2022

Opportunities for Crisis and Pre-Arrest Diversion in Rural and Urban Texas Counties: Law Enforcement Perspectives

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This work is funded through a contract with the Texas Health and Human Services Commission, the Office of Forensic Coordination, and supported by a Transformation Transfer Initiative (TTI) grant from the National Association of State Mental Health Program Directors (NASMHPD). The contents are solely the responsibility of the authors and do not necessarily represent the official views of Texas Health and Human Services Commission.

Recommended citation: Stevens Manser, S. & Arellano, P. (2022). Opportunities for crisis and pre-arrest diversion in rural and urban Texas counties: Law enforcement perspectives. Texas Institute for Excellence in Mental Health, Steve Hicks School of Social Work, University of Texas at Austin.

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Executive Summary

The Texas Health and Human Services Commission (HHSC) Office of Forensic Coordination contracted with The Texas Institute for Excellence in Mental Health to conduct a survey of Texas police chiefs and other leaders in police departments or law enforcement. The survey sought to gain their perspectives on what would assist in diverting Texans experiencing mental health or substance use disorders or development disabilities from justice involvement into more appropriate behavioral health crisis and treatment services. Results from the survey items and open-ended responses revealed a desire and priority for diversion, opportunities to increase crisis response or diversion, as well as reports of lack of access to treatment, staff, and resources to implement diversion that impede the priority – with these issues more frequently reported in rural counties. Responses also revealed a need for more collaborative partnerships and increased understanding between law enforcement and other providers on current system resources and capacity and opportunities for improvement. A review of the results along with opportunities is presented in this summary.

Counties Represented

There were 557 survey responses from 153 counties across Texas (60.2% of 254 counties). Almost all urban counties (90.5%; 19 of 21) and a majority of rural counties (57.5%; 134 of 233) were represented. The most represented regions were East Texas, North Texas, Upper Gulf Coast, and Central Texas, followed by South Texas, The Rio Grande Valley, the Panhandle, and West Texas. Results are not generalizable to the county or the state, but provide important law enforcement perspectives on crisis and pre-arrest diversion in rural and urban counties.

Survey Responder Characteristics

There was no difference in years of service (over 26 years) comparing urban and rural county responders, with a majority of the job titles reflecting a leadership role such as Police Chief (49.6% of urban and 52.6% of rural). Most who responded to the survey were male (88.6%) and white, with more racial and ethnic diversity in urban counties. A majority of rural and urban responders worked in smaller departments (department size 1-10 or 11-50), which may result in fewer staff or funding resources for diversion efforts. This is reflected in the open-ended survey responses where a combined 37.3% took the time to report that resources including staff, funds, and time were barriers to diversion.

Crisis Response and Pre-Arrest Diversion

A majority of responders indicated that diversion is a priority in their department (59.8% urban and 49.8% rural), however, the remaining percentages reporting somewhat, no, and unsure were significant. Follow up items revealed lower percentages reporting that a crisis response and pre-arrest diversion program had been identified for their department or community (37.4% urban; 25.1% rural) with about the same percentages reporting a departmental representative managing or overseeing these programs (37.6% urban; 26.2% rural). The open-ended responses provide context to these data, with the highest barriers to diversion reported as lack of access to treatment, time, resources (i.e., staffing and dollars), and support from treatment providers hindering diversion efforts.

Opportunity: Given those indicating diversion was a priority but that resources were barriers to implementation, county or community-wide diversion efforts become more important as effective

solutions (both financially and in terms of best practice). Engaging counties in Sequential Intercept Mapping to identify and prioritize a county-wide plan for diversion and offering technical assistance and support for implementation could advance county crisis response and diversion efforts.

For those reporting a crisis response or pre-arrest diversion program as yes, underway, or planned, the majority reported that these programs were focused on mental health, followed by intellectual and developmental disabilities. Substance use disorder diversion was reported less frequently, perhaps because these programs occur more often post-arrest or because substance use treatment is more challenging to access in areas of the state.

Opportunity: Responses reveal opportunities to support local partnerships and collaboration around crisis response and diversion efforts as well as to better understand the barriers departments experience, particularly related to pre-arrest substance use diversion. Sequential Intercept Mapping is an effective method for counties to work collaboratively to identify strengths, gaps, and develop plans for diversion.

Crisis and Diversion Partnerships

A high percentage were aware of crisis services available from local treatment providers (85.7% urban; 79.1% rural) but less than half reported interagency MOUs guided referrals to these providers (45.7% urban; 41.9% rural). A slightly higher percentage reported that they had community partners to discuss issues related to criminal justice (52.4% urban; 42.1% rural), and in both rural and urban counties, these discussions were reported more frequently with mental health providers. Around 25% of urban responders reported partnering with substance use or IDD providers and 12-15% of rural responders reported partnering with substance use or IDD providers.

Opportunity: The high awareness of services available yet lower reported interagency collaboration represents opportunities to bring community stakeholders together to co-create community response to crisis and examine opportunities for pre-arrest diversion. In addition, mapping actual availability of crisis response and treatment services (including limits to accessibility due to treatment service resource limits) may provide additional insight into law enforcement experiences in less resourced counties and more rural counties throughout the state. The low percentage of rural and urban responders who reported partnering with substance use or IDD providers points to an important need to identify where these services are not easily accessible or available.

Crisis Response and Diversion Programs Provided or Planned

Of the 16 crisis response and diversion program types listed in the survey, only two programs – specialized mental health training for peace officers (78.2% urban; 53.1%) and mental health officers (67.8% urban; 54.6% rural) – were reported as provided by over 50% of both rural and urban responders. Urban county responders reported crisis intervention teams/officers (57.0%) and dispatcher training (46.3%) as the next two most provided programs and rural county responders reported crisis intervention teams/officers (33.6%) and overdose reversal programs (32.7%) as the next two most provided programs.

The lack of crisis response and diversion programs provided or planned is significant and complex. Open-ended responses to diversion barriers and improvements reveal that many police departments in urban

and rural counties reported a lack of accessible alternatives to arrest or incarceration for a person in crisis. Although most reported diversion was a priority, they also reported that their priority is safety for the community, and that a well-resourced collaborative response is necessary for diversion.

Some also reported a lack of time and resources necessary to interact with the person in crisis, to wait on scene for crisis support, to wait in facilities for disposition and transfer to treatment systems, or to even have these options available and accessible in their counties. A smaller number reported that other systems were more appropriate to respond in these instances (e.g., behavioral health and emergency medical services), and that the expansion of their scope of work (and whether this is an appropriate expansion) kept them from their primary mission of enforcing laws, preventing crime, maintaining the peace, and ensuring the public and community safety.[1]

Opportunity: The Office of Forensic Coordination and their organizational partners will be providing ways for agencies within counties to collaborate on their diversion efforts. The soon to be launched Texas Behavioral Health and Justice Technical Assistance Resource Center can provide a variety of resources to police departments. Resources to increase awareness of the different types of crisis response and diversion programs that departments could explore will be included as downloads or links on the website. A portal to submit requests for individual technical assistance will be offered. Opportunities to apply for Sequential Intercept Mapping will be provided through the website. A learning collaborative for law enforcement to advance diversion in their communities will be upcoming. There will also be an opportunity to participate in a community of practice to advance county level progress on completed sequential intercept model plans.

Data Systems for Tracking Mental Health or Substance Use Calls

Although the percentages were significantly lower in rural compared to urban counties (44.5% urban; 28.8% urban), both urban and rural county responders reported that data systems were in place to track mental health or substance use service calls less than 50% of the time. Follow up items also revealed less ability to amend call identifiers after arrival if the service call was mental health or substance use related and even less ability to add a secondary call identifier if the primary code must remain in place.

Opportunity: The reported lack of data systems to track mental health or substance use calls reveal opportunities for improving these systems. As the 988 crisis line is implemented in the state, those providing technical assistance to systems might look to existing guidance documents, such as the *Public Safety Answering Points* playbook,[2] to support communities in identifying strategies for data tracking and roles for different community organizations to serve in 988 implementation. Additionally, there are methods for tracking service calls that are mental health or substance use involved and these can be shared with police departments to raise awareness and increase adoption.

Use of Screening Tools to Support Identification

About two-thirds of all responders (65.7% rural; 61.7% urban) reported not using formal screening tools to support identification of people with mental health or substance use crisis or needs, and even more reported not using screening tools for IDD related calls (71.1% rural; 70.0% urban).

[1] Understanding that each Police Department has its own unique mission statement.
[2] National Association of State Mental Health Program Directors. 2022. 988 Implementation Guidance Playbooks. https://www.nasmhpd.org/content/988-implementation-guidance-playbooks

Opportunity: Providing support for the exploration and adoption of screening tools appropriate for the justice system[3] may be helpful for identification, with an understanding that accessible diversion points are also necessary for this to be a successful practice. Importantly, identifying IDD is different than identifying someone experiencing a mental health or substance use challenge and requires a different approach. Increasing the awareness and knowledge of IDD among law enforcement officers may be a first step in identification and diversion.[4]

Training for Identification and Crisis Response

Two survey items asked about existing training for identification and crisis response. 33.1% of urban and 20.8% of rural county responders reported that 911 and dispatch received training on the identification and management of calls related to mental health, substance use, and IDD crisis or related issues.

Opportunity: The low reports of 911 and dispatch receiving training on the identification and management of calls related to mental health, substance use, and IDD crisis or related issues presents a significant opportunity to offer standardized, best practice statewide training to increase the number of individuals working in 911 and dispatch trained to identify and manage these calls.

A high percentage (77.9% urban; 59.7% rural) reported that officers in their departments received mental health/substance use crisis response training which aligned with, but was higher than the percentages reporting that diversion for mental health and substance use was a priority (59.8% urban and 49.8% rural) in their department.

Opportunity: The percentages of rural and urban police departments reporting that their officers received mental health/substance use crisis response training was higher than the percentage reporting crisis diversion as a priority in their department. This lack of consistent alignment between priority and practice represents opportunities to support diversion as a priority in collaboration with other community partners as well as to examine the similarities and differences of crisis response trainings provided across the state. There are also significant percentages who reported not receiving crisis response training, again presenting opportunities for additional trainings, perhaps statewide, to offer economies of scale.

Most Useful Crisis Response and Pre-Arrest Diversion Resources

A list of seven resource types were ranked by responders to understand which would be most helpful in their diversion efforts. In-person or on-line training or webinars on recognizing and responding to crisis was the highest ranked resource by both urban and rural county responders (urban 49.1%; rural 46.7%), followed by in-person or on-line training or webinars on effective interventions and diversion to treatment for both rural and urban counties. Completing the top three ranked resources, rural county responders ranked seeing where and what types of diversion programs exist across the state as the third most useful resource while urban responders reported written guides or toolkits on effective crisis interventions and diversion to treatment.

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[3] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2019. Screening and Assessment of Co-Occurring Disorders in the Justice System.

[4] Community Policing Dispatch. Advancing Public Safety for Officers and Individuals with Intellectual and Developmental Disabilities. May 2019, 12:4.

Opportunity: The Office of Forensic Coordination and partner agencies can use the type of resources preferred by police departments to target their online and in-person training and technical assistance efforts. In addition, to provide information about diversion programs across the state, the soon to be launched Texas Behavioral Health and Justice Technical Assistance Resource Center will host a state map that includes promising diversion practices submitted by communities, the Sequential Intercept Maps and plans of participating counties, as well as links and downloadable diversion toolkits and resources.

Barriers to Diversion

Of all responders (n=557), 132 (23.7%) provided open-ended feedback that identified 161 barriers to diversion. Thematic analysis identified the following categories of barriers to diversion, presented in descending order of frequency, with a separate report providing additional details on these responses.

- Access to Treatment
- Resources
- Time
- Lack of Support from Treatment Providers
- Issues with Support from Prosecutors or Other Law Enforcement
- Issues Specific to Independent School District Officers
- Training Needs
- The Individual's Willingness to Participate in Treatment

Improving Crisis Response and Increasing Pre-Arrest Diversion

Of all responders (n=557), 132 (23.7%) provided open-ended feedback that included 152 suggestions or strategies for improving diversion. Thematic analysis identified the following categories of improvement for diversion, presented in descending order of frequency, with a separate report providing additional details on these responses.

- Access to Services
- Support from Treatment Providers
- Training
- Resources
- Other Improvements

Opportunities: The improving crisis response suggestions address many of the described barriers. Providing opportunities for collaboration among agencies within counties and communities to assess their resources, identify gaps, and then develop targeted strategic plans can increase understanding, advocacy for each other's systems, and effective strategies that divert more community members from involvement with the justice system.

Introduction

As Texans experiencing mental health and substance use disorders and intellectual and developmental disabilities are involved with law enforcement and the criminal justice system, there is a need to understand this issue from the perspective of law enforcement to develop and implement effective diversion strategies. To gain this viewpoint, the Texas Health and Human Services Commission (HHSC) Office of Forensic Coordination contracted with the Texas Institute for Excellence in Mental Health (TIEMH) to conduct a survey of Texas police chiefs or their designated responders. The survey sought to gain insights and perspectives on resources or practices that would assist in diverting these individuals from justice involvement into more appropriate behavioral health crisis and treatment services. The survey also intended to identify the status of diversion programs across the state and the challenges experienced by law enforcement in utilizing and implementing diversion programs. Ultimately, the survey results are intended to inform development of the Texas Behavioral Health and Justice Technical Assistance Resource Center, an online source of information, technical assistance, consultation, and peer-to-peer networking to support effective crisis intervention and diversion in communities across Texas.

Survey Development and Distribution

The survey was developed using a collaborative, iterative process. Survey items were based on original items developed by the Texas Police Chiefs Association (TPCA) and finalized in collaboration with the Texas HHSC Office of Forensic Coordination or and UT-TIEMH researchers (see Appendix D). This survey was determined not research by the University of Texas at Austin Institutional Review Board.

