Sequential Intercept Model Mapping Report for Dallam, Hartley, and Moore Counties

Office of Forensic Coordination, Behavioral Health Services

June 2023

TEXAS Health and Human Services

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by Texas Panhandle Centers (TPC). The planning committee members included:

Mellisa Talley, TPC; Steven Garcia, TPC; Kacey Schneiderjon, Dallam/Hartley County Hospital; Bobby Medford, Dallam/Hartley County Hospital; Judge Ronnie Gordon, Hartley County; Judge Rowdy Rhoades, Moore County; Judge Wes Ritchey, Dallam County; David Bustos, TPC; Sara Northrup, TPC; Brianna Albrichdt, TPC; Libby Moore, TPC; Lieutenant Joe Morales, Dumas Police Department; Chance Fowler, Hartley County Sheriff's Office; and Dan Thompson, TPC.

The planning committee members played a critical role in making the Dallam, Hartley, and Moore Counties SIM Mapping Workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC and Emily Dirksmeyer, LCSW, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC. The report was authored by Emily Dirksmeyer, LCSW; Liz Conville, MPS; and Jennie M. Simpson, PhD.

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

The Texas Behavioral Health and Justice Technical Assistance Center (TA Center) provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with mental illnesses (MI), substance use disorder (SUD), and or intellectual and developmental disabilities (IDD). Established in 2023, the TA Center is supported by HHSC and provides free training, guidance, and strategic planning support both in person and virtually on a variety of behavioral health and justice topics to support local agencies and communities in working collectively across systems to improve outcomes for people with behavioral health needs.

The TA Center, on behalf of HHSC, has adopted the SIM as a strategic planning tool for the state and communities across Texas. The TA Center hosts SIM Mapping Workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with behavioral health needs, when appropriate, away from the justice system into treatment. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have access to the SIM and SIM Mapping Workshops.

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Table of Contents

Acknowledgements ii

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

Recommended Citation iii

Table of Contents 1

Introduction 3

Sequential Intercept Model Map for Dallam, Hartley, and Moore Counties 5

Opportunities and Gaps at Each Intercept 9

Intercept 0 and Intercept 1 9

Overview of Gaps and Opportunities 9

Intercept 2 and Intercept 3 15

Overview of Gaps and Opportunities 15

Intercept 4 and Intercept 5 18

Overview of Gaps and Opportunities 18

Priorities for Change 21

Strategic Action Plans 22

Priority Area One: Increase awareness, education and training opportunities for community members and behavioral health and justice stakeholders. ... 24

Additional Considerations 26

Priority Two: Develop a community transportation plan. 29

Additional Considerations 31

Priority Three: Expand law enforcement pre-arrest diversion options for people experiencing a behavioral health crisis. 33

Additional Considerations 35

Priority Four: Develop a Behavioral Health Leadership Team 41

Additional Considerations 43

Quick Fixes 47

Parking Lot 48

Appendices 49

Appendix A: Workshop Agenda 49
Appendix B: Overview of Dallam, Hartley, and Moore Counties' Resources . 51
Appendix C: Community Impact Measures 59
Appendix D: Texas and Federal Privacy and Information Sharing Provisions 61
Appendix E: Resources for Law Enforcement During a Behavioral Health Crisis 65
Appendix F: Acute Mental Health Crisis Transport Algorithm..... 66
Appendix G: CCP 16.22 Forms and Process Charts 67
Appendix H: SIM Mapping Workshop Participant List..... 71
List of Acronyms 74

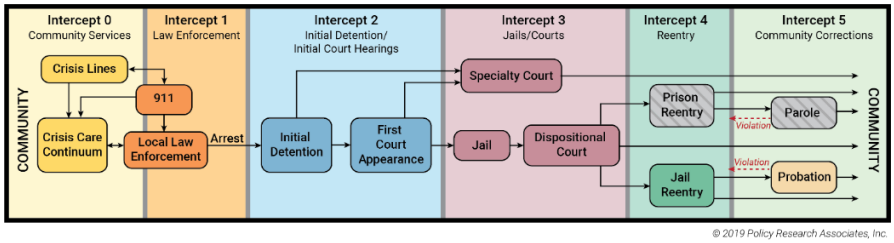
Introduction

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, jails, pretrial services, courts, community corrections, housing, health, and social services. They should also include the participation of people with lived experience, family members, and community leaders.

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

The Sequential Intercept Model Mapping Workshop has three primary objectives:

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



In 2022, TPC requested a SIM Mapping Workshop be conducted for Dallam, Hartley, and Moore Counties to help foster behavioral health and justice collaborations and

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

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

This report reflects information provided during the SIM Mapping Workshop by participating Dallam, Hartley, and Moore Counties stakeholders and may not be a comprehensive list of services available in the county. All gaps and opportunities identified reflect the opinions of participating stakeholders, not HHSC.

Dallam, Hartley, and Moore Regional SIM Map

Key

- Serves all counties
- Serves Dallam-Hartley
- Serves Moore

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

Intercept 1
Law Enforcement & Emergency Services

COMMUNITY

INTERCEPT 2

Crisis Phone Lines

Hotline

TPC Crisis Hotline
806-359-6699
800-692-4039
988
Safe Place DV Hotline
806-935-2828

Warmlines/ Resource Lines

Panhandle Community Services – (806) 372-2531
NAMI Texas Panhandle – 806-567-1372
Dallam-Hartley Counties United Way – 806-244-5646
United Way of Moore County – 806-935-2571
Texas 211

911 Dispatch/Emergency Communications

Dumas Central Dispatch
Dallam-Hartley County Regional Communications Center

Mobile Crisis Response Team

Texas Panhandle Centers (TPC) Mobile Crisis Outreach Team (MCOT)

Crisis Units

TPC Crisis Respite Center
- Adult respite care for individuals with MH diagnosis

Peer Support Services

TPC Veteran Peer Navigator

Veterans' Services

- **Amarillo VA Health Care System**
- **TPC Veteran Peer Navigator**
- **Moore County Veteran's Service Officer**

Detox and Substance Use Services

Cenikor (Amarillo)
- Provides withdrawal management in inpatient setting
- Residential treatment (located in Amarillo)
- Outpatient and Intensive Outpatient Treatment

West Texas Counseling & Rehab (Amarillo)
- Medications for opioid use disorder

Rural Communities Opioid Response Program (RCORP) grant through Coalition of Health Services, Inc. (Amarillo)
- Funding for rural communities to provide community trainings, education, and referral to OSAR

Parenting Awareness and Drug Risk Education (PADRE) Program
- Provides parenting awareness and drug risk education to individuals and families that are currently expecting a child or have a child 6 years or younger.
- For families involved with Department of Family and Protective Services

Law Enforcement

Dallam County Sheriff's Office
Hartley County Sheriff's Office
Moore County Sheriff's Office
Cactus Police Department
Dalhart Police Department
Dumas Police Department
Sunray Police Department
Texas Highway Patrol
Texas DPS

Emergency Medical Services

- **Moore County Hospital District**
- **Dallam-Hartley Counties Hospital District**

Private Psychiatric/State Hospitals/SSLC

North Texas State Hospital, Vernon
- State Hospital

North Texas State Hospital, Wichita Falls
- State Hospital

Northwest Texas Healthcare System Behavioral Health
- Private inpatient hospital

Oceans Behavioral Hospital Amarillo
- Private inpatient hospital

Golden Phoenix Center – Pampa Regional Medical Center
- Psychiatric Unit of Pampa Regional

Hospitals

Dallam-Hartley County Hospital District (Coon Memorial Hospital)
- ER

Moore County Hospital District
- ER

Behavioral Health

Texas Panhandle Centers (LMHA); **West Texas Counseling and Rehab –** Medication assisted treatment and therapeutic intervention**; Panhandle Community Services –** Family Development Program, Healthcare navigation, transportation and housing support; **Panhandle Behavioral Health Alliance (Amarillo); Dumas Counseling Center**

Recovery Supports

Cenikor Foundation – Addiction Treatment Center (Amarillo); **TPC OSAR –** Outreach Screening and Referral (Amarillo); **Rural Communities Opioid Response Program; West Texas Counseling and Rehab**

Housing/Shelter

Safe Place Inc. – Domestic violence and sexual assault crisis services; **The Refuge of Dumas –** shelter, food pantry, and recovery supports

INTERCEPT 1

Intercept 2
Initial Detention & Initial Court Hearings

Initial Detention

- **Moore County Jail**
- **Dallam-Hartley County Jail**
- **Youth Center of the High Plains** (Juvenile Detention Center)

Booking

Screening Assessment Used:

- Screening Form for Suicide and Medical/Mental/Developmental Impairments – Provided by the Texas Commission on Jail Standards
- Medical screen available through jail medical services

Continuity of Care (CoC) Query/Care Match:

- Moore County and Dallam-Hartley County Jails contact TPC when there is an exact or probable TLETS match.

Initial Court Appearance

Magistration

- Justice of the Peace/County Judge

Pre-Trial Services

- Bond decisions are set by district judges

Competency Restoration

- **Outpatient Competency Restoration –** Operated by Texas Panhandle Centers

Intercept 3
Jails & Courts

Courts

In each of the counties (**Moore**, **Hartley**, and **Dallam**), there is a District Court, a County Court, and a Justice of the Peace Court.

District Court

Criminal Cases are assigned to the 69th District Court:

- Moore County: Jerod Pingelton
- Hartley County: Judge Kimberly Allen

County Court:

- **Moore County:** Judge Rowdy Rhoades
- **Dallam County:** Judge Wes Ritchey
- **Hartley County:** Judge Ronnie Gordon

Justice of the Peace:

Moore County: Judge Barbara Mulanax
Dallam County: Carol Smith
Hartley County: Beth Bezner Moore

Jails

Moore County Jail
Dallam-Hartley County Jail

Moore County Jail

Health Services:

- Medical provider: Dr. Bunch
- Mental Health provider: Dr. Rush
- Substance use provider: N/A

Dallam-Hartley County Jail

Health Services:

- Medical Provider: Valerie Conrad
- Mental Health Provider: Dr. Melinda McCusker

INTERCEPT 4

Behavioral Health

Texas Panhandle Centers (LMHA); **West Texas Counseling and Rehab –** Medication assisted treatment and therapeutic intervention**; Panhandle Community Services –** Family Development Program, Healthcare navigation, transportation and housing support; **Panhandle Behavioral Health Alliance (Amarillo)**

Recovery Supports

Cenikor Foundation – Addiction Treatment Center (Amarillo); **TPC OSAR –** Outreach Screening and Referral (Amarillo); **Rural Communities Opioid Response Program; West Texas Counseling and Rehab**

Housing/Shelter

Safe Place Inc. – Domestic violence and sexual assault crisis services; **The Refuge of Dumas –** shelter, food pantry, and recovery supports

INTERCEPT 3

Intercept 4
Reentry

Intercept 5
Community Corrections & Community Supports

COMMUNITY

Jail Reentry

Includes case management, life skills training, psychiatric services, medication management, benefits coordination, and referral to community-based services, such as counseling, group therapy, substance use services, and housing and employment support.

- Reentry is provided on a case-by-case basis in Dallam, Hartley, and Moore Counties

Probation/Parole

Probation:

69th District Community Supervision and Corrections Department

- Moore County Adult Probation
- Hartley County Adult Probation
- Dallam County Adult Probation

Texas Juvenile Justice Department- Probation

- Moore County juvenile Probation Department
- Hartley County Juvenile Probation Department
- Dallam County Juvenile Probation Department

Parole:

Region V Parole (Amarillo)

Specialized Case Loads

Texas Risk Assessment System (TRAS) used to determine services needed.

Behavioral Health

Texas Panhandle Centers (LMHA); **West Texas Counseling and Rehab –** Medication assisted treatment and therapeutic intervention**; Panhandle Community Services –** Family Development Program, Healthcare navigation, transportation and housing support; **Panhandle Behavioral Health Alliance (Amarillo)**

Recovery Supports

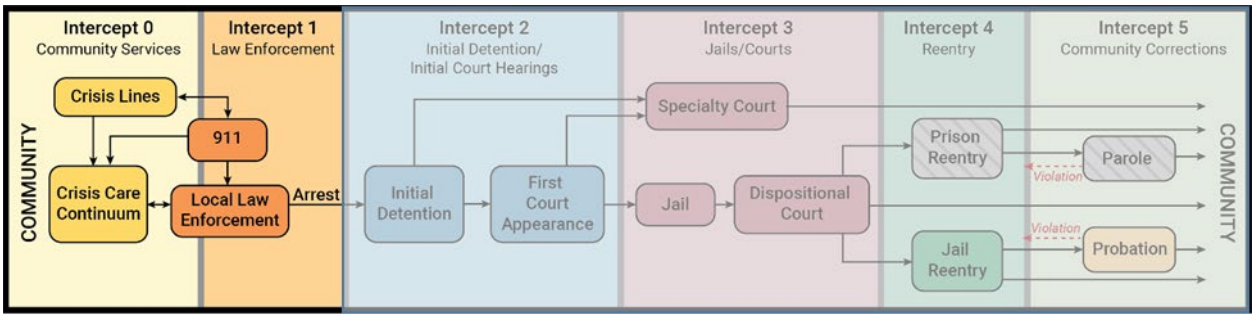
Cenikor Foundation – Addiction Treatment Center (Amarillo); **TPC OSAR –** Outreach Screening and Referral (Amarillo); **Rural Communities Opioid Response Program; West Texas Counseling and Rehab**

Housing/Shelter

Safe Place Inc. – Domestic violence and sexual assault crisis services; **The Refuge of Dumas –** shelter, food pantry, and recovery supports

Opportunities and Gaps at Each Intercept

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



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Intercept 0 and Intercept 1

Overview of Gaps and Opportunities

Crisis Call Lines

Gaps

- There are multiple crisis lines and warmlines available across Dallam, Hartley, and Moore Counties and it can be confusing to community members which line is the most appropriate to connect to behavioral health services specific to the person's needs.
- Court stakeholders across Dallam, Hartley, and Moore Counties reflected that people have asked for crisis hotline information, but stakeholders did not know the number or what services were available through the hotline.

Opportunities

- TPC can implement a public awareness campaign on available crisis and warm lines and their purpose by utilizing printed materials to disseminate information, advertising using billboards and launching social media education campaigns.
- TPC can work with local stakeholders to ensure that they understand how to call and utilize crisis and warm lines that are available in Dallam, Hartley, and Moore Counties.

9-1-1/Dispatch

Gaps

- Dispatch call takers in Dallam, Hartley, and Moore Counties do not receive specialized training to identify signs or symptoms of a mental health crisis and do not have the capability to transfer calls to 988 or the Avail crisis line.
- Data collection on the number and type of crisis calls varies depending on the location of the caller and the responding dispatch center.

