Sequential Intercept Model Mapping Report for Bell County

Intellectual and Developmental Disability and Behavioral Health Services Department

May 2022

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by committee of behavioral health and justice leaders, including:

- Judge David Blackburn, Bell County
- Judge Rebecca DePew, Bell County
- Ross Gaetano, Director of Behavioral Health Services, AdventHealth Central Texas
- Thomas Mckinley, Vice President, Baylor Scott & White Health
- Johnnie Wardell, Executive Director, Central Counties Community Services

We commend the committee members for the critical role they each played in making Bell County SIM Workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, and reviewed this report and provided feedback prior to its publication.

The facilitators for this workshop were Jennie M. Simpson, PhD, Associate Commissioner, State Forensic Director, HHSC and Catherine Bialick, MPAff, Senior Advisor, Office of the State Forensic Director, HHSC. The report was authored by Catherine Bialick; Jennie M. Simpson; Elizabeth Wyatt, M.Ed, LPC; and Robert Epstein, LMSW, MPAff.

We'd also like to acknowledge the System Integration Team at HHSC who oversees implementation of All Texas Access, a legislatively mandated initiative resulting from Senate Bill 454, 87th Legislature, Regular Session 2021, whose focus is increasing access to mental health services in rural Texas communities. SIM Mapping Workshops were offered to all rural-serving LMHAs participating in the All Texas Access Initiative, including Central Counties Services.

About the Texas Behavioral Health and Justice Technical Assistance Center

The Texas Behavioral Health and Justice Technical Assistance Center (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.

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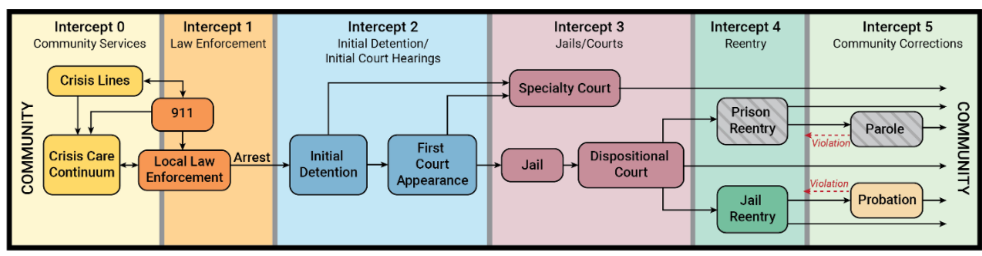
Background

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, and they should include the participation of 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 within a community. Through the workshop, facilitators and participants identify opportunities to link people to services and prevent further penetration into the criminal justice system when appropriate.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness 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; and
3. Development of strategic priorities for activities designed to improve system and service level responses for people in the target population.



See Appendix A for a more in-depth overview of the SIM Model.

[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.

Texas SIM Mapping Initiative

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

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

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

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

Introduction

The Bell County SIM Mapping Workshop was organized by a steering committee which consisted of representatives from the judicial system, local mental health authority, and area medical hospitals. The local steering committee engaged HHSC to facilitate a county SIM Mapping Workshop to assist with fostering local behavioral health and justice collaborations and finding solutions for improving diversion efforts for people with mental illness. The planning committee invited stakeholders representing police departments, the Bell County Sheriff's Department, county commissioners, the judiciary and court officials, local mental health authority staff, private psychiatric hospitals, medical hospitals, and other service providers.

The Bell County SIM Mapping Workshop was divided into three sessions over a two-day period: 1) Introductions and Overview of the SIM; 2) Developing the Local Map; and 3) Action Planning. A summary of opening remarks can be found below.

Judge Blackburn opened the SIM Mapping Workshop by explaining to area stakeholders that Bell County had initially earmarked $3 million in federal American Rescue Plan Act funds to develop a diversion center. The current earmark for the diversion center is $4.6 million for the design and construction of the facility. Judge Blackburn's vision for the SIM Mapping Workshop was for participants to develop an actionable plan for diverting people needing mental health services from both the Bell County Jail and local emergency departments (ED) into an appropriate level of care. He explained that Bell County law enforcement has a limited number of options for people whom they have picked up that need mental health services – either transport to jail or a local ED. He stated that Bell County Jail is the largest mental health provider in the county and sited national estimates that 16 percent of the jail population has a Serious Mental Illness.

Judge Blackburn emphasized the Bell County Jail's limited resources, sharing that 1,254 people were housed in the Bell County Jail system as March 2, 2022, including people housed at facilities across the state due to current jail capacity. He also noted that Bell County is in the process of expanding the county jail to add an additional 500 beds.

Judge Blackburn concluded his remarks by highlighting the need for stakeholders to come together to map the local system and develop a plan for the diversion center, including the discussion of issues related to funding/sustainability, local partners, and services. Judge Blackburn stated that he believed the only way that the Diversion Center would become a reality was if this collaboration occurred.

This report reflects information provided during the SIM Mapping Workshop by participating Bell 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.

Agenda

Sequential Intercept Model Mapping Workshop

Bell County

March 3-4, 2022

Central Texas Council of Governments

2180 North Main Street Belton, TX

AGENDA – Day 1

8:00 am	**Registration**	Coffee provided
8:30 am (45 min)	**Opening Remarks**	Opening Remarks, *Judge David Blackburn, Bell County Judge* Welcome and Introductions, *Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services*
9:15 (30 min)	**Workshop Overview and Keys to Success**	Overview of the Workshop Workshop Tasks Texas Data Trends Results from the Community Self-Assessment Keys to Success
9:45 (30 min)	**Presentation of Intercepts 0, 1**	Overview of Intercepts 0 and 1 Bell County Data Review
10:15 (15 min)	**Break**	
10:30 (75 min)	**Map Intercepts 0, 1**	Map Intercepts 0 and 1 Examine Gaps and Opportunities Update the Local Map
11:45 (60 min)	**Lunch**	To be provided

12:45 (30 min)	**Presentation of Intercepts 2, 3**	Overview of Intercepts 2 and 3 Bell County Data Review
1:15 (75 min)	**Map Intercepts 2, 3**	Map Intercepts 2 and 3 Examine Gaps and Opportunities Update the Local Map
2:30 (15 min)	**Break**	
2:45 (15 min)	**Presentation of Intercepts 4, 5**	Overview of Intercepts 4 and 5 Bell County Data Review
3:00 (15 min)	**Summarizing Opportunities, Gaps & Reviewing Keys to Success**	Summarize Gaps and Opportunities Review Keys to Success
3:15 (75 min)	**Intro to Bell County Diversion Center Planning**	Discuss Diversion Centers Best Practices Share Relevant Bell County Data, Gaps, and Opportunities Discuss Bell County Diversion Center Goals, Target Population, and Eligibility Requirements Assign Workgroups for Day 2
4:30	**ADJOURN**	

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:30 (15 min)	**Welcome**	Opening Remarks, *Johnnie Wardell, Executive Director, Central Counties Services* Recap Day 1, *Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services Commission*
8:45 (15 min)	**Diversion Center Planning Overview**	Diversion Center Planning Overview Workgroups Instructions
9:00 (90 min)	**Diversion Center Planning**	Break Out into Diversion Center Planning Workgroups

10:30 (15 min)	**Break**	
10:45 (60 minutes)	**Complete Diversion Center Planning**	Workgroups Complete Diversion Center Planning Worksheets
11:45 (15 min)	**Workgroup Report Outs**	
12:00 (25 min)	**Next Steps**	Data Collection Report Development Technical Assistance
12:25 (5 min)	**Closing Remarks**	Closing Remarks, *Judge David Blackburn, Bell County Judge*
12:30	**Adjourn**	

Sequential Intercept Model Map for Bell County, May 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

COMMUNITY

Crisis Phone Lines
Avail
- Central Counties Services (CCS) contracts with Avail to provide crisis hotline services
- Avail determines when to engage CCS and the Mobile Crisis Outreach Team

Outreach, Screening Assessment and Referral (OSAR) Line
- Operated by CCS and Bluebonnet Trails Community Services, connects people to information on SU treatment and services.

