AVOIDING RISK MEANS LIMITING YOUR EXPOSURE—SEE PAGE 24

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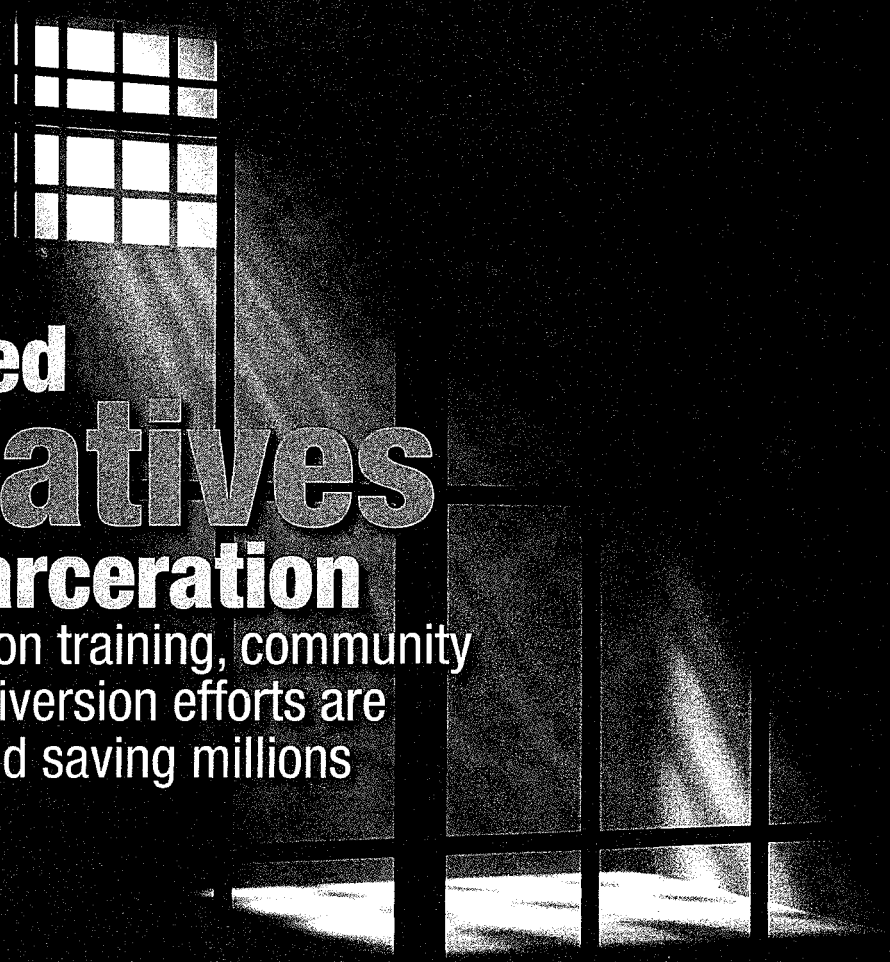


Enlightened alternatives to incarceration

How crisis intervention training, community crisis care, and jail diversion efforts are cutting recidivism and saving millions

Therapeutic design approaches to prevent self-harm

Inmates trained as certified peer support specialists

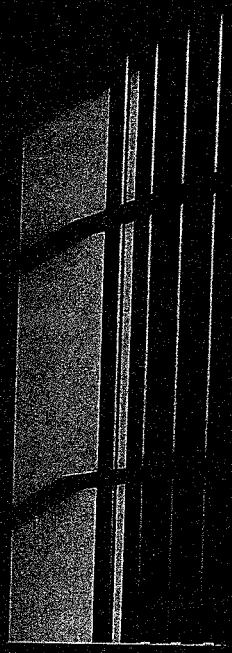
Youth program offers alternatives to residential treatment

VENDOME GROUP

RIGHT PLACE, RIGHT TIME, RIGHT APPROACH

Texans collaborate to build a "model" jail diversion and crisis mental health system

BY DENNIS GRANTHAM, EDITOR-IN-CHIEF



By April 2000, when he was named President and CEO of Bexar County Mental Health Authority in San Antonio, Texas, Leon Evans had learned two very important lessons in four years of work as the director of community services for the Texas Department of MH/MR in Austin: "If it costs money, don't bother asking" and "Sometimes, you have to get the bureaucrats out of the way."

