

SB 292 Collaborative Meeting Background Materials

Below please find some excerpts from policy documents that may be of interest to collaborative partners. This does not imply that Travis County would follow these pieces but are intended to help frame how to think about the SB 292 response. Full documents were also sent to all members.

A Comprehensive Plan for State-Funded Inpatient Mental Health Services

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3. Systems-Based Continuum of Care

As research in effective mental health services is focused on more accurate diagnoses and earlier intervention to improve outcomes, the state hospital should not be the first line of treatment for an individual. Texans deserve a comprehensive community of care that actively participates in treatment before, during, and after psychiatric hospitalization. This includes the full integration of community-based behavioral health outpatient, alternatives to inpatient, and inpatient mental health services.

HHSC-funded acute care facilities like extended observation units, and crisis stabilization, residential, and respite facilities, help divert people from the state hospitals and others.

Should an individual need inpatient services, coordination between the state hospitals and community-based behavioral health services begins before the individual is even admitted, as the LMHA assesses the need for inpatient care. Upon admission, the hospital and designated LMHA or LBHA staff begin discharge planning to set the patient up to live successfully in the community upon discharge. Transitional supports like supportive housing, utility and rental assistance, targeted case management, and supported employment, among others, may be employed to prevent re-hospitalization. True transformation of the inpatient mental health care system will only succeed if there is continuity of care in the community for people who no longer require an inpatient level of treatment.

The Statewide Behavioral Health Strategic Plan notes that mental illness affects people of all shapes and sizes, but specific populations need targeted intervention, including children and youth, military members and veterans, alleged offenders, individuals with substance use disorders, and impaired helping professionals. Thus, the inpatient mental health care system does not operate in isolation; rather, it intersects with education, military, courts, criminal justice, healthcare, substance use recovery, and many other systems. A truly comprehensive continuum of care meets people with mental illness wherever they are in these systems.

The criminal justice system deserves specific attention, as its intersection with mental health is well-documented. The Texas Joint Committee on coordination and has made recommendations to improve access to mental health care for individuals in the criminal justice system. For instance, efforts to drop charges if an individual is admitted to a state hospital would help the state avoid costly criminal justice processes, and, if programs are effective in reducing recidivism, the state can save money on repeated incarceration. Initiatives like this, however, require beds to be readily available. With hundreds of people waiting in jail for a state hospital bed, diverting individuals with mental illness from the criminal justice system, adding MSU beds,

and shifting the provision of mental health care from the criminal justice system onto the mental health system must be a top priority of the state. Access and Forensic Services (JCAFS) focuses on gaps in system

Example: Target Population; Chronic Stabilization Team

We found that over 200 individuals in mental health crises had repeated interactions with police officers since 2006 (the beginning of the compilation of data). In order to narrow the focus on the most chronic persons and to limit the number for the pilot project, the task force partners decided only those persons who had been taken for an Emergency Detention Order four or more times in the last six months would be considered for placement in the CCSI program. In addition to Emergency Detention Orders, the number of HPD calls-for-service involving these persons was considered as criteria for placement on CCSI. Using the agreed upon screening requirement, HPD's MHU was able to identify 57 individuals who met this criteria.

Senate Committee on Criminal Justice Interim Report December 2016

Harris County Jail Diversion Program. S. B. 1185, 83rd Legislature, Regular Session, 2013, appropriated funds to establish a community-based jail diversion program. The Department of State Health Services (DSHS) contracts with Harris County to establish a jail diversion pilot program that will operate for a period of three years and treatment must incorporate principles of Critical Time Intervention. As of August 3, 2016, 499 individuals have been enrolled in the program. Program goals include the following:

- Provide a continuum of services and supports to reduce involvement in the criminal justice system and unwarranted admissions for emergency room services; and
- Increase enrollment in long-term mental health services.

Harris County MH Jail Diversion Program (SB 1185)

- Over a 2 year period, 4,155 persons screened and 554 enrolled in the program
- It incorporates integrated health and behavioral health, housing, and treatment of co-occurring disorders, and criminogenic risk. It also applies the principles of Critical Time Intervention (CTI), an evidence-based practice of intensive case management, during the first weeks following release from jail or program enrollment.
- The majority of enrolled participants (99.3%) were found to have incomes under the 2015 federal poverty level (FPL) guidelines; 45.8% of participants were classified as medically indigent (uninsured) and 23.8% received Medicaid benefits. An estimated 72.7% (403) were identified as homeless or in need of housing. Approximately 84% (468) of participants reported substance or alcohol use in addition to their primary mental disorders such as Schizophrenia, Bipolar Disorder, Major Depression, and Post-Traumatic Stress Disorder.
- 36.9% of participants had no further encounters with the criminal justice system in the year following enrollment.
- There was a 38.2% reduction in the average number of bookings per person.
- Participants served 3,836 fewer jail days.
- Average treatment cost per person per year was estimated to be \$4,482.93.
- Average criminal justice cost was determined to be \$11,435.75 per booking.
- Estimated cost avoidance for bookings totaled \$1,857,166.
- When program costs were entered into the cost-benefit equation there was a potential savings to the taxpayer of \$947,131.

MMHTFMC Mental Health Task Force

4 or more bookings with SMI in Greater Travis County Jail: Charges

- Public Intoxication: 35%
- Possession of Controlled Substance: 29%
- Criminal Trespass: 17%
- Theft: 9%
- Assault: 8%
- Other: 2%