



TEXAS BEHAVIORAL  
HEALTH AND JUSTICE  
TECHNICAL ASSISTANCE  
CENTER

# **Kendall County**

## Sequential Intercept Model Mapping Report

January 2024

## **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 the Hill Country Family Services and Hill Country Mental Health and Developmental Disabilities Centers (MHDD). The planning committee members included:

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The planning committee members played a critical role in making the Kendall County Sequential Intercept Model (SIM) mapping workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Catherine Bialick, MPAff, Director of Behavioral Health and Justice Initiatives, Office of Forensic Coordination (OFC), HHSC; Emily Dirksmeyer, LCSW, Technical Assistance Coordinator, OFC, HHSC; and Paul Boston, LCSW, Technical Assistance Coordinator, OFC, HHSC. The report was authored by Paul Boston, LCSW; Catie Bialick, MPAff; and Emily Dirksmeyer, LCSW.

## **About the Texas Behavioral Health and Justice Technical Assistance Center**

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), 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, 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, 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**

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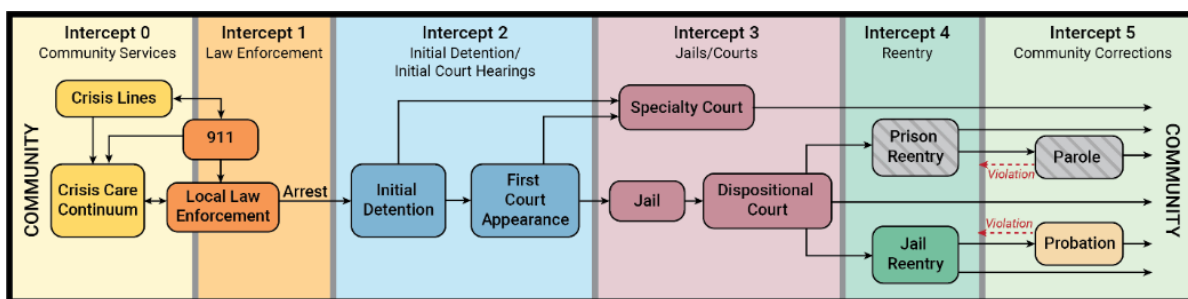
## Introduction

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,<sup>1</sup> 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 across 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, 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 SUD move through the 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.



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<sup>1</sup> 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.

In 2023, Kendall County requested a SIM mapping workshop to help foster behavioral health and justice collaborations and improve diversion efforts for people with MI, SUD, or IDD. The SIM workshop was divided into three sessions: 1) Introductions and overview of the SIM; 2) Developing the local map; and 3) Action planning. The workshop took place January 16-17, 2024 in the Boerne Independent School District Administration Building. See [Appendix A](#) for detailed workshop agenda.



*Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the January 2024 SIM mapping workshop. Report authors aim to capture a robust picture of services offered in Kendall County, while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not HHSC.*

# Sequential Intercept Model Map for Kendall County, January 2024

COMMUNITY

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
<p><b>Crisis Phone Lines</b> Hill Country MHDD (HCMHDD) Crisis Hotline: • 1-877-466-0660 • 24/7 988- National Suicide Prevention Line: <u>Warmlines/ Resource Lines</u> OSAR- R8 The Center for Health Care Services • 210-261-3067 NAMI Greater San Antonio • 210-734-3347 211 information line: • 211 AgriStress Helpline: • 833-897-2474</p> <p><b>Crisis Units</b> HCMHDD Werlein Crisis Stabilization Unit (CSU) • 16-bed facility accessed through referrals by HCMHDD MCOT. Serves HCMHDD 19-county catchment area.</p> <p><b>Mobile Crisis Response Team</b> HCMHDD Mobile Crisis Outreach Team (MCOT) • 1-877-466-0660</p> <p><b>Indigent Healthcare Program</b> Kendall County Indigent Health and Housing • 830-249-9343 ext. 350/351 • State-mandated healthcare program.</p> <p><b>Veterans' Services</b> Kendall County Veterans Service Office • 830-249-9343 x 336 • Appointment required • Benefits counseling</p>	<p><b>911 Dispatch / Emergency Communications</b> City of Boerne Communications Division- Handles all 911 calls for all public safety entities in Kendall County.</p> <p><b>Law Enforcement</b> • Kendall County Sheriff • 2 MH deputies • Fair Oaks Ranch Police • Boerne Police Department • 1 MH officer • Texas Dept. of Public Safety</p> <p><b>Hospitals</b> Boerne Methodist ER- , TX • 134 Menger Springs Rd. • 24/7 • Accepts EDOs and arranges out of county care for clients with OPCs</p> <p><b>Emergency Medical Services</b> • Kendall County EMS • City of Boerne Fire Dept.</p>	<p><b>Initial Detention</b> • Kendall County Detention Center</p> <p><b>Booking</b> <b>Screening Assessments Used:</b> • Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS) • CCP 16.22 Report - used to indicate evidence of MI and completed by MHDD after notification by the JP court.</p> <p><b>Continuity of Care (CoC) Query / Care Match</b> • Jail officer asks screening questions and a 16.22 screening is requested from MHDD • Nurse arranges services through FASPSYCH</p> <p><b>Initial Court Appearance- Arraignment</b> Kendall County Pre-trial Services Defense counsel is appointed at magistration</p>	<p><b>Courts</b> In Kendall County, there is 1 District Court and 4 Justice of the Peace Courts <b>Courts:</b> <b>District Courts:</b> • 451 District Court-Judge Kristen B. Cohoon <b>Justice of the Peace Courts:</b> • Precinct 1-Judge Michele Van Stavern • Precinct 2- Judge Dave Neighbor • Precinct 3- Judge Debby S. Hudson • Precinct 4- Judge Frieda J. Pressler</p> <p><b>Jail</b> Kendall County Detention Center</p> <p><b>Health Services</b> • MH Provider: County employed LVN arranges MH evaluations through telehealth provider FASPSYCH • Medical Provider: Jail has a contract with a provider • Substance Use Treatment Provider: • No known services</p>	<p><b>Jail Reentry</b> Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Connects individuals with psychiatry and case-management (upon referral and admittance into the program).</p> <p><b>Reentry Social Services</b> Christian Women's Job Corps- Job readiness classes and training in Kendall Co. Jail.</p>	<p><b>Parole</b> • Texas Department of Criminal Justice, Parole Division, Region IV, San Antonio District Parole Office and Reentry Center <b>Specialized Caseloads</b> • Texas Risk Assessment System (TRAS) used to determine services needed.</p> <p><b>Probation</b> • Kendall County Community Supervision and Corrections Department-Adult Probation • Texas Juvenile Justice Department- Kendall County Juvenile Probation Office</p>

COMMUNITY

**Behavioral Health (Mental Health, Intellectual and Developmental Disability and Substance Use Disorder Services)**  
Hill Country MHDD- local mental health authority, outpatient behavioral health and crisis resources; The Center for Healthcare Services- region 8 OSAR (Outreach Screening Assessment and Referral) provider for access to state-sponsored substance use disorder treatment; Hill Country MHDD- Hill Country is also the Local Intellectual and Developmental Disability Authority (LIDDA).

**Housing/Shelter**  
Salvation Army Boerne Unit- Assistance with basic needs and linkages to housing stability services; Endeavors- A wide-spectrum homelessness services agency based in San Antonio with an office in Kerrville; Community Action Partnership- Utility and rent assistance; St. Vincent de Paul- Rental and bill assistance; Kendall Co. Giving Connections – database of local nonprofits

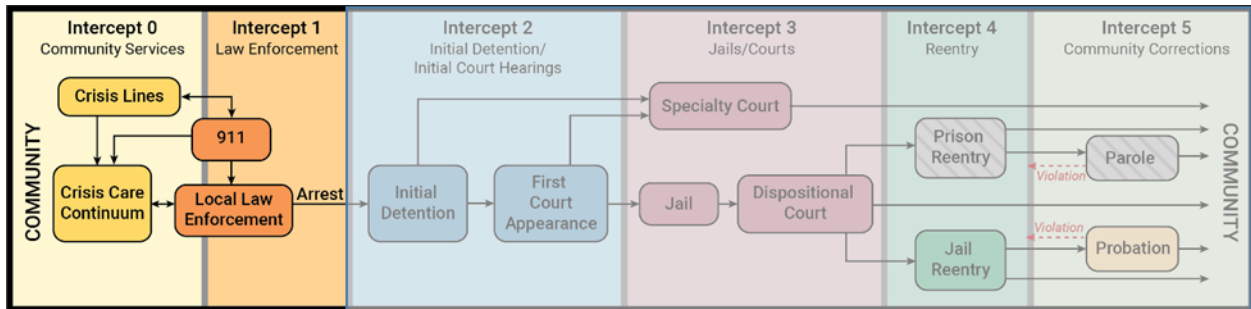
## Opportunities and Gaps at Each Intercept

As part of the mapping activity, facilitators worked with workshop participants to identify services, key stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of 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, or IDD by addressing the gaps and leveraging opportunities in the service system.





