Health and Human Services

Joint Committee on Access and Forensic Services

October 15, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.

Joint Committee on Access and Forensic Services develops recommendations for the bed day allocation methodology and the bed day utilization review protocol that includes a peer review process and advises on a comprehensive plan for coordinating forensic services.

The Department of State Health Services established the Joint Committee on Access and Forensic Services in accordance with S.B. 1507, 84th Legislature, Regular Session, 2015. The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding access to forensic services within the state of Texas. The JCAFS considers and makes recommendations to the Legislature consistent with the committee's purpose.

Recommendations to the Legislature regarding access to forensic services include:

- Monitoring the implementation of updates to the bed day allocation methodology for allocating to each designated region a certain number of state-funded beds in state hospitals and other inpatient mental health facilities for voluntary, civil and forensic patients.
- Implementing a bed day utilization review protocol, including a peer review process.
- Improving access to mental health services for both civil and forensic patients throughout the full continuum of care from institution to community-based settings.

Members:

- **Shannon Carr**
  Austin Area Mental Health Consumers, Inc.
  Austin
- **Jonathan Caspell**
  Texas Municipal League
  Lubbock
- **Sherri Cogbill**
  Texas Department of Criminal Justice
  Austin
- **James "Mike" DeLoach**
  Texas Association of Counties
  Littlefield
- **Wade McKinney**
  County Judges and Commissioners Association
  Athens
- **Jolene Rasmussen**
  Behavioral Health Advisory Committee
  Austin
- **Jimmy Sylvia**
  County Judges and Commissioners Association
  Anahuac
- **Sally Taylor**
  Texas Hospital Association
  San Antonio

- **Stephen Glazier**
  Texas Hospital Association
  Houston
- **Anna Gray**
  Behavioral Health Advisory Committee
  San Antonio
- **Windy Johnson**
  Texas Conference of Urban Counties
  Austin
- **Dennis Wilson**
  Sheriff's Association of Texas
  Groesbeck
- **Wayne Young**
  Texas Council of Community Centers
  Houston

1. Welcome, call to order, and opening remarks. The meeting was convened by Windy Johnson, Chair. A quorum was established after a brief recess.

Tyler Israel facilitated roll call; members introduced themselves and their affiliations, including representation from mental health, law enforcement, county associations, and nonprofit sectors. Initial roll call indicated a lack of quorum; a break was taken to secure attendance, after which quorum was achieved.

2. Consideration of April 23, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Welcome new members. Five new members were welcomed: James Simmons, Yolanda Nelson, Mark Carmona, Jeff Heinecke, and Eric Sanchez.

4. Election of new committee chair and vice chair

Adopting Presiding Officers Election Procedure

The following is the proposed procedure for electing presiding officers. After laying out the procedure, we will entertain a motion for the adoption of this procedure. HHS staff will announce a call for nominations for each officer position. Nominations may be called for prior to the meeting by being sent to a designated HHS staff member before the meeting, accepted on the day of the meeting, or both before and during the meeting. Members will be asked to nominate themselves or another

member for chair and/or vice-chair. HHS staff will announce the name(s) of member(s) who made the nomination. If a member is nominated by someone else, staff will verify that the nominee is willing to accept the nomination for that position. Once all nominations for chair and/or vice-chair have been received, each nominee will be given two minutes to inform members of their qualifications for presiding office, if they so desire.

If chair and vice-chair are elected at different times, include:

Nominations and election for chair/vice-chair will be conducted at today's meeting, and the same process will be followed for the nomination and election for chair/vice-chair at a later meeting.

ROLL CALL VOTE ACCO staff will call each voting member's name one at a time. The member will then state the name of his or her candidate. ACCO staff will record each vote. Once all votes have been recorded for each position, the nominee receiving the most votes will be announced.

SINGLE NOMINEE If only one person is nominated for Chair or Vice Chair and after ensuring that, in fact, no members' present wish to make further nominations, ACCO staff can call for a motion to be made for the nominee to be elected by unanimous consent or "acclamation" and conduct a voice vote [or a roll call vote for voting members that have called in via teleconference].

NOTE: A roll call vote will need to be conducted for a single nominee when a meeting is being conducted in a virtual setting.

Following the standard procedure Wade McKinney was elected Chair; Windy Johnson was elected vice chair.

5. Subcommittee reports-- Access and Data Analysis

A recent joint meeting of the Access and Data Sub-Committees was summarized by the Chair. They reviewed priorities, such as dashboard development and comparison of Texas' practices to other states as well as held discussion about Texas' policy on misdemeanors on the waitlist. The new chair to determine future sub-committee structure. An idea was floated for a "boot camp" session to orient and onboard new members.

6. Discussion: 89th Legislative Session, 2025. Director of Policy – Office of Forensic Services and Coordination; Presentation on 89th Legislative Session

OFSC and SH Bills of Interest: HB 109 HB00109F.pdf

Bill Number	Description	Impact
HB 109 (Rose)	Relating to the construction, expansion, and operation of certain inpatient mental health facilities and the designation of residential treatment facilities for certain juveniles. ***Effective: 9/1/2025***	Broadens statutory language relating to the admission of certain juveniles to apply to any future designated facilities and local school districts, rather than only applying WCY and Waco ISD. Allows HHSC to award grants to entities for the purpose of construction, expansion or operation of certain mental health facilities if funding is provided for that purpose.

OFSC and SH Bills of Interest: HB 305 HB00305F.pdf

Bill Number	Description	Impact
HB 305 (Hayes)	Relating to the time period for conducting pretrial hearings after a criminal defendant has been restored to competency. ***Last Action: Vetoed***	Governor's Veto Message expresses concern that the "artificially compressed timeline" of 14 days to raise "any evidentiary or procedural issue necessary for the case to proceed to trial"... could "inadvertently transform a provision obligating courts to resume proceedings into a rule with new pitfalls that could harm the state and the defense."

OFSC and SH Bills of Interest: HB 413 HB00413F.pdf

Bill Number	Description	Impact
HB 413 (Jones, J.)	Relating to the release of certain defendants detained in jail pending trial. ***Last Action: Vetoed***	Governor's Veto Message reads, "a common-sense reform that ensures pre-trial detention does not become a form of punishment and will save taxpayers money. However, the bill fails to specify that the method of release must provide sufficient sureties to ensure public safety and appearance at trial. The protection of liberty must be balanced with clarity, accountability, and public safety. This bill fails to strike that balance and lacks critical safeguards against abuse."

10/15/2025 6

OFSC and SH Bills of Interest: HB 913 HB00413F.pdf

Bill Number	Description	Impact
HB 913 (Frank)	Relating to certain state hospital names and the management of state hospitals. ***Effective: 9/1/2025***	Separates NTSH into Vernon State Hospital and Wichita Falls State Hospital; adds Lubbock Psychiatric Center and Panhandle State Hospital to statute.

OFSC and SH Bills of Interest: SB 528 SB00528F.pdf

Bill Number	Description	Impact
SB 528 (Schwertner)	Relating to inpatient competency restoration services. ***Effective: 9/1/2025***	Requires MOUs with cities, counties, LM/BHAs, and facilities contracting with HHSC for CR services, including contractors and subcontractors, outlining powers and duties relating to CR; data collection on offense type (Felony/Misdemeanor), # patients served, outcomes, etc. Requires an annual report to include contracted performance evals and cost comparisons for provision of services; first report due 8/1/2027.

OFSC and SH Bills of Interest: SB 1164 SB01164F.pdf

Bill Number	Description	Impact
SB 1164 (Zaffirini)	Relating to emergency detention of certain persons evidencing mental illness and to court-ordered inpatient and extended mental health services.	Follows recommendations of the Judicial Commission on Mental Health to revise the emergency detention form to ensure more complete information, clarify officer responsibilities. Expands the criteria for emergency detentions to include people who evidence an inability to recognize symptoms or appreciate the risks/benefits of treatment AND who, …(cont'd)
SB 1164 (Zaffirini)	Relating to emergency detention of certain persons evidencing mental illness and to court-ordered inpatient and extended mental health services. ***Effective: 9/1/2025***	… who, without immediate detention are likely to suffer serious risk of harm or inflict serious harm on another. Drafting errors related to the expansion of criteria for court ordered inpatient mental health services was removed from SB 1164 with the passage of HB 16 in the 2nd special session.

HB 16 passed in 2nd special session to correct drafting errors in SB1164

OFSC and SH Bills of Interest: SB 2069 SB02069F.pdf

Bill Number	Description	Impact
SB 2069 (Zaffirini)	Relating to the establishment of a work group to conduct a study on the feasibility of implementing an acute psychiatric bed registry. ***Effective: 9/1/2025***	Establishes a workgroup to study feasibility of statewide or regional acute psychiatric bed registry to list all available inpatient beds. HSCS/State Hospitals are not specified in the member list, however, may be involved through data and/or information sharing or possible appointment.

