Sequential Intercept Model Mapping Report for the McLennan Region

Intellectual and Developmental Disability and Behavioral Health Services Department

August 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 Heart of Texas Behavioral Health Network (HOTBHN). Planning committee members included:

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

The facilitators for this workshop were Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC; Matthew Lovitt, Senior Policy Advisor, Office of the State Forensic Director, HHSC; Liz Wiggins, J.D., Program Manager, Judicial Commission on Mental Health (JCMH); and Molly Davis, J.D., Staff Attorney, JCMH. The report was authored by Emily Dirksmeyer, LMSW; Catherine Bialick, MPAff; Matthew Lovitt; Jennie M. Simpson, PhD; and Robert Epstein, LMSW, MPAff.

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 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.

All Texas Access

In fiscal year 2022, the HHSC Office of the State Forensic Director partnered with the HHSC System Integration Team to offer a SIM for rural-serving local mental health authorities (LMHAs) participating in the All Texas Access project. Heart of Texas Behavioral Health Network is a rural-serving LMHA.

All Texas Access is a legislatively mandated initiative that focuses on increasing access to mental health services in rural Texas communities and is overseen by the System Integration Team. 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.

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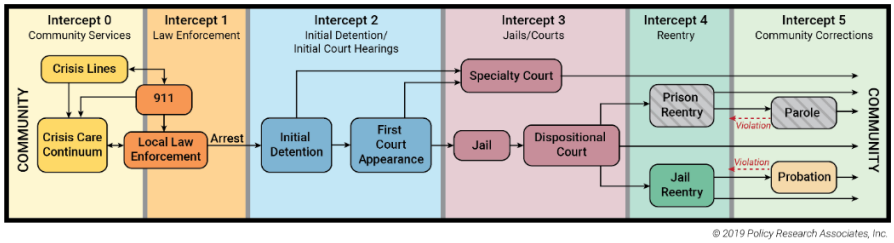
Introduction

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems; including mental health, substance 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.

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 with mental illness (MI), substance use disorder (SUD), and/or intellectual and developmental disabilities (IDD) to services and prevent further penetration into the criminal justice system.

The SIM workshop has three primary objectives:

1. Development of a comprehensive picture of how people with MI and co-occurring SUDs 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.



The McLennan Regional SIM Mapping Workshop was organized by Heart of Texas Behavioral Health Network (HOTBHN). HOTBHN requested a Regional SIM Mapping

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

Workshop covering McLennan, Bosque, Hill, Limestone, Falls, and Freestone counties to assist with fostering collaborations and finding solutions for improving 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 a detailed workshop agenda and a summary of opening remarks.

This report reflects information provided during the SIM Mapping Workshop by participating regional 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 the McLennan Region

Key

- Serves all counties
- Serves McLennan
- Serves rural county/counties (Bosque, Hill, Limestone, Falls and/or Freestone)

Sequential Intercept Model Map for the McLennan Region, May 2022

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

Intercept 1
Law Enforcement & Emergency Services

COMMUNITY

INTERCEPT 2

Crisis Phone Lines

Hotline
- CARE 1-866-752-3451

Warmlines/ Resource Lines
- HOTBHN Crisis Treatment Center
- National Suicide Prevention Lifeline
- Texas 211
- Veterans Crisis Line
- OSAR

911 Dispatch/ Emergency Communications
- Waco PD Dispatch
- Bosque County SO
- Freestone County SO
- Falls County SO
- Hill County SO
- Limestone County SO

Private Psychiatric/ State Hospitals/ SSLC
- **Oceans Behavioral Hospital Waco**
- **Waco Center for Youth**
  - Behavioral Health State Hospital for youth
- **Mexia State Supported Living Center**
  - State Hospital for IDD forensic
  - Limestone County

Crisis Units
HOTBHN Crisis Triage Center
- 24/7/365 walk in
- voluntary/involuntary
- Located in Waco, Texas

HOTBHN Crisis Treatment Center CRU
- Crisis Residential Unit- 12 Adult beds
- Extended Observation Unit- 4 beds

HOTBHN Crisis Respite
- 16 Respite beds for adults

HOTBHN Adolescent Respite-Chase House
- 9 respite beds for youth ages 13-17 years old

Mobile Crisis Response Team
- HOTBHN MCOT
- HOTBHN/McLennan County Mental Health Deputy Program
  - 1 deputy - only serves McLennan County
- HOTBHN SB 292 Program - serves Bosque, Hill, Limestone, Falls, Freestone

Law Enforcement
McLennan County Sherriff's Department, Waco PD, Baylor PD, TSTC PD, Beverly Hills PD, Woodway PD, McGregor PD, Hewitt PD, Crawford PD, Lorena PD, West PD, Bruceville-Eddy PD, Moody PD, Lacy Lakeview PD, Mart PD, Riesel PD, Hill County Sherriff's Department, Hillsboro PD, Whitney PD, Itasca PD. Bosque County Sheriff's Department, Clifton PD, Meridian PD, Falls County Sheriff's Department, Marlin PD, Rosebud PD, Lott City PD, Limestone County Sheriff's Department, Groesbeck PD, City of Mexia PD, Kosse PD, Freestone County Sheriff's Department, Fairfield City PD, Wortham PD, Teague PD, Texas DPS

Hospitals
Ascension Providence Hospital
- ER

Ascension Providence DePaul Center
- ER
- Adult Psychiatric Unit

Baylor Scott & White Medical Center
- ER

Limestone Medical Center
- located in Groesbeck, Texas - Limestone County
- ER

Parkview Regional Hospital
- 58 bed facility/ER
- Serves Limestone/Freestone counties

Hill Regional Hospital
- Hillsboro, Texas – Hill County
- ER

Goodall Witcher Hospital
- Clifton, Texas – Bosque County
- ER

Freestone Medical Center
- Fairfield, Texas – Freestone County
- ER

Falls Community Hospital and Clinic
- ER

Peer Support Services
Peer Support Specialist for:
- HOTBHN Substance Abuse Services
- HOTBHN Reintegration Program
- HOTBHN Veteran's One Stop programs
- McLennan County Drug Court and Veterans Court

Detox and Substance Use Services
Cenikor Foundation- Waco, Texas
- ASAM level 4
- Provides withdrawal management in inpatient setting (located in Waco, Texas)

MedMark Treatment Centers –Waco, Texas
- ASAM Level 4
- Opiate addiction treatment

Ascension Providence DePaul Center
- ASAM Level 4
- Substance withdrawal inpatient facility

HOTBHN Substance Use Services/Family Medicine Clinic
- ASAM Level 2
- Outpatient MAT

BreakThru Medical Withdrawal Management
- ASAM Level 4
- Hill Regional Hospital
- Substance use withdrawal (located in Hillsboro, Texas - Hill County)

***ASAM- American Society of Addiction Medicine- Criteria used to assess level of care needs for individuals with substance use disorders.

Emergency Medical Services
- American Medical Response- McLennan County
- North Bosque EMS
- Care flight- Hill County
- Limestone Medical Center EMS
- Fairfield EMS
- Falls County EMS

Veterans' Services
- HOTBHN Veterans One Stop - Waco, Texas
- Doris Miller VA Center - Waco, Texas

Behavioral Health
Heart of Texas Behavioral Health Network; Heart of Texas Behavioral Health Network Klaras Center for Families-child and adolescent mental health division; Oceans Behavioral Hospital - Waco, Texas; Ascension Providence DePaul Center- Waco, Texas

Recovery Supports
Cenikor Foundation- Addiction Treatment Center; MedMark- Addiction Treatment Center; HOTBHN SUD Services Clinic; OSAR; BreakThru Medical Withdrawal- Hill Regional Hospital

Housing/Shelter
Mission Waco - McLennan County; Salvation Army - Waco, Texas; Heart to Home- Heart of Texas Homeless Coalition; Compassion Ministries - Waco, Texas; HOTBHN - PATH Program

Sequential Intercept Model Map for the McLennan Region, May 2022

INTERCEPT 1

Intercept 2
Initial Detention & Initial Court Hearings

Initial Detention

- McLennan County Jail
- Bill Logue Juvenile Justice Center
- Hill County Jail or Hillsboro Police Station - (Hill County)
- Limestone County Jail - (Limestone County)
- Freestone County Jail - (Freestone County)

Booking

Screening Assessment Used:

- Screening Form for Suicide and Medical/Mental/Developmental Impairments.
- HOTBHN provides case management in all 6 county jails.

Continuity of Care (CoC) Query / Care Match:

- COC Query is conducted at each jail in service area
- HOTBHN cross-checks individuals who are positive CCQ match.
- HOTBHN gets MBOW jail matching reports of individuals identified with SMI across the 6 county jails.

Initial Court Appearance

Arraignment

- Associate Criminal Judge- Judge Virgil Bain
  - (Rotated among 3 other Justice of the Peace (JPs) when Judge Bain is not available)
- Completed by County JPs at each County Jail: Hill, Bosque, Limestone, Falls, Freestone Counties

Pre-Trail Services

- McLennan County Pretrial Services
  - Issues magistrates
  - Issues arraignment
  - Issues PR Bonds
  - Tracks conditions of bond on defendants

Competency Restoration

OCR

- Operated by HOTBHN
- Capacity: 9 clients
- Services: case-management, skills training, psychiatric services, and competency curriculum
- Order runs through defense attorney, court and HOTBHN program manager of OCR

Intercept 3
Jails & Courts

County Attorney MH Review Process

The defense attorney fills out an application along with the client for one of the specialty courts as a means for access to services and diversion from jail (Pre-trial intervention, Mental Health Court, Veteran's Court, Drug Court).

Courts

District Courts

Criminal Cases in McLennan county are assigned to:

- 19th District Court
- 54th District Court-Judge Susan Kelly

Treatment Courts

- McLennan County Mental Health Court-
  - Judge David Hodges
- McLennan County DWI/Drug Court
  - Judge Vikram Deivanayagam
- Veterans Treatment Court- McLennan County
  - Judge Gary Coley
  - Pre-Trial Component
- Hill County Juvenile Drug Court Program
  - Judge Shane Brassell

Jails

-McLennan County Jail - (McLennan County)

- Medical provider: CORE Health providers - MD, NP, RN/LVN
- Mental Health provider: HOTBHN Jail Diversion Team/ Psych NP
- Substance use provider: HOTBHN Reintegration Program

-Bill Longue Juvenile Justice Center- (McLennan County)

- Psychiatric provider: 795 Contract with HOTBHN-KlarasCenter

-Hill County Jail - (Hill County)

- Psychiatric Provider: Southern Health Partners-NP

-Bosque County Jail

- Psychiatric Provider: Contracted local medical professional

-Hillsboro Police Station

-Limestone County Jail

-Falls County Jail

- Psychiatric Provider: Southern Health Partners- NP

-Freestone County Jail

- Psychiatric Provider: Contracted local medical professional

INTERCEPT 4

Behavioral Health

Heart of Texas Behavioral Health Network; Heart of Texas Behavioral Health Network Klaras Center for Families-child and adolescent mental health division; Oceans Behavioral Hospital - Waco, Texas; Ascension Providence DePaul Center- Waco, Texas

Recovery Supports

Cenikor Foundation- Addiction Treatment Center; MedMark- Addiction Treatment Center; HOTBHN SUD Services Clinic; OSAR; BreakThru Medical Withdrawal- Hill Regional Hospital

Housing/Shelter

Mission Waco - McLennan County; Salvation Army - Waco, Texas; Heart to Home- Heart of Texas Homeless Coalition; Compassion Ministries - Waco, Texas; HOTBHN - PATH Program

Sequential Intercept Model Map for the McLennan Region, May 2022

Intercept 4
Reentry

Intercept 5
Community Corrections & Community Supports

INTERCEPT 3

COMMUNITY

Corrections

Re-entry from TDCJ System

- **HOTBHN Reintegration Program**- Can assist individuals with re-entry services (help finding job, case-management, housing) after prison.
  - Re-entry services are not automatic upon release from TDCJ System
- **TCOOMMI**- Connects individuals with psychiatry and case-management (upon referral and admittance into program) after release from prison.

