Sequential Intercept Model Mapping Report: Tom Green County

Texas Health and Human Services
November 2022

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 My Health My Resources Concho Valley (MHMRCV). Planning committee members included:

- Greg Rowe, Chief Executive Officer, MHMRCV
- Eddie Wallace, Director of Mental Health Services, MHMRCV
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- Jenny Butts, Director of TCOOMMI, MHMRCV
- Steven Garlock, MCOT Case Manager/CCQ Jail Liaison
- Cara Barker, Director of Children's Health Services, MHMRCV

We commend the committee members for the critical role they each played in making the Tom Green 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 Catherine Bialick, MPAff, Senior Advisor, Office of the State Forensic Director, HHSC. The report was authored by Emily Dirksmeyer, LMSW; Catherine Bialick, MPAff; Matthew Lovitt, MSW; and Jennie M. Simpson, PhD.

We would also like to acknowledge the System Integration Team at HHSC who oversees implementation of All Texas Access, a legislatively mandated initiative resulting from Senate Bill 454, 87th Legislature, Regular Session 2021, whose focus is increasing access to mental health services in rural Texas communities. SIM Mapping Workshops were offered to all rural-serving Local Mental Health and

Behavioral Health Authorities (LMHAs/LBHAs) participating in the All Texas Access Initiative. MHMRCV is a rural serving LMHA.

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.

The Office of the State Forensic Director has partnered with All Texas Access to offer a SIM for LMHAs participating in the All Texas Access initiative which focuses on how rural LMHAs and HHSC can decrease:

- The cost to local governments of providing services to people experiencing a mental health crisis;
- The transportation of people served by an LMHA to mental health facilities;
- The incarceration of people with MI in county jails; and
- The number of hospital emergency department visits by people with MI.

The fiscal year 2022 theme for All Texas Access was Jail Diversion and Community Integration. To find more information about All Texas Access, visit https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/alltexas-access.

Recommended Citation

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

Introduction

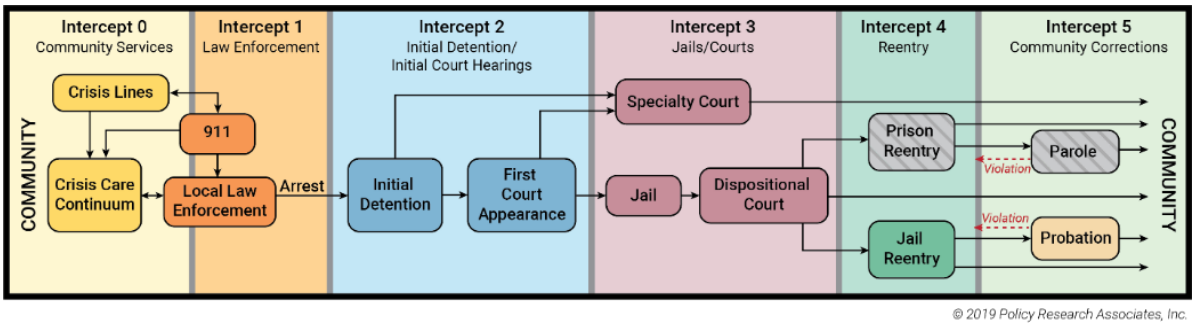
The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[a] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by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

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

The SIM Mapping Workshop has three primary objectives:

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

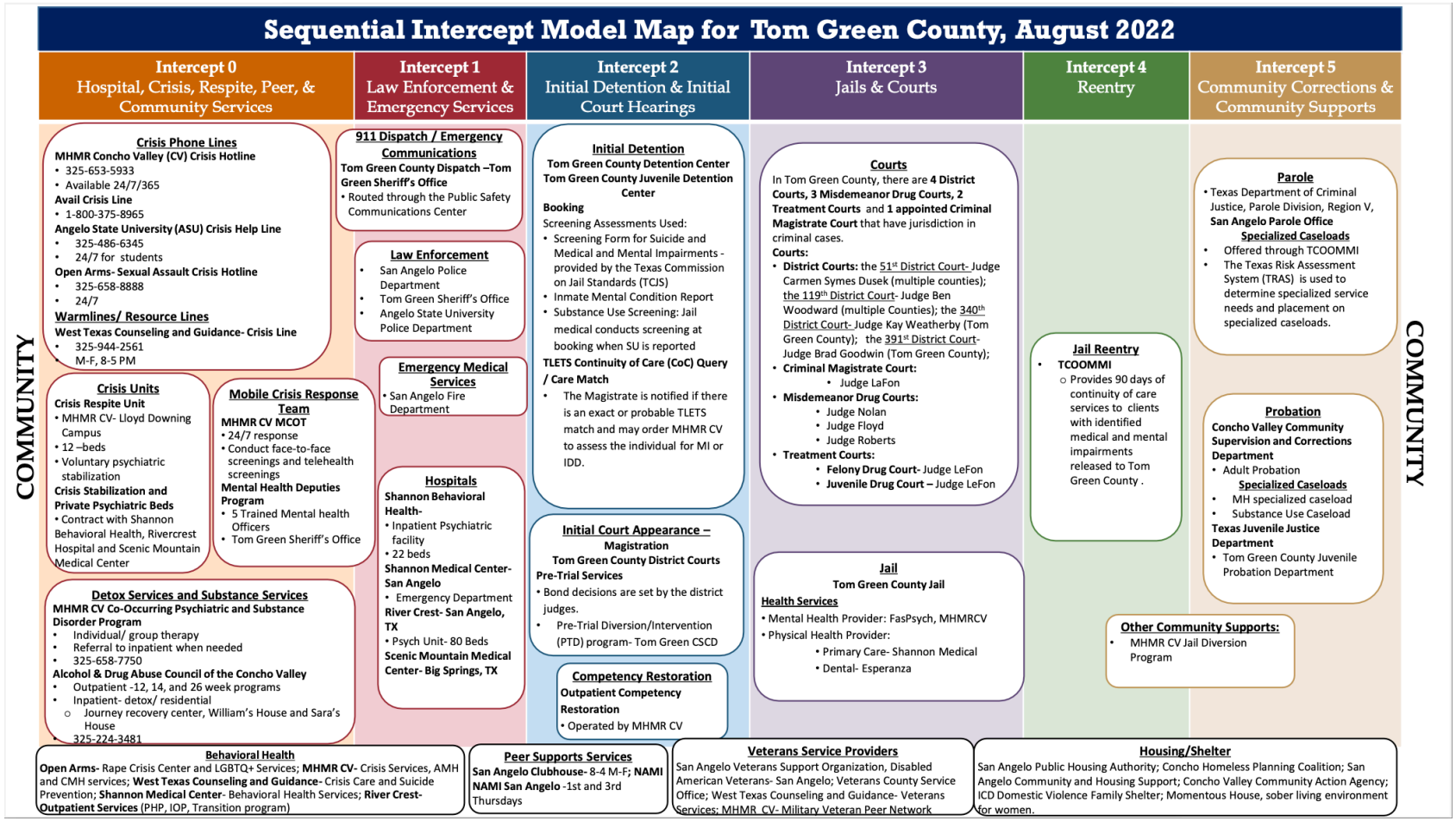
[1]Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. Psychiatric Services, 57, 544-549.



In 2022, MHMRCV requested a SIM Mapping Workshop be conducted for Tom Green 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 Tom Green 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 Tom Green County

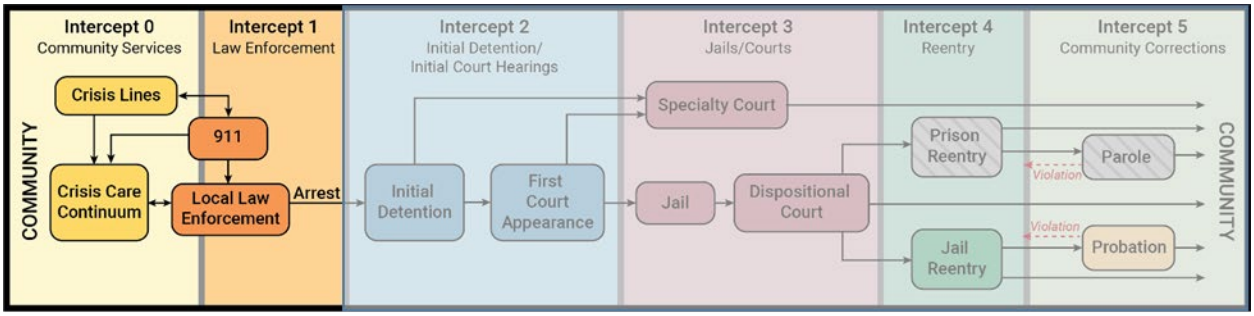


See Appendix B for detailed description. See Appendix G for a list of all acronyms and initialisms.

Opportunities and Gaps at Each Intercept

As part of the workshop, facilitators worked with participants to identify services, key stakeholders, gaps and opportunities at each intercept as a key step in developing a local SIM map. 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 Tom Green County services across each intercept.

Intercept 0 and Intercept 1



Tom Green County Intercepts 0 and 1 Gaps and Opportunities

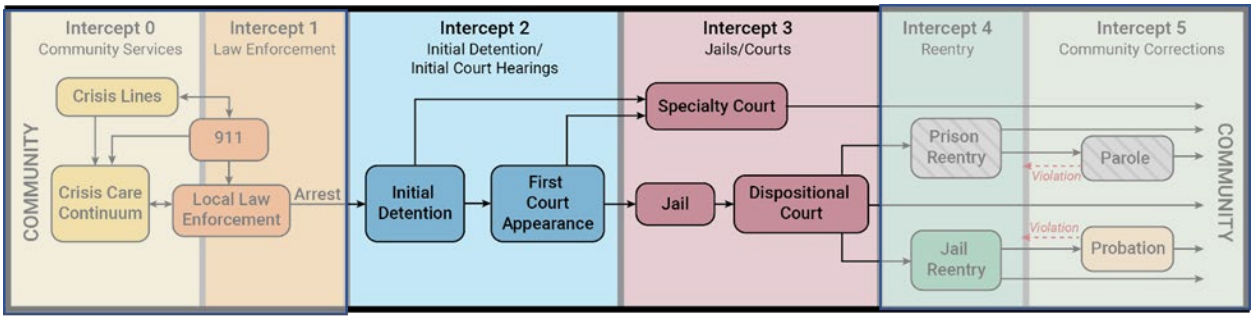
Gaps	Opportunities
• The 10-digit crisis line phone number is difficult to quickly recall for Tom Green County law enforcement, courts and social service providers. • Tom Green County has multiple crisis lines and it can be confusing to community members which line is most appropriate to connect to services	• Conduct community outreach to increase the use of the MHMRCV crisis line. • Conduct a public awareness campaign on the rollout of the three-digit National Suicide Prevention Lifeline phone number—9-8-8.

