



TEXAS BEHAVIORAL  
HEALTH AND JUSTICE  
TECHNICAL ASSISTANCE  
CENTER

# **Collin County**

## **Diversion Center Planning Workshop Report**

**April 2024**

## **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 LifePath Systems. The planning committee members included:

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The planning committee members played a critical role in making the Collin County Diversion Center Planning workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

Catie Bialick, Director of Behavioral Health and Justice Initiatives, Office of Forensic Coordination, HHSC, and Liz Conville, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC, facilitated the workshop.

## **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.

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.

### **Recommended Citation**

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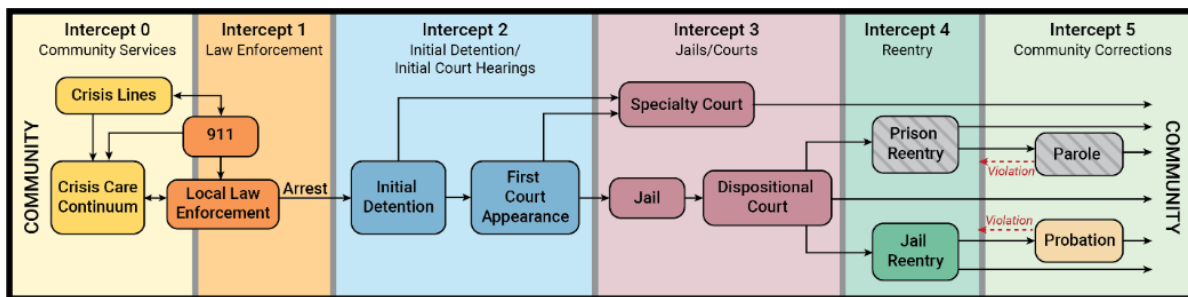
## Background

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,<sup>1</sup> 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 across 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.

The SIM 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 a SIM mapping workshop, facilitators and participants identify opportunities to link people with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD) to services and prevent further penetration into the criminal justice system.

The SIM mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with MI and co-occurring SUDs move through the 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.



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<sup>1</sup> 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.

## Using the SIM to Support Diversion Center Planning

The SIM framework is ideal to support targeted community planning for diversion programs. The intercepts, particularly 0 and 1, help clarify where the diversion program fits within the community's local crisis continuum and which key partners are needed for collaboration prior to and after program implementation. The impact measures that are regularly captured as part of a mapping offer a starting point for communities to engage in thoughtful planning for a data collection strategy to inform the operations and sustainability of a diversion program. Finally, the priority setting by SIM participants guides the focus of the group and future planning once the event is concluded.

## Introduction

Collin County's local mental health authority, LifePath Systems, engaged HHSC to facilitate a local workshop to support the development of plans for a new diversion center in McKinney, Texas. HHSC worked with LifePath to convene a planning committee with representatives from multiple disciplines across Collin County.

The workshop's goal was to inform planning for the upcoming diversion center by fostering local behavioral health and justice collaboration. As such, the workshop focused on mapping Intercepts 0 (Community Services) and 1 (Law Enforcement). The workshop was divided into two parts, a virtual mapping event and a follow-up in person event (**see Appendix A for agendas**).

During the virtual event on March 27, 2024, participants shared gaps and opportunities within Collin County's behavioral health and justice systems for people experiencing a behavioral health crisis, including, but not limited to, people at risk of emergency detention by law enforcement due to substantial risk of serious harm to the person or others unless the person is immediately restrained. Participants also shared their top priorities for the upcoming diversion center and outstanding questions related to facility services and operations.

The priorities were determined through a live group whiteboarding process. These priorities were grouped according to themes and presented first to the planning committee after the virtual event and again to the large group present at the in-person workshop for additional feedback.

The in-person event was held on April 26, 2024. The event included a presentation from LifePath Systems, a panel of experts speaking on existing diversion centers, and priority setting based on themes established by the community during the virtual event. Participants self-selected into action planning groups to focus developing plans for each priority (**see Appendix B**). The four priorities identified by the group were:

- 1) stakeholder coordination and law enforcement engagement,
- 2) impact and sustainability,
- 3) access and eligibility, and
- 4) transition planning and continuity of care.



**Collin County stakeholders at the in-person workshop on April 26, 2024 listening to a panel of speakers.**

*Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the Collin County Diversion Center Planning workshops. Report authors aim to capture a robust picture of services offered in Collin County while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not Texas Health and Human Services Commission.*



# Sequential Intercept Model Map for Collin County, April 2024

## Intercept 0 Community Services

## Intercept 1 Law Enforcement & Emergency Services

### CRISIS PHONE LINES

**LifePath Systems Crisis Hotline: 877-422-5939**

- 24/7/365 service
  - Dispatches the LifePath crisis team
- 988 Suicide & Crisis Lifeline**
- 24/7/365 service
  - Dispatches appropriate local law enforcement

**Crisis Text Line:** Text "Start" to **741-741**

### WARM LINES/RESOURCE LINES

**Texas Housing Assistance Line: 855-802-0014**

**Texas/United Way Helpline: 211**

**Trevor Project: 866-488-7386**

### MENTAL HEALTH TRAINING FOR LAW ENFORCEMENT

- Crisis Intervention Training through Law Enforcement Academy

### DISPATCH/911

**Local Police Dispatch Units**

**Collin County Sheriff's Office**

- Allen, Frisco, McKinney, Plano

### LAW ENFORCEMENT

- Allen PD
- Anna PD
- Celina PD
- Collin College PD
- Collin County Constable Precincts 1, 2, 3, 4
- Collin County Sheriff's Office
- Melissa PD
- Dallas PD
- Fairview PD
- Farmersville PD
- Frisco PD
- Josephine PD
- Lavon PD
- Lucas
- McKinney PD
- Murphy PD
- Parker PD
- Plano PD
- Princeton PD
- Prosper PD
- Richardson PD
- Sachse PD
- Van Alstyne PD
- Wylie PD

### EMERGENCY MEDICAL SERVICES

24 law enforcement agencies operate in Collin County

- America Medical Response
- Allen Fire Dept
- Blue Ridge Fire Dept\*
- Carrollton Fire Dept
- Dallas Fire Dept
- Fairview Fire Dept
- Frisco PD
- Garland Fire Dept
- Lavon Fire Dept\*
- Lowry Crossing Fire Dept\*
- Lucas Fire Dept
- McKinney Fire Dept
- Melissa Fire Dept\*
- Murphy Fire Dept
- Nevada Volunteer Fire Dept\*
- Parker Fire Dept\*
- Plano Fire Dept
- Princeton Fire Dept\*
- Prosper Fire Dept
- Richardson Fire Dept
- Sachse Fire and Rescue
- Van Alstyne Fire Dept
- Weston Fire and Rescue\*
- Wylie Fire and Rescue

\*does not transport

### MOBILE CRISIS RESPONSE

Provides 24/7 coverage

**LifePath Systems Mobile Crisis Outreach Team (MCOT) 24 hrs/day**

- Crisis response service dispatched through 24-hour crisis hotline (877-422-5939)

### CRISIS UNITS (PRE-DIVERSION CENTER)

**Crisis Respite Unit\***

(CRU-LifePath Systems)

- 14-bed voluntary unit
- Anticipated length of stay: 7 days

**Extended Observation Unit\***

(EOU-LifePath Systems)

- 8-bed locked unit
- Accepting voluntary and involuntary admissions
- Anticipated length of stay; up to 48 hours of service

\*medical exclusionary list

### HOSPITALS

**Medical City McKinney**

- 285-bed facility
- Emergency Department
- Inpatient mental health

**Methodist Richardson Medical Center**

- 284-bed facility
- Emergency Department
- Inpatient mental health and addiction services for 18+

**Baylor Scott and White**

- 192-bed facility

• Emergency Department

**Haven Behavioral Hospital**

- 70-bed facility
- Adult and adolescent inpatient and outpatient behavioral health treatment

**Texas Health Seay Behavioral Health**

- 48-bed facility
- Adult and adolescent inpatient and outpatient behavioral health treatment

**Collin Springs Behavioral Health Hospital**

- 72-bed facility
- Adult and adolescent inpatient and outpatient behavioral health treatment

**Terrell State Hospital**

- 305-bed facility
- Highest level of inpatient psychiatric care

### HOUSING AND COMMUNITY PROVIDERS

- **HUD Continuum of Care (CoC):** Housing Forward
- **Local Housing Authority:** McKinney Housing Authority
- **Samaritan Inn:** family shelter (McKinney)
- **Hope's Door:** domestic abuse shelter (Plano)
- **Allen Community Outreach:** Food resources (Allen)
- **Community Garden Kitchen:** Prepared meals (McKinney)
- **Community Food Pantry:** Food pantry (McKinney)
- **Salvation Army:** shelter and recovery support (McKinney)
- **Streetside Showers:** mobile showers and hygiene, locations vary by day
- **Hope Restored Mission:** case management and resource hub (Plano)
- **Wellness Center for Older Adults:** services for older adults (Plano)

### BEHAVIORAL HEALTH

**LifePath Services:** local mental health authority; outpatient behavioral health and crisis resources

**Plano VA Clinic (Veterans):** outpatient behavioral health services

**Child and Family Guidance Center:** outpatient and telepsychiatry services for adults and children

**Family Health Center on Virginia:** brief counseling sessions and referral

### PEER SERVICES

**NAMI Peer Support:** Support from individuals who are in recovery or have experience with mental health challenges and services

### SUBSTANCE USE PROGRAMS

**LifePath Services:** OSAR Program, Overdose Response Team, case management and connections to recovery support

**LifePath OBOT Program:** counseling and medication for opioid use disorder

**Oxford Houses:** Community-based peer-run SUD recovery residences (Located in Plano, Richardson, Dallas)

[DALLAS] **Homeward Bound:** detox

[DALLAS] **Cenikor:** residential treatment

[DALLAS] **Nexus:** detox and residential treatment

COMMUNITY

COMMUNITY

# Sequential Intercept Model Map for Collin County, April 2024

## Intercept 2

Initial Detention & Initial Court Hearings

### Initial Detention

- Allen City Jail
- Carrollton City Jail
- Collin County Jail
- Dallas City Jail
- Frisco City Jail
- Garland City Jail
- Plano City Jail
- Richardson City Jail
- Wylie PD

### Behavioral Health Services – Collin County Jail

#### Screening Assessment Used:

- Mental Health Screener: C-SSRS, PHQ-9, EIMI (WellPath or LifePath conducts)
- SUD Screener: EIMI (WellPath conducts)
- IDD Screening: EIMI (WellPath conducts)

#### Continuity of Care (CoC) Query / Care Match:

- COC query is conducted at each jail in service area.
- LifePath cross-checks individuals who are positive CCQ match.
- LifePath gets MBOW jail matching reports of individuals identified with SMI.

