

Sequential Intercept Model Mapping Workshop

Report for:

Jack County

Prepared by:

The Texas Judicial Commission on Mental
Health

In Collaboration with Lynfro Consulting &
D-Degree Coaching and Training

June 2023



Sequential Intercept Model Mapping Report for Jack County, TX

Workshop Held:

March 2-3, 2023



Final Report:

June, 2023

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The Texas Judicial Commission on Mental Health (JCMH) was created by a joint order of the Supreme Court of Texas and the Texas Court of Criminal Appeals to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with—and the administration of justice for—children, adults, and families with mental health needs.

Mission

Engage and empower court systems through collaboration, education, and leadership thereby improving the lives of individuals with mental health needs, substance use disorders, or intellectual and developmental disabilities (IDD).



RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR JACK COUNTY (2023).

ACKNOWLEDGEMENTS

The Judicial Commission on Mental Health wishes to recognize Judge Brian Keith Umphress and praise the work he has done to bring JCMH's support to Jack County. The JCMH is thankful for the assistance of the Jack County planning team, which included Judge Umphress, Mayor Craig Fenter, Chief Scott Haynes, Frank Hefner, and Rebecca Spurlock. The JCMH also appreciates the great welcome from the county leadership: County Attorney Brad Dixon, County Judge Winn Graham (Young County), Commissioner Kenny Salazar, Commissioner Terry Ward, Constable Clyde Watson, and Commissioner Jimmy Wiley (Young County).

FACILITATOR BIOS

Lynda Frost, JD, PhD, runs Lynfro Consulting, which is committed to helping foundations, nonprofits, and other agencies maximize their impact through clarifying mission-consistent goals, implementing effective programs, and optimizing internal operations. Lynda's skills have been honed through 25+ years in the nonprofit sector working to improve health, human services, education, and criminal justice outcomes for vulnerable communities. She brings to her work a unique combination of deep content knowledge and innovative process skills. She is passionate about designing fair and effective processes to reach each client's goals and is recognized for facilitating effective in-person *and* virtual meetings that inspire participants and deliver results. Prior to founding Lynfro Consulting in 2018, Lynda worked for 14 years at the Hogg Foundation for Mental Health and is an experienced administrator and attorney with expertise in human rights, juvenile and criminal justice, special education, and mediation.

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A NOTE ON LANGUAGE

Across our communities, significant stigma still exists around experience with mental health disorders, substance use disorders, and justice system involvement. In this document, we seek to use respectful language that recognizes the value as well as the challenges that people with these experiences bring to our communities. A number of excellent resources provide detailed guidance about language that feels more courteous and modern to many people. In general, it is a good idea to use “person first” language that references the person before a relevant condition (i.e., “a person with schizophrenia” rather than “a schizophrenic”) because we are all more than one diagnosis or experience.

For more information on mental health language, see <https://hogg.utexas.edu/news-resources/language-matters-in-mental-health>.

For information on substance use, see <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction> and <https://www.thenationalcouncil.org/wp-content/uploads/2021/11/Language-Matters-When-Discussing-Substance-Use-1.pdf>.

For information on disability, see <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>.

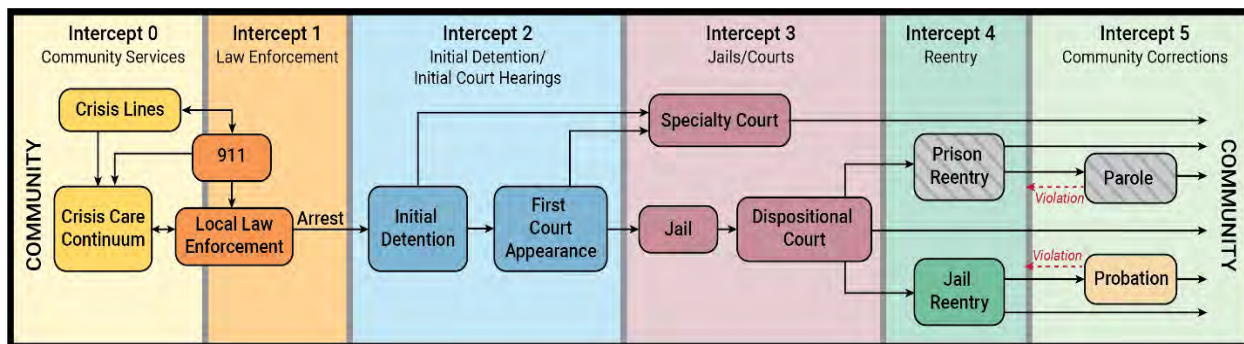
For information on justice system involvement, see <https://fortunesociety.org/wordsmatter/>.

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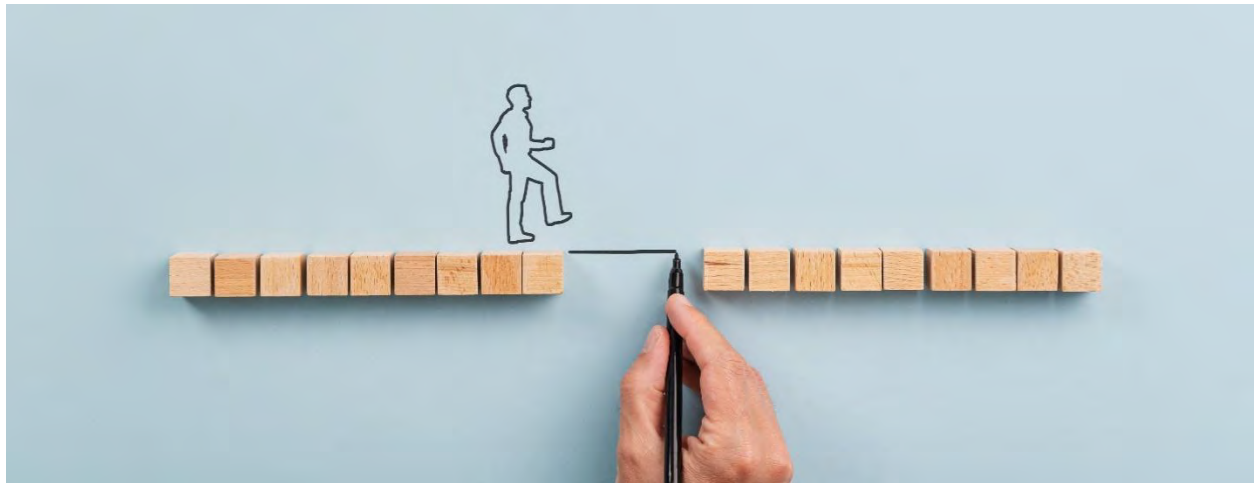
BACKGROUND

The [Sequential Intercept Model](#) was developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with SAMSHA's GAINS Center. Since its creation, it has been used by communities to assess available resources, determine gaps in services, and plan for change.

A Sequential Intercept Model mapping is a workshop that develops a map illustrating how people with behavioral health needs move through the criminal justice system. The workshop allows participants to identify opportunities for collaboration to prevent further penetration into the justice system.

The Sequential Intercept Mapping workshop has five primary goals:

- Develop a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
- Identify challenges, resources, and opportunities for each intercept for individuals in the target population.
- Create priorities for activities designed to improve system and service level responses for individuals in the target population.
- Generate an action plan to implement the priorities.
- Nurture cross-system communication and collaboration.



RESOURCES AND CHALLENGES AT EACH INTERCEPT

The primary objective of the workshop is to create a Sequential Intercept Model map. The workshop's facilitators work with the participants to identify resources and gaps at each intercept. This process is essential to success since the criminal justice system and behavioral health services are constantly changing, and identifying the gaps and resources allows for a contextual understanding of the local map. The map can also be used by planners to establish substantial opportunities for improving public safety and public health outcomes for people with mental health and substance use disorders by addressing the gaps and building on existing resources.

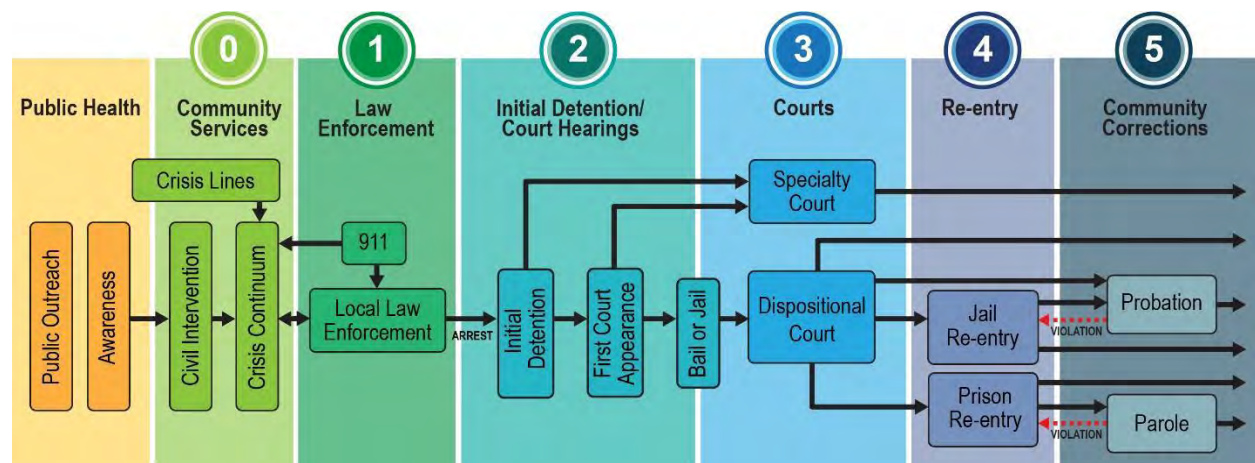
Prior to the workshop, a planning team of Jack County leaders identified specific community goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of criminal justice and behavioral health stakeholders, all of whom are dedicated to system transformation;
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all Sequential Intercept Model intercepts;
- Prioritize key steps toward system transformation and improved service delivery; and
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services.

While the initial focus of the Sequential Intercept Model mapping was Jack County, the planning team quickly realized that collaboration with Young County was essential. Both adjacent counties face similar challenges, and they have already begun exploring ways to optimize local resources through collaboration. Therefore, the planning team invited community leaders from Young

County to participate in the process. As a result, both communities committed to joint action plans.





INTERCEPT 0 AND INTERCEPT 1

Intercept 0 encompasses the early intervention points for people with mental illness, substance use disorder, and/or intellectual and developmental disability prior to possible arrest by law enforcement. This intercept captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system intervention.

Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. This intercept captures systems and services designed to divert people away from the justice system and toward treatment when safe and feasible.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Jack County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: USE ALTERNATIVES TO THE CRIMINAL JUSTICE SYSTEM

Crisis services include the array of resources available to individuals who are experiencing a mental health crisis. These services can include stabilization units, mental health hotlines, mobile crisis units, and residential units. A strong presence of supportive resources at this stage can reduce the number of law enforcement contacts with individuals who have mental health issues. It is important that stakeholders and the public know of these services and that they are affordable and accessible.

Pre-arrest diversion is designed to reduce the number of persons who are arrested and placed into the criminal justice system and local jail because of a mental health problem. Instead of punishment, diversion directs people toward treatment and mental health support and takes the responsibility for rehabilitation off the local criminal justice system. The laws in Texas supporting pre-arrest diversion are designed to connect those in crisis with adequate treatment and services and reduce the pressure on the criminal justice system while maximizing community safety. Some examples of pre-arrest diversion laws and techniques are listed below.

Under [Texas Code of Criminal Procedure art. 16.23\(a\)](#), every law enforcement agency must make a good-faith effort to divert a person who is experiencing a mental health crisis or ill effects of substance use to a proper treatment center in the agency's jurisdiction.

This provision applies if:

- a treatment center is available;
- diversion is reasonable;
- the offense is a non-violent misdemeanor; and
- the mental health or substance use issue is suspected to be the reason for the offense.

