Sequential Intercept Model Mapping Report: Kaufman County

Texas Health and Human Services
March 2023

Texas
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Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by the North Texas Behavioral Health Authority (NTBHA). The planning committee members included:

Lt. Tray West, Kaufman County Sheriff's Office; Lance Washburn, Kaufman County Probation; Nancy Blum, NTBHA; Nicole Phillips, NTBHA; Alaina Horton, NTBHA; Matt Roberts, NTBHA; and Amanda Dunn, NTBHA.

The planning committee members played a critical role in making the Kaufman County 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 Emily Dirksmeyer, LMSW, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC. The report was authored by Emily Dirksmeyer, LCSW; Liz Conville, MPS; 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 disorder (SUD), and/or intellectual and developmental disabilities (IDD). Established in 2022, the TA Center is supported by HHSC and provides free training, guidance, and strategic planning support both in person and virtually on a variety of behavioral health and justice topics to support local agencies and communities in working collectively across systems to improve outcomes for people with MI, SUD, and/or IDD.

The TA Center, on behalf of HHSC, has adopted the SIM as a strategic planning tool for the state and communities across Texas. The TA Center hosts SIM Mapping

Workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with MI, SUD, and/or IDD, when appropriate, away from the justice system into treatment. The goal of the Texas 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. (2023). *Sequential intercept model mapping report for Kaufman 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.,[1] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, jails, pretrial services, courts, community corrections, housing, health, and social services. They should also include the participation of people with lived experience, family members, and community leaders.

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

The Sequential Intercept Model Mapping Workshop has three primary objectives:

1. Development of a comprehensive picture of how people with MI and cooccurring 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.

2. Identification of gaps and opportunities at each intercept for people in the target population.

3. Development of strategic priorities for activities designed to improve system and service level responses for people in the target population.

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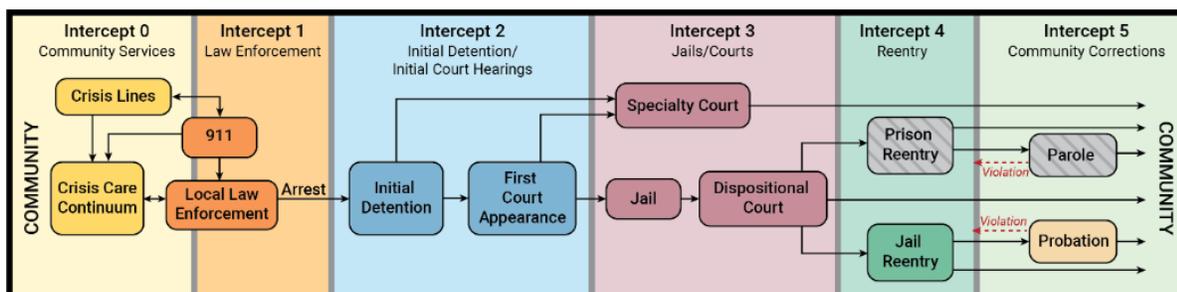
In 2022, NTBHA requested a SIM Mapping Workshop be conducted for Kaufman County to help foster behavioral health and justice collaborations and improve diversion efforts for people with MI, SUD and/or IDD. The SIM Mapping Workshop was divided into three sessions: 1) Introductions and Overview of the 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 Kaufman 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 Kaufman County

Sequential Intercept Model Map for Kaufman County, January 2023

Intercept 0 Hospital, Crisis, Respite, Peer, & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports

COMMUNITY (left side) … **COMMUNITY** (right side)

Intercept 0

Crisis Phone Lines
NTBHA Referral Line:
- Contracts with Harris Center to answer crisis lines
- 866-260-8000

988 Suicide & Crisis Lifeline
- 988

Warmlines/ Resource Lines
OSAR
- 844-275-0600
Kaufman Bridge Program
- 469-780-9159
Southern Area Behavioral Health
- 972-283-9090
NAMI Kaufman County
- 972-962-3784

Crisis Units
Kaufman Bridge Program
- Walk in crisis provider: Emergency Medications, Psychiatric Evaluations
- SABH and NTBHA Program
Corsicana Respite House
- Peer run short-term transitional respite facility
- NTBHA and Homeward Bound Program
Private Psychiatric beds- NTBHA Contracted

Mobile Crisis Response Team
NTBHA Mobile Crisis Outreach Team (MCOT)
- 866-260-8000
- MCOT is Centrally located in Southern Dallas County

Veterans Services
- Kaufman Veterans Services Department
- County Veterans Service Officer- Robert Hunter

Intercept 1

911 Dispatch / Emergency Communications
- Kaufman County Sheriff's Office Dispatch Center
- Crandall Police Department, Forney Police Department, Terrell Police Department and Kaufman Police Department Dispatch Centers

Law Enforcement
Crandall PD, Forney PD, Terrell PD, Kemp PD, Kaufman PD and Kaufman County Sheriff's Office

Hospitals
Baylor Scott and White Emergency Center- Forney, TX
- 24/7 ER
Texas Health Presbyterian Hospital- Kaufman, TX
- 24/7 ER
Terrell State Hospital
- State Psychiatric Hospital
Kaufman Community Health Center
- Federally Qualified Health Center

Emergency Medical Services
- Kaufman Fire Department
- Kaufman County Emergency Services
- Careflight- Forney, TX
- Transicare- alternative to law enforcement or ambulance assisted transport in Kaufman County

Intercept 2

Initial Detention
- Kaufman County Jail
- Forney Police Department
- Kaufman Juvenile Detention Center

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

Continuity of Care (CoC) Query / Care Match
- Kaufman County Jail contacts NTBHA when there is an exact or probable TLETS match.

Initial Court Appearance- Arraignment
Kaufman County Courthouse
Pre-Trial Services
- Bond decision set by district judges
- Pre-trial supervision provided through NTBHA and Kaufman CSCD
- Requires compliance with bond conditions

Competency Restoration
Outpatient Competency Restoration
- Operated by NTBHA

Intercept 3

Courts
In Kaufman County, there are two District Courts, two County Court at Law Courts, four Justice of the Peace Courts and two Treatment Courts.
Courts:
District Courts:
- 86th District Court- Judge Casey Blair
- 422nd District Court- Jude Shelton Gibbs
Treatment Courts:
Mental Health Court
Drug Court
Veterans Court

Jail
Kaufman County Detention Center
Forney PD holding Cells
Health Services
- MH Provider: MH screenings conducted for everyone booked into jail. Jail assessors from NTBHA conduct zoom or in person screenings if person is identified as suicide risk; determine if appropriate to go to hospital or back to general population.
- Medical Provider: Privately contracted physicians

Intercept 4

Jail Reentry
- Care Coordination
  - NTBHA Screens all individuals referred for behavioral health needs.
  - Conducts needs coordination and refers individuals who are appropriate to the benefits specialist to get benefits reinstated.
- TCOOMMI
  - Provides continuity of care services for clients with identified medical and mental impairments released to Kaufman County.
- Kaufman County Jail
  - Provides 30 days of medications to individuals upon release.
- Association of Persons Affected by Addiction (APAA) Reentry Peer Support

Intercept 5

Parole
- Texas Department of Criminal Justice, Parole Division, Region 2, Waxahachie District Parole Office

Specialized Caseloads
- Texas Risk Assessment System (TRAS) used to determine services needed.

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

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Behavioral Health
IPS Recovery, mental health treatment, substance use treatment, and criminal justice reform; **Child and Family Guidance Center**, child, adolescent and adult behavioral health care and case management; **Lakes Regional Community Center**, IDD sand SUD services; **Southern Area Behavioral Health; Still Waters Kaufman**- Pregnancy and sexual abuse resource

Recovery Supports
Lakes Regional Outpatient SUD Services; **NTBHA Outpatient** SUD services; **Burning Tree Ranch**, long term, inpatient SUD treatment; **IPS Recovery**, outpatient SUD treatment, MAT

Housing/Shelter
Salvation Army; NTBHA, emergency housing; **Kaufman County Housing Authority; Norville Children's Shelter**, emergency shelter for children; **Genesis Center**, women and children's shelter

See **Appendix B** for detailed description. See **Appendix I** for full list of acronyms and Initialisms.

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Revised: 09/2025

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 Kaufman County services across each intercept.

Intercept 0 and Intercept 1
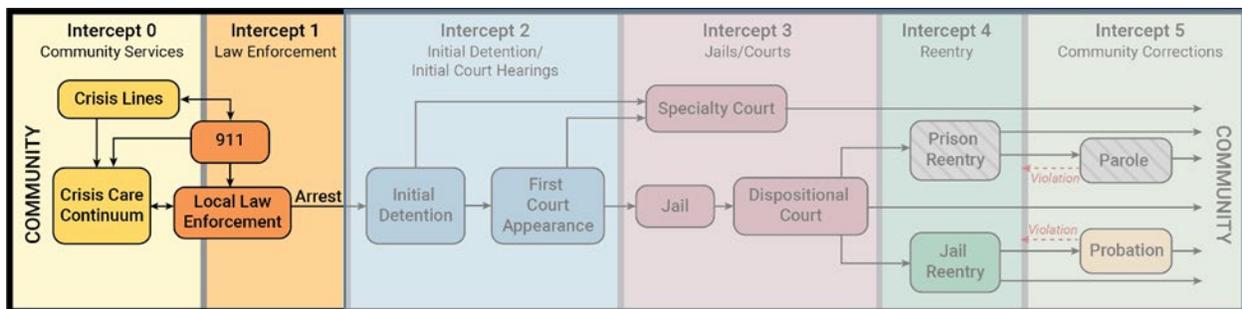
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Kaufman County Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
• Kaufman County has multiple crisis lines/warmlines available and it can be confusing to community members which line is most appropriate to connect to services specific to the individual's need.	• Kaufman County can implement a public awareness campaign on the new three-digit 988 Suicide & Crisis Lifeline. • NTBHA can work with local stakeholders to ensure that they understand how to call and utilize crisis lines that are available in Kaufman County.
• Dispatch call takers in Kaufman County do not receive specialized training to	• NTBHA can provide Mental Health First Aid and Trauma-Informed Care training

Gaps	Opportunities
identify signs or symptoms of a mental health crisis when the caller does not explicitly disclose their mental health status. • Differing dispatch and Computer Aided Dispatch (CAD) systems make uniform flagging of repeat callers and people with mental illness difficult.	to dispatchers in Kaufman County to improve their ability to identify and respond to mental health crisis calls. • Kaufman County can explore co-locating a mental health professional in the dispatch call center to support mental health crisis call diversion. • Coordinate coding practices across Kaufman County dispatchers for mental health-related calls for service. Consider tracking dispatch outcomes by calls that resulted in an arrest versus a diversion.
• The NTBHA Mobile Crisis Outreach Team experiences challenges responding to mental health crisis calls as they are occurring due to coverage area and other capacity constraints. • Kaufman County lacks respite facilities that serve children and youth, including children and youth in the custody of the Department of Family and Protective Services. • Terrell State Hospital receives a high volume of "walk-ins" from Kaufman County due to a lack of options for law enforcement drop-off of people experiencing a mental health crisis in the community.	• NTBHA can continue to develop a back door drop-off component for law enforcement at The Kaufman Bridge. • NTBHA can increase trainings offered to all Kaufman County first responders and support the development of a workflow process for handling people experiencing a mental health crisis in the community.
• Terrell State Hospital receives many "walk-ins" from the county due to the statutory requirement that peace officers who are detaining individuals without a warrant transport the individual to the nearest appropriate inpatient mental health facility. This increases waitlist time and reduces capacity for both forensic and civil patients.	• NTBHA can provide community and stakeholder education for families on Texas State Hospital admission criteria, purpose and appropriateness of orders for emergency detention ("mental health warrants"), orders of protective custody and services for non-crisis mental health care.

