**Category 2 Project Summary**

**Central Counties Services – 081771001.2.100**

**Project Area, Option and Title:** 2.13.1 Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e. criminal justice system, ER, urgent care).

**RHP Project Identification Number:** 081771001.2.100

**Performing Provider Name:** Central Counties Services

**Performing Provider TPI #:** 081771001

**Project Summary:**

* **Provider Description:** Central Counties Services (Center) is an agency of the state providing publicly-funded adult/ child mental health, intellectual and developmental disability (IDD), and early childhood intervention services for 3 RHP-8 Counties (Bell, Lampasas, Milam = 2,789 square miles/352,218 population) and 2 RHP 16 Counties (Coryell, Hamilton = 1,8878 square miles/91,250 population). The Center is the Single Portal Authority authorizes state psychiatric hospital and IDD state living Center admissions. In FY2012 we helped 8,000 people with 240,000+ units of service.
* **Intervention:** This project provides trained law enforcement officers to assess the behavioral health acuity of someone involved in a minor criminal event, and to direct that person into the behavioral health service system instead of the criminal justice system
* **Project Need:** CN.2.17 Lack of community support services for persons with severe and persistent mental health diagnosis in Bell County.
* **Target Population:** The target population for these services is adults with severe and persistent mental illness, who come into contact with law enforcement for misdemeanor offenses determined to be related to the symptoms of their mental illness, and who may therefore be appropriate for diversion from the criminal justice system into behavioral health care services. Most of the target population will be indigent since their mental illness severity is a major barrier to regular employment. 97% of the Center’s patients are Medicaid (41.89%), uninsured (56%), or indigent. The Texas Department of State Health Services (DSHS) deemed all Center clinics as serving Medically Underserved Populations (MUP). We expect the same percentages of Medicaid, uninsured and indigent patients will benefit from this project.
* **Expected Category 2 Project Benefit for Patients and a Description of the QPI Metric(s):** The improvement goal of this project is to increase the number of adult individuals with severe and persistent mental illness who are diverted from the criminal justice system. Over the course of the project, we expect the total patient impact to be approximately 300 adult individuals (DY3: 50 individuals, DY4: 100individuals, and DY5: 150 individuals). In DY4, the quantifiable patient impact (QPI) will be measured by Milestone I-6.1, allowing us to increase the number of individuals diverted from jail to mental health services. Each year, we aim to increase the number of individuals receiving this service, as measured by Milestone I-6, Metric I-6.1: Number of targeted individuals served in the project.
* **Description of Category 3 Measure(s):** IT-9.1: The goal of this project is to increase the number of persons in mental health crisis who have or are about to be involved in a misdemeanor crime to be diverted from the legal justice system into an appropriate level of behavioral health care.OD-9 Right Care, Right Setting **-** IT-9.1 Decrease in mental health admissions and readmissions to institutional psychiatric hospitals or criminal justice settings such as jails or prisons.The goal of this project is to increase the number of persons in mental health crisis who have or are about to be involved in a misdemeanor crime to be diverted from the legal justice system into an appropriate level of behavioral health care. This basis is based on central counties establishing a baseline in a period of 6 months or more and then improving over the following DY’s. This can be shown by improvement in DY4 of increasing the amount that is needed by improving 5% over the baseline number that was previously established. Then in DY5 there would be an improvement of 10% over the baseline that was established.

**Project Description:**

The goal of this service is to increase the number of persons in mental health crisis who have or are about to be involved in a misdemeanor crime to be diverted away from the legal justice system into an appropriate level of behavioral health care. This project will work towards improvement of the health status of the persons served both with positive health interventions and the avoidance of negative health impacts. The positive health interventions will be: A) timely mental health status review in the community by a trained mental health peace officer and a licensed mental health clinician, B) timely, if not immediate, access to community mental health care services, C) timely access to a full psychiatric evaluation, if needed. The avoidance of negative health impacts will be: A) avoidance of an average incarceration of 90 days (The legal processes for someone charged with a misdemeanor crime are lengthened by the screenings and evaluations which must be performed and reviewed by the assigned judge and then the assignment of a public defender, sufficient time for the defendant to meet with this assigned attorney (not always productive, depending on the person’s mental state) lengthen the period of incarceration to an average of 90 days ( “Another look at Mental Illness and Criminal Justice Involvement in Texas: Correlates and Costs,” p. 13 Texas Dept. of State Health Services’ Decision Support Unit for Mental Health and Substance Abuse Services). B) avoidance of an experience that contributes to the worsening of mental health symptoms (RHP Planning Protocol, Category 3, IT-9.1d (p. 405) states that “Admission and readmission to criminal justice settings such as jails, and prisons is disruptive and deleterious to recovery from behavioral health disorders. Studies of recidivistic criminal justice patients in Texas and other states have demonstrated poorer physical health status, increased incidence of homelessness, increased propensity to use emergency departments and inpatient services. Interventions which can prevent individuals from cycling through the criminal justice system can help avert poor health and mental health outcomes, reduce long term medical costs and improve functioning.”

