



Joint Committee on Access and Forensic Services: 2018 Annual Report

**As Required by
Texas Administrative Code,
Title 25, Chapter 411,
Subchapter A
Joint Committee on Access and
Forensic Services
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Table of Contents

Introduction.....	1
Meetings and Activities	2
Recommendations.....	3
Bed-Day Allocation Methodology	3
Utilization Review Protocol	3
Other Recommendations	4
Workgroup Recommendations	9

1. Introduction

The Joint Committee on Access and Forensic Services (JCAFS) was established after the 84th Legislative Session to fulfill the requirements of Health and Safety Code (HSC), Sections 532.0131 and 533.0515. The JCAFS' statutory responsibilities are to make recommendations for a comprehensive plan for effective coordination of forensic services, to make recommendations and monitor implementation of a bed day allocation methodology and utilization review protocol for state-funded beds in state hospitals and other inpatient mental health facilities.

The JCAFS forensic recommendations were submitted as required in fiscal year 2016, as were its initial recommendations for an updated bed day allocation methodology and utilization review protocol. The JCAFS is required to submit updated recommendations regarding the bed day allocation methodology and utilization review protocol every even-numbered year.

Texas Administrative Code, Title 25, Chapter 411, Subchapter A, requires the JCAFS to submit an annual report to the Health and Human Services Commission's (HHSC) Executive Commissioner. This report provides a summary of the JCAFS' fiscal year 2018 meetings, activities and recommendations.

2. Meetings and Activities

The JCAFS met four times in fiscal year 2018:

- October 25, 2017
- January 19, 2018
- April 25, 2018
- August 25, 2018

In fiscal year 2018, the JCAFS accomplished the following activities:

- Monitoring implementation of the updated bed day allocation methodology and utilization review protocol;
- Completing utilization review of readmissions;
- Submitting to the Executive Commissioner updated recommendations for a bed day allocation methodology and utilization review protocol; and
- Developing recommendations to address needs within the state's mental health delivery system that impact the demand for state-funded beds in state hospitals and other inpatient mental health facilities.

3. Recommendations

Bed-Day Allocation Methodology

In fiscal year 2016, the JCAFS recommended changing the state's bed-day allocation methodology to allocate bed days based on the poverty-weighted population. This methodology gives double weight to the population with incomes at or below 200 percent of the Federal Poverty Level. The Executive Commissioner accepted these recommendations and HHSC implemented the updated methodology in September 2016.

Over the past two years, the JCAFS monitored implementation of the bed-day allocation methodology through the Hospital Bed Day Allocation Report (HBAR). In fiscal year 2018, the Access subcommittee reviewed the methodology, considering each of the factors specified in HSC Section 532.0515. The JCAFS recommends no changes to the current methodology for the 2019-20 biennium.

Utilization Review Protocol

The current utilization review protocol is designed to understand and address factors driving observed patterns of utilization. The utilization review protocol, paired with the metric established using the bed-day allocation methodology, presents a problem-solving approach to support efficient and effective utilization of beds within the state hospital system.

For the 2019-20 biennium, the JCAFS recommends maintaining the current protocol, which uses a flexible framework that can be tailored to address specific utilization issues. Responsibility for implementing the utilization review protocol is assigned to the Access subcommittee of the JCAFS and includes:

- Review of statewide and local data;
- Teleconferences with local authorities and state hospitals;
- Other review activities as needed; and
- Follow-up to assess results.

The JCAFS also recommends continuing distribution of the HBAR to provide local authorities with detailed data about their bed day utilization.

The JCAFS further recommends compiling successful utilization management strategies identified during the review to provide a statewide resource for local authorities and state hospitals.

Other Recommendations

Inpatient capacity continues to be an urgent need across the state. The 85th Texas Legislature invested substantial resources to address critical capacity and facility needs, appropriating additional funds to purchase private psychiatric beds and launching a multiyear project to expand, renovate, and transform the state hospital system. With funds appropriated last session, HHSC began the first of three phases of the state hospital redesign project, which is expected to add a total of 338 state beds to the state hospital system, including 70 maximum security beds. The JCAFS supports full implementation of the Comprehensive Plan for State-Funded Inpatient Mental Health Services. In addition, the JCAFS recommends continued monitoring of capacity demands that have clearly identified metrics and outcomes, to ensure redesign plans address the need to provide timely access to patient care.