Revised: 09/2025

Gaps	Opportunities
• Kaufman County lacks a withdrawal management (detox) center. • Individuals with mild to moderate mental health needs who do not qualify for state hospital admission often have nowhere to go for prompt treatment or mental health support in the community. • There are limited options for transporting people who have been involuntarily committed to treatment facilities. • Private contracted inpatient psychiatric beds outside of Terrell State Hospital are in Dallas or Hunt County. • Kaufman County lacks a sobering center or dedicated facility for short-term acute alcohol or drug recovery. • Workforce shortages across the behavioral health system contribute to lengthy wait times for services for both inpatient and outpatient behavioral health providers. • There is a lack of resources for special populations, including IDD, neurocognitive disorders, and traumatic brain injury. • Emergency departments often struggle with providing timely medical clearance prior to inpatient psychiatric hospitalization.	• Kaufman County can explore opportunities to streamline medical clearance processes in the community, including establishing a community-based paramedic program to provide non-emergent care in the community and medical clearance prior to inpatient psychiatric hospitalization. • NTBHA may consider expanding the capacity for inpatient and outpatient substance use treatment referrals for people in Kaufman County who are uninsured or underinsured. • Kaufman County can consider conducting a workforce assessment to identify gaps in the workforce continuum and develop the appropriate provider recruitment and retention strategies.
• There are differing interpretations across law enforcement and Kaufman County courts on the appropriate use of emergency detentions (mental health warrants). • There are no law enforcement and mental health co-responder programs or	• NTBHA can explore training opportunities for Kaufman County law enforcement and court staff on the appropriate use and completion of Emergency Order of Detention (EOD), Apprehension by a Peace Officer Without a Warrant (APOWW), and Orders of Protective Custody

Gaps	Opportunities
Crisis Intervention Teams in Kaufman County. • Law enforcement in Kaufman County lack diversion options for people who may be appropriate to drop-off at a mental health crisis facility in lieu of an emergency department or incarceration. • Law enforcement in Kaufman County lack specialized training on how to respond to people with IDD. • Limited collaboration between law enforcement and MCOT to provide mental health assessments on scene can delay crisis facility or inpatient hospital admission when appropriate.	• Kaufman County may consider establishing a multi-disciplinary crisis response team that pairs law enforcement with a mental health clinician, paramedic, and/or peer. • Terrell Police Department, Forney Police Department, Kaufman Police Department, Kemp Police Department, Crandall Police Department and the Kaufman County Sheriff's Office may consider leveraging and coordinating their CIT officers, mental health officers or mental health deputies for countywide mental health officer coverage. • NTBHA can coordinate with community partners to provide training to law enforcement on responding to individuals with IDD.
• There is no homeless shelter for men in Kaufman County, only women and children. • Kaufman County lacks adequate affordable, permanent supportive, transitional, sober living, and congregate housing options. • Kaufman County lacks housing options for people who are or are formerly justice-involved.	• Kaufman County can consider ways in which to secure additional funding to build new or renovate existing housing stock to accommodate the needs of people with mental health or substance use disorders, experiencing homelessness, and/or exiting the criminal justice system. • Kaufman County may consider expanding landlord outreach and engagement initiatives to improve access to housing for justice-involved people with behavioral health conditions.
• Counseling services are not available to everyone who may benefit from those services in the county.	• NTBHA, Lakes Regional Community Center, Southern Area Behavioral Health and other local agencies and non-profits in Kaufman County may consider employing Peer Specialists to serve

Gaps	Opportunities
	• people with mild to moderate mental health needs in the community. • Explore increasing the utilization of peers from Association of Persons Affected by Addiction (APAA) to co-respond with law enforcement to MH crisis calls.
• Kaufman County courts, law enforcement agencies, hospitals, and NTBHA lack a uniform or unified data collection and reporting strategy.	• Officers can help improve dispatch response to mental health calls for services by coding or confirming codes of mental health call response outcome on the back end. • Kaufman ISD can leverage their website to share information on mental health and substance use disorder resources with families. • Stakeholders can participate in regular data sharing meetings to share existing data between municipal and county entities. • Stakeholders can develop a uniform data collection and reporting strategy to promote data sharing and enable county-wide analyses.

Intercept 2 and Intercept 3
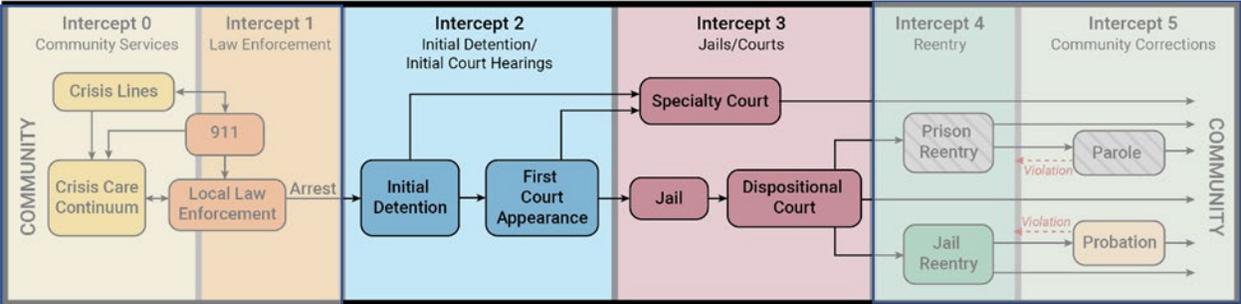
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Kaufman County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
• The TLETS Continuity of Care Query (CCQ) is only available to county jail staff. Municipal jails do not have access.	• NTBHA can explore coordinating with both county and municipal jail staff to support follow up screening and assessment of individuals identified with mental health, SUD and/or IDD at jail booking. • Kaufman County can consider implementing a validated screen for IDD at jail booking.
• There is only one qualified mental health professional (QMHP) at the Kaufman County Jail. • NTBHA does not have a mental health clinician embedded in the Kaufman County Jail. • Limited availability and capacity of the contracted mental health providers in Kaufman County jail can delay assessment and access to psychiatric medications for inmates with mental health conditions. • Substance use disorder treatment is not currently available inside the jail. Alcoholics Anonymous or Narcotics Anonymous groups are not offered in the jail for inmates in recovery.	• NTBHA and Kaufman County may consider ways in which to improve access to mental health services in the jail, including, but not limited to, embedding a mental health clinician in the jail. • Kaufman County Sheriff's Office and NTBHA can coordinate and consider leveraging telehealth to reduce the strain on the existing QMHP in the jail. • Kaufman County Jail can coordinate with existing community SUD providers and SUD support groups to explore providing services and groups in jail.
• Individuals found incompetent to stand trial (IST) are waiting in county jail for extended periods of time for inpatient competency restoration services. • Jail-based competency restoration is not currently available in the Kaufman County Jail. • NTBHA operates Outpatient Competency Restoration (OCR), but	• Judges, attorneys, NTBHA and Kaufman County Jail staff can explore opportunities to implement court-ordered medications (COMs) for individuals waiting for inpatient competency restoration at a state hospital. • NTBHA and Kaufman County jail can explore implementing a Jail Based Competency Restoration (JBCR) program

Gaps	Opportunities
not many clients have successfully completed the program.	in the jail. County leadership and NTBHA may engage other counties with JBCR programs to learn about implementing one in Kaufman County. • NTBHA and Kaufman County stakeholders can work with HHSC to provide training on competence to stand trial processes, quality competency evaluations, use of medication reimbursement (pursuant to General Appropriations Act, S.B. 1, Article V, Sec. 35(b), 87th Texas Legislature, Regular Session), active waitlist management, and court-ordered medications. • NTBHA and Kaufman County stakeholders can develop educational resources for family members and community members about the IST process.
• Access to pretrial supervision for people with MI and/or SUD is limited in Kaufman County.	• Kaufman County may increase utilization of pretrial supervision with the use of mental health bonds and bond conditions. • Kaufman County, NTBHA, and CSCD may consider additional opportunities to increase coordination and collaboration for the provision of services to people on mental health bonds.
• People who have been restored to competency after completing a competency restoration program may experience a prolonged wait in jail prior to returning to court for adjudication. • Kaufman County has underutilized court-ordered outpatient mental health services as an avenue to treatment for people with behavioral health conditions in the probate court.	• Jail administrators, jail medical staff, LMHAs/LBHAs, the courts, and state hospitals should work together to actively monitor people on CCP 46B commitments and ensure case prioritization for people returning to jail from a competency restoration program. • Kaufman County can consider providing court-appointed attorneys specialized in mental health.

Gaps	Opportunities
• Defense attorneys have varying degrees of experience working with people with mental health conditions.	• Kaufman County may consider ways to provide training opportunities on utilizing probate courts rather than the criminal courts as an avenue to treatment.
• Kaufman County courts and court partners have not established a uniform or unified data collection and reporting strategy.	• Kaufman County may consider identifying a centralized data collection and reporting person or entity to facilitate appropriate data sharing between the mental health and criminal justice systems. • Kaufman County may consider establishing a regular meeting for jail medical, correctional staff, and court personnel to include NTBHA and Kaufman County Assistant District Attorneys, and Kaufman County public defenders to share information on inmates with known behavioral health concerns.

Intercept 4 and Intercept 5
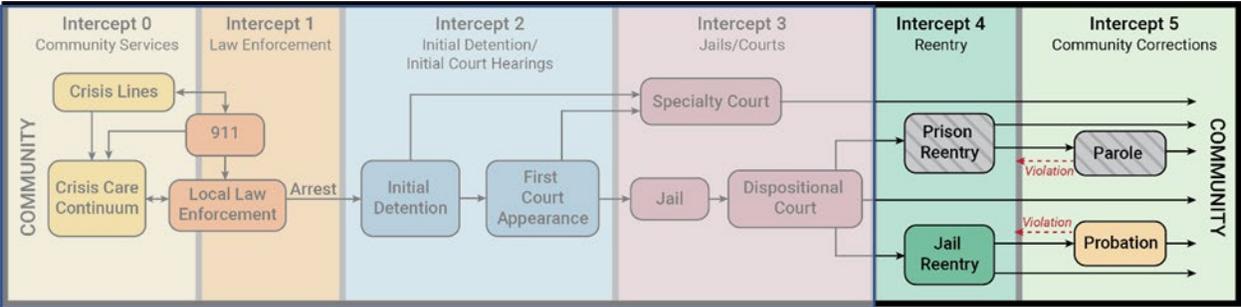
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Kaufman County Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
• Kaufman County typically provides a seven-day supply of psychiatric	• Kaufman County may consider providing people who take psychiatric medications

Gaps	Opportunities
medications at jail release to people with behavioral health conditions. • Medicaid benefits are terminated for people who are in jail for periods of time greater than 30 days, which can delay access to necessary care upon reentry. • Jail staff are often not aware of existing community-based behavioral health and reentry services available to individuals exiting the jail. See 26 Texas Administrative Code section 306.202(g) for LMHA/LBHA requirements surrounding release of individuals with special needs from a city or county jail. • Individuals are not provided with updated information on how to access resources in the community when released.	with at least 30 days of medications at jail release. • Kaufman County can pilot a program that suspends rather than terminates Medicaid benefits by notifying HHSC for people who are in jail for more than 30 days to help improve access to care upon reentry. • Kaufman County can explore opportunities to expand reentry planning in the jail by helping set appointments with community behavioral health providers prior to release.
• Limited affordable housing stock and stringent housing eligibility criteria create barriers in obtaining safe and stable housing for people reentering the community. • There are a lack of recovery housing and sober living options for individuals reentering from jail. • People who lack identification at reentry experience additional barriers in obtaining safe and stable housing and employment. • Individuals are not provided with updated information on how to access resources in the community when released.	• Kaufman County can leverage existing peer services with APAA to improve access to community-based services upon reentry. • Kaufman County can provide individuals released from the Kaufman County jail with the "Link Kaufman" app. To support awareness of and access to services (mental health, housing, benefits reinstatement, identification obtainment, and SUD services) in the community. • NTBHA and Kaufman County jail staff can develop a needs checklist and referral process to improve access to community-based services upon reentry. • Kaufman County Jail can coordinate with faith-based programs to support people with behavioral health needs reentering the community.

