The Texas Senate
Committee on Criminal Justice

November 1, 2000

The Honorable Rick Perry
Lieutenant Governor of the State of Texas
Post Office Box 12068
Austin, Texas 78711

Dear Governor Perry:

The Senate Committee on Criminal Justice is pleased to submit its final report on Interim Charge Two. The mandate of Charge Two has prompted the Committee to:

Review information-sharing between law enforcement agencies, mental health professionals, and mental health agencies about individuals, both adults and juveniles, who are identified or considered a risk to the public's safety and whether additional cooperative efforts are needed. The Committee also shall recommend how best to conduct a comprehensive review of the relationship between mental health and the criminal justice system to assure that the criminal justice system does not become the alternative placement for such individuals.

In compliance with your request, a copy of this report will be circulated to all Senators and other interested parties.

Respectfully submitted,

Senator Ken Armbrister Chairman

Senator Robert Duncan
Vice Chairman

Senator Florence Shapiro

Senator Mike Jackson

Senator Royce West

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BACKGROUND

The Texas Senate Committee on Criminal Justice held an interim hearing on February 15, 2000, to take testimony from representatives of law enforcement and mental health agencies. The Committee was presented with overviews of several county jail programs aimed at identifying and diverting mentally ill offenders involved in the criminal justice system.

Incarceration rate projections for Texas show signs of capacity fluctuations in the coming months and years. With the increased attention focused primarily on capacity issues, the criminal justice system must address the entire correction population to see where changes in handling certain populations may impact capacity. The population of mentally ill offenders in the criminal justice system has increased in recent years.

The growing number of persons incarcerated in the United States has put the criminal justice system under the spotlight. Analysis of offender population has uncovered what has long been suspected by both criminal justice and mental health professionals as a disproportionate representation of mentally ill offenders. Numerous jail and prison population reports have put the number of mentally ill offenders between eight and sixteen percent of the total incarcerated population.

A lack of identification, diversion, and community resources for those with mental illness has made jails and prisons an alternative placement center for the mentally ill. Mentally

ill offenders typically commit misdemeanor offenses and do not pose a serious threat to public safety and could be better served outside the criminal justice system. With the current shortage of jail beds available to house violent inmates, diversion of the mentally ill is becoming a priority. Better coordination between law enforcement, mental health professionals, and the community is needed. This report will identify at what is being done to address these problems and highlight models for creating effective jail programs.

MENTALLY ILL IN THE CRIMINAL JUSTICE SYSTEM

The idea that jails are not the place for people with mental illnesses is not new. As early as 1843, Samuel Girdley Howe, abolitionist and social reformer, observed: *"The jailers and keepers of houses of correction, may be men of humanity; but they do not know how to treat insanity any more than they know how to treat scarlet fever; nor have they the means to do so."* At midyear 1998, an estimated 283,800 mentally ill offenders were incarcerated in the nation's prisons and jails. In a recent survey completed by the U.S. Bureau of Justice Statistics, 16% of those held in local jails reported either a prior mental condition or previous overnight stay in a mental hospital.

People come into contact with the criminal justice system for many reasons, yet only a portion of them have acute mental disorders. However, this group demands a disproportionate amount of attention, both because of their special needs and because of the problems they pose for personnel and administration of the criminal justice system.

One of the most prevalent myths about persons with mental disorders is that they are prone to violence. Though some studies have suggested that offenders with mental illnesses were more likely to have committed a violent offense, most are not violent and commit less serious crimes such as disturbing the peace, vagrancy, and trespassing. Persons with mental illnesses are more likely to be held without criminal charges and are more likely to be charged with minor crimes. For this reason, jails are increasingly

utilized as alternatives to community-based mental health services.

Because jails have a constitutional duty to provide mental health treatment to individuals who require it, and a responsibility to provide a safe and secure environment for both staff and inmates, it is in their best interest to stabilize persons who have mental illnesses. Jail mental health services can be most effective when:

- Law enforcement and mental health professionals are encouraged to spend a specific amount of time with on-site training in jails.
- The essential mental health services of screening, evaluation, crisis intervention, and discharge planning are available to persons who are appropriate for diversion.
- The jail, as a community-based facility, functions as an integral part of the social and health service system.
- Diversion programs are developed to avoid inappropriate detention of persons with mental illnesses.

IDENTIFYING AND SCREENING MENTALLY ILL OFFENDERS

Texas has been at the forefront in creating policies to deal with mentally ill offenders. According to a 1995 survey conducted by the American Probation and Parole Association (APPA), Texas is the only state in the country that has an agency created for the purpose of coordinating issues involving special needs offenders. That agency, the Texas Council on Offenders with Mental Impairments (TCOMI), is also responsible for the monitoring and implementation of the continuity of care system, found in Chapter 614.013-016, Health and safety Code. The continuity of care system, or Memorandums of understanding (MOUs) are statutorily required to:

- Identifying persons with mental illness or mental retardation involved in the criminal justice system.
- Developing interagency rules, policies and procedures for the coordination of the care of and exchange of information on persons with mental illness or mental retardation by local and state law enforcement, jail and criminal justice agencies, and mental health agencies.
- Identifying services needed by persons with mental illness or mental retardation to reintegrate into the community successfully.

As a result of TCOMI's efforts, significant changes have occurred in statutory, procedural, and regulatory practices that have collectively improved the continuity of care system. Most notable are changes in information sharing, law enforcement standards for mental health training, and jail screening regulations.

Information Sharing

One of the issues that has plagued the criminal justice system at the county jail level is information sharing between law enforcement and the mental health community. With restrictions on access to mental health records, law enforcement found itself at a disadvantage when dealing with an offender suspected of having a mental illness. The exchange of information statue which was intended to protect mental health records was serving to hamstring law enforcement in their ability to assist offenders with mental illnesses.

The sharing of information by mental health and criminal justice agencies was addressed by the 76th legislature. Prior to the 76th legislature, Texas law permitted

state agencies authorized to provide continuity of care for a special needs offender to receive and distribute information relating to a special needs offender. This shared information allowed these agencies to provide continuous care to offenders with mental or physical impairments.

HB 3256, passed by the 76th Legislature, amended Section 614.017, Health and Safety Code, to authorize certain agencies, including criminal justice, human services, and educational agencies to receive and disclose information regarding special needs offenders. The bill also changed the definition of "special needs offender" to include, an individual for whom criminal charges are pending or who after conviction or adjudication is in custody or under any form of criminal justice supervision. The changes in statute allow law enforcement officials access to mental health history on any arrestee. Access to this kind of information gives law enforcement officials another tool to help identify offenders with mental illness.

LAW ENFORCEMENT MENTAL HEALTH TRAINING

Early identification of offenders with mental illnesses has been aided by broadening the sharing of information statutes. However, this information alone will not equip law enforcement with the tools needed to identify a mentally ill offender. The Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) has been working to improve early identification of mentally ill offenders through mental health training since the early 1990s. In 1995, TCLEOSE worked to support legislation

that created a Mental Health Officer Certification Program. This requires an additional 40-hours beyond the training cited below:

- 6.5 hours of pre-service training on dealing with persons with mental illnesses and other disabilities.
- 2.0 hours of in-service training on mental health for continuing peace officer certification, required every two years.

To date, more than 2,500 peace officers have completed the specialized mental health officer training program. TCLEOSE has also developed a long distance education program for peace officers who wish to complete the specialized mental health deputy program, but are unable to attend a training academy class due to proximity or travel difficulties.

As a result of these efforts, trained peace officers are more prepared to identify and appropriately respond to situations involving offenders with mental illnesses or other special needs. Trained peace officers are also more likely to identify suspects with mental illnesses who could be diverted to more appropriate treatment alternatives.

JAIL INTAKE SCREENING

While well trained peace officers are important, it is equally important to have a system of screening at the local jail level. Since law enforcement is only involved with a suspect for a short period of time, and circumstances may prohibit or hide the identification of a mental illness, jail staff must have tools to help assess the arrestee.

Prior to 1997, the only standard required by the Texas Commission on Jail Standards (TCJS) for screening in county jails was suicide screening. This screening proved to be fairly effective, and resulted in Texas having one of the lowest jail suicide rates in the country. As part of an ongoing process, the TCJS formed a task force to develop a screening instrument for mental health and mental retardation. The task force was comprised of jail staff, psychiatrists, psychologists, and advocacy groups for the mentally ill and mentally retarded. This group spent over a year developing a screening instrument that was easy to administer and determine if additional assessment was needed. In 1998, the revised screening instrument was adopted by the TCJS. **(Appendix A)**

Increased focus has been placed on coordinating the activities of state agencies and agencies with state oversight. At all levels of the criminal justice system a lack of coordination has resulted in duplication of effort and in some cases misinformed decisions.

MEMORANDUM OF UNDERSTANDING

In 1993 the Legislature established a Continuity of Care System for offenders with mental illnesses. At the time Texas was the only state in the country to have a statutory provision for a continuity of care system for offenders with mental illnesses and other special needs. The provisions found in Chapter 614.013, Health and Safety Code, stipulate that the state and local criminal justice, mental health, and other health and

human service agencies, as well as regulatory agencies for law enforcement and local jails develop interagency agreements establishing each agency's role and responsibilities in the continuum of care.

Section 614.016, Continuity of Care for Certain Offenders by Law Enforcement and Jails, speaks directly to the issue of providing services through local coordination. The statute requires the TCJS and TCLEOSE to institute a continuity of care service program for offenders with mental impairments. While not specifically enumerated in the statute, coordination with local mental health entities that provide a continuum of care are implemented through local mental health and mental retardation facilities as provided for in Section 614.013 of the Health and Safety Code.

While the requirements for MOUs have formally been put into place, little has been done to ensure that they are being implemented across the state. Recommendations have been made to include reporting requirements and tie continued funding to implementation of an MOU.

CONTRACTING WITH COMMUNITY MENTAL HEALTH

The Texas Department of Mental Health and Mental Retardation (TDMHMR) ensures the provisions of services through performance contracts with local mental health and mental retardation authorities. The board of TDMHMR designates entities as local mental health and mental retardation service providers within a given area of the state.

The board may also delegate its authority for planning, policy development, coordination, resource development and allocation to local authorities.

Community mental health and mental retardation centers (CMHMRC) are units of local government whose establishment is authorized in Subchapter A, Chapter 534 of the Health and Safety Code. CMHMRCs are constituted and operated by a county, municipality, hospital district, school district, or any organizational combination of the two or more of those local agencies in accordance with a center plan approved by the TDMHMR Board, as laid out in Section 534.001, Health and Safety Code.

Historically, CMHMRCs have been given preference as designated local authorities and performance contracts have focused primarily on effective provision of services. An emerging model focuses on the local authority as an organizational unit for administering the delivery of community-based services through which the policies of the state authority can be enforced effectively at the local level. Currently, the contractual relationship between the department and each local authority provides the mechanism for disbursement of department funds and defines expectations for outcomes by setting targets, requiring adherence to "best practice" models, and establishing non-compliance sanctions and procedures for recoupment of unexpended funds.

