Therapeutic Justice: An Alternative to Jails, Emergency Rooms and the Streets for many of our most Ill and Vulnerable Citizens while Improving Lives in the Most Cost Effective Way

Mental Health Association of Orange County

November 10, 2014

Leon Evans
President and Chief Executive Officer
The Center for Health Care Services
Mental Health and Substance Abuse Authority
Bexar County
San Antonio, Texas
levans@chcsbc.org
Community Wide Jail Diversion: The Problem

- Criminalization of Mentally Ill
- Inappropriate Cost to Society
  - 20% + in jail
  - Increased use of emergency rooms
  - Homelessness
- Public Safety Net
  - Consumers at risk
  - Law Enforcement at risk
  - Public at risk
An Ounce of Prevention
Taxpayer Costs Avoided through Preventing Crime

Criminal Behavior and Its Cost to Society
• 1.7 Trillion including victimless crime — Perazzo 2002
• 674 Billion Federal, State and Local — Shapiro 1999
• 1.0 Trillion (2 million people incarcerated) — Adrienne 2005

Cost Avoided if One Criminal Career is Prevented
$ 976,217.81
• Average annual adult cost (2004) - $40,865
• Average annual juvenile cost (2004) - $32,888

Source: Dr. Victoria Reinhardt, An Ounce of Prevention presentation To NACo, July 2008
The Case of Million Dollar Murray

"It cost us one million dollars not to do something about Murray,"

News Release

Emergency Departments See Dramatic Increase in People with Mental Illness Seeking Care Emergency Physicians Cite State Health Care Budget Cuts at Root of Problem

American Psychiatric Association

Hillarie Turner, 703-907-8536 June 2, 2004
hturner@psych.org Release No. 04-30
Sharon Reis 202-745-5103

"in one study, it had been concluded that one homeless person can cost the City and County about $200,000 in one year". Philip F. Mangano, Executive Director of the United States Interagency Council on Homelessness (USICH), May 1, 2007.
Collaboration: It’s an unnatural act between...
...two or more unconsenting adults.
2000 – CEO begins diversion efforts, full time coordinator is hired
2002 – Bexar County Jail Diversion Collaborative meets for 1st time
2003 – First Crisis Intervention Team Training begins
2004 – Specialty Jail Diversion Facility opens
2005 – 24/7 One Stop Crisis Care Center opened
2006 – Bexar County Jail Diversion receives APA’s Gold Award
2008 – Restoration Center opened; Detox, Sobering, IOP Treatment
2010 – Haven for Hope 1,600 Bed Homeless Facility opened
2010 – International Crisis Intervention Team Conference hosts 1,600 Officers
2011 – Prospect Courtyard Safe Sleeping reaches high of 714
2012 – Prospect Courtyard adds new MH Clinic
2012 – Prospect Courtyard adds 80 bed MH residential
2012 – Restoration Center Expansion; Building #2 added
2012 – CMS Grant to Integrate Health and Behavioral Health
2003 – Deputy Mobile Outreach Team begun
2004 – Specialty Jail Diversion Facility opens
2005 – 24/7 One Stop Crisis Care Center opened
2010 – In House Recovery Program Male and Female 104 sober living beds
2011 – Prospect Courtyard Safe Sleeping reaches high of 714
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PROSPECTS COURTYARD @ Haven for Hope

Safe Sleeping for
1. Homeless
2. Recently out of jail/prison
3. Persons with Mental Health Issues
4. Persons with Substance Abuse Issues
5. Elderly
6. Young people (18+) aged out of foster care – or no longer allowed at home

On Campus Mental Health Clinic

On Campus 80 Bed Mental Health Dorm

On Campus CMS Integrated Health-Behavioral Health Care Unit

• Averaged 516 sleeping per night
• Averaged 694 receiving some service during the day
The Centers for Medicare and Medicaid Services (CMS) Grant

- **Project Title**: “A recovery-oriented approach to integrated behavioral and physical health care for a high-risk population”
- **Geographic Reach**: San Antonio, Texas
- **Funding Amount**: $4,557,969
- **Estimated 3-Year Savings**: $5 million
Community Care
Is better than Institutional Care

- Costs less than institutional care
- Is least restrictive
- Allows for greater family involvement
- Produces better outcomes
System County City-wide Entry Points

Law Enforcement
Detention/Jail CIT

Judicial/Courts
Magistrate, County, District

Crisis Care Center
Jail Diversion
Psychiatric and Medical Clearance
Specialty Offender Services

Mental Health
Public and Private Providers

Community
Dynamic Crisis Jail Diversion
Information Exchange

Civil and Criminal

System Level

Emergency Services

- Community Collaborative
- Crisis Care Center
- Crisis Transitional Unit
- Crisis Hotline (Nurselink)
- CIT/DMOT
- SP5
- Jail and Juvenile Detention
- Statewide CARE Match