Survey items addressed the following topical areas and report results are presented in this order:

- Rural and Urban Counties Represented
- Survey Responder Demographics, Job Title, Tenure in Position
- Priority of Pre-Arrest Diversion
- Crisis Response and Pre-Arrest Diversion Program Planning
- Crisis Diversion Partnerships
- Crisis Response and Pre-arrest Diversion Programs Provided or Planned
- Data Systems for Tracking Mental Health or Substance Use Service Calls
- Use of Screening Tools
- Crisis and Diversion Training
- Crisis Response and Pre-Arrest Diversion Resources
- Barriers to Diversion
- Improving Diversion

TPCA and the Law Enforcement Management Institute of Texas (LEMIT) distributed the survey invitation and link to their e-mail listservs in support of the HHSC Office of Forensic Coordination The survey was open from August 24 to November 4, 2021. After the survey closed, survey data were cleaned and descriptive and content analysis was completed.

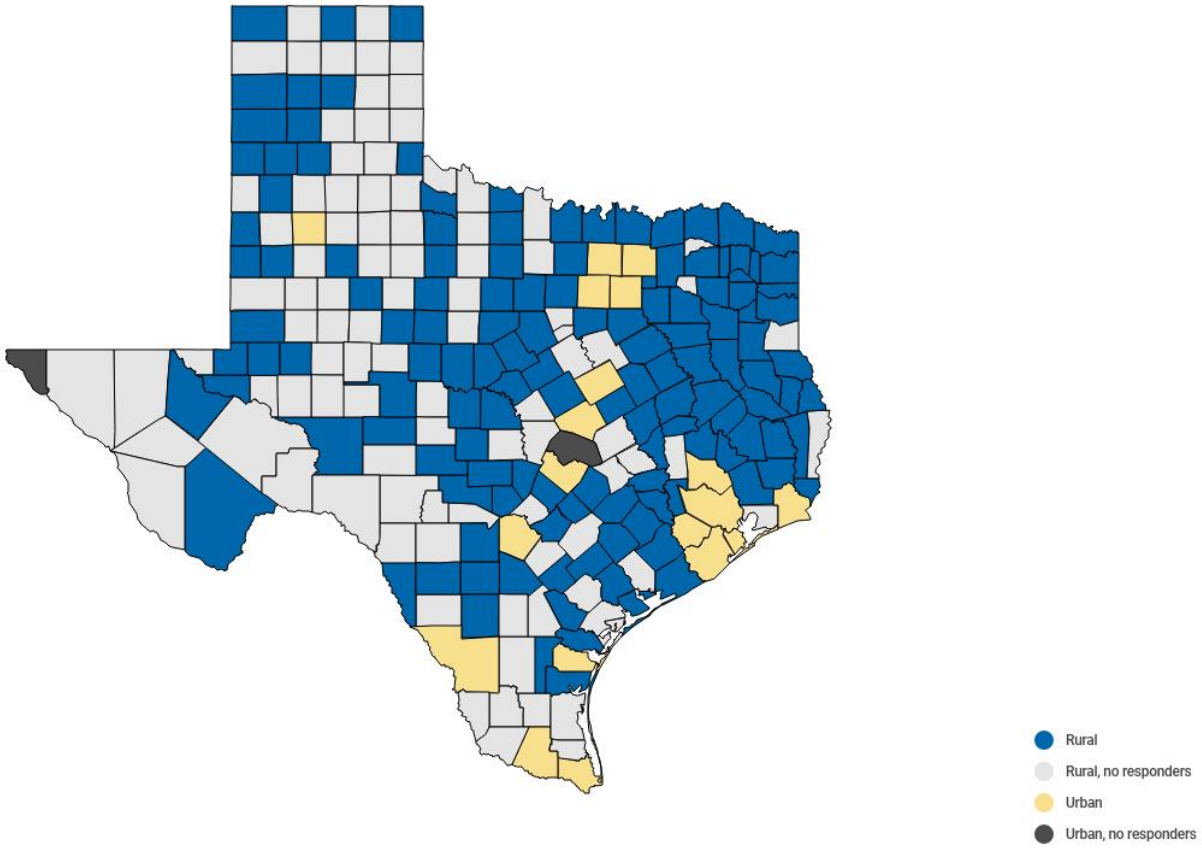
Results

Counties Represented

For purposes of this report, rural is defined as a Texas county with a population of 250,000 or less, in alignment with the definition used in the All Texas Access Report.[5] Using this definition, 233 of 254 Texas counties are rural and 21 are urban. There were 134 of 233 (57.5%) rural counties represented by survey responders and 19 of 21 (90.5%) urban counties represented by survey responders. Throughout the report, results are presented by comparing urban and rural counties to illuminate any differences in the perspectives of law enforcement who serve those areas.

The Texas county map in Figure 1 presents the counties who were represented (blue for rural and yellow for urban) and not represented (gray for rural and dark gray for urban) by responders to the survey. A table of the number of responders for each county is included in Appendix A, along with a list of the counties with no survey responders.

Figure 1. Texas counties represented by responders to the survey



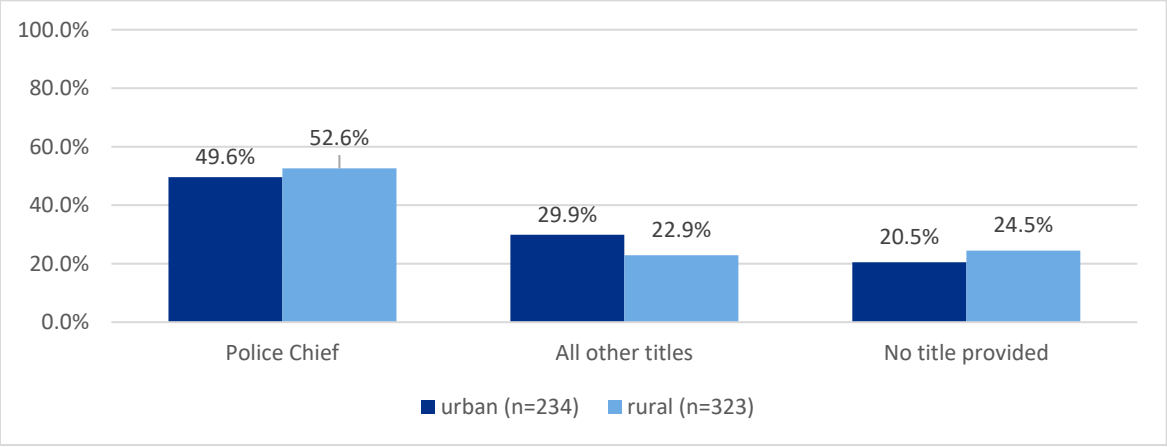
[5] Texas Health and Human Services Commission. (December 2022). All Texas Access Report. As required by Senate Bill 454, 87th Legislature, 2021.

Survey Responder Characteristics

There were 557 survey responders from 153 counties (60.2% of 254 Texas counties). Not all responders answered each survey question, so the number of responses is provided for each survey item presented in this report. Results are not generalizable to county or to the state but provide important perspectives from law enforcement on the status of diversion activities and what resources would assist in diverting individuals with mental health, substance use, or intellectual and development disabilities from justice involvement into more appropriate behavioral health crisis and treatment services.

Given the focus of the survey and membership of the TPCA and LEMIT listservs, about half of all responders in urban counties (n=116; 49.6%) and rural counties (n=170; 52.6%) were police chiefs. Most of the remaining titles provided (n=144) indicated leadership roles in their law enforcement communities (e.g., Assistant Chief, Deputy Chief, Lieutenant, Captain, Sergeant, Sheriff, Chief Deputy). Over 20% (n=127) of rural and urban responders did not provide their title. For a full table of the titles provided by survey responders, see Appendix A.

Figure 2. Number of Responders by Rural and Urban County



There were no significant differences in tenure between rural and urban responders, with an average tenure of over 26 years of service for both (Table 1). This longer tenure is likely due to survey responders serving in leadership positions and the time and experience required to serve in these positions (e.g., police chiefs), with a majority reporting being in the age range of 51 to 65 years. Based on age range and years of service, most responder careers have been protecting and serving the public in law enforcement.

Table 1. Rural and urban tenure in the field

Tenure in the Field	n	Mean	SD	Min	Max
Urban	142	26.87	9.67	1.25	51.75
Rural	167	26.55	10.16	2.75	50.67

Responders were asked to report the size of the department where they worked (Table 2), meaning the number of employees working in their departments. Overall, those who responded to the survey worked in smaller departments (50 or less) in both urban (42.8%) and rural (63.8%) counties, with more variability in department size reported from those working in urban counties. This data aligns with previously published data from the Texas Commission on Law Enforcement on the majority of small police departments in Texas.[6]

Table 2. Department size of urban and rural responders

Department Size	Urban n	Urban %	Rural n	Rural %
1 – 10	24	10.3	111	34.4
11 – 50	76	32.5	95	29.4
51 – 100	40	17.1	26	8.0
101 - 250	14	6.0	6	1.9
251 - 500	23	9.8	7	2.2
501 - 1,000	4	1.7	…	…
1,001 or more	6	2.6	…	…
No response	47	20.1	78	24.1
Total	234	100	323	100

Note: … indicates no responders reporting this department size

As shown in Figure 3, among all responders, 88.6% were male and 11.4% were female, in alignment with national and state data that indicate women constitute less than 13% of total officers and a much smaller proportion of leadership roles.[7]

When comparing urban and rural counties (see Table 3), there was slightly higher female representation in survey responses from urban counties (13.2%) compared to rural counties (9.9%).

Figure 3. Gender of Survey Responders

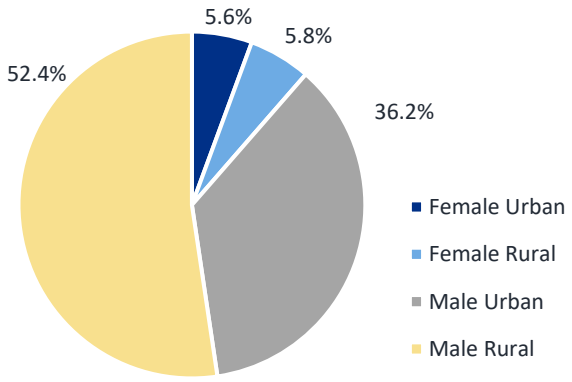
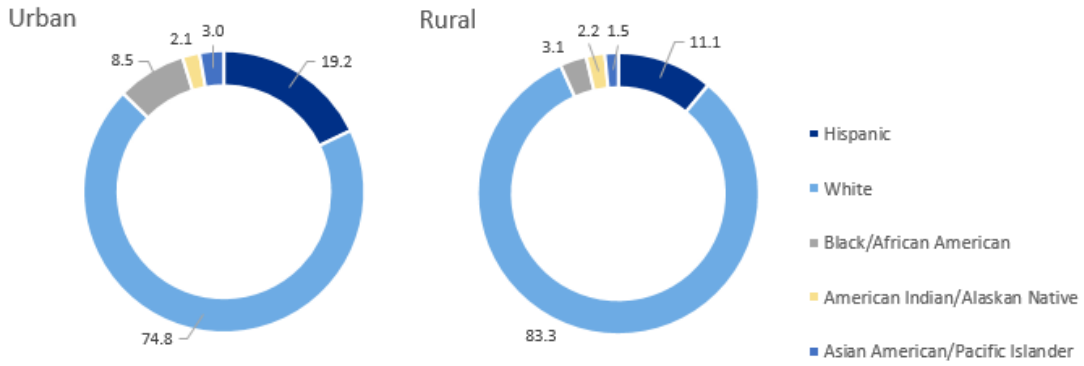


Figure 4 shows that regardless of working in urban or rural counties, most responders were White, followed by Hispanic, and then Black/African-American. Responders were also a majority white in both urban (74.8%) and rural (83.3%) counties, with higher representation of Hispanic, Black/African American, and Asian American/Pacific Islanders in urban counties compared to rural. This follows past reporting in Texas on the demographic gaps that exist between law enforcement and communities that they serve and protect.[8]

[6] Texas Commission on Law Enforcement (TCOLE). https://www.tcole.texas.gov/content/current-statistics
[7] National Institute of Justice. (July 2019). Women in Policing: Breaking barriers and blazing a path. https://www.ojp.gov/pdffiles1/nij/252963.pdf
[8] Reporting Texas and The Dallas Morning News. (May 8, 2015). In diverse Texas, whites dominate police ranks. https://reportingtexas.com/in-diverse-texas-whites-dominate-police-ranks/

Figure 4. Race/Ethnicity of Urban and Rural Responders



The majority of responders were in the age range of 51 to 65 years for both urban (n= 102) and rural (n= 139) areas (see Table 3). The trend lines in Figure 5 display the similarity and slight differences between urban and rural counties in age range, with urban counties age ranges slightly lower than rural counties and rural counties age ranges slightly higher than urban counties. This may be explained by survey focus on leadership and the average tenure in the field of 26.7 years (SD=9.9).

Figure 5. Responder age range (%) by urban or rural county

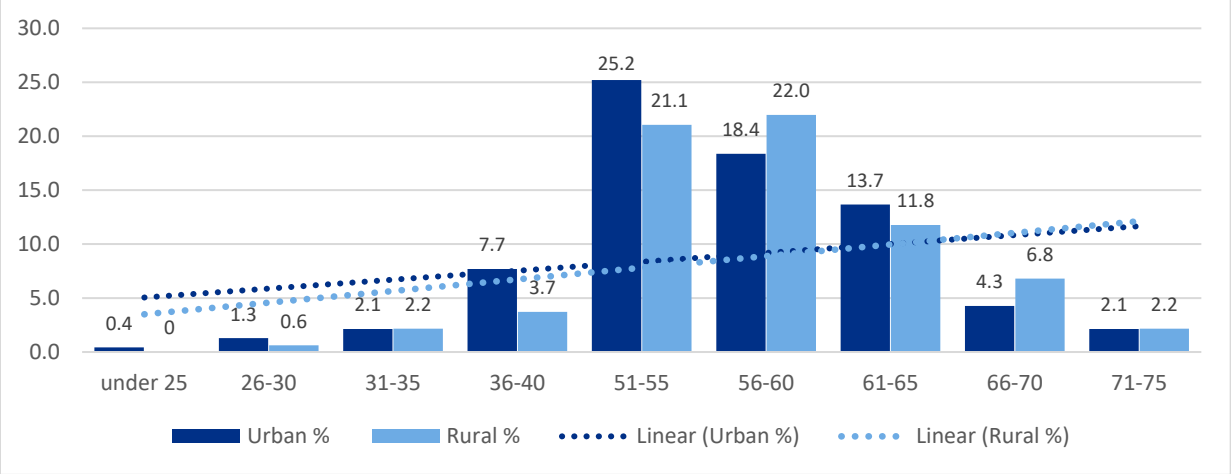


Table 3 serves as an overview of the descriptive data presented above and includes the demographic characteristics of survey responders by the rural or urban county that they serve.

