



HHSC: Joint Committee on Access and Forensic Services, January 29, 2020



The [Joint Committee on Access and Forensic Services](#) develops recommendations for the bed day allocation methodology, the bed day utilization review protocol including a peer review process, and advises on a comprehensive plan for coordination of forensic services.

The Department of State Health Services established the Joint Committee on Access and Forensic Services in accordance with S.B. 1507, 84th Legislature, Regular Session, 2015. The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding access to forensic services within the state of Texas. The JCAFS considers and makes recommendations to the Legislature consistent with the committee's purpose.

Recommendations to the Legislature regarding access to forensic services include:

- Monitoring the implementation of updates to the bed day allocation methodology for allocating to each designated region a certain number of state-funded beds in state hospitals and other inpatient mental health facilities for voluntary, civil and forensic patients.
- Implementing a bed day utilization review protocol, including a peer review process.
- Planning for the coordination of forensic services.

There are presently vacancies on the committee. Current members include:

Jim Allison General Counsel for the County Judges and Commissioners Association of Texas Austin Bill Alsup Texas Municipal League Shannon Carr Austin Area Mental Health Consumers, Inc Sherri Cogbill Texas Department of Criminal Justice Austin David Evans Texas Council of Community Centers Austin Stephen Glazier Texas Hospital Association Houston Windy Johnson Texas Conference of Urban Counties Austin	Judge Robert Johnston County Judges and Commissioners Association of Texas Darlene McLaughlin Texas Municipal League Bryan Shelley Smith Texas Council of Community Centers Big Spring Sally Taylor Texas Hospital Association San Antonio Judge JD "Butch" Wagner Texas Association of Counties Dennis Wilson Sheriff's Association of Texas Groesbeck
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1. Opening remarks and introductions. The meeting was convened by Stephen Glazier, Chair on January 29th.

2. Welcome new Advisory Committee members. New members introduced themselves (Judge Robert Johnston; Sherri Cogbill, Texas Department of Criminal Justice Austin). A quorum was established.

3. Approval of minutes from October 23, 2019, committee meeting. The minutes were approved as written.

4. Joint Committee on Access and Forensic Services (JCAFS) bylaw revisions. The attached bylaws had been sent out in advance and there were no recommended changes other than the changes made to align them with standard bylaw requirements and legislation. New membership categories cannot be added at this time. This would require a change to the Administrative Code.

Mr. Allison inquired about the presiding Chair and Vice Chair and the limitations to two one-year terms. He asked if these are requirements or if there is flexibility in the terms. Kim Oltrogge, HHSC Legal, stated that this is an Advisory Committee Coordination Office (ACCO) preference. There may be room to tweak the limits, within reason. Mr. Allison stated he would like to see three one-year terms. Staff stated that there is not a legal problem with doing that and they can refer the matter to the ACCO.

MOTION (summarized): Approve the bylaws pending the recommendations made by Mr. Allison and approval by the ACCO (*The Chair and Vice Chair will each serve no more than **two three** one-year terms **in each position**. These leadership terms may be served consecutively or staggered. If the Chair or Vice-Chair is unable to complete his or her term for any reason, the Committee will elect a new Chair or Vice-Chair. **Committee members may serve in a leadership position (either Chair or Vice Chair) for only two officer terms during their membership term.***) - prevailed.

5. Ideas for adding new JCAFS members. There were changes in the membership with the sunset of the forensic workgroup. There is the ability to add new voting members by going through the rulemaking process. The rules can take almost a year to be approved.

Suggestions included:

- We have lost our consumer voice and we should add that.
- There are a couple of options: Disability Rights Texas; four positions from the Behavioral Health Advisory Committee which are presently vacant.
- The new member should be from a consumer group that may not be attached to different advisory groups
- There is a new member presently who represents Austin Area Consumers.

- We would have to wait for BHAC to fill those vacant positions.
- Can we get a status of vacant positions for the next meeting?
- A criminal prosecutor should be included in the membership (the former member was rotated off and is now a subject matter expert to the committee).
- Civil lawyers and criminal defense lawyers should also be included.
- Disability Rights Texas should be a member to ensure there is not a negative impact on clinical care.
- Can we find out why it is taking so long to fill vacancies?

6. Community services provided through Texas Government Code §§531.0991, 531.0993, and 531.09935. Trina Ita, Associate Commissioner Behavioral Health Services made the presentation.

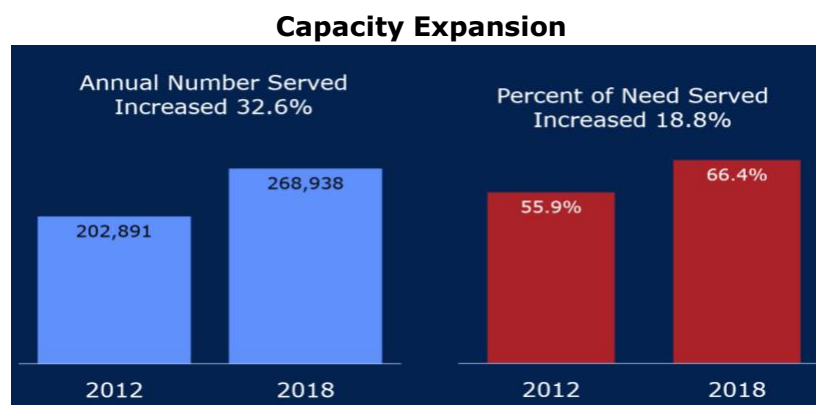
In fiscal year 2019, among adults in Texas who received community-based mental health services:

- 99 percent avoided hospitalization;
- 60 percent showed acceptable or improved employment; and,
- 86 percent showed acceptable or improved living situations.

In fiscal year 2019, among children and adolescents in Texas who received community-based mental health services:

- 70 percent showed acceptable or improved school performance; and
- 81 percent showed acceptable or improved family living situations.

New Funding for Outpatient Mental Health Services totaled \$29.5 million per year serving 6,090 individuals.



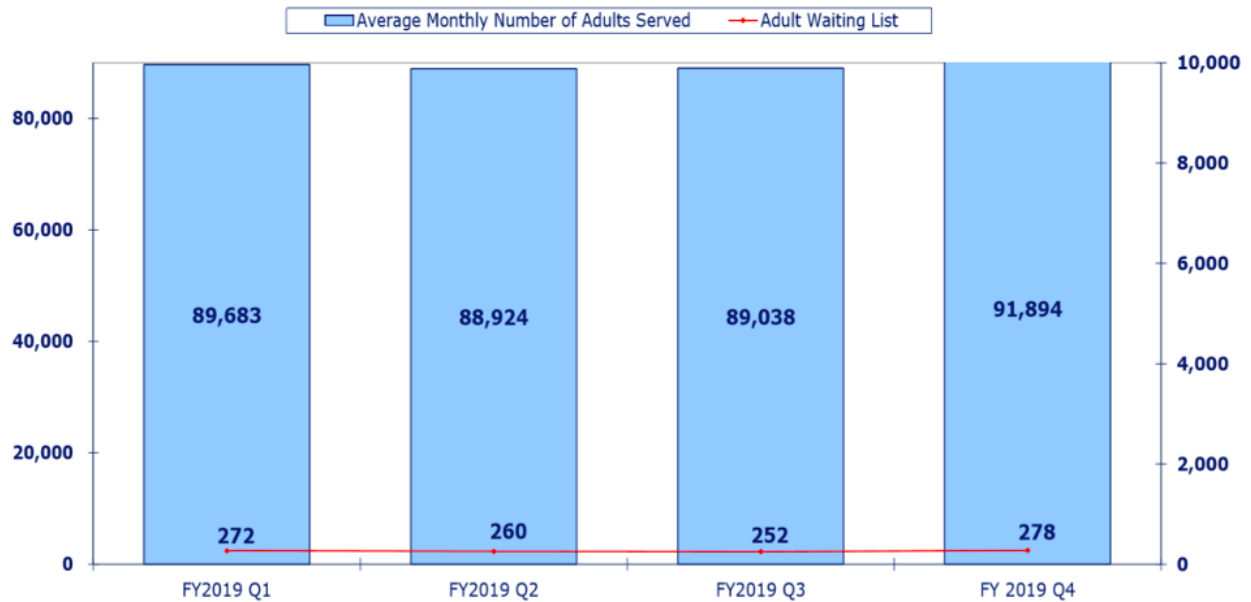
Adult Mental Health Waiting List Key Points

- The adult community mental health waiting list reached a high of 7,235 in fiscal year 2011.
- As of August 2019, the total waiting list was 278 adults.
- Only 8 percent of centers had waiting lists as of August 2019.