County

City-wide

Entry Points
CIT Mental Health Detail

- Mental health professional partners with a CIT Officer together to respond on calls dealing with a psychiatric crisis.
- Team responds to high utilizer calls for the City providing follow up services to reduce the call volume.
- **Goal is to put officers back into service for patrol as soon as possible.**
  - Reduce inappropriate incarcerations and costly emergency room visits.
  - Offer quality training to law enforcement.
- Co-locate officer with the City unit and Sheriff Mental Health Unit for better collaboration and expedited call response.
Dispatcher Training for 911 Call Takers and Dispatchers

• In 2007 - decided that dispatchers would also benefit from CIT Instruction and met with SAPD leadership to establish training.

• Provided an abbreviated 12 hour CIT course for call takers and dispatchers in collaboration with CHCS.

• The goal of this training is to increase safety by educating caller takers on essential intelligence gathering and dispatching a CIT Trained officer to the scene.
Partnered with Fire and EMS

- As of 2007 SAFD has attended every community training
- has become co trainers with joint PD and Sheriff’s Officers
- Have added a CIT component to their EMS In-service training.
- Partnering for Integrated training with Fire/EMS has extended numerous opportunities for growth:
  - Officer and Fire/EMS better communication
  - Safety
  - Better utilization of resources
Show me the DATA !!!
<table>
<thead>
<tr>
<th>Number of MHMR Clients Incarcerated in TDCJ, December 2009³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total TDCJ Population</td>
</tr>
<tr>
<td>Number of Care Matches¹</td>
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<tr>
<td>Percent of Total Population</td>
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<tr>
<td>Percent of Target Group²</td>
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</tr>
</tbody>
</table>

¹ Represents all clients served since 1985, including those whose diagnosis is no longer eligible for MHMR.
² Schizophrenia, Bipolar, Major Depression.
³ Does not reflect all persons with serious mental illness, as some may not have been served by community mental health system.
Top Ten CSCD’s with Most Offenders Served and Recidivism Rates 2012

CSCD = Community Supervision Corrections Division
Emergency Room utilization has dropped 40% since the inception of the Crisis Care Center.

40% of (7619 total seen at CCC) 3048
Persons diverted from the ER (in 2006 first year) X $1545
Cost Savings relative to ER Utilization $4,709,160

Source: University Health System
Impact on WAIT TIME for LAW ENFORCEMENT

**Then** (prior to Sept 2005)
- Wait times for Medical Clearance/Screening at UHS ER - 9 hours, 18 min.
- Wait times for Medical Clearance/Screening and Psychiatric Evaluation was between 12 and 14 hours.

**Now**
- The wait time for Medical Clearance/Screening at the Crisis Care Center is 45 minutes.
- Wait time for Medical Clearance/Screening and Psychiatric Evaluation is 60-65 minutes.
Eliminating Barriers to the Treatment of Mental Illness

Savings from AOT in Bexar County, Texas

POLICY initiatives
There is a cost-effective, life-saving alternative to slashing state mental health budgets.

Learn More »

California Prisons - Cruel But Not So Unusual

In a harshly worded opinion this week, the U.S. Supreme Court held that California's grossly overcrowded prisons and their resulting dearth of treatment for inmates with mental illness and other medical needs is so "incompatible with the concept of human dignity" that the state is in violation of the Constitution's protection...
## Combined CCC and Restoration Documented and Immediate Cost Avoidance

**Year One April 16, 2008 – March 31, 2009**  
**Year Two April 16, 2009 – March 31, 2010**  
**Year Three April 16, 2010 – March 31, 2011**  
**Year Four April 16, 2011 – March 31, 2012**  
**Year Five April 16, 2012 – March 31, 2013**  
**Year Six April 16, 2013 – March 31, 2014**

