

**Hill Country Community MHMR Center  
DIVERSION ACTION PLAN  
FY 2011**

Hill Country Community MHMR Center serves a large geographic area in Central Texas comprised of nineteen counties and covering some 22,000 square miles. It is estimated that some fifteen per cent of individuals in these county jails have a diagnosis of serious mental illness. There were 2,930 individuals booked into county jails service area for first quarter 2010. The following plan is designed to successfully divert persons with serious mental illness from the criminal justice system to community-based mental health and appropriate social and support services.

**Community Stakeholders:**

- \* Consumers
- \* Hill Country Citizens Advisory Committee
- \* Wood Living Center
- \* Local Hospitals
- \* Law Enforcement – local police departments and sheriffs’ departments
- \* Probation and Parole Departments
- \* Hays County Mental Health Task Force
- \* County Jails
- \* Juvenile Detention Centers
- \* NAMI
- \* Kerr County Mental Health Advisory Board
- \* County Judges/attorneys
- \* Avail Solutions, Inc.
- ▶ Mental Health Task Forces are designed to address mental health issues, staff difficult situations, improve communication between agencies, identify gaps in services, advocate for persons living with mental illness, provide a forum for discussing current issues, refine and improve processes and to give unified voice to decision-makers regarding the delivery of mental health services in the local community.
  - The San Marcos Emergency Mental Health Taskforce, created in April, 2004, includes representatives from the San Marcos Police Department, the Hays County Sheriff’s Office, the Central Texas Medical Center, the Scheib Mental Health Center, the local NAMI chapter, Texas State University in San Marcos, various local private providers.
  - Kerr County Mental Health Task Force: Meets on an ad hoc basis and consists of members of the Kerr County Sheriff’s Department, Kerrville Police Department, Hill Country MHMR, County Judges, and County Justice of the Peace.
  - Hill Country collaborates, when requested, with the Texas Rio Grande Legal Aid initiative in Val Verde County which received a grant to help ensure that indigent persons charged with crime in rural Texas counties have adequate access to counsel. Hill Country has participated in trainings for this group.

**Continuity of Care & Service Program Liaisons/Functions:**

- ▶ **Liaisons:**
  - Janice Kennemer, Director Continuity of Care & TCOOMMI
  - Virginia Summers, Assistant Director TCOOMMI

▶ **Functions:**

- Respond to all criminal justice requests for assistance and route appropriately
- Submit reports to Task Force, TCOOMI and designated criminal justice agencies re: offender population (in jails/juvenile detention centers, released from prisons, on community supervision/probation, served in Special Needs Diversionary Programs)
- Provide advocacy to incarcerated individuals with mental illness—through notification to jails and respective mental health centers, court appearances, training activities

**Method of Communication among Criminal Justice agencies, healthcare providers, social services, including but not limited to providing and receiving referrals** – the establishment of a Memorandum of Understanding between the Texas Department of Criminal Justice, the Texas Department of State Health Services, Community Mental Health and mental Retardation Centers and Community Supervision and Corrections Departments allows for exchange of information between these agencies for continuity of care purposes, therefore, the following are standard methods of communicating:

- ▶ Face-to-Face
- ▶ Joint Meetings
- ▶ Email/Telephone
- ▶ Videoconference

**Training Provided to Community Stakeholders** – training is provided on an as-needed basis and available upon request from community service providers.

