b>29</b> | <b>0</b> | <b>37</b> | <b>132</b> | <b>860</b>   |
| <b>FY 2023</b>            |                           |                          |            |            |           |          |           |            |              |
| C1                        | Medication Management     | 0                        | 32         | 0          | 0         | 0        | 0         | 0          | 32           |
| C2                        | Targeted Services         | 314                      | 0          | 21         | 15        | 1        | 3         | 9          | 363          |
| C3                        | Complex Services          | 107                      | 848        | 0          | 59        | 1        | 27        | 104        | 1,146        |
| C4                        | Intensive Family Services | 0                        | 6          | 0          | 0         | 0        | 1         | 2          | 9            |
| C5                        | Transitional Services     | 0                        | 0          | 0          | 0         | 0        | 0         | 0          | 0            |
| CEO                       | Early Onset Psychosis     | --                       |            |            |           |          |           |            |              |
| CYES                      | YES Waiver                | --                       |            |            |           |          |           |            |              |
| C9                        | Not Eligible              | 0                        | 2          | 0          | 0         | 2        | 0         | 1          | 5            |
| <b>Total</b>              | --                        | <b>421</b>               | <b>888</b> | <b>21</b>  | <b>74</b> | <b>4</b> | <b>31</b> | <b>116</b> | <b>1,555</b> |

<sup>251</sup> Emergence Health Network. (2025, October 13). *Deviation Info Updated.xlsx*. Personal communication with Emergence Health Network.

<sup>252</sup> In March 2026, Emergence Health Network identified data entry errors for two child deviation incidents in fiscal year 2019 in the data it provided to the Meadows Institute. These data entry errors have been corrected in this report.

**Table 43: Adult Deviation by Recommended and Authorized Level of Care (FY2019 and FY 2023)<sup>253,254</sup>**

| Level of Care Recommended | Level of Care Name                      | Level of Care Authorized |              |              |           |            |           |          |              |
|---------------------------|---|--------------------------|--------------|--------------|-----------|------------|-----------|----------|--------------|
|                           |   | A1S                      | A2           | A3           | A4        | A5         | AEO       | A6       | Total        |
| <b>FY 2019</b>            |   |                          |              |              |           |            |           |          |              |
| A1M                       | Medication Management                   | 0                        | 0            | 0            | 0         | 0          | 0         | 0        | 0            |
| A1S                       | Medication Management & Skills Training | 0                        | 1,808        | 1,407        | 41        | 325        | 47        | 0        | 3,628        |
| A2                        | Medication Management & Therapy         | 931                      | 0            | 142          | 1         | 31         | 7         | 0        | 1,112        |
| A3                        | Psychosocial Therapy & Case Management  | 33                       | 30           | 0            | 3         | 13         | 2         | 0        | 81           |
| A4                        | Assertive Community Treatment (ACT)     | 84                       | 20           | 272          | 0         | 42         | 7         | 0        | 425          |
| A5                        | Transitional Services                   | 0                        | 0            | 0            | 0         | 0          | 0         | 0        | 0            |
| AEO                       | Early Onset Psychosis Services          | --                       |              |              |           |            |           |          |              |
| A6                        | Refused Services                        | --                       |              |              |           |            |           |          |              |
| A9                        | Not Eligible                            | 8                        | 2            | 7            | 1         | 6          | 2         | 0        | 26           |
| <b>Total</b>              | --                                      | <b>1,056</b>             | <b>1,860</b> | <b>1,828</b> | <b>46</b> | <b>417</b> | <b>65</b> | <b>0</b> | <b>5,272</b> |
| <b>FY 2023</b>            |   |                          |              |              |           |            |           |          |              |
| A1M                       | Medication Management                   | 0                        | 0            | 0            | 0         | 0          | 0         | 0        | 0            |
| A1S                       | Medication Management & Skills Training | 0                        | 2,156        | 1,205        | 27        | 465        | 61        | 1        | 3,915        |
| A2                        | Medication Management & Therapy         | 1,437                    | 0            | 98           | 0         | 100        | 3         | 0        | 1,638        |
| A3                        | Psychosocial Therapy & Case Management  | 25                       | 12           | 0            | 6         | 14         | 2         | 0        | 59           |
| A4                        | Assertive Community Treatment (ACT)     | 29                       | 10           | 222          | 0         | 29         | 10        | 0        | 300          |
| A5                        | Transitional Services                   | 0                        | 0            | 0            | 0         | 0          | 0         | 0        | 0            |
| AEO                       | Early Onset Psychosis Services          | --                       |              |              |           |            |           |          |              |
| A6                        | Refused Services                        | --                       |              |              |           |            |           |          |              |
| A9                        | Not Eligible                            | 15                       | 1            | 11           | 0         | 93         | 2         | 0        | 122          |
| <b>Total</b>              | --                                      | <b>1,506</b>             | <b>2,179</b> | <b>1,536</b> | <b>33</b> | <b>701</b> | <b>78</b> | <b>1</b> | <b>6,034</b> |

