

# **Sequential Intercept Model Mapping Report for Taylor County**

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



**November 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 Betty Hardwick Center Mental Health and Intellectual and Developmental Disability Authority (BHC). The planning committee members included:

- Elizabeth Berry, Concho Valley Public Defender;
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- Starla Cason, BHC;
- Jenny Goode, Chief Executive Officer of BHC;
- Karyn Hansen, Court Administrator for the 104<sup>th</sup> District Court;
- Lt. Andre Moore, Taylor County Jail (TCJ) and BHC Board Member;
- Judge Jeff Propst, 104<sup>th</sup> District Court in Taylor County;
- Paige Schoonover, BHC; and,
- Kristi Terbush, BHC.

The planning committee members played a critical role in making the Taylor 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 Catie Bialick, MPAff, Director of Behavioral Health and Justice Initiatives, Office of Forensic Coordination, HHSC; Emily Dirksmeyer, LCSW, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC; and Dr. Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC. The report was authored by Catie Bialick, MPAff; Paul Boston, LCSW; Liz Conville, MPS; and Emily Dirksmeyer, LCSW.

## **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 disorders (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 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.

### **Recommended Citation**

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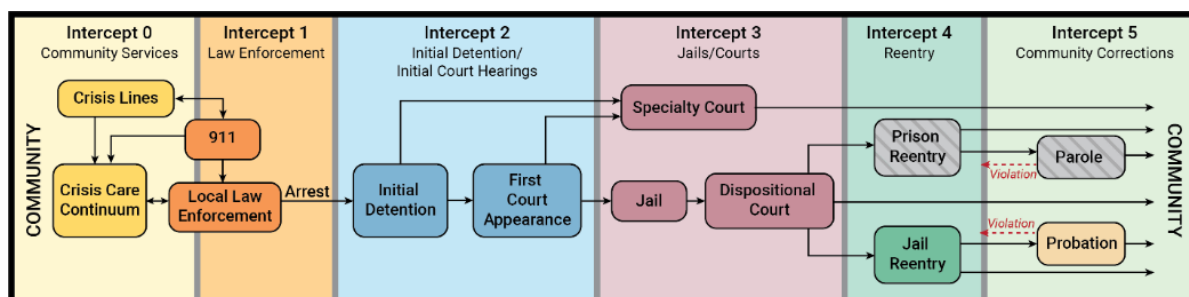
# Introduction

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,<sup>1</sup> 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 across 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 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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<sup>1</sup> 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, the BHC requested a SIM mapping workshop be conducted for Taylor County to help foster behavioral health and justice collaborations and improve diversion efforts for people with MI, SUD and/or IDD. The SIM workshop was divided into three sessions: 1) Introductions and overview of the SIM; 2) Developing the local map; and 3) Action planning. The workshop took place on July 20-21, 2023 in Abilene, 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 July 2023 Taylor County SIM mapping workshop. Report authors aim to capture a robust picture of services offered in Taylor County, while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not HHSC.*

# Sequential Intercept Model Map for Taylor County, July 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
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**Crisis Phone Lines**  
**Betty Hardwick Center (BHC) Crisis Hotline:**

- (800) 758-3344
- 24/7

**988- National Suicide & Crisis Lifeline:**

- 988

**Warmlines/ Resource Lines**  
**OSAR-Abilene Recovery Council**

- 800-621-8504

**NAMI Abilene**

- (325) 320-8618

**211 information line:**

- 211

**Mental Health America of Abilene**

- 325-673-2300

**Serenity House Hotline:**

- 1.866.795.HOPE (4673)

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**Crisis Units**  
**Betty Hardwick Center Crisis Respite and IDD Crisis Respite**

- Provides short-term, community-based respite, crisis treatment to individuals who have low risk of harm to self or others.

**Mobile Crisis Response Team**  
**BHC Mobile Crisis Outreach Team (MCOT)**

- 1-800-758-3344

**Community Response Team:**

- Mental health co-response
- Partnership between Abilene Police Department, Abilene Fire Department and BHC

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**Veterans' Services**  
**Military Veteran Peer Networks- Abilene**

- Connects veterans and their families to local, state, and national resources through an active group of veteran peers.
- BHC

**Abilene Veterans Association**  
**Taylor County Veterans' Services Office**

**911 Dispatch / Emergency Communications**  
**City of Abilene-** Abilene Police Department  
**Taylor County Dispatch-** Taylor County Sheriff's Office

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**Law Enforcement**

- Abilene Police Department
- Taylor County Sherriff's Office
- Merkel Police Department
- Tye Police Department
- Abilene Christian University Police Department
- Hardin-Simmons Police Department

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**Hospitals**  
**Hendrick Medical Center-** Abilene, TX

- South-** 6250 US-83, Abilene
- North-** 1900 Pine St., Abilene
- 24/7

**Oceans Behavioral Hospital-** Abilene, TX

- Inpatient Behavioral Hospital

**Big Springs State Hospital-** Big Spring, TX

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**Emergency Medical Services**

- Abilene Fire Department
- Metrocare
- Taylor County EMS

**Initial Detention**

- Taylor County Jail
- Taylor County Juvenile Detention Center

**Booking**  
**Screening Assessments Used:**

- Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS)
- CCP 16.22 Report - used to indicate evidence of MI.

**Continuity of Care (CoC) Query / Care Match**

- Taylor County jail staff contact BHC's Jail Navigators when there is an exact or probable TLETS match.

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**Initial Court Appearance- Arraignment**  
**Taylor County Courthouse Pre-Trial Services**

- Bond decision set by district judges

**Courts**  
 In Taylor County, there are **4 District Courts, 2 County Court at Law Courts, 5 Justice of the Peace Courts and 3 Treatment Courts.**

**Courts:**  
**District Courts:**

- 42nd District Court-** Judge James Edison
- 104th District Court-** Judge Jeff Propst
- 326th District Court-** Judge Paul R. Rotenberry
- 350th District Court-** Judge Thomas Wheeler

**County Court at Law Courts:**

- CCL #1-** Judge Robert Harper
- CCL #2-** Judge Harriett Haag

**Justice of the Peace Courts:**

- Precinct 1-1-** Judge Mike McAuliffe
- Precinct 1-2-** Judge Shawna Joiner
- Precinct 2-** Judge Robert (Bob) Jones
- Precinct 3-** Judge Earl Donnell
- Precinct 4-** Judge David Doherty

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**Jail**  
**Taylor County Jail**

**Health Services**

- MH Provider:** Betty Hardwick Center
- Medical Provider:** Private Contracted Provider
- Substance Use Treatment Provider:**
  - Weekly NA and AA meetings
  - Taylor County CSCD Substance Abuse Treatment Facility
    - Intensive inpatient SU treatment for court ordered defendants

**Jail Reentry**  
**Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)**

- Provides continuity of care services for clients with identified medical and mental impairments released in Taylor County
- Partnership with the Drug Court

**BHC Jail Navigators**

- Perform crisis screenings, follow up, pre/post booking diversion and in jail coordination of services and discharge planning.

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**Reentry Social Services**  
**Big Country Reentry Coalition**

- Volunteer-run referral and advocacy group

**Parole**

- Texas Department of Criminal Justice, Parole Division, Region V, Abilene District Parole Office
- Specialized Caseloads**
  - Texas Risk Assessment System (TRAS) used to determine services needed.

