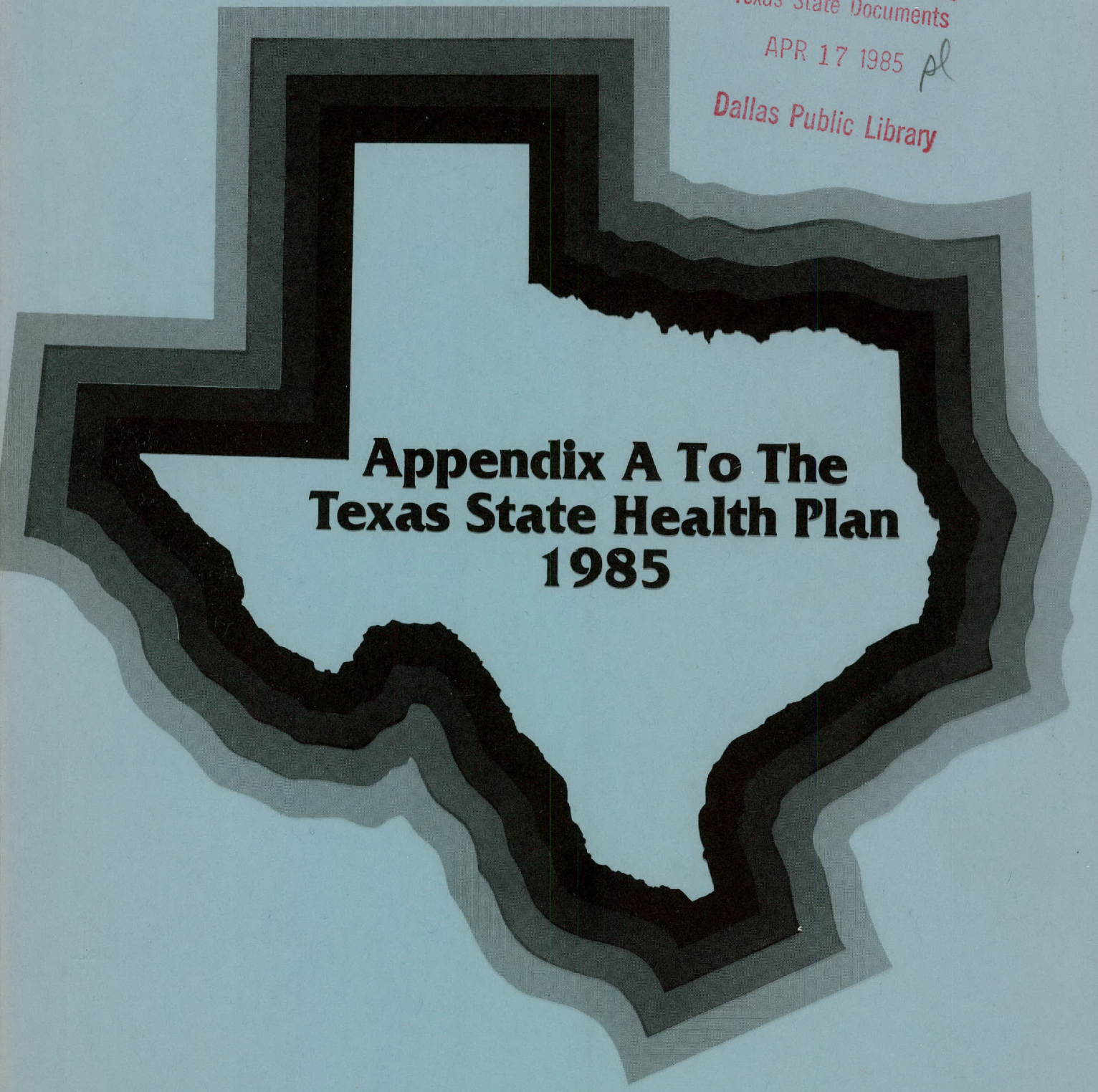
Texas Statewide Health Coordinating Council



Appendix A To The Texas State Health Plan 1985

APPENDIX A

LISTING OF ANNEXES

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CHAPTER 4:	HEALTH PROMOTION - HEALTH EDUCATION	Buff
CHAPTER 5:	TEENAGE FAMILY PLANNING (PREVENTION, DETECTION AND REFERRAL)	Green
CHAPTER 6:	SUBCHAPTER I - AMBULATORY CARE AND EMS	Yellow
	SUBCHAPTER II - SHORT TERM INSTITUTIONAL CARE	Pink
	SUBCHAPTER III - LONG TERM INSTITUTIONAL CARE AND ALTERNATIVES	Goldenrod
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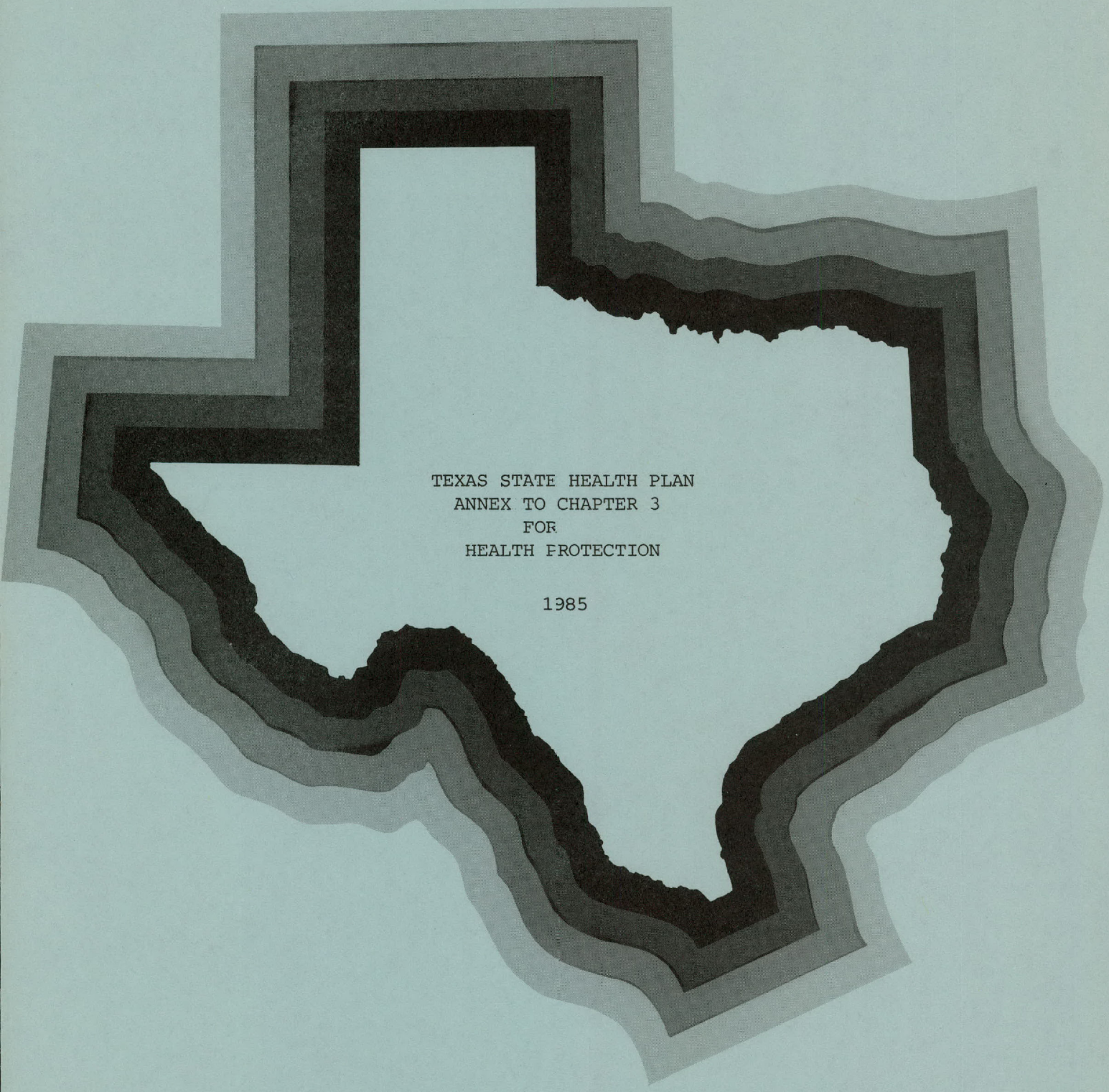
Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 3
FOR
HEALTH PROTECTION

1985

EXHIBITS

EXHIBIT 1

ORGANIZATIONS CONTACTED FOR HEALTH PROTECTION

Texas Environmental Coalition
Texas Pesticide Project
Texas Restaurant Association
Anti-Hunger Coalition of Texas
Associated Milk Producers
Texas Department of Agriculture
Nurses' Environmental Health Watch
Texas Agricultural Extension Service
West Texas Council of Governments
Texas Department of Mental Health
and Mental Retardation
Texas State Nutrition Council
Texas Railroad Commission
Texas Low-Level Radioactive Waste
Disposal Authority
Audubon Society
Sierra Club
Toxic Substances Task Force
(Houston)
(Golden Triangle)
(Galveston)
Texas Air Control Board
Texas Department of Human Resources
Texas Education Agency
Attorney General's Office
Texas Industrial Accident Board
Texas Industrial Council
Texas State Board of Pharmacy
Texas Medical Association
Texas Dental Association
Texas Energy and Natural Resources
Texas Dietetic Association
Texas Podiatry Association
Texas Deartment of Water Resources
ACORN
Aquifer Protection Association
CAPONE
Citizens Against Chemical Dumps
Citizens Environmental Coalition
Education Fund, Inc.
P.A.C.E.
OPUS
Southwest Soil and Water
Protection Association
Texas Metropolitan Association
T-PAC
Galveston Bay Conservation and Preservation
Association

Robstown-Citizens Against Toxics
National Audubon Society
Texas Safety Association
Texas Chiropractic Association
Health Physics Society
Texas Department of Health
  Environmental and Consumer Health
    Protection
  Special Health Services
  Preventable Diseases
  Personal Health Services
  Community and Rural Health
  Professional Services

EXHIBIT 2

POLICY ANALYSIS QUESTIONS

1. What are the major priority concerns in Health Protection that are presently being addressed by your agency?

2. What major programs and policies are being used to address these concerns?

3. What are the costs involved in implementation of these programs and how are they funded?

4. To what extent do you consider these efforts cost-effective?

5. To what extent have these efforts been successful in reducing factors, or the effects of such factors, which are detrimental to health?

6. What gaps and/or overlaps do you see among the various agencies involved in the area of Health Protection?

7. In you area of Health Protection, what new or additional concerns do you believe will need to be addressed in the future?

EXHIBIT 3

PRIORITIZATION OF HEALTH PROTECTION
CONCERNS QUESTIONNAIRE

Radioactive Wastes

1. Texas should ban further proliferation of radioactive materials for all but essential medical treatments.

very high concern	high concern	moderate concern	low concern	very low concern

2. Texas should continue to promote investigation of radioactive waste disposal technology while developing stricter measures in disposing of radioactive wastes.

very high concern	high concern	moderate concern	low concern	very low concern

Chemical Wastes

3. Identify and isolate all hazardous chemical waste sites in the State.

very high concern	high concern	moderate concern	low concern	very low concern

4. Clean up all known hazardous chemical waste sites in the State starting with the most severe sites.

very high concern	high concern	moderate concern	low concern	very low concern

5. Initiate more stringent laws and regulations to restrict or control the dumping of chemical wastes within the territory and contiguous waters of the State.

very high concern	high concern	moderate concern	low concern	very low concern

Water Quality

6. Set strict standards to ensure a high level of water quality throughout the State, particularly those waters used for recreation and fishing.

very high concern	high concern	moderate concern	low concern	very low concern

PRIORITIZATION OF HEALTH PROTECTION
CONCERNS QUESTIONNAIRE

7. Promote research into methods of conserving and purifying water to ensure a continued supply of clean water to meet our future requirements.

very high concern	high concern	moderate concern	low concern	very low concern

8. Establish and monitor stricter standards for contamination of surface and subsurface drinking water sources throughout the State.

very high concern	high concern	moderate concern	low concern	very low concern

9. Increase state and local funding to finance needed construction of publicly-owned sewage treatment plants.

very high concern	high concern	moderate concern	low concern	very low concern

10. Encourage more counties to accept responsibility for licensing and enforcement of septic tank systems for on-site sewage disposal.

very high concern	high concern	moderate concern	low concern	very low concern

Air Quality

11. Set stricter standards of automobile emissions.

very high concern	high concern	moderate concern	low concern	very low concern

12. Set stricter standards of industrial air contaminants.

very high concern	high concern	moderate concern	low concern	very low concern

13. Establish stricter standards to reduce interior air contaminants produced by building materials.

very high concern	high concern	moderate concern	low concern	very low concern

PRIORITIZATION OF HEALTH PROTECTION
CONCERNS QUESTIONNAIRE

Occupational Safety and Health

14. The need for programs designed to promote the workers' right-to-know about health-related issues, particularly what hazardous/toxic chemicals they might be exposed to on the job.

very high concern	high concern	moderate concern	low concern	very low concern

15. Funding to enforce existing safety regulations on grain and passenger elevators and for amusement equipment.

very high concern	high concern	moderate concern	low concern	very low concern

16. Development of occupational safety and health regulations for state and local government employees.

very high concern	high concern	moderate concern	low concern	very low concern

17. Stricter measures to protect consumers from ingesting or inhaling poisonous or harmful substances, such as child-proof caps and more clearly labeled instructions for use.

very high concern	high concern	moderate concern	low concern	very low concern

EXHIBIT 4

EPA SUPERFUND SITES IN TEXAS

Bio-Ecology Systems, Inc.
Grand Prairie (Dallas County)

Motco, or Texas City Wye dump
Texas City (Galveston County)

The Sikes pits
Crosby (Harris County)

The French Limited site
Crosby (Harris County)

Geneva Industries abandoned chemical plant
South Houston (Harris County)

Crystal Chemical Co. site
Alief (Harris County)

The Highlands acid pit
Highlands (Harris County)

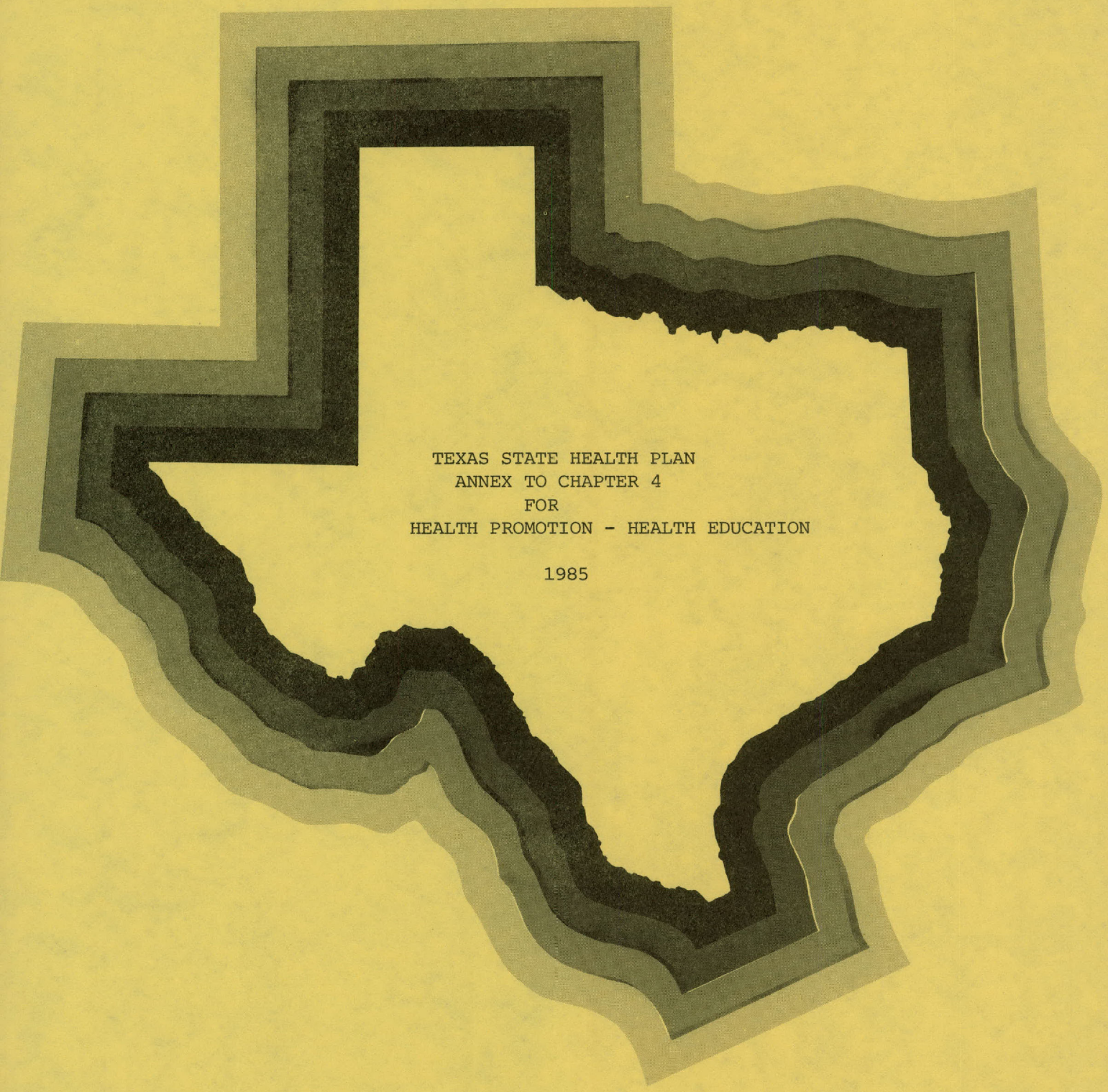
The Triangle Chemical Co. site
Bridge City (Orange County)

The Harris (Farley Street) site
Houston (Harris County)

United Creosoting Co. site
Conroe (Montgomery County)

The Pig Road site (the San Jacinto pits)
New Waverly (San Jacinto County)

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 4
FOR
HEALTH PROMOTION - HEALTH EDUCATION

1985

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EXHIBITS

ANNEX TO CHAPTER 4: HEALTH PROMOTION - HEALTH EDUCATION

Introduction:

The Texas Behavioral Risk Factor Survey of 1982 revealed that certain behaviors which positively or negatively influence individual or community health status vary across the state according to age, sex, ethnicity and region. Of particular interest are data that relate to the five categories of objectives formulated by participants in the Texas Conference on Disease Prevention and Health Promotion: 1990 Objectives at their meeting in Austin in September, 1983. Following the objectives established at the national level, the workgroups on health promotion issues addressed the areas of smoking, misuse of alcohol and drugs, nutrition, physical fitness and exercise, and control of stress and violent behavior.

The excerpts from both the Texas Behavioral Risk Factor Survey and the Texas Conference on Disease Protection and Health Promotion: 1990 Objectives illustrate the state's involvement in health promotion and commitment to national goals in key public health areas. This highly abridged presentation of their findings and recommendations shows both the need for Health Promotion in Texas and exemplifies the health risks which local programs should be designed to reduce.

Smoking:

About 31% of Texans were smokers in 1982, a figure near the national average. Of those, 67% began smoking regularly before reaching age 20. Increasing numbers of smokers may be starting young. Of smokers 18 to 35 years old, 75% began the habit in their teens versus 48% of those who were 65 years old or older in the 1982 survey.

The conference recommended increasing health education about smoking at several levels. Reductions in the number of smokers by 50% were projected for those between 12 and 18 years of age and for pregnant women. In addition to a reduction in the number of adults who smoke, the 1990's objectives included a recommendation for increasing cigarette taxes and dedicating portions of the revenue to fund health promotion efforts. The role of state government in smoking education includes coordination and monitoring of program objectives, and training of professionals for health education activities.

Alcohol and drugs:

Programs to control the misuse of alcohol and drugs receive greater public funds than those related to smoking. The two problems are related; the Texas Risk Factor Survey found that increasingly heavy consumption of alcohol is associated with increased smoking. Of heavy drinkers, 49.4% were current smokers compared with 17.8% of those who do not drink. Among non-smokers, 83.7% abstain from alcohol or drink only lightly. With 11% of the state's population considered chronic heavy drinkers, Texas ranked fourth among 29 states surveyed.

High priority objectives for 1990 include reduction of problem drinkers in all

age groups as well as reduced per capita consumption of alcoholic beverages. Other goals focus on reduction of alcohol-related motor vehicle accidents in all age groups and efforts to influence adolescents to avoid using alcohol or drugs. Additionally, 90% was established as the target proportion for awareness of Fetal Alcohol Syndrome among women of childbearing age.

Nutrition:

Technically, malnutrition involves both over- and under-nourished individuals or groups. Among adults 18 years of age and older sampled in the Texas Risk Factor Survey, overnutrition is far more prevalent. 24% of all men in Texas were considered obese (based on weight for height), a proportion very close to average for all states surveyed (22.4%).

However, undernutrition and other nutrition related diseases occur among specific populations. The 1990's objectives target pregnant and lactating women, children and the elderly for education and assistance programs.

Physical fitness and exercise:

In 1982, 11% of Texas adults reported a sedentary lifestyle, based on a combination of answers to questions on active exercise, light exercise and daily physical activity.

State objectives for the 1990's include greater participation in fitness activities and assessments, adult and professional education, evaluation of school and worksite fitness programs, and targeting of women, minorities and the elderly for special consideration.

Stress and violent behavior:

Excessive stress entails negative social and/or health consequences. One half of survey respondents in Texas reported that they often or sometimes get upset, uptight, or irritable with those around them. Smoking or drinking in response to stress characterize 24% and 5%, respectively, of the state's male and female population. Excess eating under stress is typical of 30.9% of women and 14.7% of men. Another 17.5% of all adults say that they respond to stress by exercising, a coping mechanism with added health benefits.

Stress relates intimately to all other behavioral risk factors, from blood pressure to weight gain. However, society associates some behaviors affected by stress with social policy or the criminal justice system, rather than with health status. The 1990's objectives for Texas mark child and spouse abuse, rape, homicide and suicide for reduction. Other goals are a better understanding of the behavioral role of stress and greater incorporation of stress identification and treatment into the continuum of available health services.

HEALTH PROMOTION - HEALTH EDUCATION EXHIBIT 1
LIST OF INTERESTED ORGANIZATIONS INTERVIEWED

The following agencies and organizations provided important input into the development of the health promotion questionnaire.

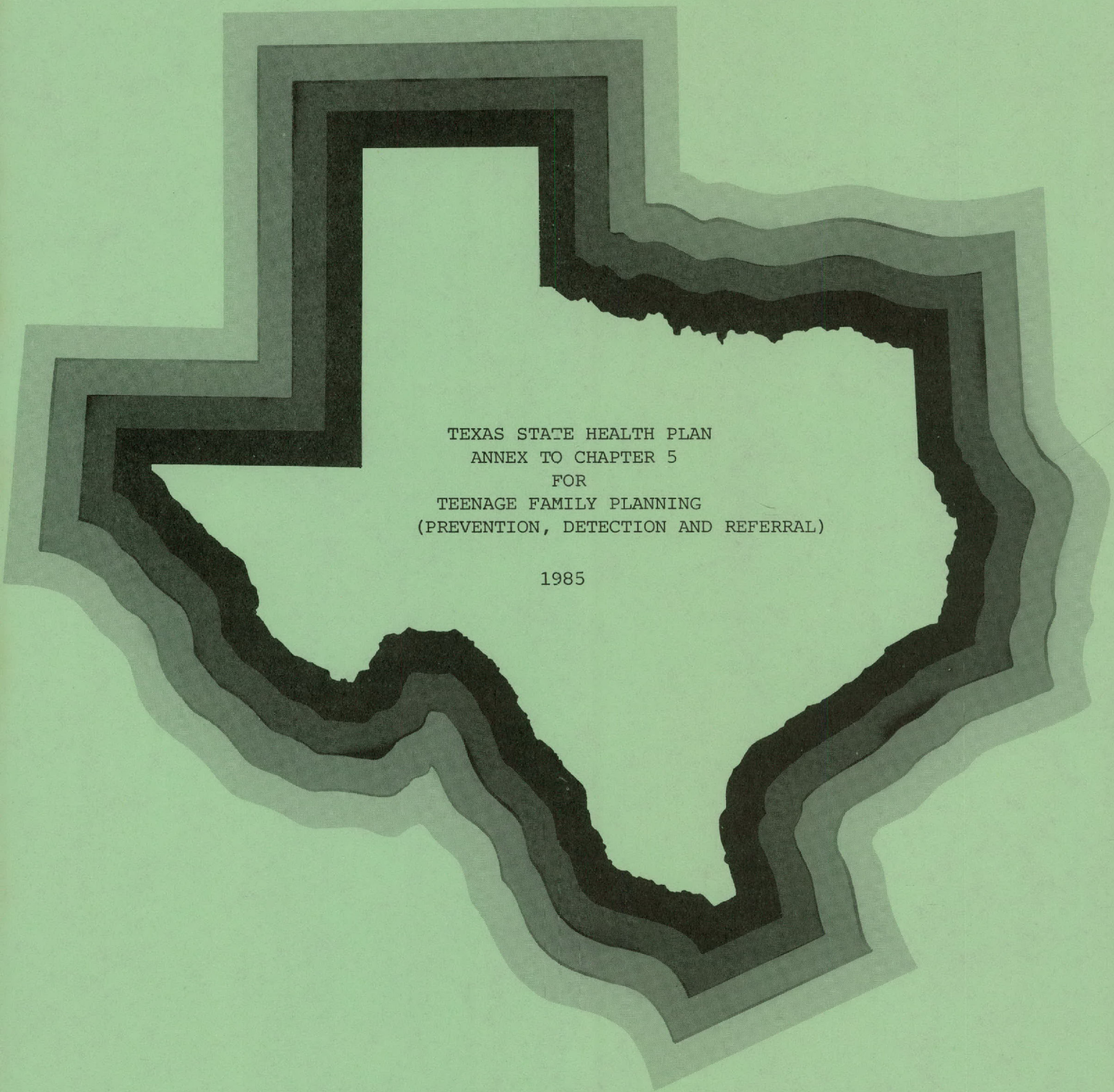
ORGANIZATION	LOCATION
American Association of Retired Persons	Dallas
American Cancer Society, Texas Division	Austin
American Lung Association of Texas	Austin
American Heart Association	Austin
American Red Cross Association	Austin
Ark-Tex Council of Governments	Texarkana
Associated Milk Producers	Austin
Austin-Travis County Health Department	Austin
Beaumont City Health Department	Beaumont
Blue Cross & Blue Shield of Texas	Richardson
Brazos Valley Development Council	Bryan
Coastal Bend Council of Governments	Corpus Christi
Community and School Health, University of Texas at Austin	Austin
Division of Health Promotion, Texas Department of Health	Austin
Friendship Square	El Paso
Golden Crescent Regional Planning Commission	Victoria
Governor's Commission on Physical Fitness	Austin
Greater Houston Hospital Council	Houston
Hermann Hospital	Houston
Houston-Galveston Area Council	Houston
Irving Community Hospital	Irving
Laredo-Webb County Health Department	Laredo
Mercy Hospital of Laredo	Laredo
Scott and White Memorial Hospital	Temple
Senate Committee on Hunger and Nutrition	Austin
South Texas Development Council	Laredo
Texas Agricultural Extension Service	College Station
Texas Association of Area Agencies on Aging	Denison
Texas Commission on Alcoholism	Austin
Texas Council of Community MHMR Centers	Austin
Texas Dental Association	Austin
Texas Department of Human Resources	Austin
Texas Department of Mental Health and Mental Retardation	Austin
Texas Dietetic Association	Austin
Texas Education Agency	Austin
Texas Hospital Association	Austin
Texas Medical Association	Austin
Texas Pharmaceutical Association	Austin
Texas Podiatry Association	Austin
Texas State Board of Pharmacy	Austin
Texas State Health Association	Austin
Texoma Regional Planning Commission	Denison
University of Texas Health Science Center at Houston	Houston
Views of Health	Dallas
West Texas Council of Governments	El Paso
Woman's Hospital of Texas	Houston

HEALTH PROMOTION - HEALTH EDUCATION EXHIBIT 2

RANKING OF HEALTH PROMOTION CONCERNS BY MEDIAN RESPONSE

Question	Rank	Concern
6	1	The development of health education goals and objectives that are relevant to the needs of the community.
1	2	The cost effective placement of limited health promotion dollars.
11	3	The establishment of comprehensive school health curriculum for pre-school through high school for all schools throughout Texas.
8	4	The lack of understanding that changes in lifestyle can produce a long-term return in investment of health dollars.
10	5	The need for cooperation rather than competition among health care providers.
7	6	The current level of public awareness regarding the benefits of healthy lifestyles.
13	7	A redistribution of monetary resources toward health promotion.
15	8	The availability of health programs for the elderly.
5	9	The availability of health promotion services for all socioeconomic groups.
14	10	The need for resources and strategies which have been proven effective in changing behaviors.
9	12	The current third party reimbursement system as it relates to organizations involved in health promotion efforts.
12	13	Data bases that identify behavioral health problems in Texas.
3	14	Providers' and consumers' need for a comprehensive listing of functioning health promotion services.
4	15	Many health promotion programs are aimed at groups that need it least.

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 5
FOR
TEENAGE FAMILY PLANNING
(PREVENTION, DETECTION AND REFERRAL)

1985

ANNEX - CHAPTER 5: PREVENTION,
DETECTION AND REFERRAL

Section One: Issue Referrals

As noted in the main body of the SHP, many major concerns surfaced in the area of Prevention, Detection and Referral. The prevention of unplanned pregnancies to teenagers was selected as the priority issue for this SHP and low birth weight babies has already been referred to specific agencies. The following listing indicates specific agencies and organizations that the other eight major concerns are referred to for continued work and development of action plans necessary to resolve these issues:

Concern	Proponent Organizations
- creation of a comprehensive and coordinated data base that identifies high-risk groups and provides aicommon data source for human service agencies.	Senate Bill 711 created the Health and Human Services Coordinating Council which is actively pursuing this issue and is being supported by all the related health and human services agencies.
- Maintain interest and increase funding for the study of the incidence, distribution and control of chronic disease.	Investigations are currently being conducted by Universities and Medical Schools across the State. This issue is specifically referred to the Center for Studies in Aging, North Texas State University and TDH, TDHR, and TDMHMR.
- The establishment of an environmental, occupational, and toxicologic studies division within the Texas Department of Health.	Specifically referred to TDH for further investigation.
- Increase the funds for the expansion of the State's Cancer Registry Program to include hospitals in PH Regions currently not being served.	This concern is referred to the Legislative Task Force on Cancer in Texas for review.
- Develop a coordinated program of continuing education in cancer management for primary care physicians in local communities.	Referred to the state's medical schools and the above mentioned Task Force for design and development.
- Promote the U.T. System Cancer Center as a resource service center for primary care physicians.	Legislative Task Force on Cancer and the U.T. System Cancer Center.
- The need for a Statewide Nutrition Education Program for grade school children.	Referred to the Texas Education Agency, Texas Department of Health and Texas Department of Human Resources.
- Income program funding to assure properly controlled water fluoridation to prevent the incidence of dental caries.	Texas Dental Association, Texas Department of Health.

Section Two: Background/Data - Teenage Pregnancy Prevention

The following reference documents provided valuable background information for the development of recommendations concerning teenage pregnancy and are available from the sources indicated:

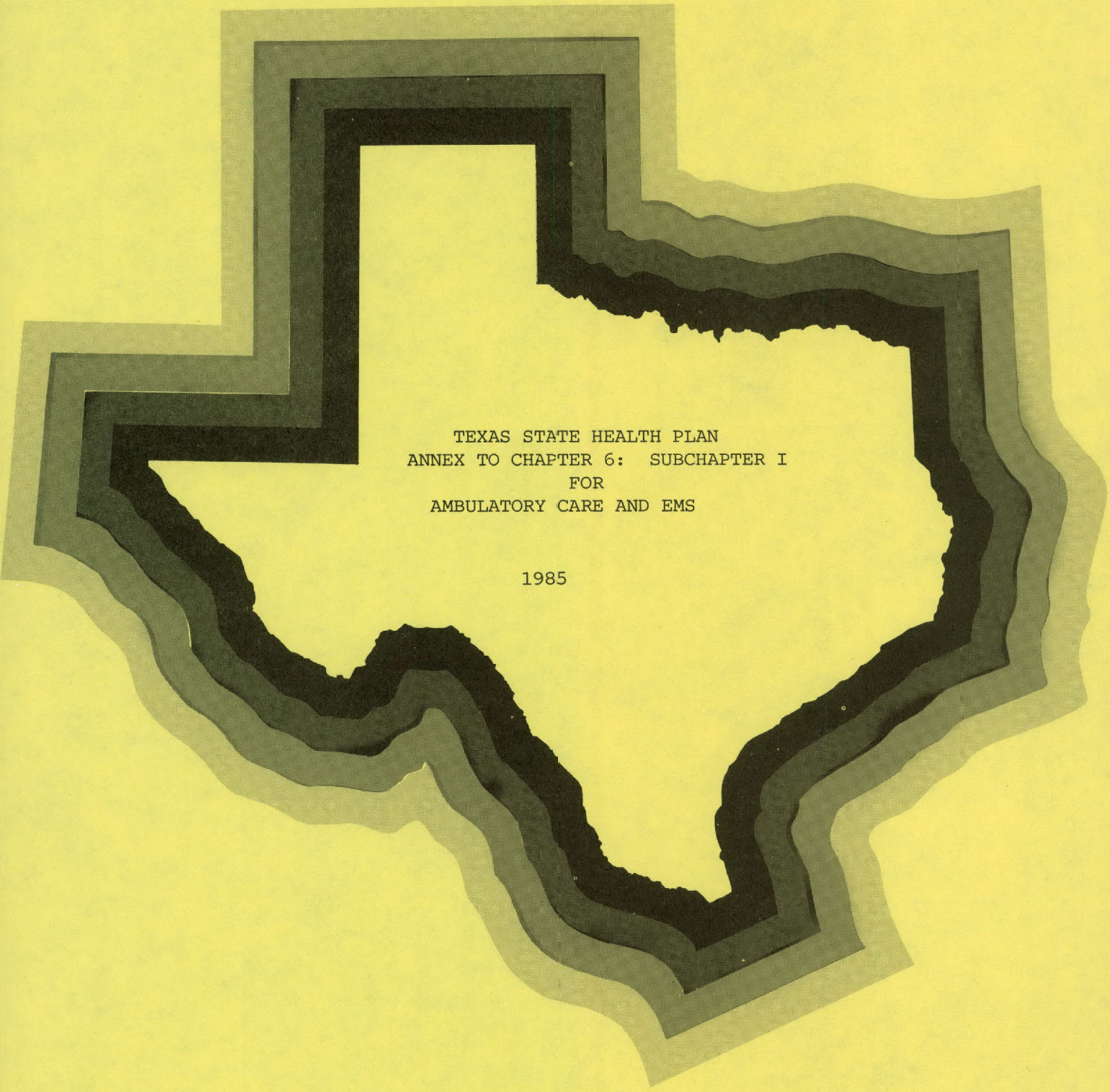
1. Impact Evaluation of the Texas Department of Human Resources Family Planning Program, (May 1982), Malitz, Casper & Romberg, Source TDHR.

2. Final Report of the Select Committee on Teenage Pregnancy, (October 1982), Chairperson, Representative Mary Polk.

3. Proceedings of the Texas Conference on Disease Prevention and Health Promotion 1990 Objectives, (January 1984), Texas Department of Health.

4. An Exploratory Study of High-Risk Birth Factors and Family Self Support and Health Services In Relation to County Rates of Child Abuse and Neglect in Texas, (May 1982), Spearly and Whiting, Source TDHR.

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 6: SUBCHAPTER I
FOR
AMBULATORY CARE AND EMS

1985

EXHIBITS

Exhibit 1

Organizations Contacted for Ambulatory Care and EMS

Texas Commission on Alcoholism
Texas Department on Aging
Texas Department of Health
Texas Department of Human Resources
Texas Department of Mental Health and Mental Retardation
Texas Department of Public Safety
Texas Health Facilities Commission
Governor's Office
House Committee on Public Health Services
House Committee on Retirement and Aging
Senate Committee on Health and Human Resources
Texas State Board of Pharmacy
Texas Hospital Association
Texas Medical Association
Texas Nurses Association
American Heart Association
American Association of Retired Persons
American Resource Center for Independent Living
Gray Panthers
Texas Planning Council for Developmental Disabilities
Shrine Hospital for Crippled Children, Houston
Texas Municipal League
Texas Association of Counties
Texas Association of Emergency Medical Technicians
Emergency Department-Nurses Association
Texas Ambulance Association
American College of Emergency Physicians
Texas Firefighters Association
Texas Safety Association
West Texas Council of Governments
Texas Podiatry Association
Coastal Bend Council of Governments
Houston-Galveston Area Council (H-GAC)
U.T. Medical Branch at Galveston
Greater Houston Hospital Council
Golden Crescent Regional Planning Council
South Texas Development Council
Southeast Texas Regional Planning Council
Brazos Valley Development Council
Concho Valley Council of Governments
Ark-Tex Council of Governments
Texoma Regional Planning Council

Exhibit 2

Policy Analysis Questions for
Ambulatory Care

1. What are the major priority concerns in ambulatory care that are presently being addressed by your agency?

2. What major programs and policies are being used to address these concerns?

3. What are the costs involved in implementation of these programs and how are they funded?

4. To what extent do you consider these efforts cost-effective?

5. To what extent have these efforts been successful in meeting the needs of ambulatory care patients?

6. What gaps and/or overlaps do you see among the various agencies involved in the delivery of ambulatory care?

7. What new or additional ambulatory care concerns do you believe will need to be addressed in the future?

Exhibit 3

Policy Analysis Questions for EMS

1. What do you consider to be the major concerns involved in the delivery of Emergency Medical Services in Texas?

2. What methods are you using or do you recommend to be used in addressing these concerns?

3. What costs do you anticipate will be involved in addressing these concerns and how should they be funded?

4. To what extent do you consider existing efforts to be successful in meeting the needs of real and potential Emergency Medical Services patients?

5. What gaps and/or overlaps in services/responsibilities do you believe exist among the various agencies involved in the delivery of Emergency Medical Services?

6. What new or additional Emergency Medical Services concerns do you believe will need to be addressed in the future?

Exhibit 4

Prioritization of Ambulatory Care
Concerns Questionnaire

1. Increased funding should be appropriated to support National Health Service Corps-type programs to place primary care physicians in more medically underserved areas.

very high concern	high concern	moderate concern	low concern	very low concern

2. Funding should be provided for programs to send primary care physicians out on day-trips to public health clinics to treat patients in medically underserved areas.

very high concern	high concern	moderate concern	low concern	very low concern

3. Funding should be provided for programs to transport indigent persons who need special care to take them to tertiary facilities where they can be treated.

very high concern	high concern	moderate concern	low concern	very low concern

4. Stronger agreements between counties and hospitals are necessary to ensure compensation to the local hospital which treats an indigent person who is from another jurisdiction.

very high concern	high concern	moderate concern	low concern	very low concern

5. Stronger means to include legislation and reasonable reimbursement are necessary to persuade private hospitals to accept indigent persons for treatment who require the specialized care available at such hospitals.

very high concern	high concern	moderate concern	low concern	very low concern

6. The need for legislation to provide licensing standards for operation of minor emergency clinics.

very high concern	high concern	moderate concern	low concern	very low concern

7. The need for legislation to provide licensing standards for operation of ambulatory surgery facilities.

very high concern	high concern	moderate concern	low concern	very low concern

Exhibit 5

Prioritization of Emergency Medical Services
Concerns Questionnaire

1. Increase funding for development of an integrated, coordinated, statewide Emergency Medical Services (EMS) training system.

very high concern	high concern	moderate concern	low concern	very low concern

2. Commitment, on an increasing basis, of Texas Education Agency resources and monies into EMS training.

very high concern	high concern	moderate concern	low concern	very low concern

3. Integration of EMS training into local institutions of learning.

very high concern	high concern	moderate concern	low concern	very low concern

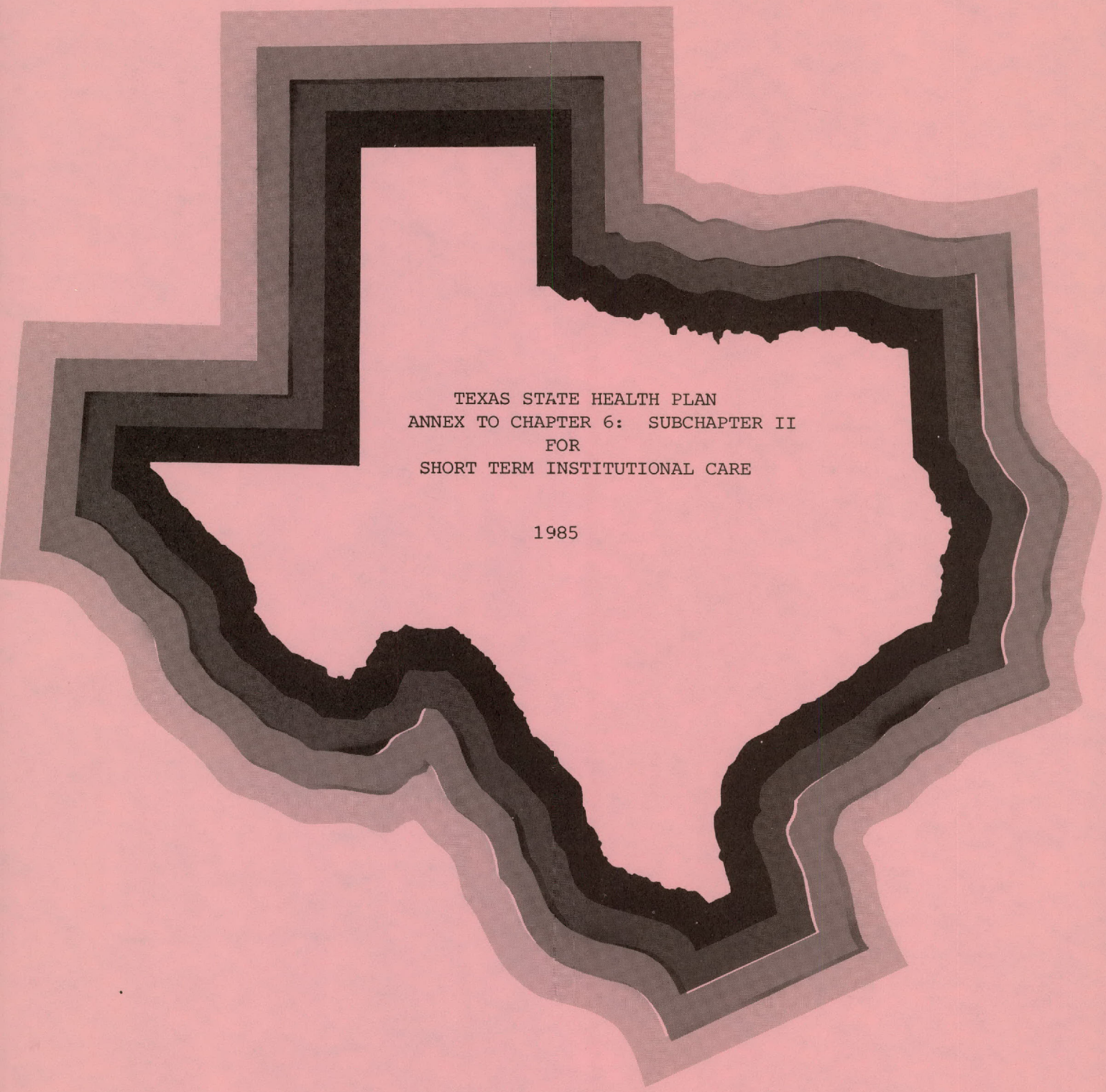
4. Development of an EMS consultative program to provide technical assistance to those initiating or expanding training and/or service.

very high concern	high concern	moderate concern	low concern	very low concern

5. Provide funds for programs to transport indigent patients to tertiary hospitals when specialized care is needed.

very high concern	high concern	moderate concern	low concern	very low concern

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 6: SUBCHAPTER II
FOR
SHORT TERM INSTITUTIONAL CARE

1985

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ANNEX TO CHAPTER 6
SUBCHAPTER II - SHORT TERM INSTITUTIONAL CARE

Introduction The information in this Annex is intended to provide additional data and elaboration of Chapter 6, Subchapter II in the SHP. In addition, it includes a discussion of the major areas of concern, other than the #1 priority issue, which were recommended for referral by the SHCC to proponent organizations for appropriate action. Tables and exhibits which are referenced in and support Subchapter II are also included in this Annex.

Description As indicated in the SHP, there were 523 short term care hospitals in Texas in 1982 with 68,500 licensed beds. Collectively they provided 16.3 million patient days of care with an average daily census of 44,580. Of these 523 facilities, 325 (62%) were 100 or less beds in size, yet their workload comprised only 24% of total patient days. By contrast, only 18 hospitals with 500 or more beds (3%) provided 20% of total patient days. Of these 325 smaller hospitals, 213 (66%) were in rural areas. The number of short term hospitals has remained essentially constant since 1982. There were 524 short term hospitals as of February 29, 1984. A list of these 524 hospitals is included in this annex along with 1982 utilization data for the 523 hospitals operating in 1982.

Texas has a number of short term hospitals in multi-hospital systems. The Texas Hospital Association reported that in August 1983 there were 21 non-profit systems with 113 hospitals and 28 investor-owned systems with 171 hospitals. These figures indicate that 284 (58%) of the 492 short-term hospitals as classified by THA are system associated with 35% members of proprietary systems and 23% members of not-for-profit systems.[1] Data regarding ownership status are presented in Table 1.

In dollar terms, total health care services and supply expenditures in Texas in 1982 reached $15.3 billion. Hospital care expenditures totaled $6.9 billion or 45% or total health care expenditures.

From any perspective, the hospital system in Texas is sizable; in fact, approximately one in every twelve hospitals in the United States is in Texas.

Major Concerns Referred to Proponent Organizations The second priority issue encouraged hospitals to develop alternative delivery systems to reduce costs and to increase accessibility to health care services. A related concern reflected in the prioritization survey related to a need to review existing alternative outpatient care programs. The purpose is to ensure their role is understood and compatible with the best interests of patients and the most effective operation of the health care delivery system overall. Any new methods of delivery which will reduce the need for or length of hospitalization merit thorough evaluation and encouragement. As noted in Subchapter II, there has already been a rapid proliferation of ambulatory surgery centers, so-called emergency care or ambulatory care centers, and home health agencies and programs in many parts of Texas and also an increased interest in swing beds. In many instances these programs are being developed by hospitals and in other instances by non-hospital based organizations.

[1] "Multi-Hospitals Systems in Texas, Trends and Developments," Texas Hospitals, September 1983, pp. 17-19, and telecon with THA representative May 7, 1984.

The primary problem when considering this issue is the current state of knowledge, or perhaps more correctly, the current lack of knowledge about these types of facilities in Texas. It is in many ways still a rather unstructured area particularly when considering data acquisition necessary for proper evaluation. A health planning initiative in this area is unquestionably needed, for example, a definitional and evaluation project perhaps via a special study effort. There are also major issues related to this area which will require careful consideration such as the potential need for licensing of freestanding ambulatory surgical centers and emergency/ambulatory care centers. The potential impact of the Medicare prospective pricing system is another area which will require close scrutiny. This system may tend to shorten hospital stays and thus require alternate delivery means to handle pre or post hospital care. Accordingly, this area is recommended for study and evaluation by the Texas Hospital Association (THA), Texas Medical Association (TMA), Texas Department of Human Resources (TDHR), Texas Department of Health (TDH), Texas Health Care Association (THCA), and related associations/agencies involved with alternate delivery care systems. Coordination of this effort should be accomplished by the SHPDA.

The overall cost of hospital care and methods to constrain increases is a subject of special interest in Chapter 8 of the SHP. As such it will only be considered here as it surfaced during the collection and prioritization of input related to this subchapter (see Item 1 on the Prioritization Survey). The input addressed cost containment issues submitted by respondents which represent ideas of differing orientation. For example, Certificate of Need (CON) is a regulatory program designed to address one aspect of cost control, basically capital expenditures. Conversely health care coalitions are generally voluntary initiatives intended to look at methods to control cost through negotiation with providers over price of services. Because of their perhaps inappropriate combination under the general thesis of cost control in the survey, the results may have been somewhat biased. For example, some groups could support CON and not coalitions and vice versa. In view of the lack of concensus regarding CON between the Federal administration and the Congress and the ill-defined status of health planning legislation, no current action is recommended on this topic at this time. Conversely health care coalitions and other means to control cost should continue to be evaluated. SHPDA staff is currently involved in reviewing this area. These efforts should continue and be augmented by coordination with TDHR, THA and private organizations involved with the development of this type of initiative.

Regionalization of high cost services and equipment has potential for savings and increased efficiency. It can best be initiated in a given area of specialty, e.g., perinatal services, rather than on a broader basis. Regionalization of specialized medical services is considered under the National Health Planning Guidelines (NHPG) in Chapter 9. It is recommended this be the primary emphasis in this area at this time.

Monitoring the impact of the Medicare prospective pricing system and DRG's, is already under active evaluation by TDHR. This process currently includes "modeling" efforts to evaluate the potential impact in this area. These efforts warrant referral to TDHR for continued action along with review of the reimbursement mechanisms used in private insurance programs for possible adaptation to state funded programs in Texas.

Recognizing the special roles of tertiary care centers in treatment, education and research and developing programs/mechanisms to assure adequate funding of these centers is another key issue to be considered in the overall picture of hospital reimbursement. This is particularly true with respect to reimbursement rates to such hospitals under the Medicare prospective pricing system currently being implemented. Resolution in this area is highly dependent upon Federal action vis-a-vis reimbursement mechanisms. Continued action in this area is probably best handled at this time between the professional associations involved and the federal authorities. If adequate resolution is not forthcoming, it could well be an area for a special study initiative.

One issue involved improving coordination in the inter-hospital transfer of indigent patients by developing some type of central coordination resource, preferably on an area basis, to ascertain bed availability and to foster an equitable distribution of such patients among area hospitals. Here again some aspects of this problem will be addressed in the consideration of priority issue number 1 developed in the SHP. To the extent they are not, the issue can probably best be addressed initially on a voluntary referral basis or through the COGs on a regional or local basis as appropriate. Other than as it may be addressed in priority issue number 1, it is recommended that no action be taken until a regional planning system is considered as previously mentioned in relation to the NHPG.

Reviewing the availability by geographic area of acute care beds for chronically ill, disabled and a growing population of elderly patients in an increasingly cost conscious hospital environment was another issue identified through the input process. This is basically an ongoing process within the SHPDA, but if the implementation of the DRG system does in fact pose problems in this area as some respondents believe, it could best be addressed at that time via a special study effort.

Developing programs to enhance the availability of organ donations and the financing of transplants was yet another identified concern. There is already a Governor's Task Force studying this area and no further action is now recommended pending the results of this effort.

There were two items which related primarily to the health professions area. One involved the existing or expected shortages of trained health professionals by specialty type and geographic area which support acute care hospitals. It recommended developing programs to resolve any identified shortages. The other item related to an alleged oversupply of specialty physicians in certain areas of Texas and an undersupply of primary care physicians in some areas. It recommended the critical assessment by Texas medical schools of the breadth of and emphasis on their specialty programs versus their primary care programs. Both of these items are health profession issues and although both are of considerable importance, they are best addressed in Chapter 8 in the Health Professions subchapter.

Another issue involved increasing the availability of podiatric care services in hospitals and enhancing means of cooperation to provide such care in hospitals. This issue should be referred to the professional associations involved, namely THA and the Texas Podiatry Association, for continued efforts toward mutual resolution.

Tables and exhibits in support of Subchapter II follow in the Annex.

EXHIBIT 1

ORGANIZATIONS CONTACTED FOR INPUT

Organization	Orig. Contact	Add-on Contact	COG	Contact Appointed Yes	Contact Appointed No	Did Not* Provide Response	Provided Response
Texas Commission on Alcoholism	X			X		X	
TDH - Licensing & Certification	X			X			X
TDH - Long Term Care	X			X		X	
Texas Dept. of MH&MR	X			X			X
Texas Dept. of Human Resources	X			X			X
Texas Health Facilities Commission	X			X			X
American Association of Retired Persons	X			X		X	
American Assn. for Retarded Citizens		X		X		X	
Coalition of Texans with Disabilities		X		X		X	
Greater Houston Hosp. Council Rep.		X		X			X
Greater Houston Hosp. Council Rep.		X		X			X
Texas Dietetic Association	X			X			X
Texas Hospital Association	X			X			X
Texas Medical Association	X			X			X
Texas Pharmaceutical Association	X			X		X	
Texas Planning Council for Dev. Disab.		X		X		X	
Texas Podiatry Association	X			X			X
Texas Society for Autistic Citizens		X		X		X	
Ark-Tx Council of Governments			X	X		X	
Coastal Bend Council of Government			X	X			X
Houston-Galveston Area Council			X	X			X
West Texas Council of Government			X	X		X	
Blue Cross/Blue Shield of Texas	X			X		X	
Mercy Hospital of Laredo		X		X		X	
Scott and White Hospital		X		X		X**	
Shriners Hosp. for Crippled Children		X		X			X
Texas Nursing Association	X			X		X	
UT Medical Branch - Galveston		X		X			X
Texas Department of Community Affairs	X				X		
State Board of Insurance	X				X		
Texas Energy & Natural Resources Adv. Comm.	X				X		
Governor's Office of Planning and Budget	X				X		
Senate Committee on Health & Human Res.	X				X		
House Committee on Public Health	X				X		
House Committee on Retirement & Aging	X				X		
Texas Osteopathic Medical Medical Assn.	X				X		
Texas Mental Health Association	X				X		
Texas League for Nursing	X				X		
Texas Physical Therapy Association	X				X		
Texas Occupational Therapy Association	X				X		
Advocacy, Inc.	X				X		
Gray Panthers	X				X		
Texas Consumers Association	X				X		
+ 20 remaining COGs			20		20		
	29	10	24	28	35	14	14

* Did not provide response or elected not to participate after discussing subject area

** Provided some verbal conclusions

EXHIBIT 2

SURVEY QUESTIONS FOR SHORT TERM INSTITUTIONAL CARE

(Community general and special hospital in-patient care provided in facilities which have an average length of stay under 30 days and are available to the general public).

1. What does your organization consider to be the major, most pervasive existing concerns in

   (1) the availability, delivery, reimbursement, etc. of short term institutional care and/or

   (2) the operation, financing, modernization, etc. of facilities/equipment

   that warrant priority attention/resolution in a near to mid-term timeframe?*

2. What policies, programs, approaches does your or other organizations currently have to address these concerns?

3. As applicable, how are such programs funded and what costs and resource requirements are involved? Is current funding appropriate and if not, what changes are needed?

4. To what extent have these policies, programs, approaches been effective? Is there a need for improvement, and if so, in what manner?

5. If applicable, is there a need for improved coordination of activities between and among organizations involved in addressing these concerns? If so, in what manner or to what extent?

6. Does your organization recommend the development of new policies/programs or the use of new approaches to address these existing major concerns. If so, what courses of action are recommended, who should be involved, and what costs, resources requirements, constraints would likely be involved?

7. What results would your organization anticipate if these new policies, programs, approaches were implemented?

8. What new, major concerns, if any, does your organization believe will develop in the near future which will require attention via new or modified policies, programs, systems?*

9. How should those new concerns be addressed and what costs, resource requirements, constraints would likely be involved? Who best should address these new concerns?

*It is recognized that there may be many vital concerns which should be addressed. It is suggested, however, that only those your organization considers to be of the highest priority, e.g., the top two or three most urgent concerns requiring resolution, be presented here for consideration by the SHCC in the development of the next State Health Plan.

EXHIBIT 3

PRIORITIZATION OF SHORT TERM INSTITUTIONAL CARE
CONCERNS QUESTIONNAIRE

1. Strengthening or developing local or state programs, e.g., Certificate of Need, health care coalitions, and like activities to further health care cost containment efforts, to include consideration of reimbursement rates/ mechanisms and the continued volume of capital expenditures.

very high concern	high concern	moderate concern	low concern	very low concern

2. Developing programs/systems on an area basis for regionalization of high cost specialty equipment and services.

very high concern	high concern	moderate concern	low concern	very low concern

3. Strengthening health care delivery system operating efficiency in an increasingly competitive and multifaceted environment, by encouraging hospitals to develop alternative delivery systems to reduce costs of and to increase accessibility to health care services.

very high concern	high concern	moderate concern	low concern	very low concern

4. Reviewing alternative outpatient care programs, e.g., HMO's, home health care, emergency clinics to ensure their role is understood and compatible with the health care delivery system overall.

very high concern	high concern	moderate concern	low concern	very low concern

5. Improving reimbursement for hospital services rendered to all types of patients lacking ability to pay, e.g., the indigient, low income workers without adequate insurance benefits, the unemployed, alien patients, medicaid patients with hospital stays exceeding program limits, especially where cost intensive services, long hospital stays, and/or inter-hospital transfer are involved.

very high concern	high concern	moderate concern	low concern	very low concern

6. Assuring prompt and equitable payment for hospital care rendered to beneficiaries of all government financed programs.

very high concern	high concern	moderate concern	low concern	very low concern

PRIORITIZATION OF SHORT TERM INSTITUTIONAL CARE
CONCERNS QUESTIONNAIRE

7. Studying the new Medicare prospective pricing system, which is based on Diagnostic Related Groups (DRG's), and private insurance programs for possible adaptation to state funded programs in Texas.

very high concern	high concern	moderate concern	low concern	very low concern

8. Recognizing the essential specialized treatment, education and research roles of tertiary care referral centers and developing programs/mechanisms to assure their adequate financing, to include medical education and medical research, in a price competetive reimbursement environment.

very high concern	high concern	moderate concern	low concern	very low concern

9. Developing systems/methods to improve access to and utilization of specialty services particularly for indigents and persons in rural areas who require care in larger resource hospitals.

very high concern	high concern	moderate concern	low concern	very low concern

10. Improving coordination in the inter-hospital transfer of indigent patients by developing some type of central coordination resource, preferably on an area basis, to ascertain bed availability and to foster an equitable distribution of such patients among area hospitals.

very high concern	high concern	moderate concern	low concern	very low concern

11. Reviewing the availability by geographic area of acute care beds for chronically ill, disabled and a growing population of elderly patients in an increasingly cost conscious hospital environment.

very high concern	high concern	moderate concern	low concern	very low concern

12. Developing programs to enhance the availability of organ donations and the financing of transplants.

very high concern	high concern	moderate concern	low concern	very low concern

PRIORITIZATION OF SHORT TERM INSTITUTIONAL CARE
CONCERNS QUESTIONNAIRE

13. Identifying by specialty type and geographic area any existing or expected shortages of trained health care professionals in acute care hospitals and developing programs to resolve any shortages identified.

very high concern	high concern	moderate concern	low concern	very low concern

14. Against a background of an oversupply of specialty physicians in certain areas of Texas and an undersupply of primary care physicians in some areas, the critical assessment by Texas medical schools of the breadth of and emphasis on their specialty programs versus their primary care programs.

very high concern	high concern	moderate concern	low concern	very low concern

15. Increasing the availability of podiatric care services in hospitals and enhancing means of cooperation to provide such care in hospitals.

very high concern	high concern	moderate concern	low concern	very low concern

Additional Specific Concerns:

1. _____

_____

_____

_____

very high concern	high concern	moderate concern	low concern	very low concern

2. _____

_____

_____

_____

very high concern	high concern	moderate concern	low concern	very low concern

TABLE 1
HOSPITALS AND LICENSED BEDS BY OWNERSHIP*

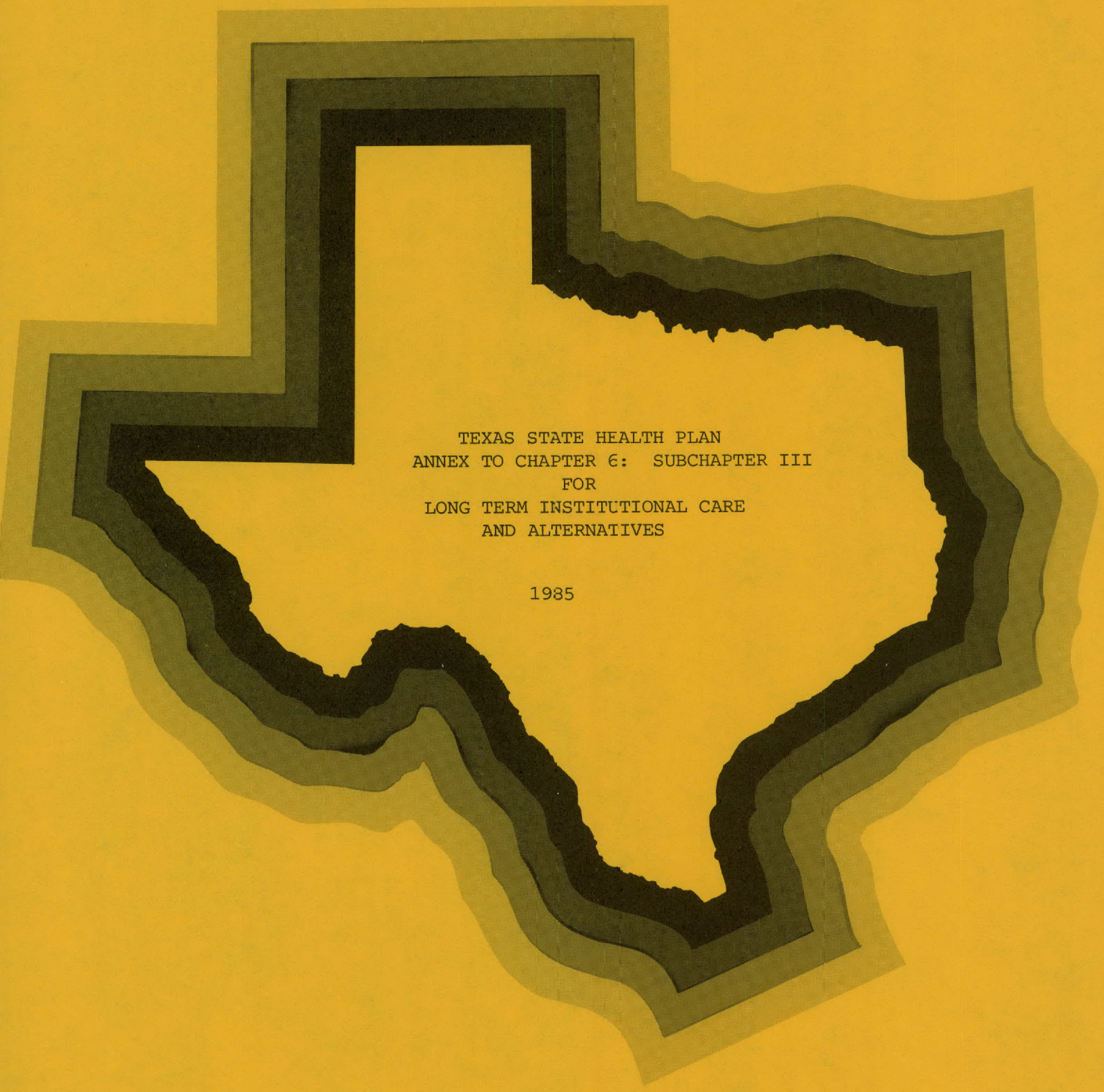
	GOVERNMENT**				NOT-FOR-PROFIT				INVESTOR-OWNED				TOTALS			
	LESS THAN 100 BEDS		100 OR MORE BEDS		LESS THAN 100 BEDS		100 OR MORE BEDS		LESS THAN 100 BEDS		100 OR MORE BEDS		LESS THAN 100 BEDS		100 OR MORE BEDS	
	FACS	BEDS	FACS	BEDS	FACS	BEDS	FACS	BEDS	FACS	BEDS	FACS	BEDS	FACS	BEDS	FACS	BEDS
SPR 1	13	638	2	350	3	125	2	640	0	0	1	126	16	763	5	1116
HSA 1	13	638	2	350	3	125	2	640	0	0	1	126	16	763	5	1116
SPR 2	8	355	2	425	4	165	2	769	5	311	2	289	17	831	6	1483
HSA 2	8	355	2	425	4	165	2	769	5	311	2	289	17	831	6	1483
SPR 8	2	75	1	335	1	32	2	791	5	144	5	1011	8	251	8	2137
HSA 3	2	75	1	335	1	32	2	791	5	144	5	1011	8	251	8	2137
SPR 3	14	641	2	400	0	0	1	203	1	60	0	0	15	701	3	603
SPR 7	18	698	0	0	4	187	1	464	1	85	2	333	23	970	3	797
SPR 10	9	225	0	0	2	39	3	515	0	0	0	0	11	264	3	515
HSA 4	41	1564	2	400	6	226	5	1182	2	145	2	333	49	1935	9	1915
SPR 4	7	496	9	2443	11	673	22	7433	30	1395	15	3001	48	2564	46	12877
SPR 22	3	197	1	244	1	50	1	212	0	0	1	176	4	247	3	632
HSA 5	10	693	10	2687	12	723	23	7645	30	1395	16	3177	52	2811	49	13509
SPR 11	7	298	0	0	2	149	3	743	3	162	0	0	12	609	3	743
SPR 12	7	293	1	397	3	157	4	977	3	218	1	280	13	668	6	1654
SPR 13	1	77	0	0	5	236	1	196	3	177	0	0	9	490	1	196
SPR 23	3	128	0	0	3	177	3	737	4	169	0	0	10	474	3	737
HSA 6	18	796	1	397	13	719	11	2653	12	726	1	280	44	2241	13	3330
SPR 5	4	251	2	265	2	75	3	745	2	112	1	110	8	438	6	1120
SPR 6	8	495	2	372	6	306	6	1438	4	142	1	100	18	943	9	1910
HSA 7	12	746	4	637	8	381	9	2183	6	254	2	210	26	1381	15	3030
SPR 17	7	342	1	228	4	165	0	0	0	0	1	303	11	507	2	531
SPR 19	1	44	0	0	0	0	1	288	1	95	0	0	2	139	1	288
SPR 20	3	150	2	637	2	148	3	855	1	89	3	435	6	387	8	1927
SPR 21	1	24	1	106	3	127	4	867	2	86	2	340	6	237	7	1313
HSA 8	12	560	4	971	9	440	8	2010	4	270	6	1078	25	1270	18	4059
SPR 18	3	161	2	765	8	358	7	3026	3	104	6	1325	14	623	15	5116
SPR 24	4	196	1	104	0	0	0	0	0	0	0	0	4	196	1	104
HSA 9	7	357	3	869	8	358	7	3026	3	104	6	1325	18	819	16	5220
SPR 14	8	453	1	184	2	54	1	308	4	163	2	265	14	670	4	757
SPR 15	0	0	0	0	0	0	4	1279	3	199	4	705	3	199	8	1984
HSA 10	8	453	1	184	2	54	5	1587	7	362	6	970	17	869	12	2741
SPR 16	7	340	9	3129	9	405	16	6662	14	934	31	6930	30	1679	56	16721
HSA 11	7	340	9	3129	9	405	16	6662	14	934	31	6930	30	1679	56	16721
SPR 9	9	359	1	114	2	110	1	195	3	134	3	643	14	603	5	952
HSA 12	9	359	1	114	2	110	1	195	3	134	3	643	14	603	5	952
STATE	147	6936	40	10498	77	3738	91	29343	92	4779	81	16372	316	15453	212	56213

Source: Integrated Facilities File, TDH as of Feb. 29, 1984

*Excludes Federal and long term care hospitals

**Includes 4 unlicensed state-owned short term care hospitals with 1784 operating beds

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 6: SUBCHAPTER III
FOR
LONG TERM INSTITUTIONAL CARE
AND ALTERNATIVES

1985

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CHAPTER 6

SUBCHAPTER III: LONG TERM INSTITUTIONAL CARE AND ALTERNATIVES

Summary of Analysis Results

Modern technology has tended to produce increased life expenctancy at birth and thus a high proportion of older persons in our population. Unfortunately, improved life expectancy has not ensured freedom from disease, impairment and disability, a part of the aging process. The knowledge of how to prolong life regretably has not brought with it the know-how to ensure personal independence for older persons.