Gaps	Opportunities
	• NTBHA can explore SSI/SSDI Outreach, Access and Recovery (SOAR) training for Kaufman County Jail staff to assist with reinstating Supplemental Security Income and Social Security Disability Insurance benefits • Jail providers can explore coordinating with the Kaufman Bridge to help people obtain photo identification prior to community reentry.
• There is limited coordination and existing resources for older adults with mental illness in the care of Adult Protective Services. Law enforcement and probation officers are often unable to locate services that can support this population. • There is limited space on specialized caseloads for individuals with MI, IDD, and/or SUD. • Kaufman County Adult Probation Officers are not regularly provided training on working with individuals with behavioral health needs and may lack knowledge of available community behavioral health resources.	• Kaufman County Adult Probation may consider expanding the capacity of existing specialized caseloads to serve more individuals with ongoing BH needs. • Kaufman County and NTBHA can explore opportunities to train all officers in Mental Health First Aid and provide education on existing community resources and programs for individuals with BH needs. • Kaufman County CSCD officers can increase coordination with Adult Protective Services in Kaufman County.

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 January 26, 2023. The top priorities are highlighted in bold text below.

Rank	Priority	Votes
1	**Develop a county behavioral health leadership team**	**19**
2	**Expand law enforcement pre-arrest diversion options for individuals experiencing a behavioral health crisis**	**18**
3	**Develop a community housing plan**	**17**
4	**Increase awareness, education and training opportunities for community members and behavioral health and justice stakeholders**	**16**
5	Increase data and information sharing across the SIM	14
6	Increase outpatient and inpatient treatment options for individuals with behavioral health needs in the community (counseling, SUD treatment and trauma treatment).	14
7	Increase post release follow up and support services available to individuals reentering the community from jail, the state hospital and inpatient treatment	12
8	Increase services available to youth at risk of justice involvement in the community	9
9	Develop a community wide workforce growth and sustainability plan	5

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 Kaufman 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): 2021 Annual Report, Texas Health and Human Services Commission
- The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates
- 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 equity and access. While the focus of the SIM Mapping Workshop is on people with behavioral health needs, disparities in healthcare access and criminal justice involvement can also be addressed to ensure comprehensive system change.

The second is trauma. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life[a] [b]. 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 Trauma-Informed Care in Behavioral Health Services.

Priority One: Develop A County Behavioral Health Leadership Team

Objective	Action Steps

Re-establish the Kaufman County behavioral health leadership team (BHLT)	• Reconvene BHLT planning group to review and discuss next steps for re-establishing the leadership team
	• Establish BHLT Meeting Logistics:
	   ‣ Meeting Location
	   ‣ Meeting Frequency
	   ‣ Date and time of meeting
	• Identify key community stakeholders in Kaufman County to be included in the planning process for the establishment of a BHLT
	• Convene workgroup to clarify goals of the Kaufman County BHLT. Explore:
	   ‣ Potential roles and responsibilities;
	   ‣ Specific gaps needing to be addressed within the community;

[a] Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders*. Corrections Today.
[b] 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
	‣ Data collection priorities; and ‣ BHLT participant expectations

Define the structure of the new behavioral health leadership team	• Identify comparable counties with BHLTs and research the structure of those teams. (i.e. Hunt County BHLT, Abilene's Behavioral Advisory Team, and Smith County's BHLT)
	• Establish Leaders of the BHLT (consider representation across all intercepts)
	• Identify subcommittee subjects/ areas of focus:
	   ‣ Coordinate with SIM priority team leads
	   ‣ Identify community leaders to serve as experts for each subcommittee
	   ‣ Consider BHLT goals

Kick off first leadership team meeting	• Invite all key community stakeholders identified
	   ‣ Secure buy-in and commitment of participation from community leaders
	• Send invites out
	   ‣ Invite additional community participants outside of key stakeholders identified
	• Plan for meeting
	   ‣ Identify facilitators
	   ‣ Location
	   ‣ Meeting agenda
	   ‣ Define meeting goals clearly and provide clear topics for discussion

Explore information sharing mechanisms for the leadership team to utilize	• Clarify information sharing needs for local stakeholders, for example:
	   ‣ General information on mental health services;
	   ‣ Aggregate data to identify trends in crisis service utilization and encounters with the criminal justice system;
	   ‣ Identifiable data to support care coordination for individuals with MI, SUD, and IDD who are at risk or involved with the justice system.
	• Explore what information sharing agreements might need to be in place between the BHLT, community BH providers and other justice stakeholders:
	   ‣ E.g., data sharing agreements such as MOUs or ROIs

Objective	Action Steps
	• Identify opportunities for other SIM priority group leaders to present progress and provide updates to BHLT.

Ongoing data collection and evaluation	• Review existing data collected by stakeholders across the SIM to identify community needs and gaps in data collection.
	• Identify what baseline data measures will be collected or monitored by the BHLT. Consider:
	   ▸ The impact measures spreadsheet for collecting data across the SIM to guide baseline data collection
	   ▸ Tracking special population's data discussed during the SIM workshop:
	      ◊ Suicide data
	      ◊ Homelessness and housing data
	      ◊ Health outcomes among low income populations

Additional Considerations:

Kaufman County stakeholders identified the importance of re-establishing a team of County behavioral health and justice system leaders to lead policy, planning and coordination efforts for individuals with behavioral health needs in Kaufman County. In addition to overseeing policy, planning and coordination, this leadership team will oversee the 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. c

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

> ▸ 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, 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 BHLT 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 BHLT 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.

- Smith County's BHLT exists to provide guidance and linkage among stakeholders to build broad access to timely and appropriate behavioral health care services in Smith County. The BHLT is led by a steering committee and membership is open to all interested individuals and organizations representing education, government, community leadership, behavioral health providers, primary care providers, consumers, social services, first responders, hospitals and veterans

- The Abilene and Taylor County Behavioral Advisory Team (BAT) was established on August 13, 2018 by unanimous agreement of participants

at an organizational meeting. The City of Abilene and Taylor County BAT is empowered to specifically function as a single point of advisory, accountability, planning, and resource coordination for all City of Abilene and Taylor County behavioral health services. The BAT developed a charter to guide the actions of the advisory team and establish accountability across advisory team members to ensure the success of the BAT.

Clarify goals for data sharing and data integration for Kaufman 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 Kaufman 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. Learn from both national and local leadership team best practice models.

Team Leads: Reagan Teel, Terrell State Hospital; Carol Williams, NTBHA; Pam Corder, Kaufman County; Lori Carson, Terrell State Hospital

Team Leads Post Workshop: Jennifer Russel, Reagan Teel, Pam Corder, Lori Carson, Richard Dunn and Judge Bobby Rich

Workgroup Members:

Pam Corder, Kaufman County; Lori Carson, Terrell State Hospital; Amanda Brown, Kaufman County District Attorney's Office; Stephanie Hartline, Lakes Regional Community Center; Nicole Phillips, Forney Police Department; Carol Williams,

NTBHA; Jennifer Russell, NTBHA; Wendy Dolleman, Specialty Court Clinical Director; Mary Hauger, Terrell Police Department; Melanie Shackelford, Celebrate Forever Families; Niki Killingsworth, Texas Health Resources; Stephanie Reeves, Kaufman ISD; Reagan Teel, Terrell State Hospital

Priority Two: Expand Law Enforcement Pre-Arrest Diversion Options for Individuals Experiencing A Behavioral Health Crisis

Objective	Action Steps

Train Kaufman County dispatchers in responding to behavioral health calls for service	• Establish a mental health script for dispatch and first responders to assess for behavioral health crisis.
	  ▸ Review 911 dispatch protocols and scripts used by other communities to assess for behavioral health needs.
	  ▸ Coordinate coding practices across the county for mental health related calls for service
	• Consider training options for dispatch staff, including:
	  ▸ Mental Health First Aid;
	  ▸ Applied Suicide Intervention Skills Training;
	  ▸ Assess Support Know: Suicide Prevention Training; and
	  ▸ Counseling on Access to Lethal Means.
	• Coordinate with NTBHA to provide Mental Health First Aid for all county dispatch staff and first responders.

Identify opportunities to increase first responders available to address MH crisis	• Create a Kaufman County Crisis Intervention Team (CIT)
	  ▸ Establish a process flow that identifies when CIT officers are dispatched and how officers are notified.
	  ▸ Establish contracts across law enforcement agencies dedicating a certain number of LE to participate in the CIT team
	  ▸ Consider number of officers on the CIT (10-15 officers)
	  ▸ Establish a system that notifies all CIT officers when a MH crisis call is received through 911 dispatch
	• Explore other opportunities to increase the number of MH trained first responders in Kaufman County:
	  ▸ Co-responder models
	  ▸ Multi-disciplinary response team models
	  ▸ Embedded clinicians at 911 dispatch
	  ▸ Law enforcement/ MH provider ride along opportunities

Objective	Action Steps

	• Explore opportunities to expand services offered by the Kaufman BRIDGE.
	
	  ▸ Establish an after-hours component for the Kaufman BRIDGE
	
	    ◊ Review 9-1-1 dispatch and crisis call data to determine most needed hours of operation
	
	    ◊ Identify most necessary after hours service components
	
	    ◊ Determine staffing and funding needs to support after hours services at the Bridge
	
	• Begin planning for the law enforcement drop-off component of the BRIDGE. Consider:
	
	  ▸ Drop-off eligibility requirements
	
	  ▸ Clinical and medical services to be offered at the BRIDGE to support individuals diverted by law enforcement
	
	  ▸ Hours of operation

Establish a County law enforcement mental health meeting/ workgroup	• Identify who to invite:
	
	  ▸ Prioritize maintaining community-wide law enforcement representation
	
	    ◊ SIM overview to be provided at next police chiefs meeting by KCSO
	
	  ▸ Include pre-arrest diversion key stakeholders including: Kaufman County Law Enforcement, Kaufman County DA's office, 911 dispatchers, NTBHA staff, Kaufman County hospital staff.
	
	• Establish work group priorities. Consider:
	
	  ▸ Law enforcement and individual safety, data sharing protocols, available trainings, and questions used at dispatch to assess for a behavioral health crisis.
	