First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Team (CIT) training. CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting people to treatment. The importance of crisis training has increased in recent years to avoid escalation into the use of force. All law enforcement officers should receive crisis and de-escalation training as well as regular updates on related best practices. [CIT refresher courses](#) are an opportunity for peace officers who have already completed the academy.

In a [Co-Responder Team Model](#), at least one law enforcement officer and one mental health professional jointly respond to situations that likely involve a behavioral health crisis. A co-responder team can de-escalate situations and promote diversion to services.

BEST PRACTICE: USE CIVIL INTERVENTIONS WHEN APPROPRIATE

Civil interventions refer to legal processes by which people other than the person with mental illness can initiate treatment and includes initiation of civil commitment proceedings and court-ordered treatment, including [assisted outpatient treatment \(AOT\)](#). Civil commitment processes and AOT do not require the involvement of the police or the criminal justice system. Recently

states have begun to provide for civil interventions for behavioral health conditions other than mental illness, including substance use disorders.

Court-ordered treatment can be provided in the community or in an inpatient setting as determined by a clinical evaluation. Inpatient and outpatient treatment can be delivered sequentially or, alternatively, beginning with outpatient options and utilizing inpatient settings as needed. It is important to recognize that more coercive approaches are appropriate only after services have been offered to individuals and they have rejected them on a voluntary basis.

Most civil commitments in Texas start with an Emergency Detention. Emergency Detentions require a mental health crisis: that the individual displays a mental illness; that the individual displays a substantial risk of serious harm to themselves or others; that the risk of harm is imminent unless the individual is immediately restrained; and a statement of supporting facts describing specific recent behavior for the belief, including overt acts, attempts, or threats that were observed. The Emergency Detention may happen through either of two legal pathways:

- A law enforcement officer may take an individual to an inpatient facility through an Apprehension by Peace Officer Without a Warrant (APOWW, also known as an Apprehend and Detain or A&D) under [Texas Health & Safety Code § 573.001](#); or
- A judge may issue a warrant under [Texas Health & Safety Code § 573.011](#) authorizing a peace officer to transport the individual to an inpatient facility.

[Psychiatric Advanced Directives](#), also known as [Declarations for Mental Health Treatment](#), allow a person to control their mental health treatment in the event that they become unable to make treatment decisions at a later date. It may be possible for a person to carry these documents or pre-submit them to hospitals, jails, and other facilities.

Supported decision making allows individuals to make their own decisions and manage their affairs while receiving the assistance needed to do so. Resources about supported decision making include a [handout](#), a [toolkit](#), an [explainer video](#), and sample [agreement forms](#).

Guardianships can be used to support individuals who, due to age, disease, or injury, need help managing some or all their daily affairs. It should be noted that guardianship removes some of the individual's rights and privileges. More information on guardianships is offered by the [Texas Guide to Adult Guardianship](#), and the [Texas Guardianship Association](#).

Assisted Outpatient Treatment (AOT) Court Programs are programs in civil courts, typically probate courts, that use court-ordered community-based treatment to improve treatment

outcomes and reduce involvement in the judicial system. [Implementing an AOT Court](#) explains how to set up an AOT court in Texas. The [Texas AOT Practitioner's Guide](#) explains how to operate an AOT Court in accordance with Texas laws and procedures.

BEST PRACTICE: PRE-BOOKING DIVERSION CENTERS

Pre-booking diversion centers can be designed in multiple ways. The Texas Health and Human Services Commission (HHSC) outlines [four types of crisis units](#) designed for people experiencing significant mental health symptoms:

- Crisis Respite Units – individual at low risk of harm; up to - day stays
- Crisis Residential Units – individuals needing minimal supervision; provides a home-like environment but not permanent housing
- Extended Observation Units – individuals at high risk to self or others; up to 48-hour stays, as opposed to standard 23-hour observation units
- Crisis Stabilization Units – individuals at high risk of psychiatric hospitalization; up to 14-day stays

For intoxicated individuals at risk of arrest, sobering centers provide a safe environment in which to become sober and, ideally, link to substance use services. In some settings, such as the [Sobering Center](#) in Travis County, the staff may assist the individual to find an appropriate detox center. Some centers allow the individual to remain until a detox bed becomes available. In these cases, the center coordinates with its medical director, and occasionally may be authorized to provide detox medications. Sobering centers can also innovate, providing safe sobering for individuals intoxicated on substances other than alcohol. For instance, the Austin/Travis County Sobering Center created a stimulant sobering room, which is geared toward helping individuals safely come down from stimulants.

Diversion centers can reduce the number of individuals in the criminal justice system due to challenges with mental health or substance use. A crisis unit with expedited review by an assistant district attorney can make the decision of whether to file a criminal case or to pursue a civil diversion. Jail book-in time can be decreased with a diversion center. Dallas County recently opened their own diversion program, [Dallas Deflects](#), to connect individuals with mental health services.

BEST PRACTICE: USE TELEHEALTH

Telehealth can expand the reach of services and improve efficiency of healthcare and related support services by shortening delays in beginning services and eliminating or reducing travel

time and associated costs. Telehealth services can be particularly beneficial for clients or patients living in geographically remote or underserved areas, including urban areas.

RESOURCES

Workshop participants identified numerous resources already existing in the community that can support individuals with behavioral health challenges and divert them from the justice system.

Intercept 0

Crisis Phone Lines

[988 Suicide & Crisis Lifeline](#)

[Crisis Text Line](#)

[Helen Farabee Centers](#)

- 24 hour Hotline 1-800-621-8504
- Behavioral Health / IDD / Substance
Use Centralized Intake: 1-800-669-4166

[National Domestic Violence Hotline](#)

[Wise Hope Shelter & Crisis Center](#)

[Jacksboro Police Department](#)

Crisis Stabilization

[Helen Farabee Centers](#)

[Wise Health System - Behavioral Health](#)

[Red River Hospital - Wichita Falls](#)

[Wise Health System - Behavioral Health](#)

Hospitals and Clinics

[Faith Community Hospital](#)

[Graham](#)

[Jacksboro](#)

[Graham Regional Medical Center](#)

[Olney Hamilton Hospital](#)

[Archer Family Clinic](#)

[Olney Family Clinic](#)

[Red River Hospital - Wichita Falls](#)

[Wise Health System](#)

[Young County Family Clinic-Graham](#)

Mental Health Residential Treatment

[North Texas State Hospital](#)

[Oceans Healthcare - Abilene](#)

[Red River Hospital - Wichita Falls](#)

[Wise Health System - Behavioral Health](#)

Mobile Crisis Response Team

[Helen Farabee Centers](#)

Respite Services

[Helen Farabee Centers](#)

Housing

[Faith Mission \(Wichita Falls\)](#)

[Graham Crisis Center – Harry’s House](#)

[House of Mercy](#)

[Olney Housing Authority](#)

[Red Cross - Texas Big Country Chapter](#)

[Rolling Plains](#)

[Salvation Army - Wichita Falls](#)

[Wise Hope Shelter & Crisis Center](#)

[Bent Tree Apartments \(Low Income Housing\)](#)

Detox Centers

[Red River Hospital](#)

[Olney Hamilton Hospital](#)

Inpatient or Outpatient Substance Use Services

[OSAR for Substance Use: 1-800-588-8728](#)

[Red River Hospital](#)

[Helen Farabee Centers Substance Use Services](#)

[Sage Addiction and Behavioral Services](#)

[House of Mercy Enterprises](#)

Other Behavioral Health Services

[Graham Psychological Services](#)

[Affirming Texas Families](#)

[NAMI](#)

[Children's Advocacy Center for North Texas](#)

Job Training

[North Texas Workforce Solutions](#)

Food

[Jacksboro Food Pantry](#)

Intercept 1**911**

[Jack County Sheriff](#)

Police Departments

[Jack County Sheriff](#)

[Jacksboro Police Department](#)

Mental Health Police Officer

[Jacksboro Police Department \(1 FTE\)](#)

GAPS AND OPPORTUNITIES

During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for individuals with behavioral health challenges that may be contributing to significant impacts on the local criminal justice system in intercepts 0 and 1. Stakeholders then shared ideas for opportunities to address these concerns.

Intercept 0

Mental Health Crisis

Finding help for people in crisis is a major hurdle. Neither local law enforcement nor the Local Mental Health Authority (LMHA), Helen Farabee Centers (HFC), can mandate that local hospitals accept a patient in mental health crisis. Participants expressed the need for every organization to have one number to contact in the case of a mental health crisis. Participants suggested providing even more training on mental health crisis for officers and first responders and also ensure that EMS have information to hand to a person in possible mental health crisis. They also suggested creating graphics to better educate people about resources in the community.

Mental Health Resources

Mental health resources are very limited in Jack County. Participants expressed frustration that mental health services at HFC are provided on a first-come/first-served basis. People without insurance find it difficult to access an inpatient bed when needed. Most residents of Jack County cannot access face-to-face mental health assessment. The limited availability of face-to-face supports makes it difficult to ensure that people with mental illness continue to take medication.

Participants suggested contracting with psychiatric hospitals for beds. They also saw an opportunity to increase access to technology to help serve rural clients.

Mental Health/Substance Use Recovery

Participants suggested making more classes available for people with mental health and substance use disorders. They also suggested training clergy and other leaders in mental health first aid.

Transportation

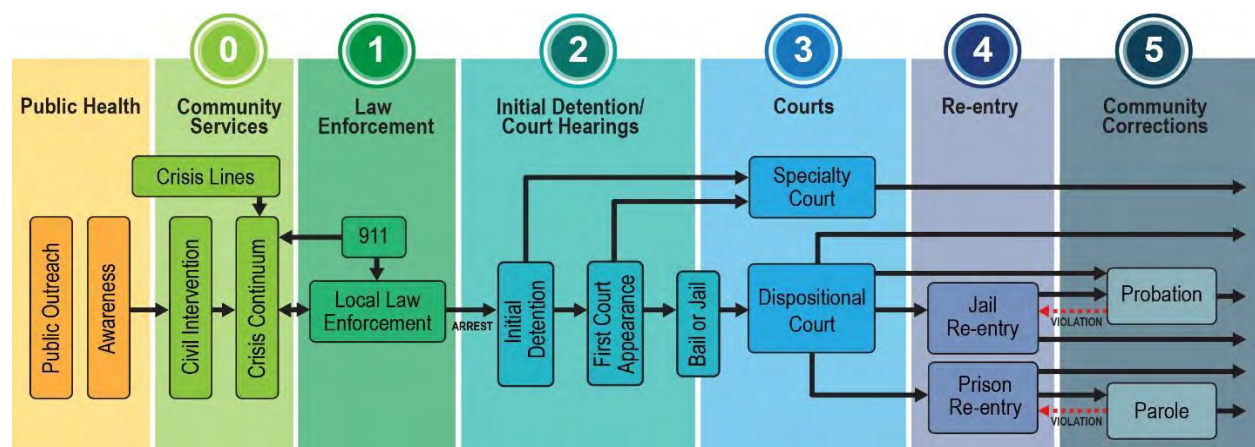
Clients of HFC often have major difficulties accessing transportation to appointments.

Intercept 1

Police and EMS in Jack County are limited by several factors, including red tape in getting people in mental health crisis the help they need. Local resources can refuse to accept people in mental health crisis, and there are few other resources in the area, forcing them to look outside the county. Even when an individual is accepted for services, there is a long wait for admission, requiring the officers to wait for a prolonged period. This creates an added burden on the police

department and leaves Jack County residents without adequate law enforcement presence. Participants saw these limitations as an opportunity for EMS to increase the use of telepsychiatry so that people can get more immediate help when in crisis. Further, participants from the HFC reminded the group that it does provide support and collaboration with law enforcement first responders to mental health crises.





INTERCEPT 2 AND INTERCEPT 3

Intercept 2 encompasses people who are detained and have an initial hearing with a magistrate. This intercept is the first opportunity for judicial interaction in the criminal justice system, including intake screening, early assessment, appointment of counsel and pretrial release of those individuals with mental illness, substance use disorder, or intellectual and developmental disability.

