WRITTEN TESTIMONY

SUBMITTED BY ANA YÁÑEZ-CORREA, EXECUTIVE DIRECTOR
TEXAS CRIMINAL JUSTICE COALITION

REGARDING INTERIM CHARGE 4

HOUSE COMMITTEE ON CORRECTIONS

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TEXAS CRIMINAL JUSTICE COALITION

The Texas Criminal Justice Coalition is committed to identifying and advancing real solutions to the problems facing Texas' juvenile and criminal justice systems. We provide policy research and analysis, form effective partnerships, and educate key stakeholders to promote effective management, accountability, and best practices that increase public safety and preserve human and civil rights.

Contact Information

Ana Yáñez-Correa, Executive Director
Phone: (w) 512-441-8123, ext. 109; (m) 512-587-7010
acorrea@criminaljusticecoalition.org
www.criminaljusticecoalition.org/public_policy_center/interim_charges

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Dear Members of the Committee,

My name is Ana Yáñez-Correa. I am the Executive Director of the Texas Criminal Justice Coalition. Thank you for allowing me this opportunity to present testimony on Charge 4: *"Examine policies and programs designed to identify, divert, and enhance the supervision and treatment of special needs offenders within local jails and state correctional facilities. Recommend changes to address appropriate alternatives to incarceration or institutionalization."*

All too frequently, those suffering from mental illness become entangled in the criminal justice system for non-violent behaviors that are often manifestations of symptoms of their illness and circumstances. This testimony provides recommendations that can assist the Committee in its efforts to implement diversion strategies and other practices that will assist this population in receiving needed treatment, with a specific focus on those consuming beds in county jails.

INTRODUCTION

Nationally, Texas ranks 50th (out of 51 states and the District of Columbia) in State Mental Health Agency (SMHA) per-capita expenditures.[1] As a result, our prisons and jails have become warehouses for people with mental health issues who have failed to receive proper treatment. In fact, 30% of Texas' state jail prison inmates are logged in the state's public mental health database, with approximately 10% of all inmates having a diagnosis of serious mental illness that would be considered in the "priority population" for receipt of public mental health services.[2] Sadly, Harris County jail has become the biggest mental health facility in the state, at any given time dosing up to 2,500 inmates with psychotropic drugs.[3]

Dennis McKnight, former Commander of the Court Security, Transport and Mental Health Division of the Bexar County Sheriff's Office, wrote this in 2007, a sentiment still appropriate in many counties today:

> The mental health consumer spends, on average, twice as long in jail as a non-consumer for the same offense. The system is slow, over burdened, understaffed and bureaucratic. Mental health consumers tend to be at-risk persons and afflicted with one or more chronic medical problems that increase the daily cost of incarceration. The daily cost to the taxpayer to house a mental health consumer can easily be double or triple that of a non-consumer.[4]

Counties struggling with these issues are critically straining their budgets as officials attempt to address individuals' needs. Likewise, state hospitals are routinely overburdened. Policy-makers, county officials, and other stakeholders must take new approaches in efforts to manage those suffering from mental illness, so as to prevent the recycling of these individuals in and out of local jails, especially for minor offenses, at alarming rates and costs.

The diversion strategies below can lower the burden on counties with strapped budgets to more cost-effectively meet the needs of those with mental illness, including through reductions in prison/jail and emergency room populations, and maximized law enforcement time. The strategies can also decrease the threat of injury to other ~~jail~~ inmates, personnel, or hospital patients by a

mentally ill offender, and better direct such individuals into proper care – often without further involvement with the criminal justice system.

POLICY RECOMMENDATIONS

(1) Implement pre-booking diversion programs where possible.

Individuals with mental illness and/or co-occurring disorders should be identified for diversion by police before formal charges are brought. Specifically, a thorough screening – including a complete mental health assessment, with a crisis stabilization evaluation, conducted by a mental health authority – should be done during intake, ensuring that pre-booking diversion occurs at the point of contact with law enforcement officers. Furthermore, to most accurately determine the best course of action, law enforcement should ensure that this screening includes the input of substance abuse service providers who can help identify co-occurring disorders.

An MHMR Jail Liaison can assist with the assessment, as well as provide individuals with referrals to services while in custody or when discharged.[5]

Note: Crisis Intervention Teams (CIT) have been found to be especially beneficial in dealing with the mentally ill in the criminal justice system. These programs involve officers who are specialized to respond to calls involving individuals with mental illness. They work in tandem with localized mental health providers to direct offenders into appropriate treatment.