	• Identify key data collection points. Consider:
	
	  ▸ APOWW / "white warrant" data
	
	  ▸ # MH calls for service

Objective	Action Steps

	‣ Call outcomes
	
	‣ Time spent responding to MH calls
	
	‣ Responder: Police, EMS or other
	
	● Explore Funding opportunities for pre-arrest diversion programs. Consider:
	
	  ‣ Meeting with Kaufman County commissioners
	
	  ‣ SAMHSA Grants- Law Enforcement and Behavioral Health Partnership for Early Diversion
	
	  ‣ Bureau of Justice Assistance Grants
	
	    ◊ FY 2023 Justice and Mental Health Collaboration Program
	
	    ◊ FY 2023 Connect and Protect: Law Enforcement Behavioral Health Response Program

Additional Considerations:

Develop a standardized script for dispatch and first responders in Kaufman 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[d] 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

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[d] *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:e

- ‣ 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:f

- ‣ 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 programs launch in 2019, Austin 911 operators have successfully diverted thousands of calls to crisis clinicians.g In 2021, 82% of calls with a mental

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e *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.

f *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.

g *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/.

health crisis component were diverted, meaning clinicians were able to help the caller without the need to send a police officer.h

- 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.i 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.j

- 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.k

- **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 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

[h] *Combined Transportation, Emergency, and Communications Center Crisis Call Diversion Program Cost Analysis*. Austin Integral Care. (2020).
[i] *Mental Health Diversion: Crisis Call Diversion*. Houston Police Department. Retrieved 21 November 2022, from https://www.houstoncit.org/ccd/.
[j] *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/
[k] Data provided by Bluebonnet Trails Community Services

among local dispatch agencies, patrol officers, and crisis services helps the program run smoothly.

Review Intercept 1 Best Practices and consider which programs might be good to expand or implement in Kaufman County.

Mental Health Deputies: Mental health deputies are officers trained in crisis intervention who work collaboratively with the community and the LMHA's crisis response teams.

- Texas Mental Health Deputy Programs:
  ‣ Center for Life Resources: Brown (pop. 37,805), Coleman (pop. 8,281), Mills (pop. 4,877) and Eastland (pop. 18,289) counties
  ‣ ACCESS: Anderson (pop. 57,917) and Cherokee (pop. 52,341) counties
- Key Resources:
  ‣ The Bureau of Justice Assistance developed focused tools for law enforcement agencies interested in expanding their knowledge base and starting or enhancing police-mental health collaborations. Resources include training modules, planning and implementation guides, guidance on measuring performance of police-mental health collaboration, and other resources.

Law Enforcement and Mental Health Co-Responder Models: Co-responder models are paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Co-response units, especially those with the capability of responding to real-time crises, are associated with greater linkage to treatment and fewer arrests.[l]

- Texas Co-Responder Programs:
  ‣ Betty Hardwick Center F
  ‣ StarCare Center: Hockley County (pop. 22,986)
  ‣ Border Region Behavioral Health Center: Webb (pop. 274,847) and Starr (pop. 64,032) Counties
  ‣ Tropical Texas Behavioral Center: Hildalgo County (pop. 861,137)
  ‣ Andrews Center: Smith County (pop. 230,184)

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[l] Gilla K. Shapiro, A. Cusi, Maritt Kirst, Patricia O'Campo, Arash Nakhost, Vicky Stergiopoulos, "Co-responding Police-Mental Health Programs: A Review," Administration and Policy in Mental Health and Mental Health Services Research 42 (September 2015): 606, https://doi.org/10.1007/s10488-014-0594-9.

- ‣ Gulf Bend Center

- • Key Resources:

  - ‣ Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers is a policy brief developed by Policy Research Associates and the National League of Cities to provide guidance on developing co-responder programs.

  - ‣ The Council of State Governments Justice Center developed a brief titled, Developing and Implementing Your Co-Responder Program, to provide tips of successful implementation of co-responder programs.

  - ‣ Multi-Disciplinary Response Teams- Transforming Emergency Mental Health Response in Texas is a report developed by Meadows Mental Health Policy Institute to highlight the opportunity to transform the response to mental health emergencies in the community by bringing together paramedics, licensed mental health professionals and specialized law enforcement officers to respond as a team. The report highlights the key elements of a MDRT and provides examples of implementation across Texas.

Remote Co-Response: Remote co-responder programs pair law enforcement officers with access to virtual clinicians to support crisis response and diversion. Benefits of the program include quick access to behavioral health professionals, improvements to citizen and officer safety, reductions in the number of people who are arrested or transported to an Emergency Department (ED) for support when other options are available, and improved assessment and triage of mental health calls.[m]

- • Texas Remote Co-Response Programs:
- ‣ StarCare: Hockley County (pop. 22,986)
- ‣ Pecan Valley Centers
- ‣ Helen Farabee Centers
- ‣ Harris Center: Harris County (pop. 4.681 million)
- ‣ Austin Integral Care: Travis County (pop. 1.251 million)
- • Key Resources:

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[m] Telehealth Implementation Guide. The Harris Center. (2020, February). Retrieved 5 March 2023, from https://harriscountycit.org/implementation-guide-2/.

- The Harris Center partnered with the Harris County Sheriff's Office and the University of Houston to develop a Telehealth for Patrol Implementation Guide. The guide outlines reasons for piloting a telehealth program, program benefits, frequently asked questions, a description of the Harris County pilot program, an analysis of other virtual co-response programs, data analysis, and other references.

- Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers. The police department of Springfield, Missouri, collaborates with Burrell Behavioral Health on a virtual mobile crisis intervention known as the "Springfield Model" that supplies officers with iPads to allow them to connect with behavioral health specialists for real-time assessments and referrals and has resulted in a significant reduction of hospital admissions.

Crisis Intervention Team Training and Model: Formal training for mental health is enhanced by community partnerships between law enforcement, mental health and addiction professionals, people who live with MI, SUD, and/or IDD, their families, and other advocates. The 40-hour CIT training curriculum partners in-depth training with strategies to strengthen community partnerships. Evaluations of CIT have demonstrated increases to officer mental health knowledge and changes in officer behavior.[n]

- Key Resources:
    - The Texas CIT Association is a non-profit organization comprised of law enforcement, corrections, the mental health community, and advocacy groups to provide standardized training, support, and education in responding to those affected by MI and/or those who are experiencing a mental health crisis.

    - CIT International offers guides, research, certifications and other resources related to crisis intervention teams and training. The Best

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[n] *The Use of the Crisis Intervention Team (CIT) Model for Corrections Officers: Reducing Incidents within a County Jail.* Comartin, Swanson, & Kubiak, 2019; Kubiak, et al., 2017; Watson, Compton, & Draine, 2017. Retrieved 20 September 2022, from https://doi.org/10.1177/0032885520956334.

Practice Guide offers case studies, worksheets, checklists, and other templates for implementing a CIT program.

Police Coding of MH Calls: Coding mental health related calls for service provides several benefits to communities. First, understanding the volume of calls officers respond to that are related to a mental health crisis can help determine the level and type of law enforcement staffing and need for mental health supports in the community. This data can be used to advocate for funding, pilot new programs and optimize the use of limited law enforcement behavioral health resources. On an individual call level, using a flag on addresses with repeated calls for mental health crises can help officers divert people to appropriate resources by indicating, when appropriate, that someone might have behavioral health needs.[o]

- Texas MH Call Coding Examples:
  ‣ Helen Farabee: Wichita County (pop. 132,154)
- Key Resources:
  ‣ The Denver Police Department conducted a 911 call analysis to identify what calls to law enforcement can be deferred to a non-law enforcement response. This paper identifies what nature codes are appropriate for a non-law enforcement response as well as police mental health coding best practices.

Develop a flow chart to help illustrate key opportunities for diversion by law enforcement across the SIM. An example of a process chart developed by Bluebonnet Trails Community Services for Williamson County law enforcement can be found in Appendix E.

Conduct a comprehensive needs assessment by analyzing existing data to enhance the case for law enforcement and mental health diversion programs. Where data doesn't exist, stakeholders can discuss plans to collect and track additional measures. Data gathered to inform the development of Mental Health Diversion Programs include[p]:

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[o] *Methods for Using Data to Inform Practice: A Step-by-Step Guide.* Substance Abuse and Mental Health Services Administration, Crisis Intervention Team (CIT). (2018). Retrieved 20 September 2022, from Crisis Intervention Team (CIT) - Methods for using data to inform practice: A step-by-step guide (samhsa.gov).

[p] *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.

- 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

Team Leads: Lt. Tracy West, Kaufman County Sheriffs' Office

Workgroup Members:

Jeremy Jones, Crandall Police Department; Muriel Gonzalez, Kaufman County CSCD; Robert Tomas, Association of Persons Affected by Addiction; Cherish Rodden, Kaufman CSCD; Chad Anderson, NTBHA; J Massey, Crandall County Police Department; Lt. Tracey West, Kaufman County Sheriffs' Office; Judge Mary Bardin, Justice of the Peace Precinct 1; Judge Rhitt Jackson, Kaufman County; Heather Hall, Kaufman County Sheriffs' Office; Yolanda Murphy, Kaufman County District Attorney's Office

Priority Three: Develop A Community Housing Plan

Objective	Action Steps
Identify potential locations for a transitional shelter	- Meet with local housing stakeholders to discuss shelter opportunities. Coordinate with: - Housing workgroup participants, the Terrell Action Committee, the Kaufman County Housing Authority, The Homeless Coalition, the Veterans Association, faith-based organizations, and Kaufman County Judges - Explore the availability of existing buildings to support transitional housing. Explore the use of: - The City of Kaufman's Annex Building- meet with city to discuss availability - Texas Health Resources' Buildings
Coordinate with community housing providers to assess housing needs	- Collect data from community housing providers to identify the barriers to establishing emergency shelter, transitional living and more permanent supportive housing options in Kaufman County. - Identify partners to collaborate in data collection - Develop a community wide survey - Conduct a housing needs assessment to make a case for expanding housing options - Send housing workgroup leads to attend Behavioral Health Leadership Team Meeting and facilitate a discussion on community housing priorities - Learn from existing housing efforts - Collaboratively assess community needs
Identify funding opportunities	- Meet with local housing stakeholders and discuss existing funding opportunities. - Explore grant funding opportunities: - HUD grant funding opportunities (Emergency Shelter Grants Program- CoC) - State grants - SAMHSA and DOJ Grant programs - Emergency Solutions Grant Program - HHSC's Healthy Community Collaborative - Use data from county-wide needs assessment to support funding applications

Objective	Action Steps
	• Designate a housing stakeholder to apply for identified state and national grant opportunities

Increase permanent supportive housing options available in Kaufman County	• Visit communities with a well-established housing continuum.
	• Create a task force/ association to promote information sharing among housing stakeholders and offer an opportunity to voice community housing needs.
	• Explore opportunities to increase the number of housing vouchers available in Kaufman County
	• Explore opportunities to incentivize second chance housing:
	   ▸ Examine existing options and identify tenant selection criteria that might limit or exclude those with prior justice involvement
	   ▸ Landlord outreach and engagement, consider:
	      ◇ Landlord incentive programs
	      ◇ Landlord risk mitigation funds
	• Explore specialized veteran's housing options
	   ▸ Coordinate with the VA
	   ▸ Research legality of targeted permanent supportive housing program for veterans (Federal Fair Housing Act)

Additional Considerations:

Develop a data collection plan to help accurately capture the number of people experiencing homelessness and connect people to services.

- Identify key partners to collaborate with on data collection and data sharing efforts.

