Mental Illness and the County: Building Partnerships

July 2018
Texas Governor

Greg Abbott

• Elected to serve as the 48th Governor of State of Texas

• Governor Abbott made protecting Texas communities the focus of his tenure as Texas’ longest-serving Attorney General

• Prior to serving as the Attorney General of Texas, Governor Greg Abbott served as a Justice on the Texas Supreme Court and as a State District Judge in Harris County.
Dan Patrick

- Dan Patrick was elected Lt. Governor of Texas in 2014
- Elected twice to the Texas Senate from Harris County
- Served as an Education Chairman in the 83rd Legislative Session
Speaker of the House

????
Texas Legislature

**TEXAS SENATE**
- Size
  - 31 Senators
- Terms
  - 4 years, staggered
- Presiding Officers
  - Lieutenant Governor
  - Elected statewide for a 4 year term

**TEXAS HOUSE**
- Size
  - 150 representatives
- Terms
  - 2 years
- Presiding Officers
  - Speaker
  - Elected to the House from a district & then by entire membership of the House (2 year term)
House Select Committee on Mental Health

- Created by Speaker Straus – 11/9/15
- Charged to review behavioral health system including:
  - Treatment Adults & Children
  - Substance use services
  - Improve early identification
  - Increase collaboration
  - Outcomes measurement
  - Rural & underserved areas
  - Veterans & homeless
  - Criminal justice
  - System entry points
  - Local & state costs

Report to Legislature
http://texascouncil.acemlna.com/lt.php?s=73ea1322ff4be34e0c75ebff7788bf11&i=80A136A3A433
Key Partners
Mental Health Workgroups:

• Dr. Courtney Harvey – HHSC: Joint Commission on Access and Forensic Services (SB 1507)
• Dr. Stephen M. Starkowski – Texas Brain Health Planning Commission: Austin State Hospital Re-design Director
Special Thanks to:

• Texas Supreme Court – Chief Justice Nathan Hecht
• Texas Court of Criminal Appeals
• January 2018 Creating of the Judicial Commission on Mental Health
• Creation of Collaborative Council for JCMH
Definitions

**Mental health** includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relation to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems
Definitions

“Forensic” means related to, or associated with, legal issues. Forensic mental health services provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.

People may be referred for assessment by the police, courts, prison, other health or mental health services, or justice agencies, and may have a mental illness or mental disorder. Treatment may be provided in the community, in hospital, or in prison.

The mental state of some offenders, or alleged offenders, may need to be assessed for a variety of reasons, including:

- Whether or not they are capable of making a plea in court
- Their state of mind at the time of the offense
- Their current need for mental health treatment
Definitions

Civil Commitment is a legal process through which an individual with symptoms of severe mental illness is court-ordered into treatment in a hospital (inpatient), or in the community (outpatient).

Continuity of care is concerned with quality of care over time. It is the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care
• Housing
• Transportation
• Employment
• Medication
• Peer Support
Mental Health Facts in America

Fact: 43.8 million adults experience mental illness in a given year.

1 in 5 adults in America experience a mental illness.

Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.

One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.
Prevalence of Mental Illness by Diagnosis

1.1%  1 in 100 (2.4 million) American adults live with schizophrenia.¹

2.6%  2.6% (6.1 million) of American adults live with bipolar disorder.¹

6.9%  6.9% (16 million) of American adults live with major depression.¹

18.1%  18.1% (42 million) of American adults live with anxiety disorders.¹
Consequences

10.2m
Approximately 10.2 million adults have **co-occurring** mental health and addiction disorders.¹

26%
Approximately 26% of **homeless** adults staying in shelters live with serious mental illness.¹

24%
Approximately 24% of **state prisoners** have "a recent history of a mental health condition".²

Impact

1st
Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.³

-$193b
Serious mental illness costs America $193.2 billion in lost earning every year.³

90%
90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.³
Treatment in America

- Nearly 60% of adults with a mental illness didn’t receive mental health services in the previous year.*
- Nearly 50% of youth aged 8-15 didn’t receive mental health services in the previous year.¹
- African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.¹

Ways to Get Help

- Talk with your doctor
- Connect with other individuals and families
- Learn more about mental illness
- Visit NAMI.org
County Jails

Counties typically allocate a significant portion of their budgets towards operating the county jail. These costs arise because of numerous contributing factors such as physical plant maintenance and logistics, staffing ratios, mandatory training, meal pricing, utility services, life safety standards (i.e., smoke evacuation system, generators, etc.), extraordinary medical, dental and mental health care, and the number and type of inmates confined.