Table 3. Characteristics of survey responders by urban or rural county

Gender	**Urban n=231**	**Urban %**	**Rural n=321**	**Rural %**
Female	31	13.2	32	9.9
Male	200	85.5	289	89.5
No response	3	1.3	2	0.6
Ethnicity/Race	**Urban n=**	**Urban %**	**Rural n=**	**Rural %**
Hispanic	45	19.2	36	11.1
White	175	74.8	269	83.3
Black/African American	20	8.5	10	3.1
American Indian/Alaskan Native	5	2.1	7	2.2
Asian American/Pacific Islander	7	3.0	5	1.5
Age Range	**Urban n=228**	**Urban %**	**Rural n=316**	**Rural %**
under 25	1	0.4	…	…
26-30	3	1.3	2	0.6
31-35	5	2.1	7	2.2
36-40	18	7.7	12	3.7
51-55	59	25.2	68	21.1
56-60	43	18.4	71	22.0
61-65	32	13.7	38	11.8
66-70	10	4.3	22	6.8
71-75	5	2.1	7	2.2
Total	228	97.4	316	97.8
No response	6	2.6	7	2.2
Total	234	100.0	323	100.0

Priority of Pre-Arrest Diversion

Law enforcement responders were asked if pre-arrest diversion for people with mental health and substance use was a priority in their department (Table 4). A majority indicated that diversion is a priority, with a greater percentage of urban responders reporting "yes" (59.8%) than rural responders (49.8%). The combined percentages of "somewhat" and "no" responses reveal opportunities to support prioritization of diversion in departments throughout counties in the state.

Table 4. Priority of pre-arrest diversion for mental health or substance use

Priority of pre-arrest diversion	Urban n	Urban %	Rural n	Rural %
Yes	113	59.8	121	49.8
Somewhat	58	30.7	80	32.9
No	16	8.5	32	13.2
Unsure	2	1.1	10	4.1
Total	189	100	243	100

Crisis Response and Pre-Arrest Diversion Program Planning

Two items asked about pre-arrest diversion and crisis response in departments, with a follow up item that asked if planning was occurring in specific areas of mental health, substance use, or intellectual and development disabilities. Despite the majority indicating the priority of pre-arrest diversion, a majority of responders reported that their departments do not have a designated representative for diversion or crisis programs (Table 5), close to 50% in urban counties and 60% in rural counties.

Table 5. Department representative oversees/manages diversion or crisis programs

Department representative for diversion or crisis programs	Urban n	Urban %	Rural n	Rural %
Yes	71	37.6	64	26.2
Underway	9	4.8	9	3.7
Planned	18	9.5	22	9.0
No	89	47.1	143	58.6
I don't know	2	1.1	6	2.5
Total	189	100	244	100

When asked if a crisis response or diversion program had been identified for their department and community, responses differed when comparing rural to urban counties and were more variable across the response options for urban counties. In urban counties, 61.5% reported yes, underway, or planned in response to the item that a crisis response/pre-arrest diversion program was identified. This compared to 44.4% of rural communities who reported this (Table 6). In rural counties, 53.1% reported a program was not identified compared to 36.4% in urban counties, with a little over 2% in both urban and rural counties reporting they did not know.

Table 6. Crisis response/pre-arrest diversion program identified for department/community

Crisis response/pre-arrest diversion program identified	Urban n	Urban %	Rural n	Rural %
Yes	70	37.4	61	25.1
Underway	28	15.0	19	7.8
Planned	17	9.1	28	11.5
No	68	36.4	129	53.1
I don't know	4	2.1	6	2.5
Total	187	100	243	100

If the response was yes, underway, or planned (in Table 6), a follow up item asked about the population of focus the crisis response/pre-arrest diversion program was occurring (Table 7). In both urban and rural areas, the most common response was mental health, followed by intellectual and developmental disabilities. Substance use represented the lowest percentages, almost 20% of urban and almost 8% of rural county responses, perhaps indicating that substance use crisis or diversion programs typically do not occur at pre-arrest and instead occur post-arrest. Open-ended feedback also revealed the lack of substance use services available, so these responses may reflect that issue.

Table 7. Crisis response/pre-arrest diversion program identified for which population

Area	Urban n	Urban %	Rural n	Rural %
Mental Health	112	47.9	103	31.9
Intellectual & Developmental Disabilities	56	23.9	35	10.8
Substance Use Disorders	45	19.2	25	7.7
**If responder reported yes, underway, or planned in Table 6, a follow-up item asked with which population this was occurring.*				

Crisis and Diversion Partnerships

A majority of rural and urban responders were aware of crisis services available from local providers (Table 8). The percentage of urban (11.7%) and rural (16.8%) who responded “no” or “I don’t know” about available crisis services reveal opportunities for increased communication and collaboration with local treatment providers. Additionally, open-ended responses to barriers to crisis and diversion highlight that despite being aware of crisis services, access to these services more difficult (Figure 31).

Table 8. Awareness of crisis services available from local treatment providers

Crisis services available from local treatment providers	Urban n	Urban %	Rural n	Rural %
Yes	162	85.7	193	79.1
Underway	2	1.1	6	2.5
Planned	3	1.6	4	1.6
No	19	10.1	37	15.2
I don't know	3	1.6	4	1.6
Total	189	100	244	100

Less than 50% of responders reported that they had interagency MOUs with LMHAs/LBHAs or other providers for treatment referrals (Table 9) with slightly more reporting that they were involved with community partners in discussion on criminal justice and mental health, substance use, and intellectual developmental disorders (see Table 10). This high awareness of services available (Table 8) yet lower interagency collaboration (Tables 9 & 10) represents opportunities to bring community stakeholders together to co-create community response to crisis and examine opportunities for pre-arrest diversion.

Table 9. Interagency MOUs guide referrals to LMHA/LBHA or other treatment providers

Interagency referral MOUs	Urban n	Urban %	Rural n	Rural %
Yes	86	45.7	101	41.9
Underway	14	7.4	12	5.0
Planned	10	5.3	15	6.2
No	69	36.7	101	41.9
I don't know	9	4.8	12	5.0
Total	188	100	241	100

For those reporting yes, underway or planned to "involved in discussions with community partners" (Table 10), a majority of both urban and rural responders reported that these discussions were with mental health providers (Table 11). In urban areas, after mental health, responders then reported discussion with IDD providers followed by substance use providers. This was reversed for rural responders, who reported discussions with substance use providers next, followed by IDD providers.

Table 10. Involved in discussion on criminal justice and MH/SU and IDD with community partners

Community partner discussions	Urban n	Urban %	Rural n	Rural %
Yes	99	52.4	101	42.1
Underway	11	5.8	16	6.7
Planned	13	6.9	25	10.4
No	57	30.2	93	38.8
I don't know	9	4.8	5	2.1
Total	189	100	240	100

Table 11. Who are community partners on criminal justice, MH/SU, and IDD

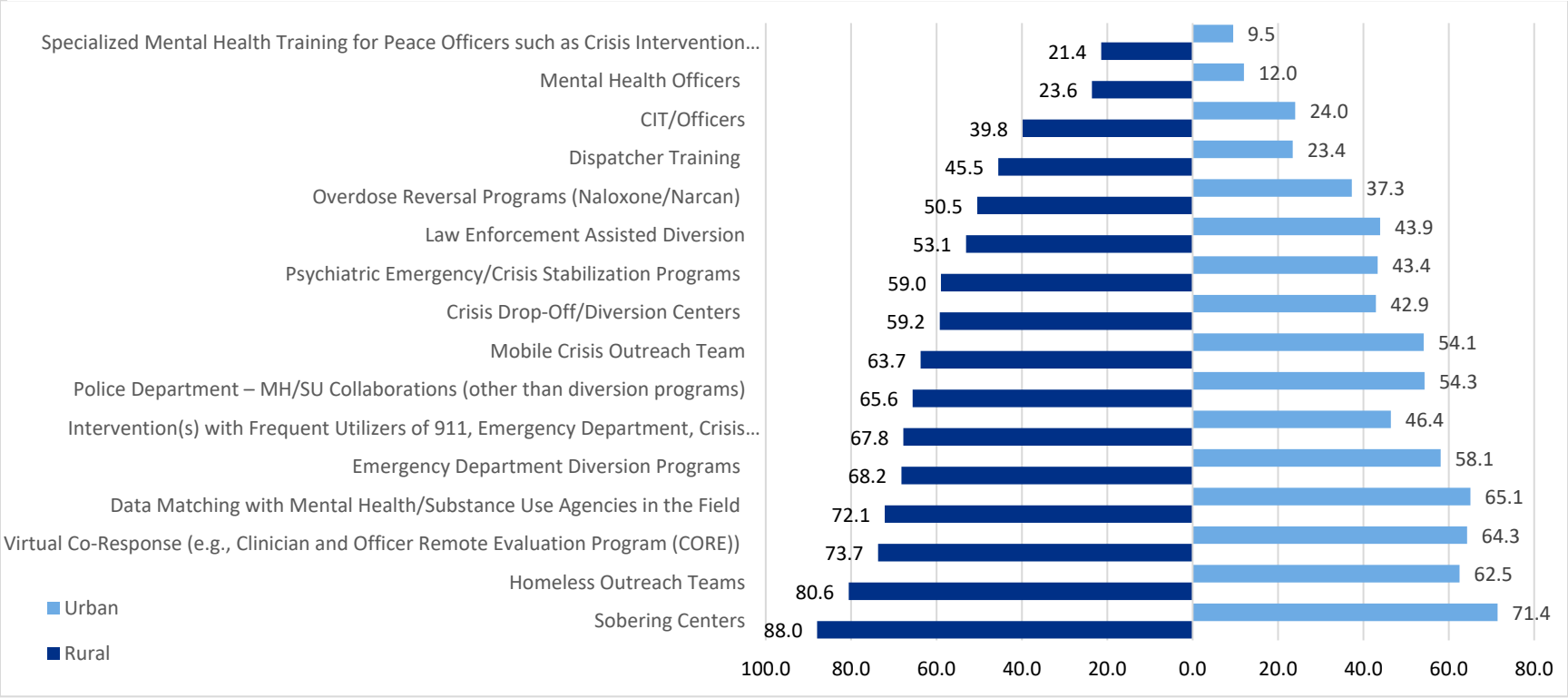
Who have you partnered with? (if yes, underway, or planned)	Urban n	Urban %	Rural n	Rural %
Mental Health Providers	122	52.1	138	42.7
Substance Use Providers	57	24.4	49	15.2
IDD Providers	61	26.1	38	11.8

**If responder reported yes, underway, or planned in Table 10, a follow-up item asked who they had partnered with.*

Crisis Response and Pre-Arrest Diversion Programs Provided or Planned

Survey responders were asked about 16 program or service areas of crisis response and pre-arrest diversion provided or planned in their counties. Figure 6 presents the percentage of responders from rural and urban counties who reported *no, they did not* provide or plan to provide these specific program types, with higher percentages representing less likelihood for that program. Overall, rural counties reported programs being provided or planned as "no" more frequently than urban counties. Both urban and rural counties reported "Specialized Mental Health Training for Peace Officers" as the top program provided or planned and "Sobering Centers" or "Homeless Outreach" as the programs least provided or planned.

Figure 6. Urban and Rural County Responding "No" to Provided or Planned Crisis Response and Pre-arrest Diversion



On the page immediately following, individual figures for each of the program areas are presented, including the full range of responses for rural and urban county law enforcement responders.

Of the 16 program areas, the four most common crisis response and pre-arrest diversion programs reported as "yes" by both rural and urban areas are presented in Figures 7, 8, 9, and 10 below. "Specialized Training for Peace Officers," "Mental Health Officers," "Crisis Intervention Team(s)/Officers," and "Overdose Reversal" programs were reported more commonly than other program types. Despite these programs being the top four reported as "yes," overdose reversal programs were still reported less frequently as provided or planned programs by both rural (32.7%) and urban (42.6%) counties. Rural counties also reported "Crisis Intervention Team(s)/Officer(s)" as "yes" only one-third of the time with about 24% planned or underway.

