Caldwell County Sequential Intercept Mapping

FINAL REPORT - SEPTEMBER 2021

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Sequential Intercept Mapping Report for Caldwell County, Texas

FINAL REPORT

September 2021

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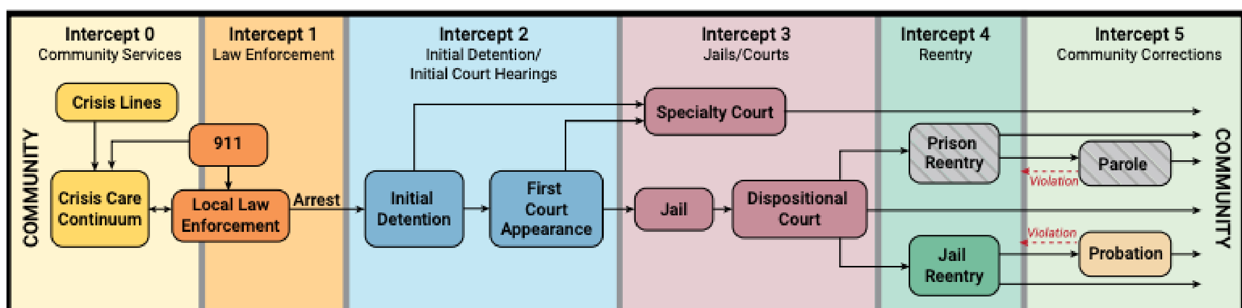
Introduction

The Texas Judicial Commission on Mental Health funded Caldwell County to conduct sequential intercept mapping to support cross-system communication and collaboration among stakeholders in law enforcement, local mental health, healthcare, and the judiciary to better serve people with mental illness and co-occurring disorders by diverting them from the criminal justice system. Caldwell County contracted with the Meadows Mental Health Institute (Meadows Institute) to conduct the mapping.

On August 3, 2021, Meadows Institute team members traveled to Caldwell County, Texas to facilitate a four-hour Sequential Intercept Mapping (SIM) session with nearly two dozen local stakeholders. The session was held at the Caldwell County Criminal Justice Center in Lockhart and participating stakeholders included broad representation from the judicial, health, behavioral health, and law enforcement sectors as well as elected officials, including County Judge Hoppy Haden. A complete list of participating stakeholders can be found in **Appendix A.**

The Meadows Institute's foundation for criminal justice mental health assessments is grounded in the Sequential Intercept Model (SIM).[1] SIM is a planning tool that organizes the criminal justice system into six phases, or intercepts, beginning with an individual's first contact with the criminal justice system. The SIM intercepts include (0) community services such as 911 and crisis lines, (1) arrest, (2) booking and preliminary arraignment, (3) time spent in the courts and jail, (4) community re-entry, and (5) community corrections (services in the community to prevent re-offense). The SIM framework has been used in jurisdictions across the United States and is an excellent tool for organizing diversion planning across the many systems that may have contact with an individual at each of the various intercepts.



[1] The Sequential Intercept Model is described in a 2006 paper by Mark Munetz and Patricia Griffin. It has since become a basic planning tool used by communities across the United States. In recent years, the model has been updated to include an Intercept 0, Community Services, to reflect the use of crisis lines and the crisis care continuum, as shown in the model in this report. The 2006 paper can be found here: Munetz, M. R., & Griffin, P. A. (2006, April). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57*(4), 544–549. https://www.ncbi.nlm.nih.gov/pubmed/16603751

Through the mapping session, participants identify opportunities to intercept a person as quickly as possible while providing timely movement through the criminal justice system – and diversion from that system whenever possible – and referral to community resources. Mapping provides an opportunity for a stakeholder group to document challenges and resources at each intercept for individuals with mental health needs and identify three or more priorities for immediate action.

By prior agreement, the mapping conducted in Caldwell County focused on intercepts 0-2, with some discussion of intercept 3, since county leaders are devoted to diverting people from the justice system when possible and consistent with public safety. This report provides a summary of that discussion, including resources and gaps identified at each intercept, and recommendations for implementing the changes in alignment with best practices.

About the SIM Model

There is no single solution to the problem referred to as "criminalization of people with mental illness." However, there is a sequence by which people move through the justice system and potential opportunities to keep the person from going deeper into the system at each point along that sequence. Little good happens to someone with a mental illness in jail, therefore approaching each person's situation in a systemic way with a full commitment to keeping people out of jail consistent with public safety is the goal of SIM. As a planning tool, SIM enables groups to identify the opportunities to "intercept" the person from the justice system to ensure:

- the earliest identification of a mental illness possible,
- timely movement through the criminal justice system but diversion whenever possible,
- use of community services, including the health care system, and
- referral to community resources at the earliest point possible, that will sustain the person in the community for the longest period possible.

The use of SIM is also valuable because it emphasizes common values, recognizes differences in core missions, looks for opportunities to broaden cooperation across systems, assumes that change is most likely achieved incrementally, and looks for "small wins" to accomplish this. While the SIM uses best practices as a goal, the approach recognizes that it takes time to develop them. For that reason, it is important to begin somewhere that fits the community. The prioritization process that accompanies the SIM is tailored to those specific community needs, and the resulting recommendations will provide Caldwell County with an opportunity to achieve its goal of facilitating access to clinical intervention as quickly as possible when a person with behavioral health needs encounters the first response system. For best practices at each SIM intercept, see **Appendix B.**

Crisis Response within the Ideal System of Care

We use the term "behavioral health" to include mental illnesses and substance use disorders, both separately and as co-occurring health care needs. The recommendations in this report are grounded in the principle that mental health and substance use disorder services should be delivered within the broader context of integrated physical and behavioral health care.

The Texas Administrative Code defines "crisis" as a situation in which (a) a person presents an immediate danger to self or others, (b) a person's mental or physical health is at risk of serious deterioration, or (c) a person believes that they present an immediate danger to self or others or that their mental or physical health is at risk of serious deterioration.[2] We use the term "mental health emergency" to describe a crisis episode. Common examples of a mental health emergency include (1) thoughts or plans to commit suicide or harm others; (2) a person's existing mental health disorder deteriorates, creating severe symptoms; (3) someone whose current functioning restricts their ability to go to school or work, maintain healthy relationships, or successfully engage in activities of daily living; or (4) major changes in mood that affect functioning.

