

Harris County Criminal Justice Task Force Ideas for Reducing Recidivism and Preliminary thoughts on Streamlining CJ System

Project and Program Opportunities

1. Educational Training for Prosecutors, Court Personnel, Bailiffs, Defense Attorneys related to Brain Disorders such as Bipolar, Schizophrenia/Schizoaffective, Post-Traumatic Stress, Conduct Disorder, etc. – 20% of inmates have diagnosed mental illness. We are currently generating special needs referrals for an average of 100-125 persons a day going to court based on prior mental illness history in the jail. Severe and persistent mental illnesses are not “cureable” – medication is a life-long requirement.
2. Education for inmates with diagnosed mental illness regarding medication management, coping strategies, etc. with continuation of care upon release.
3. Fund a temporary analyst to complete data analysis of jail populations to determine target recidivistic populations and further develop system to schedule them for wrap-around-services/ continuity of care with community service providers at release. Staffing requirements will not be known until analysis is complete.
4. Provide Crisis Intervention Training for arresting agencies with high degree of “nuisance” arrests. There are 200+ arresting agencies in Harris County and HPD is the only agency that provides 40 hours of training. HPD will train other agencies free of charge upon request. Diversion of this group is important because Medicaid and SSI benefits are suspended while incarcerated and length of incarceration effects time to re-establish. MHMRA eligibility is lost and can take 90+ days to re-establish.
5. Mobile Crisis Outreach Team – there is one for all of Harris County. Funding Opportunity? Need outcomes to assess success.
6. FACT teams – One for Harris County that can serve 60 people – mission to help ex-offenders with severe mental illnesses successfully reintegrate into society. Forensic Assertive Community Treatment Team. Funding Opportunity? Need outcomes to assess success.
7. Healthcare for the Homeless has started a pilot to serve ex-offenders with Mental Illnesses that do not meet Texas Priority Population. Funding Opportunity?
8. Have DA investigators run “Special Referral Form” prior to accepting charges. (requires AFIS before charges accepted to have SPN number)
9. Establish a secure “community care home” for restoration, treatment and life skills training for non-violent MI person with charges held and dropped if completed. (find vacant nursing home, small apartment complex, vacant motel/hotel)
10. There are 400+ Wards of Harris County have a severe and persistent mental illness. There are around 10 in the Harris County Jail at any given time. Many of these are “baseline” meaning they cannot be restored to competency for trial. Many cycle through the state hospital and restoration in jail. Can Guardians sign releases to include those Wards on a “watch for” list to law enforcement or the DA’s office? Depending on charge give Guardian time to pick up Ward before accepting charges.
11. Implement procedures for civil commitments. For inmates that are “baseline” have a severe persistent mental illness and/or there have been many attempts to restore either in the jail or at the state hospital – the criminal court can request the prosecutor dismiss the case and refer the matter to probate court at HCPC.

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12. Treat Class C misdemeanors as collections issue. Put in a room with an ATM, free phone bank and give them time to come up with the money before charging. Need place and phones and ATM machine.
13. Increase the number of Probable Cause Hearing dockets; increase number of magistrates/ staff. Hold JP hearings at each hearing so that people with multiple charges continue to move through the system.
14. Accept electronic signatures and/or provide scanning hardware and software to eliminate the need to move paper from PC/JP court and the CJC.
15. Accept electronic jail cards.
16. Pre-Trial Services interview system needs to interface with other systems. Data collected by PTS could be used for determining mental health and medical services needed in jail and determining programs in jail and establishing continuity of care needs at release. PTS needs new system. Pre-Trial information should be included on the special needs form that goes to the courts
17. Many inmates would benefit from GED – start in jail (is done to some extent) with link to continue when leave.
18. Have HCC provide job placement for inmates that have completed vocational programs in jail. Continue programs for those that are released prior to completion.
19. More mental health cellblocks should be designated that can be assigned at classification. Provide additional training for classification officers and for deputies assigned to those cellblocks. Provide life-skills and medication management training.
20. Have support groups in jail for mental illnesses similar to AA/ NA. There are support groups in Harris County for Bipolar (peers and family), Depression, and Schizophrenia as well as other brain disorders.
21. Sheriff's Office "midnighter database" needs to be made available for re-entry planning. This database calculates up and out date of inmates. Currently the out date is not known generally until an inmate is gone. Current database is obsolete.
22. Provide a "proof of incarceration letter" to all inmates upon release.
23. Centralize JP warrants group or give IPC access to all JP warrants databases. Need paperless warrant system for both JP and Class B and above.
24. Train all bailiffs to release from court.
25. Establish a pre-release facility (perhaps 711 San Jacinto – 144 beds) to transfer identified inmates 10-15 days before release for life-skills, medication management skills, linkage with community services.
26. All Medical Systems in the jail are stand-alone or manual:
 - a. Pharmacy system – stand alone. New system needed
 - b. Delivery of Cart Meds – Manual. 5000 cart meds dispensed daily. Note book PC's needed. (Many more meds are Keep-on-Person)
 - c. Medical Records – Manual/ paper files. 80,000+ active files. (135,000 people are booked into jail each year). There are over 1000 medical encounters per day. Electronic Medical Records System Needed. TB, Hep C, HIV, etc are prevalent