The Houston Police Department (HPD) has the largest CIT program in the nation, with 1,300 CIT officers in patrol.[6] Key to its success has been streamlining the process for obtaining emergency psychiatric evaluations for individuals brought in by officers: the average time it takes an officer to admit a person into the NeuroPsychiatric Center is 15 minutes. Overall, HPD's reported effects of the program have been numerous, including jail diversion efforts, increased safety for both officers and the mentally ill, improved willingness of families to call the department about someone suffering from mental illness, improved confidence of officers to respond to such calls, and reduced liability/litigation through fewer injuries and shootings.[7]

(2) Implement Mental Health dockets.

The Justice Management Institute (JMI) made a recommendation to Harris County which could apply in many counties throughout Texas: "Consider major expansion of specialty dockets, in light of the high population of persons charged with misdemeanor offenses and lower-level felony offenses who have substance abuse, mental illness, or co-occurring disorders."

Specific dockets that deal only with individuals suffering from mental health issues will more effectively address their specialized needs and match them with necessary services, while reducing the amount of time they wait in jail for trial. Such dockets can also best identify who may be eligible for a personal recognizance bond, which also eliminates pre-trial time spent in jail.

Travis County created a docket for misdemeanor mental health cases. According to Judge Nancy Hohengarten, "the philosophy of the MH Docket is that time spent now finding appropriate disposition of these cases will help alleviate recidivism and further drain on public

resources. Prevention of subsequent arrests protects public safety, saves money, and is more just for mentally ill defendants." Judge Hohengarten goes on to note, "the mental health docket has not required significant additional funding. Indigent defense representation and prosecution must be paid as usual and no additional court staff has been needed."[8]

Similarly, one of Bexar County's courts has magistrate facility to address misdemeanors committed by those suffering from mental illness; caseworkers consult with judges to ensure individuals receive referrals to appropriate treatment services.[9]

(3) Make a larger investment in <u>post-booking,</u> pre-trial mental health diversion programs.

JMI makes another applicable recommendation in this area: "Seek to utilize pre-trial intervention/diversion in a significantly higher proportion of cases involving […] mentally ill persons accused of committing relatively minor offenses."[10]

To expand pre-trial diversion opportunities for individuals with mental illness, county commissioners must work with local mental health practitioners, law enforcement, judges, and probation departments to develop and widen the availability of cost-effective out-patient services and competency restoration centers to provide care and counseling to those with mental health issues.

- Some counties have already successfully implemented diversion plans. For instance, Williamson County has a diversion program for those with mental illness; between 2005 and 2008, it saved $3.2 million and dramatically reduced the percentage of beds used at state hospitals.[11]

  Likewise, the Bexar County Jail Diversion Program diverts an estimated 7,000 mentally ill offenders from incarceration to treatment every year.[12] Through a cooperative, centralized network comprised of law enforcement, mental health professionals, and the judiciary, low-level offenders with mental illness are provided immediate screenings and assistance (including stabilization through treatment, as well as support services) outside of jail walls.[13] In turn, Bexar County has saved at least $5 million annually in jail costs and $4 million annually in inappropriate admissions to the emergency room,[14] while eliminating the need to build a 1,000-bed jail.[15]

  Bexar County is also one of four urban pilot sites to implement a competency restoration program for those who have been declared incompetent to stand trial; it helps them reach a minimum level of competency so that their case can be heard. This pilot was made possible in 2008, in response to legislation passed the previous year (SB 867, Duncan) that allowed nonviolent individuals with mental illness to receive supervised out-patient services (rather than wait to undergo treatment in overcrowded state hospitals, then return to jail to await trial[16]). The Texas' Department of State Health Services (DSHS) ultimately launched pilots in Bexar as well as in Travis, Dallas, and Tarrant Counties – all of which followed in the footsteps of a similar program previously initiated in Harris County.