Opportunities

- Provide local dispatch training on the appropriate transfer of mental health calls for service and establish protocol for transferring calls to 988 or Avail across Dallam, Hartley, and Moore Counties.
- Dallam and Hartley Counties can consider adopting the electronic record management system used by Moore County for continuity of data sharing and coding practices.
- Create a centralized database to track trends for all crisis calls arriving from multiple sources (Avail crisis line, 988, 911, SafePlace). This information could support funding needs through future grant opportunities.
- TPC and Panhandle Behavioral Health Alliance (PBHA) can provide Mental Health First Aid and Trauma-Informed Care training to dispatchers in Dallam, Hartley, and Moore Counties to improve their ability to identify and respond to mental health crisis calls.
- Dallam, Hartley, and Moore Counties can explore co-locating a mental health professional in their dispatch call centers to support mental health crisis call diversion.

Crisis Services

Gaps

- Dallam, Hartley, and Moore County residents are unaware of services available through TPC's Mobile Crisis Outreach Team (MCOT).
- There are long wait times for community behavioral health services and many people with severe mental illness (SMI) are sent to The Refuge if they don't have anywhere to go after release from jail or discharge from state hospital, psychiatric inpatient facilities or SafePlace.
- TPC's crisis respite facility in Amarillo has capacity that is not being used. Transportation to and from the crisis respite creates barriers to Dallam, Hartley, and Moore County residents utilizing this facility.
- There is not a crisis respite facility for youth.
- Dallam, Hartley, and Moore Counties lack an alternative to the emergency department or county jail as a law enforcement drop-off point for people experiencing a mental health crisis.
- There is a gap in knowledge about available community behavioral health and crisis resources among refugee and immigrant populations in Dallam, Hartley, and Moore County.

Opportunities

- TPC can increase trainings offered to all Dallam, Hartley, and Moore Counties' first responders and support the development of a workflow process for handling people experiencing a mental health crisis in the community.
- TPC can explore increasing the availability of their Mobile Wellness Clinic in Dallam, Hartley, and Moore Counties to provide mental health services and in the community. TPC can additionally increase outreach and education on the times, dates and locations that the Mobile Wellness Clinic will be available.
- TPC can work to increase awareness among law enforcement of the crisis respite facility and explore building out transportation options to support people coming from counties surrounding Amarillo.
- TPC can develop and share materials about mental health services at school and community events to support access to behavioral health care of immigrant and refugee groups (ex. health fairs, JBS Foods Group, wellness initiatives, Mobile Wellness Clinic events).

- TPC can explore using mental health resources developed by the youth suicide prevention task force in Dumas to share out with the community and justice stakeholders on the counties' mental health treatment landscape.

Healthcare

Gaps

- Dallam, Hartley, and Moore Counties do not have Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) recovery support groups.
- Dallam, Hartley, and Moore Counties lack a sobering center or dedicated facility for short-term acute alcohol or drug recovery.
- Workforce shortages across the behavioral health system contribute to lengthy wait times for services for both inpatient and outpatient behavioral health providers.
- There are few low-barrier community-based service options for people discharged from hospitals in Amarillo which increases likelihood of readmission.
- There are not any inpatient psychiatric facilities in Dallam, Hartley or Moore Counties.
- The inpatient psychiatric hospitals in surrounding counties have varying medical clearance requirements, making timely admission difficult for Panhandle residents experiencing a mental health crisis.

Opportunities

- Dallam, Hartley, and Moore Counties can work with NAMI Texas Panhandle or the Military Veteran Peer Network to identify people with lived experience and implement peer-led recovery support groups.
- Hospitals can coordinate discharge planning with TPC or other community organizations to ensure continuity of medications for people released from inpatient psychiatric facilities.
- Dallam, Hartley, and Moore Counties can consider conducting a workforce assessment to identify gaps in the workforce continuum and develop the appropriate provider recruitment and retention strategies.
- Dallam, Hartley, and Moore Counties can explore opportunities to streamline medical clearance processes in the community, including establishing a community-based paramedic program to provide co-response and medical clearance prior to inpatient psychiatric hospitalization.

Law Enforcement and First Responders

Gaps

- There are limited options outside of law enforcement for transporting people with high acuity mental health needs who have been involuntarily committed or seeking voluntary admission to an inpatient psychiatric facility.
- Moore County Sheriff's Office has one mental health officer.
- There are no law enforcement and mental health co-responder programs or Crisis Intervention Teams in Dallam, Hartley or Moore Counties.
- Law enforcement in Dallam, Hartley, and Moore Counties lack diversion options for people who may be appropriate to drop-off at a mental health crisis facility in lieu of an emergency department or incarceration.
- There are limited law enforcement officers in Dallam, Hartley, and Moore Counties who have received specialized training on how to respond to people with behavioral health needs.
- The process flow between dispatch, transfer, assessment, and after assessment is unclear for mental health calls for service.
- MCOT cannot provide transportation for people in crisis to hospital or respite facilities in Amarillo.

Opportunities

- Dallam, Hartley, and Moore Counties can consider establishing a multi-disciplinary crisis response team that pairs law enforcement with a mental health clinician, paramedic, and or a peer by utilizing the Lifesize app for remote co-response.
- TPC can explore opportunities to further regionalize behavioral health services in Dallam, Hartley, and Moore Counties and explore the expansion of existing crisis facilities to include a law enforcement drop-off component.
- Municipal police departments can work with TPC to outline a flowchart with options for response to mental health calls for service.
- TPC can coordinate with community partners to provide training to law enforcement on responding to people with behavioral health needs.

Housing

Gaps

- Affordable housing options in Dallam, Hartley, and Moore Counties are a substantial drive from most mental health and substance use disorder providers.
- Dallam, Hartley, and Moore Counties lack adequate permanent supportive, transitional, sober living, and congregate housing options.
- Dallam Hartley, and Moore Counties lack housing options for people who are, or are formerly, justice involved.

Opportunities

- Dallam, Hartley, and Moore Counties can consider ways in which to secure additional funding to build new or renovate existing housing stock to accommodate the needs of people with mental health or substance use disorders, experiencing homelessness, and or exiting the criminal justice system.
- TPC and community housing organizations may consider working together to expand landlord outreach and engagement initiatives to improve access to housing for justice-involved people with behavioral health conditions.

Peer Support

Gaps

- Rural counties like Dallam, Hartley, and Moore Counties may not be aware of existing peer support service programs offered by TPC.

Opportunities

- TPC can explore opportunities to increase the awareness and availability of peer support specialists in Dallam, Hartley, and Moore Counties.

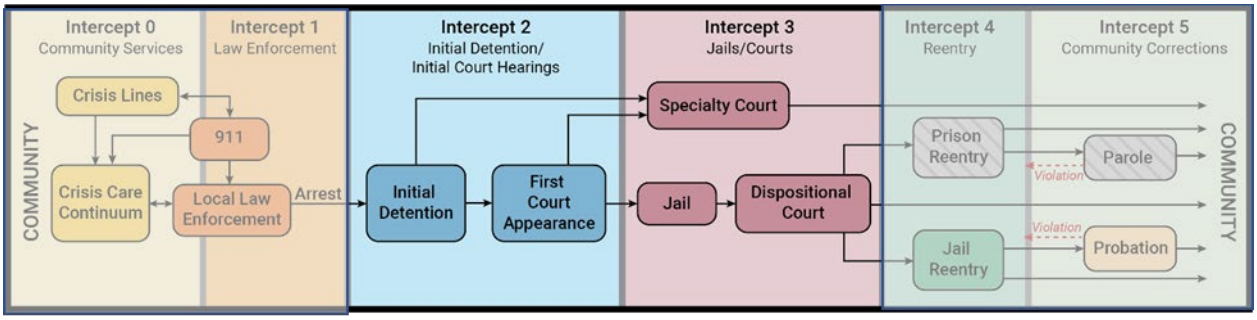
Data Collection and Information Sharing

Gaps

- Dallam, Hartley, and Moore Counties do not have a unified data collection and reporting system in place across first responders in each of the counties.

Opportunities

- Stakeholders can participate in regular data sharing meetings to share existing data between municipal and county entities.



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Intercept 2 and Intercept 3

Overview of Gaps and Opportunities

Jail Medical, Mental Health Care and SUD Services

Gaps

- Moore County and Dallam-Hartley County Jails contract with a mental health provider to prescribe medication through a telehealth/telemedicine service.
- There are no mental health clinicians embedded in the Dallam-Hartley or Moore County Jails. This impacts the capacity to provide jail-based behavioral health services to people in both jails.
- SUD treatment is not currently available inside the jails. Alcoholics Anonymous or Narcotics Anonymous groups are not offered in the jails for people in recovery.

Opportunities

- County Sheriff's Offices and TPC can explore expanding telehealth capabilities in Moore County and Dallam-Hartley County Jail to increase access to behavioral health supports for people in both jails.
- The existing Amarillo Veteran's AA group can explore opportunities to conduct group sessions in the Dallam-Hartley County Jail and the Moore County Jail.

Competence to Stand Trial

Gaps

- People found incompetent to stand trial (IST) are waiting in county jail for extended periods of time for inpatient competency restoration services.
- Jail-based competency restoration is not currently available in the Dallam-Hartley County Jail or Moore County Jail.

Opportunities

- Judges, attorneys, TPC and county jail staff can explore opportunities to implement court-ordered medications (COMs) for people waiting for inpatient competency restoration at a state hospital.
- TPC and county jails can explore implementing a JBCR program. County leadership and TPC can engage other counties with JBCR programs to learn about implementing one in the Dallam-Hartley County Jail or Moore County Jail.
- TPC and county stakeholders can work with HHSC to provide training on competence to stand trial processes, quality competency evaluations, use of medication reimbursement (pursuant to General Appropriations Act, S.B. 1, Article V, Sec. 35(b), 87th Texas Legislature, Regular Session), active waitlist management, court-ordered medications and appropriateness for OCR.

Pretrial Services

Gaps

- Access to pretrial supervision for people with MI and or SUD is limited in Dallam, Hartley, and Moore Counties.

Opportunities

- All counties may increase utilization of pretrial supervision with the use of mental health bonds and bond conditions.
- County judicial stakeholders, TPC and faith-based organizations may consider additional opportunities to increase coordination and collaboration for the provision of services to people on mental health bonds.

Courts (Including Specialty Courts)

Gaps

- People who have been restored to competency after completing a competency restoration program may experience a prolonged wait in jail prior to returning to court for adjudication.
- Defense attorneys have varying degrees of experience working with people with behavioral health conditions.
- Dallam, Hartley, and Moore Counties do not have specialty treatment courts or dockets.

Opportunities

- Jail administrators, jail medical staff, LMHAs/LBHAs, the courts, and state hospitals should work together to actively monitor people on CCP Chapter 46B commitments and ensure case prioritization for people returning to jail from a competency restoration program.
- Dallam, Hartley, and Moore Counties can consider providing mental health training to court-appointed attorneys.
- Dallam, Hartley, and Moore Counties may consider ways to provide training opportunities on utilizing civil commitments through probate courts rather than the criminal courts as an avenue to treatment.
- Dallam, Hartley, and Moore Counties can work with surrounding counties, like Hutchinson County, to explore establishing specialty courts.

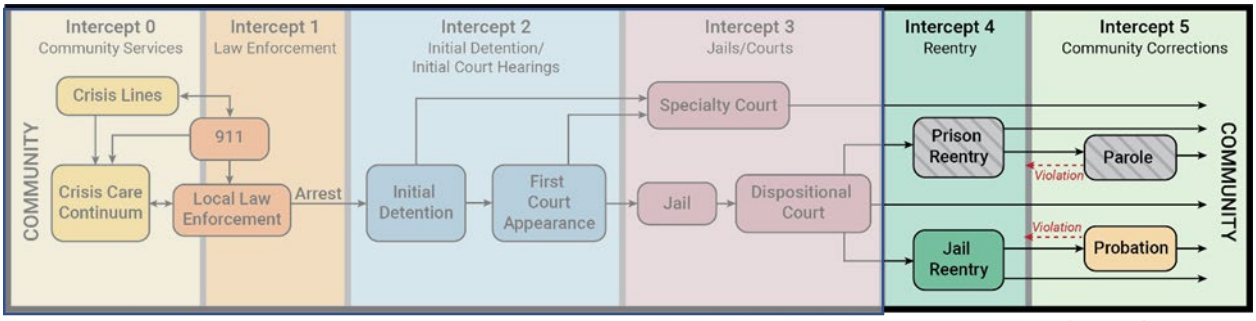
Data Collection and Information Sharing

Gaps

- Dallam-Hartley County Jail doesn't have electronic records and manually gathers data.
- Dallam, Hartley, and Moore Counties courts and court partners have not established a uniform or unified data collection and reporting strategy.

Opportunities

- Dallam, Hartley, and Moore Counties may consider identifying a centralized data collection and reporting person or entity to facilitate appropriate data sharing between the behavioral health and criminal justice systems.
- Dallam, Hartley, and Moore Counties may consider establishing a regular meeting for jail medical, correctional staff, and court personnel to include TPC and County Assistant District Attorneys, and County public defenders to share information on people with known behavioral health concerns in jail.



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Intercept 4 and Intercept 5

Overview of Gaps and Opportunities

Jail Continuity of Care

Gaps

- There is no formal reentry planning process in Dallam, Hartley, and Moore Counties.
- Moore County Jail and Dallam-Hartley County Jail provide a limited supply of psychiatric medications at jail release to people with mental and substance use disorders.
- Medicaid benefits are terminated for people who are in jail for periods of time greater than 30 days, which can delay access to necessary care upon reentry.
- Jail staff are often not aware of existing community-based behavioral health and reentry services available to people exiting the jail. See 26 Texas Administrative Code section 306.202(g) for LMHA/LBHA requirements surrounding release of people with special needs from a city or county jail.
- People are not provided with updated information on how to access resources in the community when released.

Opportunities

- All counties may consider providing people who take psychiatric medications with at least 30 days of medications at jail release.
- All counties can consider the pilot program available through HHSC that suspends rather than terminates Medicaid benefits by notifying HHSC of people who are in jail for more than 30 days to help improve access to care upon reentry.
- Dallam, Hartley, and Moore Counties can explore opportunities to expand reentry planning in their jail by helping set appointments with community behavioral health providers prior to release.

Community Reentry

Gaps

- Limited affordable housing stock and stringent housing eligibility criteria create barriers in obtaining safe and stable housing for people reentering the community.

