

Sequential Intercept Model Mapping Report for Nueces County

**Office of Forensic Coordination,
Behavioral Health Services**



July 2023

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by the Nueces Center for Mental Health and Intellectual Disabilities (NCMHID). The planning committee members included:

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- Danice Obregon, Nueces County Public Defender;
- Judge David Stith, 319th District Court;
- Aaron Diaz, Nueces County;
- Melissa Sweeting, The Council on Alcohol and Drug Abuse;
- Mark Hendrix, Nueces MHID; and
- Amy Kramer, Nueces MHID.

The planning committee members played a critical role in making the Nueces County Sequential Intercept Model (SIM) Mapping workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Emily Dirksmeyer, LCSW, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC, and Catie Bialick, Director of Behavioral Health and Justice Initiatives, Office of Forensic Coordination, HHSC. The report was authored by Emily Dirksmeyer, LCSW; Liz Conville, MPS; Catie Bialick, MPA; and Jennie M. Simpson, PhD.

About the Texas Behavioral Health and Justice Technical Assistance Center and Texas SIM Mapping Initiative

[The TA Center](#) provides specialized technical assistance for behavioral health and justice partners to improve forensic service coordination and reduce and prevent justice involvement for people with mental illnesses (MI), substance use disorder (SUD), and/or intellectual and developmental disabilities (IDD). Established in 2022, the TA Center is supported by HHSC and provides free training, guidance, and strategic planning support both in person and virtually on a variety of behavioral health and justice topics to support local agencies and communities in working collectively across systems to improve outcomes for people with MI, SUD, and/or IDD.

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

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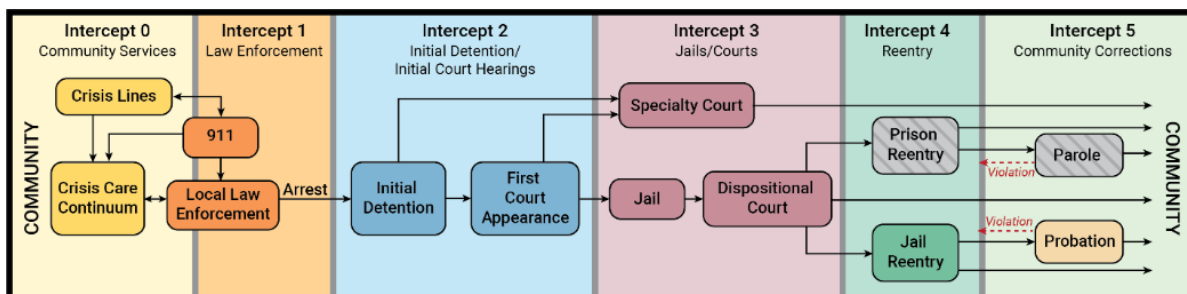
Introduction

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, jails, pretrial services, courts, community corrections, housing, health, and social services. They should also include the participation of people with lived experience, family members, and community leaders.

The SIM is a strategic planning tool that maps how people with behavioral health needs encounter and move through the criminal justice system within a community. Through a SIM Mapping workshop, facilitators and participants identify opportunities to link people with MI, SUD, and/or IDD to services and prevent further penetration into the criminal justice system.

The SIM Mapping Workshop has three primary objectives:

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



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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.

In 2023, Nueces Center for Mental Health and Intellectual Disabilities (NCMHID) requested a SIM Mapping Workshop be conducted for Nueces County to help foster behavioral health and justice collaborations and improve diversion efforts for people with MI, SUD and/or IDD. The SIM Mapping Workshop was divided into three sessions: 1) Introductions and Overview of the SIM; 2) Developing the Local Map; and 3) Action Planning. The mapping took place on June 15-16, 2023 in Corpus Christi, Texas. See **Appendix A** for detailed workshop agenda.

This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the June 2023 SIM Mapping Workshop in Nueces County. Report authors aim to capture a robust picture of services offered in Nueces County, while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not Texas Health and Human Services Commission.

Sequential Intercept Model Map for Nueces County, June 2023

COMMUNITY

COMMUNITY

Intercept 0 Hospital, Crisis, Respite, Peer, & Community Services

Intercept 1 Law Enforcement & Emergency Services

Intercept 2 Initial Detention & Initial Court Hearings

Intercept 3 Jails & Courts

Intercept 4 Reentry

Intercept 5 Community Corrections & Community Supports

Crisis Phone Lines
Nueces Center MHID Hotline:
 • 1-888-767-4493
 • 24/7
988 Suicide & Crisis Lifeline
Warmlines/ Resource Lines
OSAR-Region 11- Tropical of Texas
 • 800-813-1233
NAMI Nueces County
 • 361-510-6939
United Way 211 information line:
 • 211 or 877-541-7905

Crisis Units
Crisis-Walk-in Clinic-MHID
 • Walk-in crisis provider of: crisis assessments, crisis intervention, psychiatric services on demand, crisis follow-up, relapse prevention and transitional services.
Pathways Crisis Respite
 • Provides short-term, community-based respite, crisis treatment to individuals who have low risk of harm to self or others.
 • 16 beds (8 male/8 female)
 • 24/7 care

Mobile Crisis Response Team
MHID Mobile Crisis Outreach Team (MCOT)
MHID Crisis Intervention Team:
 • Mental health co-response
 • Law enforcement, Cenikor and MHID mental health provider

Veterans' Services
Veterans Affairs Clinic- Corpus Christi
 • Primary care and specialty health services
MHID-Military Veteran Peer Network

Peer Support
La Mariposa New Life Wellness Center
 • Peer-run program
 • Provides: education, support groups, and leisure activities for MHID clients (M-F, 10:00-3:00)

911 Dispatch & Emergency Communications
MetroCom 911 Dispatch
 • Public Safety Answering Point (PSAP) for all of Nueces County

Law Enforcement
 • Corpus Christi Police Department
 • Robstown Police Department
 • Nueces County Constables
 • Nueces County Sheriff's Department

Hospitals
Christus Spohn Hospital- Shoreline-Corpus Christi
 • 24/7 ER
Christus Spohn Hospital- South-Corpus Christi
 • 24/7 ER
Bay Area Hospital- Corpus Christi
 • 24/7 ER
Doctor's Regional Hospital- Corpus Christi
 • 24/7 ER
Northwest Hospital- Calallen
 • 24/7
Driscoll Children's Hospital- Corpus Christi
 • 24/7 ER
Oceans Behavioral Hospital- Corpus Christi
 • Psychiatric Inpatient
Bayview Behavioral Hospital
 • Psychiatric Inpatient (ages 10+)

Emergency Medical Services
Corpus Christi Fire Department
 • Corpus Christi Emergency Medical Services

Initial Detention
 • Nueces County Jail
 • City Detention Center
Booking
Screening Assessments Used:
 • Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards
 • CCP 16.22 Report - used to indicate evidence of MI.
Continuity of Care (CoC) Query / Care Match
 • Nueces County Jail's Diversion Liaison contacts Nueces MHID's jail diversion worker when there is an exact or probable TLETS match.
 • Nueces Center MHID Jail Diversion worker makes diversion recommendations to DA

Initial Court Appearance- Magistration
City Detention Center Pre-Trial Services
 • Bond decision set by district judges
 • Requires compliance with bond conditions

Competency Restoration
Outpatient Competency Restoration
 • Operated by Nueces MHID
Jail Based Competency Restoration
 • Operated by Nueces MHID

Courts
 In Nueces County, there are 8 District Courts, 5 County Court at Law Courts, 5 Justice of the Peace Courts and 3 Treatment Courts.
Courts:
District Courts:
 • 28th District Court: Nanette Hasette
 • 94th District Court: Bobby Galvan
 • 105th District Court: Jack W. Pulcher
 • 117th District Court: Susan Barclay
 • 148th District Court: David Klein
 • 214th District Court: Inna Klein
 • 347th District Court: Missy Medary
Treatment Courts:
•Veterans Treatment Court:
 • Judge Jack Pulcher
•Drug Court:
 • 319th District Court: David Stith
•Mental Health Court:
 • Probation and Parole Specialized Mental Health Court in partnership with Nueces MHID TCOOMMI

Jail
Nueces County Jail
Health Services
• MH Provider: Armor Correctional Health Services
• Medical Provider: Armor Correctional Health Services
• Substance Use Treatment Provider: Armor Correctional Health Services

Jail Reentry
Nueces County Jail Discharge Planner
 • Run by Armor Correctional Health
 • Helps coordinate release and provision of medication upon release
Texas Correctional Office on Offenders with Medical of Mental Impairments (TCOOMMI)
 • Provides continuity of care services for clients with identified medical and mental impairments released in Nueces County
 • Partnership with the Drug Court
Nueces MHID Jail Diversion
 • MHID makes recommendation for DA approval on jail diversion and reentry options for individuals with behavioral health needs.

