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# Subcommittee Report: Access Utilization Review Protocol

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1. The Access Subcommittee met on Sept 23, 2020. The subcommittee began work on the FY 21 UR Protocol which includes:

- Sending the revised JCAFS dashboard to the LMHAs instead of the HBAR. The dashboard now has the two new tabs that were included in the approved UR Protocol. One tab for data related to bed day utilization by LMHA and one tab for readmissions by LMHA.
- Surveying LMHAs that were listed in the top 3 and bottom 3 in bed day utilization in FY 19 prior to COVID. The bottom 3 LMHAs in utilization will be asked to identify the best practices that they used in 2019 to maintain their low bed utilization rate. The top 3 LMHAs will be asked to identify the factors that drove their high utilization rates in 2019.



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- Surveying the top 10 and bottom 10 LMHAs interviewed in 2018 and the current state hospital superintendents regarding readmission rate issues. The LMHAs and superintendents will be asked to review and comment on the 2018 summary of findings regarding readmission rates, provide input on new factors contributing to readmission rates that were not identified in 2018 and provide suggestions for actionable items that might help reduce readmissions.
- Surveying the State Hospital Leadership Team to gather their feedback on the 2019 recommendations for reducing length of stay in the forensic population. We will also be working with them to gather data on timeframes in the steps in competency restoration programs recommended in 2019.



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- The Access subcommittee continues to be alarmed at the growing number of individuals on the waiting list for Maximum and non-Maximum beds throughout the state. The subcommittee will continue to work with HHSC on mitigating this continued rise and reducing the number of individuals on the list, as this is a growing concern for counties as more individuals wait for admission into a finite number of beds.
2. The next Access subcommittee is scheduled for November 5, 2020. 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.