

BUREAU OF JUSTICE ASSISTANCE
JUSTICE AND MENTAL HEALTH
COLLABORATIVE PROGRAM
Travis County, Texas

Phase I Strategic Plan

September 28, 2012

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Travis County, Texas

Phase I Strategic Plan

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I. Executive Summary

Project Goals

The Travis County Criminal Justice Planning (CJP) Office was awarded a Justice and Mental Health Collaboration Program planning grant by the U.S. Department of Justice, Bureau of Justice Assistance (BJA). The grant is designed to be Phase I in the development of a community-wide strategic plan to address the needs of individuals diagnosed with severe and persistent mental disorders, such as bipolar disorder and schizophrenia who are or become incarcerated in the Travis County Jail and have co-occurring substance use disorders. This group is defined as the target population. The purpose of the grant was to begin the process of creating a seamless, evidence-based continuum of care for the target population.

Methodology

A representative, community-wide Advisory Board and several sub-committees met to identify barriers to care and coordination of services for the target population as well as early intervention opportunities that would promote offender success and foster public safety. The Board agreed to use the Sequential Intercept Model (SIM) from the GAINS Center for Behavioral Health and Justice Transformation as the framework for this first phase of planning.

An initial cohort of 652 individuals met the defined criteria for the target population. Detailed data analysis regarding health care utilization, criminal justice involvement, and behavioral health patterns by this cohort are presented in this document.

Conclusions

The Advisory Board made progress in gathering and analyzing data related to the target population, identifying potential barriers to care, and selecting areas where improved coordination of care and collaboration would benefit individuals in the target population and the community. The Advisory Board served as a forum for improving communication and understanding among participating organizations about the benefits and challenges of existing services. The work of the Advisory Board, including the research, analysis, and discussions that occurred during this first phase of planning, is detailed in this strategic plan.

While the Advisory Board made significant strides in identifying opportunities for service delivery integration, additional research, data analysis, and planning remain to be completed. Phase II collaborative efforts for improved program planning and coordination of services are already underway. With the consumer as the center of the Advisory Board's continued efforts, and involvement from an Executive Committee of individuals who can impact local budgets and service delivery strategies, the participants in the Phase I planning process are ready to address the next steps in implementing the goals of the Mental Health Collaboration Program.

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II. Project Overview and Methodology

Project Overview

The Travis County Criminal Justice Planning (CJP) Office was awarded a Justice and Mental Health Collaboration Program planning grant by the U.S. Department of Justice, Bureau of Justice Assistance (BJA). The grant is designed to be Phase I in the development of a community-wide strategic plan to address the needs of individuals diagnosed with severe and persistent mental disorders, such as bipolar disorder and schizophrenia, and have co-occurring substance use disorders; and who are incarcerated in the Travis County Jail.

The purpose of the grant was to begin the process of creating a seamless, evidence-based continuum of care for the target population, address identified barriers to care and coordination of services, and enhance early intervention opportunities to promote offender success and foster public safety. The planning was to incorporate a trauma-informed, recovery oriented approach for the target population and to address the needs of women and the uninsured and underserved populations.

The grant application generated broad support and participation from the many public and private agencies providing services to the target population, including the following organizations that provided letters of support for the grant application: Austin City Council, Austin/Travis County Health and Human Services, Austin/Travis County Integral Care (ATCIC), Austin/Travis County Reentry Roundtable, Caritas of Austin, Central Health, Downtown Austin Community Court (DACC), Ending Chronic Homelessness Coalition (ECHO), Front Steps, Travis County Mental Health Public Defender's Office, National Alliance on Mental Illness (NAMI), Seton Healthcare Family, Travis County Attorney's Office, Travis County District Attorney's Office, Travis County Criminal Courts, and Travis County Sheriff's Office (TCSO).

Morningside Research and Consulting was contracted to facilitate the strategic planning process and draft the strategic plan.

Why Planning is Needed

The need for services to address the multiple challenges faced by the target population is well-documented. Mental health conditions are broadly defined by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services as "conditions that involve changes in thinking, mood, and/or behavior, and they are associated with distress or impaired functioning."¹ According to

¹ Facts about Common Mental Illness. <http://promoteacceptance.samhsa.gov/publications/thefacts.aspx> Downloaded 8/30/12.

SAMHSA, when these conditions are more severe, they are called mental illnesses. Severe conditions include anxiety disorders, schizophrenia, and depressive and other mood disorders.

An estimated 26.2 percent of Americans over the age of 18 suffer from a diagnosable mental disorder with 2.6 percent suffering from a serious mental health issues.² More than 1 million Texans have a serious mental health issues.³ Texas ranks 48th out of 50 states in per capita funding for behavioral health services.⁴ According to the 2012 Community Action Network (CAN) Community Dashboard, 20 percent of the Travis County population—one in five people—reported poor mental health in 2010.⁵

Research has indicated that the incidence of serious mental health issues, such as schizophrenia, bipolar disorder, major depression, and post-traumatic stress disorder, is two to four times higher among individuals in prison than it is among those in the general population.⁶ A 2010 report from Austin/Travis County Integral Care (ATCIC) found that between 17 and 20 percent of the inmates booked in Travis county have severe mental health issues.⁷

The community dashboard data from the Psychiatric Stakeholder Group provides the percent of inmates screened with both psychiatric and psychiatric special needs for fiscal years (FY) 2011 and FY 2012 year-to-date, the number of individuals in area hospital Emergency Departments (EDs) needing inpatient psychiatric services and the wait time for those psychiatric beds from the ED, and information on wait times and service levels for Psychiatric Evaluation Services (PES) and Mobile Crisis Outreach Teams (MCOT). These community-wide data demonstrate an increase in the volume of individuals and wait times for services in several of these measurement areas.

Defining the Target Population

The target population for the CJP grant includes individuals diagnosed with a priority population major mental disorders, as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), have a co-occurring substance use disorder, and were booked into the Travis County Jail. The TCSO identified an initial cohort of

CJP Planning Grant Target Population Definition

- Booked in the Travis County Jail during calendar year 2011.
- Has a state-defined priority population mental health disorder.
- Has a co-occurring substance use disorder.
- A total of 652 individuals met this criteria in 2011, according to the Travis County Sheriff's Office
- The target population in 2011 is 24 percent female and 76 percent male.

² Stone, Susan, MD, JD. "Continuity of Care Task Force Final Report." August 2010.

³ Ibid.

⁴ Stone, Susan, MD, JD. and James R. Van Norman, MD. "Behavioral Health Community Indicators Project presentation." Web. www.indicatorsinitiative.org. Accessed July 1, 2012.

⁵ Community Access Network Community Dashboard. Web. www.cancommunitydashboard.org. Accessed July 1, 2012.

⁶ Hammett, Theodore M., Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

⁷ Austin Travis County Integral Care. "Jail Diversion Plan." March 1, 2010. Page 1. Print.

652 individuals who met this criteria during calendar year 2011. The target population is approximately one-quarter female and three-quarters male, and the entire target population is uninsured and or under-insured.

Creating the Advisory Board

The first priority for the project was the creation of an Advisory Board. According to the grant application, members of the Advisory Board were charged with developing short- and long-term goals and objectives designed to create a seamless continuum of care for the target population. In addition, the Advisory Board was to identify gaps in services, unmet mental health needs, and linkages for persons involved in the criminal justice system.

Approximately 50 stakeholders in the community received an invitation to join the Advisory Board. An introductory meeting was held on February 24, that was attended by 32 individuals. TCSO presented an overview of the target population and the meeting concluded with committees meetings and discussion about how to proceed.

Between 25 and 30 individuals have consistently attended each Advisory Board meeting. The Advisory Board currently has representation from multiple organizations, including mental health and substance abuse providers, law enforcement, pretrial services, courts, jails, community corrections, housing, health care, non-profit organizations, and consumer advocates. Advisory Board members were asked to sign participation agreements in which they agreed to assist in the development of short- and long-term goals and objectives to create a system of care for the target population. A full list of organizations that signed the Advisory Board Member Agreement committing to full participation in the process is provided in Appendix A. The agreement is also included in the Appendix.

The Advisory Board met as a large group on nine separate dates:

- February 24, 2012
- March 15, 2012
- March 27, 2012
- April 13, 2012
- May 1, 2012
- May 22, 2012
- June 15, 2012
- July 13, 2012
- August 28, 2012

Committees

The Advisory Board began discussions about gaps in services and unmet needs for the target population and identified topics for further deliberations. The Advisory Board formed three committees related to the topics of discussion that would inform Phase I of this strategic planning process as described below:

Data collection committee. The data collection committee worked on the following action items:

- Determine what data would assist with the strategic planning process.
- Identify existing available data.
- Identify who had the available data.
- Review existing data from Travis County Criminal Justice Planning for mental health treatment, law enforcement, and criminal justice outcomes.
- Identify gaps in data that were needed for service planning.
- Develop a plan for the creation of a uniform database.

Sustainability committee. The sustainability committee discussed the following topics:

- Create a list of funding sources/streams to continue sustainability and planning efforts.
- Gather information needed to apply for or obtain funding.
- Collaborate with policy makers on grant writing.
- Collaborate with policy makers on recommendations.

Service planning committee. The service planning committee discussed the following topics:

- Determine the strengths and weaknesses of existing services to the target population.
- Assess gaps/issues with existing services, paying specific attention to:
 - a. trauma-informed care,
 - b. justice-involved women, and
 - c. locally un-served or underserved populations.
- Determine community needs for additional mental health, criminal justice, and substance abuse programs.
- Determine where efficiencies can be achieved by combining or co-locating existing services and programs.

Planning Documents

In the early stages of the planning process, Advisory Board members recommended several documents that contained information for guiding the planning efforts for this grant. Those reports were distributed and discussed as various points in the planning process. The documents that helped guide the planning efforts are included in the bibliography in Appendix B.

Sequential Intercept Model

The Sequential Intercept Model, or SIM, is a tool that was developed by researchers and psychiatrists to provide communities with a framework to better understand how individuals with mental health conditions interact and intercept with the criminal justice system. Individuals in the target population tend to cycle through the health care and mental health systems getting emergency or one-time services that address their current acute symptoms but never provide a long-term solution to the problem. Without a thorough review of the programs and processes within each intercept or the collaboration and integration of services across systems, the criminal justice system can become a revolving door for individuals within the target population.

History of the SIM. The graphic on the following page illustrates the original SIM that was developed in 2006 by psychiatrists and researchers concerned about the over-representation or “criminalization” of people with mental health issues within the criminal justice system.⁸ These researchers believe that people with mental health issues should not “penetrate” the criminal justice system at a higher rate than those within the community without mental health issues. They believe that the “presence of mental illness should not result in unnecessary arrest or incarceration.”⁹

The Advisory Board utilized a newer SIM model from the SAMHSA GAINS Center for Behavioral Health and Justice Transformation. A graphic representation of this model is also provided on the following page. According to the GAINS Center, the three responses that are needed in each community to help break the cycle of repeated involvement with the criminal justice system by those with serious mental health issues are:

- *Diversion programs* to keep people with serious mental health issues who do not need to be in the criminal justice system in the community.
- *Institutional services* to provide constitutionally adequate services in correctional facilities for people with serious mental health issues who need to be in the criminal justice system because of the severity of the crime.
- *Reentry transition programs* to link people with serious mental health issues to community-based services when they are discharged.¹⁰

Advisory Board SIM. The Advisory Board chose to use the framework recommended by the GAINS Center as a tool to guide their Phase I assessment and planning efforts. The Advisory Board determined that the target population interacted with the criminal justice system in Travis County along the main five intercepts defined by this model, and added an initial “Intercept 0” for community services:

0. Community Services
1. Law Enforcement

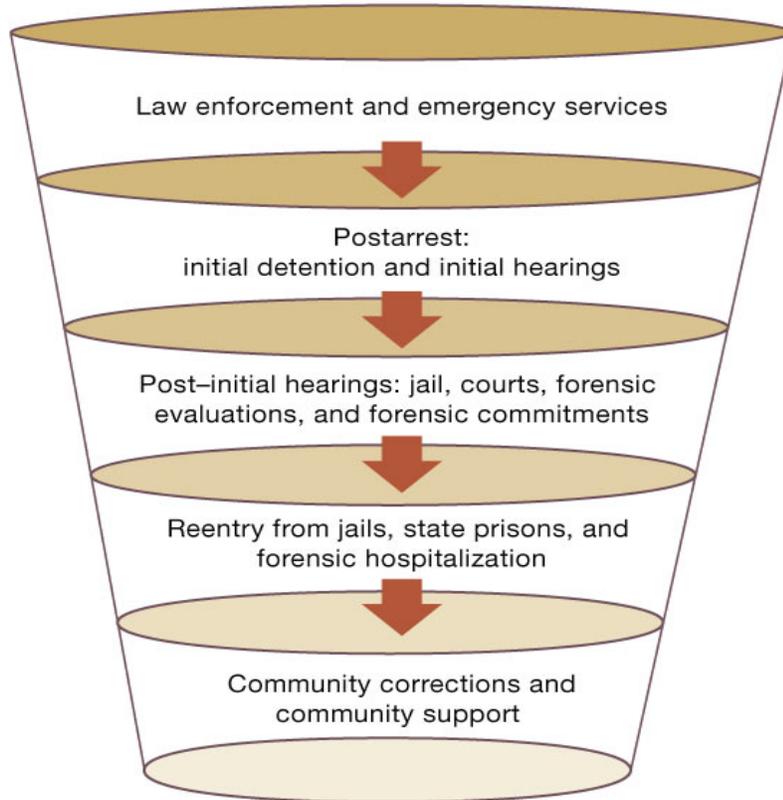
⁸ Munetz, Mark MD and Patricia Griffin, Ph.D. “Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness.” *Psychiatric Services* 57 (April 2006).

⁹ Ibid.

¹⁰ “Sequential Intercepts for Developing CJ-MH Partnerships.” The CMHS National GAINS Center, Substance Abuse and Mental Health

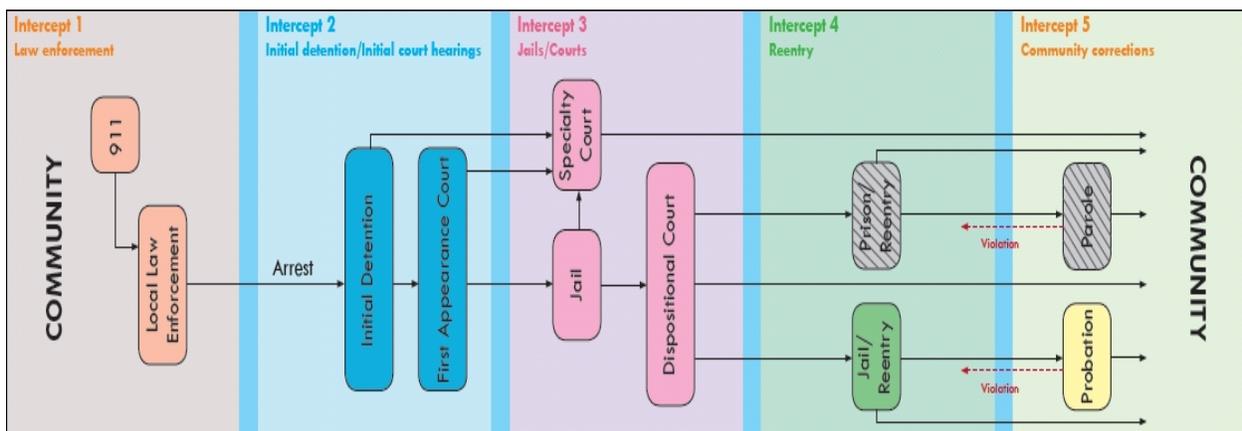
Original Sequential Intercept Model (SIM)

Best clinical practices: The ultimate intercept



Source: *Psychiatric Services*, April 2006, Vol. 57, No. 4, 544-549.

SIM Model Adopted by Travis County Mental Health Planning Grant Advisory Board



Source: Developing a Comprehensive Plan for Mental Health & Criminal Justice Collaboration: The Sequential Intercept Model. The National GAINS Center for Mental Health Services.

2. Initial Detention and Initial Court Hearings
3. Jails/Courts
4. Reentry
5. Community Corrections

The Advisory Board set as one short-term goal the completion of the SIM for each organization and program providing services to the target population within the county criminal justice system. In addition to the Advisory Board meetings, small group meetings were held focusing on each intercept in the model approved by the Advisory Board.

The Advisory Board made significant progress in identifying the existing services available within each intercept, the funding sources for those services, relevant data that was available, program gaps and barriers, and possible solutions. The intercept teams also identified existing best practices that are available for those programs. This analysis enabled the Advisory Board members to view the Travis County criminal justice system comprehensively and generated discussion about the interactions and relationships within and between the intercepts. The Advisory Board adjusted the SIM throughout the planning process to ensure that it accurately reflected the system of services available to the target population. The SIM is still a work in progress and will be updated with further planning in Phase II. The detailed SIM developed by the Advisory Board is shown in Appendix C.

Intercept 0. The Advisory Board included in the SIM an “Intercept 0” for community services and safety net providers that provide a system of care that is critical to early diversion by providing services to individuals to prevent their entry into the criminal justice system. Intercept 0 includes services that are available community-wide and are not limited to individuals in the criminal justice system. While some program components for Intercept 0 were completed during this planning process, the Advisory Board chose to focus their time on the other intercepts with the expectation that Intercept 0 will be further developed in future phases of this planning process.

A presentation was made to the Advisory Board in April by Central Health, the local healthcare district and taxing authority, on their work currently being conducted in coordination with ATCIC, the local mental health authority, on behalf of Texas Senator Kirk Watson’s 10 Goals in 10 Years initiative.¹¹ This “10-in-10” initiative is focused on improving community health over the next 10 years with 10 specific goals, one of which is Goal 7, to provide needed psychiatric care and facilities.

The presentation to the Advisory Board included a diagram that illustrates the components of a comprehensive set of community services for individuals with mental health issues. Services on this diagram focus on a continuum of prevention and supported recovery services as well as ongoing mental health and substance use screening services. The model supports the integration of primary care and behavioral health care services. This model for a continuum of community services is shown in Appendix D.

¹¹ Kirk Watson, Texas Senator. “10 Goals in 10 Years.” <http://www.kirkwatson.com/austins-health/10-goals-in-10-years>. Accessed July 27, 2012.

Existing evidence-based practices. Included in the SIM are a number of existing programs and services, many of which are evidence-based best practices in place in the community for the target population and other uninsured, under-insured individuals who need access to supportive services. For example, permanent supportive housing is an evidenced-based practice. As noted in the SIM Intercepts 0, Community Services, and 4, Reentry, several organizations provide permanent supportive housing services, including Caritas of Austin, Foundation Communities, Green Doors, Front Steps and the St. Louise House program. These organizations have a combined capacity of just over 260 units, but not all of these units are available to ex-offenders.

The Crisis Intervention Teams (CIT) currently in place at the Travis County Sheriff's Office and Austin Police Departments, the mental health court dockets, and the Outpatient Competency Restoration Program identified in SIM Intercept 3, Jails and Courts, and many of the classes and programs affiliated with the Jails and Courts, such as the Rise Up and Power programs targeting individuals with substance use issues, GED education programs, and the peer and family support and reunification programs such as Parents and Children Together (PACT) are all best practice, evidence-based programs available to the target population and others in Travis County. These programs face a number of challenges, including lack of sustainable funding, modern educational teaching facilities and tools (computers and internet access), and community engagement on programs and issues related to ex-offenders.

Data Collection and Literature Review

In order to provide context and information for the first phase in the development of the strategic plan, Advisory Board members were asked to identify existing information, research, or literature about the target population to assist in the identification of gaps in current mental health services across the Travis County mental health and criminal justice systems. The Advisory Board identified several sources of information available at the local, regional, and national levels that document the issues related to individuals with co-occurring mental health conditions and substance use disorders and their encounters with the criminal justice system.

In addition, Morningside Research and Consulting collected and reviewed local, regional, and national data sources related to the target population. The reports and data sources document the fragmentation and barriers that exist for individuals with complex mental health needs who require access to coordinated and often continuing care and services across multiple systems and providers. This literature provides the context for understanding the target population as well as sub-populations, including the uninsured and under-insured populations, homeless individuals, and justice-involved women. The literature reviewed as part of this process is provided in Appendix B.

Sharing Data Between Organizations

A goal for this initial phase of planning was to understand the multiple services and resources being utilized by individuals within the target population. Several organizations were able to sign HIPAA-compliant confidentiality agreements that allowed them to share information about

specific individuals in the target population. TSCO shared the names of the individuals in the target population with the following organizations:

- Integrated Care Collaboration (ICC), a partnership of regional safety-net providers that has gathered health care utilization data on uninsured and underinsured individuals for ten years. The names in the target population were matched against the ICC's extensive clinical database of health care encounters at area safety net medical providers by uninsured and underinsured individuals.
- Downtown Austin Community Courts (DACC) for matching with the DACC's frequent offender's list. DACC considers an individual to be a frequent offender if they have 25 or more Class C misdemeanors in a two-year time period.
- Austin/Travis County Integral Care (ATCIC), the local mental health authority, for a match with their current client population.

III. Target Population Analysis

Characteristics of the Target Population

The Travis County Sheriff's Office (TCSO) identified 652 individuals who had been booked into the Travis County Jail during calendar year (CY) 2011 with serious mental health issues and a co-occurring substance use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV).

Gender and Diagnosis

The target population is approximately one-quarter females (24 percent) and three-quarters male (76 percent). The average age of the female population is 36.6 and the average age of the male population is 37.4. The target population includes individuals with one of the following diagnoses:

- Bipolar disorder
- Major depression
- Schizophrenia
- Schizoaffective disorder
- Psychotic disorder—not otherwise specified (NOS)

The majority of the population (56 percent) has a diagnosis of bipolar disorder, followed by major depression (16 percent).¹²

TRAG Assessment Scores

In addition to having one or more of the diagnoses listed above, the individuals in the target population scored a three or higher on the Texas Recommended Assessment Guidelines (TRAG) screening tool in the co-occurring substance use area. The TRAG is used by the state of Texas to determine the level of care for which an individual is eligible and it is also used by the local mental health authority and TCSO for coordination and continuity of care for the individual. The TRAG is administered by TCSO once an inmate has been determined to have mental health issues. The TRAG matrix helps the service providers to know the type and extent of services needed based on a score of 1 to 5 that the individual assigns to each question in each of nine specific areas. The TCSO-administered TRAG uses seven of the nine areas:

- Employment: measures the degree of employment within the past year including number of jobs, days of employment, and whether there is a desire for work.
- Functioning: measures the ability to interact with others, maintain hygiene, function daily, fulfill role responsibilities, and to maintain activities such as sleeping and eating.

¹² Mills, Tonya, Danny Smith, and Catrina Stevens. "Travis County Mental Health Planning Grant Initial Cohort Analysis." July 2012.

- Housing: measures the individual’s current housing or homelessness status.
- Psychiatric hospitalization: measures the number of times the individual has been hospitalized within the past 180 days to two years.
- Risk of harm: measures the extent to which a person is at risk for harming themselves or others.
- Co-occurring substance use: measures the frequency and duration of substance use and the cognitive, behavioral, and physiological consequences during the past 90 days.
- Support needs: measures the extent to which support is unavailable from family, friends and community sources and the likelihood that they are to provide help when needed.

An individual receives a score of one to five in each of the seven dimensions of the TRAG listed above. The higher the score, the higher the level of crisis for that individual in that area.

Using TRAG scores, the Travis County Justice and Public Safety (JPS) office conducted a detailed analysis of the target population specifically for this planning process. The analysis revealed five groups, or clusters, of individuals, as shown in the table below. Nearly one-half (49 percent) of the target population can be categorized as having high or moderate to high needs based on their most recent TRAG assessment scores.

Target Population by Crisis Cluster			
Cluster	Female	Male	Total
High Need	42	126	168 (26%)
High to Moderate Need	46	106	152 (23%)
Moderate Need	7	54	61 (9%)
Low Need	32	119	151 (23%)
All Others	32	88	120 (18%)
TOTAL	159 (24%)	493 (76%)	652 (100%)

Source: Mills, Tonya, Danny Smith, and Catrina Stevens. *Travis County Mental Health Planning Grant Initial Cohort Analysis*. July 2012.

The High Need cluster indicates a level of crisis for these individuals across each area of the TRAG assessment, especially in the areas of functioning and housing. The High to Moderate High cluster is similar in their low level of functioning but the assessment indicates some level of stable housing.

The full report detailing the characteristics of the target population is included in Appendix E.

Health Care Utilization

Self-reported treatment. The Travis County Jail collects self-reported data from inmates on the types of community providers from which they are receiving treatment. As shown in the table below, the analysis by JPS shows that individuals in the High Need and High to Moderate Need clusters reported having no community providers at a greater rate (48 and 46 percent, respectively) than those in the other three clusters.

Self-Reported Use of Community Providers by Type by Target Population Cluster					
Community Provider	High Need	High to Moderate Need	Moderate Need	Low Need	All Others
General Family Physician	2 (1%)	5 (3%)	1 (2%)	12 (8%)	4 (3%)
ATCIC	69 (41%)	70 (46%)	32 (52%)	66 (44%)	61 (51%)
No Community Provider	81 (48%)	49 (32%)	15 (25%)	38 (25%)	34 (28%)
Other	4 (2%)	1 (1%)	2 (3%)	5 (3%)	2 (2%)
Other—Corrections	2 (1%)	4 (3%)	3 (5%)	5 (3%)	4 (3%)
Private Psychiatrist	1 (1%)	20 (13%)	4 (7%)	18 (12%)	6 (5%)
VA	3 (2%)	3 (2%)	2 (3%)	4 (3%)	1 (1%)
Unknown	6 (4%)	0 (0%)	2 (3%)	3 (2%)	8 (7%)

Source: Mills, Tonya, Danny Smith, and Catrina Stevens. *Travis County Mental Health Planning Grant Initial Cohort Analysis*. July 2012.

ICC health care encounters. In order to learn more about the health care utilization of the target population, the Advisory Board requested that the individuals in the target population be matched against the Integrated Care Collaboration (ICC) ICare database, which includes health care services provided to individuals at local area safety net providers. Names of individuals from the target population and some of their known aliases were submitted to ICC and a match was found for the majority of the

Percentage of Medical Visits by Service Line (ICD-9 code grouping) Top 5 Categories		
Category	High Need Cluster Individuals	Total All Clusters
Service Line—Mental Disorders	86%	88%
Factors influencing health status and contact with health service (V codes)	63%	57%
Symptoms, signs, and ill-defined conditions	54%	54%
Injury and poisoning	49%	50%
Diseases of the musculoskeletal system	41%	39%

Source: Integrated Care Collaboration, May 2012.

names on the list (482 or 74 percent).