Figure 7. Specialized MH Training for Peace Officers

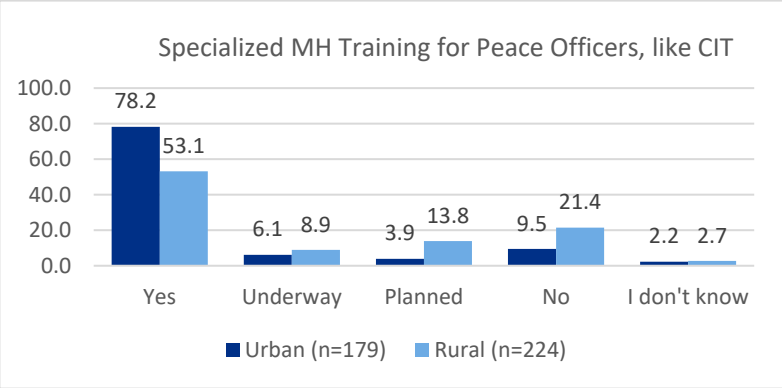


Figure 8. Mental Health Officers

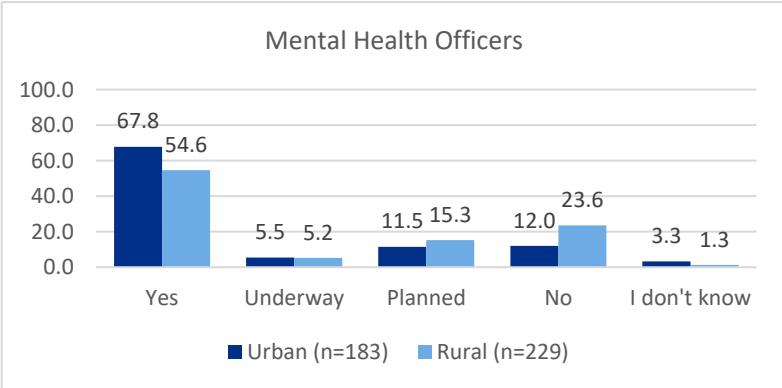


Figure 9. Crisis Intervention Team(s)/Officer(s)

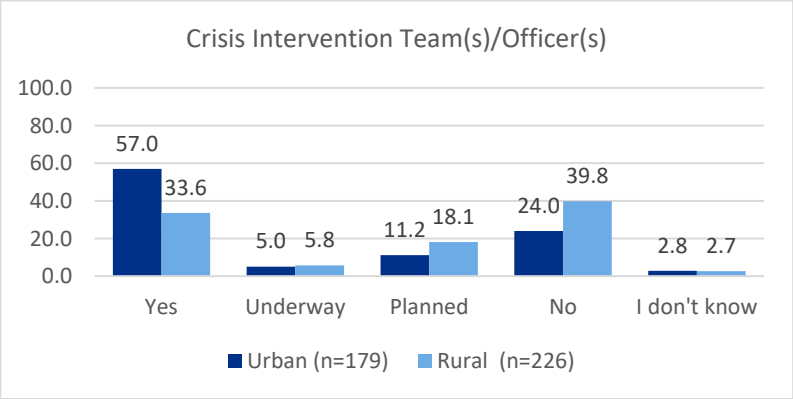
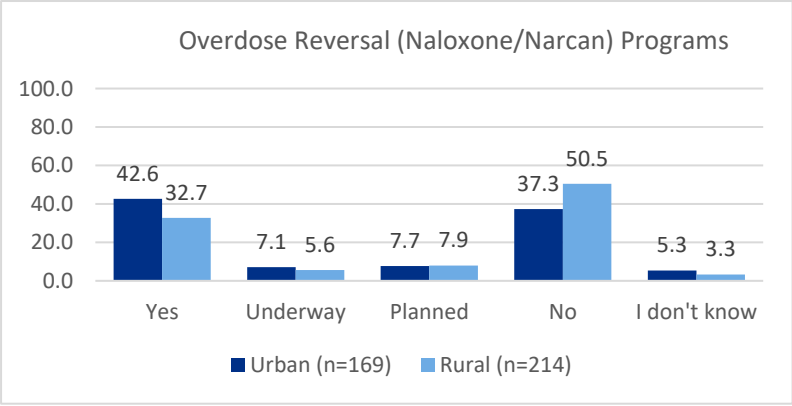


Figure 10. Overdose Reversal Programs



For 13 out of 16 program areas, 50% or less of responders from rural and urban counties reporting the program areas were provided or planned. The differences between rural and urban counties in reporting "yes" reveal potential for new program development or further discussion about what would work best in each of these communities and if program development would be supported.

Figure 12. Dispatcher Training

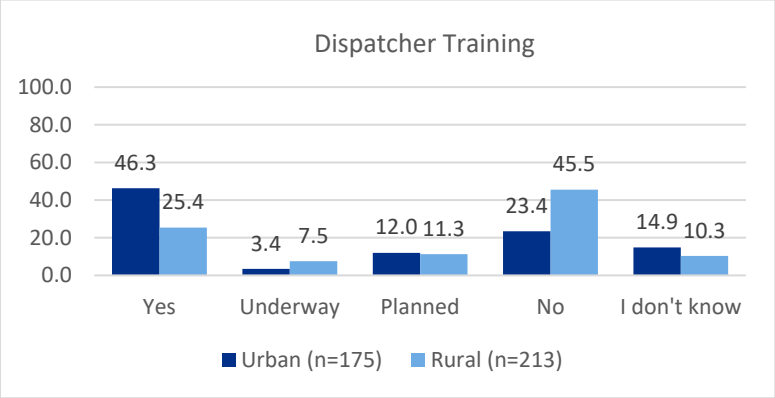


Figure 11. Psychiatric Emergency/Crisis Stabilization Programs

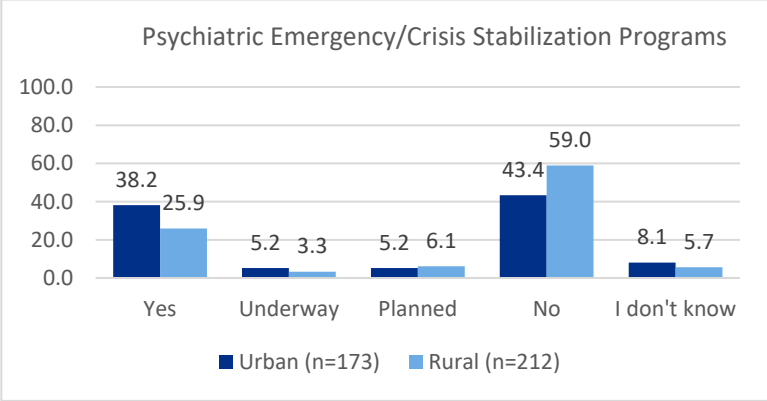


Figure 14. Crisis Drop-off/Diversion Centers

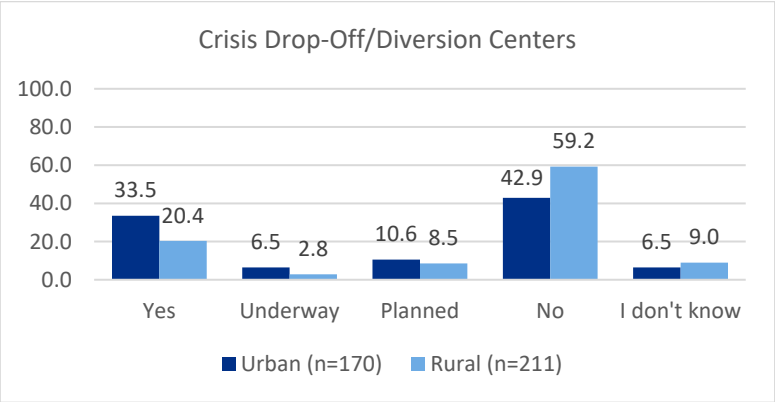
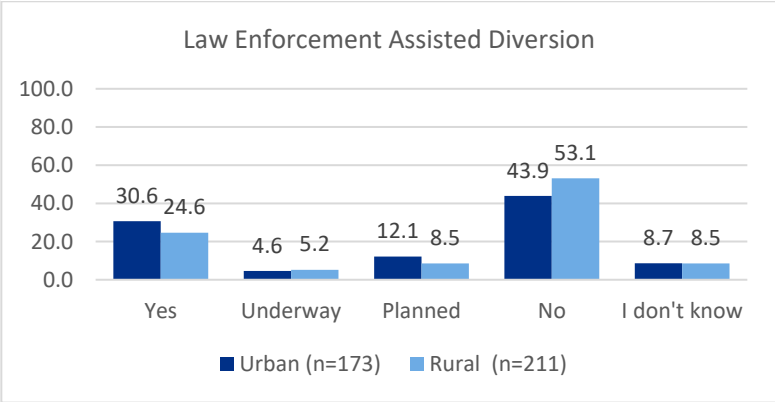


Figure 13. Law Enforcement Assisted Diversion



The diversion program types presented in Figures 16, 17, 18, and 18 are common crisis response and diversion programs but were less likely reported as existing, underway, or planned by law enforcement from both rural and urban counties. Besides emergency department diversion, these programs may be the responsibility of local mental health or behavioral health authorities and law enforcement may have responded with that in mind.

Figure 15. Other Police Department and MH/SU Collaboration

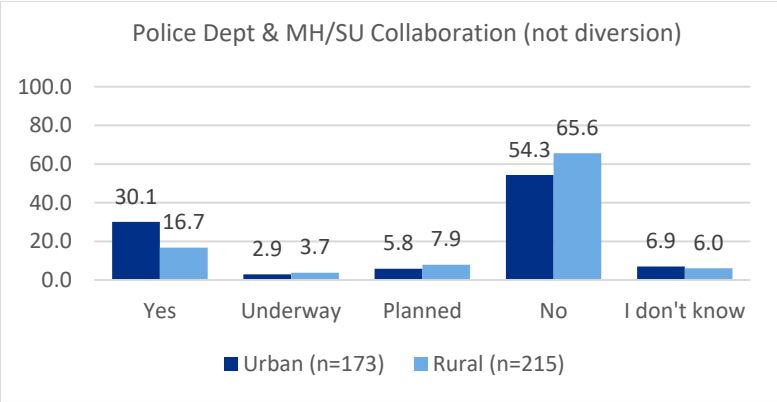


Figure 16. Intervention with Frequent Utilizers

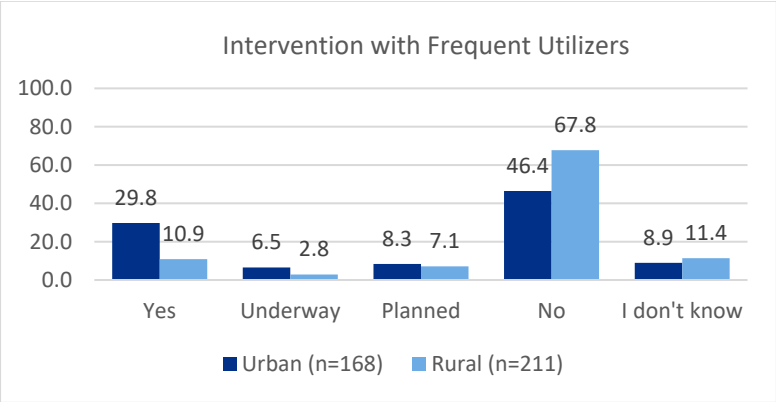


Figure 17. Mobile Crisis Outreach Team(s)

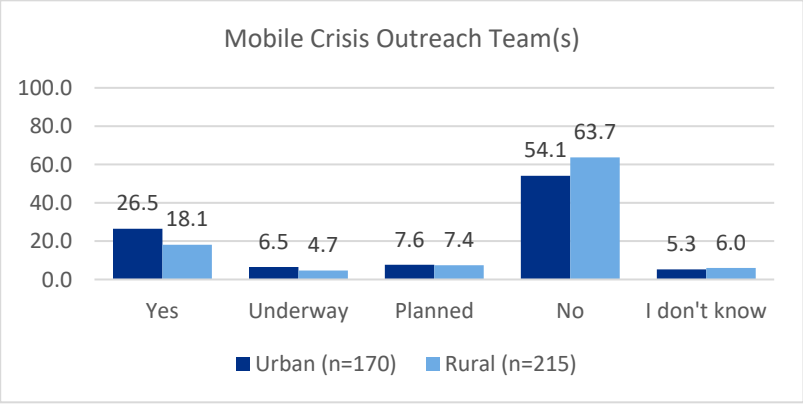
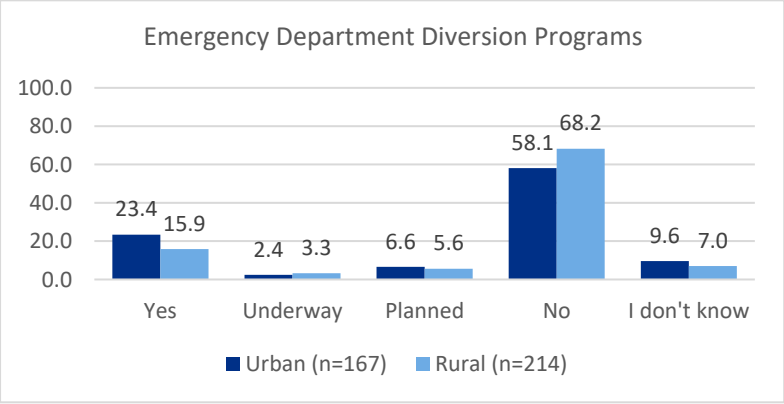


Figure 18. Emergency Department Diversion Programs



The following four program types in Figures 19 to 22 were the least reported as provided or planned. With growing evidence for "Crisis Outreach Response & Engagement (CORE)" and its applicability to populations such as people who are unhoused or experiencing mental health or substance use crisis, there may be opportunities to explore its feasibility in Texas counties.[9]