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**Probation**

- Taylor County Community Supervision and Corrections Department- Adult Probation
- Texas Juvenile Justice Department- Taylor County Juvenile Department

**Behavioral Health (Mental Health, Intellectual and Developmental Disability and Substance Use Disorder Services)**  
**Betty Hardwick Centers-** local mental health authority, outpatient behavioral health and crisis resources; **Oceans Behavioral Hospital-** inpatient and outpatient behavioral health treatment; **New Hope Behavioral Health-** Outpatient behavioral health treatment; **Serenity House-** Drug and Alcohol Addiction Treatment and Prevention; **Abilene Recovery Council-** Provider of outreach, screening, assessment and referral (OSAR) services

**Housing/Shelter**  
**Salvation Army-** emergency shelter and clothing, food and rent assistance; **West Texas Homeless Network-** group of local organizations and advocates serving together to prevent and end homelessness in West Central Texas; **Housing and Urban Development/BHC Programs;** **Harmony Family Services-Therapeutic** foster care and emergency shelter care for abused/neglected children, **Abilene Housing Authority;** **Abilene Hope Haven-** Family shelter;

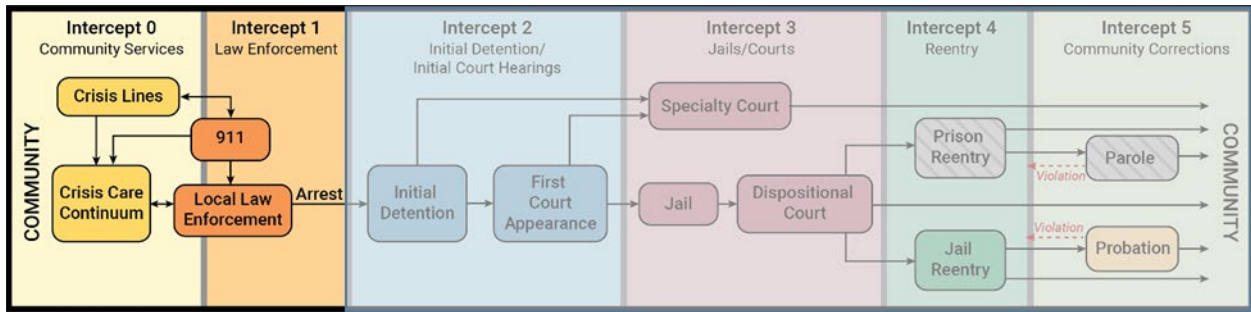


## Opportunities and Gaps at Each Intercept

**A**s part of the mapping activity, facilitators worked with workshop participants to identify services, key stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of 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 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 MI, SUD, and 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 services responders. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with MI, SUD, and 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

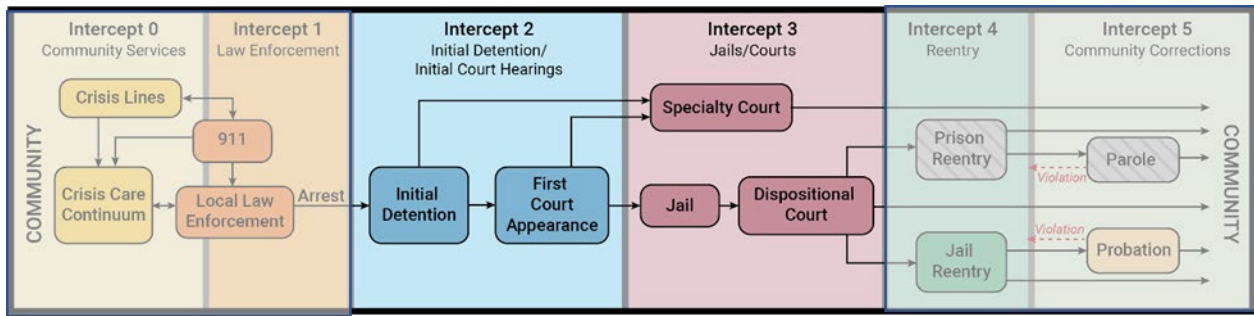


- Established essential data measures
- Information sharing to support crisis response and continuity of care
- Dispatch and Police Coding of MH calls

## Taylor County Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>• Law enforcement drop-off location to support diversion.</li> <li>• Placement options for individuals returning to the community from inpatient or state hospitalization.</li> <li>• Placement options for high-acuity individuals who are not appropriate for the crisis respite center.</li> </ul>	<ul style="list-style-type: none"> <li>• Use data to document impact of the respite center and make a case for expanding services to better serve the community.</li> <li>• Explore funding opportunities to expand the crisis respite center to offer a law enforcement drop-off component.</li> <li>• Explore opportunities to expand the continuum of crisis placement options in Taylor County (i.e., Extended Observation Unit, a crisis triage center, or sobering center).</li> </ul>
<ul style="list-style-type: none"> <li>• Aggregate crisis response data may not reflect crisis episodes occurring in jails, hospitals, or other mental health facilities in Taylor County.</li> <li>• Variation in 911 dispatch coding practices between municipal police departments and the county sheriff's office makes it difficult to assess county-wide trends and opportunities.</li> <li>• Some individuals who present to the emergency room (ER) for behavioral health reasons are not admitted which omits important crisis data from being captured.</li> <li>• Lack of aggregated data reflecting 911 or BHC crisis hotline dispatch of the Crisis Response Team and BHC's Mobile Crisis Outreach Teams (MCOT).</li> </ul>	<ul style="list-style-type: none"> <li>• Unify coding for mental health calls for service across dispatch centers in Taylor County.</li> <li>• Explore opportunities to improve mental health training for dispatchers or opportunities to embed a clinician at 911 dispatch.</li> <li>• Explore opportunities to share information across providers in a way that complies with HIPAA and state laws that govern information sharing (See <b>Appendix B</b>).</li> </ul>
<ul style="list-style-type: none"> <li>• Admissions to Oceans Behavioral Health Hospital can be challenging after hours, at night, or on weekends.</li> <li>• No psychiatric ER in Taylor County.</li> </ul>	<ul style="list-style-type: none"> <li>• Streamline medical clearance definitions among private hospitals. Explore alternative sources of medical clearance, including paramedics and EMTs. See <b>Appendix C</b> for additional medical clearance resources.</li> <li>• Expand remote telehealth options to connect patients in the ER with BHC providers.</li> </ul>
<ul style="list-style-type: none"> <li>• Existing permanent supportive housing options are limited or full.</li> <li>• Housing for people with criminal history, multiple evictions, or with poor rental history is difficult to obtain.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the use of risk mitigation funds to increase housing stock and options for difficult to house populations.</li> <li>• Explore options to increase shelter/transitional housing capacity through block grants via <a href="#">Texas Department of Housing and Community Affairs</a>.</li> <li>• Identify legal services stakeholders who can assist with <a href="#">record sealing and non-disclosure</a> when possible.</li> <li>• Identify current <a href="#">USDA Section 515 housing</a> in the community and explore options to expand access to Section 515 housing.</li> </ul>
<ul style="list-style-type: none"> <li>• Difficulty staffing Qualified Mental Health Professional positions across BHC programs.</li> <li>• Difficulty staffing rural MCOT teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Pursue use of telehealth contracts with providers in suburban or urban locations.</li> <li>• Explore non-compensation benefits such as 4-10 schedules and partial work from home flexibility to promote job longevity.</li> <li>• Explore opportunities to promote recruiting at local educational institutions.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of SUD treatment options for individuals who are indigent.</li> <li>• Long wait times for indigent care at the only detox facility in Taylor County.</li> <li>• Uninsured individuals often detox at primary care hospitals in Taylor County.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the possibility of integrating a sobering component into diversion center planning or crisis respite center expansion.</li> <li>• Increase education across law enforcement, hospital staff, and behavioral health providers of Outreach Screening Assessment and Referral (OSAR) services and referral processes.</li> </ul>

