

**HARRIS COUNTY MENTAL HEALTH AND MENTAL RETARDATION  
AUTHORITY  
JAIL AND DETENTION DIVERSION PLAN  
FEBRUARY 1, 2005**

**EXECUTIVE SUMMARY**

The Harris County community has long been aware of the complex problem of increasing numbers of individuals with mental illness, mental retardation, and/or substance abuse issues being arrested and incarcerated in criminal and juvenile justice settings. In the past ten years, significant action has been taken by local leaders and community action groups to significantly and meaningfully address this problem, as will be elaborated below.

In 1997, County Judge Robert Eckels charged a Mental Health/Criminal Justice Task Force to address the issue. That group, sponsored by the Mental Health Association of Greater Houston, and funded through a grant from the Substance Abuse and Mental Health Administration, used a two year consensus building process to guide the design and implementation of the Crisis Intervention Team program of the Houston Police Department. This program, which utilizes specialist officers to respond to mental health calls, has resulted in significantly improved outcomes for individuals with mental health issues who come into contact with law enforcement in Harris County. The Neuro-Psychiatric Center, operated by Harris County MHMRA, provides a full array of crisis services, serving as a resource to law enforcement, and providing alternatives to incarceration for individuals who meet appropriate criteria for diversion. The combination of the Crisis Intervention Team and the Neuro-Psychiatric Center in recent years has significantly decreased the numbers of persons with mental illness who enter the criminal justice system.

Harris County also has a wide array of processes to identify individuals with mental health issues who are arrested and incarcerated. Processes exist at multiple layers within the jail system to identify mental health issues, including:

- Pre-Trial Services interviews at the City Jail;
- Cross reference with the CARE system upon entry into the jail system;
- Mental health screening upon “receiving” at the County Jail;
- Further screening at booking, classification and medical assessments; and
- Ongoing observation and assessment by jail staff, attorneys, etc.

Perhaps the most pivotal component of adult jail diversion in Harris County is the provision of mental health services by MHMRA, under contract, within the

jail. This is considered a best practice across the country, and allows for significant improvements in continuity of care for MHMRA clients who are incarcerated. The combination of screening and identification efforts, a triage assessment process, and jail psychiatric services provided by MHMRA assists in ensuring that detainees with mental health needs are treated while incarcerated.

There are also a number of innovative diversion strategies in place in Harris County at the court level. Harris County Pre-Trial Services staff provide clinical information to the courts at the defendant's first appearance, highlighting mental health issues that might be relevant to case disposition. In addition, all felony courts, and one misdemeanor court, utilize the New START Court Resource Program, which provides a court resource coordinator who assists with assessments, provision of mental health and mental retardation information, and links eligible defendants to post release mental health services. The 21 Day Stabilization and State Hospital Diversion Project was developed in November of 2003 to contain the number of mentally ill offenders referred to the state hospital for competency restoration through the Harris County criminal justice system. This program has been highly cost effective and allows mental health consumers to remain closer to their families while receiving needed treatment.

Increasing attention has been given over recent years to the need for services and supports for individuals returning to the community after incarceration. These kinds of supports have been demonstrated to reduce the risks of recidivism to the criminal justice system. While issues still remain, much work has been done in recent years to improve continuity of care for individuals released from both the Harris County Jail system and the Texas Department of Criminal Justice system. Notification by Harris County jail staff to MHMRA of impending release of an individual with mental health issues, for example, allows arrangements for follow up appointments. Similarly, advance notification is generally provided about individuals returning to Harris County from TDCJ facilities. Harris County MHMRA reserves clinic slots for persons returning from jail or prison, to assist in successful follow up care. The implementation of the Mobile Crisis Outreach Team has also assisted with continuity of care for defendants who are released from the jail with little or no existing community support. The New START program, funded by the Texas Correctional Office on Offenders with Mental and Medical Impairments, provides a wide array of services for probationers, parolees, and pre-trial detainees, including psychiatric and nursing services, assistance in obtaining third party benefits, and intensive outpatient case management services. Other resources available for individuals returning to the community from incarceration include specialized caseloads for individuals on probation and parole, and the Assertive Community Treatment Team that provides intensive outpatient services for persons who might otherwise need hospitalization.

Strides have also been made in recent years to address youth at risk of juvenile justice system involvement. Since the mid-1990s, a collaboration between Harris County MHMRA, Harris County Child Protective Services and Harris County Juvenile Probation Department, called TRIAD, has coordinated resources to serve at risk youth, including youths at risk of juvenile justice system involvement. In 2003, the Mental Health Association of Greater Houston was successful in obtaining a three year planning grant from the JEHT Foundation to expand upon the success of the TRIAD prevention program. A multi-agency task force has used this planning opportunity to develop a novel model to achieve system change in this area. MHMRA has been an active participant in this planning effort, and will continue to support efforts to obtain funding to implement the plan.

Planning considered by the Jail Diversion Task Force for future efforts include:

- Formation of a Jail Diversion Task Force Subcommittee to address communication between the Crisis Intervention Team, EMS, the NPC, the Ben Taub Emergency Room and other local emergency rooms.
- Expansion of the number of CIT officers and expansion of training for call takers and dispatch officers.
- Expansion of Pre-Trial Services staff to assist in expedited communication processes.
- Expansion of MHMRA staff within the jail to speed the process of receiving assessments and treatment.
- Expansion of the Court Resource Program to all misdemeanor courts.
- Establishment of a coordinated process between MHMRA and jail staff for notification of impending release from the Harris County Jail.
- Expansion of reserved clinic appointments for individuals returning from jail or a TDCJ facility.
- Solicitation of funding for expansion of Assertive Community Treatment, housing and employment services for individuals with mental illness returning to the community from incarceration.
- Support of efforts of the Mental Health Association of Greater Houston to obtain implementation funding for the plan developed by the Juvenile Justice Task Force.

As will be demonstrated in this report, Harris County has a wide array of jail and detention strategies. Much work has yet to be done. Task Force members who participated in the development of this report demonstrated commitment to continued efforts to expand jail and detention diversion efforts in the coming years.

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## **BACKGROUND**

The problem of the increasing migration of mental health consumers into jails and prisons is an issue of critical importance in Harris County. Community leaders have taken strong note of the issue, and several significant changes have been made in Harris County to address it, as will be explained below.

The preparation of this report took place through the assembly of a Harris County Jail Diversion Task Force. Task Force participants included MHMRA staff, law enforcement, as well as representatives from the jail, the district attorney's office, and advocates. This task force met twice in the preparation of this report, and the roster is attached as Appendix 1. There is also continued commitment on the part of these participants to continue to meet in the implementation of the recommendations contained in this report.

## **ADULT JAIL DIVERSION ACTIVITIES**

### **I. LAW ENFORCEMENT STRATEGIES**

In 1997, Harris County Judge Robert Eckels charged a Mental Health/Criminal Justice Task force to examine the issue of increasing numbers of individuals with mental illness and mental retardation migrating to the criminal justice system. Membership on this task force included mental health professionals and administrators, law enforcement officers, jail personnel, representatives from probation and parole, consumers and advocates. That group decided that the most important point of interface between the mental health and criminal justice systems at that time was the initial contact with law enforcement. As such, they began a two-year consensus building process, sponsored by the Mental Health Association of Greater Houston, and funded by the Substance Abuse and Mental Health Administration, to devise a community policing strategy, based upon best practices across the nation. This work resulted in the implementation of a Crisis Intervention Team program within the Houston Police Department.

Chart 1, attached to this report as Appendix 2 depicts the processes that currently take place at the law enforcement level in Houston. When a call comes in to the Houston Police Department, it is answered by a call taker. This is the first opportunity to recognize whether the call involves mental illness or mental retardation. If a call taker does appreciate a mental health component to the call, he or she provides that information to the dispatch officer, which is the next point in the call transfer process. Both the call takers and dispatch officers receive two hours of mental health training, with periodic updates, to assist in them in the identification of mental health issues in calls that come in.

