

Sequential Intercept Model Mapping Report for Navarro County

Intellectual and Developmental
Disability and Behavioral Health
Services Department



TEXAS
Health and Human
Services

June 2022

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by North Texas Behavioral Health Authority (NTBHA). Planning committee members included:

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- Matt Roberts, Chief Operations Officer, North Texas Behavioral Health Authority

We commend the committee members for the critical role they each played in making the Navarro County SIM Mapping Workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC; and Catherine Bialick, MPAff, Senior Advisor, Office of the State Forensic Director, HHSC. The report was authored by Catherine Bialick, MPAff; Jennie M. Simpson, PhD; Will Armstrong, LMSW; Robert Epstein, LMSW, MPAff; and Emily Dirksmeyer, LMSW.

We'd also like to acknowledge the System Integration Team at HHSC who oversees implementation of All Texas Access, a legislatively mandated initiative resulting from Senate Bill 454, 87th Legislature, Regular Session 2021, whose focus is increasing access to mental health services in rural Texas communities. SIM Mapping Workshops were offered to all rural-serving LMHA/LBHAs participating in the All Texas Access Initiative. NTBHA is a rural serving LMHA.

About the Texas Behavioral Health and Justice Technical Assistance Center

The TA Center provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with mental illnesses (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD). Established in 2022, the TA Center is supported by HHSC and provides free training, guidance, and strategic planning support both in person and virtually on a variety of behavioral health and

justice topics to support local agencies and communities in working collectively across systems to improve outcomes for people with MI, SUD and/or IDD.

Recommended Citation

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Table of Contents

Acknowledgements	ii
About the Texas Behavioral Health and Justice Technical Assistance Center..	ii
Recommended Citation	iii
Table of Contents.....	1
Background.....	2
Introduction.....	4
Agenda.....	5
Sequential Intercept Model Map for Navarro County.....	7
Opportunities and Gaps at Each Intercept.....	8
Priorities for Change	20
Strategic Action Plans	22
Quick Fixes	41
Parking Lot	42
Other Considerations	43
Appendices	A1
Appendix A: SIM Intercept Overview.....	A1
Appendix B: Resources	B1
Appendix C: CCP 16.22 Forms and Process Charts.....	C1
Appendix D: SIM Mapping Workshop Participant List.....	D1
List of Acronyms	L1

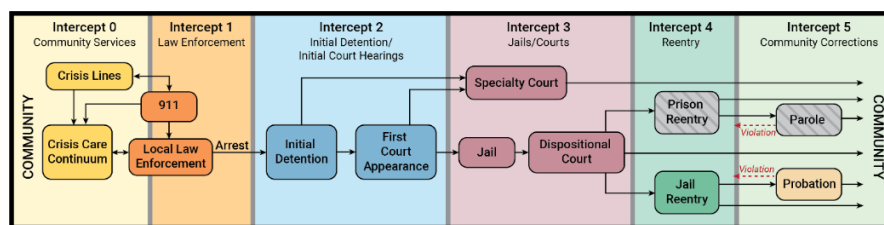
Background

The Sequential Intercept Model (SIM), 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 opportunities, 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 use, law enforcement, jails, pretrial services, courts, community corrections, housing, health, and social services. They should also include the participation of people with lived experience, family members, and community leaders.

A SIM mapping is a strategic planning tool that maps how people with behavioral health needs encounter and move through the criminal justice system within a community. Through the workshop, facilitators and participants identify opportunities to link people with MI, SUD, and/or IDD to services and prevent 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 MI and co-occurring substance use disorders move through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps and opportunities at each intercept for people in the target population.
3. Development of strategic priorities for activities designed to improve system and service level responses for people in the target population.



See **Appendix A** for a more in-depth description of the SIM Model.

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.

Texas SIM Mapping Initiative

The TA Center, on behalf of HHSC, has adopted the SIM as a strategic planning tool for the state and communities across Texas. The TA Center hosts SIM Mapping Workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with MI, SUD and/or IDD, when appropriate, away from the justice system into treatment. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have access to the SIM and SIM mapping workshops.

The Office of the State Forensic Director has partnered with All Texas Access to offer a SIM for LMHAs participating in the All Texas Access project. All Texas Access is a legislatively mandated initiative that focuses on increasing access to mental health services in rural Texas communities. Specifically, the All Texas Access initiative focuses on how rural LMHAs and HHSC can decrease:

- The cost to local governments of providing services to people experiencing a mental health crisis;
- The transportation of people served by an LMHA to mental health facilities;
- The incarceration of people with MI in county jails; and
- The number of hospital emergency department visits by people with MI.

The fiscal year 2022 theme for All Texas Access was Jail Diversion and Community Integration. To find more information about All Texas Access, visit <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/all-texas-access>.

Introduction

The Navarro County SIM Mapping Workshop was organized by NTBHA. NTBHA engaged HHSC to provide a county SIM mapping workshop to assist with fostering collaborations and finding solutions for improving diversion efforts for people with MI, SUD and/or IDD. The SIM Mapping Workshop was divided into three sessions: 1) Introductions and Overview of the SIM; 2) Developing the Local Map; and 3) Action Planning. A summary of opening remarks can be found below.

Opening remarks were given by the President of Navarro College Dr. Kevin Fegan, Municipal Judge Cody Beauchamp (NTBHA Board Member), and Dr. Jennie M. Simpson.

- Dr. Fegan described the importance of breaking out silos to support students and launch their careers. He described how multiple systems must work together to support a whole person.
- Judge Beauchamp emphasized the importance of mental health to the Navarro Community. He commended stakeholders for joining the two-day workshop, noting the opportunities present to develop actionable plans for the County that support diversion, connect people to care, and improve coordination across behavioral health and justice systems.
- Dr. Simpson provided an overview of behavioral health in Texas. She also shared information on how people with mental illness are overrepresented in the criminal justice system.

This report reflects information provided during the SIM Mapping Workshop by participating Navarro County stakeholders and may not be a comprehensive list of services available in the county. All gaps and opportunities identified reflect the opinions of participating stakeholders, not HHSC.

Agenda

Sequential Intercept Model Mapping Workshop

Navarro County

March 31- April 1, 2022

3257 Waller Dr. Corsicana, TX 75110

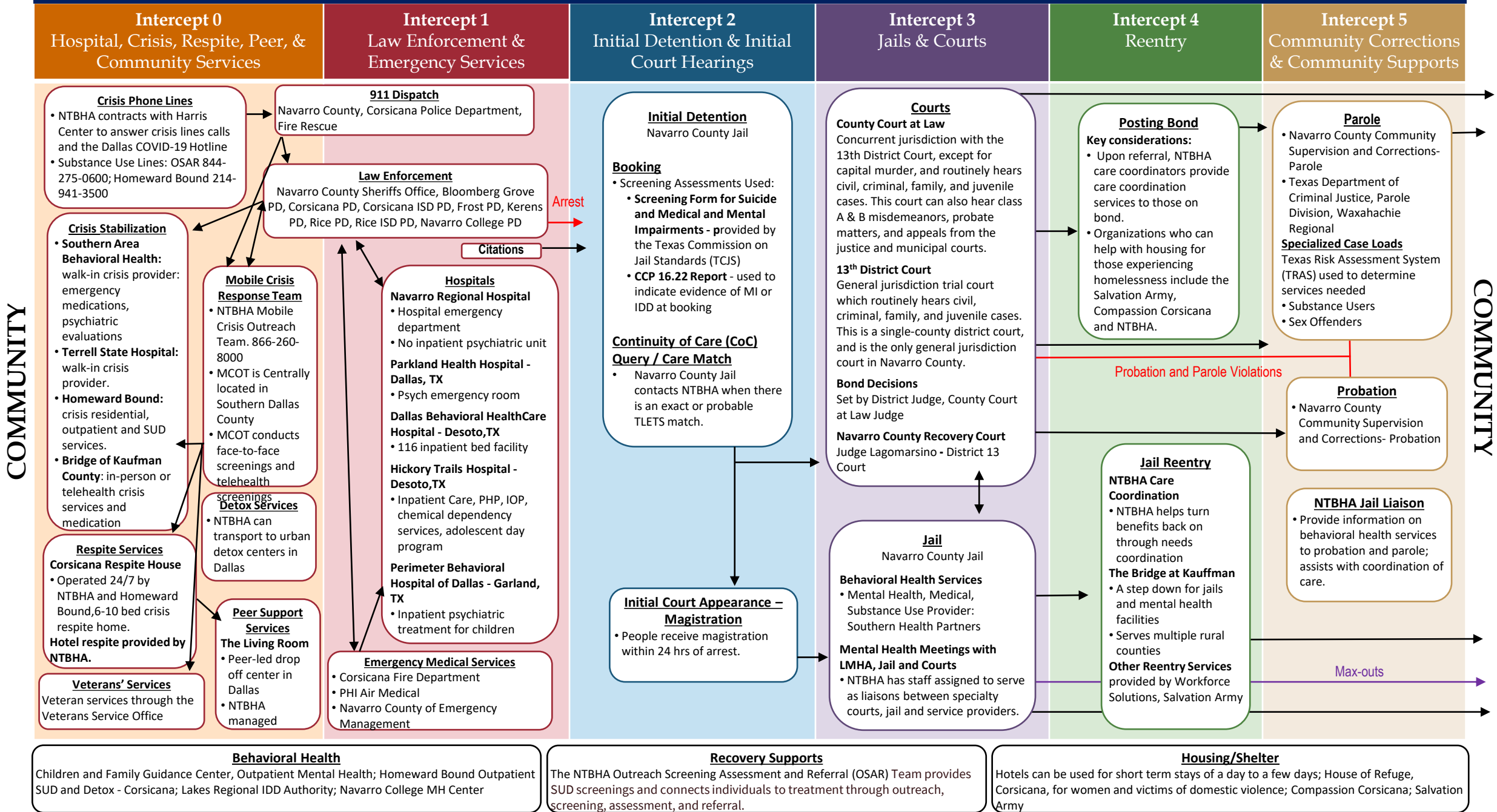
AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 am	Registration	Coffee and snacks to be provided by North Texas Behavioral Health Authority
8:30 am	Opening Remarks	Opening Remarks, <i>Judge Beauchamp</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services</i>
9:15	Workshop Overview and Keys to Success	Overview of the Workshop Workshop Tasks Texas Data Trends Community Self-Assessment Results
9:45	Presentation of Intercepts 0, 1	Overview of Intercepts 0 and 1 Navarro County Data Review
10:05	Break	
10:15	Map Intercepts 0, 1	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:15	Presentation of Intercepts 2, 3	Overview of Intercepts 2 and 3 Navarro County Data Review
11:35	Lunch	Lunch to be provided by North Texas Behavioral Health Authority
12:30	Map Intercepts 2, 3	Map Intercepts 2 and 3 Examine Gaps and Opportunities
1:30	Presentation of Intercepts 4, 5	Overview of Intercepts 4 and 5 Navarro County Data Review
1:50	Break	Refreshments to be provided by North Texas Behavioral Health Authority
2:00	Map Intercepts 4, 5	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:00	Summarize Opportunities, Gaps & Establish Priorities	Identify potential, promising areas for modification within the existing system Establish a List of Top 5 Priorities
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	

AGENDA – Day 2

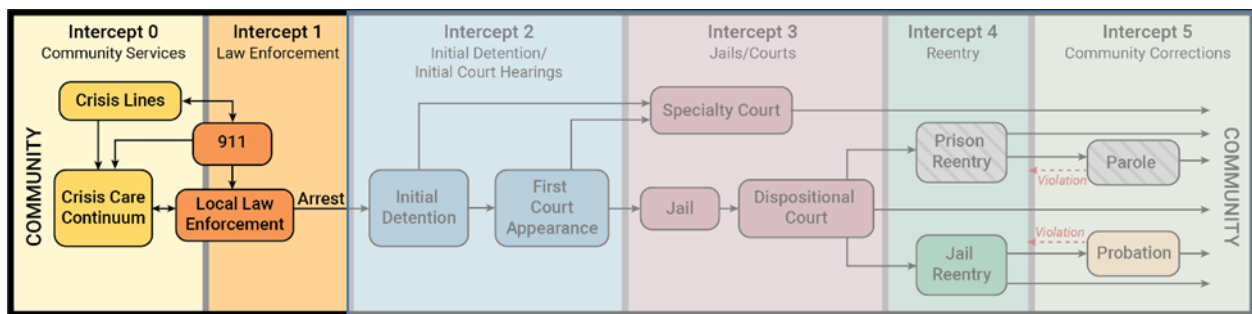
TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided by North Texas Behavioral Health Authority
8:30	Welcome	Opening Remarks, <i>Judge Beauchamp</i>
8:45	Preview & Review	Preview of Day #2 Review Day #1 Accomplishments
9:15	Action Planning	Group Work
10:45	Finalize the Action Plan	Group Work
11:30	Workgroup Report Outs	Each Group will Report Out on Action Plans
12:00	Next Steps & Summary	Finalize Date of Next Task Force Meeting Discuss Next Steps for Navarro County Report Share Technical Assistance Opportunities Complete Evaluation Form
12:20	Closing Remarks	Closing Remarks, <i>Judge Beauchamp</i>
12:30	Adjourn	

4. Sequential Intercept Model Map for Navarro County, March 2022



Opportunities and Gaps at Each Intercept

The centerpiece of the workshop is the development of a SIM map. As part of the mapping activity, the facilitators worked with the workshop participants to identify opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities 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 MI, SUD, and/or IDD by addressing the gaps and building on existing opportunities.



