



TEXAS
Health and Human
Services

Joint Committee on Access and Forensic Services Quarterly Update: HHSC Action Plan Tracker

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**State Forensic Director and Associate
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HHSC JCAFS Reporting Matrix

- The State Forensic Director is charged with supporting the coordination and oversight of forensic services, as well as addressing issues driving the forensic waitlist.
- HHSC has several initiatives that:
 - ▶ Support the implementation of the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services*; and,
 - ▶ Align with JCAFS 2020 Recommendations.
- The purpose of the reporting matrix and the JCAFS quarterly updates is to provide a detailed account of HHSC's ongoing work and highlight notable agency updates.



Reporting Matrix at a Glance

- Five Objectives
- Associated JCAFS Recommendations
- Goals of Relevant HHSC Initiatives
- Project Details
 - ▶ Project name
 - ▶ Description
 - ▶ HHSC partners
 - ▶ Other stakeholders
 - ▶ Status
 - ▶ Updates

HHSC Action Plan and Joint Committee on Access and Forensic Services (JCAFS) Recommendations Implementation Reporting Matrix
JCAFS Recommendation 2: Develop a comprehensive state-level strategic plan for the coordination and oversight of forensic services in Texas.

Objective 1: Develop robust crisis and diversion systems to reduce and prevent justice involvement for people with mental health conditions (MH), Substance Use Disorders (SUD), and Intellectual and Developmental Disabilities (IDD).					
Associated JCAFS Recommendations:					
1B: Create an Office of Forensic Services/ Policy and services development, implementation, analysis, and expansion					
1C: Create an Office of Forensic Services/Development of special initiatives at the state and national levels					
1D: Create an Office of Forensic Services/Training and technical assistance to LMHAs/LBHAs, courts, jails and law enforcement, including the development of a "learning community" among these institutions to help facilitate the implementation of best practices for each region of the state					
3: Expand and contract for diversion programs around the state.					
HHSC initiatives and programs that support this goal aim to:					
1. Spread and bring to scale use of crisis and pre-arrest diversion programs and strategies.					
2. Increase use of jail and court-based diversion off-ramps.					
3. Increase diversion through use of data and technology.					
Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Updates
15 National Association of State Mental Health Program Directors (NASMHPD) Transformation Transfer Initiative (TTI) - 988 Implementation / Workforce Grant	HHSC will partner with the University of Texas Health San Antonio (UTHSA) to implement learning collaboratives for select LMHAs/LBHAs to address behavioral health workforce recruitment and retention challenges related to 988 implementation and sustainability. In addition, UTHSA will develop a toolkit and e-learning modules for providers that will consolidate evidence-based practices and community-derived promising practices identified during the learning collaboratives. The toolkit will be available to all LMHAs/LBHAs regardless of their participation in the learning collaboratives.	OMHC Behavioral Health Workforce Coordinator, BHS Crisis Services Team, OMHC Suicide Prevention Team, System Integration Team, Office of the State Forensic Director	UTHSA, 988 Implementation Stakeholder Group, Vybrant	Implementation	Life Line affiliates have been surveyed and three out of four have responded with their preferred topics which include: Text-based crisis services; Structuring the workday; Supportive supervision (as opposed to clinical supervision); On the job self-care; and Support for professionals with lived experience. Other stakeholders including LMHAs/LBHAs, the 988 Implementation Stakeholder group and Vybrant will be surveyed for their input. On 1/13/2022, internal stakeholders were consulted for feedback on learning collaborative design. A contract amendment is in the works.
2 National Association of State Mental Health Program Directors (NASMHPD) Transformation Transfer Initiative (TTI).	By partnering with the Texas Institute for Excellence in Mental Health (TIEMH), IDD-BHS will study the utilization of diversion programs by Texas peace officers. TIEMH has developed a survey to help inventory diversion programs and identify barriers to their utilization. Survey results will support the development of strategies and TA opportunities to reduce those barriers and increase utilization of diversion when appropriate.	Office of the State Forensic Director; State Hospital Forensic Medicine Team	TIEMH; Texas Police Chiefs Association; Bill Blackwood Law Enforcement Management Institute of Texas	Implementation	In November, the survey for police and sheriffs was disseminated in partnership partner with the Law Enforcement Management Institute of Texas (police) and the Correctional Management Institute of Texas (CMIT). From this initial outreach, 467 responses were recorded across 128 counties in Texas. There were 67 responses that did not indicate which county they represented and TIEMH is working to ascertain those counties.

HHSC Action Plan and Joint Committee on Access and Forensic Services (JCAFS) Recommendations Implementation Reporting Matrix

In 2020, JCAFS recommended that a comprehensive state-level strategic plan be created to support the coordination and oversight of forensic services in Texas.

In 2022, The Statewide Behavioral Health Coordinating Council will publish the state’s first statewide strategic plan focused solely on diversion, community integration, and forensic services. This reporting template tracks HHSC’s implementation of the strategic plan and will be updated on a quarterly basis for executive leadership and the Joint Committee on Access and Forensic Services (JCAFS).

