

# Sequential Intercept Model Mapping Report for Williamson County

Intellectual and Developmental  
Disability and Behavioral Health  
Services Department



May 2022



**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 Williamson County and Bluebonnet Trails Community Services. Planning committee members included:

- Commissioner Valerie Covey, Williamson County Commissioner – Precinct 3
- Kathy Pierce, Executive Assistant to Commissioner Cynthia Long – Precinct 2, Williamson County
- Andrea Richardson, Executive Director, Bluebonnet Trails Community Services

We commend the committee members for the critical role they each played in making the Bell County SIM Workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, and 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 Catherine Bialick, MPAff, Senior Advisor, Office of the State Forensic Director, HHSC. The report was authored by Catherine Bialick, MPAff; Jennie M. Simpson, PhD; Elizabeth Wyatt, M.Ed, LPC; Robert Epstein, LMSW, MPAff; and Emily Dirksmeyer, LMSW.

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

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

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

## **Recommended Citation**

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# 1. Background

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, intellectual and developmental disabilities, law enforcement, jails, pretrial services, courts, community corrections, housing, health, social services, and should include the participation of people with lived experience, family members, and community leaders.

A SIM Mapping 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 the workshop, facilitators and participants identify opportunities to link people to services and prevent further penetration into the criminal justice system.

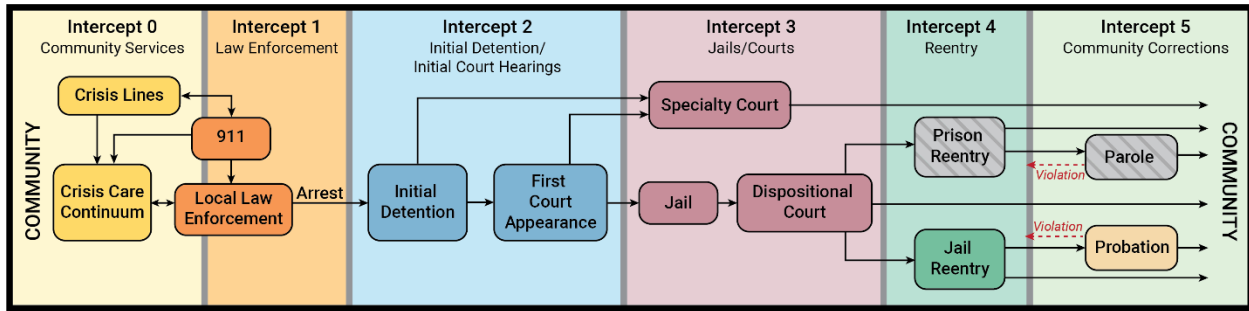
The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring 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; and
3. Development of strategic priorities for activities designed to improve system and service level responses for people in the target population.

See **Appendix A** for a more detailed overview of the SIM.

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<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.



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## Texas SIM Mapping Initiative

The Texas Behavioral Health and Justice Technical Assistance 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 away from the justice system into treatment. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have access to the SIM and SIM Mapping Workshops.

The Office of the State Forensic Director has partnered with All Texas Access to offer a SIM for LMHAs participating in the All Texas Access project. All Texas Access is a legislatively mandated initiative that focuses on increasing access to mental health services in rural Texas communities. Specifically, the All Texas Access initiative focuses on how rural LMHAs and HHSC can decrease:

- The cost to local governments of providing services to people experiencing a mental health crisis;
- The transportation of people served by an LMHA to mental health facilities;
- The incarceration of people with MI in county jails; and
- The number of hospital emergency department visits by people with MI.

The fiscal year 2022 theme for All Texas Access was Jail Diversion and Community Integration. To find more information about All Texas Access, visit <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/all-texas-access>.

## 2. Introduction

The Williamson County SIM Mapping Workshop took place on February 11, 2022 and was organized by Valerie Covey, Precinct 3 Commissioner, and Andrea Richardson, Executive Director of Bluebonnet Trails Community Services (BTCS). BTCS engaged HHSC to bring stakeholders together to reflect on the progress made since the 2018 Williamson County SIM Mapping Workshop, educate law enforcement on new crisis services, and continue to strengthen collaborations between Williamson County stakeholders including law enforcement, behavioral health professionals, local hospitals, and city management. Williamson County Sheriff Mike Gleason and Williamson County Commissioner Valerie Covey provided opening remarks, which are summarized below.

Sheriff Gleason provided an account of the history of crisis services in Williamson County, starting with the development of the Williamson County Sheriff's Office crisis intervention team in 2006. Sheriff Gleason pointed to considerable progress over the last year and a half made by his department and BTCS in enhancing crisis services and expanding diversion options for people in Williamson County. He identified this SIM Mapping Workshop as another significant step forward for Williamson County stakeholders.

In Commissioner Covey's remarks, she acknowledged the various stakeholders in the room, and commended their vested interest in providing care for the people of Williamson County. Commissioner Covey described how the county has grown since the 2018 SIM Mapping Workshop which was hosted by Policy Research Associates. She called on local stakeholders to continue to coalesce around crisis services and make use of new crisis service programs.

*This report reflects information provided during the SIM Mapping Workshop by participating Williamson 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.*

## 3. Agenda



### Sequential Intercept Model Mapping Workshop

#### Williamson County

March 11, 2022

Georgetown Annex | 100 Wilco Way – Room 226  
Georgetown, Texas 78626

#### AGENDA

<b>8:15</b>	<b>Registration</b>	Coffee provided
<b>8:30</b>	<b>Opening Remarks</b>	Opening Remarks <i>Williamson County Commissioner Valerie Covey – Precinct 3</i> <i>Williamson County Sheriff Mike Gleason</i>
<b>9:00</b>	<b>Facilitator Orientation and Goals</b>	Welcome and Introductions <i>Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services</i>
<b>9:15</b>	<b>Introductions</b>	All participants will introduce themselves and their affiliation
<b>9:45</b>	<b>Break</b>	
<b>10:00</b>	<b>Intercept 0 Community Services</b>	Intro to Intercept 0 – <i>Catherine Bialick, Senior Advisor, Office of the State Forensic Director, Texas Health and Human Services</i>  Overview of Williamson County Crisis Services, <i>Andrea Richardson, Executive Director, Bluebonnet Trails Community Services (BTCS)</i>  Intercept 0 – Community Services – Justice-Informed Services Panel <ul style="list-style-type: none"> <li>911 Dispatch: <i>Chief Chris Connealy – Williamson County Emergency Services</i> <i>Show Yang – BTCS Program Manager, 911 Dispatch Program</i></li> <li>Mobile Crisis Outreach Team: <i>Amanda Coleman – BTCS Director of Crisis Services</i> <i>Andrea Hoppock – BTCS Assistant Director of Crisis Services</i></li> </ul>



		<ul style="list-style-type: none"> <li>Youth Therapeutic Respite Program: <i>Andrea Richardson – BTCS Executive Director</i> <i>Mike Maples – BTCS Chief Health Programs Officer</i></li> </ul> <p>Guided Discussion, <i>Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services Commission</i></p>
<b>12:00</b>	<b>Lunch</b>	Graciously provided by Behavioral Health Institute and Rock Springs Hospital
<b>12:45</b>	<b>Intercept 1 Law Enforcement</b>	<p>Intro to Intercept 1 – <i>Catherine Bialick, Senior Advisor, Office of the State Forensic Director, Texas Health and Human Services</i></p> <p>Intercept 1 – Law Enforcement - Justice-Informed Services Panel</p> <ul style="list-style-type: none"> <li>Crisis Intervention Team and Order for Protective Custody (OPC) Process: <i>Lt. Frank Saenz, Williamson County Sheriff’s Office</i></li> <li>Diversion Center – Law Enforcement Triage and 23-Hour Observation Program: <i>Mike Maples, BTCS Chief Health Programs Officer</i> <i>Kyle McCall, BTCS Program Manager, Diversion Center</i></li> </ul> <p>Guided Discussion, <i>Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services</i></p>
<b>2:45</b>	<b>Break</b>	
<b>3:00</b>	<b>Review of Day</b>	Summary of Gaps, Opportunities, Questions, and Recommendations <i>Jennie M. Simpson, PhD, State Forensic Director, Texas Health and Human Services Commission</i>
<b>3:45</b>	<b>Closing Remarks</b>	Closing Remarks <i>Commissioner Valerie Covey</i>
<b>4:00</b>	<b>ADJOURN</b>	

