

Sequential Intercept Model Mapping Report: Hays County

Texas Health and Human Services
December 2022



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Background

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 Judge Daniel O'Brien, Hays County Court-at-Law, #3 and organized by Kaimi Mattila, LCSW, Mental Health Court Administrator. The planning committee members included:

Chief Stan Standridge, San Marcos Police Department; Amy Lowrie, Hill Country Mental Health and Developmental Disability center (MHDD); Sergeant Steve Cunningham, Hays County Sheriff's Office; Jeffrey Weatherford, Criminal Court District Attorney; Commissioner Walt Smith, Hays County Commissioner; Nichole Mueller, MH Coordinator, WellPath, Hays County Jail; Mark Jones, Precinct 2 County Commissioner; Judge Benjamin Moore, Hays County Judge; Mark Kennedy, General Council; Julie Villalpando, Captain, Hays County Jail; Juan Saenz, Captain, Hays County Jail; Jennifer Scott, Executive Assistant to Commissioner Jones; Donald Lee, San Marcos Police Department; Paula Countryman, Baylor Scott and White; Pam Howard, Ascension Seton Kyle ; James Swisher, Hays County Emergency Medical Technician (EMT); Blythe Long, Emergency Department Manager Baylor Scott and White

The planning committee members played a critical in making the Hays 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 Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC and Catherine Bialick, MPAff, Senior Advisor, Office of Forensic Coordination, HHSC. The report was authored by Emily Dirksmeyer, LMSW; Catherine Bialick, MPAff; Matthew Lovitt, MSW; and Jennie M. Simpson, PhD.

About the Texas Behavioral Health and Justice Technical Assistance Center

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

Recommended Citation

Texas Health and Human Services Commission. (2022). *Sequential intercept model mapping report for Hays County*. Austin, TX: Texas Health and Human Services Commission.

Introduction

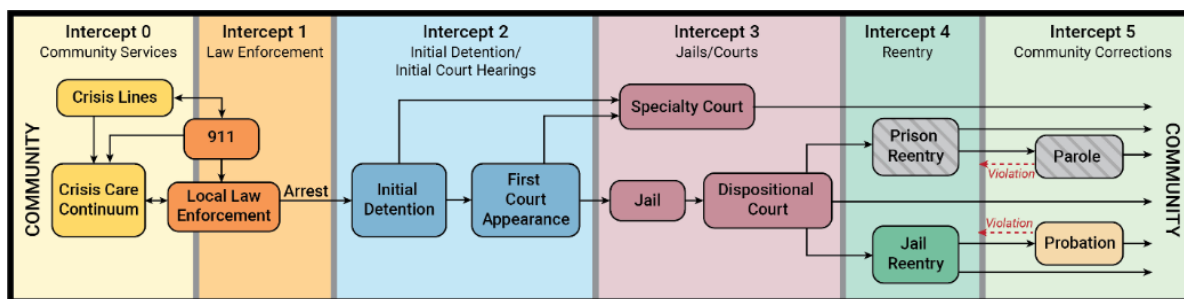
The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,^a has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a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

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

The SIM Mapping Workshop has three primary objectives:

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

^a 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.

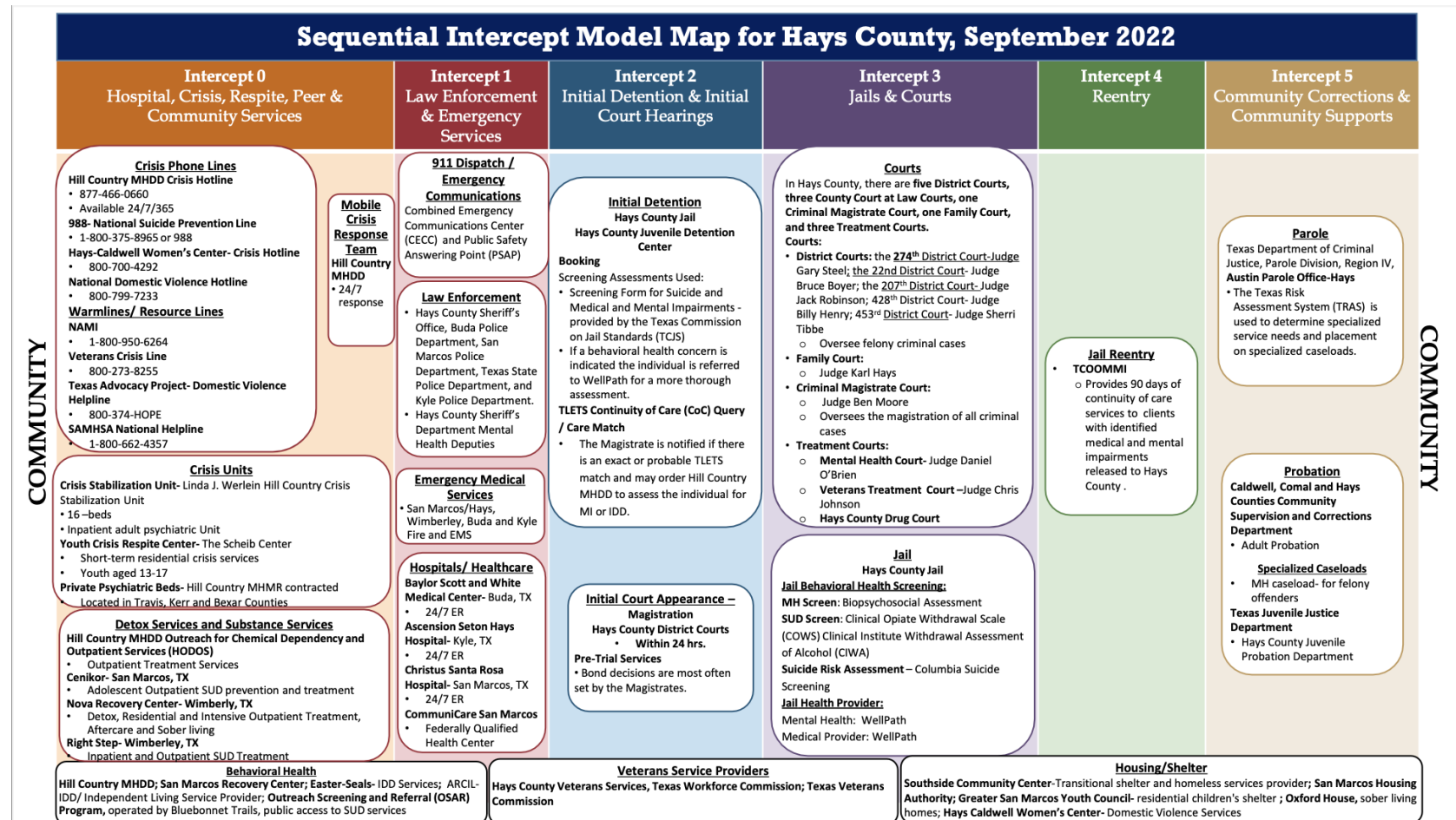


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In 2022, Judge Daniel O’Brien requested a SIM Mapping Workshop be conducted for Hays County to help foster behavioral health and justice collaborations and improve diversion efforts for people with MI, SUD and/or IDD. The SIM Mapping Workshop was divided into three sessions: 1) Introductions and Overview of the SIM; 2) Developing the Local Map; and 3) Action Planning. See [Appendix A](#) for detailed workshop agenda.

This report reflects information provided during the SIM Mapping Workshop by participating Hays County stakeholders and may not be a comprehensive list of services available in the county. All gaps and opportunities identified reflect the opinions of participating stakeholders, not HHSC.

Sequential Intercept Model Map for Hays County

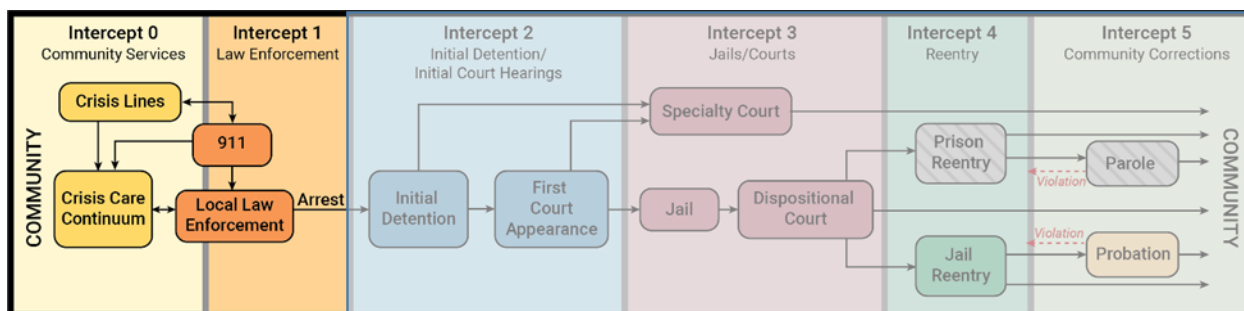


See [Appendix B](#) for detailed description.

Opportunities and Gaps at Each Intercept

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

Intercept 0 and Intercept 1



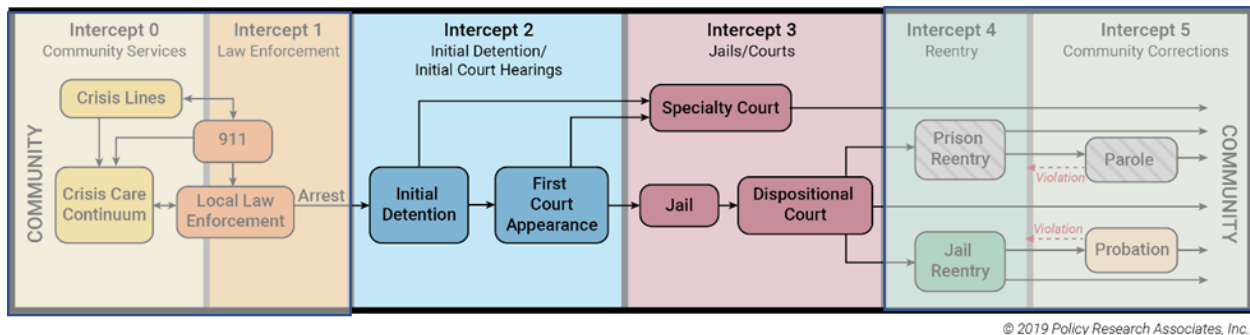
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Hays County Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> Law enforcement, courts, and social service providers struggle to quickly recall and correctly use various crises and help line numbers, creating barriers to timely support. 	<ul style="list-style-type: none"> Launch coordinated education and outreach efforts to improve understanding of available crisis lines (such as 9-8-8) and train stakeholders and the public on when and how to use them, including recognizing signs of a mental health crisis.
<ul style="list-style-type: none"> Dispatch call takers screen calls to identify individuals that might be experiencing a mental health crisis but lack training to identify signs or symptoms of a mental health crisis when 	<ul style="list-style-type: none"> Provide targeted training and embed mental health professionals in dispatch centers to improve recognition and response to mental health crises, even when not explicitly disclosed.