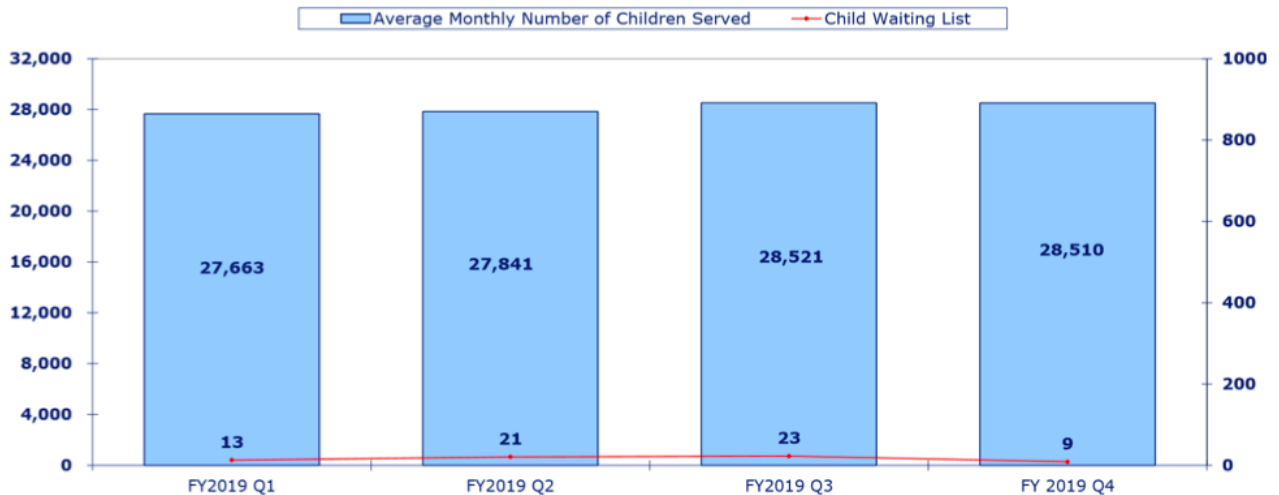
Children's Mental Health Waiting List Key Points

- In fiscal year 2010, the children's mental health waiting list reached a high of 527 children.
- As of August 2019, the total waiting list was nine children.
- Two LMHAs have a waiting list as of August 2019.

Adult Mental Health Waiting List Trend – FY19



Child and Adolescent Mental Health Waiting List Trend – FY19



Transitions from State Hospitals to HCBS-AMH

Continuity of Care with the State Hospital— Home and Community-Based Services-Adult Mental Health (HCBS-AMH)

- Supports the recovery of adults with serious mental illnesses through the provision of home and community-based services.
- Offers services to individuals in the state hospital for up to six months prior to discharge.
- Services continue with same providers once individuals discharge into the community.

Successful transitions from the state hospital into the HCBS-AMH program:

- 110 total participants (Since FY17)
- 74 successfully discharged and living in community.
- 18 expected to discharge successfully into community.
- 18 not ready to discharge or disenrolled from HCBSAMH.

Inpatient Psychiatric Beds— HHSC contracts with local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) to provide inpatient mental health services in an inpatient psychiatric hospital. The program serves adults, children, and adolescents in need of inpatient hospitalization. In fiscal year 2019, HHSC funded \$93,028,835 to 30 LMHAs/LBHAs.

- 464.6 average beds per day.
- 43 of these beds are forensic beds for inpatient competency restoration.
- In fiscal year 2019, the number of individuals served in a mental health community hospital was 14,186, which is 32.6 percent higher than projected.

The 86th Legislature provided new funding for Inpatient Psychiatric Bed Expansion that provided 53.1 additional beds with \$25.6 million. This made the total new capacity 517.7 average beds per day.

Coordinated Specialty Care for First Episode Psychosis—uses a team-based, person-centered, recovery-oriented treatment approach. Features include:

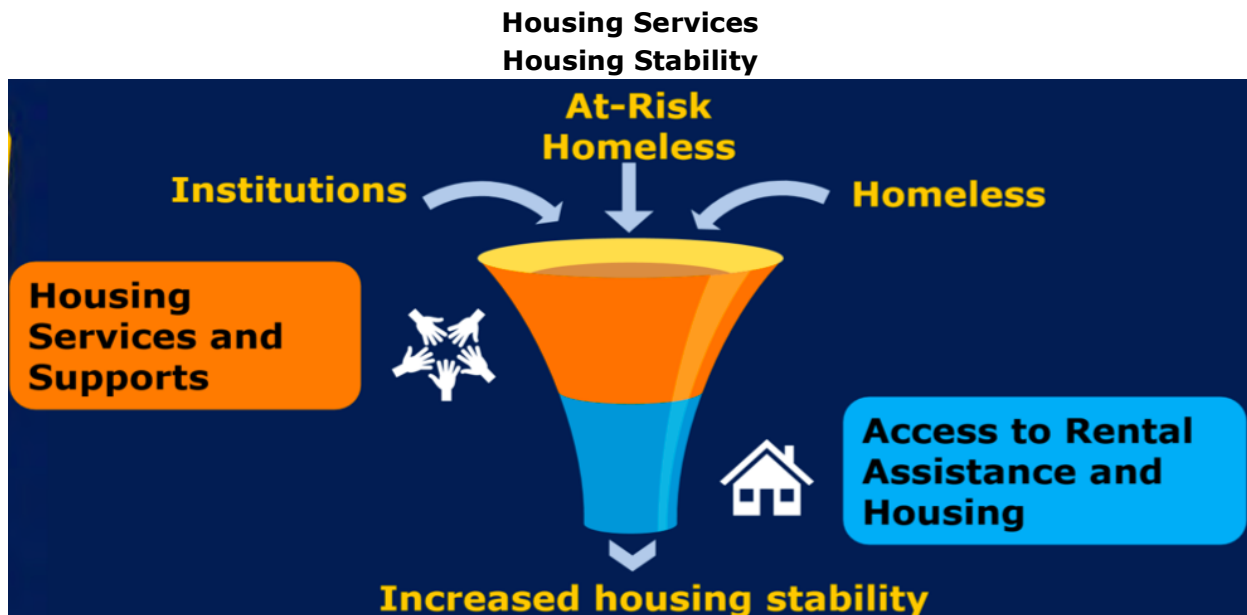
- Shared decision-making to address individual needs.
- Time-limited: up to 3 years.
- For ages 15-30 with a diagnosis given within the past two years that contains a component of psychosis.

Coordinated Specialty Care Expansion Over Time



Enrollment in the CSC program in FY19 is associated with:

- Fewer crisis service contacts—67% reduction.
- Fewer inpatient psychiatric service needs—96% reduction.
- Increased engagement in supported employment—57% increase.



Access to Housing Programs Funded by HHSC



Questions:

Q: 99% avoiding hospitalization seems high. Where was that data gleaned from? **A:** I do not have the methodology, but it was probably cross-referenced with other databases. HHSC stated they will get that information.

Q: It would be helpful to see the different grant funds that went out and who they are serving.

Q: Has the agency anticipated population increases and the impact on the waiting list and LAR development? **A:** They are doing that. There are about 310 adults waiting right now. The LAR will be developed addressing this issue.

7. [Texas Government Code §§531.0991, 531.0993, and 531.09935 report cards](#)

State-Funded Behavioral Health Matching Grants

HEALTHY COMMUNITY COLLABORATIVES. Build communities that support the ongoing recovery and housing stability of persons who are homeless and have unmet behavioral health needs.

TEXAS VETERANS + FAMILY ALLIANCE. Support community-based, sustainable, research-informed, and accessible behavioral health services to Texas veterans and their families to augment the work of the Veterans' Administration.

MENTAL HEALTH GRANT PROGRAM FOR JUSTICEINVOLVED INDIVIDUALS. Address unmet physical and behavioral health needs to those in crisis to prevent initial or subsequent justice involvement and promote recovery.