Intercept 3 encompasses people who are held in pretrial detention at the local jail or released to the community while awaiting disposition of their criminal cases. This intercept includes constitutional protections, services that prevent the worsening of a person's mental or substance use symptoms, and interventions that connect individuals with community treatment options.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Jack County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: IDENTIFY EARLY AND DIVERT WHEN APPROPRIATE

Every person who is arrested and brought to jail should be screened for mental health and substance use disorders and diverted when appropriate. Texas law provides some guidance for this process:

- **Continuity of Care Query (CCQ):** With limited exceptions, the Texas Administrative Code requires every jail to conduct a CCQ check on each individual upon intake into the jail. The

CCQ is originated through the Department of Public Safety's Texas Law Enforcement Telecommunications System (TLETS), which initiates a data exchange with HHSC's Clinical Management for Behavioral Health Services system to determine if the individual has previously received state mental healthcare. The CCQ identifies whether an individual has sought services at a Texas local mental health authority (LMHA) in the previous three years. This information is often limited in nature and not as helpful as magistrates, judges, and lawyers would like it to be.

- **Code of Criminal Procedure art. 16.22:** [CCP 16.22](#) details a procedure for identifying a person's possible mental illness or intellectual disability at the earliest stages of—and throughout—a criminal proceeding. Under article 16.22, a magistrate must, under certain circumstances, order an expert to interview the defendant and otherwise collect information regarding whether the defendant has a mental illness or intellectual disability in order to alert the necessary stakeholders if the resulting report indicates possible mental illness or intellectual disability. Once the report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued.
- **Code of Criminal Procedure art. 17.032:** Pursuant to [CCP 17.032](#), unless good cause is shown, the magistrate must release the person on personal bond if they are not charged with or previously convicted of a statutorily defined violent offense, the procedures in the statute were followed, and the conditions were met. The magistrate may include bond conditions that address behavioral health needs. Typical conditions of "mental health" bonds include requirements to: check in with the LMHA; abide by the LMHA's recommendations; possess no firearms; possess no marijuana, controlled substances, or cannabidiol (CBD); and attend all appointments for assessments and services. A "warm handoff" to the LMHA can help promote compliance with the conditions.

As discussed above in intercepts 0 and 1, [diversions for defendants with mental health disorders](#) can provide a benefit to the defendant, the judicial system, and the community as a whole. Jail diversion occurs after an arrest has been made, but before an official charge from the state. This type of diversion can also be called a pre-charge diversion or a prosecutor-led diversion.

BEST PRACTICE: ENSURE JAIL ACCESS TO TELEPSYCHIATRY/ MEDICATIONS

The Texas Commission on Jail Standards is required to adopt reasonable rules and procedures that require county jails to provide access to telehealth at any time of day and provide

prescription medications according to [Texas Government Code Section 511.009](#), or to use all reasonable efforts to arrange for the individual to have access to a mental health professional within a reasonable time.

Telehealth can improve care and ease workforce challenges. Installing a tablet equipped with telehealth software in a location that does not require staff supervision of the individual who is using it could decrease staffing shortages. Telehealth would allow the doctor to observe the individual who cannot or will not communicate with LMHA staff. In addition, collateral witnesses (jail staff, family members) could use the tablet to document their statements and observations of the individual under Texas Code of Criminal Procedure articles 16.22 and 17.032.

BEST PRACTICE: CREATE CROSS-SYSTEM REVIEW TEAMS

Cross-system collaboration reaches across fragmented services and systems to build constructive working relationships to accomplish goals. Teams composed of individuals across systems can work together to overcome challenges, such as funding silos, limited resources, and differences in system “cultures” or values.

Court liaisons provide a vital link to mental and behavioral health service providers during the life of court cases. Liaisons are typically clinically trained and connected either with a behavioral health provider or with the court. They are adept at providing program and treatment coordination and communicating with service providers and agencies outside of the court.

Community Diversion Coordinators play a critical role. Typical duties and responsibilities include:

- Engage stakeholders in education on the many diversion opportunities across the SIM.
- Assist the court and attorneys in evaluating cases and defendants to determine if a pathway other than jail would better serve the defendant and the community.
- Develop and foster collaborative relationships between the LMHA, local hospitals, the jail, and the courts.
- Coordinate the creation of treatment plans to ensure appropriate community support for individuals being released into the community.

Solid data and information sharing policies support strong cross-system collaboration. Data-driven indicators measure the effectiveness of behavioral health interventions and allow adjustments to be made to increase the effectiveness of those interventions. Data can also measure the cost effectiveness of behavioral health programs and allow policy makers to allocate resources more effectively. Coordinating data offers an opportunity to identify high cross-system utilizers. Data should be collected about individuals' progress and needs, responses to those

needs, and efforts to improve mental health responses. Information sharing is required under [Health and Safety Code Sec. 614.017](#) for continuity of care and continuity of services purposes for certain individuals with special needs.

BEST PRACTICE: QUICKLY APPOINT AN ATTORNEY

It is best practice to appoint counsel as soon as practicable upon arrest of an individual. Appointing counsel at an earlier point in the case, such as before indictment, will reduce the length of time people are housed in jail waiting for evaluations and waiting for transportation to facilities for evaluation or restoration, as defense counsel can meet the client and begin assessing the client's needs. Opportunities to better utilize early appointment of counsel include:

- Creating and implementing a process for appointed defense counsel to access certain evidence in the case file, such as the offense report and arrest warrant affidavit, prior to indictment, so they can begin working on the case.
- Creating and implementing a process for defense counsel to request competency evaluations prior to indictment.
- Discussing possibilities of diversion in lieu of competency restoration in certain cases.

BEST PRACTICE: TRANSFER TO CIVIL COURT VIA CCP 16.22(C)(5)

Pursuant to [Code of Criminal Procedure art. 16.22\(c\)\(5\)](#), after an interview of the defendant provides clinical evidence to support a belief the defendant may be incompetent to stand trial, the court may release the defendant on bail while charges remain pending and enter an order transferring the defendant to the appropriate (civil) court for court-ordered outpatient mental health services under Chapter 574 of the Health and Safety Code. Case transfer under this statute is only for cases where the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person.

BEST PRACTICE: RIGHT SIZE COMPETENCY RESTORATION SERVICES

The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Long-established Constitutional law mandates that a criminal prosecution may not proceed unless the defendant has sufficient present ability to consult with their lawyer with a reasonable understanding of the proceedings against them.

Under Texas [Code of Criminal Procedure article 46B.004](#), if the mere suggestion of incompetency is raised in a case, the court must conduct an informal inquiry to assess whether there is “some evidence from any source” that would support a finding of incompetency. If so, then the court is required to stay (or stop) all proceedings and order a competency exam. If an individual is found competent, the case will proceed to determine adjudication. If the individual is found incompetent, judges can order services, including mental health treatment and medications designed to restore the defendant to legal competence.

For more than a decade, Texas and other states have seen an increasing number of individuals in county jails who have been found to be incompetent to stand trial but who do not have access to a state hospital bed in order to begin an inpatient competency restoration process. In Texas, several thousand people fail to receive competency restoration services for months or even years, presenting severe challenges to county jails and great personal cost to the individuals. Actively monitoring the local waitlist can help find ways to divert individuals. One method is to have an individual re-evaluated if there is reason to believe the person is stabilized while receiving jail-based mental health services.

JCMH and HHSC partnered to create a statewide initiative to [Eliminate the Wait](#) and right-size competency restoration services through education, training, and technical assistance. Every effort should be made to streamline determinations of competency and related proceedings. There is also a growing consensus that because of the likelihood of an increased length of incarceration and confinement, the competency process should be reserved for defendants who are charged with serious crimes, and others should be diverted to treatment.

Outpatient competency restoration and jail-based competency restoration programs are alternative competency restoration options provided by community-based services and in-jail services, respectively. For individuals who meet the criteria, these local programs are effective alternatives to using state hospital beds.

Involuntary medication frequently restores competency for individuals and allows for a more rapid return to the community than involuntary hospitalizations. (Read more at: <https://mentalillnesspolicy.org/medical/involuntary-medication.html>). Rather than requiring cumbersome guardianship proceedings, the Mental Health Code permits treating physicians to seek court orders to allow the administration of psychoactive medications to persons who lack capacity to consent to such medication. The court-ordered medication process cannot be used for Class B offenses; these cases may be good candidates for transfer to civil court under CCP 16.22(c)(5).

BEST PRACTICE: ALTERNATIVE SENTENCING

Post-trial diversion and alternative sentencing options provide opportunities to direct individuals to rehabilitation-focused interventions that balance the interests of justice with treatment. Most importantly, they avoid incarceration for individuals who meet certain sentencing conditions. Often involving suspended sentences and/or probation, alternative sentencing can be as creative and flexible as a judge and community resources will allow. Examples of alternative sentencing include community service, assisted outpatient treatment, and other required participation in appropriate treatment, including problem solving courts. Pursuant to [Code of Criminal Procedure art. 46B.004\(e\)](#), the prosecutor may dismiss all charges pending against a defendant after the issue of the defendant's incompetency to stand trial is raised.

BEST PRACTICE: SEEK TO ESTABLISH SPECIALTY COURTS OR DOCKETS

Communities across the nation have courts or dockets that focus on special populations or types of offenses. Some of these specializations include mental health, drug use, veterans, and human trafficking. The goal of specialty court programs is to divert the defendant from the criminal justice system and to assure the defendant receives access to the treatment and social programs necessary for the person's success in the community.

A "mental health court program" under [Texas Government Code § 125.001](#) has the following essential characteristics:

- integrates and provides access to MI and ID treatment services in processing cases in the court system;
- uses a non-adversarial approach involving prosecutors and defense attorneys to (1) promote public safety and (2) protect the due process rights of program participants;
- promotes early identification and prompt placement of eligible participants in the program;
- requires ongoing judicial interaction with program participants;
- diverts people with mental illness or intellectual disability to needed services in lieu of prosecution;
- monitors and evaluates program goals and effectiveness;
- facilitates continuing interdisciplinary education on effective program planning, implementation, and operations; and
- develops partnerships with public agencies and community organizations, including LMHAs/LBHAs.

Many Texas communities currently have a number of specialty courts. [These courts](#) tend to serve only a small number of defendants and there are racial disparities in who has access to this option. See Appendix 2 at the end of this report for more resource recommendations on mental health and other specialty court programs.

RESOURCES

[Intercept 2](#)

Helen Farabee Centers provide crisis intervention, psychiatry, symptom management, and brief counseling services in the jail, typically through telehealth. Jack County Jail staff transport people detained in jail to HFC outpatient clinic sites. Jack County pays for medication and other routine medical care.

The Jack County Jail is responsible for completing the initial screening as part of the 16.22 process, and then notifies HFC to complete the assessment. This process occurs 24 hours per day.

The Jack County Judge and the Justice of the Peace are responsible for magistration, and the County Judge and 271st District Judge are responsible for appointment of counsel for people with mental illness or IDD charged with criminal offenses. Both the County and District judges are responsible for orders related to competency restoration, and the jail coordinates finding restoration beds.

The Jack County Community Supervision and Corrections Department is responsible for pretrial services, providing bond supervision. The Constable is also responsible for bond supervision.

HFC completes the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services assessments.

[Intercept 3](#)

Specialty Courts

Specialty courts are designed to provide additional supervision and therapeutic supports to a small number of defendants above what they might receive on regular probation. When the courts are operated with fidelity to best practices, they can assure the defendant receives access

to the treatment and social programs necessary for the person's success in the community. Most people graduating specialty courts will not have a criminal conviction for the offense(s) for which they were arrested. In some instances, people who successfully complete a specialty court program are eligible for an order of non-disclosure, which allows them to apply for jobs and housing without disclosing their past criminal justice involvement.

GAPS AND OPPORTUNITIES

Intercept 2

Jail-Based Mental Health Challenges

Currently, jail-based evaluations are conducted virtually by HFC rather than in person. The community is concerned about the lack of in-person presence by trained mental health professionals in jail. Jail staff are not trained to identify and respond to mental health crises in the way that a qualified mental health practitioner would respond. This leaves the jail staff ill equipped and unsupported. It also puts the detained individual at risk of escalation. Further, individuals with mental illness may lack the ability to fully describe their symptoms, thereby causing jail staff to miss important details about the individual's psychiatric needs.

