



Sequential Intercept Model Mapping Report

Harris County, Texas November 2023

SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR HARRIS COUNTY, TEXAS

November 2023

SAMHSA's GAINS Center
Policy Research Associates



ACKNOWLEDGEMENTS

This report was prepared by Regina Huerter and Jennie Simpson of Policy Research Associates, Inc., for SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. SAMHSA's GAINS Center wishes to thank The Harris Center for Mental Health and IDD (Harris Center) for supporting this event and the Council on Recovery for hosting this event. Special thanks to Lance Britt and his team for logistics and SIM coordination. We also want to thank representatives from Texas Health and Human Services Commission (HHSC) for their attendance and support.

SAMHSA's GAINS Center thanks CEO of The Council on Recovery, Mary Beck, and CEO of The Harris Center for Mental Health and IDD, Wayne Young for opening the workshop on July 27, 2023.

RECOMMENDED CITATION

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. (2023). *Sequential intercept model mapping report for Harris County, TX*. Delmar, NY: Policy Research Associates.

Contents

Introduction	1
Background	2
Agenda	3
Sequential Intercept Map	5
Opportunities and Gaps at Each Intercept	6
Priorities for Change	27
Quick Fixes	30
Recommendations	32
Strategic Action Plans	36
Resources	39
Appendices.....	46

Introduction

Since 1995 SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, has worked to expand community-based services and reduce justice involvement for adults with mental and substance use disorders in the criminal justice system.

The GAINS Center is supported by the Substance Abuse and Mental Health Services Administration to focus on five areas:

- Criminal justice and behavioral health systems change
- Criminal justice and behavioral health services and supports
- Trauma-informed care
- Peer support and leadership development
- Courts and judicial leadership

On July 27-28, 2023, Regina Huerter of SAMHSA's GAINS Center and Jennie Simpson with the Texas Health and Human Services Commission facilitated a Sequential Intercept Model Mapping Workshop in Harris County, TX. The workshop was hosted by the Council on Recovery. The Harris Center supported the workshop. Approximately 40 representatives from Harris County participated in the 1½-day event.

At the beginning of the workshop the group identified the following goals and values:

- Goals
 - Networking
 - Resource education
 - Regain momentum from COVID
 - Meeting of minds
- Values
 - Hard on problem, not people
 - Transparency
 - Kindness
 - Same team, same goals
 - Open mindedness
 - Justice
 - Collective
 - Play as a team, win as a team
 - Listen to understand



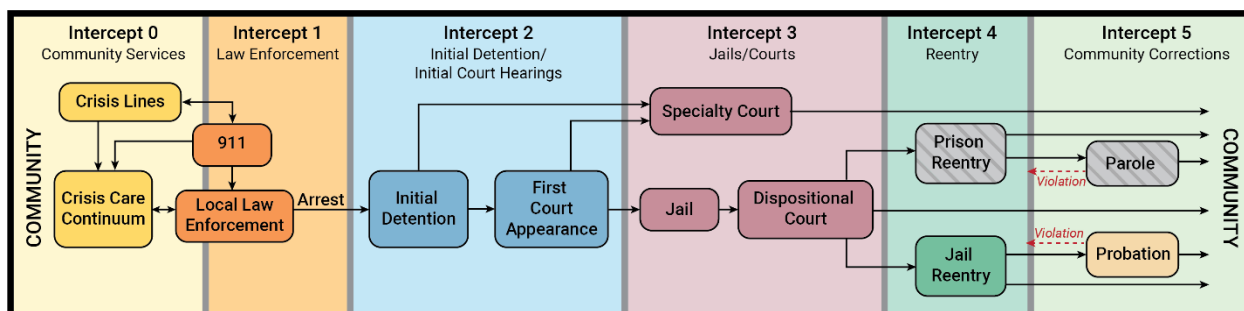
Background

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

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

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, opportunities, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



© 2019 Policy Research Associates, Inc.

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



Agenda



Sequential Intercept Model Mapping Workshop

Harris County, Texas

July 27, 2023

AGENDA

8:30 Registration and Networking

9:00 Openings

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up

- Review
- Setting the Stage for Day 2

4:30 Adjourn

There will be a 15-minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.



Sequential Intercept Model Mapping Workshop

Harris County, Texas

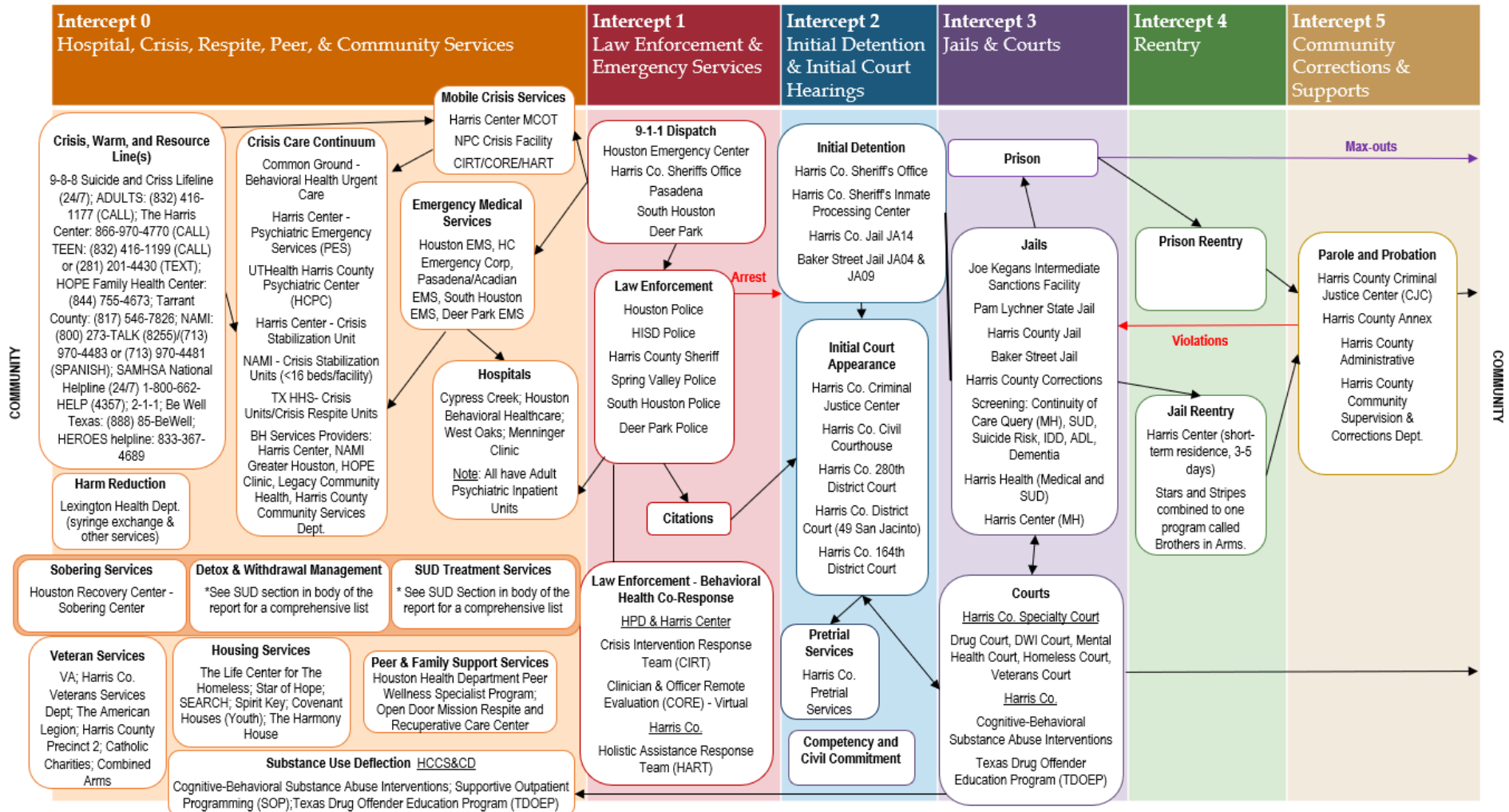
July 28, 2023

AGENDA

- 8:30 **Registration and Networking**
- 9:00 **Opening**
- Remarks
 - Preview of the Day
- Review**
- Day 1 Accomplishments
 - Local County Priorities
 - Keys to Success in Community
- Action Planning**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:30 **Adjourn**

There will be a 15-minute break mid-morning.

Sequential Intercept Model Map for Harris County, TX

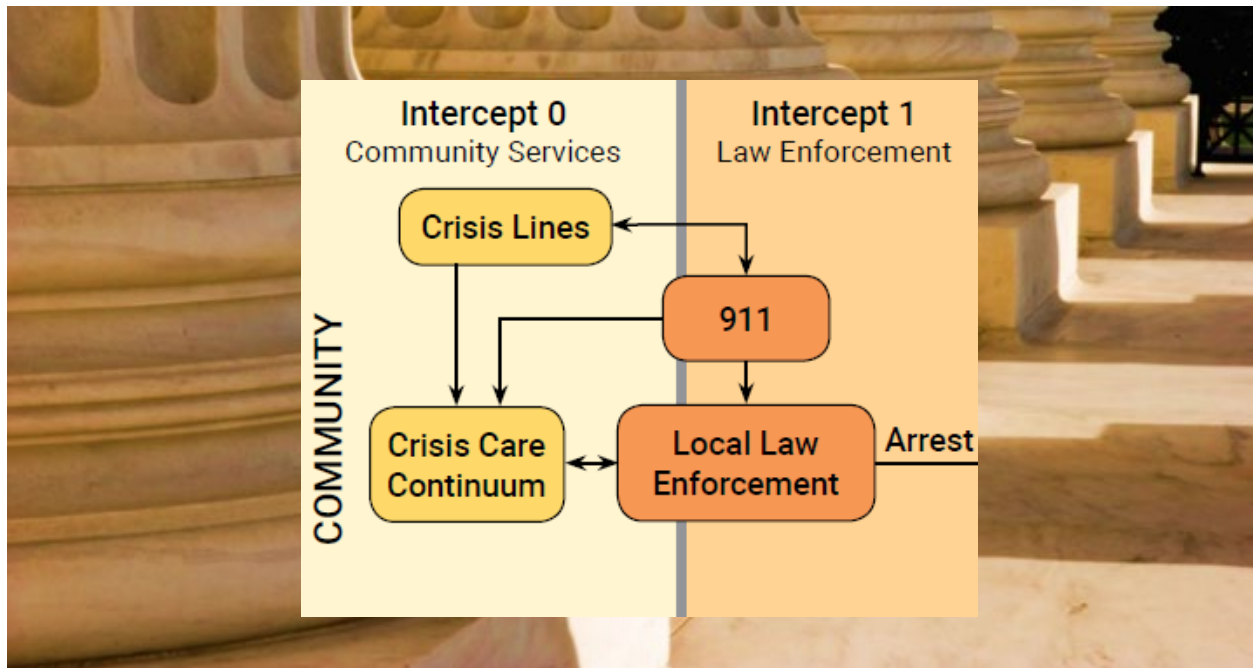




Opportunities and Gaps at Each Intercept

The centerpiece of the workshop are the cross-agency conversations, identification of resources, and gaps, and opportunities at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities and gaps provide contextual information for understanding the local areas of work. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.





