

# Sequential Intercept Model Mapping Report for Midland County

Intellectual and Developmental  
Disability and Behavioral Health  
Services Department



**TEXAS**  
Health and Human  
Services

**September 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 PermiaCare. Planning committee members included:

- Chris Barnhill, CPA, Chief Executive Officer, PermiaCare
- Todd Luzadder, Chief Operating Officer, PermiaCare
- Joshua Alaniz, Chief of Staff, PermiaCare
- Jill Stephens, Director of Human Resources, PermiaCare

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

The facilitators for this workshop were Jennie M. Simpson, Ph.D., Associate Commissioner and State Forensic Director, and Catherine Bialick, MPAff, Senior Advisor, Office of the State Forensic Director, HHSC. The report was authored by Catherine Bialick, MPAff; Emily Dirksmeyer, LMSW; Matthew Lovitt, MSW; Jennie M. Simpson; and Elizabeth Wyatt, M.Ed., LPC.

We'd also like to acknowledge the System Integration Team at HHSC which oversees implementation of All Texas Access, a legislatively mandated initiative resulting from Senate Bill 454, 87th Legislature, Regular Session 2021, whose focus is increasing access to mental health services in rural Texas communities. SIM Mapping workshops were offered to all rural-serving local mental health and behavioral health authorities (LMHAs/LBHAs) participating in the All Texas Access Initiative. PermiaCare is a rural serving LMHA.

## About the Texas Behavioral Health and Justice Technical Assistance Center and Texas SIM Mapping Initiative

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

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

The Office of the State Forensic Director partnered with All Texas Access to offer a SIM for LMHAs participating in the All Texas Access initiative focused on ways 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>.

## **Recommended Citation**

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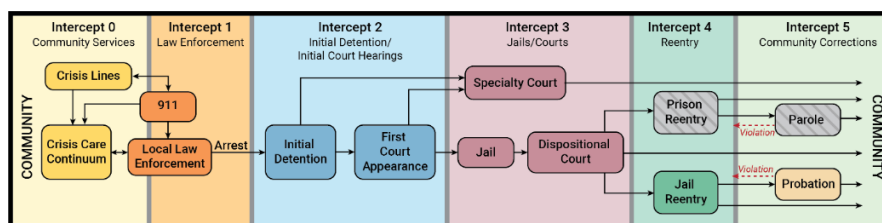
# Introduction

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

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

The Sequential Intercept Model Mapping Workshop has three primary objectives:

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



XC

In 2022, PermianCare requested a SIM Mapping Workshop be conducted for Midland County to help foster behavioral health and justice collaborations and improve diversion efforts for people with MI, SUD and or IDD. The SIM Mapping Workshop

<sup>1</sup> 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.

was divided into three sessions: 1) Introductions and Overview of the SIM; 2) Developing the Local Map; and 3) Action Planning. See **Appendix A** for detailed workshop agenda.

*This report reflects information provided during the SIM Mapping Workshop by participating Midland County stakeholders and may not be a comprehensive list of services available in the county. All gaps and opportunities identified reflect the opinions of participating stakeholders, not HHSC.*

# Sequential Intercept Model Map for Midland 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	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports
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COMMUNITY

**Crisis Phone Lines**  
**PermiaCare (PC) Crisis Hotline**  

- Contract w/ Avail Solutions
- 844-420-3964
- Available 24/7/365

**988**  

- Coming soon

**Midland Rape Crisis Center**  

- 855-686-8773

**68-Nurse**  

- Midland Health line to speak with health care professionals about medical conditions.

**911 Dispatch / Emergency Communications**  

- Midland County Dispatch Center
- Routed through the Public Safety Communications Center

**Law Enforcement**  
 City of Midland Police Department (PD), Midland County Sherriff's Office, Midland ISD PD, Midland College PD, Midland Memorial Hospital PD, Texas Highway Patrol DPS  

- Midland County Sherriff's Office Mental Health Deputies

**Crisis Units**  
**Midland Crisis Unit**  

- 8AM-6PM, M-F
- 401 E Illinois Street
- Walk in Screening/Referrals

**The Permian Basin BH Center**  

- Projected to open in 2024-2025

**Contracted Psychiatric Emergency Services Center Beds**  

- Operated by PC and Midland Health
- Mental Health Triage and Crisis Stabilization Beds
- 3,733 Beds

**Hospitals**  
**Midland Health- Midland Memorial Hospital**  

- Emergency Department

**Scenic Mountain Medical Center- Big Springs, TX**  

- Emergency Department
- Psych Unit 20 Beds

**Ocean's Behavioral Health - Midland/Abilene**  

- Psych Unit- 64 Beds

**River Crest- San Angelo, TX**  

- Psych Unit- 80 Beds

**Mobile Crisis Response Team**  
**PC MCOT**  

- 844-420-8773
- MCOT conducts face-to-face screenings and telehealth screenings

**PC Co-Responder Program**  

- PC clinicians co-respond with CIT LE departments.

**Emergency Medical Services**  

- City of Midland EMS
- Carroll's Ambulance
- West Texas Ambulance
- Permian Basin Ambulance
- Midland Memorial Hospital

**Detox Services and Substance Services**  
**The Springboard Center OSAR Program, PC**  

- PC Adult and Youth Outpatient
- Opioid based outpatient treatment

**WTCR Midland**  

- Methadone and buprenorphine treatment and counseling for people suffering with OUD.

**Basin Detox Systems-**  

- Medical Detox Services

**Initial Detention**  
**Midland County Jail**  
**Booking**  
 Screening Assessments Used:  

- Screening Form for Suicide and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS)
  - This form informs magistrate notifications

**TLETS Continuity of Care (CoC) Query / Care Match**  

- The Magistrate is notified if there is an exact or probable TLETS match and may order PermiaCare to assess the individual for MI or IDD.
- PermiaCare has a continuity of Care provider embedded in the Midland County Jail.

**Initial Court Appearance – Magistration**  
**Midland County Courthouse Pre-Trial Services**  

- Bond decisions are made by Justice of the Peace, County Judges or District Judges depending on the nature of the offense.

**Competency Restoration**  
**Jail Based Competency Restoration**  

- Operated by PermiaCare

**Courts**  
**District Courts**  

- In Midland, the State District Courts have jurisdiction over felony-level criminal, civil, and family law cases arising in Midland County.
- Courts:** 142nd District Court- Judge Rogers; 238th District Court- Judge Leonard; 318th Family District Court- Judge Lindemood; 385th District Court- Judge Robertson; 441st District Court – Judge Robnett

**County Court at Law**  

- Often handle cases involving adult criminal misdemeanors, juvenile offenders, guardianship actions and mental health cases.
- Judge Peeler and Judge Moore

**Treatment Courts**  
**Adult DWI Court**  
 Judge Rainey, Midland County Drug Court  
**Adult Drug Court**  
 Judge Rainey, Midland County Drug Court  
**Mental Health Court**  
 Judge Leonard – 238<sup>th</sup> District Court  
**Veteran's Court**  
 Judge Moor and Judge Robertson – 385<sup>th</sup> District Court

**Jail**  
**Midland County Jail**  
**Health Services**  

- Mental Health Provider: PermiaCare / CORE Health
  - MH screenings conducted for everyone booked into jail.
- Medical Provider: CORE Health

**Mental Health Meetings with LMHA, Jail and Courts**  

- PermiaCare staff embedded in the Midland County Jail provide re-entry support services, including skills training and case management

**Jail Reentry**  

- PermiaCare Continuity of Care (COC) Worker**
  - Includes the identification of medical, psychiatric, psychological, educational, and rehabilitative needs, as well as the coordination of treatment.
- TCOOMMI**
  - Provides 90 days of continuity of care services to clients with identified medical and mental impairments released to Midland County.
- PermiaCare Benefits Coordinators**
  - Screen people reentering the community for social security benefits eligibility, help with applications for disability, and appeal adverse eligibility decisions.

**Community Supervision and Corrections**  
**Parole**  

- Texas Department of Criminal Justice, Parole Division, Region V, **Midland Parole Office**

**Probation**  

- Midland Judicial District Community Supervision and Corrections Department
  - Midland County Adult Probation**
- Texas Juvenile Justice Department
  - Midland County Juvenile Probation**

**Probation/ Parole Caseloads**  

- The Texas Risk Assessment System (TRAS) is used to determine specialized service needs. PC and the Texas Veterans Commission have liaisons that assist in coordinating care with treatment courts.

**Caseloads:**

- Mental Health Court -PC Caseload
- Drug Court – Midland County Caseload
- DWI Court – Midland County Caseload
- Veterans Court

**Other Community Supports:**  
**Jail Diversion Task Force**  

- Comprised of local BH and justice stakeholders
- Goals: improve diversion across intercepts, reduce recidivism and high utilization, provide community education and streamline operational issues.

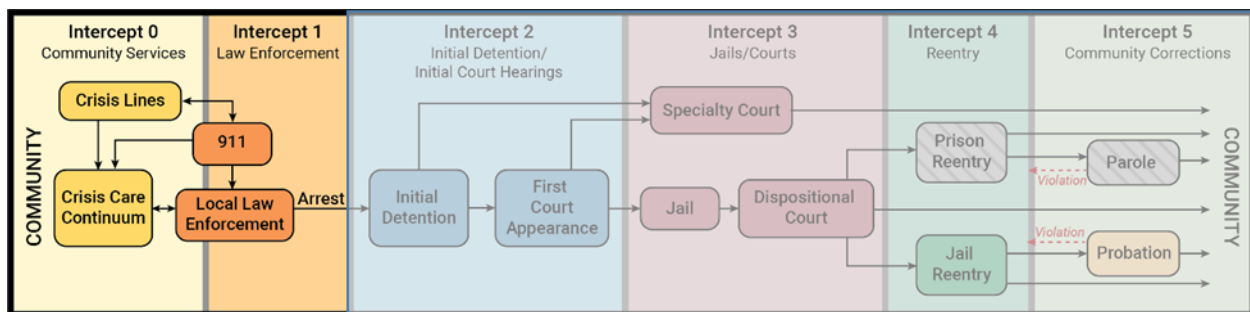
COMMUNITY

<p><b>Behavioral Health</b>                      PermiaCare; Centers for Children and Families; Harmony Home-Childrens Advocacy Center, <b>The Springboard Center-</b> Addiction Treatment Center.</p>	<p><b>Recovery Supports</b>                      PermiaCare; <b>The Springboard Center-</b> inpatient and outpatient SUD, <b>Thriving United-</b> SUD Peer Support</p>	<p><b>Veterans Service Providers</b>                      PermiaCare Military Veterans Peer Coordinator; Midland Vet Center; Texas Veterans Center</p>	<p><b>Housing/Shelter</b>                      PermiaCare; Salvation Army- temporary congregate housing; <b>Field's Edge-</b> Long-term single occupancy housing; <b>The Springboard Center-</b> transitional housing for clients in treatment; <b>The Midland County Housing Authority;</b> <b>Thrive United-</b> developing a permanent peer supported recovery residence</p>
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## Opportunities and Gaps at Each Intercept

The centerpiece of the workshop was to develop a SIM map for the county. As part of the mapping activity, facilitators worked with workshop participants to identify services, key stakeholders, gaps and opportunities at each intercept. This process is important due to the ever-changing nature of the criminal justice and behavioral health services systems. The opportunities and gaps identified provide contextual information for understanding the local map. The catalogue below was developed during the workshop by participants and can be used by policymakers and systems planners to improve public safety and public health outcomes for people with MI, SUD, and/or IDD by addressing the gaps and leveraging opportunities in the service system. See **Appendix B** for a more in-depth overview of Midland County services across each intercept.



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## Intercept 0 and Intercept 1 Overview of Gaps and Opportunities

### Crisis Call Lines

#### Gaps

- The potential impact 9-8-8 could have on mental health crisis response.
- A lack of mechanisms in place to share information on people with behavioral health conditions who frequently utilize the crisis hotline with relevant community stakeholders.

#### Opportunities

- PermiaCare will provide educational information to stakeholders through email and the PermiaCare website concerning the rollout of 9-8-8 and how to access crisis resources in Midland County.

- PermiaCare can meet with key stakeholders to identify opportunities to collect information on people who frequently call the crisis line and develop plans to connect them to care and reduce their crisis service utilization.

## **9-1-1 and Dispatch**

### **Gaps**

- Although call takers do ask callers standard questions related to mental health, they do not receive specialized training on mental health beyond the standard 8-hour Texas Commission on Law Enforcement (TCOLE) training, which would help call takers identify symptoms associated with MI and support crisis de-escalation for people experiencing a mental health crisis.
- The Public Safety Communications Center does not screen callers for intellectual or developmental disabilities (IDD) in either crisis or non-crisis situations.
- Currently, dispatch centers have the ability to “flag” locations of or identify individuals who frequently experience mental health crises but it is not incorporated into the current processes.

### **Opportunities**

- Workshop participants shared plans to expand MH training for 911 and dispatch in the future. For example, PermiaCare can provide Mental Health First Aid training to Public Safety Communications Center dispatchers.
- The Public Safety Communications Center can institute a “flag system” to identify repeat calls for behavioral health crisis services for quick identification of potential mental health related calls. Trend analyses can also be conducted using this information and shared with relevant stakeholders.
- PermiaCare can work with local organizations such as Spectrum of Solutions to provide training on IDD to dispatchers and identify opportunities to educate people with IDD on how and when to contact 911 and other resources for help.

## **Healthcare**

### **Gaps**

- Oceans Behavioral Health does not accept individuals experiencing a behavioral health crisis if their IQ is less than 70.
- Access to detox facilities in Midland County is limited, particularly for people who are indigent.

## **Opportunities**

- PermiaCare can work with Permian Basin Behavioral Health Center to prioritize access to inpatient care for individuals with IDD and an IQ that is less than 70.

## **Law Enforcement and First Responders**

### **Gaps**

- Midland Police Department (PD) officers are not required to complete specialized mental health or IDD training beyond that which is provided in the training academy.
- The Sheriff's Office only has six Crisis Response Team deputies to serve the entire county, which limits their ability to respond to all mental health crisis calls.
- The time associated with transporting people in crisis, obtaining medical clearance, and connecting them with a private psychiatric bed limits officer capacity to perform other required job duties. Mental health calls take a lot of time to resolve, averaging around 4 hours. When the region is experiencing 10,000 calls per month, it affects the officers time to respond to other calls.
- Law enforcement throughout the county use different records management systems that do not allow for data sharing. Midland PD, the Sheriff's Office, Midland College PD, and Midland County Hospital District lack a formal channel for exchanging data concerning people who routinely experience mental health crises.
- Additional education is needed on how to complete a Notification of Emergency Detention, including who should complete the order and when it should be completed.
- Law enforcement lack formal training on how to respond to people with IDD.
- Midland PD does not have officers trained as certified mental health deputies.

### **Opportunities**

- PermiaCare can work with local law enforcement to identify additional training for police officers and sheriff's deputies on how to respond to mental health crisis calls and utilize diversion options.
- PermiaCare can work with Spectrum Solutions and local law enforcement to identify training opportunities for law enforcement on how to respond to people with IDD.

- The Public Safety Communications Center can share their internal behavioral health resource list with law enforcement to help identify appropriate diversion options for a person experiencing a mental health crisis.
- The Public Safety Communication Center can explore the development of a “flag” in the computer aided dispatch system that would help identify certain locations with repeat calls for service involving people with behavioral health conditions to improve safety for officers and individuals in crisis.
- Law enforcement agencies can meet on a regular basis to share information and identify trends related to mental health calls for service.
- The Midland County Sheriff’s Office has made available a mental health training course for all surrounding county law enforcement agencies.
- The Midland County Sherriff’s Office can provide Midland PD officers the mental health deputy training to strengthen capacity.