Jail Reentry

HOTBHN Reintegration Program

- 1 Program Manager, 2 caseworkers, 1 peer support specialist
- Conduct groups/individual sessions with incarcerated individuals at McLennan County Jail.
- Ongoing outpatient community case-management after release from jail for inmates identified with SUD/mental health.

Juvenile Reentry

All provided in partnership with HOTBHN- Klaras Center

- **Special Needs Diversionary Program (SNDP)**- TCOOMMI program for youth who are on probation, have a mental health diagnosis and are in need of intensive mental health services that aims to support juveniles to successfully complete their probation.
- **ENCIRCLE**- Wraparound program for youth on probation placed at or re-entering from McLennan County JJAEP or DAEP.
- **Commitment Reduction Program**- provides intense wraparound programming to juveniles with Behavioral Health challenges who are in danger of being committed to TJJD or another out of home placement.
- **Juvenile Justice Core**- MH services for youth currently on juvenile probation who are not in a specialized juvenile justice program.
- **Juvenile Justice Transition Team**- MH services to youth stepping down from SNDP, CRP, ENCIRCLE and TJJD into less intensive ongoing MH services.

Probation/ Parole

- McLennan County Community Supervision & Corrections Department
- Waco District Parole Office-Texas Department of Criminal Justice
- McLennan County Juvenile Probation Department
- Hill County Community Supervision and Corrections Department – Hill County
- Hill County Juvenile Probation Department – Hill County
- Bosque County Adult Probation – Bosque County
- Bosque County Juvenile Probation – Bosque County
- Limestone Probation Department – Limestone County
- 77th Juvenile Probation – Limestone County
- Falls County Adult Probation – Falls County
- Falls County Juvenile Probation – Falls County
- Freestone County Community Supervision and Corrections Department

Specialized Case Loads

- McLennan County Probation Department
  - MH Specialized Caseloads
- TDCJ Parole
  - Specialized Caseloads for Individuals with Mental Illness (run by TCOOMMI)

Behavioral Health

Heart of Texas Behavioral Health Network; Heart of Texas Behavioral Health Network Klaras Center for Families-child and adolescent mental health division; Oceans Behavioral Hospital - Waco, Texas; Ascension Providence DePaul Center- Waco, Texas

Recovery Supports

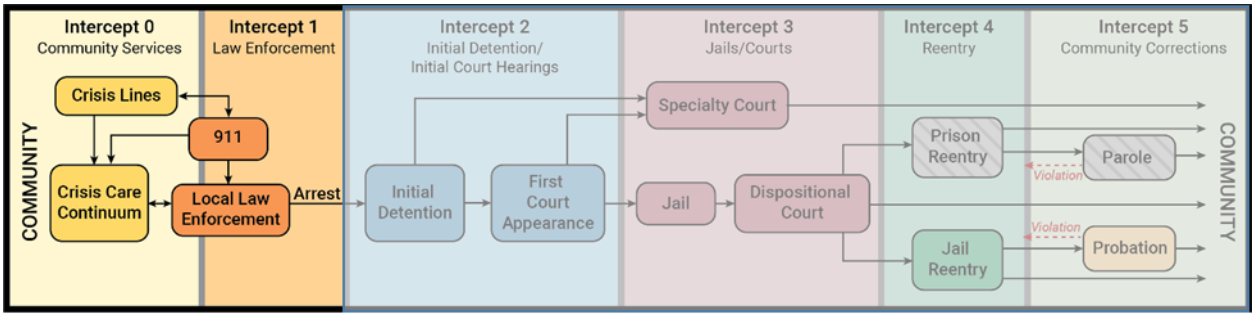
Cenikor Foundation- Addiction Treatment Center; MedMark- Addiction Treatment Center; HOTBHN SUD Services Clinic; OSAR; BreakThru Medical Withdrawal- Hill Regional Hospital

Housing/Shelter

Mission Waco - McLennan County; Salvation Army - Waco, Texas; Heart to Home- Heart of Texas Homeless Coalition; Compassion Ministries - Waco, Texas; HOTBHN - PATH Program

Opportunities and Gaps at Each Intercept

As part of the SIM mapping activity, the facilitators worked with participants to identify opportunities and gaps at each intercept. This process is important due to the ever-changing nature of the criminal justice and behavioral health services systems, and the opportunities and gaps identified during the workshop provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with 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 the McLennan County Region services across each intercept.



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Intercept 0 and Intercept 1

Gaps and Opportunities

Crisis Call Lines

Gaps

- Participants from smaller counties in the region reported that they are not using the crisis line due to long wait times for crisis services and Mobile Crisis Outreach Team (MCOT) response.

Opportunities

- HOTBHN can provide education to rural counties on the services available through the crisis line, including utilization of the crisis line to support crisis de-escalation. This can reduce the time police and Emergency Medical Services (EMS) spend responding to crisis calls.

Crisis Services

Gaps

- In rural parts of the region, law enforcement often does not engage MCOT when a person is experiencing a mental health crisis.

Opportunities

- HOTBHN can work with law enforcement to support the development and future utilization of The Crisis Treatment Center.

9-1-1 and Dispatch

Gaps

- Currently, several dispatch centers in the region do not screen for mental health crises, which limits dispatch's ability to send out the most appropriate person to meet the caller's need.
- Dispatch call takers in several counties lack training on identifying and supporting people with mental illness.
- Dispatch centers do not code or flag mental health calls for service, which makes analyzing trends difficult.
- Counties describe challenges presented by frequent callers but lack an approach to tracking these callers and identifying their service needs.

Opportunities

- HOTBHN can explore co-locating a mental health professional in the dispatch call center.
- A brief script of mental health screening questions can be created to help dispatch call takers identify a person with mental health needs and convey that information to law enforcement or the HOTBHN MCOT as appropriate.
- Dispatch centers can develop a uniform code or flag attached to locations with repeat calls for service involving people with MI for quick identification of potential mental health related calls. Trend analyses can then be conducted using this information.
- HOTBHN can provide Mental Health First Aid and Trauma-Informed Care trainings to dispatchers across counties in the region to improve their ability to detect and respond to mental health related calls.

Hospitals and Emergency Departments

Gaps

- Law enforcement officers experience long wait times at emergency departments for individuals on emergency orders of detention (EOD) who must be medically cleared prior to inpatient hospital admission.
- Psychiatric emergency services are centered in Waco. Transportation can present a challenge for individuals who must travel to Waco for these services.

Opportunities

- Waco Police Department and HOTBHN providers have been working together to address law enforcement wait times through the use of their Crisis Treatment Center (CTC). HOTBHN can provide further education to law enforcement on the CTC and appropriate use of the CTC to decrease wait times associated with EODs.
- Expanding the use of field-based medical clearance through EMS could reduce wait times for law enforcement.
- Establishing regular meetings with HOTBHN, law enforcement, and hospitals across the region could create opportunities to address system issues and complex cases that use large amounts of cross-system resources.

Law Enforcement and First Responders

Gaps

- Community members report that current EMS policies limit their ability to divert individuals away from emergency rooms to alternative forms of placement.
- Law enforcement is often the primary respondent to mental health crises in the McLennan Region. Law enforcement often must work overtime or receive compensatory time for supporting people in a crisis.
- The time associated with transporting people in crisis, obtaining medical clearance, and connecting them with a private psychiatric bed limits capacity of law enforcement to perform other required job duties, particularly for smaller agencies in rural counties.
- Local law enforcement agencies do not regularly collect data on mental health crisis calls, nor have a mechanism in place for sharing information on people who routinely experience a mental health crisis.

- Rural counties described historical success with their Senate Bill 292 co-responder program but HOTBHN has experienced challenges staffing the program.

Opportunities

- Consider implementing policies that would allow EMS to conduct medical clearance in the community and to coordinate with MCOT for bed availability of alternatives to the Emergency Room (ER). This would reduce the time spent by first responders waiting in ERs for individuals to be assessed.
- HOTBHN can develop a direct MCOT law enforcement line and work with law enforcement to provide a list of behavioral health resources that may act as appropriate diversion options for individuals experiencing a mental health crisis.
- Law enforcement agencies across the region can meet regularly to share information and identify trends related to mental health calls for service.
- HOTBHN can work with community stakeholders to recruit a Qualified Mental Health Professional to staff the S.B. 292 co-responder program.
- Waco Police Department is conducting a study on the best approach to triage mental health calls for service. Learnings from this study should be applied to a regional approach.

Housing

Gaps

- There is limited affordable housing in the region, particularly in McLennan County.
- People with prior criminal justice involvement are often ineligible to be housed at many of the available affordable housing units throughout the region.
- The community lacks education on barriers to housing faced by individuals experiencing homelessness.
- Law enforcement throughout the region are overburdened by calls for services related to individuals experiencing homelessness.
- The community lacks access to temporary housing for individuals experiencing a mental health crisis, many of whom may be experiencing homelessness.

Opportunities

- Expanding supportive housing options for people with MI who are experiencing housing instability or homelessness can help reduce the amount of mental health crises experienced by this population.
- Homeless service providers in the region can partner with the Heart of Texas Homeless Coalition to do landlord outreach and engagement to expand the number of affordable housing options available to individuals who are justice involved.
- The community has identified flexible beds as a strategy to support people in crisis who may need temporary housing.

Special Populations

Gaps

- The community identified a lack of inpatient mental health facilities with beds available for children and youth.
- Trauma-informed practices are not implemented in many of the systems youth interact with in the region.
- The community lacks education on veterans' mental health needs and supporting veterans with traumatic brain injuries and post-traumatic stress disorder.
- There is a gap in understanding among stakeholder groups of the difference between IDD and MI and how to support individuals with IDD.

Opportunities

- HOTBHN can provide additional training on trauma-informed approaches to working with children experiencing a mental health crisis to staff across youth serving systems in the community (schools, law enforcement, detention facilities, community MH providers).
- HOTBHN can partner with the Veterans Administration (VA) Center to establish trainings related to veteran's mental health for law enforcement, jail staff, and courts in the region.
- Stakeholders can identify opportunities to assess individuals for IDD across the SIM intercepts and tailor treatment and supports to better target their needs.

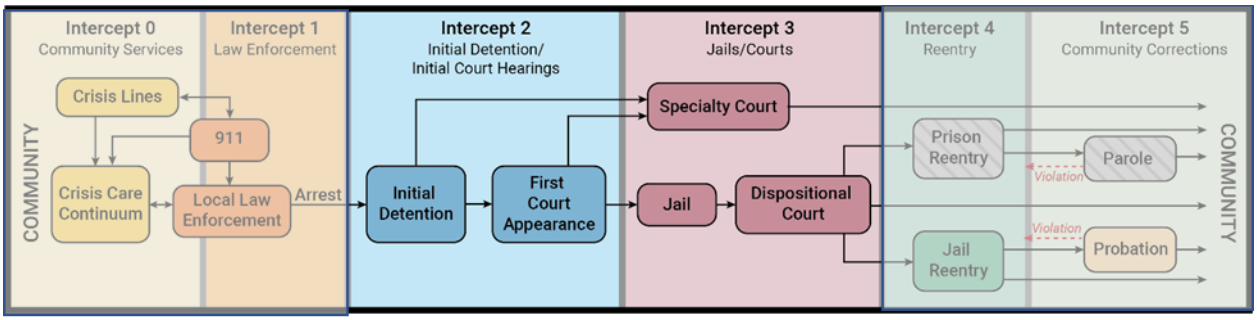
Data Collection and Information Sharing

Gaps

- Information about people with mental health needs is often not shared between law enforcement and HOTBHN.

