

Sequential Intercept Model Mapping Report for Comal County

Office of Forensic Coordination,
Behavioral Health Services



February 2023



TEXAS
Health and Human
Services

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by Judge Deborah Wigington, Community Court at Law, #3, Mental Health Court and organized by Lewis Jones, Mental Health Court Coordinator. The planning committee members included:

Judge Charles Stephens, County Court at Law, #2; Commissioner Donna Eccleston, Comal County Commissioner; Judge Andrew Leonie, Comal County Magistrate Judge; Jenifer Nieto, Hill Country MHDD; Jazzie Hamlett, Hill Country MHDD; Deputy Gilbert Bustos, Comal County Sheriff's Office; Deputy Joshua Burns, Comal County Sheriff's Office; Jessica Frazier, Comal County District Attorney's Office; Officer Rebecca Krifka, New Braunfels Police Department; Jennifer Tharp, Comal County District Attorney; Tammi Themins, Resolute Health Hospital; Francesca Edwards, Christus Santa Rosa Health

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

The facilitators for this workshop were Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC and Catherine Bialick, MPAff, Senior Advisor, Office of Forensic Coordination, HHSC. The report was authored by Emily Dirksmeyer, LMSW; Catherine Bialick, MPAff; Matthew Lovitt, MSW; and Jennie M. Simpson, PhD.

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

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

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

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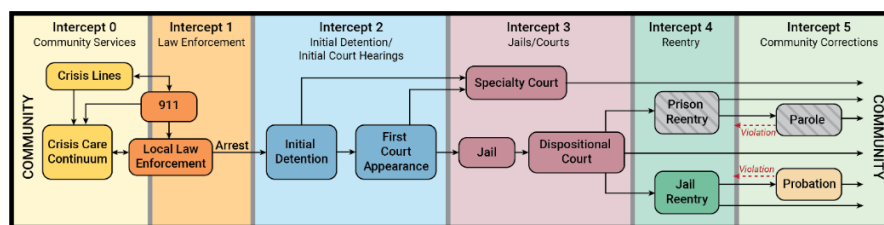
Introduction

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

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

The Sequential Intercept Model Mapping Workshop has three primary objectives:

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



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In 2022, Judge Wigington requested a SIM Mapping Workshop be conducted for Comal County to help foster behavioral health and justice collaborations and

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

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

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

Sequential Intercept Model Map for Comal County, October 2022

Intercept 0 Hospital, Crisis, Respite, Peer & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports
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COMMUNITY

COMMUNITY

Crisis Phone Lines
Hill Country MHDD Crisis Hotline
 • 877-466-0660
 • Available 24/7/365
Crisis Center of Comal County Crisis Line
 • 830-404-8013
988- National Suicide Prevention Line
 • 1-800-375-8965 or 988
Texas Abuse, Neglect and Exploitation Hotline
 • 800-252-5400
Connections Individual & Family Services
 • 800-532-8192
Warmlines/ Resource Lines
American Red Cross – Comal County
 • 830-608-9876
NAMI - San Antonio
 • 210-734-3349
SAMHSA National Helpline
 • 1-800-662-4357
River City Advocacy Counseling
 • 830-643-0200

Mobile Crisis Response Team
Hill Country MHDD
 • 24/7 response
 • 830-387-5987
Mental Health Co-Responder Programs
 • New Braunfels PD - Mental Health Deputies (MHDs)
 • Comal County Sheriff's Office - MHDs

911 Dispatch / Emergency Communications
 New Braunfels Police Support Services Division, Comal County Sheriff's Office Dispatch

Law Enforcement
 • New Braunfels Police Department, Comal County Sheriff's Office, Bulverde Police Department, Garden Ridge Police Department, Selma Police Department, Canyon Lake Police Department

Emergency Medical Services
 • New Braunfels Fire Department
 • Canyon Lake Fire and EMS
 • Southern Cross Ambulance
 • Bulverde Spring Branch EMS

Hospitals/ Healthcare
Resolute Health Hospital- New Braunfels, TX
 • 24/7 ER
New Braunfels ER and Hospital
 • 24/7 ER
Christus Santa Rosa Hospital- New Braunfels, TX
 • 24/7 ER
Cross Creek Hospital- Austin, TX
 • Psychiatric inpatient unit

Initial Detention Comal County Jail
Booking
 Screening Assessments Used:
 • Screening Form for Suicide and Medical and Mental Impairments - provided by the Texas Commission on Jail Standards (TCJS)
 • If a behavioral health concern is indicated, the individual is referred to Hill Country MHDD for a more thorough assessment.
TLETS Continuity of Care (CoC) Query / Care Match
 • The Magistrate is notified if there is an exact or probable TLETS match and may order Hill Country MHDD to assess the individual for MI or IDD.

Initial Court Appearance – Magistration
Comal County Court at Law 1,2, and 3
 • Within 24 hrs.
Pretrial Services
 • Bond decisions are set by the district judges.
 • Services provided by Comal County Community Supervision and Corrections

Courts
 In Comal County, there are **five District Courts, three County Court at Law Courts, and four Treatment Courts.**
Courts:
District Courts: the 207th Judicial District Court- Judge Robinson; the 22nd Judicial District Court, Judge Boyer; The 274th Judicial District Court, Judge Steel; the 433rd Judicial District Court, Judge Waldrip and the 466th Judicial District Court, Judge Bason
Treatment Courts:
 • **Comal County Mental Health Court-** County Court at Law #3
 • Judge Wigington
 • **Veterans Treatment Court –** County Court at Law #2
 • Judge Stephens
 • **Accountability (DWI) Court-** County Court at Law #1
 • Judge Gray
 • **Challenge (Drug) Court-** 433rd Judicial District Court
 • Judge Waldrip

Jail Comal County Jail
Jail Behavioral Health Screening:
 • Criminal Code of Procedure 16.22 Forms
Jail Health Provider:
 Mental Health: Hill Country
 Medical Provider: CorrHealth
 Substance Use Treatment Provider: Hill Country MHDD
Corrections Emergency Response team (CERT)
 • Comal County Sheriff's Office
 • Specially trained team of corrections officers that are used for high-risk incidents

Jail Reentry
 • **TCOOMMI**
 o Provides 90 days of continuity of care services to clients with identified medical and mental impairments released to Comal County.

Parole
 Texas Department of Criminal Justice, Parole Division, Region IV, **Seguin Parole Office-Comal**
 • The Texas Risk Assessment System (TRAS) is used to determine specialized service needs and placement on specialized caseloads.

Probation
Caldwell, Comal and Hays Counties Community Supervision and Corrections Department (CSCD)
 • Adult Probation
Specialized Caseloads (7)
 • Accountability-DWI Court
 • Drug Court
 • Veterans Treatment Court
 • Sex Offender Caseload
 • Substance Abuse/Aftercare Caseload
 • Mental Health-Initiative
 • Mental Health-Non-Initiative
Texas Juvenile Justice Department
 • Comal County Juvenile Probation Department

Crisis Units
Comal County Mental Health Center- Hill Country MHDD
 • Outpatient MH services to adults and adolescents in Comal County
Crisis Stabilization Unit - Linda J. Werlein Hill Country Crisis Stabilization Unit
 • 16 beds
 • Inpatient adult psychiatric Unit
Youth Crisis Respite Center-The Scheib Center
 • Short-term residential crisis services
 • Youth aged 13-17
Private Psychiatric Beds - Hill Country MHMR contracted
 • Located in Travis, Kerr and Bexar Counties

Managed Withdrawal and Substance Services
Hill Country MHDD Outreach for Chemical Dependency and Outpatient Services (HODOS)
 • Outpatient Treatment Services
RecoveryWerks - New Braunfels, TX
 • Outpatient SUD support and education for adults and adolescents
Ripple Ranch - New Braunfels, TX
 • Inpatient and Detox treatment; 36 total beds

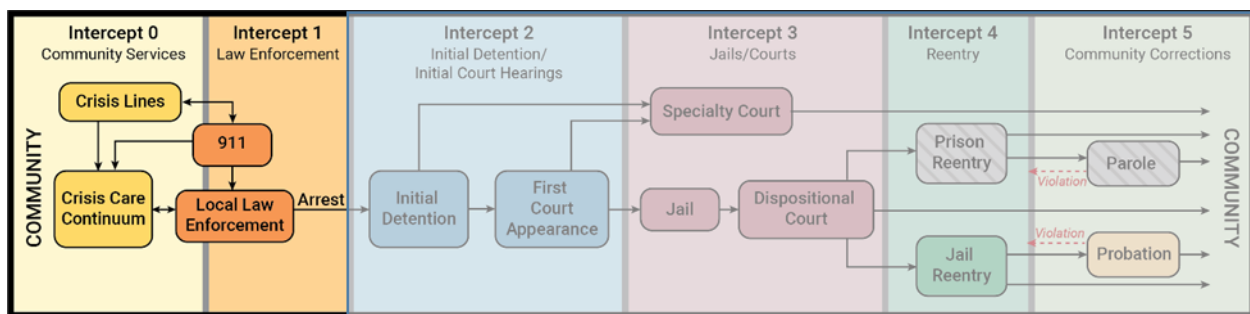
Behavioral Health
 Hill Country MHDD; EasterSeals, IDD Services; River City Advocacy, Counseling Center; Bluebonnet Trails Community Services; Crisis Center of Comal County, victim services, counseling, shelter, case management; United Way-Comal County; Comal County Juvenile Probation-SAFE Program, youth and family program; Comal ISD - Behavioral Health Services; Children's Advocacy Center of Comal County

Veterans Service Providers
 New Braunfels VA Clinic; PTSD Foundation of America; Comal County Veterans Services

Housing/Shelter
 The Salvation Army of New Braunfels; New Braunfels Housing Authority; NB Housing Partners, affordable housing, shelter, case management; Crisis Center of Comal County, Emergency Shelter for DV victims; Connections, emergency shelter, transitional living, youth and family counseling provider; Family Promise of Greater New Braunfels, shelter and case management, housing stabilization programs.

