TRAVIS COUNTY UPDATE ON THE DIVERSION SYSTEM

City of Austin Public Health Committee

May 10, 2023

AGENDA

Introductory Remarks: Judge Brown and Commissioner Howard

Enhance and Further Develop an Effective Diversion System

County Action to Support an Effective Diversion System

- Diversion Center
- Diversion Pilot

Next Steps: Collaboration & Partnership

INTRODUCTORY REMARKS

Travis County Judge Andy Brown
& Commissioner Ann Howard

ENHANCE AND FURTHER DEVELOP AN EFFECTIVE DIVERSION SYSTEM

Vicki Ashley, County Executive
Cathy McClaugherty, Planning Manager
Travis County Justice and Public Safety

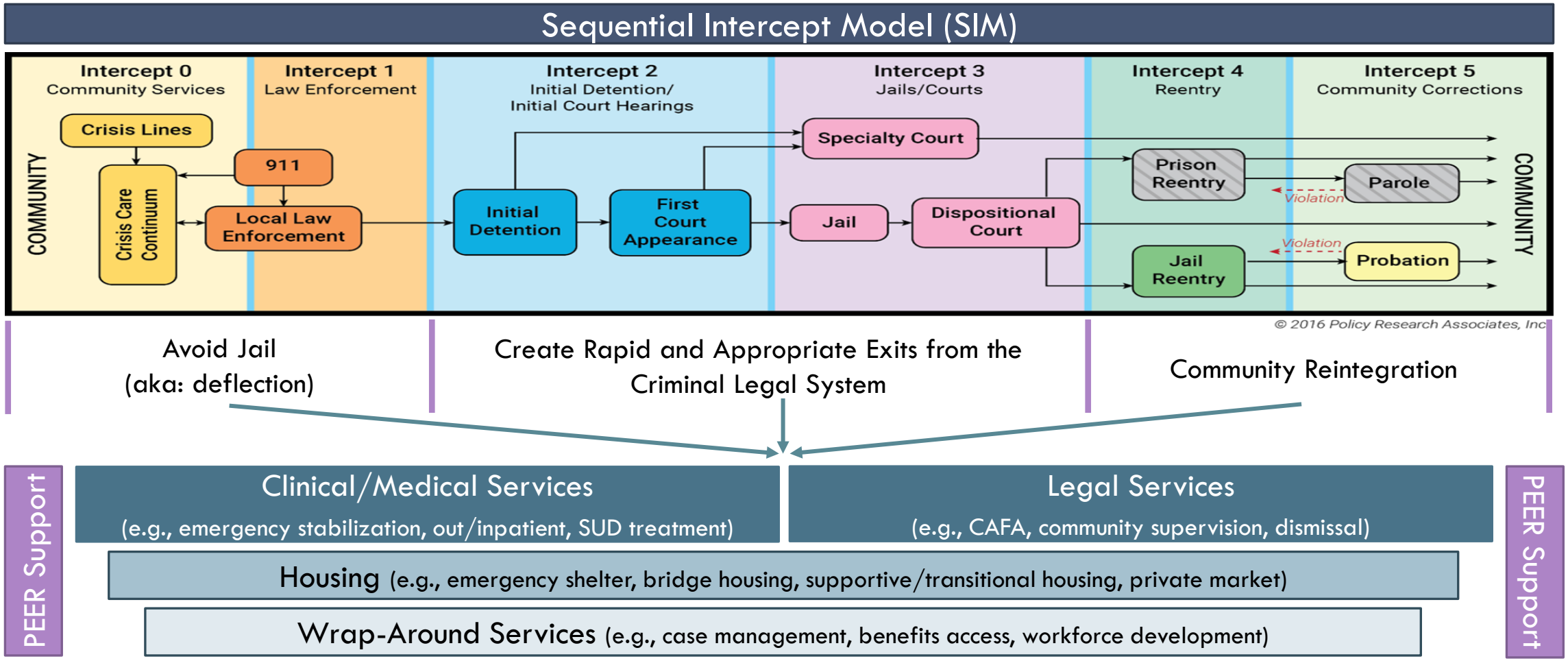
WHAT IS DIVERSION?

"Diversion is a broad term referring to '**exit ramps**' that move people away from the criminal legal system, offering an alternative to arrest, prosecution, and a life behind bars."

"Diversion programs target the underlying problems that led to the criminalized behavior in the first place. By **addressing the root causes** of community instability—challenges such as food and housing insecurity, joblessness, lack of educational resources, and unmet mental health needs—diversion programs not only help improve long-term community safety and reduce crime but have also proven to be cost-efficient."

Vera Institute of Justice, https://www.vera.org/diversion-programs-explained

AN EFFECTIVE DIVERSION SYSTEM REQUIRES MULTIPLE POINTS OF ENTRY & AN INTERLOCKING SET OF SERVICES



BUILDING ON CURRENT DIVERSION SYSTEM RESOURCES

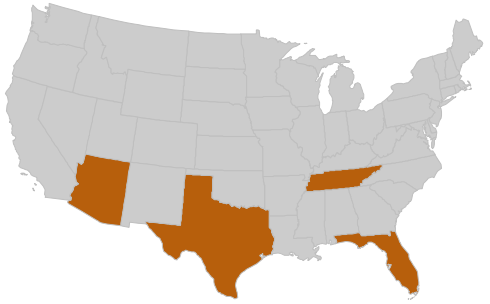
Elements of a Diversion System Are Already in Place

- **Crisis Services** (e.g., Emergency Behavioral Health Unit at Dell Seton, crisis respite, crisis residential, private hospitals)
- **Co-Responder Teams** (e.g., APD and TSCO Crisis Intervention Teams, Expanded Mobile Crisis Outreach Team)
- **Specialty Courts** (e.g., Travis County's Adult Diversion Court, Veteran's Treatment Court, DACC)
- **Peer Support** (e.g., Via Hope, Communities for Recovery)
- **Supportive Housing & Vouchers** (funding via the Finding Home ATX initiative)

The Work Ahead

- Expanding and implementing existing services
- Aligning and linking diversion resources
- Building a Diversion Center

LEARNING FROM PEER COMMUNITIES



High Level Take-Aways

- **Core elements** of an effective diversion system: **accountability, collaboration, and continuous improvement with data**
- The component parts of each diversion system were similar, but **no system is the same;**
  - local needs, state laws, available financing streams, and existing resources will dictate the design of a local diversion system
- **The integration of services -** from behavioral health, to legal counseling, to housing and supportive services, to peer support - **is vital to success**
- **"JUST GET STARTED!" –** Judge Liefman's (from Miami-Dade) advice to Austin/Travis County

Results from Peer Communities

Diversion Site Visits

- Sites visited: Harris County, Bexar County, Nashville, Tucson, and Miami-Dade County

Data Highlights

Miami-Dade County

- Closed an entire jail facility; $12M annual cost savings
- Reduction of nearly 110,000 inmate jail days annually; cost avoidance of $29M

Tucson

- Pre-arrest diversion services have resulted in over 95% of the clients being stabilized without an arrest, and 85% of the clients remain stable in the community 45 days after receiving care

TRAVIS COUNTY FORENSIC MENTAL HEALTH PROJECT: KEY RECOMMENDATIONS

DUAs, Technology Update and Data Sharing

WHAT: Digitize county's legal infrastructure; add to existing Central Information Exchange for data sharing at all levels.

Est. Time: 1 – 2 years

Cost: $10 – 15M; $15 - 20K

GAP Addressing: Ineffective database and technology

"Diversion" Center

WHAT: Create a pre/post arrest "Diversion Center".

Est. Time: TBD – dependent on court's direction

Cost: $30.7M Build (32 beds); $5.4M Annual Budget

GAP Addressing: Limited prearrest diversion options and post-arrest coordination between legal and clinical processes

Establish a Range of Housing Options

WHAT: Establish a range of housing options through pilot programs and boarding home regulations.

Est. Time: Multiple housing recommendations cause wide time variables.

Cost: $1.8M-$2.5M

GAP Addressing: Insufficient amount and types of housing

Certified Peer Programs Expanded

WHAT: Expand certified peer programs across the components of the system.

Est. Time: 6 months – 1 year

Cost: $15K one time; $1.5M Annual Budget

GAP Addressing: Insufficient Certified Peer Support Specialists

Counsel at First Appearance (CAFA)

WHAT: Reinstate pilot program for CAFA and determine how to continue project after year pilot.

Est. Time: 6 months – 1 year

Cost: $4M

GAP Addressing: Insufficient Counsel

Together – these 5 recommendations can impact the system; alone we'll end up with the system we have today with new bottlenecks.

All costs are estimated.

COUNTY ACTION TO SUPPORT AN EFFECTIVE DIVERSION SYSTEM

Pilar Sanchez, County Executive
Laura Peveto, Division Director
Travis County Health and Human Services

DIVERSION CENTER RESOLUTION

On March 21, 2023, Commissioners Court unanimously approved a resolution on diversion, which was based on the recommendations from our peer communities and the Forensic Mental Health Project Report

Directing Staff to Develop a Long-Term Plan

1. Prepare a timeline and phasing plan for
   a. the development of jail diversion strategies
   b. the program design and construction of a new Travis County Central Booking, Intake & Diversion Center
2. Identify funding stream and options to:
   a. support diversion services pre- and post-arrest
   b. build and strengthen local behavioral health crisis response continuums
   c. improve public safety and reduce the jail population
3. Apply to the US Dept. of Justice for technical assistance
4. Identify partnerships with City of Austin, Central Health, Integral Care, CommUnityCare, and other public and private entities

KEY ELEMENTS FOR A DIVERSION CENTER

Travis County Central Booking, Intake & Diversion Center

Diversion Center

- Include pre-arrest and post-arrest services
- Increase access to beds for people in need of behavioral health stabilization
- Include follow-up and connection to supportive services (e.g., psychiatric care, housing, peer support, health care, workforce development)
- Not be a substitute for the State of Texas's obligation to provide competency restoration and indigent mental health services
- Help ensure that participants who successfully complete their clinical treatment shall not be prosecuted for legal issues related to the underlying behavioral health issue
- Focus on decreasing the number of people with behavioral health needs entering jail, help them exit jail, and then keep them out of jail

Central Booking

- Sufficient space for counsel at first appearance, clinical personnel, peer support specialists, and other innovative practices

PILOTING DIVERSION FOCUSED ON SERVICES & HOUSING

Key Elements & Goals

- Leverage existing resources and programs to create a pathway between medical/clinical care, support services, and housing
- Test and refine services and operational protocols to create strong hand-offs between diversion services, bridge housing, and long-term stable housing
- Stabilize behavioral health issues for people experiencing crisis in our jail and on the streets
- Reduce the jail population with behavioral health needs
- Reduce the number of unsheltered individuals on the street and in jails
- Initiate the modernization of data and technology

PILOTING DIVERSION FOCUSED ON SERVICES & HOUSING

Expanded Stabilization Services

- Expand Psychiatric Emergency Services (PES) to 24 hours/7 days a week
- Accept referrals from multiple entry points, including pre- and post-arrest
- Provide short-term stabilization from a behavioral health crisis, including triage, clinical assessments, treatment, and facilitated referral to both short and longer-term crisis residential services (The Inn, Guy Herman Center, and 15th Street)
- Annual Budget: $4.6M

Expanded Residential Services

Repurpose the 15th Street facility to serve individuals that cycle in and out of the criminal legal system, who have behavioral health issues and experience homelessness

- Capacity: 25 beds
- Duration: 30-90 days
- Services: Recovery and peer support, medical and psychiatric care, medication support, case management, life skills training, and an outreach specialist to help clients access long-term housing
- Annual Budget: $4.0M

THE COUNTY IS PROPOSING TO INITIATE A 100-DAY CHALLENGE TO WORK WITH PARTNERS TO REFINE THE PILOT DESIGN, DEFINE THE ELIGIBILITY CRITERIA, AND RAISE THE NECESSARY FUNDING

NEXT STEPS

Travis County Judge Andy Brown

BUILDING AN EFFECTIVE DIVERSION SYSTEM REQUIRES COLLABORATION & PARTNERSHIP

A Collective Challenge

- This issue spans geographies, systems, staff, and cost centers that cut across the County, City, and the health sector
- No one entity has the financial resources, staff capacity, and expertise to fully develop an effective diversion system

Diversion Intersects with Community Priorities

Diversion aligns with and supports a myriad of community priorities:

- Criminal justice reform
- Making homelessness rare, brief, and nonrecurring
- Improving public safety
- Addressing drug overdoses
- Improving equitable outcomes
- Improving access to behavioral/mental health
- Better supporting & retaining staff (e.g., law enforcement and emergency health workers)

Where is Partnership Needed?

