Texas Sequential Intercept Model Mapping Summit Report

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PRA
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ACKNOWLEDGEMENTS

This report was prepared by Dan Abreu and Ashley Krider of Policy Research Associates, Inc. Policy Research Associates wishes to thank the Texas Health and Human Services Commission for hosting the event. Special thanks to Deputy Executive Commissioner Mike Maples, Deputy Executive Commissioner Sonja Gaines, Dr. Courtney Harvey, Judge Elizabeth Leonard, Andrea Richardson and Chief Floyd Mitchell for offering opening remarks during the four virtual sessions on January 21st and 22nd.

RECOMMENDED CITATION

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CONTENTS

Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

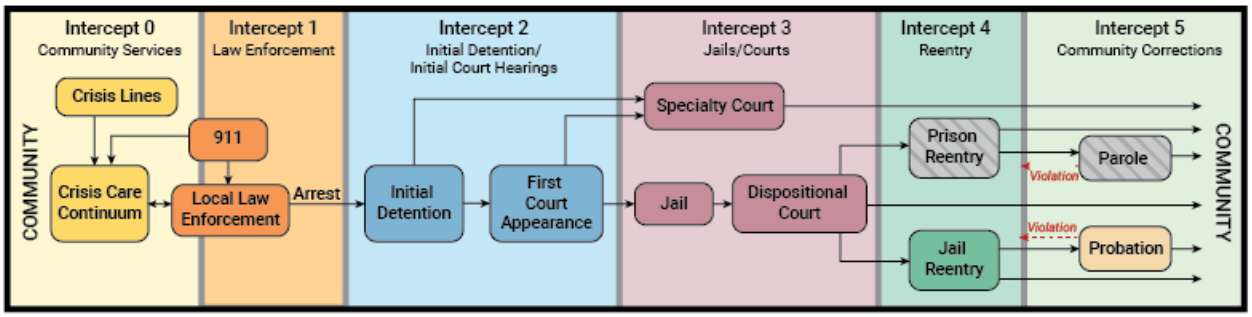
A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

Introduction

The Texas State Sequential Intercept Model (SIM) Mapping Summit was organized by Dr. Jennie Simpson, Forensic Director of the Texas Health and Human Services Commission (HHSC). The Texas Health and Human Services Commission engaged Policy Research Associates, Inc. (PRA) to provide a state-level SIM Summit to assist with fostering collaborations and finding solutions to improve diversion efforts for people with mental illnesses. The SIM Summit was divided into four sessions based on which agencies/regions the participants represented: 1) State Agencies; 2) Rural West Texas; 3) Rural East Texas; and 4) Urban/Suburban Areas. A summary of opening remarks from each of the four sessions follows.

Summit Session One (State Agencies)

Welcome and Opening Remarks: The first session of the Texas Statewide SIM Mapping Summit incorporated HHSC stakeholders, representatives from state agencies and hospitals, and community partners. Mike Maples, Deputy Executive Commissioner of Health and Specialty Care Services, opened day one of the summit by welcoming participants and establishing a clear intention to develop a collaborative strategic plan that will better serve persons with mental illness who come into contact with the criminal justice system. Deputy Executive Commissioner Maples stated that 35% of individuals within Texas's county jails have a mental illness and emphasized the importance of a multi-level cross-systems approach to implementing and improving crisis response services and diversion programming throughout the state. He emphasized that one of the paramount goals of the summit is to focus public safety resources on keeping communities safe and addressing the needs of those with mental illnesses as public health concerns. Additionally, Deputy Executive Commissioner Maples called for improved competency restoration practices and access to outpatient and jail-based competency restoration programs so that inpatient resources can be reserved for those at the highest risk.

Speaking next, Deputy Executive Commissioner Sonja Gaines of Intellectual and Developmental Disability and Behavioral Health Services welcomed attendees and explained how this SIM Summit was a product of the Texas Statewide Behavioral Health Strategic Plan which outlines improvements to mental health interventions and solutions at the state level and in collaboration with partners. She highlighted several of the other goals that were included in the strategic plan including the development of a statewide forensic strategic plan to improve forensic mental health services, better support diversion opportunities, leverage cross-systems collaborations, and reduce justice system involvement among those with mental illnesses. Deputy Executive Commissioner Gaines spoke of the state's intention to invest in resources, training, technical assistance, data, research, and pilot and innovative programs in efforts to prevent individuals from entering the criminal justice system.

Following the opening remarks, Dan Abreu and Ashley Krider, Senior Project Associates with Policy Research Associates, Inc. (PRA) provided context around the Sequential Intercept Mapping process and highlighted several of the mappings that have previously taken place in Texas including Denton, Nueces, El Paso, Tarrant, Harris, Lubbock, Williamson, Potter, Randall, Collin, and Dallas Counties. Common goals that

arose from a pre-summit registration survey included early diversion and prevention, amplifying the voices of those with lived experience, reducing recidivism, improving housing, increasing sensitivity to co-occurring mental health and substance use disorders, improving reentry planning, and fostering partnerships and information sharing across the criminal justice and juvenile justice systems. Dan Abreu then provided information related to behavioral health, trauma, the biology of behavioral health and supported the assertion that treating mental illness—particularly among justice involved individuals—is a public health concern that requires a tailored and appropriate public health response.

Summit Session Two (Rural-West)

Welcome and Opening Remarks: Dr. Courtney Harvey, Associate Commissioner and Mental Health Statewide Coordinator for the Texas Health and Human Services Commission Office of Mental Health Coordination welcomed participants to the second session of the Texas SIM Summit, which was to be focused on Rural Western Texas. Dr. Harvey opened by highlighting that Texas is a large and diverse state, and each region has unique needs that must be addressed with specificity. Further, she maintained that it is not only necessary to divert people with mental illnesses and substance use disorders away from the criminal justice system, but to ensure that people are connected to treatment for their conditions as well. Nationally, approximately 2 million people with mental illnesses are incarcerated each year and as was previously stated, 35% of Texas' county jail population struggle with mental illness. Many of these people wait to receive treatment, such as competency restoration services, in hospitals, which costs state and local governments millions of dollars each year. Dr. Harvey reaffirmed the intention of the SIM Summit, which is to bridge the gaps that exist between responders and resources, in efforts to improve Texas' crisis response infrastructures and better serve those in need of treatment. Finally, Dr. Harvey mentioned the Statewide Behavioral Health Coordinating Council and Texas Statewide Behavioral Health Strategic Plan, both of which can be accessed at www.MentalhHealthTX.org for additional information.

Judge Elizabeth Leonard of the 238th District Court in Midland County addressed Summit attendees next and encouraged them not to be overwhelmed by the task currently at hand, but to be committed to making changes and establishing the necessary relationships to close gaps and enact meaningful change for those who rely on the work being done. She stated that there are many quick fixes that can be made once individuals have built relationships with partners across the system and often, these fixes can be made at no additional cost. Judge Leonard empowered SIM Summit attendees to listen, learn, and recognize that they are each an integral piece of the puzzle—necessary to generate impactful change.

Summit Session Three (Rural-East)

Welcome and Opening Remarks: The third session of the Texas Statewide SIM Mapping Summit focused on Rural Eastern Texas. Deputy Executive Commissioner Mike Maples opened the third session, reiterating many of the points from the first session above. He advocated for refined efficiency in competency restoration efforts and provided an example of one large jurisdiction where 20% of the competency restoration waiting list were individuals charged with misdemeanor offenses. Commissioner Maples challenged

attendees to consider whether jails were truly the most appropriate place for these individuals; he suggested that people should be treated based on their clinical needs and that jails and prisons may not always the most appropriate settings for the treatment that individuals require. He emphasized that there must be an individualized approach to assessing care needs of each person—simply continuing historical practices and procedures is not enough.

Andrea Richardson, Executive Director of Bluebonnet Trails Community Services, also opened session three and spoke of several SIM Mappings that had taken place in Rural Eastern Texas communities in efforts to repair rifts, implement proactive measures, resources, and policies, facilitate early intervention, and to better understand and connect the varying branches of the criminal justice, behavioral health, and mental health systems in the region. Ms. Richardson asked attendees to raise their voices, contribute their perspectives, and be active participants in this SIM Summit process as to best inform the work that will result from the state's Behavioral Health Strategic Plan.

Summit Session Four (Urban/suburban)

Welcome and Opening Remarks: The final SIM Summit session focused was targeted at suburban and urban communities in Texas. Deputy Executive Commissioner Mike Maples opened this fourth session and provided participants with context regarding what the SIM Summit process entails and how it will inform the work of the state's forensic strategic plan. He maintained that Texas needs enhanced crisis services and diversion programs across the state to support efforts to lessen interactions with law enforcement among those who possess a mental illness, when appropriate.

Chief Floyd Mitchell of the Lubbock Police Department also welcomed participants to the final session of the Summit. He reported that in the fall of 2018, the Lubbock Police Department participated in a SIM Mapping which provided a comprehensive outline of how people in the Lubbock community encounter and move through the criminal justice system. Outcomes of the 2018 SIM Mapping included the assignment of full-time mental health officers, who have helped improve coordination and collaboration efforts between the Lubbock Police Department and behavioral health and mental health providers in the community. They have also provided on-shift training to officers, which has increased confidence among officers as they respond to mental health service calls. The Lubbock Police Department has secured a category two grant through the Bureau of Justice Assistance which has provided opportunities to develop cross-agency training that focuses on policies and procedures among the agencies that are responsible for responding to mental health calls or caring for citizens experiencing a mental or behavioral health crisis. Further, more than 30 patrol officers have been trained and certified in Mental Health First Aid (MHFA), which empowers them to respond to crisis calls when a full-time mental health officer is not available. The department has several MHFA certification sessions scheduled for 2021 and hopes to one day certify all of its officers. Chief Mitchell reiterated how beneficial the Lubbock SIM Mapping has been for their community and encouraged optimism as participants work to impact similar change throughout the state.

AGENDA

TEXAS Health and Human Services

PRA POLICY RESEARCH ASSOCIATES

Texas Statewide Sequential Intercept Model (SIM) Mapping Summit
Hosted by the Texas Health and Human Services Commission

AGENDA (THURSDAY JANUARY 21ST)

Note: The times listed are in Central Time

SESSION #1 (STATE AGENCIES)

8:00 a.m. – 8:15 a.m.	**Registration and Networking**
8:15 a.m. – 8:30 a.m.	**Welcome and Opening Remarks** • Deputy Executive Commissioner Mike Maples, Health and Specialty Care Services • Deputy Executive Commissioner Sonja Gaines, IDD and Behavioral Health Services
8:30 a.m. – 8:45 a.m.	**Introductions**
8:45 a.m. – 9:00 a.m.	**Rethinking Healthcare for Justice-Involved Populations**
9:00 a.m. – 10:00 a.m.	**Intercept 0/1** (Community Services, Law Enforcement and Emergency Services)
10:00 a.m. – 10:15 a.m.	**Break**
10:15 a.m. – 11:15 a.m.	**Intercept 2/3** (Initial Detention and Court Hearings)
11:15 a.m. – 12:00 p.m.	**Intercept 4/5** (Reentry and Community Corrections)

SESSION #2 (RURAL – WEST)

1:00 p.m. – 1:15 p.m.	**Registration and Networking**
1:15 p.m. – 1:30 p.m.	**Welcome and Opening Remarks** • Deputy Executive Commissioner Sonja Gaines • Judge Elizabeth Leonard, 238th District Court, Midland County
1:30 p.m. – 1:45 p.m.	**Introductions**
1:45 p.m. – 3:00 p.m.	**Intercept 0/1** (Community Services, Law Enforcement and Emergency Services)
3:00 p.m. – 3:15 p.m.	**Break**
3:15 p.m. – 4:15 p.m.	**Intercept 2/3** (Initial Detention and Court Hearings)
4:15 p.m. – 5:00 p.m.	**Intercept 4/5** (Reentry and Community Corrections)

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TEXAS Health and Human Services

PRA POLICY RESEARCH ASSOCIATES

Texas Statewide Sequential Intercept Model (SIM) Mapping Summit
Hosted by the Texas Health and Human Services Commission

AGENDA (FRIDAY JANUARY 22ND)

Note: The times listed are in Central Time

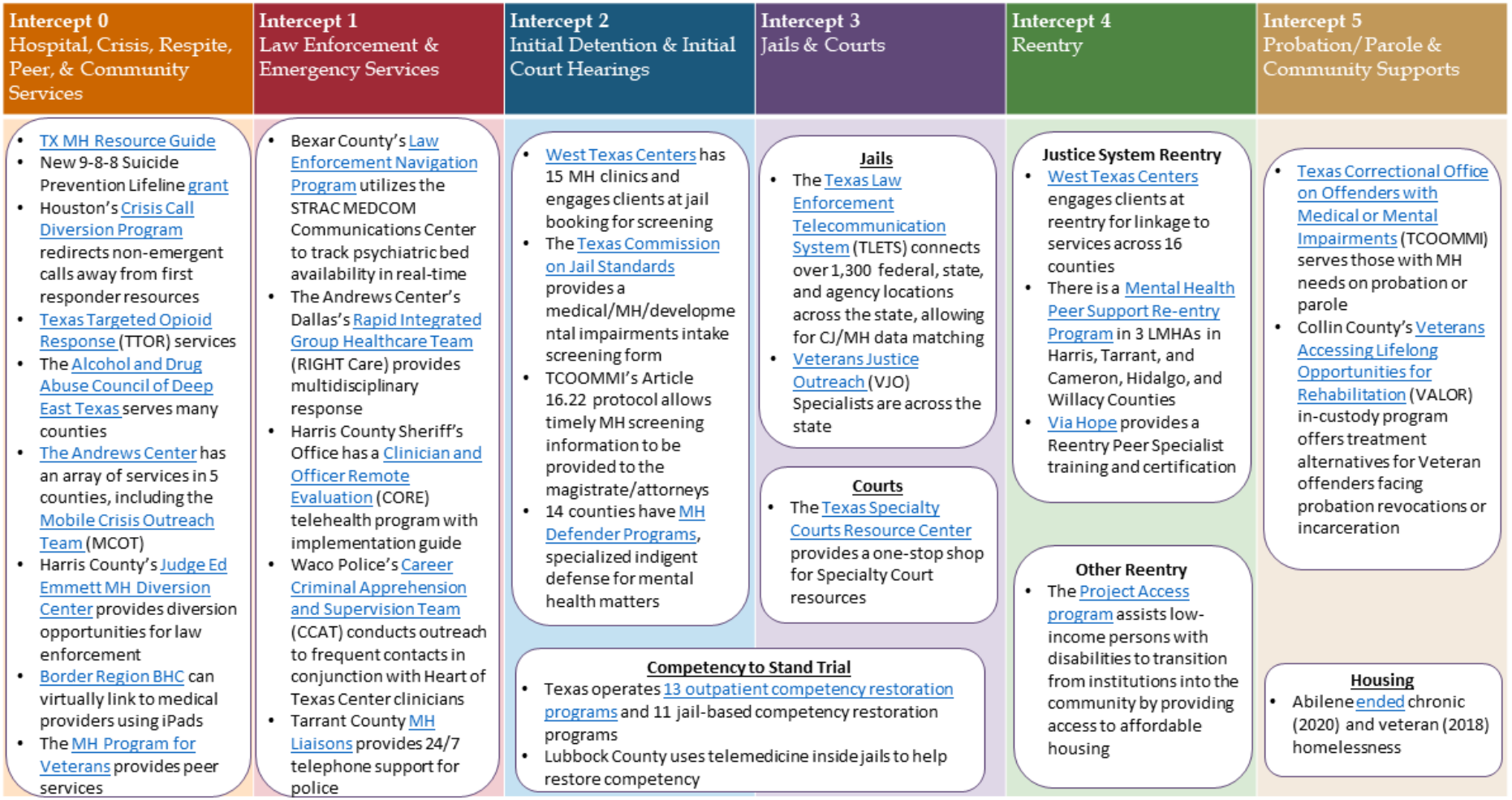
SESSION #3 (RURAL – EAST)

