

**TRAVIS COUNTY MENTAL HEALTH AND  
CRIMINAL JUSTICE INITIATIVES**

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**CHAPTER 36**



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**EDUCATION**

Juris Doctor, University of Houston, December 1987  
Bachelor of Arts, University of Texas at Austin, Economics, May 1983

**WORK EXPERIENCE**

**Travis County Court at Law No. 5**, March 31, 2004 – present  
Presiding Judge, Criminal misdemeanor court.

**Law Office of Nancy Hohengarten**, January 2001 – December 2003  
Criminal defense of misdemeanor and felony cases in Travis County. Solo practitioner.

**Travis County District Attorney's Office**, Dec. 1992- June 1996 & Jan. 1997-Nov. 2000  
Trial Court Division  
Grand Jury Division  
Family Justice Civil Section

**Texas Attorney General's Office**, August 1988 – December 1992.

**COMMUNITY LEADERSHIP**

Mayor's Mental Health Task Force & Monitoring Committee  
Austin/Travis County Mental Health Jail Diversion Committee  
Leadership Austin  
Travis County Women Lawyers' Association – *President, 2001*  
Travis County Women Lawyers' Foundation – *Founder & Board President, 2002-03*  
Travis County Bar Association – *Board of Directors 2002-03, TCWLA Liaison*

**AWARDS**

Travis County Women Lawyers Association, *President's Award 2003*  
Mental Health America of Texas, *2006 Ring of Honor*  
Austin Travis County Mental Health and Mental Retardation, *2007 Community Leadership Award*

**SPEAKING**

2007 Judicial Section Annual Conference, September 18, 2007  
*Topic: Mental Health Evaluations and Costs of Jail Days vs. Treatment*



TABLE OF CONTENTS

I. INTRODUCTION ..... 1

II. TRAVIS COUNTY MENTAL HEALTH ATTORNEYS ..... 1

    A. MH Prosecutor ..... 1

    B. MH “Wheel” Attorneys ..... 2

    C. MH Public Defender ..... 2

III. MENTAL HEALTH COURT DOCKETS ..... 2

    A. Misdemeanor Mental Health Docket ..... 2

    B. Felony Mental Health Probation Review ..... 3

    C. Project Recovery ..... 3

IV. OUTPATIENT COMPETENCY RESTORATION ..... 4

V. CONCLUSION ..... 5

APPENDIX A ..... 6

APPENDIX B ..... 7

APPENDIX C ..... 8

APPENDIX D ..... 9

APPENDIX E ..... 10

APPENDIX F ..... 11

APPENDIX G ..... 12

APPENDIX H ..... 13

APPENDIX I ..... 14



## TRAVIS COUNTY MENTAL HEALTH AND CRIMINAL JUSTICE INITIATIVES

### I. INTRODUCTION

Travis County, like many Texas counties, has experienced tremendous growth in the last decade, but criminal justice resources and mental health resources have lagged behind. Jail overcrowding is a constant concern in Travis County requiring elected officials and criminal justice stakeholders to take innovative approaches to managing jail populations, including mentally ill defendants. Currently the Travis County Jail daily population averages around 2800 inmates. Bookings of mentally ill defendants range from 10-15% and most are not released from jail despite statutory requisites.<sup>1</sup>

While ongoing work in the community seeks to increase mental health treatment in and out of the criminal justice system, this paper focuses on court related initiatives.

### II. TRAVIS COUNTY MENTAL HEALTH ATTORNEYS

#### A. MH Prosecutor

In the spring of 2004 the Travis County Attorney's Office established a pilot program to improve its handling of misdemeanor criminal cases when the defendant had a mental health diagnosis. The County Attorney was concerned about the volume of mentally ill criminal defendants in the Travis County Jail. He recognized that due to chronic underfunding of Texas' mental health system, many mentally ill defendants were being unjustly incarcerated.

In order to do justice in these mental health cases, the County Attorney's Office established the Mental Health (MH) Committee. This committee consisted of the First Assistant, Trial Director, Family Violence Director, Intake Director, a prosecutor from each of the five misdemeanor courts, and the mental-health commitment attorney.

Committee members identified MH criminal cases to be staffed at the committee's weekly meeting using the following criteria:

- Defendant is incompetent to stand trial and unlikely to regain competency
- Defendant is charged with violent or serious offense and is diagnosed with mental illness
- Defendant is charged with minor offense but has extensive or violent criminal history

- Defendant's charges involve restitution and/or a victim
- Any case that does not suggest itself to typical treatment based on the mental illness of the defendant

The committee approached negotiations from a much less adversarial position than in other types of cases. The Austin Travis County Mental Health & Mental Retardation (ATCMHMR) court liaison also attended these meetings. The open-door policy allowed defense attorneys, caseworkers, guardians, family members, and other stakeholders to attend the meetings and participate in the discussion. These meetings often ran for several hours because all participants were learning as they went along.