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Intercept 0 and Intercept 1 Overview of Resources, Gaps and Opportunities

Crisis Call Lines

Crisis calls are routed to NTBHA contractor, the Harris Center for Mental Health (Harris Center). The Harris Center Crisis Line (866-260-8000) is available 24 hours per day/7 days a week. It serves anyone experiencing a mental health crisis. The Harris Center triages calls, dispatching NTBHA's Mobile Crisis Outreach Team (MCOT) when deemed appropriate. Other crisis lines in Navarro County include the COVID-19 Hotline (833-251-7544) and two substance use lines, the OSAR line (844-275-0600) and Homeward Bound (214-941-3500). NTBHA contracts with the Child and Family Guidance Center and Homeward Bound to provide comprehensive crisis, mental health and SUD services in the community.

Gaps

- SIM participants reported a lack of understanding of what crisis services would be available upon calling the Crisis Line for support, and when MCOT

would be dispatched by the Crisis Line. Further discussion revealed that it may be possible that the community is not calling the correct crisis line.

- The Crisis Line often lacks updated information on both NTBHA and other Navarro County services.

Opportunities

- The Harris Center and NTHBA are reviewing contractor guidelines to clarify triage procedures and identify opportunities to improve triage to better meet the needs of Navarro County.
- Law enforcement and community providers expressed interest in the ability to contact NTBHA MCOT directly without being screened by the Harris Center Crisis Line. NTBHA could explore providing an exclusive phone number to law enforcement or specific community providers.

911 Dispatch

When someone calls 911 in Navarro County, they will be routed to one of two locations: the Navarro County Sherriff's Office Dispatch Center or the Corsicana Police Department Dispatch Center. Call takers then follow a protocol with a series of questions to gather the most useful information quickly.

Gaps

- Currently, dispatch centers do not screen for mental health crises nor utilize a standard set of mental health questions when taking crisis calls.
- Law enforcement described wanting more information from dispatch when they are dispatched to mental health crisis calls.
- Dispatch centers do not code or flag mental health calls for service, which makes analyzing trends difficult.
- Families of people in crisis describe not feeling like their needs are adequately addressed when calling 911.

Opportunities

- The Crisis Line can share information on its screening criteria with the two 911 dispatch centers to allow dispatch to create a mental health specific script.
- NTBHA can provide Mental Health First Aid training to dispatchers.
- Dispatch centers can develop a uniform code or flag attached to locations with repeat calls for service involving people with MI for quick identification

of potential mental health related calls. Trend analyses can also be conducted using this information.

- Dispatch can identify repeat callers and provide that information to mental health deputies and Navarro County service providers.

Healthcare

Medical services in Navarro County are accessed locally at Navarro Regional Hospital. Dallas Hospitals are also often utilized by Navarro County residents. Those most commonly used include Parkland Health, Dallas Behavioral HealthCare Hospital, Hickory Trail Hospital, and Perimeter Behavioral Hospital, which serve people with more complex medical conditions and emergent psychiatric needs. For inpatient care, Hickory Trails Hospital in DeSoto addresses psychiatric disorders, chemical dependency, or dual diagnosis.

Gaps

- Healthcare providers are often located in large urban areas and not in the community. Accessing psychiatric hospitals often requires driving to Dallas.
- Hospitals are often on diversion and finding an available hospital can be time consuming.

Opportunities

- Greater collaboration between EMS, law enforcement and MCOT can help serve people with physical and mental health needs in the community and reduce the need for transportation.

Law Enforcement and First Responders

Multiple law enforcement agencies serve Navarro County, including the Navarro County Sheriff's Office, Bloomberg Grove Police Department (PD), Corsicana PD, Corsicana ISD PD, Frost PD, Kerens PD, Rice ISD PD and Navarro College PD. First response in Navarro County is provided through Corsicana Fire Department, PHI Air and Navarro County Office of Emergency Management. Law enforcement and other first responders are routed through 911 dispatch.

Gaps

- The large size of the county slows down response times to crises.
- Most mental health facilities are far from where crises occur in the county.
- There is only a small number of mental health officers and they often have limited capacity to respond to all crises occurring in the county.

- Law enforcement in the county use different records management systems that do not allow for data sharing.

Opportunities

- Officer safety can be improved through the development of a uniform code or flag in computer aided dispatch systems that is attached to locations with repeat calls for service involving people with MI.
- Law enforcement agencies can meet on a regular basis to share information and identify trends related to mental health calls for service.

Crisis Services

Crisis services in Navarro County are provided through NTBHA and can be accessed through NTBHA's crisis line and MCOT. MCOT staff connect people in crisis to the appropriate level of care. Some of the crisis services available to Navarro County residents are Corsicana Respite House, the Bridge in Kaufman County, Southern Area Behavioral Health Walk-in Center and Homeward Bound's Crisis Residential Services.

Gaps

- MCOT often takes up to an hour to arrive to the scene of crisis calls. During that time first responders must remain with the person in crisis.
- Important information about the caller is not always conveyed to MCOT by crisis line staff.

Opportunities

- The LMHA can educate the community on available crisis services through MCOT.
- The LMHA can explore revising the locations MCOT services to reduce travel time.

Housing

Housing services are most effectively provided on a continuum that may include emergency shelter, rapid re-housing, permanent supportive housing and transitional housing options. In Navarro County, emergency transitional housing options are provided through NTBHA. There are also emergency shelter options available for women and victims of domestic violence at House of Refuge in Corsicana.

Gaps

- There is a women's shelter and domestic violence shelter but no men's shelter.
- The community identified a lack of housing and shelter options for people with complex mental health needs.
- Hotels are the most common form of emergency shelter for adults who are not survivors of domestic violence.
 - Hotels can ban people who damage property.
 - Hotel staff do not have training on MI or substance use.

Opportunities

- In the short term, increasing communication between housing and mental health providers will improve coordination of housing and supportive services for people with MI who are experiencing housing instability.
- Creating a housing program for people with MI who are experiencing housing instability may reduce mental health crises experienced by this population.

Special Populations

Services across the SIM intercepts may need to be specialized in Navarro County to consider the unique needs of special populations. The identified populations are Navarro College students, people with IDD, children and youth, and older adults.

Gaps

- Students
 - The Navarro College student population includes young people struggling with MI and SUD who lack access to treatment or familiar supports that were once available to them in their home communities.
- People with IDD
 - Providers voiced challenges serving people with co-occurring mental health issues and IDD.
- Children and Youth
 - There is a lack of communication between Child Protective Services, law enforcement and community-based providers.
- Older Adults
 - There is a gap in resources available to respond to people who cycle into crisis who have dementia but no mental health need.
 - Nursing homes have historically pushed for people in crisis to be placed in psychiatric facilities through emergency mental health

commitments, regardless of whether they are appropriate for these placements.

Opportunities

- Students
 - As part of its Bulldog Life initiative, Navarro College has hired a LPC and is expanding services by hiring an additional LPC.
 - NTBHA and Navarro College can coordinate to improve suicide response for college students.
- People with IDD
 - Additional crisis respite services can help support people with IDD who cycle into crisis and their care givers.
 - Increased coordination between Lakes Regional Community Center and NTHBA can help meet the needs of people with IDD and co-occurring MI.
- Older Adults
 - Increasing the use of Preadmission Screening & Resident Review (PASRR) services can help identify older adults with mental health needs in nursing homes.

Data Collection and Information Sharing

Baseline data across the intercepts was collected when planning for the Navarro County SIM Mapping Workshop. In Navarro County, data collection is performed independently by each service provider, agency and/or program. Data sharing is done on an as-needed basis between community providers.

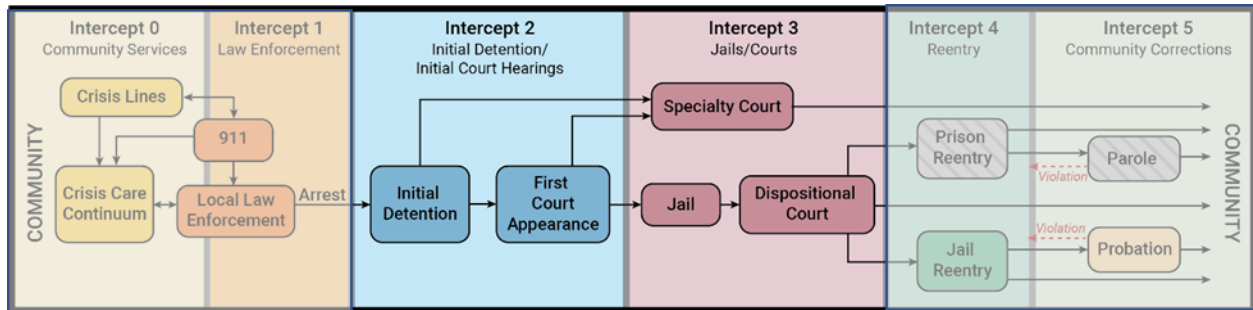
Gaps

- Dispatch centers do not code or flag for mental health calls for service, which makes analyzing trends difficult.
- Data is often not shared between the crisis line, MCOT and law enforcement.
- Information is not routinely shared between NTBHA, Lakes Regional Community Centers and community providers.

Opportunities

- Adding a code or flag for mental health calls for service in computer-aided dispatch systems can support better identification of the volume of calls related to mental health and corresponding need.

- Enhancing the knowledge of human service and social support providers on the range of services provided by NTHBA and Lakes Regional Community Center can help improve the frequency and quality of referrals.
- Clarifying HIPAA-compliant information sharing between mental health providers and law enforcement for care coordination may increase efficiencies during mental health related calls for service.



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Intercept 2 and Intercept 3 Overview of Resources, Gaps and Opportunities

Booking

In Navarro County a person is brought to the Navarro County Jail by the arresting law enforcement officer. Upon booking, that person is screened for MI and substance use issues by jail medical staff. The screening tool utilized is the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards (TCJS).

Gaps

- Jail personnel have identified mental health needs during booking that are beyond the capacity of the facility.
 - Jail personnel also expressed a similar concern about medically fragile persons.
- There is a lack of communication between NTBHA and the Navarro County Jail when a person has an exact or probable TLETS match through the TLETS CCQ. This impacts continuity of care.
- Under Article 16.22 of the Texas Code of Criminal Procedure (CCP), when there is evidence of a possible MI or intellectual disability (ID), a magistrate must order an expert to interview the person and collect information regarding possible MI or ID. The expert must provide a written report of the

interview to the magistrate. Participants reported inconsistent use of the CCP 16.22 report when there may be evidence of a MI or ID at booking.

Opportunities

- Consistent use of the CCP 16.22 report can help alert all stakeholders in the criminal process if the resulting report indicates possible MI or ID.
- NTBHA and Navarro County Jail can discuss ways to better utilize the TLETS CCQ to support people in the jail and help coordinate care upon reentry.

Jail Medical

People who are booked into the Navarro County Jail have access to medical care, behavioral health services and substance use support through the jail's medical provider, Southern Health Partners. Mental health crisis screenings and assessments are provided by NTBHA.

Gaps

- Data collected during booking about mental health and substance use is not always conveyed to the jail medical provider.
- Southern Health Partners, NTBHA and the jail do not consistently share information on people with MI or SUD who are booked into jail, which creates barriers to care both within the jail and upon re-entry.

Opportunities

- Communication between Southern Health Partners and NTBHA can support increased continuity of prescription medications if a person is a client of NTBHA.
- Jail medical staff and jail administration can come together to identify opportunities to share information in a Health Insurance Portability and Accountability Act (HIPAA) compliant manner for trend analysis and continuity of care, particularly as it relates to people who screen positive for MI or SUD as contemplated in the Health and Safety Code (H&SC) 614.017.

Competence to Stand Trial

Competence to stand trial is the legally determined capacity of a criminal defendant to proceed with criminal adjudication. A criminal defendant may not be subjected to trial if he or she lacks the capacity to understand the proceedings against him or her and, to consult with counsel with a reasonable degree of rational understanding (CCP 46B.003). Texas procedures related to competency are generally found in

Chapter 46B of the CCP. Chapter 46B applies to a defendant charged with a felony or with a misdemeanor punishable by confinement (CCP 46B.002).

Gaps

- Participants reported issues with people waiting in jail for in-patient competency restoration services.

Opportunities

- Trainings can be provided by HHSC on competence to stand trial processes, quality competency evaluations, active waitlist management and court ordered medications.

Pre-Trial Services

Pre-trial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision. In Navarro County, bond decisions are set by the District Judge and the County Court at Law Judge. Considerations on posting bond include identifying a place for the person to go and connecting people experiencing homelessness to housing support through Salvation Army and NTBHA.

Gaps

- Risk assessment instruments are not being used to determine bond decisions.
- There are questions about how the new bond laws in S.B. 6, 87th Legislature, Special Session, 2021 will impact bond going forward.
- COVID-19 created a large backlog of people awaiting a court date.
 - Some people waiting for a court date have had their mental health symptoms worsen in jail.

Opportunities

- A validated and reliable risk assessment instrument should be used to determine bonds and pretrial supervision.
- Specialized caseloads for people with MI are a best practice at the pretrial stage.

Courts (Including Specialty Courts)

Specialty courts are established to reduce recidivism through therapeutic and interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety. Navarro County recently established a Recovery Court

that meets twice monthly. The Navarro County Recovery Court is presided over by District Judge James Lagomarsino in District 13 Court.

Gaps

- Navarro County does not have a mental health court.

Opportunities

- Further training for judges on MI would help the courts better identify people's needs and clarify the right type of bond for their situation. Mental Health First Aid might be an option and could be conducted by NTBHA.
- Increased coordination between the courts and the district attorney's office could help identify candidates for diversion.
- Creating a mental health court could allow for diversion and specialized support for people with mental health needs in the justice system.

