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Office of the State Forensic Director Quarterly Update

Jennie M. Simpson, PhD

State Forensic Director and Associate Commissioner

Updates

- Lookback: OSFD Successes and Opportunities
- Jail In-Reach Learning Collaborative



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OSFD Vision (July 2020)

- Comprehensive and coordinated system of forensics and diversion:
 - ▶ Statewide effort
 - ▶ Multi-system coordination
 - ▶ State and local governments
 - ▶ All three branches of state government
 - ▶ Sequential Intercept Model as a framework



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OSFD Principles (July 2020) (1 of 2)

1. A full continuum of care—from diversion to competency restoration to re-entry and supervision—is needed for an efficient and effective forensic mental health system.
2. Social determinants of health are drivers of justice involvement and should inform prevention, intervention, and diversion strategies.
3. Peers are valuable contributors to the behavioral health workforce and should be part of all efforts that address forensic and diversion services.



OSFD Principles (July 2020) (2 of 2)

4. Disparities should be evaluated in forensic and diversion efforts to ensure that state resources improve health and reduce justice involvement.
5. The stigma of mental illness, as well as justice involvement, should be actively addressed through cultural change in the behavioral health and criminal justice systems.



Challenges and Focus (July 2020)

Challenges

- Coordinated strategy
- Collaboration and partnerships
- Statewide reach and scaling, especially in rural areas
- Education and awareness

Focus

- Develop a roadmap
- Build local and statewide partnerships
- Promote best practices
- Data-driven decision making
- Training and technical assistance



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Strategic Plan for Diversion, Community Integration, & Forensic Services (1 of 3)

- Developed by the Statewide Behavioral Health Coordinating Council (SBHCC)
- Shared statewide vision and plan for improving forensic services and reducing justice involvement for Texans with MI, SUD, and/or IDD.



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Strategic Plan for Diversion, Community Integration, and Forensic Services (2 of 3)

Vision:

Texans receive the right care in the right place at the right time, preventing and reducing justice involvement for adults and youth with diagnosable MI, SUD, and/or IDD.

Mission:

Develop and implement a high-quality, data-informed, and well-coordinated system of services and supports across the continuum of care to prevent and reduce justice-involvement and increase community integration for individuals with MH/SUD and IDD.

Strategic Plan for Diversion, Community Integration, & Forensic Services (3 of 3)



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Eliminate the Wait Toolkit

- Launched in 2021 at the Judicial Commission on Mental Health (JCMH) Summit, Eliminate the Wait (ETW) is a:
 - ▶ Statewide campaign that asks stakeholders to consider their roles in eliminating the wait for inpatient competency restoration services



MORE THAN 2000* PEOPLE ARE CURRENTLY ON TEXAS' FORENSIC WAITLIST

*as of Jan. 2022

70% STATE HOSPITAL BEDS IN TEXAS ARE CURRENTLY UTILIZED BY THE FORENSIC POPULATION



OVER THE PAST 20 YEARS, TEXAS HAS SEEN A 38% INCREASE IN RATES OF PEOPLE FOUND INCOMPETENT TO STAND TRIAL



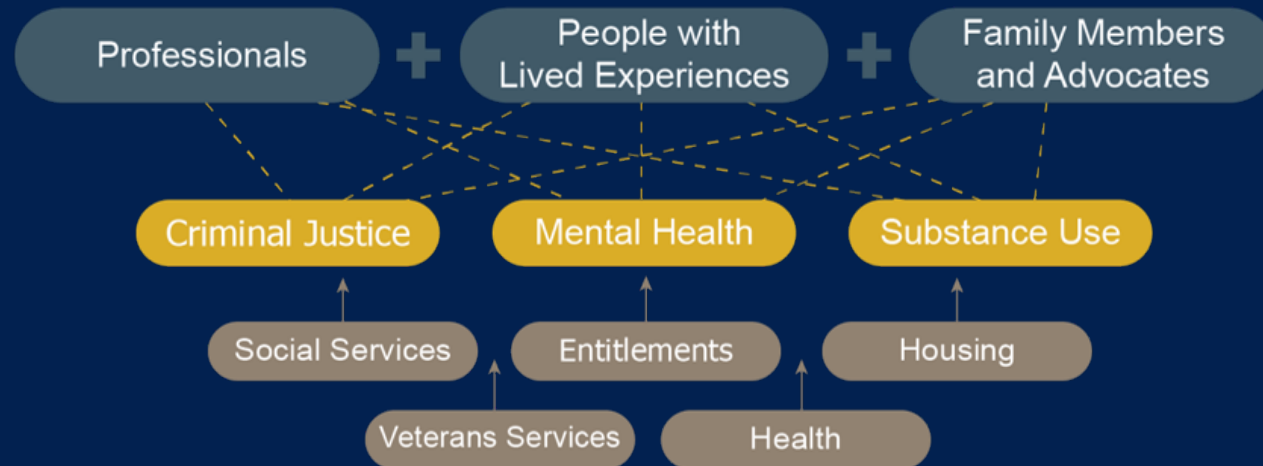
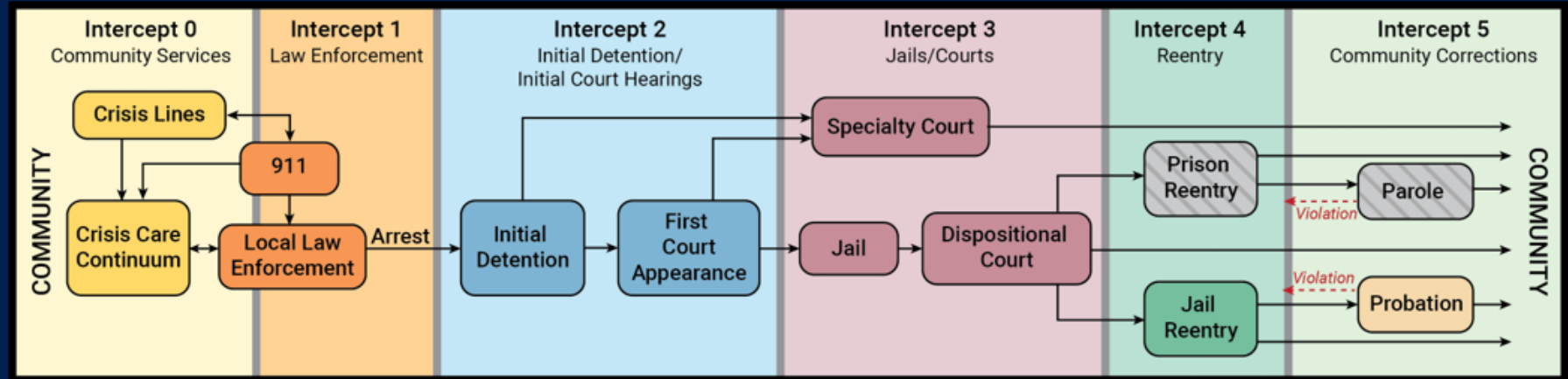
ETW: Community Forums