INTERCEPT 0 AND INTERCEPT 1

RESOURCES

Crisis Call Lines

- National Alliance on Mental Illness (NAMI)
 - NAMI Crisis Line – (800) 273-TALK (8255)
 - NAMI Support Education & Advocacy (S.E.A) Warmline (713) 970-4483
 - NAMI Greater Houston Warmline (713) 970-4481
- SAMHSA National Helpline (24/7) – 1-800-662-HELP (4357)
- 2-1-1
- 988 Suicide and Crisis Line (24/7) - (Call or text- English & Spanish) - under 50,000 calls/year.
 - Adults: (832) 416-1177 (CALL)
 - Teen: (832) 416-1199 (CALL)
 - Teen: (281) 201-4430 (TEXT)
- The Harris Center for Mental Health and IDD 24-hour Crisis Line – (866) 970-4770 (CALL)
- The Council on Recovery Warmline – (713) 942-4100
- HOPE Family Health Center's Warmline – (844) 755-4673
- Mental Health America of Greater Houston – (817) 546-7826



- Be Well Texas Substance Use Line (888) 85-BeWell - local mental health authorities (LMHA) answer that line also.
- Houston Health Department/Houston Emergency Opioid Engagement System (HEROES)/Heroes Helpline (833-367-4689)
- Easy Access System (real time Aunt Bertha/findhelp.org). My Resource Connection (RC).

9-1-1/Dispatch

Main 9-1-1/Dispatch Centers include:

- Houston Emergency Center (HEC)
- Harris County Sheriff's Office
- Pasadena Police Department
- South Houston Police Department
- Deer Park Police Department

Hospitals

All of the following hospitals have Adult Psychiatric Inpatient Units:

- Cypress Creek Hospital
- Houston Behavioral Healthcare Hospital
- West Oaks Hospital
- The Menninger Clinic
- Behavioral Hospital of Bellaire
- Kingwood Pines Hospital

Law Enforcement and First Responders

- Police Departments: There are over 30 police departments in Harris County including larger departments of:
 - Houston Police Department (HPD)
 - Houston Independent School District (HISD) Police Department
 - Harris County Sheriff's Office (HCSO)
 - Spring Valley Police Department
 - South Houston Police Department
 - Deer Park Police Department
- There are 300 tablets for telehealth support (virtual response) from The Harris Center for Mental Health and IDD. Of the 30+ law enforcement (LE) agencies in Harris County, about 12 utilize tablets.



- HPD will bring individuals to a sobering center or jail. There is a diversion opportunity for HCSO when a person has a hit in the system, with three options if the office and DA approve: Judge Ed Emmett Mental Health Diversion Center.
- HPD and The Harris Center for Mental Health and IDD collaborate.
- Harris County Sheriff's Office collaborates with the Harris Center for Mental Health and IDD, Crisis Intervention Team (CIT), Responsive Interventions for Change (RIC) team, and jail teams.
 - Note: There is a new curriculum for LE on developmental disabilities called Crisis Response and Intervention Training (CRIT) Toolkit. It incorporates Intellectual and Developmental Disabilities (IDD) in the Crisis Intervention Team training.
- Like police, there are several EMS Resources
 - Houston EMS
 - HC Emergency Corp
 - Pasadena/Acadian EMS
 - South Houston EMS
 - Deer Park EMS

Mobile Crisis/Co-Response

- There are Co-Responder teams with the Houston Police Department (HPD) and Houston County Sheriff's Office (HCSO). There are 28 co-responder teams, and 20 non-law enforcement (LE) response teams dispatched from the city side that respond to the City of Houston 911 calls. Co-responder teams are cross trained.
 - There are clinical supports in the Houston 911 call center. Calls are coded and certain codes are sent to the Harris Center for Mental Health and IDD to be deescalated, or otherwise responded to by embedded clinicians via phone.
 - Houston Fire also has co-responder services supported by the Harris Center.
 - Crisis Intervention Response Team (CIRT), a joint HPD and The Harris Center for Mental Health and IDD Program
 - Clinician & Officer Remote Evaluation (CORE), a joint HPD and The Harris Center for Mental Health and IDD virtual initiative.
 - Holistic Assistance Response Team (HART) from Harris Public Health responds to Harris County Sheriff's Office's (HCSO) 911 calls (they carry naloxone and are cross trained for medical and mental health).
- The Harris Center for Mental Health and IDD Mobile Crisis Outreach Team (MCOT) is an interdisciplinary mobile team comprised of psychiatrists, registered nurses, licensed master's level clinicians, bachelor level clinicians, peers, and psychiatric technicians specializing in crisis intervention.
- The Violence Prevention Department of Harris County Public Health responds to non-dangerous calls to deescalate.
- Houston Emergency Opioid Engagement System (HEROES) uses peer services.



- The Harris County Community Emergency Response Team (CERT) program creates a partnership between emergency services and individuals in the community. Through this program, members of the community are trained in basic response skills and then join CERT teams, to be utilized as part of the emergency response in the community.
- Mobile Crisis Services are available through The Harris Center for Mental Health and IDD, and the NeuroPsychiatric Center (NPC) Crisis Facility.
- There is a Domestic Violence (DV) response team.

Crisis Services and Care Continuum

- Behavioral Health Services Providers in Harris County include the following:
 - Behavioral Hospital of Bellaire; Career and Recovery Resources, Inc.; Catholic Charities of the Archdiocese of Galveston-Houston; Cenikor Foundation; Communities In Schools-Houston; Cypress Creek Hospital; Covenant House Texas; DePelchin Children's Center; El Centro de Corazon; Family Houston; Fort Bend Regional Council on Substance Abuse, Inc.; Harris County Resources for Children and Adults (formerly Harris County Protective Services for Children and Adults); Harris County Community Services Department; Harris County Public Health; Harris Health System; Healthcare for the Homeless-Houston; Houston Galveston Institute (HGI Counseling); Houston Area Women's Center; Houston Health Department; Houston Methodist; HOPE Clinic; Houston Recovery Center; IntraCare Behavioral Health; Jewish Family Service; Kingwood Pines Hospital; Legacy Community Health; Memorial Assistance Ministries; Mental Health America of Greater Houston; NAMI Greater Houston; Northwest Assistance Ministries; Open Door Mission; Santa Maria Hostel, Inc.; SEARCH Homeless Services; UTHealth Harris County Psychiatric Center; Teen & Family Services; Texana Center; The Alliance; The Center for Success and Independence; The Council on Recovery; The Harris Center for Mental Health and IDD (formerly MHMRA of Harris County); The Jung Center; The Menninger Clinic; The Montrose Center; The Women's Home; Vecino Health Centers; Volunteers of America Texas, Inc.; West Oaks Hospital.
- Xferall allows providers to transfer patients in need of inpatient services. This service is primarily for mental health rather than for substance use disorder (SUD).
- Clinical Management for Behavioral Health Services (CMBHS) uses the Adult Needs and Strengths Assessment (ANSA), a mandated screening for accessing state services.
<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment>
- The Harris Center for Mental Health and IDD is the county mental health provider and the largest provider in Texas with services provided at over 86 sites.
<https://www.theharriscenter.org/>
 - The Harris Center for Mental Health and IDD Psychiatric Emergency Services (PES) is an emergency unit that provides assessment, medication, stabilization, and linkages for individuals experiencing psychiatric crises who may come voluntarily or be brought in by law enforcement officers.
 - The Harris Center for Mental Health and IDD Crisis Stabilization Unit (CSU) is a voluntary inpatient stabilization unit for adults experiencing a mental health crisis. A referral by a physician is needed.



- NAMI has Crisis Stabilization Units (CSUs) of less than 16 beds for individuals in a mental health crisis whose needs cannot be met safely in residential service settings.
- Texas Health and Human Services offers a Crisis Respite Unit to treat individuals in the community.
- The P.E.E.R.S. (Person-Centered, Engaging, Empowering, Recovery-Oriented Support) for Hope House is a peer crisis respite program for individuals in crisis.
- UTHealth Harris County Psychiatric Center (HCPC) is the largest provider of inpatient psychiatric care in Houston.
- Common Ground’s Behavioral Health Urgent Care (BHUC) is a multidisciplinary psychiatric practice that provides comprehensive inpatient, outpatient and telepsychiatry services. They offer urgent appointments and convenient evening and weekend appointments.