  To ensure the pilots were most effective, the Mental Health Authority and local judges collaborated to create evidence-based services and curricula used in other states.[17] Participants must be willing to follow their medical regimen and take part in intensive

programming.[18] Ultimately, program services – including psychosocial and risk assessment, residential treatment options, and training activities – target misdemeanor offenders "who would otherwise face months in jail and inpatient facilities to complete competency restoration, often exceeding normal time served for misdemeanor offenses and incurring high community costs for jail and inpatient bed days."[19]

The results of these pilots have been overwhelmingly positive: individuals treated through the out-patient programs have had lower recidivism rates than others treated in county jails or state hospitals, and, again, the individuals have not had to consume jail beds while awaiting space at state hospitals.[20] Additionally, the diversion of individuals from state hospitals has lowered waiting lists there,[21] allowing for related cost avoidance and increasing the capability of the state to treat people with more severe diagnoses.

The Legislature should fund an expansion of these programs in other, smaller counties to provide them much-needed short- and long-term cost savings, as well as to assist them in meeting the needs of specialized populations.

- ***Note regarding military service members or veterans:*** We must address a more recent and specialized population of defendants coming before the court: military service members or veterans whose criminal conduct was materially affected by brain injuries or mental illness (including post-traumatic stress disorder) resulting from military service. With regards to these individuals, courts should allow participation in a deferred prosecution program, and judges should recommend available treatment options to address each defendant's brain injury or mental illness.

  Upon a defendant's successful completion of the conditions imposed by the court under the program, a judge should have the authority to dismiss the criminal action against him or her. This type of program – already underway in Harris and Tarrant Counties[22] – would greatly benefit the men and women returning to Texas other counties, while freeing up jail beds and saving valuable taxpayer dollars in incarceration costs.

  This model could be widely replicated to meet the needs of military service members throughout Texas, as well as others suffering from various substance abuse or mental heath issues. To be most effective, the following elements are key:[23]

  - Early identification and prompt placement of eligible participants in the program.
  - Use of a non-adversarial approach by prosecutors and defense attorneys to promote public safety and protect program participants' due process rights.
  - Ongoing judicial interaction with program participants.
  - Integration of alcohol and other drug treatment services during case processing.
  - Access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
  - Monitoring of abstinence through weekly alcohol and other drug testing.
  - A coordinated strategy to govern program responses to participants' compliance.
  - Development of partnerships with public agencies and community organizations to enhance effectiveness.
  - Continuing interdisciplinary education to promote effective program planning, implementation, and operations.
  - Monitoring and evaluation of program goals and effectiveness.

With these program elements in place, counties could make large strides towards diverting and assisting hundreds of otherwise incoming jail inmates.

(4) Establish corrections triages for individuals with co-occurring (mental health and substance abuse) disorders.

Evidence-based studies show that integrated treatment is the most appropriate and effective response for addressing individuals suffering from both mental illness and substance abuse.[24] However, findings by Texas' Task Force on Indigent Defense show that considerable work is needed in integrating such treatment.[25] Policy-makers, county officials, and other stakeholders must work to ensure that those suffering from drug abuse and/or mental illness have the tools to effectively and healthily manage their lives. A strong recidivism prevention infrastructure can save local jurisdictions money in incarceration costs while freeing up beds for higher-risk offenders.

As noted above, Bexar County has made inroads in this area through the development of a centralized, community-based receiving center that diverts individuals convicted of nonviolent offenses away from jail and into treatment. Approximately 800 individuals per month undergo an assessment to properly identify their needs, receive short-term stabilization through rapid medical and psychiatric care, and obtain access to other, longer-term treatment options in the community. With this diversion program, the county eliminated the need to build a 1,000-bed jail.[26]

Establishment of the Bexar County Crisis Care Center has also positively impacted law enforcement: previously, officers spent an average of 12 to 14 hours waiting in hospitals for offenders' psychiatric evaluations; now, individuals can receive such services in one hour – allowing police to return to the field more quickly.[27]

(5) Make a larger investment in programs that assist those with mental illness who are placed on community supervision and/or in community-based treatment programs.

Texas must halt the wasteful expenditure of millions of dollars each year on the incarceration (and re-incarceration) of nonviolent drug users suffering from mental illness. Instead, the state should close the treatment gap by promoting medical and public health responses to these issues. Specifically, policy-makers must work in tandem with District Attorneys, judges, treatment providers, and probation leadership to improve the utilization of and make more widely available tailored, coordinated, and effective community-based rehabilitation and treatment diversion programs. The criminal justice system should be a place of last resort – not the first option for those suffering from the diseases of addiction and mental illness.

