A Community’s Approach to Behavioral Health, Criminal Justice and the Path to Improve it All
im\·prove
im\'prōov/

verb
make or become better.
"we’ve used technology to improve relations with customers“

synonyms:  make better, better, ameliorate, upgrade, update, refine, enhance, boost, build on, raise, polish, fix (up), amend; More
Mentally ill made worse by a sick system

By Mark Stoeltje
SPECIAL TO THE EXPRESS-NEWS

“Insane: America’s Criminal Treatment of Mental Illness” has a provocative title and cover that could mislead you into thinking it’s filled with lurid stories about “the criminally insane.” In actuality, the title refers to a sick system that places and keeps people with mental illness in jails and prisons, rather than providing treatment.

The deinstitutionalization of people with serious mental illness that took place from the 1950s to the 1970s has played a significant role in the mess we are in today. The statistics are staggering. In 1950, nearly half a million people were in psychiatric institutions. By 2000, there were fewer than 170,000. What replaced these institutions? Between 1971 and 2004, the U.S. prison population grew from 200,000 to 1.4 million, a 600 percent increase. More than half of inmates have a diagnosable mental illness. For women, it’s a startling 75 percent. Jails and prisons are now the largest providers of “housing” for the mentally ill in the U.S.

Roth’s tale is an alarming one. In our overcrowded and unfathomably inhumane prisons, suicides have become so frequent that many guards carry “cut-down tools” used to cut through the sheets or T-shirts inmates use to hang themselves. Despondent prisoners have even used toilet paper and paper towels to suffocate themselves.

And then there’s the truly barbaric horror of solitary confinement, originally designed so the prisoner “might focus his attention inward and rehabilitate himself.” Anyone with even cursory knowledge of mental illness knows that isolation is the worst thing that can happen to a person living with it. Isolation exacerbates symptoms and even causes psychosis. Roth states that prisoners in solitary confinement are seven times more likely to hurt themselves than those in the general population. In fact, more than half of all suicides in prison happen in solitary confinement.

One prison official Roth interviewed for her book believes that in the near future, mental illness will be the new Jim Crow.

Well, I’m afraid the future is now. As the leader of a nonprofit serving this population, I see evidence of this reality daily — the criminalization of mental illness, stigma and misunderstanding, job discrimination, lack of affordable housing, difficulty getting competent psychiatric care. It’s inexcusable how our society treats the most vulnerable among us. It’s as if we are living in the Dark Ages.

Thankfully, some reform is happening, with San Antonio hailed by the author as a leader in the movement to train law enforcement officers in crisis intervention and to get people who need help into treatment, rather than jail.

One thing is abundantly clear — jails and prisons do nothing to rehabilitate people with mental illness; they only provide inhumane warehousing of the worst order. Roth’s exhaustively researched and well-told story makes it clear that many of the people who have the power to change this brutal system don’t appear inclined to make those changes, and that’s the true insanity.

Mark Stoeltje is the executive director of the San Antonio Clubhouse, a nonprofit serving adults with mental illness.
“That’s true. We did advertise for someone who ‘works well under pressure’...”
but why?
THE Bexar County STORY
A Community Commitment to Mental Health

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
MADE POSSIBLE BY ASTRAZENECA PHARMACEUTICALS LP

ASTRAZENECA
DO WE BUILD ANOTHER JAIL?
IMPETUS FOR CHANGE

• Average Daily Jail Population went from 3,875 in 2001 to 4,408 in 2008.
  – +533 inmates

• Bexar County Population went from 1,392,931 in 2000 to 1,513,859 in 2008.
  – +120,929- The size of the City of Abilene
  – Bexar Population today is 1,817,610
  – Growth of 424,679 since 2000, larger than Arlington the 7th largest city in Texas

• The Jail Budget went from $36,110,554 in FY2001 to $61,125,711 in FY2009
  – The Jail Budget for FY2017 is $60,746,417
HOW TO DO EVERYTHING.

