Sequential Intercept Model Mapping Report for Potter and Randall Counties

Office of Forensic Coordination, Behavioral Health Services

February 2023

TEXAS Health and Human Services

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by Shree Veeramachaneni, Executive Director of Panhandle Behavioral Health Alliance and Lytton St. Stephen, Panhandle Behavioral Health Alliance Program Officer. The planning committee members included:

Adrian Castillo, Potter County Assistant District Attorney; Maira Argomaniz, Texas Panhandle Centers; Lisa Ricketson, Potter County Sheriff's Office; Steven White, Potter County Sheriff's Office; Robert Love, Randall County District Attorney; Jason Riddlespurger, City of Amarillo; Devin Cantwell, Amarillo Police Department; Rudy Montano, Randall County Sheriff's Office; Judge John Board, Senior District Judge; Natalie White, Potter Community Corrections and Supervision Department; Judge Matt Hand, Potter County Mental Health Court.

The planning committee members played a critical role in making the Potter County and Randall Counties 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 Catherine Bialick, MPAff, Senior Advisor, Office of the Forensic Coordination, HHSC and Matthew Lovitt, MSW, Senior Advisor, Office of the Forensic Coordination, HHSC. The report was authored by Emily Dirksmeyer, LMSW; Catherine Bialick, MPAff; Matthew Lovitt, MSW; and Jennie M. Simpson, PhD.

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

The TA Center provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with mental illnesses (MI), substance use 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 communities across Texas. The TA Center hosts SIM Mapping Workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with MI, SUD and/or IDD, when appropriate, away from the justice system into treatment. The goal of the Texas SIM Mapping Initiative is to ensure that all Counties have access to the SIM and SIM Mapping Workshops.

Recommended Citation

Texas Health and Human Services Commission. (2022). *Sequential intercept model mapping report for Potter and Randall Counties.* Austin, TX: Texas Health and Human Services Commission.

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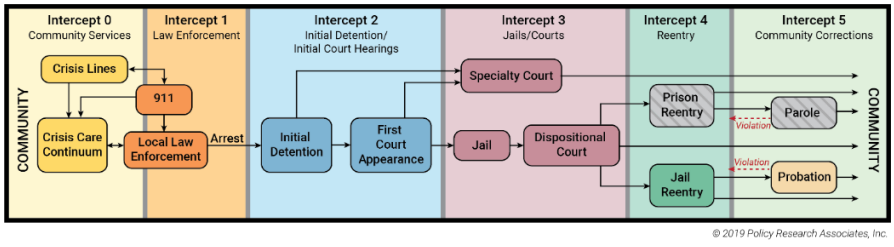
Introduction

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 treatment, substance use treatment, law enforcement, jails, pretrial services, courts, community corrections, housing, health, and social services. They should also include the participation of people with lived experience, family members, and community leaders.

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

The Sequential Intercept Model Mapping Workshop has three primary objectives:

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



In 2022, Shree Veeramachaneni requested a SIM Mapping Workshop be conducted for the city of Amarillo that is split between Potter and Randall Counties to help

[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.

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

This report reflects information provided during the SIM Mapping Workshop by participating Potter and Randall Counties 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 Potter and Randall Counties, November 2022

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

Crisis/Abuse Phone Lines

APS/CPS
- 800-252-5400

Texas Panhandle Center Crisis Call Center
- (806) 359-6699
- 1 (800) 629-4039
- Serves 21 counties; 21000 square mile
- Has 5 mobile crisis outreach teams ;

VA- suicide prevention Line –
- Call 988 select 1. TTY: 800.799.4889

Family Support Services Line
- (806) 374-5433
- **988**

Mobile Crisis Response Team

TPC MCOT
- (806) 359-6699
- In-person screenings and telehealth screenings

Crisis Units

TPC Respite Center- Amarillo, TX
- 16 bed capacity

TPC IDD Respite Care Unit
- 6 bedroom residential home
- Person must be deemed eligible by TPC IDD provider

Private Psychiatric Beds- TPC Contracted

Intercept 1 — Law Enforcement & Emergency Services

911 Dispatch / Emergency Communications
- **Potter Randall County Emergency Communications District**
- **Non-emergency line**
  - **(**806)378-3038
  - ask for CIT Officers

Law Enforcement

Randall County Sheriffs – 120 Sworn Jail, 68 Enforcement (4 CIT Trained), 86 P.O.; **Amarillo PD** – 370 approved – 345 (all CIT Trained); **Potter County Sheriffs** – 100 sworn – 140 jail- 100 P.O; **Texas Tech PD** – 10; **West Texas University PD** 10 (3 CIT Officers); **Airport Police**- 15; **VA Federal** 10 – All CIT trained; **Canyon PD**

Hospitals

Northwest Texas Hospital Behavioral Health- Pavilion
- 106 psych beds
- ER-medical

Amarillo VA Hospital –
- **MH intensive care; ER**

Oceans Behavioral Hospital
- Inpatient MH treatment
- Partial Hospitalization
- Outpatient Services (IOP)

Emergency Medical Services

American Medical Response (AMR)
- 911 and non-emergency medical transport in Amarillo

Intercept 2 — Initial Detention & Initial Court Hearings

Initial Detention

Randall County Detention Center
Potter County Detention Center

Booking

Screening Assessments Used:
- Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS)
  - This form informs magistrate notifications
- 16.22 Screening: court ordered – 96 hrs. to complete, 30 days if not in custody

TLETS Continuity of Care (CoC) Query / Care Match
- The Magistrate is notified if there is an exact or probable TLETS match and may order TPC to assess the individual for MI or IDD in Randall County
- Potter County has staff psychiatrist do MH evaluations

Initial Court Appearance –

Magistration

Randall County Courthouse and Potter County Courthouse
- **Within 24/72 hrs.**

Pretrial Services
- Bond decisions are made by Justice of the Peace, County Judges or District Judges depending on the nature of the offense
- Decisions based on Jail Screening Form (16.22)

Intercept 3 — Jails & Courts

Pre-Trial Diversion

Potter County Mental Health Specialty Court- Judge Matt Hand
- Pretrial diversion

Treatment Courts

The Panhandle Regional Problem Solving Court:
- TPC assessment
- Advocates for PR bond or early release from jail into treatment

The Panhandle Regional Veterans Treatment Court-Walt Weaver
- misd. or fel.; may be a condition of probation; VA and veterans service; Potter & Armstrong

Randall County MH Docket (municipal court)
- Early identification
- Advocates for PR bond or early release from jail into treatment

Drug Court (Potter, Randall & Armstrong)- Judge John Board
- 35-40 participant capacity; 3 phase and aftercare; 12-15 months; 74% graduation rate

Jail

Potter County Detention Center

MH Provider: Private Contracted Provider
Medical Provider: In House Provider
SUD Provider: N/A

Randall County Detention Center

MH Provider: Private Contracted Provider
Medical Provider: In House Provider
SUD Provider: COPSD Program
- Provided by Randall County MH Deputy

Jail Diversion Program– 1115 waiver
- Goal: Stabilization and release back to the community

Intercept 4 — Reentry

Jail Reentry

Potter County Sheriff's Office Reentry Support
- **Services**: Life skills, MH psychoeducation, ad-hoc reentry planning, 24/7 releases, transport provided.

Randall County Sherriff's Office Reentry Support
- **Services**: Volunteer groups, mentoring, AA/NA, GED opportunities

Prison Reentry program
- **2 yr. program**
- Receive applications from TDCJ inmate (Potter/Randall);
- 10-15 individuals in program
- **Services**: life skills, ID attainment, work releases, community affiliation

Justice Involved Program: SB292 Program- Jail Diversion Program
- Collaboration: PCSO, RCSO and TPC
- **Services:** MH & SUD psychoeducation, 4-5 groups/week; telepsych through TPC
- Clients identify through jail intake process

TCOOMMI
- Provides continuity of care services for clients with identified medical and mental impairments.
- Serves Potter/Armstrong/Randall

Intercept 5 — Community Corrections & Community Supports

Community Supervision and Corrections

Parole
- **Texas Department of Criminal Justice, Parole Division, Region V, Amarillo District Parole Office**

Probation

Potter, Randall, and Armstrong Counties Community Supervision and Corrections Department
- Serves Potter, Randall and Armstrong Counties
- Supervisor over 2500 felony and misdemeanor offenders

Probation Specialized Caseloads

The Texas Risk Assessment System (TRAS) is used to determine specialized service needs.
- Sex Offender Caseload
- Domestic Violence Caseload
  - largest caseload nears 60
- Family-Domestic Violence Caseload
  - Pretrial Diversion
- Mentally Impaired Caseload
  - Receive services from TPC/private provider
  - Max caseload of 40
- Substance Abuse Felony Punishment (SAFEP) Caseload
- Drug Court After Care Caseload

COMMUNITY

COMMUNITY

Behavioral Health

Texas Panhandle Centers- BH, IDD, outpatient services local LMHA; **Family Support Services of Amarillo-** BH, counseling, human trafficking, etc.; **BSA Behavioral Health-**Outpatient MH services; **Amarillo VA** , 90-day IOP program; **Child Protective Services**

Recovery Supports/ Peer Services

Cenikor, outpatient service, withdrawal management, MAT and inpatient services**; OSAR through TPC; Celebrate Recovery: Northwest Texas Healthcare System Behavioral Health-** outpatient SUD services**; Dailey Recovery Services-** Residential Rehab Program**; Agape Center; Downtown Women's Center**

Veterans Service Providers

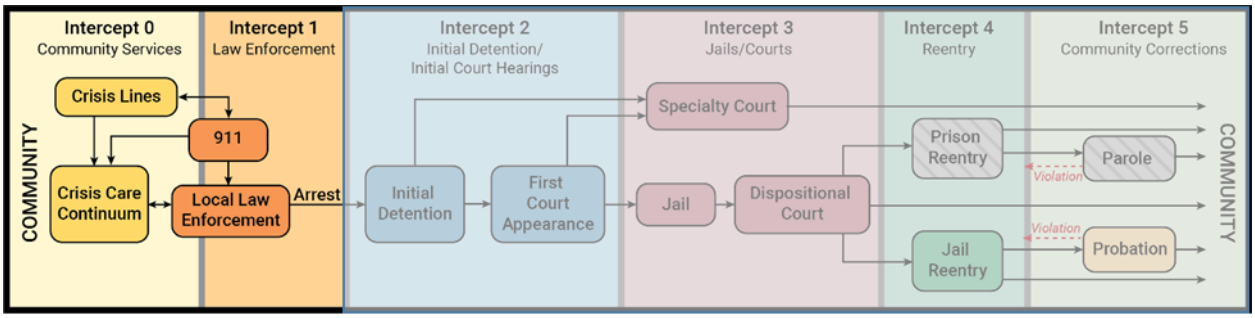
VA hospital; Family Support Services of Amarillo- peer support

Housing/Shelter

Code blue – Emergency Shelter for winter nights**; Emergency Safe House; ARAD shelter; Another Chance House; Salvation Army; Faith City Mission; Transitional Housing beds; Downtown women's center; Martha's Home**

Opportunities and Gaps at Each Intercept

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



Intercept 0 and Intercept 1

Overview of Gaps and Opportunities

Crisis Call Lines

Gaps

- The Texas Panhandle Centers' 10-digit crisis line phone number can be difficult to quickly recall for law enforcement, courts, and social service providers.

Opportunities

- Potter and Randall Counties can implement a public awareness campaign on the rollout of the new three-digit National Suicide Prevention Lifeline phone number, 9-8-8.

- Texas Panhandle Centers can work with local stakeholders to ensure that they understand how to call and utilize crisis lines that are available in Potter and Randall Counties.

9-1-1/Dispatch

Gaps

- Dispatch call takers in the Potter Randall Counties Emergency Communications District call center do not receive specialized training to identify signs or symptoms of a mental health crisis when the caller does not explicitly disclose their mental health status.

Opportunities

- Texas Panhandle Centers can provide Mental Health First Aid and Trauma-Informed Care training to dispatchers in Potter and Randall Counties to improve their ability to identify and respond to mental health crisis calls.
- Potter and Randall Counties and Texas Panhandle Centers can explore co-locating a mental health professional in the dispatch call center to support mental health crisis call diversion.

Crisis Services

Gaps

- Limited communication between local law enforcement, EMS, and local fire departments may adversely impact early identification of people with behavioral health concerns and delay the delivery of appropriate behavioral health services.
- Potter and Randall Counties lack an alternative to the emergency department or county jail as a law enforcement drop-off point for people experiencing a mental health crisis.
- The Potter Randall County Emergency Communications District (911) has not received coordinated training on how to determine when an MCOT or an Amarillo Police Department and Texas Panhandle Center Intercept Team response is most appropriate for a person experiencing a mental health crisis.

Opportunities

- Potter and Randall Counties and Texas Panhandle Centers may explore opportunities to provide Mental Health First Aid training to all first responders.

- Potter and Randall Counties can explore opportunities for a mental health crisis diversion center as an alternative to the emergency department or jail.
- Amarillo Police Department and Texas Panhandle Centers may develop guidelines to support dispatch call takers in determining when MCOT or the Intercept Team is the most appropriate dispatch decision.

Health Care

Gaps

- Youth and adults who reside in Potter and Randall Counties who are uninsured or underinsured may not have timely access to withdrawal management, inpatient, or outpatient substance use treatment in the region.
- Potter and Randall Counties lack a dedicated facility to provide supervised withdrawal for people who are acutely intoxicated.
- Emergency departments often struggle with providing timely medical clearance prior to inpatient psychiatric hospitalization.
- Workforce shortages across the behavioral health system contribute to lengthy wait times for services from all provider types.

Opportunities

- Potter and Randall Counties can explore opportunities to streamline medical clearance processes in the community, including establishing a community-based paramedic program to provide non-emergent care in the community and medical clearance prior to inpatient psychiatric hospitalization.
- Potter and Randall Counties can explore modifications to existing plans to build a diversion center to include a centralized drop-off point for law enforcement for people experiencing a mental health crisis and/or those in need of supervised withdrawal from substances.
- Behavioral health agencies across Potter and Randall Counties can participate in PBHA's provider shortages workgroup to improve workforce recruitment and retention strategies.

Law Enforcement and First Responders

Gaps

- Law enforcement in Potter and Randall Counties lack diversion options for people who may be appropriate to drop off at a mental health crisis facility in lieu of an emergency department or incarceration.