## **Crisis Services**

### **Gaps**

- Midland County leaders have had numerous conversations regarding the development of a crisis diversion center to divert people experiencing a crisis from the emergency room and local jail. However, there have been challenges moving from project planning to project implementation.

### **Opportunities**

- PermiaCare and other stakeholders can leverage existing planning efforts, including the developing plans for the Permian Basin Behavioral Health Center, to identify the most efficient and effective Diversion Center option for the region and then move forward with development.

## **Housing**

### **Gaps**

- PermiaCare has limited funding for transitional supportive housing and cannot meet current demand for these services.
- Stakeholders identified opportunities to strengthen relationships between justice, behavioral health and housing providers.
- People with criminal convictions have difficulty accessing housing subsidies or voucher programs administered by the Midland County Housing Authority.

- Midland County has few affordable housing options. Community pushback to the development of affordable housing prevents the development of more supportive housing for people with MI or a history of justice involvement.
- Criminal records present a significant barrier to accessing the limited affordable housing options that are available. For example, it is difficult to access HUD funding through the Texas Department of Housing and Community Affairs if the person has a criminal history.
- Permanent Supportive Housing funding has an automatic disqualifier for individuals charged with a sex offense or recent violence.

### **Opportunities**

- In the short term, increasing communication between housing and mental health providers can improve coordination of housing and supportive services for people with MI and a history of justice involvement who are experiencing housing instability.
- Expanding supportive housing options for people with MI who are experiencing housing instability or homelessness can help reduce mental health crises experienced by this population.

### **Peer Support**

#### **Gaps**

- Stakeholders identified a general lack of awareness of available peer services in Midland County.

#### **Opportunities**

- Relationships can be strengthened between Thriving United, justice system stakeholders, PermianCare, and other providers to expand access to peer services.

### **Special Populations**

#### **Gaps**

- Stakeholders noted a shortage of age-appropriate crisis response programs for children and youth experiencing a behavioral health crisis.
- There is a lack of training options available for law enforcement that support interactions with children and youth, particularly those experiencing a mental health crisis or those that have MI, SUD or IDD.
- There is a lack of awareness of IDD services available for both children and adults.

## **Opportunities**

- PermiaCare and other stakeholders can identify opportunities to expand crisis options for children and youth experiencing a behavioral health crisis to include access to inpatient psychiatric beds.
- Spectrum of Solutions can partner with education, behavioral health and justice system leaders to provide training on IDD.

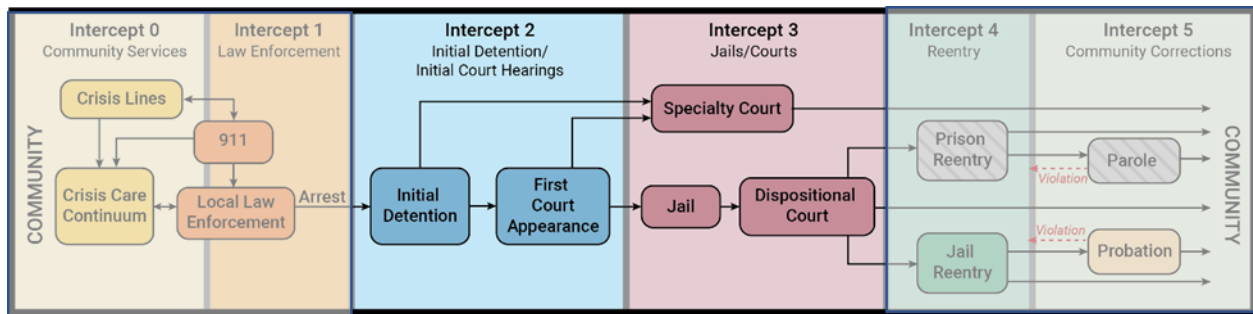
## **Data Collection and Information Sharing**

### **Gaps**

- Dispatch centers do not collect and track data on mental health calls for service, which makes analyzing trends difficult.
- Data is often not shared between the crisis line, MCOT, Midland Health, and law enforcement, leaving gaps in communication that could support a person's transition and continuity of care.

### **Opportunities**

- Collecting data on mental health calls for service in computer-aided dispatch systems can support better identification of the volume of calls related to mental health crises and corresponding need.
- Enhancing the knowledge of human service and social support providers on the range of services provided by PermiaCare and other providers can help improve the frequency and quality of referrals.
- Clarifying HIPAA-compliant information sharing between mental health providers and law enforcement for care coordination may increase efficiencies during mental health related calls for service.
- Developing a uniform data collection and reporting strategy to promote data sharing in instances when it is appropriate to do so and support crisis de-escalation and continuity of care for people experiencing mental health crises.



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## Intercept 2 and Intercept 3 Overview of Gaps and Opportunities

### Booking

#### Gaps

- Jail personnel and magistrates may not have the knowledge, tools, or resources to appropriately identify and report people suspected of having IDD.
- The volume of positive mental health screens at jail booking can overwhelm PermiaCare continuity of care staff embedded in jail.

#### Opportunities

- PermiaCare can monitor funding opportunities to expand continuity of care staff in the jail to support the demand for MH screening and assessment in Midland County Jail.

### Jail Medical

#### Gaps

- Children and youth in juvenile detention do not have access to psychiatric services.
- Medical detox services are not available within the jail. When medical detox is needed, the jail asks the court to bond the individual out so they can go to Springboard to receive detox services.
- Substance use services are not accessible in the Midland County Jail.

#### Opportunities

- PermiaCare can partner with the Midland County Sheriff's Office to identify opportunities to provide substance use services.

- Jail medical staff and jail administration can come together to identify opportunities to share information in a Health Insurance Portability and Accountability Act (HIPAA) compliant manner for trend analysis and continuity of care, particularly as it relates to people who screen positive for MI as contemplated in the Health and Safety Code (H&SC) 614.017.

## **Competence to Stand Trial**

### **Gaps**

- Participants reported issues with people waiting in jail for long periods of time for inpatient competency restoration services.
- The same forensic evaluation tool is used for justice-involved adults and youth, which may increase rates of youth found unfit to proceed due to neurocognitive development and an inability to fully understand judicial proceedings.

### **Opportunities**

- HHSC can provide training on competence to stand trial processes, quality competency evaluations, active waitlist management and court-ordered medications.
- Judges and prosecutors can divert more people found incompetent to stand trial into outpatient or jail-based competency restoration programs.
- PermianCare will monitor opportunities to expand funding for jail-based competency restoration programs.
- The county can implement a fitness to proceed evaluation tool that adequately considers the neurocognitive development of children and youth.

## **Pre-Trial Services**

### **Gaps**

- Risk assessment instruments are not being used to determine bond decisions.
- COVID-19 created a large backlog of people awaiting a court date. Some people waiting in jail for a court date have had their mental health symptoms worsen.
- Justice-involved youth have limited access to pre-trial mental health services.
- Probation is not included in pre-plea intervention assignment, which creates the need for additional assessment and assignment at probation intake.



## **Opportunities**

- A validated and reliable risk assessment instrument can be used to determine bonds and pretrial supervision.
- Specialized caseloads for people with MI are a best practice at the pretrial stage.
- Midland County can consider adopting a formalized pre-trial intervention (PTI) or pretrial mental health services for justice-involved youth.
- Midland County may consider including adult probation in pretrial assessment.
- Midland County can increase continuity of care with PermianCare to provide pre-trial mental health services.

## **Courts (Including Specialty Courts)**

### **Gaps**

- Midland County does not operate a MH pretrial diversion program.
- Successful completion of the Drug Court program can shorten the length of probation but does not result in dismissal of charges.
- Midland County lacks formal procedures for releasing people with MI or IDD on personal bonds.

### **Opportunities**

- Further training for judges on MI would help the courts better identify people's needs and clarify the right type of bond for their situation. Mental Health First Aid might be an option and could be conducted by PermianCare.
- Increasing coordination between the courts and the District Attorney's office could help identify candidates for diversion.
- Midland County can establish a family drug court for justice-involved youth and their families with substance use concerns.
- Stakeholders can explore CCP 17.032, a provision that allows for the release of certain people with MI and IDD on a personal bond.

## **Data Collection and Information Sharing**

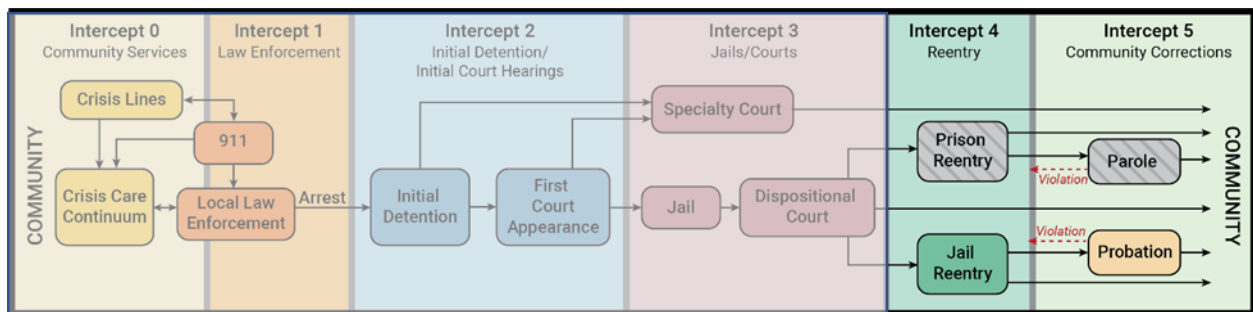
### **Gaps**

- Midland Health, Midland Police Department, Midland County Sheriff's Department, Midland County Jail, PermianCare, and the judiciary lack a standard protocol for information sharing between entities.

- SUD assessments are conducted pretrial, but the assessment results are not shared with the District Attorney’s office.
- A release of information (ROI) allows jail, court, and behavioral health personnel to share information to support an individual’s continuity of care. An ROI is not offered until an individual is released, as part of their adult probation packet.

## Opportunities

- Offering an ROI to people suspected of having a behavioral health condition at booking, if they are in a condition to provide informed consent, can help ensure people qualify for MH court or other pretrial programs and gain access to MH care while justice involved.
- Ensuring court professionals’ awareness of existing behavioral health services can help to increase referrals to treatment and opportunities for diversion.
- Strengthening data collection and information sharing across the SIM.
- Developing protocols for sharing aggregated data can help all system stakeholders assess trends in services while also protecting people’s private health information.



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## Intercept 4 and Intercept 5 Overview of Gaps and Opportunities

### Jail Services

#### Gaps

- PermiaCare staff embedded in the jail have limited ability to support people with behavioral health concerns who refuse services.
- Medicaid benefits are often terminated for people who are in jail for periods of time greater than 30 days, which can delay access to necessary care upon reentry.

## **Opportunities**

- PermiaCare and Midland County Sheriff's Office can implement a program for those who deny services inside the jail, to be reengaged when they return to the community.
- Peers can co-locate in jails to help provide people reentering the community a warm handoff to appropriate behavioral health care or social services providers.
- Midland County can explore utilizing a state program that allows for suspension rather than termination of Medicaid benefits for people who are in jail for more than 30 days to help improve access to care upon reentry.

## **Community Reentry**

### **Gaps**

- Limited affordable housing stock and stringent housing eligibility criteria create barriers in obtaining safe and stable housing for people reentering the community.
- People who lack identification upon community reentry experience additional barriers in obtaining safe and stable housing.
- A lack of information on a person's release date creates barriers to coordinating reentry services with providers outside of jails.
- Limited access to transitional services and the duration between jail release and adult probation can create barriers to service engagement.
- Limited access to private or public transportation can inhibit access to services.

### **Opportunities**

- Jail providers can implement processes to help people obtain photo identification prior to community reentry.
- Peers can help people reenter the community with transportation and support to obtain the appropriate documentation needed for government issued identification.
- Midland County can support or expand access to transitional services between community reentry and adult probation including housing, employment, and peer support.
- PermiaCare has tracked numbers of individuals released from jail this last year and can share the data.

## **Probation and Parole**

### **Gaps**

- A lengthy waitlist to receive services for justice-involved children and youth creates delays in the provision of care.
- The availability of in-person MH and SUD services are limited by the lack of local service providers.
- Parent or guardian reluctance to engage in support services inhibits the provision of care to justice-involved children and youth.

### **Opportunities**

- Social service and behavioral health providers can employ Certified Family Partners to help engage parents and guardians in the treatment of justice-involved children and youth.
- Additional MH training can be provided for probation officers.
- Leverage Thriving United to link people on probation and parole to peer support networks.

## Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Workshop participants were asked to identify a possible set of priorities followed by a vote with each participant having three votes. The voting took place on May 16, 2022. The top five priorities are highlighted in bold text.

Rank	Priority	Total Votes
<b>1</b>	<b>Expand crisis options through the development of a diversion center.</b>	<b>16</b>
<b>2</b>	<b>Develop a county-wide data strategy.</b>	<b>15</b>
<b>3</b>	<b>Enhance continuity of care for justice-involved youth.</b>	<b>8</b>
<b>4</b>	<b>Improve education, training and services for people with IDD.</b>	<b>7</b>
<b>5</b>	<b>Develop a mental health task force to improve diversion and crisis response.</b>	<b>7</b>
6	Expanding training and education across the SIM on evidence-based practices and trauma-informed care.	6
7	Improve early identification of people with mental health need and expand diversion options through information sharing.	5
8	Expand peer support across the SIM.	3
9	Enhance court-based programming for people with MI, SUD, and/or IDD.	3

<b>Rank</b>	<b>Priority</b>	<b>Total Votes</b>
10	Develop a county strategy to expand the behavioral health and justice workforce.	3
11	Pilot an initiative focused on people who frequently cycle through crisis, housing and justice systems.	2
12	Increase access to substance use services inside the jail.	2
13	Develop a respite center.	1
14	Expand housing options for people who are justice involved.	0

## Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top five priorities for change. This section includes action plans developed by Midland County stakeholder workgroups as well as additional considerations from HHSC staff on resources and best practices that could help to inform implementation of each action plan.

The following publications informed the additional considerations offered in this report:

- [All Texas Access Report](#), Texas Health and Human Services Commission
- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation
- [Texas Statewide Behavioral Health Strategic Plan Update](#), Texas Statewide Behavioral Health Coordinating Council
- [Texas 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
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates

Finally, there are two overarching issues that should be considered across all action plans outlined below.

The first is equity and access. While the focus of the SIM Mapping Workshop is on people with behavioral health needs, disparities in healthcare access and criminal justice involvement can also be addressed to ensure comprehensive system change.

The second is trauma. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life<sup>2 3</sup>. It is critical that both the healthcare and criminal justice systems be trauma-informed

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<sup>2</sup> Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders*. Corrections Today.