- HHSC is planning regional forums to bring together stakeholders to:
 - ▶ Review local waitlist data;
 - ▶ Discuss the local competency process;
 - ▶ Identify relevant ETW strategies; and
 - ▶ Develop local taskforces and plans to drive change.
- In partnership with the JCMH, the Texas Council of Community Centers, the Sheriffs' Association of Texas, and the Texas Police Chiefs Association
- The Office of State Forensic Director will be available to provide tailored technical assistance.



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Sequential Intercept Model (SIM) Mapping



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2022 HHSC SIM Mapping Workshop Review

	Bell County	Williamson County	Navarro County	Hunt County	Midland County	McLennan Regional Mapping
Pop.	362,924	590,551	50,113	98,594	171,238	369,024
Stakeholders	70 stakeholders; 30 agencies and orgs	50 stakeholders; 24 agencies and orgs	55 stakeholders; 24 agencies and orgs	60 stakeholders; 26 agencies and orgs	35 stakeholders; 26 agencies and orgs	35 stakeholders; 17 agencies and orgs
Intercepts Mapped	0 1 2 3	0 1	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
Priorities	<ul style="list-style-type: none"> Expand crisis options through the development of a diversion center 	<ul style="list-style-type: none"> Support law enforcement (LE) education on new crisis services Expand opportunities for LE and hospitals to engage in existing behavioral health task force meetings Convene LE to discuss data collection and information sharing regarding MH calls for service 	<ul style="list-style-type: none"> Explore development of a mental health court Explore early identification systems for law enforcement and dispatch Identify opportunities to collect and share data across the SIM Expand crisis options through development of a crisis facility Expand prevention strategies for youth 	<ul style="list-style-type: none"> Develop a community housing plan Develop an interactive resource application with all available community BH resources Create a Behavioral Health Leadership Team Develop MH training opportunities Increase early identification of BH needs at 911 or LE contact 	<ul style="list-style-type: none"> Expand crisis options through the development of a diversion center Develop a Mental Health Task Force Identify opportunities for education and training on IDD, MH and trauma informed care across the SIM Develop a county-wide behavioral health and justice data strategy Improve continuity of care for justice-involved youth 	<ul style="list-style-type: none"> Fund flexible diversion beds for pre-booking jail diversion Develop regional housing continuum Develop regional plan for SB 292 funds Develop a regional approach to serving special populations (veterans and individuals with IDD) Develop a regional approach to data and information sharing

Behavioral Health and Justice Technical Assistance Center (pt 1)

Purpose: Centralized source of support and information for people who interact with forensic populations and justice-involved people with MH/SUD and IDD.

Target

Audience: Local Mental Health Authorities, local and county law enforcement, jail administrators, and other community leaders.