Objective 1: Support the expansion of robust crisis and diversion systems to reduce and prevent justice involvement for people with Mental Illness (MI), Substance Use Disorders (SUD), and / or Intellectual and Developmental Disabilities (IDD).

Associated JCAFS Recommendations:

1B: Create an Office of Forensic Services/ Policy and services development, implementation, analysis, and expansion

1C: Create an Office of Forensic Services/Development of special initiatives at the state and national levels

1D: Create an Office of Forensic Services/Training and technical assistance to LMHAs/LBHAs, courts, jails and law enforcement, including the development of a “learning community” among these institutions to help facilitate the implementation of best practices for each region of the state

3: Expand and contract for diversion programs around the state.

HHSC initiatives and programs that support this goal aim to:

1. Expand and scale the use of crisis and pre-arrest diversion strategies and programs

2. Increase use of jail, detention, and court-based diversion off-ramps.

3. Increase diversion using data and technology

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status (PLAN: Planning IMP: Implementation MAINT: Maintenance)	Start Date	End Date	Updates for APR - JUN 2022
1	988 Implementation / Workforce Grant	HHSC will partner with the University of Texas Health San Antonio (UTHSA) to implement learning collaboratives for select LMHAs/LBHAs to address behavioral health workforce recruitment and retention challenges related to 988 implementation and sustainability. In addition, UTHSA will develop a toolkit and e-learning modules for providers that will consolidate evidence-based practices and community-derived promising practices identified during the learning collaboratives. The toolkit will be available to all LMHAs/LBHAs regardless of their participation in the learning collaboratives.	OMHC Behavioral Health Workforce Coordinator, BHS Crisis Services Team, OMHC Suicide Prevention Team, System Integration Team, Office of the State Forensic Director	National Association of State Mental Health Program Directors (NASMHPD) Transformation Transfer Initiative (TTI), UTHSA, 988 Implementation Stakeholder Group, Vybrant	IMP			The OMHC hosted seven briefings at All Texas Access Quarterly meetings to present information on TTI grants and possible participation. Next steps: follow-up with survey for interest in participation with the grant.
2	Diversion Study	By partnering with the Texas Institute for Excellence in Mental Health (TIEMH), IDD-BHS will study the utilization of diversion programs by Texas peace officers. TIEMH has developed a survey to help inventory diversion programs and identify barriers to their utilization. Survey results will support the development of strategies and TA opportunities to reduce those barriers and increase utilization of diversion when appropriate.	Office of the State Forensic Director; State Hospital Forensic Medicine Team	TIEMH; Texas Police Chiefs Association (TPC); Bill Blackwood Law Enforcement Management Institute of Texas (LEMIT)	IMP	21-May	22-Jan	The OSFD, in partnership with TIEMH, has completed an initial analysis of survey findings. As a next step, TIEMH, will be drafting a full report and policy brief. The OSFD will also work with LEMIT and TPC to discuss findings and develop strategies to address barriers to diversion in counties across the state.

4	The IMPACT Network.	As a selected site for the IMPACT Network, HHSC will partner with the Policy Research Institute to engage in a learning community focused on implementing behavioral health and justice reforms.	System Integration Team, Office of the State Forensic Director	John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge (SJC), Policy Research Institute, All Texas Access Big Spring and North Texas State Hospital Regional Groups	IMP	21-Sep	22-Sep	The sites have participated in TA events sponsored by the IMPACT Network related webinars Pre-Sentence/Pre-Trial Diversion for persons with a mental health condition.
5	Rural Mental Health Crisis Services Policy Academy	The System Integration Team and Office of the Forensic Director, along with Medicaid, the Texas Council for Community Centers, and Texas Association of Health Plans were awarded the technical assistance grant from National Academy for State Health Policy's Rural Mental Health Policy Academy with Wisconsin, Montana, South Dakota, and South Carolina. The System Integration Team and Forensic Policy Teams had the kick-off meeting.	System Integration Team, Office of the Forensic Director, Medicaid & CHIP Services	National Academy of State Health Policy (NASHP), Texas Council for Community Centers, Texas Association of Health Plans	IMP	21-Sep	22-Sep	We have examined crisis utilization from FY 2017 through 2021. HHSC found that from fiscal year 2017 through fiscal year 2021: <ul style="list-style-type: none"> • Rural Texans were more likely to go into crisis than urban Texans, despite there being fewer rural Texans; • Rural Texans age 18 years and older were about 45 percent more likely to go into crisis on a per capita basis than their urban counterparts; and • Rural Texans under 18 were about 150% more likely to go into crisis on a per capita basis than their urban counterparts.
6	All Texas Access Continuation (SB454)	n/a	System Integration Team	LMHAs/LBHAs from rural areas	IMP			The All Texas Access report for FY22 is in internal and external stakeholder review. The System Integration team is in the process of establishing learning collaboratives related to workforce. One collaborative will focus on recruiting and sustaining a peer workforce. The second collaborative, which is part of the 988 Workforce Development grant, will focus technical assistance related to general workforce development. The team is planning to collaborate with partners in Texas Rural Funders to conduct community engagement pertaining to routine mental health access.
7	HR 133 Rural Crisis Response and Diversion	Eight rural-serving LMHAs received funds to develop initiatives that focus on diversion and community integration. The sites were selected because they had an elevated TLETS match and did not have HHSC-funded diversion programs through PESC, Community Mental Health Grants, and/or Community Mental Health Grants for the Justice-Involved.	System Integration Team, BHS Crisis Services Team	Texana Center; Central Counties; Coastal Plains Center; Border Region; Burke Center; Camino Real; Betty Hardwick; and StarCare; Texas Council of Community Centers	IMP	1-Apr		The rural crisis response and diversion programs are in the implementation phase of their work. Some sites are struggling to hire qualified staff to function as co-responders; however, some sites have hired individuals to serve as the law liaison in their communities. All sites with Law Liaisons report that these positions are strengthening relationships with local law enforcement.
8	988 Planning Grant	The National Suicide Prevention Lifeline (NSPL) will become a national three-digit dialing code (988) by July 2022 as directed by the Federal Communications Commission. Through this planning grant HHSC and Lifeline Centers in Texas will develop clear roadmaps for how they will address key coordination, capacity, funding and communication strategies essential to the launching of 988 in July 2022 and one year following launch.	BHS Crisis Services	Vibrant Emotional Health, MHMR of Tarrant County, The Harris Center, Emergence Health Network, Integral Care, 988 Coalition Members	IMP	21-Feb	22-Jan	The 988 Planning Grant concluded on January 31, 2022. However, BHS Crisis Services is in the process of getting a no cost extension executed with Vibrant Emotional Health for the ~\$14,000 remaining funds to continue work with the strategic consultant on 988 planning initiatives.