- Policies (e.g., pre-arrest diversion criteria)
- Operations (e.g., programmatic hand-offs)
- Funding (e.g., pilot)
- Governance (e.g., joint decision making)
- Data Sharing (e.g., APD and TSCO)

THE PATH FORWARD REQUIRES CLOSE PARTNERSHIP BETWEEN THE COUNTY, CITY, CENTRAL HEALTH, COMMUNITYCARE, INTEGRAL CARE, AND OTHER PUBLIC AND PRIVATE PARTNERS

QUESTIONS?

Travis County
Forensic Mental Health Project

Submitted March 7, 2023

The University of Texas at Austin
Dell Medical School

Travis County

Forensic Mental Health Project

Final Report

The University of Texas at Austin Dell Medical School

March 7, 2023

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Executive Summary

Executive Summary

In May 2022, the Travis County Commissioners Court employed Dell Medical School to lead a 10-month consultation to find solutions for the large and growing number of people within the county jail needing care for mental health and/or substance use disorders (referred together as "mental health disorders," for simplicity, in the remainder of this report). A Steering Committee was convened with major stakeholders, who then defined the specific problem as "People become trapped in or cycle through jail waiting for behavioral health services and solutions" with a vision that with the right system improvements "Jail is <no longer> used as a treatment, a holding space or solution for mental health or substance abuse conditions. Behavioral health conditions are treated through clinical care and social supports." To then bridge the gap between the identified problem and the team's vision, eight work groups were created to address specific gaps within the intersection of the criminal legal and mental health systems. Each work group was led by members of the Steering Committee to facilitate coordination and communication across areas. The individuals serving on the Steering Committee and work groups were highly engaged and focused on developing person-centered recommendations. The team developed the following high priority recommendations:

1. **Modernize the County's technology platform and establish data use agreements (DUAs) to improve data sharing across relevant entities.**
2. **Plan, develop and implement a "diversion" center.**
3. **Pilot at least three housing programs while establishing permanent housing solutions by leveraging existing county and city efforts to address home insecurity.**
4. **Increase the number of certified peer specialists throughout the mental health and criminal legal systems intersection.**
5. **Reinstate counsel at first appearance (CAFA).**

These recommendations fill several critical gaps and remove existing barriers to optimal outcomes that, if implemented, will lead to a dramatic shift in how individuals with mental health disorders who intersect the criminal legal system are treated, while concurrently ensuring the safety of the person and the community. To support these top priorities, several other recommendations were developed to further close gaps in the existing infrastructure and processes. Specifically, although these latter recommendations vary in time commitment and expense, they provide solutions that can be relatively easily implemented (i.e., "quick wins") to initiate and support the larger recommendations. By implementing these recommendations, Travis County can become a change leader for improved care for people with mental illness by decreasing criminal legal system involvement while providing a safe community.

2

Overview and Background

2 Project Overview & Background

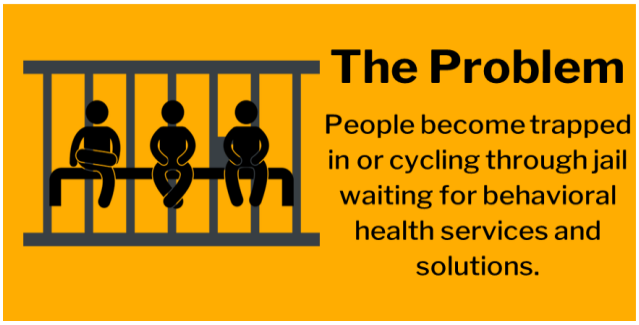
2.1 Project Overview

People living with mental health and substance use disorders ("mental health disorders") too often land in the criminal legal system because of disruptive or erratic behaviors caused by these conditions that lead to arrest. In many cases, no criminal intent existed, but laws were broken, nonetheless. Unfortunately, once entangled in the intersection of the criminal legal and mental health systems, individual outcomes are often suboptimal due to the complex, fragmented, and misaligned structures of both systems. This misalignment produces a disproportionate number of people with mental health disorders languishing in jails when treatment in the community would have been the better option. Nationally, approximately 2 million jail admissions occur annually for people with a serious mental illness and about three quarters of those arrested suffer from co-occurring substance abuse (Eleventh Judicial Criminal Mental Health Project).

Across the United States, cities and counties are exploring approaches to decrease the number of individuals with a mental health disorder who interact with the criminal legal system. In Travis County, the Commissioners Court contracted with Dell Medical School (Dell Med) to lead stakeholders including people with lived experiences, mental health and legal experts, judicial leaders, law enforcement and community advocates in a 10-month solution-driven process to create actionable recommendations to address these complex issues. The charge given to the team was to decrease the number of people with mental health needs entering jail, help them exit jail, and then keep them out of jail. The Travis County Forensic Mental Health Planning Project began in May 2022 with invitations to 17 county leaders to form a Steering Committee (Table 1, next page). Once established, the Steering Committee worked to specifically define the problem, then agreed upon the vision and principles (Table 2) to guide the project.

"…decrease the number people with mental illness and substance use problems entering jail, help them exit jail, and then keep them out of jail."

Table 1. Steering Committee Member List	
Name	Expertise
Steve Strakowski, MD (Chair), Dell Medical School	Mental Health
Chief Joseph Chacon, Austin Police Department	Public safety / Law enforcement
David Evans, CEO, Integral Care	Public Mental Health service delivery
Quiana Fisher, MSW, ECHO	Homelessness
Delia Garza, County Attorney's Office	Legal process
Jose Garza, District Attorney's Office	Legal process
Kate Garza, Chief of Staff Commissioners Court	Commissioners Court procedures
Dianna Grey, City of Austin	Homelessness
Hon. Guy Herman, Travis County Probably Court	Probate law
Sheriff Sally Hernandez, Travis County Sheriff's Office	Public safety / Law enforcement
Audrey Kuang, MD, CommUnityCare Health Centers	Federally Qualified Health Center
Parker LaCombe, Austin State Hospital, Director, Peer Support	Lived Experience, Peer Specialist
Hon. Tamara Needles, Travis County District Criminal Court	Criminal law, SMART program
Adeola Ogunkeyede, Public Defender's Office	Legal process
Pilar Sanchez, Commissioners Court	Commissioner's Court Procedures
Reggie Smith, BPUSA	Lived experience
Sandra Smith, PhD, Via Hope	Substance Use Treatment, Lived Experience
Terra Tucker, Alliance for Safety & Justice	Trauma, Crime victims



The Steering Committee, along with the Dell Med project team, defined eight work groups to engage the community to identify solutions in order to achieve our vision. These work groups were:

- **Law Enforcement Interaction and Arrest -** focused on the initial interaction a person with a mental health disorder has with law enforcement and potential alternatives to arrest (Appendix 1).

- **Central Booking -** focused on the process of a person going through Central Booking and information that Central Booking uses to identify people with mental health needs. It evaluated existing technology and identified changes needed to improve processes and outcomes. (Appendix 2).

- **Mental Health Evaluations -** focused on assessments given to people throughout the arrest, booking and jail process (excluding competency restoration). These considerations included when and how evaluation(s) are administered, which assessments and tools are used, how information is collected and stored, and how it could be improved (Appendix 3).

Table 2. Planning Principles

- **North Star: "People first" -** The needs of people stuck in the behavioral health/criminal legal intersection supplant the individual aims of the planners.
- We will strive to correct sociodemographic inequities.
- Decisions will be made by consensus, based on data, best evidence- and strength-based practices.
- Conversations will be respectful, open-minded and results oriented.
- We will build from and collaborate with existing groups focused on the intersection, gaining as much community input as feasible.

- **Legal Representation -** focused on the process assigning legal representation to people with mental health disorders, and whether there is room for earlier assignment (Appendix 4).

- **Adjudication -**reviewed current adjudication options to identify any gaps for people with mental health needs. Evaluated necessary programs and services for certain adjudication options and described potential improvements (Appendix 5).

- **In-Jail Interventions -** focused on programs and services available to people in jail as well as future improvements to better address mental health disorder needs for individuals in jail. It also examined how in-jail services transition upon release to the community for continuity of care, and identified key improvements needed (Appendix 6).

- **Alternatives to Competency Restoration -** focused on currently available alternatives to and for competency restoration and how those options can be optimally applied (Appendix 7).

- **Successful Re-Entry -** focused on how to ensure that when people with mental health needs are released from jail, they are connected to the right community resources to be successful in their re-entry to prevent recidivism. The team addressed three key areas:

Discharge Planning and In-Reach; Behavioral Health Treatment; and Shelter/housing, leading to several recommendations for improvements (Appendix 8).

The work groups were co-chaired by Steering Committee members to establish a cohesive communication process to coordinate among work groups and leaders. The team initiated a 100-day challenge on September 30, 2022, to tackle the charge established by the Travis County Commissioners Court and develop actionable solutions in their specific focus areas; the work groups completed their assignments by mid-January 2023.

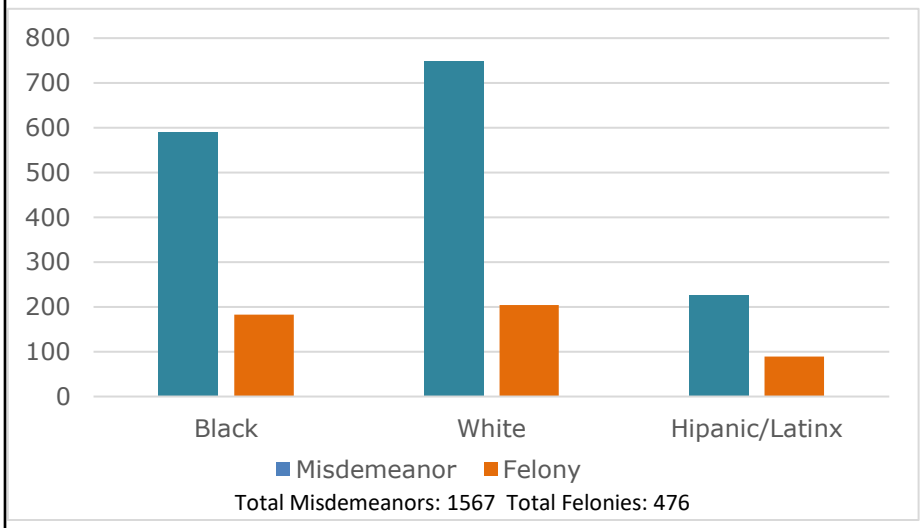
In parallel, the Dell Med team worked on an environmental scan of existing mental health and criminal legal resources in Travis County to analyze court and clinical data when possible. Dell Med also created a review process to humanize data through person-story vignettes (i.e., real-life experiences of people caught in the criminal legal/mental health intersection). These efforts were incorporated into work groups whenever possible to assist with developing recommendations. One important learning during this work was the presence of significant gaps in data collection and technology that exist in Travis County, creating major barriers to being able to accurately evaluate several large portions of the system. The lack of modern data harvesting, sharing among stakeholders, and storage methods impeded much of this environmental scan, discussed in more detail later in this report. Consequently, significant delays occurred in obtaining relevant information from all entities.

2.2 Travis County Background: Need

The Dell Med project team worked closely with stakeholders to acquire data insights and provide, as much as possible within the existing technology and data limitations, a data driven approach for solutions. When the project started in May 2022, 924 people had a mental health identifier in the Travis County jail with little change during the period encompassed by this work (e.g., in January 2023 there were still 873 individuals in this circumstance). “High utilizer” booking data were collected from September 2018 – September 2022, from Travis County Criminal Courts, with a focus on individuals with an identified mental health flag in the Travis County Central Booking and jail database who were repeatedly cycling through the system (see Figure 1). A total of 2,231 potential individuals were identified and within this total sample, we identified 106 people, each with 3 to 89 arrests, who typified people cycling in and out of jail. Most of the arrests were for misdemeanors (75%; Figure 1), and often were consequences of problematic, nonviolent, mental health disorder behaviors. For example, criminal trespassing accounted for 55% of the multiple arrests (Figure 2). Had alternative interventions been in place, many of these individuals might have received care for their mental health disorder in a therapeutic and less restrictive setting than jail.