- Law enforcement in Potter and Randall Counties lack specialized training on how to respond to people with IDD.
- Potter County law enforcement may not have systems in place for early identification of behavioral health concerns prior to and upon arrival at the county jail.
- Law enforcement agencies in Potter and Randall Counties lack a unified communication strategy to share information on people with known or suspected behavioral health concerns.
- Non-CIT trained officers may not have the skills or resources to communicate suspected behavioral health concerns to Texas Panhandle Center staff or jail intake officers

Opportunities

- Texas Panhandle Centers can consider coordinating with community partners to provide training to law enforcement on responding to individuals with IDD.
- The Potter County Sheriff's Office may consider ways to improve identification and communication of suspected behavioral health concerns to jail staff.
- Potter and Randall Counties law enforcement agencies may identify systems to improve cross-agency communication regarding people with known or suspected mental health concerns.

Housing

Gaps

- Potter and Randall Counties lack affordable, accessible, and long-term housing options for justice-involved people with behavioral health conditions.
- Justice-involved people lack emergency or temporary shelter options in Potter and Randall Counties.

Opportunities

- Potter and Randall Counties can consider conducting a housing assessment to identify critical housing needs, strategies to meet the Counties' housing needs, and identify funding opportunities.

Peer Support

Gaps

- Family members may not have the knowledge or resources to effectively support their family members with behavioral health concerns.

- Peer Support and Family Partner services may not be widely available to justice-involved people with behavioral health conditions.

Opportunities

- Potter and Randall Counties and Texas Panhandle Centers can identify ways in which peers and family partners can be used to improve engagement by people with strong family and community support systems.
- Texas Panhandle Centers may consider opportunities to embed peer support and family partners in new or novel treatment or community-based settings.

Data Collection and Information Sharing

Gaps

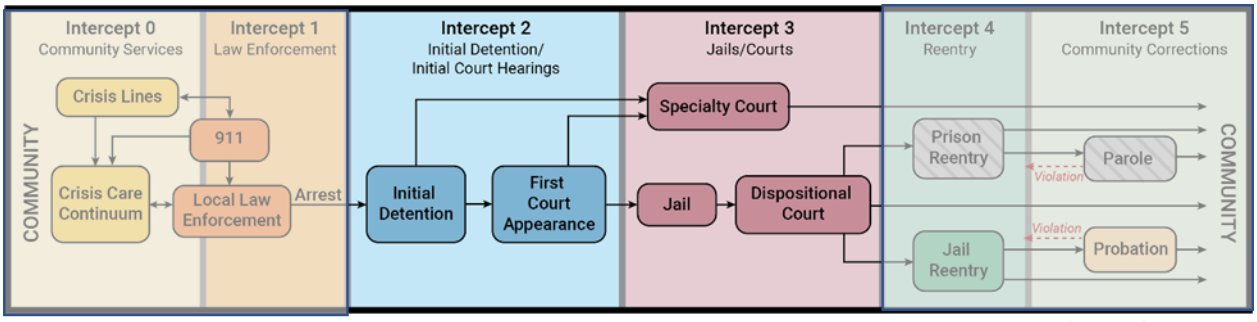
- Potter and Randall Counties do not have a unified data collection and reporting system in place.

Opportunities

- Potter and Randall Counties and Texas Panhandle Centers leaders may convene a group to identify data needs and data collection and reporting systems to improve the flow of information between local entities.

Transitions Back to the Community (Intercepts 2,3,4, and 5)

The Potter and Randall Counties SIM Workshop was tailored to prioritize the assessment of gaps and opportunities at intercepts 0 and 1 as well as the gaps and opportunities that exist across intercepts 2-5, specifically involving transitions back to the community. This section of gaps and opportunities details the existing gaps in continuity of care provisions between behavioral health and justice stakeholders in Potter and Randall Counties, as well as the opportunities identified to prevent individuals from cycling between the systems discussed during the workshop.



Intercept 2 and Intercept 3

Overview of Gaps and Opportunities

Jail Medical, Mental Health Care and SUD Services

Gaps

- Limited availability and capacity of the contracted mental health providers in both Potter and Randall Counties' Jails can delay access to psychiatric medications for inmates with mental health conditions.
- There is great variability in the behavioral health and medical services available between Potter County Jail and Randall County Jail.
- Limited availability of mental health providers in the jail impacts the capacity to provide jail-based mental health and SUD services in both Potter and Randall Counties' jails.
- Substance use treatment is not currently provided in Potter County Jail.

Opportunities

- Potter and Randall Counties' jails may consider ways in which to improve access to mental health services in the jail by embedding a mental health clinician in the jail.
- Potter and Randall Counties' jails can explore the use of telehealth to provide mental health and substance use screening, counseling, and treatment in both jails.

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.
- The Outpatient Competency Restoration (OCR) program in Potter and Randall Counties is underutilized and has not yet had any clients referred.

Opportunities

- Potter and Randall Counties stakeholders can work with HHSC to provide training on the 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.

- Texas Panhandle Centers and court and judicial stakeholders can identify additional opportunities for training and education for judges and prosecutors on alternatives to inpatient competency restoration for people found IST, including dismissing charges and transferring cases to a court with probate jurisdiction for a civil commitment.
- Potter County is a participant in HHSC's Jail In-Reach Learning Collaborative, and additional judicial stakeholders and jail medical can be included in this effort to support improved waitlist management and educate on jail-in reach best practices.

Pretrial Services

Gaps

- Access to community-based treatment services for individuals on pretrial supervision caseloads can be limited due to the lack of education and formalized relationships between community supervision and corrections officers and community treatment and service providers. This narrows the scope of services that may be offered through the existing pretrial diversion program.

Opportunities

- Both Potter and Randall Counties may increase utilization of pretrial supervision with the use of mental health bonds and bond conditions and increased service capacity of pretrial diversion caseloads.

Data Collection and Information Sharing

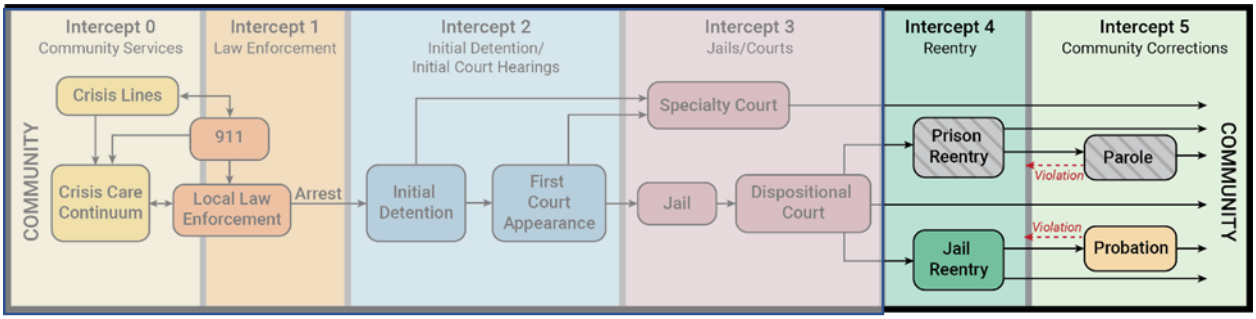
Gaps

- Potter and Randall Counties' courts have not established a uniform or unified data collection and reporting strategy.
- Potter and Randall Counties' Courts have not developed a streamlined process for reviewing CCP Art. 16.22 reports provided by jail mental health staff.

Opportunities

- Potter and Randall Counties may consider establishing a centralized data collection and reporting person or entity to facilitate data sharing between mental health and criminal justice systems in Potter and Randall Counties.
- Potter and Randall Counties may consider expanding the established regular meeting for jail medical, correctional staff, and court personnel to include

Texas Panhandle Centers and County DAs in order to efficiently share information on inmates with known behavioral health concerns.



Intercept 4 and Intercept 5

Overview of Gaps and Opportunities

Jail Continuity of Care

Gaps

- Potter and Randall Counties do not regularly provide psychiatric medications at jail release to people with behavioral health conditions.
- Potter County Jail does not provide discharge planning to individuals reentering the community.
- Jail staff are often not aware of existing community-based behavioral health and reentry services available to individuals exiting the jail. See 26 Texas Administrative Code section 306.202(g) for LMHA/LBHA requirements surrounding release of individuals with special needs from a city or county jail.
- Medicaid benefits are terminated for people who are in jail for periods of time greater than 30 days, which can delay access to necessary care upon reentry.

Opportunities

- Potter and Randall Counties' Jails may consider providing people who take psychiatric medications with 14-30 days of medications at jail release.
- Potter County can explore opportunities to expand reentry planning in the jail by adding a mental health reentry planning case manager.

- Potter and Randall Counties' jails can pilot a program that suspends rather than terminates Medicaid benefits by notifying HHSC for people who are in jail for more than 30 days to help improve access to care upon reentry.
- Texas Panhandle Centers can explore opportunities to develop a needs assessment and referral system to improve access to community-based services upon reentry.
- Potter and Randall Counties' behavioral health stakeholders can reference the Community Transitions Resource List developed by PBHA for accessing services (mental health, housing, benefits reinstatement, identification obtainment, and SUD services) to provide individuals released from the Potter and Randall Counties' jails.

Community Reentry

Gaps

- Limited affordable housing stock and stringent housing eligibility criteria create barriers in obtaining safe and stable housing for people reentering the community.
- Individuals exiting Potter and Randall Counties' jails are often not provided transportation upon release. In Randall County, individuals without transport are brought to community centers often outside of the hours of operation.
- Individuals are not provided with updated information on how to access resources in the community when released.

Opportunities

- Texas Panhandle Centers may consider the utilization of Peer Support Specialists to support reentry planning, provide transportation to individuals exiting jails and provide interim support to individuals waiting on follow-up appointments with community SUD and MH providers.
- Potter and Randall Counties' behavioral health stakeholders can develop an updated resource list and guide for accessing services (mental health, housing, benefits reinstatement, identification obtainment, and SUD services) to provide individuals released from the Potter and Randall Counties' Jails.

Probation and Parole

Gaps

- Potter and Randall Counties' jails have reported seeing an increase in the number of people with serious mental illness (SMI) in the jail and exiting into the community.

- There is limited space on specialized caseloads for individuals with MI, IDD, and/or SUD.

Opportunities

- Potter and Randall Counties' adult probation departments may consider expanding the capacity and scope of existing specialized caseloads to serve more individuals with ongoing behavioral health needs.
- Potter and Randall Counties' behavioral health and justice stakeholders can explore opportunities to maintain certifications and train all Community Supervision and Corrections Department (CSCD) Officers in Mental Health First Aid and provide ongoing education on community resources and programs for individuals with behavioral health needs.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified, participants voted for top priorities. The voting took place on November 16, 2022. The top five priorities are highlighted in bold text below.

Rank	Priority	Total Votes
1	**Develop a call center to provide information and referral for behavioral health services and emergency assistance for basic needs through the development of a centralized coordinating body.**	**34**
2	**Expand crisis options through the development of a diversion center.**	**26**
3	**Improve data collection and information sharing across the SIM.**	**20**
4	**Strengthen reentry and continuity of care planning.**	**15**
5	**Increase training and education for professionals working across behavioral health and justice systems.**	**11**
6	Strengthen and expand jail-based mental health and substance use disorder services.	11
7	Explore implementing alternatives to inpatient competency restoration.	7
8	Expand and enhance crisis response options through law enforcement and 911 (crisis call diversion, multi-disciplinary teams, etc.).	6

Rank	Priority	Total Votes
9	Develop and implement a public education campaign on MI, SUD and IDD.	5
10	Develop frequent utilizer intervention strategies and programs.	3
11	Expand crisis services for special populations including, youth at risk of justice involvement, people with IDD and people that are hard to engage in services.	1
12	Streamline court processes and post-booking diversion programs to serve people with mental Illness.	

Strategic Action Plans

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

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

- All Texas Access Report, Texas Health and Human Services Commission
- A Guide to Understanding the Mental Health System and Services in Texas, Hogg Foundation
- Texas Statewide Behavioral Health Strategic Plan Update, Texas Statewide Behavioral Health Coordinating Council
- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- The Joint Committee on Access and Forensic Services (JCAFS): 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
- SAMHSA's publication, Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals provides a foundational framework for providing services to people with MI and SUD who are justice-involved.

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

The first is equity and access. While the focus of the SIM Mapping Workshop is on people with behavioral health needs, disparities in health care 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 health care and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:

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

[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.

Priority Area One: Develop a Call Center to Provide Information and Referral for Behavioral Health Services and Emergency Assistance for Basic Needs Through the Development of a Centralized Coordinating Body.

Objective	Action Steps	Who	When

Conduct a needs assessment and establish potential goals for a centralized coordinating body.	• Convene workgroup to clarify goals of a centralized coordinating body. Explore:
	  ○ Potential roles and responsibilities;
	  ○ Specific gaps body would fill within the community; and
	  ○ How different behavioral health and justice stakeholders would interact with the body.
	• Coordinate with existing behavioral health providers, resource lines and crisis line operators to further explore potential activities of a centralized coordinating body.
	  ○ Begin to identify staffing needs based on this assessment.
	• Identify potential workforce sources to support the coordinating body.
	  ○ E.g., If a key activity of the body is to help field calls and direct people to local behavioral health resources, explore the use of interns from West Texas A&M in business or social work to answer the phone during business hours. Workgroup members could also explore the use of Northwest staff to answer the phone after hours or weekends.
		Downtown Women's Center
		Cenikor Foundation
		Northwest Texas Behavioral Health
			Spring Semester

Explore information sharing mechanisms	• Engage 211 to determine what resources already exist for sharing information on available crisis services. Invite them to engage in ongoing conversations. • Clarify information sharing needs for local stakeholders, for example: ○ General information on mental health services;	Coordinating Body Workgroup	2 weeks 1 week 2 weeks

	○ Aggregate data to identify trends in crisis service utilization and encounters with the criminal justice system; ○ Identifiable data to support care coordination for individuals with MI, SUD, and IDD who are at risk or involved with the justice system. • Explore what information sharing agreements might need to be in place between the behavioral health coordinating office, community behavioral health providers and other justice stakeholders: ○ E.g., data sharing agreements such as MOUs or ROIs ○ Data sharing tools (e.g., Dropbox/ google account or other Records Management Systems) • To support an initial goal of better understanding available resources, begin by entering services and criteria for admission for behavioral health programs across Potter and Randall Counties into a centralized data sharing platform or account.		
Ongoing data collection and evaluation	• Establish clear outcome measures to monitor the Coordinating Body's activities	Coordinating Body Workgroup	Ongoing
Sustain ideas and continue planning	• Meet monthly to continue momentum and planning. Identify: ○ Key participants ○ Location ○ Time and Date ○ Frequency • Identify opportunities to present progress and provide updates across county stakeholder groups: ○ Present on data gathered, training and education resources developed and key outcomes or intended outcomes from the Coordinating Body	Coordinating Body Group	First meeting, Thursday, December 1, 2022 at 1:30p Meet once monthly
Post Workshop Planning Considerations			
Objective	**Action Steps**	**Who**	**When**
Identify scope of a centralized call center	• Identify appropriate staff to support the call center	Call Center Taskforce	Ongoing

	○ Develop a staff recruitment and attainment plan • Define the call center's mission, vision and goals. • Differentiate call center activities from 211, existing crisis call lines and warm lines serving the community.		
Coordinate with existing behavioral health providers, resource lines and crisis line operators to define the activities of a call center.	• Identify key stakeholders necessary to launch the call center. • Designate where the call center will be housed and identify what entities will provide oversight. • Establish a decision tree to support community behavioral health and justice stakeholders in identifying appropriate utilization of the call center. • Identify key outcome measures and define data collection points. For example: ○ Number of calls ○ Reason for call ○ Referral provided ○ Number of referrals that resulted in connection to care	Call Center Taskforce	Ongoing

Additional Considerations

Explore strategic planning best practices to help identify a vision, mission and goals for the Behavioral Health Coordinating Body.

