Sequential Intercept Model Mapping Report: Medina County

Texas Health and Human Services

February 2024

Workshop Date: February 8-9, 2024

TEXAS
Health and Human Services

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Background

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by the Hill Country Mental Health and Developmental Disabilities Centers (MHDD). The planning committee members included:

- Judge Mark Cashion, Medina County Court at Law
- Tod Citron, Chief Executive Officer, Hill Country MHDD
- Janna Heilig, Court Coordinator, Medina County Court at Law
- Judge Danny Kindred 454th Judicial District Court
- Judge Phillip Lange, Precinct 1 Justice of the Peace, Medina County
- Judge Keith Lutz, Medina County
- Ashlee Miller, Director of Behavioral Health Services, Hill Country MHDD
- Kerry Raymond, Director of Forensic Services, Hill Country MHDD
- Susana Treviño, Hill Country MHDD
- Todd Winslow, Director of Adult Probation

The planning committee members played a critical role in making the Medina County Sequential Intercept Model (SIM) mapping workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Catherine Bialick, MPAff, Director of Behavioral Health and Justice Initiatives, Office of Forensic Coordination (OFC), HHSC; Emily Dirksmeyer, LCSW, Technical Assistance Coordinator, OFC, HHSC; and Paul Boston, LCSW, Technical Assistance Coordinator, OFC, HHSC.

The report was authored by Paul Boston, LCSW; Catie Bialick, MPAff; Emily Dirksmeyer, LCSW; and Matthew Lovitt, MSW.

About the Texas Behavioral Health and Justice Technical Assistance Center

The TA Center provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with mental illnesses (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD). Established in 2022, the TA Center is supported by HHSC and provides free training, guidance, and strategic planning support both in person and virtually on a variety of behavioral health and justice topics to support local agencies and communities in working collectively across systems to improve outcomes for people with MI, SUD and/or IDD.

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

Recommended Citation

Texas Health and Human Services Commission. (2024). *Sequential intercept model mapping report for Medina County*. Austin, TX: Texas Health and Human Services Commission.

Introduction

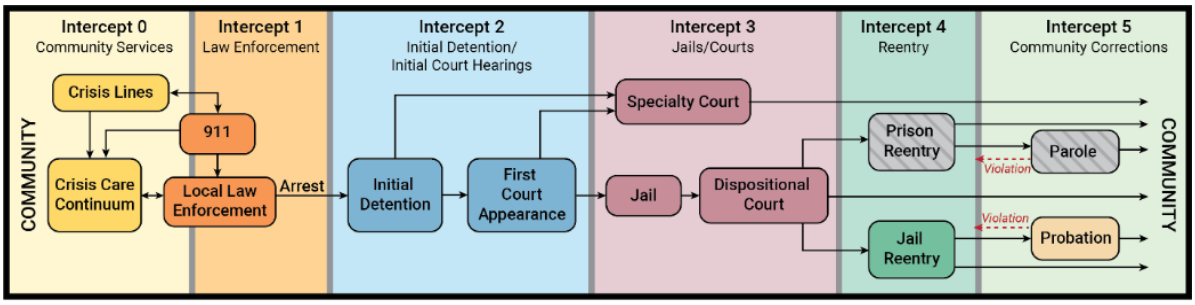
The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[a] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by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

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

The SIM Mapping Workshop has three primary objectives:

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

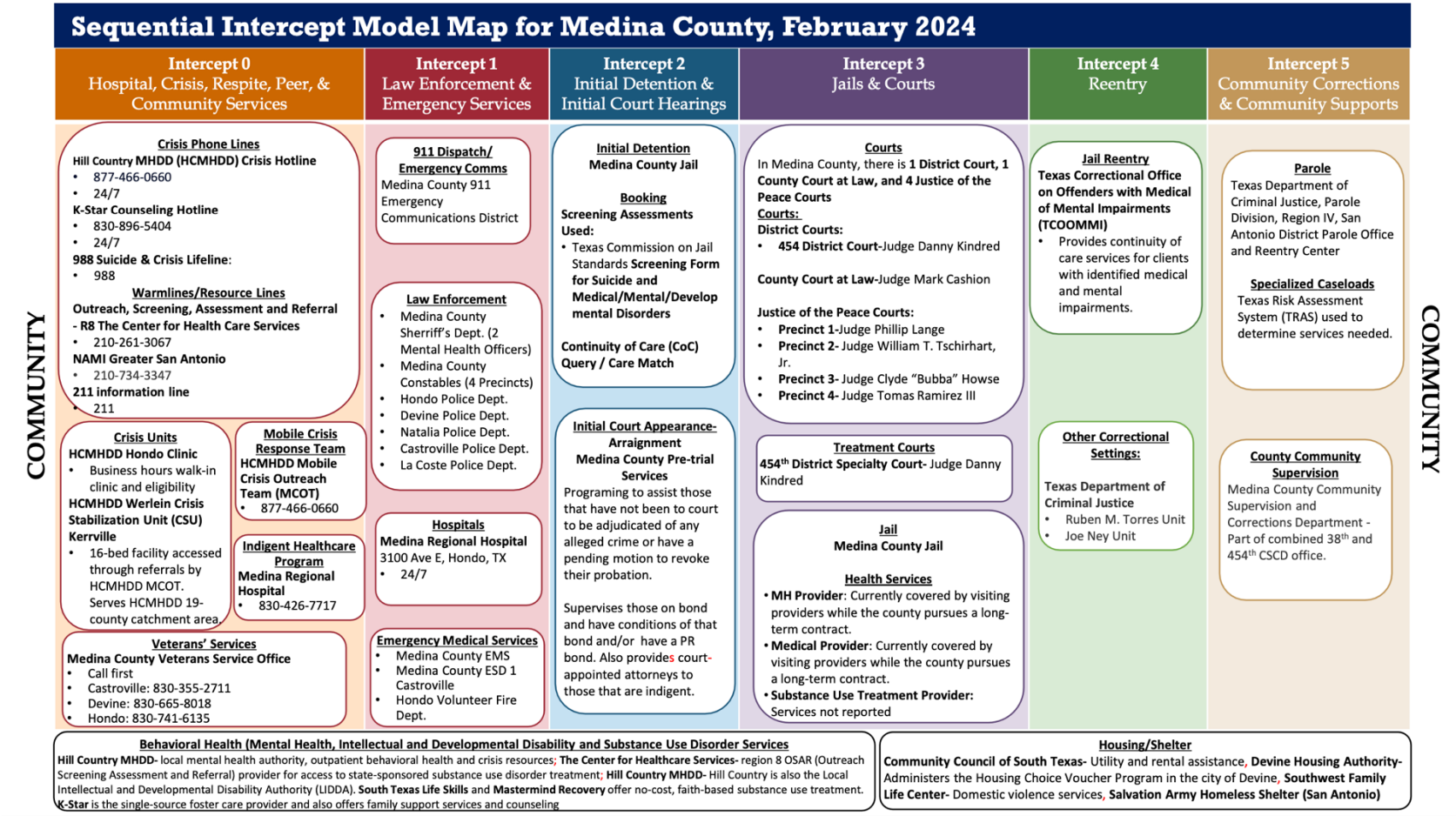
[a] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. Psychiatric Services, 57, 544-549.



In 2023, Medina County requested a SIM mapping workshop to help foster behavioral health and justice collaborations and to improve diversion efforts for people with MI, SUD and/or IDD. The SIM workshop was divided into three sessions: 1) Introductions and overview of the SIM; 2) Developing the local map; and 3) Action planning. The workshop took place on February 8-9th, 2024 in Hondo, Texas. See **Appendix A** for detailed workshop agenda.

Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the February 2024 Medina County SIM mapping workshop. Report authors aim to capture a robust picture of services offered in Medina County, while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not HHSC.

Sequential Intercept Model Map for Medina County

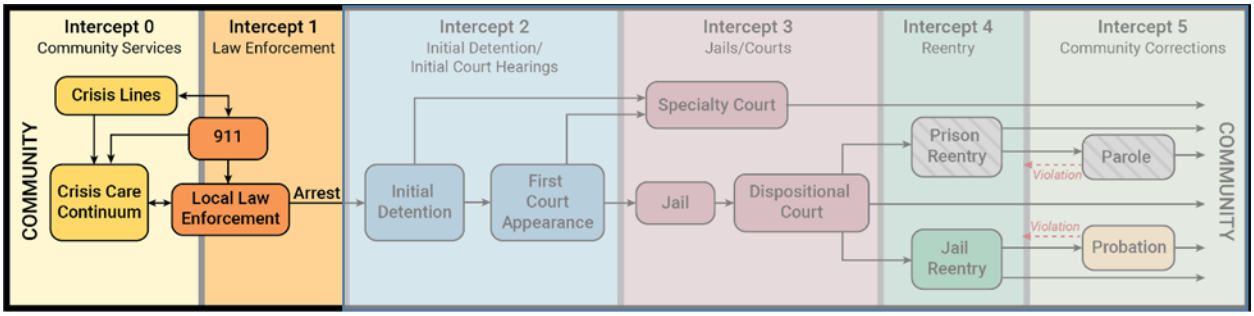


See Appendix B for detailed description. See Appendix I for a list of acronyms and initialisms.

