ATTACHMENT 3 b

Border Region Mental Health & Mental Retardation Community Center
Adult Jail Diversion Action Plan
FY 2010

The Border Region MHMR Community Center developed a Jail Diversion Plan for FY 2010 that was consistent with the requirement of Section 533.0354 of House Bill 2292 of the 78th Legislature that mandated each local mental health authority to develop jail diversion strategies through local planning.

The FY 2010 Jail Diversion Plan resulted in the diversion of persons with mental illness from the criminal justice system to treatment interventions resulting in a reduced incidence and length of incarceration. The plan reduced the recidivism of persons with mental illness, where possible, spared people with mental illness from a criminal record, enhanced community safety by freeing up jail beds and provided judges with alternative sentencing options.

The plan followed the recommendation from the House Bill and provides for the analysis and strategies needed to divert individuals from the criminal justice system and consists of three major elements:

- A needs assessment of persons in the service area that are at high risk for criminal justice involvement or who are already involved with the criminal justice system and who have a diagnosis of schizophrenia or Bi-Polar Disorder.
- Pre-booking and post-booking strategies to intervene with the schizophrenic and bi-polar disorder population and lastly,
- Resource allocations associated to and to ensure the effectiveness of the jail diversion strategies.

Needs Assessment: Border Region MMMR Community Center provides services to four counties in South Texas that include Webb, Zapata, Starr, and Jim Hogg. Population estimates for 2008 according to the U.S. Census Bureau are Webb (20364,2929391); Zapata (123461847); Starr
Border Region MHMRCC is presenting this jail diversion plan based on the results of a needs assessment of adults in the service area who meet the target population or persons diagnosed with either bipolar disorder or schizophrenia and who are at high risk of or involved in the criminal justice system.

The number of persons at high risk of criminal justice involvement was 11,521 in the county of Webb in the year 2000. Of the 236,941 Webb county residents, approximately 4.86% were at high risk of criminal justice involvement. Border Region MHMR served a total of 2,537 unduplicated consumers needing mental health services in one year.

Of these 2,537 individuals provided mental health services in all four counties, 274 were diagnosed with bipolar disorder and 618 (434) were diagnosed with schizophrenia in Webb County. These numbers indicate that 10.68% of the individuals served by BRMHMR in Webb County were diagnosed with bipolar disorder and 274 (167) were diagnosed with schizophrenia.

It is estimated that 16% of all individuals booked and incarcerated in the Webb County Jail suffer from mental illness. This percentage corresponds with the national and state estimates that have consistently indicated this percentage to be accurate. In Webb County, 16% of the total 11,521 individuals booked in 2002 amounts to 1,472 individuals with mental illness. Of these 1,472 individuals estimated to suffer from mental illness and incarcerated in the Webb county jail in 2002, 2210.68% suffered from bipolar disorder and 247% suffered from schizophrenia or approximately, 50647 and 622250 individuals, respectively, for a total of 1128397 individuals. One thousand one hundred twenty-eight hundred thirty-nine individuals with either bipolar disorder or schizophrenia represent 9.84% of the total Webb County Jail bookings in 2002.

The counties of Starr, Zapata and Jim Hogg represent an additional 8% of the bipolar disorder and schizophrenia population served by BRMHMRCC.
of the total 2,537. This percentage is represented by an additional 135 cases of bipolar disorder and 79 cases of schizophrenia among the three counties.

Not every individual identified with either bipolar disorder or schizophrenia who is incarcerated will qualify for jail diversion because they may have committed a serious felony, some may have mental impairments that do not qualify them as eligible for program services, others may live outside the center’s service catchment area, others may “bond out” of jail quickly, others may refuse treatment offered and those who are “in crisis” may need to be transferred to an inpatient hospital facility.

The number of persons with law enforcement contact is not a figure law enforcement agencies appear to keep account of if no detention or apprehension was made.

