



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**Texas Senate Bill 292: An Example of Scaling Mental Health
Jail Diversion Statewide (In a Texas-Sized State)**

November 9, 2017

Meadows Mental Health Policy Institute

■ History

The Meadows Mental Health Policy Institute traces its 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 provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.

■ Vision

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

● THE CURRENT MENTAL HEALTH SYSTEM ●

LIFE IN COMMUNITY



PHYSICAL

MENTAL



The best Mental Health Care should be just like the best Health Care

Law Enforcement

Inpatient Care

Jail

Specialty Care

Primary Care

Best Practice Boutique
(e.g. McLean, Johns Hopkins)

How Many Frequent Jail Users Are There?

Compare:

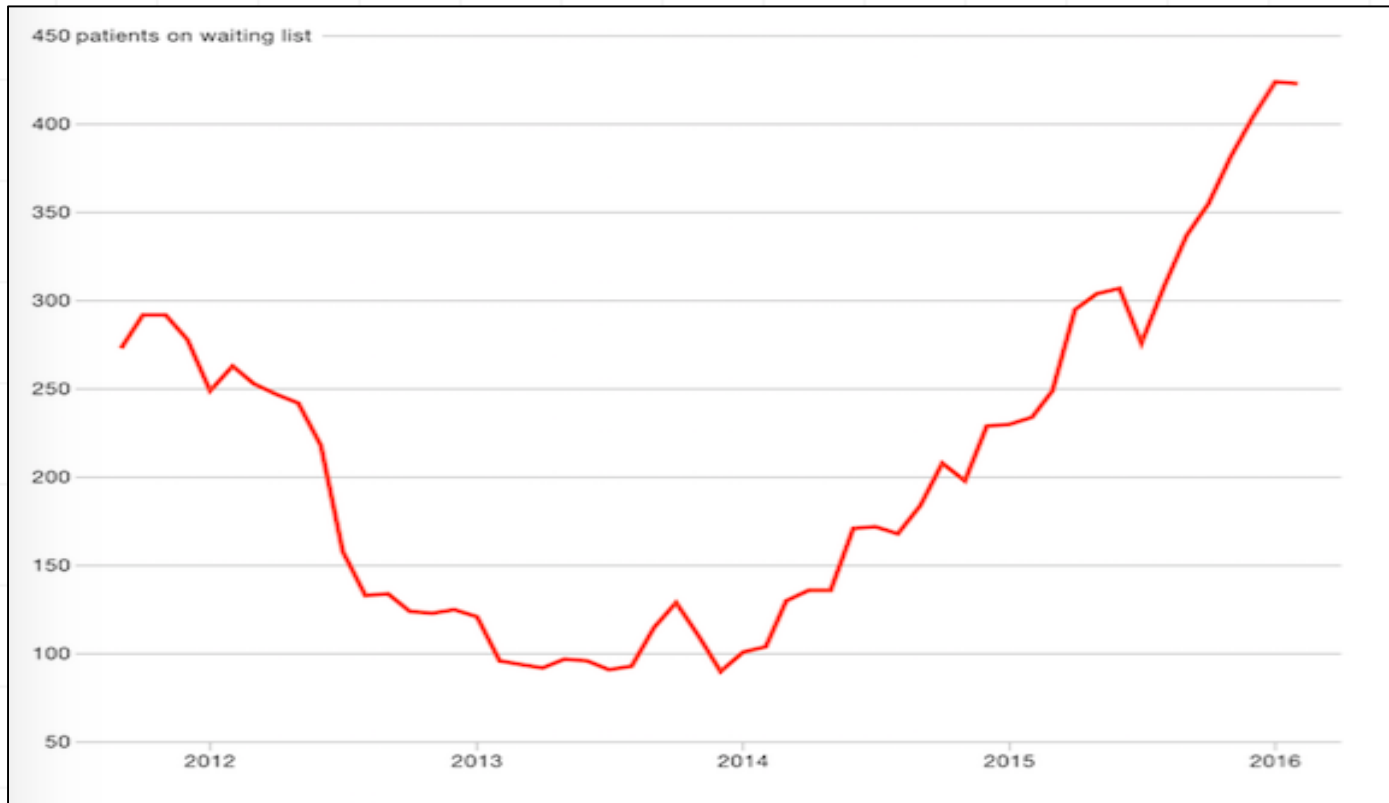
- Breast cancer survivors: 100,000
- New cases of breast cancer: 16,000
- Texans revolving through jails: 23,000
- New cases of psychosis: 3,000

Mental Health Conditions – Adults (12-Month Prevalence – 2015)	Dallas County Prevalence	Texas Prevalence
Total Adult Population	1,850,000	20,150,000
All Behavioral Health Needs (Mild, Moderate, and Severe)	440,000	4,750,000
Mild / Moderate	350,000	3,850,000
Severe – Serious Mental Illness (SMI)	90,000	960,000
SMI in Poverty	55,000	540,000
Complex Needs / “Super-Utilization”	1,000	15,000
Subset with High Forensic Needs	800	8,000
Specific Disorders		
Major Depression	130,000	1,450,000
Bipolar I Disorder	10,000	120,000
Post-Traumatic Stress Disorder	65,000	710,000
Alcohol and Drug Dependence Disorders	85,000	930,000
Schizophrenia	9,000	100,000
First Episode Psychoses (FEP) Incidence (Ages 18-34)	300	3,000
Number of Deaths by Suicide (All Ages)	237	3,225

Figures rounded for simplicity; citations available on request

Forensic Commitment Waiting List

- **Increasing:** The waiting list has grown six-fold since 2013.
- **Aren't we spending more now on treatment?** Yes, but the focus has been on waitlists and overall numbers, not intensive care.



