



Needs Assessment

Pearland Chamber of Commerce

September 2024

Acknowledgment and Dedication

About Capital Link

Capital Link is a national, non-profit organization that has worked with hundreds of health centers and Primary Care Associations for over 25 years to plan capital projects, finance growth, and identify ways to improve performance. We provide innovative consulting services and extensive technical assistance with the goal of supporting and expanding community-based health care. Established in the late 1990s as a joint effort of the National Association of Community Health Centers (NACHC), several state-based Primary Care Associations (PCAs), and the Bureau of Primary Health Care, Capital Link grew out of the community health center movement and continues to support it through creative capital development and analytic activities. For more information, visit www.caplink.org.

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Dedication

This document is dedicated to David Wagner, whose unwavering commitment and passion will be remembered always.

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Pearland Chamber of Commerce

The Pearland Chamber supports empowering elected officials with the flexibility and policy tools required to ensure the needs of the business community are met. Our mission is to serve business, promote growth and empower the community. The Chamber has identified three key areas for supporting Pearland businesses through advocating for business, benefiting the community, and cultivating talent.

In 2024, the Chamber's priorities include education, infrastructure, workforce development, and healthcare. The Healthcare Industry Committee consists of executives and leaders from various sectors, including inpatient, outpatient, and community-based organizations. The committee is also expanding to engage less traditional healthcare partners, such as schools, emergency medical services (EMS), police, and other community organizations, to ensure comprehensive support for Pearland's healthcare landscape.

The Pearland Chamber of Commerce supports a community where 83% of businesses are locally owned, nearly 50% of residents aged 25 and older hold a bachelor's degree, and the city is recognized as the second most diverse in the United States. With a median age of 36.1, Pearland is home to many Texas Medical Center employees and boasts notable achievements, such as the Pearland High School Softball team winning its third state championship in 2023.

In 2023, the Pearland Chamber of Commerce was recognized as Chamber of the Year by the Association of Chamber of Commerce Executives. Today, our organization represents over 700 businesses and 10,000+ employees in the greater Pearland area.

Jim Johnson, CCE, IOM



Introduction: Brazoria County's Mental Health and Substance Use

Crisis

Brazoria County is facing a growing crisis of mental health and substance abuse, with rising cases affecting the most vulnerable populations. Data shows an alarming increase in mental health issues and substance use disorders, putting strain on families and communities. The shortage of mental health providers in the county is exacerbating the situation, making it difficult for individuals to access timely care and support. The community is facing significant challenges as the demand for mental health services continues to outpace available resources.

Key Findings

1. **Lack of Psychiatric Beds:** Brazoria County has **zero** dedicated psychiatric beds, leaving residents without crucial inpatient mental health care options within the county.
2. **Provider Shortage:** The county's **mental health provider-to-patient ratio is 1,052**, which is **52% higher than the Texas average** of 691 patients per provider, underscoring the urgent need for additional mental health professionals.
3. **Mental Health Practitioner Shortfall:** In 2021, Brazoria County had only **32 Offices of Mental Health Practitioners**, equating to **8.3 offices per 100,000 residents**—just a quarter of the state ratio of 33.7, highlighting the significant shortage of mental health services.
4. **Mental Health Professional Shortage Area:** The entire county is designated a **Mental Health Professional Shortage Area**, with a **score of 16**—the second-highest in all of Texas.
5. **Surge in Anxiety Disorder Visits:** Texas Federally Qualified Health Centers (FQHCs) saw an **80% increase** in anxiety disorder visits over the last five years, with utilization growing from 2.9 to 3.1 visits per patient.
6. **Rising Suicide Rates:** Brazoria County's suicide rate is higher than the Texas average and rising rapidly, currently ranking **12th in the state** for suicide growth.
7. **Opioid Crisis:** The county has **1,525 fentanyl users** and **16,369 non-fentanyl opioid users**. The fatal opioid overdose rate has risen by **90% in the last five years**, driven primarily by fentanyl.
8. **Binge Drinking Surge:** The rate of binge drinking has jumped from **12% in 2014 to 21% in 2023**, leading to potential increases in **drunk driving, assaults, family breakdowns, and workforce challenges**.
9. **Economic Impact:** Mental health care spending in Texas is nearly **double** for adults with mental illness, and absenteeism due to untreated mental health issues will cost local businesses **millions** annually.
10. **Rising Demand for Mental Health Services:** By 2033, psychiatric outpatient services are projected to grow by **49.5%**.
11. **Schools in Crisis:** Brazoria schools are seeing over **1,200 visits** to school counselors in one school year for **suicide/self-harm** issues.
12. **Strain on Police and Hospitals:** Local police departments and hospitals are at risk of being **overwhelmed** as mental health and substance use cases rise.

Action is needed to address Brazoria County's healthcare infrastructure and improve access to care. Mental illness and substance abuse, if untreated, pose significant economic and social challenges, affecting businesses, hospitals, law enforcement, schools, and emergency services. These issues go beyond healthcare, impacting the broader community and local economy.

Supporting local solutions, empowering healthcare providers, and collaborating with leadership are essential steps to ensuring Brazoria County remains a place where families can thrive and communities stay safe. This report provides data-driven recommendations for a sustainable path forward, emphasizing the urgency of taking action now.

Guide to This Document

The Pearland Chamber of Commerce, recognizing the urgent need to address the behavioral health crisis in Pearland, partnered with key stakeholders across the community to commission this comprehensive needs assessment. Together with healthcare providers, local businesses, law enforcement, schools, and government agencies, the Chamber sought to fully understand the scope of the problem and identify actionable solutions. Capital Link, tasked with conducting the assessment, engaged in extensive consultations with these stakeholders, gathering critical data and insight from each. The organization also undertook in-depth research and analysis to map out the full scale of Brazoria County's behavioral health crisis and recommend strategic solutions for addressing it.

The first section, "**Demographic Overview of Brazoria County**", covers the county's population and human geography, providing crucial context for understanding the needs of different communities. The second section, "**Medical Needs of Brazoria County**," analyzes current and projected trends in traditional healthcare.

The third section, "**Behavioral Health Landscape**," focuses on mental health and substance use trends, offering a detailed view of the current challenges and highlighting areas that require the most urgent attention.

The fourth section, "**Current Stakeholder and Provider Assessment: Brazoria County Mental Health Support Organizations/Services**," evaluates the available treatment options and service projections for behavioral health, including how inpatient and outpatient providers are managing these issues. It also addresses the impact on first responders, schools, and other organizations directly affected by this crisis.

The final section, "**Addressing the Behavioral Health Crisis: Strategic Solutions and Key Recommendations**," outlines actionable recommendations for stakeholders and community leaders to effectively address the crisis.

This report is not designed to be read cover to cover, though readers may do so if they choose. Instead, it serves as a strategic guide and reference for community leaders, legislators, key stakeholders, and concerned citizens looking for data-driven insights to inform decisions on evidence-based solutions, applications, and resource allocation.

Demographic Overview of Brazoria County

Understanding the full demographic and socioeconomic landscape of Brazoria County is essential for policymakers and key stakeholders to make informed decisions regarding the allocation of resources for mental health and substance use treatment. Comprehensive data on the population, including where residents live and their socioeconomic status (SES), provides a clear picture of the county's needs. This information helps ensure that resources are directed toward areas with the greatest demand, enabling more effective planning and policy development, particularly in healthcare. Without this data, efforts to address the county's challenges, including mental health care and social services, may fall short of serving the populations most in need.

Brazoria County Demographic Trends

In 2023, Brazoria County had a population of **384,941**, with a population density of 266.79 residents per square mile. By 2028, the population is projected to grow to **417,181**, with a density of 289.13 residents per square mile. This represents an **8.4% growth in population and density** from 2023 to 2028. Comparatively, Texas had a total population of 29,940,758 in 2023, with a population density of 113.1 residents per square mile. The state's population is projected to increase to 31,981,592 by 2028, with a density of 120.8 residents per square mile. This reflects a projected growth rate of 6.8% over the same period. From 2010 to 2020, Brazoria County experienced significant growth, with a 105.4% increase in total population and a 117.4% increase in population density. In contrast, Texas saw a 102.7% increase in total population and a 105.4% rise in population density during the same period. These statistics highlight that **Brazoria County has experienced a higher growth rate in both population and density compared to the state average** and is expected to continue growing at a faster pace through 2028.¹

Population	2023	2028 Projections	2010 to 2020 Growth (% change)	2023 to 2028 Projected Growth (% change)
Brazoria County, TX				
Total Population	384,941	417,181	105.4%	8.4%
Population Density (Pop/Sq Mi)	266.79	289.13	117.4%	8.4%
Texas				
Total Population	29,940,758	31,981,592	102.7%	6.8%
Population Density (Pop/Sq Mi)	113.1	120.8	105.4%	6.8%

In 2023, Brazoria County's population was notably diverse, comprising 51% White, 14.8% Black, 7.2% Asian/Native Hawaiian/Pacific Islander, and 31.4% Hispanic residents. Significant growth is projected by 2028 in the Asian/Native Hawaiian/Pacific Islander (18.9%) and Hispanic (15%) populations, with increases also expected in the Two or More Races category (16.4%). These growth rates surpass state averages, indicating Brazoria County is a rapidly evolving community with diverse needs and a dynamic demographic landscape.

¹ www.esiteanalytics.com

Population by Race	Brazoria County, TX			Texas		
	2023 Population	2023 Percent of Population	2023 to 2028 Projected Growth (% change)	2023 Population	2023 Percent of Population	2023 to 2028 Projected Growth (% change)
White	196,249	51.0%	3.3%	14,985,376	50.1%	3.2%
Black	56,792	14.8%	7.8%	3,608,502	12.1%	5.8%
Amer. Indian/Alaska Nat.	2,851	0.7%	6.9%	287,678	1.0%	3.8%
Asian/Nat. Hawaiian/Pacific Islander	27,552	7.2%	18.9%	1,668,206	5.6%	16.9%
Some Other Race	43,960	11.4%	14.7%	4,086,065	13.7%	10.1%
Two or More Races	57,537	15.0%	16.4%	5,304,931	17.7%	12.0%
Hispanic Ethnicity	120,728	31.4%	15.0%	11,836,829	39.5%	10.1%

In 2023, children and young adults (0-19 years) made up 28.4% of Brazoria County's population, with a projected growth of 7.8% by 2028—slightly higher than Texas's 28.1% for this age group and a 6.1% projected growth. The young student and working-age group (20-44 years) was the largest segment at 34.6%, expected to grow by 7.6% by 2028. Statewide, this group accounts for 35.3% of the population with a 6.5% projected growth. Middle-aged adults (45-64 years) constituted 24.5% of the county's population, with an anticipated growth of 7.8% through 2028. This is slightly above Texas's 23.5% for this age group, which is expected to grow by 6.3%.

The senior cohort (65 to 84 years) in Brazoria County represented 11.3% of the population in 2023, slightly below the state average of 11.9%. However, **this age group is projected to experience significant growth of 12.7% through 2028**, compared to a 10.1% growth rate statewide. The population aged 85 and older in Brazoria County constituted 1.1% of the population in 2023, with a projected growth rate of 13.4% through 2028. This is slightly lower than the state average of 1.3%, which is expected to see a growth rate of 10.1%. The median age in Brazoria County was 36.5 years, slightly higher than the Texas median age of 35.4 years. **This data underscores the importance of considering the needs of a community experiencing significant growth across all age groups, a large population of youth, but also a rapidly aging senior population.**

Population by Age	Brazoria County, TX			Texas		
	2023 Population	2023 Percent of Population	2023 to 2028 Projected Growth (% change)	2023 Population	2023 Percent of Population	2023 to 2028 Projected Growth (% change)
0 to 19	109,340	28.4%	7.8%	8,409,471	28.1%	6.1%
20 to 44	133,362	34.6%	7.6%	10,569,001	35.3%	6.5%
45 to 64	94,370	24.5%	7.8%	7,028,227	23.5%	6.3%
65 to 84	43,682	11.3%	12.7%	3,552,850	11.9%	10.1%
85+	4,187	1.1%	13.4%	381,207	1.3%	10.1%
Median Age	36.5 Years			35.4 Years		

In 2023, Brazoria County's income landscape showcased both diversity and growth, with a significant shift toward higher income brackets. Households earning less than \$24,999 made up 11.2% of the population, a figure notably lower than the state average of 17.8%. This segment is projected to decline by 10.6% by 2028, reflecting an economic shift as fewer households fall into the lowest income category.

Similarly, 14.9% of households in Brazoria County earned between \$25,000 and \$49,999, also expected to decrease by 6.4% over the next five years. This decline contrasts with the state average of 20.1%, which is

projected to shrink by 4.6%. The largest segment of Brazoria County households in 2023 earned between \$50,000 and \$99,999, accounting for 31.6% of the population. However, this group is expected to decrease by 12.5% by 2028, while the state’s equivalent group shows no projected change.

Conversely, the county is experiencing robust growth in higher income brackets. Households earning between \$100,000 and \$149,999 represented 21.2% of the population in 2023 and are projected to grow by an impressive 31.1% by 2028. Statewide, 16.2% of households fall into this range, with a projected growth of 25.9%. The highest income bracket, households earning \$150,000 or more, comprised 21.1% of Brazoria County’s population in 2023. This group is expected to see the most substantial growth, with a 40.2% increase by 2028, outpacing Texas's 15.6% share, which is projected to grow by 35.3%.

Average household incomes in Brazoria County are similarly on the rise. In 2023, the county’s average household income was \$113,606, with a projected increase of 18.0% by 2028, higher than the state average of \$97,894, which is expected to grow by 16.0%. The median household income in Brazoria County stood at \$85,614 in 2023 and is anticipated to rise by 22.4% by 2028, compared to the Texas median of \$66,686, projected to grow by 16.7%. Per capita income in the county was \$40,226, with a projected increase of 18.5% by 2028, also outpacing the state’s \$36,161, which is expected to grow by 16.3%.

These trends highlight Brazoria County's shifting economic landscape, with significant growth in higher income brackets and a corresponding rise in median and average household incomes. This upward trajectory signals strong economic potential for the region. **However, it is important to note that the numbers middle- and working-class individuals are projected to decrease, which will directly change the composition of health care needs of the community by decreasing the number of uninsured and Medicaid patients. Both for-profit and non-profit providers must be part of any solution.**

Households by Income	Brazoria County, TX			Texas		
	2023 Population	2023 Percent of Population	2023 to 2028 Projected Growth (% change)	2023 Population	2023 Percent of Population	2023 to 2028 Projected Growth (% change)
\$0 - \$24,999	15,167	11.2%	-10.6%	1,951,230	17.8%	-8.6%
\$25,000 - \$49,999	20,114	14.9%	-6.4%	2,212,701	20.1%	-4.6%
\$50,000 - \$99,999	42,709	31.6%	-12.5%	3,328,965	30.3%	0.0%
\$100,000 - \$149,999	28,673	21.2%	31.1%	1,779,153	16.2%	25.9%
\$150,000+	28,540	21.1%	40.2%	1,714,620	15.6%	35.3%
Average HH Income	\$113,606		18.0%	\$97,894		16.0%
Median HH Income	\$85,614		22.4%	\$66,686		16.7%
Per Capita Income	\$40,226		18.5%	\$36,161		16.3%

Number of Low-Income Residents by Zip Code Map

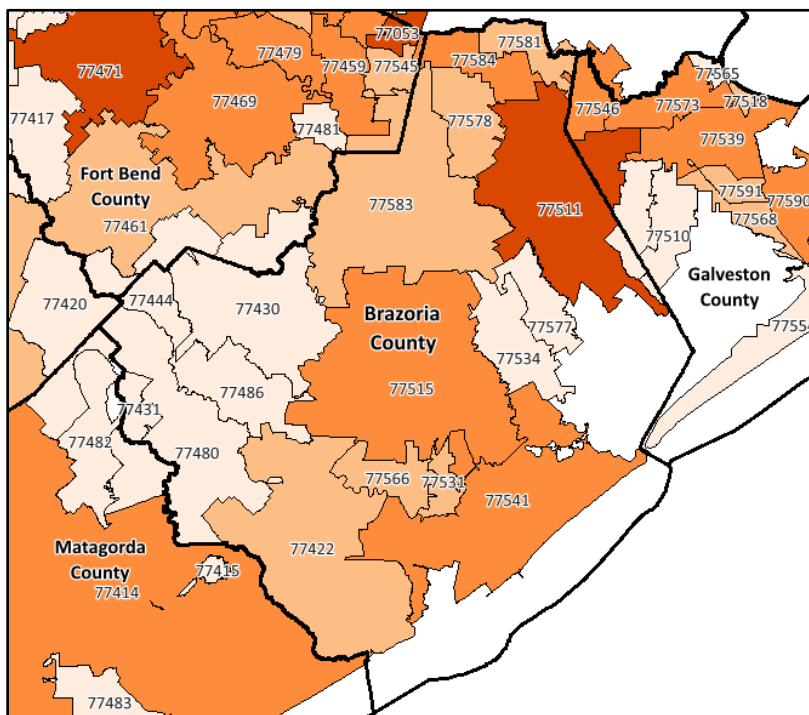
To make informed decisions about resource allocation, it's crucial to understand the diverse economic landscape of Brazoria County. The following maps provide valuable insight into the distribution of low-income residents, a key demographic for many public services, particularly Federally Qualified Health Centers (FQHCs). FQHCs primarily serve individuals below 200% of the Federal Poverty Level (FPL), making this population segment their core focus.

When considering large investments in this region, long-term sustainability is essential. **Often, the highest risks are faced by low-income populations, so understanding those risks is a key component of any investment opportunity.** Addressing these risks can ensure that resources are effectively directed to create lasting, positive impacts for both the community and the organizations that serve them.

In 2021, Brazoria County had over 82,490 low-income residents, accounting for 21.2% of the population. Zip Code 77511 had the highest concentration of low-income residents, with 16,166, followed by Zip Codes 77584 and 77541, each reporting over 8,800.

For lower-income residents, FQHCs play a vital role by providing affordable and accessible preventative care that keeps them out of hospitals. Meanwhile, higher-income residents typically rely on for-profit healthcare providers, whose services are aligned with the needs and financial capacity of this demographic. ²

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² <https://geocarenavigator.hrsa.gov/>

Foreign-Born Population

The chart below outlines Brazoria County's population by gender, age, and citizenship, with Texas figures for comparison.⁴ Understanding the healthcare needs of foreign-born populations is crucial, as these groups often face unique challenges influenced by cultural and linguistic factors. By analyzing data on foreign-born individuals, healthcare providers can tailor services to better meet their needs, improving access to care, preventive services, and chronic disease management. This targeted approach helps identify disparities, allocate resources more equitably, and promote culturally competent care, ultimately enhancing health outcomes for foreign-born communities.

2022 Foreign-Born ⁵	Brazoria County, TX		Texas	
	Total Pop.	Percentage	Total Pop.	Percentage
U.S. Citizenship Status				
Foreign-born population	50,843	-	5,169,126	-
Naturalized U.S. Citizen	27,676	54.4%	2,245,345	43.4%
Not a U.S. Citizen	23,167	45.6%	2,923,781	56.6%
Year of Entry				
Population born outside of the U.S.	57,599	-	5,680,352	-
Native	6,756	6,756	511,226	511,226
Entered 2010 or later	2,794	41.4%	197,423	38.6%
Entered before 2010	3,962	58.6%	313,803	61.4%
Foreign-born	50,843	50,843	5,169,126	5,169,126
Entered 2010 or later	12,793	25.2%	1,774,029	34.3%
Entered before 2010	38,050	74.8%	3,395,097	65.7%

⁴ <https://www.census.gov/>

Language (s) Spoken at Home

The table below examines the number of those who speak a language other than English, along with the rate of those who speak English ‘less than very well’. Brazoria County reports a significant level of residents that may have difficulty interacting with the English language as well as perhaps other traditional forms of related communication with 27.1% of the population speaking a language other than English and 33.4% of whom speak English ‘less than very well’. In Brazoria County, 9.0% of those age five years and over speak English ‘less than very well,’ while on a state level, just 12.8% of the population speak English ‘less than very well,’ indicating the need to prioritize translation services that promote comprehensible communication, promoting understanding and literacy.