- ▶ Training: Senate Bill 1473, passed by the 79<sup>th</sup> Texas Legislature, required all law enforcement officers in the state to complete an educational training program on de-escalation and crisis intervention techniques to facilitate interaction with persons with mental impairments no later than September 1, 2009. The trainings were designed to help peace officers and mental health professionals gain a full understanding of issues faced by individuals with mental illness who come into contact with the criminal justice system and to help establish a foundation for a cooperative Jail Diversion program in our communities. As of September 1, 2009, this training is now incorporated in peace officer training academies.
- ▶ Crisis Intervention Team (CIT) Training: Due to the success and positive response to Crisis Intervention Training (CIT) sponsored by Hill Country and presented by Frank Webb and the Houston Police Department in April of 2005, several of our county jails have developed their own training based on the CIT model. *CIT Training is a 40-hour intensive, hands-on curriculum which is taught by experienced officers and designed to familiarize officers with techniques for managing situations involving persons in mental health crises and providing education on mental illness, suicide, substance abuse, retardation and developmental disorders. Modules includes topics on Officer Safety & Tactics, Introduction to Mental Illness, Child & Adolescent Issues, Community Resources, Depression & Suicide, Jail Diversion, , Legal Issues and Consumer/Family Perspective).*
- ▶ Hill Country utilizes the *Hearing Voices* curriculum from the National Empowerment Center in trainings for community service providers as well as law enforcement.. Participants undertake a series of tasks including social interaction in the community, a psychiatric interview, cognitive testing, and an activities group in a mock day treatment program. The simulation experience is followed by a debriefing and

discussion period. The curriculum is available to and has been used by several local sheriffs' offices and jails trainings.

**Description of Technical Assistance to Criminal/Juvenile Justice and judicial systems:**

- ▶ Generate statistics for referrals and supply data for grant funding
- ▶ En vivo revision of collaborative processes to facilitate communication
- ▶ Provision of video equipment to county jails – Comal, Kerr, Schleicher and Bandera
- ▶ Provision of jail match results to district attorneys, adult probation departments
- ▶ Prompt response to request for technical assistance

**Strategies to Maximize Funding:**

- ▶ Utilization of the Crisis Stabilization Unit for Offenders – a 16-bed facility operated by Hill Country MHMR which accepts mental-health patients 18 and older from our 19-county service area who are experiencing an acute psychiatric crisis. (Not licensed for criminal commitments)
  - While at the facility, patients undergo assessments, including evaluations of their medical and psychosocial needs, and are provided with a treatment plan in line with a recovery-based model.
  - Living arrangements and jobs are among criteria factored into their individual treatment plans.
  - The facility's goal is not only to stabilize its patients but to help them successfully be reintegrated into the community as fully functioning members of
  - Continue the TCOOMMI funding for Continuity of Care services for Offenders released from prisons and Texas Youth Commission
  - Patients can be admitted 24-hours a day, 7 days a week.
- ▶ Investigate opportunities for funding to designate criminal justice beds at Wood Living Centers in Kerr/Hays counties. Individuals with mental illness involved with the criminal justice system would reside at the facility for a specified amount of time on a Personal Recognizance bond with condition that they reside at the facility for a specified amount of time. These beds could also be utilized as part of negotiations to prevent probationers from returning to jail. The availability of dedicated Jail Diversion beds would increase the number of individuals diverted from jail thus saving cost of bed days in the jails.
  - Program Requirements in Addition to Standard Contract
    1. Length of stay no less than 45 days and no more than 90 day
    2. Attendance at support groups (AA/NA,etc) if indicated
    3. Seek/obtain employment
    4. On-site visitation permitted but no passes unless a valid emergency is requested and approved by all involved (MHA, Court, Probation Office and Administrator
- ▶ Continue contracts with the Texas Council on Offenders with Medical or Mental Impairments (TCOOMMI) for Special Needs Diversionary Programs (SNDP) for Adults in Comal County and Juveniles in Comal, Hays, Kerr and Uvalde Counties. Hill Country has been receiving funding from TCOOMMI since FY 2002 to provide specialized programs for special needs offenders on community supervision (adult and juvenile probation). Goals for FY10 include the following:
  - Exceed annual contract target for number of clients served through TCOOMMI

- Integrate TCOOMMI and Resiliency and Disease Management Requirements (RDM): Continue to make progress on integration of requirements as disparate rules have had a significant impact on revenue, particularly in the juvenile programs; conflicts in the following areas will be addressed with TCOOMMI Central and DSHS.
  - No method of reporting detentions in the CARE system
  - Service Packages must be lowered to adjust for detentions.
  - Minimum Hours requirements of DSHS contradict TCOOMMI caseload requirements.
  - Availability to generate revenue.
- Conflicts with the Medicare Fair Hearing standards.
- ▶ Utilize the Patient Assistance Program to supply medications to qualified Offenders
- ▶ Maximize third-party reimbursement-private insurance, Medicare/Medicaid/Chip

**Types and limits of service in the operation of the Continuity of Care and Service Plan:** Services provided by Hill Country MHMR will be limited to those prescribed by its performance contracts with the Texas Department of State Health Services (DSHS) and TCOOMMI.