# Intercept 0 and Intercept 1



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## Overview: Intercepts 0 and 1

Intercept 0 encompasses the early intervention points for people with MI, SUD, 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 services responders. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with MI, SUD, 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 to divert people away from the justice system and toward treatment when safe and feasible.

## National and State Best Practices

### Someone to call



- Local Mental Health / Behavioral Health Authority Crisis Line
- National Suicide Lifeline: 9-8-8
- Outreach, Screening and Assessment Referral (OSAR) Line
- Crisis Call Diversion (Embedded clinician at 911 dispatch)

### Someone to respond



- Crisis Respite Units and Peer Run Respite
- Extended Observation and Crisis Stabilization Units
- Intensive Outpatient Programs (IOPs) and Partial Hospitalization Programs (PHPs)
- Substance use disorder treatment centers (detox, inpatient, outpatient)

### A place to go



- Mobile Crisis Outreach Teams
- Peer-Operated Crisis Response Support
- Homeless Outreach Teams (Assertive Community Treatment)
- Mental Health Deputies
- Law Enforcement and Mental Health Co-Responder Teams
- Multi-Disciplinary Response Teams
- Remote Co-Response programs

### Tailored trainings



- Crisis Intervention Team Training
- Mental Health First Aid Training
- Suicide Prevention Trainings
- Applied Suicide Intervention Skills Training (ASIST)
- Assess Support Know: Suicide Training (AS+K)
- Trainings for law enforcement, dispatchers and behavioral health professionals

### Targeted programs



- Multi-system frequent utilizers diversion
- Substance use focused diversion
- Veterans
- Children and youth specific crisis services
- Individuals with Intellectual and Developmental Disabilities (IDD)

### Data sharing



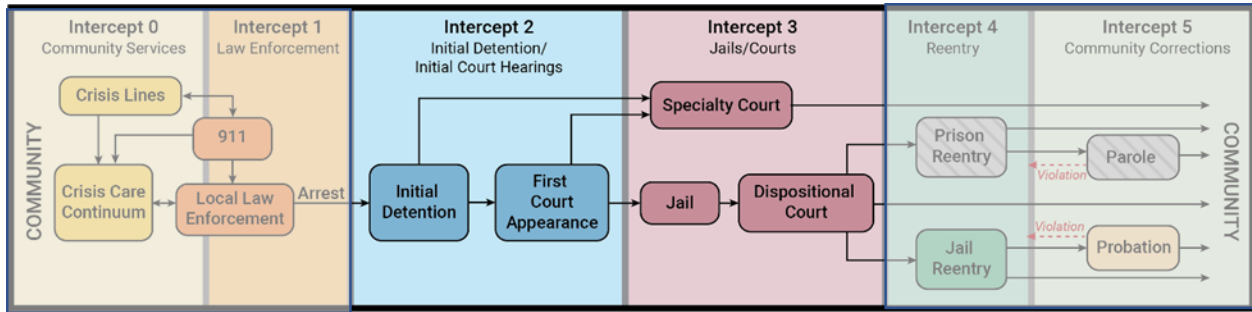
- Established essential data measures
- Information sharing to support crisis response and continuity of care
- Dispatch and Police Coding of MH calls

## Kendall County Intercepts 0 and 1 Gaps and Opportunities

<b>Gaps</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Lack of capacity to flag 911 calls as mental health related at dispatch.</li> <li>• Dispatch has limited capacity to send specialized response units to the scene. Mental health officers and Mobile Crisis Outreach Team are called by the responding unit.</li> <li>• There is a lack of community awareness around Hill Country MHDD's crisis services. The community tends to default to calling 911 for mental health-related issues.</li> <li>• 911 call takers also have the responsibility of dispatching calls, leaving limited time or capacity to ask additional mental health-related questions.</li> <li>• Dispatchers receive minimal mental health training.</li> <li>• No mental health clinicians in dispatch.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities for training between Hill Country MHDD and law enforcement.</li> <li>• Once the 911 center hires a specialized call taker, explore mental health training options and opportunities to embed mental health questions into call-taking processes.</li> <li>• Explore opportunities to embed a mental health clinician in dispatch to triage mental health calls for service.</li> <li>• Consider ways that larger initiatives such as the Zero Suicide Initiative can help facilitate greater awareness of Hill Country MHDD services across primary care providers and social services agencies so 911 is not always the default response.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of specialized mental health responses beyond mental health deputies.</li> <li>• Limited Mobile Crisis Outreach Team (MCOT) staffing leads to long response times. As a result, Law Enforcement is contacted more often than MCOT.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore virtual co-response programs to support law enforcement response to mental health crisis calls.</li> <li>• Explore opportunities for specialized response units to improve follow-up for individuals returning from out-of-county hospitalization.</li> <li>• Explore opportunities to enhance non-law enforcement crisis response options.</li> <li>• Consider implementing programs that are working in other communities, such as Blanco County's community paramedic program or other Multidisciplinary Response Teams (MDRT).</li> </ul>
<ul style="list-style-type: none"> <li>• Limited in-patient psychiatric bedspace for people without insurance means that individuals requiring hospitalization are brought to the local Methodist Hospital Emergency Room under emergency detention.</li> <li>• Lack of options exist for medically managed withdrawal (detox) outside of the emergency room.</li> <li>• Local behavioral health urgent care was recently closed.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue meetings with Southwest Texas Regional Advisory Council (STRAC) to understand how joining the network may lead to efficiencies with locating in-patient psychiatric bedspace and obtaining medical clearance.</li> <li>• Convene a workgroup to develop plans for a 24-hour access crisis mental health center.</li> <li>• Consider ways emergency medical service (EMS) may assist in obtaining medical clearance in the field.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of low-cost counseling services to treat conditions such as post-traumatic stress disorder (PTSD) and anxiety.</li> <li>• Limited counseling options for low-income or uninsured individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance partnerships with churches, nonprofits, and local government to explore alternative means to fund counseling services.</li> <li>• Develop a list of nonprofit or sliding-scale therapists in the community.</li> <li>• Convene a meeting of local mental health, social services agencies, and masters' programs to develop a plan to attract and retain social work or counseling interns in Kendall County.</li> </ul>
<ul style="list-style-type: none"> <li>• No existing agreements for data sharing at the community level.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the use of Memorandums of Understanding (MOUs) between Hill Country MHDD and other agencies to support information sharing.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited participation in statewide initiatives like the Zero Suicide Initiative.</li> </ul>	<ul style="list-style-type: none"> <li>• Use the Behavioral Health Leadership Team to coordinate local participation in statewide behavioral health initiatives.</li> </ul>

<ul style="list-style-type: none"> <li>Limited knowledge of mental health and mental health treatment options among primary care providers.</li> </ul>	<ul style="list-style-type: none"> <li>Work with community medical providers to arrange a Mental Health First Aid and system training from Hill Country MHDD and other relevant mental health agencies.</li> </ul>
<ul style="list-style-type: none"> <li>Substance use treatment services (in addition to medically managed withdrawal) are limited in Kendall County.</li> <li>The Texas Targeted Opioid Response team is shared with a neighboring county, instead of having a dedicated team.</li> </ul>	<ul style="list-style-type: none"> <li>The Texas Targeted Opioid response team is building capacity to serve individuals struggling with all substances in Kendall and Kerr Counties.</li> <li>Consider ways to expand knowledge of and access to Be Well, Texas Services through UT Health San Antonio.</li> </ul>
<ul style="list-style-type: none"> <li>Peer support and other supportive interventions are not well established.</li> </ul>	<ul style="list-style-type: none"> <li>Explore opportunities to embed peers into community behavioral health, crisis response, and law enforcement services.</li> <li>Identify funding to help local agencies provide peer training and certification to individuals with lived experience who are already leveraging their experience in service of others.</li> </ul>

## Intercept 2 and Intercept 3









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### Overview: Intercepts 2 and 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 for those with MI, SUD, or IDD.

During Intercept 3 of the model, people with MI, SUD, 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 case.

