

Sequential Intercept Model Mapping Report: Titus County

Texas Health and Human Services
February 2026
Workshop Dates: March 27-28, 2025



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Background

Acknowledgements

This report was prepared by the Texas Health and Human Services Commission (HHSC) and the Texas Institute for Excellence in Mental Health (TIEMH). The workshop was convened by Lakes Regional Community Center (Lakes Regional). The planning committee members included:

- Chris Bragg, Sheriff, Titus County Sheriff's Office
- Didi Thurman, Director of Behavioral Health, Lakes Regional
- Judge Kent Cooper, Titus County Court
- John Delaney, Executive Director, Lakes Regional
- Mark Buhman, Police Chief, Mount Pleasant Police Department
- Rachelle Sills, Director of Mount Pleasant Clinic, Lakes Regional
- Suzanne Magee, Director of Emergency Department, Titus Regional Medical Center
- Terry Scoggin, Chief Executive Officer, Titus Regional Medical Center

The planning committee members played a critical role in making the Titus 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 Catherine Bialick, M.P.Aff.; Michelle Collins, M.P.A., M.A.C., L.P.C.; Suzie Brady, M.M.T.; Lytton St. Stephen, B.A., M.P.A. (*expected completion December 2025*).

About the Texas Behavioral Health and Justice Technical Assistance Center

The Texas Behavioral Health and Justice Technical Assistance Center (TA Center) provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with a mental illness (MI), substance use disorder (SUD), and/or intellectual and

developmental disability (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 working collaboratively across systems to improve outcomes for people with MI, SUD, and/or IDD.

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

The TA Center collaborates with TIEMH to facilitate SIM workshops. TIEMH strengthens behavioral health systems by conducting research, supporting implementation, training workforces, and advising policy. TIEMH's expertise in these areas advances the TA Center's initiatives through their collaboration in helping communities bridge mental health and justice systems and driving systems level change.

Recommended Citation

Texas Health and Human Services Commission. 2026. *Sequential intercept model mapping report for Titus County*. Austin, TX: Texas Health and Human Services Commission.

Introduction

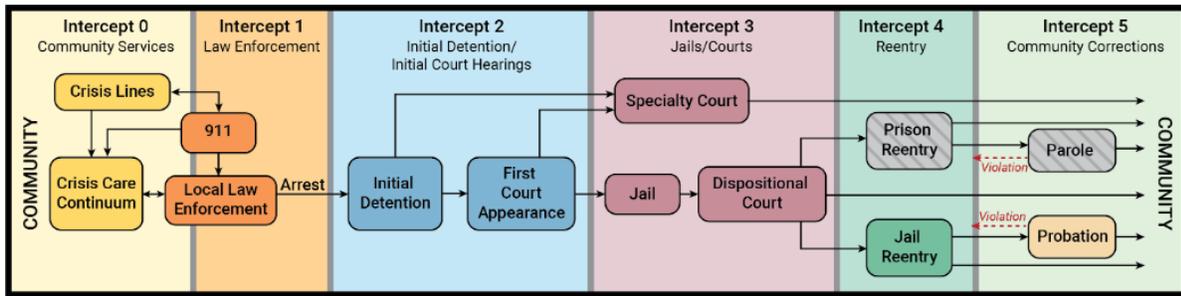
The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change.¹ These activities are best accomplished by a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

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

The SIM mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with MI and co-occurring SUDs move through the 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.

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



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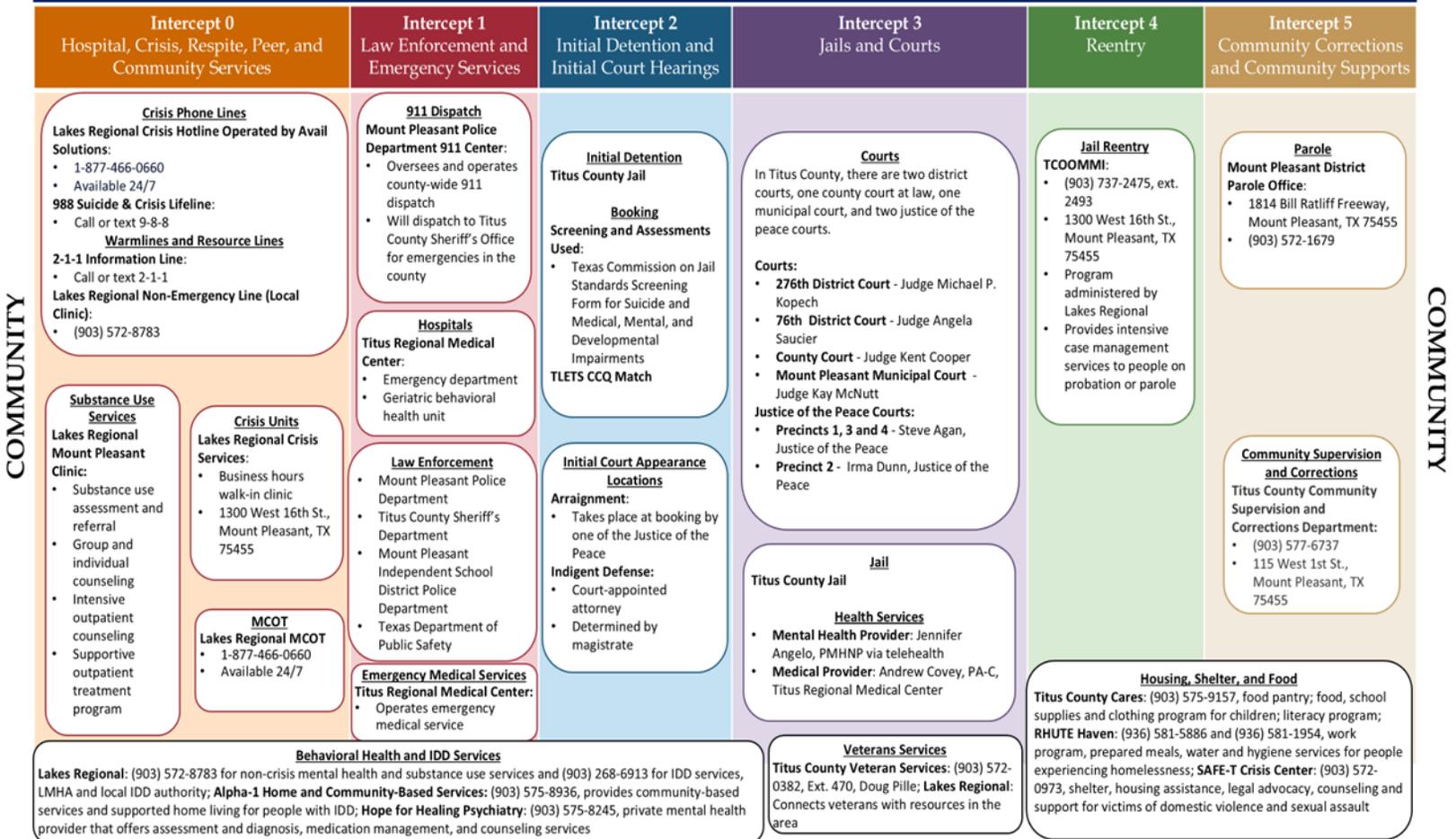
In 2025, Titus County conducted a SIM mapping workshop to foster behavioral health and justice collaborations and to improve diversion efforts for people with MI, SUD, and/or IDD. The SIM workshop was divided into three sessions: 1) Introductions and overview of the SIM; 2) Developing the local map; and 3) Action planning. The workshop took place on March 27-28, 2025, in Mount Pleasant, Texas. See [Appendix A](#) for detailed workshop agenda.



Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the March 2025 Titus County SIM mapping workshop. Report authors aim to capture a robust picture of services offered in Titus 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 Titus County

Sequential Intercept Model Map for Titus County, March 2025



COMMUNITY

COMMUNITY

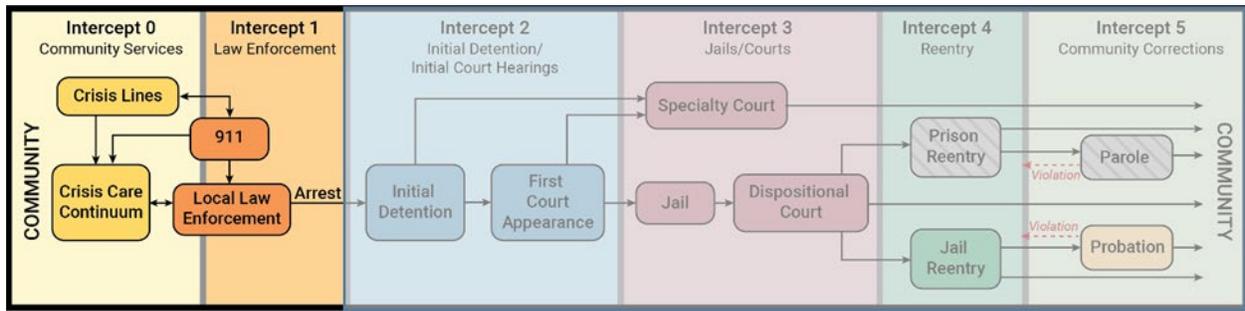
See [Appendix B](#) for detailed description. See [Appendix H](#) for full list of Acronyms and Initialisms.

Opportunities and Gaps at Each Intercept

As part of the mapping activity, facilitators helped workshop participants to identify key services, stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of justice and behavioral health services systems. The opportunities and gaps identified provide contextual information for understanding the local map. The catalogue below was developed during the workshop by participants and can be used by policymakers and systems planners to improve public safety and public health outcomes for people with MI, SUD, and/or IDD by addressing 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/or IDD prior to possible arrest by law enforcement. It captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of interaction with the behavioral health service system.

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/or IDD who may be engaging in criminal conduct, experiencing a mental health crisis, or both. Intercept 1 captures systems and programs that are designed to divert people away from the justice system and toward treatment when safe and feasible.

National and State Best Practices

Someone to Call

- Local mental health authority (LMHA) or local behavioral health authority (LBHA) crisis lines
- 988 Suicide & Crisis Lifeline
- Outreach, Screening and Assessment Referral line for SUD treatment
- 911 crisis call diversion to the LMHA or LBHA crisis line

A Place to Go

- Crisis respite units and peer-run respite
- Extended observation units and crisis stabilization units

- Intensive outpatient programs and partial hospitalization programs
- SUD treatment centers

Someone to Respond

- Mobile crisis outreach teams (MCOT)
- Peer-operated crisis response support
- Homeless outreach teams
- Mental health deputies
- Law enforcement and mental health co-responder teams
- Multi-disciplinary response teams
- Remote co-responder programs

Targeted Programs

- Multi-system frequent utilizers diversion
- Substance use-focused diversion
- Veterans
- Children- and youth-specific crisis services
- People with IDD

Data Sharing

- Establish essential data measures
- Information sharing to support crisis response and continuity of care
- Dispatch and police coding of mental health calls

Tailored Trainings

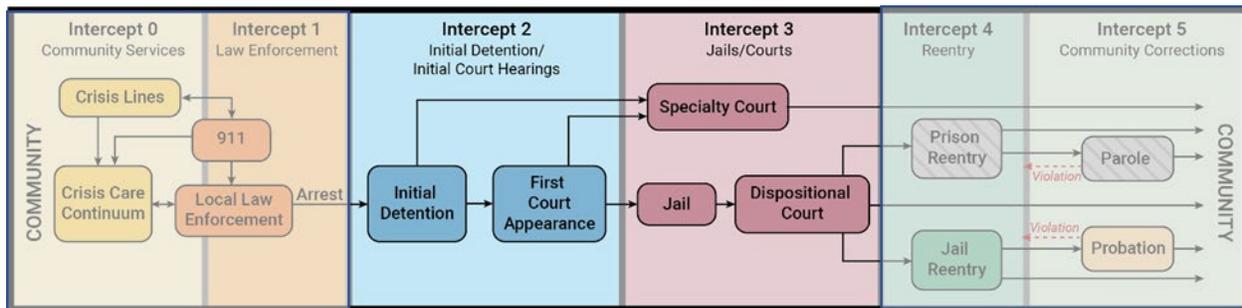
- Crisis Intervention Team (CIT) training
- Mental Health First Aid (MHFA) training
- Applied Suicide Intervention Skills Training (ASIST)
- Assess, Support, Know (AS+K): Suicide Training
- Trainings for law enforcement, dispatchers, and behavioral health professionals

Titus County Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> 911 and dispatch systems cannot directly connect callers to MCOT or behavioral health services. 	<ul style="list-style-type: none"> Tailor 911 call protocols to include MCOT dispatch and train staff on routing protocols for behavioral health calls.
<ul style="list-style-type: none"> Crisis services are fragmented and there is limited access to respite care, transitional housing, or IDD-specific resources. 	<ul style="list-style-type: none"> Expand access to community-based crisis options, including respite beds, housing supports, and services for people with IDD.
<ul style="list-style-type: none"> Behavioral health data across dispatch, emergency medical services (EMS), and mental health systems is incomplete or inconsistent. 	<ul style="list-style-type: none"> Improve behavioral health data collection across agencies to better understand service needs and inform system planning.
<ul style="list-style-type: none"> Avail Solutions, operator of Lakes Regional crisis hotline, only activates MCOT for mental health crises, excluding other behavioral health crises. 	<ul style="list-style-type: none"> Explore co-responder or multi-disciplinary teams that can respond to a broader range of crises including behavioral health crises.
<ul style="list-style-type: none"> There is not a centralized process for sharing real-time resource lists or contact protocols across community agencies. 	<ul style="list-style-type: none"> Streamline and share resource directories and protocols to promote faster coordination during crisis events.
<ul style="list-style-type: none"> People in crisis may remain in emergency departments longer than necessary due to lack of diversion options. 	<ul style="list-style-type: none"> Develop alternatives to the emergency room for non-medical psychiatric crises, such as peer-supported respite or crisis diversion centers.
<ul style="list-style-type: none"> Law enforcement and dispatch staff do not have consistent training on available behavioral health resources, including emergency detention warrant procedures. 	<ul style="list-style-type: none"> Provide CIT and IDD-specific training to law enforcement and dispatch staff. Educate staff on emergency detention warrants and available diversion options.
<ul style="list-style-type: none"> Emergency departments do not have alternatives for people in behavioral health crisis who are aggressive, violent, or medically complex. 	<ul style="list-style-type: none"> Explore crisis stabilization alternatives to the emergency room and establish protocols for managing violent or medically complex behavioral health crises.
<ul style="list-style-type: none"> Communication and coordination between first responders, hospitals, and crisis teams is inconsistent. 	<ul style="list-style-type: none"> Establish a behavioral health and justice coordinating body to support cross-agency collaboration and coordinate crisis response efforts.
<ul style="list-style-type: none"> Law enforcement does not have access 	<ul style="list-style-type: none"> Increase law enforcement awareness of

Gaps	Opportunities
to immediate behavioral health resources for people with IDD in crisis.	local IDD authority contact pathways and expand IDD-specific response resources.
<ul style="list-style-type: none"> Constables and other responders are unclear about who can legally transport people that are not on an order of protective custody. 	<ul style="list-style-type: none"> Develop local guidance that clarifies transportation roles and protocols for people that are not on an order of protective custody.
<ul style="list-style-type: none"> MCOT walk-in services are limited to business hours, creating a service gap for law enforcement after-hours. 	<ul style="list-style-type: none"> Promote telehealth or mobile support options for after-hours behavioral health crises when walk-in access is unavailable.

