Joint Committee on Access and Forensic Services
DRAFT Meeting Minutes
Wednesday, October 21, 2020
9:00 a.m.
Meeting Site:
Microsoft Office Teams Live

Agenda Item 1: Opening remarks and introductions

The Joint Committee on Access and Forensic Services (JCAFS) meeting was called to order at 9:00 a.m. by Mr. Stephen Glazier, Chair. Mr. Glazier welcomed everyone to the meeting and announced that agenda item #3 would be tabled until the next meeting as the new members have not been appointed yet.

Ms. Kayla Cates-Brown, facilitator with the Advisory Committee Coordination Office (ACCO), Health and Human Services Commission (HHSC), announced that the meeting was being conducted in accordance with the Texas Open Meetings Act, and conducted the member roll call. The presence of quorum for the meeting was announced.

Table 1: JCAFS member attendance at the Wednesday, October 21, 2020 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Allison, Jim - Representing County Judges and Commissioners Association of Texas	X		Smith, Shelley – Representing the Texas Council of Community Centers	X	
Alsup, Bill – Texas Municipal League	X		Taylor, Sally MD – Representing the Texas Hospital Association as a physician	X	
Carr, Shannon - Representing the Austin Area Mental Health Consumers, Inc.	X		Wagner, Judge J.D. - Representing the Texas Association of Counties	X	
Cogbill, Sherri – Representing Texas Department of Criminal Justice (TDCJ)	X		Wilson, Sheriff Dennis – Representing the Sheriffs' Association of Texas	X	
Evans, David – Representing the Texas Council of Community Centers	X		Simpson, Jennie PhD– Forensic Director, Ex-Officio	X	
Glazier, Stephen M. – Representing the Texas Hospital Association	X		VACANT		

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Johnson, Windy – Representing the Texas Conference of Urban Counties	X		VACANT		
Johnston, Judge Robert – County Judges and Commissioners Association of Texas	X		VACANT		
McLaughlin, Darlene MD – Representing the Texas Municipal League	X		VACANT		

Yes: Indicates attended the meeting in-person
No: Indicates did not attend the meeting

Agenda Item 2: Approval of minutes from July 29, 2020, committee meeting

Mr. Stephen Glazier asked for a motion to approve the minutes from the July 29, 2020 committee meeting.

MOTION:

Sheriff Wilson Johnson moved to approve the minutes from the July 29, 2020 committee meeting as presented. Ms. Shelley Smith seconded the motion. After conducting a roll call vote of the members, the motion passed unanimously with no nays and no abstentions.

Agenda Item 3: Welcome of New Advisory Panel Members (TABLED)

Agenda Item 4: Introduction of Chief of Forensic Medicine for State Hospitals

Mr. Stephen Glazier introduced Dr. Felix Torres, M.D.; Chief of Forensic Medicine for State Hospitals

Highlights included:

- Dr. Torres informed the committee that he started in his new position as the Chief of Forensic Medicine for State Hospitals on July 31, 2020.
- Dr. Torres provided a summary of his educational and professional background. He stated that prior to coming to HHSC he worked for the Veterans Administration as the Chief of Acute Care Advisory Psychiatrist for the Central Texas Veterans Health Care System.
- Dr. Torres stated that he is excited to join HHSC and to have the opportunity to revamp forensic services. He stated that over the past 60 days he has been taking

time to get to know key staff throughout HHSC as well as community partners and stakeholders in order to get to know the landscape and begin to craft a shared vision for forensic services.

- Dr. Torres stated that he has reviewed the recommendations in the last JCAFS report and is happy to report that the procedure for the implementation of the 562-review process has been successfully completed resulting in individuals being waived from the maximum-security waitlist. He stated that the implementation of the competency to stand trial template was approved by the HHSC governing body and that the state hospitals are in the process of building it into their electronic medical record so that data can be extracted from it.
- Dr. Torres stated the state hospitals have made major headway regarding JCAFS recommendation for monitoring the six steps of the competency restoration process. He stated that the state hospitals are building in the data mining system into their electronic medical record so that they can monitor the amount of time that it is taking for each of the six steps to be completed.
- Dr. Torres stated that over the past 60 days he has created the following vision for the delivery of forensic services within the state hospitals: "Enhance the delivery of forensic care within the Health and Specialty Care System State Hospitals through the implementation of high quality evidence-based, data informed, comprehensive and well-coordinated processes while making a positive difference in the lives of the people that we serve".
- Dr. Torres concluded by stating that he looks forward to working with the JCAFS committee.