Local Planning Support



Knowledge Generation



Sequential Intercept
Model Mapping Workshops



Toolkits, webinars, and other
resources



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Behavioral Health and Justice Technical Assistance Center (pt 2)

**Texas
Veterans
Commission**

**Texas Health
and Human
Services
Commission**

**Texas
Indigent
Defense
Commission**

**Texas
Commission
on Law
Enforcement**

**Texas
Commission
on Jail
Standards**

**Texas
Department
of Housing
and
Community
Affairs**

**Texas
Juvenile
Justice
Department**



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Diversion Survey

- **Purpose:** To assess and understand challenges experienced by law enforcement when utilizing pre-arrest diversion programs.
- **Partners:**



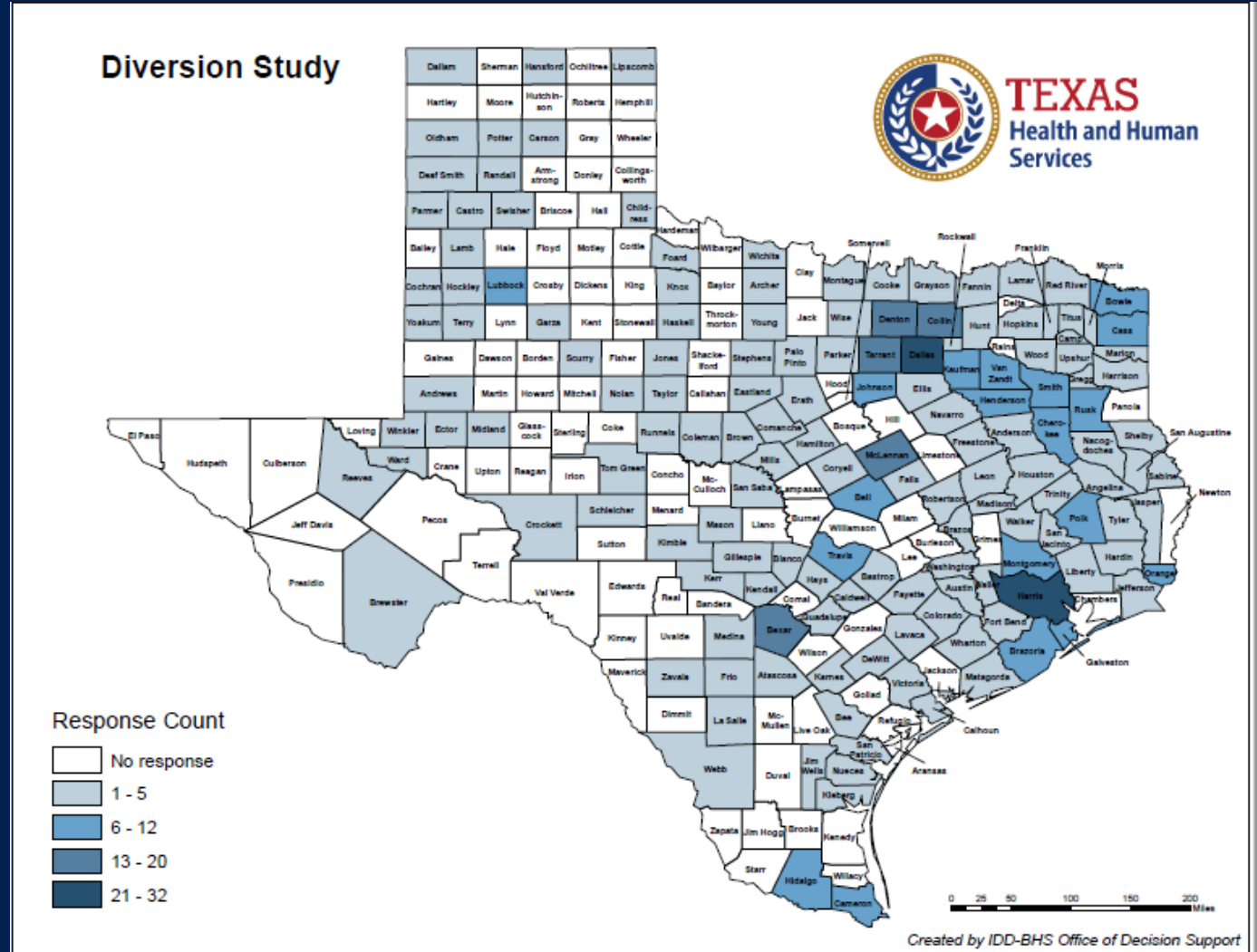
Diversions Survey – Demographics



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Quick Facts:

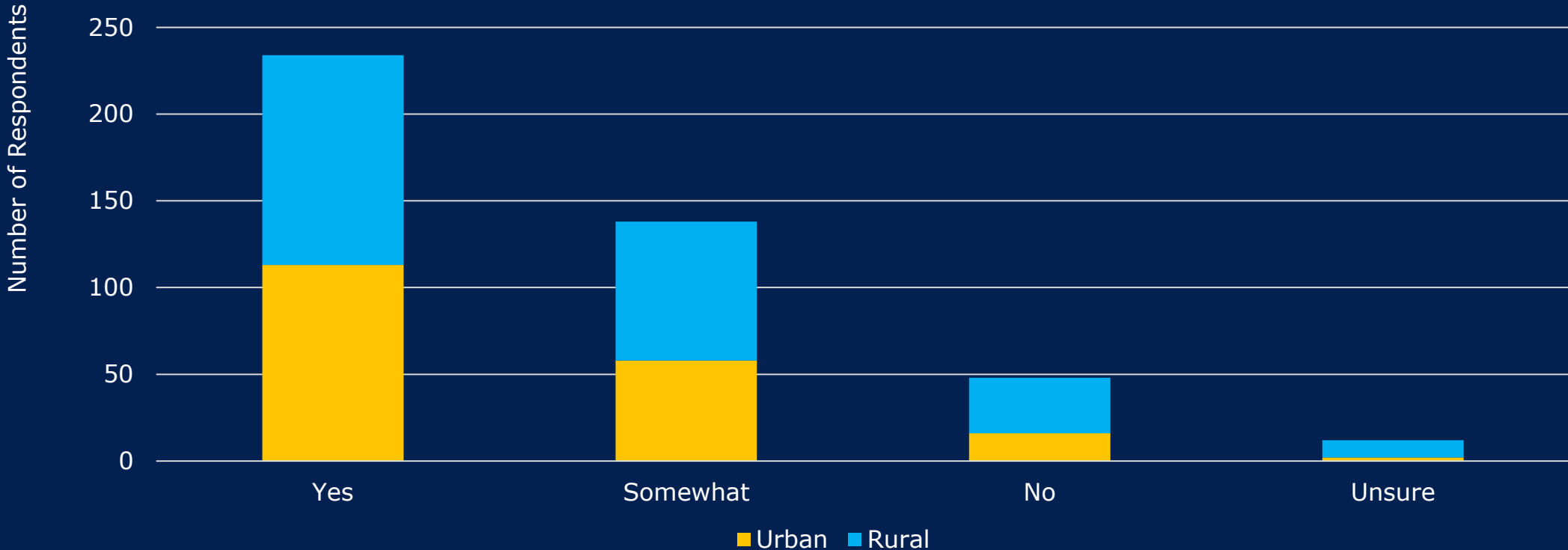
- 557 Unique Survey Responses
- 58% Rural; 42% Urban
- Majority represented departments of 50 or less



Diversion Survey – Responses

Priority of Pre-Arrest Diversion

Pre-arrest diversion for people with mental health and substance use is a priority in your law enforcement agency



Opportunities



Scaling and Reach



Broader collaboration



Data driven decision-making



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HHSC Jail In-Reach Learning Collaborative Cohort One Final Briefing

Jennie M. Simpson, PhD, Associate Commissioner, State Forensic Director, IDD-Behavioral Health Services, Texas Health and Human Services Commission

Felix Torres, MD, MBA, DFAPA, CCHP-MH, Chief of Forensic Medicine, Health and Specialty Care System, State Hospitals, Texas Health and Human Services Commission

JCAFS Annual Report (2021)

Findings from 2021 Utilization Review Protocol:

- Lack of access to State Hospital beds
- Limited communication between LMHAs, jails, state hospitals and courts regarding individuals on the forensic clearinghouse waitlist

Recommendations:

- Utilize best practices for jail diversion
- Provide stakeholder education



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Jail In-Reach Learning Collaborative



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The Jail-In-Reach Learning Collaborative (JIRLC) helps county forensic teams identify strategies to monitor people in county jails who have been found incompetent to stand trial (46B commitments) and are awaiting admission into a State Hospital.

JIRLC Goals

- **Support planning and coordination** across county forensic teams to reduce the wait for inpatient competency restoration services and improve outcomes for people found IST.
- Provide **Forensic Services Consultations, Clinical Consultations, and Legal Education** to support active waitlist monitoring and management.
- **Promote peer learning and networking** across participating counties.
- **Formalize jail in-reach processes** and help **enhance existing jail in-reach efforts and forensic services** in participating counties.



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JIRLC Services

Participating counties worked directly with Office of the State Forensic Director, State Hospital Forensic Medicine Team and Legal Services Division Office of Chief Counsel to receive:



Clinical Consultations

- Difficult clinical cases
- Medication management
- Guidance on competency restoration
- Guidance on court-ordered medications



Forensic Services

- Competency screening and re-evaluation
- Education on the MSU waiver process and expedited admission consideration
- Ongoing support for restored individuals once returned to jail



Legal Education

- Legal/statutory requirements
- Court-ordered medication process
- Alternate dispositions



Planning Support

- Assistance strengthening county forensic teams
- Engagement in behavioral health and justice systems planning

Counties also engaged in ongoing training and technical assistance through monthly technical assistance calls and one-on-one support from HHSC.

JIRLC Technical Assistance (1 of 2)



Technical Assistance

4 2-hour Long
Training Bootcamp Sessions
(Sept.)

6 1.5-hour Technical Assistance
Calls (Oct., Nov., Jan., Feb.,
March, April, June)

17 One-on-one Technical
Assistance Calls between
HHSC and County Forensic
Teams (Dec. and May)

20 Requests for Forensic
Services, Clinical
Consultations, Legal
Education or Other Types of
Support (Ongoing)

Featured Speakers

- Bluebonnet Trails Community Services Jail Diversion
- Collin County Mental Health Managed Care
- Mental Health Magistrate Tarrant County Criminal Courts
- Harris County District Attorney's Office
- Judicial Commission on Mental Health
- Lubbock County Sheriff's Office and StarCare
- National Association of Counties
- Texas Conference of Urban Counties
- Texas Commission on Jail Standards

JIRLC Technical Assistance (2 of 2)

Featured Topics

- Documenting Jail In-Reach Processes
- Identifying Options for People with Neurocognitive Disorders Found Unlikely to Restore
- Jail Standards and Mental Health
- Leveraging Form Z to Support Waitlist Management and Policy Development
- Modifying an Order Following an Inpatient Civil Commitment
- Operationalizing Court Ordered Medications
- Post Discharge Medications for Special Populations
- Supporting Planning and Relationship Building Across County Forensic Teams
- Utilizing JIRLC TA: Legal Education, Forensic Consultations, Clinical Consultations and General Support