Participants see this as an opportunity to, at a minimum, triage higher risk situations so that HFC could provide more immediate direction and follow up. They also suggested entering into a third-party contract with UT Health Science Center or a correctional managed care company that can provide more immediate psychiatric and crisis intervention services within the jail.

Further, they suggested improved training for jail staff to better equip them to respond to mental health crises. They also suggested that both Young and Jack Counties attend the trainings and to develop train-the-trainer capacity within the local areas. This will also allow both counties to provide similar training to other surrounding counties.

Community members also expressed confusion about the requirement for North Texas State Hospital versus Red River Hospital admission. This coupled with the lack of local mental health psychiatric providers creates additional burden on jail staff.

Community members also suggested pursuing legislation to allow the County Judge to require medication compliance.

Detox and Withdrawal

The lack of detox services also poses a problem. People detained may have opioid-use disorder and may experience withdrawal without medical monitoring. While detained, these same individuals lose their tolerance for opioids, making them at higher risk of overdose following release. Further, jail staff lack the ability to communicate directly with primary care physicians regarding pain medications someone may be prescribed for injuries. This further complicates withdrawal because the jail may not have the correct pain management protocols. Jack County Jail is currently taking steps to expand the use of medication assisted treatment to address some of these issues.

Other Challenges

Another challenge identified by the community is gender separation within the jail. People in mental health crisis require more frequent observation, but separating individuals by gender creates an added staff burden of splitting staff between two sections of the jail.

Community members were also concerned about the liability on the county for deaths or harm to detained individuals, often resulting from the staff and service limitations described above. Currently, the county faces a lawsuit by a family of a person with mental illness for lack of mental health services in jail.

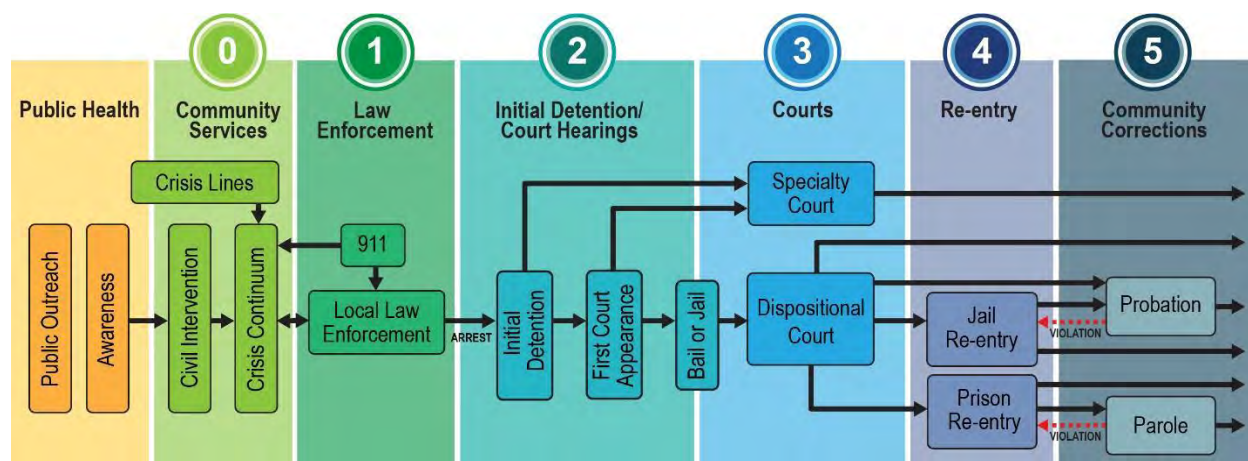
Intercept 3

As with most counties, the lack of forensic beds within the state extends the length of time someone with mental illness remains detained in jail. It also delays adjudication of the case, placing the individual in limbo and continuing to strain jail staff time. The limited reach of Helen Farabee Centers makes it more difficult to support individuals through outpatient competency restoration. Community members saw this as an opportunity to work with HFC to create outpatient competency restoration services, while also expanding jail-based competency restoration.

Currently, Jack County does not have a specialty court program, but they are in the process of creating one. They already have Commissioners Court support for the additional funding

required. For resources on starting a mental health court, the JCMH has created a [10-Step Guide](#) and a [video on How to Start a Mental Health Court](#). Also, on the JCMH website is a [webinar by the Texas Specialty Courts Grant Program on granting writing](#) with a checklist on how to write a grant proposal for a mental health court for the Criminal Justice Division of the Office of the Governor.





INTERCEPT 4 AND INTERCEPT 5

Intercept 4 encompasses people who are planning for and transitioning from jail or prison into the community. Services in this intercept include strong protective factors for justice-involved people with mental illness, substance use disorder, or intellectual and developmental disabilities re-entering a community. These services should include detailed, workable plans with seamless access to medications, treatment, housing, and healthcare coverage.

Intercept 5 encompasses people under correctional supervision who are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as required by other state statutes. This intercept combines justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice lifestyle.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to Jack County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: CREATE A SPECIALIZED MENTAL HEALTH CASELOAD

Parole and probation departments should have specialized caseloads or units that are dedicated to individuals with behavioral health needs. Officers assigned to these specialized caseloads should be trained to work with these types of clients and educated about available community resources. These cases should have individualized treatment plans that consider medication, mental health needs, and substance use treatment.

BEST PRACTICE: ENSURE CROSS-AGENCY COLLABORATION

Forming a collaborative of community resources that serve justice-involved individuals is helpful to address the needs of justice-involved individuals reentering the community. This cross-agency collaboration can increase stability in the community and reduce relapse or recidivism by ensuring individuals continue in treatment and services, as needed.

BEST PRACTICE: INTEGRATE PEER SUPPORT

Community-based peer support services that assist with transition or reentry into community-based mental health services can help individuals achieve long-term recovery. Peer support specialists can provide insight into potential triggers and relapses, and provide:

- Emotional support
- Shared knowledge
- Practical assistance
- Connection to people with resources
- Opportunities and communities of support

In Texas, there are four primary certifications for peer specialists: Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners. A growing number of peer specialists obtain certification as Re-Entry Peer Specialists who have lived experience with incarceration as well as recovery from mental health and/or substance use challenges. Re-Entry Peer Specialists can play [important roles](#) at all points along the Sequential Intercept Model.

Several organizations and resources provide helpful guidance:

- [ViaHope](#) is a Texas nonprofit organization that provides training, technical assistance and consultations related to the peer workforce. The organization also trains and certifies reentry peer support specialists.
- [PeerForce](#) serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- [SAMHSA](#) is the federal agency that for decades has worked to promote peers in leadership roles.
- [National Association of Peer Supporters](#)
- Philadelphia's DBHIDS [Peer Support Toolkit](#)

[Clubhouse International](#) is a global nonprofit organization that helps communities create clubhouses. Clubhouses provide people living with mental illness opportunities for friendship, employment, housing, education, and access to medical and psychiatric services. Some clubhouses include peer support specialists and can be good resources, particularly during the reentry process. [Clubhouse Texas](#) is a key resource for information about the burgeoning clubhouse movement in Texas.

BEST PRACTICE: PROVIDE REENTRY PLANNING

Transition plans offer guidance for community reentry. A comprehensive plan identifies expectations, resources, and services to guide individuals towards independence. Individuals should play an active role in creating their transition plan.

The most effective reentry planning occurs when the planning begins at intake and continues throughout the individual's time in jail. Community-based providers should be engaged in this planning process. Coordination between community providers and the jail – sometimes called jail in-reach – can increase the likelihood of a smooth transition, including medication access upon release, warm hand-offs to service providers, and immediate access to benefits and health care coverage.

For some individuals, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) may provide support. TCOOMMI coordinates between criminal justice entities and LMHAs to ensure continuity of care for justice-involved individuals with special needs.

RESOURCES

[***Intercept 4***](#)

In addition to releasing people from jail with a 30-day supply of medication, individuals are evaluated for placement into TCOOMMI services. Other reentry services include:

- Helen Farabee Centers provides medication management, case management, and psychosocial rehabilitation programming. They also have certified mental health and recovery support peers available for individualized support for people seeking recovery.
- The Jack County Jail also notifies HFC when one of its clients is released from jail.

Also, community members mentioned that Jack County is providing medication support for people with substance use disorder, which is a recent improvement.

There are also a number of companies within the area that hire individuals with criminal justice histories.

House of Mercy is a faith-based nonprofit that provides a one-year residential program for people with substance use challenges.

Intercept 5

People placed on probation in Jack County are supervised by the Jack County Community Supervision and Corrections Department. People on parole report to the Wichita Falls parole office.

The TCOOMMI case manager, an employee of Helen Farabee Centers, offices at the Jack County Community Supervision and Corrections Department in order to ensure continuity of care for people with mental illness on the probation caseload.

Jack County Community Supervision and Corrections Department has specialized officers to provide added support to people with substance use and mental health disorders. Further, the department has access to Treatment Alternatives to Incarceration funding from the state, which allows them to pay for inpatient or outpatient treatment for people on probation.

GAPS AND OPPORTUNITIES

The participants identified numerous gaps at Intercept 4 and 5 along with opportunities that might address or alleviate these gaps. Filling these gaps decreases probation revocation rates and promotes successful reentry, thereby preventing re-arrest.

Intercept 4

As with many counties, Jack County has a high rate of substance use disorder. As mentioned above, Jack County Jail recently began providing medication assistance to people with substance use disorder. These medications help treat dependence on opioids such as heroin or narcotic

pain relievers. However, the county has also seen a rise in the number of people addicted to benzodiazepine medication (like Xanax), which is highly addictive but is not indicated for medication assisted treatment. The community expressed concern that primary care physicians in the area are irresponsible in how they prescribe addictive medications.

As described above, there are few reentry resources available to people released from jail or prison. Without access to mental health and substance use services, people in Jack County are at higher risk of relapse and decompensation. The community recognized that HFC staff participating in the SIM mapping is a sign of an even higher level of cooperative problem solving.

[Intercept 5](#)

The community recognized that long-term success while on community supervision and beyond is dependent upon Intercept 0 resources such as job training and outpatient counseling. These are services that are very limited in Jack County. [North Texas Workforce Solutions](#) serves the area, but has no office for people to attend job fairs, receive workforce case management, gain resume assistance, etc. The nearest career center is in Wichita Falls. There is a job seekers' computer kiosk at the library and a mobile unit that can travel to Jack County.



PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions ranging from expanding mental health counseling in the area to creating a facility for treatment and stabilization.

Community members strongly emphasized collaboration and networking across counties. They prioritized regular meetings and gatherings to discuss ideas and work together. They voted nearly unanimously to work together to prevent people with mental illness from going to jail and to ensure that they receive what they need when they get out. In these regular meetings, the participants emphasized the need to create uniform processes across each sector – law enforcement, EMS, hospitals - to better address crisis situations.

To that end, nearly all participants suggested creating teams of mental health professionals and paramedics to work alongside law enforcement when responding to mental health crises.

Education was a high priority for participants. They voted for improved communication and education about mental health and the mental health system. They also emphasized the need to better understand each other's roles within the process, breaking down silos.

The group was then invited to rate the priorities and to identify those priorities on which they were willing to invest their own time and organizational resources. Three priorities rose to the top:

- **Priority 1:** Share Jail/Resources between Jack and Young Counties, with one facility dedicated to addressing the needs of people with mental illness detained in jail and the other to house people not requiring high level of services and observation.
- **Priority 2:** Implement a Mobile Care Team comprised of law enforcement, mental health specialists, and paramedics to respond to mental health crises.
- **Priority 3:** Improve Mental Health Education and Training within the community.

ACTION PLANS

Workshop participants were invited to join one of the three priority groups to create an action plan. Each team developed a plan with objectives and near/long term tasks. Afterwards, each group reviewed the plans developed by other teams. All participants were encouraged to make suggestions and raise considerations for these plans, thereby helping each team to improve upon the plans. The teams identified times and dates for their next meetings, as well as champions to coordinate communication among team members.