### INITIAL COURT APPEARANCE

#### Arrestment

#### Pre-Trial Services

- Collin County Pretrial Services
  - Issues magistrates
  - Issues arraignment
  - Issues PR Bonds
  - Tracks conditions of bond on defendants

### Competency Restoration

#### OCR

- Operated by LifePath Systems

#### Inpatient (State Hospital)

- Terrell State Hospital

## Intercept 3

Jails & Courts

### COURTS

#### District Courts

*Criminal Cases in Collin County are assigned to:*

- 199<sup>th</sup> District Court: Judge Angela Tucker
- 296<sup>th</sup> District Court: Judge John Roach, Jr.
- 366<sup>th</sup> District Court: Judge Tom Nowak
- 380<sup>th</sup> District Court: Judge Benjamin N. Smith
- 401<sup>st</sup> District Court: Judge George B. Flint
- 417<sup>th</sup> District Court: Judge Cynthia Wheless
- 429<sup>th</sup> District Court: Judge Jill Willis
- 468<sup>th</sup> District Court: Judge Lindsey Wynne
- 469<sup>th</sup> District Court: Judge Piper McCraw
- 470<sup>th</sup> District Court: Judge Emily Miskel
- 471<sup>st</sup> District Court: Judge Andrea Bouressa
- 472<sup>nd</sup> District Court: Judge Ann-Marie Carruth
- 473<sup>rd</sup> District Court: Judge Heather White
- 474<sup>th</sup> District Court: Judge Melanie Dunn
- 476<sup>th</sup> District Court: Judge Jay Bender

#### County Courts at Law

- County Court at Law No. 1: Judge Corinne Mason
- County Court at Law No. 2: Judge Barnett Walker
- County Court at Law No. 3: Judge Lance S. Baxter
- County Court at Law No. 4: Judge David Rippel
- County Court at Law No. 5: Judge Dan K. Wilson
- County Court at Law No. 6: Judge Jay Bender (also listed as District Court Judge)
- County Court at Law No. 7: Judge David Waddill

#### Municipal Courts

- Allen Municipal Court: Judge Cyndi Gore
- Anna Municipal Court: Judge Claire Petty
- Blue Ridge Municipal Court: Judge Terry Douglas
- Celina Municipal Court: Judge Art Maldonado
- Fairview Municipal Court: Judge Dana Huffman
- Farmersville Municipal Court: Judge Terry L. Douglas
- Frisco Municipal Court: Judge Jeff Richter
- Josephine Municipal Court: Judge Terry L. Douglas
- McKinney Municipal Court: Judge Claire Petty
- Lavon Municipal Court: Judge Andrew Leonie
- Lucas Municipal Court: Judge Dana Huffman
- Plano Municipal Court: Judge McNulty

### JAILS

- Allen City Jail
- Carrollton City Jail
- Collin County Jail
- Dallas City Jail
- Frisco City Jail
- Garland City Jail
- Plano City Jail
- Richardson City Jail
- Wylie PD

### JAIL MENTAL HEALTH PROVIDERS

#### Jail Medical Provider

WellPath

#### Jail Mental Health Provider

WellPath

#### Jail Substance Use Treatment Provider

WellPath

### SPECIALTY COURTS

#### Collin County Adult Mental Health Court

Judge Jennifer Edgeworth (219<sup>th</sup> District Court)

#### Collin County Adult Drug Court

Judge Andrea Thompson\* (416<sup>th</sup> District Court)

#### North Texas Regional Veteran Treatment Court

Judge Roach (296<sup>th</sup> District Court)

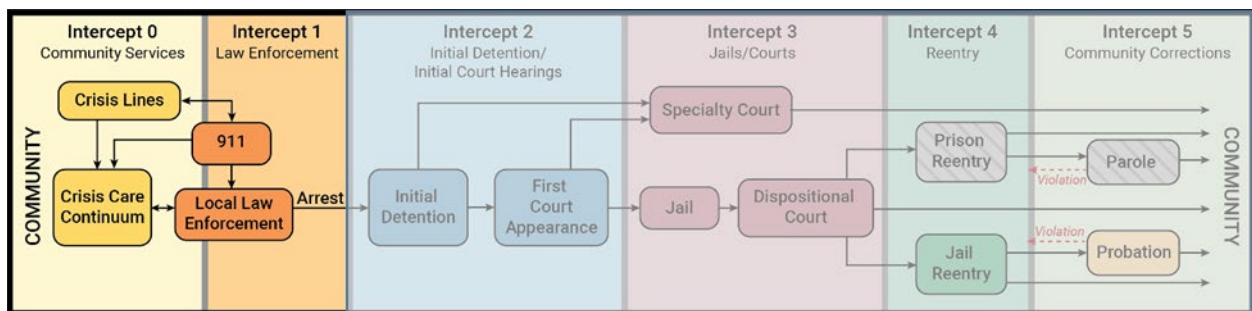
INTERCEPT 2

INTERCEPT 3

## Opportunities and Gaps at Each Intercept

As part of the mapping activity, facilitators worked with workshop participants to identify services, key stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of justice and behavioral health services systems. The opportunities and gaps identified provide contextual information for understanding the local map. The catalogue below was developed during the workshop by participants and can be used by policymakers and systems planners to improve public safety and public health outcomes for people with MI, SUD, and IDD by addressing the gaps and leveraging opportunities in the service system.

### Intercepts 0 and 1



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### Overview: Intercepts 0 and 1

Intercept 0 encompasses the early intervention points for people with MI, SUD, and 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.

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

## National and State Best Practices

### Someone to call



- Local Mental Health / Behavioral Health Authority Crisis Line
- National Suicide Lifeline: 9-8-8
- Outreach, Screening and Assessment Referral (OSAR) Line
- Crisis Call Diversion (Embedded clinician at 911 dispatch)

### Someone to respond



- Crisis Respite Units and Peer Run Respite
- Extended Observation and Crisis Stabilization Units
- Intensive Outpatient Programs (IOPs) and Partial Hospitalization Programs (PHPs)
- Substance use disorder treatment centers (detox, inpatient, outpatient)

### A place to go



- Mobile Crisis Outreach Teams
- Peer-Operated Crisis Response Support
- Homeless Outreach Teams (Assertive Community Treatment)
- Mental Health Deputies
- Law Enforcement and Mental Health Co-Responder Teams
- Multi-Disciplinary Response Teams
- Remote Co-Response programs

### Tailored trainings



- Crisis Intervention Team Training
- Mental Health First Aid Training
- Suicide Prevention Trainings
- Applied Suicide Intervention Skills Training (ASIST)
- Assess Support Know: Suicide Training (AS+K)
- Trainings for law enforcement, dispatchers and behavioral health professionals

### Targeted programs



- Multi-system frequent utilizers diversion
- Substance use focused diversion
- Veterans
- Children and youth specific crisis services
- Individuals with Intellectual and Developmental Disabilities (IDD)

### Data sharing



- Established essential data measures
- Information sharing to support crisis response and continuity of care
- Dispatch and Police Coding of MH calls

## Collin County Intercept 0 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>No shelters or group homes in Collin County that are open to people with serious mental illness and a history of justice-involvement</li> <li>Existing shelters are for limited populations (women and children, domestic violence survivors)</li> <li>Lack of housing options for people with serious mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Utilize the planned diversion center's co-located crisis respite unit and extended observation unit to accommodate short-term safe shelter for people in crisis and connect them to resources</li> <li>Explore opportunities to expand housing options for people with a history of justice involvement, including low barrier shelters, transitional housing, and permanent supportive housing</li> <li>Work with housing authorities and the homeless coalition in Collin County to improve knowledge of and funding for supportive housing options</li> </ul>
<ul style="list-style-type: none"> <li>Limited immediate resources for shelter, housing, and basic needs</li> </ul>	<ul style="list-style-type: none"> <li>Include community service providers in continuity of care conversations (The Living Room, Resource Center, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>Capacity limitations due to local behavioral health workforce shortage</li> <li>Limited education for 911 dispatch about opportunities for diversion</li> </ul>	<ul style="list-style-type: none"> <li>Consider limited eligibility and phased expansion for upcoming diversion center as additional funding for increased staffing becomes available</li> <li>Consider partnerships with colleges and universities to create pipelines for students seeking internships or graduate student projects that offer clinical hours</li> <li>Investigate partnerships between LifePath and 911, including embedded clinicians at 911 dispatch, and additional training on diversion protocols</li> </ul>
<ul style="list-style-type: none"> <li>Limited contracted inpatient psychiatric beds for people experiencing acute mental health crisis</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize communication between hospitals and law enforcement to ensure people brought to hospitals are appropriate for hospital level of care</li> <li>Use data to advocate for additional funding for contracted beds</li> </ul>
<ul style="list-style-type: none"> <li>Limited lengths of stay in contracted psychiatric beds are not conducive to patient stability</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen hospital stepdown programs and continuity of care for people moving between service settings</li> </ul>
<ul style="list-style-type: none"> <li>Variable response times for mobile crisis outreach team (MCOT) and co-response units in less populated areas</li> </ul>	<ul style="list-style-type: none"> <li>Study impact of existing teleassessment pilot program (TAP) in Plano and explore opportunities to replicate program with other police departments across the county</li> </ul>
<ul style="list-style-type: none"> <li>Limited stakeholder understanding of diversion center's purpose and limitations</li> </ul>	<ul style="list-style-type: none"> <li>Create an ongoing forum to convey information about the diversion center, examine what is working well, and what stakeholders would like to see</li> </ul>
<ul style="list-style-type: none"> <li>Limited community understanding of existing mental health resources and alternatives to calling 911</li> </ul>	<ul style="list-style-type: none"> <li>Consider a community education campaign about behavioral health crisis and understanding options for family members experiencing a mental health crisis</li> </ul>
<ul style="list-style-type: none"> <li>Variable continuity of care and referral follow-up for people experiencing a mental health crisis and moving between systems and settings</li> </ul>	<ul style="list-style-type: none"> <li>Enhance or create information sharing agreements, universal releases of information, etc.</li> </ul>
<ul style="list-style-type: none"> <li>Limited options for children to be taken for mental health treatment</li> </ul>	<ul style="list-style-type: none"> <li>Consider a youth-focused SIM mapping for a later date to identify resources specific to youth</li> </ul>