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Evaluating the Impact of the JIRLC



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Forensic Waitlist Trends

- **Goal:** Track waitlist data trends by county
- **Data Source:** HHSC
- **Data Elements:**
 - ▶ # of people on the MSU and Non-MSU Waitlist
 - ▶ People added to the waitlist
 - ▶ Wait times
 - ▶ People removed
 - ▶ People removed due to JIRLC reevaluations



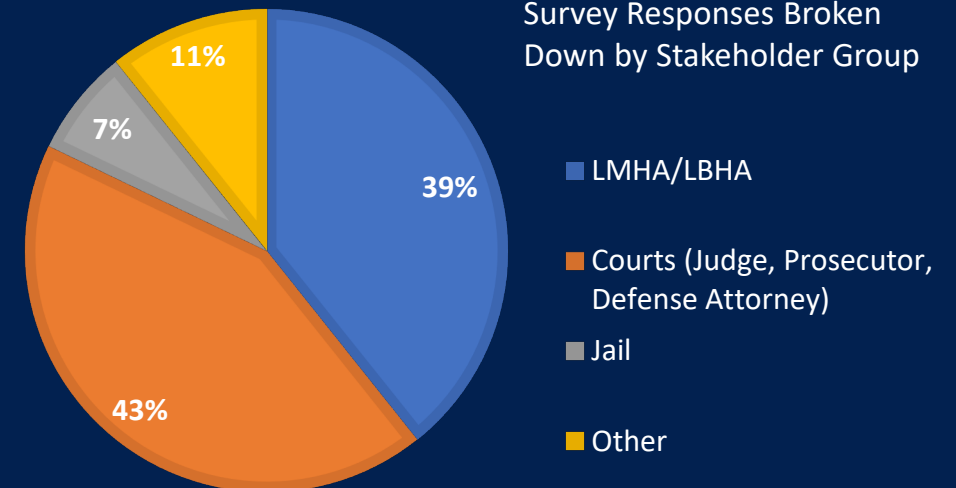
Forensic Team Interviews

- **Goal:** To document jail in-reach efforts for each county:
 - ▶ Jail in-reach programs and services;
 - ▶ Stakeholder roles and responsibilities;
 - ▶ County successes;
 - ▶ County challenges; and
 - ▶ Feedback on JIRLC TA.
- **Data Source:** HHSC offered 1-hr meetings to each county;
- **Respondents:** 10 of the 15 participating counties signed up for a final 1x1 meeting with HHSC.



Final JIRLC Survey

- **Goal:** To gain deeper insight into jail in-reach efforts, including:
 - ▶ An inventory of jail in-reach services by county;
 - ▶ A summary of successes, challenges and next steps; and
 - ▶ Feedback on HHSCs technical assistance.
- **Data Source:** Survey sent to all JIRLC participants
- **Respondents:**
 - ▶ 28 total survey responses;
 - ▶ Responses represent 13 of the participating 15 counties



Forensic Waitlist Data (FY21TD)



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Waitlist Additions and Removals (09/01/21-06/15/2022)	Non-MSU	MSU	Total
Added to waitlist	309	132	441
Removed from waitlist	241	75	316
<ul style="list-style-type: none"> Admitted to a SH or contracted facility 	135	15	150
<ul style="list-style-type: none"> Competency restored in jail (includes JBCR) 	48	43	91
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <i>JIRLC re-evaluations</i> 	1	2	3
<ul style="list-style-type: none"> Medical issues 	0	1	1
<ul style="list-style-type: none"> Outpatient services (includes OCR) 	13	8	21
<ul style="list-style-type: none"> Alternate disposition 	0	1	1
<ul style="list-style-type: none"> Other (case resolved, charges dropped, etc.) 	42	7	49
<ul style="list-style-type: none"> Timed out 	3	0	3

Key JIRLC Outcomes



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Key JIRLC Activities	# of Counties who Reported Starting Activity as a Result of JIRLC
Established regular multi-disciplinary meetings to actively monitor and manage the forensic waitlist	7 Counties
Started to or increased data collection and information sharing on people found IST between jail, courts, and/or LMHAs/LBHAs	8 Counties
Connected with peers through JIRLC to learn about other county jail in-reach efforts	6 Counties
Documented competency restoration and jail in-reach processes	6 Counties
Established a process for implementing court-ordered medications	6 Counties
Hired a Jail In-Reach coordinator position	2 Counties
Started or continued work to establish a new OCR or JBCR program	6 Counties
Improved utilization of an existing JBCR program	1 County
Applied to or secured additional funding to support jail in-reach efforts	2 Counties
Strengthened relationships between members of the county forensic team	10 Counties
Strengthened relationships between county forensic team and HHSC	9 Counties