As shown in the table on the previous page, a large majority, 88 percent of the matched individuals, had health care encounters at one or more of the local safety net providers where the diagnosis for that encounter was mental health related.

Matched individuals from each cluster group were also found to use the local hospital emergency departments (EDs) significantly more often than area clinics; between 85 and 97 percent of the matched individuals within each cluster had at least one ED visit during CY 2011 while only 21 to 36 percent of the population had a clinic visit during the same time period. While overall, the target population used local EDs more frequently than local primary care clinics, individuals in the High Need cluster also had fewer overall clinic visits than the group as a whole and more inpatient hospitalizations.

Patient Utilization by Visit Type		
Category	High Need Cluster Individuals	Total All Clusters
Clinic visit	23%	28%
Emergency Department visit	92%	93%
Inpatient Hospitalization visit	20%	17%

Source: Integrated Care Collaboration, May 2012.

Appendix F contains more detailed data about the ICC analysis of the health care utilization of the target population. Additional detailed matches and analyses for Phase II of this project have already been requested and are being considered by the Data Committee at this time and include more detailed review of the types of healthcare services utilized at area safety net providers, including Austin/Travis County Emergency Management Services (EMS).

Substance Use

Based on TRAG scores, most individuals in the target population indicate a level of risk and crisis in the substance use dimension. While all 652 individuals in the target population scored a 3 (the minimum level for identification as part of the target population) or higher in the substance use dimension, over two-thirds of the target population (69 percent) scored a 4 or higher, which is indicative of significant need.

As an indication of the impact of intervention, criminal justice outcome data from the Road to Recovery Program (formerly Project Recovery) reviewed data from January 2000 to December 2010. Individuals arrested for public intoxication (PI) charges who subsequently enrolled in and completed the Road to Recovery program showed reductions in the average number of PI charges and total arrests in the 12 months following program admission from the year prior to program enrollment.¹³

¹³ Travis County Criminal Courts Administration. Project Recovery overall statistics. December 2010.

Impact on Travis County Criminal Justice System

Travis County Jail. The impact of the target population on the criminal justice system was also analyzed by the Travis County JPS office for this planning process. A three-year review of the total booking history for the target population, from January 1, 2009, through December 31, 2011, was conducted. This analysis revealed that the individuals in the High Need cluster had a total of 4,387 bookings during the three-year time frame, or an average of 26 bookings and 427 jail bed days per person.

Impact to Travis County Jail by Target Population 3-Year Booking History (January 1, 2009—December 31, 2011)				
Cluster	Average bookings per person	Average JBD's per person	Average bookings per person per year	Average JBD's per person per year
High Need	26.11	427.38	8.70	142.46
High to Moderate Need	11.23	221.76	3.74	73.92
Moderate Need	17.92	387.46	5.97	129.15
Low Need	17.81	275.17	5.94	91.72
All Others	11.08	216.18	3.69	72.06

Source: Mills, Tonya, Danny Smith, and Catrina Stevens. *Travis County Mental Health Planning Grant Initial Cohort Analysis*. July 2012.

Downtown Austin Community Court. The list of individuals in the target population was also matched with data from the Downtown Austin Community Court (DACC), which processes Class C misdemeanor offenders. DACC offers offenders options for treatment or community restitution. The data match by cluster are provided in the table below. These data indicate that the majority of individuals in the High Need cluster (67 percent) were found to be part of the DACC frequent offenders data set—those individuals with 25 or more misdemeanors

Analysis of DACC and Target Population Data			
Cluster	Target Population	DACC Match	Percentage
High Need	168	113	67%
High to Moderate Need	152	68	45%
Moderate Need	61	27	44%
Low Need	151	38	25%
All Others	120	45	38%
Total	652	291	45%

Source: Downtown Austin Community Court (DACC) analysis. July 12, 2012.

in a two-year time period. This finding is consistent with the low level of housing and functioning assessment scores for the High Need cluster.

Use of Community Mental Health Services

The list of individuals in the target population was matched to the ATCIC database to determine the level of overlap between the target population and those currently receiving services from ATCIC. Of the total population of 652 individuals, ATCIC was able to identify nearly 500 of those individuals (497 or 76 percent) as having recently received services through ATCIC programs. Seventy-four percent of the matched individuals were male and 26 percent were female, which is consistent with the gender breakdown in the overall target population. Individuals within the target population were being treated by ATCIC predominantly for the following diagnoses:

- Bipolar Disorder—34 percent
- Major Depression—17 percent
- Schizophrenia—22 percent
- Substance Abuse—5 percent
- All other diagnoses—22 percent

Additional analysis is currently underway to capture a full set of ATCIC-administered TRAG score data on each individual from the target population matched with the ATCIC dataset.

Justice-Involved Women

Significant research has been conducted on the differences between male and female offenders within the criminal justice system. Differences exist in the “pathways” or patterns of crimes for males versus females as well as their levels of abuse and victimization, the presence of mental health issues, their socioeconomic status, and their experiences within the criminal justice system.¹⁴

Within the Travis County target population cohort, women represent only one-quarter of the entire population, but the majority (55 percent) of the women are grouped within the High Needs (26 percent) and the High to Moderate Needs (29 percent) cluster categories.¹⁵ Of the 42 women in the High Needs cluster, 90 percent had a TRAG score of 4 or 5, indicating that these women are in crisis. Additional data analysis of the women within the target population, their utilization of mental health, community health, and criminal justice services can be conducted in subsequent planning efforts. A comparison with ICC healthcare data utilization could reveal additional patterns that could be used to inform recovery-oriented systems of care for the women in the target population.

¹⁴ Modley, Phyllis and Rachele Giguere. “Reentry Considerations for Women Offenders.” 2010.

¹⁵ Mills, Tonya, Danny Smith, and Catrina Stevens. “Travis County Mental Health Planning Grant Initial Cohort Analysis.” July 2012.

Homelessness

The target population cohort analysis also indicates a level of crisis in the housing dimension of the TRAG for two out of five of the cluster groups. Individuals within the High Needs and Moderate Needs clusters had a higher than average number of individuals in crisis for housing.¹⁶

Several existing evidence-based practice programs related to housing in Travis county include both emergency, temporary, transitional, and permanent supportive housing units, but the funding is currently inadequate to serve Justice and Public Safety (JPS) clients for more than a 30-day time period, and there are insufficient housing providers in the community. The lack of sufficient housing resources is especially notable for females in the target population.

The Ending Community Homeless Coalition (ECHO) provided support for this grant through letters and participation, and they collect information on individuals experiencing homelessness. Analysis of the target population shows that housing is an issue for nearly one-third (29 percent) of the cohort and further analysis is needed on the overlap between the target population and the population served by ECHO. A recent set of survey data on Travis County homeless individuals by ECHO (who may or may not be part of the target population specifically) was linked to the ICC's clinical database repository and data are available on the results of that data matching. Some of those results are displayed in the table below.

Austin 100 Homes Campaign Survey Health Issues		
Category	Number	Percent
Mental health issues cited	140	48%
Victims of physical attack while homeless	100	35%
Tri-morbid (substance use, medical problem, and mental health issues)	72	25%
3 visits to the ER in the last year	64	22%
3 visits to the ER in the last 3 months	49	17%

Source: 100 Homes, November 7-9, 2011, Vulnerability Index Survey data results. (N= 289 surveys)

A Travis County Veterans Intervention Project (VIP) collaboration has also collected and analyzed data that provides information on self-identified veterans who are arrested and/or who report homelessness at some point, but analytics and data matches have not yet been performed between the target population and any veterans data to date due to the small number of veterans identified within the target population to date. Phase II planning and evaluation will consider this additional analysis if needed.

¹⁶ Mills, Tonya, Danny Smith, and Catrina Stevens. "Travis County Mental Health Planning Grant Initial Cohort Analysis." July 2012.

Cost Analysis

Travis County and the City of Austin are primarily responsible for funding the local criminal justice system. Adult probation services are provided by the Travis County Adult Probation department, which is funded primarily with state funding. Supplementary funding for some program areas identified in the Sequential Intercept Model (SIM) comes from federal, state, and sometimes local private and not-for-profit sources.

Estimated Criminal Justice Budget

The SIM developed by the Advisory Board includes a section in each program or service to specify the level of funding available. While the total funding identified in the SIM is nearly \$3 million, this amount does not represent the full costs of providing services. Not all of the intercept planning groups specified the budget for their programs and funding allocations for some programs could not be easily separated from a program or agency allocation.

Jail Costs

Travis County JPS, TCSO, and the Travis County Planning and Budget office have collaborated to identify the costs of incarcerating individuals with mental health issues. These individuals are identified as either “psychiatric” and “psychiatric special needs” inmates; inmates identified as psychiatric special needs have higher needs and may require special housing separate from other inmates.

Travis County estimates that it costs approximately \$92 per day in fixed costs and \$12 per day in marginal costs to house a psychiatric inmate. The costs for psychiatric special needs inmates are \$142 per day in fixed costs and \$35 in marginal costs.¹⁷ The county also estimates that it spends \$100,000 a month on psychiatric medications for these inmates.¹⁸

The individuals in the target population who are in the High and High to Moderate Needs clusters are classified as part of the psychiatric special needs population, while individuals in the other three clusters are grouped into the psychiatric category. Based on the jail bed day utilization of these inmates, the total estimated costs for the target population is approximately \$12,000 per person per year while the marginal cost is closer to \$2,000 per person per year. A more detailed discussion of the difficulties in calculating costs and costs savings related to providing services to inmates with mental health issues can be found in Appendix E.

Emergency Department Cost Analysis

A list of individuals in the target population who had an ED visit at a Seton Healthcare Family facility have been submitted to Seton by ICC for a more detailed analysis on the level of care received by those individuals in order to determine a cost estimate for ED visits by individuals

¹⁷ Mills, Tonya, Danny Smith, and Catrina Stevens. “Travis County Mental Health Planning Grant Initial Cohort Analysis.” July 2012.

¹⁸ Smith, Danny. Travis County Sheriff’s Office. “Med Cost Data.” Email to Sandy Simmons. August 29, 2012. Email.

with mental health issues.

Caution in Determining Costs

The costs discussed in the sections above do not capture the full costs to the community of providing services to the target population in jails and emergency rooms. Costs that are not captured in the data include the following:

- Booking costs.
- “Wear and tear” on staff: assaults, absenteeism, etc.
- Time spent by hospital staff that must remain in one-on-one contact with ED individuals with mental health issues.
- Police costs to respond to calls.
- Attorney costs associated with each booking.
- EMS costs.
- Costs to transport inmates.

The Advisory Board discussed the need to proceed carefully in discussing “costs”, “cost-avoidance”, and “cost-savings” to the community. Any program that is created to address the needs of the target population may have the potential to save money, but that may not result in the ability to reduce the number of jail beds, jail staff, ED beds, and ED staff in the short-term.

IV. Strategic Plan

This strategic plan is the culmination of the work of the Advisory Board and its committees over the six-month period beginning in February 2012 through August 2012. The strategic plan represents the deliberations and work of the Advisory Board based on the information, individuals, and resources that were available to the Advisory Board during this period.

The strategic plan is divided into the following sections:

- Guiding Principles
- Solutions Needed by Intercept
- Implementation Plan
- Sustainability Plan
- Collaboration Plan

Guiding Principles

The Advisory Board developed a set of guiding principles for continued strategic planning that would focus their efforts in the future:

1. Develop a robust continuum of community- based services focused on prevention and early diversion strategies.
2. Develop an effective system using evidence-based best practices that are measurable.
3. Increase communication and coordination of services between interagency offices, stakeholders, and partners.
4. Identify and seek future funding and collaborative opportunities.
5. Use technology and data-driven outcomes to inform decisions.
6. Maximize all available financing mechanisms.
7. Increase the ability to provide gender-specific services, culturally competent services, and use of trauma-informed care.

Solutions Needed by Intercept

The Advisory Board spent a significant amount of time discussing, reviewing and analyzing their own programs and policies as part of the Sequential Intercept Model (SIM) process for addressing long-term planning solutions to the existing gaps and barriers that confront individuals within the criminal justice system with mental health and substance use issues. After the gaps and barriers to services for this target population were reviewed, the Advisory Board and work groups focused on solutions for each intercept. The solutions and goals for each intercept are as follows:

Intercept 1: Law Enforcement—Austin Police and Travis County Sheriff

- Law enforcement would benefit from a Crisis Stabilization Unit, Detoxification Unit, or Crisis Care Center.
- Expand existing Austin Travis County Integral Care (ATCIC) Mobile Crisis Outreach and law enforcement Crisis Intervention Team (CIT) units to create a co-response team.
- Strategically increase the number of CIT officers for Austin Police Department and Travis County Sheriff's Office.

The foundations for a Detoxification Unit or sobering facility in Travis County have been discussed beginning as far back as 2000. The vision for this initiative includes reducing the Travis County Jail population by implementing proactive law enforcement strategies that allow for alternatives to arrest and maximizing options to divert repeat public intoxication offenders. A sobriety center in Travis County would work in collaboration with local health care providers and treatment facilities as well as permanent supportive housing/Housing First best practice models in a truly trauma-informed, culturally competent, recovery-oriented system of care.

Intercept 2: Initial Detention and Initial Court Hearing

- Robust screening and assessment by qualified staff that can follow the defendant through at least Intercepts 2 and 3 (length of time in system may require repeated assessment) including Class C misdemeanants; to include TRAG assessment by ATCIC for ATCIC clients and tools that measure trauma and women's risk and needs.
- Case Manager (AKA, Boundary Spanner, Court MH Officer, etc.) to increase the number of defendants released on personal bond pursuant to state law. Case manager would assist in re-entry from jail, support services, and compliance with court orders.
- Permanent supportive housing or transitional housing for defendants who would otherwise not be released on personal bond.
- Increased psychiatric providers with support staff (i.e. counselors) in the jail to provide evaluations within 3 days of booking along with staff to provide reentry planning for inmates being released.

Intercept 3: Jails and Courts

- Court Case Managers (AKA, Boundary Spanner, Court MH Officer, MH Pre Trial Officer, etc.) to increase the number of defendants released on personal bond pursuant to state law. Case manager would assist in re-entry from jail, support services and compliance with court orders. (Same priority as listed in Intercept 2).
- Overall increase in case managers and attorneys with the Mental Health Public Defenders office for felony and misdemeanor offenders. Also increase in case managers for the Downtown Austin Community Court.
- Housing for homeless defendants that need additional court supervision for equitable disposition of criminal charges.
- Increased capacity for residential and outpatient integrated treatment in conjunction with

mental health court dockets.

- Readily accessible medication post-jail release to prevent any gaps in treatment until individual can access needed service providers and care.
- Additional psychiatrists at Travis County Correctional Center so that defendants with 'PSY' designation see the psychiatrist prior to initial court settings.

Intercept 4: Reentry

- Seek additional resources to add capacity for integrated physical and behavioral health services, no-barrier housing programs (i.e. Housing First), and employment and income stability.
- Streamline the process for client reentry through continued organization and program self-evaluation.
- Improve system capacity with additional case management for high need clients, information and referral (I & R) system development, and increased partnerships with local service agencies.
- Strategize to find more ways to identify, collect, and share relevant data.
- Seek ways to improve communication and collaboration across organizations, for example through memoranda of understanding (MOU), networking meetings, and other appropriate tools.
- Provide early and continuing training services for individuals who interact with the target population through the utilization of existing subject matter experts and training staff or other pro-bono opportunities.

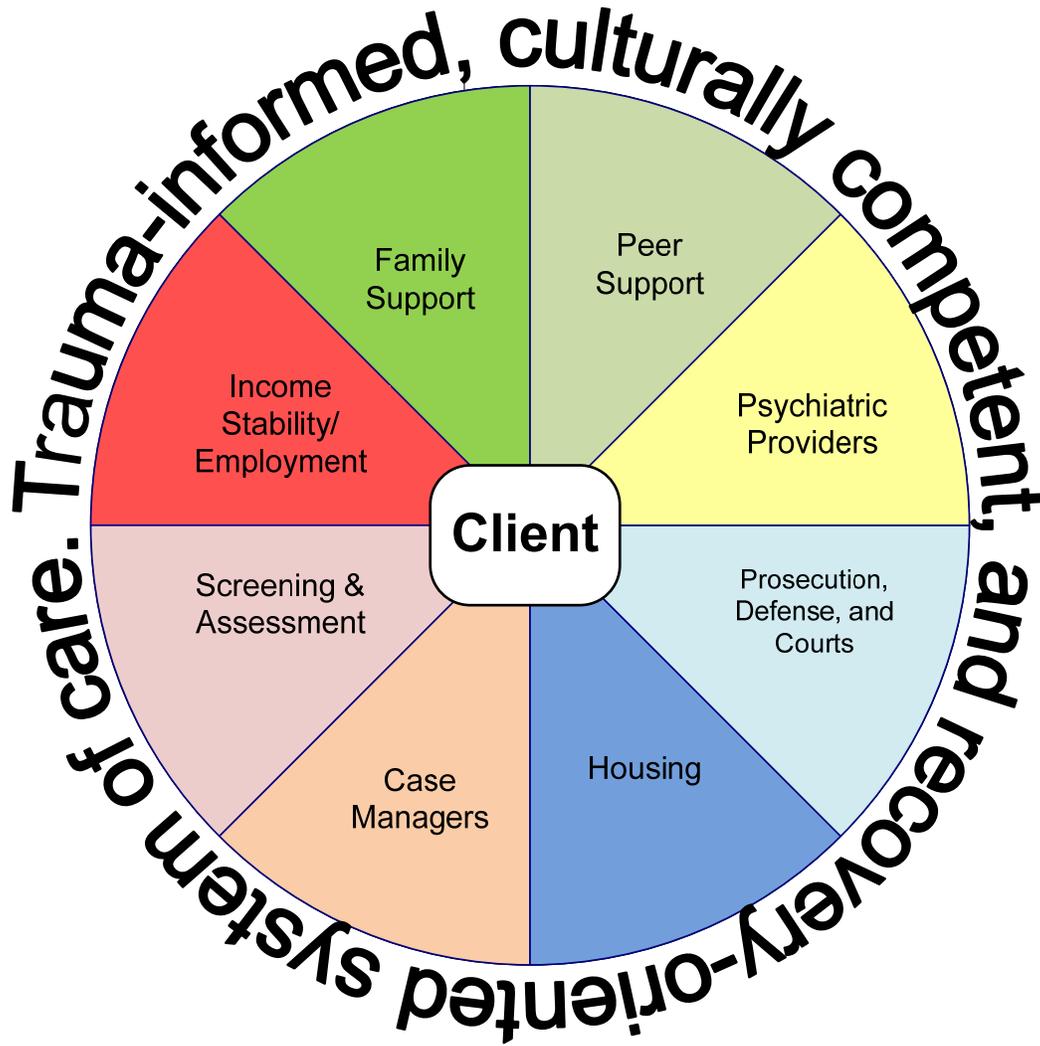
Intercept 5: Community Corrections

- Increase housing options for probationers due to involvement with the criminal justice system.
- Increase employment options for probationers due to involvement with the criminal justice system.
- Increase treatment options for MH probationers dually diagnosed with Mental Health and Substance Use Disorders:
 - * Seek increased funding for all levels of substance use treatment services and re-entry services
 - * Lobby for increased reimbursement rates for substance use and treatment providers
- Increase ability to provide gender-specific services, culturally competent services, and use of trauma-informed care.
- Promote recovery oriented systems of care and peer support.

System Components Critical for Successful Diversion

The Advisory Board determined that each of the solutions described within each intercept is a critical component of a system that successfully diverts the target population from the criminal justice system or from continued involvement in the criminal justice system. These system

Components Needed for Successful Diversion



components are summarized and illustrated in the diagram above. The system works if it is client-centered, trauma-informed and recovery-oriented. Each component includes accountability and coordination of services, as well as maximizing the use of technology. For example, the housing component should include a centralized database for housing searches by case managers, and other on-line housing assessment tools that would increase access to housing information and availability.

Implementation Plan and Next Steps

The Advisory Board identified the next steps that they would like to take to continue and implement the planning that was started with this grant.

1. Continue the Advisory Board and create an Executive Committee.

Significant strides have been accomplished with the formation of the Advisory Board and the level of commitment by its members remain high. Continued collaboration and communication through the monthly meetings is critical during the next stage of planning to keep the agencies and partners focused on their shared goals and targets. A first step in the next phase of this project however, should also include the creation of an Executive Board or committee, comprised of elected officials and providers, who can work together to approve recommendations from the Advisory Board as well as advocate for changes to local budgets to implement those recommendations.

2. Continue to study and collect data regularly on the target population.

The target population of 652 individuals has been identified and grouped into clusters that allow for ease of study. Continued analytics of this population in terms of their overall health care and criminal justice patterns are important to establish potential pilot program and cost savings strategies. Continued targeted analysis of the High Need cluster that has demonstrated high utilization of health care and criminal justice services could allow future predictive modeling for clusters that represent lower levels of need and utilization. Data sharing and data matching efforts should also continue. Some of the specific data gathering efforts that were unable to be completed during this planning process that the Advisory Board would like to complete include:

- Review the offenses committed by the target population to better understand the reasons for the high jail bed day utilization.
- Review the costs associated with incompetent defendants.
- Analyze utilization of EMS services by target population.
- Develop a methodology to assess the full costs of all community resources utilized by the target population.

3. Continue to update the Sequential Intercept Model with relevant information.

The Sequential Intercept Model (SIM) is a living document that will require updates and maintenance on relevant program information, funding and service data, and identification of best practices.

4. Identify and assess funding opportunities.

Current state and local budget situations require dedicated time and effort spent on maximizing efficiencies within current services and seeking new funding sources and opportunities.

5. Identify the services needed to address the solutions identified by intercept.

The Advisory Board discussed the desire for the service planning committee to meet again after the conclusion of this planning process for the purpose of identifying a set of services that would begin to address the solutions needed within each intercept.

6. Develop pilot projects for the target population.

Pilot projects could focus on one population across all intercepts in order to increase the level of responsive to a specific group of individuals, either one of the clusters identified in the data analysis or a specific demographic such as women.

7. Seek and promote trauma-informed and trauma-specific, recovery-oriented systems of care.

Trauma-informed care (TIC) occurs when “services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”¹⁹ The questions asked by providers in a trauma-informed system of care shift from “what is wrong with you?” to “what has happened to you?”

The Travis County Adult Probation Department has already hosted a community meeting with criminal justice and service providers to present trauma-informed care principles provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). The probation department has focused its efforts on two of their treatment programs—SMART and Counseling Center—to introduce TIC principles into the delivery of these programs. The SMART program orientation has already been revised to represent the TIC principles.

8. Evaluate the process and outcomes of the implementation efforts.

The need for evaluation includes assessing new programs and services that have been created and measuring whether or not they have been effective. This effort also includes establishing benchmarks for current services and current expectations to measure against future outcomes. For the goal of early diversion, the following can be tracked:

- Was there an impact on individual recidivism?
- Was there successful pre-trial diversion?

¹⁹ Welcome to the National Center for Trauma Informed Care. Substance Abuse and Mental Health Services Administration. www.samhsa.gov/nctic. Accessed June 29, 2012.

- Did the program/intervention shorten the length of stay within the criminal justice system?
- Did the individual successfully complete probation?
- Compare final disposition of individuals who were successfully diverted to the non-diverted population in areas such as improved mental health, housing, and employment stability.

9. Implement the goals stated in the following Sustainability and Collaboration Plans.

The planning grant application specified that the Advisory Board would develop a Sustainability Plan and a Collaboration Plan. Both of those plans are included below and contain goals for implementation.

Sustainability Plan

The goal of the sustainability plan is to ensure funding exists that will allow the community (1) to continue planning and (2) to implement the identified strategies in the years to come. The following three goals are designed to sustain the efforts of the Advisory Board and advocate for cooperation and collaboration with multiple organizations.

Goal 1. Provide a continuing forum in which key decision-makers and policy planners in the criminal justice and mental health systems will collaborate on research and pertinent data to better plan and recommend to policy makers prioritized approaches to criminal justice and mental health policy and program planning.

The Advisory Board has accomplished the initial steps of this deliverable by creating the Board and its committees, defining the target population, and linking with systems that can provide a comprehensive view of the individuals' overall utilization patterns and service needs. These data will allow the Advisory Board members to continue to engage and work with city, county, and state organizations to better coordinate and improve efficiency of care.

Goal 2. Create a list of funding sources/streams to continue efforts and sustainability of planning efforts.

The Sustainability committee developed a list of objectives to meet this deliverable with the following process:

- Research and create a list of funding sources/streams to sustain planning and continue efforts.
- Review community partners' history in funding.
- Leverage partnerships, consider joint grant writing.
- Provide a continuing forum in which decision makers and policy planners in criminal justice and mental health systems will meet to better plan and make recommendations.

Goal 3. The Advisory Board should re-form a sustainability committee to ensure additional funding, including from local, state and federal sources, to create systemic change and

institutionalize the efforts made by the Board. To accomplish this deliverable the Sustainability committee will:

- Create a policy that ensures administrative adoption of strategies in the plan.
- Include collaborations with MOUs to continue the program in the absence of federal funding.
- Create policies and collaborations that will ensure planning efforts at the local level are connected to any state level planning activities.
- Begin work on a community-coalition approach to sustainability that includes MOUs on funding.
- Funding efforts continue beyond the grant funding year.
- Secure funds for implementation and expansion of services.
- Sustained efforts and adoption by state agencies.

The committee has already begun to collaborate and engage community leaders, including elected officials (state representatives and county commissioners) and community stakeholders and planners from multiple agencies and organizations representing the target population.

Collaboration Plan

The goal of the collaboration plan is to maintain and strengthen the communication and relationships among the providers of services, funders of services, program staff, and policy-makers in order to determine the best and most efficient ways of addressing the needs of the target population.

Existing Planning Efforts

A number of community planning or collaborative groups are currently in existence in Travis County that address the needs of individuals in the target population and others in the community. These groups include:

- Austin Recovery Oriented System of Care (Austin ROSC)
- Austin/Travis County Mental Health Jail Diversion Committee
- Austin/Travis County Reentry Roundtable
- Behavioral Health Planning Partnership
- Community Action Network (CAN)
- Community Justice Council
- Ending Chronic Homelessness Coalition (ECHO)
- Indicator Improvement Initiative (formerly Mayor's Mental Health Task Force)
- Psychiatric Stakeholders Group
- St. David's Foundation
- Texas Senator Kirk Watson's 10 Goals in 10 Years Initiative

Each of these stakeholder groups and programs is addressing various components of mental

health indicator data collection, mental health assessments and services, law enforcement, court dockets, and legal representation. For example, the Indicator Improvement Initiative has spent several years developing a set of behavioral health community indicators that are now monitored and updated on an annual basis. Some of the specialized focus and work of these groups specifically addresses the needs of the target population across the criminal justice and mental health systems.