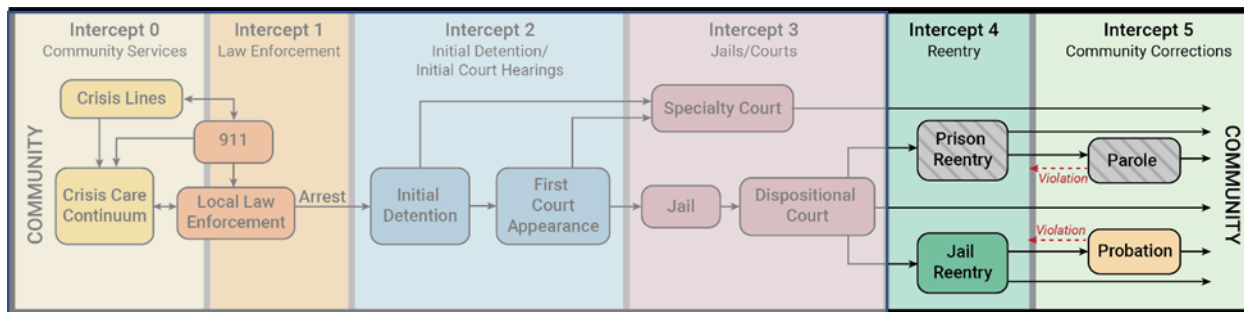
Data Collection and Information Sharing

Gaps

- Defense counsel may not be aware that the jail or prosecution suspect their client has MI.
- Judges have expressed that they lack the mental health information they might need to decide on appropriate release conditions.

Opportunities

- Ensure consistent use of the CCP 16.22 report to alert all stakeholders in the criminal process if the resulting report indicates possible MI or ID. Ensure court professionals' awareness of existing behavioral health services to increase referrals and opportunities for diversion.



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Intercept 4 and Intercept 5

Overview of Resources, Gaps and Opportunities

Jail Services

The Navarro County Jail does not have an onsite re-entry specialist or coordinator. Reentry services in Navarro County can be provided by NTBHA, who can link people to services like the Bridge at Kaufman County.

Gaps

- The community identified a lack of reentry planning prior to release, including identifying housing and support services.

Opportunities

- Create an option in the jail cell kiosk system that would allow people preparing for release to notify the jail of a desire for additional support.
- Connect with Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) to see what services might be available to support people with MI who are on probation or parole in Navarro County.

Community Reentry

Reentry services in Navarro County are provided by NTBHA jail liaisons, NTBHA care coordinators, and the Bridge at Kaufman County. NTBHA care coordinators help identify existing behavioral health needs of people re-entering the community and connect people to appropriate services. The Bridge at Kaufman County acts as a step-down mental health facility for people re-entering the community from Navarro County Jail.

Gaps

- A lack of information on a person's release date creates barriers to coordinating with providers outside of jails.

Opportunities

- Creating connections to TCOOMMI could help increase the number and success of referrals.
- Creating reentry plans prior to release can help identify and connect a person to mental health and support services to be accessed upon reentry to the community.
 - An opportunity was noted to increase referrals to Texas Workforce Commission's employment and education services for people returning to the community from incarceration.

Probation and Parole

Probation and parole services are provided through Navarro County Community Supervision and Corrections Department. The Texas Risk Assessment System (TRAS) is used to determine specialized service need for people entering the community on probation and parole and to identify persons who are appropriate for specialized caseloads. Participants roundly praised the department for its service.

Gaps

- The community identified the need for additional wraparound services for people on probation and parole who have MI and/or SUDs.

Opportunities

- Probation and parole officers have had success connecting people with MI and SUD to services. These successes can be built on by increasing the number of providers that have relationships with probation and parole.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Workshop participants were asked to identify a possible set of priorities followed by a vote where each participant had three votes. The voting took place on April 1, 2022. The top five priorities are highlighted in bold text.

Rank	Priority	Total Votes
1	Explore the development of a mental health court.	16
2	Explore the development of a mental health deflection area (a place for officers to take people in crisis in lieu of a hospital emergency department or making an arrest).	15
3	Expand early prevention programs and enhance juvenile justice services.	10
4	Explore the development of mental health early identification systems for law enforcement and 9-1-1 dispatch.	10
5	Enhance data collection and information sharing across the SIM.	10
6	Strengthen re-entry planning and continuity of care service coordination.	9
7	Establish a monthly/quarterly mental health and justice roundtable meeting to support planning, communication, coordination, and consistency of services.	7
8	Expand mental health officer and co-responder programs.	6

Rank	Priority	Total Votes
9	Develop a housing plan and expand housing options for people who are justice involved with complex needs.	6
10	Establish a frequent utilizer task force.	4
11	Explore opportunities for cross-training and education across Navarro County justice and behavioral health stakeholders.	3
12	Establish a local Medication Assisted Treatment (MAT) program.	3

Strategic Action Plans

Priority Area One: Explore the development of a mental health (MH) court.			
Objective	Action Step	Who	When
Establish a Task Force	<ul style="list-style-type: none"> Identify key stakeholders to support MH Court planning. Stakeholders could include Navarro County judges, prosecutors and defense attorneys, mental health and substance use treatment providers, court managers, probation, and law enforcement officers. 	Judges for 2 nd District and county court.	2022
Research Mental Health Courts and Outpatient Programs	<ul style="list-style-type: none"> Review the Judicial Commission on Mental Health’s 10-Step Guide to creating a Mental Health Court Program.² Explore Other Texas Mental Health Courts: <ul style="list-style-type: none"> Texas Mental Health Courts in counties with comparable population to Navarro County include Bowie County (92,893), Cameron County (421,017), Fannin County (35,662), Kauffman County (136,145) Midland Count (169,983), and Uvalde County (24,564). Specifically, examine: <ul style="list-style-type: none"> Eligibility criteria; Caseloads; Approach to setting bonds; Court outcomes; and, Successes and challenges related to starting the MH court and supporting its ongoing operations. Review national resources. The Bureau of Justice Assistance developed a Guide to Mental Health Court Design and Implementation.³ The guide is organized according to the three basic steps that can be followed by any community considering the establishment of a MH court: <ul style="list-style-type: none"> Understanding the MH court concept; 	County Judges, NTBHA	2022

² *Creating a Texas Mental Health Court Program: The 10-Step Guide*. Texas Judicial Commission on Mental Health (2022). Retrieved 16 June 2022, from <http://texasjcmh.gov/media/czaopye/mhc-the-10-step-guide.pdf>.

³ *A Guide to Mental Health Court Design and Implementation*. Bureau of Justice Assistance. (2022). Retrieved 16 June 2022, from <https://bjaojp.gov/sites/g/files/xyckuh186/files/Programs/Guide-MHC-Design.pdf>.

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> ○ Determining whether a MH court is appropriate; and, ○ Considering elements of MH court design and implementation. ● Research Assisted Outpatient Treatment Programs and other court-based treatment options: <ul style="list-style-type: none"> ○ The Texas Assisted Outpatient Treatment Practitioner Guide was developed by Texas Tech University School of Law, the Treatment Advocacy Center, and NAMI Texas. This document aims to provide clinical and legal practitioners with the basic knowledge needed to plan and launch an AOT program in Texas.⁴ ○ Another publication, Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice, was developed by the Substance Abuse and Mental Health Services Administration to outline the origins and current status of civil commitment, principles to guide civil commitment, and practical tools to assist policymakers in evaluating, reforming and implementing involuntary civil commitment.⁵ ○ Assessing Outcomes for Consumers in New York's Assisted Outpatient Treatment Program was published in <i>Psychiatric Services</i>. This study examined whether New York State's AOT program, a form of involuntary outpatient commitment, improved a range of policy-relevant outcomes for people with court orders.⁶ ○ Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery, is a report that was published by the National Institute 		

⁴ *Texas AOT Practitioners Guide*. Treatment Advocacy Center, Texas Tech University School of Law and NAMI Texas (2022). Retrieved 16 June 2022, from <https://www.treatmentadvocacycenter.org/storage/documents/aot-implementation-documents/texas%20aot%20practitioners%20guide.pdf>.

⁵ *Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice*. Substance Abuse and Mental Health Services Administration (2019). Retrieved 16 June 2022, from <https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf>.

⁶ Swartz, M., Wilder, C., Swanson, J., Van Dorn, R., Robbins, P., & Steadman, H. et al. (2010). Assessing Outcomes for Consumers in New York's Assisted Outpatient Treatment Program. *Psychiatric Services*, 61(10), 976-981. <https://doi.org/10.1176/ps.2010.61.10.976>.

Objective	Action Step	Who	When
	<p>of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance. This resource presents a shared framework for reducing recidivism and behavioral health problems among people under correctional control or supervision. It is written for policymakers, administrators, and practitioners, and provides a common structure for corrections and treatment system professionals covering both behind-the-bars and community-based interventions.⁷</p>		
Collect and Analyze Data	<ul style="list-style-type: none"> • Identify essential measures to inform the court’s development. Two reports: 1) A Study on Outcomes of Participants in Specialty Courts Who Have a Mental Illness; and 2) Developing a Statewide Drug Court Data Tracking System: The Why, What, and How of It both provide a list of data elements to consider, including^{8 9}: <ul style="list-style-type: none"> ○ Recidivism rates for people with MI: <ul style="list-style-type: none"> ▪ Re-arrest ▪ Re-referral for Class B misdemeanor or above ▪ Alcohol or drug related re-arrest ▪ Any new drug, alcohol, or felony arrest within 5 years after graduation ▪ Felony only re-arrest ▪ New arrest after 3 years of completing the program ▪ New arrest and/or return to high-risk behavior ▪ Adjudication on an equally severe or greater offense ▪ Reconviction of a “like” drug or alcohol offense ▪ Subsequent arrest for the same offense after successful completion of the program 	Jail officials (able to identify people with MH diagnosis)	2022

⁷ *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*. The Council of State Governments Justice Center (2012). Retrieved 16 June 2022, from https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_Behavioral_Framework.pdf.

⁸ *Study on Outcomes of Participants in Specialty Courts who have a Mental Illness*. The Office of Court Administration (n.d.). Retrieved 16 June 2022, from <https://www.txcourts.gov/media/1443969/sb-1326-final.pdf>.

⁹ *Developing a Statewide Drug Court Data Tracking System: The Why, What, & How of It*. Center for Court Innovation (n.d.). Retrieved 16 June 2022, from <https://www.courtinnovation.org/sites/default/files/documents/drugcourtdatasystem.pdf>.

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> ▪ Adjudication or conviction of a new offense ▪ Relapse after graduation or repeated drug use ▪ Another incident/contact with the criminal justice system ○ Mental health outcomes for people engaged in the justice system: <ul style="list-style-type: none"> ▪ Engagement in treatment services ▪ Impact on a person’s mental health ○ Jail and Court Costs: <ul style="list-style-type: none"> ▪ Jail costs ▪ Court costs 		
Explore Extending Recovery Court to add in Mental Health Court	<ul style="list-style-type: none"> • Determine whether expanding the existing recovery court to add a mental health court is a viable option. Questions to consider: <ul style="list-style-type: none"> ○ What might expanding the scope of the recovery court entail? ○ Which stakeholders are essential to a Navarro County Mental Health court model? Are these different from the recovery court? ○ What federal, state and private funding sources might be available to support the expansion of the recovery court? If grant opportunities are identified, who will apply for them? ○ What might the timeline look like to seek the approval from the Office of Court Administration? ¹⁰ What must be in place to do that? 	District Attorney, County Judge	2022
Use Risk Assessment Tools to Determine Eligibility	<ul style="list-style-type: none"> • Use the Risk-Needs-Responsivity (RNR) Model in determining eligibility for a mental health court program.¹¹ The RNR framework is based on extensive research. It has three prongs: (1) Risk principle: who to target; (2) Need principle: what to target; (3) Responsivity principle: how to address criminogenic need. Specifically, the RNR framework suggests guidelines for MH courts, including¹²: 	District Attorney, County Judge	2022

¹⁰ *Mental Health Courts*. Texas Judicial Commission on Mental Health (n.d.). Retrieved 16 June 2022, from [Mental Health Courts | Texas Judicial Commission on Mental Health \(texasjcmh.gov\)](https://www.texasjcmh.gov).

¹¹ James Bonta & D.A. Andrews, *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*, 2007–06 (Public Safety Canada, 2007).

¹² *Toward a New Understanding of Mental Health Courts*. Center for Court Innovation (2015). Retrieved 16 June 2022, from https://www.courtinnovation.org/sites/default/files/documents/JJ_SP15_54_2_Fisler.pdf.

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> ○ Courts should set their eligibility criteria to focus on defendants at high risk of reoffending; ○ Courts should incorporate interventions to address criminogenic needs in the array of services offered to participants; and, ○ Courts should address participants' individual responsivity factors, including MI, to facilitate their engagement in criminogenic needs interventions. 		

Priority Area Two: Explore the development of a MH Deflection Area (a place for officers to take people in crisis in lieu of a hospital emergency department or making an arrest).

Objective	Action Step	Who	When
Determine Interest and Need	<ul style="list-style-type: none"> ● Identify key champions in the community, including leaders from both the behavioral health and justice systems. ● Analyze existing data to make a case. Where data doesn't exist, stakeholders can discuss plans for beginning to collect and track additional measures. Data gathered to inform the development of the Harris County Diversion Center and other Mental Health Drop-Off Facilities include¹³: <ul style="list-style-type: none"> ○ MCOT dispatch data ○ Crisis line calls ○ Emergency department hospitalizations for psychiatric reasons ○ Daily jail population ○ Proportion of people in jail who have serious mental health issue ○ Proportion of people in jail with low-level misdemeanors ○ Proportion of people in jail with low-level misdemeanors who screened positive for MI ○ Number of jail bookings for a specific time period ○ Number of jail bookings for low-level misdemeanors during that same time period ○ Number of jail bookings for people who screened positive for MI during that same time period 	NTBHA NTBA Data Team in partnership with Police Departments and Jail	4 months

¹³ Harris county implementation plan

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> ○ Average length of stay for this population ○ Average cost to house people with mental health issues in jail ○ Mapping data to see geographic catchment area 		
Learn from Other MH Crisis, Diversion, and Drop-off Centers	<ul style="list-style-type: none"> • <i>Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners</i>, developed by Justice System Partners, provides practical guidance from Harris County for planning a crisis diversion center including, laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability. • A Community Guide for Development of a Crisis Diversion Facility, by Health Management Associates (HMA), outlines key considerations for planning and managing a crisis diversion facility.¹⁴ The guide outlines potential services; roles and responsibilities across local stakeholders; the role of data in informing planning and ongoing program improvement; and funding strategies. HMA also produced a companion document which provides case studies of communities in Arizona, South Dakota, Tennessee and San Antonio. • Blueprint for Success: The Bexar County Model, How to Set Up a Jail Diversion Program in Your Community was produced by the National Association of Counties, in partnership with Bexar County, on setting up jail diversion programs. This provides an overview of the diversion center, steps taken for enlisting community support, funding, etc.¹⁵ • Roadmap to the Ideal Crisis System, National Council for Behavioral Health has a section titled, Elements of the Continuum, Crisis Center or Crisis Hub (Pg. 88), which describes the role a crisis 	Task Force	Ongoing

¹⁴ *A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis*. Health Management Associates (2020, February). Retrieved 16 June 2022, from https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityGuidebook_v6.pdf.