HB 500 Supplemental Appropriations-Health and Specialty Care, State Hospitals

- 414 FTEs tied to funds appropriated in HB 1, 2023 to provide staff for newly renovated state hospitals
- $98M in deferred maintenance

- $7.85M to replace fleet
- $0.9M for a fence around the buildings at Terrell SH that will be used for the new RTC for DFPS youth
- $100M to ramp-up Dallas State Hospital

SB 1 General Appropriations, Health and Specialty Care, State Hospitals

- $2M to replace regional laundry equipment
- $139M to ramp-up new/expanded/replacement hospitals
- $7.2M for out-year costs of implementing the new EHR
- $34.3M to ramp-up/operate the new RTC for DFPS youth
- $92.6M to increase certain contract bed rates and to ramp-up/operationalize additional contract beds currently under construction
- $14.2M to ramp-up/operate Dallas State Hospital

Discussion. No comment from committee members. The Chair inquired about restoration compensation services in SB528. She stated this will impact many counties who do restoration services. The point is to ensure local entities that are contracting for those services have continuity in contracting. The first report is due August 1st.

7. Health and Specialty Care System – Office of Forensic Services and Coordination report

A portion of the meeting met with broadcasting difficulty and may impact the completeness of the report.

A. Associate Commissioner/State Forensic Director. (Office of Forensic Services and Coordination overview and State Hospitals update)

In summary: Dr. Jenny Simpson provided updates from the Office of Forensic Services and Coordination. She spoke on the realignment and merging forensic coordination and forensic medicine offices. Current construction projects are presented below: Dallas, Lubbock, Panhandle, Rio Grande, San Antonio, Terrell Center for Youth, Wichita Falls, and construction grants in several counties. The state hospital staff fill rate was reported at over 94%, covering January 2024 onward. Questions were raised about the impact of renovations on bed availability and specific facility locations.

Presentation

Mission: To coordinate and oversee the delivery of forensic services through clinical support, policy, education, and empowerment of Health and Specialty Care System facilities and community partners.

FY 2026 Goals

Clinical Services and Programming

- Develop and implement specialized programming
- Provide opportunities to facilities for education and collaboration
- Increase stakeholder engagement and collaboration
- Provide leadership and guidance for forensic care and services

Planning, Research and Coordination

- •Continue long-range planning for forensic services
- Enhance research and analytics capacity
- •Support ongoing stakeholder engagement and coordination

Policy

- •Support implementation of legislation passed in the 89th session
- Provide subject matter expertise to guide policy

Construction, Capacity, and Fill Rate Update

Under Construction

- Dallas State Hospital: Adult and Pediatric – New 292-bed hospital
- Panhandle State Hospital: Amarillo – 75-bed non-Maximum-Security Unit (MSU) hospital
- Wichita Falls State Hospital: 225-bed replacement hospital
- Terrell State Hospital: 275-bed replacement hospital
- Lubbock Psychiatric Center: New 50-bed MSU hospital
- San Antonio State Hospital: 40-bed Alamo Hall conversion to geriatric MSU
- Rio Grande State Center: 50-bed MSU expansion

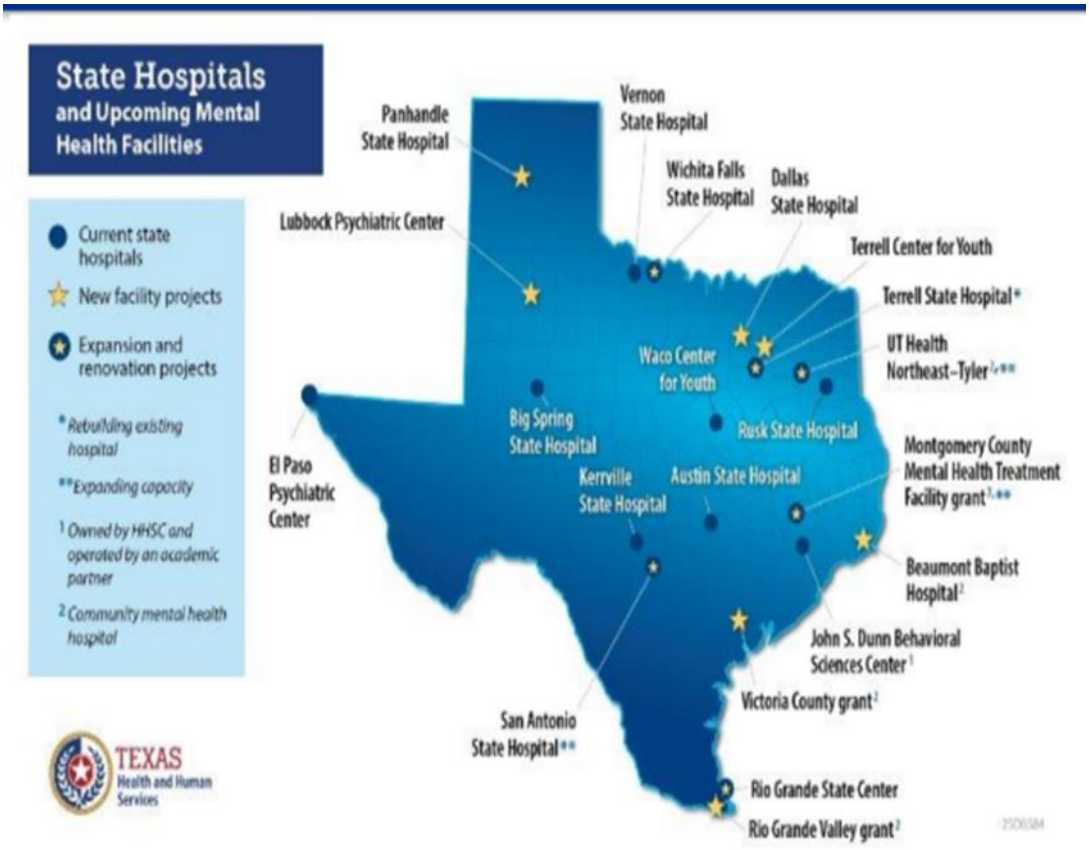
In Planning

- Terrell Center for Youth – New 30-bed Residential Treatment Center

Construction Grants

- Doctors Hospital at Renaissance: 100-beds

- Montgomery County: 100-beds
- Victoria County: 60-beds
- Baptist Beaumont Hospital: 72-beds
- UT-Tyler: 44-beds



Dallas State Hospital – New 292-Bed Hospital	**Lubbock Psychiatric Center – New 50-Bed Hospital**	**Panhandle State Hospital – New 75-Bed Hospital**
HHSC is building a new psychiatric hospital that will have 200 adult and 92 pediatric beds.	HHSC is building a 50-bed MSU in Lubbock. Status: Completion is expected in Fall 2027.	HHSC is building a 75-bed non-maximum-security hospital in Amarillo.

Status Substantial completion of the adult unit is expected in November 2025. Substantial completion of the pediatric unit is expected in April 2026.		**Status**: Completion is expected in Spring 2027.
Rio Grande State Center – 50-Bed Expansion HHSC will expand the Rio Grande State Center by 50 maximum-security beds. This new unit will be located on the existing Rio Grande campus. **Status:** Construction is anticipated to begin in Winter 2025.	**San Antonio State Hospital – 40-Bed Conversion** HHSC will renovate and convert an existing 40-bed unit into a maximum-security unit for people 65 and older and others whose medical and physical conditions require additional care. **Status**: Completion is expected in November 2026.	**Terrell Center for Youth – New 30-Bed Residential Treatment Center (RTC)** HHSC is opening a 30-bed RTC for children in the Department of Family Protective Services conservatorship. • Ages 13-17 • 10-bed male unit • 10-bed female unit • 10-bed IDD unit **Status:** Anticipated to open September 2026
Terrell State Hospital – 275-Bed Replacement Hospital HHSC is building a replacement facility for Terrell State Hospital that will have 275 beds. **Status**: Substantial completion is expected in June 2027.	**Wichita Falls State Hospital – 225-Bed Replacement Hospital** HHSC is building a replacement hospital for the Wichita Falls State Hospital that will have 225 beds. **Status**: Substantial completion is expected in October 2027.	

Construction Grants

Discussion. The Chair inquired about the fill rate chart which was illegible (and as such, not included in this report). She asked if beds were going to come offline during renovation. The speaker was unable to answer the question.

B. Special Projects Coordinator and Data Analyst
Joint Committee on Access and Forensic Services (JCAFS) Dashboard

In summary: Dwight Sadler and Vinay Voreddy (sp) introduced and demonstrated new data visualizations for the JCAPS dashboard providing historical context describing the : transition from the State Hospital Allocation Methodology Report to the current

dashboard. The dashboard covers supply (beds), demand (waitlist), utilization, commitment types, and length of stay, with tabs for acronyms and additional capacity. They reported that the waitlist peaked during COVID but has been declining, especially for maximum security units (MSU). Average wait times for admission have dropped significantly since 2023. and bed availability is increasing, contributing to improved wait times.
Persistent challenges were identified in length of stay for certain populations, especially those with NGRI status. Committee members praised the clarity and utility of new visualizations, requested further breakdowns (e.g., 365+ day stays, discharge needs data).

Presentation

The data dashboard evolved from a data collection report that was named the State Hospital Allocation Methodology Report (SHAM). One of the JCAFS initial assignments was to rework the SHAM and the result of this work became the committee's first report completed for the legislature. The revised data report was named the Hospital Bed Allocation Report (HBAR) in 2016 and began including an allocation and utilization review. The dashboard in its current format was created in 2019 for committee members to review data in a more easily accessible format.