Opportunities and Gaps at Each Intercept

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



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Intercept 0 and Intercept 1 Overview of Gaps and Opportunities

Crisis Call Lines

Gaps

- The Hill Country MHDD 10-digit crisis line phone number can be difficult to quickly recall for law enforcement, courts, and social service providers.

Opportunities

- Comal County can implement a public awareness campaign on the rollout of the new three-digit National Suicide Prevention Lifeline phone number, 9-8-8.
- Hill Country MHDD can work with local stakeholders to ensure that they understand how to call and utilize crisis lines that are available in Comal County.

9-1-1/Dispatch

Gaps

- Dispatch call takers in Comal County do not receive specialized training to identify signs or symptoms of a mental health crisis when the caller does not explicitly disclose their mental health status.

Opportunities

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

Crisis Services

Gaps

- Comal County lacks an alternative to the emergency department or county jail as a law enforcement drop-off point for people experiencing a mental health crisis.
- Comal County lacks local options for inpatient psychiatric care.
- The Hill Country MHDD Mobile Crisis Outreach Team experiences challenges responding to mental health crisis calls rapidly due to the coverage area and other capacity constraints.
- Comal County lacks respite facilities that serve children and youth, including children and youth in the custody of the Department of Family and Protective Services.

Opportunities

- New Braunfels Police Department (NBPD), Bulverde Police Department (BPD), Garden Ridge Police Department (GRPD), Selma Police Department (SPD), and the Comal County Sheriff's Office (CCSO) may consider expanding the number of designated CIT officers, mental health officers or mental health deputies to help deescalate and divert people experiencing a crisis from the emergency department or jail.
- Comal County can continue to explore the development of a diversion center in Comal County as an alternative to the emergency department or jail.

Healthcare

Gaps

- Comal County residents who are uninsured or underinsured may not have timely access to managed withdrawal, inpatient, or outpatient substance use treatment in Comal County.
- The Outreach, Screening, and Referral (OSAR) office for referrals to managed withdrawal, inpatient, or outpatient substance use treatment is operated by the Center for Health Care Services in San Antonio on an appointment-only basis.
- Comal County lacks a dedicated facility to provide supervised withdrawal for people who are acutely intoxicated.
- Emergency Departments often struggle with providing timely medical clearance prior to inpatient psychiatric hospitalization.
- Workforce shortages across the behavioral health system contribute to lengthy wait times for services from all provider types.

Opportunities

- Comal County can explore opportunities to streamline medical clearance processes in the community, including establishing a community-based paramedic program to provide non-emergent care in the community and medical clearance prior to inpatient psychiatric hospitalization.
- Comal County can explore modifications to existing mental health facility plans to include a centralized drop-off point for law enforcement for people experiencing a mental health crisis and/or those in need of supervised withdrawal from substances.
- Comal County may consider ways to support a warm hand-off to OSAR staff operated by the Center for Health Care Services in Bexar County, including access to transportation and/or telecommunication or video conferencing technology.
- Comal County can consider conducting a workforce assessment to identify gaps in the workforce continuum and develop the appropriate provider recruitment and retention strategies.

Law Enforcement and First Responders

Gaps

- Law enforcement in Comal County lack diversion options for people who may be appropriate to drop-off at a mental health crisis facility in lieu of an emergency department or incarceration.
- Not all law enforcement officers from NBPD, BPD, GRPD, SPD, and Comal County Sheriff's Office (CCSO) have received the full 40-hour mental health training.
- Law enforcement in Comal County lacks specialized training on how to respond to people with IDD.
- Barriers to collaboration between law enforcement and MCOT to provide crisis services on scene can create issues with transportation and delay access to secure placement.

Opportunities

- Hill Country MHDD can coordinate with community partners to provide training to law enforcement on responding to individuals with IDD.
- Comal County may consider establishing a multi-disciplinary crisis response team that pairs law enforcement with a mental health clinician and a paramedic.

Housing

Gaps

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

Opportunities

- Comal County can consider ways in which to secure additional funding to build new or renovate existing housing stock to accommodate the needs of people mental health or substance use disorders, experiencing homelessness, and/or exiting the criminal justice system.
- Hill Country MHDD and Comal County may consider expanding landlord outreach and engagement initiatives to improve access to housing for justice-involved people with behavioral health conditions.

Peer Support

Gaps

- Counseling services are not available to everyone who may benefit from those services in the County.

Opportunities

- Hill Country MHDD and local agencies and non-profits_in Comal County may consider employing Peer Specialists to serve people experiencing mental health concerns who may not qualify for counseling services.
- RecoveryWerks! and other substance use service providers may consider seeking additional funding to expand existing or establish new peer-led programs in Comal County.

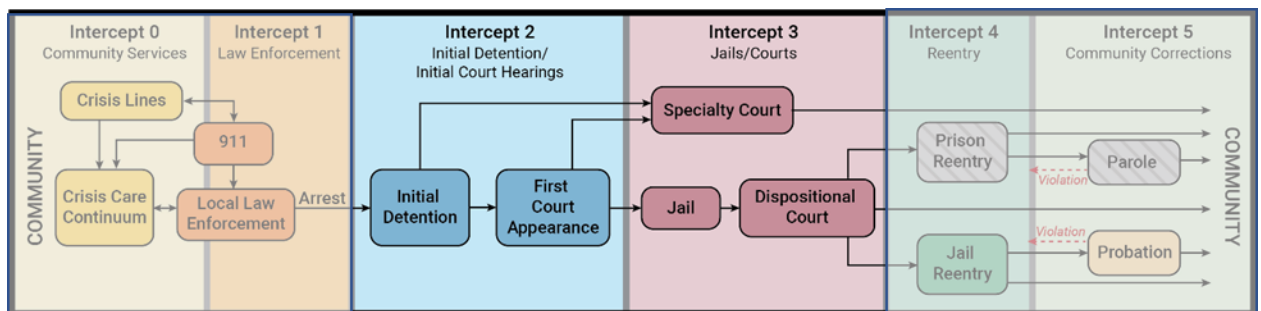
Data Collection and Information Sharing

Gaps

- Comal County courts, law enforcement agencies, hospitals, and Hill Country MHDD lack a uniform or unified data collection and reporting strategy.

Opportunities

- Providing training on HIPAA-compliant information sharing between medical and mental health providers and law enforcement for care coordination may increase efficiencies during mental health related calls for service.
- Stakeholders can participate in regular data sharing meetings to share existing data between local and county entities.
- Stakeholders can develop a uniform data collection and reporting strategy to promote data sharing and enable county-wide analyses.



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Intercept 2 and Intercept 3 Overview of Gaps and Opportunities

Booking

Gaps

- Jail personnel and magistrates may not have the knowledge, tools, or resources to appropriately identify and report people suspected of having IDD.

Opportunities

- Comal County can consider implementing a validated screen for IDD at jail booking.

Jail Medical

Gaps

- Limited availability of the jail psychiatrist can delay access to psychiatric medications for inmates with mental health conditions.
- Hill Country MHDD does not have a mental health clinician embedded in the Comal County Jail.

Opportunities

- Hill Country MHDD and Comal County may consider ways in which to improve access to mental health services in the jail, including, but not limited to, embedding a mental health clinician in the jail and increasing the number of hours a psychiatrist is available to inmates.

Competence to Stand Trial

Gaps

- Individuals found incompetent to stand trial (IST) are waiting in county jails for extended periods of time for inpatient competency restoration services.
- Jail-based competency restoration is not currently available in the Comal County Jail.

Opportunities

- Hill Country MHDD and Comal County stakeholders can work with HHSC to provide training on competence to stand trial processes, quality competency evaluations, use of medication reimbursement (pursuant to General Appropriations Act, S.B. 1, Article V, Sec. 35(b), 87th Texas Legislature, Regular Session), active waitlist management, and court-ordered medications.
- Hill Country MHDD and Comal County stakeholders can identify additional opportunities for training and education for judges and prosecutors on alternatives to inpatient competency restoration for people found IST,

including dismissing charges and transferring cases to a court with probate jurisdiction for a civil commitment.

- Comal County leadership may engage other counties with JBCR programs to assess if a similar program would be appropriate for Comal County.
- Comal County has been invited to participate in HHSC's Jail In-Reach Learning Collaborative to receive targeted training and technical assistance related to competency restoration processes.

Pretrial Services

Gaps

- Access to pretrial supervision for people with MI and/or SUD is limited due to the limited number of bond officers (two).
- Magistration may not consistently notify Community Supervision and Corrections Department (CSCD) officers when bond conditions that require people with behavioral health conditions to receive behavioral health services are set.

