

JAIL AND DETENTION DIVERSION PLAN

The following is Bluebonnet Trails Community MHMR Center's (BTCMHMRC) Diversion Action Plan, which was developed in accordance with the Texas Health and Safety Code, 533.0354.108. This plan will focus on jail and detention diversion strategies for adults with serious and persistent mental illnesses and for juvenile offenders with serious emotional disturbances.

Goals: Goals of the plan include the following:

- Mapping a process for early and ongoing identification of adults and children in the criminal justice system that may meet state definitions of mental health target population;
- Describing the protocol utilized by BTCMHMRC for providing crisis screening to determine the need for inpatient psychiatric hospitalization for juveniles in detention, boot camps and intermediate sanction facilities;
- Describing the protocol for inpatient admission criteria and continuity of care upon release from inpatient care;
- Outlining the process utilized by BTCMHMRC for identification of high-risk consumers, such as those with co-occurring psychiatric and substance abuse disorders;
- Describing methods used to match jail and detention records with CARE;
- Describing how BTCMHMRC receives referrals from law enforcement, juvenile probation and Texas Youth Commission (TYC);
- A description of current activities regarding pre-booking strategies, services in jail or juvenile detention, and services after release; and, future strategies to be implemented if funding becomes available;
- Outlining how community resources, if any, will be integrated with available state dollars to address specified needs;
- Describing efforts to collaborate and coordinate with other stakeholders;
- Describing past and future law enforcement training activities; and,
- Mapping out a timeline for implementing various activities and goals.

Early and Ongoing Identification of Adults and Children

BTCMHMRC recognizes that adults with serious and persistent mental illness and children/youth with serious emotional disturbances should have access to appropriate mental health services irrespective of their incarceration or other involvement with the criminal justice system. Because of this commitment, BTCMHMRC provides timely access to mental health care for consumers in jails and detention centers in all eight counties.

In Williamson County, whose population of approximately 300,000 represents more than half the population of our service area, the approach for early and ongoing identification is multi-pronged. At the Williamson County Juvenile Correctional Facility, we provide a full-time licensed counselor to provide counseling to juvenile offenders (the position is funded through BTCMHMRC general revenue and county juvenile funds). When a possible mental health crisis is detected, staff at the facility request an immediate face-to-face screening by the LPHA at the location. If the LPHA is not available, contact is made with our crisis and intake unit by telephone. If the phone screening indicates the necessity of a face-to-face screening (as required by DSHS Community Standards), a QMHP from the Round Rock crisis and intake unit will travel to the facility in Georgetown to perform a face-to-face screening. If it is determined that the individual screened is experiencing a mental health emergency and may be a danger to self or others, the BTCMHMRC staff person obtains a magistrate's order to hospitalize the patient. If the crisis arises at the juvenile detention facility after hours or on weekends, our on-call QMHP follows the same procedure, traveling to juvenile detention centers to perform crisis screening.

Because of the large and growing population of adults incarcerated at the Williamson County Jail, BTCMHMRC provides a full-time jail liaison, funded 100% through state mental health general revenue dollars, for crisis screenings and continuity of care. During the day, the jail liaison does crisis screenings. They also attempt to engage inmates receiving psychiatric care to ensure a primary contact at BTCMHMRC upon their release from jail to communicate information to the treatment team and promote continuity of care.

The Williamson County Jail contracts with BTCMHMRC for psychiatric services to provide evaluation and pharmacological services to inmates. Generally, the inmate who is being treated for mental illness is told to see the jail liaison the next working day following release from jail.

In the other seven counties served by BTCMHMRC, crisis screenings are performed during the day by Qualified Mental Health Professionals (QMHPs) in each county and after hours by our on-call staff. If it is determined that the inmate is experiencing a mental health crisis and may be a threat to self or others, efforts are initiated for hospitalization. In cases involving felonies or crimes of violence, commitment processes have to occur through criminal court procedure (Section 46.B of the Code of Criminal Procedure or Chapter 55 of the Child and Family Code).

