Jail Diversion Assessment Proposal

Nueces County

July 17, 2019

TEXAS STATE *of* MIND

THE MEADOWS MENTAL HEALTH
POLICY INSTITUTE FOR TEXAS

Background and Overview

The mission of the Meadows Mental Health Policy Institute (MMHPI) is to provide independent, nonpartisan, data-driven, 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. Our vision is for Texas to be the national leader in treating people with mental health needs.

Our overall approach is guided by the following six strategic priorities:

- **Improve State Level Policy:** Provide the Texas Legislature, executive branch agencies, and the judiciary with the information they need regarding mental/brain health needs and best practices to help them develop and implement effective public policy.
- **Develop Local Behavioral Health Systems:** Help Texas communities develop locally-driven, accountable, and collaborative local planning efforts that improve the capacity of delivery systems to meet the behavioral health needs of the entire local population.
- **Improve University Leadership Capacity for Mental and Brain Health:** Help Texas become a national and global leader in brain health and the integrated treatment of mental/brain illness by promoting systemic changes in medical education and clinical training, medical research, and the translation of research findings into practice for the benefit of the public.
- **Help Funders of Care Implement Financing Best Practices:** Help payers (governments, employers, insurers) and other funders (philanthropists, foundations) identify, develop, and employ best practices when they finance behavioral health services in order to expand access to effective and efficient care for brain illnesses, comparable to care for other illnesses.
- **Change Public Awareness to Improve Access to Effective Care:** Increase public awareness of mental and brain diseases and their effective treatment so that Texans talk more openly about mental and brain health and help each other access effective care.
- **Identify, Share, and Promote Strategies to Take Population Best Practices to Scale** for:
  - **Texas Children and Youth:** Texas children and youth will receive effective mental health care as part of their overall health so that they can reach their full potential at home, at school, and in the community.
  - **Texas Veterans:** Texas veterans and their families will receive the mental health care and support that they deserve in order to help them return home and thrive.
  - **Smart Justice:** Texans with serious mental health needs will only be involved in the criminal justice system if they commit a crime that warrants involvement.
  - **Critical Needs Across the Life Span,** including prevention of suicide and mental illness more broadly, reduction of homelessness, and meeting the needs of older adults.

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Proposed Goal of the Nueces Criminal Justice Project

The overall goal of this project is to provide an analysis of the criminal justice system for adults, including both mental health and substance use disorder needs and treatment capacity, in order to identify specific strategies to divert people living with serious mental illness or substance use disorders from the criminal justice system at the earliest possible point. We will assess current practices, service utilization and gaps, target population demographics, resources, and service areas in Nueces County, using both quantitative and qualitative methods. We will evaluate current capacity – first responder service delivery and health and behavioral health system capacity – to determine viable strategies that build on existing strengths and develop new and innovative approaches to further enhance the system of care in order to:

- Divert vulnerable populations from the criminal justice system and to do so to the maximum degree possible in a manner that integrates responses of the general health and specialty behavioral health systems;
- Reduce the cycle of crisis for people caught in patterns of frequently cycling through the criminal justice system and local emergency and hospital services by linking them to treatment before booking them into the criminal justice system;
- Identify ways in which the county can achieve efficiencies in addressing this population, including innovative ways to share data across systems to improve early identification, assessment, and treatment of people involved with the criminal justice system or at risk of entering it.

The project will involve a rapid consultation on issues related to people with mental illnesses who are involved with the criminal justice system. The assessment will specifically examine the impact on the criminal justice system prompted by the changes at Memorial Hospital.

In performing this consultation, we will:

- Conduct an analysis of the "flow" of people with mental illnesses through the criminal justice system and, to the relevant degree, hospital emergency departments.
- Develop recommendations for pre-arrest and pre-booking options designed to relieve the burden on law enforcement in addressing behavioral health crises at the point of initial contact with the criminal justice system, with a focus on doing so by integrating the approaches of the health and behavioral health systems.
- Develop recommendations to reduce jail bookings for people living with mental illness and experiencing behavioral health crises.
- Provide assistance with crafting effective clinical services and reentry strategies at Nueces County jails to best address the needs of people with mental illnesses.

