



The complex interplay between criminal justice and Mental Health

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Context: The World's Most Disabling Conditions

- 1. Major Depression (up to 15% of population; 33-70% heritable)**
2. Iron-deficiency anemia
3. Falls
- 4. Alcohol abuse (1/5 men, 1/9 women; 60-70% heritable)**
5. Chronic obstructive pulmonary disease
- 6. Bipolar disorder (2-3% of population; 85% heritable)**
7. Congenital anomalies
8. Osteoarthritis
- 9. Schizophrenia (1% of population; 50-70% heritable)**
- 10. Obsessive-compulsive disorder (3% of population; 50% heritable)**



Murray & Lopez *The Global Burden of Disease*, Harvard University Press, 1998

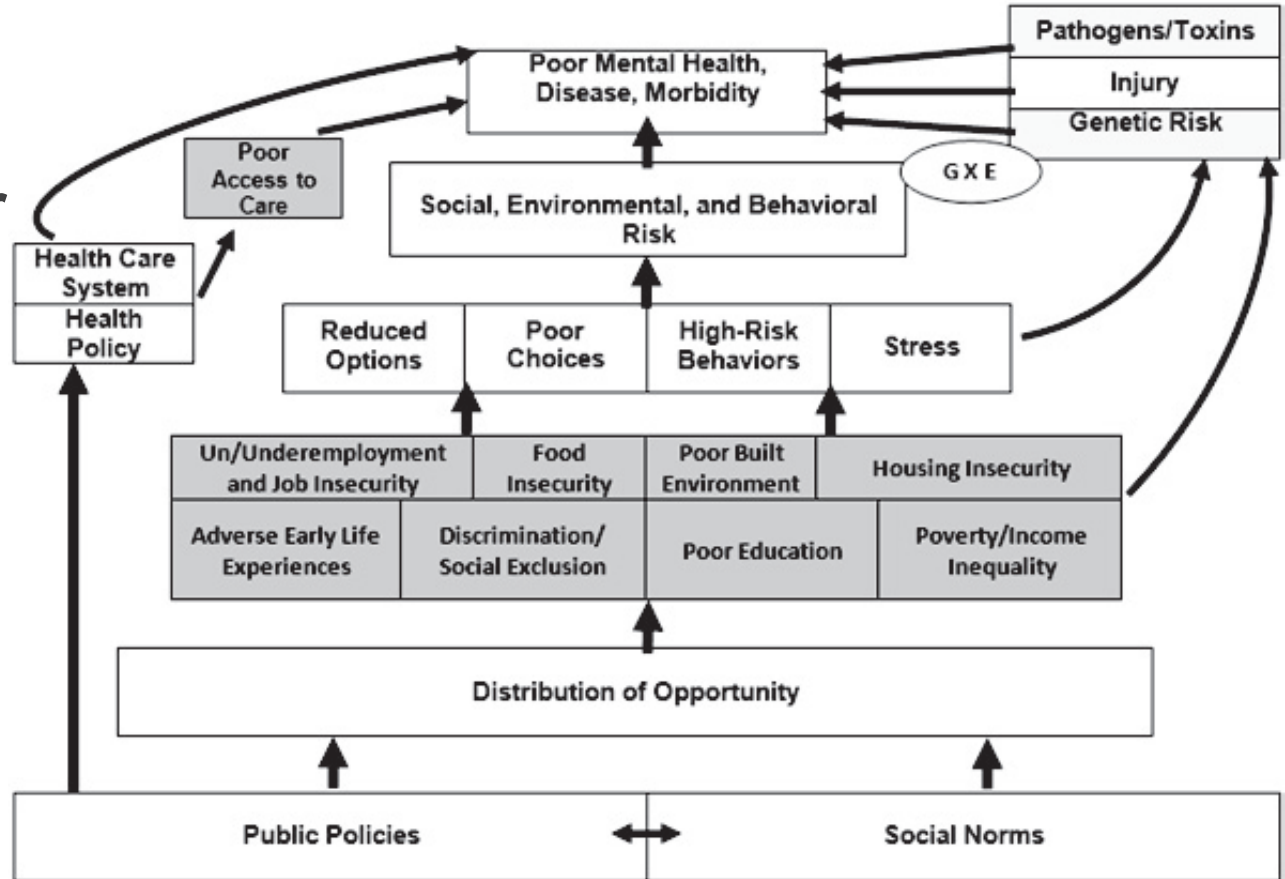
INDIANA UNIVERSITY SCHOOL OF MEDICINE

Context: The Challenge

1. Mental health care has endured 3 centuries of marginalization in the US
 - Stigmatization – diminishing, not gone
 - Perceived expense – hidden costs
 - Simple lack of understanding
 - Systemic racism (and sexism)
 - Legal and clinical processes conflated when both occur
2. Care transitioning from family to community to state to
3. Legislative attempts at fixes often ineffective; no follow through.
 - Community Mental Health Centers Construction Act 1963
 - Mental Health Parity Act 1996 & law 2008
 - ENHANCED Act 2009
4. Mental health service Access impaired - <50% of people needing care get it

