

Sequential Intercept Model Mapping Workshop

Report for:

Grayson County

Prepared by:

The Texas Judicial Commission on
Mental Health

In Collaboration with Lynfro Consulting

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Sequential Intercept Model Mapping Report for Grayson County, TX

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The Texas Judicial Commission on Mental Health (JCMH) was created by a joint order of the Supreme Court of Texas and the Texas Court of Criminal Appeals to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with—and the administration of justice for—children, adults, and families with mental health needs.

Mission

Engage and empower court systems through collaboration, education, and leadership thereby improving the lives of individuals with mental health needs, substance use disorders, or intellectual and developmental disabilities (IDD).



ACKNOWLEDGEMENTS

The *Judicial Commission on Mental Health* wishes to thank the Grayson County hosts: Judge Larry Phillips, Judge James C. Henderson, Dr. Diana Cantu, and Elizabeth Groves.

RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR GRAYSON COUNTY (2022).

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A NOTE ON LANGUAGE

Across our communities, significant stigma still exists around experience with mental health disorders, substance use disorders, and justice system involvement. In this document, we seek to use respectful language that recognizes the value as well as the challenges that people with these experiences bring to our communities. A number of excellent resources provide detailed guidance about language that feels more courteous and modern to many people. In general, it is a good idea to use “person first” language that references the person before a relevant condition (i.e., “a person with schizophrenia” rather than “a schizophrenic”) because we are all more than one diagnosis or experience.

For more information on mental health language, see <https://hogg.utexas.edu/news-resources/language-matters-in-mental-health>.

For information on substance use, see <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>.

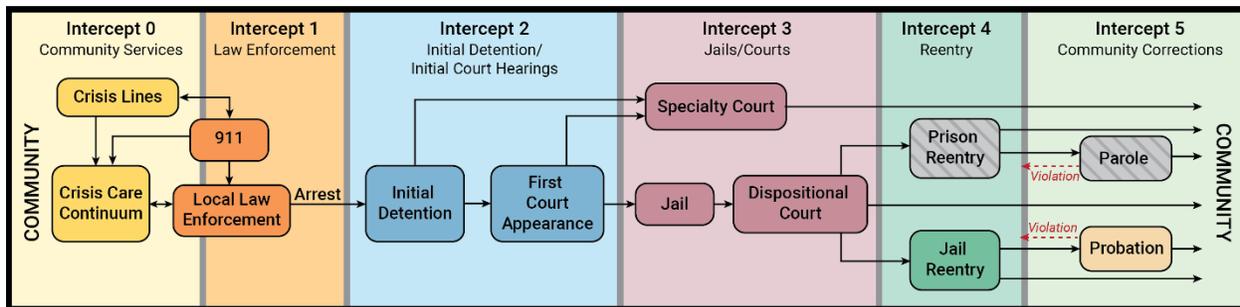
For information on justice system involvement, see <https://fortunesociety.org/wordsmatter/>.



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BACKGROUND

The [Sequential Intercept Model](#) was developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with SAMSHA’s GAINS Center. Since its creation, it has been used by communities to assess available resources, determine gaps in services, and plan for change.

A Sequential Intercept Model mapping is a workshop that develops a map illustrating how people with behavioral health needs move through the criminal justice system. The workshop allows participants to identify opportunities for collaboration to prevent further penetration into the justice system.

The Sequential Intercept Mapping workshop has five primary goals:

- Develop 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.
- Identify challenges, resources, and opportunities for each intercept for individuals in the target population.
- Create priorities for activities designed to improve system and service level responses for individuals in the target population.
- Generate an action plan to implement the priorities.
- Nurture cross-system communication and collaboration.

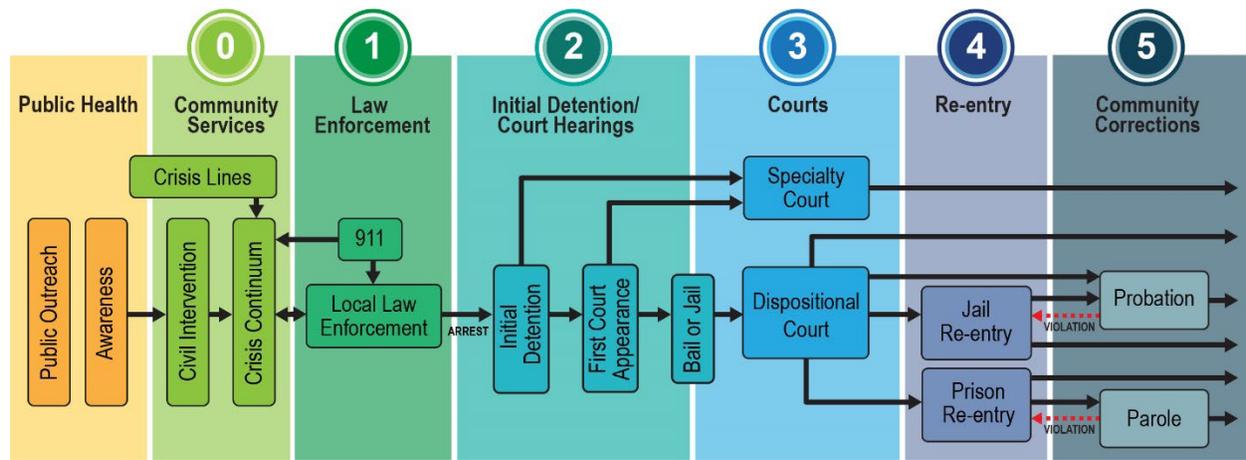


RESOURCES AND CHALLENGES AT EACH INTERCEPT

The primary objective of the workshop is to create a Sequential Intercept Model map. The workshop's facilitators work with the participants to identify resources and gaps at each intercept. This process is essential to success since the criminal justice system and behavioral health services are constantly changing, and identifying the gaps and resources allows for a contextual understanding of the local map. The map can also be used by planners to establish substantial opportunities for improving public safety and public health outcomes for people with mental health and substance use disorders by addressing the gaps and building on existing resources.

Prior to the workshop, a planning team of Grayson County leaders identified specific community goals:

- Facilitate collaboration and relationship building between a diverse array of criminal justice and behavioral health stakeholders, all of whom are dedicated to system transformation
- Identify resources, gaps in services, and opportunities for improvement and innovation across all Sequential Intercept Model intercepts
- Prioritize key steps toward system transformation and improved service delivery
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services



INTERCEPT 0 AND INTERCEPT 1

Intercept 0 encompasses the early intervention points for people with mental illness, substance use disorder, and/or intellectual and developmental disability prior to possible arrest by law enforcement. This intercept captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system intervention.

Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. This intercept captures systems and services designed to divert people away from the justice system and toward treatment when safe and feasible.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Grayson County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: USE ALTERNATIVES TO THE CRIMINAL JUSTICE SYSTEM

Crisis services include the array of resources available to individuals who are experiencing a mental health crisis. These services can include stabilization units, mental health hotlines, mobile crisis units, and residential units. A strong presence of supportive resources at this stage can reduce the number of law enforcement contacts with individuals who have mental health issues. It is important that stakeholders and the public know of these services and that they are affordable and accessible.

Pre-arrest diversion is designed to reduce the number of persons who are arrested and placed into the criminal justice system and local jail because of a mental health problem. Instead of punishment, diversion directs people toward treatment and mental health support and takes the responsibility for rehabilitation off the local criminal justice system. The laws in Texas supporting pre-arrest diversion are designed to connect those in crisis with adequate treatment and services and reduce the pressure on the criminal justice system while maximizing community safety. Some examples of pre-arrest diversion laws and techniques are listed below.

Under [Texas Code of Criminal Procedure art. 16.23\(a\)](#), every law enforcement agency must make a good-faith effort to divert a person who is experiencing a mental health crisis or ill effects of substance use to a proper treatment center in the agency's jurisdiction.

This provision applies if:

- a treatment center is available;
- diversion is reasonable;
- the offense is a non-violent misdemeanor; and
- the mental health or substance use issue is suspected to be the reason for the offense.

First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Team (CIT) training. CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting people to treatment. The importance of crisis training has increased in recent years to avoid escalation into the use of force. All law enforcement officers should receive crisis and de-escalation training as well as regular updates on related best practices. [CIT refresher courses](#) are an opportunity for peace officers who have already completed the academy.

In a [Co-Responder Team Model](#), at least one law enforcement officer and one mental health professional jointly respond to situations that likely involve a behavioral health crisis. A co-responder team can de-escalate situations and promote diversion to services.

BEST PRACTICE: USE CIVIL INTERVENTIONS WHEN APPROPRIATE

Civil interventions refer to legal processes by which people other than the person with mental illness can initiate treatment and includes initiation of civil commitment proceedings and court-ordered treatment, including [assisted outpatient treatment \(AOT\)](#). Civil commitment processes and AOT do not require the involvement of the police or the criminal justice system. Recently

states have begun to provide for civil interventions for behavioral health conditions other than mental illness, including substance use disorders.

Court ordered treatment can be provided in the community or in an inpatient setting as determined by a clinical evaluation. Inpatient and outpatient treatment can be delivered sequentially or, alternatively, beginning with outpatient options and utilizing inpatient settings as needed. It is important to recognize that more coercive approaches are appropriate only after services have been offered to individuals and they have rejected them on a voluntary basis.

Most civil commitments in Texas start with an Emergency Detention. Emergency Detentions require a mental health crisis: that the individual displays a mental illness; that the individual displays a substantial risk of serious harm to themselves or others; that the risk of harm is imminent unless the individual is immediately restrained; and a statement of supporting facts describing specific recent behavior for the belief, including overt acts, attempts, or threats that were observed. The Emergency Detention may happen through either of two legal pathways:

- A law enforcement officer may take an individual to an inpatient facility through an Apprehension by Peace Officer Without a Warrant (APOWW, also known as an Apprehend and Detain or A&D) under [Texas Health & Safety Code § 573.001](#); or
- A judge may issue a warrant under [Texas Health & Safety Code § 573.011](#) authorizing a peace officer to transport the individual to an inpatient facility.

[Psychiatric Advanced Directives](#), also known as [Declarations for Mental Health Treatment](#), allow a person to control their mental health treatment in the event that they become unable to make treatment decisions at a later date. It may be possible for a person to carry these documents or pre-submit them to hospitals, jails, and other facilities.

Supported decision making allows individuals to make their own decisions and manage their affairs while receiving the assistance needed to do so. Resources about supported decision making include a [handout](#), a [toolkit](#), an [explainer video](#), and sample [agreement forms](#).

Guardianships can be used to support individuals who, due to age, disease, or injury, need help managing some or all their daily affairs. It should be noted that guardianship removes some of the individual's rights and privileges. More information on guardianships is offered by the [Texas Guide to Adult Guardianship](#), and the [Texas Guardianship Association](#).

Assisted Outpatient Treatment (AOT) Court Programs are programs in civil courts, typically probate courts, that use court-ordered community-based treatment to improve treatment outcomes and reduce involvement in the judicial system. [Implementing an AOT Court](#) explains

how to set up an AOT court in Texas. The [Texas AOT Practitioner’s Guide](#) explains how to operate an AOT Court in accordance with Texas laws and procedures.

BEST PRACTICE: PRE-BOOKING DIVERSION CENTERS

Pre-booking diversion centers can be designed in multiple ways. HHSC outlines [four types of crisis units](#) designed for people experiencing significant mental health symptoms:

- Crisis Respite Units – individual at low risk of harm; stays can be up to 7 days
- Crisis Residential Units – individuals needing minimal supervision; provides a home-like environment but not permanent housing
- Extended Observation Units – individuals at high risk to self or others; up to 48-hour stays, as opposed to standard 23-hour observation units
- Crisis Stabilization Units – individuals at high risk of psychiatric hospitalization; up to 14-day stays

For intoxicated individuals at risk of arrest, sobering centers provide a safe environment in which to become sober and, ideally, link to substance use services. In some settings, such as the [Sobering Center](#) in Travis County, the staff may assist the individual to find an appropriate detox center. Some centers allow the individual to remain until a detox bed becomes available. In these cases, the center coordinates with its medical director, and occasionally may be authorized to provide detox medications. Sobering centers can also innovate, providing safe sobering for individuals intoxicated on substances other than alcohol. For instance, the Austin/Travis County Sobering Center created a stimulant sobering room, which is geared toward helping individuals safely come down from stimulants.

Diversion centers can reduce the number of individuals in the criminal justice system due to challenges with mental health or substance use. A crisis unit with expedited review by an assistant district attorney can make the decision of whether to file a criminal case or to pursue a civil diversion. Jail book-in time can be decreased with a diversion center. Dallas County recently opened their own diversion program, [Dallas Deflects](#), to connect individuals with mental health services.

BEST PRACTICE: USE TELEHEALTH

Telehealth can expand the reach of services and improve efficiency of healthcare and related support services by shortening delays in beginning services and eliminating or reducing travel

time and associated costs. Telehealth services can be particularly beneficial for clients or patients living in geographically remote or underserved areas, including urban areas.

RESOURCES

Workshop participants identified numerous resources already existing in the community that can support individuals with behavioral health challenges and divert them from the justice system.

