

**JAIL AND DETENTION DIVERSION ACTION PLAN  
FISCAL YEAR 2010  
HEART OF TEXAS REGION  
MENTAL HEALTH MENTAL RETARDATION CENTER**

**INTRODUCTION:**

In collaboration with community partners, the Heart of Texas Region Mental Health Mental Retardation Center (Center) has developed this Jail and Detention Diversion Action Plan to direct our efforts at diverting people with serious mental disorders away from the criminal justice system and into community based mental health services. A task force was created in June 2004, to look at the needs of the community and to identify key stakeholders who needed to be involved in the development and ongoing oversight of the plan. Those stakeholders were then involved in the creation of the initial Jail and Detention Diversion Action Plan that was submitted and approved in February 2005. This plan is being developed to move our community forward in FY 2010.

**Background Information:**

In 2003, nearly 11 million adults were booked into U.S. jails. Of those approximately 800,000 were people with serious mental health disorders. Seventy-two percent of those also had a co-occurring substance abuse problem. Additionally, the number of juvenile detentions has risen sharply over the past twenty years and it is now estimated that, nationwide, more than 100,000 youths are detained daily. While some of these individuals are appropriately incarcerated, many would be better served in community mental health services. Diversion programs are designed to prevent people with serious mental health disorders who commit crimes from entering or unnecessarily remaining in the criminal justice system.

Locally, of those bookings submitted by local jails, 24,719 individuals were cross-referenced with the CARE system in FY 09. Of these 4,136 individuals or 16.7 % were identified as having a match with the State CARE system, and 1,110 individuals or 4.4% met the current Target Population as designated by the Texas Department of State Health Services. In the past four years we have seen a reduction from 21.5% of the overall jail population having a CARE match to 16.7 % this year and also a reduction from 5.2% of the jail population having a target diagnosis to 4.4%. Based on statistics from TCOOMMI, the HOTRMHMR Center has one of the lowest percentages of target population individuals in our local jails in the State. This is a strong indicator of the success of our local jail diversion efforts.

Over the course of FY09 all jails in the six county areas have submitted data on a monthly basis to the Center for CARE cross- referencing. The Bill Logue Juvenile Detention Center in Waco has also consistently submitted data to match juvenile arrests and the CARE system. While the overall goal of any diversion program is to engage individuals with severe mental health disorders with appropriate treatment as an alternative to or integral part of incarceration, an effective diversion program will serve to

reduce both the financial and emotional costs and address the specific concerns of stakeholders as follows:

- \* Law enforcement concerns of risk of harm to officers; costs associated with medications, seclusion and specific medical services within the jails; and lawsuits stemming from suicides and prolonged lengths of stay in local jails.

- \* Legal system concerns of costs associated with legal representation, competency evaluations and congestion of court dockets.

- \* Consumer and family concerns of costs associated with legal defenses, the potential decompensation of consumers due to stress or medication interruption and the potential loss of income due to incarceration.

This plan, therefore, is collaboratively established to implement an effective jail diversion program for adults and juveniles in the Heart of Texas Region that is characterized by interagency commitment to identification and delivery of appropriate intervention and treatment strategies at the earliest point possible.

## **ADULT DIVERSION PLAN**

### **PRE-BOOKING STRATEGIES:**

Pre-Booking strategies include two main components, 24-hour screening and assessment services and alternative placement options.

#### **24-Hour Screening and Assessment Services:**

Staff is currently available 24-hours a day, seven days a week to screen and assess the need for hospitalization as an alternative to incarceration. During regular working hours law enforcement can bring a person to any of HOTRMHMR's six county offices or the Crisis Care Center and have that individual evaluated to determine the need for admission to a local inpatient facility for diversion from incarceration. This may occur with or without a warrant. If a person is deemed appropriate for hospitalization the HOTRMHMR Center will work to facilitate local placement at the DePaul Center. If DePaul does not have room for the person or they do not have the capacity to care for the individual, the HOTRMHMR Center will make arrangements to divert the person to an out of county facility.

After hours the HOTRMHMR Center operates a 24-hour Crisis Care Center where individuals may be brought in for a face-to-face evaluation, or an officer may begin by calling the Center's Emergency Services staff for consultation and possible dispatch to the site for a face-to-face assessment by the Mobile Crisis Outreach Team (MCOT). The Emergency Services Worker may be reached at 1-866-752-3451. In situations where the individual may be medically unstable (overdoses, cuts requiring stitches, significant

chemical impairments, extreme intoxication) the law enforcement officer should contact emergency medical services for transport of the person to Providence Emergency Room (ER) for further evaluation. Once at Providence ER the person will receive a face-to-face assessment and a determination will be made regarding the need for hospitalization. If DePaul does not have room for that individual they will make arrangements for that person to be diverted to another facility.