Agenda Item 5: Election of Chair and Vice-Chair for JCAFS

Ms. Cates-Brown reviewed the Officer Election Procedure and called for a motion to adopt the Officer Election Procedure.

Highlights included:

- According to the officer election procedure, a roll call vote of the members must be conducted in a virtual setting.
- Members were given the opportunity to provide additional nominations from the floor prior to the election of Chair and Vice-Chair.
- The nominee receiving the most votes will be elected to Chair and Vice-Chair.

MOTION:

Mr. Allison moved to adopt the Officer Election Procedure as presented. Judge Johnson and Dr. McLaughlin seconded the motion. After conducting a roll call vote of the members, the motion passed unanimously with no nays and no abstentions.

Ms. Cates-Brown announced that one nomination had been received from the members for the Chair position – Mr. Stephen Glazier. Mr. Glazier accepted the nomination and he briefly shared his qualifications for the Chair position. Ms. Cates-Brown called for a motion to elect Mr. Stephen Glazier as the JCAFS Chair.

MOTION:

Judge Wagner moved to approve the election of Mr. Glazier as the JCAFS Chair. Dr. Taylor and Ms. Carr seconded the motion. After conducting a roll call vote of the members, the motion passed unanimously with no nays and no abstentions.

Ms. Cates-Brown announced that one nomination had been received from the members for the Vice-Chair position – Sheriff Dennis Wilson. Sheriff Wilson accepted the nomination and he briefly shared his qualifications for the Vice-Chair position.

MOTION:

Ms. Johnson moved to approve the election of Sheriff Wilson as the JCAFS Vice-Chair. Judge Wagner and Ms. Smith seconded the motion. After conducting a roll call vote of the members, the motion passed unanimously with no nays and no abstentions.

Agenda Item 6: Update on Joint Committee on Access and Forensic Services (JCAFS) proposed rules.

Mr. Jim LaRue, HHSC JCAFS liaison provided an update on the JCAFs proposed rules.

Highlights of the update and committee member discussion included:

- Mr. LaRue stated that the proposed rule changes for the JCAFS updated the statutory authority of the committee, the list of members, the reporting requirements, terms of officers and the abolishment date of the committee.
- Mr. LaRue stated that the formal comment period for stakeholders was held from September 18, 2020 through October 19, 2020. He stated that no comments were received during the formal comment period.
- Mr. LaRue stated that the next step for the rules will be for an Adoption Rule Packet that has the Adoption Preamble, rule text and memoranda to be routed for approval to the HHSC Executive Commissioner.
- Mr. LaRue stated that once the Executive Commissioner gives her approval, the adoption preamble and the rule text will be filed with the Texas Register for 20 days. He stated that the rule will become effective after the 20-day time ends.

Agenda Item 7: Joint Committee on Access and Forensic Services (JCAFS) member vacancies.

Mr. Jim LaRue, HHSC JCAFS liaison provided an update on the JCAFS member vacancies.

Highlights of the update and committee member discussion included:

- Mr. LaRue stated that there are 4 vacant positions for the JCAFS committee which are designated for members of the Behavioral Health Advisory Committee (BHAC). He stated that at this time 3 of those vacancies are in the process being filled. He stated that those positions are: The Chair of BHAC, consumer or advocate for mental health services, and a family member or advocate for persons with mental health and substance abuse disorders.
- Mr. LaRue stated that once the HHSC Executive Commissioner approves the appointment of the 3 new members, there will be one remaining vacancy designated for a BHAC member that represents a consumer or advocate for substance abuse treatment. He stated that HHSC will work with the BHAC to identify a member of their committee that can be nominated for that position.

Agenda Item 8: Subcommittee Reports

Ms. Shelley Smith provided an update from the Access Subcommittee regarding the Utilization Review Protocol.