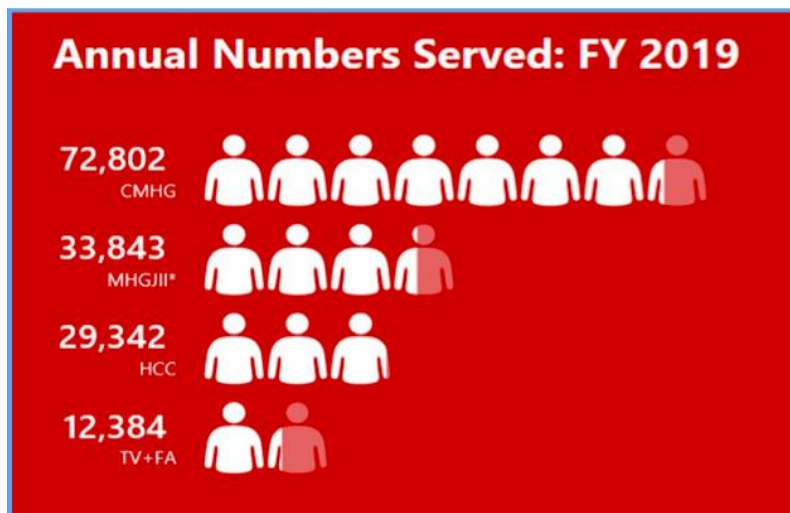
COMMUNITY MENTAL HEALTH GRANT PROGRAM. Support comprehensive, data-driven mental health systems that promote both wellness and recovery

Appropriations

Grant Program	FY 18-19 Appropriation	Number of Grants	FY 20-21 Appropriation
Community Mental Health Grant	\$30 million	56	\$40 million
Mental Health Grant for Justice-Involved Individuals	\$37.5 million	24	\$50 million
Texas Veterans + Family Alliance	\$20 million	20	\$20 million
Healthy Community Collaborative	\$25 million	5	\$25 million

All the programs listed, other than the health community collaborative, have a local matching amount requirement.

FY 2019 Numbers Served



*As data is still being submitted by MHGJII grantees, this is a conservative estimate based on the highest reported unduplicated monthly number. Data above has not been audited by HHSC and represents what was reported by grantees throughout the grant period.

It is important to measure impact. Questions asked include— What impact are our grant programs having in the community? Why is this an important investment for the Legislature to continue to make? How is quality of life improved for participants? How are client

functioning and autonomy increased after program participation? To what extent are our mental health programs preventing adverse events from occurring? What is the return on investment for our mental health grant programs?

There were over 800 measures across all four grant programs.

Report card measures the impact on the communities. There are highlighted outcomes for grants under each program. There are individual grants under programs with 26 outcome areas, service area, project description, outcomes, corresponding outcome areas. The report cards presented at this presentation were for the Community Mental Health Grants and the Justice Involved Individuals grants.

House Bill 13, 85th Legislature, 2017 created the Community Mental Health Grant Program to support programs providing services and treatment to people with mental illness. Populations served include people with mental illness and unmet behavioral health needs.

Grant Program Overview

The program is designed to support community collaboration, reduce duplication of mental health services and strengthen continuity of care for people receiving services through a diverse local provider network. The purpose of the grant program is to:

- Support community programs providing mental health services and treatment to people with mental illness
- Coordinate mental health services with other transition support services for people with mental illness.
- The grant will fund community programs to expand treatment, promote recovery and improve quality of life for people with mental illness.
- [Read the CMHG Statement of Work \(PDF\)](#).

Matching Requirements

Awards to community mental health grants depend on matching funds, which can include cash or in-kind contributions from any person but must not include money from state or federal funds. The match must equal:

- 50 percent of the grant amount if the community mental health program is in a county with a population of less than 250,000.
- 100 percent of the grant amount if the community mental health program is in a county with a population of 250,000 or more.

The percentage of the grant amount needed for the largest county included in the community mental health program, if the program is in more than one county.

The measures for justice involved individuals grant include:

Jail Diversion	Continuity of Care
Recidivism	Client Improvement
Hospital Diversion	Number Trained
Numbers Served	Housing
Service Encounters	Retention
Screenings and Assessments	Bed Use
ER Diversion	

The Mental Health Grant Program for Justice-Involved Individuals, as directed by Section 1 of Senate Bill 292, 85th Texas Legislature, 2017, funds matching grants for county-based community collaboratives to reduce:

- Recidivism by decreasing the frequency of arrest and incarceration among people with mental illness.
- The total wait time for people with mental illness placed on forensic commitment to a state hospital.

Section 2 of Senate Bill 292, 85th Legislature, 2017 authorizes the continuation of the Harris County Jail Diversion program. The program provides a continuum of services and supports to reduce involvement in the criminal justice system and unnecessary admissions for emergency room services, while increasing enrollment in long-term mental health services.

Mental Health Grant Program for Justice Involved Individuals

FY19 Program Report Card

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Bluebonnet Trails Community Services	Bastrop, Burnet, Fayette, Guadalupe	Interdisciplinary Rapid Response Team Mental Health Deputy Program	<ul style="list-style-type: none"> 96% of individuals served through FACT program were not rearrested during reporting period (tracked one year post enrollment). Coordinated 40 post-booking jail diversions through FACT program. Served 1,122 through the Mental Health Deputy Program. Coordinated over 130 pre-booking jail diversions through Mental Health Deputy Program. 	<ul style="list-style-type: none"> Recidivism Jail Diversion Numbers Served
Center for Health Care Services	Bexar	Crisis Stabilization Unit ACT/FACT teams Central Magistrate Clinicians TAVConnect Record System	<ul style="list-style-type: none"> Bed utilization rate averaged 96% for the year. 97% of individuals served through FACT/ACT program were not rearrested during the reporting period. Assessed close to 4,700 individuals through the Central Magistrate Clinicians Program. 	<ul style="list-style-type: none"> Bed Use Recidivism Screenings / Assessments
Center for Life Resources	Brown, Coleman, Eastland, Mills	Interdisciplinary Rapid Response Team/Inpatient psychiatric beds	<ul style="list-style-type: none"> 20 Emergency Room diversions. 75 individuals referred to intake or benefits. 	<ul style="list-style-type: none"> ER Diversion Continuity of Care
Central Counties	Bell	Jail diversion including SUD outpatient and mental health services	<ul style="list-style-type: none"> On average, 92% of monthly individuals served were not arrested during the reporting period. On average, served 33 people per month. 	<ul style="list-style-type: none"> Jail Diversion Numbers Served
Coastal Plains Community MHMR Center	Jim Wells, San Patricio	Jail diversion including medication, skills training, and SUD outpatient	<ul style="list-style-type: none"> Served 273 individuals in the fiscal year. 	<ul style="list-style-type: none"> Numbers Served
Denton County MHMR Center	Denton	Crisis residential beds	<ul style="list-style-type: none"> Reduced percent of individuals jailed by approximately 90% pre versus post program involvement (from an average of 39% to 4%). An average of 94% of monthly individuals served improved by an average of 43% on the Assessment of Quality of Life Scale. 	<ul style="list-style-type: none"> Jail Diversion Client Improvement

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Emergence Health Network	El Paso	Interdisciplinary Raid Response Team	<ul style="list-style-type: none"> 85 officers trained with improved attitude and confidence in working with individuals with mental illness. Over 2,300 Crisis Intervention Team encounters. 	<ul style="list-style-type: none"> Number Trained Service Encounters
Heart of Texas Regional MHMR	Bosque, Hill, Falls, Freestone, Limestone	Continuity of care exiting jail using telehealth and Critical Time Inter Model	<ul style="list-style-type: none"> 122 individuals were served. 97% of program participants were not rearrested while participating in the program. 	<ul style="list-style-type: none"> Numbers Served Recidivism
Helen Farabee Regional MHMR Center	Wichita, Wise	Inpatient SUD beds, Inpatient Psychiatric beds, crisis stabilization beds	<ul style="list-style-type: none"> 50 individuals have been served. Bed utilization rate (once serving) generally ranged from 65-100%. 	<ul style="list-style-type: none"> Numbers Served Bed Use
Integral Care	Travis	FACT Team with Permanent Supportive Housing	<ul style="list-style-type: none"> 128 individuals served. On average FACT team clients are housed within 126 of program enrollment. 	<ul style="list-style-type: none"> Numbers Served Housing
LifePath Systems	Collin	Crisis transportation program, Field Based Team, Inpatient psychiatric beds	<ul style="list-style-type: none"> On average, 87% of discharged individuals were not readmitted to inpatient psychiatric care within the month. On average, 80% of monthly participants served through inpatient care were not incarcerated. On average, 91% of individuals served monthly through the field based team were not incarcerated. 	<ul style="list-style-type: none"> Recidivism Jail Diversion
MHMR Authority of Brazos Valley	Burleson, Grimes, Leon, Madison, Robertson, Washington	Inpatient psychiatric beds	<ul style="list-style-type: none"> Provided services to 116 individuals in FY 19. 	<ul style="list-style-type: none"> Numbers Served
My Health My Resources Tarrant County	Tarrant	Mental Health Law Liaison Program, JBCR, FACT Team, Enhanced Mental Health Services Docket Program	<ul style="list-style-type: none"> An average of 85% of monthly individuals served since January were screened using the Static Risk Assessment through the Enhanced Mental Health Services Docket. 80% of individuals released monthly, prescribed medications while in jail, were provided 30-days of medication upon release. Over 180 individuals adjudicated incompetent to stand trial were provided jail-based competency restoration services during fiscal year. Over 3,100 health and wellness checks were completed by the Mental Health Law Liaison Program during the fiscal year. 	<ul style="list-style-type: none"> Screenings / Assessments Continuity of Care Numbers Served Service Encounters