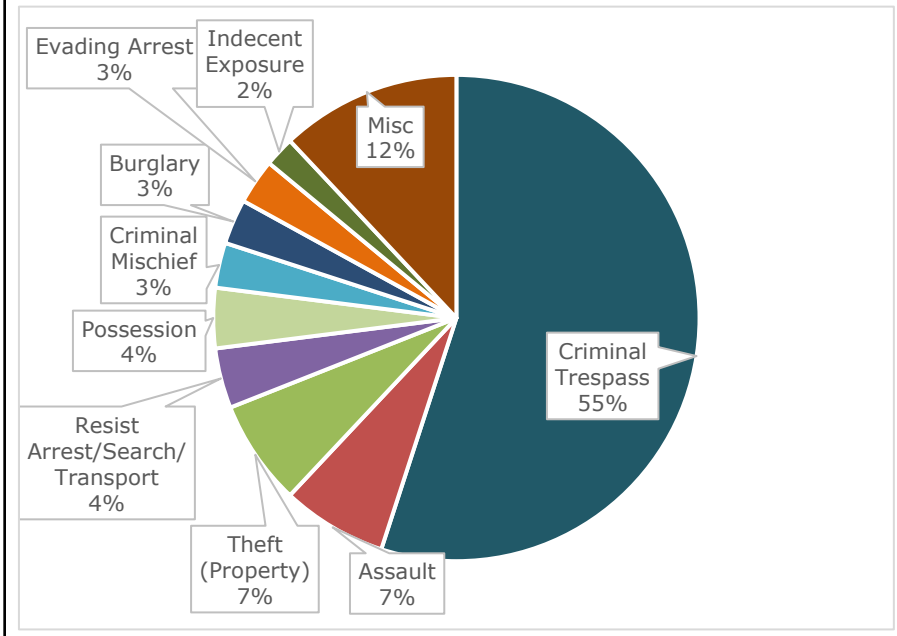
The high utilizer data included a clinical chart review for anyone treated by Integral Care. As mentioned, data were difficult to acquire in a timely manner due to the lack of integrated data systems and technology. The fragmented process to obtain these data took nearly 9 months with delays ranging from technological barriers to a lack of data sharing agreements among the entities. No single entity caused the delay as each component introduced their own barriers to sharing data. Consequently, the proposed implementation team will continue analyzing these data to determine if additional information is identified to guide implementation of this report's recommendations.

Figure 1: Misdemeanor v. Felony by Race Ethnicity



The final approach to reviewing the intersection of the mental health and criminal legal systems was to view it through a humanistic lens – which we referred to as person stories. The Dell Med team gathered four stories representing real examples of individuals that experienced challenges and poor outcomes within the existing system. The stories were merged into two descriptive reports to ensure anonymity. These reports were then divided into short time epochs that represented each work group's focus, e.g., the story of a person being arrested was given to the Law Enforcement Interaction and Arrest Work Group. The work groups then used these reports to help guide solutions in their focus area.

Figure 2: Booking by Type

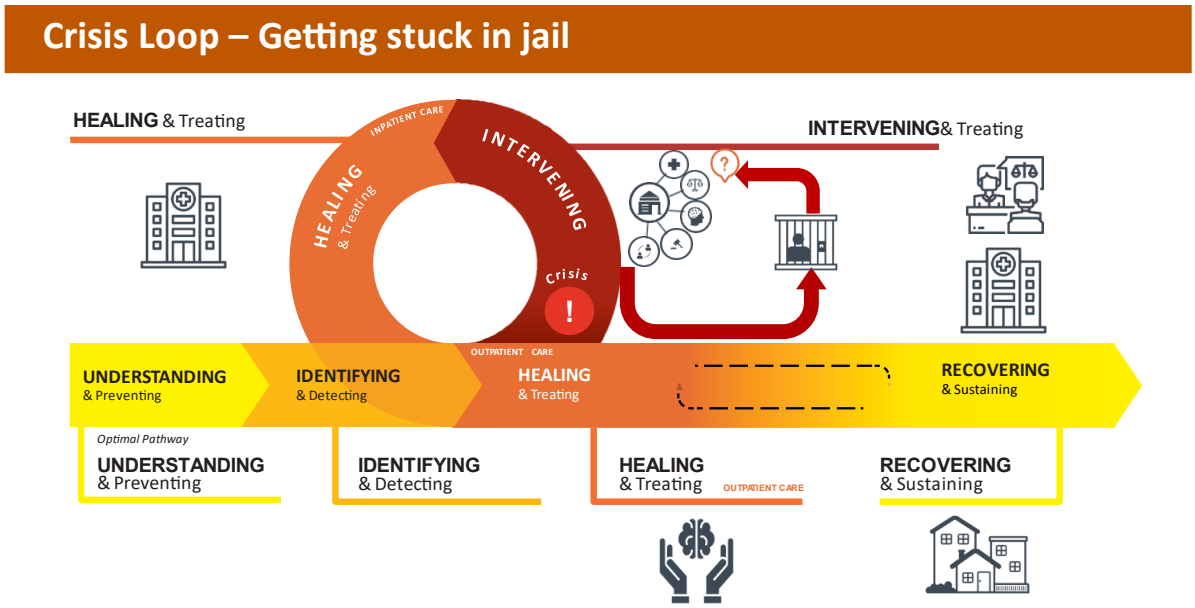


2.3 Travis County Background: Services and Pathway

Travis County has a population of 1.3 million people based on 2020 Census data. The county covers 1,032 square miles and is the fifth most populous in Texas. Travis County had the 10th largest population growth in the nation from 2010 to 2020 (Census 2020). This rapid population increase challenges organizations to scale and fund community services and programs, further stressing typically already over-burdened systems.

A scan of community services was conducted reviewing the key entities within the intersection of the criminal legal and mental health systems. The scan followed a similar path of the Continuum of Care (Figure 3) from healing, intervening, and recovery, and reviewed partners within the focused areas used in other mental health planning.

Figure 3: Continuum of Care - Crisis Loop



As with other data elements, these services are not catalogued by the county in a way to facilitate easy identification and function. Through a variety of approaches, the team developed an extensive list of entities who support individuals at the intersection of the mental health and criminal legal systems (see Appendix 9), which we summarize here framed by the continuum presented in Figure 3.

HEALING
& Treating
Outpatient

As the Local Mental Health Authority for Travis County, Integral Care is the primary public service provider for people who are uninsured or under-insured (e.g., Medicaid). As the safety net provider, Integral Care is the entity most engaged with the population at the intersection of the mental health and criminal legal systems. Integral Care's service array is supported through multiple contracts from the City, County, State, and other funding sources. In FY2023, Integral Care reported 26 contracts with Travis County alone for services (Financial Report, 2023). This fragmentation in funding contributes to challenges within the system as it tries to meet clinical needs, by creating unnecessary bureaucratic demands just to manage the disconnected milestones and contract requirements. A less fragmented contracting structure (e.g., block grants for all services) would certainly facilitate better designed care delivery. Regardless, the services provided by Integral Care relevant for this report are listed in Appendix 9 and can be found on their website. In FY2021, Integral Care provided care to 24,951 people; 38% of that care was for crisis services and 25% for adult outpatient care. Currently Integral Care employs ~1270 full-time individuals, with roughly 15% open positions.

Other outpatient community services include peer and family services. We found 11 organizations that provide peer and family services within Travis County. Again, little alignment across organizations exists to optimize care provision. These outpatient programs provide a platform to address the crisis component of the care continuum, which is the primary source of individuals stuck at the mental health and criminal legal intersection.

INTERVENING

Within our Continuum of Care framework, "Intervening" occurs when a person enters crisis, frequently due to unmet mental health needs, that commonly creates an interaction with the criminal legal system. Mental health crises are common in systems, like those in Travis County and the U.S. more generally, that underinvest in crisis prevention and then intersect the relatively more robust criminal legal system as a default. Consequently, at this juncture, both systems are reactive to the crisis along the existing legal and clinical pathways since the opportunity to be proactive has passed. These pathways typically include expensive interventions (emergency rooms, hospitals, and/or jail), ensuring an inefficient use of limited resources.

Intervening often starts with a call for help to either a crisis helpline or the 911 Call Center. Within Travis County, during FY22 Integral Care, who operates the crisis helpline, received 73,342 calls and the 911 Call Center received 6,981 calls. The response to a crisis call can vary depending on what is reported. All Austin Police Department officers are trained in Crisis Intervention (CIT), while Travis County Sheriff's Office (TCSO) provides officers with standard mental health training in addition to operating a Crisis Intervention Team (CIT), with 13 trained officers. Other teams available to respond include Integral Care's Mobile Crisis Outreach Team (MCOT) or their Expanded Mobile Crisis Outreach Team (EMCOT). EMCOT is a team partnered with several law enforcement agencies to provide real-time police/mental health co-

response to attempt to divert individuals into appropriate care settings rather than jail. These attempts also stall against a lack of possible alternative settings.

The priority of law enforcement and crisis outreach/response teams is to find the most appropriate location for a person to be evaluated and then appropriately triaged ideally into a care setting; unfortunately, that is frequently not the outcome. Options for people at the intersection, if able to avoid arrest, are stabilized at the Emergency Behavioral Health Unit (previously known as Yellow Pod) at Dell Seton Medical Center, and other hospital emergency departments (St. David's, Ascension Seaton, Baylor Scott and White). Integral Care also operates crisis respite units at Next Step (25 beds), Herman Center (4 extended observation unit beds), crisis residential units at Herman Center (12 beds), The Inn (16 beds), and 15th Street (30 beds). Crisis residential beds are voluntary while the extended observation unit is involuntary. Specific to substance intoxication, there are 16 beds at the Sobering Center, although substance use detoxing and longer-term relapse prevention services for un- and under-insured people are largely absent. Regardless, restrictions to admission, over-work and under-staffing often limit access even to these limited resources.

When diversion into treatment fails, then people either end up back where they started (too frequently homeless and on the streets) or are criminally charged ultimately to be processed through one of the courts: Adult Diversion (FY22 - 1,193 people served), Veteran's Treatment Court (FY22 - 41 people served), or Downtown Austin Community Court (15,000 people served annually). Of note, Travis County is adding a mental health specialty court specifically to better manage criminal charges in people with mental health disorders. Along with courts, Travis County has limited pre-trial services that include diversion, bond program, and supervision.

Unfortunately, the existing array of services fails to meet the personal and societal needs, such that, as noted, 873 people with a mental health identifier are waiting in jail for an alternative solution. While in jail, people may be identified as incompetent to stand trial and be ordered to receive competency restoration, with a typical default approach to refer to the Austin State Hospital (ASH), which lacks capacity for the volume of admissions requested and is frequently not the clinically most appropriate venue for this process anyway. Consequently, more than 100 people are waiting in jail for competency restoration at ASH. One outpatient setting for competency restoration (a preferred solution for most minor offenses and clinical symptoms not needing inpatient care) is available through Integral Care; however, it only has 16 slots and a number of screening requirements limiting its utility for the broader need. The problems surrounding competency restoration are not unique to Travis County, so that several other work groups and committees throughout the State are exploring more efficient approaches. The project included a work group to examine this problem and make recommendations particularly as relevant to the other work groups (Appendix 7).

HEALING & Treating Inpatient

Many of the individuals at the intersection will sit in jail due to criminal charges incurred upon interacting with peace officers, and the lack of an alternative solution. Hospital options are limited since many private hospitals will not accept an individual actively engaged with the criminal legal system; consequently, in Travis County there is an over-reliance on ASH which lacks capacity to manage the requests, as it serves 26 other counties and currently is struggling with staffing shortages. There are currently 210 private hospital psychiatric beds in Travis County that could become a useful inpatient resource with appropriate contracting but are relatively rarely used for the population of this report.

