



**THE CENTER  
FOR  
HEALTH CARE  
SERVICES**

**Leon Evans  
President/Chief Executive Officer  
The Center For Health Care Services**

**1:00 P.M.  
Tuesday March 27, 2007**

**The Subcommittee on Crime, Terrorism, and Homeland  
Security of the Committee on the Judiciary, U.S. House of  
Representatives**

**Written Testimony by Leon Evans  
President/Chief Executive Officer  
The Center for Health Care Services,  
(A Behavioral Mental Health Authority)  
San Antonio, Texas**

Invited testimony on “Criminal Justice Responses to Offenders with Mental Illness”  
March 27, 2007, Rayburn House, Washington D.C.

Honorable Chairman and Members of the Subcommittee of the House Judiciary  
Committee:

My name is Leon Evans, President/Chief Executive Officer of The Center for Health  
Care Services (Center), a state community mental health center which is the Mental  
Health Authority for Bexar County/City of San Antonio Texas.

I am Chairman-elect of the National Association of County Behavioral Healthcare and  
Developmental Disabilities Directors. The organizational mission of this association is to  
provide county based mental health and substance abuse services across 22 States.

I am also a proud member of the National Council for Community Behavioral Healthcare  
with a membership of 1,300 mental health centers providing services across our nation.

Additionally, I am a member of the Justice Committee of the National Association of  
Counties (NACO) that has been active through their membership representing 2,075  
member counties and their county judges, commissioners, sheriffs and county jail  
administrators, in advocating for a new system of response to alleviate the inappropriate  
incarceration of persons with mental illness and the cost associated with it.

It is an honor to come before this subcommittee on Crime, Terrorism, and Homeland  
Security of the Committee for the Judiciary of the U.S. House of Representatives  
regarding “Criminal Justice Responses to Offenders with Mental Illness.”

It is an honor to come before you to tell you about our community collaboration in Bexar  
County. This collaboration created a very successful community initiative known as  
“The Bexar County Jail Diversion Program.” In the last two years, our collaboration has  
been nationally recognized for its excellence in service, focusing on first line contact  
within the jail diversion continuum.

In 2006, The American Psychiatric Association recognized the Bexar County Jail  
Diversion Collaborative with its national “Gold Award” for the development of an  
innovative system of jail diversion involving community partnerships and collaborations.

This award recognized the collaborative innovation of improved services, enhanced access to and continuity of care for persons with mental illness, which resulted in financial savings to the community.

The Bexar County Jail Diversion Program (BCJDP) was also the recipient of the 2006 “Excellence in Service Delivery Award” provided by the National Council for Community Behavioral Healthcare.

The Bexar County Jail Diversion Model has been highlighted in the Substance Abuse and Mental Health Services Administration (SAMHSA) journal for its innovations and creativity. Visitors from all over the United States, including Canada, have come to study this model program in the hope of developing similar models in their communities.

We are in the process of completing our second cost benefit analysis that identifies the costs associated with mentally ill non-violent offenders and the use of public resources such as hospital emergency rooms, jails and prisons. Without proper identification and access to service and treatment, many of these individuals are caught in a never ending revolving door resulting in harm to the individual and the draining of public dollars.

In Fiscal Year 2004, our first economic study revealed that in Bexar County, with the diversion of over 1,700 people an estimated \$3.8 million to \$5.0 million dollars in avoided costs was actualized within the Bexar County Criminal Justice System.

Economically, it makes sense to divert from incarceration and treat non-violent persons with serious mental illness in different venues and make available crisis services and other treatment modalities outside the criminal justice system. This protects the dignity of persons with a severe mental illness while making sure our county, state and federal dollars are spent in the most effective and efficient way possible. By not providing the appropriate intervention and treatment we are finding that people with mental illness are being incarcerated. This in-appropriate system of incarceration could be considered cruel and unusual punishment.

### **The Problem:**

It is a national tragedy that in today’s society, persons with severe mental illnesses, for who the most part are not violent, find themselves caught up in the criminal justice system. Many persons with mental illness are over represented in in-appropriate settings such as emergency rooms, jails and prisons. For sometime, it was thought that about 16% of persons in our jails and prisons had a severe mental illness. More recent studies would suggest that the number could be at least twice as high. This is not only wasteful and inappropriate but delegates’ people with an illness to be housed in our jails and prisons rather than treated in the least restrictive most appropriate therapeutic setting.

The reason for this problem is multi faceted. First, in the 60's when psychotropic medicines were being developed and President Kennedy, through the Community Mental Health and Mental Retardation Facilities Act of 1963, initiated the delivery of community based services, states started closing our state hospitals. It was understood that necessary funding would follow these persons back to the community to pay for the treatment and medication. In reality, that did not happen. Today, we find ourselves not only "under-funded", but the funding that has been dedicated to serve persons with mental illness in the community tends to be directed towards outpatient services instead of necessary funding for intensive crisis services. There is little or no services associated with stabilizing persons and re-integrating them into their communities.

