

THE Bexar County STORY

**A Community
Commitment to
Mental Health**

**Leon Evans
Three Bears Consulting
2017**

A STORY OF TWO GROUNDBREAKING PROGRAMS
JAIL DIVERSION AND COGNITIVE ADAPTATION TRAINING – KEEPING THE MENTALLY ILL OUT OF JAIL, OFF THE STREET,
AND OUT OF THE HOSPITAL BY PROVIDING ACCESS TO TREATMENT AND SUPPORT SERVICES

PRODUCED BY THE CENTER FOR HEALTH CARE SERVICES
IN COOPERATION WITH BEXAR COUNTY SHERIFF'S OFFICE, DEPUTY MOBILE OUTREACH TEAM, NATIONAL ALLIANCE FOR THE MENTALLY ILL SAN ANTONIO, SAN ANTONIO
POLICE DEPARTMENT, SAN ANTONIO STATE HOSPITAL, TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION, THE CENTER FOR HEALTH CARE SERVICES
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THIS VIDEO IS THE CENTERPIECE OF A STATEWIDE AWARENESS CAMPAIGN, LAUNCHING IN 2005, TO GENERATE SUPPORT FOR INTEGRATION OF MENTAL HEALTH AND CRIMINAL
JUSTICE SERVICES AND FUNDING. CONTACT THE CENTER FOR HEALTH CARE SERVICES AT (214) 731-1300 OR WWW.CENTER-FOR-HEALTHCARE.ORG FOR MORE INFORMATION.

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

Criminalizing *the* Seriously Mentally Ill

The Abuse of Jails as Mental Hospitals



E. Fuller Torrey • Joan Stieber • Jonathan Ezekiel
Sidney M. Wolfe • Joshua Sharfstein • John H. Noble • Laurie M. Flynn

A joint report of the National Alliance for the Mentally Ill
and Public Citizen's Health Research Group



DO WE BUILD ANOTHER JAIL?

The Beginning of CIT in Bexar County & San Antonio

- Center for Health Care Services, started a jail diversion program in 2001
- Bexar County Started the Deputy Mobile Outreach Team (DMOT) in 2002
- San Antonio Police Academy started in-service training for all its officers in 2003
- San Antonio Police obtained formal training from Houston Police Department in May 2003
- In October 2003 SAPD started training our officers with the original goal of training 10% of the patrol officers



Today

2012 – The Bexar County Sheriff and San Antonio Police Chief mandate CIT Training₄

INTEGRATION

- Behavioral Health and Physical Health
- Substance Abuse Primary Care Clinic – 693 Patients in 3 months (10/1/2014 – 1/23/15)
- High Utilizer Program - 170 served with 50% reduction in ER and Inpatient Utilization
- CMS Healthcare Integration Project
- Peer Movement



Sobering Unit

- Designed to offer treatment alternative in lieu of arrest
- Provides a medically safe environment
- Patients are monitored by EMT/Recovery Support Specialists
- Not treating medical, just sobering, and engaging in relationship
- Multiple admissions are never viewed as a failure



Detox Unit

- Licensed, accredited 28 bed facility
- Medical oversight and recovery programs are provided
- Typical stay is 3-7 days
- Program helps patients complete a safe withdrawal
- Staff motivates and empowers patients to develop a healthy lifestyle



Injured Detainee Clinic

- Added service to reduce ER waits and get law enforcement back on street
- Blended funding through City and County
- Open when University Hospital Clinic is closed
- PA/NP on duty fills dual roles of medical care and physicals for detox after hours



Integrated Care Clinic

- Provides ongoing, primary care and preventive medications
- Keep individuals from becoming high utilizers of emergency rooms
- Added ancillary medical services for Haven for Hope residents
- Care and Benefits Coordinators are on-site

Child and Adolescent Services

- ◉ Developed first curriculum for school police and trained for crisis intervention
- ◉ Developed a Children's Mobile outreach team
- ◉ Licensed as a child placing agency
 - Therapeutic Foster Care (our version)
- ◉ Respite Crisis Center
- ◉ Children's Campus
- ◉ YES Services
- ◉ Dual Diagnosis Program