Gaps	Opportunities
the caller does not explicitly disclose their mental health status	
<ul style="list-style-type: none"> Hays County lacks alternatives to emergency departments or jail for law enforcement drop-off, has no local inpatient psychiatric care options, and faces delays in mobile crisis response due to capacity constraints. 	<ul style="list-style-type: none"> Increase mental health training for officers to support de-escalation and diversion and explore developing a mental health crisis diversion center as an alternative to emergency departments or jail.
<ul style="list-style-type: none"> Hays County residents who are uninsured or underinsured face significant barriers to detox, inpatient, and outpatient substance use treatment due to limited local resources, including an OSAR office with minimal hours and no dedicated supervised withdrawal facility. 	<ul style="list-style-type: none"> Modify the OSAR contract to increase referral capacity for uninsured or underinsured residents and explore developing a diversion or sobering center to provide supervised withdrawal and centralized support.
<ul style="list-style-type: none"> Emergency Departments in Hays County often struggle to provide prompt medical clearance needed before inpatient psychiatric admission, delaying appropriate care. 	<ul style="list-style-type: none"> Streamline medical clearance processes by establishing community-based paramedic programs to deliver non-emergent care and expedite readiness for psychiatric hospitalization.
<ul style="list-style-type: none"> Hays County lacks adequate affordable, supportive, transitional, and justice-involved housing opportunities. 	<ul style="list-style-type: none"> Evaluate critical affordable, supportive, transitional, and justice-involved housing needs, develop strategies to address gaps, and identify funding opportunities to expand housing options in Hays County.
<ul style="list-style-type: none"> Counseling services are not available to all those who may benefit in Hays County. 	<ul style="list-style-type: none"> Encourage local agencies to employ Peer Specialists and seek funding to develop or expand peer-led programs, increasing support for Hays County residents who cannot access traditional counseling services.
<ul style="list-style-type: none"> Hays County faces challenges with sharing mental health information between agencies, lacks comprehensive data on crisis encounters, and uses inconsistent definitions, hindering county-wide analysis and care coordination. 	<ul style="list-style-type: none"> Provide training on HIPAA-compliant information sharing, develop a unified data collection and reporting strategy, and enhance data on crisis response locations to strengthen care coordination and enable county-wide analysis.

Intercept 2 and Intercept 3

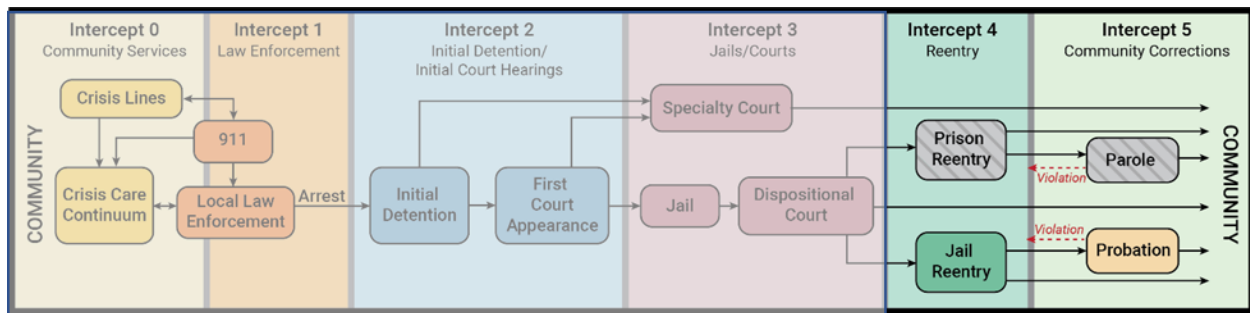


Hays County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> Limited use of mental health data and delays between jail screenings and comprehensive assessments hinder effective service provision and continuity of care. 	<ul style="list-style-type: none"> Support Hill Country MHDD and WellPath in leveraging Texas Law Enforcement Telecommunication System (TLETS) continuity of care query information to improve treatment, expedite assessments, and strengthen reentry planning and continuity of care for justice-involved individuals.
<ul style="list-style-type: none"> High demand and limited psychiatric capacity cause delays in assessments and treatment; there are no in-jail substance use disorder treatment programs, and policies do not support court-ordered or involuntary medications. 	<ul style="list-style-type: none"> Support recruitment and retention of qualified WellPath staff to improve timely access to mental health care; explore providing court-ordered medications and implementing in-jail substance use treatment and services for people with SUD and co-occurring disorders.
<ul style="list-style-type: none"> Jail staff cannot flag mental health-related incidents, hindering proper monitoring and care coordination. 	<ul style="list-style-type: none"> Develop a system to "flag" mental health-related incidents in the jail to enhance monitoring, care coordination, and targeted support.
<ul style="list-style-type: none"> Individuals found incompetent to stand trial face long waits in jail due to limited inpatient beds, few referrals to outpatient restoration programs, and no jail-based competency restoration services in Hays County. 	<ul style="list-style-type: none"> Work with HHSC and regional partners to provide training on competency processes, increase use of outpatient alternatives and court-ordered medications, explore jail-based restoration programs, and engage broader stakeholder participation to reduce jail wait times for individuals found IST.

Gaps	Opportunities
<ul style="list-style-type: none"> Defense attorneys lack consistent training and experience with mental health cases, and Hays County underutilizes civil commitments and outpatient mental health services, while resource constraints limit support for specialty courts. 	<ul style="list-style-type: none"> Provide specialized training for attorneys, consider dedicated mental health court-appointed counsel, and establish protocols (including use of psychiatric directives) to better leverage treatment-focused alternatives like probate courts.
<ul style="list-style-type: none"> Hays County specialty courts lack a standardized data collection and reporting system, do not consistently provide key stakeholders with competency-related data, and lack streamlined processes for reviewing mental health reports. 	<ul style="list-style-type: none"> Create a centralized data office, expand interdisciplinary meetings to improve information sharing on behavioral health needs, and develop clear processes for using CCP Art. 16.22 reports to support informed court decisions.

Intercept 4 and Intercept 5



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Hays County Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> Hays County Jail releases individuals with limited or no medication, often at challenging times, and lacks structured reentry planning to support ongoing care. 	<ul style="list-style-type: none"> Coordinate releases to ensure individuals leave with psychiatric medications and embed care coordinators in the jail to provide reentry planning and connect people to ongoing community behavioral health services.
<ul style="list-style-type: none"> People leaving Jail face gaps in essential supports like housing, transportation, healthcare, and employment, and often experience long waits for care, increasing their risk of recidivism. 	<ul style="list-style-type: none"> Utilize Peer Support Specialists to assist with reentry planning and provide interim support to improve access to community-based services immediately upon release.

Gaps	Opportunities
<ul style="list-style-type: none"> • People leaving jail often receive too little medication to bridge the gap to new psychiatric care, increasing the risk of probation violations tied to mental health needs. 	<ul style="list-style-type: none"> • Ensure medication supplies upon release to bridge gaps until follow-up care and strengthen connections to psychiatric services to reduce mental health-related probation violations.
<ul style="list-style-type: none"> • There are few long-term housing options, and access to specialized probation caseloads for people with mental health conditions is restricted, especially for non-felony cases. 	<ul style="list-style-type: none"> • Adult Probation can expand specialized caseloads to include people with mental health conditions facing misdemeanor charges and provide additional mental health training to probation officers.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified participants voted for top priorities. The voting took place on September 15, 2022. The top five priorities are highlighted in bold text below.

Rank	Priority	Votes
1	Expand crisis options through the development of a diversion campus.	28
2	Develop strategies to address frequent utilizers and pilot new ACT team program.	21
3	Explore the development of a Behavioral Health Office to coordinate county services.	16
4	Increase information and data sharing across the SIM.	13
5	Enhance 911 and law enforcement response to behavioral health crises.	12
6	Enhance reentry planning for individuals returning to the community.	11
7	Explore the development of a jail-based competency restoration program.	8
8	Support planning for the public defender office, pretrial services, mental health court, and court appointed attorneys.	6
9	Establish a behavioral health and justice leadership team.	1
10	Expand jail in-reach efforts.	1
11	Improve early identification of people with mental health needs (e.g., CCP Art. 16.22).	1
12	Increase opportunities to engage families and peers across the SIM.	1
13	Enhance community-based preventative services.	1

Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top five priorities for change. This section includes action plans developed by Hays 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 Statewide Behavioral Health Strategic Plan Update, Texas Statewide Behavioral Health Coordinating Council
- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- The Joint Committee on Access and Forensic Services (JCAFS): 2020 Annual Report, Texas Health and Human Services Commission
- The Texas Mental Health and Intellectual and Development Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates
- Substance Abuse and Mental Health Services Administration (SAMHSA)'s publication, Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals provides a foundational framework for providing services to people with MI and SUD who are justice-involved.

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 on people with behavioral health needs, disparities in healthcare access and criminal justice involvement can also be addressed to ensure comprehensive system change.

The second is trauma. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life^{bc}. It is critical that both the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:

- Realizing the prevalence of trauma;
- Recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce; and
- Responding by putting this knowledge into practice.

Priority One: Expand Crisis Options Through the Development of a Diversion Center

Objective	Action Steps
Identifying Funding Sources and Key Stakeholders	<ul style="list-style-type: none"> • Identifying additional stakeholders to support Diversion Center planning and funding, including: Hays County Commissioners; San Marcos Police Department (PD); Hays County Sheriff's Office; Hays District Judges; Hays Court at Law Judges; Substance Use provider/non-profits; Hill Country MHDD; county hospitals; public defenders; pronation; parole; city government; county judges/ Justice of the Peace • Gather data to reflect current crisis service and incarceration trends to inform Diversion Center planning efforts/community needs. • Present data to county stakeholders and behavioral health leadership to develop support for local diversion center planning efforts
Identifying a Location/Building and Consider the Diversion Center Operational Structure	<ul style="list-style-type: none"> • Identify hours of operation based on county data collected (e.g., crisis hotline data and 911 dispatch data): <ul style="list-style-type: none"> ▶ Consider 4PM-12AM as a starting point; • Consider building/space opportunities: <ul style="list-style-type: none"> ▶ Learn from existing diversion centers in other counties; o Consider existing medical and mental health treatment buildings or structures in Hays County that may be converted into a diversion center;

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

^c 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.

Objective	Action Steps
	<ul style="list-style-type: none"> Determine initial clinical/medical services and other supports that will be available at the Diversion Center. Consider: <ul style="list-style-type: none"> Low-barrier drop off center elements; On-site security; On-site medical evaluation; Mental health and SUD referrals; Case management; Counseling; Medication management. Identify staff needed to run facility: <ul style="list-style-type: none"> Hill County; Security staff; Ascension Seton; Cenikor.
Identify Center Eligibility Requirements/Scope	<ul style="list-style-type: none"> Gather data from hospitals and police departments to identify existing community needs. Assess frequent utilizer data across Hays County. Consider specialized services to be offered at the Diversion Center: detox, treatment and medication management for individuals with SUD and Serious Mental Illness (SMI).
Identify Workflow	<ul style="list-style-type: none"> Establish a clear operational timeline: <ul style="list-style-type: none"> Use county data to inform capacity needs of the center; Present to community stakeholder for funding; Identify operational staff needs; Develop strategic business plan (costs); Begin construction on building.

Additional Considerations:

Conduct a comprehensive needs assessment by analyzing existing data to make a case for the development of a diversion center. Where data doesn't exist, stakeholders can discuss plans to collect and track additional measures. Data gathered to inform the development of the Harris County Diversion Center and other Mental Health Drop-Off Facilities include^d:

^d *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

- Mobile Crisis Outreach Team (MCOT) dispatch data
- Number of crisis line calls
- Number of emergency department hospitalizations for psychiatric reasons
- Daily jail population
- Percent of people in jail who have serious mental health issue
- Percent of people in jail with low-level misdemeanors
- Percent of people in jail with low-level misdemeanors who screened positive for MI
- Number of jail bookings for a specific period
- Number of jail bookings for low-level misdemeanors during that same period
- Number of jail bookings for people who screened positive for MI during that same period
- Average length of stay for this population
- Average cost to house people with mental health issues in jail

Learn from other communities and consider reviewing the following publications for diversion center implementation best practices:

- Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners, developed by Justice System Partners, provides practical guidance from Harris County for planning a crisis diversion center including, laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability.^e
- A Community Guide for Development of a Crisis Diversion Facility, by Health Management Associates (HMA), outlines key considerations for planning and managing a crisis diversion facility.^f The guide outlines potential services; roles and responsibilities across local stakeholders; the role of data in informing planning and ongoing program improvement; and funding

^e *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

^f *A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis*. Health Management Associates (2020, February). Retrieved 16 June 2022, from https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityGuidebook_v6.pdf.

strategies. Health Management Associates also produced a companion document which provides case studies of communities in Arizona, South Dakota, Tennessee and San Antonio.