Community Reentry
Dismas Charities
 • Residential Reentry Center
Corpus Christi Transitional Center
 • TDJC residential treatment center for released individuals with SUD

Parole
 • Texas Department of Criminal Justice, Parole Division, Region IV, Corpus Christi District Parole Office
Specialized Caseloads
 • Texas Risk Assessment System (TRAS) used to determine services needed.

Probation
 • Nueces County Community Supervision and Corrections Department- Adult Probation
 • Texas Juvenile Justice Department- Nueces County Juvenile Department
Specialized Caseloads:
 • Mental Health Caseload

Behavioral Health
Nueces Center for Mental Health and Intellectual Disabilities- local mental health authority, outpatient behavioral health and crisis resources;
Costal Bend Wellness Foundation- outpatient behavioral health and crisis resources; **United Way-Coastal Bend-** education, health and financial assistance; **Endeavors-** veterans, community, emergency and migrant services; **Amistad Community Health Center-** family BH care; **Circles of Care-** private mental health outpatient services

Recovery Supports
South Texas Substance Abuse Recovery Services- offender reentry program, methadone clinic, outpatient SUD; **Cenikor-** SUD treatment; **The Council on Alcohol and Drug Abuse-** youth and adult SUD treatment and prevention

Housing/Shelter
Salvation Army- family shelter; **Metro Ministries-** transitional men's housing, soup kitchen, social services; **Good Samaritan Rescue Mission** 911- shelter and food kitchen; **Corpus Christi Housing Authority** ; **Catholic Charities-** housing assistance and social services

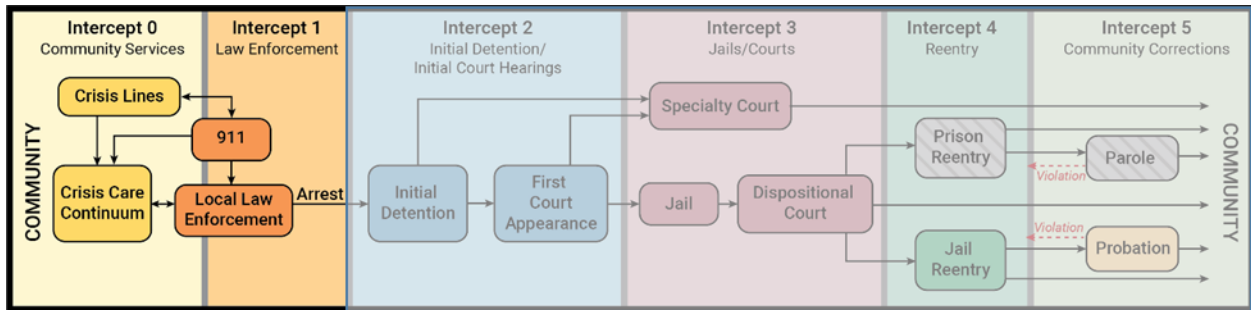
****Additional behavioral health resources can be found at [2-1-1 Texas | Texas Health And Human Services Commission \(211texas.org\)](https://www.211texas.org/)

Opportunities and Gaps at Each Intercept

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



Intercept 0 and Intercept 1



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Overview: Intercepts 0 and 1

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

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

National and State Best Practices

Someone to call



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

Someone to respond



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

A place to go



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

Tailored trainings



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

Targeted programs



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

Data sharing

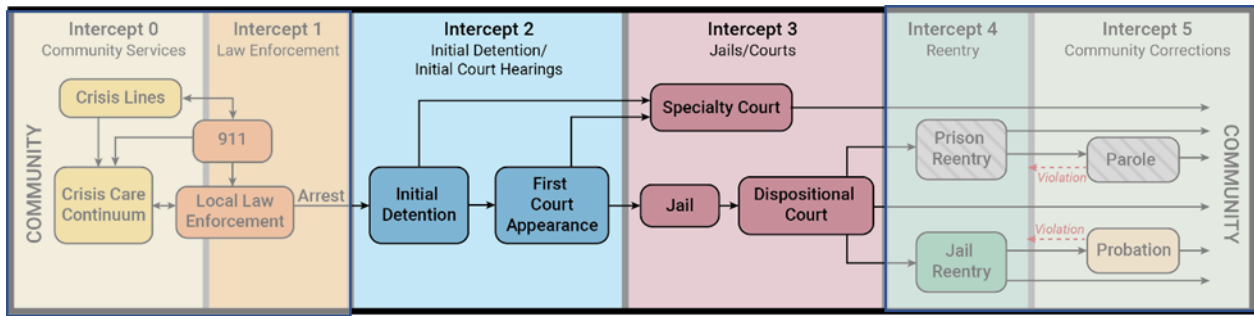


- Established essential data measures
- Information sharing to support crisis response and continuity of care
- Dispatch and Police Coding of MH calls

Nueces County Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • There is a high volume of mental health crisis calls coming in through 911 or 211 rather than the Nueces Center MHID crisis hotline. • Challenges exist in identifying frequent utilizers on crisis calls, particularly from rural parts of Nueces County. • There is a lack of valid data on the volume of mental health related crisis calls across different hotlines and municipal police dispatch systems (Robstown and Port Aransas use different dispatch systems). 	<ul style="list-style-type: none"> • Mental health education for Nueces County sheriff's office and municipal police departments who are dispatched to mental health crisis calls. • Develop a community crisis services steering committee to access crisis response and develop a crisis response process flow (see Appendix F). • Streamline coding for mental health-related calls for service. • Create a county-wide data and information sharing strategy for mental health crisis calls.
<ul style="list-style-type: none"> • The volume of voluntary and non-voluntary psychiatric inpatient admissions across different healthcare systems is not reflected in SIM data. 	<ul style="list-style-type: none"> • Explore using Cloud 9 system or other HIPAA-compliant system to share health information across providers.
<ul style="list-style-type: none"> • Law enforcement are frequently responding to mental health crisis calls, reducing their ability to respond to other calls for service in the community. 	<ul style="list-style-type: none"> • Expand upon the existing law enforcement and behavioral health co-responder model in Nueces County. • Explore implementing other diversion programs, including crisis call diversion, remote co-response and multi-disciplinary teams.
<ul style="list-style-type: none"> • Currently walk-in crisis services are only available M-F 8:00am-5:00pm M-F. There is a lack of 24-hour walk-in crisis treatment and stabilization options for people in crisis that don't require an inpatient level of care. 	<ul style="list-style-type: none"> • Explore opportunities to dedicate space at the future Nueces County diversion center for crisis respite or an extended observation unit (EOU) that would allow for 24-hour walk-in access.
<ul style="list-style-type: none"> • Different data systems are used to capture information on people experiencing homelessness. There may be undercounting of total numbers and the amount of federal Housing and Urban Development (HUD) funding Nueces County is eligible for may be higher. 	<ul style="list-style-type: none"> • Expand usage and awareness of the existing HUD-mandated system that is already in use (Homeless Management Information System) and the Coordinated Entry Process.
<ul style="list-style-type: none"> • Shelters for people experiencing homelessness have barriers to entry and are not accessible to some people based on prior behavior, background check, lack of ID. 	<ul style="list-style-type: none"> • Explore and expand options for low barrier shelters, and supportive housing inventory.
<ul style="list-style-type: none"> • There is a lack of SUD treatment options for people in crisis with a SUD or co-occurring disorder. • Lack of referrals to OSAR from community treatment providers (mental health and primary care providers). 	<ul style="list-style-type: none"> • Use telehealth services to screen and refer people to treatment in a timely manner. • Ensure out of county providers are connected with local service organizations to make appropriate referrals. • Educate law enforcement, hospital staff, and behavioral health providers on OSAR services and referral process.
<ul style="list-style-type: none"> • There are multiple Behavioral Health Leadership Teams (BHLTs) with varied stakeholder representation / goals. 	<ul style="list-style-type: none"> • Consolidate efforts into one leadership team with agreed upon priorities.
<ul style="list-style-type: none"> • Long wait times for people seeking emergency mental healthcare in local hospitals. • Telehealth psychiatrists who are not Nueces County based may recommend inpatient care without understanding the full array of outpatient resources available or bed availability. 	<ul style="list-style-type: none"> • Explore options to dedicate space at the pending diversion center for crisis respite or an extended observation unit (EOU). • Streamline mental health warrant process across law enforcement and courts in Nueces County. • Explore opportunities to educate existing telehealth psychiatrists on local resources and bed availability.
<ul style="list-style-type: none"> • Ocean's Behavioral Hospital cannot medically clear psychiatric patients, all medical clearance is currently done by Christus Spohn. 	<ul style="list-style-type: none"> • Streamline medical clearance definitions among private hospitals. Explore alternative sources of medical clearance, including paramedics and EMTs. See Appendix D for additional medical clearance resources.

