

Sequential Intercept Model Mapping Report for Hays County

Office of Forensic Coordination

Behavioral Health Services

Department



December 2022



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 Judge Daniel O'Brien, Hays County Court-at-Law, #3 and organized by Kaimi Mattila, LCSW, Mental Health Court Administrator. The planning committee members included:

Chief Stan Standridge, San Marcos Police Department; Amy Lowrie, Hill Country MHDD; Sergeant Steve Cunningham, Hays County Sheriff's Office; Jeffrey Weatherford, Criminal Court District Attorney; Commissioner Walt Smith, Hays County Commissioner; Nichole Mueller, MH Coordinator, WellPath, Hays County Jail; Mark Jones, Precinct 2 County Commissioner; Judge Benjamin Moore, Hays County Judge; Mark Kennedy, General Council; Julie Villalpando, Captain, Hays County Jail; Juan Saenz, Captain, Hays County Jail; Jennifer Scott, Executive Assistant to Commissioner Jones; Donald Lee, San Marcos Police Department; Paula Countryman, Baylor Scott and White; Pam Howard, Ascension Seton Kyle ; James Swisher, Hays County EMS; Blythe Long, Emergency Department Manager Baylor Scott and White

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

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

The TA Center provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with mental illnesses (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD). Established in 2022, the TA Center is supported by HHSC and provides free training, guidance, and strategic planning support both in person and virtually on a variety of behavioral health and justice topics to support local agencies and communities in working collectively across systems to improve outcomes for people with MI, SUD and/or IDD.

The TA Center, on behalf of HHSC, has adopted the SIM as a strategic planning tool for 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 MI, SUD and/or IDD, when appropriate, away from the justice system into treatment. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have access to the SIM and SIM Mapping Workshops.

Recommended Citation

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

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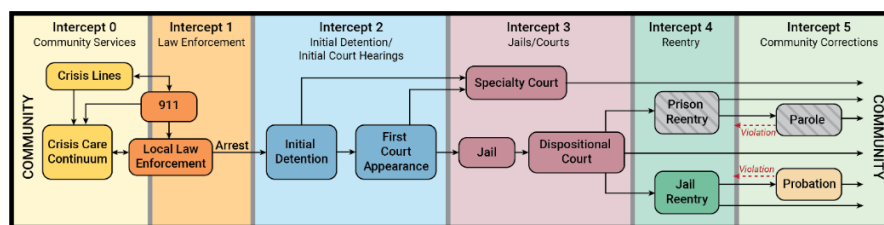
Introduction

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, 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 SIM 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, Judge Daniel O'Brien requested a SIM Mapping Workshop be conducted for Hays County to help foster behavioral health and justice collaborations and improve

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.

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

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

Sequential Intercept Model Map for Hays County, September 2022

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

Intercept 1
Law Enforcement & Emergency Services

Intercept 2
Initial Detention & Initial Court Hearings

Intercept 3
Jails & Courts

Intercept 4
Reentry

Intercept 5
Community Corrections & Community Supports

Crisis Phone Lines

Hill Country MHDD Crisis Hotline

- 877-466-0660
- Available 24/7/365

988- National Suicide Prevention Line

- 1-800-375-8965 or 988

Hays-Caldwell Women's Center- Crisis Hotline

- 800-700-4292

National Domestic Violence Hotline

- 800-799-7233

Warmlines/ Resource Lines

NAMI

- 1-800-950-6264

Veterans Crisis Line

- 800-273-8255

Texas Advocacy Project- Domestic Violence Helpline

- 800-374-HOPE

SAMHSA National Helpline

- 1-800-662-4357

Mobile Crisis Response Team Hill Country MHDD
• 24/7 response

911 Dispatch / Emergency Communications

Combined Emergency Communications Center (CECC) and Public Safety Answering Point (PSAP)

Law Enforcement

- Hays County Sheriff's Office, Buda Police Department, San Marcos Police Department, Texas State Police Department, and Kyle Police Department.
- Hays County Sheriff's Department Mental Health Deputies

Emergency Medical Services

- San Marcos/Hays, Wimberley, Buda and Kyle Fire and EMS

Hospitals/ Healthcare

Baylor Scott and White Medical Center- Buda, TX

- 24/7 ER

Ascension Seton Hays Hospital- Kyle, TX

- 24/7 ER

Christus Santa Rosa Hospital- San Marcos, TX

- 24/7 ER

CommuniCare San Marcos

- Federally Qualified Health Center

Initial Detention Hays County Jail Hays County Juvenile Detention Center

Booking

Screening Assessments Used:

- Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS)
- If a behavioral health concern is indicated the individual is referred to WellPath for a more thorough assessment.

TLETS Continuity of Care (CoC) Query / Care Match

- The Magistrate is notified if there is an exact or probable TLETS match and may order Hill Country MHDD to assess the individual for MI or IDD.

Initial Court Appearance – Magistration

Hays County District Courts

- Within 24 hrs.

Pre-Trial Services

- Bond decisions are most often set by the Magistrates.

Courts

In Hays County, there are **five District Courts, three County Court at Law Courts, one Criminal Magistrate Court, one Family Court, and three Treatment Courts.**

Courts:

- **District Courts:** the **274th District Court**- Judge Gary Steel; the **22nd District Court**- Judge Bruce Boyer; the **207th District Court**- Judge Jack Robinson; **428th District Court**- Judge Billy Henry; **453rd District Court**- Judge Sherri Tibbe
 - Oversee felony criminal cases
- **Family Court:**
 - Judge Karl Hays
- **Criminal Magistrate Court:**
 - Judge Ben Moore
 - Oversees the magistration of all criminal cases
- **Treatment Courts:**
 - **Mental Health Court**- Judge Daniel O'Brien
 - **Veterans Treatment Court** – Judge Chris Johnson
 - **Hays County Drug Court**

Jail

Hays County Jail

Jail Behavioral Health Screening:

MH Screen: Biopsychosocial Assessment

SUD Screen: Clinical Opiate Withdrawal Scale (COWS) Clinical Institute Withdrawal Assessment of Alcohol (CIWA)

Suicide Risk Assessment – Columbia Suicide Screening

Jail Health Provider:

Mental Health: WellPath

Medical Provider: WellPath

Jail Reentry

• **TCOOMMI**

- Provides 90 days of continuity of care services to clients with identified medical and mental impairments released to Hays County .

Parole

Texas Department of Criminal Justice, Parole Division, Region IV, **Austin Parole Office-Hays**

- The Texas Risk Assessment System (TRAS) is used to determine specialized service needs and placement on specialized caseloads.

Probation

Caldwell, Comal and Hays Counties Community Supervision and Corrections Department

- Adult Probation

Specialized Caseloads

- MH caseload- for felony offenders

Texas Juvenile Justice Department

- Hays County Juvenile Probation Department

Behavioral Health

Hill Country MHDD; San Marcos Recovery Center; Easter-Seals- IDD Services; ARCIL-IDD/ Independent Living Service Provider; **Outreach Screening and Referral (OSAR) Program**, operated by Bluebonnet Trails, public access to SUD services

Veterans Service Providers

Hays County Veterans Services, Texas Workforce Commission; Texas Veterans Commission

Housing/Shelter

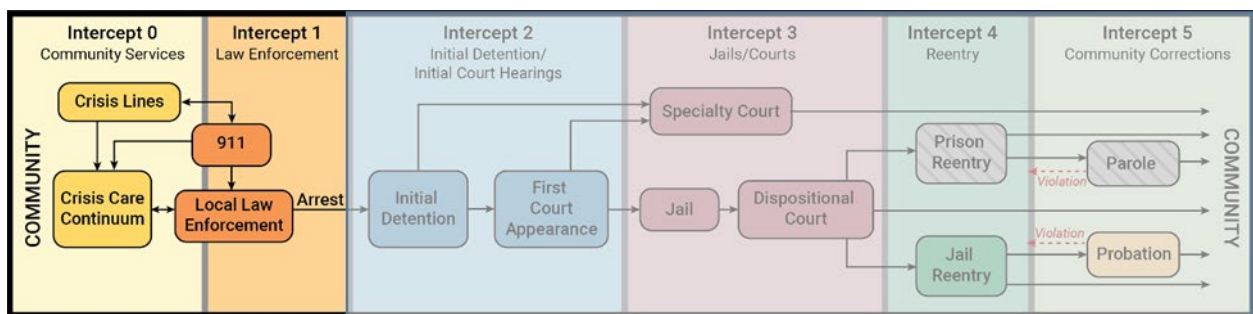
Southside Community Center-Transitional shelter and homeless services provider; San Marcos Housing Authority; Greater San Marcos Youth Council- residential children's shelter ; Oxford House, sober living homes; Hays Caldwell Women's Center- Domestic Violence Services

COMMUNITY

COMMUNITY

Opportunities and Gaps at Each Intercept

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



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Overview of Gaps and Opportunities

Crisis Call Lines

Gaps

- The Hill Country MHDD 10-digit crisis line phone number can be difficult to quickly recall for law enforcement, courts, and social service providers.
- Stakeholders expressed confusion on which help/crisis lines to call for which purposes (e.g., Hill County MHDD 10-digit crisis line, 9-8-8, 2-1-1, 9-1-1, etc.).

Opportunities

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

- Hill Country MHDD can work with local stakeholders to ensure that they understand how utilize crisis lines that are available to Hays County.
- Hays County can conduct a public education campaign on how to identify signs or symptoms of a mental health crisis.

9-1-1/Dispatch

Gaps

- Dispatch call takers screen calls to identify individuals that might be experiencing a mental health crisis but lack training to identify signs or symptoms of a mental health crisis when the caller does not explicitly disclose their mental health status.

Opportunities

- Hill Country MHDD can provide Mental Health First Aid and Trauma-Informed Care training to dispatchers in Hays County to improve their ability to identify and respond to mental health crisis calls.
- Hays County and Hill Country MHDD can explore co-locating a mental health professional in the dispatch call center to support mental health crisis call diversion.

Crisis Services

Gaps

- Hays County lacks an alternative to the emergency department or county jail as a law enforcement drop-off point for people experiencing a mental health crisis.
- Hays County lacks local options for inpatient psychiatric care.
- The Hill Country MHDD Mobile Crisis Outreach Team experiences challenges responding to mental health crisis calls in a timely fashion due to coverage area and other capacity constraints.

Opportunities

- San Marcos PD, Kyle PD, Buda PD, and the Hays County Sheriff's Office may consider requiring more officers to obtain 40-hour mental health certification to help deescalate and divert people experiencing a crisis from the emergency department or jail.
- Hays County can explore opportunities for a mental health crisis diversion center as an alternative to the emergency department or jail.

Healthcare

Gaps

- Hays County residents who are uninsured or underinsured have limited access to detox, inpatient, or outpatient substance use treatment in Hays County.
- The Outreach, Screening, and Referral (OSAR) office for referrals to detox, inpatient, or outpatient substance use treatment is only open on Mondays and operates on an appointment and stand-by basis.
- Hays County lacks a dedicated facility to provide supervised withdrawal for people who are acutely intoxicated.
- Emergency Departments often struggle with providing timely medical clearance prior to inpatient psychiatric hospitalization.

Opportunities

- Hays County can explore opportunities to streamline medical clearance processes in the community, including establishing a community-based paramedic program to provide non-emergent care in the community and medical clearance prior to inpatient psychiatric hospitalization.
- Hays County can explore building a diversion center or sobering center to provide a centralized drop-off point for law enforcement for people experiencing a mental health crisis and those in need of supervised withdrawal from substances.
- Hays County may consider modifying its existing contract with the OSAR office operated by Bluebonnet Trails in Hays County to expand the capacity for substance use treatment referrals for people who are uninsured or underinsured.

Law Enforcement and First Responders

Gaps

- Law enforcement in Hays County 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.
- Not all law enforcement offices from the Kyle, Buda, San Marcos, Texas State University PDs, and the Hays County Sheriff's Office have received the full 40-hour mental health training.

- Law enforcement in Hays County lack specialized training on how to respond to people with IDD.

Opportunities

- The Mental Health Deputy program may consider conducting “well checks” on people or locations that are flagged for recent or frequent interaction with law enforcement due to mental health crisis.
- Hays County can explore opportunities for a mental health crisis diversion center as an alternative to the emergency department or jail.
- Hill Country MHDD can coordinate with community partners to provide training to law enforcement on responding to individuals with IDD.
- Hays County may consider establishing a multi-disciplinary crisis response team that pairs law enforcement with a mental health clinician and paramedic.