¹⁵ *Blueprint for Success: The Bexar County Model: How to Set up a Jail Diversion Program in Your Community*. The National Association of Counties (2010, August 11). Retrieved 16 June 2022, from <https://www.naco.org/sites/default/files/documents/Bexar-County-Model-report.pdf>.

Objective	Action Step	Who	When
	center can play within the local crisis system. The section provides an overview of services you may want to consider, and shares examples of crisis hubs in states across the country. ¹⁶		
Identify Potential Partners and Develop a MH Deflection Area Task Force	<ul style="list-style-type: none"> • Mobilize champions, including the commissioners court, state representatives, school districts, colleges, chamber of commerce, city officials and community to support the MH Deflection Area. <ul style="list-style-type: none"> ○ Identified champions: Judge Beauchamp, Judge Davenport, Judge Lagomarsino, Will Thompson, State Representative, the Child and Family Guidance Center, Homeward Bound and City Council. • Identify other potential community stakeholders, including law enforcement, crisis and community-based providers, emergency medical workers, courts, and city and county officials. • Create a taskforce which includes identified local champions, as well as other interested stakeholders to help support the development and implementation of the MH Deflection Area. 	NTBHA	4 months
Define the MH Deflection Area's Goal and Discuss Program Eligibility	<ul style="list-style-type: none"> • Convene the taskforce to discuss the program's goal. For example, it might be to reduce the number of people with MI who are booked into the Navarro County Jail, or to provide an alternative to emergency room drop off for people experiencing a mental health crisis. • Discuss eligibility criteria. Who is the target population for the program? What clinical requirements must be met to be eligible for services? What other requirements might there be (e.g., list of eligible offenses for law enforcement drop off)? Also, what other factors might stakeholder consider (e.g., intake screening, medical clearance requirements, etc.) 	NTBHA, Identified Champions, Other Key Stakeholders	6 months

¹⁶ *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response*. The National Council for Mental Wellbeing (2021, March). Retrieved 16 June 2022, from https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf.

Objective	Action Step	Who	When
Consider Service Array and Other Operational Elements	<ul style="list-style-type: none"> • Determine the service array for a drop-off center including both clinical and non-clinical support services. • Discuss location of drop-off center. <ul style="list-style-type: none"> ○ NTBHA offered space at the current Respite House as an option. • Assess safety protocols: <ul style="list-style-type: none"> ○ Develop uniform staff trainings. ○ Partner with police to provide transport. ○ Consider hiring a private security company. • Identify staffing costs: <ul style="list-style-type: none"> ○ Potential staff identified included Certified Medical Assistant, Psychiatric Nurse, Psychiatrist, Nurse Practitioner, and Care Coordinator. • Identify funding sources. • Establish data collection protocols. 	NTBHA, in partnership with the MH Deflection Area Task Force	Ongoing

Priority Area Three: Enhance data collection and information sharing across the SIM.

Objective	Action Step	Who	When
Identify What Data is Needed	<ul style="list-style-type: none"> • Assess availability of baseline data across the SIM. A potential starting point might be the Community Impact Measures spreadsheet shared with NTBHA to plan for the SIM. • Examine other key data measures across the SIM that might be available or could be collected to inform future planning and ongoing continuity of care. Initial examples identified by the planning group included¹⁷: <ul style="list-style-type: none"> ○ Ensuring that white warrants are shared with NTBHA on a regular basis; ○ Ensuring that other crisis data and referrals are shared with NTBHA regularly; ○ Requesting that dispatch develop a system to flag MH calls to help county leaders establish trends that might inform future planning and service delivery; and, ○ Collecting MCOT data, including trends in requests (requestor/date/time), dispatch locations, call outcomes, etc. • Learn from ways that other communities are collecting and sharing data: <ul style="list-style-type: none"> ○ The Council for State Government’s Justice Center has identified four key outcomes of Police-Mental Health Collaboration effectiveness¹⁸: <ul style="list-style-type: none"> ▪ Increased connections to resources; ▪ Reduced repeat encounters with law enforcement; ▪ Minimized arrests; and ▪ Reduced use of force encounters with people who have mental health needs. ○ Texas counties have joined national initiatives like the Stepping Up Initiative to reduce the number of people with MI in jail. In early 2019, Lubbock County became 	Municipal Judge, NTBHA	1 month

¹⁷ Substance Abuse and Mental Health Services Administration. (n.d.). (rep.). *Data Collection Across the Sequential Intercept Model: Essential Measures*. Retrieved 16 June 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf>.

¹⁸ *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People who have Mental Health Needs*. Council of State Governments Justice Center. (2018). Retrieved 16 June 2022, from <https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf>.

Objective	Action Step	Who	When
	<p>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 SMI; collect and share data on people to better connect them to treatment and services; and use this information to inform local policies and practices. The four key measures of the Stepping Up initiative¹⁹ are:</p> <ul style="list-style-type: none"> ▪ number of bookings; ▪ average length of stay; ▪ connections to treatment and services; and ▪ recidivism for the general population and for people identified as having serious mental illness (SMI) to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas. <ul style="list-style-type: none"> • Review SAMHSA’s manual, Data Collection Across the Sequential Intercept Model: Essential Measures, which recommends data elements organized around each of the six SIM intercepts. Each section lists data points and measures that are essential to addressing how people with MI and SUD flow through that intercept. The sections also cover common challenges with data collection and ways to overcome them, along with practical examples of how information is being used in the field. 		
Establish Regular Resource Meetings.	<ul style="list-style-type: none"> • Identify a city official or other sponsor to organize regular meetings focused on data collection, sharing, and analysis across Navarro County for behavioral health and justice stakeholders. <ul style="list-style-type: none"> ○ Reference the community impact measures collected through SIM planning and determine whether some of these data points would be worth collecting, sharing, and analyzing on an ongoing basis. 	NTBHA	1 month
Examine Existing Data Sharing Systems and Resources.	<ul style="list-style-type: none"> • Create a taskforce for TLETS and re-entry planning: <ul style="list-style-type: none"> ○ Convene TLETS users to discuss current utilization of TLETS and the CCQ; and ○ Establish a plan for ongoing communication between utilizing agencies. • Consider the use of Charity Tracker to share information across Navarro County service providers and NTBHA. 	NTBHA, County Sheriff’s Office	1 month

¹⁹ *Stepping Up Together*. The Stepping Up Initiative. Retrieved 16 June 2022, from <https://stepuptogether.org/>.

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> • Examine existing tools like 211 and findhelp.gov to promote community awareness of existing resources. • Look how the Salvation Army is tracking and sharing referral calls. 	County Sheriff's Office, others as needed	

Priority Area Four: Explore the development of mental health crisis early identification systems for law enforcement and 9-1-1 dispatch.

Objective	Action Step	Who	When
Facilitate a Conversation with City and County Decision Makers to Discuss the Development of MH Crisis Early Identification Systems	<ul style="list-style-type: none"> • Establish a work group, including police chiefs, sheriffs, dispatch and NTBHA from across Navarro County. • Identify what databases are currently utilized to track and share information. • Identify how to flag MH, using a similar approach for COVID response needs. • Consider officer safety and the safety of the person involved. 	Navarro County	Start planning on the week on 4/4/22; meeting with group to follow.
Pilot iPad support tool for Law Enforcement to Assist with MH Calls.	<ul style="list-style-type: none"> • NTBHA received funding to pilot an iPad support tool for law enforcement to assess with mental health calls. The tool will help facilitate non crisis in-field mental health screenings by connecting officers with clinicians via wireless tablet. To support the pilot program stakeholders could consider the following steps. • Clarify goals for the pilot program. Example goals might include: <ul style="list-style-type: none"> ○ Testing the concept of accessing clinicians via an iPad for patrol officers; ○ Improving the triage of crisis calls; and, ○ Diverting people from hospital emergency departments and jail when appropriate. • Determine what calls the iPad support tool might be relevant for. • Develop a plan for training that covers when to use the tool, how to use the tool, and other procedures. <ul style="list-style-type: none"> ○ Examine plans, trainings, and other resources developed for similar Texas programs. For example, The Harris County Sheriff’s Office developed a 	NTBHA	Next Steps: set a meeting to discuss current program and consider iPad support tool.

Objective	Action Step	Who	When
	<p>Telehealth Implementation Guide, which outlines²⁰:</p> <ul style="list-style-type: none"> ▪ Reasons for telehealth for patrol; ▪ Benefits of telehealth for patrol; ▪ Frequently Asked Questions; ▪ Details on the Harris County pilot program; ▪ Comparison tables which include outcome data from the pilot program; and ▪ Other resources. <ul style="list-style-type: none"> • Identify other potential uses for the iPad support tool, such as utilization by local emergency departments. • Consider variations of the program, which might include existing law enforcement tools such as duty phones to support MH calls, rather than introducing new technology. 		
<p>Improve 911 Operator Training and Call Taking for MH Crisis Calls.</p>	<ul style="list-style-type: none"> • Work with NTBHA to provide training to dispatch staff, including: <ul style="list-style-type: none"> ○ Mental Health First Aid, ○ Applied Suicide Intervention Skills Training, ○ Assess Support Know: Suicide Prevention Training, and ○ Counseling on Access to Lethal Means. • Explore the addition of trained clinicians to 911 dispatch staff to help triage and respond to MH crisis calls. <ul style="list-style-type: none"> ○ Look at similar Texas programs. For example, Bluebonnet Trails Community Services has embedded mental health clinicians in the Williamson County Emergency Operations Center, to connect with people experiencing a crisis when 	<p>NTBHA</p>	<p>After initial planning meeting.</p>

²⁰ *Telehealth Implementation Guide*. Arnold Ventures (2020, February). Retrieved 16 June 2022, from <http://www.harriscountycit.org/wp-content/uploads/Implementation-Guide-June-9-2020.pdf>.

Objective	Action Step	Who	When
	<p>they call 911, 24/7. BTCS mental health professionals provide crisis intervention, de-escalation, and treatment coordination for persons in crisis through the dispatch center. Depending on the severity of the situation, this could include a MCOT response or a dual response in partnership with law enforcement. For a person determined not to be in imminent risk of danger to themselves or others, BTCS will provide connections to needed supports, reducing the need for law enforcement, fire, and EMS involvement. Additionally, BTCS 911 dispatch staff will follow up with callers to assure access to care.</p> <ul style="list-style-type: none"> ○ The Council of State Governments Justice Center also released a brief titled Tips for Successfully Implementing a 911 Dispatch Diversion Program, which outlines four tips for successfully implementing 911 dispatch diversion in a community.²¹ ● Explore opportunities for dispatchers to ask MH specific questions. NTBHA can work with the current crisis line to pull questions that might be most relevant. ● Explore opportunities to establish a connection between NTBHA (24 hr. access) and 911 dispatch staff that allows for crisis call transfers. If a crisis is identified, explore the ability for NTBHA to route calls back to dispatch for police to provide support/transport if needed. ● Discuss 988 planning for Navarro County: 		

²¹ *Tips for Successfully Implementing a 911 Dispatch Diversion Program*. The Council of State Governments Justice Center (2021, October). Retrieved 16 June 2022, from <https://csgjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/#:~:text=One%20model%20showing%20promise%20is,health%20or%20social%20service%20need>.

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> ○ For general information on 988, review the Suicide Prevention Lifeline and the Substance Abuse and Mental Health Administration 988 landing pages. ○ Discuss opportunities for law enforcement and dispatch to engage in 988 strategies. The Council of State Governments Justice Center released a brief titled How to Use 988 to Respond to Behavioral Health Crisis Calls, which outlines what every community should know about 988 as well as tips to prepare for successful 988 Implementation.²² ○ Review national 988 messaging guidelines.²³ ● In the longer term, address workforce issues to ensure dispatch centers are properly staffed. 		

²² *How to Use 988 to Respond to Behavioral Health Crisis Calls*. The Council of State Governments Justice Center (2022, May). Retrieved 16 June 2022, from <https://csgjusticecenter.org/publications/how-to-use-988-to-respond-to-behavioral-health-crisis-calls/>.

²³ *988 Messaging Framework*. National Action Alliance for Suicide Prevention (2022). Retrieved 16 June 2022, from <https://suicidepreventionmessaging.org/988messaging/framework>.

Priority Area Five: Expand early prevention programs and enhance juvenile justice services.

