

# Sequential Intercept Model Mapping Report for Kaufman County

Office of Forensic Coordination,  
Behavioral Health Services



March 2023



**TEXAS**  
Health and Human  
Services

## **Acknowledgements**

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by the North Texas Behavioral Health Authority (NTBHA). The planning committee members included:

Lt. Tray West, Kaufman County Sheriff's Office; Lance Washburn, Kaufman County Probation; Nancy Blum, NTBHA; Nicole Phillips, NTBHA; Alaina Horton, NTBHA; Matt Roberts, NTBHA; and Amanda Dunn, NTBHA.

The planning committee members played a critical role in making the Kaufman County SIM Mapping Workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC and Emily Dirksmeyer, LMSW, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC. The report was authored by Emily Dirksmeyer, LCSW; Liz Conville, MPS; and Jennie M. Simpson, PhD.

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

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

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

## **Recommended Citation**

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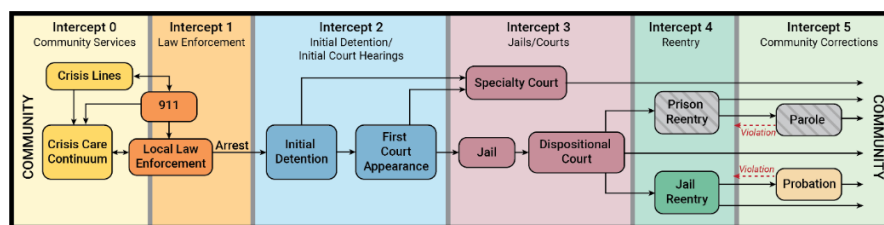
# Introduction

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

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

The Sequential Intercept Model Mapping Workshop has three primary objectives:

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



In 2022, NTBHA requested a SIM Mapping Workshop be conducted for Kaufman County to help foster behavioral health and justice collaborations and improve

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

diversion efforts for people with MI, SUD and/or IDD. The SIM Mapping Workshop was divided into three sessions: 1) Introductions and Overview of the SIM; 2) Developing the Local Map; and 3) Action Planning. See **Appendix A** for detailed workshop agenda.

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

# Sequential Intercept Model Map for Kaufman County, January 2023

COMMUNITY

COMMUNITY

Intercept 0 Hospital, Crisis, Respite, Peer, & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports
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**Crisis Phone Lines**  
**NTBHA Referral Line:**  
 • Contracts with Harris Center to answer crisis lines  
 • 866-260-8000  
**988 Suicide & Crisis Lifeline**  
 • 988  
Warmlines/ Resource Lines  
**OSAR**  
 • 844-275-0600  
**Kaufman Bridge Program**  
 • 469-780-9159  
**Southern Area Behavioral Health**  
 • 972-283-9090  
**NAMI Kaufman County**  
 • 972-962-3784

**Crisis Units**  
**Kaufman Bridge Program**  
 • Walk in crisis provider: Emergency Medications, Psychiatric Evaluations  
 • SABH and NTBHA Program  
**Corsicana Respite House**  
 • Peer run short-term transitional respite facility  
 • NTBHA and Homeward Bound Program  
**Private Psychiatric beds- NTBHA Contracted**

**Mobile Crisis Response Team**  
**NTBHA Mobile Crisis Outreach Team (MCOT)**  
 • 866-260-8000  
 • MCOT is Centrally located in Southern Dallas County

**Veterans Services**  
 • Kaufman Veterans Services Department  
 • County Veterans Service Officer- Robert Hunter

**911 Dispatch / Emergency Communications**  
 • Kaufman County Sheriff's Office Dispatch Center  
 • Crandall Police Department, Forney Police Department, Terrell Police Department and Kaufman Police Department Dispatch Centers

**Law Enforcement**  
 Crandall PD, Forney PD, Terrell PD, Kemp PD, Kaufman PD and Kaufman County Sheriff's Office

**Hospitals**  
**Baylor Scott and White Emergency Center- Forney, TX**  
 • 24/7 ER  
**Texas Health Presbyterian Hospital- Kaufman, TX**  
 • 24/7 ER  
**Terrell State Hospital**  
 • State Psychiatric Hospital  
**Kaufman Community Health Center**  
 • Federally Qualified Health Center

**Emergency Medical Services**  
 • Kaufman Fire Department  
 • Kaufman County Emergency Services  
 • Careflight- Forney, TX  
 • Transicare- alternative to law enforcement or ambulance assisted transport in Kaufman County

**Initial Detention**  
 • Kaufman County Jail  
 • Forney Police Department  
 • Kaufman Juvenile Detention Center  
**Booking**  
**Screening Assessments Used:**  
 • Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS)  
 • CCP 16.22 Report - used to indicate evidence of MI.  
**Continuity of Care (CoC) Query / Care Match**  
 • Kaufman County Jail contacts NTBHA when there is an exact or probable TLETS match.

**Initial Court Appearance- Arraignment**  
**Kaufman County Courthouse Pre-Trial Services**  
 • Bond decision set by district judges  
 • Pre-trial supervision provided through NTBHA and Kaufman CSCD  
 • Requires compliance with bond conditions

**Competency Restoration**  
**Outpatient Competency Restoration**  
 • Operated by NTBHA

**Courts**  
 In Kaufman County, there are **two District Courts, two County Court at Law Courts, four Justice of the Peace Courts and two Treatment Courts.**  
**Courts:**  
**District Courts:**  
 • 86<sup>th</sup> District Court- Judge Casey Blair  
 • 422<sup>nd</sup> District Court- Jude Shelton Gibbs  
**Treatment Courts:**  
 Mental Health Court  
 Drug Court  
 Veterans Court

**Jail**  
**Kaufman County Detention Center**  
**Forney PD holding Cells**  
**Health Services**  
 • **MH Provider:** MH screenings conducted for everyone booked into jail. Jail assessors from NTBHA conduct zoom or in person screenings if person is identified as suicide risk; determine if appropriate to go to hospital or back to general population.  
 • **Medical Provider:** Privately contracted physicians

**Jail Reentry**  
 • **Care Coordination**  
 ○ NTBHA Screens all individuals referred for behavioral health needs.  
 ○ Conducts needs coordination and refers individuals who are appropriate to the benefits specialist to get benefits reinstated.  
 • **TCOOMMI**  
 ○ Provides continuity of care services for clients with identified medical and mental impairments released to Kaufman County.  
 • **Kaufman County Jail**  
 ○ Provides **30 days of medications** to individuals upon release.  
 • **Association of Persons Affected by Addiction (APAA) Reentry Peer Support**

**Parole**  
 • Texas Department of Criminal Justice, Parole Division, Region 2, Waxahachie District Parole Office  
**Specialized Caseloads**  
 ○ Texas Risk Assessment System (TRAS) used to determine services needed.

**Probation**  
 • Kaufman County Community Supervision and Corrections Department- Adult Probation  
 • Texas Juvenile Justice Department- Kaufman County Juvenile Probation Department

**Behavioral Health**  
**IPS Recovery**, mental health treatment, substance use treatment, and criminal justice reform; **Child and Family Guidance Center**, child, adolescent and adult behavioral health care and case management; **Lakes Regional Community Center**, IDD and SUD services; **Southern Area Behavioral Health**; **Still Waters Kaufman**- Pregnancy and sexual abuse resource

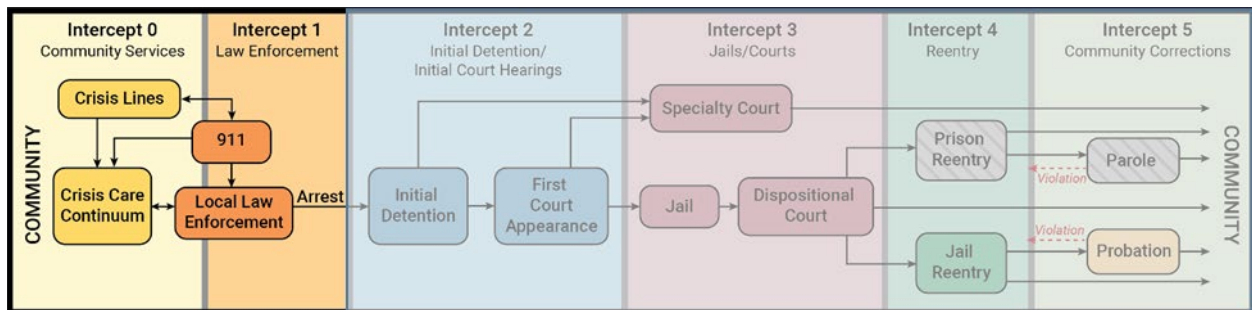
**Recovery Supports**  
**Lakes Regional Outpatient SUD Services**; **NTBHA Outpatient SUD services**; **Burning Tree Ranch**, long term, inpatient SUD treatment; **IPS Recovery**, outpatient SUD treatment, MAT

**Housing/Shelter**  
**Salvation Army**; **NTBHA**, emergency housing; **Kaufman County Housing Authority**; **Norville Children's Shelter**, emergency shelter for children; **Genesis Center**, women and children's shelter



## Opportunities and Gaps at Each Intercept

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



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

### Crisis Call Lines

#### Gaps

- Kaufman County has multiple crisis lines/warmlines available and it can be confusing to community members which line is most appropriate to connect to services specific to the individual's need.

#### Opportunities

- Kaufman County can implement a public awareness campaign on the new three-digit 988 Suicide & Crisis Lifeline.
- NTBHA can work with local stakeholders to ensure that they understand how to call and utilize crisis lines that are available in Kaufman County.

## **9-1-1/Dispatch**

### **Gaps**

- Dispatch call takers in Kaufman County do not receive specialized training to identify signs or symptoms of a mental health crisis when the caller does not explicitly disclose their mental health status.
- Differing dispatch and Computer Aided Dispatch (CAD) systems make uniform flagging of repeat callers and people with mental illness difficult.

### **Opportunities**

- NTBHA can provide Mental Health First Aid and Trauma-Informed Care training to dispatchers in Kaufman County to improve their ability to identify and respond to mental health crisis calls.
- Kaufman County can explore co-locating a mental health professional in the dispatch call center to support mental health crisis call diversion.
- Coordinate coding practices across Kaufman County dispatchers for mental health-related calls for service. Consider tracking dispatch outcomes by calls that resulted in an arrest versus a diversion.

## **Crisis Services**

### **Gaps**

- The NTBHA Mobile Crisis Outreach Team experiences challenges responding to mental health crisis calls as they are occurring due to coverage area and other capacity constraints.
- Kaufman County lacks respite facilities that serve children and youth, including children and youth in the custody of the Department of Family and Protective Services.
- Terrell State Hospital receives a high volume of “walk-ins” from Kaufman County due to a lack of options for law enforcement drop-off of people experiencing a mental health crisis in the community.

### **Opportunities**

- NTBHA can continue to develop a back door drop-off component for law enforcement at The Kaufman Bridge.
- NTBHA can increase trainings offered to all Kaufman County first responders and support the development of a workflow process for handling people experiencing a mental health crisis in the community.

## Healthcare

### Gaps

- Terrell State Hospital receives many “walk-ins” from the county due to the statutory requirement that peace officers who are detaining individuals without a warrant transport the individual to the nearest appropriate inpatient mental health facility. This increases waitlist time and reduces capacity for both forensic and civil patients.
- Kaufman County lacks a withdrawal management (detox) center.
- Individuals with mild to moderate mental health needs who do not qualify for state hospital admission often have nowhere to go for prompt treatment or mental health support in the community.
- There are limited options for transporting people who have been involuntarily committed to treatment facilities.
- Private contracted inpatient psychiatric beds outside of Terrell State Hospital are in Dallas or Hunt County.
- Kaufman County lacks a sobering center or dedicated facility for short-term acute alcohol or drug recovery.
- Workforce shortages across the behavioral health system contribute to lengthy wait times for services for both inpatient and outpatient behavioral health providers.
- There is a lack of resources for special populations, including IDD, neurocognitive disorders, and traumatic brain injury.
- Emergency departments often struggle with providing timely medical clearance prior to inpatient psychiatric hospitalization.

### Opportunities

- NTBHA can provide community and stakeholder education for families on Texas State Hospital admission criteria, purpose and appropriateness of orders for emergency detention (“mental health warrants”), orders of protective custody and services for non-crisis mental health care.
- Kaufman County can explore opportunities to streamline medical clearance processes in the community, including establishing a community-based paramedic program to provide non-emergent care in the community and medical clearance prior to inpatient psychiatric hospitalization.

- NTBHA may consider expanding the capacity for inpatient and outpatient substance use treatment referrals for people in Kaufman County who are uninsured or underinsured.
- Kaufman County can consider conducting a workforce assessment to identify gaps in the workforce continuum and develop the appropriate provider recruitment and retention strategies.

## **Law Enforcement and First Responders**

### **Gaps**

- There are differing interpretations across law enforcement and Kaufman County courts on the appropriate use of emergency detentions (mental health warrants).
- There are no law enforcement and mental health co-responder programs or Crisis Intervention Teams in Kaufman County.
- Law enforcement in Kaufman County lack diversion options for people who may be appropriate to drop-off at a mental health crisis facility in lieu of an emergency department or incarceration.
- Law enforcement in Kaufman County lack specialized training on how to respond to people with IDD.
- Limited collaboration between law enforcement and MCOT to provide mental health assessments on scene can delay crisis facility or inpatient hospital admission when appropriate.

### **Opportunities**

- NTBHA can explore training opportunities for Kaufman County law enforcement and court staff on the appropriate use and completion of Emergency Order of Detention (EOD), Apprehension by a Peace Officer Without a Warrant (APOWW), and Orders of Protective Custody
- Kaufman County may consider establishing a multi-disciplinary crisis response team that pairs law enforcement with a mental health clinician, paramedic, and/or peer.
- Terrell Police Department, Forney Police Department, Kaufman Police Department, Kemp Police Department, Crandall Police Department and the Kaufman County Sheriff's Office may consider leveraging and coordinating their CIT officers, mental health officers or mental health deputies for countywide mental health officer coverage.

- NTBHA can coordinate with community partners to provide training to law enforcement on responding to individuals with IDD.

## **Housing**

### **Gaps**

- There is no homeless shelter for men in Kaufman County, only women and children.
- Kaufman County lacks adequate affordable, permanent supportive, transitional, sober living, and congregate housing options.
- Kaufman County lacks housing options for people who are or are formerly justice-involved.

### **Opportunities**

- Kaufman County can consider ways in which to secure additional funding to build new or renovate existing housing stock to accommodate the needs of people with mental health or substance use disorders, experiencing homelessness, and/or exiting the criminal justice system.
- Kaufman County may consider expanding landlord outreach and engagement initiatives to improve access to housing for justice-involved people with behavioral health conditions.

## **Peer Support**

### **Gaps**

- Counseling services are not available to everyone who may benefit from those services in the county.