1. 
2. 
A Communities System of Care Approach

Collaboration
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
Mental Health Consortium
August 3, 2018
8:30 -10:30 AM
Hope Church
17903 Corporate Woods Dr.
Agenda

8:30 - 8:45 Welcome & Introductions
8:45 - 9:05 South Texas Crisis Collaboration (STCC) – MEDCOM Le Navigator & TAV Health
9:05 - 9:35 Justice Intake Assessment Center (JiAC)
9:35 - 9:50 Update - HB13 SB 292
9:50 -10:00 Pathways Community Hub
10:00 - 10:10 HCBS-AMH
10:10 - 10:20 Capacity Updates
10:20 - 10:30 Closing & Announcements

Next meeting: Tentative – October 26, 2018
Target Areas:
1. Navigator: Coordination Portal (Law Enforcement/Community)
2. Continuity of Care with focus on Residential Continuum/Supportive Housing
3. Outpatient Access- Gaps, Sharing information
4. Public Service Announcements
5. Evaluation
Partner Organizations

- Nix Health
- Christus Health
- Baptist Health System
- City of San Antonio
- Haven for Hope
- CentroMed
- Methodist Healthcare Ministries of South Texas, Inc.
- San Antonio Area Foundation
- Southwestern General Hospital
- Sarah, South Alamo Regional Alliance for the Homeless
- The Center for Health Care Services
- University Health System
- UT Medicine
- STRAC
- U.S. Department of Veterans Affairs
- The State of Texas - County of Bexar
- Methodist Healthcare
- Capital Healthcare Planning
Show me the DATA !!!
“The Cost Study”

Bexar County High Utilizer / Homeless Healthcare Analysis
Southwest Texas Crisis Collaborative
March 2018
There is significant patient crossover among the major systems in Bexar County for total *Safety Net* patients

<table>
<thead>
<tr>
<th>Source</th>
<th>Baptist</th>
<th>Centromed</th>
<th>CHCS</th>
<th>Christus</th>
<th>Methodist</th>
<th>MHM</th>
<th>Nix</th>
<th>SW General</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptist</td>
<td>100.0%</td>
<td>1.8%</td>
<td>3.5%</td>
<td>8.7%</td>
<td>10.5%</td>
<td>0.3%</td>
<td>2.9%</td>
<td>4.2%</td>
<td>17.1%</td>
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<tr>
<td>Centromed</td>
<td>26.6%</td>
<td>100.0%</td>
<td>26.4%</td>
<td>12.3%</td>
<td>17.6%</td>
<td>0.5%</td>
<td>11.9%</td>
<td>4.6%</td>
<td>38.3%</td>
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<tr>
<td>CHCS</td>
<td>19.6%</td>
<td>10.0%</td>
<td>100.0%</td>
<td>8.6%</td>
<td>14.1%</td>
<td>0.6%</td>
<td>11.3%</td>
<td>6.4%</td>
<td>32.0%</td>
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<tr>
<td>Christus</td>
<td>7.3%</td>
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<td>4.5%</td>
<td>0.1%</td>
<td>1.2%</td>
<td>2.8%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Methodist</td>
<td>11.2%</td>
<td>1.3%</td>
<td>2.7%</td>
<td>5.7%</td>
<td>100.0%</td>
<td>1.1%</td>
<td>2.1%</td>
<td>2.0%</td>
<td>13.9%</td>
</tr>
<tr>
<td>MHM</td>
<td>7.7%</td>
<td>1.0%</td>
<td>2.8%</td>
<td>1.9%</td>
<td>30.0%</td>
<td><strong>100.0%</strong></td>
<td>0.7%</td>
<td>2.4%</td>
<td>15.2%</td>
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<tr>
<td>Nix</td>
<td>18.0%</td>
<td>5.0%</td>
<td>12.5%</td>
<td>9.3%</td>
<td>12.4%</td>
<td>0.2%</td>
<td><strong>100.0%</strong></td>
<td>5.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>SW General</td>
<td>17.3%</td>
<td>1.3%</td>
<td>4.7%</td>
<td>13.7%</td>
<td>7.8%</td>
<td>0.4%</td>
<td>3.4%</td>
<td><strong>100.0%</strong></td>
<td>19.8%</td>
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<tr>
<td>University*</td>
<td>10.2%</td>
<td>1.5%</td>
<td>3.4%</td>
<td>9.7%</td>
<td>7.7%</td>
<td>0.3%</td>
<td>2.0%</td>
<td>2.8%</td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Includes Daughters Of Charity