Substance Use Treatment Services

- There are several organizations in Harris County that provide withdrawal management services, including the following:
 - Infinite Recovery Treatment Center; The Harris Center for Mental Health and IDD; Heights Treatment Center; Serenity House Detox & Recovery Houston; Positive Recovery Centers; Virtue Recovery Alcohol & Drug Rehab Center Houston; The Mind & Body Clinic; Matthew's Hope Detox and Recovery Program; Houston Recovery Center LGC- Sobering Center; The Men's Center Residential Program; Texas Rapid Detox Center; Into Action Recovery Centers.
- Substance Use Deflection and Treatment Programs in Harris County include:
 - Adult Rehabilitation Services, Inc.; Agape Substance Abuse Program; Alliance Risk Group LLC; Association for the Advancement of Mexican Americans Inc. (AAMA)/Casa Phoenix Outpatient; Project Tejas; Avenue 360 Health and Wellness Behavioral Health Program; Behavioral Hospital of Bellaire; BES Group and Associates/Solutions Plus; Best Recovery Healthcare Inc.; Blues Management Inc. DAPA Family Recovery Programs; Career and Recovery Resources, Inc.; Center for Recovering Families at The Council on Recovery; Center for Success and Independence; Cheyenne Center, Inc.; Cypress Creek Hospital; David and Ivory Ministries, Inc.; El Dorado Texas Community Services; Houston Treatment Center, Inc.; Institute of Chemical Dependency Studies; Into Action Recovery Center, Inc.; LH Transitional Center, Inc.; Lifestream Behavioral Health; Memorial Hermann Prevention and Recovery Center/Adolescent Program; Menninger Clinic; MK Center; Montrose Center; New Dimensions Day Treatment Centers; Northshore Treatment Center; Odyssey House Texas; Passages Inc.; Phoenix House of Texas Houston Outpatient Center; Santa Maria Hostel, Inc.; Santa Maria Hostel, Inc. Bonita House; Serenity House Detox Houston LLC; Set Free DAT Center; Sobriety Matters; Spirit Mind and Body Behavioral Health Services PLLC; Symetria Health of Texas LLC; Taylor Recovery Center Intensive Outpatient Program; Texas Alcoholism Foundation Inc. Texas House Treatment Program; Texas American Medical Consultants; Texas Clinic; Texas Prevention Network Inc.; Texas Treatment Centers Inc.; Toxicology Associates, Inc; TRS Behavioral Care Inc.; Unique Mind Care; Unlimited Visions Aftercare Inc.; UTHealth CNRA; West Oaks Hospital, Inc.



- Houston Recovery Center
 - Houston Recovery Center’s (HRC) Sobering Center is a voluntary safe sobering center with peer coaching, emergency medical technicians and behavioral health professionals to assist client needs. <https://houstonrecoverycenter.org/harris-county-substance-abuse-sobering-center-tours/>
 - Houston Health Department has a partnership with EMS and Houston Recovery Center. This is comparable to HEROES. When EMS has an overdose case, they contact Houston Recovery Center to meet patients at the ER.
 - Houston Recovery Center’s Project Reach provides free trauma counseling, substance use recovery programs and health screenings/treatment for LGBTQ+ men who are at risk or living with HIV/AIDS or Hepatitis C, have substance use disorder, opioid use, history of trauma, or IV injection use.
 - Houston Recovery Center’s Texas Targeted Opioid Response program (TTOR) funds prevention, treatment and/or recovery support services.
 - Houston Recovery Center delivers services in the field and brings people into the Sobering Center (any substance). Medication-Assisted Treatment (MAT) is not initiated at the Sobering Center.
 - Harris County Psychiatric Center (PC) partners with the Harris Recovery Center for screenings and referrals.
- The Substance Use Disorder Outreach Program (SUDOP) responds to individuals experiencing substance use disorders and/or mental health disorders.
- Luna Recovery has a long-term inpatient drug rehabilitation program, ASAM level 4, that provides 24-hour daycare in non-hospital settings.
- First Responder Opioid Overdose Naloxone Training and Linkage into Needed Evidence-based Services (FRONTLINES) is a program that trains first responders on administering naloxone. Peer recovery specialists meet EMS at the emergency department to link individuals who have overdosed with MAT and recovery supports.
- The Harris County Public Health Opioid Overdose Prevention Program, receives CDC funds, uses data to help track, and prevent opioid overdoses and to increase linkages to opioid treatment.
- Santa Maria Hostel is a multi-site residential and outpatient substance use disorder treatment center for women.
- The Council on Recovery’s Discovering Choices Program offers outpatient treatment services.
- The Harris Center provides medication disposal sites.

Housing

- Harris Center for Mental Health and IDD
 - The Harris Center for Mental Health and IDD’s Projects for Assistance in Transition from Homelessness (PATH) is a program that provides clinical mental health and non-clinical services to adults who are both homeless and have a mental illness and/or substance use disorder.



- The Behavioral Health Response Team (BHRT) from The Harris Center for Mental Health and IDD provides intensive care coordination services for individuals at risk of losing their housing due to a behavioral health need, that have been placed in housing with community program funds.
- The University of Houston has a homelessness resource group that works to identify individuals who are unhoused/homeless. In part, this effort was born out of the fact that when someone dies and they are suspected to be homeless, they are not always identified.
- Harris County Sheriff's Department and the Houston Police Department have a Homeless Outreach Team (HOT) that includes peers.
- Project HOMES provides housing, food and more for individuals throughout Texas.
- The Harmony House works to house people within 30 days and are working with The Harris Center for Mental Health and IDD on methamphetamine cases specifically.
 - They provide services through the Harris Health Homeless Clinic and The Harris Center. People are permitted to stay until they're housed, without limitations. They have worked with the housing authority for vouchers for homeless individuals.
 - There is a focus on reducing encampments across Houston.
 - The Harmony House has 200 units of permanent supportive housing.
- Star of Hope Mission is a shelter for men, women, and children.
- The Life Center for the Homeless provides temporary shelter and transitional living for men, women, and children.
- SEARCH Homeless Services partners with shelters and other organizations to end homelessness.
- Spirit Key is a crisis center for the homeless.
- The Coalition for the Homeless has a street guide and help card available.
- The Youth Homelessness Demonstration Program (YHDP) focuses on youth and young adults.
- The Covenant House provides shelter for homeless youth.
- Santa Maria
- The Women's Home
- Avenue 360 Health & Wellness
- Change Happens

Peer Support

- Houston Health Department has a Peer Wellness Specialist Program that combines classroom training and hands-on learning to train and certify transition-age youth as Peer Wellness Specialists and integrated health mentors in schools and community settings.
- The Open Door Mission Respite and Recuperative Care Center can house up to 28 homeless men who have been released from Harris Health Ben Taub and Lyndon B. Johnson (LBJ) hospitals who need extended recovery time following illnesses, surgery or accidents, and who have nowhere else to go.



- Angela House
- The Council on Recovery
- Montrose Center
- Santa Maria
- Unlimited Visions
- We had the benefit of having several recovery peers in the workshop. As part of the many insights shared, the importance of learning to have “fun” and developing healthy, supportive relationships was a consistent theme.
 - There is interest in organizing sober events in the community so that people can learn to have fun while sober and connect to others who are sober.

Veterans Services

The following organizations provide support for veterans within Harris County:

- Harris County Veterans Services Department
- The American Legion
- U.S Department of Veterans Affairs Houston Regional Office
- Harris County Precinct 2 Veterans Services Department
- Catholic Charities of the Archdiocese of Galveston-Houston
- Combined Arms is a centralized community VA resource center.

Workforce Support

- Network of Behavioral Health Providers
 - Measurement Advancement programs pay for supervisors to get their supervision license/certification. This is funded by the Network of Behavioral Health Providers.
 - The Network of Behavioral Health Providers has a workforce initiative for high school students or externships to increase interest in the field prior to college.
- The Resilience in Stressful Events (RISE) team through the Harris Center supports staff in stressful situations and events. This is different than Employee Assistance Programs (EAP).
 - Noted that having knowledge of Loan Repayment Programs is important for staff to have while in training and when joining an agency.
- Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems.
- The Harris Center’s Respite, Rehabilitation and Re-Entry Center (6160) has a range of services.

Collection and Sharing of Data

- At the start of the SIM workshop, the following data was provided by a representative of the Medical Examiner's Office.



- Compared to a five-year average of deaths (subset) before the pandemic, toxicity deaths rose 39%, with the highest in 2021.
- Most overdoses are classified as accidental. In 2018 there were 660 reported toxicity deaths, and in 2021 there were 1200 deaths. Of these deaths, 1129 were classified as accidental.
- More than 50% of individuals who died of overdose were age 40+, and 47% were white. To date, there have been no reported Xylazine related deaths.
- The Overdose Data to Action (OD2A) Program is a CDC grant-funded program that aims to reduce overdoses and substance use disorders in Harris County through linkage to care, Naloxone distribution, provider and patient education, and collaboration with partner organizations in the community.
- The Harris County Criminal Justice Coordinating Council (CJCC) collects and evaluates local criminal justice data to identify needs and facilitate collaboration between agencies and providers in Harris County to improve the criminal justice system.
- Houston Help provides a list of resources in the community.
- There is an epidemiology workgroup through Harris County Public Health.

GAPS AND OPPORTUNITIES

Crisis Care Continuum

- Harris Health System is a “safety net system”, and placement for individuals without funding is more difficult based on their medical condition. Some individuals are waiting for days to receive care.
- Finding available treatment for individuals with methamphetamine use is a cumbersome process for individuals who are uninsured.
- Outreach, Screening, Assessment, and Referral (OSAR) programs are not available 24/7 (no weekend hours).
 - There is limited point of entry for state-funded services, and not enough capacity overall.
 - Only state-wide treatment centers and Outreach, Screening, Assessment, and Referral (OSAR) programs can do screenings and assessments for state-supported substance use disorder (SUD) services.
- SUD state services assessments happen after the event, whereas mental health (MH) is more upstream, including at crisis. With the delay in access to care, the momentum to engage individuals for change is lost and it is a struggle to maintain momentum of client engagement.
- There is high turnover in direct care staff resulting in limited capacity to provide care and negative impact on relationships needed to build trust, treatment engagement and collaboration.



- There is a lack of funding for indigent, and uninsured people in that state. Stabilization and recovery resources for persons who are living with a substance use disorder, mental illness and living without stable housing are difficult to obtain, especially in a timely manner.
- There are language barriers for individuals and a need for more providers who speak a language other than English.

Law Enforcement and First Responders

- Access to co-responders, or non-law enforcement response varies greatly across 911 centers and municipalities.
- Implementation of, or access to prosecutorial diversion in Harris County Sheriff's Office satellite sites is unclear. Most programming is centralized to the main HCSO Baker Street location.
- There is a need for increased collaboration between SUD treatment agencies and special/co-response teams.
- Constables clearly need to be included in efforts, especially for SUD related matters. Currently, they are not engaged.
- There is a need for more tablets for law enforcement.
- There is a lack of funding for resources like Narcan (product expires before use).

Mobile Crisis/Co-Response

- Response team training is not streamlined, or consistent across Harris County. There is a lack of clarity around which team responds to what situations.

Crisis Services

- There is a need to address issues further upstream, by being proactive rather than reactive. All levels of response and services are needed including pre-crisis interventions and supports, access to community-based crisis services, both responders and facilities, and longer-term stabilization and recovery supports and services.
 - Crisis services respond and when a person is no longer a direct harm to themselves the action and resources to stabilize are limited.
 - Funding can be a challenge. There are different requirements that people need to meet programmatically to meet eligibility criteria.
 - There are limited resources for residential beds and more intensive levels of care due to high demand.
- Resources are spread out geographically, making it difficult to transfer people between systems. There is a need to serve all of Harris County, not just central Houston.
- There is a need for increased collaboration between Continuity of Care (CoC) and The Harris Center for Mental Health and IDD.

