

Central Plains Center Diversion Action Plan FY 2010-11

Central Plains Center, CPC, continues to develop processes for successful jail diversion and continuity of care services that will result in a reduction of recidivism, cost efficiencies for public care, and local support for community-based vs. institutional care for offenders with mental impairments while maintaining public safety. Additionally, we want to increase community participation and partnerships, as well as state and community-based funding for this under-funded and necessary program.

Community Stakeholders Involvement/COC Committee

Central Plains Center and local stakeholders have long maintained collaboration in regards to jail diversion activities. In FY05 Central Plains Center developed a Jail Diversion Task Force. During these meetings Central Plains Center staff, along with city/county law enforcement agencies, and other county and city agencies willing to attend, discussed the expansion of Central Plains Center's Jail Diversion Program. During these discussions it was determined that the addition of a Mental Health Officer/Liaison would greatly benefit all counties in meeting jail diversion needs which included but not limited to, assistance in transportation costs, in-jail assessments, and consultations regarding jail detainees. We have not been able to procure funding for a Mental Health Officer at this time.

Task Force sub-committees plan to meet on an as-needed basis to further discuss the promotion and evolution of jail diversion activities. The entire Task Force will meet at least annually to review and update the Jail Diversion plan. Along with these meetings Central Plains Center will also strive to meet with local officials on an individual county basis to discuss further implementation of jail diversion activities.

CPC also maintains one-on-one relationships with local law enforcement parties for the purpose of developing jail diversion activities that are designed to meet each counties needs. With the nature of our service area being rural and frontier, each county's need is specific to each community. Our largest county is Hale County and this is where most of our diversion activities take place, simply because there are more opportunities for diversion in this county.

Agency Collaboration

CPC has long maintained relationships in our community in collaboration efforts. CPC is currently a member of the Llano Estacado Alliance for Families, LEAF. The LEAF system of care is a community collaborative work that coordinates a network of community-based services and supports that are organized to meet the challenges of people with various mental health needs. LEAF was able to obtain a Mental Health Transformation grant that will be used to set up telemedicine sites between CPC, the Hale County Jail and Regency Health Network, which is our local Federally Qualified Health Center. CPC also works closely with each county in our service area to ensure that diversion services provided in each county, meets that county's needs as each county is different. CPC also currently has a Memorandum of Understanding with the Crisis Center of the Plains, which is our local domestic violence service provider.

Trainings and Technical Assistance

Although training efforts in our area have decreases, CPC recently began offering Mental Health First Aid Training in our communities. There have been two trainings held in Hale County and one held in Lamb County, which was attended by local law enforcement staff, local juvenile probation staff as well

as other community members. The MH First Aid training is conducted by Ron Trusler, the CEO at CPC. We are working towards obtaining certification from the Texas Commission on Law Enforcement Officers Standards to offer this training to law enforcement staff. This would allow officers to receive TCLEOSE credit for attending the MH First Aid Training.

In addition to this formal training, CPC is often called by local jails on a case-by-case basis to provide information regarding specific client needs and to identify diversion opportunities. Because many of our counties are small, CPC is one of the only resources available for MH services.

Funding Strategies

CPC currently receives \$10,000 from TCOOMMI for adult MH Continuity of Care Services and \$94,000 for juvenile probation services, provided through CPC's Children's Mental Health program. In addition, we also work closely with Hale County Juvenile Probation office in operating a drug court program. CPC does not receive funding from TCOOMMI for on-going adult mental health services. CPC has been fortunate to receive support from LEAF in providing telemedicine equipment. Along with our current jail diversion activities, CPC integrates the RDM's Flexible Benefits and RDM Service Packages along with community resources which include: Salvation Army, Caprock Community Action, County Indigent Programs, Rural Health Clinics, and State Mental Health Facilities. Along with these community resources, each county within Central Plains Center's catchment area contributes local match funds as well as "in-kind" time spent by each county and city's law enforcement officers.

Program Eligibility

The majority of persons with severe mental illness are jailed for minor crimes and would be appropriate for our pre-booking jail diversion strategies. When developing the jail diversion program it was decided that only misdemeanors and non-violent felonies could be considered for jail diversion. Violent felonies, pedophiles, etc. will not be considered for jail diversion and will follow the general legal protocol. Post-booking eligibility include: identified priority population diagnosis, misdemeanor or non violent felony charges and willingness to participate by the individual and county or District Attorney's willingness to accept referral.

Program Discharge Criteria

Clients are discharged from the jail diversion program upon completion of program, or if we are unable to locate them, they refuse the service or commit another offense. Additionally, our first encounter may be with a client who may have been in crisis and placed in Service Package 0. Once the crisis is stabilized, the client transitions into an appropriate level of care (Service Packages 1, 2, 3, 4 or 5). With successful completion of the program, the client is discharged from the jail diversion program and may transition out of CPC services to other community providers.