In the past decade, the Legislature and local governments have also made significant investments to develop crisis response and stabilization services across the state. Although many communities still lack community-based alternatives to inpatient care, these investments have enabled many individuals in crisis to be stabilized without hospitalization. The results of utilization review and reports from stakeholders suggest the most critical needs at this time are for transitional and long-term community housing and supports so that individuals can be successfully discharged from hospital services and maintain stability in the community. The JCAFS recommends further investment in the following areas:

1. Affordable community-based housing options and tenancy support services. The lack of safe and affordable housing may be one of the primary factors contributing to hospital admission and readmission, and the JCAFS identifies housing as a crucial and urgent deficit in the behavioral health service system. The JCAFS recommends expanding resources for a range of housing options for independent living and structured facility residences, including supports to help individuals obtain and maintain housing, such as housing navigators. In addition, statutory authority is needed to provide appropriate regulation and oversight for a range of residential settings.

2. Facility-based step-down services for patients discharged from state and local hospitals, which can also be used to “step-up” services for individuals at risk of hospitalization.
 - a. A significant number of patients remain in the hospital when they no longer need an inpatient level of care, often because there is no suitable community placement. Many of these individuals need continued 24-hour supervision and support for a period of time, but few alternatives exist. Transitional step-down facilities would allow these individuals to move out of the hospital and continue treatment in preparation for transition to outpatient services.
 - b. Patients on forensic commitment face additional barriers to discharge. There is a need for community-based options that are satisfactory to the courts and appropriately address patient and community safety.
 - c. Another group with serious barriers to discharge are those with dementia and other neurocognitive disorders. Many of these patients have a history of unsuccessful placement in nursing facilities and may require a care setting with enhanced services and supports to fully address their psychiatric needs and enable them to achieve long-term community tenure.
3. Substance use treatment and appropriate levels of mental health services. The presence of co-occurring substance use disorders is another key factor leading to the need for inpatient care. Without appropriate treatment, these individuals are at high risk for continuing episodes of crisis and hospitalization. In addition, capacity is often limited in the more intensive levels of mental health services. The ability to treat co-occurring disorders should become an integrated part of all new treatment programs.
4. A robust system of peer services within each local service area. Without meaningful community connections, individuals with mental illness have difficulty achieving long-term stability. Peers play a vital role in helping individuals engage with needed services and begin a pathway to recovery.

- a. Many individuals do not successfully transition from inpatient care to outpatient services and supports. Peer bridgers, or navigators, are highly effective in helping patients engage with outpatient care, navigate and connect with needed supports, and begin to build meaningful connections in the community.
 - b. Peer services continue to be an important element of support after the transition period. When people have meaningful relationships and lives, they are better able to achieve stable, long-term recovery. Peers have a unique ability to support the development of these critical long-term connections and systems of support in the community.
5. Community-based options for individuals with co-occurring intellectual and developmental disabilities and behavioral health disorders. These individuals face unique challenges in transitioning to the community, and many providers are not equipped to meet their needs. Increasing the availability of housing options from Home and Community-Based Services and other residential treatment options, and expanding provider training in Trauma Informed Care could enable more of these individuals to move into community-based settings.

In addition to these specific areas of need, the JCAFS recognizes a number of systemic issues that must be addressed.

6. Early and easy access to services and supports. A substantial proportion of the demand for crisis and acute care, including the growing rate of forensic commitments, results from gaps and capacity deficits in community-based services. The mental health system is just beginning to provide early intervention that can avert a lifetime of serious mental illness. For individuals already facing those challenges, appropriate treatment and community supports are not always available and accessible. And while progress has been made, the state is still in the early stages of developing a robust system of peer services and recovery supports to help individuals establish meaningful connections in their communities, connections that are vital to long-term recovery. Continued development of a proactive and accessible system of early and recovery-oriented care will, over time, reduce the demand for the intensive services that are needed to respond to individuals in crises. This is especially important given the fact that demand for intensive services is growing along with the continual growth of Texas' population.

7. Development of the behavioral health workforce. The state faces significant shortages of behavioral health professionals at all levels, and challenges recruiting and retaining staff in the public behavioral health system have at times hindered service delivery.
 - a. In addition to prescribers and other licensed professionals, many areas have difficulty hiring unlicensed staff and peer providers. The public behavioral health system would benefit from investments in strategies to attract and support staff. In particular, the JCAFS recommends robust loan repayment programs across the professions and competitive pay, particularly for staff at the lower end of the pay scale, including peer providers.
 - b. It is not sufficient to simply provide adequate numbers of providers. Staff must be trained in a model of recovery-oriented, person-centered care to equip them with the skills they need to support individuals in achieving meaningful and stable lives in the community.
8. Continuation of existing services. Hundreds of programs statewide face potential reduction or elimination because they lack a stable source of long-term funding. In addition, the increasing proportion of forensic utilization in state hospitals jeopardizes vital and long-standing sources of third party and disproportionate share revenue that support the state hospital system.
 - a. New funds provided by the 85th Legislature enabled communities across the state to establish collaborative projects that respond to pressing local needs. Due to an initial ramp-up period, the momentum achieved by these programs cannot be maintained without supplemental appropriations to support current service levels.
 - b. The state's Medicaid 1115 Transformation Waiver currently supports over 400 behavioral health projects across the state, and funding from the waiver represents more than 30 percent of funding for Local Mental Health Authorities. In operation for more than seven years, these programs constitute an essential part of local and regional service systems across the state. However, the waiver ends in less than three years, threatening the continued existence of these services. At the same time, local hospitals will face the end of Uncompensated Care payments.