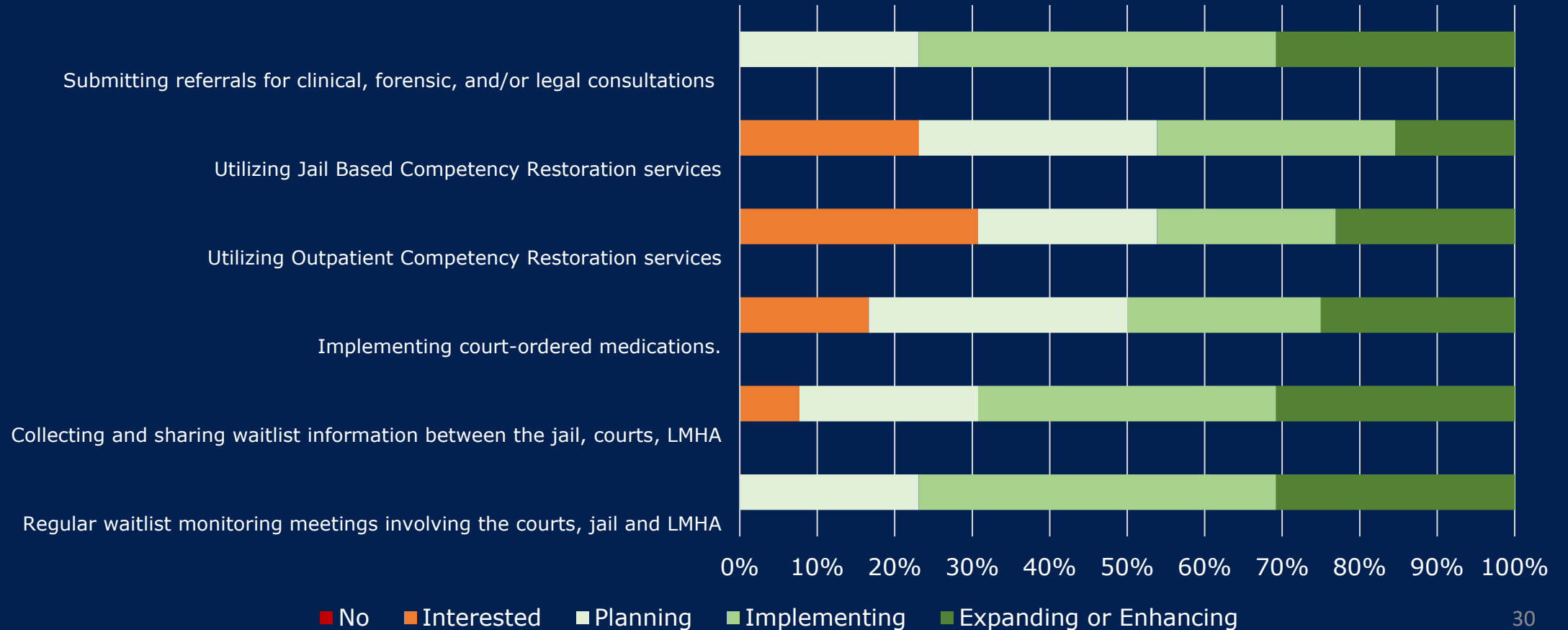
Highlights from the JIRLC Final Evaluation (1 of 6)

Assessment of county efforts to plan and implement jail in-reach activities.



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County Jail In-Reach Activities