### **Opportunities**

- NTBHA, Lakes Regional Community Center, Southern Area Behavioral Health and other local agencies and non-profits in Kaufman County may consider employing Peer Specialists to serve people with mild to moderate mental health needs in the community.
- Explore increasing the utilization of peers from Association of Persons Affected by Addiction (APAA) to co-respond with law enforcement to MH crisis calls.

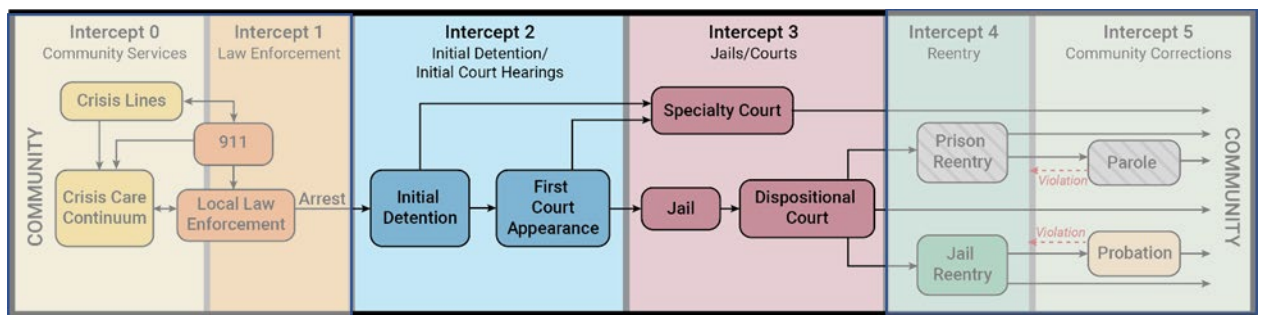
## **Data Collection and Information Sharing**

### **Gaps**

- Kaufman County courts, law enforcement agencies, hospitals, and NTBHA lack a uniform or unified data collection and reporting strategy.

## Opportunities

- Officers can help improve dispatch response to mental health calls for services by coding or confirming codes of mental health call response outcome on the back end.
- Kaufman ISD can leverage their website to share information on mental health and substance use disorder resources with families.
- Stakeholders can participate in regular data sharing meetings to share existing data between municipal and county entities.
- Stakeholders can develop a uniform data collection and reporting strategy to promote data sharing and enable county-wide analyses.



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

### Booking

#### Gaps

- The TLETS Continuity of Care Query (CCQ) is only available to county jail staff. Municipal jails do not have access.

#### Opportunities

- NTBHA can explore coordinating with both county and municipal jail staff to support follow up screening and assessment of individuals identified with mental health, SUD and/or IDD at jail booking.
- Kaufman County can consider implementing a validated screen for IDD at jail booking.

## **Jail Medical, Mental Health Care and SUD Services**

### **Gaps**

- There is only one qualified mental health professional (QMHP) at the Kaufman County Jail.
- NTBHA does not have a mental health clinician embedded in the Kaufman County Jail.
- Limited availability and capacity of the contracted mental health providers in Kaufman County jail can delay assessment and access to psychiatric medications for inmates with mental health conditions.
- Substance use disorder treatment is not currently available inside the jail. Alcoholics Anonymous or Narcotics Anonymous groups are not offered in the jail for inmates in recovery.

### **Opportunities**

- NTBHA and Kaufman County may consider ways in which to improve access to mental health services in the jail, including, but not limited to, embedding a mental health clinician in the jail.
- Kaufman County Sheriff's Office and NTBHA can coordinate and consider leveraging telehealth to reduce the strain on the existing QMHP in the jail.
- Kaufman County Jail can coordinate with existing community SUD providers and SUD support groups to explore providing services and groups in jail.

## **Competence to Stand Trial**

### **Gaps**

- Individuals found incompetent to stand trial (IST) are waiting in county jail for extended periods of time for inpatient competency restoration services.
- Jail-based competency restoration is not currently available in the Kaufman County Jail.
- NTBHA operates Outpatient Competency Restoration (OCR), but not many clients have successfully completed the program.

### **Opportunities**

- Judges, attorneys, NTBHA and Kaufman County Jail staff can explore opportunities to implement court-ordered medications (COMs) for individuals waiting for inpatient competency restoration at a state hospital.
- NTBHA and Kaufman County jail can explore implementing a Jail Based Competency Restoration (JBKR) program in the jail. County leadership and

NTBHA may engage other counties with JBCR programs to learn about implementing one in Kaufman County.

- NTBHA and Kaufman County stakeholders can work with HHSC to provide training on competence to stand trial processes, quality competency evaluations, use of medication reimbursement (pursuant to General Appropriations Act, S.B. 1, Article V, Sec. 35(b), 87th Texas Legislature, Regular Session), active waitlist management, and court-ordered medications.
- NTBHA and Kaufman County stakeholders can develop educational resources for family members and community members about the IST process.

## **Pretrial Services**

### **Gaps**

- Access to pretrial supervision for people with MI and/or SUD is limited in Kaufman County.

### **Opportunities**

- Kaufman County may increase utilization of pretrial supervision with the use of mental health bonds and bond conditions.
- Kaufman County, NTBHA, and CSCD may consider additional opportunities to increase coordination and collaboration for the provision of services to people on mental health bonds.

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

### **Gaps**

- People who have been restored to competency after completing a competency restoration program may experience a prolonged wait in jail prior to returning to court for adjudication.
- Kaufman County has underutilized court-ordered outpatient mental health services as an avenue to treatment for people with behavioral health conditions in the probate court.
- Defense attorneys have varying degrees of experience working with people with mental health conditions.

### **Opportunities**

- Jail administrators, jail medical staff, LMHAs/LBHAs, the courts, and state hospitals should work together to actively monitor people on CCP 46B



commitments and ensure case prioritization for people returning to jail from a competency restoration program.

- Kaufman County can consider providing court-appointed attorneys specialized in mental health.
- Kaufman County may consider ways to provide training opportunities on utilizing probate courts rather than the criminal courts as an avenue to treatment.

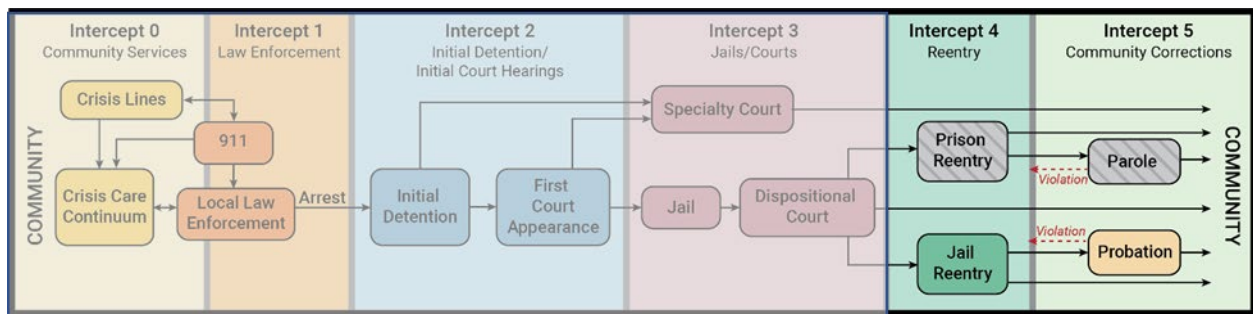
## Data Collection and Information Sharing

### Gaps

- Kaufman County courts and court partners have not established a uniform or unified data collection and reporting strategy.

### Opportunities

- Kaufman County may consider identifying a centralized data collection and reporting person or entity to facilitate appropriate data sharing between the mental health and criminal justice systems.
- Kaufman County may consider establishing a regular meeting for jail medical, correctional staff, and court personnel to include NTBHA and Kaufman County Assistant District Attorneys, and Kaufman County public defenders to share information on inmates with known behavioral health concerns.



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## Intercept 4 and Intercept 5

### Overview of Gaps and Opportunities

#### Jail Continuity of Care

##### Gaps

- Kaufman County typically provides a seven-day supply of psychiatric medications at jail release to people with behavioral health conditions.

- Medicaid benefits are terminated for people who are in jail for periods of time greater than 30 days, which can delay access to necessary care upon reentry.
- Jail staff are often not aware of existing community-based behavioral health and reentry services available to individuals exiting the jail. [See 26 Texas Administrative Code section 306.202\(g\)](#) for LMHA/LBHA requirements surrounding release of individuals with special needs from a city or county jail.
- Individuals are not provided with updated information on how to access resources in the community when released.

### **Opportunities**

- Kaufman County may consider providing people who take psychiatric medications with at least 30 days of medications at jail release.
- Kaufman County can pilot a program that suspends rather than terminates Medicaid benefits by notifying HHSC for people who are in jail for more than 30 days to help improve access to care upon reentry.
- Kaufman County can explore opportunities to expand reentry planning in the jail by helping set appointments with community behavioral health providers prior to release.

## **Community Reentry**

### **Gaps**

- Limited affordable housing stock and stringent housing eligibility criteria create barriers in obtaining safe and stable housing for people reentering the community.
- There are a lack of recovery housing and sober living options for individuals reentering from jail.
- People who lack identification at reentry experience additional barriers in obtaining safe and stable housing and employment.
- Individuals are not provided with updated information on how to access resources in the community when released.

### **Opportunities**

- Kaufman County can leverage existing peer services with APAA to improve access to community-based services upon reentry.

- Kaufman County can provide individuals released from the Kaufman County jail with the “Link Kaufman” app. To support awareness of and access to services (mental health, housing, benefits reinstatement, identification obtainment, and SUD services) in the community.
- NTBHA and Kaufman County jail staff can develop a needs checklist and referral process to improve access to community-based services upon reentry.
- Kaufman County Jail can coordinate with faith-based programs to support people with behavioral health needs reentering the community.
- NTBHA can explore SSI/SSDI Outreach, Access and Recovery (SOAR) training for Kaufman County Jail staff to assist with reinstating Supplemental Security Income and Social Security Disability Insurance benefits
- Jail providers can explore coordinating with the Kaufman Bridge to help people obtain photo identification prior to community reentry.

## **Probation and Parole**

### **Gaps**

- There is limited coordination and existing resources for older adults with mental illness in the care of Adult Protective Services. Law enforcement and probation officers are often unable to locate services that can support this population.
- There is limited space on specialized caseloads for individuals with MI, IDD, and/or SUD.
- Kaufman County Adult Probation Officers are not regularly provided training on working with individuals with behavioral health needs and may lack knowledge of available community behavioral health resources.

### **Opportunities**

- Kaufman County Adult Probation may consider expanding the capacity of existing specialized caseloads to serve more individuals with ongoing BH needs.
- Kaufman County and NTBHA can explore opportunities to train all officers in Mental Health First Aid and provide education on existing community resources and programs for individuals with BH needs.
- Kaufman County CSCD officers can increase coordination with Adult Protective Services in Kaufman County.

## Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified participants voted for top priorities. The voting took place on January 26, 2023. The top priorities are highlighted in bold text below.

Rank	Priority	Total Votes
<b>1</b>	<b>Develop a county behavioral health leadership team.</b>	<b>19</b>
<b>2</b>	<b>Expand law enforcement pre-arrest diversion options for individuals experiencing a behavioral health crisis.</b>	<b>18</b>
<b>3</b>	<b>Develop a community housing plan.</b>	<b>17</b>
<b>4</b>	<b>Increase awareness, education and training opportunities for community members and behavioral health and justice stakeholders.</b>	<b>16</b>
5	Increase data and information sharing across the SIM.	14
6	Increase outpatient and inpatient treatment options for individuals with behavioral health needs in the community (Counseling, SUD treatment and trauma treatment).	14
7	Increase post release follow up and support services available to individuals reentering the community from jail, the state hospital and inpatient treatment.	12

<b>Rank</b>	<b>Priority</b>	<b>Total Votes</b>
8	Increase services available to youth at risk of justice involvement in the community.	9
9	Develop a community wide workforce growth and sustainability plan.	5

## Strategic Action Plans

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

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

- [All Texas Access Report](#), Texas Health and Human Services Commission
- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation
- [Texas Statewide Behavioral Health Strategic Plan Update](#), Texas Statewide Behavioral Health Coordinating Council
- [Texas Strategic Plan for Diversion, Community Integration and Forensic Services](#), Texas Statewide Behavioral Health Coordinating Council
- [The Joint Committee on Access and Forensic Services \(JCAFS\): 2021 Annual Report](#), Texas Health and Human Services Commission
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition, Judicial Commission on Mental Health
- [Texas SIM Summit Final Report](#), Policy Research Associates
- SAMHSA's publication, [Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals](#) provides a foundational framework for providing services to people with MI and SUD who are justice-involved.

