Sequential Intercept Model Mapping Report for Hunt County

Intellectual and Developmental Disability and Behavioral Health Services Department

TEXAS
Health and Human Services

July 2022

Acknowledgements

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.

Recommended Citation

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

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Background

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

A SIM mapping is a strategic planning tool that maps how people with behavioral health needs encounter and move through the criminal justice system. Through the workshop, facilitators and participants identify opportunities to link justice-involved people with mental illness (MI), substance use disorder (SUD), and intellectual and developmental disabilities (IDDs) to services and prevent further penetration into the criminal justice system.

The SIM Mapping workshop has three primary objectives:

1. Develop a comprehensive picture of how people with MI and co-occurring 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.

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[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.

| Intercept 0 Community Services | Intercept 1 Law Enforcement | Intercept 2 Initial Detention/ Initial Court Hearings | Intercept 3 Jails/Courts | Intercept 4 Reentry | Intercept 5 Community Corrections |
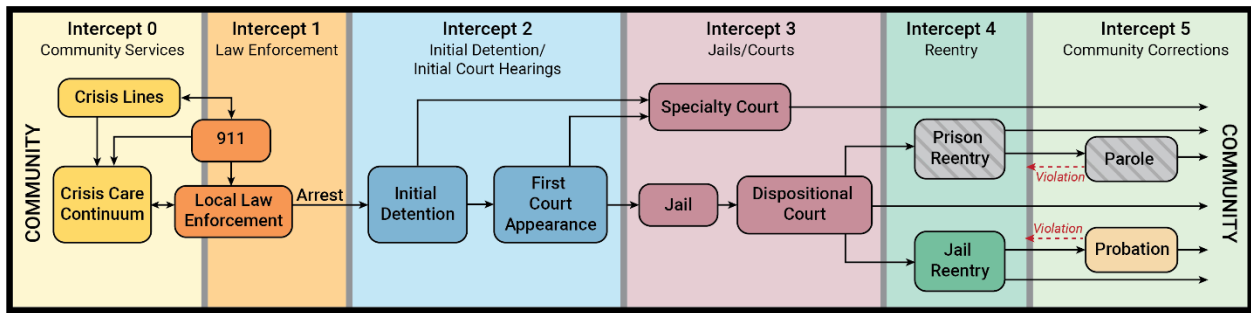
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See **Appendix A** for a more in-depth description of the SIM Model.

Texas SIM Mapping Initiative

The Texas Behavioral Health and Justice Technical Assistance Center, on behalf of HHSC, has adopted 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 and government agencies across behavioral health and justice systems to identify strategies for diverting people with MI, SUD and/or IDD from the justice system into the most appropriate services. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have access to SIM and SIM mapping workshops.

The Office of the State Forensic Director has partnered with the System Integration Team to offer a SIM for LMHAs participating in the All Texas Access project. All Texas Access is a legislatively mandated initiative that focuses on increasing access to mental health services in rural Texas communities. Specifically, the All Texas Access initiative helps rural LMHAs and HHSC identify ways to reduce:

- 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/all-texas-access.

Introduction

The Hunt County Sequential Intercept Model (SIM) Mapping workshop was organized by North Texas Behavioral Health Authority (NTBHA). NTBHA engaged the Health and Human Services Commission to provide a county SIM mapping workshop to foster collaboration between behavioral health and justice partners and find solutions for improving diversion efforts for people with mental illness (MI), substance use disorders (SUDs) and/or intellectual and developmental disabilities (IDDs). The SIM Mapping was divided into three sessions:

- Introductions and Overview of the SIM;
- Developing the Local Map; and
- Action Planning.

Following is a summary of remarks:

- Opening remarks were given by Dr. Sherry Sheffield, NTBHA Board of Directors; Lieutenant Chad Stroud, Hunt County Sheriff's Office; and Dr. Jennie M. Simpson, State Forensic Director, HHSC.

- Dr. Sherry Sheffield described the value of being a community member and emphasized the need for an open and honest discussion by community members at the event.

- Lieutenant Stroud identified the need to support people stuck in a cycle of criminal justice involvement and experiencing mental health crises. He also discussed the need for continued meetings after the SIM Mapping workshop to support implementation of plans developed during the workshop.

- Dr. Simpson applauded the community on the large turn-out for the event. She thanked the NTBHA staff who also chose to attend the Hunt County SIM. She described how the experience gained in the Navarro County SIM Mapping could be applied to Hunt County.

This report reflects information provided during the SIM Mapping workshop by participating Hunt 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 Mapping Workshop
Hunt County
April 28, 2022- April 29, 2022
Best Western Plus, 3001 Mustang Crossing, Greenville, TX 75402

Agenda – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 am	Registration	Coffee and snacks to be provided by NTBHA
8:30 am	Opening Remarks	Opening Remarks, *Dr. Sherry Sheffield, NTBHA Board of Directors* and *Lieutenant Chad Stroud, Hunt County Sheriff's Office* Welcome and Introductions, *Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services*
9:15	Workshop Overview and Keys to Success	Overview of the Workshop Workshop Tasks Texas Data Trends Community Self-Assessment Results
9:45	Presentation of Intercepts 0, 1	Overview of Intercepts 0 and 1 Hunt 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 Hunt County Data Review
11:35	Lunch	Lunch to be provided by NTBHA
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 Hunt County Data Review
1:50	Break	Refreshments to be provided by NTBH
2:00	Map Intercepts 4, 5	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:00	Summarize Opportunities, Gaps & Establish Priorities	Identify potential, promising areas for modification within the existing system Establish a List of Top 5 Priorities
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	

Agenda - Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by NTBHA
8:30	**Welcome**	Opening Remarks, *Lieutenant Chad Stroud, Hunt County Sheriff's Office*
8:45	**Preview & Review**	Preview of Day #2 Review Day #1 Accomplishments
9:15	**Action Planning**	Group Work
10:30	**Break**	
10:45	**Finalize the Action Plan**	Group Work
11:30	**Workgroup Report Outs**	Each Group will Report Out on Action Plans
12:00	**Next Steps & Summary**	Finalize Date of Next Task Force Meeting Discuss Next Steps for Hunt County Report Share Technical Assistance Opportunities Complete Evaluation Form
12:20	**Closing Remarks**	Closing Remarks, *Nancy Blum, NTBHA, COO*
12:30	**Adjourn**	

4. Sequential Intercept Model Map for Hunt County, April 2022

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

COMMUNITY (left margin) **COMMUNITY** (right margin)

Intercept 0

Crisis Phone Lines
NTBHA Referral Line:
- Contracts with Harris Center to answer crisis lines and Dallas COVID-19 Hotline
- 866-260-8000
Substance Use Lines:
- OSAR-844-275-0600

Crisis Stabilization
- **Southern Area Behavioral Health**: Walk in crisis provider: Emergency Medications, Psychiatric Evaluations
- **Terrell State Hospital**
- **Bridge of Kaufman County**: In-person or telehealth crisis services and medication

Mobile Crisis Response Team
NTBHA Mobile Crisis Outreach Team (MCOT)
- 866-260-8000
- MCOT is Centrally located in Southern Dallas County
- MCOT conducts face-to-face screenings and telehealth screenings

Respite Services
- Hotel vouchers provided by NTBHA and Lakes Regional

Detox Services
- NTBHA can transport to urban detox centers in Dallas

Veterans' Services
- Hunt County Veterans Services Department

Peer Support Services
Lakes Regional Coffee House
- Peer-led
- NTBHA funded

Intercept 1

911 Dispatch
- Hunt County Sheriff's Office Dispatch Center
- Greenville Police Department Dispatch Center

Law Enforcement
Hunt County Sheriffs Office, Greenville PD, Caddo Mills PD, Commerce PD, Wolfe City PD, Quinlan PD, University PD
- Greenville PD offers opportunity for ride-alongs

Citations

Hospitals
- **Glen Oaks Hospital-Greenville, TX**
  ○ Intensive Outpatient
  ○ Partial Hospitalization Program
  ○ Inpatient- 54 beds
- **Mayhill Hospital-Denton, TX**
  ○ Accepts Oders of Protective Custody from Glen Oaks
  ○ Accepts patients with cooccurring acute medical and behavioral health needs
- **Hunt Regional Medical Center**
  ○ Hunt Regional Community Hospital
- **Presbyterian Hospital of Greenville**
- **Terrell State Hospital**
- **Dallas County Hospital**

Emergency Medical Services
- Hunt County EMS Ambulance of Commerce
- County EMS Ambulance of Greenville
- American Medical Response

Arrest

Intercept 2

Initial Detention
Hunt County Detention Center
Booking
Screening Assessments Used:
- Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS)
- CCP 16.22 Report - used to indicate evidence of MI or IDD at booking

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

Initial Court Appearance-Magistration
Hunt County Courthouse

Pre-Trial Services
- Pre-trial supervision provided through Hunt County Community Supervision and Corrections Department
  ○ Requires compliance with bond conditions
- Pre-Trial Diversion Program
  ○ Veterans Court

Intercept 3

Courts
County Court at Law 1 & 2
- Jurisdiction over Class A and Class B misdemeanor cases, as well as, concurrent jurisdiction with District Courts (DC) in felony cases to conduct arraignments and pretrial hearings, accept guilty pleas and conduct jury trials on assignment from DC. Handle family law matters by assignment from DC, juvenile cases, **mental health commitments**, protective orders, and guardianship proceedings. Also handle probate matters.
Hunt County District Court
- DCs have original jurisdiction in all felony criminal cases, divorce cases, cases involving title to land, election contest cases, civil matters in which the amount in controversy is $200 or more, and any matters in which jurisdiction is not placed in another trial court.
Bond decisions
- Set by District Judge or County Court at Law Judge: 354th Judicial District, 196th Judicial District, County Court at Law 1, County Court at Law 2
Hunt County Mental Health Caseload
- 196th District Court, Overseen by Judge Andrew Bench

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

Intercept 4

Jail Reentry
- **Care Coordination**
  ○ NTBHA Screens all individuals referred for behavioral health needs.
  ○ Help turn benefits back on through needs coordination.
- **TCOOMMI**
  ○ Provides continuity of care services for clients with identified medical and mental impairments released to Hunt County.
- **Hunt County Jail**
  ○ Provides **30 days of medications** to individuals upon release.
- **The Living Room - Dallas**
  ○ NTBHA run drop off/triage center
  ○ Acts as a step down to transfer individuals from Dallas to Hunt County

Probation and Parole Violations

Intercept 5

Parole
- Texas Department of Criminal Justice, Parole Division, Region 1
Greenville District Parole Office

Specialized Caseloads
- For individuals with highest needs (~10 individuals)
  ○ Texas Risk Assessment System (TRAS) used to determine services needed.

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

NTBHA Jail Liaison
- Provide information on behavioral health services to probation and parole; assists with coordination of care.

Max-outs

Behavioral Health
Carevide, Community Health Center; Mental Health Clinic of Greenville, Outpatient Therapy; Individual Care of Texas, Assisted Living for Individuals with SMI, Greenville; Hunt Regional, Outpatient Behavioral Health; Child and Family Guidance Center; Lakes Regional Community Center

Recovery Supports
Lakes Regional Outpatient SUD Services (1400-1600 served per month); **Community Seed,** Men's Outpatient SUD treatment; **Beacons of Grace,** Residential SUD Treatment

Housing/Shelter
Fisher's of Men, Hunt County; **Salvation Army, Women in Need**, Women's DV Shelter; **Lakes Regional Hotel Vouchers,** hotel can be used for placement (1 week); **Greenville Housing Authority**; **Faith-Based Churches.**

Opportunities and Gaps at Each Intercept

T he primary objective of a SIM Mapping workshop is to develop a SIM map of the local community. As part of the mapping activity, the facilitators worked with the workshop participants to identify opportunities and gaps at each intercept. This process is important to ensure that stakeholders are informed of the services available in the ever-changing criminal justice and behavioral health systems and provide contextual information on the opportunities and gaps for understanding the local map. Moreover, the completed map can be used by community leaders to identify opportunities to improve public safety and public health outcomes for people with MI, SUD, and/or IDD.
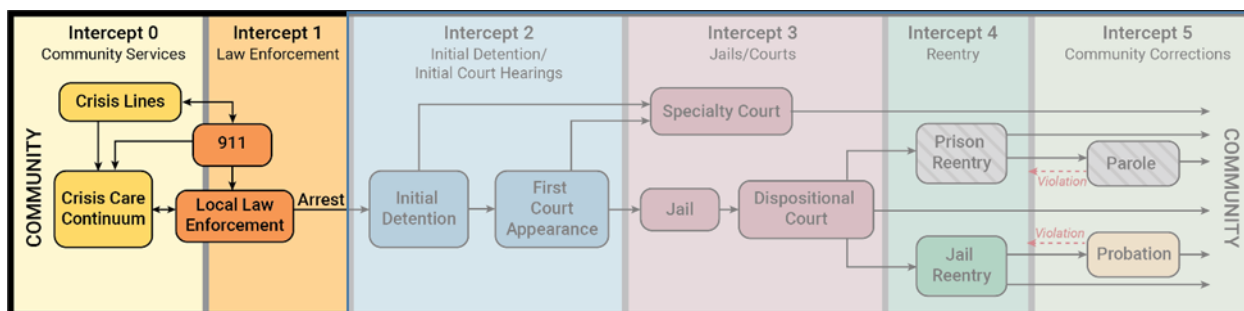
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Intercept 0 and Intercept 1

Overview of Resources, Gaps, and Opportunities

Crisis Call Lines

Crisis calls are routed to the North Texas Behavioral Health Authority (NTBHA) contractor, the Harris Center for Mental Health (Harris Center). The NTBHA Crisis Line (866-260-8000) is available 24 hours per day/7 days a week. It serves anyone experiencing a mental health crisis. NTBHA triages calls, dispatching NTBHA's Mobile Crisis Outreach Team (MCOT) based on HHSC's Info Item V: Crisis Standards. Other crisis lines in Hunt County include the COVID-19 support line (833-251-7544) and the Outreach, Screening, Assessment, and Referral (OSAR) line (844-275-0600).