Helping Communities Managing People with Complex Health Needs – Senate Bill 292

SB 292 (Huffman, Nelson, Schwertner): A \$37.5 million grant program to reduce recidivism, arrest, and incarceration related to mental illness, plus \$10 million dedicated to Harris County.

- Collaboratives must include the **county government**, a **local mental health authority** serving that county, and each **hospital district**, if any, located in the county.
- In **FY 2018**, only collaboratives in counties with a **population of 250,000 or more** may apply; all may apply in FY 2019.
- The program requires a **100% match** in counties with 250,000 people or more (over 18 million Texans live in those 20 counties) and a **50% match** for smaller counties.

“We Expect Police to do Too Much” the example of Dallas County



I. Contact with Local Law Enforcement

15,593 behavioral health calls a year

Since 2012, increased 18% overall and 59% with ambulance sent



II. Jail

21% receive psycho-tropic medication

25% have past/current mental health system contact

58% rearrested



III. “Super-Utilizers”

More than 6,000 “super-utilizers” in Dallas, with 4,000 living in poverty

Less than 1 in 7 are in care

75% use jail repeatedly

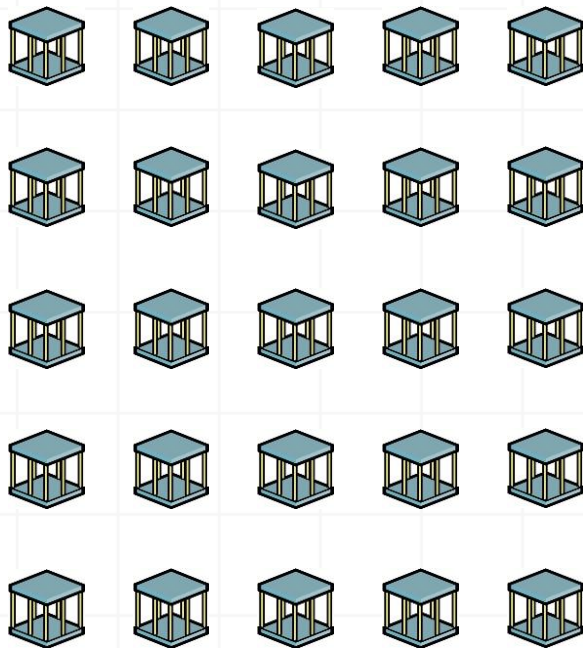


IV. Community-Based and Inpatient Behavioral Health Care Services

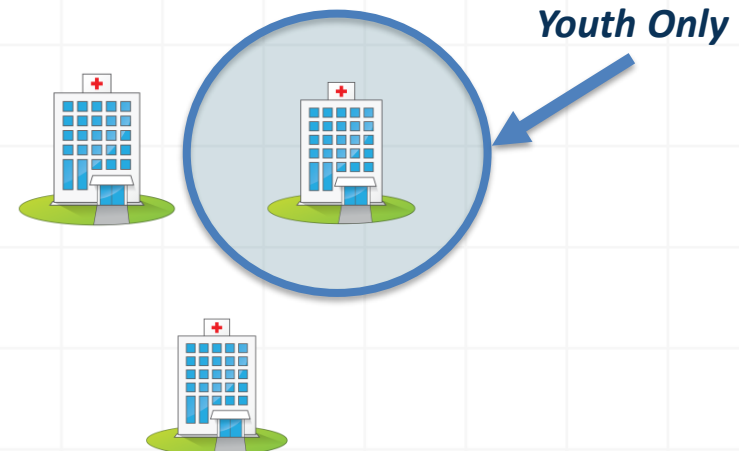
“Super-Utilizers” need ongoing intensive care, housing, and supervision

System is Designed for “Jail Access”

Law enforcement officers find it easier to take a person in need of acute psychiatric care to a jail and believe the person will receive more days of care than when transported to a psychiatric facility.



25 detention sites across Dallas County



3 primary psychiatric diversion drop-off sites

Building Front End Diversion



Intervention #1:

Multidisciplinary Response Teams

Paramedic, Social Worker,
Law Enforcement

Intervention #2:

Real-Time Surveillance Systems

Linking Law Enforcement,
Jail, Emergency Rooms to
Divert

Intervention #3:

Expanding Crisis Drop-Off
Options Based on "Hot
Spot" Findings

Keep People in Care, Not Jail



Intervention #1:

Treatment for Super-Utilizers

Assertive Community Treatment (ACT) and Forensic ACT (FACT)

Intervention #2:

Step-Down Programs

People Graduating from ACT and FACT (RNR-Based)

Intervention #3:

Places to Live

Develop Permanent Supportive Housing for Super-Utilizers

Intervention #4:

Get Ahead of the Curve

First Episode Psychosis (FEP) Care

Success in Local Communities: 4 Goals

1. Eliminate the need to use the jail for mental health care delivery.
2. Eliminate expulsions due to unmet mental health needs in schools.
3. 100% of depression detected, treated, and remitted.
4. 100% of “first episode psychosis” detected and treated.



TEXAS STATE
— of —
MIND

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The truth is: mental illness is more treatable than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org