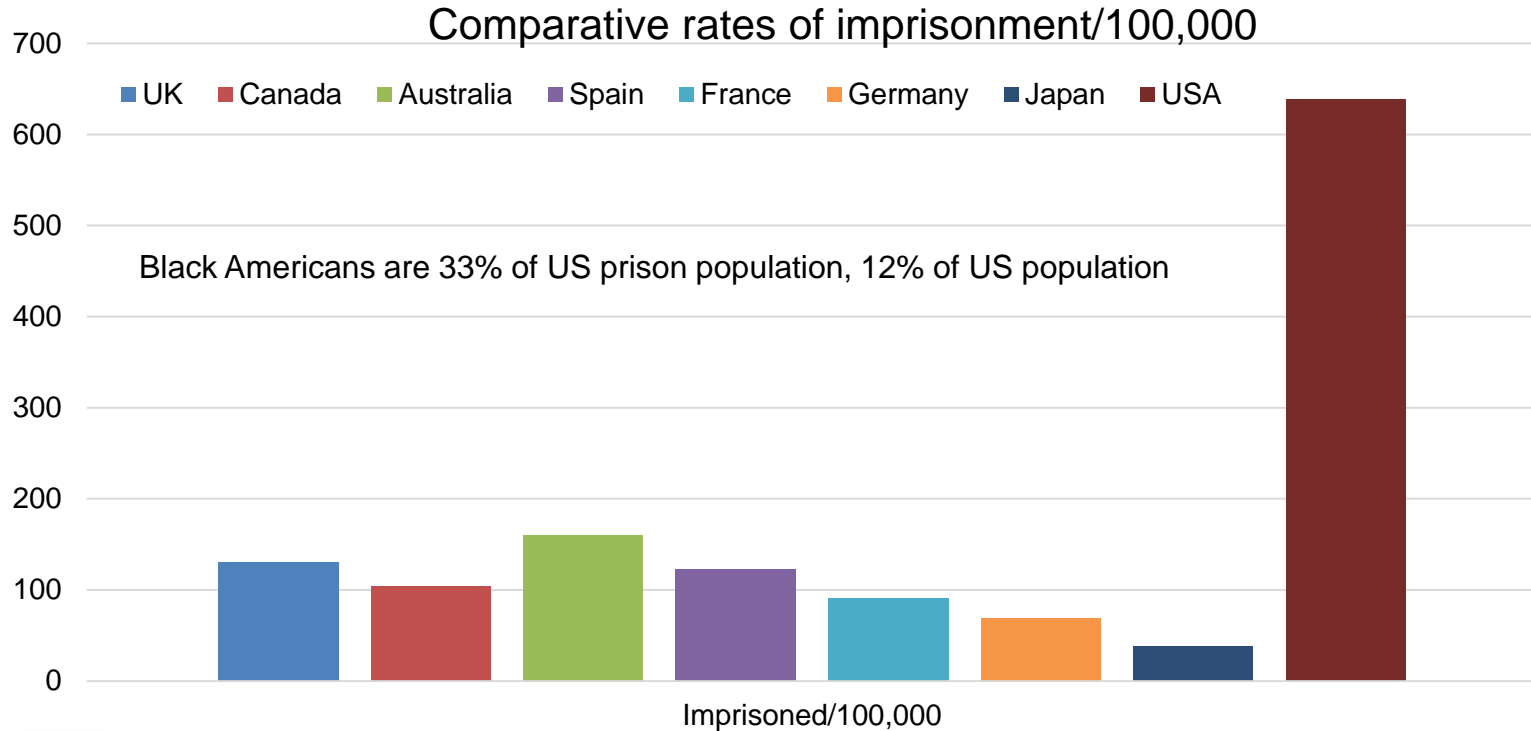


Context: Causes of poor mental health

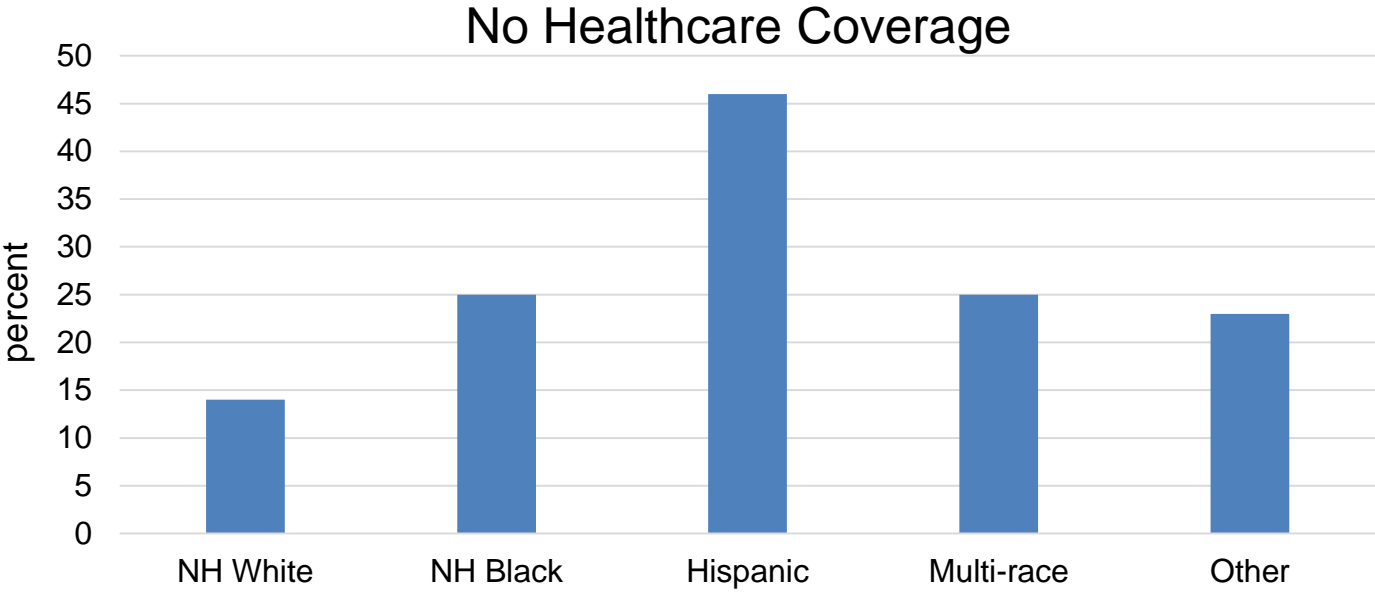


From: Compton MT, Shim RS. The social determinants of mental health. *Focus* 2015; 13:419–425