In his many years as a behavioral health executive, Evans had long before realized that local organizations had the desire, the vision, and for the most part, the ability to do good work in their communities. So, as state director, he relished the chance to lead a contracting process that devolved state community services programs and funding into the hands of Texas' 37 regional mental health authorities from 1996 to 1999. His approach combined a simplified list of performance standards, an emphasis on technical assistance, and added incentives for providers who outperformed the field. The mantra: "Support those who support the consumers."

In 1998, at an interagency meeting of state officials, Evans learned a whole lot more about just who many of those consumers were. Tony Fabelo, PhD, who then headed the Texas Criminal Justice Commission, said that for years the state had been incarcerating too many non-violent offenders, including a growing number with "severe" mental health or substance use disorders.

Most, Fabelo said, had been convicted of non-violent, substance-related felonies—often possession or DWI under the state's strict 1980s-era drug laws, which made possession of as little as a gram or two of illicit substances a felony. These drug offenders were a major component in swelling the Texas state prison population nearly six-fold between 1978 and 2004, a period that saw corresponding growth in the populations of the state's 273 county jails. A decade-long, $2.3 billion effort completed in 2002 tripled state prison capacity to more than 150,000 beds.

By the middle of the decade, as prison numbers continued to rise, Texas legislators were forced to confront the prospect of adding to what was already the world's largest prison system. At that point, the effort to make criminal justice and sentencing reforms picked up steam, even among tough-on-crime lawmakers. A study group, the Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI), validated Fabelo's earlier finding that state prison beds housed large numbers of non-violent and low-risk offenders.

About one in five had severe mental illnesses, said the TCOOMMI report, while more had less severe mental health problems that contributed to serious substance use disorders (SUDs). These, along with a growing number of aging inmates, were driving increased prison healthcare costs because, under Medicaid's "inmate

exclusion," state prison inmates lose access to benefits, making every aspect of prison medical care a state problem.

A vision for collaborative effort

As prison problems were seen to worsen at the state level, county and local officials had known about and felt the problem for years. Evans, who left state office in 2000 when he was hired to turn around Bexar County's troubled behavioral health authority, The Center for Health Care Services (CHCS), saw going in that he'd have little money to work with, but freedom to pursue some big ideas.

The first idea, central to everything developed since, was to blend, braid, and integrate funding streams from many small bureaucracies to stretch their value. Freeing those dollars and putting them to work would require a tremendous level of collaboration, coordination, and trust. So Evans and his CHCS team set about identifying potential partners and getting to work on the second idea: an effective program to divert mentally ill individuals from jail.

CHCS team members started a conversation with the San Antonio PD and the Bexar County Sheriff's Department. At first, talk of diverting any offenders was ridiculed. But by understanding, then addressing the issue in terms of real law enforcement concerns, CHCS staff began to make headway. SAPD police overtime exceeded $600,000 annually, primarily due to time lost by law officers who had to arrest, transport, and arrange disposition for non-violent mentally ill offenders. The Bexar County sheriff faced legal action for overcrowding at the County's 3,400-bed jail.

"Initially, the focus of our jail diversion efforts was in the area of the mentally ill," explains Gilbert Gonzales, Diversion Program Director. "But we soon found that the real question—the real problem for police—is, 'What is the most appropriate place for this detainee, based on the seriousness of the offense?'" Because hundreds of detainees per month were mentally ill, public intoxicants, or homeless, the cycle of arrest, incarceration, and medical care posed a huge drain on police, hospital, magistrate, and jail resources.

A "community collaborative," formed under the leadership of CHCS and led by a respected local judge, brought together stakeholders from 22 law enforcement, healthcare, consumer, family, and other community organizations to consider important issues, including jail diversion and crisis mental healthcare.

In time, this collaboration established guidelines, supported by local officials, that enabled officers to exercise discretion in diverting non-violent, misdemeanor detainees with apparent mental health or substance use problems into community-based crisis care.