Overview

- Tab 1: Data Table
  - Supply
  - Demand
  - Utilization
  - Census by Length of Stay
- Tab 2: FY25–YTD
- Tab 3: Additional Capacity
- Tab 4: Acronyms

JCAFS Dashboard - FY25 - Through 8/31/2025

Supply	MSU	Non-MSU	Total
Total funded beds	396	1,933	2,329
Temporary Reduced Capacity	-45	-247	-292
Total beds available to be used	351	1,686	2,037
Percent total beds ready for use	88.6%	87.2%	87.5%

Demand (Wait List)	MSU	Forensic	Civil
Beginning value	581	1,201	
Number added	887	2,908	
Number removed	1,023	2,940	
Ending value	484	1,285	
Average length of time waiting	254	191	
Median length of time waiting	220	179	

Utilization	MSU	NGRI	IST	CIVIL	TOTAL
ADC	332	341	704	575	1,952
Admitted	717	82	962	2,676	4,437
Discharged	625	77	965	2,731	4,398
ALOS@DC	168	1,428	230	102	162
MSU Occupancy - available for use (target 95%)	94.6%				
MSU Occupancy - total funded beds	83.8%				
NON MSU Occupancy - available for use (target 95%)	96.1%				
NON MSU Occupancy - total funded beds	83.8%				
Overall Occupancy - available for use (target 95%)	95.8%				
Overall Occupancy - total funded beds	83.8%				
MSU/FORENSIC ADC	1,377				
CIVIL ADC	575				
MSU/FORENSIC % of ADC	70.5%				
CIVIL % of ADC	29.5%				

Waitlist Data by Race/Ethnicity (FYTD)	MSU Added	MSU Removed	MSU Avg Wait	NON-MSU Added	NON-MSU Removed	NON-MSU Avg Wait
WHITE - NOT OF HISPANIC OR LATINO ORIGIN	290	290	242	1,014	1,019	180
WHITE - HISPANIC OR LATINO ORIGIN	221	283	246	684	716	217
BLACK OR AFRICAN AMERICAN	345	424	269	1,155	1,138	186
OTHERS	31	26	255	55	67	173
Total	887	1,023	254	2,908	2,940	191

Key Terms and Phrases

- Supply
  - Total Capacity
  - Capacity Adjustment
  - Physical Beds Ready for Use
- Demand
  - Maximum Security Unit
  - Non-Maximum Security Unit
  - Length of Time Waiting
- Length of Stay

Goal: Represent data in a visual format to make it easier to understand, analyze and extract meaningful insights. Our hope is that members will use visualizations to:

- Understand patterns, trends and outliers within the data
- Use data to support informed discussions

Request for Committee Members

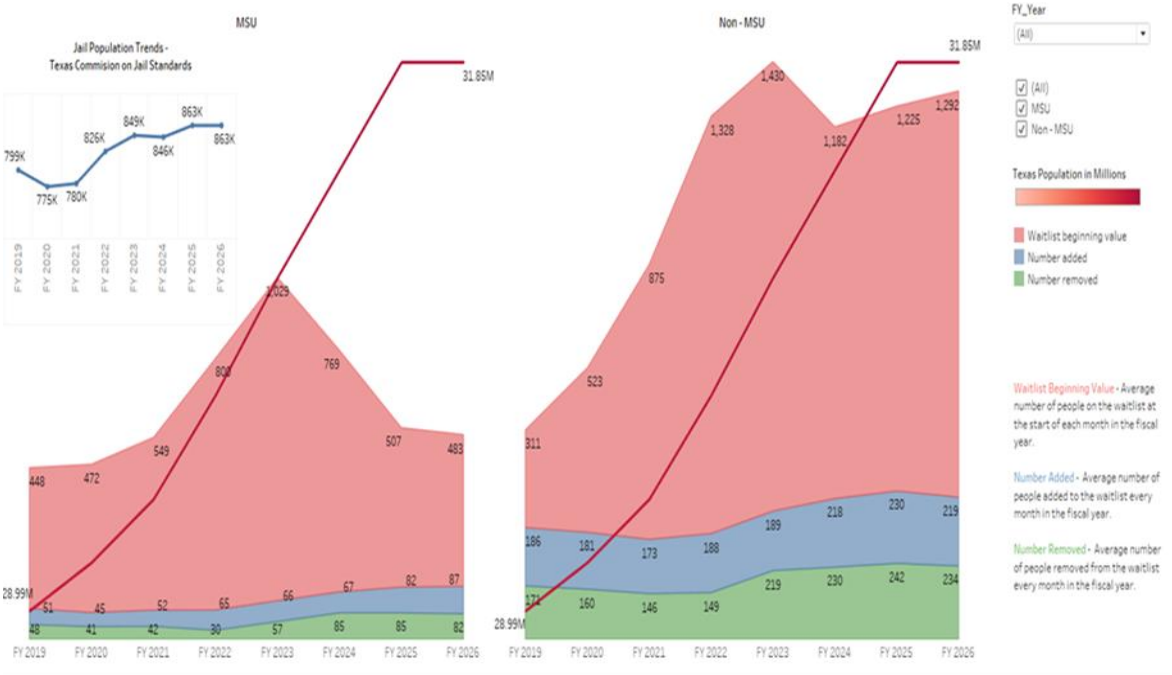
Review and share feedback

Help explore additional data needs

Use data to support ongoing activities of subcommittees

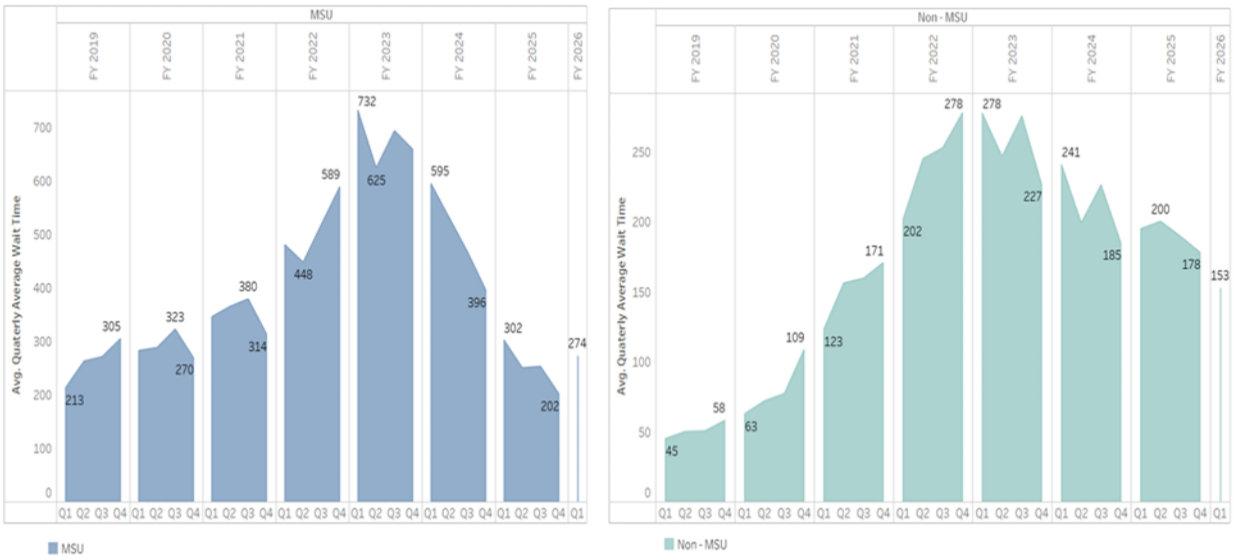
1. Waitlist Utilization Trends

Purpose: The purpose of this visualization is to show demand for inpatient competency restoration services based on waitlist trends. This visualization shows the average number of people on the waitlist at the start of each month, along with the average number of people added to and removed from the waitlist each month, within each fiscal year.