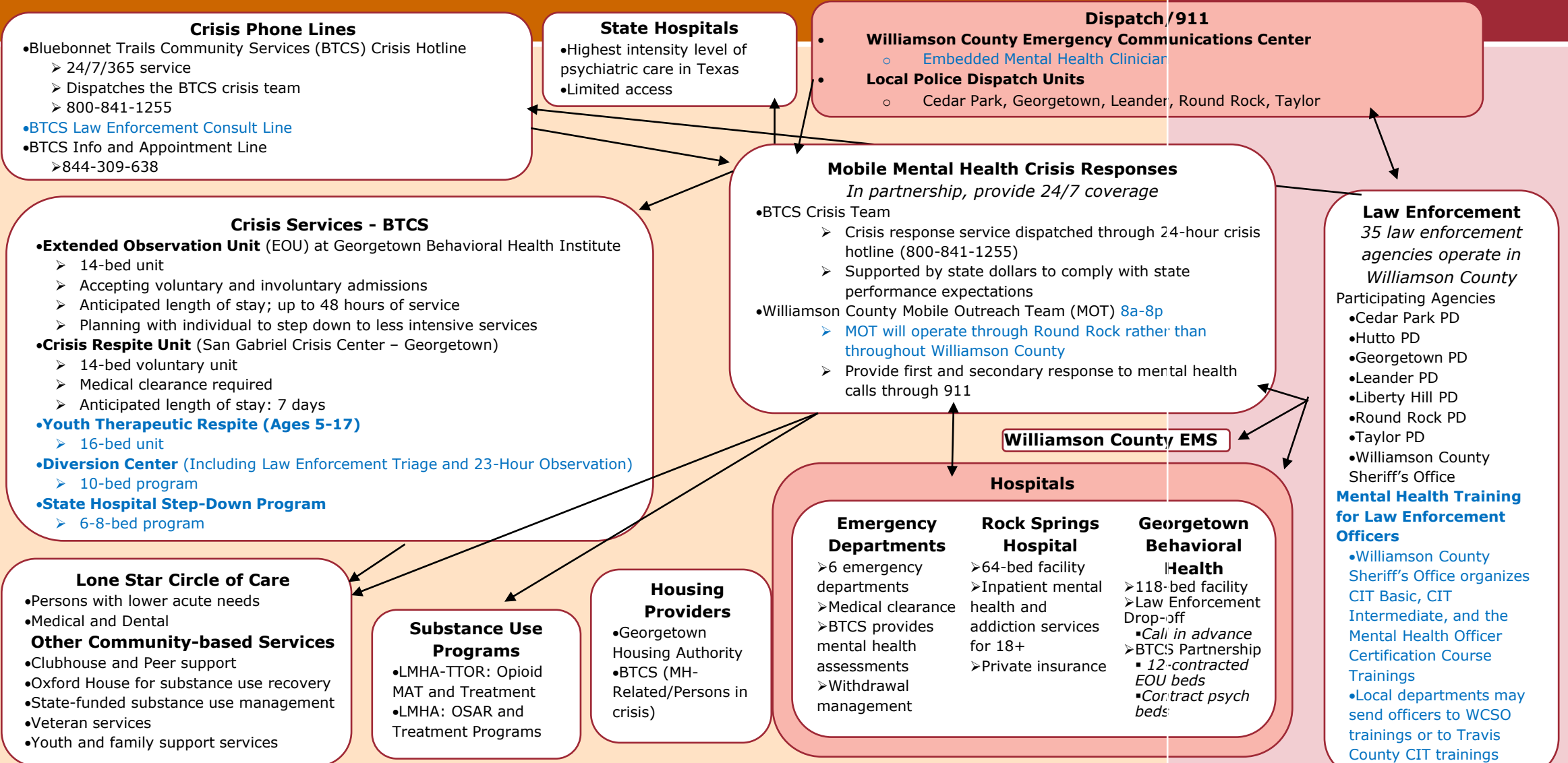
# 4. Sequential Intercept Model Map for Williamson County, February 2022

**Intercept 0**  
Crisis, Respite, Peer, & Community Services

**Intercept 1**  
Law Enforcement & Emergency Services

COMMUNITY

COMMUNITY

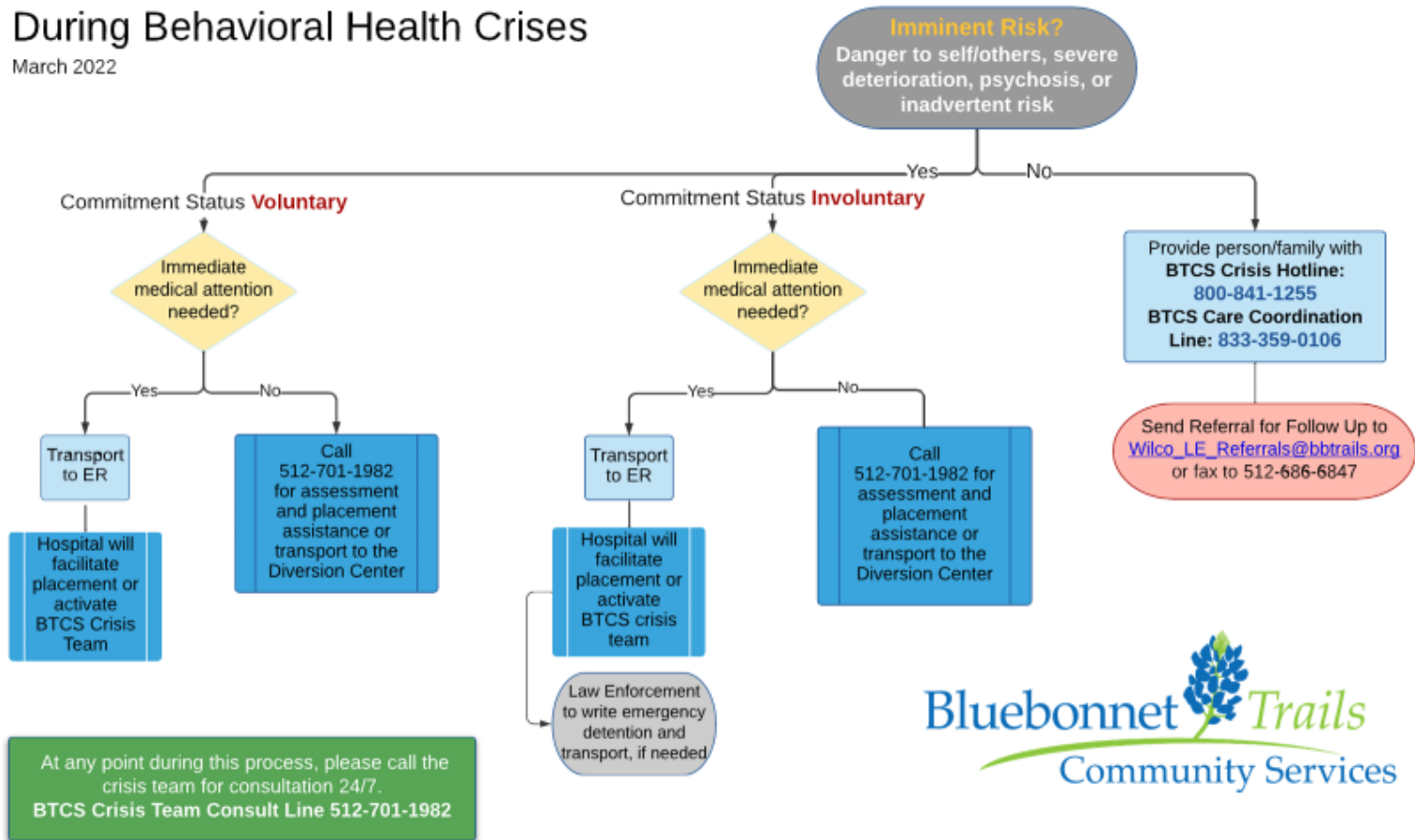


Programs in blue represent programs that have been developed since the last mapping of Williamson County on March 1, 2019.

# 5. Resources for Law Enforcement During a Behavioral Health Crisis

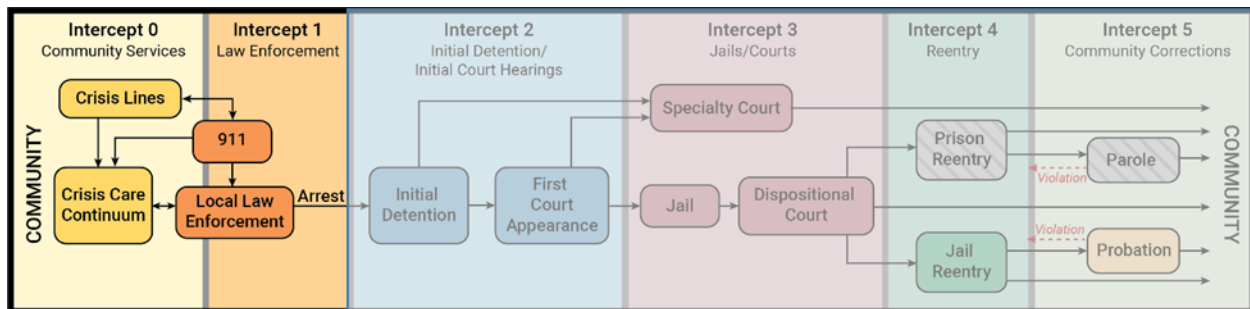
## Resources for Law Enforcement During Behavioral Health Crises

March 2022



## 6. New Crisis Services and Diversion Services and Opportunities at Each Intercept

The Williamson County SIM Mapping Workshop centered around presentations from a panel of behavioral health and justice system stakeholders on new crisis and diversion services at Intercepts 0 and 1. Facilitators worked with the workshop planners and participants to educate stakeholders on new crisis and diversion services in Williamson County and to identify opportunities to increase utilization of services at Intercepts 0 and 1. Updating Williamson County's SIM Map and discussing new services was vitally important, as significant changes have occurred since the previous SIM Mapping Workshop in 2018. The catalog below can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with MI, SUD, and IDD by building on existing opportunities in Williamson County.