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- Conduct fidelity assessments of current providers of Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT). ACT is an integrated clinical and rehabilitative approach to service provision for people with the most severe and complex mental health needs who often become trapped in cycles of repeated use of inpatient and emergency hospital services. FACT is a forensically-focused version of this level of care, specifically for people with complex mental health issues who frequently become involved in the criminal justice system, and depends on the ability to assess risk for criminal recidivism before placing a person either in ACT or FACT. These services will be measured by the Tool for Measurement of Assertive Community Treatment (TMACT), the most up to date tool for measuring whether ACT has the necessary elements to be considered up to the current state of the art.

Our work will result in:
- A data brief on the relevant characteristics of people with mental illnesses currently booked into the Nueces County jail,
- Written recommendations for implementing pre-arrest and pre-booking strategies,
- Written recommendations for implementing a jail reentry strategy to reduce recidivism, and
- A summary of a baseline review of ACT and FACT services as measured by the TMACT.

Method

We bring a wealth of experience in partnering with local agencies in assessing and developing behavioral health crisis services, intensive community services, and Smart Justice strategies for people with mental illness, as well as expertise in analyzing behavioral health data and skill in conducting collaborative impact work. Technical assistance and coordination support are vital components of these efforts and are included in our approach, as described below.

Our review will include collection and analysis of information from stakeholders across the local system, including Nueces County officials, City of Corpus Christi leadership, medical centers, health care systems, and hospitals, as well as the local mental health authority (LMHA), other mental health and substance abuse treatment providers, county courts and probation departments, emergency medical personnel (fire department / emergency medical services), Corpus Christi Police Department, Nueces County Sheriff's Office, and other key informants identified during the initial phase of the project. We will collect information that will allow us to identify both strengths and improvement opportunities in the current system in relation to the changing criminal justice system needs and perspectives in Nueces County. From this analysis, we expect to provide a report and recommendations that will help local system partners develop practical and achievable strategies for improvement. Our approach will include the following activities:

- Key informant interviews and focus groups;
- Data requests and review of key documents (reports, data, and policies and procedures);
- Site review of operations with a team of clinical and operations experts;
- Cross-analysis of findings to generate specific improvement strategies;
- Data analysis, as appropriate, of utilization of existing resources; and
- Specific implementation recommendations to achieve project goals and objectives.

Key strategies that will be considered include: point of contact diversion (law enforcement), alternatives for hospitalization or detention, early identification and referrals (at book-in), repeating engagements with clients and linking them to care while they are in jail, facilitating early collaboration to develop exit plans, identifying client and system barriers early (e.g., housing, financial, transportation), and developing tailored re-entry responses that reduce hospital and jail recidivism.

As noted above, our findings and recommendations should result in improved coordination among the agencies involved in providing services to people who are at risk of becoming and/or are already involved in the justice system. The stakeholders who serve this population are often under-resourced and over-burdened. We propose to convene stakeholders from across the area's large, disparate systems in an effort to explore characteristics of a responsive system and create an environment for addressing gaps in the system.

The project will also provide information on the current status of relevant crisis, behavioral health, and criminal justice systems, which will then inform the development of a framework for a comprehensive plan to increase diversion, decrease system utilization, and reduce jail and hospital recidivism for people living with serious mental illnesses or substance use disorders. To the extent possible, decisions regarding system reforms and enhancements should be informed by clinical and demographic data that quantify service needs as well as qualitative information based on the experiences and perceptions of stakeholders, including county, municipal government, system leaders, and leaders from law enforcement, corrections, crisis systems, housing providers, judiciary and court systems, community supervision departments, hospitals, and consumers. The most important result of this work will be reduced reliance on first responders, the jail, and hospital emergency departments as the reflexive response to initial intervention.

In addition, we hope to provide the framework for the following outcomes, achieved by community stakeholders over time.

Short-term Outcomes

- Increased collaboration among key criminal justice stakeholders and key behavioral health partners;
- Increased understanding of gaps and inefficiencies in the response by the behavioral health and criminal justice systems to people with complex behavioral health issues; and
- Concrete and specific plans for a uniform community-wide protocol to increase crisis prevention and manage care for people with acute or sub-acute problems related to behavioral health issues who are at risk for entry into the criminal justice system.