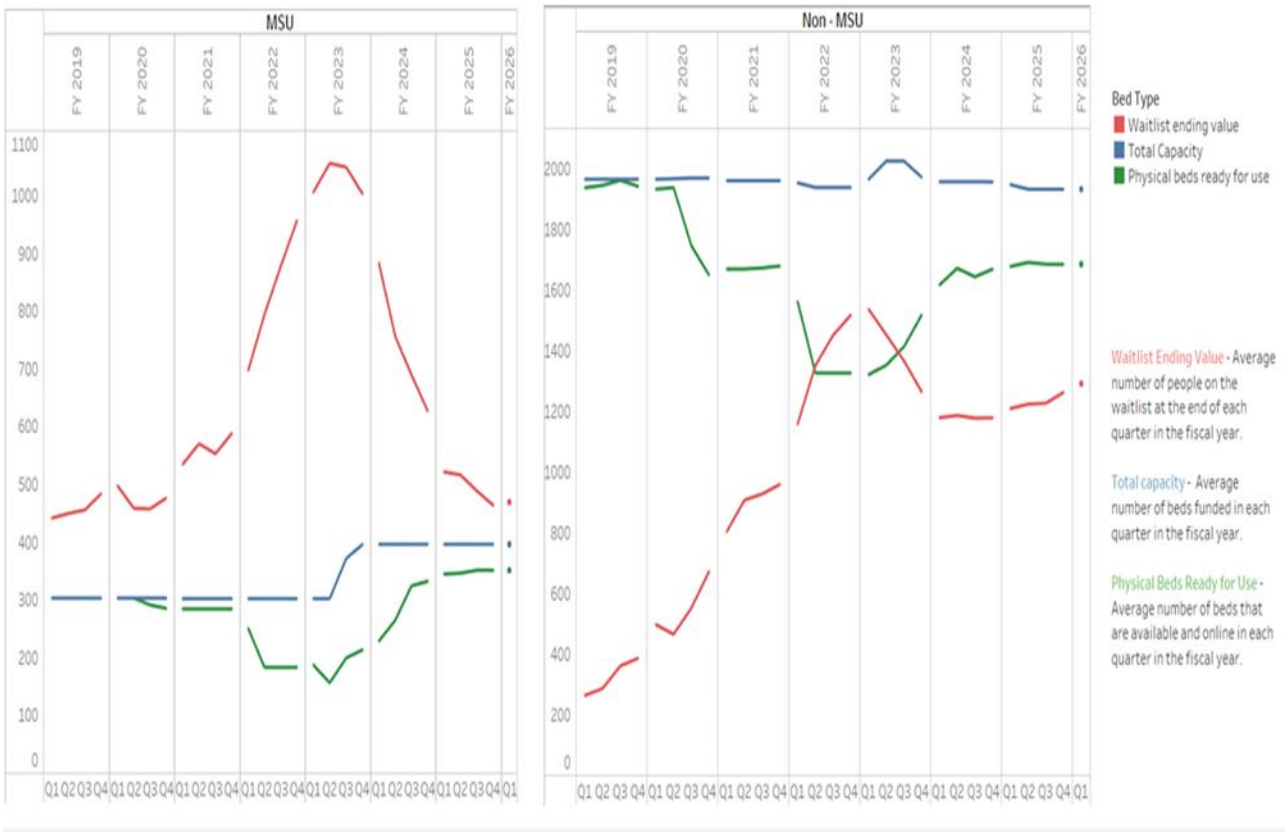
2. Average Wait for Inpatient Competency Restoration Services

Purpose: The purpose of this table is to depict the average wait for inpatient competency restoration services by commitment type.



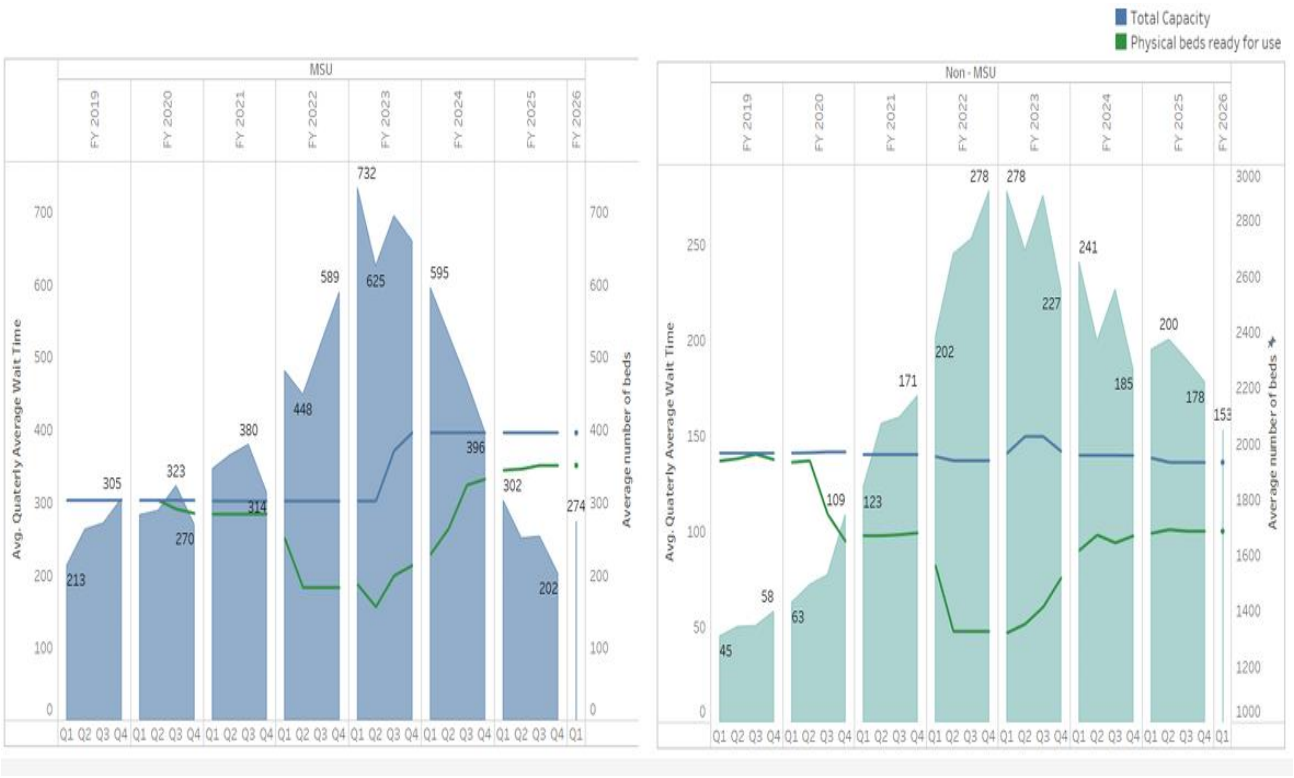
3. Trends in Bed Capacity and Demand for Inpatient Competency Restoration Services

Purpose: The purpose of this visualization is to compare total bed capacity and physically ready beds against demand, or people currently on the waitlist.



4. Impact of New Beds on Average Wait for Inpatient Competency Restoration Services

Purpose: The purpose of this table is to illustrate the impact of bed capacity on the average wait for admission to inpatient competency restoration services.



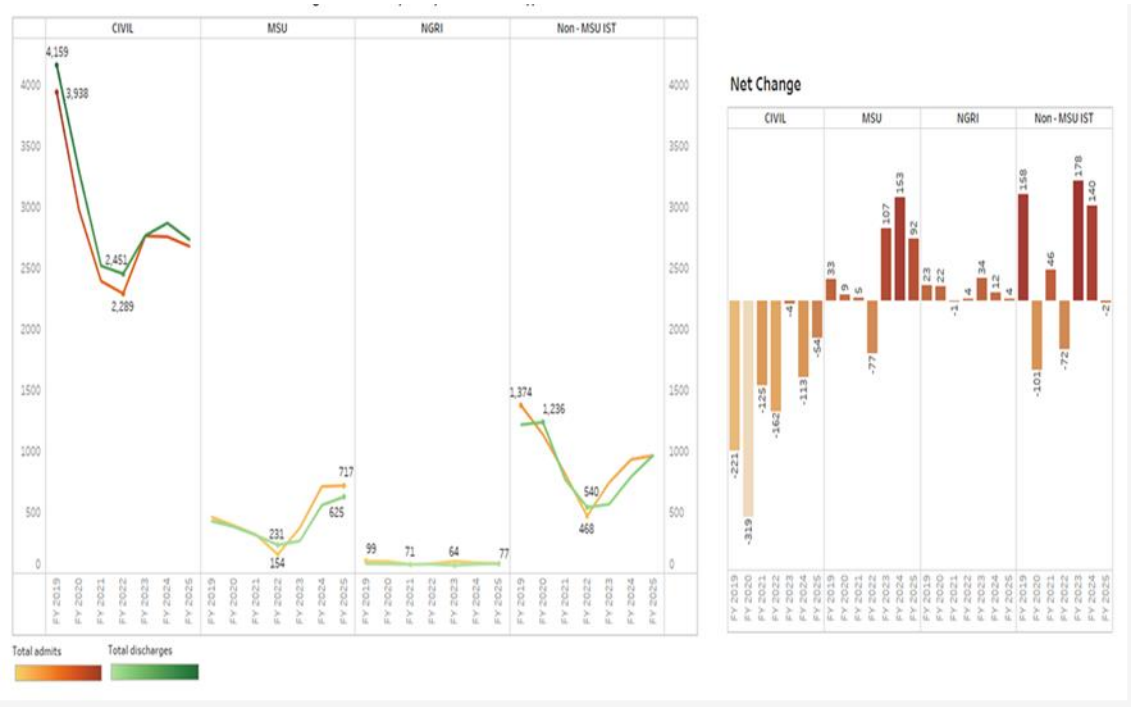
5. Average Length of Stay by Commitment Type - By Month

Purpose: The purpose of this dashboard is to highlight changes in length of stay by commitment type.

	FY 2019				FY 2020				FY 2021				FY 2022				FY 2023				FY 2024				FY 2025				FY 2026
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
CIVIL	84	77	86	69	81	90	89	94	97	104	99	89	115	118	82	98	80	91	91	74	68	75	111	83	82	120	115	86	58
MSU	154	182	266	171	220	265	190	284	261	355	262	239	364	241	284	207	350	356	273	132	192	158	158	154	168	176	161	167	188
NGRI	501	887	690	950	848	689	1,313	799	779	1,054	540	820	828	1,104	1,111	878	907	1,115	906	1,484	1,034	1,849	809	876	1,566	1,975	1,076	1,227	1,081
Non-MSU IST	181	209	178	242	211	191	183	245	278	220	389	304	404	553	579	354	319	318	337	249	246	251	224	233	251	235	223	169	188

6. Trends in Admissions and Discharges

Purpose: The purpose of the first table is to illustrate trends in quarterly admissions and discharges for individuals receiving inpatient services at a state-operated facility. The second table illustrates the net difference between admissions and discharges each fiscal year by commitment type.