TEXAS PUBLIC MENTAL HEALTH SYSTEM AND ITS RELATIONSHIP TO CRIMINAL JUSTICE

The Criminal Justice Policy Council recently released a report entitled *The Public Mental Health System in Texas and its Relationship to Criminal Justice.* The report focused on identifying how the operations of the mental health system impacts the criminal justice system. The report outlines the funding structure of the Texas Department of Mental Health and Mental Retardation and how it functions in the communities.

The Texas Department of Mental Health and Mental Retardation (TDMHMR) provides funding to its facilities for the care and treatment of individuals diagnosed as severely mentally ill or mentally retarded. Texas funds community services through its Local Mental Health Authorities (LMHAs).

There are 40 LMHAs, and TDMHMR provides 70% of the funding for them. The rest of the funding is provided by statute sought at the local level. Funding for the LMHAs are based on service area population and limited resources for inpatient services. LMHAs provide multiple outpatient services for severely mentally ill individuals. Access to public mental health money is limited to a designated "priority population" identified by TDMHMR. Those that need services but fall outside the priority population designation may be served by local MHMR authorities with grant funds or funds from outside the agency.

TDMHMR estimates that the annual prevalence of mental illness among the adult population in Texas is approximately 20% or 2.8 million people. Of that number, only 403,393 meet the priority population threshold for services. Many of the people in the priority population experience barriers to receiving and completing treatment. For this reason Texas continues to explore ways to broaden the availability of treatment for this segment of the criminal justice system.

SURVEY

The Committee sent out a survey to identify counties that had implemented identification and diversion policies for dealing with mentally ill offenders in county jails. **(Appendix B)** A survey was mailed to sheriffs in counties with jail capacity between 250 and 1000+ beds. There are thirty-nine Texas county jails that meet this population threshold, out of a statewide total of two-hundred-thirty-seven. The majority of county jails in Texas have less than one-hundred beds and account for a small percentage of total statewide capacity and bookings. The survey sample of the thirty-nine largest jails, represents 81% of statewide capacity, and 72% of total statewide bookings.

Survey Development

The survey instrument was drafted with the assistance of Dee Kifowit, Executive Director, Texas Council on Offenders with Mental Impairments; Debbie Fillmore, Deputy Director, Texas Commission on Jail Standards; and Joel Heikes, of the Criminal Justice Policy Council. These individuals also aided in the pretesting of the questionnaire and

analysis of the results. The survey results help measure how many of the identified categories particular jails employ in their operations. Jails that have more of the ideal categories should have a higher percentage of identified and diverted mentally ill offenders.

Survey Results

Of the thirty-nine surveys mailed to sheriffs in the largest counties in Texas, twenty-seven were completed and returned providing for a response rate of sixty-nine percent (69%). Statistical response rates of fifty percent (50%) adequate and sixty percent (60%) good, making this analysis fairly significant from a statistical standpoint.

The findings of the survey conducted for this report are detailed below. The survey of the thirty-nine largest county jails in the state of Texas was drafted using the four main categories identified throughout the interim research (Law enforcement training, jail screening, coordination through MOU's, and access to community programs). Each of the four categories was included in the survey to measure its importance in the structure of a successful mentally ill offender jail policy.

The following tables will summarize the responses of those who answered and returned the survey. The tables will also analyze the significance of responses to policies for each of the categories. In the survey each category contained several questions to help address how particular jail policies were addressed.

Law Enforcement Mental Health Training

The survey included three questions which sought to determine how many jails employed policies for deputy mental health training. If jails did provide deputy mental health training they were asked to describe their policy. Finally, those who indicated they did not employ training were asked if particular barriers kept them from doing so.

Table 5.1 examined responses to the question of whether deputies were required to have specific mental health training. Of the twenty-seven responses 70% reported having some requirements for deputy mental health training. 30% reported having no requirement for this type of training.

Table 5.1
Deputy Mental Health Training

Deputy mental health training	Yes	No
Are your deputies required to have specific mental health training?	19 (70%)	8 (30%)

The relatively high percentage of jails that require some level of mental health training is very encouraging. However, the statutory language that addresses certification of officers for mental health assignments is permissive. Section 1701.404 of the Occupational Code states that TCLEOSE "may" establish minimum requirements for training, testing, and certification of officers for dealing with offenders with mental impairments. Since the training is not statutorily required, the high level of implementation illustrates the importance law enforcement places on this function.

Results of the survey question requesting respondents to attach a summary of their training policies were not statistically significant and thus not put into a table. As previously mentioned, state deputy mental health training and certification is provided through TCLEOSE, which developed the curriculum in coordination with TDMHMR, TCJS, and TCOMI.

Table 5.2 addressed the issue of barriers to providing deputy mental health training. The survey asked the respondents to identify whether barriers to providing training were related to funding, personnel or other constraints. It is interesting to note that of the eight respondents that indicated not requiring special training, not all gave a reason, while several of those that did, cited barriers (presumable to enhancing training).

Table 5.2
Barriers to Training

Barriers to training	Funding constraints	Personnel constraints	Other
Do you face barriers to providing mental health training?	5 (36%)	5 (36%)	4 (29%)

***Other equaled "both", and one instance of "time" and "curriculum" constraints**

Jail Intake Screening

The survey questionnaire contained four specific items related to jail intake screening. The first question simply asked if jail intake screening was performed, with a follow-up item asking who performed the screening. The last two items related to the screening process focusing on professional staff on-site and those responsible for follow-up

assessments for individuals initially screened for a mental illness.

Table 5.3, while not demonstrative from a statistical standpoint, illustrates the impact a mandatory statute and certification requirements have on policy implementation. Article 16.22, Code of Criminal Procedure, speaks to providing evaluations of defendants suspected of having a mental illness. The statute states that not later than 72 hours after receiving evidence that a defendant committed to the sheriff's custody has a mental illness..., the sheriff shall notify a magistrate of that fact.

In addition to statutory requirements, TCJS, which certifies county jails, requires a Mental Disability/ Suicide Prevention Plan. This plan requires the sheriff/jail to develop and implement a mental disability/suicide prevention plan, in coordination with available medical and mental health officials, approved by the Commission. For the stated reasons and legal liability concerns, all respondents indicated some level of jail intake screening.

Table 5.3
Conducting Jail Intake Screening

Conducting intake screening	Yes	No
Do you conduct jail intake screening?	27 (100%)	

Table 5.4 identified personnel responsible for the initial screening done at intake. The survey item asked, who performs offender intake screenings. Since some of the jails used multiple staff to perform screening, raw numbers were used in the evaluation. The high frequencies with which the jailer performed the screening indicates the desire to maintain responsibility within immediate jail personnel.

Table 5.4
Performing Offender Intake Screening

Performing Intake Screening	Jailer	Deputy	Other
Who performs offender intake screening?	21	5	7

***Other included Nurse, Social Workers, Booking Personnel, and Medical Personnel**

Table 5.5 evaluated the presence of on-site mental health professionals. The survey asked if the respondents had mental health professionals on-site. Forty-one percent of the respondents indicated having on-site mental health professionals, while 60% reported having such personnel. The results of surveys returned show that the majority of jails with on-site mental health professionals were from larger metropolitan areas with access to a variety of resources. The numbers indicate a need to further study the issue of providing regional assistance to counties outside large metropolitan areas.

Table 5.5
On-site Mental Health Professional

On-site Mental Health Professional	Yes	No
Do you have a mental health professional on-site?	11 (41%)	16 (60%)

Table 5.6 identified personnel responsible for follow-up assessment for those screened positive at intake. The survey question asked the respondents to identify personnel responsible for conducting follow-up mental illness assessments. Since some jails had multiple assessors, raw numbers were used in evaluating the screening. As indicated by table 5.5, a majority of the jails reported not having on-site mental health professionals, so it must be assumed that the follow-up screenings are done on a roving or contractual basis.

Table 5.6
Follow-up Assessments for those Screened Positive

Follow-up assessment	Psychi	Psychol	Nurse	MD	SW	Other
Screened by?	11	8	9	8	6	2

***Psychi= Psychiatrist Psychol= Psychologist Nurses= Nurse SW= Social Worker**
MD= Medical Doctor Others= counselor and MHMR representative

Memorandum of Understanding

The survey included three items regarding cooperative Memorandums of Understanding (MOU) between jails and the mental health community. The survey asked if respondents had a written MOU, on-site access to treatment for the mentally ill, or diversion programs such as pre-trial or community treatment. The advantages of multi-agency cooperation between law enforcement and the mental health community have been reinforced throughout this study. As with requirements for jail intake screening, MOUs are required by statute. Section 614.016, Health and Safety Code requires adoption of a MOU that established respective responsibilities between law enforcement and mental health to institute a continuity of care and service program for

offender in the criminal justice system that are mentally impaired.

Table 5.7 evaluates all three questions in one table. The negative responses to whether there was a written MOU with other agencies were surprisingly high. With such a detailed statutory requirements the frequency of respondents having MOUs should have been much higher than 37%.

The second and third items in table 5.7 asked about on-site access to mental health treatment or services, and diversion programs. The high affirmative response rates for both of these questions, as compared to the low incidences of formal MOUs, indicate that a number of respondents must have some level of informal cooperation with the mental health community.

Table 5.7
Memorandum of Understanding

Written Memorandum of Understanding (MOU)	Yes	No
Do you have an MOU with other agencies?	10 (37%)	17 (63%)
Do you have on-site access to mental health treatment or services?	19 (70%)	8 (30%)
Do you divert mentally ill offender to community programs?	21 (78%)	6 (22%)

Community Mental Health Contracting

The survey contained two items specifically dealing with community mental health contracting. Survey results noted contracts with both public and private mental health providers. Table 5.8 shows results for community mental health contracting and MOUs were similar. A higher percentage of affirmative responses were reported when a formal contract was not required. 74% of the respondents indicated that community programs accepted individuals diagnosed with a mental illness, while only 41% acknowledged any formal contract for services. With the statutory requirements for MOUs, and the apparent informal coordination existing between law enforcement and the mental health community, similar trends were not surprising.

Table 5.8
Community Mental Health Contracting

Community Mental Health Contracting	Yes	No
Do community programs accept individuals diagnosed as mentally ill individuals?	20 (74%)	7 (26%)
Do you contract for mental health services?	11 (41%)	16 (59%)

BEST PRACTICES

While researching county jail policies regarding mentally ill offenders, three programs identified as best practices by experts in the field of law enforcement and mental health continually surfaced. The three counties were Lubbock, Galveston and Harris. Each of these counties, relied on strong leadership and a desire to make use of available resources to create structured model programs.

These jails set standards for what are considered to be "Best Practices" for addressing inmates with mental impairments in jails. Those practices included the following:

- Specialized mental health deputies were employed to handle crisis calls involving persons with mental illnesses. These deputies play a pivotal role in diverting persons with mental illnesses from jail to more appropriate treatment alternatives.