Opportunities

- Providing training on HIPAA-compliant information sharing between mental health providers and law enforcement for care coordination may increase efficiencies during mental health related calls for service.
- Stakeholders can develop a uniform data collection and reporting strategy to promote data sharing.



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Intercept 2 and Intercept 3

Overview of Resources, Gaps, and Opportunities

Booking

Gaps

- Information regarding behavioral health needs acquired at booking is often not shared across the criminal justice system.
- In rural counties where the jail population is large and the jail is understaffed, jail medical staff often do not have the time to complete a behavioral health assessment, if indicated by a positive screening for MH or SUD.
- Judges in smaller communities expressed discomfort with CCP 16.22 packets due to infrequent interaction with the reports and the frequently limited information provided in the reports.
- Veterans with behavioral health needs in county jail are often not identified and referred to services until post-adjudication.

Opportunities

- Creating mechanisms for sharing data and information (memorandums of understanding, release of information forms) between each county jail, HOTBHN, and the respective county court could allow people with mental health needs to be served sooner and more appropriately.

- Stakeholders can ensure the consistent use of the CCP 16.22 process to share information between the jail and courts. Under CCP 16.22, when there is evidence of a possible MI or IDD, a magistrate must order an expert to interview the person and collect information regarding possible MI or IDD.
- Ensuring that the Veteran Reentry Search Service is utilized by county jails can help identify veterans and connect them with the Veterans Administration's Veterans Justice Outreach program.

Jail Medical

Gaps

- People in the rural county jails outside of McLennan County have less access to mental health services and SUD treatment than people in McLennan County jail.
- Finding medical staff to provide both medical and psychiatric serves in rural county jails can be difficult. Despite this, in the rural counties, mental health resources are often more available in jails than in the community.

Opportunities

- HOTBHN can work with local stakeholders to increase access to community-based mental health resources in rural counties to reduce the demand on mental health resources in the rural county jails.
- HOTBHN can work with local stakeholders to identify opportunities to use telehealth to provide medical and mental health services in rural county jails and in the community to increase access to care.

Competence to Stand Trial

Gaps

- Individuals found incompetent to stand trial (IST) are waiting in county jails for extended periods of time for inpatient competency restoration services.
- HOTBHN has an outpatient competency restoration program available throughout the region that some rural areas are not fully utilizing.

Opportunities

- HOTBHN 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.

- HOTBHN can better educate judges and prosecutors in the region on alternatives (outpatient or jail-based competency restoration) to inpatient competency restoration for people found IST.

Pre-Trial Services

Gaps

- There is often a long delay between arrest, identification of mental health needs, provision of mental health services, and disposition.
    - Some individuals that may benefit from pre-trial services do not receive services before they are charged.
- Minimal community-based pre-trial services across the region prevents courts from creating bond conditions that include accessing behavioral health services.
- The McLennan veteran's court program is underutilized. This program operates as both a pre-trial program and a veterans treatment court depending on the offer from the Defense Attorney (DA) and sentence from the originating judge.

Opportunities

- A validated and reliable risk assessment instrument should be used to identify those eligible for bond, pre-trial diversion, and pre-trial supervision.
- Earlier identification and faster communication of mental health needs to mental health providers can help reduce and prevent ongoing justice involvement.
- Ensuring that the Veteran Reentry Search Service is utilized by county jails can help identify veterans and connect them with the veterans pre-trial program.

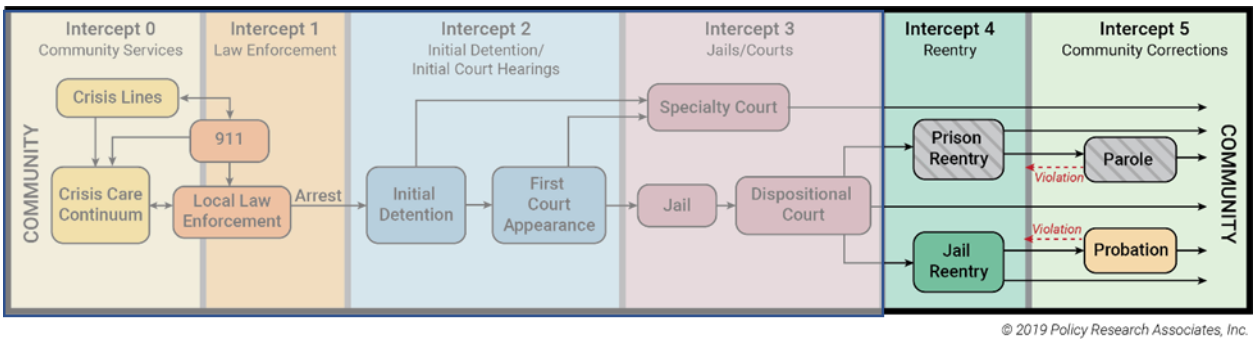
Courts (Including Specialty Courts)

Gaps

- Smaller counties in the region like Falls County describe their population as too small to support a specialty court.
- A lack of affordable housing options keeps individuals with MI who would be better served in the community from being released on bond conditions.

Opportunities

- Stakeholders can explore the establishment of a regional mental health court to expand access to court treatment options across the region.
- Representatives from rural counties expressed interest in creating a specialized mental health docket with a list of resources that would typically be offered at a larger mental health court. This approach could allow smaller communities to obtain some of the benefits of a mental health court without the administrative burden.
- The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book developed by the Judicial Commission on Mental Health (JCMH) provides guidance on how someone with a CCP Art. 16.22 report can be transferred to the civil court for court-ordered outpatient mental health services.



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Intercept 4 and Intercept 5

Overview of Resources, Gaps, and Opportunities

Community Reentry

Gaps

- People who are indigent when they enter jail often are not connected with case management and housing resources that will prevent them from being indigent upon release (particularly in the rural counties in the region).
- People with SUD often lack connections to sober or low substance use environments upon release, increasing chances of recidivism.

Opportunities

- Jail providers can coordinate with HOTBHN reintegration providers to implement a process to help people obtain necessary identification, housing, and benefits support prior to community reentry.

- Peers can be utilized to help individuals access outpatient services by providing transportation and other supports.

Probation and Parole

Gaps

- The limited amount of medication provided to individuals discharging from jail often does not last long enough for them to be seen by a new psychiatric provider, resulting in mental health-related probation violations.
- Probation and parole officers are often not provided information on whether individuals on their caseload had received medications or mental health treatment while in jail.
- The number of people reentering the community with specialized service needs can exceed the number of spots available on specialized caseloads and the number of probation and parole staff to provide specialized supervision.
- There are limited long-term housing options for individuals with prior justice involvement.

Opportunities

- Improving partnerships between HOTBHN and Community Supervision and Corrections Departments in the region could allow for earlier identification of needed services and supports for people under community supervision.

Priorities for Change

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

Rank	Priority	Total Votes
1	**Fund flexible diversion beds for pre-booking jail diversion.**	**24**
2	Develop regional housing continuum for people with MI, SUD, and/or IDD.	16
3	**Develop regional plan for the Mental Health Grant Program for Justice Involved Individuals (SB 292).**	**9**
4	Develop a regional approach to data and information sharing.	8
5	Develop a regional approach to serving special populations (veterans and people with IDD).	6
6	Develop a regional co-responder model.	6
7	Increase regional legislative coordination and collaboration.	5
8	Establish early intervention and prevention programs for youth with MI, SUD, and/ or IDD.	5
9	Increase the use of peer support services across the SIM.	3
10	Develop a regional program to divert high-utilizers from jails, ERs, and inpatient psychiatric hospitals.	3

Rank	Priority	Total Votes
11	Create a regional mental health court.	2
12	Develop a county strategy to expand the behavioral health and justice workforce.	1
13	Develop regional education and training opportunities for law enforcement, mental health providers, and community members.	1
14	Improve court processes throughout the region (CCP Art. 16.22, use of bond conditions, and alternatives to inpatient competency restoration).	1

Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top two priorities for change. Below you will find action plans developed by the McLennan Regional 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 also 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: 2020 Annual Report, Texas Health and Human Services Commission
- The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates

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

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

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

[2] Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders*. Corrections Today.
[3] Steadman, H.J. (2009). *[Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative].* Unpublished raw data.

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

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

Priority Area One: Fund Flexible Diversion Beds for Pre-Booking Jail Diversion.

Objective	Action Steps	Who	When
Establish a Diversion Center Workgroup	• Establish a Diversion Center workgroup that meets regularly to support ongoing planning and implementation of the Diversion Center.	Steering Committee	1 month
Visit and Explore other Sobering Center/ Diversion Center Models Across Texas	• Visit centers across Texas that have diversion or sobering centers: ○ Judge Ed Emmett Mental Health Diversion Center (Harris County) ○ Tarrant County Diversion Center (Tarrant County) ○ The Sobering Center-Austin (Travis County)	Steering Committee	3 months
Utilize Data to Make a Case for the Establishment of a Diversion Facility	• Conduct a comprehensive needs assessment for a new diversion facility. The Harris County Diversion Center data collection measures could serve as a good model for the McLennan region. • Analyze dispatch and crisis line call data. ○ Identify trends in crisis calls, including: ▪ Call volume by day of the week ▪ Time of day ▪ Location • Evaluate existing resources in the region that currently serve the identified target population. • Consider community need based on data collection to establish the center's service array.	Steering Committee	3 months
Identify Location for Sobering/ Diversion Center	• Assess if the diversion center would serve the region or solely McLennan County. • Consider purchase costs, such as land, facility development and start-up staffing costs. • Consider accessibility of the facility to other counties if designated to serve regionally.	Steering Committee HOTBHN Executive Director	6 months
Create an Operational Plan	• Identify staff composition, including service providers, clinicians, security, and administration ○ Establish an off-duty law enforcement pool to help staff security at the facility • Determine level of medical services to be available on-site • Identify admission criteria (population served)	Steering Committee	9 months

Additional Considerations

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

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

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

- Public Intoxication: Sobering Centers as an Alternative to Incarceration, Houston, 2010-2017, reviews the steps to implementation and outcomes of the Harris County Sobering Center. As a result of the city's implementation of a new jail diversion policy and the establishment of the sobering center as an alternative for law enforcement drop off, by 2017 public intoxication jail admissions in Harris County had decreased by 95 percent.[5]
- Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners, developed by Justice System Partners, provides practical

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

[5] Jarvis, S. V., Kincaid, L., Weltge, A. F., Lee, M., & Basinger, S. F. (2019). Public Intoxication: Sobering Centers as an Alternative to Incarceration, Houston, 2010-2017. American journal of public health, 109(4), 597–599. https://doi.org/10.2105/AJPH.2018.304907.

guidance from Harris County for planning a crisis diversion center including, laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability.[6]

- A Community Guide for Development of a Crisis Diversion Facility, by Health Management Associates (HMA), outlines key considerations for planning and managing a crisis diversion facility.[7] The guide outlines potential services; roles and responsibilities across local stakeholders; the role of data in informing planning and ongoing program improvement; and funding strategies. HMA also produced a companion document which provides case studies of communities in Arizona, South Dakota, Tennessee, and San Antonio.
- Blueprint for Success: The Bexar County Model, How to Set Up a Jail Diversion Program in Your Community was produced by the National Association of Counties, in partnership with Bexar County, on setting up jail diversion programs. This provides an overview of the diversion center, steps taken for enlisting community support, funding, etc.[8]
- Roadmap to the Ideal Crisis System, National Council for Behavioral Health has a section titled, Elements of the Continuum, Crisis Center or Crisis Hub (Pg. 88), which describes the role a crisis center can play within the local crisis system. The section provides an overview of services you may want to consider, and shares examples of crisis hubs in states across the country.[9]

Define the diversion facility goals and determine program eligibility to meet those goals. Questions to consider:

- Who is the target population for the program?
- What is the geographical service area of the facility?
- What clinical requirements must be met to be eligible for services?