Opportunities

- Comal County may increase utilization of pretrial supervision with the use of mental health bonds and bond conditions.
- Comal County, Hill Country MHDD, and CSCD may consider additional opportunities to increase coordination and collaboration for the provision of services to people on mental health bond. They can consider changing mental health bond conditions to require the defendant to meet with pretrial bond officer, Hill Country MHDD and the mental health court coordinator for follow up.

Courts (Including Specialty Courts)

Gaps

- People who have been restored to competency after completing a competency restoration program may experience a prolonged wait in jail prior to returning to court for adjudication.
- Current case filing processes involving people with behavioral health conditions can delay court proceedings.
- Comal County does not have a Mental Health Public Defenders office.

Opportunities

- Comal County may consider opportunities to increase information sharing and coordination across court partners.
- Comal County court stakeholders may consider building upon action plans developed during the Central Texas Eliminate the Wait Forum and coordinating with the Office of Forensic Coordination for technical support in implementing the plans developed.

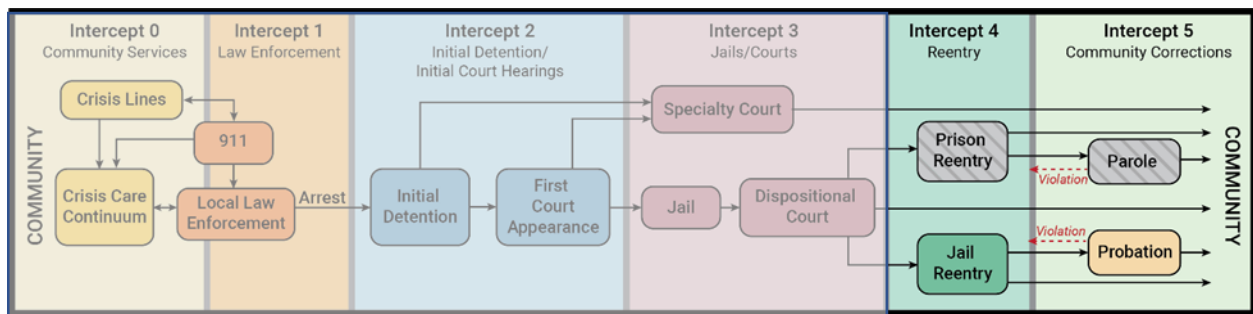
Data Collection and Information Sharing

Gaps

- Comal County courts and court partners have not established a uniform or unified data collection and reporting strategy.

Opportunities

- Comal County may consider identifying a centralized data collection and reporting person or entity to facilitate appropriate data sharing between the mental health and criminal justice systems.
- Comal County may consider establishing a regular meeting for jail medical, correctional staff, and court personnel to include Hill Country MHDD and Comal County Assistant District Attorneys to share information on inmates with known behavioral health concerns.



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Intercept 4 and Intercept 5

Overview of Gaps and Opportunities

Jail Continuity of Care

Gaps

- Comal County does not always provide psychiatric medications at jail release to people with behavioral health conditions.

- Comal County Jail does not provide discharge planning to individuals re-entering the community. The discharge planning position under CorrHealth, the jail medical provider, is currently vacant.
- Medicaid benefits are terminated for people who are in jail for periods of time greater than 30 days, which can delay access to necessary care upon reentry.
- Jail staff are often not aware of existing community-based behavioral health and reentry services available to individuals existing the jail.
- Individuals are not provided with updated information on how to access resources in the community when released.

Opportunities

- Comal County may consider providing people who take psychiatric medications with at least 30 days of medications at jail release.
- Comal County can explore opportunities to expand reentry planning in the jail by adding an additional mental health reentry planning case manager and hiring for the existing discharge planning position.
- Comal County can pilot a program that suspends rather than terminates Medicaid benefits by notifying HHSC for people who are in jail for more than 30 days to help improve access to care upon reentry.
- Hill Country MHDD can explore opportunities to develop a needs assessment and referral system to improve access to community-based services upon reentry.
- Comal County can develop an updated resource list and guide for accessing services (mental health, housing, benefits reinstatement, identification obtainment, and SUD services) to provide individuals released from the Comal County Jail.

Community Reentry

Gaps

- Limited affordable housing stock and stringent housing eligibility criteria create barriers in obtaining safe and stable housing for people reentering the community.
- People who lack identification at reentry experience additional barriers in obtaining safe and stable housing.

Opportunities

- Comal County can explore SSI/SSDI Outreach, Access and Recovery (SOAR) training for MHDD and Comal County Jail staff to assist with reinstating Supplemental Security Income and Social Security Disability Insurance benefits
- Jail providers can explore implementing a process to help people obtain photo identification prior to community reentry.

Probation and Parole

Gaps

- There are limited long-term housing options for individuals with prior justice involvement.
- There is limited space on specialized caseloads for individuals with MI, IDD and/or SUD.
- Comal County Adult Probation Officers are not regularly provided training on working with individuals with behavioral health needs and may lack knowledge of available community BH resources.

Opportunities

- Comal County Adult Probation may consider expanding the capacity of existing specialized caseloads to serve more individuals with ongoing BH needs.
- Comal County and MHDD can explore opportunities to train all CSCD Officers in Mental Health First Aid and provide education on existing community resources and programs for individuals with BH needs.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM Mapping exercise, the workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified participants voted for top priorities. The voting took place on November 17, 2022. The top five priorities are highlighted in bold text below.

Rank	Priority	Total Votes
1	Enhance jail-based mental health services, reentry planning and continuity of care.	19
2	Develop a comprehensive transportation plan for implementation.	18
3	Enhance diversion services through 9-1-1, law enforcement and the development of a diversion center.	15
4	Expand community-based Substance Use Disorder (SUD) treatment options in Comal County.	12
5	Develop core processes and procedures for case flow management and communication.	10
6	Increase cross system collaboration through a mental health task force.	13
7	Improve data collection and information sharing across the SIM.	9
8	Enhance reentry planning and services in Comal County.	9

Rank	Priority	Total Votes
9	Improve continuity of care services for justice-involved youth.	8
10	Enhance county-wide workforce recruitment strategies.	4
11	Enhance alternatives to inpatient competency restoration.	3

Strategic Action Plans

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

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

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

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

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

The second is trauma. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life² ³. It is critical that both the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available for this population. A trauma-informed approach incorporates three key elements:

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

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

³ Steadman, H.J. (2009). *[Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative]*. Unpublished raw data.

Priority Area One: Enhance Jail-based Mental Health Services, Reentry Planning and Continuity of Care

Objective	Action Steps	Who	When
Explore Jail-based Resources and Examples in Other Counties	<ul style="list-style-type: none"> • Connect with similarly sized counties to explore their jail-based MH services. • Learn more about the following jail-based MH programs: <ul style="list-style-type: none"> ○ Court Ordered Medications; ○ Jail-based Competency Restoration; ○ Jail-Based Diversion Coordinators; and ○ Jail-based reentry/ continuity of care worker. • Learn from both national and state reentry and jail-based MH best practices. 	Jail Staff, CCSO, Hill Country MHMR	Within 1 month
Add Staff to Better Support Jail-based MH Services	<ul style="list-style-type: none"> • Explore funding opportunities through: <ul style="list-style-type: none"> ○ City Officials; ○ CCSO; ○ Federal Grant Programs; ○ State Grant Programs; and ○ Community Philanthropy. • Assess jail staffing needs and consider innovative recruitment strategies. • Consider what new positions would best support individuals with BH needs in jail: <ul style="list-style-type: none"> ○ Discharge coordinator; ○ Jail-in-reach coordinator; ○ Designated MH prescriber; and/or ○ BH provider (SUD and MH treatment). 	City Officials, CCSO, Jail-based MH Services Workgroup	2 years
Coordinate with NextStep Staff to Support the Unhoused Population in Jail	<ul style="list-style-type: none"> • Conduct data inventory to assess: <ul style="list-style-type: none"> ○ How many individuals in Comal County Jail are unhoused; ○ Rates of recidivism among this population; ○ Number of positive screenings for MH and SUD among this population; and ○ Number of housing referrals made upon release. • Review parameters of the NextStep Grant. • Identify opportunities to implement jail-based housing support through Nextstep program consider caseload and services provided. 	NextStep Staff, Jail Staff and CCSO	6-12 Months
Explore implementing	<ul style="list-style-type: none"> • Jail-based Competency Restoration: 	Jail-based MH Services	6-12 months

<p>Jail-based Competency Restoration and Court Ordered Medications</p>	<ul style="list-style-type: none"> ○ Explore models that exist in other counties; ○ Learn from Eliminate the Wait Regional Forum (December 1); ○ Educate Comal County Judges and Jail MH providers on JBCR services and requirements; and ○ Coordinate with Hill Country MHDD to explore funding opportunities. ● Court Ordered Medications: <ul style="list-style-type: none"> ○ Coordinate with HHSC to participate in a training on COMS; ○ Learn from other counties implementing COMs; and ○ Establish meeting to coordinate between jail medical provider, jail staff and county judges to establish criteria and implementation next steps. ● Explore funding opportunities for psych injections that are not on the formulary: <ul style="list-style-type: none"> ○ Consider using Post-Discharge Medication for Competency Restoration (Rider 39) funding; ○ Work with pharmaceutical representatives for samples if clinically appropriate 	<p>Workgroup, Jail staff, CCSO, Hill Country MHMR, CorrHealth</p>	
<p>Improve Jail-Based Reentry Services</p>	<ul style="list-style-type: none"> ● Jail-based discharge planning: <ul style="list-style-type: none"> ○ Provide clients with an updated list of community resources with information on how to access those resources; ○ Schedule community-based appointments (with MH, medical, and psych providers) prior to release; and ○ Provide clients on psychotropic medications the appropriate amount of extra medications upon release (90 day supply). ● Explore benefits coordination services: <ul style="list-style-type: none"> ○ Explore SOAR training for MHDD Re-entry coordinators and jail-based staff; ○ Assist individuals with benefits re-activation prior to release; and ○ Ensure individuals are connected with housing, job and treatment supports prior to release. ● Establish a data collection plan to track discharge planning, referrals and follow up appointments. 	<p>CorrHealth, Hill Country MHMR. CCSO, and Jail Staff</p>	<p>6 months</p>

Additional Considerations

Strengthen collaboration across jail and reentry stakeholder groups by engaging in opportunities to deepen communication and coordination across reentry service providers.

