Mental Health Diversion and Emerging Best Practices

Senate Criminal Justice Committee
B. J. Wagner, MS
May 17, 2016
About MMHPI

- **History**
  The Meadows Mental Health Policy Institute traces our origins to the vision of The Meadows Foundation and its philanthropic leadership throughout the State of Texas on mental health and other vital public issues.

- **Mission**
  To support the implementation of policies and programs that help Texans obtain effective, efficient mental health care when and where they need it.

- **Vision**
  For Texas to be the national leader in treating people with mental health needs.

- **Key Principles**
  - Accessible & effective behavioral health care
  - Accountability to taxpayers
  - Delivery through local systems & collaboration
  - Data driven quality outcomes
  - Necessary robust workforce
## Texas Mental Health Landscape

<table>
<thead>
<tr>
<th>Cost Source</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jail Costs for Individuals with Mental Illness</td>
<td>$450 million</td>
</tr>
<tr>
<td>Juvenile Justice Costs for Youth with Serious Emotional Disturbances</td>
<td>$230 million</td>
</tr>
<tr>
<td>Psychiatric Emergency Department Costs</td>
<td>$940 million</td>
</tr>
<tr>
<td>Alcohol and Substance Abuse Emergency Department Costs</td>
<td>$445 million</td>
</tr>
</tbody>
</table>

### SMART JUSTICE

- **8X** Individuals with untreated mental health and substance use disorders are 8 times more likely to be incarcerated, often due to lack of access to appropriate crisis services and ongoing care.
- **50%** Of prison and jail inmates in the United States have been diagnosed with a behavioral disorder.
- **34%** Of Texas inmates have a mental health need and most have substance use disorders.
- **17%** Of adults entering jails and state prisons have a serious mental health illness.
- **70%** Of youth in the juvenile justice system suffer from mental health disorders.
- **27%** Of these youth experience disorders so severe that their ability to function is significantly impaired.

**Notes:**
- * Council of State Governments Justice Center
- ** U.S. Department of Justice, Office of Justice Programs
- *** Texas Department of Criminal Justice

**National Center for Mental Health and Juvenile Justice**
Regional Projects & Local Systems Work

EXAMPLE: Communities Foundation of Texas Smart Justice Plan
Review of Processes in Dallas Impacting the Early Identification, Diversion and Connection to Treatment of Justice Involved Mentally Ill Persons

October 27, 2015

Dr. Tony Fabelo, Lila Oshatz, LMSW-AP, Jessy Tyler and Angie Gunter, Justice Center Team
Briontany Lash, MMHPI Team
Michael Laughlin, Dallas
Project Findings

• Primary reliance on law enforcement for behavioral health interventions

• Increasing numbers with mental illness in county jail

• Lack of information sharing due to lack of knowledge of Health and Safety Code Sections 181.057 and 614.017

• Non-compliance with CCP Sections 16.22 and 17.032

• Under-utilization of treatment courts and a lack of standards for treatment court programming

• Adequate short-term crisis and inpatient beds but lack of capacity for forensic placements and intensive community mental health services

• Need to update state standards for intensive mental health services and create standards for intensive forensic services
Need for Mental Health Services

Among 27.7 million Texans:

• Just about **1 million adults** have a serious mental illness
  • 550,000 are in poverty; 450,000 are not
  • Over half have co-occurring substance use disorders
  • **36,000 “super-utilizers”** in poverty (14,000 forensic and 22,000 primarily non-forensic)
  • First Episode Psychosis: **3,900 per year**
Crisis Super-Utilizers

- **Super-utilizers** – in Texas, there are **14,000** people in poverty who suffer from mental illness and repeatedly use jails, prisons, ERs, crisis services, EMS, and hospitals. An additional **22,000** use some jail but mostly ER, crisis, and hospital care.

- Texas currently spends **$1.4 billion** in ER costs plus over **$650 million** in local justice system costs each year due to mental illness and substance use disorders. These costs are disproportionately allocated to **super-utilizers**.