If a mental health issue is recognized either by the call taker or dispatch officer, one of seven CIT mental health codes and one of five HPD priority codes are assigned. Priority code one generally involves an imminently dangerous situation, such as a suicide attempt or the involvement of a weapon. For public safety reasons, these calls are assigned to the nearest available police unit. For mental health calls in the other four priority areas, either a routine officer or a CIT officer is dispatched to the scene. There are currently 655 CIT officers in patrol, approximately 25% of the HPD force. CIT officers receive forty hours of hands on training about how to handle mental health situations, along with annual refresher classes for all officers. Currently, however, because of the geographic areas involved and heavy call loads for call takers and dispatch officers, only about 30% of mental health calls are responded to by CIT officers. CIT officers may also be called by other officers, if it is determined that their expertise is needed once they arrive at the scene.

Since the implementation of the Crisis Intervention Team, the Houston Police Department has been keeping data about the outcomes of mental health calls handled by CIT officers. While other cities with these teams report a large number of situations that are defused at the scene, relatively few situations are resolved that way in Houston. Instead, approximately 80% of mental health calls in Houston result in transfer to the Neuro-Psychiatric Center, or NPC, the psychiatric emergency service operated by Harris County MHMRA. Components of the NPC include psychiatric emergency services, 23 hour observation services, child and adolescent psychiatric emergency services, a crisis stabilization unit, a crisis residential unit, and a crisis counseling unit. NPC staff reflected during this planning process that the vast majority of individuals brought to the NPC by CIT officers are appropriate to their services. There are, however, rare situations in which individuals are brought to NPC by CIT officers when they do not meet criteria for involuntary mental health services. This places MHMRA staff in an awkward position, as they have no authority to hold the individual at the NPC. Negotiations are currently under way to assure that HPD will return to the NPC to pick the person back up if a commitment order is not issued by a judge or magistrate.

The recent implementation of a mobile crisis outreach team, or MCOT, provides another emergency resource for the Houston Police Department. CIT officers are increasingly utilizing the MCOT to assist in making determinations about how to proceed with individual cases.

If there appears to be a medical issue involved, either regarding overdose, or other medical complication, EMS is also dispatched to the scene.<sup>1</sup> EMS technicians generally transport those individuals either to the Ben Taub Emergency Room or other area emergency room. One task force member noted that it might be useful to have a process in which EMS could consult with a mental health professional in an attempt to determine if transfer to a medical facility is necessary. This is particularly important because transfers between the NPC and Emergency Rooms can be somewhat cumbersome.

Because of the lack of detoxification services in Harris County, most individuals who appear to be intoxicated are transferred to the Harris County Jail for detoxification services.

In only about 1% of CIT contacts are charges filed. These are usually in the case of serious or violent offenses. If an offense is serious, the CIT officer contacts a prosecutor at the Harris County District Attorney's Office who makes the determination whether to file charges. If charges are filed, the individual is first transported to the NPC for stabilization before transfer to the jail.<sup>2</sup>

As an outgrowth of the CIT program, the Houston Police Department also required all of its officers to participate in an eight-hour training course focused on de-escalation of crisis situations. This course has been credited with significantly reducing the use of force and violence in calls that involve mental health situations.<sup>3</sup>

The CIT program in Houston is increasingly being recognized by consumers and family members, who often ask specifically for a CIT officer to be dispatched. This public awareness is further enhanced by special information documents developed by HPD specifically to inform families about the functions of CIT.

The Houston Police Department has also been a pivotal force in spreading knowledge about Crisis Intervention Teams to other cities across the state.

#### **FUTURE STEPS:**

- **Formation of a Jail Diversion Task Force Subcommittee to address communication processes between EMS, NPC and Emergency Rooms**
- **Consideration of expansion of CIT training to more officers so that more mental health calls are handled by specialists**

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<sup>1</sup> There has been some confusion recently about whether to dispatch HPD or EMS, as emergency services are now consolidated in the new Harris County Emergency Center.

<sup>2</sup> It was noted during our planning process that there is a "forensic screening form" filled out at the NPC for these individuals, but that this form is not being used in any meaningful way at the jail.

<sup>3</sup> <http://www.ci.houston.tx.us/departement/police/cit.htm>

➤ **Expansion of training for call takers and dispatch officers**

**II. IDENTIFICATION OF MENTAL HEALTH ISSUES IN THE JAIL SYSTEMS**

For individuals who are taken to either the City Jail or County Jail in Houston, there are a number of additional ways in the current system to identify and respond to mental health issues. Chart 2, attached as Appendix 3 to this report, documents the various junctures at which mental illness might be identified. Most persons brought to the criminal justice system in Houston are first processed through the City Jail. The staff of Harris County Pre-Trial Services interviews most of those who come through the City Jail. The Harris County Pre-Trial Services Department was established in October of 1995 for the early identification of persons with severe mental illness at the pre-trial stage. They provide timely information to the magistrates and assigned court judicial officers concerning the mental health or other special needs of a detainee, to assist in decisions about pre-trial release, appropriate housing classification within the jail, and about adjudication and sentencing. A computer cross-reference is also performed on each individual coming to the City Jail with the state CARE system, which maintains records of prior involvement with state funded mental health or mental retardation services. If it appears, however, that the individual's mental health condition is not sufficiently stable to go through the City Jail process, they may be directly booked into the Harris County Jail. This is highly unusual, as individuals are generally stabilized at the NPC before transport to the jail.

The first step in the County Jail process is "receiving." If any information is present to suggest that the person being received has mental health issues, a request is made for a mental health evaluation by a screening professional, employed by Harris County MHMRA. These screeners are available around the clock, and are immediately available by pager. They have greatly assisted jail staff in increasing identification of individuals with mental illness. They have provided, for example, jail staff with lists of psychotropic medications that might suggest a mental health diagnosis. A small percentage of individuals with mental illness are diverted to the NPC from receiving if it appears that their mental health situation cannot safely be addressed in the jail. This number has greatly declined since the implementation of the CIT program and the opening of the NPC, as many individuals who would previously have arrived at the jail are now receiving crisis mental health services as an alternative. It must be noted, however, that a significant percentage of persons come to the Harris County Jail from outlying jails in surrounding communities that do not have the benefit of the CIT program.

The next step in the Harris County Jail process is booking. This provides another opportunity to identify mental health issues, either through information provided by pretrial services, notification by the arresting officer about suspected mental health issues, information from the family, self-report, or mental health screening performed during the booking process. Other opportunities for identification include the required nursing evaluation that takes place during classification in the jail, evidence of mental health issues during the probable cause hearing, and a health assessment that is required within fourteen days of entry into the jail.

Local estimates are that approximately 17% of persons entering the Harris County Jail system are identified as having mental illness through these processes, which is slightly above national estimates. Task force members reflected, however, that it is clear that some are not identified through these systems. Many individuals are identified later in the process as having mental health issues, by correctional officers, attorneys, judges, court personnel and others who are involved in their cases.

Discussions have been taking place for many years in Harris County about the development of a centralized booking process that combines the city and county booking processes. While land has been purchased for a centralized booking facility, task force members indicated that implementation is likely to be in the distant future, as many issues have yet to be resolved. While all agreed that current identification processes are working fairly well, the increased volume of individuals coming through such a centralized booking facility will mandate significant increases in manpower to assure that individuals with mental illness do not “fall through the cracks” in the identification process. The Harris County Jail, for example, currently books approximately 331 persons per day. This number would be dramatically increased with a centralized booking process.

#### **FUTURE STEPS:**

- **Consider expansion of Pre-Trial Services staff to assist in expedited communication processes.**
- **Continue to monitor the development of a centralized booking facility.**

### **III. JAIL MENTAL HEALTH SERVICES**

Perhaps the most pivotal component of the jail diversion system in Harris County is the relationship between the MHMRA and the County Jail. Since 1976, Harris County has contracted with the MHMRA for the provision of mental health services in the jail. The utilization of the mental health authority as the provider of mental health services in the local jail is a

growing best practice, for a number of reasons.<sup>4</sup> This relationship has greatly improved continuity of care for individuals in the jail who have mental health issues.