- Establish a Comal County Forensic Team made up of key behavioral health and justice stakeholders.
 - Learn from communities with existing forensic leadership teams that have developed core processes around waitlist management:
 - Lubbock County CARE Team;
 - Orange County; and,
 - Collin County.
- Participate in HHSC’s Jail-in-Reach Learning Collaborative’s technical assistance calls.
- Coordinate across reentry stakeholders to identify gaps in current reentry services and discuss opportunities to better serve individuals with behavioral health needs reentering the community from jail.
- Identify ongoing opportunities for cross-training and education among correctional, behavioral health and community stakeholders on reentry best practices.
- Consult resources that provide guidance on correctional populations with behavioral health needs.
 - The Council of State of State Governments Justice Center’s report, [Adults with Behavioral Health Needs Under Correctional Supervision](#) introduces an evidence-based framework for prioritizing scarce resources based on assessments of individuals’ risk of committing a future crime and their treatment and support needs. The report also outlines the principles and practices of the substance abuse, mental health, and corrections systems and proposes a structure for state and local agencies to build collaborative responses

Identify opportunities to improve forensic waitlist management and implement alternatives to inpatient competency restoration in Comal County.

- Review the [Eliminate the Wait toolkit](#).
 - Identify opportunities to offer stakeholder-specific trainings on best practices related to the competency restoration process.

- Explore opportunities to implement JBCR and OCR in Comal County.
 - Review [HHSC's Competency Restoration](#) landing page for information on OCR and JBCR programs, including statements of work, statutes, training resources and rules.
- Explore the use of Court-Ordered Medications (COMs).
 - Work with HHSC's Office of Forensic Coordination to offer a training on COMs to Comal County forensic stakeholders (e.g., judges, prosecutors, defense attorneys, jail staff and jail medical providers).
 - Review HHSCs competency restoration one-pager (see **Appendix H**).
- Explore national and state forensic waitlist management best practices.
 - The Council of State Governments Justice Center's [Just and Well: Rethinking How States Approach Competency to Stand Trial](#) outlines the ten most effective strategies stakeholders can pursue to improve the competency to stand trial process.
 - Policy Research Associate's [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#) outlines some immediate steps that can be taken by counties to streamline the competency process.
 - The National Judicial Task Force's [State Courts Leading Change: Report and Recommendations](#) provides an overview of recommended changes to more effectively respond to the needs of court involved individuals with severe mental illness.

Review national reentry best practice guidelines and learn from model reentry programs.

- SAMHSA developed [Guidelines for Successful Transition](#) that provides correctional, behavioral health and community stakeholders examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.⁴ The guidelines include:
 - Assess the individual's clinical and social needs and public safety risks.
 - Plan for the treatment and services required to address the individual's needs.

⁴ *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. Substance Abuse and Mental Health Services Administration. (2017). Retrieved 3 October 2022, from <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf>.

- Identify required community and correctional programs responsible for post-release services.
- Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.
- Learn from communities that have developed robust reentry programs for people with behavioral health needs.
 - At Gwinnett County Jail in Georgia, County Commissioners funded the Gwinnett Reentry Intervention Program (GRIP) with a dual goal of assisting individuals who were exiting incarceration to become self-sufficient and reducing recidivism. This program was developed in collaboration between United Way and the Gwinnett County Sheriff's Office to provide community-based services to people release pretrial as well as those transitioning back post sentence.
 - In Hancock, Ohio the county jail has implemented a comprehensive strategy for placement and treatment planning that matches an individual's risk level and behavioral health needs with varying levels of supervision and modes of treatment. This empirical classification system outlines options for general versus specialized services, treatment referrals, case management, transition planning, and support, as well as general programming and allows for the jail to effectively individualize treatment needs.
- Utilize [The National Reentry Resource Center](#) developed by U.S. Department of Justice's Office of Justice Programs, Bureau of Justice Assistance and Office of Juvenile Justice and Delinquency Prevention to explore reentry resources, funding opportunities and technical assistance.

Explore jail in-reach best practices. Learn from other similarly-sized counties implementing jail in-reach programs and consider opportunities to implement the best practices highlighted below in Comal County:

- Transition planning by the jail or in-reach providers:
 - Planning for reentry should begin at intake and continue during the person's incarceration.
- Medication and prescription access upon release from jail or prison:
 - Ease the transition by supplying extra medication or a prescription prior to release.
- Warm hand-offs from corrections to providers:
 - Utilize peers to provide transportation from jail directly to services.

- Consider opportunities to have community-based workers engage with people in the jail prior to release.
- Reinstatement benefits and health care coverage immediately following or upon release:
 - Explore training select Comal County jail staff in [SAMHSA's SSI/SSDI Outreach, Access and Recover \(SOAR\)](#) to increase access to Social Security Income and Social Security Disability Insurance (SSI/SSDI) benefits for people in the community who are experiencing or are at-risk of experiencing homelessness and have a SMI, medical impairment, and/or a co-occurring SUD.
 - Explore the free online [SOAR course for case managers](#).
 - Create a procedure to contact HHSC when a person with Medicaid is incarcerated for more than 30 days to ensure suspension of benefits versus termination. For more information, see [H.B. 337](#), 85th Legislature, Regular Session, 2017.
 - Establish a procedure for Social Security Administration benefits to be reinstated prior to an individual's release from jail through a pre-release agreement with Social Security.
 - Visit [Re-entering the Community After Incarceration—How We Can Help \(ssa.gov\)](#) for more information about coordination of benefits reinstatement.
- Peer support services:
 - Peer staff may be employed by the jail or by in-reach providers to deliver transition planning services.
- Reentry coalition participation:
 - Partners from criminal justice, behavioral health, and all types of supportive community-based services should be involved to help coordinate the reentry process and provide MH and SUD resources as they plan their transition.

Workgroup Members:

Carla Walker, Jail Medical, Corrhealth; Eugene Garza, Comal County CSCD; Jess Fogg, Hill County MHDD; Captain Jared Medrano, Comal County Sheriff's Office (CCSO); Lt. Mike Smith, CCSO, Lt. David Blevins, New Braunfels Police Department

(NBPD); Joyce Yannuzzi, Senator Campbell's Office; Tim Judkins, CASA of Central Texas; Stephanie Garcia, NB ER and Hospital; Diane Quiroga, Comal ISD

Priority Two: Develop a Comprehensive Transportation Plan for Implementation

Objective	Action Steps	Who	When
Collect and Review Existing Data	<ul style="list-style-type: none"> Review general city transportation data collected in 2021 to understand the scope of transportation needs in Comal County. Identify target data collections points: <ul style="list-style-type: none"> # of people in crisis referred to hospital by MCOT; # of individuals discharging from Christus, Resolute and NB Hospital with ongoing BH needs requiring transport; # of individuals with BH needs transported by NBPD and CCSO to inpatient facilities from local hospitals; and Cost per transport across entities providing transport in Comal County. Present data at county BH stakeholders meeting. Use data to validate and advocate for needed funding. 	Transportation Task Force: Resolute, Hill Country MHDD, NBPD, SSCO, Christus Santa Rosa, NB Hospital, Mental Health Court, County DAs, City Officials.	Within 2 months
Establish a Transportation Task Force	<ul style="list-style-type: none"> Partner across County stakeholders to identify transportation solutions for individuals with acute MH needs requiring transport. Stakeholders should include Comal County City Officials, NBPD, CCSO, Resolute Hospital, Comal County DAs office, County Judges, Christus Santa Rosa Hospital, NB Hospital and Hill Country MHDD. Identify a regular time to meet to discuss progress with planning. Gather data and information to reflect ongoing transportation needs for the population of individuals with acute MH needs who are justice involved or at risk of justice involvement. 	Transportation Task Force	Within 2 months
Identify a Centralized County Funding Source	<ul style="list-style-type: none"> Conduct a county-wide assessment of existing transportation funding resources and contracts (i.e. NBPD contract with ATS). Identify additional funding opportunities: <ul style="list-style-type: none"> National Aging and Disability Transportation Center; Texas Department of Transportation (TxDot) Grants; County Commissioners; Local Philanthropies (i.e. McKenna Foundation); and Center for Healthcare Services Transportation funding. 	Transportation Task Force	Within 6 months

	<ul style="list-style-type: none"> • Coordinate with the transportation task force to identify the appropriate entity to apply for funding. • Coordinate across Comal County stakeholders to develop grant applications with supporting data. 		
Establish County-wide MH Transport Plan	<ul style="list-style-type: none"> • Develop workflow and processes to simplify access to transportation for individuals with acute MH needs. • Identify eligibility criteria for target population using data to inform scope. • Explore contracts with existing transportation providers and explore opportunities to expand contracts. • Establish a MH transport coordinator to work across entities. • Establish information sharing agreements across participating agencies (MOUs). 	Transportation Task Force	Within 1 year

Additional Considerations

Clarify goals for data collection on existing transportation services in Comal County. Tracking aggregate trends can help key decision makers develop policy and funding strategies to support people with MI, SUD and/or IDD in the community with limited access to transportation. Some data collection goals might include:

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

Inventory existing transportation contracts and options utilized by behavioral health and justice stakeholders throughout Comal County and explore opportunities to build upon existing contracts to transport individuals with acute MH needs.