Housing

Gaps

- Hays County lacks adequate affordable, permanent supportive, transitional, and congregate housing options.
- Hays County lacks housing options for people who are justice-involved.

Opportunities

- Hays County can consider conducting a housing assessment to identify the critical housing needs, strategies to meet the county’s housing needs, and identify funding opportunities.

Peer Support

Gaps

- Counseling services are not available to all those who may benefit in Hays County.

Opportunities

- Hill Country MHDD, Hays-Caldwell Women’s Center (HCWC), and other local agencies and non-profits in Hays County may consider employing Peer Specialists to serve people experiencing mental health concerns who may not qualify for counseling services.
- Cenikor may consider seeking additional funding to expand existing or establish new peer-led programs in Hays County.

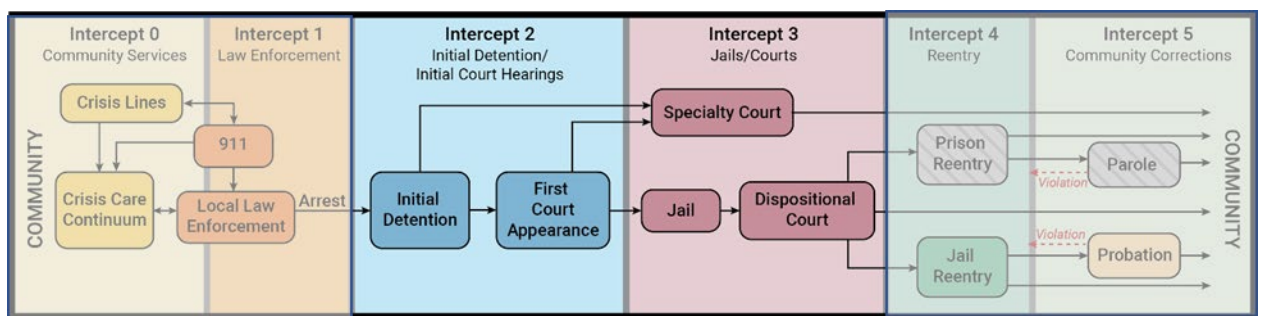
Data Collection and Information Sharing

Gaps

- Information about people with mental health needs is often not shared between law enforcement and Hill Country MHDD when needed for care coordination.
- Hays County and Hill Country MHDD do not collect or report data on the location of frequent mental health calls or crisis response encounters.
- Law enforcement agencies across Hays County track mental health (MH) crisis calls but lack common definitions, making analyzing trends county-wide difficult.

Opportunities

- Providing training on HIPAA-compliant information sharing between mental health providers and law enforcement for care coordination may increase efficiencies during mental health related calls for service.
- Stakeholders can develop a uniform data collection and reporting strategy to promote data sharing and enable county-wide analyses.
- Hill Country MCOT can collect and report data on frequent crisis response locations.



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Overview of Gaps and Opportunities

Booking

Gaps

- The Texas Law Enforcement Telecommunication System Continuity of Care Query (TLETS CCQ) is run at jail booking, but there is limited utilization of that information by Hill Country MHDD and WellPath for service provision and continuity of care.

- The jail conducts universal screenings for MI and SUD and usually sees those that have screened positive for SUD or MI within seven days, however the time between the initial screening and more in-depth assessments, or to be seen by a psychiatrist for those that screen positive, can be prolonged.

Opportunities

- Identify opportunities for Hill Country MHDD and WellPath to utilize the TLETS CCQ to inform treatment, reentry planning and continuity of care for people positively identified through the query.

Jail Medical

Gaps

- High demand for WellPath behavioral health services in the Hays County Jail can mean that people do not receive a mental health assessment until after magistration. All MH referrals are triaged based on the level of need and for those determined to be low priority, the wait for an assessment and psychiatric referral can exceed three to four weeks.
- Court Ordered Medications (COMs) are not included in the Hays County Jail contract with WellPath, and the WellPath psychiatrist will not prescribe involuntary medications.
- The Hays County Jail contracts with WellPath for psychiatric care for 6-8 hours per week, which may mean that people with less acute behavioral health needs must wait multiple weeks for a psychiatry appointment. This also means that WellPath has limited capacity to provide mental health treatment and counseling services inside the jail beyond initial assessments and crisis care.
- Hays County Jail staff do not have the ability to “flag” incidents that occur in the jail as mental health related.
- Substance use disorder treatment is not currently available inside the jail.

Opportunities

- WellPath and Hays County may consider novel employee recruitment initiatives to ensure adequate staffing for timely access to mental health services in the Hays County Jail.
- Hays County can explore opportunities to support WellPath’s efforts to hire and retain qualified staff.
- Hays County may explore opportunities to provide court ordered medications (COMs) to individuals in the Hays County Jail.

- Hays County Sheriff’s Office and WellPath may explore ways to “flag” mental health related incidents that occur in jail.
- Hays County Jail may consider exploring substance use treatment and services that could be offered inside the jail for individuals with SUD and co-occurring disorders.

Competence to Stand Trial

Gaps

- Individuals found incompetent to stand trial (IST) are waiting in county jails for extended periods of time for inpatient competency restoration services.
- Hill Country MHDD has successfully partnered with Travis County to refer individuals found IST to Integral Care’s outpatient competency restoration program, but referrals have been limited.
- Jail-based competency restoration is not currently available in the Hays County Jail.

Opportunities

- Hill Country MHDD and Hays 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, and court-ordered medications.
- Hill Country MHDD and Hays County stakeholders can identify additional opportunities for training and education for judges and prosecutors on alternatives to inpatient competency restoration for people found IST, including strategies to increase referrals to Integral care’s OCR program and dismissing charges and transferring cases to a court with probate jurisdiction for a civil commitment.
- Hays County leadership may engage other counties with JBCR programs to assess if a similar program would be appropriate for Hays County.
- Hays County is a participant in HHSC’s Jail In-Reach Learning Collaborative, and additional judicial stakeholders and jail medical can be included in this effort.

Pretrial Services

Gaps

- Hays County does not operate a specialized mental health pretrial diversion program.

Opportunities

- Specialized caseloads for people with MI can be considered at the pretrial stage.
- Hays County may consider ways to promote early appointment of specialized counsel for people with known or acute behavioral health concerns.
- Hays County can increase continuity of care with Hill Country MHDD to provide pretrial mental health services if a specialized caseload is created.

Courts (Including Specialty Courts)

Gaps

- Defense attorneys do not receive training on the process by which the criminal court can dismiss charges and transfer the person to the appropriate court for a civil commitment.
- Defense attorneys have varying degrees of experience working with people with mental health conditions.
- Resource limitations prevent Hays County from providing comprehensive services and support to people engaged with the Mental Health Court or the Felony Drug Court.
- Hays County has underutilized court-ordered outpatient mental health services as an avenue to treatment for people with behavioral health conditions in the probate court.

Opportunities

- Hays County can consider establishing a protocol to discuss advanced psychiatric directives with the Mental Health Court participants.
- Hays County can consider providing dedicated court-appointed attorneys that specialize in mental health.
- Hays County may consider ways to provide training opportunities on utilizing probate courts rather than the criminal courts as an avenue to treatment.

Data Collection and Information Sharing

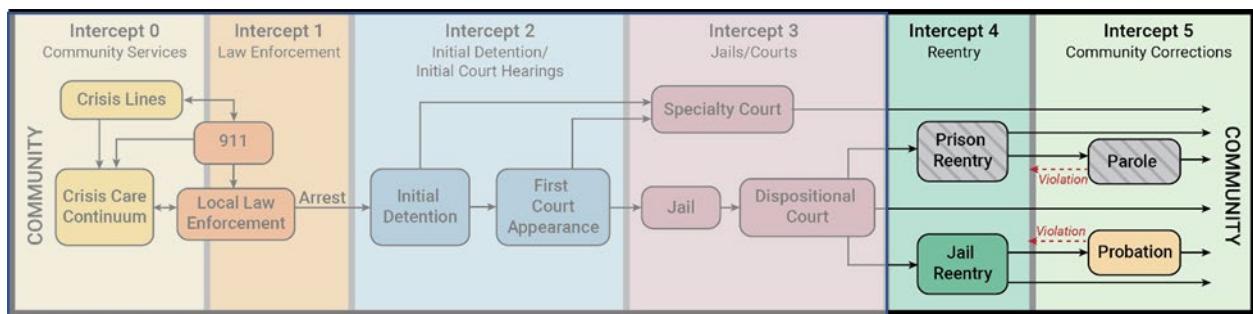
Gaps

- Hays County specialty courts have not established a uniform or unified data collection and reporting strategy.
- Key Hays County court stakeholders and elected officials are not provided data on how many people in pretrial are awaiting a competency evaluation in Hays County Jail.

- Hays County courts have not developed a streamlined process for reviewing CCP Art. 16.22 reports provided by WellPath mental health staff.

Opportunities

- Hays County may consider establishing a centralized data collection and reporting office to facilitate data sharing between mental health and criminal justice entities in Hays County.
- Hays County may consider expanding the established regular meeting for jail medical, correctional staff, and court personnel to include Hill Country MHDD and Hays County ADAs in order to share information on inmates with known behavioral health concerns.
- Hays County may consider developing process for utilizing CCP Art. 16.22 reports to inform decisions.



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Overview of Gaps and Opportunities

Jail Continuity of Care

Gaps

- Hays County Jail may release people with behavioral health conditions with limited or no psychiatric medications.
- Hays County Jail may release people with behavioral health conditions after 5pm on weekdays or on weekends.
- There is no reentry planning provided to people with MI to support continuity care planning.

Opportunities

- Hays County Jail may explore opportunities to coordinate releases with WellPath and ensure individuals are released with a prescription or extended supply of psychiatric medications.
- Hays County can explore working with Hill Country MHDD to embed care coordinators in the Hays County Jail to provide reentry planning and coordination for people returning to their community with ongoing behavioral health needs.

Community Reentry

Gaps

- There is a lack of reentry support provided to people released from the Hays County Jail. Housing, transportation, healthcare, job, and other supports help reduce recidivism if made available consistently upon release.
- People exiting the Hays County Jail often wait up to 30 days for a follow-up appointment with a mental health provider at Hill Country MHDD.

Opportunities

- Hill Country MHDD and Hays County may consider the utilization of Peer Support Specialists to support reentry planning and provide interim support prior to a follow-up appointment with Hill Country MHDD.
- Hays County may consider developing a referral system and referral resources to improve access to community-based services upon reentry.

Probation and Parole

Gaps

- The limited amount of medication provided to people released from jail often does not last long enough for them to be seen by a new psychiatric provider, which may result in mental health-related probation violations.
- There are limited long-term housing options for individuals with prior justice involvement.
- Hays County Adult Probation only has specialized caseloads for people with mental health conditions with felony offenses.
- There is limited access to the Adult Probation specialized caseload.

Opportunities

- Hays County Adult Probation may consider expanding specialized caseloads to serve people with mental health conditions with misdemeanor offenses.

- Hays County Adult Probation may consider providing additional mental health training to probation officers.

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 September 15, 2022. The top five priorities are highlighted in bold text below.

Rank	Priority	Total Votes
1	Expand crisis options through the development of a diversion campus.	28
2	Develop strategies to address frequent utilizers and pilot new ACT team program.	21
3	Explore the development of a Behavioral Health Office to coordinate county services.	16
4	Increase information and data sharing across the SIM.	13
5	Enhance 911 and law enforcement response to behavioral health crises.	12
6	Enhance reentry planning for individuals returning to the community.	11
7	Explore the development of a jail-based competency restoration program.	8
8	Support planning for the public defender office, pretrial services, mental health court, and court appointed attorneys.	6
9	Establish a behavioral health and justice leadership team.	1

Rank	Priority	Total Votes
10	Expand jail in-reach efforts.	1
11	Improve early identification of people with mental health needs (e.g., CCP Art. 16.22)	1
12	Increase opportunities to engage families and peers across the SIM.	1
13	Enhance community-based preventative services.	1

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 Hays County stakeholder workgroups as well as additional considerations from HHSC staff on resources and best practices that could help to inform implementation of each action plan.

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

- [All Texas Access Report](#), Texas Health and Human Services Commission
- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation
- [Texas Statewide Behavioral Health Strategic Plan Update](#), Texas Statewide Behavioral Health Coordinating Council
- [Texas Strategic Plan for Diversion, Community Integration and Forensic Services](#), Texas Statewide Behavioral Health Coordinating Council
- [The Joint Committee on Access and Forensic Services \(JCAFS\): 2020 Annual Report](#), Texas Health and Human Services Commission
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition, Judicial Commission on Mental Health
- Texas SIM Summit Final Report, Policy Research Associates
- SAMHSA's publication, [Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals](#) provides a foundational framework for providing services to people with MI and SUD who are justice-involved.

