Out of Crisis and Into Treatment: Key Partnerships for Success

5th Annual Justice Involved Conference
May 12-14th
San Antonio

The Center for Health Care Services
San Antonio, Texas
Quick Facts

• CHCS is one of 38 Local Mental Health Authorities (LMHA) created in Texas by the Community Mental Health Act of 1963

• Provides services to those with serious mental illness, intellectual and developmental disabilities and substance use disorders

• Emphasis is on safety net services for the uninsured and underinsured

• Sponsoring agencies are Bexar County and University Health Systems (Bexar County Hospital District)
Major Local Collaborators

- Bexar County Commissioners Court
- Bexar County Judicial Courts
- Bexar County Sheriff’s Office
- Haven for Hope
- San Antonio Police Department
- University Health Systems CareLink
Crisis Intervention Training (CIT) in San Antonio

• In 1988 Memphis introduced the first Crisis Intervention Team as a component to the communities demand for safer first responder services
• SAPD begins Crisis Intervention Team Training in 2003 with a goal of training 10% of officers
• Today, 100% of SAPD Patrol officers have had the 40 hour training, about 50% of BC Sheriff’s deputies are trained and smaller law enforcement divisions, particularly school police are being trained
CIT Mental Health Detail

- Mental health professional partners with a CIT Officer to respond on calls dealing with a psychiatric crisis
- Team responds to high utilizer calls for the City providing follow up services to reduce call volume
- **Goal is to put officers back into service for patrol as soon as possible.**
  - Reduce inappropriate incarcerations and costly emergency room visits
  - Offer quality training to law enforcement
- Co-locate officer with the City unit and Sheriff Mental Health Unit for better collaboration and expedited call response
Partnerships with Law Enforcement

• Dispatchers
  – Provided an abbreviated 12 hour CIT course for call takers and dispatchers in collaboration with CHCS
  – The goal is to increase safety by educating caller takers on essential intelligence gathering and dispatching a CIT trained officer to the scene
  – Dispatchers are co-trainers with SAPD and Sheriff’s Officers

• Fire/EMS
  – Added a CIT component to their EMS In-service training

• Integrated training with Fire/EMS has extended numerous opportunities for growth
  – Better communication
  – Safety
  – Better utilization of resources
Crisis Care Center

- Crisis Line
- Crisis Assessment
- Mobile Crisis Outreach Team
- Crisis Transitional Unit
  located at 7137 W. Military

- Receives consumers from law enforcement 24/7
- Minor medical clearance
- Can not take violent or medically compromised individuals
Crisis Transitional Unit

- Short term community-based residential crisis treatment
- Pose some risk of harm to self or others
- May have fairly severe functional impairment
- Services include:
  - Face-to-face screening/assessment
  - Linkage/referral/outreach
  - 23 hour outpatient observation
  - MH warrant applications
The Restoration Center

- Public Sobering
- Injured Detainee Medical Services
- Residential & Ambulatory Detoxification
- Opiate Addiction Treatment Services
- Outpatient Substance Abuse Services
- Felony Drug Court COPSD Outpatient Services
- In-House Recovery Program Sober Living

Bldg. #1 Opened
April 15, 2008

Bldg. #2 Opened
June 27, 2012
Serial Inebriates Program

• Originally was staffed with nursing on front end
• Re-organized to have EMT/Recovery Support Specialists on unit
• Not treating medical, just sobering and engaging in relationship
• Educating funders that multiple admissions are not viewed as failure
• Continued collaborations with law enforcement, EMS, hospitals
Injured Detainee Clinic

- Added service to reduce ER waits and get police 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
Prospects Courtyard

Safe Sleeping Area opened in 2010 to address basic need of food, clothing and shelter

Prospects must be:

• 18 years of age (or older)
• Physically able to care for themselves
System County/City-wide Entry Points

Law Enforcement Detention/Jail CIT

Judicial/Courts Magistrate, County, District

Crisis Care Center Jail Diversion Psychiatric and Medical Clearance Specialty Offender Services

