

Medina County Roadmap

Community stakeholders can consider the following next steps to reduce justice involvement for people with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD). For more information and resources, review the Medina County SIM Report.

<u>Invest</u> in Strategic Priorities	<u>Support</u> Local Planning, Partnership, and Education	<u>Build</u> Upon Existing Efforts
<ol style="list-style-type: none"> 1. Expand Specialized Mental Health Crisis Response Options 2. Embed Jail-Based Behavioral Health Services and continuity of care planning 3. Expand Competency Restoration Options 4. Establish a Behavioral Health Leadership Team (BHLT) 	<ol style="list-style-type: none"> 1. <u>Coordinate</u> <ul style="list-style-type: none"> • Strengthen behavioral health and justice partnerships through regular convening of a leadership team. • Establish subcommittees dedicated to implementing the action plans developed during the SIM Workshop. 2. <u>Partner</u> <ul style="list-style-type: none"> • Identify opportunities to strengthen relationships with new stakeholders (e.g., housing partners, IDD services, jail mental health providers). • Learn from other similar-sized counties implementing best practice models. 3. <u>Train</u> <ul style="list-style-type: none"> • Train stakeholder groups on identifying, responding, and effectively treating people with MI, SUD, and IDD. 	<ul style="list-style-type: none"> Explore best practice literature and programs in other counties to determine which specialized response team will best serve Medina County. Explore grant options and other funding sources to expand jail mental health services and integrate jail reentry into existing community services. Review competency restoration literature and determine which strategies are feasible for Medina County. Establish a BHLT to enhance collaboration, data collection and strategic planning across the SIM.

See the Strategic Action Plans on pg 14 of the Medina County SIM Report for additional details.

Medina County Gaps, Opportunities, and Best Practices

Intercepts 0 & 1

Community Services, Crisis Services, and Law Enforcement

Selected Gaps:

- Insufficient mental health training for law enforcement and 911 dispatch
- Staffing shortages in non-law enforcement crisis response
- No law enforcement-friendly time-efficient diversion options
- Siloed crisis data
- Limited collaboration in early intercepts to foster diversion options

Opportunities:

- Enhance 911 call screening through additional training or an embedded clinician.
- Explore expansion of telehealth crisis co-response.
- Consider MDRT models such as a community paramedic.
- The new BHLT can foster collaboration at early intercepts.
- Develop a law enforcement-focused crisis line to Hill Country MHDD.

Intercepts 2 & 3

Initial Detention, Jails, and Courts

Selected Gaps:

- Inconsistent or incomplete sharing of CCP Art. 16.22 reports
- Limited space on the mental health court docket, which is felony only
- Prohibitive fees for some pretrial diversion options
- Limited jail-based behavioral health services
- Competency restoration wait times.

Opportunities:

- Embedding a clinician in the jail.
- Standardizing CCP Art. 16.22 report distribution across magistrates.
- Expanded utilization of existing court management and data sharing software.
- Judicial training on mental health and distribution of the JCMH Bench Book.
- Creating a county forensic team and regular IST waitlist review.

Intercepts 4 & 5

Reentry and Community Corrections

Selected Gaps:

- Limited reentry support planning .
- Lack of regular specialized mental health staff in the jail.
- Dearth of affordable housing.
- Limited services in rural counties.
- No public transportation.
- Difficulty in identifying every individual on probation with an unmet mental health need.

Opportunities:

- Embedding a clinician or peer in the jail to arrange services during reentry..
- Explore options to partner with other agencies to expand services in rural areas.
- Expand the use of evidence-based assessments at later intercepts.
- Convene a frequent utilizer workgroup within the BHLT to identify and provide intensive services to individuals cross-system challenges.

Best Practices at Each Intercept

Intercepts 0 & 1

MH training for LE and 911 dispatch

Police coding of MH calls

Police referrals to treatment

MH and SUD diversion centers

Consistent screening for MI, SUD, and IDD

Active forensic waitlist monitoring

Pretrial Supervision and Diversion Programs

Jail-based SUD and MH services

Intercepts 4 & 5

Reentry planning (psych. medications, benefits coordination, peer support)

Specialized MI, IDD, and SUD caseloads

Jail in-reach transition planning