# 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 for those with MI, SUD, and IDD.

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

## National and State Best Practices

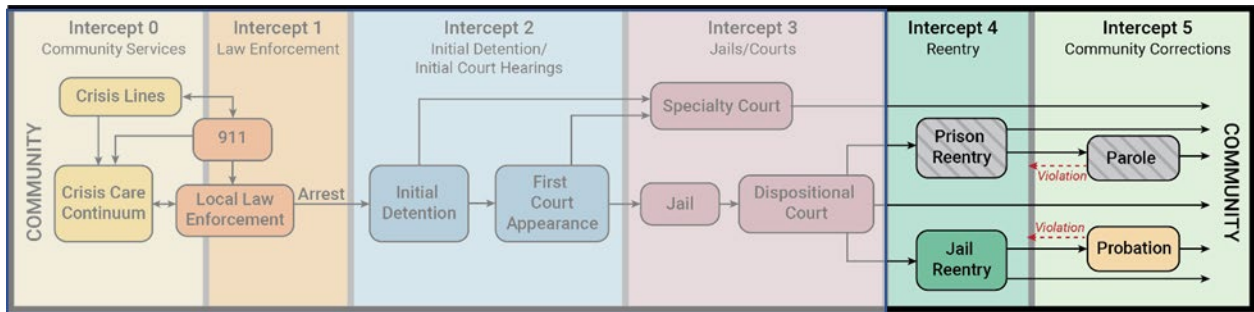
<p><b>Jail minimum requirements</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Validated screening instruments</li> <li><input type="checkbox"/> Access to 24/7 telepsychiatry</li> <li><input type="checkbox"/> Rx meds</li> <li><input type="checkbox"/> Resource: Texas Commission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

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

## Taylor County Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>• General lack of education and support for judges in determining which pre- and post-booking diversion options might best support individuals with MI and or SUD.</li> <li>• Limited pretrial diversion options available in Taylor County.</li> <li>• Minimal use of mental health bonds to connect individuals to treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Convene justice and mental health stakeholders to identify pre- and post-booking diversion opportunities and to streamline diversion processes.</li> <li>• Explore opportunities to provide judges with training on diversion opportunities.</li> <li>• Distribute the Judicial Commission on Mental Health (JCMH) Bench Book to all judges and court administrators in Taylor County.</li> <li>• Explore pretrial mental health dockets.</li> <li>• Develop a pretrial intervention agreement template to use across courts in Taylor County.</li> </ul>
<ul style="list-style-type: none"> <li>• No specialty court options for individuals with mental health needs and special populations (i.e. veterans).</li> </ul>	<ul style="list-style-type: none"> <li>• Explore implementation of specialty courts or specialty dockets using guidance and technical assistance from JCMH.</li> <li>• Keep an eye out for the Office of the Governor's <a href="#">Specialty Courts Program</a> funding announcement. Applications expected to open in December 2023 and close February 2024.</li> </ul>
<ul style="list-style-type: none"> <li>• No counseling or therapy available in jail.</li> <li>• The Taylor County jail clinic and BHC jail in-reach coordinators have limited capacity to serve all individuals with MI and or SUD that need support.</li> <li>• Lack of SUD treatment inside the jail.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify funding opportunities to increase the number of jail navigators and mental health staff inside of the jail.</li> <li>• Explore use of telehealth to increase number of providers serving individuals with behavioral health needs in Taylor County Jail.</li> </ul>
<ul style="list-style-type: none"> <li>• There is a lack of systematic data collection and information sharing across the courts, jail medical staff, and BHC.</li> <li>• There is a lack of formalized Code of Criminal Procedure (CCP) Art. 16.22 processes across Taylor County Courts.</li> <li>• Information from CCP Art. 16.22 reports is not currently shared with public defenders in Taylor County.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify opportunities to increase data and information sharing across Taylor County stakeholders to promote access to treatment and continuity of care for individuals with MI and SUD in the Taylor County jail.</li> <li>• Consider opportunities to assess and improve Art. 16.22 tracking and notification processes. Consider including the Art. 16.22 report with the notice of appointment. Review <a href="#">JCMH 16.22 guide</a> for additional guidance.</li> </ul>
<ul style="list-style-type: none"> <li>• Long waits for state hospital inpatient competency restoration services.</li> <li>• There is a lack of formal alternatives to inpatient competency restoration services in Taylor County.</li> <li>• Individuals facing misdemeanor charges may time out before they are transferred to Big Springs State Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider the use of jail waitlist monitoring strategies, jail-based competency restoration (JBCR), and competency reassessment to reduce the need and wait times for state hospital competency restoration.</li> <li>• Formalize jail in-reach processes to support individuals being removed from the waitlist. See: <a href="#">Six Steps to Establishing a Jail In-Reach Program</a></li> <li>• When appropriate, discuss opportunities to divert and connect individuals to care prior to the question of competency being raised.</li> </ul>

# Intercept 4 and Intercept 5



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## Overview

At Intercept 4, people plan for and transition from jail or prison into the community. A well-supported reentry process uses assessments to identify individual needs and risk factors for reoffending. Collaborative case management strategies recruit stakeholders from the mental health system, community corrections, nonprofits, and others to meet needs identified through earlier assessment.

People under correctional supervision, Intercept 5, are usually on probation or parole as part of their sentence, participating in a step-down process from prison, or complying with other statutory requirements. 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

## Taylor County Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>Individuals may be released from jail by the courts on short notice, making discharge planning difficult.</li> <li>Release times from jail vary greatly and may be late in the evening or early morning making it difficult to access community resources and transportation options.</li> </ul>	<ul style="list-style-type: none"> <li>Consider expanding access to social services programs (i.e. reentry and peer-led service providers) to support continuity of care and transition planning.</li> <li>Explore opportunities to improve communication and release time processes between courts and jail staff.</li> </ul>
<ul style="list-style-type: none"> <li>People exit jail with a 10-day supply of medications but may struggle to complete an intake in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>Explore opportunities to release individuals with a longer supply of medications.</li> </ul>
<ul style="list-style-type: none"> <li>Resources for individuals needing substance use or mental health support exiting jail.</li> </ul>	<ul style="list-style-type: none"> <li>A respite/sobering center may provide temporary care or MH treatment while out-of-county SUD treatment and transportation can be arranged.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals who are enrolled in BHC services who are also justice-involved are to be placed on specialized caseloads. This requires that the person report justice involvement to BHC caseworker who contacts probation.</li> </ul>	<ul style="list-style-type: none"> <li>Regular probation/BHC meetings can help identify new additions to the probation caseload who might be appropriate for BHC services or people new to probation caseloads who may be receiving BHC services.</li> </ul>
<ul style="list-style-type: none"> <li>BHC intakes to services are currently only done in the community once an individual has been released from jail.</li> </ul>	<ul style="list-style-type: none"> <li>Consider opportunities to leverage jail in-reach coordinators or peers to build rapport and introduce incarcerated individuals to BHC services.</li> <li>Consider the expansion of jail telehealth to include intake and eligibility appointments.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of holistic intervention for homeless individuals which results in repeated arrests.</li> <li>Housing options for justice-involved individuals.</li> </ul>	<ul style="list-style-type: none"> <li>Convene a high utilizer workgroup to identify opportunities to target services/interventions for people cycling across justice, behavioral health and housing systems.</li> <li>Explore opportunities to integrate Homeless Management Information System (HMIS) into more BHC services (Homeless Outreach Team, respite, jail navigator) to enhance data collection.</li> <li>Expand housing options for people who are justice-involved, including sober living facilities, transitional housing, permanent support housing, landlord incentive programs and other opportunities.</li> </ul>
<ul style="list-style-type: none"> <li>Underutilization of peer in-reach and peer reentry supports.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate with organizations that offer peer support to explore opportunities to bring group programming and individual mentorship into the Taylor County Jail to support transition planning.</li> </ul>

## 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 their top priorities. The voting took place on July 21, 2023. The top four priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
<b>1</b>	<b>Plan for a diversion center or sobering center.</b>	<b>21</b>
<b>2</b>	<b>Expand shelter and housing options across Taylor County.</b>	<b>18</b>
<b>3</b>	<b>Formalize and expand jail in-reach and navigation and begin planning for alternatives to inpatient competency restoration.</b>	<b>17</b>
<b>4</b>	<b>Explore opportunities to develop a specialty court (pretrial mental health court, drug court, etc.) or specialty docket to support individuals with BH needs.</b>	<b>14</b>
<b>5</b>	Increase data collection and information sharing across the SIM.	10
<b>6</b>	Enhance peer support services across the SIM.	5
<b>7</b>	Expand SUD treatment options in the community.	4
<b>8</b>	Strengthen community coordination and collaboration through the existing Behavioral Advisory Team (BAT).	3
<b>9</b>	Increase education and training opportunities for community members and behavioral health and justice stakeholders.	2
<b>10</b>	Increase IDD screening in the community and in Taylor County Jail.	0



## Strategic Action Plans

**S**takeholders spent the second day of the workshop developing action plans for the top four priorities for change. This section includes action plans developed by Taylor 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 **access**. While the focus of the SIM mapping workshop is people with behavioral health needs, disparities in health care 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<sup>2,3</sup>. 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](#).