Substance Use Treatment Services

- There is a need for a navigation center to ensure a bridge for SUD services (step-up or down/respite).



- There is a need for a way to triage for SUD services.
- Many individuals may not tell the truth on SUD screens because they think it will disqualify them, but this is incorrect. There is a need to help individuals understand that the more vulnerability they show in the screening, the more potential services they may be able to receive.
- There is a reliance on Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) for uninsured individuals.
- There is an opportunity to create Outreach, Screening, Assessment, and Referral (OSAR) access points in jails, hospitals, and shelters.
- Only trained providers can administer Sublocade so it narrows the clinical pool of providers.

Housing

- There is a need for supportive recovery housing for individuals with dual diagnosis.
- There is a need for continued services, especially for those who had been receiving wraparound services, to help ensure housing stability for individuals.
- Shelters are not funded through a coordinated access system (private, faith-based), so there is a gap in knowing how many beds are available. There is an opportunity to put out a system-wide case management service provision standardization plan, with the U.S. Department of Housing and Urban Development (HUD).
- There is a need to educate people that are writing referrals for recovery housing. Currently, what is being written may be preventing some from recovery housing.
- There is a need for harm reduction-based housing including housing first, transitional, and reuse/relapse housing options.
- The Navigation Center is a housing bridge, not a shelter. This concept could be shelter driven if people were there 24/7 and not forced in and out. There is an opportunity to expand the center to 24/7 access.
- There is limited sober/recovery housing in Harris County.
- The Point-In-Time (PIT) count found that there is a younger homeless population that struggles with methamphetamines.
- Harris County is at 93% housing occupancy, with low apartment vacancy.
- There is some lack of wrap-around services for the recently housed.
- Shelters are not available 24/7. Individuals have to leave the shelter in the morning and then queue up for evening reentry.
- There is a lack of funding to track shelter requirements.

Peer Support

- There is a need to invest more in peer services. Systemic investment is needed to help organizations build upon the outreach into the community. There is an opportunity to embed more peers in community centers assistance ministry, health clinics/Federally Qualified Health Centers (FQHCs)/ER's.



- There is a need for peer salary increases/wage advocacy. Recovery coaches have hard caseloads for smaller salaries.
- MH peer services are not reimbursed at a sufficient rate, so they are billed as rehabilitation support.
- Peer programs can be contract or grant dependent, so there is a question of the sustainability.

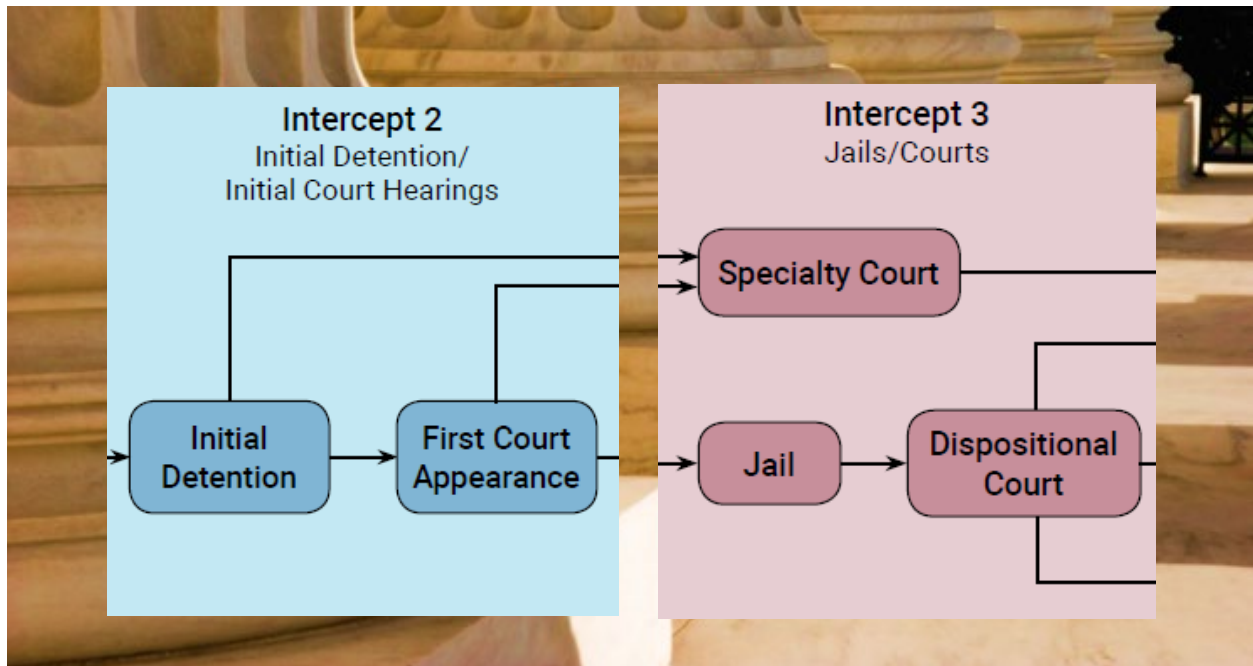
Collection and Sharing of Data

- There are many resources in the county, but people may not be aware of all that is available.
- There is a need to improve communication and collaboration across agencies. There is a need to improve coordination across resources, as some resources are being overused and others are not being utilized enough.
- There is a need to have SUD represented at the MH table and vice versa.

Other

- The barriers to meet basic needs including transportation, utilities, and housing for individuals is generally a priority before seeking out and receiving treatment.
- There are transportation needs related to MH acuity.
- There is stigma from the public related to SUD and a lack of community support for needed resources.
- There are cultural and language barriers to treatment especially for the Spanish speaking community.
- Some people may be eligible for a certain level of care but unable to access them due to the time of day, transportation needs, childcare barriers, etc.





INTERCEPT 2 AND INTERCEPT 3

RESOURCES

Jail Booking

Jail intake or booking takes place at multiple locations:

- Harris County Corrections
- Harris County Sheriff's Office
- Harris County Sheriff's Inmate Processing Center
- Harris County Jail
- Baker Street Jail
- Joe Kegans Intermediate Sanctions Facility
- Pam Lychner State Jail
- The following screens are utilized at the jail:
 - Mental Health Screen: CCQ (continuity of care query) exact match/probable/possible match of inmates who have been seen by Local MH Authority; A set of questions are used as part of the National Commission on Correctional Health Care (NCCHC) guidelines.
 - Substance Use Screens: Alcohol and Benzodiazepine Abuse Screening; Opiate Abuse Screening



- Suicide Risk: CCQ (continuity of care query) exact match/probable/possible match of inmates who have been seen by Local MH Authority; A set of questions are used as part of the National Commission on Correctional Health Care (NCCHC) guidelines.
- Traumatic Brain Injury: Dementia Safety Screening; IDD Screening; Activities of Daily Living (ADL) Screening. (Note: If only traumatic brain injury is being asked about it may be wise to use the Ohio State University Traumatic Brain Injury with Acquired Brain Injury supplement, or just the OSU-TBI ABI Supplement as part of jail screening.)

Jail Services

- The jail’s mental health provider is The Harris Center for Mental Health and IDD.
- The jail’s substance use treatment provider is the Harris Health System.
- The jail’s medical provider is the Harris Health System, and includes a physician’s assistant (PA), nurse practitioner (NP), and doctor (MD).
- Houston Recovery Center (HRC) does in reach in the jails through Project Reach.
- “Let’s talk” and a Calming Corner are available for staff at the jail. The Open room/Yoga at Texas Targeted Opioid Response (TTOR).
- Medication for Opioid Use Disorder (MOUD)
 - MOUD protocols are initiated in jail for pregnant women.
 - Inmate preference and standardized protocol are followed for MOUD. If an individual is currently detoxing, there is a different protocol. The provider tries to continue the medication that an individual is on but might have to send someone to the hospital to receive methadone. A lockbox protocol is being rolled out.
- There is availability of water with electrolytes, but you have to be in the clinic to receive Pedialyte.
- There is a nutritionist that visits the jail daily.
- There is a detox unit with 1:1 supervision.

Competency

- Internally, the Sheriff’s Department tracks those who are detained, competency has been raised, and are awaiting State Hospital services.

Pre-trial Services

- Harris County Pretrial Services provides accurate and timely information to assist the judicial officers in Harris County with making informed pretrial release decisions and to monitor defendants released on bond to promote compliance with court orders and court appearances, and to support public safety.
- There are bachelors-level case managers within the Public Defender’s Office.
- The Misdemeanor Mental Health (MH) division has five social workers on staff who go to jail, answer questions, etc. The office has a holistic division. The MH dockets also cover substance use disorder (SUD).



- There is a diversion desk at the Harris County Joint Processing Center. The Joint Processing Center is a location where officers bring arrested individuals. They process holds and provide a short-term stay until the individual can go to upper jail floors. This serves as a point of diversion to another location such as 6160. Individuals can be released and linked to community partners.
 - JPC Overview | Photos Harris County Joint Processing Center, Newsmax
- The Mental Health Pretrial Intervention (PTI) is a diversion opportunity. If an individual agrees to it, they are taken to the Harris Center, and their charges are dismissed. It is harder to define SUD diversion opportunities.
- Most diversion is preferred adjudication and pre-trial interventions (PTI). When someone completes their PTI they can apply for expunction.
- There is accountability and choice for people in the courts and an understanding when mandatory treatment is required as part of judge's order, etc.
- The District Attorney (DA) has a misdemeanor marijuana diversion program. People who do not attend the four-day class are added to a list of people convicted with crimes that have a SUD, and they are often hard to reach. At this point the ticket is enforced.
- The Responsive Interventions for Change (RIC) Docket provides an opportunity for non-violent drug offenders to be diverted for drug treatment.
- There are satellite areas for access to the DA so that people are not transferred from other communities only to be diverted upon arrival by Law Enforcement (CYPRUS- database). There is an opportunity for telecommunication between LE vehicles or precincts in satellite areas that have a high volume of individuals with SUD.

Initial Court Appearance Locations

- Harris County Criminal Justice Center
- Harris County Civil Courthouse
- Harris County 280th District Court
- Harris County District Court (49 San Jacinto)
- Harris County 164th District Court
- Generally, a magistrate is involved in the preliminary stages of a criminal proceeding. Such proceedings involve adults accused of criminal offenses.