Bell County 211

911 Dispatch
Bell County Communications Center

EMS
- Baylor Scott and White
- Temple EMS
- Belton Fire and Rescue
- Arcadia

Law Enforcement
Bell County Sheriff Department, Killeen PD, Temple PD, Harker Heights PD, Belton PD, several smaller PDs

Temple Police Depart
- Approx. 1,100 mental health crisis calls are made in the City of Temple each month
- Temple PD has an embedded clinician (through CCS) who consults on MH calls and can dispatch MCOT staff

Killeen Police Depart
- Informal arrangement with CCS to support MH co-response

Mental Health Deputies (MHD)
- Some Bell County PDs have dedicated MHDs

Arrest

Mobile Crisis Response Team
Central Counties Services operates Mobile Crisis Outreach Teams
- MCOT is located in Bell County (Temple and Killeen) and responds to the 5-county service area.
- CCS offers telehealth services (through remote providers with iPads), usually as a follow up to hospitalization.
- MCOT response is about 50% people in hospital and 50% in the community

Psychiatric Hospitals
Three Psych hospital in service area:
- Canyon Creek Behavioral Health
- Cedar Crest Behavioral Health
  - Will take people who have been deemed violent
- Advent Health
- Oceans (Waco)

Crisis Stabilization
- Bell County is exploring the development of a Diversion Center, which would off crisis stabilization services.
- CCS can pay for a hotel for an evening to provide temporary respite.
- CCS has access to Crisis Respite at Heart of Texas MHMR in Waco.

Emergency Departments/ Walk-In Urgent Care
Emergency Departments:
- Baylor Scott and White, AdventHealth Central Texas, Seton

CCS:
- 7 clinic locations offer walk-in services during business hours, clients can typically be seen within 15 minutes.

Housing Services
CCS has a small housing and employment team
- Offers connections to Supportive Housing and Rental Assistance
  - Able to help 12 people per year
  - Serve people for three month, then transition

Rose Garden: board and care facility

Homeless shelters: Salvation Army (Temple), Friends in Crisis (Killeen), Cove House

Other Housing Agencies: Housing Authorities, Area Agency on Aging

Detox Services
- **Cedar Crest:** Offers 24 hr. detox services
- **Cenikor:** Offers withdrawal management, medication, and outpatient treatment
- **CCS:** Community Health Workers program started February 2022

****Few options for people who are uninsured*

Bell County Jail
Bell County Jail Loop Location; Bell County Jail Central Location; Killeen Municipal Jail

Initial Detention

Booking

Mental health identification is practiced at booking (Texas Code of Criminal Procedure Chapter 16.22)

Screening:
- Mental Health: Comprehensive Biopsychosocial; Sandra Bland OCA Assessment
- Suicide Risk: Columbia Risk Assessment
- Traumatic Brain Injury: MH Biopsychosocial and Medical Receiving Screening

Continuity of Care Query/ Care Match
- CCS conducts cross-checks against public mental health facility records for the Jail
- Well Path is the behavioral health provider for people who are identified as having mental health needs inside the Jail

Jail Diversion
- Bell County contracts with CCS for two navigators who work with the courts to support jail diversion and continuity of care.
- For people found eligible, CCS has Forensic Assertive Community Treatment and a Day Program in Temple.

Bell County Jail

Behavioral Health Services
- **Mental Health and Medical Provider:** Well Path
- **Substance Use Provider:** WellPath medical for detox; Baylor Scott and White & Bell County Addictions Specialty Psychiatry Program

Weekly Mental Health Meetings with LMHA, Jail and Courts
- Weekly meetings with CCS navigators, jail staff and courts to discuss medication protocols, prevalence of SMI in jails, care strategies, and reentry plans

Probation and Parole
- Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI)
- Coordinated by CCS

Bell County Courts

Initial Court Appearance

Magistration
- Individuals receive magistration within 24 hours of arrest (including weekends)

Pre-Trial Service
- Bell County Pretrial Services Department

Defense Counsel
- Private counsel assigned through a mental health wheel to provide indigent legal services

Specialty Courts – County Court Law #3

Mental Health Docket
- **County Attorney Mental Health Review Process:** Defense attorney applies to program on behalf of client for access to services and alternatives to jail

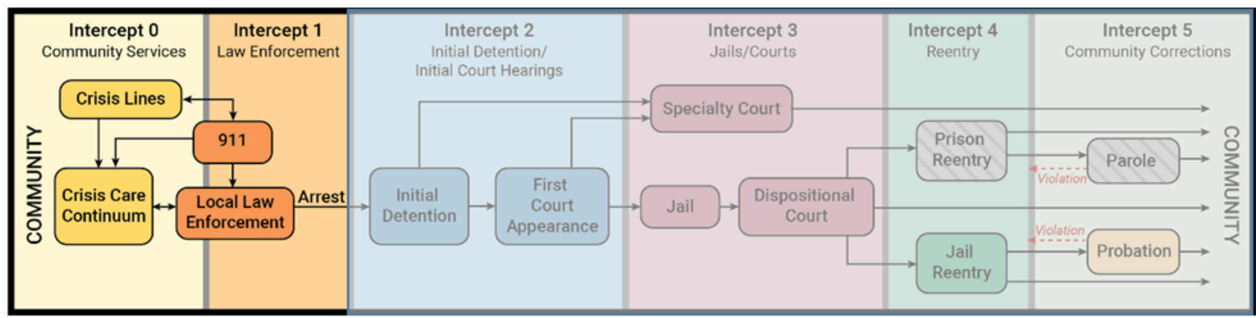
Veterans Treatment Court Docket
- Connects high risk/high need veterans and service members to MH and SUD treatment via VHA and community providers.

Drug Treatment Court
- Connects high risk/high need defendants to outpatient SUD treatment via contracted and state-funded community providers. Residential treatment placement, as needed, via OSAR referral.

COMMUNITY

Opportunities and Gaps at Each Intercept

The centerpiece of the workshop was the development of a SIM Map. As part of the mapping activity, the facilitators worked with the workshop participants to identify the following opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with MI, SUD and IDD by addressing the gaps and building on existing opportunities. The gaps and opportunities outlined below come directly from the issues and ideas discussed by SIM participants at the SIM Mapping Workshop.



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Intercept 0 and Intercept 1

Gaps

Crisis Call Lines

- Central Counties Services (CCS) utilizes Avail for crisis hotline services. There are occasionally barriers to communication between the two entities.
  - Avail answers the crisis line but only transfers calls to CCS Mobile Crisis Outreach Team (MCOT) when it is determined MCOT needs to provide services. There is a lack of clarity around protocols for determining when MCOT should be dispatched and lack of information sharing between Avail and CCS around calls received, which could inform planning, referrals, and other services.

9-1-1/Dispatch

- Neither Bell County's 9-1-1 nor the non-emergency line have the ability to directly transfer people to the CCS crisis line.

- 9-1-1 call takers receive the state required training on mental health and substance use but could benefit from additional training.
- The public often utilizes 9-1-1 because they are unaware of community mental health crisis services.

Healthcare

- Emergency rooms are frequently crowded. People with mental health needs tend to have longer stays.
- Hospitals are currently short staffed.
- There is not a local resource for people whose needs are primarily related to substance use.
- People with complex behavioral health needs frequently access emergency departments (EDs) to meet basic needs such as food, basic medical care, and a safe resting place.

Law Enforcement and First Responders

- Law enforcement and first responders transport people experiencing a mental health crisis to EDs or jail as there are no mental health crisis facilities in the region.
- There is a lack of communication and clarity around process and protocol between MCOT and law enforcement. Specifically, law enforcement reported a lack of clarity around how MCOT makes decisions on whether to respond to a call for help.
- Law enforcement describes contacting Avail and being unable to request MCOT assistance. Law enforcement provided an example of needing MCOT information when completing an application for emergency detention and were unable to access MCOT through Avail.
- Law enforcement lacks knowledge of the crisis line's internal protocols for crisis assessments.
- ED admission criteria vary, creating confusion for law enforcement on who is eligible for drop off and what requirements might be in place.

Housing

- People often have needs that are too complex for shelters.
- The community lacks housing with other support, such as supportive employment opportunities which emphasize helping people with mental illness obtain competitive work in the community and providing the supports necessary to ensure success in the workplace.

- Communal housing options can exacerbate mental health difficulties for some people.
- Housing challenges are not often communicated across local stakeholders.

Peer Support

- Peers are not utilized on intercepts 0 and 1.

Collection and Sharing Data

- There is a lack of uniform coding of behavioral health calls to 9-1-1 and non-emergency services limiting the amount of data analysis that can occur.
- Information is often not shared between the crisis line, 9-1-1 and non-emergency dispatch.

Opportunities

Crisis Call Lines

- Enhancing communication between CCS and Avail could be improved by:
    - Adding additional trends and data sharing requirements to CCS's contract with Avail; and
    - Establishing call transfer protocols from Avail to MCOT.
- Identifying people who frequently call for crisis services to engage people in community-based services.

9-1-1/Dispatch

- Establishing a direct transfer system could allow calls to seamlessly move from contacting 9-1-1 to their local crisis line.
- Additional mental health training for call takers could help call takers identify, understand, and support people with mental health needs.
- Updating mental health scripts for call takers could improve support provided to people with mental health needs and their families.
- Establishing a mental health response as the primary reason for calling may allow calls to be more quickly routed from dispatch to the correct mental health resource.