After discussing a particular case, the committee would either make a recommendation or decide that it needed more information, and reset the case for at a later date for continued discussion.

In October 2005, the Travis County Attorney's Office received funding for the creation of a mental-health team consisting of a prosecutor, a paralegal, and a legal secretary. The County Attorney had learned that prosecutors with large caseloads could not dedicate sufficient time to mental-health cases. He therefore proposed that it would be far more efficient to have one prosecutor assigned to these cases. That prosecutor would function as the single point of contact for defense attorneys, judges, jail personnel, and any other stakeholders, allowing the other prosecutors to devote their time to their regular dockets.

The County Attorney's Office selected one of the Mental Health Committee members to be the MH Prosecutor in October, 2005. However, due to personnel shortages in the trial courts, she was unable to start until late January, 2006. In March, 2006, the paralegal who previously worked as the paralegal for the mental-health civil commitment attorney came on board followed by a legal secretary.

Initially, the MH Prosecutor reviewed and made plea recommendations in criminal cases, coordinated and convened the Tuesday meetings. Besides the weekly meeting, the MH Prosecutor attended various community meetings such as the ATCMHMR Jail Diversion Committee and court planning meetings.

The MH Paralegal provided assistance by preparing the cases for staffing, attending the meetings, and keeping track of what happened at those meetings. She also contacted victims, caseworkers, guardians, and others involved in the cases. The paralegal was responsible for finding community resources.

Since the creation of the Misdemeanor Mental Health Docket (see below) the Committee no longer

<sup>1</sup> Code of Criminal Procedure Article 17.032 and Article 16.22.

exists and the Tuesday afternoon meetings no longer occur. Staffing of mental health cases is done at the MH Docket (see below). The prosecutor and the paralegal have the same responsibilities but now coordination and communication is easier.

### **B. MH “Wheel” Attorneys**

In 2004 the Travis County Criminal Courts recognized the volume of mentally ill defendants on the courts’ dockets and the importance of representation by attorneys with an understanding of mental health issues in addition to traditional criminal defense issues. Thus the Travis County Fair Defense Act Plan was amended to include a Mental Health Attorney Wheel and since June 2005 attorneys on the rotational “wheel” are appointed to cases where the Travis County Sheriff’s Office counseling and medical staff determines a psychiatric condition exists. Attorneys on the mental health wheel are limited in number and must receive three additional hours of CLE in mental health/criminal justice each year. MH “Wheel” Attorneys are only appointed for defendants with 3<sup>rd</sup> degree felony charges and below. (See Appendix A for a Mental Health Case Comparison chart showing the number of mental health attorney appointments). Note that there was a decline in the number of cases from September 2006 through January 2007. This decline was due to a decision to limit the referred mental health cases to those involving defendants with very low levels of functioning. The courts then decided to revert to the original referral guidelines and the numbers returned to the previously higher levels in February 2007. The Travis County Sheriff’s Office counseling staff maintains excellent documentation on mentally ill inmates which allows the courts to determine whether a defendant’s mental illness is serious enough to warrant a specially trained attorney. There are many defendants who have a mental health disorder but who function well and are stable. These defendants do not need special assistance. For example, a person managing depression or bi-polar disorder that picks up a DWI whose life is otherwise stable probably does not need a mental health wheel attorney. In these cases the defendant’s mental illness is less likely to be a contributing to their criminal behavior. With scarce resources it is best to focus on the defendants whose mental illness is leading to their incarceration.

### **C. MH Public Defender**

Shortly after the institution of the mental health wheel, the Texas Task Force for Indigent Defense released a request for grant proposals, and Travis County applied for funding to support a Mental Health Public Defender for misdemeanor cases. Due to the limited amount of money available through the grant

and the novelty of the program (at least for Travis County) Travis County decided not to include felony cases. Travis County was awarded the grant in 2006 and the MH Public Defenders Office was established. Jeanette Kinard, who was appointed by the Travis County Commissioners as Chief, began work on April 2, 2007. State funding will last for four years. It will decrease each year while the matched funding from Travis County increasing each year. MHPD staff includes two defense attorneys, two social workers, two caseworkers and support staff. Defendants must be indigent and have a “priority population” mental health diagnosis of Bi-Polar Disorder, Major Depression, Schizoaffective Disorder or Schizophrenia. Local MHMRs in Texas are limited by the State of Texas to treatment of people with priority population diagnoses. Legal representation includes defense of legal cases with a focus on a more holistic, long-term best interest of the client approach. It includes an initial assessment and discharge planning by a licensed social worker, and case management services for up to 4 months after the legal case is closed. Currently the caseload is limited to 500 cases per year and court administration reappoints the public defender when one of its clients commits another offense. The public defender also provides regular CLE on issues relating to mental health and criminal law free of charge. Additionally, the services of the social workers and caseworkers are available to attorneys on the mental health wheel. The public defender and its staff are key components to the mental health docket described herein. The MHPD participates in community planning on the ATCMHMR Jail Diversion Committee and networks with local mental health organizations, providing education about court processes and its office.

