



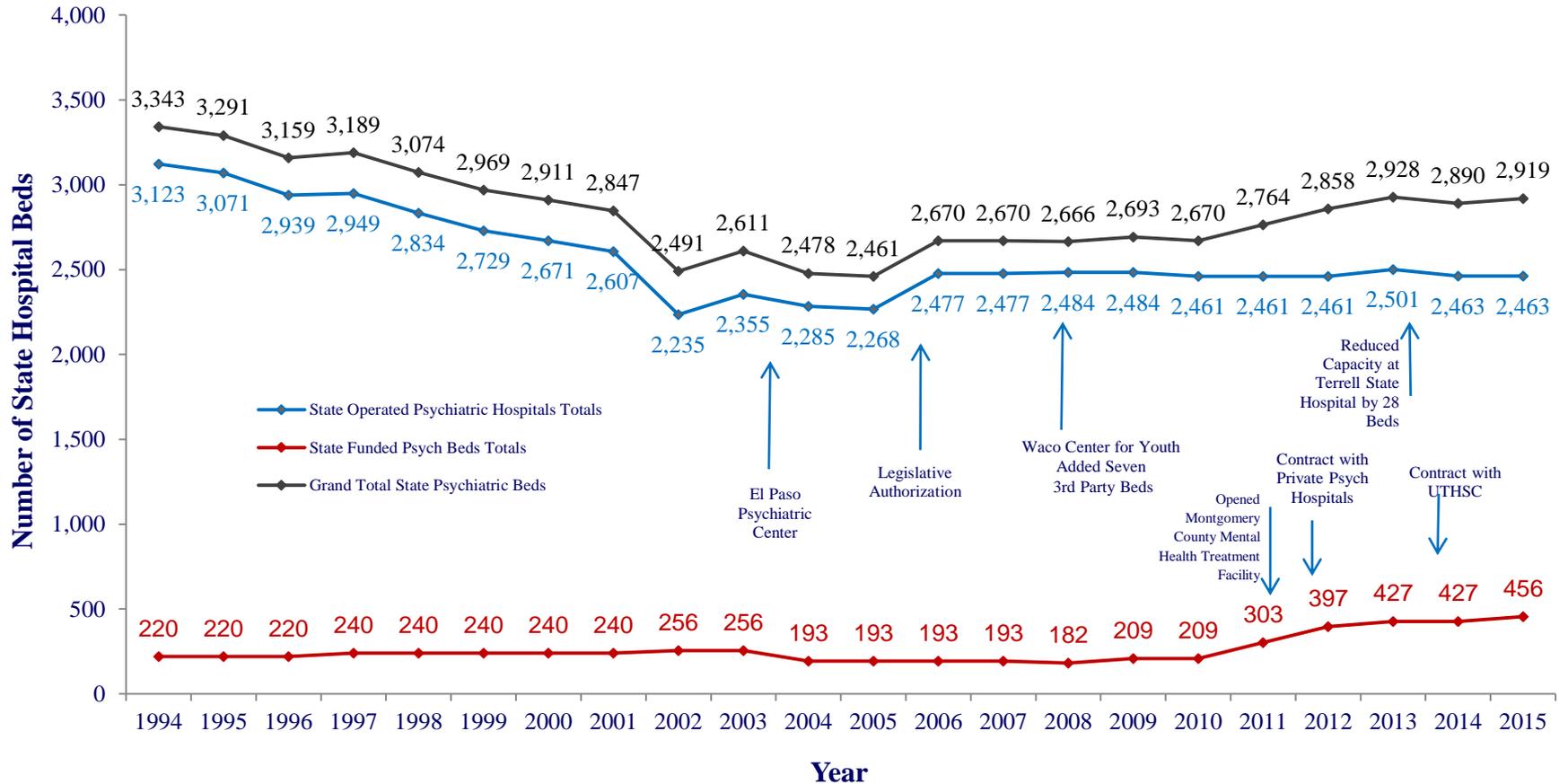
Diversion and Forensic Capacity: Presentation to the Senate Committee on Health and Human Services

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Department of State Health Services
June 16, 2016

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- Two forensic commitment types:
 - Incompetency to Stand Trial
 - Not Guilty by Reason of Insanity
 - Incompetency to Stand Trial
 - Code of Criminal Procedure, Chapter 46B
 - Allows for inpatient or outpatient commitment for restoration to competency
 - Return to the criminal justice system for trial
 - Not Guilty by Reason of Insanity
 - Code of Criminal Procedure, Chapter 46C
 - Acquittal of charges
 - Commitment to inpatient or residential care