<sup>3</sup> Steadman, H.J. (2009). *[Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative]*. Unpublished raw data.

and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:

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



## Priority One: Expand crisis options through the development of a Permian Basin diversion center.

Objective	Action Steps	Who	When
Identify Additional Stakeholders	<ul style="list-style-type: none"> <li>Identify additional stakeholders to support Diversion Center planning, including: County Commissioners; County Sheriff’s Office; City – Medical, EMS, City Council and City Manager; Midland Health; Police Departments; and Juvenile and Adult Probation</li> </ul>	PermiaCare	End of September
Establish a Diversion Center Work Group	<ul style="list-style-type: none"> <li>Establish a Diversion Center workgroup that meets regularly to support ongoing planning and implementation of the Diversion Center. Stakeholders should include those who participated in the SIM Mapping Workshop planning session as well as additional individuals identified above.</li> </ul>	PermiaCare	End of October
Assess Location and Funding Options	<p>Identify potential locations for the Diversion Center and assess funding options to support both startup costs as well as ongoing operations. Three initial action items:</p> <ul style="list-style-type: none"> <li>Address commissioners’ courts to request funding and support for the Diversion Center.</li> <li>Consider use of ARPA funds and other federal resources to support startup costs and ongoing operations.</li> <li>Provide education on the overall benefit of the diversion center to key stakeholders, including law enforcement, hospitals, PermiaCare, the judiciary, and the prosecutor’s office.</li> </ul>	PermiaCare  County District Attorney’s Office  Designated Workgroup Members	End of October
Determine Access and Eligibility	<p>Determine who is eligible for the Diversion Center and how individuals will access it.</p> <ul style="list-style-type: none"> <li>Develop a scope of who is eligible to go to the facility;</li> <li>Discuss how drop off would occur; and</li> <li>Discuss what to do after someone has been evaluated and clarify for law enforcement what to expect.</li> </ul>	PermiaCare  District Attorney’s Office and law enforcement stakeholders	TBD
Develop Operation Plans	<p>Develop operational plans, including:</p> <ul style="list-style-type: none"> <li>Conduct site visits to other locations (e.g., Tarrant County, Harris County)</li> <li>Connect with other counties who are planning a diversion center (e.g., Bell County, Lubbock County)</li> <li>Identify best practices.</li> <li>Establish a phased approach to Diversion Center development:               <ul style="list-style-type: none"> <li>Phase One: Initial evaluation and diversion</li> </ul> </li> </ul>	Designated Workgroup Members	TBD

Objective	Action Steps	Who	When
	<ul style="list-style-type: none"> <li>○ Phase Two: Provide short term housing</li> <li>○ Phase Three: Provide transitional housing for extended periods</li> <li>● Determine initial clinical/medical services and other supports that will be available at the Diversion Center.</li> </ul>		

### Additional Considerations

**Conduct a comprehensive needs assessment** by analyzing existing data to make a case for the development of a diversion center. Where data doesn't exist, stakeholders can discuss plans to collect and track additional measures. Data gathered to inform the development of the Harris County Diversion Center and other Mental Health Drop-Off Facilities include<sup>4</sup>:

- MCOT dispatch data
- Number of crisis line calls
- Number of emergency department hospitalizations for psychiatric reasons
- Daily jail population
- Percent of people in jail who have serious mental health issue
- Percent of people in jail with low-level misdemeanors
- Percent of people in jail with low-level misdemeanors who screened positive for MI
- Number of jail bookings for a specific period
- Number of jail bookings for low-level misdemeanors during that same period
- Number of jail bookings for people who screened positive for MI during that same period
- Average length of stay for this population
- Average cost to house people with mental health issues in jail

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

- [Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners](#), developed by Justice System Partners, provides practical

<sup>4</sup> *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

guidance from Harris County for planning a crisis diversion center including, laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability.

- [A Community Guide for Development of a Crisis Diversion Facility](#), by Health Management Associates (HMA), outlines key considerations for planning and managing a crisis diversion facility.<sup>5</sup> The guide outlines potential services; roles and responsibilities across local stakeholders; the role of data in informing planning and ongoing program improvement; and funding strategies. HMA also produced a [companion document](#) which provides case studies of communities in Arizona, South Dakota, Tennessee and San Antonio.<sup>6</sup>
- [Blueprint for Success: The Bexar County Model, How to Set Up a Jail Diversion Program in Your Community](#) was produced by the National Association of Counties, in partnership with Bexar County, on setting up jail diversion programs. This provides an overview of the diversion center, steps taken for enlisting community support, funding, etc.<sup>7</sup>
- [Roadmap to the Ideal Crisis System, National Council for Behavioral Health](#) has a section titled, Elements of the Continuum, Crisis Center or Crisis Hub (Pg. 88), which describes the role a crisis center can play within the local crisis system. The section provides an overview of services you may want to consider, and shares examples of crisis hubs in states across the country.<sup>8</sup>

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

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<sup>5</sup> *A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis*. Health Management Associates (2020, February). Retrieved 16 June 2022, from [https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityGuidebook\\_v6.pdf](https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityGuidebook_v6.pdf). Retrieved 16 June 2022, from

<sup>6</sup> *Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response*. Arnold Ventures. (2020, February). Retrieved 9 September 2022, from [https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityReport\\_v7.pdf](https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityReport_v7.pdf).

<sup>7</sup> *Blueprint for Success: The Bexar County Model: How to Set up a Jail Diversion Program in Your Community*. The National Association of Counties (2010, August 11). Retrieved 16 June 2022, from <https://www.naco.org/sites/default/files/documents/Bexar-County-Model-report.pdf>.

<sup>8</sup> *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response*. The National Council for Mental Wellbeing (2021, March). Retrieved 16 June 2022, from [https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721\\_GAP\\_CrisisReport.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf).

- Initially, the Harris County Diversion Center determined that the diversion center would be voluntary, and that diversion was appropriate for individuals who:
  - Committed low-level, non-violent crimes;
  - Appear to have a MI or have a documented history of MI;
  - Have a mental health need contributing to their offending conduct;
  - Do not pose a public safety threat;
  - Are 18 and over;
  - Do not appear to be in mental health crisis and do not meet the criteria for Emergency Detention Order (not likely to harm self or others); and
  - Have no open warrants or detainers.

Harris County stakeholders also agreed on disqualifiers, including individuals charged with the following offenses: domestic violence offenses, assault, terroristic threat weapons offenses (e.g. discharging a firearm, deadly conduct), driving while intoxicated, burglary of a motor vehicle, and any offense where public safety could be compromised.<sup>9</sup>

## **Work Group Members**

Carol O'Shawnessy, Midland Health; Todd Luzadder, PermiaCare; Ashlea White, Midland CSCD; Joshua Alaniz, PermiaCare; Chris Barnhill, PermiaCare; Allen Bell, Midland County Adult Probation; Laura Nodolf, Midland County District Attorney's Office; Russell Myers, Midland Health; Samuel Garces, Midland Sheriff's Office; Representatives from Ector County and the City of Odessa.

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<sup>9</sup> *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

## Priority Two: Develop a County-Wide Data Strategy

Objective	Action Steps	Who	When
Inventory Existing Data Collection Efforts	<ul style="list-style-type: none"> <li>Identify existing data systems used across behavioral health and justice systems in Midland County and what data is collected through those systems.</li> <li>Begin to assess what might be pertinent to share across stakeholders.</li> <li>Poll stakeholders to better understand what would be valuable to collect and track as a community.</li> </ul>	PermiaCare UTPB	November 2022 – May 2023
Identify Goals for Data Collection and Data Sharing and Develop Specific Use Cases	<ul style="list-style-type: none"> <li>Clarify goals for data sharing and develop specific use cases to help illustrate what types of data sharing will be most useful for the community. For example, this might include:               <ul style="list-style-type: none"> <li>Data dashboards on key data elements across the SIM to assess community trends and inform high level policy;</li> <li>Frequent utilizer analysis to identify people cycling across systems and develop strategies to engage them in services;</li> <li>ROI at initial booking to share data across agencies; and</li> <li>Data to inform 911 call taking and officer response to people to people experiencing a mental health crisis.</li> </ul> </li> </ul>	PermiaCare UTPB	November 2022 – May 2023
Learn from Other Communities	<ul style="list-style-type: none"> <li>Research national data initiatives and connect with Texas counties who are leading efforts to improve data collection and data sharing.</li> </ul>	PermiaCare UTPB	
Analyze Data	<ul style="list-style-type: none"> <li>Conduct an initial analysis of available data</li> <li>Use data to identify trends in the community as well as gaps in services.</li> <li>Use initial analysis to help build a case for what is needed and advocate for additional funding.</li> </ul>	PermiaCare Midland Health UTPB Midland County Courts	

### Additional Considerations

**Clarify goals for data sharing and data integration for Midland County and develop potential use cases** to guide planning efforts. Information sharing across behavioral health and criminal justice systems is critical to reducing the number of people with MI and SUD in jails. We know that tracking aggregate trends can help

key decision makers develop policy and funding strategies to support people with MI, SUD, and or IDD in the community. And at the point of service, the availability of information related to the person's treatment history and condition can enhance safety, improve the individual's health and support recovery outcomes. With this in mind, we suggest stakeholders consider convening a work group to clarify data sharing goals for the community. Examples of goals might include:

- Track key criminal justice and behavioral health trends across Midland County to inform policy, planning, and funding.
- Identify people cycling through jails, emergency rooms, and crisis services and develop new plans for engaging them in care in the community.
- Improve continuity of care for people who are justice-involved upon return to the community.
- Support 911 dispatchers and law enforcement in identifying people who might need mental health support and be eligible for diversion based on previous contacts with the public mental health system.

**Assess the availability of baseline data across the SIM.** A few key resources can help guide this assessment, including:

- The Community Impact Measures collected in preparation for the SIM Mapping Workshop. See **Appendix C** for more detail.
- SAMHSA's manual, [Data Collection Across the Sequential Intercept Model: Essential Measures](#), is a great resource that recommends data elements organized around each of the six SIM intercepts. Each section lists data points and measures that are essential to addressing how people with MI and SUD flow through that intercept. The sections also cover common challenges with data collection and ways to overcome them, along with practical examples of how information is being used in the field.

**Review national and state data sharing guidelines.**

- [Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#), is a report from the Council of State Governments Justice Center's Criminal Justice and Mental Health Consensus Project that was developed to help criminal justice officials work with health professionals to better use both systems' information, when appropriate, to reduce criminal justice involvement among people with MI and to provide better links to treatment. The guide explains the federal legal framework and how it relates to state laws. It describes how HIPAA and 42 Code of Federal Regulations (CFR) Part 2 may affect exchanges among behavioral health care; law enforcement; courts; jails and prisons; and

probation and parole professionals. It reviews the circumstances under which protected health information can be released and received and offers answers to scenario-based frequently asked questions.<sup>10</sup>

- [Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions](#), compiles strategies presented at the 2018 Best Practices Implementation Academy convened by SAMSHA’s GAINS Center to enable appropriate information sharing between healthcare and criminal justice agencies.<sup>11</sup>
- See **Appendix D** for some relevant Texas and federal privacy and information sharing provisions.

### **Learn from national efforts and other Texas communities.**

In 2016, the U.S. Department of Justice’s Bureau of Justice Assistance (BJA) launched an online toolkit in partnership with the Council of State Governments (CSG) Justice Center that supports law enforcement agencies around the country in planning and implementing effective public-safety responses to people who have MI.<sup>12</sup> One key component is the identification of [four key outcomes of Police-Mental Health Collaboration effectiveness](#)<sup>13</sup>:

- Increased connections to resources;
- Reduced repeat encounters with law enforcement;
- Minimized arrests; and
- Reduced use of force encounters with people who have mental health needs.

Texas counties have joined national data initiatives like the Stepping Up Initiative to reduce the number of people with MI in jail. In early 2019, Lubbock County became one of 15 counties nationwide nominated as a [Stepping Up Innovator County](#). Lubbock County has implemented strategies to accurately identify people in jails who have SMI; collect and share data on people to better connect them to

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<sup>10</sup> *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*. Council of State Governments Justice Center. (2010). Retrieved 9 September 2022, from <https://csgjusticecenter.org/publications/information-sharing-in-criminal-justice-mental-health-collaborations/>.

<sup>11</sup> *POINT-OF-SERVICE INFORMATION SHARING BETWEEN CRIMINAL JUSTICE AND BEHAVIORAL HEALTH PARTNERS: ADDRESSING COMMON MISCONCEPTIONS*. National Association of Counties. (2018, September). Retrieved 13 September 2022, from <https://www.naco.org/blog/point-service-information-sharing-between-criminal-justice-and-behavioral-health-partners>.

<sup>12</sup> *Police Mental Health Collaboration (PMHC) Toolkit*. Bureau of Justice Assistance. (n.d.). Retrieved 8 July 2022, from <https://bja.ojp.gov/program/pmhc/about>.

<sup>13</sup> Council of State Governments Justice Center. (2018). *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People who have Mental Health Needs*. Retrieved 13 September 2022, from <https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf>.

treatment and services; and use this information to inform local policies and practices. The four key measures of the Stepping Up initiative are<sup>14</sup>:

- Number of bookings;
- Average length of stay;
- Connections to treatment and services; and
- Recidivism for the general population and for people identified as having serious mental illness (SMI) to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas.

That National Association of Counties (NACo) launched the [Familiar Faces Initiative](#) (formally known as Data Driven Justice Initiative) to improve outcomes and lower incarceration rates for people who frequently cycle through jails, homeless shelters, emergency departments and other local crisis services. Through the Familiar Faces Initiative, the NACo empowers communities to share data and integrate care options between health and justice systems so they can intervene earlier, improve outcomes and reduce incarceration and hospitalization rates. NACo has a number of resources to support data sharing, including:

- The [Familiar Faces Initiative Playbook](#) is designed to help guide the development of a multi-system strategy to successfully divert familiar faces, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.
- [Issue Briefs](#) for key stakeholders, including behavioral health and social service providers, criminal justice coordinators, courts, probation, elected officials, law enforcement, corrections, and IT and data analysts on the role they can each play in support local Familiar Faces efforts.
- [Data sharing examples](#), [implementation resources](#), and [case studies](#) that can support Midland County data efforts. Workshop participants requested examples of data sharing agreements. Below are a few made public by the Familiar Faces Initiative:
  - [Data Use Agreement: An Example from King County, Wash.](#)
  - [Information Sharing MOU: An Example from Gila County, Ariz.](#)
  - [Confidentiality Agreement: An Example from Johnson County, Kan.](#)

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<sup>14</sup> *Stepping Up Together*. The Stepping Up Initiative. Retrieved 6 April 2022, from <https://stepuptogether.org/>.



- [Business Associate Agreement: An Example from Johnson County, Kan.](#)
- [Sample Business Associate Agreement Provisions](#)
- [Using an MOU to Formalize Goals and Establish Data Sharing: An Example from Codington County, S.D.](#)

## Priority Three: Enhance Continuity of Care for Justice-Involved Youth

Objective	Action Steps	Who	When
Provide Community Education on the Impact of Justice Involvement for Children and Youth with MI, SUD, and/or IDD	<ul style="list-style-type: none"> <li>• Create a presentation outlining the Midland County juvenile justice system, including opportunities for intervention for youth with MI, SUD, and/or IDD.</li> <li>• Create a list of key organizations, starting with schools for the 2022-23 school year, identify dates, and send invitations.</li> </ul>	Midland Juvenile Probation Department (MJPD)  PermiaCare  Thriving United  Springboard	Fall 2022  Preview presentation by end of October. First presentation by end of Nov.
Establish a Juvenile Justice Workgroup	<ul style="list-style-type: none"> <li>• Establish a juvenile justice workgroup with focus groups that address continuity of care for youth at risk of justice involvement.</li> <li>• Identify key stakeholders and community members to be involved, including: Child services agencies, Community in Schools; PDs; LMHA; DFPS; JPD; Non-profits; hospital; and providers</li> <li>• Set the date for the first meeting (after community-wide presentation).</li> <li>• Create an agenda.</li> <li>• Send invitations.</li> </ul>	MJPD	By the end of Sept. 2022
Identify Early Intervention Approaches	<ul style="list-style-type: none"> <li>• Inventory early intervention approaches for youth with MI, SUD, and/or IDD.</li> <li>• Provide staff education to school staff and early childhood programs.</li> <li>• Provide education on ACE assessments and their utilization across all agencies working with children.</li> </ul>	Midland Health and Others as Determined	By May 2023
Improve Reentry Services and Coordination for Justice-Involved Youth	<ul style="list-style-type: none"> <li>• Inventory existing reentry services for justice-involved youth and identify gaps and opportunities, including community resources for aftercare.</li> <li>• Develop a system to identify youth returning to the community from both placement and TJJD commitment.</li> <li>• Streamline communication between services, schools and JPD.</li> </ul>	MJPD  Juvenile Justice Workgroup	By May 2023
Conduct a Youth SIM Mapping of Midland County	<ul style="list-style-type: none"> <li>• Work with HHSC's Office of the State Forensic Director to explore youth SIM Mapping options.</li> </ul>	PermiaCare  MJPD	By November 2023

## Additional Considerations

**Review national guidelines on effective juvenile justice prevention and diversion strategies.** The National Center for State Courts developed the [Juvenile Justice Mental Health Diversion Guidelines and Principles](#) to outline critical components to effectively diverting youth with mental health needs from juvenile justice involvement. The guidelines identified are:<sup>15</sup>

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

**Review the Office of Juvenile Justice and Delinquency Prevention’s [Model Programs Guide](#) for evidence-based juvenile justice and youth prevention, intervention and reentry programs.** The Council of State Governments Justice Center developed a brief, [How to Use an Integrated Approach to Address the Mental Health Needs of Youth in the Justice System](#), that identifies the collaborative role that juvenile justice stakeholders play in preventing juvenile justice involvement. The roles identified include:<sup>16</sup>

- Families should have youth assessed and enter them into treatment when there is a suspected mental health condition or significant change in behavior.
- Schools should hire more mental health clinicians who are able to screen, assess, and provide interventions to youth.

