

**Joint Committee on Access and Forensic Services
Meeting #2 Meeting Minutes
Friday, January 22, 2016
9:00 a.m. to 3:00 p.m.**

**Austin State Hospital Campus
Building 552
Training Room 125
909 West 45th Street
Austin, TX 78714**

Agenda Item 1: Introductions

The Joint Committee on Access and Forensic Services (JCAFS) meeting commenced at 9:02 a.m. Ms. Lauren Lacefield-Lewis welcomed everyone to the meeting.

Agenda Item 2: Opening remarks and review of meeting logistics

Ms. Cassandra Marx, Enterprise Facilitation Services Office, Health and Human Services Commission (HHSC) announced that the meeting was being conducted in accordance with the Texas Open Meetings Act, and noted that a quorum was present for the meeting. Table 1 notes Committee member attendance.

Table 1: The Joint Committee on Access and Forensic Services member attendance at the Friday, January 22, 2016 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Allison, Jim		X	Lewis, Kathryn	X	
Burkeen, Honorable Daniel	X		McLaughlin, Darlene MD	X	
Cusumano, Sherry	X		Oncken, Denise	X	
Davis, Lorie		X	Schnee, Steven PhD	X	
Davis, Mike	X		Smith, Shelley		X
Desai, Tushar MD	X		Smith, James	X	
Faubion, Matthew MD	X		Suiter, Honorable Wes	P	
Gentry, Michael	X		Switzer, Gyl		X
Gray, Anna	P		Taylor, Sally MD	X	
Hall, Jerry		X	Wilson, Sheriff Dennis	X	
Holcomb, Valerie	X		Wilson, Stacy JD		X
Lee, Donald	X		Zamora, April	X	

Yes: Indicates attended the meeting
P: Indicates phone conference call

No: Indicates did not attend the meeting

Agenda Item 3: Elect a chairperson

Ms. Marx referenced the handout *JCAFS Officer Election Process* and described the process for electing a chair and asked for nominations from Committee members.

Ms. Stacy Wilson, Mr. Donald Lee, and Mr. Mike Gentry accepted nominations for chair. Members attending the meeting in-person voted by paper ballots and members who participated in the meeting by phone voted via email. Mrs. Marx announced that Mr. Donald Lee was elected chair by majority vote.

Agenda Item 4: Review and discuss recommendations from the allocation subcommittee on an allocation methodology and utilization review protocol

Ms. Tamara Allen, Adult Mental Health Services, Department of State Health Services (DSHS), referenced the PowerPoint presentation titled *Allocation Methodology Recommendations*.

JCAFS is legislatively mandated to make recommendations for a bed day allocation methodology and a utilization review protocol that includes a peer review process. The Allocation Methodology and Utilization Review (AMUR) subcommittee consisted of Ms. Katharine Lewis, Ms. Sherry Cusumano, Mr. Bill Manlove, Mr. Donald Lee, Mr. Lee Johnson, Ms. Anna Gray, Ms. Diane Lowrance, Dr. Sally Taylor, Dr. Matthew Faubion, Ms. Shelley Smith, Ms. Stacy Wilson, Ms. Gyl Switzer, Mr. Terry Crocker, and Dr. Steven Schnee.

The statutory charge required developing an allocation methodology for each region based on clinical acuity, prevalence of serious mental illness, and availability of resources in the region. Subcommittee recommendations for the bed day allocation methodology include:

- Continue to use local mental health authority (LMHA) and local behavioral health authority (LBHA) local service areas for bed allocation.
- Continue to exclude maximum security unit (MSU) and Waco Center for Youth (WCY) beds.
- Allocate beds based on regional weighted population: total population + population < 200% Federal Poverty Level (FPL).
- Evaluate impact of acuity and available resources over the next biennium. Data that directly measures prevalence and acuity in local service areas is not available, and it is unclear if available indicators reflect factors impacting utilization. The impact of incorporating new indicators into the methodology requires further analysis.