Gaps

- Community members were not fully informed of the resources available through the crisis line.

Opportunities

- Increase community knowledge and awareness of the services available through their crisis line through education and training to community members. This could help increase the utilization of the crisis line to deescalate crises.

Crisis Services

Crisis services in Hunt County are provided through the local mental health authority (LMHA), which is NTBHA, and can be accessed through NTBHA's crisis line and mobile crisis outreach team (MCOT), which is dispatched from Dallas. MCOT staff connect people in crisis to an appropriate level of care. Walk-in services are accessed at Lakes Regional Community Center by Hunt County residents who may be in crisis.

Gaps

- Community members describe the lengthy wait for MCOT to arrive, sometimes three or four hours. NTBHA clarified that response times are based upon HHSC's Information Item V: Crisis Standards.
- Walk-in services are not available outside of regular business hours.

Opportunities

- Consider locating a few MCOT members outside of Dallas to decrease the response time to crises in Hunt County and other surrounding areas.
- Increase community awareness of walk-in services offered in the community through the NTBHA contractor, Lakes Regional Community Center.

9-1-1/Dispatch

When someone calls 911 in Hunt County, they will be routed to one of two locations: Hunt County Sherriff's Office Dispatch Center or the Greenville Police Department Dispatch Center. Call takers then follow a pre-specified script to address requests for help.

Gaps

- Dispatch centers do not screen for mental health crises or utilize a standard set of mental health questions when taking crisis calls.
- Calls are not flagged or coded as mental health calls by dispatch.

Opportunities

- Implement a mental health-specific script that would allow dispatch to identify mental health concerns in a uniform manner and communicate relevant information to law enforcement.

- Dispatch centers can develop a uniform code or flag attached to locations with repeat calls for service involving people with MI for quick identification of potential mental health-related calls. Trend analyses can also be conducted using this information.

Healthcare

Medical services in Hunt County are accessed locally at Hunt Regional Community Hospital. Outside of Hunt County, Parkland Hospital in Dallas is used to serve people with more complex medical and emergency psychiatric needs. Glen Oaks Hospital and Individual Care of Texas provide inpatient mental health care. Mayhill Hospital in Denton accepts people with co-occurring acute medical and behavioral health needs from Glen Oaks Hospital under an order of protective custody.

Gaps

- Emergency room (ER) staff describe difficulty transferring people with a mental health crisis to appropriate facilities, especially people with co-occurring mental health and physical health conditions.

- The Apprehension by a Peace Officer Without a Warrant (APOWW) process makes it difficult to get the preliminary MH examination done and get the person admitted to a MH facility within the 48 hrs. allotted by statute.

- The COVID-19 pandemic has disrupted communication between Hunt Regional Community Hospital leadership, county law enforcement, and NTBHA. Historically NTBHA, Hunt Regional Hospital, and local law enforcement held routine meetings.

- The demand for private psychiatric facilities often exceeds the supply.

- People often lose access to medications or have prescriptions lapse when they leave inpatient care settings.

- The local private psychiatric facilities, Glen Oaks, and Individual Care of Texas do not have the capacity to care for people with medically complex conditions.

Opportunities

- Reinstate reoccurring meetings between NTBHA, hospital, and law enforcement leadership in the county.

- Address transfer procedures between medical and psychiatric facilities to decrease wait times in an ER and increase access to inpatient beds as they become available.

Law Enforcement and First Responders

In Hunt County, law enforcement is provided by Hunt County Sheriff's Office, Greenville Police Department, Caddo Mills Police Department, Commerce Police Department, Wolfe City Police Department, Quinlan Police Department, and University Police Department. First response in Hunt County is provided through Central Ambulance Services, Commerce Ambulance Service, Hunt County EMS Ambulance of Commerce, and Hunt County EMS Ambulance of Greenville. Law enforcement and first responders are routed through 911 dispatch.

Gaps

- Law enforcement described situations where they would like to issue an APOWW but do not have enough evidence of serious risk of harm to self or others, and do not feel there is a facility or mental health provider that can provide support in a timely manner.

- Hunt County does not have a Mental Health Deputy program or a law enforcement and behavioral health co-responder model.

Opportunities

- Law enforcement offered to provide community members a chance to participate in a ride-along to increase understanding of law enforcement's role in the community.

- Establish regular communication meetings between law enforcement and emergency providers improves data sharing and efficiency of APOWW procedures.

- NTBHA can provide training on the APOWW process to law enforcement.

- NTBHA can explore providing co-responder services in the community for officers responding to people in crisis.

Housing

Housing services are most effective when provided on a continuum. This may include emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. In Hunt County, housing assistance is provided by local churches, faith-based nonprofits, Lakes Regional Community Center, and the Housing Authority of Greenville. Currently, the estimated wait for a housing voucher from the Housing Authority of Greenville is two and a half years.

NTBHA has received additional housing funds due to COVID-19 and is in the process of implementing this funding throughout the community. Transitional housing in Hunt County is available through Arms of Hope for pregnant women and new

mothers as well as through Community Seeds for people seeking employment who are interested in being part of the local faith community. Permanent supportive housing is provided through the NTBHA contractor, Lakes Regional Community Center. Additional rental assistance and hotel vouchers are provided on an as-needed basis by various faith-based groups in the community and Lakes Regional Community Center.

Gaps

- There are increases in people who are homeless or living in homes above the legal occupancy level in Hunt County.

- Few affordable housing opportunities exist in Hunt County as a result of increased housing costs.

- There are more survivors of domestic violence than local bed capacity, resulting in people accessing shelters in other communities.

- There is a lack of an emergency homeless shelter in Hunt County and limited resources for transitional housing.

Opportunities

- There is community interest in establishing an emergency shelter in Hunt County.

- Consider opportunities to increase wrap-around housing services provided through Lakes Regional Community Center to people experiencing homelessness and identify ways to increase permanent supportive housing options in Hunt County.

- Explore options for transitional housing that can serve as a bridge to services and stable housing.

- Increase community knowledge of housing resources currently available in the community.

Special Populations

Special populations are those with unique treatment needs and experiences. In Hunt County, special populations of focus include youth and veterans. The Child and Family Guidance Center offers in-person and telehealth services to children and families with mental health needs in Hunt County. The Hunt County veterans' diversion program is described in the Pretrial Services section of this report.

Gaps

- Juvenile probation identified a lack of services for transition age youth before they enter the criminal justice system.

- Lakes Regional Community Center identified an increase in youth behavioral health needs during the COVID-19 pandemic.

Opportunities

- Increase efforts to engage youth and families who are not currently utilizing mental health services, particularly families with complex behavioral health needs.

- Launch a parenting resource center through Hunt County School District that provides specialized information on services and supports for families with unique or complex behavioral health needs.

Data Collection and Information Sharing

Stakeholders provided significant baseline data across the intercepts during the planning phase of the Hunt County SIM Mapping workshop. In Hunt County, information sharing is done on an as-needed basis between community stakeholders (Hunt County Sheriff's Office, municipal police departments, Hunt Regional Community Hospital, Hunt County Courts, NTBHA, local non-profits, and faith-based organizations). Historically, some information was shared as part of meetings between NTBHA, Hunt Regional Community Hospital, Greenville Police Department, and other community stakeholders as available and at Community Resource Coordination Group (CRCG) meetings. Data is not shared between behavioral health and criminal justice entities to analyze trends in the aggregate. Additionally, Greenville Police Department Dispatch maintains documentation on people with MI, IDD, or a prior crisis episode on a voluntary basis.

Gaps

- Dispatch centers do not code or flag for mental health calls for service, which makes analyzing trends difficult.

- Information on frequent crisis services users is not tracked.

- Community stakeholders paused information sharing meetings at the onset of the COVID-19 pandemic.

Opportunities

- Reestablish information sharing meetings between community stakeholders working at the intersection of behavioral health and justice.

- Dispatch centers can develop a uniform code or flag attached to locations with repeat calls for service involving people with MI for quick identification of potential mental health related calls. Trend analyses can also be conducted using this information.

- Add a code or flag for mental health calls for service in computer-aided dispatch systems to support better identification of the volume of calls related to mental health and corresponding need.
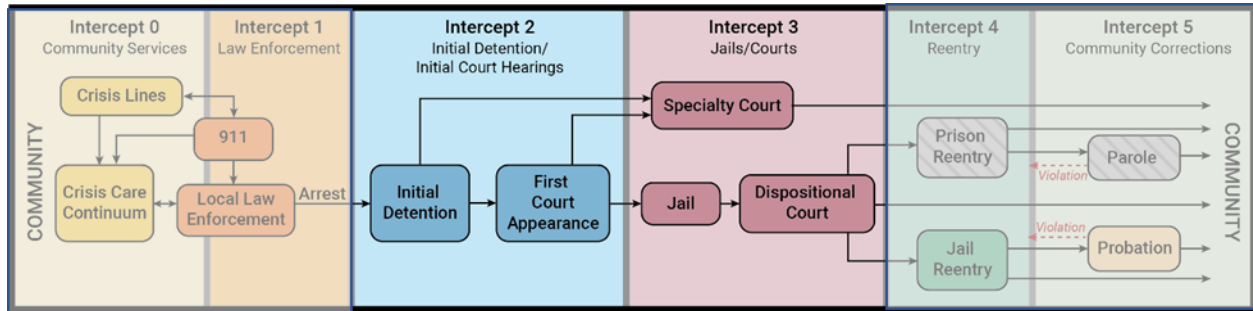
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Intercept 2 and Intercept 3

Overview of Resources, Gaps, and Opportunities

Booking

In Hunt County, a person is brought into booking by the arresting law enforcement officer. Upon booking, the person is screened for mental health and substance use issues by jail medical staff and the Continuity of Care Query is run through the Texas Law Enforcement Telecommunications Systems (TLETS) to identify individuals who have received services through an LMHA, LBHA or state hospital in the last three years. The mental health screening tool utilized is the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards (TCJS).

Gaps

- Hunt County Sheriff's Office indicated that screenings for SUD may not be consistent.
- There is a lack of communication between Hunt County Jail and NTBHA when a person has an exact or probable TLETS match. This impacts continuity of care.

Opportunities

- Develop a standardized procedure for communication between Hunt County Jail and NTBHA when an individual has an exact or probably TLETS match.
- Conduct a SUD screening for all people booked into Hunt County Jail using a clinically-validated and reliable screening tool. Review the Substance Abuse and Mental Health Services Administration's (SAMHSA) Screening and Assessment of Co-Occurring Disorders in the Justice System as a guide.

Jail Medical Services

In Hunt County, jail medical and behavioral health services are provided by privately contracted physicians. Mental health crisis screenings and assessments are provided by NTBHA as required by HHSC's performance contract.

Gaps

- NTBHA and jail staff do not consistently share information on people with MI or SUD who are booked into jail, which creates barriers to care both within the jail and upon re-entry.

- People waiting for a forensic hospital placement often do not receive the level of care needed to avoid further decompensating.

Opportunities

- Communication between Southern Health Partners and NTBHA can support increased continuity of prescription medications if a person is a client of NTBHA.

Competence to Stand Trial

Competence to stand trial is the legally determined capacity of a criminal defendant to proceed with criminal adjudication. A criminal defendant may not be subjected to trial if he or she lacks the capacity to understand the proceedings against him or her, or to consult with counsel with a reasonable degree of rational understanding. Texas procedures related to competency are found in Chapter 46B of the Code of Criminal Procedure (CCP). Chapter 46B applies to a defendant charged with a felony or a misdemeanor punishable by confinement (CCP Art. 46B.002).

The process for determination of incompetency is as follows: concerns of competency may be raised by either party or the court on its own motion [CCP Art. 46B.004(a)]; the court shall then determine by informal inquiry whether there is some evidence that the person is incompetent to stand trial [CCP Art. 46B.004(c)]; if evidence of incompetency is found, the court will order an examination by a qualified expert [CCP Art. 46B.005(a)]. Hunt County courts are working to further develop their competency assessment process.

Gaps

- People waiting in jail for a forensic hospital placement often do not receive the level of care needed to avoid further decompensating.

- There is a lack of knowledge about how to best use NTBHA's Outpatient Competency Restoration (OCR) program in the court system.

- OCR is rarely recommended by forensic evaluators.

- The county describes a lack of information about changes in competency status (restored to competency, or further decompensation) being conveyed to the courts in a timely manner.
- Court-ordered medications for people waiting for inpatient competency restoration have not been explored.
    - The jail described concerns about the medical resources needed to monitor medications.
- NTBHA's Jail-Based Competency Restoration (JBCR) program lacks agreements needed to be fully utilized.

Opportunities

- Formalize agreements needed to fully optimize the JBCR program.
- Increase utilization of NTBHA's OCR program through education and awareness for courts and the judiciary.
- Trainings can be provided by HHSC on competence to stand trial processes, quality competency evaluations, active waitlist management, and court-ordered medications.
- Ensure consistent use of the CCP Art. 16.22 process to share information between the jail and courts to identify people who could be served by alternatives to inpatient competency restoration. Under CCP Art. 16.22, when there is evidence of a possible MI or IDD, a magistrate must order an expert to interview the person and collect information regarding possible MI or IDD. Consistent use of the CCP Art. 16.22 report can help alert all stakeholders in the criminal process if the resulting report indicates possible MI or IDD.

Pre-Trial Services

Pre-trial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision. Hunt County has offered pretrial diversion to people with substance use-related charges and people with MI. Pretrial services refer people with SUDs to OSAR services and faith-based substance use treatment centers. Additionally, Hunt County recently launched a veteran's pretrial diversion program.