Intercept 2 and Intercept 3



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Overview: Intercepts 2 and 3

After a person is arrested, they move to Intercept 2 of the model. At Intercept 2, a person is detained by law enforcement 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 pre-trial release for those with MI, SUD, and/or IDD.

During Intercept 3 of the model, people with MI, SUD, and/or IDD may be held in pre-trial detention at a local jail while awaiting the disposition of their criminal case.

National and State Best Practices

Jail Minimum Requirements

- Validated screening instruments
- Access to 24/7 telepsychiatry

- Access to prescription medications
- Texas Commission on Jail Standards Screening

Information Sharing

- Regular jail meetings
- Use of the Texas Law Enforcement Telecommunication Systems (TLETS) Continuity of Care Query (CCQ)
- Information sharing and analysis
- Texas Code of Criminal Procedures (CCP) Article 16.22 reports

Specialty Courts

- Drug courts
- Veterans treatment courts
- Mental health courts

Jail-Based Services

- Mental health services
- SUD treatment
- Partnerships with community-based providers
- Use of jail liaisons and in-reach coordinators

Special Populations

- Veterans
- People determined incompetent to stand trial
- Frequent utilizers
- People with IDD

Diversion After Booking

- Mental health bonds
- Specialized public defender programs
- Assisted Outpatient Treatment

- Robust pre-trial services
- Prosecutor-led diversion programs

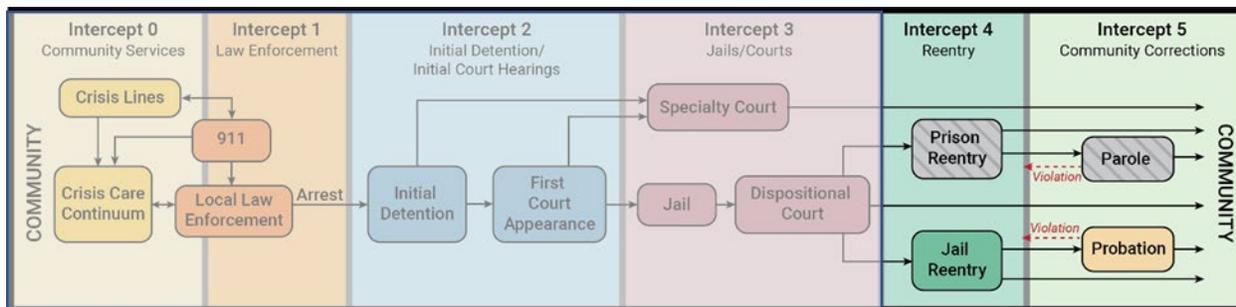
See [Appendix E](#) for steps to establishing a jail in-reach program.

Titus County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • People are booked into jail without access to psychiatric medications, and delays of up to six to eight weeks for telepsychiatry hinder treatment. 	<ul style="list-style-type: none"> • Explore new telepsychiatry partnerships (e.g., Texas Tech University, psychiatric nurse practitioners) to reduce wait times for medication and psychiatric care.
<ul style="list-style-type: none"> • Mental health screenings are not consistently followed by coordinated supervision, early intervention (e.g., CCP Article 16.22 process), or court-based diversion options. 	<ul style="list-style-type: none"> • Coordinate and implement the CCP Article 16.22 process to enable earlier identification, assessment, and diversion for eligible people.
<ul style="list-style-type: none"> • There is limited communication between courts, jail staff, and service providers. This causes delays in early identification and treatment opportunities. 	<ul style="list-style-type: none"> • Improve communication between the jail, LMHA, and courts through regular coordination meetings and shared protocols.
<ul style="list-style-type: none"> • The county does not currently utilize bond conditions for people with mental health or substance use needs. 	<ul style="list-style-type: none"> • Expand the use of bond conditions for people with behavioral health needs by engaging judges and justices of the peace in policy discussions.
<ul style="list-style-type: none"> • The jail does not have ongoing in-reach services for mental health, SUD, and peer support. 	<ul style="list-style-type: none"> • Partner with Lakes Regional, peer providers, and recovery support groups like East Texas Council on Alcoholism and Drug Abuse (ETCADA) or Alcoholics Anonymous to expand in-reach services and peer support in the jail.
<ul style="list-style-type: none"> • There is no specialty court or docket in place to divert or monitor people with behavioral health needs. 	<ul style="list-style-type: none"> • Explore the implementation of a specialty court or docket (e.g., drug court, mental health court) to support post-booking diversion of people with behavioral health needs.
<ul style="list-style-type: none"> • Capturing and analyzing jail-related costs (e.g., psychiatric medications, mental health and SUD interventions) is difficult, which limits the ability to advocate for more funding. 	<ul style="list-style-type: none"> • Work with the jail information management system and administration to collect cost and utilization data related to mental health and SUD needs.

Gaps	Opportunities
<ul style="list-style-type: none"> Jail staff and probation officers experience high turnover, which disrupts continuity of care and coordination. 	<ul style="list-style-type: none"> Promote cross-training and continuing education for jail and court staff to improve coordination and reduce the impact of turnover.

Intercept 4 and Intercept 5



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Overview: Intercepts 4 and 5

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 local mental health system, jail, community corrections (i.e., parole and probation), non-profits, and other social service providers to meet needs identified through the use of evidence-based assessment tools.

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
- Involves peer support services

Release

- Release time
- Transportation
- Access to medication

Community Partnerships

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

Appointment Follow-up

- Psychiatric medications
- Peer support services
- Scheduling appointments instead of giving referrals
- Transportation

Specialized Caseloads

- Mental health caseloads

Training and Education

- Crisis intervention training
- MHFA training

Titus County Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none">• The jail implements minimal reentry planning, including limited coordination with external providers.	<ul style="list-style-type: none">• Embed reentry supports in the jail through partnerships with Lakes Regional, ETCADA, and other community service providers.
<ul style="list-style-type: none">• People often leave jail with only life-sustaining medications and no continuity plan for mental health or SUD care.	<ul style="list-style-type: none">• Explore peer reentry support programs or hire certified reentry specialists to support transition planning.

Gaps	Opportunities
<ul style="list-style-type: none"> • There are few, if any, reentry supports specific to people with IDD or those needing peer support during the transition back to the community. 	<ul style="list-style-type: none"> • Improve coordination for reentry planning, including medication continuity, through memorandums of understanding (MOUs) and shared protocols.
<ul style="list-style-type: none"> • Probation officers do not have specialized caseloads for managing people with complex behavioral health needs. 	<ul style="list-style-type: none"> • Develop specialized mental health caseloads within probation to improve monitoring and support.
<ul style="list-style-type: none"> • There are limited transitional or permanent housing options for people with justice involvement, especially in the local area. 	<ul style="list-style-type: none"> • Identify local and regional opportunities to expand housing access for justice-involved populations.
<ul style="list-style-type: none"> • Workforce training and employment opportunities are underdeveloped for people on probation or reentering the community. 	<ul style="list-style-type: none"> • Strengthen partnerships with the Texas Workforce Commission to improve access to job training for people on probation or recently released.

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 activities to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified, participants voted on their top priorities. The voting took place on March 28, 2025. The top four priorities identified by stakeholders are highlighted in bold text below. Since there was a tie for fourth ranked priority, the data collection and information sharing priority was added as an objective for the behavioral health and justice coordinating body and leadership team.

