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Judge Nelson W. Wolff

Our Task Force has convened and has provided interim recommendations. Their work represents an important approach directly addressing the structural weakness in our mental health system of care. This provides us with an approach that invests in a long-term strategy for the health and wellness of our community amidst the devastating COVID-19 pandemic.

Pct. 2 Commissioner, Justin Rodriguez

Improving the outcomes of criminal justice and mental health interventions is more important than ever, particularly as we navigate ongoing threats to public health and uncertainty related to COVID-19. Reinforcing the infrastructure in our system of care, building our capacity, and leveraging and expanding resources are critical to supporting community mental health and wellbeing. I am proud to serve on this Task Force and believe the collective work and commitment of this group is a source of hope for our community.

Pct. 1 Commissioner, Rebeca Clay-Flores

Educational awareness on mental health issues is vital for Bexar County. We are long overdue in addressing inequity both in access to care and fairness within the criminal justice system. I applaud the considerable efforts of the Task Force and deeply appreciate the recommendations for the provision of accountable and effective mental health treatment for all. We will continue to advocate for more mental health funding, beds for long-term care, and breaking the stigma against what it means to suffer from mental illness. No one should be suffering alone—our community is worth fighting for.

Task Force Co-Chair, Judge Oscar J Kazen

Bexar County and its Commissioner’s Court are a national example of how best we can address the needs of those living with mental illness, as well as their families. Nonetheless, the work never ends. Well over 30 percent of the individuals arrested or exposed to the criminal justice system live with some form of mental illness. The time has come to think well beyond what “works best”, and instead imagine what could “work better”. With this thought in mind, the Bexar County Mental Health Task Force has gathered experts, stakeholders, community members, healthcare providers as well as those who are affected by mental illness to discuss and identify a vision for the future. Their hard work and countless hours have wrought these recommendations for your consideration.

Task Force Co-Chair, Doug Beach NAMI

Our community’s behavioral health remains one of Bexar County’s greatest challenges and greatest opportunities. We look like many other communities across our country...1 in 5 people in our County will experience a mental health disorder this year. In Bexar County, that means over 400,000 people will have need for mental health care. During the COVID pandemic, we’ve seen this number grow and expect it to continue doing so for years to come. We now have an unprecedented opportunity to impact our community’s economy and quality of life by addressing behavioral health to help reduce crisis care, incarceration, emergency room utilization, substance use, and underemployment. The BC Task Force is making a number of recommendations to help improve each of these areas.
TASK FORCE LEADS

Judge Yolanda Huff
Justice System Committee Lead
Bexar County Court 12
& Mental Health Court

Joe Gonzales
Front End Diversion Programs Committee Lead
Bexar County
District Attorney

Michael Young
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Bexar County
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Bexar County Department of Behavioral Health Director

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President and Chief Executive Officer The Center for Healthcare Services

Steve Plizska MD
Treatment Capacity & Funding Committee Lead
Dielmann Distinguished Professor and Chair
University of Texas Health San Antonio
TASK FORCE MEMBERSHIP

Rebeca Clay-Flores  
Bexar County Commissioner  
Precinct 1

Justin Rodriguez  
Bexar County Commissioner  
Precinct 2

Judge Oscar J. Kazen  
(Co-Chair)  
Bexar County Probate Court 1

Judge Yolanda Huff  
Bexar County Court 12

Judge Jennifer Peña  
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Javier Salazar  
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Joe Gonzalez  
Bexar County District Attorney

Mike Lozito  
(Coordination Lead)  
Director, Office of Criminal Justice Policy & Planning

Gilbert Gonzales  
Bexar County Dept. of Behavioral Health Director

Doug Beach  
(Co-Chair)  
NAMI-San Antonio Chair

George Hernandez  
University Hospital System CEO

Dr. Steve Pliszka  
University of Texas Health Systems Psychiatric Director

Jelynne Jamison  
Center for Health Care Services CEO

Eric Epley  
South Texas Regional Advisory Council (STRAC) CEO

Claude Jacob  
City of San Antonio Metro Health Director

William McManus  
San Antonio Police Dept Chief

Diane Rath  
Alamo Area Council of Governments Executive Director

Melissa Bourland  
San Antonio State Hospital Social Services Director

Veronica Soto  
City of San Antonio Neighborhood and Housing Services Department Director
EXECUTIVE SUMMARY

Bexar County Judge Nelson Wolff commissioned the Task Force on Criminal Justice & Behavioral Health on April 21, 2021 to improve the effectiveness of criminal justice and behavioral health interventions for individuals suffering from behavioral health issues. The Task Force’s mission was to gather input from community leaders and subject matter experts and foster multisystem approaches for improving the system of care within the community and the interaction with the criminal justice system. The goal was to identify and develop strategies, map system gaps, merge processes where possible, leverage resources, and track data such that these efforts meet critical justice and treatment needs of our citizens. Ultimately, this Task Force interim report provides recommendations for consideration by The Bexar County Commissioners Court on improving the systems of care.

The current state of the behavioral and criminal justice systems was reviewed at length in multiple areas. Pressing demands such as the impact of COVID-19 and new variants was critical in assessing current and futures needs. Heightened concerns within the criminal justice system were addressed in response to jail overcrowding, custodial deaths as well as shortfalls and fragmentation within the overall behavioral health system of care.

In response to COVID-19, the federal government prescribed relief funding for state and local authorities through the American Recovery Plan Act (ARPA). When presented with the opportunity to fund local initiatives using the ARPA dollars, the focus of the Task Force turned toward developing recommendations to guide local decision makers on funding allocation. This interim report highlights priority funding requests for immediate implementation noted under Track 1 recommendations. The report also documents the development of long-term goals designated under Track 2 recommendations, aimed at further developing our communities system of care and addressing the growing needs.

Five key areas were identified across the continuum of care. A committee was formed for each focus area with leadership from one of our two co-chairs and a committee lead. The five committees are:

1. Community and Pre-Crisis System
2. Community Safety, Response & Training
3. Front End Diversion
4. Justice System
5. Treatment Capacity, Housing and Funding

Committees were comprised of a diverse group of key stakeholders and content experts. Funding recommendations for Track 1 (immediate implementation) were categorized under an analogous ARPA category of justice, housing, or behavioral health. The recommendation was further detailed to note the committee providing the recommendation, the service that is requested, alongside the preliminary cost estimate. Long-term recommendations for future needs are also identified and presented within each subcommittee report. Track 1 includes 16 recommendations with a total combined cost of approximately $47M.
Future considerations for Track 2 includes 13 recommendations highlighting the following themes:

- Workforce issues
- Integration of mental health, substance use disorders and intellectual and developmental disabilities
- Education and awareness
- Housing to promote behavioral health stability
- Wraparound services including support for navigating services and ensuring connection to next level of care
- Improved access to care including a comprehensive service delivery system that is available at the time needed

The sheer number of recommendations is noteworthy for their impact and complexity. The number of immediate and long-term considerations span the continuum of care across both the criminal justice and behavioral health systems and are the result of considerable review and effort. The overarching intent for this report is to provide recommendations that ensure Bexar County continues to assess and improve behavioral health services within the criminal justice system and community-based behavioral health service system.

The following reflect notable data in regards to behavioral health, criminal justice, and housing in Bexar County.

- **BEHAVIORAL HEALTH:** Since the spring of 2020, both adult and child mental health units at the Center for Health Care Services (CHCS), Bexar County’s local mental health authority, are operating at 120% of capacity. There was a 172% increase in individuals accessing crisis services at CHCS, adding 25 new consumers per day.

- **CRIMINAL JUSTICE:** According to Bexar County Probation and Pretrial Departments, in December 2019, 40% of adults probationers and 44% of adults on pretrial supervision had drug and/or alcohol-related offense(s). In addition, in 2020, 20% of the Bexar County jail bookings had an indication of a mental health condition.

