

Travis County Justice & Public Safety Division  
700Lavaca  
Suite1530  
P.O.Box1748  
Austin, Texas 78767

15 July 2013

Dear Mr. Jefferies,

It is our understanding that funding for Road to Recovery was not included in the County's preliminary budget for FY 14. While we feel Road to Recovery is a valuable resource in working with this challenging population, we choose not to appeal that decision. Because the program shows 60 day aftercare outcomes which exceed national averages and 50% of graduates remain in stable housing to date with decreased jail bookings, we are convinced the program plays a vital role in our local treatment continuum of care. As such, we plan to continue to partner with the City with existing funds.

We value our partnership with you and invite the Criminal Justice Planning Committee and Judge Nancy Hohengarten to assist us as we hire a consultant during FY14 to assist with the planning and implementation of the American Society of Addiction Medicine (ASAM) patient placement criteria.

The ASAM criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. Research shows that treatment based on the ASAM criteria is associated with less morbidity, better client function and more efficient service utilization than mismatched treatment. The criteria are required in over 30 states and provide the addiction field with nomenclature for describing the continuum of addiction services.

We believe this consultancy will meet our mutual goal of providing the right specialty treatment at the right time and place to individuals with co-occurring mental illness and substance use disorders. ATCIC will be looking for assistance to pay for this consultant through a number of funding sources, including grants, and may also request assistance from you and the County with this endeavor sometime during FY14.

Sincerely,

David Evans  
Chief Executive Office, ATCIC

Cc: Dawn Handley, Chief Programs Officer  
Sherry Blyth, Director Practice Management



7/16/2014

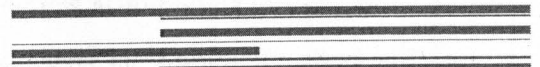
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# Road to Recovery

*A Collaborative Jail Diversion Strategy*

Agenda Item B



Austin Travis County Integral Care

# Road to Recovery

## *A Collaborative Jail Diversion Strategy*

Road to Recovery is a jail diversion strategy for mentally ill, chronically inebriate individuals who have repeated and historically high-cost contact with the criminal justice system. This program is a collaborative effort among Austin/Travis County Integral Care (ATCIC), the City of Austin, County Court at Law #8, Downtown Community Court, and Travis County.

## Community Need

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Research demonstrates that individuals with mental illness and substance abuse have a high financial impact on the community.

- Average jail costs range nationally from \$30-\$60 per night. Persons with mental illness often spend two to five times longer in jail than persons without mental illness, and frequently have a higher daily rate than average due to the need for psychiatric, medical, and dental services while incarcerated.
- In addition, costs to the community often include the higher usage of Emergency Departments, EMS, and hospital rooms related to the treatment of substance abuse disorders and mental illness, as well as the negative physical effects of those conditions and the associated occurrence of homelessness.

Research also indicates the need for services for these individuals who are transitioning into supportive housing, without which, they are at risk of relapse and becoming homeless or incarcerated once again.

Collaboration with other partners reduces waste and redundancy, and can increase the effectiveness of existing programs. For example, the new BOJ grant for supportive housing can benefit from the wrap-around services Road to Recovery offers during the Aftercare portion of the program, to help residents maintain their sobriety and wellness.

## Funding and Budget

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The total budget for the program is \$543,427.

- The Budget Request from Travis County is \$150,527 (27.5%)

- The City of Austin is funding the remaining \$392,900 (72.5%)
- The budget includes facility costs and staff, which include:
  - .50 FTE nurse
  - .30 FTE psychiatrist
  - 2 full time caseworkers
  - Full time Licensed mental health professional
- Value-added services, available because the program is housed and associated with other ATCIC programs, include:
  - RN availability 8 hours daily to all clients
  - Access to 30 hrs. of treatment weekly, as the building is a licensed substance abuse treatment facility
  - Access to on-site AA and NA meetings
  - Peer providers on site
  - Access to crisis stabilization services such as the Inn, when needed
  - Access to 24/7 on-call psychiatrist
  - Additional staff to provide one-on-one counseling or support

## Program Components

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Research has demonstrated that positive outcomes are directly related to addressing the individual's needs across the spectrum, in addition to providing behavioral and cognitive training and psychiatric support. To that end, Road to Recovery is structured as follows:

- Timeline:
  - 90 days in Residential treatment at 403 East 15<sup>th</sup> Street (the Hearon Building).
  - 90 days of Aftercare services (follow-up after client has discharged to the community).

## Residential Treatment

- Case managers assist clients in:
  - Obtaining legal identification
  - Applying for MAP or Medicaid, to address medical needs
  - Attending physician's and dental appointments
  - Locating and applying for housing (DACC funding available for many)
- Groups focus on building skills to help clients succeed upon graduation from residential treatment
- Incentives and rewards, such as public recognition in Community Meetings, 30-, 60- and 90-day certificates, and choices from the Reward Closet, are provided.