Healthcare

- Increasing substance use supports for people can help prevent mental health crises. Specifically, law enforcement identified that substance use crises often precede suicidal ideation.

Law Enforcement and First Responders

- Providing additional education regarding crisis lines may empower law enforcement to use crisis lines more advantageously.
- Clarifying ED admission criteria could allow law enforcement to make a more informed choice about which type of facility to transport an individual to who is in crisis.
- Expanding the co-responder model being piloted by Temple Police Department (PD) could allow more law enforcement to receive timely and direct support from MCOT.
- Strengthening the relationship between homeless service providers and law enforcement could increase referrals to appropriate housing services.
- Creating a diversion center could expand diversion options for law enforcement when responding to people who are experiencing a mental health crisis.

Crisis Services

- Allowing the sharing of assessments between crisis services and law enforcement could aid law enforcement response to people experiencing a mental health crisis. Law enforcement also requested access to clinical guidance when writing an application of emergency detention or when diverting a person to another system.
- Creating step down facilities could help people transition out of crisis more quickly and prevent repeat use of crisis services.
- Tracking trends for the most repeated services and supports could help inform ongoing policy and planning efforts.

Housing

- Creating permanent supportive housing, supportive employment, and other wraparound services could provide resources for people with complex needs who are currently accessing jails and EDs to meet their basic needs.
- Continuing to develop a homeless services continuum of care can help improve coordination between stakeholders and improve access to funding for housing.

- Involving faith-based organizations to assist with housing and wraparound services could help connect more people to care.

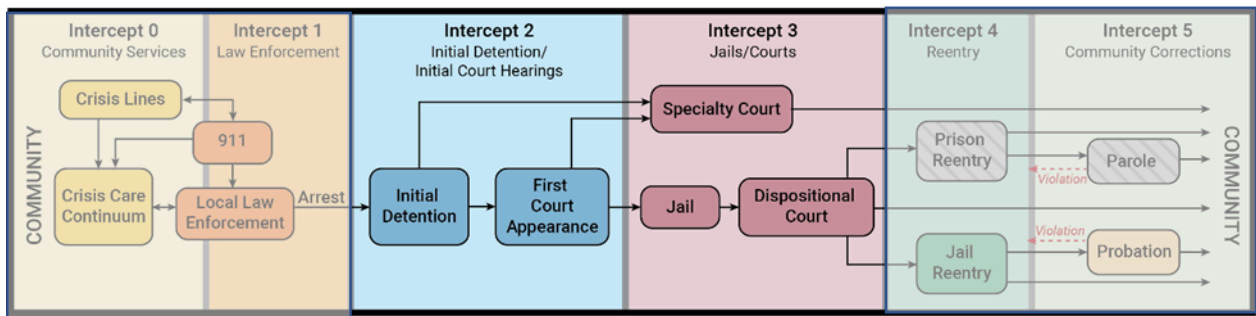
Peer Support

- Adding peers on crisis teams could provide support and assist with diverting people in crisis from EDs and jail.

Collection and Sharing Data

- Creating a uniform coding criterion for behavioral health calls to 9-1-1 and dispatch could allow the county to further analyze and share mental health data with their partners.
- Sharing information between 9-1-1 and crisis lines may help the community identify frequent users of crisis services who require more supports.
- Data sharing could allow for the identification of people who come into frequent contact with crisis services, which could inform new engagement and service strategies.
- Developing and sharing performance measures could improve county-wide policy and planning efforts.

Intercept 2 and Intercept 3



Gaps

Booking

- All people booked into Bell County Jail are screeded for mental illness. However, data is not always readily available and communicated to jail medical personnel.
- There is a lack of communication between prosecutor, police, and jail.

Jail Structure and Personnel

- The jail lacks timely access to forensic psychiatrists.
- The jail has limited staff with mental health knowledge.

Jail Services

- There is a lack of discharge planning for people with MI or SUD who are being released into the community.
- The intake process for mental health services overburdens the limited number of jail staff, limiting their ability to provide care to people who are incarcerated.
- The jail lacks resources to safely handle mental health crises.
- Due to jails having specific formularies, medications may change when an individual transfers from one facility to another, causing disruptions in some people's care.
- High medication costs impact the jail budget.
- The length of time people are incarcerated may be short, limiting the ability for mental health staff to deeply engage individuals before they are released.
- Despite the prevalence of SUD inside the jail, there is a lack medication assisted treatment options.

Competency

- The court believes some people are a good fit for Bell County's Outpatient Competency Restoration program, yet they do not meet eligibility criteria for the program because of a lack of housing options for those engaged.
- The community does not have a protocol for implementing court-ordered medications to help stabilize people while in the jail.

Pre-Trial Services

- A lack of housing options for people working with pre-trial services creates barriers to community stability and increases recidivism. Specifically, it was noted that people working with the courts may not be eligible for housing through the local housing authority due to the pending charges.

Courts

- There are often delays in communication between courts, jails, and mental health providers regarding a person's progress through the legal system and their medical/behavioral health needs.
- There can be a long wait to access courts.

Collection and Sharing Data

- The Bell County Jail and Bell County Courts often do not collect data in a uniform manner, preventing analysis of cross system trends.

Opportunities

Booking

- Diverting people to the diversion center could save law enforcement time and reduce the need for jail resources for people experiencing a mental health crisis.
- Providing intensive wraparound services for people with a history of repeat jail bookings and behavioral health needs could help reduce future recidivism.
- Improving communication between the county prosecutor and law enforcement could help avoid booking people with charges that the prosecutor will ultimately decline to prosecute.

Jail Structure and Personnel

- Additional jail medical personnel could help increase the ability of the jail to provide support people with complex behavioral health needs.

Jail Services

- Partnering with Baylor Scott & White for addiction specialists housed in the jail could help address the needs of people with MI and SUDs.

Court-Ordered Outpatient Services

- Expanding court-ordered outpatient services through civil/probate court could support people who have not historically accessed voluntary services and cycle between jails and EDs.

Pre-Trial Services

- Strengthening the relationship between the Courts and CCS, particularly through pre-trial services, could help establish continuity of care for people earlier on in the legal process.

Courts

- Expanding access to housing for people who are justice-involved could help create more opportunities for courts to help people recover in the community.

Collection and Sharing Data

- Creating a uniform system for collecting and sharing data between the jail and courts could improve cross system coordination and trend analysis.

Quick Fixes

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

- Formalize the SIM Mapping Workshop/Diversion Center Steering Committee. Both planning committee members and SIM participants expressed interest in meeting regularly to support justice/behavioral health system planning for Bell County.
- Renegotiate the contract between CCS and Avail, the crisis line provider. CCS is in the process of revising its contract with Avail. Revising this contract and communicating crisis line protocols to law enforcement has the potential to increase the number of people served by MCOT instead of law enforcement.
- Increase utilization of CCS' Outpatient Competency Restoration program to reduce the number of people in the Bell County Jail awaiting inpatient competency restoration services.

Parking Lot

Some gaps identified during the SIM Mapping Workshop by SIM participants were too large or in-depth to address during the workshop. These items were documented in the "parking lot" and can be considered by Bell County stakeholders as part of ongoing planning efforts.

- The newly passed Damon Allen Act (S.B. 6, 87th Leg., 2d C.S. (2021)) has implications in Bell County. The judicial system predicts the revised timelines and needs for alternative approaches to bail may change how people with mental illnesses access courts and receive bail.
- Staffing shortages at all levels of services create difficulties in maintaining and implementing programs.
- Medical clearance requirements vary across Bell County EDs, creating confusion for law enforcement, and requiring both financial and time resources in the healthcare system which may not be needed.
- Revising state-level mental health statues, including emergency detention, could improve how law enforcement works with people with mental health needs, however this is a long-term process.
- Addressing the needs of people with IDD and traumatic brain injury requires trainings and supports that are distinct from the mental health system.
- Hiring of a grant writer for Bell County.
- Development of a single database for county services and the jail.