The purpose of the action planning activity was to create a site-specific action plan with clearly defined, attainable, prioritized short-term and long-term steps addressing the gaps generated during the first day of the workshop. The plans will be further refined and implemented by the team following the workshop.

The action plans on the following pages are the initial drafts developed during the course of the workshop. The teams have already made specific plans to continue meeting, so these drafts will not reflect the work done as of the publication date of this report. Readers should contact team members for the most current information on these action priorities.

PRIORITY 1: SHARING JAIL AND RESOURCES WITH YOUNG COUNTY

Participants (*=Champion): Judge Umphress*, Chief Haynes*, Scott Dixon, Sheriff Jim Wiley, Julie Orr, Beverly Davidson, Judge Winn Graham, Commissioner Willey

Next Meeting: March 29, 2023, 1:00pm

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Research Options	Conversations with TCJS, MTC, Texas Association of Counties, HHSC Jail In-Reach Learning Collaborative			
Research Staffing Needs	Same as above. Determine what additional staffing is needed.			
Paint the Picture	Planning meeting, develop action steps with goal in mind			
Enter interlocal agreements	Research specialized transport	Pilot program	Have agreements and cost analysis	
Facility assessment				
NOTES: Address transportation issues between Jack/Young Counties. Ensure proper training, including specialized correctional officers.				

PRIORITY 2: IMPLEMENT MOBILE CARE TEAM

Participants (*=Champion): Stacey Rogers, Jeremy Jennings, Kelly Hudson, Mona Bernhardt, Rebecca Spurlock, Tami Neinas, Amanda Davila, Gina Keating*

Next Meeting: TBD

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Budget – State Legislature	Formulate a budget and submit to Legislature	Talk to Bridgeport and others to find grant opportunities		
Team Structure	Talk to Dallas/Bexar Counties about their teams; interlocal agreements.	Put together job description; office space, vehicle	Hire the Training Team	Revise budget/ expansion requested
Identify process for customer who needs crisis care	Meetings with HFC, law enforcement, state hospital people, peers, judge	Agree on the process, make flow chart	Education on process	
Track data to show outcomes/budget savings	Investigation Phase: what is capability locally? What we need, how to keep data secure, how to make it meaningful to community/state so that it is supported. Talk to Bexar/Dallas Counties and Bridgeport	Determine how teams are diverting	Participants from hospital, how much savings	
NOTES: What grants are available? If grant funded: collect data to show need prior to application. What's your mission? Who will you serve? What will you do? Who would train staff? TAC code regulations? Research done with HHSC/TAC code? HHSC will have standard measures. What data do you want to track? Create data program to document outcomes and general data of population.				

PRIORITY 3: ACCESS MENTAL HEALTH SYSTEM EDUCATION & TRAINING

Participants (*=Champion): Andrea Gomez, Cara Mullenix, Nicole Rosenbaum, Craig Fenter, Dale Lovett, Bryan Corb, Courtney Curtner*, Andy Martin, Melissa McCullar, Kyle Guillette, Mona Bernhardt

Next Meeting: March 29, 2023, 11:30am

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Publicize existing training opportunities and schedule with interested groups (MHFA, ASIST, ASK+, CALM, TIC)	Courtney (healthcare providers) and Officer Bryan (first responders) to coordinate with Andrea (HFC)			
Address vicarious / secondary trauma; identify resources and make available	Officer Bryan to share info about Post Critical Incident Seminar (Sam Houston State University); HFC to offer trainings			
Reduce stigma in the community and initiate peer groups	Publicize online or in-person support groups (NAMI , DBSA , Prosumers) Offer Mental Health First Aid to general community - Andrea, with Mayor Fenter to publicize			
Provide baseline info about HFC services	Andy to do short description, flow charts Present to nursing staff - Andy + Courtney			
NOTES:				

RECOMMENDATIONS

The following recommendations have been developed in response to the SIM mapping workshop discussion and the group's identified priorities and action plans. The action plans developed at the workshop are included in the Action Plan section and should be considered as recommendations to move forward regardless of whether they are included in the recommendations below. We encourage stakeholders to review and prioritize recommendations and SIM action plans according to aligned interests and current county priorities.

The following recommendations are intended to be suggestive, rather than prescriptive, of how to approach identified issues. Most recommendations include references to websites, articles, and documents. Inclusion in this report is not endorsement from JCMH, but is intended to help direct readers to self-explore and determine actions regarding gaps in their system.

RECOMMENDATION 1: STAKEHOLDER PLANNING GROUP

Develop a Behavioral Health Leadership Team to facilitate and guide countywide criminal justice and behavioral health cross-systems stakeholder planning.

There is a need for ongoing dialogue, joint planning, and assigned leadership to carry the community's goals forward. To be effective, a leadership team should include representation across sectors including behavioral health, the judiciary, defense attorneys, and law enforcement.

Many counties have task forces or leadership groups with varying priorities, including:

- Williamson County – [Healthy Williamson County](#)
- Grayson County – [Texoma Behavioral Health Leadership Team](#)
- Hidalgo County – [Hidalgo County Mental Health Coalition](#)
- Cameron County – [Cameron County Mental Health Task Force](#)

The Behavioral Health Leadership Team should consider taking the lead on the following projects:

- **Countywide Mental Health Awareness and Education.** The Leadership Team can plan annual community behavioral health conferences and other trainings that promote behavioral health awareness, access to resources, and local initiatives that improve the administration of justice for persons with mental illness, IDD, or substance use disorders.

- **Sharing Jail Space and Resources Between Counties.** The Leadership Team can work together with Young County to research, fund, and implement its jail-share priority. This will require coordination with appropriate regulatory bodies and will likely require intragovernmental funding agreements.
- **Mobile Crisis Teams.** The Leadership Team is best situated to bring diverse agencies together to implement mobile crisis teams. It can assist in the creation of processes and procedures, and it can work across agencies to ensure proper funding and training.
- **Utilize National Resources.** NCSC's National Judicial [Task Force to Examine State Courts' Response to Mental Illness](#) develops tools, resources, best practices, and policy recommendations for the state courts. The Leadership Team has several resources that can be implemented locally, including the recently released set of [Juvenile Justice Mental Health Diversion Guidelines and Principles](#) created to assist courts and service providers in addressing the growing mental health crisis.
- **Grant Writing.** The Leadership Team can invest in training selected individuals to learn effective grant writing skills. See [grant writing](#) resources in the appendices for information on grant writing educational opportunities.
- **Review Cross-Systems Processes.** Challenges often arise in cross-systems processes. The Leadership Team can review these processes and make recommendations for improvements to streamline and maximize efficiency within these procedures.

RECOMMENDATION 2: DEVELOP DIVERSION OPTIONS

Establish a physical location or unit to provide an alternative to jail for individuals in a behavioral health crisis who need more support than is available in the community.

As Jack and Young Counties work together to share jail, medical, and mental health resources for people detained in jail, it can also research whether certain unused portions of a jail could be recommissioned for use as an alternative to jail.

For individuals in mental health crisis, HHSC outlines [four types of options](#), including:

- Crisis Respite Units – individual at low risk of harm; stays can be up to 7 days
- Crisis Residential Units – individuals needing minimal supervision; provides a home-like environment but not permanent housing

- Extended Observation Units – individuals at high risk to self or others; up to 48-hour stays, as opposed to standard 23-hour observation units
- Crisis Stabilization Units – individuals at high risk of psychiatric hospitalization; up to 14-day stays

One example is the [Judge Guy Herman Center](#) operated by Austin/Travis County Integral Care, which offers crisis stabilization and observation, recognizing that most mental health crises resolve within 48 hours. Similarly, the [Center for Health Care Services](#) in San Antonio offers 24-hour assessment and intervention, including extended observation, in its Crisis Care Center. These are some examples from larger counties. Jack County may consider adapting some of these approaches as it works with Young County.

Similarly, for intoxicated individuals at risk of arrest, sobering centers provide a safe environment in which to become sober and, ideally, link to substance use services. In some settings, such as the [Sobering Center](#) in Travis County, the staff may assist the individual to find an appropriate detox center. Some centers allow the individual to remain until a detox bed becomes available. In these cases, the center coordinates with its medical director, and occasionally may be authorized to provide detox medications. Sobering centers can also innovate, providing safe sobering for individuals intoxicated on substances other than alcohol. For instance, the Austin/Travis County Sobering Center created a stimulant sobering room, which is geared toward helping individuals safely come down from stimulants. Again, these are solutions created in larger and better resourced counties, but Jack County may consider whether sharing resources with Young County would allow it to adapt some of these approaches on a smaller scale.

Additionally, Jack County may look at less costly, yet effective ways to address behavior related to substance use and mental health, such as diverting people from arrest for lower-level offenses such as possession and referring them to outreach and harm reduction services, where they can receive assessment, help with basic needs, and navigation to recovery. An example of a similar program is called [Law Enforcement Assisted Diversion \(LEAD\)](#), and the impact of this program, including its effect on recidivism and client outcomes, has been [thoroughly evaluated](#) and proven to be effective. Jack County might consider a similar collaboration between law enforcement and HFC's certified peers.

RECOMMENDATION 3: SPECIALIZED CRIMINAL DEFENSE

Ensure that attorneys representing indigent clients have specialized knowledge of mental health laws and applicable defense practices.

There are several ways to increase the Jack County defense bar's knowledge of mental health laws. One quick-fix recommendation is a focused education and training campaign. Many rural counties such as Jack face shortages of available criminal defense attorneys who can be appointed to represent indigent clients. The [Deason Center at Southern Methodist University](#) has several recommendations for small communities seeking to incentivize attorneys to serve clients in rural areas.

Many counties offer incentives for defense attorneys to seek training and specialization in mental health laws by offering additional compensation for court appointment cases to attorneys with specialized training or creating a special "wheel" full of attorneys specialized in mental health laws who can be appointed to cases with a defendant identified as having a mental illness. Williamson County is an example of a county with an indigent defense plan that incorporates special qualifications for a mental health wheel.

The [Texas Indigent Defense Commission](#) (TIDC) safeguards liberty by ensuring that Texas and its 254 counties provide the right to counsel guaranteed by the United States and Texas Constitutions. TIDC's work takes three main forms: funding, oversight, and improvement. At each intercept of the criminal justice system, defense counsel can support efforts to identify people with mental illness and divert them appropriately. Mental health defender teams include attorneys, social workers, investigators, and support staff who specialize in representing defendants with mental illness or intellectual disabilities. This specialty team approach results in better, more efficient representation, better case outcomes, and improved efficiency of courts and case processing. A more robust and team-based representation can reduce jail populations by ensuring that defendants are promptly appointed counsel, with specialized knowledge in mental health laws, and can improve medication compliance and reduce decompensation. Defense counsel can play a key role in developing treatment plans and advocating for earlier release from jail. Defense counsel can also help reduce unnecessary competency evaluations and help reduce recidivism.

Education and Training Campaign. Jack County should identify a group of local defense attorneys who can be champions for initiating an education and training campaign. These champions can utilize the assistance of [TIDC](#), [JCMH](#), [TCDLA](#), or other entities to develop curriculum for local

defense attorneys and to identify the best methods for implementing education and training among the local defense bar. Training should cover several topics regarding mental health laws, including early identification ([16.22](#)), transfer and dismissal ([16.22\(c\)\(5\)](#)), mental health bond conditions ([17.032](#)), competency restoration ([46B](#)), information sharing (HIPAA & [HSC Chapter 611](#)), and resources available from the local mental health authority ([Helen Farabee Centers](#)).

Mental Health Public Defender Office or Managed Assigned Counsel System. The Texas Indigent Defense Commission [funds public defense](#) in three forms: Improvement Grants, Formula Grants, and Innocence Projects. Improvement Grants help counties develop new programs or processes to improve indigent defense. These grants are competitive, dependent on available funding, and usually require county matching funds. Funding priorities include new [public defender offices](#), new managed assigned counsel systems, mental health or other specialty defender offices, and indigent defense coordinators.

