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# **It Takes a Village: Collaboration across the Continuum of Care through HHSC's Jail In-Reach Learning Collaborative**

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Health and Specialty Care System

# Presentation Goals

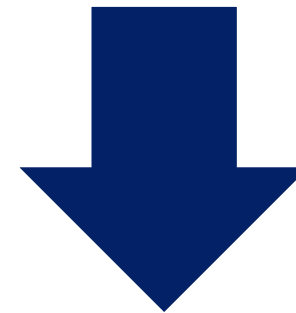
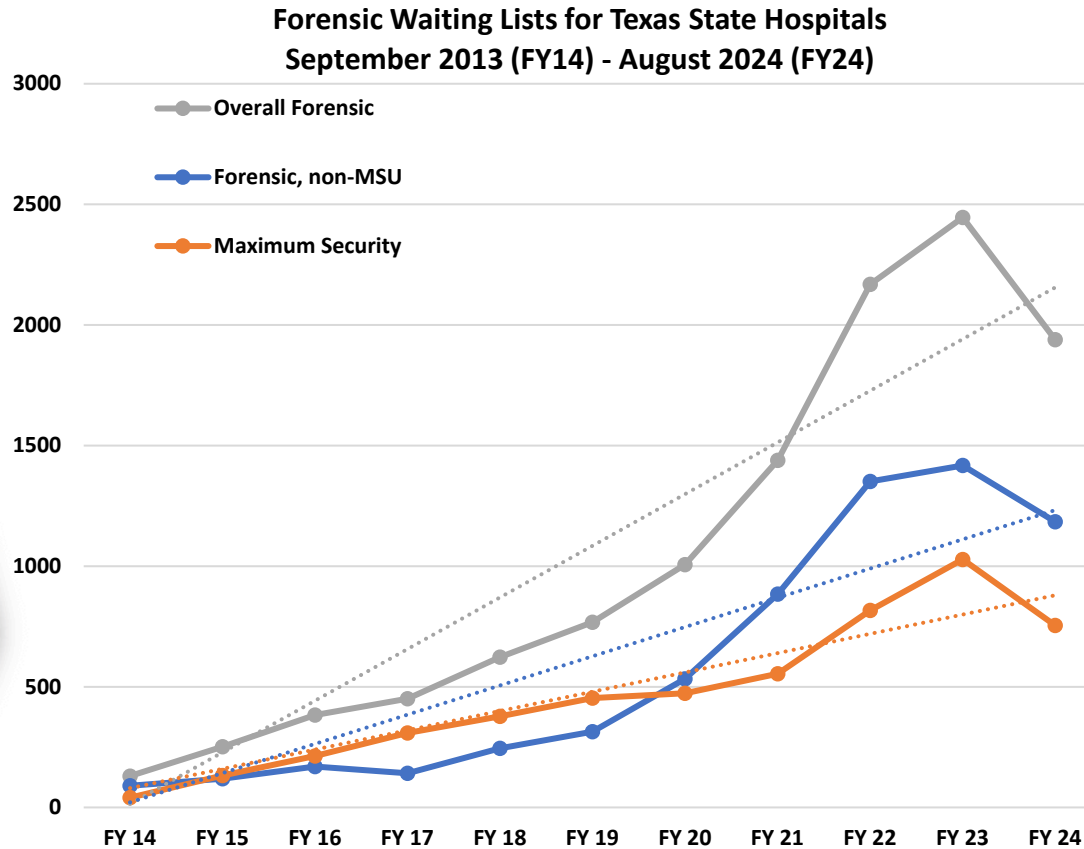
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- Discover the evolution of HHSC's Jail In Reach Learning Collaborative
- Learn about the JIRLC structure, goals, and services
- Review data and overall outcomes from the first three cohorts
- Discuss lessons learned over the last three years
- Contemplate applying a jail in-reach process in your community