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<sup>15</sup> *Juvenile Justice Mental Health Diversion: Guidelines and Principles*. National Center for State Courts. (2022). Retrieved 16 June 2022, from [https://www.ncsc.org/\\_data/assets/pdf\\_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf](https://www.ncsc.org/_data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf).

<sup>16</sup> *How to Use an Integrated Approach to Address the Mental Health Needs of Youth in the Justice System*. Council of State Governments Justice Center. (2022). Retrieved 16 June 2022, from [How to Use an Integrated Approach to Address the Mental Health Needs of Youth in the Justice System \(csgjusticecenter.org\)](https://www.csgjusticecenter.org).

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

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

- Critical Intervention Mapping is based on the National Center for Mental Health and Juvenile Justice’s (NCMHJJ) guide, [Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System](#).<sup>17</sup> This guide identifies ways to develop partnerships between juvenile justice and behavioral health systems to increase diversion and access to the most effective mental health treatment. The model identifies the following cornerstones to improving the delivery of mental health services to youth in contact with the juvenile justice system: 1) Collaboration; 2) Identification; 3) Diversion; 4) Treatment.

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

- The Harris Center has implemented a [Critical Intervention Mapping and Action Planning Workshop](#) in Harris County.<sup>18</sup> In October 2020, The National Center for Youth Opportunity and Justice (NCYOJ) and Policy Research Associates (PRA) facilitated this workshop. The workshop was modeled on

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<sup>17</sup> *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. The National Center for Mental Health and Juvenile Justice (2007). Retrieved 16 June 2022, from <https://ncyoj.policyresearchinc.org/img/resources/Blueprint-for-Change-A-Comprehensive-Model-638003.pdf>.

<sup>18</sup> *Critical Intervention Mapping and Strategic Planning- Harris County, Texas*. Policy Research Associates (2020). Retrieved 16 June 2022, from [https://justiceinnovation.harriscountytexas.gov/Portals/51/Documents/Harris%20County%20CIM%20Report.pdf?ver=EF1LZ\\_R38Vm6po5tcSotMq%3d%3d](https://justiceinnovation.harriscountytexas.gov/Portals/51/Documents/Harris%20County%20CIM%20Report.pdf?ver=EF1LZ_R38Vm6po5tcSotMq%3d%3d).

the guide developed by NCMHJJ and targeted the following intercepts or intervention points: 1) Communities and Schools; 2) Initial Contact with Law Enforcement; 3) Intake and Detentions; 4) Judicial Processing; 5) Probation and Secure Placement; 5) Reentry.

### **Workgroup Members**

Amanda Peters Britton, MJPB; Joelle Bracken, Midland Independent School District; Michelle Barnes, PermianCare; Michelle McClellan, Midland Health; Jennifer Bolin, Thriving United; Carmen Harris, PermianCare

## Priority Four: Improve education, training and services for people with MI and IDD.

Objective	Action Steps	Who	When
Asses Existing Training Resources	<ul style="list-style-type: none"> <li>Inventory and assess existing mental health and IDD training resources. Organization to engage include PermiaCare, the Community Resource Coordination Group, Private Providers Association of Texas (PPAT), the Texas Council of Community Centers, Communities in Schools (Sarah Fanucci), The Arc of Texas, Disability Rights of Texas, and MentalhealthTX.org.</li> <li>Where gaps exist, begin to identify resources that could support the development of new training content.</li> </ul>	SOS PermiaCare	By end of September 2022
Conduct a Community Needs Assessment for Training on Mental Health and IDD	<ul style="list-style-type: none"> <li>Identify potential stakeholders who may want mental health and IDD trainings. Workgroup members identified an initial list, including the District Attorney's Office, Law Enforcement, Midland County Jail: Jailers/Probation, Hospitals/ERs. Schools, Faith based organizations, Court Appointed Special Advocates (CASA), Community Health Clinic, Thriving United, Community Resource Coordinating Group, and 911 / Dispatch.</li> <li>Conduct a stakeholder assessment to identify opportunities to support training on mental health and IDD by surveying those listed above to understand:               <ul style="list-style-type: none"> <li>Each stakeholder groups existing understanding of MI and IDD and how that might vary through the organization;</li> <li>Existing trainings offered to each stakeholder group on MI or IDD, whether they are mandatory, what they cover, and how often they occur; and</li> <li>Each stakeholder's specific goals for additional training, and how PermiaCare and SOS might best meet those goals.</li> </ul> </li> </ul>	SOS PermiaCare	By end of December 2022
Develop Training	<ul style="list-style-type: none"> <li>Collaborate with PermiaCare, SOS and stakeholder groups to develop tailored training curriculums.</li> <li>Consider specific areas of focus, for example:               <ul style="list-style-type: none"> <li>Identifying signs of MI or IDD;</li> <li>Responding to people with MI and IDD in moments of crises;</li> <li>Community resources for people with MI and/or IDD and their families; and,</li> <li>The impact of justice involvement on people with MI and/or IDD.</li> </ul> </li> </ul>	PermiaCare SOS	By end of January 2023

Objective	Action Steps	Who	When
Schedule Trainings	<ul style="list-style-type: none"> <li>• Work with each stakeholder group to schedule mental health and IDD trainings. Consider:               <ul style="list-style-type: none"> <li>○ Lunch and learns;</li> <li>○ Community BBQs;</li> <li>○ Law Enforcement trainings at morning roll call meetings; and,</li> <li>○ Virtual options.</li> </ul> </li> </ul>	PermiaCare SOS	June 2023
Develop a Training Evaluation Plan and Track Training Outcomes	<ul style="list-style-type: none"> <li>• Develop a plan for evaluating trainings and tracking key training outcomes. Initial metrics identified by the workgroup included:               <ul style="list-style-type: none"> <li>○ Attendees</li> <li>○ Agencies served</li> <li>○ General feedback from participants.</li> </ul> </li> </ul>	PermiaCare SOS	Ongoing
Identify Funding Sources to Support Trainings	<ul style="list-style-type: none"> <li>• Potential funding needs:               <ul style="list-style-type: none"> <li>○ Curriculum development;</li> <li>○ Refreshments;</li> <li>○ Trainers.</li> </ul> </li> <li>• Potential funding sources:               <ul style="list-style-type: none"> <li>○ Grants;</li> <li>○ Communities and Schools;</li> <li>○ Med Ed Foundation; and</li> <li>○ High Sky/Buckner.</li> </ul> </li> </ul>	PermiaCare SOS	6 Months

### Additional Considerations

**Review existing mental health and IDD trainings offered by PermiaCare and other LMHAs and consider what might be utilized or tailored for specific stakeholders. For example, PermiaCare offers:**

- [Mental Health First Aid](#) teaches participants how to identify, understand and respond to signs of MI and SUD. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
- [Applied Suicide Intervention Skills Training \(ASIST\)](#) is a 2-day training program that teaches participants how to assist those at risk for Suicidal Thinking, Behavior, Attempts. Although many healthcare professionals use ASIST, anyone 16 years or older can use the approach, regardless of professional background. ASIST workshops cost money to attend, with cost varying by training site.
- [Assess Support Know: Suicide Prevention Training](#), AS+K? About Suicide to Save A Life (Basic) provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective

factors. In this one-hour e-learning based course, participants are trained to recognize warning signs—behaviors and characteristics that might indicate elevated risk for suicidal behavior—and the initial intervention steps to support a person they think might be at risk for suicide.

**Review the MentalHealthTX.org eLearning hub.** eLearning resources on MentalHealthTX.org were developed to bring more knowledge and understanding to the general public about behavioral health conditions. Learning modules are available to the public, are completely anonymous and give the opportunity for individuals to review what they have learned upon completion. Each module has resources that might be helpful in planning trainings.

**Utilize existing evidence-based trainings for identified stakeholders.**

Existing evidence-based trainings that can support Midland County mental health and IDD training goals include:

- [Crisis Intervention Team Training](#) (Intended audiences are law enforcement and jail staff)
- [Mental Health First Aid](#), [3 Bold Steps – Promoting Student Mental Health](#) and [Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities](#) (Intended audience is schools)

**Beyond tracking attendees and soliciting general feedback from training participants, try to identify opportunities to assess changes in attitudes and changes in behavior.** For example, [research on Crisis Intervention Team Training for law enforcement](#) has looked at both officer attitudes and officer-level outcomes:<sup>19</sup>

- Improvements in attitudes and a reduction of stigma in police officers who received mental health training
- Officer satisfaction and self-perception of a reduction in the use of force
- Officer self-perception of the need to escalate to the use of force in a hypothetical mental health crisis encounter
- Increased verbal negotiation as the highest level of force used, increased referrals to mental health units, decreased arrests

## **Workgroup Members**

Kayla Minchew, MARC; Coleman Sneed, Spectrum of Solutions; Pam Shurley, PermiaCare

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<sup>19</sup> *Effectiveness of Police Crisis Intervention Training Programs*. Journal of the American Academy of Psychiatry and the Law Online September 2019, JAAPL.003863-19; DOI: <https://doi.org/10.29158/JAAPL.003863-19>.



## **Priority Five: Expand the existing jail diversion task force into a broader mental health task force to improve diversion and crisis response.**

<b>Objective</b>	<b>Action Steps</b>	<b>Who</b>	<b>When</b>
Establish a Law Enforcement and PermiaCare Led Mental Health Task Force	<ul style="list-style-type: none"> <li>• Develop a participant list that includes Midland PD, Midland SO, Midland College, MFSD, Midland Health, PermiaCare, Rivercrest, and Oceans.</li> <li>• Identify a location for the meeting and determine whether virtual attendance will be an option.</li> <li>• Clarify goals for the taskforce and develop an agenda for the kick-off meeting.</li> <li>• Send invitations.</li> </ul>	PermiaCare	Send invites by September 30, 2022
Host Law Enforcement Led Mental Health Task Force	<ul style="list-style-type: none"> <li>• Host kick off-meeting.</li> <li>• Establish topical workgroups:               <ul style="list-style-type: none"> <li>○ Policies and protocols (e.g., medical clearance)</li> <li>○ Legal trainings (e.g., emergency detention orders)</li> <li>○ Case reviews</li> <li>○ Data</li> </ul> </li> </ul>	MCSO PermiaCare	Host first meeting in November
Explore Opportunities to Bolster Law Enforcement Response to People Experiencing a Mental Health Crisis	<ul style="list-style-type: none"> <li>• Explore national and state best practices:               <ul style="list-style-type: none"> <li>○ Co-Responder Teams</li> <li>○ Telehealth Co-Response</li> <li>○ MH flags for law enforcement and dispatch</li> <li>○ Mental Health Deputies</li> </ul> </li> <li>• Identify key partners:               <ul style="list-style-type: none"> <li>○ Contracts between police departments and PermiaCare.</li> </ul> </li> <li>• Explore potential funding sources.</li> </ul>	PermiaCare MCSO Midland PD Chief	
Follow up with Midland Police Department about Piloting MH Deputies	<ul style="list-style-type: none"> <li>• Approval from Chief</li> <li>• Staffing position</li> <li>• Education on process and procedures</li> </ul>	Midland PD Chief  PermiaCare	

### **Additional Considerations**

**Review Intercept 1 Best Practices and determine which programs might be a good fit for Midland County.**

*Mental Health Deputies:* Mental health deputies are officers trained in crisis intervention who work collaboratively with the community and the LMHA's crisis response teams.

- Texas Mental Health Deputy Programs:
  - Center for Life Resources: Brown (pop. 37,805), Coleman (pop. 8,281), Mills (pop. 4,877) and Eastland (pop. 18,289) counties
  - ACCESS: Anderson (pop. 57,917) and Cherokee (pop. 52,341) counties
- Key Resources:
  - The Bureau of Justice Assistance developed [focused tools](#) for law enforcement agencies interested in expanding their knowledge base and starting or enhancing police-mental health collaborations. Resources include training modules, planning and implementation guides, guidance on measuring performance of police-mental health collaboration, and other resources.

*Law Enforcement and Mental Health Co-Responder Models:* Co-responder models are paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Co-response units, especially those with the capability of responding to real-time crises, are associated with greater linkage to treatment and fewer arrests.<sup>20</sup>

- Texas Co-Responder Programs:
  - Betty Hardwick Center
  - StarCare Center: Hockley County (pop. 22,986)
  - Border Region Behavioral Health Center: Webb (pop. 274,847) and Starr (pop. 64,032) Counties
  - Tropical Texas Behavioral Center: Hidalgo County (pop. 861,137)
  - Andrews Center: Smith County (pop. 230,184)
  - Gulf Bend Center
- Key Resources:
  - [Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#)

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<sup>20</sup> Gilla K. Shapiro, A. Cusi, Maritt Kirst, Patricia O'Campo, Arash Nakhost, Vicky Stergiopoulos, "Co-responding Police-Mental Health Programs: A Review," *Administration and Policy in Mental Health and Mental Health Services Research* 42 (September 2015): 606, <https://doi.org/10.1007/s10488-014-0594-9>.

is a policy brief developed by Policy Research Associates and the National League of Cities to provide guidance on developing co-responder programs.

- The Council of State Governments Justice Center developed a brief titled, [Developing and Implementing Your Co-Responder Program](#), to provide tips of successful implementation of co-responder programs.

*Remote Co-Response:* Remote co-responder programs pair law enforcement officers with access to virtual clinicians to support crisis response and diversion. Benefits of the program include quick access to behavioral health professionals, improvements to citizen and officer safety, reductions in the number of people who are arrested or transported to an Emergency Department (ED) for support when other options are available, and improved assessment and triage of mental health calls.<sup>21</sup>

- Texas Remote Co-Response Programs:
  - StarCare: Hockley County (pop. 22,986)
  - Pecan Valley Centers
  - Helen Farabee Centers
  - Harris Center: Harris County (pop. 4.681 million)
  - Austin Integral Care: Travis County (pop. 1.251 million)
- Key Resources:
  - The Harris Center partnered with the Harris County Sheriff's Office and the University of Houston to develop a "[Telehealth for Patrol Implementation Guide](#)". The guide outlines reasons for piloting a telehealth program, program benefits, frequently asked questions, a description of the Harris County pilot program, an analysis of other virtual co-response programs, data analysis, and other references.
  - [Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and](#)

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<sup>21</sup> Telehealth Implementation Guide. The Harris Center. (2020, February). Retrieved 20 September 2022, from <http://theharriscenter.org/Portals/0/MISC/Implementation%20Guide%20January%2016%202020.pdf?ver=2020-03-19-175314-753&timestamp=1584658555621%3Chttps://nam12.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftheharriscenter.org%2FPortals%2F0%2FMISC%2FImplementation%2520Guide%2520January%252016%25202020.pdf%3Fver%3D2020-03-19-175314-753%26timestamp%3D1584658555621&data=02%7C01%7C%7C72f84b11743741fc83cb08d7cc61f57c%7C417ed06335ba4a1c8bc557273fb7ecf2%7C0%7C0%7C637202593403727710&sdata=uAQ0%2FdIp5PzJv4HWNA8ZBC8z0K840LgilljrJiTkkjk%3D&reserved=0>.

