

Coastal Plains Community MHMR Center
Jail Diversion Action Plan
Updated January 2007

The following is Coastal Plains Community MHMR Center's (CPMHMR) Jail Diversion Action Plan, which has been revised in accordance with the Texas Department of State Health Services (DSHS) Fiscal Year 2007 Performance Contract. The original plan was developed in accordance with the Texas Health Safety Code (THSC) §533.0354(d) as amended by the Texas State Legislature, 78th session, in House Bill 2292 and in accordance with THSC §533.108. These revisions continue to focus on jail and detention diversion strategies for both adults with serious mental illnesses and juveniles with serious emotional disturbances served by CPMHMR.

I. Goal:

The goal of this Jail Diversion Action Plan is to identify and define the:

- Identification of "high risk" consumers;
- Process for early and ongoing identification of CPMHMR consumers in the criminal justice system;
- Pre and post booking strategies;
- Protocol for providing crisis screening and assessment for inpatient hospitalization for juveniles in detention, boot camps and intermediate sanction facilities;
- Process to match jail and detention records with CARE;
- Procedures for receiving law enforcement, juvenile probation and TYC referrals;
- How and what community resources are going to be used to for these efforts;
- Training of local law enforcement regarding early identification, intervention and how to access the local mental health system; and
- Ongoing process for collaboration and coordination of stakeholders.

II. Identifying "High Risk" Consumers and Intervention Techniques

A. Co-occurring psychiatric and substance abuse disorders.

Coastal Plains recognizes that consumers who have serious mental illnesses and/or serious emotional disturbances, who are currently on probation or parole or have co-occurring psychiatric and substance abuse disorders, are at risk for future law enforcement involvement. Therefore, the Center continues to train our staff to recognize and provide intervention services to consumers who are both mentally ill and have drug/alcohol abuse problems and/or are involved in the criminal justice system. This training is provided to new employees, within the first 90 days of employment, so staff will know how to recognize the signs, symptoms and appropriate treatment modalities.

Through training staff regarding substance abuse disorders, the goal is to recognize dual symptoms, which often triggers the behaviors that result in law enforcement intervention. Staff are also provided annual training regarding co-occurring disorders and reminders throughout the year, to ensure early intervention occurs, if possible. In late October, early November 2006 our agency was advised of the new requirements for on-line training and competency. We are currently working towards all mental health direct care staff having completed this training by the end of the third quarter of FY 2007.

- B. Texas Correctional Office on Offenders with Medical or Medical Impairments Grant.** Another form of identification of high-risk consumers and diversion takes place through communication with the local probation to coordinate services. The Center is currently involved in two grants with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), one for juveniles and one for adults, in our northern counties (Aransas, Bee, Live Oak, and San Patricio counties). With these grants, staff persons from each agency share a specialized caseload of mentally ill offenders.

The process begins with the initial referral to the Center from probation for mentally ill or seriously emotionally disturbed offenders who are considered high risk. This results in an intake assessment and if the individual is determined to be eligible for the program(s), the person will be placed on this specialized caseload. Once placed on this caseload, the person's level of need for intensive or extra-intensive supervision is determined. Each level of supervision gets a minimum of two (2) face-to-face contacts a month. There is intensive tracking regarding compliance to treatment, with observable guidelines and measures for the probation officer to monitor. There are also monthly treatment team meetings to review the person's treatment progress and compliance. The goal of working together is to support and assist the person to manage their mental illness, including medication, and remain in compliance with their probation (conditions) to prevent recidivism. This program also provides an extra contact person for the consumer when they are in crisis, which also provides support services, which can prevent re-arrest.

III. Pre and Post Booking Strategies

A. Pre-Booking Strategies:

Training of Center Staff, Law Enforcement, Adult Probation, Juvenile Justice staff, and other first responders is the essential strategy of our Jail Diversion Action Plan. In the course of their duties, these professionals are often the first individuals to make a preliminary assessment and determination regarding whether or not a person's behavior is criminal or not. That first assessment generally determines whether a person will become involved in the criminal justice system, the mental health system or both.

On an annual basis, all of our mental health case managers are required to evidence competency regarding identification and treatment options for individuals who have co-occurring psychiatric and substance abuse disorders. This specific population is at high risk for criminal justice involvement. The estimated cost of the FY'07 training is \$4,000. The Center has two grants with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) which require ongoing cross training with the adult and juvenile probation departments that serve four (4) of our nine (9) counties. The cost of this training is included in the grant. Additionally, the Center provides all case managers with initial and annual training that ensures competency in all of the areas related to their job requirements, including crisis assessments and interventions.