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

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

The second is trauma. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life<sup>2</sup> <sup>3</sup>. It is critical that both the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:

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

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

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

## Priority Area One: Develop a County Behavioral Health Leadership Team.

Objective	Action Steps	Who	When
Re-establish the Kaufman County behavioral health leadership team (BHLT)	<ul style="list-style-type: none"> <li>• Reconvene BHLT planning group to review and discuss next steps for re-establishing the leadership team</li> <li>• Establish BHLT Meeting Logistics:               <ul style="list-style-type: none"> <li>○ Meeting Location</li> <li>○ Meeting Frequency</li> <li>○ Date and time of meeting</li> </ul> </li> <li>• Identify key community stakeholders in Kaufman County to be included in the planning process for the establishment of a BHLT</li> <li>• Convene workgroup to clarify goals of the Kaufman County BHLT. Explore:               <ul style="list-style-type: none"> <li>○ Potential roles and responsibilities;</li> <li>○ Specific gaps needing to be addressed within the community;</li> <li>○ Data collection priorities; and</li> <li>○ BHLT participant expectations.</li> </ul> </li> </ul>	BHLT priority workgroup	Ongoing  First Behavioral Health Leadership Board (BHLB) Meeting on 3/31/23
Define the structure of the new behavioral health leadership team	<ul style="list-style-type: none"> <li>• Identify comparable counties with BHLTs and research the structure of those teams. (i.e. Hunt County BHLT, Abilene’s Behavioral Advisory Team, and Smith County’s BHLT)</li> <li>• Establish Leaders of the BHLT (consider representation across all intercepts)</li> <li>• Identify subcommittee subjects/ areas of focus:               <ul style="list-style-type: none"> <li>○ Coordinate with SIM priority team leads</li> <li>○ Identify community leaders to serve as experts for each subcommittee</li> <li>○ Consider BHLT goals</li> </ul> </li> </ul>	BHLT	By the end of February 2023
Kick off first leadership team meeting	<ul style="list-style-type: none"> <li>• Invite all key community stakeholders identified               <ul style="list-style-type: none"> <li>○ Secure buy-in and commitment of participation from community leaders</li> </ul> </li> <li>• Send invites out               <ul style="list-style-type: none"> <li>○ Invite additional community participants outside of key stakeholders identified</li> </ul> </li> <li>• Plan for meeting               <ul style="list-style-type: none"> <li>○ Identify facilitators</li> <li>○ Location</li> <li>○ Meeting agenda</li> <li>○ Define meeting goals clearly and provide clear topics for discussion</li> </ul> </li> </ul>	BHLT	By the end of February, 2023
Explore information sharing mechanisms for	<ul style="list-style-type: none"> <li>• Clarify information sharing needs for local stakeholders, for example:               <ul style="list-style-type: none"> <li>○ General information on mental health services;</li> <li>○ Aggregate data to identify trends in crisis service utilization and encounters with the criminal justice system;</li> </ul> </li> </ul>	BHLT priority workgroup	By May 2023



the leadership team to utilize	<ul style="list-style-type: none"> <li>○ Identifiable data to support care coordination for individuals with MI, SUD, and IDD who are at risk or involved with the justice system.</li> <li>• Explore what information sharing agreements might need to be in place between the BHLT, community BH providers and other justice stakeholders: <ul style="list-style-type: none"> <li>○ E.g., data sharing agreements such as MOUs or ROIs</li> </ul> </li> <li>• Identify opportunities for other SIM priority group leaders to present progress and provide updates to BHLT.</li> </ul>		
Ongoing data collection and evaluation	<ul style="list-style-type: none"> <li>• Review existing data collected by stakeholders across the SIM to identify community needs and gaps in data collection.</li> <li>• Identify what baseline data measures will be collected or monitored by the BHLT. Consider: <ul style="list-style-type: none"> <li>○ The impact measures spreadsheet for collecting data across the SIM to guide baseline data collection</li> <li>○ Tracking special population’s data discussed during the SIM workshop: <ul style="list-style-type: none"> <li>▪ Suicide data</li> <li>▪ Homelessness and housing data</li> <li>▪ Health outcomes among low income populations</li> </ul> </li> </ul> </li> </ul>	BHLT priority workgroup	Ongoing

### Additional Considerations

Kaufman County stakeholders identified the importance of re-establishing a team of County behavioral health and justice system leaders to lead policy, planning and coordination efforts for individuals with behavioral health needs in Kaufman County. In addition to overseeing policy, planning and coordination, this leadership team will oversee the implementation of SIM action plans and workgroups across the county.

#### Learn from both national and local leadership team best practice models.

- [Criminal Justice Coordinating Councils \(CJCCs\)](#) bring together stakeholders to explore and respond to issues in the criminal justice system. Many CJCCs use data and structured planning to address issues in the justice system, including issues related to mental health and substance use. These councils are intended to be permanent, rather than to address a problem or set of problems within a set time frame. Successful CJCCs need buy-in from key members of the justice and behavioral health systems and those in positions of authority.<sup>4</sup>

<sup>4</sup> *Guidelines for Developing a Criminal Justice Coordinating Council*. National Institute of Corrections. (2022). Retrieved 8 July 2022, <https://info.nicic.gov/cjcc/>.

- The [Harris County CJCC](#) was created by Order of Harris County Commissioners Court dated July 14, 2009. The Council works collectively to manage systemic challenges facing Harris County's criminal justice system and strengthen the overall well-being of their communities by developing and recommending policies and practices that improve public safety; promote fairness, equity, and accountability; and reduce unnecessary incarceration and criminal justice involvement in Harris County. The Council collects and evaluates local criminal justice data to identify systemic issues and facilitates collaboration between agencies, experts, and community service providers to improve Harris County's criminal justice system in accordance with best practices.
- Explore successful Texas Leadership Teams.
  - [The Dallas County BHLT](#) was developed in 2011 and is made up of five advocates, 13 county/city organizations, 6 residential facilities, 16 outpatient providers and three payers/ funders. The leadership team also has developed sub-committees to target specific community needs including an Adult Clinical Operations Team, a Behavioral Health Steering Committee, and a Crisis Services Project.
  - [Texoma BHLT](#) serves as the community's hub for mental health and wellness. The team is comprised of Behavioral Health Hospitals; city, county, and state representatives; consumers; patients, and families; school districts; community college; private liberal arts college; Emergency Departments; funders; judicial and law enforcement; managed care/insurance; mental health service providers (including the area's local mental health authority); the region's veterans hospital located in the service area, and workforce leaders.
  - [Smith County's BHLT](#) exists to provide guidance and linkage among stakeholders to build broad access to timely and appropriate behavioral health care services in Smith County. The BHLT is led by a steering committee and membership is open to all interested individuals and organizations representing education, government, community leadership, behavioral health providers, primary care providers, consumers, social services, first responders, hospitals and veterans
  - The Abilene and Taylor County Behavioral Advisory Team (BAT) was established on August 13, 2018 by unanimous agreement of participants at an organizational meeting. The City of Abilene and Taylor County BAT is empowered to specifically function as a single

point of advisory, accountability, planning, and resource coordination for all City of Abilene and Taylor County behavioral health services. The BAT developed a charter to guide the actions of the advisory team and establish accountability across advisory team members to ensure the success of the BAT.

**Clarify goals for data sharing and data integration for Kaufman County and assess the availability of baseline data across the SIM** to guide all planning efforts. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with MI, SUD, and or IDD in the community. Consider convening a data sub-group to clarify data sharing goals for the community.

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

**Team Leads:** Reagan Teel, Terrell State Hospital; Carol Williams, NTBHA; Pam Corder, Kaufman County; Lori Carson, Terrell State Hospital

**Team Leads Post Workshop:** Jennifer Russel, Reagan Teel, Pam Corder, Lori Carson, Richard Dunn and Judge Bobby Rich

**Workgroup Members:**

Pam Corder, Kaufman County; Lori Carson, Terrell State Hospital; Amanda Brown, Kaufman County District Attorney's Office; Stephanie Hartline, Lakes Regional Community Center; Nicole Phillips, Forney Police Department; Carol Williams, NTBHA; Jennifer Russell, NTBHA; Wendy Dolleman, Specialty Court Clinical Director; Mary Hauger, Terrell Police Department; Melanie Shackelford, Celebrate Forever Families; Niki Killingsworth, Texas Health Resources; Stephanie Reeves, Kaufman ISD; Reagan Teel, Terrell State Hospital

## Priority Two: Expand Law Enforcement Pre-Arrest Diversion Options for Individuals Experiencing a Behavioral Health Crisis.

Objective	Action Steps	Who	When
Train Kaufman County dispatchers in responding to behavioral health calls for service	<ul style="list-style-type: none"> <li>• Establish a mental health script for dispatch and first responders to assess for behavioral health crisis.               <ul style="list-style-type: none"> <li>○ Review 911 dispatch protocols and scripts used by other communities to assess for behavioral health needs.</li> <li>○ Coordinate coding practices across the county for mental health related calls for service</li> </ul> </li> <li>• Consider training options for dispatch staff, including:               <ul style="list-style-type: none"> <li>○ <a href="#">Mental Health First Aid</a>;</li> <li>○ <a href="#">Applied Suicide Intervention Skills Training</a>;</li> <li>○ <a href="#">Assess Support Know: Suicide Prevention Training</a>; and</li> <li>○ <a href="#">Counseling on Access to Lethal Means</a>.</li> </ul> </li> <li>• Coordinate with NTBHA to provide Mental Health First Aid for all county dispatch staff and first responders.</li> </ul>	NTBHA and Kaufman County Sheriff's Office (KCSO) Dispatch	By end of April 2023
Identify opportunities to increase first responders available to address MH crisis	<ul style="list-style-type: none"> <li>• Create a Kaufman County Crisis Intervention Team (CIT)               <ul style="list-style-type: none"> <li>○ Establish a process flow that identifies when CIT officers are dispatched and how officers are notified.</li> <li>○ Establish contracts across law enforcement agencies dedicating a certain number of LE to participate in the CIT team</li> <li>○ Consider number of officers on the CIT (10-15 officers)</li> <li>○ Establish a system that notifies all CIT officers when a MH crisis call is received through 911 dispatch</li> </ul> </li> <li>• Explore other opportunities to increase the number of MH trained first responders in Kaufman County:               <ul style="list-style-type: none"> <li>○ Co-responder models</li> <li>○ Multi-disciplinary response team models</li> <li>○ Embedded clinicians at 911 dispatch</li> <li>○ Law enforcement/ MH provider ride along opportunities</li> </ul> </li> <li>• Explore opportunities to expand services offered by the Kaufman BRIDGE.               <ul style="list-style-type: none"> <li>○ Establish an after-hours component for the Kaufman BRIDGE                   <ul style="list-style-type: none"> <li>• Review 9-1-1 dispatch and crisis call data to determine most needed hours of operation</li> <li>• Identify most necessary after hours service components</li> </ul> </li> </ul> </li> </ul>	KCSO Dispatch	Ongoing

	<ul style="list-style-type: none"> <li>• Determine staffing and funding needs to support after hours services at the Bridge</li> <li>• Begin planning for the law enforcement drop-off component of the BRIDGE. Consider: <ul style="list-style-type: none"> <li>○ Drop-off eligibility requirements</li> <li>○ Clinical and medical services to be offered at the BRIDGE to support individuals diverted by law enforcement</li> <li>○ Hours of operation</li> </ul> </li> </ul>		
<p>Establish a County law enforcement mental health meeting/workgroup</p>	<ul style="list-style-type: none"> <li>• Identify who to invite: <ul style="list-style-type: none"> <li>○ Prioritize maintaining community-wide law enforcement representation <ul style="list-style-type: none"> <li>• SIM overview to be provided at next police chiefs meeting by KCSO</li> </ul> </li> <li>○ Include pre-arrest diversion key stakeholders including: Kaufman County Law Enforcement, Kaufman County DA’s office, 911 dispatchers, NTBHA staff, Kaufman County hospital staff.</li> </ul> </li> <li>• Establish work group priorities. Consider: <ul style="list-style-type: none"> <li>○ Law enforcement and individual safety, data sharing protocols, available trainings, and questions used at dispatch to assess for a behavioral health crisis.</li> </ul> </li> <li>• Identify key data collection points. Consider: <ul style="list-style-type: none"> <li>○ APOWW / “white warrant” data</li> <li>○ # MH calls for service</li> <li>○ Call outcomes</li> <li>○ Time spent responding to MH calls</li> <li>○ Responder: Police, EMS or other</li> </ul> </li> <li>• Explore Funding opportunities for pre-arrest diversion programs. Consider: <ul style="list-style-type: none"> <li>○ Meeting with Kaufman County commissioners</li> <li>○ SAMHSA Grants- Law Enforcement and Behavioral Health Partnership for Early Diversion</li> <li>○ Bureau of Justice Assistance Grants <ul style="list-style-type: none"> <li>• <a href="#">FY 2023 Justice and Mental Health Collaboration Program</a></li> <li>• <a href="#">FY 2023 Connect and Protect: Law Enforcement Behavioral Health Response Program</a></li> </ul> </li> </ul> </li> </ul>	<p>KCSO</p> <p>Pre-arrest diversion workgroup</p>	<p>By March, 2023</p>

### Additional Considerations

**Develop a standardized script** for dispatch and first responders in Kaufman County to assess for a behavioral health crisis. Some resources that have been developed to guide call-taker best practices include:

- [Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators](#)<sup>5</sup> provides an overview of what signs and symptoms might indicate a behavioral health crisis and provides some suggestions for effectively responding to individuals with behavioral health needs.
- Review [Call-Taker and Dispatcher Protocols](#) in the Bureau of Justice Assistance's [Police-Mental Health Collaboration Toolkit](#). The Call-Taker Dispatcher Protocol highlights that when a call taker suspects that the request for service involves a person with mental illness the following immediate next steps should be considered:<sup>6</sup>
  - Gather descriptive information on the person's behavior;
  - Identify if the individual appears to pose a danger to themselves or others;
  - Identify if the person possesses or has access to weapons; and,
  - Ask the caller about the person's history of mental health or SUD treatment, violence or victimization.
- The Council of State Governments Justice Center released a brief titled [Tips for Successfully Implementing a 911 Dispatch Diversion Program](#), which outlines four tips for successfully implementing 911 dispatch diversion in a community:<sup>7</sup>
  - Determine which approach to 911 dispatch diversion is a good fit;
  - Identify which calls will be eligible for diversion;
  - Provide training for all dispatchers and clinicians; and,
  - Use data to assess the programs performance and make improvements.

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<sup>5</sup> *Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators*. Association of Public-Safety Communications Officials-International. (2021). Retrieved 8 July 2022, from <https://www.apointl.org/~documents/standard/11201-2021-cit-and-call-handling?layout=default>.

<sup>6</sup> *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who have Mental Health Needs*. Council of State Governments Justice Center. (2018). Retrieved 8 July 2022, from <https://csqjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf>.

<sup>7</sup> *Tips for Successfully Implementing a 911 Dispatch Diversion Program*. The Council of State Governments Justice Center (2021, October). Retrieved 16 June 2022, from <https://csqjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/#:~:text=One%20model%20showing%20promise%20is,health%20or%20social%20service%20need>.

**Learn from other communities** that have begun to implement dispatch and crisis call diversion strategies:

- **Austin Police Department** partnered with Austin-Travis County Integral Care to develop the Mental Health Crisis Call Diversion program. Since the programs launch in 2019, Austin 911 operators have successfully diverted thousands of calls to crisis clinicians.<sup>8</sup> In 2021, 82% of calls with a mental health crisis component were diverted, meaning clinicians were able to help the caller without the need to send a police officer.<sup>9</sup>
- In 2015, the **Harris Center** launched the Crisis Call Diversion program in collaboration with the Houston Police Department (HPD), Houston Fire Department (HFD), Houston Emergency Center to decrease the volume of non-emergency mental health-related calls for service for both HPD patrol and HFD emergency medical services.<sup>10</sup> Between March 2016 and March 2021 the CCD program diverted almost 7,500 calls from law enforcement response, saving more than \$2 million in resources for the police department.<sup>11</sup>
- Since a soft launch during January 2022, **Williamson County** residents calling 911 are offered help from emergency medical responders, police, firefighters, and now, mental health professionals. Bluebonnet Trails Community Services (BTCS) entered a strategic partnership with Williamson County Emergency Services embedding mental health clinicians in the Emergency Operations Center. Beyond the primary goal of connecting more people to critical crisis care when they need it most, a secondary goal of the program is to reduce unnecessary hospitalizations, arrests, and utilization of law enforcement and EMS resources. Since the program's inception 40% of all calls have resulted in diversions from jail; 46% resulted in a mental health assist alongside a first responder in the field; and, 14% resulted in support and information shared by the mental health professional triaging the call.<sup>12</sup>
- **Yavapai County, Arizona** has sought to improve community services by introducing a co-response model and 911 deflection services. The deflection

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<sup>8</sup> *Austin 911 has Successfully Transferred Thousands of Mental health Calls to Crisis Clinicians*. Austin KXAN. (2022). Retrieved November 21 2022 from <https://www.kxan.com/news/local/austin/austin-911-has-successfully-transferred-thousands-of-mental-health-calls-to-crisis-clinicians/>.