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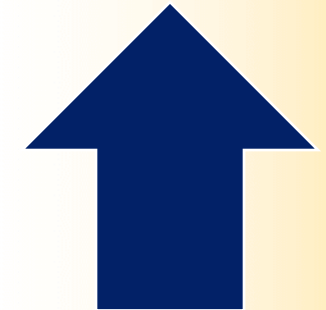
# Recognizing a Need



HHSC began the Jail In-Reach Learning Collaborative in 2021 to support efforts to monitor and reduce the number of individuals found IST in county jails



Texas faced a growing number of individuals awaiting inpatient competency restoration services after being declared incompetent to stand trial (IST)



# The Evolution

## November 2020

State Hospitals & BHS explore solutions to waitlist reduction and identify activities that can impact the forensic waitlist

## August 13, 2021

1<sup>st</sup> Cohort of the Jail In-Reach Learning Collaborative Kicks Off

## April 2021

Chief of Forensic Medicine and Forensic Director propose the Jail In-Reach Learning Collaborative to Texas All Access Regional Groups

## 2022 – Present

After initial cohort, all county stakeholders encouraged to take initiative in creating their county forensic team



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# JIRLC Overview

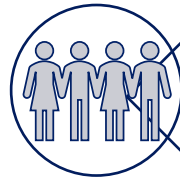
The JIRLC helps county forensic teams identify strategies to monitor people in county jails found incompetent to stand trial (Code of Criminal Procedure Chapter 46B commitments) who are awaiting admission into a Texas state hospital.



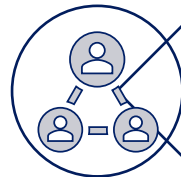
**Support planning and coordination** across county forensic teams to reduce the wait for inpatient competency restoration services and improve outcomes for people found IST



Provide **forensic services consultations, clinical consultations, and legal education** to support active waitlist monitoring and management



**Promote peer learning and networking** across participating counties



**Formalize jail in-reach processes** and help **enhance existing jail in-reach efforts and forensic services** in participating counties



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# JIRLC Structure

## Technical Assistance

**4** 2-hour Training Sessions  
(Sept/October)

**5** 1-hour TA Calls  
(Dec, Jan, Feb, Mar, and May)

**2** One-on-One TA Calls between  
HHSC and County Forensic  
Teams (Nov and Apr)

**TBD** Requests for Forensic  
Services, Clinical  
Consultations, Legal  
Education, or Other Types of  
Support (Ongoing)

## Previous Featured Topics

- Documenting Jail In-Reach Processes
- Identifying Options for People with Neurocognitive Disorders Found Unlikely to Restore
- Jail Standards and Mental Health
- Modifying an Order Following an Inpatient Civil Commitment
- Operationalizing Court Ordered Medications
- Post Discharge Medications for Special Populations
- Supporting Planning and Relationship Building Across Forensic Teams
- Utilizing JIRLC TA: Legal Education, Forensic Consultations, Clinical Consultations and Planning Support

## Individual Trainings

- Utilization of the Standardized Clinically Based Competency Screening
- Court Ordered Medications: Operationalizing under CCP 46B & Clinical Perspectives



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# Jail In-Reach Learning Collaborative Services

Participating counties work directly with HHSC's Chief of Forensic Medicine Team, Legal Services Division, Forensic and Jail Diversion Services, and the Office of Forensic Coordination to receive:

## Clinical Consultations

- Difficult clinical cases
- Medication management
- Guidance on competency restoration
- Guidance on court-ordered medications

## Legal Education

- Legal/statutory requirements
- Court-ordered medication process
- Alternate dispositions



## Forensic Services

- Free competency screening and re-evaluation
- Expedited admission considerations
- Maximum-security unit waiver re-reviews
- Alternate disposition considerations

## Planning Support

- Assistance strengthening county forensic teams
- Engagement in behavioral health and justice systems planning