- The Office of New York State Comptroller developed a Local Government Management Guide on Strategic Planning that highlights the five basic elements of strategic planning: mission, vision, goals, objectives and strategies. These elements should all be considered throughout the development of the Potter and Randall Counties Behavioral Health Coordinating Body. In order to effectively identify these five elements, all strategic planning should be guided by four key questions:[4]
    - Where are we currently?
    - Where do we want to be in the future?
    - How do we get there?
    - How do we gauge progress?

[4] *Local Government Management Guide: Strategic Planning*. Office of The New York State Comptroller. (2003). Retrieved 21 November 2022, from https://www.osc.state.ny.us/files/local-government/publications/pdf/strategic_planning.pdf.

- Consider key components of effective behavioral health and justice system collaboration:
    - Develop joint projects across County behavioral health and justice providers.
    - Explore blended funding opportunities to support behavioral health coordinating body projects.
    - Ensure information is being shared across relevant stakeholder groups.
    - Provide cross-training across behavioral health and justice stakeholder groups.

Review strategies to assess county-level behavioral health and justice collaborations and to monitor the quality of behavioral health service delivery across Amarillo.

- Wayne State University's Center for Behavioral Health and Justice created the SIMPLE (Sequential Intercept Model Practices Leadership, and Expertise) Scorecard as a tool to assess county-level behavioral health and justice collaborations. Counties were analyzed on a 36-point scale for best, promising and evidence-based practices across intercepts, leadership and expertise. This model could be built upon to evaluate the activities of the Behavioral Health Coordinating Body and their success at increasing county-level behavioral health and justice coordination.[5]

Explore tools the office could use to help establish a new standard of care for Potter and Randall Counties residents, enable identification and prediction of social care needs, track trends in referrals, enrollment, and availability of mental health services, and leverage meaningful outcome data and analytics to further drive community investment.

- Tools identified by workshop participants included Dropbox, 211, and FindHelp.org.
- The National Center for Complex Health and Social Needs and the National Association of Counties have tools and resources to assist counties in developing health programs and services. The Complex Care Startup Toolkit supports communities in developing a comprehensive program for people with complex needs.

Learn from communities with behavioral health coordinating offices and from the existing structure of the Panhandle Behavioral Health Alliance.

[5] *The SIMPLE Scorecard.* Wayne State School of Social Work. (2021). Retrieved 4 January 2023, from https://behaviorhealthjustice.wayne.edu/simple_scorecard/cbhj_simple_scorecard.pdf.

- Fort Bend County Behavioral Health Services (BHS) was established by the Fort Bend County Council of Judges in October 2010. The department was restructured in December of 2018 to report to Fort Bend County Commissioners Court. The department was created to assist in addressing the needs of those with mental illness who come into contact with the justice system. Over the years, Behavioral Health Services has expanded to begin to address those in the community who are at high risk of involvement in the justice system. Working collaboratively with the justice system, health and human services, behavioral health providers, county offices, schools, and the community, BHS continues to increase awareness of the needs of Fort Bend County's most vulnerable populations, and guide systems to work collaboratively to better address those needs.
- The Office of Care Coordination in Orange County, California engages across the county working with cities and community-based organizations to strengthen regional capacity and multi-city, multi-sector investments to prevent and address homelessness. They accomplish this by coordinating with public and private behavioral health resources in the County and promoting integration of services within the community to improve the county-wide response to homelessness.

Explore opportunities to restructure the existing Behavioral Health Leadership Team serving Potter and Randall Counties and learn from both national and local leadership team best practice models.

- Criminal Justice Coordinating Councils (CJCCs) bring together stakeholders to explore and respond to issues in the criminal justice system. Many CJCCs use data and structured planning to address issues in the justice system, including issues related to mental health and substance use. These councils are intended to be permanent, rather than to address a problem or set of problems within a set time frame. Successful CJCCs need buy-in from key members of the justice and behavioral health systems and those in positions of authority. [6]
    - 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

[6] *Guidelines for Developing a Criminal Justice Coordinating Council.* National Institute of Corrections. (2022). Retrieved 8 December 2022, https://info.nicic.gov/cjcc/.

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 facilitate collaboration between agencies, experts, and community service providers to improve Harris County's criminal justice system in accordance with best practices.

- Explore successful Texas Leadership Teams.
    - The Dallas County BHLT was developed in 2011 and is made up of five advocates, 13 county/city organizations, 6 residential facilities, 16 outpatient providers and three payers/funders. The leadership team also has developed subcommittees to target specific community needs, including an Adult Clinical Operations Team, a Behavioral Health Steering Committee, and a Crisis Services Project.
    - Texoma BHLT serves as the community's hub for mental health and wellness. The team is comprised of Behavioral Health Hospitals; city, county, and state representatives; consumers; patients, and families; school districts; community college; private liberal arts college; Emergency departments; funders; judicial and law enforcement; managed care/insurance; mental health service providers (including the area's local mental health authority); the region's veterans hospital located in the service area, and workforce leaders.
    - The Abilene and Taylor County Behavioral Advisory Team (BAT) was established on August 13, 2018 by unanimous agreement of participants at an organizational meeting. The City of Abilene and Taylor County BAT is empowered to specifically function as a single point of advisory, accountability, planning, and resource coordination for all City of Abilene and Taylor County behavioral health services. The BAT developed a charter to guide the actions of the advisory team and establish accountability across advisory team members to ensure the success of the BAT.

Post Workshop Considerations

Conduct planning activities to identify the scope of a call center and the gap this center would fill. Consider what planning activities can assist in gathering information from community members that will help assess the need and scope of the call center.

The Community Toolbox is a resource from the Center for Community Health and Development at the University of Texas. Helping Take Action provides resources to support community development processes.

Consider opportunities to build upon and innovate across existing dispatch and crisis line infrastructures in Potter and Randall Counties. During the Potter and Randall Counties' SIM Mapping Workshop opportunities to improve the way 911 dispatchers are screening for and triaging mental health calls for service were emphasized by participants.

Innovations in 911 Dispatch: A diversion model showing great promise across the U.S. is 911 dispatch diversion, sometimes called crisis call diversion. The approach aims to reduce unnecessary police contact by connecting people to mental health professionals when someone contacts 911 due to a behavioral health crisis or other health or social service need.[7]

- Connect with communities that have implemented Texas 911 dispatch programs:
  - Bluebonnet Trails Community Services: Williamson County (pop. 570,437)
  - Betty Hardwick Center
  - Central Plains Center: Hale County (pop. 33,463)
  - Integral Care: Travis County (pop. 1.251 million)
  - Harris Center: Harris County (pop. 4.681 million)
  - Parkland Health Hospital System, Dallas PD, and Dallas FD: Dallas County (pop. 2.623 million)
- Review key resources:
  - The Council of State Governments Justice Center released a brief that offers tips for successfully implementing a 911 dispatch diversion program.
  - HHSC developed a brief that outlines innovations in integrating 911 and behavioral health responses, highlighting a few Texas programs and sharing relevant outcome data.
  - The Council of State Governments' Community Responder Programs: Understanding the Call Triage Process outlines the different approaches to

[7] *Tips for Successfully Implementing a 911 Dispatch Diversion Program.* The Council of State Governments Justice Center. (2021, October). Retrieved 20 September 2022, from https://csgjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/.

crisis call triage and best practices to dispatching community crisis responders.

Team Leads: Candice Elliott, Northwest Behavioral Health; Debra King, Cenikor; Diann Gilmore, Downtown Women's Center

Workgroup Members:

Jason Riddlespurger, City of Amarillo; Candice Elliott, NorthWest Behavioral Health; Debra King, Cenikor; Diann Gilmore, Downtown Women's Center; Becky Warren, WT counseling service; Steve Brush, Chief of Police Canyon PD; Easter Goodner, Texas Panhandle Centers; Jason Howell, Potter and Armstrong Counties Public Defender.

Priority Two: Expand Crisis Options Through the Development of a Diversion Center.

Objective	Action Steps	Who	When

Establish a diversion center and triage hub workgroup	• Identify key Potter and Randall Counties stakeholders: County Commissioners; Amarillo PD; Sheriffs' Offices; County EMS; Substance Use Providers / Non-profits; Housing Providers; Texas Panhandle Centers; All County Hospitals; Public Defenders; City Government; County Judges.
	  ○ Include leadership and frontline workers in workgroup
	• Discuss a phased approach for the planning and development of a Diversion Center and Triage Hub
	• Schedule convening of relevant stakeholders:
	  ○ Gather contact information of all stakeholders
	  ○ Identify a space
	  ○ Identify a regular time to meet
	  ○ Establish mission, vision and goals of the workgroup
		Regence Health Network and Texas Panhandle Centers	Identify key stakeholders and introduce phased approach, by **1-10-23**
			
			Establish regular monthly meetings by **2-21-23**

Conduct a diversion center and triage hub needs assessment	• Assemble local data to help determine the need for, and potential impact of, a Diversion Center and Triage Hub. Initial data points to consider:
	  ○ Mental health-related calls for service (911, local police departments and sheriffs' offices);
	  ○ Daily jail population;
	  ○ For a specific time period: number of jail bookings for low-level misdemeanors; number of jail bookings for people who screen positive for mental illness;
	  ○ Average length of stay for individuals who screen positive for mental illness compared to the general population;
	  ○ Average cost to house people with mental health issues in the jail; and,
	  ○ Frequent utilizer analysis.
	• Identify opportunities to bolster and better coordinate existing crisis services (e.g., 911, Crisis Line, MCOT, Co-Responder Unit), to reduce the number of people who need a law enforcement response or in-person crisis care;
	• Review existing crisis drop-off options, including their capacity, eligibility requirements and other
		Diversion Center Workgroup and Data Workgroup	Present data gathered from crisis calls, mental health calls and jail data by **6-20-23**
			
			Establish regular monthly meetings

	considerations and determine if existing resources meet current needs; • Present data to county stakeholders and behavioral health leadership to develop support for local diversion center planning efforts.		
Conduct outreach and/or site visits to other diversion centers	• Set up virtual meetings or in-person site visits to learn more about other centers across the state: ○ Judge Ed Emmett Mental Health Diversion Center; ○ Tarrant County Mental Health Jail Diversion Center; ○ Williamson County Diversion Center • Engage counties who are also in the process of developing a Diversion Center or augmenting existing resources to create low-barrier law enforcement drop-off options: ○ Bell County; ○ Navarro County; ○ Lubbock County.	Diversion Center Workgroup	Identify and schedule site visits by 9-1-23
Discuss potential funding sources, eligibility requirements and scope	• Identify potential funding sources, taking into consideration both start-up costs and ongoing operational costs of a Diversion Center and Triage Hub. Consider how costs might vary based on a phased developmental approach. • Conduct analyses to identify potential hours of operation based on county data collected (e.g., crisis hotline data, 911 dispatch data, emergency room data); • Determine initial clinical/medical services and other supports that will be available at the Diversion Center, based on needs assessment. Consider: ○ Low-barrier drop-off center elements; ○ On-site security; ○ On-site medical evaluation; ○ MH/SUD referrals; ○ Case management; ○ Counseling; ○ Medication management; ○ Withdrawal management • Treatment and medication management for individuals with substance use disorder (SUD) and serious mental illness (SMI) • Discuss eligibility requirements based on charge type and clinical need.	Diversion Center Workgroup	By 1-3-24

Additional Considerations

Conduct a comprehensive needs assessment by analyzing existing data to make a case for the development of a diversion center. Where data doesn't exist, stakeholders can discuss plans 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[8]:

- 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

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

Learn from other communities and consider reviewing the following publications for diversion center implementation best practices:

- Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners, developed by Justice System Partners, provides practical guidance from Harris County for planning a crisis diversion center including,

[8] *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners.* Justice System Partners (2020, September). Retrieved 28 December 2022, from https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf.

laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability.[9]

- 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.[10] 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.[11]
- 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.[12]

Define the diversion centers goals and determine program eligibility to meet those goals. Questions to consider: Who is the target population? At which contact point will diversion be most impactful in addressing gaps in the community and meeting community goals? Who is eligible for services?

- Initially, the Harris County Diversion Center determined that the diversion center would be voluntary, and that diversion was appropriate for individuals who:

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

[10] *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.

[11] *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.

[12] *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.

- Commit low-level, non-violent crimes;
- Appear to have a MI or have a documented history of MI;
- 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); and
- 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. [13]

Team Leads: Libby Moore, Texas Panhandle Centers and Kraig Stockstill, Regence Health Network

Workgroup Members:

Libby Moore, Texas Panhandle Centers; Kraig Stockstill, Regence Health Network; Lisa Ricketson, Potter County Jail; Rene Havel, Northwest Texas Behavioral Health; Ray Flores, Workforce Solutions Panhandle; Steve White, Potter County Jail; Candice Elliott, Northwest Texas Behavioral Health

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

Priority Three: Improve Data Collection and Information Sharing Across the SIM.

