Sequential Intercept Model Mapping Report

Hood County, TX

April 2022

SAMHSA's GAINS Center Policy Research Associates, Inc.

SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR HOOD COUNTY, TX

Draft Report

April 2022

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ACKNOWLEDGEMENTS

This report was prepared by Regina Huerter and Violette Cloud of Policy Research Associates, Inc., for SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. SAMHSA's GAINS Center wishes to thank Pecan Valley Centers for Behavioral & Developmental Health for supporting this event and the Granbury Conference Center for hosting this event. SAMHSA's GAINS Center thanks Hood County Sheriff Deeds and Pecan Valley Centers CEO Coke Beaty for opening the workshop on April 5, 2022

RECOMMENDED CITATION

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Contents

Introduction

Since 1995 SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, has worked to expand community-based services and reduce justice involvement for adults with mental and substance use disorders in the criminal justice system. The GAINS Center is support by the Substance Abuse and Mental Health Services Administration to focus on five areas:

- Criminal justice and behavioral health systems change
- Criminal justice and behavioral health services and supports
- Trauma-informed care
- Peer support and leadership development
- Courts and judicial leadership

On April 5th and 6th, 2022, Regina Huerter and Violette Cloud of SAMHSA's GAINS Center facilitated a Sequential Intercept Model Mapping Workshop in Granbury, TX for Hood County, Texas. The workshop was hosted by Pecan Valley Centers at the Granbury Conference. The Hood County Sheriff's Department and Granbury Police Department supported the workshop. Approximately 20 representatives from Granbury and Hood County participated in the 1½-day event.

Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

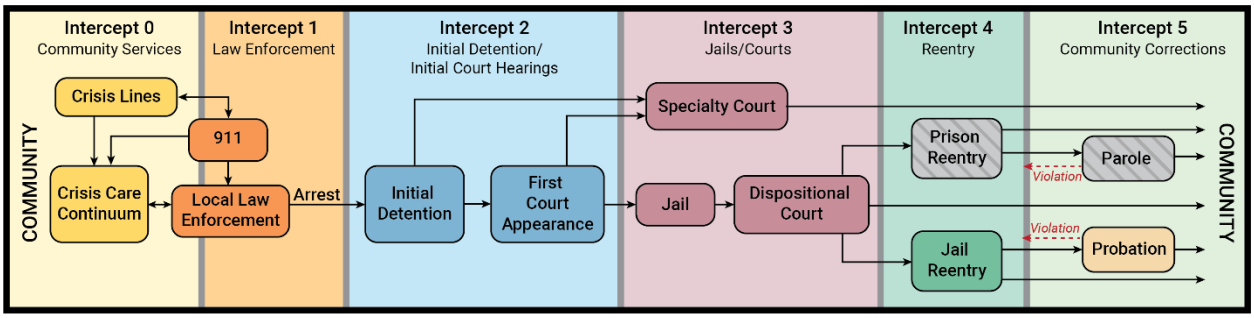
A Sequential Intercept Mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps, opportunities, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population



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

Agenda

POLICY RESEARCH ASSOCIATES

Sequential Intercept Model Mapping Workshop

Hood County, Texas

Agenda (Day 1)

April 6, 2022

8:00 A.M. – 4:30 P.M.

8:00	**Registration and Networking**
8:30	**Welcome and Opening Repmarks** *Coke Beatty, CEO Pecan Valley Centers* *Sheriff Roger Deeds*
	Overview of the Workshop *Workshop Focus, Goals, and Tasks* *Collaboration: What's Happening Locally* *Keys to Success*
15 Minute Break	
	The Sequential Intercept Model *The Basis of Cross-Systems Mapping* *Six Key Points for Interception*
	Cross-Systems Mapping *Creating a Local Map* *Examining the Gaps and Opportunities*
1 Hour Lunch	
	Establishing Priorities *Identify Opportunities, Planning for Success*
15 Minute Break	
	Wrap Up and Review *Top Five List*
4:30	Adjourn

POLICY RESEARCH ASSOCIATES

Sequential Intercept Model Mapping Workshop

Hood County, Texas

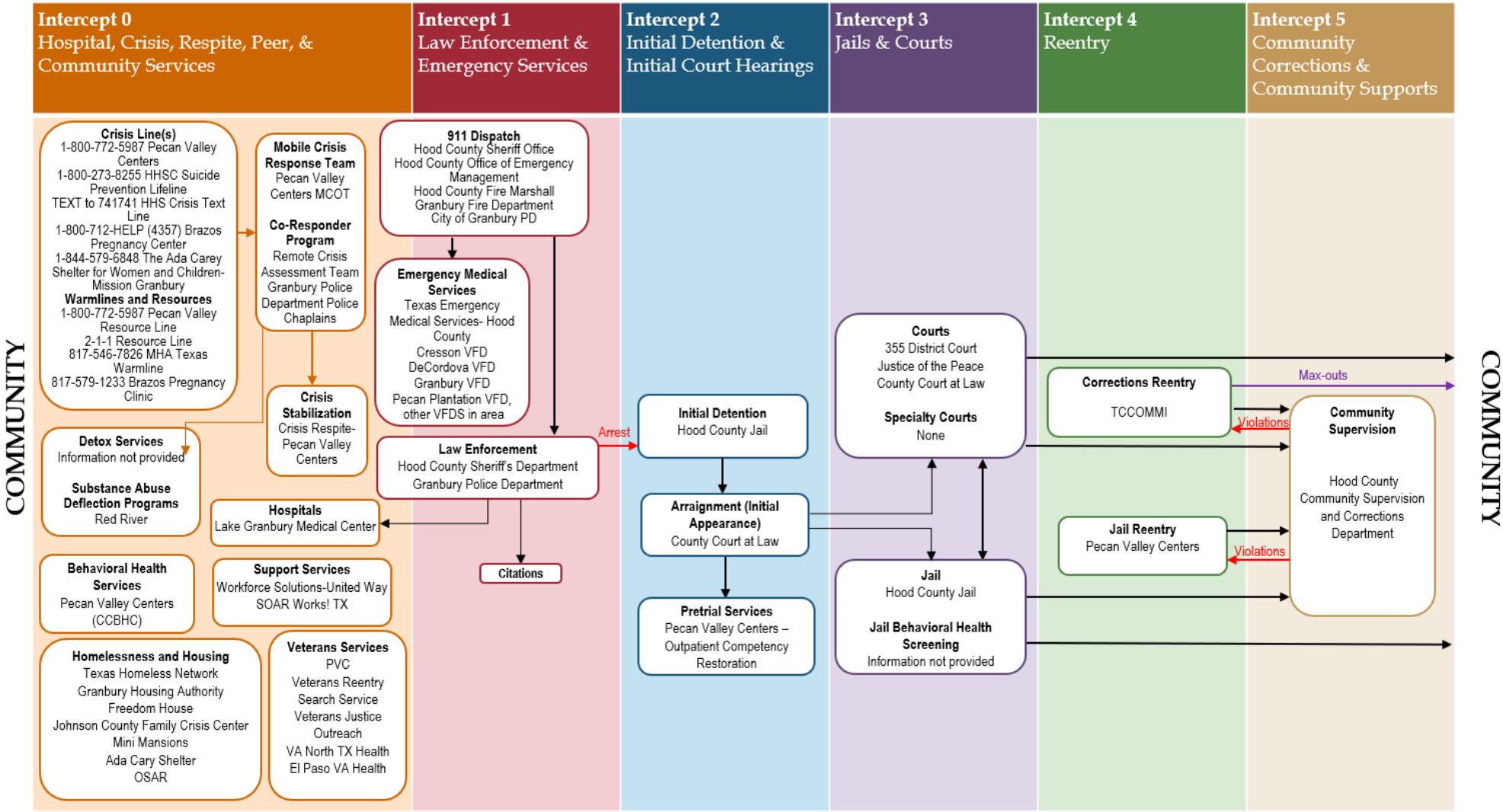
Agenda (Day 2)

