

[2015 Session] Reduce the Number of Individuals with Mental Health Issues in Texas Corrections Facilities

Policy Background:

Texas prisons and jails have become warehouses for people with mental health issues who have failed to receive proper treatment. County entities, including jails and emergency health providers, are struggling to address individuals' chronic needs. Likewise, state hospitals are routinely overburdened as they strive to treat higher-risk patients throughout Texas.

Especially as they pertain to mentally ill individuals entangled in the criminal justice system, treatment programs are exponentially better equipped than jails to stabilize individuals, make effective medical recommendations, supervise medication regimens, and recommend appropriate behavioral programming to address long-term needs. However, these programs and systems are critically under-funded. Collectively, policy-makers and practitioners must strive to implement strategies that will halt the recycling of these individuals in and out of corrections facilities at the alarming rates and costs we are currently seeing.

Texas policy-makers should support the following measures:

- Significantly ramp up state funding for local- and state-level mental health programs and systems to reduce the burden imposed by chronic mental health consumers.

Diverting individuals from confinement to effective treatment programming and other supportive services is an especially critical strategy for saving the immediate costs associated with typically high incarceration expenses, as well as trial and defense expenses. Additionally, valuable law enforcement and corrections resources can instead be concentrated on higher-risk offenses and legitimate threats to public safety.

Texas should also expand funding for Crisis Intervention Response Teams

(CIRTs), which are comprised of law enforcement officers specially trained on mental health and substance abuse issues. Utilization of CIRTs result in numerous positive results, including increased jail diversion efforts, increased safety for both officers and the mentally ill, improved willingness of families to call law enforcement about someone suffering from mental illness, improved confidence of officers to respond to such calls, and reduced liability/litigation through fewer injuries and shootings. Correspondingly, the cost savings created by CIRTs can be significant.

- Allow counties to provide contracts at competitive rates with local mental health service providers by appropriating adequate funds to keep up with the cost of providing mental health services.
- Require local behavioral health authorities to prioritize those who are involved in the criminal justice system.
- Ensure that mental health crisis beds are easily accessible to criminal justice clients, and that there is a designated amount of crisis beds for the criminal justice population.
- Require local behavioral health authorities to coordinate their information and operations with criminal justice system practitioners, including local jails, as well as local probation departments and parole agencies that serve and supervise clients that suffer from mental health and substance abuse problems. It is important to integrate a continuum of care by providing mental health services, substance abuse treatment, and other medical services in the same setting through co-location of services and through the appropriate and protected sharing of medical information amongst these providers.
- Require local behavioral health authorities to take into consideration the knowledge and expertise of criminal justice practitioners when making decisions pertaining to those who suffer from mental health problems and who have been involved in the criminal justice system.
- Increase and support the workforce that serves individuals with co-occurring disorders by adding psychiatric residency positions, funding loan forgiveness programs for behavioral health professionals, and promoting behavioral health fields from adolescence through university.

Key Facts:

- Nationally, Texas ranks 50th out of 52 total jurisdictions (50 states, the District of Columbia, and Puerto Rico) in State Mental Health Agency per-capita expenditures.[1]
- According to Texas' Department of State Health Services (DSHS), only 31% of Texas adults with severe and persistent mental illness have received services through DSHS, while only 27% of Texas children with severe emotional disturbance have received services through DSHS.[2]

Also according to DSHS, Texas' mental health hospital system is outdated, facilities are not located in areas of greatest need, and there continue to be gaps in crisis services and prevention.[3]

- Mental health treatment providers are scarce in many Texas correctional facilities (including private and state-operated prisons, state jails, transfer facilities, and others). As of August 31, 2013, over 40 of the 112 facilities listed in the Texas Department of Criminal Justice's directory had no mental health employees on site, despite some units having a maximum capacity of nearly 1,400 inmates.[4]

County jails also face issues with mentally ill populations, with some Sheriffs advocating for these individuals to be treated outside of confinement, and jail administrators reaching out to the Texas Commission on Jail Standards on a daily basis requesting assistance with mental health issues.[5]

- The Meadows Mental Health Policy Institute (MHPI) commissioned a survey in mid-2014 among randomly selected Texas voters to measure their awareness and knowledge of mental health.[6] Among the findings:

76% of Texans have a friend or family member who has experienced a mental health issue.

67% of Texans believe that more state and local dollars should be spent addressing mental health.

- Based on stakeholder conversations and survey responses, the Meadows MHPI established 5 key principles:

- (1) Texans deserve behavioral health care that is accessible, understandable, efficient, and effective.
- (2) The State of Texas and its agencies must be accountable to taxpayers for the performance of its behavioral health systems.
- (3) Behavioral health care is best delivered through local systems that are held accountable for results and able to work collaboratively to help Texans in need.
- (4) Performance evaluation of the behavioral health system must be continuous, outcome-focused, and driven by meaningful data.
- (5) A skilled and robust behavioral health care workforce is essential to improve the wellness of Texans.

