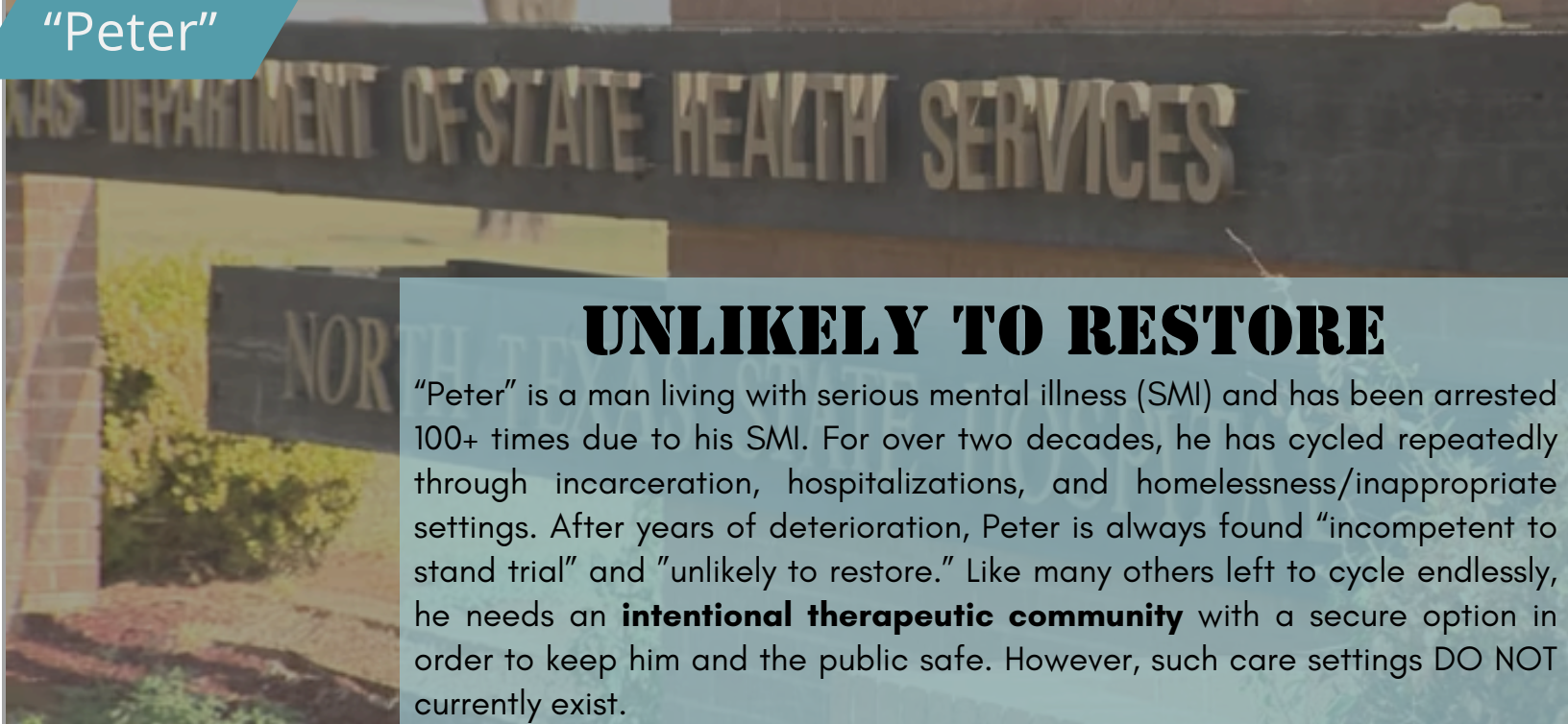




UNLIKELY TO RESTORE

"Peter" is a man living with serious mental illness (SMI) and has been arrested 100+ times due to his SMI. For over two decades, he has cycled repeatedly through incarceration, hospitalizations, and homelessness/inappropriate settings. After years of deterioration, Peter is always found "incompetent to stand trial" and "unlikely to restore." Like many others left to cycle endlessly, he needs an **intentional therapeutic community** with a secure option in order to keep him and the public safe. However, such care settings DO NOT currently exist.

The Problem:

Despite being "**unlikely to restore**", Peter has repeatedly been sent for competency restoration, wasting money and hospital beds

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In jail, Peter's psychiatric and medical needs were not met, leading to multiple medical incidents **including a stay in the ICU**

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Peter needs long-term care and support, but because **it does not exist**, he cycles through jails, streets and acute psych hospitals

Next Steps:

Routing people who're unlikely to restore into appropriate levels of care, such as civil commitments until TX creates appropriate residential options

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Jailers are not **trained or equipped** to meet these needs. People with high support needs should be placed in appropriate levels of care

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Prioritizing long-term psychiatric facilities focused on fostering community and allowing people to live with **dignity and purpose**



"Intentional communities" may be modeled after retirement facilities where people can live with dignity and purpose

Inappropriate placements in state hospitals for people "unlikely to restore" cost Texans

\$33.7 million

in 2023. Many of these people remain in the hospital because there are no appropriate long-term placements

Our public health crisis has become a public safety crisis

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Since they never received care, they are back in the community and we wait for another arrestable offense- and hope there is no victim.



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This relentless cycle is not only harmful to the individual but leads to additional victims in the community.

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They often 'time out' before getting competency restored, putting them back out into the community at great risk to them and the public

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In jail, they are often found incompetent and put on the forensic waitlist



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In crisis, there is no place for people with high needs to go other than jail. They often cannot access appropriate levels of care through the community