B. Post Booking Strategies

1. City and County Jails:

Currently, Coastal Plains Community MHMR Center is in the process of updating the Memorandums of Understanding (MOU) with the county jails. The Center has also developed agreements with the two (2) juvenile detention centers in our catchment area. In accordance with jail standards and the Texas Juvenile Probation Commission, all detainees are screened for mental illness, suicidal ideations or mental retardation, regardless of any known or unknown history. These MOUs and agreements reaffirm the above referenced requirements, to ensure jail and detention center staff complete standardized screenings on all individuals who are incarcerated.

When adult and juvenile offenders taken into custody, they are assessed at admission by trained staff. The instruments used are either the Mental Disability/Suicide Intake Screening Form for adults, and/or the MAYSI (Massachusetts Assessment Youth Screening Instrument) for children. Both assessment tools consist of structured interviews. The Mental Disability/Suicide Intake Screening Form is divided into three categories:

- Questions that address mental status
- Questions that pertain to the observations of medical staff or mental health officers
- Questions that are related to suicide (i.e. depression, thoughts, attempts or any other recent event that may lead to suicide)

Based on the screening results a determination is made regarding the level of risk that the detainee presents. If the detainee is determined to be a high risk, the jail or detention center staff will contact the Center for additional evaluation. The Center will respond in one of two ways, depending on the circumstances

- CPMHMR will provide a face-to-face evaluation to determine if the detainee meets the requirements for crisis services.
- If the detainee is found to be in need of services, CPMHMR can provide a psychiatric assessment via Polycom (tele-psychiatry) or the individual may be brought into the Center for evaluation by the jail or detention facility staff. Note: Transportation is the responsibility of the facility in which the person is in custody.

Once identified, immediate intervention by the Center will be provided to ensure that placement in the most appropriate, therapeutic treatment setting occurs. The available treatment alternatives include hospitalization for those individuals who are presenting an imminent danger to themselves or others due to their psychiatric symptoms and who cannot be safely maintained in a custodial setting.

If the person is not presenting as an imminent danger to self or others, thus doesn't meet hospitalization criteria, however CPMHMR staff is concerned about possible risk of increased need, they will recommend increased

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supervision at the detention facility. If this occurs, the person will receive increased supervision by jail/detention center staff and CPMHMR will re-assess for risk status within 24 hours of recommendation.

If increased supervision or hospitalization is not a need, the person will either receive an:

- intake appointment (if they are not currently a consumer)
- appointment with their service coordinator (if currently a consumer)
or
- appointment with the psychiatrist for an evaluation.

Presently, the Center continues to provide psychiatric and medication related services to incarcerated consumers who have a case assignment open with the Center. In addition, initial psychiatric evaluations, including the prescribing of psychiatric medication, are provided to incarcerated non-consumers. In FY'07 the Center expects to provide approximately thirty (30 – 40) psychiatric evaluations and 185 - 200 face-to-face crisis assessments for adults and adolescents who are incarcerated.

2. Texas Department of Criminal Justice

In addition to the state Memorandum of Understanding with the Texas Department of Criminal Justice (TDCJ) and Community Supervision and Corrections Department (CSCD), the Center is updating the Memorandums of Understandings with all of the county jails, probation departments, and parole divisions that have responsibility for serving offenders in our service area. The local MOU's will reiterate all of the mutual agency obligations with respect to the referral process, crisis intervention protocols, and cross training set forth in the State MOU.

3. CARE to Jail and Detention Center Matching

The Center currently cross-matches inmates to the CARE system, upon request or notification from the jails. In December FY 2007, the Center initiated the CARE batching procedure as required by the contract. Implementing this CARE batching procedure with juvenile detention facilities and adult parole/probation departments is still challenging, but is still being pursued. We are cross matching, daily, with one of the two detention centers. The electronic cross match system with juvenile and adult parole/probation is expected to be operational in April 2007. Any person detained, who is identified as priority population and not currently open to Center services will be staffed to determine the most appropriate treatment options available. Prior to batching, the jails would fax over their list of detainees and a staff person would manually enter names and other identifiers into CARE to determine if any of the individuals detained had history of mental illness or children with serious emotional disturbance.

IV. Procedures for Referrals from Criminal Justice System

A. Law Enforcement:

The local police, sheriff and jail staffs all are aware of how to contact Coastal Plains MHMR. When the contact is made, basic information regarding the person will be obtained (initial screening) and Center staff will schedule an intake evaluation as appropriate. The Center has video conferencing abilities with eight (8) of the nine (9) county jails. This video conferencing allow the Center's mental health professionals to evaluate the mental health needs of incarcerated individuals. It is felt that through the use of video teleconferencing, the incarcerated individuals are spared the potential humiliation of presenting in the clinics in shackles and in correctional facility clothing. This also is an advantage as fewer officers are utilized for transportation and actual provision of service is expedited. The jail staff frequently requests the Center utilize the video conferencing for intake and psychiatric assessments.