From a system intervention perspective, individual mental health emergencies exist on a spectrum, with some requiring immediate intervention in a safe and secure place such as an emergency room, whereas others are best resolved and treated in a community-based setting, such as a school, office, via telehealth, or in a home environment. Both ends of the crisis system spectrum require a significant response; however, the challenge lies in ensuring treatment occurs in the most appropriate setting.

The need to refocus the Caldwell County response to mental health emergencies from a primarily law enforcement response has assumed new urgency with the COVID-19 pandemic[3,4,5] and calls to redesign policing more broadly.[6] There are now renewed efforts to provide law enforcement agencies with models to shift their role as "default first responders to numerous

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[2] Texas Administrative Code, Title 25, Part 1, Chapter 416, Subchapter a, Rule §416.3 (2014). https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=416&rl=3

[3] Meadows Mental Health Policy Institute. (2020, April 28). Projected COVID-19 MHSUD impacts, volume 1: Effects of COVID-induced economic recession (COVID recession). http://mmhpi.org/wp-content/uploads/2020/09/COVID-MHSUDImpacts.pdf

[4] Meadows Mental Health Policy Institute. (2020, June 15). Projected COVID-19 MHSUD impacts, volume 2: Effects of COVID-induced economic recession (COVID recession) on veteran suicide and substance use disorder (SUD). http://mmhpi.org/wp-content/uploads/2020/09/COVID-MHSUDImpactsVeterans.pdf

[5] Meadows Mental Health Policy Institute. (2020, August 6). Projected COVID-19 MHSUD impacts, volume 3: Modeling the effects of collaborative care and medication-assisted treatment to prevent COVID-related suicide and overdose deaths. http://mmhpi.org/wp-content/uploads/2020/09/COVID-MHSUDPrevention.pdf

[6] For an example, see: Policing Project. (2020). *Reimagining public safety.* NYU School of Law. https://www.policingproject.org/rps-landing

social issues that they are neither trained nor equipped to properly handle,”[7] to more effective co-responder responses that provide access to needed medical care and resources as appropriate rather than criminalizing behaviors related to mental illnesses and other health and social needs.

The ideal crisis continuum is based on the fundamental principle that people have the greatest opportunity for healthy development when they maintain their ties to community and family while receiving help. The Substance Abuse and Mental Health Services Administration (SAMHSA) practice guidelines provide an overview of the ideal continuum of crisis services and outline essential values for crisis services. These values and guidelines emphasize:

- rapid response,
- safety,
- crisis triage,
- active engagement of the person in crisis, and
- reliance on natural supports.[8]

In this report, we focus on the initial intercepts, which includes the first response system and local programs and services within that system as part of the current crisis continuum. It is important to remember that the ideal crisis continuum exists within a broader system of care that identifies and responds to the behavioral health needs of the individual in a community. Without the availability of and coordination with community-based behavioral health services that address needs ranging from mild to severe, the initial crisis, especially the first response system, becomes the default point of entry for care. In the ideal system, most people would have their behavioral health needs identified prior to reaching a point of crisis.

Developing a strong community-based services continuum that people can access prior to being in crisis is critical to preventing crises and maximizing efficient use of the available crisis services. When meaningful community-based alternatives to inpatient treatment are absent, many people in crisis have nowhere to turn but to the most restrictive, disruptive, and expensive care.

Mapping Intercepts 0 – 3 in Caldwell County

Caldwell County has an existing foundation of effective services and programs within its mental health response system. The collaboration among various departments within the City of Luling, the City of Lockhart, Caldwell County, as well as Bluebonnet Trails Community Center (the Local

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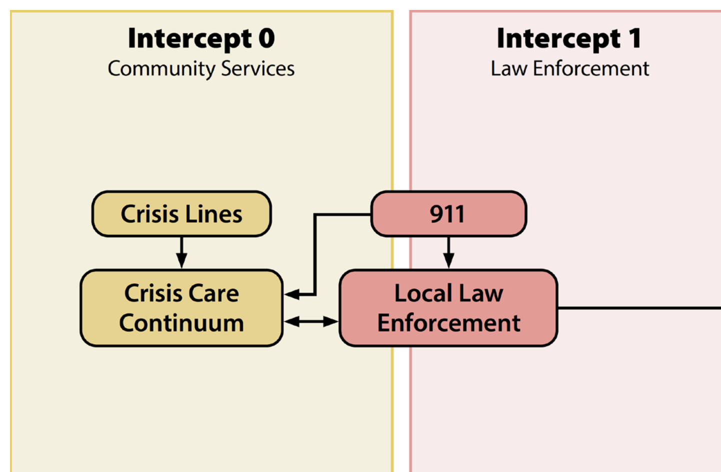
[7] Neusteter, R. S., et al. (2019). *Gatekeepers: The role of police in ending mass incarceration.* Vera Institute of Justice. https://www.vera.org/downloads/publications/gatekeepers-police-and-mass-incarceration.pdf

[8] Substance Abuse and Mental Health Services Administration. (2009). *Practice guidelines: Core elements in responding to mental health crises*. Office of Consumer Affairs, Center for Mental Health Services. https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4427.pdf

Mental Health Authority), Ascension Seton Edgar B. Davis Hospital, the courts, probation, and other community stakeholders is impressive and will support efforts to improve the local system.

The SIM mapping session held on August 3, 2021 focused primarily on intercepts 0, 1, 2 and 3, with particular attention to services that provide a first response or directly support first responders. These initial interactions are the starting point for a comprehensive review of the local continuum of services from law enforcement and emergency response contact to incarceration to court action and return to the community. While the Caldwell County community has a strong foundation of effective collaboration among stakeholders, participants identified the following gaps and challenges at each intercept that must be considered to transform the local response system.

Crisis Call Lines and 911/Dispatch



- There currently are three separate call centers for 911 calls and, as a result, emergency calls are routed between various call centers from the City of Luling to the City of Lockhart to Caldwell County. This can result in an estimated three to five minute delay in response time, which stakeholders considered to be significant.
- The area does not utilize a 2-1-1 line but is served by a *separate* crisis line administered by Bluebonnet Trails Community Center (Bluebonnet).
- Caldwell County had an effective "warm handoff" from dispatch to the crisis line at Bluebonnet, but that was discontinued years ago.
- Call centers experience high turnover of dispatchers because of competition with Travis County plus the combination of a high pressure and low paying job.
- HIPAA is occasionally raised as a barrier to information sharing, though it presents no barrier in its wording.
- Mental health training provided to dispatch is minimal and it is unclear if dispatch is asking mental health questions during calls or if the information is being passed on.
- Mental health call coding exists, but it was unclear during the mapping if the data is accessible or used for diversion or co-response. If available, these data can provide an important planning tool as the consolidation of 911 call centers and the integration of the behavioral health crisis response line with 911 is implemented.