- There are a lack of recovery housing and sober living options for people reentering the community.
- People who lack identification at reentry experience additional barriers in obtaining safe and stable housing and employment.
- Affordable transportation options for people traveling to Amarillo for community and behavioral health services are limited.

Opportunities

- Moore County Jail and Dallam-Hartley County Jail can leverage existing veteran peer services in Potter and Randall Counties to improve access to community-based services upon reentry.
- TPC, Moore County Jail staff, and Dallam-Hartley County Jail staff can develop a needs checklist and referral process to improve access to community-based services upon reentry.
- Both jails can coordinate with faith-based programs to support people with behavioral health needs reentering the community.
- TPC can explore SSI/SSDI Outreach, Access and Recovery (SOAR) training for Moore County Jail staff, and Dallam-Hartley County Jail staff to assist with reinstating Supplemental Security Income and Social Security Disability Insurance benefits
- Jail providers can explore coordinating with The Refuge or other community organizations to help people obtain photo identification prior to community reentry.
- County behavioral health and justice stakeholders can collaborate on transportation to identify a system of shared responsibility—one provider transports to destination and the other transports for the return trip.

Probation and Parole

Gaps

- There are not any specialized probation caseloads for people with behavioral health needs in Dallam, Hartley, and Moore Counties.
- The 69th District Community Supervision and Corrections Department (CSCD) Probation Officers are not regularly provided training on working with people with behavioral health needs and may lack knowledge of available community behavioral health resources.
- People lack proper documentation after release from jail, making securing employment, housing and community services difficult.

- Probation fees and costs of medication after release from jail can be prohibitive for many people re-entering the community.

Opportunities

- The 69th District Community CSCD may consider expanding the capacity of existing specialized caseloads to serve more people with ongoing behavioral health needs.
- TPC can explore opportunities to train all probation officers in Mental Health First Aid and provide education on existing community resources and programs for people with behavioral health needs.
- The 69th District Community CSCD can work with Safe Place to help people on probation get needed documentation.
- The 69th District Community CSCD can work with local employers to establish a network of community jobs with low barriers to entry.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified participants voted for top priorities. The voting took place on March 1, 2023. The top five priorities are highlighted in bold text below.

Rank	Priority	Total Votes
1	**Increase awareness, education and training opportunities for community members and behavioral health and justice stakeholders.**	**19**
2	**Develop a community transportation plan.**	**19**
3	**Expand pre-arrest diversion options for people experiencing a behavioral health crisis.**	**13**
4	**Establish a Behavioral Health Leadership Team.**	**6**
5	Establish a county data collection plan.	7
6	Leverage and streamline medical clearance and the Emergency Detention Order Process across all three counties.	6
7	Expand the utilization of peer services across the SIM.	6
8	Expand the utilization of pre-trial programs and specialized caseloads across all three counties.	5

Strategic Action Plans

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

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

- All Texas Access Report, Texas Health and Human Services Commission
- A Guide to Understanding the Mental Health System and Services in Texas, Hogg Foundation
- Texas Statewide Behavioral Health Strategic Plan Update, Texas Statewide Behavioral Health Coordinating Council
- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- The Joint Committee on Access and Forensic Services (JCAFS): 2021 Annual Report, Texas Health and Human Services Commission
- The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates
- SAMHSA's publication, Principles for Community-Based Behavioral Health Services for Justice-Involved People provides a foundational framework for providing services to people with MI and SUD who are justice-involved.

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

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

The second is trauma. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life.[2] [3] It is critical that both the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:

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

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

Priority Area One: Increase awareness, education and training opportunities for community members and behavioral health and justice stakeholders.

Objective	Action Steps	Who	When
Assess existing community awareness and training needs through data collection	• Identify any additional stakeholders to include in the training and education workgroup. • Begin identifying key data points that will inform the community's training and education needs. • Develop a community survey to gauge interest and assess training needs across behavioral health and justice stakeholder groups.	Awareness training and education priority workgroup	Initial meeting scheduled for June 2023 Plan to meet quarterly

Increase community awareness of existing behavioral health resources	• Establish an email list with all community partners that work at the intersection of behavioral health and justice.
	  ○ Distribute community behavioral health survey
	  ○ Provide information on upcoming trainings to email list
	  ○ Request baseline data across identified stakeholders to identify gaps in access or referral to resources
	• Identify opportunities to increase behavioral health awareness and ways to access mental health support across Dallam, Hartley, and Moore Counties:
	  ○ Launch a social media campaign
	  ○ Establish a booth at health and behavioral health fairs and community events
	  ○ Coordinate with school staff to provide behavioral health trainings for youth
	  ○ Distribute behavioral health resource fliers and one-pagers to relevant stakeholders and county offices
		Awareness training and education priority workgroup	

Establish tailored trainings and resources	• Explore opportunities to support early identification and prevention of youth with behavioral health needs in Dallam, Hartley, and Moore Counties. Resources should include information on:
	  ○ Behavioral warning signs
	  ○ Mental health crisis services
	  ○ Family support options
	• Develop tools to support first responders across Dallam, Hartley, and Moore Counties. Consider:
	  ○ Establish a cross-county law enforcement mental health debrief meeting
	  ○ Establish a 911 first responder process flow to guide behavioral health crisis decision making (see example developed by Bluebonnet Trails Community Services)
	  ○ Provide first responders with updated resource lists
	• Take an inventory of existing mental health training resources available:
	  ○ Mental Health First Aid
	  ○ Crisis Intervention Team Training
	  ○ Assess Support Know: Suicide Prevention Training,
	  ○ Applied Suicide Intervention Skills Training,
	  ○ Counseling on Access to Lethal Means.
	• Schedule existing mental health trainings with community stakeholders.
	  ○ Consider shortening trainings or offering self-paced trainings to meet stakeholder needs.
	  ○ Include parents and community members in MHFA trainings.		

Implement community wide education and training	• Coordinate with other SIM priority groups to support training development and implementation for identified priority groups. • Identify key community partners who could help host and/or promote trainings, such as schools, faith-based organizations, hospitals or major area employers.	Awareness training and education priority workgroup	

Additional Considerations

Review existing behavioral health trainings offered in Dallam, Hartley, and Moore Counties by TPC and Amarillo College. Consider what might be utilized or tailored to train specific behavioral health and justice stakeholders. For example:

- Mental Health First Aid teaches participants how to identify, understand and respond to signs of MI and SUD. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
- Applied Suicide Intervention Skills Training (ASIST) is a 2-day training program that teaches participants how to assist those at risk for Suicidal Thinking, Behavior, Attempts. Although many health care professionals use ASIST, anyone 16 years or older can use the approach, regardless of professional background. ASIST workshops cost money to attend, with cost varying by training site.
- Assess Support Know: Suicide Prevention Training, AS+K? About Suicide to Save A Life (Basic) provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective factors. In this one hour e-learning course, participants are trained to recognize warning signs—behaviors and characteristics that might indicate elevated risk for suicidal behavior—and the initial intervention steps to support a person they think might be at risk for suicide.
- Crisis Intervention Team Training programs are designed to improve the way law enforcement and the community respond to people experiencing a mental health crisis. The intended audiences are law enforcement and jail staff, but many communities have extended this training to serve county fire departments, EMS departments, 9-1-1 dispatchers, and all community behavioral health providers (offered through Amarillo College).

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

- The Community Impact Measures collected in preparation for the SIM Mapping Workshop. See **Appendix C** for more detail.
- SAMHSA's manual, Data Collection Across the Sequential Intercept Model: Essential Measures, recommends data elements organized around each of the six SIM intercepts. Each section lists data points and measures that are essential to addressing how people with MI and SUD flow through that intercept. The sections also cover common challenges with data collection and ways to overcome them, along with practical examples of how information is being used in the field.[4]

Explore existing resources and applications that may support community awareness and access to behavioral health services in Dallam, Hartley, and Moore Counties, including:

- 211texas.org, a program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. They accomplish this by working with 25 Area Information Centers (AICs) across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year.
- Here For Texas Mental Health Navigation Line is a searchable online database of Texas mental health providers and resources. You can search by type of provider, mental health issue, age, language, location, payment options, and other helpful filters. It also offers a wide selection of information on mental health and addiction topics, including mental health disorders, treatment options, types of mental health professionals, ways to support your mental health, and more—all within easy reach.
- FindHelp.org is an application designed to help people find housing, food, health, education, and other services across the country.

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

Beyond tracking attendees and soliciting general feedback from training participants, identify opportunities to assess changes in attitudes and

[4] *Data Collection Across the Sequential Intercept Model: Essential Measures*. Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved 8 July 2022, from https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf.

behavior post training. For example, research on Crisis Intervention Team Training for law enforcement has looked at both officer attitudes and officer-level outcomes[5]:

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

Team Leads:

Judge Rowdy Rhoads, Moore County Judge

Workgroup Members:

Sammi Long, Safe Place Inc.; Kori Draper, Safe Place Inc.; Nancy Zuia, Cactus Police Department; Jace Delgado, Moore County Sheriff's Office; Brandi Mueller, Moore County EMS; Kiany Casillas, TTUHSC Student; Dave Clark, PBHA; Sara Northrup, TPC; Linda Dudley, TPC-OSAR; Avonley Powers, Dallam County Attorney's Office.

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

Priority Two: Develop a community transportation plan.

Objective	Action Steps	Who	When

Establish a Transportation Task Force	• Partner across county stakeholders to identify creative transportation solutions, including exploring a volunteer-based transportation network. Include:
	  ○ Dallam, Hartley, Moore, Sherman Counties' City Officials, Sheriff's Offices, Municipal PDs, 69th District Community Supervision and Corrections Department, County Judges, Peers from the Military Veteran Peer Network, Texas Panhandle Centers, County Hospitals, local faith-based organizations, Panhandle Community Services, JBS Foods Group, and housing organizations
	• Convene SIM workgroup to clarify goals of the Transportation taskforce. Explore:
	  ○ Potential roles and responsibilities;
	  ○ Specific gaps needing to be addressed within the community;
	  ○ Data collection priorities
	• Set event for kick-off discussion across community behavioral health and justice leaders and providers, to be held at The Refuge.
	  ○ Set the date and time for the event
	  ○ Send invitation to all identified partners
	  ○ Set an agenda for the discussion
	• Identify a regular time to meet to discuss progress with planning
		Transportation Task Force	Initial meeting in June 2023
			
			Meet quarterly

Collect and Review Existing Data	• Identify target data collections points. Consider:
	  ○ # of people in crisis referred to hospital by MCOT
	  ○ # of people discharging from county hospitals with ongoing behavioral health needs requiring transport
	  ○ # of people on adult probation without access to transportation
	  ○ # of people with behavioral health needs transported by law enforcement (municipal police departments and county sheriff's office) to inpatient facilities from local hospitals
	  ○ Cost per transport across entities providing transport in Dallam, Hartley, and Moore Counties
	• Present data at county behavioral health stakeholders meeting
	• Use data to validate need for funding
	• Identify insurance, liability, and risk considerations, and licensing requirements related to driver's license and vehicle type/capacity
		Transportation Task Force	Within 2 months

Identify County Centralized Funding Source	• Conduct county-wide assessment of existing transportation funding resources and contracts.
	• Identify funding and TA opportunities:
	  ○ National Aging and Disability Transportation Center
	  ○ Counsel of State Government Grants
	  ○ Texas Department of Transportation (TxDot) Grants
	  ○ County Commissioners
	  ○ Local Philanthropies
	  ○ Center for Healthcare Services Transportation funding
		Transportation Task Force	Within 6 months

	• Coordinate with transportation task force to identify the appropriate entity to apply for funding • Coordinate across county stakeholders to develop grant applications with supporting data		
Establish county-wide behavioral health transport plan	• Develop workflow and processes to simplify access to transportation for people with behavioral health needs • Set eligibility criteria for target population using data to inform scope • Explore contracts with existing transportation providers and explore opportunities to expand these existing contracts • Establish behavioral health transport coordinator to work across entities • Establish information sharing agreements across participating agencies (MOUs)	Transportation Task Force	Within 1 year

Additional Considerations

Clarify goals for data collection on existing transportation services in Dallam, Hartley, and Moore Counties. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with behavioral health needs in the community with limited access to transportation. Some data collection goals might include to:

- Improve continuity of care for people who are justice involved upon return to the community.
- Identify the current cost of each entity providing transportation for people with behavioral health needs.
- Utilize general transportation data to reflect the funding need and potential long term cost savings to implement a county-wide transportation plan.

Inventory existing transportation contracts and options utilized by behavioral health and justice stakeholders throughout Dallam, Hartley, and Moore Counties and explore opportunities to build upon existing contracts to transport people with acute mental health needs.

- Assess transportation services offered through Panhandle Transit and other local contractors.
- Consider eligibility criteria for transportation services. Utilize data collected to inform the scope of services and to target people with the highest need.
- Develop a cost analysis reflecting cost spent on transportation by county hospitals, law enforcement agencies and behavioral health providers annually. Present this analysis to key county leadership.

Explore national, state and local funding and technical assistance opportunities. Coordinate with TPC to apply for state and national grants.

- The National Aging and Disability Transportation Center- Technical Assistance Support
- The Texas Department of Transportation Rural Public Transportation Grants
- U.S. Department of Transportation, Federal Transit Administration, and United States Department of Agriculture grants

Review national best and promising practices for developing a comprehensive transportation model:

- The Walsh Center for Rural Health Analysis's Promising Practices for increasing Access to Transportation in Rural Communities. This brief outlines 15 models to improve access to rural transportation, help populations overcome transportation barriers and improve transportation safety or infrastructure.

Team Leads: Charles Stephens, The Refuge

Workgroup Members:

Maria Mendoza, Moore County Hospital District; Debra Cooksey, TPC; Libby Moore, TPC; Charles Stephens, The Refugee; Tousha Paxton, TPC; Bart Guthrie, Peer Support, Kathy Coke, Adult Probation; Joseph Powers, Dallam County Transport

Priority Three: Expand law enforcement pre-arrest diversion options for people experiencing a behavioral health crisis.