Therapeutic Justice Initiatives



Probation



Parole



MI Offender's Facility



Community Reintegration

- Substance Abuse Treatment Facility 1
- Substance Abuse Treatment Facility 2

Criminal Courts



Forensic Outpatient Competency Restoration
Civil Probate Court Involuntary Outpatient Commitment



Jail Diversion



Step-downs



Data, Research & Innovation



Police, Sheriff, Fire-EMS
Joint Community Based
Crisis Intervention Training



Rehabilitation



Veterans
Jail Diversion
Trauma Recovery



San Antonio State Hospital
or other Inpatient Hospitals



Residential
Services -
Section 8
Housing



Community
Outpatient Clinics
Psychiatry
Adult/Child
Services
Next Day Appt



Long Term Health,
Residential and Day Hab
Home Health
DAHS, ECI, Head Start

Serving



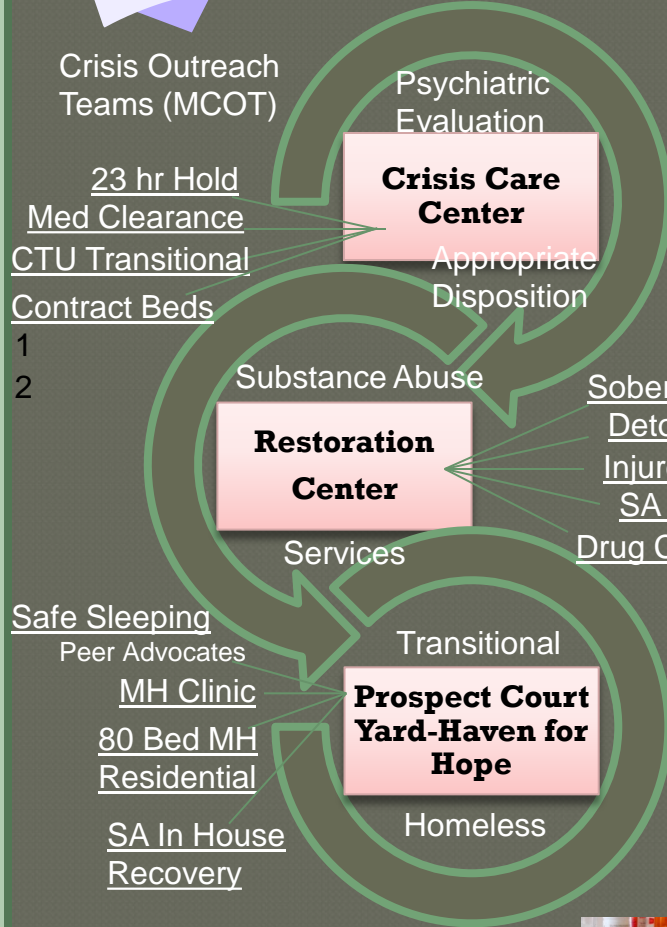
Families

Children



Opioid Addiction
Opioid Pregnant Females
HIV Outreach

Outpatient Alcohol and Drugs Counseling



Crisis Care Center
Psychiatric Evaluation
Appropriate Disposition

23 hr Hold
Med Clearance
CTU Transitional
Contract Beds

Restoration Center
Substance Abuse
Services

Sobering Detox
Injured Prisoners
SA Outpatient Txt
Drug Court

Safe Sleeping
Peer Advocates
MH Clinic
80 Bed MH Residential
SA In House Recovery