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

[7] *A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis.* Health Management Associates (2020, February). Retrieved 16 June 2022, from https://www.healthmanagement.com/wp-conte§nt/uploads/AVCrisisFacilityGuidebook_v6.pdf.

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

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

- What other requirements might there be (e.g., list of eligible offenses for law enforcement drop off) to be eligible for services?
    - For example, initially the Harris County Diversion Center determined that the Diversion Center would be voluntary, and that diversion was appropriate for individuals who:
        - Have committed low-level, non-violent crimes
        - Appear to have a mental illness or have a documented history of mental illness
        - Have a mental health need contributing to their offending conduct
        - Do not pose a public safety threat
        - Are 18 and over
        - Do not appear to be in mental health crisis and do not meet the criteria for Emergency Detention Order (not likely to harm self or others)
        - Have no open warrants or detainers
        - Harris County stakeholders also agreed on **disqualifiers,** including individuals charged with the following offenses: domestic violence offenses, assault, terroristic threat weapons offenses (e.g. discharging a firearm, deadly conduct), driving while intoxicated, burglary of a motor vehicle, and any offense where public safety could be compromised. [10]
- What other factors might stakeholders consider (e.g., intake screening, medical clearance requirements, etc.)?

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

Priority Two: Develop A Regional Plan for the Mental Health Grant Program for Justice Involved Individuals (S.B. 292).

Objective	Action Steps	Who	When

Commence Program Recruitment	• Consider recruitment strategies:
	  ○ Post position in rural county court houses and public facing community agencies.
	  ○ Post position at local colleges and universities.
	  ▪ Utilize social media platforms
	  ▪ Get on the university career services listserv (all relevant departments)
	  ○ Hire staff with strong interest in working at the intersection of behavioral health and justice.
		HOTBHN
		(Communications director)
			1 month

Provide S.B. 292 Overview and Education to Public Officials	• Identify relevant rural stakeholders to provided education on S.B. 292 program specifics and opportunities.
	  ○ Educate on program goal, eligibility criteria (high-acuity individuals), and program capacity
	  ○ Establish monthly regional leadership meetings amongst sheriffs, jail staff, HOTBHN, and courts to share data and outcomes related to S.B. 292 regionally and identify opportunities to increase program utilization.
		HOTBHN/ Each County Sheriff's Office	1-3 months

Gather and Share Data	• Collect data on key measures such as recidivism rates of program participants. • Share aggregate data at monthly regional meetings	HOTBHN/ Each County Sheriff's Office	6 months
Evaluation of Program Effectiveness	• Track changes in service engagement, pre-and post-program implementation • Consider impact of S.B. 292 co-responder program on law enforcement response times.	HOTBHN/ Each County Sheriff's Office	1 year
Future Expansion of S.B. 292 Services	• Develop plans for S.B. 292 expansion to serve more high acuity individuals reentering rural communities and decreasing overall rates of recidivism in rural county jails in the region. ○ Show outcomes for individuals served by the program	HOTBHN/ Each County Sheriff's Office	1 year

Additional Considerations

Review national recruitment and hiring best practices. In addition to local recruitment strategies identified above, review the Recruitment and Retention Toolkit developed for Behavioral Health Providers.[11]

- The key steps identified to building a recruitment and retention plan include:
    - Gathering organizational baseline information
    - Decide on the priority recruitment and retention focus
    - Analyze the selected job position
    - Write an accurate job description
    - Start the plan: identify the strategy and intervention (recruitment strategies)
    - Develop the Action Plan- project management best practices

Review recruitment practices implemented by other S.B 292 recipients.

Explore successful co-responder programs of other rural S.B. 292 recipients.

- Consider exploring the co-responder models implemented by the following S.B 292 recipients:
    - **Bluebonnet Trails Community Services**
    - **Center for Life Resources**
    - **Spindletop Center**
- Explore target population and program eligibility of other S.B. 292 co-responder models. Questions to consider:
    - Who is the target population to be served by the co-responder team?
    - How are clients prioritized?
    - What clinical requirements must be met for a client to be eligible for services?

Establish key data measures to assess program effectiveness.

- The Council for State Government's Justice Center has identified four key outcomes of Police-Mental Health Collaboration effectiveness[12]. HOTBHN

[11] *Building Blocks for Behavioral Health Recruitment and Retention Overview.* Advocates for Human Potential, Inc (n.d.). Retrieved July 30, 2022, from http://toolkit.ahpnet.com/Home.aspx.
[12] *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 April, 13, 2022, from https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf.

should consider collecting and tracking data on the four key outcomes of police-mental health collaboration effectiveness:

    - 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.
- The Bureau of Justice Assistance developed a Police-Mental Health Collaboration (PMHC) Toolkit with a section on Measuring Performance. This toolkit recommends that each Police-Mental Health Collaboration program determine specific goals and objectives that can be used to guide the data collection process. Some of the frequently used operational measures highlighted include:[13]
    - The number of calls for service involving people with mental illnesses
    - Duration of calls for service
    - Percentage of calls that specially trained personnel handle
    - Repeat calls for the same people
    - Repeat locations for mental health calls
    - Frequency of disposition decisions
        - Officer resolved at scene and no formal action taken
        - Officer provided the person a referral to mental health resources
        - Officer transported the person for voluntary treatment
        - Officer detained the person for an involuntary examination
        - Officer arrested the person
- The frequency of use of force during mental health calls
- The number of injuries or fatalities to officers, consumers, and third parties

Learn from other national efforts. In addition to exploring the local programs mentioned above, consider reviewing the following publications for implementation of co-responder model best practices:

- 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. [14]

[13] *Police Mental Health Collaboration (PMHC) Toolkit*. Bureau of Justice Assistance. (n.d.). Retrieved 8 July 2022, from https://bja.ojp.gov/program/pmhc/about.
[14] *Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.* Policy Research Associates and the National League of Cities. (2020). Retrieved September 9, 2022, from https://www.theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf.

    - Key strategies for implementation of an effective co-responder model include:
        - Identify a vocal, sustaining champion or group of key stakeholders
        - Secure funding for a pilot project
        - Staff community-based crisis response teams in a manner that meets the needs of the community. (Consider co-responder model variations highlighted in the brief)
        - Develop detailed policies and procedures that ensure and formalize coordination, access to services, communication, and consistency
        - Create standards of work, such as client release of information, core intake information, standard data points, and tracking

- 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, including:[15]
    - Develop cross-system partnerships
    - Outline program goals, policies, and procedures
    - Inventory your community's services and needs
    - Assess outcomes and performance to determine if any changes are needed
- SAMHSA developed a brief for Tailoring Crisis Response and Pre-arrest Diversion Models for Rural Communities that identifies the following strategies for developing a crisis response model:[16]
    - Leverage technology in collaborative law enforcement and behavioral health responses
    - Build on established programs instead of developing new interventions
    - Match resources to the community's needs

[15] *Developing and Implementing Your Co-Responder Program.* Council of State Governments Justice Center. (2021). Retrieved September 9, 2022, from https://csgjusticecenter.org/publications/developing-and-implementing-your-co-responder-program/.
[16] *Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities. Substance Abuse and Mental Health Services Administration. (2019).* Retrieved September 9, 2022, from https://store.samhsa.gov/product/Tailoring-Crisis-Response-and-Pre-Arrest-Diversion-Models-for-Rural-Communities/PEP19-CRISIS-RURAL.

Quick Fixes

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

- Workshop participants across counties identified S.B. 292 funding for co-responder programs as particularly beneficial to law enforcement and sheriffs in rural-serving counties. HOTBHN can work with these community partners to prioritize filling the QMHP position for the S.B. 292 co-responder program to get it up and running.
- Workshop participants identified a gap in knowledge of available mental health resources and programs among stakeholder groups in rural counties. HOTBHN can establish a training to educate community stakeholders in rural counties on resources and HOTBHN programs available to individuals with behavioral health needs in the community.
- The community stakeholders present during the SIM Mapping Workshop discussed the benefit of regular meetings to discuss diversion opportunities among behavioral health and justice stakeholders. It would be valuable to re-establish regular jail diversion meetings among community partners in all six counties (sheriffs, judges, law enforcement, and HOTBHN).
- Judiciary stakeholders expressed interest in learning more about opportunities to identify and divert individuals with behavioral health needs from jail. HOTBHN can coordinate with JCMH to plan for a training on effective implementation of legal processes and diversion best practices (16.22, Court Ordered Medications (COMs) and Assisted Outpatient Treatment (AOT)). HOTBHN can also reach out to county courts across the region to engage participation in training.
- HOTBHN has established training programs and hired a designated staff member to provide training to stakeholder groups across the McLennan Region. A training menu can be offered to stakeholder groups with the following options: Mental Health First Aid, Trauma-Informed Care training, and Zero-Suicide training.

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.

- Workshop participants expressed challenges with hiring and retaining staff across disciplines. Stakeholders discussed legislatively advocating for an increase in funding for salaries of direct care staff across stakeholder groups (jail staff, law enforcement, mental health service providers, probation, and parole officers).
- Workshop participants expressed interest in expanding TCOOMMI continuity of care services for juveniles in the McLennan Region and particularly in the rural counties of the region.
- Workshop participants expressed interest in developing a judicial training specific to working with individuals with IDD and expand resources specific to serving individuals with IDD who are justice-involved in the McLennan Region.

Other Considerations

The McLennan Region has several exemplary programs that address criminal justice and behavioral health collaboration. Still, 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 experiences 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:

- 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: 2020 Annual Report, Texas Health and Human Services Commission
- The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates

Suggested Considerations for the Region

1. Facilitate ongoing regional behavioral health planning and coordination across stakeholder groups.
2. Develop data sharing protocols to identify and engage people who frequently encounter law enforcement, emergency departments, crisis services, and the jail.
3. Increase data collection and information sharing across the SIM.
4. Ensure justice and behavioral health stakeholders are engaged in local housing plans and identify opportunities to expand housing options for people who are justice involved.

More detail on each consideration is provided below.

1. Facilitate ongoing regional behavioral health planning and coordination across stakeholder groups.

During the Regional SIM Mapping Workshop, HOTBHN worked with all six counties in their catchment area to engage behavioral health and justice system stakeholders. Throughout the workshop, participants identified several opportunities to increase collaboration between stakeholder groups to help increase diversion and mitigate gaps in service.

Based on these discussions, HOTBHN may **consider** strengthening collaboration across stakeholder groups and geography by:

- Assessing the goals and make-up of a regional collaborative.
    - What are the goals for collaborative meetings?
    - Who from each county should be involved?
    - How often should these meetings occur?
    - What information should be shared across stakeholder groups?
    - What topical sub-groups or committees can be developed to support regional collaboration and progress on particular issues? For example, workshop participants identified the opportunity to develop a legislative taskforce to discuss legislative issues and identify opportunities to advocate for funding that would support the community's priorities.
- Establishing points of contact from key stakeholder groups from each county to share data, identify gaps and discuss opportunities to serve individuals with behavioral health needs in each county.

