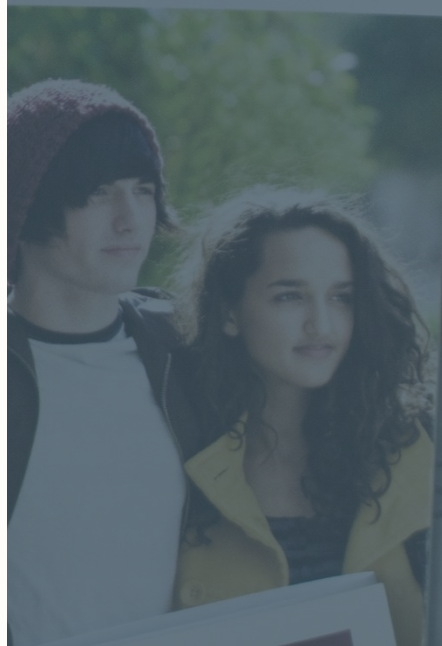


Sequential Intercept Model Mapping Report for Williamson County

Prepared by: Policy Research Associates, Inc.
Patricia A. Griffin, PhD
Brian Case, MA

March 2019
Delmar, NY



Sequential Intercept Model Mapping Report for Williamson County

Final Report
March 1, 2019

Patricia A. Griffin, PhD

Brian Case, MA

Policy Research Associates, Inc.



ACKNOWLEDGEMENTS

Policy Research Associates wishes to thank Bluebonnet Trails Community Services for organizing and providing support to make this workshop possible. The workshop facilitators would also like to acknowledge the efforts and leadership provided by Williamson County Commissioner Precinct Three Valerie Covey, Commissioners Court liaison to the Behavioral Health Task Force; and Kathy Pierce, Chair of the Williamson County Behavioral Health Task Force. In addition, great appreciation is extended to the active participants of the workshop. Finally, we thank the Georgetown Health Foundation, graciously providing the space for the workshop.

RECOMMENDED CITATION

Policy Research Associates. (2019). *Sequential intercept model mapping report for Williamson County*. Delmar, NY: Policy Research Associates, Inc.

CONTENTS

Background.....	1
Invitation.....	2
Sequential Intercept Model Map for Williamson County.....	3
Resources and Gaps at Each Intercept.....	5
Priorities for Change.....	15
Action Plans	16
Recommendations.....	24
Resources.....	28
Appendices.....	33

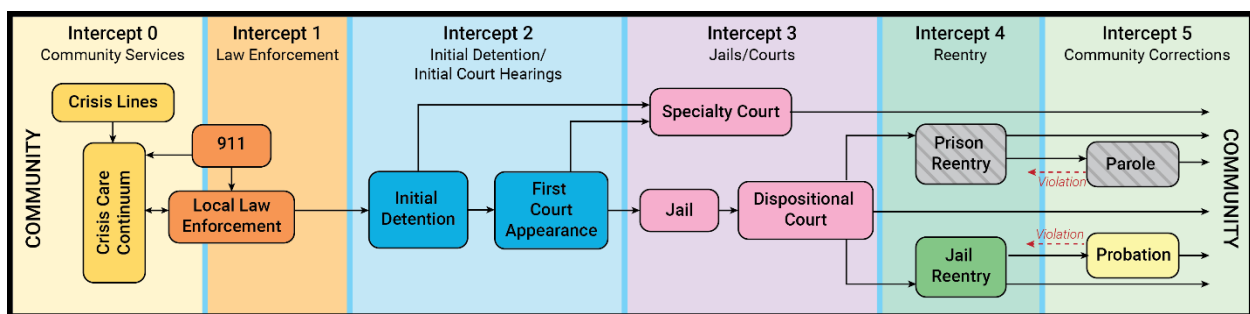
BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D. in conjunction with SAMHSA's GAINS Center,¹ has been used as a focal point for states and communities to assess available resources, 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 abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model mapping is a workshop to develop a map illustrating how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has five primary objectives:

1. Develop a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support. *Note:* For the Williamson County SIM, the participants focused on intercept points 0, 1, 2 and 3.
2. Identify challenges, resources, and opportunities at each intercept for individuals in the target population.
3. Develop priorities for activities designed to improve system and service level responses for individuals in the target population.
4. Develop an action plan to implement the priorities.
5. Nurture cross-system communication and collaboration.



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.

INVITATION



September 5, 2018

Dear Mental Health and 1st Responder Leaders,

As many of you are aware, the Williamson County Behavioral Health Task Force is planning a Sequential Intercept Model (SIM) event that will be led by the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation. SAMHSA is the agency within the U.S. Department of Health and Human Services that leads the effort to advance behavioral health in the nation and reduce the impact of substance abuse and mental illness on American communities.

The SIM was developed in the early 2000's and is now used frequently as a strategic planning tool. During the SIM, community leaders assess available resources, determine gaps in services, and plan for community change to reduce involvement in the justice system by people with mental health and substance use disorders. During the mapping process, attendees will be introduced to evidence-based exercises and emerging best practices from across the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources and priorities identified by the community stakeholders.

Bluebonnet Trails Community Services, through their generous contribution, provides a great opportunity to have national experts from the GAINS Center to lead us through this strategic planning process. To ensure the success of the SIM, the number of attendees has been limited to Police Chiefs, the County Sheriff and leaders/decision makers in criminal justice and mental health.

Commissioner Valerie Covey, as the Commissioners Court liaison to the Mental Health Task Force, and I respectfully request that you mark your calendars for October 31st and November 1st for this important SIM event. If you have any questions, please do not hesitate to call either of us.

