Report of the Joint Committee on Access and Forensic Services for Fiscal Year 2016

As Required By
Texas Health and Safety Code Section 533.0515(d) and
Title 25, Part 1 Texas Administrative Code,
Section 411.3(e)(1-3)

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1. Executive Summary

The Joint Committee on Access and Forensic Services (JCAFS), established by the Executive Commissioner to implement the provisions of Senate Bill (S.B.) 1507, 84th Legislature, Regular Session, 2015, has worked collaboratively with the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) to identify ways in which the state can efficiently and effectively use the beds available within the state hospital system. Texas Administrative Code (TAC) rules governing the JCAFS require the committee to submit an annual report to the Executive Commissioner and to the Legislature each year. Additionally, Texas Health and Safety Code, Section 533.0515(d) requires the committee to submit a proposal to the Executive Commissioner for an updated bed day allocation methodology and bed day utilization review protocol no later than December 1 of each even-numbered year.

The initial recommendations for an updated bed day allocation methodology and utilization review protocol were generated by the JCAFS and submitted to DSHS in February 2016. The JCAFS' recommendations were reviewed by DSHS and HHSC and subsequently approved in May 2016.

The JCAFS voted during its August 31 meeting to combine the deliverables of Texas Health and Safety Code, Section 533.0515(d), and 25 TAC, Section 411.3(e)(1-3) into one document for submission to the Executive Commissioner and the Legislature. This document provides a summary of the committee's fiscal year 2016 meetings and activities and conveys the committee's recommendations as previously submitted to HHSC.

The state is facing critical capacity issues within the state mental health system with both its inpatient and community-based services. Recent legislative sessions have seen a significant financial commitment to expanding our mental health services; however, the state hospital system is less and less available to individuals who need this resource. County jails and hospital emergency departments are experiencing a flood of persons who need an appropriate inpatient placement. The consequences of this are visible on the pages of our daily newspapers: individuals in crises, increased costs to the State and local governments, suicides in county jails and in the community, and stress to families. The backlog of individuals waiting in jail for inpatient psychiatric care has reached crisis levels, and actions by the department to increase forensic capacity have further reduced access for civil and voluntary patients.

Over the next eight years, the JCAFS recommends adding 1,800 beds to meet the existing need and accommodate population growth. Given the challenges in adding new capacity, the JCAFS' consensus is the most prudent approach would be a significant initial expansion of state-operated and state-funded inpatient capacity, to include additional forensic and civil commitment beds, followed by a gradual increase in beds to meet both the current and future demand. To address the immediate crisis, the JCAFS recommends adding at least 800 inpatient beds in fiscal year 2018 above present effective capacity, including forensic and civil commitment beds.

The committee's estimates of current and future hospital bed needs are intended to provide sufficient capacity for both civilly and forensically committed individuals, but inpatient resource needs should not be considered in isolation. A robust system of community-based services is the only way to reduce future demand for acute care and provide individuals with the supports they

need to live stable and productive lives. Inpatient and crisis services must be embedded in a community-driven system designed to promote recovery and reduce the need for acute care. Every local service area must offer access to an integrated array of essential services and supports for individuals with behavioral health needs. These include outreach and engagement, outpatient mental health and substance use treatment services, peer support services and recovery supports, a range of appropriate living environments, supported employment services, service coordination, and primary healthcare. Services should be readily available, robust, and easily accessible. With a strong system of services and supports, most individuals can maintain stable lives in the community.

2. Introduction

S.B. 1507, 84th Legislature, Regular Session, 2015, directed DSHS to reconvene the advisory panel established by House Bill 3793, 83rd Legislature, Regular Session, 2013. The charge set forth for the advisory panel was to develop, make recommendations, and monitor the implementation of updates to a 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. The advisory panel was further charged with making recommendations for the implementation of a bed day utilization review protocol including a peer review process. In addition to reconvening the advisory panel, the legislation directed DSHS to establish a forensic workgroup made up of experts and stakeholders to make recommendations for a comprehensive plan for the coordination of forensic services. Because the advisory panel and forensic workgroup have shared members and closely related charges, DSHS formed a joint committee, herein referred to as JCAFS. A complete listing of the JCAFS membership can be found in Appendix A.

S.B. 200, 84th Legislature, Regular Session, 2015, required the transfer of the legacy DSHS Mental Health and Substance Abuse (MHSA) division, which administered this program, to HHSC on September 1, 2016. As a result, HHSC is now responsible for administratively supporting the JCAFS and its report with committee recommendations due December 1 of each year.