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### Intercept 0 and Intercept 1 New/Expanded Crisis and Diversion Services

#### 911 Dispatch

During the 2018 SIM Mapping Workshop, participants identified the need to provide additional mental health training and support to call takers at 911 dispatch, acknowledging that this is the first place many people think of when calling for help. Five years since the mapping, BTCS and Williamson County have delivered, embedding Qualified Mental Health Professionals (QMHPs) in the Williamson County Emergency Operations Center.

- Presenters:** Chief Chris Connealy, Williamson County Emergency Services and Show Yang, BTCS Program Manager, 911 Dispatch Program

- **Program Summary:** People experiencing or witnessing a mental health crisis often call 911 for help. BTCS has embedded mental health clinicians in the Williamson County Emergency Operations Center, to connect with people experiencing a crisis when they call 911, 24/7. BTCS mental health professionals provide crisis intervention, de-escalation, and treatment coordination for persons in crisis through the dispatch center. Depending on the severity of the situation, this could include a Mobile Crisis Outreach Team (MCOT) response or a dual response in partnership with law enforcement. For a person determined not to be in imminent risk of danger to themselves or others, BTCS will provide connections to needed supports, reducing the need for law enforcement, fire, and EMS involvement. Additionally, BTCS 911 dispatch staff will follow up with callers to assure access to care.
- **Agencies Served:** Williamson County Sheriff's Office, Hutto Police Department (PD), Thrall PD, Granger PD, Jarrell PD, Florence PD, Liberty Hill PD, Williamson County Constables Pct. 1-4, Williamson County Justice of the Peace 1-4, Hutto Independent School District (ISD) PD, Liberty Hill PD, and Round Rock ISD PD
- **Key Takeaways for Law Enforcement:**
  - This diversion service aims to reduce the likelihood of unnecessary hospitalizations, arrests, and utilization of law enforcement and EMS resources.
  - While coordination between law enforcement and MCOT is fostered by 911 clinicians, law enforcement can reach out to MCOT using the dedicated law enforcement line at any time for support.
  - For general inquiries about services, law enforcement may call the central information and appointment line: 844-309-6385.
- **Additional Opportunities Identified:**
  - Additional police departments expressed interest in integrating a QMHP within their own 911 call centers. SIM participants identified opportunities to either replicate this service in other Williamson County call centers or explore a regional approach where other call centers could leverage this service through the Williamson County Emergency Operations Center.
  - It will be necessary to identify funding to sustain the QMHP program in Williamson County Operations Center as grants only cover three years of operation. SIM participants expressed interest in data to

demonstrate the program's impact, help justify sustainable funding, and think about the best approach to scaling this service across the county.

## **Mobile Crisis Outreach Team (MCOT)**

- **Presenters:** Amanda Coleman, BTCS Director of Crisis Services and Andrea Hoppock, BTCS Assistant Director of Crisis Services
- **Program Summary:** BTCS MCOT provides 24/7 person-centered, trauma-informed, and recovery-oriented interventions for people experiencing a behavioral health crisis. The MCOT is a mobile team of clinicians trained to provide crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for children and adults in the community 24 hours per day, 365 days per year. This includes:
  - Immediate crisis screening;
  - Urgent and emergent face-to-face, in-person or tele video assessments in the community – whereby urgent calls receive a response within eight hours and emergent calls receive a response within one hour;
  - Coordination of behavioral health treatment or crisis prevention services in the least restrictive environments; and
  - Follow up care including linkage to appropriate services and supports to avoid future crisis episodes.

MCOT provides transitional support services to clients for up to 90 days following an acute behavioral health crisis. MCOT may also coordinate follow-up for non-crisis needs with care coordinators or through other referrals as appropriate.

- **Key Takeaways for Law Enforcement:**
  - MCOT can be accessed 24/7 by law enforcement through a dedicated law enforcement line.
  - The public line is 800-841-1255.
  - General inquiries can be made to the central information and appointment line at 844-308-6385.
- **Additional Opportunities Identified:**
  - Provide MCOT trainings for law enforcement to increase their familiarity with and utilization of MCOT services.

- Expand MCOT hours and develop clear plans for law enforcement on what to do and who to call for support during off hours.

## Youth Therapeutic Respite

During the 2018 SIM Mapping Workshop, participants identified an increased need for crisis mental health services for youth. Five years later, BTCS and Williamson County delivered on this request with the opening of the Youth Therapeutic Crisis Respite program.

- **Presenters:** Andrea Richardson, BTCS Executive Director and Mike Maples, BTCS Chief Health Programs Officer
- **Program Summary:** BTCS developed a 16-bed Youth Therapeutic Crisis Respite Program to provide a safe environment for youth in crisis between the ages of 5 and 17 to receive wraparound care including: innovative therapies, care coordination, case management, psychiatric medication management, and more. The length of stay may be as short as a few hours or as long as 30 days, depending on the needs of the youth and their family. BTCS works closely with caregivers, pairing them with a Family Partner and involving them in care planning and therapy services. An education coordinator collaborates with each student's school to plan for a smooth transition upon returning home.
- **Key Takeaways for Law Enforcement:**
  - This program serves as an alternative to psychiatric hospitalization for youth and their families with the goal of reunifying the family.
  - Law Enforcement can access the Youth Therapeutic Respite Program through the MCOT team using the dedicated law enforcement MCOT line.
  - Address: 1009 North Georgetown Street, Round Rock, TX 78664
  - General inquiries can be made to the central information and appointment line at 844-309-6385.
- **Additional Opportunities Identified:**
  - Rock Springs Hospital is increasing bed capacity to serve 24 adolescents, ages 13 to 17 at their Georgetown location at 700 SE Inner Loop, Georgetown 78626.

## Diversion Center

During the 2018 SIM Mapping Workshop stakeholders identified the need for additional crisis options in the community. With limited access to state hospitalization, it was noted that law enforcement felt that their only options locally were to take someone to the emergency department or arrest them and book them into jail. Following the workshop, Williamson County and BTCS came together to develop the new Diversion Center, expanding crisis options in Williamson County.

- **Presenters:** Mike Maples, BTCS Chief Health Programs Officer and Kyle McCall, BTCS Program Manager, Diversion Center.
- **Program Description:** BTCS will soon open a 23-hour secure Law Enforcement Diversion Center which will offer rapid assessment, medication management, and crisis stabilization services for adults. Within the 23-hour period, teams of clinicians will coordinate ongoing care and treatment. Depending on the persons need, clinicians will either coordinate discharge planning with discharge medications provided or coordinate for the person to receive at the most appropriate level of care.
- **Key takeaways for law enforcement:**
  - Persons can be received on an Emergency Detention Order or voluntarily.
  - Available only to law enforcement, access to the Diversion Center will be made by contacting the dedicated law enforcement MCOT line. MCOT will assess and determine what services best match the needs of the person. This may include developing a safety plan with the individual, and if available, their support network focusing on how safety will be assured at home. Options for transitioning a person from the Diversion Center include beds at the Crisis Respite Unit, the Extended Observation Unit or a psychiatric hospital.
  - If directed to the Diversion Center, MCOT will provide law enforcement with instructions on how to access the facility, including gate key codes.
  - Location: Georgetown, TX
- **Other opportunities identified:**
  - Utilize the Diversion Center for people who would previously have been issued an emergency detention.
  - Ensure ongoing communication across all partners to ensure the Diversion Center does not reach capacity.



## Crisis Intervention Team (CIT) Training

During the 2018 SIM Mapping Workshop participants identified opportunities to expand CIT training and improve communication across department CIT officers. The Williamson County Sheriff's Office, in partnership with Williamson County and BTCS, has made significant strides in coordinating CITs across the County.