This project will recruit, hire and train 4 full-time mental health deputies and one full-time supervising mental health deputy to form a Mental Health Deputy Unit within the Bell County Sheriff’s office. All Deputies in this project are expected to achieve Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) certification, and participate in ongoing training to maintain a high level of knowledge and skill in intervening with persons with mental illness in the community. Having this Mental Health Deputy Unit would provide 24/7 availability of Mental Health Deputy services to respond to criminal activity calls and domestic disturbance calls involving persons with severe and persistent mental illness who have been, or are about to be, involved in misdemeanor criminal behavior. Having trained peace officers available to respond to such calls will improve the identification of individuals who come in contact with law enforcement for misdemeanor offenses determined to be related to the symptoms of their mental illness and who may therefore be appropriate for diversion from the criminal justice system into routine behavioral health care services.

This project is transformational in that the Mental Health Deputy Unit will work closely with the Center’s Mobile Crisis Outreach Team (MCOT) to access a professional-level of behavioral health acuity assessment and to facilitate the referral hand-off to the Center’s behavioral health care service system. This project puts into place missing Intercept One Services by avoiding incarceration (see Project Core Components, b) below). The referral hand-off may include the safe law enforcement transport of the person in mental health crisis to an appropriate level of care (transitional living unit, crisis respite unit, hospital emergency department, local psychiatric hospital, or the nearest state psychiatric hospital). This project includes the purchase of two (2) unmarked patrol cars so that if a person in mental health crisis needs to be transported, they would not be further stigmatized by the mental health deputies’ intervention. These interventions by the Mental Health Deputies will reduce the need for intervention by other elements of the local law enforcement and the criminal justice system. This project would also improve health outcomes for persons served, supporting the objective of delivering the right care at the right time in the right setting, and improve the experience of care, in which law enforcement officers, in collaboration with the Center’s MCOT, makes community assessments of persons experiencing severe mental illness symptoms and diverts them from a jail admission to local mental health services instead. This Project meets the following Regional Goals:

* Improving access to timely, high quality care for residents, including those with multiple needs;
* Increasing coordination of prevention and care for residents, including those with behavioral or mental health needs; and
* Reducing inappropriate utilization of services.

**Starting Point/Baseline:**

This is a new service for the Center so there is no baseline regarding how many persons who have committed or are about to commit a misdemeanor crime due to their impaired judgment resulting from their behavioral health problems could be diverted out of the criminal justice system into the behavioral health service system through the intervention provided by a specially trained Mental Health Deputy Unit. The baseline will be determined in DY-3 and is expected to be approximately 50 persons diverted from incarceration to the behavioral health care system (5 less/month of delayed approval).

**Quantifiable Patient Impact (QPI):**

Central Counties Services will use HHSC’s recommended QPI (individuals impacted) for this project. Each year we will seek to increase the number of adult individuals with severe and persistent mental illness who are diverted from the criminal justice system. Over the course of the project, we expect the total patient impact to be approximately 300 adult individuals (DY3: 50 individuals, DY4: 100 individuals, and DY5: 150 individuals). In DY4, the quantifiable patient impact (QPI) will be measured by Milestone I-X, allowing us to increase the number of individuals diverted from jail to mental health services. Each year, we aim to increase the number of individuals receiving this service, as measured by Milestone 6, Metric 6.1: Number of targeted individuals served in the project. Most of the target population will be indigent since their mental illness severity is a major barrier to regular employment. 97% of the Center’s patients are Medicaid (41.89%), uninsured (56%), or indigent. The Texas Department of State Health Services (DSHS) deemed all Center clinics as serving Medically Underserved Populations (MUP). We expect the same percentages of Medicaid, uninsured and indigent patients will benefit from this project.