### National and State Best Practices

<p><b>Jail minimum requirements</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Validated screening instruments</li> <li><input type="checkbox"/> Access to 24/7 telepsychiatry</li> <li><input type="checkbox"/> Rx meds</li> <li><input type="checkbox"/> Resource: Texas Commission on Jail Standards</li> </ul>	<p><b>Jail-based services</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mental health services</li> <li><input type="checkbox"/> Substance Use Disorder treatment</li> <li><input type="checkbox"/> Partnerships with community-based providers</li> <li><input type="checkbox"/> Use of MH jail liaisons and in-reach coordinators to help coordinate care</li> </ul>
<p><b>Information sharing</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular Jail Meetings</li> <li><input type="checkbox"/> Texas Law Enforcement Telecommunications System (TLETS)</li> <li><input type="checkbox"/> Continuity of Care Query</li> <li><input type="checkbox"/> Information Sharing and Analysis</li> <li><input type="checkbox"/> 16.22 Reports</li> </ul>	<p><b>Special populations</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Veterans</li> <li><input type="checkbox"/> Individuals found incompetent to stand trial</li> <li><input type="checkbox"/> Frequent utilizers</li> <li><input type="checkbox"/> Individuals with IDD</li> </ul>
<p><b>Specialty courts</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Courts</li> <li><input type="checkbox"/> Veterans Treatment Courts</li> <li><input type="checkbox"/> Mental Health Courts</li> </ul>	<p><b>Post-Booking Diversion</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> MH bonds</li> <li><input type="checkbox"/> MH public defender programs</li> <li><input type="checkbox"/> Assisted Outpatient Treatment</li> <li><input type="checkbox"/> Pre-trial supervision and diversion</li> <li><input type="checkbox"/> Prosecutor led diversion</li> </ul>

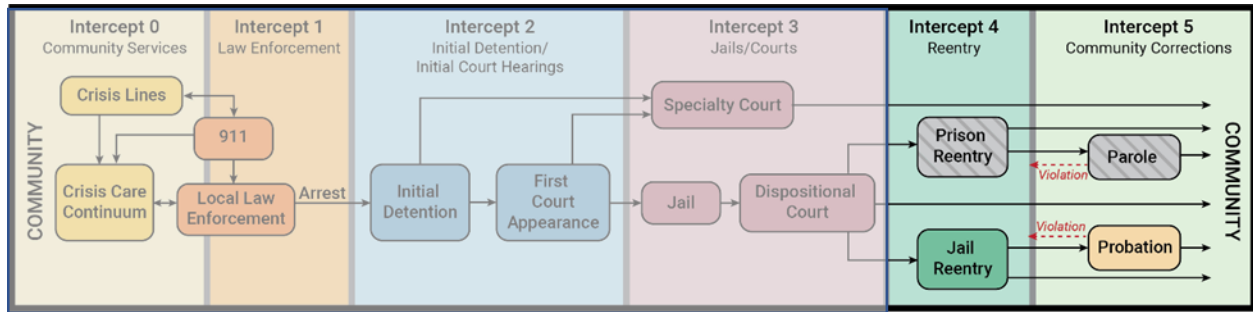
See **Appendix D** for competency restoration best practices.

## Kendall County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>• Limited behavioral health services offered within the Kendall County Jail beyond telepsychiatry and medication management, including:               <ul style="list-style-type: none"> <li>▶ Counseling.</li> <li>▶ SUD treatment and support groups.</li> <li>▶ Jail navigation and case management.</li> </ul> </li> <li>• No contract or agreement between Kendall County Jail and Hill Country MHDD to provide additional mental health or SUD treatment services in the jail.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore contract opportunities for a jail-based case manager or jail navigator.</li> <li>• Coordinate with Hill Country MHDD's SUD team to explore opportunities to contract for SUD treatment and support groups in the Kendall County Jail.</li> <li>• Identify funding opportunities, such as the Mental Health Grant Program for Justice-Involved Individuals, to increase the number of jail navigators and mental health staff inside the jail.</li> <li>• Build on existing programming from Christian Job Corps by integrating evidence-based treatment such as <a href="#">Seeking Safety</a>.</li> <li>• Explore use of peer support services and recovery coaches to support individuals in the Kendall County Jail.</li> <li>• When planning for a jail-based mental health caseworker, consider the caseworker's ability to recommend and arrange appropriate LMHA services as part of the Code of Criminal Procedure Art.16.22 assessment process.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of systematic data collection and information sharing across the courts, jail medical staff, and Hill Country MHDD.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore implementation of the Texas Commission on Jail Standards (TCJS) <a href="#">Screening Form for Suicide and Medical/Mental/Developmental Impairments</a>.</li> <li>• Explore strategies to enhance data collection and information sharing across Kendall County.</li> <li>• Review <a href="#">Data Sharing Across the SIM</a> and <a href="#">Texas and Federal Privacy and Information Sharing Provisions</a>.</li> </ul>
<ul style="list-style-type: none"> <li>• No specialty court options like Mental Health Court, Drug Court, or Veteran's Court.</li> <li>• Lack of training and education on pre-booking and post-booking diversion options to best support individuals with MI and SUD.</li> <li>• Limited pretrial services for non-drug-related offenses.</li> <li>• Limited use of mental health bonds to connect individuals to treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore implementation of specialty courts or specialty dockets using guidance and technical assistance from the <a href="#">Specialty Court Resource Center</a>.</li> <li>• Explore opportunities to provide judges with training on diversion opportunities.</li> <li>• Develop a pretrial intervention agreement template to use across courts in Kendall County.</li> <li>• Explore the resources from the Judicial Commission on Mental Health to develop specialized case handling for individuals with mental illness living in Kendall County.</li> </ul>
<ul style="list-style-type: none"> <li>• Minimal services to support the families of incarcerated individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore ways to enhance the reach of programs that support families of individuals with mental illness, such as National Alliance on Mental Illness' (NAMI) family to family program.</li> </ul>
<ul style="list-style-type: none"> <li>• Long wait times to schedule and complete competency evaluations.</li> <li>• Court-ordered medications not currently in the jail for individuals on the forensic waitlist.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider the use of jail waitlist monitoring strategies, jail-based competency restoration (JBCR), and competency reassessment to reduce the need and wait times for state hospital competency restoration.</li> <li>• Reach out to neighboring counties and obtain lists of known evaluators. Explore the use of telehealth to conduct competency evaluations remotely.</li> </ul>

- Review The [Eliminate the Wait Toolkit](#) and [Six Steps to Establishing a Jail In-Reach Program from HHS](#).

## Intercept 4 and Intercept 5



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### Overview: Intercepts 4 and 5

At Intercept 4, people plan for and transition from jail or prison back into the community. A well-supported reentry process uses assessments to identify individual needs and risk factors for reoffending. Collaborative case management strategies recruit stakeholders from the mental health system, community corrections, nonprofits, and others to meet needs identified through earlier assessment.

People under correctional supervision, Intercept 5, are usually on probation or parole as part of their sentence, participating in a step-down process from prison, or complying with other statutory requirements. 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.

### National and State Best Practices

#### Transition planning



- Begins at intake
- Should involve community-based service providers
- Benefits
- Peer support services

#### Appointment follow up



- Psych medications
- Peer support services
- Referrals v. Appointments
- Transportation

#### Release



- Release time
- Transportation
- Access to medication

#### Specialized case loads



- Mental health caseload

#### Community partnerships



- Frequent communication between community behavioral health providers and probation officers
- Access to recovery supports