Opportunities and Gaps at Each Intercept

As part of the mapping activity, facilitators worked with workshop participants to identify services, key stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of 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.

Intercept 0 and Intercept 1



Overview: Intercepts 0 and 1

Intercept 0 encompasses the early intervention points for people with MI, SUD, and/or IDD prior to possible arrest by law enforcement. It captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system interaction.

Intercept 1 encompasses initial contact with law enforcement and other emergency services responders. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with MI, SUD, and/or IDD who may be engaging in criminal conduct, experiencing a mental health crisis, or both. Intercept 1 captures systems and programs that are designed to divert people away from the justice system and toward treatment when safe and feasible.

National and State Best Practices

Someone to Call

- Local Mental Health Authority/Behavioral Health Authority Crisis Line
- National Suicide Lifeline: 9-8-8
- Outreach, Screening and Assessment Referral (OSAR) Line
- Crisis Call Diversion (Embedded clinician at 911 dispatch)

A Place to Go

- Mobile Crisis Outreach Teams
- Peer-Operated Crisis Response Support
- Homeless Outreach Teams (Assertive Community Treatment)
- Mental Health Deputies
- Law Enforcement and Mental Health Co-Responder Teams
- Multi-Disciplinary Response Teams
- Remote Co-Response programs

Someone to Respond

- Crisis Respite Unites and Peer Run Respite
- Extended Observation and Crisis Stabilization Units

- Intensive Outpatient Programs (IOPs) and Partial Hospitalization Programs (PHPs)
- Substance use disorder treatment centers (detox, inpatient, outpatient)

Targeted Programs

- Multi-system frequent utilizers diversion
- Substance use focused diversion
- Veterans
- Children and youth specific crisis services
- Individuals with Intellectual and Developmental Disabilities (IDD)

Data Sharing

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

Tailored Trainings

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

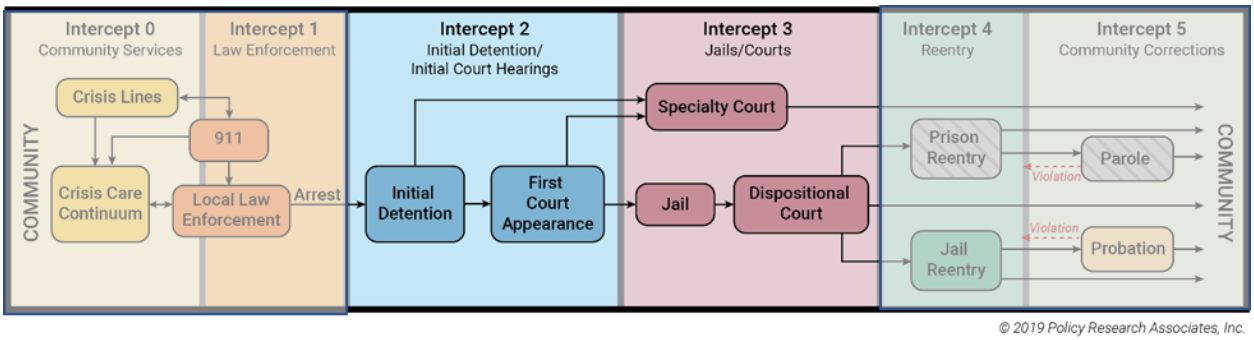
Medina County Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
• Limited mental health training options for law enforcement beyond the required 40 hours of Crisis Intervention Team training	• Create or enhance mental health training for law enforcement agencies across Medina County • Provide additional training for 911 call

Gaps	Opportunities
• Limited law enforcement training around de-escalation • Limited mental health training for 911 call takers	takers to be able to better triage mental health calls • Consider options for embedding a mental health clinician in 911 dispatch
• Staffing shortages at Hill Country MHDD means that the crisis team may respond within guidelines, but slower than what the community and law enforcement would like • Limited availability of specialized mental health officers during non-business hours and weekends • Low police staffing minimums in Divine (and other towns) means some communities may be left without patrol if an officer must transport a person out of county for crisis care	• Explore joint funding from county, hospital district, and emergency medical services (EMS) to create a community paramedic co-response program like nearby communities to bolster access to mental health treatment and medical care. Consider a variety of multidisciplinary response team (MDRT) models to provide crisis response despite a shortage of mental health professionals • Explore alternative response models like telehealth co- response to improve access to psychiatric beds • Explore how peer services can be integrated into the crisis continuum
• Long wait times to drop off people in crisis at Medina Regional Hospital often compels law enforcement to transport to and drop off at San Antonio hospitals • Reduced opportunities for continuity of care when a person is transported to a hospital outside of the Hill Country MHDD's catchment area • Hospitals used for out-of-county emergency detentions do not communicate hospital discharge to Hill Country MHDD, weakening opportunities to link individuals to ongoing care and data collection efforts to capture the event	• Explore ways to integrate Hill Country MHDD into crisis response through greater use of telehealth to aid in locating a psychiatric bed • Consider ways that law enforcement can notify Hill Country MHDD when a person is transported to an out-of-county facility • MDRT and the use of a community paramedic can help expedite hospital admission and support people accessing primary and mental health care when they return to the community
• Inconsistent collection and sharing of crisis data between 911, law enforcement, and Hill Country MHDD makes it difficult to accurately assess the community's needs	• Prioritize collaborative data collection and sharing to accurately capture and communicate the scope of mental health crisis calls, and medical screenings that don't meet commitment or admission criteria • Consider how the newly formed Behavioral Health Leadership Team (BHLT) can leverage data to advocate for

Gaps	Opportunities
	an enhanced crisis services system
• Lack of awareness of the Hill Country MHDD crisis line leads to Hill Country MHDD clinic "walk-ins" that could have been more appropriately triaged by the crisis line	• Increase community-wide knowledge of local mental health authority (LMHA) crisis hotlines, 988, and warmlines
• Limitations of Hill Country MHDD's crisis line contractor, AVAIL, have led to law enforcement dissatisfaction with the service and a preference for direct contact with Hill Country MHDD	• Hill Country MHDD and law enforcement can work together to create a dedicated law enforcement line to speak directly to an LMHA staff member • Educate crisis line staff to correct misunderstandings about settings that require mobile crisis outreach team (MCOT) activation, such as mental health crisis in jails
• Limited choices for people experiencing mental health crisis who don't meet criteria for emergency detention (voluntary admissions) • Less robust tracking for voluntary crisis admissions	• Compile resource directory with an overview of mental health crisis services and description of common processes, hours of operation, and support services stratified by age, gender, insurance accepted, etc. • Increase community-wide knowledge of mental health services, including services provided by Hill Country MHDD, the crisis hotline, 988, and warmlines • When a crisis line call does not result in MCOT activation, law enforcement can contact Hill Country MHDD to ensure follow-up is provided
• Limited collaboration between stakeholders at early intercepts contributes to difficulty creating effective diversion strategies	• Convene a county workgroup on pre-trial services and diversion to establish protocols for linking individuals to services and monitoring compliance

Intercept 2 and Intercept 3



Overview: Intercepts 2 and 3

After a person has been arrested, they move to Intercept 2 of the model. At Intercept 2, a person is detained and faces an initial hearing presided over by a judge or magistrate. This is the first opportunity for judicial involvement, including interventions such as intake screening, early assessment, appointment of counsel, and pre-trial release for those with MI, SUD, and/or IDD.

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

National and State Best Practices

Jail Minimum Requirements

- Validated screening instruments
- Access to 24/7 telepsychiatry
- Rx meds
- Resource: Texas Commission on Jail Standards

Information Sharing

- Regular Jail Meetings
- Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Query
- Information sharing and Analysis

- 16.22 Reports

Specialty Courts

- Drug Courts
- Veterans Treatment Courts
- Mental Health Courts

Jail-Based Services

- Mental health services
- Substance Use Disorder treatment
- Partnerships with community-based providers
- Use of MH jail liaisons and in-reach coordinators to help coordinate care

Special Populations

- Veterans
- Individuals found incompetent to stand trial
- Frequent utilizers
- Individuals with IDD

Diversion After Booking

- MH bonds
- MH public defender programs
- Assisted Outpatient Treatment
- Pre-trial supervision and diversion
- Prosecutor led diversion

See Appendix E for six steps to establishing a jail in-reach program.

