

MINUTES

ASH Redesign Competency Restoration Workgroup

Thursday, May 5, 2022 • 12:30 PM - 2:30 PM • Conference Room

Agenda

- 1. Welcome
- 2. Recommendation review

Attendees

Erin Sreenivasan, Cory Morris, Sydney Harris, Nancy Hohengarten, Krista Chacona, Cristyn Cordova, Felix Torres, Karly Anderson, Steve Strakowski, Spencer Andries, Tom McClure, Dan Prather

Minutes

Welcome

Group was welcomed and agenda reviewed.

Review of Potential Recommendations

Member reviewed potential recommendations previously discussed. Members provided input on step-down processes, concerns and the complexities of what might be needed for a step-down process. Members discussed what processes would be needed to determine the least restrictive amount of care and eligibility. Other hospitals have MSU beds with different levels of care. Kerrville was given as an example of a least restrictive, open campus. Question was asked as to whether we could get data on persons likely to be restored or who have been restored. Member indicated that there is approximately 70% of restorability. Members discussed that there might not need to be a statutory change needed for the stepdown unit. Member discussed barriers of housing particularly throughout rural areas.

Members discussed goals for the ASH Redesign to maximize the use of the facility in a way that it is an acute hospital. Members discussed lack of diversion options in the catchment. Members expressed agreement with respect to needing some form of step-down proposal.

Members discussed curriculums with respect to evidence-based competency restoration and current efforts around standardized competency restoration through HHSC statewide. Members discussed barriers around effective clinical treatment and getting to the education piece of it. Members discussed need for clarity with respect to legal representatives, that competency restoration shouldn't be used as the alternative care model.

Members discussed barriers around number of 46.b commitments where the person has not received medication treatment initiated in the county jail prior to transport to ASH. Members discussed different jurisdiction issues. Members discussed what is happening in mental health care upstream, including lack of preventative and community interventions earlier in experiences of SMI. Members discussed interplay between civil and forensic commitments, need for collaboration, and potential need to understand barriers throughout the catchment.

Members again reviewed recommendations to come to a consensus, and discussed recommendation of stepdown. Members discussed expenses with respect to more resourceful staff in stepdown frameworks and strategy around using funding resourcefully.

More formal recommendations will be presented to the group for input. Next meeting is on June 9, 2022, with expectation final recommendations will be completed prior to that date.