[Providers](#). The police department of Springfield, Missouri, collaborates with Burrell Behavioral Health on a virtual mobile crisis intervention known as the “Springfield Model” that supplies officers with iPads to allow them to connect with behavioral health specialists for real-time assessments and referrals and has resulted in a significant reduction of hospital admissions.

*Crisis Intervention Team Training and Model:* Formal training for mental health is enhanced by community partnerships between law enforcement, mental health and addiction professionals, people who live with MI, SUD, and/or IDD, their families, and other advocates. The 40-hour CIT training curriculum partners in-depth training with strategies to strengthen community partnerships. Evaluations of CIT have demonstrated increases to officer mental health knowledge and changes in officer behavior.<sup>22</sup>

- Key Resources:
  - The [Texas CIT Association](#) is a non-profit organization comprised of law enforcement, corrections, the mental health community, and advocacy groups to provide standardized training, support, and education in responding to those affected by MI and/or those who are experiencing a mental health crisis.
  - [CIT International](#) offers guides, research, certifications and other resources related to crisis intervention teams and training. The [Best Practice Guide](#) offers case studies, worksheets, checklists, and other templates for implementing a CIT program.

*Police Coding of MH Calls:* Coding mental health related calls for service serves several benefits to communities. First, understanding the volume of calls officers respond to that are related to a mental health crisis can help determine the level of need for mental health supports in the community. This data can be used to advocate for funding, pilot new programs and optimize the use of limited law enforcement behavioral health resources. On an individual call level, using a flag on addresses with repeated calls for mental health crises can help officers divert people to appropriate resources by indicating, when appropriate, that someone might have behavioral health needs.<sup>23</sup>

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<sup>22</sup> *The Use of the Crisis Intervention Team (CIT) Model for Corrections Officers: Reducing Incidents within a County Jail.* Comartin, Swanson, & Kubiak, 2019; Kubiak, et al., 2017; Watson, Compton, & Draine, 2017. Retrieved 20 September 2022, from <https://doi.org/10.1177/0032885520956334>.

<sup>23</sup> *Methods for Using Data to Inform Practice: A Step-by-Step Guide.* Substance Abuse and Mental Health Services Administration, Crisis Intervention Team (CIT). (2018). Retrieved 20 September 2022, from [Crisis Intervention Team \(CIT\) - Methods for using data to inform practice: A step-by-step guide \(samhsa.gov\)](https://www.samhsa.gov/cit-methods).

- Texas MH Call Coding Examples:
  - Helen Farabee: Wichita County (pop. 132,154)
- Key Resources:
  - The Denver Police Department conducted [a 911 call analysis](#) to identify what calls to law enforcement can be deferred to a non-law enforcement response. This paper identifies what nature codes are appropriate for a non-law enforcement response as well as police mental health coding best practices.

*Innovations in 911 Dispatch:* A diversion model showing great promise across the U.S. is 911 dispatch diversion, sometimes called crisis call diversion. The approach aims to reduce unnecessary police contact by connecting people to mental health professionals when someone contacts 911 due to a behavioral health crisis or other health or social service need.<sup>24</sup>

- Texas 911 Dispatch Programs:
  - Bluebonnet Trails Community Services: Williamson County (pop. 570,437)
  - Betty Hardwick Center
  - Central Plains Center: Hale County (pop. 33,463)
  - Integral Care: Travis County (pop. 1.251 million)
  - Harris Center: Harris County (pop. 4.681 million)
  - Parkland Health Hospital System, Dallas PD, and Dallas FD: Dallas County (pop. 2.623 million)
- Key Resources:
  - The Council of State Governments Justice Center released a [brief](#) that offers tips for successfully implementing a 911 dispatch diversion program.
  - HHSC developed a [brief](#) that outlines innovations in integrating 911 and behavioral health responses, highlighting a few Texas programs and sharing relevant outcome data.

**Develop a flow chart to help illustrate key opportunities for diversion by law enforcement across the SIM.** An example of a process chart developed by

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<sup>24</sup> *Tips for Successfully Implementing a 911 Dispatch Diversion Program.* The Council of State Governments Justice Center. (2021, October). Retrieved 20 September 2022, from <https://csqjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/>.

Bluebonnet Trails Community Services for Williamson County law enforcement can be found in **Appendix E**.

**Review data resources referenced under the first action plan.** Improving data collection and data sharing across law enforcement and behavioral health stakeholders can help inform local planning for the law enforcement mental health task force. Specifically, workgroup members should review data collection recommendations for both the Police-Mental Health Collaborations and Familiar Face initiatives.

**Leverage the law Enforcement Mental Health Task Force to convene stakeholders and identify opportunities to streamline medical clearance across the county.** Below is a summary of state guidance provided to date, as well as Texas model programs.

State guidance:

- On December 28, 2009, the Office of the Attorney General of Texas issued an opinion ([GA-0753](#)) addressing medical evaluations when a person is taken into peace officer custody under Health and Safety Code Chapter 573. Specifically, the opinion analyzed whether a peace officer who has taken a person into custody under Chapter 573 may be required to transport that individual to a medical facility for evaluation prior to taking that person to a mental health facility (RQ-0809-GA). The opinion concluded that *“an inpatient mental health facility or a mental health facility is not statutorily authorized to require a peace officer to transport a person in custody under Chapter 573, Health and Safety Code, to a medical facility for a medical evaluation prior to taking that person to the mental health facility.”*
- On November 25, 2013, “The Governor’s Emergency Management Service (EMS) and Trauma Advisory Council (GETAC) Medical Director's [Position Statement](#) on Mental Health Emergencies and Their Effect on EMS and EDs” was published that outlines challenges presented by existing mental health facility medical clearance requirements and provides recommendations for local stakeholders.
- In August 2018, the Texas Hospital Association (THA) convened a forum of physicians, nurses, emergency department directors, attorneys, behavioral health specialists, and others to discuss challenges related to the management of individuals with behavioral health conditions in the emergency department and to explore potential solutions to those challenges. Discussions focused primarily on the intersection between people

experiencing a behavioral health crisis in the emergency department and law enforcement and judicial processes that apply from pre-arrival to disposition of the person via discharge, transfer, or admission. Breakout sessions centered on the practical applications of emergency detentions, law enforcement's involvement in the emergency detention process, judges/orders of protective custody, transportation, and bed availability.

- The Community Mental Health Contracts section of the HHSC web site provides for the download of performance contracts and other materials that support a network of community mental health centers across the state of Texas. [Exhibit E](#), which is referenced in Attachment A07 of some LMHA and LBHA Performance Contract Notebooks, provides a Psychiatric Emergency Flow Chart to assist Peace Officers with determining whether a medical emergency exists.

#### **Model Programs to Explore:**

- Lubbock County developed a field medical clearance algorithm for EMS to help direct patients to a psychiatric hospital when appropriate, bypassing emergency departments. Partners included Lubbock-Amarillo Emergency Medical Services, University Medical Center, and StarCare Specialty Health System. The development of the algorithm (See **Appendix E**) and the open line of communication between psychiatric hospital, emergency department, and EMS staff facilitated the transition of patients through a modified local medical clearance process necessary, to help expedite admissions to the local psychiatric hospital. From July 2020 to July 2021, 281 patients were directed to a psychiatric facility using this algorithm.
- The Southwest Texas Regional Advisory Council (STRAC) launched the Southwest Texas Crisis Collaborative Law Enforcement Navigation (LENav)<sup>25</sup> project to improve navigation of medically stable emergency detention patients to psychiatric facilities. Before the start of this program, emergency departments in Bexar County saw more than 9,000 emergency detention patients each year, nearly half of which needed only a medical screening before routing directly to a psychiatric facility. To help connect people to care more quickly the San Antonio Fire and EMS Medical Director, the Local Mental Health Authority, and psychiatric facilities' medical directors collaboratively developed a field medical stabilization process that enables law enforcement

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<sup>25</sup> *Southwest Texas Crisis Collaborative. Law Enforcement Navigation.* Southwest Texas Crisis Collaborative. Retrieved 13 April 2022, from <https://www.strac.org/stcc-lenav>.

to take medically stable emergency detention patients directly to psychiatric facilities. LENav utilizes the STRAC MEDCOM Communications Center as the central coordination point to navigate medically stable emergency detention patients that are in police custody to the most appropriate psychiatric facility to improve the care of the patient. Patients are tracked in real-time, and data is provided for analysis and system enhancement. For more information visit the [Southwest Texas Regional Advisory Council](#) site.

### **Workgroup Members**

TJ Garces, Midland County Sheriff's Office; Dana Taylor, Midland Health; Lisa McGee, Midland Health; Chief Seth Herman, Midland Police Department; Brittney Johnson, Midland County Juvenile Probation; Jade Womack, PermianCare



## Quick Fixes

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

- Workshop participants identified multiple opportunities to increase awareness and education on resources for people with IDD in Midland County. PermiaCare can partner with Spectrum of Solutions to develop a near-term plan to ensure key stakeholders are familiar with available resources and how to access them.
- Workshop participants identified an opportunity for PermiaCare to partner with Midland ISD to develop strategies to enhance school-based training and education related to mental health. PermiaCare offers Youth Mental Health First Aid, among other resources, that can be utilized by the district to ensure all staff have access to the education and resources they need to support youth with mental health needs.
- Many stakeholders expressed interest in reconvening on a regular basis to support implementation of the action plans developed during the SIM Mapping Workshop. PermiaCare can help facilitate these meetings and ensure that key justice system, behavioral health, and other county leaders are engaged in ongoing planning and improvement efforts.
- PermiaCare can ensure that MHFA training is made widely available to community stakeholders to help community partners identify, understand, and respond to signs of MI and SUD.
- Standardize MH coding protocols across dispatch and law enforcement departments in Midland County.

## Parking Lot

Some gaps identified during the SIM Mapping Workshop are too large or in-depth to address during the workshop. Others may be opportunities to explore in the near term but were not selected as a priority.

- Stakeholders expressed interest in aligning the Texas Administrative Code's definition of a mental health crisis that would constitute a notification of emergency detention with the Texas Code of Criminal Procedure's definition.
- Stakeholders expressed interest in exploring ways to expand access to the Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Query (CCQ) to law enforcement and the courts.
- Stakeholders expressed interest in improving the TLETS algorithm for probable and exact matchings for people with IDD.
- Stakeholders expressed interest in piloting a program to suspend rather than terminate Medicaid benefits for those people who are incarcerated.

# Appendices

## Appendix A: Midland County Workshop Agenda

### Sequential Intercept Model Mapping Workshop

#### Midland County

May 16, 2022- May 17, 2022

Midland Shared Spaces

3500 North A St., Suite 1100, Midland, TX 79705

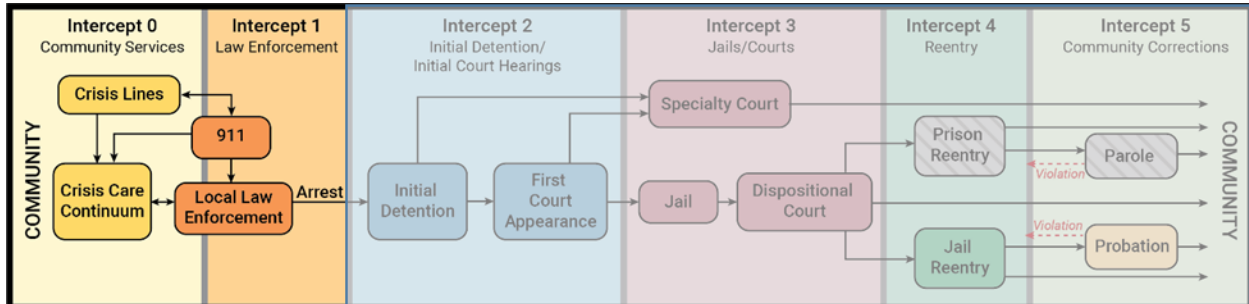
TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 am	Registration	Coffee and snacks to be provided by Midland Healthy Minds and The Springboard Center
8:30 am	Opening Remarks	Opening Remarks <ul style="list-style-type: none"> <li>Chris Barnhill, Chief Executive Officer, PermianCare</li> <li>Judge Elizabeth Leonard</li> </ul> Welcome and Introductions, Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services
9:15	Workshop Overview and Keys to Success	Overview of the Workshop Texas Data Trends Community Polling
9:45	Presentation of Intercepts 0, 1	Overview of Intercepts 0 and 1 Midland County Data Review
10:05	Break	
10:15	Map Intercepts 0, 1	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:15	Presentation of Intercepts 2, 3	Overview of Intercepts 2 and 3 Midland County Data Review
11:35	Lunch	Lunch to be provided by Midland Healthy Minds and The Springboard Center
12:30	Map Intercepts 2, 3	Map Intercepts 2 and 3 Examine Gaps and Opportunities
1:30	Presentation of Intercepts 4, 5	Overview of Intercepts 4 and 5 Midland County Data Review
1:50	Break	Refreshments to be provided by Midland Healthy Minds and The Springboard Center
2:00	Map Intercepts 4, 5	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:00	Summarize Opportunities, Gaps & Establish Priorities	Identify potential, promising areas for modification within the existing system Establish a List of Top 5 Priorities
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	

## AGENDA – Day 2

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15</b>	<b>Registration</b>	Coffee and snacks to be provided by Midland Healthy Minds and The Springboard Center
<b>8:30</b>	<b>Welcome</b>	Opening Remarks, <i>Chris Barnhill, Chief Executive Officer, PermiaCare</i>
<b>8:45</b>	<b>Preview &amp; Review</b>	Preview of Day #2 Review Day #1 Accomplishments
<b>9:15</b>	<b>Action Planning</b>	Group Work
<b>10:30</b>	<b>Break</b>	
<b>10:45</b>	<b>Finalize the Action Plan</b>	Group Work
<b>11:30</b>	<b>Workgroup Report Outs</b>	Each Group will Report Out on Action Plans
<b>12:00</b>	<b>Next Steps &amp; Summary</b>	Finalize Date of Next Task Force Meeting Discuss Next Steps for Midland County Report Share Technical Assistance Opportunities Complete Evaluation Form
<b>12:20</b>	<b>Closing Remarks</b>	Closing Remarks, <i>Chris Barnhill, Chief Executive Officer, PermiaCare</i>
<b>12:30</b>	<b>Adjourn</b>	

# Appendix B: Overview of Midland County Resources

## Intercept 0 and Intercept 1



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

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

### Crisis Call Lines

Crisis calls are routed to PermiaCare contractor, Avail Solutions, Inc. (Avail). The Avail Crisis Line (844-420-3964) is available 24 hours per day, 7 days a week. It serves anyone experiencing a behavioral health crisis. Avail triages calls, dispatching PermiaCare's Mobile Crisis Outreach Team (MCOT) when deemed appropriate. For people not experiencing a mental health crisis Avail can refer callers to PermiaCare who can identify the appropriate provider of MI, SUD, or IDD services both internal to PermiaCare and other community providers.