RECOVERING & Sustaining

After a person is released from jail or the hospital, they return to the community. If an individual does not have a support system or a home, there are limited options for permanent housing support. People with criminal charges are often eliminated from available housing options by rule, and therefore low-barrier housing is a desperate need within this population. Travis County maintains a range of voucher programs, supportive housing, boarding homes, and home and community-based services for adult mental health (HCBS-AMH), and specific housing for people with substance use disorders. ECHO currently reports 896 units for existing homelessness response system housing, a pipeline of 3,083 units – some not opening until 2024 – 2026, and 140 prospect units for potential use by 2025. Together, if all of these options open and operate with fewer restriction, there would be 4,092 units available by 2026 that could be employed to help with the intersection problem. Along with housing units, there are also an estimated 48 boarding homes, but this number changes frequently and is difficult to track. Inadequate therapeutic and permanent housing options create a lack of placements out of jail or hospitals, directly contributing to recidivism for people who lack resources.

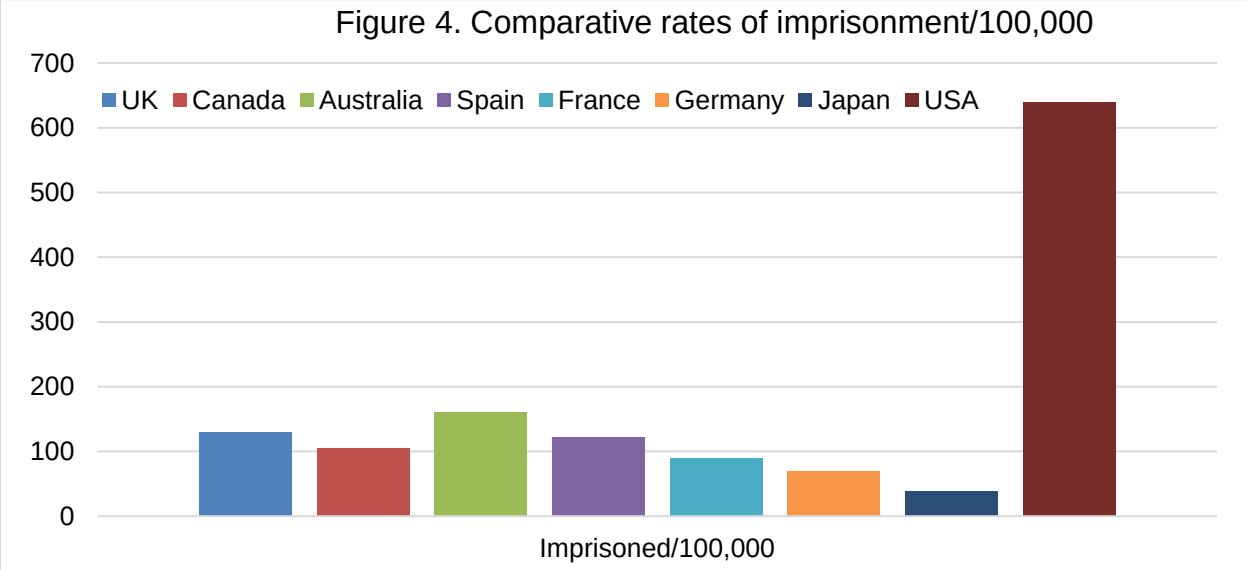
STAFFING

Despite several potentially available services to help people in the intersection and throughout the mental health system, many organizations are experiencing staffing shortages and therefore, operating below capacity. For law enforcement, APD currently has 325 open positions with 257 of those for officers and 46 for 911 call takers. TCSO has 393 openings, 255 of those for correction officers and 13 for 911 specialists. Texas Association of Counties reports the shortage of sheriffs is at a crisis level and mirrors what the nation is facing (2022). Beyond law enforcement, mental health staffing was at a shortage before the pandemic, and now is at a crisis level. An Association of American Medical Colleges' (AAMC) article from 2022 reported that more than 150 million Americans live in a federally designated mental health shortage area. In Austin and Travis County, the rapidly rising cost of living complicates staffing shortages and recruitment. As recommendations are presented and gaps reviewed, across all solutions, filling staff openings and retaining employees is essential.

Conclusions

In Travis County, as with the rest of the United States, crisis management is over-used due to inadequate investment in the remainder, and more proactive, components of the clinical care continuum illustrated in Figure 3. Restricted public outpatient programs, inadequate therapeutic and permanent housing options, lack of standardized assessments, processes and treatment approaches in clinical populations, and ongoing mental health and substance use treatment workforce shortages define the backdrop of mental health disorder management in Travis County, Texas, and the United States more generally. In contrast, the United States dramatically leads the developed world in rates of imprisoning its citizens (Figure 4), with Texas typically being one of the states with the highest rate of imprisonment. The combination of over-investing in prisons and jails relative to under-investing in mental health disorder care virtually guarantees that people with mental health disorders experience crises managed by the criminal legal system. The problems in Travis County, then, reflect the larger landscape and are a perfect example of the old saying that "every system is perfectly designed for the results it produces." Changing results, then, requires changing the system.

Figure 4. Comparative rates of imprisonment/100,000



With these considerations in mind, key recommendations from work groups were developed and presented to the steering committee at the end of the 100-day challenge in January 2023. The work groups identified several areas for improvement throughout the intersection, varying in estimated timelines and costs. Each work group's detailed recommendations that led to the final list are provided in Appendices 1–8. Across all work groups, 5 high priority recommendations emerged that, if implemented, could dramatically shift the county's management of people at the mental health and criminal legal systems intersection. The remainder of the report focuses on these recommendations as well as highlighting a few additional shorter-term solutions that might be implemented quickly while the larger recommendations are developed.

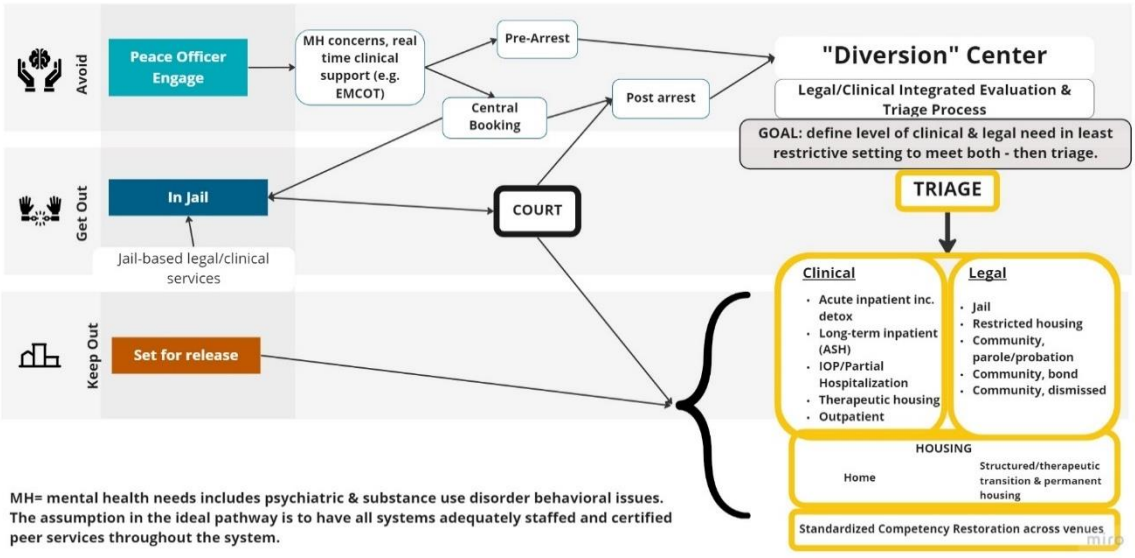
3

Statement of Needs and Recommendations

3. Statement of Needs and Recommendations

3.1 An idealized approach

Figure 5



Throughout the 100-day challenge work groups met regularly to evaluate the current system and research and define solutions to help people with mental illness not enter jail or exit jail, and then ultimately stay out of jail in the future. One of the challenges identified with people in the intersection is that clinical and legal needs often become conflated, in that erratic behavior due to a mental health disorder becomes criminalized, e.g., wandering onto someone else's property due to cognitive dysfunction or confusion leads to a criminal trespassing charge. Additionally, within the existing structure, individuals in the legal system, especially peace officers, are often inappropriately asked to make clinical determinations that instead belong with a clinician. Compounding the problem, the clinical and criminal legal systems often work separately in siloes with a single individual, with limited shared decision making and collaboration. As noted previously, this structure is a consequence of societal decisions and unfortunately fails to best

support both individuals with mental health disorders and the community. Figure 5 presents an idealized, integrated framework to help contextualize gaps and barriers identified by this planning project that led to the recommendations discussed later in this document.

As illustrated in Figure 5, in an ideal system when a peace officer is called to or encounters an individual potentially expressing behaviors from a mental health (including substance use) disorder, real-time clinical support is provided. The EMCOT program described previously is an example of such a program (p. 9). In this circumstance, again in an ideal system, the clinician and peace officer can make a shared decision to either take the person for legal processing to Central Booking or invoke a 'pre-arrest' diversion to an alternative intervention, namely a diversion center (described in more detail later in this report). In Central Booking as the individual is processed, the magistrate may instead again decide to refer the individual 'post-arrest' to the diversion center as an alternative to jail or additional legal processing. A second 'post-arrest' opportunity may occur when someone who has landed in jail is identified as needing a mental health care (a diversion center), rather than remaining in jail.

In this framework, the diversion center is a secure facility that provides a thorough clinical evaluation, legal support when needed (for people who have legal charges), and initiates and then refers the individual for mental health disorder treatment. Entry into the diversion center may be fully voluntary or offered in lieu of additional legal processing (and jail), or perhaps in conjunction with the probate system for involuntary care. The goal of the diversion center is to provide a location and services to help decriminalize mental health disorders while supporting the individual's needs for long-term care and support in the community and processing any legal charges that are not or cannot be dismissed. To that end placement in the diversion center is time limited (e.g., 7-14 days) but sufficient to establish housing solutions, initiate legal support as needed, and identifying ongoing care arrangements to be made in the community. These community systems, ideally, are not over-burdened, do not present barriers to support individuals who may have acquired criminal charges, and are designed to help people stay well and away from future legal entanglements. In truth, the United States lacks these ideal systems.

3.2 Major Gaps and Solutions: Priority Recommendations

With this idealized framework in mind, several major gaps and possible solutions were defined that would significantly improve the current challenges with the intersection of the mental health and criminal legal systems. These recommendations arose across all or nearly all the work groups, representing top priorities for next steps. The team agreed that these recommendations, if implemented, would create a more efficient, just, and humane system for stakeholders, the

community, and most importantly the people stuck in the intersection (Table 3). These five items will be most effective if implemented together. If instead they are implemented partially or sequentially, improvements may be experienced, but will likely not be optimized and risk creating new barriers. For example, if a diversion center is built without adequate discharge options, it will quickly fill and devolve into just another type of jail. Staging these recommendations will be a major component of the implementation process and that team's focus.

Table 3. Travis County Forensic Mental Health Project Top Work Group Priorities

DUAs, Technology Update and Data Sharing	"Diversion" Center	Establish a Range of Housing Options	Certified Peer Programs Expanded	Counsel at First Appearance (CAFA)
WHAT: Digitize county's legal infrastructure; add to existing Central Information Exchange for data sharing at all levels.	**WHAT:** Create a pre/post arrest "Diversion Center" for people at the intersection.	**WHAT:** Establish a range of housing options through pilot programs and boarding home regulations.	**WHAT:** Expand certified peer programs across the components of the system.	**WHAT:** Reinstate pilot program for CAFA and determine how to continue project after year pilot.
Est. Time: 1 – 2 years **Cost:** $10 – 15M; $15 - 20K	**Est. Time:** TBD – dependent on court's direction **Cost:** $30.7M Build (32 beds); $5.4M Annual Budget	**Est. Time:** Multiple housing recommendations cause wide time variables. **Cost:** $1.8M-$2.5M	**Est. Time:** 6 months – 1 year **Cost:** $15K one time; $1.5M Annual Budget	**Est. Time:** 6 months – 1 year **Cost:** $4M
GAP Addressing: Ineffective database and technology	**GAP Addressing:** Limited prearrest diversion options and coordination between legal and clinical processes	**GAP Addressing:** Insufficient amount and types of housing	**GAP Addressing:** Insufficient Certified Peer Support Specialists	**GAP Addressing:** Insufficient Counsel

Together – these 5 recommendations can impact the system; alone we'll end up with the system we have today with new bottlenecks.