Data has shown that the number of elderly and frail elderly (75 years and older), the primary users of long term care are increasing more rapidly than that of the population as a whole. As the elderly grow older, the progression of chronic disease and the aging process itself cause a decrease in abilities in the daily activities of living. Throughout this process, services and living arrangements should be available to the elderly to assist in maintaining optimal functions ability, in adjustment to chronic conditions and in maintaining personal dignity. The more appropriately the living environment supports the capabilities and needs of older individuals, the longer they will be able to maintain autonomous lives, and the higher quality these lives will be.

As elderly individuals lose the ability to care for themselves, the need for assistance from others increases. However, social changes such as more women in the work force, families with fewer children and family morbidity are reducing the amount of informal support care provided by the family. An increasing demand for formal support provided by paid employees of social services and health care organizations has developed and is expected to continue to increase. Therefore, a continuum of services which meet the needs of the elderly and disabled should be available. Services should provide these individuals with the needed care while allowing them as much freedom as possible to reduce the likelihood of premature placement in an institution.

For many years the major concern within long term care was the provision of medically oriented institutional services. In recent years the shift has been toward the development of a broad range of services which met varying degrees and types of needs of individuals and to reduce the premature admission of individuals into institutions. While the family continues to be the primary source of care for the elderly and disabled, various publicly funded services are being developed to provide for the social, personal and medical needs of the semi-dependent elderly and disabled. Such programs allow these individuals to avoid early placement in institutions and to remain within a less restrictive home and community setting.

In recent years, efforts to reduce the high cost of institutionalization have resulted in (1) the discontinuation of Intermediate Care Level II (custcdial) care from the Medicaid program and (2) the development of several alternatives designed to assist the elderly and disabled to remain in their homes and community. The range of long term sevices includes in-home services, community-

based services, congregate living arrangements, supervised living and nursing home care. Review of current services available to the elderly and disabled indicates a gradually increasing array of service options, but there are still gaps in this continuum of services and gaps in the availability of services to all persons regardless of income levels.

There has been a rapid expansion in home health care and homemaker services in Texas. Table 1 indicates that there were 392 licensed home health agencies in Texas in 1982. These agencies provided 2,948,270 home visits. Review of the visits show that they were provided unevenly among the various state planning regions (SPR). In January 1984, there were over 700 licensed home health agencies. Determination of need for future services will need to be established based upon additional utilization data for 1983.

Table 2 illustrates the facilities licensed as adult day care and adult day health care facilities licensed as of January 1, 1984. The table indicates that the services are in short supply and unevenly distributed within the state. While other adult day care services exist, only facilities under contract to TDHR are required to obtain a license.

Nutritional programs include home-delivered meals (meals-on-wheels) and congregate meals. The 28 Area Agencies on Aging under the Older Americans Act, provide nutritional services at 831 sites. TDHR also provides nutritional services under Title XX.

Personal care homes and the number of beds available have increased. During 1983, an estimated 787 nursing home beds were converted to personal care beds. Table 3 shows that there were 2,462 licensed personal care beds on January 1, 1984. The table shows that 1356 of these beds were located in wings of 50 nursing homes with 1106 beds in 23 freestanding personal care homes. Five SPRs are without personal care beds. The need for additional personal care beds is illustrated by the selection of this concern as the key issue to be developed in the SHP. Also, personal care homes which provide services mainly for the mentally retarded need to be separated from those which provide services for the elderly.

The TDHR is currently providing state funds for the reimbursement for 406 clients under a supervised living program as illustrated in Table 4. The beds in the program are licensed as personal care or custodial care beds.

While the number of licensed custodial beds has rapidly decreased since Medicaid reimbursement was discontinued except for clients "grandfathered" in, there remained 1188 on January 1, 1984. Table 5 shows the SPR location of these beds. Fifteen SPRs were without custodial beds on January 1, 1984. Custodial beds are included with nursing home beds in the bed projections included in Chapter 9. Table 5 also illustrates the Medicare-Medicaid certification of nursing and custodial beds and presents a beds per population 65 years and older ratio for each SPR. Only 1.2% of the licensed nursing-custodial beds were custodial beds.

Identification of Key Issue

In order to identify major concerns of long term care, 41 state agencies, state associations and other organizations and the executive directors of the 24 Coun-

cils of Government (COG) were contacted by mail and requested to assign a contact person to assist the SHPDA staff in identifying major concerns. Exhibit 1 lists the organizations contacted. The organizations which assigned a contact person are also indicated.

Two survey instruments were prepared and mailed to these assigned contact persons. Organizations from which a response was received are also indicated on Exhibit 1. Exhibit 2 is an example of the survey form mailed to state agencies which were determined to have a key role in the long term care delivery system. Exhibit 3 is an example of the survey form mailed to all other assigned contact persons.

The responses to the survey forms together with SHPDA staff analysis of literature, 12 HSPs, the SHP and the programs of the various agencies were used to develop the list of major concerns listed in the SHP. A prioritization questionnaire was developed from this list of major concerns and is included as Exhibit 4. This questionnaire was mailed to the local agencies listed as "Questionnaire Respondents on Exhibit 1." The items included on the questionnaire were scored and the issues receiving the highest scores were discussed with TDHR, TDoA, and the Bureau of Long Term Care of TDH. Three key issues were identified.

The three key issues together with a short background were presented to the SHCC for selection of the issue to be addressed in the SHP. Exhibit 5 presents the issues and backgrounds as referred to the SHCC. Issue C was selected for inclusion in the SHP.

Major Concerns Referred to Proponent Organizations

Priority issue A concerning the reimbursement of long term care services and the containment of cost is referred to TDHR. As administrator of Medicaid and Title XX federal funds, TDHR must budget state and federal funds which provide medical and socio-economic aid to the indigent elderly and disabled. TDHR is the proponent agency assigned by the legislature to develop a continuum of long term care services to meet the needs of the elderly and disabled. The department publishes standards for financial eligibility and medical eligibility determinations and is responsible for care planning and case management. TDHR should continue to research methods as the channeling program, for providing needed care to the elderly in the most cost efficient/least restrictive manner. TDHR should continue to research methods of reimbursement for care, such as Service Mix Reimbursement (reimbursement of nursing facilities on the basis of average service mix per facility) and prospective payment (payment based on diagnostic groups).

Priority issue B concerning private insurance coverage of long term care services is referred to the State Board of Insurance. Medicare provides important but limited home health care services but was not designed to address long term care needs. Medicaid provides reimbursement for nursing home care and some in-home and community services for the indigent. Title XX provides social services for the indigent. Elderly and disabled who cannot afford to pay for in-home long term care services have often been forced to enter a nursing home in order to receive services. Individuals with limited resources who enter a nursing home must "spend down" these resources before becoming eligible for

Medicaid assistance. Insurance policies should be developed to provide long term care services for the elderly and disabled.

While the development of this issue may not have an affect upon the long term care system in the next few years, it could greatly effect the system as individuals born in the "baby boom" years become elderly. The ever-increasing number of elderly and frail elderly will create a demand for long term care services which will not be met through public assistance programs. Therefore, problems of providing long term care insurance should be studied and plans should be developed to initiate coverage. Major medical health care coverage policies should not be cancelled for persons reaching age 65 or those who have been diagnosed with a chronic illness or condition.

Other major concerns identified through policy analysis and survey of state agencies, organizations, and others are listed in the SHP. These concerns are identified by number and recommended for referral as follows:

Item 3 concerning where and how to spend limited Medicaid and Title XX funds is referred to TDHR. (See referral of Priority Issue 1 for discussion).

Item 4 concerning the development of a methodology to project future needs for nursing home beds is addressed in Chapter 9. SHPDA staff should continue to collect data needed to allow projection for specific levels of bed need, i.e., skilled, ICF, custodial and personal care levels. The effect of initiation of diagnostic related group remibursement in hospitals should be monitored and included in determination of future needs.

Item 5 concerning gaps in the continuum of long term care services is referred to TDHR, TDMHMR, TDoA and TDH as follows:

(a) Mental health problems of the elderly and disabled are referred to TDMHMR. Nursing home administrators and families providing in-home care for the elderly and disabled should be assisted in understanding and dealing with individuals with Alzheimer's and senile dementia. Mental health needs of the elderly and disabled should be integrated into the total treatment program for these individuals, a "holistic" approach. (See Chapter 8, Subchapter VI, Mental Health for discussion of Mental Health issues.) Need for assistance in reimbursment for dental care for the indigent elderly and disabled is referred to TDHR. Determining the need for additional nutritional services, both in-home and congregate meals, is referred to TDHR and TDoA.

(b) The need for additional adult day care, adult day health care, in home and community respite services, in-home attendant care services and transportation services is referred to TDHR. These services are essential services needed to assist the elderly and disabled to remain in their own homes, in homes of family members and in foster homes. TDHR should continue its efforts to determine the need for these services, the costs of providing these services to the indigent and methods of reimbursing providers for these services. Medicaid and Title XX reimbursed providers should be encouraged to expand services to include individuals who are financially able to purchase these services.

(c) The need for additional home health care services and hospice services are referred to TDHR and TDH. TDH, in conjunction with TDHR, should first determine

and then collect the data necessary to project the future need for these services. Providers should be encouraged to expand services to include individuals who are financially able to purchase these services. The effect of adding hospice service for reimbursement under the Medicare program should be studied.

Item 6 concerning the problems of access to services due to fragmentation of the delivery system is referred to the Health and Human Resources Coordinating Council (HHRCC), TDHR, TDoA, TDMHMR and TDH. State programs which provide long term care services to the elderly and disabled which are funded by federal dollars are restricted as to the services that can be reimbursed by the various programs. These programs are disbursed among the various state agencies. These factors have created overlaps and gaps in services. The elderly and disabled who need these services often lack knowledge of available services and/or must apply to more than one agency or various programs within an agency to receive needed services. The HHRCC should work with the various state agencies to coordinate long term care services. TDHR should continue its efforts to standardize eligibility requirements, develop a more comprehensive case management system and utilize client need assessment instruments which can be used in the various program it administers.

Item 7 concerning the maintenance and improvement of the quality of long term care is referred to TDoA, the 28 AAA, TDHR, TDMHMR and TDH. TDoA and the 28 AAAs should continue to provide and further develop ombudsman services and information and referral services under the Older Americans Act. TDH should review and update operating and licensing standards for nursing home, custodial homes, personal care homes, home health agencies, and adult day health care agencies. TDMHMR should insure that mental health services are provided for the elderly. TDHR should continue the development of a continuum of long term care alternatives to institutionalization. The effect of Senate Bill 67 which provides reimbursement for long term care for the artistic should be studied.

Item 8 concerning the supply and distribution of professional and support staff trained to provide geriatric care is referred to the Texas College and University System Coordinating Board, Texas medical schools and Texas schools of nursing. Medical schools should offer additional courses in geriatrics and physicians and nurses should be encouraged to specialize in this area. TDHR and TDH should continue to study staffing requirements for long term care facilities. TDHR and TDH should research methods for reduction of turnover rate of attendants and aides in nursing homes. Factors to be considered include low salaries, burnout factor and poor training.

TABLE 1

HOME HEALTH AGENCIES AND VISITS
1982

HSA	SPR	Number of Counties with Agy. Offices	Licensed Agencies with Offices in SPR		Visits within SPR*
			No. of Lic. Agencies	Visits Provided*	
1	1	2	10	46,107	49,213
2	2	4	12	140,971	111,418
3	8	2	13	192,829	37,648
4	3	8	18	121,370	104,299
	7	5	12	43,643	60,328
	10	2	5	7,894	178,994
5	4	9	61	386,653	209,493
	22	3	5	22,894	27,358
6	11	4	9	14,751	16,368
	12	5	20	52,771	54,833
	13	3	8	119,289	89,037
	23	5	9	12,418	19,305
7	5	4	5	500,936	215,574
	6	9	20	144,832	426,694
8	17	1	4	2,337	5,787
	19	4	4	5,293	3,655
	20	6	14	55,834	56,773
	21	3	15	163,180	35,821
9	18	6	30	201,320	194,994
	24	2	2	1,479	10,384
10	14	8	19	181,906	200,186
	15	3	18	105,179	100,300
11	16	9	70	397,900	309,019
12	9	4	9	26,484	35,454
State		111	392	2,948,270**	2,388,308**

*Visits provided by agencies with offices in a SPR and visits within a SPR do not equal since agencies are licensed to provide visits in counties other than county where office is located. Visits are provided in counties without offices and often provided in counties outside the SPR.

**The total statewide visits in the column headed "Visits provided by licensed agencies in an SPR" represents the total home health visits accomplished in the state. It does not agree with the column headed "Visits within an SPR" because the county where the visit was provided was not always indicated on the annual TDH questionnaires.

Source: 1982 Integrated Facilities File, TDH

TABLE 2

ADULT DAY CARE - DAY HEALTH CARE FACILITIES
January 1, 1984

HSA	SPR	Adult Day Care		Adult Day Health Care		Total		Counties Served
		Fac	Clts*	Fac	Clts*	Fac	Clts*	
1	1			1	100	1	100	1
2	2			1	24	1	24	1
3	8			2	60	2	60	1
4	3							
	7			1	50	1	50	1
	10							
5	4			4	290	4	290	3
	22							
6	11			2	75	2	75	2
	12			1	30	1	30	1
	13							
	23							
7	5	1	15	1	128	2	143	2
	6							
8	17							
	19							
	20							
	21							
9	18			2	110	2	100	1
	24							
10	14							
	15			2	80	2	80	1
11	16			3	140	3	140	1
12	9							
State		1	15	20	1087	21	1102	15

*Number of clients licensed to serve.

Source: Quality Standards Division, TDH.

TABLE 3

PERSONAL CARE HOMES*
January 1, 1984

HSA	SPR	Cntys.	Nursing-Personal Care		Personal Care		Total	
			Fac.	Beds	Fac	Beds	Fac	Beds
1	1	3	3	73			3	73
2	2							
3	8	1	1	61			1	61
4	3	4	4	89	2	117	6	206
	7	2	1	20	1	118	2	138
	10	1	1	24			1	24
5	4	2	3	137	3	432	6	569
	22	2	2	62			2	62
6	11	3	2	36	1	50	3	86
	12	3	2	48	5	99	7	147
	13							
	23							
7	5	3	3	74			3	74
	6							
8	17	1	1	24			1	24
	19							
	20	3	3	65	1	92	4	157
	21	1	1	20			1	20
9	18	7	11	307	6	101	17	408
	24	1	1	24			1	24
10	14	1			1	15	1	15
	15	2	3	60			3	60
11	16	5	8	232	3	82	11	314
12	9							
State		45	50	1,356	23	1,106	73	2,462

*Homes providing services to the elderly, disabled and mentally retarded included.

Source: Quality Standards Division, TDH.

TABLE 4

SUPERVISED LIVING FACILITIES
TDHR PROGRAM

HSA	SPR	County	Agency	No. Clients Per Day/Month
1	1	Randall	Beverly Enterprises	20
4	3	Young	Beverly Enterprises	35
	7	Taylor	Beverly Enterprises	30
5	4	Dallas	National Living Centers, Inc.	51
		Tarrant	Colonial Southwest, Inc.	30
		Tarrant	Family and Individual Svcs.	30
6	12	Travis	Girling and Associates	40
8	19	Jim Wells	Hospitality House, Inc.	15
9	18	Bexar	Retama Nursing Centers, Inc.	20
		Bexar	Alpine Terrace, Inc.	10
10	14	Nacogdoches	Cushing Care Center, Inc.	15
	15	Jefferson	A.R.A. Living Center, Inc.	15
		Jefferson	Texas Health Enterprises	15
11	16	Harris	National Living Centers, Inc.	11
11	16	Liberty	Beverly Enterprises	19
12	9	Howard	United Convalescent	50
State				406

Source: Services to the Aged and Disabled, TDHR

Table 5

LICENSED NURSING/CUSTODIAL BEDS by Certification

1984

	POPULATION 65+	LICENSED BEDS BY CERTIFICATION						BED RATIO (POPULATION 65+)
		SKILLED	ICF	NH NON-PARTICIPATING	CUSTODIAL	CUST NON-PARTICIPATING	TOTAL	
SPR 1. TOTAL (36 FACILITIES)	44890.	230.	2267.	96.	0.	91.	2684.	59.791
HSA 1. TOTAL (36 FACILITIES)	44890.	230.	2267.	96.	0.	91.	2684.	59.791
SPR 2. TOTAL (34 FACILITIES)	38701.	159.	2280.	24.	0.	0.	2463.	63.642
HSA 2. TOTAL (34 FACILITIES)	38701.	159.	2280.	24.	0.	0.	2463.	63.642
SPR 8. TOTAL (11 FACILITIES)	42079.	178.	919.	160.	0.	0.	1257.	29.872
HSA 3. TOTAL (11 FACILITIES)	42079.	178.	919.	160.	0.	0.	1257.	29.872
SPR 3. TOTAL (42 FACILITIES)	34762.	128.	3332.	32.	0.	14.	3506.	100.857
SPR 7. TOTAL (57 FACILITIES)	51938.	361.	4265.	22.	0.	0.	4648.	89.491
SPR 10. TOTAL (19 FACILITIES)	19298.	100.	1349.	10.	0.	0.	1459.	75.604
HSA 4. TOTAL (118 FACILITIES)	105998.	589.	8946.	64.	0.	14.	9613.	90.690
SPR 4. TOTAL (192 FACILITIES)	305603.	4541.	15390.	1457.	75.	351.	21814.	71.380
SPR 22. TOTAL (23 FACILITIES)	24810.	526.	1736.	0.	0.	12.	2274.	91.657
HSA 5. TOTAL (215 FACILITIES)	330413.	5067.	17126.	1457.	75.	363.	24088.	72.903
SPR 11. TOTAL (37 FACILITIES)	45445.	647.	2991.	5.	0.	0.	3643.	80.163
SPR 12. TOTAL (56 FACILITIES)	71853.	365.	4818.	196.	0.	0.	5379.	74.861
SPR 13. TOTAL (16 FACILITIES)	23715.	197.	1615.	22.	0.	0.	1954.	82.395
SPR 23. TOTAL (31 FACILITIES)	29144.	640.	2135.	36.	0.	0.	2811.	96.452
HSA 6. TOTAL (140 FACILITIES)	170157.	1849.	11559.	259.	0.	0.	13787.	81.025
SPR 5. TOTAL (35 FACILITIES)	39828.	45.	3365.	41.	0.	0.	3451.	86.648
SPR 6. TOTAL (70 FACILITIES)	92690.	541.	6050.	142.	0.	44.	6777.	73.115
HSA 7. TOTAL (105 FACILITIES)	132518.	586.	9415.	183.	0.	44.	10228.	77.182
SPR 17. TOTAL (19 FACILITIES)	23082.	46.	1790.	59.	0.	0.	1895.	82.099
SPR 19. TOTAL (3 FACILITIES)	15093.	46.	382.	0.	0.	0.	428.	28.358
SPR 20. TOTAL (24 FACILITIES)	49900.	438.	2395.	69.	0.	0.	2902.	58.156
SPR 21. TOTAL (22 FACILITIES)	58847.	428.	1619.	0.	0.	0.	2047.	34.785
HSA 8. TOTAL (68 FACILITIES)	146922.	958.	6186.	128.	0.	0.	7272.	49.496
SPR 18. TOTAL (77 FACILITIES)	140244.	1228.	6579.	608.	96.	208.	8719.	62.170
SPR 24. TOTAL (6 FACILITIES)	13534.	42.	525.	27.	0.	0.	594.	43.889
HSA 9. TOTAL (83 FACILITIES)	153778.	1270.	7104.	635.	96.	208.	9313.	60.561
SPR 14. TOTAL (31 FACILITIES)	46321.	190.	2325.	0.	0.	0.	2515.	54.295
SPR 15. TOTAL (21 FACILITIES)	42374.	595.	1731.	16.	40.	0.	2382.	56.214
HSA 10. TOTAL (52 FACILITIES)	88695.	785.	4056.	16.	40.	0.	4897.	55.212
SPR 16. TOTAL (113 FACILITIES)	254170.	1438.	10779.	764.	112.	133.	13226.	52.036
HSA 11. TOTAL (113 FACILITIES)	254170.	1438.	10779.	764.	112.	133.	13226.	52.036
SPR 9. TOTAL (22 FACILITIES)	33075.	60.	1761.	31.	0.	69.	1921.	58.080
HSA 12. TOTAL (22 FACILITIES)	33075.	60.	1761.	31.	0.	69.	1921.	58.080
STATE TOTAL (997 FACILITIES)	1541396.	13169.	82398.	3817.	323.	922.	100749.	65.362
%		13.1	81.8	3.8	.3	.9	100.0	

SOURCE: 1984 INTEGRATED FACILITIES FILE, TDH

EXHIBIT 1

LISTING OF ORGANIZATIONS CONTACTED

The following list includes agencies and organization contacted. An X in the first column to the right indicates that a contact person was assigned. An X in the second column indicates that a response was received from the contact person.

State Agencies	Contact Person	Response
State Commission for the Blind	X	X
Texas Commission for the Deaf		
Texas Commission on Alcoholism	X	X
Texas Department on Aging	X	X
Texas Department of Health	X	X
Texas Department of Human Resources	X	X
Texas Department of Mental Health and Mental Retardation	X	X
Texas Education Agency		
Texas Health Facilities Commission	X	X
Governor's Office		
House Committee on Public Health Services		
House Committee on Retirement and Aging		
Senate Committee on Health and Human Resources		
Associations		
Texas Hospital Association	X	X
Texas Medical Association	X	X
Texas Nurses Association	X	X
Texas Health Care Association	X	X
American Association of Retired Persons	X	X
Mental Health Association of Texas	X	X
Parent's Association of Retarded of Texas		
Texas Association of Area Agencies on Aging	X	X
Texas Association of Home Health Agencies		
Texas Association of Homes for the Aging		
Texas Association for Retarded Citizens	X	X
Texas Dietetic Association	X	X
Texas Pharmaceutical Association	X	X
Texas Retired Teachers Association	X	X
Others		
Advocacy, Inc.	X	
Coalition of Texans with Disabilities	X	X
Gray Panthers	X	X
Long Range Plan for Texans with Disabilities		
Lutheran Social Services of Texas		
United Way of Texas	X	
Texas Planning Council for Developmental Disabilities	X	

LISTING OF ORGANIZATIONS CONTACTED

Others (continued)	Contact Person	Response
Texas Society for Autistic Citizens		
St. Benedict Health Care Center	X	X
Texas Long Term Gerontology Center for Region VI	X	
Texas Board of Nursing Home Administrators	X	X
North Texas State University Gerontological Center	X	X
Trinity University	X	
University of Texas Medical Branch, Galveston	X	
Councils of Governments		
West Texas	X	
Golden Crescent	X	
Houston-Galveston Area Council	X	
Ark-Tex	X	X
Central Texas	X	X
Coastal Bend	X	X
Questionnaire Respondents		
Local Health Departments		X
Community Health Centers		X
County Medical Societies		X
Councils of Government		X
Private Corporations		X
Others		X

EXHIBIT 2

SURVEY FORM OF MAJOR STATE AGENCIES
LONG-TERM INSTITUTIONAL CARE AND ALTERNATIVES

CURRENT STATUS

1. What are the major priority concerns in long-term care that are presently being addressed by your agency?

2. What major programs and policies are being used to address these concerns?

3. What are the costs involved in implementation of these programs and how are they funded?

4. To what extent do you consider these efforts cost-effective?

5. To what extent do you consider these efforts to be successful in meeting the needs of long-term care recipients?

6. Do you believe that gaps and/or overlaps in services exist among the various agencies involved in the delivery/reimbursement of long-term care? If so, please identify them.

7. What recommendations do you have for developing improved coordination between your agency and other departments and agencies where this may be indicated?

FUTURE CONCERNS

1. What new or additional long-term care concerns do you believe will need to be addressed in the future?

2. What new programs and/or policies would you recommend for addressing these future concerns? Please explain why you consider these new programs and/or policies necessary.

3. What shifting of current federal and/or state funding or new sources of revenue would you suggest to finance these new programs and/or policies?

4. What constraints will likely be experienced when trying to implement these programs and/or policies?

5. To what extent do you believe these new programs and/or policies can be made cost-effective?

6. What methods would you use to evaluate the effectiveness of these new programs and/or policies?

7. What do you predict as the results of implementation of these new programs and/or policies, i.e., how will they benefit the recipients?

8. To what extent do you believe that enough flexibility can be built into the new programs and/or policies to take care of unanticipated problems?

9. In your opinion, if no changes are made in current programs and policies, to what extent will they meet future long-term care needs?

Note: 1. Please provide available data to substantiate your answers to any of the above questions, i.e., facilities, clients, funding, manpower, utilization, distribution, and demand.

2. Please briefly describe the method of data collection and management your agency is presently using.

EXHIBIT 3

SURVEY FORM FOR OTHER STATE AGENCIES, ASSOCIATIONS AND ORGANIZATIONS
LONG TERM INSTITUTIONAL CARE AND ALTERNATIVES

CURRENT STATUS

1. What do you consider to be the major concerns involved in the delivery/reimbursement of long term care in Texas?

2. What methods are you using or do you recommend to be used in addressing these concerns?

3. What costs do you anticipate will be involved in addressing these concerns and how should they be funded?

4. To what extent do you consider existing programs and services to be successful in meeting the needs of persons in need of long-term care?

5. Do you believe that gaps and/or overlaps in services exist among the various agencies involved in the delivery/reimbursement of long-term care? If so, please identify them.

6. What recommendations do you have for developing improved coordination among the various agencies involved in the delivery/reimbursement of long-term care where this may be indicated?

FUTURE CONCERNS

1. What new or additional long-term care concerns do you believe will need to be addressed in the future?

2. What new programs and/or policies would you recommend for addressing these future concerns? Please explain why you consider these new services and/or policies necessary.

3. What shifting of current federal and/or state funding or new sources of revenue would you suggest to finance these new programs and/or policies?

4. What constraints will likely be experienced when trying to implement these programs and/or policies?

5. What methods would you use to evaluate the effectiveness of these new programs and/or policies?

6. In your opinion, if no changes are made in current programs and policies, to what extent will they meet future long-term care needs?

EXHIBIT 4

PRIORITIZATION OF LONG TERM INSTITUTIONAL CARE
AND ALTERNATIVE SERVICES CONCERNS QUESTIONNAIRE

1. Factors such as the rapid rise in costs of care, the capping of Federal medicaid funds and the expanding number of the frail elderly indicate that public funding for long term care for the indigent elderly and the disabled will probably be inadequate to meet future needs. Therefore, methods for providing additional funds combined with methods for reducing the costs of care need to be developed and implemented.

very high concern	high concern	moderate concern	low concern	very low concern

2. The Medicaid Program should allow provision of care most appropriate to a patient's individual needs and the program should be expanded to include reimbursement for additional home and community services, community inpatient care for the mentally ill, social services and assistance to families caring for the elderly or disabled in the home. Accordingly, coverage under the Medicaid Program should be reevaluated to determine whether an expansion of the system is advisable.

very high concern	high concern	moderate concern	low concern	very low concern

3. The Medicaid nursing home reimbursement rate structure which has only two levels of care, i.e., skilled and intermediate may not reimburse providers directly in proportion to the individual care needs of a patient. A weighted cost reimbursement system or a schedule similar to the diagnostic related group system for hospitals should be developed and implemented for nursing homes and facilities for intermediate care mentally retarded V and VI patients.

very high concern	high concern	moderate concern	low concern	very low concern

4. Private insurance which provides long term care benefits for the elderly is limited in Texas. Therefore:

   A. Private insurance companies should be encouraged to develop and offer new policies and riders to existing policies to cover long term care services.

very high concern	high concern	moderate concern	low concern	very low concern

   B. The State should investigate the possibility of state insurance or subsidies to private companies for long term care coverage.

very high concern	high concern	moderate concern	low concern	very low concern

PRIORITIZATION OF LONG TERM INSTITUTIONAL CARE
AND ALTERNATIVE SERVICES CONCERNS QUESTIONNAIRE

5. Population projections indicate a rapid expansion in the 65 and over population, the prime users of long term care facilities and services. Accordingly, methodologies need to be improved/developed to better project the need for skilled, intermediate care and personal care beds and they should include consideration of additional factors such as the impact of home health services, the implementation of the Medicare Diagnostic Related Group (DRG) Reimbursement System in hospitals and requirements for modernization/replacement of existing facilities.

very high concern	high concern	moderate concern	low concern	very low concern

6. Certain services are not available to the disabled and elderly. Providers should be encouraged to expand/develop the following types of services for the disabled and elderly:

A. Dental services, treatment services for elderly with Alsheimer's Disease or Senile Dementia and nutritional services to eliminate hunger and malnutrition.

very high concern	high concern	moderate concern	low concern	very low concern

B. Community services such as adult day care, respite care, transportation and supportive social programs.

very high concern	high concern	moderate concern	low concern	very low concern

C. Home health care and hospice services.

very high concern	high concern	moderate concern	low concern	very low concern

D. Living arrangements such as sheltered apartment living, foster homes, retirement homes and villages, halfway houses and personal care homes.

very high concern	high concern	moderate concern	low concern	very low concern

PRIORITIZATION OF LONG TERM INSTITUTIONAL CARE
AND ALTERNATIVE SERVICES CONCERNS QUESTIONNAIRE

7. Many disabled and elderly are experiencing difficulties in locating and financing long term care health and support services that fit their individual needs. Interagency coordination concerning needs assessment and eligibility determination should be improved to include interagency coordination on a regional basis.

very high concern	high concern	moderate concern	low concern	very low concern

8. Complaints through the Ombudsman Program and evidence of high turnover in nursing home staff personnel are among indicators that the quality of care in some nursing homes could be improved. Programs to improve quality of care should be developed to include additional funds to support the surveillance program and development of improved methods to recruit, train and retain nursing home staff personnel.

very high concern	high concern	moderate concern	low concern	very low concern

Additional Specific Concerns:

1. _____

_____

_____

_____

very high concern	high concern	moderate concern	low concern	very low concern

2. _____

_____

_____

_____

very high concern	high concern	moderate concern	low concern	very low concern

EXHIBIT 5

PRIORITY ISSUES PRESENTED TO THE
STATEWIDE HEALTH COORDINATING COUNCIL

Priority Issue 1

Factors such as the rapid rise in costs of care, the capping of Federal Medicaid funds and the expanding number of frail elderly indicate that public funding for long term care for the indigent elderly and the disabled will probably be inadequate to meet future needs. Therefore, methods for providing additional funds combined with methods for reducing the costs of care need to be developed and implemented.

Background

Currently, there are approximately 1.4 million Texans sixty-five and over, the prime users of long term care facilities and services. The Texas Department of Human Resources (TDHR) estimated that about 200,000 of this population are qualified both physically and financially for medicaid assistance. However, about 30,000 aged individuals are currently being served by TDHR. Population projections indicate a rapid expansion of this population and the sub-population of frail elderly (75+) within the next decade. It is predicted that this increasing population will create a demand for increased services. The capping of Federal medical funds and more costly services caused by inflation will create a greater demand upon the state to provide funding for indigent care. Methods to provide more efficient delivery of services and methods for locating additional funds need to be developed in order that future demand for services will be met.

Priority Issue 2

Individuals with physical or mental impairments must receive long term care services on a recurring or continuous basis. These services place a continuous drain upon personal income resources of the aged and disabled. Private insurance companies should be encouraged to develop and offer new policies and riders to existing policies to cover long term care services.

Background

Representatives of TDHR indicate that approximately 80% of nursing home care is financed by Medicaid dollars. Many elderly individuals enter nursing homes as private pay clients, but eventually exhaust their resources and become eligible for Medicaid assistance. Home health care and community care are Medicare and Medicaid oriented and often exclude private pay individuals. Development of insurance policies to provide coverage for long term care services would protect the personal resources of institutionalized individuals, reduce the number of individuals whose care is reimbursed by Medicaid and encourage community and home care providers to expand services to private pay and insured individuals.

EXHIBIT 5 - PAGE 2

PRIORITY ISSUES PRESENTED TO THE
STATEWIDE HEALTH COORDINATING COUNCIL

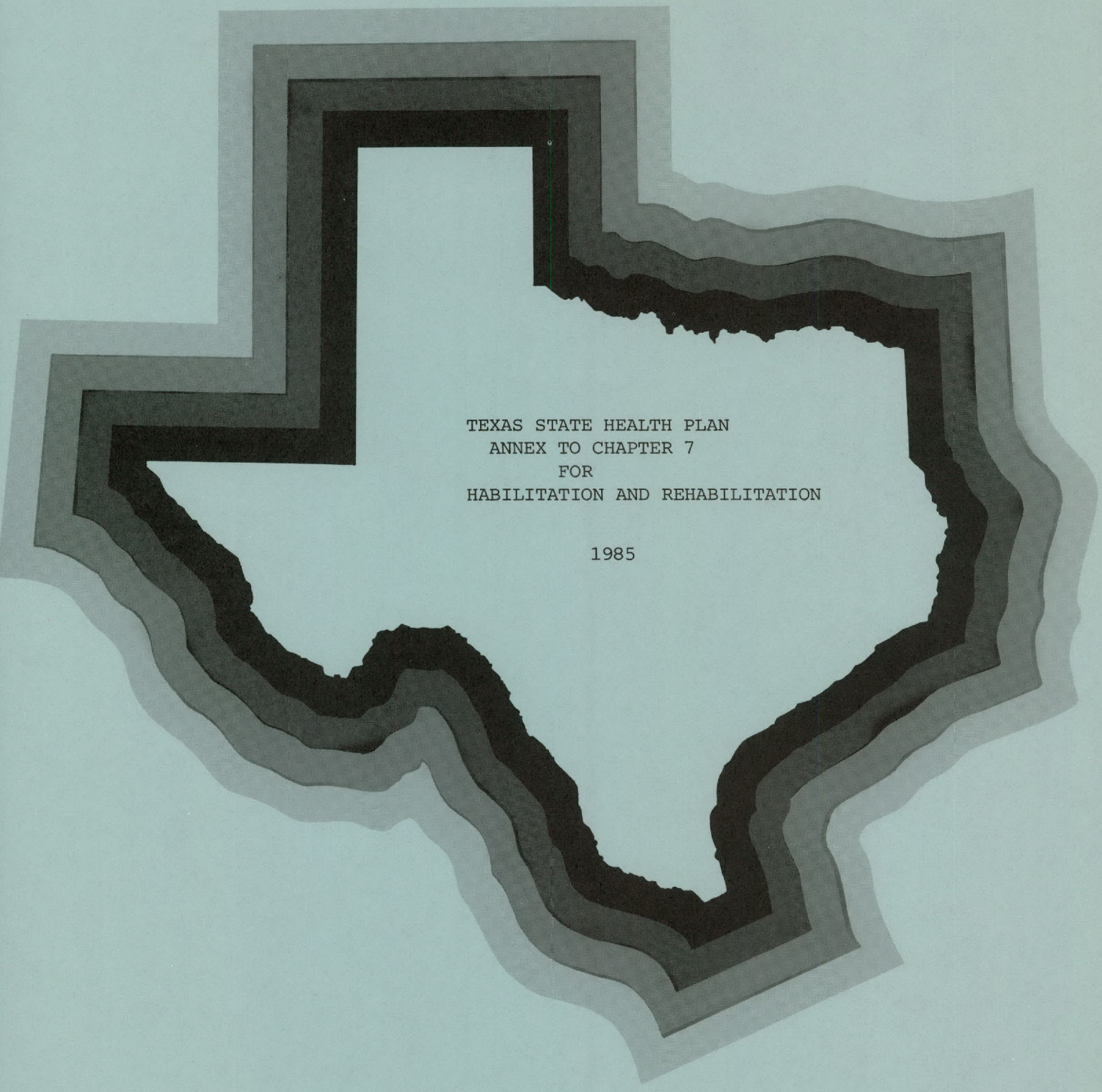
Priority Issue 3

Certain services are not uniformly available to all the disabled and elderly who need them. There is an urgent need for additional non-medical living facilities which provide supervised living arrangements for the elderly and disabled such as sheltered apartment living, foster homes, retirement homes and villages, halfway houses and personal care homes. These facilities should provide protective services, socialization, transportation services and personal care to meet the needs of the residents.

Background

In 1980, admissions to custodial care (ICF-II) under Medicaid were discontinued. Waivers were provided to continue this care for approximately 15,000 individuals who were receiving custodial care at the time. Since 1980, eligible indigent elderly and disabled not "grandfathered" under the custodial care program who required protective nutritional, transportation and personal care services have been provided for in-home services and community services under Title XVIII, XIX and XX. The Joint Committee on Long Term Care Alternatives in its final report to the Texas Legislature recommended that congregate housing be encouraged to provide an alternative residence and semi-independent lifestyle for the elderly and disabled (Recommendations #4). The 68th legislature provided limited funds and TDHR is currently administering these funds to provide sheltered living arrangements in 13 facilities across the state. These facilities are required to be licensed as either custodial or personal care homes. Statewide and local input indicate a need for additional sheltered living facilities for the elderly and disabled.

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 7
FOR
HABILITATION AND REHABILITATION

1985

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CHAPTER 7: HABILITATION AND REHABILITATION

POLICY ANALYSIS

DESCRIPTION

In order to understand better the services offered in H&R and the need for such services, we should explore the meaning of 'disability'. A human disability is any limitation of physical, mental or social acitivity of an individual as compared with other individuals of similar age, sex and occupation. It frequently refers to limitation of the usual or major activities, most commonly vocational. There are varying types of disabilities: functional; vocational; learning; mental illness; emotional disorders; and degrees: partial or total; and durations: temporary or permanent. This concept speaks to the limitation itself, whereas the term 'handicap' denotes the difficulty of achievement in overcoming the disability.

It can readily be seen that special treatment services involving and combining medical care, psychological and psychiatric treatment and the teaching of skills are sorely needed to assist disabled individuals. H&R services do offer that assistance.

Rehabilitation is the combined and coordinated use of medical, social, educational and vocational measures for training or retraining individuals disabled by disease or injury to the highest level of functional ablity. Habilitation is used for similar activities undertaken for individuals born with limited functional ability, as compared with people who have lost abilities because of disease or injury.

The disabling conditions are varied, complex, large in number and frequently occur in multiples, rather than singly, which compounds the task of the service providers. The services are, therefore, varied, complex, numerous and, ideally, should be delivered in a planned, combined and coordinated manner where patient multiple needs exist.

The disabling conditions include, but are not limited to the following: alcoholism, alzheimer's disease, cystic fibrosis, arthritis, autism, cancer, cardio-vascular conditions, cerebral palsy, deafness and hearing impairments, down's syndrome, drug abuse, emotional disturbances, epilepsy, head injury, learning disabilities, legal definitions of handicapping conditions, mental retardation, multiple sclerosis, muscular dystrophy, physical disabilities and special health problems, severe handicaps, speech and language impairments, spina bifida, spinal cord injury, and visual impairment.

We have not added categories on family violence, venereal diseases and motor vehicle mayhem but they do exist in large numbers and require extensive rehabilitative care.

From such a list, four things are readily apparent: these conditions can and do occur in multiples; these conditions generate sufficient physical and emotional pain and distress to overwhelm the disabled person; the needs of the disabled, both in terms of individualized services and caring professions, are sufficient

to overwhelm the H&R services delivery system; and there is a lack of incidence/prevalence rates for these disabling conditions. Exhibit 4 has been prepared listing those disabling conditions for which we could locate current prevalence rates, some national and some for Texas, with sources cited.

In the interest of reducing the scope of this study to a size more easily understood, we have excluded an inventory of those medical services needed for long-term physical disabilities. Such treatment is on the tertiary level and is not within the category of primary medical care services. The same exclusion is applied for those mental and emotional disabilities which require long term institutionalization. These services are essential for the rehabilitation of those severely disabled persons in need of extensive medical, surgical and psychiatric treatment, but there does exist a fairly elaborate system of facilities and trained staff to handle these situations. They may or may not be adequate, but that question must be answered at a later date in another study.

The great majority of the disabled persons in Texas are those with conditions which can be treated in community outpatient service settings, whether in a hospital or a freestanding clinic. These are the people who require an increased number and diversity of outpatient services in their rural communities, or at the very least, some practical means of accessing those services they need, even if they are one or two counties away.

Table 2 lists the 1982 inventory of the hospitals and freestanding clinics in each state planning region (SPR) which offers outpatient H&R services. This Table also lists the 1985 estimates for the number of disabled persons excluding age 65 and over, the number of 65 and over disabled, the grand total of disabled persons, the 1989 estimates for total disabled persons, and the state totals for the facilities and numbers of disabled persons.

The H&R outpatient services offered in these facilities are limited to audio therapy, medical evaluation, medical supervision, occupational therapy, physical therapy, prosthetics, psychiatric, psychological evaluation, recreational therapy, social case work, social evaluation, speech therapy, and vocational services. These services are not offered in a full array in each outpatient facility, the rule being only one or two such services except in the larger hospital facilities where space, equipment and trained staff are available. The most commonly offered outpatient services are: audio therapy, physical therapy; and speech therapy.

The communities have very little to offer in the way of sheltered workshops; education to reduce dependency like living skills, recreation and coping with architectural barriers, prosthetics, orthotics, employment placement services, community housing, manpower training, whether professional or volunteer, and the extended services such as tele-communications, library, Client Assistance Projects (CAPS), Community Alternative Service Systems (CASS) which are for the developmentally disabled and respite care for the families of the disabled.

There is a great and growing need for community level outpatient services for disabled persons. As the federal government withdraws it financial support, there is a great challenge for community leaders. As the federal money disappears, so does the political power which returns to the communities and the state the power to tackle problems and create change at the local level. The federal restraints will fade away and a large number of problems can be solved

at the local level with a lot less money. There must be an appreciation of future trends and a willingness to focus efforts for change and progress at the local and state levels if problems are to be solved.

The future trends show that the number of disabled persons is increasing, that too few outpatient H&R services exist, that the services must be publicized to both the disabled and the providers, and that the services must be made accessible to those in need. All of these needs can be met if there is a willingness on the part of the state and local leaders to act in concert and cooperation. The most pervasive problems will yield to such efforts.

Major Concern Referred to Proponent Organizations The second concern selected by the Statewide Health Coordinating Council (SHCC) to be referred to those state agencies and proponent organizations is the need for increased community level outpatient H&R services. It can be seen from the H&R narrative section that a real need for additional services does exist.

The available data does not aid in identifying the specific services needed in a specific town, city, or county. As the implementors move to establish the transportation system described under the first priority, the non-profit corporations which will operate the transportation system will collect information and data on its medical care riders. That information will include the disabling condition/s, residence, location of outpatient service attended, and an outreach publicity and education program. All of this information will be sent to the 'Texas Transportation Agency' for transmittal to the state and federal agencies for a determination of its eligible client population in the rural counties of the state.

As this process moves forward, the state and federal agencies will be able to identify the disabled by their location, condition, services used, and the needed services. The gaps in services can be determined and where the transportation system does not provide the means of accessing the needed services, then, and only then, can the responsible state and local agencies undertake to establish and offer the needed H&R outpatient services.

The need for manpower training must be planned for by the various training schools, colleges and universities, based on shared information from the state and local agencies.

Those same state agencies which will be joined together in the 'Texas Transportation Agency' solution to the first priority are the primary implementing agencies in this second priority. They are the Texas Department of Health (TDH), Texas Rehabilitation Commission (TRC), Texas Youth Commission (TYC), Texas Department of Mental Health and Mental Retardation (TDMHMR), Texas Commission for the Deaf (TCD), Texas Department of Human Resources (TDHR), Texas Commission for the Blind (TCB), Texas Commission on Alcoholism (TCA), Texas Department on Aging (TDoA), Texas Department of Community Affairs (TDCA) and the Texas Education Agency (TEA).

It is true that this is primarily a medical services function, but coordination in the joint use of facilities and the coordinated location of jointly rented facilities, will have a major impact on reducing the initial costs of establishing new outpatient services. The agencies are urged to work closely together and with the communities in order to supply the needed services at the most reasonable cost.

The SPRs identified under the first priority are included as principal planners and leaders in the community process of implementation. These are the areas with the largest number of counties without any H&R outpatient services and/or with large numbers of disabled persons and will, in all probability, be those areas identified for the creation of new outpatient services.

EXHIBIT 1
INTERESTED PARTIES CONTACTED

The following agencies and organizations were contacted and their assistance is noted and appreciated:

Texas Commission on Alcoholism
State Commission for the Blind
Texas Commission for the Deaf
Texas Department of Health - Spec. Hlth. Svcs.
Texas Department of Human Resources
Texs Department of Mental Hlth./Mental Retardation
Texas Rehabilitation Commission
Shrine Hospital For Crippled Children - Dallas
Scottish Rite Hospital For Crippled Children - Dallas
American Association of Retired Persons
American Cancer Society
American Lung Association
Coalition of Texans with Disabilities
Long-Range Plan of Texans with Disabilities
House Committee on Physical Health
House Committee on Retired and Aging
Houston-Galveston Area Council
Scott & White Hospital - Temple
Senate Committee on Health and Human Resources
State Board of Pharmacy
Texas Association for Retarded Citizens
Texas Chiropractic Association
Texas Department on Aging
Texas Dietetic Association
Texas Hosptial Association
Texas Health Facilities Commission
Texas Medical Association
Texas Mental Health Association
Texas Nurses Association
Texas Physical Therapy Association
Texas Planning Commission of Developmental Disab.
Texas Psychological Association
Texas Speech/Language/Hearing Association
State Board of Dental Exams
Texas Youth Commission
United Way
Institute of Rehabilitation and Research
St. Benedict Health Care Center - San Antonio
Greater Houston Hospital Council
Ark-Tex Council of Government
West Central Texas Council of Government
West Texas Council of Government
Texas Safety Association
Texas Department of Community Affairs
Advocacy, Inc.

EXHIBIT 2

MEMBERS OF THE HUMAN SERVICES
INTERAGENCY COMMITTEE (HSIC)

Texas Department of Health (TDH)

Texas Rehabilitation Commission (TRC)

Texas Youth Commission (TYC)

Texas Department of Mental Health and
Mental Retardation (TDMHMR)

Texas Department of Human Resources (TDHR)

Texas Commission for the Blind (TCB)

Texas Commission on Alcoholism (TCA)

Texas Department on Aging (TDA)

Texas Department of Community Affairs (TDCA)

Texas Education Agency (TEA)

EXHIBIT 3

65th LEGISLATURE-REGULAR SESSION

SCHOOL BUSES - USE FOR NONSCHOOL ACTIVITIES

CHAPTER 864

H.B. No. 884

An Act relating to the use of school buses for nonschool activities; amending Section 16.204, Texas Education Code, as added.

Be it enacted by the Legislature of the State of Texas:

Section 1. Section 16.204. Texas Education Code, as added, is amended(35) to read as follows:

"Sec. 16.204. Use of Buses for Extracurricular Activities, Etc.

"(a) The county school boards and the state commission of education shall promulgate regulations in regard to the use of school buses, for other than transporting eligible children to and from school. Under rules and regulations of the State Board of Education, the appropriate district allocation in the county transportation fund, when approved by the county school board, or the district transportation fund, when approved by the board of trustees of the independent school district operating its own transportation system, may be used for school bus transportation of its pupils and necessary personnel on extracurricular activities and field trips sponsored by the respective district.

"(b) Subject to the rules of the commissioner of education, a school district or county school board governing a countywide transportation system may contract with governmental agencies or nonprofit organizations for the use of school buses for the transportation of senior citizens or handicapped persons."

Sec. 2. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

Passed by the House on May 13, 1977, by a non-record vote; passed by the Senate on May 27, 1977: Yeas 32, Nays 0.

Approved June 17, 1977.

Effective Aug. 29, 1977, 90 days after date of adjournment.

(35)V.T.C.A. Education Code. - 16.204.

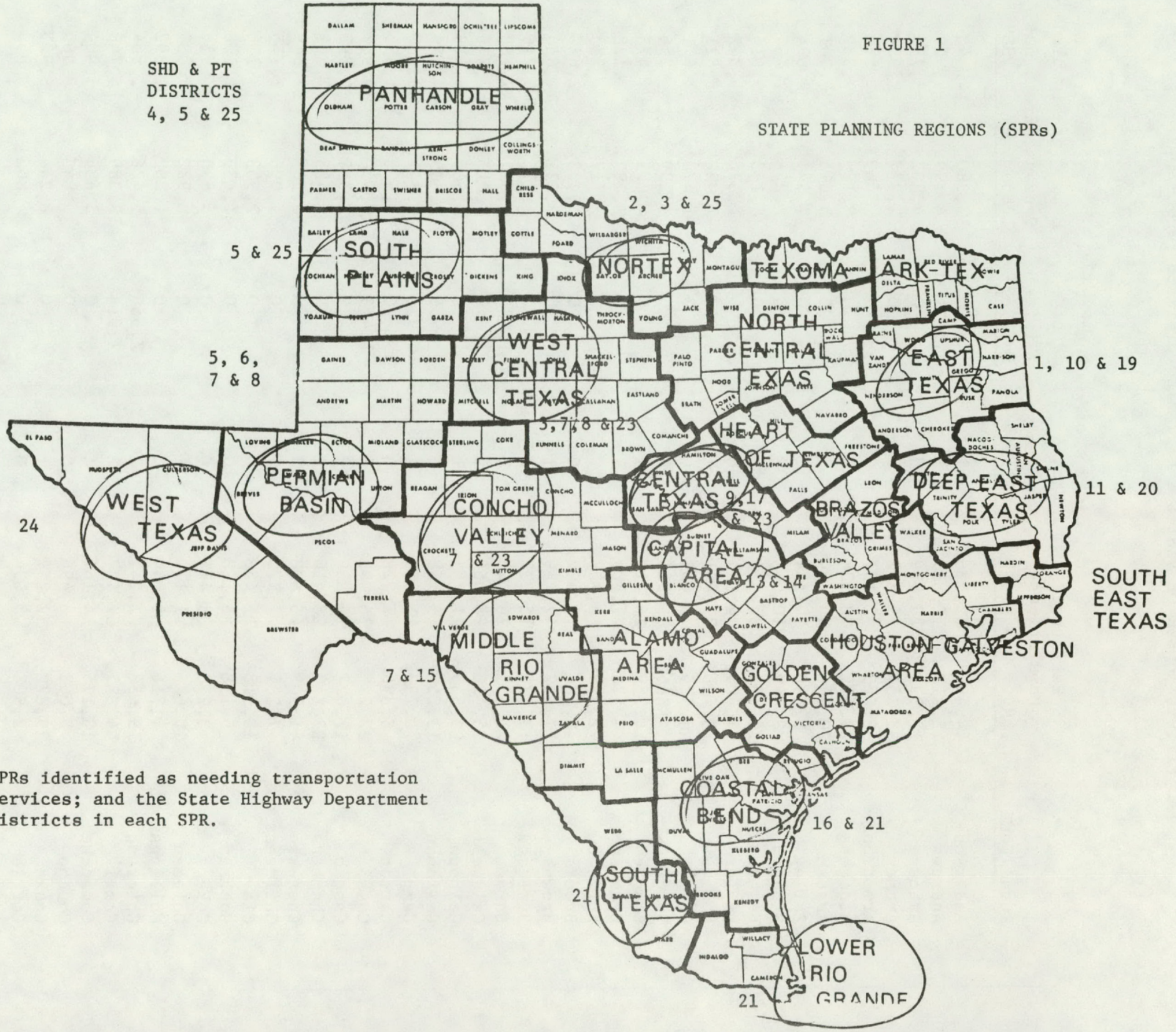
EXHIBIT 4

SELECTED PREVALENCE RATES

DISABLING CONDITION	PREVALENCE RATE & SOURCE
Alcoholism	5.1% of Texas general population, Texas Commission on Alcoholism (TCA).
Autism	.04%, or approximately 5 out of every 10,000 live births, National Information Center for Handicapped Children & Youth (NIC for HC&Y).
Cerebral Palsy	700,000 Americans, or 16 out of every 5,000; 10,000 babies born each year and another 2,000 acquire it in early years of life, NIC for HC&Y.
Deafness and Hearing Impairments	16 million Americans have hearing impairments and of these, 2 million are deaf, Gallaudet College and the National Assoc. of the Deaf.
Down's Syndrome	1 per 800 live births, or approximately 7,000 in the U.S. each year, NIC for HC&Y.
Drug Abuse	5% of Texas population in need of counselling, Texas Department of Community Affairs (TDCA).
Emotional Disturbances	10% of the total school age population including 2% with severe emotional/behavioral problems, NIC for HC&Y.
Epilepsy	Approximately 2% of the national population, or 2 million Americans and 100,000 new cases each year, of which 3/4 are children or adolescents, NIC for HC&Y.
Learning Disabilities	2 to 3% of school-aged children and youth, NIC for HC&Y.
Mental Retardation	3% of general population, NIC for HC&Y.
Physical Disabilities and Special Health Problems	.5% of school-aged children, NIC for HC&Y.
Speech and Language Impairments	5% of school-aged children, NIC for HC&Y.
Spina Bifida (Cleft Spine)	40% of all Americans have bone openings in the spine; 4% have meningocele, with spine intact but sheath or covering in a sac, and of these 4%, 96% have a severed spinal column including bone and nerves, NIC for HC&Y.
Visual Impairments	7 per 1000 for those under 45, 44.5 per 1000 for those over 65, NIC for HC&Y.

FIGURE 1

STATE PLANNING REGIONS (SPRs)



SPRs identified as needing transportation services; and the State Highway Department Districts in each SPR.

