

# CHRONIC CONSUMER STABILIZATION INITIATIVE

A MULTI-AGENCY COLLABORATION



2010 Herman Goldstein Award Finalist



# DEMOGRAPHICS

- 4<sup>th</sup> largest city in the United States
- 2.3 million residents
- At 634 square miles, the City of Houston could contain the cities of New York, Washington, Boston, San Francisco, Seattle, Minneapolis and Miami

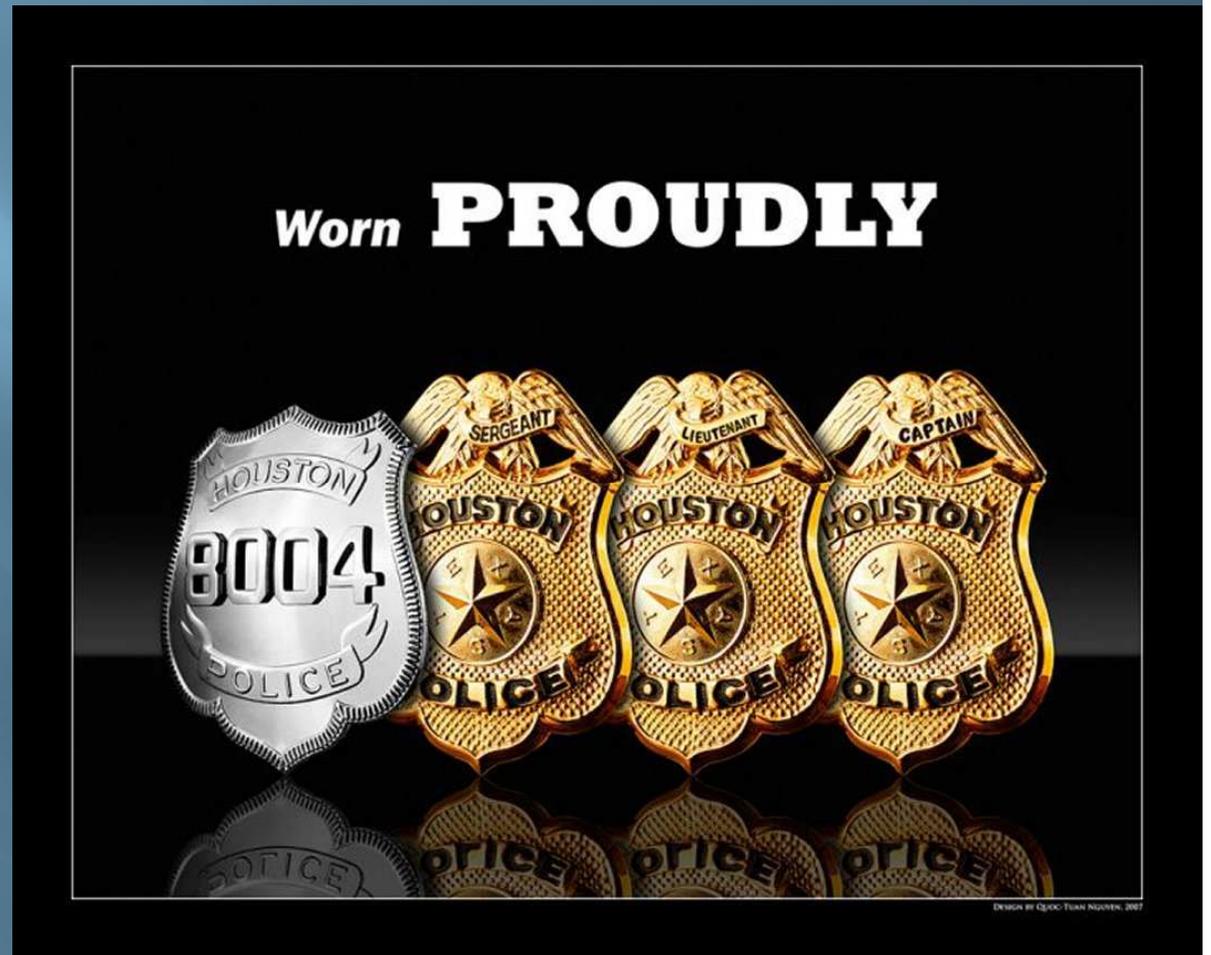


# HOUSTON POLICE DEPARTMENT

LARGEST POLICE  
DEPARTMENT IN  
TEXAS

OVER 5,200  
CLASSIFIED  
EMPLOYEES

OVER 1,800  
CIVILIAN  
EMPLOYEES



# MENTAL HEALTH/MENTAL RETARDATION AUTHORITY

MHMRA of Harris County is one of the largest mental health centers in the United States consisting of 1,700 Employees

