

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 Potter and Randall Counties SIM Report.

# Potter and Randall Counties Roadmap

## Invest in Strategic Priorities      Support Local Planning, Partnership and Education      Build Upon Existing Efforts

1. **Develop a centralized coordinating body for behavioral health and justice services.**
2. **Expand crisis options through the development of a diversion center.**
3. **Improve data collection and information sharing across the SIM.**
4. **Strengthen reentry and continuity of care planning.**
5. **Increase training and education for professionals working across behavioral health and justice systems.**

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.

- Utilize existing S.B. 292 funds to expand behavioral health services in Potter and Randall County Jails.**
- Increase the use of alternatives to Inpatient Competency Restoration (i.e. OCR).**
- Coordinate with Texas 211 to update the existing community behavioral health resource list and streamline resource referral processes.**
- Expand the use of pretrial diversion programs across Potter and Randall Counties.**

# Potter and Randall 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
- Timely medical clearance
- Alternatives for diversion from emergency rooms and jail
- Substance use disorder (SUD) treatment options
- Information sharing across crisis services stakeholders
- Housing options for justice involved individuals

### Opportunities:

- Provide MH training to 911 dispatchers and law enforcement
- Expand field-based medical clearance options
- Explore developing a MH crisis diversion center
- Expand contract capacity for SUD treatment
- Develop a uniform data collection and reporting strategy across stakeholders

## Intercepts 2&3

Initial Detention, Jails, & Courts

### Selected Gaps:

- Substance use treatment services in Potter County jail
- Wait times for inpatient competency restoration services
- Use of alternatives to inpatient competency restoration
- Limited availability and capacity of contracted jail mental health providers
- Capacity of existing pretrial services

### Opportunities:

- Educate courts on alternatives to competency restoration and waitlist management best practices
- Consider telehealth opportunities to expand SUD and MH treatment in rural jails
- Embed a mental health clinician in the jails
- Use a validated risk assessment to determine treatment needs, bond and pretrial supervision

## Intercepts 4&5

Reentry & Community Corrections

### Selected Gaps:

- Capacity on specialized probation and parole caseloads
- Case management and reentry planning in jail prior to a release
- Medicaid benefits terminated rather than suspended in jail
- 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
- Embed mental health providers in the jail to support care coordination
- Pilot 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

MH and SUD diversion centers

### 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