April 7, 2022

8:30 A.M. – 1:00 P.M.

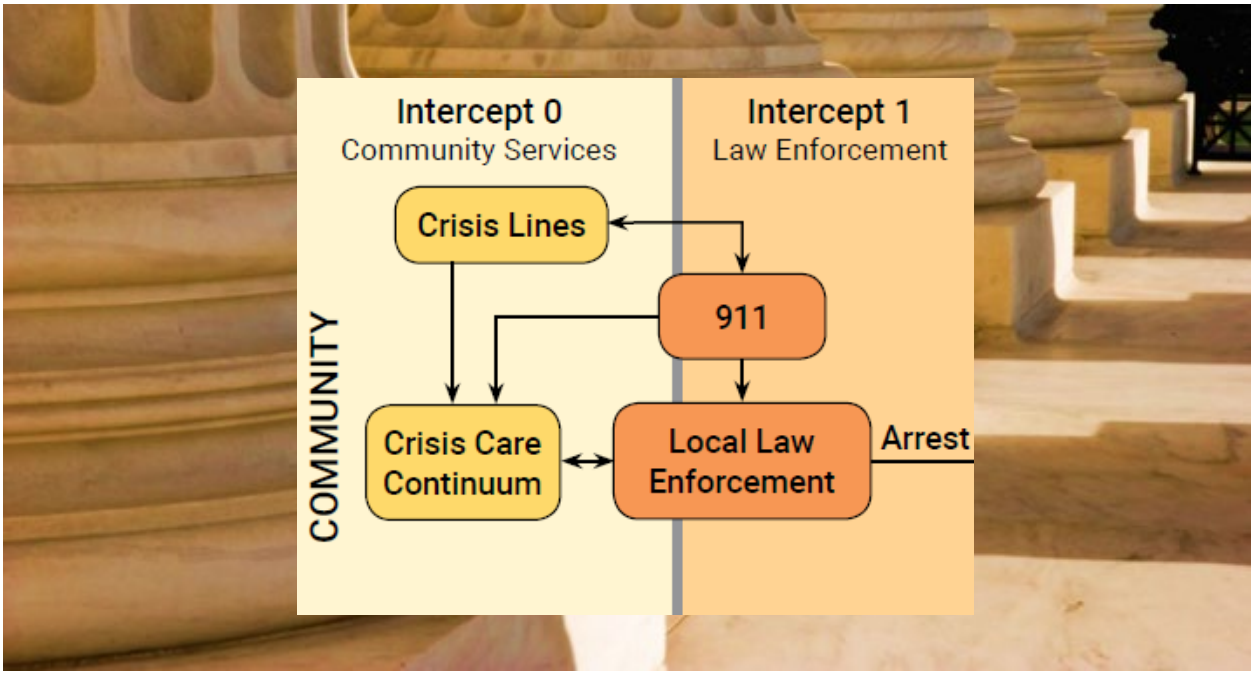
8:30 A.M.	**Welcome and Reflections** *Preview of the day*
	Review *Day 1 Accomplishments* *Local County Priorities*
15 Minute Break	
	Strategic Action Planning Exercise *Collaborating for Progress*
15 Minute Break	
	Next Steps *Summary and Closing*
1:00 P.M	**Adjourn**

Sequential Intercept Model Map for Hood County, Texas



Opportunities and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.



INTERCEPT 0 AND INTERCEPT 1

OPPORTUNITIES

Crisis Call Lines

There are several crisis hotlines serving Hood County. The primary number is for the Pecan Valley Center's (PVC) crisis line operated by AVAIL, which can be accessed at 1-800-772-5987. AVAIL operators will conduct an intake screening. After the assessment Mobile Crisis will be dispatched or, if the call is emergent, the call will be relayed to 911.

The PVC Crisis line receives approximately 100 calls a month and majority are accurately triaged as mental health crisis. Some are false alarm, but crisis response team still provides services. Standard services include the development of a safety plan, short term respite, or involuntary hospitalization.

Other Crisis lines

- 1-800-273-8255 HHSC Suicide Prevention Lifeline
- TEXT to 741741 HHS Crisis Text Line
- 1-800-712-HELP (4357) Brazos Pregnancy Center
- 1-844-579-6848 The Ada Carey Shelter for Women and Children- Mission Granbury
- 2-1-1 Resource Line

- 817-546-7826 MHA Texas Warmline
- 817-579-1233 Brazos Pregnancy Clinic

9-1-1/Dispatch

Dispatch is housed in the Sheriff's Office and is responsible for relaying calls to law enforcement, first responders or mobile crisis. Hood County has a non-profit fire department and volunteer emergency medical services.

The dispatch takes over 600 calls that range from, pursuit, fire, medical, crisis, property, animal control. This overwhelms the radio with fire, LE, and EM all on the line.

Law Enforcement and First Responders

There are three types of law enforcement officers that may respond to dispatch calls:

- Patrol Officers from the Sheriff's office
- Officers from the municipal police departments
- Constables from the courts of the four precincts in the county

Both patrol officers and municipal police receive training in Narcan administration and the identification of overdose and carry multiple doses.

QUICK WIN: The constables will be invited to the next training session for Narcan.