All costs are estimated.

1. Technology Update, Data Collection and Data Sharing

All work groups identified significant difficulties acquiring useable data to evaluate the current system. Major limitations in the Travis County data architecture contributed to this problem. For example, several locations continue to rely on outdated data collection methods, namely pencil and paper, truly out-of-sync with modern electronic data systems, and ultimately making data manually intensive to collect and difficult to retrieve and merge with other relevant datasets. Central Booking relies on a 40-year-old paper process in which data are transported by pneumatic tubes rather than electronically. Across County entities, data collection and definitions are not standardized; 33 different legal jurisdictions, Travis County Sheriff's Office (TCSO), and community health providers each collect different and differently defined data. Consequently, to create efficiency in data collecting, analyzing, and sharing, technology updates are needed essentially everywhere in the County public criminal legal and mental health systems (and the intersection). Research shows that efficient data sharing among the jails and community health groups is essential to reduce recidivism and provide appropriate continuity of

care. Modernizing data architecture and standardizing data dictionaries would dramatically enhance measuring progress, identifying gaps and barriers, and improving planning for each individual as they enter and exit the system. For the other recommendations in this report to optimally impact the system, a modern data infrastructure is required.

A three-step approach is recommended. First, data utilization agreements (DUA) among the stakeholders (legal, clinical, law enforcement, social service providers, education if research is included) need to be established as quickly as possible to remove barriers and improve time efficiencies for data sharing and planning new data structures. Many of the delays Dell Med experienced in the current project was reluctance across entities (most of which are county funded or employed) to provide and share data, due to a lack of a common understanding of the relative risks and requirements. The estimated cost for implementing these DUAs is modest, primarily the time of each entity's legal teams that mange contracting and agreements. Leaders will need to guide legal teams to avoid entanglement in trivial and imagined risk prevention to establish a working data system. Several counties across the country have already connected their jails to their local health provider data that Travis County can use as a guide in its own implementation.

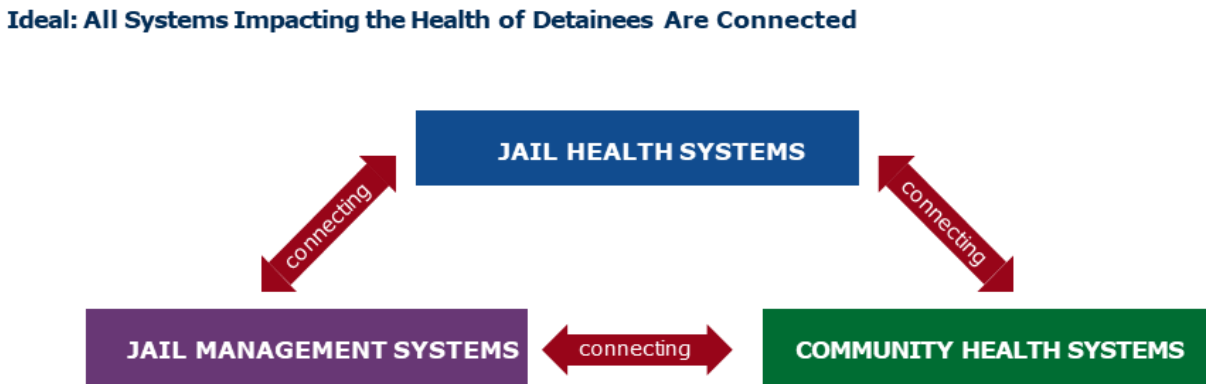
The second step is to invest in a modern data infrastructure. To initiate this recommendation, the County will likely need to hire a consultant to review the existing data system capabilities – both hardware and software. Once this review is completed, a technological overhaul will need to be implemented to ensure all facilities and organizations interacting in the criminal legal and mental health spaces are state of the art, efficient, integrated, and user friendly. Other parts of the U.S. have already completed these upgrades. For example, Utah updated their entire system in 2010 through an internal effort to go paperless, and also, to improve efficiencies during the recession. Utah reported the change to electronic records required less space for paper storage and allowed for a new courtroom to be built where storage space previously sat; they noted the shift created a significant positive culture change (Bergal, 2014). Harris County in Texas also completed a similar process by building a system to connect all relevant entities; this effort started with a common Electronic Health Record (EHR) in their jail, diversion center, and local mental health authority.

In Travis County the local Health Information Exchange (HIE), Connexus, may provide a platform from which to launch the larger data infrastructure. This system currently connects local hospitals and community clinical providers in eight Central Texas counties, including Travis. The current major role of the HIE is to push notifications; for example, when a person is admitted to an emergency room that person's outpatient provider is automatically notified. The HIE system is limited to individuals who have Medicaid, Medicare, or are uninsured, but could integrate information from all individuals regardless of insurance status. One next step might be for the TCSO to connect into the HIE, thereby integrating the health care provided in the jail to the community care providers. Several counties including Orange County, Florida; Multnomah

County, Oregon; Hampden County, Massachusetts; Fayette County, Kentucky; and New York City, among others, have already taken these steps to integrate their jail health records into their local HIE (Butler, 2013). These regions have all reported substantial improvements for individuals, ranging from corrections officers being able to easily verify requests for restricted diets for medical reasons to identifying significant overlap between the jail and local hospital populations, prompting process streamlining and coordination. The experiences from these other parts of the country could be harvested to help anticipate potential barriers (e.g., how to manage informed consent and data overload), and could inform a new data infrastructure in Travis County. The initial cost for the County to join the HIE in Central Texas is estimated at $15,000 - $20,000 with potential additional annual contributions, and not including any necessary upgrades in the TCSO existing data platforms. Having a robust HIE could support the community not only for those in the intersection of mental health and criminal legal systems, but also for coordinating disaster planning, e.g., pandemics (Butler, 2013).

An overhaul of the technology system can range widely in price; according to Community Oriented Correctional Health Services, in 2013 it cost between $2 - $9 million for an initial investment (2013). The Community Oriented Correction Health Services estimate is similar to the expense spent in Montgomery County, Texas for their system upgrade in 2014 ($8.1M; Horswell, 2014). Our estimate in 2023 dollars is for Travis County to plan for $10-15 million, while looking for savings by optimizing existing platforms (e.g., Connexus). An efficient and connected system might resemble Figure 6, in which all systems communicate, and push data triggered by a person's admission or arrest to the community care teams. Although each entity may have their own software, the connection among the components of the system can be accomplished and, once completed, quickly improve efficiencies of jail, health systems, and the quality of care a person within the systems receives.

Figure 6. Ideal Technology Connection (Butler 2013)



The final component of this overall recommendation is to ensure all entities are collecting data needed to monitor the intersecting systems' performance and create a process for continuous

improvement. Standardized data definitions (data dictionary) and acquisitions will be critical, as will end-user training. A typical failure in largescale data infrastructure builds is the lack of training and continued support for end users to optimize the infrastructure's strengths so they fit standard workflows. For example, it is widely recognized that in health system EHRs, the goal of most practitioners is to get out of the EHR as quickly as possible, rather than use the strengths of the EHR to improve care. With many stakeholders engaged in the mental health and criminal legal systems, adjustments will be needed as changes occur within each entity, requiring a county tech support team for the data platform(s). As work groups went through their processes, lists of requested data points were requested; unfortunately, many critical data points requested (e.g., housing status) are either not tracked or are manually intensive to collect and analyze. A list of necessary data elements to track and improve County infrastructure performance can be found in Appendix 11.

Calculating the financial impact of this $10-15M investment is difficult. The current system is so dated that series of expansive, inefficient, labor-intensive work-arounds have been created to provide what data can be harvested to make decisions. Ultimately, this investment's impact will be assessed through the improvements from the remaining recommendations; without improving technology and data systems, the impact of those other changes will be difficult, if not nearly impossible, to assess.

2. Diversion Center

The planning team recommends building a "Diversion Center" for Travis County. Specifically, we recommend a facility designed to co-locate functions and services to create a platform to support individuals in the mental health/criminal legal intersection to avoid jail whenever possible and receive mental health disorder care, while also supporting community safety. It represents a significant component of an idealized system (see prior discussion and Figure 5). Specifically, we recommend creating a facility that includes clinical evaluation, psychiatric and medical (including substance abuse) treatment, legal support when required, and triage capabilities for placement back into the community. Integrating legal support within the center could create collaborative approaches for people whose mental health disorder led to being detained by the police and charges are not dismissed. Other key components co-located in a center would include social support services with a goal of identifying and referring people to the least restrictive setting possible to meet clinical needs and ensure public safety. Determining the optimal size of such a facility to meet current and future Travis County needs is difficult within the current data technology environment. Inadequate records (and information) are available to specifically identify the number of individuals within a specified time (e.g., 1 month) who might be referred into a diversion center. Nonetheless, the team used three approaches to calculate an estimated facility size.

1. We started with the average number of people released from jail monthly, ~400 people, and assumed that 40% of individuals receive mental health services while in jail, resulting in 160/month with a mental health disorder need. Not all will qualify for diversion, resulting in a 'best-estimate' need to 'divert' 100 people/month.

2. Alternatively, based on the 88 unduplicated high utilizers mentioned earlier from the county court data, we calculated that approximately 64 individuals would qualify to be 'diverted' monthly.

3. Finally, based on the "2011 point in time homelessness count" (501 serious mental illness (SMI); 781 substance use disorder (SUD)), and the observation that many individuals are charged with criminal trespass (often the same people) and an escalated population growth of 26.7% to reach current population assumptions (635 SMI; 990 SUD), we estimate ~136 per month will need 'diversion'.

These three approaches provide a range of 32-70 beds. To meet needs for the next decade, assuming similar increases in population to the last decade, these numbers would increase by ~25% to 40-88 beds. Critical to these assumptions is that the length of stay is managed at 2 weeks or less, requiring sufficient investment in outpatient care and housing options to provide an exit from the center. If the center is established without adequate exit opportunities, it will quickly devolve into, effectively, a jail or state hospital, or it will simply be releasing people back to the streets to cycle back through the system.

Building a facility of this size takes time. In the short term, the County might consider repurposing an existing similar facility, e.g., Travis County's Herman Center or the SMART program's facility. The Herman Center is ideally located and could be repurposed by changes in staffing support and type. The SMART program is also ideally located near the Del Valle jail, and is not currently being used to capacity. Both options can be considered, and would provide time to strategically design, implement and build a new center while piloting a program and allow operational testing and improvements throughout the systems.

Current federal guidelines, such as the IMD exclusion that does not allow federal funding for psychiatric facilities with more than 16 beds, may place limits on a diversion center's capacity planning if Medicaid revenue is needed as a substantial support of operating expenses. If that requirement is necessary, Travis County might consider building 2-3 independent diversion centers with 16 bed capacity; this approach might allow easier expansion with County growth over time (i.e., adding a new center) although almost certainly is less cost-efficient to operate. These types of decisions will need to be made within the final program and architectural design process of the implementation phase of these recommendations. We recommend keeping multiple options under consideration during the initial planning and design phases to not prematurely lock into one that may be less favorable over time.

National research on diversion facilities found that costs could range anywhere from $8-$56 million for an initial building or to refurbish a space, with ongoing annual operating budgets between $2.5-$35 million. Students at the LBJ School of Public Affairs completed an interactive calculator to estimate the cost of building a diversion center. Without a full design and programming effort, the estimated costs provided are recommended for initial investment planning only, as they cannot be considered the true costs of construction and operation. The range in cost estimates vary based on building size, co-located services provided, staffing, room occupancy and other factors. For example, to build a 32-bed, secure, clinically intensive facility, at an estimated 32,000 square feet, the cost would be ~$30 million (Table 4) and operating expenses ~ $5 million annually (Appendix 14). As the County designs the facility and programs more specifically, as noted, the calculator might be used to estimate the relative costs and impacts of various options for budget planning.