Discussion. Suggestions were made on improvements to the charts and data. The visualization is very helpful addition to the numbers.

C. Director of Clinical Forensic Services. Clinical Services and Programming; Program Spotlight – Forensic Support Team Pilot

In Summary. Kalie Reza presented the Forensic Support Team (FST) pilot, modeled after Colorado's program with goals: being to improve care coordination, facilitate diversion to outpatient settings, identify candidates for competency re-evaluation, and support re-entry. After multistakeholder engagement, projects were implemented in Dallas and Travis Counties. Early outcomes were reported

- several individuals diverted from inpatient restoration,

- increased stakeholder collaboration, and
- dozens removed from waitlists since inception.

The Jail In Reach program is transitioning to a statewide model for broader accessibility while still emphasizing local stakeholder collaboration. Discussion addressed the importance of both team-based and individual participation, stakeholder engagement, and the practical workflow of referrals and evaluations.

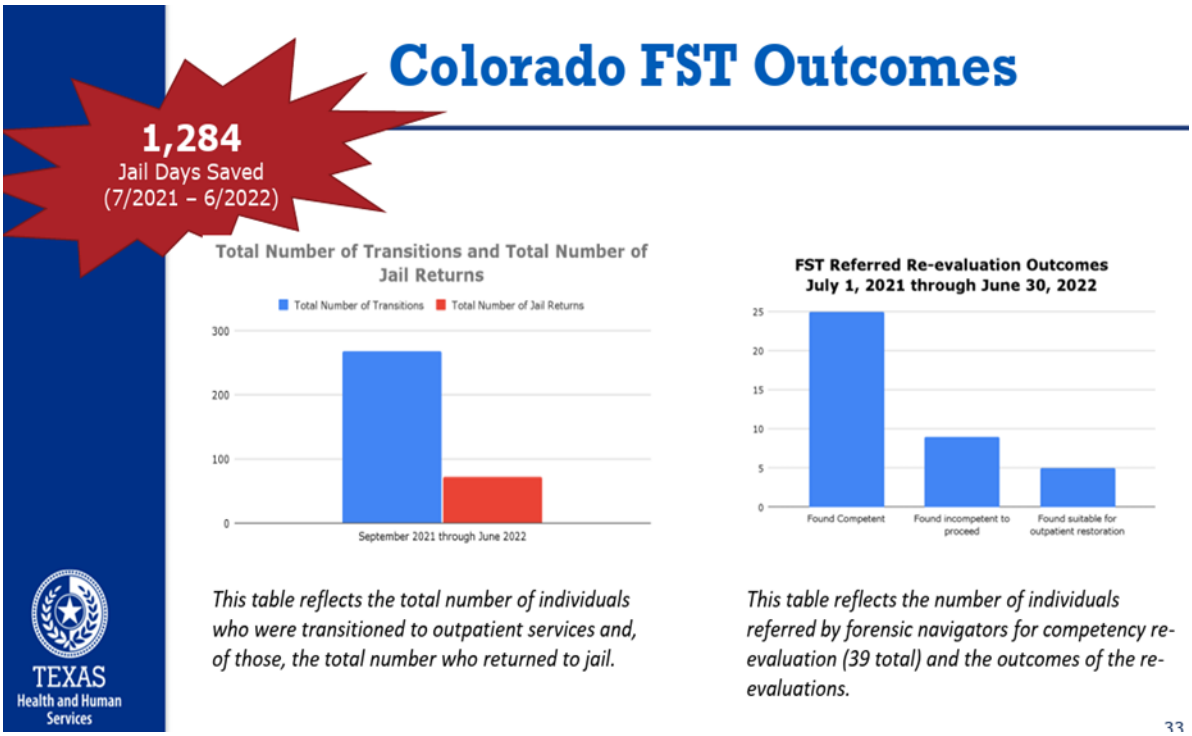
Presentation

Overview of the Forensic Support Teams Pilot Program

Background: Colorado FST Overview Program Mission: To ensure an effective competency system, Forensic Support Teams strategically coordinate care and communicate the needs of the client to all stakeholders.

Program Operations: Through interaction, observation, and coordination, Forensic Navigators:

- Assist state mental health hospitals with managing and organizing inpatient restoration admissions.
- Identify individuals who might be better suited for outpatient restoration services and make referrals to facilitate this.
- Ensure care coordination and communication for individuals returning to the jail from inpatient restoration.
- If a client is found to be unlikely to be restored to competency, and their charges are dismissed on this basis, FST provides referrals, resources, and services to help facilitate successful reentry into the community.



Vision:

Forensic Support Teams (FST) serve as coordination and navigation entities for people found incompetent to stand trial (IST) when competency restoration services have been ordered by the court.

Target Population:

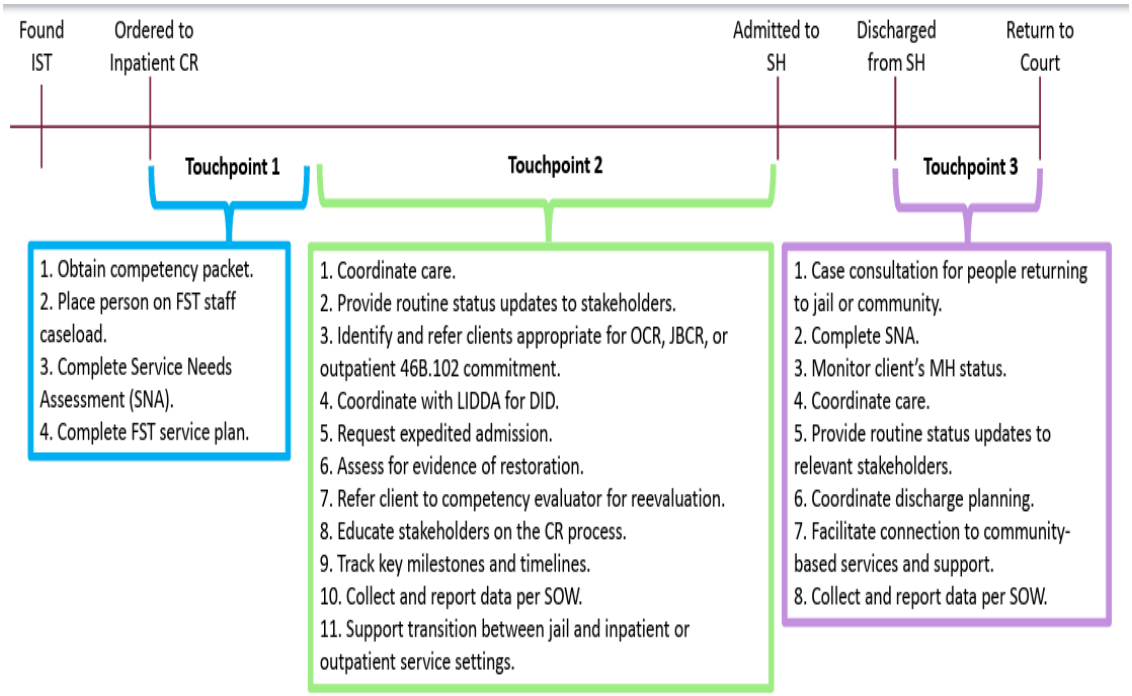
Individuals currently on the waitlist for inpatient competency restoration (ICR) services or returned from a competency restoration program and awaiting adjudication.

Individuals a court has determined not restored to competency after receipt of competency restoration treatment who are then committed to inpatient or outpatient services under 46B.102 or whose criminal charges have been dismissed.

FST Program Goals FSTs work with the LMHA or LBHA, courts, defense attorneys, jails, state hospitals, state-contracted facilities, and facility administration to coordinate care and communicate client needs.

Divert people into outpatient competency restoration, jail-based competency restoration, or other appropriate services and service settings, if available.	Identify people who may have restored to trial competency while awaiting restoration services and coordinating trial competency reevaluations.
Coordinate prompt access to available and Identify people who may have restored to trial competency while awaiting restoration services and coordinating trial competency reevaluations. appropriate behavioral health and medical care for people found IST prior to or after receiving services through an inpatient, outpatient or jail-based CR program.	Collaborate with all stakeholders on competency restoration services, court processes, and the individual's clinical and nonclinical needs

Program Activities



Performance Reporting

Client Data:

- Treatment history
- Treatment engagement
- TBI/NCD/SUD/IDD
- Housing status
- Charge type and degree
- FST assessment outcomes
- • Key dates: date of arrest, order, etc.