8:00 a.m. – 8:15 a.m.	**Registration and Networking**
8:15 a.m. – 8:30 a.m.	**Welcome and Opening Remarks** • Deputy Executive Commissioner Mike Maples • Ms. Andrea Richardson, Executive Director, Bluebonnet Trails Community Services
8:30 a.m. – 8:45 a.m.	**Introductions**
8:45 a.m. – 10:00 a.m.	**Intercept 0/1** (Community Services, Law Enforcement and Emergency Services)
10:00 a.m. – 10:15 a.m.	**Break**
10:15 a.m. – 11:15 a.m.	**Intercept 2/3** (Initial Detention and Court Hearings)
11:15 a.m. – 12:00 p.m.	**Intercept 4/5** (Reentry and Community Corrections)

SESSION #4 (URBAN/SUBURBAN)

1:00 p.m. – 1:15 p.m.	**Registration and Networking**
1:15 p.m. – 1:30 p.m.	**Welcome and Opening Remarks** • Deputy Executive Commissioner Mike Maples • Chief Floyd Mitchell, Lubbock Police Department
1:30 p.m. – 1:45 p.m.	**Introductions**
1:45 p.m. – 3:00 p.m.	**Intercept 0/1** (Community Services, Law Enforcement and Emergency Services)
3:00 p.m. – 3:15 p.m.	**Break**
3:15 p.m. – 4:15 p.m.	**Intercept 2/3** (Initial Detention and Court Hearings)
4:15 p.m. – 5:00 p.m.	**Intercept 4/5** (Reentry and Community Corrections)

Sequential Intercept Model Map for Texas: Highlighted Resources

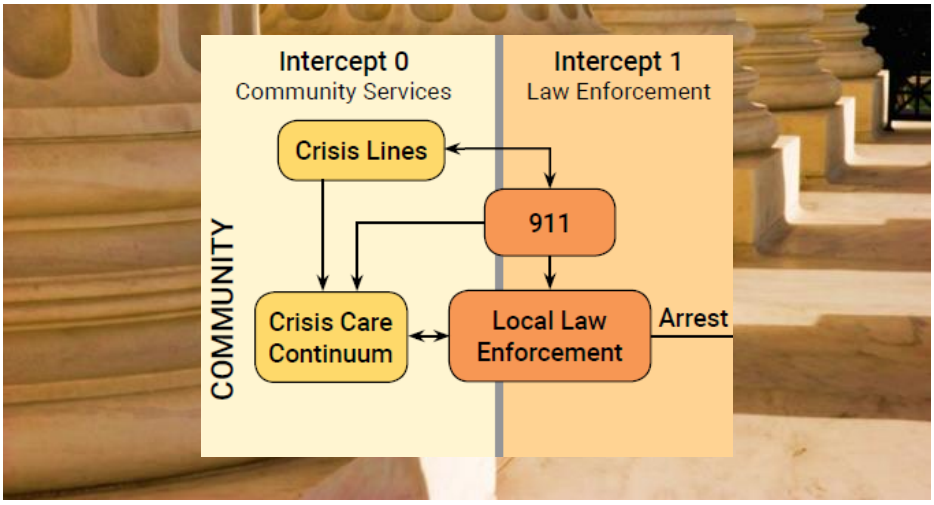


Resources and Gaps at Each Intercept

One element of the workshop is the development of a Sequential Intercept Model map. As part of the mapping process, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources. Resources and gaps in each of the four sessions are listed below, divided by intercept.

Note: the lists of resources and gaps reflect the dialogue of those present during the SIM Summit and are not comprehensive.

SESSION 1: STATE AGENCIES



INTERCEPT 0 AND INTERCEPT 1

RESOURCES

Crisis Call Lines

- There are multiple 24/7 crisis lines available throughout Texas.
- Texas has four sites that are engaged in the current National Suicide Prevention Lifeline structure. The sites are currently funded through a grant that expires at the end of 2021, although Texas has identified Mental Health Block Grant funds to be used once the grant expires.
    - Texas Health and Human Services (HHS) recently received an award toward implementation of the new national mental health dialing code, 9-8-8, via Vibrant Emotional Health, the nonprofit administrator of the National Suicide Prevention Lifeline. The planning grant involves a collaborative approach to strategic planning that will be driven by input from key stakeholders. Texas is anticipating a significant increase in the number of crisis calls following the implementation of 9-8-8 in July 2022, and crisis systems may need to be expanded to meet the increase in demand. There should be an evaluation to define the empirical value, costs, and outcomes of implementation of 9-8-8, with the ability to provide comparative analysis for those which may work in urban vs. rural areas.

    - NAMI has been in conversations with state legislators regarding implementation of 9-8-8 Mental Health Crisis Infrastructure. The model bill would establish a small user fee that will be added to phone bills to fund 9-8-8. The state is recommending including people with lived experience in 9-8-8/Lifeline staff.
    - Georgia's work around implementation of 9-8-8 may provide some beneficial information.
- The Community Mental Health Grant Program has funded many mental health projects statewide, including a bilingual peer-run warm line.

Healthcare

- There are mental health emergency room centers in 12 counties in East Texas.

Housing

- The Project Access pilot program, funded by the Texas Department of Community and Housing Affairs, assists individuals with low income and disabilities in transitioning from institutions into the community by providing access to affordable housing. Project Access provides housing vouchers, information advocacy, and housing navigation.

Law Enforcement and First Responders

- There is a widespread support for early diversion across the state.
- A Mental Health Pathways Committee has been established within the Texas Police Chiefs Association to provide relevant resources.
- Mental Health Deputies are funded through Local Mental Health Authorities (LMHAs). These officers are specially trained in crisis intervention through the Texas Commission on Law Enforcement and work collaboratively with the community and crisis response teams.
- The Texas Judicial Commission on Mental Health (JCMH) provides training for law enforcement.

Crisis Services

- Mobile crisis services are widespread but limited in some areas of Texas.

Training/Resources

- The Judicial Commission on Mental Health (JCMH) is currently creating a website that will highlight the resources along the Sequential Intercept Model (SIM) in every county in Texas.
- The Court of Criminal Appeals (CCA) has created a Texas Mental Health Resource Guide. A statewide resource sharing website is also in progress.

- One example of statewide training available to both educate and create crisis awareness is the Texas Commission on Law Enforcement (TCOLE) Course 4067 (Trauma Affected Veterans).
- HHSC and the Texas Veterans Commission partner to administer the Mental Health Program for Veterans, which provides peer-to-peer counseling to service members, veterans and their families through local mental health authorities and local behavioral health authorities across the state.

Funding

- The Mental Health Grant Program for Justice-Involved Individuals funds matching grants for county-based community collaboratives to reduce recidivism by decreasing the frequency of arrest and incarceration among people with mental illness. The program currently funds 15 projects in 208 counties in rural areas through Texas. These projects focus on five areas: access to care (51 counties served), co-occurring disorders/substance use disorder services (57 counties served), crisis and forensic services (33 counties served), school-based and early intervention (46 counties served), and peer support services (21 counties served). At this scale it is not reaching all rural communities in the state, but it is an opportunity to learn.
- Texas Government Code, Section 531.0991, directs the Health and Human Services Commission (HHSC) to establish a matching grant program to support community mental health programs. The purpose of the Community Mental Health Grant (CMHG) Program is to ensure individuals with mental health needs can access services and treatment.

GAPS

9-1-1/Dispatch

- There is a need for an alternative to calling 9-1-1 and receiving a police response. The implementation of 9-8-8 will address some of this, but there must also be enough community support and services available to respond to behavioral health crises. Resources and infrastructure are uneven across the state, particularly in rural areas.

Healthcare

- One-third of individuals in the state hospital have been there over one year, which is a costly approach to acute care. The reported largest barrier to discharge from state hospitals for this group is lack of guardianship.

- There is a need for additional meaningful residential treatment resources, as well as greater assistance making service connections to ensure success upon reentry to the community.
- There is a need for additional collaboration between Local Mental Health Authorities (LMHAs) and other community-based service providers.
- Some individuals are receiving criminal charges for their behavioral while in hospitals awaiting services.

Law Enforcement and First Responders

- There is a need for additional self-care and wellness resources for officers and other first responders, particularly in rural areas.
- There is a need for ongoing training and provision of information to law enforcement and other first responders about mental and substance use disorders, as well as about services that are available locally.

Crisis Services

- Current crisis response teams are under resourced to bring to full capacity/geographic coverage.
- There is a need for greater involvement of people with lived experience and their family members in the operation of both crisis lines and mobile crisis services.

Housing

- There is an overall gap in housing options available for this population.
- There is a particular gap in housing options for those who have very acute/complex needs. Guardians very often do not have sufficient housing options for the individuals in their care.
- The Office for Civil Rights (OCR) has some funds available that can be used toward housing (deposits, rental assistance, etc.) but is not a housing program itself. In addition, OCR funding is not available statewide.
- There is a gap in utilization of Project Access and associated housing vouchers by state hospitals and others. Individuals could benefit from one-on-one assistance with locating and securing housing, as well as greater advocacy. Access to supports to help individuals maintain housing and loosening of federal and state guidelines regarding accessing housing is also identified as a need.

Peer Support

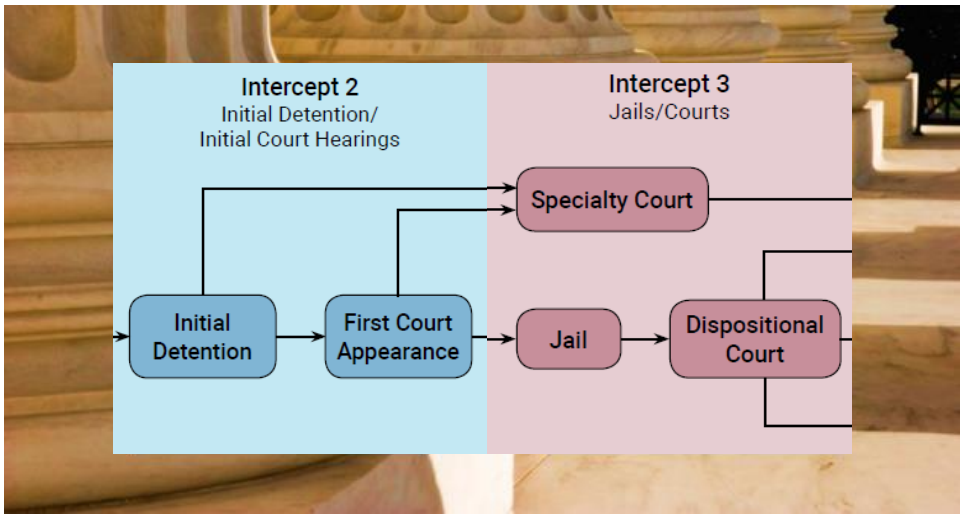
- There is a need for greater utilization of peer-run organizations and peer-delivered programs and services, as well as funding to support them, across the intercepts.
- There is a workforce shortage to fill peer positions in many planned programs.
- There is a need for additional support for families of individuals with mental and/or substance use disorders involved in the criminal justice system.
- There is a need for greater community engagement and mechanisms for gathering feedback from community members.

General

- The implementation of S.B. 633, known as All Texas Access, focuses on building capacity and collaboration in rural Texas to address access to care. The bill also established a Peer Reentry Initiative that could be expanded. A 2020 report details recent regional plans.

Collection and Sharing of Data

- There is a general lack of awareness about community resources in rural areas in particular. Better integration of state and local resources is needed.
- There is a need for additional training and technical assistance to institutionalize the sharing and scaling of resources for law enforcement.



INTERCEPT 2 AND INTERCEPT 3

RESOURCES

Booking

- West Texas Centers, a Certified Community Behavioral Health Clinic (CCBHC), engages individuals at jail booking to quickly access necessary mental health services and medication.

Arraignment

- The Texas Judicial Commission on Mental Health (JCMH) has a printed guide available with mental health and court-related resources. They are also developing a website and a map that shows a Sequential Intercept Model (SIM) map with resources listed across the systems.
- The Texas Supreme Court provides education to the courts around civil issues.
- There is a local forensic navigator program in the state.

Jail Services

- A current legislative proposal would require 24/7 access to a provider of mental health services, whether in-person or via telehealth, as well as access to "prescription medication that is determined necessary for the care, treatment, or stabilization of a prisoner with mental illness."

- Some jails, particularly in urban areas, contract with community providers to provide in-reach services.

Competency

- Jail and outpatient community-based competency restoration is available in some parts of the state, but not everywhere. Harris County is one example of a local outpatient Incompetent to Stand Trial (IST) program that also has associated housing.
- It was estimated that about 20% of individuals evaluated as incompetent to stand trial have been charged with misdemeanors, a group that likely do not post a threat to public safety. Using the civil commitment process to provide individuals in need access to treatment could reduce the wait lists significantly and provide more appropriate care.
    - Texas amended 16.22 of the Code of Criminal Procedure to create a roadmap for criminal courts to re-direct individuals with mental illness facing nonviolent charges to the civil commitment process.

Pretrial Services

- Texas is creating regional public defender offices to support diversion efforts. The state will provide two-thirds of the cost of the regional public defender offices. They will also manage assigned counsel programs that utilize private assigned counsel in similar ways. Lubbock and Collin counites are good examples of this structure.

Specialty Courts

- There has been widespread development of specialty courts across Texas.

GAPS

Jail Services

- There is a need for increased peer support services across the intercepts.
- There is a need for increased psychotropic medication continuity (immediate access) and formulary consistency for individuals booked into local jails.
- There is variation in the use of court-ordered medication (COM) across the counties, as permitted by statute.