2022 Languages Spoken at Home ⁶	Brazoria County, TX			Texas		
	Total	Percentage	Percentage who Speaks English less than “very well”	Total	Percentage	Percentage who Speaks English less than “very well”
Population 5 years and over	363,992	-	9.0%	28,147,854	-	12.8%
Speak a language other than English	98,489	27.1%	33.4%	9,891,295	35.1%	36.5%
Speak a Language other than English						
<i>Spanish</i>	71,920	19.8%	32.2%	7,973,826	28.3%	37.8%
5 to 17 years old	13,231	3.6%	22.6%	1,550,882	5.5%	25.1%
18 years to 64 years old	50,428	13.9%	31.7%	5,555,170	19.7%	39.4%
65 years old and over	8,261	2.3%	50.6%	867,774	3.1%	50.5%
<i>Other Indo-European Languages</i>	4,740	1.3%	38.9%	724,161	2.6%	24.3%
5 to 17 years old	790	0.2%	25.7%	104,538	0.4%	22.8%
18 years to 64 years old	3,167	0.9%	30.4%	525,173	1.9%	23.0%
65 years old and over	783	0.2%	86.5%	94,450	0.3%	33.6%
<i>Asian & Pacific Island Languages</i>	18,789	5.2%	39.6%	885,058	3.1%	38.8%
5 to 17 years old	2,385	0.7%	39.0%	109,383	0.4%	22.4%
18 years to 64 years old	14,058	3.9%	35.7%	653,031	2.3%	36.3%
65 years old and over	2,346	0.6%	63.6%	122,644	0.4%	66.7%
<i>Other Languages</i>	3,040	0.8%	15.9%	308,250	1.1%	23.8%
5 to 17 years old	724	0.2%	35.5%	47,055	0.2%	13.7%
18 years to 64 years old	2,151	0.6%	10.6%	236,239	0.8%	24.3%
65 years old and over	165	0.0%	0.0%	24,956	0.1%	37.4%

⁶ <https://www.census.gov/>

Disabilities by Demographic & Type

Providers play a vital role in providing inclusive healthcare services that cater to individuals with disabilities, aiming to enhance health outcomes and mitigate barriers to accessing quality care. A thorough understanding of the various types of disabilities within the population, along with their prevalence across different age groups and racial demographics, is crucial. This knowledge allows providers to effectively tailor services, ensuring services are accessible and responsive to the specific needs of diverse individuals with disabilities. By incorporating this understanding into its healthcare strategies, providers can effectively foster an environment where all patients receive the comprehensive care they require to achieve optimal health. Brazoria County’s population reports 375,463 residents, 11.4% of whom experience some form of disability, slightly below that which has been reported on a state level, at 12.4%. The White population reported the highest rate of those with a disability, at 13.8%, followed by the Asian and Black/ African American categories, which reported 10.4% and 10.0%, respectively. As can be anticipated, as the population ages, they are more likely to experience a disability, with 76.4% of those aged 65 years and older reporting a disability in the region. **The disability types that reported the highest in the region included ambulatory (5.5%), cognitive (4.5%), and independent living (4.7%).**

2022 Disabilities by Demographic and Type ⁷	Brazoria County, TX			Texas		
	Total	With a disability	% of Pop with a disability	Total	With a disability	Percent of Pop with a disability
Total civilian noninstitutionalized pop. w/disability	375,463	42,784	11.4%	29,539,484	3,665,403	12.4%
Male	184,525	22,207	12.0%	14,646,223	1,790,218	12.2%
Female	190,938	20,577	10.8%	14,893,261	1,875,185	12.6%
Race & Ethnicity						
White alone	180,498	24,862	13.8%	14,051,233	1,907,009	13.6%
Black / African American alone	57,103	5,704	10.0%	3,511,325	493,671	14.1%
American Indian and Alaska Native alone	-	-	-	240,002	33,051	13.8%
Asian alone	27,740	2,881	10.4%	1,628,628	117,180	7.2%
Native Hawaiian / Other Paci. Island alone	-	-	-	34,435	4,275	12.4%
Some Other Race alone	23,031	2,282	9.9%	3,006,847	314,330	10.5%
Two or More Races	85,540	6,807	8.0%	7,067,014	795,887	11.3%
Hispanic / Latino (any race)	121,732	10,583	8.7%	11,923,852	1,279,845	10.7%
Age						
Under 5 years	24,189	0	0.0%	1,881,718	12,837	0.7%
5 to 17 years	74,600	3,374	4.5%	5,550,053	352,685	6.4%
18 to 34 years	81,119	5,957	7.3%	7,124,006	556,120	7.8%
35 to 64 years	147,244	16,249	11.0%	11,037,094	1,338,715	12.1%
65 to 74 years	30,827	8,859	28.7%	2,429,183	653,757	26.9%
75 years and over	17,484	8,345	47.7%	1,517,430	751,289	49.5%
Disability Type						
Hearing difficulty (all ages)	-	12,496	3.3%	-	1,016,279	3.4%
Vision difficulty (all ages)	-	8,058	2.1%	-	811,296	2.7%
Cognitive difficulty (all ages)	-	15,725	4.5%	-	1,427,580	5.2%
Ambulatory difficulty (all ages)	-	19,218	5.5%	-	1,688,830	6.1%
Self-care difficulty (all ages)	-	6,591	1.9%	-	666,006	2.4%
Independent living difficulty (aged 18+)	-	12,938	4.7%	-	1,184,368	5.4%

⁷ <https://www.census.gov/>

Employment, Occupation, & Commute

The U.S. Census Bureau annually reports on the number of those employed, along with the occupation and commute for any geographic area. Analyzing the employment, occupation, and commute patterns of patients served by providers is crucial because it provides critical insights into the socioeconomic conditions, health risks related to occupations, and potential barriers to accessing healthcare due to commute times. Understanding these factors allows providers to improve access to care, enhance health outcomes, and address the specific needs of its patient population. The table below presents this information in a format that is considered relevant to health care planning. In 2022, Brazoria County reported 3.1% of the population as unemployed, slightly higher than the state percentage of 2.9%. The region also indicated a larger percentage of service occupations, at 16.1%. It is important to note that service occupations often provide lower wages than that of other occupations and may not offer health benefits, which can impact one’s ability to access healthcare.

2022 Employment & Occupation ⁸	Brazoria County, TX	Texas
Employment Status		
<i>Population 16 years and over</i>	301,184	23,471,441
In labor force	63.9%	65.5%
Civilian labor force	63.8%	65.0%
Employed	60.8%	62.1%
Unemployed	3.1%	2.9%
Armed Forces	0.0%	0.5%
Not in labor force	36.1%	34.5%
Occupation		
<i>Civilian employed population 16 years and over</i>	182,993	14,578,433
Management, business, science, and arts occupations	42.6%	40.6%
Service occupations	16.1%	15.7%
Sales and office occupations	19.6%	20.9%
Natural resources, construction, and maintenance occupations	9.7%	10.1%
Production, transportation, and material moving occupations	12.0%	12.7%
Commuting to Work		
<i>Workers 16 years and over</i>	179,393	14,447,795
Car, truck, or van -- drove alone	79.8%	71.2%
Car, truck, or van – carpooled	8.3%	10.0%
Public transportation (excluding taxicab)	0.1%	0.8%
Walked	0.4%	1.5%
Other means	0.9%	1.9%
Worked from home	10.5%	14.5%
Mean travel time to work (minutes)	30.6	26.7

⁸ <https://www.census.gov/>

Education Attainment

The levels of education attainment in Brazoria County, as well as the state, are detailed below. Examining education attainment data is crucial for PCC to understand its patient population and improve health delivery and outcomes. Education levels correlate with health literacy and socioeconomic status, influencing access to healthcare and health outcomes. By analyzing education data, providers can tailor health education, and outreach efforts to meet the diverse needs of its patients. Ultimately, addressing socioeconomic barriers to care promotes healthier communities and equitable care, improving patient outcomes.

2022 Education Attainment ⁹	Brazoria County, TX		Texas	
	Total	Percent	Total	Percent
Education Attainment by Age				
<i>Population 25 years and over</i>	254,850	-	19,597,383	-
Less than 9th grade	15,746	6.2%	1,406,769	7.2%
9th to 12th grade, no diploma	13,689	5.4%	1,315,239	6.7%
High school graduate (includes equivalency)	63,468	24.9%	4,733,230	24.2%
Some college, no degree	55,702	21.9%	3,970,970	20.3%
Associate's degree	23,246	9.1%	1,519,767	7.8%
Bachelor's degree	53,685	21.1%	4,242,031	21.6%
Graduate or professional degree	29,314	11.5%	2,409,377	12.3%
High school graduate or higher	225,415	88.5%	16,875,375	86.1%
Bachelor's degree or higher	82,999	32.6%	6,651,408	33.9%
Education Attainment by Race & Hispanic or Latino Origin				
<i>White alone</i>	128,089		9,969,975	
<i>White alone, not Hispanic or Latino</i>	115,546		8,543,201	
<i>Black alone</i>	40,262		2,340,132	
<i>American Indian or Alaska Native alone</i>	-		160,937	
<i>Asian alone</i>	18,574		1,146,211	
<i>Native Hawaiian and Other Pacific Islander alone</i>	-		20,851	
<i>Some other race alone</i>	16,412		1,825,972	
<i>Two or more races</i>	50,367		4,133,305	
<i>Hispanic or Latino Origin</i>	73,074		6,977,651	

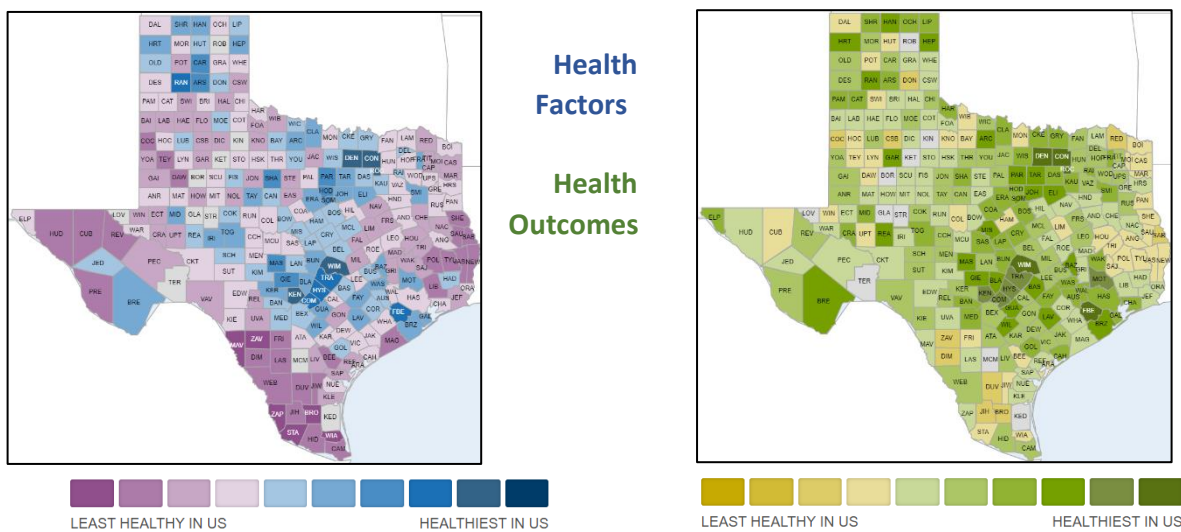
⁹ <https://www.census.gov/>

Medical Needs of Brazoria County

2024 County Health Rankings

The Robert Wood Johnson Foundation publishes the County Health Rankings, which draw from a wide variety of sources to assess and rank the quality of healthcare services across all U.S. counties. The map highlights Brazoria County’s rank in terms of health outcomes and health factors, with specific health metrics detailed in the following table alongside Texas state metrics for comparison.

Health outcomes measure both the length and quality of life within a community. Health factors contributing to these rankings include health behaviors such as diet, exercise, and tobacco use; clinical care, including access to and quality of care; social and economic factors like employment, income, and education; and the physical environment, including air and water quality, housing, and transportation.



The yellow-shaded areas in the table below indicate metrics where performance is below the state average, while green shading highlights metrics where performance exceeds the state average. Brazoria County outperformed the state in areas related to home life, with fewer residents experiencing severe housing problems (12% compared to the Texas average of 17%) and fewer children living in single-parent households (20% vs. 17% for Texas). Additionally, Brazoria County's rates of HIV and sexually transmitted infections per 100,000 people were both approximately one-third lower than the state metrics.

However, the number of preventable hospital stays per 100,000 in Brazoria County was 3,725, which is 27% higher than the Texas average of 2,933. Although admission data for these stays is unavailable, the relatively high rate suggests that Brazoria County may face challenges in appropriately assessing and triaging medical crises.

Health Indicators	Brazoria County	Texas
Adult Smoking	14%	13%
Adult Obesity	38%	36%
Frequent Mental Distress	15%	14%
Severe Housing Problems	12%	17%
Children in Single-Parent Households	20%	26%
Income Inequality	4%	5%
Diabetes Prevalence	11%	11%
Drug Overdose Deaths	14	14
HIV Prevalence (cases per 100,000)	303	415
Low Birthweight	8%	8%
Sexually Transmitted Infections (cases per 100,000)	383.7	506.8
Teen Births	18	24
Uninsured	16%	20%
Preventable Hospital Stays (per 100,000)	3,725	2,933

Health Disparities

In addition to general health indicators, it's crucial to address the health and economic disparities within the community. These disparities are evident in health outcomes, with data showing that diseases affect individuals differently based on race, ethnicity, gender, and financial status. The National Institute on Minority Health and Health Disparities offers an interactive portal that uses data from public health surveillance systems to highlight these disparities. This information is available through their published reports or public-use files.¹⁰

Mortality rates and Socio-Demographic indicators from the data are illustrated below for Brazoria County, with racial subgroups of the White, Black, American Indian/Alaskan Native, Asian Pacific Islander, and Hispanic populations also demonstrated. The yellow shaded areas indicate a metric weaker than the general Brazoria County population, with green shading indicating a similar or stronger rate.

At 15.1 per 100,000 the Brazoria County suicide rate is higher than the Texas average of 13.8. The White suicide rate is significantly elevated- 21.3 vs 11.0 for Hispanics and 9.4 for Blacks.

Mortality Rates 2018-2022* (per 100,000)	Brazoria County (All Races)	Brazoria County (White)	Brazoria County (Black)	Brazoria County (American Indian/Alaskan Native)	Brazoria County (Asian Pacific Islander)	Brazoria County Hispanic Ethnicity	Texas (all races)
Death Rate	822.7	921.8	889.8	262.0	325.4	659.5	826.1
Accidents and Adverse Effects	43.1	57.2	35.0	-	12.4	32.3	45.0
Alzheimer's Disease	47.2	52.7	60.1	-	-	31.9	41.2
Cancer	155.3	174.8	169.5	-	83.7	113.7	143.5
Cerebrovascular Disease	41.9	44.3	54.1	-	23.4	33.2	42.0
Chronic Lower Respiratory Disease	36.1	47.2	24.5	-	-	12.5	37.5
Chronic Liver Disease & Cirrhosis	12.1	15.8	-	-	-	13.6	15.5
Diabetes	18.0	15.0	32.9	-	-	25.7	25.3
Heart Disease	184.2	207.7	199.0	-	60.7	132.9	174.5
Homicide & Legal Intervention	5.3	4.7	12.5	-	-	3.7	7.2
Kidney Disease	15.5	13.6	25.5	-	-	20.1	15.9
Septicemia	14.9	15.5	25.3	-	-	12.6	12.6
Suicide & Self-Inflicted Injury	15.1	21.3	9.4	-	-	11.0	13.8

¹⁰ [Data Portal - HDPulse \(nih.gov\)](https://data.hhs.gov/niddd/data-portal)

data for the American Indian/ Alaskan Native category is unavailable due to insufficient data

Socio-Demographics 2021* (per 100,000)	Brazoria County (All Races)	Brazoria County (White)	Brazoria County (Black)	Brazoria County (American Indian/Alaskan Native)	Brazoria County (Asian Pacific Islander)	Brazoria County Hispanic Ethnicity	Texas (all races)
Median Household Income	\$91,972	\$91,419	\$99,025	\$100,412	-	\$79,991	73,035
Families Below Poverty	5.9	6.0	4.6	0.9	3.7	9.5	10.7
Education: Less Than High School	11.2	9.4	5.7	13.4	8.7	24.8	14.8
Education: At Least Bach. Degree	31.4	28.8	36.2	19.8	63.9	17.7	32.3

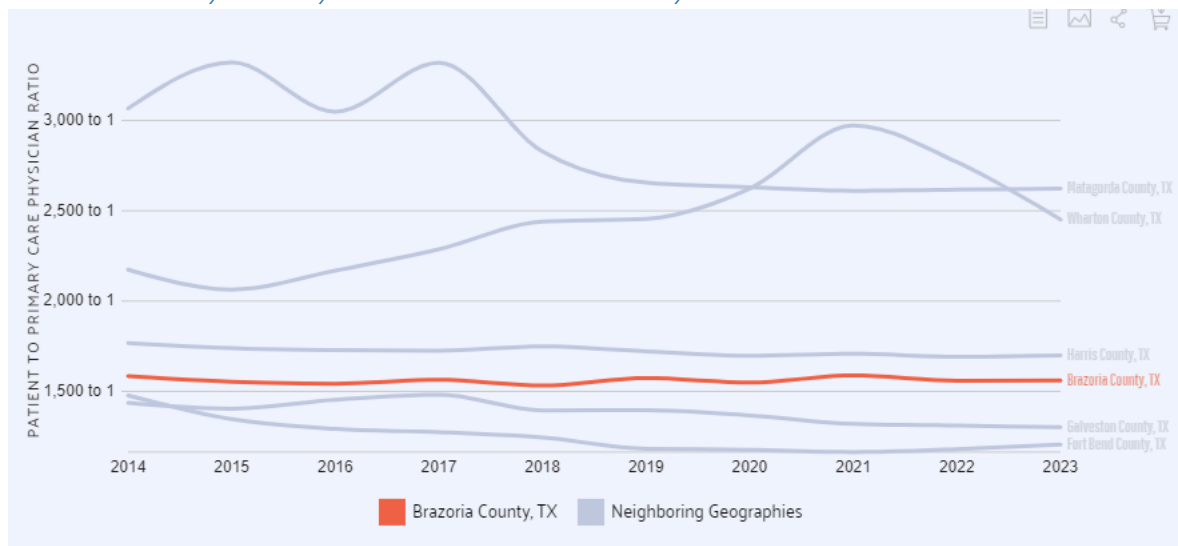
Provider Ratios

Health Professional Shortage Area (HPSA) designations identify areas in need of healthcare services, partly based on the population-to-provider ratio. The graphs below show the ratio of patients to active providers in Brazoria County and the state of Texas.

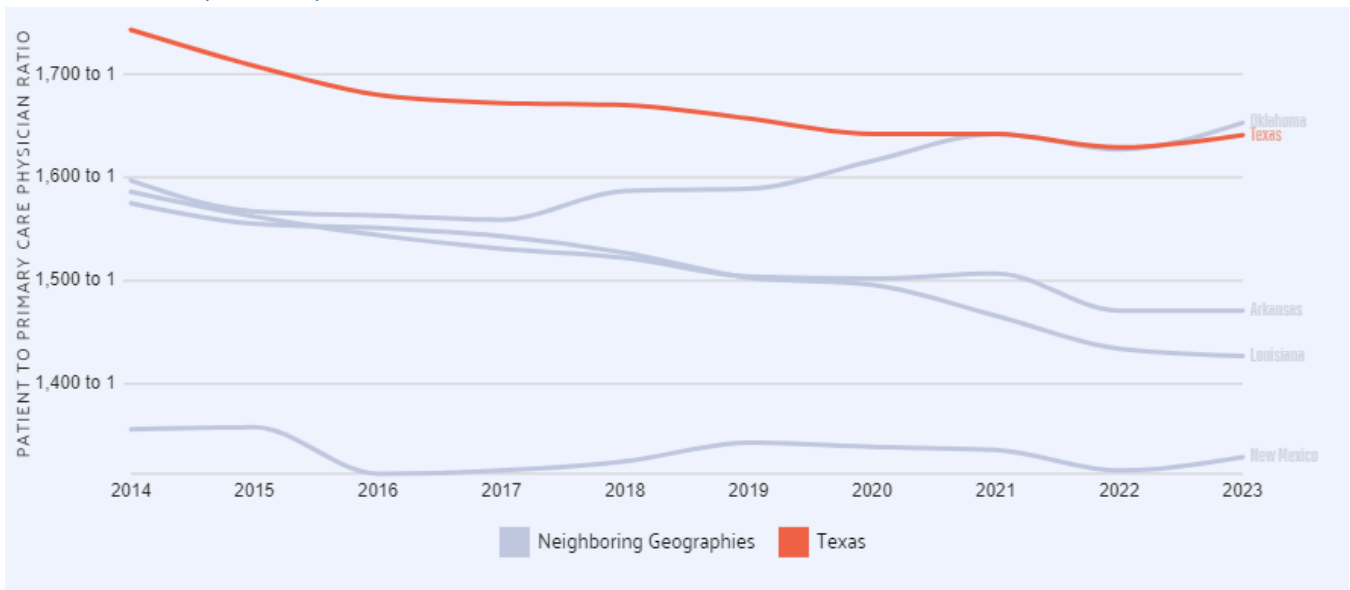
In 2023, primary care physicians in Brazoria County, TX saw an average of 1,560 patients per year. This ratio has been fairly consistent since 2014. Primary care physicians in Texas see an average of 1,641 patients per year. This ratio has declined steadily from 1,743 in 2014 to 1,641 in 2023. Furthermore, in 2023, mental health providers in Brazoria County, TX saw an average of 1,052 patients per year and mental health providers in Texas saw an average of 691 patients per year. In both regions, the mental health provider ratio dropped sharply between 2024 and 2015 but then was fairly steady – declining slightly – from 2015 through 2023.

Brazoria County's ratio of mental health providers per patient (1,052) is 52% higher than the Texas average (691), representing a much higher case load and underscoring the need for additional mental health providers in Pearland and the surrounding areas.