## **III. MENTAL HEALTH COURT DOCKETS**

### **A. Misdemeanor Mental Health Docket**

The Travis County Courts at Law that handle criminal misdemeanor cases decided to start a pilot docket for all misdemeanor mental health cases in October 2006. Cases were set every Tuesday and Thursday morning on a mental health docket (referred to as the “Special Reduction Docket” due to privacy concerns) and rotated between the 5 courts. This change made it possible for the defense attorneys, MH prosecutor and paralegal, ATCMHMR, and jail counselors to discuss the best disposition of these cases. While the docket was successful in bringing the parties together to share critical information it was not satisfactory to have five different judges working a specialized docket. In May 2008 Travis County Court at Law Number 3, Judge David Crain presiding, began to hear all the MH cases in his court on Tuesday and Thursday mornings. The format of the

docket changed to facilitate better discussion between the parties and the Court. Currently the docket begins at 8:30 in the jury room and each case is staffed and negotiated in a non-adversarial fashion. If the parties cannot agree to an appropriate disposition the case is referred back to the assigned court for disposition by trial. The size of the docket ranges from 20 to 30 cases a docket. While it is time-consuming, the philosophy of the MH Docket is that time spent now finding appropriate disposition of these cases will help alleviate recidivism and further drain on public resources. Prevention of subsequent arrests protects public safety, saves money, and is more just for mentally ill defendants.

The most significant problem for the MH Docket is the lack of residential treatment beds for homeless, mentally ill defendants, many of whom have substance addictions. Stakeholders are working to establish treatment beds for these defendants.

The mental health docket has not required significant additional funding. Indigent defense representation and prosecution must be paid as usual and no additional court staff has been needed. One position was funded in court administration for assistance with several special dockets, including this docket.

### **B. Felony Mental Health Probation Review**

Judge Julie Kocurek, presiding judge of the 390<sup>th</sup> District Court, has taken the lead on felony court cases. In November 2006 she established a felony MH revocation docket for mentally ill defendants on the verge of revocation and incarceration. On Thursday afternoons she presides over a review docket for approximately 10 defendants to provide additional support and supervision of these offenders. The docket follows therapeutic justice models providing rewards and incentives for successful participation. All offenders are supervised by the mental health unit of the Travis County Community Supervision & Corrections Department. Generally participating defendants are subject to court review for one year and appear in court weekly, bi-weekly or monthly depending on their need for supervision and progress in the program. Judge Kocurek takes cases from other Travis County District Courts that are referred by the probation department. Participants include an assistant district attorney, mental health wheel attorney, probation, ACT Team<sup>2</sup> and the

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<sup>2</sup> Assertive Community Treatment Team is a function of ATCMHMR and caseworkers are assigned to 10 individuals who have cycled in and out of the Austin State Hospital for case management.

ANEW Officers<sup>3</sup> Defendants formally graduate from the program upon successful participation.

### **C. Project Recovery**

Project Recovery is a therapeutic justice court program for male mentally ill defendants with long histories of public intoxication arrests. Effective September 1, 1999 public intoxication cases could be enhanced from Class C to Class B misdemeanors in the State of Texas.<sup>4</sup> In Travis County the number of public intoxication Class B charges began to rise thereafter and defendants were given short back time sentences despite repeated arrests. (In 2004, 200 defendants generated 738 class B PI arrests). In 2005 the Downtown Austin Community Court received funding from the Austin City Council at the urging of the Downtown Austin Alliance to provide treatment for such individuals who were often a public nuisance in the downtown business district. A group of stakeholders met for many months to devise and establish a program to serve this population. In November 2006 Project Recovery accepted its first client. The treatment facility can serve as many as 15 defendants at a time and is operated by ATCMHMR.

Defendants are referred for interview from several sources: jail staff, defense attorneys, a repeat offender database. Once referred the defendants are interviewed and accepted or rejected. If accepted, they sign a deferred prosecution agreement with the county attorney's office promising to participate in treatment in exchange for dismissal of criminal charges after six months. They are released on personal recognizance bond, ordered to participate in Project Recovery as a bond condition and transported from jail directly to the residential facility. The program includes 90 days of residential transitional treatment follow by intensive aftercare. Defendants are required to remain at the facility for the first 30 days and thereafter earn leave passes and are allowed to work in order to establish income. In addition to an intensive treatment regimen the program provides transitional services such as obtaining identification, social security, medical assistance, and housing. A psychiatrist and nurse are on staff to assess mental health and provide medical treatment for mental health disorders.

While the case is pending, defendants appear in court, Travis County Court at Law 5, on Friday

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<sup>3</sup> The ANEW program is funded by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) to provide assistance to this population.