<ul style="list-style-type: none"> <li>Lack of clarity around best practices for working with people with suspected IDD who are in crisis</li> </ul>	<ul style="list-style-type: none"> <li>Considering hosting a series of trainings related to IDD needs and considerations for co-occurring IDD and serious mental illness</li> <li>Ensure IDD providers are part of planning for the diversion center from the outset</li> </ul>
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## Collin County Intercept 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>Varied field medical clearance protocols</li> </ul>	<ul style="list-style-type: none"> <li>Consider staff who can do medical assessments 24-7 (LVN, RN) at the diversion center</li> <li>As part of diversion center implementation planning, bring hospital systems and legal counsel together to discuss a streamlined medical clearance protocol for the county</li> </ul>
<ul style="list-style-type: none"> <li>Limited capture of diversion efforts by law enforcement due to no documentation process for incidents that don't result in charges</li> <li>Incomplete crisis data collected across stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Convene law enforcement stakeholders as part of diversion center implementation planning and discuss creating a universal form or tracking mechanism for all municipal police and sheriff's office personnel to use</li> <li>Create a standardized data plan to capture ongoing snapshots of Collin County's mental health crisis system</li> </ul>
<ul style="list-style-type: none"> <li>Varied knowledge of or interest in diversion options by law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>Increase education and info sessions for law enforcement as diversion center implementation nears, particularly at regular law enforcement (LE) briefings and trainings</li> </ul>
<ul style="list-style-type: none"> <li>Differing transport protocols for non-emergency detention mental health crisis response by law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>Discuss amending transport protocol on an as-needed basis for law enforcement agencies</li> <li>Explore alternative options like Sheriff's Office transport deputies and local medical transportation companies</li> </ul>
<ul style="list-style-type: none"> <li>Lack of dedicated cell phones for officers to connect people in crisis to mental health services at the scene</li> </ul>	<ul style="list-style-type: none"> <li>Explore state and federal grant opportunities to increase access to technology to enable tele-screening and assessment on scene</li> </ul>
<ul style="list-style-type: none"> <li>MCOT response to officers in the field can take a significant amount of time due to limited capacity of the MCOT team</li> </ul>	<ul style="list-style-type: none"> <li>Increase MCOT staffing as funding becomes available</li> </ul>
<ul style="list-style-type: none"> <li>Confusion from family members about LE role when responding to calls for a family member in crisis</li> </ul>	<ul style="list-style-type: none"> <li>Consider increasing opportunities for family education on crisis services (written materials, info sessions, FAQs)</li> </ul>
<ul style="list-style-type: none"> <li>Time commitment required to take people experiencing a crisis to a hospital instead of jail</li> </ul>	<ul style="list-style-type: none"> <li>Research examples or case studies of common law enforcement scenarios and how decisions are made (could ride along with an officer) to understand current wait times, barriers, and process and how they vary among law enforcement agencies. Use this information and additional input from LE to inform new drop off process at the diversion center.</li> </ul>

## Priorities for Change

The priorities for change were determined through a live group whiteboarding process (using Mural platform) during the virtual workshop on March 27, 2024. Workshop participants identified priorities for the planning of the diversion center. These priorities were grouped according to themes and presented first to the planning committee and again to the large group present at the in-person workshop for additional feedback. The final priorities reflect some consolidation and refinement of the original themes.

<b>Initial Priority Themes from March 27, 2024, Virtual Convening</b>
Diversion Center Processes
Community Education
Stakeholder Education and Communication
Continuity of Care
Law Enforcement Processes

<b>Final Action Planning Workgroup Priorities Identified by the Collin County Planning Committee</b>
Stakeholder Coordination and Law Enforcement Engagement
Impact and Sustainability
Access and Eligibility
Transition Planning and Continuity of Care

## Strategic Action Plans

Stakeholders spent the in-person portion of the workshop developing action plans for the top four priorities for change. This section includes action plans developed by Collin County stakeholder workgroups, as well as additional considerations from the Office of Forensic Coordination on resources and best practices that could help to inform implementation of each action plan.

The following publications are also helpful resources to consider when addressing issues at the intersection of behavioral health and justice in Texas:

- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation
- [Texas Strategic Plan for Diversion, Community Integration, and Forensic Services](#), Texas Statewide Behavioral Health Coordinating Council
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition, Judicial Commission on Mental Health
- SAMHSA's publication, [Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals](#)

Finally, there are two overarching issues that should be considered across all action plans outlined below: access and trauma. Concerning **access**, while the focus of the SIM mapping workshop is people with behavioral health needs; disparities in health care access and criminal justice involvement can also be addressed to ensure comprehensive system change.

With respect to **trauma**, it is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life.<sup>2,3</sup> It is critical that both the health care and criminal justice systems be trauma-informed, and that access to trauma screening and trauma-specific treatment is prioritized for this population. A trauma-informed approach incorporates three key elements: 1) realizing the prevalence of trauma; 2) recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce; and 3) responding by putting this knowledge into practice. See resource titled, [Trauma-Informed Care in Behavioral Health Services](#).

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<sup>2</sup> Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders*. Corrections Today.

<sup>3</sup> 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.



## Priority Area One: Stakeholder Coordination and Law Enforcement Engagement

### Workgroup Purpose:

This workgroup met during the April 26, 2024, mapping. The purpose was to support the development of a diversion center Steering Committee, identify strategies to support stakeholder coordination, develop plans to promote law enforcement engagement throughout the planning process and promote law enforcement utilization of the diversion center, once operational. See **Appendix C** on page 28 for workgroup facilitation guide.

### Workgroup Members:

Danielle Sneed; Cmdr. Christopher Perepiczka, Amy Edens, Molly Craft, Nessa Reid, Lt. Mike Goodman, Sgt. Marco Robles, Sgt. Richard Glenn, Grace Edgar, Captain Nick Mendoza, Terry Qualls, Chief Johnny Jaquess, A.D. Paul, Georgina Flores

### Workgroup Recommendations

#### 1. Establish a Steering Committee

Workgroup members developed plans to establish a diversion center Steering Committee with subcommittees or workgroups to tackle specific planning priorities (e.g., sustainability, law enforcement engagement, access and eligibility, and continuity of care). Each workgroup has representation on the main steering committee, with additional participation from people with specialized knowledge and understanding pertaining to the priority topic.

Diversion Center Steering Committee	
Committee Co-Chairs	Sheriff Skinner, Collin County Sheriff's Office (or designee) Danielle Sneed, LifePath Systems

<b>Diversion Center Steering Committee</b>	
Key Agencies or Organizations	<p>Steering committee members represent agencies and departments who support people with mental illness who are involved with or at risk of involvement with the criminal justice system. Committee members are familiar with challenges related to serving and diverting this population, have a vested interest in improving the system, and possess decision-making authority to influence change.</p> <ul style="list-style-type: none"> <li>• <b>Behavioral Health Providers:</b> LifePath Systems</li> <li>• <b>Local Police Departments (PDs):</b> Allen, Anna, Celina, Collin College, Collin County Constables, Sheriff's Office, Melissa, Dallas, Fairview, Farmersville, Frisco, Josephine, Lavon, Lucas, McKinney, Murphey, Parker, Plano, Princeton, Prosper, Richardson, Sachse, Van Alstyne, Wylie</li> <li>• <b>Sheriff's Office</b></li> <li>• <b>Hospitals:</b> Medical City McKinney, Methodist Richardson Medical Center, Baylor Scott and White, Haven Behavioral Hospital, Texas Health Seay Behavioral Health, Collin Springs Behavioral Hospital</li> <li>• <b>District Attorney's Office:</b> Chief of the Mental Health Unit</li> <li>• <b>Elected Officials:</b> Commissioner Williams</li> <li>• <b>City:</b> City Attorney</li> <li>• <b>Public Defender:</b> Public Defenders Office and Indigent Defense (Marisa Dunagan)</li> <li>• <b>Other Organizations:</b> Salvation Army, NAMI North Texas, local universities</li> </ul>
Anticipated Responsibilities for the Diversion Center Steering Committee	<p>The purpose of the oversight committee is to ensure that a variety of perspectives are considered throughout the planning process, foster a sense of shared ownership over the new diversion center, promote community and stakeholder communication, and support operational improvements once the center opens.</p> <p><b>Leading up to Diversion Center Opening</b></p> <ol style="list-style-type: none"> <li>1. Meet monthly leading up to the opening of the diversion center (Sheriff's Office offered meeting space).</li> <li>2. Ensure progress is made on planning priorities.</li> <li>3. Develop communication strategies with input from workgroups and oversight committee members.</li> </ol> <p><b>Once the Diversion Center Opens</b></p> <ol style="list-style-type: none"> <li>1. Review program data – identify what seems to be working well and areas for improvement.</li> <li>2. Assess process issues and adaptations needed.</li> <li>3. Support ongoing communication between key stakeholders and the community.</li> </ol>

Diversion Center Steering Committee	
Meeting Frequency	Pre-implementation and first six months of operation: Bi-monthly. After six months of operation: Quarterly.
Action Items	Who / When
Identify committee members from key agencies and organizations.	Co-Chairs / End of May
Formalize role of planning committee through committee charter and letters of support.	Co-Chairs / End of June
Host first committee meeting.	Co-Chairs / June
Develop plans for coordinating/communicating with workgroups: Access and Eligibility, Law Enforcement, Continuity of Care, Impact and Sustainability, and others as identified.	Co-Chairs / June
Identify third party evaluator and funding to support evaluation. <ul style="list-style-type: none"> <li>- Chief Jaquess – reach out to local university <i>Note: Dr. Lisa Gitner from Texas Tech University is interested in being involved. She can be contacted at lisa.gitner@ttu.edu or 440-915-8831</i></li> <li>- Commander P and Dr. Bivens – recommendations</li> </ul>	Co-Chairs / Timeline TBD

## 2. Develop Plans to Engage Law Enforcement

Workgroup members identified the need to develop a strategy for engaging municipal police departments in the diversion center planning process through the development of a law enforcement workgroup.