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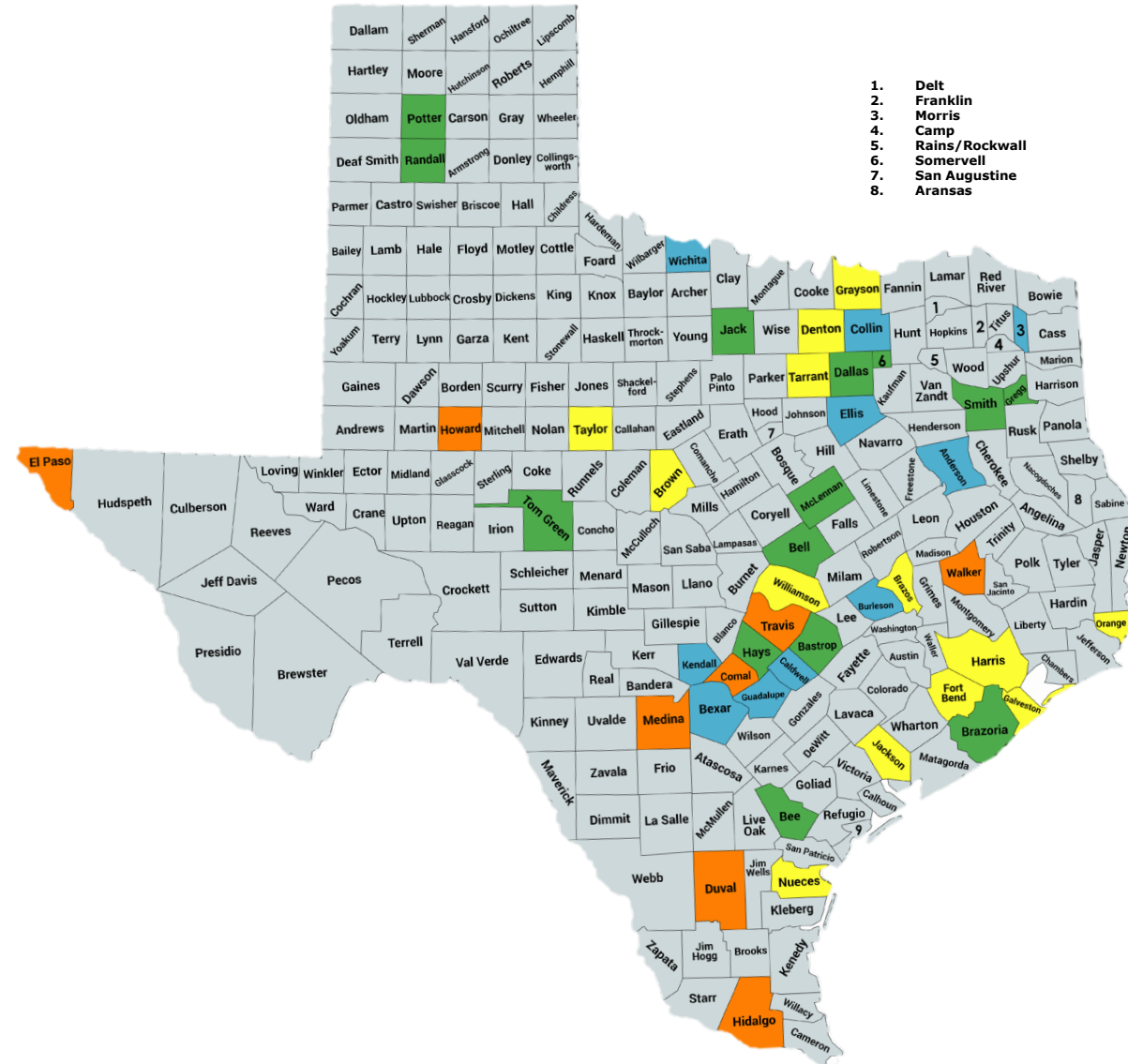
# County Forensic Teams