Provide services to approximately 30,000 persons in the Houston metropolitan area who suffer from mental illness and are indigent

We serve adults who are diagnosed with severe and persistent mental illness, and children with serious emotional disturbances



# WHAT IS CCSI ?

- The Chronic Consumer Stabilization Initiative (CCSI) is a collaborative effort between the Houston Police Department and The Mental Health Mental Retardation Authority of Harris County (MHMRA)
- CCSI was designed to identify, engage, and provide services to individuals who have been diagnosed with serious and persistent mental illness *and* who have had frequent encounters with the Houston Police Department

# SCANNING



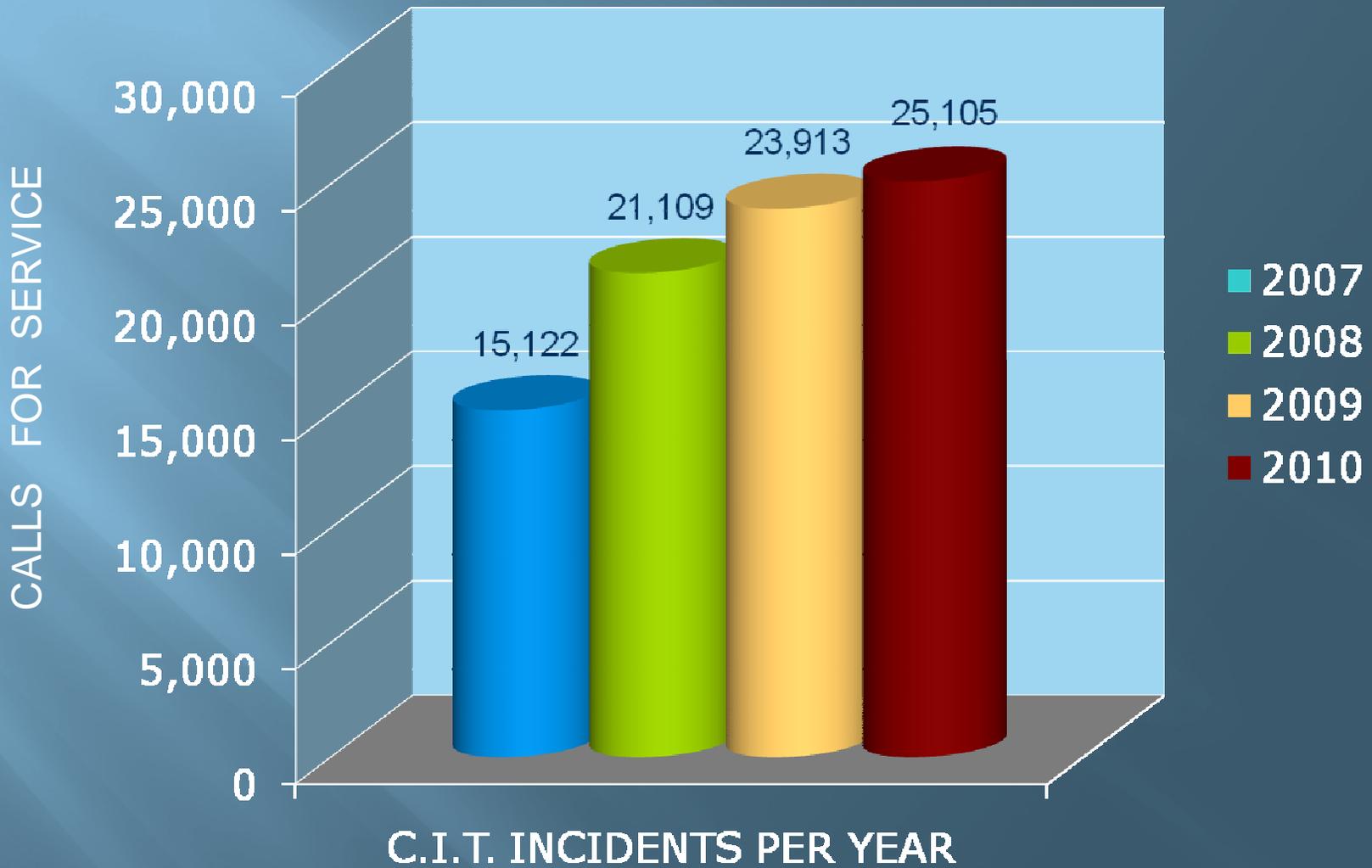
# WHY WAS CCSI NEEDED ?