<sup>253</sup> Emergence Health Network. (2025, October 13). *Deviation Info Updated.xlsx*. Personal communication with Emergence Health Network.

<sup>254</sup> In March 2026, Emergence Health Network identified data entry errors for two adult deviation incidents in fiscal year 2019 and seven adult deviation incidents in fiscal year 2023 in the data it provided to the Meadows Institute. These data entry errors have been corrected in this report.

## Appendix E: Supplemental Hospital Utilization Data

**Table 44: Payer Mix for Emergency Department (ED) Visits for Primary Behavioral Health Conditions at El Paso EDs – All Ages, by Payer (2019-2022)<sup>255,256</sup>**

| Payer Type                      | % of Encounters |             |             |             |
|---------------------------------|-----------------|-------------|-------------|-------------|
|                                 | 2019            | 2020        | 2021        | 2022        |
| Commercial                      | 10%             | 11%         | 10%         | 10%         |
| Medicaid                        | 21%             | 20%         | 23%         | 25%         |
| Medicare                        | 16%             | 15%         | 14%         | 14%         |
| Other Government <sup>257</sup> | 6%              | 5%          | 5%          | 5%          |
| Self-Pay                        | 44%             | 45%         | 42%         | 42%         |
| Unassigned                      | 3%              | 4%          | 6%          | 5%          |
| <b>Total</b>                    | <b>100%</b>     | <b>100%</b> | <b>100%</b> | <b>100%</b> |

<sup>255</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>256</sup> Data in this table is limited to patients who visited El Paso County emergency departments, regardless of their residency. Record counts include behavioral health encounters identified by a primary psychiatric or substance use-related diagnosis code within the following Clinical Classifications Software Refined (CCSR) categories: MBD001-MBD011, MBD013, MBD013, MBD017-MBD034. We modified these CCSR categories so that each ICD-10 code is assigned only one CCSR category. A full list of ICD-10 codes are available upon request. All values between 1 and 9 are labeled as "<10" to protect confidentiality and may result in totals differing between tables.

<sup>257</sup> Other Government insurance includes Tricare and state government-offered insurance plans.

Figure 12: El Paso County Facilities Capacity vs Utilization: All Ages, 2019 – 2023<sup>258,259</sup>