- Written agreements or MOUs were developed that outlined the local jails, criminal justice, and mental health agencies' role and responsibilities for offenders with mental illnesses. These agreements included guidelines for communication, identifying designated contract staff to respond to issues, and created mechanisms for transitioning inmates from jail to the community.

- Regular meetings were held between jail and mental health agencies to discuss issues and concerns. These meetings allowed for ongoing communications between local entities on a pro-active rather than reactive basis.

Lubbock County

The Lubbock County jail, like other jails across the state, was incarcerating a disproportionate number of persons with mental illnesses. Many of these offenders could have been treated more appropriately by the local mental health and mental retardation center, but there were no formal procedures to determine who was responsible for the treatment. Representatives from the local jail, MHMR and the jails medical contract agency, jointly developed a written MOU to define each entity's role and responsibility in the identification, transport and treatment of defendants with mental illnesses. This collaboration also involved the prosecutors office in order to ensure cooperation at the court level.

While the process took considerable time and effort, the result is a written document that clearly and succinctly defines responsibility of each party. More importantly, the MOU is routinely monitored by the participating agencies to address gaps or problems which need to be modified or corrected. **(Appendix C)**

Harris County

Harris County also represents one of the model programs in the country in the identification, in-jail treatment, pre and post-release planning and aftercare treatment for offenders with mental illnesses. The provisions of funding by the county have greatly contributed to the effectiveness of the system. Harris County also has written agreements between the jail, pre-trial, MHMR and Harris County Community Supervision and Corrections Department (CSCD) that contribute to the overall success of the community's response to offenders with mental illness.

State funding, provided through a contract between the Texas Council on Offenders with Mental Impairments (TCOMI) and Harris County MHMR, provides a community based treatment program targeted specifically for offenders with mental impairments. Unlike general revenue funding for mental health, TCOMI funds stipulate offender compliance to treatment as a condition of release from incarceration, whether on a pre-trial or community supervision basis. **(Appendix D)**

Galveston County

The Galveston County Sheriffs Department's Mental Health Deputy Program is widely cited as a model program. In Galveston County deputy sheriffs certified as Texas peace officers, emergency medical technicians, and mental health specialists staff a special program which runs a 24-hour response unit.

This program aimed to increase the levels of communication among county departments and community groups handling the mentally ill; specifically the Gulf Coast Center, the University of Texas Medical Branch Hospital and the municipal police agencies in the county. The program also aimed to establish a special operations unit to deal with the mentally ill through crisis intervention, special screening, and information and referral to determine the client's needs for psychiatric evaluation and to meet their social needs. Finally, the program aimed to reduce the incarceration and institutionalization of the mentally ill and provide them alternative dispositions. (Appendix E)

Conclusions

Despite the positive activities that have occurred at the state and local level in dealing with mentally ill offenders, continued work is required in several key areas. One noticeable shortcoming is the lack of data on identification rates of persons with mental illnesses in the criminal justice system.

As noted in the Criminal Justice Policy Council Report which surveyed the records of mentally ill offenders in county jails, the mechanisms for collecting data for this information limited in most cases to paper files at the jail. Without a comprehensive data collection system, it is difficult to develop a plan for administering the projected needs for community alternative for offenders with mental illnesses.

An additional concern raised in this report involved the implementation of the MOU's required in Chapter 614.013-016, Health and Safety Code. The MOU's specifically require local and state criminal justice and mental health agencies to collect data on the number of offenders with mental illnesses in their respective systems. Unfortunately, there are no statutory provisions that stipulate the reporting of such information.

Recommendations

The Committee in conjunction with findings by the Criminal Justice Policy Council propose the following recommendations to address the issues outlined in this report:

Establish a uniform, statewide reporting system to determine the number of jail inmates screened and assessed as mentally ill, mentally retarded, and/or suicidal.

- The Reporting system should include mentally ill, mentally retarded, and/or suicidal screening counts in reports already provided to the Texas Commission on Jail Standards.

Develop, with assistance from TCOMI, a computerized mental health record system to track the number of mentally ill offenders referred by local and state criminal justice agencies to the mental health system.

- Requiring that mentally ill offender data be reported to TCOMI.
- Requiring TCOMI to submit a status report to legislature on these implementation activities.

Consider expanding continuity of care and community-based programs.

- Present TDCJ appropriations request includes an exceptional item for an additional million dollars to expand TCOMI programs.
- Present TDMHMR appropriations request includes an $83.8 million exceptional item to target difficult to treat mentally ill populations at risk of becoming criminal offenders.

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Mental Disability/Suicide Intake Screening

☐ Was Inmate a medical, mental health, or suicide risk during any prior contact or confinement with department? Yes _____ No _____ If Yes, when? _____

☐ Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk? Yes _____ No _____

A. QUESTIONNAIRE FOR DETAINEE

1. Have you ever received MHMR Services or other mental health services? If Yes, what services?	Yes	No
2. Do you know where you are?	Correct	Incorrect
3. What season is this?	Correct	Incorrect
4. How many months are there in a year?	Correct	Incorrect
5. (a) Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you?	Yes	No
(b) If Yes, ask for an explanation: "What do you hear?" _____		

B. OBSERVATION QUESTIONS

6. Does the individual act or talk in a strange manner?	Yes	No
7. Does the individual seem unusually confused or preoccupied?	Yes	No
8. Does the individual talk very rapidly or seem to be in an unusually good mood?	Yes	No
9. Does the individual claim to be someone else like a famous person or fictional figure?	Yes	No
10. (a) Does the individual's vocabulary (in his/her native tongue) seem limited?	Yes	No
(b) Does the individual have difficulty coming up with words to express him/herself?	Yes	No

B. SUICIDE RELATED QUESTIONS / OBSERVATIONS

11. (a) Have you ever attempted suicide?	Yes	No
(b) Have you ever had thoughts about killing yourself?	Yes	No
If Yes, When? _____ Why? _____ How? _____		
12. Are you thinking about killing yourself? Today?	Yes	No
13. (a) Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14.)	Yes	No
(b) Do you feel this way now?	Yes	No
14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	Yes	No
15. Have you experienced a recent loss or death of family member or friend or are you worried about major problems other than your legal situation?	Yes	No
16. Does the individual seem extremely sad, apathetic, helpless, or hopeless?	Yes	No

COMPLETED BY: _____ Date _____ Time _____
Booking Technician

COMMENTS _____

_____

_____

Intake Reviewed by Nurse _____ **Date** _____ **Time** _____

COUNTY JAIL MENTAL HEALTH POLICY SURVEY

DIRECTIONS: Please complete the following questions in ink and for applicable questions enclose summary of policies. You may mail or fax your response to the Senate Criminal Justice Committee office at:

Texas Senate Committee on Criminal Justice
P.O. Box 12068
Austin, TX 78711
phone: (512) 463-0345
fax: (512) 475-2015

COUNTY	PREPARED BY	PHONE #

1. Are any of your sheriffs deputies required to have specific training to deal with mentally ill offenders?

yes no

2. What does your training consist of? (attach summary of policy)

3. Do you face any barriers in requiring or providing deputy mental health training? If so what are they?

funding personnel constraints other_____

4. Do you conduct jail intake screening for mentally ill offenders? If yes, please include a copy of your screening instrument.

yes no

5. Who performs offender intake screening?

jailer deputy other_____

6. Do you have a mental health professional on-site?

yes no

7. Who conducts the follow-up assessment for those screened positive for a mental illness?

psychiatrist psychologist nurse medical doctor

social worker other_____

8. Do you have a written agreement or memorandum of understanding with the mental health community? If yes, please include a copy of MOU.

yes no

9. Do you have access to treatment or services for the mentally ill on-site?

yes no

10. Do you divert any of your mentally ill offenders to community treatment programs or pre-trial services?

yes no

11. Do treatment facilities in your community accept individuals you diagnose with mental illnesses?

yes no

12. Do you contract for mental health services? If yes, please attach a list.

yes no

Lubbock Regional Mental Health Mental Retardation Center
Memorandum of Understanding
(Lubbock Regional MHMR Center – Lubbock County Jail)

THIS MEMORANDUM OF UNDERSTANDING is entered into by and between the agencies shown below.

I. AGENCIES:

The Receiving Agency: Lubbock County Jail
The Performing Agency: Lubbock Regional Mental Health Mental Retardation Center

II. STATEMENT OF SERVICES TO BE PERFORMED:

Services to be provided by the Performing Agency are: 1) determining whether detainees referred by the Lubbock County Jail have a mental illness and/or mental retardation diagnosis; 2) development of a service plan for detainees meeting the Texas Department of Mental Health and Mental Retardation priority population definition; and 3) modification of service plans to meet the needs of detainees described in #2 above being released from the Lubbock County jail. (See Exhibit A.)

III. OBLIGATIONS OF THE PERFORMING AGENCY

(a) The services to be provided by the Performing Agency will be provided in accordance with the Protocol as set forth in Exhibit A.

(b) In order to facilitate continuity of care for ACT consumers who are incarcerated, the Performing Agency shall adhere to the Protocol set forth in Exhibit B.

(c) Performing Agency shall be responsible for obtaining psychiatric medication for LRMHMR consumers who are incarcerated. (See Exhibit C).

(d) Performing Agency's Continuity of Care Coordinator shall be responsible for tracking LRMHMR consumers who are incarcerated. (See Exhibit D).

IV. OBLIGATIONS OF THE RECEIVING AGENCY

(a) Receiving Agency shall adhere to the Protocol as set forth in Exhibit A.

(b) Receiving Agency shall be responsible for assisting incarcerated LRMHMR consumers and other inmates in need of psychiatric medication obtain the needed medication. (See Exhibit C).

(c) Receiving Agency shall recognize and adhere to the definitions set forth in Exhibit E.

(d) Receiving Agency shall be responsible for adhering to the Admission Authorization Criteria of the Performing Agency, as set forth in Exhibit F.

(e) Receiving Agency agrees to inform LRMHMR consumers of their rights to appeal denials of authorization pursuant to the Performing Agency's appeal process set forth in Exhibit G. Receiving Agency will cooperate with Performing Agency in resolving any appeals or complaints related to its provision of services pursuant to this Agreement.

(f) Receiving Agency shall be responsible for adhering to the Utilization Management/Admission and Continued Stay Criteria of the Performing Agency, as set forth in Exhibit H.

(g) Receiving Agency shall be responsible for adhering to the Performing Agency's Pre-Admission Criteria for consumers referred for admission into Sunrise Canyon Hospital. A consumer must be seen by a physician and transferred to the In-patient hospital unit within 72 hours of the assessment and diagnosis. (See Exhibit I).

(h) Receiving Agency shall be responsible for assisting with continuity of care during release of Performing Agency's consumers as set forth in Exhibit J.

V. TERM OF AGREEMENT:

This Agreement is to begin August 1, 1999, and shall terminate August 31, 2000.