<sup>4</sup> Penal Code Section 49.02 Public Intoxication and Section 12.43(c) Penalties for Repeat and Habitual Misdemeanor Offenders

afternoons for review with their case manager, defense attorney, MH prosecutor, and me, the presiding judge. The frequency of the review is determined by how long the defendant has been in the program and the success of the individual defendant. At the court review the success or failure of the defendant is discussed and defendants are either rewarded or sanctioned for their behavior.

In the criminal justice system, this population of defendants is the most recidivistic and severely addicted. Many of these men have been living on the street for decades and have a number of physical and mental health issues. It is a very difficult population to treat. Nevertheless, we have seen defendants with multiple PIs stop drinking altogether and several defendants decrease the frequency of offending. One individual with 40 PI Class B convictions has stopped drinking alcohol for over a year. On the other hand, several individuals' mental impairment was so severe that they couldn't effectively engage in treatment and have continued to be arrested. (Appendix G indicates the most current statistics on arrest and conviction).

One positive unanticipated outcome of Project Recovery has been the reduction in hospital emergency room visits by these defendants. (Appendix H sets forth the most recent study). Considering the difficulty treating these individuals, the program has been successful. In general "success" in treatment programs and in criminal justice means that we are seeing a significant positive impact.

#### **IV. OUTPATIENT COMPETENCY RESTORATION**

While the Texas Code of Criminal Procedure has allowed Outpatient Competency Restoration (OCR) since January 1, 2004,<sup>5</sup> the statute has not been utilized due to lack of restoration programs outside of the state hospital system.<sup>6</sup> The lack of restoration

beds in the state hospital system meant criminal defendants that were found incompetent to stand trial faced waiting periods of up to 90 days in jail in violation of their Constitutional right to due process. Advocacy Inc, a Texas based legal advocacy organization for handicapped and disabled Texans filed suit against the Texas Department of State Health Services (TxDSHS – often referred to as "dishes") utilizing legal arguments successful in other states. Thereafter the TxDSHS was funded by the Texas Legislature to help local jurisdictions establish outpatient competency restoration programs in the form of grant funding. This spring TxDSHS awarded grants to Dallas, Bexar Harris, Tarrant and Travis Counties for a 2 year period for local programs. Travis County's program, managed by ATCMHMR, will begin accepting defendants this summer. (See Appendix F for a program description.) Recently, however, the waiting periods for competency restoration has been reduced significantly, perhaps due to transfer of civil commitment beds to forensic beds.

Procedurally a court may (felony) or must (misdemeanor) release an IST defendant on bail subject to assured public safety, effectiveness and safety of treatment, and no danger to others.<sup>7</sup> To ensure the safety of the public and the defendant, the court may place conditions on the individual who is out on bail. Upon release the OCR provider must send a report to the court not later than 14 days after treatment has begun and every 30 days thereafter. The report should note progress and whether the defendant will obtain competency in the foreseeable future.<sup>8</sup> After 120 days, with a possible 60-day extension, the court must determine whether the defendant has been restored to competency by agreement or contested hearing.<sup>9</sup> If a defendant is not restored to competency and the criminal charges remain pending then Article 46B, Subchapter E controls, if criminal charges are dismissed then Subchapter F controls.

Potential advantages to OCR are continuity of medical care<sup>10</sup>, immediate access to local mental health services, transition to housing, faster disposition of criminal cases, and cost savings for the

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<sup>5</sup> Art. 46B Subchapter D, Procedures after Determination of Incompetency. The term "outpatient" includes what most would refer to as residential treatment. It means restoration out of the state hospital or a residential facility operated by TxDSHS. Defendants can be housed at the program or at their own or families home.

<sup>6</sup> Due Process requires that the nature and duration of the commitment bear some reasonable relation to the purpose for which the individual is committed. Even if the jail has restorative treatment, the duration must be brief before commitment proceeding is initiated. *Jackson v. Indiana*, 406 U.S. 715 (1971) at 738. Holding a defendant in jail for weeks before transferring for competency restoration treatment violates substantive due process rights. See *Oregon Advocacy Ctr. V. Mink*, 322 F.3d 1101 (9<sup>th</sup> Cir. 2003); *Weiss v. Thompson*, 85 P.3d 944,948-949 (Wash.App. 2004).

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<sup>7</sup> Release on Bail – Code of Criminal Procedure Article 46B.072

<sup>8</sup> Article 46B.077

<sup>9</sup> Article 46B.084 and 46B.085

<sup>10</sup> The drug formulary for the state hospitals and MHMR centers are the same whereas jails often use different medications.

county jail. Potential disadvantages are like any criminal case -- defendants may abscond or commit another crime. While mental health stigma may cause defendants not to be released on bond, it seems that most of the heavily publicized, tragic crimes committed by the mentally ill occurred when there was no court supervision or criminal case pending (for example, Andrea Yates in Houston and Jackson Ngai in Austin).