- Explore data sharing models that could be adapted to fit the needs of Kaufman County:

▸ Frequent Users Systems Engagement (FUSE) is an initiative through the Corporation for Supportive Housing that is used to identify 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. 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.[q]

‣ The Texas Homeless Data Sharing Network (THDSN) is the largest statewide homelessness data integration effort in the United States. THDSN is designed to connect the databases from each of Texas' 11 Continuums of Care to share data across geographic boundaries. The network will give service providers, faith communities, local governments, and anyone working to prevent and end homelessness the ability to access housing and resources across the geographical borders of homeless response systems. Currently, nine of Texas' 11 homeless response systems contribute data to THDSN, covering 229 of Texas' 254 counties. In 2022, Texas Homeless Network staff and the THDSN board have utilized THDSN to partner with healthcare providers and target frequent users of emergency rooms who experience homelessness for service and housing assistance. Many of the people stakeholders described as cycling through systems experienced unstable housing or homelessness. This could be a valuable resource to explore for Kaufman County.[r]

Conduct a housing needs assessment to make a case for expanding housing options, specifically supportive housing options. Consider:

● The total number of affordable housing units needed in Kaufman County;

● Information on the intersection of housing instability and the justice-involved population with behavioral health needs;

● Available funds for developers to meet local supportive housing production goals; and

● Available operational funds for service providers to provide supportive housing.

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[q] *Corporation for Supportive Housing.* FUSE. Retrieved March 1, 2023, from https://www.csh.org/fuse/.

[r] *Texas Homeless Data Sharing Network.* Texas Homeless Network. Retrieved 8 July 2022, from https://www.thn.org/thdsn/.

Review both national and state best practices on developing a housing continuum and improving access to behavioral health services for individuals experiencing homelessness.

- Consider the SAMHSA Toolkit on Evidence-Based Practices to Establishing Permanent Supportive Housing.[s]
- Review SAMHSA's Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness. This guide offers strategies and implementation consideration for behavioral health providers and other practitioners to:[t]

  ▸ Engage people experiencing homelessness;

  ▸ Build relationships with these individuals;

  ▸ Offer effective mental health and SUD treatment;

  ▸ Improve retention in recovery efforts.

- Review Housing and Urban Development's (HUDs) Housing Choice Voucher Landlord Guidebook and consider opportunities to incentivizing second chance housing:

  ▸ Examining the existing housing options and working with local stakeholders to understand tenant selection criteria that might limit or exclude people with prior justice involvement.

  ▸ Examining the potential burden tenant selection criteria from local landlords or property owners might have for people who are justice involved who have a MI, SUD, and/or IDD.

  ▸ Conducting landlord outreach and engagement. Stakeholders can explore landlord incentive programs and develop landlord outreach and engagement programs to increase the likelihood that landlords will accept people with prior justice involvement and who have complex behavioral health needs.

    ◊ Learn from other communities implementing landlord outreach and incentive programs to expand housing options for people who are justice involved. Ending Community Homelessness Organization

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[s] *Permanent Supportive Housing: How to Use the Evidence-Based Practices KITs.* Substance Abuse and Mental Health Services Administration. (2010). Retrieved 8 July 2022, from https://store.samhsa.gov/sites/default/files/d7/priv/howtouseebpkits-psh.pdf.
[t] *Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness.* Substance Abuse and Mental Health Services Administration. (2023). Retrieved 9 March 2023, from https://store.samhsa.gov/sites/default/files/pep22-06-02-003.pdf.

(ECHO) in Austin, TX: ECHO is the homeless continuum of care for the Austin/Travis County area. They have built a robust landlord outreach and engagement program that includes quickly filling vacancies and risk mitigation funds. Kaufman County could explore and adapt what ECHO has done to strengthen partnerships with landlords/property owners to increase access to housing for people with justice involvement.

- Learn from communities that have had success in ending veteran and chronic homelessness. There are three Texas communities (Taylor County/Abilene, Lubbock County, and Tarrant County) involved in the Built for Zero initiative, which is a national change effort working to help communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real-time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies. These three communities may serve as learning sites for other communities to address homelessness. Community Solutions reports that Abilene has achieved the milestone of ending both veteran and chronic homelessness.[u]

Team Leads: Erica Velasquez, NTBHA

Workgroup Members:

Erica Velasquez, NTBHA; Lyndy Ashford, NTBHA; Michael Davis, Lakes Regional Community Center; Denis Leonard, Legal Aid of North Texas; Brad Hendricks, Kaufman District Attorney's office; Janet Buchanan, NTBHA; La Zendra Rhodes, Lakes Regional Community Center; Heather Garcia, Terrell Dispatch

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[u] *Built for Zero*. Community Solutions. (2022, February 7). Retrieved 16 June 2022, from https://community.solutions/built-for-zero/.

Priority Four: Increase Awareness, Education and Training Opportunities for Community Members and Behavioral Health and Justice Stakeholders.

Objective	Action Steps
Build community awareness of existing community education and training needs through data collection	- Identify any additional stakeholders to include in the training and education workgroup. - Plan for Taskforce meetings. Identify: - Key participants - Location - Time and Date - Frequency - Establish the awareness, education and training taskforce's mission vision and goals during first meeting. Consider: - who is the target audience? - how might you reach them? - what do you hope to accomplish from community trainings? - what are gaps in stakeholder knowledge? - Begin identifying key data points that will inform the community's training and education needs.
Increase community awareness of existing behavioral health resources	- Develop a community survey to gauge interest and assess training needs across behavioral health and justice stakeholder groups. - Establish an email list with all community partners that work at the intersection of behavioral health and justice - Take an inventory of existing mental health training resources available in Kaufman County - Request baseline data across identified stakeholders to identify gaps in access or referral to resources

Objective	Action Steps

Implement community wide education and outreach	• Utilize survey results to determine areas of highest need for increased training and education
	
	• Coordinate with other SIM priority groups to support training development and implementation for identified priority groups.
	
	• Identify key community partners who could help host and/or promote trainings, such as schools, faith-based organizations, or major area employers.
	
	• Coordinate information and resource sharing across county behavioral health and justice stakeholders:
	
	  ▸ Identify a centralized database to update local resource information.
	
	  ▸ Utilize social media and ad campaigns to share information about available behavioral health resources.
	
	    ◊ Explore the use of Kaufman Herald News to share information
	
	  ▸ Develop tailored trainings to target stakeholder groups with identified gaps in knowledge or behavioral health resources.
	
	• Identify potential facilities where community mental health trainings can be administered.

Additional Considerations:

Review existing MH, IDD, and SUD trainings offered Kaufman County and consider what might be utilized or tailored to train specific behavioral health and justice stakeholders. For example:

- Mental Health First Aid teaches participants how to identify, understand and respond to signs of MI and SUD. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

- Applied Suicide Intervention Skills Training (ASIST) is a 2-day training program that teaches participants how to assist those at risk for Suicidal Thinking, Behavior, Attempts. Although many health care professionals use ASIST, anyone 16 years or older can use the approach, regardless of

professional background. ASIST workshops cost money to attend, with cost varying by training site.

- Assess Support Know: Suicide Prevention Training, AS+K? About Suicide to Save A Life (Basic) provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective factors. In this one hour e-learning course, participants are trained to recognize warning signs—behaviors and characteristics that might indicate elevated risk for suicidal behavior—and the initial intervention steps to support a person they think might be at risk for suicide.

- Counseling on Access to Lethal Means (CALM) focuses on how to reduce access to the methods that are frequently used by individuals who die by suicide. It covers how to: identify people who could benefit from lethal means counseling, ask about their access to lethal means, and work with them and their families to reduce access.

- Crisis Intervention Team Training programs are designed to improve the way law enforcement and the community respond to people experiencing a mental health crisis. The intended audiences are law enforcement and jail staff, but many communities have extended this training to serve county fire departments, EMS departments, 9-1-1 dispatchers, and all community behavioral health providers.

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.[v]

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[v] *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.

Explore existing resources and applications that may support community awareness and access to behavioral health services in Kaufman County, including:

- LINKaufman Application is a downloadable phone application that provides community resource for residents of Kaufman County. It provides information about non-profits, churches and other organizations who serve those in need within our community. The app provides updated contact information for each organization, as well as driving directions, hours of operation and a list of services offered.

- 211texas.org, a program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. They accomplish this by working with 25 Area Information Centers (AICs) across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year.

- Here For Texas Mental Health Navigation Line is a searchable online database of Texas mental health providers and resources. You can search by type of provider, mental health issue, age, language, location, payment options, and other helpful filters. It also offers a wide selection of information on mental health and addiction topics, including mental health disorders, treatment options, types of mental health professionals, ways to support your mental health, and more—all within easy reach.

- FindHelp.org is an application designed to help people find housing, food, health, education, and other services across the country.

Review the MentalHealthTX.org eLearning hub. eLearning resources on MentalHealthTX.org were developed to bring more knowledge and understanding to the general public about behavioral health conditions. Learning modules are available to the public, are completely anonymous and give the opportunity for individuals to review what they have learned upon completion. Each module has resources that might be helpful in planning trainings.

Beyond tracking attendees and soliciting general feedback from training participants, identify opportunities to assess changes in attitudes and behavior post training. For example, research on Crisis Intervention Team

Training for law enforcement has looked at both officer attitudes and officer-level outcomes:[w]

- Improvements in attitudes and a reduction of stigma in police officers who received mental health training.

- Officer satisfaction and self-perception of a reduction in the use of force.

- Officer self-perception of the need to escalate to the use of force in a hypothetical mental health crisis encounter.

- Increased verbal negotiation as the highest level of force used, increased referrals to mental health units, decreased arrests.

Team Leads: June Deibel, Recovery Resource Council

Workgroup Members:

Susan Huffman, Texas Health Resources; Desiree Pool, Indigent Health Care; Chris Whalen, Kaufman County CSCD; June Deibel, Recovery Resource Council; Cindy Ledat, Recovery Resource Council; Amy Sanders, NTBHA; Jessica Minor, the Intersection of Research and Practice (IPS) Recovery; Jessica Simmons, IPS Recovery; Judge Bobby Rich, Kaufman County Court

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[w] *Effectiveness of Police Crisis Intervention Training Programs.* Journal of the American Academy of Psychiatry and the Law Online September 2019, JAAPL.003863-19; DOI: https://doi.org/10.29158/JAAPL.003863-19.

Quick Fixes

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

- Create an updated resource list of all existing MH, SUD, and IDD resources in Kaufman County that can be utilized by first responders and community providers to connect people to care.

- Explore implementation of a Jail Based Competency Restoration Program in Kaufman County jail through coordination between NTBHA, the Kaufman County Sheriff and jail administration.

- NTBHA can ensure that MHFA training is made widely available to community stakeholders to help them identify, understand, and respond to signs of MI and SUD.

- NTBHA can explore training opportunities for Kaufman County law enforcement and court staff on the appropriate use and completion of Emergency Order of Detention (EOD) and Apprehension by a Peace Officer Without a Warrant (APOWW).

- Explore opportunities to restructure and reconvene the Behavioral Health Leadership Team in Kaufman County.

- Reconvene SIM Workshop stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop. Explore opportunities to incorporate peers and individuals with lived experience into leadership meetings.

- Convene all Kaufman County law enforcement agencies and 9-1-1 dispatch to explore the standardization of mental health coding protocols in Kaufman County.