Objective	Action Steps	Who	When

Expand training for dispatchers in responding to behavioral health calls for service	• Coordinate across Dallam, Hartley, and Moore Counties' law enforcement to set up a training on the implementation of Life Size (the telehealth platform used by TPC's MCOT):
	  ○ Identify training location
	  ○ Set training date
	• Establish a mental health script for dispatch and first responders to assess for behavioral health crisis.
	  ○ Review 911 dispatch protocols and scripts used by other communities to assess for behavioral health needs.
	  ○ Streamline coding practices across the county for mental health related calls for service
	• Establish dispatch protocols that guide triage decisions on mental health crisis calls. Consider:
	  ○ Level of risk
	  ○ Available resources (988, TPC MCOT, mental health officers etc.)
	• Coordinate with TPC and the 988 Suicide and Crisis Lifeline Call Center to establish a direct transfer process from 911 dispatch.
		TPC, Law enforcement department heads, 911 dispatch heads and Panhandle Regional Planning Commission	Initial meeting in June 2023

Streamline the medical clearance process across counties	• Coordinate with the inpatient psychiatric hospitals serving Dallam, Hartley, and Moore Counties to establish clear medical clearance requirements. ○ Set a regular meeting with all 3 local inpatient hospitals (Northwest Texas Healthcare System Behavioral Health, Oceans Behavioral Hospital and the Golden Phoenix Center), TPC, Moore County Hospital District, Coon Memorial Hospital, law enforcement and county judges. • Develop a medical clearance checklist to share with county first responders, hospital staff and community behavioral health providers.	Inpatient Hospital Directors, Law enforcement department heads, County Hospital Staff, county judges and TPC	1-2 months following initial meeting

Identify Opportunities to Increase First Responders Available to Address Behavioral Health Crisis	• Establish meeting with county sheriff's offices, and all municipal police agencies to discuss availability of personnel to serve on a Crisis Intervention Team.
	  ○ Identify staff interested in participating and receiving specialized mental health training
	• Create a Regional Crisis Intervention Team (CIT)
	  ○ Establish a process flow that identifies when CIT officers are dispatched and how officers are notified.
	  ○ Establish contracts across law enforcement agencies dedicating a certain number of law enforcement to participate in the CIT team
	  ○ Consider number of officers on the CIT (5-10 officers)
	  ○ Establish a system that notifies all CIT officers when a behavioral health crisis call is received through 911 dispatch
	• Explore other opportunities to increase the number of behavioral health trained first responders in Dallam, Hartley, and Moore Counties:
	  ○ Co-responder models
	  ○ Multi-disciplinary response team models
	  ○ Embedded clinicians at 911 dispatch
	  ○ Law enforcement/ mental health provider ride along
		Law enforcement department heads, EMS directors and TPC	6-12 months following the initial meeting

Create jail reentry resource checklist	• Gather contact updated information from community behavioral health and social service programs
	• Jail-based reentry planning:
	  ○ Provide people with an updated list or resources and how to access those resources
	  ○ Schedule community-based appointments (with mental health, medical, psych providers) prior to release
	  ○ Provide people on psychotropic medications the appropriate amount of extra medications upon release
		TPC, Law enforcement heads and Dallam-Hartley Dispatch	1 month following the initial meeting

Additional Considerations

Develop a standardized script for dispatch and first responders in Dallam, Hartley, and Moore Counties to assess for a behavioral health crisis. Some resources that have been developed to guide call-taker best practices include:

- Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators[6] provides an overview of what signs and symptoms might indicate a behavioral health crisis and provides some suggestions for effectively responding to people with behavioral health needs.
- Review Call-Taker and Dispatcher Protocols in the Bureau of Justice Assistance's Police-Mental Health Collaboration Toolkit. The Call-Taker Dispatcher Protocol highlights that when a call taker suspects that the request for service involves a person with mental illness the following immediate next steps should be considered:[7]
    - Gather descriptive information on the person's behavior;
    - Identify if the person appears to pose a danger to themselves or others;
    - Identify if the person possesses or has access to weapons; and,
    - Ask the caller about the person's history of mental health or SUD treatment, violence or victimization.
- The Council of State Governments Justice Center released a brief titled Tips for Successfully Implementing a 911 Dispatch Diversion Program, which outlines four tips for successfully implementing 911 dispatch diversion in a community:[8]
    - Determine which approach to 911 dispatch diversion is a good fit;
    - Identify which calls will be eligible for diversion;

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[6] *Crisis Intervention Techniques and Call Handling Procedures for Public Safety Telecommunicators.* Association of Public-Safety Communications Officials-International. (2021). Retrieved 8 July 2022, from https://www.apcointl.org/~documents/standard/11201-2021-cit-and-call-handling?layout=default.

[7] *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who have Mental Health Needs.* Council of State Governments Justice Center. (2018). Retrieved 8 July 2022, from https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf.

[8] *Tips for Successfully Implementing a 911 Dispatch Diversion Program.* The Council of State Governments Justice Center (2021, October). Retrieved 16 June 2022, from https://csgjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversionprogram/#:~:text=One%20model%20showing%20promise%20is,health%20or%20social%20service%20need.

- Provide training for all dispatchers and clinicians; and,
- Use data to assess the programs performance and make improvements.

Learn from other communities that have begun to implement dispatch and crisis call diversion strategies:

- **Austin Police Department** partnered with Austin-Travis County Integral Care to develop the Mental Health Crisis Call Diversion program. Since the programs launch in 2019, Austin 911 operators have successfully diverted thousands of calls to crisis clinicians.[9] In 2021, 82% of calls with a mental health crisis component were diverted, meaning clinicians were able to help the caller without the need to send a police officer.[10]
- In 2015, the **Harris Center** launched the Crisis Call Diversion program in collaboration with the Houston Police Department (HPD), Houston Fire Department (HFD), Houston Emergency Center to decrease the volume of non-emergency mental health-related calls for service for both HPD patrol and HFD emergency medical services.[11] Between March 2016 and March 2021 the CCD program diverted almost 7,500 calls from law enforcement response, saving more than $2 million in resources for the police department.[12]
- Since a soft launch during January 2022, **Williamson County** residents calling 911 are offered help from emergency medical responders, police, firefighters, and now, mental health professionals. Bluebonnet Trails Community Services (BTCS) entered a strategic partnership with Williamson County Emergency Services to embed mental health clinicians in the Emergency Operations Center. Beyond the primary goal of connecting more people to critical crisis care when they need it most, a secondary goal of the program is to reduce unnecessary hospitalizations, arrests, and utilization of law enforcement and EMS resources. Since the program's inception 40% of all calls have resulted in diversions from jail; 46% resulted in a mental health

[9] *Austin 911 has Successfully Transferred Thousands of Mental health Calls to Crisis Clinicians.* Austin KXAN. (2022). Retrieved November 21 2022 from https://www.kxan.com/news/local/austin/austin-911-has-successfully-transferred-thousands-of-mental-health-calls-to-crisis-clinicians/.
[10] *Combined Transportation, Emergency, and Communications Center Crisis Call Diversion Program Cost Analysis*. Austin Integral Care. (2020).
[11] *Mental Health Diversion: Crisis Call Diversion*. Houston Police Department. Retrieved 21 November 2022, from https://www.houstoncit.org/ccd/.
[12] *Embedding crisis response in Harris County's 911 Dispatch Center*. Neylon, Kristin. (2021). Retrieved November 15, 2022, from https://talk.crisisnow.com/embedding-crisis-response-in-harris-countys-911-dispatch-center/

assist alongside a first responder in the field; and 14% resulted in support and information shared by the mental health professional triaging the call.[13]

- **Yavapai County, Arizona** has sought to improve community services by introducing a co-response model and 911 deflection services. The deflection program identifies people who call into 911 reporting a mental health-related crisis and dispatches a mobile crisis intervention team in lieu of law enforcement. To help 911 staff prepare for the new team, a series of trainings, dispatch protocols, and screening tools were developed. These services are available 24/7, and regular communication among local dispatch agencies, patrol officers, and crisis services helps the program run smoothly.

Review Intercept 1 Best Practices and consider which programs might be good to expand or implement in Dallam, Hartley, and Moore Counties.

Mental Health Deputies: Mental health deputies are officers trained in crisis intervention who work collaboratively with the community and the LMHA's crisis response teams.

- Texas Mental Health Deputy Programs:
    - Center for Life Resources: Brown (pop. 37,805), Coleman (pop. 8,281), Mills (pop. 4,877) and Eastland (pop. 18,289) counties
    - ACCESS: Anderson (pop. 57,917) and Cherokee (pop. 52,341) counties
- Key Resources:
    - The Bureau of Justice Assistance developed focused tools for law enforcement agencies interested in expanding their knowledge base and starting or enhancing police-mental health collaborations. Resources include training modules, planning and implementation guides, guidance on measuring performance of police-mental health collaboration, and other resources.

Law Enforcement and Mental Health Co-Responder Models: Co-responder models are paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Co-response units, especially those with the capability of responding to real-time crises, are associated with greater linkage to treatment and fewer arrests.[14]

[13] Data provided by Bluebonnet Trails Community Services

[14] Gilla K. Shapiro, A. Cusi, Maritt Kirst, Patricia O'Campo, Arash Nakhost, Vicky Stergiopoulos, "Co-responding Police-Mental Health Programs: A Review," Administration and Policy in Mental Health and Mental Health Services Research 42 (September 2015): 606, https://doi.org/10.1007/s10488-014-0594-9.

- Texas Co-Responder Programs:
    - Betty Hardwick Center
    - StarCare Center: Hockley County (pop. 22,986)
    - Border Region Behavioral Health Center: Webb (pop. 274,847) and Starr (pop. 64,032) Counties
    - Tropical Texas Behavioral Center: Hildalgo County (pop. 861,137)
    - Andrews Center: Smith County (pop. 230,184)
    - Gulf Bend Center
- Key Resources:
    - Responding to People in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers is a policy brief developed by Policy Research Associates and the National League of Cities to provide guidance on developing co-responder programs.
    - The Council of State Governments Justice Center developed a brief titled, Developing and Implementing Your Co-Responder Program, to provide tips of successful implementation of co-responder programs.
    - Multi-Disciplinary Response Teams- Transforming Emergency Mental Health Response in Texas is a report developed by Meadows Mental Health Policy Institute to highlight the opportunity to transform the response to mental health emergencies in the community by bringing together paramedics, licensed mental health professionals and specialized law enforcement officers to respond as a team. The report highlights the key elements of a MDRT and provides examples of implementation across Texas.

Remote Co-Response: Remote co-responder programs pair law enforcement officers with access to virtual clinicians to support crisis response and diversion. Benefits of the program include quick access to behavioral health professionals, improvements to citizen and officer safety, reductions in the number of people who are arrested or transported to an emergency department (ED) for support when other options are available, and improved assessment and triage of mental health calls.[15]

- Texas Remote Co-Response Programs:

[15] Telehealth Implementation Guide. The Harris Center. (2020, February). Retrieved 5 March 2023, from https://harriscountycit.org/implementation-guide-2/.

- StarCare: Hockley County (pop. 22,986)
- Pecan Valley Centers
- Helen Farabee Centers
- Harris Center: Harris County (pop. 4.681 million)
- Austin Integral Care: Travis County (pop. 1.251 million)

- Key Resources:
  - The Harris Center partnered with the Harris County Sheriff's Office and the University of Houston to develop a Telehealth for Patrol Implementation Guide. The guide outlines reasons for piloting a telehealth program, program benefits, frequently asked questions, a description of the Harris County pilot program, an analysis of other virtual co-response programs, data analysis, and other references.
  - Responding to People in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers. The police department of Springfield, Missouri, collaborates with Burrell Behavioral Health on a virtual mobile crisis intervention known as the "Springfield Model" that supplies officers with iPads to allow them to connect with behavioral health specialists for real-time assessments and referrals and has resulted in a significant reduction of hospital admissions.

Crisis Intervention Team Training and Model: Formal training for mental health is enhanced by community partnerships between law enforcement, mental health and addiction professionals, people who live with MI, SUD, and or IDD, their families, and other advocates. The 40-hour CIT training curriculum partners in-depth training with strategies to strengthen community partnerships. Evaluations of CIT have demonstrated increases to officer mental health knowledge and changes in officer behavior.[16]

- Key Resources:
  - The Texas CIT Association is a non-profit organization comprised of law enforcement, corrections, the mental health community, and advocacy groups to provide standardized training, support, and

[16] *The Use of the Crisis Intervention Team (CIT) Model for Corrections Officers: Reducing Incidents within a County Jail.* Comartin, Swanson, & Kubiak, 2019; Kubiak, et al., 2017; Watson, Compton, & Draine, 2017. Retrieved 20 September 2022, from https://doi.org/10.1177/0032885520956334.

education in responding to those affected by MI and/or those who are experiencing a mental health crisis.

- CIT International offers guides, research, certifications and other resources related to crisis intervention teams and training. The Best Practice Guide offers case studies, worksheets, checklists, and other templates for implementing a CIT program.

Police Coding of Mental Health Calls: Coding mental health related calls for service provides several benefits to communities. First, understanding the volume of calls officers respond to that are related to a mental health crisis can help determine the level and type of law enforcement staffing and need for mental health supports in the community. This data can be used to advocate for funding, pilot new programs and optimize the use of limited law enforcement behavioral health resources. On an individual call level, using a flag on addresses with repeated calls for mental health crises can help officers divert people to appropriate resources by indicating, when appropriate, that someone might have behavioral health needs.[17]

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

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

Conduct a comprehensive needs assessment by analyzing existing data to enhance the case for law enforcement and mental health diversion programs. Where data doesn't exist, stakeholders can discuss plans to collect and track

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

additional measures. Data gathered to inform the development of Mental Health Diversion Programs include[18]:

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

Team Lead:

Judge Wes Ritchey, Moore County; Judge Ronnie Gordon, Hartley County and Michelle Griffin, Dallam- Hartley Jail and 911 Dispatch

Workgroup Members:

Judge Wes Ritchey, Moore County; Judge Ronnie Gordon, Hartley County and Michelle Griffin, Dallam- Hartley Jail and 911 Dispatch; David Bustos, TPC; Paula Gibson, Community stakeholder; Billy Long, Cactus Police department; Brandon Jones, Moore County Sheriff's Office; Diann Guffy, Dallam-Hartley Jail

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

Priority Four: Develop a Behavioral Health Leadership Team

Objective	Action Steps	Who	When

Establish the Dallam Hartley, and Moore Counties Behavioral Advisory Team (BAT)	• Reconvene BAT planning group to review and discuss next steps for re-establishing the leadership team
	• Identify key community stakeholders in Dallam, Hartley, and Moore Counties to be included in the planning process for the establishment of a BAT.
	• Convene workgroup to clarify goals of the BAT Explore:
	  ○ Potential roles and responsibilities;
	  ○ Specific gaps needing to be addressed within the community;
	  ○ Data collection priorities; and
	  ○ BAT participant expectations.
	• Establish meeting logistics:
	  ○ Meeting Location
	  ○ Meeting Frequency
	  ○ Date and time of meeting
	• Send invites out
	  ○ Invite additional community participants outside of key stakeholders identified
		BAT priority workgroup	April 2023

Define the structure of the new behavioral health leadership team	• Identify comparable counties with BATs and research the structure of those teams. (i.e. Abilene's Behavioral Advisory Team and Smith County's BHLT) ○ Review sample drafts and charters to guide charter development • Establish leaders of the BAT (consider representation across all intercepts) • Identify subcommittee subjects/ areas of focus:	BAT priority workgroup	July 2023

	○ Coordinate with SIM priority team leads ○ Identify community leaders to serve as experts for each subcommittee		
Explore information sharing mechanisms for the leadership team to utilize	• Clarify information sharing needs for local stakeholders, for example: ○ General information on mental health services; ○ Aggregate data to identify trends in crisis service utilization and encounters with the criminal justice system; ○ Identifiable data to support care coordination for people with behavioral health needs who are at risk or involved with the justice system. • Explore what information sharing agreements might need to be in place between the BAT, community behavioral health providers and other justice stakeholders: ○ E.g. data sharing agreements such as MOUs or ROIs • Identify opportunities for other SIM priority group leaders to present progress and provide updates to BAT.	BAT priority workgroup	November 2023
Ongoing data collection and evaluation	• Review existing data collected by stakeholders across the SIM to identify community needs and gaps in data collection. • Identify what baseline data measures will be collected or monitored by the BAT and its sub-committees. Consider: ○ The impact measures spreadsheet for collecting data across the SIM to guide baseline data collection.	BAT priority workgroup	Begin Collection in July 2023

Additional Considerations

Stakeholders across Dallam, Hartley, and Moore Counties identified the importance of establishing a team of behavioral health and justice system leaders to lead policy, planning and coordination efforts for people with behavioral health needs in

Dallam, Hartley, and Moore Counties. In addition to overseeing policy, planning and coordination, this leadership team will oversee the implementation of SIM action plans and workgroups across the county.