Specialty Courts

- Harris County has the following Specialty Courts:
 - Mental Health Court (MHC) Program. This court stays at capacity.
 - DWI Court
 - Star Drug Court Program; this court is not full. <https://www.justex.net/adult>
 - Homeless Court for misdemeanors
 - SOBER Court



- Positive Pathways Court is a family reunification court for women who are impacted with substance use disorder and victimization.
- Veteran’s Court for misdemeanors and felonies - felony veteran’s court for 14 years (have to be VA-eligible, honorable discharge. PTSD, TBI, Access I, Military Sexual Trauma). This court is full. There are veteran’s pods in jail and traffic court for veterans.
- Cognitive-Behavioral Substance Abuse Interventions
- Texas Drug Offender Education Program (TDOEP)
- The Harris Center is embedded in the courts and dockets, so they are able to triage individuals immediately.
- The courts partner with Santa Maria Hostel to help connect women to housing and treatment.
- Houston Recovery activity in the courts
 - HRC has recovery coaches (RC’s) embedded in the court focusing on crisis intervention.
 - HRC helps with transport and discharge to treatment in Star Drug Court.
- The Council on Recovery works with the Mental Health (MH) court providing treatment curriculum and the Harris Center does screening and referrals.
- CARP (Community Assistance Referral Program) engages with individuals immediately with a discharge packet. Individuals get phone call reminders related to their court hearing to mitigate no shows. They do not have texting capability.

GAPS AND OPPORTUNITIES

Pre-trial Services

- There was no representation from the DA’s office at this SIM mapping event.
- There is a Dual Diagnosis Residential Treatment Program with a long waitlist. A jail stay would be shorter than the waitlist. This is predominantly for felonies with co-occurring mental illness (MI).
- Concerns were shared that for an individual who gets out of custody, they are not starting from zero. Having a criminal legal background can prevent them from accessing services in intercept 0, and there are collateral and legal consequences that will follow them.
- SUD providers are receiving people who were given a directive from a court that they can’t fulfill. Individuals are referred for an assessment but are not told they must do what the assessment says. There is a need to ensure that the right treatment level prescribed by the court is being matched with availability and appropriateness.
- There are challenges for defense attorneys covering felony cases with high acuity MH, their obligations are to their client and due process. Conflicts are seen when judicial officers order treatment based on limited information.
- 42 CFR training needs a neutral trainer. OFC/Policy attorneys could provide a 42 CFR Part II, HIPAA, Release of Information. (Private attorney trainings have varied).
- Need for improved communication and coordination with the Probation Department, especially in managing cases that have supervision conditions like MH treatment.

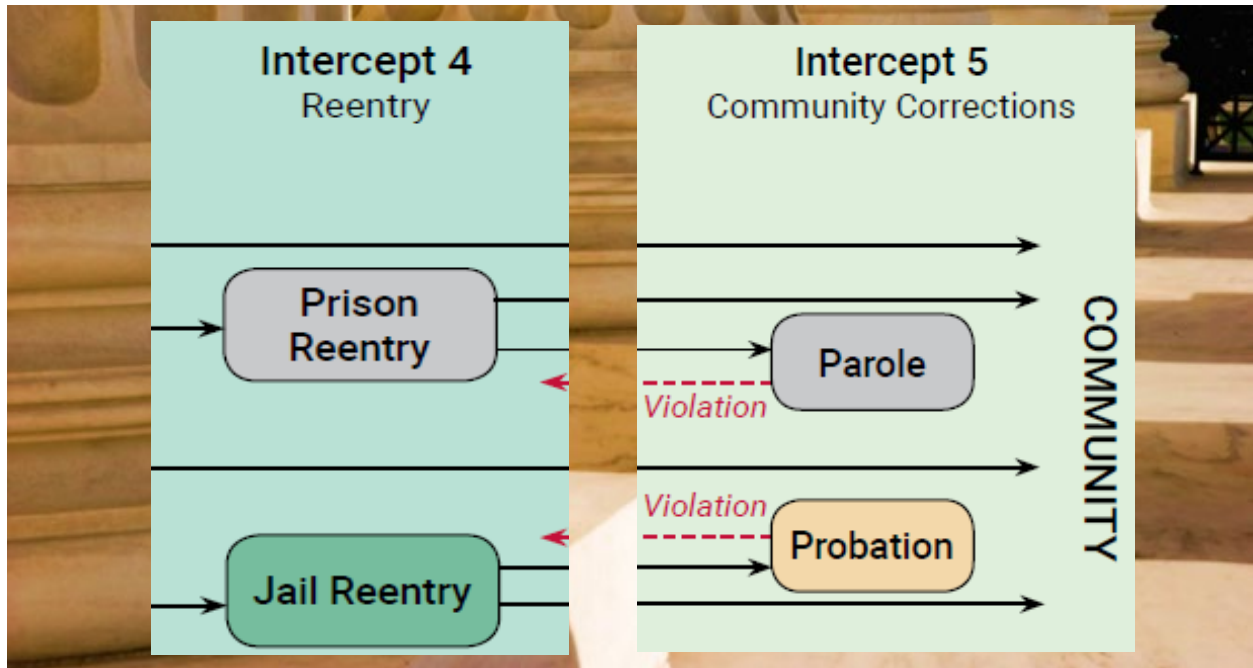


- There is a lack of understanding of roles between legal services and behavioral health staff.
- There is a lack of specialized DUI treatment/workbook.

Specialty Courts

- There are 23 different courts within Harris County Court System, which can make coordination difficult.
- There is rapid growth and need within the court and jail, making it difficult to stay up-to date with current trends.
- There are criteria for some of the Specialty Courts that people who no longer qualify for the treatment are referred to anyway, and the same individuals may not receive the actual care needed.
- There can be problems getting into treatment at Houston Recovery Center (HRC). This can send a flag for those who are on GPS monitors for court-mandated treatment (AA meetings that are at certain times).
- Often courts, including prosecutors and defense, don't have complete information about a client, yet decisions are being made.
- There is an opportunity to have two separate courts split between mental health and Post Traumatic Stress Disorder (PTSD)/ Traumatic Brain Injury (TBI)/Military Sexual Trauma (MST). Ideally there would be a separate court for women.
- There are many people with IDD in jails and within the court system. There is a need for an Intellectual and Developmental Disabilities (IDD) court.
- There is fewer capacity for sober court than that of DUIs.





INTERCEPT 4 AND INTERCEPT 5

RESOURCES

Jail Services

- The jail has a Peer Reentry program (30 days prior, warm handoff, and transportation).
- There is a reentry corridor for when people are leaving the jail. There is a resource packet that everyone gets between 9AM-8PM.
- Harris County Jail has a Women's Empowerment Center for reentry.
- Stars and Stripes is now combined into one program called Brothers in Arms. This program helps military veterans who are incarcerated.
- There are multiple programs in place related to Medicaid continuity. Individuals can sign up for Medicaid in-house if they've never been signed up before. This happens 7-14 days before they are released.
 - The jail uses County Jail Reporting to report a person's release within 48 hours. This allows Texas Health and Human Services (HHS) to reinstate their health care benefits.
- If an individual's charge is related to a controlled substance, they are eligible for MOUD treatment while detained.



Community Reentry

- The Harris Center for Mental Health and IDD's jail re-entry program provides short-term residence for individuals 18 years of age or older, who are leaving Harris County Jail with no place to live. Beds are intended to be short-term in nature and for quick transition as individuals find appropriate living arrangements. This is a voluntary program that is open 24 hours/day, 365 days/year. There are 20 beds available. The estimated stay for individuals is typically 3-5 days while they search for long-term living arrangements.
- Houston Health Department has a community re-entry network program.
- The Arc/Santa Maria Hostel partners with Houston Recovery Center for releasing.

Probation

- The Harris County Community Supervision and Corrections Department (HCCSCD) provide several programs including: <https://cscd.harriscountytexas.gov/Programs/Fields-Services>
 - Supportive Outpatient Programming (SOP) provides skills for individuals to remain sober.
 - Texas Drug Offender Education Program (TDOEP) educates on the consequences of substance use and satisfies the legal requirement for reinstatement of suspended drivers licenses.
 - Cognitive-Behavioral Substance Abuse Interventions provides in-house treatment options.
 - Specialized supervision is used for clients who have completed the Substance Abuse Felony Punishment Facilities (SAFPF) program and released to the community. SAFP is operated by the Texas Department of Criminal Justice-Correctional Institutional Division.
 - Change Through Intervention (CTI) is a specialized supervision program for clients identified as needing intensive treatment services.
 - Intensive Treatment Caseloads (Substance Abuse Continuum of Care and CTI-J/M) length of stay is 3-months to 24-months.
- Probation and Parole generally works out of four locations:
 - <https://probationdirectory.com/city/houston-texas/>
 - Harris County Criminal Justice Center (CJC)
 - Harris County Annex
 - Harris County Administrative
 - Harris County Community Supervision & Corrections Department
- The Texas Center for Justice and Equity is an advocacy group working to address mass incarceration. In addition to working statewide they have specific county focused work in Harris, Travis, Bexar and Dallas Counties. <https://www.texascjc.org/county-reform-work/harris-county>