Pre-booking intervention has been significantly enhanced in the past two years by the addition of the Crisis Care Center and the Mobile Crisis Outreach Teams. Outcome data shows that the wait time to have a mental health screening has been reduced from 3 hours and 15 minutes at the Providence Emergency Department to 1 hour and 15 minutes at the Crisis Care Center. This reduction in time has allowed officers to more quickly and appropriately determine the best interests of the individual. This has led to a significant reduction in the total number of individuals with mental health issues being booked into the McLennan County Jail in FY 09. We have seen a reduction from 408 individuals with a mental health history per month being booked into jail to an average of 345 individuals with a mental health history being booked into jail. This is an overall reduction of 15% in FY 09. In addition to the reduced waiting time for officers and the reduction in mentally ill individuals being booked into the McLennan County Jail, we have also seen an increase in the number of MCOT assessments being completed in the community.

Referrals for on-going mental health services are handled in two ways. If the individual is currently on Probation or Parole, the individual's officer may fax a referral to our Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) offices at (254) 757-2230. Within five working days an appointment letter will be sent out for an assessment with the TCOOMMI Assessment Therapist. All assessment appointments will be scheduled within two weeks. Within 30 days the officer will receive a fax indicating if that person is eligible for services. In emergencies the officer may call (254) 757-2207, and the person will be screened within 24 hours. Individuals who are assessed to be in need of intensive services will be assigned to specialized TCOOMMI caseworkers. Those with less intensive needs will be opened to regular HOTRMHMR Center services if they meet Target Population guidelines designated by the State.

Individuals who are not currently on Probation or Parole may access services by contacting their local HOTRMHMR Center. Each county has an office where individuals can go to be screened for services. If determined to be eligible for services based on Targeted Population guidelines, the person is assessed to determine the appropriate level of services for that individual. Criminal justice involvement is one of the criteria that are evaluated prior to an individual being assigned to a specific level of care.

Identification of high-risk consumers is accomplished through the use of the Uniform Assessment. The Uniform Assessment is a group of assessment tools that measure the consumer's needs in a variety of areas. One of those scales measures the consumer's criminal justice involvement. Currently, 274 individuals (adults and juveniles) being served by the Center have been identified as having had some criminal justice

involvement. This is a 7% reduction in the number of consumers being served who have had criminal justice involvement from last year. This tool is mandated by the State and used to identify the appropriate level of care for all mental health consumers of the HOTRMHMR Center.

Specialized services are available through three main areas. These include specialized TCOOMMI Services, Level Three Teams and Assertive Community Treatment Teams (ACT). TCOOMMI Services provide intensive treatment services to consumers who are currently on probation or parole. Level Three Teams include a team approach to working with high risk consumers and has specialists in the areas of Co-Occurring Substance Abuse, Housing, Employment and Nursing. ACT Team services are even more intensive team-based services that provide the same specialized services as Level Three Teams but with smaller caseload sizes.

McLennan County currently has a specialized Mental Health Warrants Unit. In this unit, five specially trained law enforcement officers are assigned to enforce all orders to apprehend and/or transport mental health warrants produced out of the County Judge's Office. These officers execute all warrants for emergency detentions, transport all individuals to HOTRMHMR Center for evaluation and transport all individuals to DePaul or Austin State Hospital. These officers provide field consultation for the McLennan County Sheriff's Department on anyone who appears to be exhibiting signs of mental distress.

The significance of this program is that all people with serious mental health disorders are handled by a few trained officers who have specialized skills and who are familiar with the needs of these individuals.

In FY 08, as part of funding by the DSHS, the HOTRMHMR Center was able to acquire funding for a full-time mental health deputy to be housed at the Crisis Care Center from 4:00 pm to 12 midnight, M-F. This individual has been able to function as part of the clinical team at the Crisis Care Center and has provided invaluable services to the community by expanding the law enforcement presence after hours.

In FY 2010, new funding has been secured to hire an additional mental health deputy to add to the services provided in this program. The following work plan highlights the services and supports that will be provided by the new officer.

### **WORK PLAN – Heart of Texas Region MHMR Center / McLennan County Mental Health Deputies Program**

1). a. The HOTRMHMR Center will contract with McLennan County to hire a mental health deputy to expand the current capacity and scope of services of the McLennan County Mental Health Deputies Program. This staff with backup from other mental health deputies will perform the following duties:

- Assist patrol officers with cases involving people with mental health crises,

- responding to mental health crisis calls from the community;
- Will enhance the knowledge of local law enforcement officers on local alternatives to incarceration for individuals with mental health issues;
  - Will enhance the communication and coordination between the Local Mental Health Authority, peace officers, local hospitals, and local courts;
  - Provide transportation to individuals with mental illness to the appropriate location per local policies and procedures (i.e. emergency room, psychiatric hospital, crisis respite, etc.)
  - Serve Orders of Protective Custody for individuals requiring screenings for possible mental health institutionalization;
  - Enhance the training of peace officers and increase the number of Texas Commission on Law Enforcement Officers Standards and Education (TCLEOSE) Certified Mental Health Deputies as appropriate;
  - Assist local mental health providers in conducting wellness checks on high risk mental health consumers;
  - Assist local Mobile Crisis Outreach Teams (MCOT) in providing mental health crisis assessments in the community;
  - Facilitate transportation of mental health consumers to state facilities as determined by local policies and procedures; and
  - Participate on local planning and advisory groups relating to the provision of mental health services (Jail Diversion Management Group, NAMI, VA-Local Mental Health Authority Work Groups, etc.)