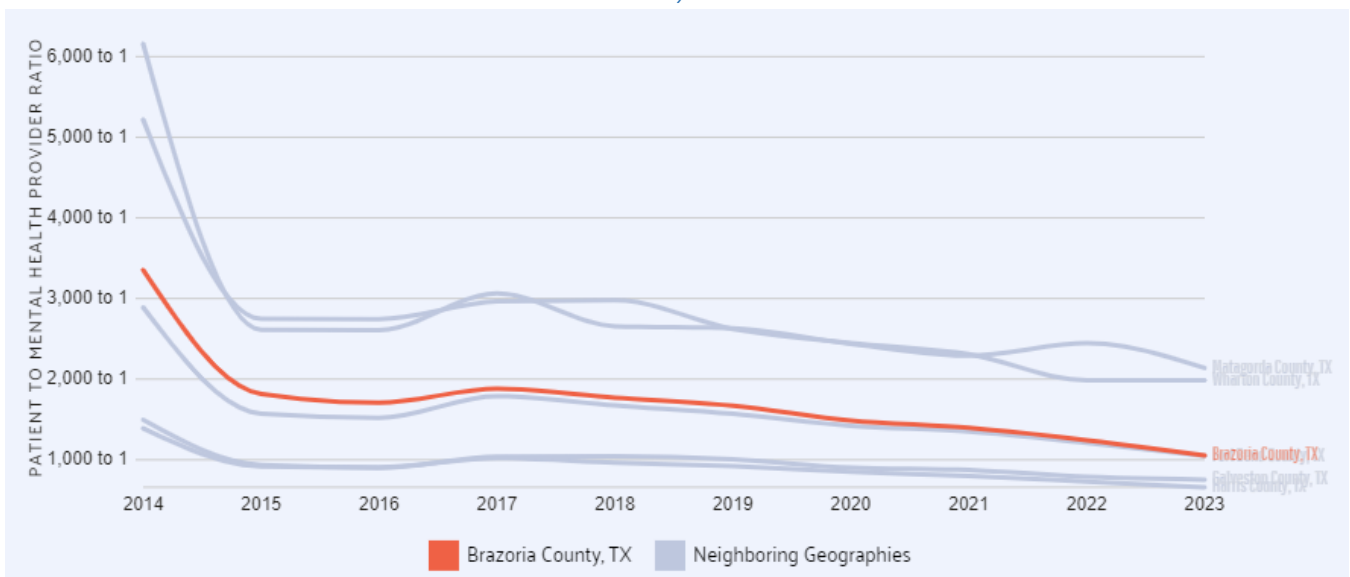
Patient to Primary Care Physician Ratio in Brazoria County



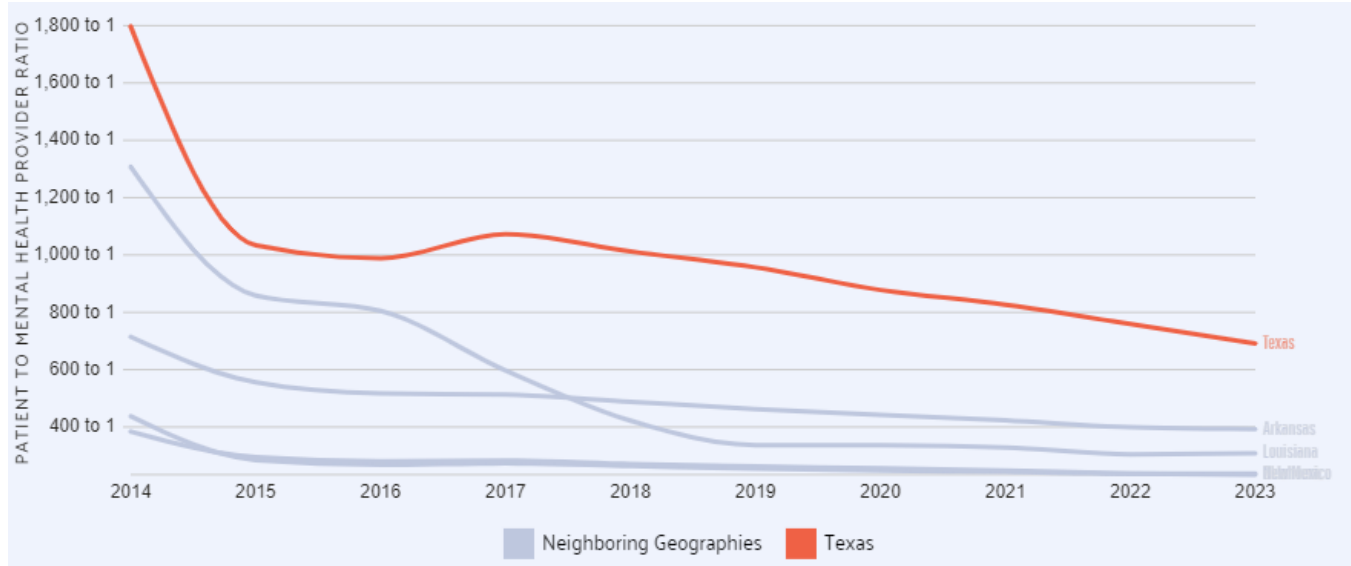
Patient to Primary Care Physician Ratio in Texas



Patient to Mental Health Provider Ratio in Brazoria County



Patient to Mental Health Provider Ratio in Texas



The number and location of potentially competing healthcare establishments are key factors to consider in a health center’s strategic planning, partnerships, and expansion efforts. The table below lists various types of healthcare providers in Brazoria County, showing the ratio of providers per 100,000 residents, with Texas metrics included for comparison. This information helps identify potential needs for primary care, specialty care, and social services based on population density.

In 2021, Brazoria County had 32 Offices of Mental Health Practitioners, equating to 8.3 offices per 100,000 residents. **This is just a quarter of the state ratio of 33.7, highlighting the significant shortage of mental health services in the county.**

Table: Brazoria County Health Care Establishments

Healthcare Establishments ¹¹ 2021	Brazoria County Establishments	Brazoria County Ratio per 100,000	Texas Establishments	Texas Ratio per 100,000
Offices of Physicians	471	122.4	86,216	288.0
Offices of Dentists	290	75.3	47,366	158.2
Offices of Mental Health Practitioners	32	8.3	10,081	33.7
Offices of Chiropractors	53	13.8	10,240	34.2
Offices of Optometrists	82	21.3	8,523	28.5

¹¹ www.census.gov

Healthcare Establishments ¹² 2021	Brazoria County Establishments	Brazoria County Ratio per 100,000	Brazoria County Ratio per 100,000	Texas Ratio per 100,000
Outpatient Care Centers	127	33.0	18,077	60.4
Medical and Diagnostic Labs	35	9.1	7,257	24.2
Home Healthcare Services	77	20.0	17,536	58.6
Other Ambulatory Health Care Services	32	8.3	6,511	21.7
General Medical & Surgical Hospitals	4	1.0	1,915	6.4
Nursing Care Facilities (Skilled Nursing Facilities)	27	7.0	6,227	20.8
Res. Intellectual & Dev. Disability, Mntl. Health, Subs. Abuse	55	14.3	7,099	23.7
Continuing Care Retirement/ Assisted Living	16	4.2	5,240	17.5
Community Food & Housing	12	3.1	3,857	12.9
Individual and Family Services	142	36.9	20,090	67.1
Child Day Care Services	204	53.0	23,784	79.4

Outpatient services in Brazoria County are projected to see substantial growth over the next decade, with many areas expanding rapidly due to population and market changes.

- **Hospital Outpatient Department** visits are expected to rise by **39.8%** by 2033, growing from **320,370 in 2023** to **447,831**.
- **Emergency Department** visits will increase by **34.6%**, reaching **179,569** by 2033.
- **Ambulatory Surgery** will see a **41.4%** growth, with **455,488 procedures** projected in 2033.
- **Endoscopy services** will grow by **42.5%**, and **Oncology Centers** by **39.8%**.
- **Physical Therapy** services are expected to rise **56.1%**, and **Office/Clinic** visits by **44.7%** by 2033.

Diagnostic services like **lab work** and **independent testing** will also expand, with lab services projected to increase by **52.7%**. Notably, the **Other** category, including specialized services, will see a **100.3%** surge, reflecting the growing demand for niche healthcare needs.

This rapid growth underscores the shift towards outpatient and specialized care in Brazoria County.

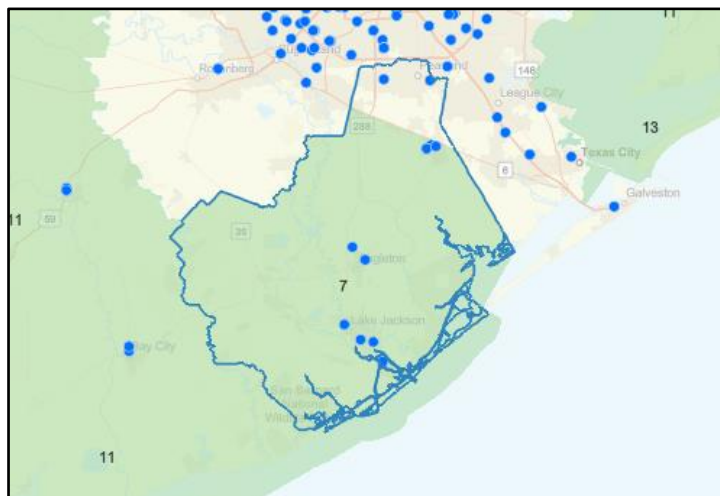
¹² www.census.gov

Table: Current and Projected Outpatient Services in Brazoria County, Texas

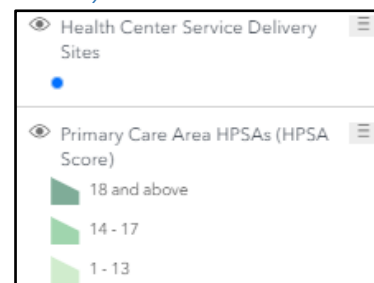
Site of Care - OUTPATIENT	2023 Volume	2028 Volume	2033 Volume	5 Yr Growth	10 Yr Growth
Hospital Outpatient Department	320,370	378,441	447,831	18.1%	39.8%
Emergency Department	133,447	152,371	179,569	14.2%	34.6%
Ambulatory Surgery	322,077	385,221	455,488	19.6%	41.4%
Endoscopy	46,749	56,445	66,630	20.7%	42.5%
Oncology Center	141,977	169,740	198,554	19.6%	39.8%
Sleep Studies	24,682	29,587	34,607	19.9%	40.2%
Independent Diagnostic Testing Facility	123,003	148,681	174,663	20.9%	42.0%
Physical Therapy	185,474	229,773	289,542	23.9%	56.1%
Office/Clinic	1,415,807	1,718,668	2,048,444	21.4%	44.7%
Lab	303,552	380,838	463,614	25.5%	52.7%
Other	81,838	119,076	163,900	45.5%	100.3%

Health Professional Shortage Areas

HRSA's Health Professional Shortage Area (HPSA) designations offer another way to examine and compare states, counties, and municipalities.¹³ HPSA designations identify areas and population groups in the U.S. that face a shortage of health professionals. This method assesses the number of providers and resources available to both the general and low-income populations. HPSAs are scored on a scale from 1 to 18+, with 1 indicating little to no need for additional professionals and 18+ signifying high need or an underserved area. HRSA assigns scores for Primary Care, Dental, and Mental Health based on a complex provider-to-resident ratio. These scores enable comparisons across regions and help identify areas with higher needs, making them eligible for programs targeting health disparities.



Primary Care Area HPSAs: Brazoria County, TX

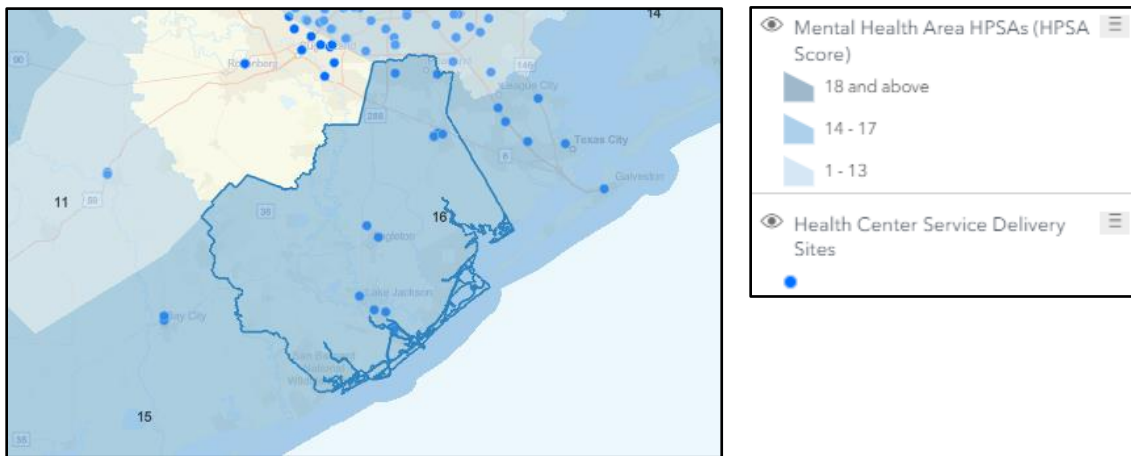


¹³ <http://www.hrsa.gov/shortage/>

The majority of Brazoria County is classified as a Primary Care Health Professional Shortage Area (HPSA) with a relatively low score of 7. However, the northern part of the county, around Pearland, is not in a Primary Care HPSA, indicating that access to primary care providers is generally not a major concern for the county.

In contrast, there is a much greater need for mental health professionals. All of Brazoria County is designated as a Mental Health Professional Shortage Area with a score of 16, the second highest along the Texas Gulf Coast, surpassed only by a region near Port O'Connor, which has a score of 17.

Mental Health Area HPSAs: Brazoria County, TX



Mental Health Care Health Professional Shortage Areas (HPSAs), September 2022		
	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
United States	27.7%	7,871
Texas	32.5%	702

NOTE: Percent of need met is defined as the ratio of available psychiatrists to the number needed to eliminate the HPSA designation. Calculations are based on the number of psychiatrists and do not generally include other mental health care professionals.

SOURCE: Bureau of Health Workforce, Health Resources and Services Administration, [Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary](#), as of September 30, 2022.

Behavioral Health Landscape

The previous sections have explored the demographic and medical background of Brazoria County. As mentioned, it is important information for policymakers as they decide how to respond to the crisis and allocate resources. This section, however, directly addresses the issue at hand- the behavioral health needs of Brazoria County.

According to the American Hospital Association, “Behavioral health disorders include both mental illness and substance use disorders. Mental illnesses are specific, diagnosable disorders characterized by intense alterations in thinking, mood and/or behavior over time. Substance use disorders are conditions resulting from the inappropriate use of alcohol or drugs, including medications. Persons with behavioral health care needs may suffer from either or both types of conditions as well as physical co-morbidities.”

Brazoria County is facing a significant mental health and substance use crisis, with alarming trends that are straining local health systems. Most critically, the county has **zero psychiatric inpatient beds**, severely limiting its ability to address acute mental health crises and forcing many patients to seek care outside the county.

The demand for mental health services is projected to grow substantially. In 2023, Brazoria County saw 164,086 psychiatric service visits, and this number is expected to increase to 212,390 by 2028—a **29.4% rise** over five years. By 2033, the projected volume will reach 245,337, marking **49.5% growth** over the next decade, with a **compound annual growth rate (CAGR) of 5.3%**. This rapid increase in demand underscores the urgent need for expanded mental health infrastructure.

State and national statistics reflect similarly troubling trends:

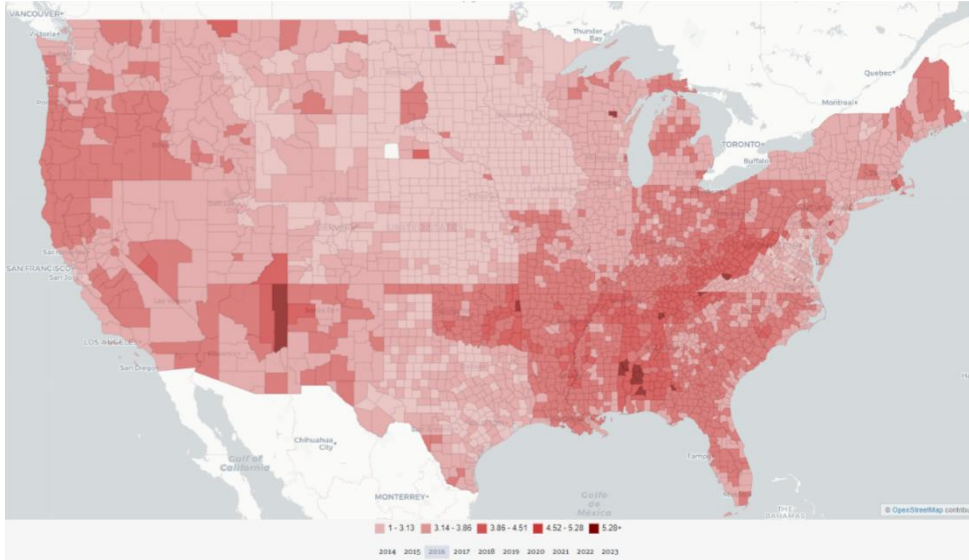
- **Suicide Rate:** The county’s suicide rate stands at **15.1 per 100,000**, above the Texas average of 13.8. While this may seem like a small difference, Brazoria County ranks **12th in Texas for fastest-growing suicide rates**, highlighting the urgency of the issue.
- **Mental Health Indicators:** Between 2014 and 2023, the county saw a **57% increase in poor mental health days** and a **90% rise in fatal opioid overdoses**, coinciding with the introduction of fentanyl in 2019. Additionally, binge drinking rates nearly doubled during this period.
- **National Context:** In the U.S., **18.4% of adults have been diagnosed with depression**, with Texas slightly below at **17.7%**. Youth mental health is particularly alarming, as one in three high school girls nationwide has considered suicide, and over half report persistent sadness or hopelessness.

These trends in Brazoria County mirror national challenges exacerbated by the COVID-19 pandemic, which significantly increased rates of depression, anxiety, and substance use disorders. The rising demand for psychiatric services, coupled with limited resources, paints a troubling picture of a healthcare system that is overwhelmed and ill-equipped to handle the escalating crisis.

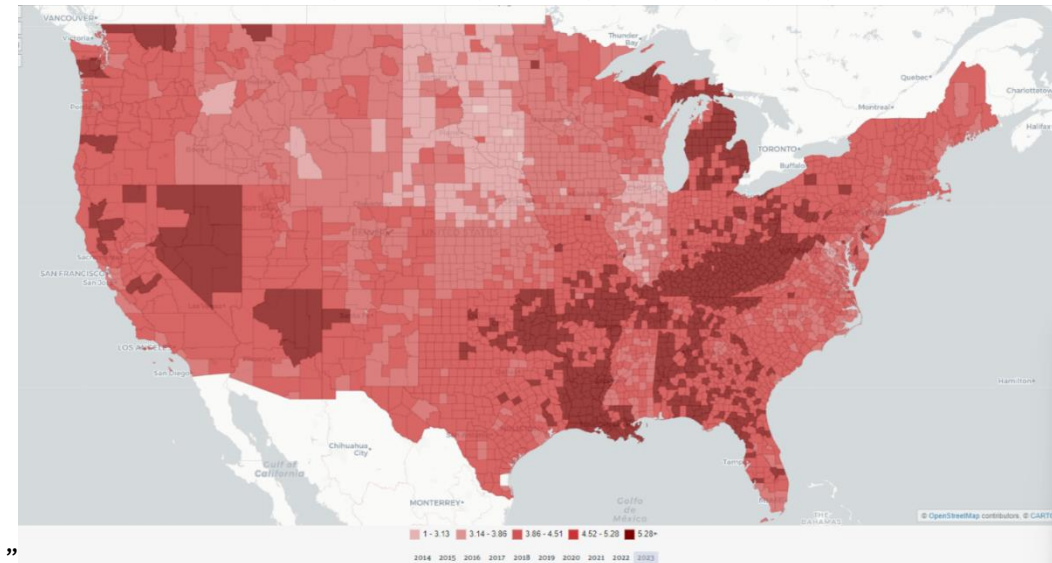
National and State Behavioral Health Context

According to the Council of Economic Advisors, the mental health crisis in the U.S., worsened by the COVID-19 pandemic, has significant emotional, social, and economic consequences. Untreated mental health disorders affect individual well-being and carry high economic costs due to lower educational outcomes, decreased workforce participation, and increased reliance on public programs. The pandemic exacerbated conditions such as depression, anxiety, and substance use disorders. The maps below, the first from 2016, the second from 2023, show just how much mental health has deteriorated in the country in the past eight years.

2016 National Data: "Average Number of Mentally Unhealthy Days Reported in Past 30 Days (age-adjusted)"

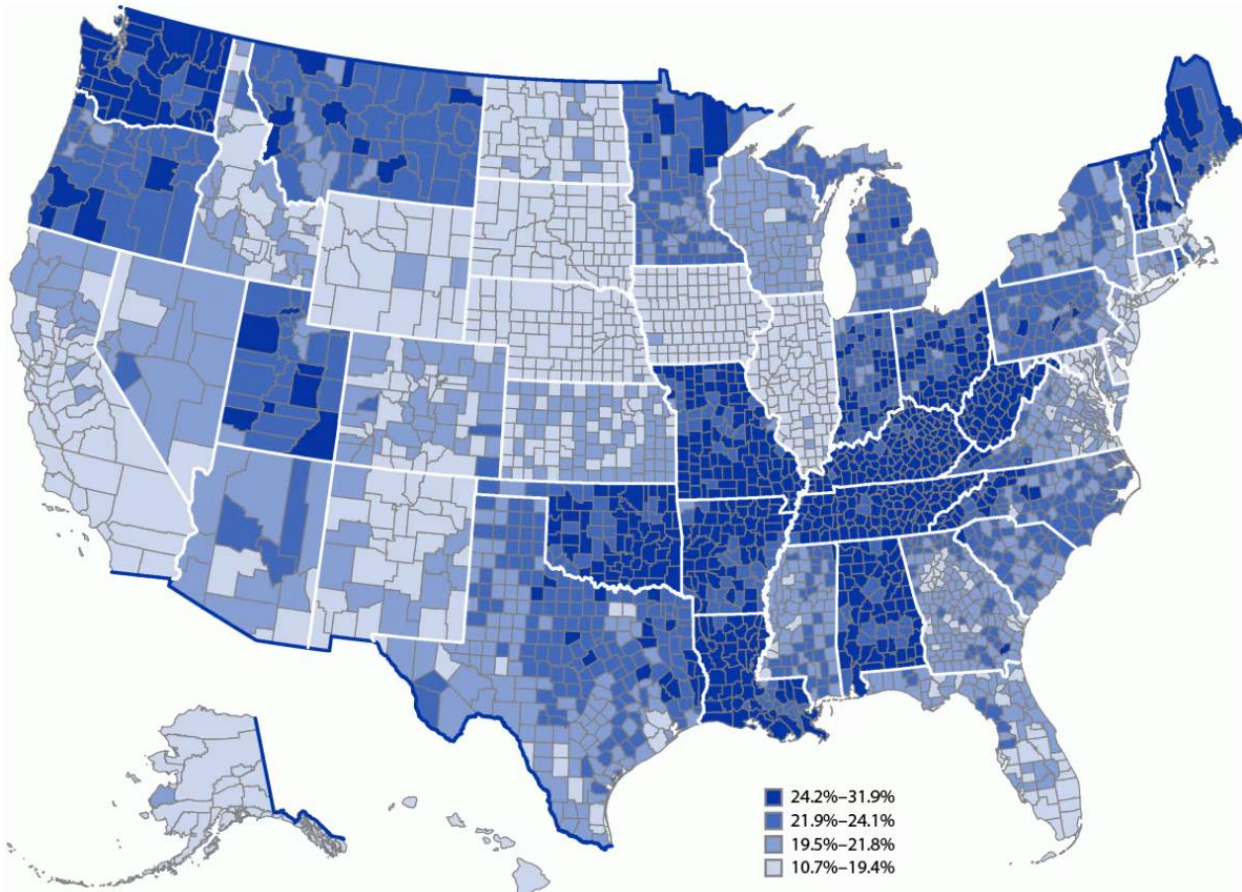


2023 National Data: "Average Number of Mentally Unhealthy Days Reported in Past 30 Days (age-adjusted)"



National and State Depression and Suicide Trends

FIGURE. Model-based age-standardized* county estimates of the percentage[†] of adults aged ≥18 years self-reporting a lifetime diagnosis of depression[‡] — Behavioral Risk Factor Surveillance System, United States, 2020



Depression has emerged as a significant contributor to mortality, disability, and economic burdens in the United States. Recognizing the gravity of the situation, experts suggest that this data should guide decision-makers in prioritizing health planning and implementing interventions, especially in areas plagued by substantial gaps or inequities.