Objective	Action Step	Who	When
Assess Existing Early Education, Prevention, and Intervention Programs in Navarro County for Children and Families.	<ul style="list-style-type: none"> • Reach out to community agencies serving juveniles and youth to establish an exploratory task force focused on mental health and substance use education, prevention and intervention services for children, families and youth. <ul style="list-style-type: none"> ○ Ensure coordination with the Community Resource Coordination Group. • Identify intervention, prevention, and education programs and explore utilization of existing services. <ul style="list-style-type: none"> ○ Gather all community MH and SUD providers to identify gaps. ○ Look at other program models that can be incorporated to provide different levels of care to youth. • Develop incentives to get children and families to participate in identified programs. • Assess areas for improvement across local programs. • Explore new funding opportunities. 	Presbyterian Children’s Services Voice Hope Center Local Churches	ASAP
Establish Education and Intervention with School-Aged Juveniles	<ul style="list-style-type: none"> • Work with local schools to identify opportunities for improved collaboration between school districts, service providers, and families. <ul style="list-style-type: none"> ○ Assess need in local school districts for behavioral health resources and education. ○ Promote MH and SUD education. ○ Network with local resources (LMHA, local non-profits). • Provide education to staff and students. 	School Districts, Law Enforcement Juvenile Probation, NTBHA, CRCG Voice	ASAP
Conduct a Critical Intervention Mapping for Navarro County	<ul style="list-style-type: none"> • Consider mapping Navarro County’s juvenile justice system. The Critical Intervention Model for youth mirrors the Sequential Intercept Model for adults and utilizes data-driven discussions to better serve justice-involved youth and their families across 		

Objective	Action Step	Who	When
	<p>identified critical intervention points and opportunities for diversion. These mappings are used to address the overrepresentation of youth with behavioral health conditions in the juvenile justice system and identify opportunities for early intervention and community-based treatment. The Office of the State Forensic Director will provide Critical Intervention Mapping in 2023.</p> <ul style="list-style-type: none"> • Review the National Center for Mental Health and Juvenile Justice (NCMHJJ) guide, Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System.²⁴ This guide identifies ways to develop partnerships between juvenile justice and mental health systems to increase diversion and access to the most effective mental health treatment. The model identifies the following cornerstones to improving the delivery of mental health services to youth in contact with the juvenile justice system: <ul style="list-style-type: none"> ○ Collaboration ○ Identification ○ Diversion ○ Treatment • Learn from other communities who have engaged in Critical Intervention Mapping. <ul style="list-style-type: none"> ○ The Harris Center has implemented a Critical Intervention Mapping and Action Planning Workshop in Harris County.²⁵ In October 2020, The National Center for Youth Opportunity and Justice (NCYOJ) and Policy Research Associates (PRA) facilitated 		

²⁴ *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. The National Center for Mental Health and Juvenile Justice (2007). Retrieved 16 June 2022, from <https://ncyoj.policyresearchinc.org/img/resources/Blueprint-for-Change-A-Comprehensive-Model-638003.pdf>.

²⁵ *Critical Intervention Mapping and Strategic Planning- Harris County, Texas*. Policy Research Associates (2020). Retrieved 16 June 2022, from https://justiceinnovation.harriscountytexas.gov/Portals/51/Documents/Harris%20County%20CIM%20Report.pdf?ver=EF1LZ_R38Vm6po5tcSotMg%3d%3d.

Objective	Action Step	Who	When
	<p>this workshop. The workshop was modeled on the guide developed by NCMHJJ and targeted the following intercepts or intervention points:</p> <ul style="list-style-type: none"> ▪ Communities and Schools ▪ Initial Contact with Law Enforcement ▪ Intake and Detentions ▪ Judicial Processing ▪ Probation and Secure Placement ▪ Re-Entry 		
<p>Establish Specific Training for Law Enforcement and Crisis Intervention Providers Interacting with Children at Risk of Justice Involvement</p>	<ul style="list-style-type: none"> • Identify available evidence-based trainings specific to working with youth with MI and/or IDD diagnoses cycling into crisis. <ul style="list-style-type: none"> ○ Review Police Training Courses offered by Strategies for Youth. ○ Review the National Association of School Resource Officers (NASRO) training courses available to School Resource Officers and Law Enforcement. • Collaborate with law enforcement to identify existing practices and approaches to working with juveniles and potential gaps in resources for youth experiencing a mental health crisis. • Coordinate with NTBHA to identify options for funding training opportunities. 	<p>NTBHA School Districts Law enforcement Juvenile Probation</p>	<p>ASAP</p>
<p>Create Diversion Programs</p>	<ul style="list-style-type: none"> • Convene schools, courts and law enforcement to identify diversion options. <ul style="list-style-type: none"> ○ Identify opportunities for early intervention among youth with MI, SUD and/or IDD diagnosis (i.e. school-based engagement, identification by law enforcement of youth exposed to violence in the home, community non-profits and faith-based organizations). ○ Review the National Center for State Courts' guidance on the principles for juvenile mental health diversion 	<p>Courts Law Enforcement School Districts MH/SUD Providers Juvenile Probation</p>	<p>ASAP</p>

Objective	Action Step	Who	When
	<p>guidance on the principles for juvenile mental health diversion.²⁶</p> <ul style="list-style-type: none"> • Use models in Collin County and Tyler County to develop juvenile court for lower offenses. • Assess the quality and utilization of Juvenile Justice Alternative Education Program (JJAEP) and alternative education programs in Navarro ISD. • Review the Substance Abuse and Mental Health Services Administration’s prevention resources and its Prevention Transfer Technology Center. • Review Youth.gov., U.S. government website that helps communities create, maintain, and strengthen effective youth programs. Included are youth facts, funding information, and tools to help assess community assets, generate maps of local and federal resources, search for evidence-based youth programs, and keep up-to-date on the latest, youth-related news. • Provide education and training to staff and students (i.e. Mental Health First Aid and Youth Mental Health First Aid). • Review the Office of Juvenile Justice and Delinquency Prevention Model Program Guide Literature Review on Substance Use Prevention Programs for youth. 		

²⁶ Juvenile Justice Mental Health Diversion Guidelines and Principles. National Center for State Courts (2022, March). Retrieved 16 June 2022, from https://www.ncsc.org/data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf.

Quick Fixes

While most priorities identified during a Sequential Intercept Model Mapping Workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only minimal investment of time, and if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with MI, SUD and/or IDD in the justice system.

- Bolster reentry services by developing a form for people to fill out while in jail that indicates what services they might need access to when they are released. From that form, the jail can create a re-entry plan to share with providers, such as NTBHA, the Homeless Coalition, Salvation Army, and the Texas Workforce Commission to help coordinate care for those reentering the community.
- Formalize the SIM Mapping Workshop Steering Committee. Both planning committee members and SIM participants expressed interest in meeting regularly to support justice/behavioral health planning for Navarro County.
- Dedicate a Forensic Assertive Community Treatment / Assertive Community Treatment team to work with high utilizers and identify opportunities to divert this subset of people from jails and emergency departments. NTBHA identified resources to implement this.
- Provide Mental Health First Aid (MHFA) training to law enforcement, courts, and community behavioral health providers. NTBHA identified an opportunity to expand MHFA training to community partners.
- Increase utilization of TLETS CCQ by jail and NTBHA staff.
- Establish telehealth support pilot for law enforcement in Navarro County using recently awarded NTBHA funds.
- Local nonprofit service providers already meet regularly to discuss services and continuity of care in the community. The Salvation Army and Homeless Coalition offered to extend invitations to SIM participants to join these meetings.

Parking Lot

Some gaps identified during the SIM Mapping Workshop are too large or in-depth to address during the workshop. Others may be opportunities to explore in the near term but were not selected as a priority.

- Preadmission screening and resident review processes for nursing home facilities.
- Allowing law enforcement access to TLETS CCQ.
- Child Protective Services referrals and mandates.
- Strengthening relationships within CRCG to better serve young people.
- Addressing the needs of people with IDD in the community.

Other Considerations

Navarro County has several exemplary programs that address criminal justice and behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new opportunities and programming must be developed. The suggested considerations below are primarily derived from opportunities raised during the SIM Mapping Workshop, document review, national initiatives, and the collective experience of the Office of the State Forensic Director staff in consulting with other states and localities. Each recommendation contains context from the SIM Mapping Workshop, followed by beneficial resources and any available evidence-based practices and existing models.

The following publications informed the considerations in this report:

- [All Texas Access Report](#), Texas Health and Human Services Commission
- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation
- [Texas Statewide Behavioral Health Strategic Plan Update](#), Texas Statewide Behavioral Health Coordinating Council
- [Texas Strategic Plan for Diversion, Community Integration and Forensic Services](#), Texas Statewide Behavioral Health Coordinating Council
- [The Joint Committee on Access and Forensic Services \(JCAFS\): 2020 Annual Report](#), Texas Health and Human Services Commission
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates

There are also two overarching issues that should be considered across all ideas outlined below.

The first is equity and access. While the focus of the SIM Mapping Workshop is on people with behavioral health needs, disparities in healthcare access and criminal justice involvement can also be addressed to ensure comprehensive system change.

The second is trauma. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life^{27 28}. 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. A trauma-informed approach incorporates three key elements:

- realizing the prevalence of trauma;
- recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce; and
- responding by putting this knowledge into practice [Trauma-Informed Care in Behavioral Health Services](#)²⁹

Suggested Considerations for Navarro County

1. Facilitate ongoing county behavioral health planning and coordination.
2. Develop a Medication Assisted Treatment (MAT) program.
3. Ensure justice and behavioral health stakeholders are engaged in local housing plans and identify opportunities to expand housing options for people who are justice involved with complex needs.
4. Reexamine Navarro County CCP 16.22 and Competency Procedures.

More detail on each consideration is provided below.

1. Facilitate ongoing county behavioral health planning and coordination.

Navarro County SIM participants described an appreciation for the Navarro County SIM Mapping Workshop and almost every action plan identified a need for ongoing behavioral health planning and coordination.

²⁷ Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders*. Corrections Today.

²⁸ Steadman, H.J. (2009). *Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative*. Unpublished raw data.

²⁹ TIP 57: *Trauma-Informed Care in Behavioral Health services*. Substance Abuse and Mental Health Services Administration (2014). Retrieved 16 June 2022, from <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>.

Based on these requests, we suggest that Navarro County consider establishing a formal justice and behavioral health stakeholder taskforce to support ongoing planning and improve communication and knowledge sharing across systems.

Model Programs to Explore:

- Criminal Justice Coordinating Councils (CJCCs) bring together stakeholders to explore and respond to issues in the criminal justice system. Many CJCCs use data and structured planning to address issues in the justice system, including issues related to mental health and substance use. These councils are intended to be permanent, rather than to address a problem or set of problems within a set time frame. Successful CJCCs need buy-in from key members of the justice and behavioral health systems and those in positions of authority.
 - The [Harris County CJCC](#) was created by Order of Harris County Commissioners Court dated July 14, 2009. The Council works collectively to manage systemic challenges facing Harris County's criminal justice system and strengthen the overall well-being of their communities by developing and recommending policies and practices that improve public safety; promote fairness, equity, and accountability; and reduce unnecessary incarceration and criminal justice involvement in Harris County. The Council collects and evaluates local criminal justice data to identify systemic issues and facilitates collaboration between agencies, experts, and community service providers to improve Harris County's criminal justice system in accordance with best practices.
 - The National Council for State Legislatures has resources for CJCCs. Something that might be of interest to the SIM participants is a series of interviews with CJCCs, which provides insight into their planning and utilization.
 - [South Carolina](#): Interview with Mitch Lucas, Assistant Sheriff, Charleston County.
 - [Oregon](#): Interview with Abbey Stamp, Executive Director, Multnomah County Local Public Safety Coordinating Council.
 - [Wisconsin](#): Interview with Tiana Glenna, Criminal Justice Manager, Office of the County Administrator, Eau Claire, Wisconsin.

- [Kansas](#): Interview with Alexander Holsinger, Criminal Justice Coordinator, Criminal Justice Advisory Council, Johnson County, Kansas.

For more, see the Collaboration, Crisis Response, and Law Enforcement section of **Appendix B**.

2. Develop a Medication-Assisted Treatment (MAT) Program.

Medication-assisted treatment (MAT) is the use of medications, in combination with behavioral therapies, to provide a “whole-patient” approach to the treatment of SUD. Medications for opioid use disorder are evidence-based and, in combination with evidence-based behavioral health interventions, are considered the gold standard in addiction medicine. Successful MAT programs do more than just prescribe and dispense medication — they must also be designed to address the complex health and social needs of the patients seeking care.³⁰

One of the priorities identified by participants during the SIM Mapping Workshop was the development of a MAT program in Navarro County. While this didn’t receive enough votes for action planning, there are a few **considerations** for those interested in implementing this priority.

- Take an inventory of existing SUD services in Navarro County and consider building a MAT program into existing outpatient substance use services provided through NTBHA.
- Review SAMHSA guidelines, [Federal Guidelines for Opioid Treatment Programs \(samhsa.gov\)](#) on implementation of Opioid Treatment Programs (OTPs).³¹ Considering clinical assessment, treatment planning and evaluation of patient progress in treatment when developing an OTP in Navarro County.
- Educate key stakeholders including law enforcement, jail staff and courts on MAT and opportunities to utilize MAT across SIM intercepts.
- Ensure support, especially peer support, to help people maintain MAT and their recovery in the community.

Model Programs and Resources to Explore:

³⁰ *Medications for addiction treatment: Providing best practice care in a primary care clinic.* The National Center for Complex Health and Social Needs (2020, September). Retrieved 16 June 2022, from <https://www.nationalcomplex.care/wp-content/uploads/2019/09/Medications-for-addiction-treatment-FINAL-9.20.19.pdf>.

³¹ *Federal Guidelines for Opioid Treatment Programs.* Substance Abuse and Mental Health Services Administration (2015). Retrieved 16 June 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/pep15-fedguideotp.pdf>.

- The Agency for Healthcare Research and Quality offers a guide for [Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan](#).³² This guide identifies the following essential elements for implementation of a MAT program: (1) Care Coordination; (2) Providers with prescribing authority; (3) Counseling and psychosocial services; and (4) Consulting resources. The report also highlights three innovative models for care one of which is The Hub and Spoke Model that was developed in Vermont to include two levels of care:
 - Regional OTPs that serve as the “hubs” for MAT and typically have more OUD experience.
 - Rural community clinics that serve as the “spokes” that usually have providers who can prescribe, care coordinators and counseling services offered at the local level.