[Intercept 0](#)

After-School

- [Grand Central Station](#)

Clothing

- [Blessing Box](#)
- [Texoma Family Thrift](#)

Crisis Response/Crisis Line

- [Texoma Community Center](#)
- [988 – Suicide and Crisis Lifeline](#)

Employment

- [FreeWorld Dallas](#)
- [Goodwill](#)
- [Texas Workforce Commission](#)

Food

- [The Dining Car](#)
- [Master Key Ministries](#)
- [Blessing Box](#)
- [WIC](#)

Grant Distribution

- [Texoma Council of Governments](#)
- [United Way](#)

Healthcare – Hospitals and Clinics

- [Grayson County Health Department](#)
- [Callie Clinic](#)

Housing & Homelessness Services

- [Family Promise](#)
- [Housing Authority of Grayson County](#)
- [Salvation Army](#)
- [Texoma Family Shelter](#)

Leadership/Community /Collaboration

- [Texoma /Behavioral Health Leadership Team](#)
- [Grayson County Community Resource Coordination Group](#)
- [Heart of a Matter](#)

Psychiatric/Counseling

- [Texoma Community Center](#)
- [Carrus Adolescent Behavioral Health Hospital](#)
- [TMC Behavioral Health Center](#)
- [Child and Family Guidance Center](#)

Substance Use Disorder Recovery Resources

- [Four Rivers Outreach](#)
- [Texoma Community Center](#)

Safe Places

- [Children's Advocacy Center](#)

Transportation

- [Texoma Area Public Transit](#)

Intercept 1

In addition to law enforcement and first responders, Intercept 1 resources include:

- Mental Health Peace Officer training
- Training Established for MH Deputy and 20 Deputies have been through the training
- Texoma Community Center Crisis line – (877) 277-2226
- Grayson County Crisis Center
- Women's Crisis (if victim of crime)

The [Texoma Community Center](#) (TCC) worked in conjunction with Sherman Police Department and [Grayson County Sheriff's Office](#) to design a specialized 8-hour training for law enforcement that focuses on diversion efforts and emergency detention orders. Marrying Mental Health Peace Officer and Crisis Intervention Team training, this course fills the gaps and helps law enforcement form a better relationship with the Mobile Crisis Outreach Team. The training covers warrants, EMTALA, de-escalation, crisis services, how to connect and refer people to TCC, and how to approach a crisis situation with diversion in mind.

GAPS AND OPPORTUNITIES

During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for individuals with behavioral health challenges that may be contributing to significant impacts on the local criminal justice system in intercepts 0 and 1. Stakeholders then shared ideas for opportunities to address these concerns.

Intercept 0

Crisis Response – Many of the challenges Grayson County leaders face at various intercept points could be alleviated by augmenting crisis response services. Grayson County leaders elevated crisis response as priority, and a key priority arose from these discussions. Some of the challenges include:

- The lack of a drop off/diversion center seriously impedes the county from providing an alternative to incarceration for people in mental health crisis,
- Lack of dedicated crisis funding from HHSC to LMHA,
- Limited crisis response availability,
- Lack of outpatient crisis treatment,
- Lack of a dedicated line for crisis response as an alternative to 911, and
- The lack of a forensic crisis response unit.



The leaders identified some opportunities to address these gaps. For instance, they recommended training pastors and faith community volunteers to help flag first-level mental health problems. Additionally, they saw these gaps as an opportunity to provide more community education about mental health crisis to first-line service providers, including law enforcement, emergency departments, and medical providers.

Mental Health and Substance Use Treatment – County leaders identified significant gaps in mental health and substance use recovery services that include:

- Lack of psychiatric beds,
- Lack of providers, including Texoma Community Center licensed staff and case managers,
- Lack of residential substance use services, and
- Lack of geriatric health specialists.

Opportunities to address these barriers included augmented funding to Four Rivers Outreach. While Four Rivers does not employ licensed counselors, it does mobilize staff and volunteers to serve as mentors, coaching and support system for people seeking recovery support. As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), peers support

people with mental and substance use disorders by connecting them with resources, building community and relationships, and mentoring and setting goals.

Community leaders realized that the challenges Grayson County faces with respect to treatment capacity is an opportunity to attract and train new providers in the areas.

Housing – Lack of housing was consistently raised as a significant gap. As will be seen, this gap impacts people at every intercept point, and creates roadblocks to coordinating services. These gaps include:

- Lack of shelter, transitional, and permanent housing for men,
- Major barriers to obtaining housing for those with criminal records,
- Lack of transitional housing for people leaving the criminal justice system,
- Lack of housing for people with severe untreated mental health issues (typically addressed by “housing first,” an approach to coordinating services through which providers first get people into housing and address other basic needs, thereby creating a platform to address other less critical needs, according to the National Alliance to End Homelessness),
- Crisis response unit/forensic crisis response unable to find housing through Home and Community Based Services,
- Many people lack state-issued identification, which bars them from seeking shelter at the Salvation Army, and
- Lack of lower-income senior housing.

Some of the opportunities presented by Grayson County leaders included increasing housing availability through Section 8 funding and creating an approved campground with showers and tents for unsheltered adults.

Transportation – Lack of transportation was also elevated as a gap that impacts service coordination across intercepts. The region is served by the Texoma Area Paratransit System (TAPS), which provides shared, point-to-point, and curb-to-curb transportation to any resident in the six-county service area. There is no fixed-route transit in the area. Leaders see this gap as an opportunity to invest in public transportation for the county.

Employment – Leaders identified the lack of well-paying jobs as a gap that impacts people across intercepts. Participants identified Goodwill of Northeast Texas as an opportunity to provide employment training and support to people with mental and substance use disorders.

Benefits – Another gap is the difficulty in obtaining safety-net benefits such as Medicaid, cash, and food assistance. High insurance rates and increasing medication costs are other gaps. Also, there is a difficulty in starting or resuming benefits for those who have had justice involvement.

Stigma around SUD/MH – The stigma that surrounds substance use disorder and mental illness creates another gap, as people may be less likely to seek help or disclose their struggles. Families and other natural supports lack the education and support they may need to best support their loved ones with these disorders. Further, employers and housing providers are often unwilling to extend opportunities to people with these disorders, especially those who have had justice involvement.

The leaders saw these gaps as an important opportunity to create culture change. Four Rivers Outreach helps to raise awareness, and the leaders indicated that more could be done to educate the public – including employers and landlords.

Funding/Communication/Coordination – The leaders also discussed opportunities to improve funding, communication, and service coordination. By prioritizing needed services, Grayson County leaders could work more effectively partner with Texoma Council of Governments, economic development programs, Texoma Health Foundation, and United Way for funding and support.

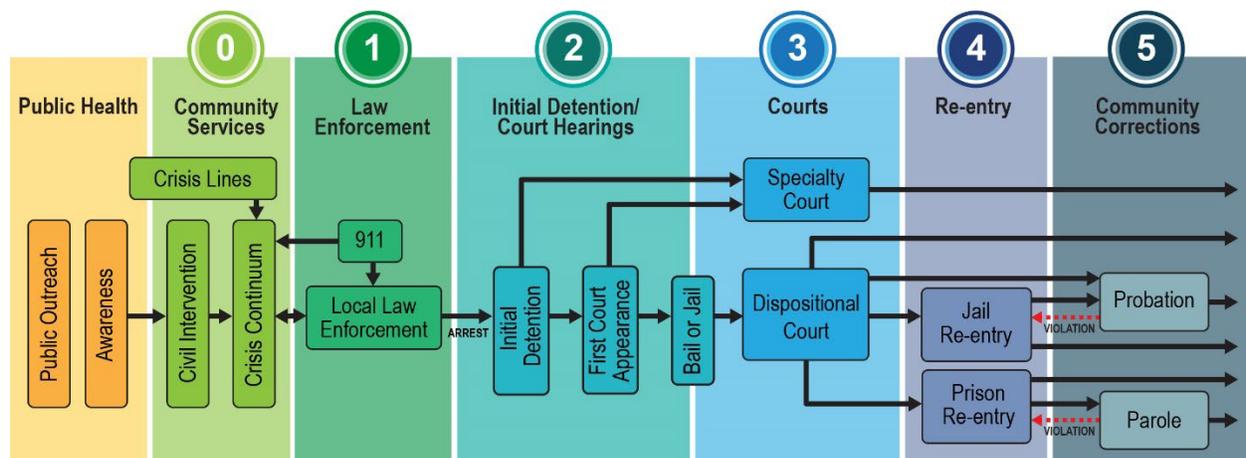
Intercept 1

Diversion Center – there was near universal agreement that the lack of a diversion center (called a “drop off center” from the perspective of the officer) prevents law enforcement from effectively diverting people in mental health crisis from jail. The downstream effects of this impact the community at every level. As will be seen later, the creation of a diversion center is one of the top priorities in Grayson County.

Mental Health Deputies – Grayson County has a mental health deputy (MHD) program that started in 2018. During that time, the county has had several MHD’s participate in the program. However, participation has waned due to burn out, lack of staff available to participate, medical leave, and other reasons. The program is on a voluntary basis, where off duty deputies sign up voluntarily to participate. At the time of the workshop, there was only one MHD participating. Since the workshop, the county has seen 3 additional MHD’s want to participate. The Sherriff’s Department, local PD, or TCC do not have an FTE allocated in their budgets for this position(s). Texoma Behavioral Leadership Team has graciously volunteered to pay the MHD’s for their time served as MHD’s. TCC works in conjunction with the local police academy to train the MHD’s. TCC contracts with the MHD’s, activates them, and submits invoice payment for their salary to TBHLT. TCC does not have funding for MHD’s beyond what TBHLT is currently providing.



Secondary Trauma – Grayson County leaders expressed concern for the well-being of law enforcement, who serve as first-line response to many mental health crises. Officers experience secondary trauma from routinely responding to these incidents, which is exacerbated by a culture where there is stigma associated with mental and emotional health struggles. The leaders saw this an opportunity to shift culture, making it okay to ask for help. They suggested more community education about mental health and substance use recovery, which might include a training program for volunteers who could serve as resources for various entities.



INTERCEPT 2 AND INTERCEPT 3

Intercept 2 encompasses people who are detained and have an initial hearing with a magistrate. This intercept is the first opportunity for judicial interaction in the criminal justice system, including intake screening, early assessment, appointment of counsel and pretrial release of those individuals with mental illness, substance use disorder, or intellectual and developmental disability.

Intercept 3 encompasses people who are held in pretrial detention at the local jail or released to the community while awaiting disposition of their criminal cases. This intercept includes constitutional protections, services that prevent the worsening of a person’s mental or substance use symptoms, and interventions that connect individuals with community treatment options.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Grayson County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: IDENTIFY EARLY AND DIVERT WHEN APPROPRIATE

Every person that is arrested and brought to jail should be screened for mental health and substance use disorders and diverted when appropriate. Texas law provides some guidance for this process:

- **Continuity of Care Query (CCQ):** With limited exceptions, the Texas Administrative Code requires every jail to conduct a CCQ check on each individual upon intake into the jail. The CCQ is originated through the Department of Public Safety’s Texas Law Enforcement Telecommunications System (TLETS), which initiates a data exchange with HHSC’s Clinical Management for Behavioral Health Services system to determine if the individual has previously received state mental healthcare. The CCQ identifies whether an individual has sought services at a Texas local mental health authority (LMHA) in the previous three years. This information is often limited in nature and not as helpful as magistrates, judges, and lawyers would like it to be.
- **Code of Criminal Procedure art. 16.22:** [CCP 16.22](#) details a procedure for identifying a person’s possible mental illness or intellectual disability at the earliest stages of—and throughout—a criminal proceeding. Under article 16.22, a magistrate must, under certain circumstances, order an expert to interview the defendant and otherwise collect information regarding whether the defendant has a mental illness or intellectual disability in order to alert the necessary stakeholders if the resulting report indicates possible mental illness or intellectual disability. Once the report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued.
- **Code of Criminal Procedure art. 17.032:** Pursuant to [CCP 17.032](#), unless good cause is shown, the magistrate must release the person on personal bond if they are not charged with or previously convicted of a statutorily defined violent offense, the procedures in the statute were followed, and the conditions were met. The magistrate may include bond conditions that address behavioral health needs. Typical conditions of “mental health” bonds include requirements to: check in with the LMHA; abide by the LMHA’s recommendations; possess no firearms; possess no marijuana, controlled substances, or cannabidiol (CBD); and attend all appointments for assessments and services. A “warm handoff” to the LMHA can help promote compliance with the conditions.

As discussed above in intercepts 0 and 1, [diversions for defendants with mental health disorders](#) can provide a benefit to the defendant, the judicial system, and the community as a whole. Jail diversion occurs after an arrest has been made, but before an official charge from the state. This type of diversion can also be called a pre-charge diversion or a prosecutor-led diversion.

BEST PRACTICE: ENSURE JAIL ACCESS TO TELEPSYCHIATRY/ MEDICATIONS

The Texas Commission on Jail Standards is required to adopt reasonable rules and procedures that require county jails to provide access to telemental health at any time of day and provide prescription medications according to [Texas Government Code Section 511.009](#), or to use all reasonable efforts to arrange for the individual to have access to a mental health professional within a reasonable time.

Telehealth can improve care and ease workforce challenges. Installing a tablet equipped with telehealth software in a location that does not require staff supervision of the individual who is using it could decrease staffing shortages. Telehealth would allow the doctor to observe the individual who cannot or will not communicate with LMHA staff. In addition, collateral witnesses (jail staff, family members) could use the tablet to document their statements and observations of the individual under Texas Code of Criminal Procedure articles 16.22 and 17.032.

BEST PRACTICE: CREATE CROSS-SYSTEM REVIEW TEAMS

Cross-system collaboration reaches across fragmented services and systems to build constructive working relationships to accomplish goals. Teams composed of individuals across systems can work together to overcome challenges, such as funding silos, limited resources, and differences in system “cultures” or values.