The Granbury Police Department (GPD) has 45 sworn officers. The two most common cases for the city are intoxication and mental health crisis. If GPD receives a crisis call they will engage PVC. However, depending on the offense, they may have to incarcerate. The numbers flex depending on the time of the year.

GPD officers receive 40-hours in mental health awareness training. They also have received crisis intervention team training and renew their core curriculum every two years.

SIM participants report the GPD have also received training in Traumatic Brain Injury (TBI) and other disability, as well as specific training in autism. PVC provides some of the training on TBI, specific to veterans.

Remote Crisis Assessment Team (RCAT)

Pecan Valley Centers and law enforcement have partnered to implement RCAT. All officers now have a mental health screening application available on their patrol devices (phone, tablet, laptop). This application allows for immediate mental health screening. Parallel to the screening app is a video conferencing app called, "Life Size." The Life Size application can be used for a telehealth session with a licensed clinician.

The Hood County Sheriff's Office has 50 officers, 17 of which are dispatchers.

Crisis Services

Mobile crisis is dispatched by the crisis line. Since the pandemic the Mobile Crisis clinical staff are providing services via the video or telephone. Currently only 6 staff available covering 6 counties.

Involuntary Hospitalization

Mental Health beds are also contracted with Red River. Generally, the Sheriff's Department provides drop-off, but Red River does the return transport. SIM Participants report that collateral information is shared between PVC and Red River

5150 is the code for a 72-hour mental health hold. To get a 72-hour hold a Justice of the Peace in Hood County will sign order, but the court in county where the psychiatric hospital is located must execute the order.

Housing

There is a growing concern around the availability of affordable housing and the exponential growth of homelessness. SIM participants report an 80% increase in the expenses attributed to homeless and housing services to services utilizers in the past year. Participants also report that the majority of the homeless population are transient or living out of their vehicles. For this reason, the community does not have any identified homeless encampments.

Several housing providers were identified:

- Couch Surfer's Ministry serves both men and women
- Mini Mansions serves women only
- Ada Cary Shelter serves women that have been battered within 90 days
- OSAR provides services to unhoused individuals with MH/SUD

Hospitals

Lake Granbury Medical Center has an emergency department but utilizes Pecan Valley Centers as the mental health provider.

Outpatient Mental Health Services

Pecan Valley Centers is a Certified Community Health Clinic (CCHC) which operates an outpatient program. PVC serves approximately 3,000 adults monthly. There is a running waitlist for new intakes. Individuals in current crisis or those who are at risk of suicide by-pass the waitlist.

Currently there is a staff of 5, but a full staff would be 12.

Outpatient services are provided at various levels of intensity. The highest level of care calls for an ACT team where the individual has multiple staff working on their case and meeting with

them multiple times a month. Lower levels of service mean less staff and fewer meetings per month.

Community Outreach

PVC has recently begun a promotora program, to provide health outreach with a mental health component to the Spanish speaking Hispanic and Immigrant community. The promotora program currently has two staff members.

Collection and Sharing of Data

There is a large amount of data being collected by law enforcement, jail, and behavioral health. The Granbury Police Department has the capacity to access the jail intake data and can provide numbers on housing status, jail times, etc.

Pecan Valley Centers collects data on housing stability but has not analyzed the data.

All law enforcement in Texas utilize the TX Law Enforcement Telecommunication System (TLETS). TLETS provides interstate connectivity. Access to data is tiered, however officers can see critical information such as arrest history, home address, and medical status. Higher tiered access allows data entry.

Transportation

Due to the geographic sprawl of Hood County (of 64K population only 11k live in Granbury), this is a highly rural service area.

There is no public transit system, but Medicaid transit is available. Medicaid transit is free to those with Medicaid and can be paid for by others. All rides must be prescheduled.

To adapt to the transportation challenges, PVC offers telehealth services and other patient status health monitoring options that don't require in-person visits. Additionally, Integrated Care has drives for primary care services and some mental health clients.

Peer Services

PVC hires staff with lived experience and has implemented a peer navigator program. The Veteran's program has a large peer hiring program with paid staff.

SIM participants report that the peer certification process is regulated at the state level, not the county level.

GAPS

Crisis Call Lines

- Although the crisis line (AVAIL) will forward calls to 911, dispatch does not have a practice of forwarding crisis calls to the crisis line
- There are no 'warm' crisis lines and peers have not been integrated in the crisis line system.

9-1-1/Dispatch

- Mental health questions are occasionally asked during call assessment, but there is not a standard practice of mental health screening for all calls.

Healthcare

- Hood County does not have an outpatient detox program or a psychiatric hospital.
- Need public awareness to reduce the use of the emergency room for intoxication or mental health crisis.
- When individuals present in the ER, hospital protocol requires doctor clearance and medical checkups before the individual is released. For intoxication and MH cases this causes a backlog and unnecessary use of resources.
- There is tension around the use of the Emergency Room for mental health assessments.
- Although inpatient substance use treatment is available free of charge, it is long-term (26 days). To qualify individuals must engage in treatment voluntarily for the full duration. Few individuals' complete treatment.
- The uninsured or underinsured population is underserved. 25% of Texans do not qualify for Medicaid and Texas is not a Medicaid expansion state.
- There are not enough beds for involuntary commitment cases in the county.

Law Enforcement and First Responders

- Law Enforcement does not have an established policy discouraging drop offs at the emergency room.
- With the growing transient and vehicle based unhoused population in Hood County, the public needs to be educated on overnight parking laws and the differences between public and private property.

QUICK FIX: GPD offered to provide guidance to a participating community-based agency.

Crisis Services

- Use of the crisis line could be improved across the board by the public as well as law enforcement and first responders.
- Public education and awareness on the crisis line needs to be implemented.