### 911 and Dispatch

When someone calls 911 in Midland County, they are routed to the Public Safety Communications Center of the City of Midland Communication and Information Systems Department. The Public Safety Communications Center employs highly specialized personnel that provide centralized support to the fire department, police department, and the Midland County Sheriff's Office. Call takers follow a protocol with a series of questions to gather the most useful information quickly. The Public Safety Communications Center asks specific questions to determine if there is a

mental health need and has the ability to dispatch the Midland County Sheriff's Office Crisis Response Team to respond to mental health calls, when the team is available.

## **Healthcare**

Healthcare and psychiatric services in Midland County are accessed locally through PermiaCare, Midland Health's Midland Memorial Hospital Main Campus (MMH), Oceans Behavioral Health Hospital (Oceans), and The Springboard Center. PermiaCare provides youth and adult psychiatric clinics, state psychiatric hospital admission, community-based wraparound rehab and skills training services, and other supporting services to ensure stable housing, employment, specialized support for veterans, benefit eligibility, and HIV infectious disease clinics. Emergency room and hospital-based care are provided at the Midland Health MMH Main Campus. PermiaCare contracts with Midland Health for triage and psychiatric emergency service center beds, and a Qualified Mental Health Professional on site who assists with coordinating care for people with serious mental illness. Oceans provides local inpatient and outpatient psychiatric services. PermiaCare also contracts with Oceans, River Crest Hospital (River Crest), and Scenic Mountain Medical Center in Big Spring for psychiatric beds. River Crest provides inpatient psychiatric care in San Angelo.

There are a few different substance-use providers in Midland County. The Springboard Center provides inpatient and outpatient substance use treatment. PermiaCare offers outpatient programs for adults, youth, adults with co-occurring psychiatric and substance use disorder, and opioid based outpatient treatment, Medication Assisted Treatment (MAT). PermiaCare also offers adult intensive residential and detoxification inpatient services and provides the Outreach, Screening, Assessment and Referral (OSAR) services for Texas Region 9. Permian Basin Detox Systems provides medical detox.

Midland Health and the Springboard Center, in partnership with PermiaCare and Thriving United, incorporate peer support into their inpatient, outpatient, and aftercare programs.

The development of a regional Permian Basin Behavioral Health Center to provide 100 psychiatric inpatient beds, crisis respite, extended observation, non-traditional therapies, psychiatric outpatient clinics, and counseling services is underway.

## **Law Enforcement and First Responders**

Multiple law enforcement agencies serve Midland County, including the Midland County Sheriff's Office, Midland Police Department, Midland College PD, and the Midland Health PD. First response in Midland County is provided through Midland

Fire Department and Midland County Office of Emergency Management. Law enforcement and other first responders are routed through 911 dispatch. The Midland County Sheriff's Office has a dedicated Crisis Response Team for mental health calls. When the Sheriff's Office Crisis Response Team is not available to respond to a mental health call, Midland PD provides back-up response. Law enforcement can contact PermiaCare MCOT directly if additional assistance is needed. Midland College PD is often able to resolve mental health crisis calls without contacting the Sheriff's Department.

## **Crisis Services**

Crisis services in Midland County are provided through PermiaCare and can be accessed through the crisis line operated by Avail Solutions and MCOT. If a person in crisis contacts Avail Solutions and they determine an MCOT response is appropriate, MCOT is dispatched to the call. MCOT will contact the Midland County Sheriff's Office Crisis Response Team if assistance is needed to make sure a community site is safe. MCOT also proactively conducts outreach to repeat crisis line callers. Walk-in crisis services are available at various PermiaCare locations during regular office hours. Inpatient crisis services in Midland County are provided locally at Oceans Behavioral Health Hospital, River Crest Hospital in San Angelo and Scenic Mountain Medical Center in Big Spring.

## **Housing**

Housing services are most effectively provided on a continuum that may include emergency shelter, rapid re-housing, permanent supportive housing and transitional housing options. PermiaCare offers transitional housing options and has developed relationships with landlords and the Midland County Housing Authority to assist people in need of housing. PermiaCare also provides evidenced based skills training curriculums centered around establishing permanent housing through the development of positive housing behaviors. The Salvation Army of Midland provides temporary congregate housing for people experiencing homelessness. The Field's Edge provides longer-term single-occupancy housing to people experiencing chronic homelessness. The Springboard Center offers transitional housing to people who complete their 30-day inpatient program. The Midland County Housing Authority administers the local Housing Choice Voucher, Foster Youth to Independence Vouchers, and Veterans Affairs Supportive Housing Voucher programs. Thriving United has group homes for men, women, and women with children but is looking at transitioning from a group to a single-family home. They are also developing a permanent peer supportive recovery residence community. Midland Fair Havens provides transitional housing support for single mothers and their children.

PermiaCare engages in county housing coalition meetings with the local housing authority and Salvation Army.

### **Peer Support**

PermiaCare has certified peer support specialists and family partner services funded through HHSC. Thriving United is a peer-based organization that offers services to people with MI and/or SUD including a peer drop-in center where individuals have access to support services.

### **Special Populations**

Services across the SIM intercepts can be specialized to support the unique needs of special populations. Two groups that prompted much discussion during the workshop were services for people with IDD and behavioral health services for children and youth.

Spectrum of Solutions, Rock House and PermiaCare provide residential services, day habilitation, and vocational and recreational activities to people with IDD. Thriving United provides peer support services, behavioral health treatment referrals, recovery residences, and skills training to people with SUD, MI, eating disorders, and HIV, as well as those experiencing homelessness.

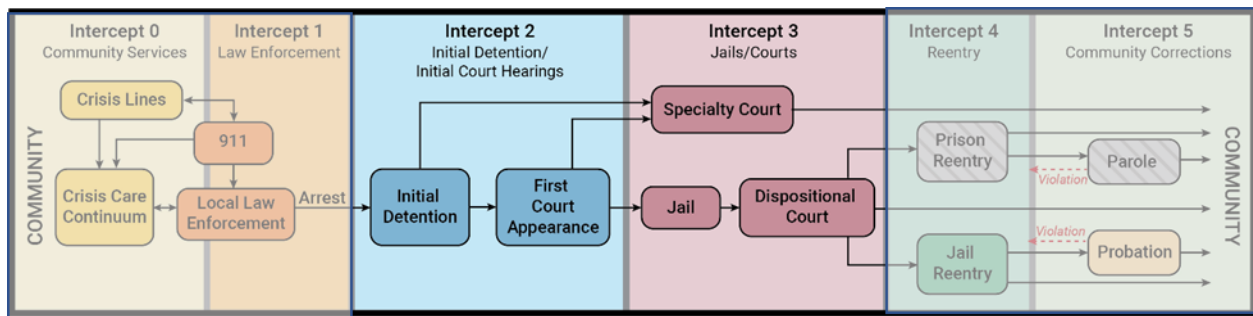
Children's MH services are provided by PermiaCare, Harmony Home, a children's advocacy center that offers forensic interviews, family advocacy, trauma-focused therapy and prevention services and Centers for Children and Families that offers reduced or no cost counseling to children and their families with MH needs in Midland. Children and adolescents can receive support through Texas Child Health Access Through Telemedicine (TCHAT) while in school to help identify and assess the behavioral health needs and provide access to providers such as PermiaCare. Texas Tech University Health Sciences Center school of Psychiatry offers child and adolescent psychiatry services through their residency programs.

### **Data Collection and Information Sharing**

Baseline data across the intercepts was collected when planning for the Midland County SIM Mapping Workshop. In Midland County, data collection is performed independently by each service provider, agency and/or program. Data sharing is done on a limited basis between community providers.



## Intercept 2 and Intercept 3



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

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

### Booking

In Midland County, a person is brought to the Midland County Jail by the arresting law enforcement officer. Upon booking, jail medical staff screen every person brought to the jail for behavioral health concerns and run a Continuity of Care Query in TLETS to determine if they have access public behavioral health services within the past three years. The screening tool utilized is the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards (TCJS). If the CCQ produces an exact or probable match, or if the TCJS-approved mental disabilities/suicide prevention screening instrument identifies a potential mental health need, jail staff notify the magistrate who may order PermiaCare to interview the person to verify the presence of MI or IDD. PermiaCare has a continuity of care provider embedded in the Midland County Jail. An anonymized email generated by the jail is also sent to PermiaCare to notify the agency of a positive screen. Jail personnel complete an 8-hour mental health training course, in addition to the standard mental health training they receive prior to employment.

### Jail Medical

People booked into the Midland County Jail can access medical and behavioral health care from the jail's medical provider, Core Health. The nurse who conducts

the health screen at booking logs the medical and psychiatric medications the person indicates they are taking, as well as their medical and mental health history. In instances when a person brought to jail needs detox for substance use, they may be bonded out to receive medical detox services. Prior to jail release, people with medical or behavioral health conditions are provided a voucher for 21-days-worth of medications. Access to psychiatric care in the juvenile justice system is limited to crisis situations. Justice-involved children and youth are referred to psychiatric care post-adjudication.

### **Competence to Stand Trial**

Competence to stand trial is the legally determined capacity of a criminal defendant to proceed with criminal adjudication. A criminal defendant may not be subjected to trial if they lack the capacity to understand the proceedings against them and to consult with counsel with a reasonable degree of rational understanding (CCP 46B.003). Texas procedures related to competency are generally found in Chapter 46B of the CCP. Chapter 46B applies to a defendant charged with a felony or with a misdemeanor punishable by confinement (CCP 46B.002). Midland County has both Outpatient and Jail-Based Competency Restoration programs operated by PermianCare.

### **Pretrial Services**

Pretrial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision. In Midland County, bond decisions are set by the District Judge and the County Court at Law Judge. Considerations on posting bond include identifying a place for the person to go and connecting people experiencing homelessness to housing support through the Midland County Housing Authority, Salvation Army and PermianCare.

### **Courts (Including Specialty Courts)**

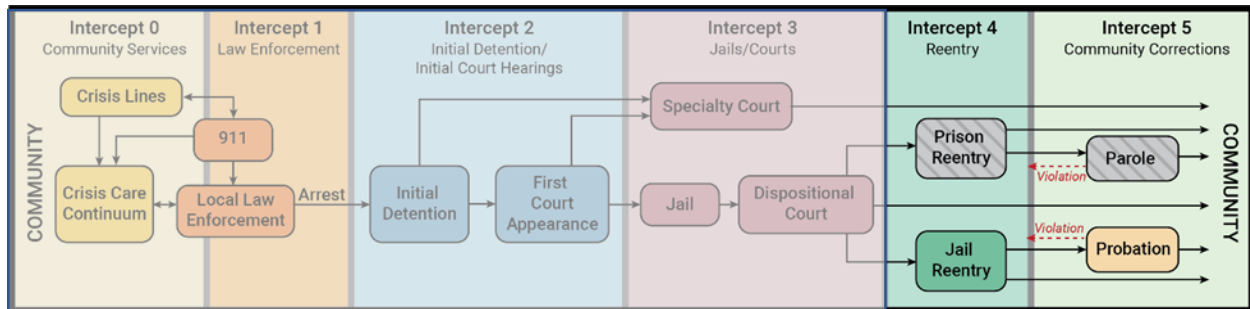
Specialty courts are established to reduce recidivism through therapeutic and interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety. Midland County operates 4 specialty courts—DWI Court, Drug Court, Mental Health Court, and the Transitional Treatment Court. PermianCare and Adult Probation have staff assigned to support people engaged with a Specialty Court.

### **Data Collection and Information Sharing**

PermianCare shares a report of mental health interviews conducted upon magistrate request with the judge, prosecution, and defense. Adult probation completes their

own substance use assessment on all people charged with a substance use-related offense as well as those who participate in specialty court.

## Intercept 4 and Intercept 5



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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 re-entering a community.

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.

## Jail Services

PermiaCare staff embedded in the Midland County Jail provide reentry support services, including skills training and case management. PermiaCare staff help link people to the appropriate continuity of care support in order to obtain social security benefits upon release and schedule appointments with local social service providers to be the same day as release.

## Community Reentry

In collaboration with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), PermiaCare provides a 90-day continuity of care program for people exiting the justice system. Continuity of care services include the identification of medical, psychiatric, psychological, educational, and rehabilitative needs, as well as the coordination of treatment. Continuity of care services are available to people with a severe and persistent MI with high clinical need and criminogenic risk. PermiaCare benefits coordinators screen people reentering the community for social security benefits eligibility and can help them apply for disability and appeal adverse eligibility decisions. Thriving United provides resources to support transportation needs.

## **Probation and Parole**

Adult probation services are provided by Midland Judicial District Community Supervision and Corrections Department. Juvenile probation services are provided by Midland County Juvenile Probation through the Texas Juvenile Justice Department. Both departments provide counseling services. Third party contractors provide psychiatric, substance use, supported employment and education, and other support services. Parole services are provided by the Midland Parole Office through the Texas Department of Criminal Justice. The Texas Risk Assessment System (TRAS) is used to determine specialized service need for people entering the community on probation and parole and to identify persons who are appropriate for specialized caseloads.

## Appendix C: Community Impact Measures

Item	Measure	Intercept	Category
1	<b>Mental health crisis line calls, count (#)</b>	<b>Intercept 0</b>	<b>Crisis Lines</b>
2	<b>Emergency department admissions for psychiatric reasons, count (#)</b>	<b>Intercept 0</b>	<b>Emergency Department</b>
3	Emergency department admissions for psychiatric reasons, average length of stay (hours)	Intercept 0	Emergency Department
4	<b>Mobile crisis outreach team face-to-face episodes, count (#)</b>	<b>Intercept 0</b>	<b>Mobile Crisis</b>
5	Mobile crisis outreach team face-to-face episodes, treated-in-place (% of episodes)	Intercept 0	Mobile Crisis
6	Mobile crisis outreach team calls, repeat calls (% of calls)	Intercept 0	Mobile Crisis
7	<b>Crisis center admissions, count (#)</b>	<b>Intercept 0</b>	<b>Crisis Center</b>
8	Crisis center admissions, transported by law enforcement (% of all admissions)	Intercept 0	Crisis Center
9	Crisis center admission, law enforcement wait time (average)	Intercept 0	Crisis Center
10	<b>Law enforcement officers trained in specialized responses (e.g., Crisis Intervention Team), percent of sworn (%)</b>	<b>Intercept 1</b>	<b>Law Enforcement</b>
11	<b>Mental health crisis calls handled by law enforcement (trained and untrained), count (#)</b>	<b>Intercept 1</b>	<b>Law Enforcement</b>
12	Mental health crisis calls handled by trained law enforcement officers, percent (%)	Intercept 1	Law Enforcement
13	Daily Jail Population		
14	<b>Proportion of people in jail with low-level misdemeanors</b>	<b>Intercept 2</b>	<b>Jail (Pretrial)</b>
15	Proportion of people in jail with low-level misdemeanors who have a serious mental health issue		
16	<b>Jail bookings, count (#)</b>	<b>Intercept 2</b>	<b>Jail (Pretrial)</b>
17	number of jail bookings for low-level misdemeanors		
18	<b>Jail mental health screenings, count (#)</b>	<b>Intercept 2</b>	<b>Jail (Pretrial)</b>
19	<b>Jail mental health screenings, percent screening positive (%)</b>	<b>Intercept 2</b>	<b>Jail (Pretrial)</b>
20	<b>Jail substance use screenings, count (#)</b>	<b>Intercept 2</b>	<b>Jail (Pretrial)</b>
21	<b>Jail substance use screenings, percent screening positive (%)</b>	<b>Intercept 2</b>	<b>Jail (Pretrial)</b>
22	<b>Pretrial release rate of all arrestees, percent released (%)</b>	<b>Intercept 2</b>	<b>Pretrial Release</b>
23	Pretrial release rate of all arrestees with mental disorders, percent released (%)	Intercept 2	Pretrial Release
24	average length of stay for this population	Intercept 2	Jail (Pretrial)