Feedback was secured from the HOTRAC Psychiatric Regional Planning Group on October 29, 2009. See attached list of participants on Appendix A.

Feedback was secured from the HOT Region Jail Diversion Management Group on November 5<sup>th</sup>, 2009. The group approved the proposal for expansion of the McLennan County Mental Health Deputies Program. See attached list of participants.

b. The two groups listed above under 1). a. will continue to serve as the forums for on-going coordination between community stakeholders and the Mental Health Deputy Program. The HOTRAS Psychiatric Regional Planning Group meets quarterly and the HOT Region Jail Diversion Management Group meets twice per year.

c. Community Forums and completion of the Mental Health Deputy Program Plan will be completed by November 16, 2009. Written agreements between the HOTRMHMR

Center and McLennan County will be completed upon receipt of a contract from the Department of State Health Services. Hiring of the Mental Health Deputy and the beginning of implementation of the program should occur by December 1, 2009.

d. Budget – See attached Form C.

e. Annual number projected to be served in FY10 is 450.

2). Contractor agrees to complete and submit the reporting elements listed on Form C as required in DSHS contract.

3). Contractor agrees to complete and submit cumulative Program expenditures on Form C as required in DSHS contract.

## **CRISIS SERVICES:**

### **Hotline:**

The HOTRMHMR Center currently contracts with Tarrant County MHMR Center to provide hotline services. All offices of the HOTRMHMR have a prompt when calling the regular telephone number that gives the option of transferring the call to the hotline service if the caller believes the situation to be a crisis. Law enforcement are given an option of having any crisis situations handled by the local MHMR Center. A third option allows callers to access regular services or staff through the agency switchboard. Once the caller identifies the situation as a crisis the call is forwarded to the ICARE Call Center in Ft. Worth and is answered in that manner. All staff at the ICARE Call Center meet the certification of the (AAS) American Academy of Suicidology. The staff then triage the situation and determine the most appropriate course of action to take. Four primary outcomes will generally be achieved. First, the caller may need assistance with non-mental health issues in which case the staff make an appropriate referral based on community resources. Second, the caller may need to process an event or situation and staff are able to resolve their crisis and then make an appropriate plan with the caller to follow up with MHMR or another local provider. Third, the caller may be in an emergent crisis and need immediate follow-up with the local MHMR. In this case the staff calls the Mobile Crisis Outreach Team (MCOT) who then dispatch staff to the site to help assess and respond to the emergent crisis. Finally, the caller may be in acute distress requiring immediate response in which case the staff call the appropriate 911 and dispatch law enforcement or other emergency medical personnel to the site.

After hours the procedure is similar except that all calls are routed to the ICARE Call Center. For law enforcement the staff call the local MHMR Emergency Services Department who handle the call as needed. All other calls are then triaged with staff following the same basic decision tree. If determined that the MCOT need to be dispatched the staff call the MHMR emergency services staff on call who authorize the dispatching of the team.

All calls are tracked and numerous reporting options are available for review by the HOTRMHMR. All calls are further be documented in the HOTRMHMR Clinical and Billing System (CABS) for review by Center staff.

In FY 09 approximately 650 calls per month were being handled under this program.

### **Mobile Crisis Outreach Team:**

The existing Urgent Care Unit staffs of the HOTRMHMR Center were combined with three new employees to make up the Mobile Crisis Outreach Team. The new staff includes one Qualified Mental Health Professional (QMHP) who is at least a Bachelor's Level caseworker, a Registered Nurse (RN) and a Licensed Professional of the Healing Arts (LPHA) who is a Master's level clinically trained staff. The combination of these six staff allow for at least three MCOT to be available at all times during the regularly scheduled work day. The MCOT is scheduled from 8:00 am to 7:00 pm, Monday – Friday. Additionally, the Assertive Community Treatment Team serve as a MCOT from 9:00 am to 1:00 pm on Saturday and Sunday. In addition to the scheduled hours of operation, on-call staff are available for deployment within one hour to all locations in the six county regions, 24 hours per day, and seven days per week. The MCOT provide assessment and crisis response to all members of the community regardless of their admission status with the HOTRMHMR Center. The MCOT also provide after care and relapse prevention services for all individuals released from the DePaul Center or one of the state hospitals. Upon discharge from a state hospital or inpatient psychiatric hospital, an aftercare plan is developed and may include up to 90 days of crisis services and/or community reintegration services. The MCOT also actively work to engage consumers in community based services where appropriate and provide follow-up to ensure that these services are accessed. Services of the MCOT are available for adults, children and families experiencing a mental health crisis. In FY 09, the MCOT team provided assessment and crisis services to 313 individuals.