Law Enforcement Workgroup	
Chair	A.D. Paul, LifePath Systems, Brittany Waymack, Director of Behavioral Health Crisis Services, LifePath Systems
Key Agencies or Organizations	<ul style="list-style-type: none"> <li>• <b>Behavioral Health Providers:</b> LifePath Systems</li> <li>• <b>Local PDs:</b> Allen, Anna, Celina, Collin College, Collin County Constables, Sheriff's Office, Melissa, Dallas, Fairview, Farmersville, Frisco, Josephine, Lavon, Lucas, McKinney, Murphey, Parker, Plano, Princeton, Prosper, Richardson, Sachse, Van Alstyne, Wylie</li> <li>• <b>Sheriff's Office</b></li> </ul>

Law Enforcement Workgroup	
Anticipated Responsibilities for the Law Enforcement Workgroup	<p>The purpose of the law enforcement workgroup is to develop policies, procedures, and training opportunities for law enforcement agencies that will utilize the center.</p> <p><b>The workgroup identified the follow topics to explore:</b></p> <ul style="list-style-type: none"> <li>• Transportation to the diversion center and back to the individual's community;</li> <li>• Onsite security;</li> <li>• Drop-off procedures/expectations;</li> <li>• Model policies/standard operating procedures that can be adapted by local law enforcement agencies;</li> <li>• Voluntary v. involuntary services;</li> <li>• Capacity for Apprehension by a Peace Officer Without Warrant (APOWW);</li> <li>• Training session prior to diversion center opening;</li> <li>• Ongoing education to departments through roll call meetings and videos;</li> <li>• Opportunities for law enforcement to share experiences/provide feedback once the center is operational</li> </ul> <p><b>Other considerations:</b></p> <ul style="list-style-type: none"> <li>• Participation in monthly "Chiefs" meetings;</li> <li>• Partner with CIT officers;</li> <li>• Law enforcement site visit;</li> <li>• Inclusion of hospital law enforcement;</li> <li>• Advantages of selecting "pilot" group of law enforcement agencies or seeking full participation from outset</li> </ul>
Meeting Frequency	Monthly
Action Items	
Action Items	Who / When
Identify key participants for LE workgroup	A.D. Paul / End of May
Host kick-off meeting	A.D. Paul / June
Develop plans to explore topics identified above	A.D. Paul / End of June

## Key Resources:

### Resources to Support Development of Behavioral Health Leadership Teams and Criminal Justice Coordinating Councils

- [Implementing a Mental Health Diversion Program](#), Justice System Partners
- [Criminal Justice Coordinating Councils](#) (CJCCs), National Institute of Corrections
- Local behavioral health leadership team (BHLT) examples:

- [Kaufman County BHLT](#)
- [Denton County BHLT website through the United Way Denton](#)
- [Smith County BHLT](#)
- [Texoma BHLT](#)

**Resources to Support Law Enforcement Engagement and Coordination**

- [Police-Mental Health Collaboration Toolkit](#), Bureau of Justice Assistance
- Diversion center contacts (to request LE policies and drop off procedures):
  - Dallas Deflection Center: Chad Anderson, [canderson@ntbha.org](mailto:canderson@ntbha.org)
  - Tarrant County Diversion Center: Mark Tittle, [mark.tittle@mhmrctc.org](mailto:mark.tittle@mhmrctc.org)
  - Williamson County Diversion Center:  
Andrea Hoppock, [andrea.hoppock@bbtrails.org](mailto:andrea.hoppock@bbtrails.org),  
Lt. Jorian Guinn, [jguinn@wilco.org](mailto:jguinn@wilco.org)
  - Howard County Diversion Center:  
Patricia Watlington, [patricia.watlington@wtcmhmr.org](mailto:patricia.watlington@wtcmhmr.org);  
Sheriff Stan Parker [stan.parker@howardcountytexas.gov](mailto:stan.parker@howardcountytexas.gov)

## Priority Area Two: Impact and Sustainability

### Workgroup Purpose:

This workgroup met during the April 26, 2024, mapping. It focused on developing a plan for sustainability. See **Appendix D** on page 33 for workgroup facilitation guide.

## Workgroup Members:

Tammy Mahan, Whytney Thomas, and Pete Kabira

## Workgroup Recommendations:

The workgroup focused on developing plans to secure additional funding for the diversion center.

Impact and Sustainability Workgroup	
Co-Chairs	Tammy Mahan, Executive Director, LifePath Systems, Whytney Thomas, Director of Behavioral Health Crisis Services, and Pete Kabira, Chief Operating Officer, LifePath Systems
Key Agencies or Organizations	<ul style="list-style-type: none"> <li>• Sheriff Skinner, Collin County Sheriff's Office</li> <li>• Commissioner Williams, Collin County</li> <li>• Chief Kowalski (Prosper PD)</li> <li>• Lt. Cotton (Wylie PD)</li> <li>• Chief Drain (Plano)</li> <li>• Chief Biggerstaff (Plano FD)</li> <li>• Hospitals and Cities: TBD</li> <li>• Richard Grady, Community Representative</li> </ul>
Anticipated Responsibilities for the Impact and Sustainability Workgroup	The purpose of the funding and sustainability workgroup is to continue clarifying the potential impact of the diversion center and develop a strategy to seek additional funding. The diversion center budget and LifePath services recommendations can be found in <b>Appendix E</b> on page 42. Long-term sustainability was the key priority for this workgroup.
Meeting Frequency	Bi-monthly
Action Items	Who / When
Clarify vision and strategy for diversion center: What is the story? What data will create buy-in? What relationships need to be established or enhanced? Who will benefit from the diversion center and how?	Tammy Mahan / End of July

<b>Impact and Sustainability Workgroup</b>	
Clarify data needs and conduct cost analysis to share with stakeholders/potential funding partners: <ul style="list-style-type: none"> <li>• Per person cost for emergency department and admissions for psych-related crisis (for insured persons/number; for indigent persons/number)</li> <li>• Number of emergency detentions</li> <li>• City jail daily costs (daily cost per person with mental illness)</li> <li>• Community paramedic program cost for MH needs</li> <li>• LE time spent for MH call/cost (accounts for costs related to courts, hospitalizations for people that are uninsured and indigent, LE engagement, and jail time)</li> </ul>	Tammy Mahan / End of July
Explore time-limited grant funding opportunities (BJA, SAMHSA, etc.)	Tammy Mahan / End of July
Explore long-term funding options and identify potential funding partners (hospitals, cities, private family foundations, etc.)	Tammy Mahan / End of July
Convene funding committee and develop/refine pitch to potential funding partners	Tammy Mahan / August-November
Conduct outreach and meet with potential funding partners	Tammy Mahan / February

## Key Resources:

### Texas Behavioral Health and Justice Technical Assistance Center

- [Webinar Recording and Presentation](#)
- [Bureau of Justice Assistance Grant Funding 101](#)

### Council of State Governments Justice Center

- [Center for Justice and Mental Health Partnerships Free TTA Resource for Non-Grantees](#)
- [FY24 JMHCP Solicitation Webinar](#)
- [FY24 Connect and Protect Solicitation Webinar](#)
- [Financing the Future of Local Initiatives Resources](#)
- [JMHCP Federal Funding Brief](#)

### Rulo Strategies

- [Weekly Federal Funding updates](#)

### Diversion Center Data Collection and Cost Analyses

- [Implementing a Mental Health Diversion Program](#) – Justice System Partners (JSP)
- [The Judge Ed Emmet Mental Health Diversion Center Final Report](#) – JSP
- [Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response](#) – Health Management Associates and Arnold Ventures

**Office of Forensic Coordination**

- [Bell County SIM Workshop Final Report](#)
- Collin County Data Workbook – Includes encounter and cost data from the jail and other intercepts (see **Appendix B** on page 19).



## Priority Area Three: Access and Eligibility

### Workgroup Purpose:

This workgroup met during the April 26, 2024, mapping. It discussed who is eligible for the diversion center and how they will access diversion center services. Members of the group considered eligibility criteria, transport policies, and intake procedures. See **Appendix F** on page 45 for workgroup facilitation guide.

### Workgroup Members:

Lt. Trey Cotton; Erica Baig, Dr. Trina Bivens, Terri Laird, Joseph Robin, Ponmalar Robin Wesley Samuel, Shay Lett, Leslie Underwood, Hal Wilson, Maribel Hernandez, Vance Holt, Glenna Garcia, Cynthia Gore

### Workgroup Recommendations

The access and eligibility workgroup focused on three questions: Who is going to utilize the diversion center? How will they get there? How will they leave?

Summary of Recommendations:

- Consider focusing on admission eligibility criteria, rather than exclusionary criteria;
- Allow for walk-ins, crisis calls from families that don't have criminal charges, APOWWs, and emergency detention orders (EDOs);
- Explore transportation options with local medical transportation providers and the Sheriff's Office; and
- Develop court trainings to ensure municipal and county judges understand the purpose of the diversion center and opportunities to refer people to services.