Intermediate Outcomes

Develop an implementation plan that will facilitate the following:

- Police and first responders will be better equipped to respond to people with mental health issues when it is appropriate for them to do so;
- Through system improvements and program implementation, law enforcement will be better able to focus on community safety and policing rather than serving as substitute crisis responders for people experiencing acute mental health crises;
- Additional drop-off locations and ongoing care options will be considered for people experiencing mental health crises; and
- Data-driven resources for improved coordination and early intervention will be more widely available and better utilized, reducing strain on local hospitals, law enforcement, and the county jail.

Long-term Outcomes

Implementation of a system improvement plan will facilitate the following:

- Reduced number of people in jails with behavioral health needs, including substance use disorders;
- Reduced recidivism for people with behavioral health needs, including substance use disorders; and
- Reduced costs to hospitals and emergency rooms with respect to people with behavioral health needs, including substance use disorders.

Overview of the Work Plan and Timeline

Below, we provide an overview of key steps in the assessment process. We propose a six- to eight-month project. We first summarize the timeline, then provide more specific detail about the steps involved in the project. The timeline we propose will depend on the execution date of the contract with the county and the availability of necessary data.

The summary timeline follows:

- Hold an in-person kick-off meeting within 45 days of execution of the contract between project leads from the community and members of the MMHPI assessment team;
- Begin on-site focus groups, submit data requests, and begin off-site analysis (desk review) within one month of kick-off; this will include working closely with a community-level steering group identified by stakeholders from Nueces County;
- Continue site visits and program reviews in person during the first two months following kick-off;
- Conduct community mapping, including mental health first responder calls for service, community care locations, and public transportation lines by the end of Month Four, post kick-off;
- Submit a draft report by Month Five that describes the current system performance and general improvement options;
- Hold additional site visits and stakeholder meetings in Months Five and Six to build consensus on recommendations;
- Submit a final report to local system leaders and officials by Month Seven that includes detailed recommendations for criminal justice improvement, including an implementation proposal and plan; and
- Convene an in-person briefing after the report is finalized to review the detailed recommendations.

Below, we describe these steps in more detail.

Project Kick-Off

We will engage quickly with local project leadership to finalize the work plan and request key information. The lead consulting team members involved in the project – BJ Wagner, Dr. Amanda Mathias, Ron Stretcher, and Sam Shore – will participate in these conference calls. The deliverables resulting from the calls will include an **updated work plan** that identifies a communications protocol and key contact information for local system leadership and consulting team project staff. The plan will also outline all deliverables and due dates; reporting dates may be adjusted based on the outcomes of the discussions. These steps will be completed within one week of contract execution.

The kick-off process will include a **one-day on-site meeting** within 45 days of execution of the contract to gain a better understanding of city, county, hospital, justice system, LMHA, and other key system partner priorities for the broader criminal justice and behavioral health systems. The lead consulting team members involved in the project – John Petrila, BJ Wagner, Paul Stokes, Amanda Mathias, and Ron Stretcher – will be on site, with other team members joining by phone to the extent needed. The consulting team will prepare a draft site visit

agenda and goals, which will be provided to local project leadership for review in advance of the site visit. The information obtained during the initial visit will set the stage for all project tasks.

Desk Review and Primary On-Site Review

The next major step in the project is to conduct an off-site assessment of available reports and archival sources to ground the assessment team in available information. This foundation will help us make optimal use of the on-site time. We will conduct this **desk review** of existing data, documents, reports, policies, and protocols so that our team arrives with a preliminary understanding of key processes pertinent to the project. To accomplish this, the project team will prepare a desk review tool and data request based upon information from the initial calls and site visit, as well as our deep understanding of Texas first responder, justice, and behavioral health systems. We will also conduct telephonic key informant interviews and conference calls with city, county, law enforcement, LMHA, and hospital leaders to inform the development of the tool and the data request. Following receipt of information from the data request, we will conduct the desk review and develop protocols for the onsite review. Expected timing is:

- Month One – Finalize and deliver data request.
- Months One and Two – First set of data in response to request is delivered to MMHPI team; begin on-site reviews and focus groups.
- Months Two and Three – All data delivered to MMHPI team; continue on-site reviews.
- Month Three – Complete desk review.
- Month Four – Complete on-site review.