Data from 83 counties was utilized to extrapolate statewide expenditures for operating county jails as seen in the chart. Extrapolated expenditures rose 20.1 percent over the survey period reaching almost $1.4 billion in FY 2016. It is estimated that statewide, counties spent more than $7.6 billion from FY 2011 - FY 2016 to operate their jails.

Total (Net) Estimated Expenditures for Operating the County Jail For All 254 Counties

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Expenditures (Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2011</td>
<td>$1.356 billion</td>
</tr>
<tr>
<td>FY 2012</td>
<td>$1.178 billion</td>
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<tr>
<td>FY 2013</td>
<td>$1.260 billion</td>
</tr>
<tr>
<td>FY 2014</td>
<td>$1.321 billion</td>
</tr>
<tr>
<td>FY 2015</td>
<td>$1.370 billion</td>
</tr>
<tr>
<td>FY 2016</td>
<td>$1.389 billion</td>
</tr>
</tbody>
</table>
County Jails
Emergency Room Visits

County jails must provide medical care to all inmates and sometimes must seek assistance in hospital emergency rooms. Unfortunately, many counties do not track these costs separately from other jail or medical costs. Consequently, only 41 counties were able to provide their expenditures for jail inmates' trips to hospital emergency rooms.

Extrapolating to all 254 counties shows emergency room expenditures of $42.8 million by FY 2016, up 60.7 percent from FY 2011. On a percentage basis, most of that increase came in FY 2014 when expenditures rose 22.3 percent as seen in the chart below.

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### Total Estimated Expenditures for Emergency Room Visits by Jail Inmates For All 254 Counties

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Expenditures</th>
<th>% Change</th>
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</thead>
<tbody>
<tr>
<td>FY 2011</td>
<td>$26.6 million</td>
<td>-6.4%</td>
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<tr>
<td>FY 2012</td>
<td>$26.7 million</td>
<td>0.4%</td>
</tr>
<tr>
<td>FY 2013</td>
<td>$28.3 million</td>
<td>6.4%</td>
</tr>
<tr>
<td>FY 2014</td>
<td>$34.6 million</td>
<td>22.3%</td>
</tr>
<tr>
<td>FY 2015</td>
<td>$35.9 million</td>
<td>3.4%</td>
</tr>
<tr>
<td>FY 2016</td>
<td>$42.8 million</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

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County Jails
Prescription Drugs

In addition to emergency room expenditures, we also asked counties about their expenditures on prescription drugs for jail inmates. Fifty-five counties responded with data for all or any years of the survey period; the chart below shows the statewide expenditures extrapolated from their data.

The extrapolated statewide expenditures grew the most in FY 2014 with an 11.2 percent gain. This was followed immediately by a 7.7 percent increase in FY 2015. It is too soon to tell if the decrease in FY 2016 is the beginning of a trend or merely a short term aberration. However, historically medical costs have proven far more likely to grow than to shrink. Total estimated expenditures for all 254 counties increased by 20.4 percent from FY 2011 to FY 2016.

Total Estimated Expenditures for Prescription Drugs for Jail Inmates For All 254 Counties

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Expenditures</th>
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<tbody>
<tr>
<td>FY 2011</td>
<td>$10.5 million</td>
</tr>
<tr>
<td>FY 2012</td>
<td>$10.2 million</td>
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<tr>
<td>FY 2013</td>
<td>$10.6 million</td>
</tr>
<tr>
<td>FY 2014</td>
<td>$11.8 million</td>
</tr>
<tr>
<td>FY 2015</td>
<td>$12.7 million</td>
</tr>
<tr>
<td>FY 2016</td>
<td>$12.7 million</td>
</tr>
</tbody>
</table>

PERIOD | % CHANGE
-------|----------
FY 2011-2012 | 3.2%
FY 2012-2013 | 3.8%
FY 2013-2014 | 13.2%
FY 2014-2015 | 7.7%
FY 2015-2016 | 0.1%
State Hospitals: Admission Trends