- A [Managed Assigned Counsel \(MAC\)](#) is a governmental entity, nonprofit corporation, or bar association operating under a written agreement with a county for the purpose of appointing counsel to indigent defendants. As of 2017, three counties use this model: Collin, Lubbock, and Travis.
- A [Public Defender Office \(PDO\)](#) is a government entity or nonprofit corporation that operates underwritten agreement with a county rather than an individual judge or court or uses public funds and provides legal representation and services to indigent defendants accused of a crime.

RECOMMENDATION 4: STREAMLINE MAGISTRATION AND FORMALIZE 16.22 PROCESS

Streamline the magistration process and formalize a 16.22 process.

Currently, the County Judge and Justice of the Peace are responsible for Jack County's magistration process.

In recent years, several key Texas jurisdictions have reformed their magistration procedures to centralize the process and seek more uniform and equitable results. Some of these changes were driven by [litigation](#) and others by [analysis](#) and advocacy. While the full scope of these

comprehensive reforms is beyond the scope of this recommendation, they have significant implications for the diversion of individuals with behavioral health challenges.

When an individual under arrest for a criminal offense first appears in a court of law, the magistrate interacts with the defendant, informing them of the charges, advising them of their rights, appointing counsel, if the defendant is indigent, and receiving a plea. At this hearing (the arraignment), the judge or magistrate will also determine the bond conditions, or the circumstances under which the individual may be released from jail pending prosecution. These interactions provide an early opportunity to identify whether the individual may be experiencing significant behavioral health challenges, to quickly appoint counsel, and to tailor bond conditions to ensure engagement with appropriate services. And for jurisdictions with an [Indigent Defense Coordinator](#), the IDC can provide helpful insight in following appropriate procedures for defendants who may have behavioral health challenges (the Texas Indigent Defense Commission provides [grant funding](#) to create an IDC position). It might be useful to determine if similar grant funding could support such a position for multiple counties, especially as Jack County seeks works with Young and surrounding counties to share resources.

The magistrate can ensure the Continuity of Care Query has been performed to identify any recent experience with the local mental health authority. The magistrate is charged with following the procedures in the [Code of Criminal Procedure art. 16.22](#) and, when appropriate, to order an expert to interview the defendant to identify possible mental illness or intellectual disability. Once the expert's report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued. The magistrate may also release the individual pursuant to [CCP 17.032](#) under the conditions of a mental health bond.

Sufficient training and experience are particularly important in light of [new legislation](#) changing magistration procedures and reporting requirements statewide.

RECOMMENDATION 5: EFFICIENT AND EFFECTIVE USE OF DATA

At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.

Across Texas and across the nation, too little data is collected and too much of what is collected is not utilized. Measures for Justice, a nationally recognized nonprofit organization designed to gather criminal justice system data from every county across the U.S., released a report in 2021 articulating [The Power and Problem of Criminal Justice Data](#) after reviewing data collection processes in twenty states. The lack of data or the ability to analyze the data limits the ability to make informed decisions about policy or to garner public trust in the system. Texas counties can capitalize on their data collection and improve the data collection process across the SIM by taking several steps. [SAMHSA](#) has an article on [Data Collection Across the Sequential Intercept Model: Essential Measures](#) that contains insightful techniques that can be reviewed and implemented on a local level.

Dispatch centers should be trained to ask if the nature of the emergency call is police, fire, or mental health, regardless of the availability of a Crisis Intervention Team or co-responder team to respond. Law enforcement agencies can assign an incident number to every mental health call so that the calls can be tracked and analyzed for trends and patterns. This data can be used to secure grant funding for training and resources, as well as additional resources from the county.

There are several organizations that offer resources to assist with improving data collection, analysis, and creation of performance measures.

Stepping Up Initiative. The [Stepping Up Initiative](#) is strongly focused on the use of data to assist in lowering the numbers of people with mental illness in the jail. Counties can take advantage of the resources on the Stepping Up website to benefit their residents. Consider developing goals, such as: 1) Reducing the number of people with severe mental illness admitted to the county jail, 2) Reducing the length of stay for people with severe mental illness while in jail, 3) Increasing connections to community-based treatment and support upon release, and 4) Reducing their criminal recidivism. Specific goals will help clarify and direct what data should be collected and how to use that data to further the county's cross-systems efforts.

Bureau of Justice Assistance. The Bureau of Justice Assistance published [A Guide to Collecting Mental Health Court Outcome Data](#) in 2005 to help guide mental health court teams on collecting and using data. Outcome data can help courts demonstrate the purpose of the specialty court program and attract funding sources to expand and enhance the program. The [Center for Court Innovation](#) has a short document on [collecting data for drug courts](#).

Justice Counts. [Justice Counts](#) is a national program that reviews data from all fifty states then develops and builds consensus around a set of key criminal justice metrics that drive budget and policy decisions. The program also [creates a range of tools](#) and resources to help local communities to adopt new data metrics. The program provides technical assistance and funding to selected states.

Measures for Justice. [Measures for Justice](#) is a nonprofit organization that's mission is to make accurate criminal justice data available to spur reform. The organization offers [tools and services to communities](#), including general consulting.

RECOMMENDATION 6: EXPAND THE USE OF CERTIFIED PEERS AND FAMILY PARTNERS

Expand the use of certified peers at multiple points and intercepts.

People with lived experience of mental illness, substance use disorder, past trauma, and/or incarceration bring a unique perspective. Not only have they experienced behavioral health challenges that contributed to their intersect with the justice system, they also have been successful in their own recovery processes. Certified peers are trained to help other peers navigate their own paths to recovery and are equipped with a code of ethics that helps them work with other peers wherever they may be in their recovery journey. Each LMHA in Texas has peer support specialists on staff.

In Texas, there are three primary peer certifications, including Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners (who work directly with family members of people with behavioral health challenges). People with lived experience of incarceration may also pursue additional certification as a Reentry Peer Specialist.

While certified peers are becoming more common within mental health authorities in Texas, they are less frequently utilized within the justice system. When they are utilized within courts, jails, probation departments, and in reentry programs, peers can make a real difference. According to a [Leadership Brief](#) of the National Judicial Task Force to Examine State Courts' Response to Mental Illness, peer specialists are involved in courts, jails, and reentry programming with the goals of:

- Providing person-centered, strength-based support to build recovery and resilience;

- Providing relationship-focused support and role-modeling based on lived experience;
- Advocating for the individual in stressful and urgent situations and in respect for their rights;
- Assisting individuals with understanding and navigating the justice system; and
- Supporting individuals to achieve their goals, live a self-directed life, and strive to reach their full potential.

There are national resources available to provide technical assistance regarding implementation of peer support specialists across the SIM, including:

- [Peer Experience: National Technical Assistance Center](#)
- [Peer Recovery Center for Excellence](#)

There are a number of specific ways peer specialists can work toward these goals throughout the criminal justice process. Policy Research Associates has detailed [meaningful roles for peer support across the full Sequential Intercept Model](#).

RECOMMENDATION 7: OUTPATIENT COMPETENCY RESTORATION

Create an outpatient competency restoration program administered by the local mental health authority.

Years after the 80th Texas Legislature explicitly authorized programs to restore criminal defendants to competency outside of a state hospital program, [18 outpatient competency restoration \(OCR\) programs](#) exist across Texas. Designed for individuals that present a low risk to public safety, these programs provide services and supports to improve an individual's competency to stand trial and enable the criminal justice process to move forward. The community-based setting encourages a person's ultimate reintegration into the community and provides significant cost savings over inpatient services.

The OCR programs ease pressure on county jails and state hospitals. At the end of 2022, [over 2,500 individuals](#) who were found incompetent to stand trial by a court remained in Texas county jails solely because of a lack of bed space in the state hospital system. Alternatives to lengthy wait times, which for some people total hundreds of days, are more supportive of individual wellbeing and greatly help efficient management of county jails. Jail settings are challenging and

sometimes dangerous settings for individuals in mental health crisis or with mental illness that is so poorly managed that the individual is legally incompetent.

The [Texas Health and Human Service Commission](#) encourages the establishment of OCR programs across the state, particularly in underserved rural areas, and offers grant funding to support these programs. The programs typically are operated by a local mental health authority and, depending on their configuration and focus, can provide services in settings including clinics, transitional houses, crisis respite facilities, and private homes.

APPENDICES

APPENDIX	TITLE
<u>Appendix 1</u>	Commonly Used Acronyms for Jack County
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APPENDIX 1 | COMMONLY USED ACRONYMS FOR JACK COUNTY

A&D – Apprehend & Detain	AOT – Assisted Outpatient Treatment	BJA – Bureau of Justice Assistance
CCP – Code of Criminal Procedure	CCQ – Continuity of Care Query	CIRT – Crisis Intervention Response Team
CIT – Crisis Intervention Team	CSCD – Community Supervision and Corrections Department (“probation”)	D/M – Dismiss or Dismissal
HB – House Bill	HHSC – Health and Human Services Commission	ID – Intellectual Disability
JCCO – Jack County Clerk’s Office	JCDAO – Jack County District Attorney’s Office	JCDC – Jack County District Clerk
JCSO – Jack County Sheriff’s Office	JBCR – Jail Based Competency Restoration	JCMH – Judicial Commission on Mental Health
JPD – Jacksboro Police Department	LE – Law Enforcement	LIDDA – Local IDD Authority
LMHA – Local Mental Health Authority	MAC – Managed Assigned Counsel Program	MH – Mental Health
MHC – Mental Health Court	MI – Mental Illness	MOU – Memorandum of Understanding
MSU – Maximum Security Unit	OCA – Office of Court Administration	OCR – Outpatient Competency Restoration
PC – Probable Cause	PD – Police Department	PDO – Public Defender’s Office
PTI – Pretrial Intervention	SAMHSA – Substance Abuse & Mental Health Services Administration	SB – Senate Bill
SH – State Hospital	SIM – Sequential Intercept Model	TASC – Texas Association of Specialty Courts
TCIC – Texas Crime Information Center	TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TIDC – Texas Indigent Defense Commission
TLETS – Texas Law Enforcement Telecommunications System		

APPENDIX 2 | GENERAL RESOURCES

FUNDING RESOURCES

Council of State Governments Justice Center

<https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/>

DOJ Office of Justice Programs

<https://www.ojp.gov/funding/explore/current-funding-opportunities>

Humanities Texas

<https://www.humanitiestexas.org/grants/apply>

The Meadows Foundation

<https://www.mfi.org/>

Office of the Texas Governor

<https://gov.texas.gov/organization/financial-services/grants>

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/grants>

Texas Health & Human Services Commission

<https://www.hhs.texas.gov/business/grants>

Texas Indigent Defense Commission

<http://www.tidc.texas.gov/funding/>

U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments

<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments>

U.S. Grants

<https://www.usgrants.org/texas/personal-grants>

GRANT WRITING RESOURCES

Grants.gov

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

HHSC Funding Information Center

<https://www.dshs.texas.gov/fic/gwriting.shtm>

Nonprofit Guides

<http://www.npguides.org/index.html>

Nonprofit Ready

<https://www.nonprofitready.org/grant-writing-classes>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/training-grant.html>

University of Texas Grants Resource Center

<https://diversity.utexas.edu/tgrc/>

MENTAL HEALTH COURT PROGRAM RESOURCES

Council of State Governments Justice Center –
*Developing a Mental Health Court: An
Interdisciplinary Curriculum*

<https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf>

Council of State Governments Justice Center –
*A Guide to Collecting Mental Health Court
Outcome Data*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/MHC-Outcome-Data.pdf>

Council of State Governments Justice Center –
*A Guide to Mental Health Court Design and
Implementation*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/Guide-MHC-Design.pdf>

Council of State Governments Justice Center –
*Mental Health Courts: A Guide to Research-
Informed Policy and Practice*

https://bjaojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf

Council of State Governments Justice Center –
Mental Health Court Learning Modules

<https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/>

Judicial Commission on Mental Health: *10-Step
Guide*

<http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf>

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/mental-health-courts/>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/>