Program Data:

- People served
- Expedited admissions
- OCR/JBCR/outpatient .102 referrals
- Inpatient diversions/waitlist reductions
- Reevaluations and outcomes
- Narrative: Use of EBPs
- Narrative: Successes and challenges

Monthly Coordination with HHSC

Provider TA Calls

- Integral Care
- NTBHA

County Stakeholder Calls

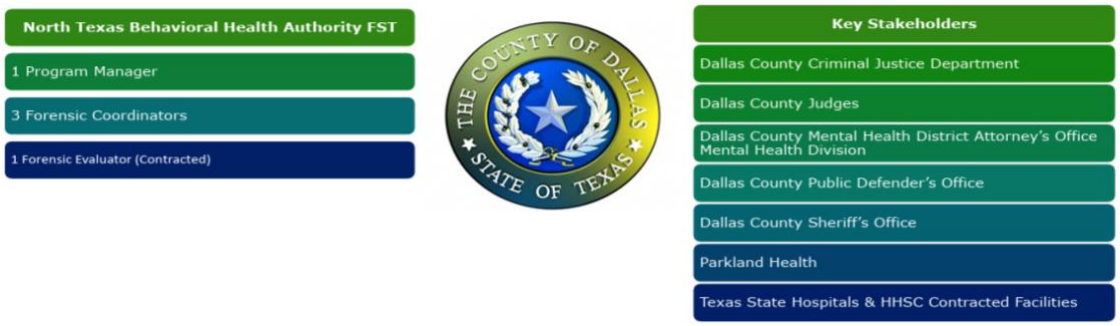
- LMHA and LBHA
- District Attorney's Office
- Sheriff's Office
- Jail Medical
- Courts
- Defense Counsel

Case Consultations

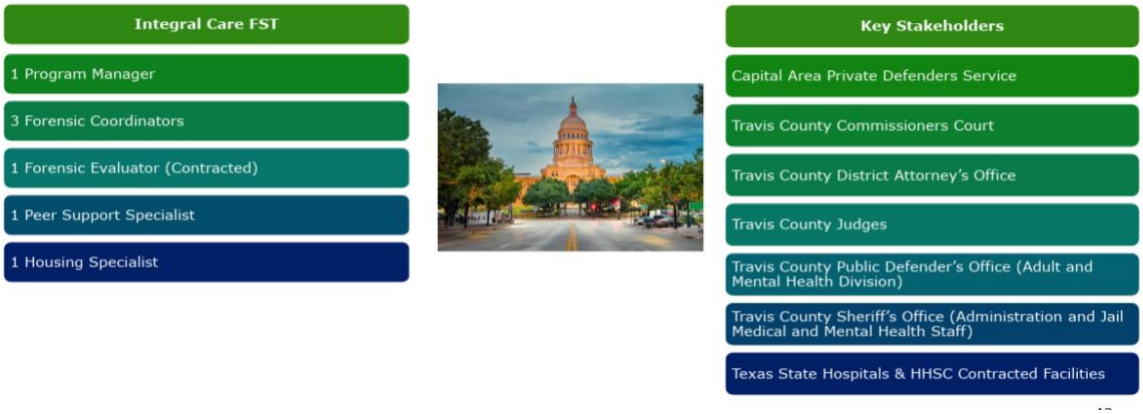
- LMHA and LBHA
- Other stakeholders as appropriate

FST Pilot Sites: Dallas and Travis Counties

Dallas County



Travis County



Timeline of Key Milestones

Preliminary Achievements Data (represents reporting period 07/01/25-07/31/25)

Dallas County FST

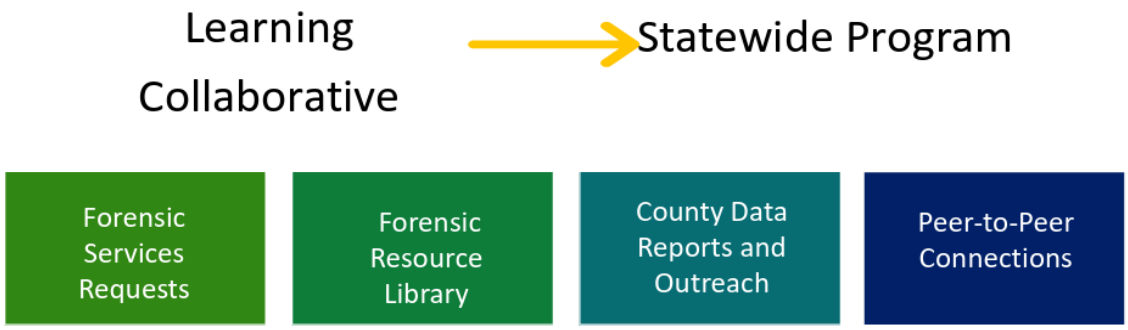
- 78 active cases
- 14 recommendations to OCR
- 4 referrals to Jail Legal Education Program
- 1 referral for competency re-evaluation

Travis County FST

- 87 active cases
- 14 recommendations to OCR
- 2 individuals diverted from inpatient competency restoration to community

Jail In-Reach Program Update

Goal: Help forensic stakeholders identify strategies to monitor people in county jails found incompetent to stand trial (Code of Criminal Procedure Chapter 46B commitments) and are awaiting admission into a Texas state hospital.



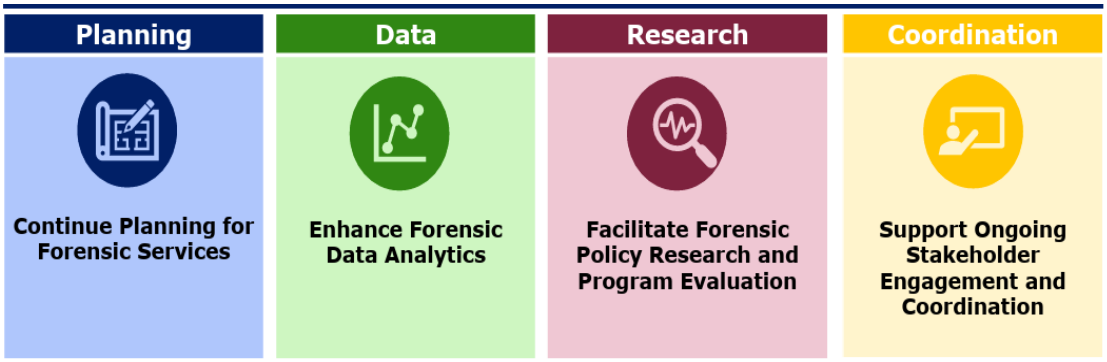
D. Deputy Associate Commissioner. Policy, Planning, and Coordination; Program Spotlight – Long Range Forensic Plan.

In Summary. Katie Bialik discussed Office of Forensic Services and Coordination activities in planning, research, and coordination. They have been focusing on developing a 10-year plan for forensic services and continuum of care in Texas, including hospitals and state supported living centers. The stages of planning include discovery, needs assessment, strategy identification, and reporting. They are placing emphasis on data analytics, policy research, and supporting cross-agency coordination. Timeline aims for a deliverable is in spring or summer of the next year.

Presentation

Planning, Research and Coordination

Areas of Focus

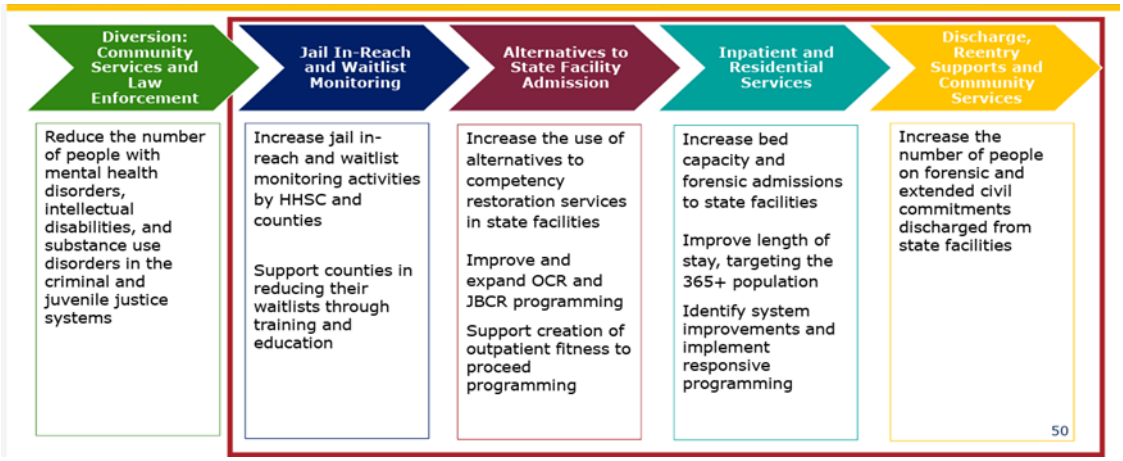


Forensic Planning

Goal The OFSC is continuing forensic planning to guide the coordination and delivery of forensic services to better support forensic patients and residents, the people who serve them and communities across Texas.

Outcome . Short-term, medium-term, and long-term strategies to enhance services provided to the forensic population and promote longer-term system transformation as facilities expand to serve Texans.