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

<sup>3</sup> 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: Plan for a Diversion Center or Sobering Center

Objective	Action Steps
Discuss Potential Funding Sources	<ul style="list-style-type: none"> <li>• Identify potential funding sources, taking into consideration start-up costs and ongoing operational costs of a diversion center and how costs may vary based on a phased developmental approach.</li> <li>• Communicate with county partners: law enforcement departments, hospitals, universities (Hardin-Simmons University, Abilene Christian University, McMurry University, and Texas Tech), local foundations, City of Abilene, Taylor County commissioners, local churches.</li> <li>• Apply for grants (state and federal).</li> </ul>
Conduct Outreach and/or Site Visits to Other Diversion Centers	<ul style="list-style-type: none"> <li>• Set up virtual meetings or in-person site visits to learn more about other centers across the state:               <ul style="list-style-type: none"> <li>○ Judge Ed Emmett Mental Health Jail Diversion Center;</li> <li>○ Tarrant County Mental Health Jail Diversion Center;</li> <li>○ Williamson County Diversion Center.</li> </ul> </li> <li>• Engage counties who are also in the process of developing a diversion center or augmenting existing resources to create low-barrier law enforcement drop-off options:               <ul style="list-style-type: none"> <li>○ Bell County;</li> <li>○ Navarro County;</li> <li>○ Lubbock County.</li> </ul> </li> </ul>
Conduct a Diversion Center Needs Assessment	<ul style="list-style-type: none"> <li>• Diversion Center or Sobering Center. Initial data points to consider:               <ul style="list-style-type: none"> <li>○ Mental health related calls for service (911, local police departments and sheriff’s office);</li> <li>○ Daily jail population;</li> <li>○ For a specific time-period: number of jail bookings for low level misdemeanors; number of jail bookings for people who screen positive for mental illness or substance use disorder;</li> <li>○ Average length of stay for individuals who screen positive for mental illness compared to the general population;</li> <li>○ Average cost to house people with mental health issues in the jail; and,</li> <li>○ Frequent utilizer analysis.</li> </ul> </li> <li>• Present data to county stakeholders and behavioral health leadership to develop support for local diversion center planning efforts.               <ul style="list-style-type: none"> <li>○ Hendrick Hospital System, Texas Tech, Hardin-Simmons, Abilene Christian, Mc Murray, Dodge Jones Foundation, Abilene Recovery, Church Missions/hope Center, Taylor Co. Sheriff’s office, Abilene PD.</li> </ul> </li> </ul>
Identify a Location/Building and Consider the Diversion Center Operational Structure	<ul style="list-style-type: none"> <li>• Identify hours of operation based on county data collected (e.g., crisis hotline data and 911 dispatch data).               <ul style="list-style-type: none"> <li>○ Consider 4PM-12AM as a starting point.</li> </ul> </li> <li>• Consider building/space opportunities:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Consider existing medical and mental health treatment buildings or structures in Taylor County that may be converted into a diversion center.</li> <li>• Determine initial clinical/medical services and other supports that will be available at the Diversion Center. Consider: <ul style="list-style-type: none"> <li>○ Low-barrier drop off center elements</li> <li>○ Onsite security</li> <li>○ Onsite medical evaluation</li> <li>○ MH/SUD referrals</li> <li>○ Case management</li> <li>○ Counseling</li> <li>○ Medication Management</li> <li>○ Treatment and medication management for individuals with substance use disorder (SUD) and serious mental illness (SMI)</li> <li>○ Transportation</li> </ul> </li> <li>• Discuss eligibility requirements based on charge type and clinical need.</li> </ul>
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**Team Lead:** Lt. Andre Moore, Taylor County Sheriff’s Office

**Workgroup Members:** Brenda Dagestad, Peer Support Specialist; Brandy Maldonado, Taylor County District Attorney’s Office; William Boyd, Phoenix House; Angel Gonzalez, Taylor County Sheriff’s Office; Andre Moore, Taylor County Sheriff’s Office; Aaron Maxwell, Abilene Fire Department; Brad McGary, Abilene Police Department; Heather Storey, Betty Hardwick Center

## Priority Two: Expand Shelter and Housing Options Across Taylor County

Objective	Action Steps
Reengage Community	<ul style="list-style-type: none"> <li>• Announce “Built for Zero” site visit across relevant community stakeholders.               <ul style="list-style-type: none"> <li>◦ Explore opportunities for Texas Homelessness Network to present on best practice models related to transitional housing.</li> </ul> </li> <li>• Explore opportunities to educate community partners on HUD’s definition of chronic homelessness and increase awareness of how individuals can access housing services in Taylor County through coordinated entry.</li> <li>• Explore community education and “myth busting” on frequent utilizer populations.</li> </ul>
Assess Community Needs	<ul style="list-style-type: none"> <li>• Review the previous community solutions needs assessment done in Taylor County.</li> <li>• Collect data from community housing providers to identify the barriers to establishing transitional living and more permanent supportive housing options in Taylor County.               <ul style="list-style-type: none"> <li>◦ Identify partners to collaborate in data collection and integrate with existing data collection systems (HMIS) to maximize availability of government funding.</li> </ul> </li> <li>• Work with West Texas Homeless Network (WTHN) to understand who is on their prioritization list.</li> <li>• Assess and expand coordinated entry locations to ensure there is “no wrong door.”</li> <li>• Expand the number of community partners verifying homelessness and performing assessments.</li> </ul>
Explore Opportunities to Expand Wrap Around Services	<ul style="list-style-type: none"> <li>• Coordinate with community social service providers to increase coordination and connection to community resources such as:               <ul style="list-style-type: none"> <li>◦ Employment, food, transportation, identification documents, etc.</li> </ul> </li> </ul>
Identify Potential Next Steps for Low Barrier Transitional Housing	<ul style="list-style-type: none"> <li>• Meet with local housing stakeholders to discuss shelter opportunities. Coordinate with:               <ul style="list-style-type: none"> <li>◦ West Texas Homeless Network, BHC, religious stakeholders etc.</li> </ul> </li> <li>• Identify the total existing shelter bed capacity countywide and what the requirements to entry are.</li> <li>• Conduct asset mapping for new housing.               <ul style="list-style-type: none"> <li>◦ Explore underutilized city assets and empty buildings.</li> <li>◦ Develop asset maps related to special groups (justice-involved, elderly, etc.)</li> </ul> </li> </ul>

<p>Increase Permanent Supportive Housing Options Available in Taylor County</p>	<ul style="list-style-type: none"> <li>• Explore opportunities to incentivize second chance housing: <ul style="list-style-type: none"> <li>○ Examine existing options and identify tenant selection criteria that might limit or exclude those with prior justice involvement.</li> </ul> </li> <li>• Conduct landlord outreach and engagement, consider: <ul style="list-style-type: none"> <li>○ Landlord incentive programs</li> <li>○ Landlord risk mitigation funds</li> </ul> </li> </ul>
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**Team Leads:** Courtney Horton, Betty Hardwick Center

**Workgroup Members:** Mike Prado, West Texas Homeless Network; Perry Covington, Goodwill; Mike McAuliffe, Justice of the Peace; Bruce Skiles, Adult Probation; Elizabeth Henry, Hendrick Health; John Meier, West Central Texas Regional Foundation