**Rationale:**

Community Needs Addressed:

* CN.2 Limited access to mental health/behavioral health services.
* CN.2.8 Lack of access for adult behavioral health care in Bell, Lampasas, and Milam Counties.
* CN.2.10 Limited access for serious mentally Ill adults to crisis services in Bell, Lampasas, and Milam Counties
* CN 2.11 Improve behavioral health services access and capacity in Bell, Lampasas and Milam Counties.
* CN.2.17 - Lack of community support services for persons with severe and persistent mental health diagnoses in Bell County.
* CN.3.5 Discontinuity of care and limited awareness of available resources and services among indigent, uninsured, and Medicaid populations in Bell County leads to potentially avoidable ED and hospital utilization.
* RHP Planning Protocol, Category 3, IT-9.1d states that “Admission and readmission to criminal justice settings such as jails, and prisons is disruptive and deleterious to recovery from behavioral health disorders. Studies of recidivistic criminal justice patients in Texas and other states have demonstrated poorer physical health status, increased incidence of homelessness, increased propensity to use emergency departments and inpatient services. Interventions which can prevent individuals from cycling through the criminal justice system can help avert poor health and mental health outcomes, reduce long term medical costs and improve functioning.”(p. 405).
* While incarcerations are detrimental to the severe and persistent mentally ill person’s recovery, they are also quite expensive to the criminal justice system. The legal processes for someone charged with a misdemeanor crime are lengthened by the screenings and evaluations which must be performed and reviewed by the assigned judge and then the assignment of a public defender, sufficient time for the defendant to meet with this assigned attorney (not always productive, depending on the person’s mental state) lengthen the period of incarceration to an average of 90 days. The Texas Dept. of State Health Services’ Decision Support Unit for Mental Health and Substance Abuse Services reports that the combined arrest costs, local jail costs, and court costs averages $2,104 per month in the state of Texas (“Another look at Mental Illness and Criminal Justice Involvement in Texas: Correlates and Costs,” p. 13) The Center’s Bell County Mental Health Deputy Unit project is expected to save Bell County from $315,600 in DY-3, $631,200 in DY-4, and $946,800 in DY-5 through the jail diversions into the behavioral health service system by this project. The jail costs saved could be used to sustain this project if waiver funding ends with DY-5.