- *Blueprint for Success: The Bexar County Model, How to Set Up a Jail Diversion Program in Your Community* was produced by the National Association of Counties, in partnership with Bexar County, on setting up jail diversion programs. This provides an overview of the diversion center, steps taken for enlisting community support, funding, etc.⁹
- *Roadmap to the Ideal Crisis System*, National Council for Behavioral Health has a section titled, *Elements of the Continuum, Crisis Center or Crisis Hub* (Pg. 88), which describes the role a crisis center can play within the local crisis system. The section provides an overview of services you may want to consider, and shares examples of crisis hubs in states across the country.^h

Define the diversion centers goals and determine program eligibility to meet those goals. Questions to consider: Who is the target population? At which contact point will diversion be most impactful in addressing gaps in the community and meeting community goals? Who is eligible for services?

- Initially, the Harris County Diversion Center determined that the diversion center would be voluntary, and that diversion was appropriate for individuals who:
 - ▶ Committed low-level, non-violent crimes;
 - ▶ Appear to have a MI or have documented history of MI;
 - ▶ Have a mental health need contributing to their offending conduct;
 - ▶ Do not pose a public safety threat;
 - ▶ Are 18 and over;
 - ▶ Do not appear to be in mental health crisis and do not meet the criteria for Emergency Detention Order (not likely to harm self or others); and

⁹ *Blueprint for Success: The Bexar County Model: How to Set up a Jail Diversion Program in Your Community*. The National Association of Counties (2010, August 11). Retrieved 16 June 2022, from <https://www.naco.org/sites/default/files/documents/Bexar-County-Model-report.pdf>.

^h *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response*. The National Council for Mental Wellbeing (2021, March). Retrieved 16 June 2022, from https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf.

- ▶ Have no open warrants or detainers.
- Harris County stakeholders also agreed on disqualifiers, including individuals charged with the following offenses: domestic violence offenses, assault, terroristic threat weapons offenses (e.g. discharging a firearm, deadly conduct), driving while intoxicated, burglary of a motor vehicle, and any offense where public safety could be compromised.ⁱ

Workgroup Members:

David Glicker, Civil Attorney; Ron Stretcher, Meadows; Michael Fugerty, Military Veterans Peer Network, Hill Country MHDD; Carrie Bartomolucci, Hill County MHDD; Natalie Werman, Cenikor; Stan Standridge, San Marcos Police Department; D'Anna Belvins, Cristus Santa Rosa; Alison Boleware, Hogg Foundation

Priority Two: Develop Strategies to Address Frequent Utilizers and Pilot New Assertive Community Treatment Program

Objective	Action Steps
Establish a Frequent Utilizer Planning Committee and Begin Data Exploration	<ul style="list-style-type: none"> • Convene a comprehensive group of stakeholders to discuss frequent utilizers in Hays County. Stakeholders could include Hill Country MHDD, Hays County law enforcement, Hays County Jail, Hays County Courts, housing service providers and others who frequently engage with this population in Hays County • Explore data from participating stakeholders to begin to identify the frequent utilizer population and understand their characteristics and patterns of service utilization. Data to explore: <ul style="list-style-type: none"> ▶ 911 data; ▶ Crisis line data; ▶ Arrests and jail bookings; ▶ Homeless shelter data; ▶ Emergency Room (ER) and hospital visits; ▶ MCOT data. • Take time to understand each agency's definition of frequent

ⁱ *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide- Final-Reduced.pdf>.

Objective	Action Steps
	<p>utilizers, both in terms of system contacts and costs.</p> <ul style="list-style-type: none"> Start to combine data to understand how individuals touch multiple systems. Consider the development of case examples to supplement descriptive data described above and better illustrate the stories and challenges presented by this population.
Explore the Development of an Assertive Community Treatment (ACT) Program	<ul style="list-style-type: none"> One evidence-based program that can help address the needs. Of frequent utilizers is ACT. In developing a new program, stakeholders first proposed the development of a planning committee, including: Hill County MHDD, the District Attorney's Office, Hays County law enforcement, Hays County first responders, Hays County Commissioners; Substance user providers/non-profits; housing and employment stakeholders; county hospitals. Set regular meeting date and time for the planning group. Determine program services and eligibility. Based on this information, identify individuals from the analysis above that might be a good fit for a pilot ACT program. Learn from Other Community ACT Programs. Explore funding opportunities: <ul style="list-style-type: none"> County Commissioners; American Rescue Plan Act funds; Grant opportunities; and Existing local mental health authority crisis services funding.
Explore Other Programs and Strategies to Meet the Needs of Frequent Utilizers	<ul style="list-style-type: none"> The ACT program will not address the needs of all frequent utilizers identified by the Frequent Utilizer Planning Committee. In addition to ACT, committee members should explore other services that could help address the frequent utilizer population.

Additional Considerations:

Develop data sharing protocols to identify and engage people who frequently encounter law enforcement, emergency departments, crisis services, and the jail. Explore model programs:

- That National Association of Counties (NACo) launched the Familiar Faces Initiative (formally known as Data Driven Justice Initiative) to improve outcomes and lower incarceration rates for people who frequently cycle

through jails, homeless shelters, emergency departments and other local crisis services. Through the Familiar Faces Initiative, the NACo empowers communities to share data and integrate care options between health and justice systems so they can intervene earlier, improve outcomes and reduce incarceration and hospitalization rates. NACo has a number of resources to support data sharing, including:^j

- ▶ The Familiar Faces Initiative Playbook is designed to help guide the development of a multi-system strategy to successfully divert familiar faces, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.
- ▶ The Data-Driven Justice Playbook 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.
- ▶ Issue Briefs for key stakeholders, including behavioral health and social service providers, criminal justice coordinators, courts, probation, elected officials, law enforcement, corrections, and IT and data analysts on the role they can each play in support local Familiar Faces efforts.
- ▶ Data sharing examples, implementation resources, and case studies that can support Hays County data efforts. Workshop participants requested examples of data sharing agreements. Below are a few made public by the Familiar Faces Initiative:
 - ◇ Data Use Agreement: An Example from King County, Wash.
 - ◇ Information Sharing MOU: An Example from Gila County, Ariz.
 - ◇ Confidentiality Agreement: An Example from Johnson County, Kan.
 - ◇ Business Associate Agreement: An Example from Johnson County, Kan.
 - ◇ Sample Business Associate Agreement Provisions
 - ◇ Using an MOU to Formalize Goals and Establish Data Sharing: An Example from Codington County, S.D.
- The National Center for Complex Health and Social Needs has resources to support leadership in developing programs that focus on complex care

^j Familiar Faces Initiative. National Association of Counties. (2022). Retrieved 21 November 2022, from <https://familiarfaces.naco.org/>.

populations, analyzing data to inform decision making, and exploring business and legal needs.

- Frequent Users Systems Engagement (FUSE) is an initiative through the Corporation for Supportive Housing and another model for identifying frequent users of jails, shelters, hospitals and/or other crisis public services by linking data networks to identify those in need and quickly linking them to supportive housing. Corporation for Supportive Housing (CSH) FUSE has been formally evaluated and shows reductions in the use of expensive crisis services and improvements in housing retention. More than 30 communities implementing FUSE are seeing positive results.^k

Pilot an ACT Team targeting Hays County frequent utilizers. Review national and State best practices on the development and implementation of an ACT team.

- SAMHSAs Evidence Based Practices Toolkit, Building Your Program, provides guidance on how to develop and structure an assertive community treatment model. The toolkit identifies the following key principles of a high-fidelity ACT program:^l
 - ACT is a service delivery model not a case management program
 - The primary goal of ACT is recovery through community treatment and habilitation
 - ACT is characterized by: a team approach, in vivo services, a small caseload, time-unlimited services, shared caseloads, flexible service delivery, a fixed point of responsibility and 24/7 crisis availability
 - ACT is for people with the most challenging and persistent problems
 - Programs that adhere most closely to the ACT model are more likely to get the best outcomes.
- SAMHSA's Forensic Assertive Community Treatment (FACT) brief provides an overview of the FACT model for individuals with serious mental illness who are involved with the criminal justice system. This model is designed to serve individuals who are high utilizers across behavioral health and justice systems. This brief identifies the key components of FACT and recommended

^k Corporation for Supportive Housing. *FUSE*. Retrieved May 31, 2022, from <https://www.csh.org/fuse/>.

^l *Building Your Program: Assertive Community Treatment*. Substance Abuse and Mental Health Services Administration. (2008). Retrieved 21 November 2022, from https://store.samhsa.gov/sites/default/files/d7/priv/buildingyourprogram-act_1.pdf.

eligibility criteria for individuals to receive services. Recommended criteria include:^m

- ▶ Eligibility criteria for ACT are met
 - ▶ Current or recent involvement with the criminal justice system, including a history of failure to comply with criminal justice system supervision
 - ▶ Medium to high criminogenic risk and need
 - ▶ SMI; may also include co-occurring substance use disorders
 - ▶ Functional impairment, including the inability to manage activities of daily living
- The University of North Carolina Center for Excellence in Community Mental Health has a number of resources to support planning and implementation of ACT). Resources include networking opportunities with ACT teams from across the country and tools for assertive engagement, assessment and person centered planning, daily team meetings, family psychoeducation, supporting housing, team leadership, etc.ⁿ

Explore other national best practice models to address the needs of frequent utilizers in Hays County.

- In Sonoma, California, the Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) program aims to coordinate across agencies to more effectively serve clients with complex needs. This program integrated anonymized utilization records from health, mental health, substance use, housing, criminal justice and human services systems on residents from 2014 to 2018 and defined high utilizers as any person whose utilization across systems was in the top 1percent of any given year. This information was used to guide service type and delivery for the target frequent utilizer population identified and coordinate services across providers to prevent duplication in service deliver.^o

^m *Forensic Assertive Community Treatment Action Brief*. Substance Abuse and Mental Health Services Administration. (2019). Retrieved 21 November 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-fact-br.pdf>.

ⁿ *Center for Excellence in Community Mental Health*. University of North Carolina. (2022). Retrieved 21 November 2022, from <https://www.med.unc.edu/psych/cecmh/education-and-training/unc-institute-for-best-practices/assertive-community-treatment-act/resources/>.

^o *Data Driven Justice: A Playbook for Developing a System of Diversion for Frequent Utilizers*. National Association of Counties. (n.d.). Retrieved 21 November 2022, from <https://craftmediabucket.s3.amazonaws.com/uploads/DDJPlaybook.pdf>.

- In Boone County, MO, the CSH worked to reduce imprisonment or jail time among the county's homeless residents who were often among some of the highest utilizers of behavioral health and justice resources. CSH, in collaboration with the University of Chicago, developed a web-based data integration tool that matches lists from county jail administration data to local homeless data. Merging these data sets allowed service providers to accurately focus resources on the highest utilizers across those two systems.
- Health Management Associates in partnership with Arnold Ventures developed the Behavioral Health Crisis and Diversion from Criminal Justice System: A Model for Effective Community Response that outlines key frequent utilizer diversion best practices and highlights communities that have implemented innovative programs to better serve this population. Some of the key programs highlighted include:^P
 - ▶ *Brief Intervention Programs:* Brief crisis focused residential care can act as a step down from a crisis diversion center
 - ▶ *Substance Use Focused Crisis Stabilization:* Can serve as an outpatient or inpatient facility to serve as a walk in clinic for individuals with SU or as a drop off location for law enforcement
 - ▶ *Post Crisis Follow Up:* Second responder teams that provide community outreach and engagement with individuals challenged by chronic behavioral health needs.