THE UNDERSIGNED AGENCIES do hereby certify that, (1) the services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the effected agencies and (2) the proposed arrangements serve the interest of efficient and economical administration.

RECEIVING AGENCY AND ITS AGENT further certify that it has the authority to enter into this agreement for the above services

PERFORMING AGENCY AND ITS AGENT further certify that it has the authority to perform the services specified into this agreement under the provisions of Chapter 534 of the Texas Health & Safety Code Ann., as amended.

RECEIVING AGENCY

Lubbock County Jail

By: David Gutierrez 7/12/99
David Gutierrez Date
Sheriff
Lubbock County Sherrif's Office

Approved as to form by:

Darrell J. Guthrie 7/8/99
Darrell J. Guthrie Date
Civil Division
Lubbock County Criminal District Attorneys Office

PERFORMING AGENCY

Lubbock Regional MHMR Center

By: Danette Castle by Cindy Lucas 7/7/99
Danette Castle Date
Chief Executive Officer

By: Cindy Ann Lucas 7/7/99
Cindy Ann Lucas Date
Director of Administrative Operations

By: Beth A. Moore 7-7-99
Beth A. Moore Date
Contracts Management Director

EXHIBIT A

PROTOCOL COORDINATING SERVICES FOR DETAINEES WITH SUPSECTED MENTAL DISABILITIES IN THE LUBBOCK COUNTY JAIL

INITIAL CONTACT

- A County Mental Health Officer/Lubbock Sheriff's Officer (LSO) is available to respond to crisis calls in which mental health issues may be a factor both in the Lubbock County jail and in the community.
- In a psychiatric emergency the County Mental Health/LSO communicates with Lubbock Regional MHMR (LRMHMR) Triage staff (740-1414) to obtain relevant information that will assist in getting the individual the appropriate care needed in that specific situation.
- When placing an individual who may be mentally ill into protective custody due to potential harm to self/others or inability to care for self, the County Mental Health Officer/LSO takes the individual to the Lubbock County Jail facility to await an evaluation by a LRMHMR Assessor. Dispatch contacts the LRMHMR crisis line (740-1414) to notify of the need for an evaluation. Once notified by dispatch the LRMHMR Assessor arrives at the Lubbock County Jail within 1 hour to complete an evaluation.
- Upon evaluation, the LRMHMR staff member provides a recommendation for the least restrictive environment to ensure proper treatment of the individual. If the individual is not being hospitalized, transportation is provided back to the individual's residence by LSO unless LSO chooses to book on related charges. If the individual is being hospitalized, the proper medical clearance and admission protocol is followed. LSO transports the individual to the proper facility (Sunrise Canyon Hospital or UMC/ER).

WARRANTS/COMMITMENTS/HEARINGS

All Mental Health Warrants, Commitments, Hearings and Transports are handled with at least 2 officers, more if requested. LSO does not take any unnecessary risks.

- Mental Health Warrants:

1. County Mental Health Officers/LSO who serve Mental Health Warrants ensures that they have all of the information that they need prior to serving the warrant. If any additional information is needed LSO contacts the County Judges office to request a copy of the Information Sheet and Application for Emergency Detention and Mental Health services if it is not attached to the warrant. (LSO has requested that this information be attached for the safety of the LSO so that the LSO may determine what that person's state of mind may be at the time that the warrant is served.
2. The use of handcuffs and restraints is the judgement call of the County Mental Health Officer/LSO. The state of mind and physical condition of the person being detained is taken into account when making this decision. Any problems encountered while serving

the warrant are reported to the mental health professionals upon arrival at the facility. County Mental Officer/LSO provides copies of documentation justifying restraint to LRMHMR staff to include with evaluation documentation.

3. The individual is taken to Sunrise Canyon facility or UMC/ER, whichever is requested on the Mental Health Warrant. The County Mental Health Officer/LSO leaves the hospital a copy of the warrant with LRMHMR personnel or UMC/ER personnel.
4. If the individual is an identified LRMHMR consumer, LRMHMR staff and LSO staff communicate about the need for LSO to remain at SRC during the evaluation. If the consumer is willing to stay and there is no danger to the consumer or staff, then LSO leaves the consumer with LRMHMR staff. If the consumer is unwilling to stay and/or there is a danger to the consumer or staff, LSO remains with the consumer throughout the evaluation process. If the individual is not an identified LRMHMR consumer, LSO remains with the individual throughout the evaluation. If the consumer is found not to meet Sunrise Canyon admission criteria, LSO is responsible for transporting the individual to their residence or other agreed upon destination.
5. The warrant must be executed and taken to the Civil Division. Officers leave the Information Sheet and Application for Emergency Detention and Mental Health Services with the hospital papers so that Hospital staff has as much information as possible.

Commitments

1. Individuals are transported to the facility stated on Commitment paperwork (Sunrise Canyon, Charter Plains Hospital, BSSH, etc.).
2. The use of handcuffs and restraints is the judgement call of the County Mental Health Officer/LSO. The state of mind and physical condition of the person being detained is taken into account when making this decision. Any problems encountered while serving the warrant are reported to the mental health professionals upon arrival at the facility. County Mental Officer/LSO provides copies of documentation justifying restraint to mental health facility staff to include in hospital chart.
3. Once the individual is turned over to the appropriate personnel along with all necessary paperwork, officers may leave.

Hearings

1. The Warrant Division is notified of Mental Health Hearings at least one working day prior to the hearing. At the time of notification, County Mental Health Officers/LSO are assigned to the hearing.
2. County Mental Health Officers/LSO picks up the individual at the mental health facility and bring that individual to the County Courthouse. The Court is designated by the County Judge's Office. Individuals arrive at the courthouse 10 minutes prior to the hearing so that the individual may speak with his/her attorney.
3. The use of restraints is handled according to necessity. However, all restraints are removed prior to entering the courtroom. County Mental Officer/LSO provides copies of documentation justifying restraint to mental health facility staff to include in hospital chart.
4. The County Mental Health Officer/LSO remains in the courtroom with the individual at all times while the proceedings are taking place.

5. When the hearing is over the individual is taken to the location indicated in the Judge's orders.
6. Upon arriving at the designated facility, the County Mental Health Officer/LSO turns the individual over to the appropriate personnel along with all necessary paperwork.

BOOKING/INTAKE

- Every individual presented for admission into a detention facility is screened for mental disability during booking. This screening complies with current Lubbock County Jail protocol.
- All initial screening efforts are described on a Mental Disability/Suicide Intake Screening (MD/SIS) form for each detainee. Each form is forwarded to Lubbock County Hospital District (LCHD)/Medical staff by the end of each shift, and the date and time recorded in the detainee's jail file. LCHD/Medical staff places this form into the detainee's medical file. All individuals identified to be in need of further psychiatric evaluation are forwarded to LCHD/Medical staff immediately.

Evaluation of Objective Information

- During booking jail medical staff may contact LRMHMR to determine whether the person receives services from LRMHMR and to determine what medication may be prescribed and other related issues.
- If feasible, the booking officer consults with the officer who transported the detainee to jail to determine whether the detainee's behavior since encountering law enforcement authorities indicates a possible mental disability, and whether the officer knows that the detainee has a history of mental disability.

Detainee Interview

- Upon notification by the booking department, LCHD/Medical staff screens identified detainees.
- Staff indicates on the MD/SIS whether the detainee needs further evaluation by LRMHMR staff.
- Upon determining that further evaluation is appropriate for any detainee, LCHD/Medical staff arranges for evaluation by LRMHMR to be completed within the following time frames. Emergent evaluations are completed within 4 hours. Urgent evaluations are completed within 24 hours. Routine evaluations re completed within 14 days. (See urgent, emergent, routine definitions in attachments.) LCHD/Medical staff faxes a copy of their screening to Triage at 740-1515. When making this referral, LCHD/Medical staff provides the following information:
    1. Legal name
    2. Social security number
    3. Home address and phone #
    4. Date of birth
    5. Sex
    6. Ethnicity
    7. Marital status

8. Family size

- Further evaluation for mental disability consists of an evaluation performed by LRMHMR Assessment staff. This must be performed by a psychiatrist, psychologist, or clinician with a master's or higher academic degree in the behavioral sciences credentialled by LRMHMR. If the detainee is found to meet TDMHMR priority population guidelines at the time of this evaluation, an initial service plan is generated.
- LRMHMR Assessment staff performs these evaluations at the Lubbock County Jail. Whenever possible several assessments are scheduled together. LCHD/Medical staff arranges for the assessment. There are no restrictions on the times that an assessment may take place within the Lubbock County Jail.

Access to Mental Health Professionals

- When an evaluation indicates that a detainee meets TDMHMR priority population criteria, LRMHMR staff notifies LCHD/Medical staff that the detainee is opened for LRMHMR services. LCHD Medical staff arranges for jail staff to schedule an appointment with a contracted psychiatrist for further examination. The detainee, detainee's family, and detainee's friends must not be notified of appointment time. A copy of the service plan is given to LCHD Medical staff for the jail medical record. If the detainee is not found to meet TDMHMR priority population guidelines, this information is provided to LCHD/Medical staff so that the detainee's needs can be met through other jail resources.
- LCHD/Medical staff notifies Lubbock County jail administration when a detainee is determined to meet TDMHMR priority population. If determined appropriate for diversion, Lubbock County jail administration begins to work with the District Attorney's office.
- The detainee is assigned to the LRMHMR/TCOMI Continuity of Care Coordinator (Care Coordinator). If detainee is already a member of the ACT team, they continue to follow. The Care Coordinator works with detainee, jail staff, LCHD/Medical staff, and any assigned LRMHMR provider staff to ensure that service plan is followed and detainee's psychiatric needs are met. The Care Coordinator ensures that the detainee has access to all psychiatric medications prescribed by the LRMHMR contracted psychiatrist. Care Coordinator follows the "Medication to Lubbock County Jail" protocol.
- The Care Coordinator also notifies Assessment and support staff of detainee's imminent release so that the Service Plan can be revised to reflect needs of detainee once living in the community and assignment of the detainee can move to community based staff.

Transfers from Lubbock County Jail to Sunrise Canyon Hospital

- If during the screening process, the LCHD/Medical staff determines that a detainee may be in need of inpatient psychiatric services at Sunrise Canyon Hospital, they contact the LRMHMR crisis line at 740-1414.
- Crisis line staff takes pertinent information and contacts the LRMHMR Assessor covering emergencies.
- The LRMHMR Assessor evaluates the detainee at the Lubbock County Jail within 4 hours of the initial call to the Lubbock Regional MHMR Crisis line. The LRMHMR

Assessor gathers all pertinent information from LCHD/Medical staff. The LRMHMR Assessor completes the "LRMHMR" Inpatient Consultation Assessment".

- If admission to Sunrise Canyon Hospital is authorized, the LRMHMR Assessor contacts the SRCH physician who makes the final determination for admission. The physician also determines whether medical clearance will be obtained through UMC/ER or at the Sunrise Canyon Facility.
- The LRMHMR Assessor contacts the SRCH charge nurse to authorize admission. The LRMHMR Assessor also contacts the UM department to notify of admission.
- The LCHD/Medical Staff arranges for transport to SRCH and the UMC/ER, if deemed necessary.