Relevant Bills:

- **Bill Number:** [HB 1241](#) (Lozano, Coleman)
Bill Caption: Relating to student loan repayment assistance for certain mental health professionals.
- **Bill Number:** [HB 1338](#) (author: Naishtat | sponsor: Menéndez)
Bill Caption: Relating to training for peace officers and first responders on certain persons affected by trauma.
House Hearing Notice: House Emerging Issues In Texas Law Enforcement, Select Committee, [Notice of Public Hearing on March 19, 2015](#)
Senate Hearing Notice: Senate Criminal Justice Committee, [Notice of Public Hearing on May 19, 2015](#)
TCJE Senate Action: [Card in support](#)
Outcome: **Effective 9/1/15**
- **Bill Number:** [HB 1393](#) (Turner, Sylvester)
Bill Caption: Relating to the establishment of a home and community-based services program under the Medicaid program for certain persons with severe and persistent mental illness. **Hearing Notice:** House Human Services Committee, [Notice of Public Hearing on April 20, 2015](#)
TCJE Action: [Card in support](#)
- **Bill Number:** [HB 1541](#) (authors: Burkett, Sylvester Turner, Rose, Susan King, Guillen | sponsor: Perry)
Bill Caption: Relating to peer specialists, peer services, and the provision of those services under the medical assistance program.
House Hearing Notice: House Human Services Committee, [Notice of Public](#)

Hearing on April 13, 2015

TCJE House Action: [Card in support](#)

Senate Hearing Notice: Senate Health & Human Services Committee, [Notice of Public Hearing on May 20, 2015](#)

- **Bill Number:** [HB 2434](#) (Coleman)

Bill Caption: Relating to student loan repayment assistance for certain mental health professionals.

- **Bill Number:** [HB 2597](#) (Reynolds, Zerwas, Rick Miller, Stephenson)

Bill Caption: Relating to the creation of a mental health treatment for incarceration diversion pilot program.

Hearing Notice: House Corrections Committee, [Notice of Public Hearing on April 9, 2015](#)

TCJE Action: [Card in support](#)

- **Bill Number:** [SB 239](#) (author: Schwertner | sponsors: Zerwas, Coleman)

Bill Caption: Relating to student loan repayment assistance for certain mental health professionals.

Senate Hearing Notice: Senate Higher Education Committee, [Notice of Public Hearing on April 1, 2015](#)

TCJE Senate Action: [Card in support](#)

House Hearing Notice: House Public Health Committee, [Notice of Public Hearing on May 12, 2015](#)

TCJE House Action: [Card in support](#)

Outcome: [Effective 9/1/15](#)

Outside Publications:

- House Committee on Corrections, [Interim Report to the 84th Legislature](#) [January 2015]

See Charge 2 [Joint Charge with the House Committee on Criminal Jurisprudence]: Examine the association between co-occurring serious mental illness and substance use disorders and parole revocation among inmates from the Texas Department of Criminal Justice; review current policies and procedures for incarcerating individuals with a dual mental health diagnosis in both state and county correctional facilities and examine potential remedies within the State's criminal justice system to ensure that the public is protected and that individuals with a mental health diagnosis receive a continuum of

mental health services. (pages 33-39)

- House Committee on Criminal Jurisprudence, *Interim Report to the 84th Legislature* [January 2015]

See Charge 4 [Joint Charge with the House Committee on Corrections]: Examine the association between co-occurring serious mental illness and substance use disorders and parole revocation among inmates from the Texas Department of Criminal Justice. Review current policies and procedures for incarcerating individuals with a dual mental health diagnosis in both state and county correctional facilities and examine potential remedies within the State's criminal justice system to ensure that the public is protected and that individuals with a mental health diagnosis receive a continuum of mental health services. (pages 27-32)

- Texas Senate Committee on Criminal Justice, *Interim Report to the 84th Legislature* [December 2014]

See Charge 2: Study the operations of the Texas prison system with respect to the medical and mental health care treatment. Study potential cost savings associated with identifying offenders with dual diagnoses and routing these individuals into appropriate services before, during, and after involvement with the criminal justice system. Study the way in which geriatric parole cases are currently evaluated and identify opportunities for reducing costs associated with the geriatric inmate population without compromising public safety. (pages 17-26)

Also see Charge 3: Study and make recommendations related to jail diversion, reduced recidivism rates, and access to services for those within the system who suffer from a mental illness. Monitor the progress and implementation of the jail diversion pilot program for the mentally ill in Harris County and determine the best practices to be applied statewide. (pages 27-35)

- Texas Senate Committee on Health and Human Services, *Interim Report to the 84th Legislature* [December 2014]

See Charge 2: Monitor the implementation of programs that were created or

expanded by the 83rd Legislature to improve mental health and substance abuse services and assess these efforts' contribution to improved outcomes such as reduced recidivism in state hospitals, diversion from emergency rooms and county jails, and access to permanent supportive housing. Identify and address gaps in the current mental health and substance abuse system and make recommendations to better coordinate services across agencies and programs. (pages 6-14)

[1] The Henry J. Kaiser Family Foundation, State Mental Health Agency (SMHA), Per Capita Mental Health Services Expenditures [FY 2010, the most recent data available]; <http://kff.org/other/state-indicator/smha-expenditures-per-capita/>

[2] Texas Department of State Health Services, *Presentation to Senate Health and Human Services Committee: Overview Mental Health and Substance Abuse Services*, August 14, 2014, p. 2.

[3] Senate Research Center, *Issues Facing the 84th Texas Legislature*, January 2015, p. 49.

[4] Texas Department of Criminal Justice, *Unit Directory*; http://www.tdcj.state.tx.us/unit_directory/index.html. *A list of facilities without mental health staff is available upon request.*

[5] Testimony provided by Harris County Sheriff Adrian Garcia, and Texas Commission on Jail Standards Executive Director Brandon Wood, before the Texas House of Representatives Committee on County Affairs, October 20, 2014. See the House Archived Videos section for 10/20/14, "County Affairs;" the hearing on this charge begins at 06:23:52.

[6] Meadows Mental Health Policy Institute, *Press Release: Meadows Mental Health Policy Institute Releases Key Findings from Texas Mental Health Survey*, January 29, 2015.