Chart 3, attached to this report, reflects the current process of providing mental health services in the Harris County Jails. If a detainee is identified, through the screening processes described above, as being psychotic or suicidal, a call is placed to MHMRA for an immediate mental health assessment. For other individuals who are identified as having mental illness, but who are not in a critical situation, a referral is made for a more routine MHMRA evaluation. On a daily basis, a licensed mental health professional conducts a triage process of these referrals to determine which detainees need more immediate assessments. The next step in the assessment process is a mental health screening by a Master's level clinician. This screening is to determine mental health service needs, including whether the individual needs a psychiatric evaluation for medications, and whether the individual can be treated safely in general population, or needs inpatient services within the forensic unit in the jail. This unit currently has 51 inpatient beds, 26 of which are designated for women and 25 of which are designated for men. This is a decrease from the previous number of 140 inpatient beds, due to relocation to a new jail building and design structure. Because of this limited capacity, most individuals with mental illness in the jail receive treatment in the general population.

Task force members reflected that this process works fairly well, but that the volume of persons who need such assessments and services sometimes results in delays in obtaining services. For example, the jail currently has approximately six mental health screeners, and MHMRA receives approximately 2500 referrals per month. Furthermore, because individuals cannot take their own medications when in the jail, there is often a delay of several days in restarting medications, which sometimes results in significant worsening of the mental health condition.<sup>5</sup>

#### **FUTURE STEPS:**

- **Make recommendations about expansion of jail MHMRA staff to speed the process of receiving assessment and treatment.**

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<sup>4</sup> Blueprint for Contracting for Mental Health Services for Jail Detainees with Mental Illness., Policy Research Associates, under contract to the National Institute of Justice.

<sup>5</sup> There is an exception to this policy for individuals who are open to MHMRA services. Because they are in the same system, the MHMRA jail physicians are able to write orders for continuation of their previously prescribed medications.

#### IV. MISDEMEANOR AND FELONY COURTS

In 2001, as a follow up to the Mental Health/Criminal Justice Task Force, the County Judge appointed a new task force to examine issues surrounding individuals with mental illness in the court system. This task force, entitled the Judicial Task Force, also sponsored by the Mental Health Association and funded by the Substance Abuse and Mental Health Administration, included membership from judges, prosecutors, defense attorneys, mental health professionals and administrators, representatives from probation and parole, advocates and consumers. Member of this Task Force met monthly for two years, and conducted site visits to other parts of the country that have implemented novel strategies to address this population. Many changes have taken place as a result of Task Force efforts, as will be delineated below, and a permanent infrastructure composed of the leadership of MHMRA, lead judges and court administrators to continuously examine issues that arise. Charts 4 and 5, attached As Appendices 5 and 6 to this report, reflect current processes with regard to individuals with mental health issues in the misdemeanor and felony courts.

One of the first outgrowths of the Judicial Task Force is what is now regularly referred to as the “orange sheet.” When pre-trial services identifies an individual with mental health needs, they automatically send a notification to the court. It was noted through task force discussions, however, that most of the judges and attorneys were not aware of these sheets and were not utilizing this information in any meaningful way. In an effort to address this, Harris County Pre-trial Services staff began placing this information on a brightly colored orange piece of paper. Since this change, attorneys and judges know that the presence of an orange sheet in the file indicates that there is a mental health issue that may be relevant to the case. While the orange sheet is always present at the initial hearing, there is some variability between courts as to whether or how it is used thereafter.

Another outgrowth of the Judicial Task Force has been the creation of the New Start Court Resource Program. This program, which is funded by the Texas Corrections Office on Offenders with Mental and Medical Impairments, was designed to resolve a gap in mental health resources occurring at the court level during the pre-sentencing phase. Although a system was in place, through Pre-Trial Services, to provide information about special needs at the first court appearance, courts were not always aware of mental health needs in subsequent court dates. Through interagency discussions, it became clear that a tracking system was

needed to follow these defendants with special needs from identification to sentencing.

Through this program, a court resource coordinator is assigned to each of the Harris County District Courts. The functions of these coordinators, are, as follows:

- Assessing all defendants referred to the program who are suspected of having mental health issues;
- Providing court personnel with information that could be helpful in the defendant's court proceedings;
- Providing court personnel with extensive information about mental illness and mental retardation; and
- Linking eligible defendants who are present or former MHMRA clients with MHMRA services to support compliance with release conditions and minimize re-arrests for failure to appear at subsequent court dates.

This program is greatly respected and appreciated by judges in the District Courts. The coordinators greatly assist in ensuring the most appropriate outcomes for defendants with mental health issues. There is currently only one misdemeanor court in Harris County that utilizes the Court Resource Program.

It was also noted in task force discussions that there were a significant number of people being sent to Rusk State Hospital from the Harris County Jail after being found incompetent to stand trial. This was costly both to MHMRA, because it used many of its "bed days" allocated by the state, but also to the county, in terms of transportation costs to and from the hospital. Task force members also noted that this resulted in significant delays in the court system, since the average length of stay at Rusk is approximately 100 days. Mental health experts reflected that many defendants who are incompetent to stand trial regain competency within a few weeks simply with the administration of psychotropic medications. To address this problem, the 21 Day Stabilization and State Hospital Diversion Project was implemented in November of 2003. This program was designed to contain the number of mentally ill offenders referred to the State Hospital for competency restoration through the Harris County Criminal Justice system. Objectives of the program include:

- Reducing the number of bed days utilized by Harris County at the State Hospital;

- Providing treatment closer to home to allow for family member visitation;
- Educating officers of the court in identifying and managing behaviors of mentally impaired offenders;<sup>6</sup>
- Providing information to the courts about the psychiatric conditions of inmates, to assist with release and detention decisions; and
- Reducing the amount of monies being spent by Harris County on transportation to and from the State Hospital.

The process is, as follows. If there is a question about mental health issues apparent at the first court appearance, a court order for psychiatric review is generated. Every defendant referred to the program is evaluated by a skilled screener and a psychiatrist, within three days of the court order. If appropriate, psychotropic medications are prescribed. The psychiatrist must then re-evaluate the individual fourteen days after the initiation of treatment, and a psychiatric status report is forwarded back to the court, within 21 days of the original court order. This status report contains one of the following recommendations:

- Referral for a formal competency evaluation;
- Request for additional time for further restoration; or
- The court process may continue, as the individual is stabilized

The vast majority of individuals referred to the 21 Day Stabilization and State Hospital Diversion Project have either been found to be initially competent, or are restored to competency within the 21 day treatment period. In fact, of the 567 referrals to the program between November 17 2003 and August 31 2004, only 65 were transferred to the state hospital for competency restoration. This has resulted in decreased utilization of hospital bed days, decreased county transportation costs, decreased costs for competency evaluations, and expediting court case dockets.

Despite all of these developments, a number of issues remain at the court level. Court personnel complain that the biggest deterrent to diversion is the lack of a full and appropriate array of services to divert to. While many judges have begun to utilize intensive case management and assertive community treatment teams as diversion resources, the capacity of these programs is much below the need. Furthermore, especially in misdemeanor cases, many defendants “plead to back time served,” because their attorneys are hesitant to recommend community

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<sup>6</sup> Prior to implementation of this program, officers of the court would routinely request a competency evaluation on all consumers who showed any signs or symptoms of mental illness. This was often unnecessary, and was costly to court processes.

supervision, both because of the costs involved, and the difficulties defendants with mental health problems have with complying with conditions of supervision. Unfortunately, approximately 40% of defendants charged with Class A and Class B misdemeanors have felony backgrounds. Releasing these individuals to the community without any form of supervision results in a very high likelihood of re-offense.

#### **FUTURE STEPS:**

- **Consideration should be given to standardizing the utilization of the orange sheet information beyond the first appearance.**
- **Consideration should be given to expansion of the Court Resource Program to all of the misdemeanor courts.**

#### **V. RELEASE AND COMMUNITY REENTRY**

##### ➤ **Jail Release**

Much work has been done in recent years to improve continuity of care for detainees released from the Harris County Jail. In the past, it was not uncommon for individuals to be released from the jail without any follow up arrangements for mental health care. Because of jail overcrowding issues, detainees were often released at 12:01AM on the morning of the end of their sentence, to make room for detainees coming in. This was particularly common in misdemeanor cases, where, as noted above, “pleading to back time served” is a common outcome.

Through the work of a number of collaborative efforts, this problem, while still present, is greatly improved. MHMRA has a much greater presence in the courts, through all of the programs described above, so they often know of an impending release from jail. When notified of such a release, if the individual has been seen by an MHMRA physician and is on medications, the individual is provided with a fourteen day prescription for continuation of those medications while waiting for a follow up appointment. In addition, Harris County MHMRA reserves 5 clinic slots monthly for persons released from jail and five slots for persons released from prison, to expedite follow up appointments for this high risk population. If MHMRA knows of the pending release of a high-risk mental health client, the court might arrange for a member of the Mobile Crisis Outreach Team to assist in follow up arrangements.