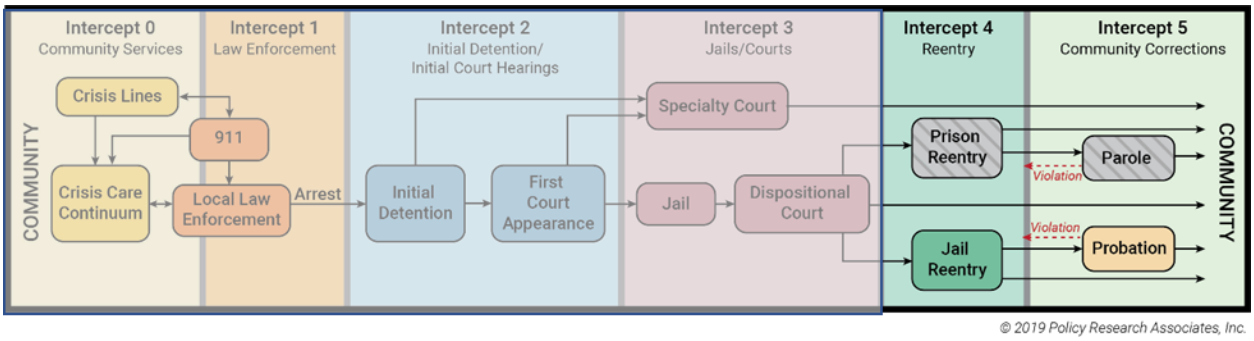
Medina County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
• There is limited behavioral health information shared with public defenders in the pre-trial phase. Often, public defenders do not receive jail mental health information until it has been distributed to the district attorney's office, making it difficult to advocate for their client's needs • Texas Code of Criminal Procedure Article (CCP Art.)16.22 reports are not distributed in a consistent manner to all stakeholders	• Establish a process to regularly share jail behavioral health screenings with public defenders • Regularly distribute CCP Art. 16.22 reports to all court representatives (i.e., public defenders, prosecutors, pre-trial services) • Establish a county-wide approach to data sharing (explore expanding and standardized use of Odyssey) • Provide training across magistrates in Medina County on CCP Art. 16.22 reports and streamline the process for sharing reports in a timely manner • Consider distributing the Texas Judicial Commission on Mental Health Bench Book to help judges and court staff better understand the CCP Art. 16.22 process and the variety of ways it can be used across the SIM • Establish regular convening of court staff and stakeholders across Medina County
• Limited communication between Medina County Jail and Hill Country MHDD regarding clients who are identified as a probable or exact match on the Texas Law Enforcement Telecommunications Systems Continuity of Care Query (TLETS CCQ)	• Review "Information Item T- Jail Match Report and Jail Diversion Standards", which requires Hill Country MHDD to coordinate and establish a process to ensure appropriate jail diversion and continuity of care
• There is a lack of education and support for judges in determining which pre- and post-booking diversion options might best support people with mental health and substance use needs • Mental health court only serves people with felony offenses, but others could benefit from the program	• Explore opportunities to provide judges with training on pre- and post-booking diversion opportunities that exist in Medina County • Expand diversion program and mental health court eligibility to include misdemeanor offenses • Increase use of personal recognizance

Gaps	Opportunities
• Pre-trial diversion is not currently a component of the mental health court • Fees are prohibitive for participation in pre-trial diversion • There is a lack of mental health bonds used to connect individuals to treatment	(PR) bonds and explore use of mental health bonds to connect people to treatment • Increase referrals to pre-trial services prior to magistration to support connection to skills training, parenting classes, and employment support services • Convene a workgroup on diversion and mental health court as part of a larger BHLT
• Limited jail-based mental health services and no jail- based SUD treatment services • Jail formulary has not recently been updated to align with the Texas State Hospital system or Hill Country MHDD formulary	• Integrate Hill Country MHDD counseling and social work interns into Medina County jail to provide case management and mental health treatment • Implement crisis intervention training for jail staff • Explore ways to align the jail formulary with Texas State Hospital system and Hill Country MHDD's formulary for community care when feasible • Pursue Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) 46B Continuity of Care funding to pay for medications for individuals returning to jail as restored after receiving inpatient competency restoration services
• Wait times for people found incompetent to stand trial (IST) who are waiting for inpatient competency restoration services in the jail	• Establish a county forensic team and meet regularly to review IST cases • Discuss opportunities to divert and connect individuals to care, when appropriate, prior to the question of competency being raised • Formalize jail in-reach strategies to support people who have been found IST and explore alternatives to inpatient competency restoration
• Misunderstandings at the AVAIL crisis hotline lead to calls about jail crisis going unresolved	• Educate crisis line staff to correct misunderstandings about settings that require MCOT activation, such as mental health crisis in jails
• Limited collaboration between stakeholders at early intercepts	• Convene a county workgroup on pre-trial services and diversion to establish

Gaps	Opportunities
contributes to difficulty creating effective diversion strategies	protocols for linking individuals to services and monitoring compliance

Intercept 4 and Intercept 5



Overview: Intercepts 4 and 5

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

People under correctional supervision, Intercept 5, are usually on probation or parole as part of their sentence, participating in a step-down process from prison, or complying with other statutory requirements. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination to establish a safe and healthy post- criminal justice system lifestyle.

National and State Best Practices

Transition Planning

- Begins at intake
- Should involve community-based service providers
- Benefits
- Peer support services

Release

- Release time
- Transportation
- Access to medication

Community Partnerships

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

Appointment Follow-up

- Psych medications
- Peer support services
- Referral v. Appointments
- Transportation

Specialized Caseloads

- Mental health caseload

Training and Education

- Crisis Intervention Training
- Mental Health First Aid

Medina County Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
• Limited reentry planning and supports for people reentering the community after incarceration • No peer support or dedicated mental health staff in the jail to support reentry planning • Difficulty identifying people with mental illness in a timely manner to support	• Pre-trial services, if utilized earlier in the SIM model (pre- magistration) can help identify suspected mental illness earlier and alert the court, jail, district attorney, and defense attorneys. This will facilitate earlier reentry planning and greater collaboration • Explore funding opportunities such as

Gaps	Opportunities
reentry planning and mental health service referrals for people reentering the community	Senate Bill (SB) 292 to support Hill Country MHDD in embedding a Qualified Mental Health Professional in the jail • Embed mental health staff within the jail to support reentry planning and service referrals for people with MI and SUD • Explore opportunities to leverage Hill Country Public Defender's Texas Indigent Defense Commission grant to help with reentry and holistic defense
• Limited employment opportunities for people with a criminal background and living with a mental illness	• Explore workforce initiatives like Texas Second Chance Employers Coalition and Texas Department of Criminal Justice's Website for Work • Explore State of Texas guidance on expunction and nondisclosures
• Limited homeless services leading to people receiving multiple tickets for rough sleeping or other behavior associated with experiencing homelessness • Limited shelter and affordable housing options leave people to reenter the community without a place to go	• Convene a frequent utilizer workgroup to coordinate services to help resolve homelessness and reduce crisis service utilization and unnecessary arrests • Involve the Hill Country MHDD housing coordinator in a shelter workgroup as part of the larger BHLT
• Lack of local affordable housing options lead people to move out of county where they are unable to maintain their probation or bond conditions (absconding) • No general public transit or transportation options, which present challenges in accessing services • The local specialized public transportation program, Alamo Regional Transit (ART), only serves people with primary medical concerns and senior citizens	• Explore options to expand services through partnership or integration, like the current partnership between Probation and South Texas Rural Health Services • Consider mobile (van-based or temporary clinic space) services to serve rural areas on a set schedule
• TCOOMMI does not cover certain medical costs, such as primary care • Not everyone with a severe mental illness (SMI) is eligible for TCOOMMI. Some individuals with SMI are not on specialized caseloads	• Continue efforts to leverage TCOOMMI Continuity of Care funding to pay for medication for individuals who have returned to jail as restored after receiving inpatient competency restoration services • Explore options to enhance mental

Gaps	Opportunities
• Differences in screening across settings (such as the community and in jail) means some people identified with a mental illness in the jail may not qualify when assessed for mental illness after release	health collaboration for individuals on general probation caseloads
• The Community Corrections Facility (CCF) cannot serve people with schizophrenia. Other people living with MI are evaluated on a case-by-case basis	• Explore how other funding sources such as Outreach, Screening, Assessment, and Referral (OSAR) can be leveraged to connect people with schizophrenia to substance use disorder treatment services
• Services and psychosocial rehabilitation classes in the community for individuals involved with pre-trial services and probation are provided through a volunteer. These services will cease to exist if the volunteer is unable to provide these services free of charge	• Consider ways Hill Country MHDD interns can expand programming and services inside the jail and in the community to support people who are transitioning back into the community
• Difficulty identifying every individual with mental illness and referring them to services appropriately	• Expand the use of evidence-based screening and assessment through later intercepts (4-5) • Review "Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders"