- Encounters between police and persons with serious mental illness continue to increase at alarming rates across the United States
- These are some of the most difficult, potentially dangerous, time consuming and litigious calls law enforcement officers receive

# HISTORY

- Response to these calls utilized reactive policing methods
- Patrol officers experienced frequent encounters with persons with chronic mental illness
- Officers usually found no real solution other than making an arrest or committing them for an emergency evaluation
- Previously, no strategy had been developed to evaluate these chronic consumers and the root causes for their frequent contacts with police
- HPD's Mental Health Unit began identifying persons with chronic mental illness and frequent encounters with patrol officers through a statistical database

# INCREASED CALLS



Approximately half of our SWAT calls involve a person in a mental health crisis. This trend is occurring nationwide.

*Houston Police Department – Tactical Operations Division (2009)*



It is estimated that 10% of all police calls nationwide involve a person in a mental health crisis

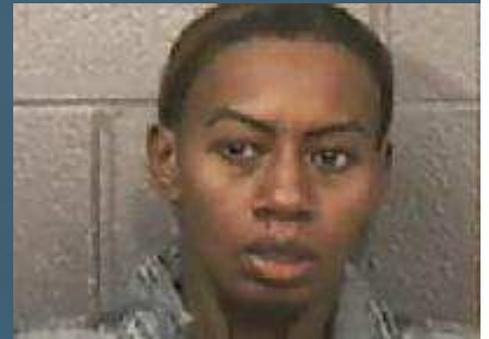
*United States Department of Justice Study (2003)*



# DEADLY ENCOUNTER

May 6, 2007

- 42 year-old female with history of schizophrenia
- History of trespassing at police headquarters
- Made claims of laser beams being shot through her head, food being poisoned
- Numerous hospitalizations for mental illness
- Entered police headquarters with knife, stabbing herself in head while screaming for officers to kill her



# DEADLY ENCOUNTER

## July 21, 2007

- 39 year-old male with lengthy history of schizophrenia
- Detained and committed by HPD 3 times in prior year
- Just released from Harris County Psychiatric Center (HCPC) 1 week prior to fatal encounter with police
- Stopped taking medication, deteriorated
- Mother called 911 after being turned away by HCPC
- Charged officers with pipe and told them “Shoot me”



# ANALYSIS



# ANALYSIS

- Mental Health Task Force formed in September 2007
- Task force comprised of law enforcement, political leaders, community members, and mental health advocates
- Goal was to closely examine recent deadly encounters and identify possible solutions
- Met three times over a six week period



# ANALYSIS

EACH CASE EXAMINED HAD TWO THINGS IN COMMON:

1. Each of the individuals had lengthy history of severe and persistent mental illness
2. Each individual had extensive history of prior contact with police due to their illness



# ANALYSIS

## TASK FORCE RECOMMENDATIONS:

1. Identify 30 most chronic mentally ill with highest number of police contacts
2. Assign these 30 individuals to two licensed mental health caseworkers for intensive supervision



# METHODS OF ANALYSIS

- Houston Police Department offense reports (MHU reviews over 1,000 offense reports monthly)
- Mental Health Unit database statistics on persons requiring repeat Emergency Detention Orders (HPD averages 300 EDO's monthly)
- Dispatch statistics on chronic mentally ill with frequent calls to 911