TECHNICAL ASSISTANCE RESOURCES

Activities of the Service Members, Veterans, and
Their Families Technical Assistance Center

<https://www.samhsa.gov/smvf-ta-center/activities>

Correctional Management Institute of Texas

<http://www.cmitonline.org/technical-assistance.html>

Doors to Wellbeing: National Consumer Technical Assistance Center

<https://www.doorstowellbeing.org/>

HHSC's Technical Assistance Center

Email: forensicedirector@hhs.texas.gov

Judicial Commission on Mental Health

<http://texasicmh.gov/technical-assistance/>

Justice Center: The Council of State Governments

<https://csgjusticecenter.org/resources/justice-mh-partnerships-support-center/>

National Center for State Courts

<https://www.ncsc.org/services-and-experts/areas-of-expertise/access-to-justice/tech-assistance>

National Family Support Technical Assistance Center

<https://www.nfstac.org/request-ta>

National Mental Health Consumers' Self-Help Clearinghouse

<https://www.mhselfhelp.org/technical-assistance>

National Training & Technical Assistance Center for Child, Youth, & Family Mental Health

<https://nttacmentalhealth.org/trainings-ta/>

NPC Research

<https://npcresearch.com/services-expertise/technical-assistance-and-consultation/>

Opioid Response Network

<https://opioidresponsenetwork.org/>

Technical Assistance Collaborative

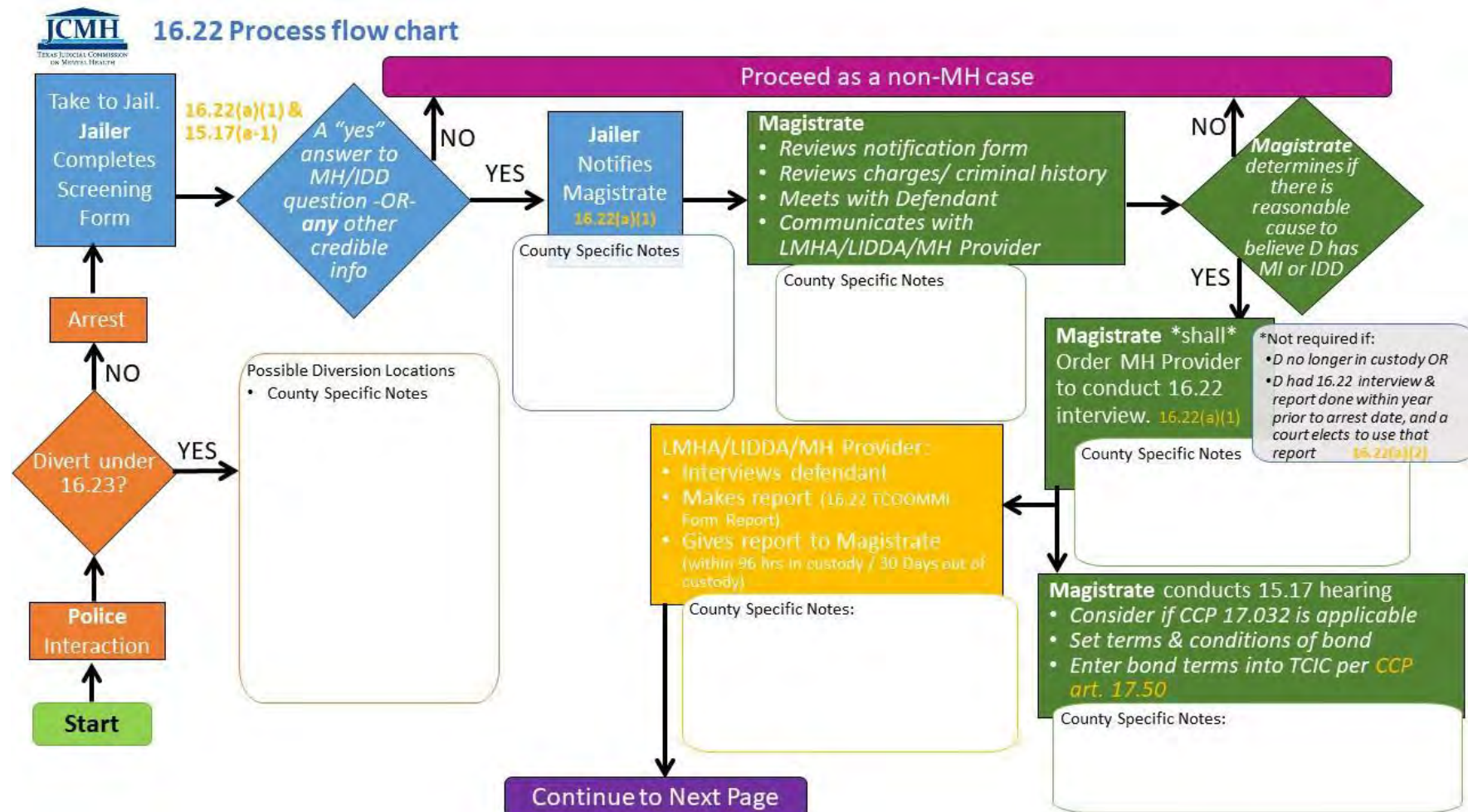
<https://www.tacinc.org/what-we-do/customized-ta-training/>

Texas Specialty Court Resource Center

http://www.txspecialtycourts.org/tta_bureau.html

APPENDIX 3 | CHARTS

SAMPLE CHART FOR COUNTY





Continued from Previous Page

Magistrate Receives Report from MH Provider

Magistrate gives report to stakeholders

16.22(b-1)

Clerk required to document the number of 16.22 reports completed on Judicial Monthly Court Activity Report to OCA. 16.22(e) & Tex. Admin Code Ch. 171

County / District Clerk

County Specific Notes

Trial Court

County Specific Notes

Prosecutor

County Specific Notes

Defense Attorney

County Specific Notes

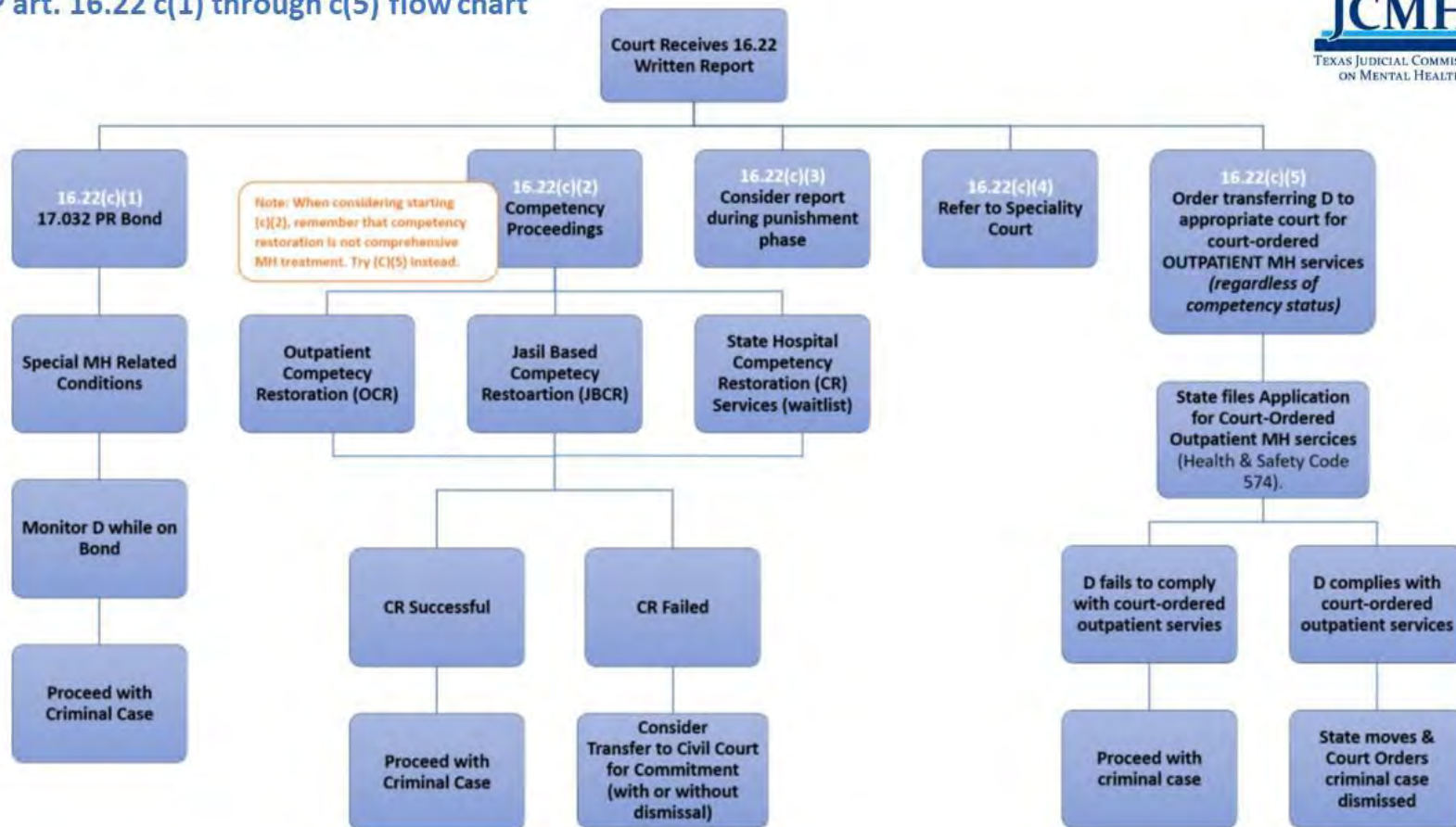
Sheriff (jail med records)