- Developing a shared vision and values among community behavioral health and justice partners.
- Creating a regional plan that builds on the action plans developed during the SIM Mapping Workshop, with concrete goals and objectives.
- Identifying ongoing opportunities for cross-training.

Model Programs to Explore:

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.

- 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.

- The National Council for State Legislatures has resources for CJCCs. Something that might be of interest to the SIM participants is a series of interviews with CJCCs, which provides insight into their planning and utilization.[17]

    - South Carolina: Interview with Mitch Lucas, Assistant Sheriff, Charleston County.

    - Oregon: Interview with Abbey Stamp, Executive Director, Multnomah County Local Public Safety Coordinating Council.

[17] *State Engagement with Local Justice: Criminal Justice Coordinating Councils.* National Conference of State Legislatures. (2020, August 5). Retrieved 8 July 2022, from https://www.ncsl.org/research/civil-and-criminal-justice/state-engagement-with-local-justice-criminal-justice-coordinating-councils.aspx.

- Wisconsin: Interview with Tiana Glenna, Criminal Justice Manager, Office of the County Administrator, Eau Claire, Wisconsin.
- Kansas: Interview with Alexander Holsinger, Criminal Justice Coordinator, Criminal Justice Advisory Council, Johnson County, Kansas.

Behavioral Health Leadership Teams are another model approach to regional collaboration that have been adopted by counties across Texas. The goal of these teams is to work collaboratively across behavioral health and justice stakeholder groups to create a responsive behavioral health care delivery system that is accessible to all individuals.

- The Dallas County BHLT was developed in 2011 and is made up of five advocates, 13 county/city organizations, six 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, one two-year college; one private liberal arts college; two 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.

2. Develop data sharing protocols to identify and engage people who frequently encounter law enforcement, emergency departments, crisis services, and the jail.

McLennan Regional SIM Mapping Workshop participants identified challenges serving a small subset of people who come into frequent contact with law enforcement, shelters, emergency rooms, and other crisis services. Despite multiple contacts and interventions provided disparately through local service providers, the fragmented care and coordination across systems has led to excessive spending of public resources and poor outcomes for this population.

Based on these discussions the following **opportunity** to improve information sharing on frequent utilizers across the McLennan Region was identified:

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

To decrease the number of contacts and improve the fragmented care behavioral health and justice stakeholders have with the same group of people throughout the McLennan Region, the following approaches to collaboration could be **considered**.

- Convene a select group of justice and behavioral health stakeholders to pilot an initiative focused on breaking the cycling of incarceration and crisis service utilization for people who come into frequent contact with crisis services and law enforcement in the McLennan Region. Following steps outlined in the Data-Driven Justice Playbook, stakeholders should:[18]
    - Form a group of stakeholders whose coordination and support will be necessary for piloting a frequent utilizer program.
    - Conduct a study of the current utilization patterns of the people they hope to serve across justice, behavioral health, and healthcare systems to analyze data, develop case studies, and discuss outcome measures;
    - Establish a data governance framework outlining data sharing goals, clarifying data use agreements; and
    - Identify opportunities to leverage data to develop new service engagement strategies, opportunities for diversion, and policies that might help break the cycle of incarceration and crisis service utilization.
- Streamline early identification protocols used by 911 dispatchers and law enforcement to screen and track individuals with behavioral health needs.
    - Develop a script for dispatch and first responders that can be used to assess for a behavioral health crisis. Two helpful resources to reference: Crisis Intervention Techniques and Call Handling Procedures

[18] *Data-Driven Justice Playbook: How to Develop a System of Diversion.* National Association of Counties. (2016). Retrieved September 9, 2022, from https://www.naco.org/resources/data-driven-justice-playbook.

for Public Safety Telecommunicators, by APCO International and Call-Taker and Dispatcher Protocols by the Bureau of Justice Assistance.

- Discuss consistent or complimentary coding among police departments across the McLennan Region to obtain an accurate count of the actual number of mental health calls being made to 911 and responded to by law enforcement. Consider examples of nature codes used by Denver's pilot law enforcement diversion program, STAR. Review the Vera 911 call data analysis: possible deferment to non-law enforcement agencies conducted in Denver for further data collection at 911 dispatch considerations.
- Establish a HIPAA-compliant data sharing approach across dispatch centers on people who are considered "high utilizers." The Council of State Governments Justice Center included a recommended definition as "any person with four or more bookings in one calendar year, tracking both people with serious MI and general populations.[19] See **Appendix D** for specifics on Texas Information Sharing Provisions.

Model Programs and Resources to Explore:

- That National Association of Counties (NACo) launched the Familiar Faces Initiative (formally known as Data Driven Justice Initiative) to improve outcomes and lower incarceration rates for people who frequently cycle through jails, homeless shelters, emergency departments, and other local crisis services. Through the Familiar Faces Initiative, NACo empowers communities to share data and integrate care options between health and justice systems so they can intervene earlier, improve outcomes, and reduce incarceration and hospitalization rates. NACo has a number of resources to support data sharing, including:[20]
    - The Familiar Faces Initiative Playbook is designed to help guide the development of a multi-system strategy to successfully divert familiar faces, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.

[19] *How to Reduce Repeat Encounters: A Brief for Law Enforcement Executives. Council of State Governments*. (2019). Retrieved 8 July 2022, from https://csgjusticecenter.org/wp-content/uploads/2020/01/JC_How-to-Reduce-Repeat-Encounters_TwoPager8JAN20508compliant.pdf.
[20] *Data-Driven Justice Playbook: How to Develop a System of Diversion.* National Association of Counties. (2016). Retrieved September 9, 2022, from https://www.naco.org/resources/data-driven-justice-playbook.

    - Issue Briefs for key stakeholders, including behavioral health and social service providers, criminal justice coordinators, courts, probation, elected officials, law enforcement, corrections, and IT and data analysts on the role they can each play in support local Familiar Faces efforts.
    - Data sharing examples, implementation resources, and case studies that can support McLennan Regional data efforts. Workshop participants requested examples of data sharing agreements.
- Frequent Users Systems Engagement (FUSE) is an initiative through the Corporation for Supportive Housing 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 linking 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' 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 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 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 McLennan Homeless Coalition.

3. Increase Data Collection and Information Sharing Across the SIM

Baseline data across the intercepts was collected when planning for the McLennan Regional SIM Mapping Workshop. Available data, as well as gaps, led to conversations on 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.

Opportunities identified by SIM participants included:

- Assessing availability of baseline data across the SIM. A potential starting point might be the Community Impact Measures spreadsheet shared with the McLennan planning committee to plan for the SIM. **See Appendix C.**
- Identifying a common approach to capturing and sharing information on mental health-related calls for service between law enforcement and 911 dispatch.
- Considering existing data collection across all intercepts and how that information is shared for funding, planning, and direct care purposes.

Based on these opportunities, we suggest that McLennan Regional stakeholders **consider**:

- Convening a taskforce to clarify data sharing goals for the community. Goals to consider:
    - Track key criminal justice and behavioral health trends across the region 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
- Identifying key data collection measures based on the goals identified. Consider starting with the four key measures identified in the Stepping Up Initiative:[21]
    - Number of bookings
    - Average length of stay
    - Connections to treatment and services
    - Recidivism for the general population and people with serious MI to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas.

[21] *Stepping Up Together.* The Stepping Up Initiative. Retrieved 8 July 2022, from https://stepuptogether.org/.

- Building upon a universal screening used at booking to assess for serious MI and additionally screen every person for homelessness, veterans' status, and IDD
- Analyzing data to identify if disparities are present
- Developing strategies to improve equitable access to diversion opportunities and services across counties in the region

Model Programs and Resources to Explore:

- 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.[22] 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.
- Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws, is a report from the Council of State Governments Justice Center's Criminal Justice/Mental Health Consensus Project that was developed to help criminal justice officials work with health professionals to better use both systems' information, when appropriate, to reduce criminal justice involvement among people with mental illnesses and to provide better links to treatment. The guide explains the federal legal framework and how it relates to state laws. It describes how HIPAA and 42 CFR Part 2 may impact exchanges among behavioral health care; law enforcement; courts; jails and prisons; and probation and parole professionals. It reviews the circumstances under which protected health information can be released and received, and offers answers to scenario-based frequently asked questions.[23]

[22] *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.
[23] *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.* Council of State Governments Justice Center. (2010). Retrieved September 9, 2022, from https://csgjusticecenter.org/publications/information-sharing-in-criminal-justice-mental-health-collaborations/.

- Texas counties have joined national initiatives, such as 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 serious MI; collect and share data on people to better connect them to treatment and services; and use this information to inform local policies and practices.

4. Ensure justice and behavioral health stakeholders are engaged in local housing plans and identify opportunities to expand housing options for people who are justice involved with complex needs.

A lack of housing options for people who have behavioral health needs and/or are justice-involved was identified as a major gap during the SIM Mapping Workshop.

Based on these discussions, **considerations** to address housing options include:

- Collaborating with the Local Homeless Coalition and Service Providers to examine and expand housing and shelter options
- Conducting a housing needs assessment to help stakeholders explore and make a case for expanding housing options, specifically supportive housing. An assessment could include:
    - The total number of affordable housing units needed in McLennan County and surrounding rural counties (for residents at or below 50 percent of the Area Median Family Income)
    - 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
    - Available funds for service providers to provide operating costs for supportive housing
- Incentivizing Second Chance Housing:
    - Examine existing housing options and work with local stakeholders to understand tenant selection criteria that might limit or exclude people with prior justice involvement
    - Examine 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

- Conduct 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.

Model Programs to Explore:

- Review best practices identified in the SAMHSA Toolkit on Evidence-Based Practices to establish Permanent Supportive Housing. The Building Your Program Toolkit provides detailed information on how mental health authorities can effectively develop and structure Permanent Supportive Housing programs and details information on: Sources of Funding; Local and State Housing Plans; Evaluating a Housing Market; and Phases of Housing Development.[24]
- There are currently 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.[25] 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 counties 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. Adapting this model to address housing for the justice-involved population could present an opportunity to tackle this issue.
- Landlord Outreach and Incentives at the 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. Housing stakeholders in the McLennan Region 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.

[24] *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.
[25] *Built for Zero*. Community Solutions. (2022, February 7). Retrieved April 6, 2022, from https://community.solutions/built-for-zero/

- The U.S. Department of Housing and Urban Development created a Housing Choice Voucher (HCV) Landlord Guidebook with a section on Monetary Incentives and Reimbursements. Regional housing stakeholders can consider adaptive monetary incentives outlined in this guidebook to increase landlord participation in permanent supportive housing programs throughout the region.[26]

[26] *HCV Landlord Guidebook: Incentives*. Housing and Urban Development. (n.d.). Retrieved 8 July 2022, from https://www.hud.gov/sites/dfiles/PIH/documents/LLGuidebook_Incentives_FullChapter.pdf.