Housing

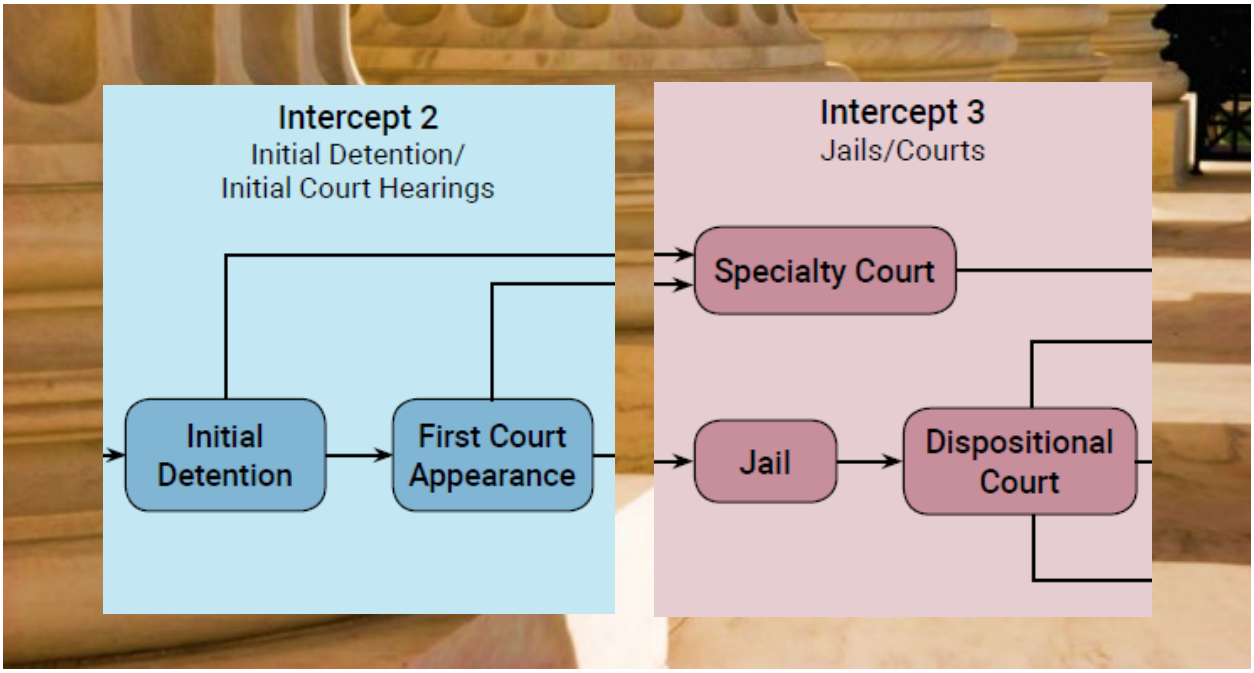
- There is a shortage of affordable housing in the county.
- State funding for housing services is unreliable.
- Although there are shelters in the area, many of the unhoused population do not engage their services.

Peer Support

- Peers need to be engaged at every intercept.

Collection and Sharing of Data

- Although a vast range of data is being collected by dispatch, GPD, PVC, and others there is currently no coordinating body or data sharing agreement in place.



INTERCEPT 2 AND INTERCEPT 3

OPPORTUNITIES

Booking

At jail booking staff conduct a suicide screened and a mental health assessment. Additionally, the jail will initiate a Continuity of Care Query (CCQ) within 12 hours of booking. If the individual has had a prior contact with the mental health system, there will be a data match through the CCQ, and the jail staff will notify PVC.

Jail staff has access to TLETS and will enter data from the screening into the system.

The jail has an in-house policy to incorporate Narcan training and standardized assessments for opioid and alcohol withdrawal. New staff attend an 'administrative week' and are trained on the use of Narcan, and how to recognize the symptoms of overdose. Narcan is easily available to staff in the booking area.

Jail Structure and Personnel

Currently there are four medical staff positions withing the jail: three nurses and one prescribing doctor. The staff are on a rotating schedule, with two on-site always. If the doctor is not on-site, they can be reached by phone by jail staff.

A SIM Participant noted that many of the jail staff have emergency response training and can conduct a baseline assessment if there is an emergency.

The doctor is contracted through HMHR and oversees all prescriptions and medications within the jail. The nurses follow a formulary for all medications. The jail will adhere to outside medications, but they must be dropped off and approved by the jail doctor.

The jail will release the remaining medications upon release.

Competency

Any party to the case can raise competency as an issue. Once competency is raised, the judge will order an assessment.

Courts

Hood county has four Justice's of the Peace (JOP) that conduct magistration and handle civil issues. The county court of law (9 judges) handle criminal cases.

Neighboring county, Tarrant, has a range of specialty courts (Veteran's, DUI, Mental Health, and Drug)

The Judicial Commission on Mental Health has guidance on implementing mental health courts and the Texas GOV Code 125.001 outlines the Texas rules for implementing a specialty court.

Data Collection and Sharing

Data is being collected and can be accessed and analyzed. A SIM Participant shared some data points:

- 171 individuals in custody, 127 in general population
- Protective Custody: 38; Pre-Sentence: 109; Sentenced: 21
- Felony
    - 1st: 14
    - 2nd: 27
    - 3rd: 35
- Misdemeanor
    - Class A: 14
    - Class B: 26
    - Class C: 3

GAPS

Booking

- The Texas Judicial Jail Standards assign Pecan Valley Centers as the Mental Health Provider; however, PVC is not a psychiatric facility.
- Although the CCQ is conducted for every intake at booking, it is hit or miss. Individuals are still slipping through the cracks.

Jail Structure and Personnel

- There are staffing shortages, specifically female officers.

Jail Services

- Medication Assisted Treatments are not available in the jail. It is possible that outside prescriptions may be approved, but unlikely.

Competency

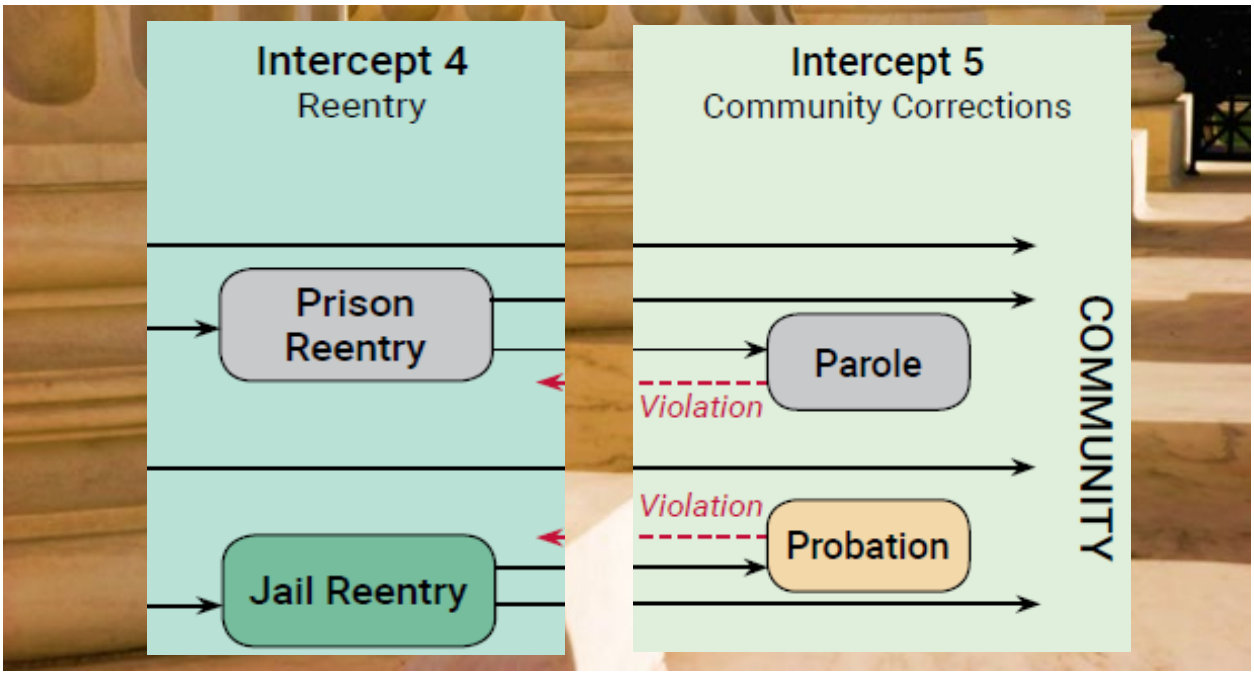
- There is a backlog estimated at 1.5 years for assessment and there are over 1000 individuals waiting to go to state hospital.

