

**Andrea Kovarik, LPC:** MHID Mental Health  
Service Director

**Mark Hendrix, LPC:** Director of Operations

**Shawn Barnes:** Corpus Christi Police  
Department, CIT Coordinator

# Bridging the Mental Health and Criminal Justice Nexus



# Overview



Identify Need and  
Build your Team



Construct a Plan



Put into Action



Sustain and Grow



Q&A



# Identify Needs and Build your Team

## Identify Local Needs of Your Community

- Mental Health Incarceration Rate Increasing (40% were MH pop)
- Limited Bed availability at facilities
- Officer's overwhelmed with mental health calls becoming safety risk for community
- Tax spending increasing on indigent care without results



### Police Department

- Officers spending 45mins-1hr on MH calls, while calls are pending
- Police shortage
- Limited options for treatment
- Increase in co-occurring call volume



### Sheriff

- Jails are over populated
- Long wait times for mental health inmates
- Liability



### County Commissioners

- mental health crisis resulting in justice involvement
- Current process burdening tax payers



### Hospital District

- Indigent care cost increasing

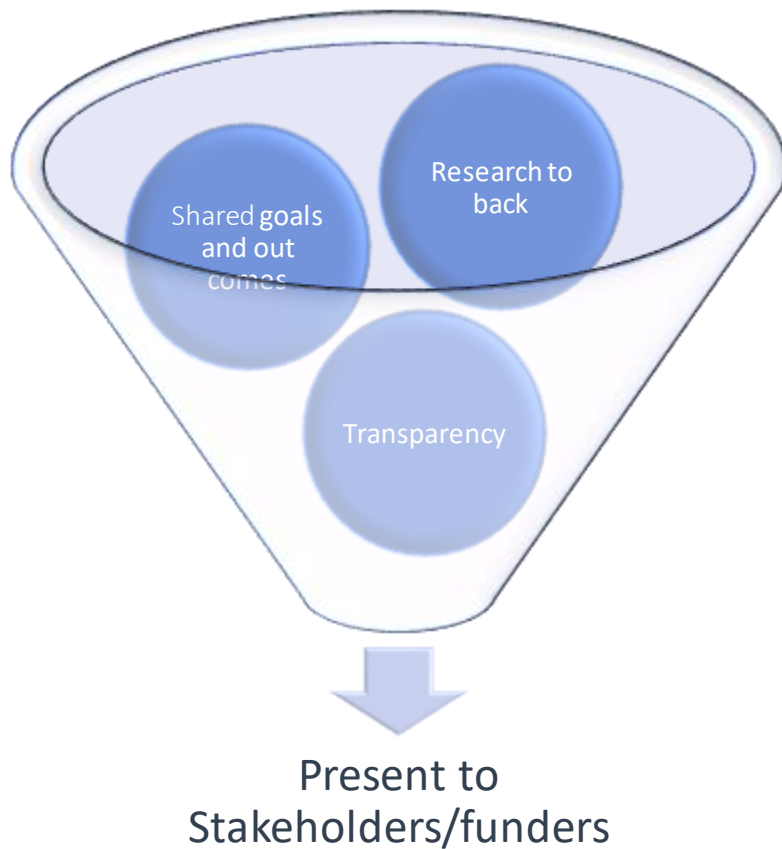


### LMHA

- Lack of access to inmates
- Lack of intervention opportunities with law enforcement
- Barriers to obtaining EDW/EDOs
- Lack of coordination and procedures with law enforcement
- Lack of funding to expand programming that was needed

# ✂ Construct a Plan

## Plan and present vision



## Use Phased Rollout: Phase I

CIT  
(pre-arrest)

- Audit high frequency hours for MH/crisis calls with dispatch and staff
- High utilizers
- Co-response Model
- Respite
- SUD Detox and residential services available on demand
- Establish shared policy and procedures, or become a warrant division
- Create data sets

Jail Diversion  
expansion  
(post arrest)

- Increase capacity for services with LMHA
- Transitional services
- Establish shared policy and procedures
- Data Sets

JBCR  
(post indictment)

- Create restoration access within jail for individuals unable to bond out
- Transitional services
- Establish shared policy and procedures with jail and jail medical
- Data Sets



# CIT Cost Points

Place/Event	Duration/ Classification	Cost
Local Hospitalization	3 days	\$3,108.75
State Facility	Per day	\$700
SWAT Activation	One episode	\$7,000
EMS Dispatch	One episode	\$1,750
Arrest	One episode	\$2,900
Jail	Per day	\$137
Charge	Class A, B, Felony	\$27,681.81
	Class C	\$3,158.81

# Data Points

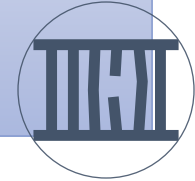
- Officers relieved
- # And charge type
- Total served
- Diversions:
  - Jail
  - SUD
  - Hospital

CIT



- # diverted
- successful completion

Jail  
Diversion



- Total enrolled
- Total successful
- # Of days to complete program

JBCR





# Put into action

## Phase I Program Execution



# CIT (Pre-Arrest)

## Goals:

- Decrease use of patrol officers for mental health calls.
- identify, assess and divert individuals into treatment rather than arrest/incarceration
- Increase Mental Health Awareness among law enforcement

## Partners/Resources

- Law Enforcement (city and county)
- Cenikor: SUD Treatment Facility
- Crisis Respite
- Inpatient Behavioral Health Hospitals

## Staffing

- LPC supervisor
- On call LPCs after business hours
- 6 QMHPS, 3 shifts
- 1 full time officer (7:00AM-3:00PM), 1 off duty shift Monday-Sunday 3:00PM-11:00PM & Sat-Sun 7:00AM-3:00PM. 1 officer on every day 7:00AM-11:00PM.