Table 4. Estimated Cost New Build – 32-bed "Diversion Center"	
New Build	
Square Footage	32,000
Cost/sqft	$550
Subtotal	**$17,600,000**
Escalation	6.50%
Escalation time (in years)	5
Subtotal w/ Escalation	**$23,320,000**
Build Out Costs (Soft Costs)	32%
Total Project w/ Escalation	**$30,782,400**

A key aspect of a diversion center is providing enough time for an individual to stabilize and receive referrals for connections in the community. There are several legal mechanisms used by other diversion centers to hold individuals, who may not want to remain for the duration needed, while this work is completed. The first is to file charges and subsequently dismiss or expunge the arrest records once treatment is completed (Nashville). A second is to use existing emergency detention laws to their fullest extent or create new parameters which allow for involuntary treatment for a longer period of time (the current Texas statute allows for up to 30 days). Alternatively, treatment may be completely voluntary, accepted in lieu of additional legal processes, and individuals are free to leave at any time (Harris County). Tucson had success in building relationships with individuals originally brought in involuntarily and then transitioning them to voluntary treatment (commonly done in many private psychiatric facilities). Determining the best approach for Travis County would be one job of the implementation team to work through including operational details throughout the planning and programming of the center. At this time, we propose creating a diversion center that provides both pre- and post-arrest support (Figure 5); doing so provides a maximum number of exit points from the legal system into better community supported treatment and residential opportunities.

Although several counties around the country are considering diversion centers as a solution, no ideal model is established, so each community determines what best fits the existing infrastructure; the key effort is to develop interlocking system changes to reach a successful and efficient system of care, anchored in but not exclusively reliant upon a diversion center. The

impact of these investments is just beginning to be understood, primarily through cost avoidance within a currently fragmented system. In fact, most successes for counties with diversion centers come not from the center itself, but from the implementation of wide-ranging, widely available mental health treatment and programs, and just as important, decriminalizing mental health and substance misuse issues. For example, even though the Miami-Dade diversion center is still being built, Crisis Intervention Teams (CIT) decreased arrest rates and the number of individuals referred to emergency departments; the Miami-Dade CIT team was able to divert enough arrests that they successfully closed one of their jails saving roughly $12 million annually in taxpayer dollars. Between 2010-2018, their CIT team had an arrest rate of .002%, decreasing the inmate population by 39%. They estimate this resulted in roughly 109,704 fewer inmate jail days annually which is a cost avoidance of $29 million per year. In contrast, they expect their diversion center (when opened) to operate at roughly $25 million per year, which will include a scope of services not currently recommended for Travis County, including long term supportive housing.

In parallel with this planning effort, county leaders visited several diversion centers and in Table 5 we provide a high-level comparison of these and other Centers studied by the planning team. Detailed information for Miami-Dade and Tucson can also be found in Appendices 15 and 16, respectively. Further details describing the Law Enforcement Interaction and Arrest group's recommendations on a Diversion Center can be found in Appendix 1.

Table 5. Diversion Center Comparison

Diversion Center Comparison

	Nashville, TN	Harris County, TX	Miami-Dade, FL	Tucson, AZ
Capacity	60 beds (30 men/30 women)	12 recliners/24 Beds	208 beds	34 recliners/15 subacute inpatient beds
Number of people served monthly	N/A – still only operating at 50%	125 people / month*	750 people /month– 600 assessment and Triage, 150 inpatient/residential	800 people / month
Pre/Post Arrest	Post-Arrest	Pre-Arrest	Both; 60% prearrest; 40% postarrest	Pre-Arrest
Voluntary or Involuntary	Voluntary but locked	Voluntary	Voluntary; however, offers locked CSU and STR	Both – Locked but accepts voluntary and involuntary
Stand alone or connected to jail	Connected to Central Booking	Stand alone**	Stand Alone	Stand Alone
Distance from jail	Attached, but different address	Few miles	10 miles	5 miles
Who runs the facility	Sherriff's Office runs BCC with contracted medical and MH (partnership with local stakeholders)	LMHA w/committee of DA, HCSO, PD, HPD, LMHA, etc.	TBD – likely county managed building subleased to non-profit	Connections Health Solutions (contract from LMHA)
Cost to build or renovate	$8MM (as part of new jail cost)	Existing building with minimal renovations	$51.1 MM renovation	$15MM via county bond funds, leased from LMHA for $1/year
Annual operating budget	$2.6MM	$5MM	~$30MM ($17M from Medicaid)	$20-25MM
Legal grounds for holding	Charges filed and pending until program completion, usually 30 days. Once completed, record expunged along with arrest information	N/A – voluntary only	Passed Baker Act and Marchman Act expanding involuntary detention parameters for prearrest diversion. Post arrest pend charges until programs completion	Utilizes civil commitment laws for involuntary patients;generally individuals are not brought to them who have criminal charges. They have a 60-70% conversion rate from involuntary to voluntary treatment.

3. Establish a Range of Housing Options

We know that individuals with stable housing are less likely to interact with the criminal legal system and 40-60% struggle with mental health disorders. The planning team gathered data around the co-occurrence of homelessness and mental health needs, along with information on arrest data for criminal trespass in Travis County. In an analysis of criminal trespass data conducted by the Sobering Center, roughly half of the bookings with criminal trespass as the highest charge received mental health services at some point during their jail stay in FY 2020. Of that same population, 73% reported experiencing homelessness at the time of their booking.

Travis County's Health and Human Services is actively working on a Housing Initiative Pipeline to support individuals in need of housing. Through the American Rescue Plan Act, Travis County has dedicated $110 million to build the housing pipeline through a total of 11 projects that will establish a total of 3,082 units that include site partners by 2026 (partners are groups building additional units with different funding). The current re-entry from jail path, can be a vulnerable step forward for individuals. The Bureau of Justice Statistics reported in 2005 of people who were released from jail, 44% were rearrested within one year, 68% within three years, and 83% in nine years (2018). Providing a supportive environment upon release can help individuals reintegrate into the community.

People reintegrating into the community with a criminal charge and mental health disorder are often declined housing due to both their criminal history and mental health needs. This discrimination continues to reinforce stigma for people with mental health disorders. Therefore, the specific type of housing within the system that can support people re-entering the community is low barrier housing. The Housing Initiative Pipeline awarded The Other Ones Foundation in February 2023 funding to build a 200 unit low-barrier, emergency shelter, called Esperanza Community. The Esperanza Community is filling a gap in Travis County and has 10 units specifically dedicated to Downtown Austin Community Court that serves many of the people who are at the systems intersections. Housing need data are sparce, so more work is needed to determine how much low-barrier shelters are needed. This housing is referred to as a shelter because it is not intended to be a permanent solution for people, but instead a bridge to their next permanent home. By calling this option a shelter, it allows individuals to remain on the housing need list based on the Department of Housing and Urban Development federal guidelines. Along with shelter housing, permanent supportive housing is also a gap in the community. The Housing Initiative Pipeline also has plans to add a variety of affordable housing units throughout Travis County. Similar to shelter housing, continued monitoring of the need of housing is recommended, especially as the county continues to grow in population.

Ongoing efforts are working to appropriately capture the amounts and types of housing needed not only for those currently experiencing homelessness, but also those who have co-occurring challenges such as a criminal history, mental health disorders, and other brain health conditions

such as traumatic brain injury (TBI), intellectual and developmental disability (IDD), and dementia. When focusing specifically on individuals being released from jail with mental health conditions, there is an added layer of difficulty finding permanent supportive housing; consequently, these individuals benefit from housing continuum starting with bridge shelter for immediate release from jail (or a diversion center) to permanent no-barrier housing solutions.

Table 6. Housing Pilot Recommendations

Type of Housing	Pilot time frame	Number of people	Focus population	Notes
Supported Bridge Shelter	3-years	100	Individuals with mental health and/or substance use diagnoses in need of interim shelter when released from jail or diversion	Include funding for misc. needs like ID, rental assistance. Embedded peer specialists
Emergency Shelter (respite included)	3-year	30	I/DD, TBI, Dementia, and other brain health diagnoses including dual diagnosis	Include funding for misc. needs like ID, rental assistance. Embedded peer specialists
Higher quality boarding homes	3-year	8-10 homes	Same population who currently use boarding homes	Contracted out and structured payments for incentivization to increase quality. Include improved relationship with MCOT and clear crisis planning

To facilitate the success of a diversion center (i.e., provide a viable exit strategy), the planning team recommends establishing three housing pilot programs to address a portion of the housing needs and leverage existing County and City housing planning and investment. Table 6 lists those pilot programs including size, duration, and target population. The project team emphasized that these recommendations are insufficient to address the ongoing, growing need for a continuum of housing in Travis County, but represent a reasonable next step. Their recommendations allow additional data to be collected to determine the need for each type of housing in the continuum. In researching potential options for each item, the Dell Med team was able to provide estimated costs associated with each pilot. The supported bridge shelter focuses on individuals who were involved in the intersection of the criminal legal and mental health systems. The emergency shelter is aimed specifically at individuals within that intersection who also suffer from IDD or other brain health conditions, which preclude them from obtaining services elsewhere. Staffing for each facility was determined, in part, by the Shelter Staffing Template. It is recommended the US Interagency Council on Homelessness “Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System” is used while creating operating procedures and policies (2017). To determine an estimated cost, examples stem from either purchasing a hotel within Travis County (examples found here), or building new facilities based on The Housing Innovation Collaborative. Full cost analysis can be found in Appendix 14.

Higher quality boarding homes are recommended until the county can determine if it will move forward with the recommendation changing current licensing and regulations. Boarding homes in Texas have a history of poor outcomes, especially for individuals with complex mental health, brain health, and criminal histories (Health Management Associates Report, 2008). Until a decision is made regarding regulations, the group recommends an incentivized pilot program to encourage higher quality boarding homes. Included in this incentivization is a monthly stipend for case management, supplemental food funding, standard housing maintenance like cleaning and pest control, and a Program Director employed by the County to implement and monitor the pilot. Other incentives could be considered, based on feedback gathered from residents and individuals who run the homes. The County and the Boarding Home could enter into an agreement that in exchange for the monthly stipend, the home would agree to not use resident's existing aid or require them to make the boarding home representative payees, ensure all residents have a robust crisis response plan, improve relations with MCOT and EMCOT, and other items the County deems necessary to ensure safety, wellbeing, and dignity for all residents.

Denver initiated a five-year supportive housing project through their Social Impact Bond; this program was established to end the cycle of people trapped in the homelessness-jail revolving door (Gillespie, 2021). Denver shifted resources from emergency services and placed them into affordable and supportive housing. By doing so, the city was able to decrease arrests by 40% and jail time of the high utilizers by 27% (2021). The Denver project aimed to tackle the homelessness population and shifted funds to support housing needs. Travis County can consider a similar process, at a smaller scale focusing on the population within this intersection.

As noted in the overall list of recommendations, individuals with intellectual developmental disabilities (IDD), traumatic brain injury (TBI), dementia, and other brain health illnesses are often left out of conversations, especially around the intersection of the criminal legal and mental health systems. With co-occurring disorders, their health needs become more complex, and Travis County is not currently able to systematically provide appropriate services, including housing, for this population. While our housing recommendations have a specific pilot aimed at people with IDD and other brain health problems, we also recommend that this population be considered in any other planning around the intersection of criminal legal and mental health systems.

If the pilot programs are not adopted, the other option to consider is to begin with 50 units of each type of housing in the continuum, starting with bridge shelters and ending in permanent supportive housing. If this route is chosen, the county will want to consider special needs of this population and ensure low-to-no entry barriers in obtaining housing based on criminal history, mental health, or brain health diagnoses. As stated, the County has dedicated $110 million to address the ongoing housing need in the county. Mobile Loaves and Fishes was awarded $35 million in January 2023 to build a 640-unit Community First! Burleson Village location. Their

primary focus is on chronically homeless individuals, who require a background check to be accepted. Several criminal charges can disqualify an individual from being accepted into this community, including demonstrating a pattern of offenses which may interfere with health, safety, or right to peaceful enjoyment of the premises by others (mlf.org/apply-for-a-home/). There are seven additional organizations or programs who have submitted proposals to the County for additional housing units, which aim to increase available housing by at least 1,530 units total among all projects. Moving forward, the County can ask these organizations to consider how they will help accommodate the individuals at the crossroads of criminal legal and mental health systems to address the, often prohibitive, requirements to be accepted. To be clear, then, the planning team recommends leveraging existing city and county initiatives that have been or will be launched soon by building into those plans specialized support and program design for the people currently caught in the intersection of the criminal justice and mental health systems.