Diversion guidelines help local officers

The jail diversion guidelines worked because they were clear and limited, says Gonzales. "I don't care what kind of good intentions you have, if you have a violent offender, you cannot deal with that through diversion. We don't do that [in our program]. But many offenses are non-violent, misdemeanor offenses—where it is clear that properly trained officers ought to be able to exercise some discretion."

"In the past," he continues, "if a cop thought that a detainee had a minor injury, was drunk, or was ill, he'd have to take him to the ER, wait 10 or 12 hours, and then book him. If there was a mental illness involved, the officer would have to take the detainee to the San Antonio state hospital, 10 miles out of town, and wait hours for an assessment."

The case for jail diversion and crisis care was also supported by a medical director's roundtable (also formed with CHCS leadership) that examined the issues and costs of treating 450 to 500 psychiatric "crisis" cases at local hospitals each month. The roundtable found that one in three of these were brought in by officers on the way to booking and incarceration. And, rarely were such ER visits easy, since they often included not only psychiatric stabilization or detoxification, but also identification and treatment of untreated medical conditions.

A collaborative that functions as a system

Over the past decade, the CHCS and its Bexar County partners have fashioned a sophisticated local collaborative that functions as a system of public mental healthcare and crisis care. It's a system that not only expands access and availability of treatment, but one with the capability of intervening, linking individuals to care, and diverting detainees at 46 points in the criminal justice process (see Figure 1).

Therapeutic justice programs in Bexar County

Felony Drug Court	Misdemeanor Drug Court
DWI Court	Community Court
Veterans Court	Mental Health Court
Not Guilty by Reason of Insanity (NGRI) Court	Mentally Ill Offender Facility
Outpatient Competency Restoration	Community Reintegration Program
Involuntary Outpatient Commitment	Forensic Assertive Community Treatment
Outpatient Substance Use Treatment for Probationers	Veterans Jail Diversion Program

Pre-booking diversion resources

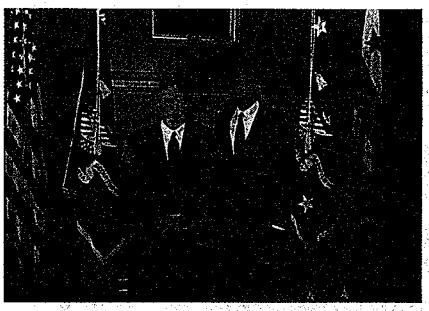
1) Community crisis line: Managed by experienced CHCS personnel, this hotline handles crisis calls from throughout the county, resolves caller issues, or routes the calls for further assistance. Crisis line managers play a key role in coordinating and utilizing available crisis intervention, crisis care, law enforcement, or jail diversion resources throughout the county.

2) Mobile crisis teams: The Bexar County Sheriff's Deputy Mobile Outreach Team (DMOT) and the SAPD's Crisis Intervention Teams (CITs) combine law-enforcement and CHCS professionals to respond to crisis situations.

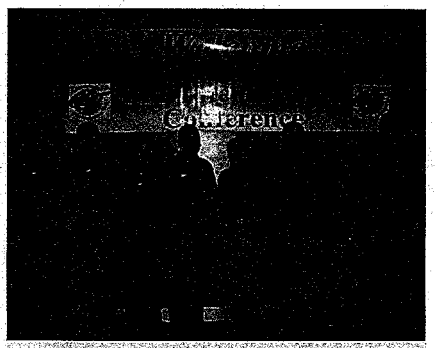
3) Crisis-trained officers: Since 2005, crisis intervention training has been mandated for all law enforcement officers in Bexar County. This 40-hour role-play training program and examination helps officers to identify, stabilize, and safely deescalate individuals with apparent mental health concerns. It's an essential alternative to conventional police tactics which tend to further escalate mentally ill individuals in crisis.

4) New mental health docket: A redesign of the mental health docket embeds CHCS professionals into the pre-trial process, where they can identify and screen new detainees, develop treatment plans, make disposition recommendations, and link offenders to services. Bexar County judges use existing state laws to order and enforce treatment compliance for offenders in lieu of jail time.