- **HOUSING:** In 2020, the Bexar County Point in Time (PIT) Count indicated 2,932 are experiencing homelessness\(^1\). Of those individuals, 31% are also experiencing a serious mental illness\(^2\) compared to 4% of the general population in Bexar County\(^3\). Moreover, 24% of individuals experiencing homelessness reported a substance use disorder\(^4\), compared to 6% of the general population in Bexar County.\(^5\)
Responding to behavioral health needs is a multistep, multi-agency process. Bexar County is poised to continue addressing the current state of mental health with collaborative efforts through existing committees and systemwide partnerships. These collaborative efforts can be activated, eliminating the need to reinvent the wheel. Efforts continue to find solutions to multi-factor, complex behavioral health needs. The following interim report is provided as a product of much collaboration and hope.

**Acknowledgements**

This interim report would not have been possible without the time and collaborative efforts of more than 90 individuals, including subject matter experts and local leadership. These contributors represented:

- Behavioral health organizations (mental health, substance use disorders, and intellectual and developmental disabilities)
- Justice sector
- County and municipal leaders
- Housing experts
- Individuals with lived experience
- Research and advocacy organizations
- Emergency services (hospitals and first responders)
Background

An understanding of the state of mental health is best described within the context of the current pandemic. According to Mental Health America, COVID-19 “resulted in greater morbidity and mortality” both physically and mentally within the US.\textsuperscript{6} Even before the first wave of COVID-19, the prevalence of mental illness amongst adults was increasing. With new variants, the impact is greater within our behavioral health system of care.\textsuperscript{7} Approximately 47 million Americans are experiencing behavioral health concerns.\textsuperscript{8} Addressing the need of citizens within the context of COVID and untreated mental illness has shown to have a greater impact on many subpopulation including but not limited to children, people with pre-existing behavioral health conditions, justice-involved individuals, people who use social media, and people concerned about COVID-19 infections.

**Nationally, our current behavioral health challenges include:**

- Anxiety and Depression: The pandemic led to a substantial increase in the number of individuals seeking assistance with anxiety and depression and a notable increase in individuals struggling with thoughts of suicide and self-harm.\textsuperscript{9}

- Suicide rates and drug overdose Deaths: According to the Center for Disease Control and Prevention (CDC), in February 2020, the total number of drug overdose deaths was 73,344.\textsuperscript{10} By February 2021, the total number of drug overdose deaths was 133, signifying a 29.71\% increase from the previous year.\textsuperscript{11} Moreover, CDC data from 1981 to 2019 highlights an increasing trend in suicide rates within the US.\textsuperscript{12} The data also noted that in 2019, suicide was the second leading cause of death in the US for individuals between the ages of 10 and 34.\textsuperscript{13}

- Declining mental health amongst youth: During the pandemic, more individuals between the ages of 11 and 17 struggled with their mental health when compared to other age groups.\textsuperscript{14} Researchers noted a 9\% increase in an average number of youth who accessed mental health screenings in 2020 compared to 2019, with a higher likelihood of scoring moderate to severe for anxiety and depression.\textsuperscript{15}

- Police and Mental Health Emergency Response: According to the National Emergency Number Association (NENA), 240 million calls to 9-1-1 are placed nationwide annually,\textsuperscript{16} of which at least 20\% of the calls are related to mental health or substance use.\textsuperscript{17} While many cities have incorporated crisis intervention teams in their emergency response models, several cities still lack mental health first responders.\textsuperscript{18} This places a higher burden on law enforcement to respond to mental and behavioral health calls, especially under circumstances where the officers may not have the proper training or resources to adequately address the emergency.\textsuperscript{19}

**Local Observations in Bexar County:**

**Behavioral Health:**

- According to the CHCS, behavioral health problems are persistent and widespread in Bexar County, especially in lower income communities. CHCS observed adult and child units were operating well above capacity prior to the COVID-19 pandemic. Since the spring of 2020, both adult and child mental health units are operating at 120\% of capacity. In fact, the impacts of COVID-19 have not been equally distributed within Bexar County. Citizens in the southeast and southwest quadrants have been challenged by minimal access to resources and had the highest uptick in requests for behavioral health appointments. More specifically, there was a notable 55\% increase among southwest side residents and a 79\% increase among southeast side residents.
• Subject matter experts and community stakeholders noted the following stressors that continue to strain our behavioral health system of care: illness-related anxieties produced by COVID-19, children out of school, loss of employment, and inability to pay for food, shelter, and clothing. There was a 172% increase in individuals accessing crisis services at CHCS adding 25 new consumers per day.

• Family violence calls to the San Antonio Police Department (SAPD) spiked 21% during the stay-at-home orders.20

• As of 2019, 22.7% of adults in Bexar County have a mental health condition and 6.3% have a substance use disorder.21

• There are just 150 substance use disorder residential treatment beds for uninsured individuals in a community of more than 2 million. The waiting list for a bed can exceed two months.

Criminal Justice

• According to the Bexar County Children’s Court, more than 75% of all child abuse and neglect cases involved drugs and alcohol.

• According to Bexar County Probation and Pretrial departments, in December 2019, 40% of adult probationers and 44% of adults on pretrial supervision had drug and/or alcohol-related offense(s).

• According to the Texas Law Enforcement Telecommunications System database, the monthly average of individuals identified with intellectual and developmental Disability (IDD) at the Bexar County jail is 127. While, this population is small in number, it is resource intensive.

• In 2020, 20% of the Bexar County jail bookings had an indication of a mental health condition.

• Bexar County’s Office of Criminal Justice conducted a multi-year analysis from 2017 through 2020 to measure both average custodial length of stay and average length of stay since found incompetent or insane. The study revealed an increasing trend line for both metrics, indicating individuals found incompetent are waiting longer periods of time for a competency bed.

Housing and Economic Insecurity

• In 2020, the Bexar Co Point-in-Time (PIT) Count indicated 2,932 individuals experiencing homelessness22, of which:

  ○ 31% of individuals experiencing homelessness also experience Serious Mental Illness,23 compared to 4% of the general population in Bexar county.24
• 24% of individuals experiencing homelessness reported a substance use disorder, compared to 6% of the general population in Bexar County.

• The Institute of Medicine defines safety net practices as, “Those providers that organize and deliver a significant level of health care and other needed services to uninsured, Medicaid and other vulnerable patients.” Approximately 24% of the Bexar County population is observed to be part of the safety net population. Total cost of providing healthcare for the Safety Net population in Bexar County is nearly $1.15 billion annually.

The combined traumas of poverty, economic instability, homelessness, and other factors result in increased risk for repeated victimization. Suicide is among the top 10 causes of death for non-Hispanic males in Bexar County aged 15-54.

Within the realm of criminal justice, the tragic death of persons suffering from mental illness and who are justice-involved have added to the turmoil faced by many, especially in communities of color. According to the Prison Policy Initiative, at least 4.9 million people are booked into jail annually. The study revealed that amongst the justice-involved population, those who recidivate are more likely to not have health insurance and more often struggle with a serious or moderate mental illness, serious psychological distress, and substance use disorder when compared to individuals who do not recidivate.


Individuals with mental illness oftentimes experience challenges with other aspects of their lives including but not limited to access to healthcare, employment, and financial security. A recent Substance Abuse and Mental Health Services Administration survey revealed that in 2019, 20.6% of the total surveyed population 18 years and older experienced a mental illness in the past year. Of this population, 5.2% had a serious mental illness.