18.4% of adults in the United States have been diagnosed with depression. Texas is just slightly below that, at 17.7%.

Table: Depression Among Adults in Texas

State	Sample size	Unweighted no. with depression	Weighted [†] no. with depression (thousands)	Prevalence [†] % (95% CI)	Age-standardized prevalence [§] % (95% CI)
Texas	10,968	2,215	3,881	17.7 (16.4–19.1)	17.5 (16.2–18.9)

Both nationally and in Texas, youth are among the most vulnerable. In 2023, a survey conducted by the Centers for Disease Control and Prevention (CDC) shed light on a deepening crisis in teen mental health. The findings were particularly alarming for teenage girls. Approximately one in three high school girls in the U.S. reported having seriously considered attempting suicide. Even more concerning, over half—57%—expressed feelings of persistent sadness or hopelessness, marking a record high in such reports.

The crisis extends beyond feelings of despair to tangible increases in suicide rates among young people. In 2021, suicide became the second leading cause of death for Americans aged 10 to 24. This age group witnessed a staggering 62% increase in suicide rates from 2007 to 2021, with the numbers climbing from 6.8 to 11 deaths per 100,000 people.

Young adults between the ages of 20 and 24 experienced the most pronounced surge. From 2020 to 2021 alone, the suicide rate in this group jumped from 17.8 to 19.4 deaths per 100,000 people, surpassing the homicide rate for the same demographic. Older teenagers, those aged 15 to 19, saw a 57% increase in suicide rates from 2009 to 2017, rising from 7.5 to 11.8 deaths per 100,000. This rate remained stable through 2021.

These unsettling trends highlight an urgent need for enhanced mental health support and resources, particularly for young people. Addressing this escalating crisis will require comprehensive efforts to implement effective interventions and to bridge the disparities contributing to these alarming statistics.

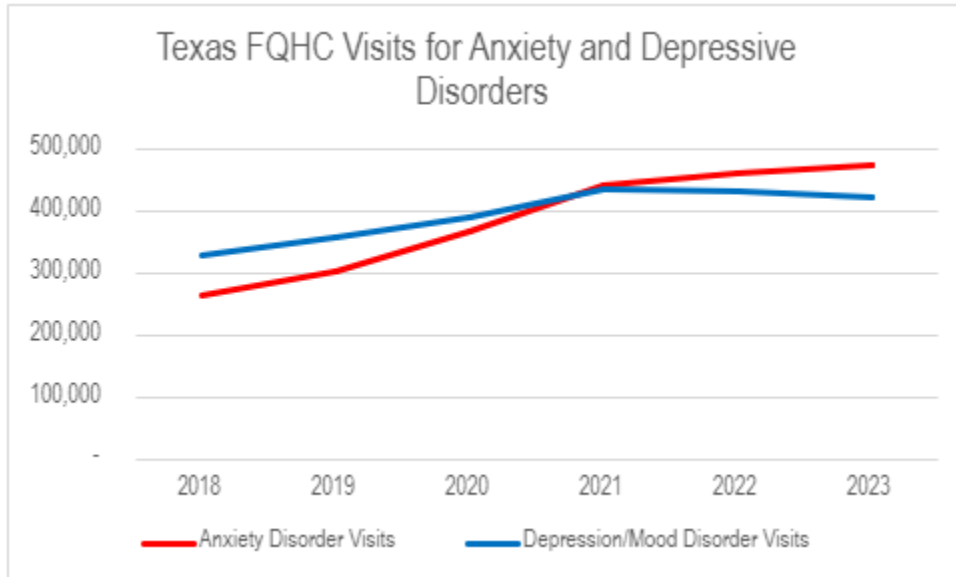
Texas Patient Visits for Mental Health Disorders

Understanding the top diagnosis codes in ambulatory care setting is helpful in considering highest needs. While obtaining national data across thousands of health care organizations is daunting, standardized data is available via HRSA’s Uniform Data System. Below is a chart of Texas FQHC’s most common reasons for visits from 2019–2023. **Remarkably, both Anxiety and Depression show up in the top seven diagnosis consistently across all 5 years.**

Table: Texas FQHCs Top Reasons by Visits 2019-2023

2019				2020				2021			
Reason	Visits	Patients	Utilization	Reason	Visits	Patients	Utilization	Reason	Visits	Patients	Utilization
Overweight and Obesity	797,628	390,537	2.0	Overweight and Obesity	731,344	391,280	1.9	Overweight and Obesity	868,595	455,234	1.9
Hypertension	710,245	286,934	2.5	Hypertension	702,066	292,665	2.4	Hypertension	784,073	318,809	2.5
Diabetes	514,189	173,398	3.0	Diabetes	505,019	174,356	2.9	Diabetes	564,555	191,056	3.0
Health Supervision of Infant/Child	429,876	266,050	1.6	Health Supervision of Infant/Child	438,777	260,102	1.7	Health Supervision of Infant/Child	528,692	309,981	1.7
Depression and other Mood Disorders	356,876	121,770	2.9	Depression and other Mood Disorder	390,949	118,842	3.3	Coronavirus Vaccine	492,424	273,032	1.8
Selected Immunizations	338,487	248,211	1.4	Anxiety Disorders	366,960	114,681	3.2	Anxiety Disorders	442,076	135,503	3.3
Anxiety Disorders	303,666	105,697	2.9	Seasonal Flu Vaccine	312,082	284,841	1.1	Depression and other Mood Disorders	436,654	127,357	3.4

2022				2023			
Reason	Visits	Patients	Utilization	Reason	Visits	Patients	Utilization
Overweight and Obesity	933,581	498,731	1.9	Overweight and Obesity	1,019,694	524,273	1.9
Hypertension	779,953	320,574	2.4	Hypertension	806,459	326,442	2.5
Diabetes	570,905	194,695	2.9	Diabetes	626,627	208,318	3.0
Health Supervision of Infant/Child	541,325	334,072	1.6	Health Supervision of Infant/Child	588,777	359,056	1.6
Anxiety Disorders	462,469	145,220	3.2	Anxiety Disorders	474,099	151,349	3.1
Depression and other Mood Disorders	431,258	131,052	3.3	Depression and other Mood Disorders	423,638	131,623	3.2
Selected Immunizations	344,710	246,441	1.4	Selected Immunizations	393,013	271,101	1.4



We are using Texas FQHC data as a proxy to understand patient and provider experiences, as FQHCs offer the most comprehensive publicly available data. Private for-profit and non-profit data are often limited due to reporting restrictions and privacy laws.

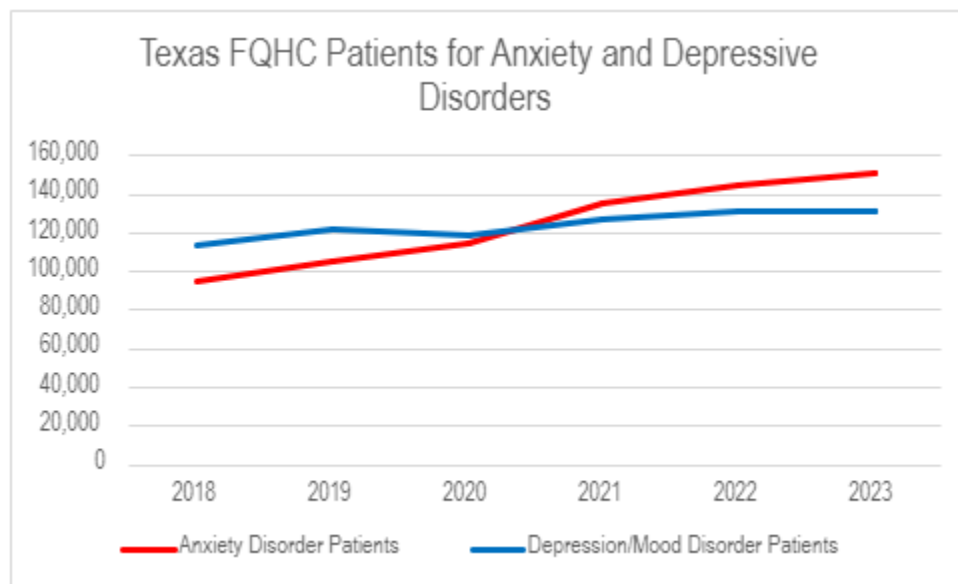
Between 2019 and 2023, the top reasons for patient visits to Texas Federally Qualified Health Centers (serving primarily low-income populations) were consistently related to **overweight/obesity, hypertension, diabetes, and health supervision of infants/children**. While these are expected findings, one surprising trend that warrants greater emphasis is the significant rise in mental health conditions, particularly depression and anxiety.

Depression and other mood disorders, anxiety disorders, and vaccine/immunization visits ranked 5th to 7th during this period. Visits for **depression and mood disorders** increased by **29%**, from 328,343 in 2018 to 423,638 in 2023, with utilization rising from 2.9 to 3.2 visits per patient. **Anxiety disorder visits** surged even more dramatically, increasing by **80%**, from 263,898 to 474,099, with utilization growing from 2.9 to 3.1 visits per patient. This notable growth in mental health visits highlights an urgent need to address the rising prevalence of depression and anxiety in these populations.

Table: Texas FQHCs Top Reasons by Patients 2019-2023

2019				2020				2021			
Reason	Visits	Patients	Utilization	Reason	Visits	Patients	Utilization	Reason	Visits	Patients	Utilization
Overweight and Obesity	797,628	390,537	2.0	Overweight and Obesity	731,344	391,280	1.9	Overweight and Obesity	868,595	455,234	1.9
Hypertension	710,245	286,934	2.5	Hypertension	702,066	292,665	2.4	Hypertension	784,073	318,809	2.5
Seasonal Flu Vaccine	293,288	270,756	1.1	Seasonal Flu Vaccine	312,082	284,841	1.1	Health Supervision of Infant/	528,692	309,981	1.7
Health Supervision of Infant/Child	429,876	266,050	1.6	Health Supervision of Infant/Child	438,777	260,102	1.7	Coronavirus Vaccine	492,424	273,032	1.8
Selected Immunizations	338,487	248,211	1.4	Selected Immunizations	304,907	220,913	1.4	Seasonal Flu Vaccine	292,626	270,337	1.1
Oral Exams	234,144	178,540	1.3	Novel Coronavirus Diagnostic Test	256,433	204,825	1.3	Selected Immunizations	323,521	234,733	1.4
Diabetes	514,189	173,398	3.0	Diabetes	505,019	174,356	2.9	Novel Coronavirus Diagnosti	333,247	234,678	1.4

2022				2023			
Reason	Visits	Patients	Utilization	Reason	Visits	Patients	Utilization
Overweight and Obesity	933,581	498,731	1.9	Overweight and Obesity	1,019,694	524,273	1.9
Health Supervision of Infant/Child	541,325	334,072	1.6	Health Supervision of Infant/Child	588,777	359,056	1.6
Hypertension	779,953	320,574	2.4	Hypertension	806,459	326,442	2.5
Seasonal Flu Vaccine	308,868	283,191	1.1	Seasonal Flu Vaccine	295,740	272,908	1.1
HIV Test	292,524	247,157	1.2	Selected Immunizations	393,013	271,101	1.4
Selected Immunizations	344,710	246,441	1.4	HIV Test	328,644	258,968	1.3
Novel Coronavirus Diagnostic Test	285,264	209,575	1.4	Diabetes	626,627	208,318	3.0



Similar to data by visits, between 2019 and 2023, the most common reason for patient visits was consistently related to **overweight and obesity concerns**. Other frequent reasons for visits included **health supervision of infants/children, hypertension**, and the **seasonal flu vaccine**, which typically ranked 2nd to 4th. However, in 2021, **coronavirus vaccines** surpassed the seasonal flu vaccine in the rankings.

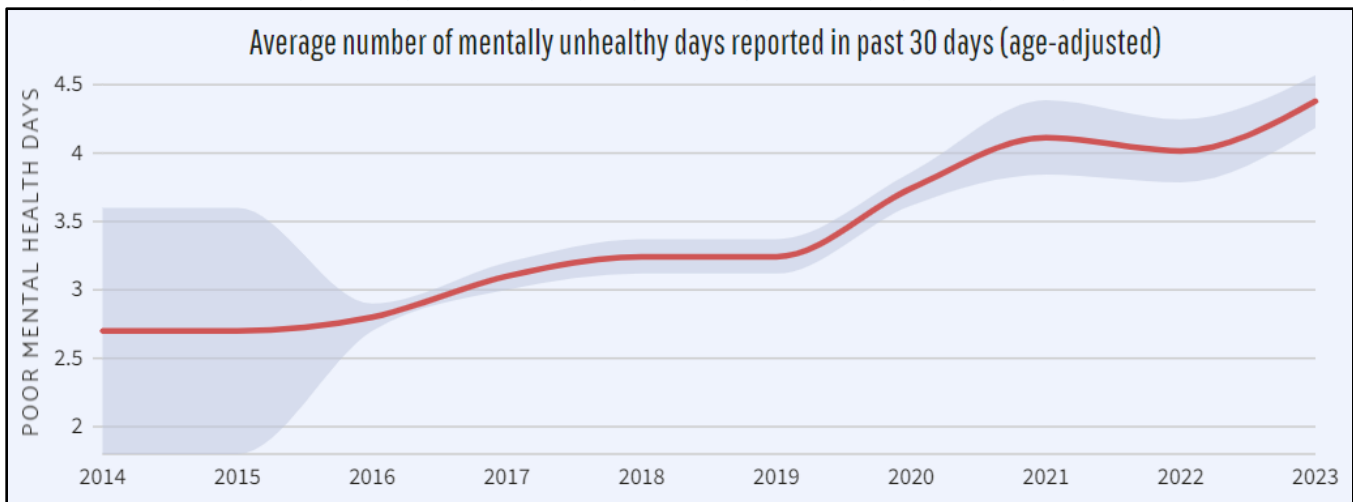
From 2018 to 2023, the number of patients treated for **depression and other mood disorders** rose by **16%**, increasing from **113,655 to 131,623**. During the same period, patients seeking care for **anxiety disorders** grew significantly, rising by **60%**, from **94,768 to 151,349**.

Brazoria County Mental Health and Substance Use Data Trends

Poor Mental Health Days: Brazoria County

The following chart illustrates the trend of poor mental health days reported within the past 30 days in Brazoria County, Texas from 2014 to 2023. Throughout the review period, the days of poor mental health within the last 30 days reported a rapid rise, from about 2.8 days in 2016 to 4.4 in 2023, **an increase of 57%**. One of the sharpest increases in Poor Mental Health Days was between 2019 (3.2) and 2021 (4.1), a 28% increase over a two year period which may have been partially caused by feelings of stress and anxiety associated with the COVID-19 pandemic¹⁴.

Table: Average number of mentally unhealthy days reported in past 30 days (age-adjusted)¹⁵



Year	Texas	Brazoria County
2024	4.6	4.6
2023	4.2	4.4
2022	3.9	4.0
2021	3.8	4.1
2020	3.8	3.7
2019	3.4	3.2

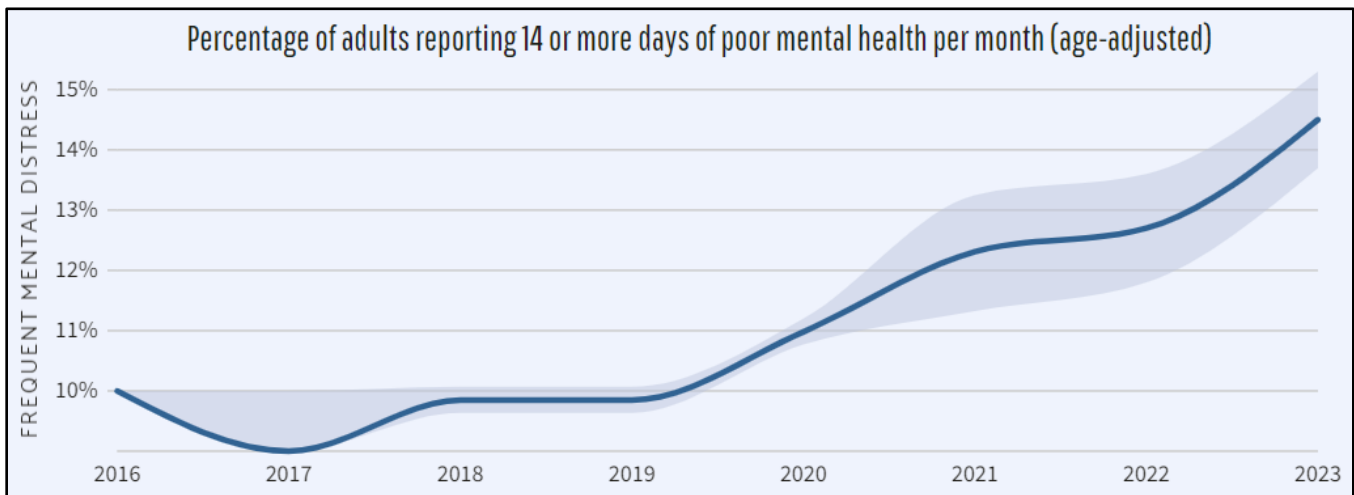
Frequent Mental Distress: Brazoria County

The chart below illustrates the trend of frequent mental distress in Brazoria County, Texas, from 2016 to 2023. Frequent mental distress is defined as the percentage of adults reporting 14 or more days of poor mental health

¹⁴ https://datausa.io/profile/geo/brazoria-county-tx?accessCareOptions=indicator_7&alcoholDrugsTobaccoOptions=indicator_9&healthBehaviorsOptions=alcoholDrugsTobaccoOption&healthOutcomesOptions=qualityOfLife&provider-clinician_patient_ratio=provider3&qualityOfLife=indicator_7#health

¹⁵ <https://www.countyhealthrankings.org/health-data/health-outcomes/quality-of-life/poor-mental-health-days?year=2019&state=48&tab=1>

per month (age-adjusted). This rate has risen from 9% in 2017 to nearly 15% in 2023, reflecting **an increase of almost 67%**.



Suicide Rate

The suicide rate in Brazoria County stands at **15.1** per 100,000, higher than the Texas average of **13.8** per 100,000. Although this may not seem like a significant difference, the county's suicide rate is increasing rapidly, currently ranking **12th among Texas counties in terms of growth**.

Substance Use

Opioid Use and Fatalities

While Texas has lower rates of oxycodone use compared to other states—3.1 kilograms per 100,000 people compared to the U.S. average of 8.9 kilograms—the opioid overdose rate in Brazoria County was **11.6 per 100,000 in 2022**. This is slightly higher than Texas' rate of 10.3, though lower than the national rate of 24.4. However, similar to the county's mental health statistics, the trend, rather than the current number, is alarming: in 2019, the fatal overdose rate rose from an estimated between 6.1-8 per 100,000, representing up to a 90% increase over the past five years. Each year, around **45 people die from opioid overdoses in the county**. This sustained rise, especially following the introduction of fentanyl into the drug supply in 2019, signals an urgent need for action to prevent Brazoria from reaching the overdose rates seen in other parts of the country.

It is very difficult to obtain accurate data on fentanyl use, as many cases go unreported. The most reliable data comes from fatal overdoses, which are almost always reported. Brazoria County has a population of 384,941, with an opioid overdose rate of 11.6 per 100,000 residents and a fentanyl and synthetic opioid death rate of 9.5 per 100,000. From these figures, we can approximate the number of fentanyl users.

Nationally, there are 686,000 fentanyl users¹⁶, and applying a multiplier of 4.49 to adjust for undercounting¹⁷ results in an estimated 3,080,140 fentanyl users nationwide. In 2022, the national fatal overdose rate for fentanyl was 73,838 deaths, giving a ratio of approximately 41.7 users for every fentanyl overdose death. Using this ratio and Brazoria County's fentanyl death rate of 9.5 per 100,000 residents, we estimate there are 396 fentanyl users per 100,000 people in the county. Multiplying this by the county's total population suggests there are approximately **1,525 fentanyl users** in Brazoria County.

For non-fentanyl opioid use disorder (OUD), the national rate is estimated at 2.72% of the population¹⁸. However, due to the lower number of oxycodone prescriptions in Texas, Brazoria County's OUD rate is estimated to be 34.8% of the national rate. This equates to approximately 0.95% of the county's population, or about **3,645** people, having OUD. If non-fentanyl users are undercounted at the same rate as fentanyl opioid users, however, the total number of people with OUD in Brazoria County could be as high as **16,369**.