B. Adult and Juvenile Probation:

As noted previously in this report, CPMHMR and both the Adult and Juvenile Probation departments are working cooperatively through the TCOOMMI grant. For either adult or juvenile offenders, the Probation Officer makes the referral to CPMHMR, which results in the person going through the intake process. If determined to be eligible for the program, the person will be placed on this specialized caseload. Once placed on this caseload, the person's level of need for intensive or extra-intensive caseload supervision is determined. As this grant only covers the Northern counties, the system in the Southern counties is slightly different. The probation office still makes the referral and the person still goes through the intake process, however there is not a specialized caseload with levels of supervision or team meetings. It has been this Center's experience that the agencies continue to work cooperatively and have open communication.

C. Continuity of Care MOU:

Pursuant to Information Item T of the DSHS FY 2007 contract, the Center and the Texas Department of Criminal Justice (TDCJ) have established a procedure to ensure continuity of care for identified mentally ill or mentally retarded inmates who reside in the Center's catchment area. In addition, the center has provided local Community Supervision and Corrections Department (CSCD) with a designated staff member to serve as the contact for all criminal justice referrals and related issues. This staff person coordinates cross matching and providing continuity of care services for individuals committed under section 46B of the criminal code procedure.

D. Texas Youth Commission (TYC) Referrals:

If a child/youth incarcerated by the Texas Youth Commission has a mental illness or emotional disturbance and is pending discharge, the parent(s)/Legally Authorized Representative(s) (LAR) are provided the option of being referred to Coastal Plains Community MHMR Center or obtaining their own private psychiatrist. If the LAR wishes for their child to receive Center services, TYC staff will contact Coastal Plains MHMR with prescreening information and the release date via facsimile. Youth Services staff will review the information and contact TYC and/or the LAR to arrange the intake appointment.

V. Crisis Screening and Assessment Protocol for Detained Juveniles

A. For Youths Not in the System:

As noted previously in this plan, the staff at the detention center completes the MAYSI (Massachusetts Assessment Youth Screening Instrument) on the youth. Based upon the results of the screening, the detention center staff will contact CPMHMR for and assessment twenty-four hours a day, seven days a week (24/7). If the child is not expressing suicidal or homicidal thoughts or intent, the detention staff will be told to have the parents contact CPMHMR upon the child's release. If the child is in crisis (suicidal/homicidal) CPMHMR staff we will go to facility and assess the youth. Based upon this crisis assessment, staff will determine if hospitalization is needed. If the child is hospitalized, upon release from the hospital, they will return to detention facility. At discharge from the detention facility, the youth that have been hospitalized will be referred to CPMHMR for continuity of services. If the clinical assessment does not require hospitalizations, but 1-to-1 observation, this will be implemented and Center staff will return in 24 hours or sooner (if needed) to reassess the child's needs. In FY 2006, the Center, in conjunction with the two (2) juvenile detention facilities in the service area, jointly reviewed and agreed to the suicide plan protocol, pursuant to TAC 37, Chapter 343, Subchapter B 343:10, for the Northern counties in the Center's service area.

B. TCOOMMI Youth:

Team member(s) are contacted (based on on-call schedule) through 1-800 number. Family members and the youth have the toll free number and are aware that they need to call upon detention. The on-call staff will go out to assess the situation, provide intervention and provide a crisis assessment. Standard crisis protocol is followed (hospitalization will occur if the youth is suicidal or homicidal). As the team members are on-call 24 hours a day, 7 days a week, there is always someone familiar with the youth, the family and the system to provide crisis response services.

VI. Law Enforcement Training

A. Dispatcher Training:

During fiscal year 2004 dispatchers from two counties requested training from Coastal Plains MHMR regarding how to address crisis calls from mental health consumers. Training was provided to include how to handle crisis calls to include de-escalating the caller and linking the caller up with CPMHMR on-call crisis staff. In FY 2007, training will again be offered to all area law enforcement agencies.

B. Police and Sheriff Department Training:

In fiscal year 2002, the Center provided Mental Health Peace Officer Training through TCLOS via a partnership with Del Mar College. As the area law enforcement agencies have a low turnover, many of the officers trained are still employed in the service area. Since that time, the Center has continued to work with the police and sheriff departments in an effort to provide refresher training or offer the opportunity to complete the twenty-four (24) hour courses. These efforts were unsuccessful, primarily due to law enforcement budgetary constraints. In FY 2005 Aransas County law enforcement attempted to sponsor this mental health deputy training, but the training had to be cancelled as a result of lack of registered participants.