## Priority Three: Formalize and Expand Jail In-Reach and Navigation and Begin Planning for Alternatives to Inpatient Competency Restoration

Objective	Action Steps
<p>Collect and Review Existing Data on Jail-in Reach Services and Competency Outcomes</p>	<ul style="list-style-type: none"> <li>• Identify and track jail in-reach activities. Consider coordination or provision of the following activities by the jail in-reach coordinator:               <ul style="list-style-type: none"> <li>○ Trial competency quick screens</li> <li>○ Trial competency re-evaluations</li> <li>○ MSU waiver reconsiderations</li> <li>○ Alternate dispositions</li> <li>○ Expedited admissions</li> <li>○ Competency education</li> <li>○ Mental health and substance use services</li> <li>○ Medication management and court-ordered medications.</li> </ul> </li> <li>• Identify and track jail MH and competency trends:               <ul style="list-style-type: none"> <li>○ Jail population</li> <li>○ TLETS Continuity of Care Query probable and exact matches</li> <li>○ Positive mental health screens</li> <li>○ Number of misdemeanor and felony cases where the court ordered an initial competency evaluation over a designated period of time</li> <li>○ Number of people on the waitlist</li> <li>○ Number of people on the non-MSU waitlist, average, median and max wait</li> <li>○ Number of people on the MSU waitlist, average, median and max wait</li> <li>○ Number of people removed from the waitlist over a designated period of time and reason for removal (e.g., competency restored in jail, charges dismissed, alternate dispositions, admitted to the state hospital for inpatient competency restoration services)</li> <li>○ Non-MSU and MSU waitlist by offense type</li> <li>○ Non-MSU and MSU top charges</li> <li>○ Number of people who are authorized to receive any level of care following release over a designated period of time</li> <li>○ Amount of time between release and first appointment for those authorized to receive follow-up care from the LMHA</li> </ul> </li> </ul>
<p>Formalize and Expand Jail-In Reach Program</p>	<ul style="list-style-type: none"> <li>• Formalize jail in-reach program by:               <ul style="list-style-type: none"> <li>○ Strengthening County Forensic Team (CFT) and clarifying roles and responsibilities across CFT members.</li> <li>○ Strengthening process for regularly reviewing waitlist data and establishing procedures for sharing information on individuals found incompetent to stand trial (IST).</li> <li>○ Clarifying team member roles and responsibilities.</li> <li>○ Documenting program workflows and processes</li> <li>○ Review "<a href="#">Establishing a Jail In-Reach Guide</a>"</li> <li>○ Include CCP Art. 16.22 actions in the process flow.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Establishing regular waitlist monitoring meetings.</li> <li>• Formalize Jail Navigator roles and responsibilities <ul style="list-style-type: none"> <li>○ Identify and list all tasks the Jail Navigator currently performs</li> <li>○ Develop process flows for how individuals with mental needs are identified, avenues for treatment and what referrals are necessary</li> <li>○ Establish data collection processes on identified behavioral health needs and assess the volume of referrals made. <ul style="list-style-type: none"> <li>• Explore the impact that additional jail navigators could have in supporting people with mental illness and those that have been found IST in the Taylor County jail</li> <li>• Consider opportunities to establish specialized roles such as peer support and competency navigators</li> </ul> </li> </ul> </li> </ul>
<p>Improve Jail-Based Reentry Services</p>	<ul style="list-style-type: none"> <li>• Begin re-entry planning from initial identification of an individual with mental illness (coordinate with external community social service providers to support).</li> <li>• Explore opportunities to improve follow up care for individuals released from jail. <ul style="list-style-type: none"> <li>○ Coordinate intake appointments with BHC for individuals with ongoing BH needs prior to release.</li> </ul> </li> <li>• Release individuals with an appropriate amount of psychotropic medications from jail. <ul style="list-style-type: none"> <li>○ Coordinate with Taylor County Jail Administrators to: <ul style="list-style-type: none"> <li>• Create a process for individuals on psychotropic medications to be released with an extended supply of medication.</li> <li>• Explore medication reimbursement funding opportunities</li> </ul> </li> </ul> </li> <li>• Explore benefits coordination services in jail. <ul style="list-style-type: none"> <li>○ Assist individuals with benefits reactivation prior to release.</li> <li>○ Coordinate with individuals to obtain identification documents.</li> <li>○ Connect individuals to housing, job and treatment supports prior to release.</li> <li>○ Offer life skills and other education opportunities (GED, trade certifications etc.).</li> </ul> </li> </ul>
<p>Formalize and expand JBCR process</p>	<ul style="list-style-type: none"> <li>• Learn from competency restoration practices utilized by Big Springs State Hospital and other counties with a similar forensic population as Taylor County. <ul style="list-style-type: none"> <li>○ Schedule calls or site visits with Counties that have established JBCR programs: <ul style="list-style-type: none"> <li>• Lubbock County</li> <li>• Harris County</li> <li>• Orange County</li> </ul> </li> <li>○ Explore opportunities for HHSC to provide education to Taylor County stakeholders on competency restoration process best practices and alternatives to inpatient competency restoration.</li> </ul> </li> </ul>

**Team Lead:** Kristi Terbush, BHC

**Workgroup Members:** Paige Schoonover, Betty Hardwick Center; Lt. Mike Horton, Taylor County Sheriff's Office; Elijah Anderson, Taylor County Representative; Erin Stamey, Taylor County District Attorney's Office; Amanda Meranto, Big Springs State Hospital; Heather Spence, Big Springs State Hospital



## Priority Four: Create Specialty Court(s)/Docket

Objective	Action Steps
Collect Data to Guide and Manage a New Specialty Court/Docket	<ul style="list-style-type: none"> <li>• Additional stakeholders that need to be included in the specialty court priority workgroup. Consider:               <ul style="list-style-type: none"> <li>○ Taylor County District Attorney’s Office, Concho Valley Public Defender’s Office, Taylor County Commissioners, judges, local universities, and BHW</li> </ul> </li> <li>• Collect data for people with MI arrested in Taylor County. Consider:               <ul style="list-style-type: none"> <li>○ Re-arrest rates</li> <li>○ Alcohol or drug related re-arrest</li> <li>○ Felony only re-arrest</li> <li>○ New arrest and/or return to high-risk behavior</li> <li>○ Adjudication or conviction of a new offense</li> </ul> </li> </ul>
Research Mental Health Courts, Statutes and Outpatient Programs	<ul style="list-style-type: none"> <li>• Review the JCMH’s <a href="#">10-Step Guide to creating a Mental Health Court Program</a>.</li> <li>• Connect with other Texas Counties with specialty courts:</li> <li>• Dallas County</li> <li>• Tarrant County</li> <li>• Nolan County</li> <li>• Lubbock County</li> <li>• Specifically, examine:               <ul style="list-style-type: none"> <li>○ Eligibility criteria</li> <li>○ Caseloads</li> <li>○ Approach to setting bonds</li> <li>○ Court outcomes</li> <li>○ Successes and challenges related to starting the MH court and supporting its ongoing operations.</li> </ul> </li> </ul>
Define the Scope and Scale of a Specialty Court Program	<ul style="list-style-type: none"> <li>• Determine if a dedicated court or a specialty docket is the best option.               <ul style="list-style-type: none"> <li>○ Review jail mental health data and judicial workloads to ascertain the number of people with mental illness involved in the criminal justice system</li> <li>○ A specialty court or a specialty docket?</li> <li>○ How frequent?</li> <li>○ What types of services and oversight?                   <ul style="list-style-type: none"> <li>▪ Identify essential measures to inform the court’s development.</li> <li>▪ Define mental health outcomes for people engaged in the justice system:</li> </ul> </li> </ul> </li> <li>• Engagement in treatment services</li> <li>• Impact on a person’s mental health               <ul style="list-style-type: none"> <li>○ Take an inventory of current bond conditions and conditions of release utilized by Taylor County magistrates                   <ul style="list-style-type: none"> <li>▪ Coordinate with BHW and other providers to explore community-based diversion options</li> <li>▪ Meet with Taylor County Community Supervision and Corrections (CSCD) to explore establishing a pretrial mental health caseload</li> </ul> </li> </ul> </li> <li>• Set eligibility criteria cases (e.g., potentially start with misdemeanor cases)</li> <li>• Identify key points of intervention and opportunities for eligible cases to be flagged</li> </ul>