Gaps	Opportunities
• The Public Safety Communications Center does not screen callers for intellectual or developmental disabilities (IDD) in either crisis or non-crisis situations. • Currently, dispatch centers do not have the ability to "flag" locations with frequent calls for mental health crises.	• Co-locate a mental health professional at the Public Safety Communications Center to take calls from people believed to be experiencing a mental health crisis.
• There is limited MCOT dispatch to people in crisis in the community. Mental Health Deputies are the default response to people experiencing a mental health crisis in the community. • There is limited communication between Tom Green County law enforcement and MHMRCV's mental health crisis response when law enforcement is responding to mental health crisis calls in the community. • There is a MHMRCV follow up appointment no-show rate of roughly 50-60% for individuals after experiencing a crisis episode in the community.	• Establish a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls. • Explore opportunities for a mental health crisis drop-off center for the entire MHMRCV service area as an alternative to jail. • MHMRCV and other community stakeholders can explore opportunities to fund Care Coordinator positions to follow-up on referrals for service.
• There are limited psychiatric emergency units in Tom Green County Hospital and there is limited specialized care available to people experiencing a mental health crisis in the general emergency departments. • There is not enough crisis respite unit capacity through MHMRCV, and there are not any crisis respite options available to youth experiencing a mental health crisis in the community.	• MHMRCV can consider expanding the existing Lloyd Downing campus to serve more individuals experiencing a mental health crisis including youth in the community.
• Currently, Tom Green County has six Mental Health Deputies to serve the entire county and to provide all community based mental health crisis response. • San Angelo Police Department only employs three peace officers that have successfully completed the supplemental mental health officer training provided	• MHMRCV can increase utilization of MCOT to respond to mental health crisis calls in the community through the new MHMRCV MCOT position dedicated to responding to weekend MCOT calls. • MHMRCV can collaborate with the Tom Green County Sheriff's Office to develop criteria for when an MCOT response to a person in crisis in the community is safe

Gaps	Opportunities
by TCOLE. • Law enforcement in Tom Green County lack specialized training on how to respond to people with IDD.	and appropriate. • The Mental Health Deputy program may consider conducting "well checks" on people or locations that are flagged for recent or frequent interaction with law enforcement due to mental health crisis. • MHMRCV LIDDA can coordinate with community partners to provide training to law enforcement on responding to individuals with IDD.
• Limited funding and few housing options prevent the provision of housing services and support to all MHMRCV clients who qualify. • There is no emergency shelter currently operating in Tom Green County. • There are some local housing providers with restrictions around residents being on psychiatric medications which reduces housing options for people with mentall illness. • There is a lack of housing options for youth aging out of the foster care system.	• City and county leadership can engage Salvation Army leadership to determine if/when the emergency shelter might reopen for community members experiencing homelessness. • MHMRCV can seek additional funding to expand current housing services. • MHMRCV and other housing support providers in Tom Green County can conduct an organized landlord outreach program to identify what may be needed to make more units available to people with housing vouchers. • MHMRCV can conduct an awareness campaign to emphasize the importance of psychiatric medications for people with certain mental illnesses.
• Peer Support is not currently utilized in reentry planning for people exiting the criminal justice system.	• MHMRCV can explore opportunities to increase utilization of Peer Support Specialists in other programs to
• A shortage of mental health prooviders for children and adolescents contributes to a waitlist for income-based mental health services. • A limited number of residential placement options for youth prevents the delivery of appropriate and timely care in the safest, least restrictive setting possible and increases interaction with law enforcement. • Stakeholders noted a lack of age-appropriate crisis response programs for children and youth experiencing a	• MHMRCV and other stakeholders can identify opportunities to expand crisis options for children and youth experiencing a behavioral health crisis to include access to inpatient psychiatric beds. • MHMRCV can explore funding opportunities to establish or expand a YES Waiver program with wrap-around services for youth at risk of involvement or currently involved with the juvenile justice system. • Stakeholders can explore opportunities

Gaps	Opportunities
behavioral health crisis. • There is a lack of training options available for law enforcement that support interactions with children and youth, particularly those experiencing a mental health crisis or those that have MI, SUD or IDD	to develop new youth residential or step-down facilities or partner with providers of youth residential or step- down facilities.
• It is unknown if dispatch centers collect and track data on mental health calls for service, which makes analyzing trends difficult • Data is often not shared between local hospitals, law enforcement and MHMRCV, leaving gaps in communication that could support a person's transition.	• Collect data on mental health calls for service in computer-aided dispatch systems can support better identification of the volume of calls related to mental health crises and corresponding need. • Develop a uniform data collection and reporting strategy to promote data sharing in instances when it is appropriate to do so and support crisis de- escalation and continuity of care for people experiencing mental health crises.

Intercept 2 and Intercept 3



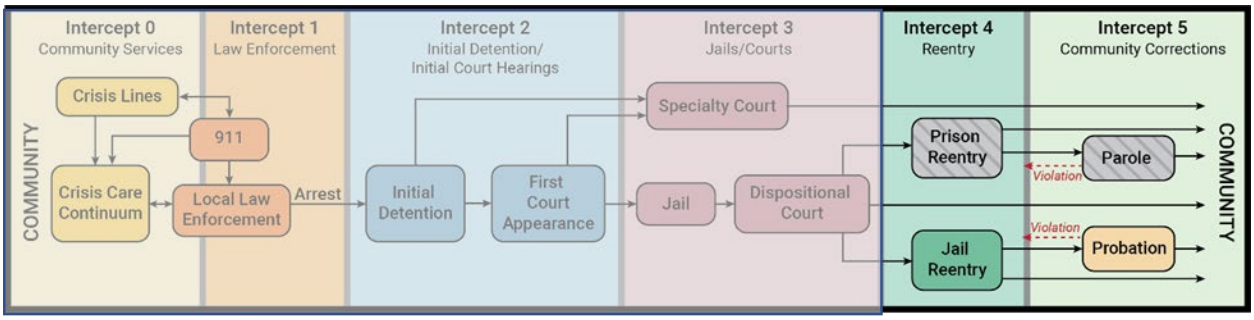
Tom Green County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
• Jail personnel and magistrates may not have the knowledge, tools, or resources to appropriately identify and/or report people suspected of having IDD.	• MHMRCV and jail administration can explore opportunities to embed mental health providers in the jail on a full-time basis. • Ensure that the TLETS CCQ is run at every booking to identify people with

Gaps	Opportunities
	IDD who have received services from a LIDDA or state supported living center (SSLC) in the past three years. • MHMRCV can continue to support individuals with IDD in jail by connecting them with the Mental Health Jail Officer (MHJO) and working to develop a treatment plan upon the individuals release from jail.
• Individuals in jail are not connected to MHMRCV for mental health services and receive care via telehealth from FasPsych, which may contribute to barriers in accessing the appropriate care upon return to the community. • Medication noncompliance of individuals in the jail creates barriers to mental health treatment engagement and retention. • Substance Use Disorder (SUD) services are not currently provided in the Tom Green County Jail.	• The jail may consider contracting with MHMRCV to provide mental health services for the entire jail population. • MHMRCV can provide jail administrators and staff with information on how to provide appropriate and timely referrals for SUD.
• Participants reported issues with people waiting in jail for long periods of time for inpatient competency restoration services. • MHMRCV operates Outpatient Competency Restoration (OCR), but no clients have been referred via the courts. • Jail-based competency restoration is not currently available in the Tom Green County Jail.	• MHMRCV can consider ways to improve the efficacy of outreach to judges and attorneys to improve awareness of and referral to OCR. • MHMRCV can seek training from HHSC to provide training on competence to stand trial processes, quality competency evaluations, active waitlist management and court-ordered medications. • Judges, attorneys, MHMRCV and jails can explore opportunities to implement court ordered medications (COMs) for individuals waiting for inpatient competency restoration at a state hospital. • Community leadership may engage other counties with JBCR programs to assess if a similar program would be appropriate for Tom Green County.
• Tom Green County does not operate a specialized mental health pretrial	• Specialized caseloads for people with MI can be considered as they are a best

Gaps	Opportunities
diversion program.	practice at the pretrial stage. • Tom Green County can increase continuity of care with MHMRCV to provide pretrial mental health services if a specialized caseload is created.
• Children and youth often choose deferred adjudication over participation in a treatment court due to a shorter timeline to case resolution.	• The Tom Green County District Courts may consider shortening the time commitment for youth participation in specialty courts to improve engagement. • Improved communication between courts, law enforcement, and Child Protective Services can improve access to the same services available through treatment courts prior to youth involvement in the justice system. • Increased coordination between the courts and the district attorney's office may help identify candidates for diversion.

Intercept 4 and Intercept 5



Tom Green County Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
• Medicaid benefits are often terminated for people who are in jail for periods of time greater than 30 days, which can delay access to necessary care upon reentry.	• Tom Green 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.