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

The first is equity and access. While the focus of the SIM Mapping Workshop is on people with behavioral health needs, disparities in 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 life² 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: Expand Crisis Options Through the Development of a Diversion Center

Objective	Action Steps	Who	When
Identify Funding Sources and Key Stakeholders	<ul style="list-style-type: none"> • Identify additional stakeholders to support Diversion Center planning and funding, including: Hays County Commissioners; San Marcos PD; Hays County Sheriff's Office; Hays District Judges; Hays Court at Law Judges; Substance Use provider/ non-profits; Hill Country MHDD; county hospitals; public defenders; probation; parole; city government; county judges/ Justice of the Peace • Gather data to reflect current crisis service and incarceration trends to inform Diversion Center planning efforts/community needs. • Present data to county stakeholders and behavioral health leadership to develop support for local diversion center planning efforts 	<p>Diversion Center Planning Committee</p> <p>Led by County Commissioner and San Marcos Police Department</p>	30 days
Identify a Location/Building and Consider the Diversion Center Operational Structure	<ul style="list-style-type: none"> • Identify hours of operation based on county data collected (e.g., crisis hotline data and 911 dispatch data): <ul style="list-style-type: none"> ○ Consider 4PM-12AM as a starting point; • Consider building/space opportunities: <ul style="list-style-type: none"> ○ Learn from existing diversion centers in other counties; ○ Consider existing medical and mental health treatment buildings or structures in Hays County that may be converted into a diversion center; • Determine initial clinical/medical services and other supports that will be available at the Diversion Center. Consider: <ul style="list-style-type: none"> ○ Low-barrier drop off center elements; ○ On site security; ○ Onsite medical evaluation; ○ MH/SUD referrals; ○ Case management; ○ Counseling; ○ Medication management. • Identify staff needed to run facility: <ul style="list-style-type: none"> ○ Hill County; ○ Security staff; ○ Ascension Seton; ○ Cenikor. 	Diversion Center Planning Committee	90 days
Identify Center Eligibility Requirements/ Scope	<ul style="list-style-type: none"> • Gather data from hospitals and police departments to identify existing community needs. • Assess frequent utilizer data across Hays County. • Consider specialized services to be offered at the Diversion Center: detox, treatment and medication management for individuals with Substance Use Disorder (SUD) and Serious Mental Illness (SMI). 	<p>Diversion Center Planning Committee</p> <p>Diversion Center Planning Committee</p>	120 days

Identify Workflow	<ul style="list-style-type: none"> • Establish a clear operational timeline: <ul style="list-style-type: none"> ○ Use county data to inform capacity needs of the center; ○ Present to community stakeholders for funding; ○ Identify operational staff needs; ○ Develop strategic business plan (costs); ○ Begin construction on building. 	Diversion Center Planning Committee	120 days
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Additional Considerations

Conduct a comprehensive needs assessment by analyzing existing data to make a case for the development of a diversion center. Where data doesn't exist, stakeholders can discuss plans to collect and track additional measures. Data gathered to inform the development of the Harris County Diversion Center and other Mental Health Drop-Off Facilities include⁴:

- 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

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

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

⁴ 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>.

laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability.⁵

- [A Community Guide for Development of a Crisis Diversion Facility](#), by Health Management Associates (HMA), outlines key considerations for planning and managing a crisis diversion facility.⁶ The guide outlines potential services; roles and responsibilities across local stakeholders; the role of data in informing planning and ongoing program improvement; and funding strategies. HMA also produced a [companion document](#) which provides case studies of communities in Arizona, South Dakota, Tennessee and San Antonio.
- [Blueprint for Success: The Bexar County Model, How to Set Up a Jail Diversion Program in Your Community](#) was produced by the National Association of Counties, in partnership with Bexar County, on setting up jail diversion programs. This provides an overview of the diversion center, steps taken for enlisting community support, funding, etc.⁷
- [Roadmap to the Ideal Crisis System, National Council for Behavioral Health](#) has a section titled, Elements of the Continuum, Crisis Center or Crisis Hub (Pg. 88), which describes the role a crisis center can play within the local crisis system. The section provides an overview of services you may want to consider, and shares examples of crisis hubs in states across the country.⁸

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

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

⁵ *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>.

⁶ *A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis.* Health Management Associates (2020, February). Retrieved 16 June 2022, from https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityGuidebook_v6.pdf.

⁷ *Blueprint for Success: The Bexar County Model: How to Set up a Jail Diversion Program in Your Community.* The National Association of Counties (2010, August 11). Retrieved 16 June 2022, from <https://www.naco.org/sites/default/files/documents/Bexar-County-Model-report.pdf>.

⁸ *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.* The National Council for Mental Wellbeing (2021, March). Retrieved 16 June 2022, from https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf.

- Committed low-level, non-violent crimes;
 - Appear to have a MI or have a documented history of MI;
 - Have a mental health need contributing to their offending conduct;
 - Do not pose a public safety threat;
 - Are 18 and over;
 - Do not appear to be in mental health crisis and do not meet the criteria for Emergency Detention Order (not likely to harm self or others); and
 - Have no open warrants or detainers.
- Harris County stakeholders also agreed on disqualifiers, including individuals charged with the following offenses: domestic violence offenses, assault, terroristic threat weapons offenses (e.g. discharging a firearm, deadly conduct), driving while intoxicated, burglary of a motor vehicle, and any offense where public safety could be compromised.⁹

Workgroup Members:

David Glicker, Civil Attorney; Ron Stretcher, Meadows; Michael Fugerty, Military Veterans Peer Network, Hill Country MHDD; Carrie Bartomolucci, Hill County MHDD; Natalie Werman, Cenikor; Stan Standridge, San Marcos Police Department; D'Anna Belvins, Cristus Santa Rosa; Alison Boleware, Hogg Foundation

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

Priority Two: Develop Strategies to Address Frequent Utilizers and Pilot New Assertive Community Treatment Program

Objective	Action Steps	Who	When
Establish a Frequent Utilizer Planning Committee and Begin Data Exploration	<ul style="list-style-type: none"> • Convene a comprehensive group of stakeholders to discuss frequent utilizers in Hays County. Stakeholders could include Hill Country MHDD, Hays County law enforcement, Hays County Jail, Hays County Courts, housing service providers and others who frequently engage with this population in Hays County • Explore data from participating stakeholders to begin to identify the frequent utilizer population and understand their characteristics and patterns of service utilization. Data to explore: <ul style="list-style-type: none"> ○ 911 data; ○ Crisis line data; ○ Arrests and jail bookings; ○ Homeless shelter data; ○ ER and hospital visits; ○ MCOT data. • Take time to understand each agency's definition of frequent utilizers, both in terms of system contacts and costs. • Start to combine data to understand how individuals touch multiple systems. • Consider the development of case examples to supplement descriptive data described above and better illustrate the stories and challenges presented by this population 	Frequent Utilizer Planning committee	30-60 days
Explore the Development of an Assertive Community Treatment (ACT) Program	<ul style="list-style-type: none"> • One evidence-based program that can help address the needs of frequent utilizers is ACT. In developing a new program, stakeholders first proposed the development of a planning committee, including: Hill County MHDD, the District Attorney's Office, Hays County law enforcement, Hays County first responders, Hays County Commissioners; Substance use providers/ non-profits; housing and employment stakeholders; county hospitals. • Set a regular meeting date and time for the planning group. • Determine program services and eligibility. • Based on this information, identify individuals from the analysis above that might be a good fit for a pilot ACT program. • Learn from Other Community ACT Programs. • Explore funding opportunities: <ul style="list-style-type: none"> ○ County Commissioners; ○ ARPA funds; ○ Grant opportunities; ○ Existing LMHA crisis services funding. 	Frequent Utilizer Planning Committee	90 Days

Explore Other Programs and Strategies to Meet the Needs of Frequent Utilizers	<ul style="list-style-type: none"> • The ACT program will not address the needs of all frequent utilizers identified by the Frequent Utilizer Planning Committee. • In addition to ACT, committee members should explore other services that could help address the frequent utilizer population. 	Frequent Utilizer Planning Committee	90 days
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Additional Considerations

Develop data sharing protocols to identify and engage people who frequently encounter law enforcement, emergency departments, crisis services, and the jail. Explore model programs:

- That National Association of Counties (NACo) launched the [Familiar Faces Initiative](#) (formally known as Data Driven Justice Initiative) to improve outcomes and lower incarceration rates for people who frequently cycle through jails, homeless shelters, emergency departments and other local crisis services. Through the Familiar Faces Initiative, the NACo empowers communities to share data and integrate care options between health and justice systems so they can intervene earlier, improve outcomes and reduce incarceration and hospitalization rates. NACo has a number of resources to support data sharing, including:¹⁰
 - The [Familiar Faces Initiative Playbook](#) is designed to help guide the development of a multi-system strategy to successfully divert familiar faces, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.
 - The [Data-Driven Justice Playbook](#) is designed to help guide the development of a multi-system strategy to successfully divert frequent utilizers, when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services.
 - [Issue Briefs](#) for key stakeholders, including behavioral health and social service providers, criminal justice coordinators, courts, probation, elected officials, law enforcement, corrections, and IT and

¹⁰ Familiar Faces Initiative. National Association of Counties. (2022). Retrieved 21 November 2022, from <https://familiarfaces.naco.org/>.

data analysts on the role they can each play in support local Familiar Faces efforts.

- [Data sharing examples](#), [implementation resources](#), and [case studies](#) that can support Hays County data efforts. Workshop participants requested examples of data sharing agreements. Below are a few made public by the Familiar Faces Initiative:
 - [Data Use Agreement: An Example from King County, Wash.](#)
 - [Information Sharing MOU: An Example from Gila County, Ariz.](#)
 - [Confidentiality Agreement: An Example from Johnson County, Kan.](#)
 - [Business Associate Agreement: An Example from Johnson County, Kan.](#)
 - [Sample Business Associate Agreement Provisions](#)
 - [Using an MOU to Formalize Goals and Establish Data Sharing: An Example from Codrington County, S.D.](#)
- The [National Center for Complex Health and Social Needs](#) has resources to support leadership in developing programs that focus on complex care populations, analyzing data to inform decision making, and exploring business and legal needs.
- [Frequent Users Systems Engagement](#) (FUSE) is an initiative through the Corporation for Supportive Housing and another model for identifying frequent users of jails, shelters, hospitals and/or other crisis public services by linking data networks to identify those in need and quickly linking them to supportive housing. CSH FUSE has been formally evaluated and shows reductions in the use of expensive crisis services and improvements in housing retention. More than 30 communities implementing FUSE are seeing positive results.¹¹

Pilot an Assertive Community Treatment (ACT) Team targeting Hays County frequent utilizers. Review national and State best practices on the development and implementation of an ACT team.

- [SAMHSAs Evidence Based Practices Toolkit, Building Your Program](#), provides guidance on how to develop and structure an assertive community treatment

¹¹ Corporation for Supportive Housing. *FUSE*. Retrieved May 31, 2022, from <https://www.csh.org/fuse/>.

model. The toolkit identifies the following key principles of a high-fidelity ACT program:¹²

- ACT is a service delivery model not a case management program
 - The primary goal of ACT is recovery through community treatment and habilitation
 - ACT is characterized by: a team approach, in vivo services, a small caseload, time-unlimited services, shared caseloads, flexible service delivery, a fixed point of responsibility and 24/7 crisis availability
 - ACT is for people with the most challenging and persistent problems
 - Programs that adhere most closely to the ACT model are more likely to get the best outcomes.
- [SAMHSA's Forensic Assertive Community Treatment \(FACT\)](#) brief provides an overview of the FACT model for individuals with serious mental illness who are involved with the criminal justice system. This model is designed to serve individuals who are high utilizers across behavioral health and justice systems. This brief identifies the key components of FACT and recommended eligibility criteria for individuals to receive services. Recommended criteria include:¹³
 - Eligibility criteria for ACT are met
 - Current or recent involvement with the criminal justice system, including a history of failure to comply with criminal justice system supervision
 - Medium to high criminogenic risk and need
 - SMI; may also include co-occurring substance use disorders
 - Functional impairment, including the inability to manage activities of daily living
 - The [University of North Carolina Center for Excellence in Community Mental Health](#) has a number of resources to support planning and implementation of ACT). Resources include networking opportunities with ACT teams from across the country and tools for assertive engagement, assessment and

¹² *Building Your Program: Assertive Community Treatment*. Substance Abuse and Mental Health Services Administration. (2008). Retrieved 21 November 2022, from https://store.samhsa.gov/sites/default/files/d7/priv/buildingyourprogram-act_1.pdf.

