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# Dallam Hartley and Moore Counties Roadmap

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

# <u>Invest</u> in Strategic Priorities

# Increase awareness, education and training opportunities for community members and behavioral health and justice stakeholders.

- 2. Develop a community transportation plan.
- Expand pre-arrest diversion options for individuals experiencing a behavioral health crisis.
- Establish a Behavioral Health Leadership Team.

# Support Local Planning, Partnership and Education

## 1. Coordinate

- Strengthen behavioral health and justice partnerships through regular convening of a leadership team.
- Establish subcommittees dedicated to implementing the action plans developed during the SIM Workshop.

### 2. Partner

- Identify opportunities to strengthen relationships with new stakeholders (e.g. housing partners, IDD services, jail mental health providers).
- Learn from other similar sized counties implementing best practice models.

# 3. Train

 Train stakeholder groups on identifying, responding and effectively treating people with MI, SUD, and IDD.

# Build Upon Existing Efforts

Expand the frequency and scope of community mental health trainings to serve 9-1-1 dispatchers and Fire/EMS. (e.g. CIT, MHFA).

Increase the use of alternatives to Inpatient Competency Restoration (i.e. OCR, JBCR).

Implement the use of
Lifesize, (TPC's telehealth
platform) across Dallam,
Hartley and Moore Counties
first responders and county
jails.

Coordinate across law enforcement agencies to establish a regional Crisis Intervention Team.

See the Strategic Action Plans on pg. 20 of the Dallam, Hartley and Moore Counties SIM Report for additional details.

Dallam, Hartley and Moore Counties Gaps, Opportunities and Best Practices

#### **Intercepts 0&1**

Community Services, Crisis Services & Law Enforcement

#### **Selected Gaps:**

- Mental health (MH) training for 911 dispatch and law enforcement
- Screening and coding for mental health (MH) crisis at 911 dispatch
- Timely and coordinated medical clearance processes
- Alternatives for diversion from emergency rooms and jail
- Substance use disorder (SUD) treatment options

#### **Opportunities:**

- Provide MH training to 911 dispatchers and law enforcement
- Streamline medical clearance criteria and explore field based medical clearance options
- Expand use of peers to provide SUD recovery support
- Establish a transportation plan
- Develop a uniform data collection and reporting strategy across stakeholders

#### **Intercepts 2&3**

**Initial Detention, Jails, & Courts** 

#### **Selected Gaps:**

- Use of alternatives to inpatient competency restoration
- Limited availability and capacity of contracted jail medical and mental health providers
- Use of pretrial supervision and diversion programs
- Treatment courts or specialty court dockets

#### **Opportunities:**

- Educate courts on alternatives to competency restoration and waitlist management best practices
- Expand telehealth opportunities to provide SUD and MH treatment in jails
- Use a validated risk assessment to determine treatment needs, bond and pretrial supervision
- Explore development of specialty mental health dockets

#### **Intercepts 4&5**

**Reentry & Community Corrections** 

#### **Selected Gaps:**

- Specialized probation and parole caseloads
- Reentry planning in jail prior to a release
- Awareness of jail staff of available community-based behavioral health services
- Provision of psychiatric medication prior to release
- Limited affordable housing for people with criminal records

#### **Opportunities:**

- Provide probation officers with additional MH training
- Utilize peers to support community reentry programs
- Pilot a program to suspend rather than terminate Medicaid benefits
- Develop a jail-based referral system for improved access to community services

# **Best Practices at Each Intercept**

#### Intercept 0 & 1

MH training for LE and 911 dispatch

Police coding of MH Calls

Police Referrals to Treatment

## Intercept 2 & 3

Consistent screening for MI, SUD and IDD

Pretrial Supervision and Diversion Programs

Active forensic waitlist monitoring

Jail-based SUD and MH services

## Intercept 4 & 5

Robust reentry planning (psych medications, benefits coordination, peer-support)

Specialized MI, IDD and SUD caseloads

Jail in-Reach transition planning