Healthcare

- Bluebonnet is not able to serve all Ascension Seton patients with mental health needs: the biggest gap is *insured* individuals who are not yet in crisis.
- Nurse and mental health professional hiring, retention, and turnover are challenges in the area, particularly with competition from Austin, Dallas, Seguin, and San Antonio. Caldwell County is a Health Professional Shortage Area. [9]
- The area has been experiencing an increase in mental health crises and emergencies and worsening mental health outcomes over the past few years. The suicide rate in Caldwell County is more than twice the state average and rose from 13 deaths per 100,000 population in 2009-2013 to nearly 15 in 2012-2016. [10] As noted above, we anticipate that the impact of COVID on mental health and the long-term trauma associated with it will result in increases in suicide and deaths by drug overdose over time.
- People who experience frequent mental health emergencies often have primary or comorbid substance use treatment needs. The current emergency response systems are not fully equipped to respond to people who are under the influence of intoxicants, and law enforcement responses rather than a clinical response are the norm, which can result in arrests.
- The COVID-19 pandemic has extended the length of stay in the emergency department (ED).
- It typically takes a minimum of six to eight hours to have someone transported from the Ascension Seton emergency department to mental health treatment.
- Officers are often held up in the ED to provide security while waiting for treatment or a bed to become available.
- Ascension Seton has only four ED beds and those scarce beds remain offline when occupied by a person awaiting mental health transport and placement.
- In many situations, it is unclear who should be responsible for transport.
- Law enforcement prefers not to provide late night transportation due to perceived safety risk to officers.
- Transportation programs like Capital Area Rural Transportation System (CARTS) were perceived to be unpredictable in their availability.

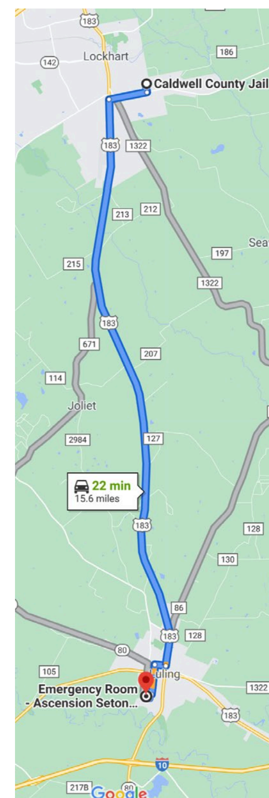


Figure 1. Distance from the jail in Lockhart to the ED in Luling, which serves all of Caldwell County

[9] Ascension Seton. *Community Health Needs Assessment (CHNA) South Region 2*, May 2019. https://healthcare.ascension.org/chna

[10] Ascension Seton. *Community Health Needs Assessment (CHNA) South Region 2*, May 2019. https://healthcare.ascension.org/chna

Law Enforcement

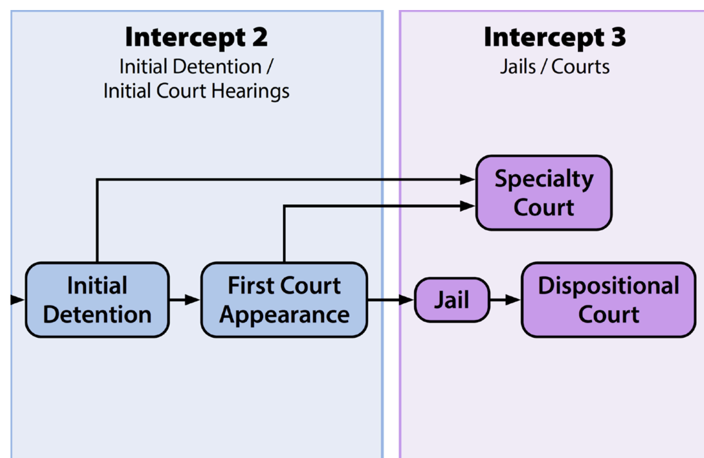
- The geographic placement of the jail in Lockhart (where according to information provided at the mapping half of 150 individuals in custody have serious mental illnesses and are on medication), and the ED in Luling 22 minutes away (with only four beds) is a barrier to ensuring people with mental health needs are appropriately assessed and placed.
- The current continuum in Caldwell County supports transport to jail or an ED for evaluation as the two primary options for disposition, with few alternatives.
- The Caldwell County Sheriffs' Office is understaffed with only 21 officers to cover all shifts in a 500-square mile catchment area.
- Bluebonnet has the option to call in law enforcement to support their staff during a welfare check and co-respond with an officer upon request, but officers are sometimes not willing to wait for Bluebonnet staff to arrive, which can result in an individual not receiving mental health care or ending up in ED or jail.
- Some people are cited and released but are caught in the "revolving door" without engagement in services.
- Caldwell County Sheriff's Office has provided Crisis Intervention Training (CIT) to 12 of its 21 officers, but it was unclear during the mapping whether Luling police or the Lockhart police have mental health response training.
- Travis County is believed to be pushing people experiencing homelessness (some with mental health needs) into Caldwell County. It is not uncommon for officers to be dispatched to Buc-ees or Loves (convenience stores along the Interstate 35 corridor) for a mental health issue for individuals who have been transported there from outside of Caldwell County.
- Officers with the city and county need additional training on how to take the time to find appropriate placement alternatives to jail and the ED, how to identify the options available to them, how to make accurate assessments while in the field, and the importance of waiting for Bluebonnet to arrive to co-respond. This training needs to be ongoing to account for high officer turnover. At the same time, the realities of covering an area the size of Caldwell County with comparatively few law enforcement officers makes finding the time for sustained training difficult; in addition, training on finding options other than ED or jail when those options do not yet exist can frustrate staff.