## Aftercare Program

The Aftercare Program is designed to address needs noted in much of the research about Recovery and Substance Abuse Treatment. A very significant factor in Recovery is continued support in the community. To that end:

- Case managers visit clients in their new community residences, helping to assess needs such as groceries, hygiene, and health.
- Case managers also provide living skills training, for example, taking clients to the grocery store to learn skills in managing money and buying nutritious groceries.
- Case managers take clients to medical appointments when needed, and assist the clients in learning to communicate effectively with their health care professional.
- Case managers train clients in using the public transportation system, so that upon graduation from the program the clients will be able to meet their own transportation needs independently.
- Clients continue to attend groups or individual meetings at the residential site, to benefit from continued skills training and peer support.
- Social outings and activities are held at least twice monthly. These serve the dual purpose of providing a healthy environment for social interaction and improving social skills, as well as providing positive reinforcement to the client for the progress they have made in their sobriety journey.

### Measures of Success in Aftercare:

- Entry into Aftercare
  - 66% of the clients graduating from Residential enter Aftercare. We are continuing to make improvements in order to reach our goal of 75%. We have learned that the case manager has a key role in engaging the client after residential discharge, by going to the clients' new home as soon as possible to address any potential problems.
- Aftercare Groups
  - 59 Groups were held for Aftercare clients to attend
  - 10 of the 15 clients entering Aftercare attended groups consistently
- Individual Counseling and Crisis Counseling
  - To date, 50 individual counseling sessions have been attended by Aftercare clients. Many of those sessions have been done on a crisis basis to assist the client in resolving the emergency, in order to maintain their tenure in the community.
- Community Contact
  - 92 total contacts year-to-date have been made to the clients in Aftercare, consisting of 181.8 hours of service. As of June 1, 38% were in the community and 62% were at the office location. We continue to work toward our goal of 50% of the contacts in the community, but have found that the success of the groups and the importance of peer contact bring clients back to Center frequently, which affects this statistic.
- Aftercare Progress

75% of clients entering Aftercare have completed at least 60 days. When compared with randomized clinical trials for clients with co-occurring disorders, the program is well above the 68.2% completion rate that was achieved in those trials (DeMarce, J.M., Lash, S.J., Stephens, R. S., Grambow, S.C., & Burden,

J.L. (2008). Promoting continuing care adherence among substance abusers with co-occurring psychiatric disorders following residential treatment. Addictive Behaviors, 33(9), 1104-1112.

- 42% of clients entering Aftercare complete 90 days. While our goal is a 65% completion rate, we are recognizing that nearing the end of the program is both exciting and stressful for participants, especially knowing that their 3 months of subsidized housing may be ending. We believe this can have a negative impact on reaching this final goal, but are working hard to help clients transition into other sources, such as employment or disability, to fund their housing.
- Sobriety Certificates
  - In recognition of client's accomplishments, Sobriety Certificates are given for 30-, 60-, and 90- days of sobriety. 22 Certificates have been awarded in this fiscal year, 7 of those for 90 days of sobriety after graduation from Residential.

## Outcomes

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- Housing
  - 87% of those completing the residential part of the program went into a stable housing situation (an apartment or sober living home)
  - 56% of those going into housing received funding from DACC
  - 50% remain in stable housing to date
- Medical Assistance
  - 56% were signed up with Austin's MAP Program to receive medical care
  - 44% received Medicaid
  - Clients received education and support in taking care of chronic health needs such as diabetes and high blood pressure
- 100% of clients had or obtained legal identification, to assist them in obtaining employment or benefits
- 100% of clients had either sought employment or applied for benefits prior to completing the residential part of the program
- 36 clients have been served to date (40 total was goal for fiscal year)
- 40% completed residential successfully
  - Research indicates national averages for rates of completion from 37% to 50%
  - When completion rates of 50% are reached, clients have fewer complicating factors
  - Clients admitted to Road to Recovery have additional risk factors:

- 76% Homeless
  - 63% Chronic Illness
  - 68% Addicted for more than 10 years
  - 95% have a mental health diagnosis
  - 100% have an addiction diagnosis
  - 35% have a history of severe trauma
  - 58% have been hospitalized recently
  - A total of 84% have 5 or more of the above simultaneously
- Sobriety
  - 5 Clients are currently Alumni (completed Residential and Aftercare) from 2012
  - Alumni return to facility to “give back” to current residents and lead AA or NA groups and provide peer counseling
  - 12 of the 16 graduates to date continue to be sober, per self-report and testing
- Jail reduction
  - Each of the 17 clients who enrolled in Road to Recovery between February 29, 2012 and December 31, 2012 had at least one booking during the six-month period prior to entering the program. Only 9 of these clients were re-booked during the six months after they entered the program.
  - In the six months prior to program entry, these 17 clients spent a combined 237 days in jail. In the six months following program entry, the 9 clients who were re-booked spent a combined 191 days in jail. It should be noted that one client accounted for 31 jail days pre-entry and 100 jail days post-entry. If we removed this client from the analysis, the total number of days that the 8 clients spent in jail pre-entry and post-entry would be 206 and 91, respectively.