Civil vs Forensic Census Snapshots: FY 2001 to Present

<table>
<thead>
<tr>
<th>Jan-01</th>
<th>Jan-02</th>
<th>Jan-03</th>
<th>Jan-04</th>
<th>Jan-05</th>
<th>Jan-06</th>
<th>Jan-07</th>
<th>Jan-08</th>
<th>Jan-09</th>
<th>Jan-10</th>
<th>Jan-11</th>
<th>Jan-12</th>
<th>Jan-13</th>
<th>Jan-14</th>
<th>Jan-15</th>
<th>Jan-16</th>
<th>Jan-17</th>
<th>Oct-17</th>
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<tbody>
<tr>
<td>Civil</td>
<td>2054</td>
<td>1847</td>
<td>1617</td>
<td>1531</td>
<td>1657</td>
<td>1591</td>
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<td>1124</td>
<td>1029</td>
<td>976</td>
<td>795</td>
<td></td>
</tr>
<tr>
<td>Forensic/Fits</td>
<td>369</td>
<td>480</td>
<td>560</td>
<td>650</td>
<td>603</td>
<td>671</td>
<td>781</td>
<td>818</td>
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<td>871</td>
<td>879</td>
<td>897</td>
<td>981</td>
<td>1112</td>
<td>1144</td>
<td>1165</td>
<td>1239</td>
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<tr>
<td>%Forensic</td>
<td>16%</td>
<td>21%</td>
<td>23%</td>
<td>26%</td>
<td>30%</td>
<td>33%</td>
<td>35%</td>
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<td>35%</td>
<td>37%</td>
<td>39%</td>
<td>38%</td>
<td>43%</td>
<td>50%</td>
<td>53%</td>
<td>53%</td>
<td>59%</td>
</tr>
<tr>
<td>%Civil</td>
<td>84%</td>
<td>79%</td>
<td>77%</td>
<td>74%</td>
<td>73%</td>
<td>70%</td>
<td>67%</td>
<td>65%</td>
<td>64%</td>
<td>63%</td>
<td>61%</td>
<td>62%</td>
<td>57%</td>
<td>50%</td>
<td>47%</td>
<td>47%</td>
<td>41%</td>
</tr>
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TENAS
Health and Human
Services
# 2018-19 Projects Summary

## Plan Highlights

<table>
<thead>
<tr>
<th>Plan Highlights</th>
<th>Appropriation</th>
<th>Amount Approved</th>
<th>Capacity to be Added</th>
<th>Maximum Security Unit (MSU) Capacity to be Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction I</td>
<td>$300 million</td>
<td>$47.7 million</td>
<td>338 beds</td>
<td>130 beds</td>
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<tr>
<td>Significant Repair</td>
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Rusk State Hospital: The Idealized Model
## 2018-19 Projects & Timeline

<table>
<thead>
<tr>
<th>Facility and Current Project Funding</th>
<th>Estimated Project Timeline</th>
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</thead>
<tbody>
<tr>
<td><strong>Austin State Hospital</strong></td>
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<tr>
<td>Replacement</td>
<td>$15.5 million</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kerrville State Hospital</strong></td>
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<tr>
<td>70-bed MSU</td>
<td>$1.5 million</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rusk State Hospital</strong></td>
<td></td>
</tr>
<tr>
<td>100-bed MSU</td>
<td>$4.5 million</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rusk State Hospital</strong></td>
<td></td>
</tr>
<tr>
<td>100-bed non-MSU</td>
<td>$4.5 million</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td><strong>San Antonio State Hospital</strong></td>
<td></td>
</tr>
<tr>
<td>40-bed non-MSU</td>
<td>$0.5 million</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>San Antonio State Hospital</strong></td>
<td></td>
</tr>
<tr>
<td>Replacement</td>
<td>$14.5 million</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>UTHealth-Houston</strong></td>
<td></td>
</tr>
<tr>
<td>228-bed Acute/Sub-acute Hospital</td>
<td>$6 million</td>
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<tr>
<td></td>
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</tbody>
</table>