> *"We have to work more at Intercept 1 by training law enforcement and giving them more tools. Are they asking, 'What is my alternative to jail?' or 'What can I do instead of just making that 15-minute drop at the jail so I can get back out on the street?' Sometimes you need to wait on the street for us [mental health co-responder] to get to you. When we trained in the jail, our volume of calls to the crisis hotline went way down. I offered them my number. We talked it out and found alternatives."*
>
> *– SIM Participant*

Crisis and Mental Health Services

- Lack of an intermediate place for first responders to transport individuals for assessment or care in lieu of jail or ED was raised as a barrier several times during the mapping session.
- There is limited availability and high demand for psychiatric beds in the area (and across the state) and a waitlist at the state hospitals.
- Forensic Assertive Community Treatment (FACT) is available in Caldwell County from Bluebonnet, but the length of stay is short compared to other areas because the population is transient and has transportation barriers.
- Bluebonnet cannot currently afford to establish a respite or intermediate placement facility in Caldwell County because they have not found staff in the area to cover the 24/7 shifts and they have not identified partners to help find a location.
- A five-county collaborative was formed to discuss establishing a shared community health facility, but COVID disrupted the effort and no meetings have been held in 18 months.

Courts



- Caldwell County does not currently operate specialty court dockets.
- Burdensome court-ordered services and check-in requirements can be a barrier to individuals successfully remaining in the community, completing treatment, and holding a job. For example, individuals are sometimes required to meet with the pretrial bond officer on a weekly status check. Before the COVID-19 pandemic the probation office was open until 7:00 pm one day per week to allow flexibility for after-hours check ins, but that is no longer available.
- Competency evaluation and restoration is rarely pursued for individuals charged with misdemeanors, as the city must pay for $1,500 for each evaluation. Charges are often dismissed, but these individuals cycle through the justice system repeatedly in the absence of available treatment.

Jail

- The cost to operate the county jail is $5 million per year.
- Staff shortage and high turnover in the jail results in over $100,000 in overtime pay each year.
- Jail staff are seeing higher numbers of people in jail with mental health issues, and COVID-19 protocols can lead to decompensation because of the isolation they require.

- Many individuals with mental health issues in jail require two officers present for every interaction, creating a strain on staff resources.
- It was estimated that half of those in custody are on psychiatric medication, which contributes to higher costs.
- It was estimated that 90 percent of jail staff time was spent on the individuals with mental health needs.
- Bluebonnet was called for jail screening of 75 individuals this year. While only 14 of those were diverted, clinically it was estimated over 40 should have been released.
- Diversion takes time to arrange and during that time, intervening factors (such as the person's release from jail) can occur.
- There are disagreements about who should be released/diverted. When Bluebonnet can bring the prosecutor a solid plan detailing where the individual is going, they are more likely to assist with diversion, but this is not always possible, particularly if the person has an extensive arrest record or there is nowhere for them to go upon release. This reflects the realities of trying to integrate treatment options into a legal system that is concerned with public safety.

> *"This is Caldwell County but we're talking about a state problem. We don't have the resources we need out on the street to take care of these people. The Sandra Bland [statute] says if you believe someone has committed a crime due to a mental health condition, you need to take them to an appropriate mental health facility. Unfortunately, we don't have an appropriate mental health facility. A lot of times they end up in Luling [ED]. Diverting is the best thing and there is just nowhere to divert them to. Right now the peace officers are out there working doing the best they can and the only place they can take them is the county jail."*
>
> *- SIM Participant*

In addition to mapping the gaps and identifying challenges described above, participants identified community strengths that can be leveraged to transform the local response system. Below, we discuss those assets and the priorities for change identified during the mapping session, alongside considerations for incorporating best practices into reform efforts.

Priorities for Change

Top priorities for change were identified by participants through a consensus process conducted at the conclusion of the SIM workshop on August 3, 2021. Three potential solutions emerged.

Priority 1: Establish a consolidated call center with a behavioral health component.

Three entities in Caldwell County currently manage three separate emergency call centers (1) City of Luling; (2) City of Lockhart; and (3) Caldwell County. Talks are already underway about the benefit of establishing a centralized 911 call center **co-locating the three entities** and fully integrating the roles and responsibilities of each. This would create efficiencies in dispatch and may improve outcomes such as response times and quality of care. Using space in the Caldwell County Justice Center is being considered, and cost sharing agreements must be negotiated to make this integration a reality. At the same time, the County is currently discussing the

potential for financial support for this effort from Capital Area Council of Governments (CAPCOG) and there was optimism that these arrangements can be completed satisfactorily.

To be successful, the call center must be **both co-located and *integrated***, meaning decision-making authority and the ability to respond to calls should be shared among the group depending on the requirements of each emergency call. Additionally, leaders should discuss how to best **coordinate with Bluebonnet's separate mental health crisis line** to avoid further fragmenting the emergency response while maintaining a "no wrong door" approach to mental health triage. This may involve routing all calls through one single number or configuring the 911 dispatcher's console and software to enable certain mental health calls to be routed to Bluebonnet's separate crisis line.

"We now have cooperation between the three entities, and that wasn't always the case. It's about figuring out how to fund it, but usually if you make it a priority you can find money to do it. We just started having the conversation about centralized dispatch in the last six months or so, and we're finding there are plenty of grant opportunities out there."

– SIM Participant

In addition to centralizing the three dispatch teams, there was great interest in integrating staff who currently take behavioral health crises calls into the newly configured 911 call center. This would create efficiencies in staffing the call center (since the behavioral health specialist could also route non behavioral health calls) and better triaging within the center because staff would be working in the same physical space. Bluebonnet has experience with this approach in Williamson County where a clinician is physically located in the call center to provide consultation on emergency mental health calls. Because the consolidation of the call center has implications for the integration with physical healthcare, there may be an opportunity to utilize federal funding (available until 2025) to cover certain costs. Caldwell County stakeholders and Bluebonnet have partnered in the past to create a team approach to integrated intervention. These past experiences will be useful in informing the process of broader system transformation.

An enhanced **mental health call coding system** should be established to indicate when a mental health issue is identified at the point of dispatch. The coding system for mental health calls should include training for all staff and a system for data monitoring. Bolstering the call coding system to ensure mental health calls are flagged will assist in proper triage and in identifying individuals over time who generate significant numbers of crisis calls. Training officers and other responders to add a dispositional or outcome code to identify when an emergency call required mental health intervention or resources would provide a complete and

more accurate accounting of the total number of all calls with a mental health emergency response need.[11]

Co-locating and integrating the three dispatch teams, providing clinical support to the 911 call center, and closing gaps in data reporting for mental health calls and responses also will be enhanced by adopting the multi-disciplinary response approach described in Priority 2.