With respect to poverty level, in 2019, the percentage of the surveyed population with a mental illness 18 and older and at less than 100% of the poverty level was 26.7%. Of this population, the percentage of individuals with a serious mental illness was 8.0%. This highlights that individuals who struggle with mental illness may also experience financial insecurity.
When measuring employment security, in 2019, the percentage of the surveyed population with a mental illness 18 and older who experienced employment instability constituted 27.7%\(^{38}\). This further highlights that individuals struggling with mental illness may also experience employment instability.

Lastly, in terms of health insurance coverage, 21.8% of the surveyed population with a mental illness 18 and older did not have health insurance\(^ {39}\). Of this population, the percentage of individuals with a serious mental illness was 6.0%\(^ {40}\). The survey results emphasize that a large proportion of the population that struggles with mental illness does not have access to adequate health insurance\(^ {41}\) to cover mental health treatment and support services and encounter challenges to both employment and financial security.
Since the onset of COVID, Bexar County experienced rising mental health needs, increase in substance abuse disorders, and inadequate criminal justice crisis response (to include the death of persons of color experiencing mental illness and COVID-19 with its subsequent variants). Due to the rising tides of new and multi-faceted challenges affecting physical and behavioral health, criminal justice, healthcare equity, and public safety, on April 21, 2021, Bexar County Judge Nelson Wolff convened the Task Force on criminal justice and behavioral health. The Task Force was asked to provide recommendations to help reduce homelessness attributable to mental health or behavioral health needs and decrease the pipeline from street to jail. The Task Force recommendations were to address critical demands effectively and efficiently, stem the tide of neglected access to service, and to help where it is needed the most. This “all hands on deck” approach required the Task Force to leverage all available county-wide resources including buildings and structures to address housing and residential needs.

Comprised of a 20-member Task Force, with over 90 individual committee members spanning 30 community organizations, the Task Force set its focus on five key areas:

1. Community and Pre-Crisis System
2. Community Safety, Response & Training
3. Front End Diversion
4. Justice System
5. Treatment Capacity, Housing, and Funding

Committees from each of the sections met frequently, and four Task Force meetings convened to guide, refine, focus, and share information. Outlined in this report are 16 funding recommendations (see page 14). Immediate implementation and 13 recommendations for long-term goals (see page 17). While recommendations are specific, in several instances, these topics were discussed and reviewed long before the creation of the Task Force by community collaborations already in place. Multiple efforts have been implemented via existing plans and a joint gap analysis and a combined effort with Bexar County and the City of San Antonio has been ongoing.

Committee members are subject matter experts and their expertise allowed this report to reflect both individual experience, a leveraged knowledge base, and the best recommendations possible. The Task Force used this to its advantage resulting in the incorporation of prior effective efforts, ideas and demonstrated results. In creation of the Task Force, it had a two-pronged approach incorporating the 16 immediate recommendations to coincide with the American Rescue Plan Act (ARPA) and 13 long-term goals to build on the community strategic plan. The Task Force will continue to meet and develop strategies in a collaborative manner to meet our community's growing behavioral health needs. By having a combined collaborative work-group, incorporating data driven metrics, and garnering a top-level team of experts, Bexar County has the best opportunity to fund programs that will address “best practices,” reduce stigma, and have an impact on reducing reliance on the criminal justice system.
## FUNDING RECOMMENDATIONS

### Track 1 – Immediate Implementation

<table>
<thead>
<tr>
<th>ARPA CATEGORY</th>
<th>SERVICE</th>
<th>TOTAL AMOUNT</th>
<th>PROGRAM DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justice Systems &amp; Juvenile Support Services</td>
<td>JIAA Improvement Study</td>
<td>$100,000</td>
<td>To address process issues and City/County staffing patterns, develop recommendations for diversion strategies to include options for pretrial diversion and duplication of Magistration Services.</td>
</tr>
<tr>
<td>Justice Systems &amp; Juvenile Support Services</td>
<td>Jail Ombudsman</td>
<td>$255,000</td>
<td>A central person for the public to contact for concerns about family members in jail.</td>
</tr>
<tr>
<td>Justice Systems &amp; Juvenile Support Services</td>
<td>Specialized Training for Justice System</td>
<td>$255,000</td>
<td>To train judges, attorneys, pretrial, and court personnel on behavioral health needs (MH, SUD, IDD) and diversion processes for their respective roles. Training should include all departments, commissioners offices, courts, judges to improve identification and diversion processes.</td>
</tr>
<tr>
<td>Justice Systems &amp; Juvenile Support Services</td>
<td>Juvenile Psychiatric Stabilization</td>
<td>$567,000</td>
<td>Specialized and structured psychiatric setting to serve a clearly identified, unique population of children who present with rapidly deteriorating affect, significant functional decompensation, and/or multiple suicide attempts, chronic suicidal ideation or repeated episode of self-harm warranting medical attention. Include medication management, group therapy, skills training, enrichment activities and short-term residential care.</td>
</tr>
<tr>
<td>Justice Systems &amp; Juvenile Support Services</td>
<td>Juvenile Restore Hope</td>
<td>$983,553</td>
<td>Provide services to 20 (per year) victimized justice-involved youth and their families with coordinated recovery services to build resiliency in order to prevent re-victimization and foster positive youth development.</td>
</tr>
<tr>
<td>Justice Systems &amp; Juvenile Support Services</td>
<td>DA Specialized Unit (MH/IDD)</td>
<td>$900,000</td>
<td>To address the needs of justice-involved individuals with mental health, substance use disorder, and IDD needs. Address diversion options. Model after Dallas and Harris County.</td>
</tr>
<tr>
<td><strong>Justice Systems &amp; Juvenile Support Services</strong></td>
<td>Implement Current DA’s Pretrial program at JIAA</td>
<td>$3,000,000</td>
<td>Allows for an individual that meets established criteria to enroll in the program avoiding the booking process, addressing the behavior immediately and reduce the likelihood they will engage in future criminal activity. JIAA is staffed with pretrial services, DA, public defender and magistrate to review the arrest and determine eligibility into the program. The program will have a significant impact to reduce workload on the criminal court docket, court costs and attorney fees. Implementation of the program will have additional staffing costs for each of the departments. Bookings and court savings $650 per case.</td>
</tr>
<tr>
<td><strong>Justice Systems &amp; Juvenile Support Services</strong></td>
<td>Post-Booking Jail Diversion Coordination</td>
<td>$600,000</td>
<td>Address behavioral health needs and diversion options once booked into the jail. Program will address proper screening and intake of behavioral health needs, make recommendations to place inmate in pending mental health facility, create navigator liaison to address in-custody treatment needs and processing, Create a community diversion coordinator o divert to community-based treatment.</td>
</tr>
</tbody>
</table>

| **Justice Request** | $6,774,589 |

| **Housing** | Pretrial Work Release & Diversion Facility | $6,431,283 | 140 bed facility allows for release within 48 hours to a 24/7 structured facility to prepare individuals for transfer to the Haven for Hope, CrossPoint, Lifetime Recovery, Mental Health Services, the Alpha Home and the CSCD Applewhite Facilities. The facility can also serve as an alternative for sentenced individuals with a work and restitution component. Cost avoidance of $12.3 M over years. |
| **Housing** | San Antonio State Hospital (SASH) Phase 2 - LISC | $200,000 | Provide Capital Improvement funding for assessment of properties to be vacated by SASH as the new hospital opens, look at redeveloping old hospital building and cottages and fund redevelopment to increase supportive housing units and look at single site permanent supportive housing with wraparound services. |
| **Housing Request** | $6,631,283 |