Historically, law enforcement and Community Mental Health Authorities have not partnered nor communicated with each other to address these problems! Due to the lack of this poor communication and trust, to date there has been little training, little planning, and therefore poor to limited services. This break-down in communication results in duplicated efforts, inefficiencies and limits the impact of our tax dollars being spent in our communities. It is well known that the average length of stay for these non-violent offenders who end up in our jails is 3 to 4 times longer at 5 to 6 times the cost of their stay as compared to the cost of the stay of a violent offender.

Why is this?

- 1). These persons lack the resources to advocate for themselves or have the knowledge or ability to access commercial or specialty bonds for release.
- 2). The nature of mental illness and the lack of public information force a judge to act conservatively in their decision process which extends their stay.

During their stay in the jails, most persons with mental illness usually receive poor treatment for their mental illness. After all, jail and prisons are not therapeutic environments. Many times people that end up in jail do not get referred to mental health services on discharge. Therefore, these individuals end up de-compensating and ultimately end up back in jail and in our state prisons. Inappropriate sentences in state prisons create episode costs that could range in hundreds of thousands of dollars per incarcerations.

We have a failed public policy when it comes to the incarceration of non-violent mentally ill offenders. This does not make sense when it comes to public policy. A non-violent offender taking up space increases overcrowding and reduces bed availability for those individuals who do need confinement.

History has shown us that the current system has caused the suffering, indignity and humiliation for thousands of persons with serious mental illness who have been

inappropriately jailed due to the lack of availability of treatment and crisis services within the community. Tax payers, in the end, are paying the price for this failed system.

Our County Judge Nelson Wolff brought together a group of community leaders who formed a collaborative, which has been functioning for several years focused on improved services and driving out waste associated with the criminalization of the mentally ill.

The BCJDP has been designed and developed, through this expansive collaborative effort of community leaders and stakeholders, to ameliorate the practice of utilizing the jail system for the inappropriate “warehousing” of individuals with substantial mental health issues. The thrust of this effort was to also minimize the use of the arrest/booking process of adult offenders with mental illness who by their conduct, are subject to being charged with a minor non-violent criminal offense.

Within four years, from 2003 to date, we have developed a new model of diversion, which focuses on both physical and mental disabilities working closely with law enforcement within forty-six intervention points along a jail diversion continuum. Our new Crisis Care Center has compressed the waiting time required of law enforcement officers to deliver an individual in crisis for psychiatric assessments and medical screenings. This compression of time has allowed law enforcement officers to be released back into the community within a 15 minute time frame and more appropriately provide service to the community and results in less inappropriate incarcerations and/or inappropriate use of our emergency rooms. It is estimated that in the first year alone, \$3.8 to \$5 million dollars was saved in the community through our diversion efforts resulting in the reduction of over crowding of the jail and increasing the capacity in our jails for the incarceration of violent offenders. It should also be noted that our emergency rooms are not packed with law enforcement officers waiting for medical clearance and psychiatric evaluations and keeping them from performing the law enforcement functions in the community. This has resulted in avoiding associated overtime costs for those officers who have to wait with the apprehended person needing medical clearance and psychiatric evaluations. We have implemented a number of innovative programs which work closely with the court system, the probation system, and local judiciary at large. We have incorporated probate judges in the development of civil commitment actions which ensure intensive outpatient case management for high utilizers resulting in significant savings as a result of a shortened State hospital stays.

**Future:**

Engaged efforts are currently in place to reach out to all community stakeholders such that local law enforcement, emergency medical services, hospital districts, the judicial system, local treatment agencies and others gain knowledge of working with persons suffering serious mental illness and the provision of cost effective, least restrictive, clinically effective treatment options within a community collaborative framework.

**Conclusion:**

We don't put people with diabetes and heart attacks in jails so why do we allow this to happen to our sons and daughters, to our family members who have a serious mental illness. We must treat the illness and not the symptom. We need to improve the quality of life by providing them with more appropriate venues of treatment. The mentally ill do not belong in the emergency rooms and jails for minor criminal offenses committed as a result of their mental illness. The emergency rooms are needed for more serious injuries for those that need the appropriate use of the emergency room. The jails are overcrowded and the mentally ill do not belong there.

Bringing them to an appropriate Crisis Center with an appropriate treatment program can alleviate the crowded situation faced at hospital emergency rooms as well as jails. We need to train law enforcement to become knowledgeable and have an awareness of the need to bring those individuals to us as opposed to jails.

There is a failure in the public mental health system. A Crisis Center, working with judges, and providing services to the mentally ill with additional supports can be a solution to the communities needs. We have many challenges before us but I am pleased to offer an alternative which focuses on community ownership and community collaboration.

Documents for the record include the following attachments:

1. APA Gold Award
2. Jail Diversion Short Presentation
3. National Weekly "Bexar County Story"
4. CCC Dr. Hnatow Article
5. Hollywood CIT Final Version
6. JD Model Lite
7. Written Testimony March 23, 2007
8. SAMHSA Newsletter
9. 3 JOHNSRUD FINAL
10. BCJD Economic Impact Study
11. CCC Brochure
12. Hnatow UHS
13. Jail Diversion White Paper
14. Out of Jail and Into Treatment