CHRONIC CONSUMER STABILIZATION INITIATIVE

A MULTI-AGENCY COLLABORATION
DEMographics

- 4th 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 5,300 CLASSIFIED EMPLOYEES

OVER 1,800 CIVILIAN EMPLOYEES
The Chronic Consumer Stabilization Initiative (CCSI) is a collaborative effort between the Houston Police Department, The Mental Health Mental Retardation Authority of Harris County (MHMRA) and The City of Houston Health and Human Services.

CCSI was designed to proactively 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.
WHY THE NEED FOR CCSI?
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 respond to.
INCREASED CALLS

C.I.T. INCIDENTS PER YEAR
Approximately half of our SWAT calls involve a person in a mental health crisis. This trend is occurring nationwide.
Nationally, it is estimated that 10% of all police calls involve a person in a mental health crisis.
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 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”
Mental Health Task Force formed in September 2007

Task force comprised of law enforcement, community leaders, 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 chronically mentally ill with highest number of police contacts

2. Assign these 30 individuals to two mental health caseworkers for intensive supervision

3. Add mental health screening to 911 dispatch protocol
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 chronically mentally ill with frequent calls to 911
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

Two Case Managers were hired & trained by MHMRA and funded by the City of Houston Health & Human Services

Staff were responsible for engaging and interacting with thirty (30) of the most chronic and problematic consumers identified by the Houston Police Department’s Mental Health Unit; priority was based on the number of interactions with police officers within the last calendar year
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
Once identified, each Case Manager worked diligently to engage 15 individuals who met the criteria for this program.

Data was entered into and collected through 2 data systems: HPD Data Base and MHMRA Services Data Base.

Bi-weekly meetings were held between the case managers and the Mental Health Unit to discuss their progress, problems encountered, and other barriers or issues that needed to be resolved.

Administrative oversight meetings were held between HPD, City of Houston Health and Human Services Department and MHMRA Of Harris County, on a monthly basis.
### Chronic Consumer Stabilization Initiative

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<tr>
<th><strong>Open Date</strong></th>
<th><strong>Case Manager</strong></th>
<th><strong>Closing Disposition</strong></th>
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<th><strong>Race</strong></th>
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<th><strong>Family Relative</strong></th>
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<tr>
<td>INCIDENT#</td>
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<td>062810210</td>
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Consumer got into an argument and a fight with another resident and stated she was depressed, but did not want to harm herself or others and was left at the scene.

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>DATE OF BIRTH</th>
<th>CURRENT STATUS</th>
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<tr>
<td></td>
<td>JAMES</td>
<td>8/29/1987</td>
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<td>INCIDENT#</td>
<td>DATE</td>
<td>OFFENSE</td>
<td>DISPOSITION</td>
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<td>034066310</td>
<td>3/10/2010</td>
<td>INVESTIGATION MENTAL ILLNESS</td>
<td>EDO-NPC</td>
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Consumer had thoughts of suicide and suffers from depression.

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<tr>
<td>073800810</td>
<td>5/22/2010</td>
<td>CLASS C THEFT</td>
<td>EDO-NPC</td>
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Consumer was off his medication and was caught shoplifting at CVS.

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<td>0033425610</td>
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Consumer believed her husband had leprosy and was spreading it around after catching it from prostitutes.

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Consumer stated he wanted to kill himself.
ELIGIBILITY CRITERIA

- Three (3) or more admissions to the Neuropsychiatric Center (NPC) by Houston Police Department (HPD). NPC is a psychiatric emergency room.

- Excessive and high frequency of phone calls made to HPD by clients or others, on their behalf.

- High frequency of contact with HPD.

- High utilizers of City of Houston services.
REFERRAL PROCESS

- Referrals came from a list of clients generated through the Houston Police Department Mental Health Unit’s statistical database.

- Clients were prioritized based on number of interactions with police, with the highest priority given to the highest number of calls received by HPD over the last year.

- Consumers selected for CCSI averaged 1 emergency mental health commitment per month within the previous 6 months. The most chronic consumer selected had 10 commitments in the previous 6 months.
STAFFING

- Direct Care Staff:
  - One Master level case manager with approximately 30 years of Case Management experience
  - One bilingual (Spanish speaking) case manager with approximately 8 years of Case Management experience

- HPD Mental Health Unit Liaison Officer

- Administrative oversight provided by Assistant Deputy for CPEP services & the Lieutenant for the HPD Mental Health Unit
SERVICES PROVIDED

- 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
- Lack of safe and adequate housing
- Efforts to obtain guardianship
- Culture of living environment
- Communication with private physicians
- Access to medical and dental services
IDENTIFIED SYSTEM BARRIERS

- Cooperation of law enforcement outside Houston city limits
- Client history of non-compliance
- Lack of family support/secondary gain for families
- Access to early intervention
- Lack of legal motivation
ASSESSMENT
PILOT SUCCESSES

- Decreased the overall number of interactions between CCSI clients and the Houston Police Department by 70%.
- Decreased admissions to NeuroPsychiatric Center by 21%.
- Admissions to Harris County Psychiatric Center (HCPC) decreased by 51%.
After the six-month pilot of intense engagement and interaction between the two case managers and the listed consumers, there was a 70% DECREASE in overall events reported by the police department. This represents a significant reduction of police contacts. Calls-for-service decreased by 67.3%, emergency detention orders (EDO) decreased by 76.4%, and offense reports also decreased by 67.3%.
FINANCIAL IMPACT RESULTING FROM REDUCED HOSPITALIZATIONS

Clients enrolled in the CCSI program achieved an overall decrease in admissions to the NeuroPsychiatric Center and at the Harris County Psychiatric Center (HCPC). This decrease in admissions resulted in a cost savings of $176,550 during the six-month pilot.

[Graph showing cost savings: P.E.S. ($26,950), H.C.P.C. ($149,600), Combined ($176,550)]

DECREASED ADMISSIONS = COST SAVINGS
Cost Avoidance Resulting from Reduced Police Manpower Hours and Reduced Hospitalizations

During the six-month CCSI pilot, HPD realized a savings of 962 manpower hours. Calculated at $42.02 hour, this manpower savings equates to $40,423.24. In addition, there was a 51% decrease in HCPC hospital admissions and a 21% reduction in PES hospital admissions. This reduction in hospitalizations equates to a savings of $176,550. The combined total costs diverted as a result of the CCSI six-month program was $216,973.24.
Cost Avoidance Resulting from Reduced Police Manpower Hours and Reduced Hospitalizations

At a one-year program cost of $139,000, and costs diverted over a projected 12-month period of $433,946, the annual net cost avoidance is $294,946.
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
- Consistency and dependability of case managers
- Networking (communication among providers)
CURRENT STATUS AND NEXT STEPS

- City Council extended funding through 2011

- Formation of an Advisory Council comprised of representatives (who have decision making authority) from community agencies

- Expand the program by adding additional clinical staff and pair into teams to work with clients

- Dedicate a full-time police officer position to the CCSI program
Recipient of 2010 IACP Community Policing Award
QUESTIONS ??

HOUSTON
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