Rank	Priority	Votes
1	Establish a behavioral health and justice coordinating body and leadership team.	30
2	Plan for a crisis or diversion facility (e.g., crisis respite, crisis stabilization, inpatient beds).	18
3	Enhance jail-based services (e.g., mental health, substance use, reentry coordination, peer providers).	13
4	Increase specialized response options (e.g., specialized units, co-response, remote response, crisis triage, collaboration with law enforcement and LMHA).	10
4	Improve data collection, information sharing, and resource sharing (e.g., compile a resource list).	10
5	Re-establish a specialty court and post-booking diversion options like mental health bonds.	8
6	Enhance reentry supports (e.g., job placement, housing).	7

Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top three priorities for change. This section includes action plans developed by Titus County stakeholder workgroups, as well as additional considerations from HHSC on resources and best practices that could help inform the implementation of each action plan. The following publications are also helpful resources to consider when addressing issues at the intersection of behavioral health and justice in Texas:

- [All Texas Access Report](#), HHSC
- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation for Mental Health
- [Texas Statewide Behavioral Health Strategic Plan](#), Texas Statewide Behavioral Health Coordinating Council
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Fourth Edition, Texas Judicial Commission on Mental Health

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

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

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

Priority One: Establish a Behavioral Health and Justice Coordinating Body and Leadership Team

Objective	Action Steps
Schedule the first meeting of the coordinating body.	<ul style="list-style-type: none"> • Confirm the list of attendees to include representatives from: <ul style="list-style-type: none"> ▶ Lakes Regional ▶ Titus County Sheriff's Office ▶ Titus County District Attorney's Office ▶ Titus County Community Supervision and Corrections Department ▶ Mount Pleasant District Parole Office ▶ Titus Regional Medical Center ▶ Mount Pleasant Police Department ▶ County Judge's Office ▶ District Judge's Office ▶ Mount Pleasant Housing Authority ▶ RHUTE Haven • Schedule monthly meetings: <ul style="list-style-type: none"> ▶ Meet quarterly from 11:30 a.m.–1:00 p.m.
Define the structure, scope, and authority of the coordinating body.	<ul style="list-style-type: none"> • Add this objective as an agenda item for the first meeting. • Discuss the possibility of creating a charter and MOUs. • Look at examples of charters and MOUs from other counties.
Collect data to track community trends and inform decision making.	<ul style="list-style-type: none"> • Use the community impact measures document (Appendix A of Impact Measures Summary document) as a starting point.
Compile a shared resource list to support collaboration.	<ul style="list-style-type: none"> • Add this objective as an agenda item for the first meeting. • Ask meeting participants to bring a list of resources from their agency or area.

Team Lead: Mark Buhman, Rachelle Sills

Workgroup Members: Chris Dolph, Monica Walden, Didi Thurman, Kelli Rumbo, Suzanne Magee, Chris Bragg, Donald Cook

Priority Two: Plan for a Crisis or Diversion Facility

Objective	Action Steps
<p>Collect data to determine the need for a crisis or diversion facility.</p>	<ul style="list-style-type: none"> • Collect data from different sources to analyze and make an informed decision on what type of facility is needed. Potential data sources include: <ul style="list-style-type: none"> ▶ Titus Regional Medical Center ▶ Mount Pleasant Police Department ▶ Lakes Regional ▶ Titus County Sheriff’s Office ▶ Titus County Court ▶ EMS • Consider collecting data from neighboring counties. • Form a data subcommittee.
<p>Explore different models from across Texas and the country.</p>	<ul style="list-style-type: none"> • Learn from crisis and diversion facilities in Texas and across the country. <ul style="list-style-type: none"> ▶ Planning for Diversion: A Texas Diversion Center Workbook, Texas Behavioral Health and Justice Technical Assistance Center • Obtain examples of existing MOUs to review. <ul style="list-style-type: none"> ▶ Review Creating a Memorandum of Agreement from the Substance Abuse and Mental Health Services Administration’s Resource Library for information and basic template. • Obtain existing crisis and diversion facility policies and procedures to review. • Explore well-known models outside of Texas, including: <ul style="list-style-type: none"> ▶ Be Well OC, Orange County, California ▶ Utah’s Receiving Centers ▶ Crisis Response Center, Tucson, Arizona ▶ Care Campus, Pennington County, South Dakota ▶ Birch Tree Center, Duluth, Minnesota ▶ The Bridge Center for Hope, Baton Rouge, Louisiana • Reach out to other Texas community centers and learn more about their crisis and diversion facility programs. Plan site visits to crisis and diversion facilities across the state. <ul style="list-style-type: none"> ▶ Bell County Diversion Center, Bell County ▶ Crisis Receiving Jail Diversion Center, Howard County

Objective	Action Steps
	<ul style="list-style-type: none"> ▶ Texoma region, explore their data collection protocols as an example for Titus County ▶ Judge Ed Emmet Mental Health Diversion Center, Harris County ▶ Tarrant County Mental Health Jail Diversion Center, Tarrant County ▶ Judge Guy Herman Center, Travis County ▶ Spindletop Crisis Residential and Respite Services, Jefferson County ▶ Williamson County Diversion Center, Williamson County
Identify service spectrum for the facility.	<ul style="list-style-type: none"> • Map out how the facility will be integrated into the broader crisis and diversion continuum in Titus County. • Consider what services are needed at the facility, taking into account community needs for mental health treatment, substance use treatment, and crisis stabilization. • Consider how trauma-informed care can be integrated into each step of the crisis process.
Explore funding opportunities.	<ul style="list-style-type: none"> • Research state and federal grant opportunities. • Research local funding opportunities in Titus County and neighboring counties. • Look into other local partnerships for possible funding.
Explore potential facility locations.	<ul style="list-style-type: none"> • Identify potential locations for a diversion center or crisis facility, considering the current distribution of population, opportunities for co-location with existing mental health centers or emergency health facilities, and existing spaces that could be converted into a facility. • Obtain an inventory of buildings owned by Titus Regional Medical Center that could be repurposed. • Obtain a list of available county buildings from the county clerk to identify potential sites. • Consult with other hospitals that may offer space for a crisis or diversion facility.

Team Lead: Leslie Carlos and Melanie Gann

Workgroup Members: Wendie Gibson, Suzanne Magee, Shiela Fails, Michael Davis, Jennifer Bogdanski, Lynn Glover

Priority Three: Enhance Jail-Based Services

Objective	Action Steps
Identify re-occurring meeting date and time.	<ul style="list-style-type: none"> • Schedule monthly meetings via Microsoft Teams. <ul style="list-style-type: none"> ▶ First meeting will be on or about April 28, 2025.
Identify current needs of incarcerated people in Titus County Jail.	<ul style="list-style-type: none"> • Use existing non-medical drivers of health form as a template and make updates to form if needed. The goal is to gather information on housing, employment, health, and other reentry needs. • Send the revised form to group for edits. <ul style="list-style-type: none"> ▶ Compile edits and create a new form to present to Titus County Sheriff Chris Bragg for approval. ▶ Once approved, distribute the new form to inmates in coordination with ETCADA peer providers.
Utilize the shared resource list to identify resources that meet recognized needs of people that are incarcerated.	<ul style="list-style-type: none"> • Work with the behavioral health and justice coordinating body to provide information on resources that are needed for people that are currently incarcerated. • Provide the list of resources to people upon release.
Explore other community partners to further enhance jail-based services.	<ul style="list-style-type: none"> • Identify other partners who may have resources to leverage for jail-based services. • Potential opportunities identified during the workshop include: <ul style="list-style-type: none"> ▶ ETCADA (e.g., recovery support and education groups) ▶ Telepsychiatry (i.e., partnership with Titus Regional Medical Center and Texas Tech University) ▶ Lakes Regional peer providers ▶ Support meetings (e.g., Alcoholics Anonymous, Narcotics Anonymous) ▶ Titus County veteran services officer
Increase communication between the jail and Lakes Regional.	<ul style="list-style-type: none"> • Titus County Jail will explore a partnership with Lakes Regional to implement in-jail services (e.g., peer support, classes on co-occurring MI and SUD).
Coordinate peer provider visits to the jail.	<ul style="list-style-type: none"> • ETCADA will meet with jail to set up regular times to come into jail. • ETCADA peer providers will meet with Lakes Regional peer providers to discuss coordination of services in jail.