*Indicates prior LBB funds dispersal
Outpatient Treatment & Grant Funding

- $62.6 million (biennium) adds funds for MH adult & children’s services to increase access to Community MH Services by eliminating waitlists, increasing capacity across all local service areas to avoid future waitlists, addressing population growth and increasing equity in funding allocations to LMHAs & LBHAs.
- $3.4 million (All Funds/Biennium) for enactment of HB 1486 relating to peer specialists and peer services in the Medicaid program.
- $37.5 million (biennium) for funding jail diversion matching grants per SB 292 (Huffman/Price).
- $30 million (biennium) for local collaborative matching grants, per HB 13 (Price/Schwertner)
- Existing rider directing $25 million (biennium) for Healthy Community Collaboratives is amended to permit use of $10 million of these funds for rural areas.
A school shooting occurred at Santa Fe High School in Santa Fe, Texas, United States, in the Houston metropolitan area, on May 18, 2018. Ten people – eight students and two teachers – were fatally shot and thirteen others were wounded. The suspected shooter was taken into custody and later identified by police as Dimitrios Pagourtzis, a 17-year-old student at the school.

The shooting is the second-deadliest school shooting in the United States in 2018, after the Stoneman Douglas High School shooting in February resulted in 17 deaths and 17 injuries.
JUVENILE INCARCERATION AND JUSTICE IN THE UNITED STATES

ELVIS SLAUGHTER
The United States has the highest rate of youth incarceration of any country in the world. In 2010, approximately 70,800 juveniles were incarcerated in youth detention facilities alone, while 500,000 youths are brought to detention centers every year – and this data does not reflect the juveniles who are tried as adults. Presently, all States have adopted certain mechanisms to try juveniles in adult criminal courts. These juvenile waivers authorize juvenile courts in some criminal cases to prosecute minors as adults.
Profile of Youths in Custody

A survey prepared under cooperative agreement by the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, provided an in-depth analysis and profile of youths in custody. The report, "Survey of Youth in Residential Placement: Youth Needs and Services," used data obtained from interviews with more than 7,000 youths in custody (Sedlak & McPherson, 2010a & 2010b). The data includes:

- 70% reported that something very terrifying or bad had happened to them.
- 67% reported experiencing someone injured severely or killed.
- 26% stated that it felt as if life wasn’t worth living.
- 22% reported attempting suicide at some point in their lives.
- 84% said they had used marijuana, compared to the 30% rate of their peers in the general population.
- 30% said they used crack or cocaine, compared to 6% of the general population.
Based on the report, there was a significant gap between the profiles of boys and girls.

- 63% of girls versus 47% of boys reported anger management problems.
- 49% of girls versus 16% of boys reported experiencing hallucinatory experiences.
- 37% of girls versus 18% of boys reported having suicidal thoughts and feelings.
KEY CONCEPT:
- Texas Commission on Jail Standards

KEY QUESTION:
- What is the Texas Commission on Jail Standards, and how does the Commission affect county government?

MAIN REFERENCE POINT:
Texas Administrative Code
TITLE 37 – PUBLIC SAFETY AND CORRECTIONS
PART 9 – TEXAS COMMISSION ON JAIL STANDARDS

TALKING POINTS:
1. The Texas Legislature created the Texas Commission on Jail Standards (Commission) in 1975 to implement a declared state policy that all county jail facilities conform to minimum standards of construction, maintenance and operation.
2. The Commission is comprised of nine members, appointed to six-year overlapping terms by the governor with concurrence of the Senate. Two members are to be county sheriffs, one must be a County Judge, one a licensed medical practitioner, and one a County Commissioner; four members are citizens not holding public office. The governor designates the chairperson. An executive director appointed by the Commission, serves as the administrative officer of the Commission.
3. In 1983, the Texas Legislature expanded the jurisdiction of the Commission to include county and municipal jails operated under vendor contract.
4. In 1991, the Texas Legislature added the requirement for count, payment, and transfer of inmate valuables precipitated by overcrowded conditions, and expanded the Commission’s role of consultation on technical assistance.
5. In 1997, the Texas Legislature affirmed that counties, municipalities, and private vendors housing out-of-state inmates are within the Commission’s jurisdiction.
6. It is the duty of the Commission to establish and communicate reasonable written rules and procedures for:
   a. the construction, equipment, maintenance, and operation of jail facilities under its jurisdiction;
   b. the custody, care and treatment of inmates; and
   c. programs of rehabilitation, education, and recreation for inmates confined in county and municipal jail facilities under its jurisdiction.
7. The Commission conducts yearly surprise inspections of county jails to determine compliance with standards. The Commission encourages members of the Commissioners Court to attend jail inspections.
8. When the Commission determines minimum standards are not met in a jail, it informs the county sheriff and the Commissioners Court and sets a time period (usually a year) to have the situation corrected. The sheriff and Commissioners Court can apply to the Commission for a variance in the standards.
9. When county jails are found noncompliant and the problems are not corrected, the Commission has the authority to shut down a jail and require the transfer of inmates to an acceptable detention facility.
85th Legislature – Senate Bill 1849
Breaking Down the Sandra Bland Act
By Julie Anderson
Editor