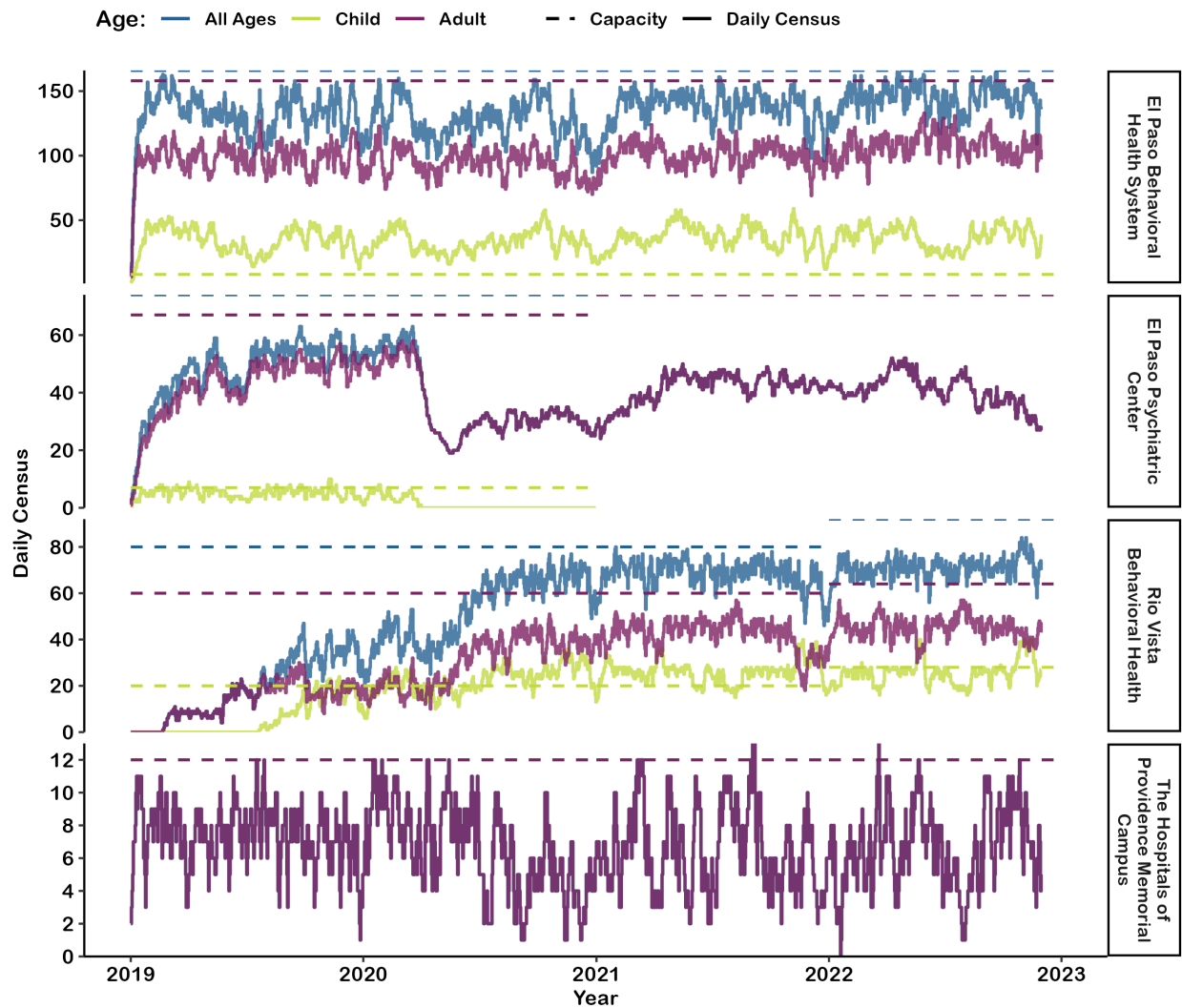


Table 45: Top ICD-10 Diagnoses for El Paso County Child and Youth (<18) Residents Discharged from Inpatient Psychiatric Beds (2022)<sup>260</sup>

| 2022 Rank | Principal Diagnosis Code   | Encounters |       |          |
|-----------|--|------------|-------|----------|
|           |  | 2019       | 2022  | % Change |
| 1         | Unspecified mood [affective] disorder                                  | 565        | 1,046 | +85%     |
| 2         | Major depressive disorder, recurrent severe without psychotic features | 283        | 360   | +27%     |
| 3         | Major depressive disorder, recurrent, severe with psychotic symptoms   | 119        | 225   | +89%     |
| 4         | Bipolar II disorder  | 87         | 216   | +148%    |

<sup>258</sup> Texas Health Care Information Collection (THCIC) January 2019 – December 2022 discharge records.

<sup>259</sup> Hospital capacity data was obtained from the Texas Hospital Association's Annual Survey of Hospitals (2019 - 2022). *Annual Survey of Hospitals*. Received from email communication on January 23, 2024.

<sup>260</sup> Texas Health Care Information Collection (THCIC) January 2022 – December 2022 discharge records.

| 2022 Rank    | Principal Diagnosis Code  | Encounters   |              |             |
|--------------|---|--------------|--------------|-------------|
|              |   | 2019         | 2022         | % Change    |
| 5            | Bipolar disorder, current episode manic without psychotic features, severe      | 0            | 61           | -           |
| 6            | Bipolar disorder, current episode depressed, severe, without psychotic features | 13           | 48           | +269%       |
| 7            | Major depressive disorder, single episode, severe without psychotic features    | 101          | 45           | -55%        |
| 8            | Depression, unspecified   | 0            | 35           | -           |
| 9            | Disruptive mood dysregulation disorder  | 48           | 29           | -40%        |
| 10           | Major depressive disorder, single episode, severe with psychotic features       | 48           | 26           | -46%        |
| Other        |   | 420          | 135          | -68%        |
| <b>Total</b> |   | <b>1,684</b> | <b>2,226</b> | <b>+32%</b> |