4. Increase Certified Peer Support Specialists

Certified peer specialists can play an integral role in a person's recovery and reduce jail recidivism. Several certified peer support specialists are currently working within the criminal legal system. The Travis County Sheriff's Office has one certified peer support specialist at the jail, employed through the Via Hope pilot program, who also offers 1 or 2 unpaid interns. Integral Care has up to six peer support specialists focused on justice initiatives for their organization, with additional peers employed in other areas. The Austin State Hospital, while not Travis County specific, has a full peer support program with a director of peer support services and several certified peers employed within the hospital. To a person unfamiliar with the system, this current level of support may seem sufficient; however, each certified peer is most effective with a caseload of roughly 20 individuals or less. Based on Texas Institute for Excellence in Mental Health (TIEMH), their Peer Work Force report found roughly 880 certified peers through the Texas Certified Board and the Wales Education Services (2021) and Mental Health America reports roughly 30,000 certified peers nationally. This number represents less than half an FTE per 100,000 people in Texas, based on TIEMH's report.

Based on these estimates, the Travis County Sheriff's Office suggested that they would require at least 8-12 additional certified peer specialists to meet the needs of the jail population and transitioning from jail to the community upon release. As described in Appendix 12, certified peer support specialists are unique in their ability to provide feedback and perspective to policymakers and support individuals in similar circumstances. Substance Abuse and Mental Health Services Administration (SAHMSA) provides extensive data supporting the benefits of certified peer specialists. Via Hope's pilot program, found in Appendix 12, received positive feedback, rating the program as more than 90% favorable for both the site administrator and the individuals receiving support. The National League of Cities reported that Wayne County, Michigan's 3rd Circuit's peer supports resulted in a recidivism rate below 10% compared to more

than the 30% in the remaining jurisdictions. All workgroups in this project supported establishing a much more robust certified peer support program(s) that extends through the entire criminal legal and mental health systems intersection. Creating a continuum of peer support embedded from initial first responder interaction through reentry into the community will help individuals stay engaged throughout the process and has been clearly shown to improve outcomes as mentioned subsequently. Once in the community, peer support can help individuals maintain a continuity of care, connect to community, and identify resources for essential services like employment assistance. SAMHSA released "Value of Peers" in 2017, as a way to share with employers the benefit of a peer workforce. This presentation demonstrates that peer support has proven to increase self-esteem and confidence, sense of control and ability to bring about change in one's life, and a sense that treatment is responsive and inclusive of needs. Most importantly for the population of our project, peer support provides increased engagement for self-care, wellness, social support and functioning. For mental health specifically, peer support reduces use of inpatient services, which, along with reduced hospital admissions, decreases costs to the mental health care system. For individuals with substance use disorders, peer support reduces relapse rates and overall substance use, which decreases emergency service utilization and hospitalization rates.

Throughout the process, two work groups with representatives currently working with Certified Peer Specialists, TCSO and Via Hope, expressed the important roles certified peer specialists play and the improvements they have seen from the work. Both TCSO and Via Hope requested increases to their certified peer specialist staff for a total of 18-22 positions. The total investment would range between $1.5 and $2.6 million annually, depending on the total number of positions approved and the salary rate provided. HHSC just approved a salary increase for their state hospital certified specialists to $43,000 per year, while Via Hope is requesting an hourly rate of $30. Due to the individuality of peer support, length of service can range anywhere from six months to multiple years, as stated from our certified peer committee members. However, on average a certified specialist maintains their support relationship for between 6-12 months. By increasing the TCSO and Via Hope certified peer specialists, a total number of 360-440 will be served annually, an average of 260% increase in people served.

In addition to increasing certified peer specialists across the continuum, we recommend that the county review the criminal background requirements for certified peer specialists in a jail setting and adjust to decrease the prohibitive nature of such requirements. Precluding people who have served time in jail or prison, and have successfully re-entered the community, eliminates those individuals with the most relevant experience to the current project goals. Currently an individual who was previously incarcerated is unable to apply to become a certified peer specialist until at least 3 years have passed from release, with some being prohibited for up to 10 years depending on the conviction. This rule limits the number of peers available. See Appendix 13 for list of background limits and disqualifications.

Experiences from other organizations and centers suggest that for every $1 invested in peer support specialists, ~$2 are saved from the overall system (MentalHealthAmerica). If this recommendation is implemented, we recommend that the County track these investments to understand where the savings occur, to make the best re-assignment of resources to perpetuate the program. As noted previously, the ability to make these types of assessments will be critically reliant on improved data management and technology.

5. Counsel at First Appearance (CAFA)

In 2022, Travis County implemented a pilot program to ensure counsel was present at first appearance for all people, namely at magistration. This pilot ceased after nine days due to insufficient staffing and space within Central Booking. The planning team believes it is a fundamental right of every individual to have appropriate legal counsel. This includes counsel at first appearance that may be particularly important for the population we are considering. Anecdotal evidence from both the prosecuting and defense attorneys indicated improved outcomes for individuals when the program was in place, albeit very briefly. They were able to lower charges from felonies to misdemeanors, obtain bail/bond when an individual would have otherwise been remanded to wait in jail, and ensure safety for domestic violence charges. This gap was recognized by every work group.

The grant funding that established this program is still available, and the county can reinstate the 1-year pilot, while planning how to finance ongoing program needs and costs. The grant pilot funding of $500,000 is tied to the 1-year randomized study parameters. The pilot funding is not an appropriate cost estimate for an implementation of a permanent CAFA as there were departmental costs that were not budgeted. Therefore, we recommend reinstating the CAFA pilot program to complete the randomized study and initiate the permanent program, while establishing long-term financial support and sustainability. In January 2023, the County approved $1.5 million to renovate a space adjacent to Central Booking to address the limited space. Whether the renovations at Central Booking proceed or if alternative plans are developed, such as a diversion center, CAFA is a needed program for the community. When developing a permanent CAFA program, the county may want to consider the costs of all departments engaged. Based on feedback from some of the stakeholders who would staff the program it is an estimated cost of $4 million (estimated fringe included) to provide 24/7 representation and appropriate security for individuals to meet with attorneys. Table 7 provides an estimate of cost with the several partners engaged for CAFA. All cost analysis regarding CAFA may be adjusted based on feedback from all stakeholders on their ongoing staffing needs to support the program. The value of this program was previously identified with the prior grant funding; this planning process reinforces that value.

The planning team determined additionally that a major barrier to reinstating the CAFA pilot revolved around sufficient staffing more generally within Central Booking and TCSO. The County is already working with the Sheriff's Office to identify ways to improve recruiting and retention, which is supported by this project. Costs for an additional 23 corrections officers is included in the full cost analysis (Appendix 14).

Table 7. Counsel at First Appearance (CAFA) Estimates			
1 Year Pilot	$500,000		Grant
Ongoing Costs	**Per Position**	**FTE**	**Total (includes 30% fringe)**
County Attorney - Administrative Asst.	$60,000	1	$78,000
District Attorney	$83,000	2	$215,800
Public Defender's Office	Varies	7.5	$716,814
CAPSDS	Varies	2	$1,261,221
Mental Health Public Defender's Office	TBD	TBD	$0
TCSO	$79,000	23	$1,817,000
Total Ongoing Costs	**$222,000**		**$4,088,835**

3.3 Other gaps and preliminary solutions

Insufficient acute inpatient care for individuals

If an individual in the community is experiencing a mental health disorder crisis, limited options for assistance exist. The state hospitals and the available acute facilities are operating at limited capacity due to staff shortages, and even when fully operational, are insufficient for the mental health need. For example, even prior to staffing shortages that developed during and after the COVID-19 pandemic for the state hospital, there was and is a significant waitlist to be admitted. As of January 2023, 156 people sit on a waitlist in the Travis County Jail to be admitted to a state hospital. Within Travis County, private psychiatric hospitals, such as Austin Oaks, have closed. Previously, the psychiatric emergency unit of Brackenridge housed 16 beds, but now there are only ~5 psychiatric emergency beds in the Ascension Seton Dell Medical Center emergency department. Regardless, most of the individuals in a crisis who are arrested do not have medical insurance to cover care in a private hospital. So, as noted, many people who are indigent with a mental health disorder crisis end up being detained by police for their behavior and ultimately land in jail awaiting alternatives. With alternative facilities in the community other than jail or the emergency department, arrests could often be avoided altogether.

One possible solution might be if Travis County partnered with available acute psychiatric facilities, as they staff back to capacity or new facilities are constructed, through a contract to serve individuals in the intersection and eliminate arrest and lengthy emergency stays. Currently, Integral Care has some resources to manage this type of referral; opportunities may emerge in which expanding this type of approach might relieve some of the burden on the current jail and system intersection.

Insufficient outpatient services of all types

One of the work groups summarized the community outpatient services situation perfectly, “We have a little bit of everything, but not enough of anything.” Travis County continues to see unprecedented population growth with no end in sight. The population of Travis County in 2021 was 1.3M, a ~27% increase from 2010 (USA Facts). With explosive growth, it is difficult to maintain community-based services at scale. Improving and expanding existing community-based outpatient services is necessary to prevent mental health disorder crises, provide needed services to the community, and assist in preventing recidivism with the legal system by ensuring individuals released from jail can continue with their treatment.

As noted, in an ideal system, police officers have real-time clinical support for interventions involving behaviors potentially arising from mental health disorders. Travis County funds the Expanded Mobile Crisis Outreach Team (EMCOT) through Integral Care, which is a co-response of law enforcement and mental health professionals to a call; however, it is insufficiently sized based on the current and expected continued population growth. EMCOT is the only co-occurring response for both clinical and legal evaluation of a situation currently available. To appropriately identify both clinical and legal needs of an individual, it is essential to integrate these two evaluative processes. Once evaluated by the appropriate professionals, the individual can then be placed in the most appropriate, least restrictive clinical and legal setting for their individual alleged crime and diagnosed mental health needs.

Through an analysis provided by Integral Care, expanding EMCOT from 47 to 88.5 full time employees would meet the current need. This increase of staffing is an investment of $10,562,000 annually and would support Austin-Travis County EMS and APD, as well as calls fielded from other partners such as Travis County Sheriff’s Office, Pflugerville Police Department, and the University of Texas Police Department. This expansion would also provide 90 days of follow up for each individual. See Appendix 17 for full EMCOT expansion details.

Unwieldy competency restoration process

In calendar year 2022, the Mental Health Public Defender’s Office represented 180 individuals with competency restoration concerns. Of those cases, none were successfully referred to a state hospital due to the current barriers to admission. These individuals then remain in jail while solutions are sought, leading often to many weeks or months of detainment. Alternatives to

referrals to the state hospitals requires more outpatient or other types of and locations for competency restoration. Additionally, some individuals may be able to be processed through dismissing charges in concert with treatment to manage the behaviors that led to incarceration. For example, Miami Dade County implemented what they call the Miami-Dade Forensic Alternative Center, a 90 to 120-day program for 2nd and 3rd degree felonies which, while providing competency restoration services, focuses on community integration. If an individual is referred and approved for this program, their charges are dismissed, and they are released back into the community upon effective treatment. This program has also largely eliminated competency restoration for misdemeanors through charge dismissal and clinical support. The program has seen 68% fewer jail bookings and 94% fewer jail days for participants vs non-participants in the alternative program. See Appendix18 for details on this specific program.

Lack of Support for People with Less Common Brain Illnesses

As noted previously in this report, individuals who have IDD, TBI, dementia, Alzheimer's and other brain health conditions are often inadequately considered in planning, especially when in reference to the criminal legal and mental health systems intersection. These individuals are more likely to languish in jail and be sent for competency restoration, even though their condition may preclude them from ever regaining competency status. In ongoing conversations about how to reduce the number of people stuck in or cycling through the Travis County jail, it is essential to consider solutions for individuals with more complex health needs complicated further by criminal history and potentially co-occurring mental health conditions – specifically substance use – needs. As an example, the SMART program (see Appendix 19 for details on SMART) does not accept individuals with IDD as they are unlikely to remain compliant with the program; consequently, alternatives are needed, even though these individuals are relatively uncommon in the total service demand.