TABLE 1

RURAL COUNTIES WITH ESTIMATED POPULATION, NUMBER OF FACILITIES, NUMBER OF VISITS & ESTIMATED DISABLED POPULATION

Rural Counties	Estimated Population[1] 1985	1989	1982 # of Fac. & Freestndg. Clinics[2]	Reported # of Visits in 1982[2]	Est. # of Disabled Persons (Excl. 65+) 1985	1989
Anderson	44,494	52,336	1	0	12,280	14,445
Andrews	15,212	17,887	1	4,151	4,199	4,937
Aransas	17,397	20,959	0	0	4,802	5,785
Archer	8,251	9,252	0	0	2,277	2,554
Armstrong	2,063	2,157	0	0	569	595
Atascosa	29,452	33,836	0	0	8,129	9,339
Austin	20,346	23,120	1	0	5,615	6,381
Bailey	8,846	10,484	1	0	2,441	2,894
Bandera	8,499	10,016	0	0	2,346	2,764
Bastrop	29,502	34,832	0	0	8,143	9,614
Baylor	4,805	4,864	0	0	1,326	1,342
Bee	28,726	31,961	1	6,900	7,928	8,821
Blanco	5,325	6,053	0	0	1,470	1,671
Borden	866	929	0	0	239	256
Bosque	14,759	16,215	1	0	4,073	4,475
Brewster	7,578	7,709	1	0	2,092	2,128
Briscoe	2,599	2,837	0	0	717	783
Brooks	8,886	9,492	0	0	2,453	2,620
Brown	37,432	42,159	1	0	10,331	11,636
Burleson	13,677	15,277	0	0	3,775	4,216
Burnet	21,855	26,045	1	1,483	6,032	7,188
Caldwell	25,415	28,064	2	0	7,015	7,746
Calhoun	20,539	21,785	1	0	5,669	6,013
Callahan	13,056	15,168	0	0	3,603	4,186
Camp	10,293	11,450	1	975	2,841	3,160
Carson	6,896	7,228	0	0	1,903	1,995
Cass	32,790	36,093	2	1,419	9,050	9,962
Castro	12,027	14,830	0	0	3,319	4,093
Chambers	23,272	28,410	1	0	6,423	7,841
Cherokee	41,908	45,828	3	0	11,567	12,649
Childress	7,231	7,770	1	0	1,996	2,145
Clay	10,518	11,436	0	0	2,903	3,156
Cochran	5,198	6,188	0	0	1,435	1,708
Coke	3,253	3,464	0	0	898	956
Coleman	10,624	11,171	1	0	2,932	3,083
Collingsworth	4,716	5,044	0	0	1,302	1,392
Colorado	19,658	21,247	2	2,566	5,426	5,864
Comal	44,887	52,427	2	2,914	12,389	14,746
Comanche	13,175	14,144	1	0	3,636	3,904
Concho	3,062	3,496	0	0	845	965
Cooke	29,870	32,257	1	0	8,244	8,903
Cottle	2,908	3,094	0	0	803	854

Rural Counties	Estimated Population[1] 1985	1989	1982 # of Fac. & Freestndg. Clinics[2]	Reported # of Visits in 1982[2]	Est. # of Disabled Persons (Excl. 65+) 1985	1989
Crane	5,108	5,998	0	0	1,410	1,655
Crockett	5,355	6,579	0	0	1,478	1,816
Crosby	9,810	11,836	0	0	2,708	3,267
Culberson	4,305	5,790	0	0	1,188	1,598
Dallam	6,938	7,641	0	0	1,915	2,109
Dawson	16,236	16,597	1	10,972	4,481	4,581
Deaf Smith	24,609	30,460	1	0	6,792	8,407
Delta	4,884	5,035	0	0	1,348	1,390
De Witt	19,332	20,087	0	0	5,336	5,544
Dickens	3,554	3,825	0	0	981	1,056
Dimmit	12,981	14,671	1	0	3,583	4,049
Donley	4,353	4,684	0	0	1,201	1,293
Duval	13,468	14,578	0	0	3,717	4,024
Eastland	20,356	21,516	0	0	5,618	5,938
Edwards	2,391	3,057	0	0	660	844
Erath	25,192	27,981	1	0	6,953	7,723
Falls	18,390	19,359	2	0	5,076	5,343
Fannin	25,268	26,325	1	0	6,974	7,266
Fayette	19,710	20,997	1	0	5,440	5,795
Fisher	5,956	6,433	0	0	1,644	1,776
Floyd	10,761	12,877	1	0	2,970	3,554
Foard	2,111	2,205	0	0	583	609
Franklin	8,015	9,168	1	705	2,212	2,530
Freestone	17,895	21,288	2	0	4,939	5,875
Frio	15,908	18,154	1	604	4,391	5,011
Gaines	14,594	17,143	1	0	4,028	4,731
Garza	5,613	6,324	0	0	1,549	1,745
Gillespie	15,264	17,220	1	0	4,213	4,753
Glasscock	1,435	1,696	0	0	396	468
Goliad	5,671	6,640	0	0	1,565	1,833
Gonzales	17,442	18,147	1	6,346	4,814	5,009
Gray	26,040	26,436	1	0	7,187	7,296
Grimes	14,761	16,234	1	0	4,074	4,481
Hale	40,839	45,084	3	720	11,272	12,443
Hall	5,567	5,907	0	0	1,536	1,630
Hamilton	8,972	9,691	0	0	2,476	2,674
Hansford	6,239	6,570	0	0	1,722	1,813
Hardeman	6,396	6,675	1	591	1,765	1,842
Hardin	47,887	54,905	2	0	13,217	15,154
Hartley	4,732	5,500	0	0	1,306	1,518
Haskell	7,553	7,937	0	0	2,085	2,191
Hays	42,991	47,239	0	0	11,866	13,038
Hemphill	6,917	8,797	0	0	1,909	2,428
Hill	26,451	28,208	3	4,934	7,300	7,785
Hockley	25,225	27,648	1	2,555	6,962	7,631
Hood	25,429	34,193	1	0	7,018	9,437
Hopkins	27,924	30,550	1	0	7,707	8,432
Houston	24,844	27,894	2	850	6,857	7,699

Rural Counties	Estimated Population[1] 1985	1989	1982 # of Fac. & Freestndg. Clinics[2]	Reported # of Visits in 1982[2]	Est. # of Disabled Persons (Excl. 65+) 1985	1989
Howard	31,536	31,182	2	7,515	10,360	8,606
Hudspeth	3,417	4,478	0	0	943	1,236
Hutchinson	27,159	28,724	1	0	7,496	7,928
Irion	1,604	1,874	0	0	443	517
Jack	7,834	8,317	0	0	2,162	2,295
Jackson	13,790	15,002	2	0	3,806	4,141
Jasper	34,487	38,020	2	2,695	9,518	10,494
Jeff Davis	1,882	2,298	0	0	519	634
JIm Hogg	5,733	6,348	0	0	1,582	1,752
Jim Wells	39,329	42,628	1	0	10,855	11,765
Jones	18,245	19,928	1	0	5,036	5,500
Karnes	13,810	14,307	1	1,093	3,812	3,949
Kaufman	43,650	48,442	3	0	12,047	13,370
Kendall	12,837	15,189	1	0	3,543	4,192
Kenedy	703	963	0	0	194	266
Kent	1,053	1,035	0	0	291	286
Kerr	34,280	40,215	3	50	9,461	11,099
Kimble	4,195	4,560	0	0	1,158	1,259
King	439	486	0	0	121	134
Kinney	2,733	3,524	0	0	754	973
Kleberg	34,623	36,376	1	0	9,556	10,040
Knox	5,253	5,575	1	0	1,450	1,539
Lamar	45,801	49,305	2	0	12,641	13,608
Lamb	19,673	21,168	1	1,500	5,430	5,842
Lampasas	13,735	15,702	1	0	3,791	4,334
La Salle	5,905	6,331	0	0	1,630	1,747
Lavaca	19,680	20,753	3	2,044	5,432	5,728
Lee	12,918	15,249	0	0	3,565	4,209
Leon	10,380	11,348	1	564	2,865	3,132
Limestone	21,296	22,562	2	0	3,878	6,227
Lipscomb	4,042	4,433	0	0	1,116	1,224
Live Oak	11,676	13,819	0	0	3,223	3,874
Llano	11,732	13,350	1	0	3,238	3,684
Loving	81	82	0	0	22	23
Lynn	9,473	11,396	0	0	2,615	3,145
McCulloch	9,024	9,839	1	0	2,491	2,716
McMullen	770	862	0	0	213	238
Madison	11,043	12,514	0	0	3,048	3,454
Marion	11,610	12,925	0	0	3,204	3,567
Martin	5,106	6,059	0	0	1,409	1,672
Mason	3,850	4,188	0	0	1,063	1,156
Matagorda	44,803	52,501	2	0	12,366	14,490
Maverick	43,468	57,339	1	0	11,997	14,826
Medina	25,063	26,918	1	0	6,917	7,429
Menard	2,388	2,681	1	0	659	740
Milam	24,615	27,001	2	5,116	6,794	7,452
Mills	4,626	4,885	0	0	1,277	1,348
Mitchell	9,621	10,934	1	0	2,655	3,018
Montague	18,539	19,665	0	0	5,117	5,428

Rural Counties	Estimated Population[1] 1985	1989	1982 # of Fac. & Freestndg. Clinics[2]	Reported # of Visits in 1982[2]	Est. # of Disabled Persons (Excl. 65+) 1985	1989
Moore	18,260	20,803	1	0	5,040	5,742
Morris	16,043	17,551	2	0	4,428	4,844
Motley	1,897	1,948	0	0	524	538
Nacogdoches	49,944	53,864	3	32,000	13,785	14,866
Navarro	37,793	40,492	1	0	10,431	11,176
Newton	14,275	15,308	1	0	3,940	4,225
Nolan	18,395	20,349	1	0	5,077	5,616
Ochiltree	9,613	10,092	0	0	2,653	2,785
Oldham	2,314	2,419	0	0	639	668
Palo Pinto	22,459	22,059	1	5,983	6,199	6,088
Panola	24,184	27,883	1	0	6,675	7,696
Parmer	12,270	14,597	0	0	3,387	4,029
Pecos	16,165	18,262	1	0	4,462	5,040
Polk	31,739	39,800	0	0	8,760	10,985
Presidio	5,628	6,113	0	0	1,553	1,687
Raines	5,555	6,292	0	0	1,533	1,737
Reagan	4,900	6,116	0	0	1,352	1,688
Real	2,695	3,078	0	0	744	850
Red River	17,292	18,489	1	0	4,773	5,103
Reeves	16,410	17,464	1	0	4,529	4,820
Refugio	9,934	9,610	1	0	2,576	2,652
Roberts	1,336	1,502	0	0	369	415
Robertson	14,994	15,801	1	0	4,138	4,361
Rockwall	19,928	26,149	0	0	5,500	7,217
Runnels	12,214	13,308	1	0	3,371	3,673
Rusk	46,396	51,615	1	0	12,805	14,245
Sabine	9,537	10,430	1	0	2,632	2,879
San Augustine	9,250	9,755	0	0	2,552	2,692
San Jacinto	14,992	19,022	0	0	4,138	5,250
San Saba	6,707	7,497	0	0	1,851	2,069
Schleicher	3,195	3,728	0	0	882	1,029
Scurry	19,826	22,376	1	0	5,472	6,176
Shackelford	4,383	4,925	0	0	1,210	1,358
Shelby	25,039	36,952	1	0	6,911	7,439
Sherman	3,011	3,069	0	0	831	847
Somervell	5,227	6,443	0	0	1,443	1,778
Starr	35,939	45,198	0	0	9,920	12,475
Stephens	11,051	12,277	1	0	3,050	3,388
Sterling	1,273	1,442	0	0	351	398
Stonewall	2,405	2,532	0	0	664	699
Sutton	6,462	8,171	0	0	1,784	2,255
Swisher	10,278	11,830	0	0	2,837	3,265
Terrell	1,747	2,075	0	0	482	573
Terry	16,080	19,132	1	1	4,438	5,280
Throckmorton	2,038	2,080	0	0	562	574
Titus	24,505	27,747	1	942	6,763	7,658
Trinity	10,653	11,854	0	0	2,940	3,272
Tyler	18,774	21,305	1	753	5,182	5,880
Upshur	33,879	39,186	0	0	9,351	10,815

Rural Counties	Estimated Population[1] 1985	- 1989	1982 # of Fac. & Freestndg. Clinics[2]	Reported # of Visits in 1982[2]	Est. # of Disabled Persons (Excl. 65+) 1985	- 1989
Upton	4,965	5,750	0	0	1,370	1,587
Uvalde	26,461	30,850	0	0	7,303	8,515
Val Verde	42,836	50,475	1	0	11,823	13,931
Van Zandt	37,825	44,180	0	0	10,440	12,194
Walker	45,504	50,940	2	0	12,559	14,059
Waller	22,803	26,654	2	0	6,294	7,357
Ward	15,039	17,165	1	0	4,151	4,738
Washington	23,888	25,927	2	0	6,593	7,156
Wharton	42,530	45,221	2	500	11,738	12,481
Wheeler	7,676	8,316	0	0	2,119	2,295
Wilbarger	16,409	17,408	1	0	4,529	4,805
Willacy	19,228	21,151	0	0	5,307	5,838
Wilson	19,273	21,792	1	0	5,319	6,015
Winkler	10,642	12,277	0	0	2,937	3,388
Wise	30,928	35,306	1	0	8,536	9,744
Wood	28,747	32,853	1	0	7,934	9,067
Yoakum	9,168	10,748	0	0	2,530	2,966
Young	21,451	23,926	1	0	5,920	6,604
Zapata	8,035	9,614	0	0	2,218	2,653
Zavala	12,676	13,818	0	0	3,499	3,814

[1]TDH Population Data System
[2]1982 Integrated Facilities Inventory, TDH

TABLE 2

SPRs WITH NUMBER OF FACILITIES AND
ESTIMATED NUMBER OF DISABLED

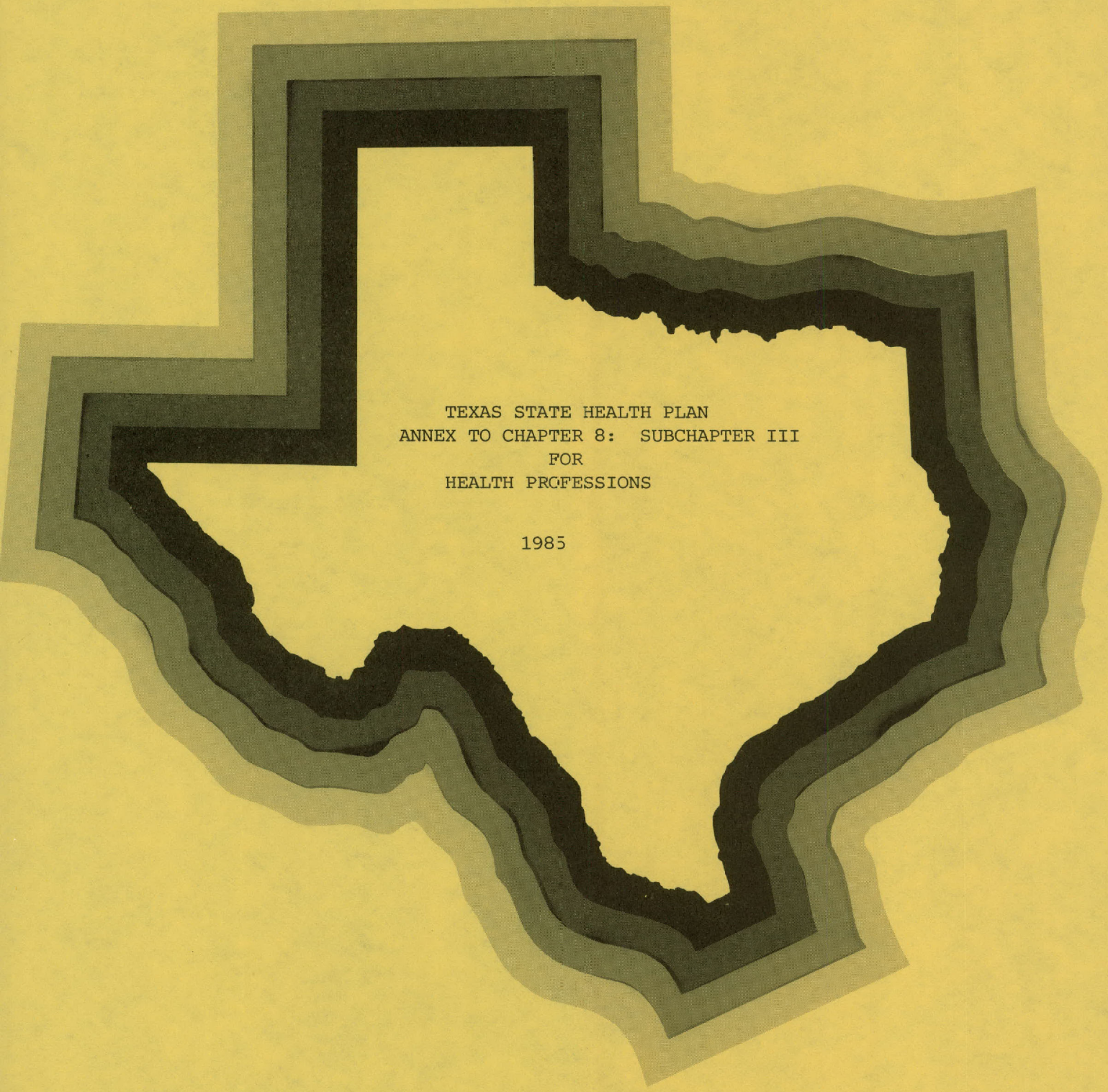
Name of SPR	# of Fac. offering H&R outpt. Svcs., 1982(1) Hosp.	Freestng. Clinic	1985 Est.# of Disabled (Excl.65+)(2)	1985 Est.# of Disabled 65+(3)	Tot. 1985 Est. # of Disabled	Tot. 1989 Est. # of Disabled
1-Panhandle	10	2	110,343	16,108	126,451	139,831
2-South Plains	15	2	108,404	13,862	122,266	134,313
3-Nortex	6	1	62,350	12,283	74,633	77,233
4-North Central	85	8	968,762	110,320	1,079,082	1,096,617
5-Ark-Tex	13	1	70,781	14,144	84,925	91,282
6-East Texas	16	1	181,001	33,270	214,271	241,589
7-West Central	12	1	90,982	18,370	109,352	117,803
8-West Texas	12	2	164,979	15,579	180,558	214,830
9-Permian Basin	10	3	105,338	12,001	117,339	132,960
10-Concho Valley	6	1	39,015	6,913	45,928	51,097
11-Heart of Texas	14	3	77,757	16,132	93,889	100,632
12-Capital Area	20	3	209,944	25,964	235,908	274,190
13-Brazos Valley	10	1	51,845	8,447	60,292	66,540
14-Deep East Texas	12	3	87,370	16,690	104,060	116,944
15-South East Texas	11	2	107,819	15,195	123,014	129,214
16-Houston-Galveston Area	91	7	1,085,769	92,495	1,178,264	1,390,293
17-Golden Crescent	12	0	48,153	8,260	56,413	61,365
18-Alamo Area	28	6	376,594	50,944	427,538	475,044
19-South Texas	2	1	48,381	5,559	53,940	66,131
20-Coastal Bend	15	1	142,638	18,108	160,746	176,831
21-Lower Rio Grande	11	3	178,363	21,727	200,090	245,504
22-Texoma	6	1	40,797	8,818	49,615	51,873
23-Central Texas	8	1	83,890	10,439	94,329	107,072
24-Middle Rio Grande	3	0	41,992	4,966	46,958	56,515
STATE TOTALS	429	54	4,483,267	556,594	5,039,861	5,615,703

(1)Source: 1982 Integrated Facilities File, TDH.

(2)Source: TDH Population Data System
The disabled estimated include: alcoholics, 5.1%, TCA; mental disorders (includes M.R.), 17.5%, Advocacy, Inc., and drug abusers, 5%, TDCA.

(3)Source: TDH Population Data System
The disabled estimate is based on 35%, White House Conference on Handicapped Individuals (1977), p. 110 and The 1981 White House Conference on Aging, Chartbook on Aging in America, p. 80.

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 8: SUBCHAPTER III
FOR
HEALTH PROFESSIONS

1985

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INTRODUCTION

The Health Professions Annex provides data support for Chapter 8, Subchapter III, of the 1985 Preliminary State Health Plan.

POLICY ANALYSIS

Interested Statewide Organizations and Interested Local Organizations An extensive policy analysis review was conducted to identify major issues and concerns effecting health manpower professions in Texas. The following list represents the agencies and associations that contributed to the health professions policy analysis review.

- Board of Nurse Examiners
- Board of Vocational Nurse Examiners
- Coordinating Board, Texas College & University System
- Houston-Galveston Area Council
- State Rural Medical Education Board
- Texas Dental Association
- Texas Department of Health
  - Associate Commissioner for Personal Health Services
  - Associate Commissioner for Professional Services
  - Associate Commissioner for Special Health Services
  - Bureau of Commmunity Health Services
  - Bureau of Licensing & Certification
- Texas Health Facilities Commission
- Texas Hospital Association
- Texas Medical Association
- Texas Nurses Association
- Texas Pharmaceutical Association
- Texas State Board of Medical Examiners
- Texas State Board of Pharmacy
- University of Texas Health Science Center, School of Public Health, Houston

The predominant issues and concerns identified through the policy analysis review could be capsulated as follows: uncertainties regarding the adequacy of future levels of physicians, nurses and dentists, given the preponderance of the distribution problem in Texas. Population-to-practitioner ratios vary considerably when compared at a county, council of government or health service area level. (Statistical reports are available for licensed practitioners in Texas for these aggregates.)

HEALTH MANPOWER SHORTAGE AREAS

Evidence of the problem of maldistribution in Texas is provided by Exhibit 3, Primary Care Health Manpower Shortage Areas (HMSAs) in Texas; and Exhibit 5, Dental Care Health Manpower Shortage Areas in Texas. The shortage areas in Texas can be further identified in Tables 1 and 3.

The health manpower shortage area program is a federal program aimed at alleviating the geographic maldistribution of health professionals. Section 332 of the Public Health Service Act as amended by the Health Professions Educational Assistance Act of 1976 (P.L. 94-484), provides general guidelines for identifying areas as Health Manpower Shortage Areas. In response to this mandate the Department of Health and Human Services (DHHS) (formerly DHEW) developed criteria for identifying health manpower shortage areas and published Interim-Final Regulations in the Federal Register on January 10, 1978 (43 FR 1586). After an extensive review and comment period, the revised criteria were published by DHHS as Final Regulations in the Federal Register on November 17, 1980 (45 FR 75996).

A designated area becomes eligible (1) for placement of National Health Service Corps (NHSC) personnel, (2) as a service area for purposes of repayment of health professions student loans, (3) as an obligated service area under the NHSC Scholarship Program, and (4) to apply (and receive preference) for grant funds under various sections of the Public Health Service Act.

The listing provided in Table 1 presents the results of a reassessment of the eligibility status of primary care HMSA designations conducted in 1984 by the Bureau of State Health Planning and Resource Development of the Texas Department of Health, and the Health Resources and Services Administration, DHHS. This activity represented the first comprehensive review of primary care HMSA designations to be conducted in Texas since the program's inception. Three-fourths of the primary care designations were recommended for continued designation. Approximately 25% of the 254 counties in Texas are designated as primary care shortage areas, and 15% as dental shortage areas.

Exhibit 1

INDEX TO COUNTIES

COUNTIES LOCATED WITHIN EACH HSA ARE INDICATED BY COUNTY CODE NUMBER AT THE BEGINNING OF EACH DATA SET. THE FOLLOWING LIST GIVES THE CODE FOR EACH COUNTY. THE NUMBER IN PARENTHESIS AFTER THE COUNTY NAME INDICATES THE HEALTH SERVICE AREA IN WHICH THE COUNTY IS LOCATED.

001 ANDERSON (7)
002 ANDREWS (12)
003 ANGELINA (10)
004 ARANSAS (8)
005 ARCHER (4)
006 ARMSTRONG (1)
007 ATASCOSA (9)
008 AUSTIN (11)
009 BAILEY (2)
010 BANDERA (9)
011 BASTROP (6)
012 BAYLOR (4)
013 BEE (8)
014 BELL (6)
015 BEXAR (9)
016 BLANCO (6)
017 BORDEN (12)
018 BOSQUE (6)
019 BOWIE (7)
020 BRAZORIA (11)
021 BRAZOS (6)
022 BREWSTER (3)
023 BRISCOE (1)
024 BROOKS (8)
025 BROWN (4)
026 BURLESON (6)
027 BURNET (6)
028 CALDWELL (6)
029 CALHOUN (8)
030 CALLAHAN (4)
031 CAMERON (8)
032 CAMP (7)
033 CARSON (1)
034 CASS (7)
035 CASTRO (1)
036 CHAMBERS (11)
037 CHEROKEE (7)
038 CHILDRESS (4)
039 CLAY (4)
040 COCHRAN (2)
041 COKE (4)
042 COLEMAN (4)
043 COLLIN (5)
044 COLLINGSWORTH (1)
045 COLORADO (11)
046 COMAL (9)
047 COMANCHE (4)
048 CONCHO (4)
049 COOKE (5)
050 CORYELL (6)
051 COTTLE (4)
052 CRANE (12)
053 CROCKETT (4)
054 CROSBY (2)
055 CULBERSON (3)
056 DALLAM (1)
057 DALLAS (5)
058 DAWSON (12)
059 DEAF SMITH (1)
060 DELTA (7)
061 DENTON (5)
062 DE WITT (8)
063 DICKENS (2)
064 DIMMIT (9)
065 DONLEY (1)
066 DUVAL (8)
067 EASTLAND (4)
068 ECTOR (12)
069 EDWARDS (9)
070 ELLIS (5)
071 EL PASO (3)
072 ERATH (5)
073 FALLS (6)
074 FANNIN (5)
075 FAYETTE (6)
076 FISHER (4)
077 FLOYD (2)
078 FOARD (4)
079 FORT BEND (11)
080 FRANKLIN (7)
081 FREESTONE (6)
082 FRIO (9)
083 GAINES (12)
084 GALVESTON (11)
085 GARZA (2)
086 GILLESPIE (9)
087 GLASSCOCK (12)
088 GOLIAD (8)
089 GONZALES (8)
090 GRAY (1)
091 GRAYSON (5)
092 GREGG (7)
093 GRIMES (6)
094 GUADALUPE (9)
095 HALE (2)
096 HALL (1)
097 HAMILTON (6)
098 HANSFORD (1)
099 HARDEMAN (4)
100 HARDIN (10)
101 HARRIS (11)
102 HARRISON (7)
103 HARTLEY (1)
104 HASKELL (4)
105 HAYS (6)
106 HEMPHILL (1)
107 HENDERSON (7)
108 HIDALGO (8)
109 HILL (6)
110 HOCKLEY (2)
111 HOOD (5)
112 HOPKINS (7)
113 HOUSTON (10)
114 HOWARD (12)
115 HUDSPETH (3)
116 HUNT (5)
117 HUTCHINSON (1)
118 IRION (4)
119 JACK (4)
120 JACKSON (8)
121 JASPER (10)
122 JEFF DAVIS (3)
123 JEFFERSON (10)
124 JIM HOGG (8)
125 JIM WELLS (8)
126 JOHNSON (5)
127 JONES (4)
128 KARNES (9)
129 KAUFMAN (5)
130 KENDALL (9)
131 KENEDY (8)
132 KENT (4)
133 KERR (9)
134 KIMBLE (4)
135 KING (2)
136 KINNEY (9)
137 KLEBERG (8)
138 KNOX (4)
139 LAMAR (7)
140 LAMB (2)
141 LAMPASAS (6)
142 LA SALLE (9)
143 LAVACA (8)
144 LEE (6)
145 LEON (6)
146 LIBERTY (11)
147 LIMESTONE (6)
148 LIPSCOMB (1)
149 LIVE OAK (8)
150 LLANO (6)
151 LOVING (12)
152 LUBBOCK (2)
153 LYNN (2)
154 MCCULLOCH (4)
155 MCLENNAN (6)
156 MCMULLEN (8)
157 MADISON (6)
158 MARION (7)
159 MARTIN (12)
160 MASON (4)
161 MATAGORDA (11)
162 MAVERICK (9)
163 MEDINA (9)
164 MENARD (4)
165 MIDLAND (12)
166 MILAM (6)
167 MILLS (6)
168 MITCHELL (4)
169 MONTAGUE (4)
170 MONTGOMERY (11)
171 MOORE (1)
172 MORRIS (7)
173 MOTLEY (2)
174 NACOGDOCHES (10)
175 NAVARRO (5)
176 NEWTON (10)
177 NOLAN (4)
178 NUECES (8)
179 OCHILTREE (1)
180 OLDHAM (1)
181 ORANGE (10)
182 PALO PINTO (5)
183 PANOLA (7)
184 PARKER (5)
185 PARMER (1)
186 PECOS (12)
187 POLK (10)
188 POTTER (1)
189 PRESIDIO (3)
190 RAINS (7)
191 RANDALL (1)
192 REAGAN (4)
193 REAL (9)
194 RED RIVER (7)
195 REEVES (12)
196 REFUGIO (8)
197 ROBERTS (1)
198 ROBERTSON (6)
199 ROCKWALL (5)
200 RUNNELS (4)
201 RUSK (7)
202 SABINE (10)
203 SAN AUGUSTINE (10)
204 SAN JACINTO (10)
205 SAN PATRICIO (8)
206 SAN SABA (6)
207 SCHLEICHER (4)
208 SCURRY (4)
209 SHACKELFORD (4)
210 SHELBY (10)
211 SHERMAN (1)
212 SMITH (7)
213 SOMERVELL (5)
214 STARR (8)
215 STEPHENS (4)
216 STERLING (4)
217 STONEWALL (4)
218 SUTTON (4)
219 SWISHER (1)
220 TARRANT (5)
221 TAYLOR (4)
222 TERRELL (12)
223 TERRY (2)
224 THROCKMORTON (4)
225 TITUS (7)
226 TOM GREEN (4)
227 TRAVIS (6)
228 TRINITY (10)
229 TYLER (10)
230 UPSHUR (7)
231 UPTON (12)
232 UVALDE (9)
233 VAL VERDE (9)
234 VAN ZANDT (7)
235 VICTORIA (8)
236 WALKER (11)
237 WALLER (11)
238 WARD (12)
239 WASHINGTON (6)
240 WEBB (8)
241 WHARTON (11)
242 WHEELER (1)
243 WICHITA (4)
244 WILBARGER (4)
245 WILLACY (8)
246 WILLIAMSON (6)
247 WILSON (9)
248 WINKLER (12)
249 WISE (5)
250 WOOD (7)
251 YOAKUM (2)
252 YOUNG (4)
253 ZAPATA (8)
254 ZAVALA (9)

Figure 1

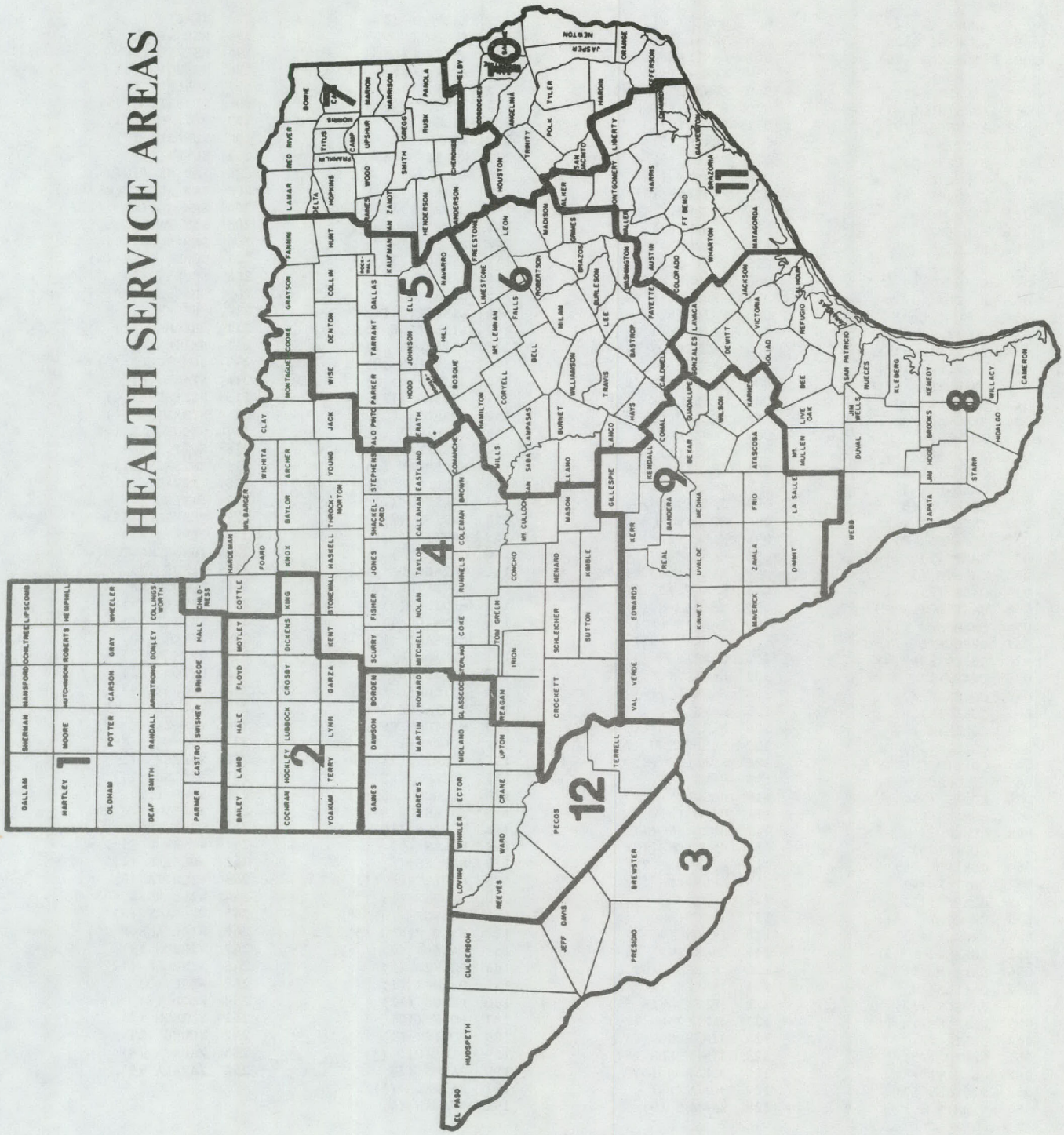
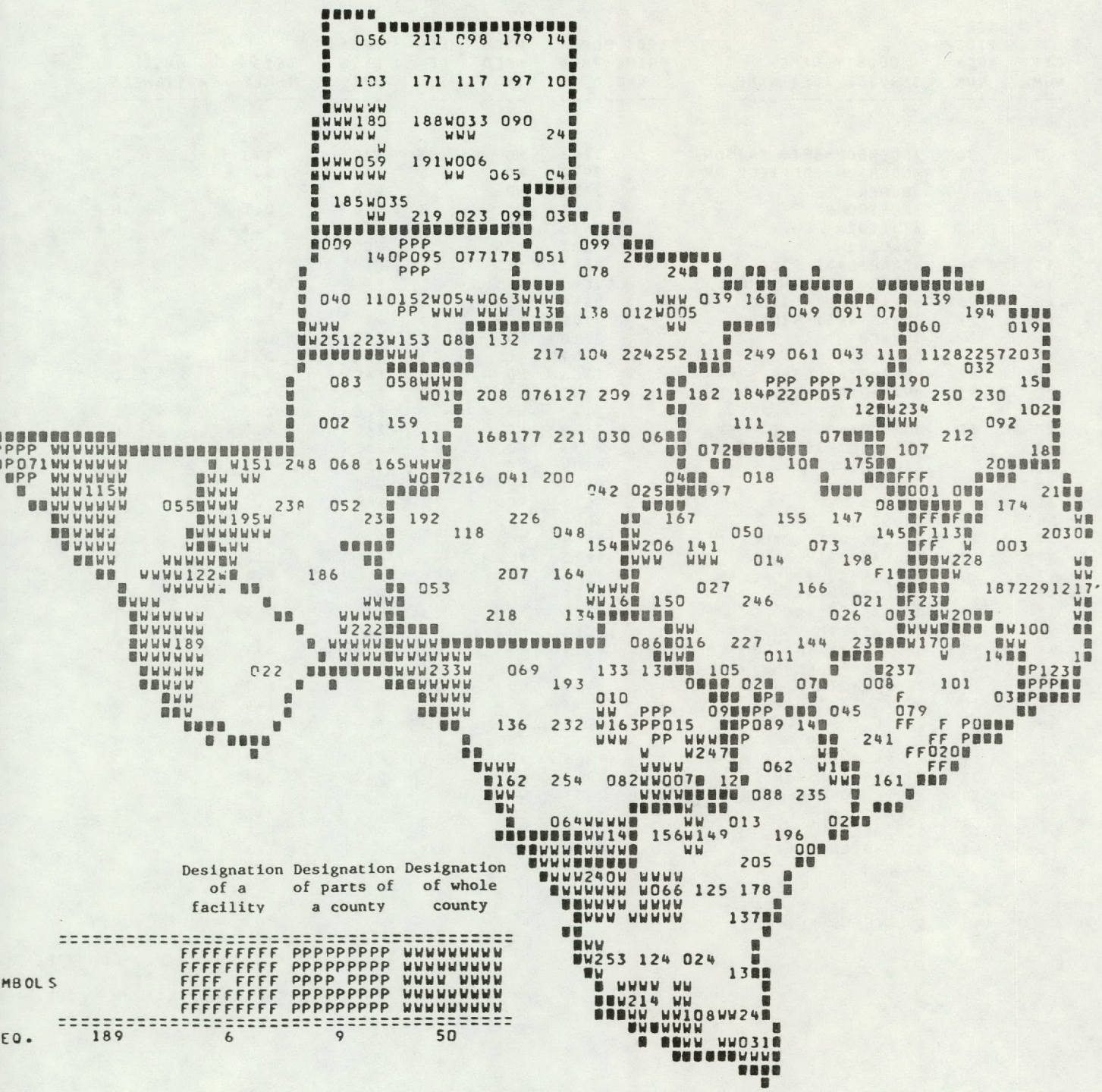


FIGURE 2

PRIMARY CARE

HEALTH MANPOWER SHORTAGE AREAS

IN TEXAS, MAY 1984



NOTE: For the list of county names associated with codes on map see Exhibit 1.

SOURCE: Health Resources and Services Administration
Department of Health & Human Services

PREPARED BY: Bureau of State Health Planning
and Resource Development
Texas Department of Health

Table 1

TEXAS DEPARTMENT OF HEALTH
PRIMARY CARE HEALTH MANPOWER SHORTAGE AREAS IN TEXAS
MAY 1984

CTY NUM	SERVICE AREA NUM	COUNTY NAME/ SERVICE AREA NAME	1983 POP/ PRIMC PHYS RATIO	HIGH NEED IND?	DEG OF STG	HMSA DESG TYPE	DESG THRES	NHSC ASSIGNEES
1	30	ANDERSON-BETO PRISON	1283	NO	3	FAC	1.3	0
1	31	ANDERSON-COFFIELD PR	3974	NO	2	FAC	3.9	0
5		ARCHER	7878	NO	2	WCO	1.3	1
6		ARMSTRONG	4199	NO	3	WCO	0.1	0
7		ATASCOSA	3676	YES	3	WCO	1.7	0
10		BANDERA	8201	YES	1	WCO	1.7	0
15	24	BEXAR-EAST SIDE	8247	YES	1	PT	12.2	1
15	25	BEXAR-SOUTHRN RURAL	57640	YES	1	PT	19.2	0
15	26	BEXAR-SOUTH SIDE	5560	YES	1	PT	10.2	2
15	27	BEXAR-WEST SIDE	4195	YES	2	PT	8.4	5
16		BLANCO	3710	NO	4	WCO	0.1	1
17		BORDEN	867	YES	1	WCO	0.3	0
20	32	BRAZORIA-CLEMONS PRN	1366	NO	3	FAC	1.4	0
20	33	BRAZ-DARRINGTON PRSN	1543	NO	3	FAC	1.5	0
20	34	BRAZ-RAMSEY I PRSN	2192	NO	2	FAC	2.2	1
20	35	BRAZ-RAMSEY II PRSN	7315	NO	2	FAC	7.3	0
20	36	BRAZ-RETRIEVE PRISON	5733	NO	2	FAC	5.7	0
31		CAMERON	4106	YES	2	WCO	25.3	10
33		CARSON	4547	YES	2	WCO	.8	0
35		CASTRO	5611	YES	1	WCO	1.7	0
54		CROSBY	3094	YES	4	WCO	0.1	0
57	16	DALLAS-WEST DALLAS	15944	YES	1	PT	8.6	3
57	19	DALLAS-FAIR PARK	31820	YES	1	PT	10.6	1
57	20	DALLAS-SOUTH DALLAS	3136	YES	4	PT	0.4	2
57	21	DALLAS-TRINITY	4616	YES	2	PT	3.8	1
57	22	DALLAS-LISBON	6037	YES	1	PT	9.1	1
57	23	DALLAS-SIMPSON STU	38511	NO	1	PT	11.0	0
57	45	DALL-TARR IND POP GP	9537	NO	1	P GRP	3.2	1
57	46	DALLAS-PARKLAND HOSP	0	NO	1	FAC	0.0	0
59		DEAF SMITH	4469	NO	3	WCO	1.7	0
63	10	DICKENS-KING COS	4093	YES	1	MCO	1.4	0
66		DUVAL	3276	YES	4	WCO	0.4	0
71	2	EL PASO-SOUTHEAST	7642	YES	1	PT	8.5	4
71	17	EL PASO-SOUTH E.P.	7202	YES	1	PT	3.1	3
79	37	FT BEND-JESTER II PR	2810	NO	2	FAC	2.8	0
84	14	GALVESTON-BOLIVAR PN	2337	NO	1	PT	.8	0
87		GLASSCOCK	1363	YES	1	WCO	.5	0
89	15	GONZALES-NIXON	4234	YES	2	PT	0.4	0
95	44	HALE-MIGRANT POP	4042	YES	1	P GRP	1.3	2
100		HARDIN	4782	NO	3	WCO	3.4	0

PREPARED BY: BUREAU OF STATE HEALTH
PLANNING AND RESOURCE DEVELOPMENT

HMSA DESG:
WCO WHOLE COUNTY
PT PART COUNTY
MCO MULTIPLE COUNTIES
FAC FACILITY
P GRP POPULATION GROUP

TEXAS DEPARTMENT OF HEALTH
PRIMARY CARE HEALTH MANPOWER SHORTAGE AREAS IN TEXAS
MAY 1984

CTY NUM	SERVICE AREA NUM	COUNTY NAME/ SERVICE AREA NAME	1983 POP/ PRIMC PHYS RATIO	HIGH NEED IND?	DEG OF STG	HMSA DESG TYPE	DESG THRES	NHSC ASSIGNEES
108		HIDALGO	4258	YES	2	WCO	47.4	3
113	38	HOUSTON-EASTHAM PRSN	3354	NO	2	FAC	0.0	0
115		HUDSPETH	3074	YES	1	WCO	1.0	1
120		JACKSON	3411	YES	4	WCO	.5	0
122	18	JEFF DAVIS-MARFA	4873	YES	2	MCO	.6	1
123	1	JEFFERSON-BEAUMONT	3430	YES	4	PT	.8	0
123	3	JEFFERSON-PT ARTHUR	4302	YES	2	PT	1.7	1
141		LAMPASAS	4713	NO	3	WCO	1.0	0
142		LA SALLE	5731	YES	1	WCO	.9	0
149		LIVE OAK	5428	NO	2	WCO	1.1	0
151		LOVING	92	YES	1	WCO	0.0	0
152	28	LUBBOCK-EAST LUBBOCK	16126	YES	1	PT	4.4	2
153		LYNN	4480	YES	2	WCO	1.0	0
157	39	MADISON-FERGUSON PRS	12735	NO	2	FAC	12.7	0
160		MASON	3967	YES	1	WCO	1.3	2
162		MAVERICK	4697	YES	2	WCO	4.6	0
163		MEDINA	4069	YES	2	WCO	2.1	0
167	8	MILLS-SAN SABA	5795	YES	1	MCO	1.9	0
170		MONTGOMERY	3599	NO	4	WCO	1.3	0
176		NEWTON	13880	YES	1	WCO	3.6	0
189	47	PRESIDIO-PRES DIV.	4220	YES	2	PT	.7	0
190		RAINS	5435	NO	2	WCO	.6	0
195		REEVES	4018	YES	2	WCO	1.4	0
202		SABINE	4799	YES	2	WCO	1.2	0
204		SAN JACINTO	13550	YES	1	WCO	3.5	0
214		STARR	4590	YES	2	WCO	3.7	0
220	5	TARRANT-POLY	6376	YES	1	PT	3.9	1
220	6	TARRANT-STOP SIX	3148	YES	4	PT	.6	0
228		TRINITY	4592	YES	2	WCO	1.2	1
233		VAL VERDE	4543	YES	2	WCO	4.5	0
234		VAN ZANDT	4499	NO	3	WCO	2.3	0
236	40	WALKER-DIAGNOSTIC PR	1577	NO	3	FAC	1.6	0
236	41	WALKER-ELLIS PRISON	3119	NO	2	FAC	3.1	0
236	42	WALKER-GOREE PRISON	3620	NO	2	FAC	3.6	0
236	43	WALKER-WYNNE PRISON	2359	NO	2	FAC	2.4	0
237		WALLER	3507	NO	4	WCO	0.0	1
238		WARD	3209	YES	4	WCO	0.3	0
240		WEBB	3863	YES	3	WCO	8.5	2
245		WILLACY	5508	YES	1	WCO	3.8	0
247		WILSON	4043	NO	3	WCO	.7	0
251		YOAKUM	8708	YES	1	WCO	1.9	1

PREPARED BY: BUREAU OF STATE HEALTH
PLANNING AND RESOURCE DEVELOPMENT

HMSA DESG:
WCO WHOLE COUNTY
PT PART COUNTY
MCO MULTIPLE COUNTIES
FAC FACILITY
P GRP POPULATION GROUP

Table 1 - Page 3

TEXAS DEPARTMENT OF HEALTH
PRIMARY CARE HEALTH MANPOWER SHORTAGE AREAS IN TEXAS
MAY 1984

CTY NUM	SERVICE AREA NUM	COUNTY NAME/ SERVICE AREA NAME	1983 POP/ PRIMC PHYS RATIO	HIGH NEED IND?	DEG OF STG	HMSA DESG TYPE	DESG THRES	NHSC ASSIGNEES
253		ZAPATA	7533	YES	1	WCO	2.5	1

PREPARED BY: BUREAU OF STATE HEALTH
PLANNING AND RESOURCE DEVELOPMENT

HMSA DESG:
WCO WHOLE COUNTY
PT PART COUNTY
MCO MULTIPLE COUNTIES
FAC FACILITY
P GRP POPULATION GROUP

TEXAS DEPARTMENT OF HEALTH
PRIMARY CARE HEALTH MANPOWER SHORTAGE AREAS IN TEXAS

DATA SOURCES

Column 1 - COUNTY NUMBER - Three digit county code.

Column 2 - SERVICE AREA NUMBER - To differentiate from whole county designations, service area numbers are assigned to multiple county and subcounty designations. There are currently 40 service area designations, including the following: 3 multiple county designations (usually consisting of 2 whole counties designated as one service area), 20 subcounty geographic area designations, 15 facility designations, and 2 population group designations. The service area numbers range from 1 to 47. Listings are not included for service area numbers 4, 7, 9, 11, 12, 13 and 29 due to the recent de-designation or proposed de-designation of these areas.

Column 3 - COUNTY NAME/SERVICE AREA NAME - County name for all designations and the service area name for multiple county and subcounty area designations.

Column 4 - 1983 POPULATION TO PRIMARY CARE PHYSICIAN RATIO - The Texas Department of Health Population Data System 1983 projections were utilized. The 1983 projected population figures were adjusted utilizing the age-sex expected visit rates included in the Criteria for Designation of Health Manpower Shortage Areas, November 17, 1980. If the adjusted population figure exceeded the projected population, the ratio was calculated utilizing the adjusted population in lieu of the projected.

For select counties, adjustments were made for the migrant farmworker population, tourists and seasonal residents.

The Texas Board of Medical Examiners' licensure file of August, 1983, was used to determine physician counts. Only primary care physicians engaged in direct patient care were selected from the file. Utilizing the number of practice hours provided on the physician's license, the number of full-time-equivalents was calculated.

Physician counts were adjusted in order to delete National Health Service Corps (NHSC) assignees; physicians employed in institutional settings such as Veteran's Administration hospitals, state hospitals, state schools, prison facilities; military installations; and in some cases student health centers of colleges and universities.

Column 5 - HIGH NEED INDICATORS? - An affirmative code indicates that the area meets one of the following conditions which were determined to be indicative of unusually high needs for primary medical care services.

Column 5 - (continued)

1. Infant mortality rate greater than 20 (Five year average 1978-1982) (Source: Bureau of Vital Statistics, Texas Department of Health).

2. 1982 fertility rate greater than 100 (births per 1,000 women aged 15-44) (Source: Bureau of Vital Statistics, Texas Department of Health).

3. More than 20% of the population with incomes below the poverty level (Source: 1980 Census).

Column 6 - DEGREE OF SHORTAGE - Designated areas are assigned to one of four degree-of-shortage groups based on the population to physician ratio and the presence or absence of unusually high needs. Group one represents areas with highest ratios, group 4, the lowest.

Column 7 - HEALTH MANPOWER SHORTAGE AREA DESIGNATION TYPE - "Health manpower shortage area" (HMSA) means any of the following which the Department of Health and Human Services has determined to have a shortage of primary care manpower:

1. a geographic area (whole county or part of a county),

2. a population group, or

3. a public or nonprofit private medical facility.

Column 8 - DESIGNATION THRESHOLD - The number of primary care full-time-equivalents that could be added to the existing physician supply in order to meet the minimum HMSA designation ratio. (EXAMPLE: for geographic areas the minimum HMSA designation ratio is 3,000:1 for areas with high needs and 3,500:1 if high needs are not indicated.) The threshold is used to determine an area's qualifications for NHSC personnel.

Column 9 - NATIONAL HEALTH SERVICE CORPS (NHSC) ASSIGNEES - The number of primary care NHSC physicians assigned to each HMSA.

TABLE 2

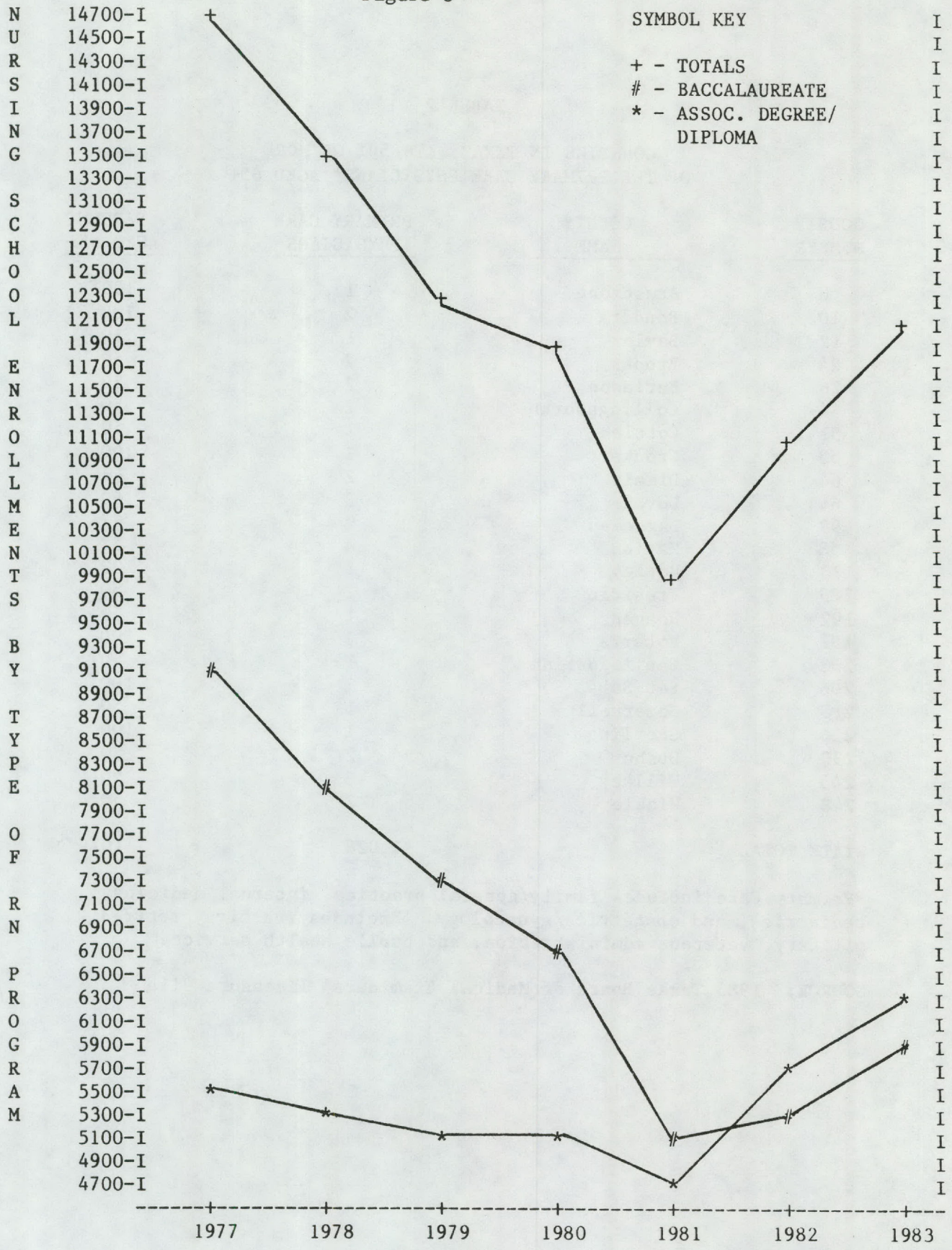
COUNTIES IN TEXAS WITH 50% OR MORE
OF THE PRIMARY CARE PHYSICIANS* AGED 65+

COUNTY NUMBER	COUNTY NAME	PRIMARY CARE PHYSICIANS	PERCENT AGED 65+
6	Armstrong	1	100%
10	Bandera	2	100
12	Baylor	1	50
24	Brooks	2	50
26	Burleson	2	50
44	Collingsworth	1	50
51	Cottle	1	50
53	Crockett	1	100
64	Dimmit	2	67
66	Duval	3	60
99	Hardeman	2	67
158	Marion	4	57
173	Motley	1	100
189	Presidio	1	50
192	Reagan	1	50
197	Roberts	1	100
203	San Augustine	1	50
206	San Saba	1	100
213	Somervell	1	50
216	Sterling	1	100
230	Upshur	2	50
245	Willacy	3	50
248	Winkler	2	50
STATE TOTAL		1,028	10%

*Primary Care includes family/general practice, internal medicine, pediatrics, and obstetrics/gynecology. Excludes inactive, retired, military, veterans administration, and public health service.

SOURCE: 1983 Texas Board of Medical Examiners' licensure file

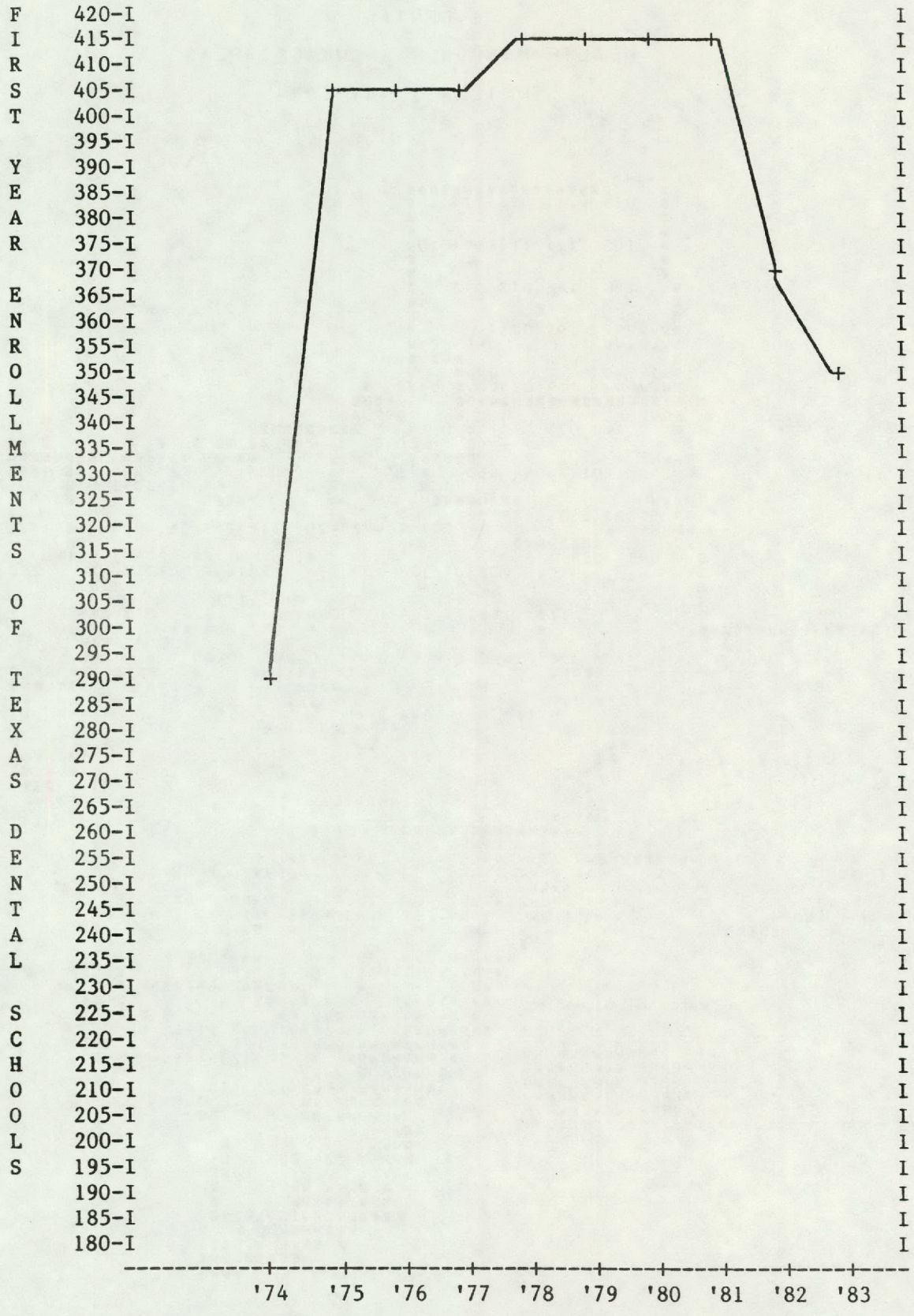
Figure 3



BY ACADEMIC YEAR

SOURCE: Texas Board of Nurse Examiners

Figure 4

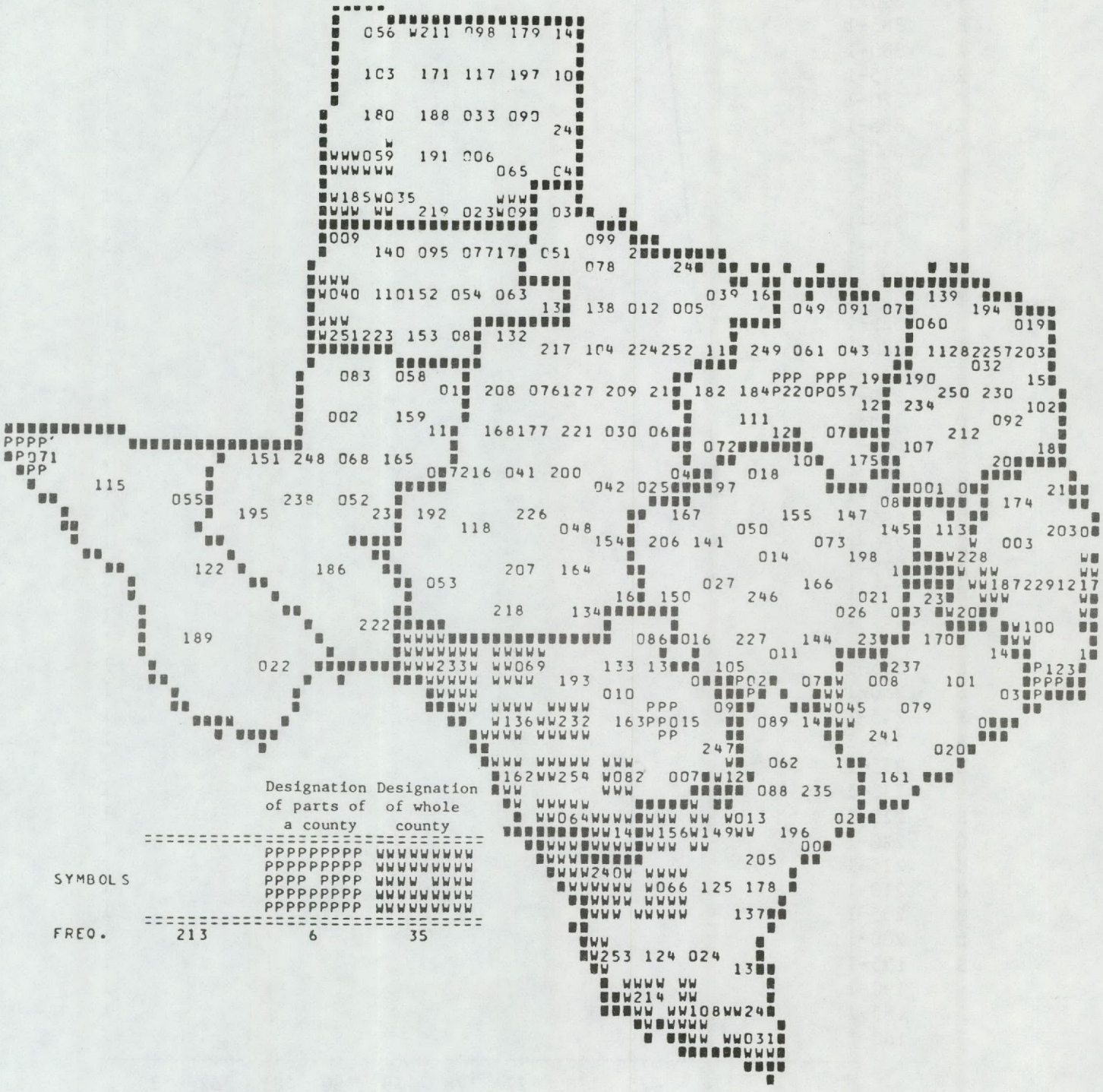


BY ACADEMIC YEAR

SOURCE: Coordinating Board, Texas College & University System

FIGURE 5

DENTAL
HEALTH MANPOWER SHORTAGE AREAS
IN TEXAS, MAY 1984



NOTE: For the list of county names associated with codes on map see Exhibit 1.

SOURCE: Health Resources and Services Administration
Department of Health & Human Services

PREPARED BY: Bureau of State Health Planning
and Resource Development
Texas Department of Health

TABLE 3

TEXAS DEPARTMENT OF HEALTH
DENTAL CARE HEALTH MANPOWER SHORTAGE AREAS IN TEXAS
MAY 1984

COUNTY NUMBER	SERVICE AREA NO.	COUNTY NAME/ SERVICE AREA NAME	DEGREE OF SHORTAGE	HMSA DESIGNATION TYPE	NHSC ASSIGNEES
10		Bandera	3	WCO	
13		Bee	3	WCO	
15	19	Bexar-East Side	3	PT	1
15	20	Bexar-West	2	PT	1
15	21	Bexar-South	2	PT	1
15	22	Bexar-Southern Rural	1	PT	
28	7	Caldwell-Indigent Pop. Grp.	1	P GRP	1
31		Cameron	2	WCO	7
35		Castro	3	WCO	
40		Cochran	4	WCO	
57	1	Dallas-Simpson Stuart	2	PT	
57	2	Dallas-Trinity	2	PT	1
57	6	Dallas-West	2	PT	6
57	9	Dallas-Fair Park	1	PT	1
57	12	Dallas-South	1	PT	
57	13	Dallas-Lisbon	3	PT	
57	23	Dallas/Ft Worth Indian Pop.	1	P GRP	2
59		Deaf Smith	3	WCO	1
64		Dimmit	1	WCO	
66		Duval	1	WCO	
69		Edwards	1	WCO	
71	3	El Paso-Thomason Hosp. Catchment Area	1	PT	2
82		Frio	1	WCO	
96		Hall	4	WCO	
100		Hardin	4	WCO	
108		Hidalgo	2	WCO	3
123	4	Jefferson-Beaumont Inner City	4	PT	
123	5	Jefferson-Port Arthur Inner City	1	PT	1
128		Karnes	4	WCO	
136		Kinney	1	WCO	
142		LaSalle	3	WCO	
149	18	Live Oak-McMullen	2	MCO	
162		Maverick	1	WCO	
176		Newton	4	WCO	
185		Parmer	2	WCO	1
187		Polk	2	WCO	
204		San Jacinto	1	WCO	1
211		Sherman	1	WCO	
214		Starr	1	WCO	2
228		Trinity	2	WCO	
232		Uvalde	3	WCO	
233		Val Verde	3	WCO	
237		Waller	4	WCO	
240		Webb	2	WCO	2
245		Willacy	3	WCO	
251		Yoakum	2	WCO	1
253		Zapata	1	WCO	1
254		Zavala	1	WCO	1

EXHIBIT 3

TEXAS DEPARTMENT OF HEALTH
DENTAL CARE HEALTH MANPOWER SHORTAGE AREAS IN TEXAS

DATA SOURCES

Column 1 - COUNTY NUMBER - Three digit county code.