**How the Continuity of Care and Service Plan will be integrated with the local response system:** All activities – the Crisis Stabilization Unit, local TCOOMMI SNDP programs, TCOOMMI Continuity of Care system, contracted residential facilities, the crisis hot line system- are directed by Hill Country MHMR either through the provision of services or by contract, and by definition are integrated with the crisis response system.

**Continuity of Care and Services Program eligibility criteria**

- ▶ Pre-Booking Diversion – meet eligibility for inpatient psychiatric hospitalization as there are no locked residential facilities for secure detention otherwise
  - ▶ Post-Booking Diversion – qualify for Release on Personal Bond of Certain entally Ill Defendants (Art 17.032 of the Texas Code of Criminal Procedure)
- ▶ State Hospital/CSU – Offender presents a substantial risk of serious harm to self or others; or evidences a substantial risk of mental or physical deterioration. Hospitals will generally not accept individuals with pending charges for violent offenses.
- ▶ TCOMMI Program:
  - Adults – individuals who have a severe and persistent mental illness with diagnosis of schizophrenia, bipolar, or major depression as determined by the Texas Recommended Assessment guidelines for Adults (TRAG) by a qualified mental health professional (QMHP); Sexual offenders are referred out for specialized services and are on community supervision
  - Juveniles
    - who have a DSM IV Axis I diagnosis other than or in addition to substance abuse, mental retardation, autism or pervasive developmental disorder and who meet eligibility for mental health services, and
    - who have met criteria for one of the levels of care as determined by the Child and Adolescent TRAG or as determined by a licensed mental health professional as a result of the implementation of a standardized mental health assessment.
    - who have received a disposition of deferred prosecution, juvenile court-order probation or who have been released under court ordered conditions of release

and are being supervised in the community by the juvenile probation department; and, have met the priority population definition

- Prison Releasees who have a priority population diagnosis
- TYC Releasees who have a with priority population diagnosis

**Discharge Criteria:** The Offender is discharged when he/she:

- ▶ Meets maximum benefit of services and has a transition plan in place that identifies ongoing needs and referrals for appropriate community services
- ▶ Refuses service
- ▶ (For TCOOMMI programs) completes required community supervision or probation
- ▶ Has parole revoked and return to TDCJ
- ▶ Moves outside the service area

### **Early and Ongoing Identification of Individuals with Serious Mental Illness**

Ongoing comparisons of county jail census with the Department of State Health Services statewide data base show that approximately 25% of the adults who were incarcerated in Texas county jails have had some contact with the mental health system; of that number approximately fifteen percent had significant mental health diagnoses – 10%, schizophrenia or bipolar disorder, 3% with major depression and 2% with a childhood disorder. This did not include the large number of individuals who were on probation or parole and not receiving mental health services, and thus in jeopardy of incarceration for re-offenses.