	Rider 58	Study the adequacy and efficacy of existing National Suicide Prevention Lifeline (NSPL) infrastructure in Texas to determine state preparedness to comply with the federal National Suicide Hotline Designation Act of 2020 (S. 2661), as directed by the 2022-23 General Appropriations Act, S.B. 1, 87th Texas Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 58).	BHS Crisis Services	988 Stakeholder Coalition Members	IMP	21-Jul	22-Sep	BHS Crisis Services facilitated a third Rider 58 external stakeholder workgroup meeting on April 26, 2022. Key report contributors from BHS Crisis Services, CPSO, and Cross Division met on May 9, 2022 to review report requirements and timeframes. BHS Crisis Services completed a draft report on May 25, 2022. With leadership's approval, the draft report was shared with workgroup participants on June 6, 2022 for feedback, due back to BHS Crisis Services on June 13, 2022. BHS Crisis Services is on track to submit the report by the due date.
9	Hospital Transition Pilot Program	The Hospital Transition Pilot Program (Pilot) is designed to step-down/transition individuals with complex psychiatric and/or medical needs from inpatient state hospital settings to more appropriate community-based settings.	BHS Adult Mental Health	State Hospitals	IMP			The Blue Bonnet Trails (Georgetown) home is at capacity. The Seguin home will be at capacity at the end of June 2022. The Harris Center had three admissions in April and a successful discharge to the community. Helen Farabee had one entry in May. All four homes continue to receive, review, and schedule staffings for potential admissions. The Step-Down homes are on track to reaching their capacity by August 2022.
10	Children' Crisis Respite	The goal of this program is to increase access to a short-term, safe and clinically appropriate placement for children and adolescents in crisis who do not meet inpatient care criteria; and provide transition planning to families for their child or adolescent's return to the community.	BHS Children's Mental Health Team	n/a	IMP			The Children's Crisis Respite Pilot Program identified four competitively procured awardees. Contracts are in final approval processes and continue routing for the contract execution process. Program staff provides technical assistance to awardees so they can begin project implementation immediately upon contract execution. Program staff and Quality Management began planning for pre-operational visits.
11	Systems Navigator Pilot Project	The goal of this pilot program is to develop enhanced partnerships with child-serving systems and resources to promote greater understanding and collaboration to support the provision of services and treatment for both children and adolescents. The program will support the provision of services and treatment for children and adolescents with a single diagnosis of serious emotional disturbance (SED) or a primary SED diagnosis and co-occurring diagnosis, including a substance use disorder or intellectual development disability. Funding through this NCA will be used to support a staff position to enhance service coordination between LMHAs/LBHAs and other child serving systems.	BHS Children's Mental Health Team	LMHAs/LBHAs Grant Applicants.	IMP		Aug-23	The Children's Mental Health-System Navigator Pilot Program identified six apparent awardees. Contracts are in final approval processes and continue routing for the contract execution process. Pre-Planning meetings to provide technical assistance and support for program implementation have been scheduled and will occur at the end of June. CMH has also connected apparent awardees and DFPS Clinical Coordinators.
12	Healthy Community Collaborative	Senate Bill (S.B.) 58, 83rd Legislature, Regular Session, 2013, created the Healthy Community Collaborative (HCC) Grant Program by enactment of Texas Government Code Chapter 539, aimed at providing communities with resources to serve persons experiencing homelessness with unmet behavioral health needs. S.B. 1849, 85th Legislature, Regular Session, 2017, added the requirement that all HCC sites help establish and support local law enforcement agencies in instituting policies to divert persons experiencing homelessness with mental illness and/or substance use disorder to treatment facilities versus jails or other detention facilities.	BHS Adult Mental Health	TIEMH (Third Party Evaluator); Integral Care; Haven for Hope; MHMRTC; Harris Center for Mental Health and IDD; Crisis Center of Comal County; Andrews Center; North Texas Behavioral Health Authority	IMP			HHSC is continuing to work with each Healthy Community Collaborative (HCC) to create and/or expand diversion systems to reduce and prevent justice involvement for program participants. HCC sites track the number of criminal justice services delivered each quarter. Criminal justice services include coordinated community efforts made with local law enforcement agencies to divert homeless individuals from justice involvement to the HCC program, if eligible, and coordinated community efforts between HCC staff and participant parole/probation officers to monitor progress in services in an attempt to minimize recidivism. Grantees are in differing stages of overall HCC program and diversion system implementation. HHSC is continuing to provide technical assistance for process improvement and/or policy implementation to all HCC grantees.