Learn from both national and local leadership team best practice models.

- Criminal Justice Coordinating Councils (CJCCs) bring together stakeholders to explore and respond to issues in the criminal justice system. Many CJCCs use data and structured planning to address issues in the justice system, including issues related to mental health and substance use. These councils are intended to be permanent, rather than to address a problem or set of problems within a set time frame. Successful CJCCs need buy-in from key members of the justice and behavioral health systems and those in positions of authority. [19]
    - The Harris County CJCC was created by Order of Harris County Commissioners Court dated July 14, 2009. The Council works collectively to manage systemic challenges facing Harris County's criminal justice system and strengthen the overall well-being of their communities by developing and recommending policies and practices that improve public safety; promote fairness, equity, and accountability; and reduce unnecessary incarceration and criminal justice involvement in Harris County. The Council collects and evaluates local criminal justice data to identify systemic issues and facilitates collaboration between agencies, experts, and community service providers to improve Harris County's criminal justice system in accordance with best practices.
- Explore successful Texas Leadership Teams.
    - The Dallas County BHLT was developed in 2011 and is made up of five advocates, 13 county/city organizations, 6 residential facilities, 16 outpatient providers and three payers/ funders. The leadership team also has developed sub-committees to target specific community needs including an Adult Clinical Operations Team, a Behavioral Health Steering Committee, and a Crisis Services Project.
    - Texoma BHLT serves as the community's hub for mental health and wellness. The team is comprised of Behavioral Health Hospitals; city, county, and state representatives; consumers; patients, and families; school districts; community college; private liberal arts college;

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

Emergency Departments; funders; judicial and law enforcement; managed care/insurance; mental health service providers (including the area's local mental health authority); the region's veterans hospital located in the service area, and workforce leaders.

- Smith County's BHLT exists to provide guidance and linkage among stakeholders to build broad access to timely and appropriate behavioral health care services in Smith County. The BHLT is led by a steering committee and membership is open to all interested people and organizations representing education, government, community leadership, behavioral health providers, primary care providers, consumers, social services, first responders, hospitals and veterans
- The Taylor County Behavioral Advisory Team (BAT) was established on August 13, 2018 by unanimous agreement of participants at an organizational meeting. The Taylor County BAT is empowered to specifically function as a single point of advisory, accountability, planning, and resource coordination for all City of Abilene and Taylor County behavioral health services. The BAT developed a charter to guide the actions of the advisory team and establish accountability across advisory team members to ensure the success of the BAT.

Clarify goals for data sharing and data integration for Dallam, Hartley, and Moore Counties and assess the availability of baseline data across the SIM to guide all planning efforts. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with behavioral health needs in the community. Consider convening a data sub-group to clarify data sharing goals for the community.

- Examples of goals might include:
  - Track key criminal justice and behavioral health trends across counties to inform policy, planning, and funding.
  - Identify people cycling through jails, emergency rooms, and crisis services and develop new plans for engaging them in care in the community.
  - Improve continuity of care for people who are justice-involved upon return to the community.
  - Support 911 dispatchers and law enforcement in identifying people who might need mental health support and be eligible for diversion based on previous contacts with the public mental health

system. Learn from both national and local leadership team best practice models.

Team Lead:

Katie Strohmeier, TPC; Rick Pippins, Dumas Police Department

Workgroup Members:

Kelly Galloway, MCHD; Rick Pippins, Dumas Police Department; Roberta Godsey, LPC Dumas Counseling; Julia Cruz, LPC Dumas Counseling; Shree Veeramachaneni, PBHA; Katie Strohmeier, Family Advocate; Tim Salley, Public Defender; Kiany Casillas, RN; Dan Thompson, Texas Panhandle Centers; Andrea (Andi) Duby, Moore County Attorney; Kasey Schneiderjon, Dallam/Hartley County Hospital CEO; Lisa Godsey, St. Francis Ministries; Judge Wes Ritchey, Dallam County Judge; Kammie Guest, TPC; Judge Rowdy Rhoades, Moore County Judge; Mellisa Talley, Texas Panhandle Centers

Quick Fixes

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

- Create an updated resource list of all existing behavioral health resources in Dallam, Hartley, and Moore Counties that can be utilized by first responders and community providers to connect people to care.
- Increase community engagement between TPC and Dallam, Hartley, and Moore Counties' private mental health providers. Set up facility tours of Safe Place and The Refugee and provide TPC informational pamphlets to be shared at both facilities.
- TPC can partner with PBHA to ensure that Mental Health First Aid (MHFA) training is made widely available to community stakeholders to help them identify, understand, and respond to signs of MI and SUD.
- Convene all Dallam, Hartley, and Moore Counties' law enforcement agencies, Texas Panhandle Centers, and 9-1-1 dispatchers to standardize mental health coding protocols across the three-county region. Establish a Lifesize training to connect first responders to TPC's MCOT mental health crisis services.
- Reconvene SIM Workshop stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop. Consider adding SIM quarterly check-ins to the BHLT agenda. Explore opportunities to incorporate peers and people with lived experience into leadership meetings.
- Increase community awareness of mental health resources through social media marketing and provision of hand outs and resources among county behavioral health and justice stakeholders. TPC can coordinate with SIM stakeholders to set times and dates for the Mobile Wellness Clinic to travel to Dallam, Hartley, and Moore Counties.
- Increase communication between Moore County Jail and Dallam-Hartley County Jail and TPC. Offer Lifesize training to jail staff to increase use of mental health assessments in both county jails.

Parking Lot

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

- Increase access to community resources for Dallam, Hartley, and Moore County residents who lack adequate funding for both physical health and behavioral health care.
- Explore ways to expand access to the TLETS Continuity of Care Query to municipal law enforcement.
- Work with insurance providers to expand coverage for substance use treatment to include long-term care.
- Explore opportunities to address the workforce shortage by advocating for the broadening the Texas Administrative Code definition and educational requirements for a qualified mental health professional.

Appendices

Appendix A: Workshop Agenda

Sequential Intercept Model Mapping Workshop

Dallam, Hartley, and Moore Counties

March 1, 2023- March 2, 2023

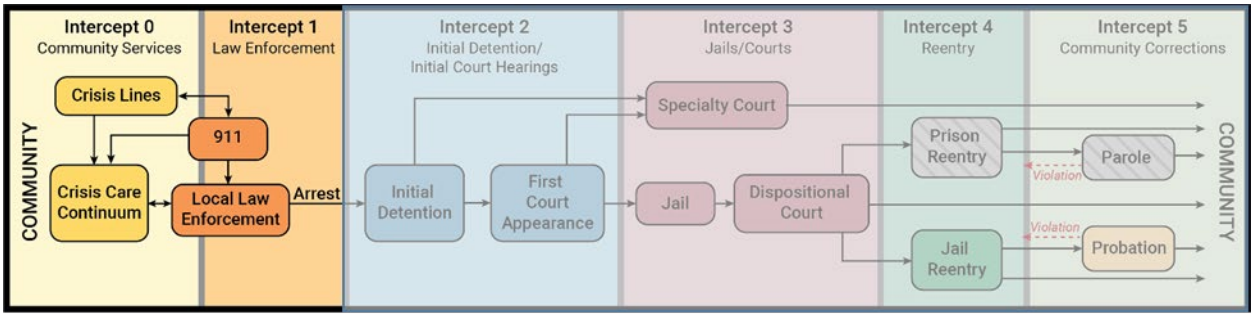
TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by *Panhandle Behavioral Health Alliance*
8:30	**Opening Remarks**	Welcome, *Mellisa Talley, Executive Director, Texas Panhandle Centers* Opening Remarks*, Judge Wes Ritchey, Dallam County Judge* Welcome and Introductions, *Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services*
8:45	**Workshop Overview and Keys to Success**	Overview of the Workshop Texas Data Trends Community Polling
9:15	**Presentation of Intercepts 0, 1**	Overview of Intercepts 0 and 1 County Data Review
10:00	**Map Intercepts 0, 1**	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:35	**Lunch**	Lunch to be provided by *Panhandle Behavioral Health Alliance*
12:30	**Presentation of Intercepts 2, 3**	Overview of Intercepts 2 and 3 County Data Review
12:50	**Map Intercepts 2, 3**	Map Intercepts 2 and 3 Examine Gaps and Opportunities
1:50	**Presentation of Intercepts 4, 5**	Overview of Intercepts 4 and 5 County Data Review
2:20	**Map Intercepts 4, 5**	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:00	**Summarize Opportunities, Gaps & Establish Priorities**	Identify potential, promising areas for modification within the existing system Establish a List of Top 5 Priorities
4:15	**Wrap Up**	Review the Day Homework
4:30	**Adjourn**	

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	**Registration**	Coffee and snacks to be provided by the *Panhandle Behavioral Health Alliance*
8:30	**Welcome**	Opening Remarks*, Judge Ronnie Gordon, Hartley County Judge*
8:45	**Preview & Review**	Preview of Day #2 Review Day #1 Accomplishments Review of Best Practices
9:15	**Action Planning**	Group Work
10:45	**Finalize the Action Plan**	Group Work
11:30	**Workgroup Report Outs**	Each Group will report out on Action Plans
12:00	**Next Steps & Summary**	Discuss Next Steps for County Report Share Technical Assistance and Funding Opportunities Complete Evaluation Form
12:20	**Closing Remarks**	Closing Remarks, *Judge Rowdy Rhoades, Moore County Judge*
12:30	**Adjourn**	

Appendix B: Overview of Dallam, Hartley, and Moore Counties' Resources

Intercept 0 and Intercept 1



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

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

Crisis Call Lines

The TPC crisis calls are routed through Avail's Crisis Hotline. The Crisis Hotline is available 24 hours per day, 7 days a week. It serves anyone experiencing a behavioral health crisis. TPC triages calls, dispatching TPC's Mobile Crisis Outreach Team (MCOT) when deemed appropriate. For people not experiencing a mental health crisis, hotline call takers can refer callers to the appropriate TPC provider of behavioral health services.

In addition to the TPC crisis hotline, Dallam, Hartley, and Moore County residents have access to the National Suicide Prevention Lifeline (NSPL) or 9-8-8. NSPL is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Safe Place Inc. operates a 24 hour domestic violence hotline available to Dallam Hartley, and Moore County residents. Safe Place Inc. is operated by United Way. The Panhandle affiliate of the National Alliance on Mental Illness (NAMI) Texas

provides warmline resources and general information Monday through Friday, 9am to 5pm.

- Texas Panhandle Centers: 806-359-6699
- National Suicide Prevention Lifeline (NSPL): 9-8-8
- Safe Place DV Hotline: 806-935-2828
- NAMI Texas Panhandle: 806-567-1372
- Texas 211: 211

9-1-1/Dispatch

When someone calls 911 in Dallam, Hartley, and Moore Counties, they will be routed to one of the following: Dumas Central Dispatch or Dallam-Hartley County Regional Communications Center depending on their location at the time of the call. Dallam-Hartley, and Moore Counties' dispatchers are Texas Commission on Law Enforcement (TCOLE)-Certified telecommunicators, which grants them access to the Texas Law Enforcement Telecommunications System (TLETS). Although dispatchers are not able to directly activate MCOT, they are able to activate law enforcement personnel who are specifically trained to engage people experiencing a mental health crisis. Dallam-Hartley, and Moore County dispatchers do not receive mental health-specific training; the mental health training provided to dispatchers is included in the general training each dispatcher completes at the onset of employment. Dallam-Hartley Dispatch uses a paper data tracking system while Moore County Dispatch uses an electronic system.

Crisis Services

Crisis services in Dallam, Hartley, and Moore Counties are provided by TPC and can be accessed through the crisis line operated by Avail. If a person in crisis contacts the hotline and they determine an MCOT response is appropriate, TPC's MCOT is dispatched to the call or connected to MCOT via their telehealth platform, Lifesize. Law enforcement cannot call MCOT directly but can access MCOT support by calling the Panhandle Center crisis hotline operated by Avail.

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

People in need of voluntary or involuntary inpatient psychiatric hospitalization can access hospital-based services at Northwest Texas Healthcare System Behavioral Health in Amarillo, and Oceans Behavioral Hospital of Amarillo. Northwest Texas

and Oceans Behavioral Hospital accept people with private insurance and contract with TPC to provide inpatient psychiatric care to people without insurance.

Healthcare

Emergency medical and hospital-based care in Moore County is provided at Moore County Hospital District in Dumas, Texas. Emergency medical and hospital-based care in Dallam and Hartley is provided at Coon Memorial Hospital in Dalhart, Texas.

Substance use services can be accessed at Cenikor Foundation's Amarillo Treatment Center, West Texas Counseling and Rehab in Amarillo, and The Refuge of Dumas. Cenikor Foundation offers withdrawal management, residential, and outpatient substance use treatment, as well as recovery housing. West Texas Counseling and Rehab both therapeutic intervention and Medication Assisted Treatment (MAT) is available. The Refuge provides recovery housing to people with substance use disorders.