Very best,

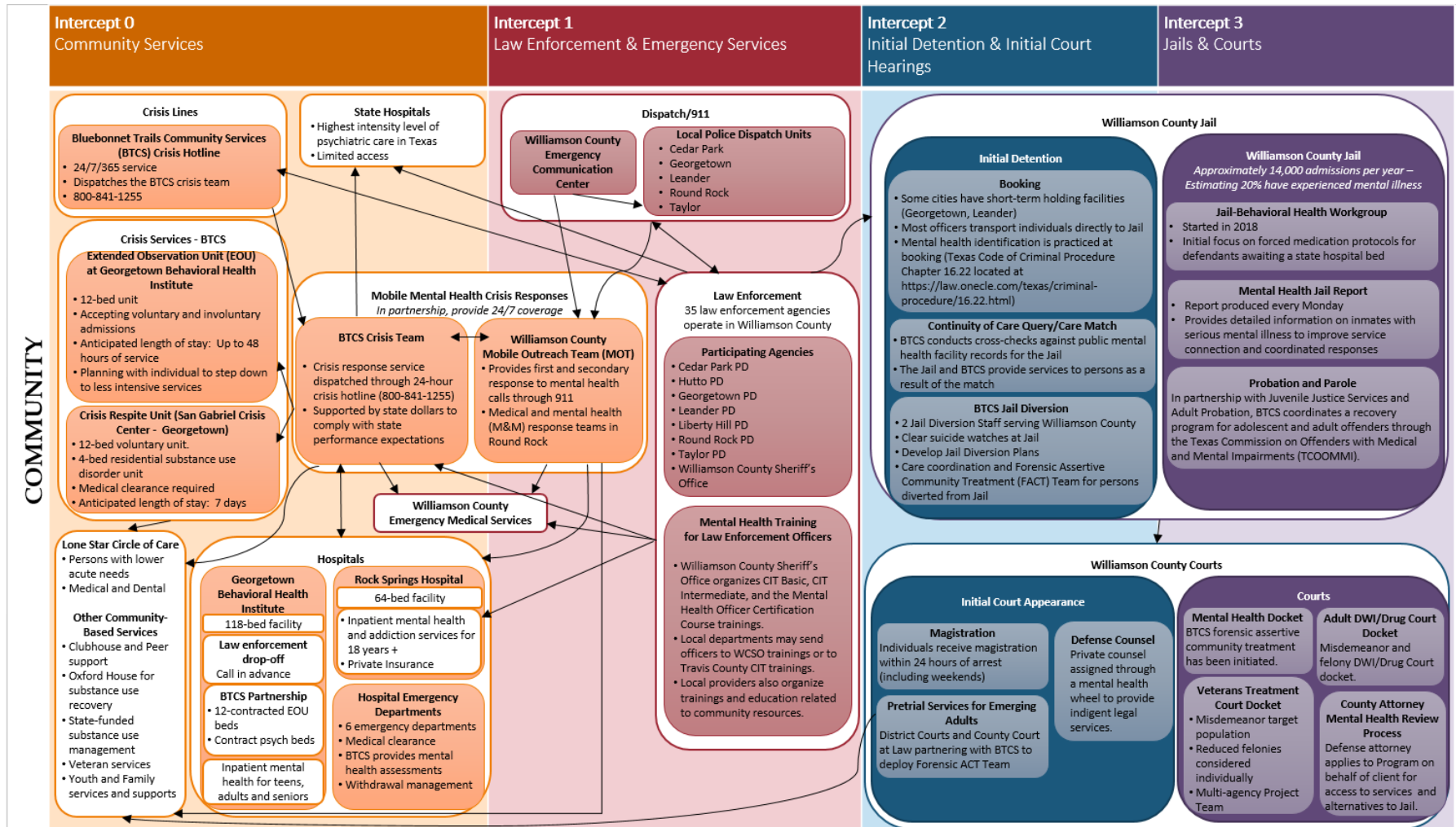

Kathy Pierce – Task Force Chair


Valerie Covey – Commissioner Precinct 3

Ph. (512) 260-4280 Fax (512) 260-4284
Email: kpierce@wilco.org
350 Discovery Blvd., Suite 201
Cedar Park, TX 78613

Ph. (512) 943-3370 Fax (512) 943-3378
Email: comm3@wilco.org
3010 Williams Dr. Ste 153
Georgetown, TX 78626

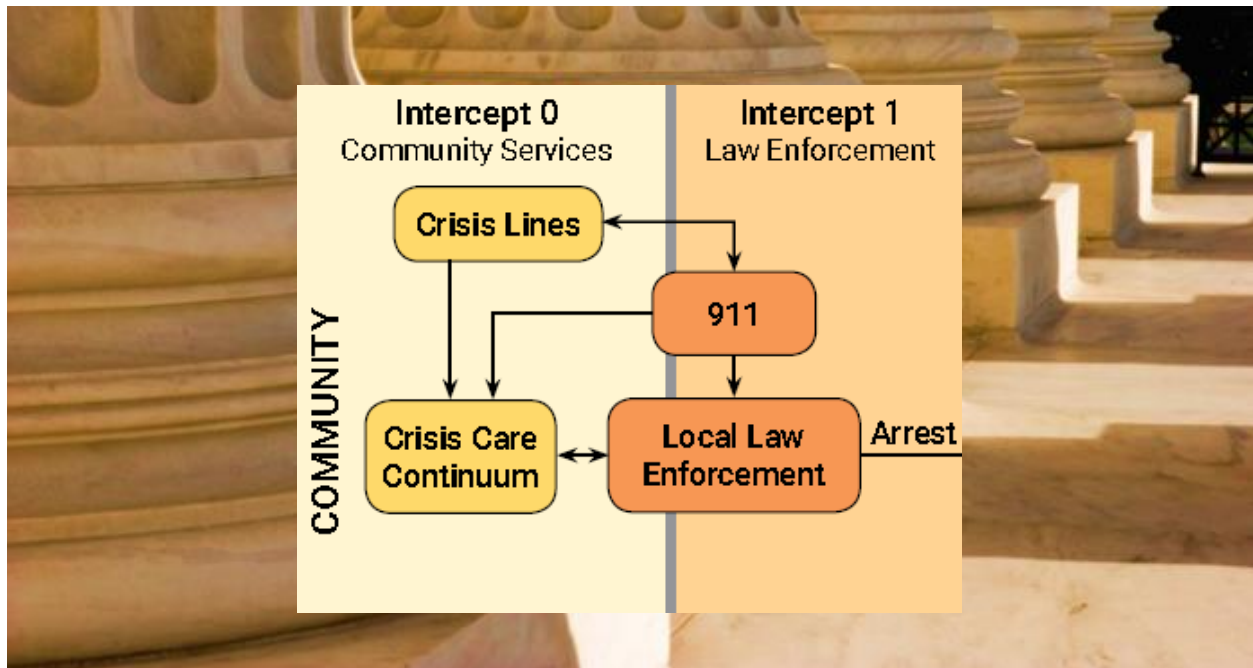
SEQUENTIAL INTERCEPT MODEL MAP FOR WILLIAMSON COUNTY





RESOURCES AND CHALLENGES AT EACH INTERCEPT

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.



INTERCEPT 0 AND INTERCEPT 1

INTERCEPT 0 RESOURCES

Bluebonnet Trails Community Services (BTCS) Crisis Hotline and Call Center

- BTCS operates a mental health Crisis Hotline (800-841-1255) on a 24/7/365 basis. Credentialed through the American Association of Suicidology, the hotline staff deploy BTCS crisis team members into the community when a crisis situation has been reported.
- If, during the call, the situation is not determined to be a crisis, a next-day appointment is offered to connect the individual with BTCS and other helpful resources in the community.
- BTCS contracts with the United Way of Greater Austin 211 regional Call Center to ensure access to local resource information with appointment capability through a toll-free line for the community (844-309-6385).

Williamson County Mobile Outreach Team (MOT)

- Dispatched through 911, the Williamson County Mobile Outreach Team (MOT) provides first and secondary response to the scene of mental health crisis calls Monday through Saturday, between the hours of 8:00 am to 8:00 pm. MOT is a part of the Williamson County Emergency Services Division. Williamson County formed a partnership with Bluebonnet Trails Community Services to provide the county with 24/7 crisis services utilizing the strengths of both systems. A memorandum of understanding was established to solidify the intentions and expectations of the partnership. The majority of calls to MOT are resolved on-scene.
- In addition, the Williamson County MOT partners with Round Rock Fire/Rescue to provide Medical and Mental Health (M&M) EMS units offering unique expertise for persons with medical, mental health and/or substance use issues.

Bluebonnet Trails Community Services (BTCS) Crisis Team

- In partnership with the MOT, the BTCS Crisis Team operates 8pm – 8am from Monday through Saturday and for 24 hours on Sundays. Team members are dispatched to mental health crisis scenes through a 24/7/365 crisis hotline (800-841-1255). Once deployed, the BTCS crisis worker arrives at the location of the individual in crisis within one hour of the call received from the Crisis Hotline. Following the assessment interview, if the individual's needs are not immediately met, the individual is connected to services at the appropriate level of care. This helps address and meet the individual's current and longer-term needs. These services may be internal to BTCS or coordinated with an external healthcare provider. If needing medical detoxification, the BTCS Crisis Team members will recommend medical clearance at a hospital. The medical hospital will notify the BTCS Crisis Team when preparing the individual for discharge.
- Hospital emergency departments request the BTCS Crisis Team as-needed to perform mental health assessments for persons presenting in crisis at the hospital.