Figure 21. Sobering Centers

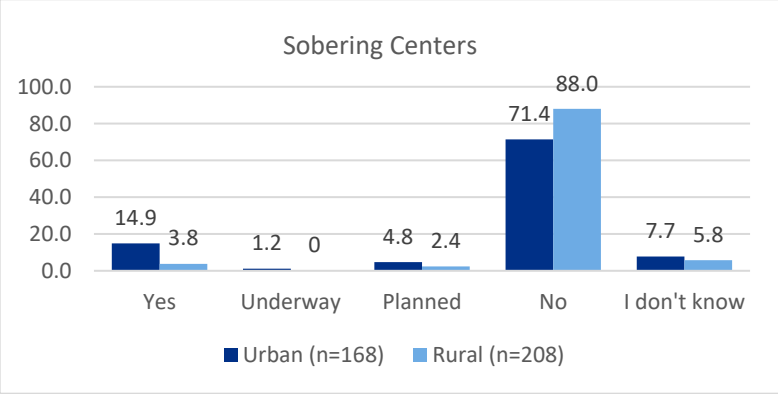


Figure 20. Homeless Outreach Teams

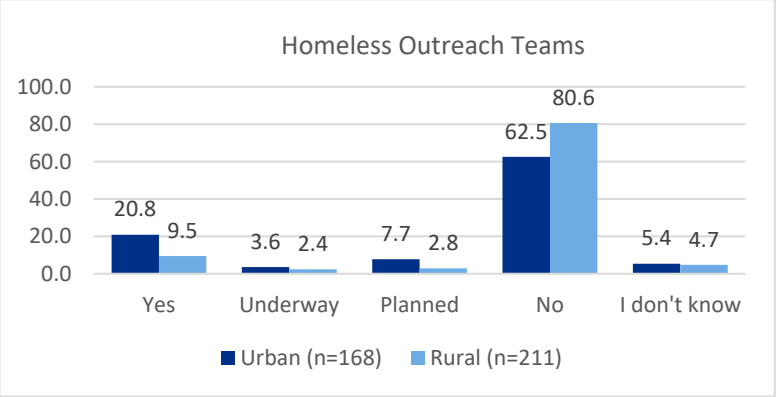


Figure 19. Data Matching with MH/SU Agencies

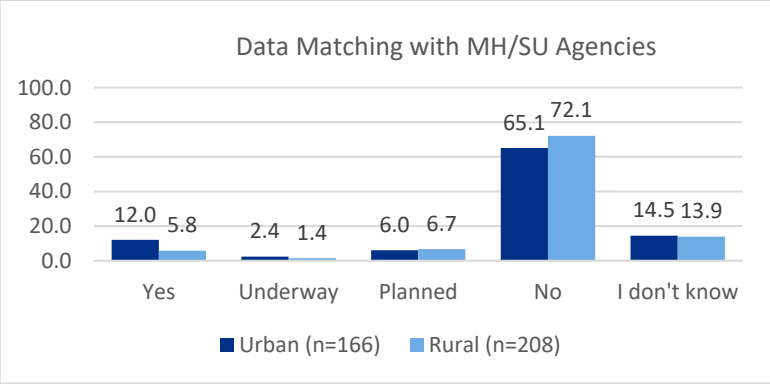
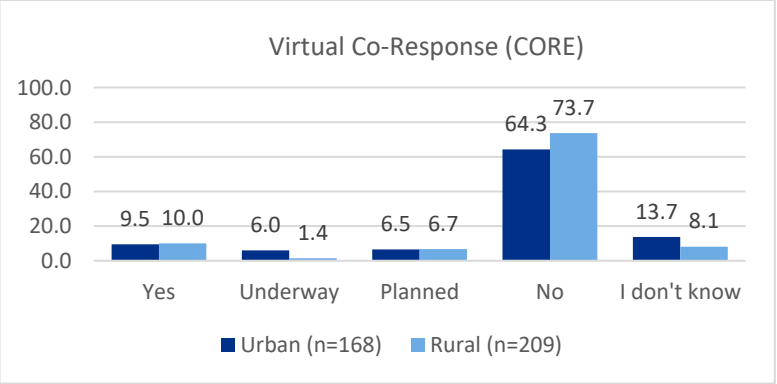


Figure 22. Virtual Co-Response (CORE)

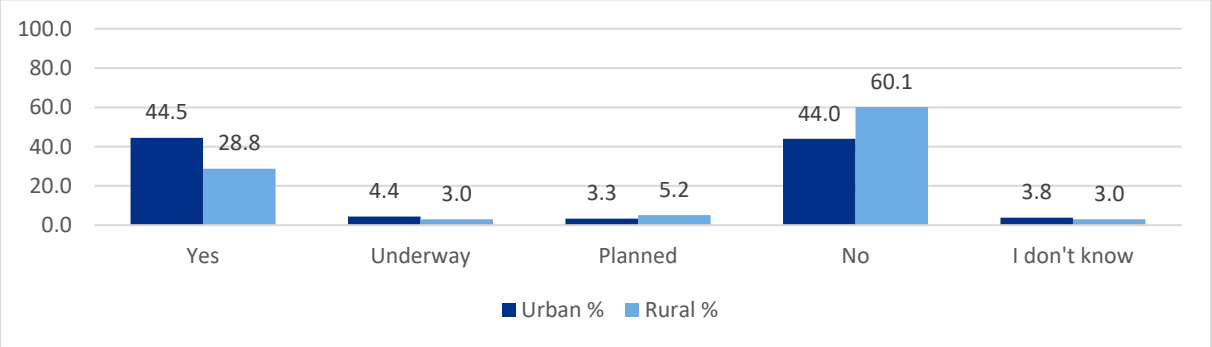


[9]Longmont Department of Public Safety https://www.longmontcolorado.gov/departments/departments-n-z/public-safety-department/community-programs/addiction-and-mental-health-resources/angel-initiative/core-co-responder and https://www.hawaiinewsnow.com/2022/03/25/homeless-outreach-team-aimed-taking-strain-off-hospitals-expands-windward-oahu/

Data Systems for Tracking Mental Health or Substance Use Service Calls

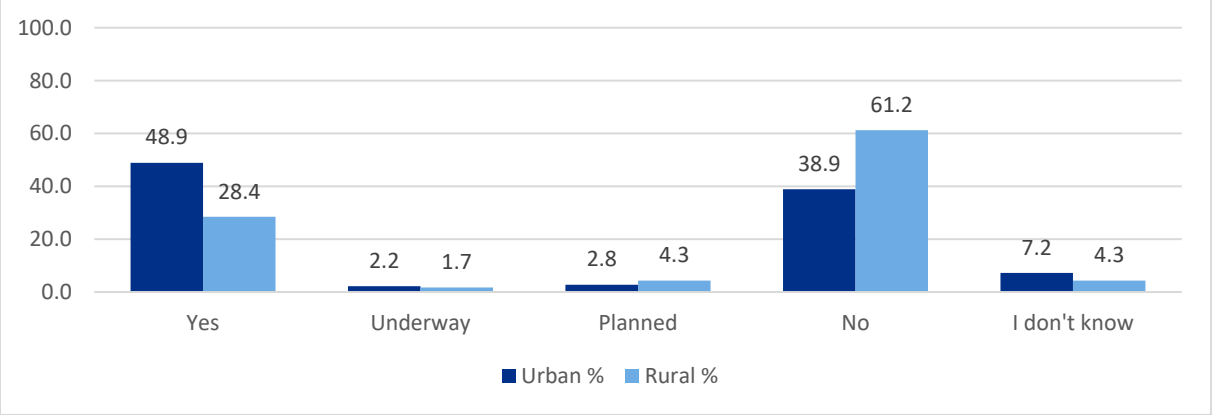
Three items asked law enforcement responders about their data systems and ability to track and follow the outcomes of mental health and substance use related service calls. There were significant differences in responses between urban and rural county responders (Figure 23), with those in rural counties reporting that data systems were in place significantly less frequently (44.5% urban; 28.8% urban). As the new 988 crisis line is implemented in the state, there are guidance documents that might support communities in identifying strategies for data tracking and roles for different community organizations to play, such as the *Public Safety Answering Points* playbook.[10] Additionally, there are opportunities for tracking service calls that are mental health or substance use involved and these can be shared with police departments to raise awareness and increase adoption.

Figure 23. Systems in Place to Track MH/SU Service Calls and Outcomes (Urban n=182; Rural n=233)



A follow up item asked if data systems allowed a call identifier to be updated or amended by the officer if the call was identified as mental health or substance use related after the officer had arrived. Responses (Figure 24) closely mirrored the data systems item, with a little more than half of urban responders reporting yes, underway, or planned (53.9%) and less rural responders reporting yes, underway or planned (34.4%).

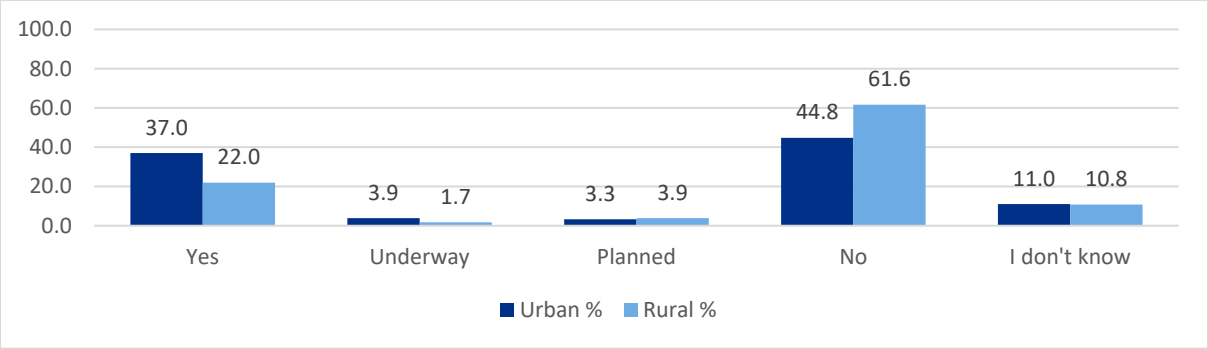
Figure 24. Ability to Update Call Identifier if Mental Health or Substance Use Related (Urban n=180; Rural n=232)



[10] National Association of State Mental Health Program Directors. 2022. 988 Implementation Guidance Playbooks. https://www.nasmhpd.org/content/988-implementation-guidance-playbooks

The final data system item asked if responders had the ability to add a secondary call identifier or code to identify the call as mental health or substance use related if the original identified was required to stay in place (Figure 25). Even fewer responders reported this ability in their systems, with urban responders reporting this ability 44.2% and rural responders reporting this ability 27.6% of the time.

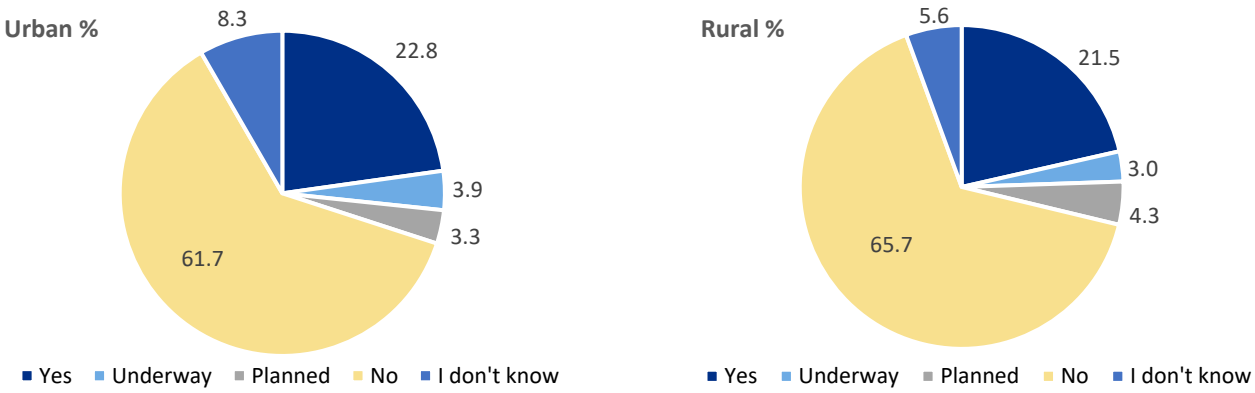
Figure 25. Ability to Add Secondary Call Identifier if Original Identifier Must Remain (n=412)



Use of Screening Tools

Law enforcement responders were asked if their departments used any formal screening tools to support identification of people with mental health, substance use, or intellectual or development disability needs (Figure 26). There were similarities across rural and urban counties, where a majority reported no formal screening tools being used to identify these needs (over 60% in both). Support in identifying screening tools that are appropriate for law enforcement and that can be easily implemented in existing systems and processes may support future use.[11]

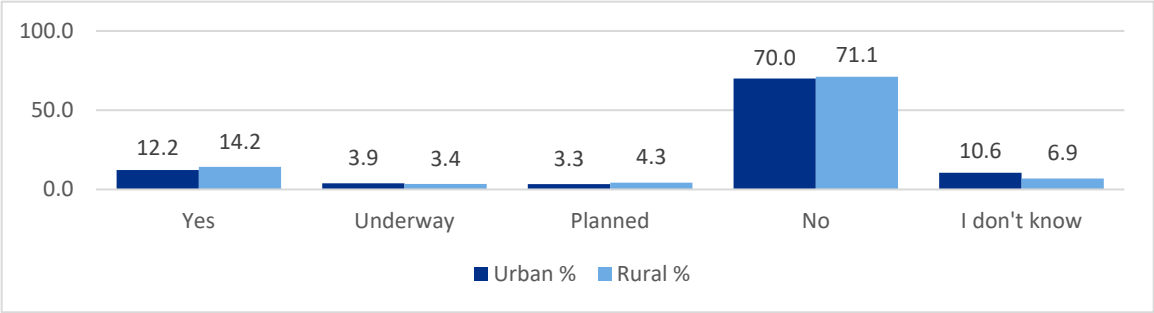
Figure 26. Urban and Rural Counties Reporting Use of Mental Health & Substance Use Screening Tools



[11] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2019. Screening and Assessment of Co-Occurring Disorders in the Justice System.