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified, participants voted for their top priorities. The voting took place on February 8, 2024. The top four priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	**Specialized mental health crisis response (co-responder models, community paramedic, etc.)**	**19**
2	**Embed a jail-based mental health services and reentry coordinator**	**12**
3	**Explore alternatives to inpatient competency restoration**	**12**
4	**Establish a behavioral health coordinating body**	**8**
5	Expand jail-based mental health and substance use disorder treatment services	8
6	Expand Peer Support Services across the SIM	7
7	Increase mental health training across justice and corrections stakeholders	6
8	Streamline, standardize, and document legal and court processes such as CCP Art. 16.22 notification and report sharing and pre-trial services risk assessments	4
9	Plan for a diversion center	3
10	Expand post-booking diversion options and specialized court	3

Strategic Action Plans

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

- All Texas Access Report, Texas Health and Human Services Commission
- A Guide to Understanding the Mental Health System and Services in Texas, Hogg Foundation
- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- The Texas Mental Health and Intellectual and Development Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health
- SAMHSA's publication, Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals.

Finally, there are two overarching issues that should be considered across all action plans outlined below. The first is **access**. While the focus of the SIM Mapping Workshop is on people with behavioral health needs, disparities in healthcare access and criminal justice involvement can also be addressed to ensure comprehensive system change.

The second is **trauma.** It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life[bc]. It is critical that both the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements: 1) Realizing the prevalence of trauma; 2) Recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce;

[b] Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders.* Corrections Today.
[c] Steadman, H.J. (2009). *[Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative]*. Unpublished raw data.

and 3) Responding by putting this knowledge into practice. See Trauma-Informed Care in Behavioral Health Services.

Priority One: Expand Specialized Mental Health Crisis Response Options

Objective	Action Steps

Collect data to demonstrate community need	• Build a data collection strategy to capture and compare data over time to assess the effectiveness of new crisis and diversion programs and to appeal for enhanced funding.
	• Identify sources of data to aggregate and analyze. Consider:
	  ▸ 911 calls for service,
	  ▸ Crisis Intervention Team (CIT) officer data,
	  ▸ Hill County MHDD crisis/AVAIL call data, and
	  ▸ Hospital emergency department data,
	• Explore Interlocal Agency (IA) agreements to facilitate data sharing.
	• Determine who in the community has the skills to analyze collected data. Consider partnering with an educational institution to leverage their data analytics programs.

Review best practices documents and contact peer counties to learn more about community paramedic programs and other forms of co-response	• Research existing community paramedic programs:
	  ▸ Explore funding, structure, and other key implementation information.
	  ▸ Multi-Disciplinary Response Teams, Transforming Emergency Mental Health, Response in Texas, Meadows Mental Health Policy Institute
	  ▸ Blanco County Community Paramedic Program
	• Engage with other co-responder models around the state:
	  ▸ Betty Hardwick Center: Taylor County
	  ▸ StarCare Center: Hockley County
	  ▸ Tropical Texas Center: Hidalgo County
	  ▸ Andrews Center: Smith County

Identify ways to integrate LMHA into law enforcement crisis response	• Begin regular meetings between Medina County Sheriff's Office and Hill Country MHDD to identify ways to improve collaboration and address communication challenges (e.g., AVAIL hotline). • Consider developing a law enforcement behavioral health work group as part of the larger BHLT. • Explore ways of notifying Hill Country MHDD when a person is transported to an out-of- county emergency department so Hill Country MHDD can contact the person for aftercare. • Consider ways the community paramedic can be a bridge to Hill

Objective	Action Steps
	Country MHDD services. • Create a dedicated line for law enforcement to bypass the AVAIL line and speak directly to a Hill Country MHDD crisis clinician. • Expand the use of video co-response to support law enforcement response to people in crisis.

Team Lead: Judge Danny Kindred

Workgroup Members: Judge Danny Kindred, 454th Judicial District Court; Clint Cooke, Medina County Emergency Services; Todd Winslow, Community Supervision and Corrections Department (CSCD); Landon Sturdivant, Deputy CEO, Hill Country MHDD; Joan Cortez, Director of Crisis Services, Hill Country MHDD

Priority Two: Embed Jail-Based Behavioral Health Services and Continuity of Care Planning

Objective	Action Steps
Explore funding opportunities to expand mental health services inside the jail	• Explore state and federal funding opportunities to expand mental health services inside the jail (e.g., SB 292). • Educate the community partners about grant application processes and potential timeframes for grant awards. ▸ Educate the BHLT on the services that are most needed and the position types that could fulfill those services in the jail, including one Qualified Mental Health Professional (QMHP) and one Peer Support Specialist.
Identify essential tasks to be completed by the new mental health staff at the jail	• Document jail processing and diversion and competency workflows and identify opportunities for staff to help improve screening, access to care, forensic coordination and reentry planning. • Identify opportunities to leverage peer skills to enhance self-efficacy, access to care, and continuity of care planning. • Consider ways the new positions can help facilitate data sharing and continuity of care planning between the jail, Hill Country MHDD, the courts, legal parties, pre-trial services, and community-based mental health care.
Enhance access to care by integrating new mental health and primary care providers into jail	• As the county solicits and receives bids for new primary care and psychiatry contracts in jail, consider opportunities to enhance collaboration and care through strategies like court- ordered medications and active waitlist monitoring meetings.

Objective	Action Steps
workflows and forensic waitlist monitoring	▸ Review Six Steps to Establishing a Jail In-Reach Program and ensure newly- chosen providers can help implement strategies to reduce the forensic waitlist. • Consider other services contractors may provide through telehealth or in-person services, such as mental health counseling and chronic disease education and management.
Identify gaps and opportunities in reentry and continuity of care planning	• Document current workflows and identify information essential to continuity of care planning. • Implement evidence-based strategies such as jail discharge with bridging medication when possible. • Leverage newly created positions and peer expertise in discharge planning and linkage to ongoing community care.

Team Lead: Susana Treviño, Ariel Soliz

Workgroup Members: Judge Bubba Howse, Precinct 3 Justice of the Peace; Lisa Cisneros, Hill Country MHDD; Susana Treviño, Hill Country MHDD; Layna Weber, Hill Country MHDD; Manuel Salazar, Medina County Sheriff's Office Jail; Arial Soliz, Medina County Sheriff's Office Jail Administrator

Priority Three: Expand Competency Restoration Options

Objective	Action Steps
Enhance early screening of mental illness to ensure timely evaluations for competency and referrals for mental health treatment	• Assemble a working group to map out diversion and competency workflows and identify opportunities to improve screening and assessments to increase connection to post- booking diversion programs and competency evaluations when necessary. ▸ Include judges, district attorney's office, pre-trial services, Hill Country MHDD, public defender's office, probation, and Medina County Jail. ▸ Review documents from other counties like Bexar County's16.22 procedure or Galveston's flowchart in the Six Step Guide (below). • Explore opportunities to train relevant stakeholders on CCP Art. 16.22 procedure. ▸ Explore opportunities to work with the Judicial Commission on Mental Health to facilitate a formal CCP Art. 16.22 training. • Expand the use of Odyssey through the court system and explore other ways to coordinate and share data between the

Objective	Action Steps
	jail, magistrates, and pre-trial services.

Establish a county forensic team	• Identify key behavioral health and justice system stakeholders to meet on a regular basis to discuss all individuals in jail who have been found incompetent to stand trial and are court-ordered to participate in competency restoration treatment.
	• Discuss opportunities to implement strategies to enhance access to medication for individuals on the waitlist.
	  ▸ Work with pre-trial services to implement earlier screening.
	  ▸ Explore opportunities to pursue court-ordered medications with the new jail mental health contract provider. The Office of Forensic Coordination can provide a tailored training on court-ordered medications upon request.
	• Consider ways to integrate the county forensic team into the larger Behavioral Health Leadership Team structure.

Explore opportunities to educate legal and judicial stakeholders	• Consider opportunities to expand community education on competency restoration and how an integrated diversion plan and county forensic team can streamline the competency restoration process. ▸ Consider joining learning opportunities like the Jail In-Reach Learning Collaborative. • Visit the Texas Justice Court Training Center for resources and mental health training opportunities, for justices of the peace, constables, and court personnel.