Georgetown Behavioral Health Institute (GBHI)

- GBHI is a 118-bed acute care, private psychiatric hospital serving Central Texans. The hospital supports behavioral healthcare for individuals and offers a no-cost initial screening and intake process. GBHI provides law enforcement officers a dedicated drop-off site for individuals in crisis, regardless if they do or do not have benefits. This assists the officer in returning to the community as quickly as possible, knowing the individual will be cared for by the GBHI treatment team. For persons in crisis without health benefits, BTCS contracts with GBHI to provide local private psychiatric beds, improving access to critical inpatient mental health care, since it is often difficult to gain access to a bed in the state hospital system. In addition, the BTCS Extended Observation Unit (EOU) is embedded in GBHI.

Crisis Care Centers

- San Gabriel Crisis Center – 711 College Street, Georgetown. On this campus, BTCS offers:
 - A 12-bed Crisis Respite Unit serving the needs of persons experiencing a behavioral health crisis but do not require hospitalization. Individuals may be voluntarily admitted to residential-based care. The average length of stay is seven to ten days. The Crisis Respite Unit treatment team addresses crisis de-escalation, medication needs, counseling, peer supports, employment and housing services to address individual needs. Discharge planning is provided to assist individuals with a successful return to their community.
 - A 4-bed Detox Unit supporting persons benefitting from medically-assisted detox, with connections provided to substance use treatment.
- Extended Observation Unit (EOU) at Georgetown Behavioral Health Institute (GBHI), 3101 S. Austin Avenue, Georgetown. In a public-private partnership with GBHI, Bluebonnet Trails Community Services (BTCS) has embedded a 12-bed unit within the hospital to gain efficiencies and expertise with healthcare professionals valued by the collaborating

organizations. The BTCS EOU accepts persons in acute psychiatric distress on a voluntary and involuntary basis. Made possible through a local match contribution by Williamson County, a state grant awarded to BTCS funds the unit intended to increase access to acute care by offering:

- Access to the EOU through the drop off portal at GBHI reducing the amount of time required of peace officers for an admission;
- Access to a step-down unit for persons nearing readiness for discharge from the state hospital, allowing them to successfully continue their treatment through acute care at the EOU—thereby opening a bed at the state hospital; and
- Access to an acute bed for individuals requiring intensive psychiatric care when the state hospital is on diversion. Individuals may be admitted to the EOU with a law enforcement Emergency Detention.

The Pavilion Clubhouse in Round Rock

- Supports the ongoing recovery of individuals living with mental illness or substance use by providing a community of peers that helps in maintaining healthy choices, and connections to beneficial community-based services
- Provides a long-term option for peer support, engagement, employment and other community-based services for individuals seeking support for their personal goals for their health and wellbeing

Substance Use Treatment Services

- MOT/EMS can provide basic medical clearance and transport as a hospital diversion.
- BTCS Outreach Screening Assessment and Referral (OSAR) offers assessments, brief counseling and connection to local treatment providers.
- Local Substance Use Treatment Providers
- Intensive Outpatient Program - treatment providers include, but are not limited to:
 - Adults and Youths: Georgetown Behavioral Health Institute
 - Adults and Youths: Bluebonnet Trails Community Services
 - Adults: Rock Springs Hospital
- Detoxification Services are available through:
 - Local hospital emergency departments
 - BTCS San Gabriel Crisis Center Detox Unit

INTERCEPT 0 CHALLENGES

Lack of Interoperability between the Williamson County Emergency Communication Center and the BTCS Crisis Team/Crisis Hotline.

- The BTCS Crisis Team and the Williamson County Emergency Communication Center (ECC) do not have interoperability if a mental health crisis call comes into the ECC dispatch system.
- The Round Rock ECC has the capacity for interoperability allowing for transition of calls to the BTCS Crisis Hotline.

Williamson County Emergency Communications Center

- The Emergency Communications Center has identified the need for additional staff and is focused on continuous improvement of the high-quality service provided across the county.
- Emergency Communication Center dispatchers are not participating in Crisis Intervention Team training. The training will improve dispatcher identification of mental health crises that could result in appropriate deployment of services.

Lack of Cross-Training for Law Enforcement in

- Local police departments are not seeing the information on how to gain access to the BTCS Crisis Team, the Williamson County Mobile Outreach Team, and the BTCS Crisis Hotline.

Increased Utilization Substance Use Detoxification Services

- BTCS has noticed a growing trend in utilization of ambulatory detoxification across its service region, which includes Williamson County. Complicating a plan to address the growth is a wait-list for state-funded detoxification.
- Although services and partnerships are under development to reduce waiting time, sustainable, long-term ambulatory detox services are scarce.

INTERCEPT 1 RESOURCES

Crisis Intervention Team

- The Williamson County Sheriff's Office (WCSO) provides the infrastructure for training patrol officers and corrections officers in the Crisis Intervention Team model. The WCSO has a dedicated CIT training sergeant who oversees delivery of a 40-hour basic CIT training, 40-hour intermediate CIT training, and the 40-hour mental health officer certification course. CIT and mental health officer trainings are provided to officers from any law enforcement agency. Georgetown Behavioral Health Institute plans to offer a 40-hour course to familiarize officers with community resources available. The first course for CIT-MHO officers is expected in December 2018. The training course is expected to be offered four times per year.
- Local law enforcement agencies advise they will benefit from training and refresher training for officers.

INTERCEPT 1 CHALLENGES

Coordination and Responsibility for Crisis Intervention Team Initiatives

- Coordination of Crisis Intervention Teams and mental health initiatives for law enforcement agencies is not in place. A suggestion has been made to form a Williamson County Crisis Intervention Team Board to support agency activities, training, and coordination. There is strong support for training of law enforcement officers on local mental health resources and providing the state certification course.

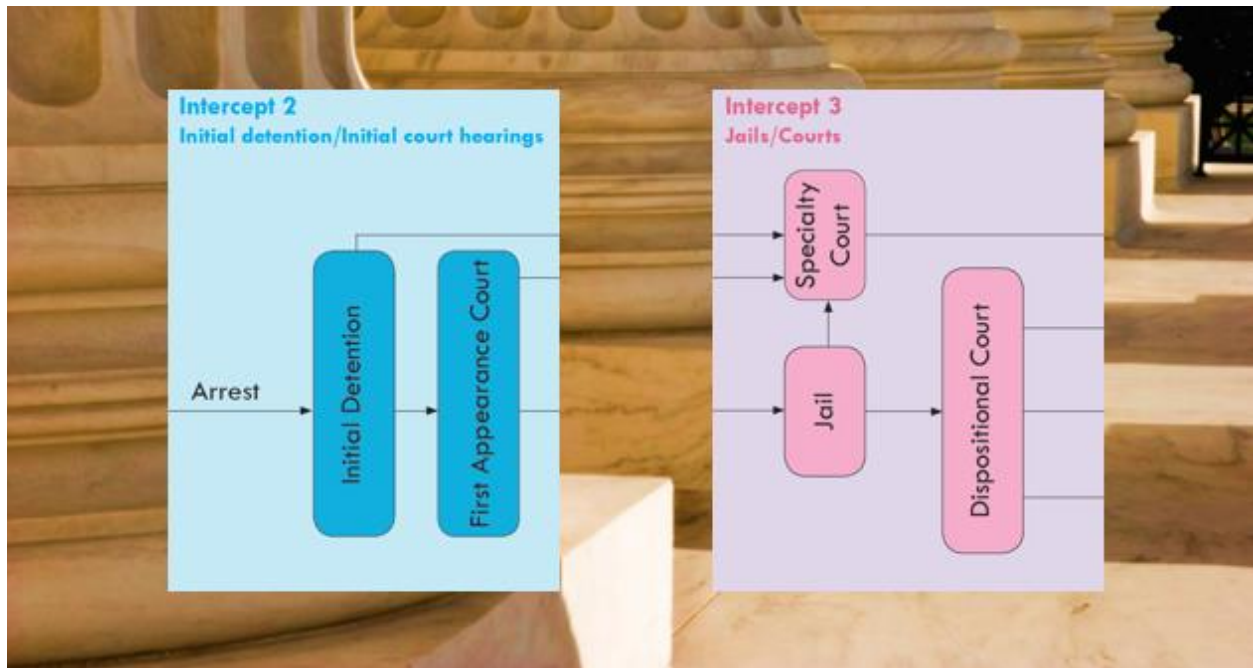
- Communication to local municipal law enforcement agencies of changes in the organizational structure of the Williamson County CIT. Determining resources available for CIT to provide support to police departments during mental health calls.
- Addressing rapid population growth in the county and identifying the responsibility of governmental entities for providing local law enforcement agencies with resources and additional staff required to respond to the increasing number of mental health crisis calls.
- In the recent past, local police departments relied on the Williamson County Crisis Intervention Team to respond to mental health calls and to de-escalate crisis situations.
- Changes in the Williamson County CIT model have caused municipal police departments to reassess their response to mental health crisis calls. Police Departments are trying to understand: their role in responding to mental health crisis calls; what community resources are available to help them effectively resolve crisis calls; and how can they access resources when needed.