<sup>9</sup> *Combined Transportation, Emergency, and Communications Center Crisis Call Diversion Program Cost Analysis*. Austin Integral Care. (2020).

<sup>10</sup> *Mental Health Diversion: Crisis Call Diversion*. Houston Police Department. Retrieved 21 November 2022, from <https://www.houstoncit.org/ccd/>.

<sup>11</sup> *Embedding crisis response in Harris County's 911 Dispatch Center*. Neylon, Kristin. (2021). Retrieved November 15, 2022, from <https://talk.crisisnow.com/embedding-crisis-response-in-harris-countys-911-dispatch-center/>

<sup>12</sup> Data provided by Bluebonnet Trails Community Services

program identifies people who call into 911 reporting a mental health-related crisis and dispatches a mobile crisis intervention team in lieu of law enforcement. To help 911 staff prepare for the new team, a series of trainings, dispatch protocols, and screening tools were developed. These services are available 24/7, and regular communication among local dispatch agencies, patrol officers, and crisis services helps the program run smoothly.

**Review Intercept 1 Best Practices and consider which programs might be good to expand or implement in Kaufman County.**

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

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

*Law Enforcement and Mental Health Co-Responder Models:* Co-responder models are paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Co-response units, especially those with the capability of responding to real-time crises, are associated with greater linkage to treatment and fewer arrests.<sup>13</sup>

- Texas Co-Responder Programs:
  - Betty Hardwick Center
  - StarCare Center: Hockley County (pop. 22,986)

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<sup>13</sup> Gilla K. Shapiro, A. Cusi, Maritt Kirst, Patricia O'Campo, Arash Nakhost, Vicky Stergiopoulos, "Co-responding Police-Mental Health Programs: A Review," *Administration and Policy in Mental Health and Mental Health Services Research* 42 (September 2015): 606, <https://doi.org/10.1007/s10488-014-0594-9>.



- Border Region Behavioral Health Center: Webb (pop. 274,847) and Starr (pop. 64,032) Counties
- Tropical Texas Behavioral Center: Hidalgo County (pop. 861,137)
- Andrews Center: Smith County (pop. 230,184)
- Gulf Bend Center
- Key Resources:
  - [Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#) is a policy brief developed by Policy Research Associates and the National League of Cities to provide guidance on developing co-responder programs.
  - The Council of State Governments Justice Center developed a brief titled, [Developing and Implementing Your Co-Responder Program](#), to provide tips of successful implementation of co-responder programs.
  - [Multi-Disciplinary Response Teams- Transforming Emergency Mental Health Response in Texas](#) is a report developed by Meadows Mental Health Policy Institute to highlight the opportunity to transform the response to mental health emergencies in the community by bringing together paramedics, licensed mental health professionals and specialized law enforcement officers to respond as a team. The report highlights the key elements of a MDRT and provides examples of implementation across Texas.

*Remote Co-Response:* Remote co-responder programs pair law enforcement officers with access to virtual clinicians to support crisis response and diversion. Benefits of the program include quick access to behavioral health professionals, improvements to citizen and officer safety, reductions in the number of people who are arrested or transported to an Emergency Department (ED) for support when other options are available, and improved assessment and triage of mental health calls.<sup>14</sup>

- Texas Remote Co-Response Programs:
  - StarCare: Hockley County (pop. 22,986)
  - Pecan Valley Centers
  - Helen Farabee Centers

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<sup>14</sup> Telehealth Implementation Guide. The Harris Center. (2020, February). Retrieved 5 March 2023, from <https://harriscountycit.org/implementation-guide-2/>.

- Harris Center: Harris County (pop. 4.681 million)
- Austin Integral Care: Travis County (pop. 1.251 million)
- Key Resources:
  - The Harris Center partnered with the Harris County Sheriff’s Office and the University of Houston to develop a [Telehealth for Patrol Implementation Guide](#). The guide outlines reasons for piloting a telehealth program, program benefits, frequently asked questions, a description of the Harris County pilot program, an analysis of other virtual co-response programs, data analysis, and other references.
  - [Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#). The police department of Springfield, Missouri, collaborates with Burrell Behavioral Health on a virtual mobile crisis intervention known as the “Springfield Model” that supplies officers with iPads to allow them to connect with behavioral health specialists for real-time assessments and referrals and has resulted in a significant reduction of hospital admissions.

*Crisis Intervention Team Training and Model:* Formal training for mental health is enhanced by community partnerships between law enforcement, mental health and addiction professionals, people who live with MI, SUD, and/or IDD, their families, and other advocates. The 40-hour CIT training curriculum partners in-depth training with strategies to strengthen community partnerships. Evaluations of CIT have demonstrated increases to officer mental health knowledge and changes in officer behavior.<sup>15</sup>

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

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<sup>15</sup> *The Use of the Crisis Intervention Team (CIT) Model for Corrections Officers: Reducing Incidents within a County Jail*. Comartin, Swanson, & Kubiak, 2019; Kubiak, et al., 2017; Watson, Compton, & Draine, 2017. Retrieved 20 September 2022, from <https://doi.org/10.1177/0032885520956334>.

[Practice Guide](#) offers case studies, worksheets, checklists, and other templates for implementing a CIT program.

*Police Coding of MH Calls:* Coding mental health related calls for service provides several benefits to communities. First, understanding the volume of calls officers respond to that are related to a mental health crisis can help determine the level and type of law enforcement staffing and need for mental health supports in the community. This data can be used to advocate for funding, pilot new programs and optimize the use of limited law enforcement behavioral health resources. On an individual call level, using a flag on addresses with repeated calls for mental health crises can help officers divert people to appropriate resources by indicating, when appropriate, that someone might have behavioral health needs.<sup>16</sup>

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

**Develop a flow chart to help illustrate key opportunities for diversion by law enforcement across the SIM.** An example of a process chart developed by Bluebonnet Trails Community Services for Williamson County law enforcement can be found in **Appendix E**.

**Conduct a comprehensive needs assessment** by analyzing existing data to enhance the case for law enforcement and mental health diversion programs. Where data doesn't exist, stakeholders can discuss plans to collect and track additional measures. Data gathered to inform the development of Mental Health Diversion Programs include<sup>17</sup>:

- MCOT dispatch data
- Number of crisis line calls

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<sup>16</sup> *Methods for Using Data to Inform Practice: A Step-by-Step Guide*. Substance Abuse and Mental Health Services Administration, Crisis Intervention Team (CIT). (2018). Retrieved 20 September 2022, from [Crisis Intervention Team \(CIT\) - Methods for using data to inform practice: A step-by-step guide \(samhsa.gov\)](#).

<sup>17</sup> *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

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

**Team Leads:** Lt. Tracy West, Kaufman County Sheriffs' Office

**Workgroup Members:**

Jeremy Jones, Crandall Police Department; Muriel Gonzalez, Kaufman County CSCD; Robert Tomas, Association of Persons Affected by Addiction; Cherish Rodden, Kaufman CSCD; Chad Anderson, NTBHA; J Massey, Crandall County Police Department; Lt. Tracey West, Kaufman County Sheriffs' Office; Judge Mary Bardin, Justice of the Peace Precinct 1; Judge Rhitt Jackson, Kaufman County; Heather Hall, Kaufman County Sheriffs' Office; Yolanda Murphy, Kaufman County District Attorney's Office

## Priority Three: Develop a Community Housing Plan.

Objective	Action Steps	Who	When
Identify potential locations for a transitional shelter	<ul style="list-style-type: none"> <li>• Meet with local housing stakeholders to discuss shelter opportunities. Coordinate with:               <ul style="list-style-type: none"> <li>○ Housing workgroup participants, the Terrell Action Committee, the Kaufman County Housing Authority, The Homeless Coalition, the Veterans Association, faith-based organizations, and Kaufman County Judges</li> </ul> </li> <li>• Explore the availability of existing buildings to support transitional housing. Explore the use of:               <ul style="list-style-type: none"> <li>○ The City of Kaufman’s Annex Building-meet with city to discuss availability</li> <li>○ Texas Health Resources’ Buildings</li> </ul> </li> </ul>	Housing priority workgroup and identified community housing stakeholders	Within 3 weeks of SIM workshop
Coordinate with community housing providers to assess housing needs	<ul style="list-style-type: none"> <li>• Collect data from community housing providers to identify the barriers to establishing emergency shelter, transitional living and more permanent supportive housing options in Kaufman County.               <ul style="list-style-type: none"> <li>○ Identify partners to collaborate in data collection</li> <li>○ Develop a community wide survey</li> <li>○ Conduct a housing needs assessment to make a case for expanding housing options</li> </ul> </li> <li>• Send housing workgroup leads to attend Behavioral Health Leadership Team Meeting and facilitate a discussion on community housing priorities               <ul style="list-style-type: none"> <li>○ Learn from existing housing efforts</li> <li>○ Collaboratively assess community needs</li> </ul> </li> </ul>	Housing Coalition, Terrell Action Committee, SIM mapping Leads	By end of March, 2023  First Meeting Held on 3/28/23
Identify funding opportunities	<ul style="list-style-type: none"> <li>• Meet with local housing stakeholders and discuss existing funding opportunities.</li> <li>• Explore grant funding opportunities:               <ul style="list-style-type: none"> <li>○ HUD grant funding opportunities (Emergency Shelter Grants Program-CoC)</li> <li>○ State grants</li> <li>○ SAMHSA and DOJ Grant programs</li> <li>○ Emergency Solutions Grant Program</li> <li>○ HHSC’s Healthy Community Collaborative</li> </ul> </li> <li>• Use data from county-wide needs assessment to support funding applications</li> <li>• Designate a housing stakeholder to apply for identified state and national grant opportunities</li> </ul>	Housing priority workgroup	By end of April, 2023
Increase permanent supportive housing options available in Kaufman County	<ul style="list-style-type: none"> <li>• Visit communities with a well-established housing continuum.</li> <li>• Create a task force/ association to promote information sharing among housing stakeholders and offer an opportunity to voice community housing needs.</li> <li>• Explore opportunities to increase the number of housing vouchers available in Kaufman County</li> </ul>	Housing priority workgroup	By April, 2023;  Ongoing

	<ul style="list-style-type: none"> <li>• Explore opportunities to incentivize second chance housing: <ul style="list-style-type: none"> <li>○ Examine existing options and identify tenant selection criteria that might limit or exclude those with prior justice involvement</li> <li>○ Landlord outreach and engagement, consider: <ul style="list-style-type: none"> <li>• Landlord incentive programs</li> <li>• Landlord risk mitigation funds</li> </ul> </li> </ul> </li> <li>• Explore specialized veteran’s housing options <ul style="list-style-type: none"> <li>○ Coordinate with the VA</li> <li>○ Research legality of targeted permanent supportive housing program for veterans (Federal Fair Housing Act)</li> </ul> </li> </ul>		
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### **Additional Considerations**

**Develop a data collection plan to help accurately capture the number of people experiencing homelessness and connect people to services.**

- Identify key partners to collaborate with on data collection and data sharing efforts.
- Explore data sharing models that could be adapted to fit the needs of Kaufman County:
  - Frequent Users Systems Engagement (FUSE) is an initiative through the Corporation for Supportive Housing that is used to identify frequent users of jails, shelters, hospitals and/or other crisis public services by linking data networks to identify those in need and quickly linking them to supportive housing. FUSE has been formally evaluated and shows reductions in the use of expensive crisis services and improvements in housing retention. More than 30 communities implementing FUSE are seeing positive results.<sup>18</sup>
  - The Texas Homeless Data Sharing Network (THDSN) is the largest statewide homelessness data integration effort in the United States. THDSN is designed to connect the databases from each of Texas’ 11 Continuums of Care to share data across geographic boundaries. The network will give service providers, faith communities, local governments, and anyone working to prevent and end homelessness

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<sup>18</sup> Corporation for Supportive Housing. FUSE. Retrieved March 1, 2023, from <https://www.csh.org/fuse/>.

the ability to access housing and resources across the geographical borders of homeless response systems. Currently, nine of Texas' 11 homeless response systems contribute data to THDSN, covering 229 of Texas' 254 counties. In 2022, Texas Homeless Network staff and the THDSN board have utilized THDSN to partner with healthcare providers and target frequent users of emergency rooms who experience homelessness for service and housing assistance. Many of the people stakeholders described as cycling through systems experienced unstable housing or homelessness. This could be a valuable resource to explore for Kaufman County.<sup>19</sup>

**Conduct a housing needs assessment to make a case for expanding housing options, specifically supportive housing options.** Consider:

- The total number of affordable housing units needed in Kaufman County;
- Information on the intersection of housing instability and the justice-involved population with behavioral health needs;
- Available funds for developers to meet local supportive housing production goals; and
- Available operational funds for service providers to provide supportive housing.

**Review both national and state best practices on developing a housing continuum and improving access to behavioral health services for individuals experiencing homelessness.**

- Consider the SAMHSA Toolkit on [Evidence-Based Practices to Establishing Permanent Supportive Housing](#).<sup>20</sup>
- Review SAMHSA's [Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness](#). This guide offers strategies and implementation consideration for behavioral health providers and other practitioners to:<sup>21</sup>
  - Engage people experiencing homelessness;
  - Build relationships with these individuals;
  - Offer effective mental health and SUD treatment;

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<sup>19</sup> *Texas Homeless Data Sharing Network*. Texas Homeless Network. Retrieved 8 July 2022, from <https://www.thn.org/thdsn/>.

<sup>20</sup> *Permanent Supportive Housing: How to Use the Evidence-Based Practices KITs*. Substance Abuse and Mental Health Services Administration. (2010). Retrieved 8 July 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/howtouseebpkits-psh.pdf>.

<sup>21</sup> *Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness*. Substance Abuse and Mental Health Services Administration. (2023). Retrieved 9 March 2023, from <https://store.samhsa.gov/sites/default/files/pep22-06-02-003.pdf>.