Context: A country that chooses to warehouse humans



Context: Healthcare in Indiana by Race

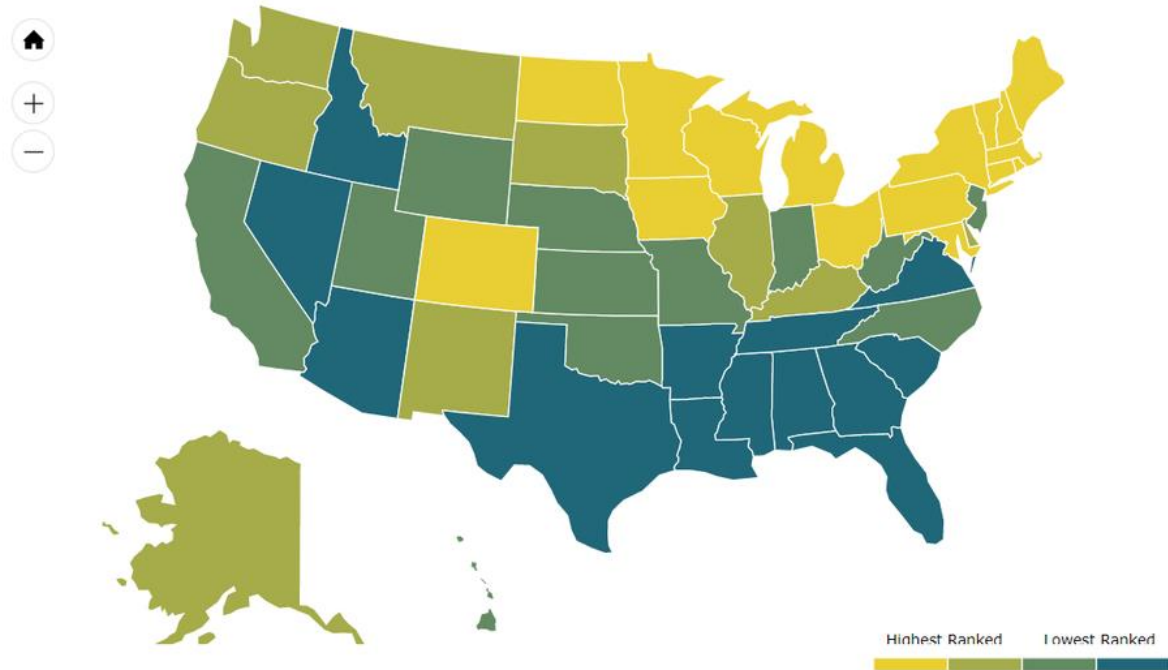


From: Center for Health Policy, Behavioral Health Disparities in Indiana, Feb 2016



Context: Our beliefs (and votes) have consequences

Access To Care Ranking 2020

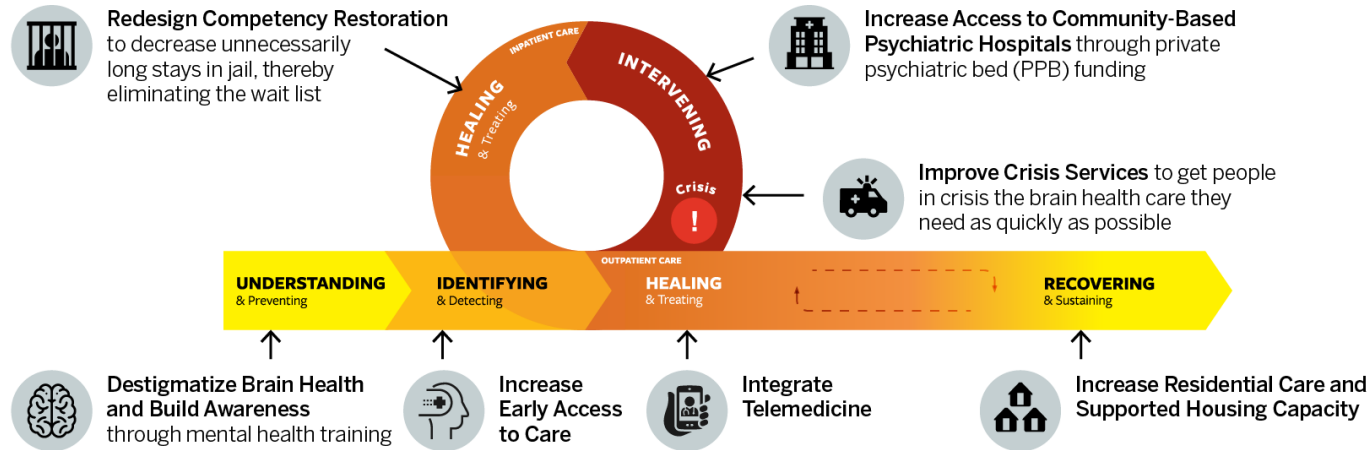


Source: Mental Health America



Context: Warehousing and Crisis

The right care at the right time in the right place reduces the need for more inpatient psychiatric beds.



Improvements across the Brain Health Continuum will increase the functional bed capacity of the Austin State Hospital, providing the ability to serve more people more effectively.

Current State



~2 million people with a serious mental illness are incarcerated annually in the US. Jails are leading providers of MH.

75% of those have a co-occurring substance use disorder.

In Travis County: The problem – trapped in jail!