TAC rules governing the JCAFS require the committee to submit an annual report to the Executive Commissioner and Legislature each year. Additionally, Texas Health and Safety Code, Section 533.0515(d) requires the committee to submit a proposal to the Executive Commissioner for an updated bed day allocation methodology and bed day utilization review protocol not later than December 1 of each even-numbered year.

The initial recommendations for an updated bed day allocation methodology and utilization review protocol were generated by the JCAFS and submitted to DSHS in February 2016. The JCAFS' recommendations were reviewed by DSHS and HHSC and subsequently approved in May 2016.

The JCAFS voted during its August 31 meeting to combine the deliverables of Texas Health and Safety Code, Section 533.0515(d), and 25 TAC, Section 411.3(e)(1-3) into one document for submission to the Executive Commissioner and Legislature. This report provides a summary of the committee's fiscal year 2016 meetings and activities and conveys the committee's recommendations as previously submitted to HHSC.

3. Background

The JCAFS has the following purposes:

- Make recommendations for a comprehensive plan for effective coordination of forensic services.[1]
- Make recommendations and monitor implementation of updates to a bed day allocation methodology.
- Make recommendations and monitor implementation of a utilization review protocol for state-funded beds in state hospitals and other inpatient mental health facilities.

It should be noted the recommendations for an allocation methodology and utilization review protocol are narrowly drawn to respond to the immediate task defined by S.B. 1507. These processes are based on current resources and do not address the underlying capacity challenges facing the mental health service system. Such challenges undermine the efficacy of these recommendations.

To address these challenges, the committee has focused on the critical issue of capacity within the state hospital system, making recommendations to address short-term and long-term challenges in providing adequate inpatient capacity to serve the state's growing population. Long-term capacity recommendations were included in the committee's legislative report regarding forensic services. More recently, the committee developed further recommendations to address the urgent need for additional civil and forensic beds in the current fiscal year. In addition, the JCAFS has made recommendations to expand access to community-based crisis and outpatient services to reduce future demand for inpatient beds. For a list of definitions for the terms used in this report, please refer to Appendix B.

4. Meetings and Activities

The JCAFS was convened in December 2015 and met nine times in fiscal year 2016.

- December 15, 2015
- January 22, 2016
- February 9, 2016
- February 22, 2016
- March 21, 2016
- April 8, 2016
- June 24, 2016
- July 29, 2016
- August 31, 2016

[1] The JCAFS' legislative report containing recommendations for a comprehensive plan for the effective coordination of forensic services was submitted in June 2016.

In fiscal year 2016, the committee accomplished the following activities:

- Developed and made recommendations to the Executive Commissioner for a bed day allocation methodology and a framework for a utilization review protocol.
- Developed and submitted a legislative report with recommendations concerning the creation of a comprehensive plan for the coordination of forensic services.
- Developed recommendations to address the immediate and long-term need for additional bed capacity in the state hospital system as well as services to reduce future demand.

5. Recommendations

5.1 Bed Day Allocation Methodology

In developing an allocation methodology, S.B. 1507 requires an evaluation of several factors impacting utilization, including clinical acuity, the prevalence of serious mental illness, and the availability of resources in a region. The JCAFS considered each of these factors in developing its recommendations for updating the allocation methodology and recommended continued evaluation of how these factors influence hospital bed day utilization.

Historically, the bed day allocation methodology allocated available hospital beds among local service areas based on the total population in each service area (i.e., a local authority with ten percent of the state's population would be allocated ten percent of the available beds). The allocation methodology applied to all beds in the state hospital system, excluding maximum security beds and residential adolescent beds. Beds in the state hospital system include state hospital beds, contracted community beds, and contracted private psychiatric beds.

5.1.1 Recommendations

The JCAFS initial recommendations for an allocation methodology were submitted in February 2016, and the updated methodology was implemented in September 2016. The recommendations were submitted as follows:

1. Maintain the current exclusions for maximum security beds and residential adolescent beds.
2. Update the current bed day allocation methodology to allocate beds based on the poverty-weighted population, which gives double weight to the population with incomes at or below 200 percent of the Federal Poverty Level (FPL):

   $$\textit{Poverty-weighted Population} = \textit{Total Population} + \textit{Population} \leq 200\%\ \textit{FPL}$$

3. Continue to evaluate the utility and potential impact of incorporating factors related to acuity and the availability of local resources.
4. Use the bed day allocation as a metric for analyzing bed day utilization, but do not consider imposing a sanction, penalty, or fine on a local authority for using more than the allocated number of hospital bed days since such financial penalties would require further legislative action to authorize.