EXHIBIT B

PROTOCOL TO PROVIDE PHYSICIAN SERVICES TO INCARCERATED ACT CONSUMERS

The following protocol has been developed to facilitate continuity of care for ACT consumers who are incarcerated.

- The assigned ACT physician will see the consumer a minimum of one time per month in Lubbock County Jail.

- The assigned ACT physician will determine the frequency of visits on an individual basis and will see the consumer on an "as needed" basis in Lubbock County Jail.

- ACT staff is responsible for scheduling consumer appointments with Lubbock County Jail staff.

- ACT staff must contact Lubbock County Jail staff before 10:00 AM to schedule consumer appointments. Appointments are scheduled through Sgt. Putman at (806) 775-1485. If unable to get through to Sgt. Putman, call the front desk at (806) 775-1425.

- If ACT staff is unable to contact Lubbock County jail staff before 10:00 AM to schedule consumer appointments. ACT staff will make the contact the following day to schedule the appointment.

EXHIBIT C

PROTOCOL FOR OBTAINING PSYCHIATRIC MEDICATION FOR LRMHMR CONSUMERS

- If an individual is incarcerated in Lubbock County Jail and is an active client with Lubbock Regional MHMR (LRMHMR), Lubbock Regional MHMR will continue to work with that individual in assisting them in obtaining their medication if the medication has been prescribed by a TTUHSC psychiatrist and is not on the current Lubbock County Jail Formulary. In the event that the medication the individual is currently taking is on the Lubbock County Jail Formulary the Jail will provide the medication to the inmate.

- If an individual is incarcerated in Lubbock County Jail and is not currently receiving services from LRMHMR and has been evaluated by Lubbock County Hospital District (LCHD) and it is determined that psychiatric medication may be needed LCHD/Medical Staff will refer to LRMHMR for assessment following the protocol for "Coordinating Services for Detainees with Suspected Mental Disabilities".

- When an individual has been prescribed medication from LRMHMR/TTUHSC psychiatrist the LRMHMR TCOMI Continuity of Care Coordinator (Care Coordinator) will assist in obtaining these medications through whatever financial means the inmate has available (e.g. Medicaid, family, United Coalition voucher) and assure medication is delivered to the Lubbock County Jail.

- The Care Coordinator will work with the LCHD/Medical Staff at the Lubbock County Jail to determine which individuals need medication.

EXHIBIT D

PROTOCOL FOR TRACKING OF DETAINED LRMHMR CONSUMERS

- For the purpose of continuity and tracking Lubbock County Jail will provide, on a daily basis, a list of all current and new individuals in the jail who are receiving services from Lubbock Regional MHMR (LRMHMR). Sharon Bush will supply this list (806) 775-1446.

- The Care Coordinator will meet with detainees opened to LRMHMR services (new and current) at least once a month to assess current needs (e.g. medication. release date, free world needs). The ACT team will continue to follow their assigned consumers.

- The Care Coordinator will provide the ACT team and Sunrise Canyon Hospital Social Worker with the same list of detainees.

EXHIBIT E

EMERGENT, URGENT, ROUTINE DEFINITIONS

EMERGENT:	Individual presents a danger to self or others, and must be seen within four (4) hours of request.
URGENT:	Individual is in danger of decompensation to emergent state if not seen within 24 hours of request.
ROUTINE:	Individual dos not exhibit signs of emergency or urgency. Must be seen within 14 days of request.

MHMR

Lubbock Regional Mental Health Retardation Center
Sunrise Canyon Hospital
Policies and Procedures

EFFECTIVE DATE: November 25, 1996

Title: *Admission Criteria, Authorization and Procedures*

Policy

Only persons who have been assessed by a MHA Assessor and deemed to meet the following admission criteria are authorized a bed at Sunrise Canyon Hospital:

A. Because of a psychiatric disorder, remaining in a less restrictive non-specialized setting will lead to deterioration in the ability to function independently.

B. Because of a psychiatric disorder, the person presents a danger to self or others through their actions or statements of intended actions.

These criteria include:

1) Individuals who do not have a major mental illness, but are in crisis; and
2) Individuals who have a serious mental illness;

Purpose

To ensure that consumers are served in the least restrictive environment and that resources are appropriately used.

Procedure

1) The MHMR Assessor notifies the SRC hospital Charge Nurse and the admitting physician that an admission is authorized.

2) The admitting physician contacts the SRC Charge Nurse to give orders for admission. For transfers from another facility the admitting physician notifies the transferring facility of acceptance.

3) The SRC nurse contacts the transferring ER, if applicable, and requests a *Nurse-to-Nurse* report.

4) The SRC nurse receives the admission orders over the phone and makes entries on the orders as appropriate (medications, lab, precautions, etc.) and signs and dates the orders as verbal order or telephone order. If the physician is present on the unit, the physician documents, signs, and dates the ***Physician's Order Sheet.***

5) The nurse transcribes orders on the Cardex and the ***Medication Sheet*** as appropriate.

6) The Unit Clerk Nurse transcribes orders on the lab request form and makes referrals/other appointments as ordered.

7) If the consumer arrives by ambulance, EMS personnel take the consumer to the seclusion area door on the north side of the Nurses' Station.

8) If the consumer is hostile/aggressive, nursing staff may implement procedures of seclusion and restraint if necessary, prior to taking the person into the unit.

9) The nurse initiates the Nursing Assessment at the time of admission, and documents information on the ***Nursing Assessment*** form. The nurse completes an assessment for suicide and assault precautions.

10) Nursing staff take the consumer's vital signs, and document this information on the ***Daily Activity Flowsheet*** and on the ***Nursing Assessment*** form.

11) If lab work has been ordered, the RN performs venipuncture or obtains other specimens in exam room.

12) Nursing staff request the person's cooperation with a search of his/her person and all personal belongings. If the consumer refuses to cooperate with the search, the nurse contacts the physician for an order to search and documents the order on the ***Physician's Order*** form. (See Policy and Procedure for Personal Belongings Inventory).

13) Nursing staff place valuables in the safe. If the consumer wishes to keep valuables, he/she is asked to sign a statement that valuables have been retained. If he she refuses to sign, two staff members sign the form (See Policy and Procedure for Personal Belongings Inventory).

14) Other personal belongings and contraband are placed in the personal belongings closet. Contraband is not released to the consumer during admission.

15) A staff member reviews the ***Consent to Treatment*** form and ***the Client Handbook and Rights*** with the consumer and obtains his/her signature on the ***Consent to Treatment*** and ***Client Rights Acknowledgment*** form.

16) A staff member gives the consumer a tour of the unit and provides information about unit policies, schedules and activities.

17) If the consumer has a roommate, the staff member introduces him/her to the roommate.

18) The Unit Clerk/Nurse places the person's name on the Client Roster marker board, enters the name on the ***Code Number List***, and on ***the Administrative Log***.

19) Service Coordinators are notified of weekday admissions by the social worker. The nurse notifies the Service Coordinator of weekend admissions by calling their mobile phone and leaving a message that one of the persons they serve has been admitted.

20) The admission process is complete once all steps on the ***Admission Checklist*** have been done. The person completing each task on the ***Admission Checklist*** indicates completion by initialing the task. The ***Admission Checklist*** is then placed in the person's chart.

EXHIBIT G

Protocol for LRMHMR Appeal Process

All appeals for LRMHMR will be handled by the Utilization Management Department. An appeal may be made to the UM Department regarding any Adverse Determinations. These may include determinations in which consumers:

- Are found to be ineligible for services during the eligibility determination process
- Have been terminated from service
- Have had an involuntary reduction in their level of service
- Have been denied access to a service they wish to receive

An Appeal must be filed within 30 days of notification of the Adverse Determination. An Appeal may originate from a Consumer, a Provider, or anyone else a Consumer allows to advocate for them. An appeal may be made in person, by telephone, or by mail. To file an Appeal, Consumers may call Eileen Coonrod in the UM Department at 740-1543. She is located at Sunrise Canyon. Any correspondence by mail may be sent to the following address:

P.O. Box 2828
Lubbock, TX 79408-2828
UM Department

Attn: Eileen Coonrod

There are three stages in the Appeal Process.

RECONSIDERATION

First, a Consumer may request a Reconsideration of the Adverse Determination with the UM Department. If a Reconsideration is able to be granted, then the Adverse Determination is overturned.

LEVEL 1

If a request for Reconsideration may not be granted, then the request becomes a Level 1 Appeal. The UM Department/ Eileen Coonrod is responsible for gathering all data necessary to make a determination. This may include, but is not limited to, chart reviews, interviews with the Consumer, Authority and Provider staff consultations. She then makes her recommendation regarding the case. All information is forwarded to Dr. Jim Van Norman in Austin for a final determination. The UM Department has 3 business days to respond to an Appeal regarding Routine Services. Once all data is forwarded to Dr. Van

Norman, he will have 3 business days to make a determination regarding Appeals for Routine Services. Consumers will be notified of the determination by Certified mail. In the case of Appeals regarding Emergency Services, a completed determination must occur within 4 hours once the Appeal has been filed. Consumers will be notified of the determination verbally, and by Certified mail.

LEVEL 2

If the Consumer disagrees with the Level 1 determination, there is a second level of Appeal that may be utilized. The Consumer will have 14 days from notification of the Level 1 determination to file a second Appeal. This Appeal may be filed in the same manner as the Level 1 Appeal. The Consumer, the Provider, or the Consumer's designated advocate may contact the UM Department/Eileen Coonrod in person, by telephone, or by mail to file the Appeal. The UM Department will gather all data pertinent to the Appeal and forward that data to our internal Authority Medical Director Dr. Lim. This may include, but is not limited to, chart reviews, Consumer interviews, Authority and Provider staff consultations. Dr Lim is responsible for making the final determination regarding the Appeal. The UM Department will have two business days to respond to Appeals regarding Routine Services. Dr. Lim will have two business days to make her determination regarding Appeals for Routine Services. The Consumer will be notified of the determination by Certified mail. Any Appeals regarding Emergency Services will be completed within 4 hours from the time the Appeal is initiated. The Consumer will be notified of the determination verbally, and by Certified Mail. There is no further mechanism for Appeal following the Level 2 Appeal.

EC 6-5-98

EXHIBIT H

TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

P.O. Box 12668
Austin, Texas 78711

UTILIZATION MANAGEMENT GUIDELINES

Fall/1997

Acute Inpatient Treatment

I. Definition of Service

Hospital services staffed with medical and nursing professionals which provide 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric syptomatology and restore client's ability to function in a less restrictive setting.

II. Standard of Practice

A physician's order is required.

Must be a licensed facility.