Burden of Mental Health Crisis Response on Smaller Law Enforcement Agencies

- Smaller law enforcement agencies with a few officers on patrol at any given time struggle to respond to mental health crisis calls.
- Without the appropriate, accessible resources, law enforcement officers are taken out of service for a long period of time while addressing a crisis call.
- The response time for an MOT member or BTCS Crisis Team can be too long for an officer who has already been on-scene for half an hour. It can be quicker to transport an individual to GBHI for an assessment than wait for an assessment in the field.

Emergency Detentions and Mental Health Receiving Facilities

- Law enforcement officers cannot execute an emergency detention for a hospital emergency department as the local hospital emergency departments are not designated mental health receiving facilities.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPT 2 RESOURCES

Williamson County Jail

- Most law enforcement agencies transport arrestees to the Williamson County Jail for initial detention. Georgetown and Leander police departments can detain locally but most arrestees are transported to the county jail.
- In accordance with state law, arrestees are evaluated to determine whether they meet criteria for incarceration. Individuals experiencing medical emergencies; who are overdosing or experiencing withdrawals in need of medical care; women who are eight months pregnant; or persons displaying significant agitation are not admitted to the jail.
- A Continuity of Care Query/Care Match (CCQ) search is conducted to determine if individual inmates have been in contact with a public mental health facility. Matches are sent to BTCS. BTCS offers consultation to jail staff and services to the inmate.
- A member of the BTCS Jail Diversion Team visits the jail daily Monday through Friday to conduct brief assessments, provide suicide screenings, and perform liaison functions between jail and the courts. Jail staff can access BTCS 24/7 when a mental health crisis arises, through the Crisis Hotline and with the availability of tele-health.
- The jail notifies BTCS about inmates placed on suicide watch via a mental health data warehouse operated under the Texas Health and Human Services Commission. BTCS Jail Diversion Team also reviews the running list of individuals on suicide watch during their daily visits. BTCS provides consultation to the jail staff and services to the individual on suicide watch.

Magistration

- By local plan, individuals receive magistration within 24-hours of arrest. Magistration occurs daily, 365 days per year.
- Magistrates are on call 24/7/365 when not at jail magistrating, to provide emergency arrest and blood warrants.
- Magistrates receive training to recognize mental illness and intellectual disabilities from Bluebonnet Trails Community Services (BTCS), Judicial conferences, and other mental health training opportunities to assist them in recognizing the need to issue a Texas Code of Criminal Procedures 16.22 order for mental health assessment.
- Jail staff provide Magistrates a Continuity of Care Query/Care Match (CCQ) list at the end of each 12-hour shift. Magistrates review CCQ, jail suicide assessments, medical notes from officers and criminal history to determine whether to issue a 16.22 order for mental health assessment.
- Magistrates work with BTCS Jail Diversion Team to provide jail diversions for defendants when appropriate, in compliance with 16.22.
- Defense is assigned based on a mental health wheel of private counsel who provide indigent legal services.
- Chapter 17 of the Texas Code of Criminal Procedures was recently amended in 2017 during the 85th Legislature. Magistrates comply with 17.032 “Release on Personal Bond of Certain Defendants with Mental Illness or Intellectual Disabilities” and review all qualifying defendants for release on personal bond, when they meet criteria of the statute.
- Magistrates maintain 16.22 documents and forward the defense counsel, attorney representing the state and the trial court, in accordance to 16.22.

Bluebonnet Trails Community Services (BTCS) Jail Diversion

- The BTCS jail diversion program is staffed by four individuals across the eight-county region served by Bluebonnet Trails. One dedicated team member covers Williamson County exclusively and visits the jail each weekday. In addition, the BTCS Jail Diversion Director also provides services at the Williamson County jail.

INTERCEPT 3 RESOURCES

Williamson County Jail

- The Williamson County Jail receives approximately 14,000 admissions per year. Among inmates, approximately 20% present with a serious mental illness.
- Partnership between Williamson County Corrections, Magistrates Office and Bluebonnet Trails Community Services (BTCS) on inmate mental health, suicide watch, jail diversions and connections to community resources.
 - An electronic report generated weekly (Mondays) from the Williamson County Odyssey program tracks inmates arrested with a previous history of mental illness. The report provides information on booking number, inmate name, date booked and released, offense committed, degree of charge, arrest time, day of week and arresting agency.

- BTCS Jail Diversion staff will identify if an inmate is an active consumer and will assist with medication continuity while the individual is incarcerated in the Williamson County jail.
- The Williamson County Jail Behavioral Health Round Table is a collaboration of judges, jail administration, representatives of the District Attorney, representatives of the County Attorney and BTCS staff established in mid-2018. The initial objective was to establish a forced medication protocol and to ensure the safety of inmates awaiting placement at a state hospital. Today, the Round Table discusses barriers and solutions to concerns within the jail and courts.
- State hospital placements addressing forensic and behavioral health needs may take up to nine months and even longer for inmates requiring greater security.

County Attorney Mental Health Program

- The County Attorney Mental Health Program is a partnership with the Defense Attorneys and Bluebonnet Trails Community Services. A defendant with serious mental illness can participate in the program through application by defense counsel. The primary goal of the program is to address the mental illness of qualifying defendants in an effort to divert them from future contact with the criminal justice system. Supervision in the program lasts between two and six months.

District Court Mental Health Docket

- The District Court Mental Health Docket focuses on participant mental health needs and addressing factors associated with recidivism using the framework of Risk-Need-Responsivity.
- Williamson County Probation is a strong partner on the Mental Health Docket.
- Bluebonnet Trails is establishing a Forensic Assertive Community Treatment (FACT) Team to honor the orders of the Judge and support the Mental Health Docket participants. A long-term goal is to incorporate mental health peer support as a resource for participants.

District Court – Adult DWI/Drug Court

- The adult DWI/Drug Court program in the 368th District Court provides close monitoring of program participants with felony DWI and/or drug cases. Potential participants must apply for admission to the Adult Drug Court.
- Williamson County Probation is a strong partner on the felony DWI/Drug Court Docket.
- Program participants receive treatment services and are closely monitored to help avoid recidivism.