Prospect Court Yard-Haven for Hope
Transitional
Homeless

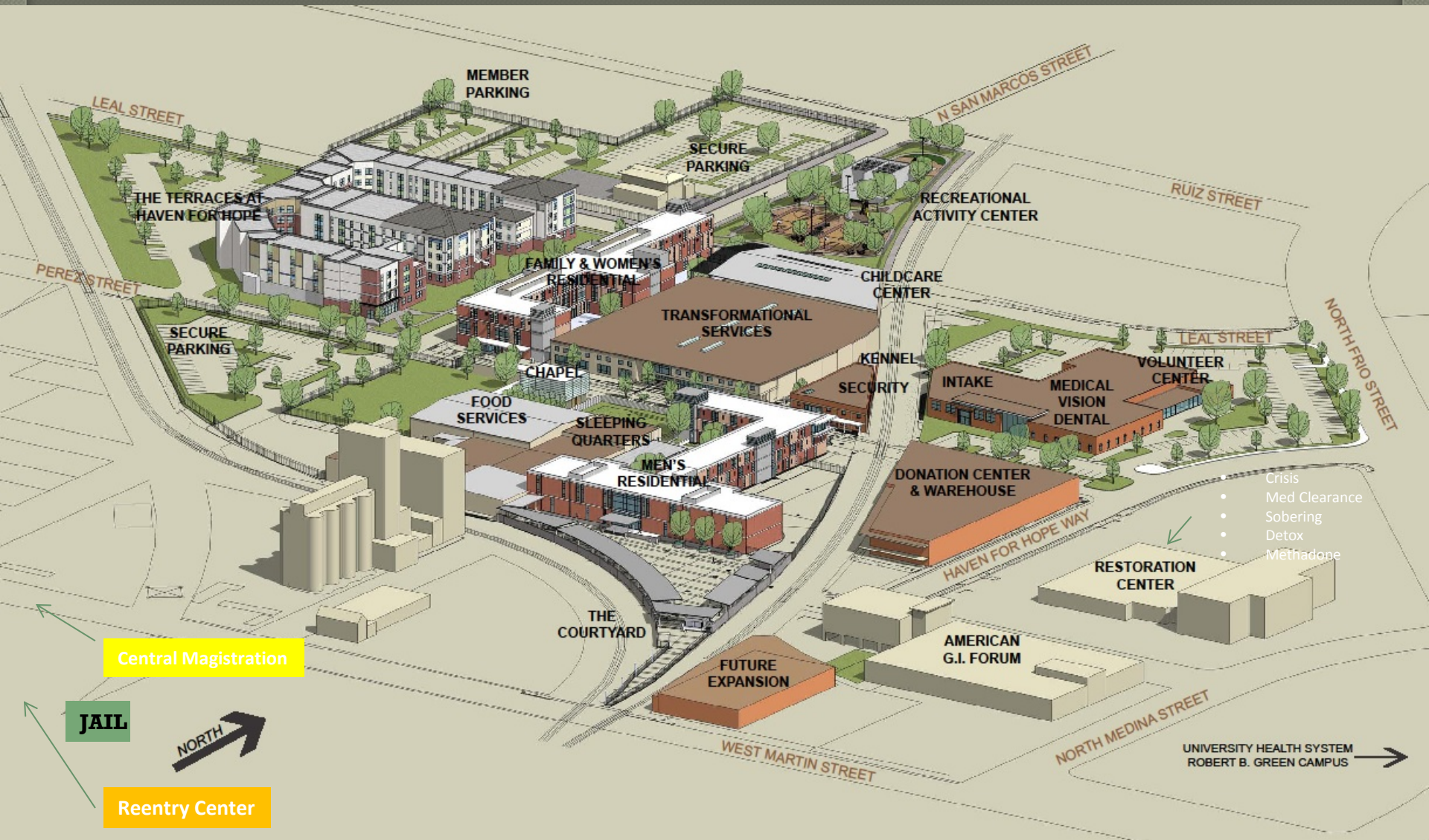
**CHCS
Restoration
Center**

- CIT
- Crisis (Psych/SA)
- Sobering
- Medical Clearance
- Detox
- In House Recovery access

Haven for Hope Site Map

Haven for Hope

- Safe Sleeping
- Integrated health care
- Transitional Homeless Campus +



Judicial Services/Mental Health

- 100% MH Screening
- Law Enforcement (Screening LE4)
- Public Defenders
- MH Clinical Assessments
- Pretrial, clinical, PD integration
- Direct Access to Treatment
- Criminal Justice Coordinating Council
- Criminal Justice Improvement Initiatives
- Mental Health Consortium



show me the data!