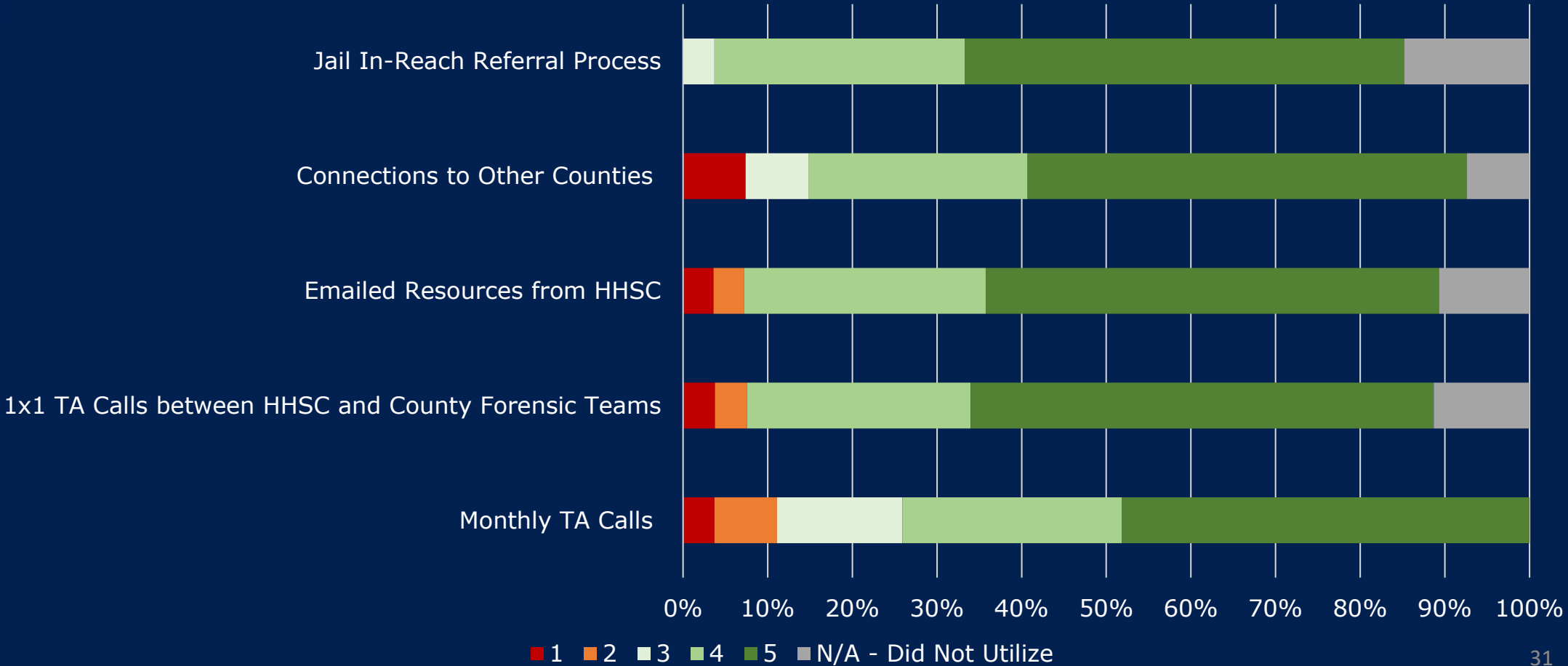


Highlights from the JIRLC Final Evaluation (2 of 6)

Assessment of HHSC's technical assistance.



Rating of HHSC's Technical Assistance

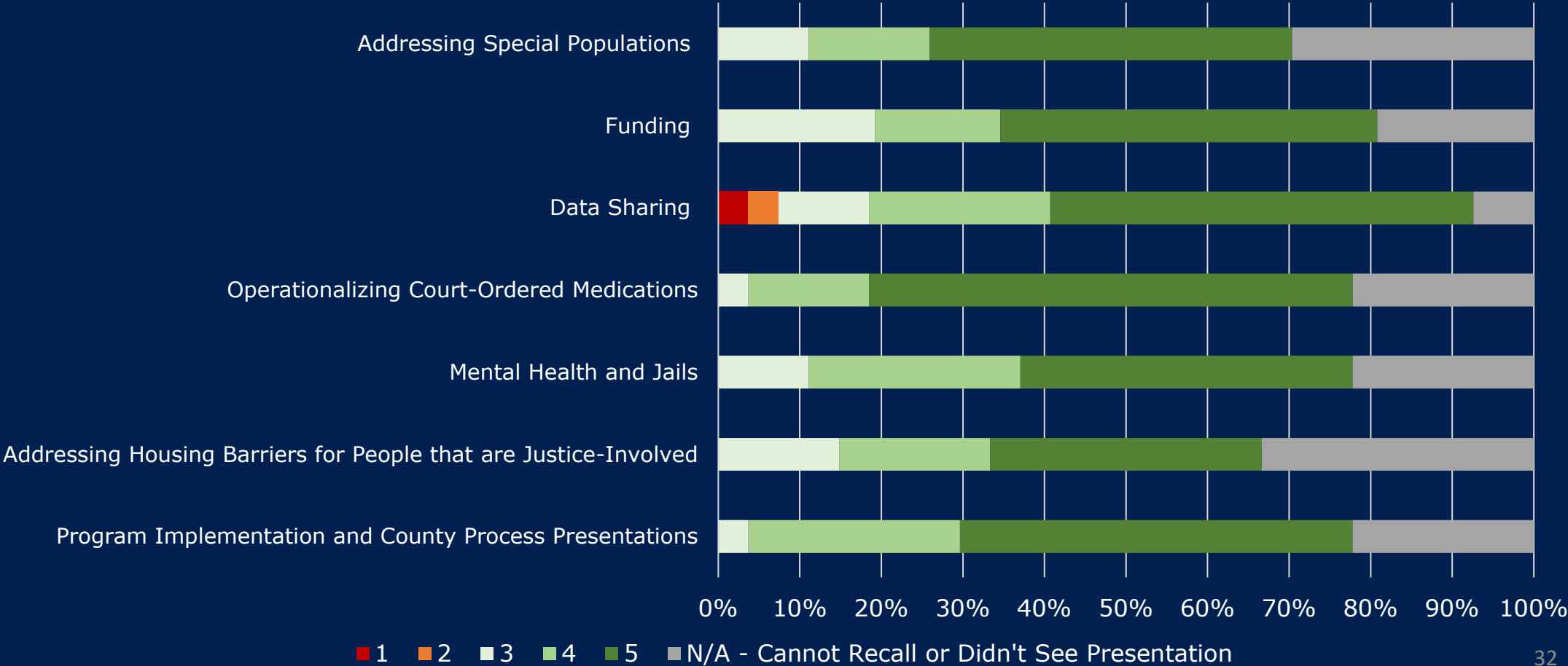


Highlights from the JIRLC Final Evaluation (3 of 6)

Assessment of HHSC's technical assistance, cont.