- This represents the challenge for any provider to put together a coordinated care plan for any patient
- Patients from the CentroMed have the greatest level of crossover with other systems (data for CentroMed is Homeless only)
- UHS as a system overlaps a significant number of patients with all other programs
- MHM has both the least crossover of patients and is least utilized among the programs which is most likely related to scale

*Includes Daughters Of Charity and care provided to jail population

Note: Totals exclude pediatric oncology and newborns
In Bexar County, the total cost of providing Healthcare for the Safety Net Population in 2016 as a whole exceeds:

One Billion $ Dollars
The Total Cost of providing healthcare for the **Safety Net** population as a whole exceeds $1.1 Billion annually.

- The volume and cost of care provided for the **Safety Net** population as a whole is widely distributed across the providers.

<table>
<thead>
<tr>
<th></th>
<th>Estimated Totals</th>
<th>Admissions</th>
<th>Emergency Visits</th>
<th>Hospital Outpatient Tests</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>1,184,805</td>
<td>57,683</td>
<td>311,919</td>
<td>198,691</td>
<td>616,512</td>
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<tr>
<td>Total Est Cost</td>
<td>$1,142,325,000</td>
<td>$629,358,000</td>
<td>$150,012,000</td>
<td>$221,108,000</td>
<td>$141,847,000</td>
</tr>
</tbody>
</table>

**Volume**

- Admissions 57,683
- Emergency Visits 311,919
- Clinic Visits 616,512

**Estimated Costs**

- Hospital Outpatient Tests $221,108,000
- Emergency Visits $150,012,000
- Admissions $629,358,000

- University provides the bulk of encounters in all categories except Emergency Visits
- CHCS provides a large percentage of encounters across a population
- CentroMed visit data is restricted to Homeless individuals throughout the dataset
- Estimated costs are highly weighted to those systems providing more intense services such as inpatient acute care and emergency services

Note: Totals exclude pediatric oncology and newborns
Hospital Ancillaries include outpatient services such as radiology, physical therapy, etc.
The following analysis is organized to present a large amount of data as effectively as possible.

Starting with the submitted data we will review findings about the Safety Net as a whole, Homeless and Mental Health population sub-sets.

The final section further analyzes our patients identified as “super-utilizers”.

Homeless, Mental Health and Super-Utilizer sub-sets all overlap each other to some degree.
### Action for System-Level Change

- Develop a comprehensive state plan for mental health/criminal justice collaboration
- Legislate task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with mental illness in the criminal justice system
- Take legislative action establishing all diversion programs for people with mental illness
- Improve access to benefits through state-level changes, allow retention of Medicaid/SO by suspending rather than terminating benefits during incarceration, help people who lack benefits apply for same prior to release
- Make housing for persons with mental illness and criminal justice involvement a priority, remove constraints that exclude persons formerly incarcerated from housing or services
- Expand access to treatments, provide comprehensive and evidence-based services, integrate treatment of mental illness and substance use disorders
- Expand supportive services to sustain recovery efforts, such as supported housing, education, and training, supportive employment, and peer advocacy
- Ensure constitutionally adequate services in jails and prisons for physical and mental health, individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed — with specific interventions for women, men, and veterans

### Action Steps for Service-Level Change at Each Intercept

**Intercept 1: Law Enforcement**
- **911:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders
- **Police:** Train officers to respond to calls where mental illness may be a factor
- **Documentation:** Document police contacts with persons with mental illness
- **Emergency/Crisis Response:** Provide police-friendly drop-off at local hospital, crisis unit, or triage center
- **Follow Up:** Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- **Realization:** Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement

**Intercept 2: Initial Detention/Initial Court Hearings**
- **Screening:** Screen for mental illness at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information system screen at jail or court by prosecution, defense, judge/court staff or service providers
- **Pre-Admit Diversion:** Maximize opportunities for pretrial release and arrest duties for persons with mental illness in complying with conditions of pretrial diversion
- **Service Linkages:** Link to comprehensive services, including care coordination, access to medication, integrated dual diagnosis treatment (IDDT) as appropriate, prompt access to benefits, health care, and housing
- **Court Feedbacks:** Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures

**Intercept 3: Jail/Court**
- **Screening:** Inform diversion opportunities and need for treatment in jail with screening information and jail stays
- **Court Coordination:** Maximize potential for diversion in a mental health court or non-specialty court
- **Service Linkages:** Link to comprehensive services, including care coordination, access to medication, IDDT as appropriate, prompt access to benefits, health care, and housing
- **Jail-Based Services:** Provide services consistent with community and public health standards, including appropriate psychiatric medications, coordinate care with community providers
- **Assist clinical and social needs and public safety risks, boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies
- **Plan for treatment and services that address needs, GAINS Reentry Checklist (available from http://www.gainscenter.samhsa.gov/html/resources/reentry.aspx) documents treatment plans and communications to community providers and supervision agencies – domains include prompt access to medication, mental health and health services, benefits, and housing
- **Identify required community and correctional programs responsible for post-release services, best practices include reach-in engagement and specialized case management teams
- **Coordinate transition plans to avoid gaps in care with community-based services
- **Screening:** Screen all individuals under community supervision for mental illness and co-occurring substance use disorders, link to necessary services
- **Maintain a Community of Care:** Connect individuals to employment, including supportive employment, facilitate engagement in IDDT and supportive health services, link to housing, facilitate collaboration between community corrections and service providers, establish policies and procedures that promote communication and information sharing
- **Implement a Supervision Strategy:** Concentrate supervision immediately after release, adjust strategies as needed; change, implement specialized caseloads and cross-systems training
- **Graduated Response & Modification of Conditions of Supervision:** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release
What do Bexar County Safety Net Super-Utilizers look like?

<table>
<thead>
<tr>
<th>Percent of Super-Utilizer Patients with each Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health W/Substance Abuse</td>
</tr>
<tr>
<td>Digestive Disease</td>
</tr>
<tr>
<td>Heart Disease</td>
</tr>
<tr>
<td>Endocrine Disorders</td>
</tr>
<tr>
<td>Orthopedic Issues</td>
</tr>
<tr>
<td>Injuries &amp; Poisoning</td>
</tr>
<tr>
<td>Neurological Disorders</td>
</tr>
<tr>
<td>Pulmonary Disorders or Disease</td>
</tr>
<tr>
<td>Kidney/Urinary Issues</td>
</tr>
<tr>
<td>Infectious Disease</td>
</tr>
<tr>
<td>Skin Problems</td>
</tr>
<tr>
<td>Ear Nose Throat Issues</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Orthopedic Injuries</td>
</tr>
<tr>
<td>Gynecological Issues</td>
</tr>
<tr>
<td>Pregnancy</td>
</tr>
<tr>
<td>Neurologic Injury</td>
</tr>
<tr>
<td>Burns</td>
</tr>
<tr>
<td>Other Factors</td>
</tr>
</tbody>
</table>

- Patients meeting “super-utilizer” definition are generally dealing with multiple chronic conditions
- A large percentage suffer from mental and behavioral health issues...often significant ones
- Super-utilizers may face an array of complex social challenges such as *
  - Financial insecurity
  - Childhood trauma
  - Domestic violence
  - Food insecurity
  - Functional illiteracy
  - Housing deficit or insecurity
  - Language barriers
  - Transportation limitations
  - Disabilities
  - Lack of insurance

Based on 4711 patients from Bexar County Safety Net patient database

**Diversion 1.0**

*2003 to 2017* Community Medical Directors Roundtable - Monthly Reports  
*2004* Measuring Potential and Economic and Societal Benefits  
*2007* Cost Analysis of the Bexar County, Texas, Jail Diversion Program  
*2008 to 2016* Report of Success; Annual