#### Training and education



- Crisis Intervention Training
- Mental Health First Aid

## Kendall County Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>• Limited reentry planning.</li> <li>• Limited treatment coordination for people with behavioral health needs.</li> <li>• Family and other natural supports are not engaged during the reentry process.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the establishment of a reentry coordinator or continuity of care coordinator position to support reentry planning.</li> <li>• Consider ways to support or better integrate existing community service providers to support people reentering the community, such as Christian Job Corps.</li> <li>• Identify second chance employers in the community and provide the information to individuals reentering the community.</li> <li>• Explore initiatives like <a href="#">Texas Second Chance Employers Coalition</a> and Texas Department of Criminal Justice's <a href="#">Website for Work</a>.</li> <li>• Identify pathways to create more affordable childcare, including resources from <a href="#">Texas Workforce Commission</a>.</li> </ul>
<ul style="list-style-type: none"> <li>• Few options for in-patient substance use treatment for individuals with pending charges.</li> <li>• No intensive outpatient treatment for mental health or substance use treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Convene a workgroup between Community Supervision, San Antonio Council on Alcohol and Drug Awareness (SACADA), Hill Country MHDD, and other providers to identify ways to lower barriers to substance use treatment services that may be used as part of a larger diversion strategy.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited shelter and housing resources for people reentering with housing needs.</li> <li>• The local housing authority serves only Boerne.</li> <li>• Lack of public transportation to help people access treatment and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider ways to build a homeless services continuum through participation in a Housing and Urban Development Continuum of Care. <a href="#">Texas Homelessness Network</a> provides Continuum of Care services and technical assistance for rural counties.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited information sharing between jail and probation to inform probation options for people with behavioral health needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Review jail data and management practices. Consider methods to attach certain information to individuals by unique ID number, instead of case or cause number.</li> <li>• Ensure there is a clear process to request and receive health data between the jail and community supervision.</li> <li>• Review <a href="#">Data Sharing Across the SIM</a> and <a href="#">Texas and Federal Privacy and Information Sharing Provisions</a>.</li> </ul>
<ul style="list-style-type: none"> <li>• No mental health follow-up for individuals on pretrial release.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure there is a clear process to request and receive health data between the jail and community supervision.</li> <li>• Ensure pretrial supervision has appropriate communication with Hill Country MHDD to facilitate eligibility, timely access to appointments and monitor compliance with bond conditions.</li> <li>• Review <a href="#">Texas and Federal Privacy and Information Sharing Provisions</a>.</li> </ul>
<ul style="list-style-type: none"> <li>• No afterhours services to accommodate individuals released from the jail outside of standard business hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider strategies to ensure individuals are released during business hours.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited mental health community supervision caseloads.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider funding opportunities to provide counseling services within the community supervision department.</li> </ul>

## 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 their top priorities. The voting took place on January 17, 2024. The top four priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	<b>Expand access to community-based mental health services</b>	<b>27</b>
2	<b>Expand jail-based mental health services</b>	<b>26</b>
3	<b>Expand specialized law enforcement responses</b>	<b>14</b>
4	<b>Expand early intervention, prevention, and community education programs</b>	<b>14</b>
5	Expand family support services	12
6	Expand pretrial services	8
7	Increase data collection and information sharing across the SIM	7
8	Expand community-based substance use treatment options	6
9	Develop reentry supports/coordination and planning	6
10	Expand housing options for people who are justice-involved	5



## Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top four priorities for change. This section includes action plans developed by Kendall County stakeholder workgroups, as well as additional considerations from the TA Center on resources and best practices that could help to inform implementation of each action plan. The following publications are also helpful resources to consider when addressing issues at the intersection of behavioral health and justice in Texas:

- [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 Strategic Plan for Diversion, Community Integration and Forensic Services](#), Texas Statewide Behavioral Health Coordinating Council
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition, Judicial Commission on Mental Health
- SAMHSA's publication, [Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals](#).

Finally, there are two overarching issues that should be considered across all action plans outlined below. The first is **access**. While the focus of the SIM mapping workshop is people with behavioral health needs, disparities in health care access and criminal justice involvement can also be addressed to ensure comprehensive system change.

The second is **trauma**. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life<sup>2,3</sup>. It is critical that both the health care and criminal justice systems be trauma-informed and that access to trauma screening and trauma-specific treatment is prioritized for this population. A trauma-informed approach incorporates three key elements: 1) Realizing the prevalence of trauma; 2) Recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce; and 3) Responding by putting this knowledge into practice. See [Trauma-Informed Care in Behavioral Health Services](#).

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<sup>2</sup> Gillece, J.B. (2009). *Understanding the effects of trauma on lives of offenders*. Corrections Today.

<sup>3</sup> 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 Access to Community-Based Mental Health Services

**Overarching Goal: Develop a Community Behavioral Health Center or Social Services Hub**

Objective	Action Steps
Establish a planning committee.	<ul style="list-style-type: none"> <li>Identify key stakeholders representing behavioral health, social service, and justice system leaders to form a behavioral health center planning committee.</li> </ul>
Research behavioral health centers.	<ul style="list-style-type: none"> <li>Review best practice models for community behavioral health centers such as the <a href="#">One-Stop Shop Model</a>.</li> <li>Work with the planning committee and review existing needs assessments to identify essential services.</li> <li>Conduct data analysis to determine needs and costs.</li> <li>Assess potential locations.</li> </ul>
Lay out an initial vision and plans for the behavioral health center.	<ul style="list-style-type: none"> <li>Define behavioral health center goals.</li> <li>Solidify behavioral health center partners. Consider veterans services, legal aid organizations, Hill Country MHDD, counseling providers, peer-led support and recovery groups, NAMI, domestic violence organizations, school districts, Federally Qualified Health Centers, local government, etc.</li> <li>Consider ways to use the new facility to expand access to telehealth services, similar to the <a href="#">OnMed boxes deployed by Texas A&amp;M</a>.</li> <li>Determine ownership and management structure of the behavioral health center.</li> <li>Identify essential services.</li> <li>Determine staffing and operational needs.</li> </ul>
Identify potential funding sources.	<ul style="list-style-type: none"> <li>Explore funding options from <a href="#">Texas State Office of Rural Health</a>, Substance Abuse and Mental Health Services Administration's (SAMHSA) <a href="#">Rural Behavioral Health programs</a>,</li> </ul>
Develop a plan for data collection and information sharing.	<ul style="list-style-type: none"> <li>Consider the use of Memorandums of Understanding (MOUs) or Interlocal Agreements to facilitate information sharing and referrals between agencies participating in the one-stop shop project. <ul style="list-style-type: none"> <li><a href="#">Texas and Federal Privacy and Information Sharing Provisions</a></li> </ul> </li> <li>Identify data measures to collect to evaluate the effectiveness of the new program. Consider data elements such as referrals to social service agencies from the facility.</li> </ul>

**Team Lead:** Bryce Boddie, Hill Country Family Services

**Workgroup Members:** Rebecca Foley, Boerne Police Department; Tiffany Fleming, Hill Country Daily Bread; Tiffany Kcrelich; Charles Wetherbee, Attorney; Jeff Schwarz, Kendall

County Giving Connections; Andrea Salazar, San Antonio Council on Drugs and Alcohol; Alessandra Deike, Kendall County District Attorney’s Office; Debby Hudson, Justice of the Peace, Precinct 3; Landon Sturdivant, Hill Country MHDD

## Priority Two: Expand Jail-Based Mental Health Services

Objective	Action Steps
<p>Research strategies to enhance jail-based mental health and forensic services.</p>	<ul style="list-style-type: none"> <li>• Connect with counties implementing jail-based mental health programs. <ul style="list-style-type: none"> <li>▶ Email the <a href="#">Office of Forensic Coordination</a> to be connected with Comal County as well as additional peer-to-peer connections.</li> </ul> </li> <li>• Continue working to implement Texas Correctional Office on Offenders with Medical or Mental Impairments’ Continuity of Care for 46B Defendants to receive payment for continuity of care medication for individuals returning from a state hospital to the jail after receiving competency restoration services.</li> <li>• Review national and state best practice literature as it relates to jail-based mental health services (see resources section below).</li> <li>• Explore opportunities for Hill Country MHDD and Hill Country Family Services Practicum students to provide psychotherapy in jail and assist in reentry planning.</li> <li>• Review resources for improving mental health services in Kendall County Jail: <ul style="list-style-type: none"> <li>▶ <a href="#">Medical and Behavioral Health Resources</a> at the Jails and Justice Support Center offers information for jails on enhancing healthcare and improving safety.</li> <li>▶ <a href="#">Managing Mental Illness in Jails</a> from Police Executive Research Forum explores strategies from around the nation to enhance mental health treatment in jails as well as diversion strategies to reduce jail overcrowding and create linkages to treatment.</li> <li>▶ <a href="#">Screening and Assessment of Co-Occurring Disorders in the Justice System</a> from SAMHSA identifies and describes assessments to identify co-occurring disorders across the criminal justice system.</li> </ul> </li> <li>• Explore Jail In-Reach Strategies to enhance forensic service coordination: <ul style="list-style-type: none"> <li>▶ <a href="#">Six Steps to Establish a Jail In-Reach Program Step</a> offers information on establishing a county forensic team, implementing court-ordered-medications, the CCP Art. 16.22 process, and exploring alternatives to inpatient competency restoration.</li> <li>▶ <a href="#">Eliminate the Wait Toolkit</a> details strategies for developing local partnerships and workflows to reduce the forensic waitlist.</li> <li>▶ <a href="#">Texas Competency Restoration Guide</a> provides general guidance and education about the competency restoration process, why it exists and how it can be improved.</li> </ul> </li> </ul>
<p>Convene stakeholders to discuss expanding mental health services inside the jail.</p>	<ul style="list-style-type: none"> <li>• Kendall County Sheriff’s Office will convene a meeting with Hill Country MHDD staff to discuss expansion of mental health services in the jail. Together, agencies can: <ul style="list-style-type: none"> <li>▶ Explore establishing an MOU to increase data and information sharing between the Kendall County Sheriff’s Office and MHDD.</li> <li>▶ Explore embedding a MHDD clinician inside the jail.</li> <li>▶ Conduct a needs assessment to determine the job tasks and treatment to be performed by the new role.</li> </ul> </li> <li>• Provide education to community stakeholders on jail and LMHA requirements as it relates to jail mental health care. <ul style="list-style-type: none"> <li>▶ Texas Commission on Jail Standards- <a href="#">Technical Assistance Memorandums</a></li> </ul> </li> </ul>