Problem-Solving Courts

- Hood County does not have any specialty courts, though there is an effort to start a Veteran's docket.

Data Collection and Sharing

- Data is collected and available but there is not an analysis plan in place and the jail is currently not using the data for program development.
- Charging data is sortable but is not being analyzed.



INTERCEPT 4 AND INTERCEPT 5

OPPORTUNITIES

Community Reentry

The PVC Veteran's area is working with peers to train them to work with individuals in the jail. One peer is currently going through the military JIV (Justice Involved Veteran) training, a 1.5-2-year training program.

There is an interlocal agreement between the jail and PVC to develop the reentry planning which will focus on individuals with MH/BH concerns. Jail staff are looking to incorporate more solution focused programing into reentry and treatment planning. Pecan Valley Centers participated in a learning collaborative through the Safety ad Justice Challenge on Reentry planning.

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCCOMMI)

TCCOMMI is a regional service provider for individuals engaged in the legal system, specifically a local jail or a Texas Department of Criminal Justice (TDCJ) facility. TCCOMMI provides evaluation and assessment as well as transitional services that include mental health treatment, employment assistance, and housing support. Two program types are available:

- Continuity of Care (COC)
- Intensive Case Management (ICM)

There are specialized caseloads: drug track, domestic violence (DV), and mental health (MH).

Several reentry programs were discussed during the SIM including CISCO Networking Academy, Prison Entrepreneur Program (PEP), HVAC training, and Forward training Center (United Way).

GAPS

Jail Services

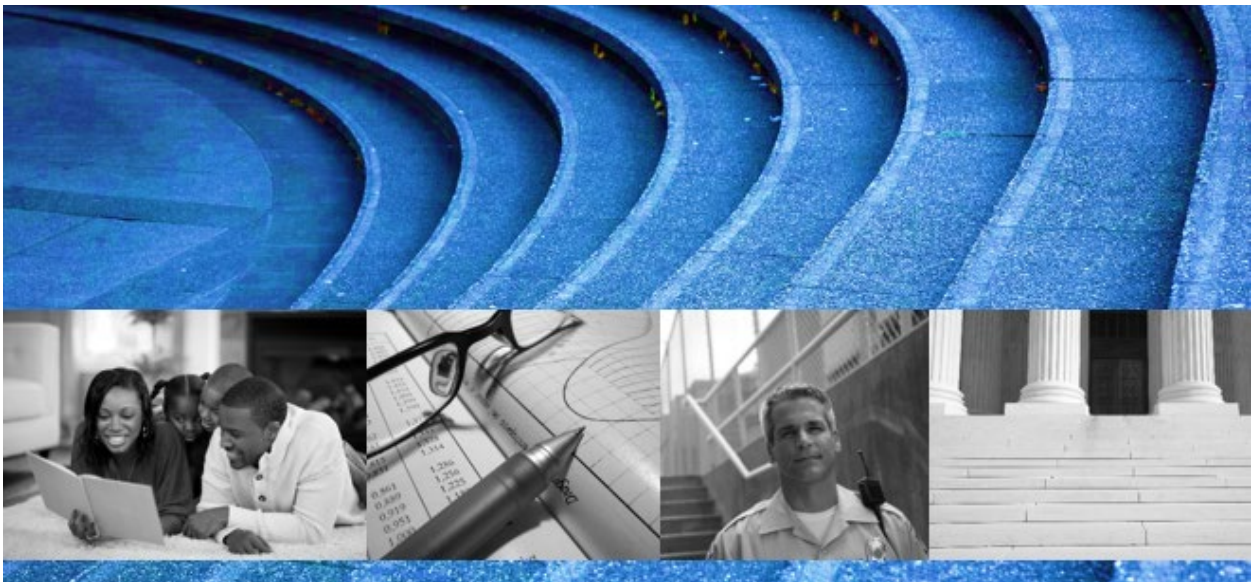
- Staffing shortages

Community Reentry

- Narcan is not being provided to individuals with known OUD upon release.

Data Collection and Sharing

- No data analysis plan in place



Priorities for Change

The priorities for change are determined through a identification, discussion and voting process. Throughout the mapping the facilitators tracked system gaps. Once identified these gaps were restated as potential priorities.

During a discussion of the identified gaps the participants organized the gaps into Priority Themes. Then a set of Priorities for Change were established and voted on. Each participant had three votes. The voting took place on April 6, 2022. The following are the Priorities for Change in ranked order:

PRIORITY VOTING

1. Regional Specialty Court (9 votes)
2. Workforce (9 votes)
3. Gather Data (6 votes)
4. Public Awareness (6 votes)
5. Engage DA and Judges (5 votes)
6. Coordinated Jail Reentry (4 votes)
7. Maximize Regional Resources (3 Votes)
8. Crisis Stabilization or Sobering Center (3 votes)
9. Diversify SUD Services (3 votes)
10. Mobile Mental Health Assessment (1 vote)