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>City of San Antonio</th>
<th>Bexar County</th>
<th>Direct Cost Avoidance</th>
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<tbody>
<tr>
<td><strong>Public Inebriates Diverted from Detention Facility</strong></td>
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<tr>
<td></td>
<td>$435,435</td>
<td>$1,983,574</td>
<td>$2,419,009</td>
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<td>$925,015</td>
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<td>$1,422,954*</td>
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<td>$1,469,530*</td>
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<td>$1,849,862</td>
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<td><strong>Injured Prisoner Diverted from University Health System Emergency Room</strong></td>
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<td></td>
<td>$528,000</td>
<td>$1,267,200</td>
<td>$1,795,200</td>
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<td></td>
<td>$435,000</td>
<td>$1,044,000</td>
<td>$1,479,000</td>
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<td>$421,000</td>
<td>$1,010,400</td>
<td>$1,431,400</td>
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<td>$478,000</td>
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<td>$543,500</td>
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<td>$601,000</td>
<td>$1,442,400</td>
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<tbody>
<tr>
<td>Mentally Ill Diverted from University Health System Emergency Room Cost</td>
<td>$322,500</td>
<td>$774,000</td>
<td>$1,096,500</td>
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<td>$283,500</td>
<td>$676,000</td>
<td>$959,500</td>
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<td>$276,500</td>
<td>$663,600</td>
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<td>$389,500</td>
<td>$934,800</td>
<td>$1,324,300</td>
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<td>$465,500</td>
<td>$1,117,200</td>
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<td>$616,500</td>
<td>$1,479,600</td>
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<td>E.</td>
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<tr>
<td>Mentally Ill Diverted from Magistrate Facility</td>
<td>$208,159</td>
<td>$371,350</td>
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<td>$179,833</td>
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<tr>
<td>Reduction in Competency Restoration Wait Time in Jail for Hospital Admission</td>
<td>0</td>
<td>$255,055</td>
<td>$255,055</td>
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<tr>
<td></td>
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<td>$1,020,000</td>
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<td>$595,000</td>
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<td>$1,467,000*</td>
<td>$1,467,000</td>
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<td>$1,125,000*</td>
<td>$1,125,000</td>
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<tr>
<td>Reduction in Wait Time in Jail for Outpatient Competence/Wait Time for Restoration compared to Inpatient</td>
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<td>$137,898</td>
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<td>$542,300</td>
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<td>$978,000*</td>
<td>$978,000</td>
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<td>$750,000*</td>
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<tr>
<td>Reduction in Jail Time for Competency Restoration on Bond and on Return</td>
<td>0</td>
<td>$385,522</td>
<td>$385,522</td>
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<td>$221,000</td>
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<td>$700,000</td>
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<td>$90,000*</td>
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<td></td>
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<td>$123,000*</td>
<td>$123,000</td>
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<tr>
<td>2009 Total Year 1</td>
<td>$1,494,094</td>
<td>$5,174,599</td>
<td>$6,668,693</td>
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<td>2010 Total Year 2</td>
<td>$1,823,348</td>
<td>$7,002,055</td>
<td>$8,825,403</td>
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<td>2011 Total Year 3</td>
<td>$2,147,078</td>
<td>$8,127,253</td>
<td>$10,221,631</td>
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<td>2012 Total Year 4</td>
<td>$2,415,985</td>
<td>$9,635,901</td>
<td>$12,051,886</td>
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<td>2013 Total Year 5</td>
<td>$2,652,626</td>
<td>$9,634,411</td>
<td>$12,287,037</td>
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</tbody>
</table>
Involuntary Outpatient Commitment Program

First Year Evaluation

# Bed Days Used

State Hospital Bed Day Utilization Rate

<table>
<thead>
<tr>
<th></th>
<th>1 Yr Prior</th>
<th>1 Yr Post</th>
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</thead>
<tbody>
<tr>
<td>Pre IOPC Program</td>
<td>132</td>
<td></td>
</tr>
<tr>
<td>Post</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

79% Reduction in Bed Day Use, Post Program
Haven for Hope Homeless Facility

“Texas officials hope a massive new facility will keep the homeless out of jail, emergency rooms and re-integrated into society”.

Haven for Hope Homeless Transitional Facility

www.havenforhope.org
Funding

- Jail Diversion Planning and Oversight Committee - Judge Poly Jackson Spencer

- SAMHSA Jail Diversion Grant

- Changing the Law - Senate/House Bills Madla/Uresti, HB 2292 Mandated Jail Diversion

- Police Chief Ortiz Funding - Drug Bust Money

- University Health System Partnership - Care Link & New Generation Medications Program

- Texas Crisis Redesign - $82 million State-wide

- Bill Greehey/Bexar County - Transformation Center

- Texas Correctional Office on Offenders with Mental and Medical Impairments (TCOOMMI)
  - Genesis Outpatient Services - Probation and Parole
  - Mentally Impaired Offenders Program - Probation
  - Substance Abuse Treatment Facilities (SATF I and II)

- Medicaid Administrative Claiming

- Medicaid Eligibility and Carelink Workers

- Third Party Billing
On May 2011, there were 883 empty beds in the jail.
The End Result

- Comprehensive service for most in need
- Increased availability of comprehensive coordinated services
- Reduced barriers to service access and increase motivation with treatment compliance
- Employ evidence based practices known to be effective
- Utilization of system tracking and outcome based treatment