Managing mental illness at the community level can keep the mentally ill out of jail and out of the emergency department (ED), illustrated by the success of a collaborative program between healthcare providers and law enforcement in Bexar County, Texas. Jail diversion programs have been in place in the United States for decades, but they have increased in the past few years, according to a recent policy report on the Bexar County program.

The Bexar County Jail Diversion Program and Crisis Mental Health System offers an example of how a joint effort involving the medical, legal, and mental health communities can help more people get the care they need with less drain on both law enforcement resources and ED resources.

Jail diversion steers mentally ill individuals into the mental health system and can ease the burden of crowded jails. The Center for Health Care Services created the diversion program in 2002 with a three-pronged intervention plan in mind: Identifying persons with mental illness who might be vulnerable to arrest, recommending alternatives to jail for persons already in the criminal justice system, and providing mental health and support services to prevent recidivism.

To help identify vulnerable individuals, a law enforcement officer and licensed counselor go into the community in an outreach effort to assess those at risk and determine what help they might need before a crisis occurs.
The University's goal, however, was 90 percent member participation. As an incentive to members, the University doubled the cost of health insurance for those employees or dependents not wanting to take the appraisal. Also, the University changed a benefit design with a $25 emergency department (ED) copay to one with a $100 ED copay and $10 primary care physician copay. Finally, it joined with SEHC in its work with health care systems to form ACOs. Thanks to these effective collaborations, Maine experienced the second-largest improvement in health care quality in the United States in 2010, according to Agency for Healthcare Research and Quality state snapshots.

Researchers at the University of Southern Maine, through a study funded by the Robert Wood Johnson Foundation, found that collecting information for these quality reports made a dramatic impact on most participating practices by spurring them to improve their chronic and preventive care, participate in quality improvement initiatives, and increase their focus on wellness as a driver. While it had an active wellness program, only about 25 percent of members were participating in a health risk appraisal. The second phase of the program provides alternatives to jail for persons who have been arrested. Individuals are screened for mental health problems, and they may be able to go directly to treatment programs instead of to jail. Traditionally, EDs have been used to facilitate this process.

Critical to the early success of the jail diversion effort was giving officers fast, convenient access to “drop off” crisis care resources for detainees other than an Emergency Department.

In 2005, the Center for Healthcare Services (Bexar County Mental Health Authority) established the CCC, a 24-hour crisis stabilization unit that's staffed by medical, psychiatric, and social work professionals, so police officers have a place to take individuals other than to jail or the ED for a psychiatric evaluation. Open to the public and to law enforcement, the CCC receives 500 to 700 individuals monthly. Since opening, the center has added a well-equipped medical procedures room to provide treatment for minor injuries and provide medical clearances, a 20-bed sobering area for public intoxicants, a 15-bed inpatient detox/counseling area, and an on-site mental health/drug court.

The CCC is managed collaboratively by the Center for Health Care Services, University Health System, and the University of Texas Health Science Center at San Antonio. Currently, the Crisis Care Center along with the Public Safety Unit manages approximately 1,500 cases a month that would have been seen in an emergency department. Of these 1,500 cases per month, about 50 cases per month end up being transferred to an ED.

Crisis intervention training, community crisis care, and jail diversion efforts are cutting recidivism and saving millions. Within a 12 month period during 2010-2011, 5,100 persons were screened, referred to, or provided service at the Crisis Care Center, while 8,000 people utilized sobering, medical detox, medical clearance, and intensive outpatient drug abuse services. During two budget years, 2009 and 2010, these programs have documented direct savings of $15.5 million dollars for local governments through jail diversion, consumer engagement and treatment. Recidivism among non-violent offenders referred to treatment is below 10 percent.

The Bexar County Jail Diversion program and Crisis Mental Health System received the Gold Award from the American Psychiatric Association in 2006, and it has been adopted by the state of Texas as a model for the entire state.

Dr. Hnatow emphasized, "this is a community problem, and it requires a community solution."

Lessons Learned

- Single idea can bring vast returns
- Effective communication is essential
- Team focused culture of change developed
- Leadership support for change initiatives

Thanks to this non-AF4Q community for sharing its bright spot at the AF4Q national meeting in May 2012.

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