Court liaisons provide a vital link to mental and behavioral health service providers during the life of court cases. Liaisons are typically clinically trained and connected either with a behavioral health provider or with the court. They are adept at providing program and treatment coordination and communicating with service providers and agencies outside of the court.

Community Diversion Coordinators play a critical role. Typical duties and responsibilities include:

- Engage stakeholders in education on the many diversion opportunities across the SIM.
- Assist the court and attorneys in evaluating cases and defendants to determine if a pathway other than jail would better serve the defendant and the community.
- Develop and foster collaborative relationships between the LMHA, local hospitals, the jail, and the courts.
- Coordinate the creation of treatment plans to ensure appropriate community support for individuals being released into the community.

Solid data and information sharing policies support strong cross-system collaboration. Data-driven indicators measure the effectiveness of behavioral health interventions and allow

adjustments to be made to increase the effectiveness of those interventions. Data can also measure the cost effectiveness of behavioral health programs and allow policy makers to allocate resources more effectively. Coordinating data offers an opportunity to identify high cross-system utilizers. Data should be collected about individuals' progress and needs, responses to those needs, and efforts to improve mental health responses. Information sharing is required under [Health and Safety Code Sec. 614.017](#) for continuity of care and continuity of services purposes for certain individuals with special needs.

BEST PRACTICE: QUICKLY APPOINT AN ATTORNEY

It is best practice to appoint counsel as soon as practicable upon arrest of an individual. Appointing counsel at an earlier point in the case, such as before indictment, will reduce the length of time people are housed in jail waiting for evaluations and waiting for transportation to facilities for evaluation or restoration, as defense counsel can meet the client and begin assessing the client's needs. Opportunities to better utilize early appointment of counsel include:

- Creating and implementing a process for appointed defense counsel to access certain evidence in the case file, such as the offense report and arrest warrant affidavit, prior to indictment, so they can begin working on the case.
- Creating and implementing a process for defense counsel to request competency evaluations prior to indictment.
- Discussing possibilities of diversion in lieu of competency restoration in certain cases.

BEST PRACTICE: TRANSFER TO CIVIL COURT VIA CCP 16.22(C)(5)

Pursuant to [Code of Criminal Procedure art. 16.22\(c\)\(5\)](#), after an interview of the defendant provides clinical evidence to support a belief the defendant may be incompetent to stand trial, the court may release the defendant on bail while charges remain pending and enter an order transferring the defendant to the appropriate (civil) court for court-ordered outpatient mental health services under chapter 574 of the Health and Safety Code. Case transfer under this statute is only for cases where the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person.

BEST PRACTICE: RIGHT SIZE COMPETENCY RESTORATION SERVICES

The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Long-

established Constitutional law mandates that a criminal prosecution may not proceed unless the defendant has sufficient present ability to consult with their lawyer with a reasonable understanding of the proceedings against them.

Under Texas [Code of Criminal Procedure article 46B.004](#), if the mere suggestion of incompetency is raised in a case, the court must conduct an informal inquiry to assess whether there is “some evidence from any source” that would support a finding of incompetency. If so, then the court is required to stay (or stop) all proceedings and order a competency exam. If an individual is found competent, the case will proceed to determine adjudication. If the individual is found incompetent, judges can order services, including mental health treatment and medications designed to restore the defendant to legal competence.

For more than a decade, Texas and other states have seen an increasing number of individuals in county jails who have been found to be incompetent to stand trial but who do not have access to a state hospital bed in order to begin an inpatient competency restoration process. In Texas, several thousand people fail to receive competency restoration services for months or even years, presenting severe challenges to county jails and great personal cost to the individuals. Actively monitoring the local waitlist can help find ways to divert individuals. One method is to have an individual re-evaluated if there is reason to believe the person is stabilized while receiving jail-based mental health services.

JCMH and HHSC partnered to create a statewide initiative to [Eliminate the Wait](#) and right-size competency restoration services through education, training, and technical assistance. Every effort should be made to streamline determinations and related proceedings. There is also a growing consensus that because of the likelihood of an increased length of incarceration and confinement, the competency process should be reserved for defendants who are charged with serious crimes, and others should be diverted to treatment.

Outpatient competency restoration and jail-based competency restoration programs are alternative competency restoration options provided by community-based services and in-jail services, respectively. For individuals who meet the criteria, these local programs are effective alternatives to using state hospital beds.

Involuntary medication frequently restores competency for individuals and allows for a more rapid return to the community than involuntary hospitalizations. (Read more at: <https://mentalillnesspolicy.org/medical/involuntary-medication.html>). Rather than cumbersome guardian proceedings, the Mental Health Code permits treating physicians to seek court orders to allow the administration of psychoactive medications to persons who lack capacity to consent to such medication. The court-ordered medication process cannot be used

for Class B offenses; these cases may be good candidates for transfer to civil court under CCP 16.22(c)(5).

BEST PRACTICE: ALTERNATIVE SENTENCING

Post-trial diversion and alternative sentencing options provide opportunities to direct individuals to rehabilitation-focused interventions that balance the interests of justice with treatment. Most importantly, they avoid incarceration for individuals who meet certain sentencing conditions. Often involving suspended sentences and/or probation, alternative sentencing can be as creative and flexible as a judge and community resources will allow. Examples of alternative sentencing include community service, assisted outpatient treatment, and other required participation in appropriate treatment, including problem solving courts. Pursuant to [Code of Criminal Procedure art. 46B.004\(e\)](#), the prosecutor may dismiss all charges pending against a defendant after the issue of the defendant's incompetency to stand trial is raised.

BEST PRACTICE: SEEK TO ESTABLISH SPECIALTY COURTS OR DOCKETS

Communities across the nation have courts or dockets that focus on special populations or types of offenses. Some of these specializations include mental health, drug use, veterans, and human trafficking. The goal of specialty court programs is to divert the defendant from the criminal justice system and to assure the defendant receives access to the treatment and social programs necessary for the person's success in the community.

A "mental health court program" under [Texas Government Code § 125.001](#) has the following essential characteristics:

- integrates and provides access to MI and ID treatment services in processing cases in the court system;
- uses a non-adversarial approach involving prosecutors and defense attorneys to (1) promote public safety and (2) protect the due process rights of program participants;
- promotes early identification and prompt placement of eligible participants in the program;
- requires ongoing judicial interaction with program participants;
- diverts people with mental illness or intellectual disability to needed services in lieu of prosecution;
- monitors and evaluates program goals and effectiveness;

- facilitates continuing interdisciplinary education on effective program planning, implementation, and operations; and
- develops partnerships with public agencies and community organizations, including LMHAs/LBHAs.

Many Texas communities currently have a number of specialty courts. [These courts](#) tend to serve only a small number of defendants and there are racial disparities in who has access to this option. See Appendix 2 at the end of this report for more resource recommendations on mental health and other specialty court programs.

RESOURCES

[Intercept 2](#)

- Four Rivers Dental offers dental care to those detained in county jail.
- Bi-Weekly Docket
- Continuity of Care Query Match Process
- Jail Assessments – Sandra Bland Act

Texoma Community Center completes Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services assessments and is also the Sandra Bland Act mental health provider for the Grayson County Jail, doing assessment for the jail several times a week to meet the Sandra Bland requirement.

[Intercept 3](#)

Specialty Courts:

Specialty courts are designed to provide additional supervision and therapeutic supports to a small number of defendants above what they might receive on regular probation. When the courts are operated with fidelity to best practices, they can assure the defendant receives access to the treatment and social programs necessary for the person’s success in the community. Most people graduating specialty courts will not have a criminal conviction for the offense(s) for which they were arrested. In some instances, people who successfully complete a specialty court program are eligible for an order of non-disclosure, which allows them to apply for jobs and housing without disclosing their past criminal justice involvement. Grayson County has the following specialty courts:

- Grayson County Star Recovery Court
- Grayson County Recovery Court
- Juvenile Specialty Court
- Veteran Court

GAPS AND OPPORTUNITIES

Intercept 2

Alternatives to Incarceration – Leaders identified gaps that make it more difficult to create alternatives to incarceration, including a limited number of mental health deputies and the lack of a drop-off center. As will be seen, these gaps create difficulties within the jail, pretrial, and courts. Some of the opportunities that might address these gaps include developing a sobering center, mental health stabilization beds, and creating a drop-off center. The participants shared that more diversion from jail would reduce county costs, thereby helping to fund these alternatives.

Jail – The leaders identified several gaps that present significant difficulties in serving people with mental health and substance use disorders in jail, including:

- Gaps in providing timely medication
- The lack of substance-use counseling in the jail
- No Qualified Mental Health Professional (QMHP) working the jail
- Lack of facility space in the jail
- Lack of education related to the dangers of not addressing mental health in jail (ex. suicide, detox, etc.)



Some opportunities arising from this discussion included working to get medication started sooner for people with mental illness detained in jail and pursuing increased use of court-ordered medication. The stakeholders were clear that these opportunities would reduce the need for state hospital beds and civil commitment. The leaders also suggested creating interlocal agreements with other jails to address gaps in mental health provider capacity in the jail.

Additional gaps identified at intercept 2 included:

- Lack of housing for those leaving jail
- Takes two months to see a provider following release
- Lack of transportation
- Lack of support system after release, and
- Inadequate indigent attorney fees

During the discussion, the leaders elevated other opportunities to address gaps at this intercept, including:

- Helping people get state-issued identification while detained so that they can access shelter, public benefits, and gainful employment following release.
- Getting judicial court involvement would mean that a wider array of stakeholders would participate in these efforts.

Intercept 3

There was near total agreement about a gap in adequate policies and procedures for court-ordered medication. Creating these policies and procedures emerged as one of the top priorities for county leaders.

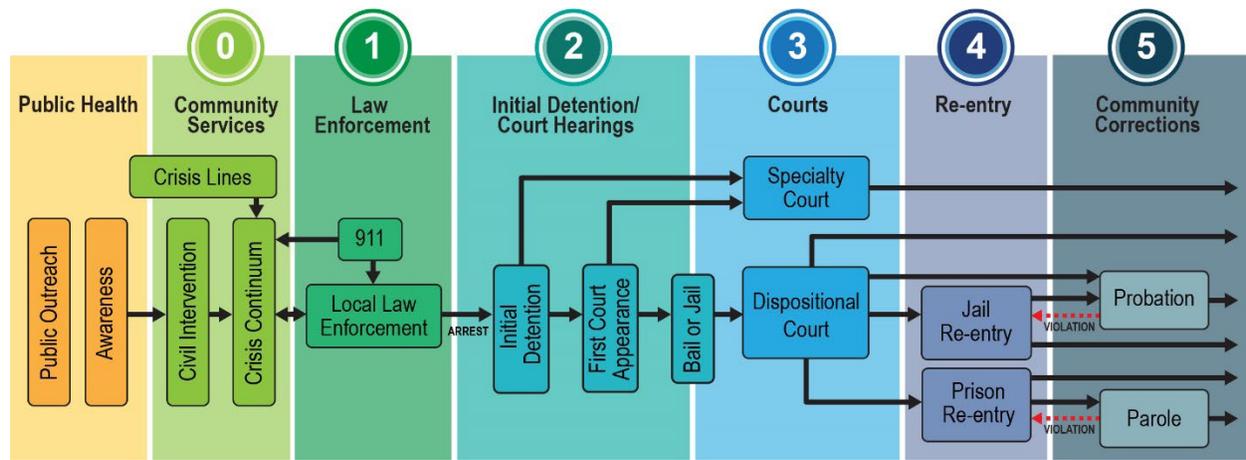
Other gaps that pose barriers at Intercept 3 include:

- Inadequate prescriber time in jail
- Lack of coordination for personal bond for defendants with mental illness or intellectual disability released as per Texas Code of Criminal Procedure art. 17.032
- Lack of jail-based competency restoration
- Inadequate funding for Texoma Community Center, and
- Lack of specially trained indigent defense attorneys for people with mental health disorders

The stakeholders agreed that these limitations present an opportunity to create a mental health docket (competency court), which could help to speed the court process and address needs earlier in the process.

Even with a better coordinated court process, other gaps may complicate efforts to better address mental health needs at intercept 3. Clients placed on probation are likely to need assistance with transportation to probation appointments. Also, clients who lack family and social support will have a difficult time navigating the court process and successfully recovering in the community. With long wait times for TCC services and lack of housing, many people may cycle in and out of the criminal justice system.





INTERCEPT 4 AND INTERCEPT 5

Intercept 4 encompasses people who are planning for and transitioning from jail or prison into the community. Services in this intercept include strong protective factors for justice-involved people with mental illness, substance use disorder, or intellectual and developmental disabilities re-entering a community. These services should include detailed, workable plans with seamless access to medications, treatment, housing, and healthcare coverage.

Intercept 5 encompasses people under correctional supervision who are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as required by other state statutes. This intercept combines justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice lifestyle.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Grayson County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: CREATE A SPECIALIZED MENTAL HEALTH CASELOAD

Parole and probation departments should have specialized caseloads or units that are dedicated to individuals with behavioral health needs. Officers assigned to these specialized caseloads should be trained to work with these types of clients and educated about available community resources. These cases should have individualized treatment plans that consider medication, mental health needs, and substance use treatment.

BEST PRACTICE: ENSURE CROSS-AGENCY COLLABORATION

Forming a collaborative of community resources that serve justice-involved individuals is helpful to address the needs of justice-involved individuals reentering the community. This cross-agency collaboration can increase stability in the community and reduce relapse or recidivism by ensuring individuals continue in treatment and services, as needed.