**Diversion 2.0**

*2014* Bexar County Department of Behavioral and Mental Health  
*2014* Bexar County Pretrial and Mental Health Improvement Process  
*2015* Bexar County Smart Justice: Implementation Year One Progress  
*2016* Council of State Governments Intake Process and Recommendations for Change

**Diversion 3.0**

*2015* Bexar County Consortium – Community Mental Health Model  
*2016* MHM/Meadows – Bexar County Mental Health Systems Assessment  
*2016* MHM/Capital Healthcare Planning – Bexar County High Utilizers/Homeless Healthcare Analysis (Cost)

2017 Reentry Center  
*2018* Justice Intake and Assessment Center  
*2018* STCC Law Enforcement Navigation
# Diversion 1.0

## Sequential Intercept 1

### Diversion - Pre Arrest Early Intervention

- Crisis Intervention Training for Law Enforcement and First Responders
- 40 hour Community based, no charge
- Co-taught by San Antonio Police and the Bexar County Sheriff’s Office
- Mandated training for Patrol by Sheriff and SAPD
- Mobile Outreach Teams
- Screening Law Enforcement Questions
- Over 4,000 Officers Trained

## Sequential Intercept 1

### Diversion - 24/7 Drop Off (Restoration Center)

- Psychiatric and Substance Use Crisis Services
- Medical Clearance for Law Enforcement
- Sobering Center
- Detox Center
- Over 19,000 Accessed Services at the Restoration Center in FY 16
Diversion 2.0
## Diversion 2.0 Magistration

<table>
<thead>
<tr>
<th>Sequential Intercept 2</th>
<th>Initial Detention</th>
<th>Pretrial Services Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pretrial Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expanding Mental Health assessments, early identification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>100 % Screening Process</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Four Mental Health Questions asked by all law enforcement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Suicide Screening and Assessment</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sequential Intercept 2</th>
<th>Central Magistration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction of Public Defender</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Integration of Pretrial Services, Public Defender, Mental Health and Hospital District</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Team Presentation to Judge</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Direct transfer to treatment Services</strong></td>
<td></td>
</tr>
</tbody>
</table>

Counsel of State Governments: Dr. Tony Fabelo
Law Enforcement

MENTAL HEALTH DIVERSION QUESTIONS

1. HAVE YOU EVER BEEN DIAGNOSED AS HAVING A MENTAL ILLNESS BY A DOCTOR OR BY MENTAL HEALTH PROFESSIONAL? (Circle 1)
   YES    NO

2. HAVE YOU EVER OR ARE YOU CURRENTLY TAKING ANY MEDICATIONS FOR MENTAL ILLNESS? (Circle 1)
   YES    NO

3. Have you ever tried to kill yourself? (Circle 1)
   YES    NO

4. Do you currently have thoughts of killing yourself? (Circle 1)
   YES    NO

***These questions are to be asked to the arrested person as required by SAPD procedure 601 and a Directive issued by the Bexar County Sheriff’s Office.
Judicial Services Role
In
Front End Intervention

“No Approval, No Intervention”

PRETRIAL SERVICES
Magistration Process – Decision Making Process and Release Determination
MEDCOM
Law Enforcement Navigation
An Executive Summary
July 2018 Data
LAW ENFORCEMENT NAVIGATION:

TOTAL 10573 CASES

*UH In Hospital ED Volume Not Included
### Law Enforcement Transported to Psych, Medcom Navigated by Demographics

#### July 2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
<th>Subtotal</th>
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<tbody>
<tr>
<td>&lt;12</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>12-17</td>
<td>36</td>
<td>24</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>18-54</td>
<td>372</td>
<td>223</td>
<td>59</td>
<td>595</td>
</tr>
<tr>
<td>55-64</td>
<td>33</td>
<td>20</td>
<td>4</td>
<td>53</td>
</tr>
<tr>
<td>65+</td>
<td>10</td>
<td>11</td>
<td>5</td>
<td>21</td>
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<tr>
<td>OB&lt;20WKS</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>OB&gt;20WKS</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Age Distribution

- **18-54**: 595 (80%)
- **12-17**: 60 (8%)
- **55-64**: 53 (7%)
- **65+**: 21 (3%)
- **<12** and **OB<20WKS**: 12 (2%)
- **OB>20WKS**: 5 (3%)