The process for early and ongoing identification of individuals with serious mental illness and serious emotional disturbances who are also involved with the criminal or juvenile justice system

Senate Bill 839 was passed by the 80th Texas Legislature. The bill compelled DSHS and DPS to develop a real-time identification and data exchange system for special needs offenders. CPC is currently transitioning out of doing the traditional Jail Match process into the newly required real-time process that requires local jail staff to make mental health queries in the TLETS system used by law enforcement. CPC was in the first group of centers to roll out this function with our counties. Of our nine counties that we serve only six operate a jail. Of the six, three counties attended training offered by DSHS and DPS for jail staff. CPC Director of Authority Services is working with the remaining

three jails to get them the information they need to obtain necessary training and access. We currently have two county jails using the new process that produces daily continuity of care reports in MBOW. Our local jail liaison obtains these reports daily and contacts jails to facilitate services for the individuals.

Continuity of Care and Service Program integration with the local crisis response system

CPC's Continuity of Care program is operated under the supervision of the Director of MH Authority Services. This same director is over MH Adult Admissions and Crisis Services. Due to this fact, the COC program is fully incorporated into the CPC local crisis response system including Crisis Hotline, MCOT, Crisis Services, Crisis Respite and Inpatient Services. These services are available 24-hours a day, 365 days of the year.

Diversion Strategies

Strategies to divert individuals with serious mental illness and serious emotional disturbances from the criminal justice system include both pre-booking diversion strategies that focus on diversion prior to arrest; and post-booking strategies that focus on diversion after arrest but before adjudication. Due to lack of funding and personnel CPC is unable, at this time, to provide pre-booking jail diversion strategies that go much beyond crisis intervention and/or inpatient treatment. CPC staff is available 24 hours a day, 365 days a year to assess the need for psychiatric hospitalization or other alternatives to incarceration. Pre-booking strategies of the Jail Diversion Action Plan include law enforcement personnel and the MCOT making the clinical judgment to take an individual to jail, or the emergency room. The CPC MCOT or Emergency Services Worker will assess all mental health needs. Hospitalization or other crisis intervention alternatives will be used to resolve the presenting crisis.

Our post-booking strategies are: an individual is screened by the CPC staff after arrest to determine danger to self or others as well as the need for mental health treatment; staff matches CARE records with the arrest records daily; and CPC regularly provides psychiatric services to each county jail. Individuals who meet on-going service eligibility criteria are usually authorized in to adult SP 1 and will be transitioned into more intensive service packages when they are released from jail as appropriate.

Diversion at the point of contact with law enforcement is based on several factors: the acuity of mental illness, the criminal offense, the willingness of the officer to drop charges pending admission to an inpatient facility, having placement for the mentally ill offender if client outpatient care is readily available, and continued access to mental health diversionary resources. Acuity will be determined upon initial mental health screening. If the individual presents with gross impairment from alcohol or substance abuse, assessment activities will be suspended until the individual has achieved sobriety. Upon re-evaluation, diversion may occur if the individual is appropriate for diversion. The officer identifying a person as having a potential mental health condition should enact a diversionary response by contacting mental health resources to obtain an assessment or determine if the person is an active mental health client with Central Plains Center. Pre-booking diversion is primarily at the discretion of the officer and his access to mental health diversionary resources.

Process for diverting persons from law enforcement

1. When CPC is contacted by law enforcement, community supervision or parole, designated staff will intervene with appropriate level of care treatment options as follows:
 - A. Non-violent misdemeanor offenses, personal recognizance bonds or charges dropped.

- a. Serious thought disorders or mood disorders with serious threat of harm to self or others.
 - i. Inpatient treatment- SMHF
- b. Major thought disorders or major mood disorder with moderate or low potential for harm to self or others
 - i. Crisis Support Services
 - ii. Routine intake, medication related services, and case coordination.
- B. Violent felony/misdemeanor offense with charges not dropped and bond met
 - a. Serious thought disorders or mood disorders with serious threat for harm to self or others or who are at risk of decompensation
 - i. Inpatient treatment- SMHF
 - b. Major thought disorder or major mood disorders with moderate or low potential for harm to self or others
 - i. Crisis Support Services
 - ii. Routine intake, medication related services and case coordination
- C. Violent felony/misdemeanor offenses, charges not dropped and no bond, or bond not met
 - a. Serious thought disorders or mood disorders with serious threat for harm to self or others
 - i. Routine intake, with assessment for potential immediate medication services when applicable and case coordination.
 - ii. Attempt stabilization while incarcerated with appropriate precautions for the safety of the offender.
 - iii. Criminal commitment 46.02 section B if offender is unable to assist with his/her own defense.
 - b. Major thought disorder or major mood disorder with moderate or low potential for harm to self or others
 - i. Routine intake, medication related services and case coordination.
 - ii. Attempt stabilization while incarcerated with appropriate precautions for the safety of the offender

Services in jail: while the consumer is in jail or juvenile detention, advocacy efforts continue to ensure recommendations for mental health or personal recognizance bond or release to a community treatment alternative

The primary services provided to individuals in jail are physician services and minimal coordination services. CPC provides psychiatric services in our clinic to individuals in all our area jails. CPC's Crisis Line is available 24 hours a day for assistance in any of our jails. CPC's admissions services are available to all jails as well. In the event that an individual who is incarcerated is assessed to need inpatient treatment, the type of charge is considered to determine the course of treatment. For individuals who can be admitted to a state facility, CPC will authorize and coordinate the admission. For individuals who cannot be admitted, CPC partners with area jails in coordinating urgent or emergent psychiatric appointments when required.