Gaps	Opportunities
	• MHMRCV and the Tom Green County Sheriff's Office can implement a program for those who deny services inside the jail, to be reengaged when they return to the community.
• Reentry support and planning is limited for people with mental illness exiting the Tom Green County jail. • The quantity of psychiatric medications provided at jail release is inconsistent and generally inadequate to bridge a person with mental illness to a follow- up appointment in the community. • Limited affordable housing stock and stringent housing eligibility criteria create barriers in obtaining safe and stable housing for people reentering the community. • People who lack identification at community reentry experience additional barriers in obtaining safe and stable housing.	• MHMRCV can embed mental health providers in jail to support reentry planning and care coordination for inmates with mental illness. • Peers can help people reenter the community with transportation and support to obtain the appropriate documentation needed for government issued identification. • Jail providers can implement processes to help people obtain photo identification prior to community reentry. • Tom Green County can support or expand access to transitional services between community reentry and adult probation including housing, employment, and peer support.
• Limited public transit option can contribute to lengthy travel times to the Tom Green County Community Supervision and Corrections Department (CSCD) office. • As a result of staff shortages, there is a lengthy waitlist to receive services for justice-involved children which creates delays in the provision of care. • The availability of in-person MH and SUD services are limited by the lack of local service providers. • Parent or guardian reluctance to engage in support services inhibits the provision of care to justice-involved children and youth. • There is limited space on specialized caseloads for individuals with MI, IDD and or SUD.	• Tom Green County can support or expand access to transitional services between community reentry and adult probation including housing, employment, and peer support. • Social service and behavioral health providers can explore the use of Certified Family Partners to help engage parents and guardians in the treatment of justice-involved children and youth. • Additional MH training can be provided for probation officers.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Workshop participants were asked to identify a possible set of priorities followed by a vote with each participant having three votes. The voting took place on August 15, 2022. The top five priorities are highlighted in bold text.

Rank	Priority	Votes
1	**Build out the community housing continuum in Tom Green County.**	**14**
2	**Establish a Behavioral Health Leadership Team (BHLT).**	**12**
3	**Expand crisis options through the development of a crisis diversion facility.**	**11**
4	**Establish a continuum of care for youth at risk of justice involvement.**	**9**
5	**Develop a reentry planning services for justice involved individuals.**	**9**
6	Develop a mental health court.	7
7	Develop a high-utilizer strategy (community response team).	4
8	Expand education and training support across the SIM.	4
9	Expand options for people with IDD.	2
10	Enhance competency restoration services and explore alternatives to inpatient competency restoration.	2
11	Enhance law enforcement and 911 response to mental health related calls (co-response, co-location, virtual response, MCOT, community response team).	2
12	Establish County-wide data collection across the SIM.	2

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 Tom Green 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 Stategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- The Joint Committee on Access and Forensic Services (JCAFS): 2020 Annual Report, Texas Health and Human Services Commission
- The Texas Mental Health and Intellectual and Development Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates
- Substance Abuse and Mental Health Services Administration (SAMHSA)'s publication, Principles for Community-Based Behavioral Health Services for Justice-Invovled 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[b c]. 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

[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.

Priority One: Build Out the Housing Continuum in Tom Green County

Objective	Action Steps

Identify Funding Opportunities	• Meet with local housing stakeholders and discuss existing funding opportunities. Coordinate with:
	  ▸ The Tom Green County Homeless Coalition, The Salvation Army, Tom Green County government
	• 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

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 Tom Green 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
	• Attend Tom Green Brehavioral Health Leadership Team Meeting and facilitate a discussion on community housing priorities
	• Attend Homeless Coalition Meeting Every second Wednesday of the month at 10:00 a.m. at city hall)
	  ▸ Learn from existing housing efforts
	  ▸ Collaboratively assess community needs

Explore Housing and Shelter Options for Tom Green County and Learn from Other Similarly Sized Counties	• Coordinate with the Salvation Army and learn from previous emergency shelter efforts in Tom Green County
	• Visit communities with a well-established housing continuum.
	• Explore implementing:
	  ▸ Permanent supportive housing
	  ▸ Emergency shelters
	  ▸ Transitional living options
	  ▸ Tiny homes
	• Coordinate with Tom Green County Community Housing Providers to create a timeline for the development of an emergency shelter in Tom Green County. Consider:

Objective	Action Steps
	▸ Cost ▸ Location ▸ Staffing ▸ Scope of shelter services provided

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 Tom Green 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 publis services by linking data networks to identify those ineed 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.[d]
  - 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 homelss 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

[d] Corporation for Supportive Housing. *FUSE*. Retrieved May 31, 2022, from https://www.csh.org/fuse/.

described as cycling through systems experienced unstable housing or homelessness. This could be a valuable resource to explore for Tom Green County.[e]

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 Tom Green 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.

Review both national and state best practices on developing a housing continuum.

- Consider the SAMHSA Toolkit on Evidence-Based Practices to Establishing Permanent Supportive Housing.[f]
- 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

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

[f] *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.

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 (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. Navarro County could explore and adapt what ECHO has done to strengthen partnerships with landlords/property ownders 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.[g]

Workgroup Members:

Trish Spatz, Rivercrest Hospital; Katie Crumley, MHMRCV; Matt Schwarz, MHMRCV; Heidi Saner, Shannon Hospital; Chrissy Zihing, Shannon Hospital

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

Objective	Action Steps
Identify Subcommittees and	• Identify subcommittee subjects/ areas of focus: ▸ Identify community leaders to serve as experts for each

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

Objective	Action Steps
Work to Close Gaps Identified During the Tom Green SIM Mapping Workshop	subcommittee • Establish BHLT Meeting Logistics: ▸ Meeting Location ▸ Meeting Frequency ▸ Date and time of meeting
Learn From Other Successful Leadership Teams	• Identify comparable counties with effective leadership teams and learn about the structure of these teams: ▸ Bluebonnet Trails: Williamson County ▸ Integral Care: Travis County ▸ Central Counties: Bell County • Reconvene BHLT Planning group to review and discuss information gathered from other county models of collaborative stakeholder teams
Kick off to Leadership Committee with a Behavioral Health Luncheon	• Invite all key community stakeholders identified ▸ Secure buy-in and commitment of participation from community leaders • Send Invites out ▸ Invite all additional community participants outside of key stakeholders identified • Plan for Meeting ▸ Identify facilitators-ASU ▸ Location- MHMRCV ▸ Provide of lunch- Rivercrest hospital ▸ Meeting agenda ◊ Define meeting goals clearly and provide clear topics for discussion
Determine Key Community Leaders from Key Stakeholder Groups in Tom Green County	• Build from the SIM Workshop participant list ▸ Engage key players from Tom Green SIM Mapping Workshop ▸ Ensure there is representation across intercepts ▸ Ensure there is a mix of leaders, administrators, data trackers and direct service providers engaged • Establish Leadership Team priorities ▸ Consider data tracking ▸ Subcommittee formation ▸ Cross system collaboration and coordination

Additional Considerations:

Strengthen collaboration across stakeholder groups.

Consider opportunities identified to increase collaboration between stakeholders to increase diversion and mitigate gaps in service by:

- Assessing the goals and make-up of a regional collaborative.
  - What are the goals for collaborative meetings?
  - Who from each county should be involved?
  - How often should these meetings occur?
  - What information should be shared across stakeholder groups?
  - What topical sub-groups or committees can be developed to support regional collaboration and progress on the particular issues identified?
- Establishing points of contact from key stakeholder groups identified during the workshop to share data, identify gaps and discuss opportunities to serve individuals with behavioral health needs in each county.
- Developing a shared vision and values among community behavioral health and justice partners.
- Identifying ongoing opportunities for cross-training and education across stakeholder groups.

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 postions of authority. [h]

[h] *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.

- In addition to those identified in the action plan, 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.

Clarify goals for data sharing and data integration for Tom Green 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 Tom Green 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.

- A few key resources that can help guide a baseline data assessment, include:
  - 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 be 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.[i]

Workgroup Members:

Brandi Wilholm-Shannon Hospital; Judge Daniel-Justice of the Peace, Precinct one; Jenny Butts-TCOOMMI-Director, Karen Jansa-Shannon Medical Center Social Worker; Paul Keeton-West Texas Guidance and Counseling; Joel Carr-Angelo State University Social Work-Professor; Ami Mizell-Flint-MHMRCV; Jessy Tyler-Meadows Policy Institute

[i] *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.

Priority Three: Expand Crisis Options Through the Development of a Crisis Diversion Facility

Objective	Action Steps
Identify Key Stakeholders	• Identify additional stakeholders to support Diversion Center planning, including: Tom Green County Commissioners; San Angelo PD; Tom Green County Sheriff's Office; Tom Green District Judges; Tom Green County Court at Law Judges; Alchohol and Drug Abuse Counsil (ADAC)-CV; MHMRCV; All County Hospitals; Public Defenders; La Esperanza Clinic; Probation; Parole; City Government; County Judges/JPs; MH Deputies

Develop a Diversion Center Workgroup	• Establist a Diversion Center workgroup that meets regularly to support ongoing planning and implementation of the Diversion Center.
	  ▸ Set a regular meeting date and time
	  ▸ Send out invites to identified key stakeholders
	  ▸ Gather relevant data across stakeholder groups to inform diversion center planning efforts/ needs.

Visit Existing Diversion Models across the State	• Research best practice approaches • Assess county coordinator models in other similarly sized counties implemented in other communities • Develop education and training materials based on research and community needs assessments conducted

Establish Diversion Facility Objectives	• Consider diversion facility eligibility requirements
	• Identify funding options to support both start-up costs as well as ongoing operations. Explore:
	  ▸ Commissioners Court funding opportunities
	  ▸ ARPA Funds
	  ▸ Grant Opportunities (state and national)
	  ▸ Key community stakeholders (courts, hospitals, law enforcement, non-profits)
	• Identify potential locations for the Diversion Facility
	• Conduct a county-wide needs assessment to determine the scope of the facility

Operationalize Plans	• Track ongoing activity from diversion workgroup meetings
	  ▸ Establish a clear operational timeline
	  ▸ Identify best practices
	  ▸ Report out on information gathered during BHLT meetings
	• Determine initial clinical/medical services and other supports

Objective	Action Steps
	that will be available at the Diversion Center • Establish information sharing criteria ▸ Agency/partner agreements (ROIs and MOUs) • Phase diversion center development based on workgroup timeline, information gathered from other communities, and funding obtained

Additional Considerations:

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

- MCOT dispatch data
- Number of crisis line calls
- Number of emergency department hospitalizations for psychiatiric 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

[j] *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.