- Improve retention in recovery efforts.
- Review Housing and Urban Development’s (HUDs) [Housing Choice Voucher Landlord Guidebook](#) and consider opportunities to incentivizing second chance housing:
  - Examining the existing housing options and working with local stakeholders to understand tenant selection criteria that might limit or exclude people with prior justice involvement.
  - Examining the potential burden tenant selection criteria from local landlords or property owners might have for people who are justice involved who have a MI, SUD, and/or IDD.
  - Conducting landlord outreach and engagement. Stakeholders can explore landlord incentive programs and develop landlord outreach and engagement programs to increase the likelihood that landlords will accept people with prior justice involvement and who have complex behavioral health needs.
    - Learn from other communities implementing landlord outreach and incentive programs to expand housing options for people who are justice involved. [Ending Community Homelessness Organization \(ECHO\)](#) in Austin, TX: ECHO is the homeless continuum of care for the Austin/Travis County area. They have built a robust landlord outreach and engagement program that includes quickly filling vacancies and risk mitigation funds. Kaufman County could explore and adapt what ECHO has done to strengthen partnerships with landlords/property owners to increase access to housing for people with justice involvement.
- Learn from communities that have had success in ending veteran and chronic homelessness. There are three Texas communities (Taylor County/Abilene, Lubbock County, and Tarrant County) involved in the [Built for Zero initiative](#), which is a national change effort working to help communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real-time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies. These three communities may serve as learning sites for other communities to address homelessness. Community Solutions reports that Abilene has achieved the milestone of ending both veteran and chronic homelessness.<sup>22</sup>

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<sup>22</sup> *Built for Zero*. Community Solutions. (2022, February 7). Retrieved 16 June 2022, from <https://community.solutions/built-for-zero/>.



**Team Lead:** Erica Velasquez, NTBHA

**Workgroup Members**

Erica Velasquez, NTBHA; Lyndy Ashford, NTBHA; Michael Davis, Lakes Regional Community Center; Denis Leonard, Legal Aid of North Texas; Brad Hendricks, Kaufman District Attorney's office; Janet Buchanan, NTBHA; La Zendra Rhodes, Lakes Regional Community Center; Heather Garcia, Terrell Dispatch

## Priority Four: Increase Awareness, Education and Training Opportunities for Community Members and Behavioral Health and Justice Stakeholders.

Objective	Action Steps	Who	When
Build community awareness of existing community education and training needs through data collection	<ul style="list-style-type: none"> <li>• Identify any additional stakeholders to include in the training and education workgroup.</li> <li>• Plan for Taskforce meetings. Identify:               <ul style="list-style-type: none"> <li>○ Key participants</li> <li>○ Location</li> <li>○ Time and Date</li> <li>○ Frequency</li> </ul> </li> <li>• Establish the awareness, education and training taskforce’s mission vision and goals during first meeting. Consider:               <ul style="list-style-type: none"> <li>○ who is the target audience?</li> <li>○ how might you reach them?</li> <li>○ what do you hope to accomplish from community trainings?</li> <li>○ what are gaps in stakeholder knowledge?</li> </ul> </li> <li>• Begin identifying key data points that will inform the community’s training and education needs.</li> </ul>	<p>Texas Health Resources</p> <p>Awareness training and education priority workgroup</p>	By February 23, 2023
Increase community awareness of existing behavioral health resources	<ul style="list-style-type: none"> <li>• Develop a community survey to gauge interest and assess training needs across behavioral health and justice stakeholder groups.</li> <li>• Establish an email list with all community partners that work at the intersection of behavioral health and justice               <ul style="list-style-type: none"> <li>○ Take an inventory of existing mental health training resources available in Kaufman County</li> <li>○ Request baseline data across identified stakeholders to identify gaps in access or referral to resources</li> </ul> </li> </ul>	Awareness training and education priority workgroup	
Implement community wide education and outreach	<ul style="list-style-type: none"> <li>• Utilize survey results to determine areas of highest need for increased training and education</li> <li>• Coordinate with other SIM priority groups to support training development and implementation for identified priority groups.</li> <li>• Identify key community partners who could help host and/or promote trainings, such as schools, faith-based organizations, or major area employers.</li> <li>• Coordinate information and resource sharing across county behavioral health and justice stakeholders:               <ul style="list-style-type: none"> <li>○ Identify a centralized database to update local resource information.</li> </ul> </li> </ul>	Awareness training and education priority workgroup	

	<ul style="list-style-type: none"> <li>○ Utilize social media and ad campaigns to share information about available behavioral health resources. <ul style="list-style-type: none"> <li>▪ Explore the use of Kaufman Herald News to share information</li> </ul> </li> <li>○ Develop tailored trainings to target stakeholder groups with identified gaps in knowledge or behavioral health resources.</li> <li>• Identify potential facilities where community mental health trainings can be administered.</li> </ul>		
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### Additional Considerations

**Review existing MH, IDD, and SUD trainings offered Kaufman County and consider what might be utilized or tailored to train specific behavioral health and justice stakeholders.** For example:

- [Mental Health First Aid](#) teaches participants how to identify, understand and respond to signs of MI and SUD. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
- [Applied Suicide Intervention Skills Training](#) (ASIST) is a 2-day training program that teaches participants how to assist those at risk for Suicidal Thinking, Behavior, Attempts. Although many health care professionals use ASIST, anyone 16 years or older can use the approach, regardless of professional background. ASIST workshops cost money to attend, with cost varying by training site.
- [Assess Support Know: Suicide Prevention Training](#), AS+K? About Suicide to Save A Life (Basic) provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective factors. In this one hour e-learning course, participants are trained to recognize warning signs—behaviors and characteristics that might indicate elevated risk for suicidal behavior—and the initial intervention steps to support a person they think might be at risk for suicide.
- [Counseling on Access to Lethal Means](#) (CALM) focuses on how to reduce access to the methods that are frequently used by individuals who die by suicide. It covers how to: identify people who could benefit from lethal means counseling, ask about their access to lethal means, and work with them and their families to reduce access.
- [Crisis Intervention Team Training](#) programs are designed to improve the way law enforcement and the community respond to people experiencing a

mental health crisis. The intended audiences are law enforcement and jail staff, but many communities have extended this training to serve county fire departments, EMS departments, 9-1-1 dispatchers, and all community behavioral health providers.

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

- The Community Impact Measures collected in preparation for the SIM Mapping Workshop. See **Appendix C** for more detail.
- SAMHSA’s manual, [Data Collection Across the Sequential Intercept Model: Essential Measures](#), recommends data elements organized around each of the six SIM intercepts. Each section lists data points and measures that are essential to addressing how people with MI and SUD flow through that intercept. The sections also cover common challenges with data collection and ways to overcome them, along with practical examples of how information is being used in the field.<sup>23</sup>

**Explore existing resources and applications that may support community awareness and access to behavioral health services in Kaufman County,** including:

- [LINK Kaufman Application](#) is a downloadable phone application that provides community resource for residents of Kaufman County. It provides information about non-profits, churches and other organizations who serve those in need within our community. The app provides updated contact information for each organization, as well as driving directions, hours of operation and a list of services offered.
- [211texas.org](#), a program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. They accomplish this by working with 25 [Area Information Centers \(AICs\)](#) across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year.
- [Here For Texas Mental Health Navigation Line](#) is a searchable online database of Texas mental health providers and resources. You can search by type of provider, mental health issue, age, language, location, payment options, and other helpful filters. It also offers a wide selection of information on mental health and addiction topics, including mental health disorders, treatment options, types of mental health professionals, ways to support your mental health, and more—all within easy reach.

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<sup>23</sup> *Data Collection Across the Sequential Intercept Model: Essential Measures*. Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved 8 July 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf>.

- [FindHelp.org](https://www.findhelp.org/) is an application designed to help people find housing, food, health, education, and other services across the country.

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

**Beyond tracking attendees and soliciting general feedback from training participants, identify opportunities to assess changes in attitudes and behavior post training.** For example, [research on Crisis Intervention Team Training for law enforcement](#) has looked at both officer attitudes and officer-level outcomes:<sup>24</sup>

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

**Team Lead:** June Deibel, Recovery Resource Council

### **Workgroup Members**

Susan Huffman, Texas Health Resources; Desiree Pool, Indigent Health Care; Chris Whalen, Kaufman County CSCD; June Deibel, Recovery Resource Council; Cindy Ledat, Recovery Resource Council; Amy Sanders, NTBHA; Jessica Minor, the Intersection of Research and Practice (IPS) Recovery; Jessica Simmons, IPS Recovery; Judge Bobby Rich, Kaufman County Court

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<sup>24</sup> *Effectiveness of Police Crisis Intervention Training Programs.* Journal of the American Academy of Psychiatry and the Law Online September 2019, JAAPL.003863-19; DOI: <https://doi.org/10.29158/JAAPL.003863-19>.

## Quick Fixes

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

- Create an updated resource list of all existing MH, SUD, and IDD resources in Kaufman County that can be utilized by first responders and community providers to connect people to care.
- Explore implementation of a Jail Based Competency Restoration Program in Kaufman County jail through coordination between NTBHA, the Kaufman County Sheriff and jail administration.
- NTBHA can ensure that MHFA training is made widely available to community stakeholders to help them identify, understand, and respond to signs of MI and SUD.
- NTBHA can explore training opportunities for Kaufman County law enforcement and court staff on the appropriate use and completion of Emergency Order of Detention (EOD) and Apprehension by a Peace Officer Without a Warrant (APOWW).
- Explore opportunities to restructure and reconvene the Behavioral Health Leadership Team in Kaufman County.
- Reconvene SIM Workshop stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop. Explore opportunities to incorporate peers and individuals with lived experience into leadership meetings.
- Convene all Kaufman County law enforcement agencies and 9-1-1 dispatch to explore the standardization of mental health coding protocols in Kaufman County.
- Increase community awareness of mental health resources through social media marketing and provision of hand outs and resources among county behavioral health and justice stakeholders.

## Parking Lot

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

- Increase access to community resources for Kaufman County residents who lack adequate funding for behavioral health care.
- Explore ways to expand access to the TLETS Continuity of Care Query to municipal law enforcement and the courts in Kaufman County.
- Work with insurance providers to expand coverage for substance use treatment to include long-term care.
- Explore statutory change to allow state hospitals to provide crisis services in the surrounding county.

# Appendices

## Appendix A: Kaufman County Workshop Agenda

### Sequential Intercept Model Mapping Workshop

### Kaufman County

January 26, 2022- January 27, 2022

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15</b>	<b>Registration</b>	Coffee and snacks to be provided by the <i>North Texas Behavioral Health Authority</i>
<b>8:30</b>	<b>Opening Remarks</b>	Welcome, <i>Judge Jackie Allen, Kaufman County</i> Opening Remarks- <i>Nancy Blum, Chief of Regional Operations, NTBHA</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services</i>
<b>8:45</b>	<b>Workshop Overview and Keys to Success</b>	Overview of the Workshop Texas Data Trends Community Polling
<b>9:15</b>	<b>Presentation of Intercepts 0, 1</b>	Overview of Intercepts 0 and 1 Kaufman County Data Review
<b>9:45</b>	<b>Break</b>	
<b>10:00</b>	<b>Map Intercepts 0, 1</b>	Map Intercepts 0 and 1 Examine Gaps and Opportunities
<b>11:35</b>	<b>Lunch</b>	Lunch to be provided by the <i>North Texas Behavioral Health Authority</i>
<b>12:30</b>	<b>Presentation of Intercepts 2, 3</b>	Overview of Intercepts 2 and 3 Kaufman County Data Review
<b>12:50</b>	<b>Map Intercepts 2, 3</b>	Map Intercepts 2 and 3 Examine Gaps and Opportunities
<b>1:50</b>	<b>Presentation of Intercepts 4, 5</b>	Overview of Intercepts 4 and 5 Kaufman County Data Review
<b>2:10</b>	<b>Break</b>	Refreshments to be provided by the <i>North Texas Behavioral Health Authority</i>
<b>2:20</b>	<b>Map Intercepts 4, 5</b>	Map Intercepts 4 and 5 Examine Gaps and Opportunities
<b>3:00</b>	<b>Summarize Opportunities, Gaps &amp; Establish Priorities</b>	Identify potential, promising areas for modification within the existing system Establish a List of Top 5 Priorities
<b>4:15</b>	<b>Wrap Up</b>	Review the Day Homework
<b>4:30</b>	<b>Adjourn</b>	

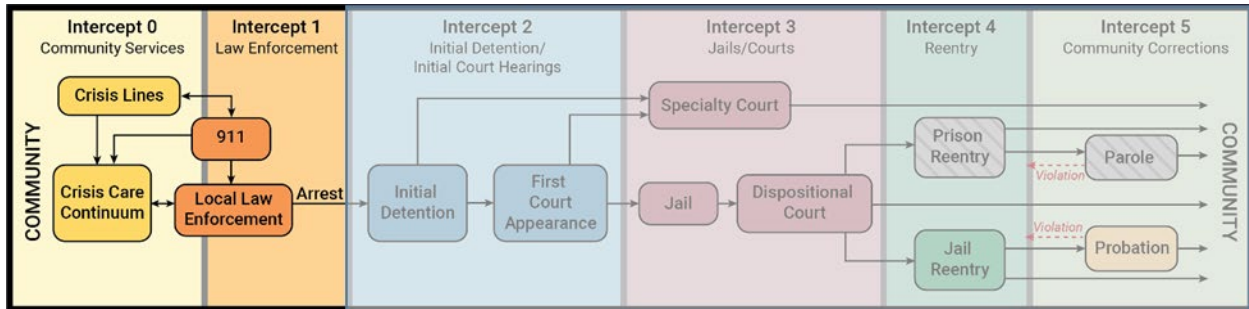


## AGENDA – Day 2

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15</b>	<b>Registration</b>	Coffee and snacks to be provided by the <i>North Texas Behavioral Health Authority</i>
<b>8:30</b>	<b>Welcome</b>	Opening Remarks, <i>Commissioner Mike Hunt, Kaufman County Commissioners' Court- Precinct 1</i>
<b>8:45</b>	<b>Preview &amp; Review</b>	Preview of Day #2 Review Day #1 Accomplishments Review of Best Practices
<b>9:15</b>	<b>Action Planning</b>	Group Work
<b>10:30</b>	<b>Break</b>	
<b>10:45</b>	<b>Finalize the Action Plan</b>	Group Work
<b>11:30</b>	<b>Workgroup Report Outs</b>	Each Group will report out on Action Plans
<b>12:00</b>	<b>Next Steps &amp; Summary</b>	Discuss Next Steps for Kaufman County Report Share Technical Assistance and Funding Opportunities Complete Evaluation Form
<b>12:20</b>	<b>Closing Remarks</b>	Closing Remarks, <i>Lieutenant Tracy West, Kaufman County Sheriff's Office</i>
<b>12:30</b>	<b>Adjourn</b>	

# Appendix B: Overview of Kaufman County Resources

## Intercept 0 and Intercept 1



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

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

### Crisis Call Lines

The NTBHA crisis calls are routed through the Harris Center for Mental Health. The Crisis Hotline is available 24 hours per day, 7 days a week. It serves anyone experiencing a behavioral health crisis. NTBHA triages calls, dispatching NTBHA’s Mobile Crisis Outreach Team (MCOT) contracted through Transicare, when deemed appropriate. For people not experiencing a mental health crisis, hotline call takers can refer callers to the appropriate NTBHA provider of MI, SUD, or IDD services.