Column 2 - SERVICE AREA NUMBER - To differentiate from whole county designations, service area numbers are assigned to multiple county and subcounty designations. There are currently 16 service area designations, including the following: 1 multiple county designation (consisting of 2 whole counties designated as one service area), 13 subcounty geographic area designations, and 2 population group designations. The service area numbers range from 1 to 23. Listings are not included for service area numbers 8, 10, 11, 14-17 due to the removal of these areas from the designation list.

Column 3 - COUNTY NAME/SERVICE AREA NAME - County name for all designations and the service area name for multiple county and subcounty area designations.

Column 4 - DEGREE OF SHORTAGE - Designated areas are assigned to one of four degree-of-shortage groups based on the population to dentist ratio and the presence or absence of unusually high needs for dental care services. Group one represents areas with highest ratios, group 4, the lowest.

Column 5 - HEALTH MANPOWER SHORTAGE AREA DESIGNATION TYPE - "Health manpower shortage area" (HMSA) means any of the following which the Department of Health and Human Services has determined to have a shortage of primary care manpower:

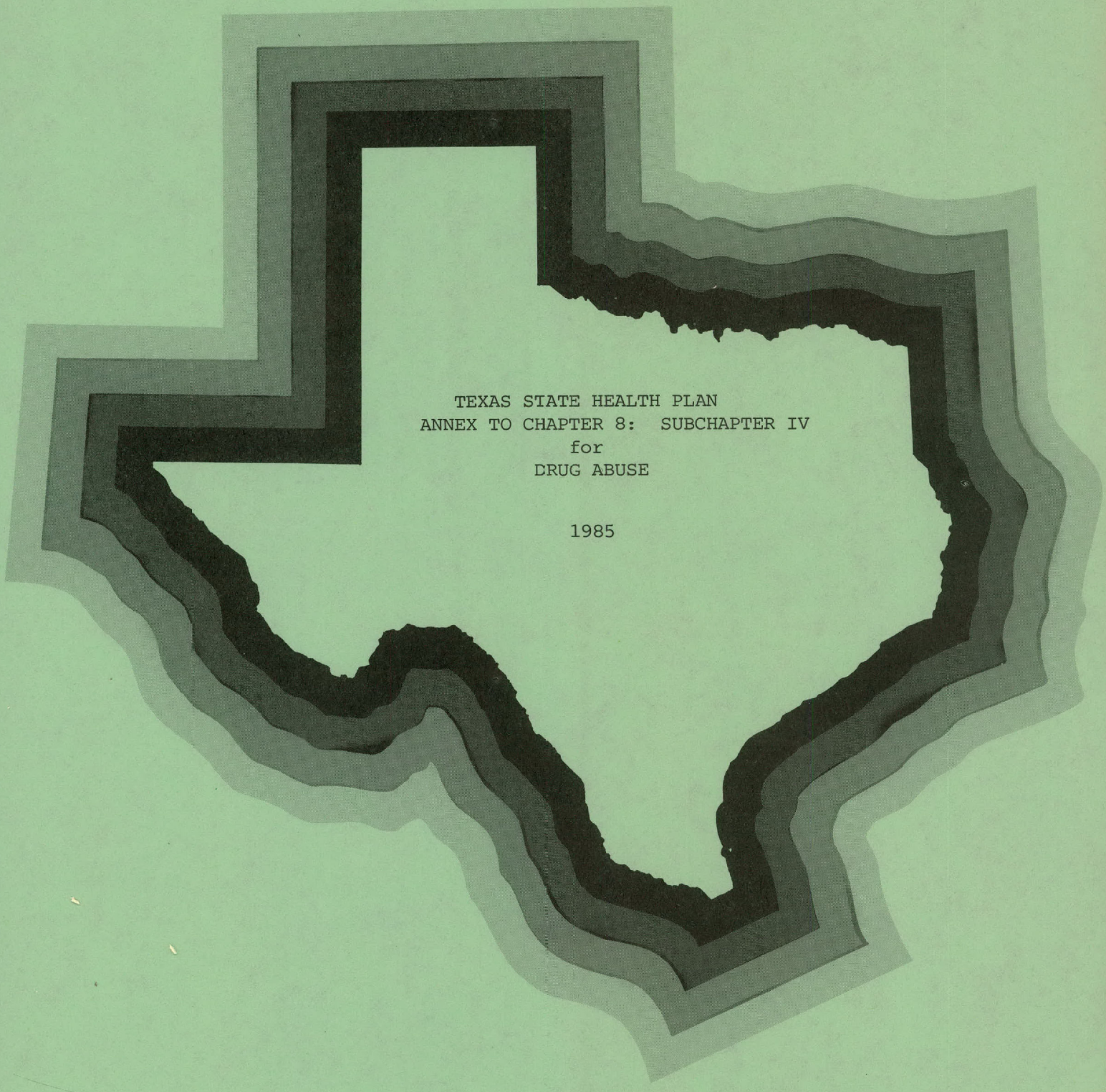
1. a geographic area (whole county-WCO or part of a county-PT),

2. a population group (P GRP), or

3. a public or nonprofit private medical facility (FAC).

Column 6 - NATIONAL HEALTH SERVICE CORPS (NHSC) ASSIGNEES - The number of NHSC dentists assigned to each HMSA.

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 8: SUBCHAPTER IV
for
DRUG ABUSE

1985

ANNEX - SUBCHAPTER IV: DRUG ABUSE

This annex contains background information, references and current data describing the drug abuse problem in Texas. The Texas Legislature has placed the primary responsibility for this concern with the Texas Department of Community Affairs and that agency is the primary source of information and contact point for inquiries on this topic.

Background References

1. R.B. McAllister Drug Treatment Program Act (S.B. 1209, 66th Legislative session).

2. Let's Talk About Drug Abuse (1981), DHHS Publication No. (ADM) 81-706, Texas Department of Community Affairs Reprint.

3. 1983 Legislative Priorities For The United Way of Texas

4. Drug Abuse In Texas: The Problem and the State's Response (1983), Drug Abuse Prevention Division, Texas Department of Community Affairs.

5. Texan's War On Drugs: Resource List (January, 1984), 7800 Shoal Creek Blvd., Suite 381-W, Austin, Texas 78757.

6. Psychotropic Drugs: Use, Expenditures, and Sources of Payment (1983), U.S. Department of Health and Human Services, National Center for Health Services Research (PHS) 83-3335.

7. Highlights From: Student Drug Use in America 1975-1980, U.S. Department of Health and Human Services, Alcohol, Drug Abuse and Mental Health Administration.

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS/DRUG ABUSE PREVENTION DIVISION

May, 1984

REGIONAL FORUMS FACT SHEET

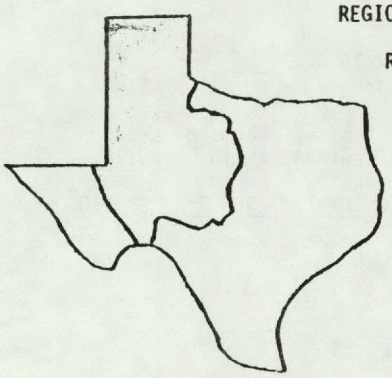
KEY INDICATOR	STATE Total	Region A* Abilene	Region B* El Paso	Region C San Antonio	Region D McAllen	Region E Arlington	Region F Houston
General Population (1980)							
1980 Population	14,229,191	1,520,330	846,250	2,158,356	1,126,270	4,815,592	4,107,485
% Population Change 1970-80	27.1	-	23.6	27.7	31.3	22.8	36.9
% Population Under 18	30.3	29.0	32.7	29.3	35.4	27.6	28.9
Per Capita Income	$9,528	-	$8,214	$8,340	$6,429	$9,948	$10,910
% Unemployed (Jan-Mar, 1983)**	8.5	7.4	11.0	8.6	12.8	6.8	9.0
Indicator of Illiteracy (% Age 25+ with elementary or less)	20.7	21.9	26.1	24.7	39.9	16.5	17.3
Special Populations (1980)							
% White	65.9	75.7	48.4	56.3	29.3	77.7	69.0
% Black	11.9	4.4	3.9	6.8	1.5	14.2	16.8
% Hispanic or Latino	21.0	19.0	46.6	35.8	68.6	6.9	12.4
% Other	1.3	.9	1.1	1.0	.5	1.2	1.9
% Female-headed Households	12.4	9.0	12.7	13.3	13.3	12.4	12.4
Women in Labor Force with Children Under 18	1,130,269	112,264	60,909	166,350	80,760	405,362	329,666
School Children (1983-84)							
Kindergarten & Pre-kindergarten	220,344	29,667	14,325	33,460	22,189	69,657	60,284
Grades 1-6	1,434,251	180,522	97,534	216,759	150,781	453,782	347,623
Grades 7-8	503,529	60,808	33,531	77,893	49,358	165,273	136,295
Grades 9-12	851,331	99,627	52,945	131,514	75,807	280,575	241,827
Total	3,009,455	370,624	198,335	459,626	298,135	969,287	786,029
Causes of Death (1982)							
Suicide (% of all deaths)	1.7	1.7	2.1	1.5	1.6	1.6	1.6
Drug Overdose (rate per 100,000)	2.0	2.0	2.5	2.0	2.5	1.8	2.3
Drug Abuse Services Needs							
TDMHMR Estimate (1980) Persons in Need	47,593	3,885	3,162	7,337	3,889	14,886	14,434
Cases of Hepatitis B (1982) (rate per 100,000)	7.1	4.3	12.2	5.3	8.8	7.5	6.9
Drug-related Arrests (1983) (rate per 100,000)	357	298	359	285	313	404	370
Current TDCA/DAPD Response							
Treatment Contracts (10/83 - 9/84)	28	5	2	5	4	6	7
Prevention Contracts (2/84 - 1/85)	26	2**	2	8	2	8	4
Total TDCA Funding of Above Contracts							
(Federal Block Grant)	$6,680,000	$501,000**	$683,000	$2,062,000	$871,000	$1,364,000	$1,261,000
(State Appropriation)	$ 223,000	-	-	-	$223,000	-	-
Treatment Clients Served (1983)	12,346	1,044	1,000	3,818	1,797	2,386	2,461
Prevention Clients Served (1983)	57,400	6,000	6,000	10,000	5,500	17,900	12,000

*Permian Basin Planning Region included in both Region A and Region B

**Updated May 4, 1984

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS/DRUG ABUSE PREVENTION DIVISION

REGIONAL FORUM (APRIL 11-12, 1984) - ABILENE



REGIONAL FACT SHEET ON POPULATION,
STRESS AND DRUG ABUSE

Region A

Five state Planning Regions:

1. Panhandle
2. South Plains
7. West Central Texas
9. Permian Basin
10. Concho Valley

KEY INDICATOR	REGIONAL TOTAL	Panhandle	South Plains	West Central	Permian Basin	Concho Valley
General Population (1980)		SPR 1	SPR 2	SPR 7	SPR 9	SPR 10
1980 Population	1,520,330	370,174	365,563	309,686	345,900	129,007
% Population Change 1970-80	-	12.1	11.5	10.6	13.3	17.0
% Population Change Due to Migration 1970-80	-	-49.1	-81.4	41.1	-75.6	45.6
% Population Under 18	29.0	29.5	29.9	26.5	30.8	27.0
Per Capita Income	-	$9,493	$8,398	$8,739	$10,396	$8,864
% Unemployed (1981)	4.1	4.2	4.4	3.5	4.5	3.5
Indicator of Illiteracy (% Age 25+ with elementary or less)	21.9	18.0	24.0	23.0	22.0	24.0
Special Populations (1980)						
% White	75.7	82.7	68.6	82.9	69.9	73.5
% Black	4.4	3.5	6.0	4.3	4.5	3.0
% Hispanic or Latino	19.0	12.5	24.5	12.1	24.7	22.8
% Other	0.9	1.2	0.9	0.7	0.8	0.7
% Female-headed Households	9.0	8.5	9.3	9.0	8.7	10.0
Women in Labor Force with Children Under 18	112,264	27,451	27,018	22,541	24,952	10,302
School Children (1983-84)						
Kindergarten & Pre-kindergarten	29,667					
Grades 1-6	180,522					
Grades 7-8	60,808					
Grades 9-12	99,627					
Total	370,624					
Causes of Death (1982)						
Suicide (% of all deaths)	1.69	-	-	-	-	-
Drug Overdose (rate per 100,000)	2.0	2	2	2	3	0
Drug Abuse Services Needs						
TDMHMR Estimate (1980) Persons in Need	3,885	967	822	831	1,034	231
Cases of Hepatitis B (1982) (rate per 100,000)	4.3	5	4	2	4	6
Drug-related Arrests (1983) (rate per 100,000)	298	308	170	349	347	380

ABILENE REGIONAL FORUM FACT SHEET - APRIL 11-12, 1984

KEY INDICATOR	REGIONAL TOTAL	Panhandle SPR 1	South Plains SPR 2	West Central SPR 7	Permian Basin SPR 9	Concho Valley SPR 10
Current TDCA/DAPD Response						
Treatment Contracts (10/83 - 9/84)	5	2	1	1	1	-
Prevention Contracts (2/84 - 1/85)	1	-	-	1	-	-
Total TDCA Funding of above Contracts (Federal Block Grant)	$451,000	$113,000	$131,000	$145,000	$62,000	-
Treatment Clients Served (1983)	1,044	268	287	273	216	-
Prevention Clients Served (1983)	6,000	-	-	6,000	-	-

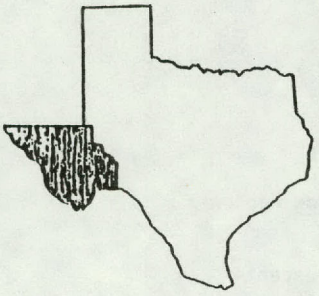
MAJOR METROPOLITAN AREAS

KEY INDICATOR	Abilene SMSA	Amarillo SMSA	Lubbock SMSA	Midland SMSA	Odessa SMSA	San Angelo SMSA
General Population						
1980 Population	139,192	173,699	211,651	82,636	115,374	84,784
% Population Change 1970-80	13.9	20.3	18.0	26.3	24.5	19.3
% Population Change Due to Migration (1970-80)	14.9	14.6	2.9	30.6	21.9	33.9
% Population Under 18	26.8	27.7	27.9	29.1	30.1	26.4
Per Capita Income	$9,437	$9,870	$8,782	$13,761	$10,271	$9,025
% Unemployed (1981)	3.6	4.5	4.5	5.3	4.2	4.1
Indicator of Illiteracy (% Age 25+ with elementary or less)	19.0	13.0	18.0	13.0	20.0	22.0
Special Populations (1980)						
% White	82.0	84.8	72.1	75.9	72.9	73.9
% Black	8.3	4.9	7.2	8.5	4.3	4.0
% Hispanic or Latino	11.5	8.7	19.5	14.9	21.5	21.1
% Other	1.2	1.7	1.2	0.6	1.2	1.0
% Female-headed Households	9.5	10.8	10.6	8.8	9.4	11.4
Women in Labor Force with Children Under 18	10,719	14,204	17,028	6,635	8,706	7,423
Causes of Death (1982)						
Suicide (% of all deaths)	0.7	1.7	2.1	3.5	3.3	1.2
Drug Abuse Services Needs						
TDMHMR Estimate (1980) Persons in Need	505	552	561	286	430	150

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS/DRUG ABUSE PREVENTION DIVISION

REGIONAL FORUM (MAY 2-3, 1984) - EL PASO

REGIONAL FACT SHEET ON POPULATION, STRESS AND DRUG ABUSE



Region B

Two State Planning Regions:

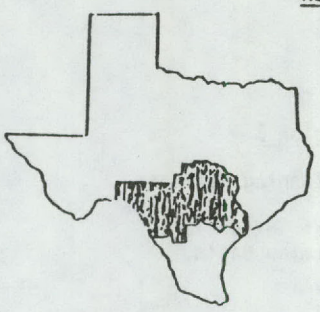
8. West Texas
9. Permian Basin

KEY INDICATOR	REGIONAL TOTAL	West Texas SPR 8	Permian Basin SPR 9
General Population (1980)			
1980 Population	846,250	500,350	345,900
% Population Change 1970-80	23.6	31.9	13.3
% Population Under 17	32.7	34.0	30.8
Per Capita Income	$8,214	$6,705	$10,396
% Unemployed (1981)	7.1	8.9	4.5
Indicator of Illiteracy (% Age 25+ with elementary or less)	26.1	29.0	22.0
Special Populations (1980)			
% White	48.4	33.5	69.9
% Black	3.9	3.5	4.5
% Hispanic or Latino	46.6	61.7	24.7
% Other	1.1	1.3	.8
% Female-headed Households	12.7	15.7	8.7
Women in Labor Force with Children Under 18	60,909	35,957	24,952
School Children (1983-84)			
Kindergarten & Pre-kindergarten	14,325		
Grades 1-6	97,534		
Grades 7-8	33,531		
Grades 9-12	52,945		
Total	198,335		
Causes of Death (1982)			
Suicide (% of all deaths)	2.1	1.6	2.6
Drug Overdose (rate per 100,000)	2.5	2	3
Drug Abuse Services Needs			
TDMHMR Estimate (1980) Persons in Need	3,162	2,128	1,034
Cases of Hepatitis B (1982) (rate per 100,000)	12	18	4
Drug-related Arrests (1983) (rate per 100,000)	359	370	347

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS/DRUG ABUSE PREVENTION DIVISION

REGIONAL FORUM (MAY 10-11, 1984) - SAN ANTONIO

REGIONAL FACT SHEET ON POPULATION, STRESS AND DRUG ABUSE



Region C

Four State Planning Regions:

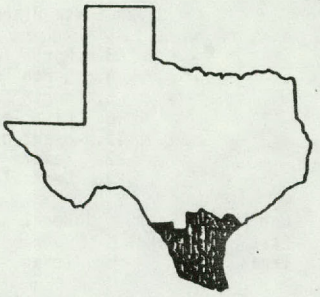
12. Capital
17. Golden Crescent
18. Alamo Area
24. Middle Rio Grande

KEY INDICATOR	REGIONAL TOTAL	Capital	Golden Crescent	Alamo Area	Middle Rio Grande
General Population (1980)		SPR 12	SPR 17	SPR 18	SPR 24
1980 Population	2,158,356	647,225	161,716	1,224,338	125,077
% Population Change 1970-80	27.7	44.9	13.6	21.6	32.4
% Population Under 17	29.3	25.6	29.6	30.5	37.0
Per Capita Income	$8,340	$8,875	$8,668	$8,317	$5,389
% Unemployed (1981)	5.7	3.3	4.5	6.2	15.3
Indicator of Illiteracy (% Age 25+ with elementary or less)	24.7	18.0	32.0	25.0	47.0
Special Populations (1980)					
% White	56.3	72.4	65.6	49.6	26.9
% Black	6.8	9.5	7.8	5.9	.6
% Hispanic or Latino	35.8	16.8	26.2	43.5	71.6
% Other	1.0	1.3	.4	1.0	.9
% Female-headed Households	13.3	12.3	9.9	14.5	12.2
Women in Labor Force with Children Under 17	166,350	53,127	11,527	93,112	8,584
School Children (1983-84)					
Kindergarten & Pre-kindergarten	33,460				
Grades 1-6	216,759				
Grades 7-8	77,893				
Grades 9-12	131,514				
Total	459,626				
Causes of Death (1982)					
Suicide (% of all deaths)	1.5	2.0	1.2	1.4	1.0
Drug Overdose (rate per 100,000)	2.0	3	-	2	-
Drug Abuse Services Needs					
TDMHMR Estimate (1980) Persons in Need	7,337	3,060	293	3,756	228
Cases of Hepatitus B (1982) (rate per 100,000)	5.3	10	4	3	-
Drug-related Arrests (1983) (rate per 100,000)	285	443	104	197	304

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS/DRUG ABUSE PREVENTION DIVISION

REGIONAL FORUM (MAY 17-18, 1984) - MC ALLEN

REGIONAL FACT SHEET ON POPULATION, STRESS AND DRUG ABUSE



Region D

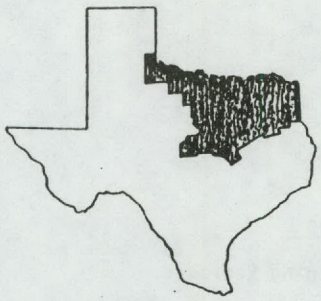
Three State Planning Regions:

19. South Texas
20. Coastal Bend
21. Lower Rio Grande

KEY INDICATOR	REGIONAL TOTAL	South Texas	Coastal Bend	Lower Rio Grande
General Population (1980)		SPR 19	SPR 20	SPR 21
1980 Population	1,126,270	138,320	477,546	510,404
% Population Change 1970-1980	31.3	38.9	13.6	51.2
% Population Under 17	35.4	38.3	32.2	37.7
Per Capita Income	$6,429	$5,077	$8,282	$5,061
% Unemployed (1984)	14.3	24.4	7.8	18.7
Indicator of Illiteracy (% Age 25+ with elementary or less)	39.9	51.0	29.0	47.0
Special Populations (1980)				
% White	29.3	7.90	45.6	19.9
% Black	1.5	.02	3.3	.3
% Hispanic or Latino	68.6	91.80	50.3	79.5
% Other	.5	.20	.8	.3
% Female-headed Households	13.3	16.2	11.8	14.2
Women in Labor Force with Children Under 17	80,760	9,056	35,012	36,692
School Children (1983-84)				
Kindergarten & Pre-kindergarten	22,189			
Grades 1-6	150,781			
Grades 7-8	49,358			
Grades 9-12	75,807			
Total	298,135			
Causes of Death (1982)				
Suicide (% of all deaths)	1.6	0.6	2.4	1.0
Drug Overdose (rate per 100,000)	2.5	-	4	2
Drug Abuse Services Needs				
TDMHMR Estimate (1980) Persons in Need	3,889	319	2,139	1,431
Cases of Hepatitis B (1982) (rate per 100,000)	8.8	4	19	-
Drug-related Arrests (1983) (rate per 100,000)	313	277	393	249

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS/DRUG ABUSE PREVENTION DIVISION

REGIONAL FORUM (MAY 24-25, 1984) - ARLINGTON



REGIONAL FACT SHEET ON POPULATION, STRESS AND DRUG ABUSE

Region E

Seven State Planning Regions:

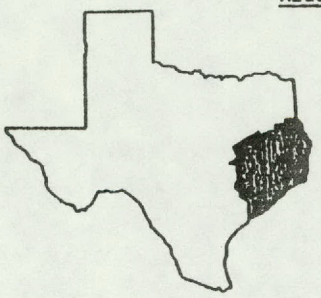
3. North Texas
4. North Central
5. North East Texas
6. East Texas
11. Heart of Texas
22. Texoma
23. Central Texas

KEY INDICATOR	REGIONAL TOTAL	North Texas	North Central	North East Texas	East Texas	Heart of Texas	Texoma	Central Texas
General Population (1980)		SPR 3	SPR 4	SPR 5	SPR 6	SPR 11	SPR 22	SPR 23
1980 Population	4,815,592	221,022	3,116,225	236,038	570,530	262,180	141,737	267,860
% Population Change 1970-80	22.8	4.6	24.3	16.1	30.8	15.2	9.5	30.0
% Population Under 17	27.6	25.6	28.1	27.9	27.3	25.3	25.7	27.6
Per Capita Income	$9,948	$9,648	$10,908	$7,580	$8,218	$8,148	$8,469	$7,353
% Unemployed (1981)	5.0	3.5	4.7	7.3	5.6	4.5	6.6	5.4
Indicator of Illiteracy (% Age 25+ with elementary or less)	16.5	21.0	14.0	23.0	21.0	24.0	20.0	18.0
Special Populations (1980)								
% White	77.7	86.7	76.7	80.5	78.1	75.9	91.0	72.9
% Black	14.2	6.3	13.8	17.6	19.1	16.2	6.5	14.6
% Hispanic or Latino	6.9	5.8	8.2	1.3	2.2	7.4	1.4	10.2
% Other	1.2	1.3	1.4	.6	.6	.5	1.0	2.2
% Female-headed Households	12.4	9.8	13.2	12.1	11.0	13.3	10.2	9.2
Women in Labor Force with Children Under 17	405,362	16,449	276,765	18,570	42,194	20,138	11,524	19,722
School Children (1983-84)								
Kindergarten & Pre-kindergarten	69,657							
Grades 1-6	453,782							
Grades 7-8	165,273							
Grades 9-12	280,575							
Total	969,287							
Causes of Death (1982)								
Suicide (% of all deaths)	1.6	1.1	1.9	0.8	1.0	1.0	1.2	1.3
Drug Overdose (rate per 100,000)	1.8	-	2	-	1	-	4	-
Drug Abuse Service Needs								
TDMHMR Estimate (1980) Persons in Need	14,886	520	10,629	424	1,130	687	278	1,218
Cases of Hepatitis B (1982) (rate per 100,000)	7.5	6	10	4	2	-	-	3
Drug-related Arrests (1983) (rate per 100,000)	404	268	499	182	252	195	207	241

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS/DRUG ABUSE PREVENTION DIVISION

REGIONAL FORUM (JUNE 28-29, 1984) - HOUSTON

REGIONAL FACT SHEET ON POPULATION, STRESS AND DRUG ABUSE



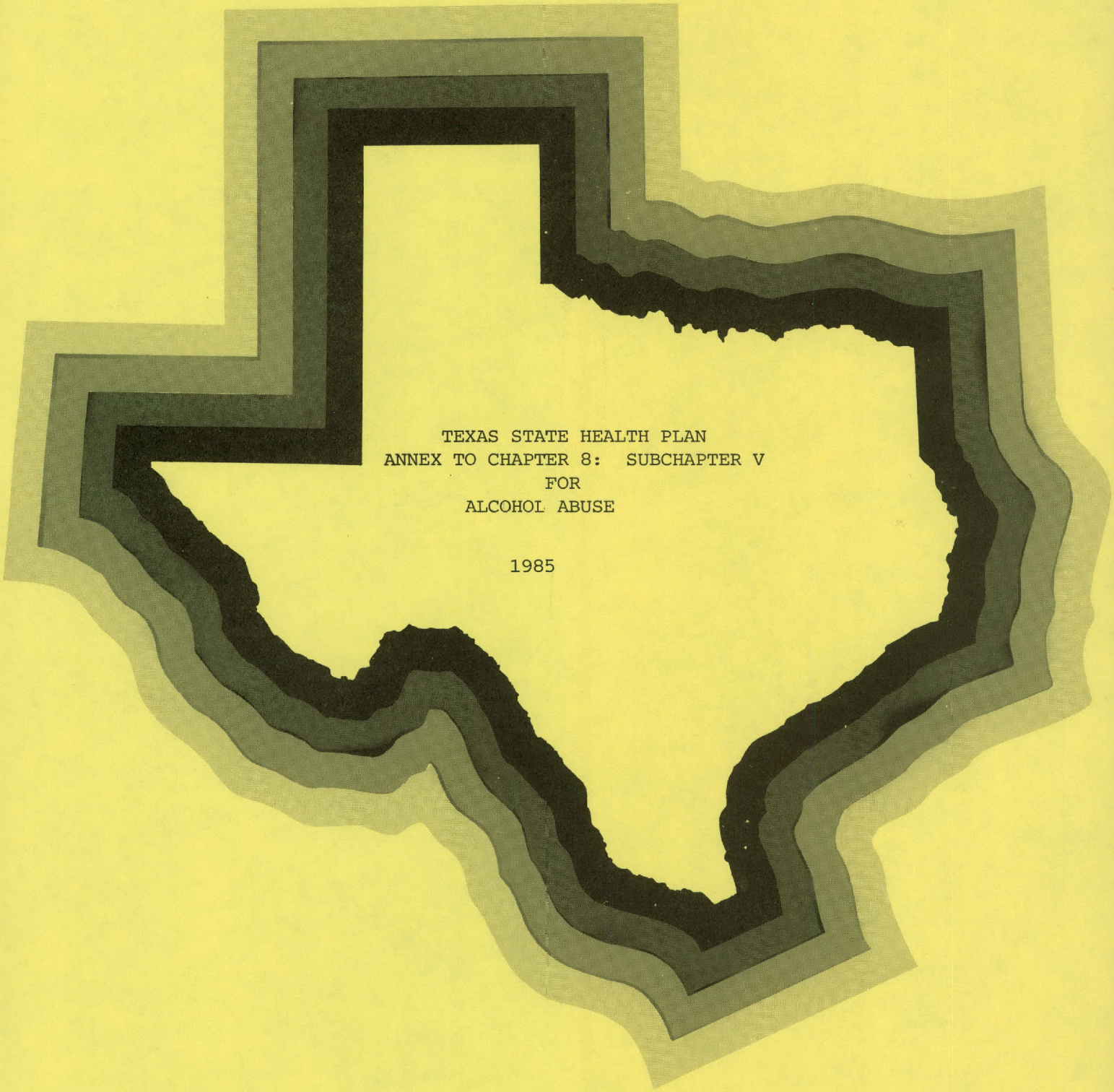
Region F

Four State Planning Regions:

13. Brazos Valley
14. Deep East Texas
15. South East Texas
16. Gulf Coast

KEY INDICATOR	REGIONAL TOTAL	Brazos Valley	Deep East Texas	South East Texas	Gulf Coast
General Population (1980)		SPR 13	SPR 14	SPR 15	SPR 16
1980 Population	4,107,485	176,375	279,377	375,497	3,276,236
% Population Change 1970-1980	36.9	36.2	29.4	8.0	42.1
% Population Under 17	28.9	23.7	27.7	28.8	29.3
Per Capita Income	$10,910	$7,159	$6,959	$10,020	$11,551
% Unemployed (1981)	4.8	3.7	5.8	6.9	4.5
Indicator of Illiteracy (% Age 25+ with elementary or less)	17.3	26.0	26.0	18.0	16.0
Special Populations (1980)					
% White	69.0	73.0	77.6	90.7	65.6
% Black	16.8	17.4	18.9	4.8	18.0
% Hispanic or Latino	12.4	8.6	3.0	3.4	14.4
% Other	1.9	1.1	.5	1.1	2.1
% Female-headed Households	12.4	11.1	10.8	12.2	12.7
Women in Labor Force with Children Under 17	329,666	11,863	18,415	26,914	272,474
School Children (1983-84)					
Kindergarten & Pre-kindergarten	60,284				
Grades 1-6	347,623				
Grades 7-8	136,295				
Grades 9-12	241,827				
Total	786,029				
Causes of Death (1982)					
Suicide (% of all deaths)	1.6	1.0	0.8	1.5	2.4
Drug Overdose (rate per 100,000)	2.3	-	2	-	3
Drug Abuse Services Needs					
TDMHMR Estimate (1980) Persons In Need	14,434	316	554	1,017	12,547
Cases of Hepatitis B (1982) (rate per 100,000)	6.9	3	-	8	7
Drug-related Arrests (1983) (rate per 100,000)	370	196	226	386	390

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 8: SUBCHAPTER V
FOR
ALCOHOL ABUSE

1985

ANNEX - SUBCHAPTER V: ALCOHOL ABUSE

This annex contains background information references and current data describing the alcohol abuse situation in Texas. The Texas Legislature has placed the primary responsibility for this concern with the Texas Commission on Alcoholism and that agency is the ultimate source of information and contact point for inquiries on this topic.

Background Information References

1. County-Specific Prevalence Estimates of Adult Problem Drinking In Texas (August, 1983), Miller, McWillilam, Tuckfeld and McCreuth, Center for Organizational Research and Evaluation Studies, T.C.U.; Source: Texas Commission on Alcoholism.

2. Secretarial Initiative on Teenage Alcohol Abuse/Youth Treatment Conference (October, 1983), National Institute on Alcohol Abuse and Alcoholism, DHHS.

Excerpts From The TCA/TCU Prevalence Study

In its effort to fulfill its state and federal legislative mandates, the Texas Commission on Alcoholism (TCA) responds to a broad range of human service needs through a continuum of concerns including prevention, intervention, treatment and rehabilitation. Since it is unlikely that the State of Texas will ever have enough resources to meet all the needs, one of TCA's functions, as state alcoholism authority, is designing and implementing service programs that will meet the most critical needs while gaining the greatest possible impact from available resources. Essential ingredients in this planning are reliable, valid, and sensitive data to be used in decision-making.

Until a few years ago, estimates of the prevalence of alcohol problems were limited principally to crude predictions based on cirrhosis mortality or based on small samples of national populations. Much of the data could not be used to determine reliably how many persons in specific areas are in need of what types of services. The broad methodologies and results have also not taken into account the variation in problems by age, sex, ethnic background, and geographic location.

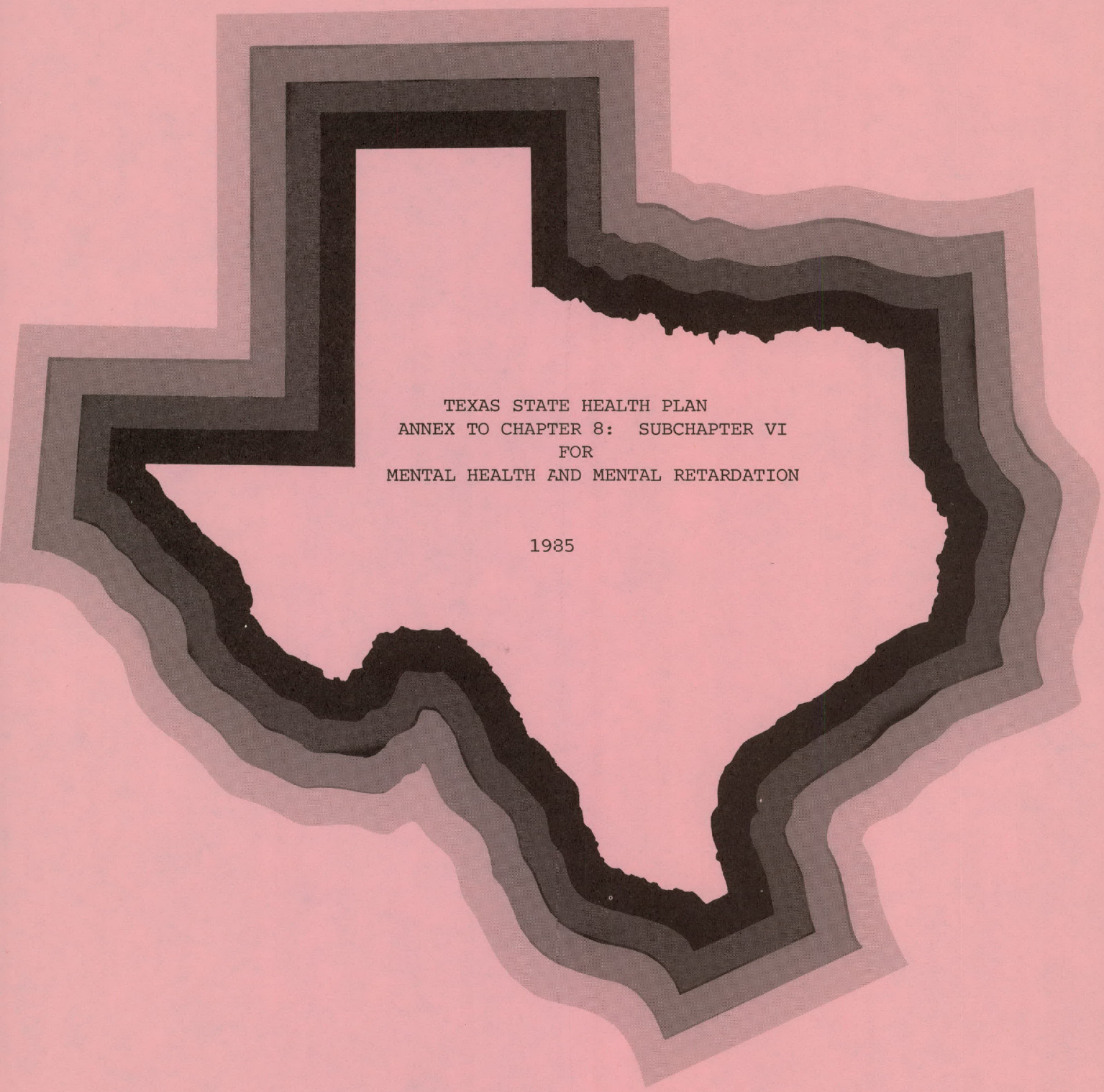
A variety of approaches have been used, including estimating the levels of problems associated with alcohol misuse, focusing on "reasons for drinking" surveys, the quantity-frequency indicators, the Jellinek formula, various alcohol consumption models, and demographic studies. However, two major obstacles have been experienced: (1) the data were too broad for planning at the community level and (2) the broad formulae resulting from many of the studies were inaccurate when applied to specific population groups.

In order to counter these obstacles and limitations, the Texas Commission on Alcoholism has contracted with the Center Organizational Research and Evaluation Studies of Texas Christian University to provide county-specific estimates of prevalence of alcohol abuse for the total population and for age, race, sex, and ethnic specific populations for each of the 254 counties in Texas.

TCA PROBLEM DRINKING PREVALENCE PROFILE

State Planning Region	Percent of Adult Population
Panhandle (1)	5.1
South Plains (2)	6.7
North Texas (3)	5.7
North Central Texas (4)	4.3
North East Texas (5)	6.3
East Texas (6)	4.9
West Central Texas (7)	6.3
Upper Rio Grande (8)	4.1
Permian Basin (9)	6.9
Concho Valley (10)	6.6
Heart of Texas (11)	4.2
Capital (12)	5.0
Brazos Valley (13)	4.4
Deep East Texas (14)	6.3
South East Texas (15)	6.6
Gulf Coast (16)	4.6
Golden Crescent (17)	6.2
Alamo (18)	4.9
South Texas (19)	6.3
Coastal Bend (20)	6.4
Lower Rio Grande (21)	7.2
Texoma (22)	5.2
Central Texas (23)	7.5
Middle Rio Grande (24)	6.9

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 8: SUBCHAPTER VI
FOR
MENTAL HEALTH AND MENTAL RETARDATION

1985

Annex-Subchapter VI: Mental Health & Mental Retardation

This appendix contains background information, references and current data describing the Mental Health and Mental Retardation situation in Texas. The Texas Legislature has placed the primary responsibility for this concern with the Texas Department of Mental Health and Mental Retardation and that agency is the ultimate source of information and contact point for inquiries on this topic.

Background Information References

1. Placement Needs of Texas State Mental Hospital Clients (March 1982) Ganju, Mason and Roberts, Program Analysis, Planning and Resource Development; TDMHMR.

2. Alternatives in Care: Progress Report (December 1983) Public Information Office, TDMHMR.

3. Guidelines for the FY 1986-87 Budget Request, (March 1984) Gary E. Miller, M.D., Commissioner.

4. Texas Medical Facilities Inventory and Utilization Calendar Year 1982, (May 1, 1984) TDH, Bureau of State Health Planning and Resource Development.

5. R.A.J. vs. Miller: Report to Appropriations Committee (May 1984) Texas Department of Mental Health and Mental Retardation.

ICF-MR V AND ICF-MR VI BEDS AND PATIENT DAYS
1982

HSA	SPR	# of Counties	# of Fac.	Licensed Beds	Patient Days	Average Daily Census
1	1					
2	2	1	1	42	14,278	39
3	8					
4	3					
	7	3	3	268	79,099	216
	10	1	1	58	20,565	56
5	4	4	8	842	250,014	684
	22	1	1	66	15,796	43
6	11	1	2	164	46,164	126
	12	1	2	168	60,478	165
	13					
	23					
7	5					
	6	2	2	98	29,431	80
8	17					
	19					
	20	1	1	100	28,440	77
	21	1	1	74	19,249	52
9	18	2	3	464	155,025	424
	24					
10	14	2	2	116	41,124	112
	15	2	2	170	59,816	163
11	16	2	3	356	118,187	323
12	9					
State			32	2986	937,666	2568

STATE SCHOOLS FOR MENTALLY RETARDED

Facility	Operating Beds	Admissions	Patient Days	Average Daily Census
Amarillo St. Ctr. for H. D.	40	42	11,151	30.0
Lubbock State School	554	639	187,640	514.0
El Paso State Center for H. D.	167	545	51,510	141.0
Abilene State School	1214	1331	430,497	1179.0
San Angelo Center	791	800	265,119	726.0
Denton State School	942	1077	335,756	919.0
Fort Worth State School	555	744	176,475	483.0
Mexia State School	1215	1396	432,354	1184.0
Austin State School	849	998	306,559	839.0
Travis State School	980	1095	351,449	962.0
Brenham State School	557	570	171,393	469.0
Corpus Christi State School	498	548	176,055	482.0
Rio Grande St. Ctr. for MHMR	160	133	53,262	145.0
San Antonio State School	405	403	129,993	356.0
Lufkin State School	652	732	230,842	632.0
Beaumont St. Ctr. for H.D.	56	802	14,637	40.0
Richmond State School	1000	1076	342,224	937.0
State Total	10,635	12,931	3,666,916	10,046.0

Source: 1982 Intergrated Facilities File, TDH

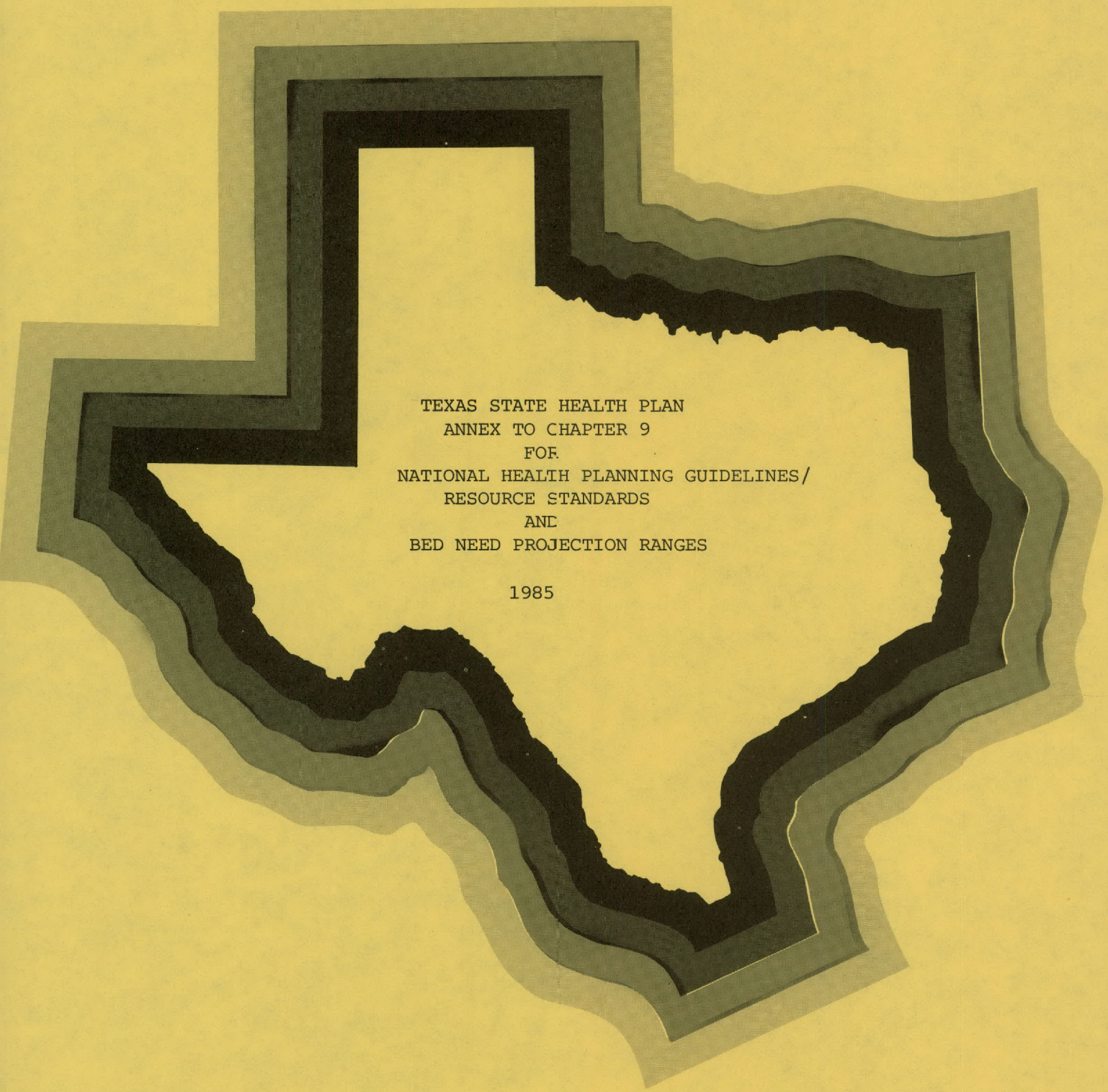
STATE MENTAL HOSPITALS AND UTILIZATION DATA 1982

HSA	SPR	Facility	Operating Beds	Admissions	Patient Days	Average Daily Census	Occ. Rate
4	3	Wichita Falls State Hosp.	746	2397	205,693	563	75.5
		The Vernon Center*	614	1434	119,678	327	53.4
5	4	Terrel State Hospital	1034	3349	302,011	827	80.0
6	12	Austin State Hospital	1020	4798	252,912	692	67.9
7	6	Rusk State Hospital	1053	4477	361,519	990	94.1
9	18	San Antonio State Hosp.	994	3290	249,741	684	68.8
		Kerrville State Hospital	710	741	214,830	588	82.9
12	9	Big Spring State Hospital	458	2272	145,554	398	87.1
State			6629	22,758	1,851,938	5074	76.5

Source: 1982 Intergrated Facilities File, TDH

*Vernon Center Adolescent Drug not included.

Texas Statewide Health Coordinating Council



TEXAS STATE HEALTH PLAN
ANNEX TO CHAPTER 9
FOR
NATIONAL HEALTH PLANNING GUIDELINES/ RESOURCE STANDARDS
AND
BED NEED PROJECTION RANGES

1985

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EXHIBITS

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TABLES

Introduction

The information in this Annex is designed to support and elaborate the subject matter presented in Chapter 9 of the 1984 State Health Plan (SHP) for Texas.

Existing Federal laws and regulations governing the operation of the health planning program require the State Health Planning and Development Agency (SHPDA) to address the Resource Standards of the National Health Planning Guidelines (NHPG) and to make projections of bed need for certain types of medical facilities.

For convenience of presentation in the SHP and in this Annex, the NHPG and bed need projection materials have been grouped as indicated in the Table of Contents.

Background Information Regarding Bed Need Projection Ranges

P.L. 93-641 as amended includes a requirement to make bed need projections for certain specified types of medical facilities. In this year's SHP, projections are made for short term community hospitals (under 30 days average length of stay) and for nursing homes.

The projections of short term hospital bed need must be developed taking into account the resource standards of NHPG 1 & 2. Accordingly, the bed need projection ranges for 1989 and NHPG 1 & 2 are presented together in the first section of this Annex. The newly-developed bed projection methodology is also presented in this section.

In the long term institutional care area, the Statewide Health Coordinating Council (SHCC) decided to continue work on refining a bed need projection methodology for nursing home beds. The last section of this Annex contains a description of the new methodology and also nursing home bed need projection ranges for 1989.

Background Information Regarding the NHPG and Resource Standards

The 93rd Congress set forth in Section 1501 of the National Health Planning and Resource Development Act of 1974, P.L. 93-641, that the Secretary of the Department of Health, Education and Welfare (DHEW) (now the Department of Health and Human Services (DHHS)) issue by regulation guidelines concerning national health planning policy. In addition, the legislation stated the guidelines were to include standards respecting the appropriate supply, distribution and organization of health resources.

DHEW indicated that the NHPG as developed are to serve a dual purpose, i.e., (1) to be used by the Federal government to clarify and rationalize health policy and (2) to assist local and state planning agencies in carrying out their responsibilities in the development of area and state health plans. Per DHHS, the overall aim of the NHPG is to achieve equal access to quality care at a reasonable cost. The NHPG and standards issued on March 28, 1978 focus on two primary areas: (1) cost containment, i.e., costs must be restrained in order to

preserve resources needed for improved prevention, better access to services, and higher quality of care and (2) quality enhancement, i.e., quality can be enhanced by insuring sufficient volume to maintain highly skilled and experienced personnel. The regulations emphasize the need for a balance between the needs of state and local agencies to take into account unique local health conditions and the need for the Federal government to provide leadership and guidance.

Initially the regulations required that plans developed after 1978 must address the NHPG and be "consistent with" the resource standards. "Consistent with" was stated to mean that target levels expressed in plans could not be higher than the maximum levels nor lower than minimum levels unless a specific adjustment were justified on the basis of a thorough analysis. The regulations specify various types of adjustments which can be made. The adjustments allowable are primarily designed to be applied at the local level by individual health systems agencies. In fact, the Federal legislation and guidance specified that the health systems agencies are primarily responsible for addressing the Guidelines and for making adjustments to the standards where appropriate. Since the SHP was intended to be developed in large part from the individual health systems plans (HSPs), the SHP was also required to reflect the Guidelines. With the recent phase-out of the health systems agencies in Texas, the SHPDA is required to continue to address the Guidelines and consider appropriate adjustments.

P.L. 96-79 modified the "consistent with" requirement to "must take into account" the NHPG and resource standards. Essentially this means that the SHP must consider the NHPG and resource standards and justify any deviations therefrom with an appropriate rationale. As stated in the 1982 Texas SHP, it is believed the NHPG and Resource Standards are of most use when recognized and applied as their name implies, general guidelines and not arbitrary common-denominator type standards applicable to one and all circumstances alike. They should be used primarily as guides to our planning efforts in each of the respective subject areas covered by the NHPG.

Full citation of the individual NHPG and Resource Standards with supporting documentation are presented in the sections to follow.

GENERAL HOSPITAL BED SUPPLY RATIO AND OCCUPANCY RATES (NHPG 1 & 2)
AND SHORT TERM INSTITUTIONAL CARE BED NEED PROJECTIONS

INTRODUCTION

Short term institutional care is inpatient care provided by community general and special hospitals available to the general public with an average length of stay under 30 days. In 1982 in Texas there were 523 such hospitals with 68,500 beds. Collectively they provided 16.3 million patient days of care with an average daily census of 44,580. To put these figures in perspective, 62% (325) of these facilities were 100 or less beds in size, yet their workload comprised only 24% of total patient days. By contrast, only 18 hospitals with 500 or more beds (3%) provided 20% of total patient days. To add yet another dimension, 66% (213) of these 325 smaller hospitals were in rural areas.

The Texas Department of Health as the SHPDA has been charged with responsibility for developing a methodology for determining the number of short term care hospital beds that will be needed in Texas in future years. The SHPDA formed an advisory group, the Technical Advisory Group on Bed Need Methodology, to assist in the development of this methodology. The Technical Advisory Group was composed of ten persons from various sections of the state who were familiar with the problems posed by bed need projection. Three SHPDA members staffed the group. (See Exhibit 1 for a list of Advisory Group Members.)

The basic bed need methodology developed by the SHPDA with the advice of the Technical Advisory Group and adopted by the SHCC is the use rate methodology. In its simplest form, the application of this methodology involves four steps. First current use rates are determined, i.e., the number of patient days generated for every 1,000 persons in the population is determined. This use rate is then applied to population estimates for the projection year to determine the number of patient days that would be generated in that year if the current use rate remained constant. These projected patient days are then divided by 365 to provide a projected average daily census. Finally, the average daily census is divided by the desired occupancy rate to give an estimate of the number of beds that will be needed. This four step process is summarized in Exhibit 2.

Although the SHPDA utilized this use rate methodology, several innovative changes were made to the basic methodology. These changes are enumerated in detail below but briefly consist of: (1) determining use rates for counties based upon patient days generated by residents of that county, (2) generating separate use rates for 24 age-sex-ethnic population subgroups, and (3) developing a range of occupancy rates based on existing rates.

METHODOLOGY

Description of Data Bases Patient Origin Destination (POD) studies were conducted by the TDH, Bureau of State Health Planning and Resource Development, in 1979-1980 and again in 1981-1982, in conjunction with the Texas Hospital Association. Data were collected on a quarterly basis during

each 12 month period with all hospitals asked to submit data on all patients during a specified week in each quarter. Approximately 98.5% of all hospitals surveyed in the studies submitted data for at least one quarter. Information collected on patients covered county of residence, sex, ethnicity, age, and type of service (e.g., obstetrics, pediatrics, etc.). Although all hospitals were given the same criteria for classifying patients into service types, there is a possibility that these criteria were not used consistently by all hospitals. However, since projections are not provided by service or for individual hospitals, this should not be a serious problem. Data from both POD studies, excluding the first quarter of 1979,* were added together and this combined data set was used in the analysis described below.

The TDH also requests that all hospital facilities complete the Hospital Data Questionnaire each year. Among the data collected in this questionnaire is information concerning the number of patient days accumulated over the year for each of several services for the reporting facility. These data are also used in the analyses presented below.

The population figures used in projecting beds for 1989 are from the TDH population projections. These population projections are based on the assumption that in-migration will continue through the 1980's at the same rate as the 1970's.

Computation of Use Rates The combined POD data set was used to determine, for each facility, what percentage of the facility's patient days to allocate back to each county based on patient residence. In other words, the POD data were used to develop a pattern for each facility that could be used to allocate patient days reported on the Hospital Data Questionnaire back to the patient's county of residence.

Because the POD studies collected information on each patient's age, sex and race, it was possible to allocate patient days back to counties of origin retaining this information. Four age groups were used: ages 0-14, ages 15-44, ages 45-64, and ages 65 and over. Ethnic groups were white (non-hispanic), black and hispanic. All 24 combinations of sex, age and race were used when allocating patient days back to counties.

Before developing patterns for allocation of patient days, however, it was necessary to adjust the admission patterns obtained from the POD studies to take into account the differing lengths of stay of the various age groups. Therefore, admission patterns were weighted based upon the average length of stay (ALOS) reported for the Southern United States** for the four age group

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*The first quarter of the 1979-1980 Study involved a different data collection plan from the other three quarters and from the 1981-82 Study, and was excluded for this reason.

**National Center for Health Statistics. B. J. Haupt: Utilization of Short-Stay Hospitals: Annual Summary. Vital and Health Statistics. Series 13, No. 64 DHHS Pub. No. (PHS) 82-1725. Public Health Service. Washington. Government Printing Office, March 1982. (Texas data needed for calculation of ALOS by age group and sex combinations are not available.)

and sex combinations (data were not available by race) for all services. (Some error was introduced by using length of stay averaged across all four services but length of stay for each service by age and sex was not available.) Weighting was achieved by multiplying the number of admissions by the ratio of the average length of stay for that age and sex category to the average length of stay for the same sex 0-14 age category. Average lengths of stay and weighting ratios for the various categories are shown in Table 1. Ages 65 and over received the greatest weight as patients in this age category are likely to have the longest hospital stays and ages 0-14 received the smallest weight as these patients are likely to have the shortest hospital stays. At all ages except 15-44, females were weighted more heavily than males as they tended to have longer average lengths of stay.

An example is provided below to help explain this allocation process. Assume facility #1 had 100 admissions reported in the POD study. Further assume that two of these admissions were white males ages 65 and over from Anderson County. These two admissions were then weighted by the ALOS for males ages 65 and over. The weighting ratio is 2.4 (obtained from Table 1) so two admissions X 2.4 ALOS = 4.8 weighted admissions for white males ages 65 and over in Anderson County. Assume 10 admissions were black females ages 15-44 from Brazos County. The weighting factor for females ages 15-44 is 1.07 (again, from Table 1); 10 admissions X 1.07 ALOS is equal to 11 weighted admissions for black females ages 15-44 in Brazos County. This same process was repeated for all facility #1 admissions. These weighted admissions were then added together to give a total number of weighted admissions for that facility and the number of weighted admissions in each age-sex-ethnic category for each county were divided by the total number of admissions to get percentages. In the example, assume the total number of weighted admissions was 187. Then 2.6% were from white males 65 and over in Anderson County (4.8 weighted admissions ÷ 187 total weighted admissions) and 5.9% were from black females ages 15-44 in Brazos County (11 ÷ 187).

For each facility, there were a possible 6,096 percentages (254 counties by two sexes by three ethnicities by four age groups). The actual number of patient days reported on the 1982 Hospital Data Questionnaire by the facility was then multiplied by each of the percentages to give an estimate of 1982 patient days by age-race-sex subpopulation and county of residence. In the example above, if 2,000 patient days were reported by facility #1, then 2.6%, or 52 patient days, were attributed to white males age 65 and over in Anderson County. An additional 5.9%, or 118 patient days, were attributed to black females ages 15-44 in Brazos County.

The process described above was repeated for each facility and the patient days estimated for each age-sex-ethnic subpopulation for each county were added together to give an estimate of the total patient days for each subpopulation generated by residents of each county.

Patient days were also reported separately on the Hospital Data Questionnaire for type of service: medical-surgical, pediatric, obstetrics and psychiatric. Type of service was also available for each admission in the POD study. Therefore, separate weighted patterns of admissions were derived for each of these four services and each pattern was applied to patient days reported for that service on the Hospital Data Questionnaire.

In sum, patient days reported for each of four services by a facility on the Hospital Data Questionnaire were allocated back to counties of origin for various age, sex and ethnic groups based upon weighted admission patterns for each service obtained from the POD studies. This methodology provided an estimate, for each county, of the patient days generated by residents of that county for the four types of services.

These patient day estimates for each county were then used, along with county population figures, to obtain use rates. More specifically, patient days generated by a particular age-sex-ethnic group for a particular county were divided by the county population in that age-sex-ethnic group to give a use rate. For example, if 2,000 patient days were generated in Brazos County by black females ages 15-44 and the population of black females ages 15-44 in Brazos County was 5,000, the use rate would be .4 (2,000 divided by 5,000) or 400 patient days generated for every 1,000 black females ages 15-44.

Use rates were computed for each of the four services (medical-surgical, pediatrics, obstetrics and psychiatric) for each of the 24 age-sex-ethnic combinations. These use rates were computed for three years: 1980, 1981 and 1982. A comparison of use rates across the three years revealed considerable consistency. Therefore, it was decided to use 1982 rates for projecting patient days for 1989.

Projection of Patient Days Use rates generated in 1982 for each county and service for the 24 age, sex and ethnic categories were applied to 1989 population projections to obtain estimates of patient days generated in 1989. If any of the 1982 use rates for a county were based on a population less than 100, the average use rate for the state in that particular age-sex-ethnic category for that service was substituted. These substitutions were made because populations of less than 100 were judged unlikely to produce stable use rates and the average rate for the State of Texas for that category appeared to be the most appropriate substitute.

Patient day projections for each service and age-sex-ethnic category were added together to give a single estimate for each county of projected patient days for 1989. However, these patient day projections were based solely upon patient days generated by county residents; patient days generated in Texas by out-of-state residents were not included in these projections. In other words, when patient days generated in a facility were allocated back to the patient's county of residence and use rates were developed for these counties, patient days generated by out-of-state residents were lost. Obviously, patient day projections must be adjusted to include patient days generated by non-Texas residents.

Based on the POD study, in both 1981 and 1982, 2.4% of patient days generated in Texas were generated by out-of-state residents. Therefore, a projection was obtained for patient days generated by out-of-state residents in 1989 by assuming that the patient days projected for 1989 using the use rate methodology described above were 97.6% of the total patient days and that the remaining 2.4% were due to non-Texas residents. Using the POD study, a

pattern was developed showing the percent of total out-of-state admissions that occurred in each county. The patient days projected for non-Texas residents in 1989 were then distributed to counties according to this pattern. Therefore, those counties that had more out-of-state patients in the POD study (such as the border counties), had more out-of-state patient days allocated to them in 1989 than other counties.

A second adjustment to the 1989 projections was necessary because the use rate projections previously described did not include patient days generated in short term care hospitals in the following services: Drug Abuse, Alcohol, Tuberculosis, Rehabilitation, Long Term Care and Self Care. These patient days were excluded because the POD study did not classify these services in the same way as the Hospital Data Questionnaire. Therefore, it was not possible to develop a pattern from the POD study that could be used to distribute patient days obtained from the Hospital Data Questionnaire back to counties of residence. However, the number of patient days attributed to these services is quite small -- 1.6% in 1981 and 1.9% in 1982 (according to data obtained from the Hospital Data Questionnaire). Consequently, it was decided to simply assume for each county that the number of patient days in these services in 1989 would be 2% of the total patient days and adjust the patient day projections accordingly. This is not an ideal solution but given the current data bases, it is probably the best adjustment that can be made at this time.

Finally, patient day projections for counties were aggregated to the state planning region (SPR), health service area (HSA) and state levels.

Projection of Beds To convert 1989 patient day projections for the 24 SPRs to needed beds, appropriate occupancy rates had to be selected for the SPRs. As noted previously, occupancy rates differ for facilities of different sizes, i.e., larger facilities tend to have higher occupancy rates than smaller facilities. Therefore, simply averaging current occupancy rates for facilities within a SPR was inappropriate; rather, a method had to be selected that took into account differences in facility size. Accordingly, occupancy rates were weighted by the number of beds in a facility. Weighting consisted of multiplying each facility's occupancy rates by the number of beds, summing these products and then dividing the sum by the total number of beds in the area. An example is provided in Exhibit 3.

The method outlined above was used to obtain occupancy rates for SPRs. These occupancy rates are, of course, merely a reflection of current (1982) occupancy rates. Beds derived from these occupancy rates represent the maximum number of beds that should be needed in 1989 (barring unforeseen circumstances). However, current occupancy rates are generally lower than the ideal occupancy of 80% set by the NHPG. Therefore, a second set of bed projections was made in which a minimum acceptable occupancy rate based on facility size was utilized. These minimum occupancy rates were based on the average 1982 occupancy rates of Texas hospitals by bed size, as shown in Table 2. Occupancy rates for facilities of approximately the same size are about

the same in both metropolitan and non-metropolitan areas. Apparently, the crucial factor in occupancy rates is size of facility rather than location of facility. Therefore, these average 1982 occupancy rates for the five facility bed size groups (regardless of metro or non-metro location) were used to set minimum acceptable occupancy rates to be targeted by facilities for 1989; these target rates are shown in the last column in Table 2.