POTENTIAL PRIORITIES

1. Implement MH/BH screening at first contact (Dispatch) as standard procedure
2. Crisis line (Avail staff) will send calls to 911, but 911 does not send calls to crisis line
3. Adding peers at all stages of the SIM, starting with Crisis
4. Increase outpatient detox options in Hood County
5. Increase warm handoff/treatment engagement of individuals from Emergency Room …..reduce use of Emergency Room by MH/BH (non-medical presenting issues)
6. Develop a SUD civil commitment-based law
7. Expand police department co-response team
8. Working with the state to access the funding for housing is not guaranteed.
9. Address housing shortage in the area.
10. Organize/centralize data: LE, Jail, PVC, Dispatch. Utilize data to identify population needs (MVPs, prevalent MH/BH issues, offenses, etc.) Also, use data to track costs
11. Engage courts in conversation about implementing a specialty court (veteran first).
12. Developed a strategy for getting the identified patient transported from A to B when not medical or Medicaid qualified and not burdening LE
13. Recruitment plan to address the workforce challenges: Lack of available qualified/licensed providers and other staffing challenges
14. Finding ways to discourage use of ER for non-medical concerns (establish LE directive)
15. Create a crisis stabilization center or sobering center in Hood County (no refusal drop-off location for LE)
16. Implement Public education/awareness on the crisis line access and other information hub for resources and referral
17. Identify and implement standardized/validated assessment and screening practices within the jail
18. Engage DA and PD in diversion planning

PRIORITY THEMES

1. Organize/centralize data: LE, Jail, PVC, Dispatch. Utilize data to identify population needs (MVPs, prevalent MH/BH issues, offenses, etc.) Also, use data to track costs

2. Program Development/ Diversifying SUD treatments
    a. Adding peers at all stages of the SIM, starting with Crisis
    b. Increase outpatient detox options in Hood County
    c. Create a crisis stabilization center or sobering center in Hood County (no refusal drop-off location for LE)
    d. Identify and implement standardized/validated assessment and screening practices within the jail

3. Establish a regional coordination for individuals with complex needs specifically in providing medications.
    a. Engage courts in conversation about implementing a specialty court (veteran first).
    b. Develop a SUD civil commitment-based law
    c. Develop a strategy for getting the identified patient transported from A to B when not medical or Medicaid qualified and not burdening LE

4. Interagency Communications
    a. Implement MH/BH screening at first contact (Dispatch) as standard procedure
    b. Crisis line (Avail staff) will send calls to 911, but 911 does not send calls to crisis line
    c. Increase warm handoff/treatment engagement of individuals from Emergency Room, to reduce use of Emergency Room by MH/BH (non-medical presenting issues)
    d. Finding ways to discourage use of ER for non-medical concerns (establish LE directive)
    e. Engage DA and PD in diversion planning
    f. Expand police department co-response team

5. Workforce/Regional resource hub
    a. Recruitment plan to address the workforce challenges: Lack of available qualified/licensed providers and other staffing challenges
    b. Implement Public education/awareness on the crisis line access and other information hub for resources and referral
    c. Working with the state to access the funding for housing is not guaranteed. Address housing shortage in the area.
    d. Adding peers at all stages of the SIM, starting with Crisis

Quick Fixes

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

1. The constables will be invited to the next training session for Narcan and will be included in future planning sessions regarding diversion efforts.
2. During the Intercept 2 discussion it was identified that the jail and Pecan Valley Centers previously had a monthly meeting. Recent staff changes and the pandemic interrupted those meetings. During the meeting both PVC and the Jail agreed to reinstate the monthly meeting.
3. Jail and PVC will coordinate referral and reentry process with Forward Training Centers.
4. GPD will advise community agencies on how to confirm approval for individuals to park overnight in private parking lot.

Recommendations

1. **Address workforce issues by identifying underlying challenges around recruitment and retention.**

Understaffing and workforce turnover are common concerns among rural communities. There are a few strategies under resourced communities might pursue to address these challenges. Many of the drivers include competitive pay and desirable or affordable housing.

First, some communities have found that they can adjust the mandatory qualifications for clinical service providers. Master-level providers can meet the service needs of smaller rural communities. Similarly, partnering with the state university or local community college to develop an internship program, where students gain course credit and work experience, has been identified as a method for addressing workforce challenges.

- Partnerships between Community Colleges and Prisons
- Recruiting, Retaining, and Developing Jail Workforce

Peer Support Specialists are effective in helping clients engage in treatment and help maximize resources that keep people out of the justice system. Peer support services can help reduce the need for additional high-cost staffing by expanding the role of supportive services, particularly needed at the early stages of treatment.

- Enhancing the Peer Provider Workforce: Recruitment, Supervision, and Retention, National Association of State Mental Health Program Directors (2014)
- https://nij.ojp.gov/topics/articles/recruitment-assessment-and-retention-direct-care-workforce-individuals-criminal

2. **Establish a comprehensive mental health screening and assessment procedure at jail booking for arraignment diversion (Intercept 2) and pre-plea diversion (Intercept 3).**

Developing a program description for these activities, branding these programs, collecting data on diversion activities, and measuring outcomes, including cost savings and recidivism, can inform the expansion of these activities, identify service gaps and justify additional resources.

Formalizing screening protocols at arraignment and the jail is the first step in expanding and implementing diversion strategies. Many screens, such as the Brief Jail Mental Health Screen, are in the public domain.

Additional brief mental health screens include the following:

- Correctional Mental Health Screen
- Mental Health Screening Form III

Brief alcohol and drug screens include the following:

- Texas Christian University Drug Screen V
- Simple Screening Instrument for Substance Abuse
- Alcohol, Smoking, and Substance Involvement Screening Test

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, "Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders in the Criminal Justice System." The monograph identifies four essential elements of arraignment diversion programs. CASES Transitional Case Management and Project Reset+ are two examples of successful arraignment diversion programs.

3. **Develop a plan for interagency collaboration on data collection, management, and sharing.**

During the SIM workshop, several participants described the data each agency is collecting. However, the community does not have an analysis plan, nor is the data used in the planning or development of programming at intercepts 3, 4 & 5.

Generally, disciplinary stakeholders have their data systems, each with unique identifiers that limit data matching. Many do not capture trends, let alone allow for data integration or interface with other systems within the justice or behavioral health systems. By sharing strategies, outcome data, and cost data, the counties as a group may be able to better inform legislative and State funding priorities. The following outlines a process for building interagency collaboration around data:

Phase I: Convene a cross-system/discipline technology (IT) and user working group, including those who enter data, to walk through their data systems:

- Take a current or recent data set and "walk" through the data for a small group of individuals to explore:
  - What is and isn't collected? What information is entered and when? Whom is it shared with, and how is it shared?
- Review any data sharing memorandums of agreement. Create memorandums as appropriate.