## **V. CONCLUSION**

In Travis County is that incremental changes appear to have been most effective. Prosecutors, Defense attorney and Judges have made changes to their traditional court roles to be successful with mental health cases. While progress has been too slow at times the overall results have been encouraging. I recommend that communities to start with change that doesn't require additional funding and then evaluate the results. There are many resources available for interesting ideas and mental health court information. The best site is [www.gainscenter.samhsa.gov](http://www.gainscenter.samhsa.gov)

APPENDIX A

**CASES STAFFED & DISPOSITIONS  
FROM 072605-051606**

	# Cases Staffed	# Cases Restaffed	Competency Eval Needed	Dismiss	Dismiss--> PES	Deferred Pros	MH Def Adj.	MH Probation	Jail Time	Civil Commt	Criminal Commt	Other ***
<b>2006</b>												
May	34	8	1	0	0	0	2	9	11	2	0	1
April	53	16	1	4	0	1	3	7	15	0	0	6
March	30	5	1	8	3	1	1	3	5	3	0	0
February	28	10	1	1	0	2	2	3	5	4	0	0
January - 2wk	10	3	0	0	0	1	0	2	1	3	0	0
<b>2005</b>												
No Dec Data												
November -3v	14	7	0	2	0	0	0	3	1	0	1	0
No Oct Data												
September	24	5	0	2	0	0	1	2	13	1	0	0
August	35	12	1	5	0	3	0	3	7	3	1	0
July-1wk	11	2	0	0	1	0	0	2	5	1	0	0
<b>Totals</b>	<b>239</b>	<b>68</b>	<b>5</b>	<b>22</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>34</b>	<b>63</b>	<b>17</b>	<b>2</b>	<b>7</b>

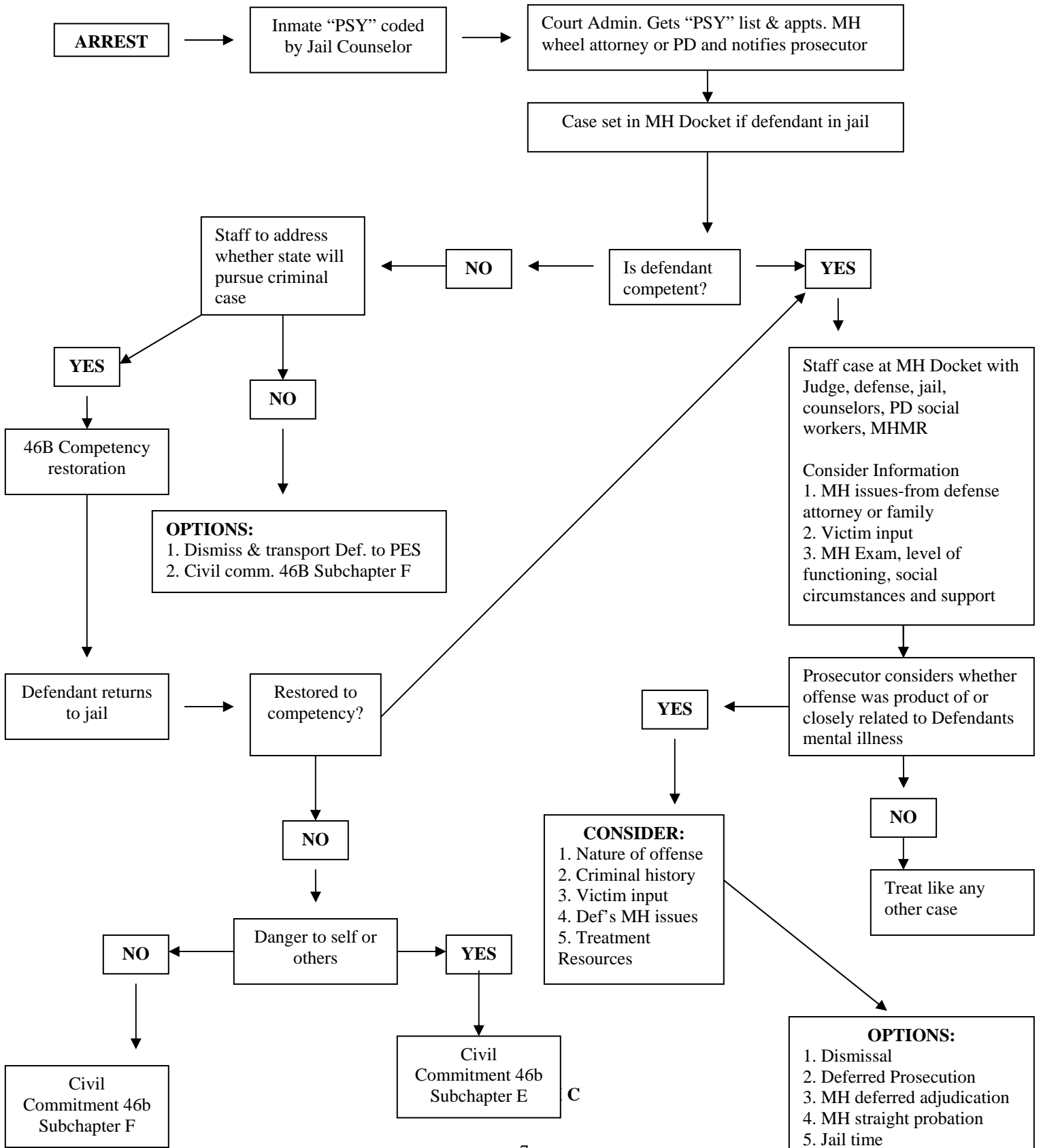
\*\*\*12.45 or case not appropriate for MH treatment