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
North Texas Behavioral Health Authority	Dallas	Facility-Based Crisis Respite Program, Competency Restoration Continuum, FACT/ACT Teams	<ul style="list-style-type: none"> Increased success rate of individuals (restored to competency, charges dismissed, or transferred to OCR) from 7% in January to 34% in August. Achieved a 50% increase in retention of individuals receiving a minimum of 12-months of FACT/ACT service between January and August. 	<ul style="list-style-type: none"> Client Improvement Retention
Permian Basin Community Center	Ector, Midland	Jail-Based Competency Restoration (JBCR) Program and continuity of care	<ul style="list-style-type: none"> An average of 50% of jail-based program participants in Ector received LMHA services within 14 days post release. Increased percent of individuals referred for jail-based competency restoration who were returned to competency within 120 days from 20% in April to approximately 60% in August. 	<ul style="list-style-type: none"> Continuity of Care Client Improvement
Spindletop Center	Jefferson	Jefferson County Court Liaison Program, Interdisciplinary Rapid Response Team	<ul style="list-style-type: none"> Over 350 law enforcement officers and judiciary were certified in Mental Health First Aid and 48 in Youth Mental Health First Aid. On average, 86% of monthly individuals served avoided incarceration or psychiatric hospitalization. 	<ul style="list-style-type: none"> Number Trained Jail Diversion Hospital Diversion
Spindletop Center	Chambers	Interdisciplinary Rapid Response Team	<ul style="list-style-type: none"> On average, 97% of those served did not experience a 2nd arrest within 30 days of the first officer contact. On average, 87% of monthly participants experiencing a mental health crisis avoided hospital Emergency Department use. 	<ul style="list-style-type: none"> Recidivism ER Diversion
StarCare Specialty Health System	Lubbock	Jail-Based Competency Restoration (JBCR) for mental health/SUD	<ul style="list-style-type: none"> Served an average of 23% of individuals ordered for competency restoration, deemed ineligible for outpatient competency restoration. 	<ul style="list-style-type: none"> Numbers Served
Texana Center	Fort Bend	Jail diversion using GAINS Sequential Intercept Model (4-Reentry)	<ul style="list-style-type: none"> On average, 97% of monthly participants were not rearrested during the reporting period. On average, 83% of monthly participants were able to secure housing using their own means. 	<ul style="list-style-type: none"> Recidivism Housing
Texas Panhandle	Potter, Randall	Substance Use Disorder Treatment, Re-Entry Team	<ul style="list-style-type: none"> 55 early screening and assessments were completed by jail officers with initiation of evidenced based COPSD services. 	<ul style="list-style-type: none"> Screenings / Assessments
Texoma Community Center	Cooke, Fannin, Grayson	Interdisciplinary Rapid Response Team	<ul style="list-style-type: none"> Served an average of 20 clients per month. 	<ul style="list-style-type: none"> Numbers Served

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
The Gulf Coast Center	Galveston	ACT Team	<ul style="list-style-type: none"> On average, 6 individuals were served per month. 	<ul style="list-style-type: none"> Numbers Served
Tri-County Behavioral Healthcare	Montgomery	Crisis expansion for jail diversion	<ul style="list-style-type: none"> Diverted an average of 43% participants in crisis from Emergency Department. Served 179 individuals during FY 19. 	<ul style="list-style-type: none"> ER Diversion Numbers Served
Tropical Texas Behavioral Health	Hidalgo, Cameron, Willacy	Interdisciplinary Rapid Response Team adding mental health officers, mobile crisis outreach	<ul style="list-style-type: none"> On average, less than 1% of Mental Health Officer Team encounters resulted in arrest. Served over 3,100 individuals in FY 19. 	<ul style="list-style-type: none"> Jail Diversion Numbers Served

NOTES:

- Unless otherwise specified, data collection and analysis was conducted on a monthly cycle.
- Data provided has not been audited by HHSC and represents what was reported by grantees in monthly reports.
- Outcomes that include an average represent the average for each monthly outcome reported.
- Grantees currently utilize their own methodology so similar measures across agencies cannot be compared.
- Outcomes are currently calculated on a monthly basis so all findings reported are within a 30-day reporting period.
- Recidivism refers to preventing reentry to both justice and hospital systems.



Community Mental Health Grant Program

FY19 Program Report Card

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Amistad Community Health Center	Nueces	Outpatient mental health	<ul style="list-style-type: none"> On average, approximately 20% of monthly individuals served with Major Depression demonstrated remission between June and August (PHQ-9). On average, fewer than 1% of monthly participants had emergency room visits in the year. Served an average of 137 individuals per month. 	<ul style="list-style-type: none"> Client Improvement ER Diversion Numbers Served
Andrews Center Behavioral Healthcare System	Smith, Henderson, VanZandt, Wood, Raines	Crisis services through telepsychiatry	<ul style="list-style-type: none"> On average, 94% of monthly individuals served that were in crisis were not hospitalized in a state hospital system psychiatric bed within 30 days of intervention. On average, 91% of monthly individuals served that were in crisis did not present to Emergency Department for psychiatric needs within 30 days of intervention. Served an average of 26 individuals per month since January. 	<ul style="list-style-type: none"> Hospital Diversion ER Diversion Numbers Served
Baptist Hospital of Southeast Texas	Jefferson	Children's inpatient services with transition planning / outpatient services upon discharge	<ul style="list-style-type: none"> On average, 77% of monthly participants showed improved life functioning in FY 19 (CANS). Served an average of 10 people per month in inpatient, and 2 per month in outpatient transition services between November and August. 	<ul style="list-style-type: none"> Client Improvement Numbers Served
Betty Hardwick Center	Taylor, Jones, Callahan, Shackelford, Stephens	Continuity of care upon release from criminal justice system and adult outpatient MH service	<ul style="list-style-type: none"> On average, 91% of monthly clients enrolled showed improved scores on the ANSA Life Domain Functioning and Strengths domain. On average, 84% of monthly individuals served showed progress towards recovery plan between October 2018 and August 2019. Over 860 referrals were made to community providers in the year. 	<ul style="list-style-type: none"> Client Improvement Continuity of Care

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Bluebonnet Trails Community Services	Williamson, Gonzales, Guadalupe, Lee, Fayette, Burnet	Crisis continuum of care including respite, residential, observation, stabilization, and inpatient hospitalization	<ul style="list-style-type: none"> On average, 91% of monthly admissions to the Extended Observation Unit between October 2018 and August 2019 diverted individuals from the emergency room, state hospital, or jail. An average of 83% of monthly admissions to the EOU reduced the length of stay in an emergency room, state hospital, or jail. As of August, 97% of monthly participants served had not returned to the EOU within the fiscal year. Served an average of 18 people per month in the EOU. 100% of admissions to the Residential & Ambulatory Detoxification between February 2019 and August 2019 were as a result of diversion from an Emergency Room or State-funded detoxification program. 	<ul style="list-style-type: none"> Jail Diversion Hospital Diversion ER Diversion
Border Region Behavioral Health Center	Zapata, Jim Hogg, Starr	Expand traveling healthcare team and provide transportation to increase access	<ul style="list-style-type: none"> Close to 840 referrals were provided during FY 19. Provided close to 1,800 transports during FY 19. Conducted over 960 mental and physical assessments to low income participants. On average, nearly 40% of monthly participants showed improved CANS and ANSA scores during the reporting period. 	<ul style="list-style-type: none"> Continuity of Care Screenings / Assessments Client Improvement
Boys and Girls Club of Pharr	Hidalgo, Cameron	Prevention and early intervention for school-aged children	<ul style="list-style-type: none"> Over 4,100 individuals attended presentations during FY 19. 80 individuals received information and referral during FY 19. On average, 86% of monthly participants reported increased knowledge. 	<ul style="list-style-type: none"> Number Trained Numbers Served Client Improvement
Burke Center	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler	Care coordination home health model and transportation services	<ul style="list-style-type: none"> On average, 92% of monthly participants received a Body Mass Index (BMI) screening and received follow-up plan if out of range. On average, 82% of monthly participants received tobacco use screening at least once and were offered tobacco cessation information if a tobacco user. On average, 48% of monthly participants were screened for unhealthy alcohol use and referred for service if needed. 	<ul style="list-style-type: none"> Screenings / Assessments Continuity of Care