- **Presenter:** Lt. Frank Saenz, Williamson County Sheriff's Office
- **Program Description:** The CIT consists of highly trained Sheriff's Office law enforcement officers that provide crisis intervention assistance to people in Williamson County. The CIT aids those suffering from emotional and psychological issues and assists them in obtaining the appropriate social services available to meet their specific need. The CIT is also tasked with performing follow-up checks when deemed necessary. Each member of the crisis team is licensed by the State of Texas with specific training in mental health, crisis intervention, first aid, and CPR and are licensed Peace Officers with the Williamson County Sheriff's Office.
- **Key Takeaways for Law Enforcement:**
  - This service is offered to people in Williamson County 24 hours a day, seven days a week.
- **Other Opportunities Identified:**
  - Offer CIT training to more officers.
  - Ensure all officers have access to regularly scheduled trainings on how to access the mental health crisis system.

## Other Opportunities at 0 & 1 Identified

- Evaluate the Order of Protective Custody (OPC) process and develop a process for after-hours mental health warrants.
- Develop strategies across partners to ensure information on new crisis services is disseminated to front line officers and other front-line staff.
- Convene law enforcement and 911 dispatch agencies to identify a common approach to capturing and sharing information on mental health related calls for service.
- Consider data collection across all intercepts and how that information is shared for funding, planning, and direct care purposes.
- Ensure victims services units are partners in the work.
- Consider new ways to utilize teleservices to fill gaps in services.

- Develop new strategies to engage hospitals and EMS in regular county-led Behavioral Health Task Force Meetings.
- Convene hospitals and police departments to discuss medical clearance protocols and best practices across the county.
- Expand access to substance use and intellectual and developmental disability services as a part of crisis services.

## 7. Quick Fixes

While some priorities identified during a SIM Mapping Workshop by SIM participants require significant planning and/or resources to implement, quick fixes are priorities that can be implemented with minimal investments of time and funding. Yet quick fixes can have a significant impact on the trajectories of people with MI, SUD and IDD in the justice system. Below are some of the quick fixes identified by SIM participants.

- SIM participants requested a summary of information on new crisis services to share with frontline staff. BTCS has simple one-pagers, law enforcement cards, and other materials available upon request.
- SIM participants identified the need to ensure the community has access to information on new crisis services. BTCS can partner with other Williamson County stakeholders to ensure relevant materials are shared with the public.
- SIM participants acknowledged the value of data-informed decisions and supported the development of data dashboards to foster communication and planning during ongoing task force discussions.
- Law enforcement and hospital stakeholders expressed interest in participating in regular planning and improvement efforts. Williamson County leads a regular Behavioral Health Task Force Meeting whereby all stakeholders present were invited during the SIM workshop to attend these meetings.

## 8. Parking Lot

Some gaps identified during the SIM Mapping Workshop were too large or in-depth to address during the workshop. Below is a list of challenges that were discussed but will take more extensive planning and coordination to remedy.

### **Services for Special Populations**

- Aging and elderly persons have special needs across the physical health and mental health systems. Both hospital staff and law enforcement expressed challenges interacting with, placing, and treating people with neurocognitive disorders (dementia) and co-occurring mental and physical health issues. Many stakeholders in the room agreed that identifying additional options to care for this population should be a priority for Williamson County.
- Serving people with IDD and mental health concerns requires specialized training that can address both their mental health and daily living needs. Some participating mental health facilities described difficulty supporting people with complex daily living needs. The role of caregivers was also discussed. When a caregiver for a person with IDD is unavailable, the individual may go into crisis and struggle to communicate their needs. Additional training for law enforcement and other justice stakeholders to support crisis response for people with IDD was identified as an opportunity for Williamson County.
- A lack of access to substance use detoxification was discussed as an opportunity. Considering the relentless population growth within Williamson County and stressors resulting from the long years of the COVID-19 pandemic, a robust substance use response for adolescents and adults was identified as a need.

## 9. Further Considerations

Williamson County has several exemplary programs that address criminal justice and behavioral health collaboration. However, the mapping exercise identified areas where programs may need expansion or where new opportunities and programming must be developed. The suggested considerations below are primarily derived from opportunities raised during the SIM Mapping Workshop, document review, national initiatives, and the collective experience of the Office of the State Forensic Director staff in consulting with other states and localities. Each recommendation contains context from the SIM Mapping Workshop, followed by beneficial resources and any available evidence-based practices and existing models.

The following publications informed the considerations in this report:

- Williamson County 2018 SIM Mapping Workshop Report, Policy Research Associates
- [All Texas Access Report](#), Texas Health and Human Services Commission
- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation
- [Texas Statewide Behavioral Health Strategic Plan Update](#), Texas Statewide Behavioral Health Coordinating Council
- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- [The Joint Committee on Access and Forensic Services \(JCAFS\): 2020 Annual Report](#), Texas Health and Human Services Commission
- Texas SIM Summit Final Report, Policy Research Associates
- [Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Third Edition, 2021 – 2022](#), Judicial Commission on Mental Health

There are also two overarching issues that should be considered across all ideas 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% of people who are justice-involved have experienced traumatic events at some point in their life<sup>i</sup> <sup>ii</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 individuals involved with the program, organization, or system, including its own workforce
- responding by putting this knowledge into practice [Trauma-Informed Care in Behavioral Health Services](#)

## Further Considerations for Williamson County

1. Increase **data collection and information sharing** across the SIM and Williamson County stakeholders.
2. Identify and engage people who **frequently encounter law enforcement, emergency departments, and crisis services**.
3. Convene law enforcement, behavioral health providers, and hospitals to **discuss medical clearance policies and best practices** in Williamson County.

More detail on each recommendation is provided below.

### 1. Increase data collection and information sharing across the SIM and Williamson County stakeholders.

Baseline data across the intercepts was collected when planning for the Williamson County SIM Mapping Workshop. Available data, as well as gaps in the data collected, led to conversations on existing gaps in services and opportunities to expand diversion services and increase access to treatment for people with MI, SUD and IDD who are justice involved or at-risk of justice involvement.

Specifically, Williamson County stakeholders identified the following **opportunities**:

- Collect data to demonstrate the impact of Mental Health at 911 Dispatch, including diversion rates, to help justify sustainable funding and consider the best approach to scaling this service across the county.
- Identify a common approach to capturing and sharing information on mental health related calls for service between law enforcement and 911 dispatch.
- Consider data collection across all intercepts and how that information is shared for funding, planning, and direct care purposes.

Based on these insights, our **guidance** is that during the monthly Williamson County Law Enforcement Task Force Meetings, which convene law enforcement agencies across the county, stakeholders discuss consistent or complimentary coding among police departments across Williamson County to obtain an accurate count of the actual number of mental health calls being made to 911 and responded to by law enforcement. Beyond tracking mental health calls for service, we also suggest that law enforcement agencies and BTCS utilize these meetings to consider how they might jointly begin collecting and tracking data on the [four key outcomes of Police-Mental Health Collaboration effectiveness](#)<sup>iii</sup>:

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

Participants also expressed interest in convening stakeholders to think about key data elements to collect and share across all SIM Intercepts. The model programs detailed below offer various approaches stakeholders might take to identify key data measures to collect and share, to inform ongoing policy development, funding, and programming decisions.

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

- Texas counties have joined national initiatives like the Stepping Up Initiative to reduce the number of people with MI in jail. In early 2019, Lubbock County became one of 15 counties nationwide nominated as a Stepping Up [Innovator County](#). Lubbock County has implemented strategies to accurately identify people in jails who have SMI; collect and share data on people to better connect them to treatment and services; and use this information to inform local policies and practices. The four key measures of the Stepping Up initiative<sup>iv</sup> are:
  - number of bookings;
  - average length of stay;

- connections to treatment and services; and
- recidivism for the general population and for people identified as having serious mental illness (SMI) to provide a point of comparison.
- Policy Research Associates, Inc. has developed a manual, [Data Collection Across the Sequential Intercept Model: Essential Measures](#), which represents a compilation of recommended data elements organized around each of the six SIM intercepts.<sup>v</sup> 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. Efforts to share data often fail when stakeholders lack clarity on the most essential information to collect, integrate, and examine. This could provide a great starting place for Williamson County, while considering which data points and measures to gather and analyze to inform policy, ongoing programming, and funding decisions.

For more, see the Information Sharing/Data Analysis and Matching section of **Appendix B**.

## **2. Identify and engage people who frequently encounter law enforcement, emergency departments, and crisis services.**

Williamson County stakeholders identified challenges serving a small subset of people who come into frequent contact with law enforcement, shelters, emergency departments, and other crisis and social services. Despite multiple contacts and interventions provided by local BTCS and other service providers, the fragmented care and coordination across systems has led to disproportionate expenditures of public resources and poor health, social, and legal outcomes for this population.

Workshop participants identified the following **opportunities** to break the repeated cycle of incarceration and crisis service utilization through data-informed local efforts:

- Share information between 911, local law enforcement agencies, crisis lines, and BTCS in a HIPAA-compliant manner to identify people who frequently access these services. Develop targeted engagement strategies to connect them to intensive wraparound care and supports, and when necessary, to divert them from jail or emergency departments to services that are appropriate for their behavioral health needs.