Cost Analysis	<ul style="list-style-type: none"> <li>• Define jail and court costs in Taylor County to explore potential cost savings of a specialty court or docket to serve eligible individuals with behavioral health needs in Taylor County.</li> <li>• Identify how to best use the money from the specialty court fund to help individuals succeed. <ul style="list-style-type: none"> <li>○ Approximately \$22,000 annually</li> <li>○ May be able to help defer probation fees, court costs, cost of classes etc.</li> </ul> </li> <li>• Apply for grants (state and federal).</li> </ul>
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**Team Lead:** Judge Propst, Elizabeth Berry, and Tyler Cagle

**Workgroup Members:** Judge Propst, Karyn Hansen, Kyle Cocker, Elizabeth Berry, Sterling Brown, Tyler Cagle, Getana Dixon, Dax Pueschel, Johnnie Hatten, Irene Fuentes

## Resources to Support Action Plan Implementation

SIM 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. Taylor County stakeholders can consider these as they plan to implement action plans 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.

# Diversion and Sobering Centers

## Best Practices



Leverage existing efforts to promote diversion and identify opportunities to scale up existing services.



“No wrong door” policies ensure individuals brought to the center are accepted so that utilization of the center is encouraged.



Holistic services such as linkages to housing, primary care, and longer-term substance use recovery and psychosocial rehabilitation can help reduce criminogenic risk and stress associated with problematic substance use.



Crisis diversion facilities are a physical manifestation of a community’s crisis care continuum. Facilities work in conjunction with crisis lines, walk-in services, co-responder models, and mobile crisis teams.



## County Spotlights

[Bell County’s Diversion Center Planning Process](#)

[Travis County Sobering Center](#)

[Harris County’s Judge Ed Emmett Mental Health Diversion Center](#)

[Tarrant County Mental Health Diversion Center](#)

[West Texas’ Centers Collaborative Jail Diversion Center](#)

[Williamson County Diversion Center](#)

## Key Resources

[Implementing a Mental Health Diversion Program: A Guide for Policy Makers and Practitioners](#) was created by Justice System Partners and uses Harris County’s Judge Ed Emmett as a case study for designing and implementing a mental health diversion program.

[A Community Guide for Development of a Crisis Diversion Facility](#) is a product of Health Management Associates and Arnold Ventures. It provides guidance on developing a crisis diversion facility and uses case studies from out-of-state programs.

The [Police-Mental Health Collaboration Toolkit](#) was developed by the Bureau of Justice Assistance to encourage law enforcement and the mental healthcare system to collaborate to “respond effectively and to improve access to services and supports for people with mental illness and IDD.”

[Understanding Diversion](#) from The Center for Effective Public Policy synthesizes existing research from pretrial and law enforcement research. The series of articles in the “Diversion 101” series seek to advance public understanding of what diversion is and the impact diversion programs have on health outcomes and public safety.

# Housing for Justice Involved Populations

## Best Practices



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



Eliminate landlord discrimination and promote policies that consider qualifications before criminal history.



Implement or strengthen jail in-reach and reentry coordination to secure housing upon reentry.

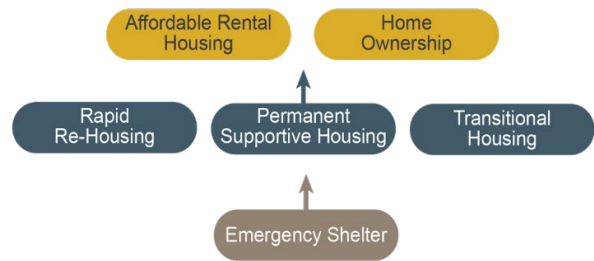


Expand permanent supportive housing and associated services.



Explore incentive programs for private

## Stable housing is treatment.



## County Spotlights

[Travis County Tiny Home Village](#)

[Travis County Real Estate Incentive Program](#)

[State Hospital Step Down Programs in Wichita County, Williamson County, Guadalupe County and Harris County](#)

[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](#) 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.

# Jail In-Reach and Competency Navigation

## Best Practices



Establish a County Forensic Team



Review local waitlist data



Document Diversion and Competency Workflows



Coordinate regular waitlist monitoring meetings

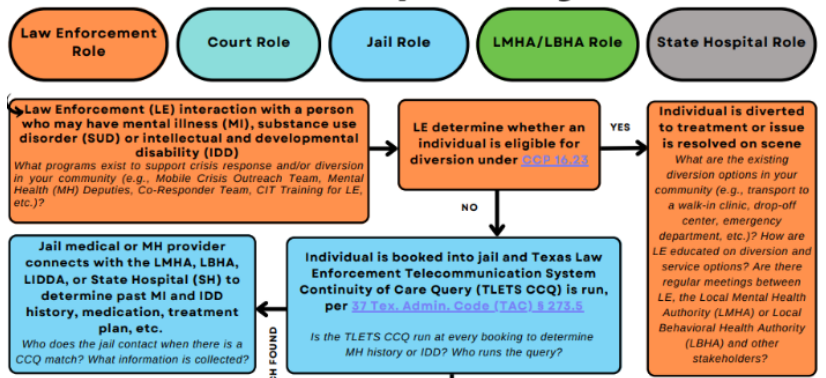


Ensure access to medication



Explore competency restoration options

## Diversion & Competency Workflow



## County Spotlights

HHSC highlights the following JBCR and in-reach programs in [Six Steps to Establishing a Jail In-Reach Program](#):

- Lubbock County
- Bell County
- Collin County
- Spindletop Centers LMHA Catchment Area 31
- Bluebonnet Trails LMHA Catchment Area 5

## Key Resources

- [Six Steps to Establishing a Jail In-Reach Program \(HHS\)](#) explains the six key steps to establishing a jail in-reach program. The material presents vignettes from several Texas communities for each of the six steps, providing examples of program implementation across diverse communities.
- [Evaluating and Restoration of Competence to Stand Trial: Intercepting the Forensic System using the Sequential Intercept Model](#) was originally published by Psychiatric Services and uses the SIM framework to situate the competency to stand trial process in the context of wider mental health and forensic services.
- [Texas Criminal Procedure and the Offender with Mental Illness \(NAMI\)](#) provides education and context for the state's competency to stand trial process (CCP Ch. 46B) and provides specific guidance for juveniles, death penalty cases and post-conviction care and supervision.
- [Eliminate the Wait Toolkit](#) is the product of an HHS and JCMH collaboration to identify strategies to streamline and right-size competency restoration services.
- The Texas Judicial Commission on Mental Health compiles and distributes the [Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#) which provides "a baseline for procedures aimed at identifying and addressing the needs of persons with mental health challenges or IDD" who have come into contact with the justice system.

# Specialty Courts

## Best Practices



The use of a non-adversarial approach to promote public safety and protect due process rights of defendants



Specialty courts integrate mental health treatment services into the judicial system



Allow for diversion away from jails and towards healthcare



Requires the development of partnerships across the criminal justice, mental healthcare, and community resource systems



Involves ongoing interprofessional training to clarify roles, responsibilities and processes



## County Spotlights

[Fort Bend County Mental Health Court](#)

[Hays County Mental Health Court](#)

[Dallas County Veterans Court](#)

[Nueces County Divert/Drug Court](#)

## Key Resources

JCMH produced [Creating a Texas Mental Health Court Program: The 10-Step Guide](#) to help communities develop and implement mental health courts.

[Texas Government Code 125.001](#) contains the statutory guidelines and rationale for implementing mental health courts.