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Camino Real Community Services	Atascosa, Dimmit, Frio, Karnes, LaSalle, Maverick, McMullen, Wilson, Zavala	Mental health services to individuals with IDD and integrated healthcare	<ul style="list-style-type: none"> Served 195 unduplicated individuals in FY 19 through integrated healthcare. On average, 54% of monthly individuals who were seeking mental health assistance through integrated healthcare program received counseling services. Conducted nearly 30 community engagement activities in FY 19. Served an average of 19 individuals per month in Mental Health Outpatient program for individuals with IDD. 	<ul style="list-style-type: none"> Numbers Served Community Engagement
Center for Health Care Services	Bexar	Outpatient services for individuals discharging from inpatient care	<ul style="list-style-type: none"> On average, 91% of monthly individuals served experienced a reduction in re-hospitalization or recidivism during the reporting period. Provided close to 3,100 service encounters. On average, provided 90 individuals per month with transition services from acute care post discharge to recovery services. 	<ul style="list-style-type: none"> Recidivism Service Encounters Continuity of Care
Center for Life Resources	Brown	Mental Health Deputy Program	<ul style="list-style-type: none"> Provided over 540 service encounters during FY 19. On average, served 35 individuals per month. Embedded two Brown County Sheriff Department mental health deputies in Mobile Crisis Outreach Team. 	<ul style="list-style-type: none"> Service Encounters Numbers Served
Children's Medical Center Dallas	Dallas	Evidence-based suicide prevention treatment	<ul style="list-style-type: none"> Served an average of 74 individuals per month between January and August 2019. 	<ul style="list-style-type: none"> Numbers Served
Collin County, Texas	Collin	Continuity of care for jail release	<ul style="list-style-type: none"> On average, about 24% of monthly individuals served between January and July completed at least two goals of their release plan within 30 days of being released. An average of 25 individuals were served per month between January and July. 	<ul style="list-style-type: none"> Client Improvement Numbers Served
Communities In Schools - Houston	Harris	School-based mental health	<ul style="list-style-type: none"> 98% of students who received intervention showed improvement as of August 2019. An average of 92% of monthly individuals reporting a crisis received intervention. An average of 1,180 individuals were served per month. 	<ul style="list-style-type: none"> Client Improvement Numbers Served

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Communities In Schools - North Texas	Denton	Expand Communities in School model	<ul style="list-style-type: none"> • 97% of students served were promoted to the next grade. • 98% of individuals and/or family members expressed satisfaction with service access and ability to address needs. • 82% of students showed improved mental and/or behavioral health in FY 19. • 94% of participants showed improved school performance during FY 19. 	<ul style="list-style-type: none"> • Client Improvement
CommUnity Care	Travis	Evidence-based behavioral health assessments and therapy	<ul style="list-style-type: none"> • On average, served 186 individuals per month. 	<ul style="list-style-type: none"> • Numbers Served
Community Healthcore	Bowie, Cass	Critical Time Intervention Team	<ul style="list-style-type: none"> • An average of 93% of monthly individuals served showed a decrease in interactions with First Responders. • Served an average of 12 individuals per month. • Provided over 200 face-to-face service encounters. 	<ul style="list-style-type: none"> • Prevent First Responder • Numbers Served • Service Encounters
Community Hope Projects, Inc.	Hidalgo, Cameron, Willacy	Peer service for overall health and wellness	<ul style="list-style-type: none"> • On average, 40% of monthly individuals served showed improved quality of life. • Served an average of 120 individuals per month. 	<ul style="list-style-type: none"> • Client Improvement • Numbers Served
Covenant Health System Foundation	Lubbock	Inpatient and Outpatient SUD services	<ul style="list-style-type: none"> • Data not currently available due to compliance/technical assistance processes underway. 	<ul style="list-style-type: none"> • NA
Dallas-Fort Worth Hospital Council Foundation	Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Wise	Mental Health First Aid Training	<ul style="list-style-type: none"> • Trained 500 medical professionals with approximately 100% completion. 	<ul style="list-style-type: none"> • Number Trained

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Depelchin Children Center	Harris, Travis	FIRST program expansion providing mental health treatment to children and school based mental health	<ul style="list-style-type: none"> 100% of youth served through FIRST showed a reduction in problem behaviors. On average, 60% of monthly individuals served through FIRST (Tier II) showed improvement on the Child and Adolescent Needs and Strengths (CANS). On average, close to 700 youth were served per month in the FIRST program and 180 through the school based mental health. 93% of adults receiving Caregiver training in Quarter 4 reported an improved ability to respond to trauma. 71% of youth in the last quarter receiving the group curriculum had improved resiliency. 	<ul style="list-style-type: none"> Client Improvement Numbers Served
Ecumenical Center	Bee, Bexar, Aransas, Atascosa, Bandera, Blanco, Brooks, Cameron, Comal, Duval, Edwards, Frio, Gillespie, Hidalgo, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kleberg, Kimble, Live Oak, Llano, Mason, Medina, Nueces, Real, San, Patricio, Starr, Uvalde, Val Verde, Wilson, Willacy, Webb, Zapata	Integrated Behavioral Health model, telecounseling, outpatient mental health	<ul style="list-style-type: none"> On average, served 430 individuals per month through outpatient mental health services. In March 2019, close to 70% of monthly individuals served showed improved CANS/ANSA scores. 	<ul style="list-style-type: none"> Client Improvement Numbers Served

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Family Support Services of Amarillo	Potter, Randall	Comprehensive behavioral health for veterans and families	<ul style="list-style-type: none"> As of August, 100% of participants who were served and seeking housing found housing within one year. An average of 40% of monthly participants diagnosed with PTSD showed improvement in functional health and well-being between June and August. As of August, 50% of monthly clients served between April and August who were unemployed and seeking employment, found employment within one year. 	<ul style="list-style-type: none"> Housing Client Improvement Numbers Served
Foundations Communities	Travis	Permanent supportive housing stability team	<ul style="list-style-type: none"> On average, 300 case management encounters for supportive housing were provided per month. In August, 100% of monthly participants served showed improve Strengths scores at reassessment. 100% of participants were stably housed for 12 months or duration of grant period. An average of 41 individuals were served per month. 	<ul style="list-style-type: none"> Housing Client Improvement Numbers Served
Gregg County, Texas	Gregg County	Continuity of care for jail release	<ul style="list-style-type: none"> Served an average of 18 individuals per month. 	<ul style="list-style-type: none"> Numbers Served
Gulf Bend Center	Goliad, Refugio, Jackson, Calhoun, Lavaca, Dewitt, Victoria	Community Response Team including case managers, MH law enforcement and judicial	<ul style="list-style-type: none"> An average of 74% of monthly individuals served did not present to ED for psychiatric needs within 30 days of CRT services. An average of 90% of monthly individuals served did not get admitted to an inpatient level of care within 30 days of CRT services. On average, 56% of monthly individuals served by the Community Response Team were linked to treatment. 	<ul style="list-style-type: none"> ER Diversion Hospital Diversion Continuity of Care
Harris Center	Harris	Crisis call diversion program	<ul style="list-style-type: none"> Prevented 2,450 First Responder deployments during FY 19. On average, served 380 individuals per month. 	<ul style="list-style-type: none"> Prevent First Responder Numbers Served
Harris County, Texas	Harris	Pre-jail diversion- Harris County Assessment and Respite Triage	<ul style="list-style-type: none"> An average of 147 individuals voluntarily admitted to Diversion Center monthly for treatment. On average, 145 individuals were assessed per month. 	<ul style="list-style-type: none"> Screenings / Assessments
Helen Farabee Regional MHMR Center	Young	Outpatient SUD services for adults	<ul style="list-style-type: none"> An average of 5 individuals per month received case management services. 	<ul style="list-style-type: none"> Numbers Served