This model utilizes the expertise and resource rich regional “hubs” to support and regulate the smaller regional “spokes”.

- 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, as well as a brief on [Opioid Use Disorder Treatment in Jails and Prisons](#).³³
- The National Sheriffs Association and the National Commission on Correctional Health Care published [Jail-Based Medication Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#).³⁴ This publication introduces what has been learned from sheriffs’ and jail administrators’ innovative use of MAT, describes the essential components of these programs and discusses the latest research on how the programs are best implemented, as well as the medications approved for opioid use disorders.

³² *Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1*. Agency for Healthcare Research and Quality (2020). Retrieved 16 June 2022, from https://integrationacademy.ahrq.gov/sites/default/files/2020-06/mat_for_oud_environmental_scan_volume_1_1.pdf.

³³ *Opioid Use Disorder Treatment in Jails and Prisons*. The PEW Charitable Trusts (2020, April). Retrieved 16 June 2022, from <https://www.pewtrusts.org/-/media/assets/2020/04/casformedicationassistedtreatmentjailsprisons.pdf>.

³⁴ *Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines and Resources for the Field*. National Sheriffs’ Association (2018, October). Retrieved 16 June 2022, from <https://www.sheriffs.org/Jail-Based-MAT>.

- 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](#) that can be reviewed for best practices in implementing MAT across intercepts including within secure settings.³⁵

3. Ensure justice and behavioral health stakeholders are engaged in local housing plans and identify opportunities to expand housing options for people who are justice involved with complex needs.

A lack of continuum of housing options for people who have behavioral health needs and/or are justice-involved was identified as a major gap during the SIM Mapping Workshop, particularly during discussions about Intercepts 0, 1, 4 and 5.

Based on these discussions, **considerations** to address housing options include:

- Collaborating with the Local Homeless Coalition and Service Providers to examine and expand housing and shelter options:
 - Justice and behavioral health stakeholders should actively engage in local housing planning efforts. Specifically, working with the Salvation Army, the Texas Homeless Network, and other housing stakeholders to strategize about serving those with justice involvement through local housing and shelter efforts.
- Conducting a housing needs assessment to help stakeholders explore and make a case for expanding housing options, specifically supportive housing. An assessment could include:
 - The total number of deeply affordable housing units needed in Navarro County (for residents at or below 50 percent of the Area Median Family Income);
 - Information on the intersection of housing instability and the justice involved population with behavioral health needs;
 - Available funds for developers to meet local supportive housing production goals; and

³⁵ *Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit*. The National Council for Behavioral Health (2022, February). Retrieved 16 June 2022, from <https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/>.

- Available funds for service providers to provide operating costs for supportive housing.
- Incentivizing Second Chance Housing:
 - Examining the existing housing options and working with local stakeholders to understand tenant selection criteria that might limit or exclude people with prior justice involvement.
 - Examining the potential burden tenant selection criteria from local landlords or property owners might have for people who are justice involved who have a MI, SUD, and/or IDD.
 - Conducting landlord outreach and engagement. Stakeholders can explore landlord incentive programs and develop landlord outreach and engagement programs to increase the likelihood that landlords will accept people with prior justice involvement and who have complex behavioral health needs.

Model Programs to Explore:

- There are currently three Texas communities (Taylor County/Abilene, Lubbock County, 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.³⁶ 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. Adapting this model to address housing for the justice-involved population in Navarro County, could present an opportunity to tackle this issue.
- Landlord Outreach and Incentives at the [Ending Community Homelessness Organization \(ECHO\)](#) in Austin, TX: ECHO is the homeless continuum of care for the Austin/Travis County area. They have built a robust landlord outreach and engagement program that includes quickly filling vacancies and risk mitigation funds. Navarro County could explore and adapt what ECHO has done to strengthen partnerships with landlords/property owners to increase access to housing for people with justice involvement.

³⁶ *Built for Zero*. Community Solutions. (2022, February 7). Retrieved 16 June 2022, from <https://community.solutions/built-for-zero/>.

For more, see the Housing section of **Appendix B**.

4. Reexamine Navarro County CCP 16.22 and Competency Procedures

During the Navarro County SIM Mapping Workshop participants identified inconsistent implementation of 16.22 and competency procedures.

Texas Code of Criminal Procedure Art. 16.22: Early Identification of Defendant Suspected of Having Mental Illness or Intellectual Disability

Art. 16.22 of the Code of Criminal Procedure provides for a protocol when a person who has been arrested shows signs of MI or ID. According to the Texas Justice Court Training Center, the protocol generally provides that³⁷:

- The sheriff or jail gives notice to the magistrate;
- The magistrate orders the local mental health authority, local intellectual and developmental disability authority, or other expert to interview the person, collect information and provide a written assessment;
- The magistrate provides copies of the written assessment to the defense counsel, the prosecution, and the trial court. The magistrate is also required to provide copies to the sheriff or other person responsible for the medical records during confinement, and if applicable, a personal bond office or office/dept responsible for supervising the person while on bail and receiving MH or ID services as a condition of bail;
- The trial court may use the assessment for various purposes, including:
 - resuming criminal proceedings;
 - resuming or initiating competency proceedings, in connection with the punishment phase after conviction;
 - referring the defendant to a specialty court; or
 - transferring the defendant to an appropriate court for court-ordered outpatient MH services if the charged offense does not involve an act, attempt or threat of serious bodily injury to another person.

In 2017, the Legislature passed SB 1849 (the Sandra Bland Act) and SB 1326 amending Art. 16.22. These amendments:

- Shorten the time periods for the notice by the jail and for completing the assessment;

³⁷ *Texas Justice Court Training Center*. Texas State University (n.d.). Retrieved 16 June 2022, from <https://www.tjctc.org/Mental-Health.html>.

- Make it easier for a defendant with MI or ID to be released on a personal bond;
- Require law enforcement to divert a person suffering from a mental health crisis or the effects of substance use to treatment if the person is accused of certain misdemeanor offenses, diversion is reasonable, and MH or SUD is related to the commission of the alleged offense; and
- Require independent law enforcement agencies to investigate jail deaths.

Code of Criminal Procedure Chapter 46B Incompetency to Stand Trial

The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. According to CCP 46B.003(a) a person is IST if they do not have:

1. Sufficient present ability to consult with their lawyer with a reasonable degree of rational understanding; or
2. A rational as well as factual understanding of the proceedings against them.

Incompetency may be raised by either party or the court on its own motion (CCP 46B.004(a)). The court conducts an informal inquiry to determine if some evidence of IST (CCP 46B.004(c)). If evidence of incompetency is found, the court will order an examination by a qualified expert (CCP 46B.005(a)). An expert report (due 30 days after order) is provided to the court and the court makes a determination of IST (either by jury or by court) and order for services (CCP 46B.026, 46B.051, 46B.071).

To help streamline implementation of CCP 16.22 and competency procedures we suggest that Navarro County stakeholders review the following considerations.

- ***Texas Code of Criminal Procedure Art. 16.22: Early Identification of Defendant Suspected of Having Mental Illness or Intellectual Disability***
 - Convene judicial, behavioral health and jail stakeholders to map out and identify opportunities to streamline 16.22 in Navarro County. The JCMH has compiled a process chart, forms, and template to support county stakeholders in mapping out their 16.22 process. **Appendix C** includes resources that can help facilitate these conversations.
 - Review the [Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Judicial Commission on Mental Health, Third Edition, 2021-2022](#), pages 89 through 107, which provides a detailed overview of the 16.22 process including:
 - 16.22 reports;
 - Who may perform a 16.22 interview;

- Where the interview can be performed, the standard for ordering an interview;
 - Who pays for the interview and collection of information;
 - Types of information that can prompt a magistrate to order an interview;
 - When a defendant refuses to submit an interview;
 - What to do with the written report; and
 - Information sharing requirements.
- **Code of Criminal Procedure Chapter 46B Incompetency to Stand Trial Considerations:**
 - Review the [Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Judicial Commission on Mental Health, Third Edition, 2021-2022](#), which provides an in-depth review of Incompetency to Stand Trial on pages 140 through 190, including a competency flow chart on pages 188-190.³⁸
 - Convene local stakeholders to discuss county-wide strategies to eliminate the wait for inpatient competency restoration services. HHSC and the Judicial Commission on Mental Health released a [toolkit](#) in Fall 2021 with strategies for judges, prosecutors, defense attorneys, sheriffs, jail staff, police and behavioral health providers to pursue to better serve people at the intersection of mental health and the justice system and eliminate the wait for inpatient competency restoration services.³⁹
 - Establish a local forensic team that meets regularly to implement new strategies for waitlist monitoring and management. Forensic team members should include representatives from jail administration, jail medical, North Texas Behavioral Health Authority, and the courts to discuss who is on the waitlist, their medical needs, case disposition, restoration alternatives and reentry planning.

³⁸ *Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book: Third Edition*. Texas Judicial Commission on Mental Health (2021). Retrieved 16 June 2022, from <http://benchbook.texasjcmh.gov/>.

³⁹ *Eliminate the Wait: The Texas Toolkit for Rightsizing Competency Restoration Services*. Texas Judicial Commission on Mental Health & Texas Health and Human Services Commission. (2021). Retrieved 16 June 2022, from <http://www.texasjcmh.gov/media/erwfg1mp/eliminate-the-wait-toolkit-1-19-22-final.pdf>.

- Apply to the next cohort of HHSC’s Jail In-Reach Learning Collaborative (JIRLC). The JIRLC supports LMHAs and jails in their service area in creating a process for actively monitoring people on the forensic waitlist. The goal is that with effective monitoring, collaboration, and use of court ordered medications, counties can move people off the waitlist in the event of immediate restoration. The JIRLC consists of training sessions on national and state best practices for competency restoration process, monthly technical assistance calls, and a member-only request process for clinical consultations, legal education, and forensic service consultations.

Model Programs and Resources to Explore:

- The Council of State Governments Justice Center recently published [a report](#) in partnership with the American Psychiatric Association Foundation and the Judges and Psychiatrists Leadership Initiative on strategies to improve competency to stand trial across the county. Seeking solutions to challenges associated with a growing waitlist of people waiting in county jails for inpatient competency restoration services, the organizational co-authors of this report outline the 10 most effective strategies states can pursue to improve the competency to stand trial process. Its recommendations represent a consensus view of what competency to stand trial should ideally look like.

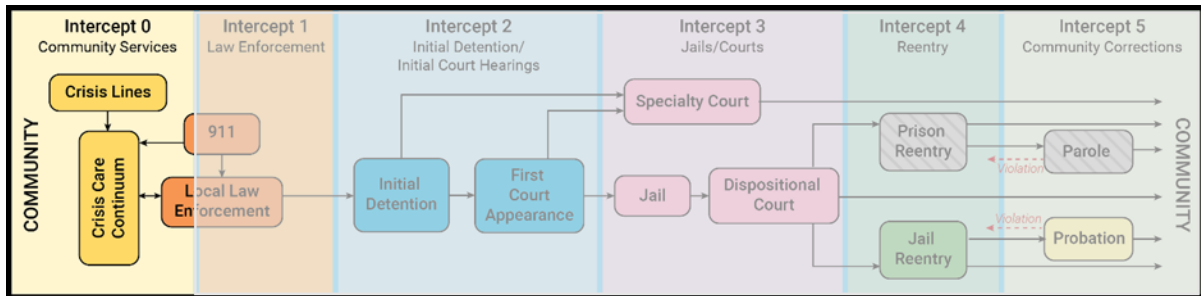
For more, see the Competence Evaluation and Restoration section of **Appendix B**.

Appendices

Appendix A: SIM Intercept Overview

Intercept 0: Early Intervention and Community Services

Figure 2. Intercept 0



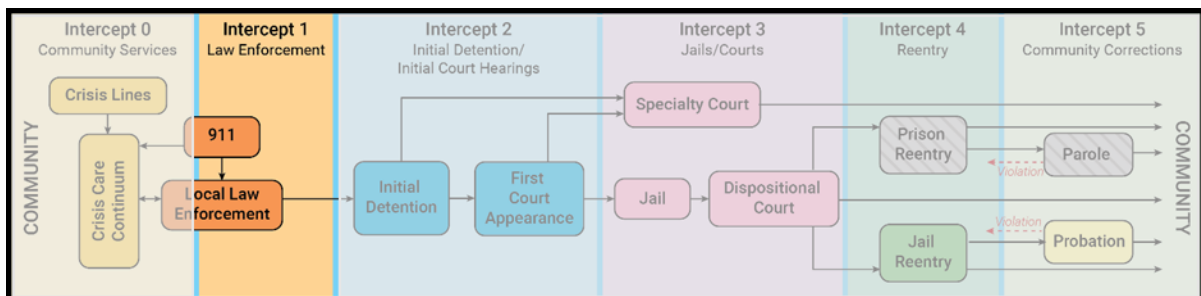
Intercept 0 encompasses the early intervention points for people with a MI, SUD, and/or IDD prior to possible arrest by law enforcement. It captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system interaction.

Key Features

- Connects people who have MI and SUD with services before they encounter the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds for urgent but less acute mental health needs.

