



2008 Annual Awards Program

Program Excellence Awards Nomination Form

Deadline for Nominations: March 14, 2008

Complete this form and attach to your descriptive narrative.

SECTION 1: Information About the Nominated Program

Program Excellence Award Category (select only one)

- Community Health and Safety**
- Community Partnership**
- Community Sustainability**
- Strategic Leadership and Governance**

Name of program being nominated: San Antonio Police Department Mental Health Collaborative

Jurisdiction where program originated: City of San Antonio, Texas

Jurisdiction population: 1,312,286

Please indicate the month and year in which the program you are nominating was fully implemented. (Note: All Program Excellence Award nominations must have been fully implemented by or before January 31, 2007 to be eligible. The start date should not include the initial planning phase.)

Month: September Year: 2005

Name(s) and title(s) of individual(s) who should receive recognition for this award at the ICMA Annual Conference in Richmond, Virginia, September 2008. (Each individual listed MUST be an ICMA member to be recognized.):

Name: Sheryl L. Sculley

Title: City Manager Jurisdiction: City of San Antonio

Name: Erik J. Walsh

Title: Assistant City Manager Jurisdiction: City of San Antonio

Name: _____

Title: _____ Jurisdiction: _____

SECTION 2: Information About the Nominator/Primary Contact

Name of person who should be contacted with questions regarding the nomination:

Harry Griffin

Title of nominator: Deputy Chief Jurisdiction of nominator: City of San Antonio

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International City Managers Association (ICMA) Excellence Award
Community Health and Safety Category: Mental Health Collaborative/Crisis Care Unit
SAPD Mental Health Collaborative
City of San Antonio
Innovative, Effective and Efficient utilization of City and County resources

Scope, Importance and Value: Problem Assessment

Responding to significant increases in the number of detainees and prisoners presenting with symptoms of severe mental illness and to address inappropriate overcrowding in our emergency rooms, a major community-wide collaborative effort was launched in 2003 that included 22 city, county and state law enforcement, judicial, and health care entities. Since its inception, the San Antonio Police Department (SAPD) Mental Health Collaborative (also known as the Bexar County Jail Diversion Program) has sought to streamline the process of jail diversion to treatment at all points of entry into the criminal justice system. Today jail diversion and appropriate treatment for persons with mental illness is an active daily occurrence, reducing the number of people who end up in jail as a result of behavioral problems caused in part by mental illness and, secondarily reducing the inappropriate use of hospital emergency rooms. Today, this partnership involves a dynamic community collaborative facilitating increased access to medical and behavioral health care, greater continuity of care, and dramatic cost savings to the community.

Effectiveness Measures - Crisis Care Center: Program Implementation

To provide law enforcement personnel enhanced access to services, the Crisis Care Center was opened in 2005. The Center is open 24 hours a day and offers a more structured system of care by housing medical, psychiatric, and social work resources in one place. The center provides an average of 700 medical and mental health screenings

per month. Not only has the center streamlined the screening process, but it also simplifies processes for evaluation, emergency treatment, disposition, and follow-up.

Before the Crisis Care Center was opened, law enforcement personnel had to deal with wait times of up to 12 hours when persons arrested were discovered to have minor medical issues which needed screening. The hospital's emergency room was the only choice for treatment of these sick or injured arrested persons. Now, wait times for screenings are just over one hour, thus saving valuable time for law enforcement.

Funding for The SAPD Mental Health Collaborative—approximately \$8 million annually—is provided through federal, state, and local support, Medicaid and Medicare, the University Health System, CareLink and other public entities.

Key to the success and leadership of The SAPD Mental Health Collaborative is the Medical Directors Roundtable, which meets monthly. The organizers of the roundtable brought representation from 22 city, county, and state law enforcement, judicial, and health care entities. Hospitals were also brought on board from the beginning, because of the high emergency department costs from recidivism. These representatives highlighted the mutual problems and frustrations that they faced and worked to find a common solution for all.