Priority 2: Shift to a more integrated, health-driven model of first response.

Concurrently with efforts to establish an integrated call center, Caldwell County leaders can begin an ongoing dialogue about whether changes to dispatch should occur to better respond to mental health emergencies.

Although Caldwell County should continue to grow its team of CIT-trained officers and continue its valuable discussions about establishing a Mental Health Unit at the Caldwell County Sheriffs' Office, this is still fundamentally a law-enforcement-driven response without prevention, intervention, and medically forward community connections to care. Even though CITs have mental health training, their primary skillset and responsibility remains law enforcement. They do not have the capacity, nor should they be asked, to assess mental health conditions in the field and make care decisions.

Communities across Texas are attempting to integrate the response to mental health emergencies into the broader continuum of emergency medical response. Traditionally, communities across the United States (including Caldwell County) have primarily relied on law enforcement for the initial response to mental health emergencies, although those same communities do not take this approach in responding to other health emergencies as part of 911 calls. Various alternatives have been successfully implemented for co-responder models of first response that Caldwell County leaders can draw from to determine the best fit. **See Appendix C: Texas Efforts to Improve Emergency Response** for examples of how four cities have transformed their emergency response system to better serve those individuals with long-term mental health needs who routinely cycled between jails, emergency rooms, and inpatient care. Each of those four examples share the core components of the **Multi-Disciplinary Response Team (MDRT)** approach, which may be a good fit in at least some respects in Caldwell County, recognizing differences in population, staffing, and geography.

MDRT provides an integrated, health-driven approach based on best-practice responses to medical emergencies proven effective for other emergency 911 responses to people with

[11] The United States Bureau of Justice Assistance has created a toolkit on these issues. United States Bureau of Justice Assistance. Delivering Behavioral Health: Police-Mental Health Collaboration (PMHC) Toolkit. Available at https://bja.ojp.gov/program/pmhc/behavioral-health

chronic and complex illnesses. MDRT is based on a **community paramedicine approach** that brings together paramedics, licensed mental health professionals, and specialized law enforcement officers within an integrated team with unique potential to transform the response to mental health emergencies through the 911 system from one that relies on either law enforcement or civilians, to one that can address mental health and broader health care and social needs while assuring public safety. Adopting this approach can yield great outcomes. In the Dallas MDRT program known as RIGHT Care (the Rapid Integrated Group Healthcare Team), only **130 calls (2% of the total) resulted in an arrest** for a new offense, illustrating that these MDRT teams use arrests as a disposition very sparingly.[12]

The collaboration among law enforcement and first responders in Caldwell County with Bluebonnet's crisis and jail diversion team already contains many features of the MDRT model and can be the foundation for a more comprehensive first response to behavioral health crisis. As Caldwell County leaders consider taking incremental steps to shift toward the Texas MDRT model, it is important to determine what variations are needed to accommodate the realities of the local system and stakeholders, as well as to determine the cost-benefits of each of the features. Any change in dispatch for certain types of cases must meet geographic and other factors within Caldwell County. It is much more difficult to adopt these approaches in a sparsely populated, large geographic area than it is in urban settings. At the same time, making the adjustments to the 911 call center discussed in Priority 1 above will make these changes to dispatch more seamless. Bolstering the behavioral health call coding will result in better identification of behavioral health calls and heavy users of dispatch. Adding a behavioral health component to the 911 call center is considered an essential element of MDRT success because of the ability to better triage and track behavioral health calls. And centralized co-location as well as full team integration will facilitate information sharing and more effective dispatch to address mental health emergencies.

Making changes to dispatch and co-response protocols can work only with careful advance planning. Below are descriptions of necessary elements of planning for and creating these teams.

- The response must be developed from a careful planning process that includes an inventory of available data, such as 911 mental health emergency call volume and service gaps in responding to such calls and soliciting the views of law enforcement officers.
- Securing resources through multiple sources is essential, not only to fund personnel but also to cover and additional associated costs of equipment and vehicles. Such funding may be available through federal funds.

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[12] Meadows Mental Health Policy Institute (2021, May). *Multi-Disciplinary Response Teams: Transforming Emergency Mental Health Response in Texas.* Dallas, TX: Meadows Mental Health Policy Institute. mmhpi.org

- It is important to identify and agree on "points of engagement" prior to implementation (recognizing that these may change over time as the program is implemented). For example, what documentation is required at different points of the encounter with the person with the emergency medical needs? Where are the drop-off points for the team? Do information sharing agreements need to be negotiated in advance? These are some, but not all, of the questions that need to be addressed prior to implementation.

For additional guidance on how to establish an MDRT in Caldwell County based on the experience of other Texas communities, see *Multi-Disciplinary Response Teams: Transforming Emergency Mental Health Response in Texas*.

The use of an integrated call center (Priority 1) and a multi-disciplinary approach to dispatch (Priority 2) will be further enhanced by expanding the crisis care and respite options available to the Caldwell County first responders, as described in Priority 3.

Priority 3: Establish a location for rapid assessment and respite as an alternative to emergency department or jail.

No program exists in a vacuum and transforming Caldwell County's emergency medical response and treatment system requires more than transformation of the point of initial response. When first responders are equipped to provide rapid identification of acute mental health and broader health and social needs, the team requires options for connecting people with additional assessment, treatment, and resources beyond the emergency room or jail.

Establishing a physical location where departments can transport individuals will allow for same-day integrated assessments that would consider both general health and behavioral health conditions. This assessment or respite center should be located in an accessible site that maximizes access to other resources, including general health services.

Bluebonnet's leadership stated during the mapping that they are willing to create an assessment and respite center that would provide an additional place to transport individuals experiencing a mental health crisis. Bluebonnet has experience doing this in other locations and the discussion of potential cost of establishing this resource in Caldwell during the mapping suggested that it is financially feasible to do so.

In the Institute's paper *Multi-Disciplinary Response Teams: Transforming Emergency Mental Health Response in Texas* noted above, we discuss several essential elements to making an integrated approach to crisis response a success. Two of those elements (an embedded behavioral health specialist in the 911 call center and CIT training) have been discussed above.