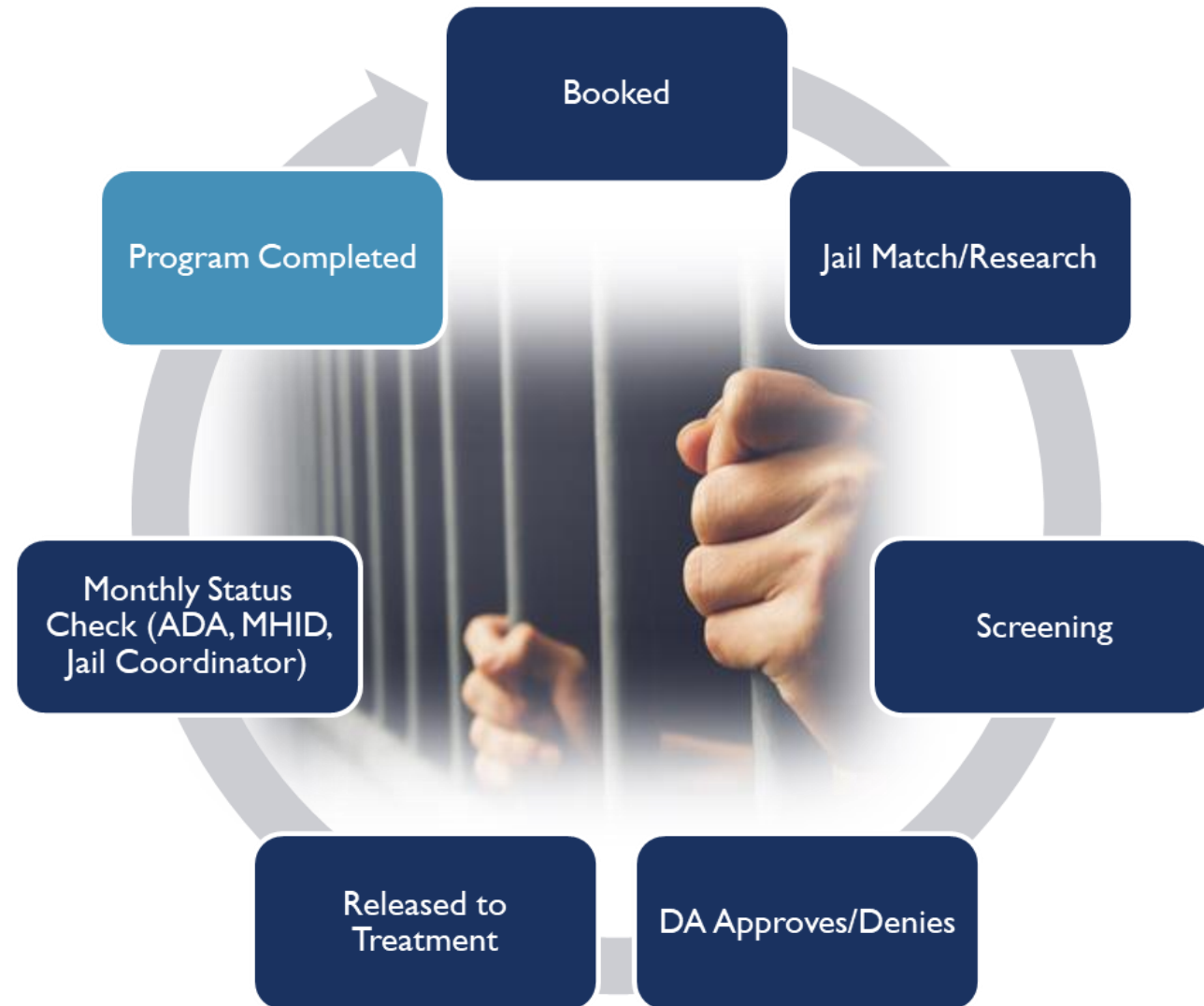


# CIT (Pre-Arrest)

1. Dispatch/Officer calls in suspected MH Crisis
2. Follow up calls/E-mails from officers during between the hours of 11PM – 8 AM (When CIT is not running), can be followed up with by CIT. CIT will follow up when there are no dispatch calls.
3. CIT Officer/CIT Co-Responder gather information and proceed to call
4. Scene is cleared by CCPD & CIT Officer
5. Other Officers are relieved and CIT Co-responder completes crisis assessment
6. Co-responder staffs with CIT Supervisor to determine services/referrals needed
7. Referrals according to level of crisis (risk to self or others and deterioration due to psychosis):
  - Hospital/Warrant/EDW: Transport to hospital
  - Cenikor (Substance Use Treatment): Transport to Cenikor for detox/residential (2 Detox beds on reserve)
  - Crisis Respite Unit (CRU)
  - Clinic appointment with Doctor/NP within 7 days of crisis
  - Refer to intake
  - PATH Program – If homeless can be referred to PATH program
8. When crisis is resolved, there is a transfer to a full level of care.

# Jail Diversion (post arrest)

- **Goals**
  - Divert out of jail into treatment
  - Quick access to screening and identification of mental health needs within the jail
- **Partners:**
  - Sheriff's Office
  - District Attorney's Office
- **Program staff**
  - Program Supervisor
  - 3 Case Managers, QMHP-CS
  - Clerk
- **Daily processes**
  - Sandra Bland Screenings within 72 hrs
  - Coordinating referrals with Jail coordinator
  - Jail Diversion Outreach
  - Mental Health and Co-Occurring treatment
  - Monthly Status Reports with ADA



# Jail Based Competence Restoration (Post indictment)

- **Goal**
  - Divert from unneeded hospital admission
  - Decrease Clearinghouse waitlist
  - Decrease jail population
  - Offer access to mental health treatment within 72hrs
- **Partners**
  - Jail
  - LMHA/Respite
  - Magistrate/District Courts
  - Private Psychologist
- **Staffing**
  - Psychiatrist
  - Supervisor, LPC
  - Case Manager, QMHP-CS
- **Daily Process**
  - Screening and Assessments
  - Competency and Mental Health Treatment
  - Coordination with the jail and courts







# Sustain

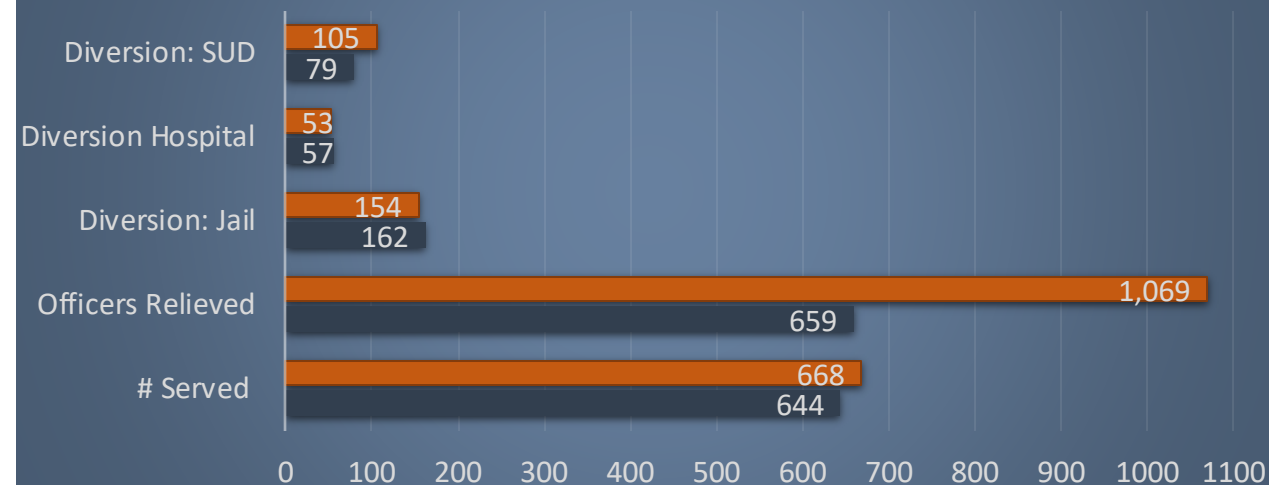
- Review Data on regular basis
- Quality of services
- Collaborative meetings to evaluate needs and process