Other Considerations

Bell 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 considerations listed 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:

- Bell County Report, Council of State Governments Justice Center
- All Texas Access Report, Texas Health and Human Services Commission
- A Guide to Understanding the Mental Health System and Services in Texas, Hogg Foundation
- Texas Statewide Behavioral Health Strategic Plan Update, Texas Statewide Behavioral Health Coordinating Council
- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- The Joint Committee on Access and Forensic Services (JCAFS): 2020 Annual Report, Texas Health and Human Services Commission
- 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[i] [ii]. It is critical that both the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:

- realizing the prevalence of trauma;

- recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and
- responding by putting this knowledge into practice Trauma-Informed Care in Behavioral Health Services.[iii]

Other Considerations for Bell County

In addition to **expanding crisis service options** by developing the **proposed Bell County Diversion Center** (see **Appendix B** for more detail), workshop facilitators suggest that Bell County consider the following ideas:

1. **Ensure justice and behavioral health stakeholders are engaged in local housing plans** to identify opportunities to **expand housing options for people who are justice involved with behavioral health needs.**
2. **Develop data sharing protocols** to identify and engage people who **frequently encounter law enforcement, emergency departments, crisis services, and the jail.**
3. Eliminate the wait for inpatient competency restoration services through **active waitlist management and increased utilization of Outpatient Competency Restoration services.**
4. **Facilitate ongoing county behavioral health planning and coordination.**
5. **Increase data collection and information sharing** across justice and behavioral health stakeholders**.**
6. **Further explore substance use service and program needs.**
7. **Expand utilization of peer service providers across the intercepts.**

More detail on each consideration is provided below.

1. Ensure justice and behavioral health stakeholders are engaged in local housing plans and identify opportunities to expand housing options for people who are justice involved with complex needs.

A lack of continuum of housing options for people who have behavioral health needs and/or are justice-involved was identified as a major gap during the SIM

Mapping Workshop, particularly during the Intercept 0, 1 and 2 discussions. SIM Mapping Workshop participants reported the following housing related **challenges**:

- Law enforcement's experience when addressing repeat calls for service for people who are experiencing homelessness;
- Inadequate support provided by existing boarding home options;
- A lack of housing for people working with pre-trial services. Specifically, for people who are working with the courts that may not be eligible for housing through the local housing authority due to the pending charges;
- A lack of alignment and coordination between planning efforts in the county and engagement of behavioral health and justice stakeholders in local housing plans; and
- A lack of step-down options for people returning to the community from state hospitals and the jail.

Participants also identified the following **opportunities**:

- Creating permanent supportive housing, supportive employment, and other wraparound services to provide resources for people with complex needs;
- Continuing to develop a homeless services continuum of care to better coordinate and access funding for housing;
- Adding faith-based organizations to assist with housing and wraparound services; and
- Improving access to housing as part of court-ordered outpatient services or outpatient competency restoration services.

Based on these discussions, **considerations** to address housing options include:

- Collaborating with the Local Homeless Coalition: Justice and behavioral health stakeholders should actively engage in local housing planning efforts. Specifically, stakeholders could work with the Central Texas Homeless Coalition to strategize about serving those with justice involvement and consider this population through efforts with the Texas Homeless Network.
- Incentivizing Second Chance Housing:
    - Examining the existing housing options and working with local stakeholders to understand tenant selection criteria that might limit or exclude people with prior justice involvement.
    - Examining the potential burden tenant selection criteria from local landlords or property owners might have for people who are justice involved who have a MI, SUD, and/or IDD.

    - Conducting landlord outreach and engagement to increase the likelihood that landlords will accept people with prior justice involvement and who have complex behavioral health needs.
- Conducting a housing needs assessment to help stakeholders explore and make a case for expanding housing options, specifically supportive housing. Assessment could include:
    - The total number of deeply affordable housing units needed in Bell County (for residents at or below 50percent of the Area Median Family Income);
    - Information on the intersection of housing instability and the justice involved population with behavioral health needs;
    - Available funds for developers to meet local supportive housing production goals; and
    - Available funds for service providers to provide operating costs for supportive housing.

Model Programs to Explore:

- There are currently 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.[iv] 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 counties may serve as learning sites for other communities to address homelessness. Community Solutions reports that Abilene has achieved the milestone of ending both Veteran and chronic homelessness. Adapting this model to address housing for the justice-involved population in Bell County, could present an opportunity to tackle this issue.
- 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. Bell County could explore and adapt what ECHO has done to strengthen partnerships with landlords/property owners to increase access to housing for people with justice involvement.

For more, see the Housing section of **Appendix C**.

2. Develop data sharing protocols to identify and engage people who frequently encounter law enforcement, emergency departments, crisis services, and correctional facilities.

Bell County stakeholders identified challenges serving a small subset of people who come into frequent contact with law enforcement, shelters, emergency rooms and other crisis services. Despite multiple contacts and interventions provided disparately through local service providers, the fragmented care and coordination across systems has led to excessive spending of public resources and poor outcomes for this population.

Workshop participants identified the following **opportunities** to break the cycle of incarceration and crisis service utilization through local efforts:

- Share information between 911, local law enforcement offices, crisis lines, and CCS in a HIPAA-compliant manner to identify people who frequently access these services and develop targeted engagement strategies to connect them to care, and when necessary, to divert them from jail or emergency department to services that are appropriate for their behavioral health needs.

Based on these insights**, considerations** include:

- Convening a select group of justice and behavioral health stakeholders to pilot an initiative focused on breaking the cycling of incarceration and crisis service utilization for people who come into frequent contact with crisis services and law enforcement in Bell County. Following steps outlined in the Data-Driven Justice Playbook[v], stakeholders could:
  - Form a group of stakeholders whose coordination and support will be necessary for piloting a frequent utilizer program;
  - Conduct a study of the current utilization patterns of the people they hope to serve across justice, behavioral health and healthcare systems to analyze data, develop case studies, and discuss outcome measures;
  - Establish a data governance framework outlining data sharing goals, clarifying data use agreements; and
  - Identify opportunities to leverage data to develop new service engagement strategies, opportunities for diversion, and policies that might help break the cycle of incarceration and crisis service utilization.

Model Programs to Explore:

- The Data-Driven Justice (DDJ) initiative brings communities together to disrupt the cycle of incarceration and crisis. Communities participating in the initiative develop strategies promoting better outcomes for people cycling

across systems by aligning justice and health and human services systems around data. DDJ communities have committed to creating or expanding real-time or near real-time local data exchanges that combine justice, health, and/or other system data to identify frequent utilizers of multiple systems. In addition, DDJ communities are identifying the ways and options for diverting people who come into frequent contact with crisis services and law enforcement from the justice system to community-based services and treatment providers. The Data-Driven Justice Playbook is designed to help guide the development of a multi-system strategy to successfully divert frequent utilizers, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.

- Frequent Users Systems Engagement (FUSE) is an initiative through the Corporation for Supportive Housing and another model for identifying frequent users of jails, shelters, hospitals and/or other crisis public services by linking data networks to identify those in need and quickly linking them to supportive housing. CSH FUSE has been formally evaluated and shows reductions in the use of expensive crisis services and improvements in housing retention. More than 30 communities implementing FUSE are seeing positive results.[vi]
- The Texas Homeless Data Sharing Network (THDSN) is the largest statewide homelessness data integration effort in the United States. THDSN is designed to connect the databases from each of Texas' eleven 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 the THDSN, covering 229 out of the 254 Texas counties. In 2022, Texas Homeless Network staff and the THDSN board plan to utilize the 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 Bell County through the Central Texas Homeless Coalition.

For more, see the Information Sharing, Data Analysis, Data Matching section of **Appendix C**.

3. Eliminate the wait for inpatient competency restoration services through active waitlist management and increased utilization of Outpatient Competency Restoration.

The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Texas faces a growing challenge in the number of people who are waiting in county jails for inpatient competency restoration services after being declared incompetent to stand trial (IST). Not only has this increased costs and overburdened state agencies and county jails but it also is taking a significant toll on the health and well-being of people waiting in Texas jails for inpatient competency restoration services. Bell County stakeholders shared several challenges with the forensic waitlist, including people decompensating in jail.

Specifically, SIM participants identified the following **challenges**:

- Extended lengths of stay in jails for people waiting for inpatient competency restoration services;
- The courts belief that some people are a good fit for the outpatient competency restoration program, yet they do not meet Bell County and CCS's eligibility requirements (e.g., access to stable housing); and
- A lack of protocol and process for the utilization of court-ordered medications.

Bell County stakeholders also identified **opportunities**:

- Expanding court-ordered outpatient services to support people who haven't historically accessed voluntary services but encounter jails or EDs; and
- Exploring court-ordered medications as a resource for restoring competency in jail and/or maintaining stability upon return to the hospital.

Based on these insights, **considerations** include:

- Convening local stakeholders to discuss county-wide strategies to eliminate the wait for inpatient competency restoration services. HHSC and the Judicial Commission on Mental Health released a toolkit in Fall of 2021 with strategies for judges, prosecutors, defense attorneys, sheriffs, jail staff, police and behavioral health providers to pursue to better serve people at the intersection of mental health and justice and eliminate the wait for inpatient competency restoration services.[vii]
- Establishing a local forensic team with regular forensic team meetings to implement new strategies for waitlist monitoring and management. Forensic team members could include representatives from jail administration, jail medical, CCS, and the courts to discuss who is on the waitlist, their medical needs, case disposition, restoration alternatives, and reentry planning.