Appendices

Appendix A: McLennan Regional Mapping Workshop Agenda

Sequential Intercept Model Mapping Workshop

McLennan County Region

May 25 – 26, 2022

Lee Lockwood Library and Museum, 2801 W. Waco Dr., Waco, TX 76760

AGENDA – Day 1

8:15 am	**Registration**	Coffee and Snacks provided by Heart of Texas Behavioral Health Network
8:30 am (30 min)	**Welcome, Opening Remarks**	Welcome, *Daniel Thompson, Heart of Texas Behavioral Health Network Executive Director* Opening Remarks, *Sheriff Dennis Wilson (Ret.)* Welcome, *Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, and Robert Dole, Deputy Associate Commissioner, Texas Health and Human Services Commission*
9:00 am	**Host Venue Thank You & Program**	Thank You Recognition, *Melinda Bonds, Heart of Texas Behavioral Health Network* Take Flight Program, *Paul H. Entzminger, Scottish Rite Representative*
9:15 (30 min)	**Workshop Overview and Keys to Success**	Overview of the Workshop Workshop Tasks Texas Data Trends Results from the Community Self-Assessment
9:45 (20 min)	**Presentation of Intercepts 0, 1**	Overview of Intercepts 0 and 1 McLennan County Data Review
10:05 (15 min)	**Break**	
10:15 (60 min)	**Map Intercepts 0, 1**	Map Intercepts 0 and 1 Examine Gaps and Opportunities Update the Local Map
11:15 (20 min)	**Presentation of Intercepts 2, 3**	Overview of Intercepts 2 and 3 McLennan County Data Review

11:35 (55 min)	**Lunch**	To be provided by Heart of Texas Behavioral Health Network
12:30 (60 min)	**Map Intercepts 2, 3**	Map Intercepts 2 and 3 Examine Gaps and Opportunities Update the Local Map
1:30 (20 min)	**Presentation of Intercepts 4, 5**	Overview of Intercepts 4 and 5 McLennan County Data Review
1:50	**Break**	Refreshments to be provided by Heart of Texas Behavioral Health Network
2:00 (60 min)	**Map Intercepts 4, 5**	Map Intercepts 4 and 5 Examine Gaps and Opportunities Update the Local Map
3:00 (75 min)	**Summarize Opportunities, Gaps & Establish Priorities**	Identify potential, promising areas for modification within the existing system Top 5 List Collaborating for Progress
4:15	**Wrap Up**	Review the Day Homework
4:30	**Adjourn**	

AGENDA – Day 2

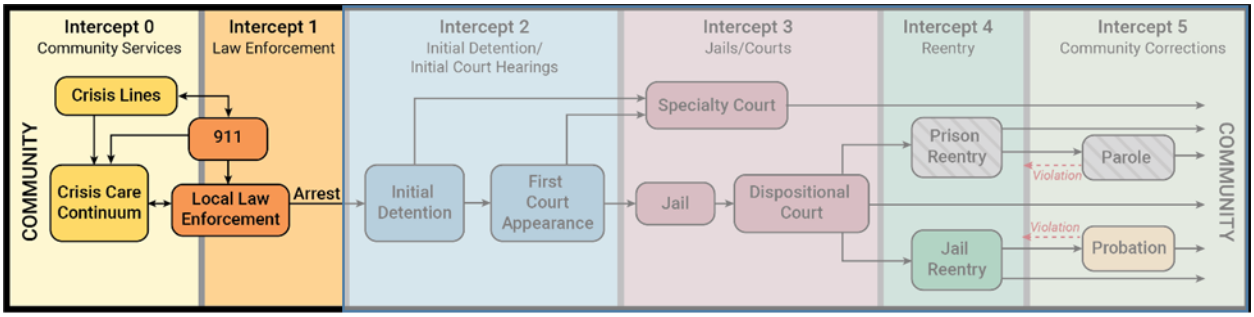
TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee provided by Heart of Texas Behavioral Health Network
8:30 (15 min)	**Welcome**	Opening Remarks, *Sheriff Dennis Wilson (Ret.)*
8:45 (30 min)	**Preview & Review**	Preview of Day #2 Review Day #1 Accomplishments Local County Priorities Keys to Success in Community
9:15 (75 min)	**Action Planning**	Group Work
10:30 (15 min)	**Break**	
10:45 (45 minutes)	**Finalize the Action Plan**	Group Work
11:30 (30 min)	**Workgroup Report Outs**	Each Group will Report Out on Action Plans

12:00 (20 min)	**Next Steps & Summary**	Federal, State, and Philanthropic Funding 101 Next Steps Evaluation Form
12:20 (10 min)	**Closing Remarks**	Closing Remarks, *Sheriff Dennis Wilson (Ret.)*
12:30	**Adjourn**	

Opening remarks were given by Sheriff Denis Wilson, Retired Sheriff of Limestone County; Daniel Thompson, Executive Director, HOTBHN; Dr. Jennie M. Simpson, Associate Commissioner and State Forensic Director, HHSC; and Paul Entzminger, Scottish Rite Representative, Take Flight Program.

Appendix B: Overview of McLennan County Region Resources

Intercept 0 and Intercept 1



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

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

Crisis Call Lines

Crisis calls are routed to contractor, I-CARE (866-752-3451), and the crisis line is available 24 hours a day, 7 days a week. The crisis line serves anyone experiencing a behavioral health crisis. McLennan County residents account for the bulk of crisis line calls received. I-CARE triages calls and categorizes the call into one of three categories (urgent, emergent, and not urgent), dispatching HOTBHN Mobile Crisis Outreach Team (MCOT) when deemed appropriate. With the roll-out of 988, I-Care will have a specific team designated to serve 988 callers.

In addition to the I-CARE crisis line, the following resource lines are available in the HOTBHN catchment region:

- HOTBHN Crisis Treatment Center- (254) 867-6550 988
- Texas 211
- Veterans Crisis Line and National Suicide Hotline- 988

- The Outreach Screening Assessment and Referral (OSAR) line- 844-309-6385

Crisis Services

Crisis services in McLennan, Bosque, Hill, Limestone, Falls and Freestone Counties are provided through HOTBHN and can be accessed through the crisis line operated by I-CARE. If a person in crisis contacts I-CARE and they deem that an MCOT response is appropriate, MCOT responds to the call and/or contacts law enforcement to secure the site prior to arrival. MCOT provides crisis de-escalation and referrals to inpatient or community-based care. Inpatient crisis services in the McLennan Region are provided locally at HOTBHN Crisis Treatment Center, Accession Providence DePaul Center, and Oceans Behavioral Hospital.

9-1-1 and Dispatch

When someone calls 911 in the HOTBHN catchment area, they will be routed to the following dispatch centers: Waco Police Department Dispatch, Bosque County Sheriff's Office, Freestone County Sheriff's Office, Falls County Sheriff's Office, Hill County Sheriff's Office and Limestone County Sheriff's Office. Call takers then follow a protocol with a series of questions to gather the most useful information quickly.

Waco Police Department is collecting data on the best approach to triage mental health calls for service. They have created two data groups to capture the amount of time spent on calls for service when I-CARE or HOTBHN Crisis Treatment Center is triaged to assess the caller versus when an officer makes a determination of the need on scene. Data collection thus far has reflected that utilizing the Crisis Treatment Center and I-CARE line can reduce time spent on scene by an officer.

Hospitals and Emergency Departments

Hospital services in the region are accessed locally at Ascension Providence Hospital, Baylor Scott and White Medical Center, Limestone Medical Center, Parkview Regional Hospital, Hill Regional Hospital, Goodall Witcher Hospital, Freestone Medical Center, and Falls Community Hospital and Clinic. Additionally, Ascension Providence DePaul Center and Oceans Behavioral Hospital in Waco, provide inpatient and outpatient psychiatric and substance use treatment. HOTBHN Crisis Triage Center provides 24/7 walk in psychiatric services and can provide 24-hour triage services for individuals presenting with a mental health crisis. The Crisis Treatment Center has the Extended Observation Program and Crisis Residential Program.

Law Enforcement and First Responders

Multiple law enforcement agencies cover the McLennan region, including Sheriff's Offices in all six counties and municipal police departments throughout the HOTBHN catchment area (see SIM Map for details). First response in the McLennan region is provided by American Medical Response in McLennan County, North Bosque EMS, Care Flight-Hill County, Limestone Medical Center EMS, Fairfield EMS, and Falls County EMS. McLennan County also has a Mental Health Deputy program through collaboration between HOTBHN and McLennan County Sheriff's Office with one deputy currently on staff. All officers in the Waco Police Department and McLennan County Sheriff's Office have received Crisis Intervention Training.

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. In the McLennan region, emergency transitional housing options are provided through HOTBHN. Heart to Home is the coordinated re-entry system for the Heart of Texas Homeless Coalition providing rapid rehousing and permeant supportive housing in the McLennan region. Additional services in the region are provided through non-profit organizations. Mission Waco is a private, faith-based organization that provides emergency shelter options, transitional housing, job training, legal services, and a health clinic. The Salvation Army Community Kitchen and Homeless Shelter in Waco provides emergency shelter for individuals experiencing homelessness in the region. Compassion Waco is a non-profit, faith-based organization that provides transitional housing to families experiencing homelessness or who are on the verge of homelessness in the region.

Special Populations

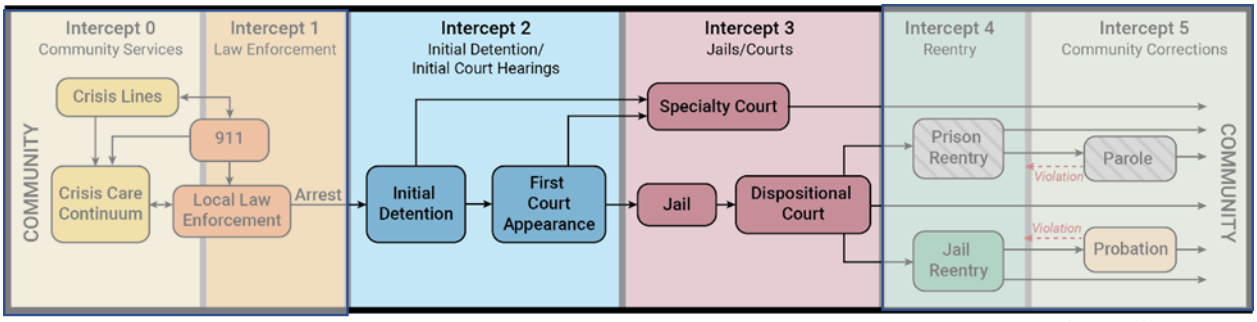
Services across the SIM intercepts can be specialized to support the unique needs of special populations, such as veterans, people with IDD, and children and youth. Veterans' mental health services in the region are provided through the Doris Miller VA Center and HOTBHN Veterans One Stop. Inpatient services for youth are offered through Ocean's Behavioral Hospital and Waco Center for Youth. Children's mental health services are provided through HOTBHN's child and adolescent mental health division, Klaras Center for Families. The Klaras Center for Families has multiple specialized juvenile justice programs including:

- ENCIRCLE- A wraparound program for youth on probation placed at or re-entering from McLennan County Juvenile Justice Alternative Education Program (JJAEP) or District Alternative Education Program (DAEP).

- Special Needs Diversionary Program (SNDP)- A TCOOMMI program for youth who are on probation, have a mental health diagnosis and are in need of intensive mental health services that aims to support juveniles to successfully complete their probation.
- Commitment Reduction Program (CRP)- A program that provides intense wraparound programming to juveniles with Behavioral Health challenges who are in danger of being committed to TJJD or another out of home placement.
- Juvenile Justice Core- MH services for youth currently on juvenile probation who are not in a specialized juvenile justice program.
- Juvenile Justice Transition Team (JJTT)- MH services to youth stepping down from SNDP, CRP, ENCIRCLE and TJJD into less intensive ongoing MH services.