There are also several specialized programs to assist consumers once they are released. The New START program was established in April of 1993, and is implemented by MHMRA. This intensive outpatient case

management program, funded by the Texas Correctional Office on Offenders with Mental and Medical Impairments, provides outpatient follow up services for individuals on probation, parole or in pre-trial phase. Services are designed for persons who have severe and persistent mental illness or mental retardation, and who have a need for intensive case management or rehabilitation. Referrals to the program may be received from any source. Once in the program, the individual is assigned to a service coordinator and a counselor, who work as a team in providing the following comprehensive services to the client:

- Medication maintenance and monitoring;
- Nursing services, such as laboratory studies, injections, individual and group counseling;
- Intensive rehabilitation, including individual and group skills training and counseling;
- Intensive service coordination, including advocacy, linkage and coordination;
- Benefit coordination; and
- Continuity of pre and post release care.

Assertive Community Treatment teams are also extremely effective jail diversion tools. Through the work of the Judicial Task Force, the Harris County District Courts have gradually grown to accept that certain clients could be released to such intensive outpatient services, rather than to locked hospital wards. Harris County MHMRA staff have been instrumental in educating the judges and attorneys about this option, which has grown in popularity among court staff.

Specialized mental health case loads for community supervision officers have also been shown to be extremely helpful in preventing re-arrest and supporting conditions of release. Probation officers on these case loads have specialized mental health training and lower numbers of cases, to facilitate the additional attention necessary for these high risk probationers. Harris County Community Supervision and Corrections Department has recently expanded its specialized mental health capacity to 14 officers, and task force members state that this has been quite helpful in post release planning.

Despite all of this progress, problems still remain with regard to continuity of care for individuals released from the Harris County Jail. While notification processes have improved, because of the constant influx of new detainees, early morning releases still take place without notification of MHMRA staff. Task force participants indicated that

detainees always have the option of asking to wait until later in the morning, but they rarely do. Other detainees are released directly from court upon plea agreement or time served, without notification of MHMRA staff.

The greatest issue that remains is capacity of follow up services. While the five clinic slots reserved for individuals coming out of the criminal justice system are helpful, the need much outweighs this capacity. Similarly, the New START program only has capacity for 350 parolees, probationers and pretrial defendants, which is not sufficient to meet the needs. Harris County MHMRA currently operates one Assertive Community Treatment team, with 270 treatment slots. Expansion of this program would also assist in jail diversion efforts.

Housing services are particularly critical for release planning from jails and prisons. A recent analysis of housing needs in Harris County found that more than 14,000 persons with serious mental illness have critical unmet housing needs. This housing shortage often leaves jail and MHMRA staff in the uncomfortable position of releasing people who have no place to go.

#### ➤ **Release from TDCJ Facilities**

A recent study by the Urban Institute League about prisoner reentry into Harris County from TDCJ facilities highlighted the following data:

- In 2001, 14, 129 prisoners released from TDCJ returned to Harris County, at a rate of 4.2 returning prisoners per 1,000 residents.
- Forty-seven percent of the county's returning prisoners were released to mandatory supervision or parole; fifty two percent were unsupervised upon release.

Taking into account national estimates of the percentage of these individuals who have severe and persistent mental illness, this suggests that more than 2200 individuals with severe mental illness, approximately half of whom are unsupervised, are released to Harris County each year.

Notification about impending release from TDCJ facilities is somewhat more reliable than release from jails. New START staff members generally receive nine months notice of release, and begin the process of arranging for continuity of care immediately upon notification. One of the major components of this preparation for release process is application for social security benefits, to help fund services upon reentry in the community.

New START staff members have a 98% success rate in obtaining these benefits, which is very high, by state standards. Individuals being released receive 30 days worth of the medications that they were being prescribed during incarceration, in an attempt to make sure they have enough medications to get to their first clinic appointment. Again, five clinic appointments per month at MHMRA are set aside for individuals returning to the community from jail or a TDCJ facility, to ensure that follow up is successful. Those released with financial benefits may be referred to private providers of services.

While notification processes are less problematic in return from TDCJ facilities, all of the other continuing issues described above for jail releases apply for these individuals, as well. While parolees are generally initially referred to halfway houses, longer term housing services have been shown to be essential to success upon reentry. Similarly, employment supports, which are in short supply are critical to successful reintegration.

#### **FUTURE STEPS**

- **Establish a coordinated process between MHMRA and jail staff for notification of impending release from Harris County Jail.**
- **Consider expansion of reserved clinic appointments for individuals returning from jail or a TDCJ facility.**
- **Solicit funding for expansion of Assertive Community Treatment teams, housing efforts and employment services.**

#### **JUVENILE DETENTION DIVERSION ACTIVITIES**

Much work has also been done in the Harris County Community to address the growing problem of the involvement of youths with mental illness in the juvenile justice system. The history of collaboration in this area has been greatly successful, and collaborative efforts continue.

Since the mid-1990s, a collaboration between Harris County MHMRA, Harris County Children's Protective Services, and Harris County Juvenile Probation Department, called TRIAD, has coordinated resources to serve at risk youth, including youth at risk of juvenile justice system involvement. The goal of TRIAD is to change children at risk into youth of promise. The TRIAD prevention program offers three levels of services: Court services, Diversion services and Mental Health Services.

## **I. TRIAD**

### *Court Services*

#### ➤ **JP Court Family Service Case Managers**

TRIAD prevention program case managers are located in participating Justice of the Peace courts, performing intensive case management and crisis intervention services for youth and families on the truancy and class c ticket dockets of those courts.

#### ➤ **Truancy Learning Camp**

Families are referred to the Truancy Learning Camp by the Justice of the Peace. The program provides workshops for youth, parents and siblings highlighting issues of parental rights and responsibilities, communication skills, anger management, self-esteem, and substance abuse prevention.

### *Diversion Services*

#### ➤ **Community Youth Development Program**

TRIAD serves as the fiscal agent for the Community Youth Development, or CYD, program. Services are sub-contracted to address the conditions that lead to juvenile crime, e.g. after school programs, mentoring, self-esteem and leadership courses, sports, counseling and support groups.

#### ➤ **Chimney Rock Center**

Child Protective Services and Juvenile Probation staff work side by side, around the clock, at the Chimney Rock Center to provide screening and assessment, crisis intervention services, short term counseling, information and referral and follow up services for youth identified due to Class C misdemeanors, status offenses, or youth who are otherwise at risk. This program will soon become a new Youth Services Center, with expanded services and geographic reach.

#### ➤ **Services to At Risk Youth (STAR)**

The TRIAD Prevention Program provides STAR services as part of the Harris County Collaboration with the DePelchin Children's Center. The

STAR line provides short term, home based therapy services to youth and families.

### *Mental Health Services*

#### ➤ **Choices**

The Choices program of Harris County is a multi-agency program devoted to serving those youth who have just entered the juvenile justice system for the first time, or who are at risk of becoming involved. The primary goal of the program is to prevent any or further involvement with the juvenile justice system, and to minimize, when possible, youth involvement in the mental health system.

#### ➤ **Community Resource Coordination Group (CRCG)**

The Harris County CRCG was established in 1992, and is composed of representatives from public and private agencies, as well as parent representatives. The CRCG team develops coordinated plans of services for children and youth who have complex needs by identifying service gaps and barriers.

#### ➤ **Family Preservation**

MHMRA senior case workers provide short term, intensive, home based counseling and case management services to youth identified with serious mental health issues, and their families. This allows children at risk of residential placement to remain in the home.

Building upon the successes of TRIAD and other examples of community collaboration in Houston, the Mental Health Association of Greater Houston was awarded a three-year planning grant from the JEHT Foundation to develop a new and innovative infrastructure for the delivery of mental health services to youths at risk of juvenile justice system involvement. That grant resulted in the formation of a Juvenile Justice Task Force, which has been meeting monthly since September of 2003 to discuss potential solutions to this growing problem. Members of this task force include MHMRA representatives, judges, representatives from the District Attorney's Office, representatives from Children's Protective Services, the Texas Youth Commission, Harris County Juvenile Probation, law enforcement, HISD and other local school districts, advocates and family members.

