



**Joint Committee on
Access and Forensic
Services (JCAFS):
2021 Annual Report**

January 2022

As the Covid-19 crisis has continued, the committee's work has remained mindful of the challenges presented by the pandemic. However, the forensic wait list has continued to increase as has the average length of time on the waitlist. In December 2020 there were approximately 1,450 people on the forensic wait list. By December 2021, that number had grown to over 1,900.

With the continued increased demand for forensic mental health services, efforts to address the demand must have continued coordination between state and local agencies and other external partners.

This interim report highlights the activities and recommendations from the Joint Committee on Access and Forensic Services (JCAFS) for the calendar year 2021.

The committee met four times in 2021 during the months of January, April, July, and October. In the April 2021 convening, the committee created the Data Analysis Subcommittee. One of the primary tasks of this subcommittee is conducting a comparative analysis of county level data points in order to ascertain which counties are disproportionately driving the wait list.

At its July meeting, the JCAFS approved the Utilization Review (UR) Protocol for fiscal year (FY) 2021. The 2021 UR protocol revisited the findings from the 2017, 2018, and 2019 UR Protocols and gathered qualitative and quantitative information from LMHAs and Superintendents of State Hospitals regarding over or under utilization, readmissions, and length of stay. The findings from the FY 21 UR Protocol are below.

Summary of Findings from the FY21 UR Protocol

- **Lack of Control over Bed-Day Utilization:** The current Bed-Day Allocation Methodology recommended by the JCAFS committee satisfies the requirements listed in the Health and Safety Code, Section 533.0515. The methodology uses a poverty-weighted population to allocate state-funded beds to local authorities rather than a standard per capita formula. During the reassessment surveys conducted in 2021, the LMHAs expressed that although the Bed-Day Allocation Methodology allocates state-funded beds evenly, they have no control over their bed-day utilization due to the growing number of forensic commitments in the state-funded beds and the control that the courts have over those commitments.
- **Lack of Access to State Hospital Beds:** The LMHAs expressed concern that they have limited access to state hospital beds for individuals with civil commitments due to the number of individuals on the forensic clearinghouse waitlist.

- **Increasing need for Community Private Psychiatric Beds (PPB):** The LMHAs expressed a need for increased funding to meet their growing need for PPB beds. The LMHAs expressed concern that as the Texas population grows and the cost of PPB beds increase, they are going to have difficulty meeting the demand for civil inpatient beds.
- **Need for Long Term Residential Facilities:** The LMHAs and Superintendents expressed a need for safe and supported housing that can provide for the needs of individuals who are experiencing acute and chronic mental health care issues. Currently, PPB beds are being used to meet the psychiatric treatment needs of individuals who are unable to function in the community due to the lack of suitable supportive housing. The superintendents recommended that a study be conducted of LMHA pilot programs for transitional/step-down housing programs that are working and for the programs that are working to be scaled-up across the state. The superintendents also recommended that HHSC work with the Texas Council of Community Centers to develop proposals for the creation of long-term residential facilities.
- **Need for improved communication between LMHAs, jails, state hospitals and courts regarding individuals on the forensic clearinghouse waitlist:** The LMHAs expressed concern about the challenges they face with communicating with jail staff, state hospital staff and court representatives in three primary areas: 1) the process of triaging individuals with misdemeanors off of the waitlist, 2) initiating compelled medications for individuals who have been determined to incompetent to stand trial and 3) release of individuals from jail on PR bonds without notification of the LMHA.
- **Need for increased availability of transitional support services for long-term state hospital patients returning to the community:** The superintendents and the LMHAs expressed a need for increased availability of transition and support services for long-term patients returning to the community. They indicated that long-term patients leaving state hospitals need ongoing support to ensure that they are able to access all vital services such as reinstatement of their benefits, transportation to aftercare appointments and assistance with employment. Additional support is needed for individuals who have been impacted by COVID-19 and for those who need assistance in obtaining a legal guardian as well for those who have acute treatment needs and need access to LOC-2 Care.
- **Need for education of community members and stakeholders:** The LMHAs and Superintendents identified education of community members and stakeholders as a priority area. They indicated that education needs to be

provided specifically about the long-term cost benefits that would result from the development of long-term residential facilities.

Additionally, included in this report are recommendations based on the FY21 UR Protocol findings designed to help reduce length of stay for people found incompetent to stand trial (IST) who are receiving competency restoration services in the State Hospital System (SHS). This population has an average length of stay that is significantly longer than people who are civilly committed to the SHS and create the most meaningful 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 as well as the length of time those patients spend on the wait list. To that end, the committee heard from a broad and diverse group of forensic stakeholders on innovative programs and practices that have the potential to positively impact the forensic wait list.

Based on our FY21 UR Protocol activities, the JCAFS recommends the following:

<p>Increase access to treatment in the community</p>	<ul style="list-style-type: none"> • Allow LMHAs/LBHAs more flexibility to provide evidence-based services, including psychotherapy for broader diagnostic groups • Provide more training for clinicians to provide evidence-based psychotherapy for high acuity patients • Reassess state budget funding to address additional direct care positions • Increase range of supportive and residential housing options • Explore expanded and tailored housing options • Allow access to short-term acute community beds for jail use
<p>Increase access to PPB funding</p>	<ul style="list-style-type: none"> • Increase PPB funding to address the increased volume of high need individuals who are unable to access state mental health facilities

<p>Utilize best practices for jail-diversion</p>	<ul style="list-style-type: none"> • Utilize best practices for jail-diversion such as pre-arrest diversion (mental health deputies, co-response models) programs, including use of peers for co-response • Expand availability of Outpatient Competency Restoration (OCR) and Jail-Based Competency Restoration (JBKR) • Expand peer support, clubhouses, and respite services for adults and youth, including peer respite services
<p>Increase access to long-term care in the community</p>	<ul style="list-style-type: none"> • Increase access to long-term inpatient and long-term supportive housing options in the community for people who have chronic mental illnesses refractory to treatment
<p>Increase access to Step-Down facilities</p>	<ul style="list-style-type: none"> • Step-down supportive housing options are needed for individuals who need care for longer than 7 days
<p>Develop proposals for long-term residential facilities</p>	<ul style="list-style-type: none"> • Study outcomes of current LMHA programs that are conducting pilot programs for transitional/step-down supportive housing. • Scale-up transitional LMHA programs that are working. • Work with the Texas Council of Community Centers to develop proposals for the creation of long-term housing options.
<p>Provide stakeholder/community education</p>	<ul style="list-style-type: none"> • Provide stakeholders with a cost-benefit analysis of creating long-term permanent supportive housing options. • Educate the community regarding the positive impact that long-term supportive housing options would have on the lives of individuals living with chronic mental illness and on the lives of their family members as well as members of society as a whole.

Provide transition planning for individuals who have had long-term hospital stays.	<ul style="list-style-type: none">• Readmission rates will be reduced if patients with long-term inpatient stays receive assistance in transitioning to community living (i.e. attending appointments, applying for benefits, securing employment and transportation), including access to a social support system in the community.• LMHA and state hospital staff should work to ensure that these patients receive ongoing assistance with accessing the full array of services that they need.
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These recommendations are developed and supported by the committee's coordinated efforts with the LMHAs and SHS Superintendents to efficiently address the demand for forensic mental health services.

Thank you,



Dennis Wilson

Joint Committee on Access and Forensic Services, Chairperson

This report was prepared by members of the Joint Committee on Access and Forensic Services. The opinions and suggestions expressed herein are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or The Texas Health and Human Services Commission.