Based on this insight, Williamson County stakeholders should **consider**:



- Reinforcing existing task force agendas and data dashboard discussions to inform ongoing planning and decisions; and
- Expanding membership and opportunities to existing task force meetings to broaden communication, discern resources and learn from perspectives of additional county stakeholders.

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

- The Data-Driven Justice (DDJ) initiative brings communities together to disrupt the cycle of repeated incarceration and crisis service utilization. Communities participating in the initiative develop strategies to promote better health, social, and legal outcomes for people cycling across systems by aligning criminal justice and health and human services systems around data. DDJ communities have committed to creating or expanding real-time or near real-time local data exchanges that combine criminal justice, health and/or other system data to identify frequent utilizers of multiple systems. In addition, DDJ communities are identifying the ways and options for diverting people who come into frequent contact with crisis services and law enforcement from the criminal justice system to community-based services and treatment providers. The [Data-Driven Justice Playbook](#) is designed to help guide the development of a multi-system strategy to successfully divert frequent utilizers, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.
- [Frequent Users Systems Engagement](#) (FUSE) is an initiative through the Corporation for Supportive Housing (CSH) and another model for identifying frequent users of jails, shelters, hospitals and/or other crisis public services by linking data networks to identify those in need and quickly connect them to supportive housing. CSH 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.
- 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' eleven 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 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 the THDSN, covering 229 out of the 254 Texas counties. In 2022, Texas Homeless Network staff and the THDSN board plan to utilize the THDSN to partner with healthcare providers and target frequent users of emergency departments 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 Williamson County through the Williamson County Homeless Coalition.

For more, see the Information Sharing/Data Analysis and Matching section of **Appendix B**.

### **3. Convene law enforcement, behavioral health providers, and hospitals to discuss medical clearance policies and best practices in Williamson County.**

While there is no standard definition of medical clearance, it is commonly understood as an initial screening and/or assessment of a person to determine suitability for psychological or medical treatment. In Texas, medical clearance is determined by admitting mental health facilities, resulting in a wide degree of variance related to what is required. Across the state, there is healthy debate in defining adequate medical examinations for patients prior to admission to mental health facilities, varying views on the role of routine laboratory testing, and a range of capabilities of mental health facilities to provide health assessments. SIM participants expressed challenges in navigating a range of medical clearance practices and identified an **opportunity** to convene local stakeholders, including the hospitals, BTCS, and law enforcement agencies, to discuss medical clearance protocols and best practices across the County.

Based on this insight, Williamson County could consider:

- Convening local stakeholders to discuss medical clearance processes and best practices. County stakeholders can discuss state statutes and rules, existing medical clearance policies and practices, and opportunities to address barriers to care that might be present throughout the system as it exists today. Below is a summary of state guidance related to the issue, as well as model approaches other communities have taken to address local challenges with medical clearance. State guidance:
  - On December 28, 2009, the Office of the Attorney General of Texas issued an opinion ([GA-0753](#)) addressing medical evaluations when a

person is taken into peace officer custody under Health and Safety Code Chapter 573. Specifically, the opinion analyzed whether a peace officer who has taken a person into custody under Chapter 573 may be required to transport that individual to a medical facility for evaluation prior to taking that person to a mental health facility (RQ-0809-GA). The opinion concluded that *“an inpatient mental health facility or a mental health facility is not statutorily authorized to require a peace officer to transport a person in custody under Chapter 573, Health and Safety Code, to a medical facility for a medical evaluation prior to taking that person to the mental health facility.”*

- On November 25, 2013, “The Governor’s EMS and Trauma Advisory Council (GETAC) Medical Director’s [Position Statement](#) on Mental Health Emergencies and Their Effect on EMS and Eds” was published that outlines challenges presented by existing mental health facility medical clearance requirements and provides recommendations for local stakeholders.
- In August 2018, the Texas Hospital Association (THA) convened a forum of physicians, nurses, emergency department directors, attorneys, behavioral health specialists, and others to discuss challenges related to the management of individuals with behavioral health conditions in the emergency department and to explore potential solutions to those challenges. Discussions focused primarily on the intersection between people experiencing a behavioral health crisis in the emergency department and law enforcement and judicial processes that apply from pre-arrival to disposition of the person via discharge, transfer, or admission. Breakout sessions centered on the practical applications of emergency detentions, law enforcement’s involvement in the emergency detention process, judges/orders of protective custody, transportation, and bed availability.
- The Community Mental Health Contracts section of the HHSC web site provides for the download of performance contracts and other materials that support a network of community mental health centers across the state of Texas. [Exhibit E](#), which is referenced in Attachment A07 of some LMHA/LBHA Performance Contract Notebooks, provides a Psychiatric Emergency Flow Chart to assist Peace Officers with determining whether a medical emergency exists.

## Model Programs to Explore:

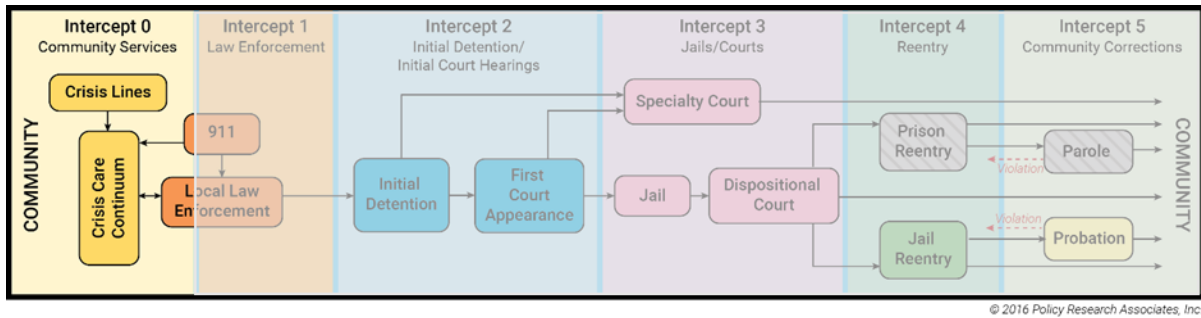
- Lubbock County developed a field medical clearance algorithm for EMS to help direct patients to a psychiatric hospital when appropriate, bypassing emergency departments. Partners included Lubbock-Amarillo Emergency Medical Services, University Medical Center, and StarCare Specialty Health System. The development of the algorithm (See **Appendix C**) and the open line of communication between psychiatric hospital, emergency department, and EMS staff facilitated the transition of patients through a modified local medical clearance process necessary, to help expedite admissions to the local psychiatric hospital. From July 2020 to July 2021, 281 patients were directed to a psychiatric facility using this algorithm.
- The Southwest Texas Regional Advisory Council (STRAC) launched the Southwest Texas Crisis Collaborative Law Enforcement Navigation (LENav)<sup>vi</sup> project to improve navigation of medically stable emergency detention patients to psychiatric facilities. Before the start of this program, emergency departments in Bexar County saw more than 9,000 emergency detention patients each year, nearly half of which needed only a medical screening before routing directly to a psychiatric facility. To help connect people to care more quickly the San Antonio Fire/EMS Medical Director, the Local Mental Health Authority, and psychiatric facilities' medical directors collaboratively developed a field medical stabilization process that enables law enforcement to take medically stable emergency detention patients directly to psychiatric facilities. LENav utilizes the STRAC MEDCOM Communications Center as the central coordination point to navigate medically stable emergency detention patients that are in police custody to the most appropriate psychiatric facility to improve the care of the patient. Patients are tracked in real-time, and data is provided for analysis and system enhancement. For more information visit the [Southwest Texas Regional Advisory Council](#) site.

# Appendices

## Appendix A: SIM Intercept Overview

### Intercept 0: Early Intervention and Community Services

Figure 2. Intercept 0



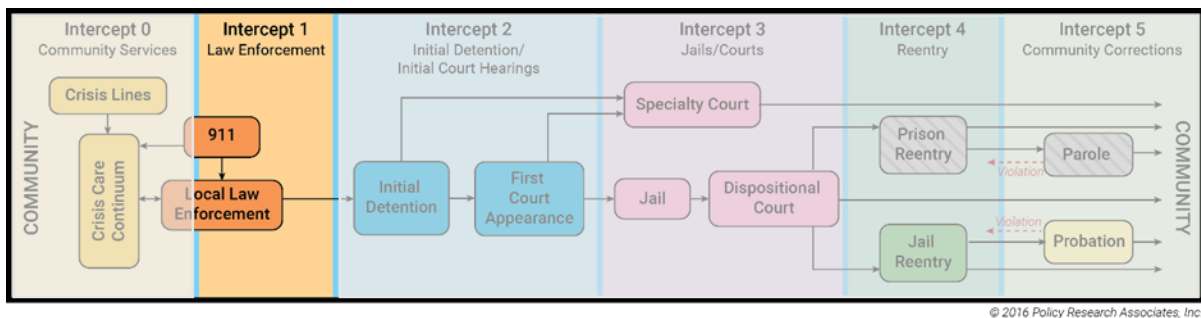
Intercept 0 encompasses the early intervention points for people with MI, SUD, and/or IDD prior to possible arrest by law enforcement. It captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system interaction.