- Increase community awareness of mental health resources through social media marketing and provision of hand outs and resources among county behavioral health and justice stakeholders.

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 Kaufman County residents who lack adequate funding for behavioral health care.

- Explore ways to expand access to the TLETS Continuity of Care Query to municipal law enforcement and the courts in Kaufman County.

- Work with insurance providers to expand coverage for substance use treatment to include long-term care.

- Explore statutory change to allow state hospitals to provide crisis services in the surrounding county.

Appendix A. Kaufman County SIM Workshop Agenda

Sequential Intercept Model Mapping Workshop

Kaufman County

January 26, 2023 – January 27, 2023

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by the *North Texas Behavioral Health Authority*
8:30	**Opening Remarks**	Welcome, *Judge Jackie Allen, Kaufman County* Opening Remarks-*Nancy Blum, Chief of Regional Operations, NTBHA* 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 Kaufman 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 by the *North Texas Behavioral Health Authority*
12:30	**Presentation of Intercepts 2, 3**	Overview of Intercepts 2 and 3 Kaufman County Data Review
12:50	**Map Intercepts 2, 3**	Map Intercepts 2 and 3 Examine Gaps and Opportunities
1:50	**Presentation of Intercepts 4, 5**	Overview of Intercepts 4 and 5 Kaufman County Data Review

TIME	MODULE TITLE	TOPICS / EXERCISES
2:10	**Break**	Refreshments to be provided by the North Texas Behavioral Health Authority
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
Kaufman County
January 26, 2023- January 27, 2023

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by the *North Texas Behavioral Health Authority*
8:30	**Welcome**	Opening Remarks, *Commissioner Mike Hunt, Kaufman County Commissioners' Court- Precinct 1*
8:45	**Preview & Review**	Preview of day #2 Review day #1 Accomplishments Review of Best Practices
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**	Discuss next steps for Kaufman County Report Share technical assistance and funding opportunities Complete evaluation form
12:20	**Closing Remarks**	Closing remarks, *Lieutenant Tracy West, Kaufman County Sheriff's office*
12:30	**Adjourn**	

Appendix B. Sequential Intercept Model Map for Kaufman County, January 2023

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **The Intersection of Research & Practice (IPS) Recovery:** Mental health treatment, substance use treatment, and criminal justice reform
- **Child and Family Guidance Center:** Child, adolescent and adult behavioral health care and case management
- **Lakes Regional Community Center:** Idd and SUD services
- **Southern Area Behavioral Health:**
- **Still Waters Kaufman:** Pregnancy and sexual abuse resource

Recovery Supports:

- **Lakes Regional Outpatient SUD Services**
- **North Texas Behavioral Health Authority (NTBHA):** SUD services
- **Burning Tree Ranch:** Long term, inpatient SUD treatment
- **IPS Recovery:** outpatient SUD treatment, Medication Assisted Outpatient

Housing and Shelter:

- **Salvation Army:**
- **NTBHA:** Emergency housing
- **Kaufman County Housing Authority:**
- **Norvill Children's Shelter:** Emergency shelter for children
- **Genesis Center:** Women and children's shelter

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

Crisis Phone Lines:

- **NTBHA Referral Line:** Contracts with Harris Center to answer crisis lines. 888-260-8000
- **988 Suicide & Crisis Lifeline:** 988

Warmlines and Resource Lines:

- **Outreach, Screening, Assessment and Referral (OSAR):** 844-275-0600
- **Kaufman Bridge Program:** 469-780-9159
- **Southern Area Behavioral Health:** 972-283-9090
- **NAMI Kaufman County:** 972-962-3784

Crisis Units:

- **Kaufman Bridge Program:** Walk in crisis provider, emergency medications, psychiatric evaluations. Southern Area Behavioral Health (SABH) and NTBHA Program
- **Corsicana Respite House**: Peer run short-term transitional respite facility. NTBHA and Homeward Bound Program
- **Private Psychiatric Beds:** NTBHA contracted

Law Enforcement MCOT and Co-Responder Teams:

- **NTBHA Mobile Crisis Outreach Team (MCOT):** 866-260-8000, MCOT is centrally located in Southern Dallas County

Veterans Services:

- **Kaufman Veterans Services Department:**
- **County Veterans Service Officer:** Robert Hunter

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch and Emergency Communications:

- **Kaufman County Sheriff's Office Dispatch Center**
- **Crandall Police Department**
- **Forney Police Department**
- **Terrell Police Department**
- **Kaufman Police Department Dispatch Centers**

Law Enforcement:

- **Crandall Police Department**
- **Forney Police Department**
- **Terrell Police Department**
- **Kemp Police Department**
- **Kaufman Police Department**
- **Kaufman County Sheriff's Office**

Hospitals:

- **Baylor Scott and White Emergency Center – Forney, TX:** 24/7 ER
- **Texas Health Presbyterian Hospital – Kaufman Community Health Center:** Federally Qualified Health Center

Emergency Medical Services:

- **Kaufman Fire Department:**
- **Kaufman County Emergency Services:**
- **Careflight – Forney, TX:**
- **Transicare:** Alternative to law enforcement or ambulance assisted transport in Kaufman County

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Kaufman County Jail:**
- **Forney Police Department:**
- **Kaufman Juvenile Detention Center:**

Booking:

Screening Assessments Used:

- **Screening Form for Suicide and Medical and Mental Impairments:** Provided by the Texas Commission on Jail Standards (TCJS)
  - **Texas Court of Criminal Procedure (CCP) 16.22 Report:** Used to indicate evidence of mental illness
- **Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care (CoC) Query / Care Match:** Kaufman County Jail contacts NTBHA when there is an exact or probable TLETS match

Initial Court Appearance Locations:

Kaufman County Courthouse Pre-Trial Services

- Bond decision set by district judges
- Pre-trial supervision provided through NTBHA and Kaufman Community Supervision and Corrections Department (CSCD)
- Requires compliance with bond conditions

Competency Restoration:

Outpatient Competency Restoration: Operated by NTBHA

Intercept 3: Jails and Courts

Courts:

In Kaufman County, there are two District Courts, two County Court at Law Courts, four Justice of the Peace Courts, and two Treatment Courts.

- **District Courts**:
- 86th District Court: Judge Casey Blair
- 422nd District Court: Judge Shelton Gibbs
- **Treatment Courts**:
  - ‣ Mental Health Court:
  - ‣ Veterans Treatment Court:
  - ‣ Hays County Drug Court:

Jail:

Kaufman County Detention Center Forney Police Department Holding Cells

Health Services:

- **Mental Health Provider**: Mental Health screenings conducted for everyone booked into jail. Jail assessors from NTBHA conduct zoom or in persion screenings if person is identified as a suicide risk. Determine if appropriate to go to hospital or back to general population.
- **Medical Provider:** Privately contracted physicians

Intercept 4: Reentry

Jail Reentry:

- **Care Coordination**:
  - ‣ NTBHA screens all individuals referred for behavioral health needs
  - ‣ Conducts needs coordination and refers individuals who are appropriate to the benefits specialist to get benefits reinstated

- **Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)**:
    - ▸ Provides continuity of care services for clients with identified medical and mental impairments released to Kaufman County

- **Kaufman County Jail:**
    - ▸ Provides 30 days of medications to individuals upon release

- **Association of Persons Affected by Addiction (APAA) Reentry Peer Support:**

Intercept 5: Community Corrections and Community Supports

Parole:

- **Texas Department of Criminal Justice, Parole Division, Region 2, Waxahachie District Parole Office:**

Probation:

- **Kaufman County Community Supervision and Corrections Department:** Adult Probation

- **Texas Juvenile Justice Department**: Kaufman 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

Revised: 09/2025

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

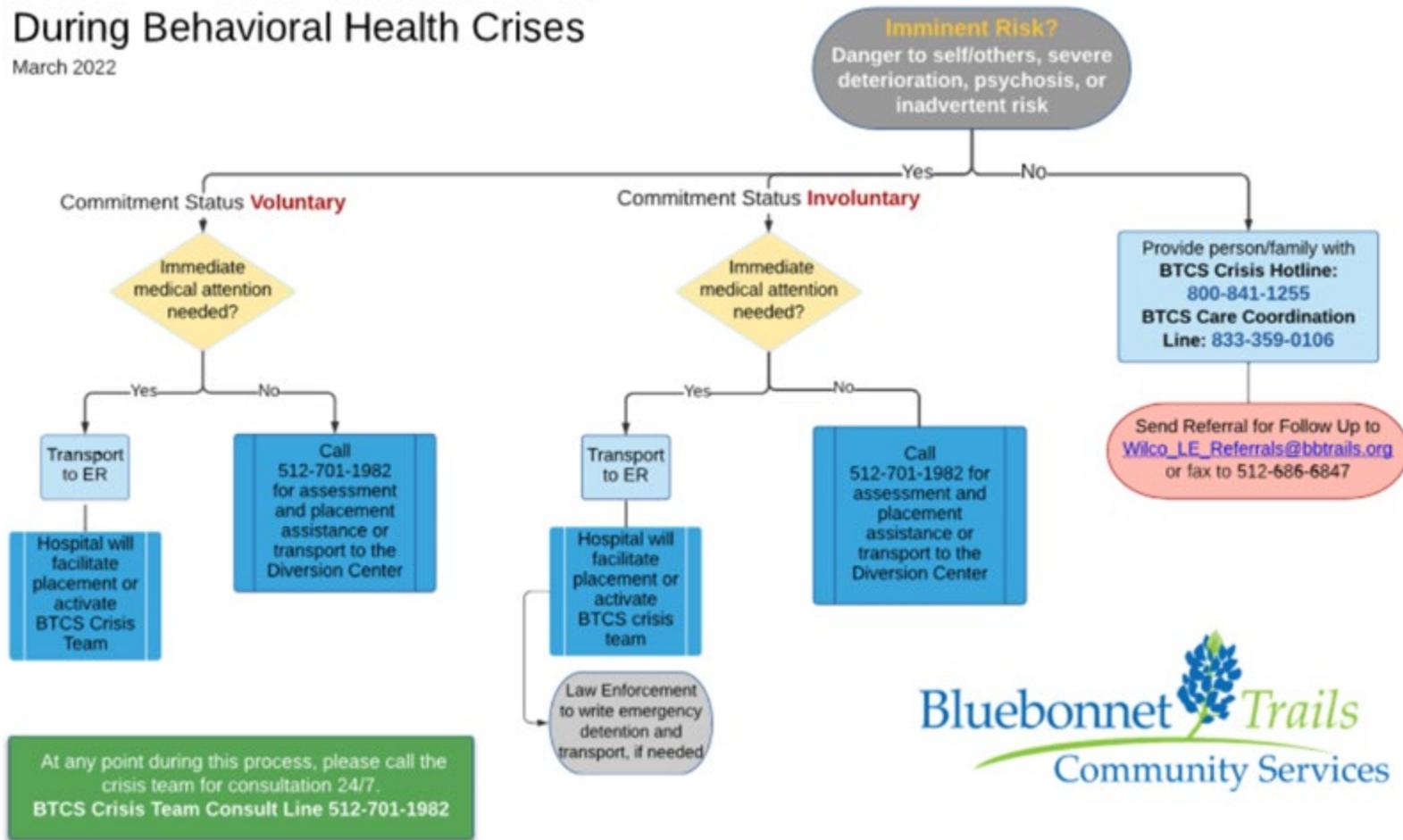42 CFR Part 2 Subpart C. DISCLOSURES WITH PATIENT CONSENT

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

Imminent Risk?
Danger to self/others, severe deterioration, psychosis, or inadvertent risk

Yes — No

Commitment Status Voluntary

Immediate medical attention needed?