- 19% of those booked in Sept. 2021 needed MH treatment.
 - 10/13/21, 37% were receiving MH treatment in jail.
 - 11/9/22, ~100 people on forensic waitlist for ASH+, with average wait of 92 days. Travis County leads ASH forensic referrals.
-



- Multiple stakeholder groups seeking solutions to improve the intersection between criminal justice and Behavioral Health. Efforts not always aligned. LOTS OF BROWNIAN MOTION.
- Convening efforts will focus, align & implement solutions.
- Travis County can become the model for Texas

**Declaring
the
Problem**

No surprise: The problem in the “intersection”:

People are trapped in or cycling through jail waiting for behavioral health services and solutions.

1. Excessively jail people
2. Don't provide services

~~**Whose fault is it?**~~

It is our responsibility.

(*if you believe it's your job to leave the world better than you found it.)

No Villian or Hero talk – both are false

Every system is perfectly designed to
produce the results it gets.

– The W. Edwards Deming Institute.

Phase 1. Deriving solutions.

1. Create Strategic Planning Steering Committee - **Done**
2. Establish Planning Committee principles – **Done**
3. Define the specific problems that will be addressed – **Done**
4. Set Vision – if problems resolved, what would this intersection ideally look like
Done
5. Vet problems, Vision and Principles with Commissioners to finalize. **Done**
6. Complete environmental scan (SWOT) of activities and resources (ongoing)
7. Use environmental scan and Vision to define the approach to solving problems.
 - a. Implement work groups – develop and pressure test solutions - **Done**
 - b. Begin 100-day challenge in September - **Done**
8. Prioritize solutions from work groups by greatest impact (evidence/data driven).
9. Vet solution prioritization with Commissioners for approval to next step.
10. Create business plans (financial metrics) for prioritized solutions.
11. Finalize proposed solutions to Commissioners prioritized by impact and cost
12. Obtain funding and create implementation team(s) and process.

Phase 2. Implementing plans - TBD

Steering Committee Members

Name	Organization	Expertise
Steve Strakowski, MD (Chair)	Dell Medical School	Psychiatry
Judge Tamara Needles	TC District Criminal Court	Criminal Law, SMART Program
David Evans	Integral Care (LMHA)	Public Mental Health Service Delivery
Sheriff Sally Hernandez	Travis County Sheriff's Office	Public Safety/Law Enforcement
Chief Joseph Chacon	Austin Police Department	Public Safety/Law Enforcement
Pilar Sanchez	Commissioner's Court	Commissioner's Court Procedures
Judge Guy Herman	Travis County Probate Court	Probate Law
Adeola Ogunkeyede	Public Defender's Office	Legal Process
District Attorney Jose Garza	District Attorney's Office	Legal Process
County Attorney Delia Garza	County Attorney's Office	Legal Process
Reggie Smith	BPUSA	Lived Experience
Audrey Kuang, MD	CUC	FQHC
Sandra Smith, PhD	Via Hope	Substance Use Treatment
Terra Tucker	Alliance for Safety and Justice	Trauma, Crime Victims
Quiana Fisher, MSW	Echo	Homelessness
Dianna Grey	City of Austin	Homelessness
Parker LaCombe	HHSC (Director of Peer Support)	Lived Experience/Peer Support
Dell Medical School Support Team: Sydney Harris, MHA, Debbie Cohen PhD, MSW, Delawnia Comer-HaGans PhD, MS, Ashley Trust MD, Alison Engbretson and Spencer Andries		

Vision

Jail is not used as a treatment, a holding space or solution for mental health or substance abuse conditions. Behavioral health conditions are treated through clinical care and social supports.

Planning Principles

- **North Star: “People first”**

- The needs of the people stuck in the behavioral health/criminal justice intersection, including crime victims, supplant the individual aims of the planners.
- We will correct sociodemographic inequities.
- Decisions are made by consensus, based on data, best evidence- and strength-based practices.
- Conversations will be respectful, open-minded and results-oriented.
- We build from and collaborate with existing groups focused on the intersection, including gaining as much community input as feasible while balancing a timely response.

Jail as the starting point

What will have the most impact per dollar invested?