Team Lead: Kerry Raymond

Workgroup Members: Judge Mark Cashion, County Court at Law, Medina County; Shanna Curiel, County Court at Law Coordinator, Medina County; Janna Heilig, County Court at Law Criminal Court Coordinator; Vanessa Skobo, Hill Country Public Defender's Office; Anthony Welch, Hill Country Public Defender's Office; Amanda Roming, Hill Country Public Defender's Office; Darcy Hasty, Pre-Trial Services Medina County; Sally Reyes, Adult Probation; Manuel Salazar, Medina County Sheriff's Office Jail; Kerry Raymond, Director of Forensic Services, Hill Country MHDD

Priority Four: Establish a Behavioral Health Leadership Team (BHLT)

Objective	Action Steps
Identify key community stakeholders to be included in the BHLT	• Create a list of all relevant municipalities and agencies within Medina County who serve people at the intersection of behavioral health and justice. Consider: ◦ Law enforcement agencies, courts, the district attorney's office, representation from public defense, Hill Country MHDD, housing agencies, hospital staff, other local nonprofit mental health service providers, pre-trial services, and probation. • Establish leaders of the BHLT (consider representation across intercepts).

Define the structure of the BHLT	• Establish meeting logistics:
	  ◦ Meeting location
	  ◦ Meeting frequency
	  ◦ Date and time of meeting
	  ◦ Agenda
	• Send virtual meeting invite to draft invite list.
	• Convene a BHLT workgroup meeting to formalize roles, responsibilities, scope, and goals of BHLT.
	• Create draft by-laws for the coordinating body. Explore tailoring existing examples of leadership teams by-laws from other counties (see below).
	• Coordinate with other county BHLT's to attend a meeting and learn about their structure and ways they were able to gain buy in.

Explore information-sharing mechanisms for the leadership team to utilize	• Clarify information-sharing needs for local stakeholders, for example, who needs access (and why) to:
	  ◦ General information on mental health services,
	  ◦ Aggregate data to identify trends in crisis service utilization and encounters with the criminal justice system, and
	  ◦ Identifiable data to support care coordination for individuals with MI, SUD, and/or 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.
	• Identify opportunities for other SIM priority group leaders to present progress and provide updates to BHLT.

Objective	Action Steps

Explore funding and sustainability mechanisms	• Define BHLT priorities and the programs the BHLT wishes to implement. Consider:
	  ▸ Program cost,
	  ▸ Sustainability,
	  ▸ Key performance and outcome measures, and
	  ▸ Quick fixes.
	• Explore local, state, and federal funding sources. Consider:
	  ▸ Medina County Commissioners,
	  ▸ Medina County Finance Department,
	  ▸ Federal grants, and
	  ▸ State grants.

Team Lead: Mariah Valle, Justin Soza, Tony Aguilar

Workgroup Members: Randy Consford, Director of Special Projects, Hill Country MHDD; Mariah Valle, Mental Health Deputy, Medina County Sheriff's Office; Justin Soza, Chief of Police, Hondo Police Department; Jim Kohler, Chief of Police, Castroville Police Department; Kristi Evans, RN, Trauma Program Manager, Medina Regional Hospital; Lisa Senteno, Adult Protective Services (APS), Faith Based And Community Engagement Specialist; Tony Aguilar, Deputy, Medina County Sheriff's Office; Rubi Gaucin, Assistant Auditor, Medina County; Anthony Winn, Director of Clinical Operations, Hill Country MHDD

Resources to Support Action Plan Implementation

SIM workshops are just the first step in implementing lasting change for communities. The following resources and recommendations have been developed based on national research and lessons learned from other Texas counties. Brown County stakeholders may consider these as they implement action plans developed during the SIM workshop.

Task Force and Networking

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

Communication and Information Sharing

Misunderstanding data protection laws can inhibit continuity of care planning, potentially resulting in a lack of treatment connection post-release (McCarty, Rieckmann, Baker, & McConnell, 2017).

Boundary Spanner

A champion with 'boots-on-the-ground' experience working in multiple systems can enhance local coordination and service delivery. Boundary spanners can use their knowledge to advocate for people at key junctures in the criminal legal system (e.g., bond hearings, sentencing, or enrollment in specialty programs) (Steadman, 1992; Pettus & Severson, 2006; Munetz & Bonfine, 2015).

Local Champions

Interdisciplinary work benefits from strong, localized leadership to envision and enact change beyond traditional confines of a segmented system (Hendy & Barlow, 2012).

Ability to Measure Outcomes

Strategic planning at a county level is best informed by local data and having internal mechanisms to track outputs and outcomes (National Association of Counties, The Council of State Governments, and American Psychiatric Association, 2017).

Peer Involvement

There is substantial and growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes. Peers are commonly found working in the community or with service providers, and stakeholders should consider how peers can be best effective within the criminal justice system.

Behavioral Health Leadership Teams

Establishing a team of county behavioral health and justice system leaders to lead policy, planning, and coordination efforts for people with behavioral health needs creates an opportunity for system-wide support of identified behavioral health and justice system priorities.

Expand Specialized Mental Health Crisis Response Options

Best Practices

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

County Spotlights

- Galveston COAST program
- Tropical Texas and Edinburg's Mental Health Unit
- Abilene Community Response Team
- Waco Police Department's Data Collection and Triage Approach to Mental Health Calls for Service

Key Resources

- The Police-Mental Health Collaboration Toolkit was developed by the Bureau of Justice Assistance to encourage law enforcement and the mental health care system to collaborate to respond effectively and to improve access to services and supports for people with MI and IDD.
- Developing and Implementing Your Co-Responder Program from the Council of State Governments Justice Center provides tips to ensure successful co-responder programs and success stories from across the country.
- Telehealth Implementation Guide from the Harris County Crisis Intervention Team details how Texas' largest county uses telehealth to provide virtual co-response to over 100 patrol deputies.

- Multi-Disciplinary Response Teams from Meadows Mental Health Policy Institute, uses Dallas County's RIGHT Care program as a framework for explaining co-response models and identifies "Systemwide Support Elements" that comprise an effective multi-disciplinary response team.
- Expanding First Response from the Council of State Governments contains an issue-by-issue guide to community engagement, staffing, call triaging, financial sustainability, and more.
- Small & Rural Agency Crisis Response: A National Survey and Case Studies from National Police Foundation contains focused guidance for enhancing crisis response in rural communities.
- The Texas CIT Association is the professional organization for Crisis Intervention Team law enforcement officers.

Embed Jail-Based Behavioral Health Services and Continuity of Care Planning

Best Practices

- Begin transition planning for reentry at intake.
- Planning should be collaborative and multi-disciplinary, including the jail, mental health, primary care and any needed social services.
- Standardized checklists guide the reentry process and help ensure no need goes unnoticed.
- When possible, arrange discharge during business hours, giving the individual time to travel to any needed service during daylight hours.

County Spotlights

- Peer Reentry Services Across Texas (The Harris Center, MHMR of Tarrant County, and Tropical Texas Behavioral Health)
- Taylor County Jail Navigator Program

Key Resources

- SAMHSA developed Best Practices for Successful Reentry from Criminal Justice Settings for People Living with Mental Health Conditions and/or Substance Use Disorders to provide communities with information about evidence-based practices to support successful reentry.
- Adults with Behavioral Health Needs Under Correctional Supervision introduces an evidence-based framework for prioritizing scarce resources based on assessments of individuals' risk of committing a future crime and their treatment and support needs. The report also outlines the principles and practices of the substance use, mental health, and corrections systems and proposes a structure for state and local agencies to build collaborative responses.
- Preparing People for Reentry: Checklist for Correctional Facilities provides a checklist to ensure a standard provision of services and continuity of care for individuals reentering the community.

- The Council Of State Governments and Bureau of Justice Assistance Reentry Resource Center contains links and articles to more information about improving reentry process and outcomes.

Expand Competency Restoration Options

Best Practices

- Establish a county forensic team.
- Review local waitlist data.
- Document Diversion and Competency Workflows.
- Coordinate regular waitlist monitoring meetings.
- Ensure access to medication.
- Explore competency restoration options.
- Take part in HHSC learning collaboratives.