Objective	Action Steps	Who	When

Develop a data task force	• Identify key county stakeholders to support data collection across Potter and Randall Counties
	• Poll community leaders to identify what data each SIM priority group might consider tracking
	• Establish data sharing agreements across county BH and justice stakeholder groups (ROIs and MOUs) as needed (participation in the data taskforce constitutes an agreement to share data on an aggregate level)
	• Plan for Taskforce meetings. Identify:
	  ○ Key participants
	  ○ Location
	  ○ Time and Date
	  ○ Frequency
		PBHA, City Health and TPC	Within 45 Days
			
			First two meetings (Jan/Feb)

Analyze data across Potter and Randall Counties	• Assess availability of baseline data across the SIM:
	  ○ Use the community impact measures spreadsheet to guide data collection
	  ○ Review SAMHSA's Data Across the SIM to establish key data points at each intercept
	• Consult with county stakeholders to identify what data is needed and what data sharing practices are currently implemented.
	• Create timeframe for stakeholders to submit data identified on the impact measures spreadsheet or other identified data collection points to the data taskforce.
		Data Taskforce	April/May

Create a community indicator dashboard	• Collate data collected across SIM priority groups into a sharable spreadsheet
	  ○ Consider data collection timeline (quarterly, 6 months, annually)
	• Explore opportunities to develop a data dashboard to house county data
	  ○ Contract with IT professionals to support dashboard development
		Data Taskforce	Within 6 months
			
			Update monthly once dashboard is developed

Establish data informed decision-making procedures	• Assess trends across baseline data to prioritize data collection points by stakeholder group or intercept. ○ Modify data collection points based on trend analysis	Data Taskforce	Ongoing

	• Evaluate existing county behavioral health and justice programs and procedures based on data collected. ○ Develop program recommendations based on analysis of county need		

Identify program funding opportunities	• Use data analysis to support funding for programs to address community needs
	• Conduct an assessment of county funding resources
	  ○ Explore local philanthropies;
	  ○ Explore county Commissioner funding;
	  ○ Review list of available national and state grants
	• Explore funding and sustainability for paid staff to be focused to fill the role of data tracking and analysis.		

Additional Considerations

Clarify goals for data sharing and data integration for Potter and Randall Counties and develop potential use cases to guide planning efforts. Data sharing across behavioral health and criminal justice systems is critical to reducing the number of people with MI, SUD, and IDD in jails. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with MI, SUD, and IDD in the community. At the point of service, the availability of information related to the person's treatment history and condition can enhance safety, improve the individual's health, and support recovery outcomes. Consider convening a work group to clarify data and information sharing goals for the community. Examples of goals might include:

- Track key criminal justice and behavioral health trends across Potter and Randall Counties 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 9-1-1 dispatchers and law enforcement in identifying people who might need mental health support and be eligible for diversion based on previous contacts with the public mental health system.

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

- The Community Impact Measures collected in preparation for the SIM Mapping Workshop. See **Appendix C** for more detail.
- SAMHSA's manual, Data Collection Across the Sequential Intercept Model: Essential Measures, recommends data elements organized around each of the six SIM intercepts. Each section lists data points and measures that are essential to addressing how people with MI and SUD flow through that intercept. The sections also cover common challenges with data collection and ways to overcome them, along with practical examples of how information is being used in the field.[14]

Learn from national efforts and other Texas communities.

- In 2016, the U.S. Department of Justice's Bureau of Justice Assistance (BJA) launched an online toolkit in partnership with the Council of State Governments (CSG) Justice Center that supports law enforcement agencies around the country in planning and implementing effective public-safety responses to people who have MI. One key component is the identification of four key outcomes of Police-Mental Health Collaboration effectiveness:[15]
    - 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.
- Texas counties have joined national data initiatives like the Stepping Up Initiative to reduce the number of people with MI in jail. In early 2019, Lubbock County became one of 15 counties nationwide nominated as a Stepping Up Innovator County. Lubbock County has implemented strategies to accurately identify people in jails who have SMI; collect and share data on people with SMI to better connect them to treatment and services; and use this information to inform local policies and practices. The four key measures of the Stepping Up initiative are:[16]

[14] *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.
[15] *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 16 June 2022, from https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf.
[16] *Stepping Up Together.* The Stepping Up Initiative. Retrieved 16 June 2022, from https://stepuptogether.org/.

- Number of bookings;
- Average length of stay;
- Connections to treatment and services; and
- Recidivism for the general population and for people identified as having SMI to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas.

Review national and state data sharing guidelines.

- Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws, is a report from the CSG Justice Center's Criminal Justice and 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 MI 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 Code of Federal Regulations (CFR) Part 2 may affect 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.[17]
- Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions, compiles strategies presented at the 2018 Best Practices Implementation Academy convened by SAMSHA's GAINS Center to enable appropriate information sharing between health care and criminal justice agencies.[18]
- See **Appendix** D for some relevant Texas and federal privacy and information sharing provisions.

[17] *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.* Council of State Governments Justice Center. (2010). Retrieved 16 June 2022, from https://csgjusticecenter.org/publications/information-sharing-in-criminal-justice-mental-health-collaborations/.

[18] *Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions.* National Association of Counties. (2018). Retrieved 21 November 2022, from https://www.naco.org/blog/point-service-information-sharing-between-criminal-justice-and-behavioral-health-partners.

Team Lead: Mellisa Talley, Texas Panhandle Centers; Casie Stoughton, Amarillo Public Health, Captain Jeremy Hill, Amarillo Fire Department

Workgroup Members:

Mellisa Talley, Texas Panhandle Centers; Casie Stoughton, Amarillo Public Health; Leo Rice, Another Chance House; Vinus Bustos, Potter, Randall, Armstrong Community Supervision Corrections Dept (CSCD); Alisson Crockett, Potter, Randall, Armstrong Community Supervision Corrections Dept (CSCD); David Bustos, Texas Panhandle Centers; Rudy Montano, Randall County Sheriff's Office; Jeremy Hill, Amarillo Fire Department; Richard Cox, APD-Intercept Team

Priority Four: Strengthen Reentry and Continuity of Care Planning.

Objective	Action Steps	Who	When

Establish a reentry workgroup	• Identify key stakeholders to invite (Jail Staff; Jail Medical; Sheriffs' Offices; Police Departments; TPC Forensic and Crisis Services Staff; Adult Probation and Parole; Juvenile Probation; Public Defender)
	• Define the Reentry Workgroup goals, consider:
	  ○ Mission
	  ○ Vision
	• Set first reentry workgroup meeting
		Action Planning Reentry Workgroup Leads	1/24/2023

Establish an information sharing process and protocol	• Review existing data sharing tools used by programs across Potter and Randall Counties • Develop a process chart for information sharing across stakeholders ○ Review HHSC's CCP 16.22 flowchart as a guide (**See Appendix G**) • Identify key stakeholders to coordinate with on information sharing practices (County DAs, County Judges, Community Supervision and Corrections, County Jail Administrators, Public Defenders Office and Texas Panhandle Centers)		Draft by 1/24/23

Create a uniform template for bond conditions and probation conditions of release	• Review pretrial intervention agreement templates developed by other counties:
	  ○ Dallas County's Pretrial Intervention Agreement **(Appendix H)**
	  ○ Harris County's Post-Charge Mental Health Diversion Program
	• Review the Judicial Commission on Mental Health's Forms Bank for reference documents.
	• Take an inventory of current bond conditions and conditions of release utilized by Potter and Randall counties' magistrates
	  ○ Coordinate with community MH providers to explore community-based diversion options
	• Share templates developed between Potter County Courts and Randall County Courts to streamline the pretrial process across Amarillo.
		Reentry Workgroup Leads will provide templates to the workgroup
		
		DA office group members will present current conditions by **1/24/23**
		
		Next Meeting: TBD
			1/24/23

Improve jail-based reentry services	• Explore opportunities to improve access to MH services prior to an individual's release from jail ○ Coordinate intake appointments with TPC for clients with ongoing BH needs	Reentry workgroup leads, county medical teams and jail administrators	March 2023

	• Release clients with an appropriate amount of psychotropic medications from Randall and Potter Counties' Jails.
	  ○ Coordinate with Potter and Randall Counties Jail Administrators to:
	  • Create process for individuals on psychotropic medications to be released with an extended supply of medication.
	  • Review the jail formularies and align formularies with community-based provider formularies.
	  • Explore medication reimbursement funding opportunities.
	• Implement benefits coordination services in jail:
	  ○ Assist individuals with benefits reactivation prior to release.
	  ○ Coordinate with clients to obtain identification documents.
	  ○ Connect client to housing, job and treatment supports prior to release.
	• Establish a data collection plan to track:
	  ○ Discharges;
	  ○ Number of referrals made;
	  ○ Number of referrals followed up on;
	  ○ Rates of recidivism		

Additional Considerations

Strengthen collaboration across jail and reentry stakeholder groups by engaging in opportunities to deepen communication and coordination across reentry service providers.

- Increase coordination across the Potter County Forensic Team participating in the Jail-in-Reach Learning Collaborative and establish a Randall County Forensic Team made up of key behavioral health and justice stakeholders.
  - Learn from communities with existing forensic leadership teams that have developed core processes around waitlist management:
    - Lubbock County CARE Team;
    - Orange County; and,
    - Collin County.

- Participate in HHSC's Jail-in-Reach Learning Collaborative's technical assistance calls.
- Coordinate across reentry stakeholders to identify gaps in current reentry services and discuss opportunities to better serve individuals with behavioral health needs reentering the community from jail.
- Identify ongoing opportunities for cross-training and education among correctional, behavioral health and community stakeholders on reentry best practices.
- Consult resources that provide guidance on correctional populations with behavioral health needs.

Review national reentry best practice guidelines and learn from model reentry programs.

- SAMHSA developed Guidelines for Successful Transition that provides correctional, behavioral health and community stakeholders examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.[19] The guidelines include:
    - Assess the individual's clinical and social needs and public safety risks.
    - Plan for the treatment and services required to address the individual's needs.
    - Identify required community and correctional programs responsible for post-release services.
    - Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.
- Learn from communities that have developed robust reentry programs for people with behavioral health needs.
    - At Gwinnett County Jail in Georgia, County Commissioners funded the Gwinnett Reentry Intervention Program (GRIP) with a dual goal of assisting individuals who were exiting incarceration to become self-sufficient and reducing recidivism. This program was developed in collaboration between United Way and the Gwinnett County Sherriff's Office to provide community-based services to people released pretrial as well as those transitioning back post sentence.

[19] *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. Substance Abuse and Mental Health Services Administration. (2017). Retrieved 3 October 2022, from https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf.

    - In Hancock, Ohio the county jail has implemented a comprehensive strategy for placement and treatment planning that matches an individual's risk level and behavioral health needs with varying levels of supervision and modes of treatment. This empirical classification system outlines options for general versus specialized services, treatment referrals, case management, transition planning, and support, as well as general programming and allows for the jail to effectively individualize treatment needs.

- Consult resources that provide guidance on correctional populations with behavioral health needs. The CSG Justice Center's report, Adults with Behavioral Health Needs Under Correctional Supervision introduces an evidence-based framework for prioritizing scarce resources based on assessments of individuals' risk of committing a future crime and their treatment and support needs. The report also outlines the principles and practices of the substance use, mental health, and corrections systems and proposes a structure for state and local agencies to build collaborative responses.[20]
- Utilize The National Reentry Resource Center developed by U.S. Department of Justice's Office of Justice Programs, Bureau of Justice Assistance and Office of Juvenile Justice and Delinquency Prevention to explore reentry resources, funding opportunities and technical assistance.
- Review the CSG Justice Center's Preparing People for Reentry: Checklist for Correctional Facilities to guide reentry planning best practices in Potter and Randall Counties' Jails.

Explore jail in-reach best practices. Learn from other similarly sized counties implementing jail in-reach programs and consider opportunities to implement the best practices highlighted below in Potter and Randall Counties:

- Transition planning by the jail or in-reach providers:
    - Planning for reentry should begin at intake and continue during the person's incarceration.
- Medication and prescription access upon release from jail or prison:
    - Ease the transition by supplying extra medication or a prescription prior to release.

[20] *Adults with Behavioral Health Needs Under Correctional Supervision.* The Council of State Governments. (2019). Retrieved 21 November 2022, from https://csgjusticecenter.org/wp-content/uploads/2020/02/Diversion-conecept-paper.pdf.

- Warm handoffs from corrections to providers:
    - Utilize peers to provide transportation from jail directly to services.
    - Consider opportunities to have community-based workers engage with people in the jail prior to release.
- Reinstate benefits and health care coverage immediately following or upon release:
    - Explore training select jail staff from Potter and Randall Counties in SAMHSA's SSI/SSDI Outreach, Access, and Recover (SOAR) to increase access to Social Security Income and Social Security Disability Insurance (SSI/SSDI) benefits for people in the community who are experiencing or are at risk of experiencing homelessness and have a SMI, medical impairment, and/or a co-occurring SUD.
        - Find more information on SOAR in Texas and contact information for the Texas State Team Lead.
        - Explore the free online SOAR course for case managers.
    - Create a procedure to contact HHSC when an eligible person with Medicaid is incarcerated for more than 30 days to ensure suspension of benefits versus termination. For more information, see H.B. 337, 85th Legislature, Regular Session, 2017.
    - Establish a procedure for Social Security Administration benefits to be reinstated prior to an individual's release from jail through a pre-release agreement with Social Security.
        - Visit Re-entering the Community After Incarceration—How We Can Help (ssa.gov) for more information about coordination of benefits reinstatement.
- Peer support services:
    - Peer staff may be employed by the jail or by in-reach providers to deliver transition planning services.
- Reentry coalition participation:
    - Partners from criminal justice, behavioral health, and supportive community-based services should be involved to help coordinate the reentry process and provide MH and SUD resources as they plan their transition.

Expand utilization of pre-arrest and post-booking diversion options in Potter and Randall Counties.

- Review the CSG Justice Center's Behavioral Health Diversion Interventions: Moving from Individual Programs to System-Wide Strategy to understand the key components to developing a system-wide diversion strategy. Explore the section on post-booking diversion options and consider opportunities for courts and jails to implement post-booking interventions in Potter and Randall County.
- Develop an agreed upon template to set bond conditions in Potter and Randall Counties. Explore pretrial agreements established by other counties:
    - Dallas County Pretrial Intervention Agreement- **Appendix H**
    - Harris County's Post-Charge Mental Health Diversion Program

Identify opportunities to improve forensic waitlist management and implement alternatives to inpatient competency restoration in Potter and Randall Counties.

- Review the Eliminate the Wait toolkit.
    - Identify opportunities to offer stakeholder-specific trainings on best practice related to the competency restoration process.
- Explore the opportunity to implement JBCR in Potter and Randall Counties and expand utilization of existing OCR program.
    - Review HHSC's Competency Restoration landing page for information on OCR and JBCR programs, including statements of work, statutes, training resources and rules.
- Explore the use of Court-Ordered Medications (COMs).
    - Work with HHSC's Office of Forensic Coordination to offer a training on COMs to County forensic stakeholders (e.g., judges, prosecutors, defense attorneys, jail staff and jail medical providers).
- Explore national and state forensic waitlist management best practices.
    - The CSG Justice Center's Just and Well: Rethinking How States Approach Competency to Stand Trial outlines the ten most effective strategies stakeholders can pursue to improve the competency to stand trial process.
    - Policy Research Associate's Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial outlines some immediate steps that can be taken by Counties to streamline the competency process.