III. Admission Criteria

A. Must meet **all** of the following criteria:

1. Meets TDMHMR criteria for priority population.

2. Treatment at a lower level of care has been attempted or ruled out.

3. Where applicable, dangerousness must be a direct product of the principle DSM-IV Axis I or II diagnosis.

B. Must be exhibiting at least **one** of the following:

1. Loss of ability to perform activities of daily living due to severely impaired judgment, impulse control or cognitive/perceptual abilities arising from:

   a. Acute psychiatric condition;

   b. Acute exacerbation of a chronic psychiatric condition, or,

   c. Significant decrease in functioning as measured against baseline functioning over the preceding year.

NOTE: This service does not apply to those individuals whose existing condition will not stabilize or reverse with inpatient treatment.

Loss of ability to perform ADL's should be considered a criterion only if it endangers self or others, or causes marked agitation and violence.

2. Danger to self as evidenced by:
   a. Significant life-threatening attempt to harm self within the past 24 hours with continued imminent risk; or

   b. Specific plan to harm self with clear intention, high lethality and availability of means; or

   c. A level of suicidality that cannot be safely managed at a lower level of care; or

   d. Suicidality accompanied by a rejection of or lack of available social/therapeutic support.

3. Danger to others as evidenced by:

   a. Significant life-threatening action within past 24 hours with continued imminent risk;

   b. Specific plan with clear intention, high lethality and availability or means, or

   c. Dangerousness accompanied by rejection of or lack of available social/therapeutic support.

4 Danger to property where such danger includes:

   a. Recent and significant damaging action to property with continued imminent risk; or

   b. Specific plan to take damaging action to property with clear intention, potential serious effect and availability of means; or

   c. Dangerousness accompanied by rejection of or lack of available social/therapeutic support.

5. High risk psychiatric procedures that require intensive observation by medical personnel.

IV. Continued Stay Criteria

A. Must meet all of the following criteria.

1. Priority population diagnosis.

2. Reasonable likelihood of substantial benefit from active medical intervention, which requires the acute inpatient setting.

B. Must meet at least one of the following criteria:

1. Continuation of symptoms and/or behaviors that required admission and continue to meet admission guidelines; less intensive level of care would be insufficient to stabilize the client's condition.

2. Appearance of new problems meeting admission guidelines.

V. Discharge Criteria

A. No longer meets admission or continued stay guidelines; or

B. Meets criteria for another level of care and plans for continuation at another level of care have been implemented.

VI. Estimated Length of Service

Adults and children: 4-10 days

VII. Authorization Parameters

Initial: Within 24 hours of emergency admission for which pre-authorization was not obtained; 3 days for pre-authorized admissions

Subsequent: Up to 72 hours by UM

See Authorization Guide, Inpatient Room and Board

VIII. Related Services

A. Inpatient physician services are authorized and billed separately under the Medicaid card when not included in the per diem.

See Authorization Guide

Hospital Admission
Daily Inpatient Care
Hospital Discharge
Inpatient Consultation

B. Psychological testing is authorized and billed separately under the Medicaid card when not included in per diem.

See Authorization Guide; Psychological Testing

MENTAL STATUS: (check all that apply)

ORIENTATION: ( ) day ( ) date ( ) month ( ) year ( ) person ( ) place

LEVEL OF CONCIOUSNESS: ( ) alert ( ) confused ( ) lethargic ( ) unresponsive
Other:_____

APPEARANCE/HYGIENE: ( ) dressed appropriately ( ) inappropriately dressed ( ) groomed
( ) unkempt ( ) odor

SPEECH: ( ) rapid ( ) loud ( ) pressured ( ) slurred ( ) slow ( ) soft ( ) mute
( ) stuttering ( ) neologisms

MOOD: ( ) euthymic ( ) euphoric ( ) sad ( ) angry ( ) depressed ( ) labile
Other:_____

AFFECT: ( ) congruent ( ) flat ( ) apathetic ( ) hostile ( ) blunted ( ) euphoric
( ) bright ( ) animated ( ) tearful ( ) suspicious ( ) incongruent
Other:_____

MEMORY: ( ) intact ( ) poor remote ( ) poor recent ( ) poor immediate
( ) confabulation Other:_____

THOUGHT PROCESSES: ( ) organized ( ) goal directed ( ) flight of ideas ( ) loose associations
( ) tangential ( ) concrete ( ) perservation ( ) blocking ( ) circumstantial
Other:_____

THOUGHT CONTENT: ( ) coherent ( ) obsessions ( ) phobias ( ) ideas of reference
( ) depersonalization ( ) hypochondriasis ( ) magical thinking
( ) rumination Other:_____

Delusions: ( ) N/A ( ) grandiose ( ) paranoia
( ) thought broadcasting ( ) thought insertion
Other:_____

PERCEPTIONS: Hallucinations: ( ) N/A ( ) auditory ( ) visual ( ) tactile ( ) olfactory
( ) gustatory ( ) command
Other:_____

CLIENT'S LEVEL OF COMPLIANCE & RESPONSE TO TREATMENT:_____
_____

DISCHARGE PLAN: _____
_____

PROJECTED DISCHARGE DATE:_____

= DAYS REQUESTED:_____

AUTHORITY USE ONLY

UM DETERMINATION:
Continued stay approved? ___Yes ___No # of days___ From (date)_____ Thru (date)_____
If not approved, reason for denial_____
_____
Date next review due_____
Issues to address during next review:_____

UM Review Signature_____ Date_____

EXHIBIT I

PRE-ADMISSION MEDICAL EXAM

TITLE: Sunrise Canyon Hospital Procedures
Pre-Admission Medical Exam by Physician

DATE: April 20, 1998

POLICY: A physician provides a face to face assessment and physical examination of each person referred for hospital admission, no more than 72 hours prior to the admission, in order to determine need for psychiatric hospitalization and level of medical clearance needed.

PURPOSE: To protect the rights of persons served; to ensure the health and well-being of persons served.

PROCEDURE:

I. MONDAY - FRIDAY 8:00 A.M. TO 5:00 PM

A. ADMISSIONS FROM TTUHSC CLINIC:

1. At the time of assessment, the **clinic physician** completes the attached "Sunrise Canyon Hospital Pre-Admission Exam by Physician" form.

2. If the findings documented in the medical examination indicate a need for general medical treatment and stabilization prior to admission, the person is transferred to University Medical Center.

3. If the findings documented in the medical examination indicate that there is not a need for general medical treatment and stabilization prior to admission, lab specimens are obtained by UMC personnel and the person is transferred to Sunrise Canyon Hospital.

B. ADMISSIONS FROM UMC ER OR SMOP ER:

1. At the time of assessment, the **emergency room physician** completes the attached "Sunrise Canyon Hospital Pre-Admission Exam by Physician" form.

2. If the findings documented in the medical examination indicate a need for general medical treatment and stabilization prior to admission, the person remains at UMC or SMOP for treatment.

3. If the findings documented in the medical examination indicate that there is not a need for general medical treatment and stabilization prior to admission, lab specimens are obtained by UMC or SMOP personnel and the person is transferred to Sunrise Canyon Hospital.

C. ALL OTHER ADMISSIONS:

1. The **Mental Health Authority (MHA) Assessor** contacts the assigned SRC Resident and relays information about possible admission and authorization.

2. The person is transported to SRC for a pre-admission psychiatric and medical exam in the Exam Room of Building 200, or the Resident travels to the location of the consumer to conduct the pre-admission assessment.

3. The Resident meets the MHA Assessor and person to be evaluated within 30 minutes of notification and completes the attached "Sunrise Canyon Hospital Pre-Admission Exam by Physician" form.

4. If the findings documented in the medical examination indicate that there is not a need for general medical treatment and stabilization prior to admission, the person is admitted to Sunrise Canyon Hospital where lab specimens are obtained by SRC personnel and sent to UMC.

5. If the findings documented in the medical examination indicate a need for general medical treatment and stabilization prior to admission, the person is transferred to UMC for treatment.

II. **MONDAY - FRIDAY 5:00 P.M. TO 8:00 A.M., SATURDAY AND SUNDAY**

A. ADMISSIONS ORIGINATING FROM UMC ER OR SMOP ER:

1. At the time of assessment, the **emergency room physician** completes the attached "Sunrise Canyon Hospital Pre-Admission Exam by Physician" form.

2. If the findings documented in the medical examination indicate a need for general medical treatment and stabilization prior to admission, the person remains at UMC or SMOP for treatment.

3. If the findings documented in the medical examination indicate that there is not a need for general medical treatment and stabilization prior to admission, lab specimens are obtained by UMC or SMOP personnel and the person is transferred to Sunrise Canyon Hospital.

B. ALL OTHER ADMISSIONS:

1. At the time of assessment, the **MHA Assessor** ensures that a physician completes the attached "Sunrise Canyon Hospital Pre-Admission Exam by Physician" form.

2. If the findings documented in the medical examination indicate a need for general medical treatment and stabilization prior to admission, the person is not transferred to Sunrise Canyon Hospital until medical treatment has been received.

3. If the findings documented in the medical examination indicate that there is not a need for general medical treatment and stabilization prior to admission, the Assessor facilitates the physician to physician procedure in order to transfer the person to Sunrise Canyon Hospital.

SUNRISE CANYON HOSPITAL
PRE-ADMISSION EXAM BY PHYSICIAN

Within 72 hours prior to admission to Sunrise Canyon Hospital, a physician must provide a face to face assessment and physical examination in order to recommend inpatient psychiatric treatment. The Physician must complete the following information in order to make a referral to SRC.

Consumer Name: _____

Date of Exam: _____ Time of Exam: _____

Physician's Name: _____

Name of Facility/Clinic: _____

Physician's Telephone No.: (___) _____

Findings of Psychiatric Assessment: _____
_____
_____
_____

Reason for Admission:

_____ dangerousness to self;
_____ dangerous to others;
_____ condition can be expected to deteriorate if not treated in a hospital;
_____ treatment in a less restrictive setting is not indicated;
_____ treatment in a less restrictive setting is not available;
_____ other; please specify: _____
_____
_____

Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Findings of Medical Examination:

Does person currently exhibit any of the following?

Fever greater than 100.4 with symptoms suggesting bacterial infection?	Yes	No
Acute pain of severe nature and recent onset?	Yes	No
Mental status changes that can not be attributable to recent substance abuse and appear not to be psychiatric in nature?	Yes	No
Wounds that are bleeding or appear infected?	Yes	No
Obvious vascular insufficiency or extremity characterized by cyanosis, pain, pallor, or loss of motor function?	Yes	No
Recent or new onset of focal neurological findings, i.e. paralysis, inability to move an extremity or ambulate?	Yes	No
Chronic illness such as diabetes mellitus, stable angina, hypothyroidism, or other chronic problems that has degenerated into an acute one as determined by history of increasing or worsening of symptoms associated with their chronic disease?	Yes	No
Pregnancy with pain, fever, vaginal bleeding, discharged or other symptomatic problems?	Yes	No

A "Yes" answer to any of the above requires general medical treatment and stabilization prior to admission to Sunrise Canyon Hospital.