- Applying to the next cohort of HHSC's Jail In-Reach Learning Collaborative. The Jail In-Reach Learning collaborative supports LMHAs and jails in their service area in creating a process for actively monitoring people on the forensic waitlist. The goal is that with effective monitoring, collaboration, and use of court ordered medications, counties can move people off the waitlist in the event of immediate restoration. The Learning Collaborative consists of training sessions on national and state best practices for competency restoration process, monthly technical assistance calls, and a member-only request process for clinical consultations, legal education, and forensic service consultations.

Model Programs to Explore:

- The Council of State Governments Justice Center recently published a report in partnership with the American Psychiatric Association Foundation and the Judges and Psychiatrists Leadership Initiative on strategies to improve competency to stand trial across the county. Seeking solutions to challenges associated with a growing waitlist of people waiting in county jails for inpatient competency restoration services, the organizational co-authors of this report outline the 10 most effective strategies states can pursue to improve the competency to stand trial process. Its recommendations represent a consensus view of what competency to stand trial should ideally look like.

For more, see the Competence Evaluation and Restoration section of **Appendix C.**

4. Increase data collection and information sharing across the SIM and Bell County stakeholders.

Baseline data across the intercepts was collected when planning for the Bell County SIM Mapping Workshop. Available data and gaps shed light onto conversations around gaps in services and opportunities to expand diversion and access to treatment for people with MI, SUD, and IDD who are justice involved or at-risk of justice involvement.

Specifically, SIM participants identified the following **gaps** in data collection and information sharing:

- A lack of uniform coding of behavioral health calls to 9-1-1 and non-emergency services limiting the amount of data analysis that can occur;
- Inconsistent sharing of information between the LMHA crisis line, 9-1-1, and non-emergency dispatch;
- A lack of readily available data and inconsistent communication across justice and behavioral health stakeholders at all intercepts to help identify someone with a history of using mental health services to connect them to care; and

- A lack of uniform data collection and consistent information sharing across jails and courts to support county level analyses and identification of cross system trends.

Bell County stakeholders also identified **opportunities**:

- Enhancing communication between CCS and Avail by reexamining contractual data sharing requirements;
- Creating a uniform coding criterion for behavioral health calls to 9-1-1 and dispatch to allow law enforcement and the county to further analyze and share mental health data with their partners;
- Sharing information between 9-1-1 and crisis lines to help the community identify frequent users of crisis services who require more supports;
- Developing and sharing performance measures; and
- Creating uniform data between the jail and courts to improve cross system coordination and analysis.

Based on these insights, we suggest that Bell County consider implementing the recommendations outlined in the 2021 Council of State Governments (CSG) Justice Center (CSG) Bell County Report. [viii] CSG recommendations included:

- Implementing consistent coding among police departments in Bell County to get an accurate count of the actual number of behavioral health calls being made.
- Collecting and tracking data on the four key outcomes of Police-Mental Health Collaboration effectiveness[ix]:
    - reduced law enforcement contacts,
    - connections to services,
    - minimized arrests, and
    - reduced use of force, for the general population, for people identified as having SMI, and for people experiencing homelessness to provide a point of comparison.
- Collecting and tracking the four key measures of the Stepping Up initiative[x]:
    - number of bookings,
    - average length of stay,
    - connections to treatment and services, and
    - recidivism for the general population and for people identified as having SMI to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas.

- Building upon a universal screening for SMI and screen every person at booking for homelessness. The Bell County Jail is already listed as an access point for Coordinated Entry; collecting this data is a logical extension of that work. Measures adopted to track SMI could also include subpopulations such as for people experiencing homelessness.
- Collecting and tracking data on people who are considered "high utilizers." CSG included a recommended definition as any person with 4 or more bookings in one calendar year, tracking both the SMI and general populations.
- Analyzing data to identify if disparities are present and developing strategies to improve equitable access to diversion opportunities and services.

Model Programs to Explore:

- Texas counties have joined national initiatives like the Stepping Up Initiative to reduce the number of people with mental illness 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 mental illness, collect, and share data on people to better connect them to treatment and services, and use this information to inform local policies and practices.

- PRA has developed a manual, Data Collection Across the Sequential Intercept Model: Essential Measures, to compile data elements organized around each of the six SIM intercepts.[xi] 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 Bell County, while considering which data points and measures to gather and analyze to inform policy, ongoing programming, and funding decisions.

For more, see the Information Sharing, Data Analysis, Data Matching section **Appendix B**.

5. Further explore substance use service and program needs in Bell County.

During the Bell County SIM Mapping Workshop, participants identified gaps in access to sobering, detoxification, and substance use residential treatment services, as well as jail-based treatment such as Medication-Assisted Treatment (MAT).

Specifically, SIM participants identified the following **gaps** in substance use services:

- 9-1-1 call takers receive the state required training on mental health and substance use but could benefit from additional training.
- There is a lack of detox options in the community, and no local resource for people needing primarily substance use services.
- A lack of MAT options in the jail.

Bell County SIM participants also identified **opportunities**:

- Increasing substance use supports for people to help prevent mental health crises. Law enforcement identified that substance use crises often precede suicidal ideation.
- Partnering with Baylor Scott & White for addiction specialists housed in the jail could help address the needs of people with mental health and substance use issues.

Based on these insights, **considerations** include:

- Reviewing current Medication Assisted Treatment (MAT) processes in the community and jail to develop a continuum of options. The National Sheriffs' Association and National Commission on Correctional Health Care published Jail-Based Medication Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- Ensuring support, especially peer support, to help persons maintain MAT and their recovery.

Model Programs to Explore:

- The Denver County Jail launched a broad MAT continuum a few years ago with a small team of nurses and case managers. Case study results are available from Pew.
- The Pennsylvania Department of Corrections expanded from a naltrexone-only program to offer buprenorphine systemwide and has evaluation data available. The Vermont Department of Corrections also offers all three types of FDA-approved medications.
- The National Council for Mental Wellbeing offers a Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.

For more, see the Medication Assisted Treatment, Opioids, Substance Use section of **Appendix C**.

6. Facilitate ongoing county behavioral health planning and coordination.

Bell County SIM participants described an appreciation for the Bell County SIM Mapping Workshop in anonymous reviews and articulated a desire for leadership to formalize ongoing county and regional behavioral planning and coordination.

Based on these requests, we suggest that Bell County consider establishing an ongoing and formal process to convene justice and behavioral health stakeholders to inform ongoing planning efforts and to improve communication and knowledge sharing across systems.

Model Programs to Explore:

- Criminal Justice Coordinating Councils (CJCCs) bring together stakeholders to explore and respond to issues in the criminal justice system. Many CJCCs use data and structured planning to address issues in the justice system, including issues related to mental health and substance use. These councils are intended to be permanent, rather than to address a problem or set of problems within a set time frame. Successful CJCCs need buy-ins from the key members of the justice and behavioral health systems and those in positions of authority.
    - The Harris County CJCC was created by Order of Harris County Commissioners Court dated July 14, 2009. The Council works collectively to manage systemic challenges facing Harris County's criminal justice system and strengthen the overall well-being of their communities by developing and recommending policies and practices that improve public safety; promote fairness, equity, and accountability; and reduce unnecessary incarceration and criminal justice involvement in Harris County. The Council collects and evaluates local criminal justice data to identify systemic issues and facilitates collaboration between agencies, experts, and community service providers to improve Harris County's criminal justice system in accordance with best practices.
    - The National Council for State Legislatures has resources for CJCCs. Something that might be of interest to the SIM participants is a series of interviews with CJCCs, which provides insight into their planning and utilization.
        - South Carolina: Interview with Mitch Lucas, Assistant Sheriff, Charleston County.
        - Oregon: Interview with Abbey Stamp, Executive Director, Multnomah County Local Public Safety Coordinating Council.

- Wisconsin: Interview with Tiana Glenna, Criminal Justice Manager, Office of the County Administrator, Eau Claire, Wisconsin.
- Kansas: Interview with Alexander Holsinger, Criminal Justice Coordinator, Criminal Justice Advisory Council, Johnson County, Kansas.

For more, see the Collaboration, Crisis Response, and Law Enforcement section of **Appendix C**.

7. Expand utilization of people with lived experience (peers) across the SIM intercepts

Peer support is when someone with lived experience gives encouragement and assistance to help someone with MI or SUD achieve long-term recovery.[xii] Peers offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, and communities of support. Developing diversion programs inclusive of peers can strengthen local efforts to connect people to care and reduce future justice system involvement.

SIM participants noted a **gap** in peer involvement across programs and services at Intercepts 0 and 1. While no specific opportunities to engage peers in services were identified, other state planning efforts have identified the expansion of peer services as a priority.