Mental Health Public and Private Providers

Community

Emergency Services

Continuity of Care

Treatment

Dynamic Crisis Jail Diversion Information Exchange

Civil and Criminal

- Crisis Care Center
- Crisis Transitional Unit
- Crisis Hotline (Nurselink)
- CIT/DMOT
- SP5
- Jail and Juvenile Detention
- Statewide CARE Match

Police, Sheriff Probation, Parole

County

City-wide
**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**
- Wait times for Medical Clearance/Screening at the Crisis Care Center is 10 minutes
- Wait time for Medical Clearance/Screening and Psychiatric Evaluation is 20 minutes
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  $1545
Cost Savings relative to ER Utilization  $4,709,160

Source: University Health System
So, how did we do it??

The Keys to Community Collaboration

• Select a high-ranking official who will hold the group responsible for completing tasks
  • State District Judge Polly Jackson Spencer was chosen to lead Jail Diversion program
  • “Black Robe Effect “

• Establish goals
  • Improve the public safety net
  • Keep people out of ER’s and jails
  • Save taxpayer dollars

• Keep good data for continuous quality improvement

• Plan early for legislation
Recidivism Rates for Top Five CSCD’s

*Dallas rates reflect only one mental health provider, Metro Care.
<table>
<thead>
<tr>
<th>Cost Category</th>
<th>City of San Antonio</th>
<th>Bexar County</th>
<th>Direct Cost Avoidance</th>
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</thead>
<tbody>
<tr>
<td>Public Inebriates Diverted from Detention Facility</td>
<td>$435,435</td>
<td>$1,983,574</td>
<td>$2,419,009</td>
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<td></td>
<td>$925,015</td>
<td>$2,818,755*</td>
<td>$3,743,770</td>
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<td>$1,322,685</td>
<td>$4,372,128</td>
<td>$5,694,813</td>
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<tr>
<td><strong>A.</strong></td>
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<td>Injured Prisoner Diverted from UHS ER</td>
<td>$528,000</td>
<td>$1,267,200</td>
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<td>$435,000</td>
<td>$1,044,000</td>
<td>$1,479,000</td>
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<td>$421,000</td>
<td>$1,010,400</td>
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<td><strong>C.</strong></td>
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<td>Mentally Ill Diverted from UHS ER Cost</td>
<td>$322,500</td>
<td>$774,000</td>
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<td>$276,500</td>
<td>$663,600</td>
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<td>Mentally Ill Diverted from Magistration Facility</td>
<td>$208,159</td>
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<td>$179,833</td>
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<td>$126,893</td>
<td>$191,125</td>
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<td><strong>G.</strong></td>
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<tr>
<td>Description</td>
<td>Year 1</td>
<td>Year 2</td>
<td>Year 3</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
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<tr>
<td>Reduction in Wait Time in Jail for Hospital Admission</td>
<td>0</td>
<td>$255,055</td>
<td>$1,020,000</td>
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<td>Reduction in Wait Time in Jail for Outpatient Competency Restoration as</td>
<td>0</td>
<td>$137,898</td>
<td>$900,000</td>
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<td>compared to inpatient</td>
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<td>Reduction in Jail Time for Competency Restoration on Bond and on Return</td>
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<td>2009 Total Year 1</td>
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<td>2010 Total Year 2</td>
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<td>2011 Total Year 3</td>
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<td>TOTALS</td>
<td>$5,463,520</td>
<td>$20,303,907</td>
<td>$25,714,727</td>
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QUESTIONS?
The Center for Health Care Services
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Our Community Partnerships

• Project Cariño (Mommies)
  • 84 moms were treated in 2013; over 76% are still drug-free after one year

• OATS (Opioid Addiction Treatment Services)
  • 150 patients received medication/treatment through UHS funding
  • 85% have no involvement in the criminal justice system once in treatment
  • 87% are still in treatment after 12 months

• Baby U
  • 13-week curriculum taught by UHS