Quality and Creativity - Community based crisis intervention teams (CIT), were developed. These teams consist of police officers who have been specifically trained in working with persons with mental illness. Officers respond to calls in the field that may involve mentally ill consumers. By training officers to recognize and deal with people acting inappropriately as a result of mental illness, The SAPD Mental Health Collaborative directs consumers to the most appropriate treatment options, rather than

automatically directing them to jail or the hospital emergency room. More than 300 SAPD officers have been trained in this model and citizens often request “CIT” Officers directly through the 911 system.

Community Based Training - The Bexar County’s CIT training program consists of a 40-hour, week-long training course for law enforcement officers (state requirements are less than ten hours) and involves a broad range of community stakeholders and financial support from public and private organizations. Throughout the week, mental health professionals develop and act in role-play scenarios that must be successfully completed through new de-escalation skills learned by officers. Participation of consumers, families, and members of the National Alliance on Mental Illness is an integral feature of this training. Other than each organization’s personnel cost, all expenses are born by contributions from a myriad of community stakeholders. CIT in San Antonio is the only CIT program in the United States that is “co-taught” by both local law enforcement entities, the Sheriff’s office and the Police.

Transformed Lives, Transformed Community

The SAPD Mental Health Collaborative has accomplished a first of its kind re-design. This redesign of the community mental health system and public safety net has provided an integrated system to increase the availability of comprehensive treatment services, reduce the barriers to service access, motivate treatment compliance, employ and support evidence-based outpatient practices/treatment/approaches and utilize system tracking mechanisms for clients.

Summary Program Highlights: Tangible Results

In recognition of its innovation, the San Antonio Police Department Mental Health Collaborative (also known as The Bexar County Jail Diversion Program) was selected as winner of the 2006 American Psychiatric Association's Gold Achievement Award in the category of innovation and community-based programs. Additionally, the Collaborative also received the "Service Excellence" Award from the National Council for Community Health Care. To date, the Collaborative's programs have been visited by 18 State delegations and delegations from both Canada and China.

- Initial results show that from September 2003 to February 2006, 3,674 persons were diverted from jail, resulting in an estimated \$3.8 million to \$5.0 million in avoided costs within the county's criminal justice system.
- To date, over 11,000 persons have been diverted from incarceration and or from our emergency rooms
- Current data shows a reduction of 85% of previous costs associated with the single booking of one person. The cost of booking one person was estimated to be \$2,295 in 1999 dollars. Today, the cost to divert that same person is \$350.
- Within three months of operations the new Crisis Care Center reduced wait times for medical screenings for Law Enforcement Officers from nine (9) hours to 75 minutes and further reduced wait times for combined psychiatric and medical screenings from 12 hours to 65 minutes.
- Dr. David Hnatow, Medical Director at the UHS Emergency Center, has kept data for the first year on persons being diverted from the UHS emergency room by the CHCS Mental Health Program. That data indicates that 3,048 persons were

diverted in the last year. Dr. Hnatow estimates that this equates to \$4,572,000 in freed up capacity for persons in true medical crisis.

- Established a 60 bed residential mental health jail “step down” program and a 100 bed drug abuse treatment facility in partnership with the Probation Department resulting in the availability of a jail to treatment option for local judges.
- Established the cross reference of local jail booking activity with local and state wide mental health data resulting in the identification of screening, assessment and treatment needs for inmates with prior mental health histories.
- The Texas Department of State Health Services has modeled the Crisis Care Center services design as a new template for all state wide crisis services.

Lessons Learned – Throughout planning, implementation and program analysis, the greatest lesson learned was that of the cumulative and positive effect of stakeholder collaboration. The partnership between the police, the local mental health authority and the community hospital system has proven there is strength and value when community institutions join forces to solve a significant community problem. This collaboration has resulted in the savings of taxpayer money, more efficient use of police officer services, reduced jail overcrowding through the diversion of persons with mental illness, and reduced the inappropriate use of hospital emergency room services. The culture of collaboration, which grew in maturity as the programs were developed, served as an ongoing motivator for addressing challenges and improving the efficiency of services provided.