- Define terms and definitions of each data point. Review current and adjust codebooks as needed.
- Determine if a data point is private information or public.
- Look at both charge-based and individual-based data.
- Determine costs for each step in the process.
- Create a data dictionary that includes shared definitions and defined terms to ensure a common definition of what populations/issues you are trying to understand; learn from each system how that data point is collected, coded, and stored.
    - Determine common identifiers to match populations. Some key terms to define are: serious mental illness, substance use disorder, incompetent to stand trial, pre-trial eligibility, homeless and housing status. Terms that surround tracking race and ethnicity also need to be defined.
- Add an "opt-out" clause to release of information about information collection for data sharing (as appropriate) and analysis purposes.

Rather than tackle the entire system, start with integrating two or three parts of one system – such as pre-trial and detention/jail data; or emergency department, mobile crisis, and triage center.

Phase II: Add cross-discipline information such as jail-based mental health and substance use information and pre-trial screening and outcomes.

- Develop a case-process flow analysis and data including race/ethnicity, gender, age, time to process each step, level of offense and risk, bond eligibility and status, and the average length of stay for the general population and someone with a mental illness or a substance use disorder.
- Use data to understand trends. Historical data can reflect trends and target or illuminate issues. To the degree possible, use charge-based and individual-based data and look historically at issues such as repeat offenders, common offense locations, system processing and access to services.
- If possible, overlay access and utilization of mental health and substance use treatment and medication. Include failure to appear and lengths of stay in jail.
- Track data for racial and ethnic disparity across all programs. Examine criteria, acceptance, successful completion rates, and technical violations.
- Track technical violation data to understand the impact on the jail and improve the use of sanctions and incentives.
- Create cost measures and add them to the analysis.
- Include race, ethnicity, age, and gender in data analysis.

Increase cross-system understanding of HIPAA, 42 CFR Part 2, and HMIS for information sharing about mental health, substance use, and homelessness. Educate stakeholders on information and data sharing between protected entities, between protected and non-protected entities, and between non-protected entities.

Strategic Action Plans

Priority Area #1: Hood County Coordination of a Specialty Court to maximize the local resources and engaging the DA and Judges.			
Objective	**Action Step**	**Who**	**When**
Pre-Planning: Reach out to the commission to identify the procedures/regulations to implement a specialty court **Judge-Carr** **Develop a presentation to present at the meeting.**	Utilize the Jail to jail/ Judge to Judge networks to link with other. Convene a meeting with: **Hattox/Buffkin, PVC, Sheriff, PD,**	**Coke**	**Winter 2022-October**
Planning Stage Identify what the cost and personnel requirements will be needed for a sustainable regional specialty court Utilize Dallas County and Tarrant County models as examples to show impact/benefit→can be incorporated into the **"Pre planning stage"** Identify the specialty court model to meet the region needs….(looking to the data)	Connect with Sheriff Deeds Proposal already presented to the DA and the How much it costs a day was already collected for hood county. Invite the county attorney to the table	**Rhea will talk to the jail and get the data for Rachel**	**Summer 2022-end of June**
Suggestion stage Floating the idea to the judges→ before developing a formal proposal--- Identify Key Judges from the region that could champion the initiative. Upcoming hiring of a new district court→may be an opportunity to redirect towards a regional specialty court	Connect with Hood District Judge-Brian Buffkin, who has an overloaded caseload and is looking for strategies to reduce it. And Judge Hattox, county court of law and Judge Naftsgail	Coke Beaty and Scott	Ongoing

Priority Area #2: Coordinated Reentry			
Objective	**Action Step**	**Who**	**When**
Implement Jail/PVC intern program Early notification of PIs in jail to PVC-masters level interns can conduct psychosocial eval and provided a recommended diagnostic which can be used by licensed clinician to do a full diagnostic. Individuals need to be identified by jail staff and need to voluntarily agree to interview-data to be collected includes: # PIs id to fit, # PIs refuse interview, #agree to interview, # agree to follow-up diagnostic and treatment.	Coordinate between Jail and PVC to establish identification and notice process. To meet the Jail standards the assessment must occur withing 24 hours Idea to do an interview after the release if the contact/location information is provided.	Diane, Zack, & Walker Jail Staff	April-May 2022
Understanding the jail population-the average length of stay for sentenced individuals Under 45 days=8; over 45: 0; Average total is high estimated at over 3000 days	Break out the populations based on length of day, remove those with writ to other community, or those headed to DOC A-B (#10; average length unknown) vs 2-3 (#3 average length unknown) Max sentence for county jail is 6-mo to 1 year Two left: pre-trial and sentenced		
Other populations to identify-competence: 2 currently sitting in jail. Breaking out the AB/12 populations.	Identify needs of the competency population, targeting the non-violent misdemeanors		
Low hanging fruit addressing recidivism by targeting the short-term frequent utilizer individuals			

Priority Area #3: Public Awareness on MH/BH services, rerouting individuals from the ER/ED			
Objective	**Action Step**	**Who**	**When**
Intercept the population presenting at the ER/ED with MH/BD who are not being flagged or referred to PVC Emergency room has a process for referring to PVC	Challenging population to capture are those "in between" not enough to be held or to have PD called		
Peers at every stage of the intercept: professional/certified peers and laypeers (companion peers)	Identify opportunities to engage community non-profit in mental health first aid Coltan Cherryhomes-coordinator of the MHFA *Part of the Public awareness efforts		
Standardizing a viable social worker discharge plan process within the ED/ER			

Priority Area #4: Data Organize/centralize data: LE, Jail, PVC, Dispatch. Utilize data to identify population needs (MVPs, prevalent MH/BH issues, offenses, etc.) Also, use data to track costs			
Objective	**Action Step**	**Who**	**When**
Identify population with high needs….but slip through the cracks	Most prevalent offenses in the data		
Create a best practice where high utilizers coded as PI are flagged for PVC	Pull and analyze the Public Intoxication Code, which is known to be a MVP pop and likely to have MH/SMI not SUD/BH		
Looking also at veteran's data			

Resources

Competence Evaluation and Restoration

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- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
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- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

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

Housing

- The Council of State Governments Justice Center. (2021). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health.
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- Local Program Examples:
    - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
    - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.

- MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arraignment Diversion

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- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

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SSI/SSDI Outreach, Access, and Recovery (SOAR)

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Veterans

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Appendix

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Q5 Please indicate the accuracy of the following statements about your community.