County Spotlights

- HHSC highlights the following Jail-Based Competency Restoration and in-reach programs in Six Steps to Establishing a Jail In-Reach Program: Lubbock County, Bell County, Collin County, Spindletop Center's LMHA Catchment Area, Bluebonnet Trails LMHA Catchment Area

Key Resources

- HHSC's Texas Competency Restoration Guide.
- Six Steps to Establishing a Jail In-Reach Program (HHSC)- explains the six key steps to establishing a jail in- reach program. The material presents vignettes from several Texas communities for each of the six steps, providing examples of program implementation across diverse communities. HHSC also offers the Jail In- Reach Learning Collaborative.
- Evaluating and Restoration of Competence to Stand Trial: Intercepting the Forensic System using the Sequential Intercept Model was originally published by Psychiatric Services and uses the SIM framework to situate the competency to stand trial process in the context of wider mental health and forensic services.
- Texas Criminal Procedure and the Offender with Mental Illness (NAMI) provides education and context for the state's competency to stand trial

process (CCP Ch. 46B) and provides specific guidance for juveniles, death penalty cases, and post-conviction care and supervision.

- Eliminate the Wait Toolkit is the product of an HHSC and JCMH collaboration to identify strategies to streamline and right-size competency restoration services.
- The Texas Judicial Commission on Mental Health compiles and distributes the Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, which provides "a baseline for procedures aimed at identifying and addressing the needs of persons with mental health challenges or IDD" who have come into contact with the justice system.

Establish a Behavioral Health Leadership Team (BHLT)

Best Practices

- Identify the right partners.
- Develop shared vision and values to overcome barriers to collaboration.
- Draft by-laws to define the structure of the leadership committee.
- Ensure that roles and responsibilities are clearly delineated.
- Create a strategic plan to drive toward goals and objectives.
- Build a data collection plan.

County Spotlights

- Kaufman County Behavioral Health Leadership Board
- Harris County Criminal Justice Coordinating Council
- Williamson County Behavioral Health Task Force

Key Resources

- National Institute of Corrections published several guidance documents including, National Standards for Criminal Justice Coordinating Councils, CJCC Essential Elements, and National Survey of Criminal Justice Coordinating Councils.
- Data Collection Across the Sequential Intercept Model: Essential Measures provides BHLTs a guide to collecting data to support strategic planning.
- Eliminate the Wait Toolkit from HHSC provides guidance for BHLTs and county forensic teams' efforts to "right-size" Texas' competency restoration services.
- Data-Driven Justice: A Playbook for Developing a System of Diversion for Frequent Utilizers by National Association of Counties describes how cross-system collaboration can create an effective system for diverting and supporting frequent utilizers.

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.

- Integrate a community data sharing workgroup into the newly established BHLT.
- Utilize currently available software like Odyssey to share data between the courts and pre-trial services.
- Develop a protocol for ensuring CCP Art. 16.22 reports are shared from the magistrates to all necessary parties and stakeholders.
- Consider utilizing interns to provide mental health services in the jail under proper supervision.

Appendix A. Medina County SIM Workshop Agenda

Sequential Intercept Model Mapping Workshop: Medina County

February 8-9, 2024

1014 18th Street, Hondo TX 78861

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by Medina County
8:30	**Opening Remarks**	Opening Remarks, Honorable Keith Lutz, Medina County Welcome, Dr. Jennie M. Simpson, Associate Commissioner and Forensic Director, Texas Health and Human Services Commission
8:45	**Workshop Overview and Keys to Success**	Overview of the Workshop Community Polling
9:00	**Presentation and Mapping of Intercepts 0, 1**	Overview of Intercepts 0 and 1 **Intercepts 0 and 1 Program Spotlights Panel** • Sheriff Randy Brown, Medina Co. Sherriff • Joan Cortez, Hill Country MHDD Director of Crisis Services • Rebecca Dean, Chief Nursing Officer Medina Healthcare System County Data Review County Data Review Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:30	**Lunch**	Lunch to be provided by Medina County
12:25	**Remarks**	Midday Remarks, Chief Program and Services Officer, Michelle Allettto

TIME	MODULE TITLE	TOPICS / EXERCISES
12:30	**Presentation and Mapping of Intercepts 2, 3**	Overview of Intercepts 2 and 3 **Intercepts 2 and 3 Program Spotlights Panel** • Honorable Danny Kindred, 454th District Judge • Mark Haby, Medina County District Attorney's Office • Tony Aguilar, Medina County Sheriff's Office County Data Review Map Intercepts 2 and 3 Examine Gaps and Opportunities
2:30	**Presentation and Mapping of Intercepts 4, 5**	Overview of Intercepts 4 and 5 **Intercepts 4 and 5 Program Spotlights Panel** • Nathan Dentino, Hill Country MHDD, TCOOMMI Program Director • Todd Winslow, Medina County Community Supervision County Data Review Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:45	**Summarize Opportunities, Gaps & Establish Priorities**	Identify Potential, Promising Areas for Modification within the Existing System Establish a List of Top Priorities
4:15	**Wrap Up**	Review the Day
4:30	**Adjourn**	

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by Medina County
8:30	**Welcome**	Opening Remarks, Layna Weber, Peer Support Specialist, Hill Country MHDD
8:40	**Preview & Review**	Review Day 1 Accomplishments Preview of Day 2 Agenda Best Practice Presentation

TIME	MODULE TITLE	TOPICS / EXERCISES
9:15	**Action Planning**	Group Work
10:45	**Workgroup Report Outs**	Each Group will Report Out on Action Plans
11:00	**Next Steps & Summary**	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
11:30	**Closing Remarks**	Closing Remarks, Honorable Mark Cashion, Medina County Court at Law

Appendix B. Sequential Intercept Model Map for Medina County

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **Hill Country Mental Health and Developmental Disabilities (MHDD):** Local mental health authority, outpatient behavioral health and crisis resources
- **The Center for Healthcare Services:** Region 8 Outreach Screening Assessment and Referral provider for access to state-sponsored substance use disorder treatment
- **Hill County Mental Health and Developmental Disabilities:** Hill Country is also the Local Intellectual and Developmental Disability Authority (LIDDA)
- **South Texas Life Skills and Mastermind Recovery:** Offer no-cost, faith-based substance use treatment
- **K-Star:** The single-source foster care provider and also offers family support services and counseling

Housing and Shelter:

- **Community Council of South Texas:** Utility and rental assistance
- **Devine Housing Authority:** Administers the Housing Choice Voucher Program in the city of Devine
- **Southwest Family Life Center:** Domestic violence services
- **Salvation Army Homeless Shelter (San Antonio)**

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

Crisis Phone Lines:

- **Hill Country Mental Health and Developmental Disabilities:**
  - 877-466-0660
  - 24/7
- **K-Star Counseling Hotline:**
  - 830-896-5404
  - 24/7
- **988 Suicide & Crisis Lifeline:**
  - 988

Warmlines and Resources Lines:

- **Outreach, Screening, Assessment and Referral – R8 The Center for Health Care Services**
  - 210-261-3067
- **NAMI Greater San Antonio**
  - 210-734-3347
- **211 Information Line**
  - 211

Crisis Units:

- **Hill Country Mental Health and Developmental Disabilities (HCMHDD) Hondo Clinic:**
  - Business hours walk-in clinic and eligibility
- **Hill Country Mental health and Developmental Disabilities Werlein Crisis Stabilization Unit (CSU) Kerrville**
  - 16-bed facility accessed through referrals by Hill Country Mental Health and Developmental Disabilities Mobile Crisis Outreach Team. Serves Hill

Country Mental Health and Developmental Disabilities 19-county catchment area.

Mobile Crisis Response Team:

- **Hill Country Mental Health and Developmental Disabilities (HCMHDD) Mobile Crisis Outreach Team (MCOT)**
  - 877-466-0660

Indigent Healthcare Program:

- **Medina Regional Hospital**
  - 830-426-7717

Veterans' Services:

- **Medina County Veterans Service Office**
  - **Call first**
  - **Castroville:** 830-355-2711
  - **Devine:** 830-665-8018
  - **Hondo:** 830-741-6135

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch/Emergency Comms:

- Medina County 911 Emergency Communications District

Law Enforcement:

- Medina County Sheriff's Department (2 Mental Health Officers)
- Medina County Constables (4 Precincts)
- Hondo Police Department
- Devine Police Department
- Natalia Police Department

- Castroville Police Department
- La Coste Police Department

Hospitals:

- **Medina Regional Hospital:** 3100 Ave E, Hondo, TX
  - 24/7

Emergency Medical Services:

- Medina County EMS
- Medina County ESD 1 Castroville
- Hondo Volunteer Fire Department

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Initial Detention**
  - Medina County Jail

Booking:

- **Screening Assessments Used**
  - Texas Commission on Jail Standards Screening Form for Suicide and Medical/Mental/Developmental Disorders
- **Continuity of Care (CoC) Query / Care match**

Initial Court Appearance:

Arraignment Medina County Pre-trial Services

- Programming to assist those that have not been to court to be adjudicated of any alleged crime or have a pending motion to revoke their probation,
- Supervises those on bond and have conditions of that bond and/or have a PR bond. Also provides court-appointed attorneys to those that are indigent.