County Court at Law - Adult DWI/Drug Court

- The Adult DWI/Drug Court program in County Court at Law Two uses the jail booking process to identify potential program participants, who have at least two DWI and/or drug offenses. Potential participants must apply for admission to the Adult Drug Court.
- Williamson County Probation is a strong partner on the DWI/Drug Court Docket.
- Program participants receive treatment services and are closely monitored to help avoid recidivism.
- The program focuses on misdemeanor cases.

County Court at Law – Williamson County Veterans Treatment Court (VTC)

- The Williamson County Veterans Treatment Court (VTC) in County Court at Law Two is a misdemeanor-focused program. The VTC promotes public safety by addressing the unique difficulties of justice involved veterans and active members of the U.S. Armed Forces through a collaborative and coordinated system of court supervised treatment and one-on-one mentoring by qualified Veteran Mentors that ensures individual accountability.
- The Project Team consisting of the presiding judge, lawyers for state and defense, Adult Probation, mental health counselor, Veteran Peer Specialists and substance use services staff provided by BTCS, Mentor Coordinator, and the Veterans Justice Outreach (VJO) from the V.A. work with veteran participants and treatment providers to create an individualized treatment plan that helps each veteran receive mental health counseling and/or substance abuse treatment.
- The program receives state funding, including grant support for a Specialty Court Coordinator, Case Manager, alcohol and drug monitoring and testing.
- The Veterans Treatment Court has two separate dockets given the high volume of participants, with an average of 65 veterans. Potential participants must apply for admission into the Veterans Treatment Court.

INTERCEPT 3 CHALLENGES

Inmate Mental Health Report Excludes the District Attorney

- The weekly inmate mental health report is not provided to the District Attorney

Williamson County Jail Mental Health Population

- Within the jail mental health population, there is a need to distinguish between serious mental illness and behavioral issues.
- There is a clinical need to distinguish drug-seeking behavior among inmates for psychotropic medications as opposed to a legitimate need for psychotropic medications to address symptoms associated with mental illness.

PRIORITIES FOR CHANGE

The priorities for change were determined through a voting process. Following completion of the Sequential Intercept Mapping exercise, the workshop participants began to define specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Workshop participants were asked to identify a set of possible priorities followed by a vote where each participant had one top priority vote and two general votes. The voting took place on October 31, 2018.

Rank	Priority	All Votes	Top Votes
1	Dedicated CIT responses	39	31
2	Expand co-occurring mental and substance use disorder treatment, including residential services and jail-based treatment.	22	4
3	Improve communication and coordination of strategies	21	5
4	Comprehensive reentry services and supports	13	1
5	Crisis services drop-off center (including sobering services)	12	2
6	Safe, low-cost housing options that are family-oriented	9	2
7	Expand post-adjudication/community supervision co-occurring treatment beds	6	0
8a	Get local hospital(s) designated as a mental health facility.	4	0
8b	Intercept 0 co-response	4	0
9a	Expanded peer support and navigation services	3	2
9b	Reduce/waive filing fee for orders of protective custody filed by hospitals	3	0
10	Targeted identification and engagement of high utilizers/frequent fliers	2	0
11a	Expand forensic mental health services, including cognitive behavioral therapy	1	0
11b	Mental health and services/resources training for small departments	1	0

ACTION PLANS

DEDICATED CRISIS INTERVENTION TEAM RESPONSES

Objective	Action Step	Who	When
1. Law enforcement agencies and stakeholders to form partnership to develop local strategies for responding to mental health crises.	<ul style="list-style-type: none"> • Convene next meeting in December 2018. • Develop application to CAPCOG supporting law enforcement training. 	<ul style="list-style-type: none"> • Law enforcement agency leadership and stakeholders 	<ul style="list-style-type: none"> • December 5 or 12, 2018
2. Designate “super-users” within each law enforcement agency who are the leads on understanding approaches and resources available in the county.	<ul style="list-style-type: none"> • Convene first meeting in December 2018. • Establish routine meeting of super-users. 	<ul style="list-style-type: none"> • Law enforcement agencies and stakeholders. 	<ul style="list-style-type: none"> • December 5 or 12, 2018
3. Examine and report on data compiled by law enforcement and emergency services for calls for mental health crisis services.	<ul style="list-style-type: none"> • Williamson County Behavioral Health Task Force to establish standing agenda item for reporting. • Ongoing discussions among community partners for the purpose of sharing data, understanding outcomes and reducing barriers. 	<ul style="list-style-type: none"> • Chair of Task Force 	<ul style="list-style-type: none"> • January 2019

Participants:

Commissioner Valerie Covey, Raven Thousand, Jonathan Lemuel, Chris Connealy, Annie Burwell, Mike Knipstein, Frank Saenz, Jason Nassour, Mike Mohler, Derral Partin, Darlene Lewis, Maverick Campbell, Sr., Royce Graeter, Jeff Ringstaf, Jeff LaGrove, Anthony Morehouse, Nate Spraggins, Sean Cox, Judge John McMaster, Bhavani Madiseti-Vemineddy, Shannon Saffel, Willie Richards, Chief Tim Ryle, Chief Randolph Doyer.

COMPREHENSIVE REENTRY SERVICES

Objective	Action Step	Who	When
1. Additional respite beds for justice-involved persons	<ul style="list-style-type: none"> Grants, County funding/matching. 	<ul style="list-style-type: none"> All providers, Cities, County 	<ul style="list-style-type: none"> Spring 2019
2. Forensic peer support	<ul style="list-style-type: none"> Expand and refer to Peer Support Specialist training for certification. Include BTCS Director of Recovery Services in conversations related to forensic peer support. 	<ul style="list-style-type: none"> Via Hope Pavilion BTCS 	<ul style="list-style-type: none"> Spring 2019
3. Employment	<ul style="list-style-type: none"> Establish connections prior to release. Provide resource list to justice involved individual prior to release. Refer at exit. 	<ul style="list-style-type: none"> Texas Workforce Commission Goodwill Religious organizations BTCS Local employers Austin Bridge Builders Round Rock Serving Center and other non-profit support groups 	<ul style="list-style-type: none"> Spring 2019
4. Transportation			
5. Benefits			
6. Documented reentry plan	<ul style="list-style-type: none"> Develop flowchart for persons released from jail including options for resources. Develop format for communication with the 	<ul style="list-style-type: none"> Williamson County courts and support team 	<ul style="list-style-type: none"> Spring 2019

Objective	Action Step	Who	When
	court including summary of exit counseling.		
7. Family support	<ul style="list-style-type: none"> Connect families to available resources. 	<ul style="list-style-type: none"> NAMI 	<ul style="list-style-type: none"> Winter 2018/2019
8. Funding	<ul style="list-style-type: none"> Identify grant opportunities. 	<ul style="list-style-type: none"> County officials 	<ul style="list-style-type: none"> Spring 2019
9. Housing	<ul style="list-style-type: none"> Identify opportunities and engage willing partners. 	<ul style="list-style-type: none"> Cities County 	<ul style="list-style-type: none"> Summer 2019
10. Communication	<ul style="list-style-type: none"> Ensure transparency of outcome data fostering learning opportunities and growth. Provide opportunities for ongoing communication between community partners. 	<ul style="list-style-type: none"> Williamson County Behavioral Health Task Force Stakeholders, cities and County identifying and acting on key opportunities for communication exchange 	<ul style="list-style-type: none"> Summer 2019

Participants:

Sunni Mitchell, Shawn Dick, David Joyce, Judge Donna King, Amber Hillanbrand, Stephanie Greger, Misty Harris.