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In FY 2007, Crisis Intervention Training (CIT) has become mandatory in the State of Texas for law enforcement personnel. This training includes training to educate officers about mental illness and its effect on crime. It also teaches law enforcement officials on how to identify the symptoms of mental illness and various techniques to address situations in more effective and productive manner. As a result of this requirement, Aransas County Police Department sponsored training in late September of 2006. Aransas County has several officers who are certified instructors of CIT and are committed to ensuring that their officers are trained. In December 2006, Kingsville Police Department in cooperation with the Center, jointly provided this CIT training to its department officers. The Center will attempt to coordinate with the other law enforcement agencies in the service area during the 2nd and 3rd quarter of FY 2007, in order to provide the opportunity to participate or assist in this mandatory training for their staff.

VII. Stakeholder Collaboration, Coordination and/or Integrated Funding:

A. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Collaboration and Integrated Funding:

The Center's two TCOOMMI grants serve approximately seventy (70) adults and seventy (70) juveniles annually. The grants service four (4) of the nine (9) counties in our service area. These individuals have been identified by the Center and the respective criminal justice agencies as the individuals who are at the highest risk of future criminal justice involvement. A team consisting of a probation officer and a mental health specialist jointly serves the targeted population. These specialized caseloads receive intense supervision and treatment. The cost to these specialized services is approximately \$352,000 annually to serve these 140 individuals. The costs associated with this program for the two criminal justice agencies involved are not included in the referenced estimate. Serving the mental health needs of this same group of high-risk individuals, who reside in our southern five (5) counties, would double the programs cost or \$704,000 annually. There are no current resources available to support a specialized offender program in the southern counties. An estimate of treatment cost for other adult and juvenile offenders receiving services, in our service area, is not available.

B. Community Resource Management Groups (CRCG)

There are Community Resource Management Groups for both children and adults in the Northern and Southern counties that our Center serves. These groups are comprised of community service agencies, to include Coastal Plains Adult & Child Mental Health Services staff, Mental Retardation Services staff (when needed), Department of State Health Services – Health Department Services, Law Enforcement, Probation and Parole Officers, School representatives, Children's and Adult Protective Services (DFPS) and representatives from the Area Agency on Aging. These groups address specific cases in which intensive services are needed. At these meetings the agencies brainstorm on ideas on ways to collaborate and coordinate services and supports to meet the challenging needs of the individuals being staffed.

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C. Coalition Groups

In Jim Wells, Kleberg, and Duval counties there are active coalition groups, comprised of the local judges, district attorneys, key hospital personnel, police department, sheriff department, probation/parole office representatives and Coastal Plains MHMR Center personnel. These coalition groups meets quarterly, or more often if an issue arises, to discuss barriers to services within the various service agencies, concerns or problems that may have occurred during the past quarter and sharing of information to enhance access to the community services and supports. Jim Wells County also has an Alcohol and Drug Court Team. This committee meets prior to a court hearing to determine what services are available in the community for the individual, prior to being sentenced or placed on probation.

The Texas Department of Family and Protective Services is also sponsoring regional collaborative partnership meetings. These meetings will allow the various community agencies, including substance abuse providers, OSAR providers, MHMRs and other community service providers to clarify issues and concerns that are impeding the referral and treatment process for the people that we all serve. The goal is to have a collaborative effort in conjoining services, when possible, within the region to better serve the people in need.

VII: Implementation and Responsible Staff

Ongoing plan - Updated January 2007

<i>What</i>	<i>Due Date</i>	<i>Status</i>	<i>Responsible Party(s)</i>
Memorandums of Understandings – City and County Jails	Revised 2/15/07	Pending	<i>Director of MH Services</i>
Cross Match System formalized, developed and in place in all 9 counties	11/01/05	Accomplished	<i>Director of MH Services Service Area Clinic</i>
	12/18/06	Batching accomplished	<i>Directors</i>
Suicide Plan Protocol – Southern Counties	5/30/05	Accomplished	<i>Director of MH Services</i>
Law Enforcement Training (CIS)	Revised: other counties/service areas to be scheduled by 3 rd quarter FY 2007	Aransas Pass and Kingsville Police Departments have had CIS training, other counties are pending	<i>Director of Access and Intake</i>
Dispatcher Training	Revised: * FY 2006: 8/31/06 *FY 2007 by end of 3 rd quarter	* FY 2006 offer completed by 8/31/06 w/out interest. * FY 2007 outreach pending	<i>Director of Access and Intake</i>
Coalition Groups Formed	Ongoing Development quarterly meetings	Group formed in Kingsville, others pending	<i>MH Director Service Area Clinic Directors</i>
Development of Task Force	August 31, 2007	Initial recruitment stage – membership identified south	<i>MH Director Area Clinic Directors</i>