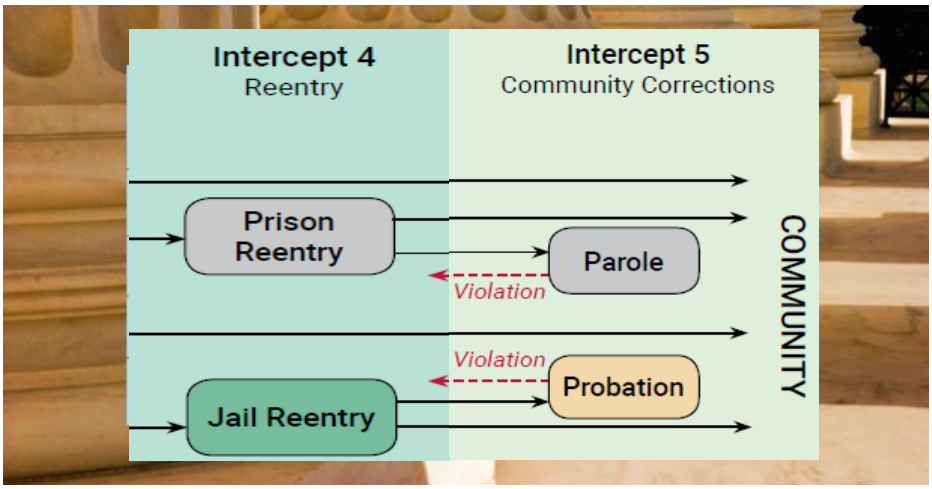
Competency

- Individuals found incompetent to stand trial (IST) are often waiting in jail for restoration for long amounts of time due to a lack of hospital space. It was reported that there were

roughly 1,500 individuals currently in jail awaiting competency restoration at the time of the Summit.
    - Some outpatient treatment alternatives exist but have lower capacity.
    - There is a need for increased diversion from the competency/criminal process for individuals charged with non-violent and low-level misdemeanors.
    - As more outpatient competency restoration programs are developed across the state, thought should be given to utilizing a hybrid program that also includes a residential component.
- There could be increased utilization of Assisted Outpatient Treatment (AOT).

<u>Data Collection and Sharing</u>

- There is a need for data collection and utilization across various programs including client feedback and outcome sharing to determine what is working well and can be replicated. There are programs that have demonstrated good outcomes, but there is a gap in identifying best practices and scaling them across the state. It would be helpful to have a statewide training and technical assistance effort to provide coordination across stakeholders.
- There is a need for data on program retention and recidivism.
- There is a need for increased community engagement (the Alliance of Elite Youth Leadership, Transformative Justice and the Lone Star Justice Alliance are examples) and education around what to expect from various service systems.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES

Jail Services

- West Texas Centers has caseworkers placed in some local jails to assist with reentry handoff to services.
- Travis County is an example of a jail reentry program that provides necessary medication and connection to community services. The Travis County Sheriff collaborates with the Local Mental Health Authority to provide these services.
- Many community providers perform in-reach at local jails for behavioral health and reentry services, particularly pre-COVID-19.

Community Reentry

- The Mental Health Peer Support Re-entry Pilot Program has operated since 2016 in Harris, Tarrant, and Cameron Counties and leverages peer support to empower justice-involved persons to successfully transition from jail into communities. The latest report is available online.

GAPS

Community Reentry

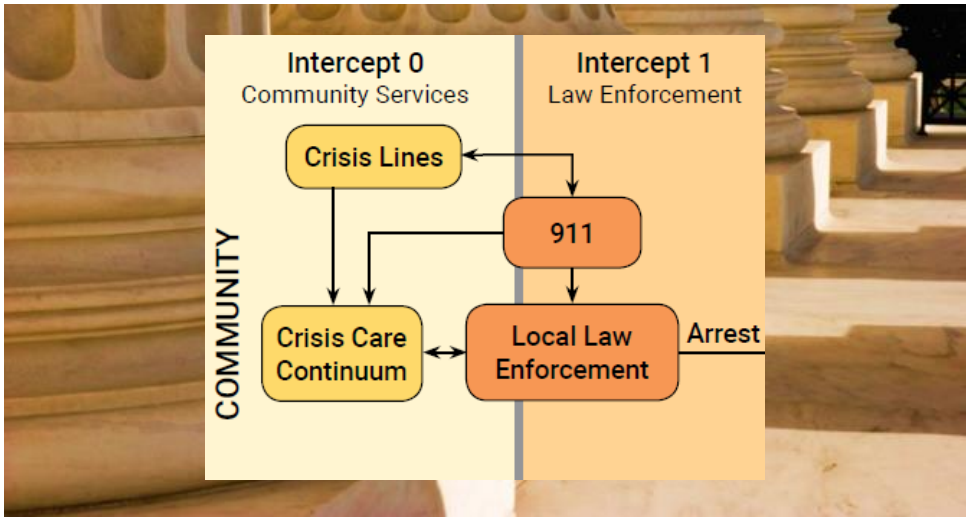
- In many communities, people may get "lost" after leaving the criminal justice system without a warm handoff to community agencies.

- There are some underutilized housing resources at the state level to assist with finding housing and advocacy. Housing with integrated supports is a particular need.

Probation

- There is a need for an increase in access in/continuation of services for individuals being released from jail who are being supervised by probation or parole.

SESSION 2: RURAL – WEST



INTERCEPT 0 AND INTERCEPT 1

RESOURCES

Crisis Call Lines

- Border Region Behavioral Health Center (BHC) contracts with Avail to operate a crisis line (1-800-643-1102).

9-1-1/Dispatch

- 9-1-1 dispatchers and call takers receive mental health and substance use training. During normal business hours (Monday-Friday, 8:00am-5:00pm) they will attempt to connect the callers with community-based service providers when possible. Some county 9-1-1 dispatch teams have engaged LMHAs, allowing for an immediate connection to a mental health professional at the time of the emergent or urgent call.

Law Enforcement and First Responders

- A high percentage of law enforcement officers have received Crisis Intervention Team (CIT) training.
- The Laredo Police Department has interest in developing a multi-disciplinary team.

- Law enforcement does not always carry Naloxone/Narcan but fire departments and Emergency Medical Services (EMS) do. Abilene Recovery Center provides Narcan to law enforcement and other first responders. PermiaCARE is also distributing Narcan.

Crisis Services

- Border Region BHC is one example of a local organization operating a Mobile Crisis Outreach Team (MCOT).
- Abilene Recovery Center collaborates with local partners to operate two Community Mobilization Teams to provide mobile crisis services. Peer Recovery Coaches are involved with the teams.
- Bluebonnet Trails Community Services can be contacted by law enforcement through iPads to provide telehealth services in the field.

Crisis Stabilization

- Border Region BHC handles many initial crisis response assessments and can transport individuals to the 16-bed Crisis Stabilization Unit (CSU) in Laredo, TX, or to the nearest hospital which can be a multi-hour trip. Border Region BHC has transported approximately 40 individuals in the CSU since September 2020.
- The All Texas Access Program assists counties in the region with reducing hospital admissions and incarcerations.

Peer Support

- Peer Support Specialists and Peer Recovery Coaches are utilized throughout the regions.

GAPS

Law Enforcement and First Responders

- There is a need for immediate access to services, particularly during nights and weekends. Law enforcement officers who respond to calls involving individuals experiencing a mental health or substance use crisis in the region are often unable to connect individuals with treatment and other support services.
- There are gaps in transportation services and a related need for alternatives to providing in-person services (both now and post-COVID-19 pandemic), including utilization of telehealth, with consideration to the gaps in access to mobile devices and adequate internet service that are particularly in rural areas.
    - Law enforcement officers, particularly in rural areas, often must transport individuals long distances to the nearest state hospital for screening to determine eligibility for

admission to services (consider pre-screening options prior to transport to state hospitals).

- There is a need to expand harm reduction initiatives including Naloxone/Narcan distribution to law enforcement, other first responders, and the public.

Crisis Services

- There is a need to expand multi-disciplinary mobile crisis response teams, including people with lived experience and family members.

Crisis Stabilization

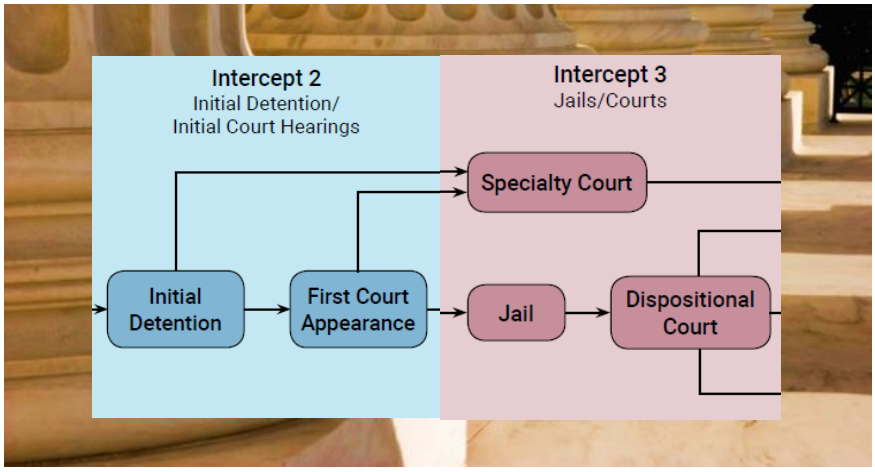
- There are limited crisis stabilization beds, particularly in rural areas.

Substance Use

- Methamphetamine and heroin addiction are major issues across rural Texas, but methamphetamine is much more prevalent in the rural areas. There are limited detox facilities and they require insurance.

Housing

- There is a lack of access to housing of all types (emergency, transitional, permanent, supportive, etc.).



INTERCEPT 2 AND INTERCEPT 3

RESOURCES

General

- There is a lot of variation in service availability throughout the rural regions at Intercepts 2 and 3, more so compared to other intercepts.

Booking

- The Texas Veteran Commission recommends that local jails ask individuals at booking if they have ever served in the military. Jails have been instructed to input this information into the Veterans Re-Entry Search Services (VRSS), which enhances service linkage.
- The Texas Health and Human Services Commission (HHSC) and the Texas Department of Public Safety (DPS) use a web-based data exchange process using DPS' Texas Law Enforcement Telecommunications System (TLETS) and HHSC's Clinical Management for Behavioral Health Services (CMBHS), providing a real-time method of identifying special needs offenders. Jail staff enter individuals into TLETS for whom criminal charges are pending, or who after conviction or adjudication, are in custody, or under any form of criminal justice supervision. The TLETS/CMBHS electronic data exchange process matches county jail inmates' personal information with records of individuals who have received mental health services from state-funded mental health programs.
- The Texas Code of Criminal Procedure art. 16.22 provides for a standardized screening form for local jails developed by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI). The Texas Commission on Jail Standards (TCJS)

Screening Form and the Continuity of Care Query (CCQ) for the TLETS are both completed at booking in addition to the 16.22 form.

Arraignment

- Conditions can be added to an individual's bond related to the above 16.22 procedure such as requiring that a defendant submit to a mental health examination or other assessment.

Jail Structure and Personnel

- Every county jail is required to have a medical provider/nurse. Midland County is one example of a jail who was able to hire a Licensed Mental Health Professional (LMHP) by demonstrating cost-savings and reductions in individuals' average lengths of stay.
- Data matching efforts involving jail case managers in four facilities and community case managers allow West Texas Centers to quickly identify individuals who have been receiving services in the community and have been booked into those jails.

Jail Services

- As required by H.B. 601 of the 86th Legislative Session, counties are required to provide mental health records, mental health screening reports, or similar information regarding the mental health or intellectual disability of individuals transferred to the Texas Department of Criminal Justice (TDCJ) custody.
- Jail formularies vary by county but were reported as generally having good coverage.

Competency

- Midland County reported that receiving a competency evaluation typically used to take two months, but now it is closer to 49 days for evaluation and restoration combined. S.B. 292 funds matching grants for county-based community collaboratives and has been helpful in Midland and other communities as it helps reduce the total wait time for people with mental illness placed on forensic commitment to a state hospital, which can free up beds for inpatient competency restoration.

Pretrial Services

- Some pretrial services departments use validated risk assessments, such as the Noble 2.0.

- The Office of Court Administration (OCA) uses the PRAISTX pretrial risk assessment tool, a derivative of the Ohio Risk Assessment System (ORAS). They are working to automate it for statewide deployment.

Specialty Courts

- The Mental Health Court in Austin is one example of utilization of peer support services.
- There is an array of specialty courts across the state.

GAPS

Booking

- There may be gaps in ensuring jails regularly submit information about individuals booked into the jail to the Veterans Reentry Search Service (VRSS).
- Jails are not always identifying medication needs at time of booking soon enough so that individuals can continue receiving them.

Arraignment

- There is a need for improved communication between Local Mental Health Authorities and probation departments regarding bond hearings.

Jail Structure and Personnel

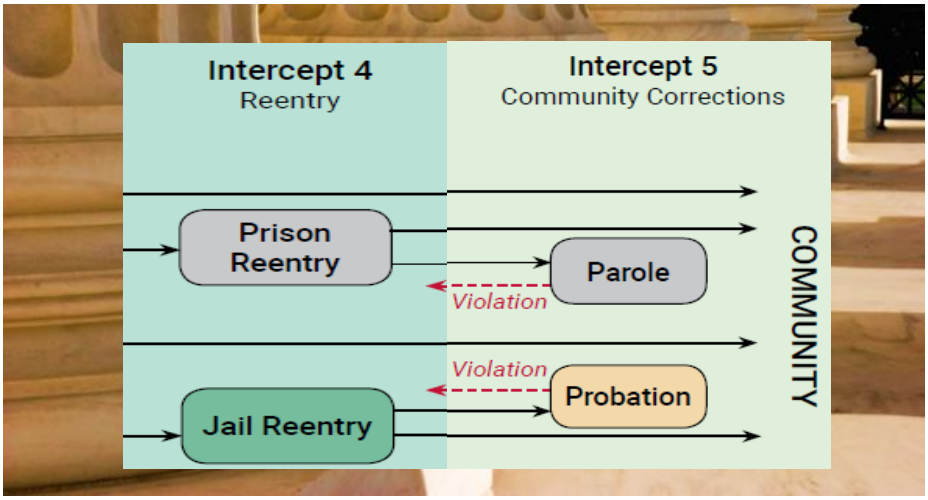
- There should be exploration of possible jail clearance for people with lived experience in peer support/recovery coaching roles who have prior criminal histories.
- In rural areas not every jail has a psychiatric nurse or case manager on staff.

Jail Services

- Jails should provide a temporary supply of medications to individuals being released from custody sufficient enough for the individuals to access refills/follow-up appointments. Many jails currently issue vouchers for a seven- to fourteen-day supply of medications at the time of release.
- There is a need for increased medication-assisted treatment (MAT) within jails, as well as providing a continuum of MAT options and education around practices to decrease drug diversion.