¹³*Forensic Assertive Community Treatment Action Brief*. Substance Abuse and Mental Health Services Administration. (2019). Retrieved 21 November 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-fact-br.pdf>.

person centered planning, daily team meetings, family psychoeducation, supportive housing, team leadership, etc.¹⁴

Explore other national best practice models to address the needs of frequent utilizers in Hays County.

- In Sonoma, California, the Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) program aims to coordinate across agencies to more effectively serve clients with complex needs. This program integrated anonymized utilization records from health, mental health, substance use, housing, criminal justice and human services systems on residents from 2014 to 2018 and defined high utilizers as any person whose utilization across systems was in the top 1percent of any given year. This information was used to guide service type and delivery for the target frequent utilizer population identified and coordinate services across providers to prevent duplication in service deliver.¹⁵
- In Boone County, MO, the Corporation for Supportive Housing (CSH) worked to reduce imprisonment or jail time among the county’s homeless residents who were often among some of the highest utilizers of behavioral health and justice resources. CSH, in collaboration with the University of Chicago, developed a web-based data integration tool that matches lists from county jail administration data to local homeless data. Merging these data sets allowed service providers to accurately focus resources on the highest utilizers across those two systems.
- Health Management Associates in partnership with Arnold Ventures developed [the Behavioral Health Crisis and Diversion from Criminal Justice System: A Model for Effective Community Response](#) that outlines key frequent utilizer diversion best practices and highlights communities that have implemented innovative programs to better serve this population. Some of the key programs highlighted include:¹⁶
 - *Brief Intervention Programs*: Brief crisis focused residential care can act as a step down from a crisis diversion center

¹⁴ Center for Excellence in Community Mental Health. University of North Carolina. (2022). Retrieved 21 November 2022, from <https://www.med.unc.edu/psych/cecmh/education-and-training/unc-institute-for-best-practices/assertive-community-treatment-act/resources/>.

¹⁵ *Data Driven Justice: A Playbook for Developing a System of Diversion for Frequent Utilizers*. National Association of Counties. (n.d.). Retrieved 21 November 2022, from <https://craftmediabucket.s3.amazonaws.com/uploads/DDJPlaybook.pdf>.

¹⁶ *The Behavioral Health Crisis and Diversion from Criminal Justice System: A Model for Effective Community Response*. Health Management Associates and Arnold ventures (February, 2020). Retrieved 21 November 2022, from https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityReport_v7.pdf.

- *Substance Use Focused Crisis Stabilization*: Can serve as an outpatient or inpatient facility to serve as a walk in clinic for individuals with SU or as a drop off location for law enforcement
- *Post Crisis Follow Up*: Second responder teams that provide community outreach and engagement with individuals challenged by chronic behavioral health needs.

Workgroup Members:

Rebekah Falke, Christus Trinity Santa Rosa (CSR); Lina Muniz, CSR; Martin Rodriguez, Buda PD; Nate Waters, Kyle PD; Steve Cunningham, Hays County Sheriff's Office; Erin Barker, Hays County Sheriff's Office; Kendra Marsteller, Texas State PD; Jeff Hohl, Neighborhood Defender Service; Ed Kuny, NAMI; Ashley Seltz, Hays County DA; Jeff Weatherford, Hays County DA

Priority Three: Explore the Development of a Behavioral Health Office to Coordinate County Services

Objective	Action Steps	Who	When
Identify Funding Sources	<ul style="list-style-type: none"> • Conduct assessment of existing county funding resources <ul style="list-style-type: none"> ◦ Explore County Commissioner funding • Consider resource limits • Consider community BH data to support the development of Behavioral Health Office and identify the potential cost savings 	County BH Office Action Planning Committee	30 days
Establish Information Sharing Policy and Protocols to Assist in Connection to BH Services	<ul style="list-style-type: none"> • Establish Information sharing criteria between the new County BH Office and Community BH and Justice Stakeholders <ul style="list-style-type: none"> ◦ Agency/partner agreements (ROIs and MOUs) ◦ Identify single point of contact at each agency • Explore information sharing tools <ul style="list-style-type: none"> ◦ UniteUs- learn about data sharing capabilities ◦ Learn from agencies currently using UniteUs software 	County BH Office Action Planning Committee	60 days
Develop Training and Education Offered by the Behavioral Health Office	<ul style="list-style-type: none"> • Research best practice approaches • Assess county coordinator models in other similarly sized counties implemented in other communities • Develop education and training materials based on research and community needs assessments conducted 	County BH Office Action Planning Committee	60 days
Establish Quality Control Process	<ul style="list-style-type: none"> • Establish clear outcome measures to monitor the BH Office's activities • Identify manpower/staff to monitor and maintain county coordination activities <ul style="list-style-type: none"> ◦ Consider working with Texas State University 	County BH Office Action Planning Committee	90 days
Maintain Multi-disciplinary Relationships and Coordination	<ul style="list-style-type: none"> • Identify opportunities to present progress and provide updates across county stakeholder groups <ul style="list-style-type: none"> ◦ Present on data gathered, training and education resources developed and key outcomes or intended outcomes from the coordinator position 	County BH Office Action Planning Committee	Ongoing
Regular Communication with County Leadership	<ul style="list-style-type: none"> • Encourage BH Leadership Committee to engage with state/federal partners to increase legislative presence • Establish regular coordination meetings between the BH Office and key county Stakeholder groups across SIM Intercepts 	County BH Office Action Planning Committee	Ongoing

Additional Considerations

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

- The Office of New York State Comptroller developed [a Local Government Management Guide on Strategic Planning](#) that highlights the five basic elements of strategic planning: mission, vision, goals, objectives and strategies. These elements should all be considered as the development of the Hays County Behavioral Health Office is explored. In order to effectively identify these five elements, all strategic planning should be guided by four key questions:¹⁷
 - Where are we currently?
 - Where do we want to be in the future?
 - How do we get there?
 - How do we gauge progress?
- Consider key components of effective behavioral health and justice system collaboration:
 - Develop joint projects across Hays County BH and justice providers.
 - Explore blended funding opportunities to support BH Office projects.
 - Ensure information is being shared across relevant stakeholder groups.
 - Provide cross-training across BH and Justice stakeholder groups.

Review strategies to assess county level behavioral health and justice collaborations and to monitor the quality of behavioral health service delivery in Hays County.

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

Explore tools the office could use to help establish a new standard of care for Hays County residents, enable identification and prediction of social care needs, track trends in referrals, enrollment, and availability of mental

¹⁷*Local Government Management Guide: Strategic Planning*. Office of The New York State Comptroller. (2003). Retrieved 21 November 2022, from https://www.osc.state.ny.us/files/local-government/publications/pdf/strategic_planning.pdf.

health services, and leverage meaningful outcome data and analytics to further drive community investment.

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

Learn from communities with behavioral health coordinating offices.

- [The Panhandle Behavioral Health Alliance](#) is a coordinating office developed to improve mental health service delivery in the 26 counties of northwest Texas. The target of this coordinating office to improve access and alignment of local behavioral health systems. PBHA is tasked to convene as a policy-making body to improve the planning, coordination, oversight and implementation required to create sustained and effective system change leading to optimal positive impact for our region. Hays County stakeholders can coordinate with PBHA to learn more about the development and effective collaborative strategies to inform the development of the BH office in Hays County.
- [Fort Bend County Behavioral Health Services](#) (BHS) was established by the Fort Bend County Council of Judges in October 2010. The department was restructured in December of 2018 to report to Fort Bend County Commissioners Court. The department was created to assist in addressing the needs of those with mental illness who come into contact with the justice system. Over the years, Behavioral Health Services has expanded to begin to address those in the community who are high-risk of involvement in the justice system. Working collaboratively with the justice system, health and human services, behavioral health providers, county offices, schools, and the community, BHS continues to increase the awareness of the needs of Fort Bend County's most vulnerable populations and guide systems to work collaboratively to better address those.
- [The Office of Care Coordination in Orange County, California](#) engages across the county working with cities and community-based organizations to strengthen regional capacity and multi-city, multi-sector investments to prevent and address homelessness. They accomplish this by coordinating with public and private BH resources in the County and promoting integration of services within the community to target improving the county-wide response to homelessness.

Workgroup Members

Michelle Zaumeyer, Hill County MHDD; Melissa Rodriguez, HCWC; Tucker Furlow, Hays County DA's Office; Samantha Vanderberg, Hays County Veterans Services; Debbie Inglesbee, Commissioner's Court

Priority Four: Improve Information and Data Sharing Across the SIM

Objective	Action Steps	Who	When
Develop Data Taskforce	<ul style="list-style-type: none"> Identify a city official or other sponsor to organize regular meetings focused on data collection, sharing, and analysis across Hays County for behavioral health and justice stakeholders. Coordinate with other workgroups that have identified data collection and analysis as an action step. Plan for Taskforce meetings. Identify: <ul style="list-style-type: none"> Key participants Location Time and Date Frequency 	Jail, WellPath, County Clerk, District and County Court, County Attorney	60 days
Learn from Other Communities	<ul style="list-style-type: none"> Research national data initiatives and connect with Texas counties who are leading efforts to improve data collection and data sharing. 	Jail, WellPath, County Clerk, District and County Court, County Attorney	90 days
Assess Data Availability	<ul style="list-style-type: none"> Assess availability of baseline data across the SIM <ul style="list-style-type: none"> Use the community impact measures spreadsheet from the SIM Mapping Workshop to guide data collection (see Appendix C). Consult with County stakeholders to identify gaps in information. 	Jail, WellPath, County Clerk, District and County Court, County Attorney	90 days
Examine Existing Data Sharing Practices	<ul style="list-style-type: none"> Explore existing data collection and data sharing practices across key agencies. Assign a lead agency to collect and analyze data Examine existing tools to promote community awareness of existing resources and data sharing practices Ensure that an examination of the current CCP Art. 16.22 process is part of this conversation. 	Jail, WellPath, County Clerk, District and County Court, County Attorney	90 days
Analyze Data	<ul style="list-style-type: none"> Use initial analysis to help build a case for what data is needed and advocate for necessary funding to build out they Hays County data strategy. 	Jail, WellPath, County Clerk, District and County Court, County Attorney	90 days

Additional Considerations

Clarify goals for data sharing and data integration for Hays County and develop potential use cases to guide planning efforts. Information sharing across behavioral health and criminal justice systems is critical to reducing the number of people with MI, SUD, and IDD in jails. Tracking aggregate trends can help key

decision makers develop policy and funding strategies to support people with MI, SUD, and IDD in the community. At the point of service, the availability of information related to the person’s treatment history and condition can enhance safety, improve the individual’s health and support recovery outcomes. Consider convening a work group to clarify data sharing goals for the community. Examples of goals might include:

- Track key criminal justice and behavioral health trends across Hays County 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.

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.¹⁸

Learn from national efforts and other Texas communities.

- In 2016, the U.S. Department of Justice’s Bureau of Justice Assistance (BJA) launched an online toolkit in partnership with the Council of State Governments (CSG) Justice Center that supports law enforcement agencies around the country in planning and implementing effective public-safety

¹⁸ *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>.

responses to people who have MI.¹² One key component is the identification of [four key outcomes of Police-Mental Health Collaboration effectiveness](#):¹⁹

- Increased connections to resources;
 - Reduced repeat encounters with law enforcement;
 - Minimized arrests; and
 - Reduced use of force encounters with people who have mental health needs.
- Texas counties have joined national data initiatives like the Stepping Up Initiative to reduce the number of people with MI in jail. In early 2019, Lubbock County became one of 15 counties nationwide nominated as a [Stepping Up Innovator County](#). Lubbock County has implemented strategies to accurately identify people in jails who have SMI; collect and share data on people to better connect them to treatment and services; and use this information to inform local policies and practices. The four key measures of the Stepping Up initiative are:²⁰
 - Number of bookings;
 - Average length of stay;
 - Connections to treatment and services; and
 - Recidivism for the general population and for people identified as having SMI to provide a point of comparison. This can be used to determine whether disparities between these populations exist in each of these areas.

Review national and state data sharing guidelines.

- [Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#), is a report from the Council of State Governments Justice Center's Criminal Justice and Mental Health Consensus Project that was developed to help criminal justice officials work with health professionals to better use both systems information, when appropriate, to reduce criminal justice involvement among people with MI and to provide better links to treatment. The guide explains the federal legal framework and how it relates to state laws. It describes how HIPAA and 42

¹⁹ *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People who have Mental Health Needs*. Council of State Governments Justice Center. (2018). Retrieved 16 June 2022, from <https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf>.

