The Mental Health numbers in the Collin County Jail are continuing to escalate. Our jail has 24 medical beds with 4 designated as mental health beds. Due to the sheer volume of those with mental illness which is continuing to increase, our jail has been forced to convert a segregation housing unit into a secondary infirmary.

As of today 8/21/18 there are 9 patients awaiting transfer to state hospital for inpatient competency restoration (6 of them are awaiting Vernon State Hospital which has a current wait time of around 400 days; the average length on the list is 113 days. 4 defendants are returned awaiting trial. Today, we have 18 patients in the jail that if released in the next hour would require an emergency detention to a local ER for inpatient psychiatric treatment due to suicidal/homicidal/psychosis (not including the 9 awaiting state hospital beds.) Thus today there are 27 inmates, who meet criteria for inpatient psychiatric care. This is the size of a typical inpatient "unit" in most psychiatric hospitals.

Our system expects those with mental illness to navigate a system, which would be difficult at best for someone, who was currently mentally healthy. We can no longer release inmates at midnight with the instruction to follow up on mental health services.

Key Feature: The main feature, which contributes to the success of the Collin County program is one point of contact (POC). The state hospitals, jail, attorneys, and courts all have one POC expediting all paperwork, orders, and returns for case involving mental illness.

MODEL : The model utilized by Collin County involves Identify, Intervene, Connect, & Manage.

1. Identify- Inmates with MH issues are identified through Jail standards booking form, TLET (Continuity of Care Query), Observation by detention staff, arresting officers, or other reports such as reports from family.
    - The list is reviewed daily and provided to the morning magistrate for consideration
    - The list is provided to the Managed counsel for appointment of attorneys trained in mental health
    - The list is routed to medical for completion of mental health assessments, medication verification and medical history information.
    - Identification also occurs via monitoring of shift reports
2. Intervene- Take action to facilitate inmate MH care, transition or disposition
    - Inmates identified as having high mental health needs are monitored by the MH team (ADA, Defense Counsel, medical, jail command, LMHA). This team meets weekly to review concerns and identify solutions or develop plans of action. This may include hospital diversion, case dismissal or refusal, expedited filing, diversion courts, or MH bond.
    - Inmates are screened for release and assisted with development of outpatient care plans on mental health bonds
3. Connect-Ensure inmates are connected with necessary services at release to ensure success
    - Provide jail ID's to assist in accessing services
    - Enroll in identified services such as local LMHA, substance abuse treatment, establish and appointment for services
    - Assist in coordinating transportation and handoff to the jail diversion team
    - Develop a coordinated release plan-the inmate is released at a specified time, to a specified mode of transportation, to specified services rather than an unassisted release at all hours with no transportation
    - Ensure Defendants are released with a 30 day med prescription
    - Provide contact and resource information
4. Manage- Ongoing management and monitoring to close gaps as they may develop
    - Defendants released on bond are assisted with case management services, LMHA assistance, and monthly court check-ins with the diversion team
    - Defendants are provided help with items such as rescheduling appointments, solving problems that arise, such as inability to get medication, and monitoring to maintain medication compliance and services.
5. Community Partnerships-network of community partners working to resolve cases
    - Partnerships with CIT officers, jail staff, attorneys, and the courts to staff and problem solve specific cases
    - Development of community partnerships and information sharing

ISSUES:

- The Volume of MH cases in our jails has increased exponentially. We are unable to staff the caseloads at the volume needed to provide quality services.
- Requirements of the Sandra Bland Act have increased the speed in which many of those with mental illness are released. As a result we have lost the opportunity to intervene and frequently see these individuals return quickly often in less than 5 hours.
- The Jail Standards booking intake form specificity significantly increased the number of suicide watches required at book in.
- The volume of acute MH cases has increased substantially tapping our resources
- Collin County does not have public transportation widely available
- Collin County has limited to no housing for persons with mental illness, criminal charges often inhibit housing
- Collin County does not have adequate MH beds
- Continuity of Care is limited
- Communication-limited information available to medical and law enforcement due to privacy concerns

RECOMMENDATIONS:

- **Recognize a Jail ID based as a Government ID-** A large number of inmates with MI do not have an ID in their possession. They may be homeless and no longer have a birth certificate or the funds, or mental state to obtain one. As a result they cannot receive services. The limited housing options will not accept persons with no ID. Alternatively create a waiver for indigent to replace a government ID
- **Continuity of Care-** Continuity of Care must be provided to state hospital returns. Presently there is no monitoring of these case by the LMHA in anticipation of release from incarceration. The follow up and transition of these case will be critical in ongoing stabilization and medication compliance with these cases, thereby reducing the likelihood of crisis and deterioration.
- **Housing-**There is an ongoing need for long term supported housing for persons with mental illness. Transience contributes to changes in service providers and inability to maintain medications and mental health services. Residency is a rigid requirement for mental health providers. We frequently struggle to maintain stability for individuals who move back and forth across county lines. The time required for moving services between providers can be prolonged and delay medication appointments. A more centralized method of maintaining service authorizations would improve the continuity of care.
- **Communication-**Enhanced communication between medical/mental health professionals and law enforcement to aid law enforcement in determining appropriate diversion options.
- **Initiation of benefits-** There must be some overlap of benefits/services during periods of incarceration. Currently the local LMHA cannot complete enrollment for services prior to release. Thus the defendant must navigate a number of hurdles post release before being able to receive services. The documents required for enrollment are frequently unavailable during incarceration and too cumbersome. The delays can also result in the defendant running out of medication before services can be initiated.