46 Counties Strong



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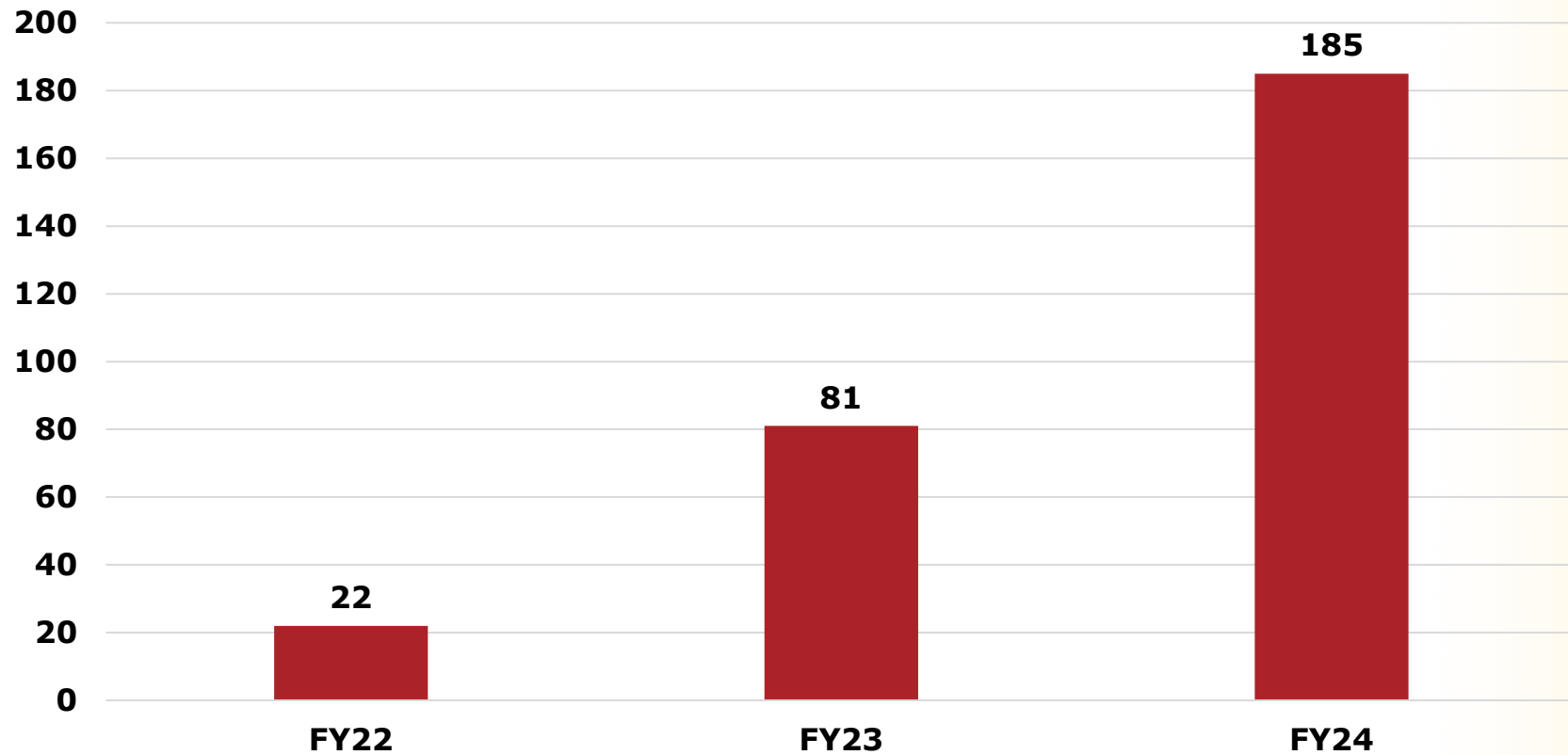
Cohort 1	Cohort 2	Cohort 3	Cohort 4
Brazos	Bastrop	Anderson	Comal
Brown	Bee	Bexar	Duval
Denton	Bell	Cherokee	El Paso
Fort Bend	Brazoria	Burleson	Hidalgo
Galveston	Dallas	Caldwell	Howard
Grayson	Gregg	Collin	Medina
Harris	Hays	Ellis	Travis
Jackson	Jack	Guadalupe	Walker
Nueces	McLennan	Kendall	
Orange	Potter	Morris	
Tarrant	Randall	Wichita	
Taylor	Rockwall		
Williamson	Smith		
	Tom Green		