Pretrial Services

- There is interest in a statewide/regional rollout of validated pretrial screening and assessment tools and implementation of a Risk-Need-Responsivity framework.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES

Jail Services

- West Texas Centers provides community and jail-based services for a 23-county catchment area (Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler and Yoakum counties) and has had success maintaining continuity of care through transitions in and out of custody.

Community Reentry

- Local Mental Health Authorities have some funding to provide medications to individuals following their release from jail. In addition, the Health and Human Services Commission (HHSC) may reimburse a Local Mental Health Authority or Local Behavioral Health Authority for up to 90 days of post-release medications for individuals who, after having been committed to a state mental health facility for restoration of competency, are returning to the committing court for trial.

Probation/Parole

- Individuals released from prison to parole must be assessed within 15 days, using the Texas Risk Assessment System (TRAS) and a mental health evaluation.

GAPS

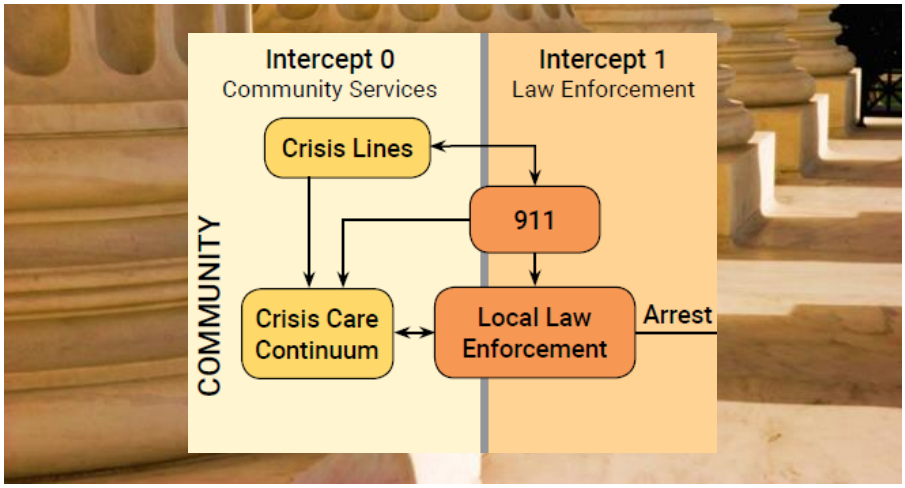
Jail Services

- Jail releases can be unpredictable and happen quickly, particularly at off-hours or from court, which does not easily allow for reentry planning.

Community Reentry

- Individuals placed on waiting lists for community-based services may be required to contact the providers periodically to maintain their positions on the waiting lists, which can be difficult for some individuals.
- There is a need for increased employment opportunities for individuals with prior criminal histories as well as employer incentives for hiring. Eliminating barriers to accessing job training would be another beneficial strategy.

SESSION 3: RURAL – EAST



INTERCEPT 0 AND INTERCEPT 1

RESOURCES

Crisis Call Lines

- The Andrews Center Behavioral Healthcare System has a crisis hotline.
- 2-1-1 Texas links individuals to non-emergency community resources.

Healthcare

- The Andrews Center, a Certified Community Behavioral Health Clinic (CCBHC), serves five counties (Smith, Henderson, Van Zandt, Wood, and Rains Counties), with urgent or emergent appointments available within 24 hours. If screening does not indicate that the situation is urgent or emergent, appointments may take one to four weeks to book. The Center employs doctors and nurse practitioners that utilize telehealth, which is another option. Contracted beds are paid for by the Andrews Center for three days, then individuals may be transferred to state hospitals.
  - They also have a partnership with Family Circle of Care in Tyler for access to Medication-assisted Treatment (MAT).
  - The Andrews Center also helps with hospitalization for more serious calls and assists individuals with getting a forensic bed which can be a two- to 14-month process.

- The Alcohol and Drug Abuse Council (ADAC) has outpatient and inpatient service programs. They provide counseling and evaluation services and have expanded into a coaching model.
- The University of Texas Health Center has 14 psychiatric beds available. The University of Texas Northeast is the go-to hospital for psychiatric emergencies.
- Bluebonnet Trails Community Services is in partnership with Texas A&M to grow the workforce of faculty and residents.
- The Texas Targeted Opioid Response (TTOR) is a grant program that implements a continuum of integrated services around prevention, treatment, and recovery.

Law Enforcement and First Responders

- The Smith County Sheriff's Office is one example of a department requiring a minimum two weeks of Crisis Intervention Team (CIT) training.
- The Andrews Center offers mental health first aid and trainings for courts and law enforcement officers.

Crisis Services

- The Andrews Center has two crisis teams, which can meet at any safe location or will respond to an individual's home if they have law enforcement present to make sure the scene is secure. They also occasionally use teleservices for crisis response with video consultations on scene. Telehealth screening has reportedly been highly efficient in diverting mental health crises.
- My Health My Resources (MHMR) Authority of Brazos Valley has implemented mobile crisis teams, crisis follow-along with hospital diversion, and has had preliminary discussions about implementing a crisis stabilization unit.

Crisis Stabilization

- The Andrews Center has a transition house for mental health crisis temporary housing where they provide evaluations and link individuals with providers. The facility has a 10-bed capacity, but capacity fluctuates.

Peer Support

- The Andrews Center has only three peer support staff, as they have been difficult to find and hire. Two of the peer workers are part-time employees and answer the warm line. The third full-time peer worker facilitates groups, phone calls, and works in the lobby to assist people in distress.
- The Health and Human Services Commission has funded peer-staffed pilots for transitioning people back into the community after incarceration. Some peer specialists are trained through Local Mental Health Authorities.

GAPS

9-1-1/Dispatch

- There are varying levels of mental health/Crisis Intervention Team (CIT) training provided to 9-1-1/dispatch staff across the state.
- 9-1-1/dispatch receives a fair amount of recurrent calls from individuals or family members who lack other resources.

Healthcare

- The Andrews Center is only available on weekdays so there is a lack of services available in their coverage areas after hours. There also may be language barriers leading to complications obtaining services through Andrews Center.
- There is a need for additional educational incentives to increase behavioral health staff, particularly in rural service areas.
    - Specifically, there is not sufficient coverage of psychiatrists across the state. It was reported that Texas is 1,000 psychiatrists short, with East Texas affected the most.
    - There is also a specific lack of Licensed Chemical Dependency Counselors in rural areas.
- In many rural counties, hospitals have closed, leaving these communities in greater need of crisis stabilization units. Hospitals in rural Texas are at capacity for psychiatric beds and general beds.
- There are few respite services available after hours and on weekends in rural areas, leading many to go to emergency rooms.
- There is a general lack of detox facilities available. Individuals also face barriers in accessing detox services for methamphetamine and heroin. This type of detox does not receive state funding, preventing the uninsured population from accessing detox with certified suboxone prescribers.
- There is also a general need for increased access to medication-assisted treatment (MAT). There are currently insufficient outpatient resources for those with opioid addiction.
    - My Health My Resources (MHMR) Authority of Brazos Valley is one example of a reported shortage of resources for uninsured patients, including for detox services and outpatient MAT.

Law Enforcement and First Responders

- Law enforcement needs increased access to teleservices when responding to individuals experiencing a mental health or substance use crisis, particularly in rural areas.

- There is a need for additional information to be provided to law enforcement about mental health/substance use services and diversion resources that can be accessed immediately, particularly in rural areas during after-hours and on weekends.
- Due to closures of mental health facilities, there is now more pressure on law enforcement to transport individuals out of the local area, which often results in transport to emergency room transports instead of mental health services.

Crisis Services

- The Mobile Crisis Outreach Team (MCOT) needs additional staff for full capacity mobile crisis response from the Andrews Center (they currently only respond to acute crisis situations such as potential suicide risk). MCOT is also not currently responding to individuals' homes due to safety concerns unless law enforcement is present. There is a need for additional MCOT staff, including involvement of people with lived experience. There is also a need for a co-responder program with law enforcement.
- There are technological gaps in extending crisis response teleservices. Internet connectivity issues are presenting a barrier to successfully accessing telehealth services.

Crisis Stabilization

- Potential crisis unit costs can be prohibitive, particularly for staffing and psychotropic medications.
- There is a need to explore a regional crisis stabilization unit to help address the shortage of hospital beds, including law enforcement drop off.

Housing

- There is a lack of housing options across the rural areas in particular.

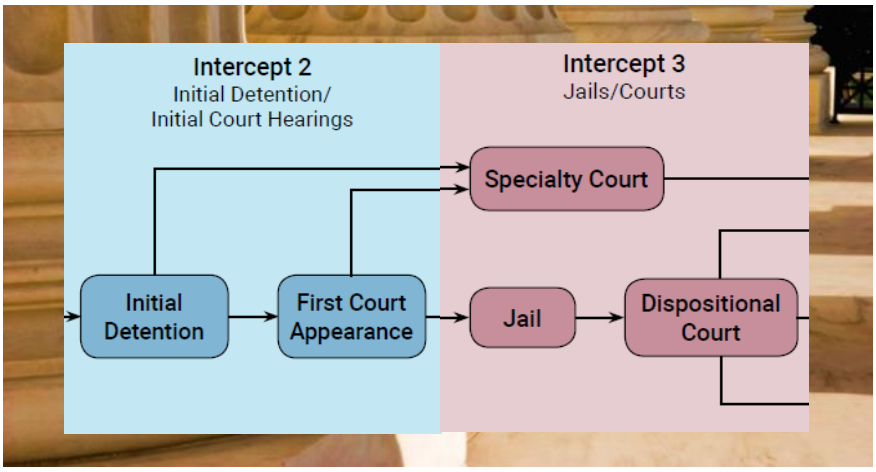
Peer Support

- The peer support workforce in Texas is being developed but is not robust yet.
- There is a need for additional training programs for Peer Specialists.
- Some reported difficulties in advising persons with lived experience to seek a career in social work when their prior justice involvement may interfere with obtaining licensure.

Collection and Sharing of Data

- The All Texas Access report is underutilized.
- There is a general gap in information about resources and local planning on behavioral health and criminal justice issues.

- There is a need for greater circulation of available mental health, substance use, and intellectual and developmental disabilities resources that are available, and community education about those resources.
- There are many relevant programs throughout Texas that have demonstrated positive outcomes but there is a gap in identifying best practices and scaling them across the state. Statewide training, technical assistance efforts to provide coordination for the stakeholders involved in these projects would be beneficial.



INTERCEPT 2 AND INTERCEPT 3

RESOURCES

Booking

- Upon booking, the Texas Law Enforcement Telecommunications System (TLETS) determines whether an individual has a community provider match and links the individual to the Local Mental Health Authority report to cross-reference and continue medication and mental health services within the jail.

Arraignment

- Staff at the jails screen individuals for mental health needs and flag any before the individuals appear before the magistrate judge. After the screening, attorneys review treatment options with the individuals and the magistrate can order additional screenings and assessments. A judge can also suggest an evaluation and have a hearing regarding an individual's treatment.

Jail Services

- Veterans Affairs (VA) hospitals have Veterans Justice Outreach (VJO) specialists and coordinators that visit the jails and seek out those who have served in the military to engage in services.
- Communities Assisting Military Personnel and Veterans (CAMP V) is a one-stop resource for veterans that provides therapy, medical appointments, and disability benefits to veterans in Tyler, TX.

Competency

- There are 13 Health and Human Services Commission (HHSC)-funded outpatient competency restoration programs and six jail-based competency restoration programs in the state.
- Some competency hearings are currently being held via teleservices, such as at Smith County Jail.
- The Andrews Center has a competency restoration outpatient program with housing that has been in operation for three years and may be underutilized. They accept individuals who are not deemed high-risk and are within a two-county radius. The Andrews Center also offers an Assisted Outpatient Treatment program for civil court-ordered treatment. Transportation is provided for competency and AOT programs.

Pretrial Services

- Fourteen counties have Mental Health Defender Programs, a specialized indigent defense for mental health matters.

Data Collection and Sharing

- The Judicial Commission on Mental Health (JCMH) sends out Jurist in Residence (JIR) Resource Letters several times a year. The JIR program is designed to facilitate communication among the JCMH, the judiciary, and mental health stakeholders.

GAPS

Booking

- Local Mental Health Authorities (LMHA) are not always notified of clients booked into jail. There are 39 LMHAs in Texas that are all independently run and there is no systematic method in place for notifying the centers of interactions with the jail.

Arraignment

- Stigma or lack of education around mental health resources in the courts may lead to individuals not being directed towards proper care. There is a need for increased mental health education for attorneys. Two resources may include:
  - Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book
  - Texas Mental Health and Intellectual and Developmental Disabilities Law: Selected Statutes and Rules
- Article 1622 states that any information during arrest, booking, or in jail related to mental health should be given to the magistrate. There are gaps in the relevant information making its way through the process, and 1622 training is part of the continuing legal education series of training that judges are seeking to implement. Attorneys are also reportedly not always sure what to do with the 1622 information they receive.

Jail Structure and Personnel

- There is a need to have mental health advocates at the county jails to decrease the number of people in jail that are not receiving mental health treatment.
- There is a major methamphetamine problem at the jail, which is very difficult to treat.

Jail Services

- There are high rates of persons with intellectual and developmental disabilities in the jails.
- The Cherokee County Jail does not have access to hospital resources nor Licensed Chemical Dependency Counselors.
- The Texas Department of Criminal Justice (TDCJ) notifies the Andrews Center if their clients are incarcerated and helps link the individuals to services.

Competency

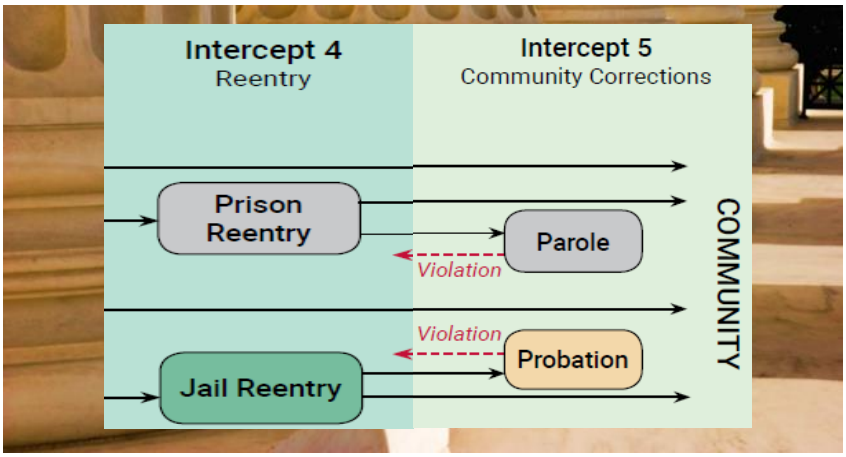
- There is a general lack of civil and forensic beds at the state hospital. There is also a need to transition individuals out of the hospital in a timely manner, when appropriate. Specific strategies are needed for individuals who are/have been in the hospital for long periods of time.
- There is a lack of utilization of Assisted Outpatient Treatment (AOT) and outpatient competency restoration. There is a capacity for outpatient competency restoration but not enough referrals in some areas. Judges may be hesitant to use outpatient competency restoration due to fears of public safety. There is a need for greater education in this area across the state.
- The state hospital is full of individuals with long-term civil commitments that have backed up their ability to take individuals in need of shorter-term competency restoration.