These numbers are our best estimates, but the data clearly indicates a rising trend in opioid use. A significant number of non-fentanyl opioid users are also at risk of unintentionally using fentanyl or escalating their substance use to include illegally produced fentanyl. **It is crucial to identify and provide treatment for all individuals with opioid use disorder to prevent the crisis from worsening.**

Drug Poisoning/Overdose Deaths: Brazoria County

The chart below illustrates the trend in drug poisoning deaths per 100,000 in Brazoria County, Texas, from 2014 to 2023. There was a decline in these deaths from 2015 (11 deaths per 100,000) to 2018 (8 deaths per 100,000). However, the **introduction of fentanyl in 2019** has reversed this trend. Between 2018 and 2023 drug poisoning deaths per 100,000 in Brazoria County increased 38% from 8 to nearly 11. If Texas, including Brazoria County, follows national patterns—given Texas has historically trailed behind in drug trends—**this number is expected to rise significantly over the next decade.**

¹⁶ National Survey on Drug Use and Health (NSDUH) data

<https://www.samhsa.gov/data/sites/default/files/reports/rpt42728/NSDUHDetailedTabs2022/NSDUHDetailedTabs2022/NSDUHDetTabsSect1pe2022.htm>

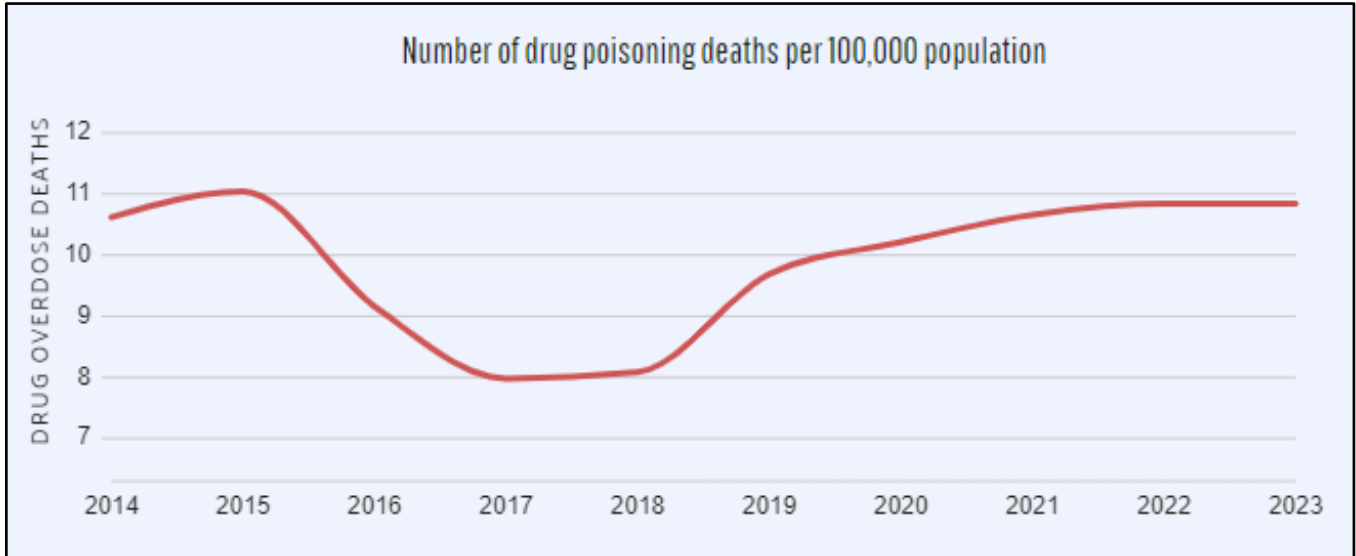
¹⁷ Several studies estimate that opioid use disorder among marginalized populations is undercounted. A standard correction factor of 4.49 has been suggested. For more information, refer to these sources: [1](#), [2](#), [3](#).

¹⁸ Determined by dividing US data found at

https://datacommons.org/place/country/USA?utm_medium=explore&mprop=count&popt=Person&hl=en

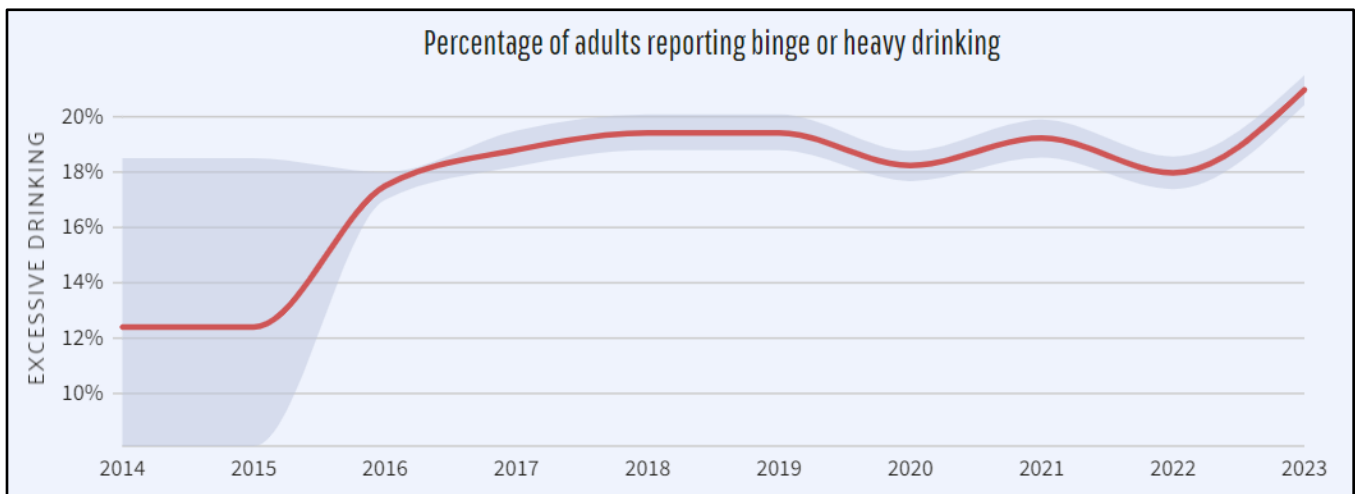
By national survey National Survey on Drug Use and Health (NSDUH) data

<https://www.samhsa.gov/data/sites/default/files/reports/rpt42728/NSDUHDetailedTabs2022/NSDUHDetailedTabs2022/NSDUHDetTabsSect1pe2022.htm>



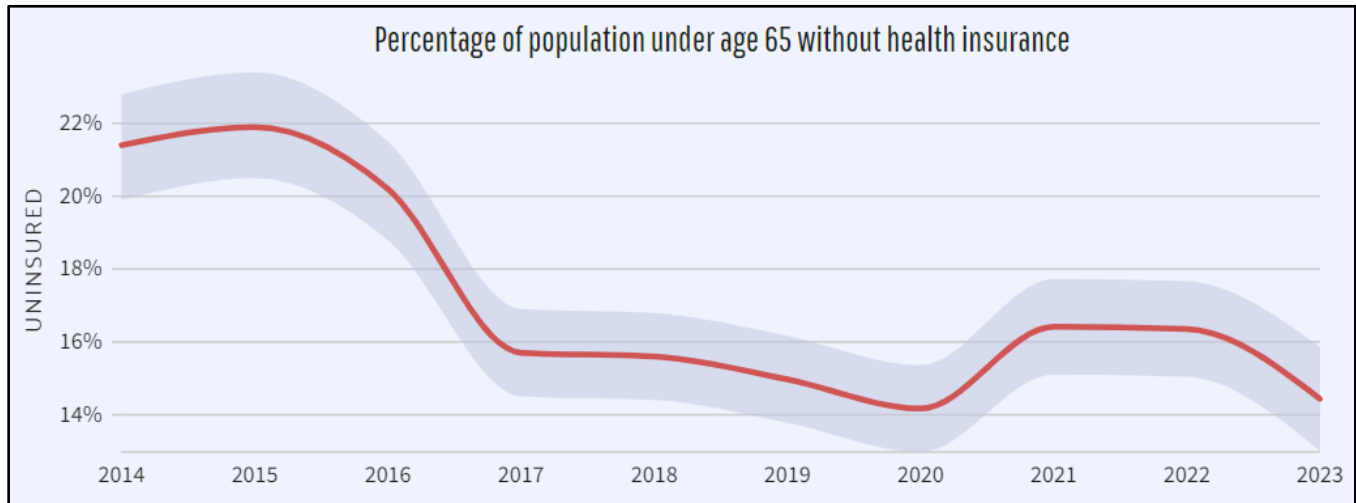
Excessive Drinking: Brazoria County

The chart below illustrates the trend in the percentage of adults reporting binge or heavy drinking in Brazoria County, Texas, from 2014 to 2023. **The rate has increased significantly, rising from 12% in 2014 to 21% in 2023.** Notable spikes occurred between 2015-2016 and 2022-2023. If this trend continues, we anticipate a rise in alcohol-related issues in the county, including increased **drunk driving incidents, higher rates of assaults, family breakdowns**, and workforce challenges leading to **lower employment rates**.

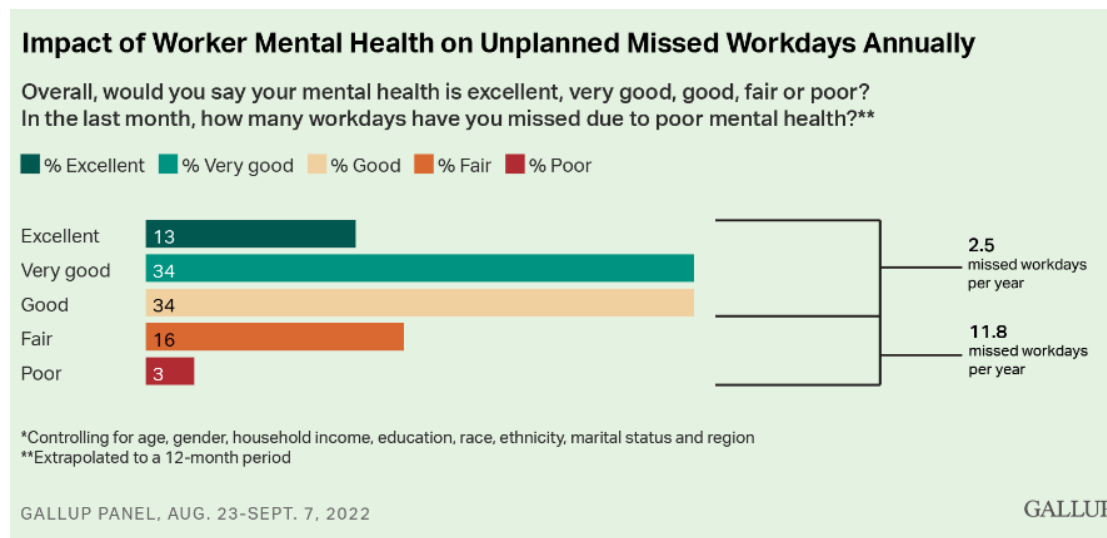


Access to Care Data Trends

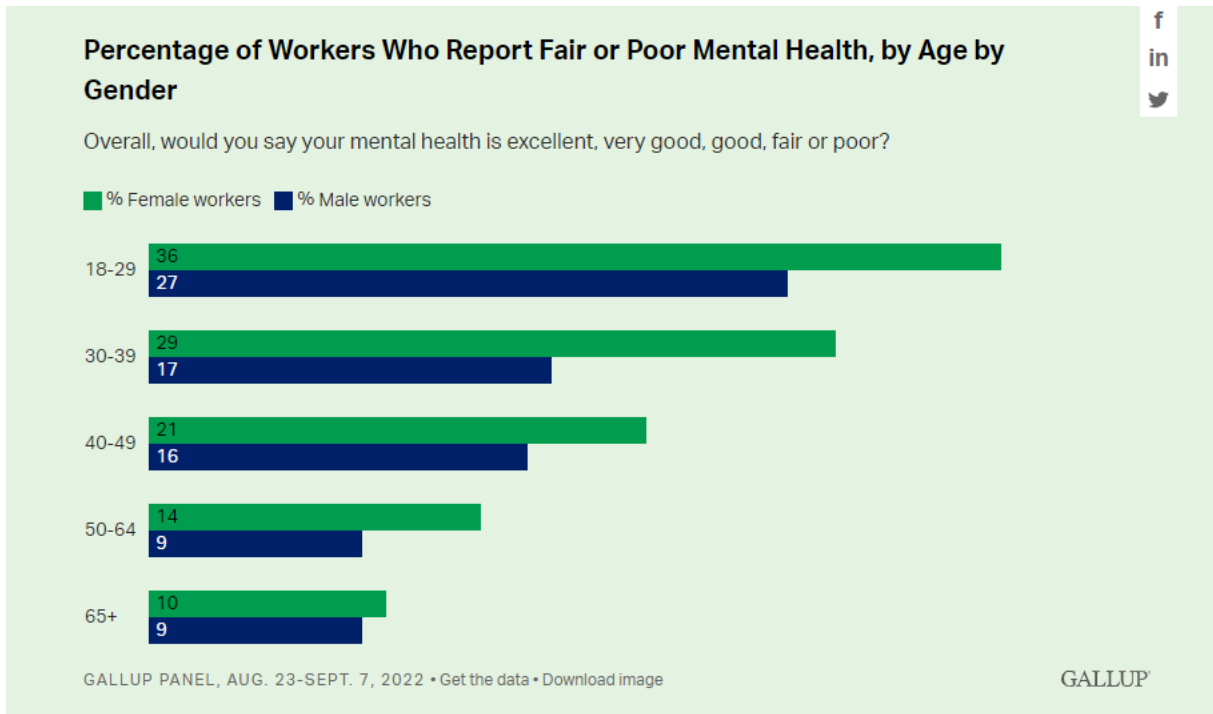
The chart below illustrates the trend in the percentage of residents under the age of 65 without health insurance in Brazoria County, Texas, from 2014 to 2023. During this period, the uninsured rate declined from a high of 21.9% in 2019 to 14.4% in 2023. While this is a positive development, **it will only lead to improved access to care if there are enough providers available in the county to meet the demand.**¹⁹



Financial Implications and Impact of Behavioral Health on the Texas and Brazoria Economy



¹⁹ https://datausa.io/profile/geo/brazoria-county-az?accessCareOptions=indicator_7&alcoholDrugsTobaccoOptions=indicator_9&healthBehaviorsOptions=alcoholDrugsTobaccoOption&healthOutcomesOptions=qualityOfLife&provider-clinician_patient_ratio=provider3&qualityOfLife=indicator_7

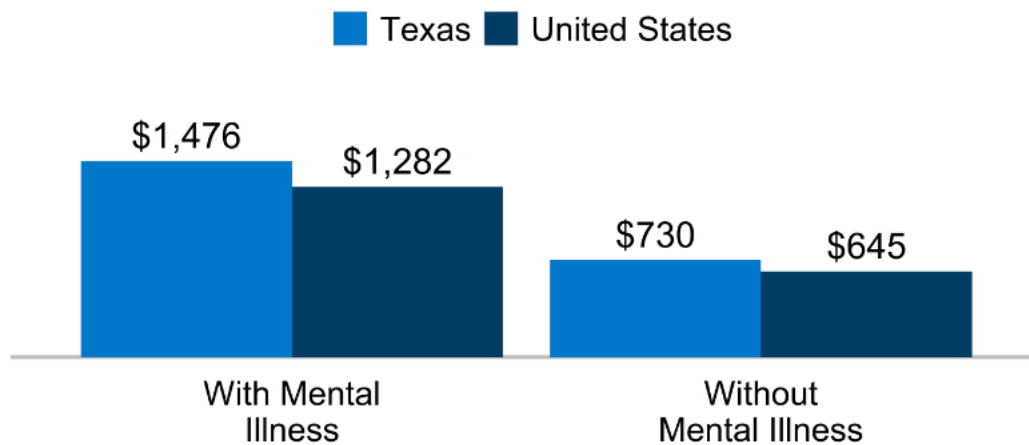


Untreated mental illness and substance use disorders are poised to cost Brazoria County, Texas, millions of dollars annually, presenting a significant economic and social challenge that demands immediate attention. Recent data underscores the magnitude of this issue and its potential impact on the county's economy and the well-being of its residents.

A Gallup Panel survey conducted from August 23 to September 7, 2022, involving 15,809 U.S. working adults, highlights the substantial financial toll of poor mental health on the workforce. Participants were asked, "In the last month, how many workdays have you missed due to poor mental health?" The results, carefully adjusted for factors like age, race, ethnicity, gender, income, education, marital status, and region, reveal that poor worker mental health costs the United States an estimated \$48 billion per year in lost productivity.

This figure is based on a conservative estimation of the cost of missed workdays—**\$340 per day for full-time workers and \$170 per day for part-time workers.** When extrapolated to Brazoria County, with a population of approximately 374,000 residents, **the local economy stands to lose millions due to absenteeism** caused by untreated mental health issues and substance use disorders. **At a time when many sectors are facing severe labor shortages, this is a cost business cannot afford to bear.**

Average Out-of-Pocket Spending for Adults in Large Employer Health Plans, by Mental Illness Status, 2021



NOTE: Out-of-pocket amounts are only for covered services. Data is among those below age 65. Disease definitions developed by the Healthcare Cost and Utilization Project were used to identify claims associated with mental health conditions.
SOURCE: KFF analysis of 2021 IBM MarketScan Commercial Claims and Encounters Database.



20

The financial burden extends beyond lost productivity. In 2021, data from the Kaiser Family Foundation showed that adults with mental illness enrolled in large employer health plans in Texas faced significantly higher out-of-pocket expenses compared to those without mental illness. Specifically:

Out-of-Pocket Spending in Texas:

- **Adults with mental illness: \$1,476**
- **Adults without mental illness: \$730**

Out-of-Pocket Spending in the U.S. Overall:

- **Adults with mental illness: \$1,282**
- **Adults without mental illness: \$645**

These figures do not account for payments for services not claimed under employer coverage, suggesting that the actual financial strain on individuals is even greater.

Total healthcare spending for adults with mental illness is also markedly higher:

²⁰ <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/texas/#:~:text=As%20shown%20in%20the%20figure,of%20adults%20in%20the%20U.S.>

Total Healthcare Spending in Texas:

- **Adults with mental illness: \$9,606**
- **Adults without mental illness: \$4,451**

Total Healthcare Spending in the U.S. Overall:

- **Adults with mental illness: \$8,823**
- **Adults without mental illness: \$4,198**

These increased costs reflect the more extensive medical care required for untreated mental health conditions and substance use disorders, which often lead to chronic health issues and comorbidities.

For Brazoria County, the implications are clear. The combination of lost productivity due to missed workdays and higher healthcare costs places a substantial financial burden on both employers and the healthcare system. Without effective interventions, these costs will continue to escalate, straining public resources and hindering economic growth.

It is important to understand that if these trends continue, behavioral health cases threaten to overwhelm the existing hospital, police, and emergency services. Already, in our conversations with executive leadership, community leaders stress that mental health services are straining these systems.

Current Stakeholder and Provider Assessment: Brazoria County Mental Health Support Organizations/Services

Brazoria County is facing a critical mental health crisis, compounded by the fact that there are **zero psychiatric inpatient beds** available to meet the growing need for care. This shortage of facilities severely limits treatment options for individuals in acute mental health crises, leaving emergency services and law enforcement overwhelmed.

The demand for mental health services in the county is projected to rise sharply:

- In 2023, the total volume of psychiatric services was 164,086. By 2033, this volume is forecasted to reach 245,337, representing a **49.5% growth** over the next decade.

Meanwhile, the healthcare system is already strained:

- **Opioid Use Disorder:** The county faces **45** opioid-related deaths annually, with only two Opioid Treatment Programs, further compounding the mental health crisis.
- **EMS Mental Health Calls:** Between January 2022 and December 2023, there were **664** mental health-related EMS calls in Pearland alone, underscoring the growing pressure on emergency services.

- **Student Mental Health:** Pearland ISD recorded over **1,200** student visits related to depression, self-harm, and suicidal ideation in the 2023-2024 school year, showing the increasing need for youth mental health support.

Without the necessary infrastructure, including inpatient psychiatric beds, Brazoria County’s health systems are struggling to keep pace with this rising demand, highlighting an urgent need for expanded mental health resources and facilities.

Current and Projected Mental Health Outpatient Services

This data and analytics for outpatient psychiatric services for **Brazoria County** was gathered using Advisory Board’s Market Scenario Planner. The baseline volumes are determined by integrating historical data from various proprietary and public claims data. Forecast data is then based on changes in the population, demographics and market. The tool used for the following data is updated annually.

Table: Current and Projected Outpatient Psychiatric Services for Brazoria County

Service Line	Subservice Line	2023 Volume	2028 Volume	2033 Volume	5 Yr Growth	10 Yr Growth
Psychiatry	Psychiatry	164,086	212,390	245,337	29.4%	49.5%

Annual Volume Estimates Based on 5 YR CAGR				
5 YR Compound Annual Growth Rate (CAGR)	2024 Volume Estimate	2025 Volume Estimate	2026 Volume Estimate	2027 Volume Estimate
5.30%	172,775	181,926	191,561	201,706

Outpatient Grouping	2023 Volume	2028 Volume	2033 Volume	5 Yr Growth	10 Yr Growth
Other Psychiatric Services	2,089	3,560	4,238	70.4%	102.9%
Medication Management	10	11	11	8.2%	12.7%
Diagnostic Interview	12,847	15,841	19,021	23.3%	48.1%
Narcosynthesis	1	1	1	5.0%	21.0%
Psychoanalysis	13	13	13	-3.6%	-2.4%
Psychotherapy - Office/Outpatient	138,975	181,715	210,070	30.8%	51.2%
Group Psychotherapy	4,134	5,405	6,266	30.7%	51.6%
Family Psychotherapy	5,687	5,456	5,258	-4.1%	-7.5%
Psychophysiological Therapy	48	55	61	14.3%	28.3%
Hypnotherapy	3	4	4	7.6%	15.2%
Environmental Intervention	7	7	8	-7.8%	4.7%
Electroconvulsive Therapy	271	324	387	19.5%	42.9%

The data on psychiatric services in Brazoria County shows a significant upward trend in demand for mental health care over the next decade, particularly in outpatient services. In 2023, the total volume of psychiatric

services was 164,086, and it is expected to grow to 212,390 by 2028, representing a **29.4% increase** over five years. By 2033, the projected volume reaches **245,337, marking a 49.5% growth** over ten years. This steady rise reflects a compound annual growth rate (CAGR) of 5.3%, indicating that by 2027, the annual volume of psychiatric services will likely exceed 200,000, with continued increases anticipated.