Intercept 1: Law Enforcement

Figure 3. Intercept 1



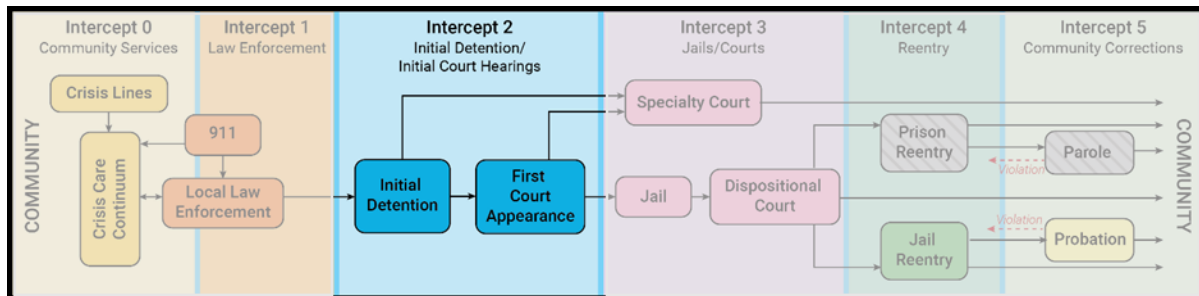
Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with a MI, SUD, and/or IDD who may be engaging in criminal conduct, experiencing a mental health crisis, or both. Intercept 1 captures systems and programs that are designed divert people away from the justice system and toward treatment when safe and feasible.

Key Features

- Begins when law enforcement responds to a person with MI, SUD, and/or IDD or a person who is in crisis.
- Ends when the person is arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.

Intercept 2: Initial Detention/Initial Court Hearings

Figure 4. Intercept 2



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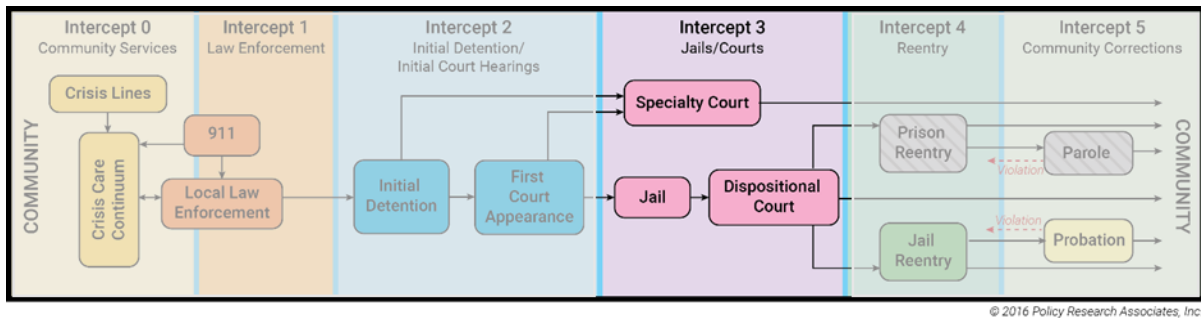
After a person has been arrested, they move to Intercept 2 of the model. At Intercept 2, a person is detained and faces an initial hearing presided over by a judge or magistrate. This is the first opportunity for judicial involvement, including interventions such as intake screening, early assessment, appointment of counsel and pretrial release of those with MI, SUD, and/or IDD.

Key Features

- Involves arrested people experiencing MI, SUD, and/or IDD who are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports early identification and screening to inform decision making around a person's care, treatment continuation, and pretrial orders.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.
- Represents the moment when the question of competence is first raised.

Intercept 3: Jails/Courts

Figure 5. Intercept 3



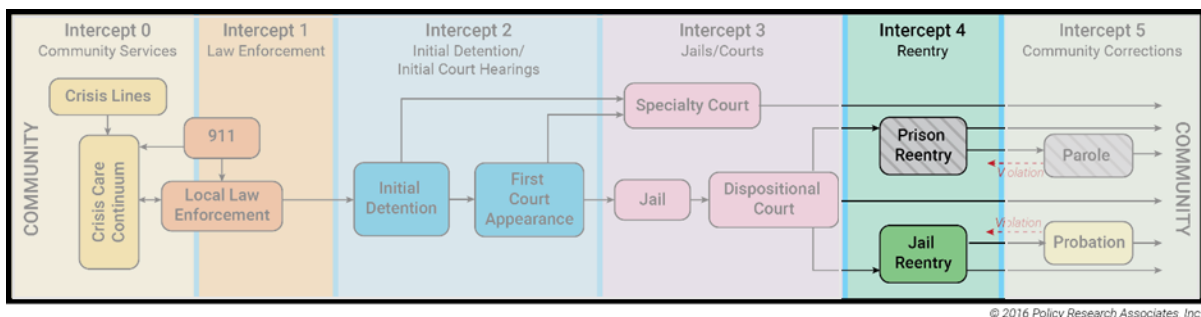
During Intercept 3 of the model, people with MI, SUD, and/or IDD not yet diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.

Key Features

- Involves people with MI, SUD, and/or IDD held in jail before and during their trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while addressing the defendant’s behavioral health needs in the community.
- Includes constitutional protections including the right to due process and to representation by a defense attorney at no cost if indigent. Includes services that prevent the worsening of a person’s mental or substance use symptoms during their incarceration.

Intercept 4: Reentry

Figure 6. Intercept 4



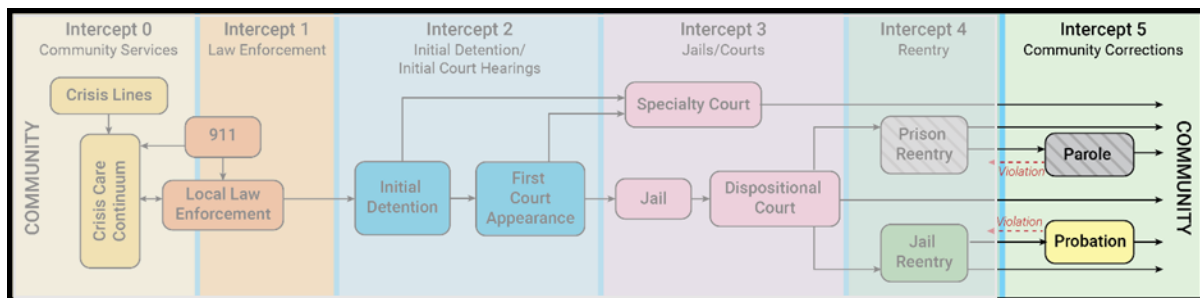
At Intercept 4 of the model, people plan for and transition from jail or prison into the community. Supportive re-entry establishes strong protective factors for justice-involved people with MI, SUD, and/or IDD re-entering a community.

Key Features

- Provides transition planning and support to people with MI, SUD, and/or IDD who are returning to the community after incarceration.
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.
- Should be well planned, resourced, and person-centric to help set people up for success and avoid lapses in recidivism.

Intercept 5: Community Corrections

Figure 7. Intercept 5



People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other requirements by state statutes. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice system lifestyle.

Key Features

- Involves people with MI, SUD, and/or IDD under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with MI, SUD, and/or IDD.
- Addresses the persons' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.

Appendix B: Resources

Competence Evaluation and Restoration

- Fader-Towe, H. and E. Kelly. (2020) [Just and Well: Rethinking How States Approach Competency to Stand Trial](#). New York, NY: The Council of State Governments Justice Center.
- 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.
- Pinals, D. and L. Callahan. (2020) [Evaluation and Restoration of Competence to Stand Trial: Intercepting the Forensic System Using the Sequential Intercept Model](#). *Psychiatric Services*, 71, 698-705.
- 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](#).

Collaboration, Crisis Response, and Law Enforcement

- Bureau of Justice Assistance. (2014). [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions](#).
- Bureau of Justice Assistance. [Police-Mental Health Collaboration Toolkit](#).
- Center for Health and Justice. (n.d.). [Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series](#).
- Council of State Governments Justice Center. (2021). [Developing and Implementing Your Co-Responder Program](#).
- Council of State Governments Justice Center. (2021). [How to Successfully Implement a Mobile Crisis Team](#).
- Council of State Governments Justice Center. (2021). [Justice and Mental Health Collaboration Implementation Science Checklists](#).
- Council of State Governments Justice Center. (2021). [Resources for Law Enforcement](#).
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing a 911 Dispatch Diversion Program](#).
- Council of State Governments Justice Center. (2022). [Embedding Clinicians in the Criminal Justice System](#).
- Council of State Governments Justice Center. (2021). [Preparing 911 Dispatch Personnel for Incorporating New First Responder Teams](#)
- Council of State Governments Justice Center. (2021). [Community Responder Programs: Understanding the Call Triage Process](#)

- Council of State Governments Justice Center. (2021). [Best Practices for Collaborating with Referral Sources for Crisis Stabilization Units.](#)
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing a 911 Dispatch Diversion Program.](#)
- Council of State Governments Justice Center. (2021). [How to Use 988 to Respond to Behavioral Health Crisis Calls.](#)
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing Crisis Stabilization Units.](#)
- Council of State Governments Justice Center. (2021). [Expanding First Response: A Toolkit for Community Responder Programs.](#)
- Crisis Intervention Team International. (2019). [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.](#)
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.](#)
- 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.](#)
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.](#)
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach.](#)
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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.](#)
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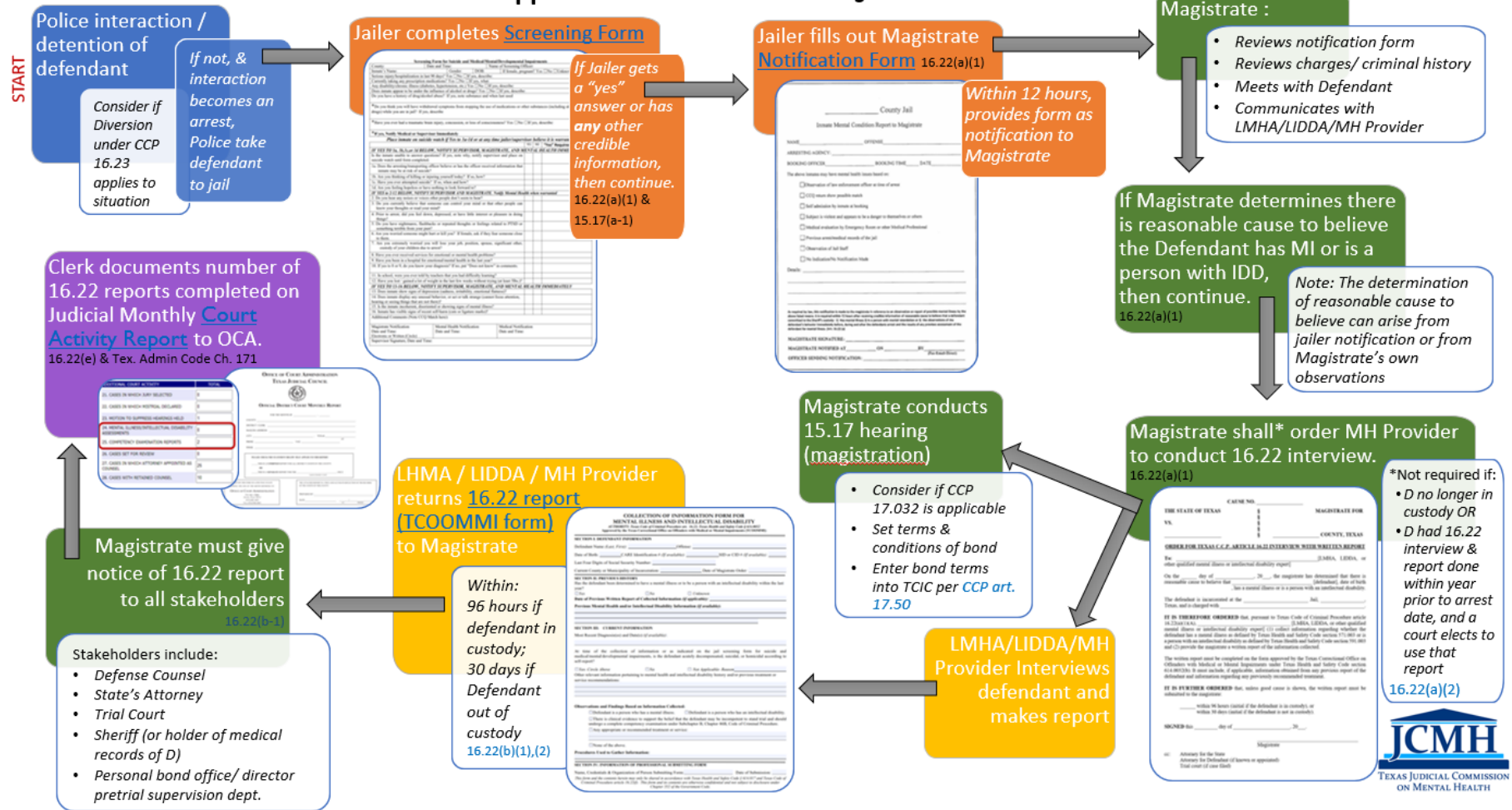
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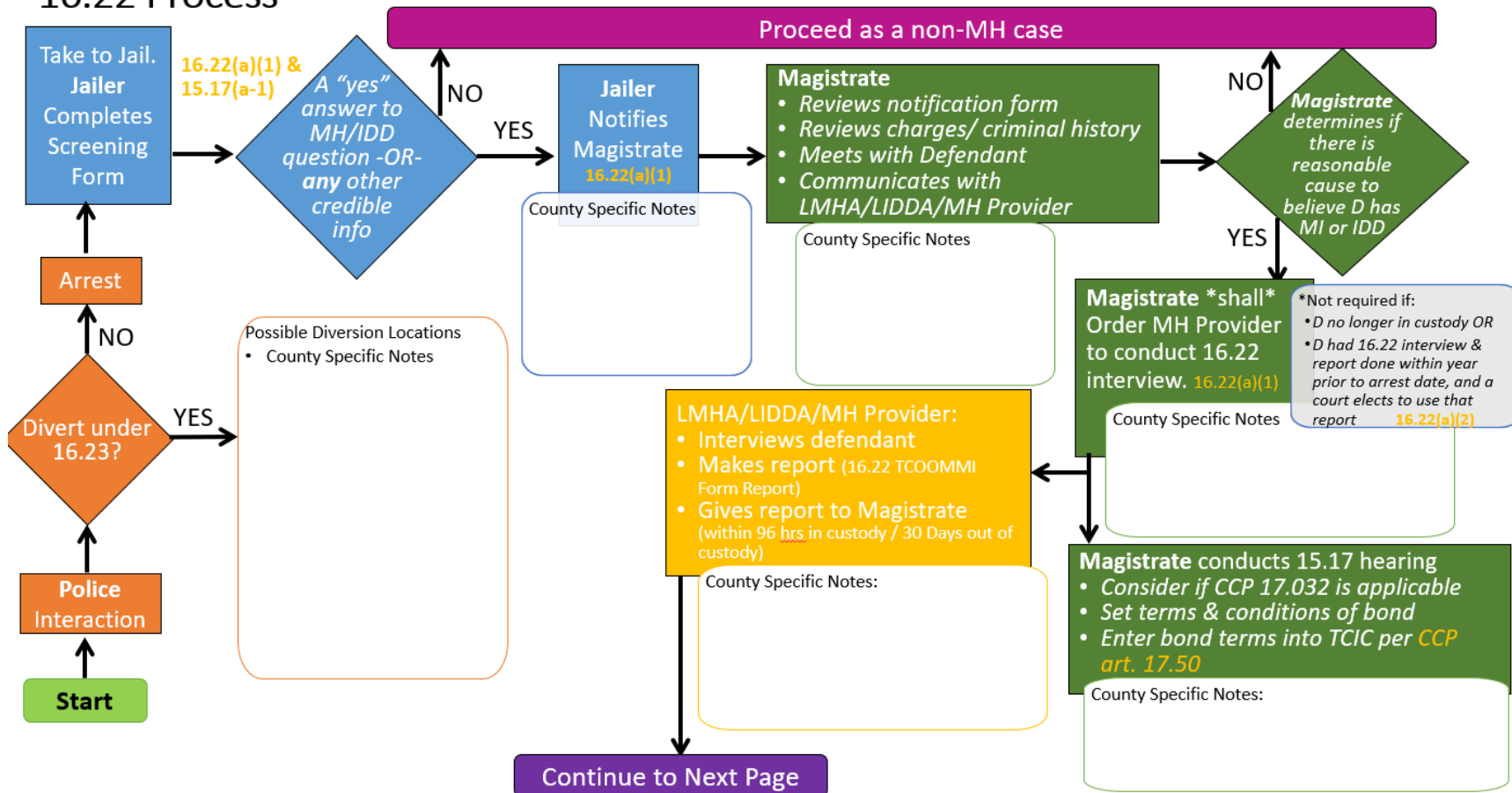
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Appendix C: CCP 16.22 Forms and Process Charts

