

# Taylor County Roadmap

Community stakeholders can consider the following next steps to reduce justice involvement for people with mental illness (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD). For more information and resources review the Taylor County SIM Report.

## Invest in Strategic Priorities

1. **Plan for a diversion center or sobering center.**
2. **Expand shelter and housing options across Taylor County.**
3. **Formalize and expand jail in-reach and navigation and begin planning for alternatives to inpatient competency restoration.**
4. **Explore options for a specialty court or docket.**

## Support Local Planning, Partnership and Education

1. Coordinate
  - Strengthen behavioral health and justice partnerships through regular convening of a leadership team.
  - Establish subcommittees dedicated to implementing the action plans developed during the SIM Workshop.
2. Partner
  - Identify opportunities to strengthen relationships with new stakeholders (e.g. housing partners, IDD services, jail mental health providers).
  - Learn from other similar sized counties implementing best practice models.
3. Train
  - Train stakeholder groups on identifying, responding and effectively treating people with MI, SUD, and IDD.

## Build Upon Existing Efforts

- Identify opportunities to improve data collection and standardize coding of 911 mental health calls for service across city and county dispatch.**
- Explore opportunities to expand existing respite facility by adding diversion or sobering services.**
- Document jail diversion workflows and identify opportunities to integrate peers into the Taylor Co. Jail.**
- After collecting data, choose the best option between a specialty court or specialty docket.**

# Taylor County Gaps, Opportunities and Best Practices

## Intercepts 0&1

Community Services, Crisis Services & Law Enforcement

### Selected Gaps:

- Current respite center is frequently at capacity and unable to support diversion.
- No diversion drop-off location for Law Enforcement.
- Crisis call information is not collected uniformly.
- Housing options are limited and full.
- Staffing issues exist across programs but are more acute in rural areas.

### Opportunities:

- Explore funding opportunities to expand the respite center to offer diversion services such as law enforcement drop-off.
- Unify coding for mental health calls for service across dispatch centers in Taylor county.
- Explore opportunities to invest in housing through state and federal funding.

## Intercepts 2&3

Initial Detention, Jails, & Courts

### Selected Gaps:

- Limited diversion options.
- No specialty courts or dockets.
- No counseling or therapy available in jail.
- Long wait times for competency restoration.
- Inconsistent information sharing across jail, court and behavioral health stakeholders to support diversion and continuity of care.

### Opportunities:

- Consider telehealth opportunities to expand SUD and MH treatment in jail.
- Distribute JCMH Bench Book to all judges.
- Explore opportunities to increase information sharing (MOUs, CCP Art. 16.22 procedures, etc.).
- Formalize jail in-reach processes and explore opportunities to expand supports inside the jail (e.g., peers, additional clinicians, etc.).

## Intercepts 4&5

Reentry & Community Corrections

### Selected Gaps:

- When clients are released on short notice, discharge planning is difficult.
- Lack of resources for individuals needing substance use or mental health support exiting jail.
- Lack of holistic interventions for individuals experiencing homelessness.

### Opportunities:

- Consider expanding jail access for outside social service agencies that may provide reentry support or therapeutic programming.
- Explore an expanded respite/diversion center to provide a place for people to wait while out of county SUD treatment is arranged.
- Convene a high utilizer work group to better serve individuals cycling between homelessness and incarceration.

## Best Practices at Each Intercept

### Intercept 0 & 1

MH training for LE and 911 dispatch

Police coding of MH Calls

Police Referrals to Treatment

MH and SUD diversion centers

### Intercept 2 & 3

Consistent screening for MI, SUD and IDD

Active forensic waitlist monitoring

Pretrial Supervision and Diversion Programs

Jail-based SUD and MH services

### Intercept 4 & 5

Reentry planning (psych. medications, benefits coordination, peer support)

Specialized MI, IDD and SUD caseloads

Jail in-reach transition planning