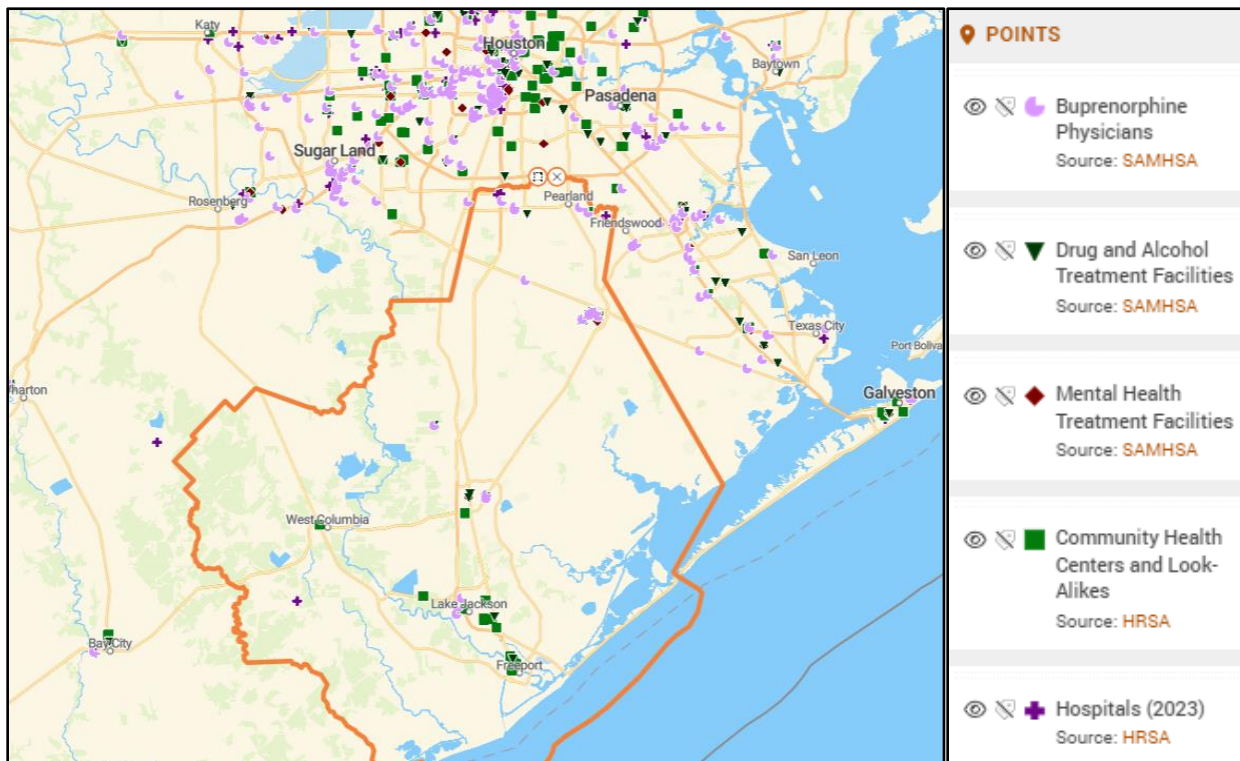
Further analysis of specific psychiatric subservices reveals that certain areas are growing faster than others. For example, other **psychiatric services, such as outpatient treatments and consultations, are expected to grow by 70.4% over the next five years, with a 102.9% increase over ten years.** This suggests a doubling of demand in those areas. Similarly, diagnostic interviews, essential for assessing new patients, are projected to increase by 23.3% over five years and by 48.1% over the next decade, reflecting the growing need for mental health evaluations.

Psychotherapy, both individual and group sessions, also shows considerable growth. Office-based psychotherapy is expected to increase by 30.8% over the next five years and by 51.2% over ten years, indicating that the demand for therapy will rise significantly. Group psychotherapy follows a similar pattern, with projected growth rates of 30.7% and 51.6% over five and ten years, respectively. However, family psychotherapy is expected to decline by 4.1% in the next five years and 7.5% over the next decade, suggesting a shift away from family-based therapy approaches in favor of individual or group therapy models.

Other specialized services, such as psychophysiological therapy and hypnotherapy, show moderate growth, while some niche treatments, like narcosynthesis and environmental intervention, are expected to see minimal increases or slight declines. Electroconvulsive therapy (ECT), a critical treatment for severe mental health conditions, is projected to grow by 19.5% over five years and 42.9% over ten years, indicating sustained demand for this type of intervention.

In totality, the data points to a substantial increase in psychiatric services, driven by rising demand for diagnostic interviews, psychotherapy, and other mental health treatments. As Brazoria County's population grows and the need for mental health care intensifies, the healthcare system will need to expand its capacity to meet this demand.

Current Dedicated Mental Health Resource Map



Most primary care and behavioral healthcare facilities in Brazoria County (Brazoria County is outlined in orange on the map) are concentrated around Alvin, Angleton, Clute, Pearland, and Freeport. Nearly half of the hospitals are located near Pearland along the county border, serving patients from adjacent counties, which further strains the availability of psychiatric beds. Pearland has one Community Health Center (Pearland Family Health Center) with another, Scottsdale Integrated Health Clinic, just outside the county. There are also three Community Health Center sites and a mobile clinic in Alvin, two in Angleton, and additional locations in Freeport, Clute, and Lake Jackson.

The county lacks sufficient mental health treatment facilities, with only two—Gulf Coast Center in Alvin and Lake Jackson CBOC—noted at the time of this report. However, some physicians, particularly in Alvin and Pearland, are authorized to administer buprenorphine. While a few mental health facilities are located just outside Brazoria County to the east and north toward Houston, accessing them can be challenging for residents, especially those in the more southern or western areas of the county.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs), often referred to as “community health centers,” include not only community health centers but also migrant health centers, health care for the homeless centers, and public housing health centers. In some cases, they are affiliated with counties or hospital systems. All FQHCs are nonprofit, community-based organizations or public entities that provide comprehensive primary and preventive

health care, along with related social services, to medically underserved individuals and families, regardless of their ability to pay. FQHCs are governed by a community board of directors, with at least 51% being users of the center's services.

Most FQHCs operate independently (not under a hospital's license) and serve a wide range of patients, including children, families, the elderly, Medicaid and Medicare recipients, low-income uninsured and underinsured individuals, high-risk populations, farm workers, and the homeless. They offer a variety of cost-effective primary and preventive medical services, as well as mental health, dental care, nutrition counseling, translation services, and community outreach. **By focusing on preventive care, FQHCs helps reduce the strain on hospital systems, alleviates the burden on local law enforcement dealing with mental health crises, and ultimately lowers costs for taxpayers.** Early intervention and ongoing care provided by FQHCs like Community Health Network help to prevent more severe and costly health issues, reducing emergency room visits and hospitalizations while improving overall community health.

In 2021, Brazoria County had a population of 402,092, with 21.2% considered low-income. Among these low-income residents, 27,374 were patients of FQHCs, meaning FQHCs served 33.2% of the low-income population and 6.8% of the county's total population in 2022.²¹

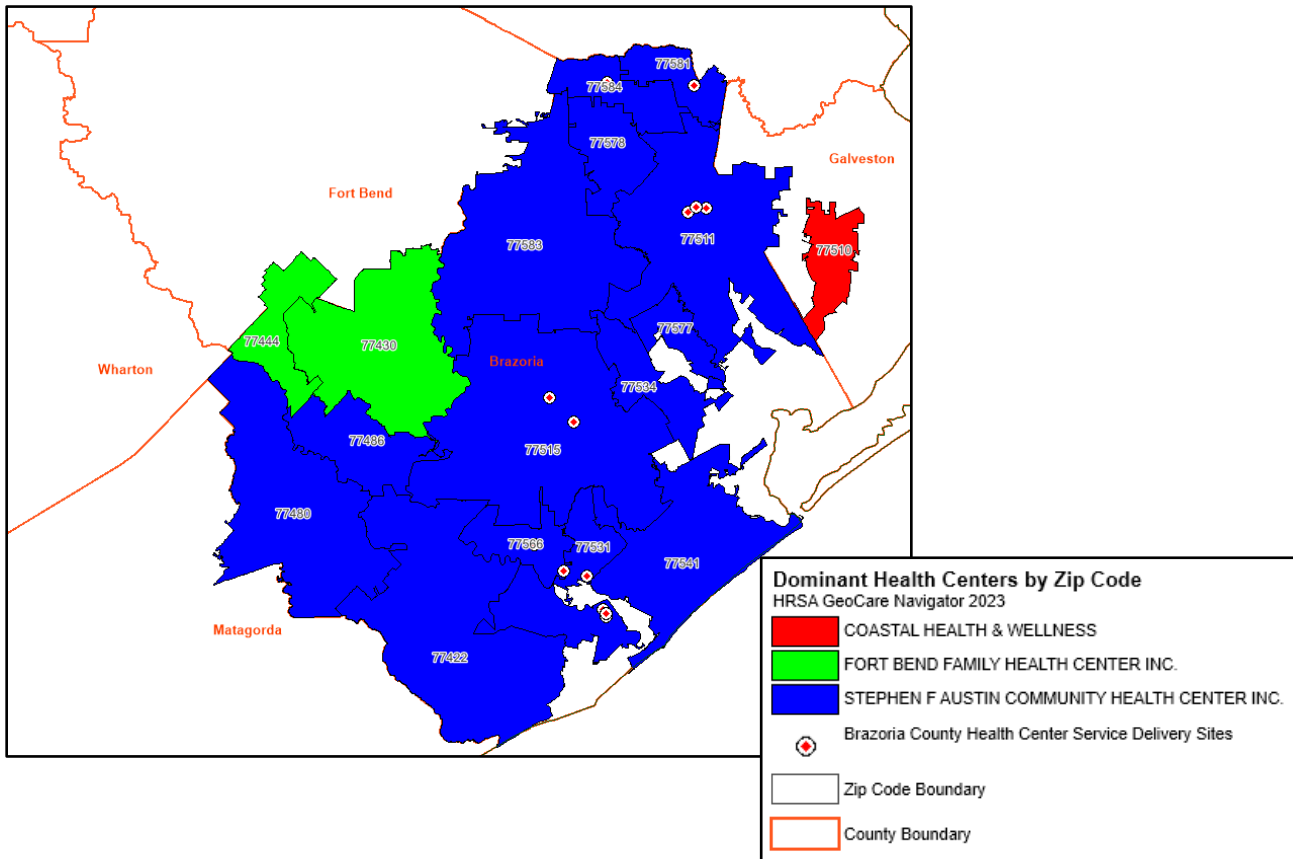
Health Centers Serving Brazoria County

Stephen F. Austin, operating as Community Health Network (CHN), is the only community health center with service delivery sites in Brazoria County. CHN offers a wide range of services, including pharmacy, primary care, pediatrics, women's and men's health, senior care, oral health, psychiatry, and therapy. It is the dominant health center in most Brazoria County zip codes, serving the largest number of low-income residents through its 14 locations in Freeport, Lake Jackson, Pearland, Pasadena, Angleton, Alvin, Houston, League City, Bacliff, and Clute. CHN provides a comprehensive approach to mental health services via MyCHN, where adult and child therapists and psychiatrists are readily accessible for both virtual and in-person appointments. The blue shading in the map below demonstrates the Brazoria County zip codes in which Stephen F. Austin is considered the "dominant" health center (i.e. has the greatest number of patients compared to other health centers serving a particular zip code).

Fort Bend Family Health Center is the leading health center in two zip codes (77430 and 77444), while **Coastal Health and Wellness** is the dominant health center in zip code 77515. Other FQHCs with a significant but not dominant market share of patients in Brazoria County include **Legacy Community Health Services** and the **Matagorda Episcopal Health Outreach Program**.

²¹ <https://geocarenavigator.hrsa.gov/>

Map: Dominant Health Centers in Brazoria County by Zip Code



Overview of Outpatient Services Among Low-Income Patients

Between 2022 and 2023, the primary health center in Brazoria County, Community Health Network (CHN), experienced significant patient growth of 17%, increasing from 34,440 patients in 2022 to 40,438 in 2023. In comparison, Texas health centers saw a patient increase of 1.3%, and national health centers saw an increase of 2.5% over the same period.

More than 95% of CHN patients fell below 200% of the Federal Poverty Line, compared to the state and national averages of 92% and 90%, respectively. Additionally, 81% of CHN patients fell below 100% of the Federal Poverty Line, approximately 11 percentage points higher than the state average.

In terms of insurance, the percentage of CHN patients who were uninsured in 2023 (42%) was 23% higher than Texas Federally Qualified Health Centers (FQHCs) at 34%. Conversely, the percentage of CHN patients with Medicaid (28%) was 29% lower than that of Texas FQHCs. This underscores the important role CHN plays in serving vulnerable and low-income populations in Brazoria County.

CHN also serves as a crucial mental health and substance use disorder service provider in the county. **The percentage of CHN patients accessing mental health services (20%) is more than double that of state and**

national FQHCs. Nearly 7% of patients accessed substance use disorder services in 2023, compared to less than 1% of state and national FQHC patients.

Lastly, 12% of CHN patients were homeless in 2023, compared to less than 5% of Texas and national patients. Additionally, 8% were agricultural workers or their families, compared to 1% in Texas and 3% nationally.

2023 Patient Profile ²²		Stephen F Austin (CHN) FQHC	Texas FQHCs	National FQHCs
Patients	Patients	40,438	1,788,356	31,277,341
	Patient Growth 2022-2023	17.4%	1.3%	2.5%
Race/Ethnicity	Non-Hispanic White	32.6%	22.9%	41.0%
	Asian	2.6%	2.1%	4.2%
	Native Haw. /Other Pacific Islander	0.8%	0.3%	0.9%
	Black	12.4%	14.9%	20.9%
	American Indian/Alaska Native	0.6%	0.7%	1.7%
	More Than One Race	3.9%	1.5%	3.1%
	<i>*Hispanic Ethnicity</i>	52.4%	62.1%	38.7%
Age	Children (Under 18 Years)	27.9%	36.9%	29.1%
	Adults (18 to 64 Years)	65.0%	54.5%	59.0%
	Older Adults (65 Years & Above)	7.1%	8.5%	11.9%
Federal Poverty Level (FPL)	200% of FPL	95.3%	92.1%	89.9%
	100% of FPL	80.7%	69.1%	67.3%
Insurance	Uninsured	41.7%	33.9%	17.9%
	Medicaid	27.8%	35.8%	50.4%
	Medicare	5.7%	7.3%	11.0%
	Third-Party	24.8%	23.1%	20.7%
Services (% of Patients)	Medical	72.8%	90.9%	85.0%
	Dental	26.9%	12.6%	20.4%
	Mental Health	20.0%	7.8%	8.9%
	Substance Use Disorder	6.6%	0.6%	0.9%
Special Populations	Best Served in a Lang. Other Than Eng.	2.0%*	34.0%	26.8%
	% Homeless Patients	12.1%	4.2%	4.6%
	% Agricultural Patients	7.7%	1.1%	3.2%
	% School-Based Patients	0.6%	1.7%	3.6%

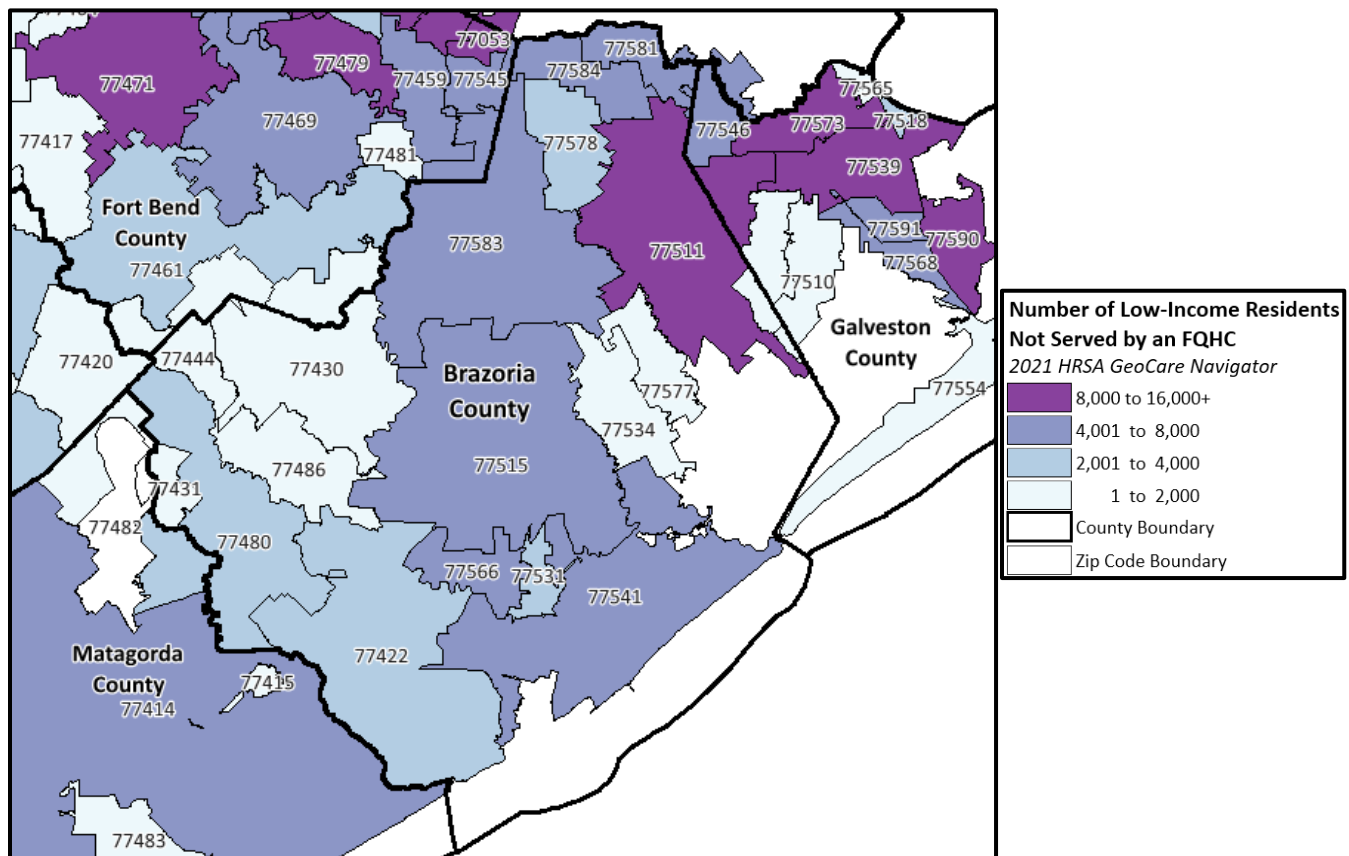
**Note: there appears to have been an error or change in how CHN reports the % of its patients Best Served in a Language other than English since historically this metric ranged from 19% to 27%.*

²² <https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS11255>

Number of Low-Income Residents Not Served by an FQHC Map

In addition to the FQHC market share of low-income residents, **a quick and often effective way to identify areas of need is by analyzing the number of low-income residents not currently served by an FQHC.** A larger unserved population indicates a greater market opportunity for expansion, particularly if there are few other accessible providers in the area.

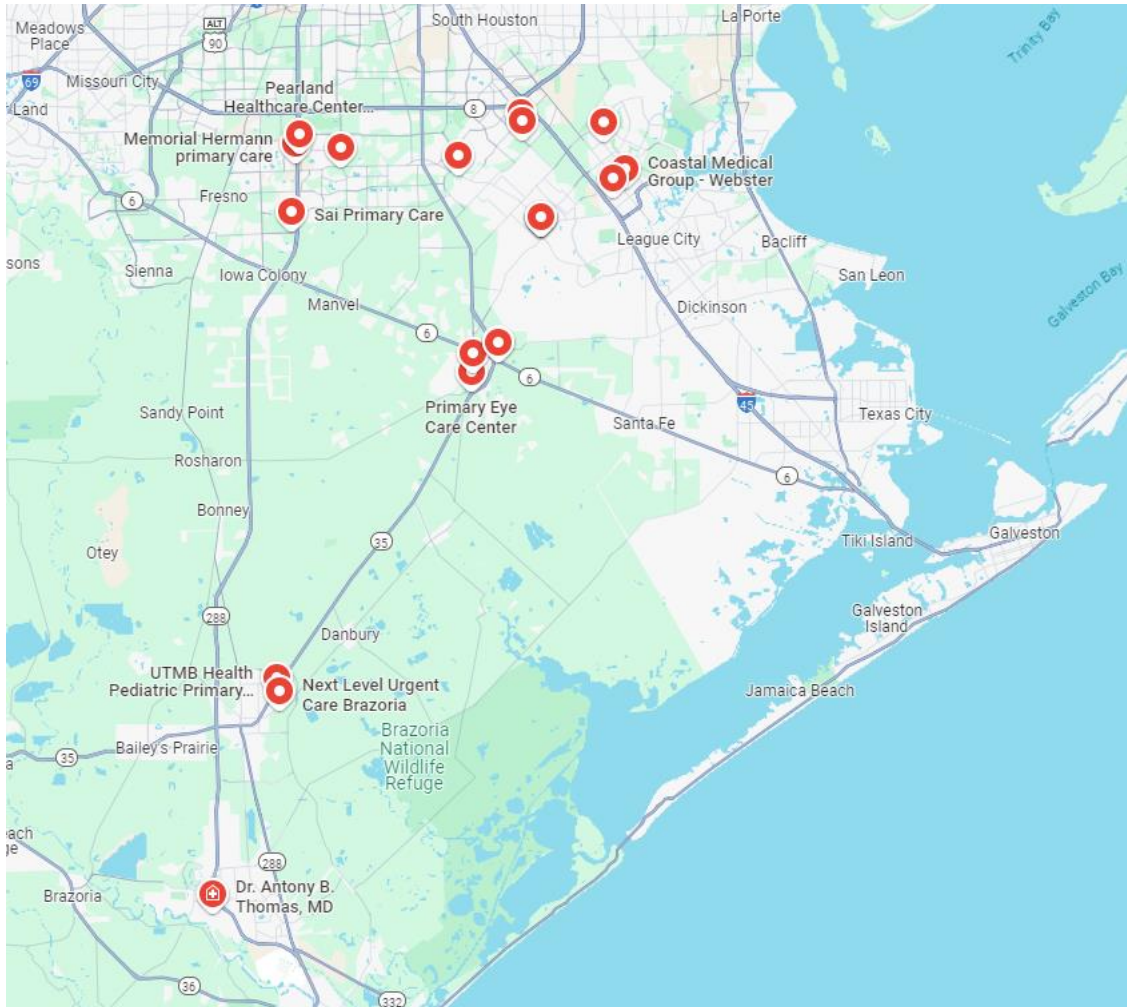
This map highlights the low-income population in Brazoria County, focusing on the unserved residents. As of 2022, over 55,100 low-income residents in Brazoria County were not being served by an FQHC. **The largest unserved population is in Zip Code 77511, with 8,290 low-income residents.** Zip Code 77584 follows, with 6,927 unserved low-income residents, and Zip Code 77515 has 5,480 unserved low-income residents.²³



²³ <https://geocarenavigator.hrsa.gov/>

Other Outpatient Service Providers

In addition to FQHCs, there are a variety of other outpatient facilities serving the Brazoria County area such as primary care clinics, urgent care clinics, retail based services, and ambulatory surgery centers.