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
Hill Country Center	Comal	Outpatient mental health, peer services, and school outreach	<ul style="list-style-type: none"> On average, 91% of monthly individuals served had documentation of a Body Mass Index with follow up. Served an average of 194 individuals per month. 	<ul style="list-style-type: none"> Continuity of Care Numbers Served
Hope Fort Bend Clubhouse	Fort Bend	Expand clubhouse services	<ul style="list-style-type: none"> On average, served 12 individuals per month. An average of 53% of monthly individuals served received an agricultural program encounter. 	<ul style="list-style-type: none"> Numbers Served
Integral Care	Travis	School-based mental health	<ul style="list-style-type: none"> Responded to over 5,100 hotline calls during FY 19. On average, 98% of monthly individuals served showed improvement in school behavior, school attendance or school domains on CANS after 90 days of service. 	<ul style="list-style-type: none"> Service Encounters Client Improvement
Joven	Bexar	School-based mental health	<ul style="list-style-type: none"> At the end of the service period, 60% of individuals receiving services had improved CANS Family Functioning domain. 90% of program participants reported satisfaction with services and that their needs were understood. 	<ul style="list-style-type: none"> Client Improvement
LifePath Systems	Collin	SUD treatment for adults including outpatient, detox, and Intensive Residential	<ul style="list-style-type: none"> On average, 87% of monthly individuals served between January and August demonstrated improvement in either Behavioral Health Needs, Life Domain Functioning, Risk, or Trauma during their first six months. An average of 39% of monthly individuals referred to SUD outpatient services completed the service between June and August 2019. 	<ul style="list-style-type: none"> Client Improvement Retention
MHMR Brazos Valley	Brazos	Healthcare Navigator	<ul style="list-style-type: none"> Made 189 referrals to Primary Care Physicians during FY 19. On average, served 23 individuals per month. 	<ul style="list-style-type: none"> Continuity of Care Numbers Served
MHMR Services for the Concho Valley	Tom Green, Crockett, Coke, Irion, Concho, Sterling, Regan	Mental Health Deputy Program and School seminars	<ul style="list-style-type: none"> 10 additional deputies provided services outside of Tom Green County in FY 2019. By August, all 7 counties had mental health deputies providing services. 10 deputies were trained in the Texas Commission on Law Enforcement Mental Health Certification course. On average, served 74 individuals per month. 	<ul style="list-style-type: none"> Number Trained Numbers Served

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
My Health My Resource Tarrant County	Tarrant	Community-based collaborative, transition planning, START program for individuals with IDD/autism	<ul style="list-style-type: none"> Conducted 10 community outreach events during FY 19. On average, 96% of monthly participants had a completed Provisional Crisis Plan. 	<ul style="list-style-type: none"> Community Engagement
National Alliance on Mental Illness	Taylor, Jones, Nueces, Smith, Bexar, El Paso, Denton, Tarrant, Bell, Travis	Peer support and NAMI Connection Recovery	<ul style="list-style-type: none"> Trained 580 individuals in their Peer Support and Connection Recovery program. On average, 85% of affiliates used data to improve and adjust Connection Recovery Support classes monthly. 	<ul style="list-style-type: none"> Number Trained
NEWCO	Cooke, Grayson, Fannin	Mental Health Deputy Program	<ul style="list-style-type: none"> Data not currently available due to compliance/technical assistance processes underway. 	<ul style="list-style-type: none"> NA
North Texas Behavioral Health Authority	Dallas, Hunt, Rockwall, Kaufman, Ellis, Navarro	Psychiatric living room	<ul style="list-style-type: none"> On average, 86% of monthly individuals served between May and August with a hospitalization or crisis during the previous 12 months, did not present to an emergency department or psychiatric facilities during the reporting period. Served an average of 10 people per month between May and August. 	<ul style="list-style-type: none"> ER Diversion Hospital Diversion Numbers Served
Pecan Valley Centers	Johnson, Parker, Hood, Erath, Palo Pinto, Somervell	COPSD Inpatient Beds	<ul style="list-style-type: none"> On average, 56% of monthly individuals discharged from Inpatient Substance Use Treatment received evidence-based practices as indicated by needs. 	<ul style="list-style-type: none"> Continuity of Care
Project Vida Health Center	El Paso	School-based mental health	<ul style="list-style-type: none"> 45% of individuals assessed in May showed increased academic performance. Nearly 60% of individuals showed an increase in overall well-being. Served an average of 32 individuals per month. 	<ul style="list-style-type: none"> Client Improvement Numbers Served
SaMMinistries	Bexar	Permanent supportive housing	<ul style="list-style-type: none"> 50% of monthly individuals served in August showed increased housing stability. 45% of monthly individuals served in August showed improved behavioral health. 	<ul style="list-style-type: none"> Housing Client Improvement
San Antonio Clubhouse	Bexar	Peer services	<ul style="list-style-type: none"> Served an average of 89 individuals per month for FY 19. Clubhouse members participated in a Clubhouse Work Ordered day an average of 69 times throughout FY 19. On average, 40% of monthly individuals served successfully integrated into the Clubhouse Work Ordered Day. 	<ul style="list-style-type: none"> Numbers Served Employment

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
StarCare Specialty Health System	Lubbock	Outpatient psychiatric care	<ul style="list-style-type: none"> Program participants were involved in over 550 service encounters. On average, provided 44 individuals in professional residency programs with practicum opportunities per month. 	<ul style="list-style-type: none"> Service Encounters Numbers Served
Texas Panhandle	Potter, Randall	Community collaborative, population health, community response teams	<ul style="list-style-type: none"> On average 93% of monthly individuals served had no further crisis calls within 60 days of the first Community Response Team (CRT) service. More than 210 unduplicated individuals received CRT services during FY 19. Over 710 individuals received a depression screening (PHQ-9) during FY 19. 	<ul style="list-style-type: none"> Client Improvement Screenings / Assessments Numbers Served
Texas Tech University Health Science Center	Moore, Hutchinson, Oldham, Potter, Carson, Deaf Smith, Randall, Armstrong, Swisher	Teleservice to provide mental health care for at-risk youth	<ul style="list-style-type: none"> Data not currently available due to compliance/technical assistance processes underway. 	<ul style="list-style-type: none"> NA
Texoma Center	Cooke, Fannin, Grayson	COPSD mobile crisis team, MD/IDD mobile crisis team, continuity of care for jail release, and outpatient SUD for adolescents	<ul style="list-style-type: none"> An average of 63% of monthly individuals who received crisis follow up by an LCDC between March and August showed improved ANSA scores 90 days post crisis episode. On average, 88% of monthly individuals served through the Adolescent Outpatient Program showed progress towards their treatment objectives. Provided nearly 400 service encounters in the Veterans Outpatient Program. Provided over 850 crisis service encounters for individuals with IDD. 	<ul style="list-style-type: none"> Client Improvement Service Encounters
The Women's Home	Harris	Create center for holistic healthcare, wellness, education and enrichment services	<ul style="list-style-type: none"> Served an average of 62 individuals per month. In August, 71% of participants who completed an intake, participated in a prevention or early intervention activity. 	<ul style="list-style-type: none"> Numbers Served
Tri-County Services	Montgomery	Outpatient SUD services for adolescents	<ul style="list-style-type: none"> An average of 61% of monthly individuals served between November and August received 3 engagement services and experienced a change in their Stage of Change or began SUD treatment. On average, served 44 individuals per month. 	<ul style="list-style-type: none"> Client Improvement Numbers Served

GRANTEE	AREA	PROJECT(S)	OUTCOMES	OUTCOMES AREAS
United Way Amarillo Canyon	Randall, Potter, Dallam	Behavioral health community collaborative	<ul style="list-style-type: none"> On average, 13 providers were engaged per month. On average, engaged with 8 unduplicated stakeholder groups each month. 	<ul style="list-style-type: none"> Community Engagement
United Way Denton County	Denton	Continuity of care for jail release	<ul style="list-style-type: none"> On average, 80% of monthly individuals served were not booked into jail after entering the program. On average, 143 individuals were served per month. 	<ul style="list-style-type: none"> Jail Diversion Numbers Served
UT Southwestern Medical Center	Dallas	Prevention and early intervention/behavioral health college students	<ul style="list-style-type: none"> Supported over 20,450 screenings during FY 19. 	<ul style="list-style-type: none"> Numbers Served Screenings / Assessments
West Texas A&M University	Randall	Therapist-assisted online intervention for college students	<ul style="list-style-type: none"> On average, over 100 individuals participated either online or in person per month. 	<ul style="list-style-type: none"> Numbers Served
West Texas Centers	Howard	Mental Health Deputy Program	<ul style="list-style-type: none"> 274 jail screenings completed at booking indicated mental health needs. Identified over 230 individuals through transition planning who potentially need mental health or substance use services. 	<ul style="list-style-type: none"> Screenings / Assessments

NOTES:

- Data presented represent a snapshot of grantee reported data.
- Unless otherwise specified, data collection and analysis was conducted on a monthly cycle.
- Data provided has not been audited by HHSC and represents what was self-reported by grantees each month.
- Outlier data was not included in monthly averages if it was during ramp-up or a result of data not being submitted for the month.
- Outcomes that include an average represent the average for each monthly outcome reported.
- Grantees currently utilize their own methodology so similar measures across agencies cannot be compared.