Workgroup Members:

Rebekah Falke, Christus Trinity Santa Rosa (CSR); Lina Muniz, CSR; Martin Rodriguez, Buda PD; Nate Waters, Kyle PD; Steve Cunningham, Hays County Sheriff's Office; Erin Barker, Hays County Sheriff's Office; Kendra Marsteller, Texas State PD; Jeff Hohl, Neighborhood Defender Service; Ed Kuny, NAMI; Ashley Seltz, Hays County DA; Jeff Weatherford, Hays County DA

^P *The Behavioral Health Crisis and Diversion from Criminal Justice System: A Model for Effective Community Response.* Health Management Associates and Arnold ventures (February, 2020). Retrieved 21 November 2022, from https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityReport_v7.pdf.

Priority Three: Explore the Development of a Behavioral Health Office to Coordinate County Services

Objective	Action Steps
Identifying Funding Sources	<ul style="list-style-type: none"> • Conduct assessment of existing county funding resources <ul style="list-style-type: none"> ▶ Explore County Commissioner funding • Consider resource limits • Consider community BH data to support the development of Behavioral Health Office and identify the potential cost savings
Establish Information Sharing Policy and Protocols to Assist in Connection to BH Services	<ul style="list-style-type: none"> • Establish Information sharing criteria between the new County BH Office and Community BH and Justice Stakeholders <ul style="list-style-type: none"> ▶ Agency/partner agreements such as release of information and Memorandum Of Understandings (MOU) ▶ Identify single point of contact at each agency • Explore information sharing tools <ul style="list-style-type: none"> ▶ UniteUs - learn about data sharing capabilities ▶ Learn from agencies currently using UniteUs software
Develop Training and Education Offered by the Behavioral Health Office	<ul style="list-style-type: none"> • Research best practice approaches • Assess county coordinator models in other similarly sized counties implemented in other communities • Develop education and training materials based on research and community needs assessments conducted
Establish Quality Control Process	<ul style="list-style-type: none"> • Establish clear outcome measures to monitor the BH Office's activities • Identify manpower/staff to monitor and maintain county coordination activities <ul style="list-style-type: none"> ▶ Consider working with Texas State University
Maintain Multi-disciplinary Relationships and Coordination	<ul style="list-style-type: none"> • Identify opportunities to present progress and provide updates across county stakeholder groups <ul style="list-style-type: none"> ▶ Present on data gathered, training and education resources developed and key outcomes or intended outcomes from the coordinator position
Regular Communication with County Leadership	<ul style="list-style-type: none"> • Encourage BH Leadership Committee to engage with state/federal partners to increase legislative presence • Establish regular coordination meetings between the BH Office and key county Stakeholder groups across SIM Intercepts

Additional Considerations:

Explore strategic planning best practices to help identify a vision, mission, and goals for the Behavioral Health Office.

- The Office of New York State Comptroller developed a Local Government Management Guide on Strategic Planning that highlights the five basic elements of strategic planning: mission, vision, goals, objectives and strategies. These elements should all be considered as the development of the Hays County Behavioral Health Office is explored. In order to effectively identify these five elements, all strategic planning should be guided by four key questions:^q
 - ▶ Where are we currently?
 - ▶ Where do we want to be in the future? o How do we get there?
 - ▶ How do we gauge progress?
- Consider key components of effective behavioral health and justice system collaboration:
 - ▶ Develop joint projects across Hays County BH and justice providers.
 - ▶ Explore blended funding opportunities to support BH Office projects.
 - ▶ Ensure information is being shared across relevant stakeholder groups.
 - ▶ Provide cross-training across BH and Justice stakeholder groups.

Review strategies to assess county level behavioral health and justice collaborations and to monitor the quality of behavioral health service delivery in Hays County.

- Wayne State University's Center for Behavioral Health and Justice created the SIMPLE (Sequential Intercept Model Practices Leadership, and Expertise) Scorecard as a tool to assess county-level BH and justice collaborations. Counties were analyzed on a 36 point scale for best, promising and evidence-based practices across intercepts, leadership and expertise. This model could be built upon to evaluate the activities of the Hays County Behavioral Health

^q *Local Government Management Guide: Strategic Planning*. Office of The New York State Comptroller. (2003). Retrieved 21 November 2022, from https://www.osc.state.ny.us/files/local-government/publications/pdf/strategic_planning.pdf.

Office and their success at increasing county level BH and justice coordination.

Explore tools the office could use to help establish a new standard of care for Hays County residents, enable identification and prediction of social care needs, track trends in referrals, enrollment, and availability of mental health services, and leverage meaningful outcome data and analytics to further drive community investment.

- Tools identified by workshop participants included UniteUs and FindHelp.org.
- The National Center for Complex Health and Social Needs and the National Association of Counties has tools and resources to assist counties in developing health programs and services. The Complex Care Startup Toolkit supports communities in developing a comprehensive program for people with complex needs.

Learn from communities with behavioral health coordinating offices.

- The Panhandle Behavioral Health Alliance (PBHA) is a coordinating office developed to improve mental health service delivery in the 26 counties of northwest Texas. The target of this coordinating office to improve access and alignment of local behavioral health systems. PBHA is tasked to convene as a policy-making body to improve the planning, coordination, oversight and implementation required to create sustained and effective system change leading to optimal positive impact for our region. Hays County stakeholders can coordinate with PBHA to learn more about the development and effective collaborative strategies to inform the development of the BH office in Hays County.
- Fort Bend County Behavioral Health Services (BHS) was established by the Fort Bend County Council of Judges in October 2010. The department was restructured in December of 2018 to report to Fort Bend County Commissioners Court. The department was created to assist in addressing the needs of those with mental illness who come into contact with the justice system. Over the years, Behavioral Health Services has expanded to begin to address those in the community who are high-risk of involvement in the justice system. Working collaboratively with the justice system, health and human services, behavioral health providers, county offices, schools, and the community, BHS continues to increase the awareness of the needs of Fort

Bend County's most vulnerable populations and guide systems to work collaboratively to better address those.

- The Office of Care Coordination in Orange County, California engages across the county working with cities and community-based organizations to strengthen regional capacity and multi-city, multi-sector investments to prevent and address homelessness. They accomplish this by coordinating with public and private BH resources in the County and promoting integration of services within the community to target improving the county-wide response to homelessness.

Workgroup Members:

Michelle Zaumeyer, Hill County MHDD; Melissa Rodriguez, Hay's-Caldwell Women's Center; Tucker Furlow, Hays County DA's Office; Samantha Vanderberg, Hays County Veterans Services; Debbie Inglesbee, Commissioner's Court

Priority Four: Improve Information and Data Sharing Across the SIM

Objective	Action Steps
Develop Data Taskforce	<ul style="list-style-type: none"> • Identify a city official or other sponsor to organize regular meetings focused on data collection, sharing, and analysis across Hays County for behavioral health and justice stakeholders. • Coordinate with other workgroups that have identified data collection and analysis as an action step. • Plan for Taskforce meetings. Identify: <ul style="list-style-type: none"> ▶ Key participants ▶ Location ▶ Time and Date ▶ Frequency
Learn from Other Communities	<ul style="list-style-type: none"> • Establish Information sharing criteria between the new County BH Office and Community BH and Justice Stakeholders <ul style="list-style-type: none"> ▶ Agency/partner agreements such as release of information and MOUs ▶ Identify single point of contact at each agency • Explore information sharing tools <ul style="list-style-type: none"> ▶ UniteUs- learn about data sharing capabilities ▶ Learn from agencies currently using UniteUs software
Assess Data	<ul style="list-style-type: none"> • Assess availability of baseline data across the SIM

Objective	Action Steps
Availability	<ul style="list-style-type: none"> ▶ Use the community impact measures spreadsheet from the SIM Mapping Workshop to guide data collection (see Appendix C). • Consult with county stakeholders to identify gaps in information
Examine Existing Data Sharing Practices	<ul style="list-style-type: none"> • Explore existing data collection and data sharing practices across key agencies. • Assign a lead agency to collect and analyze data • Examine existing tools to promote community awareness of existing resources and data sharing practices • Ensure that an examination of the current CCP Art. 16.22 process is part of this conversation.
Analyze Data	<ul style="list-style-type: none"> • Use initial analysis to help build a case for what data is needed and advocate for necessary funding to build out the Hays County data strategy.

Additional Considerations:

Clarify goals for data sharing and data integration for Hays County and develop potential use cases to guide planning efforts. Information sharing across behavioral health and criminal justice systems is critical to reducing the number of people with MI, SUD, and IDD in jails. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with MI, SUD, and IDD in the community. At the point of service, the availability of information related to the person's treatment history and condition can enhance safety, improve the individual's health and support recovery outcomes. Consider convening a work group to clarify data sharing goals for the community. Examples of goals might include:

- Track key criminal justice and behavioral health trends across Hays County to inform policy, planning, and funding.
- Identify people cycling through jails, emergency rooms, and crisis services and develop new plans for engaging them in care in the community.
- Improve continuity of care for people who are justice-involved upon return to the community.
- Support 911 dispatchers and law enforcement in identifying people who might need mental health support and be eligible for diversion based on previous contacts with the public mental health system.

Assess the availability of baseline data across the SIM. A few key resources can help guide this assessment, including:

- The Community Impact Measures collected in preparation for the SIM Mapping Workshop. See [Appendix C](#) for more detail.
- SAMHSA’s manual, *Data Collection Across the Sequential Intercept Model: Essential Measures*, recommends data elements organized around each of the six SIM intercepts. Each section lists data points and measures that are essential to addressing how people with MI and SUD flow through that intercept. The sections also cover common challenges with data collection and ways to overcome them, along with practical examples of how information is being used in the field.^r

Learn from national efforts and other Texas communities.

- In 2016, the U.S. Department of Justice’s Bureau of Justice Assistance launched an online toolkit in partnership with the Council of State Governments Justice Center that supports law enforcement agencies around the country in planning and implementing effective public-safety responses to people who have MI.^s One key component is the identification of four key outcomes of Police-Mental Health Collaboration effectiveness:
 - Increased connections to resources;
 - Reduced repeat encounters with law enforcement;
 - Minimized arrests; and
 - Reduced use of force encounters with people who have mental health needs.
- Texas counties have joined national data initiatives like the Stepping Up Initiative to reduce the number of people with MI in jail. In early 2019, Lubbock County became one of 15 counties nationwide nominated as a Stepping Up Innovator County. Lubbock County has implemented strategies

^r *Data Collection Across the Sequential Intercept Model: Essential Measures*. Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved 8 July 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf>.

^s *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People who have Mental Health Needs*. Council of State Governments Justice Center. (2018). Retrieved 16 June 2022, from <https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf>.

to accurately identify people in jails who have SMI; collect and share data on people to better connect them to treatment and services; and use this information to inform local policies and practices. The four key measures of the Stepping Up initiative are:^t

- ▶ Number of bookings;
- ▶ Average length of stay;
- ▶ Connections to treatment and services; and
- ▶ Recidivism for the general population and for people identified as having SMI to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas.

Review national and state data sharing guidelines.

- Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws, is a report from the Council of State Governments Justice Center's Criminal Justice and Mental Health Consensus Project that was developed to help criminal justice officials work with health professionals to better use both systems information, when appropriate, to reduce criminal justice involvement among people with MI and to provide better links to treatment. The guide explains the federal legal framework and how it relates to state laws. It describes how HIPAA and 42 Code of Federal Regulations (CFR) Part 2 may affect exchanges among behavioral health care; law enforcement; courts; jails and prisons; and probation and parole professionals. It reviews the circumstances under which protected health information can be released and received and offers answers to scenario-based frequently asked questions.^u
- Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions, compiles strategies presented at the 2018 Best Practices Implementation Academy

^t *Stepping Up Together*. The Stepping Up Initiative. Retrieved 16 June 2022, from <https://stepuptogether.org/>.

^u *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*. Council of State Governments Justice Center. (2010). Retrieved 16 June 2022, from <https://csgjusticecenter.org/publications/information-sharing-in-criminal-justice-mental-health- collaborations/>.

convened by SAMSHA’s GAINS Center to enable appropriate information sharing between healthcare and criminal justice agencies.^v

- See [Appendix D](#) for some relevant Texas and federal privacy and information sharing provisions.