Gaps

- The newly launched veteran's pre-trial diversion program has not yet been able to identify qualifying veterans to participate. Community members believe there may be qualifying veterans, but a jail-based procedure to identify these veterans has not yet been implemented.

Opportunities

- If not currently in place, a validated and reliable risk assessment instrument should be used to determine bonds and pretrial supervision.

- Ensure consistent use of the Veterans Reentry Search Services by jail staff to identify veterans.

- Expand data sharing between the jail and the veteran's pretrial program to better identify potential candidates.

Courts (Including Specialty Courts)

Specialty courts are established to reduce recidivism through therapeutic and inter-disciplinary approaches that address underlying MI and SUDs without jeopardizing public safety. Hunt County does not currently have specialty court but does utilize a specialized docket, presided over by Judge Andrew Bench, to meet the needs of people identified with SUDs.

Gaps

- The courts have identified their small volume of qualifying populations as a barrier to establishing a specialty court.

Opportunities

- Hunt County has successfully implemented a drug docket. Establishing other specialized dockets would help build expertise with populations without the greater investment needed for a specialized court.

Data Collection and Information Sharing

Participants described barriers to communication between the jail and court. Information gathered at booking is not consistently being conveyed to the parts of the court that administer specialized dockets.
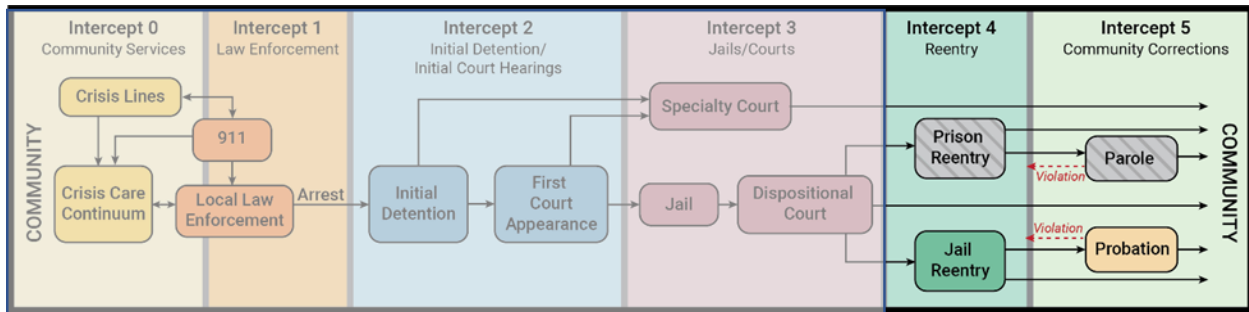
Gaps

- The CCP Art. 16.22 process that allows information to be shared between the jail and courts is used as requested.

- TLETS CoC matches are not shared with the district attorney's office. However, this is not the statutorily specified use of TLETS.

Opportunities

- Ensure consistent use of the CCP Art. 16.22 report to alert all stakeholders in the criminal process, including the district attorney's office and defense counsel if the resulting report indicates possible MI or IDD.

- Identify HIPAA-compliant processes for sharing information beyond what is included on the CCP Art. 16.22 report.

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Intercept 4 and Intercept 5

Overview of Resources, Gaps, and Opportunities

Community Reentry

Reentry services in Hunt County are provided by NTBHA jail liaisons, NTBHA care coordinators, and the Bridge at Kaufman County. Texas Correctional Office on Offenders with Medical or Mental Impairments provides continuity of care services for clients with identified medical and mental impairments released from an incarcerated setting.

NTBHA care coordinators help identify existing needs of people re-entering the community and connect people to appropriate services. Additionally, The Bridge in Kaufman County acts as a crisis medication support for people re-entering the community.

Gaps

- There is not a procedure for Hunt County Jail to notify HHSC when a person in jail needs to suspend their Medicaid, resulting in Medicaid being terminated.

- Emergency medications are not routinely offered to people re-entering the community.

- Due to the lack of local shelters, people are often discharged to the nearest shelters in Tyler or Denton.

Opportunities

- Establish a procedure to notify HHSC of a person with Medicaid benefits in jail (must occur after 30 days) and notify HHSC prior to reentry so that Medicaid benefits can be reestablished.

- Establish a procedure for emergency discharge medications to improve continuity of care and avoid preventable lapses in medication.

Probation and Parole

Probation and parole services are provided through Hunt County Community Supervision and Corrections Department (CSCD). The Texas Risk Assessment System is used to determine service needs for people entering the community on probation and parole and to identify people appropriate for specialized caseloads. Parole in Hunt County includes a special caseload for people with mental illness.

Gaps

- Participants from Hunt County CSCD identified few resources for people on parole beyond Lakes Regional Community Center.

- Obtaining prescriptions for people on parole is often difficult due to benefits termination and wait times to meet with a prescriber in the community.

Opportunities

- Improve the relationships between Hunt County Community Supervision and Corrections Department and Lakes Regional Community Center in order to benefit people on parole and probation.

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 where each participant had three votes. The voting took place April 29, 2022. The top five priorities are highlighted in bold text.

Rank	Priority	Total Votes
1	**Develop a community housing plan** that includes short-term, long-term, transitional, and emergency housing options, with an emphasis on housing for pregnant women and new mothers, young families, and youth transitioning out of Child Protective Services care.	19
2	**Develop a resource application that provides information on local resources.**	17
3	**Create a Behavioral Health Leadership Team (BHLT)** to guide coordination and collaboration between behavioral health and justice partners.	1 (pre-identified priority)
4	**Improve early mental health identification for 911 dispatch and law enforcement.**	11
5	**Develop training opportunities for law enforcement, mental health providers, and community members** that improve access to services and supports and reduce the risk of recidivism.	9
6	Develop strategies to engage and educate community members on services and supports for youth, families, and other targeted populations.	7

Rank	Priority	Total Votes
7	Develop a post-booking recovery court to improve access to treatment and prevent further penetration in the criminal justice system for people with MI and SUD.	5
8	Develop a data collection plan across the SIM that stream-lines the identification of people with MI, SUD, and/or IDD.	5
9	Develop an information sharing plan to identify gaps in the care continuum, support funding requests, and improve re-source allocation.	5
10	Develop an early intervention plan for youth with MI, SUD, and/or IDD.	5
11	Increase the use of peer support services across the SIM.	4
12	Increase physical health resources and workforce with low-barrier, affordable outpatient care.	3
13	Increase access to employment supports such as career counseling and resource management for people with MI, SUD and/or IDD.	3

Strategic Action Plans

Priority Area One: Develop a Community Housing Plan

Objective	Action Step	Who	When
Assess Housing Needs for Hunt County	- Develop a community-wide survey to be distributed to all community housing stakeholders in Hunt County to inventory existing services and assess housing needs. - Develop a data collection plan to help accurately capture the number of people experiencing homelessness, and connect people to services. - Identify partners to collaborate with on data collection and data sharing efforts. - Faith-based community organizations, Lakes Regional Community Center, Greenville Housing Authority - Explore data sharing models that could be adapted to fit the needs of Hunt County: [Frequent Users Systems Engagement](#) (FUSE) is an initiative through the Corporation for Supportive Housing that is used to identify frequent users of jails, shelters, hospitals and/or other crisis public services by linking data networks to identify those in need and quickly linking them to supportive housing. FUSE has been formally evaluated and shows reductions in the use of expensive crisis services and improvements in housing retention. More than 30 communities implementing FUSE are seeing positive results.[2] [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	Behavioral Health Leadership Team Faith-based community organizations	Start date June 1, 2023

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

Priority Area One: Develop a Community Housing Plan			
Objective	**Action Step**	**Who**	**When**

	Texas' 11 Continuums of Care to share data across geographic boundaries. The network will give service providers, faith communities, local governments, and anyone working to prevent and end homelessness the ability to access housing and resources across the geographical borders of homeless response systems. Currently, nine of Texas' 11 homeless response systems contribute data to THDSN, covering 229 of Texas' 254 counties. In 2022, Texas Homeless Network staff and the THDSN board plan to utilize THDSN to partner with healthcare providers and target frequent users of emergency rooms who experience homelessness for service and housing assistance. Many of the people stakeholders described as cycling through systems experienced unstable housing or homelessness. This could be a valuable resource to explore for Hunt County.[3]
	   o Assign a lead agency to collect and analyze data (Consider NTBHA and the Housing Authority in Greenville).
	   o Establishing an MOU/release of information between identified agencies.
	• Conduct a housing needs assessment to make a case for expanding housing options, specifically supportive housing. Consider:
	   o The total number of affordable housing units needed in Hunt County;
	   o Information on the intersection of housing instability and the justice-involved population with behavioral health needs;
	   o Available funds for developers to meet local supportive housing production goals; and
	   o Available operational funds for service providers to provide supportive housing.		

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

Priority Area One: Develop a Community Housing Plan

Objective	Action Step	Who	When
Determine Community Strengths and Outline Existing Resources	• Utilize the county resource application (to be developed) and community housing survey results to take an inventory of all existing resources in Hunt County. • Work with the Behavioral Health Leadership Team to assess resources and identify opportunities for collaboration among stakeholders to increase connections to housing and other supportive services.	Housing work group developed from BHLT NTBHA	Start after the community housing survey has been complete; **Target August 1, 2022** and meet quarterly
Integrate the Texas Homeless Network into Community Conversations and Consider Expanding Housing Planning Efforts by Establishing a Local Homeless Coalition	• Ensure justice and behavioral health stakeholders are actively engaged in local housing planning efforts. • NTBHA can work with the Salvation Army, the Texas Homeless Network, and other local housing and faith-based stakeholders to strategize about serving those with justice involvement through local housing and shelter efforts. • Identify existing opportunities to expand housing resources through coordination with the Texas Homeless Network and to establish a local homeless coalition in Hunt County. • Model programs to explore: o 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	NTBHA; faith-based organizations (Fishers of Men)	August 1, 2022

Priority Area One: Develop a Community Housing Plan			
Objective	**Action Step**	**Who**	**When**
	reports that Abilene has achieved the milestone of ending both veteran and chronic homelessness.[4] o Cities in Texas have developed landlord outreach and incentive programs to expand housing options for people who are justice-involved. The Ending Community Homelessness Organization (ECHO), the homeless continuum of care for the Austin/Travis County area, built a robust landlord outreach and engagement program that includes quickly filling vacancies and risk mitigation funds. Other counties in Texas, such as Bell County, are exploring this model to expand local housing options.		
Recruit City and County Government, and other Community Leaders to further the development of a Housing Continuum in Hunt County	• Utilize data collected to validate the need for developing both transitional and permanent housing options. • Review both national and state best practices on developing a housing continuum o Consider the SAMHSA Toolkit on Evidence-Based Practices to establishing Permanent Supportive Housing.[5] • Work with local leaders to weigh housing options, such as: o Incentivizing second chance housing: ▪ Examine existing options and identify tenant selection criteria that might limit or exclude those with prior justice involvement ▪ Landlord outreach and engagement: Stakeholders can explore landlord incentive programs to increase the likelihood that landlords will accept people with prior justice involvement who have complex behavioral health needs. o Expanding shelter options ▪ Research existing shelters	Faith-based organizations County Judges County Commissioners City Council	Following the collection and analysis of data

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

[5] *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.

Priority Area One: Develop a Community Housing Plan			
Objective	**Action Step**	**Who**	**When**
	▪ Consider costs ▪ Consider eligibility criteria ▪ Consider location ▪ Consider housing type (i.e. emergency shelter, transitional living shelter, etc.) ▪ Consider services provided ○ Developing a permanent supportive housing and rapid rehousing expansion plan based on funding opportunities and best practices identified in the SAMHSA Permanent Supportive Housing Toolkit: Building Your Program.[6]		
Establish Brick and Mortar Building to Provide Housing Services	• Consult with people with lived experience to plan and identify most relevant services. • Identify community funding opportunities and grant opportunities to fund the project and operating costs of on-site services. • Consider intermediate alternatives to building a shelter based on needs identified. 　○ Consider expanding housing services offered by Lakes Regional Community Center and local non-profits. 　○ Identify existing shared community spaces where these services can be provided.	Community housing providers and community behavioral health providers	To be determined by completion of other objectives

[6] *Permanent Supportive Housing: Building Your Program.* 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.