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in jails. Many of these people cycle through. They also go back into the community. Continuity of Care is needed as a public health issue.

27. Waiting lists for CSCD programs should be provided to courts for consideration when sentencing and possibly for re-consideration.
 - a. 26 persons on Wait list for Female WHO beds – 8 to 10 week wait. 70% of WHO participants are mentally ill
 - b. 80 people waiting for SAFPF beds at TDCJ
 - i. Wait list for Male– average 18 weeks (longest currently since 8/23/06)
 - ii. Wait list for Female– average 21-27 weeks (longest currently since 6/5/06)
 - iii. Longer wait for “special needs” – ie mental illness, medical
 - iv. Inmates do not receive “credit” for wait time
 - c. Increase the number of New Choices beds for females in lieu of WHO and possibly SAFPF (\$300,000/ year for 96 beds)
 - d. Don't limit to females assigned by judges, but also persons that will not be on supervision when released.

28. Establish Transition Center for those released from Jail without supervision including a MHMRA clinic, a Medical Clinic and possibly a VA clinic so that continuity of care is seamless – no missed medication. Also includes community providers – housing and other support. Provide Navigators for re-establishing ID's and benefits.

Transition/ re-entry planning:

As special needs are identified

- Immediately start meds, if necessary
- assign caseworker based on needs – can be volunteer from non-profit – NAMI, depression/bipolar support, Gateway to Care, Homeless, Education/Vocational training, Substance Abuse, faith based, Jail Chaplains – may need to add one or two.
- assign caseworker to family
- Support groups in Jail like AA/NA
- Develop transition plan
- Criminalistic assessment – share with inmate
- Can they be housed together for treatment?
- If Baseline/persistent mental illness/many attempts to restore – the criminal court can request the prosecutor dismiss the case and refer the matter to probate court at HCPC.

5-10 days before release

- Move to pre-release unit – in 711?
- Start paperwork for reinstating services
- Ensure meds will continue
- Discuss with inmate and family temporary housing
- Tools for staying on meds or coping strategies
- Assign mentor
- Mentor speakers
- Assign Shepherd/Navigator

Day of release and next few days (may need cots for those that can't be placed immediately – suggest Coffee Pot Building or basement of 1301 Franklin – or transport to offsite facility – can not let them walk away or be picked up by “friend”)

- Transition Center
- Volunteers discuss options
- Reunite families

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- Counseling together
- Mentor meetings
- Complete paperwork for services
- Transition Center includes a MHMRA clinic and a Medical Clinic and possibly a VA clinician so that continuity of care is seamless – no missed medication

Remove the barriers for people leaving the criminal justice system to receiving care. These people are those that cost the system and taxpayers more than others. Need MOU with VA and with MHMRA and with Hospital District that they will immediately take people from Jail. These people are the ones that cycle through all systems. For those that don't qualify, need MOU with Healthcare for the Homeless and other non-profits that they will take people. Each must acknowledge and accept the diagnosis of Jail physicians and psychiatrists and visa-versa.

Prevent re-incarceration before a person commits a crime that results in Probation or TDCJ.

New generation meds are important.

How can we continue education after release? Job placement?

Sharing data is crucial. This goes both ways – the jail must share with MHMRA and MHMRA must share with the jail. It is also important that VA shares data – how can we do that? What about Healthcare for the Homeless? HCHD? NPC? HCPC? Others?

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