**Input solutions:
Referral to care, not jail**

**Jail solutions:
Jail only for legal
process; exit o/w**

**Output solutions:
Legal & Clinical
(eliminate delays)**

INPUTS

- Police
- Central booking
- Prosecuting Attorney
- Courts
- Criminal Charge
- Delayed mental health consideration

JAIL Barriers



- Failed Recognition of MH/SUD
- Delayed evaluation
- Delayed treatment
- Behavioral symptoms = incompetent
- Clinical need = need for jail stay

OUTPUTS

Clinical

- State Hospital
- Outpatient services
- Wrap-around services
- Re-entry mitigation

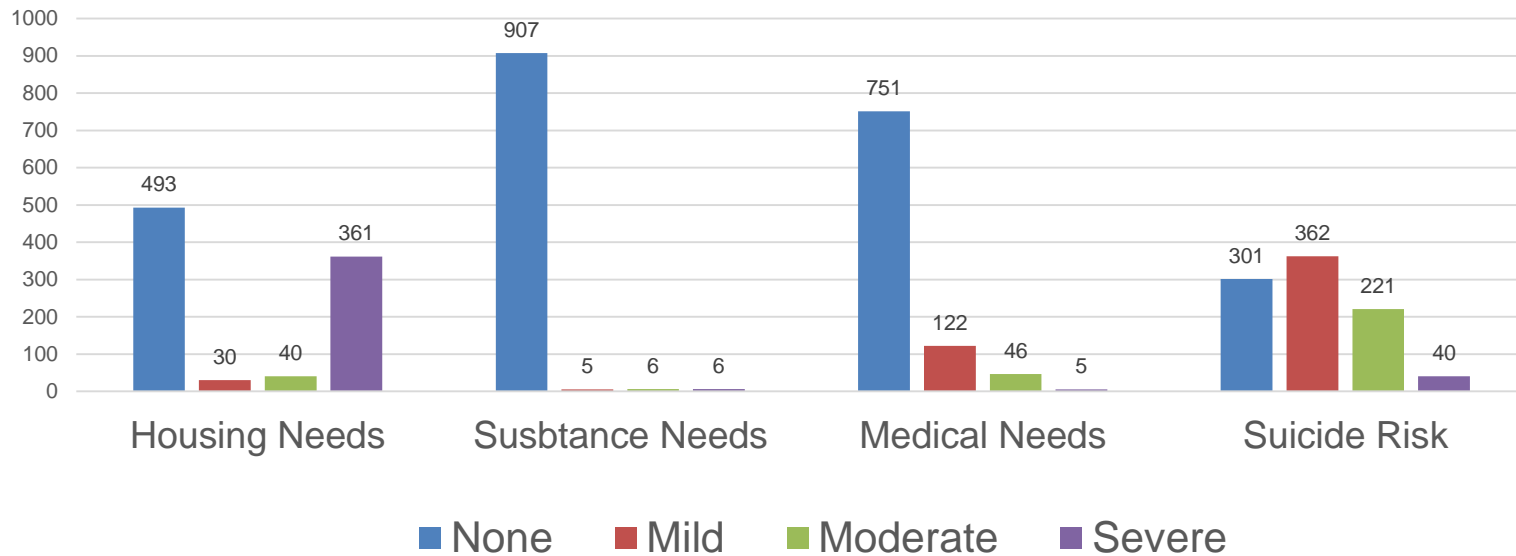
Legal

- Trial
- Release
- Probation
- Prison
- Drop charges

Process: People centered stories – start in jail, work out

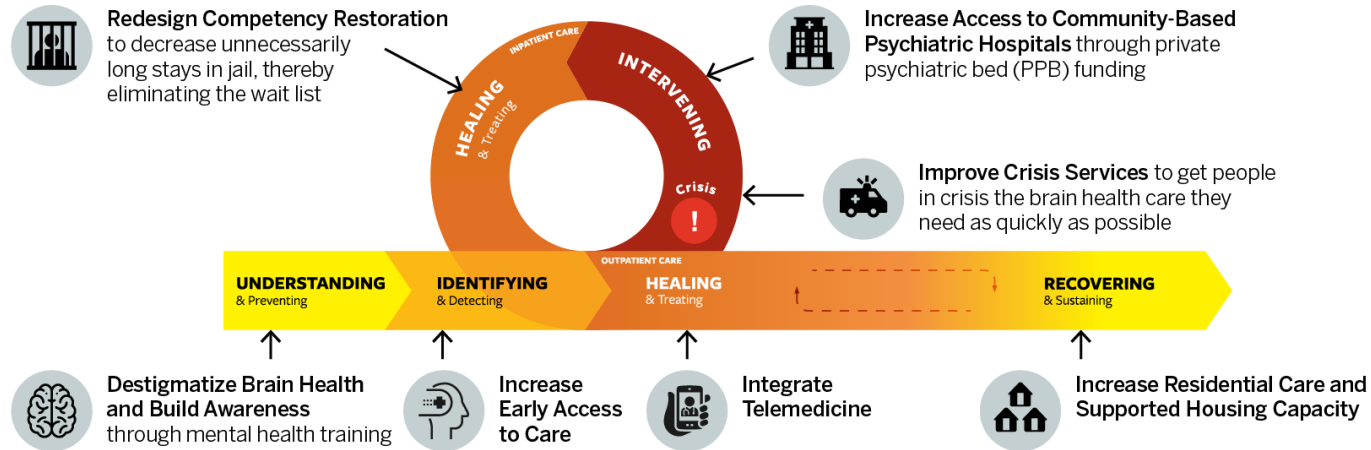
Data matters – consider how it's harvested

Number of individuals with additional needs/risks



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The Hard work

Travis County Continuum of Care

Capacity Services & Systems

LMHA Services	Crisis Stabilization	Private Hospitals	Courts, Legal, Parole	Austin State Hospital
<p>LOC adjunct/core housing CM:</p> <ul style="list-style-type: none"> Basic Services (skills and counseling) Intensive Svcs, ACT, transitional, Early Onset, TAY <p>Integral Care has Assertive Community Treatment and FEP team(s)</p> <p>Integral Care has:</p> <ul style="list-style-type: none"> Transition-age Youth Programming SUD services TCOOMMI Specific Services <ul style="list-style-type: none"> Screening/assessments/psych services Aftercare/med management Benefit assistance Referrals to community resources Peer Supports & Family Partners <p>Can we get # of ppl open in each LOC?</p> <p>List staff vacancies</p> <p>Can we get understanding of IC meeting HHSC contract – so if they're serving the amount contracted, then it's a</p>	<ul style="list-style-type: none"> Mobile Crisis Outreach City of Austin Police Crisis Intervention Team – 162 trained APD; 13 TCSO 911 Triage - # of monthly MH calls Crisis hotline/Call Center – IC # calls? Crisis Respite (two locations) <i>what/where?