Priority Area Two: Develop a Resource Application that Provides Information on Local Resources

Objective	Action Step	Who	When

Conduct Research and Outreach	• Explore existing resources and applications:
	  ○ 211texas.org, a program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. Whether by phone or internet, their goal is to present accurate, well-organized, and easy-to-find information from state and local health and human services programs. They accomplish this by working with 25 Area Information Centers (AICs) across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year.
	  ○ Here For Texas Mental Health Navigation Line is a searchable online database of Texas mental health providers and resources. You can search by type of provider, mental health issue, age, language, location, payment options, and other helpful filters. It also offers a wide selection of information on mental health and addiction topics, including mental health disorders, treatment options, types of mental health professionals, ways to support your mental health, and more—all within easy reach.
	  ○ FindHelp.org is an application designed to help people find housing, food, health, education, and other services across the country.
	• Reach out to other counties who have developed custom applications to learn how they were developed, how they are kept up to date, costs to operate, and other information that could inform Hunt County's efforts:
	  ○ Kaufman County
	    ▪ Begin email communication to identify key elements of application.
	    ▪ Identify key questions about both developing and maintaining a resource application.
	• Begin to explore application upkeep and sustainability.
	  ○ Reach out to Texas A&M Commerce to identify opportunities to engage interns to maintain the application.
		NTBHA
		
		Region 10 Education Service Center
		
		Taskforce
			Immediately
			
			Complete objective in one to three months

Priority Area Two: Develop a Resource Application that Provides Information on Local Resources			
Objective	**Action Step**	**Who**	**When**
	o Consider coordinating with social services departments to identify an opportunity to collaborate on the development and maintenance of the resource application.		
Establish a Task Force	• Identify task force participants during Hunt County Interagency Networking meetings. • Establish monthly task force resource application meetings o Create a timeline to guide the next steps of the task force and the creation of the resource application. • Set thorough agenda for each monthly meeting.	NTBHA in partnership with community partners from Hunt County Interagency Networking	Task force to meet monthly

Refine Application Purpose and Functionality	• Coordinate with community stakeholders (law enforcement, jail staff, courts, probation officers, behavioral health providers) to identify key desired elements in a resource application:
	   ▪ Utilize specific task force participants to conduct interviews with stakeholder groups about what components of the resource application are most needed and applicable to each group.
	• Utilize NTBHA Care Coordinators to engage across stakeholder groups and assess community education needs on existing resources.
	   ▪ Care Coordinators can provide regular updates on the development of the resource application to key stakeholder groups and provide education on how to utilize the application once developed.
	• Identify key categories to be displayed on the resource application (based on conversations with stakeholder groups).
		NTBHA - Care Coordinators	six months

Priority Area Two: Develop a Resource Application that Provides Information on Local Resources			
Objective	**Action Step**	**Who**	**When**

Develop the Application	• Present information gathered by task force at Behavioral Health Leadership Team meeting.
	    ○ Identify best practices from research and information gathering.
	    ○ Summarize the communities' needs identified during stakeholder group interviews.
	    ○ Assess whether existing applications, if listings were improved, could meet the needs of Hunt County. If not, develop a budget and identify a partner to develop the application.
	• If the development of a new application is deemed feasible, work with the developer to:
	    ○ Compile list of all existing resources with contact information, location, and hours of operation.
	    ○ Identify a development timeline.
	• Solidify partners to help maintain the application (i.e. Texas A&M Commerce interns, NTBHA Care Coordinators) so information remains reliable and up to date.
		Resource Application Task Force - Coordinated by NTBHA	One year

Advertising and Marketing	• Identify contact list to send out a community-wide announcement on application launch
	• Create a training presentation on the application
	    ○ Present amongst key community stakeholders (law enforcement, jail staff, courts, probation officers, behavioral health providers).
	• Advertise application on community social media sites
	    ○ Identify who will manage the social media content and posts.
	• Advertise application at relevant community spaces
	• Consider developing flyers or QR code cards to put out at outpatient mental health clinics, Hunt County schools, court room lobbies, and other public spaces.
		Resource Application Task Force - Coordinated by NTBHA	One Year

Priority Area Three: Create a Behavioral Health Leadership Team			
Objective	**Action Step**	**Who**	**When**

Identify what a Behavioral Health Leadership Team (BHLT) Should Look Like	• Identify comparable counties (consider: population size, demographics, and geographical size) with BHLTs and research the structure of these teams.
	• Reach out to identified BHLTs and ask about implementation, meeting frequency, key partners identified, and data collected/ information shared during meetings.
	    ○ Comparable Counties and LMHAs to explore (LMHA contact information to be provided by HHSC):
	        ▪ Smith County BHLT
	        ▪ Texoma BHLT- Access to Care
	        ▪ Denton County BHLT
	• Reconvene BHLT planning group to review and discuss information collected from other county models of collaborative stakeholder meetings.
	• Identify key community stakeholders in Hunt County to be included in the planning process for the establishment of a BHLT
		Hunt County Attorney
		
		Hunt Regional Medical Center -ER
		
		Action Planning Group - NTBHA
			Next meeting to be set by May 11

Develop a Proposal for the Hunt County BHLT	• Review existing data collected by stakeholders across the SIM to identify community needs and gaps in data collection.
	• Utilize data and structured planning to identify and address issues in the justice system for people with MI, SUD and/or IDD diagnosis.
	    ○ Explore Criminal Justice Coordinating Councils (CJCCs)[7]
	• Identify Hunt County BHLT priorities based on community priorities identified during the SIM workshop as well as existing data on how people with MI and SUD flow through the justice system
	    ○ Utilize goals identified from other action planning groups to guide BHLT priorities (consider developing subgroups to target community needs)
	• Develop a portfolio of what this Leadership Team will look like
		Action Planning Group/ NTBHA	August 1, 2022

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[7] *State Engagement with Local Justice: Criminal Justice Coordinating Councils*. National Conference of State Legislatures. (2020, August 5). Retrieved 8 July 2022, from https://www.ncsl.org/research/civil-and-criminal-justice/state-engagement-with-local-justice-criminal-justice-coordinating-councils.aspx.

Priority Area Three: Create a Behavioral Health Leadership Team			
Objective	**Action Step**	**Who**	**When**
	o Consider: who it will include, what key data points will be monitored or discussed during meetings, what community priorities will be addressed, where and when the meeting will occur.		

Convene Key Stakeholders	• Identify Key Stakeholders
	   o Secure buy-in and commitment of participation from key stakeholders
	• Develop and send out a survey to identified community partners
	   o Assess need
	   o Gauge interest in participation
	   o Identify desired outcomes
	   o Collect baseline data by stakeholder group
	   o Consider using the impact measures spreadsheet for collecting data across the SIM to guide baseline data collection
	      ▪ Data Across the Sequential Intercept Model: Essential Measures[8]
	• Develop an agenda to guide initial meeting with stakeholders
	• Provide stakeholders with leadership team portfolio/proposal
	• Establish:
	   o Time
	   o Date
	   o Location of meetings
	   o Frequency of meetings (monthly is recommended)
		Action Planning group in collaboration with identified community stakeholders	One year from the start of planning and information collecting

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[8] *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 Area Four: Improve Early Mental Health Identification for 911 Dispatch and Law Enforcement			
Objective	**Action Step**	**Who**	**When**

Establish a Work Group, Including Police Chiefs, Sheriffs, Dispatch and Mental Health Providers from Across Hunt County	• Coordinate with Hunt County BHLT to identify key stakeholders and implement an early identification work group.
	• Identify who to invite:
	   o Prioritize maintaining community-wide law enforcement representation
	• Establish work group priorities:
	   o Consider: Law enforcement and individual safety, data sharing protocols, available trainings, and questions used at dispatch to assess for a behavioral health crisis.
		BHLT, NTBHA, Law Enforcement	End of May, 2022

Develop a Script for Dispatch and First Responders to Assess for a Behavioral Health Crisis	• Streamline mental health questions asked by dispatchers and law enforcement:
	   o Review Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators.[9]
	   o Review Call-Taker and Dispatcher Protocols in the Bureau of Justice Assistance's Police-Mental Health Collaboration Toolkit.[10]
	   o Connect with Avail to identify what questions are asked by crisis line dispatchers and asses which may be most appropriate for Hunt County 911 dispatch.
	   o Review 911 dispatch protocols and scripts used by other communities to assess for behavioral health needs.
	       ▪ Connect with Texas 911 centers currently screening for mental health at dispatch:
	           • Integral Care, City of Austin, 911
		Early Identification Work Group, BHLT, and NTBHA	Ongoing; Script to be developed by August 2022

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

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

Priority Area Four: Improve Early Mental Health Identification for 911 Dispatch and Law Enforcement			
Objective	**Action Step**	**Who**	**When**

	• Bluebonnet Trails Community Services, Williamson County Dispatch Center Emergency Communications Center, 911
	• Research national models:
	    ○ **Yavapai County, Arizona** has sought to improve community services by introducing a co-response model and 911 deflection services. The deflection program identifies people who call into 911 reporting a mental health-related crisis and dispatches a mobile crisis intervention team in lieu of law enforcement. To help 911 staff prepare for the new team, a series of trainings, dispatch protocols, and screening tools were developed. These services are available 24/7, and regular communication among local dispatch agencies, patrol officers, and crisis services helps the program run smoothly.
	    ○ **In Dane County, Wisconsin** representatives from the dispatch center were involved in the planning for the Community Alternative Response Emergency Services (CARES) community responder team from the beginning. Law enforcement, Journey Health employees (the provider who run the CARES team along with the Madison Fire Department), the fire department, and dispatchers collaborated to develop the workflows and questions that dispatchers now use to determine which team to send to a call. They were able to establish protocols for using standard call screening questions to determine if a call could be routed to the CARES team. For example, any call where the person identified weapons on the scene, stated that someone was exhibiting assaultive or threatening behavior, or indicated that there was a need for medical services was disqualified for the community responders. However, if		

Priority Area Four: Improve Early Mental Health Identification for 911 Dispatch and Law Enforcement			
Objective	**Action Step**	**Who**	**When**
	none of these situations were presented, but the caller was suicidal or needed a welfare check, then the CARES team could respond.[11]		

Improve Regular Trainings and Education Opportunities for 911 Dispatch and Law Enforcement Specific to Working with People Experiencing a Behavioral Health Crisis	• Review the training menu developed by the training action planning committee at the Hunt County SIM.
	   o Consider training options for dispatch staff, including:
	      ▪ Mental Health First Aid,
	      ▪ Applied Suicide Intervention Skills Training,
	      ▪ Assess Support Know: Suicide Prevention Training, and
	      ▪ Counseling on Access to Lethal Means.
	• Educate dispatch and law enforcement on 988 planning for Hunt County:
	   o For general information on 988, review the Suicide Prevention Lifeline and the Substance Abuse and Mental Health Administration 988 landing pages.
	   o Discuss opportunities for law enforcement and dispatch to engage in 988 strategies. The Council of State Governments Justice Center released a brief titled How to Use 988 to Respond to Behavioral Health Crisis Calls, which outlines what every community should know about 988 as well as tips to prepare for successful 988 Implementation.[12]
	   o Review national 988 messaging guidelines.
	• Explore the addition of trained clinicians to 911 dispatch staff to help triage and respond to mental health crisis calls.
		Early Intervention work group, NTBHA	Establish training plan by end of May 2022

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

[12] *How to Use 988 to Respond to Behavioral Health Crisis Calls.* The Council of State Governments Justice Center (2022, May). Retrieved 8 July 2022, from https://csgjusticecenter.org/publications/how-to-use-988-to-respond-to-behavioral-health-crisis-calls/.

Priority Area Four: Improve Early Mental Health Identification for 911 Dispatch and Law Enforcement			
Objective	**Action Step**	**Who**	**When**
	o Look at similar Texas programs. For example, Bluebonnet Trails Community Services (BTCS) has embedded mental health clinicians in the Williamson County Emergency Operations Center to connect with people experiencing a crisis when they call 911, 24/7. BTCS mental health professionals provide crisis intervention, de-escalation, and treatment coordination for people in crisis through the dispatch center. Depending on the severity of the situation, this could include a MCOT response or a dual response in partnership with law enforcement. For a person determined not to be an imminent risk of danger to themselves or others, BTCS provides connections to supports, reducing the need for law enforcement, fire, and EMS involvement. Additionally, BTCS 911 dispatch staff will follow up with callers to assure access to care. o The Council of State Governments Justice Center also released a brief titled Tips for Successfully Implementing a 911 Dispatch Diversion Program which outlines four tips for successfully implementing 911 dispatch diversion in a community.[13] • Consider implementing the use of technology to support virtual mental health crisis response (i.e. Provide officers with iPads to conduct virtual crisis assessments in the field similar to Harris County Sheriff's Office Clinician Officer Remote Evaluation).		
Establish Information Gathering and Sharing Protocols in the Community at	• Explore opportunities to establish a connection between NTBHA (24-hour access) and 911 dispatch staff that allows for crisis call transfers. If a crisis is identified, explore the ability for NTBHA to route calls back to dispatch for police to provide support/transport if needed. • Identify how to flag mental health related calls across dispatch centers using a similar approach for COVID response needs.	BHLT and Early Intervention Work Group	Ongoing; Establish protocols within one year

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[13] *Tips for Successfully Implementing a 911 Dispatch Diversion Program.* The Council of State Governments Justice Center (2021, October). Retrieved 8 July 2022, from https://csgjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/#:~:text=One%20model%20showing%20promise%20is,health%20or%20social%20service%20need.

Priority Area Four: Improve Early Mental Health Identification for 911 Dispatch and Law Enforcement			
Objective	**Action Step**	**Who**	**When**

Intercepts 0 and 1 of the SIM.	○ Consider examples of nature codes used by Denver's pilot law enforcement diversion program, STAR. Review the Vera <u>911 call data analysis: possible deferment to non-law enforcement agencies</u> conducted in Denver for further data collection at 911 dispatch considerations. [14]
	• Expand the use of the voluntary crisis documentation process (spreadsheet) currently being used by Greenville Police Department to identify people with identified behavioral health needs.
	    ○ Educate the community on the Greenville Police Department Dispatch spreadsheet to increase early identification of people with ongoing behavioral health needs by law enforcement and dispatch.
	• Analyze call data from responses to the standardized behavioral health scripts that will be developed.
	    ○ Establish output measures (i.e. number of diversions)
			One year

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[14] *911 Call Data Analysis: Possible Deferment to Non-Law Enforcement Agencies.* Denver City Council Legislative Services. (2020). Retrieved 8 July 2022, from https://www.vera.org/downloads/911-call-data-data-analysis.pdf.

Priority Area Five: Develop Training Opportunities for Law Enforcement, Mental Health Providers, and Community Members.