Learn from other communities. In addition to the site visits mentioned above, consider reviewing the following publications for diversion center implementation best practices:

- Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners, developed by Justice System Partners, provides practical guidance from Harris County for planning a crisis diversion center including, laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability.
- A Community Guide for Development of a Crisis Diversion Facility, by Health Management Associates (HMA), outlines key considerations for planning and managing a crisis diversion facility.[k] The guide outlines potential services; roles and responsibilities across local stakeholders; the role of data in informing planning and ongoing program improvement; and funding strategies. HMA also produced a companion document which provides case studies of communities in Arizona, South Dakota, Tennessee and San Antonio.
- Blueprint for Success: The Bexar County Model, How to Set Up a Jail Diversion Program in Your Community was produced by the National Association of Counties, in partnership with Bexar County, on setting up jail diversion programs. This provides an overview of the diversion center, steps taken for enlisting community support, funding, etc.[l]
- Roadmap to the Ideal Crisis System, National Council for Behavioral Health has a section titled, Elements of the Continuum, Crisis Center or Crisis Hub (Pg. 88), which describes the role a crisis center can play within the local crisis system. The section provides an overview of services you may want to consider, and shares examples of crisis hubs in states across the country.[m]

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

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

[m] *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.* The National Council for Mental Wellbeing

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

- Initially, the Harris County Diver center determined that the diversion center would be voluntary, and that diversion was appropriate for individuals who:
  - Committed low-level, non-violent crimes;
  - Appear to have a MI or have documented history of MI;
  - Have a mental health need contributing to their offending conduct;
  - Do not pose a public safety threat;
  - Are 18 and over;
  - Do not appear to be in mental health crisis and do not meet the criteria for Emegency Detention Order (not likely to harm self or others); and
  - Have no open warrants or detainers.
- Harris County stakeholders also agreed on disqualifiers, including individuals charged with the following offenses: domestic violence offenses, assault, terroristic threat weapons offenses (e.g. discharging a firearm, deadly conduct), driving while intoxicated, burglary of a motor vehicle, and any offense where public safety could be compromised.[n]

Workgroup Members:

Greg Rowe, CEO, MHMRCV; Eric Sanchez, CEO, ADAC-CV; Mike Hernandez- San Angelo PD; Sandy Rothband, Tom Green County Public Defender; Rosie Soto, MH Deputy; and Quentin Williams, Sargent, MH Deputies.

(2021, March). Retrieved 16 June 2022, from https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf.

[n] *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.

Priority Four: Establish a Continuum of Care for Youth at Risk of Justice Involvement

Objective	Action Steps
Establish Tom Green County Youth Diversion Team	• Identify key stakeholders to invite ▸ Children's Advocacy Center, CRCG, ISDs, Region 15 Education Representation; Juvenile Probation Officers; Juvenile Supervision Officer; Legal and Law Enforcement; Children's Medical; Aftercare • Define the Youth Diversion Workgroup ▸ Mission ▸ Vision ▸ How often the workgroup meets • Set First Youth Diversion Team Meeting ▸ Set time, date and agenda • Send out email invites to identified stakeholders • Formalize Youth Diversion Team Workgroup ▸ Confirm diverse stakeholder participation
Provide Community Juvenile MH and Justice Early Intervention and Prevention Education	• Inventory existing community resources for youth with Behavioral Health needs. • Conduct Monthly Educational Forums ▸ Identify target forum audience: ◊ Law enforcement, School Resource Officers, Local ER staff; JPOs; JSOs; School staff (teachers, counselors, social workers); parents ◊ Invite all key MH and Juvenile Justice stakeholders ◊ Establish Monthly topics ▪ Coordinate across Youth Diversion Team participants to present on youth MH gaps, opportunities, and best practices • Provide specialized training across stakeholder groups ▸ Assessment, treatment, and intervention best practices
Conduct a Youth SIM Mapping of Tom Green County	• Work with HHSC's Office of the State Forensic Director to explore Youth SIM Mapping options. • Stay Connected with HHSC ▸ Reach out for technical assistance support from the OSFC as needed

Additional Considerations:

Review national guidelines on effective juvenile justice prevention and diversion strategies. The National Center for State Courts developed the Juvenile Justice Mental Health Diversion Guidelines and Principles to outline critical components to effectively diverting youth with mental health needs from juvenile justice involvement. The guidelines identified are:[o]

- Commit to Integrated Approaches and Cross-System Collaboration
- Employ Standardized Mental Health Screeners and Assessments
- Develop Continuum of Evidence-Based Treatment and Practices
- Commit to Trauma Informed Care
- Ensure Fair Access to Diversion Opportunities and Effective Treatment
- Maximize Diversion and Minimize Intervention for Youth with Low Risk to Re-Offend
- Specialized Training for Intake or Probation Officers
- Measure Program Integrity and Diversion Outcomes

Review the Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide for evidence-based juvenile justice and youth prevention, intervention and reentry programs. The Council of State Governments Justice Center developed a brief, How to Use an Integrated Approach to Address the Mental Health Needs of Youth in the Justice System, that identifies the collaborative role that juvenile justice stakeholders play in preventing juvenile justice involvement. The roles identified include:[p]

- Families should have youth assessed and enter them into treatment when there is a suspected mental health condition or significant change in behavior.

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[o] *Juvenile Justice Mental Health Diversion: Guidelines and Principles*. National Center for State Courts. (2022). Retrieved 16 June 2022, from https://www.ncsc.org/__data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf.

[p] *How to Use an Integrated Approach to Address the Mental Health Needs of Youth in the Justice System.* Council of State Governments Justice Center. (2022). Retrieved 16 June 2022, from How to Use an Integrated Approach to Address the Mental Health Needs of Youth in the Justice System (csgjusticecenter.org).

- Schools should hire more mental health clinicians who are able to screen, assess, and provide interventions to youth.
- Law enforcement agencies may want to complete any necessary mental health or substance use screeners at arrest or during intake.
- Prosecutors can work with families, the community, defense attorneys, and schools to obtain all pertinent information about the youth before reaching a disposition on a case.
- Defense attorneys who receive training on how to identify signs of mental health and substance use conditions are better prepared to advocate for youth and involve community-based support.
- Judges may consider diversion alternatives.

Review the Critical Intervention Model. The Critical Intervention Model for youth mirrors the Sequential Intercept Model for adults and utilizes data-driven discussions to better serve justice-involved youth and their families across identified critical intervention points and identify opportunities for diversion. Critical Intervention Mappings are used to address the overrepresentation of youth with behavioral health conditions in the juvenile justice system and identify opportunities for early intervention and community-based treatment.

- Critical Intervention Mapping is based on the National Center for Mental Health and Juvenile Justice's (NCMHJJ) guide, Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System.[q] This guide identifies ways to develop partnerships between juvenile justice and behavioral health systems to increase diversion and access to the most effective mental health treatment. The model identifies the following cornerstones to improving the delivery of mental health services to youth in contact with the juvenile justice system: 1) Collaboration; 2) Identification; 3) Diversion; 4) Treatment.

Learn from other communities who have engaged in Critical Intervention Mapping.

[q] *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System.* The National Center for Mental Health and Juvenile Justice (2007). Retrieved 16 June 2022, from https://ncyoj.policyresearchinc.org/img/resources/Blueprint-for-Change-A_Comprehensive_Model-638003.pdf.

- The Harris Center has implemented a Critical Intervention Mapping and Action Planning Workshop in Harris County.[r] In October 2020, The National Center for Youth Opportunity and Justice (NCYOJ) and Policy Research Associates (PRA) facilitated this workshop. The workshop was modeled on the guide developed by NCMHJJ and targeted the following intercepts or intervention points: 1) Communities and Schools; 2) Initial Contact with Law Enforcement; 3) Intake and Detentions; 4) Judicial Processing; 5) Probation and Secure Placement; 5) Reentry.
- Denton County has also implemented a Critical Intervention Mapping and Action Planning Workshop initiated by the Texas Judicial Commission on Mental Health and facilitated by the NCYOJ and PRA, in July 2021.This Critical Intervention Mapping detailed how youth and families interact with child serving systems in Denton County (Schools, Health and Public Health Services, Behavioral Health Services, Support Services, Child Welfare and Juvenile Justice).

Workgroup Members:

Silvia Morin, CPS; Rynda Wortham, Concho Valley Workforce; Cara Barker, MHMRCV; Greg Hickey, Region 15-Education Service Center; Elizabeth Berry, Public Defenders Office; Andy Escobedo, Rivercrest Hospital; Chelsea Jones, Juvenile Justice Center

[r] *Critical Intervention Mapping and Strategic Planning- Harris County, Texas.* Policy Research Associates (2020). Retrieved 16 June 2022, from https://justiceinnovation.harriscountytx.gov/Portals/51/Documents/Harris%20County%20CIM%20Rep ort.pdf?ver=EF1LZ_R38Vm6po5tcSotMg%3d%3d.