Scope: HHSC's Forensic Continuum of Care



Key Elements of Planning

Proposed Elements

- Vision, mission and guiding principles
- Comprehensive needs assessment
- Overarching goals to guide the coordination and delivery of forensic services
- Identification of short-, medium- and long- term strategies to meet identified goals
- Methods to support and evaluate implementation of strategies

The Planning Process

Discussion. No Substantive discussion

8. Behavioral Health Services – Mental Health Programs report

A. Associate Commissioner, Riley Webb (Update on Senate Bill 26, 88th Legislative Session, Initiatives and Behavioral Health Grants, Impact of federal funding cuts)

In Summary. Updates were provided on various behavioral health grants, including the Community Mental Health Grant Program (CMHG), justice-involved grants, and the Healthy Community Collaborative. The CMHG, established in 2017, supports 28 rural projects, reaching 136 rural counties and serving over 8,500 rural Texans, with a 96% arrest prevention rate among enrolled individuals.

Youth-focused CMHG projects have served more than 8,000 students, with notable improvements in behavioral health, grades, and school attendance.

85% of overall CMHG participants avoided hospitalization, 89% avoided arrest, and emergency response utilization was reduced.

Justice-involved grants (Rider 48) saw increased funding, with 97% of participants not arrested while in services and 95% jail diversion rate through the mental health deputy programs.

Th Healthy Community Collaborative helped nearly 3,300 people maintain housing and supported 77% with co-occurring disorders through substance use programming. Additional funding and solicitations are ongoing for the current biennium.

Presentation

Behavioral Health Grants

Community Mental Health Grant (CMHG): Serving Rural Texas CMHG increased access to behavioral health services in rural Texas communities. In fiscal year 2024:

- 28 grant-funded projects served 136 rural counties.
- 8,500 rural Texans were connected to individualized behavioral health services.

Rural services outcomes include:

- Increased support and services in rural communities
    - 74 trainings conducted and over 1,300 people trained in behavioral health-related subjects.
    - 112 community engagement events occurred.
    - 299 support groups conducted.
- Increased well-being and adverse event prevention:
    - Arrest prevention rate: 96%
    - Improved social supports*: 81%
    - Improved quality of life*: 77%
    - Improved resiliency*: 793 program participants

**As indicated by evidence-based measurement scales*.

CMHG: Youth Mental Health in Public Schools Over 8,000 students received individualized mental health services.

- Behavior in school: 4,029 students achieved behavioral improvement in academic settings.
- Academic progress: 1,990 students achieved improved grades.

- Academic attendance: 2,957 students achieved improved attendance.

CMHG: Increased Wellness and Cost-Effectiveness CMHG supports made state-funded behavioral health programming more cost-effective and helped create more positive outcomes.

Decreased emergency response utilization

- Hospitalization rate: 85% of program participants avoided hospitalization for behavioral health services.
- Emergency room utilization rate: 86% of program participants avoided visiting the emergency room for behavioral health services.

Increased well-being

- Arrest prevention rate: 89%
- Improved social supports*: 83%
- Improved quality of life*: 74%
- Improved resiliency*: 3,100 program participants

**As indicated by evidence-based measurement scales*.

Mental Health Grant for Justice-Involved Individuals (MHGJII)

- Rider 48* appropriated $40 million in each fiscal year of the 2024-25 biennium to expand MHGJII, increasing annual funding by $15 million.
    - All 18 contracts executed during fiscal year 2025.
- Fiscal year 2024 MHGJII outcomes include:
    - 97% of participants enrolled in grant programs were not arrested while receiving services.
    - 95% of people encountered by mental health deputy programs were diverted from jail.
- On the horizon:
    - 2026-27 General Appropriations Act, Senate Bill (SB) 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, Rider 50) appropriated $45 million in each fiscal year (an additional $5 million each fiscal year) to expand MHGJII.

**2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services Commission (HHSC), Rider 48)*

Healthy Community Collaborative (HCC)

- Rider 48 appropriated $16 million in each fiscal year of the 2024-25 biennium to expand HCC, increasing annual funding by $4 million.
- Fiscal year 2024 HCC outcomes include:
    - 3,285 people (33% of the total number of people served) obtained or maintained housing.
    - 203,006 services provided to 10,162 people across 13 Texas counties.
    - 77% of people completed substance use programs.
- On the horizon:
    - The 2026-27 General Appropriations Act, SB 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, Rider 50) appropriated $19 million in each fiscal year of the biennium, an increase of $2.5 million each fiscal year.

Rider 52 Update

In Summary. Construction and expansion of new facilities was discussed, including the Uvalde Behavioral Health Campus (16 youth and 16 adult beds, completion expected January 2027) and the Sunrise Canyon project in Lubbock (30 additional beds for forensic capacity, completion by December 2025).

Youth Crisis Outreach Teams (YCOTs) were expanded, with 8 new teams being funded, prioritizing urban areas, for a future total of 16 teams. Additional appropriations were made for children's crisis respite programs, private psychiatric beds (including for children in DFPS conservatorship), and local crisis stabilization facilities.

Jail diversion centers have grown, with contracts in FY24 for four rural authorities and plans for six additional centers including more urban/suburban sites.

Multisystemic therapy (MST) and coordinated specialty care for first episode psychosis both received funding expansions, increasing numbers served and the number of teams available statewide.

State hospital step-down program is expanding with more providers and homes, aiming to increase support for long-term state hospital patients transitioning to independent living.

Jail continuity of care liaison programs and transition support specialists are being implemented through local mental health authorities with block grant funds.

Presentation

Uvalde Behavioral Health Campus

SB 30 (88-R) allocated $33.6 million for the construction of a behavioral health campus.

Rider 52 allocated $5 million for the 2024-25 biennium to HHSC to support operation ramp up of the Uvalde Behavioral Health Campus.

On the horizon:

- The 2026-27 General Appropriations Act, SB 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, Rider 59) appropriated $2.5 million in fiscal year 2026 and $10 million in fiscal year 2027 for start-up and operational funding for the Uvalde Behavioral Health Campus.
- Construction remains on schedule. Currently, the tentative project completion date is January 2027; doors will open February 2027.

Youth Crisis Outreach Team (YCOT)

Rider 52 appropriated $7 million in each fiscal year to establish YCOTs to reduce the risk of hospitalization from acute mental health illness and transition youth into care, including three teams for youth served by the Department of Family and Protective Services (DFPS).

In fiscal year 2024, eight local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) began implementing YCOT.

On the horizon:

- 2026-27 General Appropriations Act, SB 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, Rider 54) appropriated $27 million in each fiscal year (an additional $20 million each fiscal year) to establish at least eight new YCOTs, prioritizing urban areas of the state.

Children's Crisis Respite (CCR)

Rider 52 appropriated $5.75 million to fund four additional CCRs. CCRs include:

- Bluebonnet Trails

Private Psychiatric Beds

Rider 52 allocated $99,098,599 in each fiscal year to maintain existing capacity and for 193 additional state-purchased

- Hill Country Mental Health and Developmental Disabilities (MHDD) Centers
- Pecan Valley Centers
- Tarrant County My Health My Resources (MHMR)
- Center for Health Care Services (new)
- Heart of Texas (new)
- Integral Care (new)
- North Texas Behavioral Health Authority (new)

To date, seven of the eight CCRs are operational.

In fiscal year 2025, CCRs have served 355 children through quarter three.

inpatient psychiatric beds (70 beds in rural communities and 123 beds in urban communities).

HHSC utilized up to $13.7 million of this additional funding during the biennium to provide inpatient psychiatric beds serving the Uvalde community.

HHSC prioritized an additional 20 beds for children in DFPS conservatorship.

Crisis Stabilization Facilities

Legislative Session	Rider	LMHA	Funding	Program
88-R	52	Andrews Center	$694,574	Crisis respite
88-R	52	Camino Real Community Services	$1.2 million	Extended observation unit (EOU)
88-R	52	Gulf Coast Center	$4 million	Crisis stabilization unit (CSU), contracted psychiatric beds and EOU
88-R	52	Community Healthcore	$4.1 million	CSU
88-R	52	Heart of Texas Behavioral Health Network	$4 million	EOU and crisis residential unit (CRU), crisis respite, co-responder team and county jail diversion
88-R	52	Hill Country MHDD Centers	$500,000	EOU and CRU
88-R	52	Hill Country MHDD Centers	$990,903	CSU
88-R	52	PermiaCare	$925,000	Crisis respite
88-R	52	Texana Center	$1.5 million	CRU
88-R	52	Tri-County Behavioral Healthcare	$2.5 million	CSU
89-R	Sec. 17.28	Emergence Health Network	$43.4*	Mental health services and inpatient facilities

**From unexpended and unobligated funds from SB 30, 88th Legislature, Regular Session, 2023*

Legislative Session	Rider	LMHA	Funding	Program
89-R	53	Gull Coast Center (Galveston County)	$4.5 million	Crisis Services
89-R	58	Heart of Texas (McLennan County)	$2.5 million	Crisis stabilization and inpatient services
89-R	61	Burke Center	$2 million	Mental health and crisis stabilization services
89-R	62	Hill Country MHDD (Comal County)	$3 million	Mental health facility
89-R	64	Gulf Coast Center (Brazoria and Galveston Counties)	$5 million	Mental health and crisis stabilization services
89-R	65	Tarrant MHMR	$5 million	Mental health and crisis stabilization services