<p>| <strong>Behavioral Health</strong> | BCSO Wellness Staff | $600,000 | The hiring of two counselors to address needs of Bexar County Sheriff’s Office (BCSO) staff, to address deputy wellness, readiness, and resiliency on patrol and at the jail. |</p>
<table>
<thead>
<tr>
<th><strong>Behavioral Health</strong></th>
<th><strong>Primary Prevention Strategy</strong></th>
<th><strong>$4,614,000</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes &quot;one convener&quot; to serve and influence aligned with upstream systems and with multiple community partners, serving on a collaborative commission. The collaborative commission would serve as a clearing house for data, resources, fiscal oversight, education, navigation and referrals, with the goal in mind to reduce use of the Crisis System. Establishment of the STPCC will have the ability to begin to reduce the high cost reliance on crisis beds and focus on upstream services. Initial costs pay for administrative services. Establish broad-based community education to reduce stigma and provide &quot;no wrong door&quot; to access pre-crisis care. Through STRAC Pre-Crisis develop a 24/7 central phone number to call for families if not in crisis to receive assistance and navigation.</td>
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<tr>
<td><strong>Behavioral Health</strong></td>
<td><strong>Jail-Based Competency Restoration</strong></td>
<td><strong>$5,420,250</strong></td>
</tr>
<tr>
<td>There are currently 138 individuals waiting for placement in the state hospital system in Bexar County, statewide 1,488 individuals are awaiting placement. Bexar County individuals stay an average of 161 days, 50 inmates 150 plus days and 3 more than 500 plus days. Program could process 60 inmates per year. Reduction from 161 days ALOS to 80 days to Competency Restoration, saving 8,640 jail bed days @$250 per day. Cost avoidance of 6.3 M over 3 years.</td>
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<td></td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td><strong>Mental Health Urgent Care Expansion</strong></td>
<td><strong>$9,000,000</strong></td>
</tr>
<tr>
<td>Currently UHS funds the NOW Clinic located at the Medical Center, The Center is designed to provide Urgent Care Mental Health Services for individuals and families unable to afford insurance or pay for services. STRAC currently manages this program. Funding would go to STRAC Pre-Crisis to expand facilities to areas of high poverty. $1.5 M per facility.</td>
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<tr>
<td><strong>Behavioral Health</strong></td>
<td><strong>Inpatient for High Acuity Patients</strong></td>
<td><strong>$14,790,000</strong></td>
</tr>
<tr>
<td>Fund STRAC to contract with providers at a higher per diem to provide care for individuals who meet definition of high acuity. Create a process for utilization management.</td>
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<tr>
<td><strong>Behavioral Health Request</strong></td>
<td></td>
<td><strong>$34,424,250</strong></td>
</tr>
<tr>
<td><strong>Total Task Force Request</strong></td>
<td></td>
<td><strong>$47,830,122</strong></td>
</tr>
</tbody>
</table>
Track 2 – Long Term

1. Improve equity, resiliency, and recovery through expansion of services and capacity- Creation of readily available services at the time of need regardless of payer source (e.g. Urgent Care Clinics).

2. Expand pre-crisis services to include intellectual and developmental disability (IDD). Promote education and awareness including how to access services and distinguish IDD from mental health disorders, expand use of and increase funding to increase access to full-scale IDD psychological evaluations.

3. Expand Pre-Crisis Services to include substance Use disorders. Promote recovery and reduce stigma with addiction disorders by increasing access to residential beds for children, adolescents, and adults as well as peer support and peer navigation.

4. Multi-agency support for Multi-Disciplinary Response Team (MDRT). Model after Alamo Area Narcotics Task Force (common goal, common training) and develop consistency between agencies regarding CIT and mental health units (MHUs).

5. Document opportunities for improved efficacy, efficiencies, and reallocation of resources. Quantify operational improvements.

6. Address personnel and workforce challenges. Address training needs (of medical, clinical, and justice fields to reflect acuity of the needs of individuals) and increase the number of clinical staff (psychiatrists, psychologists, therapists, and mental health professionals) needed to staff recommended services.


8. Dedicated behavioral health court. Arrested individuals with identified mental health disorders, substance use disorders, and IDD are assigned to a specific court.

9. Establish immediate access to low barrier, short term housing- Step down transition from facility, approximately 90 days.

10. Implement the Hayes Ability Screening Index (HASI) as part of the 16.22 Interview. Licensed product to identify IDD.

11. Expand the array of outpatient psychiatric services. Emphasis on after hours and immediate access, substance use disorder treatment, treatment for individuals with intellectual disabilities and concurrent mental illness, increased access to trauma informed psychotherapies, in-home services, expanded assisted outpatient services (AOT).

12. Expand Supportive Housing- To include wrap around services in the community at large beyond the San Antonio State Hospital (SASH) campus.

13. Expand mental health services at the Jail- Increase mental health workforce, improve discharge planning, and provide medication assisted treatment (MAT).
Committee meetings included roundtable discussions and focus groups in an effort to provide an environmental scan of what is already happening in this community to then leverage the knowledge, skills, and expertise of committee members to develop the best recommendations possible. Some of the committees divided into sub-committees to address target areas in greater detail. The committees convened multiple meetings between April 2021 and September 2021 to develop track 1 and track 2 recommendations for funding allocation. Task Force leadership reviewed committee recommendations that ultimately comprised the immediate funding recommendations from the Task Force.

**Community and Pre-Crisis System Committee**

**Committee Focus**

The Community and Pre-Crisis System Committee was tasked with developing a set of recommendations that would bring awareness and education to the community on how to access the right level of services, at the right time (before crisis) and divert from high acuity interventions. The committee developed a set of themes around collaboration, coordination, education, awareness, stigma reduction, and navigation. The committee also agreed that the overarching need was effective collaboration and recommended a formal collective impact framework to oversee this effort. According to the national model, Collective Impact occurs when participants:

- Share a vision of change;
- Commit to solve a problem by coordinating their work;
- Agree on shared goals;
- Agree to measure and monitor in order to learn across initiatives.

**Recommendations**

**Track 1: Immediate Priority Recommendation**

**1. Develop a Collaborative Commission Framework**

The Community and Pre-Crisis System Committee is recommending the creation of a collaborative commission to serve as a collective impact model entity. This collaborative commission, would serve as a clearinghouse for data, resources, fiscal oversight, education, navigation, and other duties. The Commission will also be aligned with upstream systems and multiple community partners that will allow for strategic development and implementation and relationship management through continuous communication. The commission would create a system of accountability that will be required to identify and provide necessary resources to the community. Geographic parity and addressing stigma will serve as the guiding principles. The collaborative commission would consist of a broad section of community stakeholders, including hospital providers, philanthropy, public safety (Fire/EMS and law enforcement), grassroots community organizations, school districts, the City of San Antonio, Bexar County, behavioral health providers and other support groups. The collaborative commission framework will create system protocols across participants to support the following:

- Robust and broad participation;
- The engagement and participation of funders in the initiative; The creation and ongoing support of gap analysis;
- A data repository of metrics;
- A strategic focus on stigma reduction, and identifying and providing resources to the community;
- Navigation services for all pre-crisis calls for individuals who need support.

The Community and Pre-Crisis System Committee recommends that the Collaborative Commission perform the following work focused on the pre-crisis population:

- Stigma reduction. Establish broad-based community education to help reduce stigma related to mental health and provide “no wrong door” access to pre-crisis care.
- A warm line to respond to pre-crisis calls from individuals needing support and navigation.
- IDD pre-crisis services- Further education and awareness will be necessary for pre-crisis IDD residents, including how to access services, as well as distinguishing IDD from mental health disorders.

**Problem to be addressed**

For far too long, community members have waited until loved ones reach a crisis before asking for help. Many in our community don’t know where to go for help and are often afraid to admit they are struggling with a mental health disorder. Aside from the trauma of a psychiatric crisis, there are other costs as well: the emotional cost of families struggling to find the right care; the debilitating cost of job and housing loss; the escalating cost of inpatient care for individuals who are unable to access community-based services in a timely manner; and the costs of law enforcement and the justice system dedicating a disproportionate amount of time and resources to address issues that result from a person’s untreated crisis.