This task force began its work with information gathering and the development of a needs assessment. Through a series of small group meetings, the task force was successful in the development of a “system map” of the way Houston youths get to and move through the juvenile justice system. Confidential interviews were also conducted with community leaders and stakeholders about this pressing issue, to identify strengths and challenges to system change.

Through these information gathering efforts, it was noted that, while there is a critical lack of mental health resources in Houston, there are also a number of innovative, “best practice” approaches to this population already taking place, in addition to the activities occurring through TRIAD, listed above.

Throughout the first year of planning, task force members discussed and considered the broad target population included in the term “youths at risk of juvenile justice system involvement,” and the advantages/disadvantages to each subset of the target population. Prevention strategies in pre-school, and early education settings, for example, have been shown to be quite effective. Intervention at the first encounter with law enforcement or the juvenile courts may prevent further penetration into the juvenile justice system. Youths who have already entered the juvenile justice system may not progress further into the juvenile justice and adult criminal justice system, with appropriate, evidence based, intensive interventions.

After careful consideration, task force members concluded that the *long-term vision* of this initiative is to address all of these populations, and incorporate the strategies most appropriate to address each one of them. The Task Force plan is to address these populations in a step-wise fashion, based upon scientific analysis of prioritized needs, and solid outcome evaluations.

Between September of 2003 and April of 2004, significant research was conducted into the ways that other communities are tackling this common problem. Best practice sites identified included Cook County Clinical Evaluation and Services Initiative, Wrap Around Milwaukee, New York State Persons in Need of Supervision Diversion Initiative, Miami Dade Juvenile Assessment Center and sites that are using Multisystemic Therapy. In March of 2004, representatives from the Cook County Clinical Services Initiative (CESI) traveled to Houston to provide an overview of the efforts in this regard taking place in Chicago. CESI is not a diversion program, but an advanced system of targeting clinical

assessments to specific needs, providing juvenile court personnel with solid and relevant clinical information (including information from the community in which the child lives), clinical coordination and referral for appropriate services. Task Force members agreed that elements of all of these initiatives would help guide similar efforts in Houston.

The result of this 20-month research and consensus building process was the development of a new and innovative model to change the system of prevention and intervention efforts for this high risk group. This model proposes the development of an “umbrella” organization with specific focus on the mental health needs of children and youths at risk of juvenile justice system involvement. This umbrella organization will not provide direct services, but will serve as a coordinating body to ensure that existing and expanded services will be used in the most efficient way possible. The functions of this organization will include:

- Refinement of mental health assessment efforts in Harris County to ensure that youths with mental disorders are identified in the most accurate, efficient and cost effective way;
- Development and maintenance of a resource data base that utilizes this strong, evidence based assessment information to document the specific mental health needs of children in Harris County, link those children to services that do exist in the community to meet their needs, and document gaps in specific service needs to inform prioritization of service capacity expansion;
- Develop and monitor strong, evidence based outcome measures for strategies designed to impact the mental health needs of youths at risk of juvenile justice involvement;
- Expansion of existing capacity through resource development, including both financial resources and use of natural supports, such as parents, pro bono clinicians, and the faith based community; and
- Evidence based distribution of resources to service entities in the Houston area, based upon identified gaps in service availability and outcome evaluation data.

There is significant community support for the implementation of this broad, coordinated plan. Positive input has been received from juvenile court judges, the district attorney’s office, defense attorneys, mental health professionals in the private and public sectors, the juvenile probation department, the mental health authority, family members and consumers.

**FUTURE STEPS:**

- **Support efforts of the Mental Health Association of Greater Houston to obtain funding for implementation if this comprehensive plan.**

## **SUMMARY**

Harris County has a wide array of jail diversion strategies, including law enforcement strategies, crisis services, processes for identification of mental illness for those who are incarcerated, jail mental health services provided by the local mental health authority, innovative programs and strategies at the court level, and intensive case management and community reentry strategies. Similar strategies exist for youth at risk of juvenile justice system involvement. Still, much work must still be done.

The Jail Diversion Task Force that participated in the development of this report agrees to continue moving forward with jail diversion activities, including consideration of the expansion of strategies and staff in each of these areas.

**APPENDIX 1:**  
**ROSTER OF JAIL DIVERSION TASK FORCE**

## RSVP List

JAIL DIVERSION TASK FORCE  
DECEMBER 6, 2004

Sir	First Name	Last Name	EMAIL ADDRESS	Agency	Address	City, St	Zip	Phone#
Dr.	Thomas	Brandon	thomas.brandon@mhmraharris.org	MHMRA				
Judge	Caprice	Cosper		Harris County District Court #339th	1201 Franklin	Houston, TX	77002	(713) 755-7784
Mr.	Bobby	Davis	bobby_daivs@itc.co.harris.tx.us	Medical Adminstrator, Jail	1200 Baker Street	Houston, TX	77002	
Ms.	Barbara	Dawson	barbara.dawson@mhmraharris.org	MHMRA - NeuroPsychiatric Center	1502 Taub Loop	Houston, TX	77030	(713) 970-4646
Ms.	Jennifer	DeCubellis	jennifer.decubellis@mhmraharris.org	MHMRA-Authority Services	7011 Southwest Frwy	Houston, TX	77074	
Major	Terry	Enloe	terry_enloe@itc.co.harris.tx.us	Harris County Sheriff Dept.	1200 Baker Street	Houston, TX	77002	(713) 755-6043
Dr.	Avrim	Fishkind	avrim.fsihkind@mhmraharris.org	MHMRA - NeuroPsychiatric Center	1502 Taub Loop	Houston, TX	77030	
Dr.	Sarah	Flick	sarah.flick@mhmraharris.org	MHMRA - MR Services	7011 Southwest Frwy	Houston, TX	77074	
Ms.	Yolande	Goins	yolande.goins@mhmraharris.org	MHMRA - Staff Service Administator		Houston, TX		
Ms.	Ann	Haffner	anne.haffner@mhmraharris.org	MHMRA - ACT Team	3737 Dacoma	Houston, TX	77092	
Dr.	Andy	Harper		Harris County Psychiatric Center	2800 S. MacGregor	Houston, TX	77021	
Captin	John	Hart	JT_Hart@itc.co.harris.tx.us			Houston, TX		
Officer	MaryAnn	Hrncir	maryann.hrncir@cityofhouston.net			Houston, TX		
Mr.	Bob	Jackson	bob.jackson@mhmraharris.org	MHMRA of Harris County	7011 Southwest Frwy	Houston, TX	77074	
Ms.	Helen	Jackson	jackson_helen@dao.co.harris.tx.us					
Ms.	MonaLisa	Jiles	mona.jiles@mhmraharris.org	MHMRA-Adult Forensic Services	1200 Baker Street	Houston, TX	77002	
Mr.	Al	Johnson	al_johnson@itc.co.harris.tx					
Judge	Steven	Kirkland	steven.kirkland@cityofhouston.net	HC Municipal Courts #8	1440 Lubbock, Rm 214	Houston, TX	77002	(713) 247-5760
Judge	Jan	Krocker	jan_krocker@justex.net	Harris County District Court #184th		Houston, TX		(713) 755-6358
Ms.	Nicole	Lievsay	nicole_lievsay@hctx.net	County Judge's Office	1001 Preston Suite 911	Houston, TX	77002	
Mr.	Tom	Mitchell	thomas.mitchell@mhmraharris.org	MCOT	2627 Caroline St	Houston, TX	77004	
Dr.	Lois	Moore	lois.j.moore@uth.tmc.edu	Harris County Psychiatric Center	2800 S. MacGregor	Houston, TX	77021	
Dr.	Sylvia	Muzquiz		MHMRA - MR Services	7011 Southwest Frwy	Houston, TX	77074	
Ms.	Carol	Oeller	carol_oeller@justex.net	HC PreTrial Services	1201 Franklin, 12th Flr	Houston, TX	77002	
Ms.	Ethel	Perry	ethel.perry@mhmraharris.org	MHMRA-Newstart	7200 North Loop East	Houston, TX	77029	
Ms.	Belinda	Price	belinda_price@hctx.net	H.C. Commissioner's Court		Houston, TX		
Mr.	Dan	Rizzo	rizzo_dan@dao.co.harris.tx.us	Felony Division D Chief, Harris County D.A.	1201 Franklin, Ste 600	Houston, TX	77002	
Ms.	Roseanna	Ruiz		The Re-Enty Program Office of the Mayor	900 Bagby, 2nd Floor	Houston, TX	77002	
Mr.	Walter	Rowe	wrowe@advocacyinc.org	Advocacy, Inc.	7457 Harwin, Ste 100	Houston, TX	77036	
Dr.	Steven B.	Schnee	steven.schnee@mhmraharris.org	MHMRA of Harris County	7011 Southwest Frwy	Houston, TX	77074	
Ms.	Betsy	Schwartz	bschwartz@mhahouston.org	Mental Health Association	2211 Norfolk, Suite 810	Houston, TX	77098	(713) 523-8963
Mr.	Michael	Seale	michael.m.seale@uth.tmc.edu	Medical Director	1200 Baker Street	Houston, TX	77002	
	Deborah	Selden	deborah_selden@justex.net	Harris County Distrtict Court #180 (Hon. Stricklin)				
Mr.	Marshall	Shelsy	marshall_shelsy@ccl.co.harris.tx.us	Harris County Criminal Courts at Law	1201 Franklin, 7th Floor	Houston, TX	77002	
Ms.	Patricia	Sibley	pat.sbiley@mhmraharris.org	MHMRA of Harris County	7011 Southwest Frwy	Houston, TX	77074	
Ms.	Tracy Friedman	Stein	tracyfs@swbell.net		6440 Wakeforst	Houston, TX	77005	
Major	Kim	Stelter	KS_stelter@itc.co.harris.tx.us	Harris County Sheriff Dept.	1200 Baker Street	Houston, TX	77002	
Judge	Debbie M.	Stricklin		Harris County District Court #180	1201 Franklin	Houston, TX	77002	(713) 755-6344
Captin	G.	Summerlin	gregory_s@itc.co.harris.tx.us	Harris County Sheriff Dept.	1200 Baker Street	Houston, TX	77002	
Mr.	David	Truran		Advocacy, Inc.	7457 Harwin, Ste 100	Houston, TX	77036	
Ms.	Kim	Valentine		HC CSCD	49 San Jacinto	Houston, TX	77002	(713) 755-2706
Officer	Frank	Webb	frank.webb@cityofhouston.net	Houston Police Department	1200 Travis Street	Houston, TX	77002	
Mr.	Bob	Wessels	bob_wessels@ccl.co.harris.tx.us	HC Court Administration	1201 Franklin	Houston, TX	77002	