13	Mental Health Peer Support Re-entry Pilot Program	The Peer Re-entry Pilot Program provides community-based peer services and access to services from licensed mental health professionals who assist with transition or "re-entry" into clinically appropriate community-based mental health services. The peer specialist builds a relationship with the participant while incarcerated and maintains this relationship during and after transition into the community and community-based mental health services. The goals of the program are to support recovery through ongoing mental health peer support.	BHS Peer and Recovery Service Programs, Planning, and Policy Unit	The Harris Center, My Health My Resources Tarrant County, and Tropical Texas Behavioral Health	IMP			Sandra Smith, Ph.D., RSS, RPP, has begun meeting with the teams to develop a plan for technical assistance
14	Opioid Drop-in Centers	Support arrest-diversion and provide referral to treatment and recovery services at sobering centers for people at risk for opioid overdose.	BHS Texas Targeted Opioid Response	Houston Recovery Center	IMP			Houston Recovery Center continued its work providing pre-arrest diversion services combined with MAT referral and recovery services. After a brief decrease in the number of clients seeking services around the new year (average 70 clients/month Nov-Jan), Houston Recovery Center's service numbers returned to normal levels of 100+ clients/month in Feb-May. Overall, the number served for FY22 are significantly higher than prior years, thanks to improved outreach and service delivery.
15	IDD Technical Assistance and Crisis Diversions	The IDD team maintains a complaint and inquiry log that tracks technical assistance provided to LIDDAs or other stakeholders for persons with IDD who may be justice-involved. The IDD team also maintains a Continuity of Care case collaboration log which tracks justice-involved persons with IDD that are being waived from admission to the state hospital (SH) maximum security unit to an SSLC, transferred to an SSLC from a SH, or discharged to the community from jail or a SH utilizing an HCS Crisis Diversion or HCS Nursing Facility Diversion slot. The IDD team monitors HCS Crisis Diversion and NF Diversion slots.	IDD	LIDDAs	MAINT	NA	NA	The IDD team continues to collaborate and provide technical assistance to LIDDAs, SSLCs, SHs and other stakeholders related to justice-involved persons with IDD. Inquiries and case collaborations continue to be tracked and reported in the IDD Services complaint and inquiry log and Continuity of Care case collaboration log. HCS Crisis Diversion or NF Diversion slots released to justice-involved persons with IDD are monitored by IDD staff. Slot monitors continue to provide technical assistance to LIDDAs, or other stakeholders, throughout the enrollment process.
16	Mental Health Grant for Justice Involved Individuals	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 and the total wait time for people with mental illness placed on forensic commitment to a state hospital.	BHS Forensic and Diversion Services	LMHAs/LBHAs from rural and urban areas.	MAINT	18-Sep	22-Aug	FY22 Measure Up Performance Measure Implementation is still ongoing, FY22 year-end data of the first year pilot program should be submitted by 10/31/2022 from all MHG-JII grantees. New performance measures will include outcome data that is geared to streamline the performance measure reporting as well as capture Jail Diversion & Recidivism outcome data. Virtual and in-person site visits restarted in FY22, during these site visits the focal point has been on identifying & understanding barriers and creating plans to navigate through them.

Objective 2: Increase coordination, collaboration, and accountability across systems, agencies, and organizations.

Associated JCAFS Recommendations

1E: Create an Office of Forensic Services/Direction and coordination of data analyses to improve efficiencies and identify relevant trends related to the forensic population.

8: In order to get a better idea of which areas of the state are driving the growth of the waitlist, which areas have developed effective alternatives to inpatient competency restoration and where to target the expansion of alternative programing, it is recommended that the new Office of Forensic Services begin to collect and report metrics to the JCAFS.

HHSC initiatives and programs that support this goal aim to:

1. Enhance community collaboration through strategic planning and coordination.
2. Increase information sharing across state and local agencies.