#### Key Features

- Connects people who have MI and SUD with services before they encounter the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds for urgent but less acute mental health needs.

### Intercept 1: Law Enforcement

Figure 3. Intercept 1



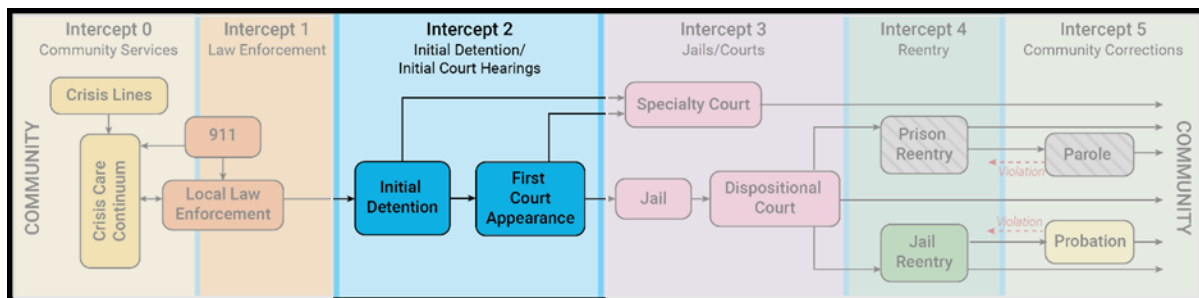
Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with a MI, SUD, and/or IDD who may be engaging in criminal conduct, experiencing a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

#### Key Features

- Begins when law enforcement responds to a person with a MI, SUD, and/or IDD or a person who is in crisis.
- Ends when the person is arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.

## Intercept 2: Initial Detention/Initial Court Hearings

Figure 4. Intercept 2



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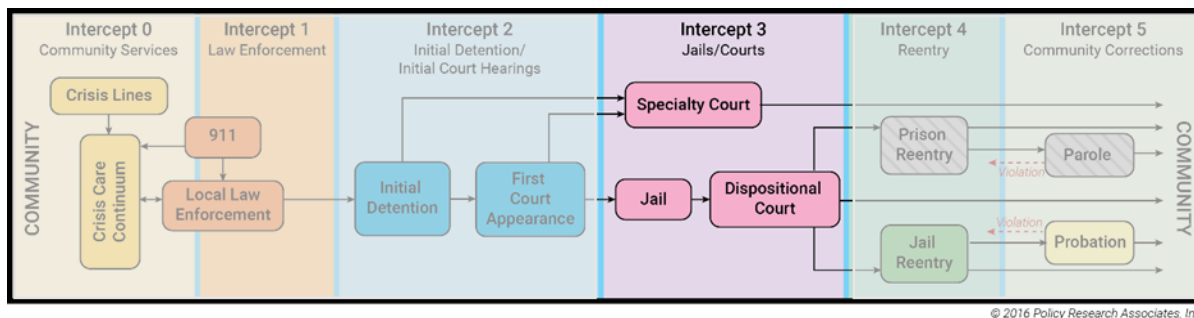
After a person has been arrested, they move to Intercept 2 of the model. At Intercept 2, a person is detained and faces an initial hearing presided over by a judge or magistrate. This is the first opportunity for judicial involvement, including interventions such as intake screening, early assessment,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

#### Key Features

- Involves arrested people experiencing MI, SUD, and/or IDD who are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports early identification and screening to inform decision making around a person's care, treatment continuation, and pretrial orders.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.
- Represents the moment when the question of competence is first raised.

## Intercept 3: Jails/Courts

Figure 5. Intercept 3



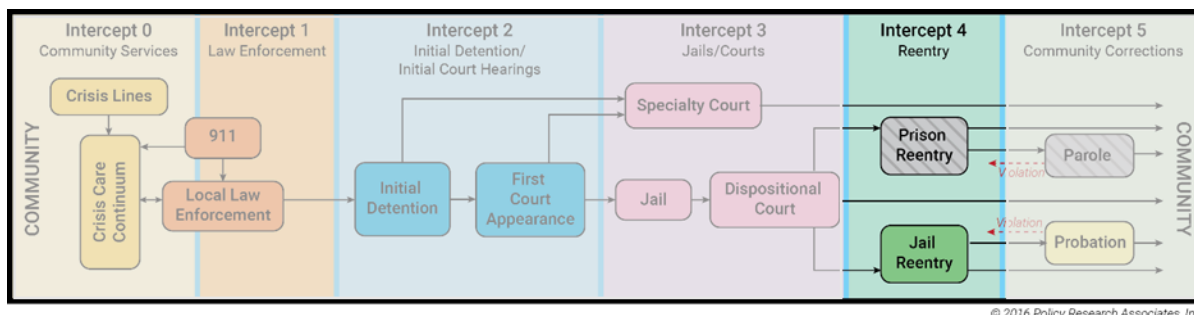
During Intercept 3 of the model, people with a MI, SUD, and/or IDD not yet diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.

### Key Features

- Involves people with MI, SUD, and/or IDD held in jail before and during their trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while addressing the defendant’s behavioral health needs in the community.
- Includes constitutional protections including the right to due process and to representation by a defense attorney at no cost if indigent. Includes services that prevent the worsening of a person’s mental or substance use symptoms during their incarceration.

## Intercept 4: Reentry

Figure 6. Intercept 4



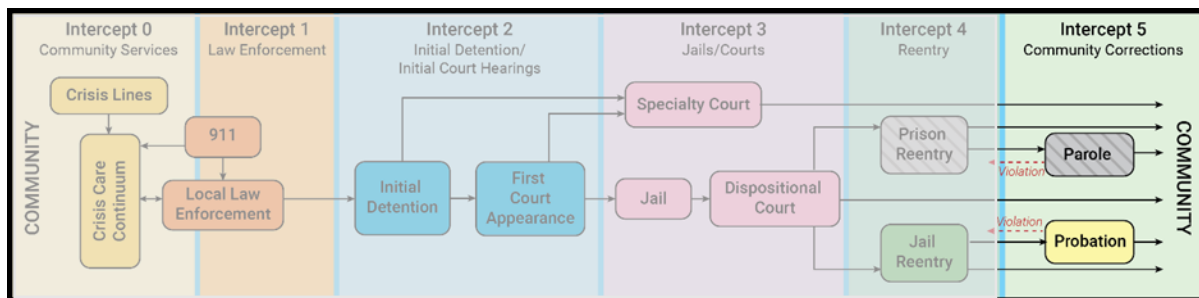
At Intercept 4 of the model, people plan for and transition from jail or prison into the community. Supportive re-entry establishes strong protective factors for justice-involved people with MI, SUD, and/or IDD re-entering a community.

## Key Features

- Provides transition planning and support to people with MI, SUD, and/or IDD who are returning to the community after incarceration.
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.
- Should be well planned, resourced, and individual-centric to help set people up for success and avoid lapses in recidivism.

## Intercept 5: Community Corrections

Figure 7. Intercept 5



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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.

## Key Features

- Involves people with MI, SUD, and/or IDD under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with MI, SUD, and/or IDD.
- Addresses the persons' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.



## Appendix B: Resources

### Competence Evaluation and Restoration

- Fader-Towe, H. and E. Kelly. (2020) [Just and Well: Rethinking How States Approach Competency to Stand Trial](#). New York, NY: The Council of State Governments Justice Center.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.
- Pinals, D. and L. Callahan. (2020) [Evaluation and Restoration of Competence to Stand Trial: Intercepting the Forensic System Using the Sequential Intercept Model](#). *Psychiatric Services*, 71, 698-705.
- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Policy Research Associates. (2007, re-released 2020). [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#).