3.4 Potential Quick Wins

In review of the full list of recommendations from the work groups (found in Appendix 20), the following recommendations have been identified as “quick wins”, namely recommendations that can be implemented relatively quickly with mostly minimal costs.

Table 8. Quick Wins

Quick Wins & Cost Categorization

GAPS		Low cost	One Time costs	Minor on-going costs	Major Investment
C	Create 16.22 training (BHCJAC can create this)	✓			
A	Implement DUA for sharing data among Courts, Jails, law enforcement, and Integral Care	✓			
B	Embed Certified Peer Specialists throughout the system				✓
	Provide individuals resources to present to court with dignity and respect			✓	
A	Consolidating Probable Cause Affidavit	✓			
A,E	Pretrial services using coordinated assessment - to assist individuals to get on the housing need list			✓	
C	Create protocol for how individuals flow through MH evaluation in jail	✓			
C	Training implementation, for details see slides (# - #) MH First Aid Training for all County Employee and Contractors (offered for free from Integral Care)		✓	✓	
I	Create an evaluation referral system for TBI, IDD, dementia, Alzheimer's, and other brain health conditions	✓			
A	Implement in-jail guardianship screening, to improve data collection	✓			
E	Convene stakeholders to develop boarding home regulations and licensing.		✓		
F	Expand Emergency Mobil Crisis Outreach Team (EMCOT)				✓
C	Establish a Travis County Committee of Mental Health to manage implementation team and recommendation operations.			✓	

Gaps: A) Ineffective Databases and Technology; B) Insufficient Certified Peer Support; C) No integrated legal/clinical evaluative and triage process; D) Insufficient acute inpatient care; E) Insufficient amount and types of housing; F) Insufficient outpatient services of all types; G) Unwieldy competency restoration process; H) Insufficient counsel at first appearance; I) Lack of overall resources and funding for IDD, TBI, Alzheimer’s and other brain health conditons

Low Costs

Create 16.22 training – The 16.22 Mental Health Evaluation can be requested by the magistrate judge prior to magistration and provides the judge with an overview of an individual’s mental health status, needs, and potential community programs and services they could enroll in if allowed to bond out of jail. While the Texas Judicial Commission on Mental Health recently released The Texas CCP Art. 16.22 Guide (January 2023), there is no official integrated training on how or when to request a 16.22, how to complete a 16.22, how recommendations in the 16.22 could impact the outcome of release for an individual, and how a judge or attorney can read and/or interpret a 16.22 aimed at both legal and clinical professionals. The Behavioral Health Care Judicial Advisory Committee (BHCJAC) already has the appropriate legal and clinical stakeholders available to create a training program that could be implemented for all magistrate judges, and legal and clinical professionals who interact with the 16.22 evaluation. BHCJAC has expressed interest in developing this training. The cost of the training is the expense of the committee’s time to develop and implement it. Ideally, this training program would be in place when the Counsel at First Appearance pilot is reinstated and offered to both

prosecuting and defense legal representatives, leading to synergistic improvement in the processes.

Implement Data Use Agreement (DUA) for sharing data between courts, jails, law enforcement, Integral Care, and other mental health provider stakeholders in the county – As stated in the top recommendation, a DUA is highly important to reduce time between sharing among county (and other) entities data for analysis, system improvements, and continuity of care. The expense of a DUA requires time investment from the entity's legal teams to create, approve and implement. There are minimal ongoing costs once a DUA is in place. We cannot overstress how important establishing and maintaining these DUAs is to permit measuring improvements in the system.

Consolidate Probable Cause Affidavit – A Probable Cause Affidavit (PCA) is a summary provided from the arresting officer of why a person was arrested and what occurred during the arrest. Currently there are several different PCAs that circulate throughout the different jurisdictions located within Travis County. Mentioned earlier in the top recommendation for data, this non standardized approach is cumbersome and causes difficulties in aligning data across sites and entities. One fairly simple solution is to standardize the probable cause affidavit for Travis County. This standardization can be completed by convening a work group with representation from local jurisdictions and Central Booking and could be completed in a short time frame. This group would evaluate the existing PCAs and work towards a single standard document to be used by all local jurisdictions. This document would also transition from paper to electronic form once improvements in technology are made.

Create protocols for how individuals flow through mental health evaluation in jail – When an individual enters Central Booking several assessments and evaluations take place almost immediately. Often, individuals are agitated, angry, anxious, or exhibiting other behaviors they normally would not exhibit due to the stressful and sometimes traumatic experience of being arrested and taken to jail; consequently, incomplete, or inaccurate information are collected, especially regarding mental health needs. Currently, TCSO makes attempts to re-evaluate individuals as needed if they present in such a way upon booking. However, there is no standard process for re-evaluation, which means their initial screening may be used while making decisions such as bond or accepting charges. To obtain the most accurate information and provide the best care for individuals, existing mental health professionals employed by Travis County Sheriff's Office can convene with legal professionals to determine the appropriate flow for mental health re-evaluations as needed. This improvement cost is, again, the time of stakeholders to develop a standard approach that can be digitized with technology improvements.

Mental Health First Aid Training for all County employees and contractors interacting with the criminal legal system – Mental Health First Aid is a skills-based training to teach people about mental health and substance use. This baseline training is offered at no charge by Integral Care. Ensuring all County employees and contractors working within the criminal legal system

understand basic mental health is necessary to ensure individuals within the system are provided the appropriate programs and services. It also reduces the stigma around mental health, decreasing potential unconscious bias. Time costs to consider are the coordination for training sessions and employee time from regular duties to attend trainings.

Create an evaluation referral system for TBI, IDD, dementia, Alzheimer's, and other brain health conditions – Currently the jail or court can order an in-depth evaluation when it is suspected someone may suffer from a more severe brain health condition. Ideally a more robust referral process for an in-depth evaluation would be beneficial. Such an evaluation includes medical procedures such as MRI or CAT scans, as well as neuropsychological testing to evaluate level of functioning. A more immediate solution might be to allow court staff, lawyers, and judges to use an email request, Smartsheet submission, or some other no-to-low-cost program that tracks requests and disposition data. Identifying an appropriate employee(s) to manage requests will be needed to ensure individuals are provided the referral in a timely manner.

Implement in-jail guardianship screening – Currently the jail does not screen for guardianship needs. Adding this screening questionnaire to the process will add minimal time for the staff and does not impact the individual's criminal outcome. Existing guardianship screeners could be used for this purpose. Doing so will allow the County to collect data around the intersection of guardianship needs and the criminal legal system, as well as implement guardianship processes more quickly.

One-Time Costs and/or Minor Ongoing Costs

Pretrial Services utilizing Coordinated Assessment for housing needs – The Coordinated Assessment tool and connected list is managed by ECHO, who partners with location-based access points to help individuals find housing solutions. Pretrial services can explore utilizing the Coordinated Assessment to ensure someone is either on the housing need list or connect them with the appropriate location-based access point to have them added. Doing so will add a short amount of time to the pretrial services process, and cost is tied to the time of the staff completing this effort.

Convene stakeholders to develop boarding home regulations and licensing – In 2008, Health Management Associates presented a report on the then status of boarding homes in Texas to the Legislature. The report outlines concerns expressed by stakeholders using boarding homes, and analyses of several jurisdictions that require licensure and regulate boarding homes; it presented fourteen recommendations for the state. Statewide, it was determined that many of the homes were unacceptably dangerous, had unsanitary conditions, concerns with food safety, and negligent operations. In addition, financial abuse was observed as several owners require residents to appoint the boarding home as their representative payee for any federal or state financial support. In addition to the Health Management Associates report, HHSC provides the Texas Boarding Home Model Standards. Around the same time, the Austin American

Statesmen published an article identifying crimes committed against multiple boarding home residents ranging from identity theft to rape (Dexheimer, 2016). Since that time, little has changed in Travis County and while Austin requires boarding homes to file for a license, the city does not have sufficient staff to monitor all licensed homes or complaints filed with the city. Boarding homes within Austin are currently licensed through their Code Enforcement Department. Texas law allows local jurisdictions to license and/or regulate boarding homes. Several other counties in Texas, such as Dallas, have already made changes to expand oversight. Convening a group of stakeholders to research existing counties who have implemented boarding home licensure and regulation improvements, and then provide recommendations to the Commissioners Court around this issue would potentially include a one-time consultant or contractor fee, as well as employee time. Better regulation could have substantial impact on residents of the boarding homes and ensure their safety and wellbeing – physically and financially.

Major Investment

Increase Certified Peer Specialists – Approving funding and posting positions for Certified Peer Support Specialists is a major investment and was discussed as a priority recommendation. It could be initiated relatively quickly compared with the other major recommendations.

Conclusions

The work performed by the planning team provides a range of recommendations, some of which can be quickly implemented, others will need long-term planning and investment. The highest priority recommendations will have the largest positive impact for individuals within the intersection of the criminal legal and mental health systems and the community. Regardless which recommendations are chosen to implement, we recommend that the Court assign an independent team for project management, guidance, and implementation to ensure efforts continue for the safety of the community and the care for the individuals in this complex revolving door.

4

Next Steps and Conclusions

4. Next Steps and Conclusions

4.1 Next Steps and Conclusions

As the next step the planning team recommends creating an implementation process, once the Commissioners Court has determined which recommendations will move forward. This process would be comprised of an executive oversight board to coordinate across recommendations and then a series of implementation teams that include operational experts to establish new programs and potentially build a facility (the “Travis County Diversion Center”). We recommend the following approach.

1. Develop an executive board (4-6 members) to manage overall oversight of the recommendations; much of the effort will be naturally focused on the larger initiatives, e.g., building a diversion center. We recommend that the executive board be comprised of experienced leaders with the Chair of the board being a ‘neutral’ party (i.e., with limited or no direct personal or professional benefit in decisions), who can provide balance to the potential conflicts of interest of primary stakeholders. The executive board would report to the Commissioners Court.
2. The board would then establish implementation/operations team(s) who will lead implementation. These teams will:
    a. Work with the executive board and Commissioners Court to establish funding and budgetary restraints.
    b. Determine project timelines and budgets.
    c. Coordinate and establish contracts for consultants as needed.
    d. Develop programming for services to be provided.
    e. Manage any construction including, e.g., architectural design, engineering, hiring a contractor, and construction manager.
    f. Establish operational system flows to connect stakeholders.
    g. Develop operational budgets and funding streams.
    h. Open and ramp up services in community.
    i. Any other steps or processes to implement recommendations.

It is likely that some of the recommendations (e.g., expanding certified peer support) may be handled internally within the county’s existing operations team(s), whereas others (e.g., building a diversion center) will need a larger and external group of individuals that bring required expertise. Experts needed on an implementation team(s) include, but may not be limited to:

- Experienced project leader(s)/project manager
- County representative in the area being developed
- Clinical expert(s) (mental health and substance use, IDD/TBI/Brain health condition specialist)
- Persons with lived experience
- Legal representative(s) (e.g. defending and prosecuting attorneys)
- Judicial representative
- Sheriff's Office and APD representative(s)
- Architect and Engineer (for construction projects)
- Security Expert

Other experts can be engaged as needed based on the topics. We recommend that planning implementation of the various recommendations run, as much as possible, in parallel, as they are mutually supporting. However, as noted, short-term temporary 'fixes' might be implemented to begin redesigning the system while larger initiatives take place; e.g., building a diversion center may take several months or years, depending on the size of the facility, and whether it is a new build or renovation. Funding will need to be identified relatively soon to launch any of these recommendations.

4.2 Conclusions

Travis County, much like the rest of the country, is seeing unprecedented levels of mental health needs within the community that have spilled over into the criminal legal system. Compounding factors, such as homelessness and exponential growth, increase the likelihood that an individual in crisis will end up in our jail rather than appropriate clinical care. The desire to address these issues and concerns is the first step, but action is necessary on recommendations to create system change. We believe implementing the recommendations provided could lead Travis County to be a national leader in managing this complex system intersection and make Travis County an even better place to live.

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