Highlights of the update and committee member discussion included:

- Ms. Smith stated that the Access Subcommittee met on September 23, 2020. She stated that the subcommittee began working on the UR Protocol activities which include:
  - Sending the revised JCAFS dashboard to the LMHAs
  - Surveying LMHAs that were listed in the top 3 and bottom 3 in bed day utilization in FY 19 prior to COVID
  - Surveying the top 10 and bottom 10 LMHAs interviewed in 2018 and the current state hospital superintendents regarding readmission rate issues
  - Surveying the State Hospital Leadership Team to gather their feedback on the 2019 recommendations for reducing length of stay in the forensic population
- Ms. Smith stated that the Access Subcommittee continues to be alarmed at the growing number of individuals on the waiting list for Maximum and non-Maximum-Security state hospital beds throughout the state. She stated that the subcommittee will continue to work with HHSC on mitigating the continued rise and reducing the number on the list.
- Ms. Smith stated that the next Access Subcommittee is scheduled for November 5, 2020. She stated that during the next meeting the subcommittee will be discussing possible forensic data points that can be tracked that may be contributing to the forensic waitlist.

Agenda Item 9: New and ongoing state hospital issues

Ms. Rachel Samsel, HHSC, provided an update on the new and ongoing state hospital issues.

Highlights of the update and committee member discussion included:

- Ms. Samsel stated that her presentation will be focused on the impact that COVID 19 pandemic has had on the state hospital system and the plans that the state hospital system has for moving forward.
- Ms. Samsel stated that since the pandemic began, 330 patients have recovered from the virus. She stated that the state hospitals had to decrease the number of admissions to create some isolation areas to treat patients with COVID 19 and prevent the spread of the virus to other patients.
- Ms. Samsel that the state hospitals adjusted their admissions procedures to try to increase admissions while at the same time manage COVID 19 issues. She stated that one of the adjustments that has been made is the coordination of admissions from jails to occur every 2 weeks and the establishment of protocols for admitting patients that have tested positive for COVID 19.
- Ms. Samsel stated that since the pandemic began, the state hospitals discharges have slowed down by about a third and the state hospitals admissions have slowed down by about half of what they were prior to the pandemic. She stated that the number of admissions is stabilizing and that projections are starting to be made on when the number of people on the forensic waitlist may start to come down.
- Ms. Samsel stated that the state hospitals are being challenged with effectively staffing their facilities due to staff members being exposed to COVID 19.
- Ms. Samsel stated that the state hospitals are working on developing long term plans to address issues related to COVID 19. She stated that facilities are working on purchasing PCR test machines so that they can get COVID test results more quickly from their in-house labs and make faster decisions about patient movement within the facilities.
- Ms. Samsel stated that the state hospital system is doing in-depth reviews of the impact of COVID 19 and identify best practices that the facilities can use in the future.
- Dr. Sally Taylor asked Ms. Samsel if the state hospitals have a rule about the timeframe required for COVID test to be completed prior to admission. Ms. Samsel stated that the state hospitals have been requesting from the jails and from TDCJ that COVID tests be done within the shortest timeframe possible before transfer and admission to the hospital.
- Mr. David Evans asked Ms. Samsel what the full capacity of the state hospitals would be if they were fully able to serve individuals. Ms. Samsel stated that the current capacity is 2269. Mr. Evans stated that heard recently that the current state hospital bed availability is 1734 beds. He suggested that HHSC may want to consider an opportunity for LMHAs to purchase additional private psychiatric beds to address the demand for psychiatric beds. Ms. Samsel replied by stating that the bed capacity for the state hospitals has been significantly impacted by the need for the hospitals to create isolation areas. Ms. Samsel stated that the state hospitals

has not seen an additional demand for civil beds as they were expecting. She stated that they have been cautious in managing the admission process for all state hospital admissions.

- Dr. Sally Taylor stated that caution needs to be taken when conclusions are made about the demand for civil beds since there have been changes in the way the civil waitlist process is managed. She stated that she does want it to be assumed that the demand for civil admissions is not there since it has been hard for everyone to understand the full picture.
- Mr. Steve Glazier stated that in recent months his organization is seeing a much higher need for civil admissions than they have ever had before. He stated that he believes that the demand for civil admissions is rising and it just hasn't impacted the state hospitals yet.
- Dr. Sally Taylor stated that she believes that as the availability of psychiatric beds for civil commitments goes down the number of forensic commitments will go up.
- Ms. Samsel stated that the state hospitals are taking civil admissions and are willing to work with the LMHAs to plan for future civil admissions.