## Emergency Solutions Grant Rapid Re-housing Update

As of the most recent DACC Advisory meeting (7/19/13):	
Individuals engaged in DACC ESG services	57
Individuals who have entered housing	9

As of 9/20/2013:	
Individuals engaged in DACC ESG services	66
Individuals engaged in DACC ESG services who are repeat offenders of DACC	26
Individuals who have entered housing	19

Of the nineteen individuals who have entered housing, ten of those individuals have entered fair market units and the remaining nine have entered various affordable housing units, including permanent supportive housing.

DACC ESG staff, Bree Williams and Michelle Myles, continue to work in the community with clients to advocate for streamlined services as well as more affordable low barrier housing.

### **Continued Challenges and Barriers**

- No income/Limited income
  - Income requirements: 2.5x-3x the rent
- No expressed housing voucher
- Limited access to BSS+ funding
  - Staffing issues reportedly resolved by Front Steps
  - Access limited to one-time financial assistance
- Criminal background
  - Including misdemeanor charges
- Rental history
  - Broken leases
  - Evictions
  - No rental history

## Research

- (2) Encouragement of citizen participation. (i) The citizen participation plan must provide for and encourage citizens to participate in the development of any consolidated plan, any substantial amendment to the consolidated plan, and the performance report. These requirements are designed especially to encourage participation by low- and moderate-income persons, particularly those living in slum and blighted areas and in areas where CDBG funds are proposed to be used, and by residents of predominantly low- and moderate-income neighborhoods, as defined by the jurisdiction. A jurisdiction is also expected to take whatever actions are appropriate to encourage the participation of all its citizens, including minorities and non-English speaking persons, as well as persons with disabilities.
- (ii) The jurisdiction shall encourage the participation of local and regional institutions, the Continuum of Care and other organizations (including businesses, developers, nonprofit organizations, philanthropic organizations, and community-based and faith-based organizations) in the process of developing and implementing the consolidated plan.
- (iii) The jurisdiction shall encourage, in conjunction with consultation with public housing agencies, the participation of residents of public and assisted housing developments, in the process of developing and implementing the consolidated plan, along with other low-income residents of targeted revitalization areas in which the developments are located. The jurisdictions shall make an effort to provide information to the public housing agency (PHA) about consolidated plan activities related to its developments and surrounding communities so that the PHA can make this information available at the annual public hearing required for the PHA Plan.
- (iv) The jurisdiction should explore alternative public involvement techniques and quantitative ways to measure efforts that encourage citizen participation in a shared vision for change in communities and neighborhoods, and the review of program performance; e.g., use of focus groups and the Internet.<sup>i</sup>
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### Homelessness (§91.520(c))

Following changes made by the ESG Program interim rule, all jurisdictions, regardless of whether they receive ESG funding, must now include a narrative evaluation of their progress in meeting their specific objectives for reducing and ending homelessness through:

- a. outreach to homeless persons (especially unsheltered persons) and assessing their individual needs;
- b. addressing the emergency shelter and transitional housing needs of homeless persons;
- c. helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again; and
- d. helping low-income individuals and families to avoid becoming homeless, especially extremely low-income individuals and families and those who are:
  - (1) likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions);
  - (2) receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.<sup>ii</sup>

## Findings

Having read through the ESG Grant and the aforementioned amendment to the *Citizen Participation Plan* it is my understanding that as an ESG recipient (Jurisdiction), we are required to:

- Have a *Citizen Participation Plan*
- Encourage the participation of low- and moderate-income persons
- Encourage the participation of persons who are housed or likely-to-be housed in *Public Housing*
- Encourage the participation of non-English speakers
- Encourage the participation of persons with disabilities
- Summarize our *Citizen Participation* at the conclusion of the ESG grant
  - Encourage those above to participate in our summary and reporting
- Explore alternative methods to encourage the involvement of the persons listed above

## Conclusion

In my conclusion, it does not state that we *must* include any population but rather *encourage* the inclusion of certain outlined populations of which the low-income and users of public housing appear most relevant to our grant. In addition, I could not find any mention of the direct inclusion of the *homeless* population though I could argue this is just as necessary a population as those listed.