In Bexar County, the total cost of providing Healthcare for the Safety Net Population in 2015 as a whole exceeds:

One Billion \$ Dollars

OUTCOMES

- 1,000 empty jail beds
- Approximately \$96 million in cost avoidance at jail
- Over 35,000 helped with sobering, detox and crisis intervention

- Downtown Homeless Count down by 80%
- 8,000 lives improved by transition to homes (3,000) and off streets plus higher level of care

Jan- Oct 2016

- **41,252 individuals screened for Mental Health**
- **8,644 (20%) Individuals Identified with a MH Indicator**
- **April 2014-October 2016 in Treatment**
- **622 Individuals Diverted**
- **90% Successful Court Appearance rate**
- **4% Re-arrest for New Offense**

- Reduced Jail Population
- Reduced Recidivism
- Reduced Cost
- Increased access to care
- Increased public safety

Jail Population

Census was
1.462 million
in 2003

YEAR	AVERAGE DAILY JAIL POPULATION
2003	3,652
2004	3,770
2005	4,037
2006	4,138
2007	4,174
2008	4,408
2009	4,259
2010	3,966
2011	3,678
2012	3,722
2013	3,888
2014	3,967
2015	3,645
2016	3,613

Census was
1.929 million
In 2016

Timeline

- 2017 – (Regional) Southwest Texas Crisis Collaborative
- 2016 – Year 2 Central Magistration Public Defender+ Clinicians
- 2015 – One Year Central Magistration Progress Report
- 2014 – Bexar County Mental Health Department Created
- 2014 – Central Magistration Improvements initiated
- 2013 – Prospects Courtyard CMS Innovation BH/Health Integration
- 2012 – Restoration Center Expansion; Building #2 added
- 2012 – Prospect Courtyard adds 80 bed Mental Health residential program
- 2012 – Prospect Courtyard adds new Mental Health Clinic
- 2011 – Prospect Courtyard Safe Sleeping reaches high of 714
- 2010 – In House Recovery Program Male and Female 104 sober living beds
- 2010 – Haven for Hope 1,600 Bed Homeless Campus opened
- 2010 – International Crisis Intervention Team Conference hosts 1,600 Officers
- 2008 – Restoration Center opened ; Detox, Sobering, Intensive Outpatient Treatment
- 2006 – Bexar County Jail Diversion receives APA' s Gold Award
- 2005 – 24/7 One Stop Crisis Care Center opened
- 2004 – Specialty Jail Diversion Facility opens
- 2003 – First Crisis Intervention Team Training begins
- 2003 – Sheriff's Office Deputy Mobile Outreach Team begun
- 2002 – Bexar County Jail Diversion Collaborative meets for 1st time
- 2000 – Local MH Authority (CHCS) begins diversion efforts, full time coordinator is hired

The Case of Million Dollar Murray

MILLION-DOLLAR MURRAY by MALCOLM GLADWELL

The New Yorker Magazine, Issue of 2006-02-13
and 20, Posted 2006-02-06



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

News Release

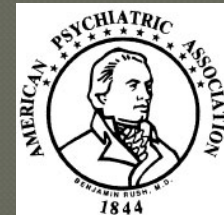
**Emergency Departments See Dramatic Increase in
People with Mental Illness Seeking Care Emergency
Physicians Cite State Health Care Budget Cuts at Root
of Problem**

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.



Data and Dashboards

- Multiple Data Systems
- State Data Systems
- HRSA Data Warehouse
- Internal Data Warehouse
- Access to CRJ system
- Lean Processes
 - Focus Boards
 - Huddle Boards
 - Gemba Walks
 - Board Members Dashboard