# METHODS OF ANALYSIS

- Interviews with family members to examine clinical and community support (or lack thereof) in incidents that resulted in a fatal encounter with police
- Site-based interviews (conducted by a public health nurse, social worker, and police officer) with personal care home locations having a history of excessive calls for law enforcement services



# RESPONSE



# CCSI PROGRAM

- Began as a six month Pilot Program on February 15, 2009
- Two Case Managers were hired & trained by MHMRA and funded by the City of Houston
- Case Managers are responsible for engaging 30 of the most problematic consumers identified by HPD; priority based on the number of interactions with police officers within the last calendar year
- Program objectives are to engage these people in needed mental health services in order to reduce contacts with law enforcement

# CCSI PROGRAM

- Once identified, each Case Manager worked diligently to engage 15 individuals who met the criteria for this program
- Data is entered into and collected through 2 data systems: HPD Data Base and MHMRA Services Data Base
- Bi-weekly meetings are held between the case managers and the Mental Health Unit to discuss their progress, problems encountered, and other barriers or issues that need to be resolved

# CCSI PROGRAM GOALS

- Reduce the number of interactions with the Houston Police Department
- Identify unmet needs and barriers in the community
- Link and coordinate clients with needed mental health treatment and psychosocial services
- Provide support and education to the individual and their family members

# ELIGIBILITY CRITERIA

- Three (3) or more admissions to the Neuropsychiatric Center (NPC) by HPD. NPC is a psychiatric emergency room
- Excessive phone calls made to HPD by clients or others, on their behalf
- High frequency of contact with patrol officers and the Crisis Intervention Response Team (CIRT)
- High utilizers of other public services (Fire Department/Ambulance, Hospital ER, etc.)

# STAFFING

- Direct Care Staff:
  - Two Bachelor level case managers
- HPD Officer assigned fulltime as program liaison:
  - Routinely runs criminal history checks, provides statistical data
  - Liaison to the District Attorney's Office
  - Accompany case managers on client visits as needed
- Supervision provided by a civilian Program Director from MHMRA and a Sergeant from HPD's Mental Health Unit
- Administrative oversight provided by Assistant Deputy for MHMRA Crisis Services & the Lieutenant for the HPD Mental Health Unit

# SERVICES PROVIDED BY MHMRA

- Outreach
- Crisis Intervention and Relapse Prevention
- Screening and Assessment
- Case Management & Psychosocial supports
- Referrals for primary health care, substance abuse treatment, job training, educational services, and relevant housing services
- Family Education and Support

# IDENTIFIED SYSTEM BARRIERS

- Acceptance of CCSI staff as credible third party witness
- Culture of Living Environment
- Access to medical and dental services
- Efforts to obtain Guardianship
- Access to early intervention
- Lack of family support/secondary gain for families
- Lack of Safe and Adequate Housing
- Lack of Legal Motivation
- Cooperation of law enforcement outside Houston city limits

# PROFILE OF PARTICIPANTS

## ▪ Gender

|           |     |
|-----------|-----|
| ▪ Female: | 41% |
| ▪ Male:   | 59% |

## ▪ Age

|                |     |
|----------------|-----|
| ▪ 20-30 years: | 41% |
| ▪ 31-40 years: | 19% |
| ▪ 41-50 years: | 11% |
| ▪ 51-69 years: | 22% |
| ▪ 61+ years:   | 7%  |

## ▪ Diagnosis

|  |     |
|--|-----|
| ▪ Schizophrenia:                       | 22% |
| ▪ Schizoaffective:                     | 37% |
| ▪ Bipolar D/O with psychotic features: | 11% |
| ▪ Other                                | 30% |

# PROFILE OF PARTICIPANTS

## Personal Information:

|                           |     |
|---------------------------|-----|
| Received SSI benefits:    | 96% |
| Had Legal Guardian:       | 33% |
| Beneficial Family Support | 22% |

## Living Situation:

|                                |     |
|--------------------------------|-----|
| Homeless                       | 4%  |
| Resides in Own Home:           | 56% |
| Resides in Personal Care Home: | 40% |