Total State-Supported Bed Capacity Has Declined over the Past Twenty Years

State Psychiatric Hospital Bed Capacity: FY 1994 - 2015

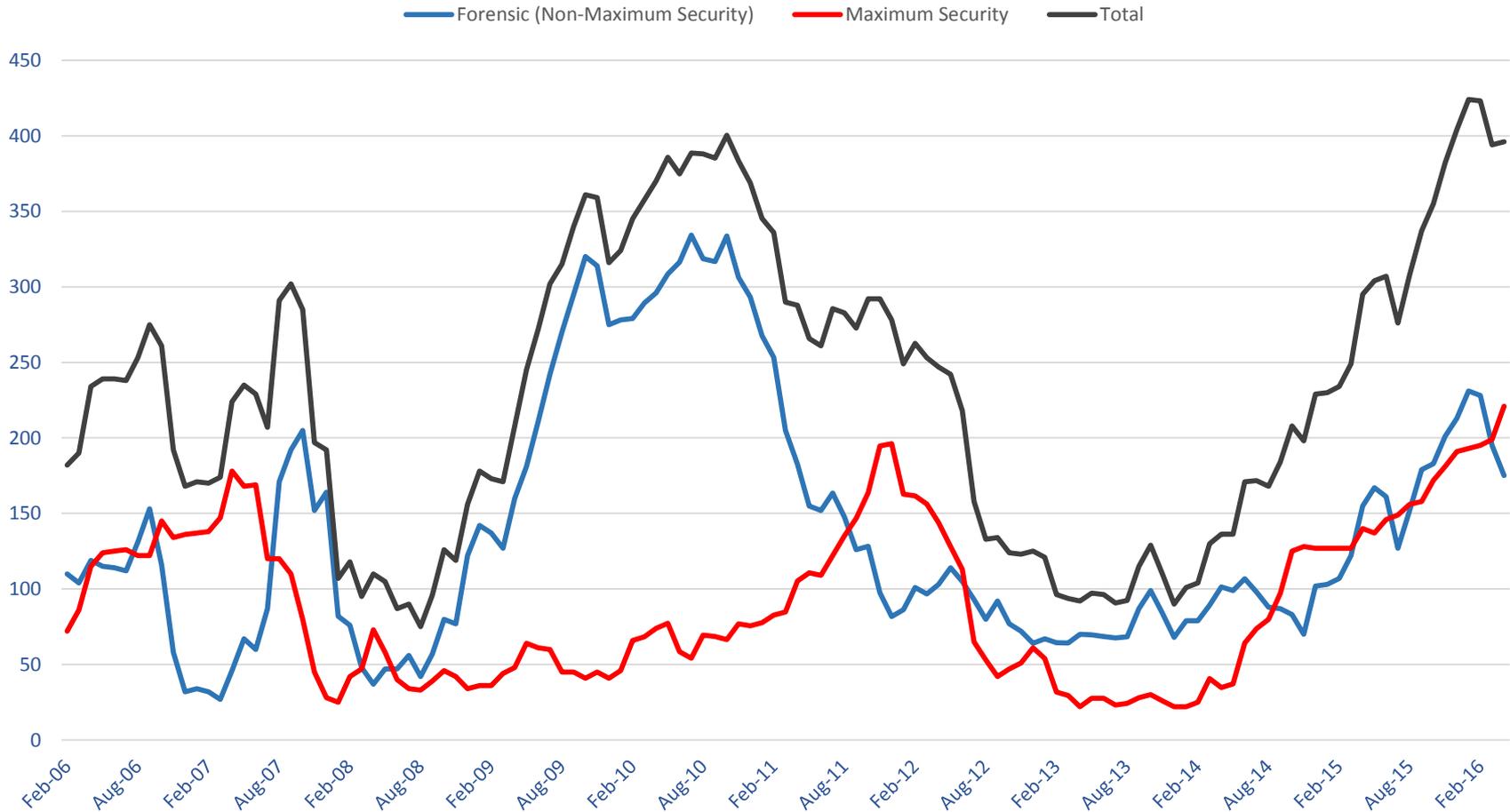


Note: In fiscal year 2015, \$20 million in additional funds will add approximately 94 additional contracted beds