Services after release: Focus on the provision of appropriate services upon release from jail, juvenile detention, TYC, or prison to ensure continued mental health and support services.

Individuals who are open in CPC services who are released from jail or juvenile detention:

- If individual was open in CPC services while incarcerated, the assigned case manager is notified of their release. The Case Manager will re-assess their needs in the community and

ensure that authorization is received for appropriate services. The individual will be seen within 24-48 hours of release.

TYC Referrals:

Once Central Plains Center receives a referral from TYC, admissions staff contacts TYC contact person to schedule a screening appointment in the community upon that individual's release. These individuals are processed through admissions to determine eligibility for on-going services.

Adult TCOOMI referrals for individuals being released from prison/state jail:

- Designated admissions staff receives all TCOOMI referrals. This staff member maintains a file with all referrals and adds them to admissions/referral log. Admissions staff faxes copy of TCOOMI referral to Parole Office. Once this individual is back in the community, CPC staff will work with local Parole office to coordinate admissions appointments.

Barriers

The most pressing local barrier to providing pre-booking and post booking diversion is funding. Without a full time caseworker we can provide only the most limited diversion activities. Until this issue has been adequately addressed, comprehensive jail diversion activities in CPC service are limited due to inadequate resources. CPC strives to do what is clinically indicated in each situation to ensure that individuals who do not need to be incarcerated are diverted from local jail systems into the most appropriate treatment setting. With our service area counties being designated rural and frontier, another barrier is the lack of resources in the communities we serve.

Provisions for providing assessments and recommendations for youth referred under the provisions of 37 TAC §343.10, including responsibilities for transportation.

There is no pre-adjudication or post-adjudication secure facility in Central Plains Center's service area. The closest facility is in Garza County, which is 90 miles away. If a juvenile whose MHA is CPC is incarcerated in that facility and requires inpatient treatment, the MHA that covers Garza County will be responsible for completing the assessment and contacting CPC for authorization to a State Mental Health Facility (SMHF). CPC currently has an MOU with West Texas Center to provide these screenings for us.

Plans to address the needs of individuals found incompetent to stand trial

For Fiscal Year 2009, Central Plains Center was the second lowest utilizer in the state of our State Mental Health Facility Trust Fund. For the entire year, we used only 42.6% of our total trust fund and only 19.41% of our fund was used towards forensic beds. On average from our service area we only have 2-5 individuals who are sent to SMHF for Competency Restoration each year. Due to this low number of individuals we do not currently operate an Outpatient Competency program because the cost of the program outweighs the need. Individuals who are found to be incompetent to stand trial are referred to the Forensic Bed clearing house in El Paso.

Diversion Action Committee Members

Sal Rivera, Sheriff	Castro County	Sheriff Department
Tom Taylor	Castro County	Sheriff Department
Emmett Benavadez, Sheriff	Swisher County	Sheriff Department
Harold Keeter	Swisher County	County Judge
William Mull, Police Chief	City of Plainview	Police Department
Gary Maddox, Sheriff	Lamb County	Sheriff Department
Jimmy Mayes	Lamb County	Sheriff Department
Misty Martinez	Lamb County	Sheriff Department
Becky Cotton	Lamb County	Sheriff Department
A.J. Boner	Hale County	Sheriff Department
George Bernal	Hale County	Sheriff Department
Lupe Laura	Hale County	Sheriff Department
Ruben Lucano	Hale County	Sheriff Department
Roland Alvarez	Hale County	Sheriff Department
Sherri Harrison	Bailey County	County Judge
Jackie Clayborn	Bailey County	County Attorney
Richard Wills, Sheriff	Bailey County	Sheriff Department
Derick McPherson	City of Plainview	Police Department
Dion Guerra	City of Plainview	Police Department
Bonnie Heald	Parmer County	County Judge
Dwain Dodson	Hale County	County Judge
Violet Borrow	Plainview	Covenant Hospital
Wayne Nance	Briscoe County	Adult Probation
Eddie Sumledea	Hale County	Juvenile Probation
Dion White	Central Plains Center	CPC Chief Services Officer
Belinda Nails	Central Plains Center	Coordinator of Crisis Services
Sherri Reid	Central Plains Center	Director of MH Authority Services