Objective	Action Step	Who	When

Establish Basic Community-Wide Mental Health Training	• Clarify goals for community-wide mental health trainings: (1) who is the target audience?; (2) how might you reach them?; (3) what do you hope to accomplish from community trainings?; (4) what are gaps in stakeholder knowledge?
	• Develop a community survey to gauge participant interest and assess training needs. Identify key community partners who could help host and/or promote trainings, such as schools, faith-based organizations, or major area employers.
	• Take an inventory of existing mental health training resources. Consider evidence-based practices, availability, feasibility, and format.
	    ○ NTBHA offers both adult and youth Mental Health First Aid (MHFA) training to professionals and community members. MHFA introduces participants to signs and symptoms of mental health and substance use concerns, builds understanding of their impact, and gives an overview of common treatments and resources.
	    ○ Healthy North Texas, by the Dallas-Fort Worth Hospital Council Foundation, also partners with LMHAs to offer MHFA training across the North Texas region.
	    ○ MentalHealthTX.org offers free eLearning resources to bring more knowledge and understanding to the public about behavioral health conditions. Online learning modules are available, completely anonymous and give the opportunity for people to review what they have learned upon completion.
	• Other trainings to consider:
	    ○ Assess Support Know: Suicide Prevention Training,
	    ○ Applied Suicide Intervention Skills Training,
	    ○ Counseling on Access to Lethal Means.
	• Establish an email list with all community partners that work at the intersection of behavioral health and justice
		NTBHA	Invitations were sent on April 29 for MHFA virtual training dates

Priority Area Five: Develop Training Opportunities for Law Enforcement, Mental Health Providers, and Community Members.

Objective	Action Step	Who	When
	• Identify potential facilities where community mental health trainings can be administered		

Establish Law Enforcement Training	• Convene law enforcement leadership across Hunt County to refine training needs and priorities (some already identified below).
	   o Consider developing a survey for Hunt County law enforcement to further assess training needs and interest and distribute to front line officers.
	• Training Priority 1: Provide training on best practices for the use and completion of Emergency Order of Detention (EOD) and Apprehension by a Peace Officer Without a Warrant (APOWW).
	   o The Texas Health and Safety Code Chapter 573 outlines Emergency Detention.
	   o **Appendix C** includes a Mental Health Code Flowchart developed by HHSC, which outlines the Civil Inpatient Commitment Process Under Chapters 573 and 574 of the Texas Health and Safety Code.
	   o The Judicial Commission on Mental Health Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book offers a detailed description of emergency detention procedures initiated by peace officers, both with and without warrants.[15]
	• Training Priority 2: Provide additional mental health training beyond what is provided through TCOLE's mandatory training requirements.
	   o 40-hour Crisis Intervention Training
		NTBHA, Greenville PD, Caddo Mills PD, Commerce PD, Wolfe City PD, Quinlan PD
		
		University PD
			Set training date by **end of September**

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[15] *Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book: Third Edition.* Texas Judicial Commission on Mental Health (2021). Retrieved 8 July 2022, from http://benchbook.texasjcmh.gov/.

Priority Area Five: Develop Training Opportunities for Law Enforcement, Mental Health Providers, and Community Members.

Objective	Action Step	Who	When

	o MHFA from NTBHA
	    o NTBHA has offered to provide training on EODs to regional law enforcements communities
	    o The Texas Judicial Commission on Mental Health will offer a training at their [November 2022 Annual Summit](#) (Grapevine, Texas) that will outline HIPPA rules and regulations as relates to law enforcement officers.
	• Training Priority 3: Train all officers on diversion options available to law enforcement in Hunt County.
	    o Provide education on the [Eliminate the Wait Toolkit](#) to inform law enforcement on their role in diverting people with MI, SUD and IDD from the justice system.
	    o Develop a process chart to identify key opportunities for diversion by law enforcement across the SIM. An example of a process chart developed by Bluebonnet Trails Community Services for Williamson County law enforcement can be found in **Appendix B.**
	• Explore other resources and best practices:
	    • The [Police-Mental Health Collaboration Toolkit](#), by the Bureau of Justice Assistance, offers resources to support police-mental health collaboration.[16]		

Establish trainings for Jail Staff, Community Supervision, and Corrections	• Convene NTBHA, Hunt County Jail, and Hunt County CSCD to refine training needs and priorities for Hunt County jail staff and CSCD officers. • Identify training options that meet the needs of staff. o NTBHA can offer MHFA training to jail staff and CSCD officers.	NTBHA	90-120 days from June 27

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[16] *Police Mental Health Collaboration (PMHC) Toolkit*. Bureau of Justice Assistance. (n.d.). Retrieved 8 July 2022, from https://bja.ojp.gov/program/pmhc/about.

Priority Area Five: Develop Training Opportunities for Law Enforcement, Mental Health Providers, and Community Members.

Objective	Action Step	Who	When
Department (CSCD) Officers	- The Correctional Management Institute of Texas offers training hours for mental health and will be hosting their Ninth Annual Mental Health Conference on October 10-13, 2022. - Explore Crisis Intervention Team Training resources offered through the National Institute of Corrections. A study on Crisis Intervention Training in a jail setting indicated positive changes in correctional officer attitudes, increased de-escalation skills, and an abrupt decrease in the level of Cell Removal Team usage, with results sustained in the 8-month follow-up period.[17] - Explore other resources and best practices: - Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery presents a shared framework for reducing recidivism and behavioral health problems among people under correctional control or supervision. The paper is written for policymakers, administrators, and practitioners committed to making the most effective use of scarce resources to improve outcomes for people with behavioral health problems who are involved in the corrections system.[18] - Improving Outcomes for People with Mental Illnesses Under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice is organized around policymakers' common questions about people with mental illnesses under community corrections supervision and the		

[17] *The Use of the Crisis Intervention Team (CIT) Model for Corrections Officers: Reducing Incidents within a County Jail.* The Prison Journal. (2020). Retrieved 8 July 2022, from https://doi.org/10.1177/0032885520956334.

[18] *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery.* The Council of State Governments Justice Center (2012). Retrieved 8 July 2022, from https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_Behavioral_Framework.pdf.

Priority Area Five: Develop Training Opportunities for Law Enforcement, Mental Health Providers, and Community Members.			
Objective	**Action Step**	**Who**	**When**
	type and effectiveness of strategies designed to respond to this population.[19]		

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[19] *Improving Outcomes for People with Mental Illnesses Under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice.* Council of State Governments. (2009). Retrieved 8 July 2022, from (https://nicic.gov/improving-outcomes-people-mental-illnesses-under-community-corrections-supervision-guide-research.

Quick Fixes

While most priorities identified during a Sequential Intercept Model (SIM) Mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only minimal investment of time, and if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

- 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.

    o Visit Re-entering the Community After Incarceration—How We Can Help (ssa.gov) for more information about coordination of benefits reinstatement.[20]

- Reestablish regular meetings that occurred before the pandemic between NTBHA, law enforcement, and Hunt Regional Community Hospital leadership.

    o Law enforcement and the hospital can discuss and improve upon existing E.R. drop-off and E.R. mental health procedures.

    o NTBHA and the hospital can discuss ways to improve E.R. discharge procedures.

- NTBHA has a training planned on court-ordered medications for Rockwell and Kaufman county. Hunt can be added to the training schedule.

- Support use of the Facebook group developed during the SIM Mapping workshop for community providers to network and identify existing community-based services that was.

- Distribute Lakes Regional Community Center's intake packets to more potential participants, including people leaving jail.

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[20] *Re-entering the Community After Incarceration- How We can Help.* Social Security Administration. (2021). Retrieved 8 July 2022, from https://www.ssa.gov/pubs/EN-05-10504.pdf.

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.

- Developing prevention programs for youth to be provided in Hunt County schools.

- Providing law enforcement access to the Texas Law Enforcement Telecommunication System (TLETS) Continuity of Care Query.

- Re-instating adult Community Resource Coordination Groups to improve continuity of care and community collaboration across service providers.

- Increasing contracted inpatient beds available to people on Medical-Surgical units with complex mental health and medical needs.

- Advocate for statutory change to the timeframe an Apprehension by Peace Officer without a Warrant (APOWW) or Emergency Order of Detention (EOD) may remain in effect to increase the time law enforcement have to obtain medical clearance and/or an order of protective custody.

Other Considerations

Hunt County has several exemplary programs that address criminal justice and behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new opportunities and programming must be developed. The suggested considerations below are primarily derived from opportunities raised during the SIM Mapping workshop, document review, national initiatives, and the collective experience of the Office of the State Forensic Director staff in consulting with other states and localities. Each recommendation contains context from the SIM Mapping workshop, followed by beneficial resources and any available evidence-based practices and existing models.

The following publications informed the considerations in this report:

- All Texas Access Report, Texas Health and Human Services Commission

- A Guide to Understanding the Mental Health System and Services in Texas, Hogg Foundation

- Texas Statewide Behavioral Health Strategic Plan Update, Texas Statewide Behavioral Health Coordinating Council

- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council

- The Joint Committee on Access and Forensic Services 2019 Annual Report, Texas Health and Human Services Commission

- The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health

- Texas SIM Summit Final Report, Policy Research Associates

There are also two overarching issues that should be considered across all ideas 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[21] [22]. It is

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[21] Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders*. Corrections Today.

[22] 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.

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

- Responding by putting this knowledge into practice using [Trauma-Informed Care in Behavioral Health Services](#)[23]

1. Increase Data Collection and Information Sharing Across the SIM

Baseline data across the intercepts was collected when planning for the Hunt County SIM Mapping workshop. Available data, as well as gaps, led to conversations on gaps in services and opportunities to expand diversion services and increase access to treatment for people with MI, SUD, and IDD who are justice involved or at-risk of justice involvement.

Opportunities identified by SIM participants included:

- Assess availability of baseline data across the SIM.

    o A potential starting point might be the Community Impact Measures spreadsheet shared with NTBHA to plan for the SIM.

    o [Data Collection Across the Sequential Intercept Model: Essential Measures](#) offers a comprehensive set of measures at each intercept point.

- Identify a common approach to capturing and sharing information on mental health-related calls for service between law enforcement and 911 dispatch.

- Consider data collection across all intercepts and how that information is shared for funding, planning, and direct care purposes.

    o Examples of initial data collection points/measures may include:

        ▪ Requesting that dispatch develop a system to flag mental health calls to help county leaders establish trends that might inform future planning and service delivery;

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[23] *TIP 57: Trauma-Informed Care in Behavioral Health services.* Substance Abuse and Mental Health Services Administration (2014). Retrieved 8 July 2022, from https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.

- Collecting MCOT data, including trends in requests (requestor/date/time), dispatch locations, call outcomes, etc.;
- Capturing data on people who screen positive for MI through the CCP Art. 16.22 process and ensuring that data is shared with key community partners (jail, courts, NTBHA); and
- Recidivism rates of both the general population and those with serious MI.

Based on these opportunities, we suggest that Hunt County stakeholders consider:

- Discussing consistent or complimentary coding among police departments across Hunt County to obtain an accurate count of the actual number of mental health calls being made to 911 and responded to by law enforcement.

- Collecting and tracking data on the four key outcomes of police-mental health collaboration effectiveness[24]:

  - Reduced law enforcement contacts,
  - Connections to services,
  - Minimized arrests, and
  - Reduced use of force, for the general population, people with serious MI, and people experiencing homelessness to provide a point of comparison.

- Collecting and tracking the four key measures of the Stepping Up Initiative[25]:

  - Number of bookings,
  - Average length of stay,
  - Connections to treatment and services, and
  - Recidivism for the general population and people with serious MI to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas.

- Building upon a universal screening for serious MI and screen every person at booking for homelessness. Measures adopted to track serious MI could also include subpopulations such as veterans and people with IDD.

- Collecting and tracking data on people who are considered "high utilizers." The Council of State Governments Justice Center included a recommended

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[24] *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People who have Mental Health Needs.* Council of State Governments Justice Center. (2018). Retrieved 8 July 2022, from https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf.
[25] *Stepping Up Together.* The Stepping Up Initiative. Retrieved 8 July 2022, from https://stepuptogether.org/.

definition as "any person with four or more bookings in one calendar year, tracking both people with serious MI and general populations." [26]

- Analyzing data to identify if disparities are present.

- Developing strategies to improve equitable access to diversion opportunities and services.

Model Programs to Explore:

- Texas counties have joined national initiatives, such as the Stepping Up Initiative, to reduce the number of people with MI in jail. In early 2019, Lubbock County became one of 15 counties nationwide nominated as a Stepping Up Innovator County. Lubbock County has implemented strategies to accurately identify people in jails who have serious MI; collect and share data on people to better connect them to treatment and services; and use this information to inform local policies and practices.[27]

- Policy Research Associates, Inc. has developed a manual, [Data Collection Across the Sequential Intercept Model: Essential Measures](#), which represents a compilation of recommended data elements organized around each of the six SIM intercepts.[28] 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. Efforts to share data often fail when stakeholders lack clarity on the most essential information to collect, integrate, and examine. This could provide a great starting place for Hunt County, while considering which data points and measures to gather and analyze to inform policy, ongoing programming, and funding decisions.

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[26] *How to Reduce Repeat Encounters: A Brief for Law Enforcement Executives.* Council of State Governments. (2019). Retrieved 8 July 2022, from https://csgjusticecenter.org/wp-content/uploads/2020/01/JC_How-to-Reduce-Repeat-Encounters_TwoPager8JAN20508compliant.pdf.

[27] *Stepping Up Innovator Counties: Leading the Way in Justice System Responses to People with Behavioral Health Needs.* Council of State Governments. (n.d.). Retrieved 8 July 2022, from https://csgjusticecenter.org/wp-content/uploads/2021/08/Stepping-Up-Innovator-Brief_Accessible.pdf.

[28] *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.

2. Expand Early Intervention and Juvenile Justice Services

Hunt County SIM participants identified early intervention and prevention as a priority for diverting children and youth from the justice system in Hunt County. Community members and children's mental health providers that attended the SIM Mapping workshop identified a gap in community awareness of resources to support children and youth in crisis or at risk of juvenile justice involvement.

Opportunities identified by Hunt County participants included:

- Assessing existing early education, prevention, and intervention programs in Hunt County by:
    - Reaching out to community agencies serving juveniles and youth to establish an exploratory task force focused on mental health and substance use education, prevention, and intervention services for children, families, and youth.
        - Ensure that this effort is in coordination with the CRCG that serves Hunt County.
    - Developing incentives to get children and families to participate in identified programs.
    - Assessing areas for improvement across existing local programs.