²⁰ *Stepping Up Together*. The Stepping Up Initiative. Retrieved 16 June 2022, from <https://stepuptogether.org/>.

Code of Federal Regulations (CFR) Part 2 may affect exchanges among behavioral health care; law enforcement; courts; jails and prisons; and probation and parole professionals. It reviews the circumstances under which protected health information can be released and received and offers answers to scenario-based frequently asked questions.²¹

- [Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions](#), compiles strategies presented at the 2018 Best Practices Implementation Academy convened by SAMSHA’s GAINS Center to enable appropriate information sharing between healthcare and criminal justice agencies.²²
- See **Appendix D** for some relevant Texas and federal privacy and information sharing provisions.

Workgroup Members

Cindi Carter, District Court; Judge O’Brien; Julissa Villalpando, Hays County Jail Captain; Ben Moore, Magistrate Judge; Marie Herrera, ARCIC; Juan Saenz, Hays County Jail Captain; Nichole Mueller McNorris, WellPath; Amy Lowrie, Clinic Director, Hill Country MHDD

²¹ *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*. Council of State Governments Justice Center. (2010). Retrieved 16 June 2022, from <https://csgjusticecenter.org/publications/information-sharing-in-criminal-justice-mental-health-collaborations/>.

²² *Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions*. National Association of Counties. (2018). Retrieved 21 November 2022, from <https://www.naco.org/blog/point-service-information-sharing-between-criminal-justice-and-behavioral-health-partners>.

Priority Five: Enhance 911 and Law Enforcement Response to Behavioral Health Crises

Objective	Action Steps	Who	When
Establish Data Collection Points	<ul style="list-style-type: none"> Assess existing MH crisis line and 911 dispatch call data. Consider the following data points: <ul style="list-style-type: none"> Identify MH Calls; Identify MH Jailings; Response: Police, EMS or other; Frequency of MH Unit Calls; Time spent per unit responding to MH calls. Form a workgroup to establish best practice data collection methods at 911 dispatch: <ul style="list-style-type: none"> Coordinate with data task force to collect information on existing practices; Establish workgroup priorities; Identify who to invite. 	Meadows 911 dispatch, San Marcos Police Department; Hays County Sheriff's Office; Wellpath; Jail Constables/ Marshalls	30 days
Improve Regular Training and Education Opportunities for 911 Dispatch and Law Enforcement	<ul style="list-style-type: none"> Identify goals for dispatch and law enforcement trainings Identify where gaps in stakeholder knowledge exists Streamline mental health questions asked by dispatchers and law enforcement: <ul style="list-style-type: none"> Consider adding an option at 911 for MH response in addition to police EMS or Fire. Consider training options for 911 dispatch staff, including: <ul style="list-style-type: none"> Mental Health First Aid; Applied Suicide Intervention Skills Training; Assess Support Know: Suicide Prevention Training; and Counseling on Access to Lethal Means. Further train 911 dispatch staff on criteria used to identify a MH need and dispatch a MH Unit. 	911 dispatch, San Marcos Police Department; Hays County Sheriff's Office; Wellpath; Jail Constables/ Marshalls	90 days
Identify Opportunities to Increase First Responders Available to Address MH Crisis in Hays County	<ul style="list-style-type: none"> Identify opportunities to increase the number of available MH trained first responders. Consider: <ul style="list-style-type: none"> Increasing the number of CIT Trained officers across Hays County; Opportunities for ride-along/constable assistance; Embedding clinicians on MH response teams (explore co-responder models). Identify key partners: <ul style="list-style-type: none"> Establish contracts between local law enforcement and Hill Country MHDD. 	911 dispatch, San Marcos Police Department; Hays County Sheriffs Office; Wellpath; Jail Constables/ Marshalls	120 days

Additional Considerations

Develop a standardized script for dispatch and first responders in Hays County 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](#)²³ provides an overview of what signs and symptoms might indicate a behavioral health crisis and provides some suggestions for effectively responding to individuals 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:²⁴
 - Gather descriptive information on the person's behavior;
 - Identify if the individual 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:²⁵
 - Determine which approach to 911 dispatch diversion is a good fit;
 - Identify which calls will be eligible for diversion;
 - Provide training for all dispatchers and clinicians; and,
 - Use data to assess the programs performance and make improvements.

²³ *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>.

²⁴ *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>.

²⁵ *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-diversion-program/#:~:text=One%20model%20showing%20promise%20is,health%20or%20social%20service%20need>.

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.²⁶ 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.²⁷
- 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.²⁸ 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.²⁹
- 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 embedding 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 assist alongside a first responder in the field; and, 14% resulted in support and information shared by the mental health professional triaging the call.³⁰
- **Yavapai County, Arizona** has sought to improve community services by introducing a co-response model and 911 deflection services. The deflection

²⁶ *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/>.

²⁷ *Combined Transportation, Emergency, and Communications Center Crisis Call Diversion Program Cost Analysis.* Austin Integral Care. (2020).

²⁸ *Mental Health Diversion: Crisis Call Diversion.* Houston Police Department. Retrieved 21 November 2022, from <https://www.houstoncit.org/ccd/>.

²⁹ *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/>

³⁰ Data provided by Bluebonnet Trails Community Services

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.

- **In Dane County, Wisconsin** representatives from the dispatch center were involved in the planning for the Community Alternative Response Emergency Services (CARES) community responder team from the beginning. Law enforcement, Journey Health employees (the provider who run the CARES team along with the Madison Fire Department), the fire department, and dispatchers collaborated to develop the workflows and questions that dispatchers now use to determine which team to send to a call. They were able to establish protocols for using standard call screening questions to determine if a call could be routed to the CARES team. For example, any call where the person identified weapons on the scene, stated that someone was exhibiting assaultive or threatening behavior, or indicated that there was a need for medical services was disqualified for the community responders. However, if none of these situations were presented, but the caller was suicidal or needed a welfare check, then the CARES team could respond.³¹

Explore regular training and education opportunities for 911 dispatch and law enforcement that are centered around working with individuals experiencing a behavioral health crisis.

- Work with Hill Country MHDD to explore existing MH trainings offered in Hays County:
 - [Mental Health First Aid](#),
 - [Applied Suicide Intervention Skills Training](#),
 - [Assess Support Know: Suicide Prevention Training](#), and
 - [Counseling on Access to Lethal Means](#).
- Identify opportunities for law enforcement and dispatch to engage in 988 implementation strategies and stay informed around 988 planning in Hays County. The Council of State Governments Justice Center released a brief titled [How to Use 988 to Respond to Behavioral Health Crisis Calls](#), which

³¹ *Preparing 911 Dispatch Personnel for Incorporating New First Responder Teams*. Council of State Governments Justice Center. (2021). Retrieved 8 July 2022, from https://csjusticecenter.org/wp-content/uploads/2021/12/CSGJC_Field-Notes_Preparing-911-Dispatch-Personnel_2019-MO-BX-K001_508.pdf.

outlines what every community should know about 988 as well as tips to prepare for successful 988 Implementation.³²

Explore the use of remote technologies to further support law enforcement responding to individuals experiencing a mental health crisis.

- Examine plans, trainings, and other resources developed for similar Texas programs. The Harris County Sheriff's Office developed a [Telehealth Implementation Guide](#), which outlines:³³
 - Reasons for telehealth for patrol;
 - Benefits of telehealth for patrol;
 - Frequently Asked Questions;
 - Details on the Harris County pilot program;
 - Comparison tables which include outcome data from the pilot program; and
 - Other resources.
- Consider opportunities for law enforcement to use existing tools such as a duty phone to support MH calls and remote assessments.

Workgroup Members

Dan Royston, San Marcos PD; Arroya McGhee Enyard, Wellpath; Stacy Johnston, Hays County Sheriff's Office 911; Joyce Bender, San Marcos PD; Debbie Ingalbe, County Court; Wes Mau, District Attorney; Jim Swisher, EMS; Layla Fry, Meadows; Daryl Perez

³² *How to Use 988 to Respond to Behavioral Health Crisis Calls*. The Council of State Governments Justice Center (2022, May). Retrieved 16 June 2022, from <https://csgjusticecenter.org/publications/how-to-use-988-to-respond-to-behavioral-health-crisis-calls/>.

³³ *Telehealth Implementation Guide*. Arnold Ventures (2020, February). Retrieved 16 June 2022, from <http://www.harriscountycit.org/wp-content/uploads/Implementation-Guide-June-9-2020.pdf>.

Priority Six: Establish the Hays County Behavioral Health Leadership Team

Objective	Action Steps	Who	When
Establish Behavioral Health Leadership Team to Inform Public Policy Regarding Mental Health Services	<ul style="list-style-type: none"> Establish a 12-member leadership team representing leadership from each intercept. Create subcommittees to carry out priority action plans developed. 	Chief Standridge, Judge O'Brien, Debbie Gonzales - Ingalsbe, Wes Mau, Amy Lowrie, and Thomas McKinney	30 Days

Additional Considerations:

Hays County stakeholders identified the importance of developing a team of Hays County Behavioral Health and Justice system leaders to lead policy, planning and coordination efforts for Hays County. Additionally, this leadership team will oversee 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.³⁴
 - 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

³⁴ *Guidelines for Developing a Criminal Justice Coordinating Council.* National Institute of Corrections. (2022). Retrieved 8 July 2022, <https://info.nicic.gov/cjcc/>.

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; 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.

Clarify goals for data sharing and data integration for Hays County 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 MI, SUD, and or IDD 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 Hays County 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.

Quick Fixes

While most priorities identified during a Sequential Intercept Model 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 MI, SUD and/or IDD in the justice system.

- Reconvene SIM Workshop BH and Justice stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop.
- Standardize mental health coding protocols across dispatch and LE departments in Hays County.
- Develop a centralized list of all behavioral health resources available in Hays County that can be easily accessed by community members, first responders, and crisis mental health providers, building on resource lists already utilized by local hospitals, law enforcement and the Hill Country MHDD.
- Distribute updated data on individuals awaiting competency restoration in Hays County across justice stakeholders and analyze competency restoration waitlist data to provide relevant decision makers with updates on waitlist trends in Hays County.
- Partner with Hill Country MHDD to ensure MHFA training is made widely available to 911 dispatcher, law enforcement, and court personnel (DAs, judges, prosecutors).

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 Hays County residents who lack adequate funding for behavioral health care.
- Explore ways to expand access to the TLETS Continuity of Care Query to law enforcement and the courts in Hays County.
- Increase the quality of competency evaluations in Hays County.

Appendices

Appendix A: Hays County Workshop Agenda

Sequential Intercept Model Mapping Workshop Hays County

September 15, 2022- September 16, 2022

Hays County Office of Emergency Services

810 S. Stagecoach Trail #1200, Conference Room 1202, San Marcos, TX 78666

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided
8:30	Opening Remarks	Welcome, <i>Judge Daniel O'Brien, Hays County Court-at-Law, #3</i> <i>Opening Remarks- Tod Citron, Hill Country MHDD Chief Executive Officer</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services</i>
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 Hays County Data Review
9:45	Break	
10:00	Map Intercepts 0, 1	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:35	Lunch	Lunch to be provided
12:30	Presentation of Intercepts 2, 3	Overview of Intercepts 2 and 3 Hays 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 Hays County Data Review
2:10	Break	Refreshments to be provided
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

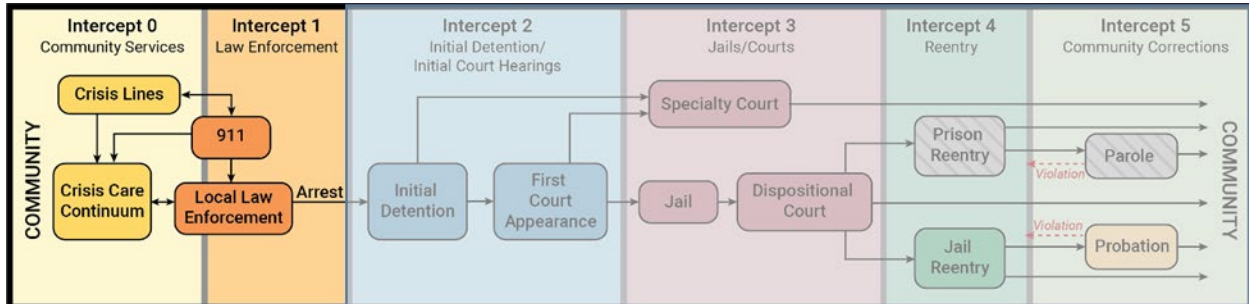
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided
8:30	Welcome	Opening Remarks, <i>Chief Stan Standridge, San Marcos Police Department</i>
8:45	Preview & Review	Preview of Day #2 Review Day #1 Accomplishments
9:15	Action Planning	Group Work
10:30	Break	
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	Finalize Date of Next Task Force Meeting Discuss Next Steps for Hays County Report Share Technical Assistance Opportunities Complete Evaluation Form
12:20	Closing Remarks	Closing Remarks, <i>Commissioner Walt Smith, Hays County Commissioner's Court, Precinct 4</i>
12:30	Adjourn	

Appendix B: Overview of Hays County Resources

Intercept 0 and Intercept 1



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

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

Crisis Call Lines

The Hill Country MHDD crisis calls are routed to contractor Avail Solutions, Inc. (Avail). The Avail Crisis Line is available 24 hours per day, 7 days a week. It serves anyone experiencing a behavioral health crisis. Avail triages calls, dispatching Hill Country's Mobile Crisis Outreach Team (MCOT) when deemed appropriate. For people not experiencing a mental health crisis, Avail can refer callers to the appropriate Hill Country provider of MI, SUD, or IDD services.