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Start Date	End Date	Updates for APR - JUN 2022
17	IDD TLETS Initiative	The IDD team participates in workgroups and provides technical assistance related to the implementation and maintenance of the TLETS initiative for LIDDAs.	IDD	LIDDAs/BH	MAINT	NA	NA	The IDD team held its first meeting internally to discuss implementing updates to the TLETS process. The team continues to provide TA regarding TLETS when needed. There were no inquiries in this quarter related to TLETS.

Objective 3: Enhance the continuum of care and support services for justice-involved people with MI, SUD, and/or IDD.

Associated JCAFS Recommendations

- 1C: Create an Office of Forensic Services/Development of special initiatives at the state and national levels.
- 7: Contractually require a forensics and diversion coordinator from each LMHA.

HHSC initiatives and programs that support this goal aim to:

- 1. Enhance care and support services across the continuum of care.
- 2. Increase connection to mental health and substance use treatment and tailored supports for special populations, including people with IDD, youth, and veterans.
- 3. Address the social determinants of health that increase the risk of justice-involvement, including housing, employment, and transportation.
- 4. Expand access to peer-based recovery services across the continuum of care, including recovery support services, peer-led mental health supports, youth recovery communities, and family support services.
- 5. Leverage data and technology to expand access to care

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Start Date	End Date	Updates for APR - JUN 2022
	Rider 57	2022-2023 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 57) directs HHSC to produce a study on step-down services that can be used to divert people from state psychiatric facilities (state hospitals) to the community. This study focuses on people who experience long or frequent stays in state hospitals.	Innovation and Engagement, Medical and Specialty Care, IDD Services, Office of the Forensic Director, Systems Integration, Medicaid, Behavioral Health Services	Behavioral Health Advisory Committee (advocacy groups, people with lived experience, state agencies, provider interest groups, etc.)	IMP	1/1/2022	#####	The Rider 57 draft study is under internal review/revision. The final report is due to leadership 9/1/2022.
18	BHSO Detention Match Perport with TJJD	Behavioral Health Services Online (BHSO) is a data sharing information system tool for Juvenile Probation staff and The Texas Juvenile Justice Department (TJJD). Currently the data sharing between HHSC-BHS information systems (CMBHS and MBOW) and BHSO is non-existent. BHS is looking for intake officers to receive real-time notification of special needs offenders entering the juvenile justice system. The intent behind the instant data sharing is to support continuity of care for individuals with mental health (MH) and intellectual developmental disability (IDD).	BHS Children's Mental Health	Texas Juvenile Justice Department, HHSC-IDD-BHS - Office of Decision Support	PLAN	5/1/2021	One year post funding approval.	The Project Change Request (PRC) documentation is in process of routing and BHSO is incorporated into the current TLETS project. IT will provide an official timeline upon receipt of approvals.
19	Criminal Justice Opioid Response and Reentry Support Project	HHSC and the Texas Department of Criminal Justice are developing a partnership to provide access to medication-assisted treatment (MAT) and recovery support services (RSS) to residents of a Community Corrections Facility (CCF) prior to release, as well as facilitate a warm hand-off to MAT and RSS providers following release.	Texas Targeted Opioid Response	Teas Department of Criminal Justice (TDCJ); Bexar County Community Supervision and Corrections Department (CSCD)	PLAN			TDCJ and the Bexar County CSCD continue to pursue execution of a subcontract to implement services in a community corrections facility (CCF). TTOR communicates regularly with TDCJ to deliver technical assistance on best practices for providing medication for opioid use disorder, reporting processes and templates, and contract language and deliverables.
20	Council of State Governments Justice Center: Expanding Housing Options for justice-involved people with complex needs	IDD-BHS, through the Office of Mental Health Coordination and the Office of the State Forensic Director, was selected by the Council of State Governments Justice Center to participate in a Community of Practice (CoP) to expand housing opportunities for people with complex health needs leaving the justice system.	Office of the State Forensic Director, Office of Mental Health Coordination	Texas Department of Housing and Community Affairs; Texas State Affordable Housing Corporation	IMP	21-Aug	21-Oct	HHSC gained access to a variety of resources including Colorado's Homelessness Playbook and a comprehensive guide from the National Housing Law Project that identifies policy solutions to alleviate barriers to housing for justice-involved populations. As a next step, HHSC is working with TA Coaches to begin drafting a Texas Action Plan for expanding housing options for people who are justice-involved with complex needs. HHSC is waiting on the final report from CSG.