Specialty Courts

- There is a need for automatic diversion to mental health court, when appropriate. Currently, some individuals need to plea into the option and may fall through the cracks.

Data Collection and Sharing

- There may language barriers for some individuals at the jails and some families face challenges with understanding the system and processes.
- Information sharing could be improved between jails and Local Mental Health Authorities.
- There is a need for more Health Insurance Portability and Accountability Act (HIPAA) training among LMHAs. Existing legislation facilitates information sharing.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES

Probation/Parole

- The Texas Risk Assessment System (TRAS) is widely used to allocate community supervision resources.
- Memorandum of Understanding (MOU) between Local Mental Health Authorities and probation departments allow for data and information sharing.
- The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) provides pre-release screening and referral to aftercare treatment services for special needs offenders releasing from correctional settings, local jails, or other referral sources. TCOOMMI contracts with Local Mental Health Authorities across the state to provide continuity of care services for persons on probation or parole by linking them with community-based interventions and support services.

GAPS

Jail Services

- Individuals released from jail are often unable to receive a mental health appointment or access needed medication for a few weeks, which contributes to the deterioration of the mental health.
- There is a lack of outreach for veterans. Many jails use Veterans Re-Entry Search Services (VRSS) but there is less interaction with Veterans Justice Outreach (VJO) specialists.

- Reentry services at many jails have decreased since COVID-19 began, including at Smith County Jail. There is a need to employ strategies such as teleservices.
- There is a need for improved training and technical assistance around Health Insurance Portability and Accountability Act (HIPAA) and data and information sharing practices, particularly for rural Local Mental Health Authorities and community-based service providers, jails, and community corrections.

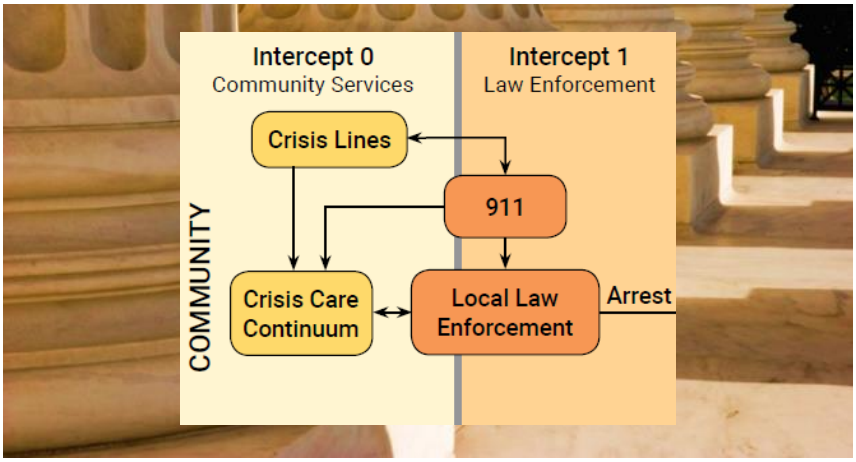
Community Reentry

- There may be gaps in Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) serving individuals deemed high-risk.
- There is a general lack of access to housing.
- There is a gap in continuity of care across providers.

Probation

- Probation may not receive relevant mental health notices such as hospital records, 1622 assessments, or medication history.

SESSION 4: URBAN/SUBURBAN



INTERCEPT 0 AND INTERCEPT 1

RESOURCES

Crisis Call Lines

- There are reports of a drop in the number of crisis calls (some areas cited 9-12%) since COVID-19, but there has been an increase in mental health contacts. One homeless outreach team also reported an increase in contacts.
- Most urban and suburban areas have crisis lines able to dispatch mobile crisis services, although some have more capacity and options than others.
- Harris County is one example of a crisis hotline that dispatches a mobile crisis team as well as a Community Emergency Response Team (CERT). They also have a COVID mental health support line.

9-1-1/Dispatch

- Harris County is an example of a jurisdiction embedding mental health clinicians in their 9-1-1 dispatch center.
- Bexar County utilizes a mental health professional inside their 9-1-1 call center to triage and help determine the proper response. Bexar County has also recently introduced a new response option, a fourth button for calls that are do not fall in the danger to self/danger to others category. This allows the operator to turn the response over to the

Specialized Multidisciplinary Alternate Response Team (SMART), which can be a model for other jurisdictions.

- The 9-1-1 call taker and dispatcher in Waco, TX are able to dispatch mobile crisis services instead of law enforcement. The site reports positive outcomes for crisis call diversion with mental health experts at 9-1-1 dispatch.
- There has been implementation of Crisis Intervention Team (CIT) training for 9-1-1 dispatchers in some urban/suburban areas.

Healthcare

- Austin State Hospital employs social workers that communicate with the courts and attorneys regarding competency evaluation and restoration.
- Medical City Green Oaks Hospital offers mental health community education and works with law enforcement.
- StarCare Specialty Health System, located in Lubbock County, reported that telehealth has helped with the "show-rate" for appointments.

Law Enforcement and First Responders

- Lubbock Police Department is currently tracking arrests of persons that are involved in mental health calls, which would be helpful data to analyze.
- Sugarland Police Department is exploring implementation of a Crisis Intervention Team (CIT) program.
- Waco Police Department's Career Criminal Apprehension Team conducts outreach to the familiar face/high utilizer population in conjunction with Heart of Texas Center clinicians.
- The Harris County Clinician and Officer Remote Evaluation (CORE) telehealth program presents an innovative approach to connecting individuals to services virtually.
- Tarrant County has a medication-assisted treatment (MAT) program, as well collaboration with law enforcement to encourage people that have had an opioid overdose to access treatment. They have provided Narcan to law enforcement using grant funding.

Crisis Services

- Some Mobile Crisis Outreach Teams across the state have begun providing virtual mental health assessments.
- Bexar County implemented the Specialized Multi-disciplinary Alternative Response Team (SMART), which assists the Bexar County Sheriff's Office with responding to 9-1-1 calls involving individuals experiencing a mental health or substance use crisis. SMART

includes a mental health deputy, mental health worker, Local Mental Health Authority representation, a peer support specialist, and a paramedic. SMART will also follow up with individuals 24-48 hours following their initial contact.

- In Bexar County the Southwest Texas Crisis Collaborative (STCC)/MEDCOM program shows crisis bed availability in real-time to help with placement following emergency detentions by law enforcement. Local Mental Health Authorities assist with triage and placement.
- In Tarrant County Mental Health Law Liaisons ride along with the Fort Worth Police Department and Arlington Police Department.
- The San Antonio Police Department has expanded their Crisis Intervention Team (CIT) to include 13 specially trained officers, social workers, and mental health professionals. The program was featured on an HBO documentary *Ernie & Joe: Crisis Cops*.
- Tropical Texas Behavioral Health (TTBH) has an innovative co-responder approach that embeds officers within TTBH to respond with the Mobile Crisis Outreach Team/Mental Health Peace Officers as opposed to embedding clinicians in law enforcement agencies.

Housing

- NAMI Texas is working on building a supportive housing program for individuals with high acuity.

Peer Support

- Via Hope provides trauma-responsive training and consultation to peers.
- Peer Navigators are embedded in hospital emergency departments in Dallas County to visit with individuals and act as calming mentors. The program has been shown to be effective.

GAPS

9-1-1/Dispatch

- There is a need for additional mental health training for 9-1-1/dispatchers such as Crisis Intervention Team (CIT) training and Mental Health First Aid.
- There is a lack of data collection and sharing related to 9-1-1 call diversions and mental health.

Healthcare

- There is a need to expand Certified Community Behavioral Health Clinics (CCBHC) and the wraparound services model.
- There is a general lack of access to a continuum of substance use treatment, particularly for opioids and MAT treatment and medications.
- All providers may not be equipped to meet the needs of patients of higher acuity, which can lead to re-arrests.
- In most areas, COVID-19 restrictions have reduced capacity and created additional challenges. While telehealth has been helpful, it has also posed barriers for patients who do not have access to smart devices and/or reliable internet coverage.

Law Enforcement and First Responders

- There is a need for strategies to reduce the arrests of individuals who are in crisis and attempting to receive treatment at hospitals and other treatment provider facilities.
- There is a widespread need for no-refusal diversion centers that are quicker and easier for officers to use than transporting to jail. The drop-off facilities should contract with physicians to avoid detours to hospitals for clearance.

Crisis Services

- There is a need to expand mobile crisis services such as through increasing referrals, building capacity, and reducing response times.

Housing

- There is a general lack of access to and availability of housing for these populations. This is true of all types of housing, but particularly permanent supportive housing for individuals with serious mental illness who have criminal justice histories.

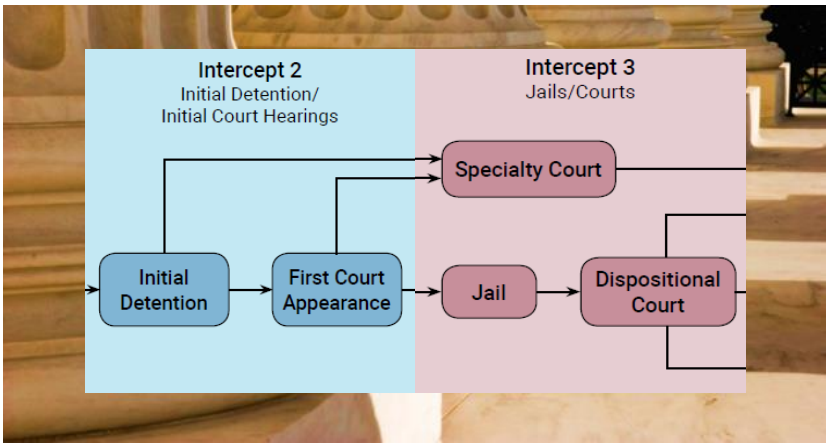
Peer Support

- There is a need to embed peer support staff across the intercepts including in crisis services and hospital emergency departments, to conduct jail-in reach and to assist with reentry. They can also play a role in performing wellness checks to prevent interactions with the criminal justice system.

Collection and Sharing of Data

- There are broader communication and coordination gaps between 9-1-1/dispatch and community-based treatment providers as well as around mental health/substance use resources and the role of crisis services and law enforcement.

- There is a gap in statewide data collection and analysis regarding the number of mental health- and substance use-related law enforcement encounters, types of criminal charges, and disposition, whether to crisis services, hospitals, or arrest.
- There is a need for better cross-county communication and resource sharing of medication-assisted treatment (MAT) and substance use disorder treatment options.



INTERCEPT 2 AND INTERCEPT 3

RESOURCES

Arraignment

- The Travis County Public Defender's Office has attorneys and social workers that conduct assessments in jail before public defenders are appointed. Pre-plea diversion/dismissal is preferred with the goal of reducing collateral consequences of criminal justice system involvement.
- The Lubbock Private Defender's Office is separate from assigned counsel but collaborates with them. They have 14-15 dedicated mental health attorneys with specialized training and five case workers who visit the jail frequently.
- Compliance hearings help link people to mental health resources.

Jail Services

- My Health My Resources (MHMR) of Tarrant County provides mental health care in the Tarrant County Jail. They do initial assessments and follow up on magistrate assessments.
- University of Texas (UT) University Health Services provides the mental health and physical health care in the Bexar County Jail.
- Medication-assisted treatment (MAT) is provided in the Bexar County and Harris County jails.

Competency

- Lubbock County started the first jail-based competency restoration program in Texas.

- The Bexar County Jail provides both jail-based and outpatient competency restoration.
- The Travis County Jail has an outpatient competency restoration program that can serve 15 individuals at a time, however there are many individuals who are not accepted into the program due to acute symptoms.
- The state hospital system has an in-reach initiative to jails to provide and evaluate services to lessen competency restoration wait times.

Pretrial Services

- In many areas the Assistant District Attorneys screen individuals for eligibility for mental health or other specialty courts, mental health personal recognizance bonds, and other mental health services. There is some exploration currently into individuals who may have become "stuck" at forensic hospitals.
- In Harris County there is a specialized full-time docket to connect individuals during the pretrial stage to peer supports.

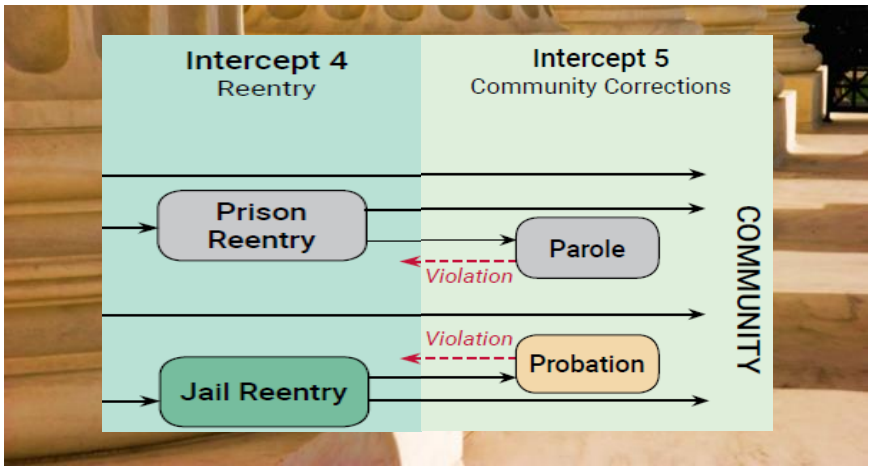
GAPS

Jail Services

- There is a gap in treatment and services for those with intellectual and developmental disabilities (such as dementia) in the jails.

Competency

- There is a need for greater/consistent jail-based initiation of medications for individuals requiring competency evaluation/restoration who are waiting for a hospital bed.
- There is no systematic process for reviewing the individuals on the competency restoration waiting list to monitor and determine if competency has been regained.
- The current Austin State Hospital redesign may not address lower acuity needs of individuals. There is also a need for the redesign to increase efficiency and create a more recovery-oriented environment.
- There is a gap in alternatives and diversion strategies for individuals who have been in the hospitals for long periods of time or continuously cycle in and out of the hospital and competency process.
- Outpatient competency restoration programs could be expanded to offer more intensive levels of care.
- There is a need for greater information and record sharing, including medication continuity, between hospital restoration staff and jail staff.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES

Community Reentry

- In Lubbock County the private defender's office provides transition planning and connects individuals with care.
- The Wood Group provides a continuum of crisis care for varying levels of need, including peer support, transitional living, and other assisted living services.
- Many counties pay for 30 days of continued medication upon reentry to the community, but individuals need to be re-engaged with a psychiatrist, which can be delayed.
- Bexar County offers money management, job training, and expungement trainings for those reentering the community.
- Via Hope offers Reentry Peer Specialist training and certification.