Access and Eligibility Workgroup	
Co-Chairs	Dr. Trina Bivens, Collin County Jail, Vance Holt, Director of Nursing, LifePath Systems

<b>Access and Eligibility Workgroup</b>	
Key Agencies or Organizations	<ul style="list-style-type: none"> <li>• Erica Baig, Medical City McKinney</li> <li>• Dr. Trina Bivens, Wellpath</li> <li>• Terri Laird, Collin County District Attorney's Office</li> <li>• Lt. Trey Cotton, Wylie PD</li> <li>• Joseph Robin, Frisco PD</li> <li>• Ponmolar Robin Wesley Samuel, LifePath Systems</li> <li>• Shay Lett, Tarrant MHMR</li> <li>• Leslie Underwood, City of Allen</li> <li>• Hal Wilson, City of Allen</li> <li>• Maribel Hernandez, City of Allen</li> <li>• Vance Holt, LifePath Systems</li> <li>• Cynthia Gore, City of Allen</li> <li>• Shana Khoja, LifePath Systems</li> <li>• Brittany Waymack, LifePath Systems</li> <li>• Sgt. Candace Heron, Collin County Sheriff's Office</li> <li>• Additional organizations to include, as needed: Allegiance Medical Transportation, Hospital Administration and Leadership, Sheriff's Office</li> </ul>
Anticipated Responsibilities for the Access and Eligibility Workgroup	<p>This group will continue conversations around eligibility and access regularly with a dedicated group of stakeholders, bringing in guest consultants as needed. Hospital buy-in and LE feedback will be particularly useful as the group begins to reach consensus on key points for implementation. Once these decisions are made, stakeholder education also needs to be prioritized and will require coordination with the diversion center steering committee.</p>
Meeting Frequency	Bi-monthly
<b>Action Items</b>	
<b>Who / When</b>	<b>Action Items</b>
Work with diversion center Steering Committee to continue these conversations.	<p>Clarify eligibility for diversion center:</p> <ul style="list-style-type: none"> <li>• Develop eligibility criteria, considering: <ul style="list-style-type: none"> <li>○ Inclusionary vs. exclusionary criteria</li> <li>○ Behavior based criteria vs. charge-based criteria</li> <li>○ Discuss opportunities for criteria to expand or change over time.</li> </ul> </li> <li>• Identify what medical screenings, if any, will be needed for admission: <ul style="list-style-type: none"> <li>○ Discuss the need for medical clearance</li> <li>○ Develop intoxication criteria and withdrawal management protocol</li> </ul> </li> <li>• Clarify how eligibility is the same or different from the crisis respite unit (CRU) and extended observation unit (EOU)</li> </ul>

<b>Access and Eligibility Workgroup</b>	
Clarify entry points/referral sources outside of law enforcement: <ul style="list-style-type: none"> <li>• Post-hospital discharge</li> <li>• Diversion from hospital/ED presentation</li> <li>• Diversion at jail intake</li> <li>• Family crisis calls</li> <li>• Walk-ins</li> </ul>	Ponmolar Robin Wesley Samuel, LifePath Systems Shanna Khoja, LifePath Systems Brittany Waymack, LifePath
Plan for what happens when the diversion center is at capacity: <ul style="list-style-type: none"> <li>• Can the diversion center go on divert status?</li> <li>• How are people notified of this?</li> </ul>	LifePath Representatives, LE representatives
Create a uniform APOWW and Fit for Confinement form for use by hospitals and law enforcement	Dr. Bivens, Vance Holt, Brittany Waymack
Create transport policies and procedures for people who need higher level of care: <ul style="list-style-type: none"> <li>• Reach out to Allegiance as a transport provider</li> <li>• Reach out to Sheriff's Office Transport Deputies</li> </ul>	Sgt. Candace Heron Brittany Waymack
Train and educate stakeholders: <ul style="list-style-type: none"> <li>• Similarities and differences between CRU, EOU, and diversion center</li> <li>• Court training for municipal and county court judges to understand this as a referral option</li> <li>• Services available (primary care, referrals, etc.)</li> <li>• Workflows or other visuals of how people are brought to the diversion center</li> </ul>	Work with diversion center Steering Committee to develop education materials targeted to specific stakeholder groups
Create policies and procedures for personal property/belongings: <ul style="list-style-type: none"> <li>• Is there a dedicated storage room for property?</li> <li>• What is the limit for volume of property people can bring?</li> <li>• How is property cleaned or sanitized if needed?</li> <li>• How will weapons be handled?</li> <li>• How will drug paraphernalia be handled?</li> </ul>	Shanna Khoja Brittany Waymack
Identify strategies for hospital buy-in, education, and streamlining of diversion from hospital process	Work with Funding and Sustainability subcommittee to identify strategies for gaining hospital buy-in

## Key Resources:

### Diversion Center Primers

- [Implementing a Mental Health Diversion Program, Phase 2: Planning](#) – Justice System Partners
- [Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response](#) Health Management Associates and Arnold Ventures

### **Diversion Center Models**

- [Jail Diversion Models: Part I](#) Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)
- [Jail Diversion Models: Part II](#) Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

### **Texas Resources**

- [Planning for Diversion: A Texas Diversion Center Workbook](#) Texas Behavioral Health and Justice Technical Assistance Center
- Article: [As eligibility grows, more people in Tarrant County can get treatment instead of jail time](#) Texas Standard

## Priority Area Four: Transition Planning and Continuity of Care

### Workgroup Purpose:

This workgroup met during the April 26, 2024, mapping. It discussed continuity of care activities to help people access appropriate services and support in the community to promote their ongoing recovery and treatment. See **Appendix G** on page 49 for workgroup facilitation guide.

### Workgroup Members:

Haley Harper, Summer Land, Nicole Bowers, Kanz Kayfan, Athena Trentin, Austin Belrose, Shantel Tritthart, Pete Kabira

### Workgroup Recommendations

The transition planning and continuity of care workgroup developed initial recommendations and action items to support continuity of care for diversion center clients.

#### Summary of Recommendations:

- Utilize counselors and peer support specialists to help link people to outpatient services.
- Establish memorandum of understanding (MOUs) between key partners to support information sharing.
- Add representation from the Sheriff's Office, Salvation Army, Samaritan, and Trusted World to the continuity of care workgroup.

Transition Planning and Continuity of Care	
Committee Co-Chairs	Austin Belrose, Program Administrator of Intensive Services, LifePath Systems and Nicole Bowers, Plano PD

<b>Transition Planning and Continuity of Care</b>	
Key Agencies or Organizations	<ul style="list-style-type: none"> <li>• Haley Harper, Wylie PD</li> <li>• Summer Land, City of Allen</li> <li>• Nicole Bowers, Plano PD</li> <li>• Kanz Kayfan, LifePath Systems</li> <li>• Athena Trentin, Nami North Texas</li> <li>• Austin Belrose, LifePath Systems</li> <li>• Shantel Tritthart, McKinney PD</li> <li>• Pete Kabira, LifePath Systems</li> <li>• Victoria Galeana, LifePath Systems</li> <li>• Emma Aadland, LifePath Systems</li> <li>• Shanna Khoja, LifePath Systems</li> <li>• Additional organizations to include, as needed: Salvation Army, Samaritan, Trusted World, Sheriff's Office, Attorney to help with MOUs</li> </ul>
Anticipated Responsibilities for the Transition Planning and Continuity of Care Committee	This group will formalize discharge planning procedures, transfer protocols, family support resources, and flow charts to provide information on services available through the diversion center.
Meeting Frequency	Bi-monthly

<b>Action Items</b>	<b>Who / When</b>
Formalize discharge planning procedures: <ul style="list-style-type: none"> <li>• Case manager assignment</li> <li>• Information sharing between case managers</li> <li>• Appointments and prescriptions</li> <li>• Role of peer support specialists</li> </ul>	Shanna Khoja Brittany Waymack
Develop a process for sharing information and resources with families: <ul style="list-style-type: none"> <li>• Explore creating a universal ROI</li> <li>• Determine where signed ROI forms will be maintained and whether they expire</li> <li>• Discuss what education and resources will be available</li> </ul>	TBD
LifePath Systems and NAMI to meet to discuss insurance, funding and resources available for uninsured/underinsured individuals	Pete Kabira, Athena Trentin

Action Items	Who / When
Develop MOUs between organizations to enhance information sharing and continuity of care (behavioral health and law enforcement) <ul style="list-style-type: none"> <li>Consider limitations and complications related to geographic boundaries and court and law enforcement jurisdictions</li> </ul>	Legal counsel of respective organizations
Catalogue available referral services available: <ul style="list-style-type: none"> <li>Determine which staff can refer to services and how this will be tracked/followed-up on</li> <li>Develop flow charts of service referral options (ensure appropriate referrals from law enforcement at outset)</li> <li>Identify what housing options exist and how can they be improved</li> </ul>	Work with Access and Eligibility and Stakeholder Education subcommittees to ensure appropriate law enforcement referrals
Facilitate “Meet and Greet” for law enforcement and behavioral health professionals to increase buy-in and awareness of upcoming center	TBD
Ongoing meeting for multi-city mental health coordinators and licensed staff to continue to meet	TBD

*Notes from debrief:*

- Consider city line and jurisdiction issues related to transferring people and information sharing.

**Key Resources:**

**National**

- [National Guidelines for Behavioral Health Crisis Care](#) – SAMHSA
- [Mental Health Facts in Brief: Connecting Care for Better Outcomes](#) – National Center for State Courts

**Texas**

- [Health and Human Services Commission Crisis Services Guide](#) – Texas Health and Human Services Commission

## Resources to Support Action Plan Implementation

SIM workshops are just the first step in implementing lasting change for communities. The following resources and recommendations have been developed based on national research and lessons learned from other Texas counties. Collin County stakeholders can consider these as they plan to implement action plans developed during the SIM workshop.