County Specific Notes

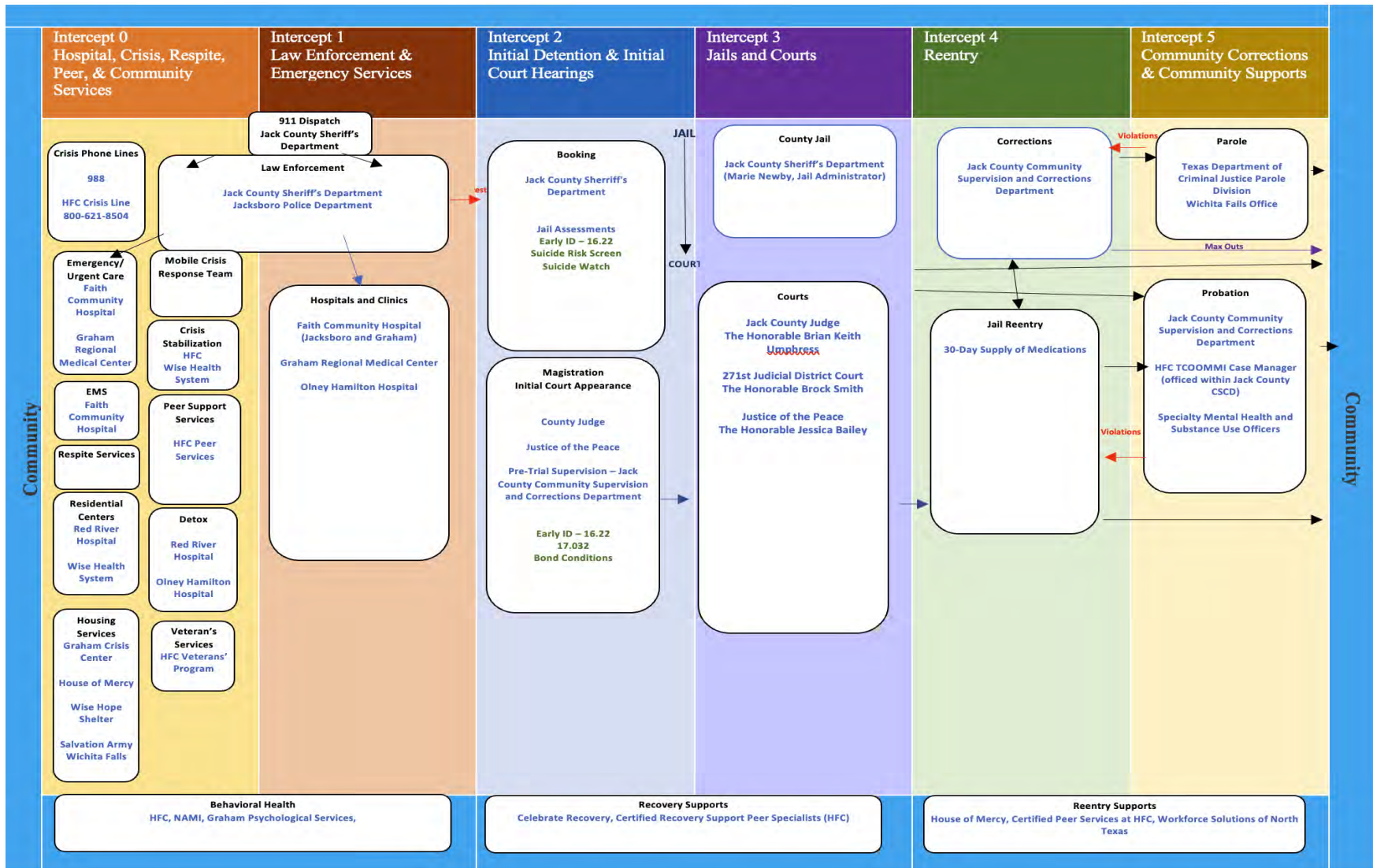
Personal bond office / Pretrial

County Specific Notes

CCP art. 16.22 c(1) through c(5) flow chart



APPENDIX 4 | JACK AND YOUNG COUNTY SIM MAP



APPENDIX 5 | PARTICIPANT LIST

First Name	Last Name	Role	Agency
Travis	Babcock	Sheriff- Young	Young County
Mona	Bernhardt	LCSW	Olney Resident
Melanie	Berry	District Director	Senator Springer
John	Choate	Chief Adult Probation	Wise/Jack Adult Probation
Robert	Cooper	Faith Hospital - Chief of Staff	Faith Community Hospital
Bryan	Corb	Lieutenant - Patrol	City of Jacksboro
Courtney	Curtner	ED Mgr; Trauma Program Mgr	Faith Community Health System
Beverly	Davidson	Jail Administrator	Young County
Amanda	Davilla	Warden	MTC Training
Molly	Davis	Staff Attorney	Judicial Commission on Mental Health
Brad	Dixon	County Attorney	Jack County
Vicky	Easter	Nurse Manager	UTMB
Craig	Fenter	Mayor	City of Jacksboro
Lynda	Frost	Facilitator	Lynfro Consulting
Winn	Graham	Young County Judge	Young County
Kyle	Gullette	Crisis Serv./Cont. of Care Prog. Mgr	Helen Farabee Centers
Scott	Haynes	Chief of Police	City of Jacksboro
Frank	Hefner	Jack County EMC / IT Director	Jack County
Kelly	Hudson	Director - EMS	EMS - Faith Community
Jeremy	Jennings	Chief - Jacksboro Fire Department	City of Jacksboro
Gina	Keating	Editor	Olney Enterprise
Dale	Lovett	Board Member	Olney Hospital
Andrew	Martin	Associate Executive Director	Helen Farabee Centers
Melissa	McCullar	TCOOMMI Director	Helen Farabee Centers
Cara	Mullinex	Dir. of Utilization & Quality Mgmt	Helen Farabee Centers
Tami	Neinas	Certified Peer	Helen Farabee Centers
Chris	Reger	Chief Deputy - JCSO	Jack County
Nicole	Rosenbaum	Asst. Director of Partner Relations	Children's Advocacy Center North TX
Kenny	Salazar	County Commissioner	Jack County
Brian	Smith	Reporter	Jacksboro Newspaper
Doug	Smith	Facilitator	D-Degree Coaching & Training
Mike	Smith	City Manager	City of Jacksboro

Rebecca	Spurlock	Young Co Center Manager	Helen Farabee Centers
Brian	Umpress	Jack County Judge	Jack County
Terry	Ward	County Commissioner	Jack County
Clyde	Watson	Constable	Jack County
Jimmy	Wiley	Commissioner - Pct 4	Young County

APPENDIX 6 | WORKSHOP AGENDA

Sequential Intercept Model Mapping Workshop

Jack County

March 2 - 3, 2022

The American Patriot Ranch

3696 US-380, Bridgeport, TX 76426

Purpose and Goals:

- Facilitate mutual understanding, collaboration, and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services

AGENDA – Day 1

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Judge Umphress	Welcome & Community Goals
9:10 am	Overview of Pilot Program Molly Davis	
9:15 am	Orienting to This Work Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:45 am	Overview of SIM Mapping Doug Smith Andrea Gomez Tami Neinas	Overview of Model Importance of Lived Experience
10:30 am	Break	
10:45 am	SIM Mapping Lynda Frost Chief Scott Haynes Rebecca Spurlock	Intercepts 0-1 Examining the Gaps & Opportunities Creating a Local Map
11:50 am	Lunch	

12:30 pm	SIM Mapping Lynda Frost Doug Smith <ul style="list-style-type: none"> • Marie Newby • Judge Umphress • County Attorney Brad Dixon 	Intercepts 2-3 Reflecting on Our Progress Examining the Gaps & Opportunities Creating a Local Map
1:45 pm	Break	
2:00 pm	SIM Mapping Doug Smith <ul style="list-style-type: none"> • John Choate • Melissa Maiden McCullar 	Intercepts 4-5 Examining the Gaps & Opportunities Creating a Local Map
3:05 pm	Break	
3:20 pm	Establishing Priorities Lynda Frost	Identify Possible Priorities Review Work of Pilot Project Identify Opportunities for Collaboration
4:20 pm	Wrap Up Doug Smith	Preview Next Day

AGENDA – Day 2

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Mayor Craig Fenter	Welcome Back!
9:10 am	Preview & Review Doug Smith	Review Day #1 Accomplishments Preview of Day #2 Local County Priorities
9:25 am	Action Planning Lynda Frost	Group Work Presentation to Full Group
10:45 am	Break	
11:00 am	Refining the Action Plan Doug Smith	Gallery Walk Group Work
12:00 pm	Next Steps & Summary Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
12:20 pm	Closing Lynda Frost	

APPENDIX 7 | KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, <i>TEXAS MENTAL HEALTH AND INTELLECTUAL DISABILITIES LAW BENCH BOOK</i> (3d Ed. 2021-2022), http://benchbook.texasicmh.gov/ .
2	NATIONAL CENTER FOR STATE COURTS, FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT’S RESPONSE 19 (2018), https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf . See also, https://www.ncsc.org/behavioralhealth .
3	POLICY RESEARCH ASSOCIATES, THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP), https://express.adobe.com/page/dSrgsE34zlea9/ . See also, https://www.prainc.com/sim/ .
4	SAMHSA GAINS CENTER, DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, <i>Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness</i> , 57 PSYCH. SERVICES 544, 544-49 (2006), https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544 . The SIM in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.

APPENDIX 8 | PROPOSED CARRE BILL RIDER

3/6/23

Young-Jack County CARRE (Critical Access-Rapid Response-Evaluation) Team Appropriations Bill Rider - 88th Texas Legislative Session

Rider

Contingent upon the request of the [AGENCY], it is the intent of the Legislature that Jack and Young Counties maintain a program for mobile mental health teams consisting of a peace officer, licensed clinical social worker, medic and peer counselor to interface and assist mental health consumers in the participating counties in maintaining their mental health plans and intervening in mental health crises. It is further the intent of the Legislature that funds used to treat consumers with mental health issues in the service area should “follow” each consumer and be applied to treatment facilitated by the CARRE team.

Cost

Estimated two-year program cost: \$1.35 million to provide mobile mental health services for Jack and Young Counties and to serve consumers unable to access services in these rural communities for clients due to barriers to the Local Mental Health Authority and residents receiving mental health services through outside agencies. The budget includes salaries and benefits for three (3) four-member teams, one (1) administrative/human resources personnel, two (2) specially equipped vehicles, six (6) laptops, software to track cases, “soft” uniforms, and other supplies.

Mission

The mission is to respond to mental health emergencies and provide home-based follow-up and support to citizens under an interlocal agreement between Young and Jack Counties.

Vision

The CARRE team will reduce mental health crises and recidivism in local jails by proactively engaging with the consumers in their community and removing barriers to treatment.

Summary

The team would work together to contact mental health consumers at their residences and develop a rapport with them. During the visits, the team would ensure that the consumer follows their physician's treatment plan by taking medication and attending appointments.

If a barrier to services is discovered, the team will assist the consumer with appropriate resources to ensure they follow their treatment plan. For example, several barriers could include access to medication, transportation, and financial ability.

Should a consumer experience a psychiatric emergency, the team would respond and evaluate to determine if the criteria for detention by a peace officer for mental health evaluation and further detainment in a psychiatric hospital is warranted. The rapport built by the team will reduce the use of force incidents by local law enforcement agencies during these encounters. This team's goal is to de-escalate critical situations through partnerships with mental health consumers.

The CARRE team comprises a mental health peace officer, a licensed clinical social worker, a medic, and a peer support staff member. The peace officer or social worker could be dual licensed as a medic to reduce the cost associated with the program.

Peace Officers would be certified mental health officers through the Texas Commission on Law Enforcement. In addition, the officers would be required to have other certifications including but not limited to hostage negotiations, crisis intervention training, and others as prescribed by the program director. The officer would drive an unmarked vehicle equipped to handle a violent consumer. The officer would be uniformed less aggressively, such as in slacks and a polo shirt, to reduce intimidation and soften their presence.

Licensed Social Workers would have clinical experience in the mental health field, including working with consumers whose mental health history may indicate a risk of being a danger to themselves or the public.

Peer Support Staff would be trained staff who have successfully completed the recovery process, have ample support to maintain their recovery and can help mental health consumers who are experiencing similar situations. Peer support workers help mental health consumers become engaged and stay engaged in the recovery process, and their guidance reduces the likelihood of relapse. Peer Support Staff can engage with mental health consumers in a more in-depth manner, beyond a clinical setting.

Bexar County has seen great success with its community SMART program. Please see the link below that will take you to their page with all the information and statistics.

<https://www.bexar.org/3447/SMART-for-Mental-Health>

Why CARRE?

The CARRE teams will tailor mental health services to communities that are experiencing a severe lack of access and affordability to traditional mental health services. The team also addresses barriers to mental health treatment that is peculiar to rural communities: privacy and a stigma around mental illness that prevents people from seeking help.

According to the National Rural Health Association's 2022 position paper, "throughout the COVID-19 pandemic, 61% of rural adults say their mental health has been impacted. While rates of mental illness, anxiety, and depression are similar in rural areas compared to urban, there is a

higher risk of suicide in rural areas, with nearly twice as many suicides in the most rural counties compared to urban. In rural communities, the suicide rate is between 18.1 and 20.1 per 100,000 residents, whereas in urban communities the rate is between 11.2 and 12.6 per 100,000.”

The CARRE teams will address a deficit in mental health availability in rural Young and Jack Counties by bringing services to residents in their homes. “Availability and accessibility are the primary barriers rural communities face regarding mental health care,” the NRHA position paper said. “... While rural America experiences higher prevalence of suicide, it also has the most significant mental health professional shortage areas (MHPSA). As a result, rural residents often have to travel further to access services.”

CARRE teams will create relationships with area mental health consumers, to make sure they are receiving appropriate treatment and are greeted with friendly faces should they experience mental health crises.

“Acceptability and stigma around mental health care continue to plague rural patients and limit access to services,” the NRHA said. “Research suggests higher rates of mental health stigma in rural areas, which can inhibit helpseeking behavior. Fueling stigma is the lack of privacy in rural communities. Often individuals feel more reluctant to seek treatment when anonymity is at risk. Affordability is another large barrier associated with accessing care. Rural residents are more likely to be uninsured and underinsured for health care services in general.”