# Jail In Reach Learning Collaborative: Across Three Cohorts

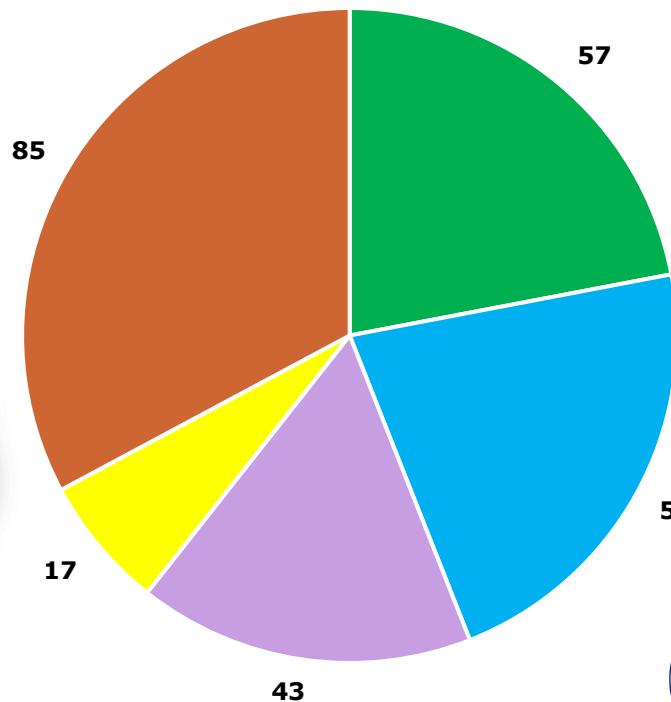
Total Requests Received



# Jail In Reach Learning Collaborative: Across Three Cohorts

## Total Forensic Services Requests

From Inception on 08/13/2021 to 08/31/2024



**MSU Waiver Re-Reviews** – In cases where individuals awaiting admission to a maximum-security unit (MSU) at a state hospital may no longer need that level of care, their case can be reviewed by request.

**Expedited Admission** – For clinical reasons, an individual on the forensic state hospital waitlist may need to move into the next available and appropriate bed ahead of others on the waitlist. These requests will prompt a review of several factors in an individual's case.

**Trial Competency Quick Screen** – Using a screening tool developed by state hospitals, we assess individuals in jails to determine if there is clinical evidence that an individual may have restored to competency while awaiting state hospital transfer for competency restoration services.

**Trial Competency Re-Examination** – When appointed by a committing court, our team can complete trial competency examinations for an individual in jail on the forensic state hospital waitlist. A report is then submitted to the court for their review.

**Potential Alternate Disposition** – County stakeholders can refer cases for review of individuals on the waitlist who may be better served in a lesser restrictive, but still appropriate environment than the state hospital. Our team can review the case and provide recommendations to requestor and legal parties for consideration.



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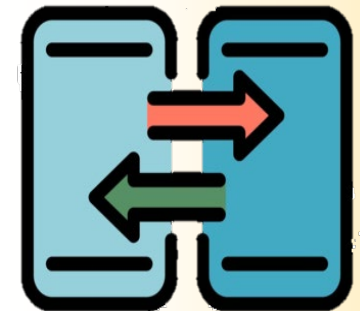
# Forensic Outcomes since JIRLC Inception



54 individuals have been removed from the waitlist

- Primarily from trial competency re-examinations where an individual was opined CST, the court agreed with the finding, and commitment was withdrawn.

33 individuals have been moved from the maximum-security waitlist (MSU) list to the clearinghouse/non-MSU list, which often results in a reduced wait time for admission to a SH.