JAIL DIVERSION TASK FORCE  
DECEMBER 6, 2004

Sign-In Sheet

Sir	First Name	Last Name	Initial	EMAIL ADDRESS
Judge	Caprice	Casper	X	
Mr.	Bobby	Davis ✓	BD	Bobby-Davis@itc.harris.co.tx.us
Ms.	Barbara	Dawson ✓	BD	
Ms.	Jennifer	DeCubellis ✓	BD	
Major	Terry	Enloe		
Dr.	Avrim	Fishkind, Medical Director ✓	AF	
Dr.	Sarah	Flick, Medical Director ✓	SF	Sarah.flick@mhmra Harris.org
Mr.	Jeffrey	Fonteno	X	
Ms.	Ann	Haffner ✓	AH	Anne Haffner@MHMRA-HARRIS-TX.ORG
Dr.	Tom	Hamilton	X	
Dr.	Andy	Harper		
Mr. Capt.	John	Hart ✓	JH	JT-HART@ITC.CO.HARRIS.TX.US
Mr.	Bob	Jackson		
Ms.	Helen	Jackson ✓	HJ	Helen.Hels@DAO.CO.HARRIS.TX.US
Ms.	MonaLisa	Jiles ✓	m.jg	
Judge	Steven	Kirkland ?	SK	
Judge	Jan	Krocker	NO	
Ms.	Nicole	Lievsay	NO	
Mr.	Tom	Mitchell ✓	TM	
Dr.	Lois (Delia)	Moore #7/741-7823	NO	lois.j.moore@uth.tmc.edu
Ms.	Carol	Oeller ✓	CO	carol_oeller@justex.net
Ms.	Ethel	Perry ✓	EP	ethel.Perry@mhmra Harris tx.org
Mr.	Wilbert	Riley	NO	
Mr.	Walter	Rowe ✓	WR	
Ms.	Roseanna	Ruiz, Program Director		
Mr.	Dan	<del>Rizzo</del> Rizzo ✓		D. Rizzo@DAO.CO.HARRIS.TX.US
Ms.	Betsy	Schwartz, Executive Director		
Mr.	Michael	Seale ✓	MS	Michael.M.Seale@uth.tmc.edu
Ms.	Debra Deborah	Selden Selden ✓	DS	deborah_selden@justex.net
Mr.	Marshall	Shelsy ✓	MS	marshall-shelsy@cccl.co.harris.tx.us
Ms.	Tracy Friedman	Stein ✓	TF	tracyfs@subell.net
Major	Kim	Stelter		
Judge	Debbie	Strickland ✓	DS	
<del>Major</del> Captain		Sumerlin	X	
Mr.	Jack	Thompson	X	
Mr.	David	Truran	X	
Ms.	Kim	Valentine	X	
Officer	Frank	Webb ✓	FW	frank.webb@cityofhouston.net
Mr.	Bob	Wessels ✓ 281-830-8450	BW	bob.wessels@cccl.co.harris.tx.us
Dr.	Tom Brandon	Brandon ✓	TB	Thomas.Brandon@mhmra Harris Tx.org
Officer	Mary Ann	HENCIR ✓		MARY ANN HENCIR @ City of Houston. NET
	Roxie Childs			
	Yolande Gow's			
	Patricia Sibley		PS	pat.sibley@mhmra Harris.ORG
	Don Rizzo HCDA			

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Thomas.Brandon@mhmra Harris Tx.org