5) Crisis Care Center: Critical to the early success of the jail diversion effort was giving officers fast, convenient access to "drop off" crisis care resources for detainees. CHCS started with a 23-hour crisis stabilization center which has since morphed into a 24-hour Crisis Care Center (CCC) that's staffed by medical, psychiatric, and social work professionals. Open to the public and to law enforcement, the CCC receives 500 to 700 individuals monthly. Since opening, the center added a well-equipped medical procedures room to provide treatment for minor injuries and provide medical clearances, a 20-bed sobering area for public intoxicants, a 15-bed inpatient detox/counseling area, and an on-site mental health/drug court.



Bexar County's jail diversion program is now considered a national "model" program. Leon Evans, President and CEO of the Center for Health Care Services recently received congratulations for the program's impact from U.S. Attorney General Eric Holder.



Collaborators from Bexar County's Center for Health Care Services (CHCS), the Bexar County Sheriff's Department, and the San Antonio Police Department (SAPD) include: Aaron Diaz (CHCS), Deputy David Luna, Jeanie Paradise (CHCS), Gilbert Gonzales (CHCS), Romana Lopez (SAPD), Deputy Ross Garza, Melissa Graham (SAPD), and Ned Bandoske (SAPD). The group recently attended September's Crisis Intervention Team International Conference in Virginia Beach.

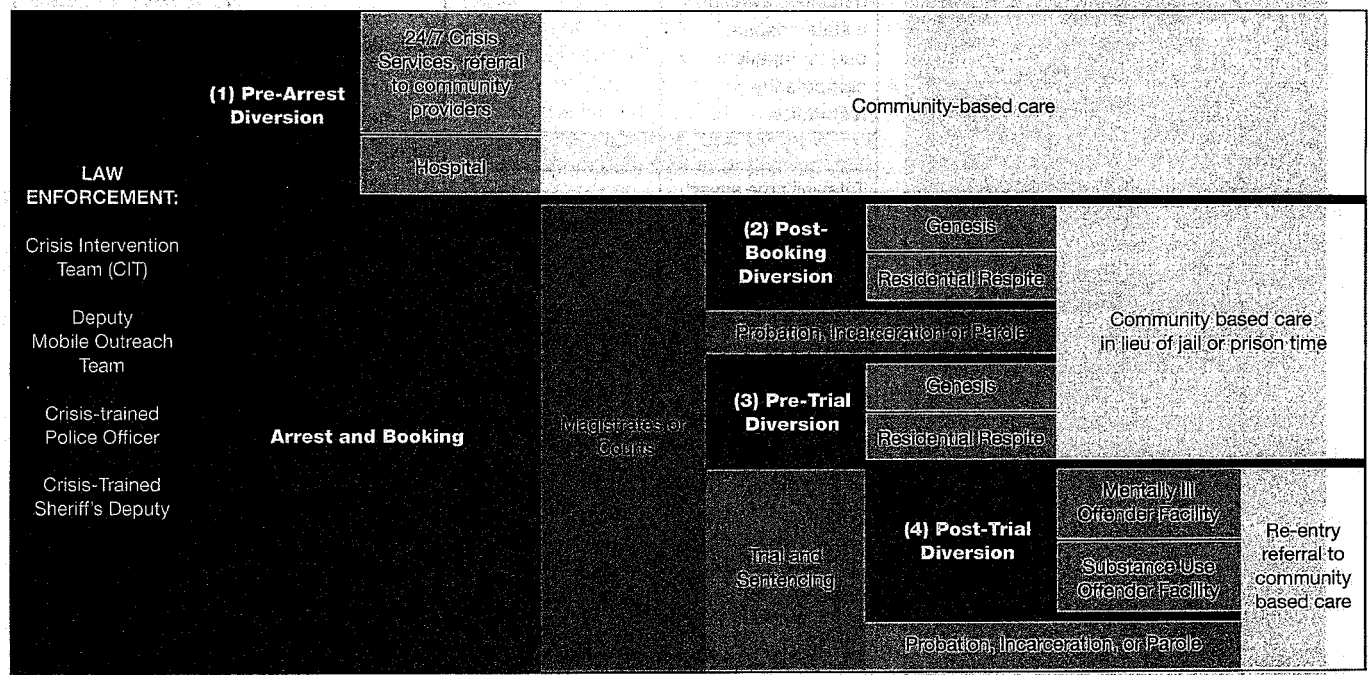


Figure 1. Through 46 points of intervention at four key stages in the community mental health and criminal justice processes, the jail diversion process developed in Bexar County, Texas provides a comprehensive range of mental health and addiction treatment services while avoiding costly and unnecessary incarcerations for non-violent offenders.