### **Walk-in Crisis Services:**

Walk-in Crisis Services are office-based outpatient services providing immediate screening and assessment and brief, intensive interventions focused on resolving a crisis and preventing admission to a more intensive level of care. The HOTRMHMR Center Admission's Unit handle all walk-in crisis situations. These services are currently being provided at both the Main MHMR Center and at the Crisis Care Center. When triage determines that the individual is in need of inpatient psychiatric services the staff arrange for an immediate assessment by the psychiatrist. If determined to meet criteria for inpatient services those are immediately arranged. When triage or psychiatric assessment determines that the individual does not need inpatient care the MCOT is contacted and a crisis plan is developed to meet the needs of the individual on an outpatient basis.

### **Crisis Care Center:**

The Crisis Care Center provides a variety of services designed to meet the needs of individuals who are experiencing a behavioral health crisis. The first component is a 24-hour Assessment and Triage Program. In this service individuals may be brought to the site for a face-to-face assessment. Once the assessment process is concluded triage services are provided to find the appropriate level of intervention to assist the individual in dealing with the crisis situation. This may include inpatient services, supervised observation services, respite services, MCOT services, and admission to on-going MHMR services or referral to community resources. Also located at the Crisis Care Center are our supervised observation program and crisis respite program. In the supervised observation program individuals who require additional time to appropriately assess their needs may remain under close observation by clinic staff for a period of up to 24 hours. The most common usage of the supervised observation program is when an individual presents in an altered state based on alcohol or substance use. The crisis respite program is a short term, voluntary residential option for individuals who may need more intensive crisis supports to avoid inpatient care or incarceration. The crisis respite program has a capacity of 32 individuals. During the last quarter of FY 09, an average of 56 individuals was served per month for an average of 783 bed days per month.

Existing crisis services at DePaul are maintained to ensure individuals are treated locally whenever possible. DePaul provides crisis inpatient services under contract with the HOTRMHMR Center. Crisis inpatient psychiatric services are those designed to provide a safe treatment venue for the individual suffering from an acute psychiatric crisis or decompensation. A physician must call in orders and the length of stay generally lasts three to four days. When an individual does not appear to be stabilizing on the unit a commitment to the state hospital is often necessary. During FY 09 we saw a decrease of 12% in the number of placements at DePaul. This includes individuals who were admitted into the inpatient unit or those placed in observation. The average monthly placements went from 105 per month in FY 08 to 92 per month in FY 09.

Urgent Care Unit services are available to individuals who are already actively involved with the HOTRMHMR Center. Urgent Care services are designed to provide short-term intensive clinical services to help the person alleviate a situational crisis. Specialized services are provided to deal with housing issues, employment problems, co-occurring substance abuse issues, medication compliance, medically related problems, or family disturbance issues. In FY 09, 153 individuals were provided crisis intervention services by our urgent care staff. The Urgent Care program also operates our new Shelter Plus Care Grant received from HUD to house homeless mentally ill individuals while also providing for their clinical needs. This grant allows the Center to provide housing vouchers to 19 individuals and families who are currently homeless if they have a documented mental health issue. The Center also received a Project for Assistance in Transition from Homelessness (PATH) grant that provides two clinicians to work in the community providing active engagement of at-risk persons for the purpose of getting them off the streets and into community services.

Jail Diversion Unit services is available to all detention facilities in our six county area. Master's level clinicians provide services designed to divert individuals with mental

health issues out of the criminal justice system and into appropriate community based treatment options. Services include screening and assessment to determine mental health issues, suicide assessments, medication coordination, discharge planning, court interventions, and diversionary activities.

**POST-BOOKING STRATEGIES:**

Current post-booking initiatives include CARE Matches with Jail Census, HOTRMHMR Center’s Jail Initiative, and TCOOMMI Services.

**CARE Matches:**

Based on a recent change in the Mental Disabilities/Suicide Prevention Screening Form required by Minimum Jail Standards, Chapter 273.5 (b), and as part of the contract that HOTRMHMR Center has with the State, the Center began a daily match of jail bookings with the State CARE system during FY 05. Currently all jails in the area are participating as well as the Bill Logue Juvenile Detention Center. We use this information to establish a database, which can then help us readily identify at-risk consumers.

**Center Jail Initiative:**

The HOTRMHMR Center currently has three Master’s Level clinicians who work in the jails in our six county catchment areas. Based on identification of a serious mental disorder through the CARE system, or based on referral from jail personnel based on State mandated mental health screening tools, the jail liaison works with detainees while in the jail. These staff conduct assessments to determine the presence of a serious mental health disorder, evaluate them for appropriate treatment services while in jail, work with medical personnel to determine the appropriate medication regime, determine if inpatient hospitalization is required and coordinate discharge planning and referrals for community mental health services. The liaisons also work with the District and County Attorney’s offices and the Courts to establish a mental health disposition in lieu of prosecution or as a condition of community supervision. In FY 09, 475 unduplicated individuals were assessed by these staff and assistance provided for them while in jail, 12 were diverted to inpatient psychiatric hospitals or treatment facilities and 11 were admitted into on-going outpatient psychiatric services.

A new program this year is a collaborative initiative with the Waco VA Medical Center to expand jail diversion services for veterans. The HOTRMHMR Center will identify veterans who have been booked into the McLennan County Jail and will notify a group of peer providers from the VA who will in turn meet with the veteran at the jail and determine the needs they have while incarcerated. Program staff at the VA Medical Center will also participate when needed.