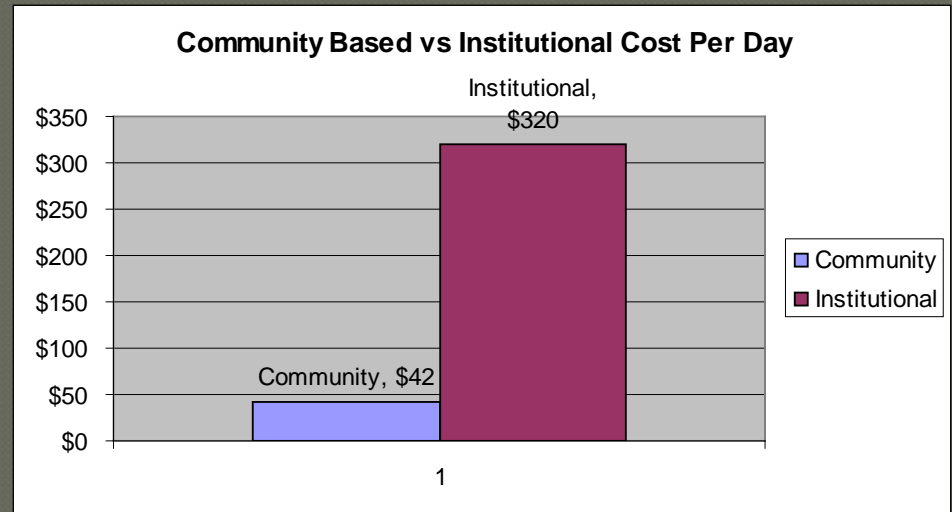


Average Per Capita Spending

- In 1995, average monthly spending per capita for clients receiving services in "aged/disabled" home and community-based waivers across all states with these waivers was \$485 per month.
- In contrast, average monthly spending per Medicaid-covered nursing home resident was \$2,426.14.

<http://aspe.hhs.gov/daltcp/reports/costeff.htm>

(per episode cost)



Integrating and Strengthening Community-Based Care

- Community-based services, that are readily accessible and convenient, ***help in the early detection and treatment*** of mental health problems.
- Will help to ***reduce the need for hospitalization*** and increase the chances that patients can fully regain their mental health and help them to live and work successfully within the community.



Community Collaboration



- Bexar County
 - Commissioners Court
 - Judicial Courts
 - Sheriff's Office

- San Antonio Police Department



Collaboration: It's an unnatural act
between...
...two or more unconsenting
adults

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 15 minutes.
- Wait time for Medical Clearance/Screening and Psychiatric Evaluation is 15-30 minutes.



Emergency Room Utilization (Medical Clearance)

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 <u>\$1545</u>
<u>Cost Savings relative to ER Utilization</u>	<u>\$4,709,160</u>

Source: University Health System

Forensic Assertive Community Treatment Team (FACT)

Justice Involved, High Utilizers, High Acuity Care Needs

PALO ALTO Facility, Bexar County

FACT Team

- Most effective with more high needs individuals
- 90% or more are Felons, served 153 in 2016
- Treatment is co-located with Probation and Parole
- Provides the most effective step down out of Jail