Answered: 14 Skipped: 2

	TRUE (1)	FALSE (2)	I DON'T KNOW (3)	TOTAL
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	85.71% 12	7.14% 1	7.14% 1	14
There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	71.43% 10	14.29% 2	14.29% 2	14
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	64.29% 9	14.29% 2	21.43% 3	14
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	57.14% 8	14.29% 2	28.57% 4	14
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	57.14% 8	0.00% 0	42.86% 6	14
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	50.00% 7	21.43% 3	28.57% 4	14
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	50.00% 7	14.29% 2	35.71% 5	14
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	50.00% 7	21.43% 3	28.57% 4	14
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	50.00% 7	21.43% 3	28.57% 4	14
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	42.86% 6	35.71% 5	21.43% 3	14
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	35.71% 5	35.71% 5	28.57% 4	14
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	35.71% 5	21.43% 3	42.86% 6	14

BASIC STATISTICS					
	MINIMUM	**MAXIMUM**	**MEDIAN**	**MEAN**	**STANDARD DEVIATION**
There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	1.00	3.00	1.00	1.43	0.73
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	1.00	3.00	1.00	1.71	0.88
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	1.00	3.00	1.00	1.21	0.56
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	1.00	3.00	2.00	1.79	0.77
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	1.00	3.00	2.00	1.93	0.80
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	1.00	3.00	1.50	1.79	0.86
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	1.00	3.00	1.50	1.86	0.91
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	1.00	3.00	2.00	2.07	0.88
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	1.00	3.00	1.00	1.86	0.99
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	1.00	3.00	1.00	1.57	0.82
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	1.00	3.00	1.50	1.79	0.86
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	1.00	3.00	1.50	1.79	0.86

Q6 Please indicate the accuracy of the following statements about your community

Answered: 12 Skipped: 4

	TRUE (1)	FALSE (2)	I DON'T KNOW (3)	TOTAL
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	58.33% 7	16.67% 2	25.00% 3	12
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	58.33% 7	16.67% 2	25.00% 3	12
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	58.33% 7	8.33% 1	33.33% 4	12
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	58.33% 7	8.33% 1	33.33% 4	12
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	50.00% 6	16.67% 2	33.33% 4	12
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual’s legal interests.	50.00% 6	0.00% 0	50.00% 6	12
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	50.00% 6	16.67% 2	33.33% 4	12
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	33.33% 4	16.67% 2	50.00% 6	12
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	33.33% 4	8.33% 1	58.33% 7	12
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	25.00% 3	25.00% 3	50.00% 6	12
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	16.67% 2	16.67% 2	66.67% 8	12

BASIC STATISTICS	MINIMUM	MAXIMUM	MEDIAN	MEAN	STANDARD DEVIATION
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	1.00	3.00	1.50	1.83	0.90
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	1.00	3.00	2.50	2.17	0.90
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	1.00	3.00	3.00	2.50	0.76
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	1.00	3.00	1.00	1.67	0.85
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	1.00	3.00	1.00	1.67	0.85
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	1.00	3.00	1.00	1.75	0.92
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	1.00	3.00	2.50	2.25	0.83
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	1.00	3.00	1.00	1.75	0.92
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual’s legal interests.	1.00	3.00	2.00	2.00	1.00
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	1.00	3.00	3.00	2.25	0.92
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	1.00	3.00	1.50	1.83	0.90

Q7 Please indicate the accuracy of the following statements about your community.

Answered: 11 Skipped: 5

	TRUE (1)	FALSE (2)	I DON'T KNOW (3)	TOTAL
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	63.64% 7	9.09% 1	27.27% 3	11
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	54.55% 6	9.09% 1	36.36% 4	11
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	54.55% 6	0.00% 0	45.45% 5	11
There are adequate crisis services to meet the needs of people experiencing mental health crises.	45.45% 5	27.27% 3	27.27% 3	11
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	45.45% 5	27.27% 3	27.27% 3	11
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	36.36% 4	9.09% 1	54.55% 6	11
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	36.36% 4	0.00% 0	63.64% 7	11
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	27.27% 3	18.18% 2	54.55% 6	11
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	27.27% 3	18.18% 2	54.55% 6	11
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	27.27% 3	18.18% 2	54.55% 6	11
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	18.18% 2	18.18% 2	63.64% 7	11
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	18.18% 2	36.36% 4	45.45% 5	11
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	18.18% 2	18.18% 2	63.64% 7	11
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	9.09% 1	27.27% 3	63.64% 7	11

BASIC STATISTICS

	MINIMUM	MAXIMUM	MEDIAN	MEAN	STANDARD DEVIATION
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	1.00	3.00	1.00	1.82	0.94
There are adequate crisis services to meet the needs of people experiencing mental health crises.	1.00	3.00	2.00	1.82	0.83
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	1.00	3.00	3.00	2.27	0.86
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	1.00	3.00	1.00	1.64	0.88
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	1.00	3.00	3.00	2.45	0.78
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	1.00	3.00	3.00	2.27	0.86
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	1.00	3.00	2.00	2.27	0.75
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	1.00	3.00	3.00	2.45	0.78
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	1.00	3.00	3.00	2.55	0.66
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	1.00	3.00	2.00	1.82	0.83
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	1.00	3.00	3.00	2.27	0.86
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	1.00	3.00	1.00	1.91	1.00
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	1.00	3.00	3.00	2.18	0.94
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	1.00	3.00	3.00	2.27	0.96

Q8 Please indicate the accuracy of the following statements about your community.

Answered: 11 Skipped: 5

	TRUE (1)	FALSE (2)	I DON'T NOW (3)	TOTAL
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	54.55% 6	9.09% 1	36.36% 4	11
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	54.55% 6	0.00% 0	45.45% 5	11
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	54.55% 6	9.09% 1	36.36% 4	11
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	45.45% 5	9.09% 1	45.45% 5	11
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	36.36% 4	18.18% 2	45.45% 5	11
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	36.36% 4	27.27% 3	36.36% 4	11
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	36.36% 4	27.27% 3	36.36% 4	11
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	36.36% 4	9.09% 1	54.55% 6	11
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	36.36% 4	27.27% 3	36.36% 4	11

BASIC STATISTICS

	MINIMUM	MAXIMUM	MEDIAN	MEAN	STANDARD DEVIATION
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	1.00	3.00	1.00	1.82	0.94
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	1.00	3.00	1.00	1.91	1.00
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	1.00	3.00	2.00	2.09	0.90
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	1.00	3.00	2.00	2.00	0.85
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	1.00	3.00	2.00	2.00	0.85
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	1.00	3.00	3.00	2.18	0.94
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	1.00	3.00	2.00	2.00	0.95
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	1.00	3.00	2.00	2.00	0.85
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	1.00	3.00	1.00	1.82	0.94