Agenda Item 10: Review of JCAFS data dashboard

Mr. Logan Hopkins, Director of Data Analytics for the State Hospital System, HHSC, provided an update on JCAFS data dashboard and referenced handout and spreadsheet entitled "JCAFS Data Dashboard".

Highlights of update and committee member discussion included:

- Mr. Hopkins stated that the data on the JCAFS dashboard goes through the end of fiscal year 2020. He stated that the monthly data points for bed availability on the dashboard are more precise than the year to date data points since the year to date data points cannot capture the variations that occur within specific months.
- Dr. Sally Taylor asked Mr. Hopkins to clarify how the civil bed capacity data is captured in the state hospitals total bed capacity which is listed on the first page of the dashboard.
- Mr. Hopkins stated there is not a true breakdown of civil versus forensic beds designated within the state hospitals except in some very specific program areas. He stated that the total capacity of 2269 beds that is listed includes both civil and forensic beds.
- Mr. Steve Glazier asked if the HBAR report data is still being collected along with the JCAFS dashboard data.
- Mr. Hopkins stated that both the HBAR report data and the JCAFS dashboard data are being compiled on a quarterly basis. He stated that he can begin sending out the JCAFS dashboard instead of the HBAR report.

- Mr. Glazier asked Ms. Shelley Smith and David Evans to check with the Texas Council to see if they are okay with the JCAFS dashboard being sent out instead of the HBAR report.
- Mr. David Evans stated that he will check with the Texas Council to see if they are okay with receiving the JCAFS dashboard instead of the HBAR report.
- Ms. Shannon Carr asked Mr. Hopkins if data regarding contracted beds is included in the JCAFS dashboard.
- Mr. Hopkins stated the HBAR report includes all state contracted psychiatric bed data and the JCAFS dashboard only includes data for the state hospitals. Mr. Hopkins stated that his department has started tracking Montgomery County census data since they use the same electronic medical record system that the state hospitals use. He stated that his department will also be able to track the census data of Palestine Regional Hospital and UT Health Northeast when their electronic medical record systems come online.
- Mr. Steve Glazier stated that during the next Access subcommittee meeting he will mention the possibility of adding a tab to the JCAFS dashboard for the Montgomery County utilization and bed availability data.

Agenda Item 11: Update from Health and Human Services Commission Forensic Director

Dr. Jennie Simpson, HHSC, provided members with an update and responded to member questions.

Highlights included:

- Dr. Simpson stated that she has 3 things to update the JCAFS committee on. She stated that first, in response to the JCAFS committee's recommendation for HHSC to develop a plan to address the forensic waitlist, that she and Dr. Felix Torres will be leading HHSC in the development of a forensic strategic plan. She stated that it is currently being determined how the forensic strategic plan will relate to the Statewide Behavioral Health Strategic Plan. Second, Dr. Simpson stated that as a part of the forensic strategic planning process HHSC will be conducting a Statewide Sequential Intercept Model (SIM) Mapping Summit. She stated that JCAFS members will be invited to participate in the SIM Mapping Summit and that their input could be included in the mapping process. Dr. Simpson stated that her last update was in regard to an upcoming JCAFS meeting presentation that will conducted by the Texas Police Chiefs Association (TPCA). She stated that she is excited to inform the JCAFS committee that TPCA has formed a new mental health committee called the Mental Health Pathways Committee on which both she and Dr. Darlene McLaughlin serve as committee members. Dr. Simpson stated that she and Dr. McLaughlin have invited the Mental Health Pathways Committee to make a presentation at the next JCAFS meeting scheduled for January 27, 2021. She

stated information will be shared with the JCAFS Committee about the work that the Mental Health Pathways Committee will be doing.

- Mr. Stephen Glazier stated the JCAFS thanks Deputy Executive Commissioner, Sonya Gaines for her support in approving the JCAFS recommendation for the forensic strategic plan to be included as a part of the Statewide Behavioral Health Strategic Plan.

Agenda Item 12: Approval of JCAFS 2020 Legislative Report

Mr. Stephen Glazier lead the discussion of the JCAFS 2020 Legislative Report.