The first column represents the total number of cases staffed in a month and the second column represents how many, out of that total, had to be re-staffed. The third column totals the number of cases in which we decided the defendant should be evaluated for competency

APPENDIX B

ORGANIZATION FLOWCHART

Travis County Attorney's Office: Misdemeanor MH CASES



## MENTAL HEALTH COMPARISON BY CASE

Month of:	All Felony Cases	Mental Health Felony Cases	% of Mental Health Felony Cases	All Misdemeanor Cases	Mental Health Misdemeanor Cases	% of Mental Health Misdemeanor Cases
Jun-05	792	61	8%	1,852	89	5%
Jul-05	693	83	12%	1,757	108	6%
Aug-05	823	131	16%	1,810	140	8%
Sep-05	711	108	15%	1,636	138	8%
Oct-05	762	133	17%	1,539	128	8%
Nov-05	728	137	19%	1,619	161	10%
Dec-05	591	82	14%	1,375	153	11%
Jan-06	801	153	19%	1,516	175	12%
Feb-06	615	138	22%	1,367	196	14%
Mar-06	765	140	18%	1,635	225	14%
Apr-06	763	151	20%	1,484	186	13%
May-06	758	161	21%	1,500	234	16%
Jun-06	846	152	18%	1,673	211	13%
Jul-06	731	115	16%	1,516	196	13%
Aug-06	1,086	135	12%	1,864	176	9%
Sep-06	757	66	9%	1,402	119	8%
Oct-06	818	26	3%	1,282	37	3%
Nov-06	775	38	5%	1,369	86	6%
Dec-06	683	44	6%	1,149	65	6%
Jan-07	702	52	7%	1,134	68	6%
Feb-07	584	82	14%	1,069	97	9%
Mar-07	744	94	13%	1,461	141	10%
Apr-07	718	122	17%	1,357	159	12%
May-07	968	162	17%	1,549	212	14%
Jun-07	893	147	16%	1,634	178	11%
Jul-07	922	121	13%	1,809	180	10%
Aug-07	925	186	20%	1,616	210	13%
Sep-07	740	112	15%	1,249	149	12%
Oct-07	839	122	15%	1,493	194	13%
Nov-07	718	105	15%	1,286	162	13%
Dec-07	679	124	18%	1,148	137	12%
Jan-08	828	196	24%	1,289	203	16%
Feb-08	800	142	18%	1,383	200	14%
Mar-08	751	160	21%	1,215	196	16%
Apr-08	873	170	19%	1,322	202	15%
<b>Total</b>	<b>27,182</b>	<b>4,151</b>	<b>15%</b>	<b>51,359</b>	<b>5,511</b>	<b>11%</b>

## APPENDIX D

## MH Public Defender Caseworker Data

	2007				2008							
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
<b>Total Clients referred to Case Management Services</b>	19	17	46	38	37	41	20	49	36	30	32	
<b>Internal</b>	11	13	34	26	30	37	19	44	26	18	23	
<b>External</b>	8	4	12	12	7	4	1	5	10	12	9	
<b># Referred to Community Resources</b>	37	23	87	36	68	75	42	64	55	44	34	
<b>Basic Needs</b>	4	0	8	1	8	19	6	5	4	2	3	
<b>Employment/ Education</b>	6	0	5	2	7	2	0	6	4	4	0	
<b>Benefits/ Finances</b>	3	1	8	3	4	2	4	2	6	2	1	
<b>Identification assistance</b>	1	3	3	2	0	2	3	2	4	1	3	
<b>Veterans Admin.</b>	0	2	2	0	0	0	0	2	0	0	0	
<b>Legal Assistance</b>	2	1	11	3	8	4	2	7	2	2	1	
<b>Substance Abuse</b>	2	0	3	3	3	6	3	5	1	1	1	
<b>Mental Health Care</b>	11	7	19	14	24	24	13	15	22	19	13	
<b>Transportation</b>	0	1	4	0	0	1	3	3	4	1	2	
<b>Housing</b>	8	8	24	8	14	15	4	17	8	12	10	

\* NOTE: Internal referrals are from within PD's office. External are MH Wheel Attorneys' referrals.