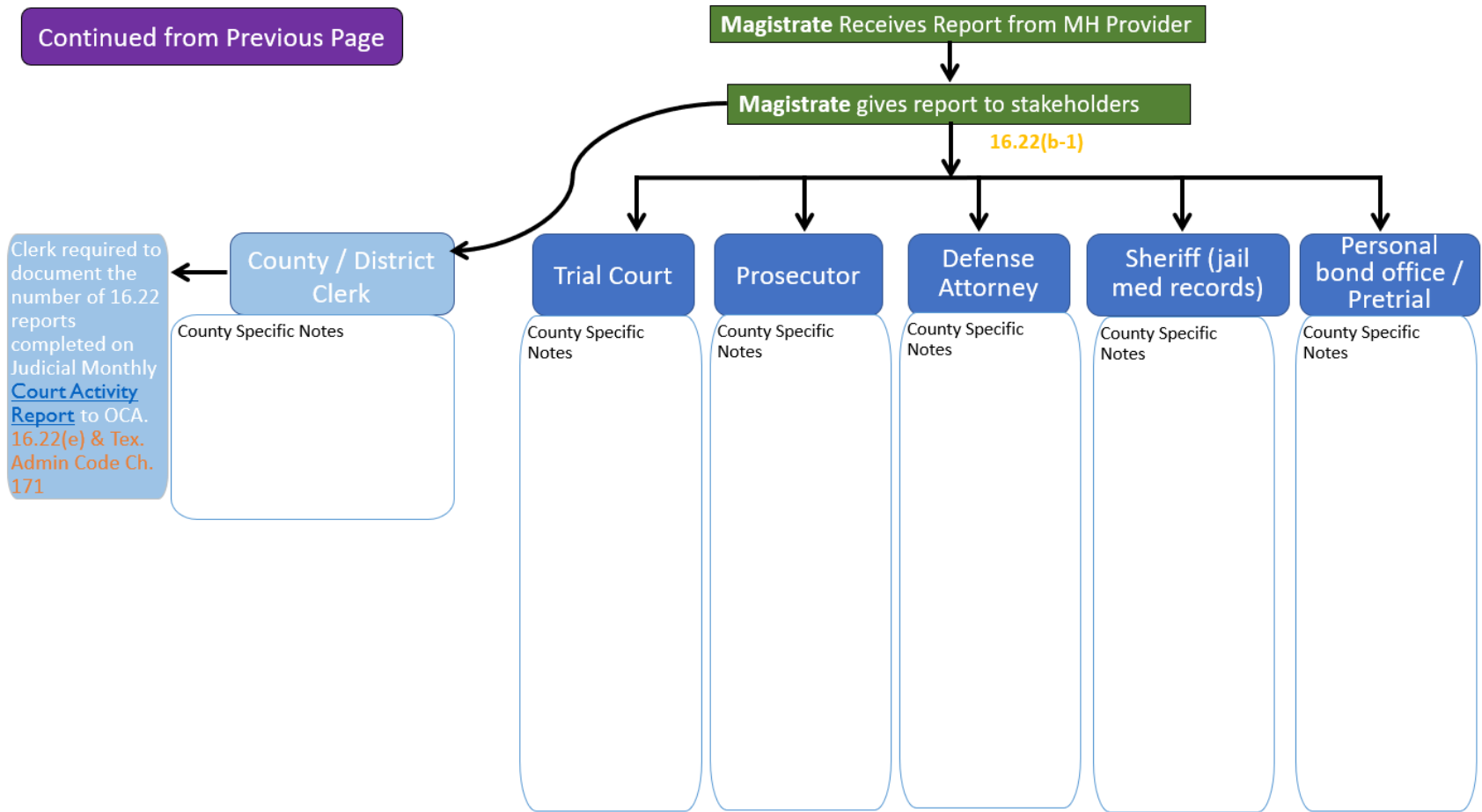
Applicable Forms for Tex. CCP § 16.22 Process

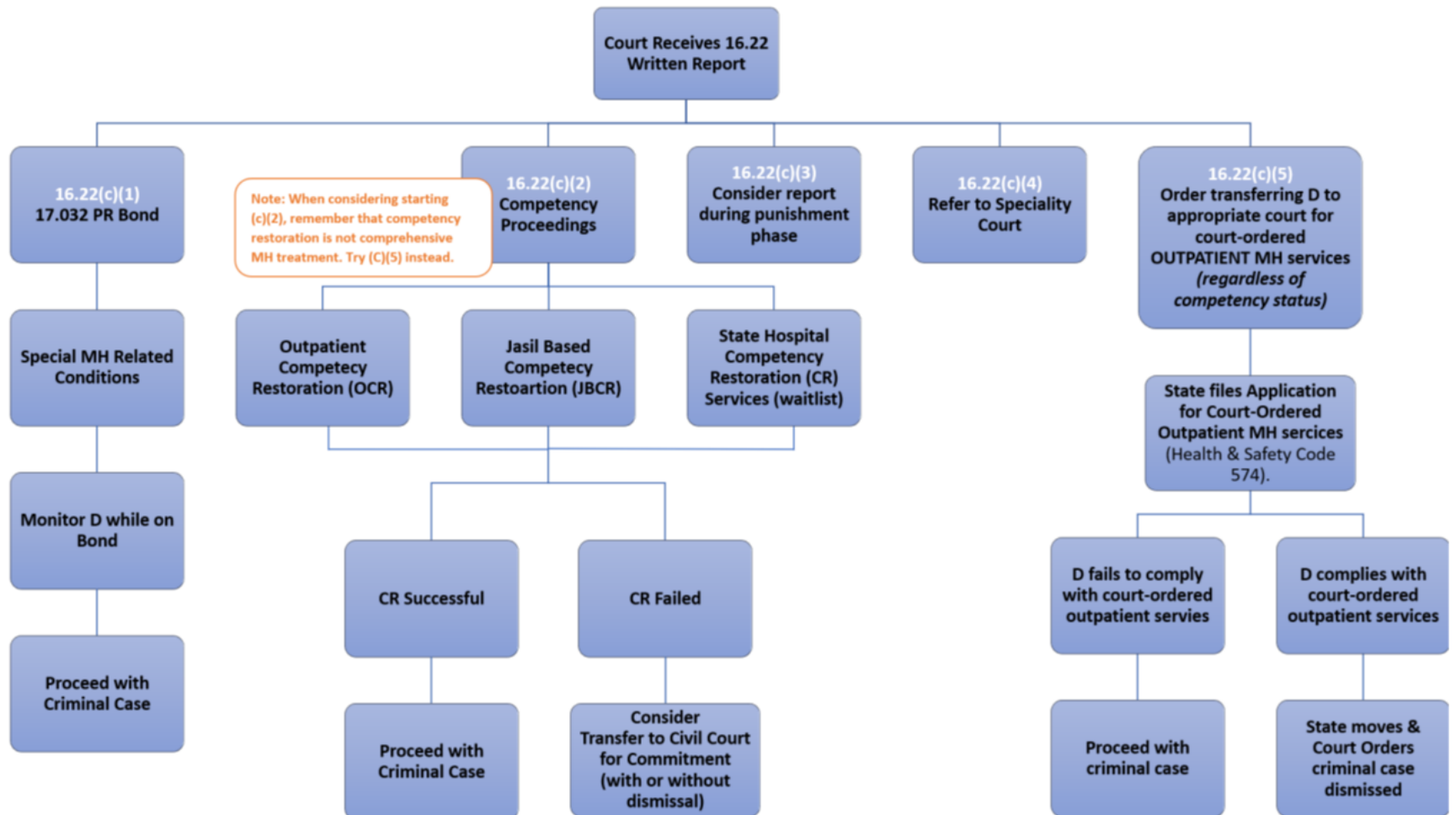


16.22 Process



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Appendix D: SIM Mapping Workshop Participant List

Participant	Title/Position	Organization
Kevin Jefferies	Mental Health Clinician	Navarro County Sherriff (Taft and Associates)
Carol Lucky	CEO	NTBHA
Sharon Barrett	Talent development Specialist	Workforce solutions
Curran Oakley	OSAR Outreach Education Specialist	NTBHA
Michelle Blank	Jail Inmate Assessor, Team Lead	NTBHA
Daivy Johnson	Bulldog Life	Navarro College
Melissa Castillo	Deputy Director of Programs	Viable Options in Community Endeavors (VOICE)
Kristen Perilli	Care Coordinator	NTBHA
Shawn William	Education Resources	NTBHA
Amanda Dunn	Administrative assistant	NTBHA
Lyndy Ashford	Care Coordinator Team Lead	NTBHA
Judge Cody Beauchamp	Judge	Corsicana Municipal Court
Nancy Blum		NTBHA
Guy Chapman	Reporter	Navarro County Gazette
Matthew Ochoa	State Trooper	Texas DPS
Matt Roberts		NTBHA
Robin Woodall	Lieutenant	Navarro County Sherriff's Office
Josie Aleman		Child and Family Guidance Center
Lee Owens	Student Development	Navarro College
Valorie Horn	Program Director	VOICE
Angela Collins	Director of Case Management	Compassion Corsicana
Nori Rhodes	Captain	Corsicana PD
Rick Cummins		Celebrate Recovery
Matt Corrington		Celebrate Recovery
Linda Dabney		Homeward Bound
Christi Long		Homeward Bound
Greta Jordan	JP	Navarro County
Jennifer Schmidt	Captain	The Salvation Army
Crystal Shepherd	LCSW	PCHAS
Charles Parson	Police Officer	Rice PD
Matthew Adams	Police Officer	Rice PD
Rachel Gillespie	LMSW	PCHAS
Charlie York		Navarro County
Debra Kozlovsky	Director	Children and Family Guidance Center
Amy Sanders		NTBHA
Natalie Dawson	Attorney	
Chris Aldama	Director	Navarro County Adult Probation
Joshua Parsons	Investigation Supervisor	DFPS
Keturah Garnerway	Program Director	VOICE
Janet Buchannan		NTBHA
Jamie Metzinger	Legislative Coordinator	NTBHA
Debbie Richardson	Bulldog Life	Navarro College

List of Acronyms

Acronym	Full Name
BTCS	Bluebonnet Trails Community Services
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
DDJ	Data-Driven Justice
ECHO	Ending Community Homelessness Organization
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room
HHSC	Health and Human Services Commission
HIPPA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
ISD	Independent School District
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
JJAEP	Juvenile Justice Alternative Education Program

Acronym	Full Name
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHFA	Mental Health First Aid
MI	Mental Illness
NCMHJJ	National Center for Mental Health and Juvenile Justice
NCYOJ	The National Center for Youth Opportunity and Justice
NTBHA	North Texas Behavioral Health Authority
OCR	Outpatient Competency Restoration
OPC	Order of Protective Custody
OTP	Opioid Treatment Program
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model

Acronym	Full Name
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
STRAC	Southwest Texas Regional Advisory Council
SSDI	Social Security Disability Insurance
SSI	Supplement Security Income
SUD	Substance Use Disorder
TA	Technical Assistance
TCJS	Texas Commission on Jail Standards
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TLETS	Texas Law Enforcement Telecommunication System
THDSN	The Texas Homeless Data Sharing Network
TRAS	Texas Risk Assessment System