In obtaining this second set of average weighted occupancy rates for SPRs, if a facility had an occupancy rate below the minimum target occupancy for that sized facility, the minimum targeted occupancy was substituted for the actual occupancy. However, if the facility occupancy rate was equal to or greater than the minimum targeted occupancy, the actual facility occupancy was used in computing a weighted average for the SPR. For example, if facility #1 had 45 beds and a 40% occupancy rate, a 50% occupancy rate target was substituted for the 40% when computing an average occupancy for the SPR. The substitution was made because a 40% occupancy was considered unacceptably low, even for a small hospital of 45 beds. This second method resulted in 1989 bed projections for each SPR that represent a reasonable and realistic goal toward which the SPR should strive.

NATIONAL HEALTH PLANNING GUIDELINES

Existing federal laws and regulations require that the National Health Planning Guidelines (NHPG) be taken into account in the development of the State Health Plan. NHPG #1 and #2 address the supply of non-federal general hospital beds and therefore, must be considered in developing estimates of future bed needs. These federal guidelines are reproduced below.

Guideline #1, General Hospitals - Bed Supply

Standard (Based on licensed beds as required by the NHPG)

"There should be less than four non-federal, short-stay hospital beds for each 1,000 persons in a health service area except under extraordinary circumstances. For purposes of this section, short-stay hospital beds include all non-federal, short-stay hospital beds (including general medical-surgical, children's, obstetric, psychiatric, and other short-stay specialized beds). Conditions which may justify adjustment in this ratio for a health service area include:

> "(1) Age: Individuals 65 years of age and older have a higher hospital utilization rate - up to four times that of the general population than any other age group. Bed population ratios for health service areas in which the percentage of elderly people is significantly higher (more than 12% of the population) than the national average may be planned at a higher ratio, based on analysis by the health systems agency.

"(2) Seasonal population fluctuations: Large seasonal variations in hospital utilization may justify higher ratios. Plans should reflect vacation and recreation patterns as well as the needs of migrant workers and other factors causing unusual seasonal variations.

"(3) Rural areas: Hospital care should be accessible within a reasonable period of time. For example, in rural areas in which a majority of the residents would otherwise be more than 30 minutes travel time from a hospital, the health systems agency may determine, based on an analysis, that a bed population ratio of greater than 4.0 per 1,000 persons may be justified.

"(4) Urban areas: Large number of beds in one part of Standard Metropolitan Statistical Area (SMSA) may be compensated for by fewer beds in other parts of the SMSA.

"(5) Areas with referral hospitals: In the case of referral institutions, which provide a substantial portion of specialty services to individuals not residing in the area, the health systems agency may exclude from its computations of bed population ratio the beds utilized by referred patients who reside outside both the SMSA and the health service area in which the facility is located."

Guideline #2, General Hospitals - Occupancy Rate

Standard

"There should be an average annual rate for medically necessary hospital care of at least 80% for all non-federal, short-stay hospital beds considered together in a health service area, except under extraordinary circumstances. Conditions which may justify an adjustment to this standard for a health service area include:

"(1) Seasonal population fluctuations: In some areas, the influx of people for vacation or other purposes may require a greater supply of hospital beds than would otherwise be needed. Large seasonal variations in hospital utilization which can be predicted through hospital and health insurance records may justify an average annual occupancy rate lower than 80% based on analyses by the health systems agency.

"(2) Rural areas: Lower average occupancy rates are usually required by small hospitals to maintain empty beds to accommodate normal fluctuations of admissions. In rural areas with significant numbers of small (fewer than 4,000 admissions per year) hospitals, an average occupancy rate of less than 80% may be justified, based on the analysis by the health systems agency."

Application of Guidelines to Bed Need Methodology NHPG #1 states that there should be a maximum of four beds for every 1,000 persons. However, adjustments to this ratio are allowed for certain situations. Many of these adjustments are automatically taken into account with the use rate methodology reviewed in the previous section.

Under NHPG #1, more beds are allowed for populations with a higher percentage of elderly persons. The use rate methodology as applied here allows use rates to be considerably higher for persons aged 65 and above. These higher use rates are then applied to population estimates for age 65 and above so that if, in the target year, there is a higher proportion of elderly persons, more beds per 1,000 residents will be projected.

More beds are also allowed under NHPG #1 for seasonal population fluctuations. Seasonal population fluctuations refer to situations in which there are extended periods during the year when the daily census is considerably higher than the rest of the year. An example would be a hospital in a resort area that has a low daily census September through May but a high census throughout the summer. The use rate methodology projects beds based on an average daily census computed over the entire year. Therefore, seasonal population fluctuations are not considered in the development of use rates. However, seasonal population fluctuations are taken into account with the occupancy rates discussed under NHPG #2.

NHPG #1 also allows for more beds/1,000 for rural areas and, in certain situations, for urban areas. Rural and urban areas are considered in the use rate methodology presented here because the methodology is applied separately to each county based upon residents of the county. Therefore, some counties may generate a use rate resulting in more beds per 1,000 than other counties. This bed to population ratio is based upon actual utilization rates by county residents.

NHPG #2 states that there should be an annual occupancy rate of at least 80% except under extraordinary circumstances. Extraordinary circumstances are defined as seasonal population fluctuations and rural areas (because of the smaller sized hospitals in these areas). As indicated previously, the size of facilities was considered when determining occupancy rates for the various areas, with lower occupancy rates allowed for smaller hospitals. Furthermore, occupancy rates used in projecting beds were based on current occupancy rates and if significant seasonal population fluctuations occurred, they should be reflected in these current rates.

There are several other reasons to expect lower occupancy rates in Texas. NHPG occupancy standards are determined by using licensed beds. Therefore, the occupancy rates used in determining the bed projections are based on 1982 occupancy rates for licensed beds. In Texas, however, licensed beds are not always equal to operating beds; some facilities may have more licensed beds than operating beds. Therefore, if occupancy rates are calculated based on licensed beds, occupancy rates may appear lower than they actually are. Another reason for lower occupancy rates is that many urban areas in Texas are undergoing a rapid increase in population due to the much publicized "sun belt" migration. The population increases have resulted in new hospitals in

these rapidly growing areas and yet it may take several years for these new hospitals to gain community acceptance, i.e., their occupancy rates should gradually increase as more physicians and individuals become familiar with, and begin to utilize the new facilities.

Finally, the advantage of providing a range in occupancy rates, as stated earlier, is to allow local circumstances that may occur to be taken into account. As noted earlier, there may be particular local circumstances not taken into account by the methodology that dictate more (or fewer) beds than expected on the basis of past utilization. These anomalies can be taken into account by using the upper (or lower) range of projected beds.

In summary, it appears that the use rate methodology as presented here automatically allows for considerable adjustments to beds/1,000 ratios and occupancy levels based on a wide variety of local circumstances.

RESULTS

Table 3 shows the number of licensed beds in existence in 1982 and Table 4 shows the number of licensed beds as of February 29, 1984. There was only a slight increase in beds, 68,500 beds to 69,882 beds from 1982 to 1984, and a decrease in the beds per 1,000 population ratio from 4.6 to 4.4. Table 5 shows the number of licensed beds projected for 1989 for the 24 SPRs. SPR projections are also added together to provide projections for health service areas and for the state. Using weighted 1982 occupancy rates, 81,368 beds are projected for Texas for 1989, 5,558 more beds than are licensed, CON approved or under construction as of February 29, 1984 (See Table 6). As indicated previously, this represents the upper range or maximum number of beds that should be needed in 1989 barring unforeseen circumstances. Setting a minimum occupancy rate for all facilities based on facility size, 75,431 beds are projected for 1989, 379 fewer beds than are licensed, CON approved or under construction in 1984. This second set of lower range projections provides a goal toward which the state and each SPR should strive.

Table 7 provided a listing of short term facilities as of February 29, 1984.

DISCUSSION

The bed range projections resulting from this proposed methodology provide estimates of the number of beds that will be needed in 1989 in SPRs by residents of those areas, i.e., the bed projections are population based. This is a somewhat different approach to bed projection than has been used in previous SHPs. In the past, bed need projections were based strictly upon existing facilities. Such projections tended to promote the status quo. For example, counties or Service Trade Areas (STAs) that were under-bedded would tend to remain under-bedded because projections were based on current utilization -- utilization that was low because beds were not available and residents were forced to go to other counties or STAs.

The projection methodology presented in this proposal allows for estimates to be made of the bed need of an area regardless of where residents are currently being treated. With this type of information, planning for new facilities and for the expansion of existing facilities can proceed on a much more equitable basis.

It should be noted that these bed need projections are based upon demand for services and not upon actual need for services. In other words, areas in which residents are not utilizing services as much as they should (perhaps because of long distances to facilities) will have beds projected for their area based upon how much they utilize hospitals, not upon how much they should utilize hospitals.

The decision on where to place beds that have been projected for an area is a difficult one and should not be based entirely on bed need generated by area residents. A variety of factors need to be considered in making such decisions and no single methodology is capable of considering all factors. Obviously, the resident population's demand for beds is of great importance but other factors must also be considered such as the nature and location of existing facilities and the nature of the area itself. In some situations it may be more appropriate to place beds utilized by residents of one area in another area. For example, a large rural area with a scattered population may generate a demand for a certain number of beds and yet, may not be able to support a hospital. In this situation, it might be more appropriate to place the beds generated by this scattered rural population in adjacent urban centers. There are also areas that contain a number of referral hospitals that draw patients from throughout the state. Patients go to these facilities because of the particular expertise that is offered by the facilities -- expertise that cannot be duplicated in other smaller hospitals. Therefore, these areas should be allowed more beds than are generated from the demand of area residents alone.

Finally bed need projections have not been provided at the county level. The methodology was not designed to provide county level or institution specific projections (which would result from county level projections in the 125 counties with only one hospital). If the methodology is used to provide county level projections, a number of problems are encountered. First, there is no method for determining appropriate occupancy rates for counties without facilities. Second, our projections are based solely on the demand of area residents. Other factors that affect bed need (as discussed above) are not considered. This is a much more serious problem when projections are made at the county level than at the SPR level. Finally, there are problems in applying the methodology at the county level because of limitations in available data. For example, average length of stay figures by service (and by age and sex) were not available and therefore, length of stay figures averaged across all services were utilized. These problems are not serious at the SPR or health service area level but could potentially be quite serious at the county level.

In summary, this proposed methodology provides area bed projections needed to support the development of an effective long range health care program. Actual placement of projected beds should be considered, however, in light of existing facilities and the nature of the areas themselves.

It should be recognized that mathematically derived estimates of bed need several years in the future are, in fact, best estimates of such future needs. Specific, documented circumstances reflecting a host of current factors at any particular time and place, e.g., unique local needs or substantial change in prevailing conditions, will often outweigh a long range projection estimate in a given contemporary situation.

EXHIBIT 1

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EXHIBIT 2

SUMMARY OF USE RATE METHODOLOGY

Step 1: $\frac{\text{Patient Days}}{\text{Population}} = \text{Use Rate}$

Step 2: Use Rate X Future Population = Projected Patient Days

Step 3: $\frac{\text{Projected Patient Days}}{365} = \text{Projected Average Daily Census}$

Step 4: $\frac{\text{Projected Average Daily Census}}{\text{Desired Occupancy Rate}} = \text{Beds}$

TABLE 1

AVERAGE LENGTH OF STAY IN SHORT TERM CARE HOSPITALS
FOR THE SOUTHERN UNITED STATES, 1980

	-----Males------		-----Females----	
Age	ALOS*	Weighting Ratio**	ALOS	Weighting Ratio
0-14	4.3	1.00	4.5	1.00
15-44	6.3	1.47	4.8	1.07
45-64	8.1	1.88	8.3	1.84
65+	10.3	2.40	11.0	2.44

*ALOS = Average length of stay

**Ratio = Ratio of average length of stay (ALOS) for each category to the ALOS for the 0-14 age category.

Source: National Center for Health Statistics, B. J. Haupt: Utilization of Short-Stay Hospitals: Annual Summary. Vital and Health Statistics. Series 13, No. 64. DHHS Pub. No. (PHS) 82-1725. Public Health Service. Washington. Government Printing Office, March 1982.

EXHIBIT 3

COMPUTATION OF WEIGHTED OCCUPANCY RATES

An example showing the difference between an average occupancy rate and an average occupancy rate weighted by bed size* is provided below:

Facility	Average Daily Census	Number of Beds	Occupancy Rate	Beds X Occupancy Rate
1	15	30	50%	1500
2	22	40	55%	2200
3	255	300	85%	25500
Total	292	380	190%	29200

$$\text{Average occupancy} = \frac{\Sigma \text{ Occupancy rates}}{\#\text{ Facilities}} = \frac{190}{3} = 63.3\%$$

$$\text{Average weighted occupancy} = \frac{\Sigma \text{ Beds X occupancy}}{\Sigma \text{ Beds}} = \frac{29200}{380} = 76.8\%$$

If we then plug the weighted occupancy rate into the bed projection formula $\frac{\text{ADC}}{\text{Occupancy}} = \text{beds}$ we come up with the actual number of beds for the area:

$$\frac{292}{.768} = 380$$

However, if we use the simple average occupancy rate, we project more beds than actually exist:

$$\frac{292}{.633} = 463$$

*The average occupancy rate weighted by bed size for an area can be calculated by dividing the average daily census for the area by the total number of beds for that area. The weighting procedure above was shown to illustrate how individual facility occupancy rates could be replaced by a standard occupancy rate and a new set of bed needs calculated for an area.

TABLE 2

SHORT TERM CARE FACILITY AND UTILIZATION DATA
BY HOSPITAL SIZE AND AREA GROUPINGS
LICENSED BEDS
1982

STATE BED SIZE	METRO FACS NO.	METRO FACS %	METRO BEDS NO.	METRO BEDS %	METRO OCC. RATE	NON-METRO FACS NO.	NON-METRO FACS %	NON-METRO BEDS NO.	NON-METRO BEDS %	NON-METRO OCC. RATE	ALL AREAS FACS NO.	ALL AREAS FACS %	ALL AREAS BEDS NO.	ALL AREAS BEDS %	ALL AREAS OCC. RATE	MINIMUM ACCEPTABLE OCCUPANCY TARGET
1 - 50 TOTAL	49	17	1678	3	52.3	152	64	5127	36	48.7	201	38	6805	10	49.6	50
51 - 100 TOTAL	63	22	4730	9	55.8	61	26	4598	34	53.3	124	24	9328	14	54.6	55
101 - 250 TOTAL	109	37	17292	31	64.0	23	10	3360	25	63.6	128	24	20652	30	64.0	65
251 - 500 TOTAL	51	18	17697	32	70.6	1	0	301	2	56.2	52	10	17998	26	70.4	70
500+ TOTAL	18	6	13717	25	74.6	0	0	0	0	M	18	3	13717	20	74.6	75
TOTAL	286	100	55114	100	67.7	237	100	13386	100	54.2	523	100	68500	100	65.1	

SOURCE: 1982 INTEGRATED FACILITIES FILE,
TEXAS DEPARTMENT OF HEALTH

TABLE 3

SHORT-TERM FACILITY AND UTILIZATION DATA
1982

	POPULATION	PATIENT DAYS	AVERAGE DAILY CENSUS	USE RATE	LICENSED BEDS				OPERATING BEDS			
					NUMBER	FACS	OCC. RATE	RATIO	NUMBER	FACS	OCC. RATE	RATIO
SPR 1. TOTAL	379510.	416921.	1142.	1099.	1844.	21	61.9	4.859	1781.	21	64.1	4.693
HSA 1. TOTAL	379510.	416921.	1142.	1099.	1844.	21	61.9	4.859	1781.	21	64.1	4.693
SPR 2. TOTAL	374067.	481402.	1319.	1287.	2309.	23	57.1	6.173	2094.	23	63.0	5.598
HSA 2. TOTAL	374067.	481402.	1319.	1287.	2309.	23	57.1	6.173	2094.	23	63.0	5.598
SPR 8. TOTAL	534475.	470112.	1288.	880.	2544.	17	50.6	4.760	2068.	17	62.3	3.869
HSA 3. TOTAL	534475.	470112.	1288.	880.	2544.	17	50.6	4.760	2068.	17	62.3	3.869
SPR 3. TOTAL	222408.	276373.	757.	1243.	1306.	18	58.0	5.872	1219.	18	62.1	5.481
SPR 7. TOTAL	316046.	398391.	1091.	1261.	1830.	27	59.6	5.790	1703.	27	64.1	5.388
SPR 10. TOTAL	133110.	166738.	457.	1253.	747.	14	61.2	5.612	738.	14	61.9	5.544
HSA 4. TOTAL	671564.	841502.	2305.	1253.	3883.	59	59.4	5.782	3660.	59	63.0	5.450
SPR 4. TOTAL	3257456.	3595672.	9851.	1104.	14702.	92	67.0	4.513	13423.	92	73.4	4.121
SPR 22. TOTAL	143936.	219836.	602.	1527.	879.	7	68.5	6.107	852.	7	70.7	5.919
HSA 5. TOTAL	3401392.	3815508.	10453.	1122.	15581.	99	67.1	4.581	14275.	99	73.2	4.197
SPR 11. TOTAL	269148.	306795.	841.	1140.	1352.	15	62.2	5.023	1299.	15	64.7	4.826
SPR 12. TOTAL	687436.	512527.	1404.	746.	2177.	18	64.5	3.167	1969.	18	71.3	2.864
SPR 13. TOTAL	179187.	141117.	387.	788.	638.	10	60.6	3.561	626.	10	61.8	3.494
SPR 23. TOTAL	280474.	243752.	668.	869.	1211.	13	55.1	4.318	1087.	13	61.4	3.876
HSA 6. TOTAL	1416245.	1204191.	3299.	850.	5378.	56	61.3	3.797	4981.	56	66.2	3.517
SPR 5. TOTAL	243638.	356543.	977.	1463.	1490.	14	65.6	6.116	1432.	14	68.2	5.878
SPR 6. TOTAL	601908.	602346.	1650.	1001.	2497.	26	66.1	4.148	2372.	26	69.6	3.941
HSA 7. TOTAL	845546.	958889.	2627.	1134.	3987.	40	65.9	4.715	3804.	40	69.1	4.499
SPR 17. TOTAL	166100.	221950.	608.	1336.	1085.	14	56.0	6.532	974.	14	62.4	5.864
SPR 19. TOTAL	151614.	108801.	298.	718.	390.	3	76.4	2.572	386.	3	77.2	2.546
SPR 20. TOTAL	491904.	564084.	1545.	1147.	2355.	15	65.6	4.788	2189.	15	70.6	4.450
SPR 21. TOTAL	559217.	341269.	935.	610.	1448.	12	64.6	2.589	1374.	12	68.0	2.457
HSA 8. TOTAL	1368835.	1236104.	3387.	903.	5278.	44	64.2	3.856	4923.	44	68.8	3.596
SPR 18. TOTAL	1275313.	1395122.	3822.	1094.	5596.	29	68.3	4.388	5172.	29	73.9	4.055
SPR 24. TOTAL	134622.	68126.	187.	506.	300.	5	62.2	2.228	300.	5	62.2	2.228
HSA 9. TOTAL	1409935.	1463248.	4009.	1038.	5896.	34	68.0	4.182	5472.	34	73.3	3.881
SPR 14. TOTAL	292867.	304103.	833.	1038.	1392.	17	59.9	4.753	1329.	17	62.7	4.538
SPR 15. TOTAL	380646.	539168.	1477.	1416.	2162.	11	68.3	5.680	2109.	11	70.0	5.541
HSA 10. TOTAL	673513.	843271.	2310.	1252.	3554.	28	65.0	5.277	3438.	28	67.2	5.105
SPR 16. TOTAL	3512180.	4200275.	11508.	1196.	16641.	82	69.2	4.738	15542.	82	74.0	4.425
HSA 11. TOTAL	3512180.	4200275.	11508.	1196.	16641.	82	69.2	4.738	15542.	82	74.0	4.425
SPR 9. TOTAL	357231.	340106.	932.	952.	1605.	20	58.1	4.493	1514.	20	61.5	4.238
HSA 12. TOTAL	357231.	340106.	932.	952.	1605.	20	58.1	4.493	1514.	20	61.5	4.238
STATE TOTAL	14944493.	16271529.	44580.	1089.	68500.	523	65.1	4.584	63552.	523	70.1	4.253

Source: 1982 Integrated Facilities File, TDH

TABLE 4
SHORT TERM FACILITY AND BED DATA
LICENSED BED
1984

	POPULATION	NUMBER FACILITIES	NUMBER BEDS	BED RATIO
SPR 1. TOTAL	392206.	21	1879.	4.791
HSA 1. TOTAL	392206.	21	1879.	4.791
SPR 2. TOTAL	385731.	23	2314.	5.999
HSA 2. TOTAL	385731.	23	2314.	5.999
SPR 8. TOTAL	574926.	16	2388.	4.154
HSA 3. TOTAL	574926.	16	2388.	4.154
SPR 3. TOTAL	224548.	18	1304.	5.807
SPR 7. TOTAL	324556.	26	1767.	5.444
SPR 10. TOTAL	138327.	14	779.	5.632
HSA 4. TOTAL	687431.	58	3850.	5.601
SPR 4. TOTAL	3419913.	94	15441.	4.515
SPR 22. TOTAL	146446.	7	879.	6.002
HSA 5. TOTAL	3566359.	101	16320.	4.576
SPR 11. TOTAL	277233.	15	1352.	4.877
SPR 12. TOTAL	734345.	19	2322.	3.162
SPR 13. TOTAL	184352.	10	686.	3.721
SPR 23. TOTAL	295390.	13	1211.	4.100
HSA 6. TOTAL	1491320.	57	5571.	3.736
SPR 5. TOTAL	251992.	14	1558.	6.183
SPR 6. TOTAL	636854.	26	2605.	4.090
HSA 7. TOTAL	888846.	40	4163.	4.684
SPR 17. TOTAL	171436.	13	1038.	6.055
SPR 19. TOTAL	166861.	3	427.	2.559
SPR 20. TOTAL	509051.	14	2314.	4.546
SPR 21. TOTAL	615234.	13	1550.	2.519
HSA 8. TOTAL	1462582.	43	5329.	3.644
SPR 18. TOTAL	1332986.	28	5589.	4.193
SPR 24. TOTAL	145871.	5	300.	2.057
HSA 9. TOTAL	1478857.	33	5889.	3.982
SPR 14. TOTAL	308184.	18	1427.	4.630
SPR 15. TOTAL	387003.	11	2183.	5.641
HSA 10. TOTAL	695187.	29	3610.	5.193
SPR 16. TOTAL	3783317.	84	17014.	4.497
HSA 11. TOTAL	3783317.	84	17014.	4.497
SPR 9. TOTAL	372478.	19	1555.	4.175
HSA 12. TOTAL	372478.	19	1555.	4.175
STATE TOTAL	15779240.	524	69882.	4.429

Source: Integrated Facilities File, TDH as of February 29, 1984.

TABLE 5

1989 BED RANGE PROJECTIONS FOR SHORT TERM CARE HOSPITALS

HSA	SPR	Projected Population	Projected Patient Days	Projected ADC	Projected Use Rate	Projections Based on 1982 Weighted Occupancy Rates*			Projections Based on 1982 Weighted Occupancy with Minimum Occupancy Based on Hospital Size		
						Occupancy Rate	Projected Beds	Projected Bed Ratio	Occupancy Rate	Projected Beds	Projected Bed Ratio
1	1	442,454	468,985	1,285	1,060	61.9	2,076	4.7	67.3	1,909	4.3
2	2	431,708	484,469	1,327	1,122	57.1	2,324	5.4	65.8	2,017	4.7
3	8	709,491	630,105	1,726	888	51.5	3,351	4.7	67.0	2,576	3.6
4	3	234,137	308,501	845	1,318	58.0	1,457	6.2	63.4	1,333	5.7
	7	357,720	476,514	1,306	1,332	59.7	2,188	6.1	64.5	2,025	5.7
	10	157,660	193,241	529	1,226	61.2	864	5.5	67.7	781	5.0
	Total	749,517	978,256	2,680	1,305	59.4	4,509	6.0	64.7	4,139	5.5
5	4	3,942,065	4,100,628	11,235	1,040	67.4	16,669	4.2	71.9	15,626	4.0
	22	154,390	253,665	695	1,643	68.5	1,015	6.6	72.9	953	6.2
	Total	4,096,455	4,354,293	11,930	1,063	67.5	17,684	4.3	72.0	16,579	4.0
6	11	303,461	354,007	970	1,167	62.2	1,559	5.1	66.1	1,467	4.8
	12	889,135	662,381	1,815	745	67.1	2,705	3.0	72.8	2,493	2.8
	13	208,639	206,109	565	988	60.6	932	4.5	64.8	872	4.2
	23	347,275	246,586	676	710	55.1	1,227	3.5	63.1	1,071	3.1
	Total	1,748,510	1,469,083	4,025	840	62.7	6,423	3.7	68.2	5,903	3.3

TABLE 5 - PAGE 2

1989 BED RANGE PROJECTIONS FOR SHORT TERM CARE HOSPITALS

HSA	SPR	Projected Population	Projected Patient Days	Projected ADC	Projected Use Rate	Projections Based on 1982 Weighted Occupancy Rates*			Projections Based on 1982 Weighted Occupancy with Minimum Occupancy Based on Hospital Size		
						Occupancy Rate	Projected Beds	Projected Bed Ratio	Occupancy Rate	Projected Beds	Projected Bed Ratio
7	5	277,053	437,504	1,199	1,579	65.1	1,842	6.6	69.0	1,738	6.3
	6	743,846	791,454	2,168	1,064	66.3	3,270	4.4	69.5	3,119	4.2
	Total	1,020,899	1,228,958	3,367	1,204	65.9	5,112	5.0	69.3	4,857	4.8
8	17	189,752	250,774	687	1,322	56.1	1,225	6.5	63.4	1,084	5.7
	19	215,386	181,936	498	845	76.4	652	3.0	76.4	652	3.0
	20	565,738	667,690	1,829	1,180	65.6	2,788	4.9	71.4	2,562	4.5
	21	793,998	484,062	1,326	610	74.8	1,773	2.2	74.9	1,770	2.2
	Total	1,764,874	1,584,462	4,341	898	67.4	6,438	3.6	71.5	6,068	3.4
9	18	1,511,036	1,618,600	4,435	1,071	68.3	6,493	4.3	73.1	6,067	4.0
	24	183,143	146,372	401	799	62.2	645	3.5	64.5	622	3.4
	Total	1,694,179	1,764,972	4,836	1,042	67.8	7,138	4.2	72.3	6,689	3.9
10	14	356,503	493,123	1,351	1,383	59.9	2,255	6.3	65.3	2,069	5.8
	15	408,676	522,758	1,432	1,279	69.3	2,066	5.1	72.3	1,981	4.8
	Total	765,179	1,015,881	2,783	1,328	64.4	4,321	5.6	68.7	4,050	5.3

TABLE 5 - PAGE 3

1989 BED RANGE PROJECTIONS FOR SHORT TERM CARE HOSPITALS

HSA	SPR	Projected Population	Projected Patient Days	Projected ADC	Projected Use Rate	Projections Based on 1982 Weighted Occupancy Rates* Occupancy Rate	Projected Beds	Projected Bed Ratio	Projections Based on 1982 Weighted Occupancy with Minimum Occupancy Based on Hospital Size Occupancy Rate	Projected Beds	Projected Bed Ratio
11	16	4,659,271	5,037,278	13,801	1,081	69.5	19,858	4.3	73.6	18,751	4.0
12	9	431,933	452,465	1,240	1,048	58.1	2,134	4.9	65.5	1,893	4.4
STATEWIDE		18,514,470	19,469,205	53,340	1,052	65.6	81,368	4.4	70.7	75,431	4.1

*Average occupancy rates on this table differ from those on Table V because the set of facilities differed, i.e., only facilities with complete data for the entire year were used to compute occupancy rates on this table whereas all facilities were considered in Table V.

Sources: (1) 1982 Integrated Facilities File, TDH

(2) 1979-1980 and 1981-1982 Patient Origin Studies, Bureau of State Health Planning and Resource Development, TDH

(3) TDH Population Data System, Bureau of State Health Planning and Resource Development, TDH

(4) National Center for Health Statistics, B. J. Haupt: Utilization of Short-Stay Hospitals: Annual Summary. Vital and Health Statistics. Series 13, No. 64. DHHS Pub. No. (PHS) 82-1725. Public Health Service. Washington. Government Printing Office, March, 1982.

TABLE 6

HOSPITAL BED GOALS FOR 1989

		1984*		1989	
HSA	SPR	Licensed Beds	Beds Under CON Approval or Under Construction	Total Projected Beds	Additional Beds or (Excess Beds)
1	1	1,879	82	1,909	(52)
2	2	2,314	246	2,017	(543)
3	8	2,388	-16	2,576	204
4	3	1,304	55	1,333	(26)
	7	1,767	101	2,025	157
	10	779	32	781	(30)
	Total	3,850	188	4,139	101
5	4	15,441	1,712	15,626	(1,527)
	22	879	15	953	59
	Total	16,320	1,727	16,579	(1,468)
6	11	1,352	75	1,467	40
	12	2,322	5	2,493	166
	13	686	18	872	168
	23	1,211	40	1,071	(180)
	Total	5,571	138	5,903	194
7	5	1,558	125	1,738	55
	6	2,605	215	3,119	299
	Total	4,163	340	4,857	354
8	17	1,038	106	1,084	(60)
	19	427	64	652	161
	20	2,314	133	2,562	115
	21	1,550	362	1,770	(142)
	Total	5,329	665	6,068	74
9	18	5,589	856	6,067	(378)
	24	300	17	622	306
	Total	5,889	873	6,689	(73)

TABLE 6 - PAGE 2

HOSPITAL BEDS GOALS FOR 1989

		1984*		1989	
HSA	SPR	Licensed Beds	Beds Under CON Approval or under Construction	Total Projected Beds	Additional Beds or (Excess Beds)
10	14	1,427	68	2,069	574
	15	2,183	81	1,981	(283)
	Total	3,610	149	4,050	291
11	16	17,014	1,308	18,751	429
12	9	1,555	228	1,893	110
STATEWIDE		69,882	5,928	75,431	(379)

*February 29, 1984

Sources: (1) 1982 Integrated Facilities File, TDH

(2) 1979-1980 and 1981-1982 Patient Origin Studies, Bureau of State Health Planning and Resource Development, TDH

(3) TDH Population Data System, Bureau of State Health Planning and Resource Development, TDH

(4) National Center for Health Statistics, B. J. Haupt: Utilization of Short-Stay Hospitals: Annual Summary. Vital and Health Statistics. Series 13, No. 64. DHHS Pub. No. (PHS) 82-1725. Public Health Service. Washington. Government Printing Office, March 1982.

TABLE 7
SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 1		
CASTRO	PLAINS MEMORIAL HOSPITAL	46	0
COLLINGSWORTH	COLLINGSWORTH GENERAL HOSPIT	25	28
DEAF SMITH	DEAF SMITH GENERAL HOSPITAL	77	15
GRAY	CORONADO COMMUNITY HOSPITAL	126	0
HALL	HALL COUNTY HOSPITAL	42	0
HANSFORD	HANSFORD COUNTY HOSPITAL	28	0
HARTLEY	COON MEMORIAL HOSPITAL	41	8
HEMPHILL	HEMPHILL COUNTY HOSPITAL	26	0
HUTCHINSON	NORTH PLAINS HOSPITAL	99	5
MOORE	MEMORIAL HOSPITAL	80	3
OCHILTREE	OCHILTREE GENERAL HOSPITAL	65	1
PARMER	PARMER COUNTY COMM HOSP, INC	34	2
POTTER	HIGH PLAINS BAPTIST HOSPITAL	304	0
	NORTHWEST TEXAS HOSPITAL	250	0
	ST ANTHONY'S HOSPITAL	336	44
	SOUTHWEST OSTEOPATHIC HOSPIT	50	0
	AMARILLO HOSP DIST PSYCH PAV	100	0
RANDALL	PALO DURO HOSPITAL	49	0
SWISHER	SWISHER MEMORIAL HOSPITAL	30	0
WHEELER	SHAMROCK GENERAL HOSPITAL	43	0
	PARKVIEW HOSPITAL	28	0
SPR 1 TOTAL		1879	106
HSA 1 TOTAL		1879	106
	HSA 2		
BAILEY	WEST PLAINS MEDICAL CTR., IN	31	0
COCHRAN	COCHRAN MEMORIAL HOSPITAL	30	19
CROSBY	CROSBYTON CLINIC HOSPITAL	50	16
FLOYD	CAPROCK HOSPITAL	40	0
	LOCKNEY GENERAL HOSPITAL	20	20
GARZA	GARZA MEMORIAL HOSPITAL	26	0
HALE	HI-PLAINS HOSPITAL	40	26
	E.O. NICHOLS HOSP., INC.	27	19
	CENTRAL PLAINS REGIONAL HOSP	151	7
HOCKLEY	COOK MEMORIAL HOSPITAL	78	4
LAMB	SOUTH PLAINS HOSP-CLINIC, IN	35	0
	LITTLEFIELD MEDICAL CENTER	75	0
LUBBOCK	METHODIST HOSPITAL	549	0
	ST MARY OF THE PLAINS HOSP/R	220	0
	COMMUNITY HOSP OF LUBBOCK, I	76	26
	HIGHLAND HOSPITAL	123	13
	SOUTH PARK HOSPITAL	99	108
	WEST TEXAS HOSPITAL	166	1
	MERCY HOSPITAL	40	34
	LUBBOCK GENERAL HOSPITAL	274	0
LYNN	LYNN COUNTY HOSPITAL DISTRIC	24	0
TERRY	BROWNFIELD REG. MEDICAL CENT	97	0
YOAKUM	YOAKUM COUNTY HOSPITAL	43	4
SPR 2 TOTAL		2314	297
HSA 2 TOTAL		2314	297

TABLE 7 - PAGE 2
SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 3		
BREWSTER	BIG BEND MEMORIAL HOSPITAL	50	0
CULBERSON	CULBERSON COUNTY HOSPITAL	25	0
EL PASO	NORTHPARK COMMUNITY HOSPITAL	35	4
	R E THOMASON GENERAL HOSPITA	335	0
	SUN VALLEY HOSPITAL	146	0
	HOTEL DIEU MEDICAL CENTER	355	0
	SOUTH EL PASO HOSP., INC.	23	15
	NEWARK METHODIST HOSPITAL	32	0
	PROVIDENCE MEMORIAL HOSPITAL	436	146
	SOUTHWESTERN GENERAL HOSPITA	120	24
	SUN TOWERS HOSPITAL	252	10
	EASTWOOD HOSPITAL	201	6
	SIERRA MEDICAL CENTER	292	0
	TIGUA GENERAL HOSPITAL	50	4
	THE FAMILY HOSP OF EL PASO,I	13	9
	YSLETA GENERAL HOSP, INC.	23	17
SPR 8 TOTAL		2388	235
HSA 3 TOTAL		2388	235
	HSA 4		
ARCHER	ARCHER COUNTY HOSPITAL	26	0
BAYLOR	SEYMOUR HOSPITAL AUTHORITY	49	0
CHILDRESS	CHILDRESS GENERAL HOSPITAL	75	0
CLAY	CLAY COUNTY MEMORIAL HOSPITA	50	0
COTTLE	W Q RICHARDS MEMORIAL HOSPIT	20	22
FOARD	FOARD COUNTY HOSPITAL	24	21
HARDEMAN	CHILLICOTHE HOSPITAL	34	0
	HARDEMAN COUNTY MEM HOSPITAL	48	0
JACK	JACK COUNTY HOSPITAL	49	0
MONTAGUE	BOWIE MEMORIAL HOSPITAL	67	0
	NOCONA GENERAL HOSPITAL	40	0
WICHITA	BETHANIA REG HEALTH CARE CTR	203	43
	WICHITA GENERAL HOSPITAL	300	208
	RED RIVER HOSPITAL	60	0
	ELECTRA MEMORIAL HOSPITAL	25	0
WILBARGER	WILBARGER GENERAL HOSPITAL	100	0
YOUNG	HAMILTON HOSPITAL	95	67
	GRAHAM GENERAL HOSPITAL	39	0
SPR 3 TOTAL		1304	361
BROWN	BROWNWOOD REGIONAL HOSPITAL	218	0
CALLAHAN	CALLAHAN MEMORIAL HOSPITAL	26	17
COLEMAN	OVERALL-MORRIS MEMORIAL HOSP	46	3
COMANCHE	DE LEON HOSPITAL	40	0
	COMANCHE COMMUNITY HOSPITAL	25	26
EASTLAND	E L GRAHAM MEMORIAL HOSPITAL	30	0
	EASTLAND MEMORIAL HOSPITAL	85	0
	BLACKWELL HOSPITAL	39	0
	RANGER GENERAL HOSPITAL	36	0
FISHER	FISHER COUNTY HOSPITAL DIST.	30	0
HASKELL	HASKELL MEMORIAL HOSPITAL	30	23
JONES	ANSON GENERAL HOSPITAL	45	8
	HAMLIN MEMORIAL HOSPITAL	25	0
	STAMFORD MEMORIAL HOSPITAL	74	0
KNOX	KNOX COUNTY HOSPITAL	28	10

TABLE 7 - PAGE 3
SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
MITCHELL	ROOT MEMORIAL HOSPITAL	39	30
NOLAN	ROLLING PLAINS MEMORIAL HOSP	85	0
RUNNELS	BALLINGER MEMORIAL HOSP., IN	30	0
	NORTH RUNNELS HOSPITAL	25	0
SCURRY	D M COGDELL MEMORIAL HOSPITA	99	5
SHACKELFORD	SHACKELFORD CO. HOSP. DIST.	24	41
STEPHENS	STEPHENS MEMORIAL HOSPITAL	54	4
STONEWALL	STONEWALL MEMORIAL HOSPITAL	25	0
TAYLOR	HENDRICK MEDICAL CENTER	464	35
	WEST TEXAS MEDICAL CENTER	115	5
THROCKMORTON	THROCKMORTON COUNTY MEM HOSP	30	14
SPR 7 TOTAL		1767	221
COKE	WEST COKE COUNTY HOSP DISTRI	26	0
CONCHO	CONCHO COUNTY HOSPITAL	20	0
CROCKETT	CROCKETT COUNTY HOSPITAL	20	28
KIMBLE	KIMBLE HOSPITAL	18	0
MCCULLOCH	HEART OF TEXAS MEMORIAL HOSP	50	0
MASON	MASON MEMORIAL HOSPITAL, INC	18	12
MENARD	MENARD HOSPITAL	30	0
REAGAN	REAGAN MEMORIAL HOSPITAL	29	6
SCHLEICHER	SCHLEICHER COUNTY MEDICAL CT	16	0
STERLING	STERLING COUNTY HOSPITAL	16	1
SUTTON	LILLIAN M HUDSPETH MEM HOSP	21	24
TOM GREEN	ST JOHN'S HOSPITAL, INC	139	0
	SHANNON WEST TEXAS MEM HOSP	219	0
	ANGELO COMMUNITY HOSPITAL	157	0
SPR 10 TOTAL		779	71
HSA 4 TOTAL		3850	653

TABLE 7 - PAGE 4
SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 5		
COLLIN	NORTH TEXAS MEDICAL CENTER	168	0
	WYSONG MEMORIAL HOSPITAL	72	0
	WYLIE COMMUNITY HOSPITAL	37	0
	MITCHELL CLIN & MATERNITY HO	8	0
	PLANO GENERAL HOSPITAL	193	0
DALLAS	CARROLLTON COMMUNITY HOSPITA	75	2
	BAYLOR UNIV MEDICAL CENTER	1296	18
	HILLSIDE CENTER	40	0
	MENTAL DIAGNOSTIC CENTER	60	0
	SWISS AVENUE HOSPITAL	80	0
	RALEIGH HILLS HOSPITAL	26	0
	CHILDREN'S MED CTR OF DALLAS	158	16
	PARKLAND MEMORIAL HOSPITAL	757	485
	DALLAS MED & SURG CLINIC-HOS	43	8
	GENERAL HOSP OF LAKEWOOD	71	7
	FOREST AVE COMMUNITY HOSP, I	52	34
	GASTON EPISCOPAL HOSPITAL	104	0
	SOUTH OAK CLIFF COMMUNITY HO	50	2
	MARY SHIELS HOSPITAL, INC.	28	17
	GRANVILLE C MORTON CAN-RES H	110	0
	METHODIST CENTRAL HOSPITAL	508	228
	DEDMAN MEDICAL CENTER	364	29
	OAK CLIFF MED & SURG HOSP, I	88	37
	PRESBYTERIAN HOSP OF DALLAS	838	5
	STEVENS PARK OSTEOPATHIC HOS	117	1
	ST PAUL HOSPITAL	600	0
	MEMORIAL HOSPITAL OF GARLAND	206	0
	SHILOH PARK HOSPITAL	42	40
	WHITCOMB MEMORIAL HOSPITAL	13	13
	IRVING COMMUNITY HOSPITAL	213	8
	MESQUITE MEM HOSPITAL, INC	142	0
	MEDICAL CITY DALLAS HOSPITAL	349	0
	GARLAND COMMUNITY HOSPITAL	128	0
	MARGARET J. CHARLTON METH HO	147	0
	KESSLER HOSPITAL, INC	36	0
	DOCTORS HOSPITAL	220	0
	SOUTHEASTERN METHODIST HOSP	172	0
	RICHARDSON MED CTR/BB OWEN M	242	0
	TX SCOT RITE HOSP/C-CHILDREN	125	0
	PIONEER PARK MEDICAL CENTER	50	0
	MESQUITE COMMUNITY HOSPITAL	120	0
	MED ARTS HOSP OF DALLAS, INC	71	0
	GREEN OAKS PSYCHIATRIC HOSP	86	0
	MIDWAY PARK GENERAL HOSPITAL	104	0
	DALLAS MEMORIAL HOSPITAL	167	39
	EAST TOWN OSTEO HOSP CORP	137	0
	MESQUITE PHYSICIANS HOSPITAL	156	69
DENTON	FLOW MEMORIAL HOSPITAL	166	0
	WESTGATE HOSP & MEDICAL CENT	195	28
	LEWISVILLE MEMORIAL HOSP, IN	110	0
	DENTON OSTEOPATHIC HOSP, INC	26	0
ELLIS	ENNIS COMMUNITY HOSPITAL	49	4
	TENERY COMMUNITY HOSPITAL	72	23
ERATH	DUBLIN MEDICAL CENTER	36	0
	STEPHENVILLE GENERAL HOSP, I	98	21
HOOD	HOOD GENERAL HOSPITAL	63	0
HUNT	CITIZENS HOSPITAL OF COMMERC	30	0
	CITIZENS GENERAL HOSPITAL	96	4
JOHNSON	MEMORIAL HOSPITAL OF CLEBURN	186	100
KAUFMAN	COLONIAL HOSPITAL, INC.	49	0
	TERRELL COMMUNITY HOSP, INC	73	0
	JACKSON COMMUNITY HOSPITAL	20	15
	PRESBYTERIAN HOSP. OF KAUFMA	50	0

TABLE 7 - PAGE 5
SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
NAVARRO	NAVARRO REGIONAL HOSPITAL	200	0
PALO PINTO	PALO PINTO GENERAL HOSPITAL	80	0
PARKER	CAMPBELL MEMORIAL HOSPITAL	97	0
SOMERVELL	MARKS-ENGLISH HOSPITAL, INC.	26	0
TARRANT	BOULEVARD HOSPITAL, INC	60	53
	FORT WORTH CHILDREN'S HOSPIT	97	0
	CARE UNIT HOSPITAL OF D/FW	34	0
	NORTH HILLS MEDICAL CENTER	160	0
	FORT WORTH OSTEOPATHIC MED C	200	34
	HARRIS HOSPITAL-METHODIST	628	114
	NORTHWEST HOSP OF FT WORTH I	49	50
	SCHICK SHADEL HOSP OF D/FW I	34	0
	SAINT JOSEPH HOSPITAL	475	2
	HALTOM GENERAL HOSPITAL	56	19
	JOHN PETER SMITH HOSPITAL	414	110
	W.I. COOK CHILDREN'S HOSPITA	72	74
	D/FW MED CTR-GRAND PRAIRIE S	132	34
	GRAPEVINE MEDICAL CENTER	55	0
	MEDICAL PLAZA HOSPITAL	338	0
	ARLINGTON COMMUNITY HOSPITAL	192	0
	HUGULEY MEMORIAL HOSPITAL	150	0
	MANSFIELD COMMUNITY HOSPITAL	50	0
	WHITE SETTLEMENT HOSPITAL	48	2
	D/FW MED CTR-GRAND PRAIRIE	165	0
	NORTHEAST COMMUNITY HOSPITAL	200	0
	ARLINGTON MEMORIAL HOSPITAL	380	0
	EAGLE MT AREA SUBURBAN HOSP	22	0
	H-E-B HOSPITAL - NORTH UNIT	212	136
	ALL STS EPISCOPAL HOSP OF FW	533	0
WISE	BRIDGEPORT HOSPITAL	44	18
	DECATUR COMMUNITY HOSPITAL	50	5
SPR 4 TOTAL		15441	1904
COOKE	GAINESVILLE MEMORIAL HOSPITA	88	0
	MUENSTER MEMORIAL HOSPITAL	44	0
FANNIN	FANNIN COUNTY HOSPITAL	65	6
GRAYSON	TEXOMA MEDICAL CENTER	244	0
	MKT RAILROAD EMPLOYEES HOSP.	50	57
	WILSON N JONES MEM HOSPITAL	212	28
	MEDICAL PLAZA HOSPITAL	176	0
SPR 22 TOTAL		879	91
HSA 5 TOTAL		16320	1995

TABLE 7 - PAGE 6
SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 6		
BOSQUE	GOODALL-WITCHER HOSPITAL FDN	72	0
	MERIDIAN HOSPITAL	32	0
FALLS	TORBETT-HUTCHINGS-SMITH HOSP	130	0
	ROSEBUD COMMUNITY HOSPITAL	38	18
FREESTONE	TEAGUE GENERAL HOSPITAL	30	30
	WORTHAM HOSPITAL, INC	32	33
	FAIRFIELD MEMORIAL HOSPITAL	47	0
HILL	GRANT-BUIE HOSPITAL	92	0
	WHITNEY HOSPITAL	72	0
	HUBBARD HOSPITAL	30	0
LIMESTONE	SOUTH LIMESTONE HOSPITAL	38	0
	GENERAL MEXIA MEMORIAL HOSP.	77	41
MCLENNAN	HILLCREST BAPTIST MEDICAL CT	368	66
	PROVIDENCE HOSPITAL	245	14
	WEST COMMUNITY HOSPITAL	49	0
SPR 11 TOTAL		1352	202
BASTROP	BASTROP MEMORIAL HOSPITAL	25	0
	SMITHVILLE HOSPITAL AUTHORIT	35	2
BLANCO	LYNDON B JOHNSON MEMORIAL HO	15	0
BURNET	SHEPPERD MEMORIAL HOSPITAL	92	40
CALDWELL	LOCKHART HOSPITAL	44	12
	EDGAR B DAVIS MEM HOSPITAL	30	0
FAYETTE	FAYETTE MEMORIAL HOSPITAL	60	0
HAYS	HAYS MEMORIAL HOSPITAL	109	0
LEE	LEE MEMORIAL HOSPITAL	32	18
LLANO	LLANO MEMORIAL HOSPITAL	30	0
TRAVIS	SHOAL CREEK HOSPITAL	280	0
	BRACKENRIDGE HOSPITAL	397	175
	HOLY CROSS HOSPITAL	129	0
	ST DAVID'S COMMUNITY HOSPITA	284	0
	SETON MEDICAL CENTER	455	0
	SOUTH AUSTIN COMMUNITY HOSP	99	0
WILLIAMSON	JOHNS COMMUNITY HOSPITAL	65	0
	GEORGETOWN HOSPITAL	66	0
	ROUND ROCK COMMUNITY HOSPITA	75	0
SPR 12 TOTAL		2322	247
BRAZOS	HUMANA HOSP BRYAN-COLLEGE ST	65	0
	GREENLEAF HOSPITAL	76	0
	SAINT JOSEPH HOSPITAL	196	0
BURLESON	BURLESON COUNTY HOSPITAL	37	0
GRIMES	GRIMES MEMORIAL HOSPITAL	57	0
LEON	LEON COUNTY MEMORIAL HOSPITA	36	0
MADISON	MADISON COUNTY MEDICAL CENTE	77	0
ROBERTSON	ROBERTSON COUNTY COMM. HOSP.	33	0
WASHINGTON	ST JUDE HOSPITAL, INC	67	3
	BOHNE MEMORIAL HOSPITAL	42	0
SPR 13 TOTAL		686	3
BELL	KING'S DAUGHTERS HOSPITAL	145	0
	SCOTT & WHITE-SANTA FE CENTE	125	130
	SCOTT AND WHITE MEM HOSPITAL	467	0
	METROPLEX HOSPITAL	78	0
CORYELL	CORYELL MEMORIAL HOSPITAL	55	0
HAMILTON	HAMILTON GENERAL HOSPITAL	49	35
	HICO CITY HOSPITAL	26	23
LAMPASAS	ROLLINS-BROOK HOSPITAL	36	29
MILAM	CAMERON COMMUNITY HOSPITAL	71	1
	ST EDWARD HOSP OF CAMERON	50	0
	RICHARDS MEMORIAL HOSPITAL	47	0
MILLS	CHILDRESS GENERAL HOSPITAL	29	18
SAN SABA	SAN SABA MEMORIAL HOSPITAL	33	16
SPR 23 TOTAL		1211	252
HSA 6 TOTAL		5571	704

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SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 7		
BOWIE	NEW BOSTON GENERAL HOSPITAL	63	0
	WADLEY REGIONAL MEDICAL CENT	358	0
	TEXARKANA COMMUNITY HOSPITAL	110	0
CASS	BROOKS HOSPITAL, INC	49	38
	ATLANTA MEMORIAL HOSPITAL	65	0
	LINDEN MUNICIPAL HOSPITAL	69	13
FRANKLIN	FRANKLIN COUNTY HOSPITAL	51	0
HOPKINS	HOPKINS COUNTY MEM HOSPITAL	100	0
LAMAR	ST JOSEPH'S HOSPITAL, INC	178	8
	MCCUISTION REGIONAL MED. CTR	209	0
MORRIS	HOSPITAL IN THE PINES, INC	39	0
	DAVID GRANBERRY MEM HOSP ASS	36	8
RED RIVER	RED RIVER GENERAL HOSPITAL	66	0
TITUS	TITUS COUNTY MEMORIAL HOSPIT	165	0
SPR 5 TOTAL		1559	67
ANDERSON	ANDERSON COUNTY MEMORIAL HOS	124	29
CAMP	PITTSBURG MEDICAL CENTER, IN	90	18
CHEROKEE	NAN TRAVIS MEMORIAL HOSPITAL	130	0
	NEWBURN MEMORIAL HOSPITAL, I	75	38
	RUSK MEMORIAL HOSPITAL	54	32
GREGG	GLADEWATER MUNICIPAL HOSPITA	64	44
	HART CLINIC HOSPITAL	18	18
	ROY H LAIRD MEMORIAL HOSPITA	60	0
	GOOD SHEPHERD MEDICAL CENTER	305	18
	LONGVIEW REGIONAL HOSP., INC	100	0
HARRISON	MEMORIAL HOSPITAL	145	0
HENDERSON	LAKELAND MEDICAL CENTER	85	0
MARION	DOUGLAS MEM. HOSPITAL, INC.	25	5
	MARION COUNTY HOSPITAL	37	0
PANOLA	PANOLA GENERAL HOSPITAL	91	65
RUSK	HENDERSON MEMORIAL HOSPITAL	172	0
	OVERTON MEMORIAL HOSPITAL	38	35
SMITH	COMMUNITY HOSPITAL OF TYLER	66	36
	MEDICAL CENTER HOSPITAL	328	69
	MOTHER FRANCES HOSPITAL	358	32
	DOCTORS MEMORIAL HOSPITAL	54	0
UPSHUR	FORD MEMORIAL HOSPITAL	46	0
VAN ZANDT	COZBY-GERMANY HOSPITAL	52	0
WOOD	WOOD COUNTY CENTRAL HOSP DIS	30	0
	MINEOLA GENERAL HOSPITAL, IN	34	12
	WINNSBORO MEMORIAL HOSP	24	10
SPR 6 TOTAL		2605	461
HSA 7 TOTAL		4163	528

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SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 8		
CALHOUN	CHAMP TRAYLOR MEM HOSPITAL	75	80
DE WITT	CUERO COMMUNITY HOSPITAL	73	0
	YORKTOWN MEMORIAL HOSPITAL	21	1
GOLIAD	GOLIAD COUNTY HOSPITAL	34	0
GONZALES	WARM SPRINGS REHAB. HOSP.	68	0
	MEMORIAL HOSPITAL	42	0
JACKSON	EDNA HOSPITAL	35	0
	MAURITZ MEMORIAL HOSPITAL	50	19
LAVACA	SHINER HOSPITAL FOUNDATION	30	0
	HUTH MEMORIAL HOSPITAL, INC.	46	20
	LAVACA MEDICAL CENTER	33	0
VICTORIA	CITIZENS MEMORIAL HOSPITAL	228	205
	DETAR HOSPITAL, INC.	303	11
SPR 17 TOTAL		1038	336
STARR	STARR CO. MEMORIAL HOSPITAL	44	0
WEBB	DOCTORS HOSP OF LAREDO, INC.	95	0
	MERCY HOSPITAL OF LAREDO	288	86
SPR 19 TOTAL		427	86
BEE	MEMORIAL HOSPITAL	73	0
BROOKS	BROOKS COUNTY HOSPITAL	31	27
JIM WELLS	ALICE PHYS & SURGEONS HOSPIT	131	57
KLEBERG	KLEBERG MEMORIAL HOSPITAL	136	0
NUECES	CORPUS CHRISTI OSTEO HOSP IN	140	0
	HUMANA HOSPITAL CORPUS CHRIS	150	0
	DRISCOLL FDN CHILDREN'S HOSP	155	134
	MEMORIAL MEDICAL CENTER	501	0
	PHYSICIANS & SURGEONS GEN HO	154	96
	SPOHN HOSPITAL	560	243
	RIVERSIDE HOSPITAL, INC	89	0
REFUGIO	MEMORIAL HOSPITAL	49	19
SAN PATRICIO	COASTAL BEND HOSPITAL FND, I	75	0
	TAFT HOSPITAL DISTRICT	70	0
SPR 20 TOTAL		2314	576
CAMERON	BROWNSVILLE MEDICAL CENTER	120	35
	VALLEY BAPTIST MEDICAL CENTE	300	4
	DOLLY VINSANT MEM HOSPITAL	59	34
	VALLEY COMMUNITY HOSPITAL	117	0
HIDALGO	EDINBURG GENERAL HOSPITAL	106	0
	MCALLEN METHODIST HOSPITAL	270	0
	MISSION HOSPITAL	58	0
	KNAPP MEM METHODIST HOSPITAL	180	0
	MCALLEN MATERNITY CLINIC	6	6
	JAMES CULLEN LOONEY CENTER	10	0
	RIO GRANDE REGIONAL HOSPITAL	220	0
	CHARTER PALMS HOSPITAL	80	0
WILLACY	WILLACY METHODIST HOSPITAL	24	0
SPR 21 TOTAL		1550	79
HSA 8 TOTAL		5329	1077

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SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 9		
ATASCOSA	MERCY HOSPITAL OF JOURDANTON	65	65
BEXAR	BAPTIST MEDICAL CENTER	688	75
	NORTHEAST BAPTIST HOSPITAL	190	0
	SOUTHEAST BAPTIST HOSPITAL	190	0
	LUTHERAN GENERAL HOSPITAL	248	45
	HUMANA HOSPITAL METROPOLITAN	273	0
	NIX MEMORIAL HOSPITAL	208	1
	PARK NORTH GENERAL HOSPITAL	100	0
	ST. BENEDICT HOSPITAL	35	2
	MEDICAL CENTER HOSPITAL	615	0
	SANTA ROSA MEDICAL CENTER	1098	221
	SOUTHWEST TEXAS METHODIST HO	487	28
	HUMANA HOSPITAL SAN ANTONIO	416	415
	ST. LUKE'S LUTHERAN HOSPITAL	162	0
	SOUTHWEST GENERAL HOSPITAL	166	0
	RALEIGH HILLS HOSPITAL	45	38
COMAL	THE MCKENNA MEMORIAL HOSP, I	86	0
FRIO	WINTER GARDEN MEDICAL CTR, I	37	50
	FRIO HOSPITAL	20	19
GILLESPIE	HILL COUNTRY MEMORIAL HOSPIT	61	0
GUADALUPE	GUADALUPE VALLEY HOSPITAL	75	0
KARNES	KARNES CITY HOSPITAL, INC.	20	5
	OTTO KAISER MEMORIAL HOSPITA	42	0
KENDALL	COMFORT COMMUNITY HOSPITAL	22	22
KERR	SID PETERSON MEMORIAL HOSPIT	125	1
	STARLITE VILLAGE HOSPITAL IN	37	15
MEDINA	MEDINA MEMORIAL HOSPITAL	34	2
WILSON	WILSON MEMORIAL HOSPITAL	44	0
SPR 18 TOTAL		5589	1004
DIMMIT	DIMMIT COUNTY MEM HOSPITAL	49	25
EDWARDS	EDWARDS COUNTY MEM HOSPITAL	8	0
MAVERICK	MAVERICK CO. HOSP. DISTRICT	77	0
UVALDE	UVALDE MEMORIAL HOSPITAL	62	0
VAL VERDE	VAL VERDE MEMORIAL HOSPITAL	104	0
SPR 24 TOTAL		300	25
HSA 9 TOTAL		5889	1029

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SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 10		
ANGELINA	WOODLAND HEIGHTS GEN HOSPITA	115	0
	MEMORIAL HOSPITAL	308	229
HOUSTON	HOUSTON COUNTY HOSPITAL	93	0
	COMMUNITY MEMORIAL HOSPITAL	24	24
JASPER	BUNA MEDICAL CENTER HOSPITAL	33	0
	MARY E DICKERSON MEM HOSPITA	46	0
	JASPER MEMORIAL HOSPITAL	95	0
	MAX MIXSON MEM CLINIC-HOSPIT	24	4
NACOGDOCHES	MEMORIAL HOSPITAL	184	0
	NACOGDOCHES MEDICAL CTR HOSP	150	0
NEWTON	NEWTON COUNTY MEM HOSPITAL	48	0
POLK	LIVINGSTON MEMORIAL HOSPITAL	45	8
SABINE	SABINE COUNTY HOSPITAL	36	0
SAN AUGUSTINE	SAN AUGUSTINE MEM HOSPITAL	48	19
SHELBY	MEMORIAL HOSPITAL	60	0
	SHELBY GENERAL HOSPITAL	39	0
TRINITY	TRINITY MEMORIAL HOSPITAL	30	0
TYLER	TYLER COUNTY HOSPITAL	49	0
SPR 14 TOTAL		1427	284
HARDIN	HARDIN MEMORIAL HOSPITAL	59	0
	SILSBEE DOCTORS HOSPITAL, IN	47	0
JEFFERSON	THE BAPTIST HOSP OF SE TEX I	387	5
	BEAUMONT NEUROLOGICAL CENTER	93	0
	ST ELIZABETH HOSPITAL	409	0
	DOCTORS HOSPITAL, INC.	106	0
	MID-JEFFERSON COUNTY HOSPITA	126	38
	PARK PLACE HOSPITAL	223	127
	ST MARY HOSP OF PORT ARTHUR	278	0
	BEAUMONT MEDICAL SURGICAL HO	250	0
ORANGE	ORANGE MEMORIAL HOSPITAL	205	4
SPR 15 TOTAL		2183	174
HSA 10 TOTAL		3610	458

SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
	HSA 11		
AUSTIN	BELLVILLE GENERAL HOSPITAL	32	0
	BRAZOS VALLEY HOSPITAL	25	9
BRAZORIA	ALVIN COMMUNITY HOSPITAL	86	0
	ANGLETON-DANBURY GEN HOSPITA	61	0
	THE COMM HOSP OF BRAZOSPORT	127	0
	SWEENY COMMUNITY HOSPITAL	49	0
CHAMBERS	CHAMBERS MEMORIAL HOSPITAL	30	0
	MEDICAL CENTER OF WINNIE	76	0
COLORADO	EAGLE LAKE COMMUNITY HOSPITA	47	0
	YOUENS MEMORIAL HOSPITAL	36	0
	COLUMBUS COMMUNITY HOSPITAL	40	0
FORT BEND	POLLY RYON MEMORIAL HOSPITAL	99	28
	KATY COMMUNITY HOSPITAL	100	0
	FORT BEND COMMUNITY HOSPITAL	80	0
GALVESTON	ST MARY'S HOSPITAL	291	0
	SHRINERS BURNS INSTITUTE	30	0
	MEMORIAL HOSP. OF GALVESTON	304	87
	DANFORTH MEM HOSPITAL, INC.	120	0
HARRIS	GULF COAST HOSPITAL	139	0
	HUMANA HOSPITAL BAYTOWN	191	0
	SAN JACINTO METHODIST HOSPIT	186	87
	TIDELANDS GENERAL HOSPITAL	96	0
	DEATON HOSPITAL, INC.	25	0
	BELLAIRE GENERAL HOSPITAL	349	74
	DIAGNOSTIC CENTER HOSPITAL	298	0
	RALEIGH HILLS GENERAL HOSP.	70	0
	HEIGHTS HOSPITAL	213	55
	HERMANN HOSPITAL	908	267
	HOUSTON NOPTHWEST MEDICAL CT	424	0
	SAM HOUSTON MEMORIAL HOSPITA	208	0
	RIVERSIDE GENERAL HOSPITAL	109	7
	YORK PLAZA HOSP & MED CENTER	75	53
	MED ARTS HOSP OF HOUSTON, IN	117	23
	THE METHODIST HOSPITAL	1218	26
	PARKWAY HOSPITAL	180	0
	MEMORIAL CITY GEN HOSP CORP.	520	0
	CITIZENS GEN HOSP OF HOUSTON	150	10
	NORTHSHORE MEDICAL PLAZA	177	0
	ROSEWOOD GENERAL HOSPITAL	225	0
	ST ANTHONY CENTER	47	5
	ST ELIZABETH HOSP OF HOUSTON	120	70
	ST JOSEPH HOSPITAL	948	6
	ST LUKE'S EPISCOPAL HOSPITAL	931	88
	HUMANA HOSPITAL SHARPSTOWN	206	0
	SHRINERS HOSP CRIPPLED CHILD	40	1
	SPRING BRANCH MEM HOSPITAL	225	0
	TEXAS CHILDREN'S HOSPITAL	328	0
	ALIEF GENERAL HOSPITAL	119	0
	TWELVE OAKS MED CENTER, INC	334	104
	WESTBURY HOSPITAL	113	0
	PASADENA BAYSHORE HOSPITAL	469	113
	PASADENA GENERAL HOSPITAL	158	84
	BELTWAY COMMUNITY HOSPITAL	99	74
	HUMANA HOSPITAL SOUTHMORE	208	0
	HUMANA HOSPITAL CLEAR LAKE	303	0
	CULLEN WOMEN'S CENTER, INC	22	0
	MEMORIAL HOSPITAL SYSTEM, NW	230	0
	BEN TAUB GENERAL HOSPITAL	527	332
	MEMORIAL HOSPITAL SYSTEM, SE	235	0
	JEFFERSON DAVIS HOSPITAL	345	288
	PARK PLAZA HOSPITAL	374	0
	WOMAN'S HOSPITAL OF TEXAS IN	198	0
	TOMBALL COMMUNITY HOSPITAL	140	0
	MEMORIAL HOSPITAL SYSTEM, SW	600	0
	MEDICAL CTR DEL ORO HOSPITAL	281	0
	HARRIS CO PSYCHIATRIC HOSPIT	48	72
	NORTHEAST MEDICAL CENTER HOS	131	0
	ST JOHN HOSPITAL	130	0
	CYPRESS FAIRBANKS MEDICAL CT	130	0
	EASTWAY GENERAL HOSP., LTD.	150	0

SHORT TERM CARE HOSPITALS, 1984

COUNTY	FACILITY NAME	LICENSED BEDS*	NON-CONFORMING BEDS*
HARRIS	DOCTORS HOSPITAL	114	3
	NORTHEAST MEMORIAL HOSPITAL	84	9
	YALE CLINIC & HOSPITAL, INC	99	30
LIBERTY	LEGGETT MEMORIAL HOSPITAL, I	73	0
	DAYTON MEMORIAL HOSP, INC.	24	24
	YETTIE KERSTING MEM HOSPITAL	49	0
MATAGORDA	MATAGORDA GENERAL HOSPITAL	110	0
	WAGNER GENERAL HOSPITAL	43	0
MONTGOMERY	MEDICAL CENTER HOSPITAL	182	0
	DOCTORS HOSPITAL	135	0
WALKER	HUNTSVILLE MEMORIAL HOSPITAL	144	0
WALLER	MEMORIAL HOSP OF WALLER COUN	34	8
WHARTON	GULF COAST MEDICAL CENTER	161	80
	EL CAMPO MEMORIAL HOSPITAL	60	0
SPR 16 TOTAL		17014	2117
HSA 11 TOTAL		17014	2117
	HSA 12		
ANDREWS	PERMIAN GENEPAL HOSPITAL	114	74
CRANE	CRANE MEMORIAL HOSPITAL	28	27
DAWSON	MEDICAL ARTS HOSPITAL	72	10
ECTOR	MEDICAL CENTER HOSPITAL	376	4
	ODESSA WOMENS & CHILDRENS HO	114	0
GAINES	MEMORIAL HOSPITAL	49	2
HOWARD	COWPER CLINIC AND HOSPITAL	37	36
	HALL-BENNETT MEMORIAL HOSPIT	48	48
	MALONE-HOGAN HOSPITAL, INC.	153	1
MARTIN	MARTIN COUNTY HOSP DISTRICT	26	3
MIDLAND	MIDLAND MEMORIAL HOSPITAL	195	0
	PARKVIEW HOSPITAL	60	0
PECOS	PECOS COUNTY MEMORIAL HOSPTI	37	17
	GENERAL HOSPITAL	14	5
REEVES	REEVES COUNTY HOSPITAL	62	0
UPTON	MCCAMEY COUNTY HOSP DISTRICT	16	15
	RANKIN COUNTY HOSP DISTRICT	20	8
WARD	WARD MEMORIAL HOSPITAL	40	0
WINKLER	MEMORIAL HOSPITAL	85	18
SPR 9 TOTAL		1555	268
HSA 12 TOTAL		1555	268
STATE TOTAL		69882	9467

* RECORDS UPDATED THROUGH FEBRUARY 29, 1984

SOURCE: 1984 integrated facilities file, TDH. This listing includes all licensed short term care (under 30 days) community general and special hospitals, exclusing federal and state, which were open and which were available to the general public.