5. Modify existing funding contracts with local authorities to clarify provisions allowing for penalties for contract violations do not include using more bed days than is allocated to the local authority under the bed day allocation.[2]

5.1.2 Rationale

The committee based its recommendation to use the poverty-weighted population on the following:

- Research has indicated a correlation between poverty and serious mental illness, suggesting poverty might serve as a proxy indicator for prevalence.
- The overwhelming majority of individuals receiving state-funded services have incomes at or below 200 percent FPL.
- The 84th Legislature used the poverty-weighted population rather than the general population as the basis for comparing per capita funding among local authorities and appropriating funds to those below the statewide level of per capita funding. Using the same metric for allocating funding and hospital beds establishes a consistent approach to resource allocation. In addition, the proposal to move to the poverty-weighted population was supported by a broad group of stakeholders during the legislative session.
- The proposed methodology allocates more bed days to local service areas with higher rates of poverty, but does not result in a dramatic redistribution of beds.

5.2 Utilization Review Protocol

S.B.1507 calls for a utilization review protocol including a peer review process to evaluate the use of state-funded beds, alternatives to hospitalization, readmission rates, and the average length of admission. This utilization review protocol should also allow for the review of diagnostic and acuity profiles to assist in making informed decisions regarding the efficient and effective use of resources.

5.2.1 Recommendations

The JCAFS submitted its initial recommendations regarding a utilization review protocol to the Executive Commissioner in February 2016. As the committee continued to work with DSHS, HHSC, and other stakeholders on operationalizing the protocol, opportunities for streamlining and simplification were identified and are reflected in the following recommendations. Implementation of these recommendations began in fiscal year 2017 with HHSC coordinating efforts in collaboration with the JCAFS.

The recommendations of the committee regarding the development of a utilization review protocol are as follows:

1. Adopt a flexible framework allowing for refinement as the process is implemented.

[2] The recommended revision was made to the fiscal year 2017 contracts.

2. Revise the current monthly State Hospital Allocation Methodology (SHAM) report to include a detailed set of data regarding bed day utilization, length of stay, readmission rates, and other key indicators.
3. Establish an expert panel to provide consultation on individual cases.
4. Assign responsibility for statewide data analysis and utilization review to a subcommittee of the JCAFS comprised of peers from multiple disciplines.
5. Establish a tracking system to monitor results and provide feedback to the expert panel and the JCAFS.
6. Implement the Utilization Review Protocol using the following framework:
    - The Utilization Peer Review[3] Subcommittee conducts a statewide analysis of utilization patterns using the expanded SHAM report.
    - The Utilization Peer Review Subcommittee identifies utilization outliers, to include Local Mental Health Authorities (LMHAs) with utilization above or below their allocated bed days.
    - Identified LMHAs scheduled for a peer review teleconference to identify key indicators regarding utilization and, if appropriate, develop a plan outlining recommended strategies to address patterns of utilization.
    - Prior to the teleconference, HHSC provides participants with more detailed data on the LMHA's patterns of utilization, including information regarding patients' diagnostic and acuity profiles.
    - HHSC collects follow-up information and provides it to the Utilization Peer Review Subcommittee for review.
    - The Utilization Peer Review Subcommittee identifies and reports to the JCAFS:
        - Problem-solving strategies appearing to have been useful in addressing patterns of utilization.
        - Policy and resource issues that must be addressed at the state level.
7. Pilot the initial protocol before implementing on a statewide basis.

An initial teleconference took place in November 2016 with the Utilization Peer Review Subcommittee, representatives of HHSC, and four LMHAs who were invited to discuss data from the expanded SHAM report as it related to overall patterns of bed day utilization and to provide the JCAFS and HHSC with feedback on how best to implement the protocol statewide. Future teleconferences, as described in number six of the outline above, will focus on the utilization patterns of those LMHAs who are above or below their allocation.