GAPS AND OPPORTUNITIES

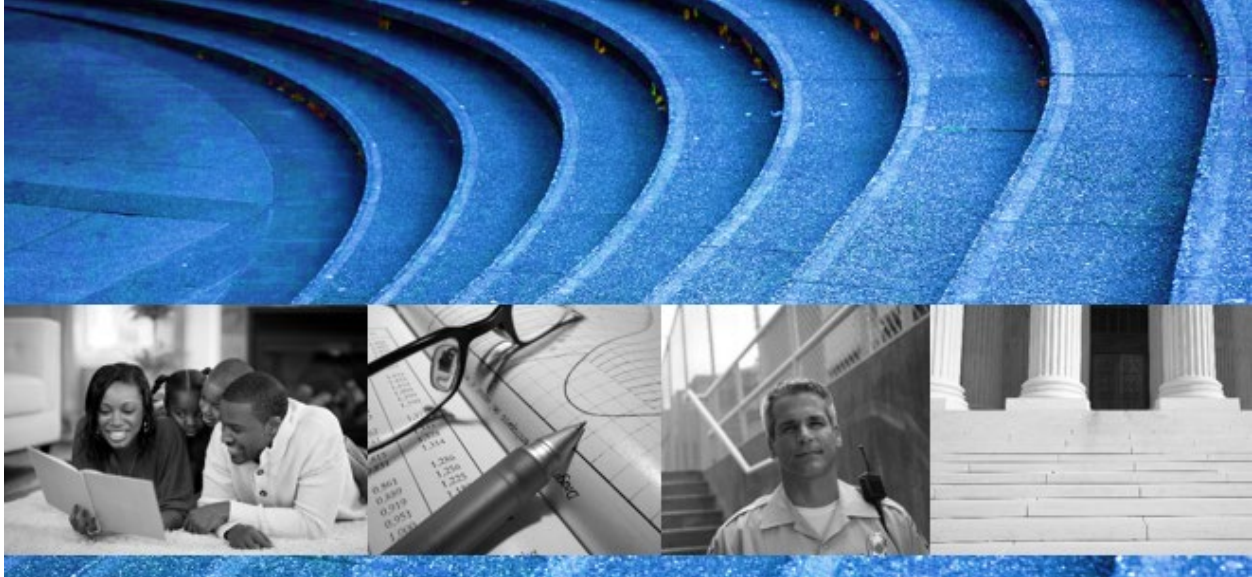
Jail Services

- Naloxone is not available at release from jail. They do have resource packets however that have naloxone education.
- The jail is working on providing a 30-day supply of medication for people when they leave jail instead of 3-5 days' worth of medication.
- Brain injury training awareness and screening is lacking. The OSU-TBI with ABI supplement was recommended.
- There is a need for more warm handoffs during release from the jail. It is noted that there are approximately 10,500 people in jail at any given time.
- The peer reentry program is not large enough to meet demand.
- People are motivated to leave jail quickly, so choose not to pursue resources.
- For Zero Suicide initiative, there is a need for electronic forms as an option. The volume is too high at Harris County Jail.
- A significant percentage of individuals leave jail without proper identification, social security card, etc.

Community Reentry

- Angela House is a reentry program with a zero tolerance for relapse.
- Finding services at all hours is very difficult. The presence of law enforcement can negatively impact individuals' willingness to engage in services.
- There is lack of relapse support generally.
- Brothers in Arms program is only for men.





Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on July 27, 2023. The top three priorities are highlighted in bold text.

Rank	Votes	Priority
1	15	Internal, Cross System Communication, Navigation, and Coordination (Houston Help), (List serve, representation). * Include Real-Time Navigation Support (Beds, etc.)
2	13	SUD Bridge Program
3	11	Cross System Training (Transparency, Education, Standards, Requirements, etc.)
4	10	Increase Understanding: Awareness of Recovery Housing and Sober Living Options
5	8	Address SDOH for the Most Vulnerable SUD Justice Involved Populations with a Focus on Housing
6	4	Increasing Early Identification and Screening
6	4	DEI and Geographic Equity
6	4	Increasing Peer Services
7	3	Enhance Transition Pathways and Smoothing the Process especially Jail Transitions (Documents, Time of Release, etc.)



8	2	Transportation
9	1	One Stop Resources (External)
9	1	Needs Capacity Assessment and Service Expansion
9	1	Streamline Assessments/Screening
9	1	Increasing Access to Care for Un/Underinsured
10	0	Expand DDRP
10	0	SUD Planning for Natural Disasters
10	0	Intake: Eligibility Networking

Prior to selecting priorities, each participant was asked to brainstorm and identify their top priority. These included:

- Conduct a capacity needs assessment for SUD in Harris County.
- Develop an SUD Bridge Program (Transitions)
- Increase Cross System/Collaborative Communication and Training
 - Internal listserv/ongoing communication
 - Process to inform others of services “Houston Help”
 - Resource Bank. Natural disaster services
 - More cohesion and deeper understanding of system/service requirements
- Expand DDRP
- Enhance transition pathways
 - More warm handoffs
 - Planned and intentional
- Expand funding opportunities
 - Maintain/expand funding and services
- Create a one stop resource center for the community
 - Basic needs
 - Mental health
 - A.I.D Center
- Enhance public health to reduce needs (SDOH) in community



- Streamline/standardized assessments
 - Across agencies
- Re-focus every meeting on co-occurring disorders
 - Ensuring representation of MH and SUD at all meetings
- Create opportunities for intake and eligibility networking and coordination
 - Worker meetings
- Embed peer services across intercepts and in uncommon places
- Upstream screening
 - More earlier SUD screening
 - Public health services and screening resources
- Increase recovery housing capacity and training about the model and referrals
- Increase Transparency/Education about legal system/BH system
- Develop Written protocols/standards of work
 - Articulated standards
- Focus on DEI and underserved communities
- Increase access to care and treatment for persons who cannot afford it
- Create a Centralized referral line for hospitals
- Create a Real time “Aunt Bertha”
 - Positive engagement referral system
- Receive Guidance for legislative/state and federal grants
- Develop low barrier Transportation and housing
 - Low barrier





Quick Fixes

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

- Harris County Institute of Forensic Sciences can share data on drug trends in Harris County with appropriate stakeholders and systems.
- Wider education on the types of law enforcement and emergency responders and transportation options can be conducted.
- The Health and Human Services Commission Office of Forensic Coordination can provide information sharing training.
- Explore use of the Medicaid suspension (versus termination) capability that is available in the state when a person is incarcerated.
- Grant education and training can be provided by multiple state and federal agencies and programs, including the Office of Justice Programs, U.S. Department of Justice and the Texas Department of State Health Services.





Parking Lot

Some gaps identified during the Sequential Intercept Mapping are beyond what Harris County can address or are too large or in-depth to address during the workshop. These issues are listed below.

- Reactive nature of public health.
- Bottleneck at state for competence to stand trial screening, and restoration.
- Need for Abatement Council funding, or other funding resources for police, hospital, and jail systems for naloxone.
- The Homeless Management Information System (HMIS) (V) asks questions that could be considered stigmatizing.





Recommendations

RECOMMENDATION 1

Invest in peer services across the SIM to increase access to substance use services and reduce recidivism.

SIM participants noted a gap in peer involvement across intercepts. Existing peer programs in Harris County are impactful, but more are needed across all intercepts. There is growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes, including:

- Reducing hospitalization
- Improving social functioning
- Increasing hope and quality of life
- Reducing substance use
- Reducing depression
- Increasing chances of long-term recovery
- Increasing rates of family unification
- Reducing justice system involvement and recidivism

For more information, see: Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance abuse and rehabilitation*, 7, 143–154.

<https://doi.org/10.2147/SAR.S81535>

Peer workers play a key role in supporting persons who are justice-involved. They:

- Provide person-centered, strength-based support to build recovery and resilience.
- Provide relationship-focused support and role-modeling based on lived experience.
- Advocate for the individual in stressful and urgent situations and in respect for their rights.



- Assist individuals with understanding and navigating the Justice System.
- Support individuals to achieve their goals, live a self-directed life, and strive to reach their full potential. (Abdenour & Sepulveda, 2022)

Identify local organizations and programs that are providing peer services.

- Locate and partner with Recovery Support Service (RSS) programs, Consumer Operated Service Providers (COSP), Mental Health Clubhouses, and/or Recovery Community Organizations (RCOs) not present at the SIM Workshop.

<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/clubhouse-model>

<https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/recovery-support-services>

<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/consumer-operated-service-providers>

Connect with the local recovery-oriented system of care: Houston Recovery Initiative

A Recovery Oriented System of Care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. The central focus of a ROSC is to create an infrastructure or "system of care" with the resources to effectively address the full range of substance use problems within communities.

<https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/recovery-oriented-systems-care>

Learn more about peer programs that serve justice-involved people with SUD.

When developing peer worker programs, it is crucial to take appropriate implementation steps and employ best practices to ensure quality and effectiveness such as:

- Ensure peers have a voice and a seat at the table.
- Be aware of stigma, stigmatizing language, and stigmatizing practices.
- Support a person-centered, trauma-informed, and recovery-oriented environment.
- Provide ongoing and consistent support and supervision to peer support staff.
- Promote peer recovery support staff.
- Provide continuing training, support, and education to all staff on the peer role.

Review national and state resources.

PRA's two-page resource, Peer Support Roles Across the SIM, was designed to identify a host of roles that peers can play, both as staff and volunteers, across the Sequential Intercept Model. In addition to the broad outline, local examples are provided to highlight peers who are working with law enforcement, courts and attorneys, jails and prisons, reentry services, and community corrections across the United States.



The National Center for State Court’s State Court Leadership Brief, [Peers in Courts](#), describes different types of peers in court settings, the roles peers can play in court, lessons from the field with examples of peers in the courts and links to additional resources.

RECOMMENDATION 2

Deepen relationships and collaboration across stakeholders.

Consider developing a SUD Learning Collaborative as a way to continue engagement and deepen relationships as was suggested at the SIM Workshop.

To start, it should be differentiated in its goals and objectives from strategies identified in the Cross-System Internal Communication Action Plan. Consider:

- What is the function and unique purpose this learning collaborative serves? What existing gap would it fill?
- Which partners would co-lead the collaborative? The design of the learning collaborative should consider how it meets the needs of all participating partners.
- Actively engage Constables in targeted collaboratives, and behavioral health diversion. Develop strategies to co-respond with Constables.

RECOMMENDATION 3

Increase data and information sharing across the SIM.

Clarify goals for data sharing and data integration for Harris County and develop potential use cases to guide planning efforts. Information sharing across behavioral health and criminal justice systems is critical to reducing the number of people with MI, SUD, and IDD in jails. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with MI, SUD, and IDD in the community. At the point of service, the availability of information related to the person’s treatment history and condition can enhance safety, improve the individual’s health and support recovery outcomes. Consider convening a work group to clarify data sharing goals for the community. Examples of goals might include:

- Track key criminal justice and behavioral health trends across Harris County to inform policy, planning, and funding.
- Identify people cycling through jails, emergency rooms, and crisis services and develop new plans for engaging them in care in the community.
- Improve continuity of care for people who are justice-involved upon return to the community.
- Support 911 dispatchers and law enforcement in identifying people who might need substance use treatment support and be eligible for diversion based on previous contacts with the public mental health system.

Assess the availability of baseline data across the SIM. A few key resources can help guide this assessment, including:

- The Community Impact Measures collected in preparation for the SIM Mapping Workshop.