#### Gender Distribution

- **Female**: 75 (42%)
- **Male**: 103 (58%)

#### Chart Comments

- The chart indicates a significant majority of transported individuals are between 18 and 54 years old (595 individuals, 80%).
- There is a notable difference in age demographics, with the majority being between 18 and 54 years old, followed by 12-17 years old (60 individuals, 8%).
- Gender distribution shows a slight majority of males (103 individuals, 58%) over females (75 individuals, 42%).
Haven for Hope
Site Map

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

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

Reentry Center
- CIT
- Crisis (Psych/SA)

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
Haven for Hope: Our Campus Today
San Antonio State Hospital Redesign
Targeted Outcomes
• Reduced Jail Population
• Reduced Recidivism
• Reduced Cost
• Increased access to care
• Increased public safety
<table>
<thead>
<tr>
<th>YEAR</th>
<th>AVERAGE DAILY JAIL POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>3,652</td>
</tr>
<tr>
<td>2004</td>
<td>3,770</td>
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<td>2006</td>
<td>4,138</td>
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<tr>
<td>2007</td>
<td>4,174</td>
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<tr>
<td><strong>2008</strong></td>
<td><strong>4,408</strong></td>
</tr>
<tr>
<td>2009</td>
<td>4,259</td>
</tr>
<tr>
<td>2010</td>
<td>3,966</td>
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<tr>
<td>2011</td>
<td>3,678</td>
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<tr>
<td>2012</td>
<td>3,722</td>
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<td>2013</td>
<td>3,888</td>
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<td>2014</td>
<td>3,967</td>
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<tr>
<td>2015</td>
<td>3,645</td>
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<td>2016</td>
<td>3,613</td>
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</tbody>
</table>

Census was 1.462 million in 2003. Census was 1.929 million in 2016.
Next Steps
SAVE THE DATE

PATHWAYS TO hope

A Community-Wide Conference on Mental Health

August 24 & 25
The Tobin Center for the Performing Arts
San Antonio, Texas
2000 – Local MH Authority (CHCS) begins diversion efforts, full time coordinator is hired
2002 – Bexar County Jail Diversion Collaborative meets for 1st time
2003 – First Crisis Intervention Team Training begins
2004 – Specialty Jail Diversion Facility opens
2005 – 24/7 One Stop Crisis Care Center opened
2006 – Bexar County Jail Diversion receives APA’s Gold Award
2008 – Restoration Center opened; Detox, Sobering, Intensive Outpatient Treatment
2010 – Haven for Hope 1,600 Bed Homeless Campus opened
2010 – International Crisis Intervention Team Conference hosts 1,600 Officers
2011 – Prospect Courtyard Safe Sleeping reaches high of 714
2012 – Prospect Courtyard adds new Mental Health Clinic
2012 – Prospect Courtyard adds 80 bed Mental Health residential program
2013 – Prospects Courtyard CMS Innovation BH/Health Integration
2014 – Central Magistration Improvements initiated
2014 – Bexar County Mental Health Department Created
2015 – One Year Central Magistration Progress Report
2016 – Year 2 Central Magistration Public Defender+ Clinicians
2017 – (Regional) Southwest Texas Crisis Collaborative
2018 – Justice Intake and Assessment Center
2018 – Central Magistration Improvements initiated
2019 – Prospect Courtyard CMS Innovation BH/Health Integration
2020 – Bexar County Mental Health Department Created
2021 – Central Magistration Improvements initiated
2022 – Bexar County Mental Health Department Created
2023 – Central Magistration Improvements initiated
2024 – Bexar County Mental Health Department Created
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2099 – Central Magistration Improvements initiated
2000 – Local MH Authority (CHCS) begins diversion efforts, full time coordinator is hired
Mike Lozito – Director, Judicial Services
Gilbert R. Gonzales – Director, Department of Behavioral and Mental Health

Paul Elizondo Tower, 101 W. Nueva, Suite 310
San Antonio, Texas 78205

http://www.bexar.org/2065/Judicial-Services
www.bexar.org/mhd