- Assess transportation services offered through local contractors and the Alamo Area Council of Governments (AACOG):
 - Alternative Transport Services (ATS)- Contract with New Braunfels Police Department; and

- [AACOG: Alamo Regional Transit.](#)
- Consider eligibility criteria for transportation services. Utilize data collected to inform the scope of services and to target individuals with the highest need.
- Develop a cost analysis reflecting cost spent on transportation by Comal County hospitals, law enforcement agencies and behavioral health providers annually. Present this analysis to key Comal County leadership.

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

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

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

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

Workgroup Members:

Kim Greene, Resolute Hospital; Tammi Tremins, Resolute Hospital; Lisa Brown, CCSO; Tate Korpi, Senator Campbell's Office; Detective Coronado, NBPD; Courtney Stump, Comal DA's; Philip McKevitt, Comal DA's Office; Terry Trevino, Texas Workforce Solutions; Deborah Garcia, Resolute Health; Mayor Rusty Brockman, New Braunfels Mayor

Priority Three: Enhance Diversion Services through 9-1-1, Law Enforcement and the Development of a Diversion Center

Objective	Action Steps	Who	When
Develop a Diversion Workgroup	<ul style="list-style-type: none"> • Identify key Comal County stakeholders: Comal County Commissioners; NBPD; CCSO; County EMS; Substance Use providers/ Non-profits; Hill Country MHDD; County Hospitals; Public Defenders; City Government; County Judges. • Schedule convening of relevant stakeholders. <ul style="list-style-type: none"> ○ Gather contact information of all stakeholders; ○ Identify a space; and ○ Establish mission, vision and goals of the workgroup. 	Mckenna Foundation	Before the end of the first quarter in FY23
Establish Training for County Stakeholders on MH Topics	<ul style="list-style-type: none"> • Identify goals for emergency response trainings for LE, 9-1-1 dispatch, City EMS, and Fire Departments. <ul style="list-style-type: none"> ○ Identify where gaps in stakeholder knowledge exist. • Consider training options for 9-1-1 dispatch staff, including: <ul style="list-style-type: none"> ○ Mental Health First Aid ○ Applied Suicide Intervention Skills Training ○ Assess Support Know: Suicide Prevention Training ○ Counseling on Access to Lethal Means • Further train 9-1-1 dispatch staff on criteria used to identify a MH need and dispatch a MH Unit. • Hill Country MHDD to schedule trainings for MHFA and Youth MHFA for CCSO, NBPD, 9-1-1 Dispatchers and Comal County fire and EMS. • NBPD and CCSO to open CIT trainings to all community MH stakeholders and first responders. 	Hill Country MHDD New Braunfels PD Comal County Sheriff's Office	Start training Q1 FY23
Establish Data Collection Points	<ul style="list-style-type: none"> • Assess existing MH crisis line and 9-1-1 dispatch call data. Consider the following data points: <ul style="list-style-type: none"> ○ MH calls for service; ○ Call outcomes; 	Diversion Workgroup	By end of Q2 FY23

	<ul style="list-style-type: none"> ○ Frequency of MH calls; ○ Time spent responding to MH calls; and ○ Responder: Police, EMS or other. ● Collate data to identify and apply for MH diversion funding opportunities. ● Identify opportunities to track and share information across community stakeholders on high utilizers. <ul style="list-style-type: none"> ○ Establish MOUs and ROIs between Hill Country MHDD, county law enforcement, CCSO and county hospitals where necessary. 		
Explore Local and National TA Opportunities for Diversion Programs	<ul style="list-style-type: none"> ● Learn from similar counties that have implemented: <ul style="list-style-type: none"> ○ A diversion center; ○ Multi-Disciplinary Response Teams (MDRT); ○ Effective remote co-response models; ○ Embedded mental health clinicians in emergency operation centers; and ○ Mental Health Deputies. ● Explore national early diversion TA opportunities through: <ul style="list-style-type: none"> ○ BJA's National Training and Technical Assistance Center; ○ Council of State Governments Justice Center; and ○ National Institute of Corrections Resources. 	Diversion Workgroup	By end of Q2 FY23
Implement Multi-Disciplinary Response Team	<ul style="list-style-type: none"> ● Learn from national best practice models: <ul style="list-style-type: none"> ○ Meadow's MDRT. ● Consider key components of an effective MDRT team: <ul style="list-style-type: none"> ○ Build upon existing funded MH crisis response positions; ○ Explore expanding use of community MH paramedics to provide medical clearance, connection to SUD treatment (harm reduction) and connection to MH treatment; and, ○ Explore the staff composition of MDRT units. ● Explore opportunities to include medical clearance as a part of the model. ● Identify MDRT response eligibility criteria. 	Diversion Workgroup	By end of FY23

Additional Considerations

Review Intercept 1 Best Practices and determine which programs might be a good fit for Comal County.

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

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

Law Enforcement and Mental Health Co-Responder Models: Co-responder models are paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Co-response units, especially those with the capability of responding to real-time crises, are associated with greater linkage to treatment and fewer arrests.⁵

- Texas Co-Responder Programs:
 - Betty Hardwick Center
 - StarCare Center: Hockley County (pop. 22,986)
 - Border Region Behavioral Health Center: Webb (pop. 274,847) and Starr (pop. 64,032) Counties
 - Tropical Texas Behavioral Center: Hidalgo County (pop. 861,137)
 - Andrews Center: Smith County (pop. 230,184)

⁵ Gilla K. Shapiro, A. Cusi, Maritt Kirst, Patricia O'Campo, Arash Nakhost, Vicky Stergiopoulos, "Co-responding Police-Mental Health Programs: A Review," *Administration and Policy in Mental Health and Mental Health Services Research* 42 (September 2015): 606, <https://doi.org/10.1007/s10488-014-0594-9>.

- Gulf Bend Center
- Key Resources:
 - [Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#) is a policy brief developed by Policy Research Associates and the National League of Cities to provide guidance on developing co-responder programs.
 - The Council of State Governments Justice Center developed a brief titled, [Developing and Implementing Your Co-Responder Program](#), to provide tips of successful implementation of co-responder programs.

Remote Co-Response: Remote co-responder programs pair law enforcement officers with access to virtual clinicians to support crisis response and diversion. Benefits of the program include quick access to behavioral health professionals, improvements to citizen and officer safety, reductions in the number of people who are arrested or transported to an Emergency Department (ED) for support when other options are available, and improved assessment and triage of mental health calls.⁶

- Texas Remote Co-Response Programs:
 - StarCare: Hockley County (pop. 22,986)
 - Pecan Valley Centers
 - Helen Farabee Centers
 - Harris Center: Harris County (pop. 4.681 million)
 - Austin Integral Care: Travis County (pop. 1.251 million)
- Key Resources:
 - The Harris Center partnered with the Harris County Sheriff’s Office and the University of Houston to develop a [Telehealth for Patrol Implementation Guide](#). The guide outlines reasons for piloting a telehealth program, program benefits, frequently asked questions, a

⁶ Telehealth Implementation Guide. The Harris Center. (2020, February). Retrieved 20 September 2022, from <http://theharriscenter.org/Portals/0/MISC/Implementation%20Guide%20January%2016%202020.pdf?ver=2020-03-19-175314-753×tamp=1584658555621%3Chttps://nam12.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftheharriscenter.org%2FPortals%2F0%2FMISC%2FImplementation%2520Guide%2520January%252016%25202020.pdf%3Fver%3D2020-03-19-175314-753%26timestamp%3D1584658555621&data=02%7C01%7C%7C72f84b11743741fc83cb08d7cc61f57c%7C417ed06335ba4a1c8bc557273fb7ecf2%7C0%7C0%7C637202593403727710&sdata=uAQ0%2FdIp5PzJv4HWN8ZBC8z0K840LgilljrJjTKkjk%3D&reserved=0>.

description of the Harris County pilot program, an analysis of other virtual co-response programs, data analysis, and other references.

- [Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#). The police department of Springfield, Missouri, collaborates with Burrell Behavioral Health on a virtual mobile crisis intervention known as the “Springfield Model” that supplies officers with iPads to allow them to connect with behavioral health specialists for real-time assessments and referrals and has resulted in a significant reduction of hospital admissions.

Crisis Intervention Team Training and Model: Formal training for mental health is enhanced by community partnerships between law enforcement, mental health and addiction professionals, people who live with MI, SUD, and/or IDD, their families, and other advocates. The 40-hour CIT training curriculum partners in-depth training with strategies to strengthen community partnerships. Evaluations of CIT have demonstrated increases to officer mental health knowledge and changes in officer behavior.⁷

- Key Resources:
 - The [Texas CIT Association](#) is a non-profit organization comprised of law enforcement, corrections, the mental health community, and advocacy groups to provide standardized training, support, and education in responding to those affected by MI and/or those who are experiencing a mental health crisis.
 - [CIT International](#) offers guides, research, certifications and other resources related to crisis intervention teams and training. The [Best Practice Guide](#) offers case studies, worksheets, checklists, and other templates for implementing a CIT program.