Intercept 2 and Intercept 3









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Overview

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

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

National and State Best Practices

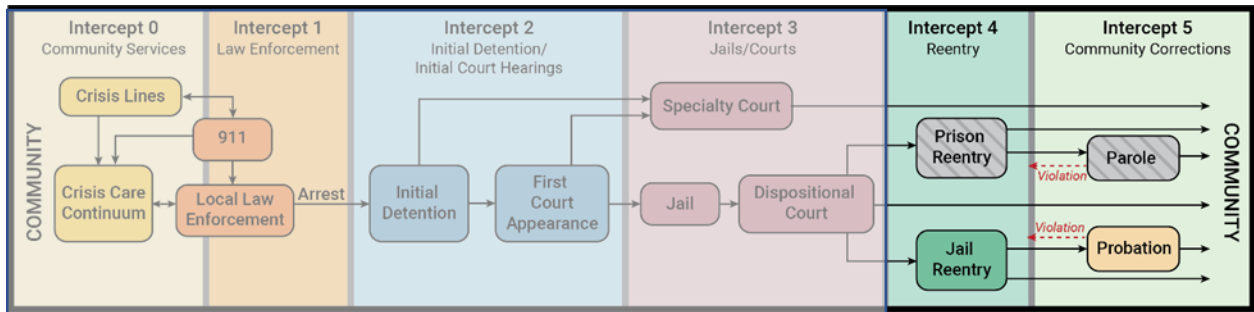
<p>Jail minimum requirements</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Validated screening instruments <input type="checkbox"/> Access to 24/7 telepsychiatry <input type="checkbox"/> Rx meds <input type="checkbox"/> Resource: Texas Commission on Jail Standards 	<p>Jail-based services</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Mental health services <input type="checkbox"/> Substance Use Disorder treatment <input type="checkbox"/> Partnerships with community-based providers <input type="checkbox"/> Use of MH jail liaisons and in-reach coordinators to help coordinate care
<p>Information sharing</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Regular Jail Meetings <input type="checkbox"/> Texas Law Enforcement Telecommunications System (TLETS) <input type="checkbox"/> Continuity of Care Query <input type="checkbox"/> Information Sharing and Analysis <input type="checkbox"/> 16.22 Reports 	<p>Special populations</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Veterans <input type="checkbox"/> Individuals found incompetent to stand trial <input type="checkbox"/> Frequent utilizers <input type="checkbox"/> Individuals with IDD
<p>Specialty courts</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Drug Courts <input type="checkbox"/> Veterans Treatment Courts <input type="checkbox"/> Mental Health Courts 	<p>Post-Booking Diversion</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> MH bonds <input type="checkbox"/> MH public defender programs <input type="checkbox"/> Assisted Outpatient Treatment <input type="checkbox"/> Pre-trial supervision and diversion <input type="checkbox"/> Prosecutor led diversion

See **Appendix E** for competency restoration best practices.

Nueces County Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • High recidivism rates among the indigent population whose core needs are not being met in the community. • People who are released on pre-trial bond for long periods of time are at risk for homelessness or additional charges while awaiting court process if they are not engaged in services. 	<ul style="list-style-type: none"> • Utilize the new Nueces County Public Defender's Office to help connect people to non-legal services and supports to prevent recidivism. • Coordinate with Nueces Center MHID to assess level of care needs and explore eligibility for Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT) or other intensive programming that meets the individual's needs.
<ul style="list-style-type: none"> • The need for mental health services inside the jail outweighs the jail staff's capacity to provide services. • There is a lack of substance use treatment options for individuals with SUD inside the jail. 	<ul style="list-style-type: none"> • Identify funding to hire additional MH staff inside the jail. • Explore opportunities to collaborate with Nueces Center MHID. • Explore opportunities to enhance SUD treatment options.
<ul style="list-style-type: none"> • Barriers to accessing care for individuals going through the civil commitment process. 	<ul style="list-style-type: none"> • Map out the local civil commitment process with local stakeholders. Identify strategies to address barriers.
<ul style="list-style-type: none"> • There is a lack of education and support for judges in determining which pre- and post- booking diversion options might best support individuals with mental health and substance use needs. • There is a lack of post-booking diversion options. • Currently, judges are underutilizing orders of protective custody. 	<ul style="list-style-type: none"> • Explore opportunities to provide judges with training on pre- and post- booking diversion opportunities that exist in Nueces County. • Expand diversion program for misdemeanor offenses to include non-violent state jail felony cases related to substance use and possession. • Explore First Time Offender Programs, pre-trial diversion mental health dockets and mental health courts.
<ul style="list-style-type: none"> • The previous statewide order that restricts PR bonds potentially conflicts with statute on releasing individuals whose cases are not filed within 90 days. 	<ul style="list-style-type: none"> • Obtain legal clarity on which order supersedes others and reach consensus.
<ul style="list-style-type: none"> • Wait times for people found incompetent to stand (IST) trial who are waiting for inpatient competency restoration services in the Nueces County Jail. • A lack of services available for individuals who have been found IST. 	<ul style="list-style-type: none"> • Establish a county forensic team and meet regularly to review local data and processes. • Explore court-ordered medication for people found IST and are waiting for inpatient competency restoration services inside the Nueces County Jail. • Discuss opportunities to divert and connect individuals to care, when appropriate, prior to the question of competency being raised. • Utilize state supports offered by HHSC's Jail In-Reach Learning Collaborative, including: clinical consultations, legal education, forensic services and planning support.
<ul style="list-style-type: none"> • A lack of education and support for family members of justice-involved individuals on how to navigate behavioral health and legal systems. 	<ul style="list-style-type: none"> • Work with the local NAMI chapter to offer family support opportunities. • Identify opportunities to leverage peers and family advocates to support individuals with family members who are incarcerated.
<ul style="list-style-type: none"> • A lack of systematic data collection and information sharing across the courts, jail medical staff and Nueces Center MHID. 	<ul style="list-style-type: none"> • Explore the creation of a community data dashboard to identify and assess key behavioral health and justice trends over time. • Identify opportunities for individual level information sharing to support connection to care and continuity of care for justice involved individuals.

Intercept 4 and Intercept 5



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Overview

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

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

National and State Best Practices

Transition planning



- Begins at intake
- Should involve community-based service providers
- Benefits
- Peer support services

Appointment follow up



- Psych medications
- Peer support services
- Referrals v. Appointments
- Transportation

Release



- Release time
- Transportation
- Access to medication

Specialized case loads



- Mental health caseload

Community partnerships



- Frequent communication between community behavioral health providers and probation officers
- Access to recovery supports

Training and education



- Crisis Intervention Training
- Mental Health First Aid

Nueces County Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • Not all inmates receive reentry services; individuals must opt in to working with the reentry coordinator. • A lack of coordination between jail-based reentry coordinator and with reentry support services in the community. • Underutilization of existing reentry supports and services, including IDD services, employment services, and other community programs to support individuals upon reentry. 	<ul style="list-style-type: none"> • Increase Reentry Planning staff capacity to provide reentry support for all inmates. • Identify opportunities to replace resource books and referrals with warm hand-offs to community organizations. • Explore opportunities for community service providers to support the reentry specialist in coordinating care. • Utilize existing reentry supports such as the Salvation Army, sober living facilities, Roommates for Recovery, Oxford House, Catholic Charities.
<ul style="list-style-type: none"> • Release times from jail vary greatly, creating challenges for the reentry coordinator who is tasked with coordinating care. 	<ul style="list-style-type: none"> • Create a release checklist to anticipate what needs people will have when their notice of release is posted so that prior communication and coordination can occur. • Explore opportunities to improve communication and release time processes.
<ul style="list-style-type: none"> • Lack of transportation options for people exiting jail (e.g., provision of bus tickets, cab fare, etc.) or individuals on probation/parole who have meeting and services requirements. 	<ul style="list-style-type: none"> • Explore bus tickets, taxi services, and other supports available to support individuals with post-release transportation needs.
<ul style="list-style-type: none"> • There is a lack of housing options for justice-involved individuals. 	<ul style="list-style-type: none"> • Expand housing options for people who are justice involved, including sober living facilities, transitional housing, permanent support housing, landlord incentive programs and other opportunities.
<ul style="list-style-type: none"> • Adapting to life outside of incarceration is a challenge for people who've been cyclically involved in behavioral health systems and the criminal justice system for long periods of time. • People returning to environments and communities may lack support, which can increase chances of recidivism. 	<ul style="list-style-type: none"> • Increase access to life skills training, Assertive Community Treatment, and other supports. • Connect individuals with peers who have experience with incarceration and are trained to support reentry. • Leverage the Council on Alcohol and Drug Abuse's Recovery Support Specialist (peer) program for formerly incarcerated people with SUD. • Identify other community entities providing reentry support services (including peer services) for people who don't qualify for existing services related to a SUD diagnosis or veteran status.
<ul style="list-style-type: none"> • Lack of probation/parole staff with specialized mental health training. The need for specialized support exceeds the capacity of existing specialized caseloads, such as the Mental Impairment Caseload. 	<ul style="list-style-type: none"> • Identify opportunities to better leverage/partner with TCCOOMI. • Explore the expansion of specialized caseloads to accommodate more individuals with mental health conditions. • Expedite approval of diversion conditions for the Mental Impairment Caseload. • Partner with the Nueces County Public Defender's Office to explore additional opportunities for pre-trial diversion. • Expand training opportunities for all probation and parole officers.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified participants voted for top priorities. The voting took place on June 16, 2023. The top four priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Total Votes
1	Expand shelter and housing options across Nueces County.	18
2	Create a county-wide data and information sharing strategy.	17
3	Enhance reentry planning and services.	14
4	Plan for and coordinate pre-arrest and pre-trial diversion services.	13
5	Standardize assessment tools across the SIM.	7
6	Enhance peer support services across the SIM.	7
7	Expand mental health programs in the Nueces County jail.	6
8	Expand post arrest and pre-trial reentry services in Nueces County.	6
9	Establish a behavioral health and justice steering committee.	4
10	Create interdisciplinary training across Nueces County behavioral health and justice stakeholders.	4
11	Create processes, programs and policies surrounding frequent utilizers.	2
12	Enhance law enforcement response through CIT, co-response and multi-disciplinary teams.	2

Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top five priorities for change. This section includes action plans developed by Nueces County stakeholder workgroups as well as additional considerations from HHSC staff on resources and best practices that could help to inform implementation of each action plan. The following publications informed the additional considerations offered in this report:

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

Finally, there are two overarching issues that should be considered across all action plans outlined below. The first is **equity and access**. While the focus of the SIM Mapping Workshop is on people with behavioral health needs, disparities in healthcare access and criminal justice involvement can also be addressed to ensure comprehensive system change.

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

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

³ Steadman, H.J. (2009). *[Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative]*. Unpublished raw data.

Priority Area One: Expand Shelter and Housing Options Across Nueces County

Objective	Action Steps
<p>Coordinate with community housing providers to assess housing needs and join in existing efforts</p>	<ul style="list-style-type: none"> • Collect data from community housing providers to identify the barriers to establishing emergency shelter, transitional living, and more permanent supportive housing options in Nueces County. <ul style="list-style-type: none"> ○ Identify partners to collaborate in data collection and integrate with existing data collection systems to maximize availability of government funding types ○ Develop a community wide survey ○ Review findings from recent housing assessments, listed below under Resources • Send housing workgroup leads to attend Behavioral Health Leadership Team Meeting and facilitate a discussion on community housing priorities • Join existing Homeless Issues Partnership (HIP) meeting to learn about existing efforts to educate and serve unhoused population. • Join city housing coordination and Nueces police department outreach efforts. (Weekly: Thursdays) • Gather brochures and information on housing resources and share across county.
<p>Establish Community Emergency Alert System</p>	<ul style="list-style-type: none"> • Establish alert system on available cooling and warming shelters <ul style="list-style-type: none"> ○ Place signs and flyers in parks and areas with unhoused individuals with information on cooling and warming shelter access.
<p>Identify potential next steps for a low barrier transitional shelter</p>	<ul style="list-style-type: none"> • Meet with local housing stakeholders to discuss shelter opportunities. Coordinate with: <ul style="list-style-type: none"> ○ Housing workgroup participants, the Nueces County Housing Authority, Salvation Army, Mother Theresa’s, Nueces County Commissioners and Good Samaritan Rescue Mission • Identify the total existing shelter bed capacity countywide and what the requirements to entry are (background check, TB test, compliant behavior, sobriety, ages of children, attending religious service, etc.) to support low barrier transitional housing • Establish a set amount of reserve emergency beds at existing shelters. • Explore a dashboard system of bed availability shared across shelter
<p>Training and education</p>	<ul style="list-style-type: none"> • Establish trainings for justice and behavioral health stakeholders on working with unhoused individuals (resources and general education) • Develop trainings specific for shelters about serving individuals with serious mental illness and intellectual disability and explore specific resources to support this population
<p>Increase permanent supportive housing options available in Nueces County</p>	<ul style="list-style-type: none"> • Visit communities with a well-established housing continuum. • Explore opportunities to incentivize second chance housing: <ul style="list-style-type: none"> ○ Examine existing options and identify tenant selection criteria that might limit or exclude those with prior justice involvement

	<ul style="list-style-type: none">○ Landlord outreach and engagement, consider:<ul style="list-style-type: none">• Landlord incentive programs• Landlord risk mitigation funds
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Team Leads: Tony Reyes, Mission 911

Workgroup Members: Amanda Rodriguez, City of Corpus Christi; Edita Fuentes, NAMI; Ruben Bernal, Mission 911; Heather Trevino, Nueces MHID; Gina Pena, Nueces MHID; Mark Morris, Nueces MHID; Donna Lamontagne, Mission 911; Tony Reyes, Mission 911

Priority Two: Develop a County-Wide Data and Information Sharing Strategy

Objective	Action Steps
Integrate a broader data strategy to support funding for housing	<ul style="list-style-type: none"> • Provide county-wide education on HMIS and explore opportunities to integrate existing data collected into HMIS • Spread awareness of Texas Homelessness Network training on July 12, 2023 • Identify all housing/placement options for individuals with behavioral health needs in Nueces County. • Integrate data collected across entities
Establish a data leadership committee	<ul style="list-style-type: none"> • Identify key community stakeholders in Nueces County to be included in the planning process • Convene Behavioral Health Leadership Team and establish a data subcommittee • Explore: <ul style="list-style-type: none"> ○ Potential roles and responsibilities; ○ Specific gaps needing to be addressed within the community; ○ Data collection priorities; and ○ Participant expectations.
Create a county-wide data dashboard	<ul style="list-style-type: none"> • Clarify information sharing needs for local stakeholders, for example: • General information on mental health services; • Aggregate data to identify trends in crisis service utilization and encounters with the criminal justice system; • Identifiable data to support care coordination for individuals with MI, SUD, and IDD who are at risk or involved with the justice system. • Review data submitted for SIM workshop (impact measures spreadsheet) and consider regular submission and collection plan. Consider: <ul style="list-style-type: none"> ○ Frequency ○ Points of contact for each intercept ○ Additional data points • Explore what information sharing agreements might need to be in place between the BHLT, community BH providers and other justice stakeholders: <ul style="list-style-type: none"> ○ E.g., data sharing agreements such as MOUs or ROIs ○ Leverage Cloud 9
Ongoing data collection and evaluation	<ul style="list-style-type: none"> • Identify what baseline data measures will be collected or monitored by the leadership team. Consider: <ul style="list-style-type: none"> ○ The impact measures spreadsheet for collecting data across the SIM to guide baseline data collection ○ Tracking special population's data discussed during the SIM workshop, including suicide data, homelessness and housing data, and health outcomes among low-income populations

Team Lead: Andrea Kovarik, Nueces MHID

Priority Three: Enhance Reentry Planning and Services

Objective	Action Steps
Establish a reentry workgroup	<ul style="list-style-type: none"> Identify key stakeholders to invite (Jail Staff; Jail Medical; Sheriff's Office; Police Departments; Forensic and Crisis Services Staff; Adult Probation and Parole) Define the Reentry Workgroup goals, consider mission and vision Set first reentry workgroup meeting
Improve transportation option for individuals re-entering	<ul style="list-style-type: none"> Develop workflow and processes to simplify access to transportation for individuals exiting jail or hospitalization. Explore contracts with existing transportation providers and explore opportunities to expand these existing contracts. Create a list of agencies that provide bus passes and coordinate distribution to individuals re-entering.
Improve planning and response to sudden discharge from Nueces County Jail	<ul style="list-style-type: none"> Engage Nueces District Attorney's office and County Judges to improve communication and planning around discharge: <ul style="list-style-type: none"> Establish a process flow (identify key points of contact at each stage of release decision making) Begin reentry planning from initial identification of an individual with mental illness (coordinate with external community social service providers to support)
Improve jail-based reentry services	<ul style="list-style-type: none"> Explore opportunities to apply for HHSC's Jail in Reach Learning Collaborative to improve processes. <ul style="list-style-type: none"> Application open in Fall 2023 see the Texas Behavioral Health and Justice Technical Assistance Center for more information Explore opportunities to improve follow up care for individuals released from jail. <ul style="list-style-type: none"> Coordinate intake appointments with Nueces MHID for clients with ongoing BH needs prior to release Release clients from jail with an appropriate amount of psychotropic medications <ul style="list-style-type: none"> Coordinate with Nueces County Jail Administrators to: <ul style="list-style-type: none"> Create process for individuals on psychotropic medications to be released with an extended supply of medication Explore medication reimbursement funding opportunities Explore benefits coordination services in jail. <ul style="list-style-type: none"> Assist individuals with benefits reactivation prior to release Coordinate with clients to obtain identification documents Connect client to housing, job and treatment supports prior to release Offer life skills and other education opportunities (GED, trade certifications etc.) Establish a data collection plan to track: <ul style="list-style-type: none"> Discharges Number of referrals made Number of referrals followed up on Rates of recidivism