Explore other community partners to enhance jail-based services.	<ul style="list-style-type: none"> <li>• Identify other partners who may have resources to leverage for jail-based services such as The Ecumenical Center and Mercy Gate.</li> <li>• Consider strategies to implement evidence-based interventions that may be continued outside of jail such as <a href="#">Seeking Safety</a>.</li> <li>• Capitalize on individuals with multi-system experience to serve as system navigators and bridge-spanners.</li> </ul>
Explore funding opportunities and apply for grants.	<ul style="list-style-type: none"> <li>• Explore funding opportunities to support expansion of jail mental health services, including federal grants and county funding. <ul style="list-style-type: none"> <li>▶ <a href="#">Substance Use Disorders and Treatment Among Jail Populations</a> using Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) funding</li> </ul> </li> </ul>

**Team Leads:** Michelle Quade, Kendall County Sheriff's Office and Lisa Cisneros, Hill Country MHDD

**Workgroup Members:** Nancy McGilvray, Kendall County Sheriff's Office; Jennifer Calder, Hill Country MHDD; Katherine McDaniel, Kendall County District Attorney's Office; Jeneive Casarez, Kendall County Adult Probation; Judge David Neighbor, Justice of the Peace, Precinct 2; Joyce Garcia, University of Texas at San Antonio Master of Social Work Student; Barbara Christman, Boerne Housing Authority and Boerne Indigent Health; Lynn Heckler, Christian Job Corps; Monay Boring, Christian Job Corps

## Priority Three: Expand Specialized Law Enforcement Responses

Objective	Action Steps
Embed an MHDD Clinician in the Kendall County Sheriff's Office.	<ul style="list-style-type: none"> <li>• Pilot a co-response team, embedding Hill Country MHDD staff in the Kendall County Sheriff's Office two days a week.</li> <li>• Develop roles and responsibilities for co-responding law enforcement and mental health team members.</li> <li>• Explore opportunities to leverage data collection and information sharing within this new unit to support crisis response and follow care.</li> <li>• Consider establishing a youth crisis outreach team (YCOT) or explore opportunities to cross-train adult crisis staff with responding to youth crisis calls.</li> <li>• Consider the ways telehealth platforms may be a force-multiplier and allow for assessment of hospitalization criteria and private pay psychiatric bed location by a remote clinician.               <ul style="list-style-type: none"> <li>▶ <a href="#">Telehealth Implementation Guide</a>, Harris County Crisis Intervention Team</li> </ul> </li> </ul>
Explore the development of a community paramedic program.	<ul style="list-style-type: none"> <li>• Research existing community paramedic programs and available literature:               <ul style="list-style-type: none"> <li>▶ Explore funding, structure, and other key implementation information.                   <ul style="list-style-type: none"> <li>◇ Rural Health Information Hub's <a href="#">Community Paramedicine Topic Guide</a> contains information on resources, funding and implementation models.</li> </ul> </li> <li>▶ <a href="#">Multi-Disciplinary Response Teams, Transforming Emergency Mental Health Response in Texas</a>, Meadows Mental Health Policy Institute</li> </ul> </li> <li>• Hold informational calls or conduct site visits with existing programs:               <ul style="list-style-type: none"> <li>▶ <a href="#">Blanco County Community Paramedic Program</a></li> </ul> </li> </ul>
Integrate peer support into crisis response.	<ul style="list-style-type: none"> <li>• Explore opportunities to integrate peer support services into existing law enforcement and behavioral health crisis services.               <ul style="list-style-type: none"> <li>▶ Peers may provide follow-up support.</li> </ul> </li> <li>• Identify funding opportunities to support peer integration services.</li> </ul>
Explore opportunities to enhance crisis response and triage at 9-1-1 dispatch.	<ul style="list-style-type: none"> <li>• Kendall County Sheriff's Office plans to embed a call taker within the 9-1-1 call center, separating call taking and dispatch. This presents the opportunity to work with the call center to:               <ul style="list-style-type: none"> <li>▶ Explore mental health training for 9-1-1 call takers, such as <a href="#">CIT Support Training for 911</a> through CIT International;</li> <li>▶ Explore key questions to be asked/other opportunities to better identify mental health related crises at the point of 9-1-1; and</li> <li>▶ Explore enhancing targeted dispatch.</li> </ul> </li> <li>• Hold informational calls or conduct site visits with the communities mentioned in HHSC's <a href="#">Integrating 9-1-1 and Behavioral Health Response</a></li> </ul>
Data collection, management, and evaluation	<ul style="list-style-type: none"> <li>• Identify core data points related to justice and mental health diversion.               <ul style="list-style-type: none"> <li>▶ Consider tracking data elements like those found in Appendix B: Impact Measures, in this report.</li> </ul> </li> </ul>

**Team Lead:** Michael Cockerham, Kendall County Sheriff's Office

**Workgroup Members:** Steve Perez, Chief of Police, Boerne Police Department; Cindy Todd, Genesis Behavioral Health; Trisha Marquiz; Michael Cokerham, Kendall County Sheriff's Office; Jerome Richardson; Jack Stanton, Kendall County Sheriff's Office

## Priority Four: Expand Early Intervention, Prevention, and Community Education Programs

Objective	Action Step
Develop a needs and capacity assessment for Kendall County.	<ul style="list-style-type: none"> <li>• Compile and review previously conducted community needs assessment including assessments completed by SACADA or the Kronkosky Charitable Foundation.</li> <li>• Review existing needs assessment formats, including tools developed for the <a href="#">Texas DFPS Community Needs Assessment</a>.</li> <li>• Develop a community survey to assess early intervention, prevention, and community education programs, including: <ul style="list-style-type: none"> <li>▶ Needs assessment for families and individuals receiving services.</li> <li>▶ Capacity assessment of social services and behavioral health agencies.</li> </ul> </li> <li>• Develop a plan to distribute the survey and encourage participation: <ul style="list-style-type: none"> <li>▶ Create a QR code and distribute to pediatricians' offices, schools, social service agencies, etc.</li> <li>▶ Leverage practicum students to help collect and enter data.</li> </ul> </li> </ul>
Develop goals based on gaps and opportunities identified in the needs assessment.	<ul style="list-style-type: none"> <li>• Consider strategies to engage youth and young adults. <ul style="list-style-type: none"> <li>▶ Review literature on Center for Disease Control's <a href="#">Youth Advisory Council</a> (YAC) model.</li> <li>▶ Consider ways to encourage youth participation and engagement in developing youth services.</li> <li>▶ Explore best practices from <a href="#">youth.gov</a>, including their "Programs, Practices and Policies" page, which provides a toolkit for defining the issues at hand, selecting an evidence-based intervention, implementing the program, evaluating the program, and sustaining the program. They also host <a href="#">Federal Understanding of the Evidence Base</a>, which includes links to registries of evidence-based practices across federal agencies, including the Department of Education, the Department of Justice, the Department of Labor, and more.</li> </ul> </li> </ul>
Identify partners for screening and treatment.	<ul style="list-style-type: none"> <li>• Research current recipients of State of Texas <a href="#">prevention and early intervention funding</a>.</li> <li>• Identify agencies who could apply for additional funding and expand services.</li> <li>• Identify opportunities to educate providers, educators, and other stakeholders about <a href="#">the signs and symptoms of childhood mental illness and emotional disturbance</a>.</li> </ul>

**Team Lead:** Staci Almager, Hill Country Family Services

**Workgroup Members:** Michele Van Stavern, Justice of the Peace, Precinct 1; Aubrie Walker, San Antonio Council on Alcohol and Drug Awareness; James Castro, Conscious Health & Wellbeing; Justin Hewett, Boerne Independent School District; Kim Seelman, Boerne Independent School District; Krista Pomeroy, Boerne Independent School District;

Jasmine Glaser, Kendall County Juvenile Probation; Jennifer Forbes, The Ecumenical Center; Karen Marlow, Parent/Grandparent; Lori Houck, Transformation House

## **Resources to Support Action Plan Implementation**

SIM workshops are just the first step in implementing lasting change for communities. The following resources and recommendations have been developed based on national research and lessons learned from other Texas counties. Kendall County stakeholders can consider these as they plan to implement action plans developed during the SIM workshop.