Probation

- Tarrant, Cameron, Collin, and Willacy County Probation Departments have specialized mental health caseloads.
- Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) coordinates probation access to past mental health evaluations and services individuals may need.
- There are three Dual Diagnosis Residential Programs (DDRPs) through probation/parole in Texas for clients with co-occurring disorders. Texas Tech developed a curriculum

specifically for justice-involved individuals with mental health and substance use disorders.

GAPS

Jail Services

- Jails should ensure a temporary supply of psychotropic medications at the time of release that is sufficient to individuals' first provider appointments. Additional strategies need to be developed to coordinate transportation and direct linkage to Local Mental Health Authorities or other community-based treatment and service providers. Cameron County in particular reported frequent recidivism connected to a lack of continuity of care and medication access.

Community Reentry

- There is a lack of transportation options, particularly for indigent populations.
- There is not enough permanent supportive housing across the state. There are many barriers to accessing housing resources, particularly for the homeless population.

Probation

- There is a need to expand the Dual Diagnosis Residential Programs (DDRPs).

PRIORITIES FOR CHANGE BY SESSION

The top priorities for change are identified through a discussion of gaps in each session and ranked through a voting process where each participant has three votes. The ranked priorities are grouped in topical categories in the chart below and the number of votes received for each priority is indicated in parentheses.

	Intercepts 0 & 1 (Community Services and Law Enforcement)		
Focus	**State Agencies (45 responses)**	**Rural Areas (East and West Combined- 48 responses)**	**Urban/Suburban Areas (23 responses)**
Resource Lists/911 Dispatch		• Develop a list of mental health, substance use, and IDD resources that are available, and educate the community about those resources (6)	• Additional training for 9-1-1 call takers/dispatchers (e.g., Crisis Intervention Team training, Mental Health First Aid) (2) • Communication and coordination between 9-1-1 dispatch community-based treatment providers and community education around mental health/substance use resources and the role of crisis services vs. law enforcement (2)

	Intercepts 0 & 1 (Community Services and Law Enforcement)		
Focus	**State Agencies (45 responses)**	**Rural Areas (East and West Combined- 48 responses)**	**Urban/Suburban Areas (23 responses)**
Law Enforcement/Crisis Response	• Development of relationships and collaborations between Sheriffs and LMHAs to improve access to mental health and substance use services, particularly in rural areas (i.e., Mental Health Deputy approach) (9) • Ongoing cross-system training and provision of information to law enforcement/first responders about mental and substance use disorders, as well as about local services (7) • Self-care/wellness resources for law enforcement and other first responders (2) • Access to mobile crisis services (1)	• Expansion of multi-disciplinary mobile crisis response teams. Include people with lived experience and family members in multi-disciplinary teams (11) • Immediate access to services, particularly during nights and weekends. Law enforcement officers who respond to calls involving individuals experiencing a mental health or substance use crisis in the region are often unable to connect individuals with treatment and other support services (9) • Expand capacity and scope of Mobile Crisis Outreach Team (MCOT) which currently only responds to acute crisis situations (i.e., potential suicide risk). MCOT not currently responding to individuals' homes due to safety concerns unless law enforcement is present. Explore development of a co-responder program. Involve people with lived experience in MCOT (5) • Expand harm reduction initiatives including Naloxone distribution to law enforcement, other first responders, and the public (0)	• Expansion of efforts focusing on Intercept 0 and expansion/development of pre-arrest diversion processes and non-refusal drop-off facilities, avoiding detours to hospitals (10) • Expansion and utilization of mobile crisis services (i.e., increasing referrals, building capacity, reducing response time) (4)

	Intercepts 0 & 1 (Community Services and Law Enforcement)		
Focus	**State Agencies (45 responses)**	**Rural Areas (East and West Combined- 48 responses)**	**Urban/Suburban Areas (23 responses)**
Community-Based Service Providers/Hospitals	• Collaboration between LMHAs and other community-based service providers (5) • Individuals picking up criminal charges while in hospitals or while attempting to receive/receiving services elsewhere (4) • Substance use disorder treatment needs to be a focus of the conversation (3)	• Alternatives to providing in-person services (both now and post-COVID-19), including utilization of teleservices and access to mobile devices and adequate internet service, particularly in rural areas. Law enforcement officers, particularly in rural areas, often transport individuals long distances to the nearest state hospital for screening to determine eligibility for admission (consider pre-screening options prior to transport to state hospitals) (6) • Increase the amount of crisis stabilization beds (3) • Regional Crisis Stabilization Unit to help address shortage of hospital beds (3) • Increase access to civil and forensic beds at hospitals. Transitioning individuals out of the hospital in a timely manner, when appropriate. Specific strategies for individuals who are/have been in the hospital for long periods of time (3) • Individuals placed on waiting lists for accessing community-based services may be required to contact the providers periodically to maintain their positions on the waiting lists (1) • Deal with the psychiatrist workforce shortage (1) • Access to substance use detox facilities/programs, including insurance requirements (0)	• Transition individuals out of the hospital in a timely manner, when appropriate, ensuring information sharing to maintain continuity of care. Specific strategies for individuals who are/have been in the hospital for long periods of time or continuously cycle in and out of the hospital (i.e. finding alternatives and dismissing charges) (5) • State hospital redesign (i.e., increasing efficiency, create more recovery-oriented environment/space) (4) • Expansion of Certified Community Behavioral Health Clinic (CCBHC) and wraparound services model (3) • Strategies for reducing the arrest of individuals who are attempting to/receiving treatment at hospitals and other treatment provider facilities (3) • Access to substance use treatment, particularly opioid use disorder treatment and medication-assisted treatment (MAT) (0)

	Intercepts 0 & 1 (Community Services and Law Enforcement)		
Focus	**State Agencies (45 responses)**	**Rural Areas (East and West Combined- 48 responses)**	**Urban/Suburban Areas (23 responses)**
Peer Supports/Advocates	• Involvement of people with lived experience and family members in operation of crisis lines and mobile crisis services (10) • Utilization of peer-run organizations and peer-delivered programs and services, as well as funding to support them (9) • Community engagement and the development of mechanisms for gathering feedback from community members about their experiences in the behavioral health and criminal justice systems (2) • Support for families of individuals with mental and/or substance use disorders who are involved in the criminal justice system (2)		• Embed peer support specialists across the intercepts (i.e., in crisis services and hospital emergency departments, conducting jail-in reach and assisting with reentry). Also, additional funding for peer support services and appropriate compensation (7) • Distribution of resources for family members of individuals with mental illness who are involved in the criminal justice system and appreciation for their role in recovery (0)

	Intercepts 2 & 3 (Initial Detention/Court Hearing and Jails/Courts)		
Focus	**State Agencies (45 responses)**	**Rural Areas (East and West Combined- 48 responses)**	**Urban/Suburban Areas (23 responses)**
Competency to Stand Trial/AOT	• Individuals who may be incompetent to stand trial face long wait times for competency evaluation and restoration (11)	• Establishment of mental health/substance use training requirements for attorneys (3) • Utilization of Assisted Outpatient Treatment (AOT) and outpatient competency restoration (2)	• Jail-based initiation of medications for individuals requiring competency evaluation/restoration who are being held waiting for hospital bed (4) • Expand outpatient competency restoration residences/programs through capacity building to offer more intensive levels of care and security (4) • Development of processes for reviewing the lists of individuals awaiting competency restoration to monitor/follow up and determine if it is still needed. Explore what data exists that can be analyzed to determine how frequently individuals are arriving at hospitals and found to be competent (0)
Jail Medication/MH Services	• Medication continuity (immediate access) and formulary consistency for individuals booked into jails (5)	• Quick access to medication and continuity at jail booking (5) • Establish a mental health advocate position in jails (5) • Improve communication between jails and LMHAs (some jails and LMHAs communicate and collaborate more than others) (4) • Ensuring jails regularly submit information about individuals booked into the jail booking information to the Veterans Reentry Search Service (2) • Jails to provide medications for opioid use disorder and offer a continuum of medication-assisted treatment (MAT) (2) • Strategies for providing jail-based and reentry services, particularly during COVID-19 pandemic (i.e. teleservices) (1)	

	Intercepts 4 & 5 (Reentry and Community Corrections)		
Focus	**State Agencies (45 responses)**	**Rural Areas (East and West Combined- 48 responses)**	**Urban/Suburban Areas (23 responses)**
Jail/Hospital Reentry	• Direct linkage (warm handoffs) during times of transition such as when individuals are released from jails or hospitals (8)	• Jails providing a sufficient temporary supply of medications to individuals being released (5) • Jail clearance for people with lived experience in peer support/recovery coaching roles who have prior criminal histories (2) • Jail releases can be unpredictable and happen quickly, such as from court (0)	• Jails providing temporary supply of medications at time of release. Also, the development of strategies to address unpredictability and coordinate transportation and direct linkage "warm hand-off" to LMHA or other community-based treatment and service providers (3)
Probation/ Parole	• Access to/continuation of services for individuals being released from jail who are being supervised by probation or parole (2)	• Share information with community corrections about individuals' relevant mental health/substance use treatment history and results of recent assessments from LMHAs and other treatment and service providers (4) • Better communication between LMHAs and probation departments regarding bond hearings (2)	• Addition/expansion of Dual Diagnosis Residential Programs (DDRPs) within community corrections agencies (0)
Employment		• Increasing employment opportunities and incentives for hiring individuals with prior criminal history (4) • Minimizing collateral consequences of criminal justice involvement including eliminating barriers to accessing job training (2)	

QUICK FIXES

While most priorities identified during a SIM mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system. The below list of quick fixes includes those items where stakeholders present at the SIM Summit committed to the actions listed.

- The Texas Judicial Commission has had small (under $5,000) technology grants available since COVID-19 and has not received much interest to date.
- The Harris Center will connect with Sugarland Police Department to provide support to law enforcement officers responding to a mental health or substance use crisis.
- The Harris Center and Fort Bend Medical to connect regarding bond hearings.
- The Project Access pilot is an untapped resource for hospitals (Austin State Hospital is the only one currently utilizing). The Project Access program utilizes Section 8 Housing Choice Vouchers administered by the Texas Department of Housing and Community Affairs to assist low-income persons with disabilities in transitioning from institutions into the community by providing access to affordable housing.
- Multiple state-specific criminal justice and mental health resources exist, although the level of public awareness varies. The Texas Mental Health Resource Guide published by the Texas Court of Criminal Appeals is a resource that would be an excellent publication to distribute to rural LMHAs and to assigned counsel in rural communities to help guide collaboration with the courts. In addition, the Texas Judicial Commission on Mental Health Law Bench Book provides guidance to enhance early intercept diversion. Finally, the Texas Criminal Procedure and the Offender with Mental Illness: An Analysis and Guide was supported by NAMI Texas. HHSC is available to help with awareness and dissemination of these resources.

RECOMMENDATIONS

In many ways, the Summit confirmed needs identified by other statewide planning groups and reports. In addition, many of the issues raised have been addressed through legislation and other state funding initiatives at varying stages of implementation. The recommendations below are primarily derived from the priorities identified in the breakout groups, document review, national initiatives, and PRA's experience consulting with other states and localities. Each recommendation contains context from the SIM Summit, followed by beneficial resources and any available evidence and existing models.

The following publications informed recommendations in this report:

- All Texas Access Report
- Report on the Mental Health Peer Reentry Program
- Texas Court of Criminal Appeals Mental Health Resource Guide
- Hogg Foundation A Guide to Understanding the Mental Health System and Services in Texas
- Texas Statewide Behavioral Health Strategic Plan Update
- The Joint Committee on Access and Forensic Services (JCAFS): 2019 Annual Report

There are also two overarching issues that should be addressed within all the recommendations below and across the six Intercepts.

The first is racial equity and disparity. While the focus of the Summit is on individuals with behavioral health disorders, disparities in health care access and criminal justice involvement must also be addressed to ensure comprehensive system change. The Hogg Foundation has declared racism as a mental health crisis and highlights health equity principles.

The second is trauma. It is estimated that 90% of justice-involved individuals have experienced traumatic events at some point in their life (Policy Research Associates, 2011). It is critical that both the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population in particular. A trauma-informed approach incorporates three key elements:

- realizing the prevalence of trauma
- recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- responding by putting this knowledge into practice

Trauma-Informed Care in Behavioral Health Services (SAMHSA, 2014)

1. Establish a Statewide Technical Assistance and Training Coordination Effort

There are many programs in various Texas jurisdictions that have demonstrated good outcomes, but a gap exists in identifying best practices and scaling across the state. It would be helpful to have a statewide or regional training and technical assistance effort to provide coordination across stakeholders. There is also a need for data utilization across programs including client feedback and outcome sharing to determine what is working well and can be replicated.

This statewide technical assistance coordination effort could include development of a Center of Excellence or a university partnership that could serve as an evaluation and technical assistance hub. Information regarding criminal justice/mental health resources, events, and initiatives could then be centralized to facilitate broader access to relevant material and enhance program development and expansion across the state. A plan for a center or expanded evaluation hub would serve to:

- Disseminate information
- Track diversion activity
- Publish performance outcome measures
- Inform the HHSC's future planning
- Provide published resources
- Provide technical assistance and training
- Promote local planning and initiatives
- Aid with further grant applications
- Link Texas to national programs and research development.

In addition, workforce development was mentioned as a gap during the SIM Summit several times, including around psychiatrist and peer support staff. Any statewide technical assistance and training efforts should also include Texas' workforce coordination representatives.

Existing Models:

Such a center or information and evaluation hub can be modeled after Centers of Excellence/academic entities in the following states:

- Ohio Coordinating Center of Excellence (CCOE) http://www.neomed.edu/academics/criminaljusticecoordinatingcenterofexcellence
- University of South Florida, Criminal Justice Mental Health Reinvestment Technical Assistance Center http://www.floridatac.com/

- Virginia Center for Behavioral Health and Justice http://www.dbhds.virginia.gov/behavioralhealth/centerforbehavioralhealthandjustice
- Oregon Center on Behavioral Health and Justice Integration http://www.ocbhji.org/
- Center for Behavioral Health and Justice of Wayne State University https://behaviorhealthjustice.wayne.edu/

2. Launch a Local Housing Pilot and Maximize Key Learnings

Though not identified as a priority in regional voting, lack of a continuum of housing options for individuals who have behavioral health needs and/or are justice-involved was identified as a major gap across all of the four SIM Summit sessions and particularly in the Intercept 0-1 and Intercept 4-5 discussions. Housing is also listed as a priority in 5 of the 6 regions that participated in the Texas All Access Report and listed as a gap in the Texas Statewide Behavioral Health Strategic Plan (page 52).