A video was presented that can be accessed [here](#).

There is a new project designed to address additional data questions called the Measure Up Project. The project will convene and facilitate cross-division workgroup to:

- Develop meaningful performance measures that provide a standardized way to communicate outcomes and impact of grants.
- Develop efficient/effective ways to collect, aggregate, and analyze reported data.
- Identify standardized messaging to provide to external stakeholders, specifically legislators.
- Recommend domains for outcome areas including:
 - Preventing adverse events;
 - Autonomy; and
 - Recovery and wellness.

Questions and Comments:

What about sustainability? The idea of building on these grants is to be sure that all the pieces are being attended to, like a like plan at the LMHA. Penalties for not having continuity of care would be important. We have heard about grants that are presented out of the state office. He referenced a project that appeared fragmented with different reference points. Does HHSC have a clear path forward to build on the grants to make them sustainable? The speaker stated that the grant program is a platform to test programs that could be rolled into longer term contracts. This would be something that HHSC has yet to address

When will the HB13 centers be notified? The speaker stated that it is an open procurement and she cannot comment on them. The contact person on the RFA should be the person to ask.

Community collaboratives are required to report. What are the details in that report? There are two different reports:

- Work of the collaborative and the benefits from it
- Regular quarterly performance reports

Most of the performance measures are being reported monthly on Excel spreadsheets. It is unduplicated on a monthly cycle so aggregate data is not immediately available. The committee asked for a copy of the reports.

8. Outpatient competency restoration rules. Please follow the link for a copy of the rules. This serves as notification of the rule proposal and development. The formal comment period will be posted after the August executive council meeting. There was a workgroup that developed the rules and incorporated best practices.

The Health and Human Services Commission (HHSC) developed the proposed rules in response to Senate Bill (S.B.) 1326, 85th Texas Legislature, Regular Session, 2017. S.B. 1326 amended the Code of Criminal Procedure (CCP), Chapter 46B1, relating to Incompetency to Stand Trial (IST), in that the legislation considers the expansion of OCR programs. The legislation adds "competency restoration" where outpatient treatment options are referenced. S.B. 1326 also directs that an individual charged with a Class B misdemeanor be served in an outpatient competency restoration (OCR) program contingent upon the availability of the service and the individual's level of risk to the community. The proposed rules establish standards governing the provision of OCR services.

Additionally, the proposed rules implement Texas Government Code §531.0055 and Texas Health and Safety Code §534.058. Texas Government Code §531.0055 states the Executive Commissioner of HHSC shall adopt rules for the operation and provision of services by the health and human services agencies. The Texas Health and Safety Code §534.058 directs the Executive Commissioner to develop standards of care for services provided by community centers and their subcontractors.

9. JCAFS coordination with Behavioral Health Advisory Committee Housing Subcommittee. The subcommittee of the BHAC has developed the following recommendation. For more detail and documentation, please follow the link above.

Policy Recommendation: As a pillar of behavioral health services, HHSC must develop and implement, in collaboration with the Texas Department of Housing and Community Affairs and other state agencies, a comprehensive Housing Choice plan to address the diverse and evolving needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities, collectively referred to as “persons with disabilities.”

HHSC has begun to implement the recommendation and develop a housing plan. The report will hopefully be out in May, with a survey going out to solicit housing ideas.

10. Subcommittee reports.

Access. Shelley Smith made the presentation. She stated they are looking at access to the existing hospital beds and they have concerns, like the inability for people to come from jails and move into the facilities. There were four recommendations from the subcommittee:

1. Continue and fully implement the “562 review process” which is designed to allow the state hospital team to determine whether an individual requires placement in a maximum-security bed or a non-maximum-security bed. The trial implementation of this process has also provided an opportunity to successfully divert individuals who did not need an inpatient level of care, thus avoiding unnecessary hospital stays. We recommend that the expanded use of this process be continued.
2. Implement throughout the state hospital system the new Competency to Stand Trial report template that was approved by the System Medical Executive Committee at their November 2019 meeting.
3. Establish and implement a mechanism to monitor the timeframes for each of the six steps of the competency restoration process for each of the hospitals providing competency restoration. a. Date of admission to referral for CST evaluation. b. Referral for CST evaluation to assignment to an evaluator. c. Assignment of an evaluator to completion of evaluation. d. Completion of evaluation to report completion. e. Report completion to submission to the court. f. Submission to the court to discharge of the patient.
4. Continue to study and identify those LMHA’s with Jail Outreach programs that are working and where pilot programs have been implemented. Identify best practices from those programs expand them to other areas of the state.

New beds. There was one meeting held and they will continue to push the exit of people from the county jails. The growth of individuals awaiting treatment in county jails is growing.

When a new law is passed related to jail standards, it puts the jails in a bind especially treating mental health problems. It only takes one issue in a county jail for the liability to skyrocket. It only takes one incident for a calamity to occur. Staffing in county government is also an issue due to a lack of resources. The county jails cannot be used as the mental health hospitals.

11. JCAFS data dashboard.

1	JCAFS Dashboard - FYTD20 - Through 12/31/2019					
2						
3	Supply	MSU	Non-MSU	Total		
4	Total physical beds ready for use	303	1,966	2,269		
5	Potential additional beds*	0	502	502		
6	Total physical beds that could be used	303	2,468	2,771		
7						
8	Total funded beds	303	1,966	2,269		
9	Beds offline	0	29	29		
10	Total beds available to be used	303	1,937	2,240		
11						
12	Percent total beds ready for use	1	78.5%	80.8%		
13						
14	Demand (Wait List)	MSU	Forensic	Civil		
15	Beginning value	481	424			
16	Number added	192	784			
17	Number removed	189	725			
18	Ending value	478	492			
19	Average length of time waiting	284	66			
20	Median length of time waiting	318	51			
21						
22	Utilization	MSU	NGRI	IST	CIVIL	TOTAL
23	ADC	270	266	872	707	2,115
24	Admitted	143	35	515	1,304	1,997
25	Discharged	141	21	502	1,364	2,028
26	ALOS@DC	289	861	206	74	130
27	MSU Occupancy - ready for use (target 95%)	89.1%				
28	MSU Occupancy - total potential beds	89.1%				
29	NON MSU Occupancy - ready for use (target 95%)	95.3%				
30	NON MSU Occupancy - total potential beds	74.8%				
31	Overall Occupancy - ready for use (target 95%)	94.4%				
32	Overall Occupancy - total potential beds	76.3%				
33	MSU/FORENSIC ADC	1,408				
34	CIVIL ADC	707				
35	MSU/FORENSIC % of ADC	66.6%				
36	CIVIL % of ADC	33.4%				
37						
38	Census (last day of month)	MSU	NGRI	IST	CIVIL	TOTAL
39	0-14	8	3	39	93	143
40	15-90	93	24	303	244	664
41	90-364	79	69	279	160	587
42	365+	80	177	263	181	701
43	Total	260	273	884	678	2,095
44						
45	<i>*The potentially available beds only applies to potential building capacity not any of the other variables needed to bring additional beds online, such as additional budget for renovations, furniture and additional staff.</i>					
46						
47	<i>Unable to determine at this time what number of beds potential available would be Maximum vs Regular Security</i>					

There is a lot going on with the wait list that is not clearly visible on the charts. They hit 1,000 for the first time ever. There were two records on the dashboard that sent them over 1,000. The number has been reduced to 920. On average, there were three people added per month.

Admissions to ISTs are rising. The number of patients in hospitals over 365 days have been going up, but more recently the trend is down with civil patients discharging from the facilities.

Questions/Comments

- This report should be part of the HBAR; The HBAR is being reviewed for its utility.
- On the three-page document, the LMHA has been listed as districts. It should be listed as LMHA.

12. New and ongoing state hospital issues. Staff made the following updates:

December 1, the adolescent unit was closed at SASH and it will become an adult unit for civil patients, freeing up 20 additional beds for forensic patients.

Their thinking has included looking at the ideas of the Access subcommittees. The new medical record will incorporate some of the data Access has requested. A, C, and E will be included.