Priority Five: Develop Reentry Planning Services for Justice Involved Individuals

Objective	Action Steps

Explore Information Sharing Tools	• Consider working with exiting data sharing tool like UniteUs to explore information sharing capabilities
	  ▸ Consider data sharing and information sharing best practices
	• Learn from agencies currently using UniteUs
	  ▸ West Texas Counseling and Guidance
	• Recruit community organizations and agencies to use UniteUs as an information sharing platform
	  ▸ Identify key agencies and stakeholders to target with recruitement efforts
	  ▸ Provide education to key community stakeholders on the UniteUs platform

Explore Transportation Options for Individuals in Transition	• Learn about City and Rural Rides (CARR) services. Consider:
	  ▸ Eligibility requirements
	  ▸ Costs and Funding opportunities
	  ▸ Opportunities for the jail, hospitals, and LMHA to partner with CARR
	• Explore other public transportation options
	• Implement a process for individuals in transition to access transportation
	  ▸ Consider voucher process
	  ▸ Consider ongoing opportunities for cross-agency partnerships

Improve Jail-Based Reentry Services	• Explore opportunities to improve access to MH services prior to an individual's release from hail
	  ▸ Provide MHMRCV intake packets to individuals in the jail prior to release
	  ▸ Schedule MHMRCV intake appointments (virtual and in person)
	• Jail-based discharge planning:
	  ▸ Schedule community-based appointments (with MH, medical, psych providers) prior to release
	  ▸ Provide clients on psychotropic medications the appropriate amount of extras upon release (90 day supply)
	• Explore benefits coordination services
	  ▸ Explore SOAR training for MHMR Re-entry coordinators

Objective	Action Steps
	and jail-based staff ▸ Assist individuals with benefits re-activation prior to release ▸ Ensure individuals are connected with housing, job and treatment supports prior to release
Establish a Re-entry Workgroup	• Identify key stakeholders to invite (Jail Staff; Jail Medical; Sheriff's Office; Police Departments; MHMR Forensic and Crisis Services Staff; Adult Probation and parole; Juvenile Probation) • Define the Reentry Workgroup, consider: ▸ Mission ▸ Vision ▸ How often the workgroup meets • Set first reentry workgroup meeting ▸ Set time, date and agenda • Send out email invites to identified workgroup participants

Additional Considerations:

Develop a standarfized script.

Strengthen collaboration across jail and reentry stakeholder groups by engaging in opportunities to deepen communication and coordination across reentry service providers.

- Continue coordination among the Tom Green County's Jail in-Reach Forensic Team members.
  - Explore opportunities to improve behavioral health and justice system coordination through engaging in technical assistance offered through the Jail in-Reach Learning Collaborative.
- Coordinate across reentry stakeholders to identify gaps in current reentry services and discuss opportunities to better serve individuals with behavioral health needs reentering the community from a secure setting.
- Identifying ongoing opportunities for cross-training and education among correctional, behavioral health and community stakeholders on reentry best practices.

Review national reentry best practice guidelines and learn from model reentry programs.

- SAMHSA developed Guidelines for Successful Transition that aims to provide correctional, behavioral health and community stakeholders examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.[s] The guidelines include:
  - Assess the individual's clinical and social needs and public safety risks.
  - Plan for the treatment and services required to address the individual's needs.
  - Identify required community and correctional programs responsible for post-release services.
  - Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.
- Learn from communities that have developed robust reentry programs for people with behavioral health needs.
  - At Gwinnett County Jail in Georgia, County Commissioners funded the Gwinnett Reentry Intervention Program (GRIP) with a dual goal of assisting individuals who were exiting incarceration to become self-sufficient and reducing recidivism. This program was developed in collaboration between United Way and the County Sherriff's Office to provide community-based services to people release pretrial as well as those transitioning back post sentence.
  - In Hancock, Ohio the county jail has implemented a comprehensive strategy for placement and treatment planning that matches an individual's risk level and behavioral health needs with varying levels of supervision and modes of treatment. This empirical classification system outlines options for general versus specialized services, treatment referrals, case management, transition planning, and support, as well as general programming and allows for the jail to effectively individualize treatment needs.
- Utilize The National Reentry Resource Center developed by U.S. Department of Justice's Office of Justice Programs, Bureau of Justice Assistance and

[s] *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. Substance Abuse and Mental Health Services Administration. (2017). Retrieved 3 October 2022, from https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf.

Office of Juvenile Justice and Delinquency Prevention to explore reentry resources, funding opportunities and opportunities for technical assistance.

Explore jail in-reach best practices. Consider opportunities to implement the best practices highlighted below in Tom Green County:

- Transition planning by the jail or in-reach providers
  - Planning for reentry should begin at intake and continue during the person's incarceration
- Medication and prescription access upon release from jail or prison
  - Ease the transition by supplying extra medication or a prescription prior to release
- Warm hand-offs from corrections to providers
  - Utilize peers to provide transportation from jail directly to services
  - Consider opportunities to have community-based workers engage with clients in the jail prior to release
- Reinstate benefits and health care coverage immediately following or upon release
  - Create a procedure to contact HHSC when a person with Medicaid is incarcerated over 30 days to ensure suspension versus termination. For more information, see H.B. 337, 85th Legislature, Regular Session, 2017.
  - Establish procedure for Social Security Administration benefits to be reinstated prior to an individual's release from jail back into the community through a pre-release agreement with Social Security.
    - Visit Re-entering the Community After Incarceration—How We Can Help (ssa.gov) for more information about coordination of benefits reinstatement.
- Peer support services
  - Peer staff may be employed by the jailor by in-reach providers to deliver transition planning services
- Reentry coalition participation
  - Partners from criminal justice, behavioral health, and all types of supportive community-based services should be involved to help

coordinate the reentry processes and provide MH and SUD resources as they plan their transition

Coordinate with community IDD service providers to improve reentry for individuals reentering the community from State Supported Living Centers (SSLCs).

- Connect with MHMRCV's LIDDA Service Coordinator. Service Coordinators work with people with IDD who are reentering the community by providing the follow- up and monitoring necessary for them to achieve a quality of life in the community. Services include assistance in accessing medical, social, and educational services as well as other services and supports as appropriate.
- Coordinate trainings on IDD for community stakeholders through HHSC Transition Support Teams. There are 8 contracted LIDDAs with teams that offer educational activities, technical assistance and case review to LIDDAs and community IDD waiver providers. Transition Support Teams consist of licensed medical staff with experience working with people with IDD to provide support.
  - Emergence Health Network is the designated LIDDA that provides Transition Support Team services for the MHMRCV service area.
- Report when services provided in community group homes to people with IDD are out of compliance and not meeting contract requirements. Reports can be made to:
  - Region Two Long-Term Care Regulatory
  - MHMRCV - IDD Service Coordinator
  - HHSC IDD Ombudsman-
    - Online: Submit your question or complaint online

Workgroup Members:

Steven Garlock, MHMRCV MCOT; Victoria Galindo, MHMR/ MCOT; Tonya Boyett, MHMRCV Clinical Supervisor; Monica Schniers, Juvenile Probation; Jessica Damian, ASU intern; Anna Mendoza, Adult Probation

Quick Fixes

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

- Create an updated resource list of all existing MH, SUD< and IDD resources in Tom Green County that can be utilized by first responsers and community providers to connect people to care.
- MHMRCV can coordinate with Tom Green County jail to provide intake packets to individuals in the county jail prior to release.
- Explore opportunities to provide all individuals taking psychotropic medications released from Tom Green County Jail with at least a 7-day supply of medications prior to release.
- Connect with the Veterans Justice Outreach program serving Tom Green County and explore opportunities to expand access to behavioral healt services for justice-involved veterans in the community.
- Workshop participants identified a gap in the number of MH Deputies available to respond to people experiencing a MH crisis in the community. MHMRCV can explore opportunities to expand the utilization of their Mobile Crisis Outreach Team to respond in the community.
- MHMRCV 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.
- MHMRCV can enhance engagement with the judiciary to educate on alternatives to inpatient competency restoration and discuss opportunities to utilize outpatient competency restoration.

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 the frequency of reporting to HHSC of concerns related to group homes. Ultimately working to improve the regulation on group homes in Tom Green County serving people with IDD released from State Supported Living Centers in the Region.
- Training for law enforcement and first responders on engaging with individuals with IDD.
- Embedded MH provider at 911 dispatch in Tom Green County to support screening and triage of calls suspected to be MH related.

Appendix A. Tom Green County SIM Workshop Agenda

Sequential Intercept Model Mapping Workshop

Tom Green County

August 15, 2022- August 16, 2022

Education Service Center (Region 15)

612 S. Irene St. San Angelo, TX 76903

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by MHMR Concho Valley
8:30	**Opening Remarks**	Opening Remarks, *Greg Rowe, Chief Executive Officer of MHMR Concho Valley* Welcome and Introductions, *Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services*
9:15	**Workshop Overview and Keys to Success**	Overview of the Workshop Texas Data Trends Community Polling
9:45	**Presentation of Intercepts 0, 1**	Overview of Intercepts 0 and 1 Tom Green County Data Review
10:05	**Break**	
10:15	**Map Intercepts 0, 1**	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:15	**Presentation of Intercepts 2, 3**	Overview of Intercepts 2 and 3 Tom Green County Data Review
11:35	**Lunch**	Lunch to be provided MHMR Concho Valley *(Hamptons Kitchen and Catering)*
12:30	**Map Intercepts 2, 3**	Map Intercepts 2 and 3 Examine Gaps and Opportunities
1:30	**Presentation of Intercepts 4, 5**	Overview of Intercepts 4 and 5 Tom Green County Data Review
1:50	**Break**	Refreshments to be provided by MHMR Concho Valley
2:00	**Map Intercepts 4, 5**	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:00	**Summarize Opportunities, Gaps and 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**	

Appendix B. Sequential Intercept Model Map for Tom Green County, November 2022

Community Public Health and Support Services

Behavioral Health:

- **Open Arms** – Rape Crisis Center and LGBTQ+ Services
- **My Health My Resources Concho Valley** – Crisis Services, Adult Mental Health and Children's Mental Health services
- **West Texas Counseling and Guidance** – Crisis Care and Suicide Prevention
- **Shannon Medical Center:** Behavioral Health Services
- **River Crest-Outpatient Services:** (Partial Hospitalization Program, Intensive Outpatient Program, Transition program)

Peer Supports Services:

- **San Angelo Clubhouse** – 8-4 M-F
- **National Alliance on Mental Illness San Angelo** – 1st and 3rd Thursdays

Veterans Service Providers:

- **San Angelo Veterans Support Organization**
- **Disabled American Veterans** - San Angelo
- **Veterans County Service Office**
- **West Texas Counseling and Guidance – Veterans Services:** Mental Health Mental Resources Concho Valley- Military Veteran Peer Network

Housing and Shelter:

- **San Angelo Public Housing Authority**
- **Concho Homeless Planning Coalition**