BEST PRACTICE: INTEGRATE PEER SUPPORT

Community-based peer support services that assist with transition or reentry into community-based mental health services can help individuals achieve long-term recovery. Peer support specialists can provide insight into potential triggers and relapses, and provide:

- Emotional support
- Shared knowledge
- Practical assistance
- Connection to people with resources
- Opportunities and communities of support

In Texas, there are three primary certifications for peer specialists: Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners. A growing number of peer specialists obtain certification as Re-Entry Peer Specialists who have lived experience with incarceration as well as recovery from mental health and/or substance use challenges. Re-Entry Peer Specialists can play [important roles](#) at all points along the Sequential Intercept Model.

Several organizations and resources provide helpful guidance:

- [ViaHope](#) is a Texas nonprofit organization that provides training, technical assistance and consultations related to the peer workforce. The organization also trains and certifies reentry peer support specialists.
- [PeerForce](#) serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- [SAMHSA](#) is the federal agency that for decades has worked to promote peers in leadership roles.
- [National Association of Peer Supporters](#)
- Philadelphia's DBHIDS [Peer Support Toolkit](#)

[Clubhouse International](#) is a global nonprofit organization that helps communities create clubhouses. Clubhouses provide people living with mental illness opportunities for friendship, employment, housing, education, and access to medical and psychiatric services. Some clubhouses include peer support specialists and can be good resources, particularly during the reentry process.

[Clubhouse Texas](#) is a key resource for information about the burgeoning clubhouse movement in Texas. The three nearest clubhouses to Grayson County are:

- [Prelude Clubhouse](#) in Plano
- [Plan @ 1121 Rock](#) in Richardson
- [Cowntown Clubhouse](#) in Fort Worth

BEST PRACTICE: PROVIDE REENTRY PLANNING

Transition plans offer guidance for community reentry. A comprehensive plan identifies expectations, resources, and services to guide individuals towards independence. Individuals should play an active role in creating their transition plan.

The most effective reentry planning occurs when the planning begins at intake and continues throughout the individual's time in jail. Community-based providers should be engaged in this planning process. Coordination between community providers and the jail – sometimes called jail in-reach – can increase the likelihood of a smooth transition, including medication access upon release, warm hand-offs to service providers, and immediate access to benefits and health care coverage.

For some individuals, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) may provide support. TCOOMMI coordinates between criminal justice entities and LMHAs to ensure continuity of care for justice-involved individuals with special needs.

RESOURCES

[***Intercept 4***](#)

- Texoma Community Center has started seeing clients prior to release
- Coordinated Release Process

- Workforce Solutions Texoma
- Goodwill Industries of Northeast Texas
- Chaplain at the jail has 32 volunteers connected with Four Rivers

Intercept 5

- Texoma Community Center Forensic Services, which includes Forensic Continuity of Care and the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)
- Grayson County Adult Probation
- Texas Department of Criminal Justice Parole (local office in Sherman)

Grayson County’s probation department utilizes their TCOOMMI program to successfully serve community members on probation. The same officers that oversee that program, also supervise individuals on bond with mental health conditions. The officers provide advocacy, assistance in navigating the criminal justice system, linkage to resources such as food pantries, local shelters, clothing banks, and more. The officers also maintain contact with the LMHA for any defendant who is actively receiving LMHA services. For those who are not active LMHA clients, the officers aid in bridging the gap by providing open intake dates, times, and general information. They also assist in scheduling intakes with specific programs, when able to do so.

For individuals with substance use disorders, the probation department has recovery court officers that parallel mental health in much the same way with providing linkage to resources for intensive and supportive outpatient services, inpatient rehabilitative programs, and more. The department employs their own LCDC counselors, licensed practical counselors, and facilitate their own recovery and support programs.

The department’s Chief sits on several statewide committees that review budgetary needs and identifies methods of heightening resources for all defendants in hopes of reducing motions to revoke/motions to adjudication. The goal set for each officer is to assist each defendant in successfully completing probation.

GAPS AND OPPORTUNITIES

Intercept 4

The same gaps at intercept 0 remain for people re-entering the community at intercept 4. These gaps are further compounded by criminal justice involvement, which creates additional hurdles in accessing housing and employment. The leaders have observed instances where people intentionally go back to jails “where they feel safe.”

The leaders recognized that people with mental and substance use disorders who are re-entering the community require augmented support; however, there is a lack of reentry case management prior to release. Peer support, according to stakeholders, would help to address some of these barriers, but there is a lack of Reentry Peer Specialists in the region.

The county tried to establish a coordinated release process between the jail, jail medical, TCC, adult probation, and the courts; although, only the courts, adult probation, and jail medical seem to have adopted the process. Among the participating entities, there is information-sharing and collaboration from early identification to personal bond and mental health conditions.

The participants identified several opportunities to address these limitations, including identifying vocational and educational achievement while incarcerated, thereby allowing them to create matches with employers who require these specific skills; certifications; and on-the job training.

Leaders also recognized that this is an opportunity to establish relationships between Goodwill and probation, parole, and TCOOMMI. They recommended also proactively engaging with the individual’s support system during reentry. Further, the group suggested engaging with Adult Protective Services.

Finally, the team suggested engaging with economic development agencies to assist with funding for job training and matching with local employers.

Intercept 5

Some of the gaps to successful compliance with probation/parole requirements identified by the group included:

- Difficulty in ensuring that clients adhere to medication management
- Lack of substance use recovery services and peer support
- Limitations in helping the client connect with available resources in the community

In Grayson County, the Community Supervision and Corrections Department (CSCD) supervises people with mental health conditions who have been released on personal bond. In some cases,

they provide supportive outpatient treatment; however, many of these resources are primarily available to those who have been placed on adult probation.

For those who have been placed on probation, the CSCD heavily participates in the Recovery Court Program and has mental health officers assigned to people with mental health and substance use disorders. However, the team indicated that these resources are strained.

Further, lack of transportation, housing, and employment create an unsound foundation for clients, increasing the likelihood of probation/parole failure and revocation. There are few transitional housing options for people on community supervision. There is a lack of supportive housing for those who might qualify for this resource.

They also recognized that family support is essential to help someone succeed on community supervision, and many clients lack these natural supports. Even those with families who can provide shelter and support are often at a loss in helping the individual to manage their mental health and substance use recovery. The team saw this as an opportunity to increase support for families.

Another complicating factor identified by the participants was the strain that community



supervision departments are under. There is a high turnover rate among probation and parole officers. Those who remain often experience burnout. The funding structure of probation was also identified as a problem. Probation is funded only partially by the state, and the remainder must come from client fees. Many clients, especially those with mental and substance use disorders, have limited resources and are unable to pay the fees. This further limits the resources available to community supervision

departments, prohibiting them from providing regular pay increases to keep up with the cost of living.

In many cases, coordination with parole is limited, because parole officers rarely respond to calls. High turnover causes parole to have to transfer clients to new officers unexpectedly.

While many of these gaps are structural – encompassing gaps in state funding – the group did attempt to find opportunities, such as promoting more team building among community supervision staff.

PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions such as creating an emergency shelter for people experiencing mental health crisis and homelessness.

Other suggestions included expanding crisis response teams and mental health deputies in the community and additional resources for crisis stabilization in the jail. There was widespread agreement that securing additional funding was a key priority, and some participants suggested working with economic development corporations to form funding partnerships with local businesses.

The group was then invited to rate the priorities and to identify those priorities on which they were willing to invest their own time and organizational resources. Five priorities rose to the top:

PRIORITY: Diversion (Triage/Drop Off) Center

PRIORITY: Develop Procedures for Timely Psychiatric and Medication Provisions in Jail

PRIORITY: Explore Process for Court-Ordered Medications and the Utility of a Mental Health Docket with Increased Defense Bar Involvement

PRIORITY: Housing Without Limitations

PRIORITY: Employment



ACTION PLANS

Workshop participants were invited to join one of the five priority groups to create an action plan. Each team developed a plan with objectives and near/long term tasks. Afterwards, each group reviewed the plans developed by other teams. All participants were encouraged to make suggestions and raise considerations for these plans, thereby helping each team to improve upon the plans.

The purpose of the action planning activity was to create a site-specific action plan with clearly defined, attainable, prioritized short-term and long-term steps addressing the gaps generated during the first day of the workshop. The plans can be further refined and implemented by a designated Leadership Team following the workshop.

The action plans are on the following pages.



PRIORITY: DIVERSION CENTER

Participants: Sheriff Tom Watt, Gary Corley, Brian Ford, Bob Rhoden, Eric Withrow, Amy Coffman, Tony Bennie, Angela Sharp
 The planning group suggests that there be a committee designated to plan and implement this diversion center. **Suggested Committee:** Sheriff's Office, Law Enforcement Agencies, Texoma Community Center, Texoma Medical Center, WJMC

Objective	1 st 3 months	3-6 months	6-12 months	2 nd year
Collect data on the number of individuals who would benefit from a diversion center	Make implementation plan by above committee members	Implementation of plan by committee members		
Identify staffing needs	Identify staffing needs	Present a report identifying staffing needs		
Identify facility and number of beds			Obtain and staff facility – Collect data on additional needs	
Public awareness	Information campaign & contact legislators	Raise funding		
Increase beds and staffing of state hospital system			Use data to show the needs for additional state beds	Obtain funding to increase state hospital beds.

Suggestions and Considerations:

- Sync by thinking of families and children
- Ensure that center includes referrals to community services
- Consider what TCC already has now
- Track street-level diversions
- Be clear on type of diversion or crisis unit:
<https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services/crisis-units>
- Consider “will they go?”
- Check with other counties who have a similar facility (Collin Co.)
- What are the state rules/regulations?
- Possible sobering center
- Visit [Lighthouse Clinic](#) in Durant
- Provide bus tickets

PRIORITY: DEVELOP PROCEDURES FOR TIMELY PSYCHIATRIC AND MEDICATION PROVISIONS IN JAIL

Participants: Amanda Ortez, Nikki McDonald, Jerry Bennett, Damon Vannoy, Jason Kirk, Elizabeth Groves, Amy Coffman, Liz Wiggins

Objective	1 st 3 months	3-6 months	6-12 months	2 nd year
Expand current provider (nurse practitioner) from one-half day to full day	Revise current contract (Ortez plans to amend on 6/14)	<ul style="list-style-type: none"> • New contract • Current contract ends 8/31 • New contract language to include full day 		
Identify additional provider from tele-med list that can prescribe medications	<ul style="list-style-type: none"> • Create list of tele-med providers • Groves will connect with other counties utilizing this option • Groves will give list to Sheriff 	<ul style="list-style-type: none"> • Ortez advocating for new jail staff QMHP • Sheriff to determine tele-med provider who & from whom he needs funding. 	Sheriff or health department to contract with tele-med provider once funding source determined	
Identify funding stream for new provider	<ul style="list-style-type: none"> • Wiggins to send info about med reimbursement • Ortez will review options • Sheriff will review options 	<ul style="list-style-type: none"> • Sheriff to finalize funding option • If it's the health department, Ortez will finalize this 		

Suggestions and Considerations:

- Check with TMC and BHC on additional local tele-med prescribers.
- Have someone on staff do assessments, working on QMHP on staff
- Allow 5-7 days to detox first
- Could prescriptions be 90 day rather than 30 in some situations?

PRIORITY: EXPLORE PROCESS FOR COURT-ORDERED MEDICATIONS & UTILITY OF A MENTAL HEALTH DOCKET WITH INCREASED DEFENSE BAR INVOLVEMENT

Participants: Alan Brown, Cara Cavender, Laura Wheeler, Judge Larry Phillips, Judge James C. Henderson, Kristi McClaran, Eli Brown, Kristi Taylor

Objective	1 st 3 months	3-6 months	6-12 months	2 nd year
Monthly Mental Health Docket	<ul style="list-style-type: none"> ID initial scope Incompetent defendants Prepare court doc forms 	<ul style="list-style-type: none"> Establish monthly docket Assign Asst. D.A. Obtain TCC Cooperation 	Expand participants scope to include TCOOMMI caseload or MH/IDD	Success!
Court-Ordered Meds	Determine scope of the law	<ul style="list-style-type: none"> Develop forms Find qualified providers 	Jail staff – training and implementation	Success!
Guardianship / Capacity	Call OCA for support and education (Jeff Rinard)	Look at successful programs		Assist county judge
Increase Defense Attorney Involvement – PVT Defender Program	Meet with the defense bar to educate and explain	Establish 501(c)3 corporation to operate Managed Counsel Office	Apply for TIDC grant	Implement program if grant received

Suggestions and Considerations:

- Concerns about liability
- Who pays?
- Anti-psychotics typically via IM injection (Invega, Haldol, ABH)
- Discuss with Kathleen Casey-Gamez
- Level of care required inside the jail in addition to medical services in place now
- Involve the Defense Bar in the process.

PRIORITY: HOUSING WITHOUT LIMITATIONS

Participants: Tim Millerick, Sarah Pierce, Kitty Richardson, Rodger Eppler, Gail Utter, Kristi Gourd

Objective	1 st 3 months	3-6 months	6-12 months	2 nd year
Consider a New Community	Understand requirements (zoning, safety, demand)	Define & design project Identify location(s)	Recruit partners (construction, local community agencies), EDC's, STAR	
Catalogue Existing Resources/Housing	Check with TCC, TCOG requirement to get in			
Partner Development	Identify partners (municipal, nonprofits, corporations, foundations)	Engage partners & opportunities for funding	Apply for 811 waiver	

Suggestions and Considerations:

- Convert old motel on 75 and Texoma to small apartments that meet qualifications
- Transitional vs. permanent housing? (Both)
- What does TCC have now? No HSG options
- Where? What resources?
- Habitat?
- Invite Stephanie Chandler, United Way of Grayson County?