Yes — Transport to ER → Hospital will facilitate placement or activate BTCS Crisis Team

No — Call 512-701-1982 for assessment and placement assistance or transport to the Diversion Center

Commitment Status Involuntary

Immediate medical attention needed?

Yes — Transport to ER → Hospital will facilitate placement or activate BTCS crisis team → Law Enforcement to write emergency detention and transport, if needed

No — Call 512-701-1982 for assessment and placement assistance or transport to the Diversion Center

No → Provide person/family with **BTCS Crisis Hotline: 800-841-1255** **BTCS Care Coordination Line: 833-359-0106** → 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**

Bluebonnet Trails Community Services

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.

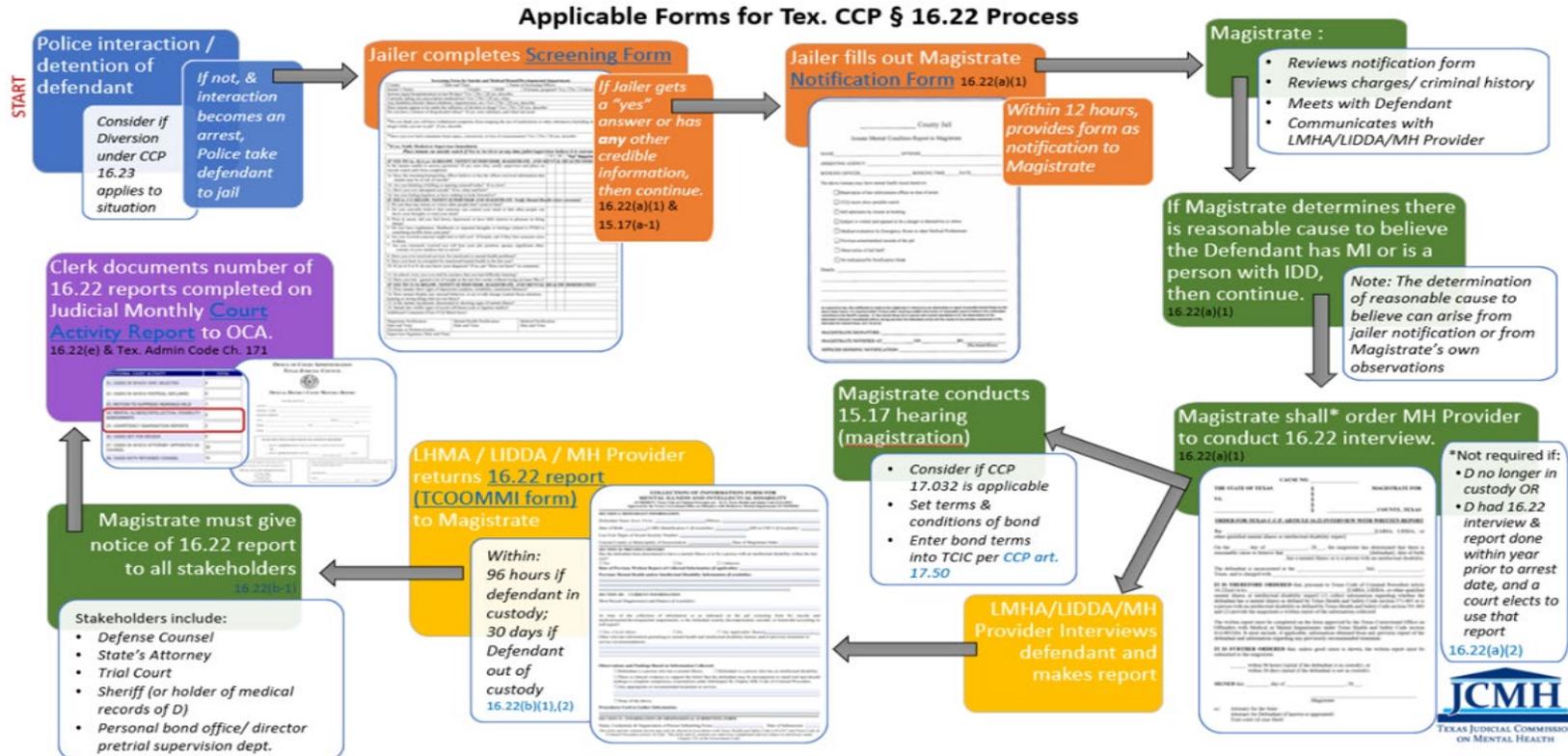   (a) Call 512-701-1982 for assessment and placement assistance or transport to the diversion center

   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.

Revised: 09/2025

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
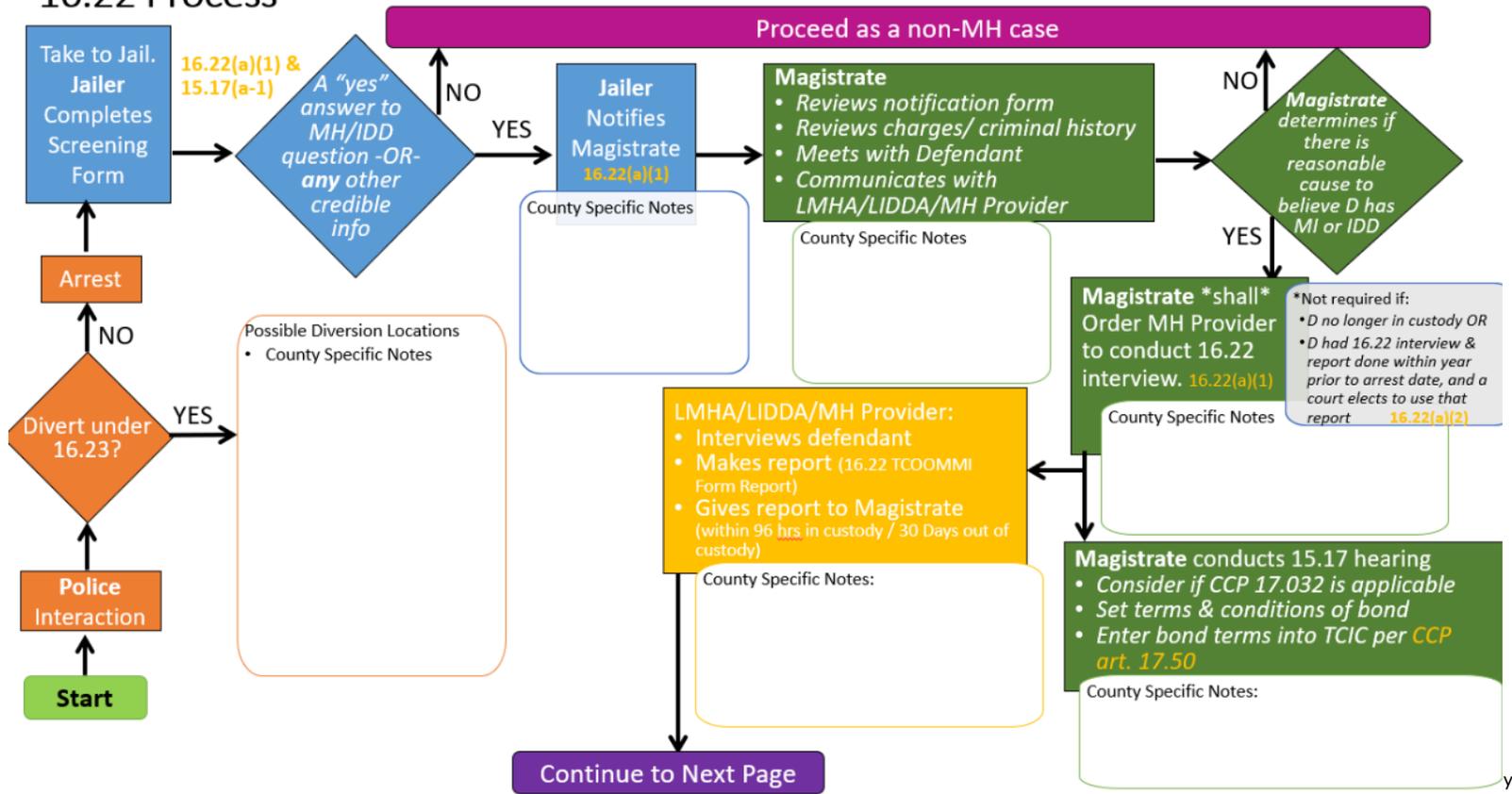
Appendix F. CCP 16.22 Forms and Process Charts

During the Kaufman 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.[x]
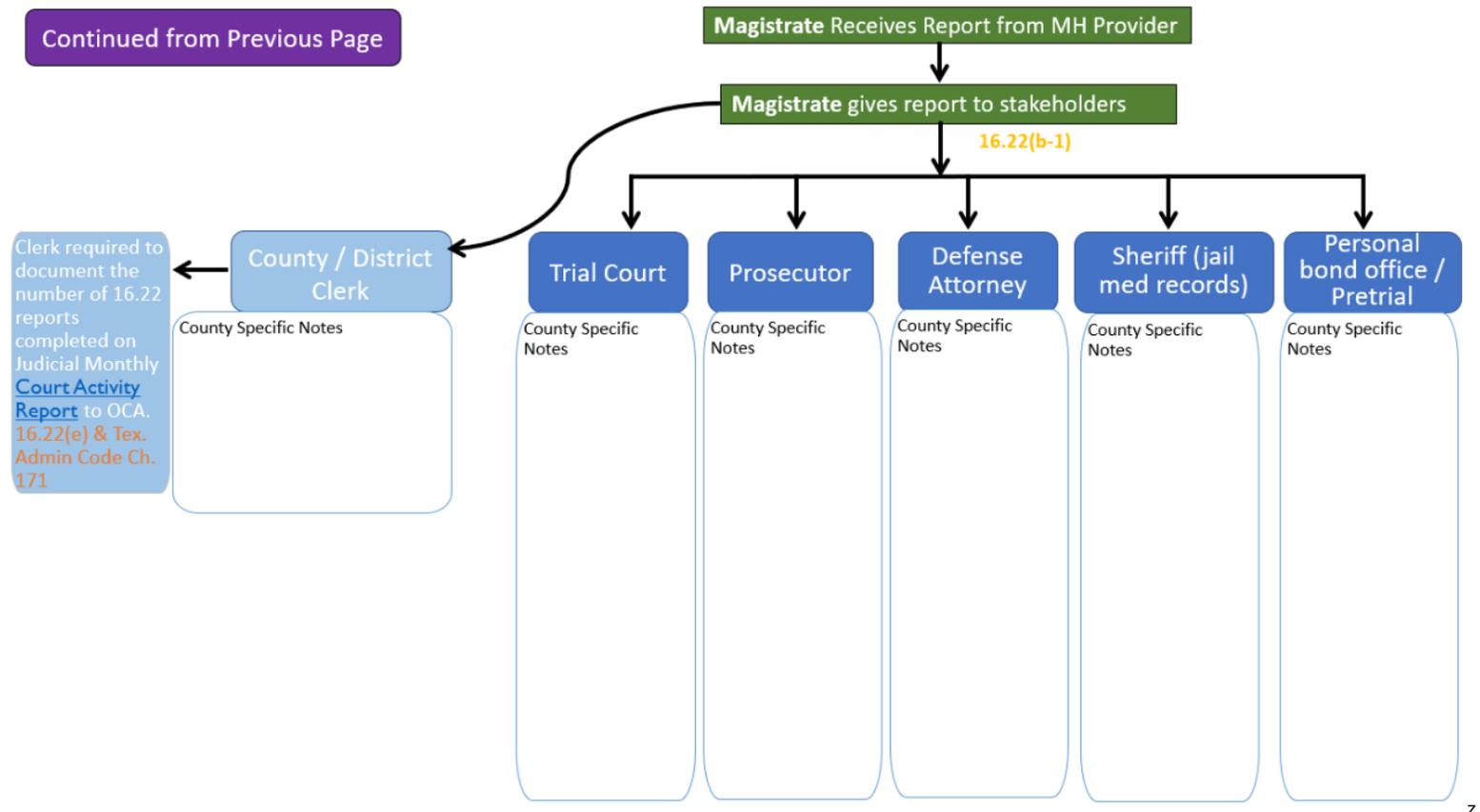