Team Lead: Amy Kramer, Nueces MHID

Workgroup Members: Belinda Espinoza, Nueces County Hospital District; Sarah Davalos, Nueces Public Defender's Office; Unique Williams, Nueces Public Defender's Office; Amy Kramer, Nueces MHID; Aaron Diaz, Nueces County; Don Osborn, NAMI; Donna Hurley, United Way-Coastal Bend; Natalia Gutierrez, Armor Health; Barrett Yeager, Cloud 9; Angela Horner, NAMI; Roxanne Nunez, Council on Alcohol and Drug Abuse

Priority Four: Plan for and Coordinate Pre-Arrest and Pre-trial Diversion Programs.

Objective	Action Steps
<p>Explore mental health pre-trial bonds</p>	<ul style="list-style-type: none"> • Review pre-trial intervention agreement templates developed by other counties: <ul style="list-style-type: none"> ○ Dallas County’s Pre-Trial Intervention Agreement ○ Harris County’s Post-Charge Mental Health Diversion Program • Review the Judicial Commission on Mental Health’s Forms Bank and resources • Take an inventory of current bond conditions and conditions of release utilized by Nueces County magistrates <ul style="list-style-type: none"> ○ Coordinate with community MH providers to explore community-based diversion options ○ Coordinate with Nueces CSCD to explore establishing a pre-trial mental health caseload • Set eligibility criteria cases (e.g., potentially start with state jail felony drug cases) • Identify key points of intervention and opportunities for eligible cases to be identified • Explore community supervision strategies for individuals out on bond • Develop and share templates across Nueces County Courts
<p>Plan for a pre-arrest diversion / sobering center</p>	<ul style="list-style-type: none"> • Assemble local data to help determine the need for, and potential impact of, a sobering center. Consider collecting the following data points: <ul style="list-style-type: none"> ○ Substance use related calls for service (911, local police departments and sheriff’s office); ○ Daily jail population; ○ For a specific time-period: number of jail bookings for low level misdemeanors; number of jail bookings for people who screen positive for substance use; ○ Average length of stay for individuals who screen positive for substance use compared to the general population; ○ Average cost to house people with mental health and SUD issues in the jail; and, ○ Frequent utilizer analysis. • Review existing crisis drop-off and substance use treatment options, including their capacity and eligibility requirements. • Explore center access and eligibility. • Identify potential funding sources, taking into consideration both start-up costs and ongoing operational costs of a sobering center (e.g., services, transportation, security, etc.). <ul style="list-style-type: none"> ○ Apply for grants (state and federal) ○ Coordinate with Nueces County Commissioners ○ Coordinate across SUD and BH stakeholders to identify funding opportunities • Explore potential locations <ul style="list-style-type: none"> ○ Explore existing buildings/options in Nueces County (e.g., LCDC location) ○ Consider future sobering bed capacity at future diversion center • Determine initial clinical/medical services and other supports that will be available at the sobering center, based on needs assessment. Consider: <ul style="list-style-type: none"> ○ Low-barrier drop off center elements;

	<ul style="list-style-type: none"> ○ On site security; ○ Onsite medical evaluation; ○ Peer recovery support ○ MH/SUD referrals; ○ Case management; ○ Counseling; ○ Medication Management; ○ Detox; and, ○ Transportation ● Explore potential providers. ● Discuss opportunities to integrate the sobering center with the Nueces County Diversion Center
Emergency Department Collaboration and Coordination	<ul style="list-style-type: none"> ● Establish regular meetings between Nueces Center MHID and Christus Spohn (medical director) <ul style="list-style-type: none"> ○ Case staffing ○ Ongoing information sharing and coordination ● Establish coordination between Nueces Center MHID and Spohn ER <ul style="list-style-type: none"> ○ Develop process flow to facilitate warm hand off from ER to outpatient services when appropriate ● Set up Cloud 9 technologies in ER <ul style="list-style-type: none"> ○ Train ER staff on Cloud 9

Team Leads:

Sobering Center - Mark Schaur, Corpus Christi Police Department; Melissa Sweeting, The Council on Alcohol and Drug Abuse

Emergency Department Pre-arrest Diversion - Jayne Knoll, ER Director-Christus Spohn; Mark Hendrix, Nueces MHID COO

Pre-Trial Mental Health Bond - Judge Bobby Galvan, 94th District Court; Debbie Dumesnil, Nueces MHID; Stephen Byrne, Nueces County Public Defender; Cheryl Davis, Nueces CSCD

Resources to Support Action Plan Implementation

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



Task Force & Networking

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



Communication and Information Sharing

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



Boundary Spanner

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



Local Champions

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



Ability to Measure Outcomes

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



Peer Involvement

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



Behavioral Health Leadership Teams

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

Housing for Justice Involved Populations Resources and Recommendations

Best Practices



Connect with [local Continuum of Care \(CoC\)](#) program to integrate SIM goals with existing housing work and learn about funding opportunities and existing data collection efforts.



Eliminate landlord discrimination and promote “ban the box” policies.



Implement or strengthen Jail In-reach and reentry coordination to secure housing upon reentry.

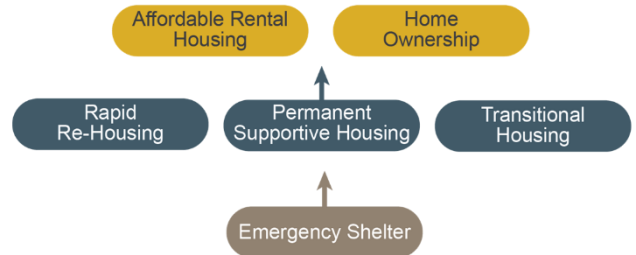


Expand Permanent Supportive Housing that wraps services and housing together.



Explore incentive programs to engage private landlords.

Stable housing is treatment.



County Spotlights

[Travis County Tiny Home Village](#)

[Travis County](#) & Bell County Landlord Incentive Programs

[Dallas County](#) and [Bexar County](#) use the CSH Frequent Users Systems Engagement (FUSE) model for identifying frequent users of jails, shelters, hospitals and/or other crisis public services and then improving their lives through supportive housing.

Key Resources

- Housing and Urban Development (HUD)’s [Housing Search Assistance Toolkit](#) provides documents and tips for landlord outreach and recruitment resources.
- [Creating Housing Opportunities for People with Complex Health Needs Leaving Incarceration](#) is an article that highlights four questions leaders face when wanting to create new, equitable housing opportunities for people with complex health needs leaving incarceration.
- [Building Connections to Housing During Reentry](#) summarizes results from the first national survey of state Departments of Corrections reentry coordinators to outline current practices and areas where policymakers can direct efforts to increase connections to housing.
- [Action Points: Four Steps to Expand Access to Housing for People in the Justice System with Behavioral Health Needs](#) is a brief presenting four steps that state leaders should take to increase housing opportunities and improve justice and health outcomes for this population
- [Housing for the Justice-Involved: The Case for County Action](#) is a publication detailing how counties can help address the difficulty that justice-involved individuals can have securing housing while reducing county costs.
- [Texas Homeless Network: Texas Homeless Data Sharing Network](#) is the largest statewide homelessness data integration effort in the United States.

Data and Information Sharing Resources and Recommendations

Best Practices



Clarify goals for data sharing and data integration (what questions would you like to answer?).

Develop a data plan. Consider:

- What data will help answer identified questions?
- What data sources exist across agencies?
- What agreements are needed for sharing data?
- What agency may be best suited to receive and analyze data



Establish data sharing agreements across behavioral health and justice stakeholders. Review Texas' and federal privacy and information sharing provisions (**Appendix C**).