        - Identify quick fixes and opportunities for community collaboration.

    - Exploring new funding opportunities (consider federal, state, and philanthropic funding opportunities).
        - Federal Grants:

            - [SAMHSA](#)

            - [Office of Juvenile Justice and Delinquency Prevention](#)

        - State Grants:

            - [Texas Department of State Health Services Funding Information Center (FIC)](#)

        - Philanthropic Resources:

            - National: Meadows Foundation, Arnold Ventures, MacArthur Foundation, Pew Charitable Trust Foundation, Ford Foundation, Charles Koch Foundation, Mindful Philanthropy

- State: Hogg Foundation, Grant Halliburton Foundation

- Expanding services to reach youth and families who don't know how to access or engage with the local mental health system.

  o Launch a parenting resource center that provides specialized information on services and supports for families with unique or complex behavioral health needs.

  o Embed training on best practices for responding to families and youth experiencing a behavioral health crisis into MCOT and crisis response provider training.

    ▪ Maintain a resource list with key youth-specific crisis and outpatient services in Hunt County

Based on these identified opportunities, we suggest that Hunt County **consider:**

- Developing Youth Diversion Programs

  o Convene schools, courts, and law enforcement to identify diversion options.

    ▪ Identify opportunities for early intervention among youth with MI, SUD, and/or IDD diagnosis at risk of juvenile justice involvement. This includes school-based engagement, identification by law enforcement of youth exposed to violence in the home, and engagement with community non-profits and faith-based organizations.

    ▪ Review the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Evidence-based Programs resource page. Specifically, view the Model Programs Implementation Guide for Diversion.[29]

    ▪ Review the National Center for State Courts' guidance on the principles for juvenile mental health diversion.[30]

    ▪ Utilize OJJDP's Training and Technical Assistance support.

  o Explore models in Collin and Tyler counties to develop juvenile court for lower offenses.[31]

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[29] *Diversion Programs I-Guide.* Office of Juvenile Justice and Delinquency Prevention. (n.d.). Retrieved 8 July 2022, from https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/mpg-iguides/topics/diversion-programs/index.html.

[30] *Juvenile Justice and Mental Health Diversion: Guidelines and Principles.* National Center for State Courts. (2022). Retrieved 8 July 2022, from https://www.ncsc.org/__data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf.

[31] *Specialty Courts By County.* Texas Specialty Courts (2019). Retrieved 8 July 2022, from Specialty Courts By County (txspecialtycourts.org).

- o Assess the utilization of a Juvenile Justice Alternative Education Program and other alternative education programs in Hunt ISD as alternatives to detention for low level offenses.

- Establishing specific training for law enforcement and crisis intervention providers interacting with children and youth at risk of justice involvement
  - o Identify evidence-based trainings specific to working with youth with MI and/or IDD diagnoses cycling into crisis.
    - Review Police Training Courses offered by Strategies for Youth.
    - Review the National Association of School Resource Officers training courses available to School Resource Officers and law enforcement.
  - o Collaborate with law enforcement to identify existing practices and approaches to working with juveniles and potential gaps in resources for youth experiencing a mental health crisis.

- Establishing prevention, early intervention, and education efforts with school-aged youth.
  - o Work with local schools to identify opportunities for improved collaboration between Hunt County ISD, NTBHA, and families in Hunt County.
  - o Review the Substance Abuse and Mental Health Services Administration's prevention resources and its Prevention Transfer Technology Center.
  - o Review Youth.gov., federal website that helps communities create, maintain, and strengthen effective youth programs. Included are youth facts, funding information, and tools to help assess community assets, generate maps of local and federal resources, search for evidence-based youth programs, and keep up-to-date on the latest youth-related news.
  - o Provide education and training to staff and students (i.e. Mental Health First Aid and Youth Mental Health First Aid)
  - o Review OJJDP's Model Program Guide Literature Review on Substance Use Prevention Programs for youth.

- Conducting a Critical Intervention Mapping for Hunt County
  - o The Critical Intervention Mapping for youth mirrors the SIM for adults and utilizes data-driven discussions to better serve justice-involved youth and their families across identified critical intervention points

and opportunities for diversion.[32] These 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. The Office of the State Forensic Director will begin providing Critical Intervention Mapping starting in 2023.

Model Programs to Explore:

- Review the National Center for Mental Health and Juvenile Justice (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](). This guide identifies ways to develop partnerships between juvenile justice and mental health systems to increase diversion and access to the most effective mental health treatment. The model identifies the following cornerstones for improving the delivery of mental health services to youth in contact with the juvenile justice system:[33]

  o Collaboration
  o Identification
  o Diversion
  o Treatment
  o Learning from other communities who have engaged in Critical Intervention Mapping.

- The Harris Center has implemented a [Critical Intervention Mapping and Action Planning Workshop]() in Harris County. In October 2020, The National Center for Youth Opportunity and Justice and Policy Research Associates facilitated this workshop. The workshop was modeled on the guide developed by NCMHJJ and targeted the following intercepts or intervention points:

  o Communities and schools
  o Initial contact with law enforcement
  o Intake and detentions
  o Judicial processing
  o Probation and secure placement
  o Re-entry

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[32] *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%20Report.pdf?ver=EF1LZ_R38Vm6po5tcSotMg%3d%3d.
[33] *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.

3. Explore the Development of a Treatment or Recovery Court

Hunt County SIM participants identified developing a post-booking treatment or recovery court as an opportunity to improve access to treatment and prevent further penetration into the criminal justice system.

Opportunities identified by Hunt County stakeholders included**:**

- Establishing a task force.

- Identifying essential measures to inform the court's development.

Based on these identified opportunities, we suggest that Hunt County Stakeholders **consider:**

- Establishing a Treatment/Recovery Court Task Force.

  - Stakeholders could include Hunt County judges, prosecutors and defense attorneys, mental health and substance use treatment providers, court managers, probation, and law enforcement officers.

- Identifying key data elements to collect to inform the courts development.

  - [A Study on Outcomes of Participants in Specialty Courts Who Have a Mental Illness,](#) conducted by the Office of Court Administration, provides a summary of data collected by specialty courts, focusing primarily on recidivism and technical violations.[34]

  - [Developing a Statewide Drug Court Data Tracking System: The Why, What, and How of It,](#) by the Center for Court Innovation, suggests other elements to consider in addition to recidivism rates, including mental health outcomes for people engaged in the justice system, as well as jail and court costs.[35]

  - [National Association of Drug Court Professionals](#) (NADCP) is the training, membership, and advocacy organization for the treatment court model. Since 1994, NADCP and its divisions—the National Drug Court Institute, National Center for DWI Courts, and Justice For Vets—have trained hundreds of thousands of professionals spanning the legal,

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[34] *Study on Outcomes of Participants in Specialty Courts who have a Mental Illness.* The Office of Court Administration (n.d.). Retrieved 16 June 2022, from https://www.txcourts.gov/media/1443969/sb-1326-final.pdf.

[35] *Developing a Statewide Drug Court Data Tracking System: The Why, What, & How of It*. Center for Court Innovation (n.d.). Retrieved 8 July 2022, from https://www.courtinnovation.org/sites/default/files/documents/drugcourtdatasystem.pdf.

clinical, psychosocial, and law enforcement fields. NADCP has developed [Adult Drug Court Best Practice Standards](#).[36]

- o The National Institute of Justice (NIJ) [overview of drug courts,](#) which includes a database of drug courts across the U.S. and an in-depth overview of the drug court model with helpful resource, including:

    - [Seven Program Design Features: Adult Drug Court Principles, Research, and Practice](#)

    - [Appropriate Target Population](#)

    - [The Role of Medication](#)

    - [Effective Substance Abuse Treatment](#)

    - [Aftercare and Relapse Prevention](#)

    - [Performance Measurement and Program Evaluation for Drug Courts](#)

    - [Cost Efficiency Analysis](#)

- o The [National Drug Court Resource Center](#) (NDCRC) was developed to equip treatment court practitioners with an array of resources relevant to the field. Their website has resources on treatment courts, an interactive map of treatment courts, a database of grants, and opportunities to engage with experts across the U.S.[37]

- o Review resources provided by [OJJDP, NIJ, and BJA](#).

- o The [Texas Association of Specialty Courts](#), which was founded to increase local and statewide political, media and community awareness of the existence and success of drug courts; support legislation authorizing funding for the operation of drug courts; and provide support for jurisdictions wanting to establish drug courts.

- o The [Initial Process and Outcome Evaluation of Drug Courts](#) in Texas, conducted by the Criminal Justice Policy Council, evaluates three drug courts in Texas.

- Researching other court models and court-based treatment programs:
    - o The Bureau of Justice Assistance's [Guide to Mental Health Court Design and Implementation](#) is organized according to the three basic

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[36] *Adult Drug Court Best Practice Standards*. National Association of Drug Court Professionals. (n.d.). Retrieved 8 July 2022, from https://www.nadcp.org/wp-content/uploads/2019/09/Best-Practice-Standards-Flyer-Final-3.pdf.

[37] *Overview of Drug Courts.* National Institute of Justice. (2020). Retrieved 8 July 2022, from https://nij.ojp.gov/topics/articles/overview-drug-courts.

steps that can be followed by any community considering the establishment of a mental health court:[38]
- Understanding the mental health court concept;
- Determining whether a mental health court is appropriate; and,
- Considering elements of mental health court design and implementation.

o The Judicial Commission on Mental Health also created a [10-Step Guide to creating a Mental Health Court Program.](#)[39]

o The [Texas Assisted Outpatient Treatment Practitioner Guide](#) was developed by Texas Tech University School of Law, the Treatment Advocacy Center, and National Alliance on Mental Illness (NAMI) Texas. This document aims to provide clinical and legal practitioners with the basic knowledge needed to plan and launch an assisted outpatient treatment (AOT) program in Texas.[40]

o [Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice](#), developed by SAMHSA, outlines the origins and current status of civil commitment, principles to guide civil commitment, and practical tools to assist policymakers in evaluating, reforming and implementing involuntary civil commitment.[41]

o [Adults with Behavioral Health Needs Under Correctional Supervision](#) is a report that was published by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance. This resource presents a shared framework for reducing recidivism and behavioral health problems among people under correctional control or supervision. It is written for policymakers, administrators, and practitioners, and provides a common structure for

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[38] *A Guide to Mental Health Court Design and Implementation*. Bureau of Justice Assistance. (2022). Retrieved 16 June 2022, from https://bja.ojp.gov/sites/g/files/xyckuh186/files/Programs/Guide-MHC-Design.pdf.

[39] *Creating a Texas Mental Health Court Program: The 10-Step Guide.* Texas Judicial Commission on Mental Health (2022). Retrieved 16 June 2022, from http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf.

[40] *Texas AOT Practitioners Guide.* Treatment Advocacy Center, Texas Tech University School of Law and NAMI Texas (2022). Retrieved 16 June 2022, from https://www.treatmentadvocacycenter.org/storage/documents/aot-implementation-documents/texas%20aot%20practitioners%20guide.pdf.

[41] *Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice*. Substance Abuse and Mental Health Services Administration (2019). Retrieved 8 July 2022, from https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf.

corrections and treatment system professionals covering both behind-the-bars and community-based interventions.[42]

- Utilize Risk Assessment Tools to Determine Eligibility
    - o Courts should set their eligibility criteria to focus on defendants at high risk of reoffending and incorporate interventions to address crimino-genic needs in the services offered to participants.

Model Programs to Explore:

- Explore Other Specialty Courts:
    - o Texas Drug Courts in counties with comparable population to Hunt County include Kauffman County (136,145).
        - ▪ Specifically, examine:
            - Eligibility criteria;
            - Caseloads;
            - Approach to setting bonds;
            - Court outcomes; and,
            - Successes and challenges related to starting the mental health court and supporting its ongoing operations.
    - o Texas Mental Health Courts in counties with comparable population to Hunt County include Bowie County (92,893), Cameron County (421,017), Fannin County (35,662), Kauffman County (136,145) Midland Count (169,983), and Uvalde County (24,564).
        - ▪ Specifically, examine:
        - ▪ Eligibility criteria;
        - ▪ Caseloads;
        - ▪ Approach to setting bonds;
        - ▪ Court outcomes; and,
        - ▪ Successes and challenges related to starting the mental health court and supporting its ongoing operations.
- Examine effective implementation of Assisted Outpatient Treatment Programs:
    - o [Assessing Outcomes for Consumers in New York's Assisted Outpatient Treatment Program](#) was published in Psychiatric Services. This study examined whether New York State's AOT program, a form of

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[42] *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery.* The Council of State Governments Justice Center (2012). Retrieved 8 July 2022, from https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_Behavioral_Framework.pdf.

involuntary outpatient commitment, improved a range of policy-relevant outcomes for court-ordered individuals.[43]

4. Increase Use of Peer Services Across the SIM

Peer support workers are people with lived experience with MI and SUD who provide guidance and encouragement to people new to or considering recovery. Peers share knowledge, teach skills, build relationships, advocate on behalf of service recipients, and connect people with resources, opportunities, and communities of support. Family partners also serve as peers to family members of people with behavioral health conditions. Diversion programs that include peers can strengthen local efforts to connect people to care and reduce future justice system involvement.

Hunt County SIM participants noted a gap in access to peers across programs and services at the intersection of behavioral health and justice.

Opportunities identified by Hunt County participants included:

- Improving treatment compliance among people with MI, SUD, and IDD diagnosis.
    - o Peers and family partners can increase engagement among people with behavioral health needs prior to, during, and after justice involvement.
    - o Peers and family partners can connect program participants to services provided by other community organizations that provide supported housing, employment, and education, as well as mutual support.
    - o Peers and family partners can consult on program development or implementation to ensure that services best meet the needs of people with MI and SUD.
- Exploring national and state funding opportunities to both hire and train peers.