PRIORITY: EMPLOYMENT

Participants: Greg Sumpter, Diana Cantu, Amy Weaver, Marci Johnson, Rita Noel

Objective	1 st 3 months	3-6 months	6-12 months	2 nd year
Identify Existing Services	Discover what we do well Identify current stakeholders Identify employment coordinators across all of Grayson County – TWC, Goodwill, TCC	Convene stakeholders to identify additional needs		
Education Outreach	Create marketing and educational materials	Community outreach		
Continue to Grow Partnerships	Identify potential partners	Benchmark other communities and employment programs		Implement benchmark ideas

Suggestions and Considerations:

- Re-route from disability to a job
- Limited benefit planning
- Resources for independence
- Remote/tele-trainings
- Advocacy re: ban the box, sunsetting “good moral character,” Credible Messenger Mentoring Movement
- Mail and email options



RECOMMENDATIONS

The following recommendations have been developed in response to the SIM mapping workshop discussion and the group's identified priorities and action plans. The action plans developed at the workshop are included in the Action Plan section and should be considered as recommendations to move forward regardless of whether they are included in the recommendations below. We encourage stakeholders to review and prioritize recommendations and SIM action plans according to aligned interests and current county priorities.

The following recommendations are intended to be suggestive, rather than prescriptive, of how to approach identified issues. Most recommendations include references to websites, articles, and documents. Inclusion in this report is not endorsement from JCMH but is intended to help direct readers to self-explore and determine actions regarding gaps in their system.

RECOMMENDATION 1: STAKEHOLDER PLANNING GROUP

Modify and utilize an ongoing countywide criminal justice and behavioral health cross-systems stakeholder planning group.

There is a need for ongoing dialogue, joint planning, and assigned leadership to carry the community's goals forward. Grayson County should work with their local organization, the [Texoma Behavioral Health Leadership Team](#), to lead the path forward on carrying out the work that began at the workshop.

Many counties have task forces with varying priorities, including:

- Williamson County – [Healthy Williamson County](#)
- Grayson County – [Texoma Behavioral Health Leadership Team](#)
- Hidalgo County – [Hidalgo County Mental Health Coalition](#)
- Cameron County – [Cameron County Mental Health Task Force](#)

The Jail Diversion Committee of the Texoma Behavioral Health Leadership Team is well situated to coordinate work on the five action plans developed during the workshop. The effectiveness of the Committee might be enhanced by adding members reflecting the breadth of participation at the workshop, including people with lived experience with justice system involvement.

The Leadership Team could consider taking the lead on the following projects:

- **Countywide Mental Health Awareness and Education.** The Leadership Team can plan annual community behavioral health conferences and other trainings that promote

behavioral health awareness, access to resources, and local initiatives that improve the administration of justice for persons with mental illness, IDD, or substance use disorders.

- **Jail Diversion Process Education.** The Jail Diversion Committee can work together to clarify the jail diversion process, create illustrative handouts, and educate prosecutors and defense attorneys on the process. The training can be adapted for other stakeholders and the general public.
- **Diversion Center.** The workshop group identified a need to establish a triage or diversion center as a community priority. The Leadership Team can create a committee to focus on this project.
- **Housing.** Workshop participants also prioritized developing affordable – and possibly supportive – housing to address challenges for individuals both prior to and following incarceration. The Leadership Team can pull together the broad coalition of stakeholders needed for a complex project of this nature.
- **Employment.** Another workshop priority to promote effective reentry is identifying meaningful employment opportunities for individuals with criminal records. The Leadership Team can help identify and strengthen partnerships with local employers.
- **Utilize National Resources.** NCSC’s National Judicial [Task Force to Examine State Courts’ Response to Mental Illness](#) develops tools, resources, best practices, and policy recommendations for the state courts. The Leadership Team has several resources that can be implemented locally, including the recently released set of [Juvenile Justice Mental Health Diversion Guidelines and Principals](#) created to assist courts and service providers in addressing the growing mental health crisis.
- **Grant Writing.** The Leadership Team can invest into training selected individuals to learn effective grant writing skills. See [grant writing](#) resources in the appendices for information on grant writing educational opportunities.
- **Review Cross-Systems Processes.** Challenges often arise in cross-systems processes. The Leadership Team can review these processes and make recommendations for improvements to streamline and maximize efficiency within these procedures.

RECOMMENDATION 2: SPECIALIZED CRIMINAL DEFENSE COMMUNITY

Establish a robust criminal defense community with specialized knowledge of mental health laws and applicable defense practices.

There are several ways to increase Grayson County's local defense bar's knowledge of mental health laws. One quick-fix recommendation is a focused education and training campaign. A long-term recommendation is to establish a Mental Health Public Defender's Office (PDO) or Managed Assigned Counsel (MAC) System. These recommendations include utilizing help from the Texas Indigent Defense Commission (TIDC) and other agencies.

TIDC safeguards liberty by ensuring that Texas and its 254 counties provide the right to counsel guaranteed by the United States and Texas Constitutions. TIDC's work takes three main forms: funding, oversight, and improvement. At each intercept of the criminal justice system, defense counsel can support efforts to identify people with mental illness and divert them appropriately. Mental health defender teams include attorneys, social workers, investigators, and support staff who specialize in representing defendants with mental illness or intellectual disabilities. This specialty team approach results in better, more efficient representation, better case outcomes, and improved efficiency of courts and case processing. A more robust and team-based representation can reduce jail populations by ensuring that defendants are promptly appointed counsel, with specialized knowledge in mental health laws, and can improve medication compliance and reduce decompensation. Defense counsel can play a key role in developing treatment plans and advocating for earlier release from jail. Defense counsel can also help reduce unnecessary competency evaluations and help reduce recidivism.

Education and Training Campaign. Grayson County should identify a group of local defense attorneys who can be champions for initiating an education and training campaign among the local defense bar association. These champions can utilize the assistance of [TIDC](#), [JCMH](#), [TCDLA](#), or other entities to develop curriculum for local defense attorneys and to identify the best methods for implementing education and training among the local defense bar. Training should cover several topics regarding mental health laws, including early identification ([16.22](#)), transfer and dismissal ([16.22\(c\)\(5\)](#)), mental health bond conditions ([17.032](#)), competency restoration ([46B](#)), information sharing (HIPAA & [HSC Chapter 611](#)), and resources available from the local mental health authority ([Texoma Community Center](#)).

In addition to training on mental health laws, the local defense bar can learn how to fully and skillfully incorporate the principles of [Holistic Defense](#) and how to effectively use social workers in criminal defense. The [Bronx Defenders](#) is a public defender nonprofit that pioneered a groundbreaking, nationally recognized model of defense that achieves better outcomes for defendants. The Bronx Defenders' [Center for Holistic Defense](#) provides technical assistance and training to public defender organizations and individual practitioners and currently provides assistance in 38 states, including Texas.

The local defense bar can play an integral role in enhancing Grayson County's justice system by addressing the circumstances driving people into the criminal justice system and the consequences of that involvement. A [Harvard Law Review article](#) evaluated the holistic defense model and determined the impact of the program included a reduction in the likelihood of custodial sentences by 16% and expected sentence length by 24%.

There are four pillars at the core of holistic defense:

- Seamless access to services that meet legal and social support needs.
- Dynamic, interdisciplinary communication.
- Advocates with an interdisciplinary skillset.
- A robust understanding of, and connection to, the community served.

Several counties across Texas have begun to incorporate these principles into their local defense organizations, including:

- [Harris County](#)
- [Bexar County](#)
- [Travis County](#)

Many counties offer incentives for defense attorneys to seek training and specialization in mental health laws by offering additional compensation for court appointment cases to attorneys with specialized training or creating a special "wheel" full of attorneys specialized in mental health laws who can be appointed to cases with a defendant identified as having a mental illness. [Williamson County](#) is an example of a county with an indigent defense plan that incorporates special qualifications for a mental health wheel.

[Mental Health PDO or MAC System](#). TIDC [funds public defense](#) in three forms: Improvement Grants, Formula Grants, and Innocence Projects. Improvement Grants help counties develop new programs or processes to improve indigent defense. These grants are competitive, dependent on available funding, and usually require county matching funds. Funding priorities include new

public defender offices, new managed assigned counsel systems, mental health or other specialty defender offices, and indigent defense coordinators.

- A [Managed Assigned Counsel \(MAC\)](#) is a governmental entity, nonprofit corporation, or bar association operating under a written agreement with a county for the purpose of appointing counsel to indigent defendants. As of 2017, three counties use this model: Collin, Lubbock, and Travis.
- A [Public Defender Office \(PDO\)](#) is a government entity or nonprofit corporation that operates underwritten agreement with a county rather than an individual judge or court or uses public funds and provides legal representation and services to indigent defendants accused of a crime.

Currently, Grayson County utilizes the Assigned Counsel model in which private attorneys, acting as independent contractors, are compensated with public funds, are individually appointed from a public appointment list of qualified attorneys using a system of rotation to provide legal representation and services to a particular indigent defendant accused of a crime. In this model, Grayson county district, county, and magistrate judges appoint counsel. This is the prevalent model in over 200 counties across the state of Texas. Grayson County would benefit from implementing a mental health MAC or PDO model.

RECOMMENDATION 3: STREAMLINED MAGISTRATION

Streamline the magistration process by establishing central magistration or other changes in the process.

In recent years, several key Texas jurisdictions have reformed their magistration procedures to centralize the process and seek more uniform and equitable results. Some of these changes were driven by [litigation](#) and others by [analysis](#) and advocacy. While the full scope of these comprehensive reforms is beyond the scope of this recommendation, the consolidation and centralization of magistration has significant implications for the diversion of individuals with behavioral health challenges.

When an individual under arrest for a first appears in a court of law, the magistrate interacts with the defendant, informing them of the charges, advising them of their rights, appointing counsel

if the defendant is indigent, and receiving a plea. At this hearing (the arraignment), the judge or magistrate will also determine the bond conditions, or the circumstances under which the individual may be released from jail pending prosecution. These interactions provide an early opportunity to identify whether the individual may be experiencing significant behavioral health challenges, to quickly appoint counsel, and to tailor bond conditions to ensure engagement with appropriate services. And for jurisdictions with an [Indigent Defense Coordinator](#), the IDC can provide helpful insight in following appropriate procedures for defendants who may have behavioral health challenges (the Texas Indigent Defense Commission provides [grant funding](#) to create an IDC position).

The magistrate can ensure the Continuity of Care Query has been performed to identify any recent experience with the local mental health authority. The magistrate is charged with following the procedures in the [Code of Criminal Procedure art. 16.22](#) and, when appropriate, to order an expert to interview the defendant to identify possible mental illness or intellectual disability. Once the expert's report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued. The magistrate may also release the individual pursuant to [CCP 17.032](#) under the conditions of a mental health bond.

Centralized magistration, in which cases go through a single court rather than being widely distributed throughout the county, can ensure that the presiding judge or magistrate frequently oversees similar proceedings and is deeply familiar with the procedures and range of diversion options available for individuals with significant behavioral health challenges. Sufficient training and experience are particularly important in light of [new legislation](#) changing magistration procedures and reporting requirements statewide.

RECOMMENDATION 4: EFFICIENT AND EFFECTIVE USE OF DATA

At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.

Across Texas and across the nation, too little data is collected and too much of what is collected isn't utilized. Measures for Justice, a nationally recognized, nonprofit organization designed to

gather criminal justice system data from every county across the U.S., released a report in 2021 articulating [The Power and Problem of Criminal Justice Data](#) after reviewing data collection processes in twenty states. The lack of data or the ability to analyze the data limits the ability to make informed decisions about policy or to garner public trust in the system. Texas counties can capitalize on their data collection and improve the data collection process across the SIM by taking several steps. [SAMHSA](#) has an article on [Data Collection Across the Sequential Intercept Model: Essential Measures](#) that contains insightful techniques that can be reviewed and implemented on a local level.

Dispatch centers should be trained to ask if the nature of the emergency call is police, fire, or mental health, regardless of the availability of a CIT or co-responder team to respond. Law enforcement agencies can assign an incident number to every mental health call so that the calls can be tracked and analyzed for trends and patterns. This data can be used to secure grant funding for training and resources, as well as additional resources from the county.

There are several organizations that offer resources to assist with improving data collection, analysis, and creation of performance measures.

Stepping Up Initiative. The [Stepping Up Initiative](#) is strongly focused on the use of data to assist in lowering the numbers of people with mental illness in the jail. Counties can take advantage of the resources on the Stepping Up website to benefit their residents. Consider developing goals, such as: 1) Reducing the number of people with severe mental illness admitted to the county jail, 2) Reducing the length of stay for people with severe mental illness while in jail, 3) Increasing connections to community-based treatment and support upon release, and 4) Reducing their criminal recidivism. Specific goals will help clarify and direct what data should be collected and how to use that data to further the county's cross-systems efforts.

Bureau of Justice Assistance. The Bureau of Justice Assistance published [A Guide to Collecting Mental Health Court Outcome Data](#) in 2005 to help guide mental health court teams on collecting and using data. Outcome data can help courts demonstrate the purpose of the specialty court program and attract funding sources to expand and enhance the program. The [Center for Court Innovation](#) has a short document on [collecting data for drug courts](#).

Justice Counts. [Justice Counts](#) is a national program that reviews data from all fifty states then develops and builds consensus around a set of key criminal justice metrics that drive budget and policy decisions. The program also [creates a range of tools](#) and resources to help local communities to adopt new data metrics. The program provides technical assistance and funding to selected states.