County Spotlights

- [Lubbock County- Named a Stepping Up Innovator County.](#)
- [Waco Police Department Data collection and triage approach](#) to mental health calls for service.
- [Hays County Jail Population Dashboard](#)
- [Dallas County Data Driven Justice](#)

Key Resources

- [Data Collection Across the Sequential Intercept Model: Essential Measures](#) recommends data elements organized around each of the six SIM intercepts.
- [Data-Driven Justice: A Playbook for Developing a System of Diversion for Frequent Utilizers \(naco.org\)](#) is designed to help guide the development of a multi-system strategy to successfully divert frequent utilizers, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.
 - See [data sharing agreement](#) examples from other counties.
- [Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions](#), compiles strategies to enable appropriate information sharing between health care and criminal justice agencies.
- [The Stepping Up Initiative](#) is a data-driven framework that assists counties through training, resources and support that are tailored to local needs.
- [Complex Care Startup Toolkit](#) provides “guides, templates and other tools to help you launch and grow” a new complex care program.

Reentry Resources and Recommendations

Best Practices



Begin transition planning for reentry at intake. Planning should involve collaboration across criminal justice, behavioral health, and public healthcare systems and incorporate peer support services throughout transition.



Ensure that steps are taken to ease access to services by setting social service, healthcare and behavioral health appointments; reinstating benefits and healthcare coverage; and by providing a supply of medications prior to release.



Set release times during standard business hours and establish a transportation plan for every person being released.



County Spotlights

- [Peer Reentry Services Across Texas](#) (The Harris Center, MHMR of Tarrant County, and Tropical Texas Behavioral Health)
- [Taylor County Jail Navigator Program](#)
- [Texas' Justice Involved Veterans Program](#)

Key Resources

- SAMHSA developed [Guidelines for Successful Transition](#) that provides correctional, behavioral health and community stakeholders examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.
- [Adults with Behavioral Health Needs Under Correctional Supervision](#) introduces an evidence-based framework for prioritizing scarce resources based on assessments of individuals' risk of committing a future crime and their treatment and support needs. The report also outlines the principles and practices of the substance use, mental health, and corrections systems and proposes a structure for state and local agencies to build collaborative responses.
- [Preparing People for Reentry: Checklist for Correctional Facilities](#) provides a checklist to ensure a standard provision of services and continuity of care for individuals reentering the community.
- [The Council Of State Governments Reentry Resource Center](#) contains links and articles to more information about improving reentry process and outcomes.

Pre-Arrest Diversion Resources and Recommendations

Best Practices



Review local data to make a case for diversion. Consider jail trends, mental health calls for service and other crisis trends.



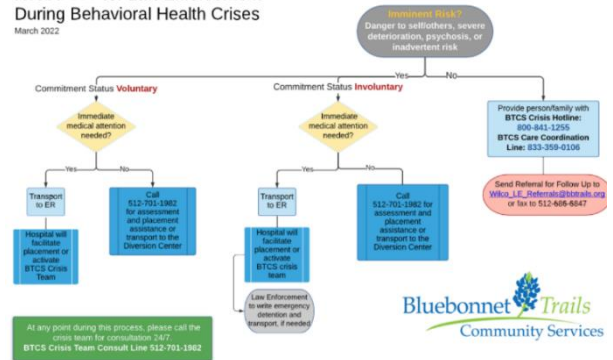
Explore pre-arrest diversion program options, including specialized response programs (e.g., crisis call diversion, co-response teams, multi-disciplinary teams) and diversion facilities (e.g., sobering centers, respite units and diversion centers).



Convene stakeholders regularly to identify opportunities to expand and enhance local diversion efforts. Include law enforcement, behavioral health providers and hospitals.

Resources for Law Enforcement During Behavioral Health Crises

March 2022



County Spotlights

- [Williamson County Crisis Call Diversion](#)
- [Jefferson County Mental Health Deputies](#)
- [Taylor County Multi-Disciplinary Team](#)
- [Tarrant County Diversion Center](#)
- [Harris County Remote Co-Response](#)
- [Austin Sobering Center](#)

Key Resources

- [Implementing a Mental Health Diversion Program. A Guide for Policymakers and Practitioners](#) offers concrete strategies communities can take to plan for, implement and fund diversion programs.
- The [Justice and Mental Health Collaboration Program](#) was created by the Justice Department and partners to help strengthen connections between criminal justice agencies and behavioral health organizations.
- [Behavioral Health Diversion Interventions: Moving from Individual Programs to System-Wide Strategy](#) outlines the key components to developing a system-wide diversion strategy.
- Federal funding can be a key source to support the piloting, initial operations, or expansion of interventions that serve people with behavioral health needs in the justice system. These grants are also often paired with training and assistance to help communities through the challenges of advancing and sustaining new collaborations. [Supporting Justice, Behavioral Health, and Housing Collaborations through Federal Funding](#) presents a range of available federal funding opportunities that focus on criminal justice, behavioral health, and housing.

Post-Booking Diversion Resources and Recommendations

Best Practices



Review local data to make a case for diversion. Consider relevant jail, court, and law enforcement data.



Explore post-booking diversion options, including mental health bonds, pre-trial mental health agreements, specialty courts, assisted outpatient treatment, jail in-reach and jail diversion.



Leverage community resources to support individual success in post-booking diversion programs. Ensure that justice stakeholders, including judges, probation and parole have access to mental health training and knowledge of how to access resources across the community.



County Spotlights

- [Midland County Mental Health Court \(Video\)](#)
- [Harris County Jail Diversion Desk](#)
- [Orange County Jail In-Reach Program](#)
- [Smith County Assisted Outpatient Treatment](#)
- [Tarrant County Pre-trial Mental Health](#)

Key Resources

- The Texas Judicial Commission on Mental Health offers a number of resources to support planning and implementation of post-booking diversion options, including [mental health court](#) resources, a guide on developing assisted [outpatient treatment programs](#), and other [tools](#) that can be utilized by local stakeholders when exploring post-booking diversion options.
- [Propelling Change: a Prosecutor Call to Action](#) from the Council of State Governments includes a guide on the prosecutor's role in enhancing connections to community-based mental health services.
- [Behavioral Health Diversion Interventions: Moving from Individual Programs to System-Wide Strategy](#) outlines the key components to developing a system-wide diversion strategy.
- Federal funding can be a key source to support the piloting, initial operations, or expansion of interventions that serve people with behavioral health needs in the justice system. These grants are also often paired with training and assistance to help communities through the challenges of advancing and sustaining new collaborations. [Supporting Justice, Behavioral Health, and Housing Collaborations through Federal Funding](#) presents a range of available federal funding opportunities that focus on criminal justice, behavioral health, and housing.

Quick Fixes

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

- Obtain clarity on whether the previous statewide order restricting Personal Recognizance bonds supersedes statute on releasing individuals whose cases are not filed within 90 days and provide education across courts on processes.
- Nueces MHID can ensure that MHFA training is made widely available to community stakeholders to help them identify, understand, and respond to signs of MI and SUD.
- Nueces MHID can explore training opportunities for law enforcement and court staff on the appropriate use and completion of Emergency Detention Orders (EDO) and Orders of Protective Custody (OPC).
- Explore opportunities to restructure the behavioral health and justice leadership groups in Nueces County into one leadership team.
- Reconvene SIM Workshop stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop. Explore opportunities to incorporate peers and individuals with lived experience into leadership meetings.
- Convene all Nueces County law enforcement agencies and 9-1-1 dispatch to explore the standardization of mental health coding protocols in Nueces County.
- Increase community awareness of mental health resources through social media marketing and provision of hand outs and resources among county behavioral health and justice stakeholders.

Appendices

Appendix A: Nueces County Workshop Agenda

Sequential Intercept Model Mapping Workshop

Nueces County

June 15, 2023-June 16, 2023

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 am	Registration	Coffee and snacks to be provided by <i>Nueces Center for Mental Health and Intellectual Disabilities (NCMHID)</i>
8:30 am	Opening Remarks	Opening Remarks, <i>Andrea Kovarik, Director of Mental Health Services, NCMHID</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services</i>
8:45	Workshop Overview and Keys to Success	Overview of the Workshop Community Polling
9:00	Presentation of Intercepts 0, 1	Overview of Intercepts 0 and 1 Program Spotlights Panel <ul style="list-style-type: none"> • CCPD, CIT Coordinator- <i>Officer Shawn Barnes</i> • Nueces MHID, Director of Operations- <i>Mark Hendrix, LPC</i> • Salvation Army/Coordinated Entry, Social Service Director-<i>Kyle Knutson</i> • Oceans Behavioral Hospital, CEO- <i>Michelle Lozano</i> Nueces County Data Review
10:15	Break	
10:30	Map Intercepts 0, 1	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:15	Lunch	Lunch to be provided by <i>Nueces MHID</i>
12:15	Presentation of Intercepts 2, 3	Overview of Intercepts 2 and 3 Program Spotlights Panel <ul style="list-style-type: none"> • Nueces County Jail, Captain- <i>Belinda Bustamante</i> • Public Defenders Office, Chief Defender- <i>Danice Obregon</i> • Specialty Court- <i>Judge David Stith</i> • Nueces MHID-Mental Health Service Director- <i>Andrea Kovarik</i> Nueces County Data Review
1:30	Map Intercepts 2, 3	Map Intercepts 2 and 3 Examine Gaps and Opportunities
2:30	Presentation of Intercepts 4, 5	Overview of Intercepts 4 and 5 Nueces County Data Review
3:00	Break	Refreshments to be provided by <i>Nueces MHID</i>