21	Texas Medication for Opioid Use Disorder (TXMOUD) - Texas Targeted Opioid Response-Recovery Support Services	The TxMOUD team awarded RSS organizations in the development, procurement, and implementation of RSS for individuals, their families, and others at-risk of, or with criminal justice involvement by linking justice-involved individuals and those with a history of opioid use and/or stimulant use, to sustainable, long-term recovery. 11 organizations across 11 Texas regions will reach 875 individuals per fiscal year.	Texas Targeted Opioid Response	University of Texas Health Science Center at San Antonio/TxMOUD-Be Well Texas, University of Texas at Austin School of Social Work-Addiction Research Institute, Achara Consulting, University of Texas Health Science Center at Houston-Project HOMES, University of Texas at Austin School of Pharmacy, Abilene Recovery Council, Inc., Central Plains Center, East Texas Council on Alcoholism and Drug Abuse (ETCADA), El Paso Alliance, Inc. dba The Recovery Alliance, Houston Recovery Center LGC, MHMR of Tarrant County,	IMP			Participants in TTOR RSS programs with justice involvement have been able to receive probation supervision and avoid incarceration because of their active participation in recovery support services and recovery housing. Participants are continuing to provide in-reach support in SATF (Substance Abuse Treatment Facilities), county jails, prisons, and recovery residences, and providing services in drug court programs, job fairs, recovery celebrations, overdose prevention and naloxone distribution training events, and virtual recovery support groups in English and Spanish.
22	Monitoring of NGRI Outpatient Commitment Expiration by Transition Specialists in Collaboration with LMHAs	Transition Specialists track NGRI commitments during hospitalization and participate in clinical case reviews and discharge planning meetings. After discharge, Transition Specialists notify LMHAs approximately 90 days prior to the outpatient commitment expiration date to alert them to engage in the commitment renewal process.	SHS Forensic Services Manager and Continuity of Services Manager Teams	SHS Capacity Management Team	MAINT			Established and ongoing activity.

Objective 4: Strengthen state hospital and community-based forensic services.

Associated JCAFS Recommendations

- 1D:** Create an Office of Forensic Services/Training and technical assistance to LMHAs/LBHAs, courts, jails and law enforcement, including the development of a “learning community” among these institutions to help facilitate the implementation of best practices for each region of the state.
- 1H:** Create an Office of Forensic Services/Consultation to ensure coordination and integration between the local courts, jails, law enforcement and state hospitals.
- 4:** Expand, improve and contract for Outpatient Competency Restoration (OCR) programs around the state.
- 5:** Implement the JCAFS recommendations for the state hospital forensic program.
- 6:** Implement the JCAFS recommendations for jail outreach programs.

HHSC initiatives and programs that support this goal aim to:

- 1.** Right-size competency restoration services.
- 2.** Expand evidence-based and research informed programs across the state to reduce the waitlist for inpatient competency restoration services.
- 3.** Maximize the use of telemedicine for forensic services in communities where access and staffing are limited.
- 4.** Identify efficiencies and improvements in state hospital and community-based forensic services.
- 5.** Strengthen oversight and quality of competency evaluations.

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Start Date	End Date	Updates for APR - JUN 2022
23	Jail In-Reach Learning Collaborative	The Jail In-Reach Learning Collaborative hosted by HHSC includes stakeholders across the justice/mental health continuum who are interested in learning about opportunities to improve services for individuals in county jails who have been found incompetent to stand trial (46B commitments) and are awaiting admission into a State Hospital. The learning collaborative provides education on the process of building strong local cross-system forensic teams, techniques for monitoring individuals with 46B commitments in county jails, and services provided by the State Hospital Waitlist In-Reach team. The Learning Collaborative includes monthly peer-to-peer and technical assistance calls from October to June 2022.	SHS Chief of Forensic Medicine Team; Office of the State Forensic Director; IDD/BHS System Integration Team	LMHAs/LBHAs, judges, district attorneys, defense attorneys, sheriffs, jail administrators, jail psychiatric providers, and JCMH Community Diversion Coordinators across 15 counties.	IMP	Sep-21	Jun-22	The first cohort of the Jail In-Reach Learning Collaborative has concluded. The final technical assistanc call was held in June, where county teams presented program progress as participants in the JIRLC over the last nine months. Final evaluation survey data is being analyzed and planning for the second cohort is underway. The second cohort is scheduled for an early fall 2022 start. Applications will open in early July and close August 17, 2022. Cohort two of the JIRLC is open to county forensic teams representing counties of all sizes. County forensic teams should consist of key stakeholders from the LMHAs/LBHAs, county sheriffs’ offices, jail staff, jail medical/psychiatric providers, prosecution, defense counsel, and the judiciary.
24	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Competency Restoration Curriculum Workgroup (CRCW)	Workgroup aims to improve the delivery of forensic services by: Evaluating the competency restoration curricula used across the SHS; Polling evaluators on how information is elicited for the six competency elements under CCP Article 46B.024; Determining best practices in competency restoration curricula and their implementation; and soliciting expert input on special populations.	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC)	IMP	Nov-20	May-22	The competency restoration patient study guide has been approved by the FSC. The living library of educational materials and activities is being organized for inclusion into a SharePoint site after incorporating feedback from patient volunteers. Development of a train-the-trainer workshop is in the planning phase. Target Completion Date: Close of FY22Q4, with workshop to be rolled out during FY23Q1.