**Anticipated benefits**

- Enhanced knowledge and awareness about mental illness
- Stigma reduction
- Expansion of services that provide access to the right services at the right time needed to prevent mental health crises in our community
- Enhancement of workforce capacity
- Improved data, resources, fiscal oversight, education, and navigation
- Reduce reliance on costly interventions such as jails and emergency rooms
- Bexar County residents navigate to appropriate treatment programs that will strengthen their families and our community.

**Track 2: Long Term Recommendations- Equity, Resiliency, and Recovery**

- **Urgent Care Clinics**- In order to ensure quality, equitable healthcare access, the committee recommends the creation of urgent care mental health Clinics. These Clinics would be available as walk-in or by appointment (within 24 hours) and would be geographically distributed across Bexar County to ensure accessibility to both funded and unfunded residents. Clinic locations would be prioritized in underserved areas of Bexar County and would serve children, adolescents, and adults. The clinics would provide:

  - Assessments, psychiatric gap care, referrals, and other resources, modeled after the New Opportunities for Wellness (NOW) Clinic and Sigma Mental Health Urgent Care Clinic; Access to full-scale psychiatric evaluations;
  - Follow-up and on-going case relationship/management for each individual;
  - Peer support specialists for adults and family partners for children and adolescents.
• **Substance Use Disorder (SUD) Treatment** - To promote recovery and reduce stigma with addiction disorders, pre-crisis access to treatment for residents with SUD will include the following:

  - Residential treatment beds for children, adolescents and adults.
  - Access to full-scale psychiatric evaluations.
  - Peer Support and Peer Navigation.

### Community and Pre-crisis System Committee Members

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<thead>
<tr>
<th>COMMITTEE MEMBER</th>
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<td>Rebecca Brune</td>
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Community Safety, Response, & Training Committee

Committee Focus
The Community Safety, Response, & Training Committee was tasked with looking at strategies to ensure community safety by exploring opportunities to improve services provided by first responders. The committee noted the importance of addressing the need for first responder wellness, along with exploring the variety of response models emerging throughout the country, and the need to ensure that first responders are equipped with appropriate training to address the needs and behaviors of individuals with behavioral health diagnoses.

Recommendations

Track 1: Immediate Priority Recommendations
1. Expand Multi-Disciplinary Response Teams (MDRT) to address jurisdictional challenges and continuing Inclusion of Peers, Address Substance Use, IDD Issues, and Mental Health
   - Embed mental health clinicians in 911 system.
   - Include follow-up and wraparound services for continuity of care.
   - Provide high-quality CIT trainings for all team members.

   Problem to Be Addressed
   Community members are trained to call 911 in case of emergency. Unfortunately when that emergency involves a behavioral health crisis, the traditional 911 response is not well suited to meet the needs of the caller. MDRTs enhance the probability that individuals will get connected to the services and interventions they actually need.

   Anticipated Benefits
   - Reduced use of patrol on behavioral health-related calls for service
   - Reduced use of force
   - Increased connection to treatment services
   - Improved continuity of care provided by MDRT follow up teams
   - Reduced repeated 911 calls for service
   - Reduced arrests
   - Prevented future criminal justice involvement

2. Post-Booking Diversion Navigation
   - Focus on post-diversion coordination (i.e. boundary spanners\textsuperscript{43} in jail, multipronged screening approaches for both deputies and inmates, alignment of medication formularies, address competency challenges, inclusion of peer support).
   - Create Behavioral Health Navigation Liaison System to address gaps in continuity of care.
   - Recommend a separate mental health facility.

   Problem to Be Addressed
   There are several pre-booking strategies in place in Bexar County to intercept individuals before being booked into the County jail. However, once an individual with mental health disorders, substance use disorders, and/or developmental disabilities is booked into the jail, there is currently no coordinated process to address the needs of these inmates while incarcerated, facilitate their flow and progression through the court proceedings, and implement discharge plans for successful
transition back into the community. For Calendar Year 2020, there were a total number of 108 unduplicated individuals found incompetent or insane and released from custody. Forty five (45) individuals were transferred to the San Antonio State Hospital (SASH); twenty two (22) individuals had their cases dismissed; and, 12 individuals were transferred to Vernon State Hospital. Of those found incompetent or insane, all but one individual was housed in the county jail for at least 51 days. Eighteen (18) individuals were housed between 201 and 250 days and an additional 18 were housed more than 500 days in jail. From the moment that the clinical determination of incompetency/insanity was made, 54 individuals spent between 100 and 200 additional days in jail. Between Calendar Years 2017 and 2020, the number of individuals found incompetent or insane increased by 18% from 93 to 110 unduplicated individuals. The average custodial length of stay increased by 58% from 197 days to 311 days. The average custodial length of stay since being found incompetent or insane increased by 235% from 48 days to 161 days.

**Anticipated Benefits**

- Reduced suicide attempts/completions in custody due to better screening upon intake
- Reduced competency evaluation wait list
- Reduced inmate population due to identifying and diverting eligible inmates while disposition is pending (estimated 400 individuals to be diverted annually)
- Recidivism reduction due to proper placement and treatment services upon discharge

3. Officer Wellness, Readiness, and Resiliency

- Add two additional licensed counselors for the Bexar County Sheriff’s Office (BCSO) to address the mental health needs of deputies.
- Provide enhanced officer resiliency training.

**Problem to be addressed**

Attending to the needs of officer health and wellness is critical in an ever-changing climate of law enforcement. In 2019, officers died by suicide at twice the rate of line-of-duty deaths. Departments are being encouraged to generate innovative ideas to address the stressful effects of law enforcement, both "on the job" and at home. With increased public scrutiny placed upon departments for their use-of-force policies and training, departments from around the nation have sought additional assistance in developing evidence-based training. A comparison between the BCSO, San Antonio Police Department, Dallas Police Department and Houston Police Department reveal that BCSO has the lowest clinician to staff rate. BCSO has 1 psychologist available for 1,900 staff while the other department ratios range between 1 clinician to approximately 760 staff up to 1 to 1,000 staff. The addition of two counselors to address the mental health needs for deputies and their families is a critical need with significant impact on officer wellness and public safety.

**Anticipated Benefits**

- Improved officer wellness
- Reduced officer self-harm and suicidal ideation and/or attempts
- Reduced use of force
- Reduced citizen complains
- Reduced worker’s compensation claims
- Reduced presenteeism and absenteeism
Track 2- Long-Term Recommendations

1. Address Cross Jurisdictional Alignment
   - Multi-agency support for MDRT- Model after Alamo Area Narcotics Task Force (common goal, common training).
   - Develop consistency between agencies regarding Crisis Intervention Training and Mental Health Units (model and align with MDRT approach).
   - Multi-agency training.

2. Opportunities for Improved Efficacy, Efficiencies, and Reallocation of Resources
   - Report cost estimates (both expense and cost deferment).
   - Quantify operational improvements.

3. Address Personnel and Workforce Challenges

Community Safety, Response, & Training Committee Members

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<td>Chief Raul Garza</td>
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<td>Ernie Stevens</td>
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Committee Focus
The Front End Diversion Committee was tasked with reviewing processes and interventions from the point of contact with law enforcement through magistration and initial detention in the main jail. The committee set out to develop recommendations to improve screening and identifications of behavioral health needs by members of the criminal justice system, including attorneys, pretrial, judges, and court personnel. The goal was to efficiently and effectively identify individuals with behavioral health needs and set up processes to expedite them through the criminal justice system in a way that meets community safety standards while also meeting the behavioral health needs of the arrested individual.