Data Collection and Information Sharing

Baseline data across the intercepts was collected when planning for the McLennan Regional SIM Mapping Workshop. In the region, data collection varies by county and is performed independently by each service provider, agency, and/or program. Data sharing is done on a limited basis between community providers. There is not an established system for tracking individuals who frequently interact with jails, ERs, and inpatient psychiatric facilities in the region.



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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 the McLennan Region, a person is brought to the respective county jail by the arresting law enforcement officer. Upon booking, jail medical staff screen every person brought to the jail for behavioral health concerns and run a Continuity of Care Query in the Texas Law Enforcement Telecommunications System to determine if they have accessed public behavioral health services within the past three years. The screening tool utilized is the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards. When an individual is screened for mental health services and serious MI is suspected, or a history of mental health needs is detected, HOTBHN is notified. Additionally, HOTBHN provides case management in all six county jails in the region through care coordinators.

Jail Medical

People who are booked into one of the six jails in the McLennan Region access medical and behavioral health care from contracted health care providers. In the McLennan County jail, medical care is provided through CORE Health and behavioral health care is provided by HOTBHN. In Hill County Jail and Falls County Jail, medical and behavioral health care is provided through Southern Health Partners. Bosque, Limestone and Freestone County Jails each contract with a private medical provider. Mental health crisis screenings are provided by HOTBHN as required by HHSC's performance contract.

Competence to Stand Trial

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

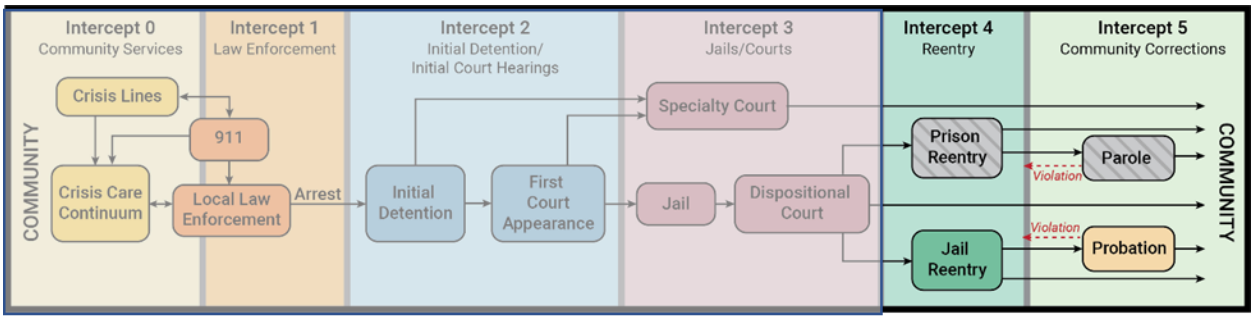
Pre-Trial Services

Pre-trial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision. In the McLennan Region, pre-trial services are available in McLennan County. A defense attorney along with a client completes an application for pre-trial services to access community-based behavioral health services and explores opportunities for diversion from McLennan County Jail.

Courts (Including Specialty Courts)

Specialty courts are established to reduce recidivism through therapeutic and interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety. McLennan County operates three specialty courts: DWI Court/Drug Court, Mental Health Court, and Veterans Treatment Court. Additionally, Hill County has a juvenile Drug Court Program. HOTBHN and Community Supervision and Corrections Departments from these respective counties have staff assigned to support people engaged with specialty courts. Many of the smaller counties in the region do not have access to specialty courts.

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.

Community Reentry

HOTBHN offers a reintegration program that consists of two caseworkers and one peer support specialist to help people with behavioral health needs re-entering the community from a correctional setting. The reintegration program offers employment support, case-management, and housing navigation support along with jail-based MH services (including group and individual sessions) and ongoing community-based outpatient support. Additionally, in collaboration with TCOOMMI, HOTBHN provides a 90-day continuity of care program for adults and juveniles exiting the justice system in the McLennan Region. Continuity of care services include the identification of medical, psychiatric, psychological, educational, and rehabilitative needs, as well as the coordination of treatment. There is also a

Commitment Reduction Program for juveniles in McLennan County. The program is administered by HOTBHN and provides case-management, counseling, and psychiatric services to youth on juvenile probation.

Probation and Parole

Adult probation services are provided by each county through the region's Community Supervision and Corrections Department. Juvenile probation services are available in McLennan, Hill, Bosque, Falls, and Limestone counties (77th Juvenile Probation Department). Parole services are provided by the Texas Department of Criminal Justice. The Texas Risk Assessment System 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 offered through the McLennan County Community Supervision and Corrections Department and the Waco District Parole Office through the Texas Department of Criminal Justice in Waco.

Appendix C: Community Impact Measures

Item	Measure	Intercept	Category
1	**Mental health crisis line calls, count (#)**	**Intercept 0**	**Crisis Lines**
2	**Emergency department admissions for psychiatric reasons, count (#)**	**Intercept 0**	**Emergency Department**
3	Emergency department admissions for psychiatric reasons, average length of stay (hours)	Intercept 0	Emergency Department
4	**Mobile crisis outreach team face-to-face episodes, count (#)**	**Intercept 0**	**Mobile Crisis**
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	**Crisis center admissions, count (#)**	**Intercept 0**	**Crisis Center**
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	**Law enforcement officers trained in specialized responses (e.g., Crisis Intervention Team), percent of sworn (%)**	**Intercept 1**	**Law Enforcement**
11	**Mental health crisis calls handled by law enforcement (trained and untrained), count (#)**	**Intercept 1**	**Law Enforcement**
12	Mental health crisis calls handled by trained law enforcement officers, percent (%)	Intercept 1	Law Enforcement
13	Daily Jail Population		
14	**Proportion of people in jail with low-level misdemeanors**	**Intercept 2**	**Jail (Pretrial)**
15	Proportion of people in jail with low-level misdemeanors who have a serious mental health issue		
16	**Jail bookings, count (#)**	**Intercept 2**	**Jail (Pretrial)**
17	number of jail bookings for low-level misdemeanors		
18	**Jail mental health screenings, count (#)**	**Intercept 2**	**Jail (Pretrial)**
19	**Jail mental health screenings, percent screening positive (%)**	**Intercept 2**	**Jail (Pretrial)**
20	**Jail substance use screenings, count (#)**	**Intercept 2**	**Jail (Pretrial)**
21	**Jail substance use screenings, percent screening positive (%)**	**Intercept 2**	**Jail (Pretrial)**
22	**Pretrial release rate of all arrestees, percent released (%)**	**Intercept 2**	**Pretrial Release**
23	Pretrial release rate of all arrestees with mental disorders, percent released (%)	Intercept 2	Pretrial Release
24	average length of say 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	**Caseload rate of the court system, misdemeanor, and felony cases (#)**	**Intercept 3**	**Case Processing**
31	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases (%)	Intercept 3	Case Processing
32	**Jail sentenced population, average length of stay (days)**	**Intercept 3**	**Incarceration**
33	**Jail sentenced population with mental disorders, average length of stay (days)**	**Intercept 3**	**Incarceration**
34	**Individuals with mental or substance use disorders receiving reentry coordination prior to jail release, count (#)**	**Intercept 4**	**Reentry**
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	**Probationers with mental disorders on a specialized mental health caseload, percent of probationers with mental disorders (#)**	**Intercept 5**	**Community Corrections**
38	**Probation revocation rate of all probationers, percent (%)**	**Intercept 5**	**Community Corrections**
39	**Probation revocation rate of probationers with mental disorders, percent (%)**	**Intercept 5**	**Community Corrections**
40	**Criminal justice and behavioral health coordinating body meetings, count (#)**	**Cross-Intercept**	**Coordination**

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:

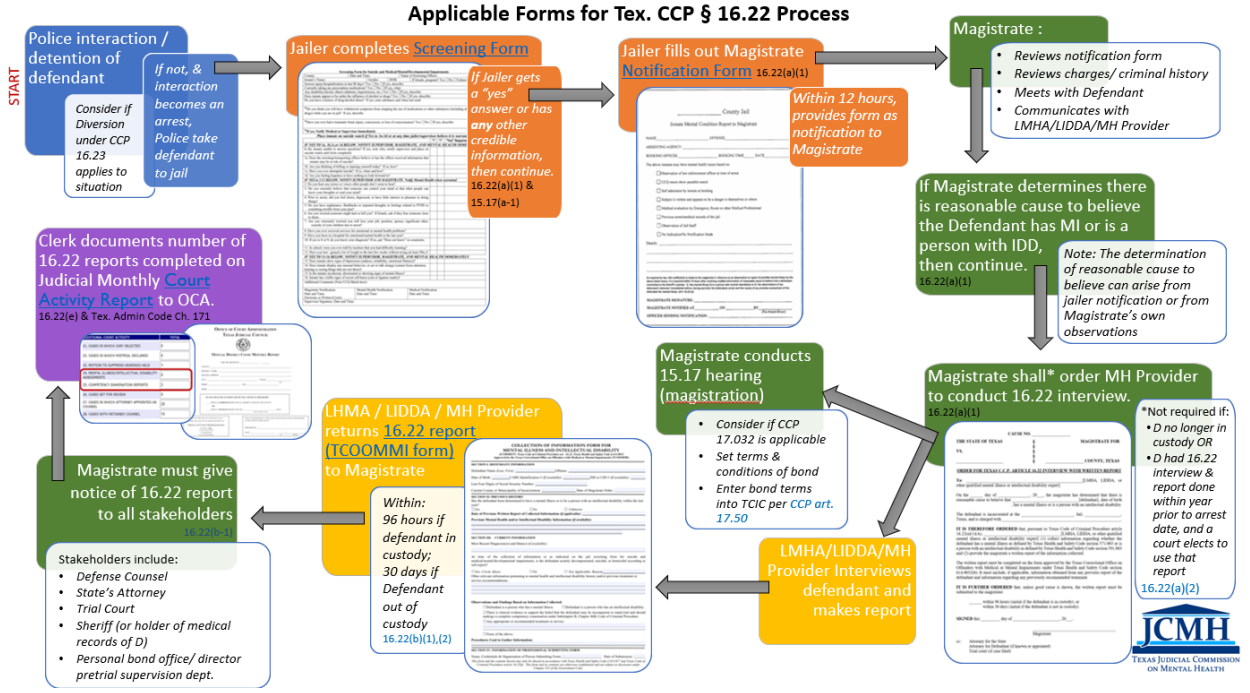
42 CFR Part 2. CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