Based on these insights, we suggest that Bell County stakeholders consider opportunities to incorporate peers into services at each intercept. For Peer Support as a Medicaid Benefit, HHSC has designated two entities to certify peers, peer supervisors, and peer/peer supervisor training entities. New applicants to be peer specialists, peer specialist supervisors, or training entities should reach out to the Texas Certification Board (TCB--formerly the Texas Certification Board of Addiction Professionals) at www.tcbap.org.

Model Programs to Explore

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 best effective within the criminal justice system.

- PRA's two-page resource, Peer Support Roles Across the SIM, was designed to identify a host of roles that peers can play, both as staff and volunteers, across the Sequential Intercept Model. 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 United States.

Also see **Appendix C** for more information on Peer Support and Peer Specialists.

Appendices

Appendix A: SIM Overview

Intercept 0: Early Intervention and Community Services

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 and Emergency Medical Services

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 to 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

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

During Intercept 3 of the model, people with 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

At Intercept 4 of the model, people plan for and transition from jail or prison into the community. Supportive reentry establishes strong protective factors for justice-involved people with MI, SUD, and/or IDD reentering 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 or forensic hospitalization.
- 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-centered to help set people up for success and avoid recidivism.

Intercept 5: Community Corrections

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 or social service programs.

Appendix B: Bell County Diversion Center Proposal

Bell County Diversion Center Proposal

Expanding Local Options for People in Crisis:

Bell County Stakeholders call for the development of a Diversion Center to:
(1) reduce pressure on jails, law enforcement and emergency departments in responding to people in behavioral health crisis; and (2) increase connections to appropriate mental care and other supports in a less costly and restrictive setting.
Like counties across Texas, Bell County struggles to address the increasing number of people with mental illness and co-occurring substance use disorders in the criminal justice system and local emergency departments (ED). There is local consensus that the fiscal costs and social impact of this issue are great and should be addressed. As part of funds received from the American Rescue Plan Act, an initial $3 million has been deemed available to create a diversion center that will serve as a central location for law enforcement to drop-off a person who is (1) in crisis; (2) at risk of arrest for a low-level, non-violent misdemeanor; and/or (3) at risk of a preventable ED visit.
On March 3-4, 2022, 70 Bell County stakeholders, representing more than 30 local agencies and organizations came together to discuss plans for the Bell County Diversion Center. The plan below is based on stakeholder recommendations related to partnerships, operations, services, and funding as discussed during the 1.5-day planning session.

$1,659,469

Estimated cost to local governments for providing services to persons experiencing a mental health crisis in Bell County for FY2019.

$4,988,674

Average estimated cost of incarceration of people with mental illness in Bell County for FY2019.

Data pulled from HHSC All Texas Access Dashboards. **Cost to local government data**: The Austin State Hospital Brain Health System Redesign report, published in 2018, provided an estimated cost to local governments within the Austin State Hospital catchment area, including costs such as mental health courts, probation, law enforcement, and 911 calls for adults. This model was used to infer information for all seven All Texas Access Regional groups. Population data was obtained by the Texas Demographic Center for calendar year 2019. **Cost of incarceration data**: HHSC used data from the Texas Commission on Jail Standards (TCJS), including data that captured the daily incarceration costs of county jails. HHSC also used custom reports from the Texas Law Enforcement Telecommunications System and the Clinical Management for Behavioral Health Services System (CMBHS). Fiscal year 2019 data was primarily used to calculate this estimated cost.

Statement of Need

Over the last six months, 12 percent of people booked into Bell County Jail screened positive for mental illness, 21 percent screened positive for substance use, many of whom are charged with low-level, non-violent offenses.[xiii] Of people on prescription medications within the jail, approximately 50 percent are prescribed mental health medication.[xiv] Additionally, hospital EDs in Bell County experience high numbers of people presenting in a behavioral health crisis. From January to October 2021, there were 2,496 behavioral health related visits to AdventHealth Central Texas ED, averaging 249 visits per month.[xv] Similarly, the Baylor Scott & White ED had 1,372 behavioral health related ED visits, averaging 228 ED visits per month from August 2021 to January 2022.[xvi] The average length of stay in the ED for behavioral health patients at AdventHealth Central Texas and Baylor Scott & White was 15.08 and 15.7 hours, respectively.[xvii] [xviii] **The social and financial costs associated with connecting people to care within jails and EDs is great.**

The planning committee sought to better understand these costs, specifically for those booked into jail, who would have been eligible for diversion to the Bell County Diversion Center. To support this analysis, Bell County Judge DePew pulled data on 30 clients whose cases were currently active on her docket and who would have met diversion center eligibility criteria based on her knowledge of the case, charges, and suspected or confirmed mental illness. **Table one** outlines costs related to involvement with the Bell County justice system for the identified 30 clients. The data below accounts for attorney fees, costs for competency evaluations, jail bed day costs, and costs associated with crisis response by the Bell County Sherriff's Office Crisis Response Department to identified clients, while booked into jail. It does not include prescription medication costs or other costs associated with jail stays beyond bed allocation. **Additionally, this does not include costs incurred by local emergency departments or the local mental health authority.**

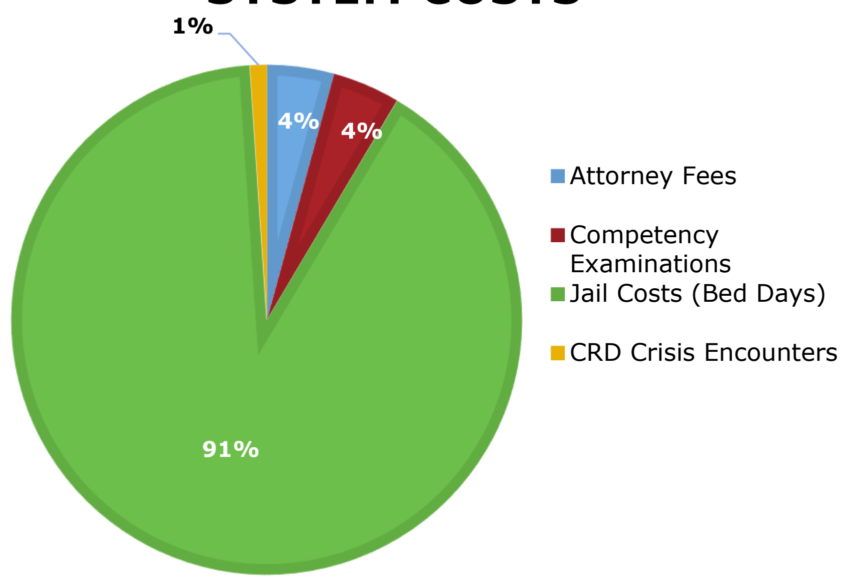
Table 1. Bell County Justice System Costs for Clients

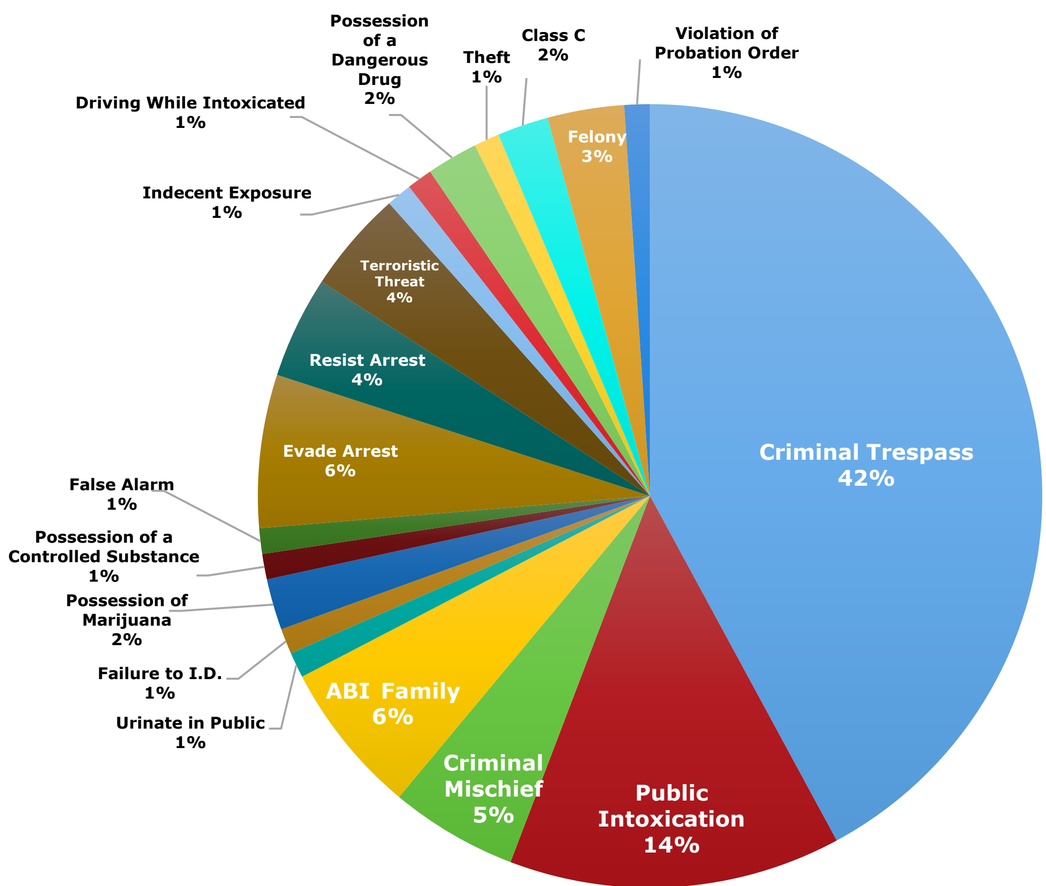
Service	Cost Per Unit	Unit	Total Cost
Attorney Fees (cost per person)	$400 - $1,300	30 individuals	$18,150.00
Competency Exams (cost per evaluation)	$700	26 evaluations	$18,200.00
Jail Bed (cost per day)	$100	3,846 days	$384,600.00
Sheriff's Office CRD Crisis Encounters (cost per hour)	$23	197 hours	$4,520.00
Total Cost			**$425,470**