Not only must policy-makers attempt to ensure that community supervision is utilized more heavily for these offenders, but they must strengthen the current probation structure to more effectively meet individuals' needs and lower the risk of recidivism. Specifically, probation departments must be resourced to implement the following:

- **A validated risk- and needs-based assessment tool**

Proper identification of probationers' needs will better ensure each receives an individualized plan for appropriate, tailored programming and services – a "roadmap" that will enable probationers to more effectively and healthily manage their lives, and reduce the criminal activity derived from drug addiction and mental illness.

Use of a data-driven assessment tool will allow for more specialized supervision and assignment to an appropriate risk/needs-based caseload, as well as proper, tailored programming. *Note:* Assessments that determine the degree to which an individual has mental health issues requiring increased intervention are especially important, as those with mental health disorders are two times more likely than those without such disorders to have their probation revoked.[28]

- **Access to programming**

Programming for probationers – including, for example, education classes and employment counseling,[29] mental health programs, and substance abuse treatment along with cognitive thinking programs that target individuals' antisocial thinking patterns – must be available to best ensure that probationers change their behavior and successfully meet their terms. The use and proper implementation of cognitive behavioral programs are especially effective at reducing recidivism,[30] as antisocial values are called "the foundation of criminal thinking."[31] Anti-social attitudes, anti-social friends, substance abuse, lack of empathy, and impulsive behavior are all traits that can cause recidivism and must be adjusted.

Mental health units within probation departments are also imperative. Those working in cooperation with MHMR and TCOOMMI can best provide intensive case management with various services, including psychiatric treatment, medication monitoring, substance abuse treatment, anger management, and job assistance.[32]

Ultimately, probation departments should have access to and contract with a broad spectrum of providers and services to mitigate probationers' criminal tendencies and reduce the likelihood of them re-offending and re-entering the system.

(6) Expand mental health public defender offices to meet indigent individuals' needs.

Mental health public defender offices help bridge the gap between the criminal justice and mental health systems, ensuring that individuals suffering from mental illness are given appropriate assistance throughout the criminal justice process, while meeting larger public safety interests. These specialized defenders incorporate the expertise of social workers and case managers to provide mental health assessment, treatment referral, service integration, and follow-up as an alternative to incarceration for indigent defendants charged with low-level crimes.

Ultimately, mental health public defender offices operate as a unique early-system resource to courts by serving dual purposes: (a) providing specialized indigent defense representation and case management to address many interrelated issues, such as homelessness, disability, and access to medication and/or treatment programs; and (b) advocacy for alternatives that will

divert individuals into treatment, assist clients in their efforts to stabilize, and ensure compliance with court requirements.[33]

Travis County's Mental Health Public Defender Office serves as an example for other interested counties to follow,[34] providing quality legal representation and taking a holistic approach that better ensures mental health treatment and continuity of services to assist mentally ill defendants in stabilizing and avoiding re-offending behaviors.

(7) Use public safety-driven strategies to prepare exiting inmates for re-entry into the community.

Ideally, inmates in jail for a long enough period of time should have a transition plan to assist them in successfully re-integrating into society, including recommendations for participation in mental health treatment and/or substance abuse, counseling, or cognitive behavioral programming where necessary. Other post-release aftercare needs, including housing, employment, and education, should also be part of the plan. Bringing community resources into jail pre-release and following individuals out will best ensure success in the community.

This process must start during each individual's intake process into jail: his or her criminal history, history of mental illness, and drug/alcohol history should be assessed to determine severity and evaluated to create the individualized plan best suited to respond to his or her particular needs. Doing so will more effectively ensure appropriate and tailored support as the individual returns to the community. Access to services are especially crucial for those suffering from mental illness and substance abuse, as they are more likely to re-offend without appropriate treatment.

It is imperative that corrections and re-entry stakeholders collaborate to support programs and services that promote success for individuals and families, as well as aid neighborhoods to which high concentrations of formerly incarcerated men and women return. Chief decision-makers in various communities – judicial (judges, court administrators), legislative (county commissioners), law enforcement (chiefs of police association members), legal (public defenders and District Attorneys), and aftercare – must all come to the table to best ensure the implementation of a stable social support infrastructure.

(8) Support and strengthen the Texas Commission on Jail Standards (TCJS).

TCJS is responsible for setting constitutional jail standards and conducting inspections of jail facilities to enforce compliance with rules and procedures. While counties strive to slow jail overcrowding and provide assistance to those within their walls suffering from mental illness, TCJS must be provided the resources to assist in the overall effort and keep Texas jails safe, well regulated, legally compliant, and run by educated, professional leadership.