In the juvenile arena, Klaras Center for Families and the Bill Logue Juvenile Detention Center have implemented the CARE match process and have agreed to a formal crisis

response process for detained juveniles at risk of harm or psychiatric decompensation. Currently Drug Courts in McLennan and Hill Counties meet regularly in an attempt to identify and divert high-risk juveniles from further penetration into the Juvenile Justice System. KCF has added a caseworker and therapist who are now working exclusively in the rural counties with children and families, many of whom have juvenile justice issues.

### **Texas Correctional Office on Offenders with Medical and Mental Impairments:**

Currently the HOTRMHMR Center operates a local TCOOMMI program for individual with mental illnesses who are also involved with probation, parole or TYC.

In the local TCOOMMI program, four caseworkers are assigned specialized caseloads of consumers who have both a serious mental health disorder and are on probation or parole. These caseworkers work in collaboration with specialized probation and parole officers to try and meet the needs of the consumer and help them function in the community without further criminal justice involvement. A full-time Master's Level assessment therapist does the initial screenings and if appropriate refers the consumer to the TCOOMMI caseworkers. If not appropriate for TCOOMMI services, the assessment therapist works with the consumer to find other appropriate community based services. The assessment therapist also serves as a liaison with the Freeman Center to provide psychiatric services to individuals with a serious mental health disorder who are at the Freeman Center for substance abuse treatment. A full time supervisor and administrative assistant manage the overall operations of the program.

## **Juvenile Detention Diversion Action Plan**

### **Pre & Post Booking Diversion Strategies**

#### **I. 24-Hour Screening and Assessment Services**

Staff is available 24-hours per day, seven days per week to screen and assess juveniles in need of hospitalization as an alternative to incarceration. The same after-hour emergency services and Mental Health Deputy Unit services described in the adult section of this plan are applicable to juveniles.

#### **II. Identification of Juveniles in Need of Mental Health Services**

Juvenile Justice and Probation Departments in McLennan County and throughout the regional catchment area of HOTRMHMR—Hill, Bosque, Limestone, Freestone and Falls Counties—conduct a Massachusetts Youth Screening Instrument 2 (MAYSI 2) screenings on pre-adjudicated juveniles upon their detention.

Juveniles scoring high on the mental health/emotional disturbance portion of the MAYSI 2, but not exhibiting crisis symptoms, is identified for referral to HOTR MHMR's Klaras Center for Families.

Juvenile Probation and Detention Departments contact Klaras Center telephonically or by mail regarding identified juveniles and a designated Klaras Case Manager (Qualified Mental Health Professional) then meet with the juvenile, Probation Officer, and possibly the child's legally authorized representative (LAR) if the juvenile is still detained at the time of contact with Klaras Center. If the juvenile has returned to the community, the Klaras Center Case Manager arranges, with the Probation Officer, a Klaras Center intake/eligibility determination appointment for the juvenile.

If the referred juvenile is mandated by the Juvenile Probation department to seek mental health services, the Probation Officer informs the juvenile and LAR of the scheduled Klaras Center intake appointment. If the juvenile is not mandated to seek services, the designated Klaras Center Case Manager contacts the child and LAR to discuss intake appointment.

If the juvenile is determined at Klaras Center intake to be eligible for services, and has been mandated by Juvenile Probation to seek mental health services, the Klaras Center Case Manager regularly updates the juvenile's Probation Officer regarding treatment progress and participation.

\*Among current Klaras Center consumers approximately thirty five percent have had, or currently have some involvement with the Juvenile Justice system.

### **III. Juvenile TCOOMMI, TYC Diversion and Juvenile Court**

HOTRMHMR's Juvenile TCOOMMI Program will continue to serve approximately 14 consumers every month who are on probation and at high risk of recidivism. Intensive services including wrap around planning, case management and skills training will be provided by HOTRMHMR in conjunction with local Juvenile Probation staff.

In FY 2010, the HOTRMHMR Center has partnered with the Bill Logue Juvenile Detention Center to successfully receive funding for a new TYC diversion program. The HOTRMHMR Center will provide an Assertive Community Treatment (ACT) model to work intensively with identified youth and their families where a high risk of out of home placement is present. Approximately 12-15 youth and their families will be served per month. A Master's level clinician and a Bachelor's level clinician will work in partnership with a designated probation officer, a designated psychiatrist and on-call personnel to provide these services. Counseling services and some psychiatric services will also be provided under a separate contract with the Bill Logue Juvenile Detention Center.

A designated Klaras Center Case Manager will continue to attend weekly Juvenile Truancy Court sessions and will provide pre-screening services to high risk juveniles, as

identified by the Court. The Klaras Center Case Manager will plan, with the juvenile and LAR, an appointment for intake/eligibility determination at Klaras Center and will communicate with the Juvenile Judge concerning compliance and progress. Klaras Center screens an average of five or six juveniles per week in Truancy Court and about half that number ultimately receives on going services. Klaras Center has expanded its presence in the Truancy Courts during the coming year to include bi-weekly participation in the truancy proceedings presided over by another local judge. It is anticipated that this will increase Truancy Court referrals to approximately ten juveniles per week.