Data requested: a. Date of admission to referral for CST evaluation. b. Referral for CST evaluation to assignment to an evaluator. c. Assignment of an evaluator to completion of evaluation. d. Completion of evaluation to report completion. e. Report completion to submission to the court. f. Submission to the court to discharge of the patient

Reallocation of resources will free up time to do more timely evaluations through telepsychology and other means

Regarding length of stay (LOS), there are some things happening:

- Coordination with SSLCs is allowing for movement of patients out of the hospitals to other options.
- Step-down pilot is being developed and is close, and will move people out of the hospitals.
- There has been work on reimplementing furloughs. There has been one successful furlough so far.

Q: How quickly can transport occur once a person is ready to return to the community? **A:** This data will be maintained so the length of time can be tracked. There is a need to coordinate and work through the local challenges.

Q: What is meant by furloughs? **A:** They are not designed for very short term and they are included in the treatment plan. Only a civil furlough has occurred so far, largely due to the need for court involvement.

Exceptional Items (EI) High Level. This is the very beginning of the EI process:

- Ensuring that we address ongoing inflationary costs

- Replacing and expanding inpatient psychiatric services (Austin and San Antonio projects)
- Looking at the investment in the team and reducing the cost of turnover
- Business efficiencies through technology
- Infrastructure maintenance (vehicles, laundry equipment, etc.)
- Improving access to behavioral health services (transportation, home modification on the SSLC campus, etc.)
- Ensure continuity of care system is in place
- Addressing emergency needs in a timely manner

13. JCAFS annual report. Report draft considered by the committee appears below. The draft presented was only three pages and has a summary and the recommendations previously provided.

This interim report will highlight the activities and recommendations from the Joint Committee on Access and Forensic Services (JCAFS) for the calendar year 2019.

The committee met 4 times in 2019 during the months of January, April, July and October. At its January meeting the committee reviewed and approved an overview of the 2019 plan for Utilization Review by the Access Subcommittee. In 2017 the committee examined overall utilization and in 2018 the focus was on readmissions.

For 2019 the committee voted to focus its attention on length of stay. Included in this report are a number of recommendations designed to help reduce length of stay specifically focused on forensic (incompetent to stand trial) patients. Forensic IST patients have an average length of stay that is significantly longer than civil patients (200 days vs 60 days) and create the most significant opportunity for length of stay reductions and efficiency gains.

The committee also maintained a focus this past year on the overall goal of reducing the number of individuals on the forensic wait list and also the length of time they spend on the wait list. To that end the committee reviewed and heard presentations from a number of different and innovative programs that have the potential to have a positive impact on the forensic wait list. We would like to make a recommendation that the Agency give serious consideration to expanding several of these programs.

Jail Diversion programs similar to the pilot program that was implemented in Harris County.
- This program has diverted over 2,000 individuals since its inception and has almost completely eliminated the misdemeanor wait list in Harris County with no adverse public safety or clinical outcomes.

Higher intensity (partial hospitalization based) outpatient restoration programs based on the pilot program being implemented by The Harris Center. These types of programs provide a

similar level and intensity of treatment to an inpatient based program at a fraction of the cost. They also bring the added advantage of being able to be planned and implemented in a much shorter timeframe and lend themselves to being able to be implemented even in rural LMHA districts.

Innovative Jail Outreach programs such as those implemented by the West Texas Centers. - Individuals who are started on medications as soon as possible after arrest, maintained on medication while they are in jail, re-evaluated prior to transfer to the State Hospital IST program (to make sure they are still incompetent) and provided post discharge support in jail after they are restored and returned, have significantly shorter lengths of stay and fewer readmissions. Also, individuals who are admitted from counties where a jail outreach program creates significant coordination and communication between the State Hospitals, the District Attorney's Office, the Jail and the LMHA (or treatment provider in the jail) tend to have significantly shorter lengths of stay in inpatient IST programs.

Despite all of our best efforts the forensic wait list has continued to increase as has the average length of time on the list. In December of 2018 there were 731 individuals on the wait list. By December 2019 that number had grown to 970. The growth of individuals waiting, primarily in county jails, on a forensic placement is not unique to Texas and is in fact a national trend.

Given the societal factors that are driving this significant increase in demand for forensic mental health services any successful effort to gain ground on this problem and to actually begin to reduce the demand for forensic services will have to be highly coordinated among the different agencies with "a stake in the game" and will have to address the problem at all levels. These will include diversion, early treatment, new outpatient and inpatient services, initiatives to improve the efficiency of current treatment programs and post restoration services to maintain competency until trial.

In order to accomplish the above the JCAFS would like to recommend that the Agency implement the following specific recommendations from our Access Subcommittee. (These recommendations are also being made available to the Agency in a more detailed format) 1. Continue and fully implement the "562 review process" which is designed to allow the state hospital team to determine whether an individual requires placement in a maximum-security bed or a non-maximum-security bed. The trial implementation of this process has also provided an opportunity to successfully divert individuals who did not need an inpatient level of care, thus avoiding unnecessary hospital stays. We recommend that the expanded use of this process be continued.

2. Implement throughout the state hospital system the new Competency to Stand Trial report template that was approved by the System Medical Executive Committee at their November 2019 meeting.

3. Establish and implement a mechanism to monitor the timeframes for each of the six steps of the competency restoration process for each of the hospitals providing competency restoration. a. Date of admission to referral for CST evaluation. b. Referral for CST evaluation to assignment to an evaluator. c. Assignment of an evaluator to completion of evaluation. d. Completion of evaluation to report completion. e. Report completion to submission to the court. f. Submission to the court to discharge of the patient.

4. Continue to study and identify those LMHA's with Jail Outreach programs that are working and where pilot programs have been implemented. Identify best practices from those programs expand them to other areas of the state.

Additionally, we would like to recommend that the Agency develop and implement the steps necessary to accomplish the following;

Request funding to renovate and operationalize the 240 beds that have been identified by the State Hospital Leadership team as currently unused and feasible to rehabilitate and utilize. In the alternative, if it determined that it is more cost effective to construct new beds, then request funding for an equal number of new beds.

Request funding to expand and implement jail diversion, outpatient and jail outreach programs and best practices across the state.

Fill the currently vacant Forensic Coordinator and State Hospital Forensic Medical Director positions and empower them to work collaboratively with each other as well as other stakeholders (Texas Judicial Commission, Texas Council on Community Centers, JCAFS, Texas Sheriffs Association and others) to implement a coordinated plan in each local mental health district.

Develop a specific, actionable plan, utilizing any or all of the above recommendations as well as any other ideas the agency may have to reduce the number of individuals and the time spent on the forensic wait list.

Questions/Comments

- **Mr. Allison** stated that the national data has not been reviewed by the committee. The sentence related to national data should be struck.
- National Association of state mental health directors have a document that confirms the national data statement.

MOTION: remove the reference to national data - prevailed.

- Some new beds cannot feasibly be brought online. Is there a better number than 240? Staff stated that there is a need at Big Spring and Terrel and structural changes

needed. The new number would be 182 adult beds (the other beds would be at Waco). They wanted to look at options (renovation vs new construction). Operational dollars would not be needed until the following biennium. The number that would be forensic or civil can change depending on demand.

- This is a request to the agency in a short timeline so they should keep the 240 but make it "up to 240 beds." Staff stated that the 240 number was never a real number.
- Staff stated that going into this next session will be for maintenance of existing beds and perhaps some new beds.
- Staff stated that it would be appropriate for this body to weigh in on this issue.
- This report started with the statement that there were 500+ beds empty and not being used.
- Staff stated that beds are currently being added to Rusk for maximum security and additional beds at Kerrville.
- Aligning recommendations with report for SB 633.
- Wordsmithing recommendations were made.
- Under recommendation one, there would be a need for statutory changes to divert patients (46b and 46c assessment process).

MOTION: *approve report with the following changes:*

- *Eliminate "societal"*
- *Operationalize up to 180 beds*
- *Aligning recommendations with SB633 report*
- *Prevailed.*

MOTION: *(Summary) approve the four recommendations presented from the Access Committee with an amendment indicating possible cost savings and include reference to possible legislative direction required - prevailed.*

14. Public comment.

Anna Grey, representing herself (and Prosumers as the Executive Director), stated that the composition of the committee should include people with lived experience. She stated that professional organizations and advocacy groups do not speak for them. Prosumers should be listed as an organization and be included in this group. The committee should consider recovery people (substance use disorders) as members on the committee.

Regarding HB 13 money, Prosumers is being part of the solution. She stated that treatment for psychosis should be trauma-informed.

Sonja Burns, sister of a brother in a state hospital. Ms. Burns is a frequent participant in the public comment session. She stated that TBI frequently gets ignored. She stated that



in a study, 50% of people who were homeless had TBI. She commented on the many areas she supports. She stated that the documentation that is reviewed has to be over a year.

15. Adjourn. There being no further business, the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