The number of individuals with bipolar disorder or schizophrenia who were incarcerated at the time of this report could not be reported accurately. Only one county jail (Zapata) indicated it kept track diagnosis data and it indicated no detainees with these diagnoses at the time of the request. The other three county jails either failed to report back or indicated they did not keep accurate records of bookings of offenders diagnosed with mental illness.

**Crisis Respite Services**

Crisis respite services will be able to accommodate 8 beds per day or 2920 bed days per year. The crisis respite unit will provide short-term, community based residential crisis treatment to individuals with no risk of harm to self or others, who may have some functional impairment and who require direct supervision and care but who do not require hospitalization. This service is appropriate for individuals who are going through a stressful and unsupported family environment and for those who have had limited response to prior treatment. Crisis respite services may also assist those individuals that are homeless or who may be transitioning from an inpatient psychiatric hospitalization and need more time to find affordable housing. Crisis respite services may also assist caretakers who need short term housing for the persons for whom they care to avoid a mental health crisis. When appropriate crisis respite services may also be able to improve existing diversion processes from the jail incarceration prior to booking or state hospitalization placement through respite services. However, the crisis respite unit is not equipped to handle individuals with severe or acute mental illness.
medical conditions. The length of stay for this service is no more that 7 days and is determined by the LMHA’s medical necessity.

Jail Diversion Task Force
A Jail Diversion Task Force to identify stakeholders who need to participate in the development and ongoing oversight of the Jail and Detention Diversion Action Plan for adult consumers with serious mental illness consists of the Webb County Attorney’s Office, County Court of Law Judge, and Border Region MMMR Community Center Programs and Services Administrator. The County Attorney has volunteered to chair the task force and take the lead role in requesting the presence and participation of other local stakeholders to include mental health providers, consumers, family members, adult advocates, representatives form law enforcement, probation and parole departments.

Early and Ongoing Identification
Early identification of mental health consumers in the criminal justice system occurs every morning at the county jail while detainees from the day before or the weekend are being booked and magistrated by either a justice of the peace or the County Court of Law judge. During the booking but prior to the classification of the detainees, the jail nurse administers a mental health screening to determine the need for further mental health assessment or mental health services. BRMHMR has a QMHP assigned to work start his day at the county jail alongside the jail nurse and assists to identify MH consumers needing further assessment by the center’s LPHA.

Pre-booking and Post-booking Engagement Strategies
The local MH authority, Border Region MHMR has developed strategies to intervene with the target populations (bipolar disorder and schizophrenia) prior to and/or after booking with the input from local law enforcement, the judiciary, and from consumers and families. The input from these various community stakeholders includes strategies that provide recommendations relating to the most appropriate and available treatment alternatives for individuals in need of mental health services.

Mobile Crisis Outreach Teams (MCOT)
Our current mobile crisis outreach team members are operating together with our contracted Avail crisis hotline services. These QMHP-CS and
LPHA qualified staff members provided emergency care, urgent care, crisis follow-up and relapse prevention as is safely appropriate in the caller’s home or natural environment. We currently have 1-2 person MCOT team in Laredo and 1-2 person MCOT team in Zapata and in Starr County. Each team is available to provide mobile crisis outreach services for a minimum of 56 hours a week during our defined peak hours of crisis service requests. In addition to, follow-up and relapse prevention, the LPHA member of the MCOT provides short term crisis counseling.

Pre-booking
At this time, Border Region MMMR Community Center does not have a pre-booking jail diversion element in its strategies that divert adult consumers with serious mental illness and serious emotional disturbances before arrest. This is so primarily because this type of diversion, resulting in the avoidance of arrest, would require more extensive training of field law enforcement officers to identify and intervene before the arrest and taking the detainee to jail. Pre-booking jail diversion would require the availability of an alternative community residential treatment halfway house. A jail diversion halfway house would give the judiciary system and mental health authority time to decide on a least restrictive community treatment alternative. Unfortunately, neither the law enforcement community nor the mental health authority has the resources to commit to such a pre-arrest program.