25	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Outpatient Plan Workgroup (OMPW)	Workgroup aims to improve the delivery of forensic services by: evaluating the outpatient management plans used across all state hospitals for both 46c and 46b with Kerrville State Hospital staff as SME for 46C OMPs; Determining best practices, including the process, the collaboration with stakeholders and the content of outpatient management plans	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC)	IMP	Nov-20	Nov-21	An algorithm outlining the process for an outpatient management plan for patients on a 46B commitment who are deemed non-restorable and may require alternative discharge planning has been developed. A clinical readiness and screening tool that invites the treatment team to review the patient's clinical status and the availability of outpatient services (to review whether needs match outpatient resources) has been developed. Final products presented at July FSC for approval vote. Target Completion Date: Close of FY22Q4, with workshop to be rolled out during FY23Q1
26	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Forensic Evaluator Certification and Registry Workgroup (FECRW)	Workgroup aims to improve the delivery of forensic services by: determining the required credentials/training for forensic evaluators under CCP Articles 46B.022 and 46C.102; Evaluating a process for the compilation and the repository of required credentials; Evaluating for a built-in review process for credentialing/training renewal	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC)	IMP	Nov-20	Nov-21	The FY23 Forensic Evaluator Registry renewal season will open up during FY22Q4.
27	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Trial Competency Evaluation Peer Review Workgroup (TPRW)	Workgroup aims to improve the delivery of forensic services by: evaluating a sample of TCE reports using the latest version of the TCE template as a point of reference; determining best practices in TCE reports	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC)	IMP	Nov-20	Nov-21	The State Hospital Trial Competency Evaluator (TCE) Peer Review Board (PRB) was convened in May 2022. PRB members will be completing peer reviews ahead of the Evaluator Registry renewal season for FY23.
28	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Forensic Treatment Planning Workgroup (FTPW)	Integration of forensic issues into the recovery model has not been clearly delineated. Forensic treatment planning should prioritize forensic outcomes (through enhancements of the recovery model currently employed) with attention to: 1. restoration of trial competence 2. mitigation of danger to public safety.	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC)	PLAN	Jun-21	Jun-22	The Forensic Treatment Planning Workgroup has nearly completed the treatment plan template for 46B patients. Once the primary template is solidified, the workgroup will use its structure to make adjustments that are specific to 46C patients' needs.
29	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Forensic Data Workgroup (FDW)	Workgroup aims to improve the delivery of forensic services by: evaluating currently available forensic data across the SHS with the goal of centralizing data collection and analysis; determining best practices in forensic data-informed interventions throughout the state hospitals	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC); State Hospital Data Analytics Team	MAINT	Nov-20	Jun-21	The Forensic Data Workgroup is conducting ongoing data collection activities.
30	Trial Competency Examination (TCE) Template on the SHS Electronic Medical Record	SHS developed a user-friendly template that allows for the ability to extract data on the competency restoration process/timeframes (Admission to Referral, Referral to Assignment, Assignment to Evaluation, Evaluation to Report, Report to Court Submission, and Court Submission to Discharge).	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC); State Hospital Data Analytics Team	MAINT	Nov-21	Jun-21	HHSC will continue to monitor Competency Restoration Process/Timeframes and present findings at JCAFS quarterly meetings.

31	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Ad Hoc Group on Maximum-Security Unit (MSU) Waiver Process	The ad hoc group aims to review the current MSU Clinical Security Review process used for waivers from MSU to non-MSU treatment settings, including recommendations for modifications to the current internal processes in accordance to CCP, Article 46B.073(c) as amended following the passage of SB562/HB601 during the 86th Legislative Session (2019).	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC)	IMP			Implemented FY22Q3.
32	State Hospital Forensic Services Workgroups and System Improvement Initiatives: Ad Hoc Group on the 46B.1055 Process	CCP, Article 46B.1055 was added to the 46B statute following the passage of SB 49 during the 87th Legislative Session (2021). It allows a court to consider a possible further step down to an outpatient treatment program of a defendant (under an order of civil commitment with a finding of violence) who has been transferred from a maximum-security unit (MSU) to non-MSU.	SHS Chief of Forensic Medicine Team	SHS Forensic Services Subcommittee (FSC); Office of the State Forensic Director; IDD/BHS; State Hospital Superintendents; Judges; District Attorneys; Defense Attorneys; Disability Rights Texas; LMHAs/LBHAs; OCR Programs				The 46B.1055 Ad Hoc Group has met twice to develop a standardized processes to implement statutory revisions enacted during the 87th Legislative Session. The Ad Hoc Group target report completion date is MidFY22Q4. Target implementation date is end of FY22Q4
33	Forensic Services and Waitlist/Admissions Management	Through active and aggressive management of the forensic waitlist, the State Hospital Forensic Medicine Team identifies individuals committed to the SHS who may benefit from alternative dispositions (e.g. individuals with neurocognitive disorders, IDD diagnoses, medical comorbidities, or found not likely to restore within the foreseeable future). Technical assistance is being provided to jail staff, district attorneys, defense counsel, and the judiciary on an ad hoc basis with the support of the HHSC Legal Services Division in the evaluation of cases and the provision of county/court education/collaboration.	SHS Chief of Forensic Medicine Team	SHS Capacity Management Team; HHSC Legal Services Division	MAINT	Aug-20		HHSC is conducting ongoing active waitlist management activities.

Objective 5: Expand training, education, and technical assistance for stakeholders working at the intersection of behavioral health and justice.

Associated JCAFS Recommendations

1D: Create an Office of Forensic Services/Training and technical assistance to LMHAs/LBHAs, courts, jails and law enforcement, including the development of a “learning community” among these institutions to help facilitate the implementation of best practices for each region of the state.