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- Forensic Functional Capacity: 1,211
 - Maximum Security Units: 256
 - Non-Maximum Security Forensic: 955
 - Civil Functional Capacity: 941
 - Maximum Security Units: 26
 - Factors Affecting Functional Bed Capacity
 - Aging campuses and maintenance issues
 - Building designs based on outdated models of inpatient care
 - Workforce shortage
 - Staff turnover in critical positions
 - Specialized care for unique patients

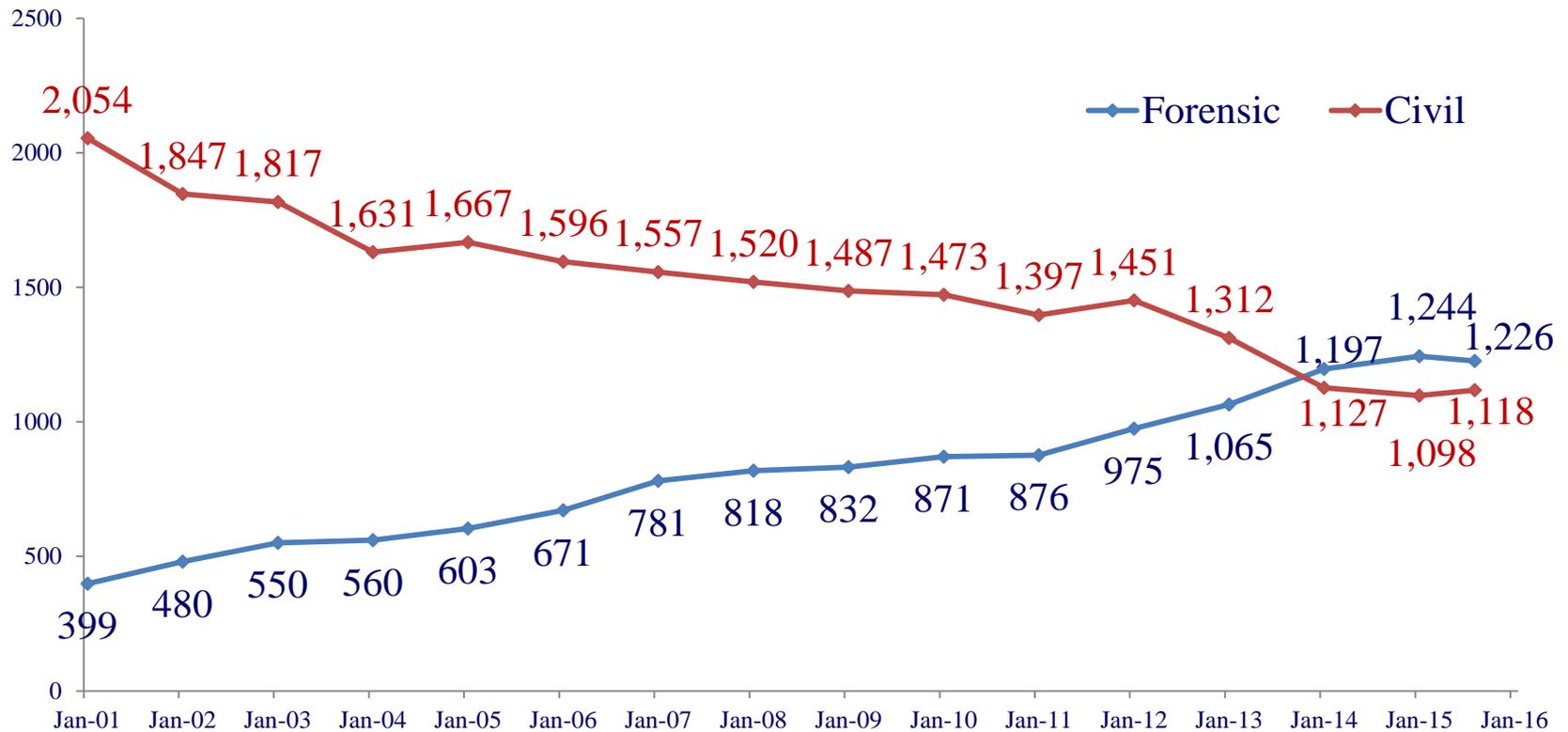
Forensic Wait Lists Have Increased Since 2014

Forensic Waiting Lists for State Mental Health Hospitals: February 2006 - April 2016