The total cost incurred by identified clients is conservatively estimated at $425,470 from January 2021 to March 2022. Further description of the population can be found below.

- Age range was 22 to 62 years of age, with an average age of 37;
- All but four clients had a diagnosed serious mental illness (schizophrenia, bipolar disorder, or both);
- Two clients had a co-occurring developmental disability (autism spectrum disorder);
- Fifteen clients were experiencing homelessness at the time of arrest;
- Nineteen clients had cycled into crisis during their stay at the Bell County Jail requiring support from the Bell County Sheriff's Office Crisis Response Department, totaling 80 distinct interactions and 197 hours of crisis support;
- Eighteen clients received at least one competency examination, 16 were found incompetent, seven were found not likely to regain competency;
- All 30 clients had a previous history of low-level arrests;
- The number of days in jail ranged from 3 to 356 days, averaging 128 days per client.

A further breakdown of costs and summary of charges can be found below.


BREAKDOWN OF JUSTICE SYSTEM COSTS
1%
4%
4%
91%
Attorney Fees
Competency Examinations
Jail Costs (Bed Days)
CRD Crisis Encounters


SUMMARY OF CHARGES
Possession of a Dangerous Drug 2%
Theft 1%
Class C 2%
Violation of Probation Order 1%
Driving While Intoxicated 1%
Indecent Exposure 1%
Felony 3%
Terroristic Threat 4%
Resist Arrest 4%
Evade Arrest 6%
Criminal Trespass 42%
False Alarm 1%
Possession of a Controlled Substance 1%
Possession of Marijuana 2%
Failure to I.D. 1%
Urinate in Public 1%
ABI Family 6%
Criminal Mischief 5%
Public Intoxication 14%

Bell County Diversion Center Goals

The Bell County Diversion Center will provide an additional option for people in crisis. If successful, the Diversion Center will:

- Prevent people with mental illness who commit low-level, non-violent offenses from entering the justice system.
- Improve outcomes for people who are diverted and connected to appropriate community-based behavioral health care and supports.
- Reduce utilization of emergency departments for receiving, treating, and housing people with mental illness who could be served in a less intensive and costly settings.
- Realize costs savings and/or avoidance in the criminal justice system and area hospital EDs by serving people in the behavioral health system.

Measuring Success

It will be important that data is collected and shared across identified stakeholders to assess the effectiveness of the diversion center and inform ongoing program and process improvements. Reporting will be done on a monthly internal basis and quarterly to the board of directors. Table 5 describes anticipated outcome data.

Table 5. Measuring Success

Key Outcomes of Interest	Other Outputs
• County Attorney mental health related caseload and associated costs • ED visits, length of stay, and associated costs for behavioral health patients • Behavioral health calls for service to 911 • Peace Officer time spent responding to behavioral health calls • Utilization of crisis services by people who come into frequent contact with Law Enforcement (LE), Emergency Medical Services (EMS), jails and EDs	• Number of people served by the facility • Number of drop-offs by law enforcement and EMS • Length of time to drop off a person at the center • Number and type of services provided to people at the center • Number and types of referrals to other services provided to people at the center • Number of people who transition from crisis services to community mental health services at Central County Services • Number or repeated users of crisis facility

Design and Services

The county has partnered with an architectural firm to procure the physical design of the diversion center. As planned, the diversion center will be located adjacent to the Bell County Jail and cover 10,000 square feet. Table 6 outlines the service array and staff for the diversion center.

Table 6. Service Array and Staffing

Service	Description	Staffing
Crisis Triage	A unit staffed 24/7 for law enforcement personnel to bring people in for a rapid decision on their mental health status, history, and most appropriate service system to meet their needs.	• Licensed Professional of Healing Arts; Licensed Professional Counselor, Licensed Clinical Social Worker, Psychologist • Qualified Mental Health Professional with expertise in mental health crisis • Psychiatrist • Nurse • Transportation • 24/7 facility management – paraprofessionals
Crisis Residential	A residential unit designed to provide stabilization for people with mental illness that have engaged with LE or EDs that are presenting with increased risk to self or others or moderately severe functional impairment. Length of stay 6-10 days	• 24/7 facility management – paraprofessionals • Nursing • Intensive Case Management – Case Manager • Therapeutic services - qualified mental health professionals, LPC's • -Psychiatric services - medical providers

Eligibility and Access

Initially, admission to the diversion center will be **voluntary** and through **law enforcement drop-off**.

Diversion is deemed appropriate for people who:

- Are experiencing a mental health crisis
- Have no acute medical needs, including detox

For people at risk of arrest who will be transported by law enforcement, eligible charges for drop-off will be non-violent, low-level misdemeanors. A list of eligible charges will be generated in collaboration with the Bell County District Attorney.

Financing and Governance

Initial financing for the diversion center will come through a funding consortium that includes Bell County, Central Counties Services, municipalities in Bell County, and area hospitals. The diversion center would have an advisory committee of stakeholders. The County has earmarked approximately $4.6M in federal ARPA funds to cover capital costs. The proposed budget for staffing and ongoing operations is listed in Table 7.

Table 7. Proposed Budget

Category	Est. Cost	Funding Source
Staffing		
Clinical Behavioral Health Services	$832,725	CCS
Medical Services RN/PA and On-Call	$200,000	TBD
Psychiatry Services–on-Call and 10 hours services/week	$75,000	*BSW
Paraprofessional Services	$600,000	*AdventHealth yearly contribution of $60,000 applied
Administrative Support	$45,000	CCS
Subtotal	*$1,752,725*	*$1,012,725 committed*
Operations		
Ongoing Facility Maintenance, Operations, IT Support	$350,000	Bell County
Security	$50,000	Bell County
Subtotal	*$400,000*	*$400,000 committed*
Total Annual Costs	**$2,152,725**	

**BSW and AdventHealth Central Texas have committed to support the ongoing operations of the Diversion Center through in-kind and/or financial contributions. Both organization's leadership teams are currently finalizing what the initial commitments will be.*

Ongoing sustainability for the next phases of the diversion center will be sought from federal, state, and philanthropic grants, private donations, and in-kind services.

Stakeholder Engagement and Partnerships

Ongoing community collaboration and stakeholder engagement will be key to the success of the diversion center. While there are primary stakeholders who will have direct involvement with the center's funding, planning, and service provision; there are several others who should be kept informed and engaged on center updates, center outcomes, and other opportunities to improve access to care and reduce justice involvement and unnecessary ED utilization for people with mental illnesses, substance use disorders, and intellectual and developmental disabilities.