Applicable Forms for Tex. CCP § 16.22 Process

16.22 Process

Start → **Police Interaction** → **Divert under 16.23?**

- **Divert under 16.23?** — NO → **Arrest** → **Take to Jail. Jailer Completes Screening Form**
- **Divert under 16.23?** — YES → **Possible Diversion Locations**
  - County Specific Notes

Take to Jail. Jailer Completes Screening Form → *16.22(a)(1) & 15.17(a-1)* → **A "yes" answer to MH/IDD question -OR- any other credible info**

- **A "yes" answer to MH/IDD question -OR- any other credible info** — NO → **Proceed as a non-MH case**
- **A "yes" answer to MH/IDD question -OR- any other credible info** — YES → **Jailer Notifies Magistrate** *16.22(a)(1)*
  - County Specific Notes

Jailer Notifies Magistrate → **Magistrate**
- Reviews notification form
- Reviews charges/ criminal history
- Meets with Defendant
- Communicates with LMHA/LIDDA/MH Provider
  - County Specific Notes

Magistrate → **Magistrate determines if there is reasonable cause to believe D has MI or IDD**

- **Magistrate determines if there is reasonable cause to believe D has MI or IDD** — NO → **Proceed as a non-MH case**
- **Magistrate determines if there is reasonable cause to believe D has MI or IDD** — YES → **Magistrate *shall* Order MH Provider to conduct 16.22 interview.** *16.22(a)(1)*
  - County Specific Notes

*Not required if:
- *D no longer in custody OR*
- *D had 16.22 interview & report done within year prior to arrest date, and a court elects to use that report* *16.22(a)(2)*

Magistrate *shall* Order MH Provider to conduct 16.22 interview → **LMHA/LIDDA/MH Provider:**
- Interviews defendant
- Makes report (16.22 TCOOMMI Form Report)
- Gives report to Magistrate (within 96 hrs in custody / 30 Days out of custody)
  - County Specific Notes:

Magistrate *shall* Order MH Provider to conduct 16.22 interview → **Magistrate conducts 15.17 hearing**
- Consider if CCP 17.032 is applicable
- Set terms & conditions of bond
- Enter bond terms into TCIC per *CCP art. 17.50*
  - County Specific Notes:

LMHA/LIDDA/MH Provider / Magistrate conducts 15.17 hearing → **Continue to Next Page**

Magistrate Receives Report from MH Provider

Magistrate gives report to stakeholders

16.22(b-1)

Clerk required to document the number of 16.22 reports completed on Judicial Monthly **Court Activity Report** to OCA. 16.22(e) & Tex. Admin Code Ch. 171

County / District Clerk

County Specific Notes

Trial Court

County Specific Notes

Prosecutor

County Specific Notes

Defense Attorney

County Specific Notes

Sheriff (jail med records)

County Specific Notes

Personal bond office / Pretrial

County Specific Notes

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z *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

Court Receives 16.22 Written Report

- **16.22(c)(1)** 17.032 PR Bond
  - Special MH Related Conditions
  - Monitor D while on Bond
  - Proceed with Criminal Case

- Note: When considering starting (c)(2), remember that competency restoration is not comprehensive MH treatment. Try (C)(5) instead.

- **16.22(c)(2)** Competency Proceedings
  - Outpatient Competecy Restoration (OCR)
  - Jasil Based Competency Restoartion (JBCR)
    - CR Successful
      - Proceed with Criminal Case
    - CR Failed
      - Consider Transfer to Civil Court for Commitment (with or without dismissal)
  - State Hospital Competency Restoration (CR) Services (waitlist)

- **16.22(c)(3)** Consider report during punishment phase

- **16.22(c)(4)** Refer to Speciality Court

- **16.22(c)(5)** Order transferring D to appropriate court for court-ordered OUTPATIENT MH services *(regardless of competency status)*
  - State files Application for Court-Ordered Outpatient MH serices (Health & Safety Code 574).
    - D fails to comply with court-ordered outpatient servies
      - Proceed with criminal case
    - D complies with court-ordered outpatient services
      - State moves & Court Orders criminal case dismissed

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aa *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: Court Ordered Medications and Immediate Restoration One-Pager

Court-ordered psychoactive medications and credible evidence of immediate restoration for persons determined incompetent to stand trial under the Texas Code of Criminal Procedure, Chapter 46B, and awaiting admission to a state hospital.

- **Fact**: The wait time for most forensic state hospital admission is several months in length
- **Fact**: The provision of adequate health care, including mental health care, is a detainee's constitutional right
- **Fact**: Obtaining a court order for psychoactive medications for an individual determined Incompetent to Stand Trial may not only reduce the person's psychiatric symptomatology, but often results in the defendant being restored to competency without the significant wait for a state hospital bed.

Statutory Authority to Court Order Psychoactive Medications

Probate Court

HSC, Chapter 574, Subchapter G, and Chapter 592, Subchapter F, delineate the provisions for the application and the order for the administration of psychoactive medications when the defendant presents a danger to self or others in the correctional facility as a result of a mental disorder or mental defect OR lacks capacity to make a decision regarding the administration of the proposed medication, and treatment with the proposed medication is in their best interest.

Criminal Court

CCP, Art. 46B.086, delineates the provisions for a secondary process, after a probate court's denial, of seeking an order for the administration of psychoactive medications to defendants who do not meet the lack of capacity or dangerousness criteria under HSC Chapter 574, Subchapter G, or Chapter 592, Subchapter F; yet when the state still has a clear and compelling interest in the defendant obtaining and maintaining competency to stand trial.

Evidence of Restoration to Competency before State Hospital Admission

If the court receives credible evidence that the defendant has been restored to competency at any time after the court's determination of incompetency but before state hospital admission, CCP, Art. 46B.0755, sets forth the process by which the court determines if the defendant has been restored to competency.

Appendix H: SIM Mapping Workshop Participant List

Name	Agency	Title
Allen, Jackie		County Judge
Ashford, Lyndy NTBHA/Program Manager	NTBHA	Program Manager
Brown, Amanda	Kaufman County District Attorney's office	Assistant District Attorney
Buchanan, Janet	NTBHA	OSAR Director
Carson, Lori	Terrell State Hospital	Chief Visionary Officer
Corder, Pam	Kaufman County	Project Manager
Daniels, Bailey	Kaufman Herald	News Reporter
Davis, Michael	Lakes Regional Community Center	Assistant Director of Utilization
Deibel, June	Recovery Resource Council	
Dolleman, Wendy	Specialty Court	Clinical Director
Franks, Deanna	Kaufman County Sheriff's Office	
Garcia, Heather	Terrell Police Dept.	Dispatch
Gonzalez, Muriel	Adult Probation	Probation Officer
Hall, Heather	Kaufman County Sheriff's Office	Captain
Hartline, Stephanie	Lakes Regional Community Center	Clinic Director
Hauger, Mary	Terrell Police Dept.	Communications Lieutenant
Henderson, Barbara	Lone Star Casa	Volunteer Specialist
Hendricks, Brad		Assistant District Attorney
Huffman, Susan	Texas Health Resources	Program Manager- Community Health Development
Hunt, Michael	Kaufman County	Commissioner Precinct 1
Jones, Jeremy	Crandall Police Department	Detective
Killingsworth, Niki	Texas Health Resources	Emergency Dept. Director

Name	Agency	Title
Ledat, Cindy	Recovery Resource Council	Data Coordinator
Leonard, Denise	Legal Aid of Northwest Texas	EJVP Coordinator
Messer, Mark		Superindent TSH
Minor, Jessica	IPS	Community Relations Manager
Moore, Tommy		Commissioner
Murphy, Yolanda	District Attorney Office	Paralegal
Phillips, Nicole		Peace Officer
Pool, Desiree	Indigent Health Care	Director
Ramsey, Trenis	Kaufman County Juvenile Probation Department	Chief JPO
Reeves, Stephanie	Kaufman ISD	District RN Coordinator, SHAC Coordinator Campus Clinic RN
Rich, Bobby		Judge
Roberts, Matt	NTBHA	
Rodden, Cherish	Kaufman County CSCD	
Russell, Jennifer	NTBHA	Courts Care Coordinator
Sanders, Amy	NTBHA	
Shackelford, Melanie	Celebrate Forever Families	Executive Director
Smith, Katlynn	Terrell Police Dept.	Telecommunications
Stastny, Jason	Kaufman Police Department	Detective Sergeant
Teel, Reagan		Assistant Superindendent TSH
Thomas, Robert	Association of Persons Affected by Addiction	Peer Support Team Lead
Velasquez, Erica	NTBHA	Care Coordinator
Washburn, Lance	Kaufman County	Chief
West, Tracy	Kaufman County Sheriff's Office	Lieutenant
Whalen, Chris	Adult Probation	Probation Officer
White Carrie	Forney Police Department	Police Chief
Williams, Carol	NTBHA	

Appendix I:List of Acronyms and Initialisms

Acronym	Full Name
AIC	Area Information Centers
APAA	Association of Persons Affected by Addiction
APOWW	Apprehension by a Peace Officer Without a Warrant
ASIST	Applied Suicide Intervention Skills Training
BHLT	Behavioral Health Leadership Team
BHLB	Behavioral Health Leadership Board
BJA	Bureau of Justice Assistance
BTCS	Bluebonnet Trails Community Services
CAD	Computer Aided Dispatch
CALM	Counseling on Access to Lethal Means
CCP	Code of Criminal Procedure
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
COMs	Court Ordered Medications
CSCD	Community Supervision and Corrections Department
ECHO	Ending Community Homelessness Organization
ED	Emergency Department
EMS	Emergency Medical Services
EOD	Emergency Order of Detention
ER	Emergency Room
FUSE	Frequent Users System Engagement
HHSC	Health and Human Services Commission
HIPPA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
ISD	Independent School District
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
KCSO	Kaufman County Sheriff's Office
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHFA	Mental Health First Aid

Acronym	Full Name
MI	Mental Illness
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
NTBHA	North Texas Behavioral Health Authority
OCR	Outpatient Competency Restoration
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OPC	Order of Protective Custody
OSAR	Outreach Screening and Referral
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplement Security Income
SUD	Substance Use Disorder
TA	Technical Assistance
TCJS	Texas Commission on Jail Standards
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TLETS	Texas Law Enforcement Telecommunication System
THDSN	The Texas Homeless Data Sharing Network
TRAS	Texas Risk Assessment System

Revised: 09/2025