The Advisory Board formed for this planning grant is a collaborative and representative board that can continue to work in conjunction with the existing, related planning groups in the community. Information provided within the Sequential Intercept Model (SIM) also documents areas of existing and future collaborative opportunities.

Areas Where Collaboration Is Challenging

The SIM in Appendix C identifies several areas that could benefit from improved coordination and collaboration to address the needs of the target population, including:

- Attorney-client privilege, non-searchable database fields, and a lack of integrated data systems are among the challenges for judges and courts who often need to track individuals at specific points in time and/or determine an individual's complete criminal history and their competency status.
- The need for coordination between the jails, the Downtown Austin Community Courts (DACC) case management staff, and other local reentry and community corrections programs and staff. Case management staff and others may not be notified when defendants are scheduled for release, which makes it difficult to locate the hard-to-reach individuals for follow-up and follow-through services. A lack of follow-up services with the case manager can mean that these individuals will cycle back into the system.
- The need for continuity of care between programs started in the jail and programs available in the community.
- Defendants with completed sentences have very little pre-release planning for their reentry into the community and the services needed. For example, an individual may lose their Medicaid eligibility while in the jail thus making it difficult to access services and needed medications upon release from the jail.

Collaboration Goals

Increased and deliberate collaboration will result in three desired outcomes: better data sharing to facilitate planning and evaluation, increased use of technology to facilitate communication and expand and streamline service delivery, and increased participation in current planning efforts that are seeking to expand community services, which will benefit the target population as well as the entire community.

Data sharing. The fragmented nature of the data and data systems currently used in the mental health care and criminal justice systems contributes to the difficulties in understanding the needs

of the target population and collecting information that will assist in developing solutions.

While a shared database is not a realistic goal, at least not in the short-term, this planning process has shown that data sharing and data matching across organizations can yield a considerable amount of relevant information to support planning efforts. Continued data sharing utilizing the resources within the Integrated Care Collaboration (ICC) and other community partners provides Travis County with a unique opportunity to track, analyze, and evaluate the impact on the target population as service programs are implemented over time.

Using technology to increase collaboration. The increased use of technology could address some of the challenges to collaboration that are identified in the SIM. These include, but are not limited to:

- Considering on-line collaboration tools and systems that would allow any employee access to questions and answers or information that could increase communication and productivity across departments.
- Considering implementation of tele-psychiatry programs:
 - Partner with local mental health authorities for telemedicine and video conferencing capabilities at jails for intake services and crisis consultations.
 - Partner with area hospitals to develop telemedicine evaluation and consultation program for crisis stabilization and jail diversion to more appropriate levels of care.
- Automate the process of determining and tracking competency status for all defendants.
- Add additional data fields and increase user access to existing databases that contain relevant data on defendant status, location, or other relevant information.

Participating in current community collaboration efforts. In order to address collaboration and continued linkages with the health care community and providers, the Advisory Board should stay involved in and collaborate with the local “10 in 10” and the Texas Health and Human Services Commission (HHSC) Medicaid 1115 waiver program efforts (the waiver programs are collectively called the Texas Healthcare Transformation and Quality Improvement Programs). Travis County is joining with five surrounding counties to form a Regional Healthcare Partnership to develop Delivery System Reform Incentive Payment (DSRIP) projects as part of the 1115 waiver. The DSRIP projects focus on core areas of infrastructure development, program innovation and redesign, quality improvements, and population-based improvement projects that are designed to:

- Enhance outpatient service capacity in the community.
- Increase integrated behavioral and primary health care services.
- Develop comprehensive crisis stabilization services.
- Develop provider workforce capacity.

Conclusion

This plan represents the initial phase of work completed by a community Advisory Board that includes state, county and city officials, service delivery providers, and advocacy groups. The

plan documents current best practice, existing and future collaborations, and efforts to improve public safety and reduce the tax burden on the community by reducing inappropriate utilization of county services and programs by individuals who cycle through the criminal justice and mental health systems. While the plan documents the gains made to date, the Advisory Board members agree that the needs of the target population are numerous and challenging but the groundwork to provide long-term, meaningful evidence-based services to this population and others in the community is in place.

Appendix A: Advisory Board

Advisory Board Members with Signed Participation Agreements		
Organization	Participant	Participant's Title
Austin Police Department	Kyran Fitzgerald	Grants Coordinator
Austin Police Department	Laurie Najjar	Planning Supervisor
Austin Police Department Crisis Intervention Team	Kris Thompson	Sergeant
Austin Recovery Oriented System of Care (ROSC)	Pat Malone	Attorney and Counselor At Law
Austin/Travis County EMS	Andy Hofmeister	Commander
Austin/Travis County Health and Human Services	Willie Williams (representing Carlos Rivera)	Contract Manager
Austin/Travis County Integral Care	Abraham Minjarez	Associate Director - Behavioral Health Services
Austin/Travis County Integral Care	Greg Gibson	Housing Administrator
Austin/Travis County Reentry Roundtable	Jeri Houchins	Administrative Director
Beyond Today	Adam Slosberg	Executive Director
Caritas of Austin	Jo Kathryn Quinn	Executive Director
Central Health	Suling Homsy	Senior Health Care Planner
Community Justice Council	Darla Gay	Coordinator
Corporation for Supportive Housing	Dianna Grey	Director
District Attorney's Office	Michelle Halle (representing Rosemary Lehmborg)	Assistant District Attorney
Downtown Austin Community Court	Melanie Fletcher (representing Pete Valdez)	Court Operations Supervisor
Downtown Austin Community Court	Patrick Lloyd (representing Pete Valdez)	Court Operations Supervisor
Ending Chronic Homelessness Coalition (ECHO)	Ann Howard	Executive Director
Integrated Care Collaboration (ICC)	Dana Craven	Director of Analytics
Lone Star Circle of Care	Tamarah Duperval-Brownlee, MD	Chief Executive and Chief Medical Officer for Clinical Services
Mental Health Public Defenders Office	Valerie Whiting	Licensed Clinical Social Worker
National Alliance on Mental Illness	Adrienne Kennedy	President
National Alliance on Mental Illness	Julian Vasquez	Board Member
Senator Watson's Office	Katie O'Brien (Chair, Sustainability Committee)	Legislative Analyst
Seton Healthcare Family	Ashton Cumberbatch	Vice President-Advocacy & Community Relations
Seton Healthcare Family	Kari Wolf, MD (Chair, Service Planning Committee)	Director, Seton Mind Institute, and Vice President Medical Affairs, Seton Shoal Creek Hospital.
Seton Shoal Creek	Reenie Collins	Operations Coordinator
Texas Department of State Health Services	Jennifer Swinton	Program Specialist
Texas Department of State Health Services	Sam Shore	Director, MH Transformation and Behavioral Health Operations

Advisory Board Members with Signed Participation Agreements (cont.)

Organization	Participant	Participant's Title
Travis County Adult Probation	Lila Oshatz (representing Geraldine Nagy)	Probation Division Director, Programs and Services
Travis County Attorney	Jason Steans	Assistant County Attorney
Travis County Court at Law 5	Nancy Hohengarten (Chair)	Presiding Judge
Travis County Criminal Courts	Kasey Hoke	Planner, Sr.
Travis County Health and Human Services	Ana Almaguel	Planning Project Manager
Travis County Justice and Public Safety	Tonya Mills (Chair, Data Committee)	Planning Manager
Travis County Sheriff's Office	Danny Smith	Counseling and Education Manager

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Appendix C: Sequential Intercept Model (SIM)

The information on the following pages represent a substantial effort by the individuals on the Advisory Board. Because of the limited timeframe for reviewing and revisiting the SIM, the information included in the attached matrices may not fully represent all organizations, agencies, programs, or departments providing services to the target population.

The SIM is a “living” document that can be amended and revised as the planning process continues and as implementation takes place. Phase II of the planning process will focus on updating and expanding the SIM, especially in the areas of funding and relevant data and statistics.

The Advisory Board plans to continue to utilize the SIM in its future efforts as a valuable tool for the identification of programs and services that exist in the community for the target population.

Intercept 0 Community Services

Austin Travis County Integral Care (ATCIC)

Program Description	ATCIC is the local mental health authority (LMHA) for Travis County.
Existing Services	ATCIC provides Outpatient Behavioral Health Services (Mental Health/Substance Abuse services), Crisis Emergency Services, Integrated Behavioral Health Services (Behavioral Health and Medical Health), Residential Services for Mental Health and Substance Use related issues, Transitional and Long-Term Housing options, and forensic related programs. ATCIC- Mobile Crisis Outreach Team (MCOT), other Private Mental Health Providers, housing programs.
Funding Source	The majority of funding is provided through TDSHS, Travis County, City of Austin, Central Health, Federal and private funders.
Relevant Data	Data from ATCIC Electronic Medical Records. Data from partner agencies such as Central Health, Integrated Care Collaboration (ICC), CommUnity Care, MAP and others.
Gaps and Barriers	<ol style="list-style-type: none"> 1.) Resources to adequately address the existing behavioral health needs of this community and the needs of those entering the criminal justice system. 2.) Partial fragmentation of existing MH/SA services within community. 3.) Inadequate integration of existing MH/SA treatment providers with medical treatment providers. 4.) Inadequate number of inpatient treatment beds to serve current community need. 5.) Existing silos in mental health and substance abuse services. 6.) Lack of 24 hour access to medications. 7.) Inadequate number of case management slots to match current need. 8.) Inadequate number of peer supports slots.
Solutions and Strategies	Continued collaboration and cooperation between the entire community. 1) Increase behavioral health (MH/SA) resources throughout community. 2) Develop a standardized assessment process for determining need for services. 3) Intervene in behavioral health (MH/SA) crisis early in order to avoid more costly services down the road. 4) Effective transition between the continuum of care. 5) Provide services that are client centered and treatment plans that are client driven. 6) Improve community resources for families of people with mental illness and/or substance abuse.
Relevant Law & Policy	<ol style="list-style-type: none"> 1) Constitutional right to refuse services. 2) Forced medication law.
Responsible Entities	<ol style="list-style-type: none"> 1) Austin Travis County Integral Care. 2) City of Austin Health and Human Services. 3) Travis County Health and Human Services. 4) State MH/SA Division – TDSHS.

	5) Private Providers.
Best Practices	Adequate community behavioral health resources are the best jail diversion effort available.
Future Funding & Collaborative Opportunities	1) BJA Grant. 2) JRI Grant. 3) Future Grant Opportunities. 4) Healthcare Reform. 5) 1115 Waiver.

Intercept 0 Community Services

Austin Travis County Integral Care (ATCIC) Outpatient Behavioral Health Services

Program Description	Outpatient Behavioral Health Services consist of numerous services that are provided to individuals who are in need of behavioral health treatment. These services consist of psychiatric evaluations, medication monitoring , individual and group counseling, case management services, psychosocial rehabilitation services, housing , employment, and any other service that will aid the individual in dealing with and recovery from a behavioral health issue
Existing Services	Psychiatric Evaluation and Diagnosis Ongoing medication evaluation and follow-up Individual/Group Counseling Housing/Employment Services Case Management (in facility and community) Psychosocial Rehabilitation Skills Training Peer Led Support Groups
Funding Source	Funding is provided by Texas Department of State Health Services, Travis County, City of Austin, Central Health, Federal and private funders
Relevant Data	ATCIC served 22,911 in FY'11. Currently outpatient behavioral health programs are at 100% targeted capacity, as evidenced by waitlist to enter into services.
Gaps and Barriers	Existing funded behavioral health resources do not match community need. High rate of homelessness in community.
Solutions and Strategies	Increased funding for additional behavioral health resources and increased funding for permanent supportive housing options.
Relevant Law & Policy	
Responsible Entities	Austin Travis County Integral Care
Best Practices	Adequate community behavioral health resources will dramatically reduce the number of criminal justice involvement of individuals who have a severe mental health or substance use related issue.
Future Funding & Collaborative Opportunities	Continue to seek additional funding for additional resources, especially resources that deal with individuals who are involved in the criminal justice system.

Intercept 0 Community Services

Austin Travis County Integral Care (ATCIC) Crisis Services

Program Description	Crisis Services consist of numerous services that are provided to individuals who are in a psychiatric crisis. These services consist of psychiatric evaluations and diagnosis, provision of prescriptions for psychiatric medications, crisis counseling, and referrals to community resources, admissions to higher levels of care such as inpatient psychiatric hospitalization or crisis respite services (INN). Short-term crisis case management services (MCOT). Additional services that will aid the individual in dealing with and recovery from their crisis behavioral health issue
Existing Services	<ol style="list-style-type: none"> 1. Psychiatric Emergency Services. 2. Mobile Crisis Outreach Team. 3. Inpatient Hospitalization. 4. Crisis Evaluations and referrals 5. Crisis Respite (INN).
Funding Source	Funding is provided by Travis County Probation Department, Texas Department of State Health Services, and Texas Health Funding is provided by Texas Department of State Health Services, Travis County, City of Austin, Central Health, Federal and private funders
Relevant Data	ATCIC Crisis Services served 7,241 individuals in FY11.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Funding for crisis services continues to not meet need by the community, as evidenced by long wait times to see a crisis counselor or psychiatrist. 2. Lack of adequate housing options for the high number of homeless individuals in this community who deal with a severe behavioral health (Mental Health/Substance Abuse) issue.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Increased funding for crisis services so that staff authorized to provide prescriptions for medications can be on-site 24 hours a day and 7 days a week. 2. Increased number of permanent supportive housing units so that more individuals with a severe behavioral health (MH/SA) issue have a safe place to live and recover from their illness. 3. Increased collaboration and partnerships with community law enforcement entities to find viable alternatives to incarceration when such options are available and lead to better community safety and savings.
Relevant Law & Policy	<ol style="list-style-type: none"> 1. Outpatient commitment statutes 2. Travis County Sheriff's Office and City of Austin Police Department Policies 3. State and Federal Laws
Responsible Entities	Austin Travis County Integral Care

Best Practices	Adequate community crisis behavioral health services will decrease the number of individuals who end up encountering law enforcement officials and also provide law enforcement officials with viable options to incarceration, when applicable.
Future Funding & Collaborative Opportunities	Continue to seek funding for additional resources, especially resources that deal with individuals who are in crisis and involved, or could be involved, in the criminal justice system.

Intercept 0 Community Services

Austin Travis County Integral Care (ATCIC) Residential Services

Program Description	ATCIC Residential Services consist of several residential programs which provided treatment and housing options for individuals who have a severe behavioral health (MH/SA) issue. These services provide a temporary residence where the individual can live while they are in treatment for a co-occurring (MH/SA) disorder, or a transitional residence while the individual works out a viable plan to re-enter the community.
Existing Services	Psychiatric Evaluation and Diagnosis Ongoing medication evaluation and follow-up Individual/Group Counseling (MH or SA) Housing/Employment Services Case Management (in facility and community) Psychosocial Rehabilitation Skills Training
Funding Source	Funding is provided by Texas Department of State Health Services, Travis County, City of Austin, Central Health, Federal and private funders
Relevant Data	ATCIC Electronic Medical Records data on number services in various residential programs.
Gaps and Barriers	Lack of funding for residential services, especially for substance abuse related services, as evidenced by waitlist that exist to enter many of these services.
Solutions and Strategies	<ol style="list-style-type: none">1. Increased funding for residential services so that individuals ready for treatment or to leave the streets do not have to wait for an open slot.2. Increased number of permanent supportive housing units so that more individuals with a severe behavioral health (MH/SA) issue have a safe place to live while they receive treatment for their illnesses rather than have to rely on an open residential bed being available.
Relevant Law & Policy	
Responsible Entities	ATCIC
Best Practices	Individuals who have ready access to treatment and housing are less likely to find themselves in contact with law enforcement officials.

Future Funding & Collaborative Opportunities	Continue to seek funding for additional resources, especially resources that deal with individuals who are in need of treatment within a residential type facility or program.
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Intercept 0 Community Services

Downtown Austin Community Court (DACC) Walk-in Services

Program Description	The Downtown Austin Community Court runs three dockets per day, M-F. Defendants arrested and brought from the jail are seen at the 8:30am arraignment docket, and defendants who receive citations in the field appear at field release dockets at 9:30am or 1:30pm. Defendants with and without mental illness who ask for assistance are accommodated by being added to a docket or are seen by a case manager. Case management serves a diverse group of defendants including college students, homeless individuals, and visitors to Austin who need assistance with rehabilitative services. DACC has implemented a targeted case management program which focuses on frequent offenders and provides long-term assistance to individuals with 25 or more cases at DACC and an active case in the preceding two years.
Existing Services	Available as a walk-in rehabilitative resource to any indigent individual with a history of cases with DACC, municipal court, or (in some cases) Travis County Courts. Any individual meeting these criteria who is experiencing mental health crisis can seek assistance from DACC case management. The individual does not have to be in custody and does not have to have an active case with the court.
Funding Source	Funding is provided by the City of Austin
Relevant Data	
Gaps and Barriers	
Solutions and Strategies	DACC is planning to add outreach case managers in FY13 who will work with individuals, primarily frequent offenders, in the community to proactively address mental health, substance abuse, and medical issues before they enter the criminal justice system. Once a defendant engages in case management with DACC, the goal will be to work toward the permanent and long-term stability of that individual.
Relevant Law & Policy	
Responsible Entities	
Best Practices	Assertive outreach; intensive case management of a targeted population of homeless frequent offenders.
Future Funding & Collaborative Opportunities	

Intercept 0 Community Services

Outreach, Screening, Assessment, and Referral (OSAR) Treatment Beds

Program Description	<p>OSAR is a free program that provides screenings and referrals for state-funded substance abuse treatment. There are some state-funded facilities in Texas that specialize in co-occurring disorders. Some local facilities are at Heron House (ATCIC) and Oak Springs (ATCIC). It is important to note that OSAR does not provide the actual treatment, but the screenings and referrals.</p> <p>OSAR provides screenings, assessments, referrals, and brief interventions/motivational counseling. If clients meet criteria for state funded treatment, we refer them to treatment facilities that accept state funding. There are several facilities throughout Texas that accept state funding and each of them have a varying amount of beds. OSAR services (screenings, referrals, brief interventions) are available to anyone and services are free to everyone. However, in order to receive state funded treatment, a client must meet criteria for treatment and must meet criteria for financial assistance. He/She must also be a Texas Resident.</p>
Existing Services	<p>Clients can be referred by a probation officer, attorney, court representative, etc. to the OSAR office at 56 East Avenue for a screening. If a client is incarcerated, his/her legal representative (attorney, probation, judge) may contact OSAR at 512-244-8444 and request an OSAR screening at the jail. However, clients must be eligible for release from jail upon receiving an admission date for substance abuse treatment facility.</p>
Funding Source	
Relevant Data	
Gaps and Barriers	<ol style="list-style-type: none">1. Limited knowledge of OSAR services.2. Waitlists for treatment can be long.3. Clients need all medications before they can enter substance abuse treatment.
Solutions and Strategies	<ol style="list-style-type: none">1. Provide outreach to partner agencies to educate about OSAR services.2. Provide motivational interviewing to clients awaiting treatment.3. Refer to treatment in other regions with shorter waitlists.

	4. Partner with PES, ATCIC, and other local medical providers in order to obtain medication for clients prior to TX.
Relevant Law & Policy	Code of Federal Regulations, Title 42, Part 2; HIPAA.
Responsible Entities	
Best Practices	
Future Funding & Collaborative Opportunities	

Intercept 0 Community Services

Caritas of Austin

Program Description	Caritas provides a service continuum for those experiencing poverty that begins with a safety net and links them to resources to achieve self-sufficiency.
Existing Services	<ul style="list-style-type: none"> ▪ Community Kitchen – 1 meal per day at lunch time for anyone – no questions asked. ▪ Community Access – local phone calls free of charge, public restrooms, information. ▪ Permanent Supportive Housing (PSH). ▪ Housing Stability – case management and financial assistance for people having a housing crisis or experiencing short-term homelessness. ▪ Employment – for clients enrolled in other Caritas programs – job readiness training, job placement.
Funding Source	Funding for PSH is provided by HUD and private donors. Funding for Housing Stability is provided by the VA, City of Austin, Travis County, and private donors. Funding for Employment is provided by private donors and partnership with Goodwill of Central Texas.
Relevant Data	93 units of PSH – high percentage of population has history of criminal justice involvement. 20 of the 93 units reserved for most frequent offenders of the Downtown Austin Community Court (Partnership Housing).
Gaps and Barriers	Community needs more Permanent Supportive Housing targeted for ex-offenders. Criminal history criteria in housing admission processes. Criminal history criteria in employment application processes.
Solutions and Strategies	
Relevant Law & Policy	Requirement in housing funds application processes to make housing available to ex-offenders.
Responsible Entities	Partnership Housing – Caritas, Downtown Austin Community Court, Downtown Austin Alliance, Foundation Communities All others – Caritas of Austin.
Best Practices	PSH is an evidence-based practice.
Future Funding & Collaborative Opportunities	For PSH and Housing Stability – SAMHSA for funding supportive services related to mental and behavioral health needs. Recently learned that 40 additional units of PSH will be funded by HUD before the end of this calendar year.

Intercept 1 Law Enforcement

Austin Police Department (APD) Crisis Intervention Team (CIT)

Program Description	APD CIT provides trained and certified law enforcement mental health officers in a uniformed and plainclothes capacity in the community. The APD Uniformed Patrol Crisis Intervention Team Officers are distributed city-wide on the patrol shifts and respond based on: (1) information obtained by Communications' call taker (911, 311) for calls for police assistance from the community or (2) a self-initiated call by a patrol officer requesting a patrol CIT officer in response to a subject's behavior. The plainclothes CIT Unit is housed with and collaborates with the plainclothes TCSO CIT Unit at the Austin State Hospital (ASH). The plainclothes CIT Unit provides follow up on consumers due to their escalating behavior / frequency of interaction with Uniformed Patrol; direct calls to the unit from concerned family members or neighbors; responsible for all departmental training on mental health in addition to being the departmental liaison with local mental health service agencies and hospitals.
Existing Services	An APD officer can divert a consumer from jail, however per policy it is expected only certified CIT officers perform this diversion due to their specialized training and familiarity with the Peace Officer Emergency Commitment (POEC) evaluation process and the local mental health system. Per APD policy, misdemeanor family violence cases in which the consumer is transported directly to a psychiatric facility on a POEC can be diverted in lieu of a custodial arrest. APD strives to increase the number of persons with mental health issues so that officers are able to divert to non-criminal justice system options in lieu of a custodial arrest.
Funding Source	Funding is provided by the City of Austin Police Department budget provided from the General Fund. CIT Unit budget is \$858,000, CIT Patrol Officer stipends is 144 officers x 175.00 x 12 months = \$302,400.00
Relevant Data	Austin PD authorizes 144 patrol officers distributed city wide to be certified CIT officers. Austin PD maintains a plainclothes CIT Unit comprised of 6 CIT officers, one admin and one sergeant. Collectively, these officers responded to and initiated approximately 8,000 reports in 2010. In calendar year 2011, over 9,000 reports were made related to mental health including approximately 2,500 emergency commitments, 600 voluntary transports and 500 attempted suicides. The remainder of the reports included identifying a subject as a mental health consumer and/or providing intervention services not involving a transport. Presently, the APD reporting system does not have the capacity to collect data when an officer diverts a consumer from a jail facility.
Gaps and Barriers	(1) Not sufficient number of CIT officers assigned to Patrol or the plainclothes CIT Unit. Existing labor contract and COA funding does not allow for the Department to certify all eligible officers as CIT officers. As such consumers, providers and patrol officers sometimes have to wait for a patrol CIT officer or plainclothes CIT Unit officer to become available to respond. (2) Diversion decisions can be made by an APD officer, but per policy it is expected that only an on scene patrol CIT officer (patrol or plainclothes) will make this decision. Current departmental policy only allows for misdemeanor cases and misdemeanor family violence cases in which the consumer can go directly to a psychiatric facility for diversion in lieu of a custodial arrest. (3) Additional training is needed related to in-service training on mental health / substance abuse / intellectual or physical

	<p>disabilities recognition and identification for all certified CIT officers, regular patrol officers and Communications' personnel (call takers).</p> <p>(4) More robust referral services needed including:</p> <ul style="list-style-type: none"> • Housing for proper placement • Facilities for consumers to be taken to for assistance who do not meet emergency commitment (POEC), but are in need of supportive intervention services • A sobriety facility for intoxicated consumers who need mental health services once sobered in lieu of a custody arrest
Solutions and Strategies	<p>(1) Increased funding to pay stipends for additional certified CIT officers assigned to Patrol, Austin-Bergstrom International Airport (ABIA) and Parks facilities / locations.</p> <p>(2) Additional funding and bed space needs to be obtained to encourage jail diversion (i.e. sobriety facility, public & private facilities)</p> <p>(3) Additional in-service training to expand on current training curriculum provided to all officers; increased training on intellectual and physical disabilities</p> <p>(4) Redirect funding and resources for support / services to target mental health population who have frequent jail arrests, involvement with APD, recidivism, etc.</p> <p>(5) Greater partnership with existing local intervention services to ensure consumers receive the proper support service not requiring a law enforcement response, i.e. MCOT (Mobile Crisis Outreach Team, etc.).</p> <p>(6) Revisit current departmental policy to encourage jail diversion providing additional diversions receive necessary support services.</p>
Relevant Law & Policy	Texas Health and Safety Code; American Disabilities Act Title II; Texas Code of Criminal Procedure; Texas Penal Code; COA labor contract.
Responsible Entities	(1) City of Austin, (2) Austin Police Department, (3) Central Health funding, (4) ATCIC utilization management, (5) state and private psychiatric hospitals, (6) Texas Commission on Law Enforcement Officers Standards and Education (TCLEOSE), (7) local criminal justice entities (County Attorney, District Attorney's Offices), (8) state and local intervention service entities.
Best Practices	The APD CIT Program is consistent with the accepted national best practices related to law enforcement's role in providing services to the mental health community.
Future Funding & Collaborative Opportunities	

Intercept 1 Law Enforcement

Travis County Sheriff's Office (TCSO) – Crisis Intervention Team (CIT)