Incorporation of these elements into a new assessment and respite center would extend the gains that adoption of priorities 1 and 2 can achieve:

- **Same day prescriptions.** A major issue in the cycling between justice and behavioral health systems is discontinuity of medication. The ability to access medications on the day of crisis response is critical in buffering against this issue.
- **Detoxification services.** As was noted during the mapping, many individuals have comorbid substance use and behavioral health issues, and the substance use may cause or exacerbate the behaviors requiring emergency response. Therefore, the assessment center needs access to detoxification services as necessary.
- **Access to hospital services.** Many individuals in a mental health emergency also have comorbid primary health conditions. Therefore, access to hospital beds is critical, though as noted, this can be difficult in Caldwell County because of the paucity of this resource.
- **Access to a housing network.** This is a difficult issue in nearly all communities in Texas at this point, and it is made worse when attempting to provide housing to a transient population from other locations, something that we note above. At the same time, Bluebonnet has great expertise in this area, and an assessment center would provide more time to triage individuals to other services than is the case in an emergency department or jail.

Summary and Conclusion

There is a clear opportunity in Caldwell County to take concrete steps that individually and in the aggregate will significantly improve the response to mental health emergencies. The interest and investment of critical stakeholders, including elected officials and leaders from the justice, behavioral health, and health systems provides the foundation for these improvements. This summary of the mapping and the priorities that emerged from it will benefit from the following next steps:

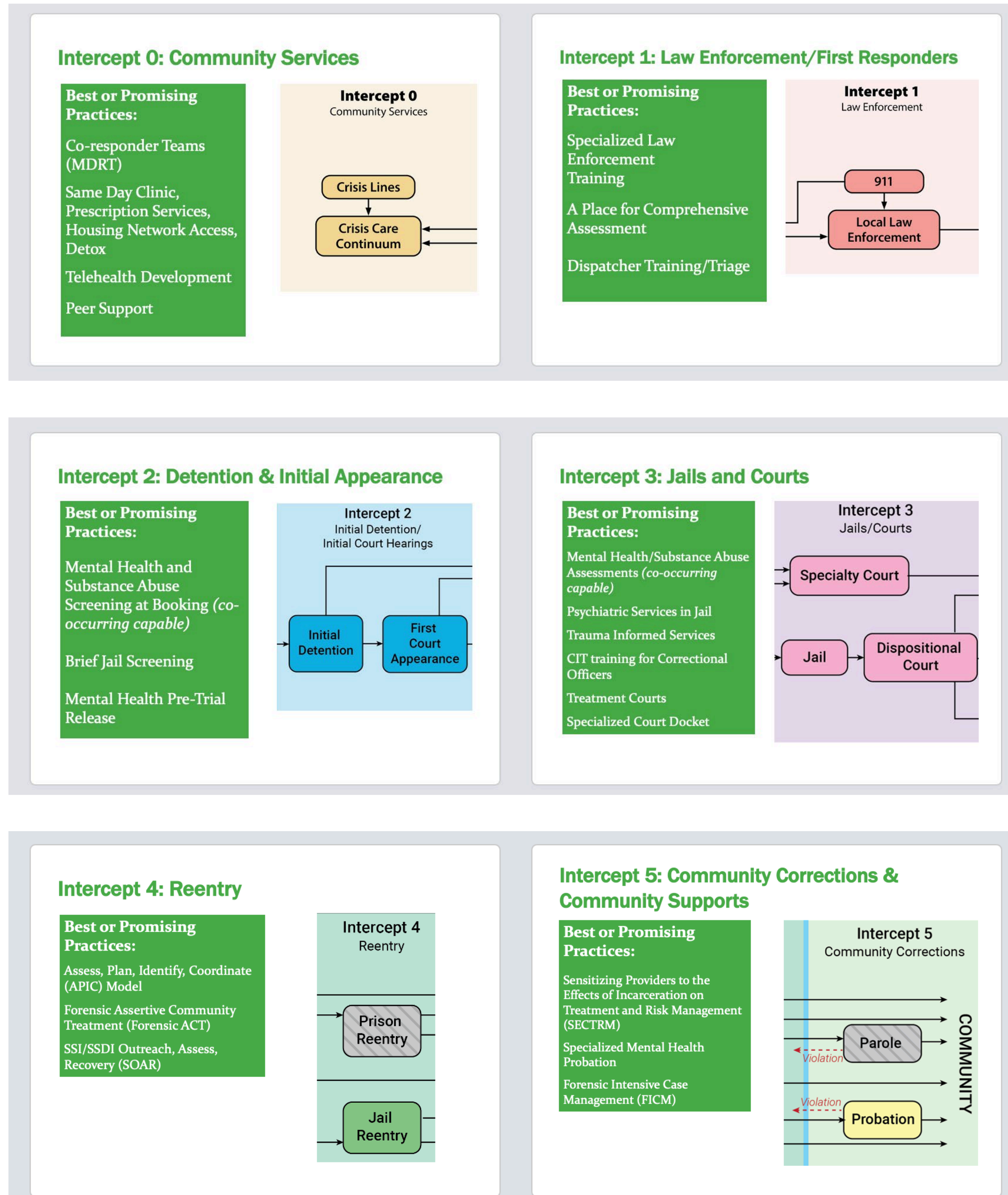
1. Gain consensus from leadership and key stakeholders.
2. Designate an implementation workgroup and identify currently available resources that can be leveraged for system transformation.
3. Determine additional funding needs and develop a community plan to secure implementation and ongoing funding.
4. Continue to refine and review data from the city, county, and key partners to identify gaps in data and explore data sharing to support service delivery and program evaluation.
5. Develop training to support new programs and protocols.

Centralizing dispatch, providing clinical support to the 911 call center, planning for adoption of the MDRT model, and establishing a location for rapid assessment and respite will place Caldwell among Texas counties with a coherent and logical plan to fundamentally improve mental health emergency response. While the priorities identified during this SIM mapping require planning and resources to implement, taking these concrete next steps can have a significant impact on the trajectories of people with mental and substance disorders in the justice system. Meadows Institute recognizes it takes the entire community, working together, to design and execute an effective mental health response. We remain available to support these efforts in Caldwell County moving forward and appreciate the partnership of all the individuals who participated.