First, the state should increase the funding appropriated to TCJS so it can improve its overall functions. More specifically, TCJS would benefit from additional funding for the following:

- *general operations* to continue the valuable services offered by TCJS to local governments, jail staff, inmates, and the general public.

- *more staff and inspectors.* It is nearly impossible for four TCJS inspectors to comprehensively examine each of the jails under its jurisdiction, as well as provide staff there with needed, timely technical assistance and clarification on standards. Additional, qualified inspectors would increase the frequency of inspections, as well as the uniformity and quality of inspections by allowing inspectors to consistently enforce regulations and allocate sufficient time to meet local needs.

- *more training and resource availability.* The better trained Texas' jail staff are, the more equipped they are to perform at high and professional standards. Unfortunately, in many counties – big and small – budgets are often stretched thin, preventing them from securing training for jail administrators and personnel. The Legislature should provide additional resources to TCJS so that it can offer free trainings to jail personnel in regards to health, safety, and compliance standards, both during and outside of inspections.

  TCJS should also be resourced to distribute additional educational materials or reports as necessary, as well as offer timely information to counties regarding rules changes and legislative updates affecting health and safety standards.

In addition to ensuring that TCJS has a level of funding necessary to maintain current personnel and critical functions, the Legislature should fully equip TCJS to expand its educational role in the implementation of effective medical delivery and safety-related practices. The agency is well positioned to aid jail administrators, county commissioners, and others in developing the localized strategies necessary to aid incoming inmates suffering from mental illness.

Likewise, TCJS should be fully capable of assisting jail administrators and local officials in their efforts to implement innovative re-integration models to slow offender recidivism. To prevent exiting inmates from falling back on crime as a means of survival, TCJS should be given additional staff that can focus solely on providing technical assistance for programs that provide rehabilitation, education, and re-integration for inmates confined in county and municipal jail facilities under its jurisdiction. *Please see Recommendation 7 for more information in this area.*

* * *

I appreciate the opportunity to testify before this Committee and to offer our organization's ideas about this critical issue. Especially in light of the state's upcoming budget shortfall, it is imperative that legislators invest in responsible, safe, cost-effective strategies that assist the men and women suffering from disease and prevent them from needlessly and repeatedly recycling through our criminal justice system.