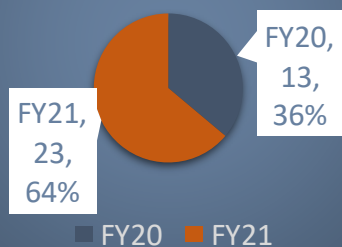
# Phase I Outcomes

## CIT Data Measures

FY21 FY20



## Jail Diversion Measures

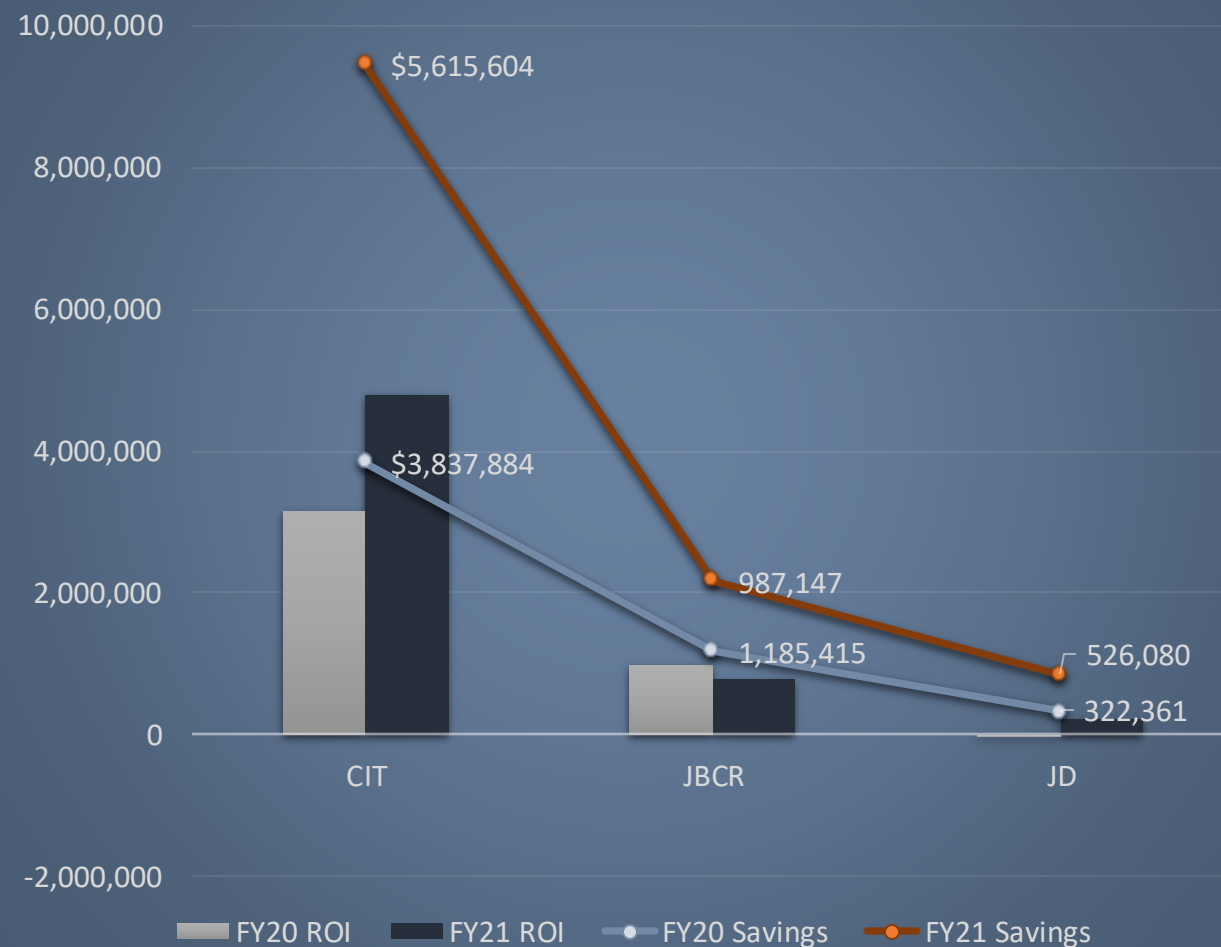


## JBCR Data Measures

Enrolled Sucessful



## Chart Title





# Cost Savings Of Collaborative Programs

## COST SAVINGS & RETURN INVESTMENT





# Growth



## Needs identified & Constructed Plan

Dedicated CIT officer could not respond to all the calls for service, but LE not gathering data on calls missed

- Proposed Budget to include addition LE officers/deputies
- 2 full time and an additional off duty shift
- Leverage technology to increase accessibility

LOC-5 caseloads increasing and running out of clinic intake appointments

- Summited proposal for additional case managers in MCOT and CIT to manage the increase in cases

High utilizers needed stronger supports for justice involved

- Proposal for a LPC Supervisor, CM's (3) and clinic staff for a specialized forensic unit

Lack of communication with ERs for referral to and from

- Proposed telehealth options to notify and send assessments prior to arrival and perform assessments for individuals being discharged from ER.



## Phase II Rollout: March 2021

Mobile Crisis and CIT Expansion

- Staffing:
  - **MCOT Exp:** 3CMs,
  - CIT: 5CMs, Addition off duty morning 7 day Shift, 2 full time deputies (morning & night shift).
  - CCPD matched with an additional Fully time officer for Night Shift

Walk In Crisis Clinic

- Staffing: LPC/LPC-A lead, 3 CM, CMA, MD/NP

Forensic Assertive Community Treatment (FACT)

- Staff: LPC, 3CM, RN, CMA, MD

Cloud 9 Telehealth

- 12 devices distribute to officers
- Ipads In ERs





# Software and Implementation for



# MHID

Nueces Center for  
Mental Health and Intellectual Disabilities



## Project Scope

### 1. Data Sharing across:

- Healthcare
- Public Safety
- Social Services

### 2. Communications via:

- Voice, Video, Text

### 3. Workflows for:

- Crisis Intervention
- Ongoing Prevention



# Phase 1



Cloud 911

## Crisis Intervention

Connecting Mental Health Clinicians to:

- First Responders
- Emergency Departments
- Substance Use Treatment

**TELEHEALTH DATA & COMMUNICATIONS FLOW FREELY & SECURELY**

Deliver Wrap-Around Services

Timely Interventions

Care Coordination

## PHASE 1

Emergency  
Departments



First  
Responders



MHID Mental Health Clinicians



Substance Use  
Treatment



Courts, Jails,  
Probation



Social Services, Homeless Outreach, Schools

## PHASE 2



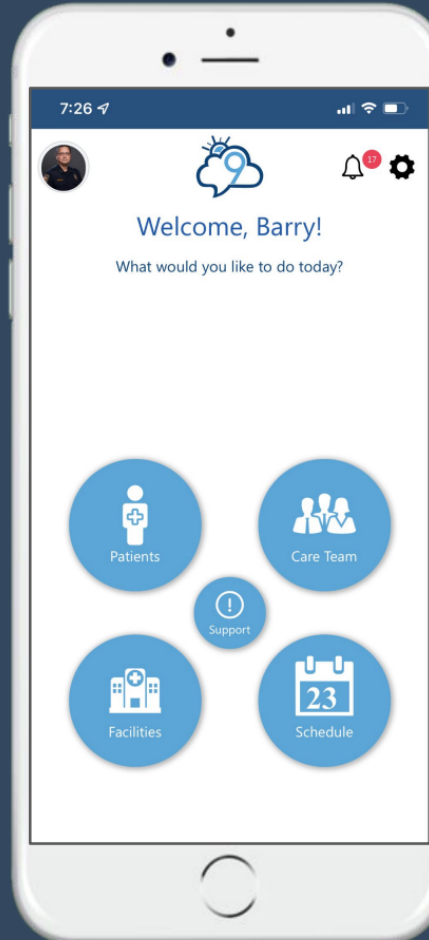


## First Responder Support

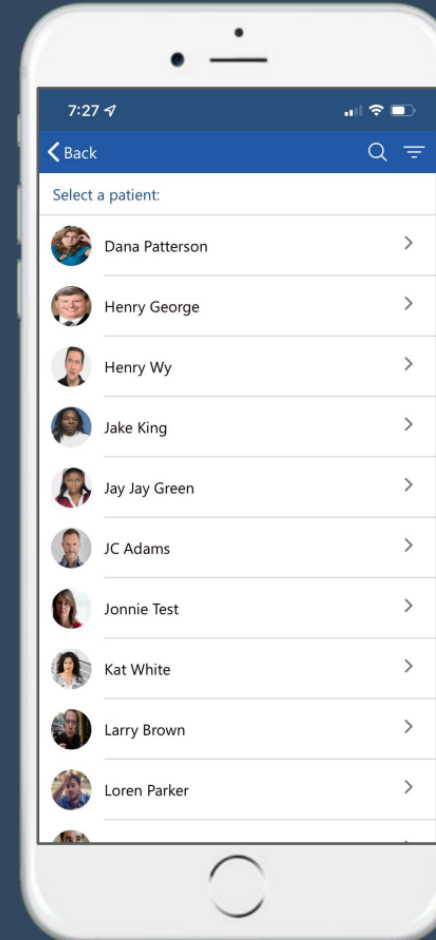
- Law Enforcement / EMS can easily access full lists of patients, care teams and care facilities in their community
- Know vital yet non protected (PHI) information about patients for safer interactions
- Connect to available care team members on demand
- Resolve crises quickly and safely

## Access Information & Clinicians Anytime Anywhere

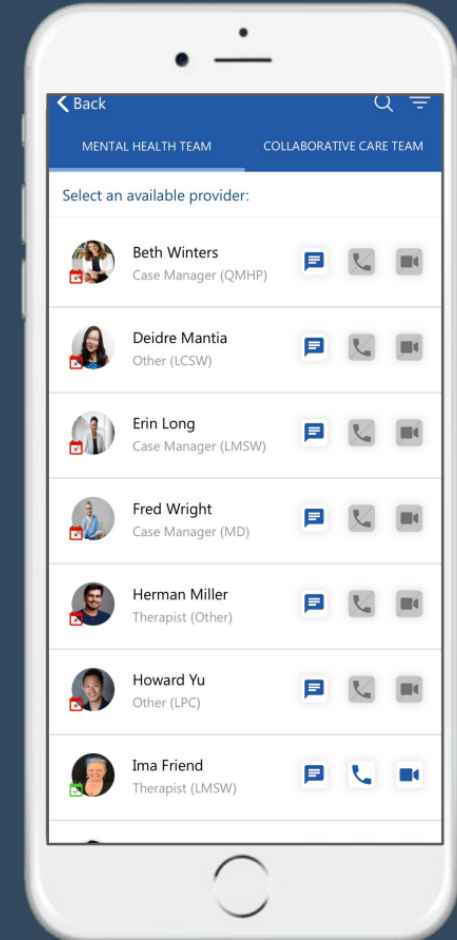