Recommendations
Track 1: Immediate Priority Recommendations
1. Fund a full process improvement study to assess the justice intake & assessment annex (JIAA)
   - Process review, staffing pattern recommendations
   - Address challenge of Central Magistration (CMAG) & JIAA need for dual demand of staff
   - Recommendation for a separate mental health facility within main jail
   - Recommendation regarding diversion strategies (including creation of and referral to alternate courts)

Problem to be addressed
The JIAA opened in December of 2018. The JIAA was created to increase front-end diversion and prevent individuals with behavioral health needs from going into the jail unnecessarily and to provide an access point for community-based treatment. The challenges of staffing a 24/7/365 correctional facility with professional services warrants a deep-dive to explore areas of improvement. Additionally, the dual magistration process in San Antonio/Bexar County has created unexpected staffing and process challenges.

Anticipated Benefits
- Increased efficacy and efficiencies
- Increased diversions
- Decreased incidences

2. Create specialized unit in district Attorney’s Office to address mental health, substance use disorder, IDD, Etc. (Model after Dallas and Harris counties)
The District Attorney’s Office Mental Health Division would develop forms and protocols to act as a resource to consult with law enforcement agencies at magistration and advise on alternatives for assisting arrestees who suffer from a mental illness. Examples of the alternative dispositions would include case rejection at magistration, emergency detentions, or pre-trial diversion programs. Additionally, this division would handle hearings for competencies and insanity evaluations. This division will be comprised of both civil and criminal attorneys.

Problem to be addressed
Currently, the Bexar County District Attorney’s Office lacks the resources and structure to be able to identify mental health cases and create alternative tracks. In the 2020 calendar year, 20% of all bookings needed a 16.22 assessment. This means that there was some indication that the defendant experienced or is currently experiencing mental health conditions. Additionally in 2020, 482
individuals, with a combined 1,015 cases, had a motion filed to determine competency. In the Bexar County District Attorney’s Office, there is one assistant district attorney who is designated to handle all criminal case diversions/placements and competencies. Other Texas counties of similar size (such as Harris County and Dallas County) have entire specialized divisions to execute mental health diversion programs. As a county of comparable population, and potentially a comparable population experiencing mental illness entering the local justice system, it is imperative that that the Bexar County District Attorney’s Office have the resources to compassionately work with these individuals.

**Anticipated Benefits**

- Prevented incarceration of individuals with mental health diagnoses
- Increased number of cases to pre-trial diversion
- Decreased convictions for cases where the defendant’s mental health was a contributing factor

3. **Fund specialized training for judges, attorneys, pre-trial, and court personnel on behavioral health needs and diversion processes for respective roles**

**Problem to be addressed**

Approximately 20% of individuals processed through the Bexar County booking facility have an indication of a behavioral health disorder (mental illness, substance use disorder, and/or developmental disability)*. Additionally, there are several specialized programs within Bexar County designed to identify, divert, and address the needs of individuals with behavioral health needs. Examples include the 14 specialty courts, JIAA screening and diversion programs, mental health public defenders, processes and staff related to Code of Criminal Procedure 16.22, Senate Bill 1326, and Senate Bill 1849.

**Anticipated Benefits**

- Increased identification of behavioral health needs and connection to treatment
- Increased diversions from jail
- Reduced jail population

4. **Create Position for behavioral health liaison**

Point of contact for natural supports to relay behavioral health information to booking facility and/or main jail, coordinate continuity of care, community outreach and education targeted for each precinct.
**Problem to be addressed**

When an individual with mental health, substance use disorder, and/or development disabilities is incarcerated, there is no centralized point of contact for families, providers, and natural supports to contact. Often community members and family reach out to various county departments, including elected officials’ offices, in an attempt to receive and provide information. This current process is inefficient and ineffective, not to mention frustrating and overwhelming for the families. Inmates are under great stress and often have lost communications with supportive family or friends. The impact of incarceration coupled with a mental disorder creates a functional gap to treatment and negatively impacts recidivism. Additionally, this creates jail management risks if the jail is not aware of prescribed medications and/or behavioral health needs. It also creates continuity of care challenges when transitioning individuals out of jail due to lack of information and care coordination.

**Anticipated Benefits**

- Reduction in recidivism
- Increased opportunity for treatment motivation
- Improved reintegration

**Track 2: Long Term Recommendations**

1. **Create county psychiatric facility**
2. **Improve recommendations from track 1 study findings**
   - Move toward evidence-based decision-making vs punitive within the criminal justice system.
3. **Establish a dedicated behavioral health court**
   - Arrested individuals with identified mental health, substance use disorders, IDD etc. to be assigned to an alternative court.
4. **Immediate access low barrier, short-term, step-down housing for transition from facility**
   (approximately 90 days)

**Front End Diversion Committee Members**

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Justice System Committee

Committee Focus
The Justice System Committee was tasked with reviewing gaps in jail-based behavioral health treatment programs including psychiatric evaluations, competency restoration, as well as compliance with the Sandra Bland Act which aims to improve screening and identification of individuals with mental health and developmental disabilities diagnoses. The committee also recognized the need for behavioral health training needs for all attorneys, judges, and court personnel.

Recommendations
Track 1- Immediate Priority Recommendations

1. Expand functionality of Bexar County’s dually diagnosed residential facility (DDRF)
   Expand treatment services to court ordered mentally ill offenders out on bond under pre-trial supervision or on probation supervision to participate in inpatient and outpatient mental health treatment and education. This entails an intensive mental health care treatment program with a minimum of 30-day residential treatment or partial residential program.

   Problem to be addressed
   Presently, only probationers have access to this treatment option. Pretrial detainees do not have access to long-term, residential, dual diagnosis treatment. Limited access to this resource is a barrier to getting individuals with these needs out of jail and results in individuals with mental health and SUD remaining in jail longer and without treatment.

   Anticipated Benefits
   - Increased jail diversion
   - Decreased jail population
   - Reduced recidivism due to treatment needs getting met
   - Improved treatment outcomes

2. Launch community diversion coordinator pilot program
   The Pilot Program will facilitate a new mechanism within an existing infrastructure in the Office of Criminal Justice that focuses exclusively on justice-involved individuals with mental health needs. The Community Diversion Coordinator position would divert more than 400 individuals from custody into different treatment programs and back into the community. This recommendation aligns with the recommendation from the Community Safety, Response, and Training Committee for post-booking jail diversion coordination.

   Problem to be addressed
   For calendar year 2020, there were a total number of 108 unduplicated individuals found incompetent or insane and released from custody. 45 individuals were transferred to SASH. 22 individuals had their cases dismissed; and, 12 individuals were transferred to Vernon State Hospital. Of those found incompetent or insane, all but one individual was housed in the county jail for at least 51 days. 18 individuals were housed between 201 and 250 days and an additional 18 were housed more than 500 days in jail. From the moment that the clinical determination of incompetency/insanity was made, 54 individuals spent between 100 and 200 additional days in jail. Between calendar years 2017 and
2020, the number of individuals found incompetent or insane increased by 18% from 93 to 110 unduplicated individuals. The average custodial length of stay increased by 58% from 197 days to 311 days. The average custodial length of stay since being found incompetent or insane increased by 235% from 48 days to 161 days.

**Anticipated Benefits**
- Increased diversion from jail into community-based treatment
- Reduced suicide attempts/completions in custody due to better screening upon intake
- Reduced competency evaluation wait list
- Reduced inmate population due to identifying and diverting eligible inmates while
- Disposition is pending (estimated 400 individuals to be diverted annually)
- Recidivism reduction due to proper placement and treatment services upon discharge

3. **Targeted intellectual development disability assistance**
   Coordinate with AACOG to expand the existing six-bed capacity assigned for crisis respite. Allocate funding to increase IDD crisis respite bed capacity to 20 beds, an increase of 14 IDD crisis respite beds.