Workgroup Members:

Cindi Carter, District Court; Judge O’Brien; Julissa Villalpando, Hays County Jail Captain; Ben Moore, Magistrate Judge; Marie Herrera, ARCIC; Juan Saenz, Hays County Jail Captain; Nichole Mueller McNorris, WellPath; Amy Lowrie, Clinic Director, Hill Country MHDD

Priority Five: Enhance 911 and Law Enforcement Response to Behavioral Health Crises

Objective	Action Steps
Establish Data Collection Points	<ul style="list-style-type: none">• Assess existing MH crisis line and 911 dispatch call data. Consider the following data points:<ul style="list-style-type: none">▶ Identify MH Calls;▶ Identify MH Jailings;▶ Response: Police, EMS or other;▶ Frequency of MH Unit Calls;▶ Time spent per unit responding to MH calls.• Form a workgroup to establish best practice data collection methods at 911 dispatch:<ul style="list-style-type: none">▶ Coordinate with data task force to collect information on existing practices;▶ Establish workgroup priorities;▶ Identify who to invite.
Improve Regular Training and Education Opportunities for 911 Dispatch and	<ul style="list-style-type: none">• Identify goals for dispatch and law enforcement trainings• Identify where gaps in stakeholder knowledge exists• Streamline mental health questions asked by dispatchers and law enforcement:<ul style="list-style-type: none">▶ Consider adding an option at 911 for MH response in

^v *Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions*. National Association of Counties. (2018). Retrieved 21 November 2022, from <https://www.naco.org/blog/point-service-information-sharing-between-criminal-justice-and-behavioral-health-partners>.

Objective	Action Steps
Law Enforcement	<p>addition to police EMS or Fire.</p> <ul style="list-style-type: none"> Consider training options for 911 dispatch staff, including: <ul style="list-style-type: none"> ▶ Mental Health First Aid; ▶ Applied Suicide Intervention Skills Training; ▶ Assess Support Know: Suicide Prevention Training; and ▶ Counseling on Access to Lethal Means. Further train 911 dispatch staff on criteria used to identify a MH need and dispatch a MH unit.
Identify Opportunities to Increase First Responders Available to Address MH Crisis in Hays County	<ul style="list-style-type: none"> Identify opportunities to increase the number of available MH trained first responders. Consider: <ul style="list-style-type: none"> ▶ Increasing the number of crisis intervention trained (CIT) officers across Hays County; ▶ Opportunities for ride-along.constable assistance; ▶ Embedding clinicians on MH response teams (explore co-responder models). Identify key partners: <ul style="list-style-type: none"> ▶ Establish contracts between local law enforcement and Hill Country MHDD.

Additional Considerations:

Develop a standardized script for dispatch and first responders in Hays County to assess for a behavioral health crisis. Some resources that have been developed to guide call-taker best practices include:

- Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators^w provides an overview of what signs and symptoms might indicate a behavioral health crisis and provides some suggestions for effectively responding to individuals with behavioral health needs.
- Review Call-Taker and Dispatcher Protocols in the Bureau of Justice Assistance's Police-Mental Health Collaboration Toolkit. The Call-Taker Dispatcher Protocol highlights that when a call taker suspects that the

^w *Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators*. Association of Public-Safety Communications Officials-International. (2021). Retrieved 8 July 2022, from <https://www.apcointl.org/~documents/standard/11201-2021-cit-and-call-handling?layout=default>.

request for service involves a person with mental illness the following immediate next steps should be considered:^x

- Gather descriptive information on the person's behavior;
 - Identify if the individual appears to pose a danger to themselves or others;
 - Identify if the person possesses or has access to weapons; and,
 - Ask the caller about the person's history of mental health or SUD treatment, violence or victimization.
- The Council of State Governments Justice Center released a brief titled *Tips for Successfully Implementing a 911 Dispatch Diversion Program*, which outlines four tips for successfully implementing 911 dispatch diversion in a community:^y
 - Determine which approach to 911 dispatch diversion is a good fit;
 - Identify which calls will be eligible for diversion;
 - Provide training for all dispatchers and clinicians; and,
 - Use data to assess the programs performance and make improvements.

Learn from other communities that have begun to implement dispatch and crisis call diversion strategies:

- **Austin Police Department** partnered with Austin-Travis County Integral Care to develop the Mental Health Crisis Call Diversion program. Since the

^x *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who have Mental Health Needs*. Council of State Governments Justice Center. (2018). Retrieved 8 July 2022, from <https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf>.

^y *Tips for Successfully Implementing a 911 Dispatch Diversion Program*. The Council of State Governments Justice Center (2021, October). Retrieved 16 June 2022, from <https://csgjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/#:~:text=One%20model%20showing%20promise%20is,health%20or%20social%20service%20need.>

programs launch in 2019, Austin 911 operators have successfully diverted thousands of calls to crisis clinicians.^z In 2021, 82% of calls with a mental health crisis component were diverted, meaning clinicians were able to help the caller without the need to send a police officer.^{aa}

- In 2015, the **Harris Center** launched the Crisis Call Diversion program in collaboration with the Houston Police Department (HPD), Houston Fire Department (HFD), Houston Emergency Center to decrease the volume of non-emergency mental health-related calls for service for both HPD patrol and HFD emergency medical services.^{bb} Between March 2016 and March 2021 the CCD program diverted almost 7,500 calls from law enforcement response, saving more than \$2 million in resources for the police department.^{cc}
- Since a soft launch during January 2022, **Williamson County** residents calling 911 are offered help from emergency medical responders, police, firefighters, and now, mental health professionals. Bluebonnet Trails Community Services (BTCS) entered a strategic partnership with Williamson County Emergency Services embedding mental health clinicians in the Emergency Operations Center. Beyond the primary goal of connecting more people to critical crisis care when they need it most, a secondary goal of the program is to reduce unnecessary hospitalizations, arrests, and utilization of law enforcement and EMS resources. Since the program's inception 40% of all calls have resulted in diversions from jail; 46% resulted in a mental health assist alongside a first responder in the field; and, 14% resulted in support and information shared by the mental health professional triaging the call.^{dd}
- **Yavapai County, Arizona** has sought to improve community services by introducing a co-response model and 911 deflection services. The deflection program identifies people who call into 911 reporting a mental health-related crisis and dispatches a mobile crisis intervention team in lieu of law

^z *Austin 911 has Successfully Transferred Thousands of Mental health Calls to Crisis Clinicians.* Austin KXAN. (2022). Retrieved November 21 2022 from <https://www.kxan.com/news/local/austin/austin-911-has-successfully-transferred-thousands-of-mental-health-calls-to-crisis-clinicians/>.

^{aa} *Combined Transportation, Emergency, and Communications Center Crisis Call Diversion Program Cost Analysis.* Austin Integral Care. (2020).

^{bb} *Mental Health Diversion: Crisis Call Diversion.* Houston Police Department. Retrieved 21 November 2022, from <https://www.houstoncit.org/ccd/>.

^{cc} *Embedding crisis response in Harris County's 911 Dispatch Center.* Neylon, Kristin. (2021). Retrieved November 15, 2022, from <https://talk.crisisnow.com/embedding-crisis-response-in-harris-countys-911-dispatch-center/>.

^{dd} Data provided by Bluebonnet Trails Community Services

enforcement. To help 911 staff prepare for the new team, a series of trainings, dispatch protocols, and screening tools were developed. These services are available 24/7, and regular communication among local dispatch agencies, patrol officers, and crisis services helps the program run smoothly.

- **In Dane County, Wisconsin** representatives from the dispatch center were involved in the planning for the Community Alternative Response Emergency Services (CARES) community responder team from the beginning. Law enforcement, Journey Health employees (the provider who run the CARES team along with the Madison Fire Department), the fire department, and dispatchers collaborated to develop the workflows and questions that dispatchers now use to determine which team to send to a call. They were able to establish protocols for using standard call screening questions to determine if a call could be routed to the CARES team. For example, any call where the person identified weapons on the scene, stated that someone was exhibiting assaultive or threatening behavior, or indicated that there was a need for medical services was disqualified for the community responders. However, if none of these situations were presented, but the caller was suicidal or needed a welfare check, then the CARES team could respond.^{ee}

Explore regular training and education opportunities for 911 dispatch and law enforcement that are centered around working with individuals experiencing a behavioral health crisis.

- Work with Hill Country MHDD to explore existing MH training offered in Hays County:
 - ▶ Mental Health First Aid,
 - ▶ Applied Suicide Intervention Skills Training,
 - ▶ Assess Support Know: Suicide Prevention Training, and
 - ▶ Counseling on Access to Lethal Means.
- Identify opportunities for law enforcement and dispatch to engage in 988 implementation strategies and stay informed around 988 planning in Hays County. The Council of State Governments Justice Center released a brief titled *How to Use 988 to Respond to Behavioral Health Crisis Calls*, which

^{ee} *Preparing 911 Dispatch Personnel for Incorporating New First Responder Teams*. Council of State Governments Justice Center. (2021). Retrieved 8 July 2022, from https://csgjusticecenter.org/wp-content/uploads/2021/12/CSGJC_Field-Notes_Preparing-911-Dispatch-Personnel_2019-MO-BX-K001_508.pdf.

outlines what every community should know about 988 as well as tips to prepare for successful 988 Implementation.^{ff}

Explore the use of remote technologies to further support law enforcement responding to individuals experiencing a mental health crisis.

- Examine plans, trainings, and other resources developed for similar Texas programs. The Harris County Sheriff's Office developed a Telehealth Implementation Guide, which outlines:^{gg}
 - Reasons for telehealth for patrol;
 - Benefits of telehealth for patrol;
 - Frequently Asked Questions;
 - Details on the Harris County pilot program;
 - Comparison tables which include outcome data from the pilot program; and
 - Other resources.
- Consider opportunities for law enforcement to use existing tools such as a duty phone to support MH calls and remote assessments.

Workgroup Members:

Dan Royston, San Marcos PD; Arroya McGhee Enyard, Wellpath; Stacy Johnston, Hays County Sheriff's Office 911; Joyce Bender, San Marcos PD; Debbie Ingalbe, County Court; Wes Mau, District Attorney; Jim Swisher, EMS; Layla Fry, Meadows; Daryl Perez

^{ff} *How to Use 988 to Respond to Behavioral Health Crisis Calls*. The Council of State Governments Justice Center (2022, May). Retrieved 16 June 2022, from <https://csgjusticecenter.org/publications/how-to-use-988-to-respond-to-behavioral-health-crisis-calls/>.

^{gg} *Telehealth Implementation Guide*. Arnold Ventures (2020, February). Retrieved 16 June 2022, from <http://www.harriscountycit.org/wp-content/uploads/Implementation-Guide-June-9-2020.pdf>.

Priority Six: Establish the Hays County Behavioral Health Leadership Team

Objective	Action Steps
Establish Behavioral Health Leadership Team to Inform Public Policy Regarding Mental Health Services	<ul style="list-style-type: none">Establish a 12-member leadership team representing leadership from each intercept.Create subcommittees to carry out priority action plans developed.

Additional Considerations:

Hays County stakeholders identified the importance of developing a team of Hays County Behavioral Health and Justice system leaders to lead policy, planning and coordination efforts for Hays County. Additionally, this leadership team will oversee implementation of SIM action plans and workgroups across the county.

Learn from both national and local leadership team best practice models.