Measures for Justice. [Measures for Justice](#) is a nonprofit organization that’s mission is to make accurate criminal justice data available to spur reform. The organization offers [tools and services to communities](#), including general consulting.

RECOMMENDATION 5: EFFICIENT AND EFFECTIVE USE OF DATA

Expand the use of certified peers at multiple points and intercepts.

People with lived experience of mental illness, substance use disorder, past trauma, and/or incarceration bring a unique perspective. Not only have they experienced behavioral health challenges that contributed to their intersect with the justice system, they also have been successful in their own recovery processes. Certified peers are trained to help other peers navigate their own paths to recovery and are equipped with a code of ethics that help them work with other peers wherever they may be in their recovery journey. Each LMHA in Texas has peer support specialists on staff.

In Texas, there are three primary peer certifications, including Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners (who work directly with family members of people with behavioral health challenges). People with lived experience of incarceration may also pursue additional certification as a Reentry Peer Specialist.

While certified peers are becoming more common within mental health authorities in Texas, they are less frequently utilized within the justice system. When they are utilized within courts, jails, probation departments, and in reentry programs, peers can make a real difference. According to a [Leadership Brief](#) of the National Judicial Task Force to Examine State Courts’ Response to Mental Illness, peer specialists are involved in courts, jails, and reentry programming with the goals of:

- Providing person-centered, strength-based support to build recovery and resilience,
- Providing relationship-focused support and role-modeling based on lived experience,
- Advocating for the individual in stressful and urgent situations and in respect for their rights,
- Assisting individuals with understanding and navigating the justice system, and
- Supporting individuals to achieve their goals, live a self-directed life, and strive to reach their full potential.

There are national resources available to provide technical assistance regarding implementation of peer support specialists across the SIM, including:

- [Peer Experience: National Technical Assistance Center](#)
- [Peer Recovery Center for Excellence](#)

There are a number of specific ways that peer specialists can work toward these goals throughout the criminal justice process. Policy Research Associates has detailed meaningful roles for peer support across the full Sequential Intercept Model.

RECOMMENDATION 6: OUTPATIENT COMPETENCY RESTORATION

Develop an outpatient competency restoration program administered by the local mental health authority.

Fifteen years after the Texas Legislature explicitly authorized programs to restore criminal defendants to competency outside of a state hospital program, 18 outpatient competency restoration (OCR) programs exist across Texas. Designed for individuals that present a low risk to public safety, these programs provide services and supports to improve an individual's competency to stand trial and enable the criminal justice process to move forward. The community-based setting encourages a person's ultimate reintegration into the community and provides significant cost savings over inpatient services.

The OCR programs ease pressure on county jails and state hospitals. As of mid-2022, thousands of individuals who were found incompetent to stand trial by a court remained in Texas county jails solely because of a lack of bed space in the state hospital system. Alternatives to lengthy wait times, which for some people total hundreds of days, are more supportive of individual wellbeing and greatly help efficient management of county jails. Jail settings are challenging and sometimes dangerous settings for individuals in mental health crisis or with mental illness so poorly managed that the individual is legally incompetent.

The [Texas Health and Human Service Commission](#) encourages the establishment of OCR programs across the state, particularly in underserved rural areas. The programs typically are operated by a local mental health authority and, depending on their configuration and focus, can provide services in settings including clinics, transitional houses, crisis respite facilities, and private homes.

APPENDICES

APPENDIX	TITLE
Appendix 1	Common Acronyms
Appendix 2	General Resources
Appendix 3	Charts
Appendix 4	Grayson County SIM Map
Appendix 5	Workshop Participant List
Appendix 6	Workshop Agenda
Appendix 7	Community Self-Assessment
Appendix 8	County Data
Appendix 9	Key References

APPENDIX 1 | COMMON ACRONYMS

COMMONLY USED ACRONYMS FOR GRAYSON COUNTY		
A&D – Apprehend & Detain	AOT – Assisted Outpatient Treatment	BJA – Bureau of Justice Assistance
CCP – Code of Criminal Procedure	CCQ – Continuity of Care Query	CIT – Crisis Intervention Team
CIRT – Crisis Intervention Response Team	CSCD – Community Supervision and Corrections Department (“probation”)	D/M – Dismiss or Dismissal
DPD – Denison Police Department	GCCO – Grayson County Clerk’s Office	GCDAO – Grayson County District Attorney’s Office
GCDC – Grayson County District Clerk	GCSO – Grayson County Sheriff’s Office	GPH – Grayson Public Health
HB – House Bill	HHSC – Health and Human Services Commission	ID – Intellectual Disability
JBCR – Jail Based Competency Restoration	JCMH – Judicial Commission on Mental Health	LE – Law Enforcement
LIDDA – Local IDD Authority	LMHA – Local Mental Health Authority	MAC – Managed Assigned Counsel Program
MH – Mental Health	MI – Mental Illness	MHC – Mental Health Court
MOU – Memorandum of Understanding	MSU – Maximum Security Unit	OCA – Office of Court Administration
OCR – Outpatient Competency Restoration	PC – Probable Cause	PD – Police Department
PDO – Public Defender’s Office	PTI – Pretrial Intervention	SAMHSA – Substance Abuse & Mental Health Services Administration
SB – Senate Bill	SH – State Hospital	SIM – Sequential Intercept Model
SPD – Sherman Police Department	TASC – Texas Association of Specialty Courts	TCC – Texoma Community Center
TCIC – Texas Crime Information Center	TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TIDC – Texas Indigent Defense Commission
TLETS – Texas Law Enforcement Telecommunications System	WNJ – Wilson N. Jones Regional Medical Center	

APPENDIX 2 | GENERAL RESOURCES

FUNDING RESOURCES

<p>Council of State Governments Justice Center https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/</p>	<p>DOJ Office of Justice Programs https://www.ojp.gov/funding/explore/current-funding-opportunities</p>
<p>Humanities Texas https://www.humanitiestexas.org/grants/apply</p>	<p>The Meadows Foundation https://www.mfi.org/</p>
<p>Office of the Texas Governor https://gov.texas.gov/organization/financial-services/grants</p>	<p>Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/grants</p>
<p>Texas Health & Human Services Commission https://www.hhs.texas.gov/business/grants</p>	<p>Texas Indigent Defense Commission http://www.tidc.texas.gov/funding/</p>
<p>U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments</p>	<p>U.S. Grants https://www.usgrants.org/texas/personal-grants</p>

GRANT WRITING RESOURCES

<p>Grants.gov https://www.grants.gov/web/grants/applicants/applicant-training.html</p>	<p>HHSC Funding Information Center https://www.dshs.texas.gov/fic/gwriting.shtm</p>
<p>Nonprofit Guides http://www.npguides.org/index.html</p>	<p>Nonprofit Ready https://www.nonprofitready.org/grant-writing-classes</p>
<p>Texas Specialty Court Resource Center http://www.txspecialtycourts.org/training-grant.html</p>	<p>University of Texas Grants Resource Center https://diversity.utexas.edu/tgrc/</p>

MENTAL HEALTH COURT PROGRAM RESOURCES

<p>Council of State Governments Justice Center – <i>Developing a Mental Health Court: An Interdisciplinary Curriculum</i> https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf</p>	<p>Council of State Governments Justice Center – <i>A Guide to Collecting Mental Health Court Outcome Data</i> https://csgjusticecenter.org/wp-content/uploads/2020/01/MHC-Outcome-Data.pdf</p>
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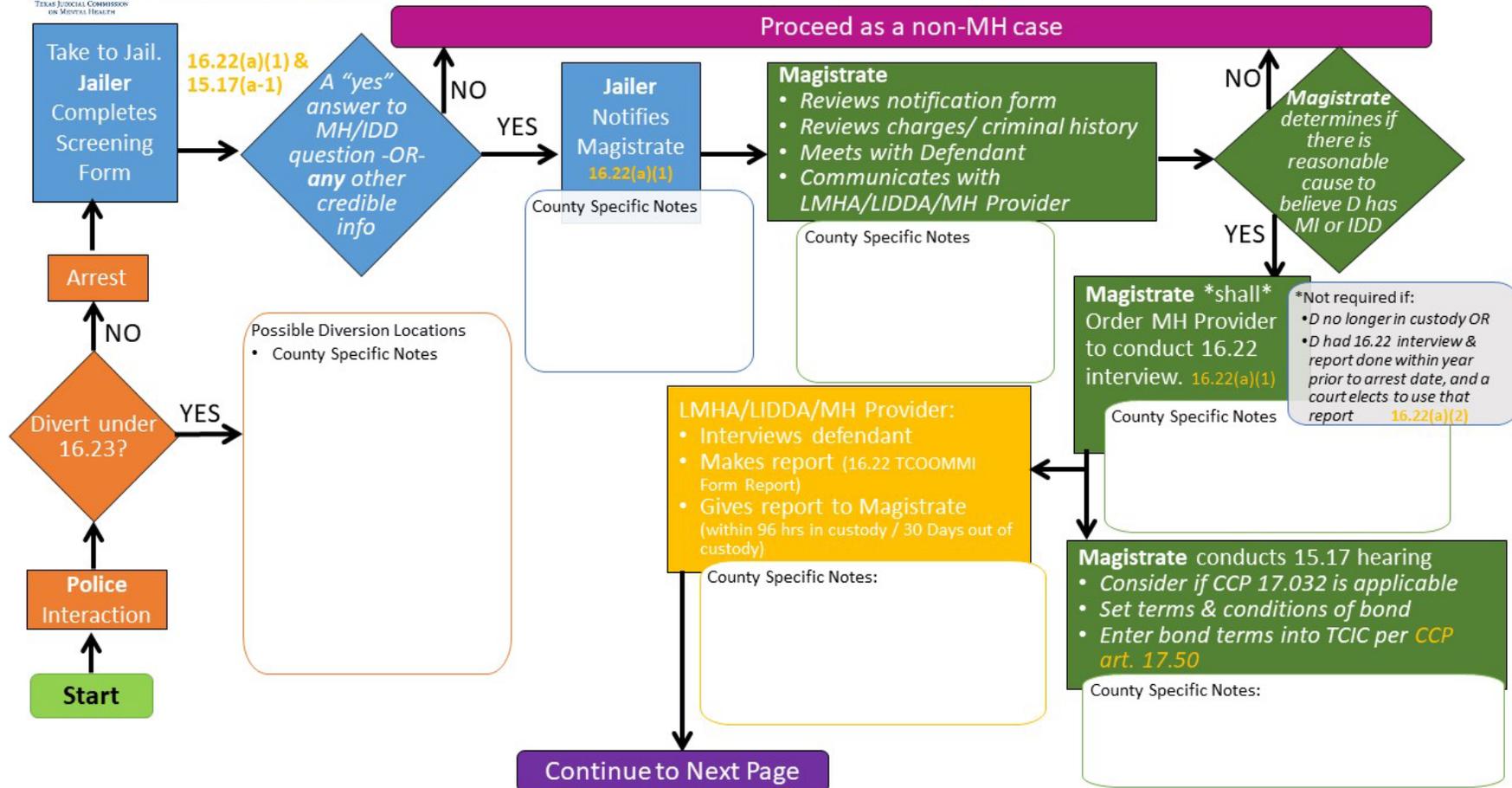
Council of State Governments Justice Center – <i>A Guide to Mental Health Court Design and Implementation</i> https://csgjusticecenter.org/wp-content/uploads/2020/01/Guide-MHC-Design.pdf	Council of State Governments Justice Center – <i>Mental Health Courts: A Guide to Research-Informed Policy and Practice</i> https://bjaj.org/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf
Council of State Governments Justice Center – Mental Health Court Learning Modules https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/	Judicial Commission on Mental Health: <i>10-Step Guide</i> http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf
Judicial Commission on Mental Health http://texasjcmh.gov/technical-assistance/mental-health-courts/	Texas Specialty Court Resource Center http://www.txspecialtycourts.org/

TECHNICAL ASSISTANCE RESOURCES	
Activities of the Service Members, Veterans, and Their Families Technical Assistance Center https://www.samhsa.gov/smfv-ta-center/activities	Correctional Management Institute of Texas http://www.cmitonline.org/technical-assistance.html
Doors to Wellbeing: National Consumer Technical Assistance Center https://www.doorstowellbeing.org/	HHSC’s Technical Assistance Center Email: forensicedirector@hhs.texas.gov
Judicial Commission on Mental Health http://texasjcmh.gov/technical-assistance/	Justice Center: The Council of State Governments https://csgjusticecenter.org/resources/justice-mh-partnerships-support-center/
National Center for State Courts https://www.ncsc.org/services-and-experts/areas-of-expertise/access-to-justice/tech-assistance	National Family Support Technical Assistance Center https://www.nfstac.org/request-ta
National Mental Health Consumers’ Self-Help Clearinghouse https://www.mhselfhelp.org/technical-assistance	National Training & Technical Assistance Center for Child, Youth, & Family Mental Health https://nttacmentalhealth.org/trainings-ta/
NPC Research https://npcresearch.com/services-expertise/technical-assistance-and-consultation/	Opioid Response Network https://opioidresponsenetwork.org/
Technical Assistance Collaborative https://www.tacinc.org/what-we-do/customized-ta-training/	Texas Specialty Court Resource Center http://www.txspecialtycourts.org/tta_bureau.html

APPENDIX 3 | CHARTS



16.22 Process flow chart





Continued from Previous Page

Magistrate Receives Report from MH Provider

Magistrate gives report to stakeholders

16.22(b-1)

Clerk required to document the number of 16.22 reports completed on Judicial Monthly Court Activity Report to OCA. 16.22(e) & Tex. Admin Code Ch. 171