</i> Crisis Residential <i>what/where?</i> Psychiatric Emergency Services – yellow pod Private Psych Beds Extended Observation Unit - Herman Center Rapid Crisis Stabilization Beds <ul style="list-style-type: none"> Herman Center -16 beds, 4 for ED The Inn (7-day short term crisis stabilization) - 16 beds <p>Cost to local government: \$7M</p> <p>What else in Crisis? Yellow pod (# of beds)</p>	<p>Private Psychiatric Hospital Beds</p> <ul style="list-style-type: none"> Ascension Seton Shoal Creek: 40 active of what available? (used to have 147 beds) Austin Lakes : 0 CLOSED Aug 2022; but potential to reopen. Austin Oaks: 80 (65@85% AVG Utilization 2018) Cross Creek: 90 (42% AVG Utilization 2018) St. David's is building a new behavioral 80 bed hospital in N. Austin do we have open date? <ul style="list-style-type: none"> In an Analysis of Variance, TC ASH persons served are likely to spend less time at ASH than other counties, where forensic length of stay is less than typical for initial felony or misdemeanor commitments 	<p><u>Specialty Courts:</u></p> <ul style="list-style-type: none"> TC Adult Diversion Court annual ppl svrd TC Veteran's Treatment Court annual ppl svrd Travis County Misdemeanor Mental Health Diversion Docket annual ppl svrd <p><u>Diversion & Competency Restoration:</u></p> <ul style="list-style-type: none"> Herman Center Restoration facility managed by IC Austin PD Crisis Intervention Team Travis County Mental Health Public Defender <p>Average estimated incarcerations with SMI: 5600</p> <p>AUSTIN INTEGRAL CARE CATCHMENT All Texas Access - ex officio CCBHC Estimated Population: 1,016,700 Average Adult Population with SMI: 29,874</p>	<p>32 people 365+ day stay Approximate 365 Cost: \$33M</p> <p>365: Forensic: 56% Civil: 44%</p> <p>13 people experiencing 2 to 3 admissions</p> <p>Mean Forensic Length of Stay: 146 days (Analysis of Variance, Berryhill, 2022)</p>  <p>Berryhill, 2022)</p>