- Services that work exist, but Texas currently **only has the capacity** to serve **1 in 7** (3,400) non-forensic super-utilizers and fewer than **1 in 10** forensic (only a few hundred).
### Justice Involved Mental Health Population (TDCJ)

#### August 2013

<table>
<thead>
<tr>
<th>System</th>
<th>Population</th>
<th>CARE Match</th>
<th>Percent</th>
<th>Severe MI</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parole</td>
<td>87,751</td>
<td>22,415</td>
<td>26%</td>
<td>7,002</td>
<td>8%</td>
</tr>
<tr>
<td>Probation</td>
<td>402,624</td>
<td>52,973</td>
<td>13%</td>
<td>19,751</td>
<td>5%</td>
</tr>
<tr>
<td>Prison (ID)</td>
<td>150,898</td>
<td>52,161</td>
<td>35%</td>
<td>17,470</td>
<td>12%</td>
</tr>
</tbody>
</table>

#### August 2015

<table>
<thead>
<tr>
<th>System</th>
<th>Population</th>
<th>CARE Match</th>
<th>Percent</th>
<th>Severe MI</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parole</td>
<td>87,827</td>
<td>24,675</td>
<td>28%</td>
<td>8,296</td>
<td>9%</td>
</tr>
<tr>
<td>Probation</td>
<td>384,028</td>
<td>57,038</td>
<td>15%</td>
<td>21,987</td>
<td>6%</td>
</tr>
<tr>
<td>Prison (ID)</td>
<td>147,866</td>
<td>53,895</td>
<td>36%</td>
<td>18,932</td>
<td>13%</td>
</tr>
</tbody>
</table>
Texas County Jail - LMHA Match Statistics

August 2013 and August 2015

<table>
<thead>
<tr>
<th></th>
<th>Total CCQ Request*</th>
<th>Exact Match Total**</th>
<th>Exact Match Percent</th>
<th>Probably Match Total***</th>
<th>Probably Match Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>932,330</td>
<td>62,570</td>
<td>6.40%</td>
<td>342,425</td>
<td>34.9%</td>
</tr>
<tr>
<td>2015</td>
<td>1,075,159</td>
<td>79,382</td>
<td>7.39%</td>
<td>400,056</td>
<td>37%</td>
</tr>
</tbody>
</table>

*Continuity of Care Query – match with jail booking and DSHS public mental health care database (CARE System)

** Submitted name, date of birth and social security number is an exact match to all fields in CARE: (i.e., John H. Smith 07/19/1972 123-45-6789 submitted by jail matches John H. Smith 07/19/1972 123-45-6789

*** Submitted name, date of birth and social security number is not an exact match to all fields in CARE
Specialty (Treatment) Courts

• 191 specialty courts.

• Diversion comes after a person has been arrested, charged, and booked in jail, which limits diversion potential (both number and resources involved in diverting).

• Currently no standardized best practices, recommended court structures, or reporting measures for specialty courts in Texas.

Consider starting with a mandate for consistent data collection to begin to determine outcomes and recidivism rates.
Emerging Best Practices

- Interdisciplinary Rapid Response Teams
- Risk Needs Responsivity Across the Entire System
- Law Enforcement Assisted Diversion
- TMACT and FACT
Interdisciplinary Rapid Response Teams
Colorado Springs, CO

Purpose:
• Reduce law enforcement’s involvement with mental health emergencies;
• Lower number of persons in jail with mental health care needs; and
• Reduce over-utilization of emergency rooms and involuntary hospitalizations.

Design:
• Housed at a fire department with emergency rescue personnel.
• Teams of three include a mental health peace officer, community-trained paramedic and an experienced mental health professional.
• Provides intervention services, immediate response, stabilization on scene and proactive services through community outreach and engagement with persons at risk for crisis or justice involvement.
Interdisciplinary Rapid Response Teams

Outcomes

• Reduced emergency department transport/admission rates from 98% of all calls received to 13%.

• 45% of all persons served were stabilized in place, at home, and linked with intensive community services and team follow-up within 24 hours.

• Saved 1,449 police service hours in the first year in a mid-sized department (Colorado Springs, CO).