Program Description	CIT provides trained and certified law enforcement mental health officers in the community. Housed with and collaborates with APD.
Existing Services	Travis County Sheriff's Office CIT has 9 deputies, one sergeant, and one administrative associate in the unit. Deputies respond to calls for services anywhere in the county, available 24 hours a day 7 days a week. Deputies also evaluate consumers at central booking for possible diversion to mental health facilities for minor charges. TCSO is statutorily responsible for transporting mentally ill defendants.
Funding Source	Funding for TCSO CIT is provided by Travis County, 1 Sergeant 9 full time officers 1 Office Specialist
Relevant Data	Yearly stats for CIT 2011 indicate 406 bench warrants/writs served and 724 Orders of Protective Custody (OPC's) served. In 2010 the numbers were 232 and 683 respectively. Travis County CIT, generated 2695 reports in 2011. Wrote 687 peace officer emergency detentions, served 725 Orders of protective custody and served 406 bench warrants and 46b Writs (competency)
Gaps and Barriers	Travis County CIT has 9 officers, available to respond to calls, 24/7 throughout the county. In addition the unit is tasked with transporting inmates from the jail to Mental Health Facilities and back to the jail on 46b writs and bench warrants. Officers also act a bailiff's during probable cause hearings for probate court 3 days a week. Officers also serve all orders of protective custody from the probate court. These extra duties cause delayed response to calls for service.
Solutions and Strategies	Travis County CIT, additional officers to cover additional duties other than responding to calls for service. More psychiatric bed space is need. Many of the Orders of Protective custody are issued due to consumers being diverted to emergency rooms. Then staying in the emergency rooms waiting for a bed until the Peace Officer emergency detention expires more psychiatric beds are needed.
Relevant Law & Policy	
Responsible Entities	Travis County Sheriff's Office
Best Practices	CIT is a best practice.
Future Funding & Collaborative Opportunities	

Intercept 2 Initial Detention & Initial Court Hearing

Travis County Sheriff's Office (TCSO) Mental Health Screening

Program Description	TCSO Mental Health staff screen approximately 50% of all inmates within 36 hours of being booked in. The other 50% are bonded out prior to the screening process. TCSO counseling staff completes the assessment through a mental status exam which consists of a psych/social history and assessment of current mental health symptoms. TCSO uses The Adult Texas Recommended Assessment Guidelines (Adult-TRAG) by the Texas Department of State Health Services (DSHS) to objectively quantify seven areas of mental health: Risk of Harm, Support Needs, Substance Use, Housing, Employment, Psych Related Hospitalization, and Functioning.
Existing Services	Inmates who are suicidal/homicidal, exhibiting current symptoms for a priority population diagnosis or currently on verified medications receive the PSY designation and are scheduled to see a psychiatry provider. Inmates who are designated with the PSY code are housed according to their needs and offered medications. The highest needs inmates are housed in inpatient psychiatric units and are seen by counseling staff weekly and discussed in treatment team meetings as needed. The PSY code also is used by the courts to assign trained mental health attorney's either from the Mental Health Public Defenders Office or the Mental Health Attorney wheel to the defendant as well as assign the case to a mental health docket, if eligible.
Funding Source	Funding provided by Travis County.
Relevant Data	Collection of Data from the TCSO mental health and programs screening form. Mental Status Assessment and TRAG data from the inmate designated with PSY code. Approximately 31,759 bookings were screened in FY 2011 with 3,925 identified as needing mental health services. (These include duplicated individuals who were re-arrested during this period)
Gaps and Barriers	<ol style="list-style-type: none"> 1) 50% of individuals who are booked are released without any formal screening from mental health staff. 2) Transitional mental health services are lacking for inmate upon release. 3) No risk or trauma screening in place.
Solutions and Strategies	
Relevant Law & Policy	
Responsible Entities	TCSO We do collaborate some with ATCIC, in that we contract with them for some of our psychiatrists.
Best Practices	We have an in house tool that is being validated by Sam Houston and it is very similar to the Brief Jail Mental Health Screening Tool.
Future Funding & Collaborative Opportunities	

Intercept 2 Initial Detention & Initial Court Hearing Pre-Trial Services Mental Health Supervision Officers

<p>Program Description</p>	<p>Travis County Pretrial Services screens/interviews defendants booked into the Travis County Jail to determine eligibility for release on Personal Bond. When cases are considered for personal bond release it may be determined that a defendant has mental health issues and is in need of special assistance to assure their return to court and compliance with release conditions as well as linkage to available mental health resources. Frequently, would only be recommended and approved for personal bond with Mental Health Supervision as a condition placed on that bond. These defendants would not normally qualify for release without this more intensive and specialized MH supervision provided by this program. Mental Health Program requirements may include compliance with mental health-related assessment and counseling.</p>
<p>Existing Services</p>	<p>The overarching goals of pretrial release are to assure defendants appear for court while assuring public safety. The goal of the Mental Health program is for Pretrial Services to identify Mental Health (MH) defendants that qualify to be released on Personal Bond and to link these defendants to needed MH assessments, counseling and treatment services for this population.</p> <p>The Mental Health Supervision Officers monitor defendants' court dates and maintain close contact with the counseling programs in order to monitor defendants' participation. Officers have regular contact with defendants in order to provide defendants with court date information and to discuss bond conditions, consequences of re-arrests and importance of bond compliance. In addition officers address defendant questions regarding the criminal justice system in relation to the defendant's criminal case. Officers work with defendants to assure they are following established treatment plans and are taking medications as prescribed. Officers determine the level of supervision and reporting schedule. Staff assists mentally ill defendants with managing appointments, court dates, and complying with the conditions of pretrial release, which would allow them to safely remain outside of the jail environment while their cases are pending disposition.</p> <p>By monitoring these defendants through Mental Health Supervision Program, Pretrial Officers have the ability to take action including notifying the court or initiating possible bond revocation, in the event that defendants fail to comply with the conditions of their release.</p> <p>Pretrial Services Identifies defendants with mental illness who remain in custody by using the list of defendants who were appointed an attorney from the Mental Health Wheel. The Mental health Supervision Officers review the list and determine if the defendants can be considered for release from jail, especially considering that these defendants can be linked to MH services by placing them on the Mental health Supervision Program. The mental health Supervision Officers also pull personal bond information using the Mental health docket. Pretrial Services then uses dockets and MH court appointment lists to re-screen defendants and determine if they are eligible for release.</p>

Funding Source	Pretrial Services is funded by Travis County.
Relevant Data	Maximum 70 defendants served at any given time.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Residential Stability is a significant factor for considering release on Personal Bond. 2. Need for field case management. 3. Tracking of Population through CJ system.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Identify housing options. 2. Identify resource to provide field case management. 3. Continue to enhance process to track population through CJ system.
Relevant Law & Policy	Code of Criminal Procedures 16.22 & 17.032
Responsible Entities	
Best Practices	
Future Funding & Collaborative Opportunities	

Intercept 3 Jails & Courts

Downtown Austin Community Court (DACC) Docket

Program Description	The Downtown Austin Community Court runs three dockets per day, M-F. Defendants arrested and brought from the jail are seen at the 8:30am arraignment docket; defendants who receive citations in the field appear at field release dockets at 9:30am or 1:30pm. Defendants with and without mental illness who ask for assistance are accommodated by being added to a docket or are seen by a case manager. These clients then have access either to creative sentencing to potentially involve community service hours, rehabilitative referral and case management, or transportation to psychiatric emergency services as needed
Existing Services	When defendants are in court, the prosecutor and/or judge will make a determination if a defendant is competent to make a plea or stand trial. If the judge determines that the defendant has not completed or will not complete their agreement with the court he may order that the defendant be remanded to jail. Sometimes this approach is also used if MCOT (ATCIC's Mobile Crisis Outreach Team) cannot come to meet with a defendant, or will not meet with a defendant, if they determine that the client is not a danger to themselves or others. The judge and/or prosecutor may plea bargain cases if the defendant agrees to treatment or to immediately access services at PES. DACC utilizes creative sentencing that allows offenders to receive credit against court requirements for activities such as case management engagement (with DACC or other providers), substance abuse or mental health treatment, recovery support services, etc.
Funding Source	The Community Court is funded by the City of Austin General Fund.
Relevant Data	Available data sets include: <ol style="list-style-type: none">1. In FY2011, there were 365 defendants in the DACCP system with "yes" box checked under mental health (due to client self-report or case manager observation).2. Number of times defendants are remanded to jail from the court (100 clients in FY11, 2026 total cases)3. Number of defendant referrals to crisis mental health services (currently tracking for frequent offenders; working to be able to track for all court offenders).
Gaps and Barriers	<ol style="list-style-type: none">1. MCOT is not always available to see defendant or will not see defendant because he/she is not presenting as a threat to him/herself or others.2. Psychiatric Emergency Services often has a long wait before a defendant can be seen. DACC does not have the resources to allow a case manager sit with the client until seen. Oftentimes, the defendant becomes impatient and leaves PES before they are able to be seen.3. Some defendants are offered court credit for engagement in ATCIC services/medication monitoring, however, there are long wait lists and defendants may not qualify for services if their mental health diagnosis is not an ATCIC priority diagnosis. Waiting for ATCIC services may prohibit clients from complying within court timeframes.

Solutions and Strategies	<ol style="list-style-type: none"> 1. More engagement and collaboration with agencies to assess defendants and refer them to proper services rather than incarceration because services are unavailable. 2. Reduced wait time for clients or more funding/staff at PES to make intake process quicker. 3. Address long wait times and create entrance to ATCIC through avenue other than PES.
Relevant Law & Policy	The City of Austin is not able to fund medical services, to include psychiatric services, due to the City's arrangement with Central Health. This means that while DACC can fund substance abuse treatment services and sober transitional housing for court clients, the court is not able to address clients' mental health needs and must rely on the public mental health authority to do so.
Responsible Entities	DACC, APD, ATCIC, Travis County Jail
Best Practices	
Future Funding & Collaborative Opportunities	Grant funding that would provide access to psychiatric crisis services at the court would help to reduce barriers to mental health care of DACC defendants.

Intercept 3 Jails & Courts

Mental Health Rotational Attorney Appointment System

Program Description	The Mental Health Rotational Attorney Appointment System was developed by the criminal courts to ensure that defendants charged with misdemeanor and felony offenses, and who have a PSY code descriptor assigned by Travis County jail staff after assessment, receive adequate legal representation. Attorneys must complete an application with Criminal Court Administration to be considered by the judges. The Mental Health Public Defender Office is a part of the rotation and they are assigned to represent defendants who have a Priority Population Diagnosis, when their caseload allows. All Mental Health Attorneys are required to have additional Continuing Legal Education in legal issues pertaining to mental illness.
Existing Services	All misdemeanor mental health cases are placed on the “Special Reduction Docket”. Low level felony cases and other felony cases deemed appropriate after staffing with the Mental Health Prosecutor are placed on the Magistrate “Specialty Docket. Currently, there are 21 attorneys who receive misdemeanor mental health appointments, in addition to the two attorneys employed with the Mental Health Public Defender Office. There are 29 attorneys approved for the mental health felony list.
Funding Source	Travis County and a small formula grant from Texas Indigent Defense Commission (grant is not mental health representation specific-it is for all indigent defense).
Relevant Data	Access database that captures all mental health appointments, and crystal reports that capture frequency of defendants placed on the misdemeanor mental health docket.
Relevant Law & Policy	Fair Defense Act from the 77 th Texas Legislature (SB7)
Gaps and Barriers	<ol style="list-style-type: none"> 1) On occasion, defendants do not immediately display symptoms and are, therefore, not labeled “PSY” prior to the defendant being appointed an attorney. This late “PSY” determination also results in the defendant not being placed on the appropriate Mental Health docket. 2) Some hired and non-Mental Health attorneys lack training on how to effectively represent Mental Health defendants. 3) There are not enough case managers at the Mental Health Public Defender Office to assist attorneys on the rotational system and currently the Mental Health Public Defender Office is not able to represent defendants charged with felony offenses.
Solutions and Strategies	<ol style="list-style-type: none"> 1) Travis County Sheriff’s Department should advise the criminal courts when defendants’ status changes to PSY so the defendant can be placed on the appropriate docket and be appointed a mental health attorney. 2) Develop a practice manual on how to effectively represent MH defendant and publish on-line (Mental Health Public Defender Office) 3) Expand Mental Health Public Defender Office to include more caseworkers and more attorneys to include legal representation of felons.

Responsible Entities	TCSO enters "PSY code; Pretrial Services interviews defendants; Criminal Courts Administration/Judges appoints attorneys.
Best Practices	
Future Funding & Collaborative Opportunities	MHPDO has requested 2 FTEs (1 caseworker and 1 attorney) in the FY13 budget

Intercept 3 Jails & Courts

Mental Health Public Defender Office (Misdemeanor Representation)

Program Description	The Travis County Mental Health Public Defender (MHPD) Office serves the needs of persons with mental illness in the Criminal Justice System. The staff includes two lawyers, two social workers, two case workers and two support staff. The social workers and the case workers are also available to assist private court appointed attorneys. Referrals are made for a variety of social services.
Existing Services	The Mental Health Public Defender Office (MHPDO) represents clients who are indigent, have a serious mental illness, and have misdemeanor cases in Travis County. In addition to legal representation, MHPDO provides discharge planning and long term, intensive, client specific case management services for clients represented by the office and clients represented by attorneys outside of the office.
Funding Source	Funding is provided by Travis County. In FY12 MHPDO received 628,000.
Relevant Data	The Travis County Mental Health Public Defender Office (MHPDO) collects data on all clients that they represent. In addition, the social staff in the office works with attorneys outside of the office. Data is tracked on these clients as well. The high utilizers and high need clients are funneled to the office by the court and the jail.
Relevant Law & Policy	The Constitution of the United States – all citizens are guaranteed effective representation. The Texas Fair Defense Act. The Texas Code of Criminal Procedures. Chapter 46B (competency). The Penal Code. The Health and Safety Code.
Gaps and Barriers	<ol style="list-style-type: none">1. Difficulty getting clients access to services in the community due to criminal history or difficult behaviors.2. Difficult process to get medication for a client who is leaving jail and then having to wait months to see a psychiatrist.3. Increased education for the court system about mental illness and substance abuse and increased collaboration with the court and criminal justice system. Example – faster victim contract would allow some clients cases to be processed quicker, there would be less resets, and clients would stay in jail less time.4. High caseloads and need for additional staff – We have had the same number of staff since inception five years ago, we have been shown to be cost effective for the county, and our caseloads continue to grow. We would be able to assist more people and do more with our current clients if we had more staff.
Solutions and Strategies	<ol style="list-style-type: none">1. Streamline the process for clients coming out of jail to access basic need services in the community and shorten the wait times (i.e. housing assistance, mental health treatment, etc.). Less time waiting means client behaviors could be managed better, which would result in less problems, re-arrests, hospitalizations, walk-offs, and frustration by everyone involved.2. Improve process for clients to receive their medication upon their release from jail. Additionally, wait times for

	<p>defendants to see a psychiatrist at Austin/Travis County Integral Care are too long. Quicker access to medication could mean less problems, re-arrests, hospitalizations, walk-offs, and frustration by everyone involved.</p> <p>3. Providing regular and ongoing trainings for court and criminal justice personnel.</p> <p>4. Request additional funding from Travis County for more staff.</p>
Responsible Entities	Travis County
Best Practices	
Future Funding & Collaborative Opportunities	MHPD has requested 2 additional FTEs (1 caseworker and 1 attorney) in the FY13 budget

Intercept 3 Jails & Courts Misdemeanor Mental Health Prosecution

Program Description	The Travis County Attorney's Office MH Prosecution Team handles all Class A and B misdemeanor cases filed in Travis County with a PSY code descriptor assigned by Travis County jail staff after assessment. The office consists of one prosecutor, one paralegal, and one administrative assistant.
Existing Services	The Travis County Attorney's Office currently has one prosecutor, one paralegal, and one administrative assistant assigned to the mental health docket. These personnel prosecute cases on an expedited basis, taking mental health factors into account when making prosecutorial decisions.
Funding Source	Travis County through the Travis County Attorney's budget.
Relevant Data	The Travis County Attorney's Office collects data by fiscal year regarding total number of cases staffed, cases resolved at first setting, average number of days from first setting to final disposition, number of inmates diverted on MH docket, and % of inmates diverted or placed on MH caseload. For CY10, 2,488 cases were staffed by the MH Prosecutor and 1,421 cases were resolved at the first setting. Additionally, 561 defendants were diverted from the jails (i.e. released on bond, case dismissed, deferred prosecution, or sentenced to Project Recovery).
Relevant Law & Policy	Texas Code of Criminal Procedure Chapter 46B (regarding competency), Texas Code of Criminal Procedure Chapter 46C (regarding insanity defense), other relevant sections of the CCP and the Texas Penal Code.
Gaps and Barriers	<ol style="list-style-type: none"> 1) Lack of Permanent and Transitional Supportive housing, as well as lack of residential and out-patient treatment options for defendants with co-occurring disorders. 2) Lack of case managers and attorneys at Mental Health Public Defender Office to handle the volume of misdemeanor mental health cases. 3) Lack of adequate resources for pretrial release.
Solutions and Strategies	<ol style="list-style-type: none"> 1) Funding for transitional and Permanent Supportive Housing, as well as residential and out-patient treatment for co-occurring disorders 2) Enhancements to Mental Health Public Defender Office for additional attorneys and case managers 3) Additional case supervisors at Pretrial Services and/or in the Courts
Responsible Entities	Travis County Attorney's Office
Best Practices	MH Court with risk/needs assessment that informs team of individual need for treatment, treatment readiness, cognitive behavioral counseling, etc...
Future Funding & Collaborative	Current initiatives on Permanent Supportive Housing include City of Austin, Travis County, and Justice and Public Safety. Travis County Adult Probation has applied for a grant for robust wrap around services for this population.

Opportunities	
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Intercept 3 Jails & Courts Misdemeanor Mental Health Docket

Program Description	The misdemeanor MH docket is also called the Special Reduction Docket. It takes place in one of the County Courts at Law (the assignment is rotated). Every Tuesday/Thursday morning for any defendant incarcerated with a PSY code descriptor assigned by Travis County jail staff after assessment. Cases are staffed for disposition with the Mental Health Prosecutor, Mental Health Defense attorney, Travis County Sheriff's Department Social Worker, Austin/Travis County Integral Care and Pre Trial Services.
Existing Services	No direct services are provided. Cases are staffed to determine appropriate case disposition and relevant community social services by staffing participants.
Funding Source	Office of Criminal Court Administration funds one staff person to monitor not only the MH dockets but also other programs/issues involving the criminal courts. All other entities have their own funding. No other additional funding has been requested for this docket (currently utilizing existing resources).
Relevant Data	The Travis County Attorney's Office collects data by fiscal year regarding total number of cases staffed, cases resolved at first setting, average number of days from first setting to final disposition, number of inmates diverted on MH docket, and % of inmates diverted or placed on MH caseload. For CY10, 2,488 cases were staffed by the MH Prosecutor and 1,421 cases were resolved at the first setting. Additionally, 561 defendants were diverted from the jails (i.e. released on bond, case dismissed, deferred prosecution, or sentenced to Project Recovery).
Relevant Law & Policy	HIPAA. Texas Penal Code. Texas Code of Criminal Procedure. Texas Mental Health Code.
Gaps and Barriers	<ol style="list-style-type: none"> 1) Lack of Permanent and Transitional Supportive housing, as well as lack of residential and out-patient treatment options for defendants with co-occurring disorders. 2) Lack of case managers and attorneys at Mental Health Public Defender Office to handle the volume of misdemeanor mental health cases. 3) Lack of adequate resources for pretrial release.
Solutions and Strategies	<ol style="list-style-type: none"> 1) Funding for transitional and Permanent Supportive Housing, as well as residential and out-patient treatment for co-occurring disorders. 2) Enhancements to Mental Health Public Defender Office for additional attorneys and case managers. 3) Additional case supervisors at Pretrial services and/or in the Courts.
Responsible Entities	County Attorney's Office, Criminal Courts
Best Practices	MH Court with risk/needs assessment that informs team of individual need for treatment, treatment readiness, cognitive behavioral counseling, etc.

Future Funding &
Collaborative
Opportunities

Current initiatives on Permanent Supportive Housing include City of Austin, Travis County, and Justice and Public Safety. Travis County Adult Probation has applied for a grant for robust wrap around services for this population.

Intercept 3 Jails & Courts Felony Mental Health Prosecution

Program Description	One half- time prosecutor who is dedicated to the mental health docket and is an expert within the District Attorney's Office. This prosecutor is available for consultation and assistance to all trial court Assistant District Attorney's on mental health issues including competency and sanity. This office also consists of one half- time paralegal.
Existing Services	Prosecutes felony defendants with a major mental health diagnosis Responsible for commitment procedures for 46B commitments (defendants found incompetent to stand trial pre-adjudication) Responsible for commitment procedures for 46C commitments (defendants found not guilty by reason of insanity)
Funding Source	Travis County through the District Attorney's Office budget
Relevant Data	Data compiled by the District Attorney's Office includes: average length of jail stay for mental health felons, total number of cases reviewed by Mental Health Team, total number of cases/defendants placed on the Specialty Docket, and total disposition rate for Specialty Docket. For FY 11, the average length of jail stay for all mental health felons was 50 days and there were 883 cases reviewed by the Mental Health team. Additionally, from 04-28-09 through 02-29-12, 1,428 cases were placed on the Specialty Docket (70% male/ 30% female) and 1,378 of the cases were disposed (93%).
Relevant Law & Policy	HIPAA. Texas Penal Code. Texas Code of Criminal Procedure. Texas Mental Health Code.
Gaps and Barriers	1) Lack of Permanent and Transitional Supportive housing, as well as lack of residential and out-patient treatment options for defendants with co-occurring disorders. Barriers exist for admission to housing and other programs for persons with certain criminal convictions (i.e. violent offenses and sex crimes). 2) Lack of case managers and attorneys at Mental Health Public Defender Office. Currently, attorneys are not funded to handle felony offenses and caseworkers are only able to assist persons charged with felony offenses on a limited basis. 3) Lack of adequate resources for pretrial release.
Solutions and Strategies	1) Funding for transitional and Permanent Supportive Housing, as well as residential and out-patient treatment for co-occurring disorders 2) Enhancements to Mental Health Public Defender Office for additional attorneys and case managers 3) Additional case supervisors at Pretrial services and/or in the Courts
Responsible Entities	Office of the Travis County District Attorney
Best Practices	MH Court with risk/needs assessment that informs team of individual need for treatment, treatment readiness, cognitive

	behavioral counseling, etc...
Future Funding & Collaborative Opportunities	Current initiatives on Permanent Supportive Housing include City of Austin, Travis County, and Justice and Public Safety. Travis County Adult Probation has applied for a grant for robust wrap around services for this population.

Intercept 3 Jails & Courts Felony Mental Health Docket

Program Description	Criminal District Court Docket dealing with defendants charged with low level felonies and a PSY code descriptor assigned by Travis County jail staff after assessment. Additional referrals to this docket come from defense attorneys, other courts, jail personnel, etc. and that have been deemed criminally and clinically appropriate by the District Attorney's Office. All cases are staffed with the Assistant District Attorney, defense attorney, adult probation, Austin/Travis County Integral Care, and jail social worker with the intent to provide thoughtful disposition and ending the cycle of arrest.
Existing Services	No direct services are provided. Defendants served through the felony mental health docket can be referred to services in the community by: Austin/Travis County Integral Care, ANEW, Adult Probation and all of its services/treatment, Support Court, Community Competency Restoration Program, Mental Health Public Defender Officer caseworker (on occasion).
Funding Source	Office of Criminal Court Administration funds one staff person to monitor not only the MH dockets but also other programs/issues involving the criminal courts. All other entities have their own funding. No other additional funding has been requested for this docket (currently utilizing existing resources).
Relevant Data	Data compiled by the District Attorney's Office includes: average length of jail stay for mental health felons, total number of cases reviewed by Mental Health Team, total number of cases/defendants placed on the Specialty Docket, and total disposition rate for Specialty Docket. For FY 11, the average length of jail stay for all mental health felons was 50 days and there were 883 cases reviewed by the Mental Health team. Additionally, from 04-28-09 through 02-29-12, 1,428 cases were placed on the Specialty Docket (70% male/ 30% female) and 1,378 of the cases were disposed (93%).
Relevant Law & Policy	HIPAA. Texas Penal Code. Texas Code of Criminal Procedure. Texas Mental Health Code.
Gaps and Barriers	<ol style="list-style-type: none"> 1) Lack of Permanent and Transitional Supportive housing, as well as lack of residential and out-patient treatment options for defendants with co-occurring disorders. Barriers exist for admission to housing and other programs for persons with certain criminal convictions (i.e. violent offenses and sex crimes). 2) Lack of case managers and attorneys at Mental Health Public Defender Office. Currently, attorneys are not funded to handle felony offenses and caseworkers are only able to assist persons charged with felony offenses on a limited basis. 3) Lack of adequate resources for pretrial release.
Solutions and Strategies	<ol style="list-style-type: none"> 1) Funding for transitional and Permanent Supportive Housing, as well as residential and out-patient treatment for co-occurring disorders 2) Enhancements to Mental Health Public Defender Office for additional attorneys and case managers 3) Additional case supervisors at Pretrial Services and/or in the Courts

Responsible Entities	District Attorney's Office, Criminal Courts
Best Practices	Mental Health Court with risk/needs assessment that informs team of individual need for treatment, treatment readiness, cognitive behavioral counseling, etc.
Future Funding & Collaborative Opportunities	Current initiatives on Permanent Supportive Housing include City of Austin, Travis County, and Justice and Public Safety. Travis County Adult Probation has applied for a grant for robust wrap around services for this population.