Travis County Continuum of Care

Capacity Residential & Housing Discharge Options

Vouchers	Supportive Housing	Boarding Homes	HCBS-AMH	Stepdown	Skilled Nursing	SUD Residential	TDCJ/Forensic
<ul style="list-style-type: none"> Project Access, Section 8 Project Rental Assistance, Section 8 Low-Income Housing Tax Credit Program Home Investment Partnerships Program Homeless Housing and Services Program Emergency Solutions Grants Texas Multifamily Direct Loan Program (set aside for supportive housing development) PATH services 	<ul style="list-style-type: none"> 1016 PSH units across providers Terrace at Oak Springs (50) Project Transitions (for people living with HIV in Central Texas) Front Steps Community First Village Foundation Communities Green Doors Lifeworks <p>Need bed or unit numbers here.</p> <p>Need a space for peer services.</p> <p>We have numbers of open vacancies for positions at TCSO and APD – do we need this?</p> <p>Integral Care has 139 Social/ Case worker positions open 22 Direct Care positions open 19 Administrative or Management 27 Medical Positions And 2 Technical</p>	<p>No actual accurate count in county. Remove section or make a not to create more space in doc.?</p>	<p>Integral Care providers HCBS-AMH for Travis County</p> <p>Number of contracted homes.</p> <p>State Supported Living Center: AUSTIN SSLC Aging & Disability Resource Center Capital Area ADRC</p>	<p>No known step-down Remove section or make a not to create more space in doc.?</p>	<p>Travis: 31 – check to see if this is 31 facilities</p>	<ul style="list-style-type: none"> The Sobering Center 16 beds ACS Corrections - 174 A New Entry - 25 Cedar Creek Recovery - 35 Cenikor Foundation -65 Infinite Recovery - 17 New Hope Ranch - 32 Phoenix Houses of Texas: 32 Recovery Unplugged: 43 Sage Recovery & Wellness: 16 Texas New Leaf: 15 	<ul style="list-style-type: none"> Austin Transitional Center, Dell Valle Austin Transitional Center (forensic TDCJ SA facility. (forensic) Beds: 25 female, 96 male SAFPF Facility Program and Re-entry court Beds: 108 (male only) Serious and Violent Offender Reentry Phase II programming (post-release) TC State Jail - Male <p>Incarceration cost to catchment: \$14.1M</p>

AUSTIN INTEGRAL CARE CATCHMENT
All Texas Access - ex officio | CCBHC
Estimated Population: 1,016,700
Average Adult Population with SMI: 29,874



Work Group	Co-Chairs
 Law Enforcement Interaction & Arrest	Sheriff Hernandez Chief Chacon
 Central Booking	Kate Garza Terra Tucker
 Mental Health Evaluation	Judge Needles Ashley Trust, MD
 Legal Representation	Delia Garza Parker LaCombe
 Adjudication Options	Jose Garza Judge Herman
 In Jail Interventions	Reggie Smith Audrey Kuang, MD
 Alternatives to Competency Restoration	David Evans Krista Chacon
 Successful Re-Entry and Jail Prevention	Pilar Sanchez Sandra Smith Dianna Grey

Work Group Updates

- Top themes or recommendations
- Concerns or issues to share?
- Needed assistance from Dell Med team?
- Groups next step?

Finish line: January 9, 2023

Next Steps

- **Complete 100-day challenge**
- **Do the math: what gets the biggest impact/\$\$**
- **Present recommendations and work the process.**

Conclusions

1. We do not provide a social infrastructure that adequately manages our citizen's mental health needs. Doing so has not been a national priority.
2. Because we strive to jail as many people as possible, the failures on 1 fall into 2. We prioritize 'punishment' over 'rehabilitation'.
3. We cannot simply keep doing more of the same: We are perfectly designed for our current state (in everything). It is not the same everywhere.
4. Change is very difficult because no matter how bad a system, someone is benefiting who will resist.
5. Break big problems into pieces and tackle those where impact can be felt soonest.
6. We won't solve the entire mental health/legal problem with one effort. We can improve things however.