When asked about use of screening tools for Intellectual and Development Disabilities (IDD), a majority of urban (70%) and rural (71.1%) counties reported that they did not use screening tools (Figure 27). Identifying IDD is different and requires a different approach than identifying someone experiencing a mental health or substance use crisis or challenge. The Office of Community Oriented Policing Services (COPS Office) and The Arc National Center on Criminal Justice & Disability have partnered to provide resources to increase awareness and tools to increase knowledge and skills among law enforcement officers.[12]

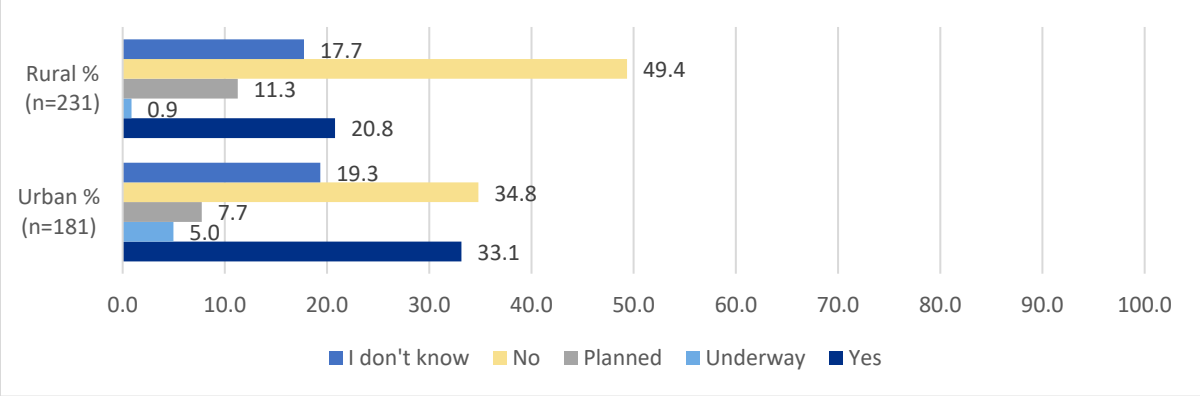
Figure 27. Reported Use of Tools to Identify Intellectual and Developmental Disabilities



Training for Identification of and for Crisis Response

Law enforcement responders were asked if training was provided to their 911 and dispatch staff on the identification and management of calls related to mental health, substance use, and IDD crisis or other related issues (Figure 28). There was variability in responses, but no represented the largest percentage in both urban (34.8%) and rural (49.4%) counties. This was followed by yes for urban (33.1%) and rural (20.8%) counties providing this type of training, next by I don't know, and then that the training was either planned or underway. The large percentage of departments reporting no training for 911 or dispatch to identify and manage mental health, substance use, and IDD crisis represents an opportunity to provide a universal identification training that can support departments across Texas.

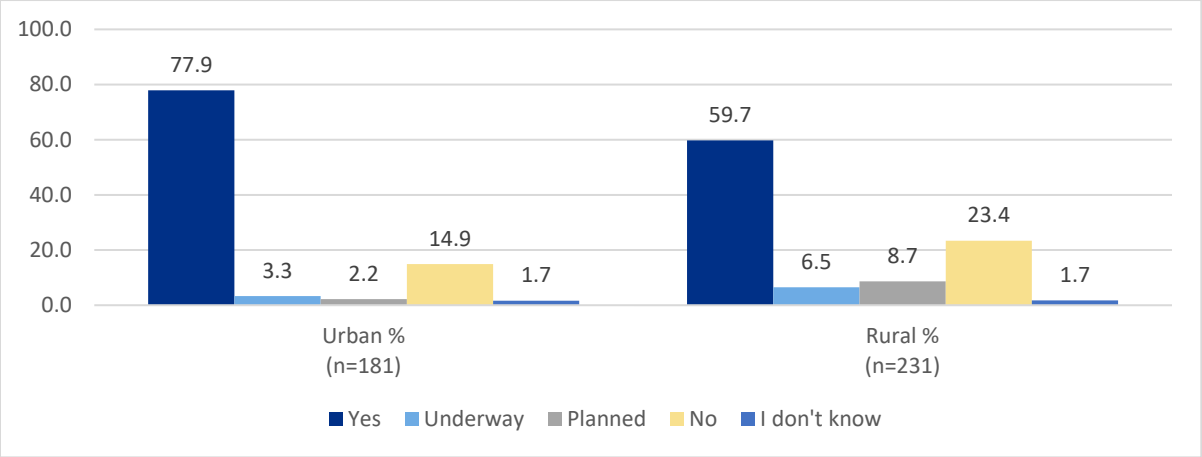
Figure 28. 911 and Dispatch Staff Trained to Identify and Manage Calls



[12] Community Policing Dispatch. Advancing Public Safety for Officers and Individuals with Intellectual and Developmental Disabilities. May 2019, 12:4.

The final training item asked if departments required mental health/substance use crisis response training for officers (Figure 29). A majority of urban (77.9%) and rural (59.7%) county responders reported yes. There are opportunities to increase the number of departments who require this training, with 14.9% of urban and 23.4% of rural county responders reporting this training was not required for officers.

Figure 29. Department Requires MH/SU Crisis Response Training for Officers



Most Useful Crisis Response and Pre-Arrest Diversion Resources

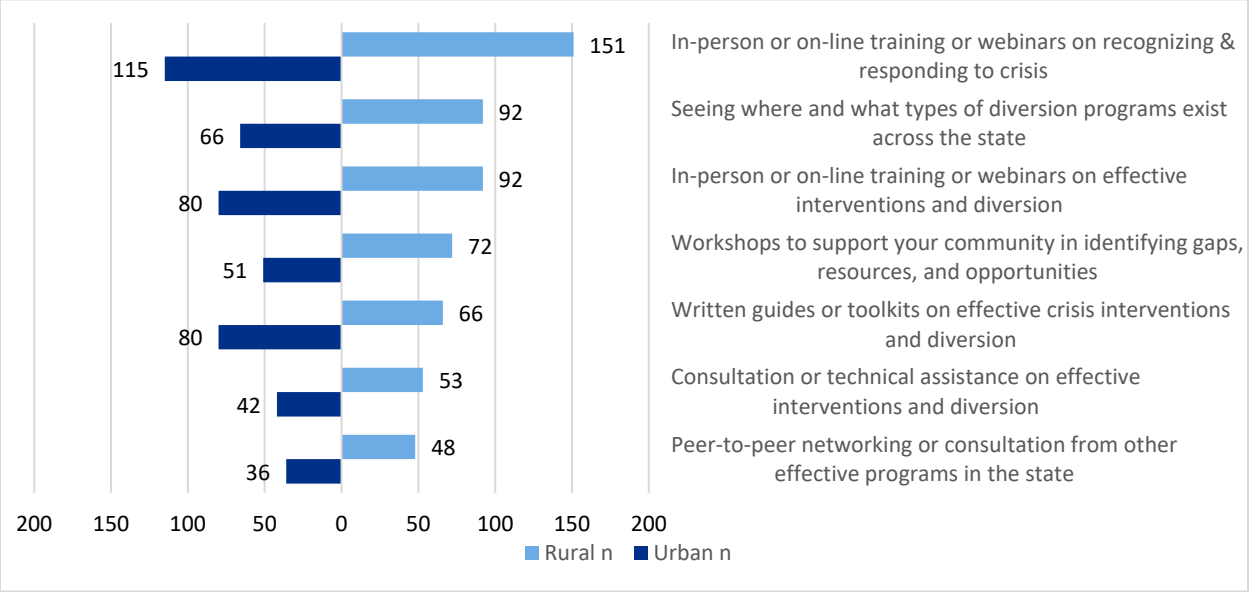
To determine what resources would be helpful for law enforcement in rural and urban counties, responders were asked to select the top three most useful resources from a list of seven resource types. Both urban (n=115; 49.1%) and rural (n=151; 46.7%) county responders selected in-person or on-line training or webinars on recognizing and responding to crisis as the most useful resource. The top three resources selected as the most useful by rural and urban counties are presented in Table 12 below.

Table 12. Top Three Resources Selected as Most Useful by Rural and Urban Counties

Urban (n=234)	
In-person or on-line training or webinars on recognizing & responding to crisis in people with MH, SU, or intellectual & development disabilities	115 (49.1%)
In-person or on-line training or webinars on effective interventions and diversion to treatment	80 (34.2%)
Written guides or toolkits on effective crisis interventions and diversion to treatment	80 (34.2%)
Rural (n=323)	
In-person or on-line training or webinars on recognizing & responding to crisis in people with MH, SU, or intellectual & development disabilities	151 (46.7%)
In-person or on-line training or webinars on effective interventions and diversion to treatment	92 (28.5%)
Seeing where and what types of diversion programs exist across the state	92 (28.5%)

Figure 30 presents all of the resource type choices and the number of responders who selected each one in order of resource selected as most useful to the resource least selected as useful. The two resources selected with the least frequency by both rural and urban counties were "consultation or technical assistance on effective interventions and diversion to treatment" (urban n=42; rural n=53) and "peer-to-peer networking or consultation from other effective diversion programs in the state" (urban n=36; rural n=48). These resource types may have been selected with less frequency but since responders were often representing a department or a county, these also represent the need for targeted technical assistance to meet the needs of unique departments.

Figure 30. Resource Types in Order of Selection by Usefulness

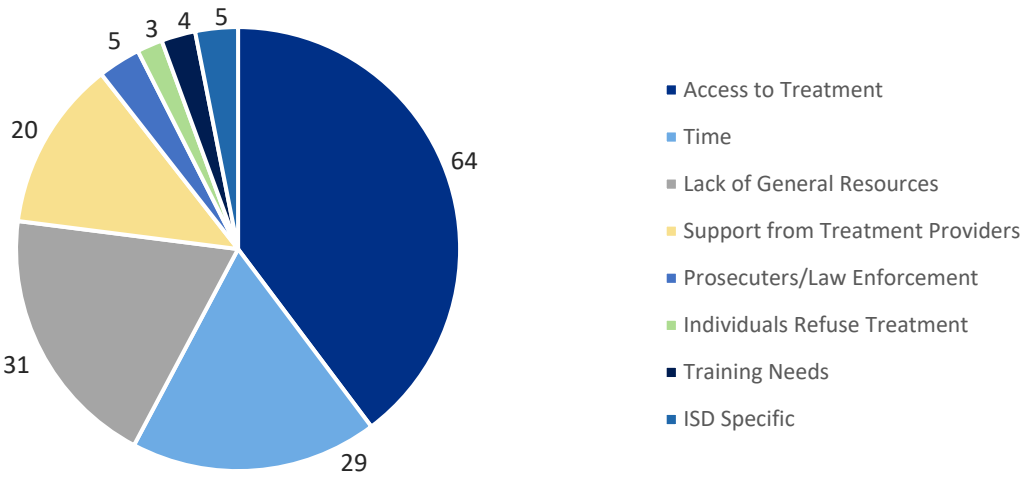


Barriers to Diversion

An open-ended survey item asked responders to describe the barriers they experience if they wanted to divert individuals with mental health, substance use, or IDD from criminal justice involvement and connect them to treatment and services. This report includes the overall themes and example responses, with a separate report providing additional information on the detailed responses. Of all survey responders, 132 of 557 (23.7%) provided open-ended feedback that included 161 identified barriers. These barriers clustered into eight thematic areas:

- Access to treatment resources (n=64; 39.8%);
- General issues with resources (n=31; 19.3%);
- Issues with time (n=29; 18%);
- Issues with or lack of support from treatment providers (n=20; 12.4%);
- Issues with support from prosecutors or other law enforcement (n=5; 3.1%);
- Issues specific to Independent School District officers (n=5; 3.1%;
- Training needs (n=4, 2.5%); and,
- Issues regarding the individual's willingness to participate in treatment programs (n=3; 1.9%).

Figure 31. Thematic Barriers to Diversion



Examples of comments representing barrier in the thematic areas are presented in Table 13 below. This is a brief overview of responses. A separate report describes the reported barriers in more detail.

Table 13. Law Enforcement Reported Barriers to Diversion

Theme Area	Thematic Comment Example
Access to Treatment (n=64)	*"No realistic availability of MH/SU/IDD services in our rural county."* *"Hospital will not take to medically clear or evaluate"* *"Lack of local treatment facilities" or "Lack of places that will accept patients"* *"A serious lack of mental health or crisis stabilization units"* *"We have no programs for substance use"* *"Treatment centers are full and do not have beds available"* *"There are no beds at the state facilities. Private hospitals tend to cut them loose as soon as the insurance runs out regardless of where there are in their care and follow up care is solely left up to the mentally ill"*
Time (n=29)	*"Long waits in ER for evaluation. Drain on resources for small department"* *"Closest MH service is over an hour away, if anyone will respond. My single on duty officer cannot sit and wait for them"* *"Difficult to get proper screenings and evaluations in a timely manner. Often waiting several hours to get someone screened"*
Lack of Resources (n=31)	*"Lack of local and regional resources due to the rural nature of the operating environment"* *"The lack of resources in our community is a barrier"* *"Small county with lack of resources because of the unavailability of funding/grants"* *"Not enough manpower"*

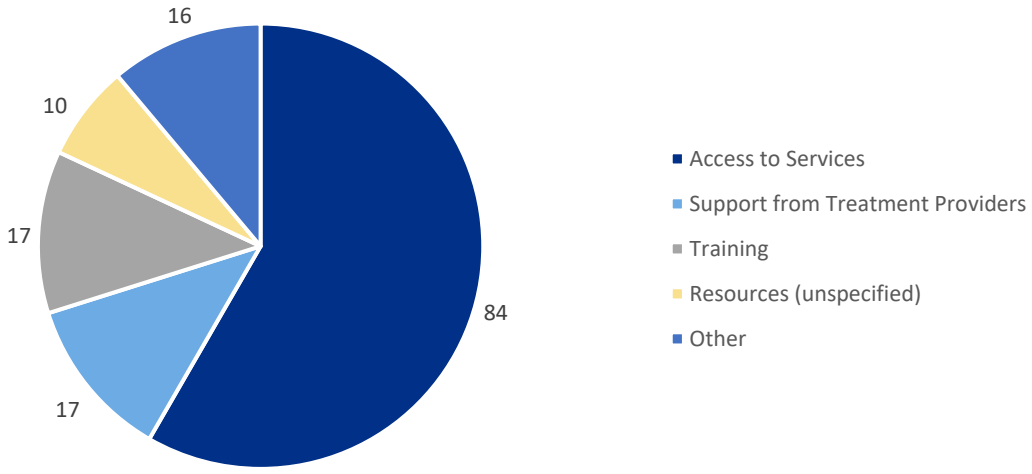
Theme Area	Thematic Comment Example
Support from Treatment Providers (n=20)	*"Someone has to get to point of being suicidal or threating to harm someone before local health authority can/will do something"* *"Currently they only respond from 8-5 off weekends. This is not effective. When the issues occur the mental health professionals are not available"* *"No help from other agencies, hospitals, the state"* *"The main barrier that we face in RURAL TEXAS is the time spent waiting for the MHMR service workers to come and evaluate. For example, I have been waiting for 1 week to hear back on placement for an individual and have yet to hear back from anyone"* *"Lack of consistency with Mental Health treatment centers intake, rules, etc"*
Prosecutors/Law Enforcement (n=5)	*"Push back from DA and community. Perception is reality"* *"Usually the crime they have committed [is a barrier to diversion]"* *"Prosecutorial agreement"*
Individuals Refuse Treatment (n=3)	*"The big barrier is the mentally ill themselves. They are adults and LE cannot place them anywhere unwillingly, unless they are dangerous"*
Training Needs (n=4)	*"Lack of knowledge for the officers on the outside of mental health agencies"* *"Information concerning contacts of who to call and what type of services they are willing to provide"*
ISD Specific (n=5)	*"We are an ISD Police Department and have several team members in place to assist us in these matters almost eliminating any barriers."* *"I work for an ISD and one of our barriers is that parents do not always include us in MH evaluations of their child until we have them on our radar for something else"*

Improve Crisis Response and Increase Pre-Arrest Diversion

An open-ended survey item asked responders to describe what would be helpful to improve crisis response and increase pre-arrest diversion of individuals with mental health, substance use, or IDD from criminal justice involvement. This report includes the overall themes and example responses, with a separate report providing more detail on the suggested strategies for improvement in diversion. Of all survey responders, 132 of 557 (23.7%) provided open-ended feedback that included 152 suggestions or strategies for improvement. These strategies clustered into five thematic areas:

- Access to Services (n=84; 58.3%);
- Support from Treatment Providers (n=17; 11.8%);
- Training (n=17; 11.8%);
- Resources (n=10; 6.9%); and,
- Other (n=16; 11.1%).