5.2.2 Rationale

The utilization review protocol is an alternative to prior policy of potentially assessing financial penalties on an LMHA using more hospital bed days than it is allocated. Rather than focusing exclusively on the number of bed days utilized by an LMHA, the protocol is designed to understand and address the factors driving the observed patterns of utilization. Together with the metric established using the bed day allocation methodology, the utilization review protocol

[3] In this context, Peer Review describes a process of members of the same discipline or stakeholder group providing feedback and recommendations on issues impacting utilization of hospital beds. It does not refer to a professional review action or medical peer review conducted by a professional review body or medical peer review committee as referenced in the Texas Occupations Code.

presents a problem-solving approach to support efficient and effective utilization of beds within the state hospital system.

The goal of the utilization review protocol is to bring key decision makers and stakeholders together to:

- Identify factors contributing to patterns of utilization of forensic and civil beds.
- Develop recommendations for LMHAs and/or state hospitals to address patterns of utilization. Recommendations may include strategies to:
  - Reduce demand and divert patients to community-based alternatives;
  - Facilitate the discharge of civil and forensic patients who no longer need an inpatient level of care; and
  - Enhance access to appropriate levels of care.
- Identify systemic barriers and policy issues contributing to patterns of utilization that must be addressed at the state level.

These goals cannot be accomplished without more detailed information about patterns of utilization. Therefore, the committee recommended replacing the existing monthly SHAM report, which contains only the total number of bed days used in relation to the number of bed days allocated, with a workbook including detailed data on a range of indicators. This information will provide a foundation for the JCAFS utilization review activities, and it will also help LMHAs identify and address issues at the local level to ensure the most efficient use of hospital beds.

The JCAFS recognizes the need for utilization review to include a multidisciplinary set of peers representing different stakeholder groups. While LMHAs are identified as the front door to the state hospital system, most admissions are the result of emergency detentions or forensic commitments. Stakeholders at the local level must work together to ensure interventions result in the most appropriate level of care for individuals and the most efficient use of limited hospital resources. Similarly, statewide utilization review activities must include representation from stakeholder groups with different roles and perspectives.

Because this is a new system, the committee recommended a flexible framework be adapted as participants learn what works well and where changes might be needed to improve the process. Committee members also recognized the need to establish a tracking system to monitor the impact of recommendations and determine if the process is achieving its objectives. The goal is to develop a system of value to local stakeholders and state policy makers.

The recommended utilization peer review process focuses on outliers identified using the SHAM report. Understanding the current patterns of utilization requires attention to LMHAs with utilization below their allocated bed days as well as those who are above their allocation. Because of the shortage of hospital beds, it is important to examine factors impacting access as well as utilization.

The utilization review protocol anticipates each review will result in a different response, depending on the issues identified. In some cases, participants may recommend meetings or activities could be helpful in addressing local issues. Whenever possible, such recommendations

will rely on collaborative problem-solving and peers talking with peers. At other times, the committee may find none of the identified issues can be addressed through local intervention and require consideration at the state level. These issues will be brought to the full JCAFS for discussion.

The JCAFS recognizes LMHAs sometimes encounter challenging situations that might benefit from input from experienced peers and experts. A final recommendation is to establish an expert panel to offer LMHAs a forum for consultation. In addition to problem-solving individual cases, these reviews may provide a better understanding of some of the challenges impacting bed day utilization.

5.3 Coordination of Forensic Services

The JCAFS submitted its forensic recommendations in a May 2016 legislative report entitled "Recommendations for the Creation of a Comprehensive Plan for Forensic Services." In this report, the committee recommended the development of a comprehensive plan for forensic services taking into consideration the following areas: emergency services, law enforcement, and post-arrest diversion programs designed to decrease the number of persons with serious mental illness who come into contact with the criminal justice system; forensic services following initial court hearings (e.g., forensic evaluations, commitments, and competency restoration and behavioral health services provided in community and hospital settings); and reentry and community-based services and supports for persons who are ready to transition to less restrictive levels of care.

Specific recommendations of this report speak to each of these areas as well as a number of more general recommendations addressing the system as a whole. The committee's recommendations emphasize a system-wide approach to addressing the coordination of forensic services building upon the belief the demands of the forensic population will not be successfully met without the overall public mental health system becoming more proactive in its efforts to provide individuals with access to appropriate services and supports in a timely and effective manner.

5.4 Recommendations to Support the Efficient and Effective Use of Hospital Beds

The committee has built upon past work to make specific recommendations regarding inpatient capacity, where the need is both acute and urgent. Expanding access to inpatient services is critical, and more beds are needed immediately to alleviate the current crisis. When no hospital beds are available, individuals needing inpatient care end up in local emergency rooms and jails, often for extended periods of time. This denies appropriate care to individuals in crisis and places a substantial burden on local communities, particularly in rural areas.