Highlights included:

- Mr. Stephen Glazier presented the draft JCAFS 2020 Legislative Report which was distributed to each of the JCAFS members prior to the meeting for their review. He stated that most of the information in the report was approved by the JCAFS committee during its' last meeting on July 29, 2020 and was included in HHSC's JCAFS Legislative Report for 2020. He stated that the draft JCAFS 2020 Legislative Report has some minor edits along with one major addition. He stated that Item 8 in the draft report regarding data points has been added to improve the understanding of where the demand is for the forensic waitlist and to help the state target where interventions are needed most. Mr. Glazier also stated that the data points listed in Item 8 will help the state identify best practices that can be used to help reduce the number of people on the forensic waitlist.
- Mr. Stephen Glazier that the JCAFS is only required to submit its' report to the HHSC Executive Commissioner, but the last time the JCAFS submitted its' report it was also sent to the Lt. Governor, the Speaker of the House, as well as to HHSC Executive Commissioner and staff.
- Mr. Stephen Glazier opened the floor for discussion on the draft JCAFS 2020 Legislative Report.
- Mr. Jim Allison stated that he appreciates the hard work that was put into creating the report and that he fully supports it.
- Ms. Shelley also expressed her appreciation to Mr. Glazier for his leadership in developing the JCAFS 2020 Legislative Report.

MOTION:

Ms. Shelley Smith moved to approve the JCAFS 2020 Legislative Report as presented. Judge Wagner seconded the motion. After conducting a roll call vote of the members, the motion passed unanimously with no nays and no abstentions.

MOTION:

Mr. Allison moved to approve distribution of the JCAFS 2020 Legislative Report to the Speaker of the House, Lt. Governor, all Legislative members, Executive Commissioner and EC staff and to give authority for Chair to submit the report on behalf of the JCAFS members. Sheriff Wilson seconded the motion. After conducting a roll call vote of the members, the motion passed unanimously with no nays and no abstentions.

Agenda Item 13: Public Comment

Ms. Cates-Brown read the public comment announcement. Ms. Cates-Brown and Mr. John Chacon facilitated reading the written public comment submitted for the record, coordination with the ACCO production team to conduct the oral registered public comments and any requests for public comment submitted during the live event.

Written public comment submitted -

- Ms. Marilyn Hartman, representing herself as a member of NAMI Central Texas, participant on the Austin Ending Community Homelessness Coalition and as a member of HHSC Behavioral Health Advisory Committee, Housing Subcommittee provided public comment. She stated Texas has a crisis in caring for those with the most severe cases of mental illness, a crisis that has resulted in too many cycling through incarceration, hospitalization, emergency departments, and/or chronic homelessness. With a shortage of state hospital beds, incarcerated individuals sometimes spend time in jail longer than their sentence would be, and without treatment or adequate treatment. The forensic waitlist is long and growing, and mental illness only gets worse the longer a person waits for treatment. Community hospital beds help primarily civil commitments and of those, the less severe cases. So, a person without insight into his or her mental illness – a condition often aligned with schizophrenia called anosognosia – may not get the necessary care because that person can't see that there is something desperately wrong with his or her brain functioning and "refuses" treatment. And so, the cycle continues. We need accountability and transparency from providers who should be serving those with the most severe cases of mental illness. With all the state hospital redesigns in progress, the total number of added beds doesn't come close to filling the need. In addition, there is lack of a continuum of care outside of institutions. When a person is ready to be discharged from the hospital or released from incarceration, Texas lacks step-down facilities that would fill a need when a person is not ready to reenter the community successfully; we also lack well-designed and well-run small-group homes with 24/7 trained staffing, and there is a shortage of permanent supportive housing and transitional models. HCBS-AMH should be enhanced and have regulatory oversight. Advocates like me are very much in favor of jail diversion – people need treatment, not incarceration, but diversion to what? In many cases, the appropriate solutions don't exist, or there is a severe shortage.