Police Coding of MH Calls: Coding mental health related calls for service provides several benefits to communities. First, understanding the volume of calls officers respond to that are related to a mental health crisis can help determine the level and type of law enforcement staffing and need for mental health supports in the community. This data can be used to advocate for funding, pilot new programs and optimize the use of limited law enforcement behavioral health resources. On an individual call level, using a flag on addresses with repeated calls for mental health

⁷ *The Use of the Crisis Intervention Team (CIT) Model for Corrections Officers: Reducing Incidents within a County Jail.* Comartin, Swanson, & Kubiak, 2019; Kubiak, et al., 2017; Watson, Compton, & Draine, 2017. Retrieved 20 September 2022, from <https://doi.org/10.1177/0032885520956334>.

crises can help officers divert people to appropriate resources by indicating, when appropriate, that someone might have behavioral health needs.⁸

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

Innovations in 911 Dispatch: A diversion model showing great promise across the U.S. is 911 dispatch diversion, sometimes called crisis call diversion. The approach aims to reduce unnecessary police contact by connecting people to mental health professionals when someone contacts 911 due to a behavioral health crisis or other health or social service need.⁹

- Texas 911 Dispatch Programs:
 - Bluebonnet Trails Community Services: Williamson County (pop. 570,437)
 - Betty Hardwick Center
 - Central Plains Center: Hale County (pop. 33,463)
 - Integral Care: Travis County (pop. 1.251 million)
 - Harris Center: Harris County (pop. 4.681 million)
 - Parkland Health Hospital System, Dallas PD, and Dallas FD: Dallas County (pop. 2.623 million)
- Key Resources:
 - The Council of State Governments Justice Center released a [brief](#) that offers tips for successfully implementing a 911 dispatch diversion program.

⁸ *Methods for Using Data to Inform Practice: A Step-by-Step Guide*. Substance Abuse and Mental Health Services Administration, Crisis Intervention Team (CIT). (2018). Retrieved 20 September 2022, from [Crisis Intervention Team \(CIT\) - Methods for using data to inform practice: A step-by-step guide \(samhsa.gov\)](#).

⁹ *Tips for Successfully Implementing a 911 Dispatch Diversion Program*. The Council of State Governments Justice Center. (2021, October). Retrieved 20 September 2022, from <https://csgjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/>.

- HHSC developed a [brief](#) that outlines innovations in integrating 911 and behavioral health responses, highlighting a few Texas programs and sharing relevant outcome data.

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

Conduct a comprehensive needs assessment by analyzing existing data to enhance the case for the development of a diversion center. Where data doesn't exist, stakeholders can discuss plans to collect and track additional measures. Data gathered to inform the development of the Harris County Diversion Center and other Mental Health Drop-Off Facilities include¹⁰:

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

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

¹⁰ *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

- [Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners](#), developed by Justice System Partners, provides practical guidance from Harris County for planning a crisis diversion center including, laid out in four phases: (1) information gathering; (2) planning; (3) implementation and monitoring; (4) evaluation and sustainability.¹¹
- [A Community Guide for Development of a Crisis Diversion Facility](#), by Health Management Associates (HMA), outlines key considerations for planning and managing a crisis diversion facility.¹² The guide outlines potential services; roles and responsibilities across local stakeholders; the role of data in informing planning and ongoing program improvement; and funding strategies. HMA also produced a [companion document](#) which provides case studies of communities in Arizona, South Dakota, Tennessee and San Antonio.
- [Blueprint for Success: The Bexar County Model, How to Set Up a Jail Diversion Program in Your Community](#) was produced by the National Association of Counties, in partnership with Bexar County, on setting up jail diversion programs. This provides an overview of the diversion center, steps taken for enlisting community support, funding, etc.¹³
- [Roadmap to the Ideal Crisis System, National Council for Behavioral Health](#) has a section titled, Elements of the Continuum, Crisis Center or Crisis Hub (Pg. 88), which describes the role a crisis center can play within the local crisis system. The section provides an overview of services you may want to consider, and shares examples of crisis hubs in states across the country.¹⁴

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

¹¹ *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

¹² *A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis*. Health Management Associates (2020, February). Retrieved 16 June 2022, from https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityGuidebook_v6.pdf.

¹³ *Blueprint for Success: The Bexar County Model: How to Set up a Jail Diversion Program in Your Community*. The National Association of Counties (2010, August 11). Retrieved 16 June 2022, from <https://www.naco.org/sites/default/files/documents/Bexar-County-Model-report.pdf>.

¹⁴ *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response*. The National Council for Mental Wellbeing (2021, March). Retrieved 16 June 2022, from https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf.

- Initially, the Harris County Diversion Center determined that the diversion center would be voluntary, and that diversion was appropriate for individuals who:
 - Committed low-level, non-violent crimes;
 - Appear to have a MI or have a documented history of MI;
 - Have a mental health need contributing to their offending conduct;
 - Do not pose a public safety threat;
 - Are 18 and over;
 - Do not appear to be in mental health crisis and do not meet the criteria for Emergency Detention Order (not likely to harm self or others); and
 - Have no open warrants or detainers.
- Harris County stakeholders also agreed on disqualifiers, including individuals charged with the following offenses: domestic violence offenses, assault, terroristic threat weapons offenses (e.g. discharging a firearm, deadly conduct), driving while intoxicated, burglary of a motor vehicle, and any offense where public safety could be compromised.¹⁵

Workgroup Members

Kristen Fain, McKenna Foundation; Landon Sturdivant, Hill Country MHDD; Erica Garcia, Comal County; Emalee Smerk, Comal County; LaMoyne Davis, Family Life Center; Chris Clappel, Canyon Lake Fire/EMS; Rebecca Krifka, NBPD MH Unit

¹⁵ *Implementing a Mental Health Diversion Program, A Guide for Policy Makers and Practitioners*. Justice System Partners (2020, September). Retrieved 30 July 2022, from <https://justicesystempartners.org/wp-content/uploads/2021/07/Diversion-Implementation-Guide-Final-Reduced.pdf>.

Priority Four: Expand Community-Based Substance Use Disorder (SUD) Treatment Options in Comal County

Objective	Action Steps	Who	When
Develop a SUD Committee	<ul style="list-style-type: none"> • Identify key SUD stakeholders to include in the Comal County SUD committee. • Establish a committee lead or facilitator. • Send out meeting detail: <ul style="list-style-type: none"> ○ Date; ○ Time; ○ Location; and ○ Meeting frequency. • Develop a live document to populate all existing substance use community resources. • Coordinate with Comal County BH taskforce to communicate planning progress and share updated resource list. 	SUD planning Committee	By the end of Q1 FY23
Take an Inventory of SUD Services in Comal County	<ul style="list-style-type: none"> • Coordinate among Comal County SU providers to assess availability of substance use treatment across the continuum of care for SUDs: <ul style="list-style-type: none"> ○ Managed withdrawal programs; ○ Outpatient treatment programs; ○ Inpatient treatment programs; ○ Medication Assisted Treatment (Community and Jail-based); and ○ Sober living options. • Collect data to assess the scope of the need. Consider the following data collection points: <ul style="list-style-type: none"> ○ Individuals screening positive for SUD at booking into Comal County Jail; ○ Individuals on probation who have screened positive for SUD; ○ Individuals with SUD or co-occurring MH and SUD diagnosis being served by Hill Country MHMR; and ○ Individuals entering County Hospitals screening positive for substance use. 	SUD planning Committee	By end of Q2 FY23
Learn from Other Counties on the Expansion of Community	<ul style="list-style-type: none"> • Connect with similar sized communities that have developed substance use diversion programs in their communities (e.g., Williamson County). • Learn from national substance use diversion programs being implemented in communities across the country and in Texas: 	SUD planning Committee	By end of Q2 FY23

Based SUD Services	<ul style="list-style-type: none"> ○ Law Enforcement Assisted Diversion (LEAD); and ○ The Police Assisted Addiction and Recovery Initiative (PAARI). • Explore sobering center models across Texas: <ul style="list-style-type: none"> ○ The Sobering Center- Austin; and ○ Harris County Sobering Center. 		
Explore Funding Opportunities	<ul style="list-style-type: none"> • Use data to support funding needs. • Explore funding opportunities through: <ul style="list-style-type: none"> ○ BJA’s Comprehensive Opioid, Stimulant and Substance Abuse Program; ○ Comal County Commissioners; ○ County Hospitals; ○ Hill Country MHMR; and ○ Existing community substance use non-profits. 	SUD planning Committee	By end of Q2 FY23

Additional Considerations

Conduct an in-depth assessment of existing substance use treatment options, including capacity, services offered, and eligibility requirements. A few things to keep in mind through this assessment:

- Review current community based and inpatient treatment options, including Medication Assisted Treatment options.
- Consider opportunities for support, especially peer support, to help persons maintain SUD treatment, including MAT, in their recovery. [Deflection and Pre-arrest Diversion \(DPAD\): Integrating Peer Support Services](#) offers best practices for integrating peer services in DPAD to enhance recovery-oriented systems of care.