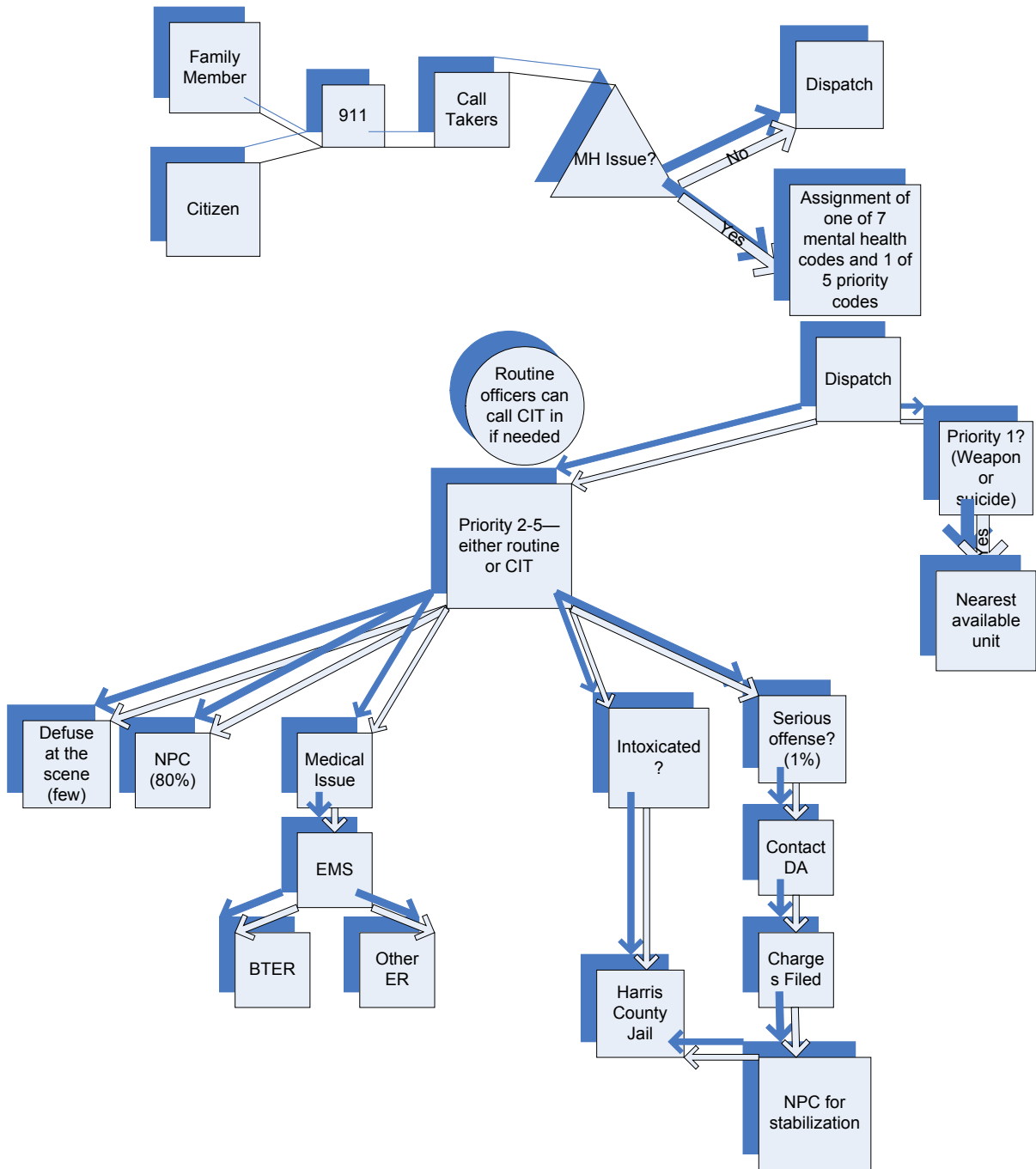
MARY ANN HENCIR @ City of Houston. NET

pat.sibley@mhmra Harris.ORG



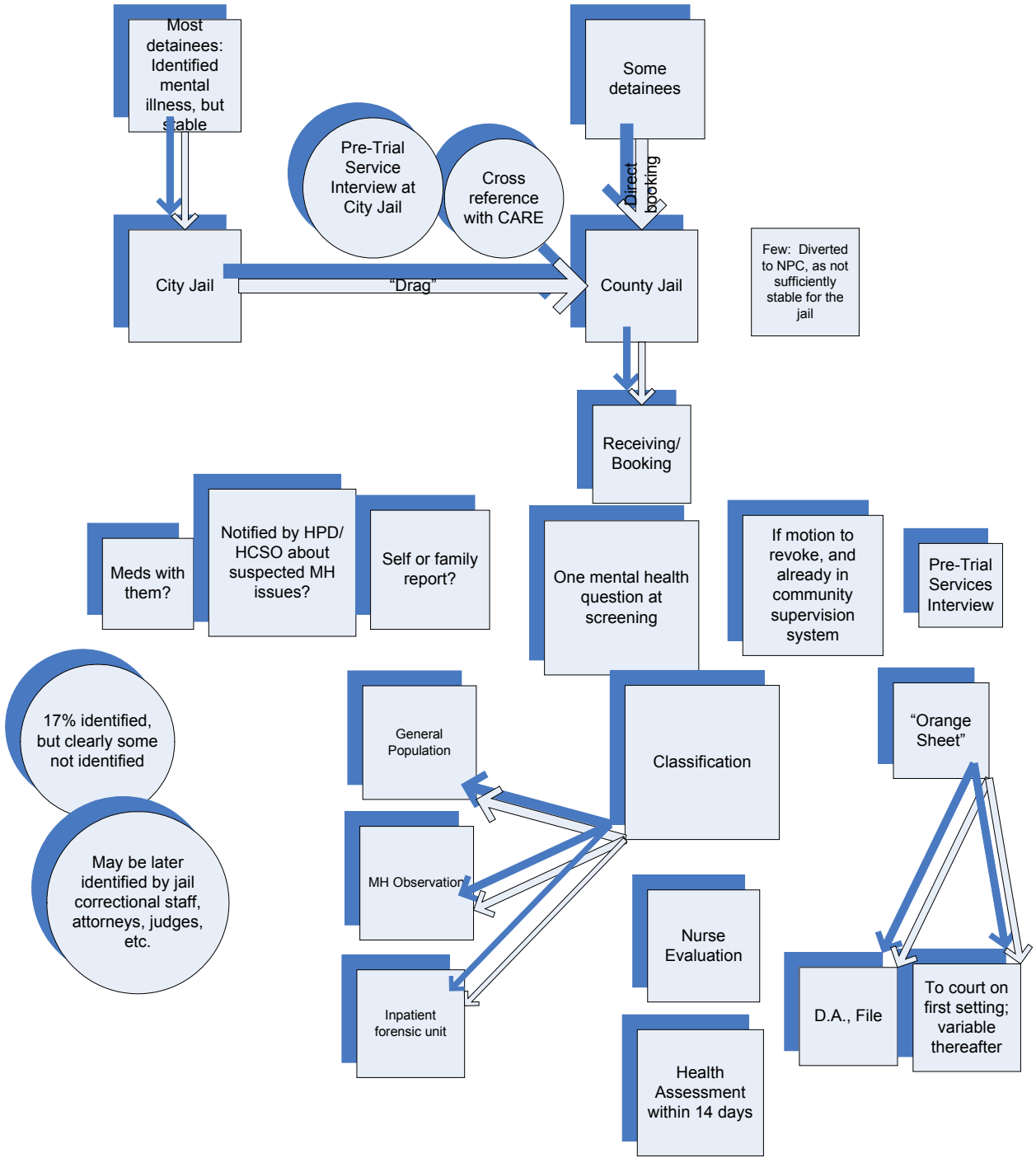
**APPENDIX 2:  
LAW ENFORCEMENT**

HARRIS COUNTY JAIL DIVERSION STRATEGIES  
HOUSTON POLICE DEPARTMENT



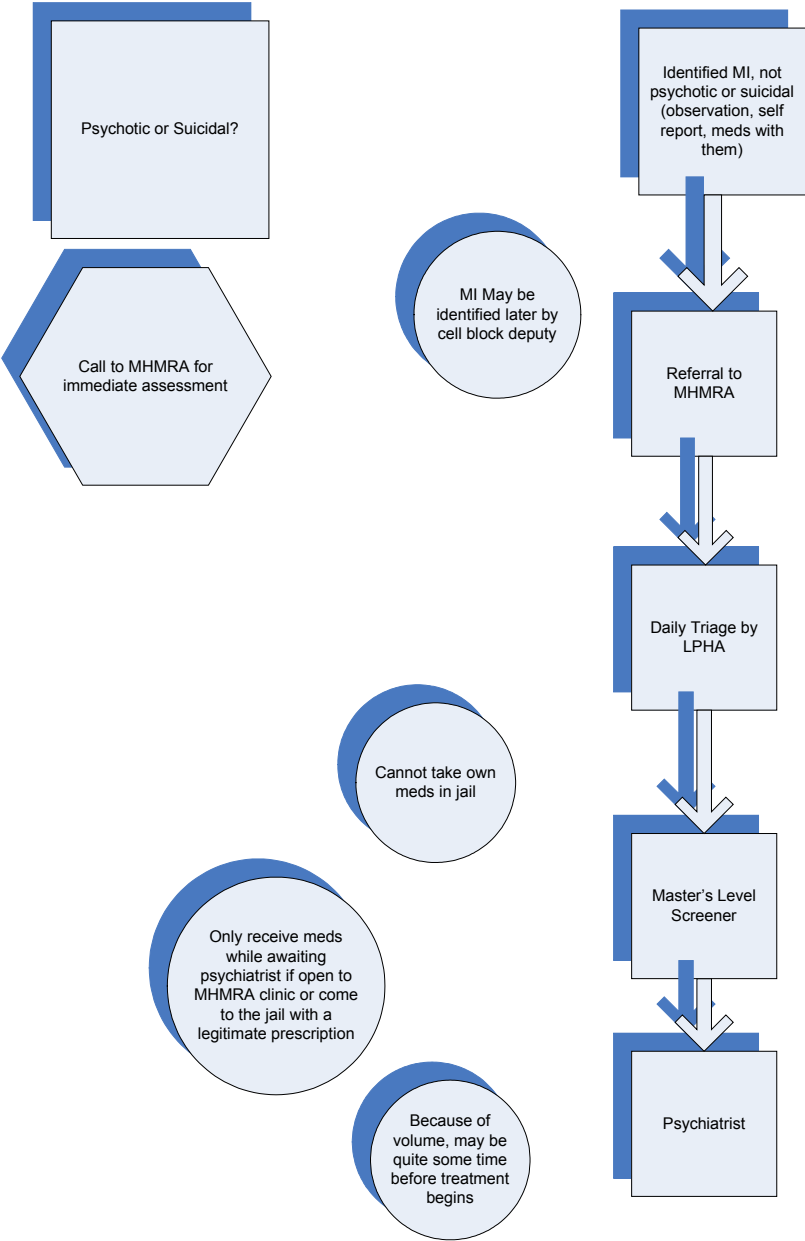
**APPENDIX 3:  
IDENTIFICATION OF MENTAL HEALTH  
ISSUES IN THE JAIL SYSTEMS**

HARRIS COUNTY JAIL DIVERSION STRATEGIES  
HARRIS COUNTY JAIL SYSTEMS:  
IDENTIFICATION OF MENTAL ILLNESS  
CHART 2



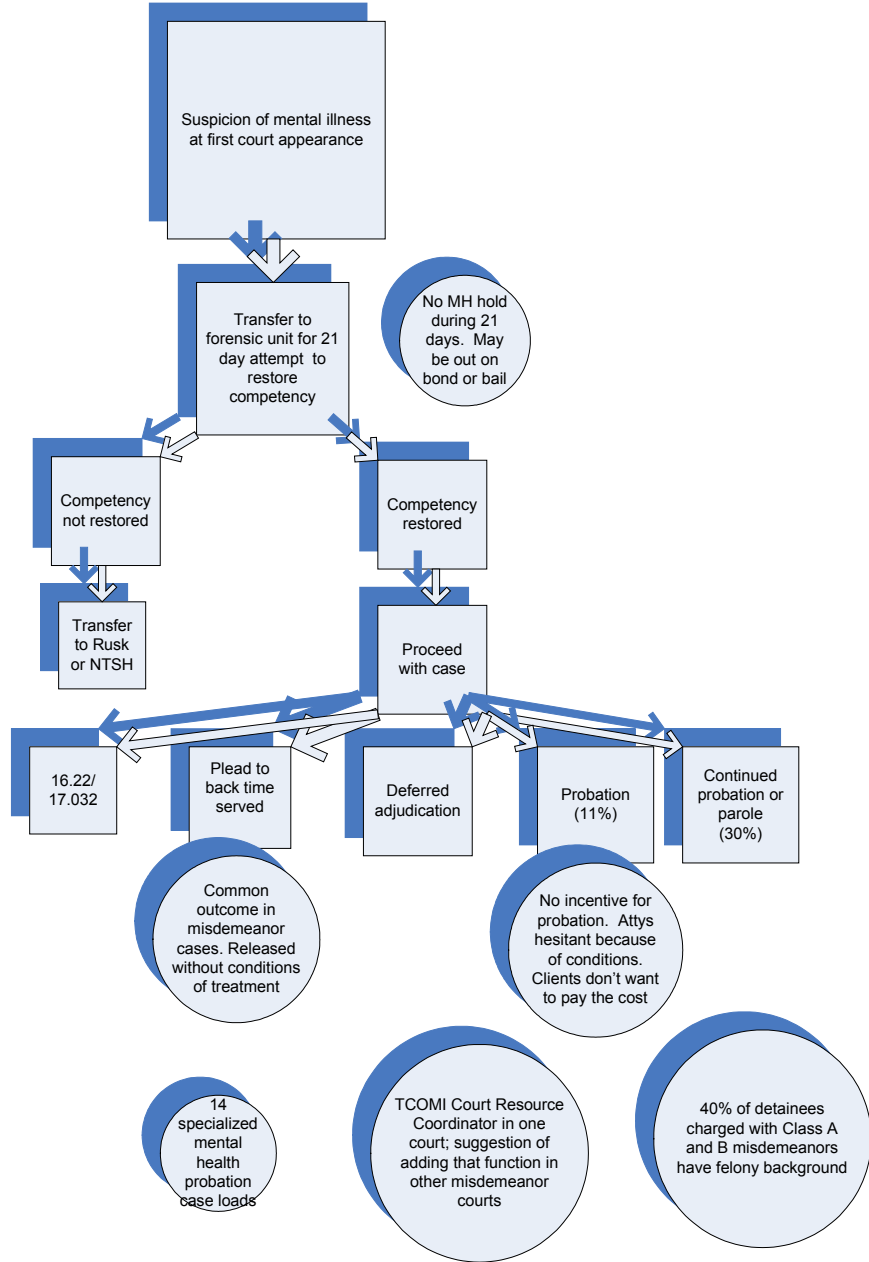