41 individuals have been approved for an expedited admission into the state hospital due to the severity of their clinical needs.



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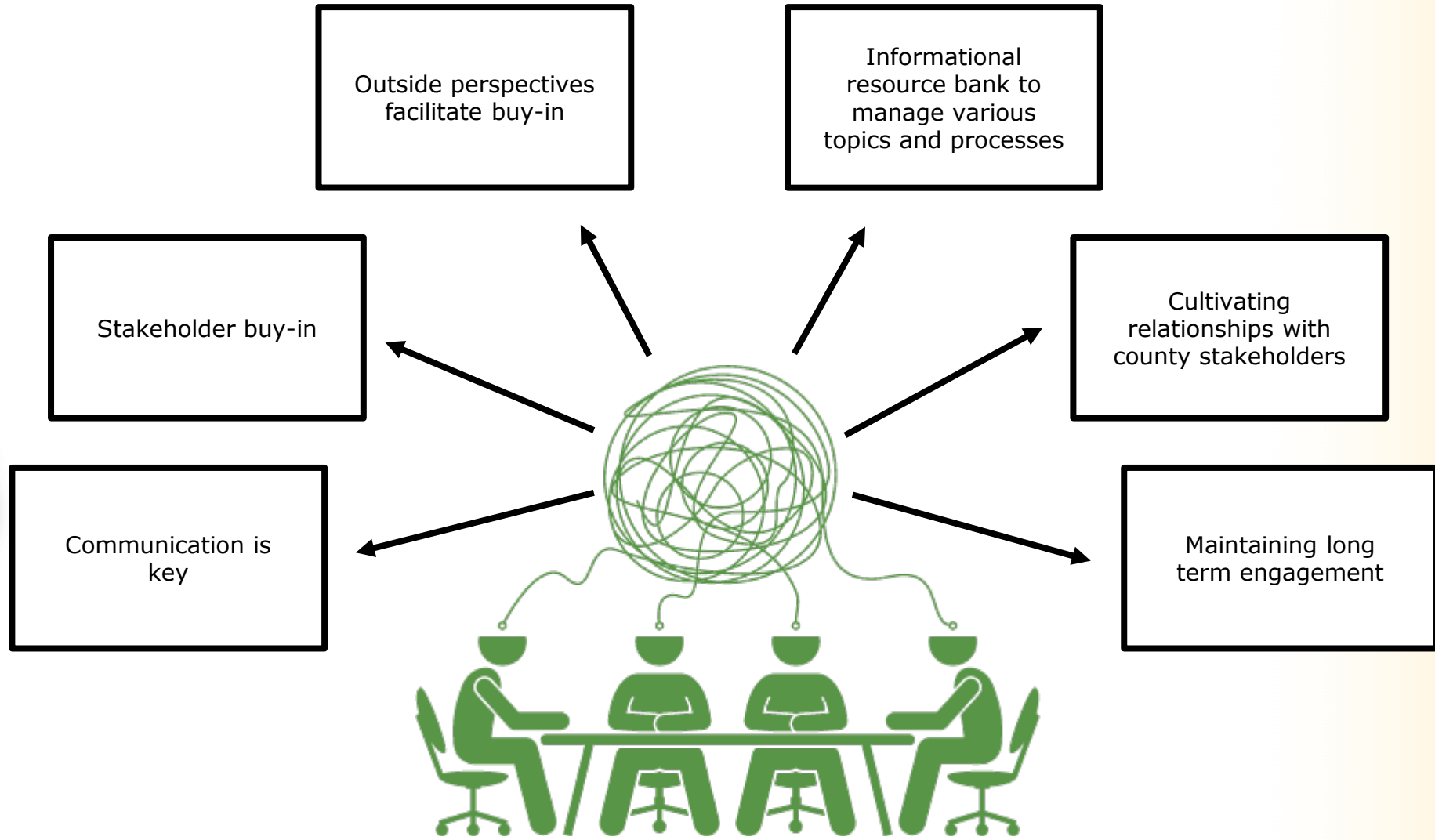
# Cohort 1, 2, & 3 – JIRLC Final Outcomes