In addition to the Hill Country MHDD crisis hotline, Hays County residents have access to the [988 Suicide & Crisis Lifeline](#), the Hays-Caldwell Women's Center (HCWC) Crisis Hotline, and other national crisis hotline providers. 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. HCWC provides confidential crisis and information line for victims of abuse 24 hours a day, 7 days a week.

Texas State University students can call the Texas State University Counseling Center Monday through Friday, from 8am to 5pm, to speak with a crisis counselor

or make a crisis appointment. The Central Texas affiliate of the National Alliance on Mental Illness (NAMI Central Texas) operates a warm line during normal business hours for people seeking mental health information and resources. Telephone numbers for crisis hotline options in Hays County are as follows:

- Hill Country MHDD: 877-466-0660
- 988 Suicide & Crisis Lifeline: 9-8-8
- Hays-Caldwell Women’s Center (HCWC): 512-396-4357
- National Domestic Violence Hotline: 800-799-7233
- The Trevor Project Crisis and Suicide Prevention Lifeline: 866-488-7386
- NAMI Central Texas: 512-420-9810
- Texas State Counseling Center: 512-245-2208

9-1-1/Dispatch

The Combined Emergency Communications Center (CECC) and Public Safety Answering Point (PSAP) provides 9-1-1 call-taking and dispatch services for San Marcos, Buda, and Kyle Police Departments, the Hays County Sheriff’s Office, the five County Constables Offices, San Marcos-Hays County EMS, North and South Hays Fire Department, Kyle Fire Department, Buda Fire and EMS, Wimberly Fire and EMS, and Chisholm Trail Fire and Rescue.

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 do have the ability to activate a Mental Health Deputy (MHD). Dispatchers “flag” locations from which they frequently receive mental health-related calls.

Crisis Services

Crisis services in Hays County are provided by Hill Country MHDD and can be accessed through the crisis line operated by Avail. If a person in crisis contacts Avail and they determine an MCOT response is appropriate, MCOT is dispatched to the call. Walk-in crisis services are available at Hill Country MHDD locations during regular office hours.

In addition to MCOT and walk-in crisis services, Hill Country MHDD operates the Scheib Center crisis respite center and the Linda J. Werlein Crisis Stabilization Unit (CSU). The Scheib Center crisis respite center serves youth between the ages of 13 and 17 who are at low risk of harm to self or others. The Linda J. Werlein CSU

serves adults who are experiencing a mental health crisis and whose symptoms interfere with their ability to remain safely in the community.

People in need of voluntary or involuntary inpatient psychiatric hospitalization can access hospital-based services in surrounding counties—Travis, Kerr, and Bexar.

Healthcare

Public primary care services can be accessed at CommuniCare Health Centers San Marcos. CommuniCare San Marcos is a Federally Qualified Health Center (FQHC). FQHCs can provide preventive health, dental, mental health, substance use, hospital, and specialty care on a sliding scale.

Emergency medical and hospital-based care in Hays County is provided at Baylor, Scott, & White Medical Center in Buda, Ascension Seton in Kyle, and Cristus Santa Rosa in San Marcos.

Substance use services can be accessed at Cenikor in San Marcos, NOVA Recovery Center in Wimberly, and Right Step in Wimberly. Cenikor provides outpatient prevention and mutual support services for youth and young adults. NOVA Recovery Center provides detox, 90-day inpatient, intensive outpatient, aftercare, and sober living. Right Step provides inpatient, outpatient, and aftercare. NOVA and Right Step are private pay facilities. Bluebonnet Trails operates the Outreach, Screening, and Referral (OSAR) program that provides public access to detox, inpatient, and outpatient substance use services to people in Hays County. OSAR-contracted facilities may be located outside of Hays County.

Law Enforcement and First Responders

Multiple law enforcement agencies serve Hays County, including the Hays County Sheriff's Office, San Marcos Police Department (PD), Kyle PD, Buda PD, and Texas State University PD. Emergency Medical Services are provided through San Marcos-Hays County EMS, Kyle Fire and EMS, Buda Fire and EMS, and Wimberly Fire and EMS. Law enforcement and other first responders are routed through 9-1-1 dispatch.

The Hays County Sheriff's Office has a dedicated Mental Health Deputy program to respond to emergency calls involving people believed to be experiencing a mental health crisis. Mental Health Deputies (MHD) are licensed peace officers and have completed the required TCOLE Mental Health Certification course and a 12-week field training program. MHDs have the authority to file Emergency Detention Orders (EDO) for inpatient care, divert people in crisis to community-based mental health services, and assist Hill County MHDD MCOT to ensure the safety of the scene when responding to a person in crisis. Currently, the Hays County Sheriff's Office employs

1 mental health sergeant, 4 mental health deputies, and 2 outreach liaisons that are available 24 hours a day.

Texas State University PD provides law enforcement services in and around the university campus.

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. Southside Community Center in San Marcos operates a 30- to 90-day transitional shelter for people experiencing homelessness who proactively work toward independence. Oxford House operates a network of sober living homes for people with substance use concerns who abstain from substance use while a resident. Currently, there are no emergency or temporary congregate shelters for people experiencing homelessness in Hays County.

The Greater San Marcos Youth Council is private, non-profit that operates a Children's Shelter to provide residential services to children and youth who have been victims of abuse and neglect. The Hays-Caldwell Women's Center (HCWC) operates the McCoy Family Shelter, a secure facility for women, men, and families who are victims of violence and abuse. Residents of the McCoy Family Shelter have access to individual and group counseling provided by HCWC.

Peer Support

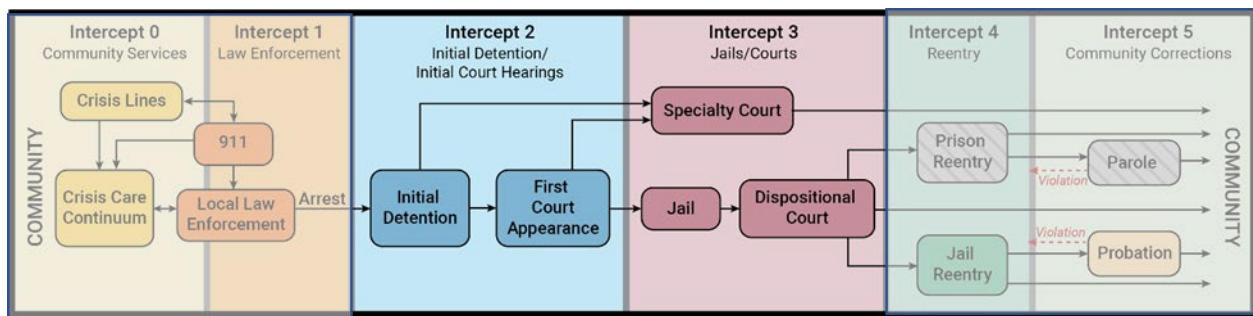
Canikor San Marcos is a Recovery Support Service (RSS) provider that incorporates peer support services into the program's prevention and intervention services. Hill Country MHDD adult mental and behavioral health programs employ Peer Support Specialists. NAMI Central Texas provides peer and family support services to residents of Hays County.

Special Populations

Services across the SIM intercepts can be specialized to support the unique needs of special populations, including children and adolescents. Hill Country MHDD provides mental health services and support to children and adolescents who reside in their catchment area. The Youth Empowerment Services (YES) Waiver program provides a variety of in-home and alternative community services, including animal-assisted and art therapy, family supports, paraprofessional services, respite care, and community livings supports.

Data Collection and Information Sharing

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



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Intercept 2 and Intercept 3

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

During Intercept 3 of the model, people with MI, SUD, and/or IDD not yet diverted at earlier intercepts may be held in pretrial detention at a local jail while awaiting the disposition of their criminal cases.

Booking

In Hays County, a person is brought to the Hays Jail by the arresting law enforcement officer. Upon booking, jail medical staff screen every person brought to the jail for behavioral health concerns using the Screening Form for Suicide and Medical and Mental Impairments provided by the Texas Commission on Jail Standards (TCJS) and run 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 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 the Hays County Jail can access medical and behavioral health care from the jail's medical provider, WellPath. A nurse conducts the health screen at booking and logs the medical and psychiatric medications the person indicates they are taking, as well as their medical and mental health history. If a behavioral health concern is indicated during the intake assessment, the medical provider refers the person to the WellPath behavioral health provider for a thorough behavioral health assessment.

WellPath provides behavioral health assessment and psychiatric care. WellPath does not provide counseling or ongoing MH services and will not do forced medications as a component of court ordered medications (COMs). WellPath may contact Hill Country MHDD if they are notified by an inmate that they receive services from Hill Country MHDD. Hill Country MHDD may contact WellPath if they are notified that a client has been booked into the Hays 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). Hays County Jail currently houses individuals waiting to receive competency restoration services.

Pretrial Services

Pretrial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision. Hays County is currently in the process of establishing a pretrial services program for people with behavioral health concerns but does not currently operate a pretrial program.

Courts (Including Specialty Court Dockets)

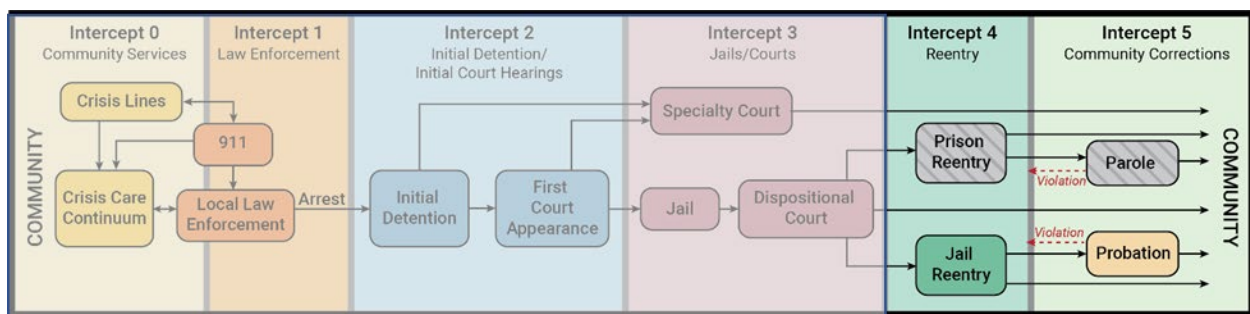
The Hays County Courts at Law oversee misdemeanor criminal cases. District Courts oversee felony criminal cases. Specialty court dockets, which are state-mandated for counties of certain population levels, are established to reduce recidivism through therapeutic and interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety. Hays County

operates a Misdemeanor Veteran Treatment Court, a Misdemeanor Mental Health Court, and a Felony Drug Court.

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, Hays County does 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 MI, SUD, and/or IDD 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

WellPath provides mental health services to people in the Hays County jail. Community reentry planning is limited prior to jail release.

Community Reentry

In collaboration with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Hill Country MHDD provides a 90-day continuity of care program for people exiting the justice system who meet certain criteria. 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.

Probation and Parole

Adult probation services are provided by Hays County Adult Probation. The Texas Department of Criminal Justice (TDCJ) Parole Division operates the Region 4 District Parole Office in Travis County, which covers Hays County.

Adult probation services are provided by the Caldwell, Comal and Hays Counties Community Supervision and Corrections Department.

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 Hays County Juvenile Probation Department.