Item	Measure	Intercept	Category
25	average cost per day to house someone in jail	Intercept 2	Pretrial Release
26	average cost per day to house people with mental health issues in jail	Intercept 2	Jail (Pretrial)
27	average cost per day to house someone with psychotropic medication	Intercept 2	Pretrial Release
28	mapping data to see geographic catchment area	Intercept 2	Jail (Pretrial)
29	jail bookings and conviction by charge	Intercept 2	Pretrial Release
30	<b>Caseload rate of the court system, misdemeanor, and felony cases (#)</b>	<b>Intercept 3</b>	<b>Case Processing</b>
31	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases (%)	Intercept 3	Case Processing
32	<b>Jail sentenced population, average length of stay (days)</b>	<b>Intercept 3</b>	<b>Incarceration</b>
33	<b>Jail sentenced population with mental disorders, average length of stay (days)</b>	<b>Intercept 3</b>	<b>Incarceration</b>
34	<b>Individuals with mental or substance use disorders receiving reentry coordination prior to jail release, count (#)</b>	<b>Intercept 4</b>	<b>Reentry</b>
35	Individuals with mental or substance use disorders receiving benefit coordination prior to jail release, count (#)	Intercept 4	Reentry
36	Individuals with mental disorders receiving a short-term psychotropic medication fill or a prescription upon jail release, count (#)	Intercept 4	Reentry
37	<b>Probationers with mental disorders on a specialized mental health caseload, percent of probationers with mental disorders (#)</b>	<b>Intercept 5</b>	<b>Community Corrections</b>
38	<b>Probation revocation rate of all probationers, percent (%)</b>	<b>Intercept 5</b>	<b>Community Corrections</b>
39	<b>Probation revocation rate of probationers with mental disorders, percent (%)</b>	<b>Intercept 5</b>	<b>Community Corrections</b>
40	<b>Criminal justice and behavioral health coordinating body meetings, count (#)</b>	<b>Cross-Intercept</b>	<b>Coordination</b>

# Appendix D: Texas and Federal Privacy and Information Sharing Provisions

## Mental Health Record Protections

### [Health and Safety Code Chapter 533:](#)

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

### [Health and Safety Code Chapter 611:](#)

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

(a) A professional may disclose confidential information only:

- (1) to a governmental agency if the disclosure is required or authorized by law;
- (2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
- (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);
- (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
- (5) to the patient's personal representative if the patient is deceased;
- (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;
- (7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;
- (8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);

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

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

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

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

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

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

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

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

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

#### [Health and Safety Code Chapter 614](#)

##### Section 614.017 EXCHANGE OF INFORMATION.

(a) An agency shall:

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



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

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

(c) In this section:

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

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

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

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

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

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

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

(M) a municipal or county health department;

(N) a hospital district;

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

- (P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;
- (Q) the Health and Human Services Commission;
- (R) the Department of Information Resources;
- (S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time, contemporaneous identification of individuals in the Department of State Health Services client data base; and
- (T) the Department of Family and Protective Services.

### **SUD Records Protections:**

[42 CFR Part 2.](#) CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

[42 CFR Part 2 Subpart C.](#) DISCLOSURES WITH PATIENT CONSENT

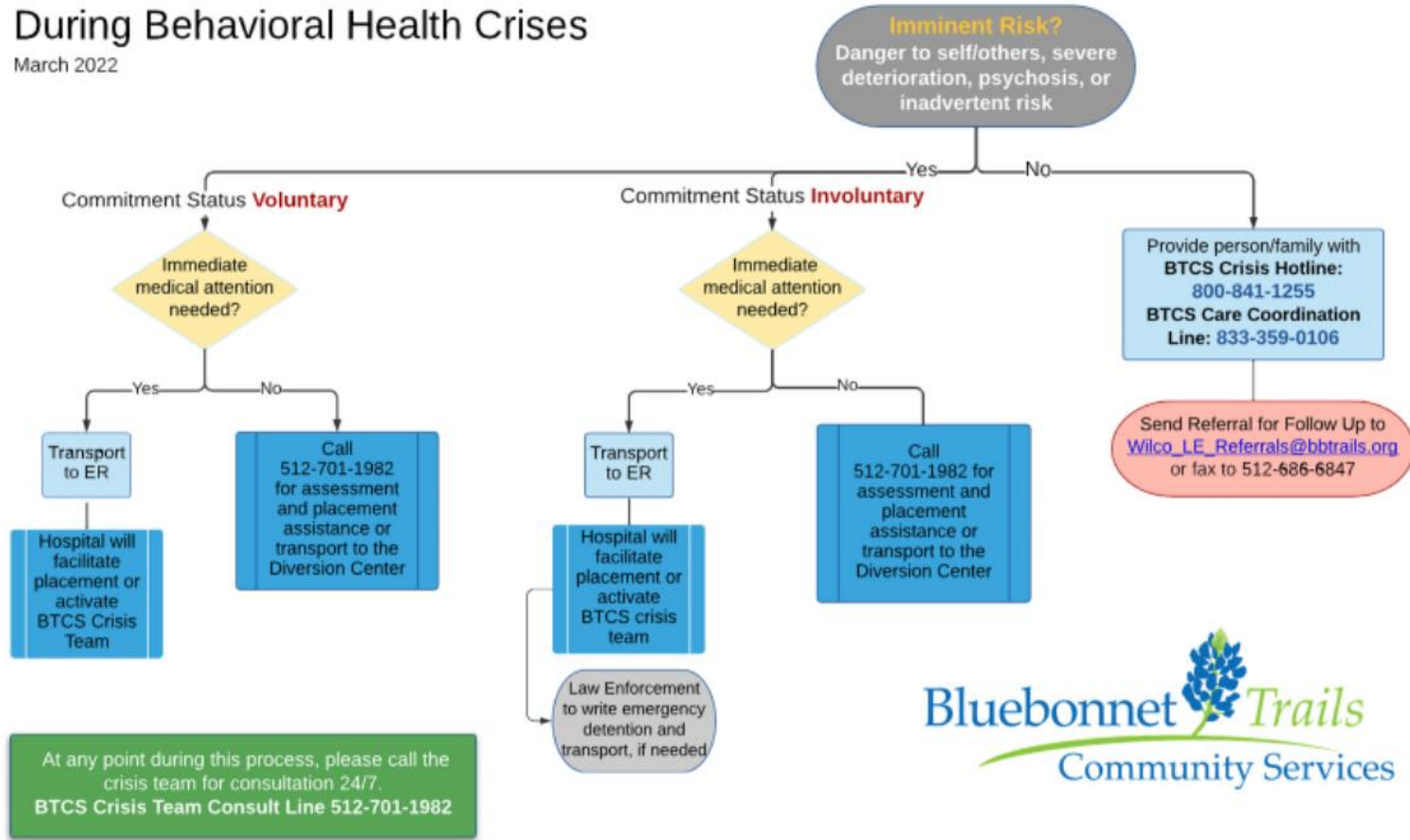
[42 CFR Part 2 Subpart D.](#) DISCLOSURES WITHOUT PATIENT CONSENT

[42 CFR Part 2 Subpart E.](#) COURT ORDERS AUTHORIZING DISCLOSURE AND USE

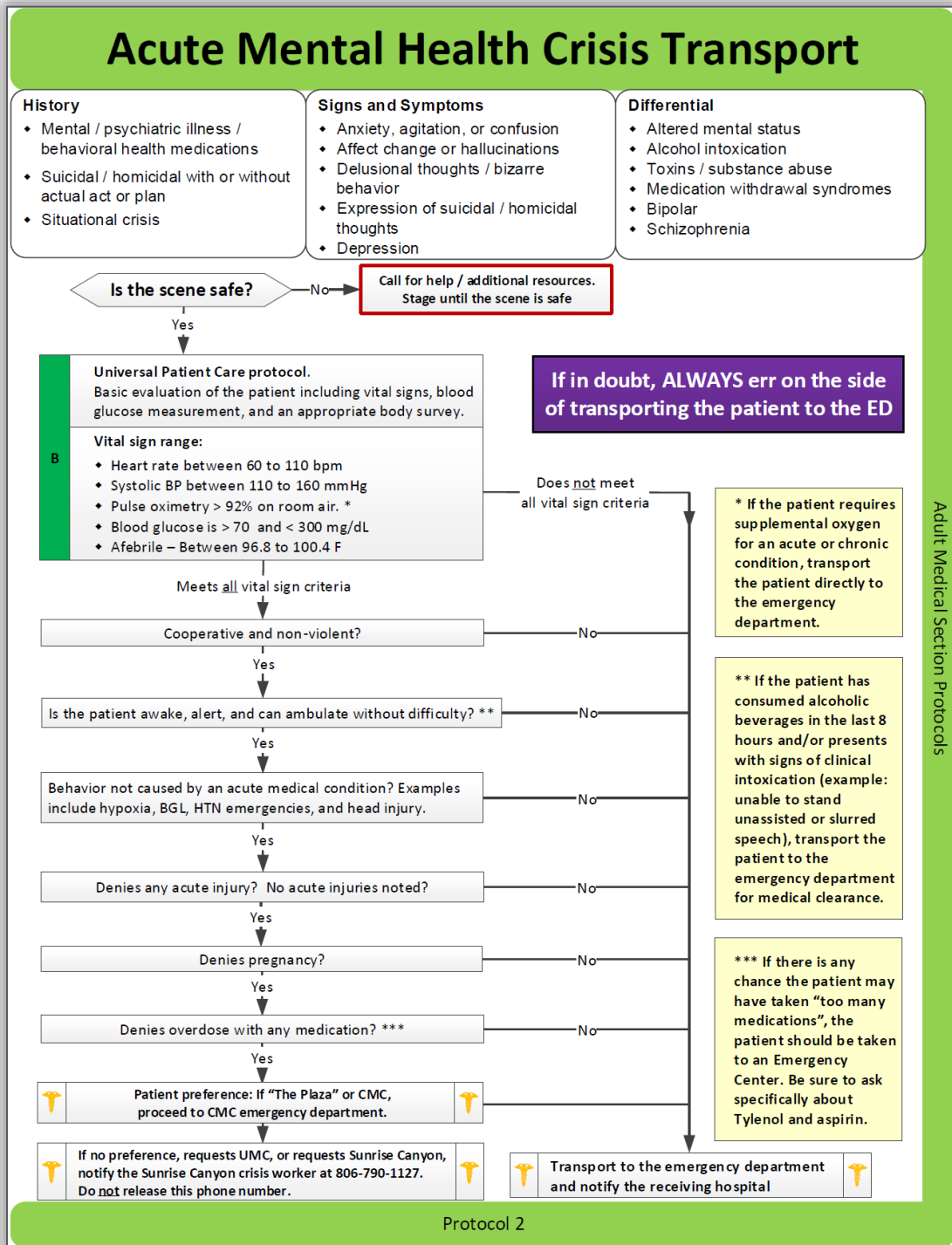
# Appendix E: Resources for Law Enforcement During a Behavioral Health Crisis

## Resources for Law Enforcement During Behavioral Health Crises

March 2022



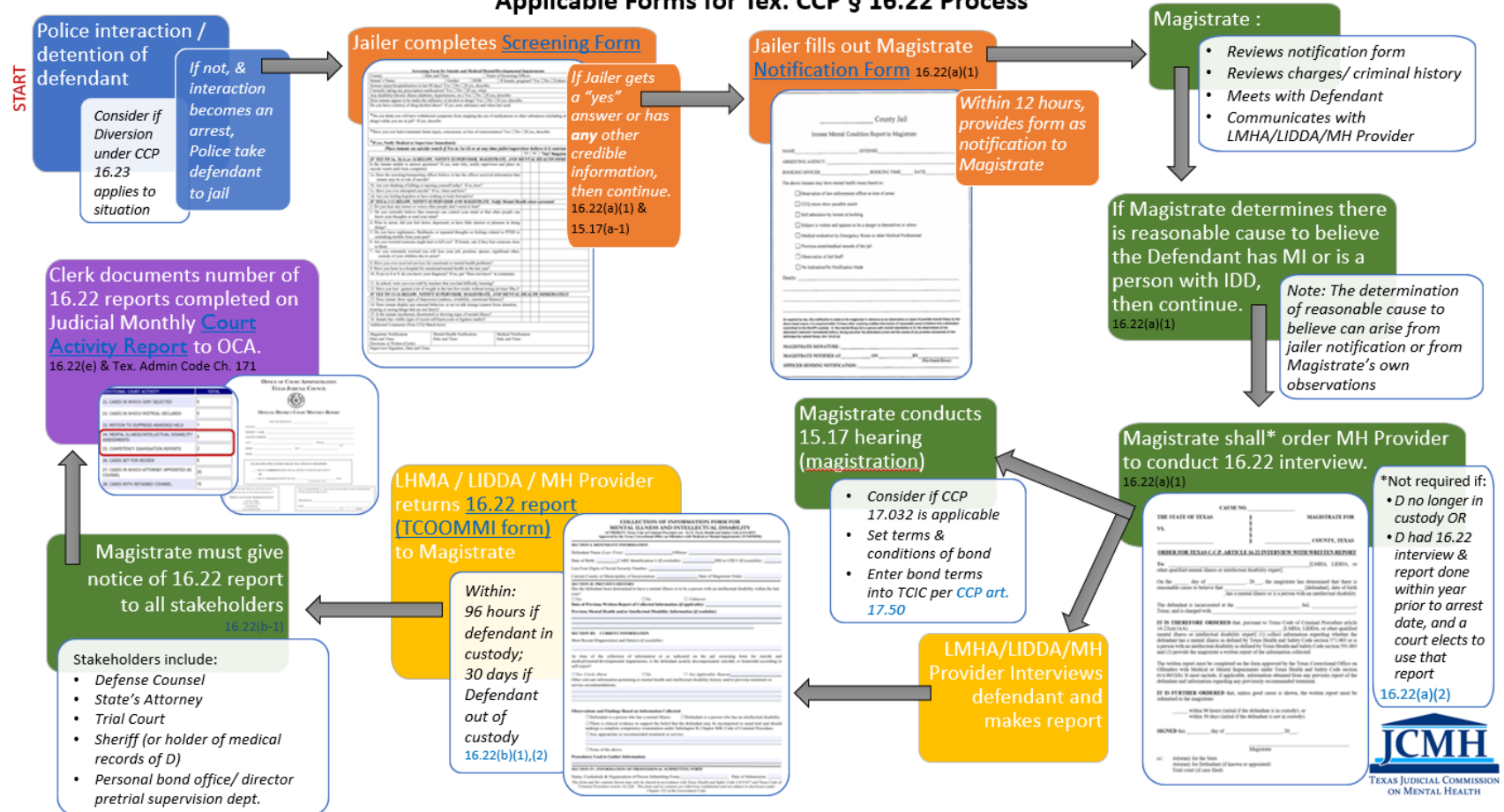
# Appendix F: Acute Mental Health Crisis Transport Algorithm