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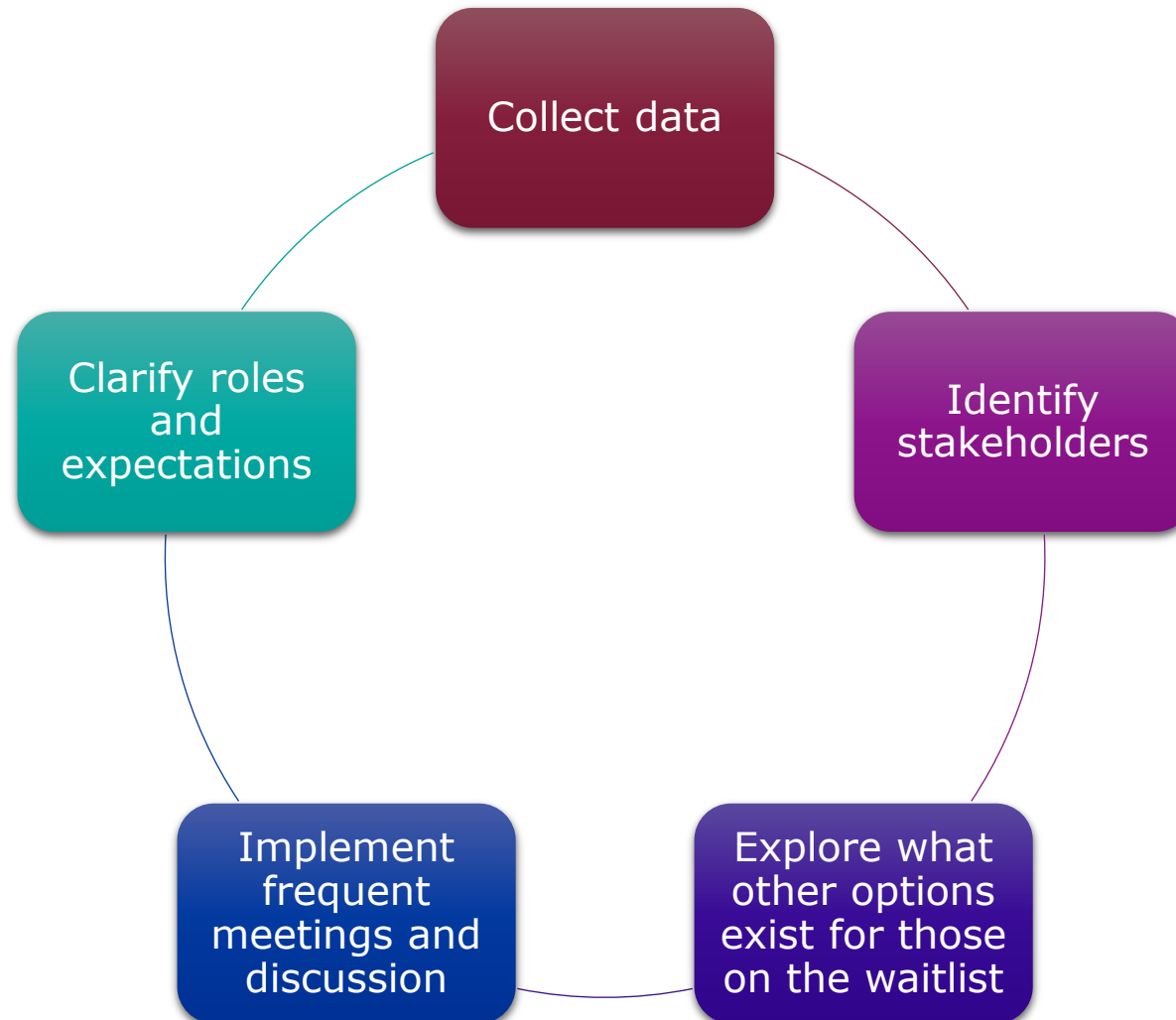
Key JIRLC Activities	# of Counties (out of 38) who Reported Activity as a Result of JIRLC
Established or expanded regular multi-disciplinary meetings to actively monitor and manage the forensic waitlist	20
Started to or increased data collection and information sharing on people found IST between jail, courts, and/or LMHAs/LBHAs	23
Strengthened relationships between members of the county forensic team	25
Strengthened relationships between county forensic team and HHSC	26
Connected with peers through JIRLC to learn about other county jail in-reach efforts	15
Utilized JIRLC resources	20
Submitted questions and requests to Jail In-Reach	22
Established or enhanced process for court-ordered medications	15
Hired a Jail In-Reach coordinator position	3
Improved utilization of an existing Outpatient Competency Restoration program	17
Improved utilization of an existing Jail-Based Competency Restoration program	12
Developed new JBCR/OCR program	11