**Problem to be addressed**
Presently, there is no level of care appropriate for detaining a person with IDD under an Order for Protective Custody (OPC) in compliance with Texas Health and Safety Code §593.044 when the individual is suspected of IDD without mental illness and is likely to cause injury to self or others. Funding is needed to create a 10-12 bed IDD crisis stabilization unit which may be used for jail diversion initiatives and as a relief valve for behavioral health hospitals.

**Anticipated Benefits**
- Reduced jail population (individuals with IDD remain in jail longer due to lack of appropriate discharge options)
- Reduced staff time dedicated to individuals with IDD (large amounts of personnel resources are expended tending to the needs of individuals with IDD and attempting to find placement for them)
- Increased connection to ongoing support services for individuals with IDD

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**Track 2 - Long-Term Recommendations**

1. **Recommend Bexar County to coordinate with AACOG, as the local IDD authority, and allocate funding to implement the Hayes Ability Screening Index (HASI) as part of the art.**
   16.22 Interview. It is clinically impossible to identify or diagnose IDD without a full-scale psychological evaluation. HASI is a licensed product and costs approximately $3 per screening
2. **Jail-Based Competency Restoration Program** will restore individuals to competency in jail before reaching the State treatment bed so their charges and legal process can continue. They are in a holding status when in jail waiting for a competency restoration bed. This program requires the psychiatrist to see inmates three times per week for 60 days, provide compelled medication, certify medical status, and conduct restoration evaluations or non-restorable evaluations.
3. **Create a position to educate the community** at different departments, Commissioner’s Offices, judges, to be trained in crisis, mentally ill, peer support, etc.
## Justice System Committee Members

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Treatment Capacity, Housing and Funding Committee

Committee Focus
The Treatment Capacity, Housing, and Funding Committee took a broad and in-depth view of the behavioral health system in Bexar County and noted many areas where creation and/or enhancement of a variety of services will more effectively meet the needs of those with behavioral health issues. The committee examined a variety of gaps in both treatment and housing. The recommendations are divided into two tracks. Track 1 are programs calling for immediate investment, while track 2 highlights critical long-term investment in behavioral health.

Recommendations

Track 1: Immediate Priority Recommendations
1. Expansion of current inpatient capacity
   Contract with providers at a higher per diem to provide care for individuals who meet definition of high acuity. This could include a per diem for unfunded patients or adding supplemental funding to those with third party pay or coverage. Create a process for utilization management.

   Problem to Be Addressed
   Due to the loss of inpatient beds at the Nix Behavioral Health Hospital, the closing of the adolescent unit at the San Antonio State Hospital (SASH), and an increased demand in Bexar County for inpatient psychiatric services, there is a need to contract for beds at current psychiatric facilities to allow more intensive treatment for specialized populations. These include:
   - Children and adolescents with severe behavioral illness preventing them from stabilizing in home environments.
   - Adults with severe behavioral illness with a history of multiple psychiatric hospitalizations and repeated break down of post-hospital services.
   - Adults with intellectual disability and autism spectrum disorder who have difficulty being maintained in their own homes or in group home settings.
   - Some clients cannot go into current beds (even if open) since current per diem rate does not cover costs.

   Anticipated Benefits
   - Improved treatment outcomes
   - Decreased use of high-cost, high-acuity interventions such as jail and emergency departments
   - Decreased homelessness due to increased behavioral health stability and longer time to provide appropriate discharge planning

2. Feasibility study for a new psychiatric hospital
   Bexar County should allocate funds to initiate a feasibility study for building and operating a psychiatric facility/center to treat individuals with serious behavioral illness. This study would determine if such an enterprise would be more cost effective than purchasing services through private providers as suggested in the abovementioned recommendation and would address the needs of other populations needing inpatient stabilization. This would be in addition to a facility to serve those with mental illness in the jail. A committee should be appointed with all stakeholder representatives to address:
   - Location(s) of the facility including potential purchasing of land
• Populations to be served
• Design, construction, and funding of construction (i.e. issuance of bonds)
• Estimate of long term operating budget
• Number of beds
• Optimal length of stay
• Workforce issues involved in staffing the facility
• Integration with outpatient behavioral health services

**Problem to be addressed**
According to University Health System Correctional Health Services, of the 4,000 persons that are incarcerated at the jail on any given day, approximately 1,000 persons are receiving psychotropic medication, 250 individuals are treated in mental health units for more stable clients, while acute mental health units serve approximately 100 clients. Many of those in acute units have been found incompetent to stand trial and are awaiting transfer to Vernon State Hospital due to the severity of their crimes. The volume of clients at the jail with serious mental illness is growing, as is the severity of both medical and psychiatric illnesses from which they suffer. Of those booked into jail on a given day (approximately 100), roughly 70% have substance-related issues and up to half of these require detoxification at booking. As noted in recommendation #1, there is an acute shortage of inpatient civil beds in Bexar County since the closing of the Nix Behavioral Hospital and the difficulty of admitting patients to the SASH.

**Anticipated Benefits**
- Reduced jail population
- Increased access to appropriate level of care
- Decreased use of inappropriate, high-cost, high-acuity interventions such as jail and emergency departments
- Decreased homelessness due to increased access to appropriate behavioral health level of care

3. **Increase supportive housing (with adequate wraparound services) for individuals with behavioral health disorders and/or Justice-involved individuals.**
Develop a master plan to encompass aspects of a recovery community. This effort should include education of stakeholders in the community on the design, development, and operation of supportive housing, especially permanent supportive housing. The master plan should consider a wide range of issues:

- Candidates for residency should be those who no longer need inpatient hospital treatment but who may not be ready to live independently without significant support.
- Residency can be for as long as the person needs before the individual can live successfully on their own or in another setting where similar supports are available. The individual may participate in the program for the long term (> 3 years), possibly lifelong, or until they can move to a nursing-home-type facility, if more appropriate. Two populations that may be served include those with short-term and supportive long-term needs.
- Wraparound services should be both clinical and supportive including case management, navigation (connecting clients to the right service at the right time), peer support, and therapy.
**Problem to be addressed**
Treatment cannot bring individuals with serious mental illness to full recovery without addressing their housing needs.

**Anticipated Benefits**
- Decreased homelessness
- Increased behavioral health stability
- Reduced 9-1-1 calls
- Reduced citizen complaints
- Reduced jail population
- Improved quality of life

4. **Develop master plan for wrap around At-Home services where people currently reside**
The types of issues that the master plan should address:
- Clustered housing with clinical and nonclinical wrap-around support services
  i. A set of flexible, voluntary, and recovery-focused services that are community-based services and used to support people in their homes and communities.
  ii. The wraparound process is an intensive, team-based, individualized care planning and management process.
  iii. Allows sufficient flexibility for the care team to develop “out-of-the-box” solutions to meet family or individual needs.
  iv. Service intensity level is driven by frequency, intensity, duration of mental crises, and the need for ongoing clinical and nonclinical support.
- Services include navigation, case management, and peer support
  i. Navigation to ensure the person is eligible for all services necessary to support their living in the community.
  ii. Case management to ensure eligibility for services and fulfillment of programs to allow them to live in the community including attending appointments and completing tasks.
  iii. Peer support for navigation, case management, and to interact successfully within community.
  iv. Clinical (healthcare) and nonclinical (community-based) services are needed within the community either on-site or within easy reach and on a timely basis.
  v. Develop dedicated clustered living sites and create easy access to healthcare, therapeutic, and social services.