The only pre-booking activity performed by BRMHMR consists of the center’s crisis on call services available to consumers 24 hours a day, 7 days a week. After 5PM, weekends and holidays, law enforcement officers may engage the crisis-on-call worker 24 hours a day to conduct a mental health screening to determine if further more intense inpatient MH services are needed. If recommended by the emergency room physician at the local hospital and the psychiatrist at SASH, arrangements are made to admit the individual to a state hospital and transportation is arranged through and provided by the respective County Sheriff’s Department or the Precinct 1 Constable’s Office to a state inpatient facility. Between 8am and 5pm, Monday through Friday, law enforcement officers may either bring a detainee suspected to be suffering from mental illness to the MH outpatient clinic in either county for screening and further assessment.
Services in Jail
Services by the QMHP while the consumer is in jail on behalf of the MHA and beneficial to consumers with serious mental illness consist of conducting an initial mental health screening and arranging an appointment for the administration of a comprehensive mental health assessment (Uniform Assessment or TRAG) by the LPHA. If determined to qualify and need services, the center through its QMHP assigned to perform jail diversion will begin the activities to reduce or drop the charges against the consumer. He will make arrangements with the courts, district attorney, public defenders office, sheriff department to gain the consumer’s release to the community or to a state hospital for treatment. Immediately following the determination that the detainees requires mental health treatment and services, the consumer receives psychiatric services, pharmacological management, medications, psychiatric rehabilitation skills trainings, and case management services until the court makes a final determination regarding the consumer’s legal disposition. The assigned jail diversion clinician will also assist in identifying and assessing those detainees who are eligible or could be eligible for mental health treatment, but not eligible for diversion from the jail. The jail diversion clinician is also engaged by jail staff to assist with crisis assessment and intervention with certain detainees.

Services After Release
Border Region MMMR Community Center provides services to the consumer after release from jail to ensure continued mental health and support services. Once released into the community, the consumer will be assessed and authorized for a service package that will accommodate his mental health needs and supports and will better ensure his success in the community and decrease his need to re-offend and reduce recidivism.

Post-booking
The process for identifying high-risk individuals for criminal justice involvement shall begin by identifying offenders who have been booked into the county jail at least one previous time. The Webb County mental health officer or nurse shall identify these individuals to BRMHMRCC to schedule an assessment by designated Jail Diversion Clinician/Intake worker at the jail.

The process for identification of persons with mental illness in the criminal justice system shall occur after booking if the detainee manifest
behavior or verbalizes a mental impairment. The booking officer will refer the detainee to the jail nurse where a standardized jail mental health screening will be completed that is adequate to identify persons needing further screening and assessment by BRMHMR clinicians.

Persons referred to BRMHMR will be assessed within 24-48 hours of the referral. During the waiting period for BRMHMRCC to conduct the full intake assessment, the jail infirmary should monitor the individual referred closely and the magistrate should be notified of the detainee’s apparent mental impairments.

Matching of jail and detention records with CARE within 72 hours of receipt of booking records from jail occurs daily Monday through Friday. Weekend detainees are identified on Monday morning. At this time, the Sheriff departments in the counties of Webb, Zapata, Starr, and Jim Hogg are e-mailing the names of their detainees to our Medical Records unit every morning. The Medical Records unit runs a comparison between the detainee list sent and CARE. Detainees identified as present or former clients of MH services are immediately identified and the jails are informed the same day of receipt.

The FY 2010 Jail Diversion Plan includes the collaboration with our local Jail to comply with the amendments to the process of identifying detainees with mental illness in the jail by adding the DPS to the Continuity of Care program. The effort is to ensure more expedient data to support continuity of care, and local post-booking jail diversion activities that is consistent with the requirement of Senate Bill 839, of the 80th Legislation that mandates each mental health authority to develop jail diversion strategies to implement and develop process for real-time, simultaneous identification of individuals in the DSHS client database with DPS. Starr county is pending this process but a meeting is scheduled in early February 2006 to begin this process.