Highlights of member discussion included:

- The allocation of beds is not a redistribution of resources. It is the setting of a benchmark that then triggers analysis to identify what is driving utilization. When an LMHA is using more than this defined "fair share" of the available bed days, they will not lose access to beds or have a threat of financial penalty. Instead, the utilization review process will work to identify underlying causes and help LMHAs and other local decision makers identify strategies to maximize use of available resources. With a peer-review process, for example, judges will be able to talk judge-to-judge and have a forum where ideas can be exchanged and other options can be evaluated. These reviews will also provide data to inform policymakers at the State level.
- Looking at the poverty level of the general population is a good start, but going forward it will be important to look at acuity levels.
- Some hospital admissions may result from patients being discharged from community services after missing appointments.
- A majority of the people served by an LMHA in the system are under 200% of the FPL so that threshold provides a useful way of acknowledging demand.
- Previously, the LMHAs from around the state came together and agreed to a weighted allocation instead of the per capita allocation as a concept for comparing equity.

The HHSC Executive Commissioner will adopt a bed day allocation methodology and utilization review protocol by June 1, 2016, and it is anticipated that they will go into effect in September for fiscal year 2017.

Ms. Allen referenced the handout of a spreadsheet titled *Potential Impact of Including Prevalence (Based Poverty) and/or Acuity (Based on ANSA) in the Allocation Methodology* that was distributed to members. Mr. Logan Hopkins ran data in various scenarios to see how that would impact the bed days. Of the five scenarios that Mr. Hopkins ran, four were not practical and would cause unmanageable changes.

Motion:

Dr. Schnee moved to approve the recommendation of the Allocation Methodology proposed by the AMUR subcommittee. Mr. Smith seconded the motion. The motion was tabled for further discussion.

Highlights of member discussion included:

- The data shows that some LMHAs would lose bed days, and if they continued their current level of utilization, they would exceed their allocated bed days under the proposed methodology.
- Some members expressed concern that there are contract provisions that would allow DSHS to pursue financial penalties.
- House Bill 3793, 83rd Legislature, Regular Session, 2013, contained explicit language prohibiting penalties for using more than the allocated number of bed days, and that was followed by this charge to move to a problem-solving approach.
- The methodology includes all state-operated and state-funded beds.
- Recovery is less expensive than hospitalization, so strategies should be included to support people moving into recovery to reduce the need for hospitalization.

Action Item:

- Ms. Allen will send a list of the LMHA locations and the maps to members.
- Ms. Tamra Boyd will email members for available dates in early February for a teleconference meeting to review and provide feedback on the written document of recommendations prior to submission to the HHSC Executive Commissioner.
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Lunch

The Committee recessed for lunch at 11:24 p.m. and reconvened at 12:01 p.m.

Agenda Item 5: Determine recommendations for an allocation methodology and utilization review protocol

Ms. Allen referenced the PowerPoint presentation titled *Utilization Review Protocol: Emerging Framework* and a handout titled *Overview of Utilization Review Process*.

The statutory charge for the committee is to develop a utilization review protocol that includes a peer review process to evaluate the use of state-funded beds, alternatives to hospitalization, readmission rates, and average length of admission. Additionally, the charge is to review diagnostic and acuity profiles to assist in making informed decisions and using available resources efficiently and effectively.

One recommendation from the AMUR subcommittee was to have a flexible framework that can be adapted as needs change.

The proposed utilization review framework includes three levels of review:

- Statewide and regional data analysis;
- Analysis of outliers focused on individual LMHAs/LBHAs (using a multidisciplinary review panel of peers); and

- Individual case review.