- The National Judicial Task Force's State Courts Leading Change: Report and Recommendations provides an overview of recommended changes to more effectively respond to the needs of court-involved individuals with severe mental illness.

Team Lead: Judge John Board, Potter, Randall, Armstrong Counties Drug Court; Dr. Shanna James, Public Health

Workgroup Members:

Judge John Board, Potter, Randall, Armstrong Counties Drug Court; Dr. Shanna James, Public Health; Yvonne Blanco-Spriggs, Managed Assigned Council Maira Argomaniz, Texas Panhandle Centers; Robert Love, Randall County DA; Richard Campbell, Randall County MH Deputy; Ann Tidwell, NorthWest Texas Behavioral Health; Adrian Castillo, Assistant District Attorney Potter County; Sandra Garza, Program Director of Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

Priority Five: Increase Training and Education for Professionals Working Across Behavioral Health and Justice Systems.

Objective	Action Steps	Who	When

Establish a training and education taskforce	• Identify any additional stakeholders to include in the training and education workgroup.
	• Plan for Taskforce meetings. Identify:
	  ○ Key participants;
	  ○ Location;
	  ○ Time and Date; and
	  ○ Frequency
		Training and Education Taskforce Team Leads	1/24/23

Establish training for Potter and Randall Counties' first responders	• Develop a community survey to gauge first responder interest and assess training needs.
	• Identify key community partners who could help host and/or promote trainings, such as schools, faith-based organizations, or major area employers.
	• Establish an email list with all community partners that work at the intersection of behavioral health and justice.
	• Take an inventory of existing mental health training resources:
	  ○ Mental Health First Aid
	  ○ Crisis Intervention Team Training
	  ○ Assess Support Know: Suicide Prevention Training,
	  ○ Applied Suicide Intervention Skills Training,
	  ○ Counseling on Access to Lethal Means.
	• Schedule existing MH trainings with community stakeholders.
	• Explore developing a resource application to enhance opportunities for first responders to access mental health services in the community.
	• Develop a cross-county behavioral health curriculum to be offered to all Potter and Randall Counties' first responders
		Training and Education Taskforce	

Educate community on dispatch protocols	• Provide community education on 9-1-1 call triage process • Clarify goals for community-wide education (1) who is the target audience? (2) how might you reach them? (3) what do you hope to accomplish from community trainings? (4) what are gaps in stakeholder knowledge?	Training and Education Taskforce	

	• Identify opportunities to provide education via social media		

Coordinate information and resource sharing with local 211	• Establish coordinating meeting with Potter/ Randall County 211
	• Assess any data collected by 211 to identify where any gaps in resources or connection to care exists
	• Identify a centralized database to update local resource information.
	  ○ Explore opportunities to coordinate with West Texas A&M to update and monitor the resource database.
	  ○ Coordinate with PBHA on updating the existing resource manual.
	• Utilize social media to broadly share community behavioral health resource and announce upcoming trainings.
		Training and Education Taskforce	

Additional Considerations

Review existing MH, IDD, and SUD trainings offered in Potter and Randall Counties and consider what might be utilized or tailored to train specific behavioral health and justice stakeholders. For example:

- Mental Health First Aid teaches participants how to identify, understand and respond to signs of MI and SUD. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
- Applied Suicide Intervention Skills Training (ASIST) is a 2-day training program that teaches participants how to assist those at risk for Suicidal Thinking, Behavior, Attempts. Although many health care professionals use ASIST, anyone 16 years or older can use the approach, regardless of professional background. ASIST workshops cost money to attend, with cost varying by training site.
- Assess Support Know: Suicide Prevention Training, AS+K? About Suicide to Save A Life (Basic) provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective factors. In this one hour e-learning course, participants are trained to recognize warning signs—behaviors and characteristics that might indicate elevated risk for suicidal behavior—and the initial intervention steps to support a person they think might be at risk for suicide.

- Counseling on Access to Lethal Means (CALM) focuses on how to reduce access to the methods that are frequently used by individuals who die by suicide. It covers how to: identify people who could benefit from lethal means counseling, ask about their access to lethal means, and work with them and their families to reduce access.
- Crisis Intervention Team Training programs are designed to improve the way law enforcement and the community respond to people experiencing a mental health crisis. The intended audiences are law enforcement and jail staff, but many communities have extended this training to serve county fire departments, EMS departments, 9-1-1 dispatchers, and all community behavioral health providers.

Review key resources and local examples for police coding of MH calls and innovations in 911 dispatch. Use these resources to develop a training for local dispatchers and law enforcement in Potter and Randall Counties.

Police Coding of MH Calls: Coding mental health-related calls for service provides several benefits to communities. First, understanding the volume of calls officers respond to that are related to a mental health crisis can help determine the level and type of law enforcement staffing and need for mental health supports in the community. This data can be used to advocate for funding, pilot new programs, and optimize the use of limited law enforcement behavioral health resources. On an individual call level, using a flag on addresses with repeated calls for mental health crises can help officers divert people to appropriate resources by indicating, when appropriate, that someone might have behavioral health needs.[21]

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

Develop and integrate new behavioral health trainings for jail staff and Community Supervision and Corrections Department officers.

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

- Coordinate with the Texas Commission on Jail Standards (TCJS) to provide tailored suicide prevention and IDD training for Potter and Randall Counties' Jailers.
    - Contact: Melvin Bowser, Statewide Coordinator for Mental Health Training, melvin.bowser@tcjs.state
- Review the catalog of trainings offered by the Texas Commission on Law Enforcement (TCOLE). Consider requiring jail staff and CSCD officers to take the following training on working with individuals with IDD:
    - Intellectual and Developmental Disabilities (IDD) Training for Jailers | Texas Commission on Law Enforcement

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

Beyond tracking attendees and soliciting general feedback from training participants, try to identify opportunities to assess changes in attitudes and changes in behavior. For example, research on Crisis Intervention Team Training for law enforcement has looked at both officer attitudes and officer-level outcomes:[22]

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

Team Leads: Kathy Tortoreo, Family Support Services; Bri Albrecht, TPC/ Intercept Team

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

Workgroup Members:

Michael Caldwell, Coming Home with City of Amarillo; Jennifer Oliver, NorthWest Texas Behavioral Health; Adrian Gonzalez, NAMI; Kathy Tortoreo, Family Support Services; Maria Garcia, Uniting Parents; Ilean McCarty, JO Wyatt District Clinic; Marla Hinsley, JO Wyatt; Bri Albracht, TPC; Vaavia Rudd, Managed Assigned Council

Quick Fixes

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

- Create an updated resource list of all existing MH, SUD, and IDD resources in Potter and Randall Counties that can be utilized by first responders and community providers to connect people to care. Coordinate with 211 Texas to update the community resources listed and streamline the resource referral process.
- Texas Panhandle Centers can ensure that MHFA training is made widely available to community stakeholders to help them identify, understand, and respond to signs of MI and SUD.
- Texas Panhandle Centers can enhance engagement with the judiciary to educate on alternatives to inpatient competency restoration and discuss opportunities to utilize the existing outpatient competency restoration program.
- Reconvene SIM Workshop stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop. Explore opportunities to incorporate peers and individuals with lived experience into leadership meetings.
- Explore opportunities to restructure the existing Behavioral Health Leadership Team in Potter and Randall Counties.
- Texas Panhandle Centers can educate key justice stakeholders on available S.B 292, the Mental Health Grant Program for Justice-Involved Individuals funds and explore opportunities to implement more jail-in reach programs.
- Convene all Potter and Randall Counties' law enforcement agencies, Texas Panhandle Centers, and 9-1-1 dispatchers to standardize mental health coding protocols in Potter and Randall Counties.
- Explore opportunities to provide all individuals taking psychotropic medications released from Potter and Randall Counties' jails with at least a 7-day supply of medications. Coordinate between TPC community providers, and both jail medical providers to explore opportunities to align jail formularies with community formularies.

Parking Lot

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

- Increase state funding for designated substance use treatment beds.
- Work with insurance providers to expand coverage for substance use treatment to include long-term care.
- Explore opportunities to address the workforce shortage by advocating for the broadening the Texas Administrative Code definition and educational requirements for a qualified mental health professional.
- Increase access to community resources for Potter and Randall Counties' residents who lack adequate funding for behavioral health care.

Appendices

Appendix A: Potter and Randall Counties Workshop Agenda

Sequential Intercept Model Mapping Workshop

Potter and Randall Counties

November 15,2022-Novembr 16, 2022

Agenda- Day 1

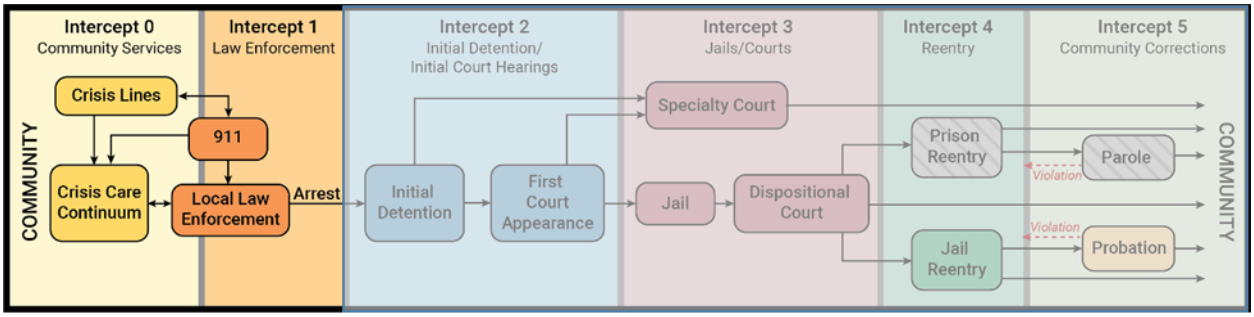
TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 am	**Registration**	Coffee and snacks to be provided by Panhandle Behavioral Health Alliance
8:30 am	**Opening Remarks**	Opening Remarks Welcome and Introductions, *Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services*
9:15	**Workshop Overview and Keys to Success**	Overview of the Workshop Community Polling
9:45	**Presentation of Intercepts 0, 1**	Overview of Intercepts 0 and 1 Program Spotlights Panel Potter and Randall Counties Data Review
10:45	**Break**	
11:00	**Map Intercepts 0, 1**	Map Intercepts 0 and 1 Examine Gaps and Opportunities
12:15	**Lunch**	Lunch to be provided by Texas Panhandle Centers
1:15	Best Practices: Transitions and Collaboration Across Intercepts	Examine Additional Gaps and Opportunities to Support Continuity of Care in Potter and Randall Counties
2:30	**Break**	Refreshments to be provided by Panhandle Behavioral Health Alliance
2:45	**Summarize Opportunities, Gaps & Establish Priorities**	Identify Potential, Promising Areas for Modification within the Existing System Establish a List of Top Priorities
3:45	**Wrap Up**	Review the Day Homework
4:00	**Adjourn**	

Agenda- Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by Panhandle Behavioral Health Alliance
8:30	**Welcome**	Opening Remarks*, Adrian Gonzales, Vice President of NAMI Texas Panhandle Chapter*
8:40	**Preview & Review**	Review Day 1 Accomplishments Preview of Day 2 Agenda Diversion Center Presentation and Best Practice Presentation
9:15	**Action Planning**	Group Work
10:00	**Break**	
10:15	**Finalize the Action Plan**	Group Work
10:30	**Workgroup Report Outs**	Each Group will Report Out on Action Plans
10:45	**Next Steps & Summary**	Finalize Date of Next Task Force Meeting Discuss Next Steps for Potter/Randall County Report Funding Presentation Complete Evaluation Form
11:15	**Closing Remarks**	Closing Remarks, *Shree Veeramachaneni, PBHA Executive Director*
11:30	**Adjourn**	

Appendix B: Overview of Potter and Randall Counties Resources

Intercept 0 and Intercept 1



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

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

Crisis Call Lines

Crisis calls to Texas Panhandle Centers (TPC) are routed to contractor Avail Solutions, Inc. (Avail). The Avail Crisis Line is available 24 hours per day, 7 days a week. It serves anyone experiencing a behavioral health crisis. Avail triages calls, dispatching TPC's Mobile Crisis Outreach Team (MCOT) when deemed appropriate. For people not experiencing a mental health crisis, Avail can refer callers to the appropriate TPC provider of MI, SUD, or IDD services. Avail can also connect callers to other community-based behavioral health providers, as appropriate.

In addition to the TPC crisis hotline, Potter and Randall Counties' residents have access to the National Suicide Prevention Lifeline/9-8-8 (NSPL) and the Family Support Services of Amarillo crisis hotlines. NSPL is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. NSPL operates a veteran-specific crisis hotline that can be reached by calling the three-digit NSPL phone number:

9-8-8. The Family Support Services of Amarillo crisis hotline also operates 24 hours a day, 7days a week.

The Panhandle affiliate of the National Alliance on Mental Illness (NAMI) Texas provides warmline resources at general information Monday through Friday, 9am to 5pm. The Trevor Project operates a hotline that provides crisis counseling and support 24-hours a day to LGBTQ+ adults and youth. Telephone numbers for crisis hotline options in the panhandle region are as follows:

- Texas Panhandle Centers: 806-359-6699
- National Suicide Prevention Lifeline (NSPL): 9-8-8
- Family Support Services of Amarillo: 806-374-3433
- NAMI Texas Panhandle: 806-567-1372
- The Trevor Project: 866-488-7386

9-1-1/Dispatch

When someone calls 911 in the Potter and Randall Counties, they are routed to the Potter Randall County Emergency Communications District that serves Potter and Randall Counties and the incorporated cities in Potter and Randall Counties. Dispatchers are Texas Commission on Law Enforcement (TCOLE)-Certified telecommunicators, which grants them access to the Texas Law Enforcement Telecommunications System (TLETS) and utilize a series of questions to identify the appropriate response to dispatch. Although Potter Randall County Emergency Communications District dispatchers are not able to directly activate MCOT, they are able to dispatch the Amarillo PD Intercept Team and other law enforcement personnel who are specifically trained to engage with people experiencing a mental health crisis. Dispatch call takers do not receive mental health-specific training; the mental health training provided to dispatchers is included in the general training each dispatcher completes at the onset of employment.