In addition to the NTBHA crisis hotline, Kaufman County residents have access to the National Suicide Prevention Lifeline (NSPL). NSPL is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

NTBHA operates an Outreach, Screening and Referral (OSAR) to support Kaufman County residents in getting connected to substance use treatment services. The Southern Area Behavioral Health partner can provide patients with crisis interventions and urgent medication refills Monday through Friday 12pm-9pm. The

Kaufman affiliate of the National Alliance on Mental Illness (NAMI) provides warmline resources and general information Monday through Friday, 9am to 5pm. Telephone numbers for crisis hotline and warmline options in Kaufman County are as follows:

- North Texas Behavioral Health Authority: 866-260-8000
- National Suicide Prevention Lifeline (NSPL): 9-8-8
- OSAR: 844-275-0600
- Kaufman Bridge Program: 469-780-9159
- NAMI Kaufman: 972-962-3784
- Southern Area Behavioral Health Program: 972-283-9090

### **9-1-1/Dispatch**

When someone calls 911 in Kaufman County, they will be routed to one of the following: Kaufman County Sheriff's Office Dispatch Center, Crandall Police Department, Forney Police Department, or Terrell Police Department Dispatch Centers, depending on their location at the time of the call. Local municipal police department and Kaufman County Sheriff's Office dispatchers are Texas Commission on Law Enforcement (TCOLE)-Certified telecommunicators, which grants them access to the Texas Law Enforcement Telecommunications System (TLETS). Although dispatchers are not able to directly activate MCOT, they are able to activate law enforcement personnel who are specifically trained to engage people experiencing a mental health crisis. Kaufman County dispatchers do not receive mental health-specific training; the mental health training provided to dispatchers is included in the general training each dispatcher completes at the onset of employment.

### **Crisis Services**

Crisis services in Kaufman County are provided by NTBHA and can be accessed through the crisis line operated by the Harris Center. If a person in crisis contacts the hotline and they determine an MCOT response is appropriate, NTBHA's contract MCOT provider, Transicare, is dispatched to the call. Law enforcement cannot call MCOT directly but can access MCOT support by calling the NTBHA crisis hotline.

In addition to MCOT and walk-in crisis services, NTBHA operates the Kaufman Bridge Program and the Corsicana Respite House. The Bridge is a walk-in crisis center that serves adults with ongoing mental health and substance use needs. The Bridge offers care coordination, screenings for SUD and co-occurring disorders, linkage to treatment, consumer benefits programs, urgent psychiatric medication

refills, peer recovery specialist, and crisis intervention. Corsicana Respite House is a peer run short-term respite facility located in Navarro County.

People in need of voluntary or involuntary inpatient psychiatric hospitalization can access services at Parkland Behavioral Health Center in Dallas or Terrell State Hospital in Terrell.

## **Healthcare**

Public primary care services can be accessed at Kaufman Community Health Center in Kaufman Texas. Kaufman Community Health Center is a federally qualified health center (FQHC). FQHCs can provide preventive health, dental, mental health, substance use, hospital, and specialty care on a sliding scale.

Emergency medical and hospital-based care in Kaufman County is provided at Baylor Scott and White Emergency Center in Forney, Texas and Texas Health Presbyterian Hospital in Kaufman, Texas.

Substance use services can be accessed at Lakes Regional Community Center's Outpatient Clinic in Terrell, The Kaufman Bridge Program in Kaufman, Burning Tree Ranch in Kaufman, and The Intersection of Research and Practice (IPS) in Dallas. Lakes Regional Community Clinic provides outpatient substance use services. The Kaufman Bridge Program provides outpatient SUD assessment and referral to treatment. Burning Tree Ranch provides long-term residential SUD treatment and aftercare for individuals with SUD. IPS provides outpatient substance use treatment through medication assisted treatment (MAT) program, psychoeducational groups, and psychiatric services.

NTBHA operates the Outreach, Screening, and Referral (OSAR) program that provides public access to withdrawal management, inpatient, and outpatient substance use services to people in Kaufman County. OSAR-contracted facilities may be located outside of Kaufman County.

## **Law Enforcement and First Responders**

Kaufman County is served by the Kaufman County Sheriff's Office (KCSO), the Crandall Police Department, the Forney Police Department, the Terrell Police Department, the Kemp Police Department, and the Kaufman Police Department. In Kaufman County, Emergency Medical Services (EMS) are provided by seven Kaufman County Emergency Services districts who contract with municipal fire departments. Careflite provides ambulance services in Kaufman County. Law enforcement and other first responders are routed through 9-1-1 dispatch.

KCSO has 22 officers who have received mental health officer training. All municipal police officers in Kaufman County have completed the mandatory Crisis Intervention Team (CIT) training course provided to all police cadets.

## **Housing**

Housing services are most effectively provided on a continuum that may include emergency shelter, rapid re-housing, permanent supportive housing and transitional housing options.

Genesis Center in Kaufman County provides emergency shelter to women and Children in crisis who are victims of domestic violence. Norville Children's Shelter in Kaufman is an emergency children's shelter for abused children. The Kaufman Housing Authority provides subsidized housing through subsidized rental properties they own or manage and through Section 8 Housing Choice Vouchers.

## **Peer Support**

NTBHA's Kaufman Bridge Program employs peer support specialists. NAMI Kaufman provides peer and family support services to residents of Kaufman County. The Association of Persons Affected by Addiction (APAA) provides peer support services to individuals suffering from SUD and individuals experiencing a behavioral health crisis in Kaufman County.

## **Special Populations**

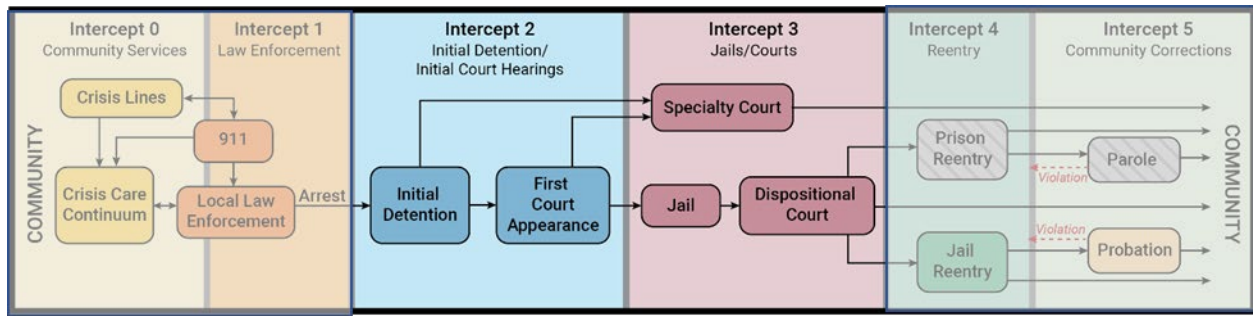
Services across the SIM intercepts can be specialized to support the unique needs of special populations, including veterans and children and adolescents.

NTBHA and Lakes Regional Community Centers provides mental health services and support to children and adolescents who reside in their catchment area. The Child and Family Guidance Center provides child, adolescent, and adult behavioral health care and case management services.

Kaufman Veterans Services Department offers tailored assistance and coordination of services for veterans residing in Kaufman County.

## **Data Collection and Information Sharing**

Baseline data across the intercepts was collected when planning for the Kaufman County SIM Mapping Workshop. In Kaufman County, data collection is performed independently by each service provider, agency, and/or program. Data sharing is done on an as needed basis.



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## Intercept 2 and Intercept 3

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

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

## Booking

In Kaufman County, a person is brought to the county jail by the arresting law enforcement officer. At booking, the booking officer conducts a brief mental health screen using the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards (TCJS) and runs a Continuity of Care Query (CCQ) in the Texas Law Enforcement Telecommunications System (TLETS) to determine if they have accessed public mental health services within the past three years. The screening tool collects information on the presence and severity of feelings of hopelessness and history of suicidal ideations and attempts. If a person screens positive for mental health concerns, Kaufman County Sheriff's Office staff QMHP completes an additional screen.

The jail mental health provider may refer the person to a community-based service provider or add them to the waitlist to see the jail's contracted psychiatrist. If the CCQ produces an exact or probable match, jail staff notify the magistrate who may request an assessment of the person to verify the presence of MI or IDD. The Mental Health Court in Kaufman County keeps track of people who screen positive to ensure that the Mental Health Court Judge is aware of potential mental health concerns at first hearing.

## **Jail Medical**

People who are booked into the Kaufman County Jail can access medical care from the jail's contract medical provider. Kaufman County jail contracts with a physician who is available via telehealth twice per week to prescribe medications and otherwise is available on an on call basis. A nurse conducts the health screen at booking and logs the medical and psychiatric medications the person indicates they are taking, as well as relevant medical and mental health history. If a behavioral health concern is indicated during the intake assessment, the medical provider may refer the person to the jail QMHP for a thorough behavioral health assessment.

## **Competence to Stand Trial**

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

Kaufman County Jail currently houses individuals waiting to receive competency restoration services. NTBHA operates an Outpatient Competency Restoration (OCR) program that serves individuals found IST in Kaufman County. Kaufman County does not currently have a Jail Based Competency Restoration (JBCR) program.

## **Pretrial Services**

Pretrial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision.

Pretrial bond decisions are made by Justice of the Peace, County Judges, or District Judges depending on the nature of the offense and decisions based on the Jail Screening Form (CCP 16.22). Kaufman County Community Supervision and Corrections (CSCD) provides pretrial services to people with identified mental health conditions.

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

In Kaufman County, there are 2 district courts, 2 county court at law courts, 4 Justice of the Peace courts and 2 treatment courts.

Specialty court dockets, which are state mandated for counties of certain population levels, are established to reduce recidivism through therapeutic and

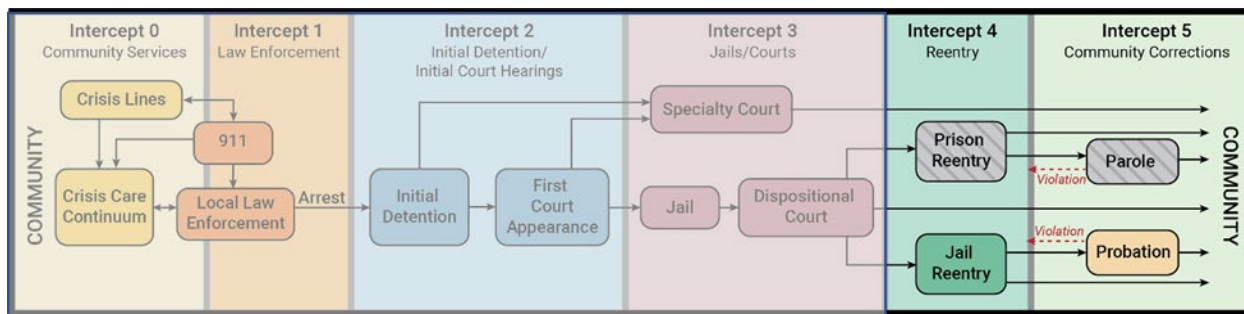
interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety.

Kaufman County operates a Mental Health Court, a Veterans Court and a Drug Court.

## Data Collection and Information Sharing

Data sharing between jails, courts, and behavioral health providers can improve coordination and continuity of care for justice-involved people with behavioral health conditions. Currently, Kaufman County does not have a coordinated data collection and information sharing system.

## Intercept 4 and Intercept 5



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At Intercept 4 of the model, people plan for and transition from jail or prison into the community. Supportive reentry establishes strong protective factors for justice-involved people with MI, SUD, and/or IDD re-entering a community.

People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other requirements by state statutes. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice system lifestyle.

## Jail Health Reentry Services

KCSO's staff QMHP provides mental health services to people in the Kaufman County Jail. Community reentry planning is limited prior to jail release.

## Community Reentry

In collaboration with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), NTBHA provides a 90-day continuity of care program for people exiting the justice system. Continuity of care services include



case management, life skills training, psychiatric services, medication management, benefits coordination, and referral to community-based services such as counseling, group therapy, substance use services, and housing and employment support.

Additional reentry support is provided by NTBHA's care coordinators who offer needs coordination prior to jail release to all individuals referred for behavioral health needs at The Kaufman Bridge Peers from APAA offer reentry peer recovery support to individuals reentering the community from Kaufman County Jail.

## **Probation and Parole**

Adult probation services are provided by the Kaufman County Community Supervision and Corrections Department (CSCD). The Texas Department of Criminal Justice (TDCJ) Parole Division operates the Region 2, Waxahachie District Parole Office, which covers Kaufman County.

The Texas Risk Assessment System (TRAS) is used to determine specialized service needs for people entering the community on probation and parole and to identify persons who are appropriate for specialized caseloads.

The Texas Juvenile Justice Department (TJJJD) oversees the Kaufman County Juvenile Probation Department. Juvenile probation in Kaufman County provides family support services, specialized counseling services, and robust reentry planning and support to juveniles reentering the community on probation.