### Simple Navigation Interface



### Know Community Patients



### Connect to Care Team Support







# Cloud 911 Intervention

## The Problem

PATIENTS  
IN CRISIS



RESPONDERS  
ARRIVE  
UNSUPPORTED



**BREAK**  
THE FAILED CYCLE



JAIL



EMERGENCY  
DEPARTMENT

## Our Solution

**REMOTE CARE TEAMS  
RESOLVE CRISIS AT THE  
SCENE, PRESCRIBE  
MEDS OR ROUTE TO:**



SOCIAL SERVICES



FAMILY / FRIENDS



MOBILE CRISIS TEAMS



DIVERSION / RECOVERY CENTER



HOSPITALS



Intervention  
Efficiency

Scalability Data:



**10 Masters  
Level Clinicians**  
(whether ride along  
or staffed  
in a call center)

**TELEHEALTH  
IS A FORCE  
MULTIPLIER**

*~ Frank Webb, Harris County Sheriff's Office*



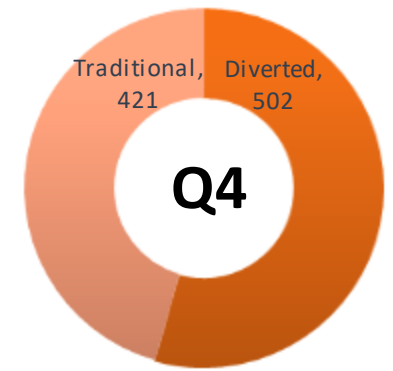
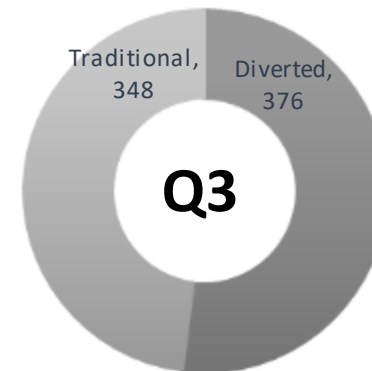
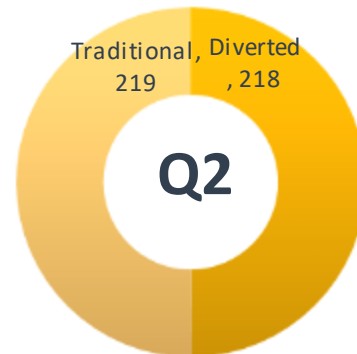
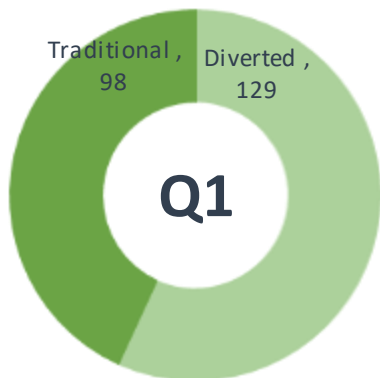
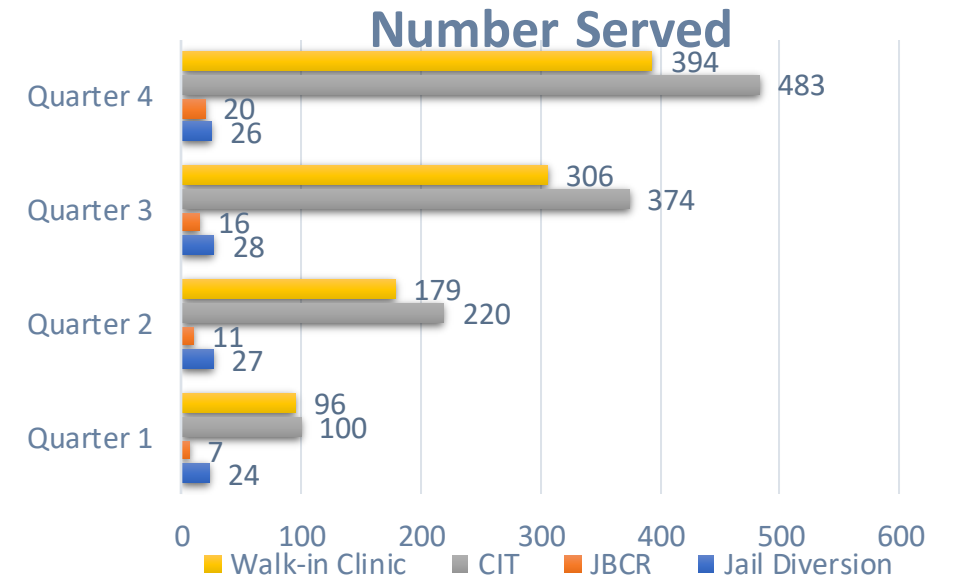
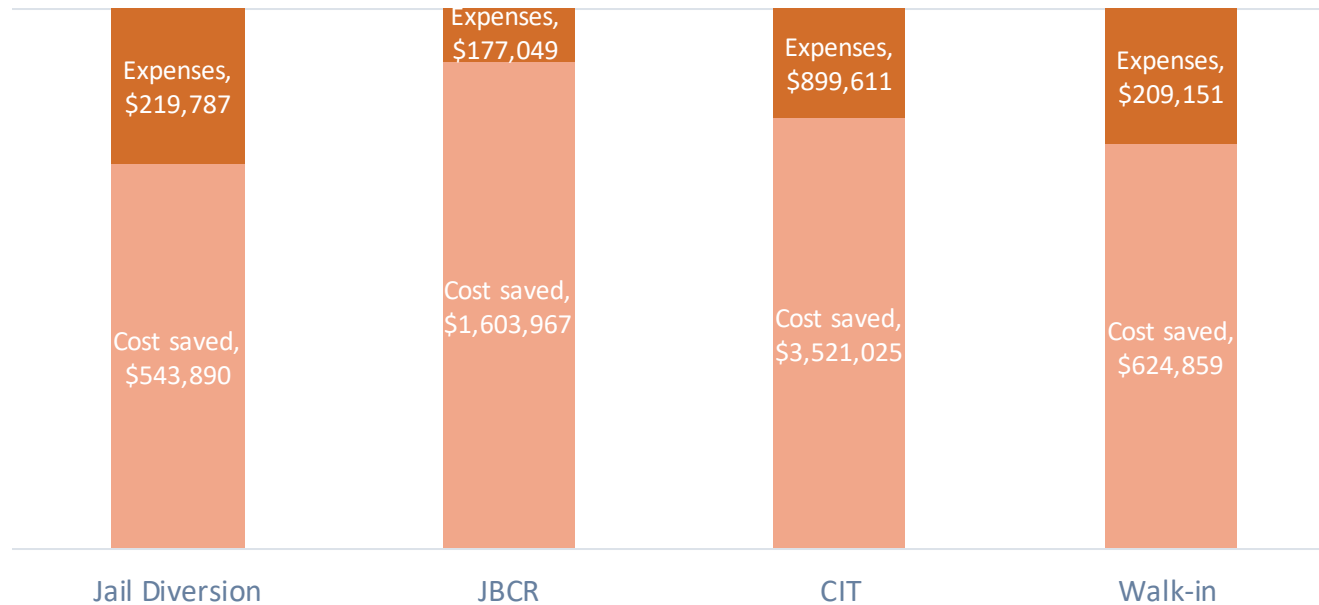
...can serve more  
than