Intercept 3 Jails & Courts Felony Support Court

Program Description	Support Court is a monthly felony docket run by the District Court Magistrate for mental health probationers who need extra supervision and judicial intervention. The staff includes the District Court Magistrate, Assistant District Attorney, mental health probation officer, court probation officer, defense attorney, and an ANEW representative.
Existing Services	Support Court monitors defendants on probation, defendants released on MH bond, and outpatient commitments under 46B (defendants found incompetent to stand trial) and 46C (not guilty by reason of insanity).
Funding Source	Existing resources through the District Attorney's office and Travis County Criminal Courts
Relevant Data	None currently accessible electronically.
Relevant Law & Policy	HIPAA. Texas Penal Code. Texas Code of Criminal Procedure.
Gaps and Barriers	1) Lack of supervision and case management for pretrial releases on the docket.
Solutions and Strategies	1) Additional case supervisors at Pretrial Services and at the Mental Health Public Defender Office.
Responsible Entities	Travis County District Attorney's Office, Travis County Criminal Courts, Travis County Adult Probation, Austin/Travis County Integral Care, Travis County Sheriff's Department.
Best Practices	
Future Funding & Collaborative Opportunities	

Intercept 3 Jails & Courts

Community Competency Restoration

Program Description	ATCIC Community Competency Restoration Program (CCRP) is an outpatient competency restoration program that works to restore individuals who are found incompetent to stand trial (IST). The CCRP's curriculum is designed to restore an individual on both factual and rational grounds. Topics to restore factually include but are not limited to: appreciation of charges, courtroom players, possible pleas, capacity to work with attorneys, and courtroom behavior. Rational competency is uniquely developed for each individual. Defendants who have borderline intellect, organic deficits, illiteracy, and communication difficulties can present barriers to these methods. In order to overcome these barriers, it is important to create a highly specified treatment plan for each participant that incorporates competency restoration as a major component.
Existing Services	<ol style="list-style-type: none"> 1. Psychiatric diagnostic evaluation 2. Medication prescription and monitoring 3. Psychosocial skills training, 4. Substance abuse counseling groups (as indicated) 5. Substance abuse individual counseling (as indicated) 6. Case management 7. Competency restoration training
Funding Source	Texas Department of State Health Services
Relevant Data	<ol style="list-style-type: none"> 1. In FY 2011 Travis County had a total of 212 individuals who were declared Incompetent to Stand Trial (IST). 2. The CCRP admitted and treated a total of 27 clients in fiscal year 2011. 3. Average length of time to restore an individual was 42 days 4. CCRP had an 81% restoration rate in FY'11.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Designation as an unlocked facility prohibits some individuals from participating in program. 2. Forced medication process in jail not used on all individuals that could benefit from medications. 3. Individuals are moving from the jail to hospital faster, thus making it difficult to evaluate for program before they are already gone.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Locate program within a locked facility. 2. Utilize forced medication option more frequently and more efficiently in order to get individuals on medications faster.
Relevant Law & Policy	Texas Code of Criminal Procedures 46B

Responsible Entities	<ol style="list-style-type: none"> 1. Austin Travis County Integral Care 2. Travis County Criminal Courts 3. Texas Department of State Health Services
Best Practices	Outpatient Competency Restoration Program is a best practice
Future Funding & Collaborative Opportunities	Increased funding from Texas Legislature in order to deal with back up at the local county jails

Intercept 3 Jails & Courts

ATCIC Jail Psychiatrists

Program Description	ATCIC contracted with Travis County Sheriff's Office to provide two full time psychiatrists to provide services to inmates within the Travis County Jail Complex.
Existing Services	Psychiatric evaluations Prescribing psychiatric medications Medication monitoring
Funding Source	Travis County Sheriff's Office
Relevant Data	
Gaps and Barriers	Lack of psychiatric resources to address all psychiatric needs within the jail.
Solutions and Strategies	Hire additional personnel to provide psychiatric assessments and prescribe medications
Relevant Law & Policy	
Responsible Entities	Austin Travis County Integral Care and Travis County Sheriff's Office
Best Practices	Psychiatric services should be provided by the local mental health authority in order to improve continuity of care for inmates leaving jail back to community.
Future Funding & Collaborative Opportunities	Continue to support the Travis County Sheriff's Office in their efforts to get Travis County Commissioner to allocate additional funds to hire more psychiatrists.

Intercept 3 Jails & Courts

Rise Up

Program Description	Rise Up: Provides pretreatment services to individuals with diagnosable substance use disorders. Program is available for male with minimum and medium custody levels.
Existing Services	<ol style="list-style-type: none"> 1. Cognitive Based education and counseling 2. Address behaviors related to relapse to improve chances for long term recovery 3. Provides additional programs for Reentry and Criminal Behavior to reduce chances of returning to jail
Funding Source	Only current funding available is for SAPP Class Contract through Austin Stress Clinic
Relevant Data	<p>Currently programming is provided by 2 TCSO Staff Counselors, 1 Coordinator, 2 Interns, 1 contract staff</p> <p>The program provides on services to 15-18 individuals per month</p> <p>At this time no data is available</p>
Gaps and Barriers	<ol style="list-style-type: none"> 1. Relationship based education in developing healthy relationships; No available staff 2. Basic education of the 12 step model; Lack volunteer or available funding for Back to Basics Program 3. Long term sustainability for current programming; Lack of FTE 4. Connecting inmates directly to outside services once released; Lack of community engagement
Solutions and Strategies	<ol style="list-style-type: none"> 1. Additional staff 2. Additional funding 3. With additional staff would give greater flexibility to seek out additional programs and services for address gaps and barriers
Relevant Law & Policy	<p>If any of these are creating barriers, list the specific issue in Gaps and Barriers above.</p> <p>None at this time</p>
Responsible Entities	Raul Garcia, Social Services Program Coordinator; Currently the only collaborating agency is Austin Stress Clinic
Best Practices	<p>All classes and programs have been developed directly or associated with all best practices regarding substance abuse services and addressing criminal behavior</p> <p>Follow NIDA, SAMSHA, and other treatment programs as guidelines in providing services; this includes applying Criminogenic Needs to address areas of criminal behavior.</p>
Future Funding & Collaborative Opportunities	Second Chance Act; Communities for Recovery; More in depth collaboration and recruiting with 12 Step Fellowships; Additional contracts

Intercept 3 Jails & Courts Power

Program Description	POWER Program: Provides basic education for individuals with substance abuse issues. Program is available for male with minimum and medium custody levels.
Existing Services	<ol style="list-style-type: none"> 1. Basic education about the effects of drug and alcohol abuse 2. Identify and recognize behavior associated with unhealthy living through drugs and alcohol 3. Provides additional programs for Reentry to reduce chances of returning to jail
Funding Source	Only current funding available is for SAPP Class Contract through Austin Stress Clinic
Relevant Data	<p>Currently programming is provided by 1 Coordinator, 5 volunteers, 1 contract staff</p> <p>The program provides on services to 15-18 individuals per month</p> <p>At this time no data is available</p>
Gaps and Barriers	<ol style="list-style-type: none"> 1. Relationship based education in developing healthy relationships; No available staff 2.. Basic education of the 12 step model; Lack volunteer or available funding for Back to Basics Program 3. Continued missing creative arts program for individuals learning different levels of expression; Needs Wings Contract Renewed
Solutions and Strategies	<ol style="list-style-type: none"> 1. Needs Wings Contract Renewed 2. Additional staff 3 Additional funding 4. With additional staff would give greater flexibility to seek out additional programs and services for address gaps and barriers
Relevant Law & Policy	None at this time
Responsible Entities	Raul Garcia, Social Services Program Coordinator; Currently collaborating with Austin Stress Clinic, AIDS Services of Austin, Born Again Ministries
Best Practices	<p>All classes and programs have been developed directly or associated with all best practices regarding substance abuse services</p> <p>Follow NIDA, SAMSHA, and other treatment programs as guidelines in providing services</p>
Future Funding & Collaborative Opportunities	Second Chance Act; Communities for Recovery; More in depth collaboration and recruiting with 12 Step Fellowships; Additional contracts

Intercept 3 Jails & Courts Goodwill

Program Description	Job Readiness Training. This program offers basic skills such as resume writing, cover letter writing, interviewing skills and soft skills.
Existing Services	<ol style="list-style-type: none"> 1. Information on how to write a cover letter and resume 2. Appropriate answers to questions regarding gaps in dates of employment and incarceration questions 3. Mock interview questions.
Funding Source	We contract with Goodwill Services to provide Job Readiness Training 43,044 year/ 1 FTE.
Relevant Data	One instructor per class (two classes a day) five days a week. Between January 2011 and January 2012 608 individual's graduated the program.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Students released from jail. 2. Students dropped out of program. 3. Level of students classification (min vs. max)
Solutions and Strategies	<ol style="list-style-type: none"> 1. Connect to community services providing same program on outside of jail. Ex: Goodwill 2. Provide a case manager or mentor to follow-up with the inmate and create a hand-off to continuing services upon release. 3. Extend program by having JR taught on units of individuals that cannot attend class due to classification conflict
Relevant Law & Policy	Extensive background check for computer access for contracted staff at the jail is a hindrance to staff being as efficient and effective as possible.
Responsible Entities	Community resources such as Goodwill.
Best Practices	There is best practices information on the advantages of starting reentry strategies as early as possible. Also, creating direct connections to employers while inmates are still incarcerated, development of knowledge about which employers and industries hire ex-offenders, providing a full spectrum of services to address transportation, clothing, housing etc. and providing job experience pre and post release (transitional employment). An article on best practices: http://www.drc.state.oh.us/web.iej_files/OffenderJobReadinessAndRetention.pdf
Future Funding & Collaborative Opportunities	Offering hard skills training would clearly be an enhancement. Funding for this type of enhancement would probably come from grants or county/ state budget. In addition, stronger partnerships with probation and other types of supervision would increase accountability and enhance program effectiveness.

Intercept 3 Jails & Courts Educational Opportunities

Program Description	Education prepares inmates for employment and higher education opportunities upon release into the community. All minimum and medium classification inmates are able to attend programs.
Existing Services	<ol style="list-style-type: none"> 1.GED 2.ESLp 3. Del Valle ISD Special Education 4. General Education/Liberal Arts
Funding Source	TCSO provides funding for the GED; ACC provides ESOL teachers through TEA Grants. Del Valle ISD funds the special education program and non-paid volunteers/interns facilitate the general education/liberal arts classes
Relevant Data	During the last fiscal year, Education had a total of 18 different instructors teaching the four existing services listed above. Combined, these four services served a total of 495 inmates.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Modern computer lab with internet access and modern teaching materials 2. Motivation, inmates are being discouraged from attending programs by their peers 3. Community volunteers and college interns 4. Maximum security inmates are unable to attend programs due to their custody level
Solutions and Strategies	<ol style="list-style-type: none"> 1. The purchasing of a modern computer lab and teaching materials will enable us to move forward and stay current with the advancements in adult education. 2. The creation of programs only pod in building 1. There, programs could create an atmosphere of positive energy. 3. Establish a stronger bond with the universities in the Austin area. 4. Evaluate Maximum inmates on a case by case basis.
Relevant Law & Policy	Education programs were created by the 1982 Leon Musgrove Vs Raymond Frank court case. Special education in jails was made possible by The Individuals with Disabilities Education Act (IDEA). None of these cases have created barriers to services.
Responsible Entities	ACC provides the ESOL programs with a grant they were awarded in 2009. TCSO is responsible for the GED/General Education portion of Education, and Del Valle ISD must provide special education services for the jail population between the ages of 17-23
Best Practices	<p>GED/General Education: Based on research conducted by Cook County in 2010; inmates with a GED/HS diploma are less likely to return to jail than the population without. <u>Olson, David E.; "Characteristics of Cook County Jail Inmates, 2010" pg 7, March 2011; Loyola University Chicago</u></p> <p>ESOL: ESL training has been shown to have a direct correlation with the likelihood of a former non-English speaking person</p>

	to receive a college education. <u>Kasper, Loretta F.; "The impact of content-based instructional programs on the academic progress of ESL students" Vol 16, Issue 4, 1997, pg 309-320</u>
Future Funding & Collaborative Opportunities	Expand our relationships with community organizations to bring college and job training classes into the jail for our population.

Intercept 3 Jails & Courts

People Recognizing the Inherent Dignity of Everyone (PRIDE)

Program Description	Created in 2008, the People Recognizing the Inherent Dignity of Everyone (PRIDE) program serves incarcerated Travis County women. The program's mission is to lessen intergenerational incarceration by the participants building stronger relationships with their children and families.
Existing Services	<ol style="list-style-type: none"> 1. Group counseling 2. Life skills classes such as parenting, financial literacy, job readiness, women's health goal setting 3. Individual re-entry planning
Funding Source	Travis County provides one FTE as coordinator of this program.
Relevant Data	Over seventeen employees and volunteers from ten different local non-profit agencies partner to provide services. Describe the data that is available about the population served. Approximately 120 individuals receive services each year. 51% of participants were Caucasian, 36% Hispanic, and 11% African-American. A look at PRIDE women two years ago found that the average age was 33, average of two children, 45% were incarcerated on drug charges, 81% had been a victim of domestic violence or sexual assault, 68% were not employed, 35% had no high school degree, and 22% had never received any type of program, treatment, or counseling in the past. 71% had been diagnosed with a mental illness.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Unless there is a student intern, basic individualized re-entry casework is not offered to the participants. All prospective interns are required to submit to a criminal background check. If they have ever been convicted of a Class A misdemeanor, they are not allowed internship access. This is difficult when we are seeking Licensed Chemical Dependency Counselor students. 2. The Travis County coordinator is currently facilitating seven groups and many volunteer coordination duties per week and is not able to provide any type of individual counseling to participants 3. Collecting detailed and relevant data that could include the tracking of recidivism from the program is a definite barrier. 4. Although the program is designed to be a four-week program, may take six weeks due to staff shortages.
Solutions and Strategies	<ol style="list-style-type: none"> 1. While interns may be used for basic re-entry planning, they are not able to be utilized for more complex individual counseling at this point. A loosening on the internship background requirement would remove the barrier. 2. Funding for one half-time dedicated counselor and one half-time dedicated caseworker would help participants identify issues in their lives that lead to their incarcerations.
Relevant Law & Policy	Due to being a law enforcement agency, again the criminal background check may prohibit students from entering the facility. However, it will definitely prohibit them from aiding with any data entry.
Responsible Entities	While TCSO is responsible for delivery of the services, several non-profit organizations are utilized. The following are partners: Any Baby Can, Texas State University, Financial Literacy Coalition of Central Texas, Truth Be Told, Wholly Committed,

	SafePlace, Planned Parenthood, Conspire Theatre, Goodwill, Cocaine Anonymous, University of Texas, Austin Recovery
Best Practices	<p>The program was designed and modeled after programs in Chicago and San Francisco. Both programs address first and foremost trauma in the lives of incarcerated women and how it may play a role in incarceration. The evidence-based treatment model for trauma that is used at TCSO is titled "Seeking Safety" and several study results are contained within the following link: http://www.seekingsafety.org/3-03-06/studies.html</p> <p>The parenting piece of the program is from the Emotion Coaching Curriculum by Dr. John Gottman that may be viewed at the following link: http://www.gottman.com/49876/582436/Parenting-Research/Emotion-Coaching-Parenting-Styles--Five-Steps-of-Emotion-Coaching--DVD.html</p> <p>Also, much research is completed by the following organization regarding children of incarcerated parents: http://fcnetwork.org/</p>
Future Funding & Collaborative Opportunities	It would be helpful to possibly collaborate with the Travis County Probation Department on solutions for the participants.

Intercept 3 Jails & Courts Parents and Children Together (PACT)

Program Description	Created in 2010, the Parents and Children Together Program (PACT) program serves males and females incarcerated at the Travis County Correctional Complex. PACT is an eight-week parenting program that provides educational classes and a monthly special child friendly play visit for participants and their children. The program also provides a monthly support group for the families of the incarcerated while the children are engaged in their one-on-one visit.
Existing Services	<ol style="list-style-type: none"> 1.Eight sessions of educational parenting classes 2.A monthly child friendly visit between the class participants and their children
Funding Source	Any Baby Can is a local non-profit organization that provides the parenting classes and assistance with the monthly visit. They receive funding from the city of Austin and Glimmer of Hope Foundation.
Relevant Data	There are four individuals providing services. One individual is the Travis County PACT coordinator. One individual is a contract worker for Any Baby Can. The other two individuals are full-time employees of Any Baby Can. Since Any Baby Can began services in October of 2010, they have provided education to 369 unduplicated incarcerated parents . 172 children have visited their parents in a child friendly setting within the jail.
Gaps and Barriers	<ol style="list-style-type: none"> 1. There are times when none of the Any Baby Staff can teach parenting class and it is either canceled or the Travis County PACT coordinator substitutes. 2.The PACT visit is only offered once a month 3. There is not a caseworker to do regular family outreach. 4. Extensive criminal background checks are completed on all possible interns, mentors and volunteers that prohibit some with minor offenses from assisting
Solutions and Strategies	1. If there was funding for a full-time PACT caseworker, the first three gaps and barriers would be overcome.
Relevant Law & Policy	The Travis County Sheriff's Office has an extensive criminal background check that unfortunately prohibits some volunteers, interns and mentors that could be greatly utilized.
Responsible Entities	The Travis County Sheriff's Office and Any Baby Can collaborate on this program.
Best Practices	<p>The parenting piece of the program is from the Emotion Coaching Curriculum by Dr. John Gottman that may be viewed at the following link: http://www.gottman.com/49876/582436/Parenting-Research/Emotion-Coaching-Parenting-Styles--Five-Steps-of-Emotion-Coaching--DVD.html</p> <p>Also, much research is completed by the following organization regarding children of incarcerated parents: http://fcnetwork.org/</p>

Future Funding & Collaborative Opportunities	There is an upcoming partnership with the African-American Men and Boys Harvest Foundation being discussed.

Intercept 3 Jails & Courts

People Embracing Actions Centered on Empowerment (PEACE)

Program Description	Created in 2011, the People Embracing Actions Centered on Empowerment (PEACE) program serves incarcerated Travis County women. The program’s mission is to reduce further incarceration by helping participants gain new coping mechanisms and life skills.
Existing Services	<ol style="list-style-type: none"> 1.Group counseling 2.Life skills classes such as parenting, women’s health, and goal setting 3.Individual re-entry planning casework
Funding Source	Travis County provides one FTE as coordinator of this program.
Relevant Data	7 individuals have provided services to 57 women since the program began in July, 2011. Of the 26 women who graduated from the four-week program, 46% were African-American, 31% Caucasian, and 23% Hispanic.
Gaps and Barriers	<ol style="list-style-type: none"> 1 .Unless there is a student intern, basic individualized re-entry casework is not offered to the participants. All prospective inters are required to submit to a criminal background check. If they have ever been convicted of a Class A misdemeanor, they are not allowed internship access. This is difficult when we are seeking Licensed Chemical Dependency Counselor students. 2.The Travis County coordinator is currently facilitating seven groups and many volunteer coordination duties per week and is not able to provide any type of individual counseling to participants 3. Collecting detailed and relevant data that could include the tracking of recidivism from the program is a definite barrier. 4. Although the program is designed to be a four-week program, it may take six weeks due to staff shortages.
Solutions and Strategies	<ol style="list-style-type: none"> 1. While interns may be used for basic re-entry planning, they are not able to be utilized for more complex individual counseling at this point. A loosening on the internship background requirement would remove the barrier. 2. Funding for one half-time dedicated counselor and one half-time dedicated caseworker would help participants identify issues in their lives that lead to their incarcerations.
Relevant Law & Policy	Due to being a law enforcement agency, again the criminal background check may prohibit students from entering the facility. However, it will definitely prohibit them from aiding with any data entry.
Responsible Entities	While TCSO is responsible for delivery of the services, 6 non-profit organizations and universities are utilized. The following are partners: Any Baby Can, Texas State University, Truth Be Told, Conspire Theatre, Cocaine Anonymous, University of Texas
Best Practices	The program was designed and modeled after programs in the sheriffs’ offices of Cook County (Chicago, Il) and San Francisco. Both programs address first and foremost trauma in the lives of incarcerated women and how it may play a role in incarceration. The evidence-based treatment model for trauma that is used at TCSO is titled “Seeking Safety” and several

	<p>study results are contained within the following link: http://www.seekingsafety.org/3-03-06/studies.html The parenting piece of the program is from the Emotion Coaching Curriculum by Dr. John Gottman that may be viewed at the following link: http://www.gottman.com/49876/582436/Parenting-Research/Emotion-Coaching-Parenting-Styles--Five-Steps-of-Emotion-Coaching--DVD.html Also, much research is completed by the following organization regarding children of incarcerated parents: http://fcnetwork.org/</p>
<p>Future Funding & Collaborative Opportunities</p>	<p>It would be helpful to possibly collaborate with the Travis County Probation Department to create new solutions for the participants.</p>

Intercept 4 Reentry

Mental Health Public Defender Office (Reentry)

Program Description	The Travis County Mental Health Public Defender (MHPD) Office serves the needs of persons with mental illness in the criminal justice system. The staff includes two lawyers, two social workers, two case workers, and two support staff. In addition to legal representation, MHPD provides discharge planning and long term, intensive, client specific case management services for individuals represented by the office and clients represented by attorneys outside of the office.
Existing Services	The MHPDO represents clients who are indigent, have a serious mental illness, and have misdemeanor cases in Travis County. The social service staff in the office provide long term intensive case management, discharge planning from jail, and psychosocial assessments to aid lawyers in the defense of their clients. Social service staff works with clients during the entire continuum of the criminal justice system in an effort to engage with them and get them linked to local social services.
Funding Source	Funding is provided by Travis County
Relevant Data	The Travis County Mental Health Public Defender Office (MHPDO) collects data on all clients that they represent. In addition, the social staff in the office works with attorneys outside of the office. Data is tracked on these clients as well. The high utilizers and high need clients are funneled to the office by the court and the jail.
Relevant Law & Policy	1) The Constitution of the United State – all citizens are guaranteed effective representation. 2) The Texas Fair Defense Act. 3) The Texas Code of Criminal Procedures. 4) Chapter 46B (competency). 5) The Penal Code. 6) The Health and Safety Code.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Difficulty getting clients access to services in the community due to criminal history or difficult behaviors. 2. Difficulty accessing services in the community with complex requirements or entry points into service. 3. Difficult process to get medication for a client who is leaving jail and then having to wait months to see a psychiatrist. 4. High caseloads and need for additional staff – We have had the same number of staff since inception five years ago, we have shown to be cost effective for the county, and our caseloads continue to grow. We would be able to assist more people and do more with our current clients if we had more staff. 5. Courts: Defendants released without probation or parole (completed sentences) have very little pre-release planning. 6. There is a lack of safe, appropriate, and monitored housing. 7. There is a lack of appropriate and timely mental health care. 8. There is a lack of hospital beds available when clients need medication adjustment or inpatient treatment. 9. There is also a lack of long term hospitalization beds.
Solutions and Strategies	<ol style="list-style-type: none"> 1) Streamline the process for clients coming out of jail to access basic need services in the community and shorten the wait times (i.e. housing assistance, mental health treatment, medication, etc.). Less time waiting means client behaviors could be managed better and quicker access to medication and treatment would mean less problems, arrests, hospitalization, walk offs, and frustration by everyone involved. 2) Request additional funding in the county. 3) Request additional funding from the state for services for the mentally ill. If there were more services available and people

	received better treatment and care, many of them would not be involved with the criminal justice system.
Responsible Entities	Travis County
Best Practices	
Future Funding & Collaborative Opportunity	MHPDO has requested FTEs (2 caseworkers and 1 attorney) in the FY13 budget More staff would allow the office to work with more clients and provide more case management and discharge planning.

Intercept 4 Reentry Downtown Austin Community Court (DACC) Case Management

Program Description	Case management serves a diverse group of defendants including college students, homeless individuals, and visitors to Austin who need assistance with rehabilitative services. DACC has implemented a targeted case management program which focuses on frequent offenders and provides long-term assistance to individuals with 25 or more cases at DACC and an active case in the preceding two years.
Existing Services	DACC defendants are not jailed for significant periods of time for DACC offenses- Public Order/Quality of Life/Class C misdemeanors. DACC clients who are in jail or prison on higher charges will require reentry services. DACC targeted case managers collaborate with Travis County Inside/Out program to assist clients with reentry. DACC funds treatment and sober transitional housing for DACC frequent and repeat offenders leaving the jail.
Funding Source	Funding (\$310,000) is provided by the City of Austin's General Fund. With this money, DACC can fund transitional housing, drug and alcohol treatment, basic needs, ID and driver's license attainment, and bus passes for indigent individuals who are DACC frequent offenders and frequent users of other public systems.
Relevant Data	
Relevant Law & Policy	
Gaps and Barriers	Lack of coordination and collaboration between county jail, DACC, and community and social service providers that are working with defendants scheduled for release that causes those hard- to- reach populations to continue cycling through the criminal justice system.
Solutions and Strategies	A common data system between law enforcement, jails/prisons, and courts would aid in the collaboration and coordination of efforts. Efforts are being made to expand HMIS for use between agencies with mutual clients.
Responsible Entities	
Best Practices	
Future Funding & Collaborative Opportunities	

Intercept 4 Reentry Commitment to Change (CTC)

Program Description	The CTC Program is a ninety day program offered inside of the jail for offenders who have been court ordered and for offenders who have volunteered and been screened by CTC staff. The length of participation may be adjusted in accordance with sentencing considerations. The targeted population must be incarcerated at the Travis a State Jail and must be returning to Travis County upon release from incarceration.
Existing Services	CTC uses an evidence-based curriculum derived from a cognitive behavioral therapy model.
Funding Source	Funding is provided by Travis County. In FY 2011 the program received \$157,000.
Relevant Data	Four licensed clinician's provide services. Participates include court-ordered and voluntary individuals who have substance abuse issues. Since its creation in 2005, 73 men and 45 women have successfully completed CTC. In FY 2010, 33 men and 26 women voluntarily participated in the program. In FY2011, 47 men voluntarily participated in the program. At any given time there are up to 24 revolving individuals being served in the program. The program ended services at Woodman State Jail in Spring 2011, therefore the program no longer serves female offenders.
Relevant Law & Policy	
Gaps and Barriers	<ol style="list-style-type: none"> 1. No continuity; program should begin at the county jail and follow the inmate into the community, if on probation, or to the state jail, if sentenced there. 2. Due to short sentencing, some individuals are unable to complete full 3 month program. 3. While there is aftercare provided, once out of jail many of these individuals still need intensive inpatient treatment.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Funding for more staffing at the County Jail to provide assistance for the program. 2. Develop a process that includes a database and case managers to track individuals that have a short sentence. 3. Funding for inpatient treatment as well as increase options for inpatient treatment.
Responsible Entities	<ol style="list-style-type: none"> 1. Local/Community agencies 2. County government 3. State government
Best Practices	Cognitive Behavioral Treatment and 12 step programs
Future Funding & Collaborative	Potential collaborations with other state and local agencies with access to greater treatment options outside of the jail.

Opportunities	
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Intercept 4 Reentry Inside/Out Travis County (IOTC)	
Program Description	IOTC is a pre- and post-release reentry program started in October 2011 at the Travis State Jail.
Existing Services	The program provides intensive case management to an anticipated 150 participants assessed as high risk to reoffend. IOTC begins three months prior to the participants release date from state jail and continues post-release with intensive individualized case management services.
Funding Source	Funding provided by Travis County. In FY 2011 the program received \$140,000.
Relevant Data	There are three licensed clinicians; 1 Manager and 2 Case managers currently providing services. Expectation for the program to serve at least 150 clients per year. Tracks housing information (to include homelessness information, location of residence upon release, length of stay in transitional housing), job information (to include job experience, work history, vocational training, licenses and certifications, length of time to obtain employment), family history, relationship history, mental health and substance abuse history and treatment, health issues and treatment.
Relevant Law & Policy	
Gaps and Barriers	<ol style="list-style-type: none"> 1. No continuity; Program should begin at the county jail and follow the inmate into the community. 2. Due to short sentencing some individuals are unable to participate. 3. A great majority of volunteers refuse the program, score within one point of being considered high risk on the Ohio Risk Assessment System (ORAS) tool.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Funding for more staffing at the County Jail to provide assistance. 2. Develop a process to allow individuals that have a short sentence to participate in the program. 3. Funding for more staffing to include moderate risk offenders.
Responsible Entities	<ol style="list-style-type: none"> 1. Local/Community agencies 2. County government 3. State government
Best Practices	Cognitive Behavioral Interventions, individualized programming, and intensive case management.
Future Funding & Collaborative Opportunities	Currently collaborating with DACC and the VA, sharing case management.