Guidelines 3 and 4 and their resource standards are quoted from CFR 42, Part 121 as follows:

Guidelines #3 - Obstetrical Services

Standards

(1) "Obstetrical services should be planned on a regional basis with linkage among all obstetrical services and with neonatal services.

(2) Hospitals providing care for complicated obstetrical problems (Levels II and III) should have at least 1,500 births annually.

(3) There should be an average annual occupancy rate of at least 75% in each unit with more than 1,500 births per year."

Guideline #4 - Neonatal Special Care Units

Standards

(1) "Neonatal services should be planned on a regional basis with linkages with obstetrical services.

(2) The total number of neonatal intensive and intermediate care beds should not exceed 4 per 1,000 live births per year in a defined neonatal service area. An adjustment upward may be justified when the rate of high-risk pregnancies is unusually high, based on analyses by the health systems agency.

(3) A single neonatal special care unit (Level II or III) should contain a minimum of 15 beds. An adjustment downward may be justified for a Level II unit when travel time to an alternate unit is a serious hardship due to geographic remoteness, based on analyses by the health systems agency."

Background The above quoted NHPG Resource Standards were discussed in summary form at the statewide level in Chapter 9 of the SHP. The tables to follow provide additional data at the health service area (HSA) and the state planning region (SPR) levels. The information in these tables will allow preliminary evaluation regarding the availability of perinatal inpatient services in specific areas throughout the State. These data should provide an initial focus to the task force recommended in the SHP in its review of regionalization to support the delivery of perinatal inpatient services. Additionally, the information should support more definitive local area analysis, especially as the local organizations/groups which are expected to become involved in the health planning process, in fact, come on line.

The first step in the development of a regionalized system of perinatal care services is to determine levels of care for hospital units which provide services to both mothers and newborns. Formal designation of individual hospital units in terms of levels of care will enhance the overall design for regionalization and help encourage the use of the most appropriate level of care through the proper referral of patients.

Most of the health systems agencies had initiated action to assign levels of care to hospitals providing obstetrical services; however, the method of determination varied among those agencies. Some used detailed questionnaires, some used on-site surveys, some used a combination of questionnaires and site surveys, and some used the annual TDH Hospital Questionnaire. With the phase-out of these agencies, this source of determination was lost. Accordingly, the determinations made by individual hospitals, as reflected in the TDH Hospital Questionnaires, provides the information for this plan. Hospital beds are licensed in Texas without consideration of specialized use. Beds designated by the hospitals as operating obstetrical beds are used to address the obstetrical guideline standards.

Discussion/Conclusions As indicated in the SHP, the size of an OB unit has an impact when comparing units with the NHPG standards. As also mentioned, no standard is specified for size of OB units, but one state (New Jersey) adopted 20 beds as the desired minimum for all OB units with exceptions allowed for Level I units down to 10 beds to accommodate geographic isolation or medical necessity. This number of beds would probably be too high for Texas with its many rural areas and small hospitals. Nonetheless it may be advisable to consider some minimum number of beds as guidance for Level II and Level III units to encourage the benefits of specialization without discouraging the development of units in smaller hospitals.

If, for example, a 10 bed level were applicable, then 34% of Level II units would meet the 1000 annual birth standard and 25% would meet the 75% occupancy standard. At a 20 bed level, these figures would be 64% and 47% for Level II units. Cumulatively for both Level II and Level III units, these figures would be 50% and 40% at a 10 bed level and 77% and 61% at a 20 bed level. While emphasis need not be on percent of accord with the NHPG standards, these figures tend to illustrate that unit size is a factor in making this evaluation, especially in Texas. It also indicates the need for accurate classification of unit levels.

In addition, as indicated in the SHP, a number of individuals, groups, organizations, and agencies were contacted to provide key issues regarding the availability, delivery and reimbursement of these services in Texas. The input received can generally be summarized as follows:

-Inadequate facilities for care of high risk obstetric and neonatal patients in some areas, including insufficient Level II unit beds which can lead to longer stays in Level III units.

-Lack of reliable transportation for high risk neonates to Level II and III units in some areas.

-For lower socio-economic groups, the continuing problem of obtaining adequate prenatal care, which can lead to an increased risk of perinatal problems.

-Reluctance by some Level II and III units to accept referrals of high risk infants whose families have limited or no ability to pay for service, and collaterally, recognition of political constraints regarding inability or unwillingness of some counties to accept responsibility for indigent care.

-Need for improved coordination among organizations involved in addressing these concerns, but difficult to achieve in view of limited physical resources and problems in obtaining adequate patient care reimbursement.

-If no improvement in funding, then perhaps a more equitable method of distributing charity patients.

-Increased survival of low birth weight infants creates increased economic burden on Level III units.

-Lack of a standardized method for reporting data from institutions as it relates to perinatal outcomes.

-Need for centralized referral and tracking system managed by one agency in an area.

-Need for improved coordination of activities among perinatal providers and with communities that provide little or no perinatal care.

-High costs of services and problems with methods of paying for services.

-Need for more detailed data base and improved methods for classification of service levels, especially to support development of regionalized perinatal service plans.

-Need for statewide, state-based system for funding.

-Lack of regionalized method of managing Level II and III care and need for such a system.

From the above, there appears to be an array of issues which can be related to a need for regionalization of perinatal services. In support of this, the literature is replete with examples of improved perinatal services both in terms of the quality of and access to services, as well as the management and cost aspects of service, when regionalization of services is implemented. In addition, the literature contains considerable documentation with detailed suggestions concerning regionalization of services. An example is the document entitled, "Texas Regional Perinatal Care System - Statewide Guidelines for the Care of Mothers/Fetuses and High-Risk Infants," developed by the Perinatal consultants to the Texas EMS Advisory Council and published by TDH.

Thus the overall aim of the SHCC and SHPDA should be to work toward and reasonably assure the availability and accessibility of appropriate perinatal services throughout the State while minimizing unnecessary duplication of services. It is readily recognized that a number of organizations have been working for several years toward this same goal. Most of the health systems agencies had initiated studies or actions of differing degrees of scope regarding regionalization of perinatal services as they addressed the Federal NHPG. With the recent phase-out of these agencies this activity has ceased, but it needs to be resumed. The time for action is now and this appears to be a timely period for action.

Recommendations The issues and problems are manifold, but generally are well-known and most often can be related to the need for regionalization of services. The basic problem involves the development of a mechanism to achieve and fund regionalization. The most realistic approach to effectively address these issues in a pragmatic manner appears to be via the creation of a task force of knowledgeable individuals representing organizations involved with the delivery of perinatal services. And since virtually all of the NHPG involve regionalization of specialized medical services, it is advisable to establish a Task Force on Regionalization of Specialized Medical Services. As a result, issues common to any area of specialized medical regionalization can be addressed without duplication of effort. At the same time individual specialized medical care areas with unique issues can be addressed by adding specialists in the areas of unique concern. Such a task force can establish priorities for regionalization of services and develop achievable goals in an acceptable timeframe.

The task force should address but not be limited to the following issues:

-Problem issues identified from the input received from the organizations contacted regarding the delivery of perinatal services.

-Problems identified in Chapter 9 relating to perinatal and other specialized services such as better methods to determine levels of care, size of units, and regional service areas by specialty.

-Issues common to all regionalization efforts such as funding/reimbursement; transportation; referral patterns, agreements and systems; medical recording methods among facilities; communication requirements; legal implications; and decision-making authority.

-Careful review and evaluation of the considerable volume of existing literature regarding regionalization of services.

The task force should be established by and under the auspices and direction of the Statewide Health Coordinating Council with staff support from the Bureau of State Health Planning and Resource Development, TDH. It should have membership representation from the SHCC, COGs, consumers, and state agencies/organizations/advocacy groups involved in the delivery, reimbursement and advocacy of specialized medical services in Texas. This membership should include but not be limited to consumers and individuals from TDH, TDHR, THFC, TMA, THA, and organizations/associations/groups representing specialized areas of medical services. Precise composition of the task force should be delineated by the SHCC. The task force should be established by the SHCC following approval of the SHP by the Governor.

TABLE 8
HOSPITALS WITH
LEVEL II OR LEVEL III OBSTETRICAL UNITS

HSA	SPR	LEVEL II HOSPITALS NO.	LEVEL II HOSPITALS 1500 OR MORE BIRTHS	LEVEL II HOSPITALS 75% OR GREATER OCC	LEVEL III HOSPITALS NO.	LEVEL III HOSPITALS 1500 OR MORE BIRTHS	LEVEL III HOSPITALS 75% OR GREATER OCC	TOTALS FOR LEVEL II AND III HOSPITALS NO.	TOTALS FOR LEVEL II AND III HOSPITALS 1500 OR MORE BIRTHS	TOTALS FOR LEVEL II AND III HOSPITALS 75% OR GREATER OCC
1	1	2	0	0	1	1	0	3	1	0
HSA TOTAL		2	0	0	1	1	0	3	1	0
2	2	6	1	0	1	1	1	7	2	1
HSA TOTAL		6	1	0	1	1	1	7	2	1
3	6	4	2	2	2	2	1	6	4	3
HSA TOTAL		4	2	2	2	2	1	6	4	3
4	3	3	1	1	0	0	0	3	1	1
	7	3	1	0	0	0	0	3	1	0
	10	2	0	0	1	0	0	3	0	0
HSA TOTAL		8	2	1	1	0	0	9	2	1
5	4	20	3	3	8	8	8	28	11	11
	22	1	0	0	0	0	0	1	0	0
HSA TOTAL		21	3	3	8	8	8	29	11	11
6	11	1	1	1	0	0	0	1	1	1
	12	1	0	0	3	3	3	4	3	3
	13	2	1	0	0	0	0	2	1	0
	23	2	0	0	1	1	1	3	1	1
HSA TOTAL		6	2	1	4	4	4	10	6	5
7	5	2	1	2	0	0	0	2	1	2
	5	7	2	1	0	0	0	7	2	1
HSA TOTAL		9	3	3	0	0	0	9	3	3
8	17	3	0	0	0	0	0	3	0	0
	19	0	0	0	1	1	1	1	1	1
	20	1	1	1	1	1	1	2	2	2
	21	5	2	1	1	0	0	6	2	1
HSA TOTAL		9	3	2	3	2	2	12	5	4
9	18	9	2	1	3	3	2	12	5	3
	24	2	0	0	0	0	0	2	0	0
HSA TOTAL		11	2	1	3	3	2	14	5	3
10	14	3	0	0	0	0	0	3	0	0
	15	4	1	1	1	0	0	5	1	1
HSA TOTAL		7	1	1	1	0	0	8	1	1
11	16	20	6	7	7*	6*	4*	27*	12*	11*
HSA TOTAL		20	6	7	7*	6*	4*	27*	12*	11*
12	9	6	2	2	1	0	0	7	2	2
HSA TOTAL		6	2	2	1	0	0	7	2	2
STATE TOTAL		109	27	23	32*	27*	22*	141*	54*	45*
			25%	21%		84%	69%		38%	32%

* INCLUDES ONE UNLICENSED STATE-OWNED HOSPITAL

SOURCE: 1982, INTEGRATED FACILITIES FILE, TDH

TABLE 9
LEVEL II AND III OB BEDS
WITH LESS THAN 20 BEDS

		LEVEL II					LEVEL III					TOTAL LEVEL II & III				
HSA	SPR	NO BEDS	1-5 BEDS	6-9 BEDS	10-19 BEDS	TOT	NO BEDS	1-5 BEDS	6-9 BEDS	10-19 BEDS	TOT	NO BEDS	1-5 BEDS	6-9 BEDS	10-19 BEDS	TOT
1	1	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1
HSA	TOTAL	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1
2	2	1	2	2	0	5	0	0	0	0	0	1	2	2	0	5
HSA	TOTAL	1	2	2	0	5	0	0	0	0	0	1	2	2	0	5
3	8	0	0	1	1	2	0	0	0	0	0	0	0	1	1	2
HSA	TOTAL	0	0	1	1	2	0	0	0	0	0	0	0	1	1	2
4	3	0	1	1	0	2	0	0	0	0	0	0	1	1	0	2
	7	0	1	1	0	2	0	0	0	0	0	0	1	1	0	2
	10	0	1	0	1	2	0	0	0	0	0	0	1	0	1	2
HSA	TOTAL	0	3	2	1	6	0	0	0	0	0	0	3	2	1	6
5	4	4	0	4	8	16	0	0	0	0	0	4	0	4	8	16
	22	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
HSA	TOTAL	4	0	4	9	17	0	0	0	0	0	4	0	4	9	17
6	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	12	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1
	13	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1
	23	1	0	0	1	2	0	0	0	1	1	1	0	0	2	3
HSA	TOTAL	1	0	2	1	4	0	0	0	1	1	1	0	2	2	5
7	5	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
	6	1	1	1	2	5	0	0	0	0	0	1	1	1	2	5
HSA	TOTAL	1	1	1	3	6	0	0	0	0	0	1	1	1	3	6
8	17	0	1	0	1	2	0	0	0	0	0	0	1	0	1	2
	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	21	0	0	1	3	4	0	0	0	0	0	0	0	1	3	4
HSA	TOTAL	0	1	1	4	6	0	0	0	0	0	0	1	1	4	6
9	18	0	2	1	4	7	0	0	0	0	0	0	2	1	4	7
	24	0	1	1	0	2	0	0	0	0	0	0	1	1	0	2
HSA	TOTAL	0	3	2	4	9	0	0	0	0	0	0	3	2	4	9
10	14	0	0	0	3	3	0	0	0	0	0	0	0	0	3	3
	15	0	0	0	1	1	0	0	1	0	1	0	0	1	1	2
HSA	TOTAL	0	0	0	4	4	0	0	1	0	1	0	0	1	4	5
11	16	0	2	2	5	9	0	1	0	0	1	0	3	2	5	10
HSA	TOTAL	0	2	2	5	9	0	1	0	0	1	0	3	2	5	10
12	9	1	2	0	1	4	0	0	0	1	1	1	2	0	2	5
HSA	TOTAL	1	2	0	1	4	0	0	0	1	1	1	2	0	2	5
ST	TOTAL	8	14	18	33	73	0	1	1	2	4	8	15	19	35	77
CUMULATIVE			22	40	73			1	2	4			23	42	77	

SOURCE: 1982, INTEGRATED FACILITIES FILE, TDH

TABLE 10
OBSTETRICAL UNITS AND UTILIZATION DATA

HSA	SPR	# HOSPITALS REPORTING DELIVERIES: # RPTG DEL	# WITH OB BEDS	WITHOUT OB BEDS	1-5 OB BEDS	# OB BEDS REPORTED	NON-CONFORMING OB BEDS	DELIVERIES: TOTAL	1-5 OB BEDS	WITHOUT OB BEDS	# LIVE BIRTHS	# OB ADMS
1	1	18	16	2	5	160	2	7148	626	111	7086	8636
HSA TOTAL		18	16	2	5	160	2	7148	626	111	7086	8636
2	2	18	16	2	8	153	15	7484	1200	226	7410	7972
HSA TOTAL		18	16	2	8	153	15	7484	1200	226	7410	7972
3	8	12	11	1	3	192	50	10607	362	6	10548	14055
HSA TOTAL		12	11	1	3	192	50	10607	362	6	10548	14055
4	3	15	9	6	6	60	28	3548	697	278	3515	3852
	7	24	18	6	12	88	13	5273	743	407	5222	5991
	10	9	7	2	5	51	6	2686	295	77	2655	2846
HSA TOTAL		48	34	14	23	199	47	11507	1735	762	11392	12689
5	4	50	44	6	10	859	319	53116	1040	935	58988	68876
	22	5	5	0	2	41	5	2318	302	0	2290	2964
HSA TOTAL		55	49	6	12	900	324	55434	1342	935	61278	71840
6	11	13	10	3	7	67	0	3937	680	122	3897	4813
	12	16	14	2	7	155	30	11824	482	330	11699	13088
	13	8	5	3	2	40	0	3247	163	173	3239	3555
	23	11	6	5	3	56	6	3691	282	371	3665	3615
HSA TOTAL		48	35	13	19	318	36	22699	1607	996	22500	25071
7	5	11	9	2	4	78	0	5045	366	146	5003	5553
	6	19	16	3	9	135	24	8950	678	345	8873	10067
HSA TOTAL		30	25	5	13	213	24	13995	1044	491	13876	15620
8	17	12	8	4	3	81	34	3323	457	142	3300	3146
	19	3	2	1	1	32	28	3202	226	63	3171	3979
	20	10	9	1	3	112	21	10520	842	659	10462	12491
	21	11	11	0	1	134	16	10916	67	0	10809	12177
HSA TOTAL		36	30	6	8	359	99	27961	1592	864	27742	31793
9	18	21	18	3	4	309	34	22564	787	325	22336	27191
	24	4	4	0	1	36	0	2307	368	0	2284	2625
HSA TOTAL		25	22	3	5	345	34	24871	1155	325	24620	29816
10	14	13	11	2	4	80	0	3340	327	47	3322	3303
	15	9	9	0	3	124	0	6400	304	0	6340	7587
HSA TOTAL		22	20	2	7	204	0	9740	631	47	9662	10890
11	16	58	51	7	12	1121 *	218	75730 *	2067	804	75133 *	81683 *
HSA TOTAL		58	51	7	12	1121 *	218	75730 *	2067	804	75133 *	81683 *
12	9	17	13	4	4	139	18	9663	585	379	9583	9867
HSA TOTAL		17	13	4	4	139	18	9663	585	379	9583	9867
STATE TOTAL		387	322	65	119	4303	867	276839	13946	5946	280830	319932
			83%	17%	31%				5%	2%		

* INCLUDES ONE UNLICENSED STATE-OWNED HOSPITAL

Source: 1982, Integrated Facilities File, TDH

TABLE 11

HOSPITALS WITH
LEVEL II AND LEVEL III NEONATAL BED UNITS

		Level II Units		Units With Lev. II and/or Lev. III Beds		Cumulative Totals	
HSA	SPR	# Units	15 or More Beds	# Units	15 or More Beds	# Units	15 or More Beds
1	1	1		1	1	2	1
2	2	3		1	1	4	1
3	8	1		2	2	3	2
4	3	1				1	
	7	3				3	
	10	1		1		2	
HSA	Total	5		1		6	
5	4	18		8	7	26	7
	22	1				1	
HSA	Total	19		8	7	27	7
6	11	1				1	
	12	1		3	2	4	2
	13	2				2	
	23	1		1	1	2	1
HSA	Total	5		4	3	9	3
7	5	2				2	
	6	2	1	1		3	1
HSA	Total	4	1	1		5	1
8	17			2		2	
	19	1				1	
	20	2		1	1	3	1
	21	3		2	1	5	1
HSA	Total	6		5	2	11	2
9	18	4		3	3	7	3
	24	2				2	
HSA	Total	6		3	3	9	3
10	14	2				2	
	15	2		1		3	
HSA	Total	4		1		5	
11	16	14	1	5*	5*	19*	6*
12	9	5		1		6	
State	Total	73	2	33**	24	106	26
		Percent	3%		73%		25%

*Includes one unlicensed state-owned hospital
**25 (76%) of the total 33 units include Level II units
Source: 1982 Integrated Facilities File, TDH

PEDIATRIC INPATIENT SERVICES

Guidelines 5 and 6 and their resource standards are quoted from CFR 42, Part 121 as follows:

Guideline #5, Pediatric Inpatient Services - Number of Beds

Standard

> "There should be a minimum of 20 beds in a pediatric unit in urbanized areas. An adjustment may be justified when travel time to an alternate unit exceeds 30 minutes for 10% or more of the population, based on analysis by the health systems agency."

Guideline #6, Pediatric Inpatient Services - Occupancy Rates

Standard

> Pediatric units should maintain average annual occupancy rates related to the number of pediatric beds (exclusive of neonatal special care units) in the facility. For a facility with 20-39 pediatric beds, the average annual occupancy rate should be at least 65%; for a facility with 40-79 pediatric beds, the rate should be at least 70%; for facilities with 80 or more pediatric beds, the rates should be at least 75%."

The above quoted NHPG Resource Standards were discussed in summary form at the statewide level in Chapter 9 of the SHP. The tables to follow provide additional data at the health service area (HSA) and the state planning region (SPR) levels. The information in these tables will allow preliminary evaluation regarding the availability of pediatric inpatient services in specific areas throughout the State. These data should provide an initial focus to the task force recommended in the SHP in its review of regionalization to support the delivery of pediatric inpatient services. Additionally, the information should support more definitive local area analysis, especially as the local organizations/groups which are expected to become involved in the health planning process, in fact, come on line.

In addition to consideration of elements common to any regionalization initiative, the recommended task force should consider areas singular to pediatric inpatient services. The task force should consider the appropriate size and location of pediatric units taking the NHPG standards into consideration and local variances as may be necessary. The task force should address appropriate occupancy standards for regional areas taking into consideration local variances. This should include maintenance of an adequate supply of pediatric beds to accommodate peak utilization periods with adjustments to reasonably ensure access to care. The task force should be able to obtain local/regional informational assistance as an area planning capability evolves. This is essential to effective regional planning.

Composition and staff support requirements for the task force are as indicated in the perinatal annex section.

TABLE 12

HOSPITALS IN URBANIZED AREAS WITH PEDIATRIC UNITS
BY SIZE AND OCCUPANCY GROUPINGS

HSA	SPR	Urbanized Area	# Hosp. With Units of 20 or More Beds	# Hosp. Mtg. Occ. Stands.	# Hosp. Ped. Units by Size and Meeting Occupancy Standards					
					20-39 Beds Hosp. 65%		40-79 Beds Hosp. 70%		80+ Beds Hosp. 75%	
1	1	Amarillo	1	0	1	0				
2	2	Lubbock	2	1	2	1				
3	8	El Paso	5	1	3	0	2	1		
4			2	0	2	0				
	3	Wichita Falls	0							
	7	Abilene	1	0	1	0				
	10	San Angelo	1	0	1	0				
5			9	2	4	1	4	1	1	0
	4	Dallas-Fort Worth	8	2	3	1	4	1	1	0
	22	Sherman-Denison	1	0	1	0				
6			3	3	3	3				
	11	Waco	1	1	1	1				
	12	Austin	1	1	1	1				
	13	Bryan-College Station	0							
	23	Killeen	0							
	23	Temple	1	1	1	1				

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HOSPITALS IN URBANIZED AREAS WITH PEDIATRIC UNITS
BY SIZE AND OCCUPANCY GROUPINGS

HSA	SPR	Urbanized Area	# Hosp. With Units of 20 or More Beds	# Hosp. Mtg. Occ. Stands.	# Hosp. Ped. Units by Size and Meeting Occupancy Standards					
					20-39 Beds		40-79 Beds		80+ Beds	
					Hosp. 65%		Hosp. 70%		Hosp. 75%	
7			1	1	1	1				
	5	Texarkana	1	1	1	1				
	6	Longview	0							
	6	Tyler	0							
8			8	2	7	2			1	0
	17	Victoria	1	0	1	0				
	19	Laredo	1	1	1	1				
	20	Corpus Christi	3	0	2	0			1	0
	21	Brownsville	2	0	2	0				
	21	Harlingen-San Benito	0							
	21	McAllen-Pharr-Edinburg	1	1	1	1				
9	18	San Antonio	5	2	2	2	2	0	1	0
10			2	0	2	0				
	15	Beaumont	2	0	2	0				
	15	Port Arthur	0							

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HOSPITALS IN URBANIZED AREAS WITH PEDIATRIC UNITS
BY SIZE AND OCCUPANCY GROUPINGS

HSA	SPR	Urbanized Area	# Hosp. With Units of 20 or More Beds	# Hosp. Mtg. Occ. Stands.	# Hosp. Ped. Units by Size and Meeting Occupancy Standards					
					20-39 Beds		40-79 Beds		80+ Beds	
					Hosp. 65%		Hosp. 70%		Hosp. 75%	
11			17	6	11	5	4	0	2	1
	16	Galveston	2*	2	1	1			1*	1*
	16	Texas City-La Marque	1	1	1	1				
	16	Houston	14*	3	9*	3*	4	0	1	0
12			1	0	1	0				
	9	Midland	0							
	9	Odessa	1	0	1	0				
State Totals		30 Urbanized Areas	56	18	39	15	12	2	5	1
		Percent Meeting Standards:		32%		38%		17%		20%

* Includes Unlicensed Pediatric Beds in State-owned Hospitals

Sources: 1. Urbanized Area Data from "General Population Characteristics, U.S. Dept. of Commerce, Bureau of Census
2. Facilities Data from 1982 Integrated Facilities File, TDH

TABLE 13

HOSPITALS WITH AND WITHOUT PEDIATRIC BEDS

HSA	SPR	# Hosp. Without Ped. Beds but Rept. Ped. Util.		# Hosp. With Ped. Beds		# Hosp. With 1-19 Ped. Beds		# Hosp. With 20-39 Ped. Beds		# Hosp. With 40-79 Ped. Beds		# Hosp. With 80+ Ped. Beds	
		R*	U*	R	U	R	U	R	U	R	U	R	U
1	1	8	1	4	3	3	2	1	1				
2	2	7	3	3	3	3	1		2				
3	8	1	1	1	8	1	3		3		2		
4		33	2	6	4	6	2		2				
	3	9		2	2	2	2						
	7	18	1	2	1	2			1				
	10	6	1	2	1	2			1				
5		7	19	3	32	3	23		4		4		1
	4	5	19	2	29	2	21		3		4		1
	22	2		1	3	1	2		1				
6		19	8	10	5	10	2		3				
	11	7	1	5	1	5			1				
	12	5	5	2	1	2			1				
	13	4		2	1	2	1						
	23	3	2	1	2	1	1		1				

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HOSPITALS WITH AND WITHOUT PEDIATRIC BEDS

HSA	SPR	# Hosp. Without Ped. Beds but Rept. Ped. Util.		# Hosp. With Ped. Beds		# Hosp. With 1-19 Ped. Beds		# Hosp. With 20-39 Ped. Beds		# Hosp. With 40-79 Ped. Beds		# Hosp. With 80+ Ped. Beds	
		R*	U*	R	U	R	U	R	U	R	U	R	U
7		16	3	4	6	4	5		1				
	5	7	1	3	2	3	1		1				
	6	9	2	1	4	1	4						
8		11	5	4	15	3	7	1	7				1
	17	8		1	2	1	1		1				
	19			1	2	1	1		1				
	20	2	3	2	4	1	1	1	2				1
	21	1	2		7		4		3				
9		7	2	6	8	6	3		2		2		1
	18	6	2	3	8	3	3		2		2		1
	24	1		3		3							
10		11	4	4	6	4	4		2				
	14	11		4		4							
	15		4		6		4		2				
11	16	8	17	2	28	2	11		11**		4		2**
12	9	7	—	4	3	4	2	—	1	—	—	—	—
State Totals		135	65	51	121	49	65	2	39	0	12	0	5
		200 (54%)		172 (46%)		114		41		12		5	

Legend: *R = Rural; U = Urban
**Includes unlicensed state facilities

Source: 1982 Integrated Facilities File, TDH

TABLE 14

PEDIATRIC BED UTILIZATION DATA

		Hospitals Without Ped. Beds Rptg. Ped. Util.			Hospitals With Ped. Beds Rptg. Ped. Util.															
					1-19 Beds				20-39 Beds				40-79 Beds				80+			
HSA	SPR	# Hosp.	Adm.	Days	# Hosp.	# Beds	Adm.	Days	# Hosp.	# Beds	Adm.	Days	# Hosp.	# Beds	Adm.	Days	# Hosp.	# Beds	Adm.	Days
1	1	9	1100	3406	5	29	1769	9264	2	64	2328	5996								
2	2	10	1604	5073	4	19	823	2479	2	64	4042	14139								
3	8	2	328	1005	4	10	416	1808	3	63	3044	10611	2	80	4500	19036				
4	3	9	365	1140	4	38	2044	7444												
	7	19	2023	6845	2	3	124	468	1	31	2148	6930								
	10	7	886	2873	2	9	8	21	1	35	1211	4704								
		35	3274	10858	8	50	2176	7933	2	66	3359	11634								
5	4	24	3958	12234	23	234	10705	40983	3	82	4559	14853	4	252	9841	53104	1	117	5359	26710
	22	2	315	1056	3	17	1211	3549	1	21	454	1261								
		26	4273	13290	26	251	11916	44532	4	103	5013	16114	4	252	9841	53104	1	117	5359	26710
6	11	8	794	2629	5	16	271	608	1	31	2355	7668								
	12	10	1477	4447	2	3	116	341	1	27	2618	12116								
	13	4	243	623	3	10	1150	4372												
	23	5	621	1738	2	8	441	1147	1	21	1054	6015								
		27	3135	9437	12	37	1978	6468	3	79	6027	25799								
7	5	8	2349	7650	4	20	1059	2809	1	21	1697	5485								
	6	11	1518	4531	5	56	3512	10041												
		19	3867	12181	9	76	4571	12850	1	21	1697	5485								

TABLE 14 (PAGE 2)

PEDIATRIC BED UTILIZATION DATA

		Hospitals Without Ped. Beds Rptg. Ped. Util.			Hospitals With Ped. Beds Rptg. Ped. Util.															
					1-19 Beds				20-39 Beds				40-79 Beds				80+			
HSA	SPR	# Hosp.	Adm.	Days	# Hosp.	# Beds	Adm.	Days	# Hosp.	# Beds	Adm.	Days	# Hosp.	# Beds	Adm.	Days	# Hosp.	# Beds	Adm.	Days
8	17	8	788	2961	2	16	273	1245	1	26	1589	6029								
	19				2	12	786	2272	1	22	2244	8698								
	20	5	738	2228	2	19	656	2380	3	85	3371	12997					1	95	4080	19047
	21	3	1578	6550	4	32	2364	9025	3	80	4319	16348								
		16	3104	11739	10	79	4079	14922	8	213	11523	44072					1	95	4080	19047
9	18	8	669	2603	6	34	1306	5178	2	59	3405	15495	2	110	4396	20354	1	178	7507	42026
	24	1	293	1260	3	14	1000	3080												
		9	962	3863	9	48	2306	8258	2	59	3405	15495	2	110	4396	20354	1	178	7507	42026
10	14	11	1599	5072	4	23	1117	4991												
	15	4	1327	3654	4	51	3164	10491	2	52	3315	9709								
		15	2926	8726	8	74	4281	15482	2	52	3315	9709								
11	16	25	5423	19643	13	121	6528	24550	11*	339	13697	69312	4	220	5181	41953	2*	357	17685	95893
12	9	7	1062	2217	6	47	2383	6230	1	33	1506	6306								
Totals		200	31058	101438	114	841	43226	154776	41*	1156	58956	234672	12	662	23918	134447	5*	747	35378	183676

*Includes unlicensed state owned facilities.

Source: 1982 Integrated Facilities File, TDH.

Guidelines 7 and 8 and their resource standards are quoted from CFR 42, Part 121 as follows:

Guideline #7, Open Heart Surgery

Standard

"(1) There should be minimum of 200 open heart procedures performed annually, within three years after initiation, in any institution in which open heart surgery is performed for adults.

"(2) There should be a minimum of 100 pediatric heart operations annually, within three years after initiation, in any institution in which pediatric open heart surgery is performed, of which at least 75 should be open heart surgery.

"(3) There should be no additional open heart units initiated unless each existing unit in the health service area(s) is operating and is expected to continue to operate at a minimum of 350 open heart surgery cases per year in adult services or 130 pediatric open heart cases in pediatric services."

Guideline #8, Cardiac Catheterization

Standard

"(1) There should be a minimum of 300 cardiac catheterizations, of which at least 200 should be intracardiac or coronary artery catheterizations, performed annually in any adult cardiac catheterization unit within three years after initiation.

"(2) There should be a minimum of 150 pediatric cardiac catheterizations performed annually in any unit performing pediatric cardiac catheterizations within three years after initiation.

"(3) There should be no new cardiac catheterization unit opened in any facility not performing open heart surgery.

"(4) There should be no additional adult cardiac catheterization unit opened unless the number of studies per year in each existing unit in the health service area(s) is greater than 500 and no additional pediatric unit opened unless the number of studies per year in each existing unit is greater than 250."

Background Because of the medical relationships between open heart surgery and cardiac catheterization services, the two guidelines are discussed together in the

SHP. Cardiologists and heart surgeons must work in close coordination to provide quality care for patients with congenital and acquired heart and artery disease. Both the open heart surgery operating room and the modern cardiac catheterization laboratory require expensive equipment and a highly skilled staff. Safety and efficacy of these units require a case load of adequate size to maintain the skill and efficiency of the staff. Underutilization of these units represent a less efficient use of expensive resources and frequently reflects unnecessary duplication.

In recent years, rapid advancement of techniques have greately expanded services which increase the lifespan and activity levels of patients that were in the past determined to be pre-terminal. Technological advances continue to abound. Cardiac catheterization services have expanded from diagnostic to therapeutic with the angioplasty procedures. With advances in techniques have come sophisticated skills required of medical specialists. Data indicate that the larger the volume of procedures, the lower the risk factor to the patient. Addition of new facilities in the state may lower the volume of procedures at existing facilities.

Current Status Table 15 provides 1982 resource and utilization data for adult open heart surgery and cardiac catheterization for each state planning region (SPR) in Texas. Also included on the table are the average number of procedures per facility, number of facilities meeting the NHPG standards and use rate (procedures/population per 10,000). The average number of open heart procedures per facility exceeds 200 in only 4 SPRs. However, when the standard of a minimum of 200 procedures is applied to individual facilities, twenty-three met this guideline standard. No SPR met the minimum of 350 procedures per unit for additional units.

The average number of cardiac catheterization studies per facilities exceeds 300 in 13 SPR areas. When the standard of a minimum of 300 studies per unit is applied to individual facilities, 43 facilities met this standard. As pointed out in the SHP, only three facilities met the minimum of 500 studies per unit standard for additional units. However, data as to the number of units in each facility may alter this count.

Table 16 provides 1982 resource and utilization data for pediatric heart surgery, open heart surgery and cardiac catheterization services for each SPR. Pediatric heart surgery and cardiac catheterization services were mainly limited to five SPRs (1, 4, 16, 18, and 20). These SPRs appear to be serving as regional referral centers for the state. Table 17 presents a 1982 inventory of both adult and pediatric open heart surgery and cardiac catheterization facilities with utilization data.

Discussion/Conclusions In order to estimate the need for facilities and units for 1989, an estimated inventory of these resources expected to be providing services was prepared by addition of resources for which a CON order has been issued (Table 18) to the 1982 inventory. This inventory is presented in Table 19 together with 1989 population projections and projected number of adult procedures for each SPR. The projected number of procedures was calculated by multiplying the projected 1989 population by the 1982 use rate. While these projections are presented as an estimate of possible demand, they are not intended to be used as determinates in planning local or SPR need for services since many factors other than 1982 usage will affect the need for services such as:

a. Opening of new facilities listed in Table 17 will most likely have an effect upon referral patterns.

b. Technological advances may change demand for services, i.e., therapeautic catheterization such as angioplasty may increase demand, while bio-medical treatment and development of laser techniques may reduce demand.
c. SPR 16 currently serves as a world-wide center for open heart surgery services and demand must be adjusted accordingly.

Review of the resources expected to be available in 1989, 1982 usage, and projections of 1989 usage lead to the conclusion that there will be adequate adult resources in 1989. However, service utilization should be closely monitored to determining whether additional units are needed and where any additional facilities should be located.

Review of the pediatric utilization in Tables 16 and 17 indicates that pediatric open heart surgery and cardiac catheterization services have mainly been provided in Potter County in SPR 1, Dallas and Tarrant counties in SPR 4, Harris and Galveston counties in SPR 11, Bexar county in SPR 18, and Nueces county in SPR 20. This leads to the conclusion that these counties are currently serving as regional centers for pediatric services.

The recommendations set forth in the State Health Plan for open heart surgery and cardiac catheterization services call for a Task Force on Regionalization to develop a state plan for regionalization of services and for collection of additional data. Items to be considered by the Task Force should include, but not be limited to:

a. Establishment of service areas for open heart surgery and cardiac catheterization facilities.
b. Establishment of quality care assurance criteria to include staffing, equipment and support services requirements.
c. Study of technological changes that will effect service demand.
d. Transfer-referral agreements needed between freestanding cardiac catheterization facilities and open heart surgery facilities.
e. Need for development of open heart surgical teams to provide services in more than one facility.
f. Need for low cost accommodations to reduce non-medical expenses of care.
g. Patient needs for transportation.
h. Need for diagnostic cardiac catheterization units in unserved areas where patients must travel great distances to receive services.
i. Study of the special needs of pediatric services providers.
j. Study of special problems of reimbursement for care of the indigent.

The staff of the Bureau of State Health Planning and Resource Development of TDH will continue its efforts to collect data and update the attached tables in order to provide this Task Force with information necessary to accomplish this task. Efforts will be made to determine (1) the number of units within each facility, (2) the location of surgical teams serving more than one hospital and (3) the availability of facility units, i.e., dedicated or multipurpose labs and operating rooms.

TABLE 15

1982 ADULT OPEN HEART SURGERY AND CARDIAC CATHETERIZATION
FACILITIES AND UTILIZATION

		Open Heart Surgery					Cardiac Catherization						
HSA	SPR	Fac	# OHS	Ave Per Fac	200 Std	Use Rate*	Fac	# CC	Ave Per Fac	300 Std	200 Std	Use Rate*	Fac CC only
1	1	2	458	229	1	12.07	3	1,144	381	2	1	30.14	1[b]
2	2	3	635	212	2	16.97	4	5,889	1,472	3	1	157.43	1
3	8	5	504	101	1	9.43	5	1,910	382	3	2	35.74	0
4	3	1	101	101	0	4.54	1	251	251	0	1	11.29	0
	7	1	0	0	0	0	1	181	181	0	0	5.73	0
	10	0	0	0	0	0	0	0	0	0	0	0	0
5	4	9	3,491	388[a]	7	10.72	13	9,304	716[a]	9	7	28.56	4
	22	0	0	0	0	0	1	188	188	0	0	13.01	1
6	11	1	147	147	0	5.46	1	540	540	1	1	20.06	0
	12	2	397	198	1	5.78	2	1,986	993	2	2	28.89	0
	13	0	0	0	0	0	0	0	0	0	0	0	0
	23	1	162	162	0	5.78	1	1,389	1,389	1	1	49.52	0
7	5	0	0	0	0	0	1	380	380	1	0	15.60	1
	6	0	0	0	0	0	1	104	104	0	0	1.73	1
8	17	1	48	48	0	2.89	1	227	227	0	0	13.67	0
	19	0	0	0	0	0	0	0	0	0	0	0	0
	20	2	332	166	1	6.75	2	1,101	551	2	2	22.38	0
	21	1	127	127	0	2.27	1	322	322	1	1	5.76	0
9	18	5	1,058	112	4	8.30	7	3,957	565	4	4	31.03	2
	24	0	0	0	0	0	0	0	0	0	0	0	0
10	14	0	0	0	0	0	1	3	3	0	0	.10	1
	15	3	503	168	1	13.21	3	1,229	410	2	1	32.29	0
11	16	9	7,415	824[a]	5	21.11	14	29,135	2,081[a]	12	12	82.95	5
12	9	1	124	124	0	3.47	1	699	699	1	1	19.57	0
State		47	15,502		23		64	60,270		43	36		17

* Procedures/population per 10,000
[a] Includes facilities with more than one equipped operating room
[b] Includes facilities with more than one lab
[c] Freestanding Facility

Source: 1982 Integrated Facilities File, TDH

TABLE 16

1982 PEDIATRIC OPEN HEART AND CARDIAC
CATHETERIZATION FACILITIES AND UTILIZATION

		Open Heart Surgery Data						Cardiac Cath Data			
		Facilities				Surgeries		Facilities			
HSA	SPR	#	Meeting 100 Std	Meeting 75 Std	OHS Only	Open Heart	Heart	#	Meeting 150 Std	CC Only	Studies
1	1	1	1	1		305	448	2		1	
2	2	3				4	33	3			81
3	8	3						4		1	15
4	3										
	4										
	7										
5	4	4	1	1	1	153	353	5	2	2	393
	22										
6	11										
	12	2			1		11	1			
	13										
	23	1			1		1				
7	5										
	6										
8	17										
	19										
	20	1	1	1		84	161	1	1		348
	21							1		1	7
9	18	2	1			82	213	2	1		233
	24										
10	14										
	15	1				2	2	3		1	19
11	16	7	1	1	1	318	536	7	1	1	1075
12	9										
State		25	5	4	4	948	1758	29	5	8	2171

Source: 1982 Integrated Facilities File, TDH

TABLE 17

1982 INVENTORY
OPEN HEART SURGERY AND CARDIAC CATHETERIZATION
FACILITIES AND UTILIZATION DATA

HSA	SPR	Facility	County	Open Heart Surgery Adult	Open Heart Surgery Pediatric Open	Open Heart Surgery Pediatric Heart	Cardiac Catheter. Adult INT-COR	Cardiac Catheter. Adult TOT.	Cardiac Catheter. Pedi.
1	1	St. Anthony's	Potter	E365	305	448	NAV	331	0
		Heart Inst. for Care	"				NAV	285	
		High Plains	"	93			859	859	NAV
HSA-SPR		TOTAL		458	305	448	859	1475	NAV
2	2	Methodist	Lubbock	366	4	4	1934	4143	5
		St. Mary of the Plains	"	225	0	2	NAV	1203	0
		South Park	"				87	87	
		Lubbock General	"	44	0	27	NAV	456	76
HSA-SPR		TOTAL		635	4	33	2021	5889	81
3	8	Eastwood	El Paso	48	0	0	126	263	0
		Hotel Dieu	"	66			385	413	
		Providence	"	66	NAV	NAV	150	479	NAV
		Sierra Medical Ctr.	"	202			429	440	13
		Sun Tower	"	122	0	0	NAV	205	2
HSA-SPR		TOTAL		504	NAV	NAV	1090	1910	15
4	3	Bethania	Wichita	101			233	251	
	7	West Texas Medical	Taylor	0			NAV	181	
	10	None							
HSA	-	TOTAL		101			233	432	
5	4	Baylor Univ. Med.	Dallas	907(3)	0	72	1726	1726(2)	0
		Children's Medical	"		106	225			208
		Dedman Medical	"				NAV	166	0
		John Buist Chester	"				NAV	NAV	
		Parkland Memorial	"	213			762	867	
		Methodist	"	221(3)			684	716	
		Presbyterian	"	350	0	50	769	769	
		Medical City Dallas	"	475			1298	1298	
		St. Paul	"	595(2)			NAV	1337(2)	0
		Arlington Memorial	"	111			329	383	
		All Saints Episcop.	Tarrant				NAV	206	
		Harris Hospital	"	433(2)	47	51	NAV	1039(2)	185
		Medical Plaza	"	186			706	706	
		D/FW Medical Center	"				91	91	
	SPR	TOTAL		3491	153	353	6365	9304	393
	22	Texoma Medical	Grayson				NAV	188	
HSA	-	TOTAL		3491	153	353	6365	9492	393

1982 INVENTORY
OPEN HEART SURGERY AND CARDIAC CATHETERIZATION FACILITIES AND UTILIZATION DATA

HSA	SPR	Facility	County	Open Heart Surgery			Cardiac Catheter.		
				Adult	Pediatric		Adult		Pedi.
					Open	Heart	INT-COR	TOT.	
6	11	Providence	McLennan	147			540	540	
	12	Brackenridge	Travis	145	0	0	786	1399	0
		Seton	"	252	0	11	558	587	
	SPR -	TOTAL		397	0	11	1344	1986	
	13	None							
	23	Scott & White	Bell	162	0	1	1180	1389	
HSA -		TOTAL		706	0	12	3064	3915	0
7	5	Wadley Regional	Bowie				NAV	380	
	6	U.T. Hlth. Sc. Ctr.	Smith				102	104	
	SPR -	TOTAL					102	104	
HSA -		TOTAL					102	484	
8	17	Citizens Memorial	Victoria	48			NAV	227	
	19	None							
	20	Driscoll Fd. Ch.	Nueces		84	161			348
		Memorial Med. Ctr.		129			399	411	
		Spohn	"	203			690	690	
	SPR -	TOTAL		332	84	161	1089	1101	348
	21	Valley Baptist	Cameron	127			322	322	7
HSA -		TOTAL		507	84	161	1411	1650	355
9	18	Baptist Medical	Bexar	208			642	642	
		Nix Memorial	"				NAV	142	
		Medical Center	"	46	28	77	280	280	79
		San Antonio Community	"	267			689	822	
		Santa Rosa	"	221	54	136	NAV	750	154
		Southwest Tx. Meth.	"	316			981	1187	
		St. Lukes Lutheran	"				NAV	134	
	SPR -	TOTAL		1058	82	213	2592	3957	233
	24	None							
HSA -		TOTAL		1058	82	213	2592	3957	233
10	14	Memorial Hospital	Angelina				NAV	3	
	15	Baptist	Jefferson	73			309	380	3
		St. Elizabeth	"	382	2	2	NAV	636	16
		St. Mary	"	48			213	213	0
	SPR -	TOTAL		503	2	2	522	1229	19
HSA -		TOTAL		503	2	2	522	1232	19

1982 INVENTORY
OPEN HEART SURGERY AND CARDIAC CATHETERIZATION
FACILITIES AND UTILIZATION DATA

HSA	SPR	Facility	County	Open Heart Surgery			Cardiac Catheter.		
				Adult	Pediatric		Adult		Pedi.
					Open	Heart	INT-COR	TOT.	
11	16	St. Elizabeth	Harris				344	436	
		U.T. Med. Branch	Galveston	156(2)	26	50	528	598	143
		Ben Taub	Harris	63	7	7	281	305	NAV
		Diagnostic Center	"				242	280	
		Hermann	"	93	9	26	NAV	294	44
		Memorial City	"				502	3347	
		Memorial Hosp. Unit	"	292			NAV	746	
		Medical Ctr. Del Oro	"	71			452	625	
		Park Plaza	"				363	363	
		Pasadena Bay Shore	"				314	323	1
		Methodist	"	1812(10)	NAV	NAV	NAV	13,669	NAV
		Texas Children's	"		277	448			877
		St. Joseph	"	244	0	5	748	833	
		St. Luke's Epis.	"	4356(8)			NAV	6413	
		Spring Branch	"	328	0	0	903	903	10
HSA-SPR TOTAL				7415	318	536	4677	29,135	1075
12	9	Medical Center	Ector	124			697	699	
HSA-SPR TOTAL				124			697	699	
State Totals				15,502	948	1758	23,633	60,270	2171

Legend
Blank - Service not provided
0 - Service provided, 0 utilization reported
NAV - Service provided, utilization data not available
E - Estimate
( ) - Facilities having more than 1 operating room or catheterization lab

Source: 1982 Integrated Facilities File

TABLE 18

NET CHANGES TO 1982 INVENTORY OF ADULT OPEN HEART SURGERY AND CARDIAC CATHETERIZATION FACILITIES

HSA	SPR	Facility	County	Adult Open Heart		Adult CC		DR**
				Began	CON	Began	CON	
7	5	Wadley Regional	Bowie	X				
7	6	Mother Francis Hospital	Smith	X		X		
		U.T. Health Science Center	Smith		X			
8	21	McAllen Methodist Hospital	Hidalgo		X		X	
9	18	Humana Hospital Metro	Bexar		X		X	
11	16	Clear Lake Hospital	Harris		X		X	
		Northeast Medical Center	Harris				X	
		Memorial City Hospital	Harris				X	
		Houston Cardiovascular Cls.*	Harris					X
12	8	P. V. Patel, M.D.*	Midland					X
		Totals		2	4	1	5	2
		Application Submitted to THFC***						
5	4	All Saints Episcopal Hospital	Tarrant		X			
6	12	St. David's Community Hospital	Travis		X		X	

* Freestanding
** Declaratory ruling that CON not needed to provide services
*** These facilities not included in Table V, Estimate Facilities

Source: Texas Health Facilities Commission certificate of need orders

TABLE 19

PROJECTED ADULT OPEN HEART SURGERY AND CARDIAC CATHETERIZATION STUDIES FOR 1989

			Open Heart Surgery				Cardiac Catherization			
HSA	SPR	1989 Population	1982 Use Rate	Projected Surgeries	Est 1989 Fac*	Ave Proc Per Fac	1982 Use Rate	Projected Studies	Est 1989 Fac*	Ave Proc Per Fac
1	1	442,454	12.07	534	2	267	30.14	1,334	3[c]	445
2	2	431,708	16.98	733	3	244	157.43	6,796	4	1,699
3	8	709,491	9.43	669	5	134	35.74	2,536	5	507
4	3	234,137	4.54	106	1	106	11.29	264	1	264
	7	357,720	0	0	1	0	5.73	205	1	205
	10	157,660	0	0	0	0	0	0	0	0
5	4	3,942,065	10.72	4,226[a]	9	470	28.56	11,259[b]	13	866
	22	154,390	0	0	0	0	13.06	210	1	210
6	11	303,461	5.46	166	1	166	20.06	609	1	609
	12	889,135	5.78	514	2	257	28.89	2,569	2	1,285
	13	208,639	0	0	0	0	0	0	0	0
	23	347,275	5.78	201	1	201	49.52	1,720	1	1,720
7	5	277,053	0	0	1	0	15.60	432	1	432
	6	743,846	0	0	2	0	1.73	129	2	65
8	17	189,752	2.89	55	1	55	13.67	259	1	259
	19	215,386	0	0	0	0	0	0	0	0
	20	565,738	6.75	382	2	191	22.38	1,266	2	633
	21	793,998	2.27	180	2	90	5.76	457	2	229
9	18	1,511,036	8.30	1,254	5	251	31.03	4,689	8	586
	24	183,143	0	0	0	0	0	0	0	0
10	14	356,503	0	0	0	0	.10	4	1	4
	15	408,676	13.21	540	3	180	32.29	1,319	3	440
11	16	4,659,271	21.11	9,836[a]	10	984	82.95	38,649[b]	18[c]	2,147
12	9	431,933	3.47	150	1	150	19.57	845	2[c]	423
State		18,514,470	10.37	19,546	51		40.33	75,511	70	

* 1982 inventory plus known changes and CON orders approved by THFC (Table 18)
[a] Includes facilities with more than one equipped operating room
[b] Includes facilities with more than one lab
[c] Includes one freestanding facility

Sources: 1982 Integrated Facilities File, TDH
Texas Health Facilities certificate of need orders
TDH Population Projections

RADIATION THERAPY

Guideline 9 and its resource standards are quoted from CFR 42, Part 121 as follows:

Guideline #9 - Radiation therapy

Standards

1. "A megavoltage radiation therapy unit should serve a population of at least 150,000 persons and treat at least 300 cancer cases annually, within three years after initiation.

2. There should be no additional megavoltage units opened unless each existing megavoltage unit in the health service area(s) is performing at least 6,000 treatments per year.

3. Adjustments downward may be justified when travel time to an alternate unit is a serious hardship due to geographic remoteness, based on analyses by the health systems agency."

Background Radiation therapoy is a field within medicine which employs the use of high energy radiation for the treatment of disease, primarily cancer. It may be used in combination with surgery and/or chemotherapy, depending on the characteristics of the tumor or neoplasm. Studies have shown that at least 50% of new cancer patients each year undergo radiation therapy, either alone or in combination with the other treatments.

In recent years, the development of linear accelerators has allowed radiation therapy facilities to provide a broad range of therapeutic energies. High energy units deliver a higher therapeutic dose to the tumor mass with minimized adverse side effects and a more precise therapy beam with less scatter-radiation than Cobalt. Linear accelerators are more costly to purchase, operate and maintain than cobalt units. However, cobalt units are the unit of choice for certain types of tumors. While the guideline standards address the minimum size population to be served per unit, the minimum number of cancer cases to be treated annually and the minimum level of service expected from each unit, the problem of location of facilities and type of equipment to best serve both the densely populated urban areas and sparsely populated rural areas of Texas is not addressed.

Current Status Table 20 provides 1982 resource and utilization data for each state planning region (SPR) in

Texas. Also included is the number of cancer cases reported on the Cancer Registry in 1982 by health service area (HSA). Table 21 is an inventory of 1982 facilities providing radiation therapy services. This table also provides data concerning type of units in each facility, number of cancer cases and number of treatments.

Figure 1 illustrates service areas for facilities providing radiation therapy services during 1982. The Laredo-Webb county area appears as the only metropolitan area which remained without services.

Discussion/Conclusions In order to estimate the need for facilities and units for 1989, an estimated inventory of these resources expected to be providing services is needed. Known changes in facilities and equipment for which a Certificate of Need order has been issued by THFC are listed in Table 22. These additions and deletions were incorporated into the 1982 inventory of facilities and units to produce Table 23. This estimated 1989 Inventory of Units also provides the megavoltage capacity of units listed in the inventory.

Table 24 provides a camparison of 1982 and estimated 1989 number of units, population and population per unit for each SPR. A projection of the number of units which will be needed in 1989 is provided by dividing the projected population for each SPR by 150,000. However, factors other than simple population to unit ratio will effect the actual number of units needed in a SPR. Facilities which serve as referral centers will of necessity require more units and units with higher megavoltage capacity. However, unnessary duplication of facilities and fragmentation of the patient volume necesssary both to support quality care and to provide cost-effective utilization should be avoided.

The projections presented in Table 24 are provided as a guide for planning. However, adjustments must be made based upon local circumstances. Example of adjustments are as follows:

a. SPR 24 in HSA 9 has a widely scatted population and is without a large metropolitan city located within its borders. It is doubtful that this area could support a megavoltage therapy unit with expensive equipment and staff.
b. SPR 16, HSA 11, serves as a referral center for the state as a whole and also for out-of-state patients. Number of units to serve this expanded population will exceed that projected for the population of the SPR and justifiably so. M.D. Anderson Cancer Center in Houston, with a total of 9 units and 50,802 treatments in 1982, serves the entire state plus patients from other states and other countries. An earlier study covering a two week period showed that over 50% of its clientele came from outside the SPR.
c. SPR 22 in HSA 5 lies within the 80 mile radius of units of SPR 4. Many cancer patients in SPR 22 are referred by their family physicians to facilities in SPR 4, with its greater capacity for care.

2. Harrington Cancer Center in SPR 1, HSA 1, which has been in service for less than three years and for which utilization data is not available, services as a referral center for SPR 1. It is anticipated that many out-of-state patients will seek its services justifying the need for additional units.
e. Existence of or planned opening of freestanding single-unit facilities in SPRs 6, 10, 11 and 17 result in the estimated number of facilities exceeding the projected need for units.
f. The CON approved order for an 18 megavoltage unit in SPR 15 will establish this area as an area for out-of-SPR and out-of-state referrals. The addition raises the total units estimated for 1989 above the projected needed units based on population only.

In order to properly project the need for radiation therapy units across the state, there is a need for additional data. Examples of desired data are as follows:

a. Cancer incidence rates for each SPR area.
b. Number of cancer cases treated annually.
c. County of residence of patients receiving services.
d. Number and location of professional medical personnel, i.e., oncologists, radiologists, etc.

The above examples illustrate the need for planning of facilities and units based upon analysis of each SPR rather than a simple population to unit ratio.

The recommendations set forth in the State Health Plan for radiation therapy call for a Task Force on Regionalization to develop a state plan for regionalization of radiation therapy services and collection of additional data. Items to be considered should include, but not be limited to:

a. Levels of care to be assigned to facilities together with staffing and equipment criteria for determining levels of care.
b. The geographic location of upper level facilities.
c. Transfer-referral agreements needed to assure patient access to quality care based on patient need.
d. Patient needs for transportation.
e. Need for low cost accommodations for patients and family to reduce non-medical expenses of care.

The staff of the Bureau of State Health Planning and Resource Development of TDH will continue its efforts to collect data and update the attached tables in order to provide this Task Force with the information necessary to accomplish this task.