Appendix A: SIM Event Participants on August 3, 2021

SIM Event Participants		
Name	**Title**	**Organization**
Kristi Bullock	Social Service Outreach Manager	Ascension Seton Edgar B. Davis
Amber Hillanbrand	Forensic Services Director	Bluebonnet Trails Community Services
Andrea Richardson	Executive Director	Bluebonnet Trails Community Services
Crystal Avalos	Crisis Services Team Lead	Bluebonnet Trails Community Services
Dalia Villa	Director of Crisis Services	Bluebonnet Trails Community Services
Felicia Jeffery	Director of Behavioral Health	Bluebonnet Trails Community Services
Jack Housworth	Director of Substance Use Services	Bluebonnet Trails Community Services
Jonathan Lemuel	Jail Diversion Director	Bluebonnet Trails Community Services
Rosa Harkey	Clinic Director (Caldwell, Gonzales & Guadalupe)	Bluebonnet Trails Community Services
Dennis Engelke	Grants Administrator	Caldwell County
Hoppy Haden	County Judge	Caldwell County
JJ Wells	County Attorney	Caldwell County
Reagan McLearen	Grants Assistant	Caldwell County
Amanda Montgomery	Attorney	Caldwell County District Attorney's Office
James Short	Captain	Caldwell County Sheriff's Office
Jon Craigmile	Chief Deputy	Caldwell County Sheriff's Office
C.J. Watt	City Council	City of Luling
Mark Mayo	City Manager	City of Luling
Richard Slaughter	EMS Director	City of Luling
Eric Aguirre	Deputy Director	Comal-Caldwell Community Supervision and Corrections Department (CSCD)
Jessica Berger	Supervisor	Comal-Caldwell CSCD
Barbara Molina	Judge	County Court at Law
Bonnie Townsend	Presiding Judge	Luling Municipal Court
John Petrila	Senior Executive Vice President of Policy	Meadows Mental Health Policy Institute
Layla Fry	Director of Child Welfare and Family Policy	Meadows Mental Health Policy Institute

Appendix B: Best Practices at Each SIM Intercept



Appendix C: Texas Efforts to Improve Emergency Response

Dallas RIGHT Care

Dallas has implemented a Multi-disciplinary Response Team (MDRT) program known as RIGHT Care (the Rapid Integrated Group Healthcare Team). RIGHT Care is an integrated, health-driven approach based on best practice responses to medical emergencies that have proven effective for other emergency 911 responses to people with chronic illnesses. RIGHT Care is based on a community paramedicine approach and relies on carefully chosen multi-disciplinary teams of a paramedic, a licensed master's level mental health professional with at least five years' experience in providing mental health emergency care, and a tenured law enforcement officer with advanced crisis and mental health peace officer training. The team and its characteristics are described in more detail below.

The RIGHT Care model also includes a different approach to the 911 call center (Figure 1), something that will be critically important in any MDRT effort and particularly as integration of 911 with 988 becomes a priority. Normally, when someone calls 911 and reports a mental health emergency, the absence of clinical triage in the call center plays a role in dispatching law enforcement as the first response. As RIGHT Care was implemented in Dallas, the 911 call center added a mental health clinician who could manage calls with clinical expertise and effectively assess the presence of an emergency related to mental health needs. This practice allows 911 call centers to decide to dispatch RIGHT Care teams as the appropriate response to mental health emergencies. First and foremost, the team provides a health-driven medical response while also assuring public safety, both of which are critical to emergency response.

Figure 2: Traditional 911 Response Model Compared to RIGHT Care Model (Dallas, TX)

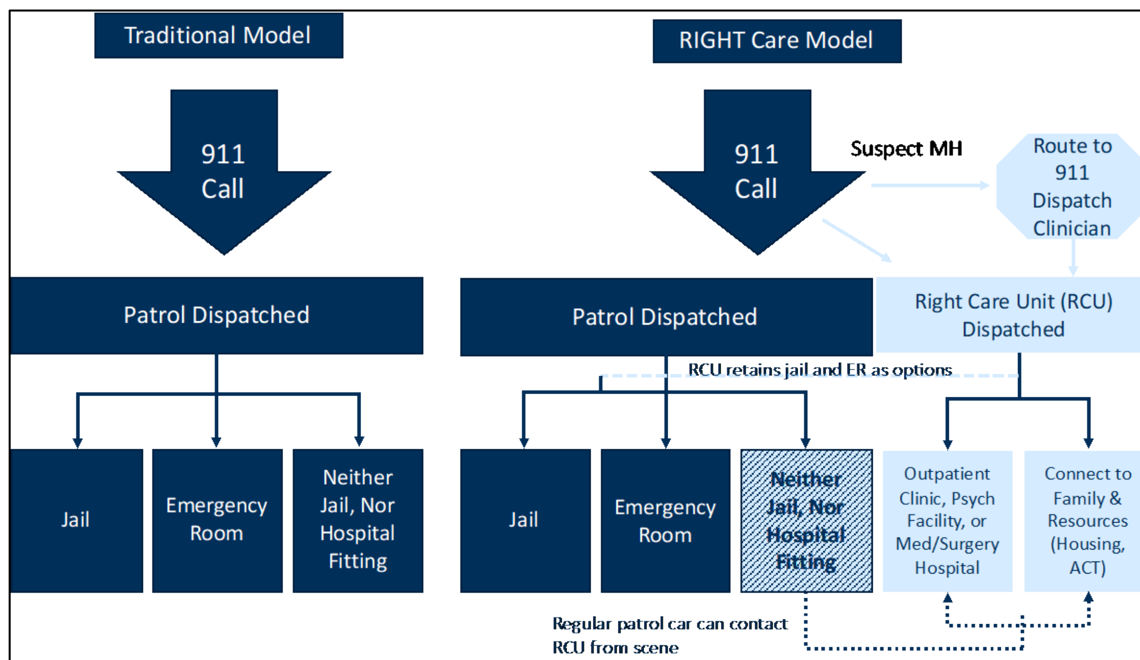
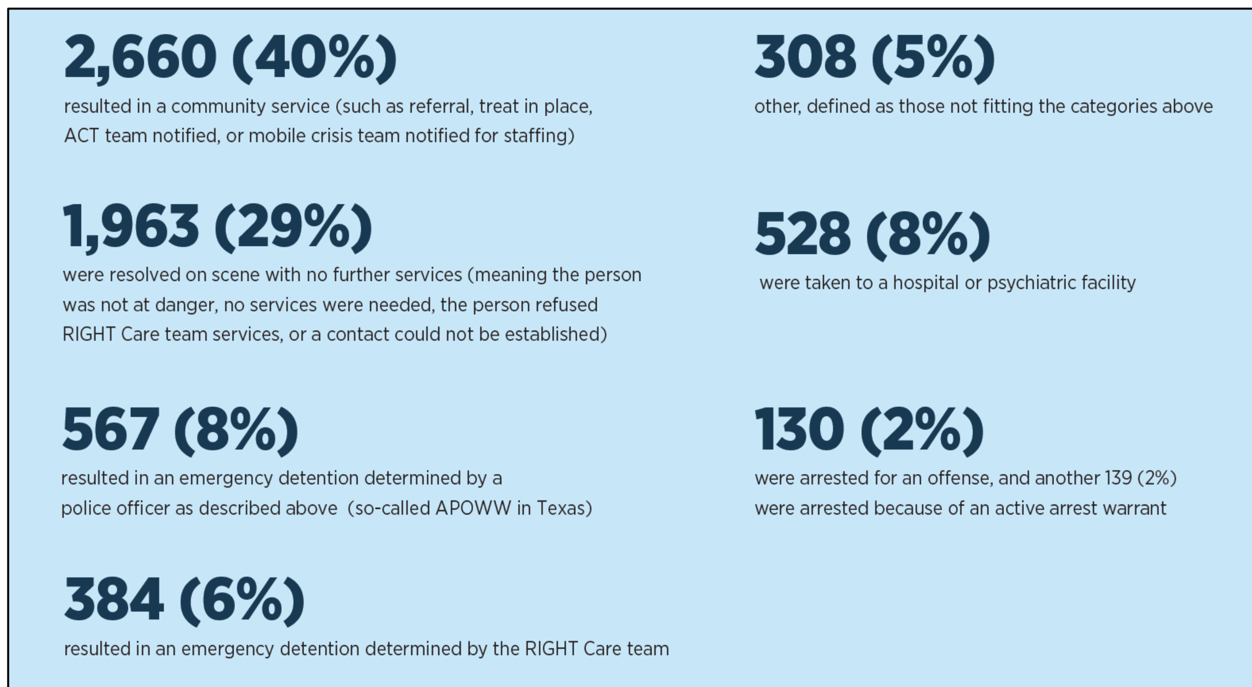