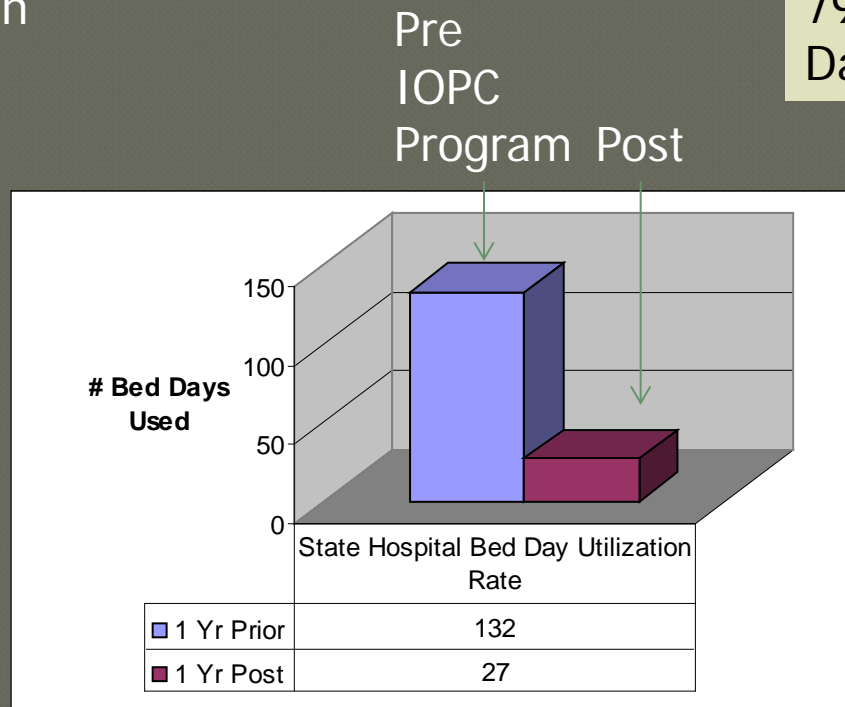
NON FACT

- Outpatient -1,500 Yearly
- Pretrial – 300 Yearly
- Residential - 600 Yearly

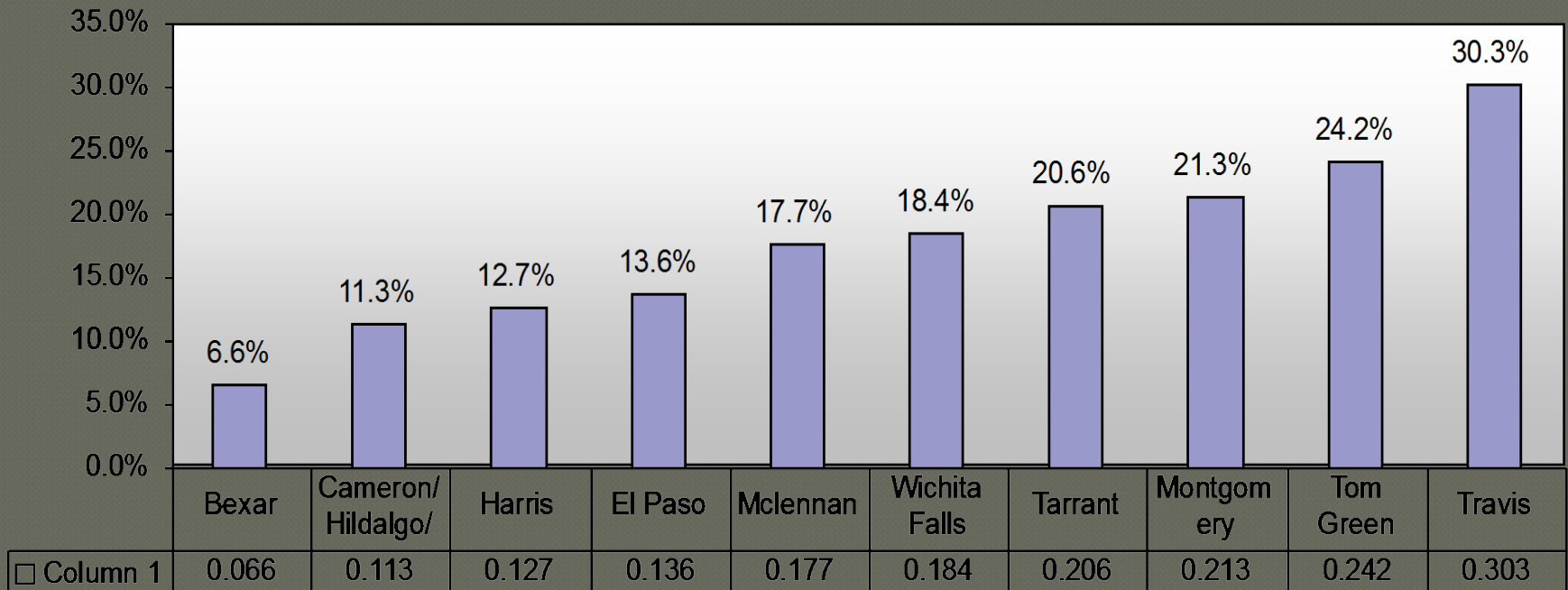
Involuntary Outpatient Commitment Program