In all but one of our counties, BTCMHMRC psychiatrists treat county jail and juvenile detention facility inmates that meet target population criteria. Prior to the inmate's release from jail to return to the community, efforts are made to ensure that the person is referred to the county mental health clinic for outpatient services.

Inmates committed to state mental health facilities, treated and then discharged back to jail or detention facilities, are seen within seven days, as required by the Continuity of Services Rule. In Williamson County, the initial contact is made by the jail liaison worker. In other counties, staff rotate such assignments.

Identification of High-Risk Consumers

Many mental health consumers seen by BTCMHMRC at our crisis intake units, as well as in jails and detention centers, are experiencing multiple problems, including co-occurring psychiatric and substance abuse disorders (COPSD). During fiscal year 2005, BTCMHMRC, as required by our performance contract, began training crisis and intake staff to identify COPSD in consumers screened at our crisis and intake units and in jails and detention centers. One of our staff members is a certified COPSD instructor. BTCMHMRC's goal is to train all new crisis and intake staff in COPSD within 90 days of starting employment.

During fiscal year 2005, BTCMHMRC was awarded a DSHS contract to act as the front door for publicly-funded substance abuse services for six of the eight counties in the service area. This responsibility, called OSAR (Outreach, Screening, Assessment, and Referral) has provided a unique opportunity for BTCMHMRC to integrate mental health screening and assessment with substance abuse screening and assessment. In Williamson and Bastrop Counties, crisis screenings and routine assessments for both of these behavioral health services are provided in the same offices. This has provided the opportunity for a fluid referral system between the OSAR program and the mental health program. When consumers in jails and detention centers are identified as having co-occurring disorders, mental health staff make a referral to the OSAR program for a substance abuse screening and assessment. These screenings and assessments are often conducted in the jail/detention setting. If the consumer is determined to be eligible for state-funded substance abuse services, upon release from jail the OSAR program authorizes a level of care appropriate to the consumer's need.

BTCMHMRC also strives to address the needs of other high-risk consumers, including those with serious health issues and those with mental retardation. We work closely with our local mental retardation authority staff to ensure that needed services are provided to consumers with dual diagnoses of mental illness and mental retardation. We also work closely with a variety of health care providers, such as county indigent clinics and federally qualified health clinics to ensure that ongoing health issues can be addressed.

Matching Jail and Detention Records with CARE

As noted earlier, Williamson County has more than half the population of our service area. In 2004, a procedure was worked out with the lieutenant in charge of the jail infirmary to cross-match records for newly admitted inmates with CARE by sending an Excel spreadsheet to the BTCMHMRC Information Services Department. Since that time, five of the eight county jails in our service area have

begun accessing this information. Our ability to share this information is outlined on page two of the BTCMHMRC Operating Procedure, entitled: Use and Disclosure of Protected Health Information: Law Enforcement. We will be coordinating with the three remaining counties to initiate this process by mid-February 2006.

Accepting Referrals

As previously discussed, BTCMHMRC maintains a close working relationship with law enforcement in most of our counties. In Williamson County, the BTCMHMRC jail liaison has daily contact with the county jail staff. In addition, we have ongoing discussions with staff from the county attorney's office and the District Attorney in Williamson County. BTCMHMRC also works very closely with the Crisis Intervention Team of deputies at the Sheriff's Office. They are the primary law enforcement officers assigned to deal with mental health issues in the county.

BTCMHMRC also has a strong working relationship with Juvenile Probation in Williamson County. Currently, BTCMHMRC has a TCOOMI-funded licensed counselor who provides intensive in-home services to juveniles with serious emotional disturbances. We also work collaboratively with Williamson County Juvenile Probation through the Children's Support Coalition, co-located in the BTCMHMRC administrative offices.