One example of an outpatient service provider in Brazoria County is **Kelsey-Seybold Clinic**. Established in 1949, Kelsey-Seybold is the longest-standing Accountable Care Organization (ACO) in Houston and was the nation's first ACO accredited by the National Committee for Quality Assurance. With over 850 medical providers across 65 medical specialties, the clinic serves approximately 500,000 patients at 40 locations, serving not only Brazoria County, but the greater Houston metropolitan area.

Kelsey-Seybold offers state-of-the-art surgery centers and a nationally accredited Cancer Center, coordinating care with area hospitals to provide 24/7 access to medical services. The clinic system is a major healthcare provider for NASA and serves as a center for healthcare research.

In recent discussions with Kelsey-Seybold leadership, they highlighted the evolving needs of their patient population. Due to changes in patient needs, they have begun screening all patients for depression and suicide.

While they are maximizing their current resources, they acknowledge that the behavioral health (BH) needs are greater than what they can presently address. Instead of solely treating patients after incidents like attempted suicide, they aim to be proactive by addressing BH needs in environments where people feel safe. They also noted that many people are unaware of the signs of depression, indicating a need for increased education and awareness.

Another significant healthcare provider in the region is the **University of Texas Medical Branch (UTMB)**. UTMB includes hospitals and emergency departments across four campuses, employs 14,772 personnel as of fiscal year 2023, and generates \$3 billion in revenue. It operates more than 90 primary and specialty clinics serving Galveston and Brazoria Counties, the Bay Area, and Southeast Texas.²⁴

The Gulf Coast Center also plays a crucial role as a Certified Community Behavioral Health Clinic (CCBHC). In Texas, they refer to themselves as a "Community Center," a term with specific significance in the state. In 1965, the Texas legislature passed what is now known as the Texas Mental Health and Intellectual Disabilities Act. This legislation established a state agency to provide services for individuals with mental health and intellectual disabilities and created Community Centers to work in partnership with state and federal governments as an alternative to institutional care.

My Doctor Primary Care Clinic is also an important outpatient facility focused on providing comprehensive health and wellness care to Pearland patients and offering convenient and affordable direct-pay care. My Doctor Primary Care Clinic believes that direct-pay approach "reinstates the patient at the heart of healthcare, fostering a relationship built on trust, open communication, and personalized attention. With prompt access to care, transparent costs, and an unwavering focus on quality, a PCP operating under a direct payment model is poised to redefine the way we experience healthcare. As patients increasingly seek a more patient-centered and efficient healthcare journey, the direct payment model emerges as a beacon of empowerment and transformation".

Hospital Systems

Additionally, using Advisory’s Board Inpatient Market Scenario Planner, the table below estimates in-patient volume for both Psychiatry and Substance Use Disorder.

Table: Current and Projected In-Patient Psychiatry and Substance Use Volume

Subservice Line	2023 Volume Estimate	2028 Volume Forecast	2033 Volume Forecast	5 Yr Growth	10 Yr Growth
Psychiatry	1,909	2,023	2,030	6.0%	6.4%
Substance Abuse	967	1,110	1,275	14.7%	31.8%
Total	2,876	3,133	3,305	-	-

²⁴ <https://www.utmb.edu/facts/>

Annual Volume Estimates Based on 5 YR CAGR					
Subservice Line	5 YR Compound Annual Growth Rate (CAGR)	2024 Volume Estimate	2025 Volume Estimate	2026 Volume Estimate	2027 Volume Estimate
Psychiatry	1.17%	1,930	1,953	1,976	1,999
Substance Abuse	2.79%	994	1,021	1,050	1,079

Subservice Line	MS-DRG	2023 Volume Estimate	2028 Volume Forecast	2033 Volume Forecast	5 Yr Growth	10 Yr Growth
Psychiatry	880-ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	50	62	74	24.8%	47.8%
Psychiatry	881-DEPRESSIVE NEUROSES	159	177	191	10.9%	20.0%
Psychiatry	882-NEUROSES EXCEPT DEPRESSIVE	65	77	92	19.7%	43.1%
Psychiatry	883-DISORDERS OF PERSONALITY AND IMPULSE CONTROL	30	35	40	19.6%	35.6%
Psychiatry	884-ORGANIC DISTURBANCES AND INTELLECTUAL DISABILITY	58	80	107	37.4%	84.7%
Psychiatry	885-PSYCHOSES	1,513	1,562	1,496	3.2%	-1.1%
Psychiatry	886-BEHAVIORAL AND DEVELOPMENTAL DISORDERS	29	23	23	-18.1%	-20.7%
Psychiatry	887-OTHER MENTAL DISORDER DIAGNOSES	6	6	7	12.5%	22.9%
Substance Abuse	894-ALCOHOL, DRUG ABUSE OR DEPENDENCE, LEFT AMA	61	68	76	11.2%	24.5%
Substance Abuse	895-ALCOHOL, DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY	92	109	126	17.5%	35.9%
Substance Abuse	896-ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC	51	73	88	43.2%	73.0%
Substance Abuse	897-ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	464	540	643	16.4%	38.4%
Substance Abuse	917-POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	130	167	200	28.4%	53.9%
Substance Abuse	918-POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC	168	153	142	-9.2%	-15.8%

The demand for inpatient psychiatric and substance abuse services in Brazoria County is projected to grow significantly over the next decade. In 2023, the estimated volume for psychiatric services reached 1,909, with a forecast of 2,023 by 2028, reflecting a 6.0% growth over five years and a 6.4% increase by 2033. Substance abuse-related inpatient care is expected to experience even steeper growth, rising from 967 cases in 2023 to

1,110 by 2028, marking a 14.7% increase. By 2033, substance abuse cases are projected to climb to 1,275, a substantial **31.8% increase** over a decade.

Annual volume estimates, based on a 5-year compound annual growth rate (CAGR), further reinforce this upward trend. For psychiatry, the CAGR of 1.17% predicts a steady increase in cases, with estimates growing from 1,930 in 2024 to 1,999 by 2027. Substance abuse services, with a CAGR of 2.79%, are projected to rise from 994 cases in 2024 to 1,079 by 2027.

Specific psychiatric diagnoses will see varied growth patterns. For example, cases of acute adjustment reactions and psychosocial dysfunction (MS-DRG 880) are expected to grow by **24.8% over five years**, from 50 cases in 2023 to 62 by 2028, and by **47.8%** over ten years, reaching 74 cases by 2033. Other psychiatric diagnoses such as neurotic disorders, excluding depressive neurotic disorders (MS-DRG 882), are also expected to rise significantly, with a 19.7% increase in five years and 43.1% over a decade.

In the area of substance abuse, cases of drug or alcohol dependence without rehabilitation therapy but with major complications or comorbidities (MS-DRG 896) are forecast to grow by **43.2% over five years** and by a remarkable 73.0% over the next decade. Similarly, poisoning and toxic effects of drugs with major complications (MS-DRG 917) will see a significant 28.4% rise over five years and a **53.9% increase by 2033**.

Table: Hospital Beds in Brazoria County²⁵

Hospital Name	Hospital Type	Acute Beds	Psychiatric Beds
CHI St. Luke's Health - Brazosport	Other NFP	154	0
Encompass Health Rehabilitation Hospital of Pearland	Corporation	60	0
HCA Houston Healthcare Pearland	Partnership	53	0
Sweeny Community Hospital	Hosp District	20	0
**This information was retrieved from The County Information Program, Texas Association Counties. Last updated July 16, 2024			

Yet, despite the rapid increase in need, Brazoria County currently faces significant gaps in inpatient behavioral health services, particularly in the availability of psychiatric beds. **As of now, there are zero psychiatric inpatient beds available within the county**, underscoring a severe lack of resources for individuals experiencing acute mental health crises.

Hospitals Serving Brazoria County

St. Luke’s Health: St. Luke’s Health Brazosport Hospital, located in Lake Jackson, Texas, is a 154-bed facility with a Level III trauma center, advanced cardiac care, and a multidisciplinary cancer center. The hospital has over 100 board-certified physicians and nearly 600 skilled employees. The 2021 needs assessment²⁶ revealed a significant shortage of mental health providers and counselors, and although some progress has been made, the resources remain insufficient to meet the growing demand for behavioral health services in the community.

²⁵ <https://txcip.org/tac/census/hospitals.php?FIPS=48039>

²⁶ <https://www.stlukeshealth.org/content/dam/stlukeshealth/pdfs/St.-Luke%27s-Brazosport-Assesment-2021.pdf>

HCA Houston Pearland: HCA Houston Pearland is a 49-bed acute care hospital featuring a Level IV Trauma Center, an accredited Chest Pain Center with Primary PCI, and a certified Primary Stroke Center. As part of a larger system with 13 hospitals and over 15,000 medical professionals, Pearland’s emergency department sees a large number of mental health cases. Leadership highlighted that mental health affects all areas of care, with walk-ins often requiring outpatient services, while more critical cases, such as homicidal or suicidal patients, undergo telehealth evaluations before being transferred for further care. Behavioral health issues were also identified as the leading cause of workplace violence among staff.

Encompass Health: Encompass Health operates a 60-bed inpatient rehabilitation hospital specializing in neurological, orthopedic, spinal cord, and stroke rehabilitation. While the facility is Joint Commission accredited, it does not have a local needs assessment or community health report. Its role in community health is limited, as it primarily focuses on rehabilitation services. The broader impact report available for Encompass Health was too general to provide meaningful insights for the local population.

Sweeny Community Hospital: Sweeny Community Hospital, a critical access facility that opened in 1965, offers 11 acute inpatient beds and swing bed services. The hospital also provides various outpatient services, including physical therapy, diabetes management, wound care, and IV therapy. Despite the wide range of services, the hospital does not have a formal needs assessment report. Like Encompass Health, its impact on addressing broader community health needs is relatively minimal.

Memorial Hermann Pearland Hospital: Memorial Hermann Pearland is a 64-bed facility, part of the larger Memorial Hermann system, which includes over 6,600 affiliated physicians and 17 hospitals across Greater Houston. The hospital, which opened in 2016, plans to expand to 128 beds in the next five years. Although Memorial Hermann’s 2023 Community Benefits Plan included mental health crisis clinics, none are located in Brazoria County. These clinics serve as a safety net for crisis intervention, but there remains a lack of continuous outpatient mental health services in the local area.

Two of the main barriers to accessing mental health services in Brazoria County are the persistent stigma surrounding mental health issues and limited access to care. Despite these challenges, recent efforts to train law enforcement officers to recognize and address mental health crises have shown positive results. Crisis intervention and stabilization services are available, along with referrals for long-term mental health care, however, the capacity for inpatient treatment remains critically low.

The data paints a clear picture: without significant investment in inpatient mental health infrastructure and provider recruitment, the county will continue to struggle to meet the needs of its residents.

Nursing Facilities

Brazoria County is home to several nursing facilities, with most located around Pearland and the Clute/Lake Jackson area. One prominent provider is **Cantex Continuing Care**, which has been in business since 1978. Cantex offers post-acute services through a network of skilled nursing facilities, home health agencies, and hospices across central and eastern Texas. In Brazoria County, Cantex operates facilities in **Pearland** and **Alvin**.

Currently, Cantex facilities do not admit patients with mental health diagnoses, as they lack the staff and training to handle such cases. However, Cantex experts have indicated that with the right partnership and triage support, they could potentially care for patients with co-diagnoses, such as **bipolar disorder and Alzheimer's disease**, provided the patient is not in a mental health crisis.

Despite these services, **resources for seniors in Brazoria County** remain limited, particularly for mental health care. Mental health is often a taboo subject among seniors, who may keep their struggles private until it's too late. As a result, Brazoria County has one of the **highest rates of senior suicide**, highlighting the urgent need for improved mental health resources and support for this vulnerable population, as noted in a recent Brazosport needs assessment.

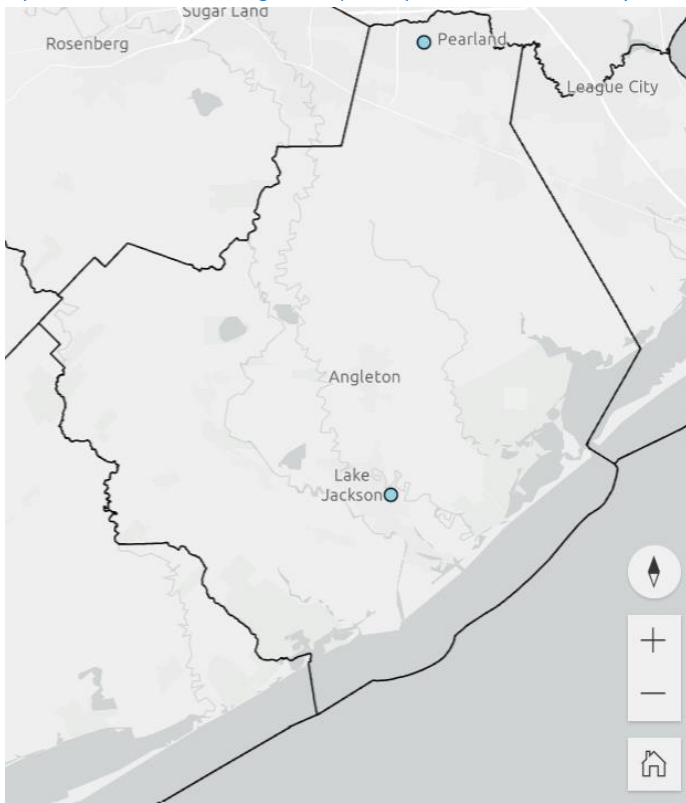
Drug and Alcohol Treatment Facilities

Opioid treatment programs (OTPs) are among the most effective approaches for addressing opioid use disorder (OUD). These programs significantly improve patient retention by offering tailored medication-assisted treatment (MAT) using methadone, buprenorphine, or naltrexone. In the United States context, they boast retention rates of up to 74% over six months, as supported by numerous studies. Keeping patients engaged in treatment reduces the likelihood of fatal overdoses, which is critical given that Brazoria County is facing 45 deaths a year from opioids. OTPs offer a long-term solution that not only saves lives but also reduces the economic impact of OUD. The cost of opioid addiction to the U.S. economy exceeds \$1 trillion annually, and OTPs help mitigate these costs in Brazoria County specifically by lowering healthcare expenses, reducing emergency room visits, and decreasing the societal burden of untreated addiction.

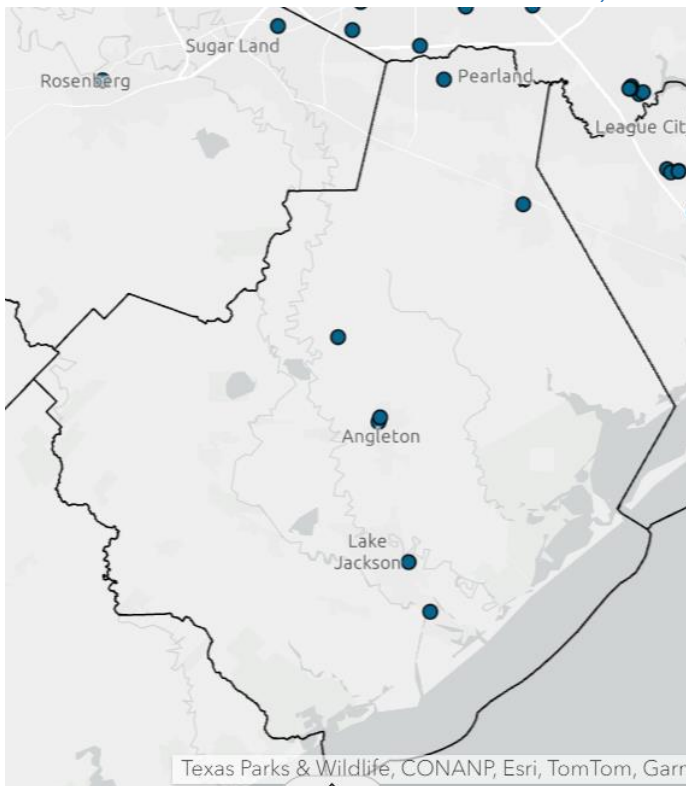
Current evidence-based practices for treating alcohol addiction focus on a combination of behavioral therapies, medications, and support systems, tailored to the needs of the individual. Cognitive Behavioral Therapy (CBT) is commonly used to help individuals identify and change thought patterns that lead to alcohol use, while Motivational Enhancement Therapy (MET) increases a person's motivation to change their drinking behavior by focusing on the benefits of recovery. Contingency management also plays a role by reinforcing positive behaviors, such as abstaining from alcohol, with rewards. Medications are another essential component of treatment. Naltrexone reduces alcohol cravings and blocks the brain's opioid receptors to diminish the pleasurable effects of drinking. Acamprosate helps restore brain chemistry disrupted by alcohol use, supporting long-term abstinence, while Disulfiram acts as a deterrent by causing unpleasant reactions when alcohol is consumed. For individuals who have relapsed or struggle with cravings, Medication-Assisted Treatment (MAT), which combines medications with behavioral therapies, has shown to be highly effective. Support systems, including peer groups, family therapy, and integrated treatment for co-occurring mental health disorders, further enhance the recovery process. Digital tools, such as telehealth and online counseling platforms, are also increasingly used to make these therapies more accessible and support long-term success. By combining these various approaches, individuals are more likely to achieve and maintain sobriety.

Unfortunately, there are currently only seven SAMHSA accredited Substance Use Facilities, three SAMHSA accredited Mental Health Facilities, and two OTPs in Brazoria County, underscoring the difficulties of receiving care. Legislative action to both fund these facilities and streamline the regulatory process would improve access to care.

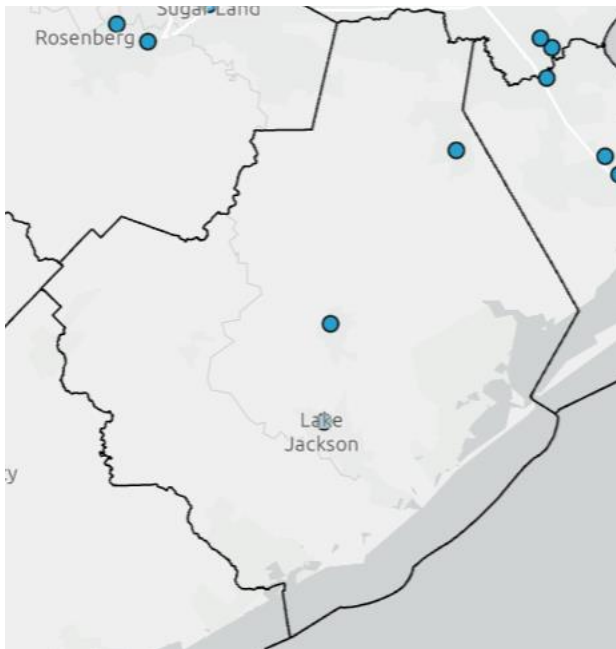
Opioid Treatment Programs (OTPs) in Brazoria County



SAMHSA Substance Use Facilities in Brazoria County



SAMHSA Mental Health Facilities in Brazoria County



Mental Health and Substance Use in Educational Institutions

Brazoria County is home to eight independent school districts (ISDs). The largest is **Alvin ISD**, serving 28,085 students, followed by **Pearland ISD** with 21,007 students. The other districts include **Brazosport ISD** (11,478 students), **Angleton ISD** (6,763 students), **Columbia-Brazoria ISD** (2,919 students), **Sweeny ISD** (1,853 students), **Danbury ISD** (774 students), and **Damon ISD** (116 students).²⁷ Additionally, the county hosts eight private schools.

To better understand the mental health impacts on students, **Capital Link** consulted with representatives from the two largest school districts, Alvin and Pearland ISDs. Both districts have **Guidance and Counseling departments** staffed school counselors. They regularly provide resources and tools on topics such as suicide prevention, bullying, crisis response, dating abuse, and support for victims of crime.

The **Pearland School District** shared annual data on student visits to guidance counselors across its 24 schools, encompassing elementary, middle, and high schools. During the **2023/2024 academic year**, Pearland ISD's Guidance and Counseling department reported a total of:

- **299 visits** that addressed depression.
- **427 visits** were related to self-harm.
- **686 visits** involved discussions of suicidal ideation.
- **23 visits** were concerning suicide attempts.