First Year
Evaluation

79% Reduction in Bed
Day Use, Post Program



Top Ten CSCD's with Most Offenders Served and Recidivism Rates 2012



CSCD = Community Supervision Corrections Division

Revocation Rates

Federal Revocation Rate: 66%

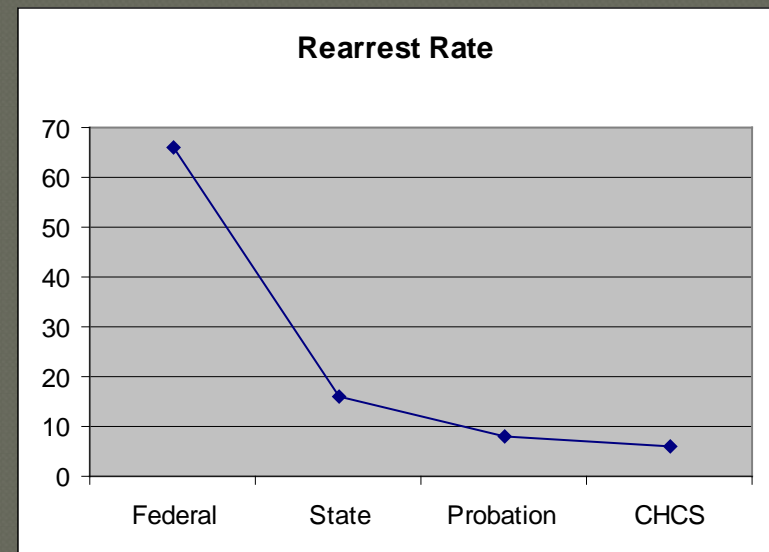
Two-thirds of returning prisoners are re-arrested for new crimes within 3 years or their release. *Second Chance Act, 110TH CONGRESS REPORT to US HOUSE OF REPRESENTATIVES*

State Revocation Rate:

- Texas Felony Revocation Rate = 15.8%
Top 5 Largest Community and Corrections
Departments = 16.1 %

Local Revocation Rate:

- Bexar County Mentally Impaired
Caseload Department
Probation Department = 8%
- Manos Diversion Program, CHCS = 6.2%



Therapeutic Justice Partnerships with Bexar County Community Supervision and Corrections Dept.

- Two-100 Bed Substance Abuse Treatment Facilities (SATF-1 & SATF-2,
- 60 Bed Young Adult “boot camp” residential facility- Zero Tolerance)
- One- 60 Bed Dual Diagnosis Unit (MH/SA) Mentally Ill Offender Facility
- Outpatient Substance Abuse Treatment Program (1H 10)
- Dual Diagnosis Outpatient Substance Abuse Program (Palo Alto)
- Drug Court Treatment Services, Dual Diagnosis Drug Court Treatment Services, Mental Health Court Services, and Veteran Drug Court Services.

COST AVOIDANCE

RESULTS OF EFFORTS TO ADDRESS MENTAL ILLNESS, SUBSTANCE ABUSE AND HOMELESSNESS IN SAN ANTONIO & BEXAR COUNTY

Cost Category	City of San Antonio	Bexar County	Direct Cost Avoidance	Cost Category	City of San Antonio	Bexar County	Direct Cost Avoidance
Public Inebriates Diverted from Detention Facility	\$435,435	\$1,983,574	\$2,419,009	Mentally Ill Diverted from UHS ER Cost	\$322,500	\$774,000	\$1,096,500
	\$925,015	\$2,818,755*	\$3,743,770		\$283,500	\$676,000	\$959,500
	\$1,322,685	\$4,372,128	\$5,694,813		\$276,500	\$663,600	\$940,100
	\$1,422,954*	\$4,709,776*	\$6,132,730		\$389,500	\$934,800	\$1,324,300
	\$1,469,530*	\$4,863,936*	\$6,333,466		\$465,500	\$1,117,200	\$1,582,700
	\$1,849,862	\$5,261,768.	\$7,111,630.		\$616,500.	\$1,479,600.	\$2,096,100.
	A.	B.			E.	F.	
Injured Prisoner Diverted from UHS ER	\$528,000	\$1,267,200	\$1,795,200	Mentally Ill Diverted from Magistration Facility	\$208,159	\$371,350	\$579,509
	\$435,000	\$1,044,000	\$1,479,000		\$179,833	\$322,300	\$502,133
	\$421,000	\$1,010,400	\$1,431,400		\$126,893	\$191,125	\$310,018
	\$478,000	\$1,147,200	\$1,625,200		\$125,531*	\$309,125*	\$434,656
	\$543,500	\$1,304,400	\$1,847,900		\$174,096*	\$350,875*	\$524,971
	\$601,000.	\$1,442,400.	\$2,043,400.		\$248,111.	\$471,200.	\$719,311.
	C.	D.			G.	H.	
							\$11,970,441. Year 6 total savings for Restoration Center Services

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

Thank You !!!



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