

Summary: Texas Senate Committee on Health and Human Services Interim Report – Select Findings

Interim Charge 3B Long Term Care Quality and Oversight

Enhancing Regulatory Tools

1. **Where appropriate, increase administrative penalty caps.** Specifically:
 - Remove per inspection caps on ICFs/IID penalties [...]
2. **Remove right to correct for violations that cause actual harm to clients.**
3. **Direct DADS, through rule, to create a matrix of progressive sanctions based on scope and severity of violations for each provider type.**

Reducing Administrative Burden on Providers

5. **Require that, unless they are issued in response to an emergency situation or at the request of the federal government or providers, informational letters, policy changes, and policy clarifications must be issued to providers in a monthly or quarterly packet in a streamlined and coordinated fashion.** All such documents should clearly explain the objective, how to implement the changes, and what existing policy, if any, is being altered.

Survey Consistency

7. **Consider requiring surveys that result in administrative penalties to be signed off on by individuals with expertise in the area in which the violation occurred.**

Staffing

8. **Encourage partnerships between nursing facility and long term care providers, and medical and nursing schools to increase interest in entering the field of caring for geriatric patients and individuals with intellectual or developmental disabilities.**
9. **The Legislature should consider increasing funding for the nurse staff enhancement and the community-based provider wage enhancement program.** If funding is appropriated for this purpose, payments to providers should be based on the achievement of performance measures tied to quality.

Interim Charge 5: Medicaid Reform/1115 Waiver

1. HHSC should aggressively pursue a longer term renewal of the 1115 Transformation Waiver.
2. HHSC and the Legislature should continue to have a clear focus on bending the cost curve in the Medicaid program.
3. During negotiations, HHSC should pursue a streamlining of DSRIP project outcome measures to ensure that CMS and the state can accurately measure the cumulative impact of DSRIP projects on health outcomes and cost savings.

Interim Charge 5/6 Mental Health

1. Protect the investment the Legislature has made in developing the state's mental health system.

Expand Capacity

2. Address the inpatient forensic wait list by expanding capacity in the current system.

State Hospitals

- **Fund additional maximum security beds at Rusk and/or Vernon.** This would reduce the MSU waitlist and increase the current MSU capacity in the state.
- **Begin plans to replace ASH on its current campus, including residency or operational agreements with UT's Dell Medical School.** ASH's situation is unique when compared to other state hospitals because of its location in an urban center less than four miles from a medical school. The state should research opportunities for external funding partners, including philanthropy.
- **Community Beds:** In addition to growth within the state hospital system, the state should consider options for contracting forensic beds in the community. The benefit is twofold: community beds allow individuals to receive services closer to their home and are often cheaper than state hospital beds. While the committee recognizes the budget constraints facing the state, we recommend prioritizing the following:
 - **Contract for additional forensic capacity with University of Texas Health Science Center Tyler (UT HSC-Tyler).** The State currently contracts with UT HSC-Tyler to operate 30 residential inpatient beds and has the capacity to expand from 30 to 60 civil and/or low risk forensic patients. The capacity is already in place and can be operational as soon as funding is available.
 - **Contract for additional forensic capacity with Harris County Psychiatric Center (HCPC).** There is significant outstanding need for inpatient capacity in Harris County. Harris County falls within the catchment area of Rusk, meaning that if an individual is found incompetent to stand trial in Harris County and no beds are available at HCPC or Montgomery County Psychiatric Center, they must be transported to Rusk three hours



away. There the individual is restored to competency and transported back to Harris County. Treating individuals closer to home is not only better for long term recovery and continuity of care, it reduced costs and burdens on staff, often law enforcement, who have to transport individuals over long distances.

- **Strongly consider options for contracting with other University Health Science Centers to operate facilities similar to UT HSC-Tyler and UT Health at HCPC.** The University of Texas Southwestern Medical Center (UTSW) provides another unique opportunity for the State to contract with a university health science center for the operation of a psychiatric facility that treats forensic and civil patients. This would allow the state to reduce state hospital capacity by moving civil capacity from Terrell State Hospital to this new facility along with opportunities to care for low risk forensic patients, while at the same time provide training opportunities for psychiatric residents and other mental health care students at UTSW.
- 3. **Expand successful Outpatient Competency Restoration Programs.** This would allow additional individuals to be served in a more appropriate and less restrictive setting, while taking pressure off the state mental health hospital system.
- 4. **Consider restricting where an individual charged with a Class B Misdemeanor can be committed for care.** Modify Chapter 46B of the Code of Criminal Procedure to prevent an individual found incompetent to stand trial and charged with a Class B Misdemeanor from being committed to a state hospital. Instead, the individual could be committed to an inpatient facility other than a state hospital or released on bail for outpatient restoration if the individual is not a danger to others.

Building a Continuum of Care for High Utilizers

- 5. **Remove unnecessary process measures from LMHAs to allow them flexibility to appropriately and effectively serve high utilizers.** Contract requirements with local LMHAs prevent effective outreach to individuals in need of service. Building flexibility in contracts would allow local providers to better serve their population. Funding flexibility should be tied to reduced recidivism rates in the LMHA service area. General Revenue funded ACT teams should have the same flexibility as non-GR funded ACT teams, such as the Housing First ACT team at Austin Travis County Integral Care.
- 6. **Expand the Harris County Jail Diversion Program to other areas of the state, with a local match requirement and local option to utilize funding to address other capacity issues such as forensic waitlists.** The successes of the Harris County Jail Diversion Program should be expanded to other areas of the state that could benefit from such a program. However, it may not make sense to expand the exact same program in certain areas of the state, so flexibility needs to be built in to allow local communities to create programs for the purpose of achieving specific outcomes related to recidivism and forensic commitments.
- 7. **Consider piloting a psychiatric step-down program as proposed by HCPC.** The program should include ongoing case management, supportive housing, and substance abuse



treatment and should focus on individuals with multiple psychiatric inpatient stays. The pilot should be required to closely track outcomes such as recidivism rates and cost savings.

- 8. Apply recommendations made as a result of Rider 80 related to crisis intervention.** Make any changes necessary to fully develop and maximize capacity in the crisis intervention system.

Addressing Workforce Issues

- 9. Address major staffing issues in our state hospitals and local mental health system by partnering with universities.** Continue funding the Psychiatric Residency Stipend Program which provides for residency rotations at a number of LMHAs. Pursue additional residency training programs between state mental health hospitals and university health science centers, such as the contract between the UT Health Science Center at Tyler and Rusk State Hospital. The state should also track the number of residents who decide to remain working in the public mental health system.
- 10. Require the Texas Medical Board to create an expedited licensure process for out-of-state psychiatrists.** A psychiatrist applying for expedited licensure in Texas would need to be board certified; possess a full and unrestricted license to practice in another state that has no disciplinary action, suspension, or restrictions; have never been convicted or received adjudication; and not be under active investigation by a licensing agency or law enforcement in any state, federal, or foreign jurisdiction.
- 11. Expand the Mental Health Professional Loan Repayment Program.** Continue funding and expand the Mental Health Professional Loan Repayment Program. Examine opportunities for additional funding options, such as federal matching programs.