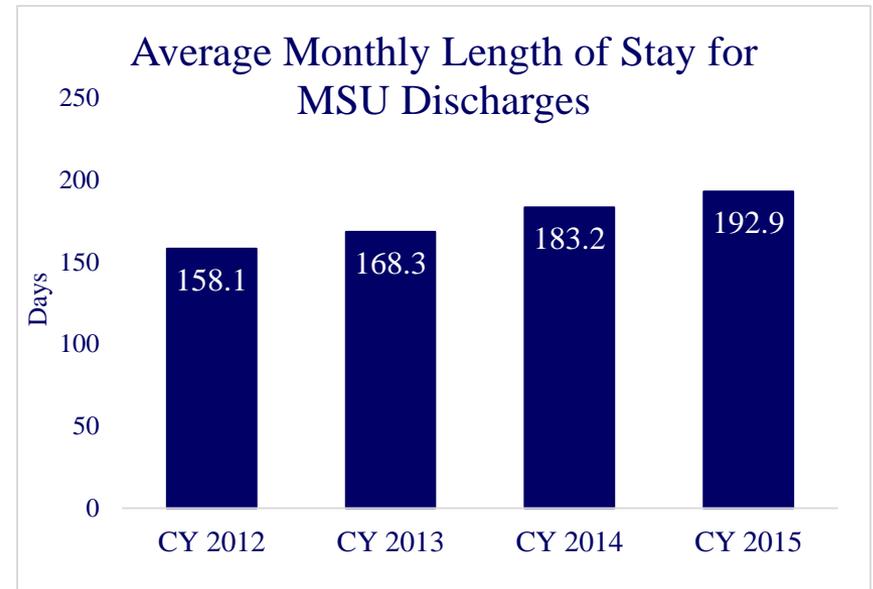
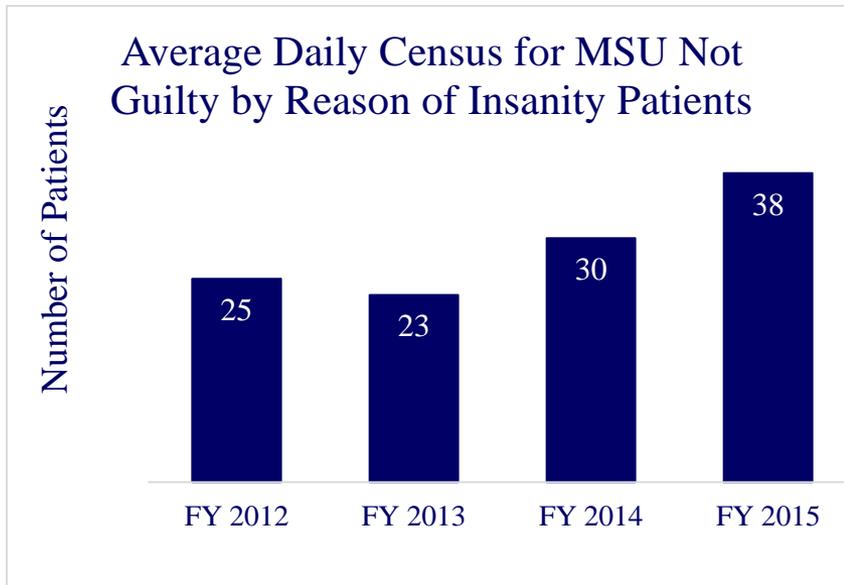