The **full-team primary on-site review** will span four days and is anticipated to occur after all data have been received (Months Three and Four). Each of the project leads will be joined by support staff to provide an analysis of clinical operations and quality improvement operations. This integrated team approach will allow us to make the best use of each team member's expertise across the assessment. For the most part, team members will conduct their interviews and reviews independently, with time each day to compare notes and emerging hypotheses.

Quantitative Analysis and Draft Report

Concurrent with the on-site review, Dr. Tim Dittmer will lead a benchmarking analysis of performance data from providers in Nueces County over time and in comparison to systems in other similar cities and counties across Texas and nationally. This analysis will be completed in Months Three and Four, with the opportunity to factor in any new data gathered through the initial on-site review. The **draft report** on initial findings, including a cross-system synthesis, geographic information system (GIS) mapping, and high-level recommendations, will be submitted by Month Five.

Follow-Up On-Site, Final Report, and Final Presentation

Follow-up on-site meetings will then be held in Months Five and Six to review recommendations with local project leadership and other behavioral health system leaders. MMHPI project leads will participate in person. The focus of these meetings will involve reviewing the draft findings to refine them and address any gaps; however, the primary goal will be to review and deepen the recommendations.

The **final draft report** will be submitted by Month Six for final review. The **final report** will be submitted in Month Seven. We propose scheduling the **final presentation** of findings and achievable recommendations for local leadership after the report is finalized.

Budget

The cost of the full engagement is $200,000, inclusive of all MMHPI staff and consultant time, meeting costs, travel costs, editing, and material production as well a brief period of focused technical assistance following delivery of the final report, which will include a clear and achievable plan for implementation. All deliverables will be provided in electronic format.

Project Scope	Overview	Price
Full Project with On-Site Reviews	Price for the criminal justice project; a more complete budget is available as required.	$200,000

Expertise of the MMHPI Team

The team assembled for this project is expert in the complexity of today's criminal justice and behavioral health systems, health reform, and the specific system requirements of Texas counties and local mental health authorities. We all have worked for decades with criminal justice, health, and behavioral health systems with complex financial challenges and multifaceted organizational and programmatic needs. We offer a sophisticated knowledge base of first responders, modern police science, risk-need-responsivity hybrid services in the justice system, clinical care, funding requirements, payment strategies, managed care systems, and the development of inpatient and outpatient clinical programming that combines financial viability and compliance with customer responsiveness and successful criminal justice system diversion outcomes, tailored to Texas counties. The table below summarizes the names and roles of the core team members. Additional support team members are listed in the budget.

Team Member	Role
John Petrila, JD	Project Executive Oversight

Team Member	Role
BJ Wagner, MS	Overall Project Lead, Smart Justice Lead
Paul Stokes	Co-Project Lead
Amanda Mathias, PhD	Clinical Lead/Fidelity Review of ACT and FACT
Ron Stretcher	Behavioral Health Systems Lead
Sam Shore, MSW	System and Regulatory Lead
Tim Dittmer, PhD	Quantitative Analysis Lead

This team has worked together to conduct system assessments – similar in whole or in part to the proposed project – in Austin, Dallas, Denton, El Paso, Houston, Midland, the Panhandle (Amarillo and 26 surrounding counties), the Rio Grande Valley (four counties), San Antonio, Tyler, and other complex urban systems across Texas and the nation. Our proposed consulting team will bring together national leaders in system evaluation (Petrila, Wagner), managed care practices (Stretcher and Shore), behavioral health and justice systems integration and effectiveness (Mathias, Wagner, Stretcher), and quality outcome-driven para-medicine and law enforcement practices in behavioral health crisis response and diversion (Wagner). Working together, our team offers a distinctive and proven blend of expertise that is grounded in the unique combination of constraints and opportunities Texas counties face in delivering mental health and substance use disorder services, oriented toward justice system diversion, in an increasingly integrated and cost-effective manner. Our team is also able to apply successful approaches and sound practices from across Texas and the nation. Team member biographies are provided below. MMHPI may also bring in other team members to address particular areas of needed additional expertise. Brief biographies for the entire MMHPI team can be found at: http://texasstateofmind.org/about/our-team/.