Figure 32. Strategies to Increase Crisis Response and Pre-Arrest Diversion



Examples of comments in each of the diversion strategy thematic areas are presented in Table 14 below. A separate report describes the suggestion and strategies provided by law enforcement in more detail.

Table 14. Law Enforcement Reported Strategies to Increase Crisis Response and Pre-Arrest Diversion

Theme Area	Thematic Comment Example
Access to Services (n=84)	*"Have a diversion center to transport those with low level misdemeanor crimes to instead of involving the criminal justice system."* *"We need sobering locations as well as mental health diversion locations that allow us to transport persons suffering from a mental crisis (but not presenting a danger to themselves or others) to a location where they can be seen and helped by mental health professionals."* *"A countywide response plan that utilizes the hospital as the central hub to receive the necessary support from all service providers. There is no way to get a response to rural areas in a timely manner, and often not at all, in rural counties, especially after normal business hours."* *"More facilities with adequate staff and facility capability to handle intake and appropriate services so officers can drop individuals off and return to the street versus sitting with them for hours."* *"The availability of diversion centers that provide MH assistance and ready access to services to those who are mentally ill or may be experiencing a MH episode. Instances of LE involvement with people with MH/SU and IDD are on the rise. A solution might be for each county to partner with the state to develop diversion centers to help lower the demand on jails and more importantly provide a service for those individuals who are in need. Jail obviously is not the answer to every issue."* *"Any services that are available for patients in crisis are much more easily accessible during business hours. Options are scarce overnight, or on weekends. The local emergency room is the most likely venue for getting a person that needs to see a doctor immediately in front of a*

Theme Area	Thematic Comment Example
	doctor. Hospital EDs don't want these patients for the previously stated reason. MCOT teams aren't really that mobile. Ultimately they want us to transport the patient somewhere." *"The most helpful tactic is to overhaul the mental health field. The police need to get out of the mental health business, not oversee civilian groups dealing with this issue. For years the police officers have caught slack because of the lack of mental health training. At the same time, police officers are expected to deal with more mental health issues because local, county and state mental health organizations are overwhelmed and under staffed. Mental health is an entire carrier field requiring its own long term experience, constant training, research and psychiatric care. At what point did society hear that police want to become heavily involved in that field of study?"*
Treatment Provider Support/Collaboration (n=17)	*"Protocols in place that minimize patient's ability to get the proper treatment and counseling. Currently there is a minimum of 4 to 7 hours from initial contact before treatment is provided due to our rural location and policies in place between our local hospital and MH providers."* *"The Mobile Crisis Team is short-handed. You try to call and have to leave a message. Sometimes you cannot wait on a return phone call from the crisis team. I haven't even been able to get them to come to our town because they are short-staffed and nobody is available to come in person."* *"Having a way to get someone help before they reach the point of being in crisis. Officers are tasked with spending hours with a person, to get them calmed down, to take their medicine, or to wait for health authority. Mental Health and IDD is not a criminal act but is the responsibility of law enforcement to address the calls."* *"Hospitals/MCOT or local mental health providers and law enforcement need to come together to learn each other's jobs and struggles before we can all work together. I would like to know the struggles of hospitals and social workers so I can help them with what I'm doing on the streets."* *"Law enforcement has been forced into the position of being a MH officer due to the failure of medical providers caring enough to handle situations other than providing narcotics and releasing that person out into the public. There are insufficient numbers of facilities available throughout rural areas of the state to assist in these matters."* *"I never understood why EMS, who are trained medical personnel to begin with, are not tasked with providing the initial response, assessment and transport of these patients."* *"Treating MH and IDD calls as medical calls instead of police calls would be hugely beneficial. I know we cannot get completely out of these types of calls due to the dangers of it, but a regional authority that does more follow up could prevent things from getting to crisis point."*
Training (n=17)	*"Law enforcement, Mental Health, and Counseling personnel training together."* *"Training of civilian response units as well as perspective training for officers to address crisis needs and social needs rather than punitive needs."* *"Education of family members re: response expectations, follow-up, how they can help minimize contacts with the police and/or the criminal justice system."*

Theme Area	Thematic Comment Example
	"… increased training for officers, so they feel comfortable with their decision to divert from jail - SIM mapping to increase understanding and likelihood of diversion at multiple intercepts of the legal justice system." *"I would like to see the larger agency in the county, i.e., Sheriff, respond when we have an EDO situation to prevent the small agency from having no coverage when we get tied to a MH/SU or IDD call. They have resources that we simply do not have."* *"County government understanding their role and responsibility for this important issue."*
Resources (n=10)	*"…increased funding in this area to provide transportation to services."* *"I believe having more local resources to help us get the crisis under control would be a good starting point."* *"Time, staff, funds and planning."*
Other Comments (n=16)	*"Legislation providing officers with follow up diagnosis of individuals taken for evaluation. This information is currently not available to officers and departments due to HIPPA restrictions. This information would better assist law enforcement with addressing the needs of clients and determining appropriate resources to assist them."*

Appendix A – Number of Responders by County and Counties with No Responders

There were 19 of 21 urban counties (90.5%) with at least one survey response and a total of 234 urban county responders.

Number of Responders from Urban Counties in Texas

Urban Counties	n	%
Harris County	32	13.7
Dallas County	28	12.0
Tarrant County	20	8.5
McLennan County	18	7.7
Collin County	16	6.8
Bexar County	14	6.0
Denton County	14	6.0
Travis County	12	5.1
Hidalgo County	11	4.7
Brazoria County	10	4.3
Bell County	9	3.8
Montgomery County	9	3.8
Cameron County	8	3.4
Galveston County	8	3.4
Lubbock County	7	3.0
Fort Bend County	3	1.3
Webb County	3	1.3
Jefferson County	2	0.9
Nueces County	2	0.9
Total Urban County Responders	234	100.0

There were 134 of 233 rural counties (57.5%) with at least one survey response and a total of 323 rural county responders.

Number of Responders from each Rural County in Texas

Rural Counties	n	%
Kaufman County	10	3.1
Cass County	9	2.8
Johnson County	9	2.8
Smith County	9	2.8
Henderson County	7	2.2
Bowie County	6	1.9
Cherokee County	6	1.9
Orange County	6	1.9
Polk County	6	1.9

Rural Counties	n	%
Rusk County	6	1.9
Van Zandt County	6	1.9
Cooke County	5	1.5
Grayson County	5	1.5
Kerr County	5	1.5
Red River County	5	1.5
Angelina County	4	1.2
Austin County	4	1.2
Coleman County	4	1.2
Eastland County	4	1.2
Hays County	4	1.2
Lamar County	4	1.2
Liberty County	4	1.2
Medina County	4	1.2
Midland County	4	1.2
Nacogdoches County	4	1.2
Parker County	4	1.2
Randall County	4	1.2
San Patricio County	4	1.2
Shelby County	4	1.2
Wichita County	4	1.2
Bee County	3	0.9
Calhoun County	3	0.9
Ector County	3	0.9
Ellis County	3	0.9
Fayette County	3	0.9
Franklin County	3	0.9
Freestone County	3	0.9
Gregg County	3	0.9
Jasper County	3	0.9
Palo Pinto County	3	0.9
Potter County	3	0.9
Rockwall County	3	0.9
Runnels County	3	0.9
Wood County	3	0.9
Young County	3	0.9
Archer County	2	0.6
Atascosa County	2	0.6
Bastrop County	2	0.6
Blanco County	2	0.6
Brewster County	2	0.6

Rural Counties	n	%
Caldwell County	2	0.6
Camp County	2	0.6
Colorado County	2	0.6
Deaf Smith County	2	0.6
DeWitt County	2	0.6
Fannin County	2	0.6
Hardin County	2	0.6
Haskell County	2	0.6
Hopkins County	2	0.6
Jones County	2	0.6
Kimble County	2	0.6
Kleberg County	2	0.6
Lamb County	2	0.6
Lipscomb County	2	0.6
Madison County	2	0.6
Navarro County	2	0.6
Reeves County	2	0.6
San Augustine County	2	0.6
Stephens County	2	0.6
Swisher County	2	0.6
Terry County	2	0.6
Tyler County	2	0.6
Upshur County	2	0.6
Waller County	2	0.6
Anderson County	1	0.3
Andrews County	1	0.3
Brazos County	1	0.3
Brown County	1	0.3
Carson County	1	0.3
Castro County	1	0.3
Childress County	1	0.3
Cochran County	1	0.3
Comanche County	1	0.3
Coryell County	1	0.3
Crockett County	1	0.3
Dallam County	1	0.3
Erath County	1	0.3
Falls County	1	0.3
Foard County	1	0.3
Frio County	1	0.3
Garza County	1	0.3

Rural Counties	n	%
Gillespie County	1	0.3
Guadalupe County	1	0.3
Hamilton County	1	0.3
Hansford County	1	0.3
Harrison County	1	0.3
Hockley County	1	0.3
Houston County	1	0.3
Hunt County	1	0.3
Jim Wells County	1	0.3
Karnes County	1	0.3
Kendall County	1	0.3
Knox County	1	0.3
La Salle County	1	0.3
Lavaca County	1	0.3
Leon County	1	0.3
Marion County	1	0.3
Mason County	1	0.3
Matagorda County	1	0.3
Mills County	1	0.3
Montague County	1	0.3
Morris County	1	0.3
Nolan County	1	0.3
Oldham County	1	0.3
Parmer County	1	0.3
Robertson County	1	0.3
Sabine County	1	0.3
San Jacinto County	1	0.3
San Saba County	1	0.3
Schleicher County	1	0.3
Scurry County	1	0.3
Taylor County	1	0.3
Titus County	1	0.3
Tom Green County	1	0.3
Trinity County	1	0.3
Victoria County	1	0.3
Walker County	1	0.3
Ward County	1	0.3
Washington County	1	0.3
Wharton County	1	0.3
Winkler County	1	0.3
Wise County	1	0.3

Rural Counties	n	%
Yoakum County	1	0.3
Zavala County	1	0.3
Total Rural County Responders	323	100.0

Counties with no or incomplete responses:

There were 99 of 233 rural counties (42.5%) without at least one survey response.

These counties included:
Aransas, Armstrong, Bailey, Bandera, Baylor, Borden, Bosque, Briscoe, Brooks, Burleson, Burnet, Callahan, Chambers, Clay, Coke, Collingsworth, Comal, Concho, Cottle, Crane, Crosby, Culberson, Dawson, Delta, Dickens, Dimmit, Donley, Duval, Edwards, Fisher, Floyd, Gaines, Glasscock, Goliad, Gonzales, Gray, Grimes, Hale, Hall, Hardeman, Hartley, Hemphill, Hill, Hood, Howard, Hudspeth, Hutchinson, Irion, Jack, Jackson, Jeff Davis, Jim Hogg, Kenedy, Kent, King, Kinney, Lampasas, Lee, Limestone, Live Oak, Llano, Loving, Lynn, Martin, Maverick, McCulloch, McMullen, Menard, Milam, Mitchell, Moore, Motley, Newton, Ochiltree, Panola, Pecos, Presidio, Rains, Reagan, Real, Refugio, Roberts, Shackelford, Sherman, Somervell, Starr, Sterling, Stonewall, Sutton, Terrell, Throckmorton, Upton, Uvalde, Val Verde, Wheeler, Wilbarger, Willacy, Wilson, and Zapata.

In addition, the 9 rural county responders in Crockett, Hunt, Kendall, La Salle, Leon, Taylor, Tom Green, Ward, and Wharton counties provided initial information (county and some demographics) but did not complete the rest of the survey.

There were 2 of 21 urban counties (9.5%) without at least one survey response.

These counties included:
El Paso and Williamson Counties.