- Criminal Justice Coordinating Councils (CJCCs) bring together stakeholders to explore and respond to issues in the criminal justice system. Many CJCCs use data and structured planning to address issues in the justice system, including issues related to mental health and substance use. These councils are intended to be permanent, rather than to address a problem or set of problems within a set time frame. Successful CJCCs need buy-in from key members of the justice and behavioral health systems and those in positions of authority.^{hh}
 - ▶ The Harris County CJCC was created by Order of Harris County Commissioners Court dated July 14, 2009. The Council works collectively to manage systemic challenges facing Harris County's criminal justice system and strengthen the overall well-being of their communities by developing and recommending policies and practices that improve public safety; promote fairness, equity, and accountability; and reduce unnecessary incarceration and criminal justice involvement in Harris County. The Council collects and evaluates local criminal justice data to identify systemic issues and facilitates collaboration between agencies,

^{hh} *Guidelines for Developing a Criminal Justice Coordinating Council*. National Institute of Corrections. (2022). Retrieved 8 July 2022, <https://info.nicic.gov/cjcc/>.

experts, and community service providers to improve Harris County's criminal justice system in accordance with best practices.

- Explore successful Texas Leadership Teams.
 - ▶ The Dallas County Behavioral Health Leadership Team was developed in 2011 and is made up of five advocates, 13 county/city organizations, 6 residential facilities, 16 outpatient providers and three payers/ funders. The leadership team also has 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 Behavioral Health Hospitals; city, county, and state representatives; consumers; patients, and families; school districts; community college; private liberal arts college; Emergency Departments; funders; judicial and law enforcement; managed care/insurance; mental health service providers (including the area's local mental health authority); the region's veterans hospital located in the service area, and workforce leaders.

Clarify goals for data sharing and data integration for Hays County and assess the availability of baseline data across the SIM to guide all planning efforts. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with MI, SUD, and or IDD in the community. Consider convening a data sub-group to clarify data sharing goals for the community.

- Examples of goals might include:
 - ▶ Track key criminal justice and behavioral health trends across Hays County to inform policy, planning, and funding.
 - ▶ Identify people cycling through jails, emergency rooms, and crisis services and develop new plans for engaging them in care in the community.
 - ▶ Improve continuity of care for people who are justice-involved upon return to the community.
 - ▶ Support 911 dispatchers and law enforcement in identifying people who might need mental health support and be eligible for diversion based on previous contacts with the public mental health system.

Quick Fixes

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

- Reconvene SIM Workshop BH and Justice stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop.
- Standardize mental health coding protocols across dispatch and Law Enforcement departments in Hays County.
- Develop a centralized list of all behavioral health resources available in Hays County that can be easily accessed by community members, first responders, and crisis mental health providers, building on resource lists already utilized by local hospitals, law enforcement and the Hill Country MHDD.
- Distribute updated data on individuals awaiting competency restoration in Hays County across justice stakeholders and analyze competency restoration waitlist data to provide relevant decision makers with updates on waitlist trends in Hays County.
- Partner with Hill Country MHDD to ensure mental health first aid training is made widely available to 911 dispatcher, law enforcement, and court personnel (DAs, judges, prosecutors).

Parking Lot

Some gaps identified during the SIM Mapping Workshop are too large or in-depth to address during the workshop. Others may be opportunities to explore in the near term but were not selected as a priority.

- Increase access to community resources for Hays County residents who lack adequate funding for behavioral health care.
- Explore ways to expand access to the TLETS Continuity of Care Query to law enforcement and the courts in Hays County.
- Increase the quality of competency evaluations in Hays County.

Appendix A. Hays County SIM Workshop

Agenda

Sequential Intercept Model Mapping Workshop Hays County

September 15, 2022- September 16, 2022

Hays County Office of Emergency Services

810 S. Stagecoach Trail #1200, Conference Room 1202, San Marcos, TX 78666

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided
8:30	Opening Remarks	Welcome, Judge Daniel O'Brien, Hays County Court-at-Law, #3 Opening Remarks- Tod Citron, Hill Country MHDD Chief Executive Officer Welcome and Introductions, Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services
8:45	Workshop Overview and Keys to Success	Overview of the Workshop Texas Data Trends Community Polling
9:15	Presentation of Intercepts 0, 1	Overview of Intercepts 0 and 1 Hays County Data Review
9:45	Break	
10:00	Map Intercepts 0, 1	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:35	Lunch	Lunch to be provided
12:30	Presentation of Intercepts 2, 3	Overview of Intercepts 2 and 3 Hays County Data Review
12:50	Map Intercepts 2, 3	Map Intercepts 2 and 3 Examine Gaps and Opportunities

TIME	MODULE TITLE	TOPICS / EXERCISES
1:50	Presentation of Intercepts 4, 5	Overview of Intercepts 4 and 5 Hays County Data Review
2:10	Break	Refreshments to be provided
2:20	Map Intercepts 4, 5	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:00	Summarize Opportunities, Gaps & Establish Priorities	Identify potential, promising areas for modification within the existing system Establish a List of Top 5 Priorities
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	

Sequential Intercept Model Mapping Workshop Hays County

September 15, 2022- September 16, 2022

Hays County Office of Emergency Services

810 S. Stagecoach Trail #1200, Conference Room 1202, San Marcos, TX 78666

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided
8:30	Welcome	Opening Remarks, Chief Stan Standridge, San Marcos Police Department
8:45	Preview & Review	Preview of Day #2 Review Day #1 Accomplishments
9:15	Action Planning	Group Work
10:30	Break	
10:45	Finalize the Action Plan	Group Work
11:30	Workgroup Report Outs	Each Group will Report Out on Action Plans
12:00	Next Steps & Summary	Finalize Date of Next Task Force Meeting Discuss Next Steps for Hays County Report Share Technical Assistance Opportunities Complete Evaluation Form
12:20	Closing Remarks	Closing Remarks, Commissioner Walt Smith, Hays County Commissioner's Court, Precinct 4
12:30	Adjourn	

Appendix B. Sequential Intercept Model Map for Hays County, December 2022

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **Hill Country MHDD**
- **San Marcos Recovery Center**
- **Easter-Seals:** IDD services
- **ARCIL:** IDD and Independent Living Service Provider
- **Outreach Screening and Referral (OSAR) Program:** Operated by Bluebonnet Trails, public access to SUD services

Recovery Supports:

- **Hill Country MHDD Outreach for Chemical Dependency and Outpatient Services (HODOS):** Offers outpatient treatment services
- **Cenikor - San Marcos, TX:** Adolescent outpatient SUD prevention and treatment
- **Nova Recovery Center -Wimberley, TX:** Detox, residential and intensive outpatient treatment, aftercare and sober living
- **Right Step - Wimberley, TX:** Inpatient and outpatient SUD treatment

Housing and Shelter:

- **Southside Community Center:** Transitional shelter and homeless services provider
- **San Marcos Housing Authority; Greater San Marcos Youth Council:** Residential children's shelter
- **Oxford House:** Sober living homes
- **Hays Caldwell Women's Center:** Domestic Violence Services

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

Crisis Phone Lines:

- **Hill Country MHDD Crisis Hotline:** (877) 466-0660 available 24/7 365 days a year.
- **988 National Suicide Prevention Line:** 1-800-375-8965 or 988
- **Hays-Caldwell Women's Center:** Crisis hotline, 1-800-700-4292
- **National Domestic Violence Hotline:** 1-800-799-7233

Warmlines and Resource Lines:

- **NAMI:** 1-800-950-6264
- **Veterans Crisis Line:** 1-800-273-8255
- **Texas Advocacy Project- Domestic Violence Helpline:** 1-800-374-4673 (HOPE)
- **SAMHSA National Helpline:** 1-800-662-4357

Crisis Units:

- **Crisis Stabilization Unit:** Linda J. Werlein Hill Country Crisis Stabilization Unit has 16 beds for inpatient adult psychiatric unit.
- **Youth Crisis Respite Center:** The Scheib Center offers short-term residential crisis services for youth aged 13-17
- **Private Psychiatric Beds:** contracted by Hill Country MHMR, located in Travis, Kerr and Bexar Counties.

Law Enforcement MCOT and Co-Responder Teams:

- **Mobile Crisis Response Team:** Hill Country MHDD 24/7 response

Veterans Services:

- **Hays County Veterans Services**
- **Texas Workforce Commission**

- **Texas Veterans Commission**

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch and Emergency Communications:

- **Combined Emergency Communications Center (CECC)**
- **Public Safety Answering Point (PSAP)**

Law Enforcement:

- **Hays County Sheriff's Office**
- **Buda Police Department**
- **San Marcos Police Department**
- **Texas State Police Department**
- **Kyle Police Department**
- **Hays County Sheriff's Department Mental Health Deputies**

Hospitals:

- **Baylor Scott and White Medical Center:** Buda, TX, 24/7 ER
- **Ascension Seton Hays Hospital:** Kyle, TX, 24/7 ER
- **Christus Santa Rosa Hospital:** San Marcos, TX 24/7 ER
- **CommuniCare San Marcos:** Federally qualified health center

Emergency Medical Services:

- **San Marcos, Hays, Wimberley, Buda, and Kyle Fire and EMS**

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Hays County Jail**

- **Hays 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. If a behavioral health concern is indicated the individual is referred to WellPath for a more thorough assessment.
- **TLETS Continuity of Care (CoC) Query / Care Match:** the magistrate is notified if there is an exact or probably TLETS match and may order Hill Country MHDD to assess the individual for MI or IDD.

Initial Court Appearance Locations:

Magistration:

- **Hays County District Courts:** Within 24 hours
- **Pre-Trial Services:** Bond decisions are most often set by the Magistrates

Intercept 3: Jails and Courts

Courts:

In Hays County, there are five district courts, three county court at law courts, one criminal magistrate court, one family court, and three treatment courts.

- **District Courts:** Oversee felony criminal cases
 - ▶ The 274th district court – Judge Gary Steel
 - ▶ The 22nd district court – Judge Bruce Boyer
 - ▶ The 207th district court – Judge Jack Robinson
 - ▶ The 428th district court – Judge Billy Henry
 - ▶ The 453rd district court – Judge Sherri Tibbe
- **Family Court:** Judge Karl Hays
- **Criminal Magistrate Court:** Oversees the magistration of all criminal cases, Judge Ben Moore

- **Treatment Courts:**

- Mental Health Court – Judge Daniel O’Brien
- Veterans Treatment Court – Judge Chris Johnson
- Hays County Drug Court

Jail:

- **Hays County Jail:** Jail Behavioral Health Screening
 - **MH Screen:** Biopsychosocial assessment
 - **SUD Screen:** Clinical Opiate Withdrawal Scale (COWS) and Clinical Institute Withdrawal Assessment of Alcohol (CIWA)
 - **Suicide Risk Assessment:** Columbia Suicide Screening
 - **Jail Health Provider:**
 - ◇ Mental Health: WellPath
 - ◇ Medical Provider: WellPath

Intercept 4: Reentry

Jail Reentry:

- **Texas Correctional Office on Offenders with Medical or Mental Impairments:** Provides 90 days of continuity of care services to clients with identified medical and mental impairments released to Hays County

Intercept 5: Community Corrections and Community Supports

Parole:

- **Texas Department of Criminal Justice, Parole Division, Region IV, Austin Parole Office - Hays:** The Texas Risk Assessment System is used to determine specialized service needs and placement on specialized caseloads

Probation:

- **Caldwell, Comal and Hays counties Community Supervision and Corrections Department:** Adult probation
- **Specialized Caseloads:** MH caseload for felony offenders
- **Texas Juvenile Justice Department:** Hays County Juvenile Probation Department

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, CSU)	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	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
23	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases	Intercept 3	Case Processing

Item	Measure	Intercept	Category
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 SUDs receiving reentry coordination prior to jail release	Intercept 4	Reentry
27	People with mental illness or SUDs receiving benefit coordination prior to jail release	Intercept 4	Reentry
28	People with mental illness receiving a short-term psychotropic medication fill 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: Please 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.