Intercept 3: Jails and Courts

Courts:

In Medina County, there is **1 District Court, 1 County Court at Law, and 4 Justice of the Peace Courts**

- **Courts:**
  - District Courts:
  - 454 District Court – Judge Danny Kindred
- **County Court at Law** – Judge Mark Cashion
- **Judge of the Peace Courts:**
  - **Precinct 1 –** Judge Phillip Lange
  - **Precinct 2 –** Judge William T. Tschirhart, Jr.
  - **Precinct 3 –** Judge Clyde "Bubba" Howse
  - **Precinct 4 –** Judge Tomas Ramirez III

Treatment Courts:

- **454th District Specialty Court**: Judge Danny Kindred

Jail:

Medina County Jail

- **Health Services:**
  - **Mental Health Provider:** Currently covered by visiting providers while the county pursues a long-term contract.
  - **Medical Provider:** Currently covered by visiting providers while the county pursues a long-term contract.
  - **Substance Use Treatment Provider:** Services not reported.

Intercept 4: Reentry

Jail Reentry:

- **Texas Correctional Office on Offenders with Medical of Mental Impairments (TCOOMMI)**
  - Provides continuity of care services for clients with identified medical and mental impairments.

Other Correctional Settings:

- **Texas Department of Criminal Justice**
  - Ruben M. Torres Unit
  - Joe Ney Unit

Intercept 5: Community Corrections and Community Supports

Parole:

- Texas Department of Criminal Justice, Parole Division, Region IV, San Antonio District Parole Office and Reentry Center

Specialized Caseloads:

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

County Community Supervision:

- Medina County Community Supervision and Corrections Department: Part of the combined 38th and 454th CSCD office.

Appendix C. Impact Measures

Item	Measure	Intercept	Category
1	Mental health crisis line calls	Intercept 0	Crisis Lines
2	Emergency department admissions for psychiatric reasons	Intercept 0	Emergency Department
3	Psychiatric hospital admissions	Intercept 0	Hospitals
4	MCOT episodes	Intercept 0	Mobile Crisis
5	MCOT crisis outreach calls responded to in the community	Intercept 0	Mobile Crisis
6	MCOT crisis outreach calls resolved in the field	Intercept 0	Mobile Crisis
7	MCOT repeat calls	Intercept 0	Mobile Crisis
8	Crisis center admissions (e.g., respite center, CSU)	Intercept 0	Crisis Center
9	Designated mental health officers (e.g., mental health deputies, CIT officer)	Intercept 1	Law Enforcement
10	Mental health crisis calls handled by law enforcement	Intercept 1	Law Enforcement
11	Law enforcement transport to crisis facilities (e.g., emergency department, crisis centers, psychiatric hospitals)	Intercept 1	Law Enforcement
12	Mental health crisis calls handled by specialized mental health law enforcement officers	Intercept 1	Law Enforcement
13	Jail bookings	Intercept 2	Jail (Pretrial)
14	Number of jail bookings for low-level misdemeanors	Intercept 2	Jail (Pretrial)
15	Jail mental health screenings, percent screening positive	Intercept 2	Jail (Pretrial)
16	Jail substance use screenings	Intercept 2	Jail (Pretrial)
17	Jail substance use screenings, percent screening positive	Intercept 2	Jail (Pretrial)
18	Pretrial release rate of all arrestees, percent released	Intercept 2	Pretrial Release
19	Average cost per day to house a person in jail	Intercept 2	Jail (Pretrial)
20	Average cost per day to house a person with mental health issues in jail	Intercept 2	Jail (Pretrial)
21	Average cost per day to house a person with psychotropic medication	Intercept 2	Jail (Pretrial)
22	Caseload rate of the court system, misdemeanor versus felony cases	Intercept 3	Case Processing
23	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases	Intercept 3	Case Processing

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

Appendix D. Texas and Federal Privacy and Information Sharing Provisions

Note: Please reference links to statute directly to ensure the timeliest information.

Mental Health Record Protections

Health and Safety Code Chapter 533:

Section 533.009. EXCHANGE OF PATIENT RECORDS.

(a) Department facilities, local mental health authorities, community centers, other designated providers, and subcontractors of mental health services are component parts of one service delivery system within which patient records may be exchanged without the patient's consent.

Health and Safety Code Chapter 611:

Section 611.004. AUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION OTHER THAN IN JUDICIAL OR ADMINISTRATIVE PROCEEDING.

(a) A professional may disclose confidential information only:

(1) to a governmental agency if the disclosure is required or authorized by law;

(2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;

(3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);

(4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;

(5) to the patient's personal representative if the patient is deceased;

(6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;

(7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;

(8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);

(9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;

(10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:

(A) will not use or disclose the information for any other purposes; and

(B) will take appropriate steps to protect the information; or

(11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section 74.051(e), Civil Practice and Remedies Code.

(a-1) No civil, criminal, or administrative cause of action exists against a person described by Section 611.001(2)(A) or (B) for the disclosure of confidential information in accordance with Subsection (a)(2). A cause of action brought against the person for the disclosure of the confidential information must be dismissed with prejudice.

(b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.

(c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.

(d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

Health and Safety Code Chapter 614:

Section 614.017. EXCHANGE OF INFORMATION.

(a) An agency shall:

(1) accept information relating to a special needs offender or a juvenile with a mental impairment that is sent to the agency to serve the purposes of continuity of care and services regardless of whether other state law makes that information confidential; and

(2) disclose information relating to a special needs offender or a juvenile with a mental impairment, including information about the offender's or juvenile's identity, needs, treatment, social, criminal, and vocational history, supervision status and compliance with conditions of supervision, and medical and mental health history, if the disclosure serves the purposes of continuity of care and services.

(b) Information obtained under this section may not be used as evidence in any juvenile or criminal proceeding, unless obtained and introduced by other lawful evidentiary means.

(c) In this section:

(1) "Agency" includes any of the following entities and individuals, a person with an agency relationship with one of the following entities or individuals, and a person who contracts with one or more of the following entities or individuals:

(A) the Texas Department of Criminal Justice and the Correctional Managed Health Care Committee;

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

(I) the Texas School for the Blind and Visually Impaired;

(J) community supervision and corrections departments and local juvenile probation departments;

(K) personal bond pretrial release offices established under Article 17.42, Code of Criminal Procedure;

(L) local jails regulated by the Commission on Jail Standards;

(M) a municipal or county health department;

(N) a hospital district;

(O) a judge of this state with jurisdiction over juvenile or criminal cases;

(P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;

(Q) the Health and Human Services Commission;

(R) the Department of Information Resources;

(S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time,

contemporaneous identification of individuals in the Department of State Health Services client data base; and

(T) the Department of Family and Protective Services.

SUD Records Protections

42 CFR Part 2. CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

42 CFR Part 2 Subpart C. DISCLOSURES WITH PATIENT CONSENT

42 CFR Part 2 Subpart D. DISCLOSURES WITHOUT PATIENT CONSENT

42 CFR Part 2 Subpart E. COURT ORDERS AUTHORIZING DISCLOSURE AND USE

Appendix E. Six Steps to Establishing a Jail In-Reach Program[d]

1. Establish a county forensic team:

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

2. Review local waitlist data:

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

3. Document diversion and competency workflows:

- Develop process maps for all competency matters including:
    - Pre-arrest and post-booking;
    - Point of a defendant's competency being called into question, through final disposition of their case;
    - Competency exam tracking;
    - Incompetent to stand trial waitlist;
    - Court-ordered medications; and
    - Civil commitment.

[d] Six Steps to Establishing a Jail In-Reach Program, Texas Health and Human Services Commission

4. Ensure access to medication:

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

5. Coordinate regular waitlist monitoring meetings:

- Establish regular waitlist monitoring meetings to review data, map processes, and discuss existing competency cases.
- Consider a single point of contact for coordination across stakeholders.
- Identify opportunities to improve processes.