# Lessons Learned



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# Can You Build a Jail In-Reach Program?

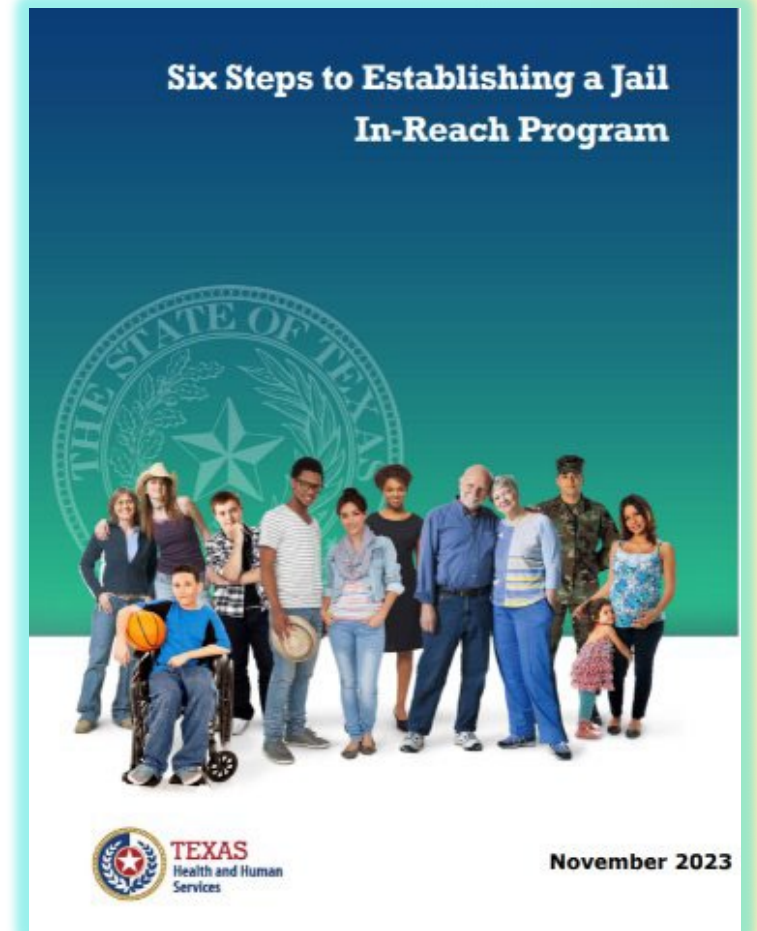


# Six Steps Guide

Six steps were identified to help launch a jail in-reach program:

1. Establish a County Forensic Team
2. Review Local Waitlist Data
3. Document Diversion and Competency Workflows and Processes
4. Coordinate Regular Waitlist Monitoring Meetings
5. Ensure Access to Medication
6. Explore Competency Restoration Options

Access the  
*Six Steps to Establishing a Jail In-Reach Program*  
and other resources at:  
<https://txbhjustice.org>





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# **Thank you!**

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