Keys to community collaboration

"We've had people visit from nearly state and from several other countries," says CHCS executive director Leon Evans. "And while every one of these groups brings a unique set of needs and viewpoints along, virtually all have the same question: "How did you get everyone to work together?" Here are some of Evans' thoughts:

1) Collaboration stretches dollars. Cuts to mental health funding have led to a situation in which many small, underfunded bureaucracies pursue and protect their own agendas. The result, says Evans, is that "no one is looking at how to make all of the funds, all of the resources, work together." The solution is clear: community collaborations.

2) Give more to get more. "When it comes to working with others," says Evans, "you know what happens. You show them an idea and they say, 'that's a great idea, but not if it involves my people or my resources.'" So, Evans didn't bother to ask other organizations to work with him. Instead, he and CHCS staff gave their time and resources to would-be partners, believing "the more you give, the more you get."

3) Measure success in your partner's terms. "People don't 'get' behavioral health problems or the way that they can affect the community," says Evans. For that reason, the CHCS team always built performance goals based on the measures desired by its partners, not "typical" outcome measures (See Figure 3: Two year savings).

4) Measure, measure, measure. Every CHCS and collaborative program is backed by rich and detailed data that are essential to convincing stakeholders that programs are effective, transparent and well-managed. Data collected by CHCS staff around the development of its crisis care framework was used by state legislators to pass an $82 million bill for a statewide crisis system redesign, based on Bexar County's "community collaborative" model.

A 2009 study of 519 homeless, chronically inebriated individuals explains the impact of the 20-bed sobering facility, which enables public intoxicants to essentially "sleep off" their intoxication under medical observation (the facility is staffed by EMS-trained personnel, with medical resources on call). This relatively simple intervention, open to police and the public, saved the county $5.1 million and the city $1.4 million in legal and hospital costs in about six months.

In all, local officials credit the Crisis Care Center's time-saving services with "putting five more officers on the street every day."

Treatment after incarceration

The second leg of the jail diversion program focuses on appropriate treatment options for mentally ill individuals who are already incarcerated. To locate these individuals, CHCS personnel conduct daily information searches, cross-matching the state's prison population with the names of individuals who have received services from

	City of San Antonio	Bexar County	Savings
Public inebriates diverted from detention	$435,435	$1,983,574	$2,419,009
	$925,015	$2,818,755*	$3,743,770
Injured prisoners diverted from ER	$528,000	$1,267,200	$1,795,200
	$435,000	$1,044,000	$1,479,000
Mentally ill diverted from ER	$322,500	$774,000	$1,096,500
	$283,500	$676,000	$959,500
Mentally ill diverted from magistration facility	$208,159	$371,350	$579,509
	$179,833	$322,300	$502,133
Jail costs saved for detainees awaiting a state hospital bed for inpatient competency restoration	0	$255,055	$255,055
		$1,020,000	$1,020,000
Total jail time saved using outpatient vs. inpatient competency restoration	0	$137,898	$137,898
		$900,000	$900,000
Jail time saved with outpatient competency restoration at bond posting and on return	0	$385,522	$385,522
		$221,000	$221,000
Total Year 1	**$1,494,094**	**$5,174,599**	**$6,668,693**
Total Year 2	**$1,823,348**	**$7,002,055**	**$8,825,403**
TWO YEAR TOTALS	**$3,317,442**	**$12,176,654**	**$15,494,096**

Figure 3: Two-year cost savings for the City of San Antonio and Bexar County.

public mental health system.

To assist these non-violent, often repeat offenders, an early release-to-treatment program was formed with the help of community corrections resources. Offenders who meet program criteria may be released from jail and stepped-down into long-term residential treatment (typically 90 to 180 days) at two local facilities: the 60-bed Mentally Ill Offender Facility or the 150-bed Substance Use Offender Facility. Judges may also exercise a third option: ordering an individual's involuntary commitment to intensive outpatient treatment in lieu of prison time.