### **Task Force and Networking**

Frequent networking between systems can bolster sharing of best practices and innovative adaptations to common problems (Steadman, Case, Noether, Califano, & Salasin, 2015).



### **Communication and Information Sharing**

Misunderstanding of data protection laws can inhibit continuity of care planning, potentially resulting in a lack of treatment connection post-release (McCarty, Rieckmann, Baker, & McConnell, 2017).



### **Boundary Spanner**

A champion with 'boots-on-the-ground' experience working in multiple systems can really enhance local coordination and service delivery. Boundary spanners can use their knowledge to advocate for clients at key junctures in a criminal legal system (e.g., bond hearings, sentencing, or enrollment in specialty programs) (Steadman, 1992; Pettus & Severson, 2006; Munetz & Bonfine, 2015).



### **Local Champions**

Interdisciplinary work benefits from strong, localized leadership to envision and enact change beyond traditional confines of a segmented system (Hendy & Barlow, 2012).



### **Ability to Measure Outcomes**

Strategic planning at a county level is best informed by local data and having internal mechanisms to track outputs and outcomes (National Association of Counties, The Council of State Governments, and American Psychiatric Association, 2017).



### **Peer Involvement**

There is substantial and growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes. Peers are commonly found working in the community or with service providers, and stakeholders should consider how peers can be best effective within the criminal justice system.



### **Behavioral Health Leadership Teams**

Establishing a team of county behavioral health and justice system leaders to lead policy, planning, and coordination efforts for individuals with behavioral health needs creates an opportunity for system-wide support of identified behavioral health and justice system priorities.



# Expand Access to Community-Based Mental Health Services

Develop a Community Behavioral Health Center or Social Services Hub

## Best Practices

- Assembling multiple agencies under one roof is a way to reduce barriers to services.
- Identify the core services, such as behavioral health or primary care and focus on those areas first.
- Consider the ways special events and extended hours can enhance the benefit to the community.
- Explore ways the new facility can be a hub for community support during times of crisis.
- Consider the center's capacity to host secure telehealth appointments to expand access to care in rural areas or outside of standard hours.



## County Spotlights

[Houston Health Sunnyside Multiservice Center](#)

[West Dallas Multipurpose Center](#)

[The Florissa Program in Illinois](#)

## Key Resources

- Rural Health Information Hub's "[One-Stop Shop Model](#)" topic page gives various examples of rural centers that assist individuals by combining multiple services under one roof.
- [Setting up Local One-Stop-Shops for Post-Disaster Resilience Needs](#) from the U.S. Department of Housing and Urban Development explores how temporary combined-service settings lower barriers to housing assistance and mental health support after a disaster.
- SMI Adviser's [Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities](#) recommends a variety of interventions, including mobile resource centers, to bring services and healthcare to rural communities.
- The [Rural Services Integration Toolkit](#) from Rural Health Information Hub contains several modules to help communities integrate services, fund integration programs and disseminate best practices. It also includes a clearing house of community services integration projects.

# Expand Jail-Based Mental Health Services

## Best Practices

- Document diversion and competency workflows, as well as clear diversion criteria.
- Comprehensive use of evidence-based screenings and assessments helps ensure individuals with suspected MI, SUD, ~~or and~~ IDD are identified and provided appropriate care.
- Convene regular forensic or jail team meetings to review mental health information and ensure all individuals with suspected mental illness are appropriately evaluated per CCP Art. 16.22 and Chapter 46B.



## Local Spotlights

- [Abilene Police Dept. News Release and Description of Jail Navigator](#), Abilene Police Department
- [Implementation and Sustainability of Behavioral Health Programs in Jails](#), HHSC Jail In-Reach Learning Collaborative

## Key Resources

- [Managing Mental Illness in Jails](#) from the Police Executive Research Forum provides a comprehensive overview of the intersection of mental health and justice with an emphasis on strategies to enhance diversion, improve quality of care, and support reentry.
- [Sheriffs Addressing the Mental Health Crisis in the Community and in Jails](#) from Community Oriented Policing Services and the Department of Justice provides useful background information about Mental Illness and policing. It contains examples from communities across the United States as well as promising practices.
- [Preparing People for Reentry: Checklist for Correctional Facilities](#) from the Council of State Governments is a strategy to help ensure individuals returning to the community from jail have the resources they need to prevent rearrest.
- [Six Steps to Establishing a Jail In-Reach Program](#) by HHSC summarizes steps to actively monitor individuals in county jails who have been found incompetent to stand trial.
- [Court Ordered-Psychoactive Medications](#) from HHSC lists the statutory authority to court order psychoactive medications through probate or criminal courts.
- The [Stepping Up Initiative](#) from the Council of State Governments, the National Association of Counties and American Psychiatric Association Foundation. The initiative has worked with 560 counties to “Reduce the Over Incarceration of People with Mental Illness.”

# Expand Specialized Law Enforcement Responses

## Best Practices

- Build out from trainings like Crisis Intervention Team (CIT) trainings, which may form a foundation for a multidisciplinary response team.
- Clearly delineate roles and responsibilities for team members, and regularly reinforce team member roles through trainings.
- Document processes for each type of call outcome to ensure services are provided in a consistent and clear manner.
- Collect data to better understand community need and evaluate the effectiveness of programs.



[www.houstoncit.org](http://www.houstoncit.org)

## County Spotlights

[Galveston COAST program](#)

[Tropical Texas and Edinburg's Mental Health Unit](#)

[Waco Police Department's Data Collection and Triage Approach to Mental Health Calls for Service](#)

## Key Resources

- The [Police-Mental Health Collaboration Toolkit](#) was developed by the Bureau of Justice Assistance to encourage law enforcement and the mental healthcare system to collaborate to “respond effectively and to improve access to services and supports for people with mental illness and IDD.”
- [Telehealth Implementation Guide](#) from the Harris County Crisis Intervention Team, details how Texas’ largest county uses telehealth to provide virtual co-response to over 100 patrol deputies.
- [Multi-Disciplinary Response Teams](#) from Meadows Mental Health Policy Institute, uses Dallas County’s RIGHT Care program as a framework for explaining co-response models and identifies “Systemwide Support Elements” that comprise an effective multi-disciplinary response team.
- [Expanding First Response](#) from the Council of State Governments contains an issue-by-issue guide to community engagement, staffing, call triaging, financial sustainability, and more.
- [Small & Rural Agency Crisis Response A National Survey and Case Studies](#) from National Police Foundation contains focused guidance for enhancing crisis response in small and rural communities.
- The [Texas CIT Association](#) is the professional organization for Crisis Intervention Team law enforcement officers.

# Expand Early Intervention, Prevention, and Community Education Programs

## Best Practices

- Create a community workgroup on youth mental health. Consider if this working group should be part of a larger County Behavioral Health Leadership Team or Community Resource Coordination Group (CRCG).
- Consider strategies to coordinate messaging and awareness building campaigns across organizations that serve low-income individuals, such as nonprofits organizations, schools, the LMHA and any Federally Qualified Health Center (FQHC).



## County Spotlights

[Galveston County CRCG](#)

[Bexar County CRCG](#)

[HOPES implementation in McLennan County](#)

[FAYS implementation by Deep East Texas Council of Governments](#)

## Key Resources

- [Texas Child Health Access Through Telemedicine](#) (TCHAT) provides telemedicine and behavioral health services in participating schools.
- HHSC's programs such as [Healthy Outcomes through Prevention and Early Support](#) (HOPES), [Family and Youth Success](#) (FAYS), and [Community Resource Coordination Groups](#) (CRCG) are intended to provide mental health and social services to youth and their families.
- [Mental and Behavioral Health Care Services by Family Physicians](#) from the American Academy of Family Physicians outlines the role primary care plays in reducing barriers to mental health services.
- [The Waco Guide](#) ~~The Waco Guide~~ to Psychopharmacology in Primary Care was created to support primary care clinicians managing mental and substance use disorders, especially in rural and underserved communities. It is a product of Waco Family Medicine and Massachusetts General Hospital.

## **Quick Fixes**

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

- Incorporate action planning teams into the existing Kendall County Behavioral Health Advisory Coalition.
- Embed a Hill Country MHDD clinician twice a week into the Kendall County Sheriff's Office to pilot a mental health co-response team.
- Share funding opportunities with local grant writers to help fund SIM priorities.