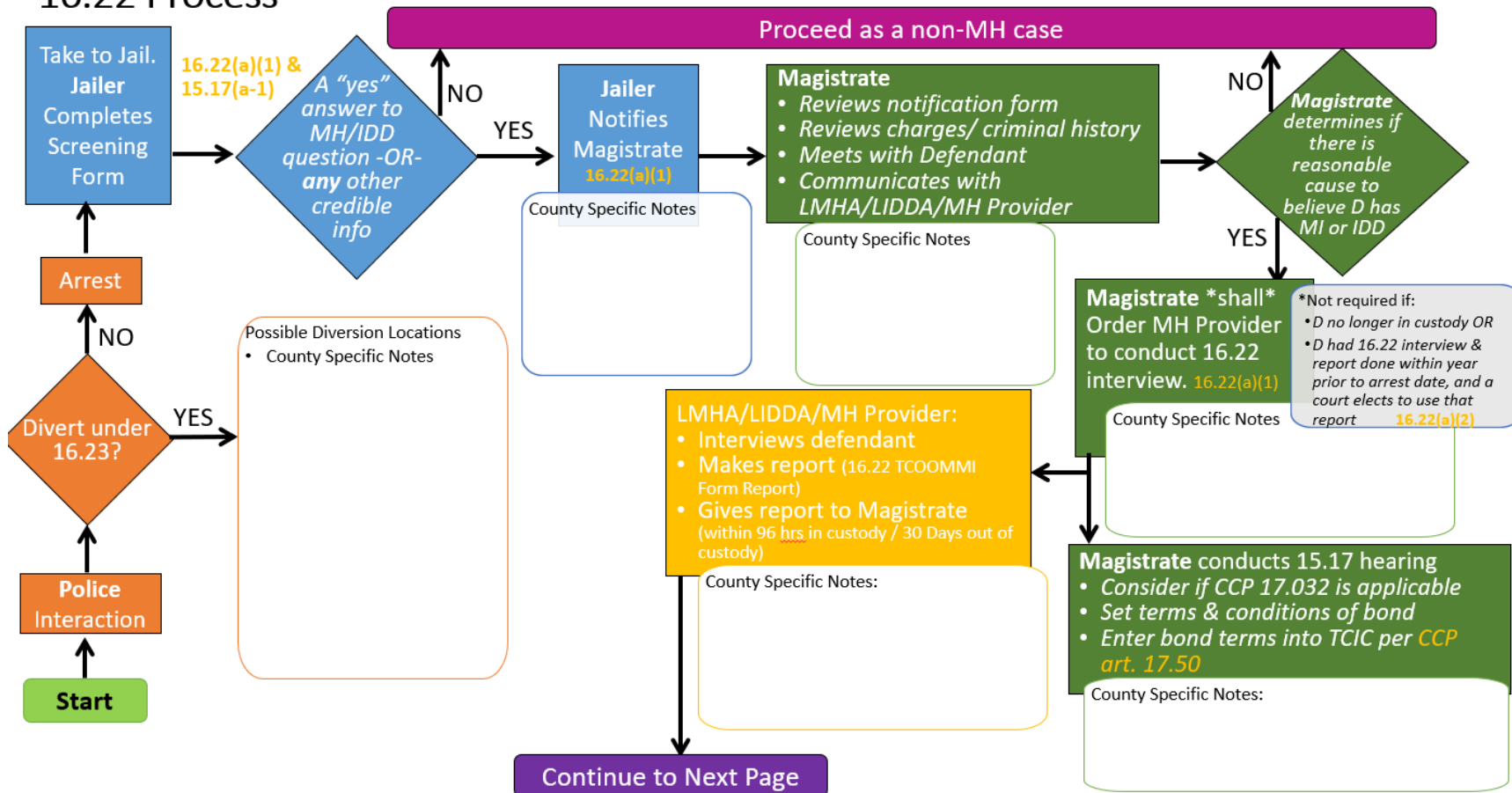
# Appendix G: CCP 16.22 Forms and Process Charts

During the Midland County SIM Mapping Workshop participants identified opportunities to enhance and better leverage 16.22 processes to identify people with MI and connect them to care. Below is an overview of 16.22, as defined by the Texas Code of Criminal Procedure, as well as some process charts that could be helpful to stakeholders who seek to enhance their CCP 16.22 Procedures.

## Applicable Forms for Tex. CCP § 16.22 Process

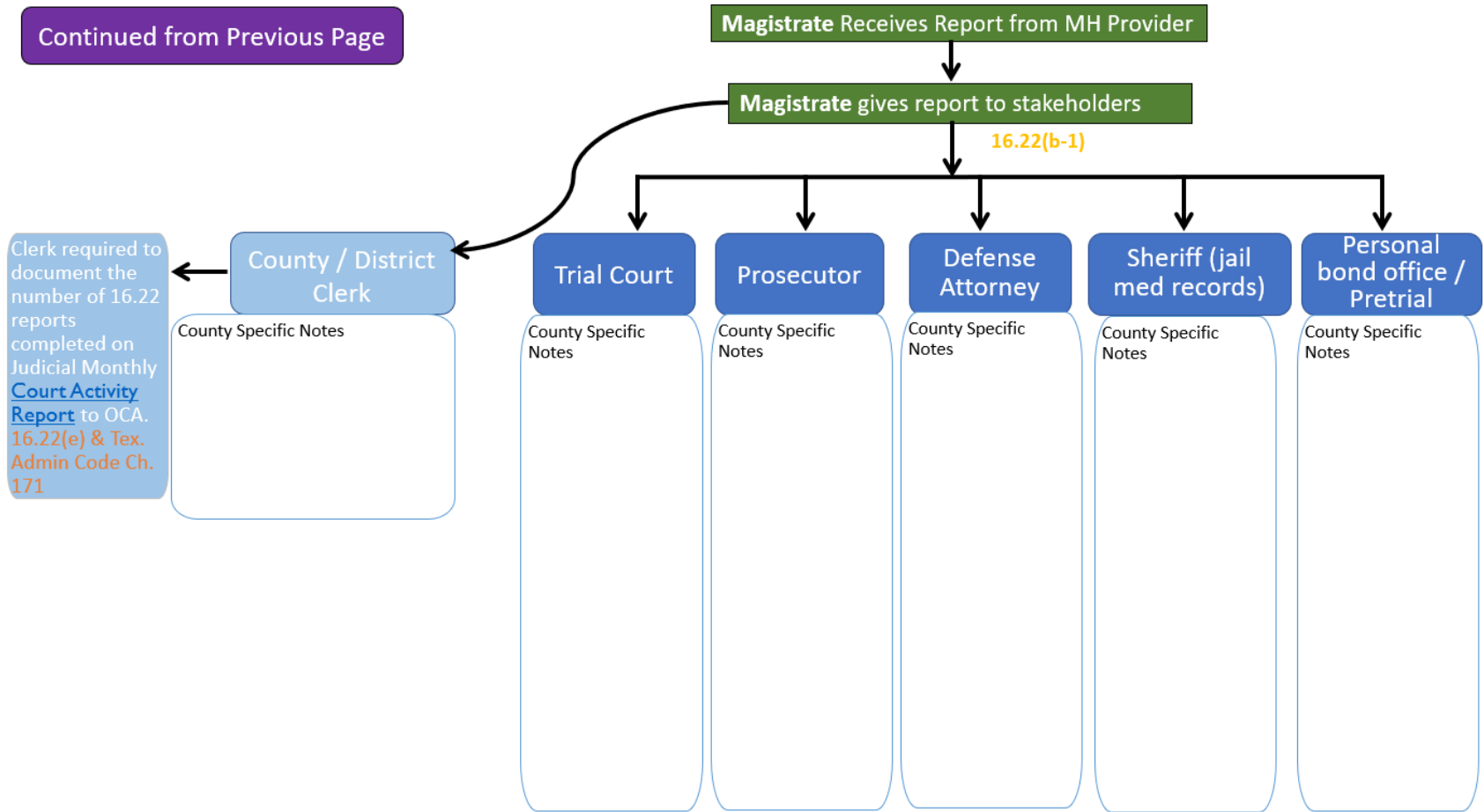


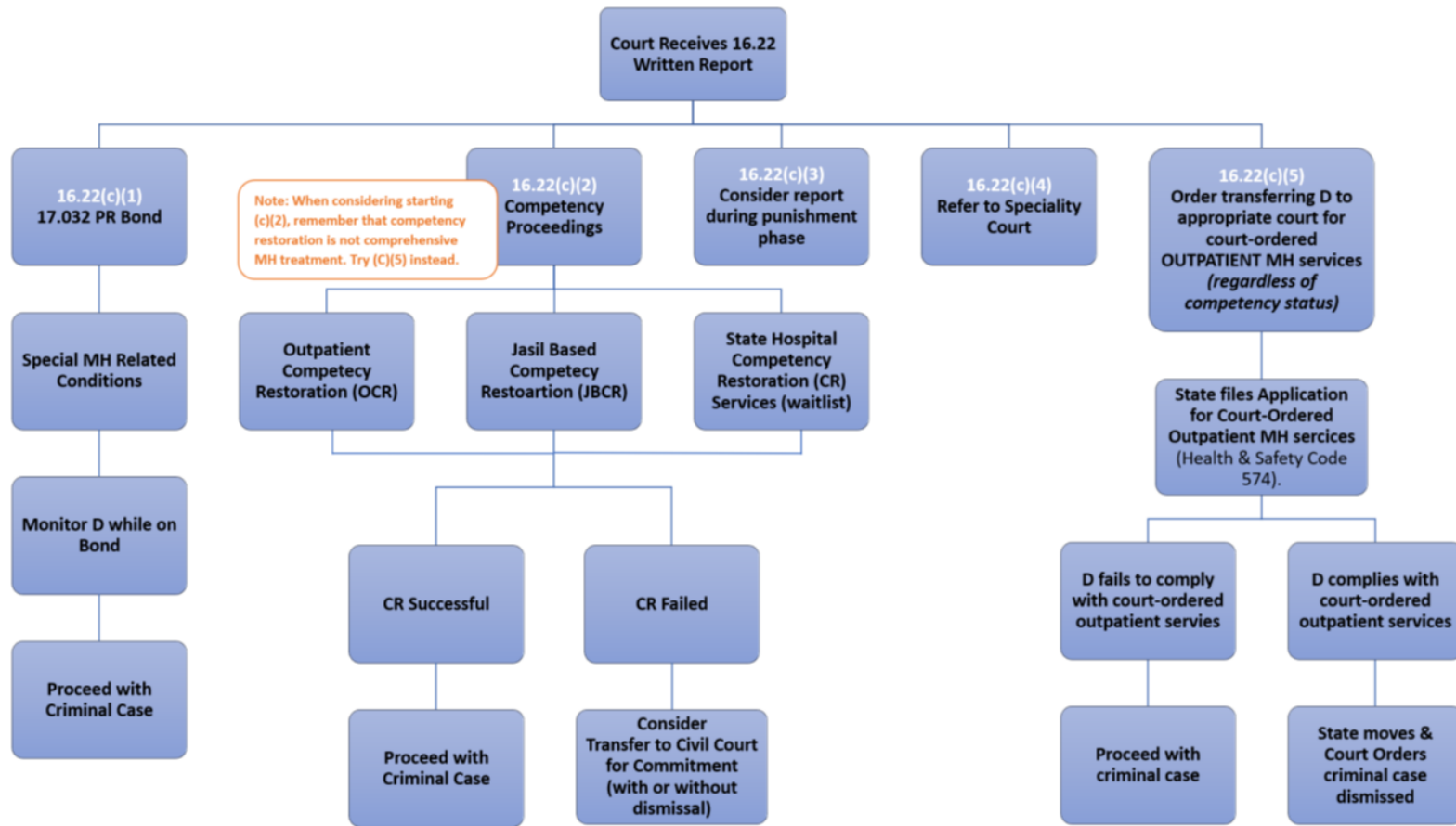
# 16.22 Process



Contin

Continued from Previous Page







## Appendix H: SIM Mapping Workshop Participant List

Name	Agency/ Title
Allen Bell	Adult Probation
Amanda Britton	Midland Juvenile Probation Department
Ashlea White	Midland CSCD
Ashley Borgstedte	Midland College
Brittney Johnson	Midland County Juvenile Probation Department
Carmen Harris	PermiaCare
Carol O'Shaughnessy	Midland Memorial Hospital- Police
Charlene Quinones	Midland JPD
Chris Barnhill	PermiaCare
Coleman Sued	Spectrum of Solutions
Dana Taylor	Midland Memorial Hospital- Emergency Department
Jade Womack	PermiaCare
Jenn Bolin	Thriving United
Joelle Bracken	Midland ISD
John Marc Echols	The Field's Edge
Joshua Alaniz	PermiaCare
Judge Elizabeth Leonard	Midland MH Court
Kayla Minchew	Spectrum of Solutions

Kristi Edwards	Centers for Children and Families
Laura NoDolf	Midland District Attorney
Lisa McGee	Midland Mental Health
Mark Alexander	The Springboard Center
Michelle Barnes	PermiaCare
Pam Shurley	PermiaCare
Seth Herman	Midland Police Department- Chief
Terry Wilkinson	Community Participant
TJ Garcces	Midland County Sheriff's Office
Todd Luzadder	PermiaCare

## List of Acronyms

Include a list of all acronyms that appear in the report. Add each new entry in its own row of this table.

Acronym	Full Name
<b>BJA</b>	Bureau of Justice Assistance
<b>CASA</b>	Court Appointed Special Advocates
<b>CCP</b>	Code of Criminal Procedure
<b>CCQ</b>	Continuity of Care Query
<b>CFR</b>	Code of Federal Regulations
<b>CIT</b>	Crisis Intervention Team
<b>CSG</b>	Council of State Governments
<b>DDJ</b>	Data-Driven Justice
<b>ED</b>	Emergency Department
<b>EMS</b>	Emergency Medical Services
<b>ER</b>	Emergency Room
<b>HHSC</b>	Health and Human Services Commission
<b>HIPPA</b>	Health Insurance Portability and Accountability Act
<b>HMA</b>	Health Management Associates
<b>IDD</b>	Intellectual and Developmental Disability
<b>ISD</b>	Independent School District

<b>Acronym</b>	<b>Full Name</b>
<b>IST</b>	Incompetent to Stand Trial
<b>JCAFS</b>	Joint Committee on Access and Forensic Services
<b>LE</b>	Law Enforcement
<b>LIDDA</b>	Local Intellectual and Develop
<b>LMHA</b>	Local Mental Health Authority
<b>LPC</b>	Licensed Professional Counselor
<b>MAT</b>	Medication-Assisted Treatment
<b>MCOT</b>	Mobil Crisis Response Team
<b>MHFA</b>	Mental Health First Aid
<b>MI</b>	Mental Illness
<b>MJPD</b>	Midland Juvenile Probation Department
<b>NCMHJJ</b>	National Center for Mental Health and Juvenile Justice
<b>NCYOJ</b>	The National Center for Youth Opportunity and Justice
<b>NTBHA</b>	North Texas Behavioral Health Authority
<b>OCR</b>	Outpatient Competency Restoration
<b>PC</b>	PermiaCare
<b>PD</b>	Police Department
<b>PRA</b>	Policy Research Associates
<b>QMHP</b>	Qualified Mental Health Professional

<b>Acronym</b>	<b>Full Name</b>
<b>ROI</b>	Release of Information
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SIM</b>	Sequential Intercept Model
<b>SMI</b>	Serious Mental Illness
<b>SOS</b>	Spectrum of Solutions
<b>STRAC</b>	Southwest Texas Regional Advisory Council
<b>SUD</b>	Substance Use Disorder
<b>TA</b>	Technical Assistance
<b>TCJS</b>	Texas Commission on Jail Standards
<b>TCOOMMI</b>	Texas Correctional Office on Offenders with Medical or Mental Impairments
<b>TLETS</b>	Texas Law Enforcement Telecommunication System
<b>TRAS</b>	Texas Risk Assessment System
<b>UTPB</b>	University of Texas Premia Basin