The Coalition of Health Services in Amarillo operates a Rural Communities Opioid Response Program (RCORP) that has a Community Opioid Education Team that offers training and education on addiction and overdose, supplies Narcan to interested participants ad information on when and where to seek treatment.

TPC operates the Outreach, Screening, and Referral (OSAR) program that provides public access to withdrawal management, inpatient, and outpatient substance use services to people in Dallam, Hartley, and Moore Counties. OSAR-contracted facilities are located outside of Dallam, Hartley, and Moore Counties.

Law Enforcement and First Responders

Moore County is served by the Moore County Sheriff's Office (MCSO), Cactus Police Department, Sunray Police Department and Dumas Police Department. Dallam and Hartley Counties are served by Dallam County Sheriff's Office, Hartley County Sheriff's Office and Dalhart Police Department. In Moore County, Emergency Medical Services (EMS) are operated by the Moore County Hospital District. In Dallam and Hartley Counties EMS are operated by Dallam-Hartley Counties Hospital District. Law enforcement and other first responders are routed through 9-1-1 dispatch.

All municipal police officers in Dallam, Hartley, and Moore Counties have completed the mandatory Crisis Intervention Team (CIT) training course provided to all police cadets.

Housing

Housing services are most effectively provided on a continuum that may include emergency shelter, rapid re-housing, permanent supportive housing and transitional housing options.

The Refuge in Moore County provides emergency and transitional shelter to people with substance use disorders, people experiencing homelessness and veterans with disabilities. Safe Place Inc. provides emergency shelter to women and children in crisis who are victims of domestic violence. Panhandle Community Services provides affordable housing through the Housing Choice Voucher Program in Dallam, Hartley, and Moore Counties. The program allows people and families to select their own housing and use the voucher to help pay for rent.

Peer Support

TPC employs peer support specialists to support people with mental health diagnosis across all 21 counties in their catchment region including, Dallam, Hartley, and Moore Counties. TPC's Veteran Peer Navigator offers support to veterans and their families. Additionally, TPC employees Peer Support Specialists at their crisis respite center to support people with mental health diagnosis who may be experiencing a mental health crisis. NAMI Texas Panhandle provides peer and family support services in Amarillo.

Special Populations

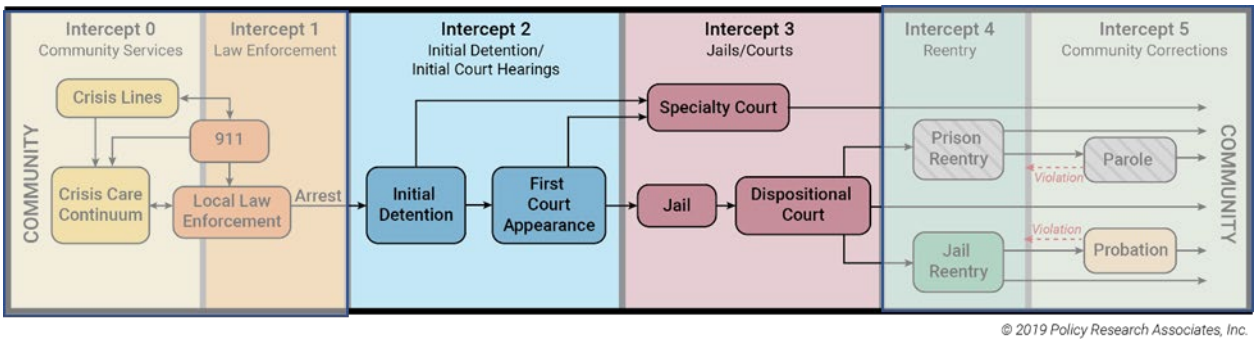
Services across the SIM intercepts can be specialized to support the unique needs of special populations, including veterans and children and adolescents.

TPC provides mental health services and support to children and adolescents who reside in their catchment area. Dallam, Hartley, and Moore County School districts also provide some school-based mental health services to children and adolescents in the region.

Moore County's Veterans Service Officer offers tailored assistance and coordination of services for veterans residing in Moore County. TPC's Veteran Peer Navigator provides specialized peer support to veterans living in the TPC catchment area including Dallam, Hartley, and Moore Counties.

Data Collection and Information Sharing

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



Intercept 2 and Intercept 3

After a person has been arrested, they move to Intercept 2 of the model. At Intercept 2, a person is detained and faces an initial hearing presided over by a judge or magistrate. This is the first opportunity for judicial involvement, including interventions such as intake screening, early assessment, appointment of counsel and pretrial release of those with behavioral health needs.

During Intercept 3 of the model, people with behavioral health needs not yet diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.

Booking

In Moore County Jail and Dallam-Hartley County Jail, a person is brought to the jail by the arresting law enforcement officer. At booking, the booking officer conducts a brief mental health screen using the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards (TCJS) and runs a Continuity of Care Query (CCQ) in the Texas Law Enforcement Telecommunications System (TLETS) to determine if they have accessed public mental health services within the past three years. The screening tool collects information on the presence and severity of feelings of hopelessness and history of suicidal ideations and attempts. If a person screens positive for mental health concerns, TPC may complete an additional screen.

TPC may refer the person to the waitlist to see the Moore County Jail or Dallam-Hartley County Jail contracted psychiatrist. If the CCQ produces an exact or probable match, jail staff notify the magistrate who may request an assessment of the person to verify the presence of MI or IDD.

Jail Medical

People who are booked into Moore County Jail can access medical care from the jail's contract medical provider. Moore County jail contracts with a physician who

provides telehealth assessments in the jail. Dallam-Hartley County Jail also contracts with a physician to provide telehealth medical assessments. There is a part time nurse at both jails who conducts physical health screenings. If a behavioral health concern is indicated during the intake assessment, the person is connected to the contracted provider via telehealth services in both Moore County Jail and Dallam-Hartley County Jail.

Competence to Stand Trial

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

Both Moore County Jail and Dallam-Hartley County Jail house people waiting to receive competency restoration services. TPC does not currently have an Outpatient Competency Restoration (OCR) or Jail Based Competency Restoration (JBCR) program.

Pretrial Services

Pretrial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision.

Pretrial bond decisions are made by Justice of the Peace, County Judges, or District Judges depending on the nature of the offense and decisions based on the Jail Screening Form (CCP 16.22). Dallam, Hartley, and Moore Counties do not have a formalized pretrial release process and access to pretrial services are limited for those released on mental health bonds.

Courts (Including Specialty Courts)

In Moore County, there is 1 District Court, 1 County Court at Law Court, and 1 Justice of the Peace court. In Hartley County, there is 1 District Court, 1 County Court, and 1 County Justice of the Peace. In Dallam County there is 1 County Court, and 1 County Justice of the Peace.

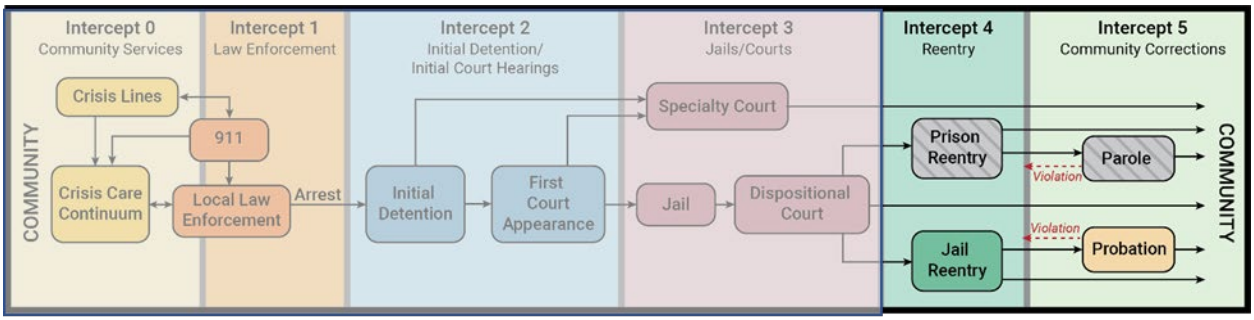
There are not any specialty courts or specialty court dockets in Dallam, Hartley or Moore Counties. Specialty court dockets, which are state mandated for counties of certain population levels, are established to reduce recidivism through therapeutic

and interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety.

Data Collection and Information Sharing

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

Intercept 4 and Intercept 5



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At Intercept 4 of the model, people plan for and transition from jail or prison into the community. Supportive reentry establishes strong protective factors for justice-involved people with behavioral health needs re-entering a community.

People under correctional supervision are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as part of other requirements by state statutes. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice system lifestyle.

Jail Health Reentry Services

Jail staff at both Moore County Jail and Dallam-Hartley County Jail refer people with behavioral health needs to contracted prescribers for medication. People are sometimes provided additional medications prior to release, but there is not a formalized process in place. Community reentry planning is limited prior to jail release.

Community Reentry

Continuity of care services include case management, life skills training, psychiatric services, medication management, benefits coordination, and referral to

community-based services such as counseling, group therapy, substance use services, and housing and employment support.

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services are not currently available in Dallam, Hartley or Moore Counties.

Probation and Parole

Adult probation services in Dallam, Hartley, and Moore Counties are provided by the 69th District Community Supervision and Corrections Department.

Texas Department of Criminal Justice (TDCJ) Parole Division operates Region 5, Amarillo District Parole Office, which covers Dallam, Hartley, and Moore Counties.

The Texas Risk Assessment System (TRAS) is used to determine specialized service needs for people entering the community on probation and parole and to identify persons who are appropriate for specialized caseloads.

The Texas Juvenile Justice Department (TJJD) oversees the Dallam, Hartley, and Moore Counties Juvenile Probation Departments.

Appendix C: Community Impact Measures

Item	Measure	Intercept	Category
1	**Mental health crisis line calls, count (#)**	**Intercept 0**	**Crisis Lines**
2	**Emergency department admissions for psychiatric reasons, count (#)**	**Intercept 0**	**Emergency Department**
3	Emergency department admissions for psychiatric reasons, average length of stay (hours)	Intercept 0	Emergency Department
4	**Mobile crisis outreach team face-to-face episodes, count (#)**	**Intercept 0**	**Mobile Crisis**
5	Mobile crisis outreach team face-to-face episodes, treated-in-place (% of episodes)	Intercept 0	Mobile Crisis
6	Mobile crisis outreach team calls, repeat calls (% of calls)	Intercept 0	Mobile Crisis
7	**Crisis center admissions, count (#)**	**Intercept 0**	**Crisis Center**
8	Crisis center admissions, transported by law enforcement (% of all admissions)	Intercept 0	Crisis Center
9	Crisis center admission, law enforcement wait time (average)	Intercept 0	Crisis Center
10	**Law enforcement officers trained in specialized responses (e.g., Crisis Intervention Team), percent of sworn (%)**	**Intercept 1**	**Law Enforcement**
11	**Mental health crisis calls handled by law enforcement (trained and untrained), count (#)**	**Intercept 1**	**Law Enforcement**
12	Mental health crisis calls handled by trained law enforcement officers, percent (%)	Intercept 1	Law Enforcement
13	Daily Jail Population		
14	**Proportion of people in jail with low-level misdemeanors**	**Intercept 2**	**Jail (Pretrial)**
15	Proportion of people in jail with low-level misdemeanors who have a serious mental health issue		
16	**Jail bookings, count (#)**	**Intercept 2**	**Jail (Pretrial)**
17	number of jail bookings for low-level misdemeanors		
18	**Jail mental health screenings, count (#)**	**Intercept 2**	**Jail (Pretrial)**
19	**Jail mental health screenings, percent screening positive (%)**	**Intercept 2**	**Jail (Pretrial)**
20	**Jail substance use screenings, count (#)**	**Intercept 2**	**Jail (Pretrial)**
21	**Jail substance use screenings, percent screening positive (%)**	**Intercept 2**	**Jail (Pretrial)**
22	**Pretrial release rate of all arrestees, percent released (%)**	**Intercept 2**	**Pretrial Release**
23	Pretrial release rate of all arrestees with mental disorders, percent released (%)	Intercept 2	Pretrial Release
24	average length of stay for this population	Intercept 2	Jail (Pretrial)

25	average cost per day to house someone in jail	Intercept 2	Pretrial Release
26	average cost per day to house people with mental health issues in jail	Intercept 2	Jail (Pretrial)
27	average cost per day to house someone with psychotropic medication	Intercept 2	Pretrial Release
28	mapping data to see geographic catchment area	Intercept 2	Jail (Pretrial)
29	jail bookings and conviction by charge	Intercept 2	Pretrial Release
30	**Caseload rate of the court system, misdemeanor, and felony cases (#)**	**Intercept 3**	**Case Processing**
31	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases (%)	Intercept 3	Case Processing
32	**Jail sentenced population, average length of stay (days)**	**Intercept 3**	**Incarceration**
33	**Jail sentenced population with mental disorders, average length of stay (days)**	**Intercept 3**	**Incarceration**
34	**People with mental or substance use disorders receiving reentry coordination prior to jail release, count (#)**	**Intercept 4**	**Reentry**
35	People with mental or substance use disorders receiving benefit coordination prior to jail release, count (#)	Intercept 4	Reentry
36	People with mental disorders receiving a short-term psychotropic medication fill or a prescription upon jail release, count (#)	Intercept 4	Reentry
37	**Probationers with mental disorders on a specialized mental health caseload, percent of probationers with mental disorders (#)**	**Intercept 5**	**Community Corrections**
38	**Probation revocation rate of all probationers, percent (%)**	**Intercept 5**	**Community Corrections**
39	**Probation revocation rate of probationers with mental disorders, percent (%)**	**Intercept 5**	**Community Corrections**
40	**Criminal justice and behavioral health coordinating body meetings, count (#)**	**Cross-Intercept**	**Coordination**

Appendix D: Texas and Federal Privacy and Information Sharing Provisions

Mental Health Record Protections

Health and Safety Code Chapter 533:

Section 533.009. EXCHANGE OF PATIENT RECORDS.

(a) HHSC facilities, local mental health authorities, community centers, other designated providers, and subcontractors of mental health services are component parts of one service delivery system within which patient records may be exchanged without the patient's consent.

Health and Safety Code Chapter 611:

Section 611.004 AUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION OTHER THAN IN JUDICIAL OR ADMINISTRATIVE PROCEEDING.

(a) A professional may disclose confidential information only:

(1) to a governmental agency if the disclosure is required or authorized by law;

(2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;

(3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);

(4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;

(5) to the patient's personal representative if the patient is deceased;

(6) to people, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;

(7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;

(8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);

(9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;

(10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:

(A) will not use or disclose the information for any other purposes; and

(B) will take appropriate steps to protect the information; or

(11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section 74.051(e), Civil Practice and Remedies Code.