**200 Deputies** via  
mobile device

On-Demand access  
to Clinicians

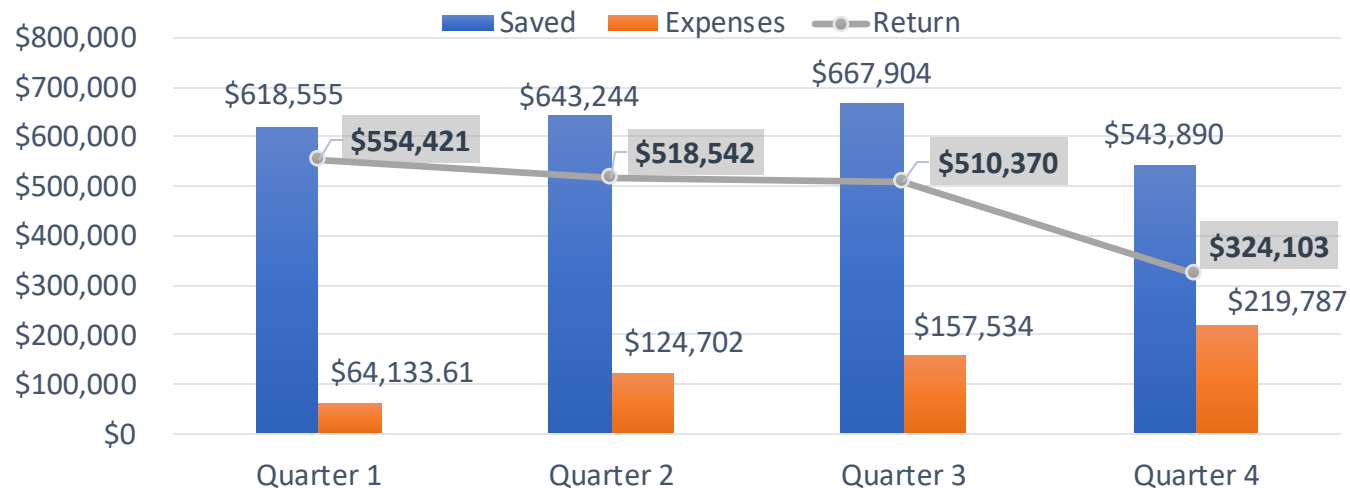


# Annual Overview of Programing

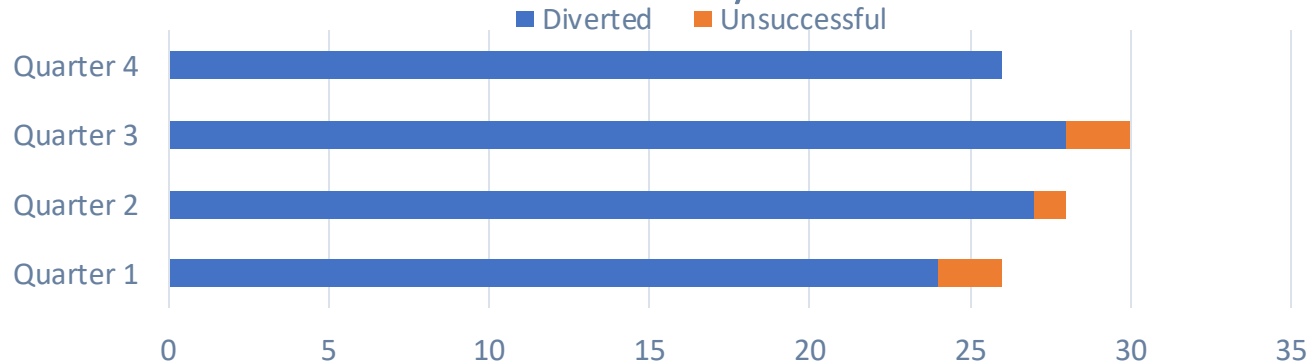


# Annual Overview Jail Diversion

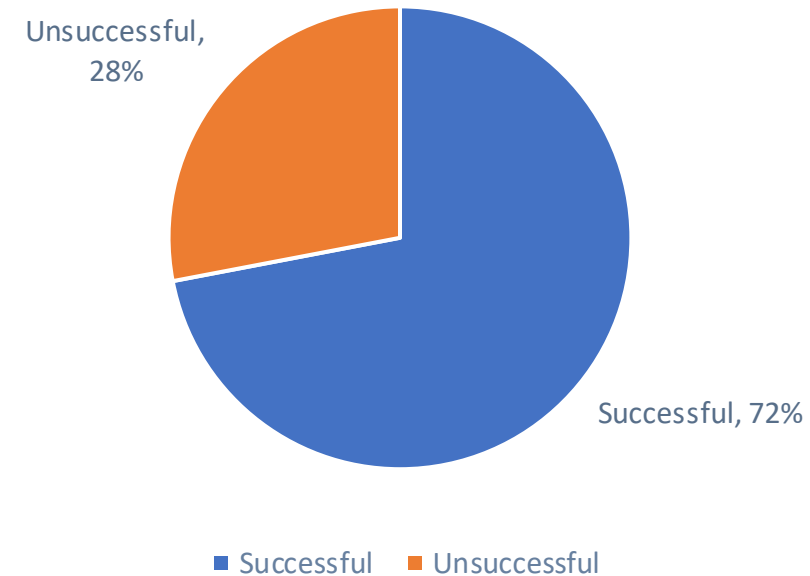
## Financial Impact



## Outcomes by Quarter



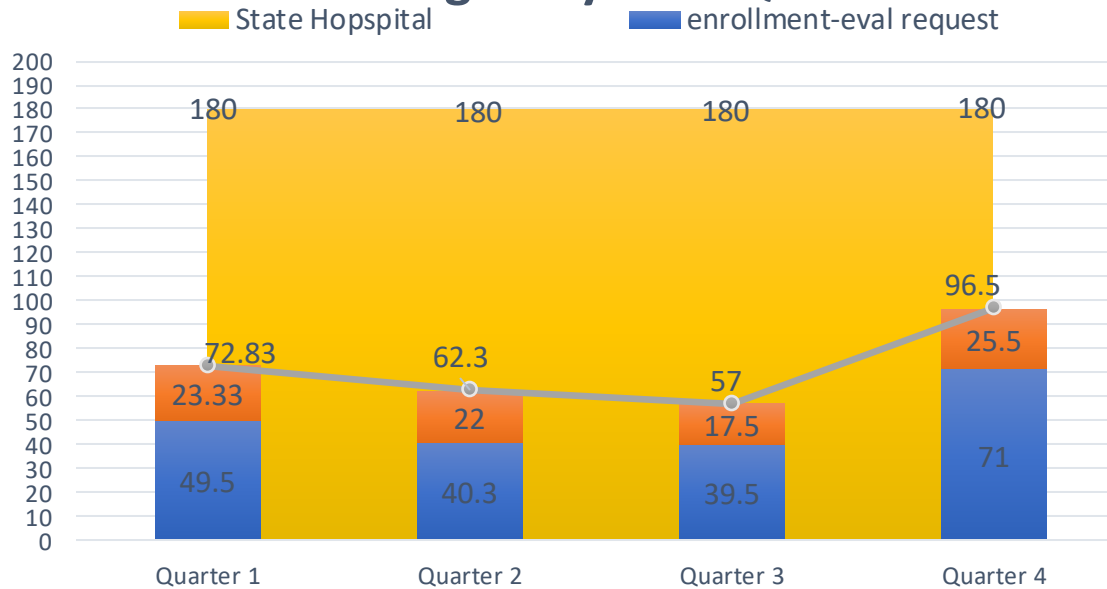
## Annual Outcome



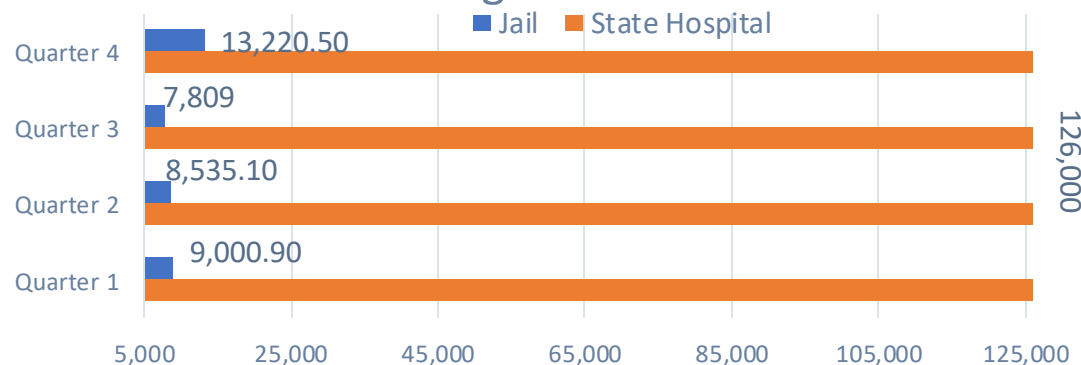


# Annual Overview Jail Based Competency Restoration

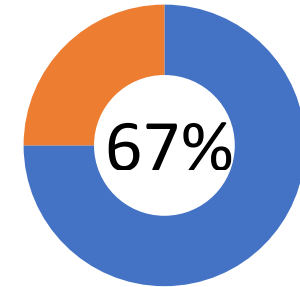