TABLE 20

RADIATION THERAPY FACILITY UNIT
& UTILIZATION DATA FOR 1982

HSA	SPR	Fac.	Units	Trtmnt.	Ave. Trtmnts. Per Unit	1982 Pop.	Trtmnt. Per 1000 Pop.	Cases Reported on Cancer Registry
1	1	2	2	11,764	5,882	379,510	31.00	1422
2	2	1	2	20,277	10,139	374,067	54.21	1090
3	8	2	3	13,571a	6,786d	534,475	29.13	1606
4	3	1	1	8,698	8,698	222,408	39.11	
	7	1	2	NAV	NAV	316,046	NAV	139
	10	1	1	4,615	4,615	133,110	34.67	
5	4	10	22	170,657b	8,533d	3,257,456	52.39	7317
	22	1	1	8,863	8,863	143,936	61.56	
6	11	2	3	14,134a	7,067d	269,148	52.51	
	12	2	4	40,324	10,081	687,436	58.65	1877
	13	1	1	2,000	2,000	179,187	11.16	
	23	1	3	11,877	3,959	280,474	42.35	
7	5	2	4	19,834	4,959	243,638	81.41	68
	6	3	3	10,858	3,619	601,908	18.04	
8	17	1	1	7,033	7,033	166,100	42.34	
	19	0	0	0	0	151,614	0	2276
	20	2	3	22,740	7,580	491,904	46.29	
	21	2	3	10,735	3,578	559,217	19.20	
9	18	5	9	60,404	6,712	1,275,313	47.36	4196
	24	0	0	0	0	134,622	0	
10	14	1	1	6,066	6,066	292,867	20.71	947
	15	3	3	10,306	3,435	380,646	27.08	
11	16	14	34	218,353	6,422	3,512,180	62.17	3143
12	9	2	4	8,475	2,119	357,231	23.72	627
State		60	110	681,584c	6,491d	14,944,493	45.61	24,703

a - One unit did not report treatments
b - Two units did not report treatments
c - Five units did not report treatments
d - Average of units reporting treatments

Sources: Facility and Utilization Data from 1982 Integrated File, TDH
Cancer Case Data from Cancer Registry, TDH

TABLE 21

INVENTORY OF 1982 RADIATION THERAPY
FACILITIES, UNITS AND TREATMENTS

HSA	SPR	Facilities by HSA, SPR and County				Megavoltage Units						Cancer	
						Teletherapy		Generators					
		Hosp	FS	Name	County	Co60	Cs 137	LA	Bet	VG	Total	Cases*	Treatments**
HSA 1	1	x		Northwest Texas Hosp.	Potter	1					1	NAV	2,718
		x		St. Anthony's Hosp.	Potter			1			1	NAV	9,046
Total		2	0			1	0	1	0	0	2	NAV	11,764
HSA 2	2	x		Methodist Hosp.	Lubbock			2			2	NAV	20,277
Total		1	0			0	0	2	0	0	2	NAV	20,277
HSA 3	8	x		Providence Mem. Hosp.	El Paso			1			1	NAV	NAV
			x	El Paso Cancer Treat. Ctr.	El Paso	1		1			2	520	13,571
Total		1	1			1	0	2	0	0	3	520	13,571[a]
HSA 4	3	x		Wichita Gen. Hosp.	Wichita	1					1	NAV	8,698
	7	x		Hendricks Med. Ctr.	Taylor	2					2	440	NAV
	10	x		Shannon West Texas Hosp.	Tom Green			1			1	216	4,615
Total		3	0			3	0	1	0	0	4	656	13,313[a]
HSA 5	4	x		Baylor Univ. Med. Ctr.	Dallas	1	1	2			4	1,544	53,873
		x		Parkland Mem. Hosp.	Dallas	1		1			2	NAV	NAV
		x		Granville C. Morton Can.	Dallas			1			1	NAV	NAV
		x		Methodist Central Hosp.	Dallas			1			1	366	5,534
		x		Presbyterian Hosp.	Dallas			2			2	NAV	21,812
		x		St. Paul Hosp.	Dallas			2			2	12,292	25,803
		x		Medical City Dallas Hosp.	Dallas			1			1	NAV	16,339
		x		D/FW Med. Ctr.	Dallas	1					1	NAV	5
			x	Wadley Inst.	Dallas			1			1	126	1,373
			x	Moncrief Radiation	Tarrant	1		5		1	7	NAV	45,918
	22	x		Texoma Med. Ctr	Grayson	1					1	409	8,863
Total		9	2			5	1	16	0	1	23	14,737	179,520[b]
HSA 6	11	x		Hillcrest Bapt. Hosp.	McLennan	1		1			2	NAV	14,134
			x	Waco Radiological	McLennan	1					1	NAV	NAV
	12	x		St. David's Comm. Hosp.	Travis	1					1	200	1,964
			x	Allan Shivers (Cap. Area)	Travis	1		2			3	858	38,360
	13		x	E.A. Elmendorf, M.C.	Brazos	1					1	99	2,000
	23	x		Scott and White Mem. Hosp.	Bell	1		2			3	847	11,877
Total		3	3			6	0	5	0	0	11	2,004	68,335[a]

INVENTORY OF 1982 RADIATION THERAPY
FACILITIES, UNITS AND TREATMENTS

HSA	SPR	Facilities by HSA, SPR and County				Megavoltage Units						Cancer Cases*	Treatments**
						Teletherapy		Generators					
		Hosp	FS	Name	County	Co60	Cs 137	LA	Bet	VG	Total		
HSA 7	5	x		Wadley Reg. Med. Ctr.	Bowie	1					1	NAV	4,139
			x	Radiology Ctr. of Paris	Lamar	2		1			3	593	15,695
	6		x	Travis Clinic	Cherokee			1			1	37	664
			x	Tyler Radiology	Smith	1					1	292	5,194
			x	David L. Robinson, M.D.	Smith	1					1	NAV	5,000
Total		1	4			5	0	2	0	0	7	922	30,692
HSA 8	17	x		Citizens Mem. Hosp.	Victoria	1					1	387	7,033
	19			None									
	20	x		Memorial Med. Ctr.	Nueces	1					1	108	3,585
		x		Spohn Hosp.	Nueces	1		1			2	NAV	19,155
	21	x		Valley Bapt. Med. Ctr.	Cameron	1					1	175	5,620
			x	Rio Grande Can. Treat.	Hidalgo	1		1			2	176	5,115
Total		4	1			5	0	2	0	0	7	846	40,508
HSA 9	18	x		Bapt. Med. Ctr.	Bexar	1					1	NAV	11,454
		x		Metropolitan Gen. Hosp.	Bexar		1				1	NAV	8
		x		Nix Mem. Hosp.	Bexar	1					1	262	4,688
		x		Santa Rosa Med. Ctr.	Bexar	1		1			2	479	15,734
			x	Cancer Therapy	Bexar	2		2			4	1,800	28,520
	24			None									
Total		4	1			5	1	3	0	0	9	2,541	60,404
HSA 10	14	x		Memorial Hosp.	Angelina	1					1	NAV	6,066
	15	x		The Bapt. Hosp.	Jefferson	1					1	149	3,506
		x		St. Elizabeth Hosp.	Jefferson	1					1	3,077	3,641
		x		Park Place Hosp.	Jefferson	1					1	1,379	3,159
Total		4	0			4	0	0	0	0	4	4,605	16,372

INVENTORY OF 1982 RADIATION THERAPY FACILITIES, UNITS AND TREATMENTS

HSA	SPR	Facilities by HSA, SPR and County				Megavoltage Units						Cancer	
						Teletherapy		Generators					
		Hosp	FS	Name	County	Co60	Cs 137	LA	Bet	VG	Total	Cases*	Treatments**
HSA 11	16	x		Univ. of Texas Med. Br.	Galveston	1		1			2	525	10,561
		x		Hermann Hosp.	Harris	2					2	337	7,535
		x		Univ. of Tx, Anderson	Harris	3		5	1		9	1,998	50,802
		x		The Methodist Hosp.	Harris	2		2			4	NAV	46,800
		x		+Memorial City Gen. Hosp.	Harris			2			2	60	1,444
		x		Rosewood Gen. Hosp.	Harris	1		1			2	NAV	7,962
		x		St. Joseph Hosp.	Harris	1		2			3	NAV	30,336
			x	Peakwood Prof.	Harris	2	1				2	334	14,511
		x		Ben Taub Hosp.	Harris	1					1	1,124	4,533
		x		Park Plaza Hosp.	Harris	1		1			2	NAV	27,601
		x		Memorial Hosp. Unit	Harris	1					1	NAV	8,962
		x		Medical Ctr. Hosp.	Montgomery	1					1	NAV	1,488
		x		Gulf Coast Hosp.	Wharton	1					1	35	700
			x	Baylor College of Med.	Harris	1						945	5,118
Total		12	2			18	1	14	1	0	34	5,358	218,353
HSA 12	9	x		Medical Ctr. Hosp.	Ector	1		1			2	181	3,316
		x		+Midland Mem. Hosp.	Midland			2			2	211	5,159
Total		2	0			1	0	3	0	0	4	392	8,475
State Totals		46	14	Total of 60 Facilities in 30 Counties		53	3	51	1	1	110	32,581*	681,584c

Legend:

**Varience in the number of treatments per unit and ratio of treatments to number of cancer cases indicates that inconsistencies may exist in the reporting of treatments.

* Incomplete data - 25 of 60 facilities did not provide data.

a One facility did not provide data.

b Two facilities did not provide data.

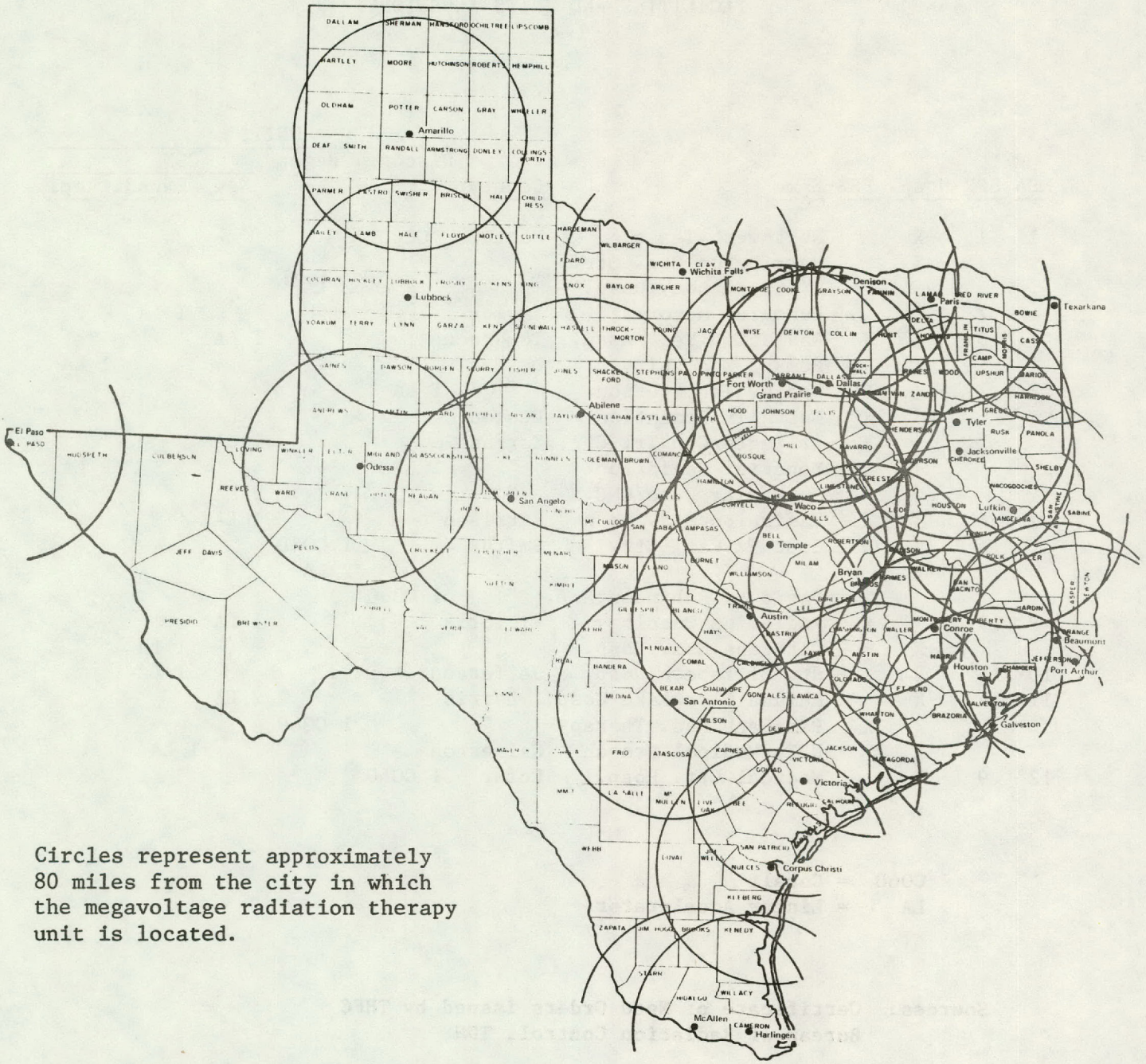
c Five facilities did not provide data.

\+ Services provided less than three years.

Source: TDH 1982 Integrated Facilities File

Abbreviations: HSA - health service area; SPR - state planning region; Hosp - Hospital; FS - Freestanding, not a part of a hospital; Co60 - Radioactive Cobalt; Cs 137- Radioactive Cesium; LA - Linear Accelerator; Bet - Betatron; VG - Van de Graaft.

FIGURE 1
AREAS COVERED BY MEGAVOLTAGE
RADIATION THERAPY FACILITIES



Circles represent approximately 80 miles from the city in which the megavoltage radiation therapy unit is located.

Source: 1982 Integrated Facilities File

TABLE 22

NET CHANGES TO 1982 RADIATION THERAPY
FACILITIES AND UNITS INVENTORY

						UNITS				
						Discont.	Began	CON		
HSA	SPR	Hosp.	FS	Name	County			New	Expnd.	Repl.
1	1	X		Northwest Texas	Potter	CO60				
		X		Harrington Can. Ctr.	"					
				(St. Anthony Hosp.)			3 LA			
4	7	X		Hendrick Memorial	Taylor				1 LA	
	10		X	Radiation Med. Assn.	TomGreen			1 LA		
5	4	X		Humana Med. City	Dallas					1 LA
			X	Wadley Institution	"	1 LA				
			X	North Tx Radiation	Denton			1 LA		
			X	ArlingtonCan.Trt.Ctr.	Tarrant			1 LA		
			X	Moncrief Radiation	"	1 LA				2 LA
			X	Metroplex Hemo/ONC.	"			1 LA		
7	6		X	Radiation Med. Assn.	Harrison			1 LA		
			X	East Tx Can. Ctr.	Smith		1 CO60			
							2 LA			
			X	David L. Robinson,M.D.	"	1 CO60				
8	17		X	Radiation Oncology	Victoria			1 LA		
		X		Citizens Mem. Hosp.	"				1 LA	
10	15	X		St. Elizabeth Hosp.	Jefferson				1 LA	
11	16	X		Humana ClearLake Hosp.	Harris			2 LA		
			X	Pasadena Rad. Therapy	"		1 CO60			
		X		U.T. Medical Branch	Galveston				1 LA	
12	9	X		Medical Ctr. Hosp.	Ector	1 CO60				

CO60 = Cobalt
LA = Linear Accelerator

Sources: Certificate of Need Orders issued by THFC
Bureau of Radiation Control, TDH

TABLE 23

1989 ESTIMATED INVENTORY OF UNITS
WITH MEGAVOLTAGE CAPACITY*

HSA	SPR	Facility	County	Total Units	Megavoltage Capacity of Units: Teletherapy Co60	Teletherapy Cs137	Generators 6 Mev	Generators 10 Mev
1	1	Harrington Can. Ctr. (St. Anthony Hosp.)	Potter	4			4,6,6	20
2	2	Methodist Hospital	Lubbock	2			4	18
3	8	Providence Mem. Hosp.	El Paso	1			4	
		El Paso Can. Trt. Ctr.	"	2	1.5			18
4	3	Wichita Gen. Hosp.	Wichita	1	1.3			
	7	Hendricks Med. Ctr.	Taylor	3	1.3,1.3			12
	10	Shannon West TX Hosp.	Tom Green	1			4	
		Radiation Medicine Assn.	"	1			6	
5	4	Baylor Univ. Med. Ctr.	Dallas	4	1.3	1	4	18
		D/FW Med. Center	"	1	1.3			
		Granville C. Morton Hosp.	"	1			4	
		Humana Med. City Hosp.	"	2			4,6	
		Methodist Central Hosp.	"	1			6	
		Parkland Memorial Hosp.	"	2	1.2		6	
		Presbyterian Hosp.	"	2			6	20
		St. Paul Hospital	"	2			4	20
		North Texas Radiation	Denton	1			6	
		Arlington Can. Trt. Ctr.	Tarrant	1			6	
		Metroplex Hemotology/ONC	"	1				15
		Moncrief Radiation	"	6	1.3		4,6,2.5	20,20
	22	Texoma Med. Ctr.	Grayson	1	1.3			
6	11	Hillcrest Baptist Hosp.	McLennan	2	1.3			10
		Waco Radiological	"	1	1.3			
	12	Allan Shivers	Travis	3	1.3		4	12
		St. David's Hosp.	"	1	1.2			
	13	E.A. Elmendorf, M.D.	Brazos	1	1.3			
	23	Scott & White Mem. Hosp.	Bell	3	2		6	12
7	5	Radiology Cnt. of Paris	Lamar	3	1.3,1.3			15
		Wadley Reg. Med. Ctr.	Bowie	1	1.2			
	6	Travis Clinic	Cherokee	1			4	
		East Texas Cancer Ctr.	Smith	3	1.3		6	25
		Tyler Radiology	"	1	1.3			
		Radiation Med. Assn.	Harrison	1			6	
8	17	Citizens Mem. Hosp.	Victoria	2	1.2			12
		Radiation Oncology	Victoria	1			6	
	20	Memorial Medical Ctr.	Nueces	1	1.3			
		Spohn Hospital	Nueces	2	1.3		6	
	21	Rio Grande Can.Trt.Ctr.	Hidalgo	2	1.3			18
		Valley Baptist Hospital	Cameron	1	1.3			
9	18	Baptist Medical Center	Bexar	1	1.3			
		Cancer Therapy	"	4	1.3,1.3		6	18
		Nix Memorial Hospital	"	1	1.3			
		Santa Rosa Hospital	"	2	1.3		6	
10	14	Memorial Hospital	Angelina	1	1.3			
	15	Park Place Hospital	Jefferson	1	1.3			
		St. Elizabeth Hosp.	"	2	1.3			20
		The Baptist Hospital	"	1	1.3			

1989 ESTIMATED INVENTORY OF UNITS WITH MEGAVOLTAGE CAPACITY

HSA	SPR	Facility	County	Total Units	Megavoltage Capacity of Units: Teletherapy Co60	Teletherapy Cs137	Generators 6 Mev	Generators 10 Mev
11	16	Univ. of Tx Med. Brnch.	Galveston	2	1.3			18
		Baylor College of Med.	Harris	1	1.3			
		Ben Taub Hospital	"	1	1.3			
		Hermann Hospital	"	2	1.3			
		Humana Clear Lake Hosp.	"	2			4	20
		Memorial City Gen. Hosp.	"	2			6	20
		Memorial Hosp. Unit	"	1	1.3			
		Park Plaza Hosp.	"	2	1.2		6	
		Peakwood Prof.	"	3	1.3,1.3	1		
		Pasadena Radiation	"	1	1.3			
		Rosewood Gen. Hosp.	"	2	1.2		4	
		St. Joseph Hosp.	"	3	1.3			10,11
		The Methodist Hosp.	"	4	1.3,1.3			10,15
		Univ. of Tx M.D. Anderson	"	9	1.3,1.3,1.3		6,6	20,20,25,25
		Medical Ctr. Hosp.	Montgomery	1	1.3			
		Gulf Coast Hosp.	Wharton	1	1.3			
12	9	Medical Center Hosp.	Ector	1			6	
		Midland Memorial Hosp.	Midland	2			6	20
					Total # of Units by Type			
State		Facilities - 65		123	53	2	37	31

***This table reflects the net changes from the 1982 data, plus CON approved units which are estimated to be in operation in 1989.**

Sources: 1982 Intergrated Facilities File, TDH
Certificate of Need orders issued by THFC
Bureau of Radiation Control

TABLE 24

MEGAVOLTAGE RADIATION THERAPY UNITS
UTILIZATION AND PROJECTIONS

HSA	SPR	Year*	Units	Population	Population per unit	**** Trtmnts.	Treatments per unit	Project. of Units Based on Pop.**
1	1	1982	2	379,510	189,755	11,764	5,882	
		1989	4	442,454	110,614			3
2	2	1982	2	374,067	187,034	20,277	10,139	
		1989	2	431,708	215,854			3
3	8	1982	3	534,475	178,158	15,571a	7,786d	
		1989	3	709,491	236,497			5
4	3	1982	1	222,408	222,408	8,698	8,698	
		1989	1	234,137	236,497			2
	7	1982	2	316,046	158,023	NAV	NAV	
		1989	3	357,720	178,860			3
	10	1982	1	133,110	133,110	4,615	4,615	
		1989	2	157,660	78,830			1
5	4	1982	22	3,257,456	148,066	170,657b	8,533d	
		1989	24	3,942,065	164,253			27
	22	1982	1	143,936	143,936	8,863	8,863	
		1989	1	154,390	154,390			2
6	11	1982	3	269,148	89,716	14,134a	7,067d	
		1989	3	303,461	101,154			2
	12	1982	4	687,436	171,859	40,320	10,080	
		1989	4	889,135	222,284			6
	13	1982	1	179,187	179,187	2,000	2,000	
		1989	1	208,639	208,639			2
	23	1982	3	280,474	93,491	11,877	3,959	
		1989	3	347,267	115,756			3
7	5	1982	4	243,638	60,910	19,834	4,959	
		1989	4	277,053	69,263			2
	6	1982	3	601,908	200,636	10,858	3,619	
		1989	6	743,846	123,974			5
8	17	1982	1	166,100	166,100	7,033	7,033	
		1989	3	189,752	63,251			2
	19	1982	0	151,614	0	0	0	
		1989	0	215,386	0			2

MEGAVOLTAGE RADIATION THERAPY UNITS
UTILIZATION AND PROJECTIONS

HSA	SPR	Year*	Units	Population	Population Per Unit	**** Trtmnts.	Treatments per unit	Project. of Units Based on Pop.**
8	20	1982	3	491,904	163,968	22,770	7,590	
		1989	3	565,738	188,579			4
	21	1982	3	559,217	186,406	10,735	3,578	
		1989	3	793,998	264,666			5
9	18	1982	9	1,275,313	141,701	60,404	6,712	
		1989	8	1,511,036	188,880			10
	24	1982	0	134,622	0	0	0	
		1989	0	183,143	0			1
10	14	1982	1	292,867	292,867	6,066	6,066	
		1989	1	356,503	356,503			3
	15	1982	3	380,646	126,882	10,306	3,435	
		1989	4	408,676	102,169			3
11	16	1982	34	3,512,180	103,299	218,353	6,422	
		1989	37	4,659,271	125,926			31
12	9	1982	4	357,231	89,308	8,475	2,119	
		1989	3	431,933	107,983			3
							Total	130***
State		1982	110	14,944,493	135,859	678,268c	6,460d	
		1989	123	18,514,470	150,524			123

a - one unit did not report treatments
b - two units did not report treatments
c - five units did not report treatments
d - average of units reporting treatments

*1989 estimated units based on net changes and CON approved orders (See tables 3 and 4)

**Estimates based on TDH 1989 Population Projections for each SPR divided by 150,000

***Difference in cummulative total of COG projections and projected state total due to rounding

****Varience in the number of treatments per unit and ratio of number of treatments to number of cancer cases indicates that inconsistencies may exist in the reporting of treatments

Sources: 1982 Integrated Facilities File, TDH
Certificate of Need orders issued by THFC
Bureau of Radiation Control, TDH

Guideline 11 and its resource standards are quoted from CFR 42, Part 121 as follows:

Standard

> "The Health Systems Plans established by Health Systems Agencies should be consistent with standards and procedures contained in DHEW regulations governing conditions for covering of suppliers of end-stage renal disease services, 20 CFR, Part 405, Subpart U."

Sections 405.2122 and 405.2130 which list minimum utilization rates are also quoted as follows:

Subsection 405.2122 Types and duration of classification according to utilization rates.

An ESRD facility that meets all the other conditions for coverage of ESRD services will be classified according to its utilization rate(s) as follows: Unconditional status, conditional status, exception status, or not eligible for reimbursement for that ESRD service. Such classification will be based on previously reported utilization data (see Subsection 405.2124, except as specified in paragraph (a) of this section), and will be effective until notification of subsequent classification occurs. (See Subsection 405.2123 for reporting requirements; Subsection 405.2124 for method of calculating rates; Subsection 405.2130 for specific standards.)

(a) Initial classification.

(1) An ESRD facility that has not previously participated in the ESRD program will be granted conditional status if it submits a written plan, detailing how it will achieve the utilization rates for conditional status by the end of the second calendar year of its operation under the ESRD program, and the rates required for unconditional status by the end of its fourth calendar year of operation.

(2) The ESRD facility's performance will be evaluated at the end of the first calendar year to ascertain whether it is properly implementing the plan.

(b) Exception status.

(1) A renal dialysis center or a renal dialysis facility that does not meet the minimal utilization rate for unconditional or conditional status may be approved by the Secretary for a time limited exception status if:

(i) It meets all other conditions for coverage under this subpart;

(ii) It is unable to meet the minimal utilization rate because it lacks a sufficient number of patients and is located in an area without a sufficient population base to support a center or facility which would meet the rate; and

(iii) Its absence would adversely affect the achievement of ESRD program objectives.

(2) A hospital that furnishes renal transplantation services primarily to pediatric patients and is approved as a renal dialysis center under this subpart, but does not meet the utilization standards prescribed in Subsection 405.2130(a), may be approved by the Secretary for a time limited exception status if:

(i) It meets all other conditions for coverage as a renal tranplantaton center;

(ii) The surgery is performed under the direct supervision of a qualified transplantation surgeon (Subsection 405.2102 (r)(7)) who is also performing renal transplantation surgery at an approved renal transplantation center that is primarily oriented to adult nephrology;

(iii) It has an agreement, with the other hospital serviced by the surgeon, for sharing limited resources that are needed for kidney transplantation; and

(iv) There are pediatric patients who need the surgery and who cannot obtain it from any other hospital located within a reasonable distance.

Subsection 405.2130 Condition: Minimal utilization rates.

The ESRD facility meets the applicable minimal utilization rate(s) indicated below for unconditional or conditional status, unless granted exception status in accordance with Subsection 405.2122(b);

(a) Standard: Renal Transplantation Center.

(1) Unconditional status: 15 or more transplants performed annually.

(2) Conditional status: 7 to 14 transplants performed annually.

(b) Standard: Dialysis facilities or centers performing greater than 20 percent of their dialyses on outpatients.

(1) For any facility located within a standard metropolitan statistical area of 500,000 population or greater:

(i) Unconditional status - 6 or more dialysis stations with performance of an average of 4.5 or more dialyses per station per week;

(ii) Conditional status - 6 or more dialysis stations with performance of an average of between 4.0 and 4.5 dialyses per station per week or 4 or 5 dialysis stations with performance of an average of 4.5 or more dialyses per station per week.

(2) For any facility located in a standard metropolitan statistical area of less than 500,000 population, or in an area not included in a standard metropolitan statistical area.

(i) Unconditional status - 3 or more dialysis stations with perfornance of an average of 4.0 or more dialyses per station per week;

(ii) Conditional status - 2 dialysis stations with performance of an average of 4.0 or more dialyses per station per week.

(c) Standard: Renal dialysis centers performing 20 percent or less of their dialyses on outpatients:

(1) Unconditional status - 3 or more dialysis stations with performance of an average of 4.0 or more dialyses per station per week;

(2) Conditional status - 2 dialysis stations with performance of an average of 4.0 or more dialyses per station per week.

(d) Self-dialysis training stations which were utilized to successfully train at least six self-dialysis patients per station per calendar year and the dialyses performed on these stations may be excluded from the calculation of utilization rates.

(41 FR 22511, June 3, 1976. Redesignated at 42 FR 52826, Sept. 30, 1977, and amended at 43 FR 48951, Oct. 19, 1978).

The NHPG Resource Standard cited above was discussed in summary form at the statewide level in Chapter 9 of the SHP. The tables to follow provide additional data at the health service area (HSA) and the state planning region (SPR) levels. They will allow initial evaluation regarding the status of ESRD services in specific areas of the State. They should also provide information to support the initial efforts of the Task Force on Regionalization of Specialized Medical Services discussed regarding the ESRD recommendations in Chapter 9 of the SHP.

TABLE 25

MEDICARE APPROVED ESRD FACILITIES BY HSA[1] AND SPR

HSA[1]	SPR	Renal Transplant Centers	Renal Dialysis Centers	Renal Dialysis Facilities	Total
1	1		1	1	2
2	2	1[2]	1	1	3[3]
3	8		1		1
4	3			1	1
	7			1	1
	10		1		1
5	4	2	6	10[5]	16[4]
	22			1	1
6	11			1	1
	12	1	1	3	4[4]
	13			2	2
	23			2	2
7	5		1	1	2
	6		1	3	4
8	17		1		1
	19			1	1
	20		1	2	3
	21			3	3
9	18	1	2	5	7[4]
	24			3	3
10	14		1	2[6]	3
	15		1	1	2
11	16	3	5	12	17[4]
12	9		1	1	2
State		8	25	57	83

[1]Health service area.
[2]This Renal Transplant Center is on conditional status.
[3]Includes one Renal Transplant Center which has no dialysis stations.
[4]Renal Transplant Centers are in the same facility as the Renal Dialysis Center and are thus not included in the total.
[5]One new ESRD facility expected to be operational by March, 1985.
[6]Includes the Camp Cullen Children's Dialysis Center at Trinity which is only used for campers during the summer months.

Source: ESRD Network No. 11 Directory, October 21, 1983.

TABLE 26

RENAL TRANSPLANT CENTERS IN TEXAS

HSA	SPR		Transplants 1980	1981	1982
2	2	Health Science Center Lubbock, Texas	0	0	0
5	4	Methodist Hospital Dallas, Texas	-	8	43
5	4	Parkland Hospital Dallas, Texas	71	74	59
6	12	Brackenridge Hospital Austin, Texas	19	16	24
9	18	Bexar County Hospital San Antonio, Texas	35	32	51
11	16	Hermann Hospital Houston, Texas	48	73	89
11	16	Methodist Hospital Houston, Texas	22	28	37
11	16	UT Medical Branch Galveston, Texas	58	64	69
		Totals	253	295	372

Source: ESRD Network No. 11.

TABLE 27

1982 ESRD RESOURCE DISTRIBUTION AND UTILIZATION IN TEXAS

HSA	SPR	Facs.	Stations	1982 Treatments
1	1	2	26	14,425
2	2	3*	34	12,736
3	8	1	40	20,961
4	3	1	15	6,214
	7	1	20	8,240
	10	1	12	4,316
5	4	16	227	126,567
	22	1	10	4,327
6	11	1	25	10,807
	12	4	53	18,435
	13	2	22	6,381
	23	2	16	6,863
7	5	2	34	11,902
	6	4	55	18,686
8	17	1	12	5,416
	19	1	12	4,701
	20	3	44	20,468
	21	3	41	21,695
9	18	7	146	62,565
	24	3	23	7,287
10	14	3	26	6,437
	15	2	30	13,631
11	16	17	281	118,567
12	9	2	13	6,516
State		83	1,217	548,864

*Includes one Renal Transplant Center which has no dialysis stations.

Source: ESRD Network No. 11 Directory, October 21, 1983 and the 1982 Annual TDH Hospital Questionnaire.

TABLE 28

KIDNEY HEALTH PROGRAM

Texas Counties with 1% or More of Active

Kidney Health Program Patients

County	Stations	# Of Patients	% of Patient Population
Harris	201	593	13.5
Dallas	148*	591	13.4
Bexar	130	409	9.3
Tarrant	42	233	5.3
El Paso	40	191	4.3
Travis	37	104	2.4
Hidalgo	15	96	2.2
Nueces	38	88	2.0
Cameron	26	69	1.6
Jefferson	30	66	1.5
Lubbock	34	65	1.5
McLennan	25	64	1.5
Galveston	38	47	1.1
		2,616	59.6

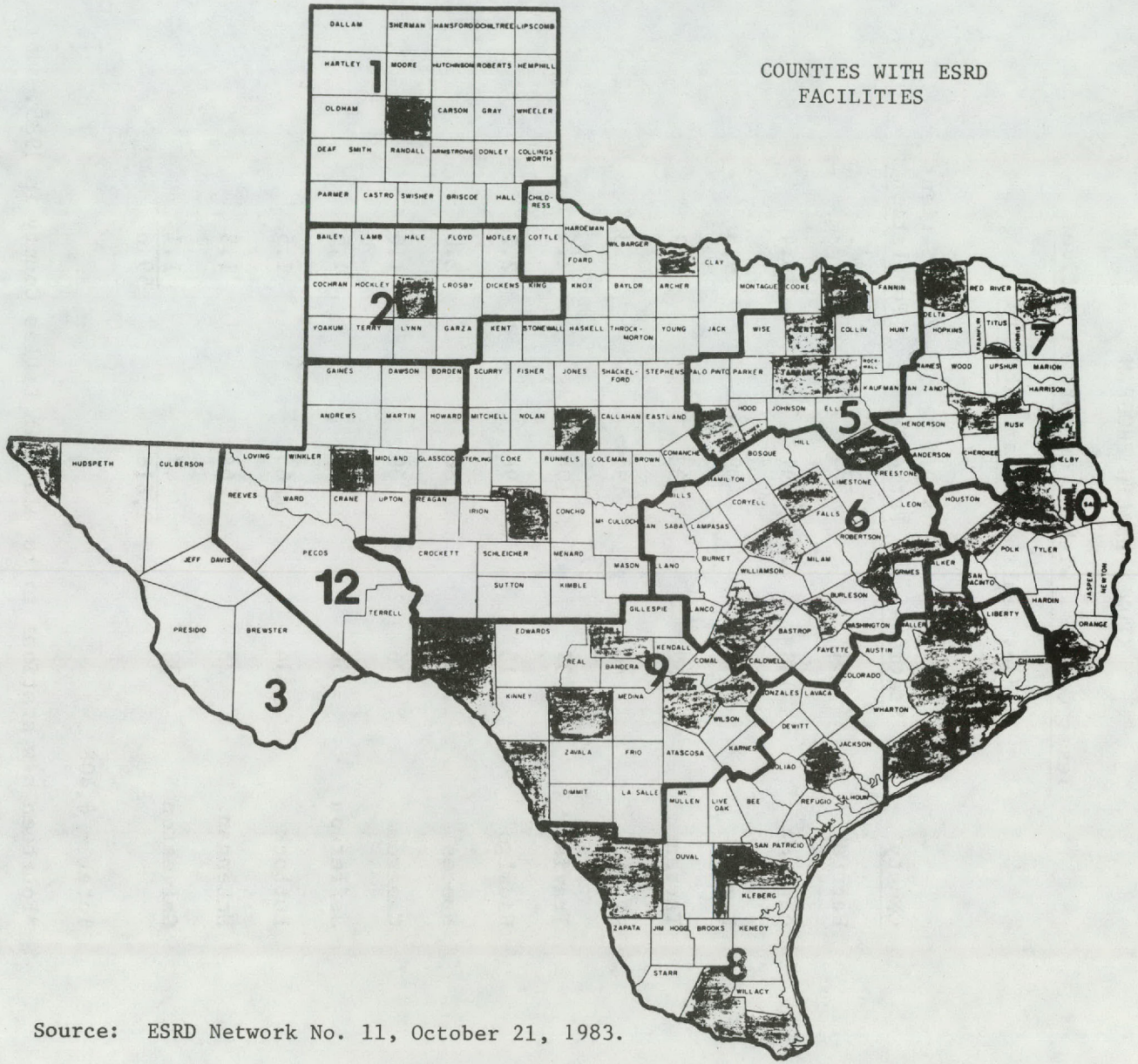
Total - 4,408

*Fourteen new stations to be added in Dallas County in 1985.

Source: TDH Kidney Health Care as of April 9, 1984.

FIGURE 2

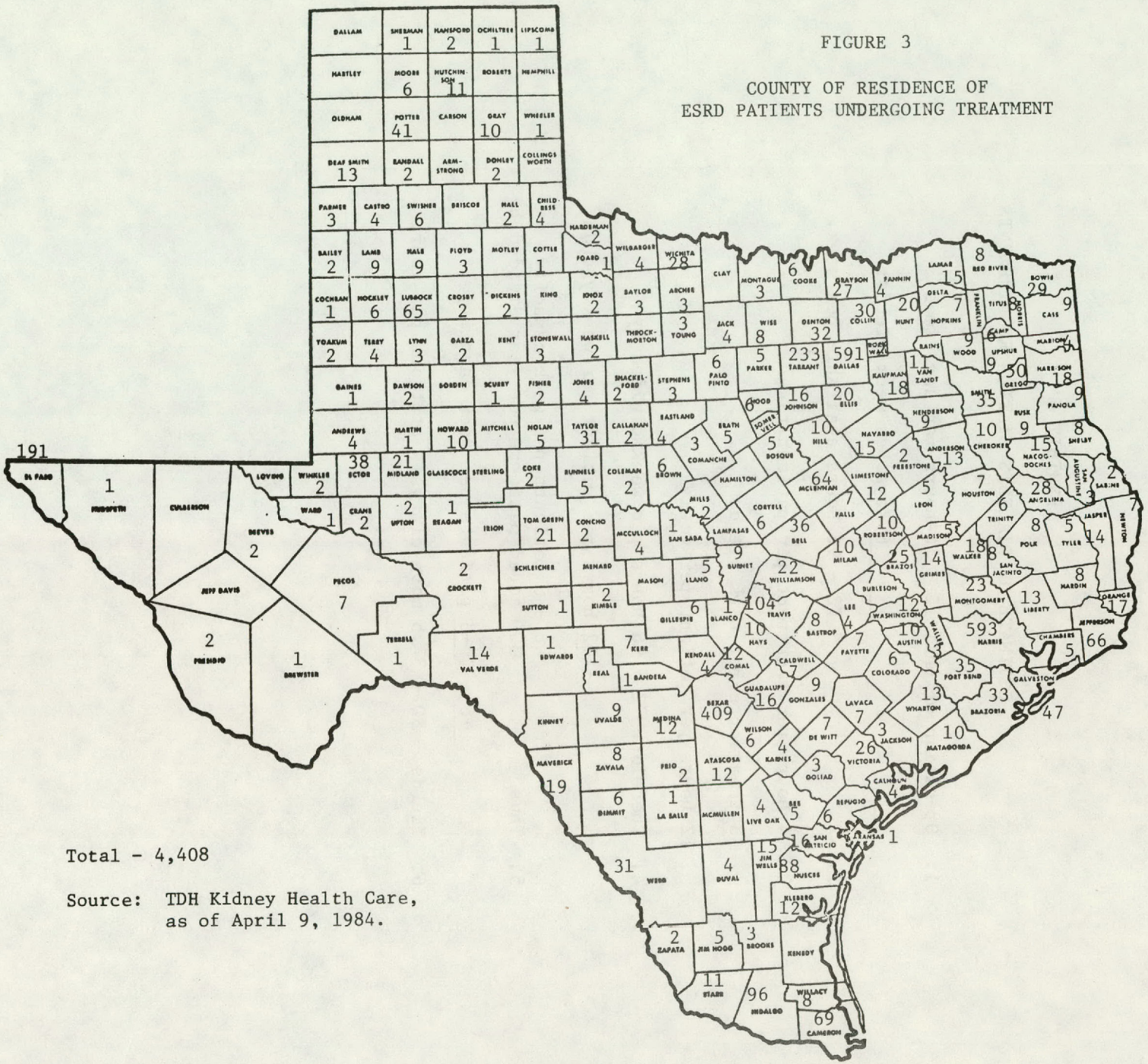
COUNTIES WITH ESRD FACILITIES



Source: ESRD Network No. 11, October 21, 1983.

FIGURE 3

COUNTY OF RESIDENCE OF
ESRD PATIENTS UNDERGOING TREATMENT



Total - 4,408

Source: TDH Kidney Health Care,
as of April 9, 1984.

EXHIBIT 4

ESTIMATE OF DIALYSIS STATION REQUIREMENTS

1. Operation of unit 12 - 16 hours per day times

   6 days per week yields:

2. 72 - 96 hours available per week.

3. 4 hours per treatment per patient times

   3 treatments per week yields

   12 hours per patient per week.

4. Therefore 72 - 96 hours per week divided by

   - 12 hours per patient per week yields

   6 - 8 patients per week capacity.

5. Thus 300 added patients per year divided by

   -6 -8 patients per week capacity

6. Yields 50 - 37.5 more dialysis stations per year.

NURSING HOME BED NEED PROJECTIONS

INTRODUCTION

The Texas Department of Health as the SHPDA has been charged with responsibility for developing a methodology for determining the number of nursing home beds that will be needed in Texas in future years. In 1982 in Texas, there were 1,004 nursing and custodial homes with a total of 101,511 licensed beds. These facilities provided 29.7 million days of care with an average daily census of 81,611. There were 1.4 million persons 65 years of age or older and a bed to population ratio of 70.0 per 1,000 persons age 65 or older. In 1984 the number of facilities remained the same, 1,004, the number of beds declined slightly to 101,291, and the bed to population ratio declined to 65.7.

The nursing home bed need methodology developed by the SHPDA and adopted by the SHCC is virtually the same use rate methodology used in projecting bed need for short term care hospitals. In its simplest form, the application of this methodology involves four steps. First, current use rates are determined, i.e., the number of patient days generated for every 1,000 persons in the population is determined. This use rate is then applied to population estimates for the projection year to determine the number of patient days that would be generated in that year if the current use rate remained constant. These projected patient days are then divided by 365 to provide a projected average daily census. Finally, the average daily census is divided by the desired occupancy rate to give an estimate of the number of beds that will be needed. This four step process is summarized in Exhibit 2 in the short term care section.

In applying the use rate methodology to nursing home bed projections, several changes to the basic methodology, as described above, were made: (1) use rates were determined for counties based upon patient days generated by residents of that county and (2) separate use rates were projected for persons less than 65 years of age, persons age 65 to 74 and persons 75 years of age and older. In determining current use rates and projecting needed beds, no distinction was made for type of care, i.e., patient days generated by all types of care (excluding ICF-MR) were considered together in projecting needed beds.

METHODOLOGY

Description of Data Bases The Nursing Home Patient Origin Survey (NHPOS) was conducted in the fall of 1983. All nursing homes in the State of Texas were asked to provide information on their patient census of August 1, 1983 (excluding ICF-MR patients). Information was collected on patient's county of residence and age (less than 65, 65-74, or 75 and older).

Nine hundred forty-six nursing homes (95%) provided information for the NHPOS. Rather than eliminate patient days generated by facilities that did not participate in the NHPOS, it was decided to use the origin pattern of a similarly composed facility in close proximity to the non-reporting facility.

Although this procedure will generate some error, it was felt that the error would be considerably less than that created by ignoring patient days generated by non-reporting facilities.

The TDH also requests all nursing homes to complete the Nursing and Custodial Home Data Questionnaire each year. This instrument collects data on the number of patient days accumulated over the year for several levels of care. In the methodology presented in this paper, patient days accumulated in all levels of care (nursing and custodial) were utilized with the exception of ICF-MR days of care.

Population figures used in the bed need methodology are from TDH population projections. These projections are based on the assumption that the in-migration rates of the 1970's will continue through the 1980's.

Computation of Use Rates The NHPOS was used to determine the percentage of a facility's total patient days to allocate back to each county based on patient residence. In other words, using the NHPOS a pattern was obtained for each facility showing the percentage of that facility's patients that came from each county. This pattern was then used for allocating patient days reported in the Nursing and Custodial Home Data Questionnaire to counties. For example, if 10% of facility #1's patients came from county #1, then 10% of the patient days reported for facility #1 on the Nursing and Custodial Home Data Questionnaire were allotted to county #1.

Information on patient age collected in the NHPOS was retained when allocating patient days back to counties. That is, if the NHPOS indicated that 10% of facility #1's admissions originated in county #1 and that 2% were between the ages of 65-74 and 8% were 75 years of age or older, then 2% of facility #1's patient days would be allocated to the 65-74 year age group in county #1 and 8% of the patient days for facility #1 would be allocated to the 75 and older age group for county #1.

NHPOS admissions of out-of-state residents were added to admissions for the county in which the facility was located. Therefore, county estimates of 1982 patient days derived from these admission patterns included not only patient days generated by county residents, but also patient days generated in that county's facilities by out-of-state residents. Otherwise, patient days generated by out-of-state residents would not have been considered and estimates of patient days for 1989 would, therefore, have been under-estimates.

Using this method, three patient day estimates were obtained for each county: one for the under 65 age population, one for the 65-74 age population and one for the 75 and older age population. These patient day estimates were then divided by appropriate county population figures to provide use rates. For example, if 500 patient days were generated by the 65-74 year age group for county #1 and the 65-74 year old population for this county was 10,000, the use rate would be 500/10,000 (.05) or 50 patient days generated per 1,000 population age 65-74.

Projection of Patient Days The three use rates generated for each county in 1982 were applied to 1989 county population projections to obtain estimates of patient days generated in 1989. If any of the 1982 use rates for a county were based on a population less than 100, the average use rate for the state in that particular age group was substituted. These substitutions were made because populations of less than 100 were judged unlikely to produce stable use rates and the average rate for the State of Texas for that category appeared to be the most appropriate substitute.

Finally, patient day projections for counties were aggregated to the state planning region (SPR), health service area (HSA) and state levels.

Projection of Beds To convert 1989 patient day projections for the 24 SPRs to needed beds, appropriate occupancy rates had to be selected for the SPRs. Because of the differences in facility size and occupancy rate, facility occupancy rates could not be simply averaged for each SPR. Rather a method for averaging occupancies had to be selected that took into account differences in facility size. Accordingly, occupancy rates were weighted by the number of beds in a facility. Weighting consisted of multiplying each facility's occupancy rate by the number of beds, summing these products and then dividing the sum by the total number of beds in the area. An example is provided in Exhibit 3 in the Chapter 9 Annex.

In computing these average weighted occupancy rates for SPRs, a minimum acceptable occupancy target of 75% was applied to all facilities. That is, when computing the occupancy rates, facilities with occupancies below 75% had 75% substituted for their occupancy rates. (Approximately 25% of the facilities had occupancies below 75%.) Beds derived from these average weighted occupancy rates represent a maximum number or upper range of nursing-custodial beds that should be needed in 1989.

A second method was used to obtain higher occupancy rates and consequently a lower range of projected beds. This method was used to set a goal for each SPR which the SPR should strive to achieve by 1989. Again, the minimum occupancy was set at 75%. Ten percent was then added to the 1982 occupancy for each facility. A maximum occupancy was also instituted; facilities whose weighted occupancy plus 10% was greater than 95% were capped or set back to 95%. (Because of normal turnover, occupancies greater than 95% were considered unreasonably high.)

RESULTS

Table 29 in the Chapter 9 Annex provides utilization data and shows the number of nursing-custodial beds in existence in 1982 and Table 30 shows the number of beds as of February 29, 1984. There was a slight decrease in beds over this time period, from 101,511 beds in 1982 to 100,749 beds in 1984 and a decrease in the 65+ population ratio, from 70.0 to 65.4 beds per 1,000. Table 31 in the Annex shows the nursing and custodial bed ranges projected for 1989 for the 24 SPRs. SPR projections are also added together to provide

projections for the HSAs and for the state. Using weighted 1982 occupancy rates with a 75% minimum occupancy, 118,943 beds are projected for 1989, 14,467 more beds than are licensed, CON approved or under construction in 1984 (See Table 32 in the Annex). This should represent the upper range or maximum number of nursing and custodial beds needed in 1989.

A second set of bed projections, obtained by adding 10% to the occupancy rates used to derive upper range projections, indicates that only 111,007 beds will be needed in 1989, 6,531 more beds than are licensed, CON approved or under construction in 1984. These figures represent the lower range or goals toward which the state and each individual SPR should strive.

It should be recognized that mathematically derived estimates of bed need several years in the future should not be considered as absolutes. To the contrary, they should be accepted for what they are, i.e., best estimates of or guidelines for such future needs. Unique local needs or substantial change in prevailing conditions will frequently outweigh a long range projection estimate in a given contemporary situation.

Table 33 in the Annex shows facility data for all facilities as of February 29, 1984.

DISCUSSION

These bed need projections are based upon demand for services rather than actual need for services. Attempting to determine actual need would be an enormous and questionable undertaking. Even if need could be adequately defined and measured, it would be of little use in projecting beds for 1989 unless demand could be adjusted to equal need.

The decision on where to place nursing home beds projected for an area should not be based entirely on bed need generated by area residents. The NHPOS indicates that a number of elderly patients travel to other counties to enter nursing homes, even when facilities are available in their county of residence. Therefore, to project beds strictly on the basis of county of residence when some persons choose voluntarily to leave that county would be inappropriate.

Although bed projections by level of care would be useful for planning, such projections cannot be provided at this time. Information on levels of care is not available in the NHPOS; therefore, patient days could not be apportioned back to counties of residence by level of care. Furthermore, the proportion of skilled beds to intermediate beds is rapidly changing because of the institution of DRGs. Finally, there is a possibility that the ICF-II level of care will be re-instated by the Texas Legislature. Therefore, bed projections based on the number of skilled and intermediate patient days accumulated in 1982 would probably be quite inappropriate for 1989.

Many factors will effect nursing home utilization over the next few years, factors that are not considered in the use rate methodology presented here. Sufficient information does not exist at the time of this report to allow quantitative adjustments to be made to utilization because of these factors. Therefore, a brief discussion of the anticipated effect of these factors on nursing home utilization is presented.

Perhaps the major factor which has and will continue to effect nursing home utilization was the capping of Federal Medicaid funds. Since approximately 80% of all nursing home patient days are paid for from Medicaid funds, any limitation in availability of funding together with increasing costs of care will reduce the number of patient days that can be reimbursed. TDHR has and will continue to tighten patient eligibility requirements as funds are limited.

The discontinuance of funds for new patients at the ICF-II, custodial care, level has reduced the number of patients eligible for Medicaid reimbursed care. Elderly who would have formerly been eligible for custodial care may now be choosing to move to retirement villages or personal care homes which are becoming more available. Expansion in this area is evidenced by a conversion of approximately 787 nursing home beds to personal home beds during 1983. TDHR funds a supervised living project which reimburses care in personal care homes using state funds only.

The effect of expanded home health services is still undetermined. These services have become more available since a certificate of need is no longer required. Attempts will continue to be made to measure the effect of care provided by home health agencies on the need for nursing home beds. This will be done as more information regarding the availability, distribution and utilization of such services becomes available.

TABLE 29

1982 NURSING-CUSTODIAL HOME UTILIZATION DATA

HSA	SPR	Number of Facilities	Population 65+	Patient Days	Average Daily Census	Use Rate	Occupancy Rate		Licensed Beds	Bed Ratio 65+ Pop.
							Average	Weighted*		
1	1	34*(2)	42,832	701,244	1,921	16,372	73.5	73.81	2,613*	61.0
2	2	34	37,076	644,401	1,765	17,381	71.2	71.18	2,480	66.9
3	9	10	37,721	342,003	937	9,067	84.5	84.58	1,109	29.4
4	3	42	34,156	952,897	2,611	27,898	73.5	73.39	3,554	104.1
	7	58	51,028	1,292,354	3,541	25,326	74.0	74.01	4,782	93.7
	10	19	18,516	422,094	1,156	22,795	78.5	78.58	1,473	79.6
HSA Total		119	103,700	2,667,345	7,308	25,722	74.5	74.47	9,809	94.6
5	4	197*(2)	287,645	6,478,080	17,748	22,521	80.6	80.54	22,131*	76.9
	22	23	24,084	699,078	1,915	29,027	82.0	81.93	2,337	97.0
HSA Total		220	311,729	7,177,158	19,663	23,024	80.4	80.68	24,468	78.5
6	11	37	44,242	1,146,623	3,141	25,917	85.4	85.62	3,679	83.2
	12	57	67,537	1,646,294	4,510	24,376	82.3	82.36	5,480	81.1
	13	16	22,931	514,354	1,409	22,431	72.0	72.15	1,956	85.3
	23	31	27,849	822,061	2,252	29,519	82.1	82.21	2,742	98.5
HSA Total		141	162,559	4,129,332	11,313	25,402	81.6	81.75	13,857	85.2
7	5	34	38,700	1,003,286	2,749	25,925	82.5	82.54	3,332	86.1
	6	70	88,273	2,051,909	5,622	23,245	84.5	84.55	6,649	75.3
HSA Total		104	126,973	3,055,195	8,370	24,062	83.9	83.88	9,981	78.6
8	17	19	22,166	616,406	1,689	27,809	88.0	83.02	1,919	86.6
	19	4*(1)	13,683	120,129	329	8,779	62.3	76.70	528*	38.6
	20	24	46,580	844,621	2,314	18,133	78.0	78.14	2,965	63.7
	21	21	53,015	593,289	1,625	11,191	85.6	84.76	1,899	35.8
HSA Total		68	135,444	2,174,445	5,957	16,054	81.5	82.43	7,311	54.0
9	18	78	130,376	2,704,828	7,410	20,746	84.1	84.12	8,810	67.6
	24	6	12,372	149,905	411	12,116	68.2	68.13	602	48.7
HSA Total		84	142,748	2,854,733	7,821	19,998	83.1	83.10	9,412	65.9
10	14	31	43,782	789,839	2,164	18,040	86.9	86.92	2,491	56.9
	15	21	40,412	732,408	2,007	18,124	80.3	80.35	2,498	61.8
HSA Total		52	84,194	1,522,247	4,171	18,080	83.6	83.63	4,989	59.3
11	16	116*(2)	235,600	4,021,729	11,018	17,070	81.3	82.53	13,556*	57.5
12	8	22	30,848	498,151	1,365	16,149	70.9	70.88	1,926	62.4
State		1,004	1,451,424	29,787,983	81,611	20,523	80.4	80.74	101,511	70.0

*Seven facilities with incomplete data were dropped for calculations of weighted occupancy rate.

TABLE 30

1984 LICENSED NURSING/CUSTODIAL HOMES*

HSA	SPR	Nursing	Custodial	Total	Bed/Pop 65+
1	1	2,593	91	2,684	59.8
2	2	2,463		2,463	63.6
3	8	1,257		1,257	29.9
4	3	3,492	14	3,506	100.9
	7	4,648		4,648	89.5
	10	1,459		1,459	75.6
HSA	Total	9,599	14	9,613	90.7
5	4	21,388	426	21,814	71.4
	22	2,262	12	2,274	91.7
HSA	Total	23,650	438	24,088	72.9
6	11	3,643		3,643	80.2
	12	5,379		5,379	74.9
	13	1,954		1,954	82.4
	23	2,811		2,811	96.5
HSA	Total	13,787		13,787	81.0
7	5	3,451		3,451	86.6
	6	6,733	44	6,777	73.1
HSA	Total	10,184	44	10,228	77.2
8	17	1,895		1,895	82.1
	19	428		428	28.4
	20	2,902		2,902	58.2
	21	2,047		2,047	34.8
HSA	Total	7,272		7,272	49.5
9	18	8,415	304	8,719	62.2
	24	594		594	43.9
HSA	Total	9,009	304	9,313	60.6
10	14	2,515		2,515	54.3
	15	2,342	40	2,382	56.2
HSA	Total	4,857	40	4,897	55.2
11	16	12,981	245	13,226	52.0
12	9	1,852	69	1,921	58.1
STATE	TOTAL	99,504	1,245	100,749	65.4

*As of February 29, 1984

Source: Integrated Facilities File, TDH

TABLE 31

1989 NURSING-CUSTODIAL BED RANGE PROJECTIONS

HSA	SPR	Projected Pop. 65+	Projected Patient Days	Projected ADC	Projected Use Rate 65+	Projections Based on 1982 Weighted Occupancy with 75% Minimum Occupancy			Projections Based on 10% Above 1982 Weighted Occupancy* with 75% Minimum Occupancy		
						Occupancy Rate	Projected Beds**	Projected Bed Ratio 65+	Occupancy Rate	Projected Beds**	Projected Bed Ratio 65+
1	1	51,875	797,805	2,186	15,379	82.1	2,661	51.3	89.1	2,453	47.3
2	2	44,551	743,224	2,036	16,683	80.2	2,540	57.0	88.7	2,296	51.5
3	8	56,342	333,530	914	5,920	89.5	1,022	18.1	92.6	987	17.5
4	3	36,700	1,099,150	3,011	29,950	81.2	3,710	101.1	89.1	3,381	92.1
	7	55,515	1,390,300	3,809	25,044	81.3	4,687	84.4	89.2	4,268	76.9
	10	22,114	62,320	1,267	20,906	83.3	1,520	68.7	90.7	1,396	63.1
	Total	114,329	2,951,769	8,087	25,818	81.5	9,917	86.7	89.4	9,046	79.1
5	4	358,538	7,968,317	21,831	22,224	85.6	25,494	71.1	91.2	23,941	66.8
	22	26,904	722,858	1,980	26,868	85.4	2,319	86.2	91.2	2,172	80.7
	Total	385,442	8,691,175	23,811	22,549	85.6	27,813	72.2	91.2	26,113	67.7
6	11	49,086	1,343,478	3,681	27,370	86.9	4,234	86.3	92.7	3,972	80.9
	12	84,793	2,069,889	5,671	24,411	86.7	6,539	77.1	91.6	6,192	73.0
	13	26,182	574,510	1,574	21,943	80.5	1,957	74.7	88.1	1,786	68.2
	23	33,059	1,067,715	2,925	32,297	85.9	3,404	103.0	91.3	3,203	96.9
	Total	193,120	5,055,592	13,851	26,179	85.8	16,134	83.5	91.4	15,153	78.5

TABLE 31 - PAGE 2

1989 NURSING-CUSTODIAL BED RANGE PROJECTIONS

HSA	SPR	Projected Pop. 65+	Projected Patient Days	Projected ADC	Projected Use Rate 65+	Projections Based on 1982 Weighted Occupancy with 75% Minimum Occupancy			Projections Based on 10% Above 1982 Weighted Occupancy* with 75% Minimum Occupancy		
						Occupancy Rate	Projected Beds**	Projected Bed Ratio 65+	Occupancy Rate	Projected Beds**	Projected Bed Ratio 65+
7	5	43,121	1,097,783	3,008	25,458	85.9	3,502	81.2	91.8	3,276	76.0
	6	105,803	2,621,996	7,184	24,782	86.8	8,280	78.3	92.7	7,753	73.3
	Total	148,924	3,719,780	10,191	24,978	86.5	11,782	79.1	92.4	11,029	74.1
8	17	26,237	812,801	2,227	30,979	88.7	2,511	95.7	92.4	2,411	91.9
	19	19,714	210,520	577	10,679	82.3	701	35.5	91.8	628	31.9
	20	60,724	1,139,528	3,122	18,766	82.6	3,780	62.2	89.9	3,471	57.2
	21	77,587	901,672	2,470	11,621	87.2	2,834	36.5	92.1	2,683	34.6
	Total	184,262	3,064,521	8,396	16,631	85.5	9,825	53.3	91.3	9,193	49.9
9	18	170,026	3,452,002	9,458	20,303	86.9	10,889	64.0	92.4	10,235	60.2
	24	17,575	257,351	705	14,643	80.0	882	50.2	87.9	803	45.7
	Total	187,601	3,709,353	10,163	19,773	86.3	11,771	62.7	92.1	11,038	58.8
10	14	54,018	1,087,952	2,981	20,141	88.1	3,383	62.6	92.8	3,214	59.5
	15	48,081	848,782	2,325	17,653	84.9	2,738	57.0	91.4	2,544	52.9
	Total	102,099	1,936,734	5,306	18,969	86.7	6,121	60.0	92.2	5,757	56.4

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1989 NURSING-CUSTODIAL BED RANGE PROJECTIONS

HSA	SPR	Projected Pop. 65+	Projected Patient Days	Projected ADC	Projected Use Rate 65+	Projections Based on 1982 Weighted Occupancy with 75% Minimum Occupancy			Projections Based on 10% Above 1982 Weighted Occupancy* with 75% Minimum Occupancy		
						Occupancy Rate	Projected Beds**	Projected Bed Ratio 65+	Occupancy Rate	Projected Beds**	Projected Bed Ratio 65+
11	16	311,408	5,254,088	14,395	16,872	84.8	16,974	54.5	91.3	15,772	50.6
12	9	40,509	698,626	1,914	17,246	80.3	2,385	58.9	88.2	2,171	53.6
STATEWIDE		1,820,462	36,956,195	101,250	20,300	85.1	118,943	65.3	91.2	111,007	61.0

*Facility occupancy rates over 95% were capped at 95%, e.g., 98% occupancy was set back to 95%.
**HSA and state totals equal sum of SPRs.