John Petrila, JD, Vice President of Adult Policy – Project Executive Oversight
John Petrila was a member of the founding Board of the Institute and is a committed member of our team. He is an attorney with 40 years of experience in mental health law and policy. Before joining MMHPI, he chaired the Department of Health Policy & Management at the University of South Florida College of Public Health. Prior to that he chaired the Department of Mental Health Law & Policy at the Florida Mental Health Institute, where he built a department that worked extensively with administrative data to inform policy at the county and state levels. He also was the first Director of Forensic Services in the Missouri Department of Mental Health and was Chief Counsel and Deputy Commissioner in the New York State Office of Mental Health.

John received his law degree and an advanced degree in mental health law from the University of Virginia School of Law. He is a national expert on data sharing and wrote the chapter on

confidentiality for the 1999 Surgeon General's report on mental health. He was a member of the John D. and Catherine T. MacArthur Foundation Research Network on Mandated Community Treatment and is past president of the International Association of Forensic Mental Health Services. In 2011, he was named a Fulbright Scholar to the Netherlands and taught and conducted research at the Forensic Psychology Program at Maastricht University.

BJ Wagner, MS, Senior Director of Smart Justice and Adult Policy – Project Lead, Smart Justice Lead
BJ Wagner, MS, Senior Director of Smart Justice and Adult Policy at MMHPI, will provide guidance on Smart Justice initiatives for the project. In her role with MMHPI, Ms. Wagner leads the Institute's Smart Justice work in helping communities across Texas transform systems to increase prevention and intervention services and reduce justice involvement for special populations. Ms. Wagner began her career in law enforcement as a county jailer and later as a law enforcement officer in North, East, and Western Texas. After graduate school and completing studies in clinical neuropsychology and counseling psychology at Texas A&M, she began working in community mental health clinics. She continued consulting with the field of law enforcement on best practices as she provided services to clientele through local mental health authorities. Ms. Wagner has developed curriculum for disciplines across the criminal justice system on mental health awareness, symptom recognition, and verbal de-escalation techniques. In her work with the Texas Department of Criminal Justice (TDCJ), Ms. Wagner developed front-end diversion and continuity of care systems for offenders with special care needs, and guided Medicaid implementation for limited populations within the state's prison systems.

Paul Stokes, Senior Director of Intervention and Diversion Policy – Co-Project Lead
Paul Stokes is based in Dallas and works closely with John Petrila, Vice President of Adult Policy, and BJ Wagner, Senior Director of Smart Justice and Adult Policy. He is a Marine and a 30-year veteran of the Dallas Police Department.

Paul rose through the ranks of the Dallas Police Department (DPD), serving as Patrol Bureau Assistant Chief, Deputy Chief, Patrol Commander, manager of the Public Information Office, a DPD helicopter pilot, and Commander of the Violent Crimes Task Force. His most recent assignment included serving as Assistant Chief of Police over the Investigations and Tactical Support Bureau, which includes violent crimes, homicide, crimes against children, narcotics, gang, SWAT, and criminal intelligence services.

Throughout his many areas of service, Paul was widely known for his ability to establish collaboratives that enhanced community relations and public safety for the communities he served. He oversaw the establishment of a regional law enforcement alliance focused on

property crime reduction. This area-wide effort linked 16 participating agencies across North Texas that utilized emerging technologies to reduce crime. He was instrumental in the establishment of RIGHT Care in Dallas as part of the Caruth Smart Justice Project, an approach to early intervention with people in crisis that is helping transform the crisis system in Dallas.

Throughout his career Paul, a Master Peace Officer, was awarded the Meritorious Conduct Award, three Life Saving Awards, four Certificates of Merit, the Kids and Cops Award, a Mayoral Proclamation, and National Airborne Law Enforcement Officer of the Year Award, along with over 85 additional Dallas Police Department and external commendations. He has a bachelor's degree from the Southeastern Oklahoma State University and is a graduate of the Caruth Police Institute and the FBI National Academy.