It is critical that state leaders address the challenges presented by the end of the waiver to avoid a major setback in the progress that has been achieved over the past decade.

- c. Third-party payments and disproportionate share payments have been critical revenue sources for state hospitals for decades. The increasing proportion of forensic patients in the state system has already substantially reduced third party payments and threatens the loss of disproportionate share payments. This issue must be considered when identifying resources needed to support the state hospital system.

Joint Committee on Access and Forensic Services: Workgroup Recommendations

Workforce:

- Explore loan forgiveness opportunities for health professionals working in the publicly funded mental health system;
- Provide summer fellowships, clerkships, and specialty curriculum tracks for undergraduate students interested in the mental health field;
- Provide scholarships or partial scholarships for Certified Peer Support training and Recovery Coach training;
- Increase Graduate Medical Education slots specific for residency in community psychiatry;
- Explore opportunities to incorporate community mental health services in psychiatry training programs and develop additional academic and public partnerships with the aim to increase available workforce opportunities; and
- Address the need for competitive pay, particularly at the lower end of the pay scale.

Housing

- Expand Affordable Community-Based Housing Options
 - ▶ Create incentives to develop affordable/supportive housing opportunities for persons with IDD and behavioral health disabilities;
 - ▶ Encourage both for-profit and not-for-profit developers to include supportive housing units through the scoring criteria of the Qualified Allocation Plan for the Low-Income Housing Tax Credit program;
 - ▶ Create a supportive housing set aside linked with policy priorities to explicitly create integrated supportive housing for institutional populations;
 - ▶ Provide funding for capital investments to build permanent housing, transitional housing, and recovery housing for persons with IDD and behavioral health disabilities;
 - ▶ Replicate or expand existing programs, like the Supportive Housing Rental Assistance program, to incorporate more disability populations like persons with IDD and behavioral health disabilities; and

- ▶ Target dedicated resources to support individuals with a history of criminal involvement.
- Expand Access to Tenancy Support Services
 - ▶ Provide funding and request Legislative approval to develop a Medicaid waiver benefit that will provide more comprehensive tenancy support services for persons with IDD and behavioral health disabilities;
 - ▶ Develop and support ongoing training opportunities for the existing workforce to provide tenancy support services to persons with IDD and behavioral health disabilities; and
 - ▶ Expand and enhance state funded Housing Navigator capacity across the state.
- Greater development of community-based services that further evolve the continuum of care (e.g. forensic nursing homes for patients that have been on long-term forensic commitments who no longer pose a credible risk of harm to others, who nevertheless are “stuck” in state hospitals) and more housing/supportive housing options, group homes;
- Significant expansion of community services to support implementation and expansion of pre-charge diversion programs to include on-site diversion staff in jail settings;
- Statutory changes as needed to prevent individuals deemed Incompetent to Stand Trial for relatively low offenses from being served in the most restrictive setting such as state hospitals; and
- Consider a formalized conditional release program for forensic patients-modeled after those in some other large states.

Step-Down Facilities

- Explore financing options and regulatory issues for establishing step-down models of care;
- Leverage existing statutory authority to develop or expand regional transitional step-down units for individuals on civil or forensic commitment; and
- Explore blended facility-based models of care with 24-hour, 7-day-a-week staffing for those with the most severe cases of mental illness.

Services for Persons with Co-Occurring Intellectual and Developmental Disabilities and Behavioral Health Disorders

- Increase training in Trauma Informed Care (TIC) and the implementation of evidence-based practices that align with the TIC paradigm for agencies that serve individuals with IDD or co-occurring IDD-BH conditions;
- Increase the availability of Home and Community-Based Services and residential treatment options for individuals with IDD or IDD-BH conditions transitioning from state hospitals or state supported living centers; and
- Ensure the availability of treatment providers that meet the specialized needs of people with IDD and complex BH needs.