EXPAND CO-OCCURRING PSYCHIATRIC AND SUBSTANCE USE DISORDER (COPSD) TREATMENT, INCLUDING RESIDENTIAL SERVICES AND JAIL-BASED TREATMENT. INVOLVE PEER SUPPORT AND NAVIGATION.

Objective	Action Step	Who	When
<p>1. Divert into COPSD treatment pre-charge.</p> <ul style="list-style-type: none"> • Crisis care • Sobriety center • Residential treatment 	<ul style="list-style-type: none"> • Determine if any local private residential facilities will take the state rate. • Consider evidence-based assessment tools for decision-making and public safety. • Take field trip to Haven for Hope and the Restoration Center in San Antonio. • Consider how we can raise funds through city, county, grant/state applications to coordinate care. • Develop a long-term plan with short-term options. Consider existing buildings and transportation. Include a community education plan. • Visit Lott Center. • Schedule follow up meeting within two weeks. 	<ul style="list-style-type: none"> • This group and other identified stakeholders. 	<ul style="list-style-type: none"> • Winter 2018 – Spring 2019

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> Define how SharePoint file will be used for communication. Develop timeline for other actions. Develop flowcharts defining key court-based and jail-based processes to inform stakeholders. 		
2. Divert from jail into a dual diagnosis treatment center.	<ul style="list-style-type: none"> Catch more people eligible for “dismiss and transfer” for civil commitment. See Action Steps above which increase residential COPSD treatment opportunities. 	<ul style="list-style-type: none"> This group and other identified stakeholders. 	
3. Provide jail-based COPSD services to those waiting for diversion.	<ul style="list-style-type: none"> Team in the jail with members of various community systems, including peer organizations. Survey opportunities for jail-based therapeutic services and peer services. Explore evidence-based, multi-disciplinary assessments. 	<ul style="list-style-type: none"> Stakeholders for the individuals needing care—tracking and opportunities to report outcomes for appropriate actions. 	

Objective	Action Step	Who	When
	<ul style="list-style-type: none"> Recommend individual/community solutions. 		

Participants:

Shannon Francis, Jameson Pennington, Steve Morrison, Kathy Pierce, Andrea Richardson, Alycia Welch, Judge Stacey Matthews, Matt Smith, Gordon Butler, Doug Wheless, Tiffany Gonzalez

HOUSING OPTIONS THAT ARE SAFE, LOW-COST, AND FAMILY-ORIENTED

Objective	Action Step	Who	When
1. Identify housing needs: <ul style="list-style-type: none"> a. Individuals and family affected by incarceration. b. Individuals and families affected by mental health. c. Individuals and families affected by substance use disorders. 	<ul style="list-style-type: none"> • Identify businesses needing workers, paying livable wage, for workforce housing <ul style="list-style-type: none"> ○ Land ○ Acquire trailers, RVs, tiny homes, apartments, etc. ○ Subsidize housing rents • Advocate for each individual advising of potential job stability and sustainability of the individual. • Identify homes available. 	<ul style="list-style-type: none"> • All stakeholders, cities, County 	<ul style="list-style-type: none"> • On-going, several known now
2. Identify housing services. <ul style="list-style-type: none"> a. Emergency housing (short-term) b. Transitional (short to intermediate term) c. Long term <ul style="list-style-type: none"> i. Individual/family ii. Costs iii. Locations iv. Transportation v. Support network 		<ul style="list-style-type: none"> • Treatment providers, clergy/churches, peer support • Non-profits, develop LLCs 	

Participants:

Commissioner Terry Cook, Scott Matthew, Chief Marc Owen



RECOMMENDATIONS

RECOMMENDATION 1

FORMALIZE CRISIS INTERVENTION TEAM INITIATIVES ACROSS THE COUNTY THROUGH ESTABLISHMENT OF AN OVERSIGHT BOARD

Consider establishing a formal partnership to guide implementation of Crisis Intervention Teams and related early diversion initiatives across the county. The board membership should include representatives from law enforcement agencies, behavioral health, homelessness services, agencies representing family members and consumers, and the court system. Consider having participating law enforcement agencies adopt the model policy from the International Association of Chiefs of Police on [responding to persons experiencing a mental health crisis](#). The oversight board should also examine the need for training call-takers and dispatchers in CIT or Mental Health First Aid.

RECOMMENDATION 2

EXPAND SUPPORT FOR LOCAL LAW ENFORCEMENT OFFICERS IN RESPONDING TO MENTAL HEALTH CRISES.

Consider expanding supports for officers who are responding to individuals experiencing mental health crises.

Cross-training for law enforcement officers and crisis services providers

Routinely cross-train local law enforcement agency leadership and patrol officers on the availability of crisis mental health services and supports to ensure that officers know how to access these local services and supports. Conversely, cross-train crisis services staff regarding current status and needs of local law enforcement, 911 call takers and dispatchers, and other first responders.

Quality Assurance

A quality assurance plan should be developed for gauging officer use and feedback on these supports (e.g., 911, BTCS Crisis Hotline, BTCS Crisis Team, Williamson County Mobile Outreach Team (MOT), Law Enforcement Drop-Off at Georgetown Behavioral Health Institute, and training opportunities).

Informing Practice with Data

A recent [SAMHSA publication](#) helps local systems use data to implement Crisis Intervention Team programs that can improve the safety and effectiveness of local law enforcement response to people experiencing behavioral health crises.

Officer Safety and Wellness

The President's Task Force on 21st Century Policing established a pillar focused on officer wellness and safety. Examine [strategies](#) and the [officer safety toolkit](#) to promote officer safety, wellness, and resilience.

Virtual Mobile Crisis

Expand the use of telehealth strategies to support law enforcement officers and other first responders responding to crisis situations. Telehealth is increasingly being used nationally to enhance crisis services in support of first responders. Examine the virtual mobile crisis intervention deployed in [Missouri](#). See Appendix 2 for an example from Nebraska. See also the work Harris County Texas CIT is doing implementing telepsychiatry/telehealth (<http://www.harriscountycit.org>).

RECOMMENDATION 3

CONSIDER SIGNING ON TO THE STEPPING UP INITIATIVE TO REDUCE THE INCARCERATION OF INDIVIDUALS WITH MENTAL ILLNESSES IN THE WILLIAMSON COUNTY JAIL

Build on the work of the Williamson County Behavioral Health Task Force and Behavioral Health Round Table to establish data driven, long-term strategies to reduce the incarceration of individuals with mental illnesses in the local jail. The [Stepping Up Initiative](#) starts by asking the county commissioners to pass a resolution in support of the initiative. Resources available from the Council of State Governments Justice Center and the National Association of Counties includes a guide for county leadership and self-assessment tool. Neighboring counties which have passed resolutions in support of the Stepping Up Initiative include McLennan County, Bell County, and Travis County.

RECOMMENDATION 4

AT ALL STAGES OF THE SEQUENTIAL INTERCEPT MODEL, GATHER DATA TO DOCUMENT THE PROCESSING OF PEOPLE WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS THROUGH THE CRIMINAL JUSTICE SYSTEM LOCALLY.

Improving cross system data collection and integration is key to identifying high user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

Data collection does not have to be overly complicated. For example, some 911 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a “warm handoff” or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, etc.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Join the Arnold Foundation and National Association of Counties (NACo) [Data Driven Justice Initiative](#) (DDJ). The publication “[Data-Driven Justice Playbook: How to Develop a System of Diversion](#)” provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

RECOMMENDATION 5

AUTHORIZE A SINGLE POINT OF ACCOUNTABILITY TO REVIEW PROGRESS OF THE PLANS DEVELOPED TO SUPPORT WILLIAMSON COUNTY EFFORTS WITH CRISIS SERVICES, JAIL DIVERSION, COURT-BASED SERVICES AND RE-ENTRY.