The State Hospital Forensic Population Now Exceeds the Civil Population

Civil vs. Forensic Patient Population of State Hospitals

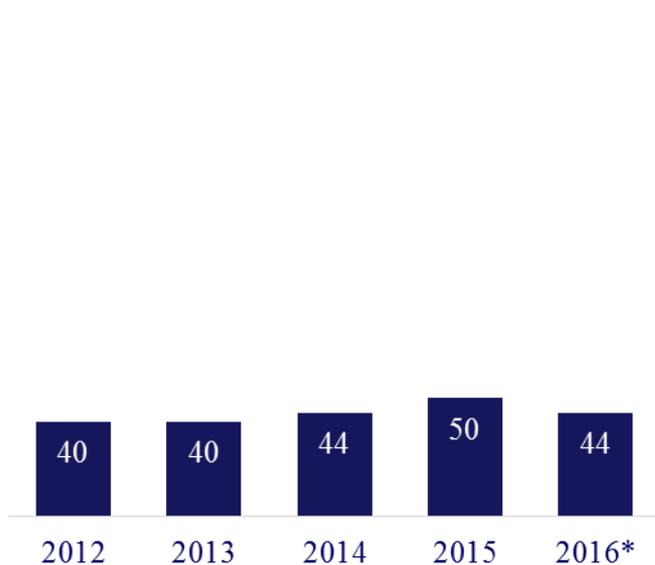


Maximum Security Demand and Lengths of Stay are on the Rise

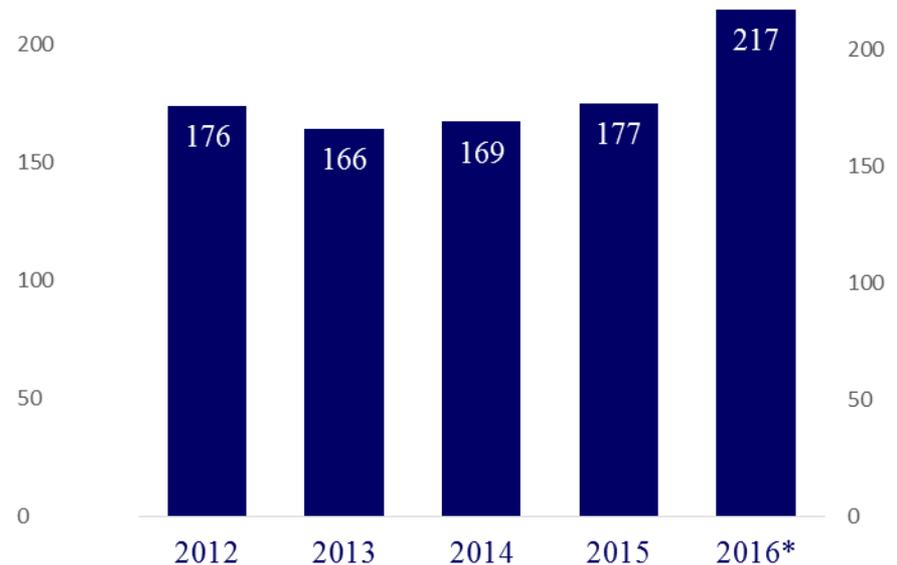


Key Trends: Impact of Different Commitment Types

Average Length of Stay for Civil and Voluntary Discharges from State Operated Psychiatric Hospitals



Average Length of Stay for Incompetent to Stand Trial Discharges from State Operated Psychiatric Hospitals



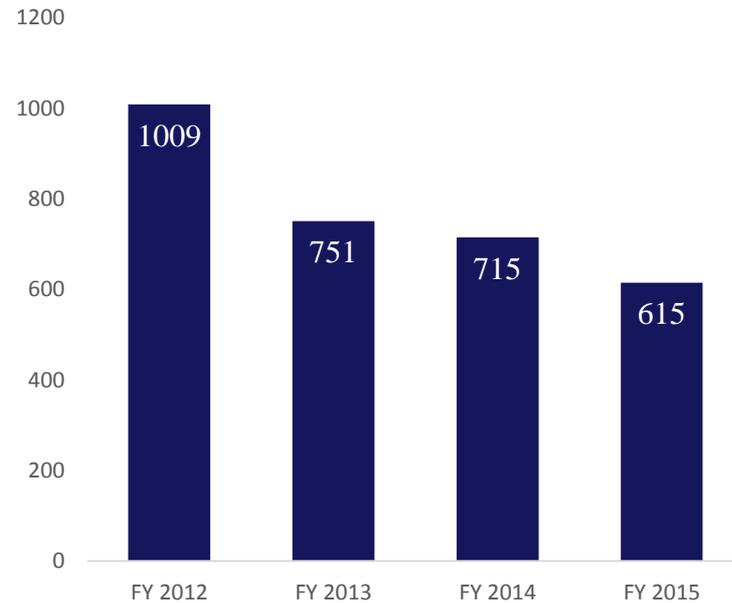
*fiscal year 2016 data is through February 2016

Key Trends: Impact of Different Commitment Types

Average Length of Stay for Individuals with Multiple Disabilities Including Intellectual Developmental Disorders



Average Length of Stay for Individuals Found Not Guilty by Reason of Insanity



*fiscal year 2016 data is through February 2016

- Critical State Hospital Repairs
 - \$18.3 million in appropriations for the FY 2016 - 2017 biennium
- Purchase of Private Psychiatric Beds
 - \$50 million in new appropriations for the FY 2016 - 2017 biennium
- Jail-Based Competency Restoration
 - Procurement in process
- Staff Recruitment and Retention
 - \$1.4 million appropriation for targeted nursing increases
- Psychiatric Residency Stipend Program
- Patient Transition into Communities