Appendix C: Community Impact Measures

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

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

Appendix D: Texas and Federal Privacy and Information Sharing Provisions

Mental Health Record Protections

[Health and Safety Code Chapter 533:](#)

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

[Health and Safety Code Chapter 611:](#)

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

(a) A professional may disclose confidential information only:

- (1) to a governmental agency if the disclosure is required or authorized by law;
- (2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
- (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);
- (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
- (5) to the patient's personal representative if the patient is deceased;
- (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;
- (7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;
- (8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);

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

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

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

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

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

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

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

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

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

[Health and Safety Code Chapter 614](#)

Section 614.017 EXCHANGE OF INFORMATION.

(a) An agency shall:

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

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

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

(c) In this section:

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

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

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

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

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

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

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

(M) a municipal or county health department;

(N) a hospital district;

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

- (P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;
- (Q) the Health and Human Services Commission;
- (R) the Department of Information Resources;
- (S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time, contemporaneous identification of individuals in the Department of State Health Services client data base; and
- (T) the Department of Family and Protective Services.

SUD Records Protections:

[42 CFR Part 2.](#) CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

[42 CFR Part 2 Subpart C.](#) DISCLOSURES WITH PATIENT CONSENT

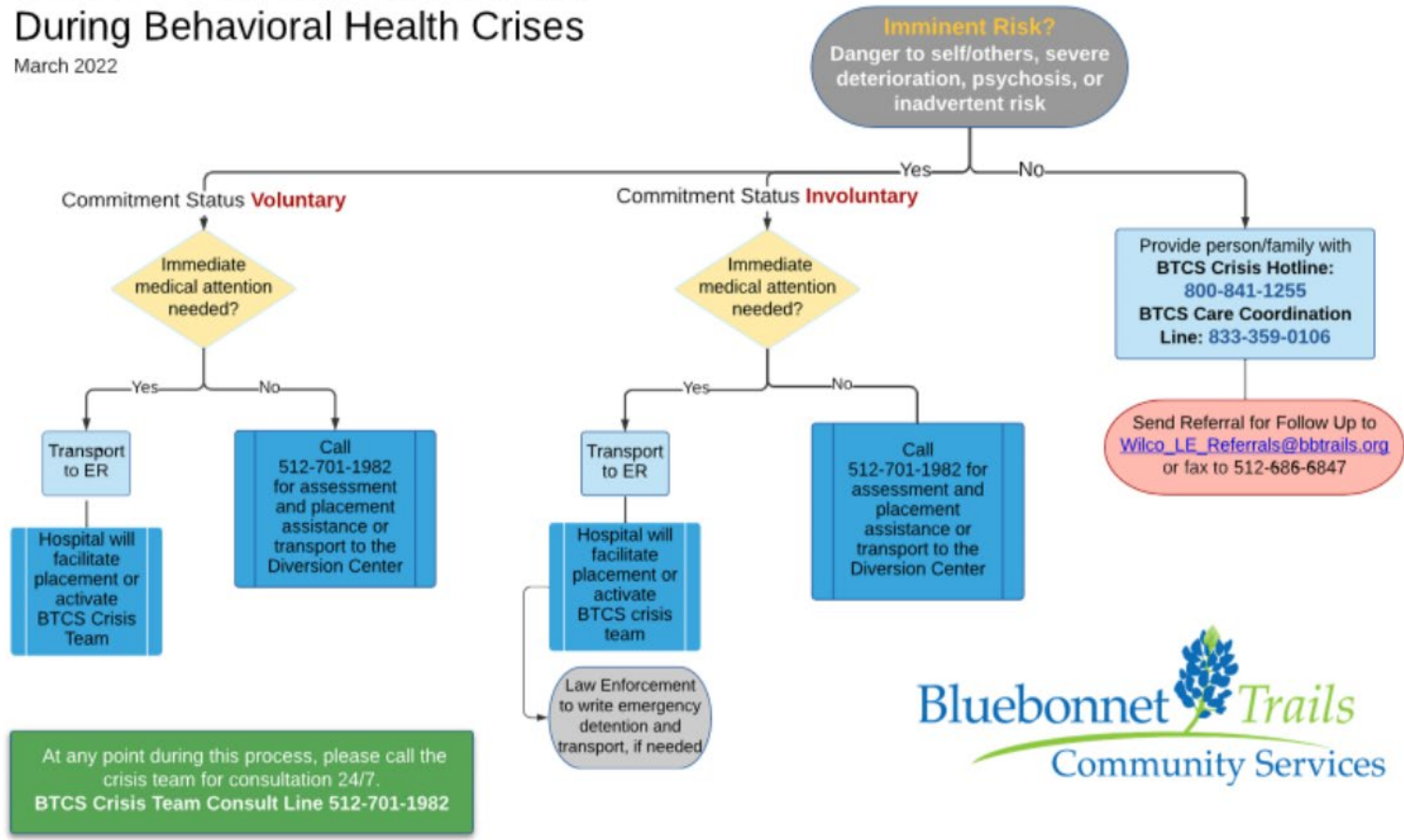
[42 CFR Part 2 Subpart D.](#) DISCLOSURES WITHOUT PATIENT CONSENT

[42 CFR Part 2 Subpart E.](#) COURT ORDERS AUTHORIZING DISCLOSURE AND USE

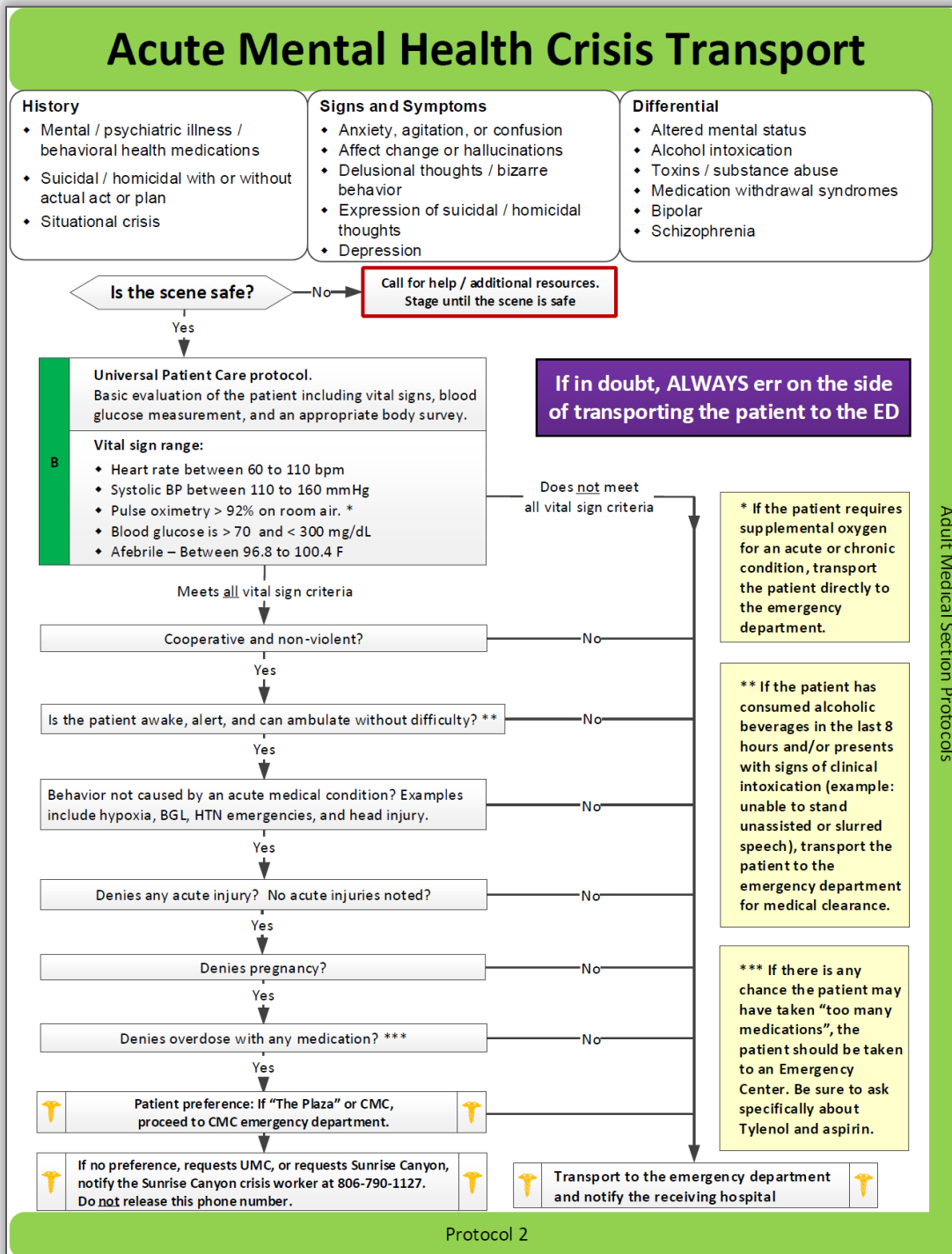
Appendix E: Resources for Law Enforcement During a Behavioral Health Crisis

