

Community stakeholders can consider the following next steps to reduce justice involvement for people with mental illness (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD). For more information and resources review the Potter and Randall Counties SIM Report.

Potter and Randall Counties Roadmap

Invest in Strategic Priorities Support Local Planning, Partnership and Education Build Upon Existing Efforts

1. **Develop a centralized coordinating body for behavioral health and justice services.**
2. **Expand crisis options through the development of a diversion center.**
3. **Improve data collection and information sharing across the SIM.**
4. **Strengthen reentry and continuity of care planning.**
5. **Increase training and education for professionals working across behavioral health and justice systems.**

1. Coordinate
 - Strengthen behavioral health and justice partnerships through regular convening of a leadership team.
 - Establish subcommittees dedicated to implementing the action plans developed during the SIM Workshop.
2. Partner
 - Identify opportunities to strengthen relationships with new stakeholders (e.g. housing partners, IDD services, jail mental health providers).
 - Learn from other similar sized counties implementing best practice models.
3. Train
 - Train stakeholder groups on identifying, responding and effectively treating people with MI, SUD, and IDD.

- Utilize existing S.B. 292 funds to expand behavioral health services in Potter and Randall County Jails.**
- Increase the use of alternatives to Inpatient Competency Restoration (i.e. OCR).**
- Coordinate with Texas 211 to update the existing community behavioral health resource list and streamline resource referral processes.**
- Expand the use of pretrial diversion programs across Potter and Randall Counties.**

Potter and Randall Counties Gaps, Opportunities and Best Practices

Intercepts 0&1

Community Services, Crisis Services & Law Enforcement

Selected Gaps:

- Mental health (MH) training for 911 dispatch and law enforcement
- Timely medical clearance
- Alternatives for diversion from emergency rooms and jail
- Substance use disorder (SUD) treatment options
- Information sharing across crisis services stakeholders
- Housing options for justice involved individuals

Opportunities:

- Provide MH training to 911 dispatchers and law enforcement
- Expand field-based medical clearance options
- Explore developing a MH crisis diversion center
- Expand contract capacity for SUD treatment
- Develop a uniform data collection and reporting strategy across stakeholders

Intercepts 2&3

Initial Detention, Jails, & Courts

Selected Gaps:

- Substance use treatment services in Potter County jail
- Wait times for inpatient competency restoration services
- Use of alternatives to inpatient competency restoration
- Limited availability and capacity of contracted jail mental health providers
- Capacity of existing pretrial services

Opportunities:

- Educate courts on alternatives to competency restoration and waitlist management best practices
- Consider telehealth opportunities to expand SUD and MH treatment in rural jails
- Embed a mental health clinician in the jails
- Use a validated risk assessment to determine treatment needs, bond and pretrial supervision

Intercepts 4&5

Reentry & Community Corrections

Selected Gaps:

- Capacity on specialized probation and parole caseloads
- Case management and reentry planning in jail prior to a release
- Medicaid benefits terminated rather than suspended in jail
- Provision of psychiatric medication prior to release
- Limited affordable housing for people with criminal records

Opportunities:

- Provide probation officers with additional MH training
- Utilize peers to support community reentry programs
- Embed mental health providers in the jail to support care coordination
- Pilot program to suspend rather than terminate Medicaid benefits
- Develop a jail-based referral system for improved access to community services

Best Practices at Each Intercept

Intercept 0 & 1

MH training for LE and 911 dispatch

Police coding of MH Calls

Police Referrals to Treatment

MH and SUD diversion centers

Intercept 2 & 3

Consistent screening for MI, SUD and IDD

Pretrial Supervision and Diversion Programs

Active forensic waitlist monitoring

Jail-based SUD and MH services

Intercept 4 & 5

Robust reentry planning (psych medications, benefits coordination, peer-support)

Specialized MI, IDD and SUD caseloads

Jail in-Reach transition planning