Physical Examination:

Pulse: _____

Blood Pressure: _____

Temperature: _____

Respiration: _____

Weight: _____

Pertinent Physical findings: _____

_____

_____

_____

_____

Physician's Signature Date Time

EXHIBIT J

PROTOCOL FOR CONTINUITY OF CARE DURING RELEASE OF LRMHMR CONSUMERS

- When an inmate is scheduled for release by whatever means, the Release Officer will notify Lubbock County Hospital District (LCHD)/Medical Staff of planned release. LCHD/Medical Staff will notify the Lubbock Regional MHMR (LRMHMR) TCOMI COC worker Gary Vivian at (806) 790-5152 so a follow up appointment can be scheduled with MHMR.

- Whenever possible the jail will call the Care Coordinator in advance to advise on which detainees are being released.

- In the event the detainee's needs are immediate the Care Coordinator will work with the LRMHMR Assessors in obtaining a referral for necessary resources.

- On weekends and evenings the LSO can leave a message on the Care Coordinator's voice mail informing them what detainee(s) have been released and what problems/needs have been identified.

- For immediate/emergency needs on weekends and evenings the LSO can call the crisis line at (806) 795-9955.

A

AGREEMENT

THE STATE OF TEXAS §
§
COUNTY OF HARRIS §

THIS AGREEMENT is made and entered into, executed by and between the Mental Health and Mental Retardation Authority of Harris County, a community center and an agency of the State of Texas under the provisions of the TEX. HEALTH & SAFETY CODE ANN. Chapter 534 (the "MHMRA"), as amended, , Harris County, a body corporate and politic under the laws of the State of Texas (the "County"), and Harris County Community Supervision and Corrections Department (the "Department"), a department created pursuant to TEX. GOV'T CODE ANN. Chapter 76, as amended, by the district judges trying criminal cases in each judicial district in Harris County, Texas.

I.
SCOPE OF SERVICES

A. MHMRA agrees to do the following:

1. Assign pretrial mental health/mental retardation specialists to work with the staff of the County's Pretrial Services Agency ("PTSA") and Harris County court personnel, including Department personnel ("court personnel"), in identifying and evaluating criminal defendants for mental impairments during the intake/booking stage;

2. Disclose information as requested by PTSA staff, the Harris County Sheriff's Department detention staff, or court personnel to assist them in their decision-making functions, such as, but not limited to, whether a criminal defendant is suitable to receive mental health/mental retardation services, whether such persons who are placed on misdemeanor or felony probation are complying with their conditions of probation, i.e., are receiving mental health/mental retardation services and participating in clinic treatment or counseling programs;

3. Link criminal detainees/offenders to appropriate mental health/mental retardation services;

4. Assist PTSA staff and court personnel in identifying the criminal inmate population most in need of, and most likely to, benefit from community-based alternatives to incarceration;

5. Provide early access to jail-based crisis intervention and short-term therapy to increase the potential for successful pretrial bond compliance in community based mental health/mental retardation services; and

6. Provide family education, crisis intervention, behavioral counseling and linkage to case management services.

B. County, through PTSA, agrees to do the following:

1. Adjust its intake and pretrial procedures for purposes of identifying criminal defendants with mental impairments and those having a prior history of receiving mental health/mental retardation services;

2. Provide workspace and other resources necessary for the joint identification of detainees/offenders' needs for mental health/mental retardation services and preparing reports to the criminal courts;

3. Provide updated lists of detainees so that MHMRA is able to identify current MHMRA clients and arrange linkage on a timely basis to MHMRA's case management system; and

4. Provide sufficient and timely data to enable MHMRA to track client status through the criminal justice system during the pretrial stage.

C. The Department agrees to cooperate with MHMRA and PTSA in tracking criminal defendants placed on probation who have been ordered to submit to outpatient or inpatient mental health/mental retardation treatment.

D. Compliance with Law. In performing the obligations and responsibilities under this Agreement, MHMRA, the Department, and the County each agree to observe and comply with all applicable laws, rules, and regulations affecting the services to be performed under this Agreement. The parties specifically agree to keep alcohol and drug abuse patient records confidential in accordance with the regulations set forth in Confidentiality of Alcohol & Drug Abuse Patient Records, 42 C.F.R. Part 2, as amended.

E. Status of Employees. It is understood and agreed that no employee, agent, or representative of the County or the Department is an employee of MHMRA and, therefore, is not eligible for any benefits, rights, or privileges accorded to MHMRA employees. It is further understood and agreed that no employee, agent, or representative of MHMRA is an employee of the Court or the Department and, therefore, is not eligible for any benefits, rights, or privileges accorded to County or Department employees.

II.
TERM AND TERMINATION

A. Term. This Agreement begins on December 1, 1999, and ends on November 30, 2002, unless earlier terminated as provided herein.

B. Termination. Any party may terminate this Agreement, with or without cause, by giving thirty (30) days prior written notice to the other parties.

III.
NOTICES

All notices and communications under this Agreement to be given to the County hereunder may be given by hand-delivery or certified United States mail, postage prepaid, return-receipt requested, addressed to:

Harris County Pretrial Services Agency
1310 Prairie, Suite 170
Houston, Texas 77002
Attention: Director

All notices and communications under this Agreement to be given to MHMRA hereunder may be given by hand-delivery or certified United States mail, postage prepaid, return-receipt requested, addressed to:

Mental Health and Mental Retardation Authority of Harris County
2850 Fannin
Houston, Texas 77002

All notices and communications under this Agreement to be given to the Department hereunder may be given by hand-delivery or certified United States mail, postage prepaid, return-receipt requested, addressed to:

Harris County Community Supervision and Corrections Department
49 San Jacinto Street
Houston, Texas 77702
Attention: Director

Any notice mailed by registered or certified United States mail, return-receipt requested, as hereinabove provided, is deemed given upon deposit in the United States mail.

IV.
MISCELLANEOUS

A. Nondiscrimination. Each party to this Agreement agrees to comply with all federal and state laws, standards, orders, and regulations regarding equal employment which are applicable to each party's performance hereunder.

B. Entire Agreement. This instrument contains the entire Agreement between the parties related to the rights herein granted and the obligations herein assumed. Any oral or written representations or modifications concerning this instrument shall be of no force or effect excepting a subsequent modification in writing signed by both parties hereto.

C. Governing Law and Venue. This Agreement shall be construed and enforced in accordance with the laws of the State of Texas, and venue shall lie in Harris County, Texas.

D. Captions. The captions at the beginning of the paragraphs of this Agreement are guides and labels to assist in locating and reading such paragraphs, and therefore, will be given no effect in construing this Agreement and shall not be restrictive of the subject matter of any paragraph, section, or part of this Agreement.

E. Severability. The invalidity or unenforceability of any term or provision hereof does not affect the validity or enforceability of any other term(s) or provision(s).

EXECUTED in triplicate originals this _____ day of DEC 21 1999, 1999.

APPROVED:

MENTAL HEATLH AND MENTAL
RETARDATION AUTHORITY
OF HARRIS COUNTY

By _____
STEVEN B. SCHNEE, Ph.D.
Executive Director

11/3/99

APPROVED AS TO FORM:

MICHAEL P. FLEMING
County Attorney

By _____
SIMONE SCOTT WALKER
Assistant County Attorney

HARRIS COUNTY

By _____
ROBERT ECKELS
County Judge

APPROVED:

HARRIS COUNTY COMMUNITY
SUPERVISION AND CORRECTIONS
DEPARTMENT

By _____ 12/2/99
NANCY PLATT, Director

ORDER AUTHORIZING EXECUTION OF AN INTERLOCAL AGREEMENT BETWEEN THE MENTAL HEALTH AND MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY, HARRIS COUNTY, AND HARRIS COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

THE STATE OF TEXAS §
§
COUNTY OF HARRIS §

On this the _____ day of DEC 21 1999, 1999, the Commissioners Court of Harris County, Texas, sitting as the governing body of Harris County, upon motion of Commissioner Radack, seconded by Commissioner Fonteno, duly put and carried,

IT IS ORDERED, that the County Judge of be, and is, authorized to execute for and on behalf of Harris County an Interlocal Agreement between Harris County, the Mental Health and Mental Retardation Authority of Harris County ("MHMRA"), and the Harris County Community Supervision and Corrections Department, for the sharing and coordination of information between MHMRA, the Department, the Harris County Pretrial Services Agency, and the Harris County Sheriff's Department, said Agreement being incorporated herein by reference for all purposes as though fully set forth word for word.

ABSTAIN:
JUDGE ECKELS —

Presented to Commissioners' Court

DEC 21 1999

APPROVE_____
Recorded Vol____Page____

HARRIS COUNTY PRETRIAL SERVICES AGENCY

CAROL OELLER
DIRECTOR

DENNIS POTTS
ASSISTANT DIRECTOR

December 14, 1999

Harris County Commissioner's Court
1001 Preston, 9th Floor
Houston, TX 77002

Gentlemen:

The County Attorney's Office prepared an Agreement between Harris County, the Mental Health and Mental Retardation Authority of Harris County, and the Harris County Community Supervision and Corrections Department. It allows Pretrial Services Agency staff, court personnel, Community Supervision and Corrections Department employees, Sheriff's Department detention staff, and the Mental Health and Mental Retardation Authority to exchange information about defendants with mental disorders.

I am sending you three originals of the Agreement. Its language mirrors that of two previous agreements that were operational for three years each. The current documents have already been signed by an Assistant County Attorney, the Executive Director of the Mental Health and Mental Retardation Authority, and the Director of the Community Supervision and Corrections Department. Respectfully, I am requesting that you enter this Agreement.

Sincerely,

Carol Oeller

Enclosure

Presented to Commissioners' Court

DEC 21 1999

APPROVED RIE

Rescind Vote _____ Yes _____

ABSTAIN:
JUDGE ECKELS —

1310 Prairie, Suite 170 • Houston, Texas 77002
713-755-5440 • Fax 713-755-2929

Harris County Special Needs Referral

B

Client's Name:_____ S.S.#:_____

SPN #:_____ Phone: _____

Address: _____

D.O.B. _____ SEX: M F SID NO._____ Offense: M F B

Disabled? _____ Disability Type: _____ Lang:_____

Physical Health Problem? _____ Problem Type: _____ PH Code: _____

Mental Impairment? _____ Impairment Type: _____ MI Code: _____

On Maintenance Medication? ____ Names(s) of Medication: _____ Med Type: _____

MHMRA Client Now? ____ MHMRA Past? _____ MH Hospitalizations? _____ Last year hospitalized: _____

Defendant wants substance abuse treatment? _____ Substance Abuse type: _____(Drug, Alcohol, Both)

Personal Contact/Guardian: _____ Phone: _____ Rel to Def: _____

Is Client receiving any of these services at the time of the interview:

Outpatient Substance Abuse Treatment? ___ Outpatient Psychiatric Treatment at MHMR? ___

Outpatient Psychiatric Treatment/Other? ___ Inpatient Psychiatric Treatment? ___

SSI ___ Food Stamps ___ AFDC ___ Medicare ___ Medicaid ___ VA Benefits ___

Social Security ___ TRC ___ Public Housing ___ Halfway House ___

Circle Applicable Observations (from the TCJS Jail Screening Instrument)

1. Does the individual talk or act in a strange manner?
2. Does the individual seem unusually confused or preoccupied?
3. Does the individual talk very rapidly or seem to be in an unusually good mood?
4. Does the individual claim to be someone else like a famous person or fictional figure?
5. Does the individual's vocabulary (in his/her native tongue) seem limited?
6. Does the individual have difficulty coming up with words to express him/herself?
7. Does the individual seem extremely sad, apathetic, helpless, or hopeless?