### **Task Force & Networking**

Frequent networking between systems can bolster sharing of best practices and innovative adaptations to common problems (Steadman, Case, Noether, Califano, & Salasin, 2015).



### **Communication and Information Sharing**

Misunderstanding of data protection laws can inhibit continuity of care planning, potentially resulting in a lack of treatment connection post-release (McCarthy, Rieckmann, Baker, & McConnell, 2017).



### **Boundary Spanner**

A champion with 'boots-on-the-ground' experience working in multiple systems can really enhance local coordination and service delivery. Boundary spanners can use their knowledge to advocate for clients at key junctures in a criminal legal system (e.g. bond hearings, sentencing, or enrollment in specialty programs) (Steadman, 1992; Pettus & Severson, 2006; Munetz & Bonfine, 2015).



### **Local Champions**

Interdisciplinary work benefits from strong, localized leadership to envision and enact change beyond traditional confines of a segmented system (Hendy & Barlow, 2012).



### **Ability to Measure Outcomes**

Strategic planning at a county level is best informed by local data and having internal mechanisms to track outputs and outcomes (National Association of Counties, The Council of State Governments, and American Psychiatric Association, 2017).



### **Peer Involvement**

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



### **Behavioral Health Leadership Teams**

Establishing a team of county behavioral health and justice system leaders to lead policy, planning and coordination efforts for people with behavioral health needs creates an opportunity for system-wide support of identified behavioral health and justice system priorities.



## Appendices

### Appendix A: Collin County SIM Workshop Agendas

Collin County  
 March 27, 2024 | MS Teams  
 12:30 – 4:30 PM CST

<b>12:15 pm</b>	<b>Registration</b>	Speakers and support team check-in early
<b>12:30 pm</b> (10 min)	<b>Opening Remarks</b>	Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services Tammy Mahan, Chief Executive Officer, LifePath Systems
<b>12:40</b> (45 min)	<b>Meeting Overview and Keys to Success</b>	Overview: Workshop Basics, Group Polling, Meet and Greet Overview: Tutorial on Mural platform, Workshop Targets, Collaboration Strategies, and Community Self-Assessment
<b>1:25</b> (30 min)	<b>Presentation of Intercepts 0, 1</b>	Overview: Intercepts 0 and 1 and Collin County Data Review
<b>1:55</b>	<b>Break</b>	10-minute break
<b>2:05</b> (1.25 hour)	<b>Map Intercepts 0, 1</b>	Discussion: Intercepts 0 and 1 Crisis Process Discussion: Gaps and Opportunities
<b>3:20</b> (30 min)	<b>Relate Systems Map to Diversion Center</b>	Priorities for Diversion Center Planning
<b>3:30</b> (45 min)	<b>Ask the Experts</b>	Andrea Hoppock, Bluebonnet Trails Director of Crisis Services Lt. Guinn, Williamson County Sheriff's Office CIT
<b>4:15</b> (15 min)	<b>Wrap Up</b>	Key Priorities and Part II Preview Closing Remarks, Commissioner Cheryl Williams
<b>4:30</b>	<b>Adjourn</b>	

# Diversion Center Planning Workshop

Collin County

April 26, 2024 | Location: Collin College Conference Center

2400 Community Ave. McKinney, TX 75071

8:15 AM – 3:30 PM CST

8:15 am	<b>Registration</b>	Coffee provided by LifePath Systems
8:30 am	<b>Opening Remarks</b>	Opening Remarks, <i>Commissioner Cheryl Williams, Collin County Precinct 2</i> Welcome and Introductions, <i>Dr. Jennie Simpson, Associate Commissioner and State Forensic Director, Office of Forensic Coordination, Texas Health and Human Services</i>
8:45 am	<b>Meeting Overview and Keys to Success</b>	Meeting Overview Goals for Diversion Center Planning Workshop Tasks and Keys to Success
9:00	<b>Recap Virtual Convening</b>	Recap Virtual Convening: <ul style="list-style-type: none"> <li>• Collin County SIM Map and Data</li> <li>• Intercept 0 &amp; 1: Gaps and Opportunities</li> <li>• <a href="#">Diversion Center Priorities and Outstanding Questions</a></li> </ul>
9:30	<b>Collin County Diversion Center</b>	Presentation on the Collin County Diversion Center, <i>Danielle Sneed, Deputy Clinical Officer, LifePath Systems</i> and <i>Whytney Thomas, Director of Behavioral Health Crisis Services, LifePath Systems</i>
10:15	<b>Break</b>	
10:30	<b>Lessons from the Field</b>	Expert Panel: <ul style="list-style-type: none"> <li>• Dallas Deflection Center, <i>Chad Anderson, Chief of Intensive and Forensic Services, North Texas Behavioral Health Authority (NTBHA)</i> and <i>Jessica Martinez, Chief Clinical Officer, NTBHA</i></li> <li>• Tarrant County Mental Health Jail Diversion Center, <i>Mark Tittle, Diversion Center Director, MHMR of Tarrant County</i></li> <li>• Lubbock Diversion Center, <i>Sheriff Kelly Rowe, Lubbock County Sheriff's Office</i></li> </ul>
11:30	<b>Lessons from Research</b>	Diversion Center Implementation, Research and Best Practices
12:50	<b>Lunch</b>	Lunch provided by LifePath Systems
12:45	<b>Planning Orientation</b>	Revisit Planning Goals Provide Orientation to Planning Activities Break into Planning Groups
1:15	<b>Break into Planning Groups</b>	Stakeholder Coordination and Law Enforcement Engagement Diversion Center Access and Eligibility Transition Planning and Continuity of Care Impact and Sustainability
3:00	<b>Report Out &amp; Wrap Up</b>	Planning Groups Report Out Formalize Next Steps Event Evaluation
3:30	<b>Closing Remarks</b>	Closing Remarks, <i>Tammy Mahan, Chief Executive Officer, LifePath Systems</i>

Appendix B: Collin County Diversion Center Proposal, see next page

# Collin County Diversion Center Proposal

## Expanding Local Options for People in Crisis

Key local partners in Collin County came together to support planning for a diversion center to: (1) reduce pressure on jails, law enforcement and emergency departments in responding to people in a behavioral health crisis; and (2) increase connections to appropriate mental health care and other supports in less costly and restrictive settings.

Like counties across Texas, Collin County struggles to address the increasing number of people with mental illness and co-occurring substance use disorders in the criminal justice system and local emergency departments. There is consensus that the fiscal costs and social impact of this issue are great and need to be addressed. As part of funds received from Collin County Commissioners Court, an initial \$1,690,849 was allocated as contractual match dollars for the crisis center, which will be embedded in the Collin County Diversion Center in McKinney, Texas.

The new center will expand existing crisis services through the construction of a 110,000 square foot facility on land provided by the Commissioners Court. The diversion center will offer expanded access to crisis services that help divert people from less effective options, such as hospital emergency departments and more expensive levels of care (e.g., inpatient psychiatric beds).

The new facility will also include 11,000 square feet of unfinished shell space which will allow LifePath Systems to better meet the growing need for behavioral health services in the county and to continue to apply for, obtain, and quickly roll out new programs as state, federal, and grant funding becomes available.



3,268

*Estimated incarcerations of persons with mental illness in Collin County in FY2023.*



\$10,089,671

*Average estimated cost of incarceration of people with mental illness in Collin County for FY2023.*

Data pulled from HHSC [All Texas Access Dashboards](#). The data and costs are estimates based on the All Texas Access methodology. This data is not real-time and should not be interpreted as such. For full information on methodology, see latest All Texas Access report [here](#).

#### *Incarceration Methodology:*

**Number of people with mental illness in county jail:** The number of people with mental illness in county jails was built from an estimate of the number of people in jails who have received a service from a local mental health authority or local behavioral health authority. To estimate the number of incarcerated people with a mental illness, an average of the monthly jail census was calculated based on the TCJS Abbreviated Population Reports.

**Cost of incarceration data:** County jails do not uniformly collect data on the cost of incarcerating people with mental illness; therefore, a cost model was built based on the statewide average daily cost per bed, average length of stay per person, match between TLETS and CMBHS, and jail population data.

## Statement of Need

Collin County is one of the fastest growing areas in the country with an estimated population of 1,126,000 in 2022 – equating to 2.78% annual growth rate – and is currently the sixth most populous county in Texas. According to the Texas Demographic Center, there will be over 2.4 million residents by 2050, more than twice the amount of the population in 2022.

As the county population grows, so too does the need for access to essential community-based mental health and substance use services. In fiscal year 2023, LifePath Systems provided behavioral health services for 11,376 people, a 16.8% increase from fiscal year 2022. In both years, most people served were adults enrolled by the mobile crisis outreach team, which saw a sharp increase from 1,177 people in fiscal year 2022 to 2,028 people in fiscal year 2023, showing there is a growing demand for crisis response services.

While LifePath focuses on serving residents of Collin County, the organization served people from 57 different counties in fiscal year 2023, compared to 28 counties in fiscal year 2022. The percentage of people without addresses also increased from 6.8% to 8.7% for the same period, indicating there is a growing population of people without permanent housing or who are unsheltered.

For those experiencing behavioral health crises, LifePath Systems is often the only answer. Limited state funds are available to place indigent people into a psychiatric inpatient bed, which is the most expensive level of care. Many people in crisis can be stabilized in a lower level of care, such as a crisis residential facility. However, keeping up with the demand for these crisis alternative services can be a challenge, especially with limited space available.

The total construction cost of the project is currently estimated at \$46 million, which includes construction (\$42,000,000), office furnishings (\$1,000,000), fixtures, IT equipment, signage, and other miscellaneous costs (\$3,000,000). LifePath Systems Board of Trustees has approved \$30 million of designated reserved funds towards the project. While this is a significant investment by LifePath Systems, the project requires \$16 million in funding from other sources to help ensure future funds can be fully allocated to the expansion of services.