- SAMHSA’s manual, Data Collection Across the Sequential Intercept Model: Essential Measures, recommends data elements organized around each of the six SIM intercepts. Each section lists data points and measures that are essential to addressing how people with MI and SUD flow through that intercept. The sections also cover common challenges with data collection and ways to overcome them, along with practical examples of how information is being used in the field.

Review national and state data sharing guidelines.

- Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws, is a report from the Council of State Governments Justice Center's Criminal Justice and Mental Health Consensus Project that was developed to help criminal justice officials work with health professionals to better use both systems information, when appropriate, to reduce criminal justice involvement among people with MI and to provide better links to treatment. The guide explains the federal legal framework and how it relates to state laws. It describes how HIPAA and 42 Code of Federal Regulations (CFR) Part 2 may affect exchanges among behavioral health care; law enforcement; courts; jails and prisons; and probation and parole professionals. It reviews the circumstances under which protected health information can be released and received and offers answers to scenario-based frequently asked questions.
- Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions, compiles strategies presented at the 2018 Best Practices Implementation Academy convened by SAMSHA’s GAINS Center to enable appropriate information sharing between healthcare and criminal justice agencies.



Strategic Action Plans

Priority Area 1: Cross-system Internal Communication				
Group Members: Sean McElroy, Staci Biggar, Lance Britt, Vickie Long, Ebony Thompson, Bianca Daswani, Diane Arms, Renee Casely-Hayford, Tiffany Bittner, Sylvia Cherry, Stefanie Quintela.				
Objective	Action Step	Who	When	
1	Implement cross-system resource navigation and collaboration	<p>A. Creation of working group from CJCC Mental Health Sub Committee.</p> <p style="padding-left: 40px;">a. Warm introduction of this work by Wayne Young and Staci Biggar</p> <p>B. Creation of collaborative communication platforms</p> <p>C. Dissemination and sharing of information between key stakeholders</p>	<p>Staci Biggar Wayne Young</p> <p>Working group of CJCC Mental Health Sub Committee</p> <p>Designated representative / Leader from all organizations</p> <p>Regi – Johnson County MyResource Connect (MyRC):</p> <ul style="list-style-type: none"> • Go the tab “services”, plug something in and see how it populates. • https://ims.jocogov.org/rc/default.aspx • I can connect you with Mike Brouwer for more information. 	<p>September 11, 2023</p> <p>CJCC Presentation</p> <p>4th Quarter 2023</p>



Priority Area #2: SUD Bridge Program

Group Members: Wayne, Keena, Sarah, Clemelia, Nichelle, Kamari, David, James

Objective		Action Step	Who	When
1	Define Scope and Scale	1) Needs assessment 2) Model – staffing – clinical/ care delivery Review licensing standards	Harris Center to convene collaborative partners Mental health standing committee (part of CJCC)	August 2023
2	Funding	Via HHSC: - ARPA - Innovation - Opioid \$		
3	Operating Parameters	1) Define Eligibility 2) Define objectives / evaluation 3) Location 4) Identifying collaborative partners Community awareness / education		



Priority Area #3: Cross-system Training

Group Members: Mary Beck, Brandi Neeb, Byanca Hernandez, Preston Witt, Shawn Krumrey, Barbara Drumheller, Jamie Hughes

	Objective	Action Step	Who	When
1	Understanding all the players / systems	<ul style="list-style-type: none"> a) Listing systems b) Finding contacts in each system 	<ul style="list-style-type: none"> Mary Beck Brandi Neeb 	Q 4 2023
2	Defining functions, roles, limitations and obligations, laws and rules	<ul style="list-style-type: none"> c) Developing a concept piece d) Agree on messaging about purpose, values, impact, and outcomes. e) Communicating to each contact 	<ul style="list-style-type: none"> Dr. Jamie Hughes Mary Beck Brandi Neeb 	Q 1 2024
3	Creating a problem-solving clearing house process (real time)	Ask contacts from each system to delegate consistent, reliable, participants in problem-solving workgroup.	<ul style="list-style-type: none"> Preston Witt Shawn Krumrey 	Q 2 2024
4	Making a system for dissemination	<ul style="list-style-type: none"> f) Client simulations g) Traditional trainings h) Meetings / Collaboratives i) Newsletters 	<ul style="list-style-type: none"> Byanca Hernandez Brandi Neeb Barbara Drumheller 	Q 3-4 2024





Resources

Competence Evaluation and Restoration

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

Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#).
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach](#).
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems](#).
- Abt Associates. (2020). [A Guidebook to Reimagining America's Crisis Response Systems](#).
- Urban Institute. (2020). [Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices](#).
- Open Society Foundations. (2018). [Police and Harm Reduction](#).
- Center for American Progress. (2020). [The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call](#).
- Vera Institute of Justice. (2020). [Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses](#).
- National Association of State Mental Health Program Directors. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#).
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#).
- R Street. (2019). [Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities](#).

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

Brain Injury

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

Housing

- The Council of State Governments Justice Center. (2021). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health.
- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- 100,000 Homes. Housing First Self-Assessment.
- Community Solutions. Built for Zero.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.

- Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

Information Sharing/Data Analysis and Matching

- Center for Policing Equity. (2020). Toolkit for Equitable Public Safety.
- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

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

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

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.

- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.
 - ASAM 2020 Focused Update.
 - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.
- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

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

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
 - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
 - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
 - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.

- MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arrest Diversion

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

Procedural Justice

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

Racial Equity and Disparities

- Mathematica. (2021). Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation.
- Law360. (2021). Data Collection Is Crucial For Equity In Diversion Programs.
- Chicago Beyond. (2018). Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders.
- National Academies of Sciences, Engineering, and Medicine. (2021). Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief.
- Substance Abuse and Mental Health Services Administration. (2015) TIP 59: Improving Cultural Competence.
- SAMHSA's Program to Achieve Wellness. Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview.
- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.
- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.

- Vera Institute of Justice. (2015). [A Prosecutor's Guide for Advancing Racial Equity](#).

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison](#).
- Substance Abuse and Mental Health Services Administration. (2016). [Reentry Resources for Individuals, Providers, Communities, and States](#).
- Substance Abuse and Mental Health Services Administration. (2020). [After Incarceration: A Guide to Helping Women Reenter the Community](#).
- National Institute of Corrections and Center for Effective Public Policy. (2015). [Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice](#).
- The Council of State Governments Justice Center. (2009). [National Reentry Resource Center](#)
- Community Oriented Correctional Health Services. [Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies](#).
- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#).

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). [Screening and Assessment of Co-occurring Disorders in the Justice System](#).
- The Stepping Up Initiative. (2017). [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#).
- Center for Court Innovation. [Digest of Evidence-Based Assessment Tools](#).
- Urban Institute. (2012). [The Role of Screening and Assessment in Jail Reentry](#).
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). [Validation of the Brief Jail Mental Health Screen](#). *Psychiatric Services*, 56, 816-822.

Sequential Intercept Model

- Policy Research Associates. [The Sequential Intercept Model Microsite](#).
- Munetz, M.R., and Griffin, P.A. (2006). [Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness](#). *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). [The Sequential Intercept Model and Criminal Justice](#). New York: Oxford University Press.
- Urban Institute. (2018). [Using the Sequential Intercept Model to Guide Local Reform](#).

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

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

- The online [SOAR training portal](#).
- Information regarding [FAQs for SOAR for justice-involved persons](#).

- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services*, 65, 1081-1083.

Telehealth

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

Transition-Aged Youth

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

Trauma and Trauma-Informed Care

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

Veterans

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

Appendix

INDEX

Appendix	Title
Appendix 1	Sequential Intercept Mapping Workshop Participant List
Appendix 2	General Components Inventory

Appendix #1

SIM Mapping Workshop Sign-in Sheet
Harris County, Texas
July 27-28, 2023

Last	First	Agency/Organization
Arms	Diane	The Council on Recovery
Bailey	Nichelle	Houston Health Department
Beck	Mary	The Council on Recovery
Betancur	Alejandro	UTHEALTH
Biggar	Staci	Biggar Law Firm
Bittner	Tiffany	The Harris Center for Mental Health and IDD
Brewer	Kamari	The Council on Recovery
Britt	Lance	The Harris Center for Mental Health and IDD
Brock	Sandra	The Harris Center for Mental Health & IDD
Brock	Sandra	The Harris Center for Mental Health & IDD
Casely-Hayford	Renee'	Harris County Sheriff's Office
Casely-Hayford	Marquita	Harris County Sheriff's Office
Daswani	Bianca	The Harris Center for Mental Health and IDD
Drumheller	Barbara	Harris County Public Defender's Office
Gonzalez	James	Coalition for the Homeless
Hernandez	Byanca	The Harris Center for Mental Health and IDD
Hernandez	Byanca	The Harris Center for Mental Health and IDD
Hughes	Jamie	ACCESS Harris County
Jiles	Monalisa	The Harris Center for Mental Health and IDD
Josaphat	Luc	Harris Center for Mental Health and IDD
Kornmayer	Kim	The Harris Center for Mental Health and IDD
Krumrey	Shawn	Houston Recovery Center
LeBlanc	Patrick	Houston Police Department
Long	Vickie	District Court Administration

Mabry	Sarah	Angela House
MacLeod	Ann	The Harris Center for Mental Health & IDD
McElroy	Sean	The Harris Center
McElroy	Sean	The Harris Center
Merwanji	Gilan	Harris County Manager Assigned Counsel
Neeb	Brandi	Harris County Office of Managed Assigned Counsel
Pace	Keena	The Harris Center for Mental Health and IDD
Payne	Raymie	Office of Court Administration
Pierce	Micky	Harris County Institute of Forensic Sciences (HCIFS)
Quintela	Stefanie Bailin	Coalition for the Homeless
Richardson	Clemelia	Houston Health Department
Scamp	Nadine	Santa Maria
Sunday	David	Council on Recovery

Appendix #2

Crisis Lines and Mobile Responses

Hotlines

Instruction: List the organizations which operate 24/7/365 crisis hotlines serving your community. If your community has texting, messaging, or other technology-based 24/7/365 crisis services (excluding virtual mobile crisis), include those services here as well.

Hotline 1:

Hotline 2:

Hotline 3:

Hotline 4:

Hotline 5:

Warmlines and Resource Lines

Instruction: List the organizations which operate crisis warmlines or resource lines for people with mental or substance use disorders as well as family members.