- Solutions:
  - More state hospital beds, keeping up with population growth
  - More jail diversion, with appropriate sites of diversion and treatment
  - Assisted Outpatient Treatment (AOT) to keep people, particularly those with anosognosia, on their medications
  - Step-down facilities with every state hospital redesign, and ideally with every state hospital
  - Residential care homes for those who need long-term care not inappropriate nursing homes
  - Small-group homes with 24/7 highly trained staff
  - Regulatory oversight and enhancement of the HCBS-AMH program
  - More permanent supportive housing, person centered to individual cases
  - More transitional housing with definitive plans of transition out to appropriate placements
  - Accountability and transparency from LMHAs and all other elements of our system caring for those with serious mental illness
  - In cases of mental illness, changes in HIPAA laws and elimination of the IMD exclusion and the Medicare and Medicare lifetime limitations.

- Mr. Eric Smith representing himself as a mental health advocate and graduate student provided public comment entitled "Assisted Outpatient Treatment Saved My Life." I was a teenager when I was diagnosed with Bipolar Disorder. What happened next was almost 15 years of failed medications, multiple hospitalizations, and unnecessary interactions with the police and the secret service. My mental illness effected every part of my life. I was given every type of medication that could be given to a person with a mental illness including antidepressants, SSRIs, antipsychotics and nothing worked. So, I self-medicated with drugs and alcohol before I eventually decided to enter rehab. I was arrested for a non-violent offense in 2019 and sent to jail. I was held there for 30 days while in the worst state of mind that I had ever experienced. I was making the guards and inmates nervous, so they moved me to a sparse cell with one bed. I was only allowed to see my parents once during the entire ordeal. Eventually I was transferred to a hospital where I got into an Assisted Outpatient Treatment Program (AOT). The AOT program offered an innovative solution to the problems born from my mental illness. It gave me a team including a judge, a psychiatrist, a social worker, a nurse and others to support me. It was the first time in my struggle with my mental illness that I was able to look towards the future. I lived in a group home. While it wasn't perfect, it ensured that someone was holding me accountable 24/7. I was able stabilize and went home to live with my parents. In 2011, my medications stopped working and I had to be hospitalized again. A psychiatrist looked at the long list of drugs that I had tried and that had failed. The doctors had prescribed me everything except for Clozapine. The doctor put me on a low dose of Clozapine and two weeks later my delusions and hallucinations went away. I went from taking 5 to 8 medications to just needing one psychiatric medication. Clozapine is still working for me almost a decade later. I went through another 1-year AOT program after the last hospitalization and was able to turn my life around. I graduated Magna Cum Laude with a degree in Psychology from UT San Antonio and now I am in graduate school training to become a professional advocate and mental health expert. Looking back, I know that I wouldn't be here without the help of AOT and my treatment team. AOT saved me from the criminal justice system and insanity. It has been a long journey since my initial diagnosis. I have worked with many

organizations traveling to national conferences to tell my story. Please consider offering additional support and funding for AOT to help decriminalize mental illness and save tax payer money (I have literature to support this if you wish) and reduce the burden on police.

- Mr. Jeff Mikolajek representing himself as a member of the NAMI Central Texas Advocacy Committee provided public comment. Dear JCAFS staff. My presentation today is regarding the re-cycling of the seriously mentally ill (SMI) in our state. We have a 37-year-old son diagnosed with Schizoaffective Disorder, Autism and Anosognosia. The later diagnosis is a symptom of a prolonged illness that occurs in anywhere between 50 – 60 percent of people with mental illness. In the mental illness arena, it means that you will not take medication because you do not recognize that you have an illness and will not regain your rational state of mind. My son was arrested 3 times for criminal trespassing despite having multiple sheriffs being made aware that my son had a SMI. The jail is not a mental health treatment center. It would be hard to come to that conclusion about the jail, when most of inmates have a SMI. The first time he was arrested he failed competency and he had to spend 3 and a half months at the Austin State Hospital (ASH). He was dramatically improving but was released before achieving competency because a district attorney needed a bed. After he was released he stopped taking his medications because of his Anosognosia and lack of support. On his fourth encounter with the Travis County Sheriffs he attacked a neighbor because of a voice was telling him that his neighbor must go to hell because he was sexually assaulting woman in the neighborhood. The sheriffs talked him down and called a Crisis Intervention Team (CIT).
  He was later admitted into ASH for psychiatric treatment. He has spent 6 months at ASH and is still experiencing psychosis. He has recently improved because of our lobbying for a medication called Clozapine was finally started. It was unfortunate that he wasted 5 and a half months there because the medical staff refused to use the gold standard medication for refractory psychosis. To ensure that he, and others like him with SMI, can function again in our communities, individuals with SMI need to be treated with 1) psychiatric care and non-criminal care, 2) have more mental health care beds, 3) enforce medication compliance when released from treatment centers and 4) supportive care when released from ASH like utilizing the empty beds at the SSLC sites. Our Local Mental Health Authorities, like Integral Care in Austin, should be mandated to successfully help get our dismissed patients back into the community through their care.
- Ms. Linda Mikolajek representing herself as a member of NAMI Central Texas provided public comment. I would like to share my story about my 37-year-old son Jason who has a serious mental illness (SMI), has experienced homelessness, repeated incarcerations and hospitalizations at Austin State Hospital (ASH). Before I begin I would like to summarize that my son, like many others, is in his current state of affairs due to what I see as failures in the current forensic system which include a lack of psychiatric hospital beds causing premature discharges of patients