Intercept 4 Reentry Promoting Reentry Employment and Progress (PREP)

Program Description	The program prepares ex-offenders for employment through job skills training (to include resume writing, interviewing skills, and explanation of criminal history), one-on-one consultation, and resource fairs.
Existing Services	PREP was initiated in 2010 by the Travis County Workforce Development program to provide pre-release employment services, thereby improving offenders' potential for obtaining gainful employment upon release. PREP is a two week employment program at the State Jail. Clients are referred to Criminal Justice Planning for job referrals and job placement.
Funding Source	Funding is provided by Travis County. In FY 2011 the program received \$140,000.
Relevant Data	Recently began tracking dates of completion of program, job search efforts, job experience, work history, vocational training, licenses and certifications, and length of time to obtain employment. (At this time the program is being restructured)
Relevant Law & Policy	
Gaps and Barriers	<ol style="list-style-type: none"> 1. No continuity; Program should begin at the county jail and follow the inmate into the community. 2. Due to short sentencing some individuals are unable to participate. 3. Space issues at jail to accommodate enough classes for the number of interested inmates.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Funding for more staffing at the County Jail to provide assistance. 2. Develop a process to track individuals that have a short sentence. 3. Additional class was recently added in evening to assist in accommodating the number of interested inmates and to work around space issue.
Responsible Entities	<ol style="list-style-type: none"> 1. Local/Community agencies 2. County government 3. State government
Best Practices	
Future Funding & Collaborative Opportunities	Collaborating with IOTC program in the jail and with Workforce Solutions for ex-offenders.

Intercept 4 Reentry Criminal Justice Planning—Transitional Housing

Program Description	The transitional housing fund is used to provide temporary emergency residential housing in Austin, Texas, to eligible men and women participating in Travis County Justice and Public Safety (JPS) and Travis County Supervision and Corrections Department (CSCD or Adult Probation) funded programs. Housing is provided for a maximum of 30 days for JPS clients at one of three contracted sites and for 90 days for CSCD clients at one contracted site. Lengths of stay are subject to extensions, but if approved by the individual department. Without this fund, these individuals would be homeless or at risk of homelessness upon reentry into the community from incarceration at the Travis State Jail or Travis County Correctional Complex.
Existing Services	Travis County funds temporary emergency residential housing for eligible JPS clients participating in CTC; IOTC; Mental Health Public Defender Office; and 3D. The JPS housing budget provides 30 days of housing for approximately 84 men and women each year. Travis County supplements the Travis County Community Supervision and Correction (CSCD) temporary emergency residential housing budget. CSCD’s housing budget provides up to 90 days of housing for 35 men on adult probation each year, primarily targeting sex offenders.
Funding Source	Funding for JPS transitional housing (currently, \$79,000/year) is provided by the Travis County Commissioner’s Court. Funding for CSCD transitional housing (currently, \$89,000/year) is provided for by the State of Texas and the Travis County Commissioners’ Court.
Relevant Data	<p>The number of unique JPS clients in transitional housing in FY11 was 42 and is projected to be 84 in FY12. A budget request was submitted for FY13 that would allow 180 clients to be housed in FY13. These numbers <u>do not</u> include CSCD clients.</p> <p>The number of days of housing available to JPS clients was 1258 in FY11 and is projected to be 2501 in FY12. A budget request was submitted for FY13 to increase the number of bed days to 5400. These numbers <u>do not</u> include CSCD clients.</p>
Relevant Law & Policy	
Gaps and Barriers	<ol style="list-style-type: none"> 1. There is inadequate funding to serve a greater number of JPS and CSCD clients and inadequate funding to serve JPS clients for a longer period of time (90 days or more versus the current 30 days). 2. There are not enough appropriate housing providers in the community, especially for female clients. 3. CSCD only contracts with one provider and is unable to house any female clients because the facility only houses men.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Solicit additional funding from the Travis County Commissioners’ Court to serve more eligible JPS clients for a longer period of time. Solicit additional funding from the Travis County Commissioners’ Court and the State of Texas (TDCJ) to serve more eligible CSCD clients 2. Seek new housing providers and encourage existing providers to improve services and meet the requirements set forth by the County in order to become eligible for a County contract. 3. CSCD should interview existing providers that serve females and/or seek new providers willing to work with females in order to assist this underserved population.

Responsible Entities	1) Local/Community agencies 2) County government 3) State government
Best Practices	Per the Substance Abuse and Mental Health Services Administration (SAMSHA) Homelessness Resource Center: “Housing First” is an evidence-based practice that looks at housing as a tool, rather than a reward, for recovery. It is an approach to ending homelessness that centers on providing housing first, then providing services as needed and requested. Homelessness is traumatic. It can involve the loss of home, community, stability, safety, and social networks. “Trauma Informed Care” is an evidence-based practice that teaches service providers and their organizations about the triggers and vulnerabilities of trauma survivors. Other best practices include outreach, consumer involvement, and cultural competency.
Future Funding & Collaborative Opportunities	

Intercept 4 Reentry Permanent Supportive Housing

Program Description	This component provides long-term housing with supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.
Existing Services	Caritas of Austin, Foundation Communities, Green Doors, Front Steps, St. Louise House
Funding Source	HUD, City of Austin, State of Texas, Travis County Housing Authority, SAMHSA,
Relevant Data	Caritas – 32 units Caritas/Foundation Communities – 101 units Green Doors – 40 units FrontSteps – 62 units St. Louise House – 31 units PSH for families
Relevant Law & Policy	
Gaps and Barriers	Number of units – need more targeted for ex-offenders
Solutions and Strategies	Requirement in housing funds applications processes to make housing available to ex-offenders.
Responsible Entities	All entities listed above in “Existing Services”
Best Practices	PSH is an evidence-based practice
Future Funding & Collaborative Opportunities	HUD Continuum of Care, City of Austin Neighborhood Housing and Community Development, HOME, Housing Tax Credit program (Dianna Lewis from CSH can give you a better list of funding vehicles for PSH)

Intercept 5 Community Corrections Probation

Program Description	Travis County Adult Probation monitors and supervises probationers to ensure conditions of community supervision are met and that probationers participate in programs and services to positively change their lives and be law abiding; Probation serves individuals under community supervision
Existing Services	<ol style="list-style-type: none"> 1. Supervision of probationers on Regular and Specialized Caseloads (High Risk, Mental Health, Sex Offender, Substance Abuse); 2. Substance Abuse Treatment Services: Counseling Center, SMART Substance Abuse Treatment Program, contract with community-based providers via Treatment Alternative to Incarceration Program (TAIP); Dual Diagnosis treatment services 3. Electronic Surveillance Monitoring 4. Cognitive Programming: Counseling Center; 5. Problem Solving Court/ Specialized Dockets: DWI Court, SMART Re-entry Court Docket; Mental Health Docket, Domestic Violence Court, Youthful Offender Docket; 6. Education: Onsite GED programming 7. Sex Offender treatment 8. Referrals to community programs for literacy, housing, ESL/Adult literacy, employment services, state mandated drug and alcohol classes
Funding Source	Majority of funding is provided by Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD); DWI Court is funded by federal funds - Substance Abuse and Mental Health Services Administration (SAMHSA), and state funds -Texas Office of the Governor-Criminal Justice Division, probationer supervision fees, county provides for facilities, utilities and equipment and contracted transitional housing for probationers
Relevant Data	There are approximately 163 probation officers providing supervision services and approximately 27 counselors providing internal substance abuse treatment services and cognitive programming. Approximately 20,000 probationers were served during FY 2011. Travis County Adult Probation contracts with a private vendor, Correctional Software Solutions, to maintain a case management database which tracks probationers' status and allows the creation of custom data sets with over 125 variables including risk/needs, programming, performance, etc.
Relevant Law & Policy	<ol style="list-style-type: none"> 1. Current state approved reimbursement rates for substance abuse treatment; 2. Local housing guidelines/local hiring practices (criminal backgrounds limit housing and employment options for Probationers)
Gaps and Barriers	<ol style="list-style-type: none"> 1. Substance Abuse:

	<p>a) Limited funding for all levels of Substance Use Treatment services and re-entry services;</p> <p>b) Low reimbursement rates Substance Use Treatment Providers;</p> <p>c) Limited ability to provide gender-specific services and use of trauma informed care principles</p> <p>d) Lack of recovery oriented systems of care</p> <p>2. Limited employment/housing options for probationers involved with the criminal justice system</p> <p>3. Limited treatment options for probationers dually diagnosed with Mental Health and Substance Use Disorders.</p>
Solutions and Strategies	<ol style="list-style-type: none"> 1. Prioritizing populations for available treatment slots; Utilizing Community Resource Coordination Groups (CRCG) to work collaboratively with entities regarding serving individuals involved with multiple systems to maximize use of available funding. Systems in which clients may be involved vary from client to client, but examples of such systems include criminal justice, mental health, housing, health. CRCGs are local interagency groups that develop service plans for individuals and families whose needs can be met only through interagency coordination and cooperation; 2. Developing a local Recovery Oriented Systems of Care (ROSC) which focuses on chronic care rather than acute care and acknowledges that mental health and substance use issues require a chronic care system approach. 3. Developing and implementing trauma informed care practices in probation services and community corrections services in Travis County 4. Coordinated probation re-entry services. Probation currently has several re-entry services such as the specialty courts and dockets, but would like to expand so more offenders could participate in the specialty courts and dockets. 5. Probation Department staff expanded participation in local initiatives regarding housing/employment 6. Securing additional funding for services for dually diagnosed probationers
Responsible Entities	<ol style="list-style-type: none"> 1. State and Local criminal justice entities, behavioral health entities, community-based providers, peer support 2. State and Local criminal justice entities, employers, housing authorities, housing providers 3. State and Local criminal justice entities and behavioral health entities <p>There are numerous collaborative entities in which Probation participates including the Behavioral Health and Planning Partnership, Re-entry Round Table, Travis County Criminal Justice Planning Initiatives, Community Action Network, Family Violence Task Force</p>
Best Practices	<ul style="list-style-type: none"> • Community Resource Coordination Group (CRCG): In the late 90s, the University of Texas School of Social Work conducted a two year statewide study that determined that the multi-agency MOU and interagency collaborative strategies effectively offered services and funds to meet identified client needs. • Problem Solving Courts- Numerous meta-analyses have concluded that drug courts are effective at reducing crime and have also been shown to ensure compliance. As the Drug Court Model has been effective, this model has been extended to numerous other specialty areas, such as DWI, Mental Health, etc.
Future Funding & Collaborative	<p>Adult Probation has applied to numerous federal funding opportunities for re-entry probationer services and for enhancing the continuum of services available to dually diagnosed populations and domestic violence offenders with substance abuse</p>

Opportunities	issues.
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Intercept 5 Community Corrections ANEW	
Program Description	ANEW is a program funded by Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI). The program operates community-based treatment services for adults on probation and parole. ANEW also provides continuity of care services designed to provide a responsive system for local referrals as well as for those offenders recently released from a Texas Department of Criminal Justice Institutional Division.
Existing Services	Case Management, Individual Counseling, Rehabilitation Skills, Psychiatric Evaluation and medication monitoring, Nursing services provided by a Physician Assistant (PA), benefits eligibility services and continuity of care services.
Funding Source	Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)
Relevant Data	ANEW provided services to 611 unduplicated clients in FY'11 through its Intensive case management services. In addition, ANEW provided continuity of care services to 474 unduplicated clients in FY'11.
Relevant Law & Policy	<ul style="list-style-type: none"> • TCOOMMI was created by the 70th Legislature to address the multi-faceted problems presented by juveniles and adults with mental illness, mental retardation and developmental disabilities. • HB 93, 72nd Legislature, expanded TCOOMMI's role to include offenders with serious medical conditions, physical disabilities or who are elderly.
Gaps and Barriers	<ul style="list-style-type: none"> • The maximum census of 250 for probationer and parole is determined by TCOOMMI funding strategies which are Front End Diversionary Initiatives. Currently there is no waitlist for services in the program.
Solutions and Strategies	<ul style="list-style-type: none"> • Increased funding in order to increase the number of individuals this program may assist. • Fund dedicated continuity of care workers who will meet in person with individuals about to be released through the Texas Department of Corrections.
Responsible Entities	<ul style="list-style-type: none"> • Austin Travis County Integral Care (ATCIC), Travis County Adult Probation and Texas Department of Criminal Justice – through TCOOMMI.
Best Practices	<ul style="list-style-type: none"> • TCOOMMI Intensive Case Management processes and service delivery model is based on Evidence Based and Research Informed Practices of Dr. D. Andrews (1990) and Dr. J. Skeem (2006), (2009). • Co-location of services – increases conditions compliance for individuals on probation or parole.

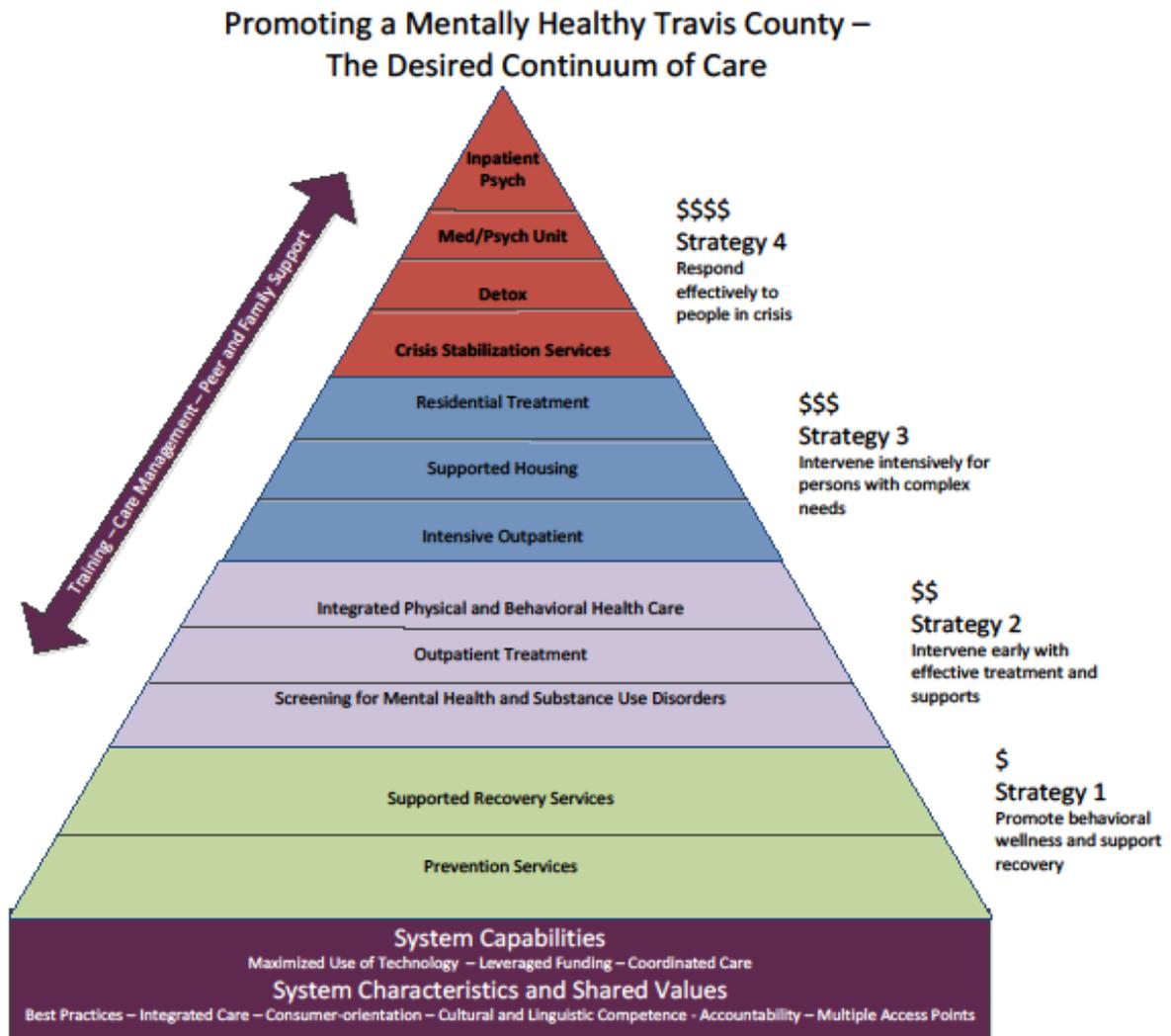
Future Funding &
Collaborative
Opportunities

- ATCIC
- Travis County Adult Probation
- TDCJ - TCOOMMI
- Federal Grants

Intercept 5 Community Corrections Road to Recovery

Program Description	Road to Recovery (formerly known as Project Recovery) is a 180-day treatment program with 90 days of residential treatment and 90 days of aftercare care management support for criminal defendants with co-occurring disorders. Services are provided at the Genevieve Tarlton Hearon Building.
Existing Services	Road to Recovery provides psychiatric diagnostic evaluations, medication monitoring, psychosocial skills groups, substance abuse groups, group counseling, and individual counseling.
Funding Source	Funding is provided by the City of Austin and Travis County.
Relevant Data	Currently Road to Recovery utilizes 10 beds, serving approximately 40 individuals per year. Data regarding performance measures and outcomes is maintained by ATCIC.. Legal outcomes are maintained by DACC and the TC Criminal Courts.
Gaps and Barriers	<ol style="list-style-type: none"> 1. Lack of employment options for individuals graduating from the program. 2. Lack of stable and affordable housing resources (both permanent supportive housing and rental housing) for clients in recovery with a criminal background.
Solutions and Strategies	<ol style="list-style-type: none"> 1. Work with employers, including City and County officials, to increase the opportunities for employment options for individuals who deal with mental illness and a co-occurring substance use disorder and who have a criminal background. 2. Work with housing providers, including City and County housing authorities, to work on solutions to increase stable and affordable housing, to include permanent supportive housing, for individuals who deal with mental illness and a co-occurring substance use disorder and who have a criminal background.
Relevant Law & Policy	
Responsible Entities	Austin Travis County Integral Care, Downtown Austin Community Court, Travis County CJP, Criminal Courts, MHPD, CA-MH prosecutor
Best Practices	
Future Funding & Collaborative Opportunities	MHPDO has requested FTEs (1 caseworker and 1 attorney) in the FY13 budget

Appendix D: Model for Community Services



Source: 10 in 10 Initiative #7 — Central Health and ATCIC PowerPoint presentation by Ellen Richards and Dawn Handley, April 23, 2012.

Appendix E: Travis County Justice and Public Safety Data

July
2012

[Travis County – Mental Health Planning Grant Initial Cohort Analysis]

[ANALYSIS AND FINDINGS BY:]

Tonya Mills, Travis County Justice and Public Safety
Danny Smith, Travis County Sheriff's Office
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Overview

An initial cohort was established by the Data Sub Committee of the Mental Health Planning Grant. The data originated from the Travis County Sheriff's Office Corrections Management System. Because the intended population of the grant are individuals with a serious mental illness who have a co-occurring substance abuse disorder, selection criteria for the data was that the population be coded as one of the

"Priority Population" which are individuals with a diagnosis of:

- Bipolar Disorder
- Major Depression
- Schizophrenia
- Schizoaffective Disorder, as well as
- Psychotic Disorder – Not otherwise Specified

In addition to the primary diagnosis from above, the cohort must have scored three or higher on the Texas Recommended Assessment Guidelines (TRAG) assessment, in the Co-Occurring Substance Use dimension.

The TRAG measures nine specific areas, which include Criminal Justice Involvement and a Quick Inventory of Depressive Symptomology. For the purposes of the Travis County Jail, seven of the nine dimensions were used. Those are the seven dimensions considered in this analysis. The seven dimensions are:

- **Employment** - measures the degree of employment within the past year including number of jobs, days of employment and whether there is a desire for work.
- **Functioning** - measures the ability to interact with others, maintain hygiene, function daily, fulfill role responsibilities and to maintain activities such as sleep and eating.
- **Housing** - measures the individual's current housing or homelessness status.
- **Psychiatric Hospitalization** - measures the number of times the individual has been hospitalized within the past 180 days to two years.
- **Risk of Harm** –measures the extent to which a person is at risk for harming themselves or others.
- **Co-Occurring Substance Use** - measures the frequency and duration of use and the cognitive, behavioral and physiological consequences during the past 90 days.
- **Support Needs** - measures the extent to which support is unavailable from family, friends and community sources and the likelihood that they are to provide help when needed.

The cohort consisted of 652 individuals, 159 females and 493 males. A breakdown of the total cohort by sex and diagnosis is outlined in the table on the following page.

Diagnosis	Female	Male	Total	Percentage
Bipolar Disorder	113	251	364	56%
Major Depression	25	76	101	16%
Schizophrenia	2	20	22	3%
Schizoaffective Disorder	11	88	99	15%
Psychotic Disorder NOS	8	58	66	10%
Total	159	493	652	
Average Age	36.65	37.43	37.24	

While understanding the diagnosis is important for planning purposes, the clustering of the data was done based on needs assessment as indicated by the individual TRAG scores. In each of the seven dimensions of the TRAG a score from one to five is given. The higher the TRAG score the higher the indication of “crisis” in that dimension. Once correlated based on TRAG, four distinct clusters or groups were identified and one group which captured all others. The clusters are:

- **High Needs Cluster:** This cluster was developed as a result of the indication of crisis in both the Functioning and Housing dimension of the TRAG assessment. There are **168 individuals** at an **average age of 40 (42 females with an average age of 38 and 126 males with an average age of 41)**.

This cluster would require a high level of support, to include, if possible, housing and intensive community case management. Because the level of functioning is so poor for individuals in this cluster, the ability to effectively case manage them would likely be contingent on some transitional housing so that the case managers were able to connect with their clients and ensure connection and/or continuity of services. This group had a higher than average percentage assessing in the high/risk or crisis levels across all dimensions of the TRAG.

- **High to Moderate Needs Cluster:** This cluster was developed as a result of an indication of crisis in the Functioning dimension however Housing scores indicate some stability. This cluster consists of **152 individuals** with an **average age of 35 (46 females with an average age of 36 and 106 males with an average age of 34)**.

While the High Need cluster also included individuals who had poor functioning, this cluster is different in that despite stable housing, these clients continue to function poorly, be in crisis and interact with the criminal justice system. This group would require a high level of support related to intensive community case management. Because this group reports having housing, connection with case managers should be easier than with those in clients within High Need.

- **Moderate Needs Cluster:** This cluster was developed as a result of an indication of crisis in the Support dimension however their level of functioning was assessed as somewhat stable. This cluster consists of **61 individuals** with an **average age of 38 (7 females with an average age of 36 and 54 males with an average age of 38)**.

The Moderate Need cluster is different from the High and High/Moderate clusters in that the level of functioning for these individuals is higher. When isolated, this cluster demonstrates a higher than average percentage of individuals struggling with housing and employment/means. This cluster of individuals may require a higher level of support initially, to include transitional housing, however once stable the support level may be reduced.

- **Low Needs Cluster:** This cluster was developed as a result of low need or risk indicated in the Employment, Functioning and Housing dimensions. This cluster consists of **151 individuals** with an **average age of 36 (32 females with an average age of 35 and 119 males with an average age of 36)**.

The Low Need Cluster is different from any of the other clusters evaluated in that the assessment indicates little risk/crisis as opposed to high.

This cluster would require the lowest level of support because they already have stable employment/means, housing, supports and are functioning at higher levels. It is believed that this group would benefit from someplace to check in as the need arises to help them avoid contact with the criminal justice system.

- **All Others:** This was developed as a result of those not yet clustered by need. Their functioning, housing and supports are mostly stable making them outliers from the other clusters, yet they demonstrate a high level of need with respect to employment/means and co-occurring substance use. This cluster consists of **120 individuals** with an **average age of 38 (32 females with an average age of 38 and 88 males with an average age of 37)**.

This Cluster is different from any of the other clusters evaluated in that the assessment indicates little risk/crisis in most areas yet emerge as high risk in two. This group, like the Low Needs cluster would benefit from substance abuse treatment and a day resource center or “check-in” for periods when they are struggling. They have relatively high functioning and low support needs, but may require some assistance with respect to housing and will likely require support related to employment or benefits.

This cluster may require varying levels of support. Because they are functioning at higher levels and housing and supports appear stable, they may require mostly lower levels of support. However, this cluster indicates a high level of need in the area of employment/means which may initially require higher needs. It is believed that this group, too, would benefit from a day treatment center and/or someplace to check in as the need arises to help them avoid contact with the criminal justice system.

The following analysis looks at each of the clusters specifically.

High Needs Cluster

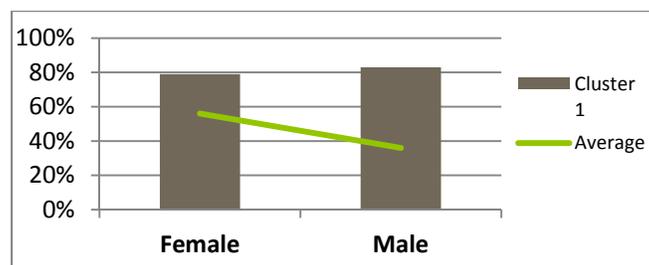
The High Needs cluster was developed as a result of the indication of crisis in both the Functioning and Housing dimension of the TRAG assessment. This cluster consists of **168 individuals** with an **average age of 40 (42 females with an average age of 38 and 126 males with an average age of 41)**.

Within this cluster it was found that an indication of crisis in Functioning and Housing likely indicates crisis in most of the other dimensions as well.

The following examines the High Needs cluster with respect to each of the seven TRAG dimensions evaluated, and compares the percentage of individuals assessed in “crisis” in each of the dimensions for this cluster to the average of the overall cohort of 652.

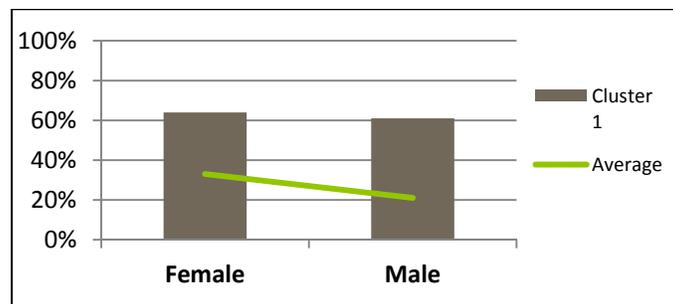
→ Employment Dimension

Individuals in High Needs cluster showed a higher than average percentage in “crisis” with respect to employment and/or means to provide for their wellbeing. Crisis is defined as a score of four or five on the TRAG dimension.



