BEHAVIORAL HEALTH AND THE JUDICIAL SYSTEM

WHAT COUNTIES ARE SAYING
Mental health and substance use are broad-reaching issues that have significant impacts on the adult and juvenile justice systems. Counties’ support for those judicial systems is one of the most significant components of county budgets.

The state should continue to fund transitional outpatient services, including community collaboratives which help divert those suffering with mental illness and substance use from our jails, courts, and emergency rooms to treatment. Additionally, the state should fund early identification and representation of defendants with mental illness. These solutions would ease the financial burden on local entities and their taxpayers.

BACKGROUND
Counties finance the operations of most of the state’s courts, including justice courts, district courts, and county-level courts. These courts generally have jurisdiction over magistration, misdemeanor cases, and felony cases. Additionally, counties must also pay for the costs of court-appointed counsel for indigent defendants in criminal cases. While the state reimburses counties for about 12 percent of these costs, counties pay the vast majority of these expenses. Eighty-four counties provided data for TAC’s Cost of County Government unfunded mandates survey, showing that from fiscal year (FY) 2011 to FY 2016 the total estimated county expenditures for supporting the state’s judicial system have increased by 21 percent, from $1.3 billion to $1.6 billion. Mental illness and substance use play a major role in caseloads coming through the judicial system.

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In addition to judicial costs, the counties have the option of providing funds directly to the local mental health authorities (LMHAs) or other assistive community programs when budgets allow. The LMHA’s coordinate inpatient mental health services for individuals in the judicial system.

On average, Texas spends more per capita than other large population states on inpatient psychiatric services. As of August 2018, there are 2,264 state hospital beds online in Texas, and 684 individuals are on a waitlist for forensic beds, with 416 on the waitlist for maximum security beds. These programs through the LMHAs are vital in the diversion of individuals from jail to treatment, thus preventing these individuals from entering the judicial system, and helping those in the judicial system find treatment.

LOOKING FORWARD
Fortunately, in 2016 the Legislature appropriated $37.5 million through SB 292 by Sen. Joan Huffman to create a matching grant program for county-based community collaboratives for the purpose of reducing recidivism, and the total waiting time for forensic commitments of persons with mental illness to a state hospital. Additionally, combined HB 13 by Rep. Four Price and SB 1849 by Sen. John Whitmire appropriated $65 million to the expansion of community collaboratives and created another matching grant program to support community programs providing mental health care and transitional services. This granted rural counties the opportunity to develop these types of programs.

Community diversions and other programs like peer support are where the most timely, cost effective, beneficial, preventative and successful mental health services are delivered. Ultimately, it is critical that funding for local mental health crisis services (through community collaboratives), expansion of state hospital beds and indigent mental health rehabilitation be fully appropriated, and the gaps in services, as well as mental health workforce shortages be identified and addressed. If state funding is not made available, these communities rely on dwindling local resources to serve this population. The state must continue and fully fund these initiatives to alleviate the burden on local entities and their taxpayers.