To ensure coordination and communication among the many systems supporting efforts in Williamson County, to authorize a single collaborative body to receive, assess and report the results of the collective planning efforts. As the Williamson County Behavioral Health Task Force includes representatives of the majority of the support systems, add to or refine the current membership and scope to include the recommended dashboard development, monitoring, and reporting responsibilities.



RESOURCES

Competency Evaluation and Restoration

- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.
- Gowensmith, W.N., Frost, L.E., Speelman, D.W., & Therson, D.E. (2016). [Lookin' for Beds in All the Wrong Places: Outpatient Competency Restoration as a Promising Approach to Modern Challenges](#). *Psychology, Public Policy, and Law*, 22, 293-305.

Crisis Care, Crisis Response, and Law Enforcement

- Substance Abuse and Mental Health Services Administration. [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).
- International Association of Chiefs of Police. [Building Safer Communities: Improving Police Responses to Persons with Mental Illness](#).
- Suicide Prevention Resource Center. [The Role of Law Enforcement Officers in Preventing Suicide](#).
- Saskatchewan Building Partnerships to Reduce Crime. [The Hub and COR Model](#).
- Bureau of Justice Assistance. [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions](#).
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium](#).
- International Association of Chiefs of Police. [One Mind Campaign](#).
- Optum. [In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs](#).
- The [Case Assessment Management Program](#) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective

follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

- National Association of Counties. [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.](#)
- [CIT International.](#)
- Serving Safely: National Initiative to Enhance Policing for Persons with Mental Illness and Developmental Disabilities (<https://www.vera.org/projects/serving-safely>).
- Modern Justice: Using Data to Reinvent America’s Crisis Response Systems (<https://www.arnoldfoundation.org/wp-content/uploads/DDJ-MODERN-JUSTICE.pdf>).

Data Analysis and Matching

- Data-Driven Justice Initiative. [Data-Driven Justice Playbook: How to Develop a System of Diversion.](#)
- Urban Institute. [Justice Reinvestment at the Local Level Planning and Implementation Guide.](#)
- The Council of State Governments Justice Center. [Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.](#)
- New Orleans Health Department. [New Orleans Mental Health Dashboard.](#)
- Pennsylvania Commission on Crime and Delinquency. [Criminal Justice Advisory Board Data Dashboards.](#)
- Vera Institute of Justice. [Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.](#)

Housing

- Alliance for Health Reform. [The Connection Between Health and Housing: The Evidence and Policy Landscape.](#)
- Economic Roundtable. [Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.](#)
- Urban Institute. [Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.](#)
- Corporation for Supportive Housing. [NYC FUSE – Evaluation Findings.](#)
- Corporation for Supportive Housing. [Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.](#)

Information Sharing

- American Probation and Parole Association. [*Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.*](#)
- Legal Action Center. [*Sample Consent Forms for Release of Substance Use Disorder Patient Records.*](#)

Jail Inmate Information

- NAMI California. [*Arrested Guides and Inmate Medication Forms.*](#)

Medication Assisted Treatment (MAT)

- American Society of Addiction Medicine. [*The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.*](#)
- American Society of Addiction Medicine. [*Advancing Access to Addiction Medications.*](#)
- Substance Abuse and Mental Health Services Administration. [*Federal Guidelines for Opioid Treatment Programs.*](#)
- Substance Abuse and Mental Health Services Administration. [*Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*](#)
- Substance Abuse and Mental Health Services Administration. [*Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction \(Treatment Improvement Protocol 40\).*](#)
- Substance Abuse and Mental Health Services Administration. [*Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.*](#)

Mental Health First Aid

- [*Mental Health First Aid.*](#)
- Illinois General Assembly. [*Public Act 098-0195: Illinois Mental Health First Aid Training Act.*](#)
- Pennsylvania Mental Health and Justice Center of Excellence. [*City of Philadelphia Mental Health First Aid Initiative.*](#)

Peers

- [*Keya House.*](#)
- [*Lincoln Police Department Referral Program.*](#)

Pretrial Diversion

- CSG Justice Center. [*Improving Responses to People with Mental Illness at the Pretrial State: Essential Elements.*](#)

- National Resource Center on Justice Involved Women. [Building Gender Informed Practices at the Pretrial Stage](#).
- Laura and John Arnold Foundation. [The Hidden Costs of Pretrial Diversion](#).

Procedural Justice

- Legal Aid Society. [Manhattan Arraignment Diversion Program](#).
- Center for Alternative Sentencing and Employment Services. [Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors](#).
- Hawaii Opportunity Probation with Enforcement (HOPE). [Overview](#).
- American Bar Association. [Criminal Justice Standards on Mental Health](#).

Reentry

- SAMHSA's GAINS Center. [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison](#).
- Community Oriented Correctional Health Services. [Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies](#).
- The Council of State Governments. [National Reentry Resource Center](#).
- Bureau of Justice Assistance. [Center for Program Evaluation and Performance Management](#).
- Washington State Institute of Public Policy. [What Works and What Does Not?](#)
- Washington State Institute of Public Policy. [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#).

Screening and Assessment

- Center for Court Innovation. [Digest of Evidence-Based Assessment Tools](#).
- The Stepping Up Initiative. (2017). [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#).
- The Stepping Up Initiative. (2017). [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#).

Sequential Intercept Model

- Munetz, M.R., and Griffin, P.A. (2006). [Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness](#). *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). [The Sequential Intercept Model and Criminal Justice](#). New York: Oxford University Press.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- Information regarding [SOAR for justice-involved persons](#).
- The online [SOAR training portal](#).

Transition-Aged Youth

- National Institute of Justice. [Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults](#).
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. [Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21 Executive Summary and Recommendations](#).
- Roca, Inc. [Intervention Program for Young Adults](#).
- University of Massachusetts Medical School. [Transitions RTC for Youth and Young Adults](#).

Trauma-Informed Care

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. [Essential Components of Trauma Informed Judicial Practice](#).
- SAMHSA. [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).
- National Resource Center on Justice-Involved Women. [Jail Tip Sheets on Justice-Involved Women](#).

Veterans

- Justice for Vets. [Ten Key Components of Veterans Treatment Courts](#).
- Stainbrook, K., Hartwell, S., & James, A. (2016). [Female veterans in jail diversion programs: Differences from and similarities to their male peers](#). *Psychiatric Services*, 67, 133-136. DOI: 10.1176/appi.ps.201400442

APPENDICES

Appendix 1 Sequential Intercept Mapping Workshop Participant List

Appendix 2 Remington, A.A. (2016). *Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection.*