SUD Records Protections

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

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

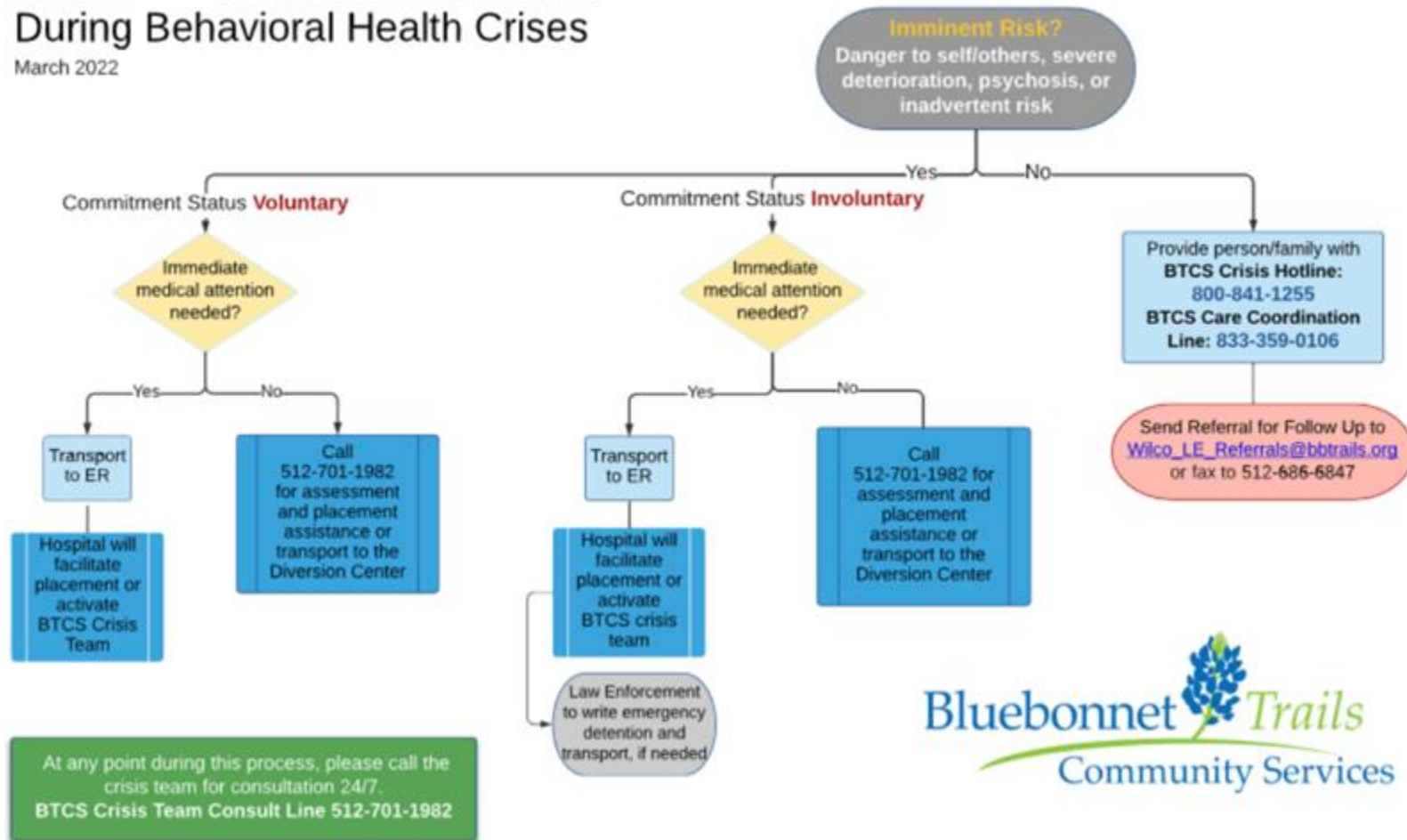
42 CFR Part 2 Subpart D. [DISCLOSURES WITHOUT PATIENT CONSENT](#)

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

Appendix E. 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

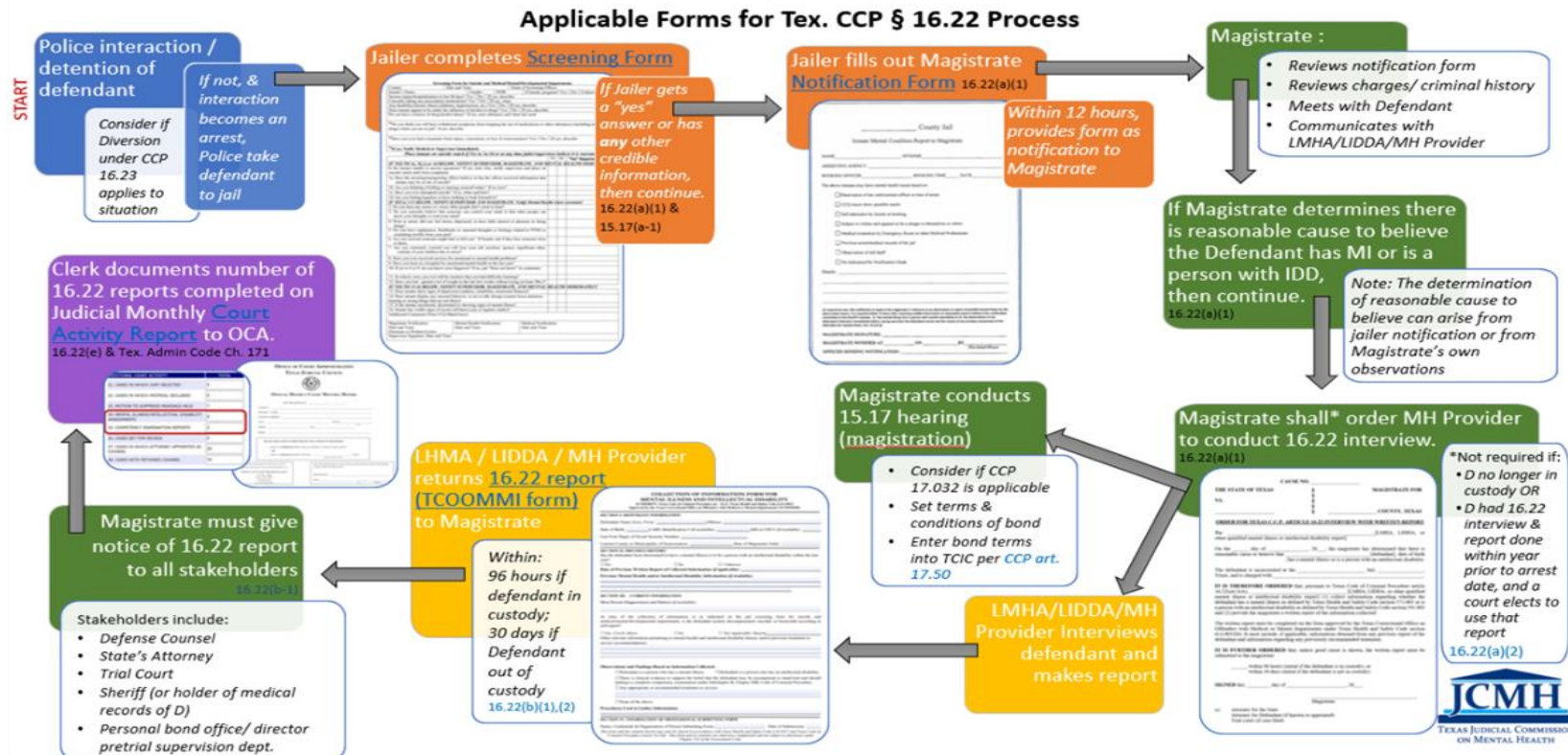
B. **No**, imminent risk is not present.

- a. Provide person or family with BTCS Crisis Hotline: 800-841-1255 and BTCS Care Coordination Line: 833-359-0106
- b. Send referral for follow up to 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 F. CCP 16.22 Forms and Process Charts

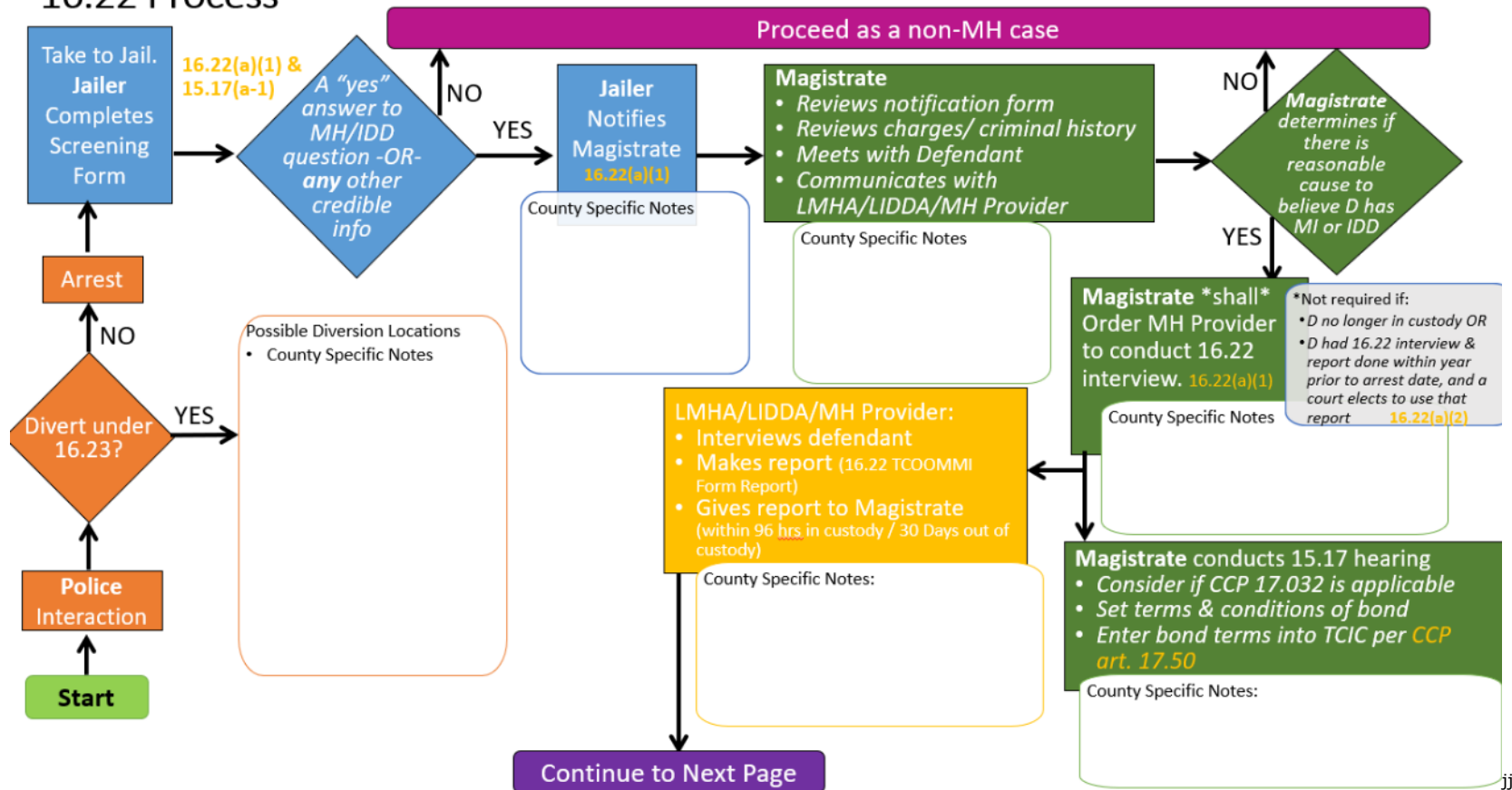
During the Hays County SIM Mapping Workshop participants identified opportunities to enhance and better leverage 16.22 processes to identify people with mental illness and connect them to care. Below is an overview and process charts that could be helpful to stakeholders who seek to enhance their CCP 16.22 procedures.