3:15	Map Intercepts 4, 5	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:45	Summarize Opportunities, Gaps & Establish Priorities	Identify Potential, Promising Areas for Modification within the Existing System Establish a List of Top Priorities- Round Robin
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided by <i>Nueces Center for Mental Health and Intellectual Disabilities (NCMHID)</i>
8:30	Welcome	Opening Remarks, <i>CCPD CIT Coordinator, Shawn Barnes</i>
8:40	Preview & Review	Review Day 1 Accomplishments Preview of Day 2 Agenda Best Practice Presentation
9:15	Action Planning	Group Work
10:00	Break	
10:15	Finalize the Action Plan	Group Work
10:30	Workgroup Report Outs	Each Group will Report Out on Action Plans
10:45	Next Steps & Summary	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
11:15	Closing Remarks	Closing Remarks, <i>Mark Hendrix, LPC-Nueces Center MHID, Director of Operations</i>
11:30	Adjourn	

Appendix B: Community Impact Measures

Item	Measure	Intercept	Category
1	Mental health crisis line calls, count (#)	Intercept 0	Crisis Lines
2	Emergency department admissions for psychiatric reasons, count (#)	Intercept 0	Emergency Department
3	Psychiatric hospital admissions (#)	Intercept 0	Hospitals
4	Mobile crisis outreach team episodes, count (#)	Intercept 0	Mobile Crisis
5	Mobile crisis outreach calls responded to in the community (%)	Intercept	Mobile Crisis
6	Mobile crisis outreach calls resolved in the field (%)	Intercept 0	Mobile Crisis
7	Mobile crisis outreach team calls, repeat calls (% of calls)	Intercept 0	Mobile Crisis
8	Crisis center admissions, count (e.g. respite center, crisis stabilization unit) (#)	Intercept 0	Crisis Center
9	Designated mental health officers (e.g. Mental Health Deputies, CIT Officer) (#)	Intercept 1	Law Enforcement
10	Mental health crisis calls handled by law enforcement, count (#)	Intercept 1	Law Enforcement
11	Law enforcement transport to crisis facilities (emergency department, crisis centers, psychiatric hospitals) (#)	Intercept 1	Law Enforcement
12	Mental health crisis calls handled by specialized MH law enforcement officers, percent (%)	Intercept 1	Law Enforcement
13	Jail bookings, count (#)	Intercept 2	Jail (Pretrial)
14	number of jail bookings for low-level misdemeanors	Intercept 2	Jail (Pretrial)
15	Jail mental health screenings, percent screening positive (%)	Intercept 2	Jail (Pretrial)
16	Jail substance use screenings, count (#)	Intercept 2	Jail (Pretrial)
17	Jail substance use screenings, percent screening positive (%)	Intercept 2	Jail (Pretrial)
18	Pretrial release rate of all arrestees, percent released (%)	Intercept 2	Pretrial Release
19	average cost per day to house someone in jail	Intercept 2	Jail (Pretrial)
20	average cost per day to house people with mental health issues in jail	Intercept 2	Jail (Pretrial)
21	average cost per day to house someone with psychotropic medication	Intercept 2	Jail (Pretrial)
22	Caseload rate of the court system, misdemeanor v. felony cases (%)	Intercept 3	Case Processing
23	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases (%)	Intercept 3	Case Processing
24	Jail sentenced population, average length of stay (days)	Intercept 3	Incarceration
25	Jail sentenced population with mental disorders, average length of stay (days)	Intercept 3	Incarceration
26	Individuals with mental or substance use disorders receiving reentry coordination prior to jail release, count (#)	Intercept 4	Reentry
27	Individuals with mental or substance use disorders receiving benefit coordination prior to jail release, count (#)	Intercept 4	Reentry
28	Individuals with mental disorders receiving a short-term psychotropic medication fill or a prescription upon jail release, count (#)	Intercept 4	Reentry
29	Probationers with mental disorders on a specialized mental health caseload, percent of probationers with mental disorders (#)	Intercept 5	Community Corrections
30	Probation revocation rate of all probationers, percent (%)	Intercept 5	Community Corrections
31	Probation revocation rate of probationers with mental disorders, percent (%)	Intercept 5	Community Corrections

Appendix C: Texas and Federal Privacy and Information Sharing Provisions

Mental Health Record Protections

[Health and Safety Code Chapter 533:](#)

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

[Health and Safety Code Chapter 611:](#)

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

(a) A professional may disclose confidential information only:

- (1) to a governmental agency if the disclosure is required or authorized by law;
- (2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
- (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);
- (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
- (5) to the patient's personal representative if the patient is deceased;
- (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;
- (7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;
- (8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);

(9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;

(10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:

(A) will not use or disclose the information for any other purposes; and

(B) will take appropriate steps to protect the information; or

(11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section 74.051(e), Civil Practice and Remedies Code.

(a-1) No civil, criminal, or administrative cause of action exists against a person described by Section 611.001(2)(A) or (B) for the disclosure of confidential information in accordance with Subsection (a)(2). A cause of action brought against the person for the disclosure of the confidential information must be dismissed with prejudice.

(b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.

(c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.

(d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

[Health and Safety Code Chapter 614](#)

Section 614.017 EXCHANGE OF INFORMATION.

(a) An agency shall:

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

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

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

(c) In this section:

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

(A) the Texas Department of Criminal Justice and the Correctional Managed Health Care Committee;

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

(I) the Texas School for the Blind and Visually Impaired;

(J) community supervision and corrections departments and local juvenile probation departments;

(K) personal bond pretrial release offices established under Article [17.42](#), Code of Criminal Procedure;

(L) local jails regulated by the Commission on Jail Standards;

(M) a municipal or county health department;

(N) a hospital district;

(O) a judge of this state with jurisdiction over juvenile or criminal cases;

- (P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;
- (Q) the Health and Human Services Commission;
- (R) the Department of Information Resources;
- (S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time, contemporaneous identification of individuals in the Department of State Health Services client data base; and
- (T) the Department of Family and Protective Services.

SUD Records Protections:

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

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

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

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

Appendix D: Texas Medical Clearance Guidance

State guidance, to date:

- On December 28, 2009, the Office of the Attorney General of Texas issued an opinion ([GA-0753](#)) addressing medical evaluations when a person is taken into peace officer custody under Health and Safety Code Chapter 573. Specifically, the opinion analyzed whether a peace officer who has taken a person into custody under Chapter 573 may be required to transport that individual to a medical facility for evaluation prior to taking that person to a mental health facility (RQ-0809-GA). The opinion concluded that *“an inpatient mental health facility or a mental health facility is not statutorily authorized to require a peace officer to transport a person in custody under Chapter 573, Health and Safety Code, to a medical facility for a medical evaluation prior to taking that person to the mental health facility.”*
- On November 25, 2013, “The Governor’s Emergency Management Service (EMS) and Trauma Advisory Council (GETAC) Medical Director's [Position Statement](#) on Mental Health Emergencies and Their Effect on EMS and EDs” was published that outlines challenges presented by existing mental health facility medical clearance requirements and provides recommendations for local stakeholders.
- In August 2018, the Texas Hospital Association (THA) convened a forum of physicians, nurses, emergency department directors, attorneys, behavioral health specialists, and others to discuss challenges related to the management of individuals with behavioral health conditions in the emergency department and to explore potential solutions to those challenges. Discussions focused primarily on the intersection between people experiencing a behavioral health crisis in the emergency department and law enforcement and judicial processes that apply from pre-arrival to disposition of the person via discharge, transfer, or admission. Breakout sessions centered on the practical applications of emergency detentions, law enforcement’s involvement in the emergency detention process, judges/orders of protective custody, transportation, and bed availability.
- The Community Mental Health Contracts section of the HHSC web site provides for the download of performance contracts and other materials that support a network of community mental health centers across the state of Texas. [Exhibit E](#), which is referenced in Attachment A07 of some LMHA and LBHA Performance Contract Notebooks, provides a Psychiatric Emergency Flow Chart to assist Peace Officers with determining whether a medical emergency exists.