## Appendix C: Community Impact Measures

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

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

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

## Mental Health Record Protections

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

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

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

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

(a) A professional may disclose confidential information only:

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

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

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

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

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

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

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

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

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

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

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

##### Section 614.017 EXCHANGE OF INFORMATION.

(a) An agency shall:

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

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

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

(c) In this section:

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

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

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

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

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

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

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

(M) a municipal or county health department;

(N) a hospital district;

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

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

### **SUD Records Protections:**

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

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

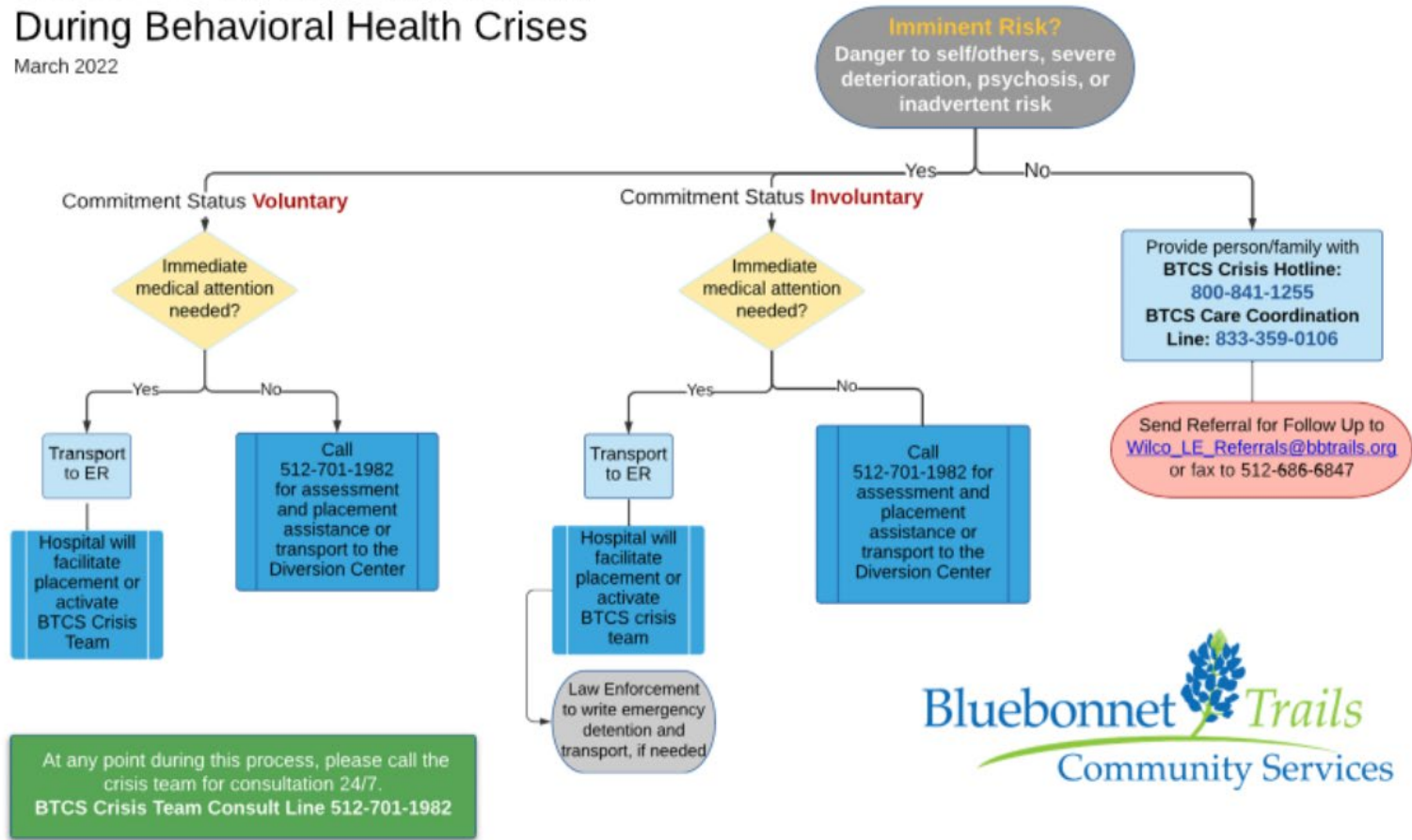
[42 CFR Part 2 Subpart D.](#) DISCLOSURES WITHOUT PATIENT CONSENT

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

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

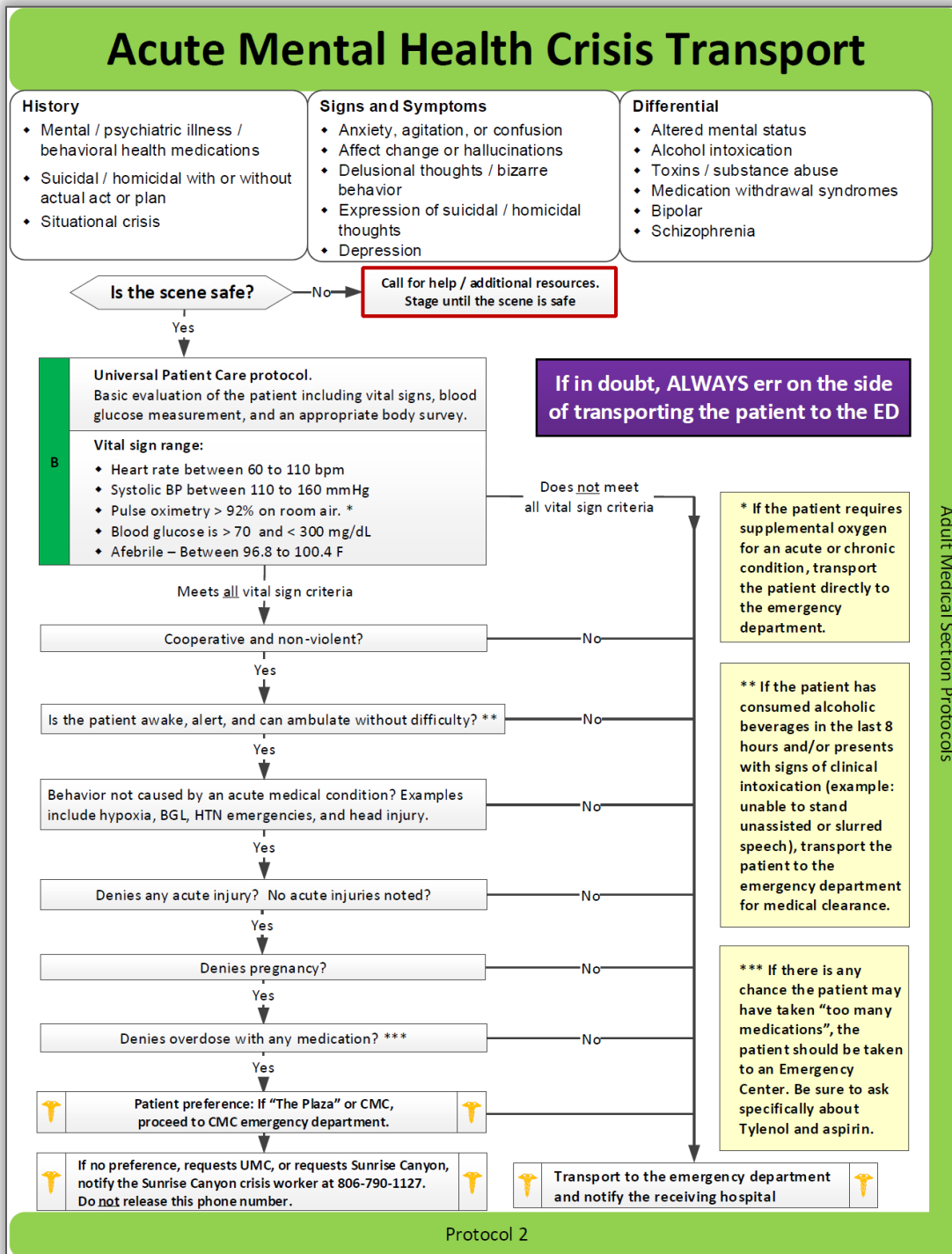
## Resources for Law Enforcement During Behavioral Health Crises