**Track 2: Long Term Recommendations**
1. **Expansion of psychiatric emergency services** - Since the closing of the Nix Behavioral Health Hospital, Bexar County no longer has a dedicated unit model for a psychiatric emergency service (PES), which can evaluate, treat, and stabilize individuals for 24-72 hours. PES are now located at two hospitals without a dedicated unit for PES. This may dilute the mission of rapid evaluation, stabilization, and discharge to outpatient care when appropriate. Bexar County should consider a dedicated PES, with the capacity to do basic medical clearance. There should also be consideration of co-location with the CHCS crisis center downtown.
2. **Enhance outpatient behavioral health treatment along a full continuum of services, to include:**
   - Expansion of the continuum of care for those with substance use disorders, especially post-detox/hospitalization, sober living and/or residential treatment facilities.
i. Integrate with other behavioral health services

ii. Prevention
   1. Screening and triage
   2. Outpatient trauma-informed care
   3. Education, impact of use

iii. Level 1-3.5 interventions (See Table 2)
   - Improved access to “Living Room” approach where clients can interact with mental health professionals for two to four hours in a non-emergency room setting, preventing crises from arising, and preventing hospital visits.
   - Increased access to trauma-informed therapies (i.e. Cognitive Behavioral Therapy (CPT), Dialectical Behavioral Therapy (DBT) and DBT-related therapies) and expanded use of group therapy.
   - Greater access to psychiatric services for those with Intellectual Disability and Autism Spectrum Disorder (ASD), which may include a specialized tele-psychiatry service managed through AACOG or CHCS. This psychiatric service would need to be linked to other behavioral supports.
   - Same day and next day appointment and/or walk-in clinics. The clinics would be geographically distributed and close to grass roots, with expanded hours and includes tele-mental health services.
   - Family education about behavioral health and assistance connecting with peer support.
   - Expanded assisted outpatient treatment to assist those who have difficulty complying with behavioral health treatment needed to avoid re-hospitalization. This includes:
     i. Transitional housing for individuals transitioning out of jail or the hospital into the community.
     ii. Resources to provide emergency clothing, food, utility, housing assistance.
     iii. Expanded transportation services.

   - Expanded in-home behavioral health services including: counseling, navigation, case management, and peer support.

3. Mental health services at the Jail- According to the University Health System Correctional Health Services, of the 4,000 persons that are incarcerated at the jail on any given day, approximately 1,000 persons are receiving psychotropic medication. The stable mental health unit treats 250 individuals, while acute units serve approximately 100 individuals. Many of those in acute units are found incompetent to stand trial and are awaiting transfer to Vernon State Hospital due to the severity of their crimes. The jail has multiple advanced psychiatric nurse practitioners and social workers who provide services, but a full-time psychiatrist position has gone unfilled for three years due to inability to find the right person, given the shortage of psychiatrics who wish to work with forensic population. The volume of clients with serious mental illness is growing, as is the severity of both medical and psychiatric illnesses from which they suffer. Of those booked into jail on a given day (approximately 100), roughly 70% have substance-related issues and up to half of these require detoxification at booking. We suggest:
   - Feasibility study of a jail facility for serious mental illness (SMI)- type of population to study handling highly agitated/violent individuals
   - Expand the mental health workforce at the jail, particularly psychiatric providers.
   - Improve the transition of clients from the jail to outpatient services.
   - Provide medication assisted treatment (MAT) to those with opioid use disorder, but ensure individuals have a plan for follow-up care upon release to continue MAT services.
4. **Workforce issues**—There is a significant shortage of mental health professionals of nearly every discipline. Moreover, many mental health professionals do not have the necessary skills for dealing with serious mental illness. Recommendation to:

- Centralize training.
- Behavioral health providers for the Jail.
- Summit of behavioral health educators in Bexar County.
- Nursing/Assisted living/group home staff training.
- Attract behavioral health providers to public sector.
- Peer support education.
- Primary care providers/integrated care.
- Burn out/Oral Injury issues for providers, particularly in the face of the COVID-19 pandemic.
- Training for psychiatry in psychopharmacology for those with IDD.
- Improve training in evidence-based psychotherapies (e.g. CPT, CBT, DBT) for those providing treatment in interdisciplinary outpatient settings.

5. **Build SASH Campus as a Recovery Community**—Upon completion of the SASH redevelopment master plan, resources should be devoted to bringing the Plan into practice within 3-5 years.

6. **Address housing needs beyond SASH**—The redeveloped SASH campus by itself will not meet the housing needs of those with SMI. Other projects will be needed to develop a series of single site housing, each with wraparound services.

- Candidate projects should have enough residents on-site to make delivery of services on-site economical and feasible.
- Wraparound services should include clinical services and supports such as peer services, therapy, and case management.
- Consideration should be given to each project having populations of people with similar backgrounds when this is determined to be therapeutic and supportive i.e. veterans, single mothers, formerly incarcerated, persons with SUD, persons with IDD, individuals with serious mental illness, and foster youth aging out of care.
- Project(s) may be new construction, adaptive reuse, or acquisition of an existing facility.

7. **Develop master plan for wrap around at-home services where people currently reside**—The types of issues that the Master Plan should address:

- Clustered housing with clinical and nonclinical wraparound support services
  
  i. A set of flexible, voluntary, and recovery-focused services that are community-based services and used to support people in their homes and communities.
  
  ii. The wraparound process is an intensive, team-based, individualized care planning and management process.
  
  iii. Allow sufficient flexibility for the care team to develop “out-of-the-box” solutions to meet family or individual needs.
  
  iv. Service intensity level is driven by frequency, intensity, duration of mental crises, and the need for ongoing clinical and nonclinical support.

- Services include navigation, case management, and peer support
  
  i. Navigation to ensure the person is eligible for all services necessary to support their living in the community.
  
  ii. Case management to ensure eligibility for services and fulfillment of programs to allow them to live in the community, including attending appointments and completing tasks.
iii. Peer support to support navigation, case management, and to interact successfully in the community.
iv. Clinical (healthcare) and nonclinical (community-based) services are needed within the community either on-site or within easy reach and on a timely basis.
v. Develop dedicated clustered living sites and create easy access to healthcare, therapeutic, and social services

*Treatment Capacity, Housing, and Funding Committee Members*

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Summary

The Task Force interim report seeks to provide an understanding for the immediate demands and future needs facing both the criminal justice and behavioral health systems in Bexar County. Community stakeholders and local subject matter experts developed comprehensive and thoughtful recommendations for system wide improvements to bring forward the most collaborative and effective outcome driven improvements. Presently, innovation and process improvement struggle to become reality in the face of resource and staffing shortfalls, especially in light of COVID-19 and its evolving variants.

Committee members identified key barriers to meeting current and future demands on the system and highlighted the need to leverage existing resources to achieve system improvement. Barriers include:

- Lack of standardized information technology-based data sources
- Limited scientific evidence for behavioral health quality measures
- Lack of provider training and support
- Cultural barriers
- Challenges to integrating behavioral health care within primary healthcare

To address these barriers successfully in a measurable way, the Task Force requests funding for the 16 items covering justice, housing, and behavioral health for a total of $47 million for immediate implementation. The Task Force has expressed an interest in continuing the conversation to further flush out the recommendation in Track 2 for long term planning effort.
Behavioral health in this context refers to both mental illness, substance use disorders, and intellectual and development disabilities.


42 Community and Pre-Crisis System Committee meeting discussion on May 25th 2021.

43 A boundary spanner is a person who links two or more systems whose goals and expectations are at least partially conflicting. Source: Steadman, H.J. *Boundary spanners: A key component for the effective interactions of the justice and mental health systems*. *Law Hum Behav* 16, 75–87 (1992). [https://doi.org/10.1007/BF02351050](https://doi.org/10.1007/BF02351050)
