

## **NATIONAL PUBLIC RADIO**

### **Its Mental Health Treatment System Saves San Antonio Millions**

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Jenny Gold

Texas ranks 49th out of 50 states in how much funding it commits to mental health. But San Antonio has become a model for other mental health systems. It has saved \$50 million over the past 5 years.

KELLY MCEVERS, HOST:

If you look at the rankings of how much money states spend on mental health, Texas rates second to last. But there's one place that's different in Texas - San Antonio. The city has become a model for other mental health systems across the country. Yesterday, we brought you the story of how the police department has been working to keep people with mental illness out of jail. Today, reporter Jenny Gold takes us inside the treatment system - a system that's saved the city and the surrounding county \$50 million over the past five years.

JENNY GOLD, BYLINE: The community mental health system in Bexar County is the brainchild of a man named Leon Evans. But some people here just call him The Bear. He's a massive man with a shock of white hair on both his head and face and wrists the size of a child's thighs. He got the nickname because he's wrestled two actual bears in his life.

LEON EVANS: Well, this is Bexar County (laughter). So my wife teases me about this being my third bear.

GOLD: He's talking about the mental health system here in San Antonio. Evans came to Texas in 1972 as a social worker to help set up some of the very first community mental health systems, and he's been here ever since.

EVANS: In my entire career, I've always understood the people that are the least valued. The people that society expects the least of are the people that have the most potential. And if you reach out to them, they'll do amazing things and nobody expects them to.

GOLD: When Evans came to Bexar County 14 years ago, the county jail was packed with people in various states of psychosis. That's not unusual. Across the country, about 1 in 5 prisoners and inmates has a serious mental illness. Evans' idea for reform was simple - treatment works and jail does not.

EVANS: Even here in Texas, which is very conservative, you know, we learned some time ago that nonviolent mentally ill offenders shouldn't be in prison. They don't make good prisoners because they're listening to voices; it's hard for them to obey the rules. So they get no good time. Their behaviors agitate the other prisoners that make it dangerous for everybody. And they're taking space up for violent offenders.

GOLD: It's also an extremely expensive revolving door. Many of them end up living on the street after they're released from jail, sick and often addicted. And then, almost invariably, they end up back in jail for a minor nuisance crime, like sleeping on someone's porch. It all sounds very familiar to Samuel Lott, who lost his white-collar job in 2007.

SAMUEL LOTT: Whatever diagnosis I had - depression, alcoholism, that sort of thing - it kind of kicked into high gear, I guess you could say back then. And I spiraled down pretty quickly and became homeless.

GOLD: Lott shows me a picture of himself in 2010, the last time he was in jail.

LOTT: This person is angry, unhealthy; there's malnutrition; there's no sense of direction; there's lack of discipline. You can see by how sunk in the cheekbones are there.

GOLD: For four years he lived on the streets, estranged from his family. He got infected with hepatitis C, and his untreated depression started to take on signs of psychosis. He had frequent run-ins with the police, but getting treatment for any of his health problems felt hopeless.

LOTT: To get the help, it meant having to walk from one side of town all - I mean, miles and miles to the other side of town - maybe to get a referral. And then you take your referral and walk clear back over to some other side of town and maybe you can get there in time to go in and get the help.

GOLD: In addition to services being scattered, Leon Evans says there was another problem - none of the groups that deal with mental health were talking to each other.

EVANS: People who fund these services - they only look at their small piece of the pie and is there a return on investment, a cost benefit there.

GOLD: So Evans got all of the major players together - the jails, the police, the courts, the local government and the hospitals. They talked about how much each of them was spending on mental health. It wasn't easy.

EVANS: If you think law enforcement officers or mental health professionals have anything in common, we don't, except people with mental illness and substance abuse problems. We speak a different language, we have different goals, you know, there's not a lot of trust there.

GOLD: Evans hired someone to crunch the numbers. And they stopped looking at mental health as an isolated expense in the city budget. The players all realize they were spending enormous sums of money taking care of people with mental illness badly. So they shifted gears, pooled their resources and chipped in to build one centralized complex right next door to the city's new homeless shelter. Laura Usher is with the National Alliance on Mental Illness. She says that's unique.

LAURA USHER: One thing that's really important about the San Antonio approach is that they've integrated services together for mental health and substance abuse and homeless services because most people have overlapping needs.

GOLD: San Antonio's restoration center has inpatient psychiatric services, substance abuse treatment, primary care and even housing for people with mental illness. It's a lot, but it still saves the city and county about \$10 million a year.

USHER: It's more cost-effective to provide mental health services and supports to people at the front end, rather than pay for jail beds and prison time.

GOLD: About 18,000 people come to the center each year. There's no wrong door. Some patients walk in off the street, others are brought in by police or diverted here from programs inside the jail. Samuel Lott arrived in 2010. And two years later, he was a different man. He shows me another picture.

LOTT: Here is the shot of me with my family in 2012. And there's me right there and mother, father, brothers and niece and nephew.

GOLD: Lott is 51 now - tall, balding and robust. He wears a crisp button-down shirt and carries a laptop. He's sober, healthy, he has a home and he's employed right here at the center. When he looks at himself today, he sees a complete transformation.

LOTT: I can't describe it. I mean, I'll start crying if I talk about it, you know, but it just felt - it was so good to be home, like, home with my mother and my dad. And do you know they - I had expected them to be angry with me or hurt. I had expected them to voice hurt, you know, and disapproval at the way I estranged myself from them. But it was the exact opposite.

GOLD: Now he's in touch with his family every day. And he spends his time helping other people find the kind of hope and healing for people. For NPR News, I'm Jenny Gold.

MCEVERS: This story comes from our partner Kaiser Health News, a nonprofit news service.

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