On June 13, Gov. Greg Abbott signed Senate Bill 1849, known as the Sandra Bland Act, into law. That same day, the Daily Texan published an opinion piece saying the new Texas law "sets an example for rest of the nation." This article, authored by Nick Belvy, a Dallas police detective, and Cole Buminum, a certified Texas mental health peace officer, focuses on the ineffective "warehouse housing of the mentally ill" and pushes the legislature for "freedoms accountability in the mental health industry," one-by-one.

While diverting the mentally ill from county jail is an important element of the legislation, the Senate Research Center's bill analysis summarizes the components of the statute as follows: jail reform, jail diversion, jail safety, officer training, racial profiling, data collection, officer discipline, and behavioral health.

The legislation was filed following a high-profile incident in 2015 in which a 28-year-old Illinois woman, Sandra Bland, died in the Waller County Jail days after being arrested during a routine traffic stop. Official autopsy reports ruled Bland's death as a suicide.

"To make both officers and the public safer, S.B. 1849 requires officer training in general de-escalation and mental health de-escalation tactics," the Senate bill analysis reads.

"The use of de-escalation tactics helps ensure that both law enforcement and the public are able to go home safe." The Sandra Bland Act requires several changes to Minimum Jail Standards, reported Brandon Wood, executive director of the Texas Commission on Jail Standards (Commission). During the summer and fall months, Wood traveled throughout the state briefing County Judges, County Commissioners, and other officials on developing changes to Minimum Jail Standards, other new requirements in the statute, and related deadlines.

To view the statute and the bill analysis in full, go to www.capitolinfo.org, click on SB1849, and key in SB1849.

Important elements of the Sandra Bland Act include the following:

Identification and Notification of Defendant Suspected of Having Mental Illness or Intellectual Disability to Magistrate

The Code of Criminal Procedure was amended to require the sheriff, "not later than 12 hours, rather than 72 hours, after receiving credible information that may establish reasonable cause to believe that a defendant committed to the sheriff's custody has a mental illness or is a person with an intellectual disability, including observation of the defendant's behavior immediately before, during, and after the defendant's arrest and the results of any previous assessment of the defendant, to provide written or electronic notice of the information to the magistrate."

Key Change: The notification requirement is now 12 hours rather than 72 hours; this change went into effect on Sept. 1, 2017.

Diversion of Those Suffering Mental Health Crisis or Substance Abuse

The Code of Criminal Procedure was amended to require each law enforcement agency to make a "good faith effort" to divert a person suffering a mental health crisis or suffering from the effects of substance abuse to a proper treatment center in the agency's jurisdiction if:

- a) the person is available and appropriate treatment center in the agency's jurisdiction to which the person is authorized to divert the person,
- b) it is reasonable to divert the person;
- c) the officer that the person was served by a writ of habeas corpus, rather than a misdemeanor involving violence; and
- d) the mental health crisis or substance abuse issue is suspected to be the reason the person committed the alleged offense.
This new requirement went into effect on Sept. 1, 2017.

Grant Money for Community Collaboratives

The Sandra Bland Act amended the Government Code to require the Department of State Health Services to, depending on appropriated funds, make grants available to certain entities for the establishment or expansion of collaboratives to provide services to those experiencing homelessness, substance abuse issues, or mental illness. Language was also added to the statute requiring the development of plans for certain community collaboratives.

Release on Personal Bond of Certain Defendants with Mental Illness or Intellectual Disability

The Code of Criminal Procedure was amended to require a magistrate to "release a defendant on personal bond unless good cause is shown otherwise if the defendant is examined by the local mental health or intellectual and developmental disability authority or a certain other mental health expert and it is determined that the defendant has a mental illness or is a person with an intellectual disability and it is nonetheless competent to stand trial, and recommends mental health treatment or intellectual disability treatment for the defendant, as applicable."

This new requirement took effect on Sept. 1, 2017.