Referrals from the Texas Youth Commission (TYC) and the Texas Department of Corrections (TDC) are coordinated through the TCOOMMI Program Manager. BTCMHMRC's practice is to treat referrals from criminal justice facilities as if they were referrals from a state mental health facility; that is, we should have a face-to-face contact within 7 days of release. The individual is given a walk-in appointment for the day of discharge from TYC/TDC with the BTCMHMRC intake units at the different county sites. These appointments are monitored and appropriate referral information is forwarded to the sites through the TCOOMMI-allocated secretary.

Current Services and Future Strategies

When law enforcement has a question regarding a person picked up for a minor crime who is exhibiting unusual behavior, they may call the BTCMHMRC on-call staff person or, during business hours, bring the person to the crisis intake unit for screening and assessment. In such situations, the person may be diverted to an inpatient or outpatient treatment setting.

More commonly, mentally ill offenders are arrested and placed in the county jail. In Williamson County, the jail liaison has almost daily contact with jail personnel. In all other counties in the service area, jail personnel contact the mental health clinic or after-hours staff directly. If an inmate has been identified as experiencing symptoms of mental illness or having a history of mental illness, either through a CARE match with jail records, through behavior while incarcerated, or through information supplied by a family member, BTCMHMRC staff will provide a face-to-

face screening to determine if the person is an immediate threat to self or others. If the person is an immediate threat to self or others and has a non-violent misdemeanor charge, he or she may be committed to the state hospital under a magistrate's order. If the person is deemed to not be an immediate threat to self or others, but is exhibiting symptoms of mental illness, arrangements are made to have the person seen by a psychiatrist. In Williamson County, BTCMHMRC contracts with the county for a psychiatrist to see inmates weekly. If there is a more immediate need for medication, the jail medical officer may prescribe medication. In all other counties, except one, BTCMHMRC psychiatric staff treat jail inmates, either at the jail or at the outpatient clinic.

If the person is thought to be an immediate threat to self or others, but the seriousness of the charge prevents civil commitment, BTCMHMRC staff make specific recommendations to jail personnel. They also can recommend commitment under Section 46-B of the Criminal Court of Procedure.

The process is essentially the same for juvenile detention facilities. When contacted by such facilities for a crisis screening, BTCMHMRC responds in a timely manner. If the person is considered an immediate threat to self or others and has a non-violent misdemeanor, he or she can be admitted to the state hospital under a magistrate's order. If the charge is more serious, but the individual is considered an immediate threat to self or others, the crisis worker notifies the detention center staff of the findings. If the person represents an immediate threat, recommendations may include suicide watch. If the severity of the charge prevents a civil commitment, BTCMHMRC can work with the court to arrange for commitment under Chapter 33 of the Family Code.

For adults and children with an identified mental illness or emotional disturbance who are released from custody, BTCMHMRC strives to engage the person in outpatient services. In Williamson County, the jail liaison attempts to engage with individuals prior to their release. Upon release from jail they are instructed to contact the jail liaison on the next working day to receive ongoing services. In our other seven counties, there is some variability in how released inmates are engaged in outpatient services. The general intent is to see them as soon as possible after release to promote stability.

Currently, BTCMHMRC has funding from TCOOMMI to serve adult probationers in Williamson and Gonzales Counties with mental health needs. This essentially covers the cost of a caseworker for each of those two counties to provide intensive services to this population.

In addition, BTCMHMRC has a full-time licensed counselor working with juvenile offenders in Williamson County. This position is funded through children's mental health dollars and county dollars. We also receive TCOOMMI funding for a licensed counselor who provides intensive in-home intervention to juvenile offenders in Williamson County with severe emotional problems.

In terms of future funding strategies, it should be noted that BTCMHMRC applied for approximately \$210,000 from TCOOMMI to develop a program to divert mentally ill offenders from the jail system. This was the third application for funds to employ additional strategies, which included: engaging individuals in outpatient services, with the criminal charge ultimately being dropped if he or she was cooperative with the treatment plan; engaging with individuals in outpatient services whereby the court would allow for a deferred adjudication if the person is compliant with outpatient treatment; and, engaging with individuals who have been placed on probation with outpatient treatment as a term of the probation. Unfortunately, the grant was not awarded due to lack of funds from TCOOMMI. BTCMHMRC will continue to apply for TCOOMMI grants with the intent to provide enhanced services.