# Appendices

## Appendix A: Kendall SIM Workshop Agenda



TEXAS  
Health and Human  
Services

### Sequential Intercept Model Mapping Workshop

#### Kendall County

January 16<sup>th</sup> and 17<sup>th</sup>, 2024

Boerne ISD Headquarters

235 Johns Rd, Boerne, TX 78006 C134

#### AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 am	Registration	Coffee and snacks to be provided by Hill Country MHDD
8:30 am	Opening Remarks	Opening Remarks, Sheriff Al Auxier- Kendall Co. Sheriff Welcome and Introductions, Catherine Bialick-HHSC, Director of Behavioral Health and Justice Initiatives
8:45	Workshop Overview and Keys to Success	Overview of the Workshop Community Polling
9:00	Presentation and Mapping of Intercepts 0, 1	Overview of Intercepts 0 and 1 <b>Intercepts 0 and 1 Program Spotlights Panel</b> <ul style="list-style-type: none"> <li>Deputy Mike Cokerham- Kendall County Sheriff's Office</li> <li>Khalid Alaibadi- Boerne Dispatch</li> <li>Joan Cortez- Hill Country MHDD</li> </ul> County Data Review Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:30	Lunch	Lunch to be provided by Hill Country Family Services
12:15	Presentation and Mapping of Intercepts 2, 3	Overview of Intercepts 2 and 3 <b>Intercepts 2 and 3 Program Spotlights Panel</b> <ul style="list-style-type: none"> <li>Lieutenant Robert Green- Kendall Co. Sheriff's Office</li> <li>Katherine McDaniel- Kendall Co. District Attorney's Office</li> </ul> County Data Review Map Intercepts 2 and 3 Examine Gaps and Opportunities
2:30	Presentation and Mapping of Intercepts 4, 5	Overview of Intercepts 4 and 5 <b>Intercepts 4 and 5 Program Spotlights Panel</b> <ul style="list-style-type: none"> <li>Bryce Boddie-Hill Country Family Services, Senior Director of Behavioral Health</li> <li>Barbara Christman- Boerne Indigent Housing</li> <li>Jeneive Casarez- Kendall County Probation</li> </ul> County Data Review Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:45	Summarize Opportunities, Gaps & Establish Priorities	Identify Potential, Promising Areas for Modification within the Existing System Establish a List of Top Priorities- Round Robin
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	



**TEXAS**  
Health and Human  
Services

**Kendall County**  
January 16<sup>th</sup> and 17<sup>th</sup>, 2024  
**AGENDA – Day 2**

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15</b>	<b>Registration</b>	Coffee and snacks to be provided by Hill Country MHDD
<b>8:30</b>	<b>Welcome</b>	Opening Remarks, Bryce Boddie-Hill Country Family Services, Senior Director of Behavioral Health
<b>8:40</b>	<b>Preview &amp; Review</b>	Review Day 1 Accomplishments Preview of Day 2 Agenda Best Practice Presentation
<b>9:15</b>	<b>Action Planning</b>	Group Work
<b>10:45</b>	<b>Workgroup Report Outs</b>	Each Group will Report Out on Action Plans
<b>11:00</b>	<b>Next Steps &amp; Summary</b>	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
<b>11:30</b>	<b>Closing Remarks</b>	Closing Remarks, Katherine McDaniel- Kendall Co. District Attorney's Office

## Appendix B: 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	Psychiatric hospital admissions (#)	Intercept 0	Hospitals
4	Mobile crisis outreach team episodes, count (#)	Intercept 0	Mobile Crisis
5	Mobile crisis outreach calls responded to in the community (%)	Intercept 0	Mobile Crisis
6	Mobile crisis outreach calls resolved in the field (%)	Intercept 0	Mobile Crisis
7	Mobile crisis outreach team calls, repeat calls (% of calls)	Intercept 0	Mobile Crisis
8	Crisis center admissions, count (e.g., respite center, crisis stabilization unit) (#)	Intercept 0	Crisis Center
9	Designated mental health officers (e.g., Mental Health Deputies, Crisis Intervention Team Officer) (#)	Intercept 1	Law Enforcement
10	Mental health crisis calls handled by law enforcement, count (#)	Intercept 1	Law Enforcement
11	Law enforcement transport to crisis facilities (emergency department, crisis centers, psychiatric hospitals) (#)	Intercept 1	Law Enforcement
12	Mental health crisis calls handled by specialized mental health law enforcement officers, percent (%)	Intercept 1	Law Enforcement
13	Jail bookings, count (#)	Intercept 2	Jail (Pretrial)
14	Number of jail bookings for low-level misdemeanors, (#)	Intercept 2	Jail (Pretrial)
15	Jail mental health screenings, percent screening positive (%)	Intercept 2	Jail (Pretrial)
16	Jail substance use screenings, count (#)	Intercept 2	Jail (Pretrial)
17	Jail substance use screenings, percent screening positive (%)	Intercept 2	Jail (Pretrial)
18	Pretrial release rate of all arrestees, percent released (%)	Intercept 2	Pretrial Release
19	Average cost per day to house someone in jail	Intercept 2	Jail (Pretrial)
20	Average cost per day to house people with mental health issues in jail	Intercept 2	Jail (Pretrial)
21	Average cost per day to house someone with psychotropic medication	Intercept 2	Jail (Pretrial)
22	Caseload rate of the court system, misdemeanor v. felony cases (%)	Intercept 3	Case Processing
23	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases (%)	Intercept 3	Case Processing
24	Jail sentenced population, average length of stay (days)	Intercept 3	Incarceration
25	Jail sentenced population with mental disorders, average length of stay (days)	Intercept 3	Incarceration
26	Individuals with mental or substance use disorders receiving reentry coordination prior to jail release, count (#)	Intercept 4	Reentry
27	Individuals with mental or substance use disorders receiving benefit coordination prior to jail release, count (#)	Intercept 4	Reentry
28	Individuals with mental disorders receiving a short-term psychotropic medication fill or a prescription upon jail release, count (#)	Intercept 4	Reentry
29	Probationers with mental disorders on a specialized mental health caseload, percent of probationers with mental disorders (#)	Intercept 5	Community Corrections
30	Probation revocation rate of all probationers, percent (%)	Intercept 5	Community Corrections
31	Probation revocation rate of probationers with mental disorders, percent (%)	Intercept 5	Community Corrections



## **Appendix C: Texas and Federal Privacy and Information Sharing Provisions**

*Note: The information below was referenced on January 30, 2024. Please reference links to statute directly to ensure the timeliest information.*

### **Mental Health Record Protections**

#### **Health and Safety Code Chapter 533:**

Section 533.009. EXCHANGE OF PATIENT RECORDS.

(a) Department 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 D: National and State Best Practices: Competency Restoration

### Establish a County Forensic Team



- Judges, prosecutors, defense attorneys
- Local mental health or behavioral health authority (LMHA or LBHA)
- Jail administration, jail medical providers

### Review Local Waitlist Data



- Review waitlist trends both overtime and for persons currently on the waitlist
- Examine charge type
- Examine time periods
- Examine demographic trends

### Document Diversion and Competency Workflows



- Develop process maps for all competency matters, including:
  - Pre-arrest and post-booking
  - Point of a defendant's competency being called into question, through final disposition of their case
  - Competency exam tracking
  - Incompetent to stand trial waitlist
  - Court-ordered medications
  - Civil commitment

### Coordinate Regular Waitlist Monitoring Meetings



- Establish regular waitlist monitoring meetings to review data, map processes, and discuss existing competency cases
- Consider a single point of contact for coordination across stakeholders
- Identify opportunities to improve processes

### Ensure Access to Medication



- Obtaining a court order for psychoactive medications for a person determined IST can reduce the person's psychiatric symptomatology and can result in the defendant being restored to competency without the need for a state hospital bed.