[Mental Health Courts Learning Modules \(CSG\)](#) is an educational series that contains a broad range of topics including introductory readings on behavioral health and criminal justice. It also contains in-depth information about case planning, developing a mental health court and sustaining a mental health court program.

[A Guide to Collecting Mental Health Court Outcome Data \(BJA\)](#) provides an overview of data collecting opportunities and strategies for mental health courts. The guide focuses on how to collect data to demonstrate the effectiveness of the court to provide justification for continued or expanded funding.

[Texas Association of Specialty Courts \(TASC\)](#) is an interdisciplinary association of specialty court professionals from around Texas.

The Office of Court Administration developed [Guide for Addressing the Needs of Persons with Mental Illness in the Court System](#), a list of resources for judges and court staff.

## Quick Fixes

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

- Identify opportunities to coordinate between city and county dispatch systems for mental health data collection. Explore strategies to flag mental health related calls for service in a consistent way. This can also allow for better tracking of data across the county to inform policy and funding decisions.
- Formalize the Jail Navigator position and document workflows with respect to 1) ensuring continuity of care after booking and before reentry; 2) jail crisis response; 3) identifying and promoting diversion, when appropriate; 3) reentry tasks and case planning; and 4) competency restoration navigation and competency restoration processes, including screening in jail for restoration of competency. Identifying which tasks require a licensed master of the healing arts (LMHA) or qualified mental health professional (QMHP) and which tasks could be done by a peer who will help justify peer support in jail and lessen the burden on the primary Jail Navigator.
- Explore strategies to enhance CCP Art. 16.22 notification to court-appointed attorneys. This can help support early advocacy for diversion and help to ensure proper access to care in both the jail and the community. Several SIM mapping workshop participants identified education around Art. 16.22 evaluations as an opportunity.



# Appendices

## Appendix A: Taylor County Workshop Agenda

July 20, 2023-July 21, 2023

**Hendrick Hospice Care**

1651 Pine St, Abilene, TX 79601

**AGENDA – Day 1**

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15 am</b>	<b>Registration</b>	Coffee and snacks to be provided by <i>Abilene Police Department and Taylor County Sheriff Department</i>
<b>8:30 am</b>	<b>Opening Remarks</b>	Opening Remarks, <i>Jenny Goode, Chief Executive Officer, Betty Hardwick Centers</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas HHSC</i>
<b>8:45</b>	<b>Workshop Overview and Keys to Success</b>	Overview of the Workshop Community Polling
<b>9:00</b>	<b>Presentation and Mapping of Intercepts 0, 1</b>	Overview of Intercepts 0 and 1 County Data Review Map Intercepts 0 and 1 Examine Gaps and Opportunities
<b>11:30</b>	<b>Lunch</b>	Lunch to be provided by <i>Betty Hardwick Centers</i>
<b>12:15</b>	<b>Presentation and Mapping of Intercepts 2, 3</b>	Overview of Intercepts 2 and 3 <b>Intercepts 2 and 3 Program Spotlights Panel</b> <ul style="list-style-type: none"> <li>• <i>Judge Propst, 104<sup>th</sup> Taylor County District Judge</i></li> <li>• <i>Mike Horton, Taylor County Jail Lieutenant</i></li> <li>• <i>Elizabeth Berry, First Assistance Public Defender – Concho Valley Public Defender’s office</i></li> <li>• <i>Kristi Terbush, Program Administrator – Betty Hardwick Center</i></li> </ul> County Data Review Map Intercepts 2 and 3 Examine Gaps and Opportunities
<b>2:30</b>	<b>Presentation and Mapping of Intercepts 4, 5</b>	Overview of Intercepts 4 and 5 County Data Review Map Intercepts 4 and 5 Examine Gaps and Opportunities
<b>3:45</b>	<b>Summarize Opportunities, Gaps &amp; Establish Priorities</b>	Identify Potential, Promising Areas for Modification within the Existing System Establish a List of Top Priorities- Round Robin
<b>4:15</b>	<b>Wrap Up</b>	Review the Day Homework
<b>4:30</b>	<b>Adjourn</b>	

July 20, 2023-July 21, 2023  
**AGENDA – Day 2**

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15</b>	<b>Registration</b>	Coffee and snacks to be provided by Abilene Police Department and Taylor County Sheriff Department
<b>8:30</b>	<b>Welcome</b>	Opening Remarks
<b>8:40</b>	<b>Preview &amp; Review</b>	Review Day 1 Accomplishments Preview of Day 2 Agenda Best Practice Presentation
<b>9:15</b>	<b>Action Planning</b>	Group Work
<b>10:45</b>	<b>Workgroup Report Outs</b>	Each Group will Report Out on Action Plans
<b>11:00</b>	<b>Next Steps &amp; Summary</b>	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
<b>11:30</b>	<b>Closing Remarks</b>	Closing Remarks, <i>Judge Propst, 104<sup>th</sup> Taylor County District Judge</i>

## 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: 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



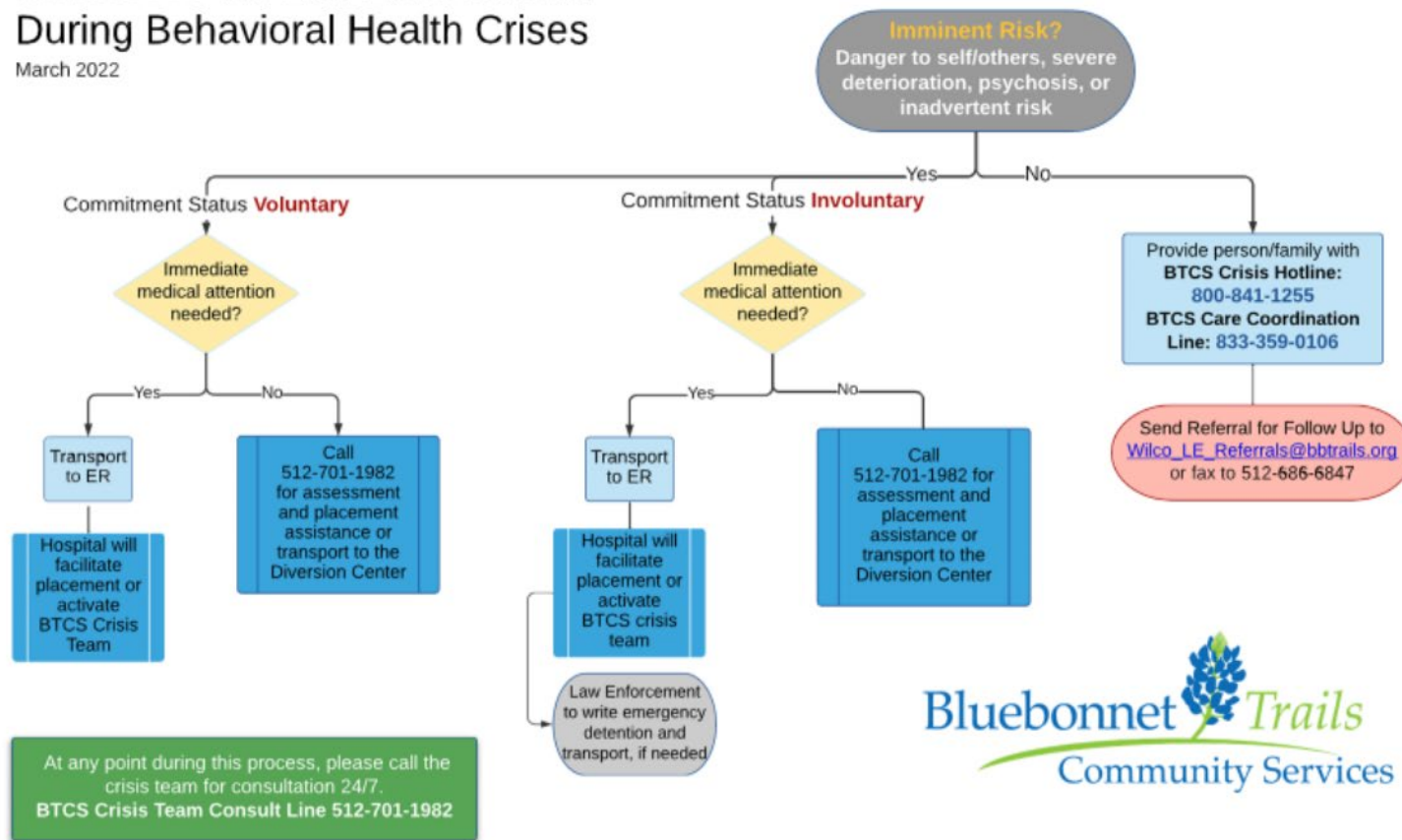
- Inpatient Competency Restoration
- Outpatient Competency Restoration
- Jail Based Competency Restoration