(a-1) No civil, criminal, or administrative cause of action exists against a person described by Section 611.001(2)(A) or (B) for the disclosure of confidential information in accordance with Subsection (a)(2). A cause of action brought against the person for the disclosure of the confidential information must be dismissed with prejudice.

(b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.

(c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.

(d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

Health and Safety Code Chapter 614

Section 614.017 EXCHANGE OF INFORMATION.

(a) An agency shall:

(1) accept information relating to a special needs offender or a juvenile with a mental impairment that is sent to the agency to serve the purposes of continuity of care and services regardless of whether other state law makes that information confidential; and

(2) disclose information relating to a special needs offender or a juvenile with a mental impairment, including information about the offender's or juvenile's identity, needs, treatment, social, criminal, and vocational history, supervision status and compliance with conditions of supervision, and medical and mental health history, if the disclosure serves the purposes of continuity of care and services.

(b) Information obtained under this section may not be used as evidence in any juvenile or criminal proceeding, unless obtained and introduced by other lawful evidentiary means.

(c) In this section:

(1) "Agency" includes any of the following entities and people, a person with an agency relationship with one of the following entities or people, and a person who contracts with one or more of the following entities or people:

(A) the Texas Department of Criminal Justice and the Correctional Managed Health Care Committee;

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

(I) the Texas School for the Blind and Visually Impaired;

(J) community supervision and corrections departments and local juvenile probation departments;

(K) personal bond pretrial release offices established under Article 17.42, Code of Criminal Procedure;

(L) local jails regulated by the Commission on Jail Standards;

(M) a municipal or county health department;

(N) a hospital district;

(O) a judge of this state with jurisdiction over juvenile or criminal cases;

(P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;

(Q) the Health and Human Services Commission;

(R) the Department of Information Resources;

(S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time, contemporaneous identification of people in the Department of State Health Services client data base; and

(T) the Department of Family and Protective Services.

SUD Records Protections:

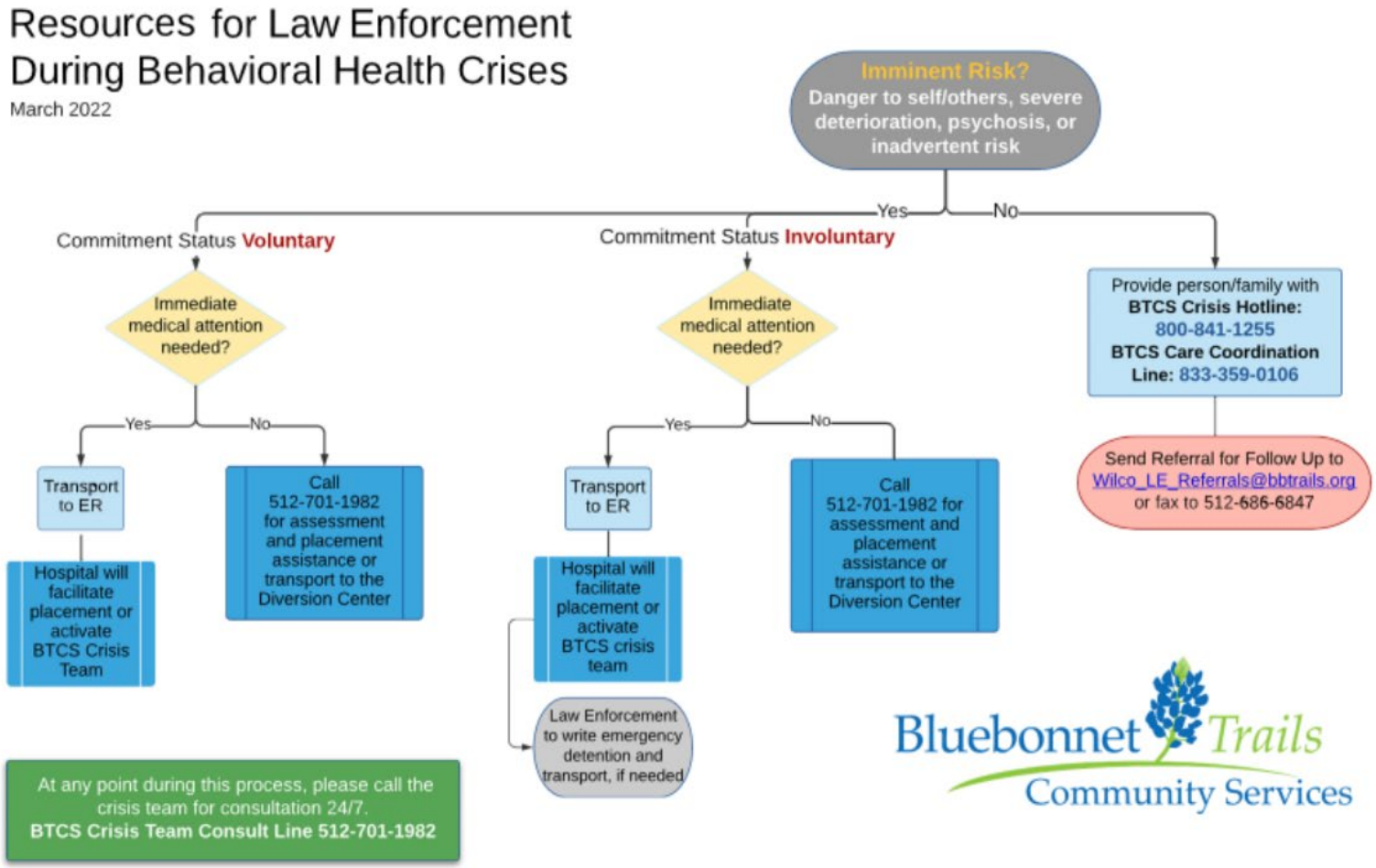
42 CFR Part 2. CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

42 CFR Part 2 Subpart C. DISCLOSURES WITH PATIENT CONSENT

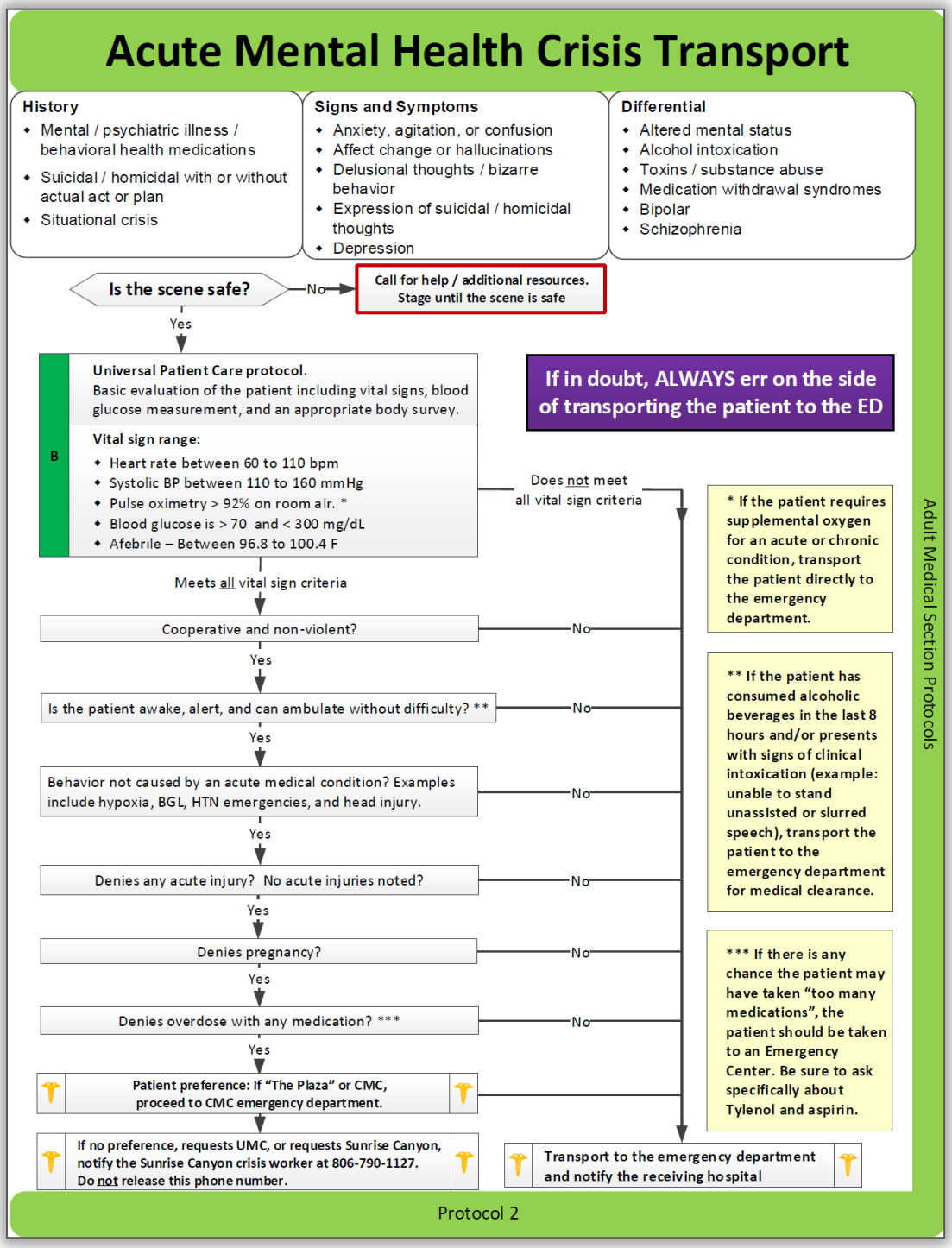
42 CFR Part 2 Subpart D. DISCLOSURES WITHOUT PATIENT CONSENT