- ▶ Hill Country will continue to complete matches on a daily basis between local jail bookings and the CARE system, a statewide database of individuals who have been assessed for mental health and/or mental retardation. Currently, in addition to the batching of the jail bookings to CARE, a locally-produced manual report is provided daily to each county jail and contains information regarding whether or not there is diagnosis in CARE, identification of the diagnosis, priority status of the diagnosis, last county of services and type of offense. This information is also forwarded to respective mental health centers on a daily basis. In addition, Kerr County Adult Probation and the Comal County District Attorney's Office have requested and are now receiving daily jail reports.
- ▶ Per Senate Bill 839, passed by the 80<sup>th</sup> Texas Legislature-county jails are receiving training in a new system of electronic data interchange between the Clinical Management for Behavioral Health Services (MBOW) and the Texas Law Enforcement Communications System (TLETS). Upon completion, the this process will replace the one described above as jails will be able to check each inmate upon intake to determine if the inmate has previously received state mental health care. Hill Country in turn will access the response log table in MBOW daily to create cross-reference and continuity of care reports in order to support local continuity of care and service activities, and to divert individuals from the criminal justice system. These reports will contain service provision information from community centers and state hospitals (if available) and are designed to assist community centers with the operation of local continuity of care and service programs. Hill Country will review these reports daily and incorporate the information contained into our daily operations.
- ▶ Probation/Parole Census: Assistance will be solicited from TJPC, TDCJ, TCOOMMI and DSHS to encourage sharing of parole/probation census records with HCCMHMR for earlier identification of individuals who may be eligible for services.

- ▶ Obtain jail encounter data from internal data system (Anasazi): Retrieve information on services provided in county jails and juvenile detention centers from local data base. For example **356 service encounters were provided from 9-01-09 through 12-31-09.**
- ▶ Determination\_of Level of Criminal Justice Involvement through the Texas Recommended Assessment Guidelines (TRAG) A portion of the TRAG assessment shows the level of involvement the individual has with the criminal justice system as one of the nine dimension rating scales that is assessed. Each individual is assessed a rating on their involvement with the criminal justice system based on the following schedule: 1 – No Involvement; 2 – Low involvement, one misdemeanor arrest in past 90 days or detained by law enforcement but charges dropped in past 90 days; 3 – Moderate Involvement, 2 misdemeanor arrests in the past 90 days, or 2 nights spent in jail in the past 90 days, or misdemeanor charges are adjudicated; 4 – Significant Involvement, 3 or more misdemeanor arrests in the past 90 days, or 3 or more nights spent in jail in the past 90 days, or misdemeanor charges are pending, or currently on parole or probation, and 5 – High Involvement, currently detained in jail, or felony charges are pending, or on deferred adjudication.

**Summary of Criminal Justice Ratings from TRAG Assessments January 2010**

<b>Criminal Justice Involvement</b>							
<b>Rating Scales</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total</b>
Adult	63	2314	60	16	233	53	2739
Child	22	309	19	42	9	16	417
Total	85	2623	79	58	242	69	3156
<b>Percentages</b>							
Adult	2.3%	84.5%	2.2%	.6%	8.5%	1.9%	2739
Child	5.4%	74.1%	4.6%	10.1%	2.2%	3.8%	417
Total	2.7%	83%	2.5%	1.8%	7.7%	2.2%	3156

**Strategies to divert, individuals from the criminal justice system:** The focus of the jail diversion effort is to divert individuals with mental illness out of the criminal justice system to community-based services either in lieu of jail or through a reduction of jail time.

- ▶ Utilize the Intercept Model developed by the GAINS Center to identify possible points of contact between the mental health service system and the criminal justice system. This will enable identification of individuals who would be eligible for Jail Diversion at the earliest possible point. Diversion options would include:
  - Pre-Booking: Provide crisis response to law enforcement to divert clients at the point of arrest either in the community or at the jail before the client is booked. Utilize telemedicine connectivity with county jails for more immediate identification and evaluation
  - Post-Booking: Provide advocacy at first court appearance for:
    - Dropping charges
    - Continuing charges with deferred prosecution with terms and conditions
    - Probation with terms and conditions
    - Deferred sentence with terms and conditions

- ▶ Continue to identify special needs offenders released from state prisons as referred by TCOOMMI including. Facilitate access to services at appropriate mental health or mental retardation center; advise prison/parole officers of appointment date and location. A recent match between TDCJ and DSHS client data was conducted by the Texas Senate Criminal Justice Committee and

**Prison TDCJ Referrals – FY 09**

<b>Referral Outcomes</b>	<b>Number</b>
Accepted for Services	20
Ineligible	11
No show	1
Refused services	12
Transferred/Moved/Loss of Time	11
Unable to Contact	1
Not released as of 8/31/01	24
<b>Total Number of Referrals</b>	<b>80</b>

**Local barriers to pre-booking and post-booking diversion:** There are no locked facilities for providing diversion, except for situations in which psychiatric hospitalization is indicated; law enforcement will not divert unless the facility is secure.

**Plans to address the needs of individual found incompetent to stand trial:** Other than crisis services, inmates are not served by MHMR centers in county jails except on a case-by-case basis. The Clearinghouse Waiting List is monitored by Hill Country, when provided. However, generally there is no formal notification system from the courts to the mental health authority of an individual in jail awaiting transfer to a state hospital; additional efforts will be made to encourage county jails to provide this information. Hill Country currently receives monthly progress reports from state hospitals of all forensic patients assigned to this agency

**Provisions for providing assessments and recommendations for youth referred under provisions of f37 TAC, 343.10 including responsibilities for transportation**

- ▶ In Accordance with the Texas Administrative Code, Title 37, Chapter 343, Subchapter B, Pre-Adjudication and Post-Adjudication Secure Facility Standards, §343.10, Hill Country MHMR will receive referrals from Texas Juvenile Probation Commission facilities for residents exhibiting a high-risk for suicidal behavior.
- ▶ In anticipation of removing a resident from a high risk status for suicidal behavior, , a Qualified Mental Heath Professional from Hill Country MHMR will be available to conduct an assessment of the resident’s suicide risk and issue a written recommendation which addresses the following:
  - The need to re-classify the resident’s suicide risk level;
  - The need for intervention strategies and/or services during the resident’s period of incarceration within the facility; and
  - The need for additional assessments
  - Crisis screenings for juveniles in detention, boot camps and intermediate sanction facilities who are experiencing a behavioral/emotional crisis with the potential for life threatening behavior and/or acute psychiatric crisis are available twenty-four hours a day, seven days a week, either through a direct call to the appropriate

mental health center during regular hours or through the Crisis Hotline after business hours and on weekends and holidays.

- Upon receipt of a crisis call, a qualified mental health professional is dispatched to the calling referring facility to perform a **face-to-face** crisis assessment including screening for in-patient hospitalization and suicide assessment.
- When the QMHP confirms that there is an acute psychiatric crisis, the QMHP provides on-going interventions and/or monitoring to ensure the juvenile's and facilitates treatment options.
- In the event that the juvenile is assessed to be exhibiting the characteristics for admission for acute inpatient psychiatric treatment, as described below, the QMHP will assist in facilitating the admission.
  - Suicide attempt or suicide ideation w/ plan
  - Self-mutilating behavior with poor impulse control and thought disorder/delusions/hallucinations.
  - Psychotic symptoms and either co morbid depression, assaultive behavior or complicated psychiatric conditions that make treatment at a less intensive level unsafe
  - Manic/depressed mood with impaired judgment and either assaultive behavior or psychotic symptoms to depression, vegetative signs or complicated psychiatric conditions that make treatment at a less intensive level unsafe.
- The QMHP is responsible for responding to requests for assessment by reporting to the referring agency in person unless that agency transports the juvenile to the mental health center/emergency room/etc. for on-site evaluation. The QMHP must also ensure that transportation to a psychiatric hospital is arranged, including collaboration with law enforcement if indicated.
- The QMHP is responsible for documenting the results of the encounter in writing and providing a copy to the referring facility.
- Hill Country MHMR's Hospital Liaisons monitor the progress of treatment while the juvenile is in-patient and facilitates an ongoing exchange of information between the hospital, the mental health center and the detention/boot camp/intermediate sanction facility
- Hill Country MHMR will provide aftercare services as needed upon discharge from the psychiatric facility.

**Timeline for Implementing the Continuity of Care and Service Program:** The activities described above, and are in place on an ongoing basis. Additional diversion activities are dependent upon increased funding.