before recovery is obtained, no continuum of care once released from the jail hospital, use of jails as the biggest psychiatric hospitals in our country, needing to get involved with the forensics before mental health services have to be provided, no real enforcement of court ordered medications upon discharge, discharge from jail hospitals of people with SMI to unsupervised or overcrowded boarding rooms, a need for step-down supportive housing which could become permanent for some individuals and individuals having to meet the criteria of imminent danger to self or others before a police emergency detention can be enforced. People with SMI are not in a state of mind to seek appropriate care. For my son, major problems began in February,2019 when he was evicted from his apartment due to behaviors associated with is SMI. By April 2019 he became incarcerated for a violent misdemeanor and sent to ASH for competency restoration. He was in the Travis County Jail for weeks waiting for a psychiatric bed and was in competency restoration at ASH for 3 and a half months. We worked with the social worker with hopes that he would be put on an injectable psychiatric medication that would be mandated by the court. At the end of August, he was reassessed for competency and found incompetent, but the social worker for the Public Defender Office told us that he would be discharged in the 3 days since they needed his bed and there was nothing that we could do about it. The best placement that the social worker was able to find was in an unsupervised boarding home which was unacceptable. With the short discharge notice it was not possible for him to be started on an injectable medication which would have taken about two weeks. Jason stopped taking his medication immediately upon discharge. The FACT team was following him and because he lived further from their centers they only saw him once a week instead of two to three times a week which he qualified for. Often, I had to contact them to ask what day they were going to see him again. He deteriorated to the point that by Christmas he was not able to work due to his feet having sores and a rotting odor. The CIT and MCOT teams were called again. His FACT team services were terminated in February 2020 for refusing to engage because services are voluntary, and he refused help. Within three months from his premature discharge from ASH the whole process started over again with homelessness, incarceration and re-hospitalization. All of this occurred despite having wrap-around care through the FACT team and Integral Care meeting with him one to two times a week. The reason he does not engage is due to his SMI and Anosognosia. He lived out of his car during hot conditions and bad storms without any interventions because he refused. Here the revolving door begins. He was arrested in November due to criminal trespassing and his case was dropped. By April of this year he was taken to a psychiatric facility by the police for attacking a neighbor and threatening his life. His psychosis finally escalated to a point where he was forced to get help. This should not have been the case. The neighbor threatened to kill Jason if this occurs again. He should not have been discharged while still incompetent in August 2019. It is unacceptable that he could only access help by becoming a danger or

committing a crime. We need to create a true continuum of care before the criminal justice system becomes involved. Our son is in the hospital now and I am very concerned about what his discharge plan will be. We need more ASH beds so that people are not discharged prematurely. We need step-down transitional living and appropriate placements with appropriate supports in the community. There needs to be an accountable transparent full continuum of care with a full range of options. I fear that without the appropriate discharge plan he will end up homeless, incarcerated or dead. He has much to offer but needs help.