Crisis Services

Crisis services in Potter and Randall Counties are provided by Texas Panhandle Centers and can be accessed through the crisis line operated by Avail. If a person in crisis contacts Avail and they determine an MCOT response is appropriate, MCOT is dispatched to the call. Law enforcement cannot call MCOT directly but can access MCOT support by calling the Panhandle Center crisis hotline operated by Avail.

In addition to MCOT, TPC operates a 16-bed crisis respite center that services people aged 18 years or older who are at low risk of harm to self or others.

The Intercept Program is an alternative to an MCOT response for people experiencing a behavioral health crisis, pairing a City of Amarillo Crisis Intervention Team (CIT) Officer with a TPC mental health professional to respond to active calls for service related to a mental health crisis. Members of the Intercept Team utilize iPads to connect people with a psychiatrist if they need psychiatric medications. The Intercept Team can also provide referrals to primary care, mental health, and substance use services.

People in need of voluntary or involuntary inpatient psychiatric hospitalization can access hospital-based services at Northwest Texas Healthcare System's Behavioral Health and Oceans Behavioral Hospital of Amarillo. Northwest Texas and Oceans accept people with private insurance and contract with TPC to provide inpatient psychiatric care to people without insurance.

Health Care

Public primary care services can be accessed at Regence Health Network locations in Potter and Randall Counties. Regence Health Network is a Federally Qualified Health Center (FQHC). FQHCs can provide preventive health, dental, mental health, substance use, hospital, and specialty care on a sliding scale. In addition to Regence Health Network, Joy Medical Clinic provides low- or no-cost medical care to residents of Amarillo.

Emergency medical and hospital-based care in Potter and Randall Counties is provided through the Northwest Texas Healthcare System. American Medical Response provides ambulance services in Amarillo.

Substance use services can be accessed at Cenikor Foundation, Texas Panhandle Centers, Northwest Texas Healthcare System, Downtown Women's Center, Agape Center, and Dailey Recovery Services.

Cenikor Foundation offers withdrawal management, residential, and outpatient substance use treatment, as well as recovery housing. Texas Panhandle Centers provides outpatient substance use services and operates the Outreach, Screening, and Referral (OSAR) program that provides public access to withdrawal management, inpatient, and outpatient substance use services to people without insurance in Potter and Randall Counties. OSAR-contracted facilities may be located outside of Potter and Randall Counties. Northwest Texas Healthcare System offers intensive outpatient services. The Downtown Women's Center Recovery Program partners with Cenikor to provide substance use services to program residents. Agape Center provides peer support services for people with substance use concerns. Dailey Recovery Services offers residential and outpatient substance use services.

Law Enforcement and First Responders

Potter and Randall Counties are served by the Potter and Randall Counties Sheriffs' Offices, the Amarillo Police Department (APD), Canyon Police Department (CPD), Texas Tech Health Sciences Center Police Department, and West Texas University Police Department. In Amarillo, Emergency Medical Services (EMS) are provided by American Medical Response (AMR). Fire services are provided by the Potter County Fire and Rescue Department, Randall County Fire Department, and Amarillo Fire Department. Law enforcement and other first responders are routed through 9-1-1 dispatch.

Randall County Sheriff's Office employs 68 enforcement deputies, 4 of whom are specialized mental health trained officers. All Amarillo PD officers are CIT-trained. West Texas University employs 3 CIT-trained officers.

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.

The Salvation Army and Faith City Mission provide emergency/temporary shelter to people experiencing homelessness in Amarillo. Another Chance House provides emergency, transitional, and long-term housing to men. Family Support Services, the Downtown Women's Center, and Martha's Home provide transitional and long-term housing for women and families. The Cenikor Foundation and Amarillo Recovery from Alcohol and Drugs (ARAD) provide sober living opportunities to people in recovery from substance use.

The Amarillo Housing Authority provides subsidized housing through Section 8 Housing Choice Voucher and rental assistance programs.

Peer Support

Texas Panhandle Centers' adult behavioral health programs employ Peer Support Specialists. NAMI Texas Panhandle provides peer and family support services to residents of Potter and Randall Counties. The Agape Center provides peer support and life skills training to people with mental health conditions who reside in Potter and Randall Counties.

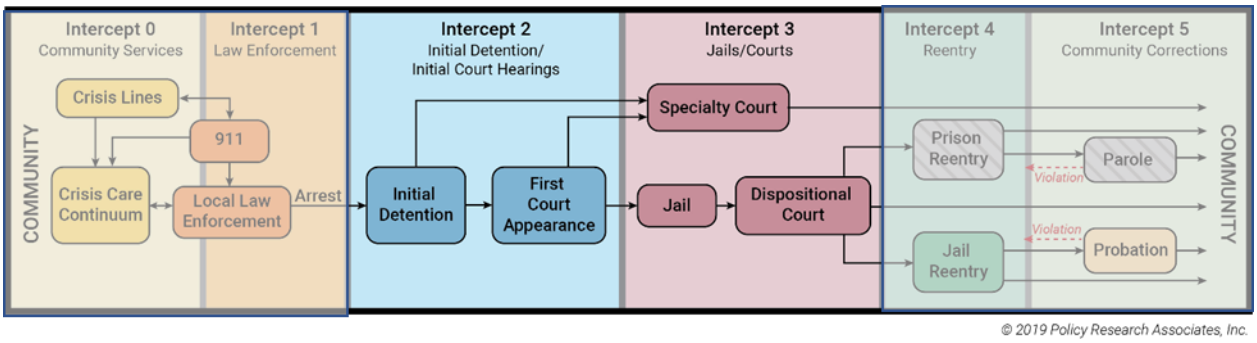
Special Populations

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

provide mental health services and support to children and adolescents who reside in their catchment area. The Youth Empowerment Services (YES) Waiver program provides a variety of in-home and alternative community services, including animal-assisted and art therapy, family supports, paraprofessional services, respite care, and community livings supports.

Data Collection and Information Sharing

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



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 Potter and Randall Counties, a person is brought to the County Jails by the arresting law enforcement officer. At booking, the booking officer conducts a brief mental health screen using the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards (TCJS) and runs a Continuity of Care Query (CCQ) in the Texas Law Enforcement Telecommunications System (TLETS) to determine if they have accessed public mental health services within the past three years. The screening tool collects

information on the presence and severity of feelings of hopelessness and history of suicidal ideations and attempts. If a person screens positive for mental health concerns, jail staff contact Texas Panhandle Centers to complete an additional screen in both Potter and Randall Counties' Jails.

If the CCQ produces an exact or probable match, jail staff notify the magistrate who may request an assessment of the person to verify the presence of MI or IDD.

Jail Medical and Mental Health Care and SUD Services

People who are booked into the Potter County Jail can access medical care from the jail's contracted in-house medical provider. People who are booked into the Randall County Jail can also access medical care from the contracted in-house medical provider. At both jails, a nurse conducts the health screen at booking and logs the medical and psychiatric medications the person indicates they are taking, as well as relevant medical and mental health history. If a behavioral health concern is indicated during the intake assessment, the medical provider may refer the person to TPC for a thorough behavioral health assessment.

Randall County contracts with TPC to provide a Co-Occurring Psychiatric and Substance Use Disorders (COPSD) program in the jail for individuals with both mental health symptoms and substance use disorders. A key component of this program involves preparing the client for reentry and connecting clients to SUD and MH services in the community.

Competence to Stand Trial

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

Potter and Randall Counties recently established an Outpatient Competency Restoration (OCR) program through TPC. No clients have been referred to the OCR program to date.

Pretrial Services

Pretrial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision. Pretrial bond decisions are made by Justice of the Peace, County Judges or District

Judges depending on the nature of the offense and decisions are based on Jail Screening Form (CCP 16.22). Potter, Armstrong and Randall Counties Community Supervision and Corrections Department (CSCD) provides pretrial services to people with identified mental health conditions.

Courts (Including Specialty Courts)

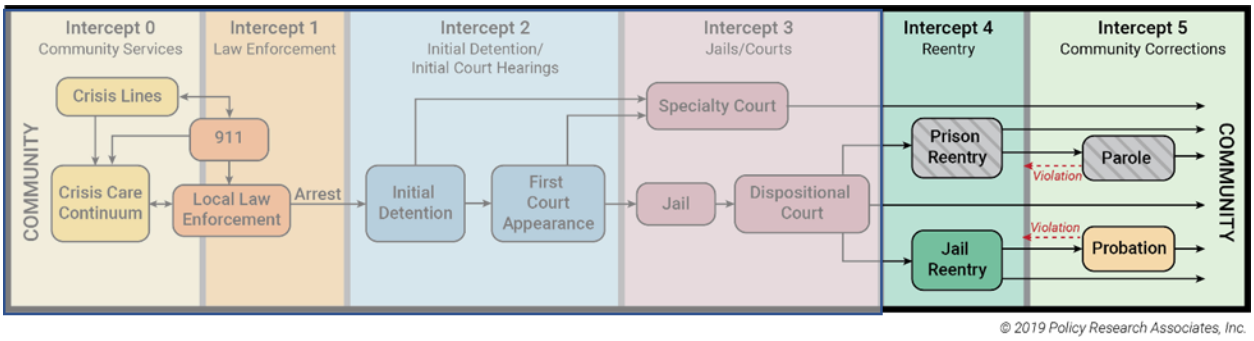
Specialty court dockets, which are state mandated for Counties of certain population levels, are established to reduce recidivism through therapeutic and interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety.

The Panhandle Regional Problem Solving Court (informally referred to as the Mental Health Diversion Court) acts as a diversion program for individuals with serious mental illness (SMI). The Panhandle Regional Veterans Treatment Court acts a pretrial diversion program and also serves veterans post-plea and post-conviction with felony and misdemeanor charges. Both Potter County and Randall County are served by a Drug Court operated by Judge John Board.

Data Collection and Information Sharing

Information sharing between jails, courts, and behavioral health providers can improve coordination and continuity of care for justice-involved people with behavioral health conditions. Currently, Potter and Randall Counties do not have a coordinated data collection and information sharing system.

Intercept 4 and Intercept 5



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 reentering a community and decreases recidivism.

People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other

requirements by state statutes. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice system lifestyle.

Jail Health Reentry Services

Contracted mental health providers in both Randall and Potter Counties' Jails provide mental health services to people in the jail. Texas Panhandle Centers provides reentry planning as a component of the COPSD program offered in Randall County Jail, but there is not a designated reentry planning or continuity of care position in either Potter or Randall County Jail. Community reentry planning is limited prior to jail release.

Community Reentry

In collaboration with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Texas Panhandle Centers provides a 90-day continuity of care program for people exiting the justice system. Continuity of care services include case management, life skills training, psychiatric services, medication management, benefits coordination, and referral to community-based services such as counseling, group therapy, substance use services, and housing and employment support.

Additional reentry support is provided by TPC to individuals exiting Randall County jail who are involved in the COPSD program and connection to both community-based mental health and substance treatment are key parts of the program's design to improve continuity of care for individuals with co-occurring mental health and substance use needs.

Probation and Parole

Adult probation services are provided by the Potter, Randall and Armstrong Counties Community Supervision and Corrections Department. The Texas Department of Criminal Justice (TDCJ) Parole Division operates the Region 5, Amarillo District Parole Office, which covers Potter and Randall Counties.

The Texas Risk Assessment System (TRAS) is used to determine specialized service needs for people entering the community on probation and parole and to identify persons who are appropriate for specialized caseloads. The specialized caseloads in Potter, Randall, and Armstrong Counties are: the Sex Offender Caseload, the Domestic Violence Caseload, the Domestic Violence Early Intervention Program Caseload (maximum capacity 60 diversion cases per caseload), the Mentally Impaired Caseload (maximum capacity 40 clients per caseload), the Substance Abuse Felony Punishment Facility (SAFPF) Caseload, Drug Court Caseload

(maximum capacity 35 clients per caseload), Panhandle Regional Problem-Solving Court, Panhandle Regional Veteran's Court, and the Drug Court Aftercare Caseload.

The Texas Juvenile Justice Department (TJJD) oversees the Potter County Juvenile Probation Department and the Randall County Juvenile Probation Department. Juvenile courts in both Counties are notified when a youth is reentering the community. Juvenile probation in both Potter and Randall Counties provides family support services, specialized counseling services, and robust reentry planning and support to juveniles reentering the community on probation.

Appendix C: Community Impact Measures

Item	Measure	Intercept	Category
1	**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 stay for this population	Intercept 2	Jail (Pretrial)

25	average cost per day to house someone in jail	Intercept 2	Pretrial Release
26	average cost per day to house people with mental health issues in jail	Intercept 2	Jail (Pretrial)
27	average cost per day to house someone with psychotropic medication	Intercept 2	Pretrial Release
28	mapping data to see geographic catchment area	Intercept 2	Jail (Pretrial)
29	jail bookings and conviction by charge	Intercept 2	Pretrial Release
30	**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:

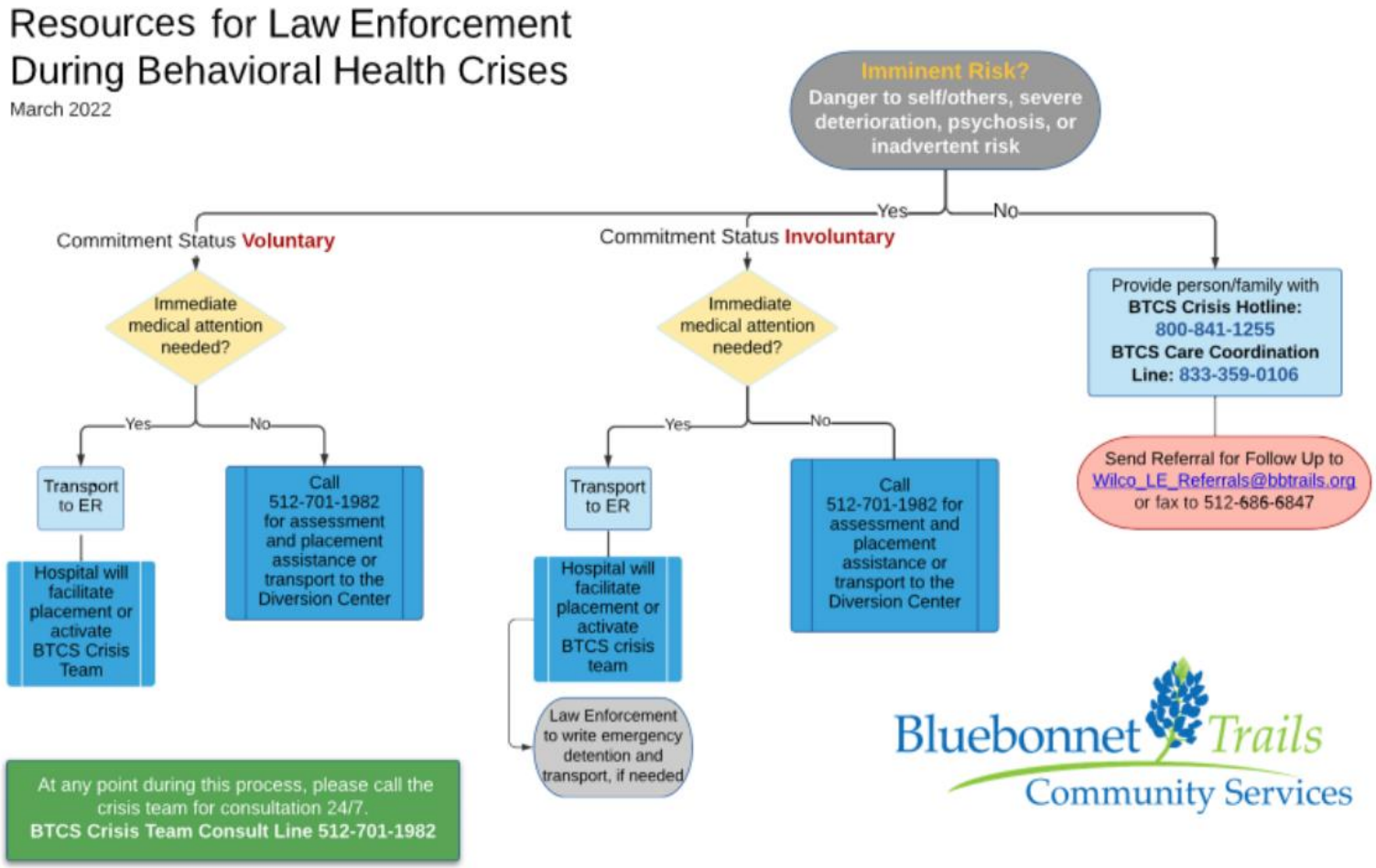
42 CFR Part 2. CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

42 CFR Part 2 Subpart C. DISCLOSURES WITH PATIENT CONSENT

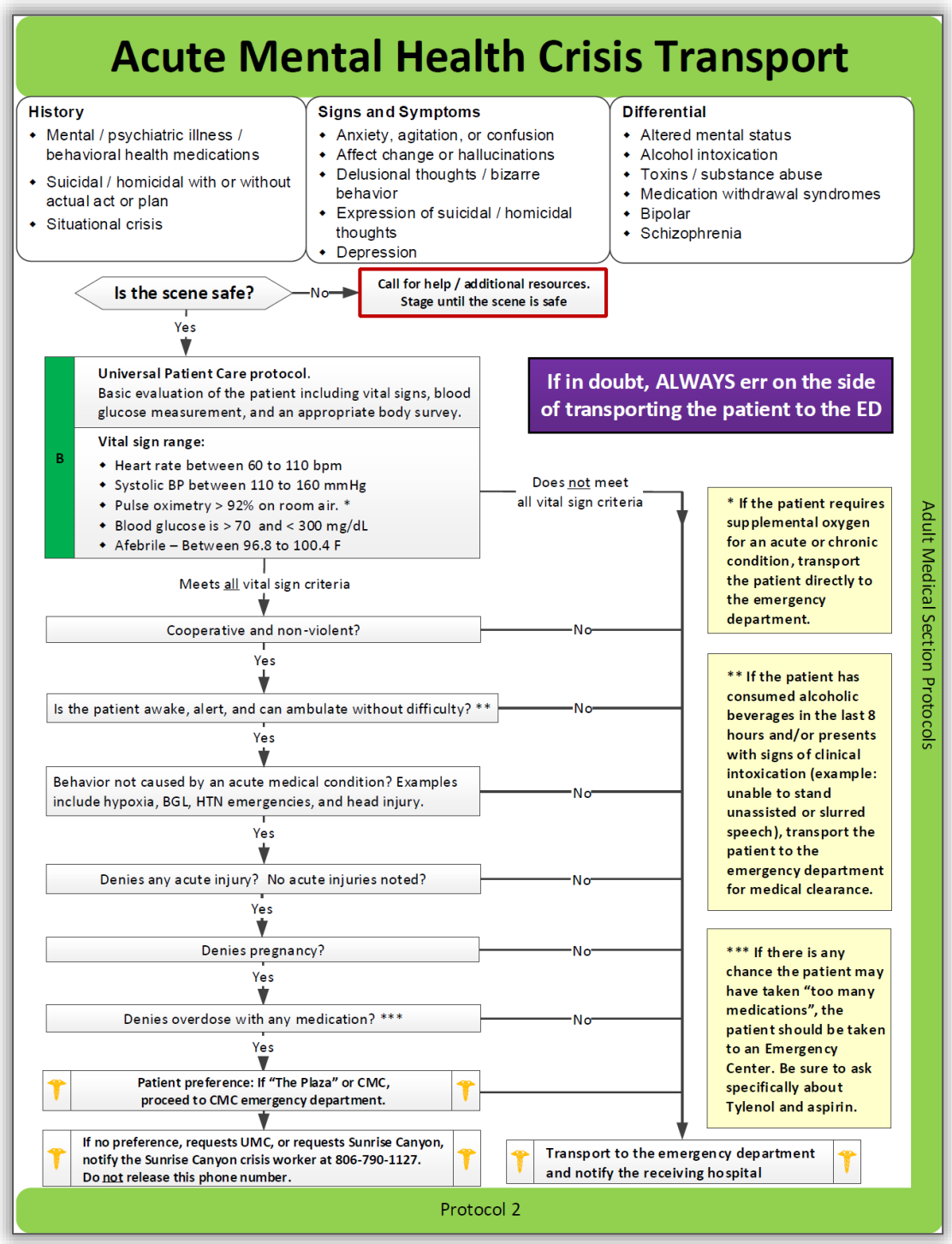
42 CFR Part 2 Subpart D. DISCLOSURES WITHOUT PATIENT CONSENT