SIM Summit participants also reported:

- There is a gap in utilization of Project Access and associated housing vouchers by state hospitals and others. Individuals could benefit from one-on-one assistance with locating and securing housing, as well as greater advocacy. Access to supports to help individuals maintain housing and loosening of federal and state guidelines regarding accessing housing is also identified as a need.
- There are some underutilized housing resources at the state level to assist with finding housing and advocacy. Housing with integrated supports is a particular need.
- The Andrews Center has a competency restoration outpatient program with housing that has been in operation for three years and may be underutilized. They accept individuals who are not deemed high-risk within a two-county radius. The Andrews Center also offers an Assisted Outpatient Treatment (AOT) program for civil court-ordered treatment. Transportation is provided for competency and AOT programs.
- NAMI Texas is working on building a supportive housing program for individuals with high acuity needs.

In addition, communities should address shelter and landlord housing criteria that limit or exclude individuals with criminal justice, or mental health or substance use issues. Explore and be creative with how Landlord Incentive Programs are being utilized to support housing for justice-involved individuals. Develop or utilize landlord liaison and navigation programs to increase the likelihood that landlords will accept individuals with justice system involvement and who have higher needs.

Existing Models:

There are currently three Texas communities (Abilene, Lubbock, and Tarrant County) involved in the Built for Zero initiative, which is a national change effort working to help communities end Veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real-time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies. These three counties may serve as learning sites for other communities to address homelessness. Community Solutions reports that

Abilene has achieved the milestone of ending both Veteran and chronic homelessness, one of only three counties nationally to do so. Surveying these sites to determine if the justice-involved population is addressed in Built for Zero and if the sites have justice systems partners would further inform Texas' effort to address housing for the justice-involved population.

While housing is a significant gap, technical assistance regarding accessing housing and increasing awareness about available housing is a critical need. See also *Housing* under Resources below.

3. Expand and Collaborate with CCBHCs, FQHCs, and LMHAs across the State.

Texas has an array of Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are an integrated and sustainably-financed model for care delivery that has dramatically increased access to mental health and substance use disorder treatment, expanded states' capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools, and hospitals to improve care, reduce recidivism and prevent hospital readmissions.

In many regions of Texas, Licensed Mental Health Agencies (LMHAs) have been engaged by 9-1-1/dispatch teams, allowing an immediate connection with a mental health professional at the time of call. In addition to LMHAs, Texas also has 73 Federally Qualified Health Centers (FQHCs) in underserved communities, serving over 1.3 million Texans statewide at over 300 service delivery sites (the Hogg Foundation).

Existing Models:

The following resources are suggested to guide strategy development.

- Texas Council of Community Centers. (2020). Making CCHBC a Reality in Texas.
- National Council for Mental Wellbeing (formerly the National Council for Behavioral Health). (2021). The CCBHC Success Center is the most comprehensive suite of expert CCBHC implementation support services in the nation.
- National Council for Mental Wellbeing. (2021). CCBHC IMPACT Report: Leading a Bold Shift in Mental Health and Substance Use Care.
- Bureau of Justice Assistance. (2019). Jails and FQHCs: Emerging Partnerships for Opioid Use Disorder Treatment and Health Promotion.

4. Expand Utilization of Individuals with Lived Experience (Peers) Across the Intercepts

It is important to develop diversion programming inclusive of individuals with mental illness and/or those who have been affected by the criminal justice system. Expanding peer services was identified as a priority across regions. In addition, both the All Texas Access Report (p. 257) and the Texas Statewide Behavioral Health Strategic Plan Update (p. 51) identify utilization of peers as a gap.

Selected relevant SIM Summit chats from the various regions include:

- "It occurs that if PEERS would be effective in calming the patient down, this is would go a long way in helping to acquire (and "translate") information for professional assessment. A second set of impression is always helpful."

- "I'd love to hire peer specialists- is there a "white paper" that already has data on ROI- avoid admissions, decrease aggression/restraint, etc.? I fully appreciate the patient experience and the qualitative aspect; I'm just asking for data so I don't reinvent the wheel."
- Resource shared: Peer Support Workers in the ED: A Report by The Division of Community Behavioral Health, Department of Psychiatry and Behavioral Sciences, University of New Mexico.
- "Just going to second the call for properly trained Certified Peer Support Specialists with a code of ethics like other professionals. They should also play a larger role at intercept 0 in wellness checks to prevent interactions with the criminal justice system."
- "Given the professional shortage, [we should] relax criminal history barriers to professional licensure."
- Peer Reentry Programs were developed as a result of Budget Rider 47 and were well-received.

Existing Models:

There is substantial and growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes. Peers are commonly found working in the community or with service providers, and stakeholders should consider how peers can be best effective within the criminal justice system.

- PRA's two-page resource, Peer Support Roles Across the SIM, was designed to identify a host of roles that peers can play, both as staff and volunteers, across the Sequential Intercept Model. In addition to the broad outline, local examples are provided to highlight peers who are working with law enforcement, courts and attorneys, jails and prisons, reentry services, and community corrections across the United States.
- People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
- Mental Health Association of Nebraska.
    - Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
    - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Also see the Resources section below for additional resources on *Peer Specialists*.

5. Develop/Enhance Officer Wellness Strategies

Officer wellness was listed as a priority in the State Agency workshop and there was substantial discussion about the importance of addressing this topic in the Rural East Workshop, with one department identifying the topic as an urgent issue. Given resource challenges in rural communities in particular, police officer wellness may be a more critical concern in these areas. Strategies to provide technical assistance for development of officer safety and wellness programs should be considered.

Existing Models:

Below are officer safety and wellness initiatives with a variety of resources:

- IACP Practices in Modern Policing: Officer Safety and Wellness (featuring San Antonio, TX)
- VALOR Officer Safety and Wellness Program
- NAMI Law Enforcement Wellness Resources
- IACP Officer Safety and Wellness

6. Increase Access to Transportation

A common and under-addressed gap nationally is access to transportation, especially for justice-involved individuals. This not only impacts access to health care but also impacts criminal justice outcomes. Not surprisingly, transportation was identified as a gap in the Rural East and Rural West sessions. Transportation was also identified in both the All Texas Access Report (p. 48) and in the Texas Statewide Behavioral Health Strategic Plan Update (p.52) as significant gaps in rural regions of Texas.

Existing Models:

There are examples of local communities collaborating with interested stakeholders to improve access to transportation as well as improving coordination and expansion of State Non-Emergency Medical Transportation (NEMT) programs, including the Wisconsin Department of Health Services BadgerCare Plus program. Texas also has a robust Texas NEMT program and it is likely the program is not fully utilized or publicized for justice involved individuals and criminal justice stakeholders. Engaging Texas NEMT to address transportation issues raised in the Summit may be helpful.

The Ohio Association of County Behavioral Health Authorities published "White Paper: Criminal Justice and Behavioral Health Care, Housing, Employment, Transportation and Treatment" (January 2015). The White Paper describes three transportation initiatives:

- The NET – Plus initiative in Wood County, Ohio. NET Plus program coordinates transportation resources for Medicaid eligible populations and funds transportation for non-Medicaid eligible populations.
- The Hardin County Volunteers in Police Service (VIPS) initiative operated by the Sheriff's Department provides volunteer transportation to essential services for drug court clients.
- The Franklin County Turn It Around Transportation & Re-development Services provides transportation for workers to various employers. The program is funded by self-contribution, payroll deduction and/or employers.

Additional resources include SAMHSA's Getting There: Helping People with Mental Illness Access Transportation (2004).

7. Expand Use of Technology Across the Intercepts.

This recommendation is supported by HHSC's All Texas Access Report. The report notes:

"From January to June 2020, face-to-face encounters decreased by 67 percent while video encounters increased by 137 percent, and telephone encounters increased 365 percent. Compared to the same period in 2019, there was a net increase in services to people who receive ongoing services at the

LMHA/LBHAs. This continuation of services is significant because HHSC's analysis has shown that 98 to 99 percent of persons receiving ongoing services at the LMHA/LBHAs avoid psychiatric hospitalizations. HHSC will conduct further analysis over time about the impact of this telephonic/telehealth demonstration; however, the early analysis is promising" (p. 15).

Comments in Sessions 1 and 4 chats included:

- "Telehealth is a silver lining of the pandemic. However, lots of challenge with patients who do not have the ability, pay for phones with minutes, and bandwidth of Wi-Fi."
- "Legislators have mentioned telemedicine as a solution to inadequate psychiatry resources and I think teleconferencing also has potential to extend social worker and peer support to more frequent wellness checks and even support groups for persons with lived experience."
- "The Harris County Clinician and Officer Remote Evaluation (CORE) Program presents another innovative approach to connecting individuals through tele-health to services. I know cities like Austin are implementing a similar program. Could this present a tool for rural communities?"
- "…makes a good point about telehealth. There are good opportunities in part because of the relaxation of regulatory rules at the federal and state level that make its use easier. Rates are a different issue obviously but there are good opportunities here."
- "I agree with your comment on the challenges of telehealth. Some communities are purchasing iPads for police officers to use in the field in intercept 1. Instead, I think we should be paying for smartphones for persons with lived experience to use in intercept 0. Cell phone companies might be willing to help pay for it as a charitable activity."

Comments in the chat and the All Texas Access Report acknowledge that rural areas do not have broadband access for wireless internet. Cellular access, which is much less limited than broadband, can still provide significant opportunities to increase healthcare access and provide remote support to rural law enforcement and jails.

Altering insurance codes to allow mental health services to be delivered via telephone (audio-only) would increase access to rural Texans who cannot access treatment otherwise. This is a good interim solution which would expand rural mental health care access while the broadband infrastructure is built. Six of the seven regional groups identified "telehealth/connectivity infrastructure" as a priority in their region (All Texas Access Report, p. 263).

The report further states, "As of May 2020, eight Medicaid managed care organizations are offering cell phones to members as an optional value-added service, and this may help members remain engaged in routine services delivered telephonically. People accessing the public mental health network may be hesitant or unable to contact providers because of limited data and/or limited access to a cell phone. By helping to reduce barriers for people accessing services, managed care organizations may be helping people remain engaged in routine services and avoiding more costly crisis services. This is a promising innovation for Texans in rural communities." The same support should also be offered to unenrolled justice-involved individuals, though funding strategies will have to be developed. Funding strategies may include TCOMMI dollars, expediting enrollment in managed care, or blended funding focused on reducing healthcare and criminal justice costs.

In addition, the report includes as one of its recommendations to the legislature that there be closer coordination with the newly formed Broadband Development Council to expedite and expand broadband access to local communities. It will be important that both law enforcement and county jail officials be part of any planning to ensure that their needs and healthcare needs of the individuals they serve are adequately addressed.

The pandemic has altered how individuals access behavioral health services and even how courts and community supervision programs operate. Use of videoconferencing and teleconferencing has allowed individuals to initiate or maintain access to services and to courts and community supervision agencies. These changes may be worth sustaining. Access to technology will function similarly to access to transportation, in terms of healthcare access and criminal justice outcomes and states and communities will need to develop strategies to provide use of mobile devices and training for end users. Jails and prisons in particular have varying degrees of technology infrastructure and are not always receptive to utilization of technology. Developing capacity to implement or expand use of technology across the justice system could help address many healthcare access gaps and improve criminal justice outcomes, especially with respect to Failure to Appear rates.

Existing Models:

The following are examples of utilization of technology across the Intercepts.

- Intercept 0-1 applications include using videoconferencing to provide crisis-worker consultation to field law-enforcement response in rural areas and to interview persons in crisis.
- Intercept 2-3 applications include using video-conferencing for follow-up court hearings to avoid taking time off from work or disrupting treatment programs or to address transportation barriers; telepsychiatry to provide consultation and treatment in hard-to-recruit locations; and telephone consultation by local crisis centers to jails with limited mental health services.
    - The Brennan Center has issued Principles for Continued Use of Remote Court Proceedings.
- Intercept 4 applications include videoconferencing detained individuals with prospective service and housing providers.
- Intercept 5 applications include probation substituting videoconferencing for in-person reporting to avoid probationers taking time off from work, disrupting treatment or minimizing transportation barriers.

Harris County, TX is a local jurisdiction that has provided a Telehealth Implementation Guide containing lessons learned from their Clinician and Officer Remote Evaluation (CORE) program, which utilizes telepsychiatry in crisis response with law enforcement.

8. Continue to Expand and Refine Competency to Stand Trial Evaluation/Restoration Backlogs.

Participants echoed the work of the Joint Committee on Access and Forensic Services (JCAFS) 2019 Annual Report, the All Texas Access Report, and the Texas Statewide Behavioral Health Strategic Plan Update in addressing challenges around individuals who may be incompetent to stand trial (IST) in Texas. In general, restoration settings from most restrictive to least include inpatient (usually at a state mental health hospital, jail-based, and community-based outpatient. There are multiple current state

and local initiatives to reduce the number of competence evaluations ordered, provide both outpatient and jail-based competence restoration, improve custodial treatment, and expedite transition from state hospital beds to local communities.

The major challenges around competency reported in the SIM Summit regional sessions included:

- Lack of local involvement in developing transition plans:
    - Chat: “Barriers to state hospital releases with one third of residents with over one-year length of stay. This is very expensive use of an acute care hospital setting. Getting them to housing would free up space in the hospital for those who need access to acute psychiatric medical care and restoration services.“
- Access to appropriate psychotropic medication in jail:

  Chats:
    - “Another issue is that not all jails in Texas will start court-ordered medications for clients who need them and may be able to be restored to competence if they were to get their meds. Then similarly, the laws allow for the jails to continue a hospital court ordered med orders after their return to jail, but it seems jails often either do not know this or do not have the capability to do this, resulting in some folks who were found competent to deteriorate and become incompetent again...”
    - There were also several chat comments about lack of continuity of medication from the community into the jail settings, especially in rural communities.
- Outpatient Competence Restoration (OCR) expansion and enhancement. Participants agreed that housing access was a significant impediment to expansion of OCR programs. *Note: OCR is not a housing program and does not provided dedicated housing.* There are some funds available that can be used toward housing (deposits, rental assistance, etc.) but this should not be seen as a replacement for permanent housing needs. Also, OCR is not available statewide.

  Chats:
    - “Competence restoration where clinical needs are less than inpatient but more than ‘routine’ outpatient. (asking for more intensive outpatient. Housing available?)”
    - “In addition to step-down housing, it is important to create housing options for people when they are ready to transition back to the community.”
    - “As more outpatient competence restoration programs are developed across the state, thought should be given to utilizing a hybrid program; that is, an outpatient program that is not entirely outpatient but includes a residential component."
- Eliminating/reducing the use of the competence process for persons charged with misdemeanors:

  Chats:
    - “I appreciate Beth Mitchell's mention of diversion from the process for those charged with misdemeanors. Given this is happening in some parts of the state, is there attention to individuals who have competence raised for the second, third, etc. time and how to divert them and link to services?”
    - “It used to be extremely rare to have a competence exam in a misdemeanor case. When I was forensic director in Missouri years ago there were no people with misdemeanors in the competence restoration unit in the state hospital. The key is to use legal process to get people charged with misdemeanors that don’t represent a threat to public safety

into treatment, for example through civil commitment, and not use the competence assessment process. It'll take a change on the part of the defense bar and judges to let this happen, but it would reduce the wait lists significantly."