Based on these identified opportunities, we suggest that Hunt County Stakeholders **consider:**

- Incorporating peers into services at each intercept of the SIM.
    - o For peer support as a Medicaid benefit, HHSC has designated two entities to certify peers, peer supervisors, and peer/peer supervisor training entities.

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[43] Swartz, M., Wilder, C., Swanson, J., Van Dorn, R., Robbins, P., & Steadman, H. et al. (2010). Assessing Outcomes for Consumers in New York's Assisted Outpatient Treatment Program. *Psychiatric Services*, *61*(10), 976-981. https://doi.org/10.1176/ps.2010.61.10.976.

- New applicants or training entities should contact the Texas Certification Board (formerly the Texas Certification Board of Addiction Professionals) at www.tcbap.org.
- People in recovery, family members, or behavioral health providers who would like to learn more about peer support, peer or family partner certification, employment opportunities, or peer supervision can receive financial assistance to cover trainings from peer professionals at https://peerforce.org.

Resources:

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

- Peer Support Roles Across the SIM identifies a host of roles that peers can play, both as staff and volunteers, across the SIM. In addition to the broad outline, local examples are provided to highlight peers who are working with law enforcement, courts and attorneys, jails and prisons, reentry services, and community corrections across the U.S.

- SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Strategy has resources on peers in all settings.[44]

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[44] *Bringing Recovery Supports to Scale: Technical Assistance Center Strategy*. Substance Abuse and Mental Health Services Administration. (2022). Retrieved 8 July 2022, from https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers.

Appendices

Appendix A: SIM Intercept Overview

Intercept 0: Early Intervention and Community Services

Figure 2. Intercept 0
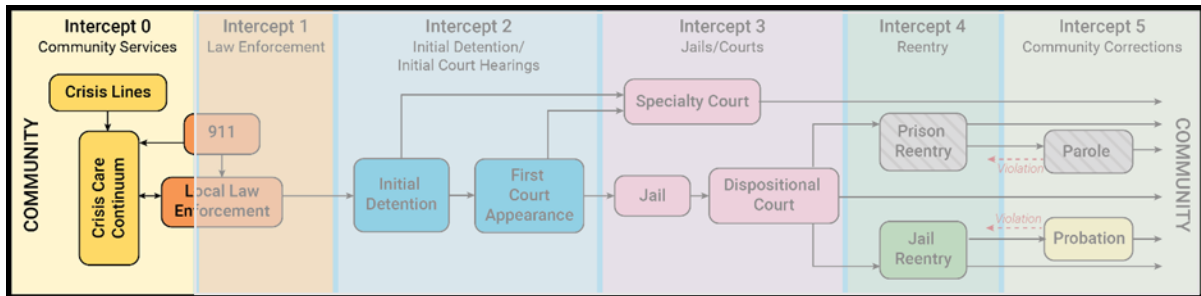
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Intercept 0 encompasses the early intervention points for people with MI, SUD, and/or IDD prior to possible arrest by law enforcement. It captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system interaction.

Key Features

- Connects people who have MI and SUD with services before they encounter the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds for urgent but less acute mental health needs.

Intercept 1: Law Enforcement

Figure 3. Intercept 1
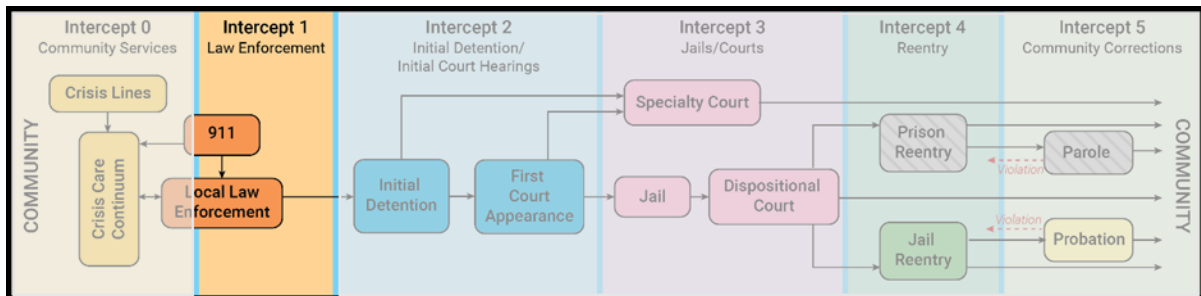
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Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with a MI, SUD, and/or IDD who may be engaging in criminal conduct, experiencing a mental health crisis, or both. Intercept 1 captures systems and programs that are designed divert people away from the justice system and toward treatment when safe and feasible.

Key Features

- Begins when law enforcement responds to a person with a MI, SUD, and/or IDD or a person who is in crisis.
- Ends when the person is arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.

Intercept 2: Initial Detention/Initial Court Hearings

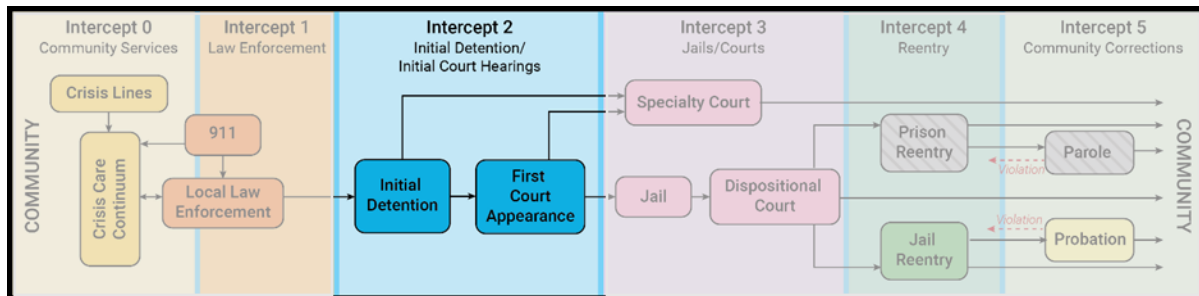**Figure 4. Intercept 2**

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

Key Features

- Involves arrested people experiencing MI, SUD, and/or IDD who are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports early identification and screening to inform decision making around a person's care, treatment continuation, and pretrial orders.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.
- Represents the moment when the question of competence is first raised.

Intercept 3: Jails/Courts

Figure 5. Intercept 3

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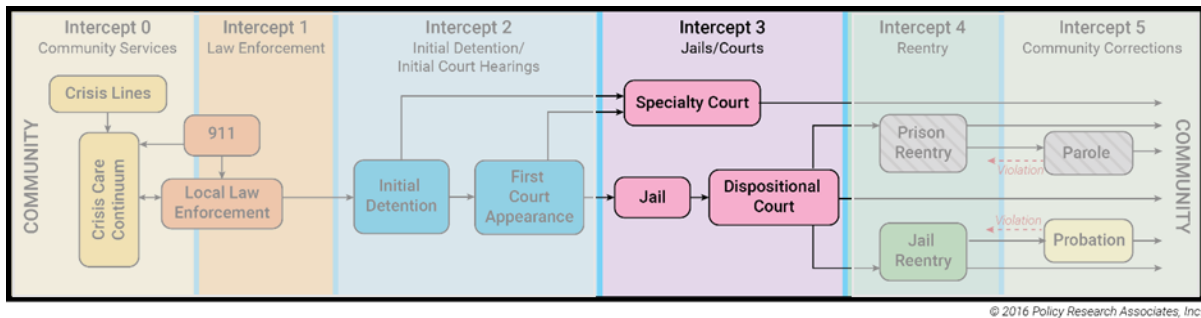
During Intercept 3 of the model, people with a MI, SUD, and/or IDD not yet diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.

Key Features

- Involves people with MI, SUD, and/or IDD held in jail before and during their trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while addressing the defendant's behavioral health needs in the community.
- Includes constitutional protections including the right to due process and to representation by a defense attorney at no cost if indigent. Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.

Intercept 4: Reentry

Figure 6. Intercept 4

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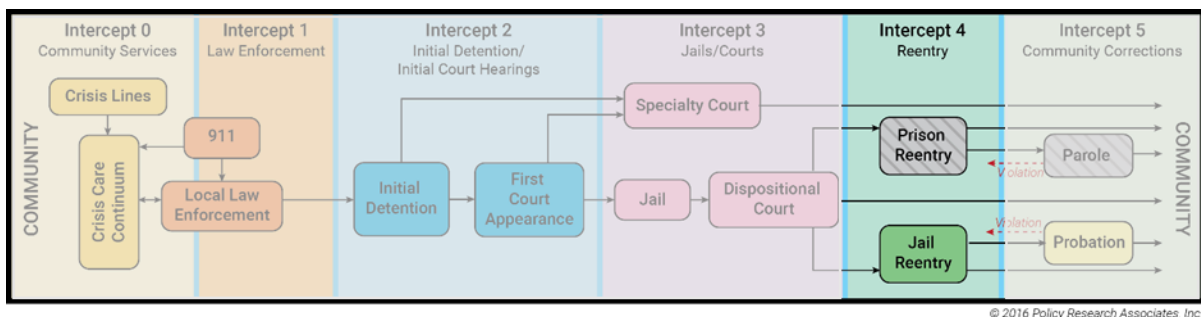
At Intercept 4 of the model, people plan for and transition from jail or prison into the community. Supportive re-entry establishes strong protective factors for justice-involved people with MI, SUD, and/or IDD re-entering a community.

Key Features

- Provides transition planning and support to people with MI, SUD, and/or IDD who are returning to the community after incarceration.
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.
- Should be well planned, resourced, and person-centric to help set people up for success and avoid lapses in recidivism.

Intercept 5: Community Corrections

Figure 7. Intercept 5

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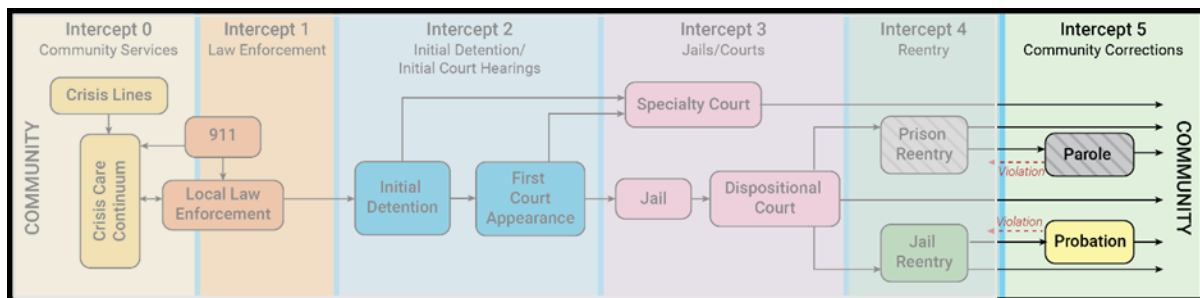
People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other requirements by state statutes. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination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

Key Features

- Involves people with MI, SUD, and/or IDD under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with MI, SUD, and/or IDD.
- Addresses the persons' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.

Appendix B: Resources for Law Enforcement During a Behavioral Health Crisis

Resources for Law Enforcement During Behavioral Health Crises
March 2022

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

Commitment Status **Voluntary**

Immediate medical attention needed?

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

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

Commitment Status **Involuntary**

Immediate medical attention needed?

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

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

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

Send Referral for Follow Up to Wilco_LE_Referrals@bbtrails.org or fax to 512-686-6847

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

Bluebonnet Trails Community Services

Appendix C: Civil Inpatient Commitment Process Under 573 & 574 of the Texas Health & Safety Code

Released after Preliminary Exam as not meeting admission criteria §573.023

Admitted for Emergency Detention. Certificate of Medical Examination obtained §573.022

Application for Court-Ordered MH Services filed by attorney for state or other adult §574.001

Motion for Order of Protective Custody §574.021 filed with Magistrate (Often filed at same time as application for court-ordered MH services)

Apprehension by Peace Officer (without warrant) §573.001

Police Officer files application for E.D. with MH facility §573.002

Accepted by MH facility for preliminary exam (Detained no longer than 48 hours; add time if period ends on a weekend) §573.021

Motion denied (Proposed patient not detained; rarely is full commitment hearing held if released here)

Order Protective Custody (Proposed patient detained for up to 72 hours until Probable Cause Hearing)

Start

Warrant Issued by Magistrate (person transported to nearest MH facility for exam) §573.012

Order for Continued Detention §574.026

Application for Emergency detention (Filed by any adult with Magistrate) §573.011

Hearing on application for Court-ordered MH Services. Must be supported by two Certificates of Medical Examination. (Full evidentiary hearing; held within 14 days of application being filed, can be continued up to 30 days from date of application being filed) §574.005

Probable Cause Hearing (to determine if patient should be detained until final commitment hearing) §574.028

Application Denied by Magistrate (person immediately released) §573.012

Release from Detention (rarely is full commitment hearing held if released here) §574.028

Legend

Emergency Detention Process

O.P.C. and Commitment process

Release point(s) from detention

Application/Commitment denied by court if criteria not met (Proposed patient released) §574.033

If commitment criteria met court enters Order for Temporary MH Services (No longer than 45/90 days) §574.034

Facility may discharge patient before expiration of order if patient no longer meets criteria §574.086

If commitment criteria met, and patient has already been inpatient for 60 consecutive days in the past 12 months, court enters Order for Extended MH Services (No longer than 12 months) §574.035

Appendix D: Resources

Competence Evaluation and Restoration

- Fader-Towe, H. and E. Kelly. (2020) [Just and Well: Rethinking How States Approach Competency to Stand Trial](#). New York, NY: The Council of State Governments Justice Center.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law, 27,* 767-786.
- Pinals, D. and L. Callahan. (2020) [Evaluation and Restoration of Competence to Stand Trial: Intercepting the Forensic System Using the Sequential Intercept Model](#). *Psychiatric Services*, 71, 698-705.
- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Policy Research Associates. (2007, re-released 2020). [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#).