It is my finding that the best use of our resources to meet our ESG requirements are to continue to look for ways to encourage the inclusion of low-income individuals and users of public housing to help us meet the needs of the ESG program which is “addressing the needs of homeless people in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.”<sup>iii</sup> My suggestion is we curtail the activity of the ESG Task Force and rather allow the Staff of the Downtown Austin Community Court (DACC) continues to address the needs of the homeless who interact with the court as outlined in the HEARTH Act (ESG Program). In order to meet the requirement of having these persons ‘at the table’ we will expect a report from the DACC Staff at each Advisory Committee as to how they have worked with these sub-populations to better overall address the needs of the homeless.

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<sup>i</sup> Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Emergency Solutions Grants (ESG) Program and Consolidated Plan Conforming Amendments: Title 24 - Housing and Urban Development - PART 91 - CONSOLIDATED SUBMISSIONS FOR COMMUNITY PLANNING AND DEVELOPMENT PROGRAMS

<sup>ii</sup> Notice CPD-13-06: Guidance for Submitting the Portions of the CAPER Related to Homelessness and the ESG Program

<sup>iii</sup> Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Emergency Solutions Grants (ESG) Program and Consolidated Plan Conforming Amendments



## RE: DACC Additional Funding Requests

The Downtown Austin Community Court Advisory Committee has asked for substantial additional annual funding for the DACC to begin as soon as possible. After a great deal of discussion and review, it is our finding that the City could reallocate much of the funds already being spent on the clients of the Community Court in a more prudent, cost effective and humane manner.

Currently, the Court has 245 individuals that we consider frequent offenders of our Quality of Life ordinances.<sup>1</sup> The measure used to define a frequent offender is 25 or more cases with at least one case in the past two years. Our findings have shown these individuals to be without a home, without an income and in generally poor mental and physical health; they are our most vulnerable citizens.

Community Court was created in 1999 to offer these individuals an alternative to a life of homelessness spent in and out of courts, jails, emergency departments and mental health facilities; to offer them some hope; to offer them our care. To date, the court has not had the resources to effectively address the variety of criminogenic circumstances that bring them into the criminal justice system.

Moreover, the revolving door created by the inability to effectively address their circumstances has led to extraordinary costs to the court, the police, and the jail; costs that are incurred year after year.

Here are some costs associated with "The 245" in 2009<sup>2</sup>:

- 24,315 docketed cases at DACC<sup>34</sup> = \$624,000
- 1409 Jail bookings<sup>5</sup> = \$246,575
- 11,734 Jail Days<sup>6</sup> = \$258,030
- 3,595 Field Release and Arrests<sup>7</sup> = \$59,785
- **Totaling \$1,188,390 = \$4,850 per individual**

About 65 percent of the 245 frequent offenders have been screened at some point by ATCIC. Of those screened, 79 percent received a mental health diagnosis, with 77 percent indicating BiPolar I or II, Major Depression, or Schizophrenia/Schizoaffective Disorder. Except for one, all of the mentally ill are homeless.

Of the 245 frequent offenders, **76 individuals have had cases for the life of court (over ten years)**. Of these individuals:

- all are homeless or believed to be homeless
- 86% have a felony criminal record
- 66% have at least one conviction for possession of a controlled substance
- 40% have at least one conviction for theft/larceny/burglary
- 20% have at least one conviction for assault

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<sup>1</sup> Number of individuals with 25+ cases = 245; 15+ cases = 471; 10+ cases = 700.

<sup>2</sup> This does not include any related health care costs or Municipal Court costs

<sup>3</sup> Representing 52% of the Court's annual budget for staff time. This does not include any rehab.

<sup>4</sup> Frequent offenders had 52% of all docketed cases in 2009 (24,315 of 46,681)

<sup>5</sup> Cost of \$175 per booking per Travis County

<sup>6</sup> Cost of \$45 per day per Travis County

<sup>7</sup> Cost of \$16.63 weighted average per APD



Clearly, this revolving door of inhumanely allowing these individuals to go on without homes, jobs or health care must stop. The Community Court is in a unique position to help these individuals and reduce the long term costs associated with not effectively intervening if they are given the tools, funds and means to do so.

### **By The Numbers:**

#### **245 Frequent Offenders have 25+ cases for the life of the Court**

- 52% of all docketed cases in 2009
- \$1.18M in 2009
- 95%+ are homeless
- 77% of those screened have serious mental illness

#### **76 Frequent Offenders have cases since 1999**

- All are homeless
- 86% have a felony conviction
- 3,400 jail bookings since 1999
- 50,000 nights in jail since 1999
- \$4.02 million spent just on court and jail since 1999
- \$52,906 per offender spent since 1999

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