Sources: (1) 1982 Integrated Facilities File, TDH
(2) 1983 Nursing Home Patient Origin Survey, Bureau of State Health Planning and Resource Development, TDH
(3) TDH Population Data System, Bureau of State Health Planning and Resource Development, TDH

TABLE 32

NURSING HOME BED GOALS

		1984*		1989	
HSA	SPR	Licensed Beds	Beds Under CON Approval or Under Construction	Total Projected Beds	Additional Beds or (Excess Beds)
1	1	2,684	16	2,453	(247)
2	2	2,463	0	2,296	(167)
3	8	1,257	0	987	(270)
4	3	3,506	0	3,381	(125)
	7	4,648	0	4,268	(380)
	10	1,459	52	1,396	(115)
	Total	9,613	52	9,045	(620)
5	4	21,814	1,238	23,941	889
	22	2,274	0	2,172	(102)
	Total	24,088	1,238	26,113	787
6	11	3,643	180	3,972	149
	12	5,379	407	6,192	406
	13	1,954	0	1,786	(168)
	23	2,811	0	3,203	392
	Total	13,787	587	15,153	779
7	5	3,451	64	3,276	(239)
	6	6,777	45	7,753	931
	Total	10,228	109	11,029	692
8	17	1,895	120	2,411	396
	19	428	0	628	200
	20	2,902	80	3,471	489
	21	2,047	165	2,683	471
	Total	7,272	365	9,193	1,556
9	18	8,719	246	10,235	1,270
	24	594	80	803	129
	Total	9,313	326	11,038	1,399

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NURSING HOME BED GOALS

HSA	SPR	1984* Licensed Beds	1984* Beds Under CON Approval or Under Construction	1989 Total Projected Beds	1989 Additional Beds or (Excess Beds)
10	14	2,515	290	3,214	409
	15	2,382	120	2,544	42
	Total	4,897	410	5,757	450
11	16	13,226	556	15,772	1,990
12	9	1,921	68	2,171	182
STATEWIDE		100,749	3,727	111,007	6,531

*February 29, 1984

Sources: (1) 1982 Integrated Facilities File, TDH
(2) 1983 Nursing Home Patient Origin Survey, Bureau of State Health Planning and Resource Development, TDH
(3) TDH Population Data System, Bureau of State Health Planning and Resource Development, TDH

TABLE 33
NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NUPSING	CUSTODIAL	
	HSA 1			
ARMSTRONG	PALO DURO CONV. HOME, INC.	54	0	0
CARSON	ST ANNS NURSING HOME	52	0	52
CASTRO	SOUTH HILLS MANOR	118	0	0
COLLINGSWORTH	THOMAS NURSING CENTER, INC.	84	0	0
DEAF SMITH	KING'S MANOR METHODIST HOME	79	0	1
DONLEY	MEDICAL CENTER NURSING HOME	43	0	0
GRAY	PAMPA NURSING CENTER	100	0	0
	CORONADO NURSING CENTER	120	0	0
	THOMAS NURSING CENTER, INC.	59	0	0
HALL	MEMPHIS CONVALESCENT CENTER	80	0	0
HANSFORD	HANSFORD MANOR	39	0	0
HARTLEY	COON MEMORIAL HOME	57	31	0
HEMPHILL	EDWARD ABRAHAM MEMORIAL HOME	59	0	0
HUTCHINSON	MAGIC PLAINS NURSING HOME	58	0	53
	BORGER NURSING CENTER	110	0	0
MOORE	DUMAS NURSING CENTER	47	0	48
OCHILTREE	SENIOR VILLAGE NH INC	60	0	0
PARMER	FARWELL CONVALESCENT CENTER	100	0	0
	PRAIRIE ACRES	65	0	0
POTTER	BIVINS MEMORIAL NURSING HOME	68	0	0
	ELIZABETH JANE BIVINS HOME	36	0	0
	GOLDEN AGE CARE CENTER	98	0	0
	COUNTRY CLUB MANOR	102	0	0
	QUALITY CARE OF AMARILLO	112	0	44
	VIVIAN'S NURSING HOME	53	0	0
	BRYANWOOD CARE CENTER	53	0	53
	MEDI PARK CARE CENTER, INC.	124	0	0
	GOOD SAMARITAN RET. CENTER	59	0	0
	OLSEN MANOR NURSING HOME	60	60	0
RANDALL	GEORGIA MANOR NURSING HOME	56	0	0
	LA CASA CANYON NURSING HOME	36	0	36
	AMARILLO NURSING CENTER	130	0	0
SHERMAN	COLDWATER MANOR NURSING HOME	38	0	0
SWISHER	TULIA CARE CENTER	52	0	22
WHEELER	CARE INN OF SHAMROCK	64	0	33
	WHEELER CARE CENTER	68	0	0
SPR 1 TOTAL		2593	91	342
HSA 1 TOTAL		2593	91	342
	HSA 2			
BAILEY	MULESHOE NURSING HOME	57	0	30
COCHRAN	ROBERTS MEMORIAL NURSING HOM	30	0	0
CROSBY	CROSBYTON CARE CENTER	62	0	54
	RALLS NURSING HOME	46	0	0
DICKENS	SPUR CARE CENTER	40	0	0
FLOYD	FLOYDADA NURSING HOME	52	0	17
	LOCKNEY CARE CENTER	52	0	0
GARZA	TWIN CEDAR NURSING HOME	24	0	23
	UNITED CONVALESCENT OF POST	75	0	0
HALE	HERITAGE HOME	112	0	0
	HI PLAINS NURSING HOME	44	0	0
	PLAINS CONVALESCENT CENTER	52	0	0
	CARE INN OF PLAINVIEW	52	0	36
HOCKLEY	LEVELLAND NURSING HOME	89	0	50
LAMB	AMHERST MANOR NURSING HOME	30	0	0
	KNIGHT'S NURSING HOME	59	0	0
	LITTLEFIELD HOSPITALITY HOUS	63	0	50

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
LUBBOCK	BENDER TERRACE NH	60	0	0
	BRENTWOOD MANOR CARE CENTER	134	0	0
	GOLDEN AGE NURSING HOME	42	0	0
	THE LUTHERAN HOME OF WEST TE	67	0	0
	LAKESIDE CARE CENTER	93	0	0
	QUAKER VILLA	96	0	0
	PARKWAY MANOR NURSING HOME	61	0	62
	LUBBOCK HOSPITALITY HOUSE	110	0	0
	SLATON REST HOME	120	0	32
	UNIVERSITY MANOR	95	0	94
	JOHN KNOX VILL.OF LUBBOCK,IN	60	0	0
	LUBBOCK CHRISTIAN CONV. CTR.	120	0	0
	SHERWOOD HEALTH CARE-LUBBOCK	150	0	0
LYNN	TAHOKA CARE CENTER	46	0	0
TERRY	BROWNFIELD NH	54	0	0
	SOUTH PLAINS NURSING CENTER	116	0	0
YOAKUM	STONEBROOK	100	0	0
SPR 2 TOTAL		2463	0	448
HSA 2 TOTAL		2463	0	448
	HSA 3			
BREWSTER	VALLE HI NURSING HOME	59	0	40
EL PASO	HILLHAVEN CONVALESCENT CENTE	247	0	0
	FOUR SEASONS NC OF EL PASO	235	0	0
	NAZARETH HALL	50	0	0
	REST HAVEN NURSING HOME	51	0	57
	THE RN NURS.&CONV.HOME,INC.	45	0	49
	VISTA HILLS HEALTH CARE CENT	120	0	0
	SUNSET HAVEN NURSING CTR,LTD	120	0	0
	EL PASO CONVALESCENT CENTER	150	0	0
	WHITE ACRES GOOD SAMARITAN R	60	0	0
	CORONADO NURS. CENTER, INC.	120	0	0
SPR 8 TOTAL		1257	0	146
HSA 3 TOTAL		1257	0	146
	HSA 4			
ARCHER	ARCHER NURSING HOME	46	0	0
BAYLOR	WESTVIEW CARE CENTER	100	0	0
CHILDRESS	TURNER NURSING HOME	60	0	0
	CHILDRESS NURSING CENTER	110	0	0
CLAY	HENRIETTA CARE CENTER	60	0	0
	HILLCREST NURSING HOME	90	0	0
COTTLE	WOOD CONVALESCENT CENTER	46	0	30
FOARD	CROWELL NURSING CENTER	80	0	0
HARDEMAN	IRIS HAVEN N.& CONV.CENTER	46	0	0
	WOOD CONVALESCENT CTR.-QUANA	62	0	0
JACK	COX CONVALESCENT CENTER	48	0	0
	JACKSBORO NURSING CENTER	90	0	0
MONTAGUE	BELLMIRE HOME, INC.	201	0	0
	STONEBROOK-BOWIE	95	0	0
	HORIZON MANOR	64	0	0
	STONEBROOK NURSING CTR.-NOCO	91	0	0
	YES-TER-YEAR,INC.	61	0	0

TABLE 33 - PAGE 3
NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS NURSING	LICENSED BEDS CUSTODIAL	NON-CONFORMING BEDS
WICHITA	COTTONWOOD CARE CENTER	58	0	0
	EVERGREEN CARE CENTER	60	0	0
	HIGHLAND NURSING CENTER	114	0	0
	STONEBROOK CARE CENTER	62	0	0
	DENVER MANOR CARE CENTER	81	0	0
	HICKORY ELM CONV. CENTER	74	0	0
	HERITAGE MANOR OF IOWA PARK	77	0	0
	PARKWAY CONVALESCENT CENTER	54	0	54
	PIONEER CARE CENTER	52	0	0
	PLEASANT HILL NURSING HOME	35	0	0
	MONTEREY CARE CENTER	91	0	0
	ELECTRA NURSING CENTER	62	0	0
	UNIVERSITY PARK HERITAGE MAN	100	0	0
	RIDGEVIEW NURSING & CONV.CTR	148	0	0
	MIDWESTERN PKWY HERITAGE MAN	120	0	0
	WICHITA FALLS CONV. CENTER	159	0	0
	PRESBYTERIAN MANOR	20	14	0
	TEXHOMA CHRISTIAN CARE CENTE	77	0	0
WILBARGER	VERNON CARE CENTER	90	0	0
	WOOD NURS. & CONV. CENTER	206	0	0
YOUNG	BURGESS MANOR NURSING CENTER	64	0	0
	CEDAR OAKS NURSING CENTER	66	0	0
	GARDEN TERRACE NURSING CENTE	120	0	0
	OLNEY NURSING CENTER	62	0	0
	SEVEN OAKS NURSING HOME	90	0	0
SPR 3 TOTAL		3492	14	84
BROWN	BANGS NURSING HOME	48	0	0
	BROWNWOOD CARE CENTER	130	0	0
	CROSS COUNTRY C.CTR.-BROWNWO	146	0	68
	PLANTATION NURSING HOME	46	0	34
	TWILIGHT NURSING HOME	41	0	41
	GOLDEN AGE NURSING HOME	69	0	0
CALLAHAN	CLYDE NURSING CENTER	48	0	38
	COLONIAL OAKS NURSING HOME	42	0	0
	GOLDEN HOLIDAY CARE CENTER	78	0	56
COLEMAN	RANGER PARK INN	70	0	3
	LEISURE LODGE COLEMAN	64	0	70
	COLEMAN CARE CENTER	74	0	0
COMANCHE	DE LEON NURSING HOME	53	0	0
	NATATANA CARE CENTER	102	0	0
	WESTERN HILLS NURSING HOME	166	0	55
EASTLAND	EASTLAND MANOR	102	0	0
	CISCO NURSING CARE CENTER	106	0	0
	GORMAN CARE CENTER	97	0	0
	RISING STAR NURSING CENTER	61	0	0
	WESTERN MANOR	50	0	50
	VALLEY VIEW LODGE	102	0	0
FISHER	ROTAN NURSING CENTER	48	0	0
	FISHER COUNTY NURSING HOME	35	0	35
	GOLDEN HAVEN HOME	34	0	0
HASKELL	HASKELL NURSING CENTER	68	0	0
	RICE SPRINGS CARE HOME, INC.	82	0	55
JONES	BRIARSTONE MANOR	70	0	47
	HOLIDAY LODGE	60	0	23
	TEAKWOOD MANOR	152	0	0
	VALLEY VIEW CARE CENTER	36	0	0
KENT	KENT COUNTY NURSING HOME	33	0	0
KNOX	BRAZOS VALLEY CARE HOME, INC	70	0	42
	MUNDAY NURSING CENTER	61	0	0
MITCHELL	KRISTI LEE MANOR,INC.	116	0	0
	LORAINE NURSING HOME	60	0	0
	ROOT VALLEY FAIR LODGE	50	0	50

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
NOLAN	SWEETWATER NURSING CENTER	100	0	0
	HOLIDAY RETIREMENT CENTER	78	0	50
	ROSCOE NURSING HOME	60	0	26
RUNNELS	BALLINGER MANOR-STONEBROOK	154	0	0
	SENIOR CITIZENS NH	48	0	0
	BALLINGER NURSING CENTER	48	0	0
SCURRY	SNYDER NURSING CENTER	80	0	80
	SNYDER OAKS CARE CENTER	97	0	0
SHACKELFORD	BLUEBONNET NURSING HOME	80	0	0
STEPHENS	TOWN HALL ESTATES	72	0	78
	VILLA HAVEN	92	0	0
STONEWALL	GIBSON NURSING CENTER	80	0	0
TAYLOR	WEST TEXAS NURSING CENTER	98	0	0
	HAPPY HAVEN NURSING CENTER	235	0	0
	SEARS MEM.METHODIST NUR.CTR.	115	0	0
	SHADY OAKS LODGE #2	100	0	0
	SHADY OAKS LODGE #1	114	0	1
	STARR NURSING HOME	45	0	45
	CARE INN OF ABILENE	106	0	0
	BUR-MONT NURSING CENTER	118	0	0
THROCKMORTON	THROCKMORTON NURSING CENTER	58	0	4
SPR 7 TOTAL		4648	0	951
COKE	BRONTE NURSING HOME	40	0	0
	WEST COKE CO HOSP & NUR. HOM	44	0	0
CONCHO	CONCHO NURSING CENTER	82	0	0
CROCKETT	CROCKETT COUNTY CARE CENTER	36	0	0
KIMBLE	LEISURE LODGE JUNCTION	70	0	0
MCCULLOCH	LEISURE LODGE BRADY	110	0	0
	SHUFFIELD REST HOME #2	60	0	0
	SHUFFIELD REST HOME,INC. #1	67	0	41
MASON	ANNA L. LEE NURSING HOME	33	0	24
	MASON CARE CENTER	41	0	0
MENARD	MENARD MANOR	40	0	0
SCHLEICHER	SCHLEICHER CO MEDICAL CENTER	38	0	0
STERLING	STERLING COUNTY NURSING HOME	29	0	0
SUTTON	LILLIAN M. HUDSPETH NUR. HOM	39	0	18
TOM GREEN	BAPTIST MEMORIALS GERIATRIC	208	0	35
	COLONIAL OF SAN ANGELO	60	0	0
	CHRISTOVAL GOLDEN YEARS N.H.	45	0	0
	PARK PLAZA NURSING CENTER	269	0	0
	RIVERSIDE MANOR	148	0	0
SPR 10 TOTAL		1459	0	118
HSA 4 TOTAL		9599	14	1153
	HSA 5			
COLLIN	HINTON HOME,INC.	74	0	0
	PLANO NURSING HOME	120	0	0
	PAVILION NURSING HOME	140	0	0
	UNIVERSITY NURSING CENTER	112	0	0
	HERITAGE MANOR	150	0	0
	HILLCREST MANOR	102	0	0
	HERITAGE PARK CENTER	120	0	0
	CELINA NURSING HOME, INC.	88	0	0

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
DALLAS	AUTUMN LEAVES	28	0	0
	BIG TOWN NURSING HOME	251	0	0
	IRVING CONVALESCENT CENTER	360	0	10
	BROOKHAVEN NURSING CENTER	102	0	0
	BUCKNER BAPTIST RYBURN N.C.	120	75	0
	CENTRAL PARK MANOR,INC.	64	0	0
	CLIFF TOWERS NURSING HOME	185	0	304
	LABOURE' CARE CENTER	155	0	0
	THE CONVALESCENT CENTER	100	0	0
	CRESTVIEW RETIREMENT HOTEL	0	150	0
	CRYSTAL HILL NURSING HOME,IN	60	0	32
	DOCTOR'S NURSING CTR FNDTN I	154	48	0
	FERGUSON NURSING CENTER	92	0	90
	FOUR SEASONS NRS CTR OF DALL	210	0	0
	GARLAND SENIOR CITIZENS HOME	120	0	60
	GARRETT PARK MANOR	77	0	86
	DALLAS HOME FOR JEWISH AGED	239	0	0
	IRVING CARE CENTER	88	0	0
	JULIETTE FOWLER HOMES INC.	131	0	0
	KENWOOD NURSING HOME	60	0	0
	CARTER NURSING HOME CORP.	126	0	0
	THE MEADOWGREEN	128	104	0
	BRYAN MANOR NURSING HOME	80	0	0
	PLEASANT DALE NURSING HOME #	96	0	0
	PLEASANT DALE NURSING HOME #	39	0	0
	PRESBYTERIAN VILLAGE, INC.	160	0	0
	SHADYSIDE NURSING HOME, INC	61	0	0
	SILENT NIGHT NURSING HOME	62	0	0
	SILVER LEAVES, INC.	250	0	0
	SKYLINE NURSING HOME	110	0	0
	SOUTH DALLAS NURSING HOME	76	0	72
	ST. JOSEPH'S RESIDENCE	0	49	0
	NORTHAVEN NURSING CENTER	208	0	7
	SEAGOVILLE LODGE	150	0	0
	C.C. YOUNG MEM. HOME-YOUNG H	244	0	0
	CLIFF GARDENS NURSING HOME	34	0	0
	SUNNYVALE MANOR NO.2	200	0	0
	FAIR PARK HEALTH CARE CENTER	120	0	0
	CARROLLTON MANOR	94	0	0
	MESQUITE TREE NURSING CENTER	148	0	0
	METROPLEX CARE CENTER	150	0	0
	HOLIDAY HILLS RET.& N.CTR.IN	135	0	0
	CEDAR HILL-DUNCANVILLE N.CTR	120	0	0
	BALCH SPRINGS NURSING HOME	120	0	0
	SERENITY HAVEN NURSING HOME	120	0	0
	DE SOTO NURSING HOME,INC.	120	0	0
	LANCASTER NURSING HOME	120	0	0
	RICHARDSON MANOR CARE CENTER	142	0	0
	NORTHWOOD MANOR NURSING HOME	150	0	0
	DEVONSHIRE MANOR	120	0	0
	NORTH DALLAS NURSING HOME,IN	120	0	0
	PIONEER PLACE	120	0	0
	TRAILWOOD MANOR	152	0	0
	THE TRAYMORE	150	0	0
	NOTTINGHAM MANOR	120	0	0
	HERITAGE VILLAGE	280	0	0
	PRESBYTERIAN VILLAGE N HLT S	124	0	0
	WALNUT PLACE	184	0	0
	KENSINGTON MANOR	120	0	0
	TREEMONT HEALTH CARE CENTER	104	0	0
	CASTLE MANOR	100	0	0
	TEXAS HEALTHCARE CENTER	120	0	0
	CHRISTIAN CARE CENTER	120	0	0

TABLE 33 - PAGE 6
NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
DENTON	DENTON NURSING CTR	148	0	0
	LEWISVILLE NURSING HOME	60	0	0
	SUNDIAL MANORS NURSING HOME	70	0	0
	THE BEAUMONT NURSING HOME	60	0	0
	CARE INN OF SANGER	67	0	0
	DENTON GOOD SAMARITAN VILLAG	92	0	0
	TWIN PINES NURSING CENTER	120	0	0
ELLIS	BROOKHAVEN NURSING HOME	56	0	0
	FOUR SEASONS NURSING CTR-ENN	155	0	93
	ITALY CONVALESCENT CENTER	61	0	32
	ODD FELLOW & REBEKAH N. H.	58	0	0
	RENFRO NH, WAXAHACHIE, INC.	82	0	65
	CLAYSTONE MANOR	120	0	0
	PLEASANT MANOR N.H.-WAXAHACH	102	0	0
ERATH	GOLDEN AGE MANOR NURS. CENTE	90	0	0
	STEPHENVILLE N.H.,INC.	46	0	0
	MULBERRY MANOR	118	0	0
	DUBLIN NURSING CENTER	102	0	0
	HOLIDAY CARE CENTER	88	0	0
	COMMUNITY NURSING HOME	94	0	0
HOOD	VALLEY VIEW HOME, INC.	108	0	0
	GRANBURY CARE CENTER	101	0	0
HUNT	GREENCREST MANOR, INC	112	0	0
	HEART MANOR	112	0	0
	HOME FOR AGED PYTHIANS, INC.	48	0	0
	OAK MANOR	116	0	116
	PARK HAVEN NURS. CNR., INC.	100	0	100
	SMITH'S NURSING HOME	46	0	45
	GREENVILLE NURSING HOME,INC.	120	0	0
JOHNSON	ALVARADO NURSING HOME	60	0	0
	BURLESON NURSING HOME	126	0	0
	COLONIAL MANOR NURS. & C.C.	150	0	0
	GOLDEN AGE NURSING HOME,INC.	102	0	0
	LEISURE LODGE CLEBURNE	120	0	0
	TOWN HALL ESTATES	75	0	0
	SILVER HAVEN CARE CENTER	120	0	0
	GRANDVIEW NURSING HOME	75	0	0
KAUFMAN	KEMP CARE CENTER, INC.	60	0	0
	LEISURE LODGE KAUFMAN	118	0	0
	LOCUST GROVE NURSING HOME	60	0	0
	MABANK NURSING HOME	60	0	58
	ROSE HAVEN OF KAUFMAN, INC.	37	0	36
	TERRELL CONV CTR # 2	122	0	0
	TERRELL CONV. CTR. #1	101	0	0
	TERRELL CARE CENTER	94	0	0
NAVARRO	MAYWOOD MANOR INC	53	0	0
	MEL-HAVEN CONV HOME	106	0	2
	TWILIGHT HOME	106	0	0
	LEISURE LODGE CORSICANA	102	0	0
	CORSICANA NURSING HOME,INC.	120	0	0
	PAULYNE'S CONVALESCENT HOME	51	0	0
PALO PINTO	MINERAL WELLS CARE CENTER	122	0	0
	PALO PINTO NURSING CENTER	106	0	0
	RESORT LODGE,INC.	52	0	0
PARKER	LEISURE LODGE WEATHERFORD	120	0	0
	WEATHERFORD CARE CENTER,#1	122	0	0
	KEENELAND NURSING HOME	72	0	0
	WEATHERFORD CARE CENTER,#2	59	0	0
ROCKWALL	ROCKWALL NURSING HOME	126	0	54
SOMERVELL	GLEN ROSE NURSING HOME, INC.	42	0	0

TABLE 33 - PAGE 7
NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
TARRANT	CHRISTIAN NURSING CENTER	120	0	0
	ARLINGTON VILLA FOR SR. CITZ	148	0	0
	AUTUMN HAVEN	36	0	0
	AUTUMN LEAF LODGE	116	0	0
	AUTUMN YEARS LODGE, INC.	139	0	0
	ARLINGTON HEIGHTS NURSING CT	180	0	0
	BROOKHAVEN NURSING & CONV. C	61	0	0
	BROOKHOLLOW MANOR NH, INC.	78	0	0
	FORT WORTH WESTERN HILLS NH	270	0	0
	COLONIAL MANOR NURSING HOME	181	0	0
	EASTERN STAR HOME	40	0	0
	EASTWOOD VILLAGE N. & RET CN	100	0	0
	OAKHAVEN NURSING CENTER	175	0	0
	JACKSON SQUARE NURSING CENTE	60	0	59
	FIRESIDE LODGE OF FT. WORTH	92	0	0
	FOREST HILL NURSING CENTER	120	0	0
	FOUR SEASONS NUR CTR OF N. R	114	0	0
	FRANCIS CONV CENTER	130	0	0
	KENT NURSING HOMES, INC.	120	0	0
	GREAT SOUTHWEST CONV CENTER	120	0	0
	AUTUMN PLACE	104	0	0
	HEARTHSTONE NURSING HOME	103	0	0
	JACKSON SQ. NURSING CTR. OF	53	0	0
	KENNEDALE NURSING HOME	60	0	0
	KENT'S NURSING CENTER	107	0	70
	KNIGHTS TEMPLAR CLINIC	60	0	0
	LA DORA LODGE NURSING HOME	66	0	0
	BENBROOK SWEETBRIAR NURS.HOM	133	0	0
	STONEBROOK	104	0	0
	MANSFIELD NURSING HOME	127	0	0
	MEADOWBROOK NURSING HOME, IN	187	0	0
	STANFORD CONV. CTR. - PA.	125	0	0
	RICHLAND HILLS NURSING HOME	92	0	0
	FOUR SEASONS N.C.-NORTH WEST	108	0	0
	STANFORD CONV. CTR. - 8TH AV	89	0	0
	STANFORD CONV. CTR. - HEMPHI	132	0	0
	DALWORTH CARE CENTER	120	0	0
	WATSON NURSING HOME	69	0	0
	WEBBER NURSING CENTER	145	0	0
	WHITE SETTLEMENT NURS. CTR.	108	0	0
	WEDGEWOOD NURSING HOME	129	0	0
	GRAPEVINE NURSING HOME	142	0	0
	JARVIS HEIGHTS NURSING CENTE	124	0	0
	BISHOP DAVIES CENTER, INC.	100	0	0
	MIMOSA MANOR CARE CENTER	150	0	0
	HALTOM MEMORIAL CONV.CENTER	146	0	0
	LUXTON NURSING CENTER,INC.	130	0	150
	RIDGEWOOD MANOR	152	0	0
	LAKE LODGE	150	0	0
	AZLE MANOR, INC.	127	0	0
	BOULEVARD MANOR CARE CENTER	122	0	0
	EULESS NURSING CENTER	120	0	0
	STANFORD CONV. CTR.-JENNINGS	120	0	0
	TRINITY TERRACE HLTH. CARE C	60	0	0
	VILLA NURSING CENTER, INC.	120	0	0
	LAKE WORTH NURSING HOME	70	0	0
	STANFORD CONV.CTR-BEDFORD	160	0	0
WISE	GOLDEN YEARS RETREAT	98	0	0
	DECATUR CONVALESCENT CENTER	42	0	0
	GOLDEN YEARS HAVEN	42	0	0
	SUNNY HILLS NURSING CENTER	102	0	0
SPR 4 TOTAL		21388	426	1541

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
COOKE	OAK TREE LODGE	48	0	0
	FRONTIER MANOR	118	0	0
	GAINESVILLE CONV. CENTER	120	0	0
	ST.RICHARD'S VILLA,INC.	30	0	0
FANNIN	FAIRVIEW NURSING HOME	63	0	104
	GILBERT NURSING HOME	80	0	0
	GROVE MANOR NURSING HOME INC	90	0	0
	MULLICAN NURSING HOME	93	0	63
	SEVEN OAKS CARE CENTER	108	0	0
	SAVOY NURSING HOME	96	0	0
	BONHAM NURSING CENTER	65	0	68
GRAYSON	MERIDIAN NRS CT-CHAPEL OF CA	200	0	0
	COLLINSVILLE CARE HOME, INC.	88	0	0
	DENISON MANOR	71	0	0
	CARE INN OF DENISON	128	0	0
	HILLTOP HAVEN	215	0	64
	CANTEX HEALTHCARE CTR-DENISO	50	0	0
	MEADOWBROOK CARE CENTER	60	0	58
	SHERMAN NURSING CTR	122	0	0
	HERITAGE MANOR-SHERMAN DEV.C	63	0	0
	WHITEWRIGHT NURSING HOME, IN	137	12	76
	WHITESBORO NURS. HOME, INC.	82	0	60
	MERIDIAN NURSING CT-SHADY OA	135	0	0
SPR 22 TOTAL		2262	12	493
HSA 5 TOTAL		23650	438	2034
	HSA 6			
BOSQUE	CLIFTON LUTHERAN SUNSET HOME	180	0	50
	MERIDIAN GERIATRIC CENTER	92	0	0
	GOLDEN HERITAGE N. H. #2	61	0	0
FALLS	ELMWOOD NURSING CTR	141	0	0
	GOLDEN YEARS REST HOME	78	0	0
	HERITAGE HOUSE	124	0	0
FREESTONE	FAIRVIEW MANOR	90	0	0
	MCGEE NURSING HOME	82	0	0
	TEAGUE NURSING HOME	102	0	0
	WORTHAM HERITAGE	102	0	0
HILL	TOWN HALL ESTATES	118	0	0
	HILL HAVEN NURSING HOME	166	0	0
	ITASCA NURSING HOME	82	0	0
	OAKVIEW MANOR NURSING CENTER	60	0	0
	PARK PLAZA NURSING HOME	110	0	0
	TOWN HALL ESTATES	39	0	0
LIMESTONE	HAVEN NURSING HOME	74	0	0
	MANOR RETIREMENT & CONV. CNR	80	0	0
	MEXIA NURSING HOME	40	0	0
	GROESBECK PARK PLAZA	90	0	0
MCLENNAN	BELLMEAD NURSING HOME	49	0	24
	GREENVIEW MANOR	112	0	0
	JEFFREY PLACE NURSING CENTER	106	0	0
	QUALITY CARE OF WACO	121	0	0
	HAVEN MANOR	102	0	85
	PARK PLAZA NURSING HOME	117	0	40
	PARKVIEW NURSING HOME	70	0	80
	TWIN OAKS RETIREMENT CENTER	98	0	100
	WEST REST HAVEN, INC.	91	0	40
	CARE INN OF WACO	74	0	0
	WESTVIEW MANOR	122	0	52
	WOODLAND SPRINGS NURS. CTR.	152	0	0
	GOLDEN HERITAGE N. H. #1	57	0	38
	CRESTVIEW MANOR RET.& C.C.	150	0	0
	ST.ELIZABETH NURSING HOME	179	0	0
	HILLCREST MANOR NURSING HOME	60	0	3
	ROBINSON NURSING HOME	72	0	0
SPR 11 TOTAL		3643	0	512

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
BASTROP	ELGIN GOLDEN YRS RETIREMENT	56	0	56
	BASTROP NURSING CENTER	96	0	0
	TOWERS NURSING HOME	60	0	4
BLANCO	BLANCO MILL NURSING HOME	30	0	0
	LYNDON B. JOHNSON MEM.NURS.H	24	0	0
	LIVE OAK MEDICAL NURSING CTR	64	0	0
BURNET	BERTRAM NURSING HOME	32	0	0
	THE OAKS NURSING HOME	92	0	0
	NORTHWOOD HEALTHCARE CENTER	110	0	0
CALDWELL	CARTWHEEL LODGE LOCKHART	100	0	0
	GOLDEN AGE HOME	100	0	90
	HILLCREST MANOR	60	0	0
	LULING NURSING HOME	56	0	60
	CARTWHEEL LODGE OF LULING	96	0	0
FAYETTE	COLONIAL NURSING HOME, INC.	90	0	60
	CARE INN OF LA GRANGE	98	0	0
	OAK MANOR NURSING CENTER	90	0	0
HAYS	CARE INN OF SAN MARCOS	118	0	0
	HILLSIDE MANOR-SAN MARCOS,IN	135	0	37
LEE	GIDDINGS CARE CENTER	50	0	50
	HENNESEY NURSING HOME, INC.	92	0	0
LLANO	CARE INN OF LLANO	102	0	59
	HILL COUNTRY MANOR	86	0	0
	KINGSLAND HILL CARE CENTER	105	0	0
TRAVIS	ARNOLD'S CARE CENTER	83	0	0
	AUSTIN'S REST HAVEN NUR HOME	80	0	0
	AUSTIN MANOR NURSING HOME	60	0	0
	AUSTIN NURS. & CONV. CNR., I	150	0	21
	BARTON HEIGHTS N.HOME,INC.	60	0	38
	CAMERON VILLA REST HOME	41	0	26
	CENTRAL TEXAS NURSING HOME	96	0	97
	CULLEN AVENUE REST HOME	60	0	59
	DELWOOD NURSING HOME, INC.	40	0	36
	EASTFAIR NURSING HOME	60	0	0
	THE WOODRIDGE NRSG & CONV CT	204	0	0
	FOUR SEASONS NURSING CTR	233	0	0
	RETIREMENT & NURSING CENTER	100	0	56
	MAGGIE JOHNSON'S NURSING CTR	48	0	0
	NORTHWEST MEDIPLEX	388	0	0
	MILLER'S REST HOME, INC.	38	0	18
	BUCKNER BAPT. MONTE SIESTA H	128	0	128
	OAKCREST MANOR	66	0	68
	ANDERSON LANE NURSING HOME	48	0	48
	BUCKNER VILLA SIESTA HOME	124	0	68
	SOUTHWEST MEDIPLEX	122	0	0
	LYNDON BAINES JOHNSON N.CTR.	120	0	0
	FRANCIS SOUTHWOOD N.H.,INC.	120	0	0
	CAPITOL CITY NURSING HOME	120	0	0
WILLIAMSON	SUNNY SIDE RETIREMENT CTR #2	89	0	62
	BLUEBONNET N. C. OF GRANGER	68	0	0
	COLONIAL ACRES NURSING HOME	48	0	48
	S. P. J. S. T. REST HOME #1	72	0	0
	GEORGETOWN SWEETBRIAR NURS H	120	0	12
	SWEETBRIAR NURSING HOME	236	0	60
	TRINITY LUTHERAN HOME	117	0	18
	WESLEYAN NURSING HOME	98	0	0
SPR 12 TOTAL		5379	0	1281

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
BRAZOS	CRESTVIEW RETIREMENT COMMUNI	57	0	0
	SHERWOOD HEALTH CARE,INC.	246	0	0
	BRAZOS VALLEY GERIATRIC CENT	150	0	0
	LEISURE LODGE BRYAN	150	0	0
BURLESON	LEISURE LODGE CALDWELL	156	0	0
GRIMES	CANTERBURY VILLA OF NAVASOTA	172	0	60
	HEART MANOR - NAVASOTA	120	0	0
LEON	BUFFALO NURSING CENTER	60	0	0
	LEISURE LODGE CENTERVILLE	102	0	0
MADISON	MADISONVILLE NURSING HOME	52	0	52
	MADISONVILLE NURSING HOME #2	54	0	0
ROBERTSON	LEISURE LODGE HEARNE	148	0	0
	CALVERT NURSING CENTER	32	0	0
	BREMOND NURSING CENTER	82	0	0
WASHINGTON	BRENHAM REST HOME,INC.	108	0	48
	SWEETBRIAR NURSING HOME	265	0	60
SPR 13 TOTAL		1954	0	220
BELL	BELL HAVEN CONV. & NURS. CAR	120	0	0
	CRESTVIEW MANOR N.H. INC.	91	0	0
	FOUR SEASONS N.C. OF TEMPLE	108	0	0
	KILLEEN NURSING HOME	50	0	0
	K'WAY KARE NURSING HOME	31	0	0
	REGENCY MANOR	140	0	0
	SOUTHERN MANOR, INC.	145	0	0
	SOUTHLAND VILLA NURSING CENT	144	0	0
	TUTOR NURSING HOME, INC.	45	0	0
	WILL-O-BELL,INC.	60	0	64
	BUR-MONT NURSING CENTER	120	0	0
	GOLDEN HERITAGE CARE CENTER	150	0	0
CORYELL	JANUARY CARE HOME	53	0	0
	CANTERBURY VILLA OF GATESVIL	210	0	0
	HILLSIDE MANOR NURSING CENTE	120	0	0
	WIND CREST NURSING CENTER IN	120	0	0
HAMILTON	HAMILTON NURSING HOME	41	0	0
	HILLCREST NURSING HOME	78	0	0
	FOREST OAKS NURSING HOME	28	0	0
	LEISURE LODGE HAMILTON	96	0	0
	VILLAGE NURSING HOME	114	0	0
LAMPASAS	LAMPASAS MANOR	68	0	0
	LEISURE LODGE LAMPASAS	96	0	0
MILAM	ROCKDALE NURSING HOME	59	0	0
	CAMERON NURSING HOME	43	0	0
	COLONIAL NURSING HOME	84	0	0
	MANOR OAKS NURSING HOME	60	0	0
MILLS	HERITAGE NURSING HOME	134	0	58
	HILLVIEW MANOR	60	0	0
SAN SABA	EVENTIDE NURSING HOME, INC.	80	0	45
	SAN SABA NURSING HOME, INC.	63	0	0
SPR 23 TOTAL		2811	0	167
HSA 6 TOTAL		13787	0	2180

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
	HSA 7			
BOWIE	FOUR STATES NURSING HOME, IN	180	0	0
	NEW BOSTON NURSING CENTER	120	0	98
	OAK MANOR NURSING HOME	56	0	0
	SUNNY ACRES OF DEKALB, INC.	66	0	0
	LEISURE LODGE TEXARKANA	120	0	0
	EDGEWOOD MANOR NURSING HOME	120	0	0
	TEXARKANA NURSING HOME	120	0	0
CASS	OAK MANOR NURSING HOME	107	0	0
	PINE LODGE NURSING HOME	109	0	0
	ROSE HAVEN RETREAT	108	0	0
	HUGHES SPRINGS CONV.CTR.	60	0	0
	THERON GRAINGER N.H,INC.	69	0	0
DELTA	BIRCHWOOD MANOR NURSING HOME	100	0	0
	DELTA NURSING HOME	38	0	0
FRANKLIN	MISSION MANOR NURSING HOME I	62	0	0
	TERRY HAVEN NURSING HOME INC	65	0	42
HOPKINS	HOPKINS COUNTY NURSING HOME	119	0	0
	LEISURE LODGE SULPHUR SPRING	130	0	0
	SULPHUR SPRINGS NURS. HOME	51	0	0
	WOODHAVEN NURSING HOME	95	0	0
LAMAR	MEDICAL PLAZA NURSING CENTER	98	0	56
	STONEBROOK CARE CENTER-PARIS	144	0	117
	CHERRY STREET MANOR	122	0	0
	DEPORT NURSING HOME, INC.	102	0	0
	CHERRY STREET ANNEX	122	0	0
	PARK VIEW CONVALESCENT CENTE	102	0	0
MORRIS	ELMWOOD NURSING HOME	54	0	0
	PINECREST CONV. HOME	89	0	0
	REDBUD RETREAT	86	0	0
RED RIVER	CLARKSVILLE NURSING CENTER	132	0	0
	RED RIVER HAVEN NH INC	154	0	0
TITUS	CURREY NURSING HOME, INC.	46	0	0
	GERAS NURSING HOME	101	0	0
	PHYSICIANS NURS & CONV CENTE	80	0	0
	GOLDEN YEARS LODGE	124	0	0
SPR 5 TOTAL		3451	0	313
ANDERSON	CARTMELL HOME FOR AGED	16	44	0
	FRANKSTON NURSING CENTER	76	0	0
	VILLA INN NURSING CENTER	112	0	0
	PARK PLACE NURSING HOME	108	0	0
	ELKHART NURSING HOME, INC.	99	0	0
	PALESTINE NURSING CENTER	120	0	0
CAMP	PITTSBURG NURSING CENTER	106	0	0
	MOORE'S NURSING HOME	24	0	0
CHEROKEE	TWIN OAKS CONV.CTR, INC.	96	0	0
	LEISURE LODGE RUSK	96	0	0
	RUSK NURSING HOME, INC.	42	0	0
	GARDENDALE NURSING HOME	120	0	0
	SUNSET CARE CENTER	53	0	0
	TOWN HALL ESTATES	118	0	0
	WELLS NURSING HOME	60	0	0

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
GREGG	CARE INN OF GLADEWATER	80	0	0
	CLEAVER MEM CONV CENTER	100	0	0
	GREGG HOME FOR THE AGED, INC	62	0	0
	HOLIDAY LODGE NURSING HOME	158	0	0
	OAK MANOR NURSING HOME	120	0	0
	STONE ROAD NURSING CENTER,IN	60	0	0
	HIGHLAND PINES	114	0	0
	PINE TREE LODGE NURS. CENTER	60	0	0
	WILLOWBROOK MANOR NURSING HO	150	0	0
	LYNN LODGE NURSING HOME	118	0	0
HARRISON	SUBURBAN ACRES NURSING CENTE	74	0	0
	MARSHALL MANOR N. H., INC.	179	0	0
	MERRITT PLAZA N. H., INC.	170	0	0
	COLONIAL PARK NURSING HOME	160	0	0
HENDERSON	ATHENS NURSING HOME	82	0	0
	CEDAR LAKE NURSING HOME	60	0	0
	PARK HIGHLANDS	140	0	0
	VALVISTA PAVILLION	118	0	0
MARION	MAGNOLIA MANOR NURSING HOME	60	0	0
PANOLA	LEISURE LODGE CARTHAGE	96	0	0
	PANOLA NURSING HOME	108	0	0
RAINES	GREEN ACRES NURSING HOME	64	0	0
RUSK	LEISURE LODGE HENDERSON	179	0	0
	SOUTHWOOD CONV. CENTER,INC.	90	0	0
	SUNSHINE NURSING HOME,INC.	69	0	0
	KILGORE NURSING CENTER	115	0	0
	LEISURE LODGE OVERTON	102	0	0
SMITH	LINDALE NURSING CENTER	89	0	0
	COLONIAL MANOR OF TYLER	124	0	0
	CUSTODIAL CARE HOME	54	0	0
	HEARTHSTONE NH	108	0	0
	LEISURE LODGE TYLER	196	0	0
	MEL-ROSE CONV HOME	100	0	0
	VILLAGE EAST NURSING HOME	120	0	0
	WESTWOOD CONV. HOME, INC.	60	0	0
	HERITAGE HOUSE	148	0	0
	GLENVIEW OF TYLER N.H.,INC.	120	0	0
	SOUTHVIEW NURSING CENTER	120	0	0
UPSHUR	GILMER CONV. & NURS. CENTER	109	0	0
	LEISURE LODGE GILMER	102	0	0
VAN ZANDT	ANDERSON MEM.CARE HOMES,INC.	76	0	0
	COUNTRY INN CARE CENTER	61	0	30
	FREE STATE CRESTWOOD INC	83	0	0
	HERITAGE MANOR	110	0	0
	CANTON NURSING CENTER	66	0	0
	VILLA SIESTA NURSING HOME	60	0	0
	GRAND SALINE MANOR	76	0	0
WOOD	NAT'L.N.RET.HOME,INC.	46	0	0
	QUITMAN NURSING HOME	62	0	0
	THE HERITAGE NURSING HOME	120	0	0
	WHISPERING PINES N. H., INC.	120	0	0
	WINNSBORO NURSING HOME	52	0	0
	WINNWOOD NURSING HOME, INC.	60	0	0
	WOOD MEMORIAL NURSING CENTER	75	0	2
	HILLVIEW NURSING HOME, INC.	82	0	0
SPR 6 TOTAL		6733	44	32
HSA 7 TOTAL		10184	44	345

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS NURSING	LICENSED BEDS CUSTODIAL	NON-CONFORMING BEDS
	HSA 8			
CALHOUN	RETAMA MANOR NURSING CENTER	120	0	0
DE WITT	RETAMA MANOR NURS. CNR. -CUE	98	0	0
	STEVENS NURSING HOME, INC	106	0	0
	RETAMA MANOR N.C.-EAST	66	0	0
	YORKTOWN MANOR	90	0	0
	YOAKUM MEMORIAL NURSING HOME	60	0	0
GOLIAD	GOLIAD MANOR,INC.	60	0	0
GONZALES	COLONIAL CONV. & N. H., INC.	89	0	44
	CARTWHEEL LODGE OF GONZALES	98	0	0
	CARE INN OF GONZALES	90	0	52
JACKSON	CARE INN OF GANADO	57	0	0
	CARE INN OF EDNA	61	0	40
LAVACA	TRINITY LUTHERAN HOME - SHIN	89	0	56
	SHADY OAK NURSING HOME, INC.	61	0	0
	STEVENS CONV. CENTER INC.	190	0	0
VICTORIA	RETAMA MANOR NURS. CTR.-SOUT	148	0	0
	RETAMA MANOR NURS. CTR.-NORT	80	0	0
	TWIN PINES NURSING HOME	148	0	0
	RETAMA MANOR NURS. CTR.-WEST	184	0	0
SPR 17 TOTAL		1895	0	192
STARR	RETAMA MANOR NURSING CENTER	100	0	0
WEBB	RETAMA MANOR NURS. CTR.-WEST	208	0	0
	RETAMA MANOR NURSING CTR-SOU	120	0	0
SPR 19 TOTAL		428	0	0
BEE	MERIDIAN NURSING CTR-BEEVILL	100	0	0
	HILLSIDE LODGE	120	0	0
BROOKS	RETAMA MANOR NURSING CENTER	98	0	0
JIM WELLS	HOSPITALITY HOUSE, INC.	132	0	60
	LA HACIENDA NURSING HOME, IN	114	0	0
	PREMONT REST HOME,INC.	48	0	47
	RETAMA MANOR NURSING CENTER	140	0	0
KLEBERG	RETAMA MANOR N.C.-KINGSVILLE	182	0	52
LIVE OAK	ROMA MEMORIAL NURSING HOME	56	0	0
NUECES	RETAMA MANOR NURS CTR-ROBSTO	98	0	0
	RETIREMENT & NURSING CENTER	178	0	0
	CORPUS CHRISTI NURSING CENTE	204	0	0
	RETAMA MANOR NURS. CTR.-WEST	88	0	0
	RETAMA MANOR NURS. CTR.-NORT	180	0	0
	LYNNHAVEN NURSING HOME, INC.	180	0	0
	SOUTH PARK MANOR	194	0	0
	THE HEARTH	107	0	0
	HILLHAVEN-CORPUS CHRISTI	174	0	0
	WESTWOOD MANOR	60	0	0
REFUGIO	REFUGIO MANOR	64	0	0
SAN PATRICIO	SHORELINE HEALTHCARE CENTER	168	0	0
	SINTON NURSING HOME, INC.	32	0	0
	TAFT HOSPITAL & CONV. CENTER	15	0	0
	ARANSAS PASS NUR & CONV CENT	170	0	0
SPR 20 TOTAL		2902	0	159

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
CAMERON	VALLEY GRANDE MANOR,INC	121	0	0
	RETAMA MANOR N.C.-HARLINGEN	179	0	0
	BROWNSVILLE GOOD SAMARITAN C	112	0	0
	HARLINGEN GOOD SAMARITAN CTR	112	0	0
	MOTHER OF PERPETUAL HELP HOM	37	0	0
	RETAMA MANOR NURS & DEV CTR	91	0	0
	T. L. C. NURSING CENTER	120	0	0
	TWINBROOKE SOUTH-SAN BENITO	52	0	0
HIDALGO	THE VILLAGE CONV. CENTER	114	0	0
	MCALLEN GOOD SAMARITAN CENTE	100	0	0
	COLONIAL MANOR	60	0	0
	RETAMA MANOR NURSING CENTER	109	0	0
	RETAMA MANOR NURSING CENTER	104	0	0
	VALLEY GRANDE MANOR	143	0	0
	PHARR NURSING HOME	45	0	0
	SAN JUAN NURSING HOME, INC.	120	0	0
	TWINBROOKE SOUTH - MCALLEN	63	0	0
	RETAMA MANOR N.C.-WESLACO	120	0	0
	COLONIAL MANOR OF EDINBURG	44	0	0
	JOHN KNOX VILLAGE-RIO GRANDE	31	0	0
	MCALLEN NURSING CENTER	122	0	0
WILLACY	RETAMA MANOR NURSING CENTER	48	0	0
SPR 21 TOTAL		2047	0	0
HSA 8 TOTAL		7272	0	351
	HSA 9			
ATASCOSA	RETAMA MANOR NURS. CTR.-SOUT	78	0	0
	RETAMA MANOR NURS. CTR.-NORT	50	0	0
	POTEET NURSING HOME,INC.	63	0	32
	LYTLE NURSING HOME, INC.	70	0	40
	RETAMA MANOR NURSING CTR, IN	48	0	48
BANDERA	PURPLE HILLS NURSING HOME,IN	62	0	0
BEXAR	BETHESDA CARE CENTER	144	0	0
	ARMS OF MERCY CARE CTR, INC.	75	0	0
	FOUR SEASONS N.C. - BABCOCK	233	0	0
	FOUR SEASONS N.C.-SA-NORTH	109	0	0
	FOUR SEASONS NC-SA-NORTHWEST	164	0	0
	BROADWAY LODGE	66	0	0
	CARRIAGE SQUARE NURSING HOME	143	0	0
	DESHA'S REST HOME	22	0	0
	GRAYSON SO HLTH CARE CTR,INC	81	0	0
	FOUR SEASONS N. C. PECAN VAL	233	0	0
	GOLDEN MANOR JEWISH HOME AGE	59	0	0
	CASA DE AMISTAD CARE CENTER	70	0	48
	HIGHLAND NURSING HOME	59	0	44
	HILLSIDE MANOR NUR. HOME INC	237	0	117
	ST. FRANCIS NURSING HOME	143	0	146
	FOUR SEASONS N.C.-SA-SOUTH	90	0	52
	LEON VALLEY LODGE	66	0	0
	MANOR SQUARE CONV HOME	41	0	40
	NORMANDY TERRACE, INC.	320	0	54
	MORNINGSIDE MANOR	332	88	134
	SOUTHWEST CARE CENTERS, INC.	92	0	0
	OAK HILLS CARE CENTER	192	0	0
	BETHESDA CARE CTR-OAK HILLS	87	0	0
	THE SARAH ROBERTS FRENCH HOM	60	0	23
	SAN ANTONIO CONV.CENTER	100	0	50
	SAN PEDRO MANOR	108	0	105

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS NURSING	LICENSED BEDS CUSTODIAL	NON-CONFORMING BEDS
BEXAR	FOUR SEASONS NC-SA-VANCE JKS	130	0	0
	ST. BENEDICT NURSING HOME	197	0	0
	WELCOME HOME FOR BLIND & AGE	23	0	0
	WOOD NURSING HOME	49	0	49
	CAMLU CARE CTR-WOODLAWN HILL	204	0	155
	WRIGHT NURSING HOME INC.	60	0	52
	RETAMA MANOR NURS. CTR.-SOUT	150	0	0
	SOUTHEAST NURSING CENTER	120	0	0
	RATAMA MANOR NURS. CTR.-NORT	81	0	0
	FOUR SEASONS NC-SA-WINDCREST	208	0	0
	CHANDLER MEMORIAL NURSING HO	120	0	0
	NORMANDY TERRACE,INC-NORTHEA	240	0	0
	CASA DE SAN ANTONIO	120	0	0
	MEMORIAL MEDICAL NURSING CTR	179	0	0
	AIR FORCE VILLAGE FOUNDATION	68	0	0
	RETAMA MANOR NURS. CTR.-WEST	129	0	0
COMAL	COLONIAL MANOR NURSING HOME	160	0	0
	EDEN HOME FOR THE AGED, INC.	168	0	76
	OAK CREST INN	139	0	0
FRIO	PEARSALL MANOR	52	0	0
	FRIO COUNTY NURSING CENTER	84	0	0
GILLESPIE	BROWN'S NURSING HOME, INC.	92	0	20
	FREDERICKSBURG N.H.	90	0	0
	KNOPP NURSING HOME NO. 1,INC	132	0	0
	KNOPP NURS. & RET.H.,#2, INC	60	0	0
GUADALURE	AUTUMN WINDS RETIREMENT LODG	0	96	0
	SEGUIN CONVALESCENT HOME	103	0	52
	NESBIT NURSING HOME	120	0	0
	CARE INN OF SEGUIN	141	0	44
KARNES	FOUR SEASONS N.C.-KARNES CIT	60	0	0
	GREEN'S REST HOME	59	0	38
	JOHN PAUL, II NURSING HOME	73	0	59
	RESTFUL ACRES NURSING HOME I	60	0	0
KENDALL	TOWN & COUNTRY MANOR, INC.	131	0	0
	HILL TOP NURSING HOME	74	0	0
KERR	COLONIAL NURSING HOME	138	0	0
	HILLTOP VILLAGE	90	60	0
	ALPINE TERRACE	60	60	0
	MEADOWVIEW CARE CENTER	98	0	0
MEDINA	FOUR SEASONS NURS. CTR.-HOND	75	0	0
	DEVINE NURS. HOME, INC.	45	0	33
	HONDO NURSING CENTER	118	0	0
	COUNTRY CARE CENTER	66	0	0
WILSON	FLORESVILLE NURSING HOME	84	0	52
	STOCKDALE NURSING HOME	68	0	46
SPR 18 TOTAL		8415	304	1609
DIMMIT	CARRIZO SPRINGS N. H., INC.	100	0	0
MAVERICK	STONEBROOK CARE CTR-EAGLE PA	120	0	0
UVALDE	UVALDE NURSING CENTER	122	0	0
	AMISTAD NURSING HOME, INC.	120	0	0
VAL VERDE	DEL RIO NURSING HOME, INC.	52	0	53
	RETAMA MANOR N.C.-DEL RIO	80	0	39
SPR 24 TOTAL		594	0	92
HSA 9 TOTAL		9009	304	1701

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
	HSA 10			
ANGELINA	ANGELINA NURSING HOME	156	0	0
	PINE HAVEN NURSING HOME	100	0	0
	SOUTH MEADOWS NURSING HOME	54	0	4
	THE CANTEX CONV CTR OF LUFKI	68	0	0
	LUFKIN NURSING CENTER	150	0	0
HOUSTON	LEISURE LODGE CROCKETT	120	0	0
	HOUSTON COUNTY NURS.HOME, IN	60	0	0
	WHITEHALL NURSING CENTER,INC	71	0	0
	GRAPELAND NURSING HOME	68	0	0
JASPER	BUNA NURSING HOME	62	0	0
	JASPER CONV. CENTER, INC.	88	0	0
	PINEWOOD MANOR NURSING HOME	120	0	0
NACOGDOCHES	GARRISON NURSING HOME, INC.	43	0	0
	TIMBERLAND NURSING CENTER	96	0	0
	NACOGDOCHES CONVALESCENT CTR	68	0	0
	OAK MANOR NURSING HOME	64	0	0
	PINE CREST NURSING HOME	56	0	0
	CUSHING CARE CENTER, INC.	60	0	0
	THE ROCK HAVEN NURSING HOME	60	0	0
NEWTON	SHADY ACRES HEALTH CARE CENT	82	0	0
POLK	LIVINGSTON CONV CENTER	52	0	0
	BUR-MONT NURSING CENTER	120	0	0
SABINE	HINES NURSING HOME	60	0	0
SAN AUGUSTINE	EAST TEXAS CONV HOME	70	0	0
	SAN AUGUSTINE NURSING CENTER	58	0	0
SHELBY	GREEN ACRES CONVALESCENT CTR	102	0	0
	HOLIDAY NURSING HOME	137	0	0
TRINITY	GROVETON HOSPITAL & NUR HOME	32	0	0
	TRINITY MEMORIAL HOSPITAL	28	0	0
TYLER	WOODVILLE CONVALESCENT CENTE	98	0	0
	HOLIDAY PINES MANOR	112	0	0
SPR 14 TOTAL		2515	0	4
HARDIN	KOUNTZE NURSING CENTER	60	0	0
	SILSBEE CONVALESCENT CENTER	68	0	0
	BUR-MONT NURSING CENTER	120	0	0
JEFFERSON	STONEBROOK CARE CTR.-BEAUMON	106	0	0
	CRESTHAVEN NURSING RESIDENCE	138	0	138
	GOLDEN TRIANGLE CONV CENTER	200	0	0
	HAMILTON NURSING HOME, INC.	115	0	0
	GLAD DAY NURSING CENTER	84	0	84
	COLLEGE STREET NURSING CENTE	80	0	0
	SABINE OAKS HOME	0	40	0
	A. W. SCHLESINGER GERIATRIC	412	0	200
	NEDERLAND NURSING HOME, INC	110	0	0
	GASPARD'S NURSING CARE CENTE	102	0	0
	GREEN ACRES CONV. CTR-PARKDA	124	0	0
	OAK GROVE NURSING HOME,INC.	100	0	0
ORANGE	OAKS LIVING CENTER	112	0	0
	GREEN ACRES CONV. & DEV.CTR.	60	0	0
	JONES HEALTH CENTER, INC.	111	0	0
	CHANGING SEASONS COMM. CARE	55	0	62
	OAKWOOD MANOR NURSING HOME	61	0	0
	GREEN ACRES CONV. CENTER	124	0	0
SPR 15 TOTAL		2342	40	484
HSA 10 TOTAL		4857	40	488

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
	HSA 11			
AUSTIN	AZALEA MANOR	90	0	48
	SWEETBRIAR NURSING HOME	170	0	60
	COLONIAL BELLE NURSING HOME	73	0	0
BRAZORIA	ALVIN CONVALESCENT CENTER	98	0	0
	ANGLETON-DANBURY CONV CTR	104	0	0
	GOLDEN VILLA NURSING HOME	103	0	71
	CROSS HEALTH CARE CENTER	120	0	0
	WOOD LAKE NURSING HOME	94	0	94
	SWEENY HOUSE	82	0	0
	WINCHESTER LODGE	98	0	0
	WINDSONG VILLAGE CONV. CNR.	96	0	0
	LAKE JACKSON NURSING HOME	120	0	0
CHAMBERS	LEISURE LODGE ANAHUAC	100	0	0
COLORADO	COLUMBUS CONVALESCENT CENTER	90	0	60
	PARKVIEW MANOR	68	0	0
	HERITAGE HOUSE	98	0	0
	SWEETBRIAR NURSING HOME	116	0	0
FORT BEND	AUTUMN HILLS CONV.CTR-RICHMO	99	0	100
	FORT BEND NURSING HOME	56	0	7
	BRAZOSVIEW HEALTHCARE CENTER	56	0	0
	S.P.J.S.T. REST HOME, NO. 2	58	0	0
	LEISURE LODGE ROSENBERG	148	0	0
	AUTUMN HILLS C.C.-SUGAR LAND	150	0	0
GALVESTON	FIFTH AVENUE CARE CENTER	65	0	66
	MANOR CARE - TEXAS CITY	110	0	0
	FRIENDSWOOD ARMS CONV. CENTE	119	0	0
	COLLEGE PARK CARE CENTER	120	0	0
	SEABREEZE CARE CENTER	103	0	0
	HITCHCOCK NURSING HOME	60	0	0
	COASTAL CARE CENTER	69	0	0
	TURNER GERIATRIC CTR	164	0	0
	BAYWIND VILLAGE CONV. CENTER	96	0	0
HARRIS	MANOR CARE - SHARPVIEW	160	0	135
	AUTUMN HILLS CONV.CTR-JANISC	119	0	8
	LA PORTE CARE CENTER	58	0	62
	BAYTOWN NURSING HOME	90	0	54
	BENNER CONVALESCENT CENTER	117	0	94
	BLALOCK NURSING HOME -EAST	160	0	0
	BLALOCK NURSING HOME SOUTHEA	182	0	0
	BLALOCK NURS. HOME, S. W., I	112	0	112
	BLALOCK NRSG HM-SPRING VALLE	240	0	0
	BLALOCK NURSING HOME NORTH I	169	0	106
	BLALOCK N. H. - SPRING BRANC	106	0	112
	BUCKNER BAPTIST HAVEN	60	93	91
	CAROLINE-WHEELER N. H. INC.	67	0	50
	GREEN ACRES CONVALESCENT CTR	108	0	0
	THE WESTBURY PLACE	84	28	0
	DEVER NURSING HOME	37	0	0
	FAITH MEMORIAL NURSING HOME	120	0	0
	THOMAS CARE CENTERS,INC.	100	0	0
	NORTHLINE MANOR	180	0	0
	GOLDEN AGE MANOR HOLMES, INC	120	0	0
	GOLDEN AGE MANOR BELLFORT IN	200	0	20
	GOLDEN AGE MANOR ROOKIN,INC.	284	0	290
	GOLDEN AGE MANOR N. LOOP, IN	200	0	20
	GOLDEN AGE MANOR LONG POINT	174	0	2
	GRAYSTONE MANOR NURS HOME #1	90	0	82
	GREEN ACRES CONVALESCENT CTR	100	0	0
	AUTUMN HILLS C.C.-HERMANN PA	185	0	0
	HOLLY HALL	56	0	0

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
HARRIS	ISLA CARROLL TURNER HEALTH C	25	0	0
	LEISURE ARMS NURSING HOME	83	0	0
	L. & J. WINSLOW MEMORIAL N.H	62	0	0
	MANDA ANN CONV. HOME, INC.	100	0	0
	MERCY NURSING HOME, INC.	63	0	0
	HAPPY HARBOR METHODIST HOME	140	0	0
	MONTROSE CARE CENTER	159	0	69
	ALDINE COMMUNITY CARE CENTER	197	0	11
	SILVER THREADS NURSING CENTE	82	0	0
	SAINT ANTHONY CENTER	325	0	33
	ST. JAMES HOUSE OF BAYTOWN	38	48	0
	ST. THOMAS CONVALESCENT CENT	125	0	24
	WATKINS CONVALESCENT HOME	116	0	70
	WILLIAMS NURSING HOME, INC.	112	0	0
	WINTER HAVEN NURSING HOME	149	0	0
	BLALOCK NURSING HOME N. SHOR	150	0	0
	CLAREWOOD HOUSE INFIRMARY	24	0	0
	KATYVILLE HEALTHCARE CENTER	96	0	0
	TREEMONT HEALTH CARE CENTER	70	54	0
	ALLENBROOK HEALTHCARE CENTER	94	0	0
	BAYOU GLEN NURSING CENTER	180	0	0
	PASADENA CARE CENTER	120	0	0
	VISTA CONTINUING CARE CENTER	131	0	0
	AUTUMN HILLS CONV. CTR-TOMBA	150	0	0
	VILLA NORTHWEST CONV.CENTER	161	0	0
	JEWISH HOME FOR THE AGED	281	0	0
	BAYOU GLEN NORTHWEST N.CTR.	180	0	0
	HALLMARK ANDERSON HEALTH CAR	20	22	0
	ST. DOMINIC NURSING HOME	120	0	0
	HUMBLE SKILLED CARE FACILITY	90	0	0
	BAYOU GLEN JONES ROAD	120	0	0
	SAN JACINTO HERITAGE MANOR	96	0	0
	WILEYVALE COMMUNITY NRSG HOM	130	0	0
	COURTYARD CONVALESCENT CENTE	120	0	0
	CLEAR LAKE CARE CENTER	120	0	0
LIBERTY	GALAXY MANOR NURSING CENTER	160	0	0
	LIBERTY NURSING CENTER	62	0	68
	GOLDEN CHARM NURSING CENTER	120	0	0
	HERITAGE MANOR	60	0	30
MATAGORDA	BAY VILLA NURSING HOME	105	0	68
	MATAGORDA H.-MATAGORDA GEN.H	28	0	0
	LEISURE LODGE PALACIOS	102	0	0
MONTGOMERY	AUTUMN HILLS CONV.CTR-CONROE	108	0	19
	CARE INN OF CONROE	150	0	0
	PINE SHADOW RETREAT	90	0	54
	WILLIS CONVALESCENT CENTER	120	0	0
WALKER	GREEN ACRES CONVALESCENT CTR	98	0	0
	FAIR PARK NURSING CENTER	109	0	17
WALLER	BROOKSHIRE ARMS, INC.	134	0	0
	HEMPSTEAD NURSING HOME	110	0	0
WHARTON	CZECH CATHOLIC HOME FOR AGED	59	0	60
	GARDEN VILLA NURSING HOME	150	0	0
	WHARTON MANOR	116	0	43
SPR 16 TOTAL		12981	245	2310
HSA 11 TOTAL		12981	245	2310

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NURSING AND CUSTODIAL CARE HOMES

COUNTY	FACILITY NAME	LICENSED BEDS		NON-CONFORMING BEDS
		NURSING	CUSTODIAL	
	HSA 12			
ANDREWS	ANDREWS NURSING CENTER	98	0	0
CRANE	GOLDEN MANOR NURSING HOME	30	0	0
DAWSON	LAMESA NURSING CENTER	48	0	0
	HERITAGE NURSING CENTER	80	0	0
ECTOR	DEERINGS OF ODESSA, INC.	89	0	0
	FOUR SEASONS NURSING CENTER	114	0	0
	DEERINGS WEST NURSING CENTER	150	0	0
	WESTVIEW MANOR	97	0	0
GAINES	SEMINOLE NURSING CENTER	32	0	32
HOWARD	MOUNTAIN VIEW LODGE, INC.	92	0	0
	UNITED HEALTH CARE CENTER	150	50	0
MARTIN	STANTON VIEW MANOR	65	0	0
MIDLAND	THE LUTHERAN HM-PERMIAN BASI	114	0	0
	TERRACE GARDENS NH	60	0	0
	TRINITY TOWERS	31	19	0
	MIDLAND CARE CENTER	118	0	0
	TERRACE WEST	150	0	0
PECOS	COMANCHE VIEW RETIREMENT CTR	68	0	0
REEVES	PECOS NURSING HOME	60	0	0
UPTON	UPTON COUNTY CONVALESCENT CT	30	0	0
WARD	MONAHANS NURSING HOME	98	0	0
WINKLER	KERMIT NURSING CENTER	78	0	0
SPR 9 TOTAL		1852	69	32
HSA 12 TOTAL		1852	69	32
STATE TOTAL		99504	1245	11530

Source: 1984 Intergrated Facilities File, TDH as of February 29, 1984.