Collaboration, Crisis Response, and Law Enforcement

- Bureau of Justice Assistance. (2014). [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.](#)
- Bureau of Justice Assistance. [Police-Mental Health Collaboration Toolkit](#).
- Center for Health and Justice. (n.d.). [Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series](#).
- Council of State Governments Justice Center. (2021). [Developing and Implementing Your Co-Responder Program](#).
- Council of State Governments Justice Center. (2021). [How to Successfully Implement a Mobile Crisis Team](#).
- Council of State Governments Justice Center. (2021). [Justice and Mental Health Collaboration Implementation Science Checklists](#).
- Council of State Governments Justice Center. (2021). [Resources for Law Enforcement.](#)
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing a 911 Dispatch Diversion Program](#).
- Council of State Governments Justice Center. (2022). [Embedding Clinicians in the Criminal Justice System](#).
- Council of State Governments Justice Center. (2021). [Preparing 911 Dispatch Personnel for Incorporating New First Responder Teams](#)
- Council of State Governments Justice Center. (2021). [Community Responder Programs: Understanding the Call Triage Process](#)
- Council of State Governments Justice Center. (2021). [Best Practices for Collaborating with Referral Sources for Crisis Stabilization Units.](#)

- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing a 911 Dispatch Diversion Program.](#)
- Council of State Governments Justice Center. (2021). [How to Use 988 to Respond to Behavioral Health Crisis Calls.](#)
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing Crisis Stabilization Units.](#)
- Council of State Governments Justice Center. (2021). [Expanding First Response: A Toolkit for Community Responder Programs.](#)
- Crisis Intervention Team International. (2019). [Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#).
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium](#).
- International Association of Chiefs of Police. [One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities](#).
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems](#).
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach](#).
- National Association of State Mental Health Program Directors. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#).
    - National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#).
- National Council for Behavioral Health. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#).
- Policy Research Associates and the National League of Cities. (2020). [Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.](#)
- Substance Abuse and Mental Health Services Administration. (2019). [Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities](#).
- Substance Abuse and Mental Health Services Administration. (2020). [Crisis Services: Meeting Needs, Saving Lives.](#)

- Substance Abuse and Mental Health Services Administration. (2020). [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals: A Research-based Guide.](#)
- Suicide Prevention Resource Center. (2013). [The Role of Law Enforcement Officers in Preventing Suicide.](#)

Brain Injury

- National Association of State Head Injury Administrators. (2020). [Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs](#).
- National Association of State Head Injury Administrators. [Supporting Materials including Screening Tools and Sample Consent Forms](#).

Courts

- Bureau of Justice Assistance, National Institute of Justice, Office of Juvenile Justice and Delinquency Programs. (2021). [Drug Courts.](#)

- Bureau of Justice Assistance. (2021). [Guidelines for Pandemic Emergency Preparedness Planning: A Road Map for Courts](#)

First Responder Wellness and Resiliency

- Bradley, Kelly D. (2020). [Promoting Positive Coping Strategies in Law Enforcement: Emerging Issues and Recommendations. Officer Safety and Wellness Group Meeting Summary](#). Washington, DC: Office of Community Oriented Policing Services, U.S. Department of Justice.
- Bureau of Justice Assistance. [VALOR Officer Safety and Wellness Program](#).
- Bureau of Justice Assistance. (2018). Officers' Physical and Mental Health Safety: Emerging Issues and Recommendations.
- Office of Community Oriented Policing Services, U.S. Department of Justice. [Law Enforcement Mental Health and Wellness Program Resources](#).

Housing

- [Council for State Governments Justice Center. (2021). Action Points: Four Steps to Expand Access to Housing in the Justice System with Behavioral Health Needs](#)
- [Council for State Government Justice Center. (2021). The Role of Probation and Parole in Making Housing a Priority for People with Behavioral Health Needs.](#)
- [Council for State Government Justice Center. (2021). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails.](#)

- Substance Abuse and Mental Health Services Administration. (2010). [Permanent Supportive Housing: How to Use the Evidence-Based Practices KITs](). HHS Pub. No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration. (2015). [TIP 55: Behavioral Health Services for People Who Are Homeless]().
- Urban Institute. (2012). [Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.]()

Information Sharing/Data Analysis and Matching

- American Probation and Parole Association. (2014). [Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.]()
- [Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.]()
- Council of State Governments Justice Center. (2011). [Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism]().
- National Association of Counties. (2016). [Data-Driven Justice Playbook: How to Develop a System of Diversion]().
- New Orleans Health Department. (2016). [New Orleans Mental Health Dashboard.]()
- Council of State Governments Justice Center. (2021). [Screening and Assessment in Jails and Using Data to Improve Behavioral Health Diversion Programs.]()
- Council of State Governments Justice Center. (2021). [Integrating Criminal Justice and Behavioral Health Data: Checklist for Building and Maintaining a Data Warehouse.]()
- Council of State Governments Justice Center. (2021). [Selecting a Data Warehouse Vendor for Criminal Justice-Behavioral Health Partnerships.]()
- Council of State Governments Justice Center. (2021). [Choosing the Right Data Strategy for Behavioral Health Criminal Justice Initiatives.]()
- Substance Abuse and Mental Health Services Administration. (2019). [Data Collection Across the Sequential Intercept Model: Essential Measures]().
- Substance Abuse and Mental Health Services Administration. (2018). [Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide]().

- Urban Institute. (2013). [Justice Reinvestment at the Local Level: Planning and Implementation Guide](#).

- The Cook County, Illinois [Jail Data Linkage Project: A Data Matching Initiative in Illinois](#) became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Justice-Informed Behavioral Health Services

- National Institute on Drug Abuse. [Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide](#).

- Substance Abuse and Mental Health Services Administration. (2019). [Forensic Assertive Community Treatment (FACT): A Service Delivery Model for Individuals With Serious Mental Illness Involved With the Criminal Justice System](#).

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Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. [Advancing Access to Addiction Medications.](#)
- American Society of Addiction Medicine. (2015). [The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.](#)
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- Bureau of Justice Assistance. (2022). [Managing Substance Withdrawal in Jails: A Legal Brief](#).
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#).

- National Council for Behavioral Health. (2020). [Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings](#).
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- Substance Abuse and Mental Health Services Administration. (2020). [Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder](#).
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- Substance Abuse and Mental Health Services Administration. (2019). [MAT Inside Correction Facilities.](#)
- U.S. Department of Health and Human Services. (2018). [Facing Addiction in America: The Surgeon General's Spotlight on Opioids](#).

Mental Health First Aid

- [Mental Health First Aid](#). Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues. Additional resources can be found at [Mental Health First Aid Texas](#).

Mental Health and Substance Use Screening and Assessment

- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). [Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*](#), *56, 816-822.*
- The Stepping Up Initiative. *(2017).* [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#)*.*
- Substance Abuse and Mental Health Services Administration. (2019). [Screening and Assessment of Co-occurring Disorders in the Justice System](#).
- Urban Institute. (2012). [The Role of Screening and Assessment in Jail Reentry](#).

Peer Support/Peer Specialists

- Council of State Governments Justice Center. (2021). Advancing the Work of Peer Support Specialists in Behavioral Health-Criminal Justice Programming.
- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Philadelphia (PA) Department of Behavioral Health and Intellectual Disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.

Pretrial/Arraignment Diversion

- Council of State Governments Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.

Procedural Justice

- American Bar Association. (2016). Criminal Justice Standards on Mental Health.

Reentry

- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.
- Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Council of State Governments Justice Center. (2021). Using Supported Employment to Help People with Behavioral Health Needs Reentering Communities.
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- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.](#)

Risk Assessments

- Bureau of Justice Assistance. [Public Safety Risk Assessment Clearinghouse.](#)
- Center for Court Innovation. [Digest of Evidence-Based Assessment Tools](#).

Sequential Intercept Model

- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). [The Sequential Intercept Model and Criminal Justice](#). New York: Oxford University Press.
- Munetz, M.R., and Griffin, P.A. (2006). [Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness](#). *Psychiatric Services*, 57, 544-549.
- Policy Research Associates. [The Sequential Intercept Model Microsite](#).
- Urban Institute. (2018). [Using the Sequential Intercept Model to Guide Local Reform](#).

SSI/SSDI Outreach, Access, and Recovery

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income (SSI) and the Social Security Disability Insurance (SSDI) programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online [SOAR training portal](#).
- Information regarding [FAQs for SOAR for justice-involved persons](#).
- Dennis, D., Ware, D., and Steadman, H.J. (2014). [Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings](#). Psychiatric Services, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). [24/7 Connecting with Counselors Anytime, Anywhere](#). National Council Magazine. Issue 1, page 51.

- Substance Abuse and Mental Health Services Administration. (2021). [Tele-health for the Treatment of Serious Mental Illness and Substance Use Disorders.](#)

Transition-Aged Youth
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). [Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21](#).
- National Institute of Justice. (2016). [Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults](#).
- University of Massachusetts Medical School. [Transitions to Adulthood Center for Research](#).

Trauma and Trauma-Informed Care
- Substance Abuse and Mental Health Services Administration. (2014). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).
- Substance Abuse and Mental Health Services Administration. (2014). [TIP 57: Trauma-Informed Care in Behavioral Health Services](#).
- Substance Abuse and Mental Health Services Administration. (2011). [Essential Components of Trauma Informed Judicial Practice](#).
- Substance Abuse and Mental Health Services Administration. (2011). [Trauma-Specific Interventions for Justice-Involved Individuals](#).

Veterans
- Substance Abuse and Mental Health Services Administration. (2008). [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions](#).
- Justice for Vets. (2017). [Ten Key Components of Veterans Treatment Courts](#).

Women
- Council of State Governments Justice Center. (2021). [Adopting a Gender-Responsive Approach for Women in the Justice System: A Resource Guide](#).

Appendix E: SIM Mapping Workshop Participant List

Participant Name	Organization/Title
Amanda Dunn	NTBHA
Amy Sanders	NTBHA
Berniece Brown	Carevide
Calvin Grogan	Hunt County Attorney
Catherine Acker	Child and Family Guidance Center
Chad Stroud	Hunt County Sheriff's Office
Curran Oakley	NTBHA
Dakota Espinoza	NTX Food Bank
Debby Heitholt	Raffa Clinic Nurse
Didi Thurman	Lakes Regional
Ellainna Douglas	Hunt County Attorney's Office, Assistant County Attorney
Gina Rushing	HCDC Medical Director
Jana Cambell	Hunt County Jail
Janet Buchanan	NTBHA
Jenifer Farley	Region 10
Jennifer Hubner	Collin College
Jill Ann Gamble	Women in Need
Jorge Herrera	Quinlan PD
Kayla Gamez	Lakes Regional
Kendall Reeves	Greenville PD
Kete Jordan	Lakes Regional
Leslie England	Safe Haven Homeless Foundation
Lois Stevens	Hunt Regional Medical Center
Lori Cope	CASA for Hunt County
Lyndy Ashford	NTBHA
Mallory Misljenovic	Hunt Regional Medical Center
Marifrances Casey	Collin College
Michael Davis	Lakes Regional

Participant Name	Organization/Title
Michelle Blank	NTBHA
Michelle Lee	Raffa Family Center
Michelle Madkins	Rushing Family Practice
Mike Griffin	Fishers of Men
Nancy Blum	NTBHA
Nathan Miller	Glen Oaks
Nick Landrum	Individual Care of Texas
Nikki Haynes	Hunt Regional Medical Center- ER
Nobie Walker	Hunt County D.A.
Paige Richardson	Hunt County CSCD
Rebecca Russel	Region 10
Roger Cole	Caddo Mills PD
Rose Phillips	Individual Care of Texas
Sgt. Joshua Lunsford	Hunt County Sheriff's Office
Sherry Shefield	NTBHA
Theressa Sadler	Raffa Clinic
Tina Ingram	Its Ok 2B Different
Walter Taylor	NTBHA/CSO
Wayne Money	Hunt County JP
Whitney Threatt	GISD Social Worker

List of Acronyms

Acronym	Full Name
AIC	Area Information Centers
AOT	Assisted Outpatient Treatment
APOWW	Apprehension by a Peace Officer Without a Warrant
BHLT	Behavioral Health Leadership Team
BJA	Bureau of Justice Assistance
BTCS	Bluebonnet Trails Community Services
CARES	Community Alternative Response Emergency Services
CCP	Code of Criminal Procedure
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
CSCD	Community Supervision and Corrections Department
ECHO	Ending Community Homelessness Organization
ED	Emergency Department
EMS	Emergency Medical Services
EOD	Emergency Order of Detention
ER	Emergency Room
FIC	Funding Information Center
FUSE	Frequent Users System Engagement
HHSC	Health and Human Services Commission
HIPPA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability

Acronym	Full Name
ISD	Independent School District
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
JJAEP	Juvenile Justice Alternative Education Program
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHFA	Mental Health First Aid
MI	Mental Illness
MOU	Memorandum of Understanding
NADCP	National Association of Drug Court Professionals
NAMI	National Alliance on Mental Illness
NCMHJJ	National Center for Mental Health and Juvenile Justice
NIJ	National Institute of Justice
NTBHA	North Texas Behavioral Health Authority
OCR	Outpatient Competency Restoration
OJJDP	Office of Juvenile Justice and Delinquency Prevention
PD	Police Department
PRA	Policy Research Associates

Acronym	Full Name
QMHP	Qualified Mental Health Professional
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplement Security Income
SUD	Substance Use Disorder
TA	Technical Assistance
TCJS	Texas Commission on Jail Standards
TLETS	Texas Law Enforcement Telecommunication System
THDSN	The Texas Homeless Data Sharing Network