# ATTACHMENT 3a

## Border Region Mental Health & Mental Retardation Community Center
## Detention Diversion Action Plan for Juveniles
## FY2010

The Border Region MHMR Community Center has developed a Jail Diversion Plan that is consistent with the requirements of Section 533.0354 of House Bill 2292 if the 78th Legislature that mandates each local mental health authority to develop jai diversion strategies through local planning.

Detention Diversion Task Force: The Detention Task Force to identify stakeholder who needs to participate in the development and ongoing oversight of the Detention Diversion Action Plan for child or adolescent consumers with serious emotional disturbances has met and identified stakeholders which include mental health providers, consumers, family members, child and adult advocates, representative from law enforcement, probation and parole and the judiciary.

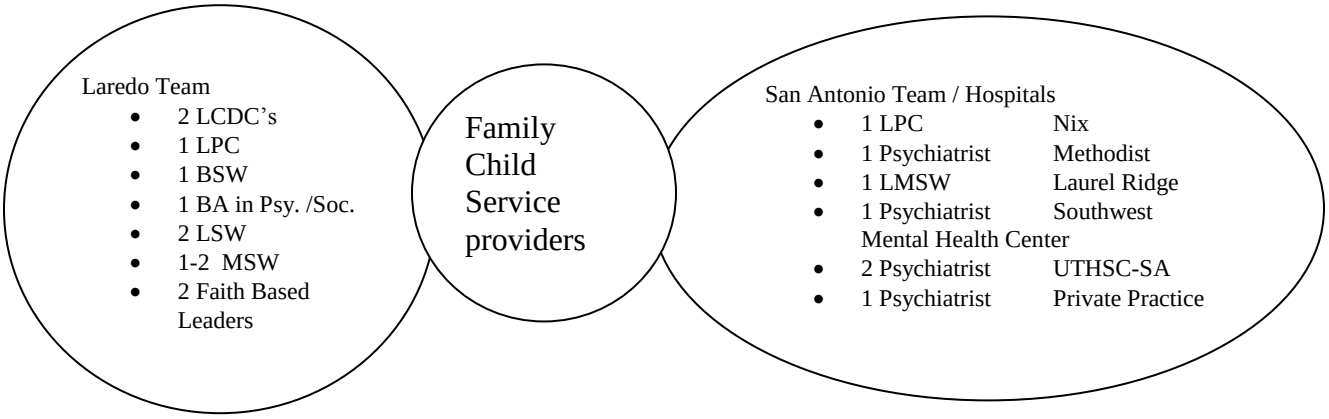
The BRMHMRCC Children, Adolescent and Parent Service Program (CAPS) is a lead partner in a local community volunteer program entitles Clinical Observation and Recommendation Endeavor (C.O.R.E). C.O.R.E. membership represents different sectors of the community such as but not limited to the Webb County Juvenile Center, the County Attorney's office, Juvenile Probation, Judicial branch, Department of protective Services, Children Advocacy Center, Texas A & M International University, the South Texas Counseling on Alcohol and Drug Abuse (STACADA), SCAN (Stop Child Abuse Now), faith based organizations and other public and private providers. The chair and facilitator responsibilities are shared between Border Region MHMR CAPS and the County Attorney. C.O.R.E. efforts stems from a community needs assessment provided to 80+ individuals seeking that our community come together to meet the needs of our juvenile offenders and to lower the recidivism rate. The various agency and community leaders met and open forums to meet the needs of the center's juveniles and their families since May 2004.

**Needs Assessments:** Border Region MHMR Community Center provides services to four counties in South Texas which includes Webb, Zapata, Starr, and Jim Hogg.

**Early and Ongoing Identification** – Early identification of consumers with serious mental illness and serious emotional disturbances in the criminal and juvenile detention center occurs with an assessment. All adolescents are administered the Massachusetts Youth Screening Instrument (MAYSI) to determine the need for mental health services. A referral is made to the local mental health authority if the juvenile's test ranges within the scale indicating a need or further assessment by the MHA staff at CAPS. Ongoing

identification would be based on prior detentions or frequent offenders having a history of mental health issues or a past or present client of the local MHA CAPS Program.

Ongoing identification is further secured by the implementation of the CORE clinical team. The CORE clinical team meets monthly and allows Laredo and the Border Region MHMR Detention Diversion clinician, case workers to meet and consult with San Antonio State Hospital representatives and occurs via ITVN and located at SASH and UTHSC-SA. During these meetings, children are staffed to determine current diagnosis, needs, review past treatment and alternate recommendations for treatment, consultation to parent. Service providers for ongoing services either in Webb county or other areas that provide needed and recommended treatment and services are identified at that time as possible options to TYC or jail options. This system is being built to assist treatment team members comprised of probation officers, mental health case managers in providing early and ongoing identification of children with serious mental illness, emotional disturbances and substance abuse issues so that a more proactive response may be taken.




Current system building strategies taking place are the following:

- COPSD training- providing all team members with up to date information. TDSHS provided COPSD training to 2 BRMHMR CAPS staff who will train all QMHP in both adult and children services.
- Wraparound Training- providing community leaders and their staff effective ways to work as a team with mental health, substance abuse, school officials, and the criminal justice system.
- Leadership Training- Providing community leaders and their staff ongoing leadership enhancements so they can effectively work with their parents, juveniles, and community team members.
- Grant Opportunities- Several partnerships with the juvenile system, local university, mental health authority and other providers are currently seeking and attempting to secure funding for unavailable services in the BRMHMR service area.

**Protocol for Providing Crisis Screenings and Assessments**- BRMHMR CAPS program has an assigned QMHP who provides crisis screening and assessment for

inpatient hospitalization for juveniles in detention including the use of telephone and face to face screening and assessments upon receiving a call from the detention office. This call to the program may also occur after the detention office has administered the Massachusetts Youth Screening Instrument (MAYSI). Transportation to and from the BRMHMR CAPS program for juveniles needing face to face assessment is provided by the Juvenile system. The CAPS program also responds to crisis screening and assessment for juveniles from local medical hospitals, schools, police department directly or from our toll free crisis hotline after 5 pm and on weekends.

Inpatient admission criterion is met if the juvenile is determined to be a threat to themselves or other. BRMHMR does not have access to neither a crisis stabilization unit nor a detoxification unit within its service area and must make arrangement with inpatient hospital facilities outside of the catchments area for needed inpatient treatment. This process begins with a QMHP administering a crisis assessment, the QMHP consulting with the treatment team including the detention office, probation office, parents or LAR. If inpatient hospitalization is deemed necessary based on the outcome of the assessment, then the QMHP presents the case to a state or private hospital requesting admission based on clinical record, behavior, and other manifestations. Once approved for inpatient admission, the QMHP secures transportation to the hospital by the parent, probation office, sheriffs department, constable department, mental health authority or by local ambulance service.

**Continuity of Care-** in the case of short term stabilization, continuity of care requirements upon discharge from an inpatient facility includes a conference call with the hospital representatives and the treatment team in our local area. The teams discuss diagnosis, medications and psychological treatment, rehabilitations or any other medical services recommended. Transportation arrangements are finalized. BRMHMR will make a 7 day follow-up appointment with the psychiatrist and will assign a QMHP for Rehabilitative Services and Case Management. Transportation arrangements are finalized.

With regard to a long term placement, if the child is determined to need and able to receive placement in an intensive residential placement or if no other options are found or suitable and is admitted to TYC, the QMHP will arrange a conference call between the parents, probation officer, the discharging hospital representatives and the new treatment facility staff to discuss treatment recommendations.

**Identification of High Risk Consumers** – Identification of high risk consumers before and after they become involved in the juvenile justice system has begun with more frequent and scheduled collaboration, discussion, recommendations between the CAPS program director, the County's Juvenile Probation director, STACADA director SCAN director, and public school officials. This is occurring with more predictability via MOUs, Sharing Office Space to facilitate integrated services; home visits and telephone referrals by the various team members to identify high risk delinquent behavior, may include harm to self or others. A Qualified Mental Health Professional will conduct an assessment to identify mental status and/or level of risk.

**Matching of detention records with CARE-** Presently, the records from the detention center are not automatically conveyed to CAPS for a daily comparison of present or former clients of the MH program who may have been detained the day before. At present, after the detention of a child or adolescent, probation officers or detention officers may contact the CAPS Detention Diversion Clinician or CAPS program to identify if a recent detainee is a present or former consumer of the CAPS program. If necessary, a CAPS crisis worker may be reached 24 hours/7 days a week to access identification of a present or past mental health client of the CAPS program. BRMHMR CAPS will meet with the Webb County Probation office to establish the protocol to be used to allow the daily comparison of detainees and the CARE system.

**Procedure for receiving law enforcement, juvenile probation and TYC referrals-** Referrals from law enforcement, juvenile probation and TYC are typically received via a direct telephone call, fax, or a face to face consultation with the CAPS intake staff, case managers or program director. After a referral, a QMHP may set an appointment to perform a screening to gather information to determine the need for an in depth assessment to be conducted by the LPHA at a later date. The screening may be completed through a face to face or telephone interviews with the child, parents or collateral providers.

**Identification of Pre and Post Booking Diversion Strategies-**

**Pre-booking-** CAPS assist to divert consumers with serious mental illness and serious emotional disturbances before arrest by identifying consumers with strong emotional disturbances that may escalate to criminal or juvenile justice activities requiring eventual juvenile or judicial intervention. More specifically, this may be accomplished by providing or initiating crisis interventions until the crisis is resolved or until the child is placed in a clinically appropriate environment. Services provided, if needed, authorized and provided are intensive case management, Wrap-around planning, rehabilitative skills training, Cognitive Behavior Therapy (CBT) and family training to assure all is done to avoid juvenile justice involvement. Additionally, juvenile justice officers during the intake process of a detainee will administer the Massachusetts Youth Screening Instrument (MAYSI) to identify the need for a more intensive mental health assessment by the CAPS program. BRMHMRCC center's crises on call services are available to consumers 24 hours a day, 7days a week. After 5PM, weekends and holidays, Juvenile detention officers may engage the crisis-on-call worker 24 hours a day to conduct a crisis assessment to determine if further more intense inpatient MH services are needed. Between 8am and 5pm, Monday through Friday, juvenile detention officers may call the crisis hotline or the CAPS program for MH services. After activation of crisis services, the jail diversion clinician will be sent to conduct a crisis assessment, or the detainee suspected to be suffering from mental illness may also be brought to the CAPS program in either county for screening and further assessment. If assessment determines the need for inpatient hospitalization, CAPS will make the necessary arrangement for admissions to either a private or state hospital.

**Services in Jail-** The BRMHMR CAPS program provides mental health services to both the consumer and the family at the juvenile detention center until the MH caseworker working with the detention center, family and judicial system can have the individual released to their home or to another facility where treatment may be continued. During the detention, BR provides screening, assessing, enrolling in services, psychiatric evaluations, medications, and advocating releasing the detainee from detention if appropriate.

**Services after Jail-** The BRMHMR CAPS program will continue to provide mental health services as specified in the consumer's treatment plan developed by the TYC and local mental health treatment team including the consumer's parents, and parole officer.

**Integration of Community Resources-** Since May of 2004, BRMHMR CAPS program has been working closely with the directors and staff of the county juvenile center, STACADA, SCAN, DPRS, school districts, local medical hospitals, the county attorney office, the sheriffs department and the other members of the CORE group to better identify and utilized each other resources and staff to provide a more comprehensive and effective mental health treatment to our consumers. The Community Resource Coordination Group for Children and Adolescents (CRCG) also continues to meet monthly.

**Process for Ongoing Collaboration and Coordination among Stakeholders-**
The BRMHMRCC catchments area does not have the benefit of neither a detoxification nor a crisis stabilization unit for children and must rely upon public and private facilities 150 miles away in San Antonio, Corpus Christi or Brownsville, or possible diversions to Austin or El Paso due to lack of bed availability. Due to these limitations, the local adolescent service providers, both private and public have realized and concluded they must begin to rely more on each other and hold each other accountable for services they are budgeted to provide. Due to this lack of services in Laredo and Webb county, providers have joined together to form a Jail Diversion Task Force called Clinical Observation and Recommendation Endeavor (CORE) that provides clinical staffings each month for difficult cases and also holds a monthly agency directors' meeting to discuss progress, gaps, and opportunities for service improvement and service delivery.

Stakeholders present at monthly meetings include CAPS, the Webb County Juvenile Center, probation, DPRC, STACADA, SCAN, HHSC/OBA, the judicial system, local medical hospitals, and the county attorney's office. Meetings provide an opportunity for networking between agencies, negotiation of MOUs or Corporate agreements, cross training between agencies, presentation regarding local issues specific to diversion and dual diagnosis, and training for agencies working with juvenile offenders with mental illness.

**Specific Action Steps-**Specific action steps to be taken to assure that this plan is implemented as proposed is the designation of a CAPS Detention Clinician to provide an immediate response to all calls from the detention center or any other local provider that may encounter an individual that is at risk or already under the custody of the juvenile detention center.

**Local Mental Health Authorities Assure that the Strategies Developed are Implemented as Described in their Plan:** BR will request that the BRMHMRCC 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.

**Training Local Law Enforcement** – Training to local law enforcement regarding early identification, intervention and how to access the local mental health system for juveniles system has occurred on numerous occasions. Training to local probation officers has been provided by CAPS staff on the following: Co-Occurring Psychiatric Substance Disorder, Medication compliance, Identifying Mental Illness with its Signs & Symptoms, Suicide Symptoms & Behaviors and Psychiatric Rehabilitation Skills Services for clients. Wraparound planning with the Intensive consumers who are detained will include the probation officers. On-going trainings will be provided by BRMHMR, as needed.