Oral public comment requested –

- Mr. Gordon Butler-Pavilion, Executor Director for the Clubhouse of Williamson County provided oral comment. I would like to ask the JCAFS to take a close look at the clubhouse model and the role it plays in diversion and in the continuum of care. It is a very cost-efficient model for the state of Texas. It has been successful in Williamson County for about two years now. We have a good success rate in reducing hospital readmissions and incarceration. It is something that can be replicated across the state as well. The way we do it is through a strong peer community. It is a SAMHSA evidence-based model that has been used since the 1940's around the world. I would like for the JCAFS to consider that Texas engage in this model and provide the solutions you are looking for.
- Mr. Matthew Lovitt, a Peer Policy Fellow NAMI Texas provided oral public comment. NAMI Texas exist to improve the quality of life for individuals living with mental illness and their families. Approximately 40 percent of prisoners and jail inmates have experienced mental illness. The physical and psychological consequences of imprisonment often worsen mental health, prolong sentences, increase rates of homelessness and emergency service utilization, substance use and recidivism upon prison or jail exit. To address these issues, NAMI Texas believes Texas should invest in programs along each intercept of the Sequential Intercept Model (SIM). Today I am going to focus on services that are provided while individuals are in custody several of which are spoken to in the JCAFS annual report of which we are support. First, we need to improve medication continuity of jail inmates. Jail inmates who miss their medications may experience a mental health crisis and present an increased risk to themselves, other inmates, and jail staff. Inmates who have completed competency restoration and are waiting for their trial a missed medication or discontinuation of a medication may cause them to decompensate. To improve outcomes, Texas should require jails to document medications that individuals were taking upon entry into jail and be required to continue them on those medications unless there is a medical indication otherwise. We would also like to suggest that Texas be required to develop an agreed upon medication prescription formulary utilized by the justice and mental health system providers. Second, we need to expand competency restoration options and improve competency restoration processes. As of June 30, 2020, approximately 1100

prisoners and jail inmates were awaiting competency restoration services in the state hospital system. The average number of days to access a Maximum-Security and Non-Maximum-Security placement were 258 days and 102 days respectively. Prolonged waits for competency restoration can worsen mental health outcomes, contribute to an overcrowded prison and jail system, and jeopardize the safety of prisoners and jail and prison staff. To improve the administration, oversight and delivery of competency restoration services, Texas should establish an oversight body that trains and certifies competency restoration evaluators, maintains an evaluator registry and assesses program efficacy and fidelity. Also, Texas should invest in community and jail-based restoration programs. Finally, it is essential that Texas expand the Mental Health Peer Support Re-entry program. Individuals with serious mental illness are more likely to return to custody due to technical parole and probation violations such as failing to comply with community based mental health treatment. Further, structural barriers in obtaining personalized education, housing, transportation and employment exacerbate disparities in their receipt of mental health and substance use services. The services provided by a Peer Support Specialist have been shown to increase utilization of community based mental health and substance use services and better support individuals exiting jail or prison in obtaining necessary documentation, housing and employment.

- Ms. Sonya Burns representing herself as an advocate for her brother who is receiving mental health services provided oral public comment. I would like to say that my number one priority during this legislative session is to support the creation of an Office of Forensic Services in Texas. We need to be able to take a deep dive into what is happening in the state of Texas. Until an Office of Forensic Services exists our forensic investments will not have value. Also, my goal for the system is that people will get the care that they need when they need it and that there will not be a need for a Forensic Waitlist. I would like to look at the actual charges for people that are on the Forensic Waitlist so that we can understand how people got put on the waitlist. We need to look at how Crisis Intervention and Mobile Crisis Teams are being used and see if they are not being utilized how we can fix that. We need opportunities for people to get competency restoration along with crisis stabilization with no medical exclusionary criteria. Using Emergency Rooms for crisis diversion is not working. Access to crisis services is a problem which results in people being arrested. I think there is a lot of money wasted with the Forensic Waitlist. We need to look at actual recovery and outcomes since we have a lot people who are being released from state hospitals that are still at risk. Regarding the development of step-down programs at the SSLC's there needs to be more opportunity for community feedback so that everyone can know what is really happening. The HCBS-AMH program needs regulatory oversight and partner with higher education. We have also got to expand peer support so that it is available to everyone.

Adjournment Item 14: Adjournment

Mr. Stephen Glazier, Chair, adjourned the meeting at 11:30am.

Below is the link to the archived video of the October 21, 2020 Joint Committee on Access and Forensic Services meeting that can be viewed approx. two years from date of meeting.

(To view and listen to the entire meeting and public comment provided click the link below)

Joint Committee on Access and Forensic Services Meeting