**Project Core Components:**

1. Assess the size, characteristics, and needs of the project target population: The target population for this project is adults with severe and persistent mental illness, who come into contact with law enforcement for misdemeanor offenses determined to be related to the symptoms of their mental illness, and who may therefore be appropriate for diversion from the criminal justice system into routine behavioral health care services. Most of the target population for this project will be indigent since their mental illness severity is a major barrier to regular employment. This component is met by 1) noting that The Rationale section above lists six regional needs that are addressed by this project; 2) applying national indicators of prevalence for severe and persistent mental illness among the general population and the jail population in the area to be served; 3) documentation in the 2010 Bell County Human Services Needs Assessment pp. 79, 88, 103, 236; and 4) information collected by the Bell County Sheriff’s Dept. over an eight-month (Nov.2012 to June 2013) period. The National Institute of Mental Health states in its publication “Mental Disorders in America” states that about 6% (21,133) of the population (352,218) in our service area suffer from a serious mental illness. . The National Institute for Mental Health white paper on Inmate Mental Health indicates that a 2002 Survey of Inmates in Local Jails showed that 64.2 % of inmates surveyed reported having mental health problems in the last 12 months. The jail capacity of Bell, Lampasas and Milam Counties is approximately 875 beds, so 64.2% or approximately 562 in our service area have experienced a mental health problem in the last 12 months. Our Center requested the Bell County Sheriff’s Dept. to track the number of mental health related calls they responded to over an 8 month period to demonstrate the need for specialized mental health deputies. During this eight month period they responded to 440 mental health-related calls for an average of 55 calls per month. It is clear that Mental Health Deputy Early intervention/Jail Diversion is a needed service in our RHP area.
2. Review literature regarding the target population to determine community-based intervention: To prepare for this project I reviewed the Texas Dept. of State Health Services’ Decision Support Unit for Mental Health and Substance Abuse Services report entitled “Another look at Mental Illness and Criminal Justice Involvement in Texas: Correlates and Costs.” We also reviewed the SAMHSA Gains Center’s “Sequential Intercept Model” developed by Mark R. Munetz, MS and Patricia A. Griffin, PhD., and the Moral Reconation Therapy as reported in the “Correctional Health Care Management”, Vol.1, Number 10, and Oct. 1993. This project is based on the Sequential Intercept Model of decriminalizing persons with mental illness. It identifies 5 points of diversion where persons with mental illness can be targeted within the criminal justice system, and suggests strategies for effective intervention at each intercept point.
3. Develop project evaluation plans using qualitative and quantitative metrics to determine outcomes: This project will be evaluated by the number of seriously mentally ill adults who are diverted from jail into community mental health services. The qualitative aspects of this project compares the quality of life for patients being in behavioral health treatment versus being confined in a local jail, e.g. the number of jail days avoided through successful diversion of the mentally ill person into the local behavioral health care system. This project will track the number of jail days avoided (90 days avoided per diversion\*) and the cumulative jail costs avoided by these diversion ($2,104 per month of jail time\*). \*(“Another look at Mental Illness and Criminal Justice Unit for Mental Health and Substance Abuse Services) This component is implemented in DY4 and DY5 by the addition of Milestone I-X Other program output measure as identified by the performing provider. I-X.1 tracking the funds saved by avoided jail days.
4. Design models which include an appropriate range of community-based services and residential supports: The Center’s current community-based services consist of 7 community-based components. They are: outpatient skills/ rehabilitation services, Medication Management, Assertive Community Treatment, Mobile Crisis Outreach Services, Peer Support Services, Supportive Behavioral Health Day Services Project (#081771001.2.3) and our Crisis Respite Project (#081771001.1.4). This core component will be demonstrated by the implementation of this project, which will add two components (1. early community intervention and 2. jail diversion) to the Center’s current community-based services. The Center does not have sufficient funds at this time for implementing other community service components, such as: transitional living, supported employment, supported housing or transportation services.
5. Assess the impact of interventions based on standardized quantitative measures and qualitative analysis relevant to the target population: This core component is similar to c) above. This project will track the number of new patients (not enrolled in local mental health services) who are diverted from jail into the local behavioral health care system by tracking how many of the patients who are diverted remain in active treatment for 90 days or more after their diversion referral. This component will be implemented through the addition of a new Milestone in DY3, DY4 and DY5, namely I-X Short Term Outcomes, I-X.i Tracking the number of new patients diverted into mental health services who remain in services for 90 days or more.
6. Continuous Quality Improvement: Central Counties Services plans to implement a similar Mental Health Deputy Early Intervention/Jail Diversion project in Coryell County (RHP-16). This component will be met by the Mental Health Deputies from Bell and Coryell Counties will have a monthly training day to improve their knowledge and skills, and to discuss lessons learned and how to improve their intervention process with mentally ill persons in the community. The Center will also engage in continuous quality improvement activities as it studies how to increase the number of diversion referrals who remain in active treatment for more than 90 days after their diversion referral. In addition, the Center intends to participate in a regional learning collaborative which shares information such as challenges, lessons learned and considerations for safety net populations.

**Customizable Process or Improvement Milestones:**

The primary Category 2 improvement Milestone for this project will be I-6: I-6.1 (QPI) Metric: Number of targeted individuals served in the project. The Center has chosen to implement two customizable improvement milestones to document the implementation of two core components described above. Central Counties Services is currently evaluating which Category 3 Outcome Measure best represents the intended outcomes of the project. Category 3 Outcome Measure will be submitted via Updated Provider Cat 3 selection tool.

**Related Category 3 Outcome Measure(s):**

OD-9 Right Care, Right Setting **-** IT-9.1 Decrease in mental health admissions and readmissions to institutional psychiatric hospitals or criminal justice settings such as jails or prisons.The goal of this project is to increase the number of persons in mental health crisis who have or are about to be involved in a misdemeanor crime to be diverted from the legal justice system into an appropriate level of behavioral health care. This basis is based on central counties establishing a baseline in a period of 6 months or more and then improving over the following DY’s. This can be shown by improvement in DY4 of increasing the amount that is needed by improving 5% over the baseline number that was previously established. Then in DY5 there would be an improvement of 10% over the baseline that was established.