Community re-entry support

A third leg of the diversion focuses on preventing recidivism and future arrests. The county's "Genesis" re-entry program identifies and supports re-entering offenders considered "high-risk" for recidivism. These individuals receive more intensive community-based treatment, including regular visits with specially trained community corrections officers, who act as case managers for their ongoing treatment throughout their period of re-entry. All re-entering individuals are also linked to available community funding and educational resources.

A powerful, measurable local impact

Statewide, innovative and effective mental health and diversion programs, together with other correctional and sentencing reforms, have been credited with saving Texas nearly half a billion dollars in corrections costs in the past five years.

At a recent SAMHSA GAINS conference, Evans summed up a decade of CHCS work with a bold claim: "Treatment works," he said. "I can prove it." He pointed to figures like these:

- Within a 12-month period during 2010-2011, 5,100 persons were screened, referred to, or provided service in the Bexar County/CHCS crisis care system, while 8,000 people utilized sobering, medical detox, medical clearance, and intensive outpatient drug abuse services.
- During two budget years, 2009 and 2010, CHCS services documented direct savings of $15.5 million dollars for local governments through jail diversion, consumer engagement and treatment. Savings to the City of San Antonio totaled $3.317 million, and $12.2 million for Bexar County (see Figure 3).
- Overcrowding at the Bexar County jail has not only been reduced, but the jail now routinely has a surplus of approximately 800 beds. Jail diversion initiatives have been instrumental in reducing the average monthly census in the jail in recent years.
- Jail stays for mentally ill detainees, once five times longer than those for other detainees, have been dramatically reduced thanks to rapid access to treatment and better access to competency restoration services.
- Recidivism among non-violent offenders referred to treatment is below 10 percent.
- Available county and state prison capacity is better utilized to house more violent, higher-risk offenders. ■

Texas reforms, while promising, 'are a hit or miss thing'

Scott Henson, a former criminal justice reporter and longtime author of "Grits for Breakfast," a blog on criminal justice issues in Texas, says it plainly: "Texas is the epicenter of incarceration." But, underlying the state's massive correctional system, which incarcerates nearly 150,000 inmates and manages 72,000 parolees and 450,000 probationers annually—is a complicated patchwork of 237 county jurisdictions—each with a jail—and 37 local mental health authorities.

Citing examples from Bexar, Harris, and Dallas counties, Henson says that "most of the more progressive jail diversion and criminal justice reforms are happening at the local level, in pilot-type situations, where one or two officials have the vision and the ability to get things done." While nearly every jurisdiction, and notably the large urban counties, "are doing some or many things right," he notes that "they're also screwing up on something that the next jurisdiction is doing well."

Bexar County is nationally known for its jail diversion program, but Henson says that Harris County has an excellent system for identifying and treating mentally ill detainees in the county jail. He attributes the use of a mental health screening algorithm, developed by a psychologist at the Harris County public defender's office that is used upon the arrival of each detainee. This process helps to ensure that mentally ill detainees are identified for medication and treatment that reduce the likelihood of decompensation or crisis that could extend their jail time.

But, he notes, Harris County's approach remains very "jail-centric," and lacks the kind of cost-effective community interventions that Bexar County has been mastering for a decade. Perhaps for that reason, Harris County voters have rejected several proposals to add a 1,200-bed mental health wing to a county jail that, at 9,400 beds, is already the nation's third largest.

Henson cites "competency restoration" as a continuing problem for incarcerated individuals in Texas and across the country. Detainees determined to be incompetent "can't even plead guilty," he says, and may therefore be jailed for long periods without disposition as they await competency restoration in a state hospital. More and more states are taking action to allow outpatient competency restoration (OCR). In Texas, four pilot programs showed that OCR cost just one-third of inpatient competency restoration and that it produced dramatic reductions in the disposition time for detainees. However, OCR is available in just nine of Texas' 237 counties.

"This [competency restoration] is so expensive and takes up so many resources in the justice system that it's just ridiculous that it goes on," Henson exclaims.

Despite much progress and many reforms, Henson says that access to real and effective behavioral health treatment in the Texas criminal justice system—whether through jail diversion, probation, or re-entry programs—is very much a "hit or miss" situation. "It really depends on whether your local decision makers have the vision to take it on," he says.