### Collaboration, Crisis Response, and Law Enforcement

- Bureau of Justice Assistance. (2014). [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions](#).
- Bureau of Justice Assistance. [Police-Mental Health Collaboration Toolkit](#).
- Center for Health and Justice. (n.d.). [Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series](#).
- Council of State Governments Justice Center. (2021). [Developing and Implementing Your Co-Responder Program](#).
- Council of State Governments Justice Center. (2021). [How to Successfully Implement a Mobile Crisis Team](#).
- Council of State Governments Justice Center. (2021). [Justice and Mental Health Collaboration Implementation Science Checklists](#).
- Council of State Governments Justice Center. (2021). [Resources for Law Enforcement](#).
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing a 911 Dispatch Diversion Program](#).
- Council of State Governments Justice Center. (2022). [Embedding Clinicians in the Criminal Justice System](#).
- Council of State Governments Justice Center. (2022). [Embedding Clinicians in the Criminal Justice System](#).
- Council of State Governments Justice Center. (2021). [Preparing 911 Dispatch Personnel for Incorporating New First Responder Teams](#)
- Council of State Governments Justice Center. (2021). [Community Responder Programs: Understanding the Call Triage Process](#)

- Council of State Governments Justice Center. (2021). [Best Practices for Collaborating with Referral Sources for Crisis Stabilization Units.](#)
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing a 911 Dispatch Diversion Program.](#)
- Council of State Governments Justice Center. (2021). [How to Use 988 to Respond to Behavioral Health Crisis Calls.](#)
- Council of State Governments Justice Center. (2021). [Tips for Successfully Implementing Crisis Stabilization Units.](#)
- Council of State Governments Justice Center. (2021). [Expanding First Response: A Toolkit for Community Responder Programs.](#)
- Crisis Intervention Team International. (2019). [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.](#)
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.](#)
- International Association of Chiefs of Police. [One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.](#)
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.](#)
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach.](#)
- National Association of State Mental Health Program Directors. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.](#)
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.](#)
- National Council for Behavioral Health. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.](#)
- Policy Research Associates and the National League of Cities. (2020). [Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.](#)
- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.](#)
- Substance Abuse and Mental Health Services Administration. (2019). [Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.](#)

- Substance Abuse and Mental Health Services Administration. (2020). [Crisis Services: Meeting Needs, Saving Lives.](#)
- Substance Abuse and Mental Health Services Administration. (2020). [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.](#)
- Substance Abuse and Mental Health Services Administration. (2019). [Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals: A Research-based Guide.](#)
- Suicide Prevention Resource Center. (2013). [The Role of Law Enforcement Officers in Preventing Suicide.](#)

### **Brain Injury**

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

### **Courts**

- Bureau of Justice Assistance, National Institute of Justice, Office of Juvenile Justice and Delinquency Programs. (2021). [Drug Courts.](#)
- Bureau of Justice Assistance. (2021). [Guidelines for Pandemic Emergency Preparedness Planning: A Road Map for Courts](#)

### **First Responder Wellness and Resiliency**

- Bradley, Kelly D. (2020). [Promoting Positive Coping Strategies in Law Enforcement: Emerging Issues and Recommendations. Officer Safety and Wellness Group Meeting Summary.](#) Washington, DC: Office of Community Oriented Policing Services, U.S. Department of Justice.
- Bureau of Justice Assistance. [VALOR Officer Safety and Wellness Program.](#)
- Bureau of Justice Assistance. (2018). Officers' Physical and Mental Health Safety: Emerging Issues and Recommendations.
- Office of Community Oriented Policing Services, U.S. Department of Justice. [Law Enforcement Mental Health and Wellness Program Resources.](#)

### **Housing**

- [Council for State Governments Justice Center. \(2021\). Action Points: Four Steps to Expand Access to Housing in the Justice System with Behavioral Health Needs](#)
- [Council for State Government Justice Center. \(2021\). The Role of Probation and Parole in Making Housing a Priority for People with Behavioral Health Needs.](#)

- [Council for State Government Justice Center. \(2021\). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails.](#)
- Substance Abuse and Mental Health Services Administration. (2010). [Permanent Supportive Housing: How to Use the Evidence-Based Practices KITs.](#) HHS Pub. No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration. (2015). [TIP 55: Behavioral Health Services for People Who Are Homeless.](#)
- Urban Institute. (2012). [Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.](#)

### **Information Sharing/Data Analysis and Matching**

- American Probation and Parole Association. (2014). [Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.](#)
- [Council of State Governments Justice Center. \(2010\). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.](#)
- Council of State Governments Justice Center. (2011). [Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.](#)
- National Association of Counties. (2016). [Data-Driven Justice Playbook: How to Develop a System of Diversion.](#)
- New Orleans Health Department. (2016). [New Orleans Mental Health Dashboard.](#)
- Council of State Governments Justice Center. (2021). [Screening and Assessment in Jails and Using Data to Improve Behavioral Health Diversion Programs.](#)
- Council of State Governments Justice Center. (2021). [Integrating Criminal Justice and Behavioral Health Data: Checklist for Building and Maintaining a Data Warehouse.](#)
- Council of State Governments Justice Center. (2021). [Selecting a Data Warehouse Vendor for Criminal Justice-Behavioral Health Partnerships.](#)
- Council of State Governments Justice Center. (2021). [Choosing the Right Data Strategy for Behavioral Health Criminal Justice Initiatives.](#)
- Substance Abuse and Mental Health Services Administration. (2019). [Data Collection Across the Sequential Intercept Model: Essential Measures.](#)

- Substance Abuse and Mental Health Services Administration. (2018). [Crisis Intervention Team \(CIT\) Methods for Using Data to Inform Practice: A Step-by-Step Guide](#).
- Urban Institute. (2013). [Justice Reinvestment at the Local Level: Planning and Implementation Guide](#).
- The Cook County, Illinois [Jail Data Linkage Project: A Data Matching Initiative in Illinois](#) became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

### **Justice-Informed Behavioral Health Services**

- National Institute on Drug Abuse. [Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Forensic Assertive Community Treatment \(FACT\): A Service Delivery Model for Individuals With Serious Mental Illness Involved With the Criminal Justice System](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide](#). HHS Publication No. SMA19-5097. Rockville, MD: Office of Policy, Planning, and Innovation. Substance Abuse and Mental Health Services Administration.

### **Medication-Assisted Treatment (MAT)/Opioids/Substance Use**

- Agency for Healthcare Research and Quality. (2017). [Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1](#).
- American Society of Addiction Medicine. [Advancing Access to Addiction Medications](#).
- American Society of Addiction Medicine. (2015). [The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#).
  - ASAM [2020 Focused Update](#).
  - Journal of Addiction Medicine. (2020). [Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder](#).

- Bureau of Justice Assistance. (2020). [Substance Use Disorders and Treatment Among Jail Populations: Resources for Corrections Personnel](#).
- Bureau of Justice Assistance. (2022). [Managing Substance Withdrawal in Jails: A Legal Brief](#).
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#).
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- Substance Abuse and Mental Health Services Administration. (2019). [Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion](#).
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- U.S. Department of Health and Human Services. (2018). [Facing Addiction in America: The Surgeon General's Spotlight on Opioids](#).

### **Mental Health First Aid**

- [Mental Health First Aid](#). Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.

### **Mental Health and Substance Use Screening and Assessment**

- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). [Validation of the Brief Jail Mental Health Screen. \*Psychiatric Services\*, 56, 816-822.](#)
- The Stepping Up Initiative. (2017). [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.](#)
- Substance Abuse and Mental Health Services Administration. (2019). [Screening and Assessment of Co-occurring Disorders in the Justice System.](#)
- Urban Institute. (2012). [The Role of Screening and Assessment in Jail Reentry.](#)

### **Peer Support/Peer Specialists**

- Council of State Governments Justice Center. (2021). [Advancing the Work of Peer Support Specialists in Behavioral Health-Criminal Justice Programming.](#)
- Policy Research Associates. (2020). [Peer Support Roles Across the Sequential Intercept Model.](#)
- Philadelphia (PA) Department of Behavioral Health and Intellectual Disability Services. [Peer Support Toolkit.](#)
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). [DIMENSIONS: Peer Support Program Toolkit.](#)

### **Pretrial/Arrest Diversion**

- Council of State Governments Justice Center. (2015). [Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.](#)
- National Resource Center on Justice Involved Women. (2016). [Building Gender Informed Practices at the Pretrial Stage.](#)
- Substance Abuse and Mental Health Services Administration. (2015). [Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.](#)

### **Procedural Justice**

- American Bar Association. (2016). [Criminal Justice Standards on Mental Health.](#)

### **Reentry**

- Community Oriented Correctional Health Services. [Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.](#)
- Council of State Governments Justice Center. (2009). [National Reentry Resource Center](#)
- [Council of State Governments Justice Center. \(2021\). Using Supported Employment to Help People with Behavioral Health Needs Reentering Communities.](#)

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- Substance Abuse and Mental Health Services Administration. (2016). [Reentry Resources for Individuals, Providers, Communities, and States](#).
- Substance Abuse and Mental Health Services Administration. (2020). [After Incarceration: A Guide to Helping Women Reenter the Community](#).
- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#).

### **Risk Assessments**

- Bureau of Justice Assistance. [Public Safety Risk Assessment Clearinghouse](#).
- Center for Court Innovation. [Digest of Evidence-Based Assessment Tools](#).