APPENDIX E

MH Public Defender Attorney Data

	2007				2008							
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>Total Cases Accepted</b>	17	12	35	28	32	37	19	44	28	18	23	29

## APPENDIX F

MISDEMEANOR MENTAL HEALTH DOCKET CASELOAD

DATE	NUMBER OF CASES
<b>2006:</b>	
OCT	37
NOV	69
DEC	52
<b>2007:</b>	
JAN	66
FEB	90
MAR	95
APR	124
MAY	123
JUN	121
JUL	121
AUG	150
SEPT	150
OCT	133
NOV	117
DEC	88
<b>2008:</b>	
JAN	204
FEB	139
MAR	190
APR	170
MAY	170

**APPENDIX G: Project Recovery Criminal Justice Outcomes**

Cumulative Data Analysis from January 2000 to 03/31/2008 - Total Participants = 56

***All Criminal Charges***

	<b>No. Clients</b>	<b>Min</b>	<b>Max</b>	<b>Average</b>	<b>Median</b>
Year Prior to PR		4	43	15.27	14.50
60 Days Prior to PR		0	11	3.59	3.00
30 Days Prior to PR		0	5	2.25	2.00
After PR Admission	56	0	33	5.18	3.00
30 Days After PR Admit	51	0	3	0.31	0.00
60 Days After PR Admit	49	0	6	0.80	0.00
Year After PR Admit	18	0	21	8.67	7.50

***Public Intoxication Charges***

	<b>No. Clients</b>	<b>Min</b>	<b>Max</b>	<b>Average</b>	<b>Median</b>
2000 thru Present		2	194	43.43	32.00
After PR Admission	56	0	18	3.59	2.00

***Jail Bed Days***

	<b>No. Clients</b>	<b>Min</b>	<b>Max</b>	<b>Average</b>	<b>Median</b>
Year Prior to PR		10	239	78.23	69.00
60 Days Prior to PR		0	51	20.93	19.00
30 Days Prior to PR		0	30	14.21	13.00
After PR Admission	56	1	251	49.29	14.50
30 Days After PR Admit	51	0	20	2.55	1.00
60 Days After PR Admit	49	0	41	5.04	1.00
Year After PR Admit	18	1	212	80.67	66.00

***Arrests***

	<b>No. Clients</b>	<b>Min</b>	<b>Max</b>	<b>Average</b>	<b>Median</b>
Year Prior to PR		2	33	11.77	11.00
60 Days Prior to PR		0	7	2.66	2.50
30 Days Prior to PR		0	4	1.70	1.50
After PR Admission	56	0	21	3.70	2.00
30 Days After PR Admit	51	0	1	0.18	0.00
60 Days After PR Admit	49	0	4	0.47	0.00
Year After PR Admit	18	0	14	6.39	7.00

No. Clients NOT Re-Arrested since PJR Admit: 16

No. Clients Re-Arrested after PJR Admit: 40

Average Days Program Admit to Re-Arrest: 86.10 *(for those clients who were re-arrested)*Median Days Program Admit to Re-Arrest: 75.50 *(for those clients who were re-arrested)*

## APPENDIX H

**PROJECT RECOVERY EMERGENCY ROOM DATA**  
Provided by the Indigent Care Collaboration

-- 62 unduplicated Project Recovery (PJR) defendants in the group submitted to the Indigent Care Collaboration.

-- Of those, all but 4 were located in the ICC database, for a total of 58 patients.

PJR Defendants with ER visits 12 months prior to program admission:

47 out of 58

Total ER visits by PJR Defendants 12 months prior to program admission:

470 for an average of 10 ER visits per person

PJR Defendants with ER visits in the 12 months after program admission:

23 out of 58 for a 51% reduction in patients

Total ER visits by PJR Defendants in the 12 months after program admission:

192 for an average 8.3 ER visits per person

59% reduction in ER visits

## APPENDIX I

**Austin Travis County Mental Health Mental Retardation Center  
Outpatient Competency Restoration Pilot Program**

Under Chapter 46B of the Code of Criminal Procedures any individual who is found Incompetent to Stand Trial (IST) can be restored to competency in an outpatient setting. Since there were no community based restoration programs in operation in Texas, the Texas Department of State Health Services (DSHS) decided to fund up to 4 pilot outpatient competency restoration programs. Austin Travis County Mental Health Mental Retardation Center (ATCMHMR) was awarded the funds to develop and operate one of these 4 pilot outpatient competency restoration programs