Appendix E: National and State Best Practices: Competency Restoration

Establish a County Forensic Team



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

Review Local Waitlist Data



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

Document Diversion and Competency Workflows



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

Coordinate Regular Waitlist Monitoring Meetings



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

Ensure Access to Medication



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

Explore Competency Restoration Options

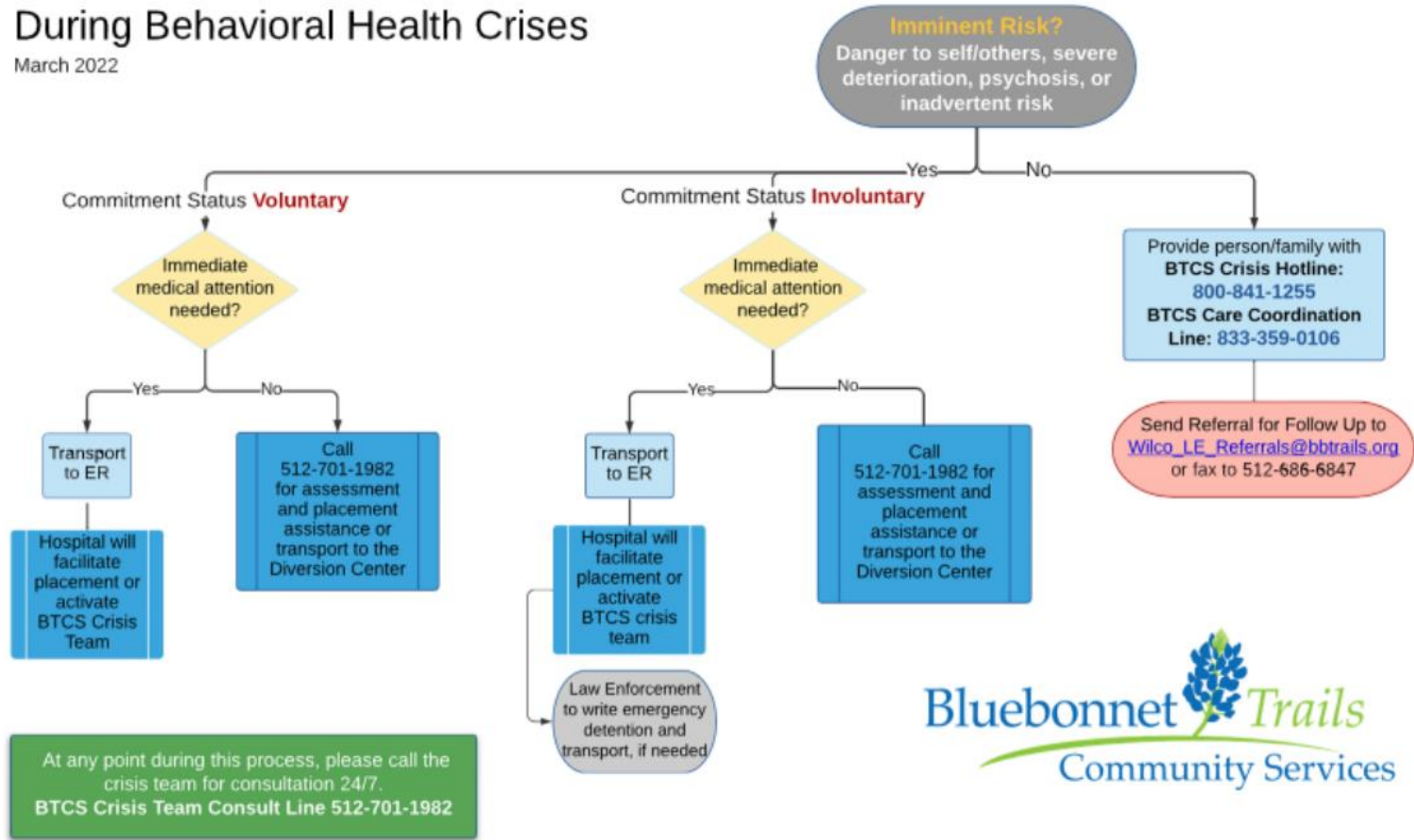


- Inpatient Competency Restoration
- Outpatient Competency Restoration
- Jail Based Competency Restoration

Appendix F: Resources for Law Enforcement During a Behavioral Health Crisis

Resources for Law Enforcement During Behavioral Health Crises

March 2022



Appendix G: SIM Mapping Workshop Participant List

Name	Agency	Title
Aaron Diaz	Nueces County	Deputy Director
Amanda Rodriguez	City of Corpus Christi	Homeless outreach coordinator
Amrita Dongre	NCHD	Intern
Amy Kramer	MHID	Access Service Director
Angela Horner	NAMI Greater Corpus Christi	Affiliate Leader
Barrett Yeager	Cloud 9	Director of Implementation
Belinda Bustamante	Nueces County Sheriff's Office	Captain with Jail Administration
Belinda Espinoza	Nueces County Hospital District	Assistant Administrator
Bobby Galvan	94th district court	Judge
Brandy Sparks	VA	VJO
Candace Martinez	City of Corpus Christi PD-metrocom	911 Supervisor
Cheryl Davis	Nueces CSCD	Supervisor
Crystal Aguilar	Cenikor	Facility Director
Danice Obregon	Nueces Co. Public Defender	Chief Defender
Debra Saenz	Oceans Healthcare	Market Development Director
Don Osborn	Student/NAMU/PNAC	
Donna Lamontagne	Mission 911	Director of Case Management
Edita Fuentes	NAMI GCC	Volunteer
Gina Pena	Nueces Center for MHID	IDD Service Director
Gloria	Tropical Texas behavioral health	OSAR Counselor
Heather Trevino	NCMHID	IDD Authority Director
J.D. Leza	Next Generation Consultants	Applied Psychologist
Jacqueline Chapa	Corpus Christi Municipal Court	Judge
James Klein	City Council	Dr.
Janna Shoe	211 Texas/United Way of Greater Houston	Outreach & Disaster Coordinator Coastal Bend

Jasmine Drake	Nueces County Information Technology	Systems Analyst
Jayne Knoll	CHRISTUS Spohn Hospital - South	Emergency Room Clinical Director
JC Adams	Cloud 9	CEO
Kandis Cloud	The Council on Alcohol and Drug Abuse of Coastal Bend	RSS Supervisor
Keane Monroe	City Detention center	Captain
Kyle Knutson	The Salvation Army	Social service Director
Lauren Cargill	Mission 911	Chief Financial Officer
Lauren White	Del Mar College	Interim Chief
Mark Morris	Nueces Center for MHID	Program Supervisor
Mark Schauer	CCPD	Asst Chief
Melissa Sweeting	The Council on Alcohol & Drug Abuse	Executive Director
Michelle Lozano	Oceans Behavioral Hospital Corpus Christi	CEO
Natalia Gutierrez	Armor Healthcare	Discharge Planner
Raul Ayala	My house	Mr
Richard Penksa	City of CC	Administrator
Roxanne Nunez	COADA	YRC Supervisor
Ruben Bernal	Mission 911	Case Manager
Sandra Morris	Armor Nueces Co jail	Regional Behavioral Health Director
Sarah Davalos	Nueces County Public Defender's Office	Social Worker II
Shawn Barnes	Corpus Christi Police Department	Crisis Coordinator
Stephen Byrne	Nueces County Public Defender	Deputy Chief
Steven McFarlin	Del Mar College	Counselor
Tony Reyes	Mission 911	Founder/CEO
Unique Williams	Public Defender's Office	Caseworker

List of Acronyms

Include a list of all acronyms that appear in the report. Add each new entry in its own row of this table.

Acronym	Full Name
ACT	Assertive Community Treatment
BHLT	Behavioral Health Leadership Team
BJA	Bureau of Justice Assistance
CCP	Code of Criminal Procedure
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
COMs	Court Ordered Medications
CSCD	Community Supervision and Corrections Department
ED	Emergency Department
EDO	Emergency Detention Order
EMS	Emergency Medical Services
ER	Emergency Room
FACT	Forensic Assertive Community Treatment
FUSE	Frequent Users System Engagement
HHSC	Health and Human Services Commission
HIPPA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IST	Incompetent to Stand Trial
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LBHA	Local Behavioral Health Authority

LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHFA	Mental Health First Aid
MI	Mental Illness
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
NCMHID	Nueces County Mental Health and Intellectual Disabilities
OCR	Outpatient Competency Restoration
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OPC	Order of Protective Custody
OSAR	Outreach Screening and Referral
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplement Security Income
SUD	Substance Use Disorder
TA	Technical Assistance

TCJS	Texas Commission on Jail Standards
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TLETS	Texas Law Enforcement Telecommunication System
THDSN	The Texas Homeless Data Sharing Network
TRAS	Texas Risk Assessment System