



**Joint Committee on
Access and Forensic
Services (JCAFS): 2019
Annual Report**

**As Required by
Texas Administrative Code,
Title 25, Chapter 411,
Subchapter A**

January 2020

This interim report will highlight the activities and recommendations from the Joint Committee on Access and Forensic Services (JCAFS) for the calendar year 2019.

The committee met 4 times in 2019 during the months of January, April, July and October. At its January meeting the committee reviewed and approved an overview of the 2019 plan for Utilization Review by the Access Subcommittee. In 2017 the committee examined overall utilization and in 2018 the focus was on re-admissions. For 2019 the committee voted to focus its attention on length of stay. Included in this report are a number of recommendations designed to help reduce length of stay specifically focused on forensic incompetent to stand trial (IST) patients. Forensic IST patients have an average length of stay that is significantly longer than civil patients (200 days vs 60 days) and create the most significant opportunity for length of stay reductions and efficiency gains.

The committee also maintained a focus this past year on the overall goal of reducing the number of individuals on the forensic wait list and also the length of time they spend on the wait list. To that end the committee reviewed and heard presentations from a number of different and innovative programs that have the potential to have a positive impact on the forensic wait list. We would like to make a recommendation that the Agency give serious consideration to expanding several of these programs.

Jail Diversion programs similar to the pilot program that was implemented in Harris County. This program has diverted over 2,000 individuals since its inception and has almost completely eliminated the misdemeanor wait list in Harris County with no adverse public safety or clinical outcomes.

Higher intensity (partial hospitalization based) outpatient restoration programs based on the pilot program being implemented by The Harris Center. These types of programs provide a similar level and intensity of treatment to an inpatient based program at a fraction of the cost. They also bring the added advantage of being able to be planned and implemented in a much shorter timeframe and lend themselves to being able to be implemented even in rural Local Mental Health Authorities (LMHA).

Innovative Jail Outreach programs such as those implemented by the West Texas Centers. Individuals who are started on medications as soon as possible after arrest, maintained on medication while they are in jail, re-evaluated prior to transfer to the State Hospital IST program (to make sure they are still incompetent) and provided post discharge support in jail after they are restored and returned, have significantly shorter lengths of stay and fewer readmissions.

Also, individuals who are admitted from counties where a jail outreach program creates significant coordination and communication between the State Hospitals, the District Attorney's Office, the Jail and the LMHA (or treatment provider in the jail) tend to have significantly shorter lengths of stay in inpatient IST programs.

Despite all of our best efforts the forensic wait list has continued to increase as has the average length of time on the list. In December of 2018 there were 731 individuals on the wait list. By December 2019 that number had grown to 970.

Given the mental health delivery system factors that are driving this significant increase in demand for forensic mental health services, any successful effort to gain ground on this problem and to actually begin to reduce the demand for forensic services will have to be highly coordinated among the different agencies with "a stake in the game" and will have to address the problem at all levels. These will include diversion, early treatment, new outpatient and inpatient services, initiatives to improve the efficiency of current treatment programs and post restoration services to maintain competency until trial.

In order to accomplish the above the JCAFS would like to recommend that the Agency implement the following specific recommendations from our Access Subcommittee. (These recommendations are also being made available to the Agency in a more detailed format).

1. Continue and fully implement the "562 review process" which is designed to allow the state hospital team to determine whether an individual requires placement in a maximum security bed or a non-maximum security bed. The trial implementation of this process has also provided an opportunity to successfully divert individuals who did not need an inpatient level of care, thus avoiding unnecessary hospital stays. We recommend that the expanded use of this process be continued.
2. Implement throughout the state hospital system the new Competency to Stand Trial report template that was approved by the System Medical Executive Committee at their November 2019 meeting.
3. Establish and implement a mechanism to monitor the timeframes for each of the six steps of the competency restoration process for each of the hospitals providing competency restoration.
 - a. Date of admission to referral for CST evaluation.
 - b. Referral for CST evaluation to assignment to an evaluator.
 - c. Assignment of an evaluator to completion of evaluation.

- d. Completion of evaluation to report completion.
 - e. Report completion to submission to the court.
 - f. Submission to the court to discharge of the patient.
4. Continue to study and identify those LMHA's with Jail Outreach programs that are working and where pilot programs have been implemented. Identify best practices from those programs expand them to other areas of the state.

Additionally, we would like to recommend that the Agency develop and implement the steps necessary to accomplish the following:

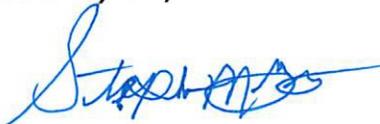
Request funding to renovate and operationalize up to 180 beds that have been previously identified by the State Hospital Leadership team as currently unused and feasible to rehabilitate and utilize. In the alternative, if it is determined that it is more cost effective to construct new beds, then request funding for an equal number of new beds.

Request funding to expand and implement jail diversion, outpatient and jail outreach programs and best practices across the state and align these recommendations with the report associated with SB 633.

Fill the currently vacant Forensic Coordinator and State Hospital Forensic Medical Director positions and empower them to work collaboratively with each other as well as other stakeholders (Texas Judicial Commission, Texas Council on Community Centers, JCAFS, Texas Sheriffs Association and others) to implement a coordinated plan in each local mental health authority.

Develop a specific, actionable plan, utilizing any or all of the above recommendations as well as any other ideas the agency may have to reduce the number of individuals and the time spent on the forensic wait list.

Thank you,



Stephen M. Glazier

Joint Committee on Access and Forensic Services, Chairperson

This report was prepared by members of the Joint Committee on Access and Forensic Services. The opinions and suggestions expressed in this recommendation are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.