## MH Treatment Source

|                   |     |
|-------------------|-----|
| MHMRA             | 26% |
| Private Physician | 59% |
| None              | 15% |

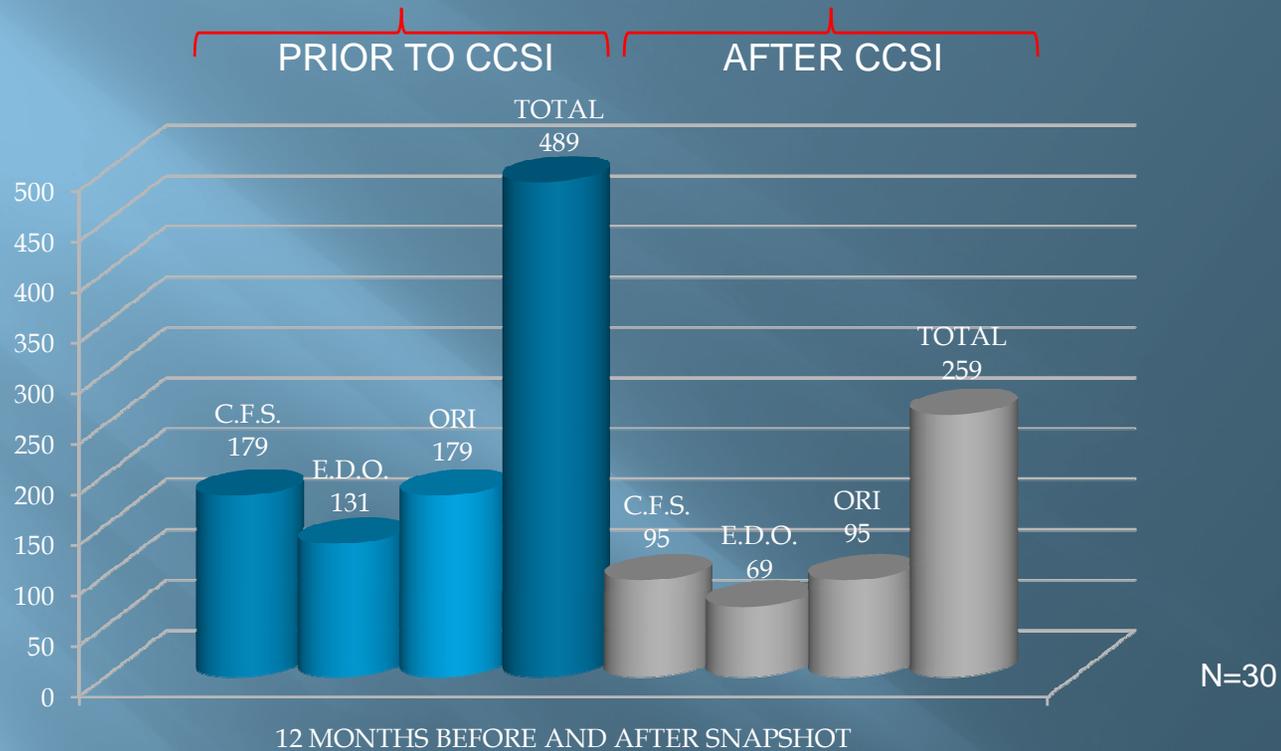
# ASSESSMENT



# PROGRAM SUCCESSES

- Decreased the number of deadly encounters with the mentally ill and HPD (zero since 2009)
- Decreased the number of interactions between CCSI clients and the Houston Police Department by 47%
- Admissions to Neuropsychiatric Center (NPC) decreased by 21%
- Admissions to Harris County Psychiatric Center (HCPC) decreased by 51%

# CCSI RESULTS



There was approximately a 47% DECREASE in overall events reported to the police department. This represents a significant reduction of police contacts. Total Monthly Calls-for-service decreased by 47%, emergency detention orders (EDO) decreased by 47%, and offense reports also decreased by 47%.