HHSC initiatives and programs that support this goal aim to:

1. Provide statewide training and technical assistance on trauma-informed, culturally competent, evidence-based practices for behavioral health providers, law enforcement, jails, courts, and community corrections.
2. Promote workforce wellness and resiliency for behavioral health and justice professionals.

	Initiative / Project Name	Description	HHSC Partners	Other Partners	Status	Start Date	End	UPDATES FOR APR-JUN 2022
34	Texas Behavioral Health and Justice Technical Assistance Resource Center (TA Center)	HHSC is developing the TA Center to provide targeted TA to stakeholders, including mental health authorities, local law enforcement, jail administrators, the judiciary, and other community leaders to encourage collaboration and promote practice and policy change. While still in the early phases of development, resources will likely include peer-to-peer consultation, expert consultation, SIM mapping trainings, and the development of other resources.	Office of the State Forensic Director, System Integration Team, State Hospital Forensic Medicine Team	Hogg Foundation, Texas Institute for Excellence in Mental Health (TIEMH)	PLAN	May-21	n/a	The OSFD has completed initial content for the TA Center site, met with state agency partners, and drafted website requirements. The web developer has started site development. We expect the initial wireframe to be complete by the end of August and hope to launch the website in early Fall. TA activities such as the Jail In-Reach Learning Collaborative, Sequential Intercept Mapping Workshops, and other supports provided to behavioral health and justice system stakeholders by the OSFD is ongoing.
35	Texas Sequential Intercept Model Mapping Initiative	HHSC launched the SIM Mapping Initiative to support local planning efforts across behavioral health and justice systems. The Sequential Intercept Model helps communities depict how people with MI, SUD, and IDD encounter and move through the justice system. SIM Mapping workshops bring stakeholders together to identify existing resources, gaps, opportunities, and local action plans to improve care, increase diversion, and close gaps in their local systems.	System Integration	Judicial Commission on Mental Health and Select Counties Across the State				Since the kick-off of the SIM Mapping Initiative in January 2022, the OSFD has facilitated 6 workshops in diverse communities across Texas. Between April 1 and June 30, workshops have been held in Hunt, Midland, and McLennan Counties. The workshop held in McLennan County included regional participants from McLennan, Freestone, Limestone, Falls, Bosque, and Hill County. Priorities from mappings ranged from expanding diversion options through the development of crisis and drop-off facilities, to exploring the creation of local mental health courts, improving information sharing, and supporting law enforcement response to people in crisis. Upcoming workshops will be completed for Tom Green, Hays, and Comal Counties.
36	Eliminate the Wait: The Texas Action Plan for Right-Sizing Competency Restoration Services.	Like states across the country, Texas faces a growing challenge in effectively serving Texans with MH/SUD and IDD who are involved with the criminal justice system. HHSC is partnering with the Judicial Commission on Mental Health to convene stakeholders (behavioral health providers, judges, prosecutors, law enforcement, public defenders, jails and state hospitals) to develop strategies to tackle the waitlist from the front end and inside the justice system	Office of the State Forensic Director	Judicial Commission on Mental Health, Texas Sheriff's Association, Texas Police Chief's Association, Texas Council	IMP	Jun-21	n/a	The Eliminate the Wait Campaign was launched at the JCMH Summit in October 2021. The OSFD has provided ongoing technical assistance, product development, and stakeholder outreach and engagement on utilization of the toolkit. As a next step, the OSFD is planning the first Eliminate the Wait regional convening for the Central Texas region. Regional convenings will provide local stakeholders, including LMHAs/LBHAs, jails, the judiciary, prosecutors, and public defenders an opportunity to learn competency restoration best practices, review regional and county specific waitlist data, engage in training on Eliminate the Wait strategies, and develop county action plans to eliminate the wait for inpatient competency restoration services. Regional convenings will be a full day, in-person event with representation from the criminal justice and behavioral health systems.

36	Law Enforcement Competency for Behavioral Health Providers	In July 2021, a convening was held with twelve police chiefs from across the state and representatives from the National Association of Social Workers-Texas Chapter, Texas Counseling Association, Texas Marriage and Family Therapists Association, Texas Psychological Association, and Texas Society of Psychiatric Physicians. The goal of the convening was to bring law enforcement and mental health providers together to develop an actionable strategy for addressing law enforcement mental health.	Office of the State Forensic Director, Disaster Behavioral Health Services Team	Caruth Policy Institute at the University of North Texas-Dallas	IMP	May-21		Caruth Police Institute has convened law enforcement and providers to develop an initiative focused on this issue.
38	MHFA Training for Criminal Justice Entities	Local Mental and Behavioral Health Authorities train community members in Mental Health First Aid. These community members can include criminal justice entities such as law enforcement officers, judges, attorneys, probation officers, etc.	OMHC-Mental Health First Aid Team	Local Mental and Behavioral Health Authorities; Texas Commission on Law Enforcement	MAINT			LMHAs and LBHAs continue to provide MHFA training to community members, including criminal justice entities.