Figure 2 below shows Meadows Institute's analysis of the last available metrics report of June 7, 2020, showing the cumulative program metrics from program start date of January 29, 2018–June 7, 2020, for the pilot in the South-Central Division of the Dallas police department. During this period, there were 6,679 total responses by the RIGHT Care team.

Figure 3: South-Central Dallas Division RIGHT Care Team Outcomes (January 2018–June 2020)



Austin

Meadows Institute is currently supporting the city of Austin in implementing recommendations from our 2019 assessment of their first response to mental health calls for service.[13] Our recommendations were:

- Establish an advisory role to the chief of police within the Behavioral Health Criminal Justice Advisory Committee.
- Develop mental health crisis call identification and management training for 911 call takers and dispatchers within Austin Police Department's call center.
- Integrate Integral Care crisis clinicians into the Austin Police Department's call center for mental health triage of 911 calls and support for officers tasked with answering crisis calls in the field.
- Fund the Extended Mobile Crisis Outreach Team, including a telehealth expansion which emphasizes integrated care while working collaboratively with community stakeholders to create a long-term sustainability plan for the program.

[13] Meadows Mental Health Policy Institute. (2019). Recommendations for First Responder Mental Health Calls for Service, May 15, 2019. https://www.austintexas.gov/edims/document.cfm?id=364576

- Integrate the Austin Police Department's CIT follow-up functions into the Homeless Outreach Street Team, including use of telehealth.
- Create Spanish language community education addressing how to effectively communicate crisis needs to first responders, in collaboration with National Alliance on Mental Illness Austin, for Latino communities identified as having high rates of response to resistance during a crisis call for service.

El Paso

Emergence Health Network (EHN) – the local mental health authority – and the city of El Paso partnered to implement CIT at the El Paso Police Department (EPPD) in December 2019. The partnership was made possible with funds from Texas Senate Bill 292 and the long-standing collaborative relationship between EHN and EPPD. The CIT team is a traditional co-responder model that partners a specially trained EPPD officer with a masters-level licensed mental health clinician from EHN. As a co-responder unit, the team deploys on patrol together to conduct prevention outreach, provide intervention services, and answer mental health emergency calls from 911, as well as respond as a backup unit to patrol officers across the city on mental health emergency calls. This unit lacks a community paramedic, which is a key deviation from the MDRT model.

In August 2019, Emergence Health Network (EHN) engaged the Institute to evaluate the CIT program. Our report was issued in June 2021 and included an analysis of the outcomes to date and recommendations for improvement. EHN is currently considering our core recommendation to adopt an integrated health approach, which includes paramedicine and telehealth services to explore prevention-oriented and community-based care solutions for the population they serve and to make immediate care connections to an EHN clinician when a clinician is not available for deployment.

Houston

Houston Police Department and the Harris Center initiated a collaborative Crisis Call Diversion (CCD) program in 2015. Since that time, the program has demonstrated strong efficacy in diverting non-emergent CIT calls away from police and EMS to CCD clinicians embedded in the call center. The clinicians, who are employed by the Harris Center, link the caller to needed services rather than dispatching a police unit or ambulance to the scene. The CCD program has provided cost savings, and, more importantly, significant cost avoidance to Houston first responder agencies. Initial research estimated the program provided Houston agencies with over $1.3 million in cost avoidance, netting first responder agencies over $860,000 in cost savings in the first year of operations[14] while connecting thousands of Houston area residents to mental health care services during times of crisis.

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[14] For more information, see: https://www.houstoncit.org/boarding-homes/

Appendix D: Additional Links and Resources

Meadows Mental Health Policy Institute
www.mmhpi.org

Policy Research Associates, Inc.
www.prainc.com

Original SIM Paper: *Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness*
https://www.mentalhealthportland.org/wp-content/uploads/2015/10/Use-of-the-Sequential-Intercept-Model.pdf

Texas Judicial Commission on Mental Health
http://texasjcmh.gov/

Bluebonnet Trails Community Services: Crisis and Behavioral Health Service Array
https://bbtrails.org/services/

SAMHSA Toolkit on Crisis Response
https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care

Multi-Disciplinary Response Teams: Transforming Mental Health Emergency Response in Texas
https://mmhpi.org/wp-content/uploads/2021/06/MDRT-Transforming-Crisis-Response-in-Texas.pdf