Safety of Prisoners

The Sandra Bland Act requires county jails to:

a) give prisoners the ability to access a mental health professional at the jail through a telehealth service 24 hours a day;

b) give prisoners the ability to access a health professional at the jail or through a telehealth service 24 hours a day, or if a health professional is unavailable at the jail or through a telehealth service, provide for a prisoner to be transported to access a health professional;

c) install automated electronic sensors or cameras to ensure secure and timely in-person checks of cells or groups of cells containing at-risk individuals.

Legislature created a new account titled the Prisoner Safety Fund, and counties that operate a jail that is 96 beds or less may apply for grants to pay for the capital improvement upgrades, such as electronic sensors and possibly cameras. The grant program is currently in development.

Deadline for the Commission to adopt rules and procedures regarding these new requirements is Sept. 1, 2018. The county must comply with these new requirements by Sept. 1, 2019.

Continuity of Medications

The Commission shall adopt reasonable rules and procedures establishing minimum standards regarding the continuity of prescription medications for the care and treatment of prisoners. The rules and procedures shall require that a qualified medical professional shall review as soon as possible any prescription medication a prisoner is taking when the prisoner is taken into custody.

This new requirement will go into effect on Jan. 1, 2019.

Serious Incident Report

On or before the fifth day of each month, the sheriff of each county must report to the Commission any of the following incidents that happened in the county jail during the prior month:

- suicide
- attempted suicide
- death
- serious bodily injury, as that term is defined by Section 1.07, Penal Code
- assault
- escape
- sexual assault
- any use of force resulting in bodily injury, as that term is defined by Section 1.07, Penal Code.
The new rule will become effective Jan. 1, 2018, and the first reports will be due on Feb. 5, 2018, covering the previous month, Wood said.

Death In Custody Investigation

On the death of a prisoner in a county jail, the Committee shall appoint a law enforcement agency, other than the local law enforcement agency that operates the county jail, to investigate the death as soon as possible.

The Committee shall adopt any rules necessary relating to the appointment of a law enforcement agency, including rules relating to cooperation between law enforcement agencies and to procedures for handling evidence, by Jan. 1, 2018.

While counties may have their own criminal investigators or internal affairs divisions investigate deaths in custody, the Commission is mandated to appoint an independent, outside agency to investigate the death.

Jail Administrator Examination

The Government Code was amended to require the Texas Division on Law Enforcement (TCOLE) to develop and the Commission to approve an examination for county jail administrators.

Specifically, the law states that the Commission shall adopt rules requiring a person, other than a sheriff, assigned to the jail administrator position overseeing a county jail to pass the examination not later than the 180th day after the date the person is assigned to that position. The rules must provide that a person who fails the examination is authorized to be immediately removed from the position and is prohibited from being reinstated until the person passes the examination.

The sheriff of a county must perform the duties of the jail administrator position at any time there is not a person available who satisfies the examination requirements of this new section of law.

TCOLE and the Commission must have the test prepared and approved by March 1, 2018. Anyone serving as a jail administrator on or before March 1 will be grandfathered and not required to take the exam. However, if a jail administrator transfers to another county, or a new or incoming sheriff appoints the existing jail administrator to the same position, the exception does not apply, and the administrator must take the exam.

Jail Training – Mental Health Course

The Occupations Code was amended to require that county jails training sessions include at least eight hours of mental health training approved by TCOLE and the Commission. Current license holders have until Aug. 31, 2021, to take an approved eight-hour course.

The new law requires the Commission to employ three mental health trainers who will be responsible for teaching the mental course in their assigned regions.

The training will be asGa seat in the county.

New Training Requirement for Law Enforcement Officers

The Occupations Code was amended to require TCOLE, to part of the minimum curriculum requirements, to require an officer to complete a 48-hour statewide education and training program on de-escalation and crisis intervention techniques to facilitate interaction with persons with mental impairments. The new language also requires TCOLE, as part of the minimum curriculum requirements, to require an officer to complete a statewide education and training program on de-escalation techniques to facilitate interaction with members of the public, including techniques for limiting the use of force resulting in bodily injury.

To read more about this requirement, please see the statute: www.capitol.texas.gov, click on (BSJR), and key in SB1249.