Appendix 3 Behavioral Health Crisis Response: Williamson County

Appendix #1

Williamson County Sequential Intercept Model Mapping Workshop Participant List

Keely Adcock Taylor Police Department	Stephanie Greger County Attorney's Office	Bhavani Madiseti-Vemireddy County Attorney's Office
Judge Laura Barker Williamson County Courts	Paul Hall Hutto Police Department	Adam Marsh Florence Police Department
Christopher Bryce Jarrell Police Department	Misty Harris LifeSteps	Scott Matthew Williamson County Juvenile Services
Annie Burwell Williamson County Mobile Outreach Team	Elizabeth Henneke Lone Star Justice Alliance	Greg Minton Leander Police Department
Maverick Campbell Liberty Hill Police Department	Steaven Hernandez Bartlett Police Department	Steve Morrison Williamson County Adult Probation
Robert Chody Williamson County Sheriff's Office	Amber Hillanbrand Bluebonnet Trails Community Services	Wayne Nero Georgetown Police Department
Chris Connealy Williamson County Emergency Service	Dee Hobbs County Attorney's Office	Marc Owens Jarrell Police Department
Terry Cook Williamson County Government	Markus Holt Bartlett Police Department	Scott Parker Williamson County Emergency Dispatch
Val Covey Williamson County Government	Jack Housworth Bluebonnet Trails Community Services	Jameson Pennington Williamson County Adult Probation
Sean Cox Georgetown Behavioral Health Institute	David Joyce Williamson County Adult Probation	Kathy Pierce Williamson County Behavioral Health Task Force
Shawn Dick District Attorney's Office	Judge Donna King Williamson County Courts	Willie Richards Round Rock Police Department
Roy Fikac Williamson County Sheriff's Office	Mike Knipstein Emergency Medical Services	Andrea Richardson Bluebonnet Trails Community Services
Henry Fluck Taylor Police Department	Jeff Lagrone Taylor Police Department	Jeff Ringstaff Liberty Hill Police Department
Shannon Francis County Attorney's Office	Judge Betsy Lambeth Williamson County Courts	Tim Ryle Williamson County Sheriff's Office
Alexandra Gauthier Williamson County Magistrate	Jonathan Lemuel Bluebonnet Trails Community Services	Shannon Saffel Round Rock Police Department
Tiffany Gonzalez Bluebonnet Trails Community Services	Darlene Lewis Cedar Park Police Department	Bob Shelton Granger Police Department
Royce Graeter Liberty Hill Police Department	Judge John MacMaster Williamson County Courts	

Matt Smith
Williamson County Juvenile
Services

Cory Tchida
Georgetown Police Department

Raven Thousand
Bluebonnet Trails Community
Services

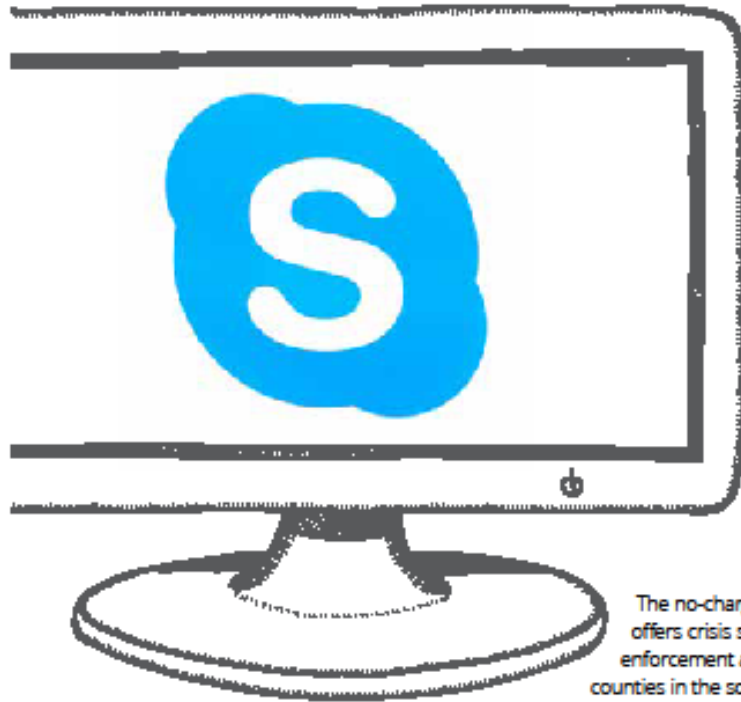
Alycia Welch
Lone Star Justice Alliance

Doug Wheless
Williamson County Corrections

Whitney Whitworth
Thrall Police Department

Brian Wukasch
Cedar Park Police Department

Appendix #2



SKYPING DURING A CRISIS?

Telehealth is a 24/7
Crisis Connection

Arnold A. Remington

Program Director, Targeted Adult Service
Coordination Program

When Nebraska law enforcement officials encounter people exhibiting signs of mental illness, a state statute allows them to place individuals into emergency protective custody. While emergency protective custody may be necessary if the person appears to be dangerous to themselves or to others, involuntary custody is not always the best option if the crisis stems from something like a routine medication issue.

Officers may request that counselors evaluate at-risk individuals to help them determine the most appropriate course of action. While in-person evaluations are ideal when counselors are readily available, officers often face crises in the middle of the night and in remote areas where mental health professionals are not easily accessible.

The Targeted Adult Service Coordination program began in 2005 to provide crisis response assistance to law enforcement and local hospitals dealing with people struggling with behavioral health problems. The employees respond to law enforcement calls to provide consultation, assistance in recognizing a client's needs and help with identifying resources to meet those needs.

The no-charge service program offers crisis services to 31 law enforcement agencies in 15 rural counties in the southeast section of the Cornhusker state.

Six months ago, the program offered select law enforcement officials a new crisis service tool: telehealth. The Skype-like technology makes counselors available 24/7, even in remote rural parts of the state. Officers can connect with on-call counselors for face-to-face consultations through secure telehealth via laptops, iPads or Toughbooks in their vehicles.

The technology, which is in use in select jails and police and sheriff departments, is proving to be a win-win for both law enforcement officers and clients. Officers no longer have to wait for counselors to arrive for consultations. In rural communities, it is too common for officers to wait for up to two hours for counselors traveling from long distances.

Telehealth also supports the Targeted Adult Service Coordination program's primary goal of preventing individuals from being placed under emergency protective custody. The program maintains an 82 percent success rate of keeping clients in a home environment with proper supports. The technology promotes faster response times that mean more expedient and more appropriate interventions for at-risk individuals, particularly those in rural counties.

So far, the biggest hurdle has been getting law enforcement officers to break out of

their routines and adopt the technology. Some officers still want in-person consultations, a method that is preferable when counselors are available and nearby. But when reaching a counselor is not expedient and sometimes not even possible, telehealth can play an invaluable role.

Police officers' feedback on telehealth has been mainly positive. Officers often begin using the new tool after hearing about positive experiences from colleagues. As more officers learn that they can contact counselors with a few keystrokes from their cruisers, telehealth will continue to grow. The Targeted Adult Service Coordination program plans to expand the technology next year by making it available to additional police and sheriff departments.

Telehealth has furthered the Targeted Adult Service Coordination program's goal of diverting people from emergency protective custody and helping them become successful, contributing members of the community. This creative approach to crisis response provides clients with better care and supports reintegration and individual autonomy.

Appendix #3

Behavioral Health Crisis Response

Williamson County

Williamson County and Bluebonnet Trails Community Services (BTCS) announce a partnership to provide 24/7 crisis services beginning October 1, 2018 when a need is identified by emergency services. All public safety agencies are invited to use the following schedule to request a face-to-face behavioral health crisis assessment.

The Williamson County Mobile Outreach Team will respond Monday – Saturday from 8am-8pm while BTCS will be available during all other hours. Response times will be reviewed on a monthly basis for quality assurance.

Crisis Team	For Deployment	Sunday	Monday - Saturday	For Comments/Questions
Bluebonnet Trails Community Services	1-800-841-1255	All Day	12am – 8am 8pm – 11:59pm	Raven.Thousand@bbtrails.org Crisis Director (512) 818-2309 Andrea.Richardson@bbtrails.org Executive Director (512) 244-8305
Williamson County Mobile Outreach Team (MOT)	9-1-1 512-864-8277 (Outreach Dispatch)		8am – 8pm	aburwell@wilco.org MOT Director (512) 663-5867 mknipstein@wilco.org EMS Director 512-563-0814

BTCS will continue to operate its 24/7 Crisis Hotline. Law Enforcement may distribute this phone number to community members who may need to request a crisis assessment for themselves or a family member in the future.