County / District Clerk

County Specific Notes

Trial Court

County Specific Notes

Prosecutor

County Specific Notes

Defense Attorney

County Specific Notes

Sheriff (jail med records)

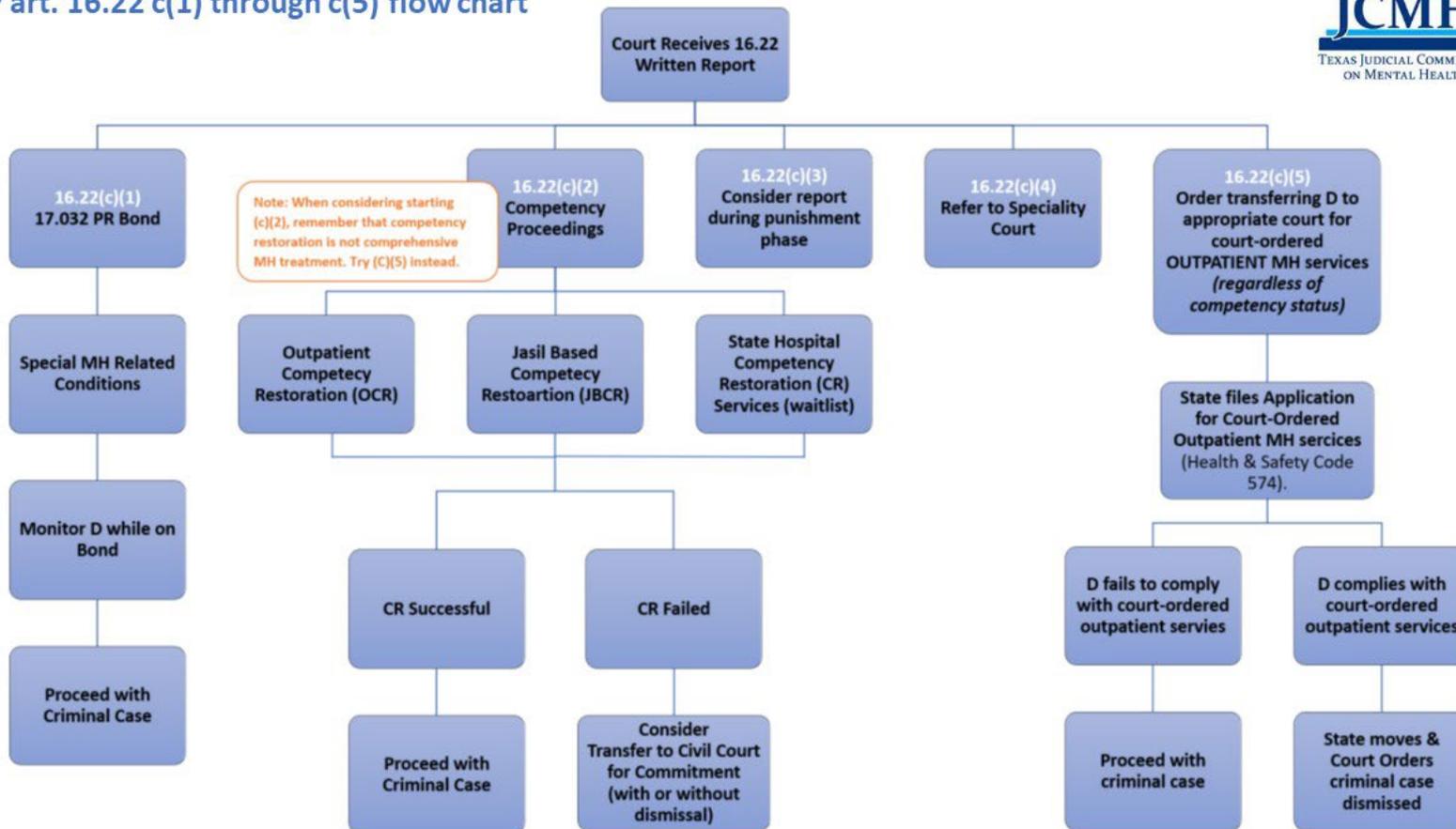
County Specific Notes

Personal bond office / Pretrial

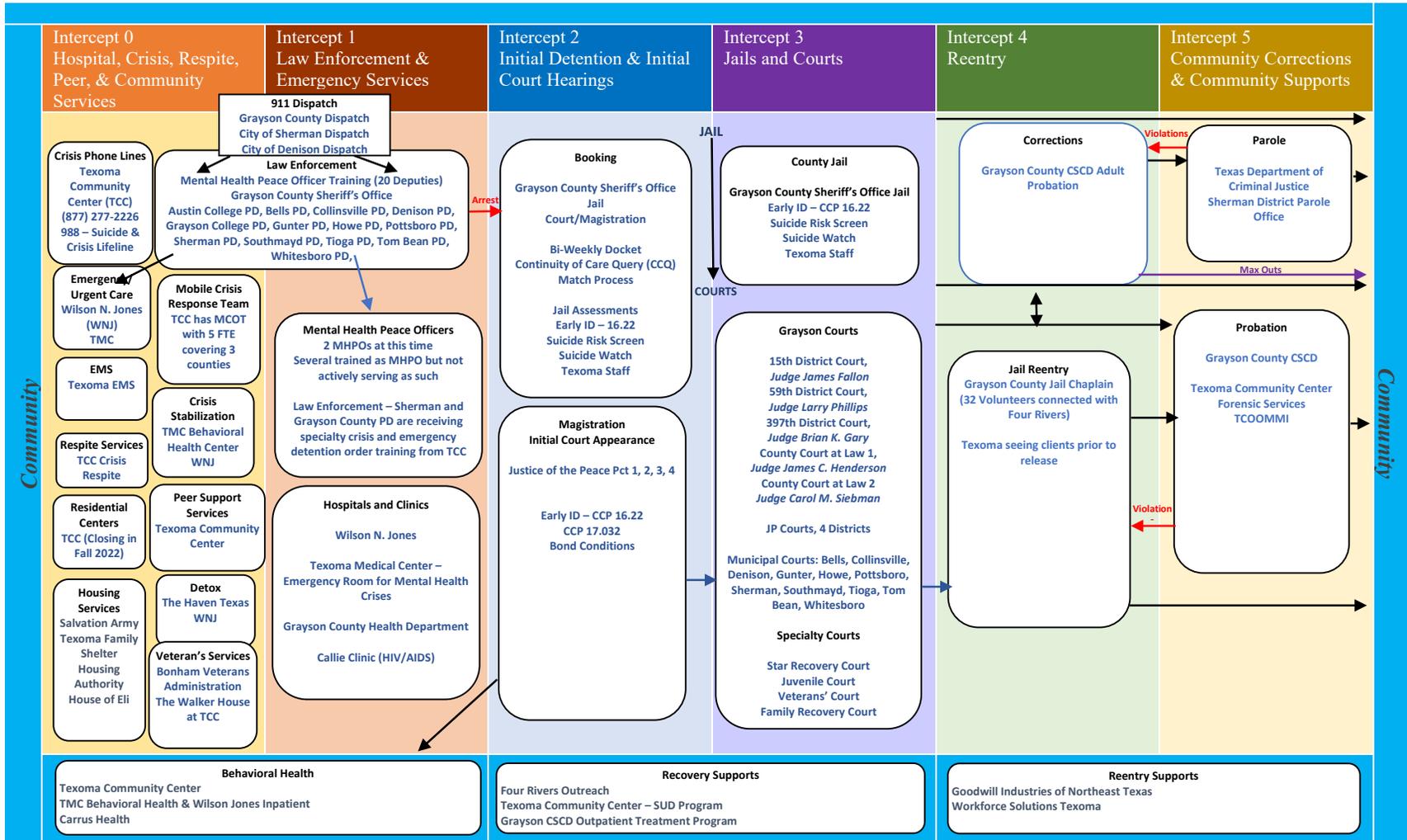
County Specific Notes



CCP art. 16.22 c(1) through c(5) flow chart



APPENDIX 4 | GRAYSON COUNTY SIM MAP



APPENDIX 5 | PARTICIPANT LIST

LAST NAME	FIRST NAME	TITLE/ROLE	AGENCY
Bennett	Jerry	Doctor	Grayson County Health Department
Bennie	Tony	Chief Deputy	Sheriff's Office
Bliss	Becky	Director, IDD Services	Texoma Community Center
Brown	Alan	Chief of Adult Probation	Grayson County Probation
Brown	Eli	Assistant District Attorney	District Attorney's Office
Cantu	Diana	Chief Executive Officer	Texoma Community Center
Cardwell	Garland	Defense Attorney	Munson, Munson, Cardwell, Tillett & Brown (law firm)
Carr	Tammy	Mental Health Officer	Community Supervision & Corrections Department
Cavender	Cara		
Coffman	Amy	Hospital Employee	Wilson N. Jones Regional Medical Center
Conley	Amberlee	Senior Director, Adult Mental Health Services	Texoma Community Center
Corley	Gary	Attorney	Gary Corley Law Offices
Dawsey	Bruce	County Judge Elect	
Denney	Amber	SUD Director	Texoma Community Center
Eppler	Rodger	Community Member	
Flores	Zachary	Chief	Sherman Police Department
Ford	Brian	Deputy	Grayson Co Sheriff's Office
Godard	Vikki	Person with Lived Experience	
Goffman	Amy		
Gourd	Kristi	Director of Business Development	TMC Behavioral Health Center
Groves	Elizabeth	Community Diversion Coordinator	Grayson County
Henderson	James C.	Judge	Grayson County Court at Law

Hervey	Loren	Senior Director, Children's Mental Health & Crisis Services	Texoma Community Center
Johnson	Marci		Texas Workforce Solutions
Kirk	Jason	Deputy Chief	Adult Probation
Lavender	Cara	Dept. Director, Aging Services	Texoma Council of Governments
Lemming	Harry	Chief Executive Officer	TMC Behavioral Health Hospital
McClaran	Kristi	Indigent Defense Coordinator	Grayson County
McDonald	Nikki	First Lieutenant	Grayson Co Sheriff's Office
McManigell	Christina	Case Manager (person with lived experience)	Texoma
Millerick	Tim	Executive Director	Texoma Behavioral Health Leadership Team
Noel	Rita	Judge	Justice of the Peace #4
Ortez	Amanda	Director	County Health Department
Phillips	Larry	Judge	59th District Court
Pierce	Sarah	Marketing Specialist	Goodwill
Putsche	Robin	Caseworker, Adult Protective Services	Dept. of Family & Protective Services
Rhoden	Bob	Executive Director	Four Rivers Outreach
Richardson	Kitty	Chief Operating Officer	Texoma Health Foundation
Roberts	Danny	Mental Health Officer	Community Supervision & Corrections Department
Robinson	Sherri	Director, Jail Medical	County Health Department
Roesler	Linzie	Defense Attorney	Linzie N. Roesler, P.C.
Sears	Raoule	Person with Lived Experience	
Sharp	Angela	Provider	Grayson Shelter
Smith	Brett	Assistant District Attorney	District Attorney's Office
Stenger	Tracy	Dispatch	City of Sherman/Dispatch
Stephens	Laura	Assistant Director, Jail Medical	County Health Department
Sumpter	Greg	Deputy Chief	Juvenile Detention Services

Thompson	Leann	Caseworker	Texoma Family Shelter
Tomlinson	Lisa	Chief	Juvenile Detention Services
Utter	Gail	CEO	Wells Fargo
Vannoy	Damon	Judge	Justice of the Peace #3
Watt	Tom	Deputy	Grayson County Sheriff
Weaver	Amy	Business Representative	Workforce Solutions
Wheeler	Laura	Assistant District Attorney	District Attorney's Office
Withrow	Eric	Dispatcher	City of Sherman
Davis	Molly	Staff Attorney	Judicial Commission on Mental Health
Frost	Lynda	Facilitator/Owner	Lynfro Consulting
Krenek	Brittany	Contractor	Judicial Commission on Mental Health
McBride	Rose	Communications Manager	Judicial Commission on Mental Health
Smith	Doug	Facilitator/Owner	D-Degree Coaching & Training
Taylor	Kristi	Executive Director	Judicial Commission on Mental Health
Wiggins	Liz	Program Manager	Judicial Commission on Mental Health

APPENDIX 6 | WORKSHOP AGENDA



Sequential Intercept Model Mapping Workshop
Grayson County
June 9-10, 2022
Grayson County Juvenile Detention Center
86 Dyess St., Denison, TX 75020

Purpose and Goals:

- Facilitate collaboration and relationship building between a diverse array of criminal justice and behavioral health stakeholders, all of whom are dedicated to system transformation
- Identify resources, gaps in services, and opportunities for improvement and innovation across all Sequential Intercept Model intercepts
- Prioritize key steps toward system transformation and improved service delivery
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services

AGENDA – Day 1

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Judge Larry Phillips Diana Cantu	Welcome & Community Goals
9:10 am	Overview of Pilot Program Kristi Taylor	
9:15 am	Orienting to This Work Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:50 am	Overview of SIM Mapping Doug Smith Raoule Sears	Overview of Model Importance of Lived Experience
10:30 am	Break	
10:45 am	SIM Mapping Lynda Frost Diana Cantu Chief Zachary Flores	Intercepts 0-1 Examining the Gaps & Opportunities Creating a Local Map

11:50 am	Lunch	
12:30 pm	SIM Mapping Lynda Frost Doug Smith Judge James Henderson Lt. Nikki McDonald	Intercepts 2-3 Reflecting on Our Progress Examining the Gaps & Opportunities Creating a Local Map
1:45 pm	Break	
2:00 pm	SIM Mapping Doug Smith Alan Brown Jason Kirk Sarah Rutherford	Intercepts 4-5 Examining the Gaps & Opportunities Creating a Local Map
3:05 pm	Break	
3:20 pm	Establishing Priorities Lynda Frost	Identify Possible Priorities Review Work of Pilot Project Identify Opportunities for Collaboration
4:20 pm	Wrap Up Doug Smith Judge James Henderson	Preview Next Day

AGENDA – Day 2

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Elizabeth Groves Diana Cantu	Welcome Back!
9:10 am	Preview & Review Doug Smith	Review Day #1 Accomplishments Preview of Day #2 Local County Priorities
9:25 am	Action Planning Lynda Frost	Group Work Presentation to Full Group
10:45 am	Break	
11:00 am	Refining the Action Plan Doug Smith	Gallery Walk Group Work
12:00 pm	Next Steps & Summary Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In
12:20 pm	Closing Lynda Frost Judge James Henderson	One Last Word!