**APPENDIX 4:**  
**JAIL MENTAL HEALTH SERVICES**

HARRIS COUNTY JAIL DIVERSION STRATEGIES  
JAIL MENTAL HEALTH SERVICES  
CHART 3

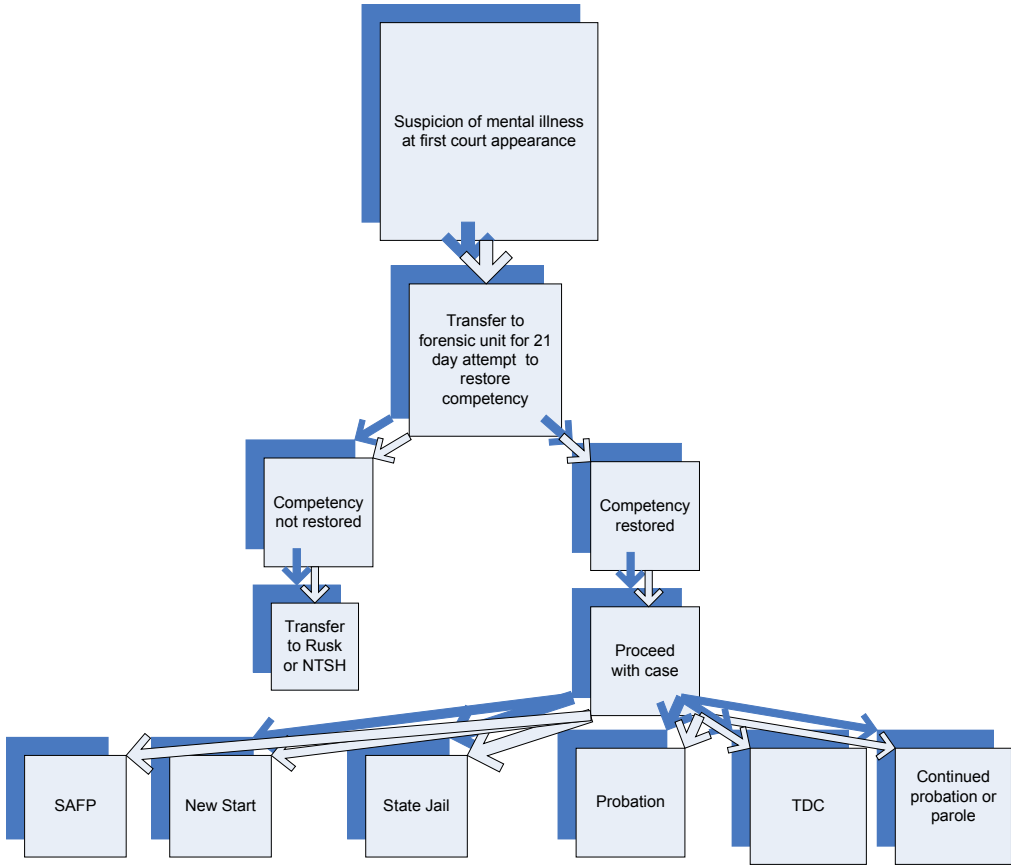


**APPENDIX 5:**  
**MISDEMEANOR AND FELONY COURTS**

HARRIS COUNTY JAIL DIVERSION STRATEGIES  
MISDEMEANOR COURTS  
CHART 4



HARRIS COUNTY JAIL DIVERSION STRATEGIES  
 FELONY COURTS  
 CHART 5



14 specialized mental health probation case loads

TCOMI Court Resource Coordinator in all courts. One coordinator for 4.5 courts. 100% TCOMI funded