Appendix B – Job Titles Reported by Survey Responders

Job Titles Reported by Survey Responders

Urban Job Titles	n	%
Chief	116	49.6
Lieutenant	10	4.3
Assistant Chief	9	3.8
Sergeant	9	3.8
Officer	6	2.6
Commander	4	1.7
Captain	3	1.3
Detective	3	1.3
Deputy Chief	2	0.9
Director-Inmate MH	2	0.9
Public Safety Director	2	0.9
Administrator	1	0.4
Behavioral Intervention Team Manager	1	0.4
Chief-ISD	1	0.4
City Manager	1	0.4
Corporal	1	0.4
Court Security Officer	1	0.4
Criminal Investigation Division-Commander	1	0.4
Crisis Intervention Clinical Manager	1	0.4
Crisis Support Supervisor	1	0.4
Deputy Director	1	0.4
Detective-Mental Health Coordinator	1	0.4
Director of Public Safety	1	0.4
Head of Agency	1	0.4
Law Enforcement	1	0.4
Lieutenant-Mental Health & Community Advocacy	1	0.4
Manager-Mental Health Response Team	1	0.4
Sergeant-Detective	1	0.4
Sergeant-Mental Health Response Team	1	0.4
Sheriff	1	0.4
Supervisor	1	0.4
Missing	48	20.5
Total	*234*	*100.0*

Rural Job Titles	n	%
Chief	170	52.6
Sheriff	33	10.2
Captain	3	0.9
CEO	3	0.9
Jail Administrator	3	0.9
Lieutenant	3	0.9
Chief Deputy	2	0.6
Chief-ISD	2	0.6
Mental Health Officer	2	0.6
Officer	2	0.6
Sergeant	2	0.6
Administrator	1	0.3
Chief Marshal	1	0.3
CIT Coordinator	1	0.3
Constable	1	0.3
Criminal Investigation Division-Sergeant	1	0.3
Crisis Intervention Officer	1	0.3
Deputy CEO	1	0.3
Deputy-Jailer	1	0.3
Detective	1	0.3
Director of Operations-MH	1	0.3
Director of Public Safety	1	0.3
Director-Forensic Service	1	0.3
Investigation/MH/DARE	1	0.3
Investigator	1	0.3
Law Enforcement	1	0.3
Public Safety Director	1	0.3
Retired	1	0.3
Sergeant-Detective	1	0.3
Telecommunicator	1	0.3
Missing	79	24.5
Total	*323*	*100.0*

Appendix C - Crisis Response and Pre-Arrest Diversion Programs Provided

Mobile Crisis Outreach Team(s)	Urban n	Urban %	Rural n	Rural %
Yes	45	26.5	39	18.1
Underway	11	6.5	10	4.7
Planned	13	7.6	16	7.4
No	92	54.1	137	63.7
I don't know	9	5.3	13	6.0
Total	170	100.0	215	100.0
Crisis Intervention Teams/Officers	Urban n	Urban %	Rural n	Rural %
Yes	102	57.0	76	33.6
Underway	9	5.0	13	5.8
Planned	20	11.2	41	18.1
No	43	24.0	90	39.8
I don't know	5	2.8	6	2.7
Total	179	100.0	226	100.0
Mental Health Officers	Urban n	Urban %	Rural n	Rural %
Yes	124	67.8	125	54.6
Underway	10	5.5	12	5.2
Planned	21	11.5	35	15.3
No	22	12.0	54	23.6
I don't know	6	3.3	3	1.3
Total	183	100.0	229	100.0
Law Enforcement Assisted Diversion	Urban n	Urban %	Rural n	Rural %
Yes	53	30.6	52	24.6
Underway	8	4.6	11	5.2
Planned	21	12.1	18	8.5
No	76	43.9	112	53.1
I don't know	15	8.7	18	8.5
Total	173	100.0	211	100.0
Crisis Drop-Off/Diversion Centers	Urban n	Urban %	Rural n	Rural %
Yes	57	33.5	43	20.4
Underway	11	6.5	6	2.8
Planned	18	10.6	18	8.5
No	73	42.9	125	59.2
I don't know	11	6.5	19	9.0
Total	170	100.0	211	100.0
Overdose Reversal Program (Naloxone/Narcan)	Urban n	Urban %	Rural n	Rural %
Yes	72	42.6	70	32.7
Underway	12	7.1	12	5.6
Planned	13	7.7	17	7.9
No	63	37.3	108	50.5

I don't know	9	5.3	7	3.3
Total	169	100.0	214	100.0
Homeless Outreach Teams	Urban n	Urban %	Rural n	Rural %
Yes	35	20.8	20	9.5
Underway	6	3.6	5	2.4
Planned	13	7.7	6	2.8
No	105	62.5	170	80.6
I don't know	9	5.4	10	4.7
Total	168	100.0	211	100.0
Sobering Centers	Urban n	Urban %	Rural n	Rural %
Yes	25	14.9	8	3.8
Underway	2	1.2	…	…
Planned	8	4.8	5	2.4
No	120	71.4	183	88.0
I don't know	13	7.7	12	5.8
Total	168	100.0	208	100.0
Psychiatric Emergency/Crisis Stabilization Programs	Urban n	Urban %	Rural n	Rural %
Yes	66	38.2	55	25.9
Underway	9	5.2	7	3.3
Planned	9	5.2	13	6.1
No	75	43.4	125	59.0
I don't know	14	8.1	12	5.7
Total	173	100.0	212	100.0
Emergency Department Diversion Programs	Urban n	Urban %	Rural n	Rural %
Yes	39	23.4	34	15.9
Underway	4	2.4	7	3.3
Planned	11	6.6	12	5.6
No	97	58.1	146	68.2
I don't know	16	9.6	15	7.0
Total	167	100.0	214	100.0
Police Department – MH/SU Collaborations (other than diversion)	Urban n	Urban %	Rural n	Rural %
Yes	52	30.1	36	16.7
Underway	5	2.9	8	3.7
Planned	10	5.8	17	7.9
No	94	54.3	141	65.6
I don't know	12	6.9	13	6.0
Total	173	100.0	215	100.0
Dispatcher Training	Urban n	Urban %	Rural n	Rural %
Yes	81	46.3	54	25.4
Underway	6	3.4	16	7.5
Planned	21	12.0	24	11.3
No	41	23.4	97	45.5

I don't know	26	14.9	22	10.3
Total	175	100.0	213	100.0
Specialized Mental Health Training for Peace Officers such as Crisis Intervention Team Training	Urban n	Urban %	Rural n	Rural %
Yes	140	78.2	119	53.1
Underway	11	6.1	20	8.9
Planned	7	3.9	31	13.8
No	17	9.5	48	21.4
I don't know	4	2.2	6	2.7
Total	179	100.0	224	100.0
Virtual Co-Response (e.g., Clinician and Officer Remote Evaluation Program (CORE))	Urban n	Urban %	Rural n	Rural %
Yes	16	9.5	21	10.0
Underway	10	6.0	3	1.4
Planned	11	6.5	14	6.7
No	108	64.3	154	73.7
I don't know	23	13.7	17	8.1
Total	168	100.0	209	100.0
Intervention(s) with Frequent Utilizers of 911, Emergency Department, Crisis Services	Urban n	Urban %	Rural n	Rural %
Yes	50	29.8	23	10.9
Underway	11	6.5	6	2.8
Planned	14	8.3	15	7.1
No	78	46.4	143	67.8
I don't know	15	8.9	24	11.4
Total	168	100.0	211	100.0
Data Matching with Mental Health/Substance Use Agencies in the Field	Urban n	Urban %	Rural n	Rural %
Yes	20	12.0	12	5.8
Underway	4	2.4	3	1.4
Planned	10	6.0	14	6.7
No	108	65.1	150	72.1
I don't know	24	14.5	29	13.9
Total	166	100.0	208	100.0

Appendix D – Survey

Texas Behavioral Health and Justice Technical Assistance Center
Texas Police Chief Association survey distributed by LEMIT

Every day, Texas peace officers encounter people with mental health (MH) and substance use (SU) disorders and intellectual and developmental disabilities (IDD) in their communities. Crisis response and pre-arrest diversion programs (e.g., co-responder teams, crisis intervention teams, mobile crisis teams, mental health deputies) redirect people with MH/SU disorders and/or IDD away from criminal justice pathways into treatment systems. In an effort to engage and support law enforcement across the state in diverting this population from incarceration to treatment and services, the Texas Institute for Excellence in Mental Health at the University of Texas at Austin is conducting this survey on behalf of **Texas Health and Human Services (HHS)** to gain your insights and perspectives.

The information that you provide will inform HHS programs and services and contribute to the development of a centralized resource of information, peer-to-peer networking, consultation, and technical assistance to support effective crisis interventions and diversions to treatment for Texans with mental health or substance use disorders or intellectual and developmental disabilities.

This survey is confidential and results will be reported in aggregate by county or region of the state. It will take about 15-20 minutes to complete. Your participation is voluntary and you may choose to answer all of the questions or skip any you do not want to answer. We know your time is important and greatly value the information you will provide - thank you!

Q2 County that you work in: (select county from pull-down menu)

Q3 What is your gender?
- Female
- Male

Q4 Race/Ethnicity: (select all that apply)
- Hispanic
- White
- Black/African American
- American Indian/Alaskan Native
- Asian American/Pacific Islander

Q5 Age range:
- under 25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75

Q6 What is your job title? _____

Q7 How many years have you served the public as a peace officer? (please indicate years and months)
- Years: _____
- Months: _____

Q8 What is the size of your agency?
- 1-10
- 11-50
- 51-100
- 101-250
- 251-500
- 501-1,000
- 1,001 or more

Q9 Is pre-arrest diversion of people with mental health and substance use a priority for your department?
- Yes
- No
- Somewhat

- Unsure

Q10 Planning for a Crisis Response and Pre-Arrest Diversion Program

	Yes	Underway	Planned	No	I don't know
Do you have a single representative (ideally senior level) that is responsible for overseeing/managing crisis response and/or pre-arrest diversion programs?	•	•	•	•	•
Have you identified a crisis response and/or pre-arrest diversion program that will work for your department and community?	•	•	•	•	•

If you responded yes or underway to the previous question "Have you identified a crisis response and/or pre-arrest diversion program that will work for your department and community, please respond to the following question:

Q11 For which has a crisis response and/or pre-arrest diversion program been identified? (select all that apply)
- Mental health
- Substance use disorders
- Intellectual and Development Disorders

Q12 Partnerships

	Yes	Underway	Planned	No	I don't know
Are you aware of the crisis services available from local treatment providers, including your local mental health authority/ local behavioral health authority (LMHA/LBHA)	•	•	•	•	•
Do you have interagency MOUs to help guide referrals from your department to your LMHA/LBHA or other treatment providers?	•	•	•	•	•
Have you partnered with local community stakeholders to discuss issues related to criminal justice and MH/SU and IDD?	•	•	•	•	•

If you responded Yes, Underway, or Planned to the previous question "Have you partnered with local community stakeholders to discuss issues related to criminal justice and MH/SU and IDD?" please respond to the next item:

Q13 For which have you partnered with local community stakeholders to discuss issues related to criminal justice? (select all that apply)
- Mental health
- Substance use disorders
- Intellectual and Development Disorders

Q14 Which crisis response and pre-arrest diversion programs do you provide or are you planning to provide?

	Yes	Underway	Planned	No	I don't know
Mobile Crisis Outreach Team(s)	•	•	•	•	•
Crisis Intervention Teams/Officers	•	•	•	•	•
Mental Health Officers	•	•	•	•	•
Law Enforcement Assisted Diversion	•	•	•	•	•
Crisis Drop-Off/Diversion Centers	•	•	•	•	•
Overdose Reversal Program (Naloxone/Narcan)	•	•	•	•	•
Homeless Outreach Teams	•	•	•	•	•
Sobering Centers	•	•	•	•	•
Psychiatric Emergency/Crisis Stabilization Programs	•	•	•	•	•
Emergency Department Diversion Programs	•	•	•	•	•
Police Department – Mental Health/Substance Use Agency Collaborations (other than diversion programs)	•	•	•	•	•
Dispatcher Training	•	•	•	•	•
Specialized Mental Health Training for Peace Officers such as Crisis Intervention Team Training	•	•	•	•	•
Virtual Co-Response (e.g., Clinician and Officer Remote Evaluation Program (CORE))	•	•	•	•	•
Intervention(s) with Frequent Utilizers of 911, Emergency Department, Crisis Services	•	•	•	•	•
Data Matching with Mental Health/ Substance Use Agencies in the Field	•	•	•	•	•

Q15 Tool Development, Data Tracking, and Workforce Utilization

	Yes	Underway	Planned	No	I don't know
Do you have a system in place to track MH/SU related calls for service and the outcome of those calls?	•	•	•	•	•
Do you have a system that allows a call identifier (code, call code, etc.) to be updated or amended by the officer if it is discovered the call was MH/SU related after officer arrival?	•	•	•	•	•
Do you have a system that allows a secondary call identifier (code, call code, etc.) to be added if it is discovered a call was MH/SU related, even if the original call identifier (code, call code, etc.) must stay in place?	•	•	•	•	•

Does your department use formal tools to screen for MH/SU?	•	•	•	•	•
Does your department use formal tools to screen for Intellectual or Developmental Disabilities?	•	•	•	•	•

Q16 Training

	Yes	Underway	Planned	No	I don't know
Do you provide any type of MH/SU and IDD call identification and management training to your 911 call taking and dispatch staff?	•	•	•	•	•
Does your department require MH/SU crisis response training for officers?	•	•	•	•	•

Q17 Which of the following types of crisis response and pre-arrest diversion resources would be most useful for your community? ***(please select the top three most useful resources)***

- In-person or on-line training or webinars on recognizing and responding to crisis in people with mental health, substance use, or intellectual and development disabilities (1)
- In-person or on-line training or webinars on effective interventions and diversion to treatment (2)
- Consultation or technical assistance on effective interventions and diversion to treatment (3)
- Written guides or toolkits on effective crisis interventions and diversion to treatment (4)
- Peer-to-peer networking or consultation from other effective diversion programs in the state (5)
- Workshops to support your community in identifying gaps, resources, and opportunities for diversion (6)
- Seeing where and what types of diversion programs exist across the state (7)

Q18 What barriers do you experience if you want to divert people with MH/SU and IDD from criminal justice involvement and connect to treatment and services?

Q19 What would be helpful to improve crisis response and increase pre-arrest diversion of people with MH/SU and IDD from criminal justice involvement and allow you to spend more time in the field serving and protecting your community?

Thank you again for participating in the survey. We appreciate you sharing your important insights.

If you would be willing to participate in a 20-30 minute follow up interview to provide more information about diversion activities in your community or the supports you would find helpful to effectively implement diversion programs, please click here to provide your contact information.

This link is not connected to the responses you provided on this survey.