Jail Diversion Centers

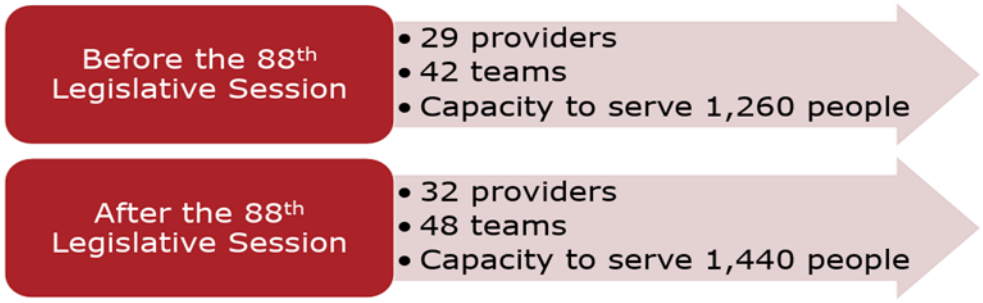
- Rider 52 awarded $4,525,506 to establish jail diversion centers, which provide an alternative location for law enforcement to drop off adults with mental illness or co-occurring disorders who are at risk of arrest and do not meet the criteria for acute crisis.
- In fiscal year 2024, HHSC executed contracts with four LMHAs to operate four jail diversion centers.
- In fiscal year 2025, all four jail diversion centers became operational and utilized two new data reporting tools, Form OO and Form NN, to collect service delivery and expenditure data specific to diversion centers.
- Anticipated by the end of fiscal year 2026: HHSC will develop a new diversion center dashboard based on data received from Form OO and Form NN. HHSC will oversee six additional HHSC-funded jail diversion centers.

Multi-Systemic Therapy (MST)

- Rider 52 awarded $10.5 million to expand MST, which provides community-based treatment for at risk youth with intensive needs and their families. HHSC contracts with 16 LMHAs and LBHAs to operate 22 MST teams throughout Texas.
- In fiscal year 2024, MST providers served 372 children.
    - 87% of children served remained in school or working.
    - 89% of children served did not receive a new arrest.
    - 224 children served with juvenile justice involvement.

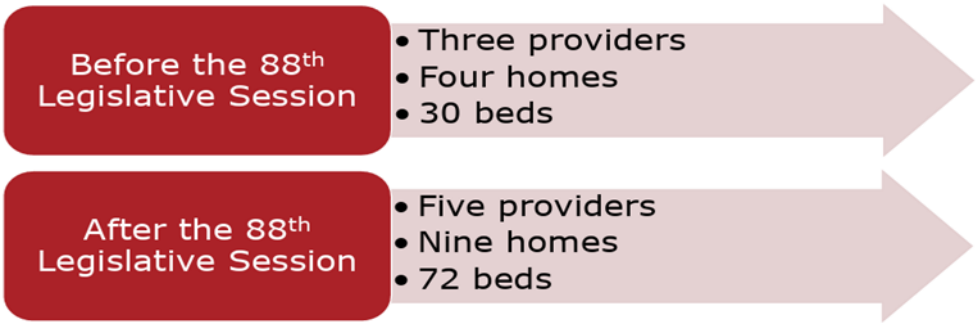
Coordinated Specialty Care for First Episode Psychosis

Goal: Provide outpatient mental health treatment to persons experiencing an early onset of psychosis via a team-based approach to empower the person's ability to lead a self-directed life within the community.



State Hospital Step-Down Program

Goal: Identify and promote evidence-based practices by reducing the incidence and duration of psychiatric hospitalizations, homelessness, incarcerations and criminal justice interactions.



<u>Continuity of Care Pilot Programs</u>

Jail Continuity of Care Liaison Program

- Supports continuity of care before, during and after incarceration.
- Five local mental health authorities (LMHAs) receive $250,000 each fiscal year (all five programs are active).

- Key objectives: improve quality of life, support behavioral health stabilization and reduce recidivism.
- Over 200 people served in fiscal year 2025.

Transition Support Specialist Program

- Coordinates transitions from HHSC facilities to community services.
- 10 contracts executed in April 2025.
- Key objectives: provide enhanced support for people with high needs, create viable discharge, or outpatient, management plans, and provide post-discharge monitoring for up to one year.
- Programs continue to hire and onboard staff.

Sunrise Canyon Project Update

- SB 30, 88th Legislature, Regular Session, 2023 allocated $45 million to construct 30 additional beds at the Sunrise Canyon facility in Lubbock, Texas, with at least 50% of the beds being designated for forensic capacity.
- Construction remains on schedule. The anticipated project completion date is December 2025; doors will open January 2026.

SB 26 Dashboard Update

In summary. Discussion focused on the importance and complexity of metrics tracking for grant recipients, aiming for standardized outcomes (e.g., prevention rates, improved functioning, quality of life, and resiliency). Data snapshots and reports are publicly posted, with internal sharing across agencies as needed.

Senate Bill 26 requires public reporting on 12 measures collected via a new data warehouse and pulled from multiple state systems, with full dashboard implementation expected by March 2026 for all required measures. Some metrics required new system modules; the agency is collaborating across departments to fill data gaps.

Presentation.

Public Reporting Measures

Measure 1: Inpatient psychiatric care diversion

Measure 2: Avoidance of emergency room use

Measure 3: Criminal justice diversion

Measure 4: Numbers of people who are homeless served

Measure 5: Access to timely and adequate screening and rapid crisis stabilization services

Measure 6: Timely access to and appropriate treatment from community-based crisis residential services and hospitalization

Measure 7: Improved functioning as a result of medication0related and 21 psychosocial rehabilitation services

Measure 8: Information related to the number of people referred to a state hospital, state supported living center, or community-based hospital

Measure 9: The rate of denial of services or requests for assistance from jails and other entities and the reason for denial
Measure 10: Quality of care in community-based mental health services and state facilities

Measure 11: The average number of hours of service provided to individuals in a full level of care compared to the recommended number of hours of service for each level of care

Measure 12: Any other relevant information to determine the quality of services provided during the reporting period.

Current Status

- The Public Reporting System went live on 9/1/2025 at Mental Health and Substance Use Public Reporting System | Texas Health and Human Services
- Measures 6, 8c, and 9 will have a caveat attached at "go-live" explaining that data will be released at a later date due to:
    - Lack of data collection at implementation; and
    - Other system enhancement dependencies (Psychiatric Bed Module and Client Registration Module).

- Measure 12 will not be reported out on as HHSC did not identify "other relevant information" to report out on.

Impact of Federal Funding Cuts

In Summary. Termination and expiration of ARPA funds have led to reductions and potential attrition in behavioral health crisis services, particularly for mobile crisis outreach teams. Discussion noted that not all ARPA funding flowed through HHSC, but community-level impacts are significant and ongoing. Local MHAs have reported visible effects of lost funding, with crisis services especially affected.

Presentation Federal Cuts have had or will have the following impact:

- Discontinuation of the Rural Crisis Response and Diversion program that diverted people in need of behavioral health crisis services from jails and emergency rooms into treatment.
- Reduced mobile crisis outreach team expansion.
- Discontinuation of HHSC support for juvenile justice initiatives, housing initiatives and programs, including:
    - Texas Housing Assistance Line
    - Texas Housing Resources Website
    - Expansion of Housing Related Services by five of the largest LMHAs and LBHAs
- Delays to IT projects that support Behavioral Health Services programs.
- Loss of funding may cause barriers in meeting staffing requirements, performance measures, or both, for remaining programs.

Discussion.

Were the locations rural or urban. Staff stated that there was a mix of urban and rural.

Local LMHA's report that the federal reductions will be dramatic. Crisis services will be lost.

Many LMHAs received funds outside of HHSC. The terminated services are occurring, but more cuts will be reducing services throughout the year.

What are the metrics needed for Behavioral Health Grants? Staff stated the outcomes are standardized when possible. This would be a longer conversation. There is a snapshot of metrics at the end of each contract year. Staff stated they can send a link to the website.

More on SB26 dashboard. Staff stated that twelve measures must be reported on. The data is from a data warehouse and data is pulled from many sources. This took partnering with other areas of HHSC. Emergency Department Encounter Information is also being pulled. New modules also had to be developed to access measures. The measures are a little more complex. Each measure has a definition on the HHSC website.

State Hospital Stepdown Program. Is the program working? What are the metrics? Staff stated that the number of people discharged back to the community data are maintained as well as supported employment data. The numbers at this time are small but it speaks to the services that are needed.

Are there more providers than funding? Staff answered they did not. Services are through the LMHAs. The demand is there and HHSC would like to expand the program. Only a few LMHAs were positioned to take advantage of the opportunity.

9. Public comment. A written comment was sent and will be distributed to the membership.

Sonjia Burns, representing herself commented on the agenda and that discussions here should be pushed to the civil side. .

Ms. Burns emphasized the need to focus on civil as opposed to forensic mental health populations, with strong advocacy for data collection on individuals between acute hospital care and community placement (highlighting Rider 56). Texas could build a system of care from this pilot project. We are not funding IDD and we need data to show to the Legislature

Ms. Burns raised the issue of lifetime Medicare limits for inpatient psychiatric care and the lack of data collection on those affected, suggesting this could inform federal housing subsidy policy.

10. Adjourn. Next meeting January 14, 2026. There being no further business, the meeting was adjourned. April 15 will be the meeting date after that.