March 2022



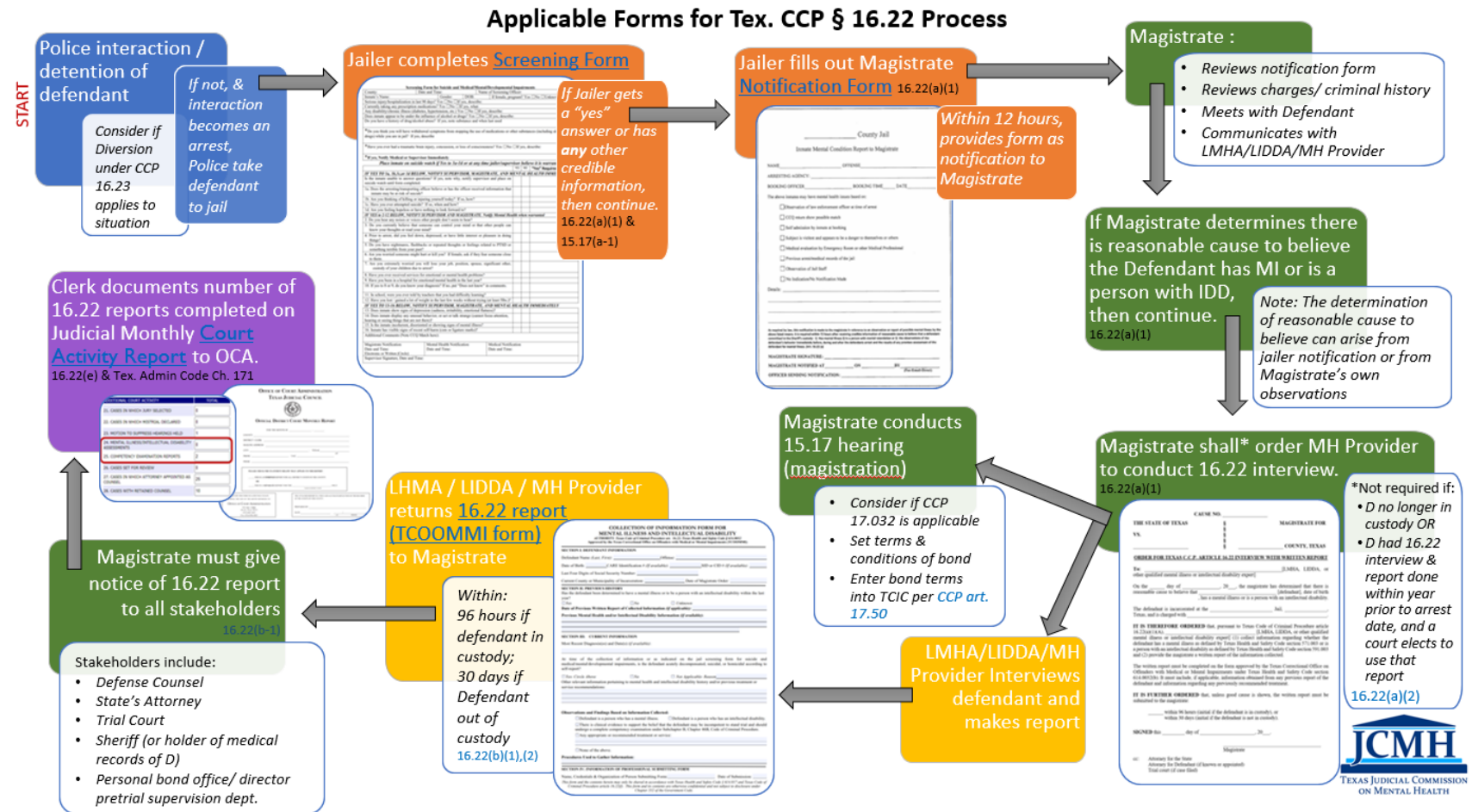


# Appendix F: Acute Mental Health Crisis Transport Algorithm

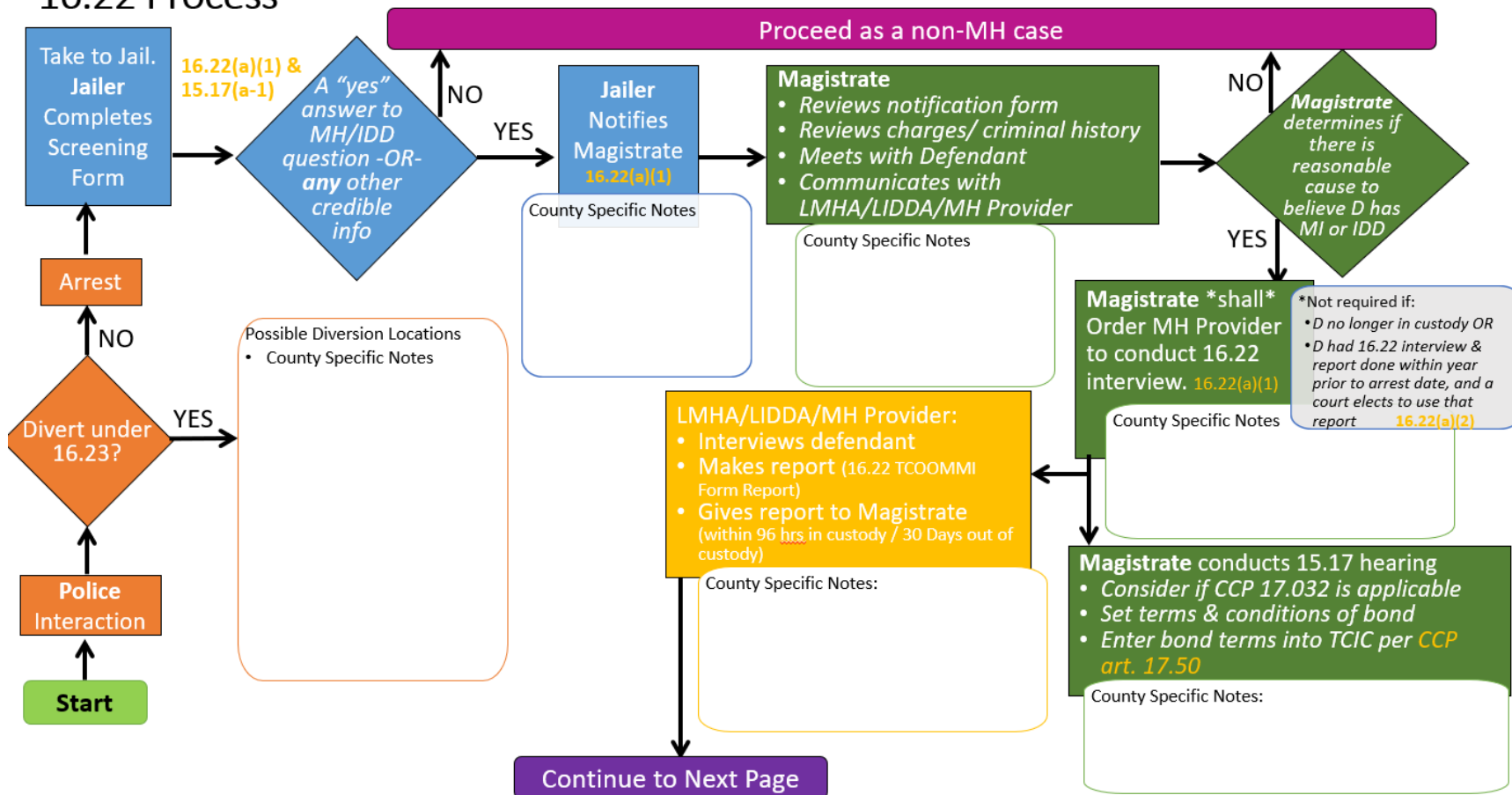


# Appendix G: CCP 16.22 Forms and Process Charts

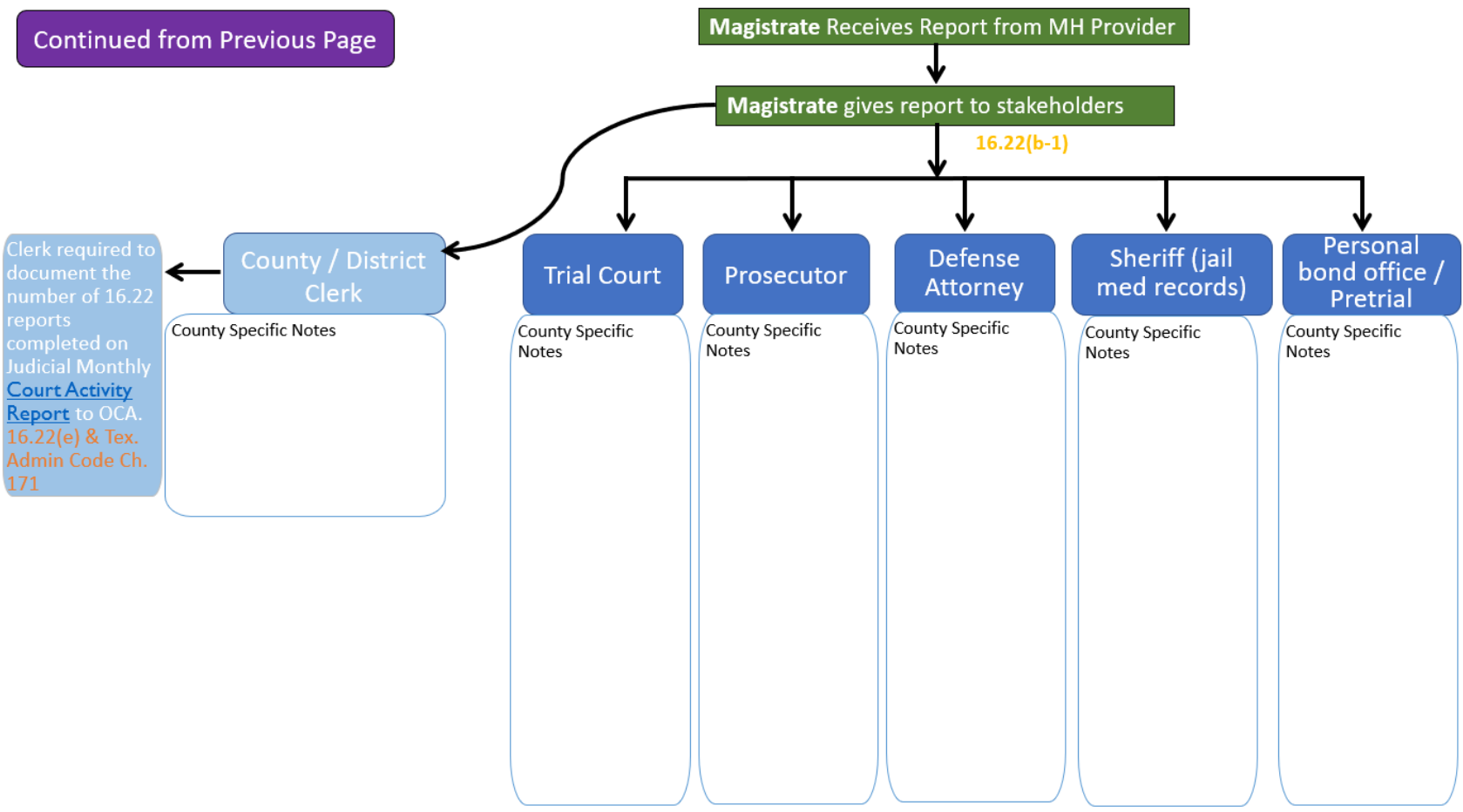
Below is an overview of 16.22, as defined by the Texas Code of Criminal Procedure, as well as some process charts that could be helpful to stakeholders who seek to enhance their CCP 16.22 Procedures.

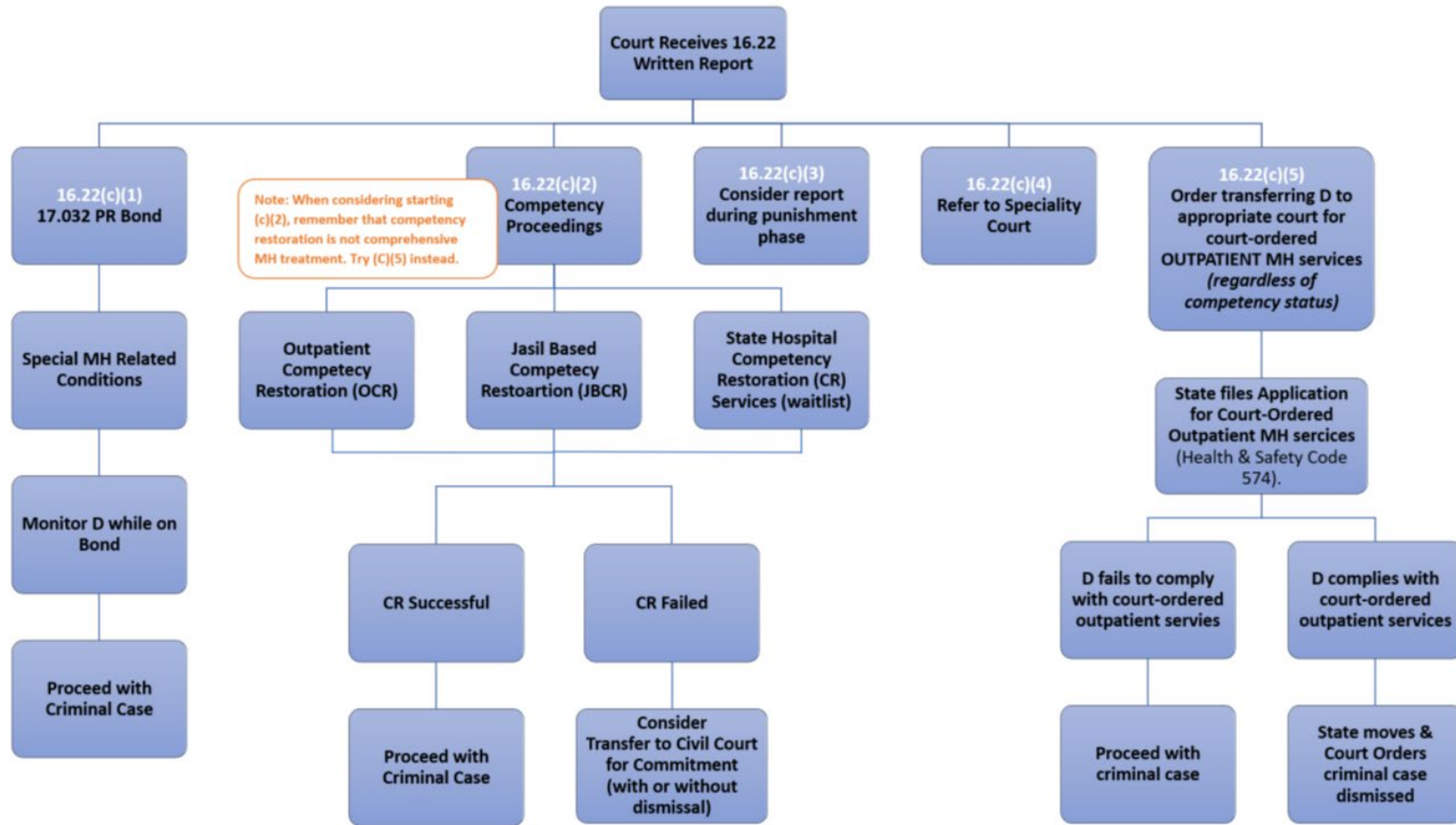


# 16.22 Process



Continued from Previous Page





# Appendix H: Court Ordered Medications and Immediate Restoration One-Pager



TEXAS  
Health and Human  
Services

**Court-Ordered Psychoactive Medications and Credible Evidence of Immediate Restoration for Persons Determined Incompetent to Stand Trial under the Texas Code of Criminal Procedure, Chapter 46B, and Awaiting Admission to a State Hospital**



## FACT:

The wait time for most forensic state hospital admission is several months in length.



## FACT:

The provision of adequate health care, including mental health care, is a detainee's constitutional right.



## FACT:

Obtaining a court order for psychoactive medications for an individual determined Incompetent to Stand Trial may not only reduce the person's psychiatric symptomatology, but often results in the defendant being restored to competency without the significant wait for a state hospital bed.

### Statutory Authority to Court Order Psychoactive Medications<sup>1</sup>

#### Probate Court

HSC, [Chapter 574, Subchapter G](#), and [Chapter 592, Subchapter F](#), delineate the provisions for the application and the order for the administration of psychoactive medications when the defendant presents a danger to self or others in the correctional facility as a result of a mental disorder or mental defect OR lacks capacity to make a decision regarding the administration of the proposed medication, and treatment with the proposed medication is in their best interest.

#### Criminal Court

CCP, [Art. 46B.086](#), delineates the provisions for a secondary process, after a probate court's denial, of seeking an order for the administration of psychoactive medications to defendants who do not meet the lack of capacity or dangerousness criteria under HSC [Chapter 574, Subchapter G](#), or [Chapter 592, Subchapter E](#); yet when the state still has a clear and compelling interest in the defendant obtaining and maintaining competency to stand trial.

#### Evidence of Restoration to Competency before State Hospital Admission

If the court receives credible evidence that the defendant has been restored to competency at any time after the court's determination of incompetency but before state hospital admission, CCP, [Art. 46B.0755](#), sets forth the process by which the court determines if the defendant has been restored to competency.

## Appendix I: SIM Mapping Workshop Participant List

Name	Agency/Title
Allen, Jackie	County Judge
Ashford, Lyndy	NTBHA/Program Manager
Brown, Amanda	Kaufman County District Attorney's Office/ Assistant District Attorney
Buchanan, Janet	NTBHA/OSAR Director
Carson, Lori	Terrell State Hospital/Chief Visionary Officer
Corder, Pam	Kaufman County/Project Manager
Daniels, Bailey	Kaufman Herald/News Reporter
Davis, Michael	Lakes Regional Community Center/Asst. Director Utilization Management
Deibel, June	Recovery Resource Council
Dolleman, Wendy	Specialty Court Clinical Director
Franks, Deanna	Kaufman County Sheriff's Office
Garcia, Heather	Terrell PD/Dispatch
Gonzalez, Muriel	Adult probation/Probation officer
Hall, Heather	Kaufman County Sheriffs' Office/ Captain
Hartline, Stephanie	Lakes Regional/Clinic Director
Hauger, Mary	Terrell PD/Communications Lieutenant
Henderson, Barbara	Lone Star Casa/Volunteer specialist
Hendricks, Brad	Assistant District Attorney
Huffman, Susan	Texas Health Resources/Program Manager- community health improvement
Hunt, Michael	Kaufman County/Commissioner Pct 1
Jones, Jeremy	Crandall Police Department/Detective
Killingsworth, Niki	Texas Health Resources/Emergency Department Director
Ledat, Cindy	Recovery Resource Council/Data Coordinator
Leonard, Denise	Legal Aid of NorthWest Texas/EJVP Coordinator
Messer, Mark	Superintendent TSH
Minor, Jessica	IPS/Community Relations Manager

Moore, Tommy	Commissioner
Murphy, Yolanda	District Attorney Office/Paralegal
Phillips, Nicole	Peace Officer
Pool, Desiree	Indigent Health Care/Director
Ramsey, Trenis	Kaufman County Juvenile Probation Department/Chief JPO
Reeves, Stephanie	Kaufman ISD/District RN Coordinator, SHAC Coordinator, Campus Clinic RN
Rich, Bobby	Judge
Roberts, Matt	NTBHA
Rodden, Cherish	Kaufman County CSCD
Russell, Jennifer	NTBHA/Courts Care Coordinator.
Sanders, Amy	NTBHA
Shackelford, Melanie	Celebrate Forever Families/Executive Director
Smith, Katlynn	Terrell Police Department/Telecommunications
Stastny, Jason	Kaufman Police Department/Detective Sergeant
Teel, Reagan	Assistant Superintendent TSH
Thomas, Robert	Association of Persons Affected by Addiction /Peer Support Team Lead
Velasquez, Erica	NTBHA/Care Coordinator
Washburn, Lance	Kaufman County/Chief
West, Tracy	Kaufman County Sheriff's Office/Lieutenant
Whalen, Chris	Adult Probation/Probation Officer
White, Carrie	Forney Police Department/Police Chief
Williams, Carol	NTBHA



## List of Acronyms

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

Acronym	Full Name
<b>AIC</b>	Area Information Centers
<b>APAA</b>	Association of Persons Affected by Addiction
<b>APOWW</b>	Apprehension by a Peace Officer Without a Warrant
<b>ASIST</b>	Applied Suicide Intervention Skills Training
<b>BHLT</b>	Behavioral Health Leadership Team
<b>BHLB</b>	Behavioral Health Leadership Board
<b>BJA</b>	Bureau of Justice Assistance
<b>BTCS</b>	Bluebonnet Trails Community Services
<b>CAD</b>	Computer Aided Dispatch
<b>CALM</b>	Counseling on Access to Lethal Means
<b>CCP</b>	Code of Criminal Procedure
<b>CIT</b>	Crisis Intervention Team
<b>CJCC</b>	Criminal Justice Coordinating Council
<b>COMs</b>	Court Ordered Medications
<b>CSCD</b>	Community Supervision and Corrections Department
<b>ECHO</b>	Ending Community Homelessness Organization
<b>ED</b>	Emergency Department
<b>EMS</b>	Emergency Medical Services
<b>EOD</b>	Emergency Order of Detention
<b>ER</b>	Emergency Room

<b>FUSE</b>	Frequent Users System Engagement
<b>HHSC</b>	Health and Human Services Commission
<b>HIPPA</b>	Health Insurance Portability and Accountability Act
<b>IDD</b>	Intellectual and Developmental Disability
<b>ISD</b>	Independent School District
<b>IST</b>	Incompetent to Stand Trial
<b>JCAFS</b>	Joint Committee on Access and Forensic Services
<b>KCSO</b>	Kaufman County Sheriff's Office
<b>LE</b>	Law Enforcement
<b>LIDDA</b>	Local Intellectual and Develop
<b>LBHA</b>	Local Behavioral Health Authority
<b>LMHA</b>	Local Mental Health Authority
<b>LPC</b>	Licensed Professional Counselor
<b>MAT</b>	Medication-Assisted Treatment
<b>MCOT</b>	Mobil Crisis Response Team
<b>MHFA</b>	Mental Health First Aid
<b>MI</b>	Mental Illness
<b>MOU</b>	Memorandum of Understanding
<b>NAMI</b>	National Alliance on Mental Illness
<b>NTBHA</b>	North Texas Behavioral Health Authority
<b>OCR</b>	Outpatient Competency Restoration
<b>OJJDP</b>	Office of Juvenile Justice and Delinquency Prevention
<b>OPC</b>	Order of Protective Custody
<b>OSAR</b>	Outreach Screening and Referral

<b>PD</b>	Police Department
<b>PRA</b>	Policy Research Associates
<b>QMHP</b>	Qualified Mental Health Professional
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SIM</b>	Sequential Intercept Model
<b>SMI</b>	Serious Mental Illness
<b>SOAR</b>	SSI/SSDI Outreach, Access, and Recovery
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplement Security Income
<b>SUD</b>	Substance Use Disorder
<b>TA</b>	Technical Assistance
<b>TCJS</b>	Texas Commission on Jail Standards
<b>TCOOMMI</b>	Texas Correctional Office on Offenders with Medical or Mental Impairments
<b>TLETS</b>	Texas Law Enforcement Telecommunication System
<b>THDSN</b>	The Texas Homeless Data Sharing Network
<b>TRAS</b>	Texas Risk Assessment System