6. Explore competency restoration options:

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

Appendix F. National and State Best Practices: Competency Restoration

Establish a County Forensic Team

- Judges, prosecutors, defense attorneys
- Local mental health or behavioral health authority (LMHA or LBHA)
- Jail administration, jail medical providers

Document Diversion and Competency Workflows

- Develop process maps for all competency matters, including:
- Pre-arrest and post-booking
- Point of defendant's competency being called into question, through final disposition of their case
- Competency exam tracking
- Incompetent to stand trial waitlist
- Court-ordered medications
- Civil commitment

Ensure Access to Medication

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

Review Local Waitlist Data

- Review waitlist trends both overtime and for persons currently on the waitlist
- Examine charge type
- Examine time periods
- Examine demographic trends

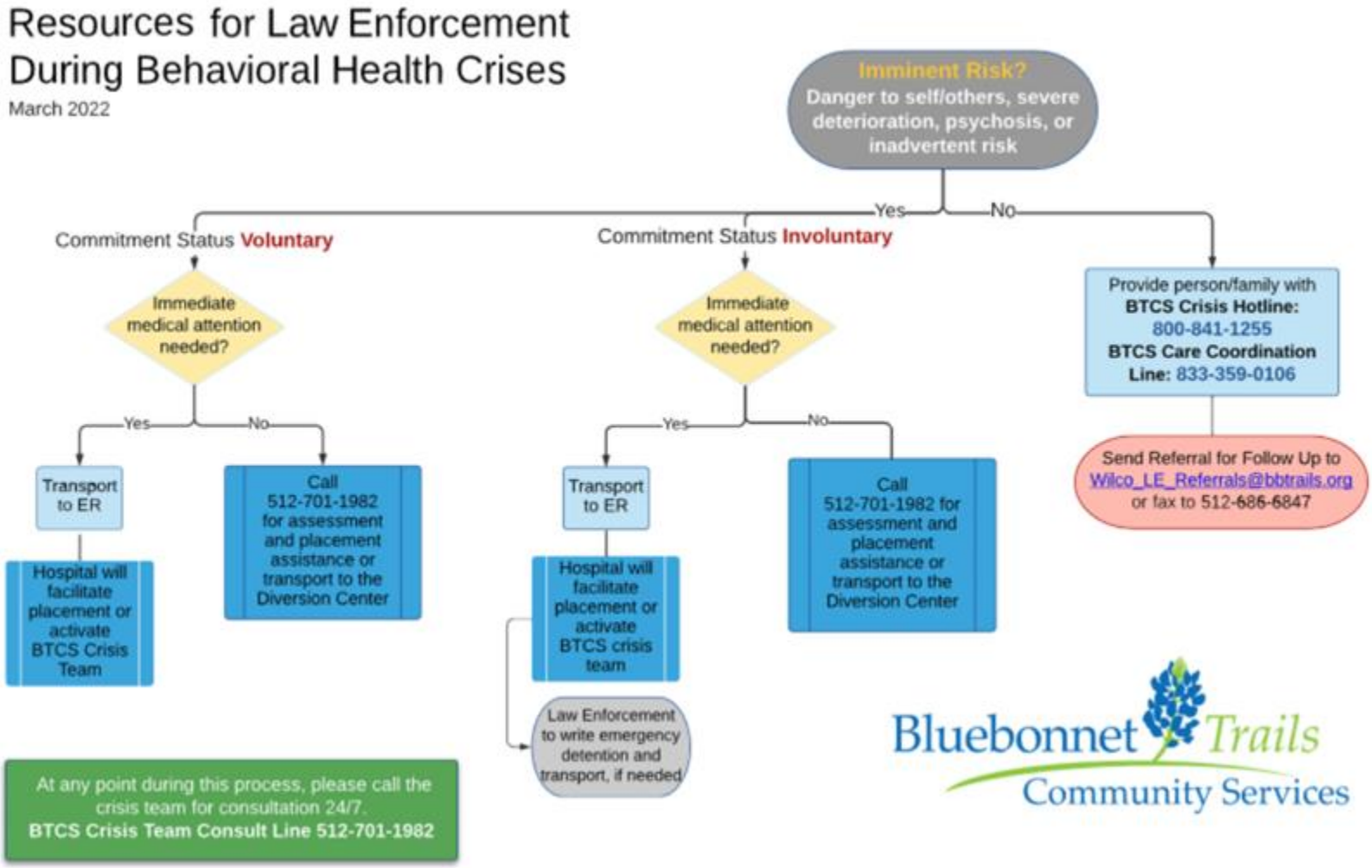
Coordinate Regular Waitlist Monitoring Meetings

- Establish regular waitlist monitoring meetings to review data, map processes, and discuss existing competency cases
- Consider a single point of contact for coordination across stakeholders
- Identify opportunities to improve processes

Explore Competency Restoration Options

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

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



Resources for Law Enforcement During a Behavioral Health Crisis

Bluebonnet Trails Community Services (BTCS)

1. Is there an imminent risk?

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

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

a. Commitment Status: **Involuntary**

(1) Is immediate medical attention needed?

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

(a) Transport to emergency room

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

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

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

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

b. Commitment Status: **Voluntary**

(1) Is immediate medical attention needed?

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

(a) Transport to emergency room

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

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

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

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

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

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

Appendix H. SIM Mapping Workshop Participant List

Name	Agency	Title
Amanda Roming	Hill Country Regional Public Defender's Office	Public Defender
Anthony Welch	Hill Country Regional Public Defender's Office	Deputy Chief
Anthony Winn	Hill Country MHDD Centers	Director of Clinical Operations
Antonio Aguilar	Medina County Sheriff's Office	Sgt. Mental Health
Ariel Soliz	Medina County Jail	Jail Administrator
Bubba Howse	Justice of the Peace #3	Justice of the Peace, Precinct 4
Clinton Cooke	Medina County Emergency Services District 1	Fire Chief
Danny Kindred	454th Judicial District Court	Judge
Darcy Hasty	Medina County Pretrial Services	Director
David Mark Cashion	Medina County Court at Law	Judge
Harriet van Loggerenberg	Texas Institute for Excellence in Mental Health	Research Coordinator
Janna Heilig	Medina County Court at Law	Criminal Court Coordinator
Jim Kohler	Castroville Police Department	Chief
Joan Cortez	Hill Country MHDD Centers	Director of Crisis Services
Justin Soza	Hondo Police Department	Chief
Katherine Romero	Medina County Sheriff's Office	Warrant Clerk/Court Liaison
Keith Lutz	Medina County	County Judge
Kristi Evans	Medina Regional Hospital	RN, Trauma Program Manager
Landon Sturdivant	Hill Country MHDD Centers	Deputy Chief Executive Officer
Layna Weber	Hill Country MHDDD Centers	Mental Health Peer Specialist

Name	Agency	Title
Lisa Cisneros	Hill Country MHDD Centers	Director of Clinical Services
Lisa Senteno	Department of Family and Protective Services	Adult Protective Services Community Engagement Specialist
Liz Castaneda	Texas Health and Human Services Commission	Manager, Peer and Recovery Services
Manuel Salazar	Medina County Jail	Transport
Maria Pruneda	Texas Senate (Senator Pete Flores)	District Liaison for District 24
Mariah Valle	Medina County Sheriff	Mental Health Deputy
Michael Haynie	Community EMS	EMS Director
Michelle Alletto	Texas Health and Human Services Commission	Chief Program and Services Officer
Nate Dentino	Hill Country MHDD Centers	TCOOMMI Program Director
Phillip M. Lange	Justice of the Peace #1	Justice of the Peace
Randy Consford	Hill Country MHDD Centers	Director of Special Projects
Ricky T. Sanchez	Hill Country MHDD Centers	Controller
Rubi Gaucin	Medina County	1st Assistant County Auditor
Sally Reyes	Community Supervision & Corrections Department	Senior Supervisor
Sandy Ayala	Texas Health and Human Services Commission	Policy Advisor
Sarah Windsor	Medina County Emergency Services District 1	Assistant Fire Chief
Shanna Curiel	Medica County Court at Law	Court Coordinator
Susana Trevino	Hill Country MHDD Centers	Clinic Director
Tod Citron	Hill Country MHDD Centers	Chief Executive Office
Todd Winslow	Medica Country Adult Probation	Director
Tomas Ramirez III	Justice of the Peace #4	Justice of the Peace, Precinct 4
Vanessa Skowbo	Hill Country Regional Public Defender's Office	Attorney

Appendix I. List of Acronyms and Initialisms

Acronym	Full Name
APOWW	Apprehension by a Peace Officer Without a Warrant
ASIST	Applied Suicide Intervention Skills Training
BHLT	Behavioral Health Leadership Team
Hill Country MHDD	Hill Country Mental Health and Developmental Disability Centers
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
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IST	Incompetent to Stand Trial
MSCO	Medina County Sheriff's Office
LE	Law Enforcement
LIDDA	Local Intellectual and Developmental Disability Authority
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobile Crisis Outreach Team
MI	Mental Illness

Acronym	Full Name
MOU	Memorandum of Understanding
NAMI	National Alliance on mental Illness
OCR	Outpatient Competency Restoration
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OPC	Order of Protective Custody
OSAR	Outreach, Screening, Assessment, 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
SSDI	Social Security Disability Insurance
SSI	Supplemental 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
TRAS	Texas Risk Assessment System