#### **IV. Matching of Detention Records with CARE**

In an effort to identify recently detained juveniles who are active or formerly received mental health services within the State system, Juvenile Detention Centers throughout the HOTRMHMR catchment area will fax daily detention records to Klaras Center. Klaras Center will compare received detention records to list of current consumers served and to CARE, thereby identifying all detained juveniles currently receiving MHMR services or with service histories. Currently, Klaras Center and Bill Logue Juvenile Justice Center communicate daily concerning CARE match cases. These juveniles, on average, forty per month, have received services from Klaras Center or another Texas community mental health center at some point in their lives. Work continues in an effort to expand this process throughout the rural counties within HOTRMHMR's catchment area.

If it is noted that a juvenile currently receiving MHMR services has been detained, the juvenile's Klaras Center Case Manager will promptly make contact with the child, the child's LAR, and the responsible Juvenile Detention staff member and will continue to follow up with juvenile and LAR during the detention period and upon release. Services from Klaras Center will be modified according to need at this time, if necessary.

If the juvenile is found to have received MHMR services in the past, but is not a current consumer, a designated Klaras Center Case Manager will contact Juvenile Detention to discuss the case and, if appropriate, plan a subsequent intake appointment with Klaras Center.

#### **V. Juvenile Drug Court**

A designated Klaras Center Case Manager attends weekly McLennan County Drug Court meetings to coordinate appropriate care for adolescents referred by the Judge and Drug Court Team. During these weekly meetings, The Klaras Center Case Manager collaborates with the adolescent representatives of several child and family serving agencies to determine appropriate supports and resources.

If the Drug Court Team agrees that Klaras Center services are appropriate for an adolescent and/or his or her family, the Klaras Center Case Manager schedules an intake appointment for the family. Klaras Center continues to communicate with the judge and the Drug Court Team concerning compliance and progress.

Klaras Center will, in the coming year, work in conjunction with Juvenile Justice Departments in the rural counties of HOTR-MHMR's catchment area to assist in any other existing Drug Court programs or to develop similar programs as needed.

## **VI. Texas Youth Commission (TYC) and Law Enforcement Referrals**

Referrals of juveniles by law enforcement agencies will be directed to Klaras Center's ACCESS Unit. Intake/eligibility determination appointments will be scheduled with the juvenile's LAR and law enforcement, if appropriate, will be updated regarding compliance and progress.

TYC referrals will continue to be processed through HOTRMHMR's TCOOMMI Program. TCOOMMI staff will contact Klaras Center or appropriate regional HOTRMHMR office to alert staff of referral. Either the Klaras Case Manager or regional Case Manager will contact the Parole Officer to schedule intake/eligibility determination appointment and will follow up with the Parole Officer concerning treatment on an on-going basis. In the past year the number of youth released from TYC has significantly increased leading to a significant rise in the number of youth assessed by KCF and TCOOMMI staff.

### **Crisis Screening and Assessment Process**

Juvenile Justice and Probation Departments in McLennan County and throughout the regional catchment area of HOTRMHMR—Hill, Bosque, Limestone, Freestone, and Falls Counties—will conduct MYSI 2 screenings on pre-adjudicated juveniles their detention.

Klaras Center will be contacted telephonically by Juvenile Detention Departments when a detained juvenile is determined by Juvenile Detention, via MYSI 2 results or observed behavior, to be at "high risk" or in crisis (i.e., exhibiting suicidal ideation or rapid psychiatric deterioration).

\*Those Juvenile Detention centers possessing pre-existing contracts with private psychiatrists and who thereby have crisis procedures already in place are exempted from this process.

In accordance with requirements of Title 37 TAC Rule 343.10, a designated Klaras Center Case Manager (Qualified Mental Health Professional) will arrange with Juvenile Detention to pre-screen the juvenile in crisis, at the detention center if possible, or at the local HOTRMHMR office if not.

The Klaras Case Manager will meet with the juvenile and the responsible Juvenile Detention staff, review the juvenile's record, and then do one of the following:

1. Determine that the juvenile is not in need of psychiatric consultation and advise Juvenile Detention of appropriate behavior management strategies
2. Determine that the juvenile is in need of psychiatric consultation and contact telephonically a HOTRMHMR psychiatrist in order to review the details of the case. The psychiatrist, in such instances, will do one of the following:
  - a) Determine that the juvenile is stable and advise that he or she remain in Detention
  - b) Determine that the juvenile is in need of immediate hospitalization and contact DePaul to place admission orders
  - c) Determine that the juvenile needs face-to-face psychiatric assessment. In such cases the Juvenile Detention center will transport the juvenile to HOTRMHMR for an immediate psychiatric appointment. Following the assessment, the psychiatrist will either recommend return to Detention or order admission into DePaul. The Case Manager will accompany the juvenile to the psychiatric appointment.