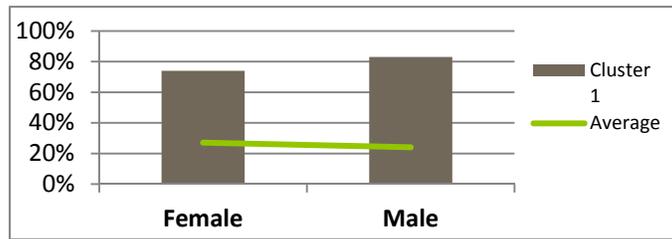
→ Functioning Dimension

Because this cluster assumes an indication of crisis in both the Functioning and Housing dimensions, it would be expected that the group would be higher than average in this dimension as well.



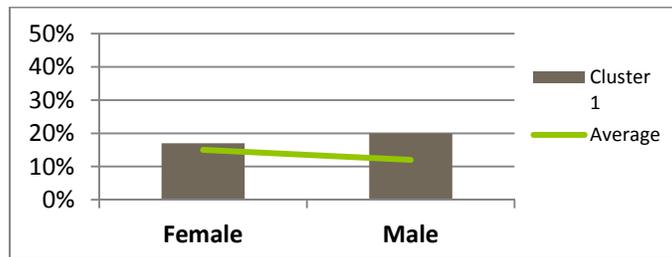
→ Housing Dimension

Like the Functioning Dimension, the Housing Dimension would be expected to be higher than the average as this group is based on crisis in each of these dimensions.



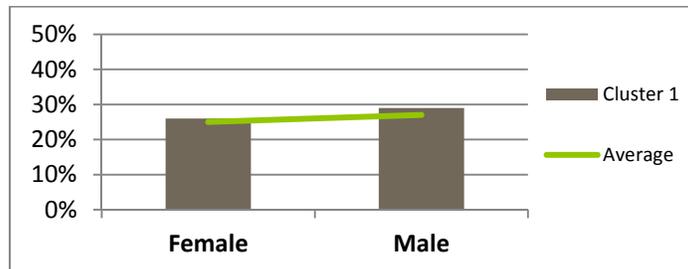
➔ **Psychiatric Hospitalizations Dimension**

The scoring for psychiatric hospitalizations ranges from 180 days to two years. Crisis scores of four and five would indicate numerous hospitalizations within the last two years, with multiple during the last six months. The High Needs cluster is only slightly higher than the average but is slightly behind the rate of High/Moderate Needs group (discussed in the next section) in this dimension.



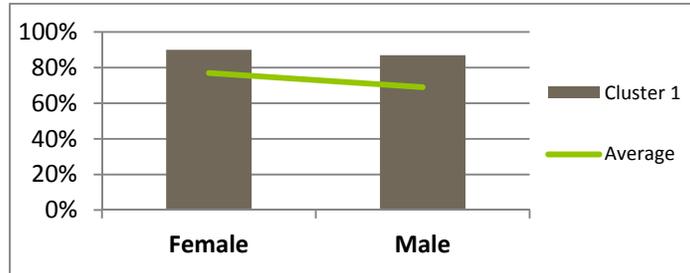
➔ **Risk of Harm Dimension**

The High Needs cluster demonstrated a slightly higher than average risk of harm score as well, though here too it was lower than the High/Moderate group.



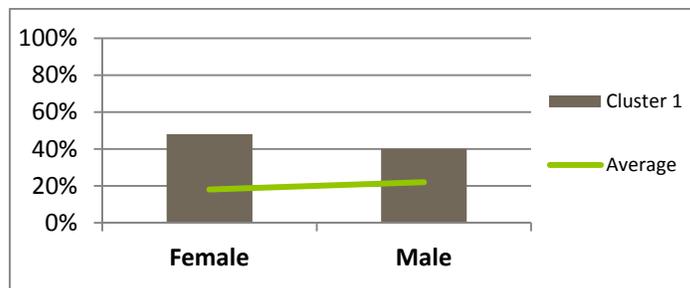
➔ **Substance Abuse Dimension**

Because all of the individuals in the entire cohort rated from three to five on the Co-Occurring Substance Use dimension, the average of individuals considered in crisis is higher. However, the High Needs cluster demonstrated remarkably high average scores in this dimension with 90% of the females and 87% of the males scoring a four or a five.



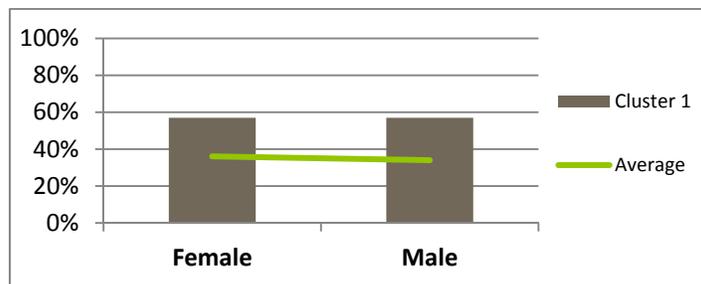
➔ **Support Dimension**

As with many of the other dimensions, the High Needs cluster demonstrated considerably higher than average scores with respect to assessing in a crisis range.



➔ **Overall TRAG**

When considering the aggregate totals in each of the dimensions and the percentage indicating crisis, overall 57% (57% - females and 57% - males) of the High Needs cluster assessed in crisis range. This is 21-23% higher than the average across all seven dimensions.



➔ **Community Providers**

The Travis County Jail provided data related to the community providers treating each individual. This was evaluated for each cluster to help inform what resources are being accessed by individual clients in each of the clusters. This data is self-reported and vetted to some extent by counseling staff for individual clients that are known to the staff. Additional work will be done with the Travis County Sheriff's Office and the Integrated Collaborative Care (ICC) to further analyze what types and amount of services are being consumed by individuals within each cluster. This information will be aggregated by cluster.

Community providers for the High Needs cluster, as indicated by the Travis County Jail data are outlined on the table below.

Community Provider	Female	Male	Total	Percentage
General Family Physician	0	2	2	1%
ATC/IC	21	48	69	41%
No Community Provider	17	64	81	48%
Other	3	1	4	2%
Other - Corrections	0	2	2	1%
Private Psychiatrist	1	0	1	1%
VA	0	3	3	2%
Unknown	0	6	6	4%

The highest percentage of this group (48%) report that they have no provider in the community with respect to their mental illness. This should be vetted with the ICC because it is self-reported, however if that percentage holds true it is concerning that the group with the highest level of need is under-served in the community.

Summing up The High Needs cluster: Individuals in the **High Needs cluster** would require a high level of support, to include, if possible, housing and intensive community case management. Because initially their level of functioning is so poor, the ability to effectively case manage would likely be contingent on some transitional housing to that the case managers were able to connect with their clients and ensure connection and/or continuity of services.

Future consideration for any programming targeting clients like those in this cluster could be assessment driven where TRAG scores in both the Functioning and Housing dimensions indicate crisis, scoring either a four or five in both dimensions.

High to Moderate Needs Cluster

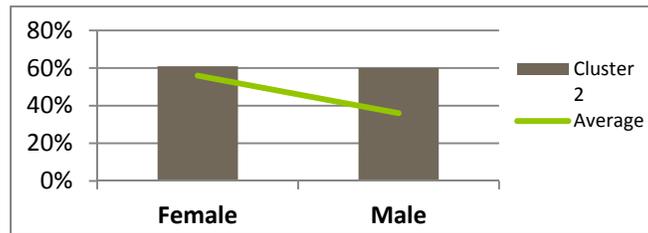
The High/Moderate Needs cluster was developed as a result of an indication of crisis in the Functioning dimension however Housing scores indicate some stability. This cluster consists of **152 individuals** with an **average age of 35 (46 females with an average age of 36 and 106 males with an average age of 34)**.

While High Needs cluster also includes individuals who have poor functioning, High/Moderate Needs cluster is different in that despite stable housing, these clients continue to function poorly, be in crisis and interact with the criminal justice system. Service delivery to this group would look different from services required by High Needs cluster from the housing perspective only. So while they may still need a high level of case management services, since housing would not be necessary The High/Moderate Needs cluster may be less costly to serve.

The following examines The High/Moderate Needs cluster with respect to each of the seven TRAG dimensions evaluated, and compares the percentage of individuals assessed in “crisis” in each of the dimensions for this cluster to the average of the overall cohort of 652.

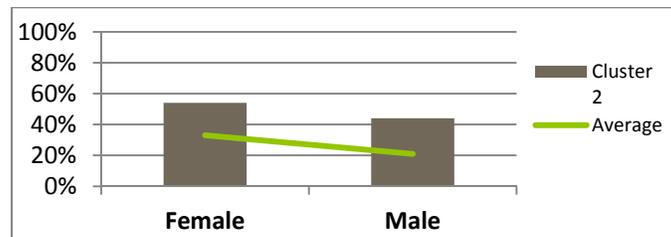
➔ **Employment Dimension**

Individuals in The High/Moderate Needs cluster also showed a higher than average percentage in “crisis” with respect to employment and/or means to provide for their wellbeing. The average in crisis for The High/Moderate Needs cluster is slightly lower however to that of High Needs cluster. This might indicate that some of the individuals in this cluster that have housing, are either employed or they are receiving benefits to help support them and their housing.



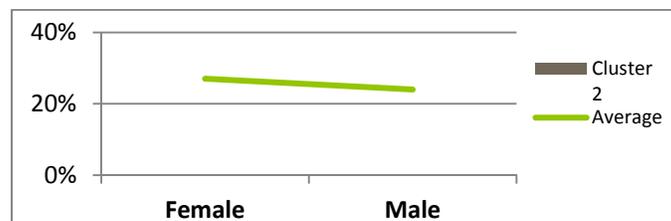
➔ **Functioning Dimension**

Because this cluster assumes an indication of crisis in both the Functioning and Housing dimensions, it would be expected that the group would be higher than average in this dimension as well.



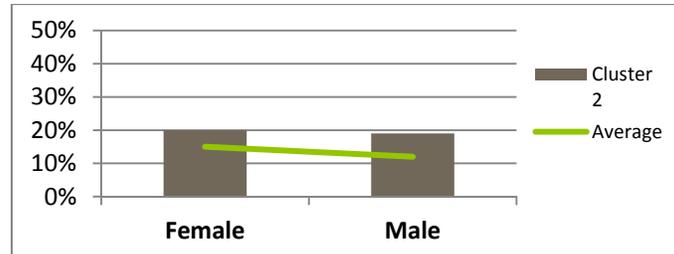
➔ **Housing Dimension**

Everyone in this cluster scored a 1 or 2 on this dimension, indicating stable/semi-stable housing. This group would consist of individuals that may live with family or in board and care homes or on their own. They remain a high need cluster because despite their access to housing, they continue to function poorly.



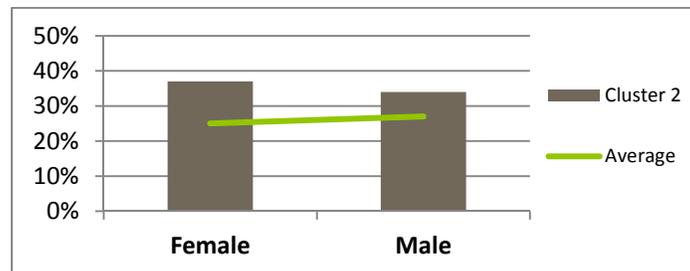
➔ **Psychiatric Hospitalizations Dimension**

The High/Moderate Needs cluster has the highest percentage of individuals assessing in the four and five range of the TRAG. This further indicates the high level of need and poor functioning level of this cluster.



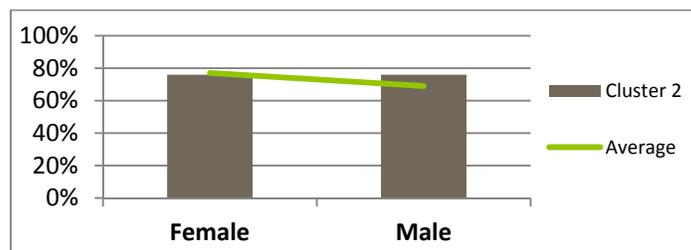
➔ **Risk of Harm Dimension**

The High/Moderate Needs cluster demonstrated the highest average in “crisis” with respect to the Risk of Harm score as well.



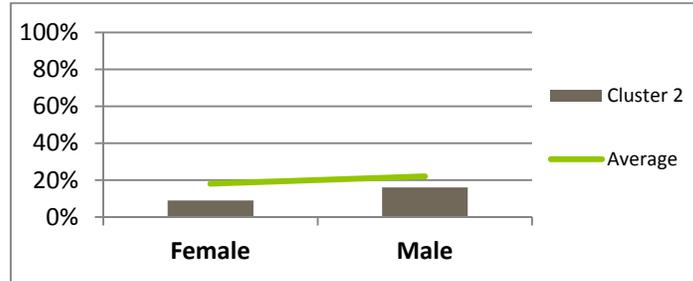
➔ **Substance Abuse Dimension**

Because all of the individuals in the entire cohort rated from three to five on the Co-Occurring Substance Use dimension, the average of individuals considered in crisis is higher. The females in The High/Moderate Needs cluster have a slightly lower than average percentage in the four and five range and the males slightly higher.



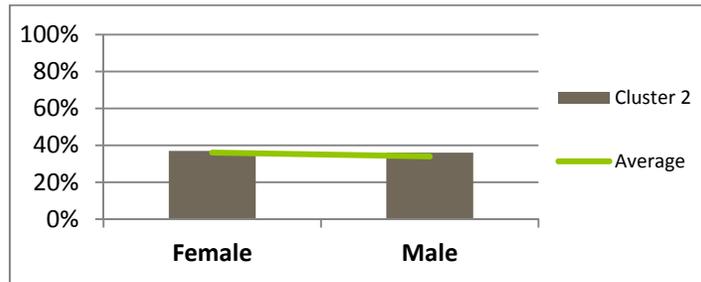
➔ **Support Dimension**

The High/Moderate Needs cluster has a lower than average number of individuals in the “crisis” range of support.



➔ **Overall TRAG**

When considering the aggregate totals in each of the dimensions and the percentage indicating crisis, overall 37% - females and 36% - males of The High/Moderate Needs cluster assessed in crisis range. This is consistent with the average across all seven dimensions.



➔ **Community Providers**

Community providers for The High/Moderate Needs cluster, as indicated by the Travis County Jail data are outlined on the following page.

Community Provider	Female	Male	Total	Percentage
General Family Physician	2	3	5	3%
ATC/IC	24	46	70	46%
No Community Provider	13	36	49	32%
Other	1	0	1	1%
Other - Corrections	0	4	4	3%
Private Psychiatrist	6	14	20	13%
VA	0	3	3	2%
Unknown	0	0	0	0%

The highest percentage of the High/Moderate Needs cluster (46%) report being served in the community by ATC/IC. Still a high percentage of a high need/poor functioning group report no community service.

Summing up The High/Moderate Needs cluster: Individuals in the **High/Moderate Needs cluster – High to Moderate Need**; would require a high level of support related to intensive community case management. Because this group reports having housing, connection with case managers should be easier than with those in clients in The High Needs cluster.

Future consideration for any programming targeting clients like those in The High/Moderate Needs cluster could be assessment driven. This can be accomplished by evaluating TRAG scores in both the

Moderate Needs Cluster

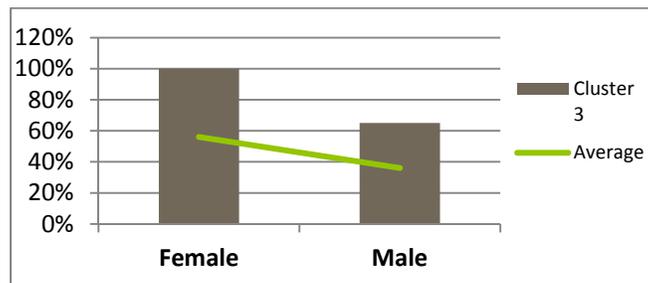
The Moderate Needs cluster is identified as “Moderate Need”. This cluster was developed as a result of an indication of crisis in the Support dimension however their level of functioning was assessed as somewhat stable. This cluster consists of **61 individuals with an average age of 38 (7 females with an average age of 36 and 54 males with an average age of 38)**.

The Moderate Needs cluster is different from Clusters 1 and 2 in that the level of functioning for these individuals is higher. When isolated, The Moderate Needs cluster demonstrates a higher than average percentage of individuals struggling with housing and employment/means.

The following examines The Moderate Needs cluster with respect to each of the seven TRAG dimensions evaluated, and compares the percentage of individuals assessed in “crisis” in each of the dimensions for this cluster to the average of the overall cohort of 652.

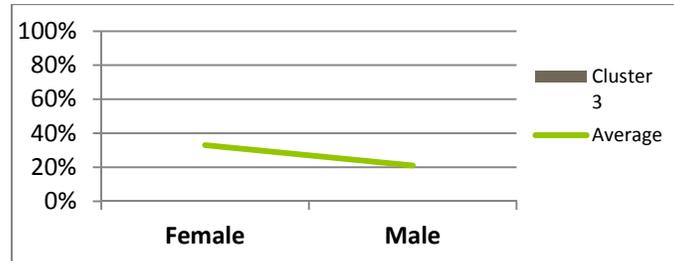
→ Employment Dimension

Individuals in The Moderate Needs cluster showed a much higher than average percentage in “crisis” with respect to employment and/or means to provide for their wellbeing. The average in crisis for The Moderate Needs cluster is slightly higher to that of High Needs cluster and a considerably higher percentage than that of The High/Moderate Needs cluster.



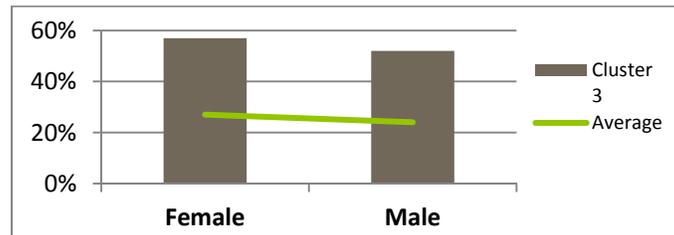
➔ **Functioning Dimension**

The Moderate Needs cluster had no one assessing at “crisis” levels with respect to the Functioning dimension.



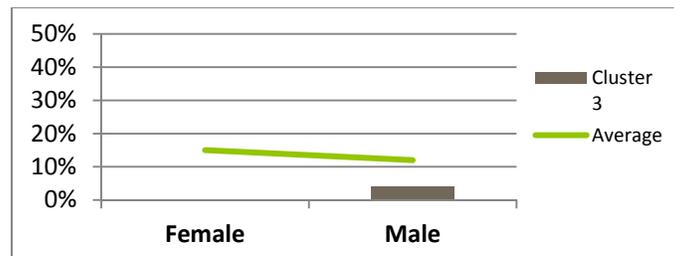
➔ **Housing Dimension**

The Moderate Needs cluster demonstrated the second highest percentage of individuals in need of housing, just behind Cluster 1. This might make The Moderate Needs cluster slightly more costly to serve, initially, because some level of transitional housing may be necessary. However, because their level of functioning is higher, they may be able to function with less supports once stable and their employment or benefit situation changes.



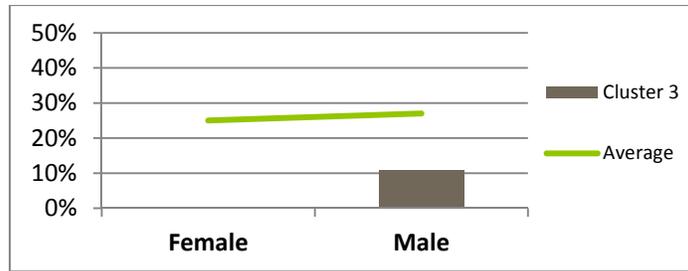
➔ **Psychiatric Hospitalizations Dimension**

The Moderate Needs cluster showed very few individuals with recent hospitalizations.



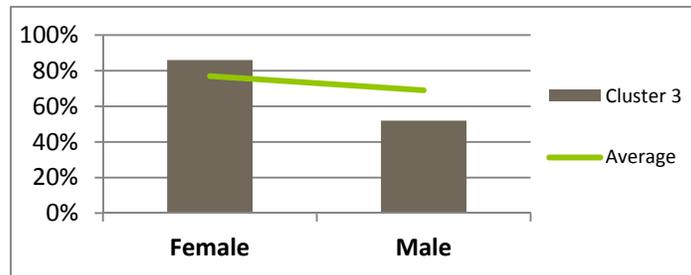
➔ **Risk of Harm Dimension**

The Moderate Needs cluster also demonstrated a low average of individuals assessing in the higher scoring with respect to the Risk of Harm dimension.



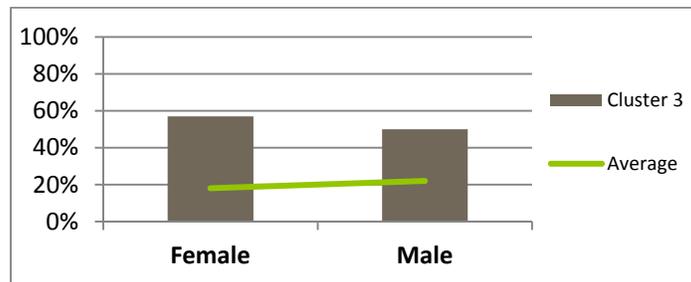
➔ **Substance Abuse Dimension**

Because all of the individuals in the entire cohort rated from three to five on the Co-Occurring Substance Use dimension, the average of individuals considered in crisis is higher. However, like The High Needs cluster, The Moderate Needs cluster has a distinctly higher percentage of individuals assessing in the higher risk areas of this dimension.



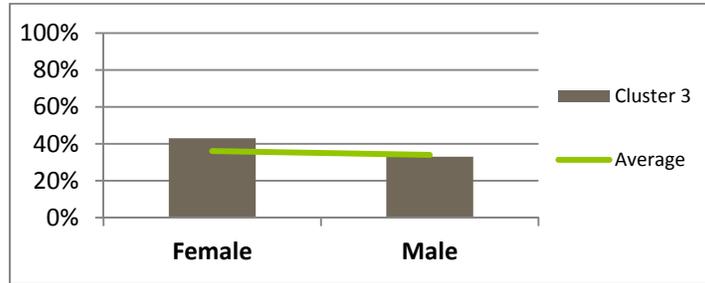
➔ **Support Dimension**

Because The Moderate Needs cluster was developed as a result of high risk with respect to Support, it is expected that there would be a higher than average percent of this group in “crisis”. More than half of both female and male clients in this dimension assessed at a four or five.



➔ **Overall TRAG**

When considering the aggregate totals in each of the dimensions and the percentage indicating crisis, overall 43% - females and 33% - males of The Moderate Needs cluster assessed in crisis range. This is somewhat consistent with the average of the entire cohort of 652 across all seven dimensions. Female clients were only slightly higher than the average of the entire cohort, however, that is likely related to the smaller number of females in this group (7).



➔ **Community Providers**

Community providers for The Moderate Needs cluster, as indicated by the Travis County Jail data are outlined on the following page.

Community Provider	Female	Male	Total	Percentage
General Family Physician	0	1	1	2%
ATC/IC	5	27	32	52%
No Community Provider	2	13	15	25%
Other	0	2	2	3%
Other - Corrections	0	3	3	5%
Private Psychiatrist	0	4	4	7%
VA	0	2	2	3%
Unknown	0	2	2	3%

The highest percentage of The Moderate Needs cluster (52%) report being served in the community by ATC/IC. One quarter report no community provider.

Summing up The Moderate Needs: Individuals in **Moderate Need Cluster**; may require a higher level of support initially, to include transitional housing, however once stable the support level may be reduced. Future consideration for any programming targeting clients like those in The Moderate Needs could be assessment driven where TRAG scores in the Support dimension indicates a high level of need at a four or five.

Low Needs Cluster

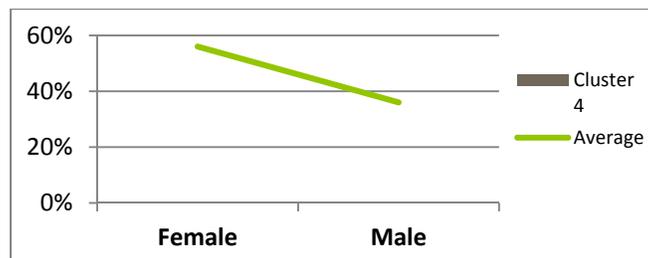
The Low Needs cluster is identified as “Low Need”. This cluster was developed as a result of low need or risk indicated in the Employment, Functioning and Housing dimensions. This cluster consists of **151 individuals** with an **average age of 36 (32 females with an average age of 35 and 119 males with an average age of 36)**.

The Low Needs cluster is different from any of the other clusters evaluated in that the assessment indicates little risk/crisis as opposed to high. It is believed that services such as a day treatment center or someplace to “check in” when they are struggling would be adequate to help this group garner the supports necessary to avoid contact with the criminal justice system.

The following examines The Low Needs cluster with respect to each of the seven TRAG dimensions evaluated, and compares the percentage of individuals assessed in “crisis” in each of the dimensions for this cluster to the average of the overall cohort of 652. While selection for this group is based on only three of the seven dimensions indicating low risk, the other four dimension scores fall below the average of the whole cohort with respect to crisis/risk.

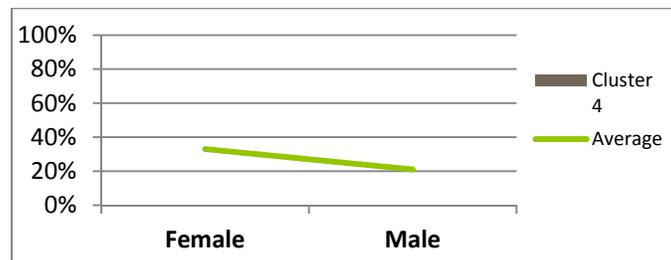
➔ **Employment Dimension**

None of the individuals in the Low Needs cluster assessed in the crisis/high risk range in the Employment dimension.