- **San Angelo Community and Housing Support**
- **Concho Valley Community Action Agency**
- **Institute of Cognitive Development Inc. Domestic Violence Family Shelter**
- **Momentous House**, Sober living environment for women

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

Crisis Phone Lines:

- **My Health My Resources Concho Valley Crisis Hotline:** (325) 653-5933 available 24/7 365 days a year.
- **Avail Solutions Crisis Line:** 1-800-375-8965
- **Angelo State University (ASU) Crisis Help Line:** 325-486-6345; 24/7 for students
- **Open Arms –** Sexual Assault Crisis Hotline: 325-658-8888; 24/7

Warmlines and Resource Lines:

- **West Texas Counseling and Guidance – Crisis Line:** 325-944-2561; M-F, 8-5 PM

Crisis Units:

- **Crisis Respite Unit:** My Health My Resources Concho Valley – Lloyd Downing Campus has 16 beds; Voluntary psychiatric stabilization
- **Crisis Stabilization and Private Psychiatric Beds:** Contract with Shannon Behavioral Health, Rivercrest Hospital and Scenic Mountain Medical Center

Mobile Crisis Response Team:

- **My Health My Resources Concho Valley Mobile Crisis Outreach Team:** 24/7 response; Conduct face-to-face screenings and telehealth screenings
- **Mental Health Deputies Program:** 5 Trained Mental health Officers; Tom Green Sheriff's Office

Detox Sevices and Substance Services:

- **My Health My Resources Cocho Valley Co-Occurring Psychiatric and Substance Disorder Program:** Individual/group therapy; Referral to inpatient when needed; 325-658-7750
- **Alcohol & Drug Abuse Council of the Concho Valley:** Outpatient – 12, 14, and 26 week programs; Inpatrient- detox and residential; Journey recovery center, William's House and Sara's House, 325-224-3481

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch and Emergency Communications:

- **Tom Green County Dispatch** – Tom Green Sheriff's Office: Routed through the Public Safety Communications Center

Law Enforcement:

- **San Angelo Police Department**
- **Tom Green Sheriff's Office**
- **Angelo State University Police Department**

Emergency Medical Services:

- **San Angelo Fire Department**

Hospitals:

- **Shannon Behavioral Health:** Inpatient Psychiatric facility with 22 beds
- **Shannon Medical Center – San Angelo:** Emergency Department
- **River Crest – San Angelo, TX:** Psych Unit with 80 beds
- **Scenic Mountain Medical Center –** Big Springs, TX

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Tom Green County Detention Center**
- **Tom Green County Juvenile Detention Center**

Booking:

Screening Assessments Used:

- **Screening Form for Suicide and Medical and Mental Impairments:** Provided by the Texas Commission on Jail Standards (TCJS).
- **Inmate Mental Condition Report**
- **Substance Use Screening:** Jail medical conducts screening at booking when SU is reported
- **TLETS Continuity of Care (CoC) Query / Care Match:** the magistrate is notified if there is an exact or probable TLETS match and may order MHMR CV to assess the individual for MI or IDD.

Initial Court Appearance Locations:

Magistration:

- **Tom Green County District Courts Pre-Trial Services**: Bond decisions are set by the district judges.
- **Pre-Trial Diversion/Intervention (PTD) program:** Tom Green CSCD

Competency Restoration:

- **Outpatient Competency Restoration:** Operated by MHMR CV

Intercept 3: Jails and Courts

Courts:

In Tom Green County, there are four district courts, three misdemeanor drug courts, two treatment courts, and one appointed criminal magistrate court that have jurisdiction in criminal cases.

- **District Courts**: Oversee felony criminal cases
  - The 51st district court – Judge Carmen Symes Dusek (multiple counties)
  - The 119th district court – Judge Ben Woodward (multiple counties)
  - The 340th district court – Judge Kay Weatherby (Tom Green County)
  - The 391st district court – Judge Brad Goodwin (Tom Green County)
- **Criminal Magistrate Court:** Judge LaFon
- **Misdemeanor Drug Courts**: Judge Nolan, Judge Floyd, Judge Roberts
- **Treatment Courts**:
  - Felony Drug Court – Judge LeFron
  - Juvenile Drug Court – Judge LeFon

Jail:

- **Tom Green County Jail:** Health Services
  - **Mental Health Provider:** FasPsych, MHMRCV
  - **Physical Health Provider:** Primary Care – Shannon Medical; Dental – Esperanza

Intercept 4: Reentry

Jail Reentry:

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

Other Community Supports:

- **My Health My Resources Concho Valley Jail Diversion Program**

Intercept 5: Community Corrections and Community Supports

Parole:

- **Texas Department of Criminal Justice, Parole Division, Region V, San Angelo Parole Office - Specialized Caseloads**: Offered through TCOOMMI - The Texas Risk Assessment System (TRAS) is used to determine specialized service needs and placement on specialized caseloads

Probation:

- **Concho Valley Community Supervision and Corrections Department:** Adult probation
- **Specialized Caseloads:** MH specialized caseload; Substance Use caseload
- **Texas Juvenile Justice Department:** Tom Green County Juvenile Probation Department

Other Community Supports:

- **My Health My Resources Cocho Valley Jail Diversion Programs**

Appendix C. Impact Measures

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

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

Appendix D. Texas and Federal Privacy and Information Sharing Provisions

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

Mental Health Record Protections

Health and Safety Code Chapter 533:

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

Health and Safety Code Chapter 611:

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

(a) A professional may disclose confidential information only:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health and Safety Code Chapter 614:

Section 614.017. EXCHANGE OF INFORMATION.

(a) An agency shall:

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

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

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

(c) In this section:

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

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

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

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

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

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

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

(M) a municipal or county health department;

(N) a hospital district;

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

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

(Q) the Health and Human Services Commission;

(R) the Department of Information Resources;

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

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

(T) the Department of Family and Protective Services.

SUD Records Protections

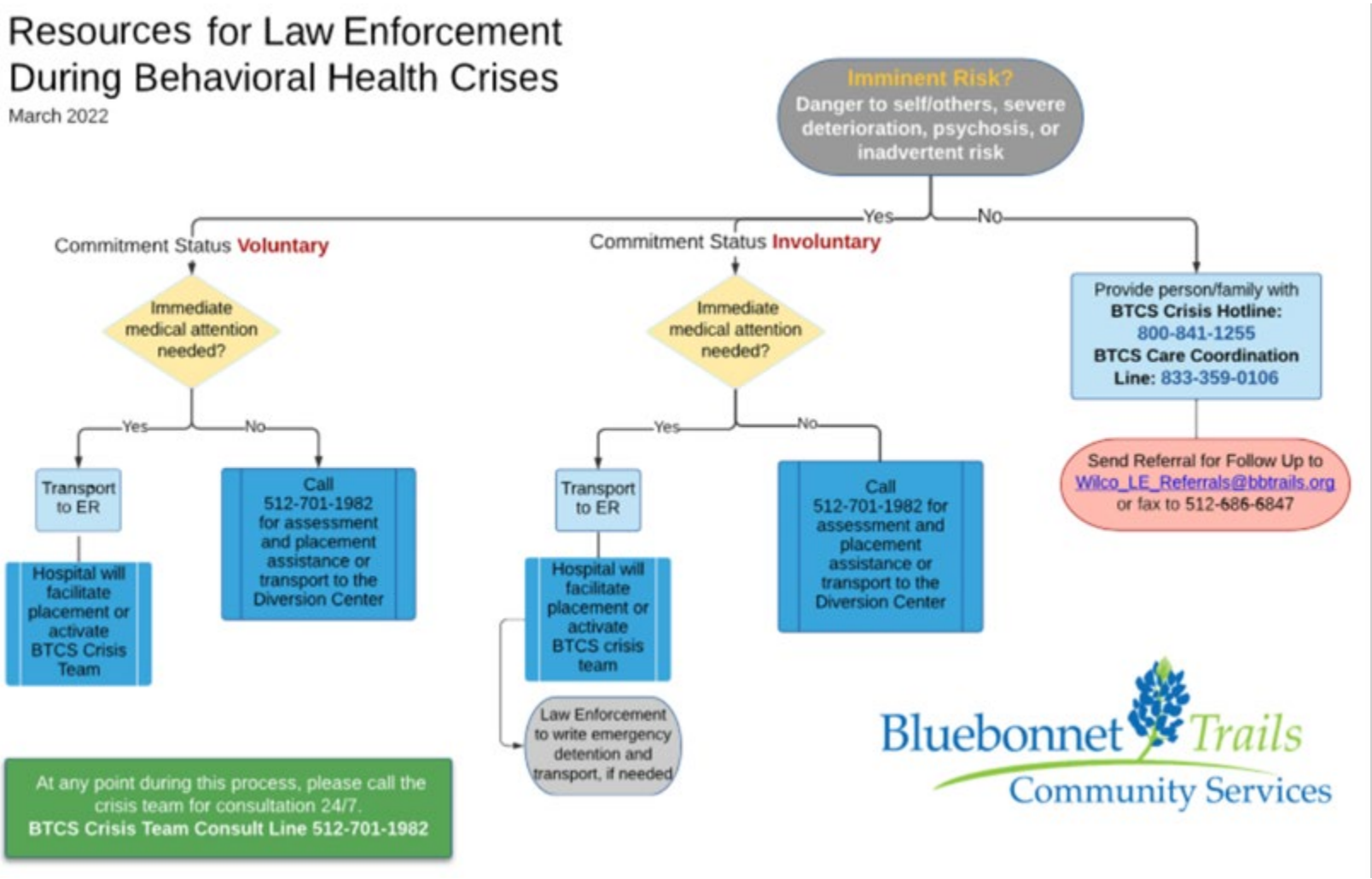
42 CFR Part 2. CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

42 CFR Part 2 Subpart C. DISCLOSURES WITH PATIENT CONSENT

42 CFR Part 2 Subpart D. DISCLOSURES WITHOUT PATIENT CONSENT

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

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



Resources for Law Enforcement During a Behavioral Health Crisis

Bluebonnet Trails Community Services (BTCS)

1. Is there an imminent risk?

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

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

a. Commitment Status: **Involuntary**

(1) Is immediate medical attention needed?