• Only 1% had a disposition involving further criminal justice involvement.
Risk Needs Responsivity

Treating symptoms of a mental illness alone does not solve the problem of overrepresentation of persons with mental illness in the justice system.

Criminogenic risk factors must be assessed and treated in criminal justice systems and in publicly-funded mental health systems.

• Compared to their counterparts, offenders with mental illness are equally likely to be rearrested but more likely to return to prison.

• Offenders with mental illness also have significantly more general risk factors for recidivism than offenders without mental illness.

• Criminogenic risk is the primary driver of recidivism (mental illness is secondary), so both criminogenic risk and mental illness have to be addressed.
Impact of Jail Booking

A University of Missouri at Kansas City study presented at the 2015 conference for the National Association of Pre-Trial Services Agencies noted, despite the efficacy of the pre-trial program, the impact of arrest and jail detention were significant.

<table>
<thead>
<tr>
<th>Detained in Jail 1 day or less</th>
<th>Detained in Jail 3 days or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase of unemployment</td>
<td>6.1%</td>
</tr>
<tr>
<td>Significant employment consequences including demotion or loss of pay</td>
<td>29.1%</td>
</tr>
<tr>
<td>Disruption of or loss of housing</td>
<td>27.6%</td>
</tr>
<tr>
<td>Increase of unemployment</td>
<td>15.3%</td>
</tr>
<tr>
<td>Significant employment consequences including demotion or loss of pay</td>
<td>52.8%</td>
</tr>
<tr>
<td>Disruption of or loss of housing</td>
<td>38.1%</td>
</tr>
</tbody>
</table>
Law Enforcement Assisted Diversion (LEAD)

Operationalizes the risk needs responsivity framework and engages intensive mental health services in an accountability-based partnership to stop the crisis/justice cycle rather than simply responding to chronic crisis.

- An **alternative to arrest model** representing an effort by law enforcement to divert vulnerable persons from the criminal justice system *before* arrest.
- **Partnership** among prosecutors, defenders, law enforcement, community behavioral health providers, elected, community leaders.
- Connection to intensive, **community-based** behavioral health services provides the ongoing treatment to address short and long-term criminogenic risks and behavioral healthcare needs.
Law Enforcement Assisted Diversion (LEAD)

Outcomes

An evaluation of the first LEAD program in the US yielded promising results for LEAD participants:

• Had 60% lower odds of being rearrested in the first six months after beginning services.

• Had 58% lower odds of being rearrested over the course of five years.
Texas ACT vs TMACT

Assertive Community Treatment (ACT)

Barriers to Outreach:
- Assertive Community Treatment (ACT) - 1990s standards for our most intensive treatment teams
- Forensic Assertive Community Treatment (FACT) – no standards
- DSHS non-statutory contract requirements add hurdles (no outreach option; requires written consent prior to outreach)
- Current performance requirements for ACT team

Result: 9 out of 10 high-need individuals in poverty are currently not served.

Tool for Measurement of ACT (TMACT)

- Assertive outreach (rather than waiting for people to agree they need treatment)
- Flexible model to serve up to 20% more people at a time through outreach mode
- More focus on recovery, shorter lengths of stay
- More active treatment in key areas (substance use, housing, employment)
- Greater use of peer specialists
- Use of illness management services
- Person-centered planning
Areas for Legislative Exploration

1. Provide targeted funding to pilot interdisciplinary response teams in key areas of the state.

2. Publicly funded behavioral health services for forensically-involved people should incorporate validated risk assessments and use those risk measurements to develop treatment plans to address clinical need, while reducing criminogenic risk.

3. Law Enforcement Assisted Diversion (LEAD) should be supported and funded as a front-door diversion, which links directly to intensive community mental health services.

   *Crisis Intervention Teams (CIT) have provided a foundation to reduce risk factors for critical/fatal incidents between law enforcement and persons with mental illness, but it’s not enough.

4. Take super-utilizer capacity to scale, in partnership with DSHS and Medicaid.

5. Work with DSHS to update ACT standards from 1990s model that limits outreach, efficiency and performance.