## **Collin County Diversion Center Goals**

The Collin County Diversion Center will provide an additional option for serving people in crisis. If successful, the diversion center will:

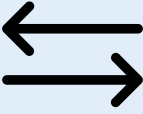


- Divert people with behavioral health needs from jails. LifePath established a target of diverting 500 people each fiscal year based on historical data from local law enforcement.
- Minimize law enforcement officer wait and drive times related to incidents involving a person experiencing a behavioral health crisis or who may have committed a criminal offense due to a behavioral health condition. The diversion center will begin monitoring law enforcement wait times at arrival to work towards achieving an average wait time of less than 15 min.
- Reduce recidivism of diversion center participants, which is defined as a reduction in the number of rearrests or returns to the local county jail. The diversion center will track arrests of people arriving by law enforcement drop-off for one year with a goal of preventing 70% of those served from rearrest post diversion center triage.
- Increase adherence to outpatient, recovery-oriented services and support. The diversion center will work towards connecting people to outpatient services in an average of 14 days or less, with at least 70% of people actively participating in recovery services at 6 months post-triage.

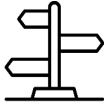


## **Design and Services**

Collin County is building a 110,000 square foot facility on land provided by the Collin County Commissioners Court on a long-term (65 years), low-cost (\$10 per year) land lease. Beck Architecture, Cross Engineering, and Rogers O'Brien Construction were selected for design and construction of the building at the corner of Bloomdale and Community. The building is located across the street from the Collin County Administration Building and the Collin County Sheriff's Department and Correctional Facility. The location of the new facility was chosen to maximize law enforcement's ability to divert people with serious mental illnesses from the jail.

The new facility will also include 11,000 square feet of unfinished shell space which will allow growth and expansion when additional opportunities and funding are obtained.

**Table 1. Service Array and Staffing**

Service	Description	Staffing
<p><b>Crisis Triage</b></p> 	<p>The crisis triage will allow law enforcement to bring people in for a quick decision on their mental health status.</p>	<ul style="list-style-type: none"> <li>• LPHA</li> <li>• QMHP with expertise in mental health crisis</li> <li>• Psychiatrist</li> <li>• Nurse</li> <li>• Transportation</li> <li>• Security/law enforcement</li> </ul>
<p><b>Behavioral Health Crisis Services</b></p> 	<p>Crisis services includes a 16-bed Extended Observation Unit (EOU), a 28-bed Crisis Respite Unit (CRU), mobile crisis outreach teams (MCOT), and a crisis triage area. Facility will be open 24-hours a day, 7 days a week to assess people in a mental health crisis. The EOU and CRU are intended as an alternative for those who do not require a higher level of care (i.e. psychiatric hospitalization) or for those whose needs may be better met at the facility than in jail.</p>	<ul style="list-style-type: none"> <li>• RN (24/7)</li> <li>• QMHP (24/7)</li> <li>• Psychiatry (24/7)</li> <li>• LPCs</li> <li>• Triage Coordinator (24/7)</li> <li>• Director of Behavioral Health Crisis Services</li> <li>• Peers</li> <li>• Crisis Support Staff</li> </ul>
<p><b>Behavioral Health Jail Diversion Services</b></p> 	<p>Jail Diversion services will accommodate walk-in assessments, and specialized teams to work with people brought in by law enforcement to provide access to treatment and services in lieu of jail booking when appropriate.</p>	<ul style="list-style-type: none"> <li>• Program Administrator of Diversion Center</li> <li>• Director of Behavioral Health Crisis Services</li> <li>• Fiscal Contract Coordinator</li> </ul>

Service	Description	Staffing
<p><b>Intensive Behavioral Health Services</b></p> 	<p>Other intensive services include the Assertive Community Treatment (ACT) team and Continuity of Care team.</p>	<ul style="list-style-type: none"> <li>• Director of Adult Behavioral Health Services</li> <li>• Program Administrator of Intensive Services</li> <li>• LPHA</li> <li>• QMHPs</li> <li>• RN</li> <li>• Peer Support</li> </ul>
<p><b>Intellectual and Developmental Disabilities Authority Services</b></p> 	<p>IDD service providers will relocate to the diversion center campus.</p>	<ul style="list-style-type: none"> <li>• IDD Crisis Intervention Staff</li> <li>• IDD Direct Support Professionals</li> </ul>
<p><b>Administrative Offices</b></p> 	<p>Administrative offices will relocate to the diversion center campus.</p>	<ul style="list-style-type: none"> <li>• CEO Office</li> <li>• Executive Offices</li> <li>• Human Resources</li> <li>• Facilities Management</li> <li>• Purchasing Department</li> <li>• Fiscal Department</li> <li>• IT Department</li> </ul>
<p><b>Future Space</b></p>	<p>Diversion center contains future space to expand services as additional funding becomes available.</p>	

## Financing and Governance

The total construction cost of the project is currently estimated at \$46 million, which includes construction (\$42,000,000), office furnishings (\$1,000,000), fixtures, IT equipment, signage, and other miscellaneous costs (\$3,000,000). LifePath Systems board of Trustees approved \$30 million of designated reserved funds towards the project. While this is a



significant investment, the project requires \$16 million in funding from other sources to help ensure future funds can be fully allocated to the expansion of services.

**Table 2. Proposed Budget**

Category	Est. Cost	Funding Source
<b>Staffing</b>		
5 On-Call Licensed Professional of Healing Arts and Management	\$400,000	
25 Qualified Mental Health Professionals	\$1,130,000	
On-call Psychiatrist and 10 hours/week	\$250,000	
10 Direct Care Staff, 24/7	\$870,000	
5.5 Medical Personnel (RN, LVN)	\$400,000	
<b>Subtotal</b>	<b>\$3,050,000</b>	<b>\$ committed</b>
<b>Operations</b>		
Ongoing Facility Maintenance, Operations, IT Support	\$2,000,000	
<b>Subtotal</b>	<b>\$2,000,000</b>	<b>\$ committed</b>
<b>Total Annual Costs</b>	<b>\$5,050,000</b>	

Ongoing sustainability for the next phases of the diversion center will be sought from federal, state, and philanthropic grants, private donations, and in-kind services.

## **Stakeholder Engagement and Partnerships**

Ongoing community collaboration and stakeholder engagement will be key to the success of the diversion center. While there are primary stakeholders who will have direct involvement with the center’s funding, planning, and service provision, there are several others who should be kept informed and engaged on center updates, center outcomes, and

other opportunities to improve access to care and reduce justice involvement and unnecessary emergency department utilization for people with mental illnesses, substance use disorders, and intellectual and developmental disabilities. These stakeholders include:

- LifePath Systems
- Collin County Sheriff's Office
- Collin County Jail and jail medical provider
- Collin County DA
- Collin County Commissioner's Court
- Collin County CSCD
- Municipal police departments including but not limited to McKinney, Plano, Frisco, Allen, Josephine, and Wylie
- Local hospital systems, including but not limited to Medical City McKinney and Baylor, Scott and White
- Local courts
- Collin County Homeless Coalition
- NAMI North Texas
- Coalition for Behavioral Health in Collin County

## **Appendix C: Texas and Federal Privacy and Information Sharing Provisions**

*Note: The information below was referenced on January 30, 2024. Please reference links to statute directly to ensure the timeliest information.*

### **Mental Health Record Protections**

#### **Health and Safety Code Chapter 533:**

Section 533.009. EXCHANGE OF PATIENT RECORDS.

(a) Department facilities, local mental health authorities, community centers, other designated providers, and subcontractors of mental health services are component parts of one service delivery system within which patient records may be exchanged without the patient's consent.

#### **Health and Safety Code Chapter 611:**

Section 611.004. AUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION OTHER THAN IN JUDICIAL OR ADMINISTRATIVE PROCEEDING.

- (a) A professional may disclose confidential information only:
- (1) to a governmental agency if the disclosure is required or authorized by law;
  - (2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
  - (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);
  - (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
  - (5) to the patient's personal representative if the patient is deceased;
  - (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;

- (7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;
- (8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);
- (9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;
- (10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:
  - (A) will not use or disclose the information for any other purposes; and
  - (B) will take appropriate steps to protect the information; or
- (11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section [74.051](#)(e), Civil Practice and Remedies Code.
  - (a-1) No civil, criminal, or administrative cause of action exists against a person described by Section [611.001](#)(2)(A) or (B) for the disclosure of confidential information in accordance with Subsection (a)(2). A cause of action brought against the person for the disclosure of the confidential information must be dismissed with prejudice.
  - (b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.
  - (c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.
  - (d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection

does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

### **Health and Safety Code Chapter 614**

#### Section 614.017. EXCHANGE OF INFORMATION.

(a) An agency shall:

(1) accept information relating to a special needs offender or a juvenile with a mental impairment that is sent to the agency to serve the purposes of continuity of care and services regardless of whether other state law makes that information confidential; and

(2) disclose information relating to a special needs offender or a juvenile with a mental impairment, including information about the offender's or juvenile's identity, needs, treatment, social, criminal, and vocational history, supervision status and compliance with conditions of supervision, and medical and mental health history, if the disclosure serves the purposes of continuity of care and services.

(b) Information obtained under this section may not be used as evidence in any juvenile or criminal proceeding, unless obtained and introduced by other lawful evidentiary means.

(c) In this section:

(1) "Agency" includes any of the following entities and individuals, a person with an agency relationship with one of the following entities or individuals, and a person who contracts with one or more of the following entities or individuals:

- (A) the Texas Department of Criminal Justice and the Correctional Managed Health Care Committee;
- (B) the Board of Pardons and Paroles;
- (C) the Department of State Health Services;
- (D) the Texas Juvenile Justice Department;
- (E) the Department of Assistive and Rehabilitative Services;
- (F) the Texas Education Agency;
- (G) the Commission on Jail Standards;
- (H) the Department of Aging and Disability Services;

- (I) the Texas School for the Blind and Visually Impaired;
- (J) community supervision and corrections departments and local juvenile probation departments;
- (K) personal bond pretrial release offices established under Article [17.42](#), Code of Criminal Procedure;
- (L) local jails regulated by the Commission on Jail Standards;
- (M) a municipal or county health department;
- (N) a hospital district;
- (O) a judge of this state with jurisdiction over juvenile or criminal cases;
- (P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;
- (Q) the Health and Human Services Commission;
- (R) the Department of Information Resources;
- (S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time, contemporaneous identification of individuals in the Department of State Health Services client data base; and
- (T) the Department of Family and Protective Services.