Process for diverting persons from law enforcement will begin by jail staff, either the jail nurse or the mental health officer, referring the person to the jail diversion MHMR designee/clinician.
The jail diversion MHMR designee/clinician will schedule an appointment at the jail to conduct an initial full mental health screening within 48 hours of the request by jail staff.

After completing the BRMHMR mental health screening, and determining the need for a comprehensive assessment, the jail diversion clinician will set an appointment with the agency intake unit for completion of a complete assessment to be completed at the BRMHMR intake unit.

After completion of the Uniform Assessment and Psychosocial evaluation, an LPHA clinician will provide a diagnosis and authorize eligibility for services.

The jail diversion clinician will be responsible for maintaining records of referrals, arranging clinician assessments, engaging the jail staff (mental health officer) court liaison, court officials, and defense counsel to obtain consideration for release to community treatment.

Following the assessment, and determination that individual is in the “priority population,” the jail diversion clinician will establish contact with the retained or assigned defense counsel and provide assessment and treatment options.

The jail diversion clinician shall monitor the legal process of the jail diversion process. This may include presentations at court hearings, personal recognizance bond hearings and advocating conditional release for treatment.

Upon release, the jail diversion clinician will contact the jail court liaison office and will establish contact with the Webb County Adult Probation Office-TCOOMI Unit for community supervision and ensures the individual makes contact with the assigned mental health service coordinator.

**Services to be provided** will include intake screenings and assessment, service coordination, pharmacological management, medications and rehabilitation services.

**Integration of Community Resources:**
The Border Region MMMR Community Center Jail Diversion Plan will assist the agency to integrate the community resources through the
development and efforts of the jail diversion task force whose members will include the sheriff, police, hospitals, courts, county attorney, district attorney, public defenders, probation and county clerk office. The Webb County Attorney’s office and Border Region MMMR Community Center plan to formulate and hold quarterly community mental health task force for adults. The meetings typically held in the Webb County Attorney Conference Room invites and gather all the community stakeholders to facilitate collaboration and coordination among the various community members involved in the mental health judicial process. This forum also provides the opportunity to invite experts in the field of mental health to help train law enforcement regarding early identification, intervention and how to access the local mental health system.

**Resource Allocation Associated with the Jail Diversion Strategies:**
BRMHMRCC: Provides physician time, nurse time, and medications.

BRMHMRCC: One full time QMHP position to perform as the MHA’s Jail Diversion Clinician responsible for advocating for and securing the diversion of MH consumers from the jail into the community or hospital for treatment.

BRMHMRCC: As consumers are released from jail or return from the state hospital, BRMHMRCC will assign these individuals to a QMHP Rehabilitation/Service Coordinator.

TCOOMI/TDCJ: Consumers released under community supervision may be assigned to the TCOOMI QMHP Rehabilitation/Service Coordinator who partners with the TDCJ probation officer to provide community supervision.

BRMHMRCC: BR provides other “in-kind” resources to support the jail diversion strategies such as administrative support, automation support, travel, and licensed clinician review of treatment plans and client Medicaid benefits eligibility activities.

These implemented jail diversion strategies will result in the release of 4 to 7 individuals per month. The number to be served per month has increased from last fiscal year due to many positive factors including increased accessibility, cooperation and collaboration from the various county agencies and officials necessary to secure diversion.
Local Mental Health Authorities Assure that the Strategies Developed are Implemented as Described in their Plan:

BR will request that the BRMHRCC Quality Management unit develop the auditing tool to track outcomes and indicators to be measured. Quarterly monitoring and reporting on the jail diversion strategies will be reviewed by the BR administrators for effectiveness and satisfaction by consumers, families and community stakeholders.