

Border Region Behavioral Health Center Adult Jail Diversion Action Plan FY 2012

The Border Region Behavioral Health Center developed a Jail Diversion Plan for FY 2012 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 2012 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 Behavioral Health Center provides services to four counties in South Texas that include Webb, Zapata, Starr, and Jim Hogg. Population estimates for 2011 according to the U.S. Census Bureau are Webb (256,496); Zapata (14,282); Starr (61,715); and Jim Hogg (5,265) or a total of (337,758) individuals.

Border Region Behavioral Health 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 10,648 in the county of Webb in the year 2011. Of the 256,496 Webb county residents, approximately 4.15% were at high risk of criminal justice involvement. Border Region Behavioral Health served a total of 2,744 unduplicated consumers needing mental health services in one year.

Of these 2,744 individuals provided mental health services in all four counties, 418 individuals were diagnosed with bipolar disorder and 514 were diagnosed with schizophrenia in Webb County. These numbers indicate that 15% of the individuals served by BRBHC in Webb County were diagnosed with bipolar disorder and 19% were diagnosed with schizophrenia.

It is estimated that 20% 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 20% of the total 10,648 individuals booked in 2011 amounts to 2,129 individuals with mental illness. Of these 2,129 individuals estimated to suffer from mental illness and incarcerated in the Webb county jail in 2011, 15% suffered from bipolar disorder and 19% suffered from schizophrenia or approximately, 319 and 404 individuals, respectively, for a total of 723 individuals. Seven hundred twenty three individuals with either bipolar disorder or schizophrenia represent 6.7% of the total Webb County Jail bookings in 2011.

The counties of Starr, Zapata and Jim Hogg represent an additional 8% of the bipolar disorder and schizophrenia population served by BRBHC of the total 2,744.

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.

Jail Diversion Network

A Jail Diversion Network 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 Behavioral Health Center Programs and Services Administrator. The County Attorney has on occasion taken the lead role in requesting the presence and participation of other local stakeholders to include mental health providers, consumers, family members, adult advocates, law enforcement, and 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 magistrate 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. BRBHC has a QMHP, assigned to the jail diversion initiative, which assists to identify MH consumers needing further assessment.

Pre-booking and Post-booking Engagement Strategies

The local MH authority, Border Region Behavioral Health Center 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, and crisis follow-up and relapse prevention as is safely appropriate in the caller's home or natural environment. We currently have a 4 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, an LPHA is available to provide short term crisis counseling.

Pre-booking

At this time, Border Region Behavioral Health 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 BRBHC 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

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 as indicated. 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, 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 Behavioral Health 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 BRBHC 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 BRBHC clinicians.

Persons referred to BRBHC will be assessed within 72 hours of the referral. During the waiting period for BRBHC 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. Currently the Sheriff Department has access to MHAs data bases and are able to identify and cross check any present or former client of MH services.

The FY 2011 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.

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 MH designee/clinician.

The jail diversion MH 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 BRBHC mental health screening, and determining the need for a comprehensive assessment, the jail diversion clinician will set an appointment with the agency treatment team for further evaluation.

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.

Services to be provided may include crisis screening, assessment, and intervention, pharmacological management, medications and inpatient treatment.

Integration of Community Resources:

The Border Region Behavioral Health 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 Behavioral Health Center plan to formulate and hold quarterly community mental health task force meetings for adults. 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:

BRBHC: Provides physician time, nurse time, and medications.

BRBHC: 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.

BRBHC: As consumers are released from jail or return from the state hospital, they will be followed, by a QMHP-CS, for Continuity of Care services.

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.

Local Mental Health Authorities Assure that the Strategies Developed are Implemented as Described in their Plan:

BR will request that the BRBHC 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.