If the juvenile in crisis is admitted to DePaul, Klaras Center and Juvenile Detention/Probation will continue to communicate upon DePaul discharge and a full scale Klaras Center intake will be conducted with the juvenile once he or she returns home.

In the event of an after hours crisis—HOTRMHMR regular business hours are 8 to 5, Monday through Friday—Juvenile Detention and Probation staff may contact MHMR Emergency Services at 1-866-752-3451 for after-hours referrals. At the time of contact Emergency Services staff will schedule follow-up services for the next day or recommend that the juvenile in crisis be transported to Providence Emergency Room where an assessment will determine the need for admission to DePaul.

- \* If DePaul is at capacity in any of the above-described cases, DePaul will make arrangements for the juvenile to receive in-patient care at another facility.

Law enforcement may exercise the option to transport a juvenile directly to DePaul in the event that the juvenile is in obvious crisis or is exhibiting severe psychiatric symptoms.

## **ADULT AND JUVENILE DETENTION DIVERSION PLAN JOINT ISSUES**

### **Integration of Community Resources:**

Current financial resources allocated to this project are primarily from TCOOMMI, McLennan County Sheriff's Department, TDCJ and HOTRMHMR Center. The Adult TCOOMMI Program provides \$229,035 and the Juvenile TCOOMMI Program provides \$82,767 for specialized services to mental health consumers on probation or parole. The

McLennan County Sheriff's Department contributes \$240,000 to support the Mental Health Deputies Program. McLennan County provides \$446,016 in match for the Crisis Care Center. The Texas Department of Criminal Justice provides approximately a total of \$125,000 (\$35,000 in Hill County and \$90,000 in McLennan County) for specialized mental health probation officers. HOTRMHMR budgets \$485,654 for crisis inpatient services, \$1,411,296 for the Crisis Care Center, \$485,654 for MCOT and other Crisis Outpatient Services, \$29,495 for the Jail Initiative, \$52,218 for Urgent Care Services, \$100,000 in Shelter Plus Care Housing Vouchers, \$76,421 in TYC Diversion Services, and approximately \$329,000 for consumers at risk for criminal justice involvement (\$246,750 for the adult population and \$82,250 for juveniles). HOTRMHMR funds are restricted to the provision of psychiatric services for mental health consumers.

### **Process for On-Going Collaboration:**

The HOT Regional Jail Diversion Management Group has met at least twice per year to address the on-going provision of jail and detention diversion activities. This group has also directed specialized work groups that have looked at issues such as law enforcement training, local hospitalization options, transportation issues, and pre-booking activities. The HOT Regional Jail Diversion Management Group consists of stakeholders from mental health providers, consumers, family members, advocacy groups, law enforcement, probation and parole departments and the judiciary. The group is responsible for the development of an Annual Diversion Action Plan and will coordinate any collaboratively funded activities. Membership for this group can be found in Appendix B. Additionally, several others groups are currently meeting on a regular basis to address specific issues relating to jail diversion. Some of these groups are:

TCOOMMI Adult Meetings (Probation & Parole) – Monthly  
Adult and Children's Community Resource Coordination Group (CRCG)'s – Monthly  
Crisis Inpatient Group – Monthly  
Executive Director (ED) / Sheriff's Meetings – As Called  
Project Manager's Meeting (MHMR & Probation Departments) – Quarterly  
TCOOMMI Juvenile Meetings – Weekly  
HOTRAC Regional Psychiatric Meetings

### **Education and Training for Law Enforcement:**

The Heart of Texas Region Mental Health Mental Retardation Center is available to all law enforcement entities to provide comprehensive training for officers on mental health issues including early identification, intervention, and accessibility to the juvenile and adult mental health systems. In FY06, the Center provided Crisis Intervention Training to all law enforcement and jail staff in the six-county catchment area. This training met the 16-hour requirement mandated of all law enforcement officers by TCLEOSE. The training was developed and was provided by the Houston Police Department and Officer Frank Webb.

The local police academies now provide 24 hours of training in the area of mental health issues and have included the HOTRMHMR Center in these academies to ensure that new officers are given the most current information. Additional trainings have been provided to jailers at the McLennan County Jail, most community hospitals, local law enforcement agencies and other community groups on crisis services, mental health and substance abuse issues and jail diversion initiatives.

**ACTION PLAN FY 10:**

Action Steps			
Project	Description	Time Frames	Members Involved
The expansion of the mental health deputies program.	Add an additional mental health deputy to increase the availability of mental health services in McLennan County.	November 2009	HOTRMHMR is working with McLennan County and the DSHS to formalize the contract and service delivery.
Implementation of a TYC Diversion program.	HOTRMHMR Center in collaboration with the Bill Logue Juvenile Detention Center will establish an ACT like model to aggressively work with at-risk youth and their families to keep said youth out of the TYC system and in active community treatment.	December 2009	HOTRMHMR will work with the Bill Logue Juvenile Detention Center and the State TCOOMMI Office on development of the program.
Assessment of alternative ways to transport individuals experiencing a behavioral health crisis who require inpatient care at a state hospital.	The HOTRMHMR Center will lead an effort to identify alternative models for the out of town transportation of mental health consumers to state hospitals.	July 2010	HOTRMHMR's Board of Directors and agency staff will bring together interested parties to examine alternative transportation systems and develop a plan to address this issue.
Continuum of Care	The HOTRMHMR Center will work with community stakeholders to establish a blueprint for community treatment services for the mentally ill which would provide the needed	August 2010	The HOTRMHMR Center will work with various community