While the first priority is expanding inpatient capacity in the state hospital system, reducing future demand for inpatient care requires further expansion of diversion services and alternatives for crisis stabilization at the local level. The Legislature has made significant investments in crisis services over the past several biennia, but many areas still lack vital services.

It is essential to have a robust system to respond to individuals in crisis, but the long-term goal must be to provide timely access to appropriate community-based services supporting

individuals in achieving recovery and long-term stability. Without sufficient outpatient capacity to meet demand, the need for crisis care and inpatient beds will continue to grow.

5.4.1 Recommendations

1. Over the next eight years, the JCAFS recommends adding 1,800 beds to meet the existing need and accommodate population growth. Given the challenges in adding new capacity, the JCAFS' consensus is the most prudent approach would be a significant initial expansion of state-operated and state-funded inpatient capacity, to include additional forensic and civil commitment beds, followed by a gradual increase in beds to meet both the current and future demand.
    - To address the immediate crisis in access to inpatient care, the committee recommends adding at least 800 inpatient beds in fiscal year 2018 above present effective capacity, including forensic and civil commitment beds.
2. After the immediate need for substantially greater access to inpatient care is addressed, the JCAFS recommends further investments in other types of beds (such as crisis stabilization, detoxification, respite, subacute care, residential treatment, and supported housing) to provide cost-effective local options that can reduce future demand for hospital beds.
    - In the next biennium, the JCAFS recommends funding Psychiatric Emergency Services Centers (PESC)[4] projects in ten additional communities to provide local alternatives to inpatient care. These could include respite beds targeted to individuals who require a supervised living environment to participate in outpatient competency restoration programs as an alternative to hospitalization. Consideration should also be given to additional crisis centers in rural and urban areas providing a place for police to directly transport those in crisis.
3. To address a critical gap in the state's mental health service system, the committee recommends funding for supervised residential options for individuals under court supervision who need a structured living environment to permit discharge from the hospital or to avoid admission to the hospital. At the present time, the JCAFS supports baseline funding for regional reintegration centers to transition forensic patients from the state hospital to the community. These centers could leverage the funding and services available through the 1915(i) Home and Community-Based Services Medicaid Waiver to provide a cost-effective way to reduce the hospital length of stay for forensic patients.
4. The JCAFS recommends expanding outpatient capacity to accommodate population growth, promote prevention, ensure ready access to outpatient care when needed, provide alternatives for patients who are diverted from incarceration, and ensure access to stepdown services for individuals transitioning out of more intensive levels of care.
5. To address the needs of individuals involved in the criminal justice system, the JCAFS recommends:
    - Increased funding for the Texas Correctional Office on Offenders with Medical or Mental Impairments to expand mental health diversion services and caseloads serving offenders with high criminogenic risk and clinical care need.
    - Expanded support for jail diversion programs and strategies, including crisis intervention team models, mental health deputy programs, and the utilization of criminogenic risk

[4] PESC projects can include Extended Observation Units, Crisis Stabilization Units, Crisis Respite Units, and Crisis Residential Units.

assessments. Included in this is a specific request to fund ten communities to replicate law enforcement diversion programs such as Crisis Intervention Response Teams and Law Enforcement Assisted Diversion as well as adaptations proven successful in rural areas.

5.4.2 Rationale

In 2014, DSHS consultants assisting with the State Hospital System Long Term Plan developed a methodology to capture the unmet need for hospital beds. The forecast methodology incorporated factors including incidence and prevalence rates, the steady growth in population, changing demographics, trends such as an increase in the forensic population, the future role of the state hospitals, and changes in the continuum of care. Using this model, the CannonDesign consultants suggested a need of about 4,300 state-funded beds in 2014, and an additional 50 new beds per year to accommodate the state's growing population.

The consensus of the JCAFS is the best available estimate of current need in Texas is about 4,400 beds, which accounts for population growth since 2014. Currently there are approximately 3,000 DSHS-funded psychiatric beds in Texas, if state hospital beds and purchased community beds are included.[5] Therefore, about 1,400 new beds are necessary to meet the committee's consensus recommendation. In addition, the committee agrees an additional 50 beds will need to be brought online each year to accommodate projected population growth.