### **Sequential Intercept Model**

- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). [The Sequential Intercept Model and Criminal Justice](#). New York: Oxford University Press.
- Munetz, M.R., and Griffin, P.A. (2006). [Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness](#). *Psychiatric Services*, 57, 544-549.
- Policy Research Associates. [The Sequential Intercept Model Microsite](#).
- Urban Institute. (2018). [Using the Sequential Intercept Model to Guide Local Reform](#).

### **SSI/SSDI Outreach, Access, and Recovery**

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income (SSI) and the Social Security Disability Insurance (SSDI) programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online [SOAR training portal](#).
- Information regarding [FAQs for SOAR for justice-involved persons](#).



- Dennis, D., Ware, D., and Steadman, H.J. (2014). [Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings](#). *Psychiatric Services*, 65, 1081-1083.

### **Telehealth**

- Remington, A.A. (2016). [24/7 Connecting with Counselors Anytime, Anywhere](#). *National Council Magazine*. Issue 1, page 51.
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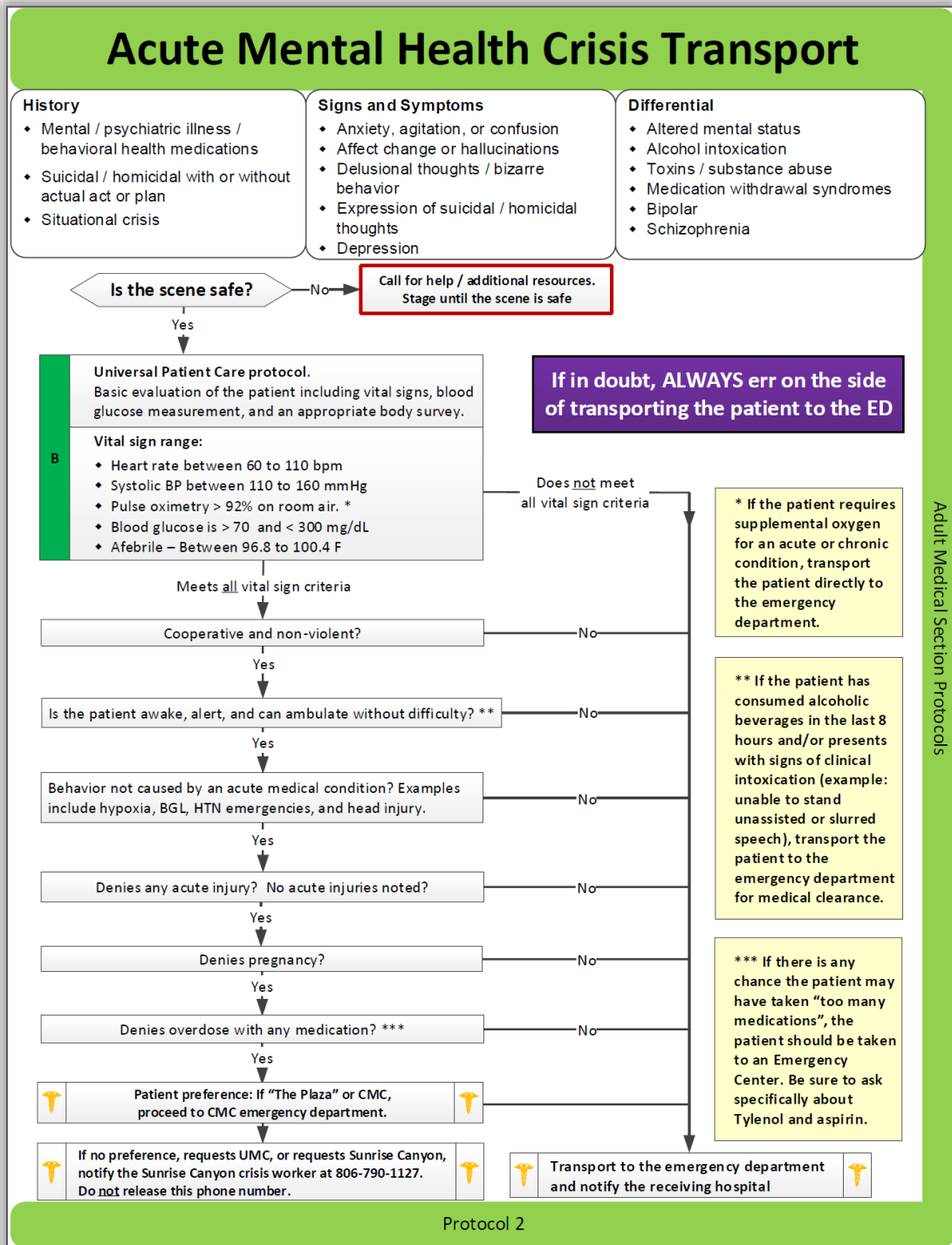
## Appendix C: SIM Mapping Workshop Participant List

Participant	Title/Position	Organization
Mike Gleason	Sheriff	Williamson County
Ken Evans	Under-sheriff	Williamson County
Doug Wheless	Medical Officer	Williamson County
Frank Saenz	Crisis Intervention Team	Williamson County
Ron Leboeuf	Crisis Intervention Team	Williamson County
Jason Steans	County Attorney's Office	Williamson County
Wayne Nero	Assistant City Manager	Georgetown
Cory Tchida	Police Chief	Georgetown PD
Amy Janik	Captain	Georgetown PD
Melissa Grubbs	Commander	Round Rock PD
Charles Dittman	Assistant Fire Chief	Round Rock Fire
Darwin Shell	Fire Captain	Round Rock Fire
Annie Burwell	Crisis Response Manager	Round Rock Fire
Craig Morgan	Mayor	City of Round Rock
Shannon Saffel	Officer	Round Rock PD
Mike Harmon	Police Chief	City of Cedar Park
Gabe Zambrano	Lieutenant	City of Cedar Park
Mike Pellegrino	Corporal	City of Cedar Park
Rick Beverlin	City Manager	City of Leander

Greg Minton	Police Chief	City of Leander
John Lauden	Lieutenant	City of Leander
Ben Birdler	Lieutenant	City of Leander
Jeff Jenkins	Deputy City Manager	City of Taylor
Mitch Drummond	Taylor City Council	City of Taylor
Jeff Lagrone	Commander	Taylor PD
Bobby Copeland	Assistant Fire Chief	Taylor Fire
Chief Royce Graeter	Police Chief	City of Liberty Hill
Jeff Ringstaff	Lieutenant	City of Liberty Hill
Daniel Tercero	Lieutenant	City of Liberty Hill
Michael King	Commander	Austin PD
Mark Puckett	CEO	Rock Springs
Monica Ochoa	CEO	GBHI
Kari Hausenfluck	ER Director	St. David's GT
Adrienne Johnson	Supervisor of Social Services	St. David's RR
Kelly Pena	Director of Case Management	St. David's RR
Jeremy Barclay	CEO	St. David's RR
Jason Martin	CMO	Ascension Seton
Dr. Corey Fearheiley	Emergency Room Director	Ascension Seton
Gillian "Gidge" Lukes	Director of Critical Care	Ascension Seton
Janelle Jonas	Emergency Room Director	Cedar Park Regional

Andrea Richardson	Executive Director	Bluebonnet Trails
Mike Maples	Chief Health Programs Officer	Bluebonnet Trails
Chris Connealy	EM Director	Williamson County
Amanda Coleman	Director Crisis Services	Bluebonnet Trails
Andrea Hoppock	Asst. Dir. Crisis Services	Bluebonnet Trails
Show Yang	Program Manager 911 Dispatch	Bluebonnet Trails
Kyle McCall	Program Manager, Diversion Center	Bluebonnet Trails
Jennie M. Simpson, PhD	State Forensic Director	Texas HHSC
Valerie Covey	County Commissioner	Williamson County
Catherine Bialick	Senior Advisor	Texas HHSC

# Appendix D: Acute Mental Health Crisis Transport Algorithm



## List of Acronyms

Acronym	Full Name
BTCS	Bluebonnet Trails Community Services
CIT	Crisis Intervention Team
CSH	Corporation for Supportive Housing
DDJ	Data-Driven Justice
ED	Emergency Department
EMS	Emergency Medical Services
EOD	Emergency Order of Detention
ED	Emergency Department
FUSE	Frequent Users Systems Engagement
GETAC	The Governor's EMS and Trauma Advisory Council
HHSC	Health and Human Services Commission
HIPPA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services

<b>Acronym</b>	<b>Full Name</b>
LE	Law Enforcement
LMHA	Local Mental Health Authority
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MI	Mental Illness
OCR	Outpatient Competency Restoration
OPC	Order of Protective Custody
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
STRAC	Southwest Texas Regional Advisory Council
SSDI	Social Security Disability Insurance
SSI	Supplement Security Income

Acronym	Full Name
SUD	Substance Use Disorder
TA	Technical Assistance
THA	the Texas Hospital Association
THDSN	The Texas Homeless Data Sharing Network

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