Resources for Law Enforcement During Behavioral Health Crises

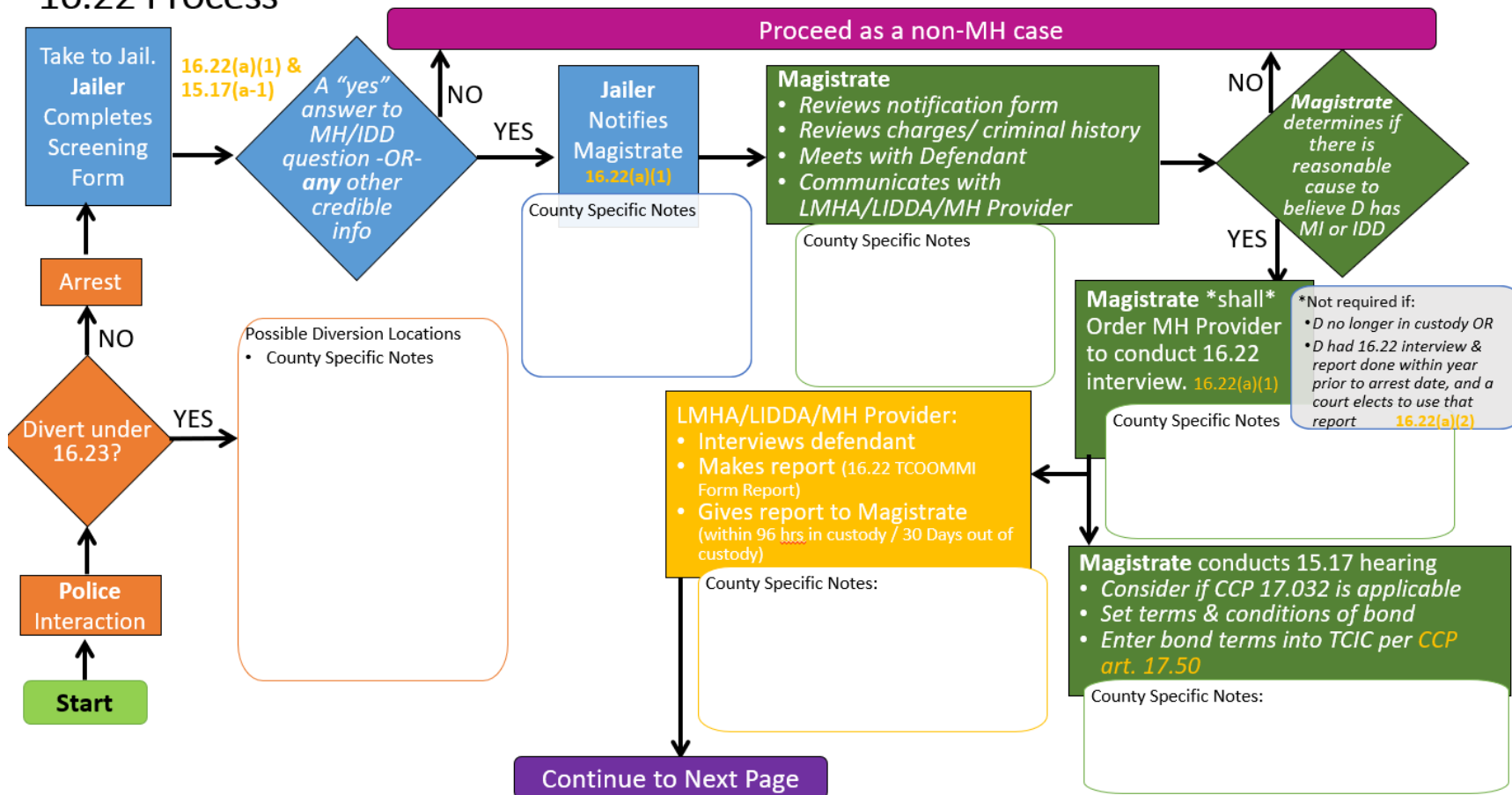
March 2022



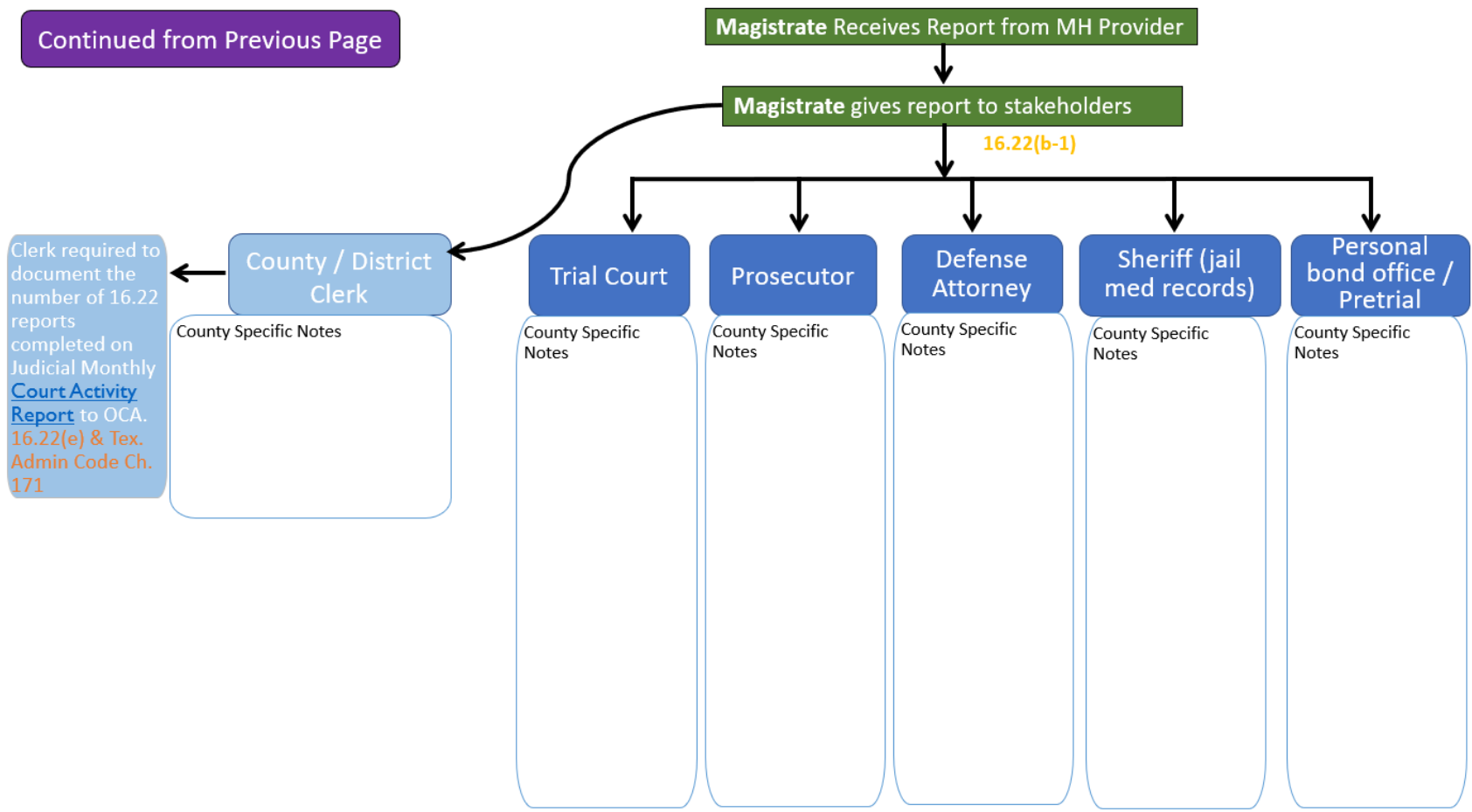
Appendix F: Acute Mental Health Crisis Transport Algorithm

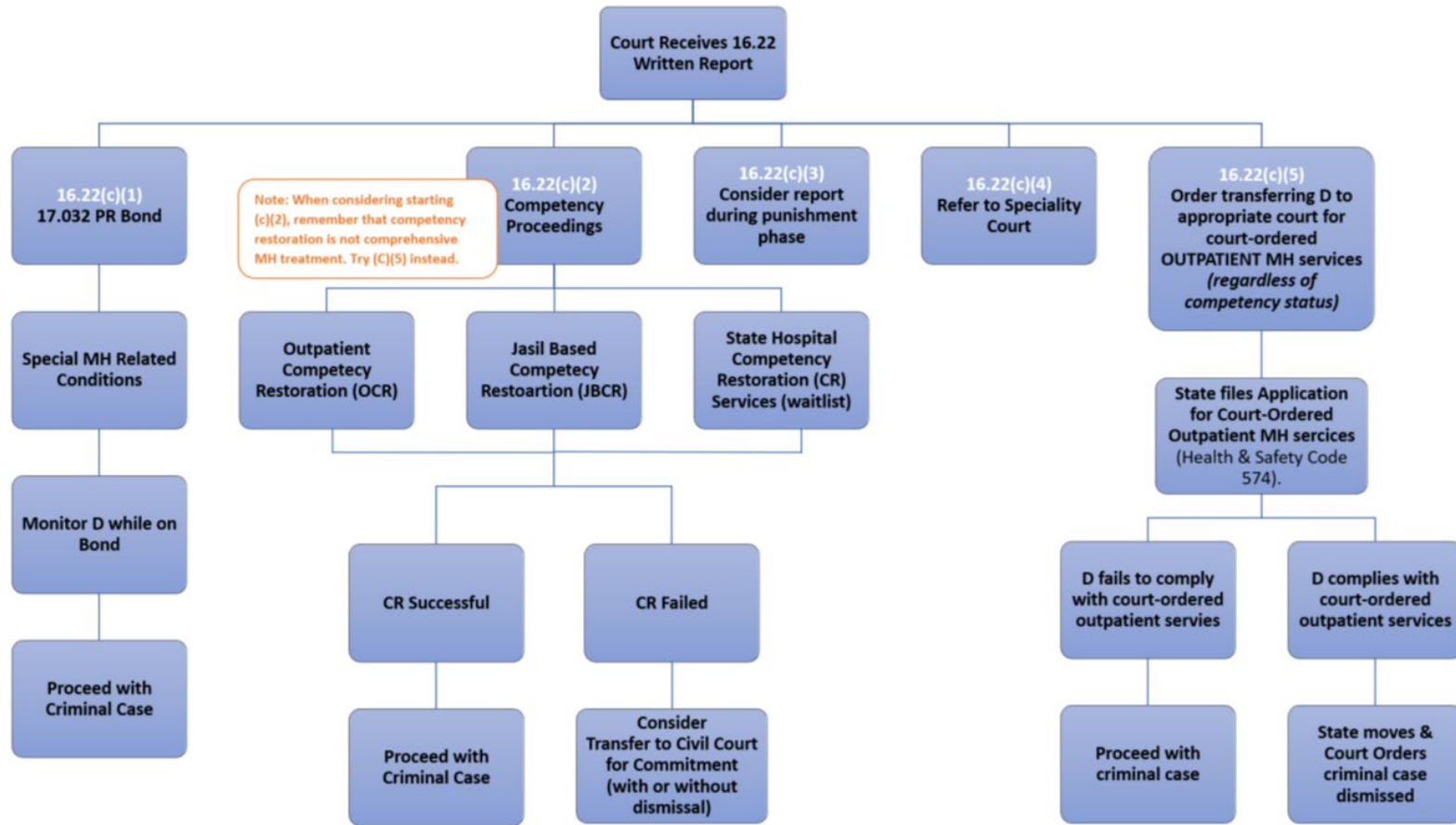


16.22 Process



Continued from Previous Page





Appendix H: SIM Mapping Workshop Participant List

Name	Agency/ Title
Alison Mohr Boleware	Hogg Foundation
Amy Lowrie	Hill Country MHDD
Aroya McGhee Enyard	Wellpath – Hays County
Ashley Seitz	ACDA
Baleigh Stibbens	Ascension Seton/LMSW
Carolie Bartolomwcei	MCMDO Care Navigator
Chris Johnson	CCL #2
Cindi Carter	District Courts Hays Co.
Dan O’Brien	Hays CCC 3 Judge
Dan Royston	SMPD
David Glickler	Attorney
Debbie Ingalsbe	Hays County
Deborah Villalpando	Southside Community Center
Ed Kum	Scheib
Elaine Cardenas	Hays County
Eric Dobbs	Hays County Attorney
Erin Barker	HCSO
James Swisher	SMHC EMS
Jason Anika	Hays Adult Probation
Jeff Hohl	NDS – Supervising Attorney
Jeffrey Weathford	Hays DA
John Saenz	HCSO
Joyce Bender	San Marcos Police MHU
Julie Villalpando	HCSO - Captain
Kendra Marsteller	TXST UPD
Kristi Taylor	ED JCMH

Layla Fry	Director of Youth Justice; Meadows Mental Health Policy Institute
Lina Muniz	CSR CN RN
Marie Herrea	ARCIL
Martin Rodriguez	Buda PD
Mary Beth Roper	Scheib
Matt Burns	District County Courts
Meenu Walters	NDS
Men Moore	Hays County Mag.
Michael Fogiry	Hill Country MHDD
Michael Kerr	Ascension Seton
Michelle Harper	United Way
Michelle Zaumeyer	Hill Country MHDD
Natalie Weimer	Cenikor
Nate Waters	Kyle PD
Nichole Mueller McMorris	Wellpath – Mental Health Coordinator
Peter Arellano	UT/Program Director
Rebekah Falke	Christus Santa Rosa Hospital
Ron Stretcher	MMHPI
Samantha Vanderberg	VAC
Sarah Blevins	ED Director Christus Health
Sarah Kramer	Austin Oaks
Shelley MacAllister	Unite Us Community Engagement Mgr.
Stacy Johnston	HCSO
Stan Stondridge	Chief; SMPD
Steve Cunningham	Hays County Sheriff's Office
Tod Citron	CEO HCMHDDC
Tucker Furlow	ACAA ADA
Wesley Mau	Hays County CDA

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
ACT	Assertive Community Treatment
ARPA	American Rescue Plan Act
BHLT	Behavioral Health Leadership Team
BJA	Bureau of Justice Assistance
CARR	City and Rural Ride Service
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
CSG	Council of State Governments
CSH	Corporation of Supportive Housing
COMs	Court Ordered Medications
CRCG	Community Resource Coordination Group
DDJ	Data-Driven Justice
DOJ	Department of Justice
ECHO	Ending Community Homelessness Organization

Acronym	Full Name
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room
FUSE	Frequent User System Engagement
FQHC	Federally Qualified Health Center
HCWC	Hays-Caldwell Women's Center
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HMA	Health Management Associates
IDD	Intellectual and Developmental Disability
ISD	Independent School District
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
JSO	Juvenile Supervision Officer
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment

Acronym	Full Name
MCOT	Mobil Crisis Response Team
MHD	Mental Health Deputy
MHDD	Mental Health and Developmental Disability Centers
MHFA	Mental Health First Aid
MHMRCV	My Health My Resources Concho Valley
MI	Mental Illness
MOU	Memorandum of Understanding
NCMHJJ	National Center for Mental Health and Juvenile Justice
NCYOJ	The National Center for Youth Opportunity and Justice
NTBHA	North Texas Behavioral Health Authority
OCR	Outpatient Competency Restoration
OPC	Order of Protective Custody
OSAR	Outreach Screening and Referral
OSFD	Office of the State Forensic Director
OTP	Opioid Treatment Program
PBHA	Panhandle Behavioral Health Alliance
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional

Acronym	Full Name
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
SUD	Substance Use Disorder
TA	Technical Assistance
TCJS	Texas Commission on Jail Standards
TCOLE	Texas Commission on Law Enforcement
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDCJ	Texas Department of Criminal Justice
TLETS	Texas Law Enforcement Telecommunication System
THDSN	The Texas Homeless Data Sharing Network
TJJD	Texas Juvenile Justice Department
TRAS	Texas Risk Assessment System
YES	Youth Empowerment Services