Other Line 1:

Other Line 2:

Other Line 3:

Other Line 4:

Other Line 5:

Mobile Crisis Outreach Teams

Instruction: Mobile crisis outreach teams feature clinicians who respond in situ to individuals experiencing mental health crises in the community. List the organizations which operate mobile crisis outreach teams serving your community.

Mobile Crisis 1:

Mobile Crisis 2:

Mobile Crisis 3:

Mental Health Co-Responder Programs

Instruction: Co-responder programs feature a law enforcement officer/first responder and mental health professional responding together to a person in a mental health crisis. Identify the program name and provide a brief description (e.g., participating agencies, target population).

Co-Responder 1:

Co-Responder 2:

Co-Responder 3:

Substance Use Deflection Programs

Instruction: Substance use deflection programs use a variety of approaches, from individuals self-identifying a need for treatment (i.e., Angel programs), to co-response teams for overdose-focused programs, to programs which focus individuals who commit low-level substance-related offenses. Identify the program name and provide a brief description (e.g., participating agencies, target population).

Deflection 1:

Deflection 2:

Deflection 3:

Crisis Units

Behavioral Health Urgent Care

A behavioral health urgent care is a voluntary walk-in facility providing outpatient assessments, referrals, brief interventions, and observation for individuals in a crisis.

Instructions: Identify the program name, operating organization, and provide a brief description of the behavioral health urgent care.

Program Name:

Organization:

Brief Description:

Crisis Stabilization Unit

A crisis stabilization unit provides a 23-hour observation and stabilization service for individuals in a mental health crisis. Units may be standalone or co-located with other levels of service. The unit may use beds or observation chairs.

Instructions: Identify the program name, operating organization, and provide a brief description of the unit.

Program Name:

Organization:

Brief Description:

Crisis Residential Unit/Crisis Respite Unit

A crisis residential unit is a short-term residential program for individuals who need continued support in a home-like environment. A crisis residential unit provides 24-hour observation and supervision while delivering evidence-based practices and case management. Length of stays vary from a few days for stabilization purposes to a couple weeks for rehabilitation purposes.

Instructions: Identify the program name, operating organization, and provide a brief description of the unit.

Program Name:

Organization:

Brief Description:

Sobering Unit

A sobering unit provides a safe environment for individuals while intoxicated who do not meet the threshold for withdrawal management. A sobering unit provides 24-hour observation as well as motivational and brief intervention services.

Instructions: Identify the program name, operating organization, and provide a brief description of the unit.

Program Name:

Organization:

Brief Description:

Withdrawal Management

Withdrawal management attenuates the physiological and psychological features associated with withdrawal as well as delivering brief interventions to reduce the likelihood of readmission.

Instructions: Identify the program name, ASAM level, operating organization, and provide a brief description of the unit.

Program Name:

ASAM Level:

Organization:

Brief Description:

Peer Respite

Peer respites are voluntary, home-like settings that provide non-clinical, short-term supports for individuals in crisis or at risk of crisis. Peer respites are operated by peer-run organizations and staffed by individuals with lived experiences. Stays are limited to five days at most peer respites.

Instructions: Identify the program name, operating organization, and provide a brief description of the program.

Program Name:

Organization:

Brief Description:

Other Crisis Units

Instructions: For other crisis units or services not listed above, identify the program name, operating organization, and provide a brief description of the program.

Program Name 1:

Organization 1:

Brief Description 1:

Program Name 2:

Organization 2:

Brief Description 2:

Program Name 3:

Organization 3:

Brief Description 3:

Hospitals

Hospitals Overall

Instruction: List the names of all of the hospitals serving the community.

Hospital 1 Name:

Hospital 1 Emergency
Department (Yes/No):

Hospital 1 Adult
Psychiatric Inpatient Unit
(Yes/No):

Hospital 2 Name:

Hospital 2 Emergency
Department (Yes/No):

Hospital 2 Adult
Psychiatric Inpatient Unit
(Yes/No):

Hospital 3 Name:

Hospital 3 Emergency
Department (Yes/No):

Hospital 3 Adult
Psychiatric Inpatient Unit
(Yes/No):

Hospital 4 Name:

Hospital 4 Emergency
Department (Yes/No):

Hospital 4 Adult
Psychiatric Inpatient Unit
(Yes/No):

Hospital 5 Name:

Hospital 5 Emergency
Department (Yes/No):

Hospital 5 Adult
Psychiatric Inpatient Unit
(Yes/No):

First Responders

Emergency Communications/911

Instructions: Identify the emergency communications/911 operates in the jurisdiction.

Emergency
Communications/911 1:

Emergency
Communications/911 2:

Emergency
Communications/911 3:

Emergency
Communications/911 4:

Emergency
Communications/911 5:

Law Enforcement

Instructions: Identify the law enforcement organizations serving the jurisdiction.

Law Enforcement
Organization 1:

Law Enforcement
Organization 2:

Law Enforcement
Organization 3:

Law Enforcement
Organization 4:

Law Enforcement
Organization 5:

Emergency Medical Services

Instructions: Identify the emergency medical services providers serving the jurisdiction. May be a service provided by Fire/Rescue.

EMS 1:

EMS 2:

EMS 3:

EMS 4:

EMS 5:

Initial Detention/Initial Court Appearances

Initial Detention:

Where are individuals held immediately following arrest? This may be a jail, police lock-up, or court lock-up.

Detention 1:

Detention 2:

Detention 3:

Detention 4:

Detention 5:

Pretrial Services:

Identify the organization responsible for delivering pretrial services.

Organization:

Program Description:

Initial Court Appearance:

When people are arrested, in what courts may they make their first court appearance? In some states, the first appearance may be the responsibility of a magistrate.

Appearance 1:

Appearance 2:

Appearance 3:

Appearance 4:

Appearance 5:

What is the initial court appearance called in your jurisdiction (e.g., arraignment, magistration, call-out)?

Treatment Courts

Treatment Courts:

Instruction: Identify the program names and courts (e.g., municipal court, district court, circuit court, county court, state court, supreme court) for each treatment court in the jurisdiction. Treatment court models include but are not limited to Adult Drug Court, DUI/DWI/OUI/Sobriety Courts, Tribal Healing to Wellness Courts, and Mental Health Courts.

Program Name 1:

Court 1:

Program Name 2:

Court 2:

Program Name 3:

Court 3:

Program Name 4:

Court 4:

Program Name 5:

Court 5:

Jail

Jail Facilities:

Instruction: Identify the local jail facilities in the jurisdiction.

Facility 1:

Facility 2:

Facility 3:

Facility 4:

Facility 5:

Jail Behavioral Health Screening:

Instruction: Identify the screening instruments used in the jail to flag people who may have mental disorders, substance use disorders, are at suicide risk, or traumatic brain injuries.

Mental Health Screen:

Substance Use Screen(s):

Suicide Risk:

Traumatic Brain Injury:

Jail Behavioral Health Providers:

Instruction: Identify the organizations who provide mental health services and substance use treatment in the jail.

Jail Mental Health
Provider:

Jail Substance Use
Treatment Provider:

Jail Medical Provider:

Jail Reentry:

Instruction: Provide a brief description of jail reentry services, including the organization(s) responsible for reentry coordination and the target populations which receive reentry support.

Community Supervision

Community Supervision:

Instruction: Identify the agencies responsible for probation supervision and state parole supervision.

Community Supervision 1:

Community Supervision 2:

Community Supervision 3:

Community Supervision 4:

Is probation and parole supervision provided by one agency or multiple agencies?

- One Combined Agency
- Separate Probation and Parole Agencies

Community Services

Behavioral Health Services Providers:

Instruction: Identify the primary mental health and substance use service providers in the community.

Provider 1:

Provider 2:

Provider 3:

Provider 4:

Provider 5:

Homelessness and Housing Providers:

Instruction: Identify the primary homelessness and housing service providers in the community.

Provider 1:

Provider 2:

Provider 3:

Provider 4:

Provider 5:

Veterans Services Providers:

Instruction: Identify the veterans services providers in the community.

Provider 1:

Provider 2:

Provider 3:

Provider 4:

Provider 5:

Network of Behavioral Health Providers:

Additional Behavioral Health Service Providers for SIM Components Inventory

<https://www.nbhp.org/member-organizations.html>

Behavioral Hospital of Bellaire

Career and Recovery Resources, Inc.

Catholic Charities of the Archdiocese of Galveston-Houston

Cenikor Foundation

Communities In Schools-Houston

Cypress Creek Hospital

Covenant House Texas

DePelchin Children's Center

El Centro de Corazon

Family Houston

Fort Bend Regional Council on Substance Abuse, Inc.

Harris County Resources for Children and Adults (formerly Harris County Protective Services for Children and Adults)

Houston Area Women's Center

Harris County Public Health

Harris Health System

Healthcare for the Homeless-Houston

Houston Galveston Institute (HGI Counseling)

Houston Health Department

Houston Methodist

Houston Recovery Center

IntraCare Behavioral Health

Jewish Family Service

Kingwood Pines Hospital

Legacy Community Health

Memorial Assistance Ministries

Mental Health America of Greater Houston

NAMI Greater Houston

Northwest Assistance Ministries

Open Door Mission

Santa Maria Hostel, Inc.

SEARCH Homeless Services

UTHealth Harris County Psychiatric Center

Teen & Family Services

Texana Center

The Alliance

The Center for Success and Independence

The Council on Recovery

The Harris Center for Mental Health and IDD (formerly MHMRA of Harris County)

The Jung Center

The Menninger Clinic

The Montrose Center

The Women's Home

Vecino Health Centers

Volunteers of America Texas, Inc.

West Oaks Hospital

Additional Withdrawal Management for SIM Components Inventory

The Council on Recovery

Infinite Recovery Treatment Center

The Harris Center for Mental Health and IDD

Heights Treatment Center

Serenity House Detox & Recovery Houston

Positive Recovery Centers

Virtue Recovery Alcohol & Drug Rehab Center Houston

The Mind & Body Clinic

Matthew's Hope Detox and Recovery Program

Houston Recovery Center LGC- Sobering Center

The Men's Center Residential Program

Texas Rapid Detox Center

Into Action Recovery Centers

Substance Use Deflection Programs, on pages 1243 to 1249 of SAMHSA's "2019 National Directory of Drug and Alcohol Abuse Treatment Facilities" (https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/National_Directory_SA_facilities_2019.pdf), you can find what is relevant to Houston/Harris County. Most of the programs are SAMHSA-certified Opioid Treatment Programs.