# WHAT WORKED???

- Diverted calls from 9-1-1 by providing case manager cell phone numbers to clients
- Strong advocacy role of case managers
- No State funding restrictions
- Houston Police Department involvement and support
- Support from the District Attorney's Office
- Dependability of case managers
- Networking (communication among providers)

# PROFILE OF A CURRENT CCSI CLIENT



- Homeless 53 year-old male with history of schizophrenia, and numerous hospitalizations for mental illness
- History of trespassing at police headquarters and downtown federal building
- Known for waving knives while screaming to be doing “GOD’S work”
- Shot a citizen, and subsequently shot by police. Charged with attempted Murder, found to be insane and not convicted
- Charged with Robbery, sentenced to 37 months
- 23 Police contacts and 5 arrests prior to CCSI
- Added to CCSI Program in January 2011
  - 1 contact with police and no arrests since being on the program
  - Living in a Personal Care Home
  - Taking medication regularly

Chronic Consumer  
**before** CCSI



Psychiatric  
Hospitalizations: 17  
**\$ 31,840**

Police Contacts: 23  
**\$ 1,933**

Incarcerations: 5  
**\$ 112,165**

Cost:  
**\$ 145,938**

Chronic Consumer  
**after** CCSI



Psychiatric  
Hospitalizations: 1  
**\$ 680**

Police Contacts: 1  
**\$ 202**

Incarcerations: 0  
**\$ 0**

Cost:  
**\$ 682**

## Benefit

*A potentially  
productive and  
stable member of  
society*

|                         |                   |
|-------------------------|-------------------|
| CCSI Cost /Client:      | \$ 4,633          |
| + <u>Cost (after):</u>  | <u>\$ 682</u>     |
|                         | \$ 5,315          |
| - <u>Cost (before):</u> | <u>\$ 145,938</u> |
| Cost Avoidance:         | <b>\$140,623</b>  |

# PROFILE OF A CURRENT CCSI CLIENT



- 51 year-old female with history of schizophrenia, extremely paranoid, delusional, and isolated
- Was squatting in a dilapidated home filled with trash and lacking all utilities. The House was tagged with the “10 Commandments” due to her religious mania
- Threatened CCSI case managers with a gun at the initial visit
- Due to her criminal past she was banned from certain resources such as food and housing
- 21 hospitalizations for mental illness
- 19 Police contacts and 2 arrests prior to CCSI
- Her caseworker assisted her with locating suitable housing
  - No police contacts in 2 years on the program
  - Has taken an active role in the community
  - Enrolled in classes to learn Spanish

Chronic Consumer  
**before** CCSI



Psychiatric  
Hospitalizations: 21  
**\$ 41,960**

Police Contacts: 19  
**\$ 1,597**

Incarcerations: 2  
**\$ 8,680**

Cost:  
**\$ 52,237**

Chronic Consumer  
**after** CCSI



Psychiatric  
Hospitalizations: 0  
**\$ 0**

Police Contacts: 0  
**\$ 0**

Incarcerations: 0  
**\$ 0**

Cost:  
**\$ 0**

## Benefit

*A potentially  
productive and  
stable member of  
society*

|                         |                  |
|-------------------------|------------------|
| CCSI Cost /Client:      | \$ 4,633         |
| + <u>Cost (after):</u>  | <u>\$ 0</u>      |
|                         | \$ 4,633         |
| - <u>Cost (before):</u> | <u>\$ 52,237</u> |
| Cost Avoidance:         | <b>\$ 47,604</b> |

# 2011 PROGRAM IMPROVEMENTS

- Simmons Foundation Grant Recipient
- Medic Alert Bracelet Program
- HelpLine Outreach Engagement Program (HOEP) used to monitor and transition participants
- Participants are actively involved with creating and modifying their treatment plan
- Added the Assisted Outpatient Treatment program (AOT) model in an effort to increase treatment compliance

# AWARDS AND RECOGNITION



Recipient of the 2010 IACP  
Community Policing Award



Finalist 2010 Herman Goldstein Award for  
Excellence in Problem-Oriented Policing



Recipient of the 2011 Simmons Foundation Grant



QUESTIONS



ANSWERS



# CONTACTS

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**[WWW.HOUSTONCIT.ORG](http://WWW.HOUSTONCIT.ORG)**