Comments/Other Observations:

_____

_____

ACTION REQUESTED	ARREST/COURT ACTIVITY
MI/MR Confirmation _____	PTSA Interview Date/Location _____
Assessment _____	PCH Date and Time _____
MI Conditional Release Options _____	Referral Date/time _____
MI Confirmation Only; Def Released _____	PCH Outcome _____
SN Conditional Release Options _____	Assigned Court Setting _____
SN Notification Only; Def Released _____	Assigned Court/Cause _____
Additional Infor (Ref Before) _____	Other _____
Other _____	Other _____

C

Adult Mental Health - Forensic Services
MHMRA Pre - Trial Screening

HARRIS COUNTY SPECIAL NEEDS RESPONSE FORM

CLIENT NAME: _____, _____ MHMRA #: _____ SPN #: _____

DOB: _____ AGE: _____ SEX: ____ RACE: B: ____ W: ____ H: ____ Other: _____

REFERRAL SOURCE: _____ CRT: _____ CRT DATE: _____

MENTAL HEALTH TREATMENT

Outpatient Treatment

____ No History Found

____ Harris Co. MHMRA Last Date Seen: _____ Clinic: _____
Current Status Active: ____ Not Active: ____

____ Other County MHMRA Last seen: _____ County: _____

____ Private Counseling as reported by client Last Date: _____
Service Info: _____

In-Patient Services or Psychiatric Hospitalizations

____ No History Found

Facility City Year Length of Stay Diagnosis

_____

_____

_____

CURRENT DIAGNOSTIC IMPRESSION (subject to Psychiatric Evaluation)

Axis I (P): _____

Axis I (S): _____

Axis II: _____

Axis III: _____

Axis V: Current GAF: _____ Past Year: _____

CURRENT MEDICATIONS: _____

PRELIMINARY SERVICE RECOMMENDATIONS

____ Refer to PreTrial Intensive Casemanager - _____

____ Refer to Outpatient MHMRA Clinic- _____

____ Refer to MR assessment - _____

____ Refer to Adult Forensic Unit - _____

____ Refer for Substance Abuse assessment - _____

____ Refer to HCJ medical department - _____

____ Refer to Private Physician - _____

____ Refer to other - _____

____ No mental health intervention needed at this time

____ _____

DATE: _____ Screener: _____

JOE MAX TAYLOR

SHERIFF

Galveston County
715 - 19th Street
Galveston, Texas 77550

Area Code 409-766-2300

GALVESTON COUNTY SHERIFF'S DEPARTMENT
MENTAL HEALTH DIVISION

JOB DESCRIPTIONS

DAY FIELD INVESTIGATOR

(A) Duties:

1. Responsible for any calls originating during their shift
2. Complete follow-up assignments as directed by the Division's Lieutenant
3. Record all activities on Daily Investigation Logs
4. Report any problems or progressions to the Division's Lieutenant. (Note: There will be a least one Deputy in the Mental Health office at all times during this shift unless otherwise authorized by the Watch Commander.)

EVENING SHIFT INVESTIGATOR

(A) Duties:

1. Responsible for any calls originating during their shift
2. Complete follow-up as directed by the Division Lieutenant
3. Record all activities on Daily Investigation Logs
4. Report any problems or progressions to the Division Lieutenant

NIGHT SHIFT INVESTIGATOR

(A) **Duties:**

1. Responsible for any calls originating during their shift
2. Record all activities on Daily Investigation Logs
3. Maintain an on call status during remainder of shift
4. Report any problems or progressions to the Division Lieutenant

TRANSPORTATION AND TRIPS

(A) **The Mental Health Deputies are responsible for transporting all MH/MR clients:**

1. All State Hospitals
2. From all agencies within Galveston County
3. Private clients within Galveston County at the Doctor's request
4. Forensic Evaluations that are ordered by the Court

ADMINISTRATIVE ASSISTANT/LEGAL INTAKE

(A) **Primary Function:**

1. Preparation of legal documents pertaining to and inclusive of the original application process pursuant to the civil commitment process.
    a. Interviewing concerned parties (screened)
    b. Preparing appropriate documents
    c. Completion of process procedures (Courts)

(B) **Secondary Function:**

1. Screening of all contacts for proposed patients
2. Receiving complaints from clients family (Affidavits)
3. General record processing for the Mental Health Division
4. Staff record maintenance and typing reports for Mental Health Division
5. General administrative assistant responsibilities

STANDARD OPERATIONAL PROCEDURE

I. RAPE INVESTIGATIONS

Effective this date, September 16, 1985, the following will be considered departmental policy governing rape investigation.

(A) The field deputy responding to the reported offense will conduct the preliminary investigation and will be responsible for the original report.

(B) Upon receipt of a rape call the field deputy will consult his supervisor to determine whether the investigator on-call should be called to the scene. In any event, the field supervisor will make the on-call investigator aware of the event under investigation.

(C) The victim will be transported to John Sealy ER by the field supervisor. If the field supervisor is not available, the field deputy will transport the victim.

(D) The victim and transporting officer will be met at John Sealy ER by the MH deputy on-call. The MH deputy will notify his/her supervisor of his/her involvement in the case.

(E) The MH deputy will remain at John Sealy ER until completion of medical examination and will receive from the attending physicians evidence in the form of a "Rape Kit". The "Rape Kit" will subsequently be submitted to the Identification Bureau for storage. The MH deputy will document his/her activities in a concise Supplementary Offense Report which will include (to maintain the "Chain of Evidence") the name of the Identification Bureau staff member receiving the "Rape Kit".

(F) The MH deputy will advise the victim to contact the OCCU (during working hours) within 24 hours following completion of the medical examination.

This procedure will also apply to all other sexual offenses in which medical examinations of the victim is necessary.

COLLECTION OF CLIENT PROPERTY

I. **For Clients Not Under Pending Criminal Charges:**

(A) The Mental Health Deputy responding to a request for services for clients under this heading will:

1. Collect all personal property of said client
2. Receive a release form from the hospital for any said personal property which is necessary for said client to possess if hospitalized
3. Properly catalog, report and store as per policy of the Sheriff's Department any and all personal property not necessary for said client to possess if hospitalized (weapons) (NOTE: release of the above will be in compliance with the standard property release policy of the Sheriff's Department)

II. **For Clients Requiring Emergency Psychiatric Treatment and Who Have Possible Criminal Charges Pending:**

(B) The Mental Health Deputy responding to a request for services for Clients under this heading will:

1. Not collect that property which will not be necessary for said client to possess if hospitalized
2. Received a release form from the hospital for that property which is necessary for the client to possess if hospitalized
3. Not release said property to client if said client is not admitted (This property as well as said client will be released back to the original investigating agency)

III. **ROUTINE MENTAL HEALTH CONTACTS**

(A) If at anytime a request is made concerning an individual who is believed to be manifesting a particular dysfunction, a full intake report shall be made. As has been normal S.O.P. in the past.

(B) In addition to the above, the client case history will contain:

a. Copies of the E.A.D. (if used)
b. Any and all information concerning the contact (on intake form)

(C) Make note that the above applies for any and all request for services. Only one copy of all report forms are necessary unless directed otherwise.

(D) Complete Criminal history check (enclosed)

(E) All contracts will be submitted to the Program Director for approval.

IV. ALCOHOL CONTACTS:

(A) All alcohol contacts will be submitted to the Gulf Coast Center MHMR.

(B) After completion of a alcohol contact, all information will be submitted to the Gulf Coast Center MHMR.

(C) The copies of the forms will be sorted and distributed by the Program Director.

(D) CCH enclosed

V. SUICIDE ATTEMPTS:

If at anytime a request is made to this division for an investigation of the above mentioned category, the following will be the S.O.P.

(A) **Request from an agency other than the S.O.**

1. The officer receiving the original call will make an Original Offense Report.

2. The investigator of the MH Division will complete the following:
   a. Client case history form
   b. Client attempt form
   c. Body diagram
   d. If possible all of the above in duplicate

3. CCH enclosed

(B) Request from the Sheriff's Department

1. The officer receiving the initial call will complete an original Offense Report. The Investigator from the MH Division receiving the request for services under this heading shall:

    a. Complete any and all supplements to the original Offense Report
    b. Complete any and all statements
    c. Complete attempt form
    d. Complete client intakes
    e. All reports shall be submitted to the Program Director for approval and distribution

VI. FORENSIC EVALUATIONS:

(A) Evaluations that are ordered by the Court on an inmate with a felony charge:

a. The MH Officer will transport the inmate for evaluations or elsewhere as directed
b. The MH Officer will remain with the inmate until the evaluation is completed
c. The inmate will be transported back to the jail

VII. DAILY ACTIVITY LOGS:

(A) Each MH investigator shall complete a daily activity log which will be submitted to the Program Director at the end of each investigators shift

(B) The above will be in single copy

Estimated Fiscal Impact of
Report Recommendations from the Senate Criminal Justice Committee

2	2.1 To require mental health agencies and the criminal justice system to establish minimum guidelines for a system to aid in identifying mentally ill offenders at jail intake.	Not enough information at this time	LBB Staff	There may be state and local impact but there is insufficient information to quantify the impact at this time.
2	2.2 Define interagency agreements and Memorandums of Understanding (MOU's) between law enforcement and mental health professionals.	No Fiscal Impact	LBB Staff	
2	2.3 To require mental health agencies and the criminal justice system to establish viable community alternatives to incarceration for clinically diagnosed mentally ill offenders.	Not enough information at this time	Texas Council on Offenders with Mental Impairments (TCOMI)	The fiscal impact of additional community-based alternatives to incarceration would depend on the size, scope and implementation schedule of the programs to be established. This programming could include services such as case management, continuity of care, medication, psychiatric services, nursing services, rehabilitation training and benefit eligibility assistance. Intensive case management services currently provided through TCOMI have an average annual state cost of $2,278 per year per individual in addition to probation and parole supervision costs. No significant fiscal implication to units of local government is anticipated.
2	2.4 To require mental health agencies and the criminal justice system to enhance policies of county probation departments regarding access to information on mentally ill probationers.	No Significant Fiscal Impact	LBB Staff	No significant fiscal implication to units of local government is anticipated.