Highlights of the presentation included:

- Currently, the SHAM utilization report is sent out monthly and has one indicator—total bed day utilization. To assist LMHAs in making informed decisions, this report will be expanded to include a richer data set.
- The AMUR Subcommittee will use this data set to identify outliers and trends on a state and regional basis. Data analysis will look at outliers on a variety of indicators, not just overall bed day utilization. Examples of other indicators include lengths of stay, utilization by different types of patients, and readmissions. In addition, it is important to look at very low utilization as well as high utilization.
- LMHAs that are outliers on key indicators will engage in a utilization process with a multidisciplinary panel of expert peers.
- The review process will include a simple checklist inventory with two sections: local circumstances and barriers to help LMHAs quickly communicate common factors that impact utilization, and an inventory of best practices that LMHAs can use to review their current processes and identify new strategies that might be helpful. The inventory of best practices will be expanded as the review process identifies new options.
- In some circumstances, it will be most useful to examine issues on a regional basis to identify interdependencies and promote collaborative problem-solving strategies. In these cases, a Regional Roundtable can be convened to bring together representatives from a state hospital and multiple local service areas.
- LMHA and state hospitals will be able to request review of individual cases that present particular challenges, and those reviews will occur separately using the same review panel.
- When needed, outside experts will be invited to join the review panel to address specific issues, such as geriatric or intellectual and developmental disability (IDD) clients.
- Including a follow-up mechanism would allow evaluation of what impact the process is having.

Highlights of the member discussion included:

- The peer review panel should involve the same people for the entire term of service.
- The panel should include local ERs and hospitals, representatives of the court system (judges, district attorneys), law enforcement, nursing homes, state or local government, rural and urban communities, and consumers and advocates. Also, the creation of a system navigator might be beneficial. There should also be rural and urban perspectives on the panel.
- When analyzing data, also look at community data to assess services and continuity of care across systems.
- This process will help foster collaboration among law enforcement, judges, state hospitals, LMHAs and other stakeholders.
- Every improvement process requires follow-up.
- The feedback process should include two streams of information: 1) information about the individual, and 2) information about the system.
- Review of the structure of the Community Resource Coordination Groups (CRCG) model might be helpful when developing forms, templates, etc.
- Legal review will be needed to address confidentiality and privacy issues.
- Peer review has specific connotations, so it would be better to use an alternative term such as "Expert Panel Review."

Motion 1:

Dr. Schnee moved to approve the recommendation of the allocation methodology proposed by the subcommittee. Mr. Smith seconded the motion. With no nays and no abstentions, the Committee unanimously approved the motion.

Motion 2:

The recommendation was to adopt the proposed framework for a utilization review protocol that allows for refinements and adjustments to be made as the process is implemented. Also, the recommendation was to pilot the protocol. DSHS will create a written draft of the recommendations and send to the chairperson for review. Following any additional feedback from members, the chairperson will approve the document on behalf of the Committee, and it will be sent to the HHSC Executive Commissioner.

Mr. Smith moved to have the chairperson approve the final document, on the Committee's behalf, pending review by committee members. Ms. Cusumano seconded the motion. With no nays and no abstentions, the Committee unanimously approved the motion.

Ms. Boyd will seek clarification from the HHSC Legal Department on whether or not an open meeting is required since members want to review and provide feedback on the written document prior to approval by the chairperson and submission to the HHSC Executive Commissioner.

Action Item:

- Ms. Boyd will seek clarification from the HHSC Legal Department and notify the chairperson and DSHS staff of the ruling. If an open meeting is required, Ms. Boyd will send an email to members with the date and time of a follow-up teleconference meeting, the purpose of which will be to review and provide feedback on the draft of recommendations.

Parking Lot Notes:

- Capacity - not enough beds:
 - State hospitals
 - Local Alternatives
- Timely Access
- Patients receiving appropriate level of care
- Quantify needs for different levels of care
- "Invisible" gaps

Agenda Item 6: Public Comment

Judge Mark Kent Ellis, Harris County, said he was encouraged by the work of the committee. He suggested that judges who handle these types of cases, both on civil commitments and on forensic commitments, be involved in the process.

Judge Ellis also noted it is important to look at what happens to someone after they are released from the state hospital. If counties fund someone's treatment in a state hospital, there should be a plan for release and treatment.

He also stated that it has been his experience that if the Legislature is shown good work, then more questions can be addressed. It is important that this process works so that the

questions of capacity and the desperate need to help more people who are mentally ill, are answered by us asking the right questions, and the legislature providing the funding.

Agenda Item 7: Adjourn

The meeting adjourned at 2:26 p.m.