- "Resources are important and if we keep funding business as usual, we will continue to have more and more people in jail and in state hospitals on forensic commitments. We need a paradigm shift if we do not want to keep doing the same thing over and over again and expect a different result."

In addition, the Texas Judicial Commission on Mental Health Law Bench Book advises against using the competency process for individuals charged with misdemeanors. Some states are pursuing legislation regarding this issue, which Texas could consider as well. Specific guidance from the Bench Book includes:

> "For individuals charged with any level of misdemeanor, diversion to treatment and services is the best practice. One suggested legislative solution is to move section 8.08 of the Penal Code (Child with Mental Illness, Disability, or Lack of Capacity) to Chapter 45 of the Code of Criminal Procedure (Justice and Municipal Courts) and make that provision applicable to adults as well. This would expressly permit municipal judges and justices of the peace to dismiss the complaint when a defendant lacks capacity. However, connecting defendants to appropriate services and education is an important prerequisite to dismissal. Problem solving courts such as the Downtown Austin Community Court and Dallas Community Courts are good models for addressing issues related to MI and homelessness involving defendants charged with Class C misdemeanors" (p. 121).

Existing Models:

Among strategies that hold promise are:

- Developing diversion plans simultaneously to restore competence. For example, Austin State Hospital utilizes social workers to work toward diversion while an individual's competence is restored.
- Utilizing the existing LMHA learning collaborative and working with LMHA's particularly in rural communities to create and maximize jail in-reach/outreach programs to maintain or restore competence and/or to monitor and review competence for those on the waiting list. In rural regions in particular, participants noted that there was uneven involvement of LMHAs working with both law enforcement and jails. While the extent of involvement in rural counties may be limited by resources, at a minimum a monitoring only function may still be worthwhile and may not be resource intensive. Monitoring could be done virtually or telephonically and utilize clinic-based resources or even existing outpatient restoration programs. The monitoring function could include three components:
    - monthly in-person or telephonic/virtual interviews to assess current treatment plan, medication adherence and competence to stand trial
    - coordination of a local process for competency reassessment and court notification
    - initiate/coordinate diversion plans for misdemeanor cases.
- Designating a state-funded LMHA Forensic Liaison that would:
    - reach out to criminal justice stakeholders to improve access and response,

    - coordinate and convene local criminal justice and behavioral health agencies for planning and training,
    - bridge state and local planning and initiatives (see also Recommendation #9: Facilitate County and Regional Criminal Justice and Behavioral Health Planning in Rural Areas).
- Building on the Bluebonnet Trails Community Services HHSC pilot program highlighted in the Texas All Access Report, p. 75-76: "The program is funded by the Mental Health Block Grant that is designed to transition a person who is psychiatrically and/or medically fragile from state hospitals to a more appropriate community-based setting. A person participating in this program will receive services to support community tenure, including pre- and post-care coordination, psychiatric services, peer support, substance use treatment, housing and employment services, and medical care planning. Bluebonnet Trails Community Services will admit a person to a six-bed program, whether a person's county of residence is within the Bluebonnet Trails service area."
- While the six-bed program is a small program and part of a pilot project, the new step-down program is an excellent opportunity to support state hospital residents in transitioning to community-based living, collaborate with other LMHA/LBHAs to serve people in the community, and develop best practices and "lessons learned" for inspiring other LMHA/LBHAs to develop a similar program in the future.
- The Andrews Center has a competency restoration outpatient program with housing that has been in operation for three years and may be underutilized. They accept individuals who are not deemed high-risk and are within a two-county radius. The Andrews Center also offers an Assisted Outpatient Treatment program for civil court-ordered treatment. Transportation is provided for competency and AOT programs. The Andrews Center noted there are often vacancies in their program.

For additional guidance, see the Council of State Government's report Just and Well: Rethinking How States Approach Competency to Stand Trial. This report was informed in part by the National Center for State Courts' (NCSC) 2019 National Judicial Task Force to Examine State Courts' Response to Mental Illness. Texas has an existing relationship with the NCSC that can serve as a resource.

9. Facilitate County and Regional Criminal Justice and Behavioral Health Planning in Rural Areas.

Participants described great disparity in criminal justice and behavioral health collaboration between the urban/suburban areas and rural areas. These disparities included:

- level of LMHA collaboration with law enforcement and the jails,
- information sharing between jails and LMHAs and the need for additional HIPAA training among LMHAs,
- ensuring utilization and effectiveness of the jail matching capability,
- jail treatment services and awareness and utilization of local resources, and
- lack of opportunities to develop regional approaches and sharing of resources.

The All Access Texas Report comprehensively addresses challenges in rural planning but also notes, "While rural counties typically have fewer resources, once those resources are aligned around common goals, system change can be accelerated since there is less bureaucracy, more familiarity among community stakeholders." This highlights the benefits of local and regional cross-system planning.

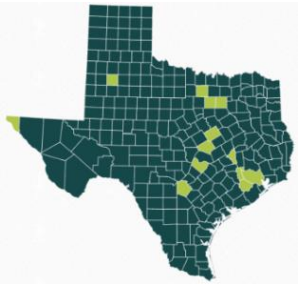
The All Texas Access project directed rural-serving LMHA/LBHAs to "conceive of themselves as a larger collaborative body—a group with a shared purpose of increasing and conceptualizing access from a regional perspective and a unified view where each of the All Texas Access regional group's sum of participating LMHA/LBHAs together were greater than their individual parts" (p. 13). Six of the seven plans propose co-located service delivery with partnering entities. Collaboration with law enforcement in the form of mental health deputies or remote evaluations is in five of the seven regional plans (p. 16).

The rollout of 9-8-8 will lay the groundwork for a national strategy for emergency mental health response that does not default to or rely on law enforcement as the primary response and is focused on connection with community resources. Communities and states should invest in scaling of effective mental health system-led crisis response and stabilization models as alternatives to the predominant law enforcement-led models. The National Council for Mental Wellbeing has integrated 9-8-8 planning into its Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response (March 2021). With the anticipated influx of American Rescue Plan funding and 9-8-8-related SAMHSA Block Grant funding, rural behavioral health/criminal justice planning bodies will be important to ensure prompt, inclusive, and efficient use of resources.

Existing Models:

We note that the Hogg Foundation has funded five regional community collaboratives, though not necessarily related to criminal justice. A similar approach could also be considered for facilitating criminal justice and behavioral health collaboration or to include law enforcement and jail administrators in these collaboratives if they are not yet.

We also note that 13 Texas counties are enrolled in the National Stepping Up Initiative to reduce the number of individuals with mental illness in jail (see graphic and list below).



TX Stepping Up Counties (3/2021)			
Bell	Bexar	Brazos	Wise
Dallas	El Paso	Fort Bend	
Harris	Lubbock	McClennan	
Tarrant	Travis	Waller	

In early 2019, Lubbock County became one of 15 counties nationwide nominated as a Stepping Up Innovator County. Lubbock County has implemented strategies to accurately identify people in jails who have serious mental illness, collect, and share data on these individuals to better connect them to treatment and services, and use this information to inform local policies and practices.

Only four of the Stepping Up counties, however, have populations under 250,000.

A potential convening of the 13 Texas Stepping Up counties or examination of Lubbock County as a learning site could facilitate improvement in behavioral health/criminal justice collaborative planning.

10. Develop more Formal and Coordinated Diversion Strategies for Arraignment Diversion (Intercept 2) and Pretrial Diversion (Intercept 3) especially in Rural Communities and including Validated Risk Assessments.

Early diversion opportunities in rural communities are hampered by a lack of resources, collaboration, and training for assigned counsel, the judiciary, and prosecutors. Training for judges, attorneys, and court staff is critical to the success of these programs. Increasing understanding of mental illness and how various tools measure pretrial risk (as opposed to risk of violence)[2] facilitates informed decision-making by court-based professionals. [3] Specialty courts are not required for diversion especially in rural areas. Cross-system collaboration is crucial though to ensure time screening and access to services.

As discussed above, the Texas Mental Health Resource Guide published by the Texas Court of Criminal Appeals is an excellent resource. However, many of the SIM Summit participants were not aware of the publication. This would be an excellent publication to distribute to rural LMHAs and to assigned counsel in rural communities to help guide collaboration with the courts. In addition, the Texas Judicial Commission on Mental Health Law Bench Book provides excellent guidance to enhance early intercept diversion.

Many states are also expanding the use of pretrial services, relying on validated risk assessment instruments to guide release decisions. These initiatives require careful thought with regard to persons with mental illness, who are at risk of not being identified or at risk of being over-supervised if not referred to appropriate services, as well as consideration of continued racial disparities. A study in Michigan showed that persons with SMI participating in jail diversion pilot site activities had more risk factors than persons without mental illness, even if risk of recidivism was generally resulting from collateral issues and responsivity factors (e.g., risk may appear elevated due to responsivity factors such as homelessness, lack of family supports or even evidence of failure to appear for a variety of reasons such as limited transportation, difficulty in keeping a calendar, etc.). It is important that resources are available to address needs, such as substance use treatment, social support, and financial stability to ensure individuals with SMI are not excluded from pre-trial opportunities.

Existing Models:

Several sites active in the MacArthur Foundation's Safety and Justice Challenge have focused on arraignment and pretrial diversion. Strategies include:

- East Baton Rouge, LA (implementation of a pretrial screening process and behavioral health needs identification)
- Los Angeles, CA (mental health staff present at arraignment to divert individuals; text message court reminder pilot)
- Mecklenburg Co, NC (engaging social workers within the bail setting process)

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[2] See, e.g., *On the Over-Valuation of Risk for People with Mental Illnesses*, available online at https://csgjusticecenter.org/publications/on-the-over-valuation-of-risk-for-people-with-mental-illnesses/

[3] For example, the Judges' and Psychiatrists' Leadership Initiative has developed a bench card to help judges recognize and respond appropriately to individuals with mental illnesses who appear in court. See https://csgjusticecenter.org/projects/judges-and-psychiatrists-leadership-initiative/

- Multnomah Co, OR (utilizing a warm handoff to services upon release to own recognizance)
- Pima Co, AZ (developing an enhanced pretrial supervision caseload for those with behavioral health needs)
- St. Louis Co, MO (enhancing a pretrial release program; developing a jail population review team)
- Spokane Co, WA (implementing a post-booking mental health diversion program; utilizing a social work within pretrial)

Essential elements of Intercept 2 diversion can be found in monographs written for SAMHSA "Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders in the Criminal Justice System" and BJA "Improving Responses to People with Mental Illnesses at the Pretrial Stage: Essential Elements."

See also the *Screening and Assessment* section of the Resources below.

11. Further Explore Substance Use Service and Program Needs Particularly in Rural Communities.

Across regions, but in particular rural regions, there were gaps reported for access to detoxification and substance use residential treatment and jail-based Medication-Assisted Treatment (MAT). We do note that Texas has implemented a number of CBHCCs and one of the services they provide is MAT.

Review current MAT processes in the community and jail for a continuum of options. Ensure support, especially peer support, to help persons maintain MAT and their recovery. Consider a collective impact process to bring together harm reduction, prevention, treatment, and enforcement strategies. Strategies may include treatment on demand, police follow-up and referral to services, a resource center, harm reduction/syringe exchange, and/or first responders trained in and carrying Naloxone. In the jail, this may include screening for use and withdrawal, withdrawal management on Buprenorphine, maintenance dosing and induction on Methadone and Buprenorphine paired with appropriate psychoeducational classes, peer support in the facility and upon release, and inmates leaving with Naloxone.

Existing Models:

- The Denver County Jail launched a broad MAT continuum a few years ago with a small team of nurses and case managers. Case study results are available from Pew.
- Rhode Island was the first state to provide all three FDA-approved Opioid Use Disorder medications to the entire detainee population.
- The Pennsylvania Department of Corrections expanded from a naltrexone-only program to offer buprenorphine systemwide and has evaluation data available. The Vermont Department of Corrections also offers all three types of FDA-approved medications.
- The National Council for Mental Wellbeing offers a Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.

For more, see the *Medication Assisted Treatment* section of the Resources.

12. Further Explore Training and Service Access for Justice-Involved Individuals with Intellectual and Developmental Disabilities (IDD).

Intellectual developmental disorder (IDD) encompasses a spectrum of disorders that limit intellectual functioning such as reasoning, learning, and integration (e.g., problem-solving), and adaptive behavior (conceptual, social and practical skills). While not listed as a priority by participants, services specific to individuals with intellectual and developmental disorders/disabilities did arise as a gap in the Rural East and Suburban/Urban regions where both noted there was a high number of individuals with IDD in the jails.

Existing Models:

- The Bureau of Justice Statistics recently reported that roughly two in five (38%) of 24,848 incarcerated people across 364 prisons reported a disability of some sort. Nearly one in four prisoners has a cognitive disability (BJS, 2021).
- This information is echoed in the 2020 Texas Detention of Persons with IDD Comprehensive Study on best practice standards.

Resources

Competence Evaluation and Restoration

- Policy Research Associates. Competence to Stand Trial Microsite.
- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.
    - Executive Summary
- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.
- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.

- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.
- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.
    - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.
- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

Housing

- CSG Justice Center and BJA. (2020). How State-led Housing Initiatives can Break the Cycle of Criminal Justice Involvement.
- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.

- 100,000 Homes. Housing First Self-Assessment.
    - Milwaukee County Housing First.
- Community Solutions. Built for Zero.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.
    - Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.
- SAMHSA's GAINS Center. Moving Toward Evidence-based Housing Program for Persons with Mental Illness in Contact with the Justice System.
- Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. (2012). Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities. Journal of Forensic Psychology Practice, 12, 382–408.
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Information Sharing/Data Analysis and Matching

- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.

- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.
    - ASAM 2020 Focused Update.
    - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
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- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
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- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.

- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.

Pretrial/Arraignment Diversion

- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.
- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.

Procedural Justice

- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
- American Bar Association. (2016). Criminal Justice Standards on Mental Health.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.

- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
- Vera Institute of Justice. (2015). A Prosecutor's Guide for Advancing Racial Equity.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
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Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
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- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.
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Sequential Intercept Model

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- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549.
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- Urban Institute. (2018). Using the Sequential Intercept Model to Guide Local Reform.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. Psychiatric Services, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

Trauma and Trauma-Informed Care

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma Informed Judicial Practice.
- SAMHSA's GAINS Center. (2011). Trauma-Specific Interventions for Justice-Involved Individuals.
- National Resource Center on Justice-Involved Women. (2015). Jail Tip Sheets on Justice-Involved Women.
- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.

Veterans

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.

APPENDIX: SIM SUMMIT PARTICIPANT LIST

Texas SIM Summit Participant List

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A	Pierre-Carr	Lucrece	Director	HHSC	
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