## Average Days Per Quarter



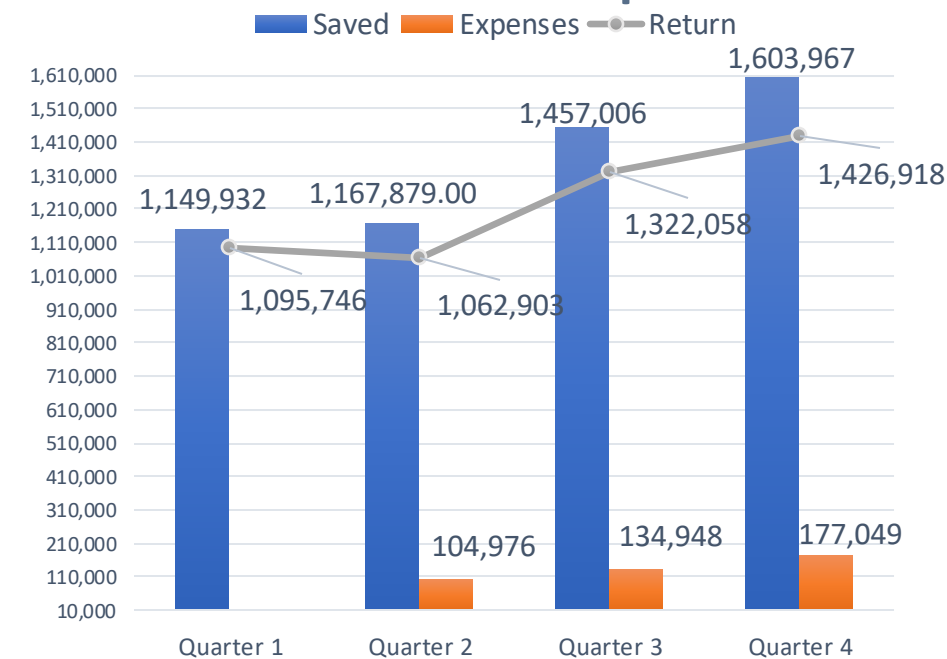
## Average Cost Per Person



## Restoration Rate

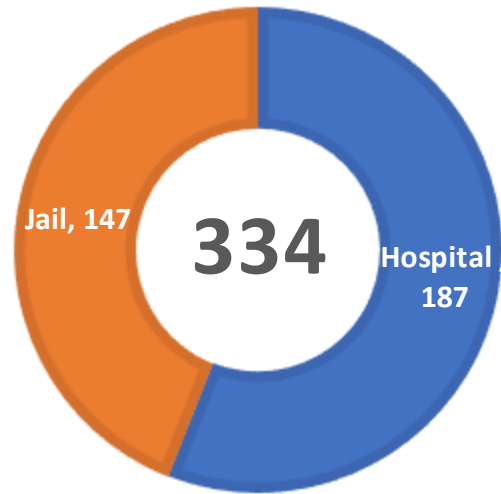


## Financial Impact



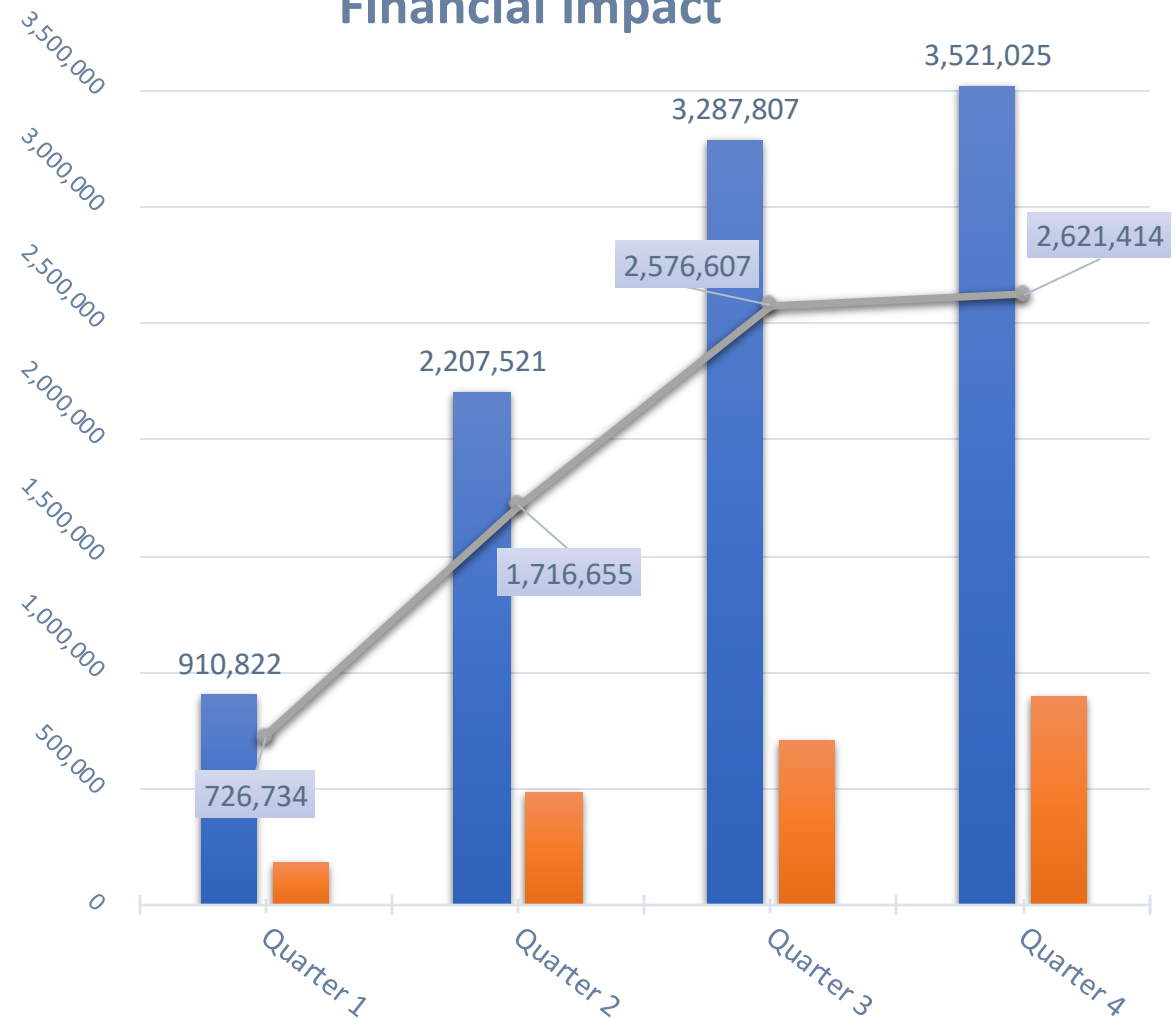
# Annual Overview CIT

## DIVERSIONS



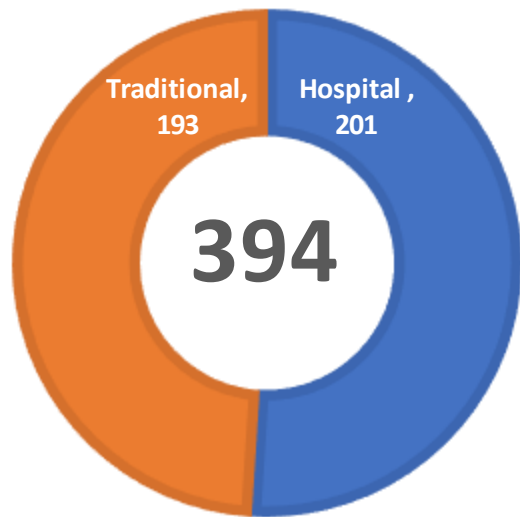
Service	Expense
Class B - Felony	\$27,681.81
Class C	\$3,158.81
SWAT	\$7,000
EMS	\$1,700
Medical Clearance	\$482.34
Hospitalization	\$3,108.75