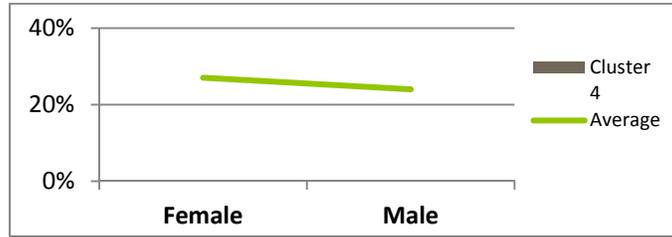
➔ **Functioning Dimension**

Individuals in The Low Needs cluster also had no one assessing at “crisis” levels with respect to the Functioning dimension.



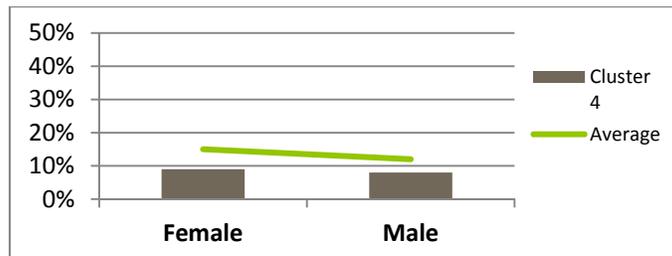
➔ **Housing Dimension**

The Low Needs cluster showed no one assessing in the four and five range in the Housing dimension.



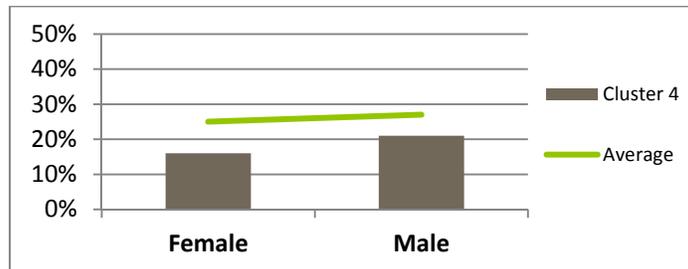
➔ **Psychiatric Hospitalizations Dimension**

The Low Needs cluster showed a low percentage of individuals with recent hospitalizations. The percentage within the higher risk spectrum of this dimension is lower than the average of the whole 652 cohort.



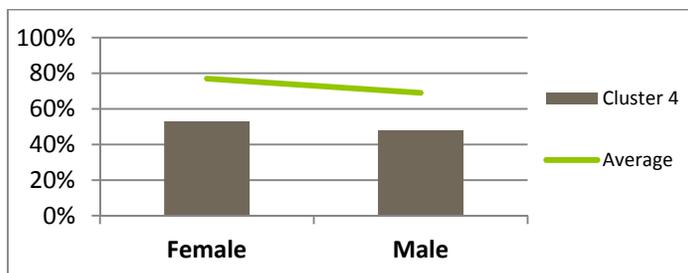
➔ **Risk of Harm Dimension**

The Low Needs cluster also demonstrated a low average of individuals assessing at higher scores with respect to the Risk of Harm dimension.



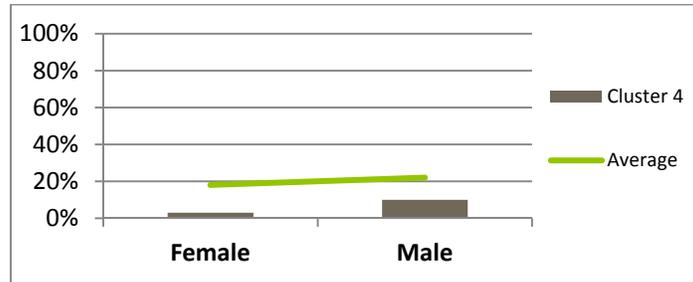
➔ **Substance Abuse Dimension**

The Low Needs cluster demonstrates a lower than average number of individuals assessing at a four or five in the Substance Abuse dimension. This further indicates the relative stability and higher functioning of this cluster.



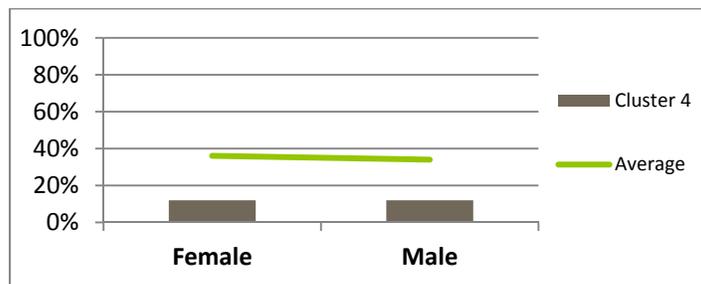
➔ **Support Dimension**

As with all of the other dimensions, The Low Needs cluster demonstrates a low level of need in the Support Dimension.



➔ **Overall TRAG**

When considering the aggregate totals in each of the dimensions and the percentage indicating crisis, overall 12% of the females and 12% of the males of The Low Needs cluster assessed in crisis range. This is below the average of the entire cohort of 652 across all seven dimensions.



➔ **Community Providers**

Community providers for The Low Needs cluster, as indicated by the Travis County Jail data are outlined below.

Community Provider	Female	Male	Total	Percentage
General Family Physician	6	6	12	8%
ATC/IC	12	54	66	44%
No Community Provider	5	33	38	25%
Other	2	3	5	3%
Other - Corrections	1	4	5	3%
Private Psychiatrist	5	13	18	12%
VA	1	3	4	3%
Unknown	0	3	3	2%

The highest percentage of the Low Needs cluster (44%) report being served in the community by ATC/IC. The Low Needs cluster has the highest percentage of individuals receiving care from private psychiatrists and family physicians.

Summing up The Low Needs cluster: Individuals in **Low Needs Cluster**; would require the lowest level of support. Because they have stable employment/means, housing, supports and are functioning at higher levels. It is believed that this group would benefit from someplace to check in as the need arises to help them avoid contact with the criminal justice system.

Future consideration for any programming targeting clients like those in The Low Needs cluster could be assessment driven where TRAG scores in employment, functioning and housing are reported as somewhat stable. Yet criminal justice involvement persists.

All Others/Not Clustered

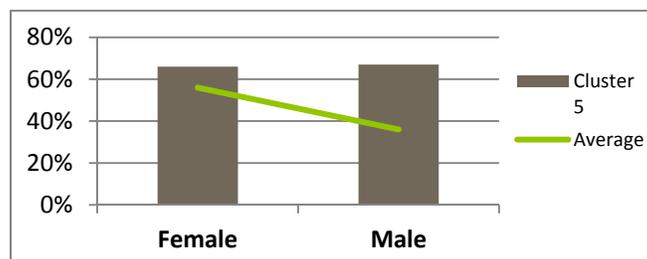
The All Others cluster was developed as a result of those not yet clustered by need. Their functioning, housing and supports are mostly stable making them outliers from the other clusters, yet they demonstrate a high level of need with respect to employment/means and co-occurring substance use. This cluster consists of **120 individuals with an average age of 38 (32 females with an average age of 38 and 88 males with an average age of 37)**.

The All Others cluster is different from any of the other clusters evaluated in that the assessment indicates little risk/crisis in most areas yet emerge as high risk in two. This group, like The Low Needs cluster would benefit from substance abuse treatment and a day resource center or “check-in” for periods when they are struggling. They have relatively high functioning and low support needs, but may require some assistance with respect to housing and will likely require support related to employment or benefits.

The following examines The All Others cluster with respect to each of the seven TRAG dimensions evaluated, and compares the percentage of individuals assessed in “crisis” in each of the dimensions for this cluster to the average of the overall cohort of 652.

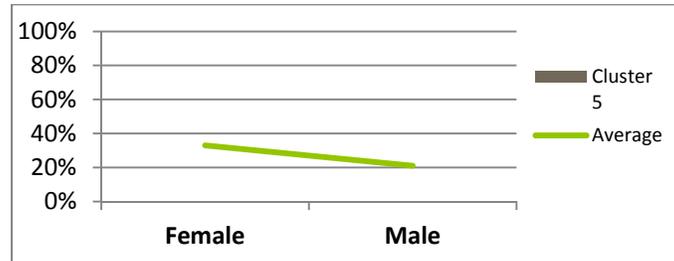
→ **Employment Dimension**

Individuals in The All Others cluster demonstrate a higher than average level of need in the Employment dimension. While not higher than The High Needs cluster or 3 this group demonstrates a slightly higher level of need than The High/Moderate Needs cluster in this dimension.



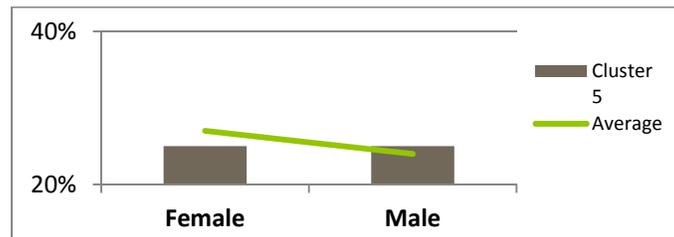
➔ **Functioning Dimension**

Individuals in The All Others cluster also had no one assessing at “crisis” levels with respect to the Functioning dimension.



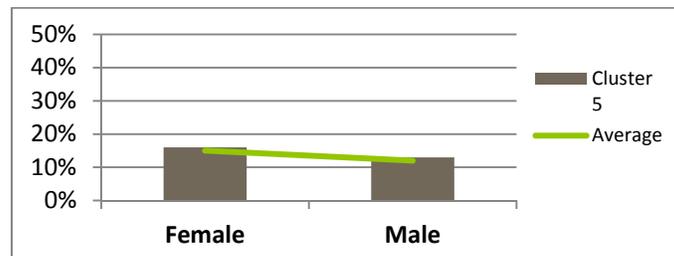
➔ **Housing Dimension**

The Low Needs cluster showed a slightly lower than average level of need in the Housing dimension.



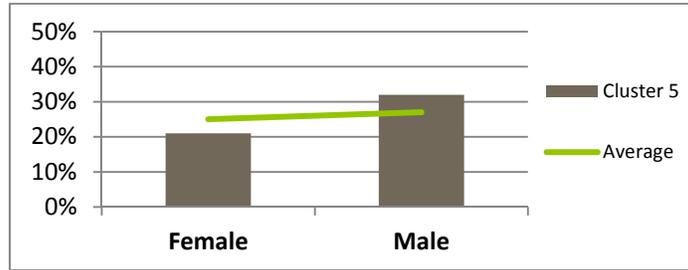
➔ **Psychiatric Hospitalizations Dimension**

The All Others cluster is on par with the percentage of individuals with recent hospitalizations, assessing at a four or five.



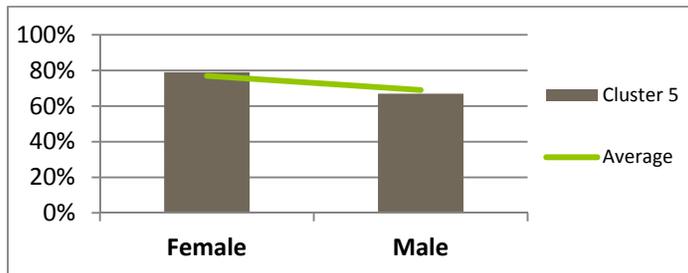
➔ **Risk of Harm Dimension**

The All Others cluster also demonstrated a consistent average of individuals assessing at higher scores with respect to the Risk of Harm dimension. Because of the higher number of individuals in “crisis” in the Substance Abuse dimension, it is reported that the indication of harm to self may be a little higher during the initial assessment because of the high intoxication levels.



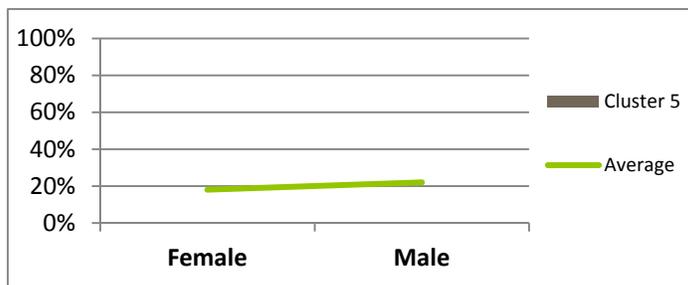
➔ **Substance Abuse Dimension**

The Low Needs cluster demonstrates has a higher than average number of individuals assessing at a four or five in the Substance Abuse dimension. The level of need indicated here is on par with those in Clusters 1 and 2, though the application of treatment for their substance abuse may be slightly different due to the higher level of functioning.



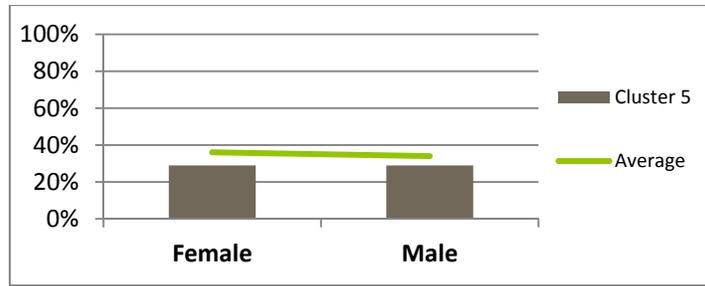
➔ **Support Dimension**

No one in The All Others cluster demonstrated a high level of risk with respect to Supports.



➔ **Overall TRAG**

When considering the aggregate totals in each of the dimensions and the percentage indicating crisis, overall 29% of the females and 29% of the males of The All Others cluster assessed in crisis range. This largely as a result of the high need in the Employment and Co-Occurring Substance Use dimensions and is below the average of the entire cohort of 652 across all seven dimensions.



➔ **Community Providers**

Community providers for The All Others cluster, as indicated by the Travis County Jail data are outlined below.

Community Provider	Female	Male	Total	Percentage
General Family Physician	2	2	4	3%
ATC/IC	18	43	61	51%
No Community Provider	6	28	34	28%
Other	0	2	2	2%
Other - Corrections	1	3	4	3%
Private Psychiatrist	2	4	6	5%
VA	0	1	1	1%
Unknown	3	5	8	7%

The highest percentage of The All Others cluster (51%) report being served in the community by ATC/IC, this is the second highest cluster served by ATC/IC, just behind The Moderate Needs cluster at 52%. Like The Low Needs cluster, The All Others cluster has a high percentage of individuals receiving care from private psychiatrists and family physicians.

Summing up The All Others cluster: Individuals in the **All Others** may require varying levels of support. Because they are functioning at higher levels and housing and supports appear stable, they may require mostly lower levels of support. However, this cluster indicates a high level of need in the area of employment/means which may initially require a more support. It is believed that this group would also benefit from a day treatment center and/or someplace to check in as the need arises.

Future considerations for any programming targeting clients like those in The All Others cluster may continue to be any individual that doesn't fit in any other cluster. While criteria in some of the other clusters may be expanded to capture most of the people in The All Others cluster, because of the different needs and service application for those who have a lower level of functioning, it is recommended that this cluster remain as one of its own. This would prevent skewing or diluting the needs identification and later performance indicators/results related to the higher level of need and lower functioning individuals in other clusters.

Additional Data by Cluster

Additional data considerations during this analysis were the frequency of arrest and jail bed day consumption by cluster, as well as data captured by the ICC on emergency room and hospital usage.

The data provided in this section is intended to provide a high level overview of each indicator discussed above. Time did not permit additional analysis related to these indicators, but it is suggested that in future iterations of this project specifics related to the following be compiled and analyzed by cluster;

- Charge types and level
- Costs associated with hospital and emergency room consumption, and
- Frequency of psychiatric emergency services

➔ Bookings and Jail Bed Day Consumption

The table below outlines each cluster by total bookings and jail bed days consumed across a three year period ending December 31, 2011.

Cluster	N People	Total Bookings	Total Jail Bed Days Consumed	Average Length of Stay (Days)
High Needs	168	4,387	71,799	16.37
High/Moderate Needs	152	1,707	33,708	19.75
Moderate Needs	61	1,093	23,635	21.62
Low Needs	151	2,689	41,550	15.45
All Others	120	1,330	25,942	19.51

The High Needs group is the biggest consumers of total jail bed day consumption, but they have next to the lowest average length of stay. The Low Needs cluster has the shortest length of stay with the second highest consumption of jail bed days. The total jail bed day consumption for both of these groups is influenced by the frequency of bookings.

The Moderate Needs group has the highest average length of stay and the fewest bookings.

➔ Jail Costs

Total Daily Jail Costs and Operating or marginal costs for specialty populations have been identified by Travis County Justice and Public Safety, the Sheriff's Office and the Travis County Planning and Budget Office. There are two categories capturing persons with mental illness, they are Psychiatric and Psychiatric Special Needs. Both the fixed and marginal costs are identified below.

- Psychiatric - \$91.97 per day fixed costs and \$11.56 marginal/operating
- Psychiatric Special Needs - \$142.00 per day fixed and \$35.38 marginal/operating

For this target population, the High Needs and High/Moderate Needs clusters were calculated using the psychiatric special needs daily costs and the other three clusters were calculated using the lower daily

cost. This was done because the level of functioning of the High Needs and High/Moderate Needs clusters are consistent with the level of functioning typically requiring specialty housing, expedited psychiatric consultation and enhanced counselor follow-up, etc.

The table that follows demonstrates the cost related to the target population based on their jail bed day consumption.

Cluster	N People	Cost for Entire 3 Yr. Evaluation Period	Average Annual Cost	Average Annual Cost Per Person
High Needs cluster	168	\$10,195,458	\$3,398,486	\$20,229
High/Moderate Needs	152	\$4,786,536	\$1,595,512	\$10,496
Moderate Needs	61	\$2,173,711	\$724,570	\$11,878
Low Needs	151	\$3,821,354	\$1,273,785	\$8,436
All Others	120	\$2,385,886	\$795,295	\$6,627
Total	652	\$23,362,944	\$7,787,648	\$11,944

Because costs do not directly relate to savings, the marginal/operating cost was developed in order to identify quantifiable savings. The table below identifies the costs and *potential* for savings or cost avoidances related to the entire target population. These numbers are provided for informational purposes and may not be appropriate to use in their entirety for projected cost savings or cost avoidances related to diversion or community based programming. For instance, unless a program had the capacity to serve all 168 people in the High Needs Cluster, and projected to eliminate re-arrest and jail stays for all of the 168 people served, it would be unrealistic to demonstrate the average annual cost/savings demonstrated in the table.

Cluster	N People	Cost for Entire 3 Yr. Evaluation Period	Average Annual Cost	Average Annual Cost Per Person
High Needs cluster	168	\$2,540,249	\$846,749	\$5,040
High/Moderate Needs	152	\$1,192,589	\$397,529	\$2,615
Moderate Needs	61	\$273,221	\$91,074	\$1,493
Low Needs	151	\$480,318	\$160,106	\$1,060
All Others	120	\$299,890	\$99,963	\$833
Total	652	\$4,786,266	\$1,595,422	\$2,447

Projected programming should identify which cluster the program is targeting, their capacity to serve. Targets should be set to identify their intended impact, for example reduce arrests and jail bed days by 50%, and then calculate the potential for savings.

Assume that a program is developed to provide programming to the High Needs Cluster. They are the most costly group with the highest potential for cost savings or return on investment. The program has the capacity to serve 50 people per year and is anticipating a 50% reduction in jail bed days consumed. That programs projected savings would be \$126,004. This average jail bed days consumed per person by the 168 individuals in the High Needs Cluster was $427.38 / 3 \text{ years} = 142.46$ per person per year. The program will serve $50 \times 142.46 = 7,122.92 \times 50\%$ estimated reduction in jail bed days = 3,561.49 jail bed days estimated to be saved. This equals 9.76 people in the average daily jail population ($3,561.49 / 365$).

Because the High Needs cluster was identified as psychiatric special needs the daily rate of \$35.38 is used. 9.76 people in the ADP savings x \$35.38 = \$345.22 per day projected savings x 365 days is a \$126,004 projected annual savings. This savings is based on an average of the whole, actual savings may vary depending on the actual jail bed day consumption of the individuals served. Programs should evaluate annually the actual impact of the individuals served.

Appendix F: Integrated Care Collaboration (ICC) Data

Service Line	1	2	3	4	5	Total
Mental disorders	85.7%	93.1%	84.8%	88.9%	87.8%	88.0%
Factors influencing health status and contact with health service	62.9%	63.8%	54.3%	44.4%	51.0%	57.2%
Symptoms, signs, and ill-defined conditions	54.3%	55.2%	45.7%	51.9%	61.2%	54.0%
Injury and poisoning	48.6%	51.7%	45.7%	44.4%	55.1%	49.6%
Diseases of the musculoskeletal system	41.4%	39.7%	34.8%	40.7%	38.8%	39.2%
Unknown	31.4%	39.7%	23.9%	29.6%	32.7%	32.0%
Diseases of the circulatory system	32.9%	32.8%	28.3%	18.5%	32.7%	30.4%
Diseases of the nervous system and sense organs	30.0%	29.3%	32.6%	14.8%	28.6%	28.4%
Diseases of the digestive system	21.4%	36.2%	21.7%	25.9%	24.5%	26.0%
Endocrine, nutritional, and metabolic diseases and immunity disorders	32.9%	20.7%	21.7%	14.8%	16.3%	22.8%
Diseases of the respiratory system	27.1%	24.1%	26.1%	18.5%	10.2%	22.0%
Diseases of the genitourinary system	22.9%	27.6%	15.2%	18.5%	10.2%	19.6%
Infectious and parasitic disease	22.9%	17.2%	15.2%	14.8%	14.3%	17.6%
Diseases of the skin and subcutaneous tissue	18.6%	20.7%	17.4%	3.7%	14.3%	16.4%
Diseases of blood and blood-forming organs	18.6%	10.3%	4.3%	0.0%	6.1%	9.6%
Neoplasms	4.3%	5.2%	4.3%	0.0%	2.0%	3.6%
Complications of pregnancy, childbirth, and the puerperium	0.0%	5.2%	2.2%	0.0%	0.0%	1.6%
Congenital anomalies	2.9%	0.0%	2.2%	0.0%	2.0%	1.6%

Patient Utilization	1	2	3	4	5	Total
Clinic	23.3%	28.0%	36.6%	35.0%	21.4%	27.7%
Emergency Room	91.7%	96.0%	85.4%	95.0%	97.6%	93.0%
Inpatient	20.0%	20.0%	19.5%	10.0%	9.5%	16.9%

NOTE: CY 2011 Patient Count, 74% Matched

Service Line	1		2		3		4		5		Grand Total	Grand Total
	%	Encounter	%	Encounter								
Mental disorders	85.7%	1,457	93.1%	978	84.8%	512	88.9%	266	87.8%	872	88.0%	4,084
Factors influencing health status and contact with health services	62.9%	1,286	63.8%	637	54.3%	438	44.4%	205	51.0%	687	57.2%	3,253
Symptoms, signs, and ill-defined conditions	54.3%	1,194	55.2%	581	45.7%	366	51.9%	210	61.2%	687	54.0%	3,038
Injury and poisoning	48.6%	1,110	51.7%	524	45.7%	265	44.4%	139	55.1%	483	49.6%	2,521
Diseases of the musculoskeletal system	41.4%	1,007	39.7%	423	34.8%	235	40.7%	130	38.8%	360	39.2%	2,154
Unknown	31.4%	550	39.7%	453	23.9%	196	29.6%	82	32.7%	255	32.0%	1,536
Diseases of the circulatory system	32.9%	847	32.8%	357	28.3%	188	18.5%	128	32.7%	396	30.4%	1,916
Diseases of the nervous system and sense organs	30.0%	786	29.3%	419	32.6%	229	14.8%	97	28.6%	341	28.4%	1,871
Diseases of the digestive system	21.4%	561	36.2%	473	21.7%	181	25.9%	132	24.5%	281	26.0%	1,629
Endocrine, nutritional, and metabolic diseases and immunity disorders	32.9%	896	20.7%	289	21.7%	112	14.8%	61	16.3%	255	22.8%	1,614
Diseases of the respiratory system	27.1%	850	24.1%	323	26.1%	180	18.5%	68	10.2%	86	22.0%	1,507
Diseases of the genitourinary system	22.9%	402	27.6%	398	15.2%	37	18.5%	72	10.2%	164	19.6%	1,073
Infectious and parasitic disease	22.9%	660	17.2%	216	15.2%	243	14.8%	153	14.3%	186	17.6%	1,457
Diseases of the skin and subcutaneous tissue	18.6%	617	20.7%	315	17.4%	263	3.7%	14	14.3%	206	16.4%	1,414
Diseases of blood and blood-forming organs	18.6%	614	10.3%	229	4.3%	155	0.0%	-	6.1%	35	9.6%	1,034
Neoplasms	4.3%	106	5.2%	82	4.3%	41	0.0%	-	2.0%	56	3.6%	285
Complications of pregnancy, childbirth, and the puerperium	0.0%	-	5.2%	37	2.2%	4	0.0%	-	0.0%	-	1.6%	41
Congenital anomalies	2.9%	50	0.0%	-	2.2%	78	0.0%	-	2.0%	8	1.6%	136

Patient Class Group	1		2		3		4		5		Grand Total	Grand Total
	%	Encounter	%	Encounter								
Clinic	23.3%	132	28.0%	75	36.6%	115	35.0%	30	21.4%	40	27.7%	391
Emergency Room	91.7%	602	96.0%	276	85.4%	143	95.0%	91	97.6%	188	93.0%	1,300
Inpatient	20.0%	27	20.0%	26	19.5%	14	10.0%	3	9.5%	7	16.9%	76

NOTE: CY 2011 Patient Count, 74% Matched

Location	Patient Class Group	1		2		3		4		5		Total	Total
		% Patients	Encounter										
Brackenridge Hospital	Emergency Room	55%	278	56%	77	49%	44	75%	37	67%	86	58%	522
	Inpatient	17%	18	10%	10	5%	4	10%	3	2%	3	9%	37
CommUnityCare	Clinic	18%	111	14%	41	22%	74	30%	29	17%	27	19%	282
Lone Star Circle Of Care	Clinic	3%	21	12%	25	12%	40	5%	1	7%	12	8%	99
People's Community Clinics	Clinic		0	2%	1	2%	1		0		0	1%	3
Seton Community Clinics	Clinic	2%	1	4%	8		0		0		0	1%	10
Seton Hospital Hays County	Emergency Room	3%	4	2%	1	2%	1	5%	1		0	2%	8
	Inpatient	28%	125	34%	52	24%	45	10%	5	24%	27	26%	255
Seton Hospitals	Emergency Room		10		0	2%	1		0		0	2%	11
	Inpatient		0		0	7%	5		0	2%	1	2%	7
Shoal Creek Hospital	Inpatient		0		0	7%	5		0	2%	1	2%	7
St Davids Hospitals	Emergency Room	53%	197	72%	147	49%	53	45%	48	57%	75	57%	521
	Inpatient		0	12%	16	5%	3		0	5%	3	5%	22

NOTE: CY 2011 Patient Count, 74% Matched