Integrating Community Resources with State Dollars

Available community resources can vary significantly from county to county. In six of the eight counties in the service area, BTCMHMRC also functions as the front door for state-funded substance abuse services (OSAR). Since many of the mentally ill offenders also have substance abuse issues, we plan to utilize the screening and assessment process to promote better access to substance abuse services. In addition, BTCMHMRC has a Tenant-Based Rental Assistance (TBRA) program through the Texas Department of Housing and Community Affairs. Some of the mentally ill offenders may qualify for housing assistance through this program.

In Bastrop and Williamson County, local resources are available for female mentally ill offenders who can benefit from counseling to address issues of victimization. In Bastrop County these services are provided by the Women's Center. In Williamson County, it is provided through Victim Services and the Women's Shelter.

Collaboration and Coordination with Other Stakeholders

Williamson County officials are very concerned with the unmet mental health needs of citizens and have appointed a mental health committee to identify gaps in services in Williamson County. Members of the committee include: the assistant county attorney; an administrative assistant to a county commissioner; the Williamson County Sheriff and the Lieutenant and Sergeant responsible for the Crisis Intervention Team (CIT); a representative of the Williamson County and City Health District; a jail staff representative; victim services representatives; the Georgetown Clinic (a federally qualified health clinic [FQHC]); the Vice-Chair of the BTCMHMRC Board; a member of the Williamson County chapter of the Alliance for the Mentally Ill; and, the Chief Executive Officer and Chief Operations Officer of BTCMHMRC. Plans are to invite representatives from the local community hospitals to join the committee.

During the last year, the committee has met monthly to focus on critical mental health needs in Williamson County. The committee's efforts resulted in obtaining funding from the Williamson County Commissioner's Court to fund two caseworker positions. These positions were specifically allocated to provide brief counseling and case coordination to adults and children with significant emotional problems, but who do not qualify for state-funded services.

Since achieving this success, the group has begun focusing more energy on early identification of mentally ill offenders, better treatment in jail, and more effective linkage to outpatient services once the inmate is released from jail. The committee's focus has shifted to this population over the last few months. We hope to develop similar committees in Bastrop and Guadalupe Counties, which would include representatives from smaller surrounding counties.

Past and Future Law Enforcement Training Activities

In 2004, BTCMHMRC sponsored a law enforcement training in Lockhart, Texas. City and county law officers from Gonzales, Guadalupe and Caldwell County attended the all day training, which included presentations by BTCMHMRC program staff, the Williamson County Mental Health Deputy Constables, the Director of Social Work at Austin State Hospital, and the family member of a mentally ill adult involved with the state hospital and the criminal justice system. The event was very well attended and helped further law enforcement's understanding of mental illness and its effects on family members. During FY 06, BTCMHMRC hopes to sponsor additional trainings for law enforcement, focusing on Bastrop, Guadalupe, and Williamson Counties.

Timeline for Implementation

Currently, BTCMHMRC has Memoranda Of Understanding (MOUs) with seven of the eight counties in the service area regarding jail diversion activities. Guadalupe County officials have refused to sign, despite repeated efforts to resolve any issues they might have.

The processes described in this document regarding crisis screenings and other interactions between BTCMHMRC and jails are already in place. It is anticipated that all eight of the service area counties will utilize the CARE jail match during FY 06. BTCMHMRC hopes to have completed three of law enforcement trainings during FY 06.

Collaboration and cooperation with other stakeholders in the community will be ongoing. In addition to the Williamson County Committee, BTCMHMRC hopes to have committees in place in Bastrop and Guadalupe County during FY 06. Goals and objectives specific to the needs of those counties will be developed as the committees are implemented.