Important Reminders

Wood, who has fielded a multitude of questions from officials across the state, offered the following suggestions:

1. The law does not require automated sensors or cameras for each and every cell, "to be mindful of that statement from vendors," Wood emphasized. The agency will be conducting a survey to assess counties in determining if they already comply or what they will need in order to comply.

2. Regarding the eight-hour course for jailers: This course is free and will be conducted across the state over the next four years. "Make sure your jailers do not wait until the last minute to attend one of the classes," Wood cautioned. Regarding jail administrators who are grandfathered in, "we encourage all of them to take the exam as it helps promote professionalism within their profession and demonstrates competency."

"Additional Technical Assistance Memo will be distributed on each and every topic providing guidance on what is required to comply and hopefully clear up any misinformation that is making the rounds," Wood shared.
MH Bills (select)

Jail Diversion Grant Program: SB 292 (Huffman/Price)

Transportation by Paramedics: SB 344

Parity Enforcement to ensure MH coverage is same as physical health: HB 10

Local Collaborations: HB 13 (Price/Schwertner)

Criminal & Judicial Process for People with Mental Illness: SB 1326

Sandra Bland Act: SB 1849
New Funds FY 2018-19

- Outpatient Treatment Capacity
- Inpatient (Locally Purchased Beds)
- Jail Diversion (SB 292)
- Local Collaboration (HB 13)

$30,000,000
$37,500,000
$62,600,000
$33,000,000
What Can You Do?

- Educate your community that people with mental health and substance use disorders are treatable public health problems that affect everyone.
- Educate your community that people with intellectual disabilities can and do live successfully in the community with varying levels of support.
- Share the strides made and the challenges we face – particularly the gap between need and available resources.
- Encourage people to tell their own success stories.
- Build & Nurture community champions who will support the effort.
Urban Area Tool Box
Rural Area Tool Box

Liam
What Can You Do to Continue Engaging Local and State Elected Officials?

Organize a local legislative forum. Invite state elected officials to hear about outcomes of the 85th regular and special sessions. Include a tour of key programs. These events can be open to the public. Consider inviting local media outlets.

**Hot Topics**

- Criminal justice/mental health interface
- Provider rates
- 1115 T Waiver Sustainability
- Veterans Mental Health
- Availability of Substance Use Disorder Services
- Workforce Shortages
- Challenges of Limited Resources and/or Gaps in Local Services
- HCS expansion (address waiting lists)
- Increase community-based direct service provider wages
- IDD in Managed Care (network adequacy, case management role)
- IDD Crisis Services (local initiatives, new funding)
A Court of Refuge

STORIES FROM THE BENCH
OF AMERICA’S FIRST
MENTAL HEALTH COURT

Judge Ginger Lerner-Wren
with Rebecca A. Eckland
Therapeutic Jurisprudence

So what is *therapeutic jurisprudence*? It sounds a bit complicated and scholastic, but it's actually a pretty simple concept. Therapeutic Jurisprudence (TJ) is a term coined by two law professors way back in 1990. Though it's not a newly coined term, it is a principle that most are unaware of and are just starting to implement today. TJ is a principle referring to the ways in which defendants are treated in court. The principle holds that if defendants/offenders are treated with fairness and dignity, it could have a more positive outcome on their well-being. TJ takes into account using therapeutic methods to positively influence an individual's mental, emotional, and spiritual wellness. Good examples of TJ would be: Observing an offenders' rights in the courtroom, respecting their rights, engaging with offenders with common courtesy and respect, and allowing offenders to participate in their own rehabilitative plan.

According to TJ, every legal player (Attorney, Judge, Probation Officers, Law Enforcement) has the authority and power to influence the best outcomes within the legal system. TJ was initially aimed to only apply to the court system, but it is the goal of TJ advocates to promote this principle throughout the entire criminal justice system and elsewhere. TJ is a relational and interdisciplinary approach that focuses on the ways in which we treat marginalized groups within the legal system, which includes victims as well. TJ has been known to operate more effectively within specialized courts like drug courts and mental health courts. In these courts, the focus is on rehabilitation first, which makes them attractive for a principle that has a strong problem solving focus.

It is important to note that TJ does not advocate for pretending a crime wasn’t committed. It was never meant to be about coddling offenders. When someone breaks the law, the legal process must go on. However, what it does denote is using the legal system as a change agent. Let's take a look at a specialized court in Chicago, Il, where TJ can be applied.
Questions and Comments
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