## Financial Impact



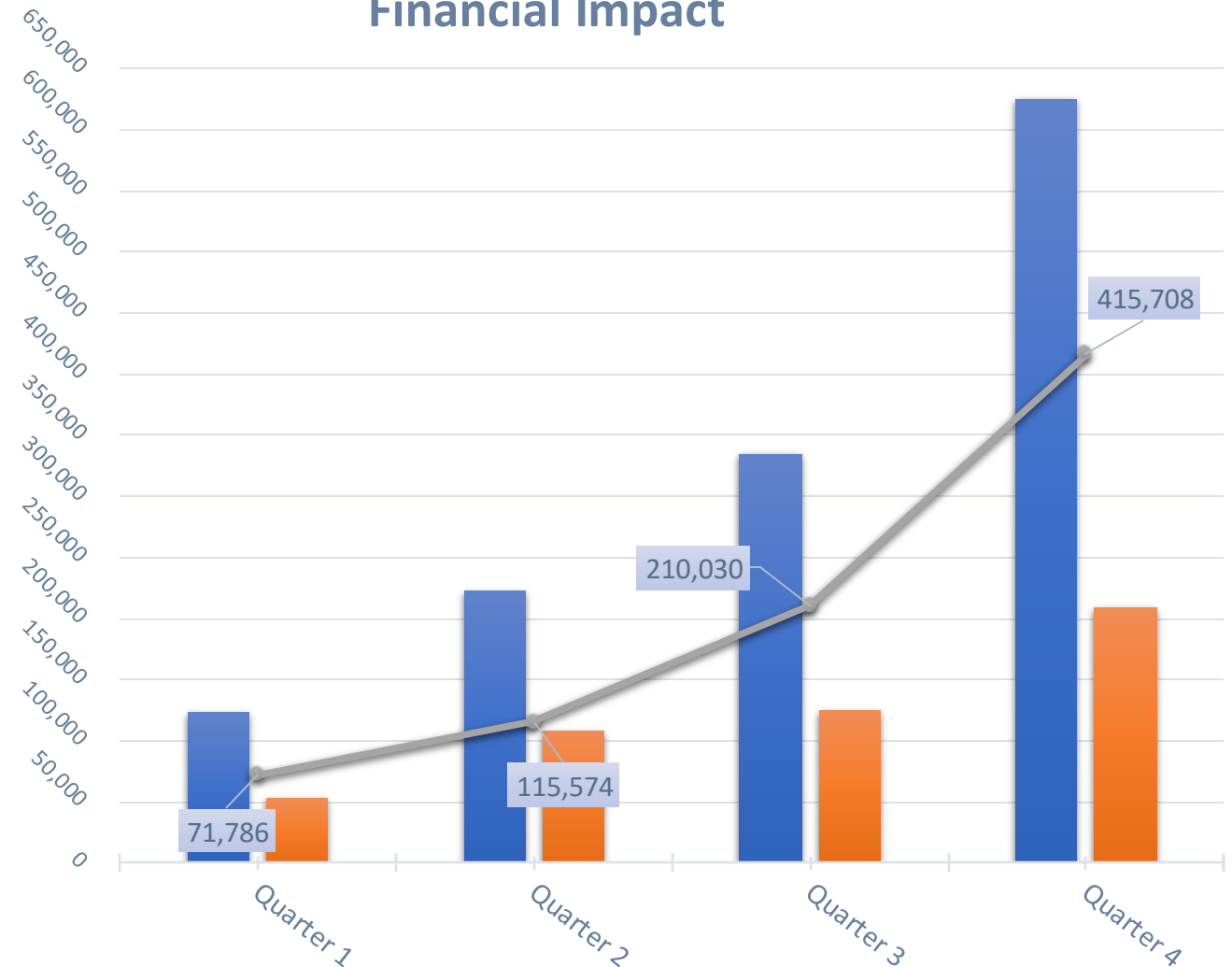
# Annual Overview Walk-In Clinic

## DIVERSIONS



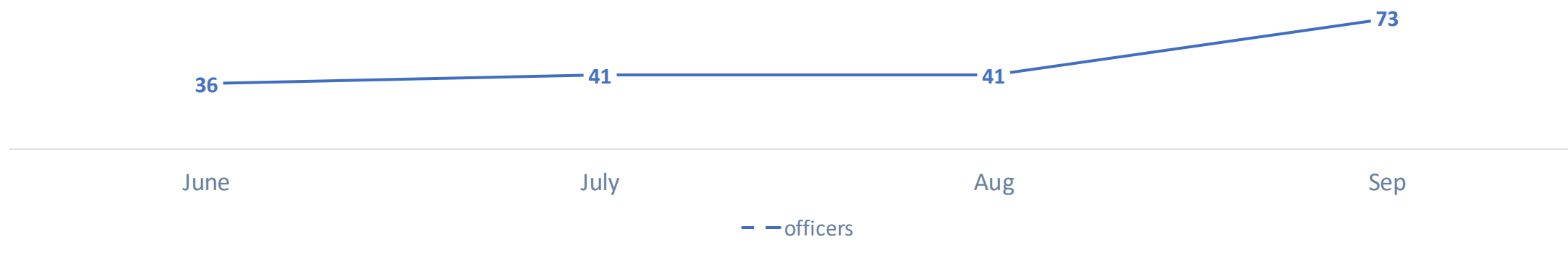
Service	Expense
EMS	\$1,700
Medical Clearance	\$482.34
Hospitalization	\$3,108.75

## Financial Impact



# Annual Overview Cloud 9

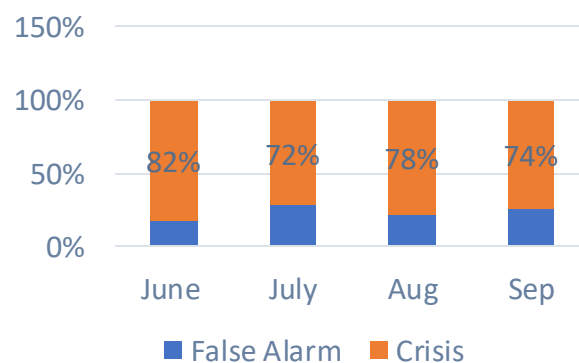
## OFFICERS RELIEVED



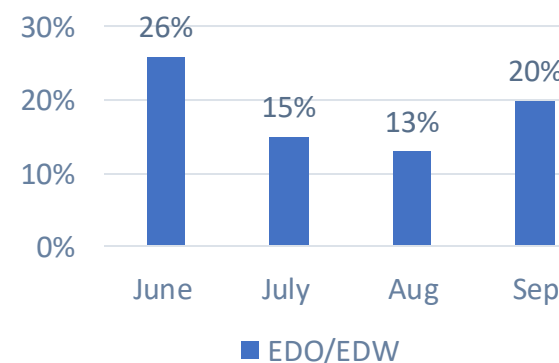
## Incidents



## Chart Title



## EDO/EDW



## OFFICERS RELIEVED PER CALL





# Phase III Diversion Center Coming Soon

## Who is Eligible

- Persons who commit/are charged with low level, non-violent crimes.
- Those who have/appear to have a history of mental illness and/or substance abuse problems.
- Not in an acute crisis – does not meet criteria for Emergency Detention.
- Voluntarily seeking services at the point of diversion.
- Persons age 18 and over.
- As the Local Mental Health Authority (LMHA), for Nueces County our crisis and transitional services are available to all persons regardless of insurance status. No person is ever denied services based on inability to pay.

## Goals/Outcomes

- Reduce the number of individuals with mental health issues engaged with law enforcement on low-level misdemeanor charges.
- Reduce the number of individuals with mental health issues in jail on low-level misdemeanor charges.
- Reduce the number of individuals with mental health issues in emergency rooms and hospitals.
- Improve the lives of clients through engagement, assessment, and treatment services.
- Assess and link individuals to necessary programs and supports based on a comprehensive assessment.
- Engage individuals in long-term programs. MHID already provides the overwhelming majority of outpatient behavioral health services for the indigent and Medicaid eligible populations in Nueces County.
- Ensure positive stakeholder satisfaction.



# Phase III: Diversion Center Services



- Assessment
- Integrated treatment and care plans to assist in an individual's stabilization and engagement in care.
- Medication management
- On site primary care
- On site psychiatric care
- Psychosocial programming
- Substance use disorder interventions
- Rehabilitation services
- Respite beds
- Peer support
- Extensive discharge planning to coordinate access to housing, social services and treatment post discharge, utilizing case managers and peer support.

# A Diversion Center Is & Does

- A single point of drop off for law enforcement.
- Reduce unnecessary arrests and hospitalizations.
- Provide 24 hour monitoring, support and engagement.
- Access to psychiatric medication management and treatment as part of engagement in longer term outpatient services and supports.
- Recovery oriented programming including access to peer support.
- Ideally operated in collaboration with law enforcement and the District Attorney's Office with the support of the Jail and courts.
- Integrate and interface with other community resources and supports to create a truly community based entry point for services.
- Much cheaper than doing nothing in the long run and will lead to exponential increases in diversions with engagement from all parties.
- Preliminary estimate of \$1.5 to \$2 million (\$100 - \$150 per s/f) to renovate MHID's proposed location in compliance with regulatory standards.
- Renovation is far more affordable than new construction.





# Questions?

**Andrea Kovarik, LPC: MHID Mental Health Service Director**

- [akovarik@ncmhid.org](mailto:akovarik@ncmhid.org)
- 361-886-1087

**Mark Hendrix, LPC: MHID Director of Operations**

- [mhendrix@ncmhid.org](mailto:mhendrix@ncmhid.org)
- 361-886-1332

**Shawn Barnes, CIT Coordinator**

- [shawnb2@cctexas.com](mailto:shawnb2@cctexas.com)
- 361-655-2958