Rider 73: Mental Health Peer Supported Re-entry Pilot

- \$1 million for the 2016-17 biennium for the Mental Health Peer Supported Re-Entry Pilot
 - Partnership with local mental health authorities and county sheriffs
 - Certified peer support specialists to support successful transition into the community
- Pilot sites:
 - MHMR Authority of Harris County
 - Tropical Texas Behavioral Health in Edinburg
 - MHMR of Tarrant County
- Collaboration with the Hogg Foundation for process evaluation
- Report is due to the Legislature on December 1, 2016

Rider 66: Harris County Jail Diversion

- \$10 million for the 2016-17 biennium for the Harris County Jail Diversion pilot program
- Program goals:
 - Reduce recidivism rates
 - Reduce frequency of arrests
- Provider services
 - Mental Health and Substance Use Disorder Treatment
 - Permanent and Temporary Housing
 - Peer Support
 - Assistance with Basic Needs
 - Rehabilitation
 - Transportation
 - Vocational/Education
 - Care Coordination
 - Health Services
- Report due to the Legislature by December 1, 2016.

Rider 70: Jail Based Competency Restoration

- \$1.7 million to conduct a jail-based competency restoration pilot
- Pilot goal:
 - Treatment to restore competency to individuals in county jails, rather than in psychiatric facilities or in community-based settings
- Services:
 - Mental health and co-occurring substance use disorder treatment
 - Legal education for individuals found Incompetent to Stand Trial
- Timeline
 - Texas Administrative Code rules finalized in January 2016
 - Procurement currently in negotiations
- Reports due to the Legislature each fiscal quarter

- Primary DSHS-funded crisis services include:
 - Mobile crisis outreach teams, 24-hour hotlines, crisis respite/residential, crisis stabilization units, extended observation, residential treatment centers (youth)
- The 84th Legislature provided an additional ~\$13 million per year to expand/enhance crisis services.
- This funding has been utilized to contract for additional crisis services, including:
 - Crisis respite units
 - Rapid Crisis Stabilization Beds
 - Mental Health Deputies
 - Veterans Resource Centers
 - Law Enforcement Liaisons
 - Substance Abuse Treatment at Crisis Residential Units
 - Crisis Intervention Response Team
 - Crisis Peer Support Services

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- A comprehensive review of DSHS-funded crisis and treatment facilities
 - Stakeholder involvement to identify best practices and barriers to effective service delivery
 - Local Mental Health Authorities
 - Disabilities Rights Texas
 - Texas Council of Community Centers
 - Report due to the Legislature by December 1, 2016.



Patient Support for Decision Making and Transition Services

- The Patient Support for Decision Making and Transition Services has an open enrollment procurement open.
- DSHS anticipated responses from several Texas Certified Guardianship providers
- These respondents would cover Austin State Hospital, San Antonio State Hospital, and Rusk State Hospital, the three State Hospitals with the highest number of referrals to the program
- A provider forum will be held in July 2016 to provide additional information to these and other potential respondents

State Hospital Workforce: Recruitment and Retention

- Factors leading to workforce shortage include:
 - Noncompetitive salaries
 - Poor facility conditions
 - Aging workforce in several areas
 - Increasing acuity and violence of population served
- DSHS was appropriated \$5.6 million for staff recruitment and retention: Funds appropriated provide pay increases to Nurses and LVNs based on geographic areas (\$2.7 million/biennium) and increased PNA pay by 2 percent (\$2.9 million/biennium)
- Funds continue to support 15 residency slots through DSHS contracts with Texas medical school departments of psychiatry to purchase resident and supervisor time
- DSHS is evaluating university partnerships, including potential benefits to State Hospital recruiting and retention

SB 1507: Joint Committee on Access and Forensic Services

- Required development of:
 - A bed day allocation methodology for distributing beds for voluntary, civil, and forensic patients throughout the state
 - A bed day utilization review protocol that includes a peer review process
 - Recommendations for the creation of a comprehensive plan for the coordination of forensic services
- Regular committee and subcommittee meetings with stakeholder input

SB 1507: Joint Committee on Access and Forensic Services (cont.)

- **Bed Day Allocation Recommendations**
 - Allocation of beds based on poverty-weighted population
 - No penalties or sanctions
 - Consideration of incorporating factors related to acuity and the availability of local resources
- **Bed Day Utilization Review Protocol Recommendations**
 - Focus on data collection and analysis
 - Layered peer review process
 - Pilot in limited areas before statewide implementation
- **Plan for Coordination of Forensic Services**
 - Continued meeting of forensic subcommittee to refine recommendations