Consider a collective impact process to bring together and consider harm reduction, prevention, treatment, and reinforcement strategies for Comal County. Strategies may include treatment on demand, police follow-up and referral to services, a resource center, and/or first responders trained in delivering and carrying Naloxone. In the jail, this may include screening for substance use, medically managed withdrawal, use of medications for opioid use disorder (buprenorphine, methadone, and naltrexone) paired with appropriate psychoeducational classes, peer support, and providing inmates reentering with Naloxone.

- *Prevention:* Explore programs that help people avoid initiation into the misuse of substances or avoid developing disorders if someone has already begun misusing. Focus can be on positive engagement of children, young

people and adults with their families, schools, workplace and community. [Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners](#) provides an overview of evidence-based prevention efforts.¹⁶ The Substance Abuse and Mental Health Services Administration's (SAMHSA) [Center for Substance Abuse Prevention](#) provides resources and programs that promote prevention.

- *Recovery*: Explore recovery supports, including peer recovery support services. There are four dimensions that define a healthy life in recovery: health, home, purpose and community. When looking at the community specifically consider stigma reduction, employment and educational opportunities, social and recreational outlets, and peer support services. Peers serve a valuable role in helping persons with SUD in achieving and maintaining long-term recovery. Visit the SAMHSA-funded [Peer Recovery Center of Excellence](#).
- *Community Engagement*: Community engagement is often cited as a tool to improve the health of the community and its members. [Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System](#) reviews evidence related to leveraging community engagement to support the implementation and scale-up of evidence-based programs and policies.¹⁷
- *Virtual Support*: [Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders](#) reviews ways that telehealth modalities can be used to provide treatment for serious mental illness and substance use disorders among adults, distills the research into recommendations for practice, and provides examples of how these recommendations can be implemented.¹⁸
**Please note that utilization of virtual support is subject to Texas and Medicaid laws/rules concerning the use of telehealth modalities for mental illness and substance use disorders*
- *Sobering Options*: A sobering center is a facility or setting providing short-term (4-12 hour) recovery and recuperation from the effects of acute alcohol or drug intoxication. With more than 40 sobering centers in the United

¹⁶ *Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*. Substance Abuse and Mental Health Services Administration. (2018, September). Retrieved 20 December 2022, from

https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf.

¹⁷ *Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System*. Substance Abuse and Mental Health Services Administration. (2022). Retrieved 20 December 2022, from <https://store.samhsa.gov/sites/default/files/pep22-06-01-005.pdf>.

¹⁸ *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*. Substance Abuse and Mental Health Services Administration. (2021). Retrieved 20 December 2022, from https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf.

States, and dozens more in development, this model aims to offer an alternative to incarceration and relieve overuse of emergency services while assisting individuals with substance use issues. [Austin](#) and [Houston](#) have sobering centers. A study of the Houston Recovery Center, titled [Public Intoxication: Sobering Centers as an Alternative to Incarceration, Houston, 2010-2017](#), found that the center helped decrease public intoxication jail admissions by 95%, freeing valuable resources.¹⁹

Explore opportunities to expand Medication-Assisted Treatment (MAT) options in the community and in jail. Medications for opioid use disorder (OUD) are evidence-based and, in combination with evidence-based behavioral health interventions, are considered the gold standard in addiction medicine. Successful MAT programs do more than just prescribe and dispense medication — they must also be designed to address the complex health and social needs of the patients seeking care.²⁰

- SAMHSA provides extensive resources and guidance on [Medication-Assisted Treatment](#).
- The Agency for Healthcare Research and Quality’s guide for [Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care](#) identifies the following essential elements for implementation of a MAT program: (1) Care Coordination; (2) Providers with prescribing authority; (3) Counseling and psychosocial services; and (4) Consulting resources.²¹ The report also highlights three innovative models for care one of which is The Hub and Spoke Model that was developed in Vermont to include two levels of care:
 - Regional outpatient treatment programs (OTPs) that serve as the “hubs” for MAT and typically have more experience treating OUD.
 - Rural community clinics that serve as the “spokes” that usually have providers who can prescribe, care coordinators and counseling services offered at the local level.

¹⁹ Jarvis, S. V., Kincaid, L., Weltge, A. F., Lee, M., & Basinger, S. F. (2019). Public Intoxication: Sobering Centers as an Alternative to Incarceration, Houston, 2010-2017. *American journal of public health, 109*(4), 597–599. <https://doi.org/10.2105/AJPH.2018.304907>.

²⁰ *Medications for addiction treatment: Providing best practice care in a primary care clinic*. The National Center for Complex Health and Social Needs (2020, September). Retrieved 16 June 2022, from <https://www.nationalcomplex.care/wp-content/uploads/2019/09/Medications-for-addiction-treatment-FINAL-9.20.19.pdf>

²¹ *Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1*. Agency for Healthcare Research and Quality (2020). Retrieved 16 June 2022, from https://integrationacademy.ahrq.gov/sites/default/files/2020-06/mat_for_oud_environmental_scan_volume_1_1.pdf

- The National Sheriffs' Association and the National Commission on Correctional Health Care's report, [Jail-Based Medication Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#) introduces what has been learned from sheriffs' and jail administrators' innovative use of MAT, describes the essential components of these programs and discusses the latest research on how the programs are best implemented, as well as the medications approved for opioid use disorders.²²
- The National Council for Mental Wellbeing's report titled [Medication-Assisted Treatment \(MAT\) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#), outlines best practices in implementing MAT across intercepts including within secure settings.²³

Workgroup Members

Judge Charles Stephens, County Court at Law #2; Zach Mannwell, County Defense Attorney; Christy Doerr, Belong Program Director; Dan Collins, Juvenile Probation; Nora Smith, Juvenile Probation; Charles Laws, New Braunfels Housing; Mike Fogerty, Hill Country MHDD; Mickey Lloyd, NB Housing

²² *Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines and Resources for the Field*. National Sheriffs' Association (2018, October). Retrieved 16 June 2022, from <https://www.sheriffs.org/Jail-Based-MAT>.

²³ *Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit*. The National Council for Behavioral Health (2022, February). Retrieved 16 June 2022, from <https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/>.

Priority Five: Develop Core Processes and Procedures for Case Flow Management and Communication

Objective	Action Steps	Who	When
Develop Electronic System for Forms, Signatures and Notaries	<ul style="list-style-type: none"> • Streamline forms used across the county: <ul style="list-style-type: none"> ○ Create pre-fillable forms; and ○ Provide clear direction and instruction on form completion. • Research electronic mobile notary service. • Coordinate across stakeholder groups to find a system all stakeholders can access. Coordinate with county law enforcement, jail staff, county ADAs, prosecutors, judges, and Hill Country MHDD. 	Core processes workgroup	1 month
Streamline Mental Health Warrant Process	<ul style="list-style-type: none"> • Create a process chart for Mental Health Warrants and Emergency Detentions. • Establish a process for county and city law enforcement to coordinate with Hill Country MHDD to assess individuals who need to be screened for a possible emergency detention or mental health warrant. • Ensure that a client is only taken to emergency department if not compliant with MHDD assessment. 	Core process workgroup County Emergency departments Comal County Sheriff's Office New Braunfels PD	End of Q2 FY23
Identify Process to Provide Medical Clearance on Scene	<ul style="list-style-type: none"> • Inventory existing medical clearance process in Comal County. • Identify any existing positions that may be able to provide medical clearance in the community: <ul style="list-style-type: none"> ○ Community MH Paramedics; and ○ Future Multi-Disciplinary Teams. • Identify opportunities to fund community mental health paramedic positions: <ul style="list-style-type: none"> ○ Comal County EMS/Fire departments; ○ County commissioners; ○ County hospitals; and ○ State and National Grants. 	Core process workgroup County Fire/EMS departments	End of Q2 FY23
Outline Process Flow: Community to	<ul style="list-style-type: none"> • Inventory existing processes used across entities in Comal County to connect individuals with MH needs to treatment. 	Core process workgroup	End of Q2 FY23

Inpatient Hospitalization	<ul style="list-style-type: none"> Learn from process/ flow charts created by other communities to guide crisis care best practice: <ul style="list-style-type: none"> Bluebonnet Trails LE BH crisis response flow chart; and JCMH CCP 16.22 process chart. Create simplified flowcharts reflecting existing MH crisis response and inpatient admission processes in Comal County. Distribute process charts across Comal County BH and Justice stakeholder groups. Provide education and training on streamlined implementation of processes identified. 	Comal Mental Health Court	
Explore Processes to Serve Individuals Outside of Comal County	<ul style="list-style-type: none"> Coordinate with neighboring counties to identify a process for coordinating MH crisis care and treatment for individuals residing outside of Comal County. 	Core process workgroup	End of Q2 FY23
Identify Processes to Connect Minors to Treatment without Use of MH Warrants	<ul style="list-style-type: none"> Provide county law enforcement and juvenile courts with a checklist of steps to pursue prior to initiating a mental health warrant. Inventory existing MH treatment options for youth experiencing a crisis in Comal County. Establish a list of updated treatment options. Explore development/use of crisis respite service for youth. 	Core process workgroup	End of Q2 FY23

Additional Considerations

Review state and national resources developed to support Comal County stakeholders in streamlining local processes and procedures. A few resources that could support these efforts:

- [Forms Bank | Texas Judicial Commission on Mental Health \(texasjcmh.gov\)](https://www.texasjcmh.gov/forms-bank);
- [Exhibit E](#)- Psychiatric Emergency Flow Chart, HHSC;
- [Justice and Mental Health Collaboration Implementation Science Checklists](#). Council of State Governments Justice Center;
- Point-of-[Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions](#), SAMHSA's Gain's Center; and
- [Familiar Faces Initiative](#), National Association of Counties.