### Explore Competency Restoration Options

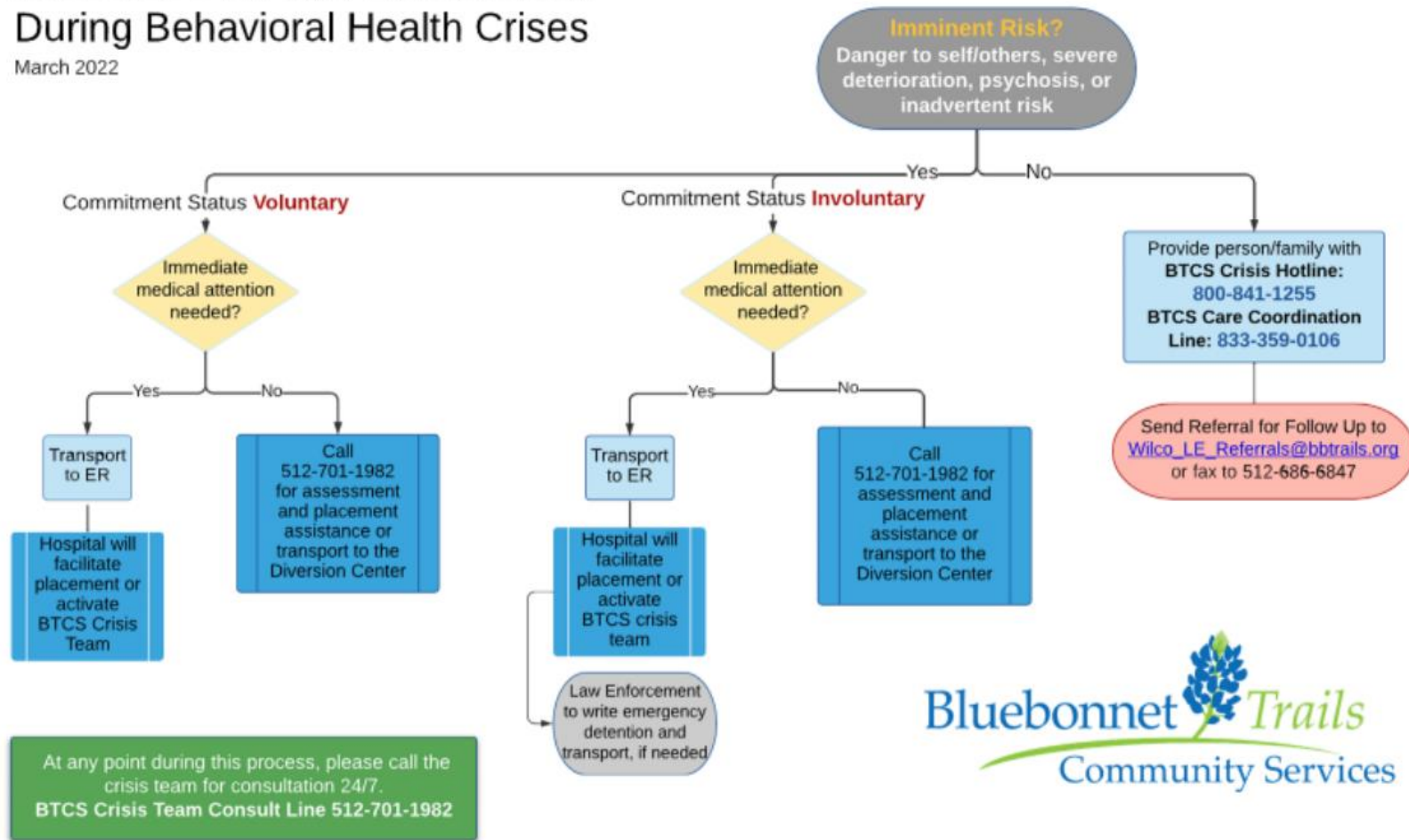


- Inpatient Competency Restoration
- Outpatient Competency Restoration
- Jail Based Competency Restoration

# Appendix E: Resources for Law Enforcement During a Behavioral Health Crisis<sup>4</sup>

## Resources for Law Enforcement During Behavioral Health Crises

March 2022



<sup>4</sup> Resources for Law Enforcement During Behavioral Health Crises, Bluebonnet Trails Community Services

## Appendix F: SIM Mapping Workshop Participant List

Name	Agency	Title
Alessandra Deike	Kendall County District Attorney's Office	Prosecutor
Anthony Winn	Hill Country MHDD Centers	Director of Clinical Operations
Aubrie Walker	San Antonio Council on Alcohol and Drug Awareness	Coalition Coordinator
Bryce Boddie	Hill Country Family Services	Senior Director of Behavioral Health
Cindy Todd	Genesis Behavioral Health	Clinical Director
David John Neighbor	Justice of the Peace, Precinct 2	Judge
Diane Bull	Consultant	Judge, Ret
Erica O'Neil	Pretrial	Director
Frank Ritchie	City of Boerne	Mayor
Jack Staton	Kendall County Sheriff's Office	Deputy
James Castro	Conscious Health & Wellbeing	Executive Director / Counselor
Jasmine Glaser	Kendall County Juvenile Probation	Juvenile Probation Officer
Jeff Schwarz	Kendall County Giving Connections	Founder
Jeneive Casarez	Kendall County Adult Probation	CSO
Joan Cortez	Hill Country MHDD Centers	Director of Crisis
John Green	Salvation Army	Service Extension Representative

Julie Vickery	Hill Country Family Services	Case Manager
Justin Hewett	Boerne Independent School District	RSPS
Katherine McDaniel	District Attorney	First assistant
Khalid Alabaidi	Boerne Dispatch	Dispatch Supervisor
Kristal Reser	Kendall County District Attorney	Evidence Coordinator
Landon Sturdivant	Hill Country MHDD Centers	Deputy CEO
Lisa Cisneros	Hill Country MHDD Centers	Director of Clinical Services
Lynn Heckler	Christian Job Corps of Kendall County	Director
Mario Paredes	Kendall County Community Supervision Corrections Department	Supervisor
Michele Van Stavern	Kendall County Justice of the Peace Precinct 1	Justice of the Peace
Monay Boring	Christian Job Corp of Kendall County	Program Coordinator
Nancy McGilvray	Kendall County Sheriff's Office	LVN Nurse
Rebecca Foley	Boerne Police Department	Mental Health Officer
Robert Green	Kendall County Sheriff's Office	Jail Administrator
Staci Almager	Hill Country Family Services	CEO
Tiffany Fleming	Hill Country Daily Bread Ministries	Resource and referral specialist



## Appendix G: List of Acronyms and Initialisms

Acronym	Full Name
<b>BHLT</b>	Behavioral Health Leadership Team
<b>BJA</b>	Bureau of Justice Assistance
<b>CAD</b>	Computer-Aided Dispatch
<b>CCP</b>	Code of Criminal Procedure
<b>CIT</b>	Crisis Intervention Team
<b>CJCC</b>	Criminal Justice Coordinating Council
<b>COMs</b>	Court Ordered Medications
<b>CSCD</b>	Community Supervision and Corrections Department
<b>ED</b>	Emergency Department
<b>EMS</b>	Emergency Medical Services
<b>EOD</b>	Emergency Order of Detention
<b>ER</b>	Emergency Room
<b>HHSC</b>	Health and Human Services Commission
<b>Hill Country MHDD Centers</b>	Hill Country Mental Health and Developmental Disability Centers
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>IDD</b>	Intellectual and Developmental Disability
<b>IST</b>	Incompetent to Stand Trial

<b>JBCR</b>	Jail-Based Competency Restoration
<b>JCMH</b>	Judicial Commission on Mental Health
<b>LBHA</b>	Local Behavioral Health Authority
<b>LE</b>	Law Enforcement
<b>LIDDA</b>	Local Intellectual and Developmental Disability Authority
<b>LMHA</b>	Local Mental Health Authority
<b>LPC</b>	Licensed Professional Counselor
<b>MAT</b>	Medication-Assisted Treatment
<b>MCOT</b>	Mobile Crisis Outreach Team
<b>MCRT</b>	Mobil Crisis Response Team
<b>MCSO</b>	Medina County Sheriff's Office
<b>MDRT</b>	Multidisciplinary Response Team
<b>MHDD</b>	Mental Health and Developmental Disabilities
<b>MI</b>	Mental Illness
<b>MOU</b>	Memorandum of Understanding
<b>NAMI</b>	National Alliance on Mental Illness
<b>OCR</b>	Outpatient Competency Restoration
<b>OSAR</b>	Outreach, Screening, Assessment, and Referral
<b>PD</b>	Police Department
<b>PRA</b>	Policy Research Associates

<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>QMHP</b>	Qualified Mental Health Professional
<b>SACADA</b>	San Antonio Council on Alcohol and Drug Awareness
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SIM</b>	Sequential Intercept Model
<b>SMI</b>	Serious Mental Illness
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Income
<b>STRAC</b>	Southwest Texas Regional Advisory Council
<b>SUD</b>	Substance Use Disorder
<b>TA</b>	Technical Assistance
<b>TCJS</b>	Texas Commission on Jail Standards
<b>TCOOMMI</b>	Texas Correctional Office on Offenders with Medical or Mental Impairments
<b>TLETS CCQ</b>	Texas Law Enforcement Telecommunications System Continuity of Care Query
<b>TRAS</b>	Texas Risk Assessment System