The JCAFS recognizes operating an additional 1,400 beds at the current average cost for state hospital beds may cost over $300 million annually (not inclusive of any potential construction costs). Moreover, there are significant limitations on the state's ability to quickly add state-operated capacity, including staffing challenges and facility deficits making substantial increases in state hospital capacity a long-term strategy. But the current inpatient capacity does not need to focus on state-operated hospital beds alone. The state should be able to meet some of this need by contracting for additional acute psychiatric capacity, although the cost per bed day is likely to be higher and the number of beds available for state contracting is not fully known. While this strategy has proven successful in expanding access to inpatient psychiatric care, it must be recognized local hospitals are not equipped to treat the many patients with very high acuity and complex needs, including large numbers of forensic patients.

Recent legislative sessions have seen a significant financial commitment to expanding our mental health services. However, the state hospital system is less and less available to individuals needing this resource. County jails and hospital emergency departments are experiencing a flood of persons who need appropriate inpatient placement. The consequences of this are visible on the pages of our daily newspapers: individuals in crises, increased costs to the State and local governments, suicides in county jail and in the community, and stress to families. In the committee's deliberations, considerable discussion has focused on the growing backlog of individuals in county jails awaiting court-ordered forensic services in state hospitals. For maximum security beds alone, the number of individuals waiting for a bed as of October 26,

[5] Note, the actual number of available beds within the state-funded psychiatric hospital system may vary depending upon hospital staffing shortages and issues pertaining to facility maintenance and repair.

2016, was 284 with 250 of these individuals waiting for more than 21 days.[6] In the opinion of the JCAFS, the backlog for forensic admissions has reached crisis levels justifying immediate attention. The longer it takes to respond to the capacity crises, the more expensive and difficult to address the problem will become.

To address this situation, the State Hospitals Section of DSHS has taken steps to prioritize forensic admissions and convert civil capacity to forensic capacity. While this action decreased the waitlist for non-maximum security beds, it also reduced access for civil patients and could have a long-term deleterious effect. More individuals experiencing personal health care crises will not receive the inpatient care they need, and many could end up in jail awaiting a forensic commitment. Needless involvement with the criminal justice system is detrimental to individuals, their families, and local communities. It is imperative sufficient capacity be available to afford individuals in crisis prompt access to inpatient services when needed. Given the number of individuals waiting for a maximum security bed, it is clear the current crisis cannot be resolved without expanding maximum security capacity.

The committee's estimates of current and future hospital bed needs are intended to provide sufficient capacity for both civilly and forensically committed individuals, but inpatient resource needs should not be considered in isolation. The demand for inpatient care depends, in part, upon the array and availability of community-based services. Over the long term, a mix of bed types based on regional needs and ensuring prompt admission to the appropriate level of care may achieve goals related to access at the most efficient cost.

Inpatient and crisis services must be embedded in a community-driven system designed to promote recovery and reduce the need for acute care. Every local service area must offer access to an integrated array of essential services and supports for individuals with behavioral health needs. These include outreach and engagement, outpatient mental health and substance use treatment services, peer support services and recovery supports, a range of appropriate living environments, supported employment services, service coordination, and primary healthcare. Services should be readily available, robust, and easily accessible. With a strong system of services and supports, most individuals can maintain stable lives in the community.

6. Conclusion

Prompt access to inpatient care is a critical component of public mental health services. The JCAFS is working collaboratively with DSHS and HHSC to ensure the most efficient and effective use of available beds within the state hospital system. These efforts include the committee's recommendations for an updated bed day allocation methodology and implementation of a utilization review protocol including a peer review process.

Despite these efforts, the state is facing critical capacity issues within the state mental health system, with both its inpatient and community-based services. The Legislature has made significant investments in the public mental health system in recent years, but available resources are insufficient to meet the growing demand for hospital beds. Individuals in crisis are often

[6] DSHS, State Hospitals Section, Office of Decision Support, October 2016.

unable to access the care they need and subsequently wait for long periods of time in local emergency rooms and jails. The backlog of individuals waiting in jail for inpatient psychiatric care has reached crisis levels, and actions by the department to increase forensic capacity has further reduced access for voluntary and civil patients. In addition, limited maximum security capacity has resulted in hundreds of individuals waiting in jail for over 21 days.

The JCAFS recommends an immediate expansion of forensic and civil capacity and additional investments in bed capacity to address the existing state hospital crisis. In addition, the committee recommends continued investments in both inpatient and community-based services. While inpatient care must be available when needed, a robust system of community-based services is the only way to reduce future demand for acute care and provide individuals with the supports they need to live stable and productive lives in the community.