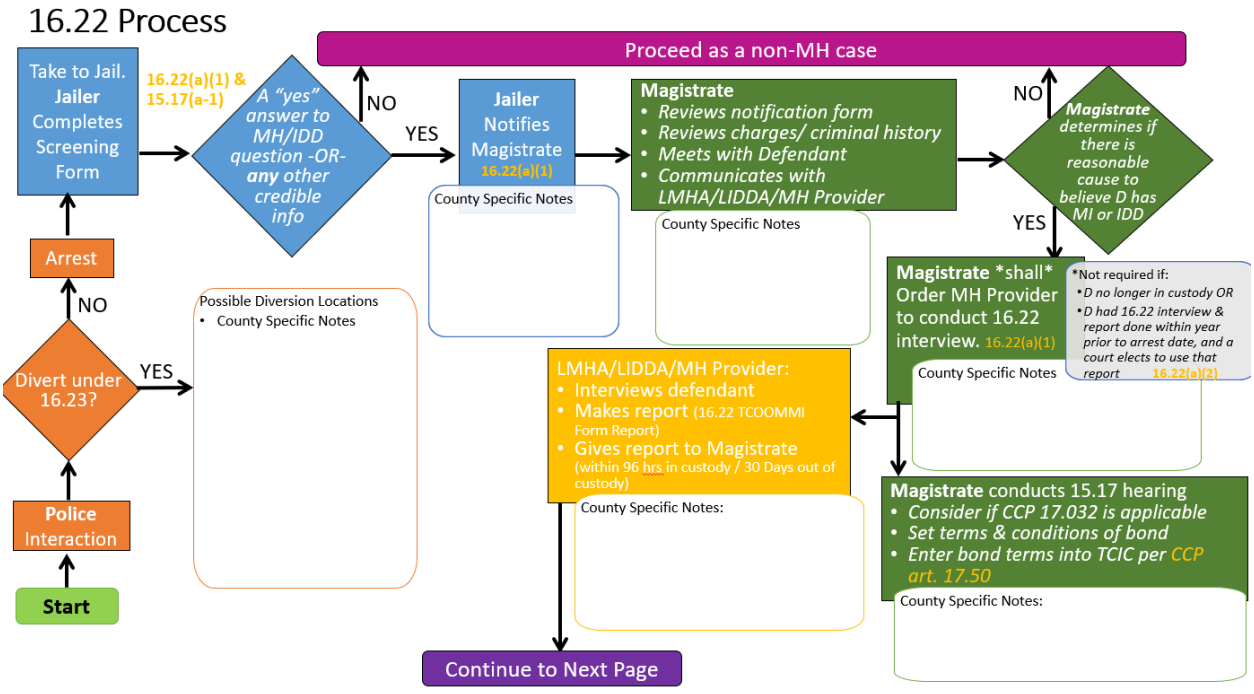
42 CFR Part 2 Subpart C. DISCLOSURES WITH PATIENT CONSENT

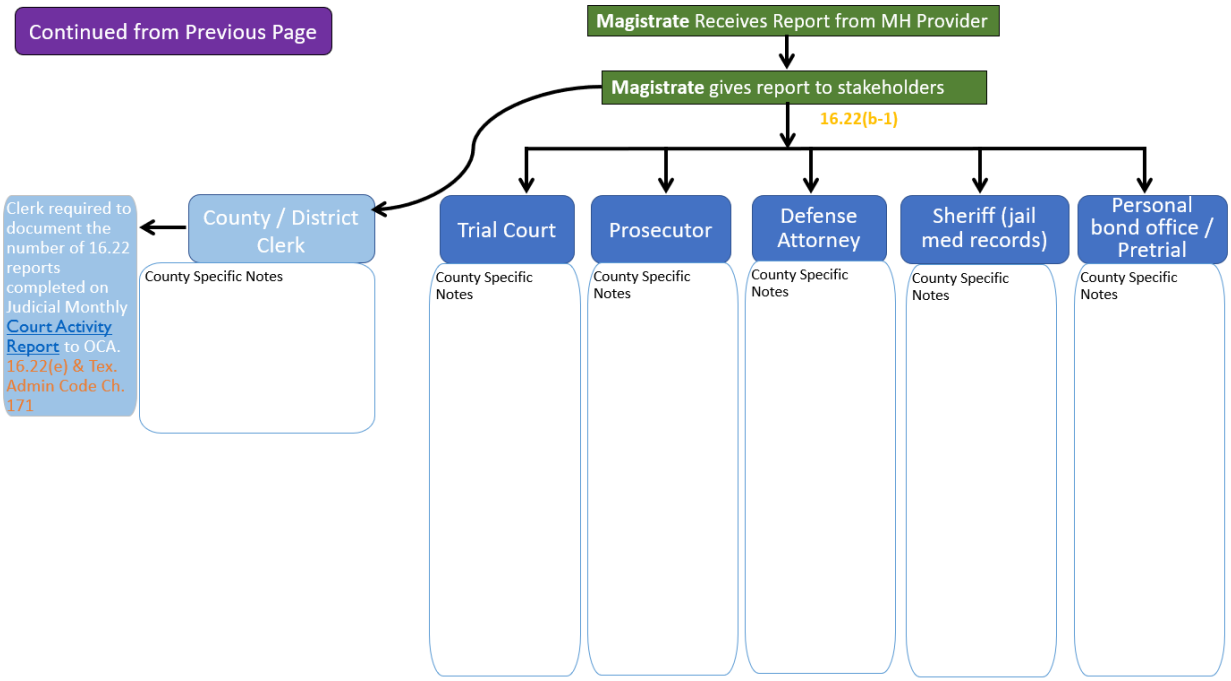
42 CFR Part 2 Subpart D. DISCLOSURES WITHOUT PATIENT CONSENT

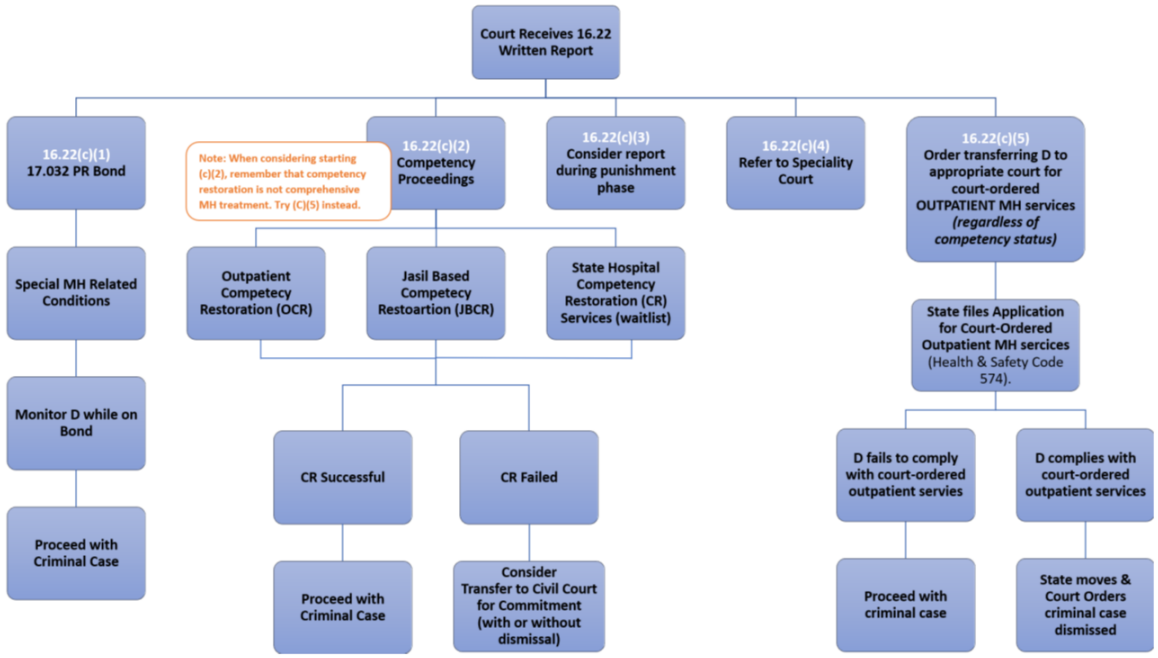
42 CFR Part 2 Subpart E. COURT ORDERS AUTHORIZING DISCLOSURE AND USE

Appendix E: CCP 16.22 Forms and Process Charts






Continued from Previous Page
Magistrate Receives Report from MH Provider
Magistrate gives report to stakeholders
16.22(b-1)
Clerk required to document the number of 16.22 reports completed on Judicial Monthly Court Activity Report to OCA. 16.22(e) & Tex. Admin Code Ch. 171
County / District Clerk
County Specific Notes
Trial Court
County Specific Notes
Prosecutor
County Specific Notes
Defense Attorney
County Specific Notes
Sheriff (jail med records)
County Specific Notes
Personal bond office / Pretrial
County Specific Notes


Court Receives 16.22 Written Report
16.22(c)(1) 17.032 PR Bond
Special MH Related Conditions
Monitor D while on Bond
Proceed with Criminal Case
Note: When considering starting (c)(2), remember that competency restoration is not comprehensive MH treatment. Try (C)(5) instead.
16.22(c)(2) Competency Proceedings
Outpatient Competency Restoration (OCR)
Jasil Based Competency Restoartion (JBCR)
State Hospital Competency Restoration (CR) Services (waitlist)
CR Successful
CR Failed
Proceed with Criminal Case
Consider Transfer to Civil Court for Commitment (with or without dismissal)
16.22(c)(3) Consider report during punishment phase
16.22(c)(4) Refer to Speciality Court
16.22(c)(5) Order transferring D to appropriate court for court-ordered OUTPATIENT MH services (regardless of competency status)
State files Application for Court-Ordered Outpatient MH sercices (Health & Safety Code 574).
D fails to comply with court-ordered outpatient servies
D complies with court-ordered outpatient services
Proceed with criminal case
State moves & Court Orders criminal case dismissed

Appendix F: SIM Mapping Workshop Participant List

Participant Name	Agency/ Title
Amanda Bruce	HOTBHN
Brandon Dakroub	Falls County Assistant DA
Carey Amthor	HOTBHN
Chet Long	Waco PD
Chip Siegman	McLennan County Probation Department – Director
Colin Colcer	Municipal Court JP
Daniel Thompson	HOTBHN
Darren Artzt	Bosque County Jail Administrator
David Turrubiarte	Limestone County Jail Administrator
DeAngela Bynum	Waco PD Social Worker
DeAnna Fitch	HOTBHN
Dennis Wilson	Retired Limestone County Sheriff (keynote speaker)
Don Trester	Bosque County Jail medical director
Ferrell Foster	Prosper Waco
Jared Wallace	Waco PD
Jeremy Shipley	Freestone County Sheriff

Participant Name	Agency/ Title
John Campbell	Hill County Jail Administrator
Jonathan Canava	HOTBHN
Karissa Garner	HOTBHN
Laura Weaver	HOTBHN
Linus Gilbert	HOTBHN
Liz Wiggins	JCMH
Lukas Woodson	McLennan County Probation MHI Supervisor
Major Pam Whitlock	McLennan County Jail Administrator
Paul Entzminger	Scottish Rite Representative
Ralph Whaite	HOTBHN
Ron Kimball	HOTBHN
Russell Devorsky	Director Heart of Texas Council of Governments
Ryan Adams	HOTBHN
Stan Parker	Scottish Rite Representative
Sydney Benjamin	HOTBHN
Telawna Kirby	Prosper Waco
Vicky Campbell	DePaul- Ascension

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
BHLT	Behavioral Health Leadership Team
BJA	Bureau of Justice Assistance
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CFR	Code of Federal Regulations
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
CSG	Council of State Governments
DDJ	Data-Driven Justice
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room
FUSE	Frequent Users Systems Engagement
HHSC	Health and Human Services Commission
HIPPA	Health Insurance Portability and Accountability Act
HMA	Health Management Associates

Acronym	Full Name
HOTBHN	Heart of Texas Behavioral Health Network
IDD	Intellectual and Developmental Disability
ISD	Independent School District
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHFA	Mental Health First Aid
MI	Mental Illness
MJPD	Midland Juvenile Probation Department
NCMHJJ	National Center for Mental Health and Juvenile Justice
NCYOJ	The National Center for Youth Opportunity and Justice
NTBHA	North Texas Behavioral Health Authority
OCR	Outpatient Competency Restoration
PC	PermiaCare

Acronym	Full Name
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
ROI	Release of Information
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOS	Spectrum of Solutions
STRAC	Southwest Texas Regional Advisory Council
SUD	Substance Use Disorder
TA	Technical Assistance
TCJS	Texas Commission on Jail Standards
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TLETS	Texas Law Enforcement Telecommunication System
TRAS	Texas Risk Assessment System