²⁷ <https://www.har.com/school/list/county/brazoria-county>

While some inconsistencies in the data may exist—likely due to variations in how school counselors record visit reasons—the number of visits addressing self-harm and suicide attempts has consistently been around **1,200** over the past three school years. This consistent figure highlights a significant need for additional youth support services within the community.²⁸

Visit Reasons	2021-2022 SY	2022-23 SY	2023-24 SY
	No. Visits	No. Visits	No. Visits
Depression	914	563	299
Self Harm	429	470	427
Suicidal Ideation	819	747	686
Suicide Attempt	67	111	23
Bullying/Cyber Bullying	8,239	1,990	308
Substance Abuse	3,121	69	62

In addition to the documented data outlined above, Capital Link gathered qualitative information related to mental health among school-aged youth in Brazoria County:

For many children, **school is their safe place**, where they can depend on adults who truly care for them. When students are at home and isolated, they often suffer more from mental health issues. With multiple societal issues affecting students, from drug use, bullying/cyberbullying, to depression and self-harm, it is important to have dedicated counselors who can help youth in vulnerable situations. One often overlooked area of concern is physical dating and sexual dating violence. **8.3%** of Texas high-schoolers report experiencing **physical dating violence**, and **15.4%** reported **sexual dating violence**. This area deserves special attention from both school and medical authorities, as well as law enforcement.

Dating Violence, in the Past 12 Months, 9th - 12th Grade Youth

	Physical Dating Violence	Sexual Dating Violence
Texas	8.3%	15.4%

Source: Texas Youth Risk Behavior Survey (YRBS), 2019. <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

The shift to **virtual schooling** has further isolated students and put them at risk. This isolation has led to an increase in suicide and suicide threats, exacerbated by a lack of inpatient beds for treatment. The situation is worse for those without insurance. Many people are forced to seek help outside the county in the Harris County system, which is already overburdened. Individuals often wait for days in emergency departments and are typically discharged quickly with a prescription they may not be able to afford. Even when admitted, stays are usually limited to up to three days before they are released back into the community.

Law enforcement officers believe that mental health incidents are on the rise due to drug use and cultural shifts influenced by social media, which has helped remove the stigma around mental health. Younger generations are not afraid to admit they are struggling and to seek help. However, social media can also be a triggering factor among the younger population.

²⁸ Pearland ISD 2023-24 School Year Guidance Visit Data

The Impact of Mental Health and Substance Use Cases on Brazoria County Emergency Services/First Responders

Brazoria County Emergency Services comprise **Emergency Medical Services (EMS)**, **Fire Departments (FD)**, **Police Departments (PD)**, **Emergency Management**, and **911 services**. Both the FD and PD provide services at the county and local levels. The **Marshal's Office** (FD) and the **Sheriff's Office** (PD) offer higher-level support across the county, while local services include city fire departments in Pearland, Lake Jackson, Angleton, and Freeport, as well as small city or community fire departments.

The **Brazoria County Office of Emergency Management** coordinates disaster preparedness, response, and recovery, handling all major incidents and emergencies. **Brazoria County 911** manages emergency calls and dispatches the appropriate emergency services. EMS services operate at both the county level and through local ambulance services.

Police Departments

Police departments across Brazoria County play a crucial role in responding to mental health-related incidents and connecting individuals to treatment when necessary, such as transporting them to hospitals or mental health facilities. The Pearland Police Department offers various mental health training programs, including a mental health officer proficiency certificate, which are available to officers statewide at no cost. These courses equip officers with the skills to handle individuals in crisis or experiencing mental health distress. Additionally, the former Pearland Police Chief mandated that all officers complete mental health response training, an innovative program that has received an enthusiastic reception from both officers and the community.

Like many police departments, officers in Brazoria County frequently deal with drug-related incidents. Over the past 365 days—from September 2023 to September 2024—in Pearland, crimes related to drugs were the third highest category, totaling 520 incidents. This was behind theft/shoplifting, which had 850 incidents, and assault, which had 786 incidents.

Graph: Crime Incidents in Pearland, September 2023-September 2024



One of the main challenges police officers face in Brazoria County is the lack of access to adequate mental health care. A representative from the Pearland Police Department noted that when a person is in crisis, officers typically take them to local hospitals. However, **due to a shortage of available beds, officers often have to travel long distances** to find an open facility. Additionally, because Pearland is located on city lines, officers from neighboring areas sometimes use Pearland hospitals for mental health drop-offs. In some cases, individuals are released almost immediately—officers have reported seeing the same person walk out of the hospital while they are still in their cruisers completing paperwork.

The bed shortage is particularly challenging for uninsured individuals. While there are private facilities in the county that can treat patients in mental health crises, they often do not accept uninsured or Medicaid patients. Although officers typically avoid getting involved in a person's insurance details, the issue arises when they are called to a scene and the individual needs care but hasn't committed a crime (and therefore doesn't qualify for a detention order). In these situations, officers can spend hours assisting families in finding care.

“Sometimes calls can take hours because people need to come down out of psychosis - not like regular 911 calls for service”.

Another challenge officers face is properly classifying 911 calls and incidents. Since first responders are not equipped to diagnose whether a person is under the influence, experiencing a mental health episode, or facing another issue, they often rely on bystanders to provide context. Typically, these scenarios are recorded as "welfare concerns" and are not categorized as mental health issues unless an officer revisits the record to update the notes. Additionally, many 911 "hang-up" calls are related to mental health concerns.

According to anecdotal evidence from the Pearland Police Department’s Wellness Coordinator, approximately 1 in 10 calls involve mental health incidents, and of those, 1 in 3 results in the person being transported to a mental health facility. Officers believe mental health-related incidents are increasing, partly due to drug use and changing social attitudes, which have reduced the stigma around mental health. Younger generations, in

particular, are more open about seeking help when they are struggling. However, social media can also act as a triggering factor, especially among younger people.

The officer Capital Link spoke with emphasized the need for both short-term hospital beds and a larger facility dedicated to long-term mental health care. While hospitals are helpful, they are not specifically designed to function as psychiatric facilities.

Emergency Medical Services

Mental health-related emergencies are placing a significant strain on EMS services in Brazoria County. Recent data indicates that over a specified period, there were **664 EMS calls** related to mental health issues for the city of **Pearland alone, not including the rest of Brazoria County.**

Table: EMT Calls Related to Mental Health in Pearland, Jan 2022 through Dec 2023

Labels	Count of Primary Impression
Anxiety reaction/Emotional upset	181
Behavioral/psychiatric episode	124
Depression	14
General psychiatric exam, requested by authority	6
Mental disorder	15
Other personality disorder	1
Suicidal Ideation	10
Suicide attempt	26
Unspecified behavioral syndromes associated with physiological disturbances and physical factors	287
Grand Total	664

These numbers highlight a growing demand for mental health crisis intervention. **EMS personnel often find themselves with limited options**, as there are insufficient facilities or resources to adequately address mental health emergencies. Consequently, individuals in crisis may not receive the specialized care they need, leading to repeated calls for assistance.

In Brazoria County, addressing behavioral health crises through EMS services presents several challenges, particularly due to the current payment structure, which requires EMS to transport patients to the emergency room to receive compensation.

According to local experts, when EMS responds to a call involving a patient with potential behavioral health needs, one of three scenarios typically occurs:

1. **Cooperative Patient:** A call to 911 is made, the patient is cooperative and agrees to treatment. They are transported to the ER, where they are ideally connected to psychiatric or behavioral health services.
2. **Uncooperative Patient in Crisis:** A call to 911 is made but, the patient is not cooperative and is experiencing a behavioral health crisis. In these cases, the police are called, and officers trained in

Emergency Detention Orders (EDO) can detain the patient and take them to the ER for a **72-hour hold**. However, there are no inpatient psychiatric beds available in Brazoria County, and transferring patients to appropriate facilities is a significant challenge.

3. **Uncooperative Patient Not Qualifying for EDO:** A call to 911 is made, the patient is uncooperative but does not qualify for an EDO. This is the most difficult situation to manage, as there are limited resources available, such as an on-call physician. Unfortunately, these patients may not receive the care they need.

As previously shown, these mental health-related incidents are **expected to continue increasing**, further burdening EMS services. While the county has initiated programs to assist with this challenge, such as training all PD officers on EDO, it is necessary to further expand this training to cover topics such as trauma-informed de-escalation training. The rising trend underscores an urgent need for enhanced mental health infrastructure and support services in Brazoria County. Investing in specialized care facilities and trained mental health professionals could alleviate pressure on emergency services and provide more effective support for individuals experiencing mental health crises.

This situation not only **consumes valuable EMS resources** but also extends to police and hospital services, diverting them from other critical emergencies. The repetitive nature of these calls without proper resolution exacerbates the strain on the entire emergency response system.

Experts emphasize the importance of securing **long-term funding** to address these issues, cautioning against over-reliance on EMS services. Many of these cases could be more effectively managed in other healthcare settings, reducing the strain on emergency responders.

Other Mental Health Partner Agencies/Resources

In addition to the mental health services previously mentioned, Brazoria County offers several other support agencies and resources:

- [**Youth & Family Counseling Services \(YFCS\)**](#): A counseling agency that employs therapists, social workers, and case managers focused on preventing child abuse, neglect, and delinquency across Brazoria, Wharton, and Matagorda Counties. YFCS partners with Pearland ISD to provide in-person therapy for students.
- [**Texas Child Health Access Through Telemedicine \(TCHATT\)**](#): Provides telemedicine programs to school districts, offering free therapy for up to five sessions and annual training for Pearland ISD counselors to refer students through an online portal.
- [**Bay Area Council on Drugs and Alcohol \(BACODA\)**](#): A non-profit that provides education, prevention, intervention, and recovery services for substance use disorders in Brazoria and surrounding counties.
- [**Gulf Coast Center**](#): Operates 11 sites offering mental and behavioral health services, including a 24-hour crisis hotline, psychotropic medication, group therapy, and dual diagnosis treatment. The center serves a wide range of patients, including seniors, adults, young adults, and those referred from the judicial system. It also provides housing services, chronic illness management, and telemedicine.
- [**Counseling Connections for Change**](#): A faith-based non-profit offering remote services with licensed therapists and a sliding scale payment option. The organization is working on a facility rehabilitation project in Pearland. The organization offers telehealth options, serves a diverse range of clients and has a program to supervisor clinical interns. Addressing the shortage of mental health professionals in the community is a key area of focus.
- [**Community Health Network Callaway Center**](#): A Federally Qualified Health Center providing telemedicine, outpatient treatment, and dual diagnosis disorder treatment. The center supports a diverse range of clients, including military families, LGBT individuals, and court-referred patients.
- [**Shiloh Treatment Center**](#): A mental health facility offering residential treatment, partial hospitalization, behavior modification, and group therapy for children and adolescents. Shiloh specializes in treating PTSD, traumatic brain injury, and serious emotional disturbances.
- [**Sweeny Community Hospital Senior Horizons/Counseling Associates**](#): A mental health clinic providing outpatient, telehealth, and partial hospitalization services. It offers individual and group therapy, with a focus on seniors, adolescents, and young adults.
- [**Institutions Recovery & Wellness Center**](#): An outpatient clinic that specializes in helping individuals, couples, and families with complex issues like substance use and disordered eating.

These organizations play a key role in addressing the diverse mental health needs of Brazoria County residents.

Addressing the Behavioral Health Crisis: Strategic Solutions and Key Recommendations

This analysis has explored how behavioral health needs in both Texas and the nationally are escalating at an unprecedented rate, with projections indicating a significant increase over the next decade. Brazoria County, Texas, is particularly vulnerable due to its lack of psychiatric beds and limited mental health resources. **The pressing need for an inpatient crisis center is evident but addressing the behavioral health crisis requires a comprehensive approach that includes community-based interventions.** This analysis explores the current state of behavioral health needs in Brazoria County, examines expert recommendations on psychiatric bed requirements, and discusses both inpatient and community-based solutions to mitigate the rising behavioral health challenges.

Key Finding: The Need for an Inpatient Psychiatric Crisis Center in Brazoria County

Brazoria County faces a critical shortage of psychiatric beds, a situation that hampers the ability to provide adequate care for individuals experiencing mental health crises. According to the Treatment Advocacy Center (TAC), an organization founded in 1998 by Dr. E. Fuller Torrey with support from the Stanley Family Foundation, the **minimum recommended number of psychiatric beds is 30 per 100,000 population**, with an **optimal number being 60 per 100,000**. For Brazoria County's 2023 population, this translates to a need for **115 to 231 psychiatric beds**. Currently, the county falls significantly short of this benchmark, exacerbating the strain on existing healthcare facilities and leaving many individuals without the necessary care.





An international panel of 65 mental health experts has also emphasized the critical shortage of psychiatric beds globally. Their consensus aligns with TAC's recommendations, underscoring that a minimum of 30 beds per 100,000 population is essential to maintain community health, with 60 beds per 100,000 being optimal. In Brazoria County, with a population nearing 400,000, this requires a minimum of 120 beds with an optimal number of 240. This is clearly an ideal, however, and actual numbers will depend on resource allocation.

Expert Recommendations and National Trends

The American Hospital Association (AHA), a national organization representing hospitals and healthcare networks, conducted interviews between December 2019 and January 2020 with senior healthcare and community leaders across the United States. All participants reported facing significant challenges in meeting the behavioral health needs in their regions. The AHA's findings indicate a nationwide struggle to provide adequate mental health services, reinforcing the necessity for both inpatient facilities and community-based interventions.

AHA's Behavioral Health Strategic Priorities | 2024

In spring 2020, the AHA identified three strategic priorities — Relief, Recovery and Rebuilding — to start planning for what health care should look like in a post-pandemic world. To further unify its strategic efforts, the AHA also established three strategic focus areas, which include workforce, health equity and behavioral health. Below you will find the goals for the behavioral health strategic priority.

 <p>Integration</p> <p>Increase hospitals and health systems' integration of physical and behavioral health services in acute inpatient, emergency department, and primary care.</p>	 <p>Community Partnerships</p> <p>Further initiatives by hospitals and health systems, community partners, social service agencies, and others to expand access to a continuum of behavioral health services in a region.</p>	 <p>Stigma Reduction</p> <p>Reduce stigma and deaths of despair, while addressing the unique stigmas of specific age groups, cultures and other demographics.</p>	 <p>Suicide Prevention</p> <p>Prevent suicide through behavioral health initiatives, awareness and intervention.</p>
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Since 2017, 37 behavioral health hospitals have been added across the country, and from 2020 to 2021, there was notable growth in behavioral health consultation services in acute inpatient care, emergency services, extended care, and primary care sectors. Despite these additions, many regions, including Brazoria County, continue to face shortages in mental health resources.

In early 2024, Becker's Hospital Review named 36 hospitals and health systems with exemplary psychiatry and mental health programs. Notably, five of these institutions are located in Texas, accounting for 14% of the list:

4. **Baylor Scott and White Health (Dallas):** Offers outpatient services, including individual, group, couples, family, cognitive therapy, and telepsychiatry, as well as inpatient treatment.

5. **Christus Health (Irving):** Provides several behavioral and mental health programs catering to children and adolescents, inpatient services for adults, and a geriatric program addressing issues related to aging, grief, loss, and life transitions.
6. **Covenant Children’s Hospital (Lubbock):** Opened a pediatric relational health center in 2023 for outpatient, intensive outpatient, and partial hospitalization programs for children and adolescents.
7. **Medical City Healthcare, North Texas Division of HCA Healthcare (Dallas):** Employs approximately 630 psychiatric professionals, operates a 124-bed inpatient psychiatric facility, offers outpatient services and intensive care programs, and is scheduled to open a \$50 million mental health and wellness center in 2024.
8. **Texas Children’s Hospital (Houston):** Focuses on early intervention to address behavioral health issues, aiming to avoid inpatient visits through intensive outpatient services and a mobile behavioral health unit.

According to Gordian's RSMeans Online Building Models, new hospital construction costs have increased by 15% since 2019. The table below outlines the cost per square foot for a 3-story general hospital building.²⁹

Location	2019	2020	2021	2022	2023
National Average	\$362.69	\$371.48	\$382.12	\$400.11	\$419.18
New York, NY	\$484.88	\$494.19	\$506.94	\$523.11	\$540.45
Chicago, IL	\$436.50	\$444.21	\$456.40	\$474.03	\$494.76
Boston, MA	\$414.67	\$427.46	\$433.44	\$454.36	\$479.38
Los Angeles, CA	\$409.55	\$419.04	\$430.83	\$452.05	\$475.20
Ann Arbor, MI	\$362.97	\$369.02	\$382.83	\$396.83	\$409.43
Omaha, NE	\$330.20	\$340.43	\$352.74	\$363.59	\$383.59
Denver, CO	\$323.44	\$333.80	\$345.51	\$362.23	\$378.97
Atlanta, GA	\$322.76	\$329.05	\$342.71	\$359.46	\$375.52
Phoenix, AR	\$320.55	\$327.81	\$332.73	\$351.97	\$373.71
Houston, TX	\$312.00	\$320.44	\$329.72	\$341.67	\$357.30

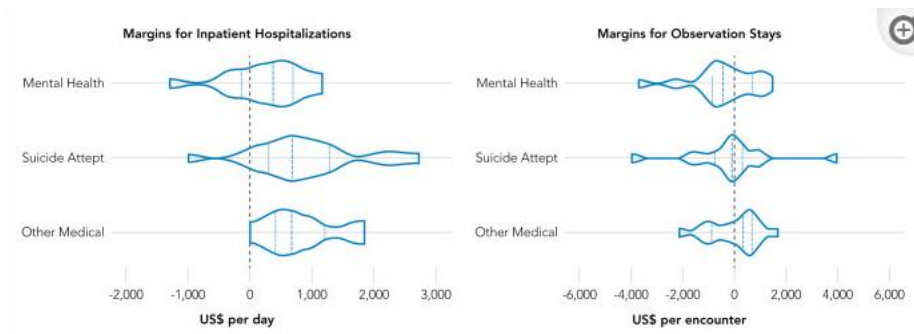
Please note: Square foot models are used for planning and budgeting and are not meant for detailed estimates.

A 2020 study³⁰ examined the costs and reimbursements for mental health hospitalizations across 17 children's hospitals. The researchers found that financial margins were lower for mental health cases, including suicide attempts, resulting in a combined loss of over \$26 million. Additionally, the study revealed that hospitals saw

²⁹ <https://www.bdcnetwork.com/healthcare-construction-costs-2023>

³⁰ Herndon AC, Williams D, Hall M, Gay JC, Browning W, Kreth H, Plemmons G, Morgan K, Neeley M, Ngo ML, Clewner-Newman L, Dalton E, Griffith H, Crook T, Doupnik SK. Costs and Reimbursements for Mental Health Hospitalizations at Children's Hospitals. *J Hosp Med.* 2020 Dec;15(12):727-730. doi: 10.12788/jhm.3411. PMID: 32496188; PMCID: PMC8034672. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8034672/>

better margins for inpatient stays compared to observation status, largely due to health insurance reimbursement practices.



Tackling Brazoria County's Mental Health Crisis: Bold Solutions for a Growing Problem

Brazoria County is experiencing increasing behavioral health challenges, requiring a strong and efficient response to protect the community and address these concerns. This section presents key strategies and recommendations aimed at safeguarding families while ensuring responsible use of taxpayer dollars.

1. Build an Inpatient Crisis Center – Invest in Practical Solutions

A centralized inpatient crisis center in Brazoria County would provide essential care for severe mental health emergencies. With an undersupply of psychiatric beds—experts recommend **115 to 231 beds** for the county—there's a pressing need for balanced resource allocation between medical and behavioral health services. Addressing mental health now will help prevent long-term, costly issues.

2. Expand Outpatient Services and Strengthen Local Clinics – Provide Efficient, Community-Based Care

Strengthening outpatient programs allows people to receive treatment locally, avoiding the high costs of hospitalization. Clinics like Stephen F. Austin Health Center, Fort Bend Family Health Center, and Gulf Coast Center are key resources but need additional support to meet rising demand. Better coordination between inpatient and outpatient care will reduce readmissions and lower costs. Hiring local workers, such as Community Health Workers (CHWs) and Registered Nurses (RNs), can create jobs and keep care within the community.

3. Enhance School-Based Mental Health Programs

Record levels of anxiety and depression among children are leading to troubling consequences, including 1,200 annual school visits for suicide and self-harm. **Expanding school-based mental health services** can identify issues early, improve student outcomes, and reduce long-term healthcare costs.

4. Increase Community Awareness

Many people are unaware of how to recognize mental health challenges. Programs like Mental Health First Aid can empower individuals to identify and address mental health and substance use issues early, reducing stigma and reliance on emergency care.

5. Develop a Mobile Crisis Response Program – Relieve Law Enforcement

A mobile crisis response team composed of trained mental health professionals can handle non-criminal emergencies, allowing law enforcement to focus on public safety. Such a program could integrate with local FQHCs, Gulf Coast Center, or Kelsey-Seybold's Mobile Health Program to provide timely, appropriate care for individuals in crisis.

6. Boost Substance Use Disorder (SUD) Services – Address Addiction

With only two Opioid Treatment Programs (OTPs) in Brazoria County, the growing opioid crisis and increasing alcohol use require expanded SUD services. Enhancing these programs will reduce strain on emergency services and prevent addiction from causing further harm to the community.

7. Leverage Technology – Modernize Mental Health Care

Innovative technologies, such as AI tools and coordinated care systems, can extend the reach of mental health services and maximize efficiency. Investing in technology will improve care delivery while lowering costs.

Conclusion

Brazoria County is facing a growing mental health crisis that demands immediate, decisive action. By establishing an inpatient crisis center and expanding community-based, cost-effective solutions—including outpatient care, school programs, mobile crisis teams, and technology—Brazoria County can protect its residents, save taxpayer dollars, and ensure families receive the support they need.