Amanda Mathias, PhD, Director of Innovation – Project Clinical Lead
Amanda Mathias, PhD, holds a Doctorate of Philosophy in Marriage and Family Therapy, and is a licensed marriage and family therapist and licensed professional counselor. With nearly 20 years of experience in both community social services and community mental health, she has served in various clinical and administrative capacities throughout her career. Her service throughout Texas has centered on populations of people in poverty and those who are homeless and underserved. In her clinical and programmatic development opportunities, Dr. Mathias has applied her focus to people living with serious mental illness, co-occurring substance use disorders, and physical medical conditions through evidence-based and innovative care. She has served, directed, and led a range of community-based programs, including an innovative project addressing patterns of frequent, repeated utilization of the criminal justice system and local emergency and hospital services; homeless services programs; and juvenile and adult forensic treatment and assessment. She has also provided operational and clinical oversight for an inpatient rehabilitation center for offenders with mental illness. Her concentration in program development has been in integrated, trauma-informed, person-centered treatment models while developing supervision/leadership models supporting the clinicians who work with these highly intense, assertive treatment projects. Dr. Mathias is recognized for her expertise in transforming the assertive community treatment model in Texas as well as providing assessment and clinical implementation strategies for improving local mental health systems.

Ron Stretcher, Senior Director of System Management – Local Behavioral Health System Project Lead
Ron Stretcher, Senior Director of Systems Management, brings over 30 years of experience in the social, health, and judicial services field to MMHPI. Mr. Stretcher recently retired after 26 years with Dallas County, serving his last eleven years as criminal justice director. He was instrumental in lowering and stabilizing the jail population, improving pre-trial release services,

and expanding jail diversion for special populations in the county. Mr. Stretcher also served 10 years as deputy director of the Dallas County Juvenile Department, where he developed and implemented family preservation programs, a charter school for local juvenile facilities, and an alternative education program for students expelled from school. He also managed several grant programs for Dallas County, including the Ryan White HIV Services and related programs. Prior to joining Dallas County, Mr. Stretcher worked for the Texas Department of Human Services (now part of the state Health and Human Services Commission) in the income assistance division (the old Food Stamps and AFDC programs). Mr. Stretcher represented the Dallas County Commissioners Court on the Board of Directors of the North Texas Behavioral Health Authority (NTBHA), and was chairman of the board during NTBHA's transition from managed care to a community center model of providing services. He was a founding member of the Dallas County Behavioral Health Leadership Team, which coordinates behavioral health services for the county. Mr. Stretcher also founded the Texas Criminal Justice Planners Executive Forum and is a past chair of the North Central Texas Council of Governments Policy Development Committee.

Sam Shore, MSW, Senior Director of State-Local Collaboration – System / Regulatory Project Lead

Sam Shore holds a Masters in Social Work from The University of Texas at Austin and is licensed in Texas. The focus of his consultations has been creating recovery- and resiliency-oriented systems of care in publically-funded settings at the state and local levels. He has 40 years of experience in the field of mental health services and policy. Mr. Shore has served in several leadership positions in his career and has acquired extensive experience in public mental health services strategic planning, policy development, operations, and evaluation. In his career in the Texas mental health system, Mr. Shore held positions in community mental health, state hospital psychiatric inpatient services, and the state office. He served as the project director for several successful SAMHSA grant projects, including the Mental Health Transformation grant, which allowed the state to work with community collaboratives to build a strong foundation of recovery-oriented systems of care for people with serious mental illnesses and children with serious emotional disturbances. He also served as the state director of mental health services for veterans and their families, and project director of a jail diversion and trauma recovery grant. The jail diversion grant focused on developing state and local policies and practices to benefit veterans and their families. Mr. Shore has special interests and experience in self-directed care, integration of physical and behavioral health systems, and trauma-informed care.

Timothy Dittmer, PhD, Chief Economist – Project Quantitative Analysis Lead

Timothy Dittmer, PhD, is responsible for all econometric analysis for the Institute. He has consulted as an economist regarding behavioral health and human services for nearly two decade, having served as a professor and tenured chair of the Department of Economics at

Central Washington University from 1999 to 2014. Dr. Dittmer is expert in applied economic analysis across a wide array of public policy domains, including health care, and has worked with a wide range of econometric methods for estimating the cost-benefits for behavioral health and human services interventions. His interests include veterans issues given his service in the United States Army and National Guard (1984-1992, 2001-2009) that included two tours in Iraq (2004-2005, 2008-2009) and award of the Combat Infantry Badge and Bronze Star.