**Program Specifics:**

<b>NAME OF PROGRAM</b>	ATCMHMR Outpatient Competency Restoration Program
<b>Program Objective</b>	This program will provide community –based competency restoration services to individuals who are found Incompetent to Stand Trial (IST).
<b>Funding Agency</b>	Texas Department of State Health Services (DSHS)
<b>Funds Awarded</b>	ATCMHMR was awarded \$845,618 dollars
<b>Funding Period</b>	June 1, 2008 - August 31, 2009
<b>Program Contact</b>	Program Coordinator - Abraham Minjarez <a href="mailto:abraham.minjarez@atcmhmr.com">abraham.minjarez@atcmhmr.com</a> Office Phone: 512 445-7783 Cell Phone: 512 461-4225
<b>Staffing</b>	The program will comprise of 3 ½ staff. <ul style="list-style-type: none"> <li>• OCRP Program Specialist <ul style="list-style-type: none"> <li>○ 1 full time licensed clinician officed within Del Valle Correctional Complex.</li> </ul> </li> <li>• OCRP Program Case Manager <ul style="list-style-type: none"> <li>○ 2 full time Case Management staff providing Competency Restoration Training as well mental health and substance abuse services.</li> </ul> </li> <li>• OCR Program Psychiatrist <ul style="list-style-type: none"> <li>○ Quarter time Psychiatrist</li> </ul> </li> <li>• OCR Program Coordinator <ul style="list-style-type: none"> <li>○ Quarter time Program Coordinator</li> </ul> </li> </ul>

<p><b>Eligibility Criteria</b></p> <p>Who will the program accept?</p>	<ul style="list-style-type: none"> <li>• Individual who is a Travis County resident and is 18 years or older.</li> <li>• Individual who has been found Incompetent to Stand Trial</li> <li>• Individual who meets DSHS Target Population Diagnosis                         <ul style="list-style-type: none"> <li>○ Schizophrenia</li> <li>○ Schizoaffective Disorder</li> <li>○ Bipolar Disorder</li> <li>○ Major Depression with a GAF ≤ 50                                 <ul style="list-style-type: none"> <li>▪ (GAF = Global Assessment of Functioning Scale)</li> </ul> </li> </ul> </li> <li>• Individual Level of Risk (low to moderate) as determined by HCR-20</li> <li>• Charge against the individual                         <ul style="list-style-type: none"> <li>○ Program will accept both misdemeanor and felony charges. However, <u>most</u> violent offenses will probably not be accepted.</li> <li>○ No 3G offenses</li> </ul> </li> <li>• Willingness to participate</li> </ul>
<p><b>Program Services</b></p>	<p>Community services provided will address both mental health and substance abuse needs.</p> <p>Other services provided will include:</p> <ul style="list-style-type: none"> <li>• Psychiatric Evaluation</li> <li>• Medication administration, management and maintenance</li> <li>• Intensive Case Management services such as                         <ul style="list-style-type: none"> <li>○ Social skills training</li> <li>○ Life skills training</li> <li>○ Supported Housing</li> <li>○ Supported Employment</li> <li>○ Substance abuse services and referrals</li> </ul> </li> <li>• Competency Restoration Training</li> </ul>
<p><b>Treatment Program</b></p>	<p>The OCR Program is designed to help individuals reach competency within a 90-day period. However, the length of stay in the program will be determined by the individual’s needs along with the timelines outlined in the Article 46B statute.</p>
<p><b>Program Capacity</b></p>	<p>The OCR Program is funded to treat up to 18 individuals at any given time. We expect that the program can provide competency restoration for up to 72 individuals per year.</p> <p>Note: Due to the late start in FY '08 (Sept. '07 – Aug. '08) we do not expect to restore 18 individuals this fiscal year.</p>

<b>Expected Rollout</b>	The program will start off slow with about 3 individuals in the first month of operations. We expect for several months to only accept individuals with a misdemeanor charge. However, after the program has been operational for about 2 to 3 months we will transition to individuals with non-violent felony charges.
<b>Housing</b>	We are funded to provide housing for up to 9 of the 18 clients in the program. The OCR Program Specialist will take an individual’s housing needs into consideration at the time of their initial evaluation. Phase I of this program will be located at 56 East Ave (The Inn). While Phase II will be located at 4019 Manchaca Rd (Alameda House).
<b>Program Process</b>	<ol style="list-style-type: none"> <li>1. Individual is found IST</li> <li>2. OCR Program Specialist will complete face-to-face evaluation and risk assessment of individual along with compilation of any existing medical and psychiatric information obtained by jail staff.</li> <li>3. OCR Program Treatment Team will staff each case to determine if the individual is appropriate for the program.</li> <li>4. If a recommendation is made to accept the individual, then the court, prosecutor, and defense attorney will be notified.</li> <li>5. The Travis County Sheriff’s CIT will transport the individual to the program if the decision is made that the individual’s needs are best met by participating in this program. Upon arrival to the program the individual will be evaluated by the OCR Program Psychiatrist and OCR Program Case Manager.</li> <li>6. First phase of the program will be to stabilize the individual on psychiatric medications.</li> <li>7. Second phase will commence once the individual appears to be responding to medications. This phase will include the competency restoration training and case management services.</li> <li>8. The individual’s progress towards restoration will be documented on a regular basis. Once the individual appears to have been restored, the court, prosecutor, and defense attorney will be notified via formal letter attesting to the individuals restored status.</li> <li>9. The individual will continue on an outpatient status until his/her court hearing is schedule. He/She will then be transported by the Travis County Sheriff’s CIT back to the court for disposition of their case.</li> </ol>