- **Behavioral Health Providers:** Central Counties Services
- **Law Enforcement:** Temple Police Department (PD), Killeen PD, Fort Hood PD, VA Police, Copperas Cove PD, Salado PD, Rogers PD, Troy PD, Nolanville PD, Bartlett PD, Harker Heights PD, Holland PD, Killeen ISD PD, University of Mary Hardin-Baylor PD, Texas A&M University Central Texas PD, Central Texas College PD
- **Emergency Medical Services:** Temple EMS, Killeen EMS, other EMS through fire departments (FD), Acadian, volunteer FDs, Baylor Scott & White EMS, American Medical Response EMS
- **Jail Administration:** Bell County Jail, Killeen Jail, Harker Heights Jail
- **Hospitals/Community Clinics:** Cedar Crest Hospital and Residential Treatment Center, Canyon Creek Behavioral Health, Seton Medical Center, Cenikor Outpatient Rehab and Counseling Services, Rock Springs, Lonestar Circle of Care, Oceans Healthcare, Veterans Affairs (VA) Hospital, Darnall Army Medical Center, Georgetown Behavioral Health, Killeen Free Clinic, Temple Community Clinics, Premier ER & Urgent Care
- **Courts:** Bell County District Attorney, Bell County Attorney, Bell County Pretrial Services, Municipal Courts, Bell County Justice of the Peace, Judiciary, Bell County Adult Probation
- **Housing:** Temple Housing Consortium, Central Texas Council of Governments, Central Texas Homeless Coalition, Habitat for Humanity, United Way, City of Temple, Veterans Affairs, Families in Crisis, Inc., Family Promise of East Bell County, Salvation Army, Coordinated Entry – Texas Homeless Network
- **Other:** Social Security Administration, School Superintendents, Central Texas Youth Services Bureau

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[xii] *Peer Support Services.* Texas Health and Human Services Administration. Retrieved April 6, 2022, from https://www.hhs.texas.gov/providers/behavioral-health-services-providers/peer-support-services

[xiii] Bell County

[xiv] Bell County

[xv] AdventHealth Central Texas

[xvi] Baylor Scott & White

[xvii] AdventHealth Central Texas

[xviii] Baylor Scott & White

Appendix C: 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. 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. (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, Data 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.
- Substance Abuse and Mental Health Services Administration. (2019). Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide. HHS Publication No. SMA19-5097. Rockville, MD: Office of Policy, Planning, and Innovation. Substance Abuse and Mental Health Services Administration.

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.
    - ASAM 2020 Focused Update.
    - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- Bureau of Justice Assistance. (2020). Substance Use Disorders and Treatment Among Jail Populations: Resources for Corrections Personnel.

- 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.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.
- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). MAT Inside Correctional 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.

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 and 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
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- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
- Plotkin, M.R. and A. M. Blandford. (2017). Critical Connections: Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need. New York, NY: Council of State Governments Justice Center.
- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
- Substance Abuse and Mental Health Services Administration. (2020). After Incarceration: A Guide to Helping Women Reenter the Community.
- 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). Telehealth 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 D: SIM Mapping Workshop Participant List

Name	Title	Agency / Organization
Alex Gearhart	Assistant Chief of Police	Killeen Police Department
Alisha Lee		Bell County
Allison Sagosz	Juvenile Probation Officer	Bell County Juvenile Services
Andrea Erskine	IDD Director	Central Counties Services
Angie Gentry/Gay Kurtz Attended	Emergency Dept. Director	BSWH Medical Center
Betiale Hawkins II	Deputy Chief	Harker Heights Police Department
Bill Schumann	Bell County Commissioner	Bell County
Bobby Ehrig	Executive Director	Citizens for Progress - City of Temple
Bodie Correll	Chief of Staff	Seton Medical Harker Heights
Brian Hawkins	Executive Director	Cove House
Canan Blakemore	CEO	Cedar Crest Hospital and RTC
Carlos Sanchez	Crisis Intervention Specialist, LPC-S	Central Counties Services

Cary Moore	Team Lead-Caseworker 2/Temple Day	Central Counties Services
Charlotte Lewis	Office Manager	Greater Killeen Community Clinic
Chris Egizio		Seton Medical Center Harker Heights
Christina Secrist	EMS Liaison/ EMT Tech Supervisor	Advent Health Central Texas
Christine Reeves	Executive Director	Central Texas Regional Advisory Council
Christopher Ellis	BCSD CRD SGT	Bell County Sheriff's Dept.
Christopher Wohleb	Assistant County Attorney	Bell County Attorney
Damon Russell/Alternate David Chastang	Leadership Committee	NAMI Temple
Dawn Owens	Interim Chief Juvenile Probation Officer	Bell County Juvenile Services
Denise Finger		Rock Springe Behavioral Health
Dusti Freeby		Endeavors
Ebony Jackson	Department Director	Bell County Indigent Health Care Program
Eric Fox	Law Enforcement Liaison	Central Counties Services
Erin Basalay		Rock Springs Behavioral Health
Gilbert Alcozer	Jail Sergeant	Bell County Sheriff's Dept.
George Lasoya	AAA	Central Texas Council of Governments

Holly Doggett	Director of Business Development	Cedar Crest Hospital and RTC
Ian Gillies	Social Worker	Baylor Scott & White
James A Bourgeois	Chair, Psychiatry	BSWH Memorial Medical Center
James Arnold	Director of Behavioral Health	Central Counties Services
James Nichols	Bell County Attorney -	Bell County
Jennifer McCoy	Bell County Pre-Trail Services	Bell County
John Driver	County Commissioner, PCT 4	Bell County
Johnnie Wardell	Executive Director	Central Counties Services
Judge David Blackburn	County Judge	Bell County
Julie Furtado	Mental Health Coordinator	Wellpath
Katherine Martin, LCSW	Director of Specialty Courts/Social Work	Bell County Court Law # 3
Ken Cates	CEO	Fort Hood Area Habitat for Humanity
Kevin Roberts	CEO	Advent Health
Kimberly Hubbard	Attorney	Bell County Pre-Trial Services
Kyle Moore	Homeless Outreach Team	Killeen PD
Larry Berg	Deputy Chief	Belton Police Department

Larry Gibson	Deputy Chief	Bell County Sheriff Dept.
Dr. Lia Amuna		Texas A& M university Central Texas
Linda Ingraham	RETIRED DIRECTOR OF PTS/IDC	Bell County
Lee Johnson		Texas Council
Marcia Sinegal	Clinical Program Director	Advent Health Central Texas
Mary Gales	Assistant Director	Bell County Indigent Health Services
McKinley Thomas	VP of Operations	Baylor Scott & White Health
Melissa Tyroch	Attorney	Tyroch Boyd PLLC
Michael Craft	Deputy Chief	Bell County Sheriff Dept.
Nancy Glover	Director of Housing and Human Development	City of Temple
Paola McIntosh	Community Services Manager	Central Counties Services
Paula Pollei/Alternate Julie Newberry	Leadership Committee	NAMI Temple
Paul A. Motz	Attorney	Law Office of Paul A. Motz
Randy Stefek	Commander	Harker Heights PD
Rebecca DePew	County Judge	Bell County
Renee Woodson	Jail Diversion Supervisor	Central Counties Services

Reynold Blue	Intake Supervisor	Bell County Sheriff's Dept.
Robert Greenberg, MD	VP and CMO of Emergency Services	Baylor Scott & White Health MS-11-AG062
Ross Gaetano	Behavioral Health Services, Director	Advent Health Central Texas
Russell T Schneider	County Commissioner Pct. 1	Bell County
Shane Sowell	Major	Bell County Sheriff's Dept.
Shawn Reynolds	Chief of Police	Temple PD
Sherri Woytek	Executive Director	Temple Community Clinic
Sylveria Sanchez	Manager 5- ACT/MCOT	Central Counties Services
TaNeika Driver Moultrie	Executive Director	Greater Killeen Community Clinic
Tanya Reed	Architect	MRB Group
Taylor Ratcliff, MD, FF/EMT-LP	EMS Physician & Medical Director	Baylor Scott & White Health
Teresa Phelps	Sergeant- MH training/personnel, recruitment and backgrounds	Bell County Sheriff’s Dept.
Traci Powell	Director Bell County CSCD	Bell County CSCD

List of Acronyms

Acronym	Full Name
AOT	Assisted Outpatient Treatment
ARPA	American Rescue Plan Act
CCS	Central Counties Services
CIT	Crisis Intervention Team
CSG	Council of State Governments
CJCCS	Criminal Justice Coordinating Councils
DDJ	Data-Driven Justice
ECHO	Ending Community Homelessness Organization
ED	Emergency Department
EMS	Emergency Medical Services
EOD	Emergency Order of Detention
ER	Emergency Room
FD	Fire Department
FDA	Food and Drug Administration
FUSE	Frequent Users Systems Engagement
HHSC	Health and Human Services Commission

Acronym	Full Name
IDD	Intellectual and Developmental Disability
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
LE	Law Enforcement
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHA NE	Mental Health Association of Nebraska
MI	Mental Illness
OCR	Outpatient Competency Restoration
OSAR	Outreach, Screening, Assessment and Referral
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness

Acronym	Full Name
SUD	Substance Use Disorder
TA	Technical Assistance
TCB	Texas Certification Board
TCOOMMI	Texas Commission on Offenders with Medical and Mental Impairments
THDSN	The Texas Homeless Data Sharing Network