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

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

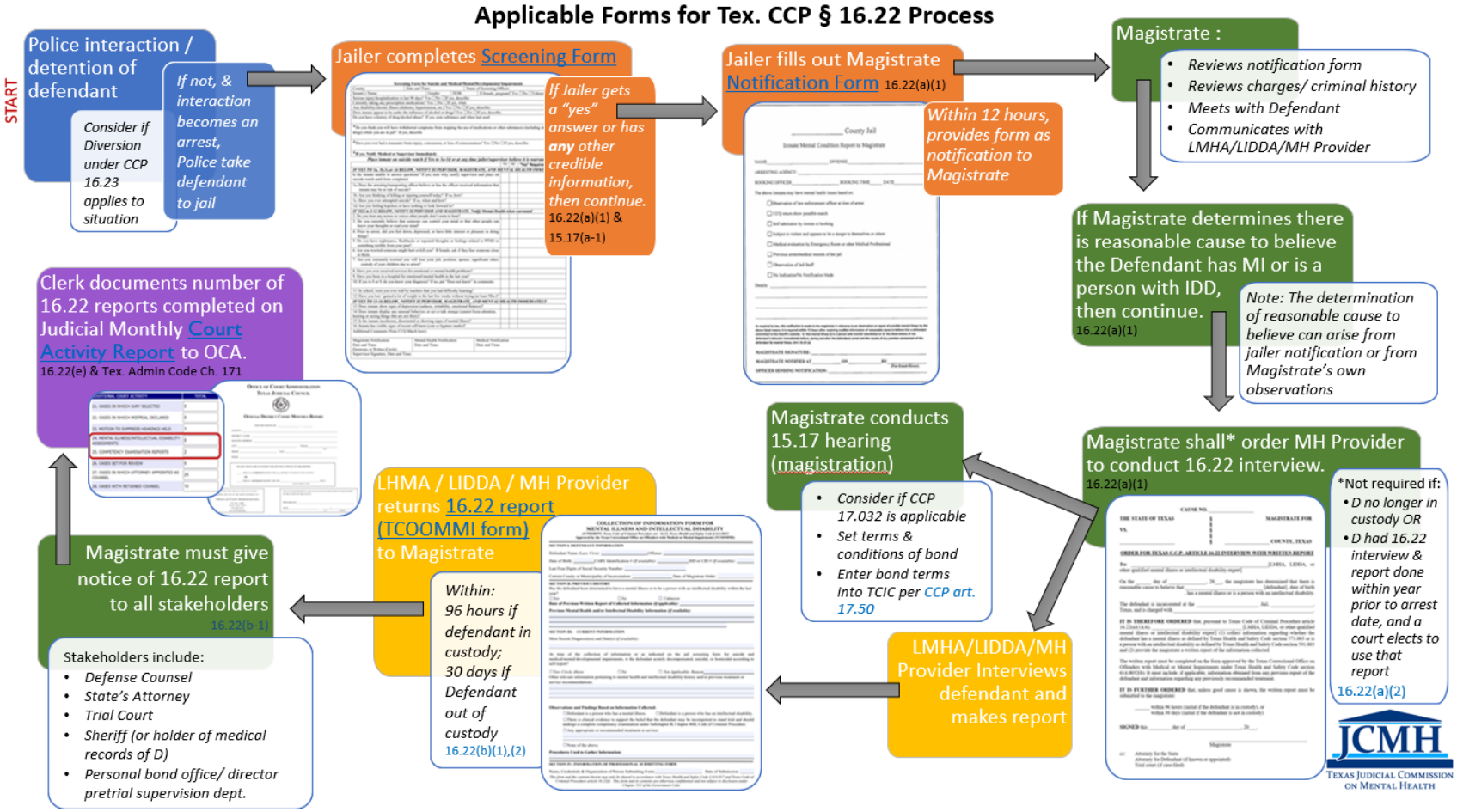


Appendix F: Acute Mental Health Crisis Transport Algorithm

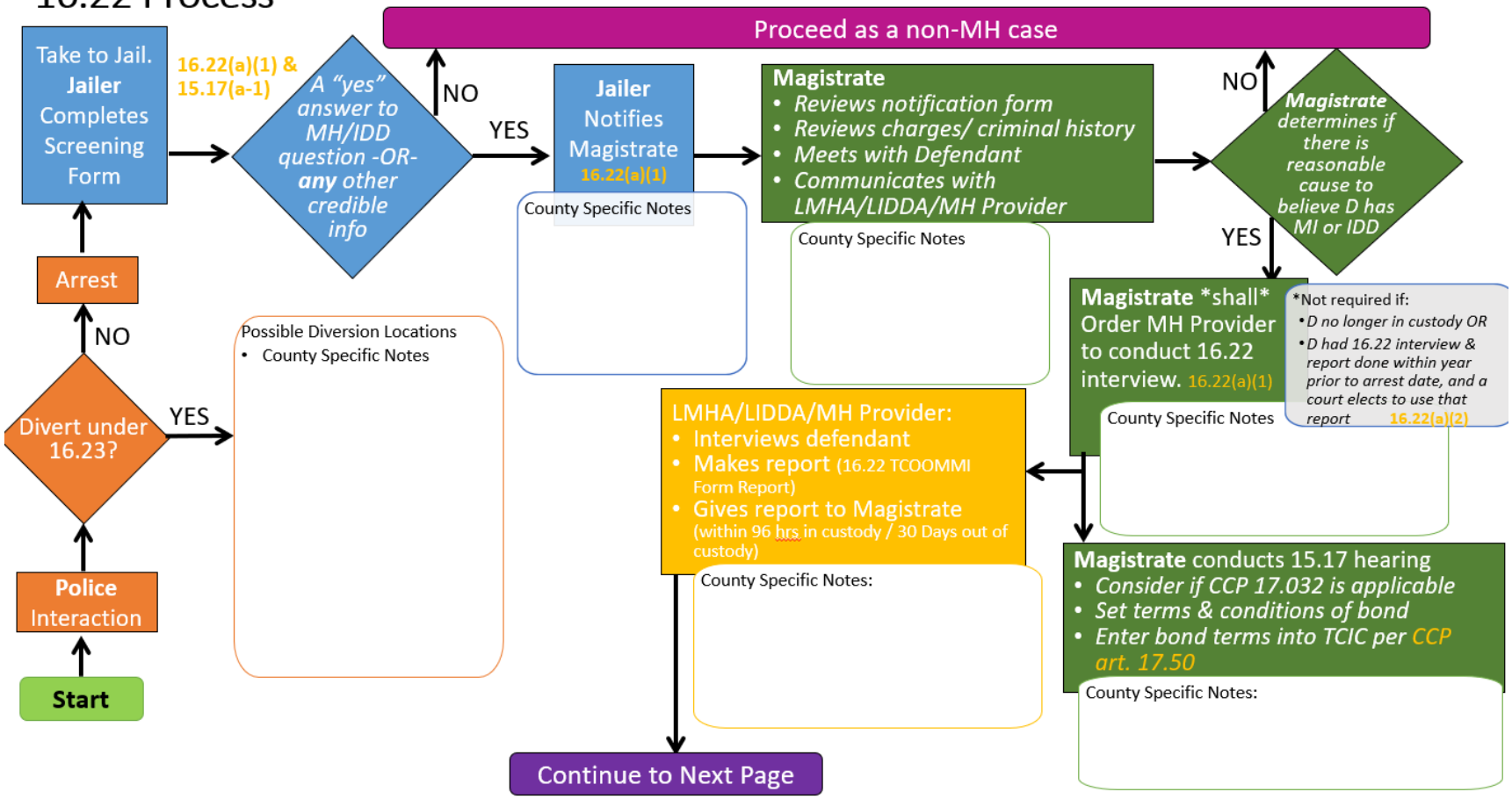


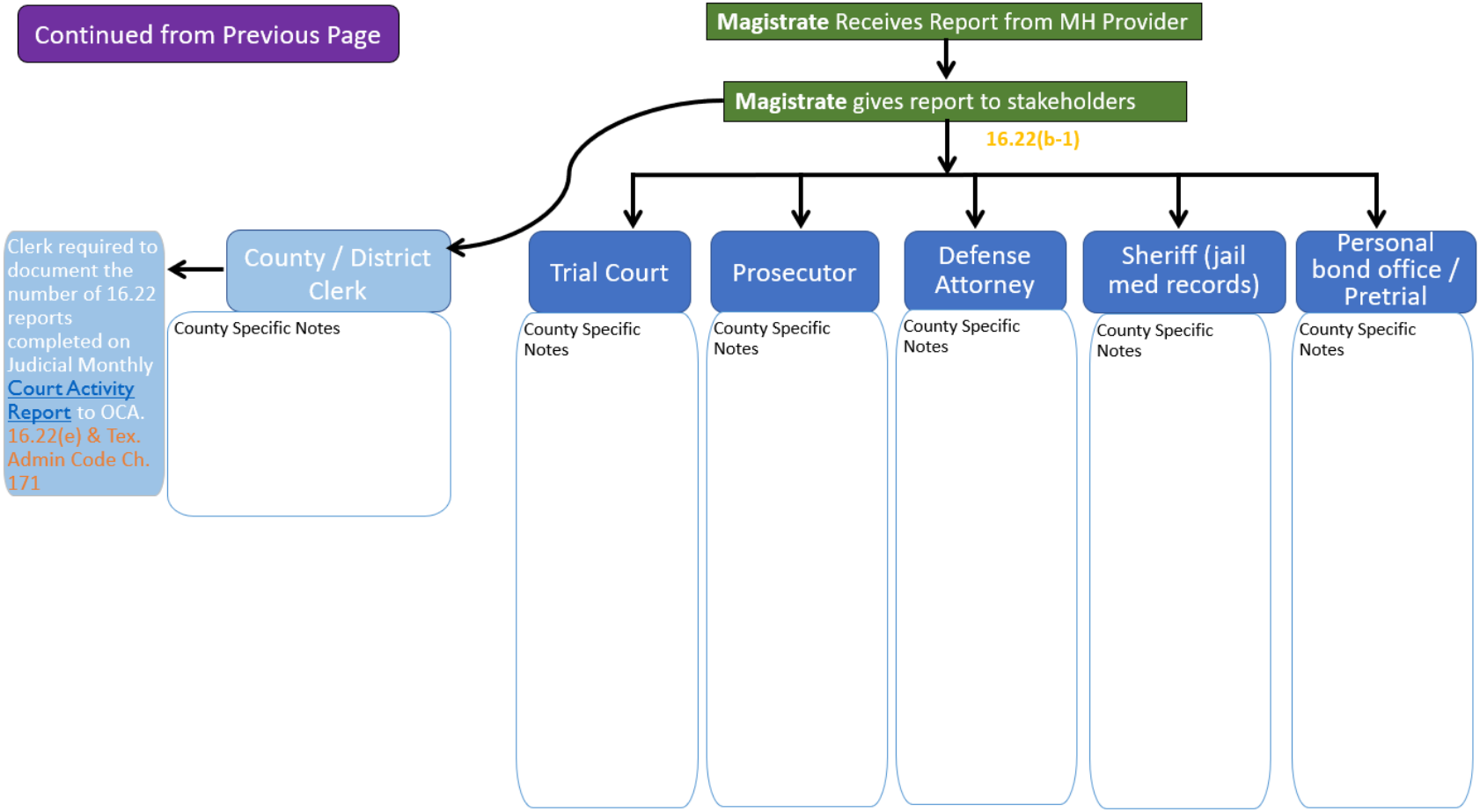
Appendix G: CCP 16.22 Forms and Process Charts

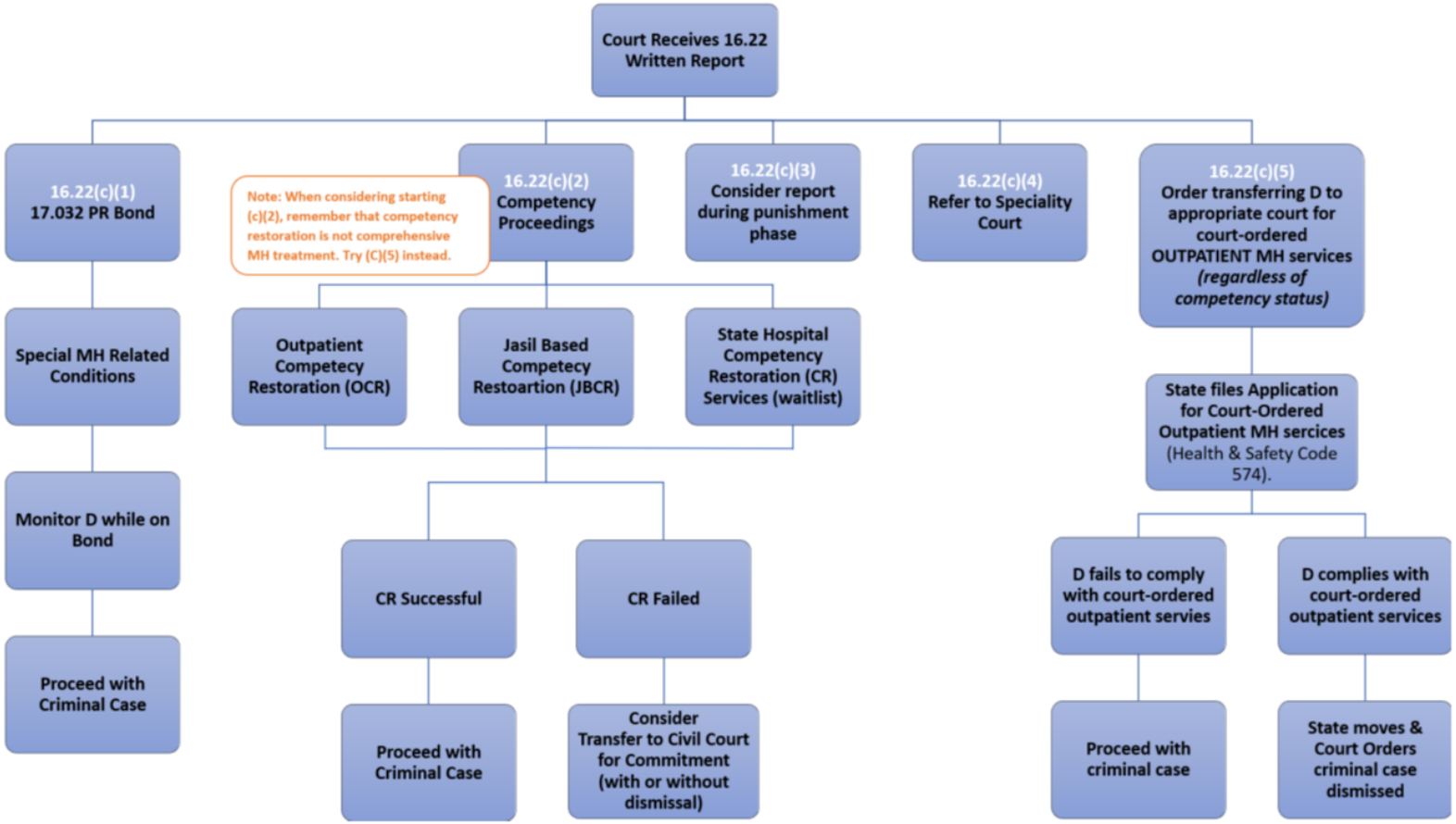
During the Potter and Randall Counties SIM Mapping Workshop participants identified opportunities to enhance and better leverage 16.22 processes to identify people with mental illness and connect them to care. Below is an overview of 16.22, as defined by the Texas Code of Criminal Procedure, as well as some process charts that could be helpful to stakeholders who seek to enhance their CCP 16.22 Procedures.



16.22 Process




Continued from Previous Page
Magistrate Receives Report from MH Provider
Magistrate gives report to stakeholders
16.22(b-1)
Trial Court
Prosecutor
Defense Attorney
Sheriff (jail med records)
Personal bond office / Pretrial
County Specific Notes
County Specific Notes
County Specific Notes
County Specific Notes
County Specific Notes
County / District Clerk
County Specific Notes
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


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 Competecy Restoration (OCR)
Jasil Based Competecy 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 H: Dallas County Pretrial Intervention Agreement Template

CAUSE NO. [redacted]

THE STATE OF TEXAS IN CRIMINAL DISTRICT

VS. COURT NUMBER 4 OF

[redacted]DALLAS COUNTY TEXAS

PRETRIAL INTERVENTION AGREEMENT

Now comes the District Attorney of Dallas County Texas through Counsel Lee Pierson and Defense Counsel [redacted] and requests this Honorable Court to dismiss the above numbered cause/s conditioned upon compliance with the terms of this written agreement.

The Defendant, [redacted], agrees to complete the following conditions for a case dismissal with prejudice. The PRETRIAL INTERVENTION AGREEMENT is dependent upon Defendant's compliance with the following stated terms for a period of 3 (three) months:

1. [redacted]must reside at the home located at:

_____.

- [redacted]agrees to follow all rules and regulations set out by the any residence or home in which he resides.

2. [redacted] must work with his treatment provider at his home in the state of Alabama.

This may include, but is not limited to:

a. All outpatient services requirements

b. Doctor appointments

c. Taking prescribed medications

d. Living with Mental Illness class

e. Any other recommended group therapy, including substance abuse treatment such as Dual Diagnosis Group, Intensive Outpatient Program, Marijuana Intervention, and frequent urinalysis

3. [redacted] must remain medication compliant at all times.

4. [redacted] is to refrain from any illegal drug or alcohol use during the term of this condition dismissal.

5. [redacted] must submit to any random drug testing requested through any treatment provider and be free of any substance other than a properly prescribed medication from a medical doctor.

-Failure to submit to any requested drug screening or submitting a dilute sample will be considered as a positive drug test.

6. [redacted] is to have no illegal weapons or firearms or access to illegal weapons or firearms of any sort during the entirety of this Pretrial Intervention Agreement.

7. [redacted] must do monthly court check-ins via Teams or Zoom with the Dallas District Attorney's Office. The first court date is March 9, 2021.

8. [redacted] must provide proof of compliance with all conditions set forth in this Pretrial Intervention Agreement to the District Attorney's Office at each court check in.

9. [redacted] agrees to sign any release of information necessary in order for his attorney or the District Attorney's Office to get any reports or medical records from any treatment provider he is currently seeing or may see during the term of this agreement.

10. [redacted] agrees that the terms of this Pretrial Intervention Agreement may be altered at any time by the Dallas District Attorney's Office as may be required to better serve his treatment needs For monitoring.

11. [redacted] agrees that the District Attorney's Office will regularly review his/her criminal history and mental health engagement status to track recidivism statistics.

12. Successful completion of the program will result in dismissal of the case against me. I understand that, following dismissal I may file a petition to have all records and files relating to my arrest expunged. I understand that successful completion of the program does not guarantee expunction of the records and files relating to my arrest because my arrest must meet the additional legal requirements of the expunction statute. I understand that an expunction case is a separate proceeding and the decision regarding whether I receive an expunction will be made by a court.

a. I hereby voluntarily, knowingly, and intelligently waive my right to a complete expunction of the records and files relating to my arrest; specifically, I will allow the Dallas County District Attorney's Office to retain my identifying information for the limited purpose of determining if I have participated in a Dallas County diversion program in the past.

Appendix I: SIM Mapping Workshop Participant List

Name	Agency/Title
Albracht, Kensy Brianna	Texas Panhandle Centers-Program Administrator Intercept Team
Board, John	Drug Court-Senior District Judge
Brush, Steven C.	Canyon Police Department-Chief of Police
Bustos, David	Texas Panhandle Centers-MCOT
Bustos, Vinus	CSCD-Probation Officer
Cobb-Tidwell, Lynn Ann	NWTHS BH-Court liaison
Colwell, Michael	Coming Home-Case manager lead
Cox, Chase R.	Amarillo Police Department -CIT officer
Elliott, Candice	NWTHS behavioral health-Director of Intake
Escobar, Lara	Amarillo Area Foundation-VP of Community Investment
Goff, Ricardo (Rico)	Recovery Support Peer Specialist
Gonzalez, Adrian	NAMI Texas Panhandle-Vice President
Goodner, Easter	TPC-LCIS
Hand, Matt	Panhandle regional problem solving court-Judge
Havel, Rene	Northwest Texas Healthcare System- Director of Clinical Services
Hinsley, Marla	NWTH JO Wyatt-Director
Howell, Jason	Potter & Armstrong County Public Defender-Chief Public Defender
James, Dr Shanna	Public Health/ Tobacco Free Amarillo-Program Manager/Board Member
King, Debra	Cenikor-Facility Director
Leathers, Adam	United Way of Amarillo & Canyon-Senior Director of Community Impact
Love, Robert	Randall Co. District Attorney's Office-District Attorney
McCarty, Ilean	Jo Wyatt-LCSW
Montano, Rudy	Randall County Sheriff Office-CIT Coordinator
Moore, Libby	TPC-Chief Clinical Officer
Oliver, Jennifer	NWTH BH Director of Outpatient
Riddlespurger, Jason	City of Amarillo Community Development-Director

Rudd, Vaavia	Potter & Armstrong Managed Assigned Counsel-Director
Smart, Steve	Another Chance House-Executive Director
Stockstill, Kraig	RHN Outreach Services-Director of Community Outreach Services
Stoughton, Casie	Amarillo Public Health-Director
Talley, Mellisa	Texas Panhandle Centers-Executive Director
Tortoreo, Kathy	Family Support Services-Director of Behavioral Health & Wellness
Warren, Becky	West Texas A&M University-Asst. Dir. For Counseling Services
White, Steven	Potter County Sheriff's Office-Captain

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
BTCS	Bluebonnet Trails Community Services
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
COMs	Court Ordered Medications
COPSD	Co-Occurring Psychiatric and Substance Use Disorders
CSG	Council of State Governments
DDJ	Data-Driven Justice
DOJ	Department of Justice
DWI	Driving While Intoxicated
ECHO	Ending Community Homelessness Organization
ED	Emergency Department
EMS	Emergency Medical Services

Acronym	Full Name
ER	Emergency Room
FQHC	Federally Qualified Health Center
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
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
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MDRT	Multi-Disciplinary Response Team
MHD	Mental Health Deputy
MHFA	Mental Health First Aid
MI	Mental Illness
MOU	Memorandum of Understanding
OCR	Outpatient Competency Restoration

Acronym	Full Name
OFC	Office of Forensic Coordination
OPC	Order of Protective Custody
PD	Police Department
PRA	Policy Research Associates
ROI	Release of Information
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
STRAC	Southwest Texas Regional Advisory Council
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SUD	Substance Use Disorder
TA	Technical Assistance
TCJS	Texas Commission on Jail Standards
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TJJD	Texas Juvenile Justice Department
TLETS	Texas Law Enforcement Telecommunication System

Acronym	Full Name
TPC	Texas Panhandle Centers
TRAS	Texas Risk Assessment System