

The Right Prescription for the Mentally III in the Texas Corrections System



Presentation to the 4th Annual El Paso County Mental Health Law Conference September 30, 2011 Marc A. Levin, Esq. Director, Center for Effective Justice Texas Public Policy Foundation (TPPF) (512) 472-2700 mlevin@texaspolicy.com www.texaspolicy.com

Introduction to the Texas Public Policy Foundation

- TPPF Mission: Individual Responsibility, Free Enterprise, Limited Government, Private Property Rights
- We apply these foundational principles to criminal justice, bringing together stakeholders and working with policymakers and allies across the spectrum.



The Scope of the Challenge



More than 100k Mentally III in Texas Prisons, Probation and Parole

Texas Department of Criminal Justice Offenders with Mental Health and Mental Retardation (MHMR) Matches^{2*}

Division	Number of Offenders	Percent of Offenders
Prisons	42,556	27.25
Probation	55,276	12.84
Parole	21,345	27.09

"Texas Correctional Office on Offenders with Medical or Mental Impairments Powerpoint," 2008. 28 Jan. 2009 http://www.mhtransformation.org/documents/incarceration/TCOOMML Policy.pdf.

TDCJ Target Population - Schizophrenia, Bipolar & Major Depression

Texas Department of Criminal Justice Offenders Target Population^{3**}

Division	Number of Offenders	Percent of Offenders
Prisons	11,388	7.29
Probation	18,845	4.37
Parole	5,497	6.97

"Texas Correctional Office on Offenders with Medical or Mental Impairments Powerpoint," 2008. 28 Jan. 2009 http://www.mhtransformation.org/documents/incarceration/TCOOMML Policy.pdf.

Mentally III Fill Texas County Jails

- Of the 1 million Texas suspects jailed every year, 17 percent are former MHMR clients.
 Some 20 percent of Harris County Jail inmates receive medications for mental illness. About 30 percent of offenders who come through Harris County courts have a mental illness.
- Average Harris County Jail cost for mentally ill is \$7,017 vs. \$2,599 for non-mentally ill.

Booking is the Time to Start Looking for Mental Illness

- Section 16.22 of the Code of Criminal Procedure requires sheriffs to notify the magistrates of a defendant's mental illness or mental retardation within 72 hours of booking.
- However, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) reports that "there exists little evidence to suggest that this is occurring."
- No provision for monitoring state requirement of availability of mental health bond, which is required by state law for competent defendants.

Judges Often Unaware of Defendant's Mental Illness

- Survey of 244 Texas judges found that the majority of judges don't learn about mental illness until arraignment or trial, often after the defendant has spent months in jail.
- Of those who do learn before this, 5% learn at booking, 22% learn at magistration, 1% percent learn at the charging stage.
- This delay may contribute to findings that mentally ill spend three times as long as others in pretrial detention.

Searching for Solutions



Ways to Improve Screening and Better Inform Decisionmaking

- Over 90% of Texas judges indicated that having access to a mental health assessment prior to court disposition or final judgment would be helpful.
- Ensure mental health/suicide form is forwarded at the earliest possible time to the judge or magistrate.
- Include any mental health issues in presentencing investigation reports completed by probation departments.

Jail Diversion: The Three-Pronged Bexar County Model

- Crisis Intervention Teams (CITs) of police officers specially trained on mental illness defuse situations at the scene.
- Screenings at 24 hour Crisis Care Center instead of the emergency room or Jail.
- MANOS misdemeanor deferred prosecution program features intensive case management. Has saved millions on jail costs while reducing recidivism.

Utilizing Specialized Probation & Parole Caseloads

- Three-year statewide re-incarceration rate for 3,300 probationers and parolees on these smaller caseloads is 15.1 and 16.0% respectively, half of total state recidivism rate.
- An Iowa study found mentally ill parolees had a 54% re-incarceration rate.
- NewStart specialized caseload with MHMR treatment in Harris County has 4% revocation rate and similar Genesis program in Bexar County has 6% rate.
- Thousands more on probation and parole who would qualify. Must compare \$3,000 annual cost with savings from less re-incarceration.

Discharges of Mentally III Inmates Without Supervision May Raise Risk

- Thousands of mentally ill state prison inmates, and nearly all mentally ill state jail inmates, are discharged without supervision, having completed their sentence.
- While TCOOMMI attempted to serve state jail inmates in 2007, 80% of these exiting inmates failed to keep medical/treatment appointments.
- Unlike parolees, inmates released from state jail are under no supervision and therefore have no incentive to keep their appointments.

Ways to Reduce Flat Discharges of Mentally III State Inmates

- Judges can use longstanding shock jail law which is rarely utilized to transfer suitable mentally ill inmates to probation for remainder of sentence.
- In HB2649 enacted in 2011 allows state jail inmates to earn 20% off their jail term and judge can put them on probation for remaining period.
- Enact supervised reentry period for prison inmates – considered as HB1299 in 2011.

Make County Jail Reentry a Priority, Particularly for the Mentally III

- Ensure all inmates discharged from county jail have photo identification, and if mentally ill, a dose of medication and referral to sources of treatment in the community. Identify key individuals such as family, minister, etc. who can help with reentry.
- Ask judges to adopt reintegrative sentencing whereby the reentry plan begins at the time of sentencing.

Expand In-Home Options for Adults and Juveniles

- Harris County now drives by the homes of the 50 mentally ill persons most frequently entering jail for minor offenses with officer and therapist to check on them, thereby greatly reducing intakes.
- Lubbock Front End Diversionary Initiative using in-home visits with mentally ill youth and parents has resulted in success in more than 2/3rds of cases. MAYSI assessment used to screen and Ohio Scales to regularly monitor progress.

Mental Health Courts

- Amer. Journal of Psychiatry study found less total & violent re-offending with mental health courts.
- RAND Institute study of mental health courts found that "the leveling off of mental health treatment costs and the dramatic drop in jail costs yielded a large cost savings at the end of [its] period of observation."
- In the Washoe County Mental Health Court in Reno, Nevada, the 2007 class of 106 graduates went from 5,011 jail days one year prior to mental health court to 230 jail days one year after, a 95 percent reduction.

Veterans Courts: The Newest Problem-Solving Court



Key elements include accountability, treatment, V.A. liaison, and mentoring by volunteer veterans

□ Authorizing legislation passed in TX., NV., and IL.

 First in nation Buffalo, N.Y. Veterans Treatment Court launched in 2008. As of Sept.
 2009, only 5 of 120 participants removed and none of 18 graduates re-arrested.



Buffalo, N.Y. Veterans' Court

Cost-Effective Competency Restoration

- Texas pilot outpatient competency restoration program under SB867 enacted in 2007 has diverted over 400 defendants at a cost of \$2.16 million vs. \$14.9 million had they gone to a state hospital. Consider expanding these cost-saving pilots.
- HB748 enacted in 2011 limits state hospital competency restoration to two years for a misdemeanor defendant and provides time credit for time served in jail.

Conclusion: There Are Ways to Enhance Public Safety and Control Costs at the Intersection of Mental Health and Corrections. Let's Join Together and Make It Happen.



The presenter is pleased to provide supporting data and additional information upon request