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

(a) Transport to emergency room

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

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

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

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

b. Commitment Status: **Voluntary**

(1) Is immediate medical attention needed?

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

(a) Transport to emergency room

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

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

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

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

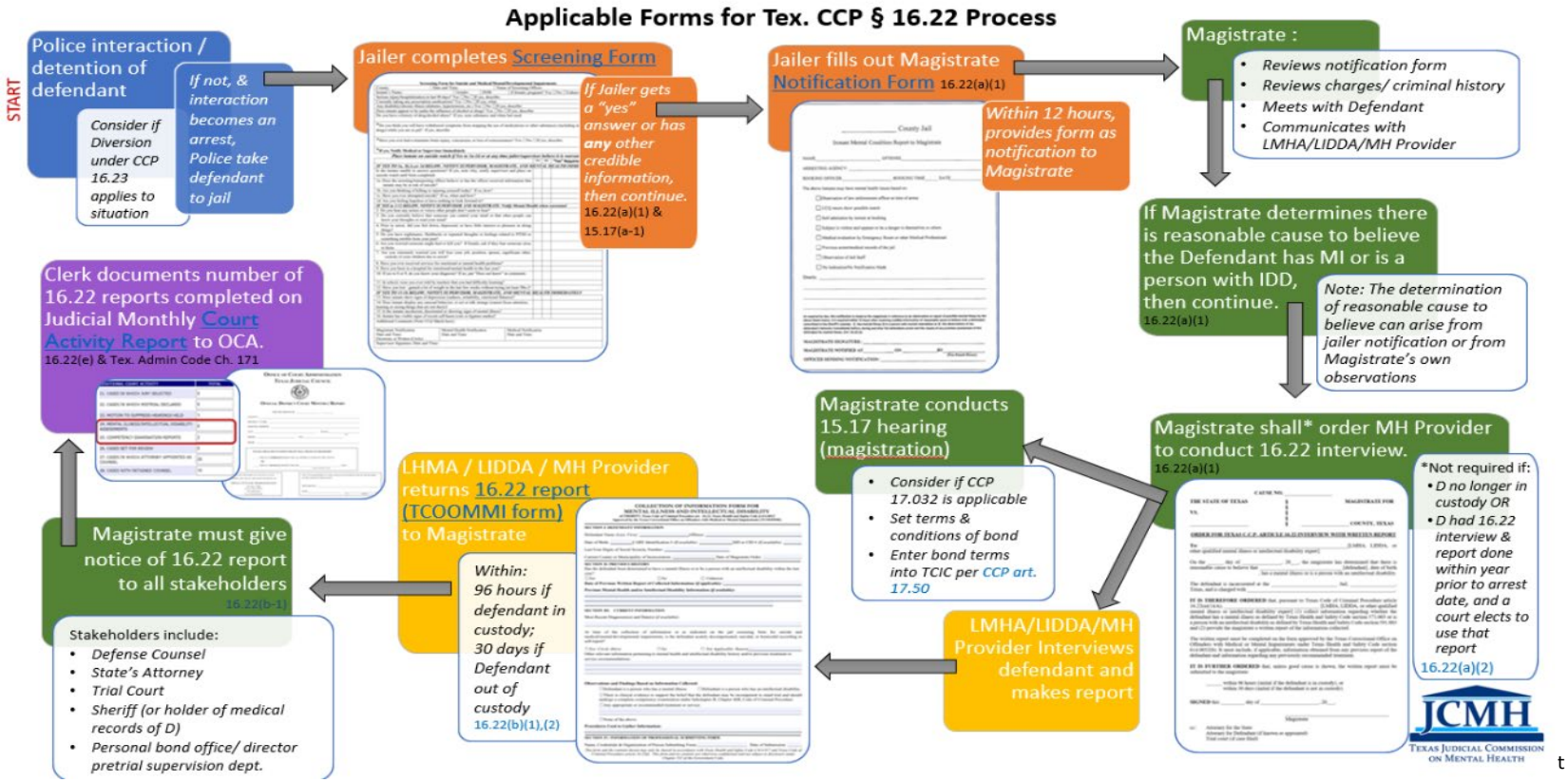
a. Provide person or family with BTCS Crisis Hotline: 800-841-1255 and BTCS Care Coordination Line: 833-359-0106

b. Send referral for follow up to Wilco_LE_Referrals@bbtrails.org or fax to 512-686-6847

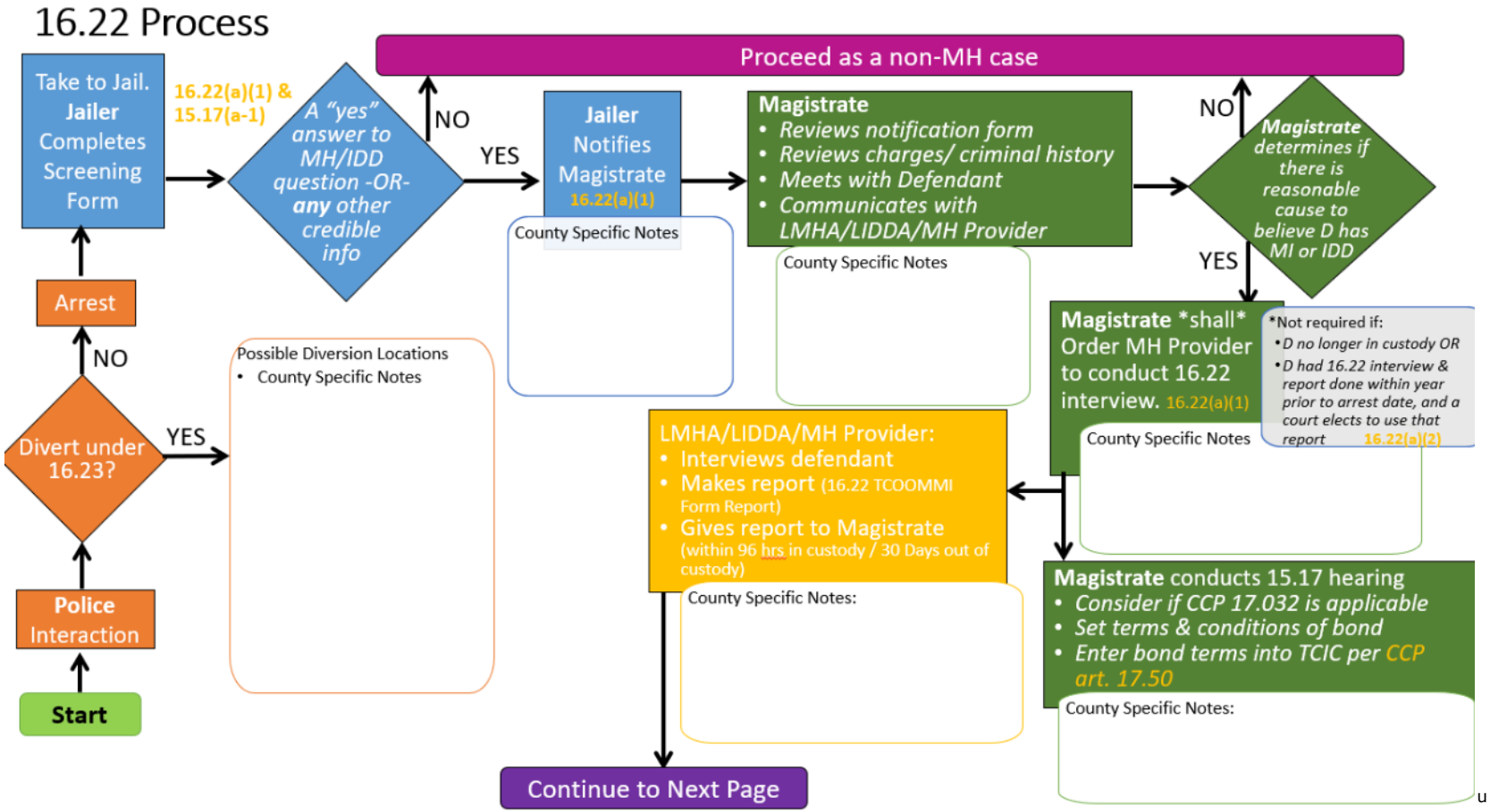
> At any point during this process, please call the crisis team for consultation 24/7. BTCS Crisis Team Consult Line 512-701-1982