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

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

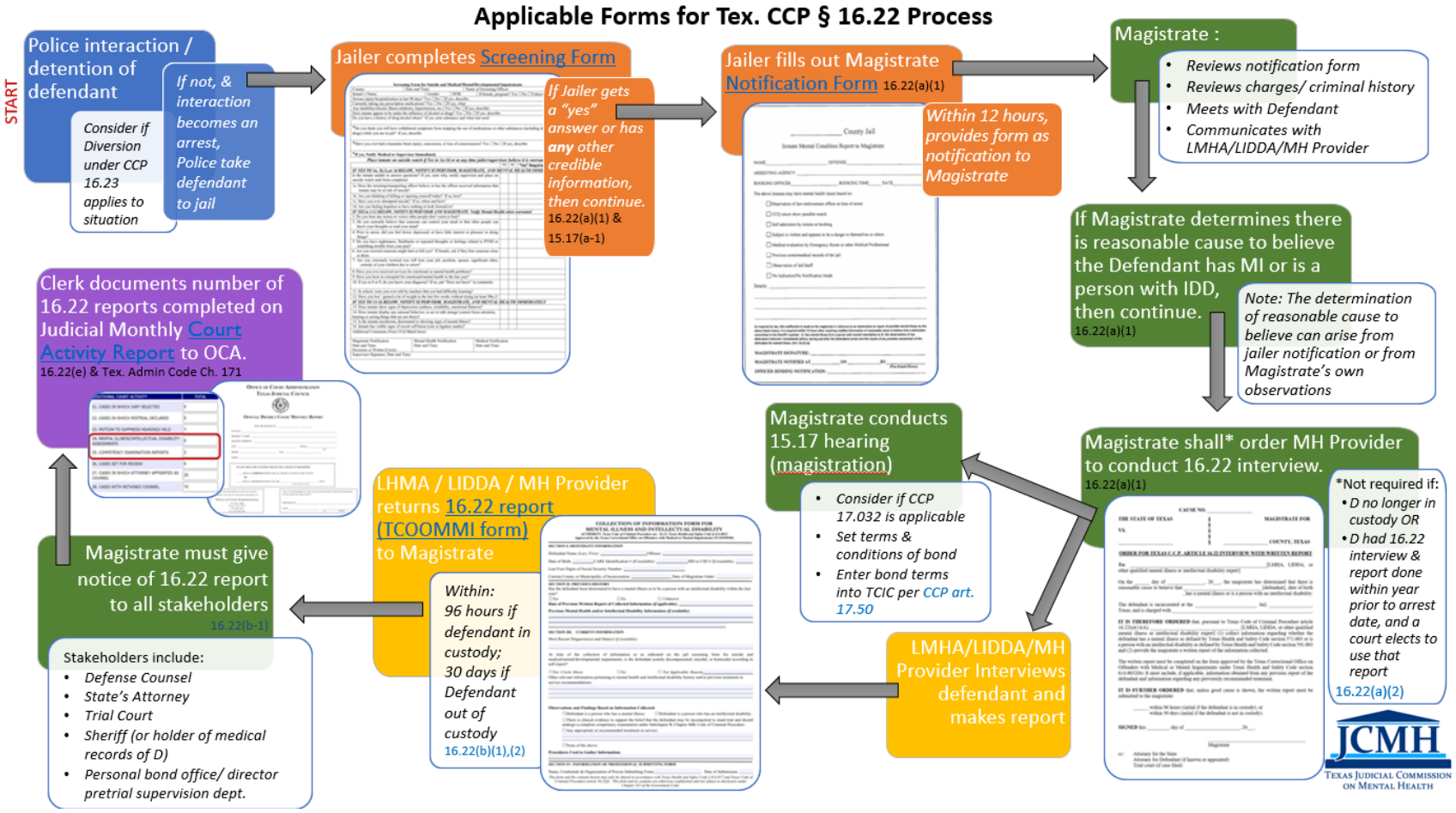


Appendix F: Acute Mental Health Crisis Transport Algorithm

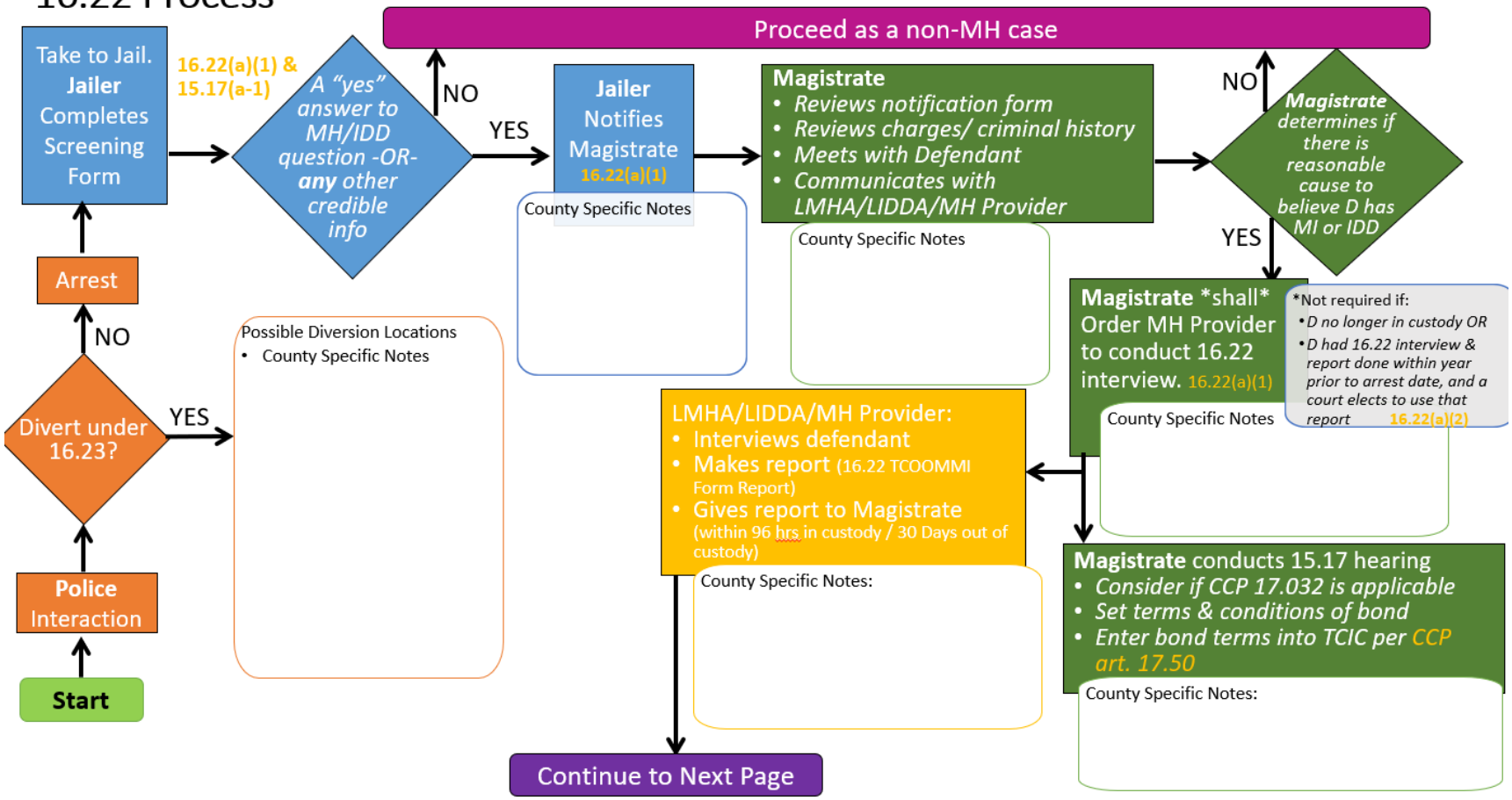


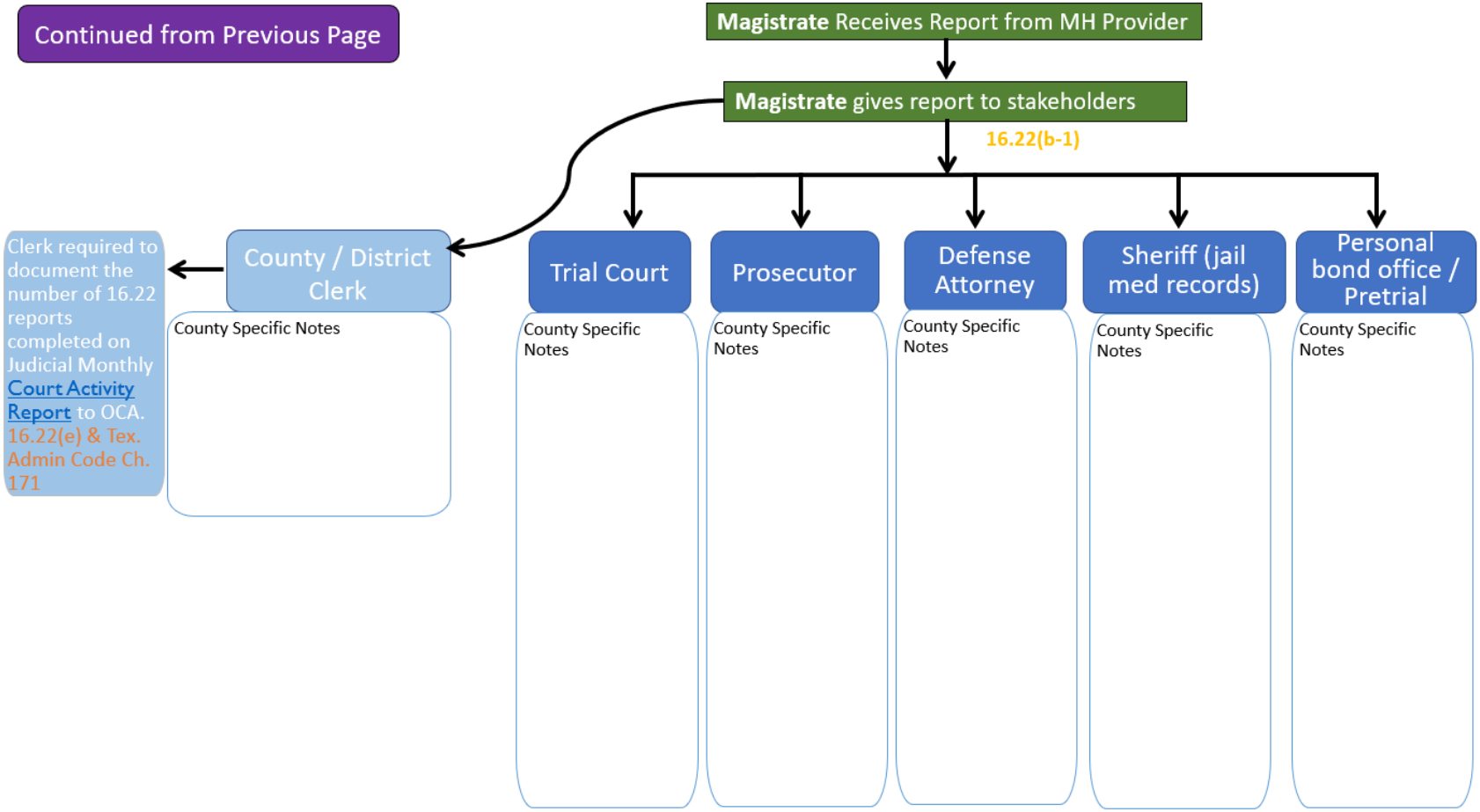
Appendix G: CCP 16.22 Forms and Process Charts

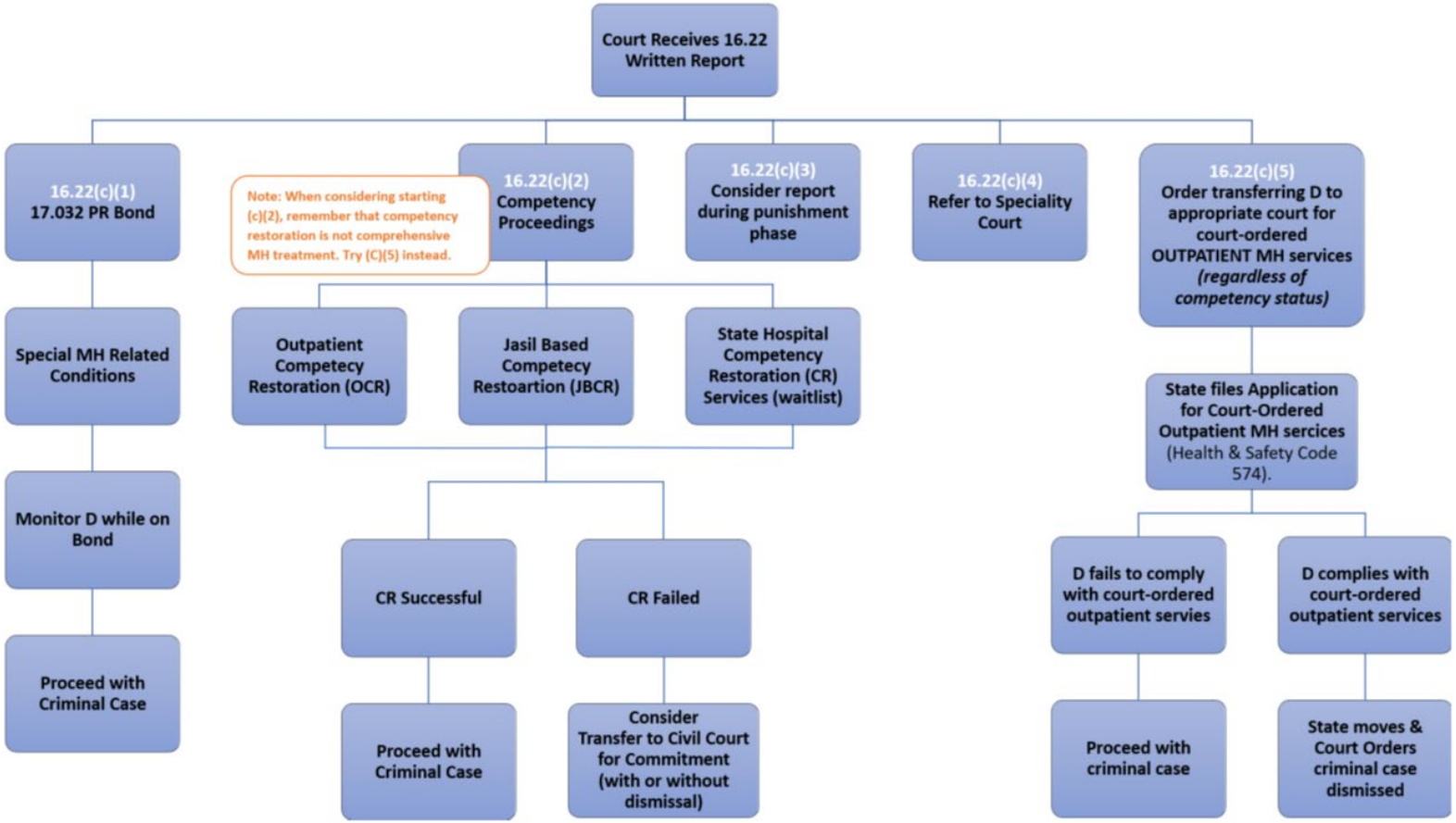
Below is an overview of 16.22, as defined by the Texas Code of Criminal Procedure, as well as some process charts that could be helpful to stakeholders who seek to enhance their CCP 16.22 Procedures.



16.22 Process




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


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

Appendix H: SIM Mapping Workshop Participant List

Name	Agency/Title
Bustos, David	MCOT
Casillas, Kiany	RN
Clark, Dave	PBHA
Coke, Katie	Dallam/Hartley Adult Probation
Conville, Elizabeth	HHSC
Cooksey, Charles	Moore County Jail
Cooksey, Debra	Texas Panhandle Centers
Cruz, Julia	Dumas Counseling
Delgado, Jace	Moore County
Dirksmeyer, Emily	HHSC
Draper, Kori	Safe Place Shelter
Duby, Andrea (Andi)	Moore County Attorney's Office
Dudley, Linda	OSAR
Eddins, Neil	Assistant Chief JPO Moore County
Elliott, Candice	Director of Intake Dept. NWTHS
Flores, Adriana	HHSC
Fowler, Chance	Hartley Co. S.O.
Galloway, Kelly	ER Director/Trauma Program Manager
Garcia, Steve	Texas Panhandle Centers
Gibson, Paula	Gibson Farms
Godsey, Roberta	Dumas Counseling Center
Gordon, Ronnie	Hartley County Judge
Griffin, Michele	Dallam/Hartley County Jail Assistant Admin.
Guffy, Diann	Dallam/Hartley County Jail Administrator
Guthrie, Bart	Peer Volunteer
Jenkins, Clayton	Moore County Probation

Jones, Brandon	Moore County
Jordt, Antonina	Texas Panhandle Centers
Long, Billy	Cactus Police Department
Long, Sami	Safe Place Shelter
Medford, Bobby	Dallam County Counseling Center
Mendoza, Maria	MCFHZ
Moore, Libby	Texas Panhandle Centers
Morales, Lt. Joe	Dumas Police Department
Mosley, James	316th District Court
Mueller, Brandi	Moore County Hospital EMS
Neeley, Christy	HHSC
Northrup, Sara	Texas Panhandle Centers
Norton, Kendall	Refuge in Dumas
Nowak, Erika	Refuge in Dumas
Pingelton, Jerod	County Court of Law in Moore County
Pippins, Rick	Chief of Police - Dumas
Powers, Avonley	Dallam County Attorney
Powers, Joe	Dallam/Hartley County Jail Transport
Qualls, Sandra	Nursing Director of Case Management and Social Services
Rhoades, Judge Rowdy	Moore County Judge
Ritchey, Wes	Dallam County Judge
Salley, Timothy	Moore County Public Defender
Schneiderjon, Kacey	Dallam/Hartley County Hospital CEO
Sieloff, Daniel	Associate Attorney Salley Law Firm
Simpson, Jenny	HHSC/Associate Commissioner and State Forensic Director
Stephens, Charles	Refuge in Dumas
Stevenson, Shane	Dallam County Sheriff
Strohmeier, Katie	Gibson Farms
Talley, Mellisa	Texas Panhandle Centers
Thompson, Dan	Texas Panhandle Centers
Tiarzon, Maribel	Cactus Police Department

Veeramachaneni, Shree	PBHA
Waide, Jeremy	
Winters, Julie	Hutchinson County United Way
Zubia, Sergeant Nancy	Cactus Police Department

List of Acronyms

Include a list of all acronyms that appear in the report. Add each new entry in its own row of this table.

Acronym	Full Name
AA	Alcoholics Anonymous
BAT	Behavioral Advisory Team
BHLT	Behavioral Health Leadership Team
BJA	Bureau of Justice Assistance
BTCS	Bluebonnet Trails Community Services
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
COMs	Court Ordered Medications
CSG	Council of State Governments
DDJ	Data-Driven Justice
DOJ	Department of Justice
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room

Acronym	Full Name
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
ISD	Independent School District
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LMHA	Local Mental Health Authority
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MDRT	Multi-Disciplinary Response Team
MHD	Mental Health Deputy
MHFA	Mental Health First Aid
MI	Mental Illness
MOU	Memorandum of Understanding
NA	Narcotics Anonymous
NSPL	National Suicide Prevention Lifeline
OCR	Outpatient Competency Restoration

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

Acronym	Full Name
TRAS	Texas Risk Assessment System