# Appendix E: Resources for Law Enforcement During a Behavioral Health Crisis

## Resources for Law Enforcement During Behavioral Health Crises

March 2022



### 1. Example of a crisis call workflow for Law Enforcement

## Appendix F: SIM Mapping Workshop Participant List

Name	Agency	Title
Elijah Anderson	Taylor County	County Auditor
Elizabeth Berry	Concho Valley Public Defender's Office	First Assistant Public Defender
William Boyd	Phoenix House	Executive Director
Sterling Brown	Taylor County	Assistant District Attorney
Michael Burden	Abilene Fire Department	Deputy Fire Chief
Kyle Coker	Taylor County Community Supervision	Director
Brenda Dagestad	Mental Health America Abilene	Mental Health Peer Specialist
Getana Dixon	Taylor County Community Supervision	Community supervision Officer
Irene Fuentes	Betty Hardwick Center	IDD Crisis Intervention Specialist
Darian Gilchrist	Oceans Behavioral Hospital	Intake Director for Abilene and Midland
Jennifer Goode	Betty Hardwick Center	Chief Executive Officer
Susan Greenwood	Hendrik Health	Chief Nursing Officer
Andre Gwinn	Goodwill West Texas	Reentry Program Specialist
Karyn Hansen	104 <sup>th</sup> District Court	Court Administrator
Elizabeth Henry	Hendrick Health	Director of Case Management
Mike Horton	Taylor County Sheriff's Office	Jail Lieutenant
Courtney Horton	Betty Hardwick Center	HUD Program Administrator/Coalition for the Homeless
Shawna Joiner	Taylor County	Justice of the Peace
Brandy Maldonado	Taylor County District Attorney's Office	Assistant District Attorney
Aaron Maxwell	Abilene Fire Department	EMS Coordinator
Mike McAuliffe	Taylor County	Justice of the Peace
Brad McGary	Abilene Police Department	Lieutenant
John Meier	West Central Texas Regional Foundation	Program Manager
Andre Moore	Taylor County Sheriff's Office	Lieutenant
Michael Prado	West Texas Harm Reduction	Outreach worker

Hon. Jeff Propst	104 <sup>th</sup> District Clerk	Judge
Dax Pueschel	Defense Attorney in Private Practice	Attorney
Paige Schoonover	Betty Hardwick Center	Jail Navigator
Mandy Schuman	Betty Hardwick Center	Community Health Worker
Bruce Skiles	Taylor County Community Supervision and Corrections	Supervisor
Erin Stamey	Taylor County District Attorney's Office	First Assistant District Attorney
Heather Storey	Betty Hardwick Center	Mental Health Program Administrator
Kristi Terbush	Betty Hardwick Center	Mental Health Program Administrator

## Appendix G: 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
<b>AIC</b>	Area Information Centers
<b>APAA</b>	Association of Persons Affected by Addiction
<b>APOWW</b>	Apprehension by a Peace Officer Without a Warrant
<b>ASIST</b>	Applied Suicide Intervention Skills Training
<b>BHLT</b>	Behavioral Health Leadership Team
<b>BHLB</b>	Behavioral Health Leadership Board
<b>BJA</b>	Bureau of Justice Assistance
<b>BTCS</b>	Bluebonnet Trails Community Services
<b>CAD</b>	Computer Aided Dispatch
<b>CALM</b>	Counseling on Access to Lethal Means
<b>CCP</b>	Code of Criminal Procedure
<b>CIT</b>	Crisis Intervention Team
<b>CJCC</b>	Criminal Justice Coordinating Council
<b>COMs</b>	Court Ordered Medications
<b>CSCD</b>	Community Supervision and Corrections Department
<b>ECHO</b>	Ending Community Homelessness Organization
<b>ED</b>	Emergency Department
<b>EMS</b>	Emergency Medical Services
<b>EOD</b>	Emergency Order of Detention
<b>ER</b>	Emergency Room

<b>FUSE</b>	Frequent Users System Engagement
<b>HHSC</b>	Health and Human Services Commission
<b>HIPPA</b>	Health Insurance Portability and Accountability Act
<b>IDD</b>	Intellectual and Developmental Disability
<b>ISD</b>	Independent School District
<b>IST</b>	Incompetent to Stand Trial
<b>JCAFS</b>	Joint Committee on Access and Forensic Services
<b>KCSO</b>	Kaufman County Sheriff's Office
<b>LE</b>	Law Enforcement
<b>LIDDA</b>	Local Intellectual and Develop
<b>LBHA</b>	Local Behavioral Health Authority
<b>LMHA</b>	Local Mental Health Authority
<b>LPC</b>	Licensed Professional Counselor
<b>MAT</b>	Medication-Assisted Treatment
<b>MCOT</b>	Mobil Crisis Response Team
<b>MHFA</b>	Mental Health First Aid
<b>MI</b>	Mental Illness
<b>MOU</b>	Memorandum of Understanding
<b>NAMI</b>	National Alliance on Mental Illness
<b>NTBHA</b>	North Texas Behavioral Health Authority
<b>OCR</b>	Outpatient Competency Restoration
<b>OJJDP</b>	Office of Juvenile Justice and Delinquency Prevention
<b>OPC</b>	Order of Protective Custody
<b>OSAR</b>	Outreach Screening and Referral

<b>PD</b>	Police Department
<b>PRA</b>	Policy Research Associates
<b>QMHP</b>	Qualified Mental Health Professional
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SIM</b>	Sequential Intercept Model
<b>SMI</b>	Serious Mental Illness
<b>SOAR</b>	SSI/SSDI Outreach, Access, and Recovery
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplement Security Income
<b>SUD</b>	Substance Use Disorder
<b>TA</b>	Technical Assistance
<b>TCJS</b>	Texas Commission on Jail Standards
<b>TCOOMMI</b>	Texas Correctional Office on Offenders with Medical or Mental Impairments
<b>TLETS</b>	Texas Law Enforcement Telecommunication System
<b>THDSN</b>	The Texas Homeless Data Sharing Network
<b>TRAS</b>	Texas Risk Assessment System

## **Appendix H: Additional Best Practices**

# Pre-Arrest Diversion

## Best Practices



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

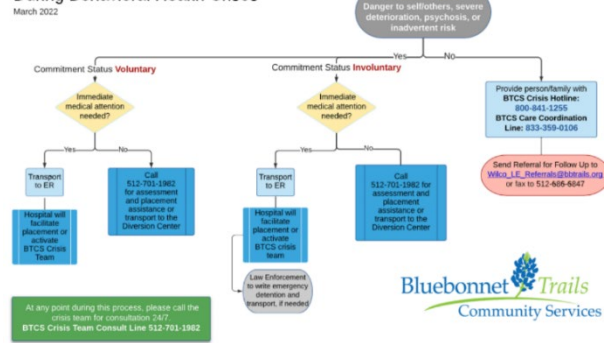


Explore pre-arrest diversion program options, including specialized response programs (e.g., crisis call diversion, co-response teams, multi-disciplinary teams) and diversion facilities (e.g., sobering centers, respite units and diversion centers).



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



## 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.



# Data and Information Sharing

## 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.

# 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.