# FOOTNOTES – SLIDE 35

## Psychiatric Hospitalizations: 17 Total

<sup>1</sup>Harris County Psychiatric Center (HCPC): \$3,900/visit (3\*\$3,900=\$11,700)

<sup>2</sup>Neuropsychiatric Center (NPC): \$680/visit (14\*\$680=\$9,520)

<sup>3</sup>Competency Restoration: \$59/day (Avg 6 Months) (180\*\$59=\$10,620)

HCPC + NPC + Competency (\$11,700+\$9,520+\$10,620=\$31,840)

## Police Contacts: 23 Total

<sup>4</sup>Man Hours: \$42.02/HR (2 HR min) = \$84.04 (23\*\$84.04=\$1933)

## Incarcerations:

<sup>5</sup>City Jail: \$137/day + Court \$65/case (2\*\$202=\$404)

<sup>6</sup>County Jail: \$280/day with meds (150\*\$280=\$42,000)

<sup>7</sup>Federal Prison: \$62.01/day (\$62.01\*1125 months=\$69,761)

City Jail + County Jail + Federal Prison (\$404+\$42,000+\$69,761=\$112,165)

## Cost:

Psychiatric Hospitalizations + Police Contacts + Incarcerations (\$31,840+\$1,933+\$112,165=\$145,938)

<sup>1</sup>Harris County Psychiatric Center dollar amount obtained through MHMRA Emergency Services Division. Average cost: \$3,900/visit.

<sup>2</sup>Neuropsychiatric Center dollar amount obtained through MHMRA Emergency Services Division. Average cost: \$680/visit.

<sup>3</sup>Competency Restoration dollar amount obtained from, "Community Competency Restoration Program connects defendants to treatment and cuts costs" February 9, 2010. DCF reports that statewide community competency restoration generally takes four to six months at an average cost of \$59 per day, with the estimated total cost ranging between \$7,080 and \$10,620. Source: <http://www.dshs.state.tx.us>

<sup>4</sup>Man Hours dollar amount obtained from Houston Police Internal report, "Establishing a Sobering Center." May 2011. Appendix A, Estimated Costs of Public Intoxication Arrests in Houston, Texas. Average cost: \$42.02/hr (2 hr min).

<sup>5</sup>City Jail dollar amount obtained from Houston Police Internal report, "Establishing a Sobering Center." May 2011. Appendix A, Estimated Costs of Public Intoxication Arrests in Houston, Texas. Average cost: \$137/day (jail), \$65/case (magistrate's docket).

<sup>6</sup>Harris County Jail dollar amount obtained from Houston Police Internal report, "Establishing a Sobering Center." May 2011. Appendix A, Estimated Costs of Public Intoxication Arrests in Houston, Texas. Average cost: \$280/day.

<sup>7</sup>Federal Prison dollar amount obtained from "Bureau of Justice Statistics Special Reports." U.S. Department of Justice, Office of Justice Programs.

# FOOTNOTES – SLIDE 37

Psychiatric Hospitalizations: 21 Total

<sup>1</sup>Harris County Psychiatric Center (HCPC): \$3,900/visit (2\*\$3,900=\$7,800)

<sup>2</sup>Neuropsychiatric Center (NPC): \$680/visit (19\*\$680=\$12,920)

<sup>3</sup>Competency Restoration: \$59/day (Avg 6 Months) (360\*\$59=\$21,240)

HCPC + NPC + Competency (\$7,800+\$12,920+\$21,240=\$41,960)

Police Contacts: 19 Total

<sup>4</sup>Man Hours: \$42.02/HR (2 HR min) = \$84.04 (19\*\$84.04=\$1,597)

Incarcerations: 2 Total

<sup>5</sup>County Jail: \$280/day with meds (31\*\$280=\$8,680)

Cost:

Psychiatric Hospitalizations + Police Contacts + Incarcerations (\$41,960+\$1,597+\$8,680=\$52,237)

<sup>1</sup>Harris County Psychiatric Center dollar amount obtained through MHMRA Emergency Services Division. Average cost: \$3,900/visit.

<sup>2</sup>Neuropsychiatric Center dollar amount obtained through MHMRA Emergency Services Division. Average cost: \$680/visit.

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