Team Leads: Michael Garcia, Marissa Norman

Workgroup Members: Amy Dykes, Chris Bragg, James Arnold, John Livingston, Manuela Guereca, Douglas Pille, Paul Lindsey, Stephanie McDougal, Cammi Ingalls, Donald Cook, Savannah Daniel, Shane Winn, Scotty Finley

Priority Four: Increase Specialized Response Options

Objective	Action Steps
<p>Review best practice documents and contact other counties to learn more about specialized crisis response programs.</p>	<ul style="list-style-type: none"> • Explore specialized response programs and consider which might best meet the current needs of Titus County. Consider multi-disciplinary response teams, co-responder teams, remote co-response, embedded clinicians at dispatch, mental health deputies, and opportunities to divert calls from 911 to the mental health crisis line. • Review resources provided to explore funding, structure, and other key implementation information of different models. • Connect with peers across the state that are implementing specialized response programs: <ul style="list-style-type: none"> ▶ Betty Hardwick Center: Taylor County; ▶ StarCare Specialty Health System: Hockley County; ▶ Tropical Texas Behavioral Health: Hidalgo County; and ▶ Andrews Center: Smith County. • Harris County provides technical assistance on implementing mobile responses, including telehealth. See their Telehealth Implementation Guide for more information.
<p>Build a data collection plan to quantify the crisis intervention need in Titus County as well as neighboring rural counties.</p>	<ul style="list-style-type: none"> • Identify sources of data to aggregate and analyze. Consider: <ul style="list-style-type: none"> ▶ 911 calls for service; ▶ Lakes Regional crisis calls and MCOT response data; and ▶ Titus Regional Medical Center emergency department data for people admitted for psychiatric reasons. • Network with community members to find someone with skills to analyze the collected data. • Build a data collection strategy to capture and compare data over time to assess the effectiveness of new crisis and diversion programs and to appeal for enhanced funding.
<p>Identify ways to integrate Lakes Regional employees into law enforcement crisis response.</p>	<ul style="list-style-type: none"> • Find ways to integrate Lakes Regional staff into Mount Pleasant Police Department meetings to provide ongoing education and support relationship building. • Begin regular meetings between Titus County Sheriff’s Office and Lakes Regional staff to identify ways to improve collaboration and address communication challenges.

Objective	Action Steps
	<ul style="list-style-type: none"> • Consider developing a law enforcement and behavioral health workgroup as part of the larger behavioral health and justice coordinating body. • Explore potential opportunities identified during the workshop: <ul style="list-style-type: none"> ▶ Opportunities for 911 to dispatch or engage MCOT; ▶ Opportunities for patrol officers to call MCOT to the scene; ▶ Opportunities for MCOT and law enforcement ride alongs; and ▶ Opportunities to provide mental health training to dispatchers.
Identify the most appropriate recipients of trainings around mental health and law enforcement.	<ul style="list-style-type: none"> • Inventory existing mental health trainings available in Titus County. Collaborate with Lakes Regional, local social service agencies, and law enforcement to explore training options (e.g., MHFA, CIT). • Identify stakeholders who could benefit from additional mental health training (e.g., 911 dispatchers, law enforcement, EMS, hospital personnel). • Develop a training implementation strategy and begin roll out to identified stakeholders.

Team Lead: Emily Strole

Workgroup Members: Stephanie Benton, Hannah Kingston, Destiny Medlock, Carrington Burns, Kenneth Wilson, Irma Dunn, Woody Hughes

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. Titus County stakeholders may consider these as they implement action plans developed during the SIM workshop.

Task Force and Networking

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

Communication and Information Sharing

Misunderstanding 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 enhance local coordination and service delivery. Boundary spanners can use their knowledge to advocate for people at key junctures in the 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 people with behavioral health needs creates an opportunity for system-wide support of identified behavioral health and justice system priorities.

Establish a Behavioral Health and Justice Coordinating Body and Leadership Team

Best Practices

- Establish a purpose for the behavioral health and justice leadership team.
- Examine relevant data to understand influences on behavioral health and justice system interactions.
- Include people with lived experience as key stakeholders.
- Implement data collection practices to track committee and sub-committee performance, measure effectiveness, and inform next steps.

County Spotlights and Resources

- [The Dallas County Behavioral Health Leadership Team](#) was developed in 2011 and is made up of five advocates, 13 county and city organizations, six residential facilities, 16 outpatient providers, and three payers and funders. The team also developed sub-committees to target specific community needs, including an adult clinical operations team, a behavioral health steering committee, and a crisis services project.
- [Texoma Behavioral Health Leadership Team](#) serves as the community's hub for mental health and wellness. The team is comprised of representatives from behavioral health hospitals; city, county, and state government; people in behavioral health services and their families; school districts; the local community college; the local private liberal arts college; emergency departments; funders; judicial system and law enforcement; managed care organizations; mental health service providers; the region's veterans hospital located in the service area; and workforce leaders.
- [Smith County Behavioral Health Leadership Team](#) exists to provide guidance and linkage among stakeholders to build broad access to timely and appropriate behavioral health care services in Smith County. The behavioral health leadership team is led by a steering committee, and membership is open to all interested people and organizations in the community.

Plan for a Crisis or Diversion Facility

Best Practices

- Leverage existing efforts to promote diversion and identify opportunities to scale up existing services.
- “No wrong door” policies ensure people 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 substance use disorders.
- 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, police officers, specialty courts, and MCOTs.

County Spotlights

- [Bell County Host Planning Event for Diversion Center](#)
- [The Harris Center for Mental Health and IDD Judge Ed Emmett Mental Health Jail Diversion Center](#)
- [Tarrant County Mental Health Diversion Center](#)
- [Williamson County: Cedar Park, Leander Providers Aim to Address Mental Health](#)

Key Resources

- [Implementing a Mental Health Diversion Program: A Guide for Policy Makers and Practitioners](#) from Justice System Partners and the Harris Center for Mental Health and IDD
- [Police-Mental Health Collaboration Toolkit](#) from Bureau of Justice Assistance
- [Planning for Diversion: A Texas Diversion Center Workbook](#) from Texas Behavioral Health and Justice Technical Assistance Center

Enhance Jail-Based Services

Best Practices

- Document diversion and competency workflows as well as clear diversion criteria.
- Comprehensive use of evidence-based screenings and assessments helps ensure people with suspected MI, SUD, and/or IDD are identified and provided appropriate care.
- Convene regular forensic or jail team meetings to review mental health information and ensure all people with suspected mental illness are appropriately evaluated per CCP Article 16.22 and Chapter 46B.

County Spotlights

- [Taylor County: News Release - Jail Navigator Program](#)
- [Harris County Officials Devote Nearly \\$5 million to Help Incarcerated Women Reenter Society](#)

Key Resources

- [Six Steps to Establishing a Jail In-Reach Program](#) from HHSC
- [Managing Mental Illness in Jails: Sheriffs Are Finding Promising New Approaches](#) from the Police Executive Research Forum
- [Sheriffs Addressing the Mental Health Crisis in the Community and in the Jails](#) from Community Oriented Policing Services and the U.S. Department of Justice
- [Preparing People for Reentry: Checklist for Correctional Facilities](#) from Council of State Governments
- [The Stepping Up Initiative](#)

Increase Specialized Response Options

Best Practices

- Develop cross-system partnerships. Assemble a planning team or interagency workgroup with the LMHA or LBHA.
- Outline the program goals, policies, and procedures with local partners.
- Inventory the community's services and needs. Establish under which situations or calls the team will be deployed, and determine which types of assessments, supports, and services the team will provide.
- Assess outcomes and performance to determine if changes are needed.