**Relationship to Other Projects/Regional Goals:**

This project relates to our Crisis Respite Project (#081771001.1.4), and our Supportive Behavioral Health Day Services Project (#081771001.2.3), as both are aimed at decreasing the use of the state psychiatric hospital system and the criminal justice system in Texas. These two projects would be available to the Bell County Mental Health Deputies Unit as possible service entry points for persons with severe and persistent mental illness who are being diverted from the legal justice system. Many of the projects in this region are related to expansion of behavioral health care. This project’s focus on diverting persons from the legal justice system supports another Provider in the region implementing a project similar to this:

* 126844305.2.2 - Design, implement, and evaluate research‐supported and evidence‐based interventions tailored towards individuals in the target population

**Plan for Learning Collaborative:**

Central Counties Services will participate in an RHP 8 learning collaborative that meets at least semi-annually to discuss local disparities in care and the ways they have successfully gathered relevant data and ultimately better served the populations in their projects. Participation in these learning collaborative meeting events, as well individual training opportunities, regional spotlights and routine collaborative communications in the region, will allow Central Counties Services to work with other Providers within this specific project area or with similar targeted outcomes in an effort to share what we are doing, what we are learning, and how we might all leverage this shared information to continually improve and benefit the projects. The results of each learning collaborative meeting will be compiled and disseminated electronically to the entire RHP within 30 days after the meeting and will be archived on the RHP website hosted by the anchor ([www.tamhsc.edu/1115-waiver](http://www.tamhsc.edu/1115-waiver)). In addition, opportunities may exist and will be explored for Central Counties Services to interact with providers in other RHPs who may have an intervention being provided for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e. criminal justice system, ER, urgent care) focus to expand learning and quality improvement initiatives. Additionally, Central Counties Services looks forward to participating in HHSC’s statewide learning collaborative activities as available.

**Project Valuation:**

The Center’s approach to valuing this project considered three primary factors: factors related to an improved patient experience, the benefit to our community, and cost reductions to the healthcare and criminal justice system. In considering the incentive portion of the valuation three principles and their subsequent impacts were considered. These principles included: investments required to initiate the projects, value associated with the services delivered for a period of time until outcomes/benefits could be demonstrated before receiving reimbursement, and incentives to the performing provider to accelerate transformation and expansion of the delivery system. The valuation of the project for DY3 includes the recruiting, hiring, training and employment costs for 4 mental health deputies and one supervising mental health deputy. It includes the costs of uniforms and unique working equipment/supplies needed by every sworn law/patrol officer to do his/her job. DY-3 valuation includes the purchase of two (2) unmarked patrol cars to be used in the intervention and transport of persons experiencing a mental health crisis who have, or are about to, commit a misdemeanor offense. It includes the costs associated with each deputy participating in training for the purpose of becoming a Texas certified mental health deputy. The valuation includes mental health indirect services costs, and administrative costs for this project. Valuation of DYs 3-5 will include increases in staff salaries, and other inflationary cost adjustments. Valuation of this project also takes into account the psychiatric hospitalization and incarceration costs that can be avoided by good, supportive, skill building day services and improved medication compliance. If this project can keep between 50 to 150 behavioral health patients out of the criminal justice system (90 days per incarceration event), it will save our state, Bell County, and our communities between $315,600 (4,500 jail days avoided) to $946,800 (13,500 jail days avoided) per year, not to mention the personal and social costs/tolls these experiences would have taken on the patients’ sense of well-being and physical health. If the desired number of persons are diverted from incarceration in DY-3, 4, &5, this project would avoid the financial and human deterioration costs of 73.97 years of avoided jail time by persons with severe and persistent mental illness. The valuation of this project includes the demonstration that this project can be sustained based on funds saved from not incarcerating persons with severe and persistent mental illness symptoms who may commit minor crimes due to their poor judgment affected by their mental illness.

This project does not supplant any services or funds currently provided to Central Counties Service from the U.S. Department of Health and Human Services. The services proposed to be provided under this project enhance, but not duplicate, the services provided by our Center to persons with severe and persistent behavioral health problems.