	array of services to help reduce incarceration and criminal justice involvement.		organizations to look at ways to enhance treatment services to individuals experiencing behavioral health crises.
Assess options to provide minor medical care at the Crisis Care Center to eliminate the need for emergency department involvement in persons being screened for mental health crisis services.	The HOTRMHMR Center will bring together medical service providers in the Waco area to assess the feasibility of providing minor medical care for individuals in need of assessment for mental health crisis services.	August 2009	HOTRMHMR will bring together providers of medical services to determine the feasibility of providing minor medical care services at the Crisis Care Center.
Assess the feasibility of legislative action creating a community hospital in the Waco/Temple area.	The HOTRMHMR and various community organizations will work through the HOTRAC Regional Psychiatric Meeting Committee to determine if legislative action could be initiated to develop a community hospital in the Waco/Temple area.	August 2010	HOTRMHMR and various community organizations, through the HOTRAC organization.
Expansion of various services provided at the Crisis Care Center.	The HOTRMHMR Center will work with community providers to look at ways to expand the services and supports offered through the Crisis Care Center.	August 2010	HOTRMHMR, and various community organizations and jurisdictions will look at alternatives to expanding services at the Crisis Care Center.
Develop various training materials for law enforcement and community providers to better understand available resources and how to access them.	The HOTRMHMR Center will work with HOTCOG and various police departments to design a variety of training materials to enhance the community's awareness of crisis mental health services and supports.	February 2010	HOTRMHMR, HOTCOG and local law enforcement entities will design and distribute training materials.

## Appendix A

### Members of the HOTRAC Regional Psychiatric Forum meeting held October 29, 2009.

**Distribution List Name:** Regional Psych Forum

**Members:**

Alice Adam RN	Providence ER
Amy Taylor	Parkview Regional Medical Center
Annette Ayers	Providence ER
Austin LeMay	Parkview Regional Medical Center
Bret Crook	Woodway PD
Cheryl Flores	DePaul
Chief Brent Stroman	Waco PD
Chris Henson	Limestone Sheriff Department
Chris Kinlaw	Waco PD
Cyndy Dunlap	Hillcrest ER
Diane Fraley	Limestone County Medical ER
Donald Stephens	DePaul
Eileen Bohannon	Providence ER
Holly Barnes	Hillcrest Hospital
James Barton	Hewitt – Police Chief
James Stefka	East Texas Medical Center
Jennifer Higginbotham	HOTRMHMR – Psychiatric Services Director
Jim Devlin	Hewitt PD
Jim Morrison	Hillcrest VP
Jody Harris	Hillcrest ER
John Hamilton	Providence ER Director
Joyce McDowell	Goodall Wicher Medical Center
Karen Grant	Hillcrest ER
Keith Hopkins	DePaul - Director
Kristy Lohr	HOTRMHMR – Crisis Director
La Shon May	Parkview Regional Medical Center
Linda Chambers	Limestone County Medical ER
Lori Boyett	Hillcrest ER
Odis Nichols	Providence Hospital
Randy Plemons	McLennan County Deputy Sheriff
Robert Flood	Bosque Co. Sheriff
Robert Lanning	Waco PD
Tammy Lebkowsky	Falls County Hospital
Temperance Johnson	Limestone County Medical ER
Tom Thomas	HOTRMHMR – MH Director
Tuck Saunders	Hewitt PD
Yost Zachary	Woodway City Manager
Barney Witt	Woodway PD
Jancie Markwardt	Hill Regional Hospital

**Appendix B**  
**Jail and Detention Diversion Management Group**  
**11/05/09**

Maurice Dutton, Consumer Advocate  
Cindy Rafter, HOTCOG  
Randy Plemons, Chief Deputy – McLennan County Sheriff's Department  
Janet Todd, Hill County Sheriff's Department  
Kristy Lohr, HOTRMHMR  
Cheryl Flores, DePaul Center  
Donald Stephens, DePaul Center  
Brent Stroman, Chief – Waco Police Department  
David Baker, HOTRMHMR  
Barney Witt, Woodway Police Department  
Charles Gillette, Bill Logue Juvenile Justice Center  
Steve Morton, Limestone County Sheriff's Department  
Bobby Campos, Bill Logue Juvenile Justice Center  
Bill Jones, McLennan County Sheriff's Department  
Chris Kinlaw, Waco Police Department  
John Segrest, District Attorney – McLennan County  
Ron Kimbell, HOTRMHMR  
Charles Jones, Bosque County Sheriff's Department  
Teri Merlino, Bill Logue Juvenile Justice Center  
Tom Thomas, HOTRMHMR  
Robert Lanning, Waco Police Department  
Dennis Wilson, Limestone County Sheriff's Department