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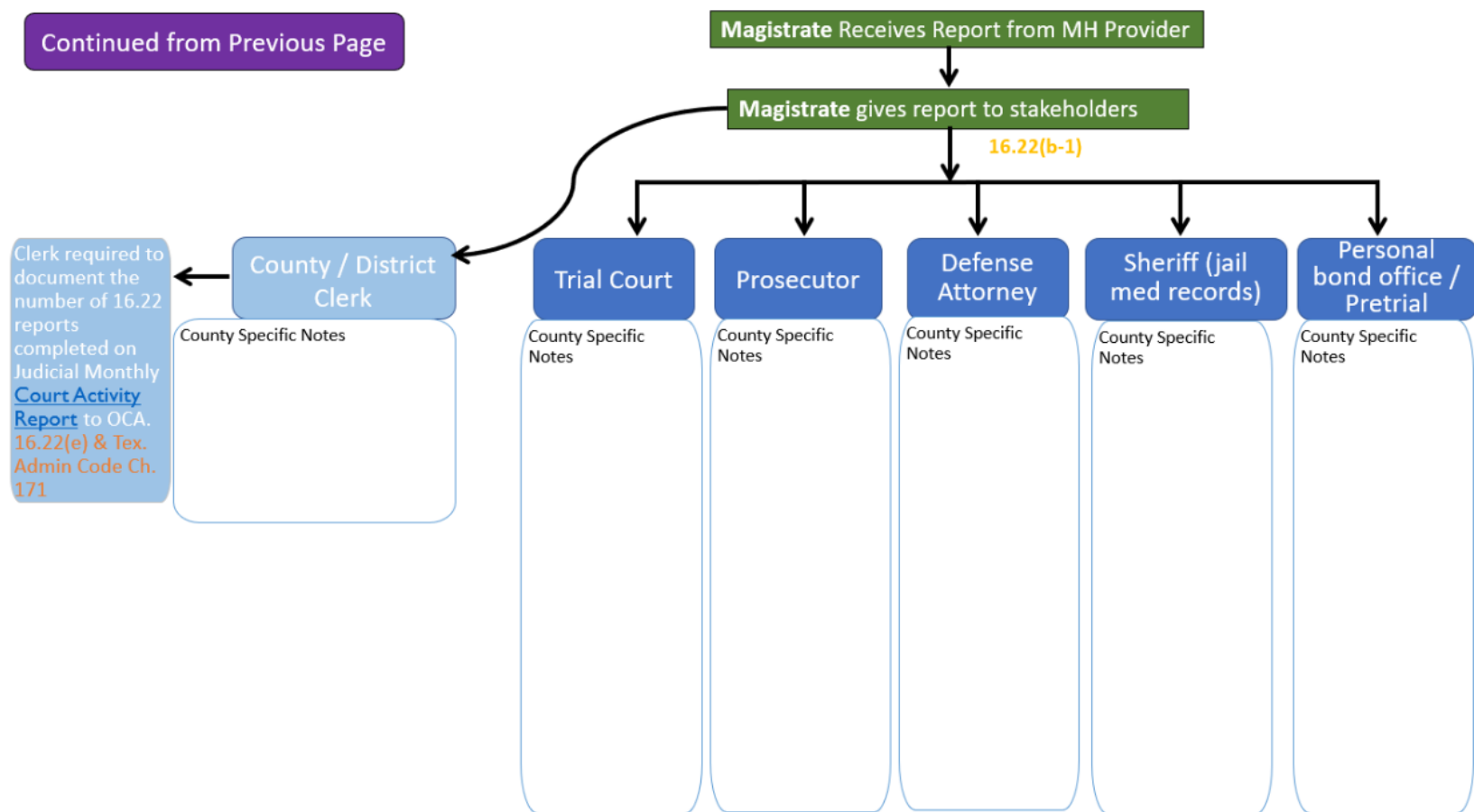
ⁱⁱ The Texas CCP Art.16.22 Guide: for Successful Early Identification of Defendants Suspected of Having Mental Illness or Intellectual Disability. Texas Judicial Commission on Mental Health. (September 2023). Retrieved 18 September 2025, from [16-22-guide-october-2023.pdf](https://www.tjcmh.org/16-22-guide-october-2023.pdf)

16.22 Process



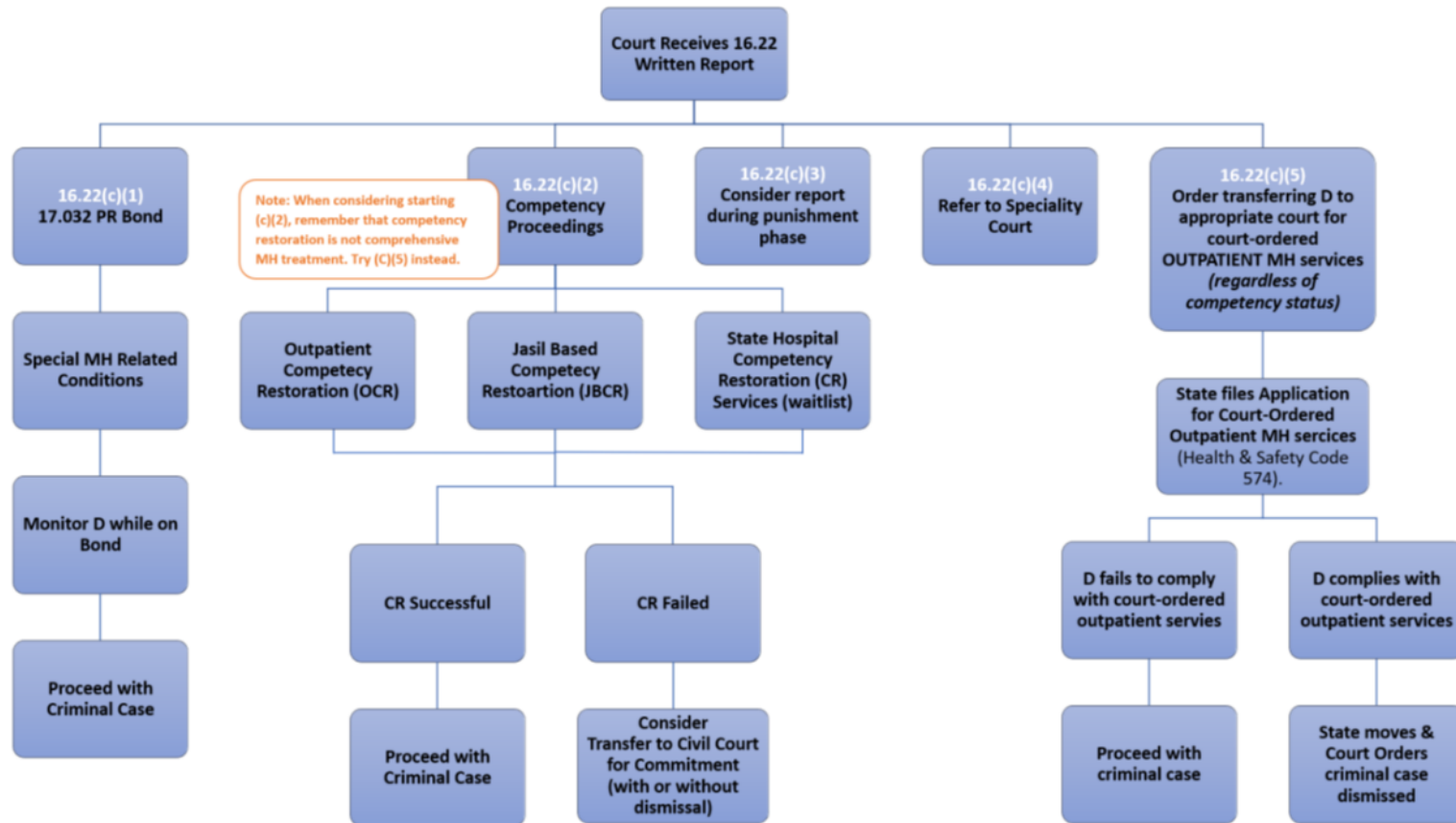
^{jj} The Texas CCP Art.16.22 Guide: for Successful Early Identification of Defendants Suspected of Having Mental Illness or Intellectual Disability. Texas Judicial Commission on Mental Health. (September 2023). Retrieved 18 September 2025, from [16-22-guide-october-2023.pdf](#)

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^{kk} *The Texas CCP Art.16.22 Guide: for Successful Early Identification of Defendants Suspected of Having Mental Illness or Intellectual Disability.* Texas Judicial Commission on Mental Health. (September 2023). Retrieved 18 September 2025, from [16-22-guide-october-2023.pdf](#)



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^{II} *The Texas CCP Art.16.22 Guide: for Successful Early Identification of Defendants Suspected of Having Mental Illness or Intellectual Disability.* Texas Judicial Commission on Mental Health. (September 2023). Retrieved 18 September 2025, from [16-22-guide-october-2023.pdf](#)

Appendix G. SIM Mapping Workshop Participant List

Name	Agency	Title
Alison Mohr Boleware	Hogg Foundation	
Amy Lowrie	Hill Country MHDD	
Aroya McGhee Enyard	Wellpath	
Ashley Seitz	ACDA	
Baleigh Stibbens	Ascension Seton	
Carolie Bartolomcei	MCMDO	Care Navigator
Chris Johnson	County Court of Law #2	
Cindi Carter	District Courts Hays Co.	
Dan O'Brien	Hays County Commissioners Court 3	Judge
Dan Royston	SMPD	
David Glickler		Attorney
Debbie Ingalsbe		
Deborah Villapando	Southside Community Center	
Ed Kum	Schieb	
Elaine Cardenas		
Eric Dobbs	Hays Couny Attorney	
Erin Barker	HCSO	
James Swisher	SMHC	EMS
Jason Anika	Hays Adult Probation	
Jeff Hohl	NDS	Supervising Attorney
Jeffrey Weatherford	Hays	District Attorney
John Saenz	HCSO	
Joyce Bender	San Marcos Police	MHU
Julie Villalpando	HCSO	Captain
Kendra Marsteller	TXST UPD	
Kristi Taylor	Judicial Commission on Mental Health	Executive Director

Name	Agency	Title
Layla Fry	Meadows Mental Health Policy Institute	Director of Youth Justice
Lina Muniz	CSR	CN RN
Marie Herrea	ARCIL	
Martin Rodriguez	Buda Police Department	
Mary Beth Roper	Scheib	
Matt Burns	District County Courts	
Meenu Walters	NDS	
Men Moore	Hays County Mag.	
Michael Kerr	Ascension Seton	
Michelle Harper	United Way	
Michelle Zaumeyer	Hill Country MHDD	
Natalie Weimer	Cenikor	
Nate Waters	Kyle PD	
Nichole Mueller McMorris	Wellpath	Mental Health Coordinator
Peter Arellano	Texas Institute for Excellence in Mental Health	
Rebekah Falke	Christus Santa Rosa Hospital	
Ron Stretcher	MMHPI	
Samantha Vanderberg	VAC	
Sarah Blevins	Christus Health	ED
Sarah Kramer	Austin Oaks	
Shelley McAllister	Unite Us Community Engagement	Manager
Stacy Johnston	HCSO	
Stan Standridge	SMPD	Chief
Tod Citron	HCMHDDC	CEO
Tucker Furlow	ACAA	ADA
Wesley Mau	Hays County	CDA

Appendix H. List of Acronyms and Initialisms

Acronym	Full Name
ACT	Assertive Community Treatment
CCP	Code of Criminal Procedure
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
CSH	Corporation of Supportive Housing
EMS	Emergency Medical Services
ER	Emergency Room
FUSE	Frequent User System Engagement
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IST	Incompetent to Stand Trial
MCOT	Mobile Crisis Response Team
MHDD	Mental Health and Developmental Disability Centers
MI	Mental Illness
MOU	Memorandum of Understanding
OSAR	Outreach Screening and Referral
PBHA	Panhandle Behavioral Health Alliance
PD	Police Department
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TA	Technical Assistance
TLETS	Texas Law Enforcement Telecommunication System