Rating of Technical Assistance Call Topics



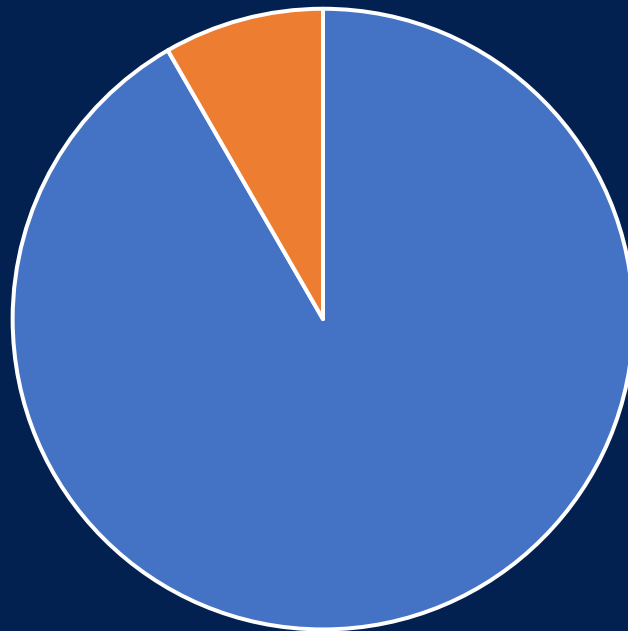
Highlights from the JIRLC Final Evaluation (4 of 6)



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Feedback from participants on topics for future cohorts.

Would it be helpful to host stakeholder-specific training sessions?



■ yes ■ no

What topics do you recommend being included or covered more in-depth for future JIRLC cohorts?

- More information on legal processes.
- More information on court ordered medications.
- Implementing JBCR and OCR.
- Incompetency findings with those on the Autism or IDD spectrum of care.
- More information on data sharing and data integration.
- Conflicting competency evaluations.
- Housing and reentry for people who are justice involved.
- General updates from state hospitals, including bed closures, workforce challenges, and other issues that might impact admissions.

Highlights from the JIRLC Final Evaluation (5 of 6)

Greatest successes as reported by participants.



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Strengthening our partnership with LE, Courts, and LMHA to look for solutions to our challenges and provide the best service to people with mental illness or who have been found IST.

Coming together with our LMHA to further understand the process for getting clients to state hospitals.

Progress made implementing COMs and increasing information sharing across county forensic team.

Establishing a stakeholder taskforce and forensic teams to discuss issues related to the forensic waitlist.

Expanding alternatives to State Hospital competency restoration services in our county, including diversion, OCR and JBCR.

Recognizing that we can make an impact and that HHSC and other counties are developing successful programs. Our team has improved communication, implemented a bi-weekly court review of all new inmates with a focus on mental health issues, and put in place procedures for 16.22 evaluations.

Establishing bi-weekly meetings to staff the waitlist and a process for implementing COMs.

Highlights from the JIRLC Final Evaluation (6 of 6)

Greatest challenges as reported by participants.



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Staff turnover and staff shortages - which results in the need for ongoing training and education.

The legal system.

We are a rural area and resources and funding are a constant challenge to provide behavioral health services.

Communication across stakeholders.
Resistance within participating departments department.

There aren't enough beds.

A lack of financial resources to implement the competency restoration programs we desire.

Safe and stable housing, an insufficient number of state hospital beds, and local efforts to get misdemeanor forensic patients restored before the maximum term of sentence has run.

Placement for violent offenders for whom competency is not likely to be restored but the DA office is not willing to dismiss charges without something in place to help ensure adherence with MH treatment and reduce recidivism likelihood

Testimonials



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Our county greatly benefitted from participating in the JIRLC. It helped local stakeholders – Jail, LMHA, Community Supervision, and Courts – communicate more efficiently and effectively. As a Judge, not only did I learn more about the law, but I became more confident in the decisions I was making for this population. From the knowledge obtained through the collaborative we have enhanced our Court procedures and have developed a road map to make even more improvements that will save local taxpayer dollars and provide better outcomes for defendants.

– Judge Phillips, The 59th Judicial District Court, Grayson County

The JIRLC allowed us as a rural community to walk through the competency restoration and jail in-reach process with community partners representing the LMHA, jail and courts. The technical assistance calls gave us the knowledge and processes needed to provide additional help to those in jails who have been found IST. We will apply what we have learned with Jackson County to our five other rural county jails to improve outcomes for those found IST.

– Jeff Tunnel, Chief Executive Officer, Gulf Bend Centers

Lives Impacted



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*A person had been in the county jail for over a year waiting to go to the SH for competency restoration. The charge was a result of the person being in crisis and threatening a family member. The family wanted the person to get help so they called the police, resulting in criminal charges. The family was very concerned about how long their loved one was in jail and regretted having called the police. The person started taking his medication and the jail psychiatrist believed they had regained competency. The LMHA submitted a request for reevaluation through the JIRLC, which was conducted remotely by Dr. Canales, who opined the defendant as competent. **The court found the person CST and the case was resolved shortly thereafter. The defendant is back with their family.***

Next Steps

In response to ongoing demand and the success of Cohort One, the JIRLC will continue!

- HHSC will continue to engage Cohort One by sharing monthly data reports and facilitating quarterly technical assistance calls
- HHSC will open applications to Cohort Two
 - ▶ Cohort Two will launch on September 13, 2022
 - ▶ The deadline to apply is August 17, 2022

Contact JailInReach@hhs.texas.gov for more information!



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Questions?

For more information contact Jailinreach@hhs.texas.gov.



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Thank You!

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