### SUD Records Protections:

[42 CFR Part 2](#). CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

[42 CFR Part 2 Subpart C](#). DISCLOSURES WITH PATIENT CONSENT

[42 CFR Part 2 Subpart D](#). DISCLOSURES WITHOUT PATIENT CONSENT

[42 CFR Part 2 Subpart E](#). COURT ORDERS AUTHORIZING DISCLOSURE AND USE

## Appendix D: National and State Best Practices: Competency Restoration

### Establish a County Forensic Team



- Judges, prosecutors, defense attorneys
- Local mental health or behavioral health authority (LMHA or LBHA)
- Jail administration, jail medical providers

### Review Local Waitlist Data



- Review waitlist trends both overtime and for persons currently on the waitlist
- Examine charge type
- Examine time periods
- Examine demographic trends

### Document Diversion and Competency Workflows



- Develop process maps for all competency matters, including:
  - Pre-arrest and post-booking
  - Point of a defendant's competency being called into question, through final disposition of their case
  - Competency exam tracking
  - Incompetent to stand trial waitlist
  - Court-ordered medications
  - Civil commitment

### Coordinate Regular Waitlist Monitoring Meetings



- Establish regular waitlist monitoring meetings to review data, map processes, and discuss existing competency cases
- Consider a single point of contact for coordination across stakeholders
- Identify opportunities to improve processes

### Ensure Access to Medication



- Obtaining a court order for psychoactive medications for a person determined IST can reduce the person's psychiatric symptomatology and can result in the defendant being restored to competency without the need for a state hospital bed.

### Explore Competency Restoration Options

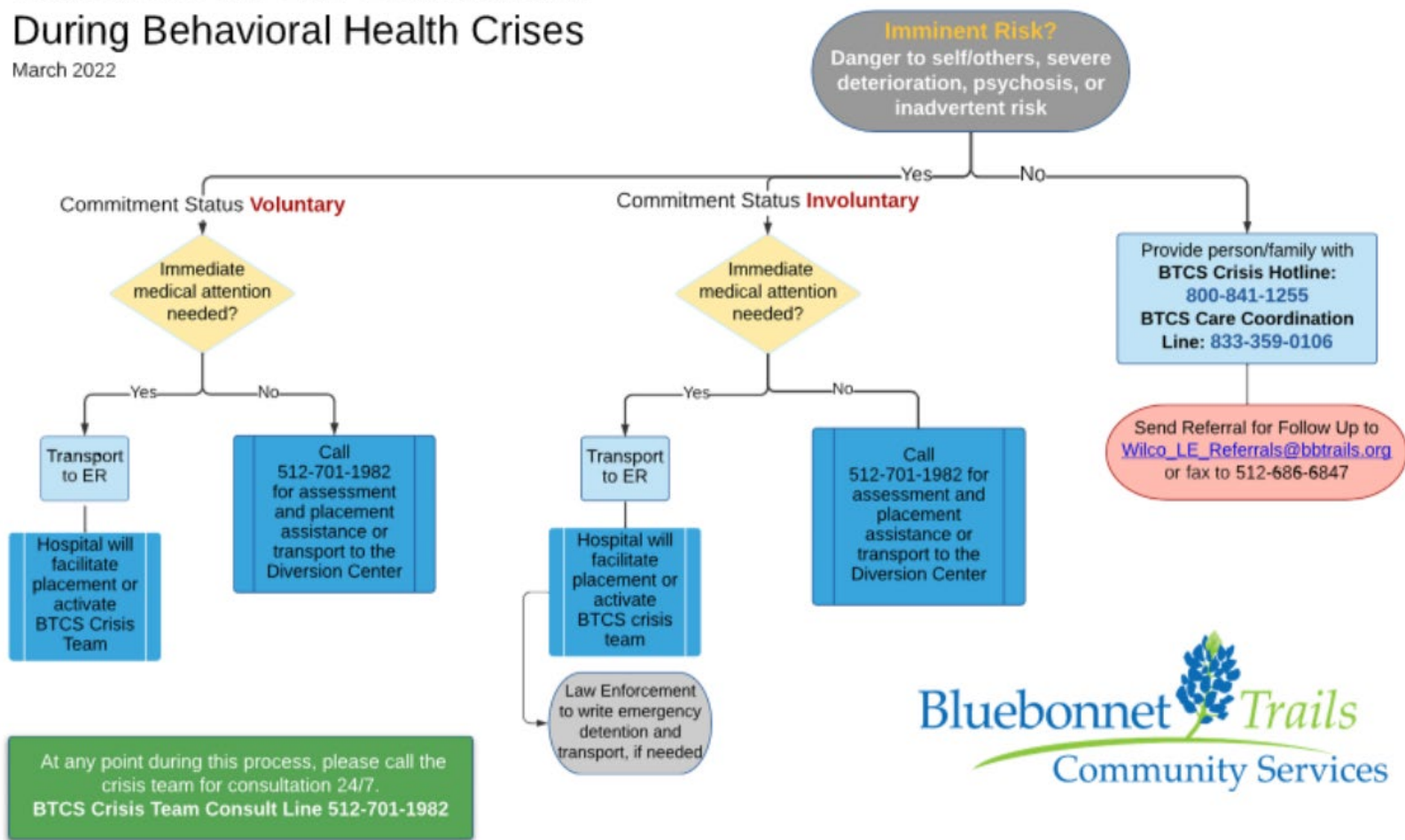


- Inpatient Competency Restoration
- Outpatient Competency Restoration
- Jail Based Competency Restoration

# Appendix E: Resources for Law Enforcement During a Behavioral Health Crisis<sup>4</sup>

## Resources for Law Enforcement During Behavioral Health Crises

March 2022



<sup>4</sup> Resources for Law Enforcement During Behavioral Health Crises, Bluebonnet Trails Community Services



## Appendix F: SIM Mapping Workshop Participant List

Name	Agency	Title
Erica Baig	Medical City McKinney	Social Worker
Austin Belrose	LifePath Systems	Program Administrator
Dr. Trina Bivens	Wellpath	Psychiatrist
Nicole Bowers	Plano PD	Mental Health Coordinator
Anne Bramlett	LifePath Systems	Board Member
Haley Chandler	Wylie PD	Mental Health Coordinator
Lt. Arthur (Trey) Cotton	Wylie PD	Lieutenant
Molly Craft	Collin County DA	Assistant District Attorney
Lt. Matthew Eadler	Plano PD	Lieutenant
Amy Edens	Collin County CSCD	Supervisor
Grace Edgar	Plano PD	Mental Health Officer
Georgina Flores	Allen PD	Lead Telecommunications Officer
Glenna Garcia	LifePath Systems	Director
Sgt. Richard Glenn	Plano PD	Sergeant
Lt. Mike Goodman	Josephine PD	Lieutenant
Richard Grady	Collin County Homeless Coalition	President
Misty Harris	Collin County	Program Coordinator
Maribel Hernandez	Allen Municipal Court	Court Supervisor
Vance Holt	LifePath Systems	Director of Nursing
Sheri Jones	LifePath Systems	Lead CIS IDD
Parimal "Pete" Kabira	LifePath Systems	COO
Kanz Kayfan	LifePath Systems	Counselor
Summer Land	Allen PD	Crisis Program Manager
Terri Laird	Collin County DA	Assistant District Attorney
Shanay "Shay" Lett	MHMR Tarrant	Director of Crisis Services
Nick Mendoza	Collin County Sheriff's Office	Captain
Cynthia Porter Gore	Allen Municipal Court	Judge
Terry Qualls	McKinney PD	Mental Health Officer

Nessa Reid	Collin County	Program Coordinator, Adult MH Court
Joseph Robin	Frisco PD	Police Officer
Sgt. Marco Robles	Josephine PD	Sergeant
Ponmalar Robin Wesley	LifePath Systems	Crisis Outreach Services
Danielle Sneed	LifePath Systems	Deputy Clinical Director
Whytney Thomas	LifePath Systems	Director of Behavioral Health Crisis Services
Athena Trentin	NAMI North Texas	Executive Director
Shantel Tritthart	McKinney PD	Mental Health Coordinator
Leslie Underwood	Allen Municipal Court	Specialty Docket Clerk
Cheryl Williams	Collin County	Commissioner
Hal Wilson	Allen Municipal Court	Court Administrator
A.D. Paul	LifePath Systems	Law Enforcement Liaison

## Appendix G: List of Acronyms

Acronym	Full Name
<b>TA Center</b>	Texas Behavioral Health and Justice Technical Assistance Center
<b>HHSC</b>	Texas Health and Human Services Commission
<b>SIM</b>	Sequential Intercept Model
<b>MI</b>	mental illness
<b>SUD</b>	substance use disorder
<b>IDD</b>	intellectual and developmental disabilities
<b>MCOT</b>	mobile crisis outreach team
<b>APOWW</b>	Apprehension by a Peace Officer Without Warrant
<b>TAP</b>	Teleassessment pilot [Plano PD]
<b>CJCC</b>	Criminal Justice Coordinating Council
<b>BJA</b>	Bureau of Justice Assistance
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>JSP</b>	Justice System Partners
<b>COSSAP</b>	Comprehensive Opioid, Stimulant, and Substance Abuse Program
<b>EOU</b>	extended observation unit
<b>CRU</b>	crisis respite unit
<b>RN</b>	registered nurse
<b>QMHP</b>	qualified mental health practitioner
<b>LPC</b>	licensed professional counselor
<b>ACT</b>	assertive community treatment [team]

<b>HUGO</b>	High Utilizer Group Outreach
<b>LVN</b>	licensed vocational nurse