NOTES

[1] The Henry J. Kaiser Family Foundation, State Mental Health Agency (SMHA), Per Capita Mental Health Services Expenditures, FY2006; http://www.statehealthfacts.org/comparemaptable.jsp?ind=278&cat=5. Accessed December 16, 2009.
[2] Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), "Biennial Report," February 2007, pgs. 27, 28; http://www.tdcj.state.tx.us/publications/tcomi/Biennial%20Report%202007%20-%20Final.pdf. *Note:* "The numbers of seriously mentally ill represented in the DSHS database is not an indication of actual numbers in the state. Due to resource limitations, DSHS estimates that current service capacity is available to only one-third of the population with an eligible diagnosis for mental health services. As a result, the TDCJ prevalence rates represent a snapshot of the number of offenders with mental illnesses in the criminal justice system."
[3] Josh Rushing, "Fault Lines: The forgotten US patients," Al Jazeera, September 2009; http://english.aljazeera.net/programmes/faultlines/2009/09/200991713221960530 2.html. Accessed April 11, 2010.
[4] Dennis McKnight, in email correspondence to Scott Henson at Grits for Breakfast, April, 2007; posted publicly on April 27, 2007: http://gritsforbreakfast.blogspot.com/2007/04/bexar-jail-administrator-mental-health.html.
[5] Maggie Morales-Aina, LPC, "West Texas Community Supervision and Corrections Department, Mental Health Unit, Specialized Programs," February 1, 2010, slide 13.
[6] Houston Police Department, *HPD Crisis Intervention Team;* http://www.houstoncit.org/. Accessed December 17, 2009.
[7] Houston Police Department, *About Houston Police Department Crisis Intervention Team*; http://www.houstoncit.org/about.html. Accessed December 17, 2009.
[8] Judge Nancy Hohengarten, *Travis County Mental Health and Criminal Justice Initiatives*, report for the State Bar of Texas' 34th Annual Advanced Criminal Law Course, July 2008, pgs. 2-3.
[9] Leon Evans, "Blueprint for Success: The Bexar County Model," The Center for Health Care Services, pg. 14.
[10] Barry Mahoney and Elaine Nugent-Borakove, "Harris County Criminal Justice System Improvement Project: Preliminary Report," Justice Management Institute, June 2009, p. 15.
[11] Annie Burwell, Williamson County Mental Health Task Force handout, February 8, 2008.
[12] Leon Evans, *Blueprint*, pg. 10.
[13] *Ibid.*, pgs. 1, 7, 15.
[14] *Ibid.*, pg. 1.
[15] Jeremiah Stettler and Steve Gehrke, "Thinking outside the cellblock: Salt Lake County aims to free jail space by more counseling," *The Salt Lake Tribune*, June 26, 2009.
[16] "The Results Of Efforts To Address Mental Illness, Substance Abuse And Homelessness In San Antonio & Bexar County, *April 2008 Through March 2009*," June 2009, pg. 3.
[17] Jennifer Swinton, "Outpatient Competency Restoration Pilots" fact sheet, Community Mental Health and Substance Abuse Division, Texas Department of State Health Services, 2008, pg. 1.
[18] *Ibid.*, pg. 2.
[19] Quote: Leon Evans, *Blueprint*, pg. 37; information also taken from *The Results of Efforts*, pg. 1, and Jennifer Swinton, *Outpatient Competency*, pg. 2.
[20] Scott Henson citing Beth Mitchell of Advocacy, Inc., "Outpatient centers better solution than jails for competency restoration," *Grits for Breakfast*, November 1, 2008; http://gritsforbreakfast.blogspot.com/2008/11/outpatient-centers-better-solution-than.html. Accessed December 16, 2009.
[21] Scott Henson citing a Sergeant from the Crisis Intervention Team at the Travis County Sheriff's Office, "Outpatient centers better solution than jails for competency restoration," *Grits for Breakfast*, November 1, 2008; http://gritsforbreakfast.blogspot.com/2008/11/outpatient-centers-better-solution-than.html. Accessed December 16, 2009.
[22] Christy Hoppe, "Dallas County creating specialized court for veterans with combat trauma," *The Dallas Morning News*, March 31, 2010.
[23] The National Association of Drug Court Professionals, Drug Court Standards Committee, "Defining Drug Courts: The Key Components," U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, October 2004, pg. iii.; also: Chapter 469.001, Texas Health and Safety Code Ann.
[24] National Alliance on Mental Illness, ""Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder," September 2003; http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049. Accessed April 11, 2010.
[25] The Task Force on Indigent Defense, The Office of Court Administration, and The Texas Criminal Justice Coalition, "Judicial Perspectives on Substance Abuse & Mental Health Diversionary Programs and Treatment," October 24, 2008,

pg. 3.
[26] Jeremiah Stettler and Steve Gehrke, *Thinking outside*.
[27] Leon Evans, *Blueprint*, pg. 8.
[28] Seth Jacob Prins and Laura Draper, "Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice," Council of State Governments-Justice Center, 2009, pg. vi.
[29] With regards to employment services, probation officers should have access to a centralized job-matching system where employers who will hire these formerly incarcerated individuals can post their openings.
[30] Judge Roger K. Warren (Ret.), "Sentencing in the 21st Century: Instincts, Evidence and Practice," National Center for State Courts, offered during a presentation at the Idaho Judicial Conference on October 6, 2008.
[31] Community Justice Assistance Division, "Texas Progressive Interventions and Sanctions Bench Manual," Texas Department of Criminal Justice, 2009 revision, pg. 33.
[32] Maggie Morales-Aina, *West Texas*, slides 4-5.
[33] Dee Wilson, Director of Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), in testimony to the Joint Hearing of the Substance Abuse and Mental Illness and Appropriations Subcommittee on Criminal Justice, May 29, 2008. *Note:* Ms. Wilson stated TCOOMMI-funded treatment programs have a "phenomenal" 3-year recidivism rate of 12% statewide, but noted some shortcomings in front-end processing of mentally ill defendants to divert the mentally ill into treatment.
[34] Travis County Mental Health Public Defender (MHPD) processes up to 500 misdemeanor cases annually and serves as a crucial link between the mental health and criminal justice systems. The MHPD actively participates in state and local mental health working groups and organizes opportunities for continuing legal education and local seminars to increase awareness of mental health issues and to promote communication among service providers, law enforcement, and court actors.