Appendix F. CCP 16.22 Forms and Process Charts

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



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



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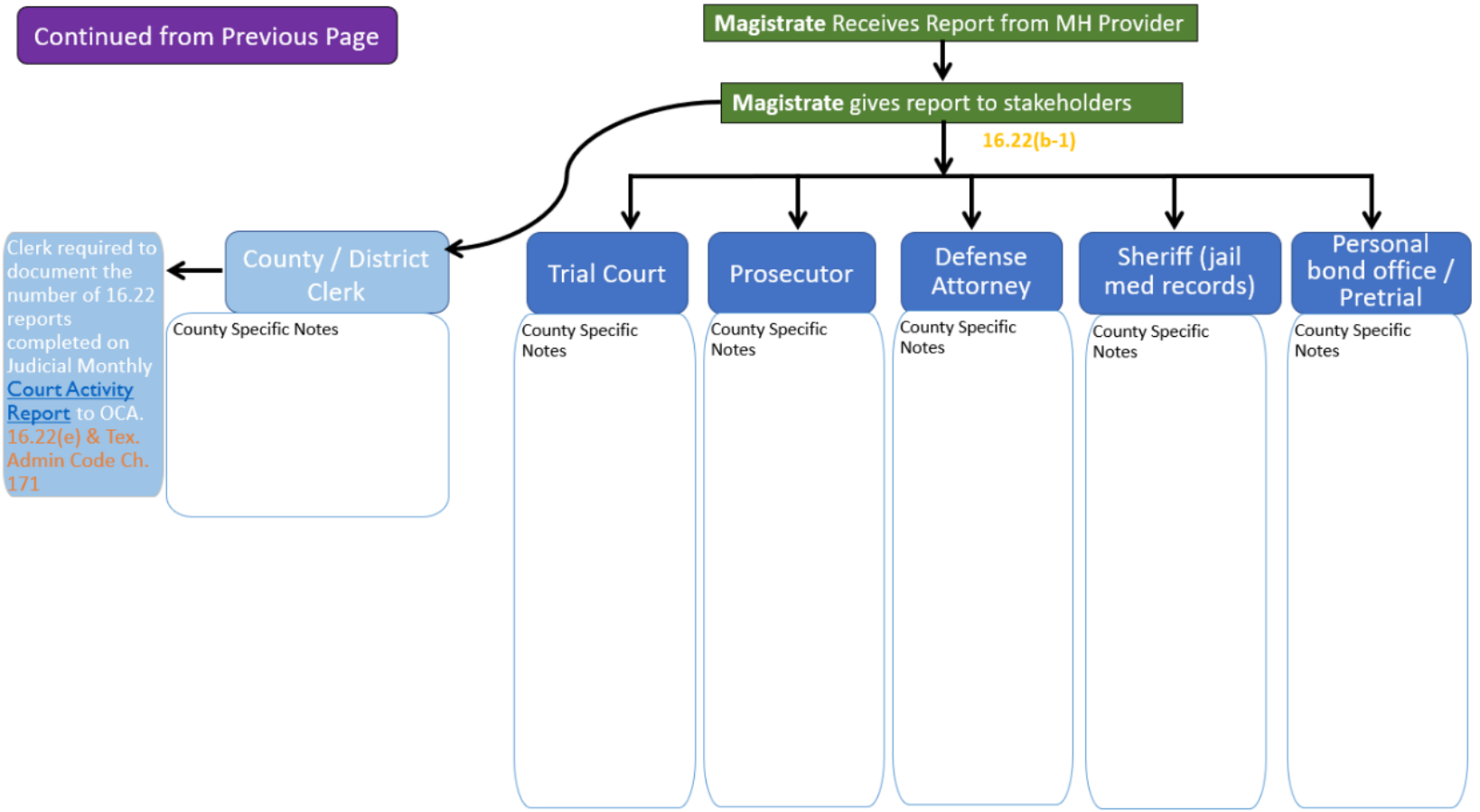

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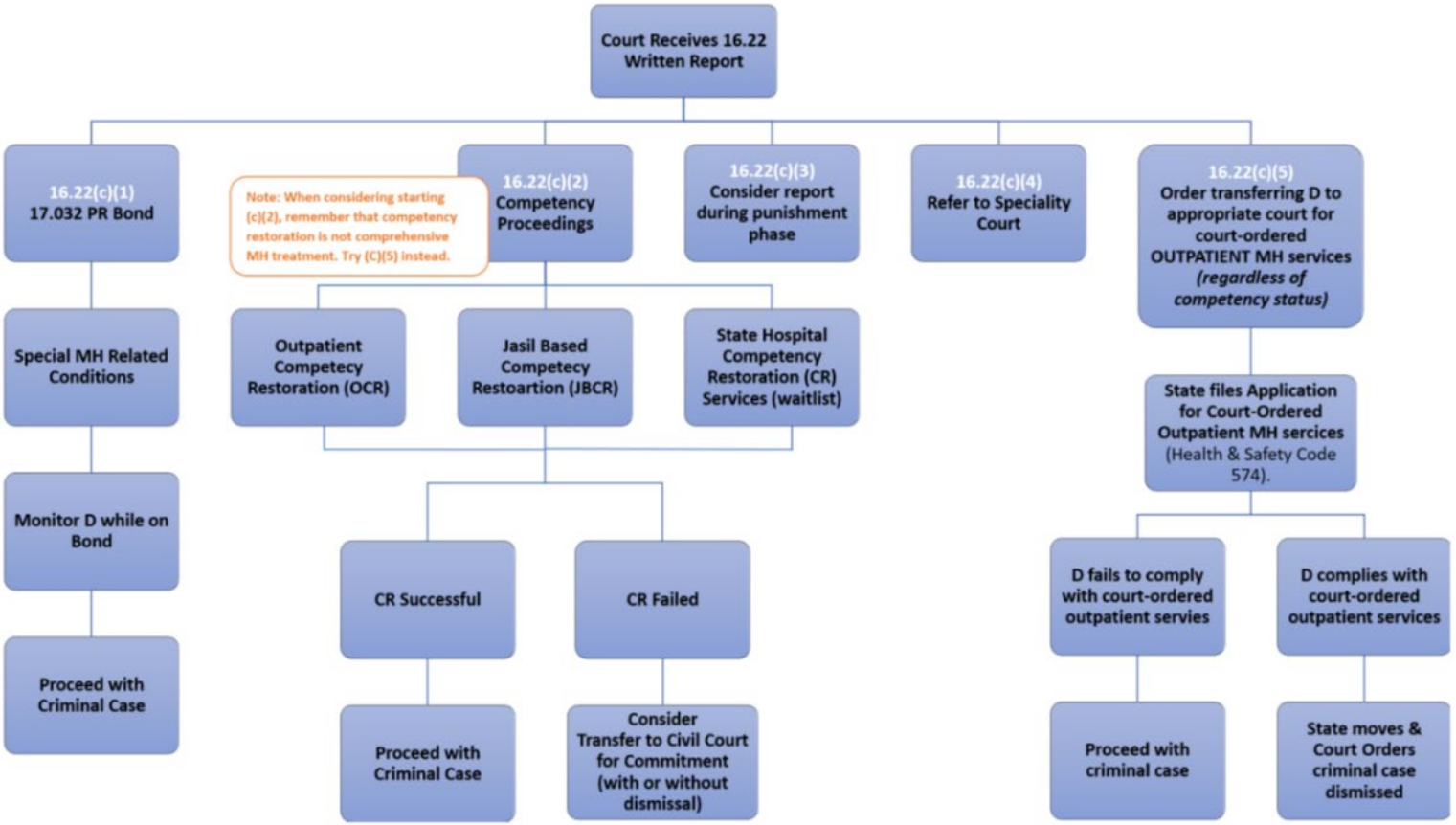
[v] *The Texas CCP Art.16.22 Guide: for Successful Early Identification of Defendants Suspected of Having Mental Illness or Intellectual Disability.* Texas Judicial Commission on Mental Health. (September 2023). Retrieved 18 September 2025, from 16-22-guide-october-2023.pdf



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

Appendix G. SIM Mapping Workshop Participant List

Name	Agency	Title
Ami Mizell-Flint	MHMRCV	
Andy Escobedo	Rivercrest DCS	
Anna Mendoza	Tom Green CSCA	
Brandi Wilhelm	River Crest Hospital	
Cara Barker	MHMRCV	
Chelsea Jones		Juvenile Justice Center Mental Health Coordinator
Christian Guiliano	Tom Green County Jail	Mental Health Coordinator
Eddie Wallace	MHMRCV	
Elizabeth Berry	Tom Green Public Defenders Office	
Eric Sanchez	Alcohol and Drug Abuse Council for the Concho Valley	
Gregory Hickey	ESC15	Mental Health Specialist
Greg Rowe	MHMRCV	CEO
Heidi Saucer	Shannon Hospital	Social Worker
Jenny Butts	TCOOMMI	MHMR Supervisor
Jerry Duncan		Juvenile Justice Case Manager for Adolescent
Jessica Damian	ASU	Jail Diversion Intern
Jessy Tyler	Meadows Policy Institute	
Dr. Joel Carr	Angelo State University	Social Work Professor
Karen Jansa	Shannon Medical Center	Social Worker
Katie Crumley Castillo	MHMRCV	
Matt Schwartz	MHMRCV	
Lt. Mike Hernandez	SAPD	
Monica Schniers	Juvenile Probation	Chief
Nathan Southard	Judge Floyd's Office	Director

Name	Agency	Title
Paul Keeton	West Texas Guidance and Counseling	Director of Veterans Services
Sgt. Quinton Williams	Tom Green Sheriff's Office	MHD
Rosie Soto	Tom Green Sheriff's Office	MHD
Ryanda Wortham	Concho Valley Work Force	
Sandy Rothband	Tom Green County Public Defencers	
Steven Garlock	MHMRCV	
Sylvia Morin	DFPS	
Tonya Boyett	MHMRCV	
Trish Spatz	Rivercrest Hospital	
Victoria Galindo		Jail Diversion Coordinator

Appendix H. List of Acronyms and Initialisms

Acronym	Full Name
ADAC	Alcohol and Drug Abuse Council
BHLT	Behavioral Health Leadership Team
CARR	City and Rural Ride Service
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
COMs	Court Ordered Medications
CRCG	Community Resource Coordination Group
DDJ	Data-Driven Justice
DOJ	Department of Justice
ECHO	Ending Community Homelessness Organization
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room
FUSE	Frequent User System Engagement
HASA	Housing Authority San Angelo
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HMA	Health Management Associates
IDD	Intellectual and Developmental Disability
ISD	Independent School District
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
JSO	Juvenile Supervision Officer
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medicated-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHD	Mental Health Deputy
MHFA	Mental Health First Aid
MHMRCV	My Health My Resources Concho Valley
MI	Mental Illness
MOU	Memorandum of Understanding

Acronym	Full Name
NCMHJJ	National Center for Mental Health and Juvenile Justice
NCYOJ	The National Center for Youth Opportunity and Justice
NTBHA	North Texas Behavioral Health Authority
OCR	Outpatient Competency Restoration
OPC	Order of Protective Custody
OSFD	Office of the State Forensic Director
OTP	Opioid Treatment Program
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
ROI	Release of Information
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
STRAC	Southwest Texas Regional Advisory Council
SSDI	Social Security Disability Insurance
SSI	Supplement Security Income
SUD	Substance Use Disorder
TA	Technical Assistance
TCJS	Texas Commission on Jail Standards
TCOLE	Texas Commission on Law Enforcement
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TLETS	Texas Law Enfocement Teleceommunication System
THDSN	The Texas Homeless Data Sharing Network
TRAS	Texas Risk Assessment System