List of Acronyms

Acronym	Full Name
CIRT	Crisis Intervention Response Teams
DSHS	Department of State Health Services
FPL	Federal Poverty Level
HHSC	Health and Human Services Commission
JCAFS	Joint Committee on Access and Forensic Services
LEAD	Law Enforcement Assisted Diversion
LMHA	Local Mental Health Authority
MHSA	Mental Health Substance Abuse Division
PESC	Psychiatric Emergency Services Center
S.B.	Senate Bill
TAC	Texas Administrative Code

Appendix A: Joint Committee on Access and Forensic Services Committee Members

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Texas Municipal League

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Texas Council of Community Centers

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County Judge, Angelina County
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Texas Correctional Office of Offenders with Medical or Mental Impairments

Appendix B: Definitions

Term	Definition
Civil commitment	An individual may be ordered to receive mental health treatment as outlined in Health and Safety Code Title 7, Subtitle C, Chapter 574 if the individual has a mental illness and, as a result, is likely to cause harm to self or others or is suffering from severe and abnormal distress, is experiencing substantial deterioration in the ability to function independently, and is unable to make rational and informed decisions about treatment.
Competency restoration	The process used when an individual is found incompetent to stand trial for an offense. An individual is determined to be restored to competency when he or she is able to consult with his or her attorney and has a rational as well as factual understanding of the criminal proceedings.
Crisis Intervention Response Teams (CIRT)	CIRTs consist of specially trained law enforcement officers who work to address the needs of persons with mental illness while linking them to appropriate services and supports.
Crisis stabilization	Short-term residential treatment designed to reduce acute symptoms of mental illness.
Emergency detention	An individual may be admitted to a mental health facility following procedures outlined in Health and Safety Code Title 7, Subtitle C, Chapter 573 if the individual is mentally ill and there is evidence of substantial and imminent risk of harm to self or others.
Engagement	Activities to develop a therapeutic alliance and strengthen rapport with a client.
Forensic beds	Hospital beds utilized for patients on a forensic commitment (i.e., those deemed not guilty by reason of insanity or incompetent to stand trial).
Forensic commitment	An individual may be ordered to receive mental health treatment as outlined in Texas Code of Criminal Procedure Chapters 46B (incompetent to stand trial) or 46C (not guilty by reason of insanity).
Law Enforcement Assisted Diversion (LEAD)	LEAD is a pre-booking diversion program utilizing a harm reduction framework for approaching substance use, with participants offered immediate access to treatment services.

Term	Definition
Maximum security beds	Beds located in a secured hospital utilized for individuals found to be: • Incompetent to stand trial who are charged with an offense specified in Code of Criminal Procedure Article 17.032; • Not guilty by reason of insanity whose underlying offense involved serious bodily injury, imminent threat of serious bodily injury, or threat through the use of a deadly weapon; or • Manifestly dangerous (i.e., someone who, despite receiving the appropriate level and type of treatment, remains a danger to others and requires placement in a maximum security unit to continue treatment and protect the public). Maximum security beds are located at North Texas State Hospital, Vernon Campus and Rusk State Hospital.
Mental health deputy programs	Programs using dedicated peace officers who have received special training to help resolve immediate mental health crises and link individuals to appropriate resources for ongoing assistance. Mental health deputies respond to emergency calls involving mental health crises and work to divert individuals from the criminal justice system by connecting them with mental health services.
Outreach	Activities provided to reach and link to services individuals who often have difficulty obtaining appropriate behavioral health services.
Peer support services	Activities provided between and among clients who have common issues and needs that are client-motivated, initiated, and/or managed and promote wellness, recovery, and an independent life in the community.
Residential treatment	Short-term, community-based residential treatment to persons with some risk of harm or who may have fairly severe functional impairment who require direct supervision and care but do not require hospitalization.
Respite services	Services provided for temporary, short-term, periodic relief for primary caregivers. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Term	Definition
Subacute care	Services for individuals who are transitioning from an inpatient unit to support them as they prepare to return to living in the community (i.e., step down). Subacute care may also include services to mental health clients living in the community who are experiencing an escalation in symptoms and for whom a short stay in a residential rehabilitation program may avoid hospitalization (i.e., step up).
Supported employment services	Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs.
Supported housing	Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing.