

## Center for Life Resources Jail Diversion Plan

### I. NEEDS ASSESSMENT

#### A. Number of persons at high risk for criminal justice involvement

Currently, The Center for Life Resources is serving approximately 594 adults. On an average 18% of these individuals are or have been on probation or parole. This is according to the Center's Anasazi computer system as reported on the Uniform Assessment, and data collected from the BHIPS system in the COPSD program regarding clients with co-occurring psychiatric and substance use disorders. All are at risk for further involvement with the criminal justice system. High risk is subjective and not defined but for planning purposes, half the above number would be an appropriate estimate.

#### B. Number of persons with law enforcement contact

Data taken from the Center's Anasazi computer system and from the BHIPS computer system with the COPSD program indicates on an average 18% of individuals served by the Center on a monthly basis have been on probation or parole. The accuracy of the data is questionable due to consumer self-reporting, but is likely within 10% plus or minus. No data is currently available on persons with mental illness that have been charged with a crime but have not been adjudicated.

#### C. Incarcerated persons with Schizophrenia or Bi-Polar Disorder

The Center averages 10 to 12 active consumers in the seven county jails at any one time. The number of inactive consumers incarcerated at any one time is likely two to three times that amount with the majority having a diagnosis of co-occurring substance abuse and psychiatric disorder.

### II. PRE-BOOKING AND POST-BOOKING ENGAGEMENT STRATEGIES

#### A. Services to be provided

1. Crisis and Assessment Services
2. Case coordination for active consumers
3. Medication related services as medically necessary
4. Advocacy with the criminal justice system as appropriate
5. Mental Health Deputy Program
6. Law Enforcement Crisis Coalition to coordinate crisis services
7. Weekly Groups are conducted with inmates to address jail diversion issues.

#### B. Process for identifying high-risk individuals

The Local Law Enforcement Coalition (LLEC) makes referrals as appropriate regarding mental health and substance abuse issues. Major emphasis on persons with prior and current criminal justice involvement including prior incarceration and parole and/or probation will be essential in the identification of high-risk.

C. Process for identifying persons with mental illness in the criminal justice system

Local law enforcement in cooperation with the LLEC identifies and refers individuals for appropriate service needs. Persons arrested and booked into local jails are matched for priority population and/or prior treatment with the CARE database.

D. Process for diverting persons from law enforcement

The Center for Life Resources currently receives referrals from local jails when inmates request screenings. Inmates are also identified by jail medical staff and referred for assessment. Law enforcement routinely transports persons demonstrating symptoms of mental impairments to the Center for assessment prior to arrest. The Mental Health Deputy Program now operates in Brown and Comanche Counties.

1. Diversion and treatment is dependent on the severity of the offense and diagnosis such as felony versus misdemeanor; non-violent versus a violent offense; number or prior offenses and major mood-disorder versus major thought disorder.
2. Level of care/treatment options
  - a. Non-violent misdemeanor offenses, personal recognizance bonds or charges dropped.
    - (1) Serious thought disorders or mood disorders with potential for harm to self or others.
      - (a) Institutions for Mental Disease
      - (b) Crisis Resolution Unit
    - (2) Major thought disorders or major mood disorder with moderate or low potential for harm to self or others
      - (a) Crisis Resolution Unit
      - (b) Triage for immediate medication services and intensive case coordination.
      - (c) Routine intake, medication related services, and case coordination.
  - b. Violent felony/misdemeanor offense with charges not dropped and bond met.

- (1) Serious thought disorders or mood disorders with potential for harm to self or others
    - (a) Institutions for Mental Disease
    - (b) Crisis Resolution Unit
  - (2) Major thought disorders or major mood disorders with moderate or low potential for harm to self or others.
    - (a) Crisis Resolution Unit
    - (b) Triage for immediate medication services and intensive case coordination.
  - (3) Routine intake, medication related services, and case coordination
- c. Violent felony/misdemeanor offenses, charges not dropped and no bond or bond not met.
- (1) Serious thought disorders or mood disorders with potential for harm to self or others.
    - (a) Attempt stabilization while incarcerated with appropriate precautions for the safety of the offender.
    - (b) Criminal commitment 46.02 if offender is unable to assist with his/her own defense.
  - (2) Major thought disorders or major mood disorders with moderate or low potential for harm to self or others.

Attempt stabilization while incarcerated with appropriate precautions for the safety of the offender.

### III. RESOURCE ALLOCATIONS ASSOCIATED TO THE JAIL DIVERSION STRATEGIES.

The Center has developed a Memorandum of Understanding to be used between the Center and various county criminal justice agencies.

#### A. Identification of all resources allocated to jail diversion and services to be provided

1. Texas Council on Offenders with Mental Illness (TCOOMI)-The Center offers TCOOMI funded adult partial support, i.e., for medications and mileage for Center staff assigned to respond to criminal justice referrals in Brown County. The Center offers TCOOMI funded wrap-around services for juveniles residing in Brown, Coleman, Comanche, and Eastland.

2. The Center for Life Resources - The Center provides medication related stabilization for incarcerated consumers with appropriate precautions for the safety of the offender if the commitment is:
  - a. Commitment for non-violent misdemeanor or felony charges, or
  - b. Criminal commitment 46.02 if offender is unable to assist with his/her own defense. For diverted offenders/ offenders released from detention or for offenders on probation or parole, the following services are offered:

(1) Routine Intake

- (a) Medication Related Services
- (b) Case Coordination
- (c) Service Coordination
- (d) Rehabilitation
- (e) Best Practices

(2) Non-routine crisis or emergent symptoms

- (a) Respite services
- (b) Triage for immediate medication services

C. Identification of capacity

1. Currently, the Center for Life Resources is serving 594 adults. Outcomes, predicated on service patterns suggest in excess of 50 persons will be diverted from jail in FY 2009.
2. Current factors allow the Center to provide appropriate services to this population. Based on current funding levels, the Center is over capacity.
3. The Program Manager of Crisis Services monitors service needs, services and anticipated service population on a monthly basis.

IV. IMPLEMENTATION OF STRATEGIES.

The Center for Life Resources is responsible for the implementation of these strategies. The Program Manager of Crisis Services will provide technical assistance and oversight of jail diversion planning and will serve as the contact person for plan implementation. The purpose of the committee would be to assist the Center in planning, coordinating resources, sharing information, and evaluating strategies.

A Jail Diversion Plan Committee has been established with the Program Manager of Crisis Services as chair of the committee. A county specific committee consisting of the following members would be convened and meet at least quarterly:

1. Center for Life Resources Program Manager of Crisis Services and Continuity of Care (Chairperson)
2. County Judge or designee (Justice of the Peace)
3. District Attorney or designee (Prosecuting Attorney)
4. Director of the Community Supervision and Corrections Department serving the county or designee (specialized needs probation officer)
5. Various City Police Chiefs or designee (Duty Commander or Sergeant).

The Brown County Judge is presently working on a process to schedule routine meetings at the Brown County Courthouse with the Committee. Details related to the frequency and scope of participant expertise are being determined.

#### A. Diversion Strategies

##### 1. Jail and Detention Diversion Task Force

Center for Life Resources has worked for the last five or more years developing this process with judges, law enforcement, county attorney's etc. We currently have a quarterly Law Enforcement Coalition meeting to discuss issues that relate to all agencies involved and identify areas that need improvement.

##### 2. Membership

###### a. Existing Members

Executive Director of CFLR, Crisis Manager, Crisis Team Members, Substance Abuse/COPSD Program Manager, Brown County Sheriff, Chief Deputy, Police Chaplains, Brownwood Police Dept. Representative, Executive Director from The ARK (domestic violence shelter), Director of Mid Tex Council on Drug and Alcohol Agency. Chairperson is Amy Jackson, Director of SA and COPSD services.

###### b. Expansion of Committee

Our efforts will continue to expand this task force. Contacts have been made to our local hospital administrators for involvement. We will also explore consumer and family involvement in our future plan.

#### B. Diversion Action Plan

##### 1. Process for early and on-going identification of individuals needing jail diversion services:

###### a. Criminal System:

When law enforcement identifies that there may be MH issues they will call the crisis number and request an assessment, this may happen at any time, from the initial contact, assessment and even if a person is incarcerated, law enforcement is there as a support. If a person is booked in to a jail, they are asked questions that illicit

information to make a determination if there is a mental health issue. From there, if needed, we are contacted.

b. Juvenile System:

When law enforcement identifies that there may be MH issues they call the crisis number and request an assessment, this may happen at any time, from the initial contact, assessment and even if a juvenile is in detention, law enforcement is there as a support. If a juvenile is being held in detention, they will be give the MAYSI inventory to solicit information to make a determination if there is a mental health issue. From there, if needed, we are contacted.

2. Definition of LA's protocol for providing crisis screening and assessment

- a. Assessment for inpatient hospitalization: When an assessment is indicated a Qualified Mental Health Professional completes this assessment which includes information to determine if an individual is at imminent risk of harming himself or someone else, has deteriorated to the point of being a danger and needs inpatient hospitalization to be further evaluated and stabilized.
- b. Telephone Screening: A telephone screening is done if a person requests this or is unable to travel to our office. If this screening develops into a situation where further intervention may be necessary, a Crisis worker will make face to face contact to determine what services may be indicated.
- c. Face-to-face Screening/Assessment: These screenings are done either by appointment or on a walk in basis. An individual is assessed based on the current situation, past psychiatric involvement, involvement with law enforcement, medications, etc. After completion of the assessment and TRAG, the screening is reviewed by an LPHA who makes a determination of services based on the information obtained during the screening.
- d. After hours access: Crisis services are available 24 hours a day, 365 days a year. These services are available by calling the crisis hotline. If the situation is imminent a face to face assessment will be initialized within an hour by a QMHP. If the on call QMHP is not available due to another crisis etc, there is a back up person available. The supervisor or designee will be called if the on call staff does not respond in 10 minutes.
- e. Pre-Adjudication and Post-Adjudication: We work closely with facilities to ensure that individuals who are appropriate for intervention, follow-up services receive what is appropriate during this process,
- f. Identification of high risk consumers:  
Consumers who have a high risk potential or history are staffed in weekly clinical supervision as well as a weekly Utilization Review committee. All staff who has a need to know is informed of the potential risk and plan of treatment when this

occurs. The staff who are on-call after hours are also briefed by the crisis team of situations which may arise.

- g. Matching of jail and detention records with CARE  
A contact person has been identified who has CARE access. The jail contacts our identified contact person via phone call or fax. Staff looks in the CARE system to make determination if offender is in the system. A yes or no answer is determined and given to jail requesting information.
- h. Procedures for receiving referrals
  - 1) Law enforcement: CFLR receives referrals from jail staff in all 7 counties. There are indicators when someone is booked into a jail which prompt the jail staff to contact CFLR for an assessment. There are also persons who are well known to Law Enforcement and the Texas Department of State Health Services who are current consumers. When their individuals come to the attention of law enforcement we are contacted.
  - 2) Juvenile probation  
We have regular contact with the juvenile probation officers in our area. Our Center has a TCOOMMI program thus we receive many referrals from the juvenile probation department The Substance Abuse Program for Youth has weekly contacts with Juvenile Probation.
  - 3) TYC referrals  
  
Due to TCOOMMI program in our center we take referral from either parole officers or we receive them directly from the TCOOMMI program
  - 4) Identification of pre and post booking diversion strategies:
    - (a) Pre-booking – When a law enforcement agency is involved with someone they believe may be a consumer, they contact the crisis team or if known the clients Service Coordinator. When appropriate, the staff and law enforcement can work together to come up with a plan that may help divert the client from jail or even the hospital.
    - (b) Services in jail
      - (1) Jail staff contact the crisis line to ensure that if they have a client that the individual continues to receive contact with Center staff and continue on medication if appropriate. Jail staff also transport

individuals to our office for appointments with our Physician when appropriate and also to enroll the individual into services.

- (2) Weekly Group with inmates at Law Enforcement Center
  - To identify and deal with criminal thinking
  - To develop a plan for community integration
- (c) Services after release

Individuals who are incarcerated and are identified as needing mental health services are given follow up appointments. If an individual is in jail for a short time, maybe a few hours, and the jail lets us know, we make contact with that individual prior to their release. If that window of opportunity is missed our crisis team will attempt outreach to engage the person in services. If an individual is a current client we are always notified of release and can immediately follow up to provide services.

#### C. Diversion Training

Our agency has been involved in training law enforcement in all of our counties. As of this date have trained in over 60 individuals to assist in the identification and process of dealing with persons who suffer from Mental Illness.

#### D. Development of planning objectives based on Planning and Network Committee

The Center's PNAC, with required committee structure meets quarterly to identify and formulate recommendations to the Center's Governance Board regarding service area needs.

---

Amy Jackson, Chairperson of Coalition Committee

---

Ghasem Nahvipour, Chief Executive Officer

Memorandum of Understanding

Between the

\_\_\_\_\_ County Criminal Justice Agencies

and

The Center for Life Resources

(The Central Texas Mental Health Mental Retardation Center)

For the purpose of establishing a continuity of care system for the offenders with mental illness or mental retardation; the \_\_\_\_\_ County Criminal Justice Agencies (County and City jails, District, County, Municipal Courts; County Sheriff Departments, Municipal Police Departments and C\_\_\_\_); and The Center for Life Resources (The Entities) agree to the following:

I. AUTHORITY AND PURPOSE:

- A. Texas Health & Safety Code, Section 614.013, authorizes County Criminal Justice Agencies and The Center for Life Resources (The Entities) to establish a Memorandum of Understanding (MOU) that identifies methods for:
1. Identifying offenders with mental impairments in the Criminal Justice System.
  2. Developing interagency rules, policies, procedures and standards for the coordination of care of the exchange of information on offenders with mental impairments by County Criminal Justice Agencies (County and City jails, District, County, Municipal Courts; County Sheriff Departments, Municipal Police Departments and C\_\_\_\_); and The Center for Life Resources.
  3. Identify the services needed by offenders with mental impairments to reenter the community successfully.

II. ALL ENTITIES AGREE TO:

- A. Follow the statutory provisions in Chapter 614.017 of the Texas health and Safety Code relating to exchange of information (including electronic) about offenders with mental illness or mental retardation for the purpose of providing or coordinating services among the Entities; and, when appropriate, include such requirements in any relevant rule, policies or contract/grants;

- B. Develop rules, policies, procedures, regulations or standards that describes the agencies' role and responsibility in the continuity of care process for persons with mental illness and/or mental retardation;
- C. Develop procedures that provide for the preparation and sharing of assessments or diagnostics prior to the imposition of community supervision, or incarceration and the transfer of such diagnostics between local and state entities described in this agreement;
- D. Participate in cross training or educational events targeted for improving each agency's knowledge and understanding of the Criminal Justice and the Texas Department of State Health Services system's roles and responsibilities.
- E. Inform each other of any proposed policy, procedure, standard or rule changes which could affect the continuity of care system with each agency afforded thirty (30) days after recommendations prior to the adoption;
- F. Actively seek federal funds to operate or expand the service capability to include local and state criminal justice entities contracting with the public mental health system for the purpose of maximizing Medicaid and other entitlements.

III. COUNTY CRIMINAL JUSTICE AGENCIES:

- A. Develop a process for cross-referencing offender data with the Texas Department of State Health Services CARE system on a monthly basis. This process will include an internal mechanism for distributing the information on mutual client/offenders to the appropriate agency(s), contract entities or other providers as deemed necessary and allowed by law;
- B. Develop a process to ensure that any psychiatric, diagnostic or treatment information pertaining to offenders will be provided to mental health or other contract providers.
- C. Ensure that offenders being released from correctional facilities have access to a ten-day supply of medications or prescriptions upon their release.
- D. Contract with The Center for Life Resources for mental health and mental retardation assessment or other treatment services in order to minimize duplication of effort and maximize Medicaid or other federal benefits.

IV. THE CENTER FOR LIFE RESOURCES WILL PERFORM THE FOLLOWING ACTIVITIES:

- A. Provide to County Criminal Justice Agencies, the name of the designated staff member who serves as the contact for all criminal justice referrals and other related issues (i.e., obtaining client information, records or assessments).

- B. Facilitate the coordination of services with County Criminal Justice Agencies that will include.
  - 1. Joint staffing of mutual offender/client to review compliance to treatment; and to explore all possible alternatives to incarceration.
  - 2. Input on modification of conditions.
  - 3. Coordination on the development of joint supervision and treatment plan if governing standards for the respective participants can be adhered to in the proposed plan.
- C. Examine the feasibility of establishing a process for cross-referencing probation and/or local inmate jail list with Texas Department of State Health Services CARE system. If a process cannot be established electronically, an alternative will be developed that will establish a referral and reporting system between the agencies.
- D. The Center for Life Resources will coordinate with county jails on those persons incarcerated in the local jail who have been returned to the local jail under Section 46.02, Code of Criminal Procedures commitment, in accordance with the Texas Council of Offenders with Mental Impairment contract requirements with the local Community Mental Health and Mental Retardation Center.
- E. Offer to provide technical assistance and training to County Criminal Justice Agencies on mental health and related issues.