County Spotlights

- [Galveston County: In Galveston, a New First Response to Mental Health Crises](#)
- [Hidalgo County: Tropical Texas Behavioral Health, Edinburg Police to Create New Mental Health Unit](#)
- [Taylor County: Community Response Team Making a Difference in Mental Health Calls in Abilene, Elsewhere](#)
- [McLennan County: Waco Police Department - Innovative Data Collection and Triage Approach to Mental Health Calls for Service](#)

Key Resources

- [Police-Mental Health Collaboration Toolkit](#) from Bureau of Justice Assistance
- [Developing and Implementing Your Co-Responder Program](#) from the Council of State Governments Justice Center
- [Telehealth Implementation Guide](#) from the Harris County Sheriff's CIT program
- [Multi-Disciplinary Response Teams](#) from Meadows Mental Health Policy Institute
- [Texas CIT Association](#)

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 minimal time or financial investment. Quick fixes can have a significant impact on the trajectories of people with MI, SUD, and/or IDD in the justice system.

- Ensure law enforcement knows phone numbers, addresses, and information about MCOT and Lakes Regional. Lakes Regional clinics are open Monday–Friday from 8 a.m.–5 p.m., and walk-ins are welcome. MCOT operates 24/7 and offers tele-screening or in-person response.
- Create opportunities for community partners to tour the Titus County Jail.
- Explore resources available on [Texas Judicial Commission on Mental Health website](#).

Appendix A. Titus County SIM Workshop Agenda

Sequential Intercept Model Mapping Workshop: Titus County

March 27-28, 2025

Titus County Texas A&M AgriLife Extension Service Office, 1708 Industrial Rd.,
Mount Pleasant, TX 75455

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	<ul style="list-style-type: none"> • Coffee and snacks provided by Lakes Regional Community Center (Lakes Regional)
8:30 a.m.	Opening Remarks	<ul style="list-style-type: none"> • Opening Remarks <ul style="list-style-type: none"> ▶ <i>John Delaney, Executive Director, Lakes Regional</i> ▶ <i>Kent Cooper, Judge, Titus County</i>
8:45 a.m.	Workshop Overview and Keys to Success	<ul style="list-style-type: none"> • Overview of the workshop • Community polling
9:00 a.m.	Intercepts 0 and 1 Presentation and Mapping	<ul style="list-style-type: none"> • Overview of Intercepts 0 and 1 • County Data Review • Expert Panel: <ul style="list-style-type: none"> ▶ <i>Jennifer Bogdanski, Team Lead, Mobile Crisis Outreach Team, Lakes Regional</i> ▶ <i>Shay Matthews, Executive Assistant to the Chief of Police, Mount Pleasant Police Department</i> ▶ <i>Ginger Brown, Communications Officer, Titus County Sheriff's Office</i> • Map Intercepts 0 and 1 • Examine gaps and opportunities

11:30 a.m.	Lunch	<ul style="list-style-type: none"> Lunch provided by Titus Regional Medical Center
12:15 p.m.	Intercepts 2 and 3 Presentation and Mapping	<ul style="list-style-type: none"> Overview of Intercepts 2 and 3 County data review Expert panel: <ul style="list-style-type: none"> ▶ <i>Michael Garcia, Lieutenant and Head Jailer, Titus County Sheriff's Office</i> ▶ <i>Kelli Rumbo, Court Coordinator, 76th and 276th District Courts</i> ▶ <i>Kenneth Wilson, Bailiff, 76th and 276th District Courts</i> ▶ <i>Woody Hughes, Lieutenant, 76th and 276th District Courts</i> Map Intercepts 2 and 3 Examine gaps and opportunities
2:30 p.m.	Intercepts 4 and 5 Presentation and Mapping	<ul style="list-style-type: none"> Overview of Intercepts 4 and 5 County data review Expert panel: <ul style="list-style-type: none"> ▶ <i>Marissa Norman, Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) Program Director, Lakes Regional</i> ▶ <i>Manuela Guereca, Community Supervision Officer, Titus County Community Supervision and Corrections Department</i> Map Intercepts 4 and 5 Examine gaps and opportunities
3:45 p.m.	Establish Priorities	<ul style="list-style-type: none"> Establish a list of top priorities
4:15 p.m.	Wrap Up	<ul style="list-style-type: none"> Review the day Homework
4:30 p.m.	Adjourn	

**Sequential Intercept Model Mapping Workshop:
Titus County**

March 27-28, 2025

Titus County Texas A&M AgriLife Extension Service Office, 1708 Industrial Rd.,
Mount Pleasant, TX 75455

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and snacks provided by <i>Lakes Regional</i>
8:30 a.m.	Welcome	<ul style="list-style-type: none"> • Opening remarks <ul style="list-style-type: none"> ▸ <i>Rachelle Sills, Director of Mount Pleasant Clinic, Lakes Regional</i>
8:40 a.m.	Preview and Review	<ul style="list-style-type: none"> • Review Day 1 accomplishments • Preview of Day 2 agenda • Best practice presentation
9:15 a.m.	Action Planning	<ul style="list-style-type: none"> • Group work
10:45 a.m.	Workgroup Report-Outs	<ul style="list-style-type: none"> • Report-outs on action plans
11:00 a.m.	Next Steps and Summary	<ul style="list-style-type: none"> • Finalize date of next task force meeting • Discuss next steps for county report • Funding presentation • Complete evaluation form
11:30 a.m.	Closing Remarks	<ul style="list-style-type: none"> • Closing remarks <ul style="list-style-type: none"> ▸ <i>Didi Thurman, Director of Behavioral Health, Lakes Regional</i>

Appendix B. Sequential Intercept Model Map for Titus County, March 2025

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **Lakes Regional:** (903) 572-8783 for non-crisis mental health and SUD services and (903) 268-6913 for IDD services, LMHA, and local IDD authority
- **Alpha-1 Home and Community-Based Services:** (903) 575-8936, provides community-based services and supported home living for people with IDD
- **Hope for Healing Psychiatry:** (903) 575-8245, private mental health provider that offers assessment and diagnosis, medication management, and counseling services

Veterans Services:

- **Titus County Veteran Services Officer:** (903) 572-0382, ext. 470, Douglas Pille
- **Lakes Regional:** Connects veterans to resources in the area

Housing, Shelter, and Food:

- **Titus County Cares:** (903) 575-9157, food pantry; food, school supplies, and clothing program for children; literacy program
- **RHUTE Haven:** (936) 581-5886 and (936) 581-1954, work program, prepared meals, water, and hygiene services for people experiencing homelessness
- **SAFE-T Crisis Center:** (903) 572-0973, shelter, housing assistance, legal advocacy, counseling and support for victims of domestic violence and sexual assault

Intercept 0: Hospital, Crisis, Respite, Peer, and Community Services

Crisis Phone Lines:

- **Lakes Regional Crisis Hotline Operated by Avail Solutions:** 1-877-466-0660, available 24/7
- **988 Suicide & Crisis Lifeline:** Call or text 9-8-8

Warmlines and Resource Lines:

- **2-1-1 Information Line:** Call or text 2-1-1
- **Lakes Regional Non-Emergency Line (local clinic):** (903) 572-8783

Substance Use Services:

- **Lakes Regional Mount Pleasant Clinic:** Offers substance use assessment and referral, group and individual counseling, intensive outpatient counseling, and a supportive outpatient treatment program

Crisis Services

- **Lakes Regional Crisis Services:** Business hours walk-in clinic, 1300 W. 16th St., Mount Pleasant, TX 75455

MCOT:

- **Lakes Regional MCOT:** Available 24/7, call the crisis hotline to access (1-877-466-0660)

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch:

- **Mount Pleasant Police Department 911 Center:** Oversees and operates county-wide 911 dispatch, will dispatch to Titus County Sheriff's Office for emergencies in the county

Hospitals:

- **Titus Regional Medical Center:** Emergency department, geriatric behavioral health unit

Law Enforcement:

- **Mount Pleasant Police Department**
- **Titus County Sheriff's Office**
- **Mount Pleasant Independent School District Police Department**
- **Texas Department of Public Safety**

Emergency Medical Services:

- **Titus Regional Medical Center:** Operates emergency medical service

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Titus County Jail**

Booking:

- **Screening and Assessments Used:**
 - ▶ Texas Commission on Jail Standards Screening Form for Suicide and Medical, Mental, and Developmental Impairments
- **TLETS CCQ Match**

Initial Court Appearance Locations:

- **Arraignment:** Takes place at booking by a justice of the peace
- **Indigent Defense:** Court-appointed attorney determined by the magistrate

Intercept 3: Jails and Courts

In Titus County, there are two district courts, one county court at law, one municipal court, and two justice of the peace courts.