APPENDIX 7 | COMMUNITY SELF-ASSESSMENT SURVEY

INTRODUCTION

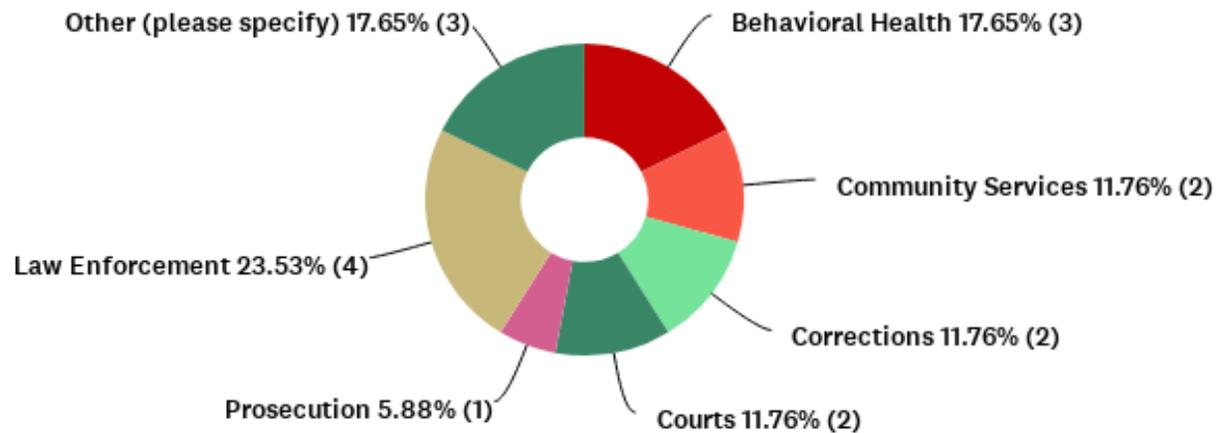
The purpose of this community self-assessment was to ascertain the community's level of collaboration and activities relating to justice involved adults with mental disorders or substance use disorders. This community self-assessment was conducted as part of the planning to a Sequential Intercept Mapping Workshop in Grayson County.

By completing this community self-assessment, community members provided workshop participants with their perceptions on the state of the community's criminal justice/behavioral health initiatives and resources.

This community self-assessment is intended to guide identification of opportunities for improving responses to justice-involved adults along the intercept points of the Sequential Intercept Model. The questions are designed to assess the community's perceptions of the system in order to facilitate a cross systems discussion among community stakeholders.

Participation was voluntary. Responses will only be reported in an aggregate format so as not to identify any individual.

1. SURVEY PARTICIPANTS' ROLES

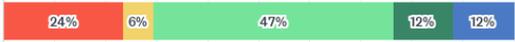
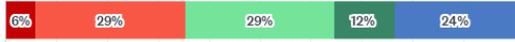
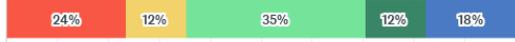


2. COLLABORATION

To appropriately and effectively respond to adults with mental and substance use disorders, agencies should collaborate across the Sequential Intercept Model. Please indicate your level of agreement with the statements below as they relate to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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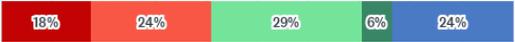
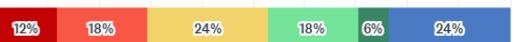
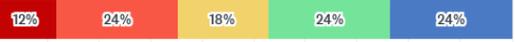
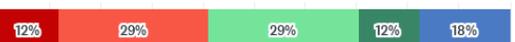
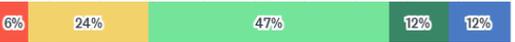
2.01 There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.					
2.02 There is cross-systems recognition that responsibility for responding to these adults with mental and substance use disorders lies with all systems.					
2.03 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.					
2.04 Family members 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.					
2.05 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.					
2.06 Stakeholders have established a shared mission and common goals to facilitate criminal justice and behavioral health collaboration.					
2.07 Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.					
2.08 Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.					
2.09 Based on research evidence and guidance on best practice, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.					

2.10 Criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders in the justice system.	
2.11 Criminal justice and behavioral health agencies share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement.	
2.12 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.	

3. IDENTIFICATION

The behavioral health needs of adults in the justice system should be identified on a systematic basis at each point within the criminal justice system. Please indicate your level of agreement with the statements below as they relate to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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3.01 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for mental disorders by standardized instruments with demonstrated reliability and validity.	
3.02 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	
3.03 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	
3.04 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for suicide risk by standardized instruments with demonstrated reliability and validity.	
3.05 There are procedures in place to access crisis behavioral health services for adults at any point of contact with the criminal justice system.	
3.06 Mental health assessments are conducted on a routine basis whenever a screening instrument indicates	

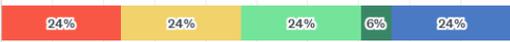
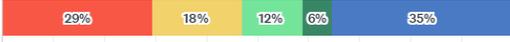
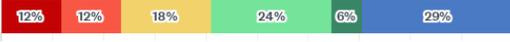
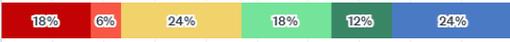
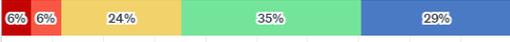
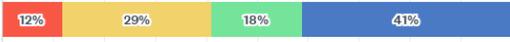
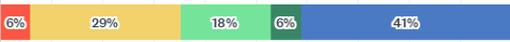
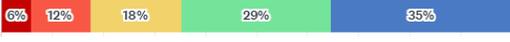
any such need for adults in contact with the criminal justice system.	
3.07 Substance use assessments are conducted on a routine basis whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	
3.08 Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	
3.09 Information obtained through screening and assessments is never used in a manner which jeopardizes an adult's legal interests.	
3.10 Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	
3.11 Data-matching between criminal justice agencies and behavioral health providers occurs on a routine basis to identify active and former consumers who have entered the criminal justice system.	

4. STRATEGIES

A variety of interventions are necessary for a community to effectively respond to adults with mental disorders and substance use disorders involved with the criminal justice system. Please indicate your level of agreement with the statements below regarding a variety of approaches as they relate to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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4.01 Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	
4.02 There are adequate crisis services in place to meet the needs of people experiencing mental health crises.	
4.03 Emergency communications call-takers and dispatchers are able to effectively identify and communicate details about crisis calls to law enforcement and other first responders.	
4.04 Law enforcement and other first responders are trained to effectively respond to adults experiencing mental health crises.	

4.05 Pre-trial strategies are in place to reduce detention of low-risk defendants and to reduce failure to appear rates for people with mental and substance use disorders.	
4.06 Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	
4.07 Treatment courts are aligned with best practice standards and oriented to serve high-risk/high-need individuals.	
4.08 Jail-based programming and health care meets 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).	
4.09 Jail transition planning is provided to individuals with mental disorders to improve post-release recidivism and health care outcomes.	
4.10 Psychotropic medication or prescriptions are provided to individuals with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	
4.11 Medication assisted treatment is provided to individuals with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	
4.12 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.	
4.13 Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated on a regular basis to determine whether they are achieving the intended outcomes.	
4.14 Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems.	

5. SERVICES

Adults with mental disorders or substance use disorders in the criminal justice system should have access to effective treatment to meet their needs and with the goals of achieving greater community public health and public safety. Please indicate your level of agreement with the statements below as they related to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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5.01 Adults with mental disorder 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.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Neither Agree nor Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>18%</td> <td>18%</td> <td>6%</td> <td>41%</td> <td>6%</td> <td>12%</td> </tr> </table>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	18%	18%	6%	41%	6%	12%
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know								
18%	18%	6%	41%	6%	12%								
5.02 Regardless of setting, all behavioral health services provided to justice involved adults are evidence-based practices. Evidence-based practices are defined manual-based interventions with demonstrated positive outcomes based on repeated rigorous evaluation studies.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>12%</td> <td>24%</td> <td>24%</td> <td>12%</td> <td>29%</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	12%	24%	24%	12%	29%		
Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know									
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5.03 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.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>12%</td> <td>12%</td> <td>41%</td> <td>6%</td> <td>29%</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	12%	12%	41%	6%	29%		
Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know									
12%	12%	41%	6%	29%									
5.04 Justice-involved adults are fully engaged with behavioral health providers on the development of their treatment plans.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Neither Agree nor Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>6%</td> <td>24%</td> <td>12%</td> <td>24%</td> <td>6%</td> <td>29%</td> </tr> </table>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	6%	24%	12%	24%	6%	29%
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know								
6%	24%	12%	24%	6%	29%								
5.05 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.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Neither Agree nor Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>18%</td> <td>18%</td> <td>12%</td> <td>29%</td> <td>6%</td> <td>18%</td> </tr> </table>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	18%	18%	12%	29%	6%	18%
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know								
18%	18%	12%	29%	6%	18%								
5.06 Justice-involved adults with mental disorders or substance use disorders receive assistance in obtaining legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Neither Agree nor Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>24%</td> <td>12%</td> <td>12%</td> <td>29%</td> <td>6%</td> <td>18%</td> </tr> </table>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	24%	12%	12%	29%	6%	18%
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know								
24%	12%	12%	29%	6%	18%								
5.07 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.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Neither Agree nor Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>12%</td> <td>12%</td> <td>18%</td> <td>24%</td> <td>18%</td> <td>18%</td> </tr> </table>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	12%	12%	18%	24%	18%	18%
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know								
12%	12%	18%	24%	18%	18%								
5.08 There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Neither Agree nor Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>6%</td> <td>19%</td> <td>13%</td> <td>19%</td> <td>6%</td> <td>38%</td> </tr> </table>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	6%	19%	13%	19%	6%	38%
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know								
6%	19%	13%	19%	6%	38%								
5.09 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 effective delivery of services and programs.	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Neither Agree nor Disagree</td> <td>Agree</td> <td>Strongly Agree</td> <td>Don't Know</td> </tr> <tr> <td>12%</td> <td>29%</td> <td>12%</td> <td>12%</td> <td>6%</td> <td>29%</td> </tr> </table>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	12%	29%	12%	12%	6%	29%
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know								
12%	29%	12%	12%	6%	29%								

APPENDIX 8 | COUNTY DATA

GRAYSON COUNTY DATA POINT	TIME PERIOD	DATA
Competency Restoration Waitlist	8/16/2022	1
16.22 Orders granted	9/2021 – 8/2022	91
16.22 Exams completed	9/2021 – 8/2022	91
Positive CCQ match for people arrested	Last 90 days	71
Average number of people processed in the jail each month	Last 90 days	439
Approximate number of people arrested for only misdemeanor level offenses	8/16/2022	10-15%
Approximate number of people who are arrested for misdemeanor offenses stay in jail more than 48 hours	8/16/2022	5%
Number of people detained at the county jail	8/16/2022	409
Number of people detained by county but housed out of county	8/16/2022	27
Number of people detained that have mental health assessments (does not include the total number referred for Jail Assessments based on the <i>Sandra Bland Screening</i> form)	Last 21 days	18
Number of people detained who are referred to the LMHA based on the Sandra Bland Form or the CCQ match	8/16/2022	66%
Average waiting time (number of days) in jail before being released on bond, for unfiled, misdemeanor cases	8/16/2022	15
Number of people released from jail with referral to outpatient competency restoration	9/2021 – 8/2022	0
Number of people released from jail with MH bond conditions to include a referral to outpatient treatment	9/2021 – 8/2022	21
Number of people released from jail to directly enter inpatient treatment (not a state hospital)	9/2021 – 8/2022	3
Average wait time (number of days) for court appointed attorney to be assigned to misdemeanor cases	8/16/2022	7
Average wait time (number of days) for court appointed attorney to be assigned to felony cases	8/16/2022	14+
Unique encounters the LMHA staff have with a client	9/2021 – 8/2022	905
Total clients served by the LMHA	9/2021 – 8/2022	84
Total hours of service in Grayson county provided by the LMHA Forensic Team	9/2021 – 8/2022	756

APPENDIX 9 | KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, <i>TEXAS MENTAL HEALTH AND INTELLECTUAL DISABILITIES LAW BENCH BOOK</i> (3d Ed. 2021-2022), http://benchbook.texasicmh.gov/ .
2	NATIONAL CENTER FOR STATE COURTS, FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT’S RESPONSE 19 (2018), https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf . See also, https://www.ncsc.org/behavioralhealth .
3	POLICY RESEARCH ASSOCIATES, THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP), https://express.adobe.com/page/dSrgsE34zlea9/ . See also, https://www.prainc.com/sim/ .
4	SAMHSA GAINS CENTER, DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, <i>Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness</i> , 57 PSYCH. SERVICES 544, 544-49 (2006), https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544 . The SIM in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.