Courts:

- **276th District Court:** Judge Michael P. Kopech
- **76th District Court:** Judge Angela Saucier
- **County Court:** Judge Kent Cooper
- **Mount Pleasant Municipal Court:** Judge Kay McNutt
- **Justice of the Peace Courts:**
 - ▶ **Precincts 1, 3, and 4:** Steve Agan, Justice of the Peace
 - ▶ **Precinct 2:** Irma Dunn, Justice of the Peace

Jail:

- **Titus County Jail**
- **Health Services:**
 - ▶ **Mental Health Provider:** Jennifer Angelo, PMHNP via telehealth
 - ▶ **Medical Provider:** Andrew Covey, PA-C, Titus Regional Medical Center

Intercept 4: Reentry

Jail Reentry:

- **TCOOMMI:** (903) 737-2475 ext. 2493; 1300 W. 16th St., Mount Pleasant, TX 75455; program administered by Lakes Regional, provides intensive case management services to people on probation or parole

Intercept 5: Community Corrections and Community Supports

Parole:

- **Mount Pleasant District Parole Office:** (903) 572-1679, 1814 Bill Ratliff Freeway, Mount Pleasant, TX 75455

Community Supervision and Corrections:

- **Titus County Community Supervision and Corrections Department:** (903) 577-6737, 103 W. 1st St., Mount Pleasant, TX 75455

Appendix C. Impact Measures

Item	Measure	Intercept	Category
1	Mental health crisis line calls	Intercept 0	Crisis Lines
2	Emergency department admissions for psychiatric reasons	Intercept 0	Emergency Department
3	Psychiatric hospital admissions	Intercept 0	Hospitals
4	MCOT episodes	Intercept 0	Mobile Crisis
5	MCOT crisis outreach calls responded to in the community	Intercept 0	Mobile Crisis
6	MCOT crisis outreach calls resolved in the field	Intercept 0	Mobile Crisis
7	MCOT repeat calls	Intercept 0	Mobile Crisis
8	Crisis center admissions (e.g., respite center, crisis stabilization unit)	Intercept 0	Crisis Center
9	Designated mental health officers (e.g., mental health deputies, crisis intervention trained officer)	Intercept 1	Law Enforcement
10	Mental health crisis calls handled by law enforcement	Intercept 1	Law Enforcement
11	Law enforcement transport to crisis facilities (e.g., emergency department, crisis centers, psychiatric hospitals)	Intercept 1	Law Enforcement
12	Mental health crisis calls handled by specialized mental health law enforcement officers	Intercept 1	Law Enforcement
13	Jail bookings	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	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 a person in jail	Intercept 2	Jail (Pretrial)
20	Average cost per day to house a person with mental health issues in jail	Intercept 2	Jail (Pretrial)
21	Average cost per day to house a person with psychotropic medication	Intercept 2	Jail (Pretrial)
22	Caseload rate of the court system, misdemeanor versus felony cases	Intercept 3	Case Processing

Item	Measure	Intercept	Category
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	Intercept 3	Incarceration
25	Jail sentenced population with mental illness, average length of stay	Intercept 3	Incarceration
26	People with mental illness or substance use disorder receiving reentry coordination prior to jail release	Intercept 4	Reentry
27	People with mental illness or substance use disorder receiving benefit coordination prior to jail release	Intercept 4	Reentry
28	People with mental illness receiving a short-term psychotropic medication refill or a prescription upon jail release	Intercept 4	Reentry
29	Probationers with mental illness on a specialized mental health caseload, percent of probationers with mental illness	Intercept 5	Community Corrections
30	Probation revocation rate of all probationers	Intercept 5	Community Corrections
31	Probation revocation rate of probationers with mental illness	Intercept 5	Community Corrections

Appendix D. Texas and Federal Privacy and Information Sharing Provisions

Note: The information below was referenced on June 13, 2025. Reference links to statute directly to ensure the timeliest information.

Mental Health Record Protections

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

Section 533.009. EXCHANGE OF PATIENT RECORDS.

(a) Department 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.

Substance Use Disorder 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 E. Six Steps to Establishing a Jail In-Reach Program⁴

1. Establish a County Forensic Team:

- Judges, prosecutors, defense attorneys
- LMHA or LBHA
- Jail administration, jail medical providers

2. Review Local Waitlist Data:

- Review waitlist trends both over time and for people currently on the waitlist.
- Examine charge types.
- Examine time periods.
- Examine demographic trends.

3. 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; and
 - ▶ Civil commitment.

⁴ [Six Steps to Establishing a Jail In-Reach Program](#), Texas Health and Human Services Commission

4. Ensure Access to Medication:

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

5. 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.

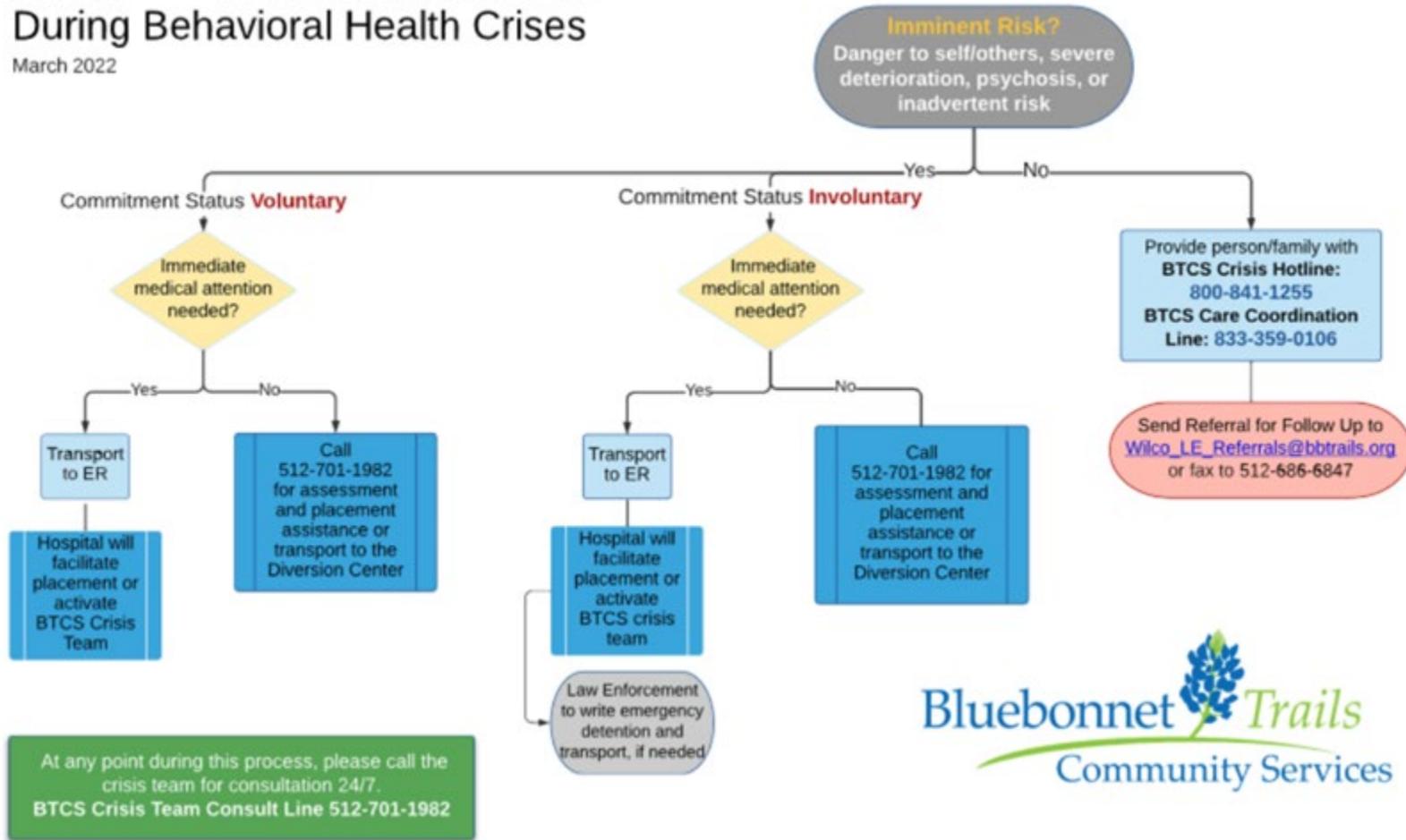
6. Explore Competency Restoration Options:

- Inpatient competency restoration
- Outpatient competency restoration
- Jail-based competency restoration

Appendix F. Resources for Law Enforcement During a Behavioral Health Crisis Flowchart

Resources for Law Enforcement During Behavioral Health Crises

March 2022



Resources for Law Enforcement During a Behavioral Health Crisis

Bluebonnet Trails Community Services (BTCS)

1. Is there an imminent risk?

Imminent risk: Danger to self or others, severe deterioration, psychosis, or inadvertent risk

A. **Yes**, imminent risk is present.

a. Commitment Status: **Involuntary**

(1) Is immediate medical attention needed?

(A) **Yes**, immediate medical attention is needed.

(a) Transport to emergency room.

(b) Hospital will facilitate placement or activate BTCS crisis team.

(c) Law enforcement to write emergency detention and transport, if needed.

(B) **No**, immediate medical attention is not needed.

(a) Call (512) 701-1982 for assessment and placement assistance or transport to the diversion center.

b. Commitment Status: **Voluntary**

(1) Is immediate medical attention needed?

(A) **Yes**, immediate medical attention is needed.

(a) Transport to emergency room.

(b) Hospital will facilitate placement or activate BTCS crisis team.

(B) **No**, immediate medical attention is not needed.

(a) Call (512) 701-1982 for assessment and placement assistance or transport to the diversion center.

B. **No**, imminent risk is not present.

- a. Provide person or family with BTCS Crisis Hotline: 1-800-841-1255 and BTCS Care Coordination Line: 1-833-359-0106
- b. Send referral for follow up to [Wilco LE Referrals@bbtrails.org](mailto:Wilco_LE_Referrals@bbtrails.org) or fax to (512) 686-6847

At any point during this process, please call the crisis team for consultation 24/7. BTCS Crisis Team Consult Line (512) 701-1982

Appendix G. SIM Mapping Workshop Participant List

Name	Title	Agency
Amy Dykes	Qualified Mental Health Professional	Lakes Regional Community Center
Amy Tarrant	Intellectual and Developmental Disabilities Services	Lakes Regional Community Center
Annie Trout	Director of Crisis Services	SAFE-T Crisis Center
Cammi Ingalls	Recovery Support Peer Specialist and Community Health Worker	East Texas Council on Alcoholism and Drug Abuse
Carrington Burns	Patrol Officer	Mount Pleasant Police Department
Chris Bragg	Sheriff	Titus County Sheriff's Office
Chris Cox	Information Systems Operations Manager	Lakes Regional Community Center
Chris Dolph	Regional Alignment Coordinator	East Texas Council on Alcoholism and Drug Abuse
Colton House	911 Communicator	Mount Pleasant Police Department
Crystal Forgy	Income Screening Specialist	Lakes Regional Community Center
David Price	Captain, Jail Administrator	Titus County Sheriff's Office
Destiny Medlock	Team Lead	Lakes Regional Community Center
Didi Thurman	Director of Behavioral Health	Lakes Regional Community Center

Name	Title	Agency
Donald Cook	Director of Substance Use Programs	Lakes Regional Community Center
Douglas Pille	Veteran Services Officer	Titus County
Emily Strole	Qualified Mental Health Professional, Coordinated Specialty Care	Lakes Regional Community Center
Ginger Brown	Communications Officer	Titus County Sheriff's Office
Hannah Kingston	Licensed Professional of the Health Arts - Associate	Lakes Regional Community Center
Irma Dunn	Justice of the Peace, Precinct 2	Titus County
James Arnold	Licensed Chemical Dependency Counselor	Lakes Regional Community Center
Jennifer Bogdanski	Team Lead, Mobile Crisis Outreach Team	Lakes Regional Community Center
John Delaney	Executive Director	Lakes Regional Community Center
John Livingston	Chief Deputy	Titus County Sheriff's Office
Karen Gage	Behavioral Health Liaison at Region 8 Educational Service Center	Lakes Regional Community Center
Kathy Griffis	Vice President of Clinical Operations, Chief Nursing Officer	Titus Regional Medical Center
Kelli Rumbo	Court Coordinator	76th and 276th District Courts
Kenneth Wilson	Bailiff	76th and 276th District Courts
Kent Cooper	Judge	Titus County Court

Name	Title	Agency
Kimberly Coleman	Secretary	Lakes Regional Community Center
Leslie Carlos	Director of Behavioral Health	Titus Regional Medical Center
Lynn Glover	Team Lead, Assertive Community Treatment	Lakes Regional Community Center
Manuela Guereca	Community Supervision Officer	Titus County Community Supervision and Corrections Department
Marissa Norman	Texas Correctional Office on Offenders with Medical or Mental Impairments Program Director	Lakes Regional Community Center
Mark Buhman	Police Chief	Mount Pleasant Police Department
Melanie Gann	Director of Child, Adolescent and Specialty Care	Lakes Regional Community Center
Michael Davis	Assistant Director of Utilization Management	Lakes Regional Community Center
Michael Garcia	Lieutenant and Head Jailer	Titus County Sheriff's Office
Monica Walden	Assistant to Titus County Judge Kent Cooper	Titus County Court
Paul Lindsey	Investigator	Titus County Attorney's Office
Rachelle Sills	Director of Mount Pleasant Clinic	Lakes Regional Community Center
Savannah Daniel	Director	East Texas Council on Alcoholism and Drug Abuse
Scotty Finley	Parole Officer	Texas Department of Criminal Justice

Name	Title	Agency
Shane Winn	Director	Titus County Community Supervision and Corrections Department
Shay Matthews	Executive Assistant to the Chief of Police	Mount Pleasant Police Department
Shiela Fails	Behavioral Health Registered Nurse, Clinical Coordinator	Titus Regional Medical Center
Stephanie Benton	Peer Services Provider	Lakes Regional Community Center
Stephanie McDougal	Recovery Coach	East Texas Council on Alcoholism and Drug Abuse
Suzanne Magee	Director of Emergency Department	Titus Regional Medical Center
Wendie Gibson	Shelter Manager	SAFE-T Crisis Center
Woody Hughes	Lieutenant	76th and 276th District Courts

Appendix H. List of Acronyms and Initialisms

Acronym	Full Name
BAT	Behavioral Advisory Team
CCQ	Correctional Continuity of Care Query
CIT	Crisis Intervention Team
EMS	Emergency Medical Services
ETCADA	East Texas Council on Alcoholism and Drug Abuse
IDD	Intellectual and Developmental Disabilities
Lakes Regional	Lakes Regional Community Center
LMHA	Local Mental Health Authority
MCOT	Mobile Crisis Outreach Team
MI	Mental Illness
MOU	Memorandum of Understanding
PA-C	Physician Assistant-Certified
PMHNP	Psychiatric Mental Health Nurse Practitioner
SIM	Sequential Intercept Model
SUD	Substance Use Disorder
TA Center	Texas Behavioral Health and Justice Technical Assistance Center
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TIEMH	Texas Institute for Excellence in Mental Health

Acronym	Full Name
TLETS	Texas Law Enforcement Telecommunication System