Explore opportunities to streamline the medical clearance process in Comal County.

There was discussion around addressing issues related to medical clearance. While there is no standard definition of medical clearance, it is commonly understood as an initial screening and/or assessment of a person to determine suitability for psychological or medical treatment. In Texas, medical clearance is determined by admitting mental health facilities, resulting in a wide degree of variance related to what is required. Across the state, there is healthy debate in defining adequate medical examinations for patients prior to admission to mental health facilities, varying views on the role of routine laboratory testing, and a range of capabilities of mental health facilities to provide health assessments.

If this is an issue stakeholders want to further explore, Comal County may consider convening local stakeholders to discuss medical clearance processes and best practices. County stakeholders can discuss state statutes and rules, existing medical clearance policies and practices, and opportunities to address barriers to care that might be present throughout the system as it exists today. Below is a summary of state guidance related to the issue, as well as model approaches other communities have taken to address local challenges with medical clearance.

- On December 28, 2009, the Office of the Attorney General of Texas issued an opinion ([GA-0753](#)) addressing medical evaluations when a person is taken into peace officer custody under Health and Safety Code Chapter 573. Specifically, the opinion analyzed whether a peace officer who has taken a person into custody under Chapter 573 may be required to transport that individual to a medical facility for evaluation prior to taking that person to a mental health facility (RQ-0809-GA). The opinion concluded that *“an inpatient mental health facility or a mental health facility is not statutorily authorized to require a peace officer to transport a person in custody under Chapter 573, Health and Safety Code, to a medical facility for a medical evaluation prior to taking that person to the mental health facility.”*
- On November 25, 2013, “The Governor’s EMS and Trauma Advisory Council (GETAC) Medical Director's [Position Statement](#) on Mental Health Emergencies and Their Effect on EMS and EDs” was published that outlines challenges presented by existing mental health facility medical clearance requirements and provides recommendations for local stakeholders.
- In August 2018, the Texas Hospital Association (THA) convened a forum of physicians, nurses, emergency department directors, attorneys, behavioral

health specialists, and others to discuss challenges related to the management of individuals with behavioral health conditions in the emergency department and to explore potential solutions to those challenges. Discussions focused primarily on the intersection between people experiencing a behavioral health crisis in the emergency department and law enforcement and judicial processes that apply from pre-arrival to disposition of the person via discharge, transfer, or admission. Breakout sessions centered on the practical applications of emergency detentions, law enforcement's involvement in the emergency detention process, judges/orders of protective custody, transportation, and bed availability.

- The Community Mental Health Contracts section of the HHSC web site provides for the download of performance contracts and other materials that support a network of community mental health centers across the state of Texas. [Exhibit E](#), which is referenced in Attachment A07 of some LMHA/LBHA Performance Contract Notebooks, provides a Psychiatric Emergency Flow Chart to assist Peace Officers with determining whether a medical emergency exists.
- Lubbock County developed a field medical clearance algorithm for EMS to help direct patients to a psychiatric hospital when appropriate, bypassing emergency departments. Partners included Lubbock-Amarillo Emergency Medical Services, University Medical Center, and StarCare Specialty Health System. The development of the algorithm (See **Appendix F**) and the open line of communication between psychiatric hospital, emergency department, and EMS staff facilitated the transition of patients through a modified local medical clearance process necessary, to help expedite admissions to the local psychiatric hospital. From July 2020 to July 2021, 281 patients were directed to a psychiatric facility using this algorithm.
- The Southwest Texas Regional Advisory Council (STRAC) launched the Southwest Texas Crisis Collaborative Law Enforcement Navigation (LENav) project to improve navigation of medically stable emergency detention patients to psychiatric facilities.²⁴ Before the start of this program, emergency departments in Bexar County saw more than 9,000 emergency detention patients each year, nearly half of which needed only a medical screening before routing directly to a psychiatric facility. To help connect

²⁴ *Southwest Texas Crisis Collaborative. Law Enforcement Navigation.* Southwest Texas Crisis Collaborative. Retrieved April 13, 2022, from <https://www.strac.org/stcc-lenav>

people to care more quickly the San Antonio Fire/EMS Medical Director, the Local Mental Health Authority, and psychiatric facilities' medical directors collaboratively developed a field medical stabilization process that enables law enforcement to take medically stable emergency detention patients directly to psychiatric facilities. LENav utilizes the STRAC MEDCOM Communications Center as the central coordination point to navigate medically stable emergency detention patients that are in police custody to the most appropriate psychiatric facility to improve the care of the patient. Patients are tracked in real-time, and data is provided for analysis and system enhancement. For more information visit the [Southwest Texas Regional Advisory Council](#) site.

Workgroup Members

Jazzie Hamlett, Hill Country MHDD; Mike Penshorn, NBPD; Trina Pennington, Christus Santa Rosa; Gilbert Bustos, CCSO; Justin Plescha, Comal County District Attorney's Office; Diego Morfin; Kimberley Greene, Resolute Hospital; Judge Deborah Wigington, Mental Health Court; Lewis Jones, Mental Health Court

Quick Fixes

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

- Increase the frequency and scope of Crisis Intervention Team (CIT) trainings in Comal County to include training for dispatchers and Emergency Medical Services (EMS).
- Explore opportunities to incorporate community paramedics into existing Comal County co-response teams to provide medical clearance in the community.
- Convert information sharing forms used across county law enforcement, jail staff, county ADAs, prosecutors, judges, and Hill Country MHDD into fillable pdfs (e.g., CCP 16.22 forms).
- Reconvene SIM Workshop stakeholders on a regular basis to support the implementation of the action plans developed during the SIM Mapping Workshop. Explore opportunities to incorporate peers and individuals with lived experience into leadership meetings.
- Convene all Comal County law enforcement agencies and 9-1-1 dispatch to standardize mental health coding protocols in Comal County.
- Explore opportunities to increase jail-based mental health services and reentry coordination by filling the vacant jail reentry coordinator position.
- Partner with Hill Country MHDD to ensure MHFA training is made widely available to 9-1-1 dispatchers, law enforcement, and court personnel (DAs, judges, prosecutors).
- Build upon existing community based juvenile mental health services such as Texas Child Health Access Through Telemedicine (TCHAT) to improve mental health treatment and prevention services and decrease utilization of the juvenile mental health warrant process in Comal County.

Parking Lot

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

- Increase access to community resources for Comal County residents who lack adequate funding for behavioral health care.
- Implement validated screening and assessment tools for individuals with IDD in the Comal County Jail.
- Explore opportunities to improve the behavioral health and justice workforce shortage in Comal County through the implementation of student loan forgiveness programs.

Appendices

Appendix A: Comal County Workshop Agenda

Sequential Intercept Model Mapping Workshop Comal County

October 27, 2022- October 28, 2022

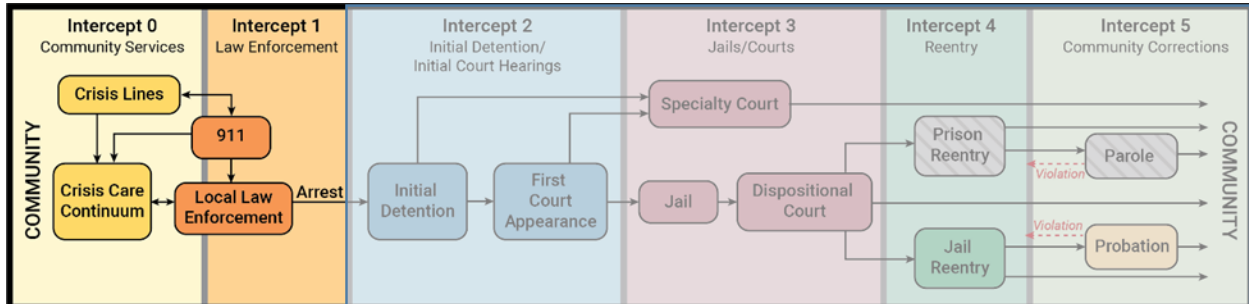
TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided by the McKenna Foundation
8:30	Opening Remarks	Welcome, <i>Judge Deborah Wigington, Comal County Court at Law No. 3</i> Opening Remarks- <i>Tod Citron, CEO, Hill Country MHDD</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services</i>
8:45	Workshop Overview and Keys to Success	Overview of the Workshop Texas Data Trends Community Polling
9:15	Presentation of Intercepts 0, 1	Overview of Intercepts 0 and 1 Comal County Data Review
9:45	Break	
10:00	Map Intercepts 0, 1	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:35	Lunch	Lunch to be provided by the McKenna Foundation
12:30	Presentation of Intercepts 2, 3	Overview of Intercepts 2 and 3 Comal County Data Review
12:50	Map Intercepts 2, 3	Map Intercepts 2 and 3 Examine Gaps and Opportunities
1:50	Presentation of Intercepts 4, 5	Overview of Intercepts 4 and 5 Comal County Data Review
2:10	Break	Refreshments to be provided by the McKenna Foundation
2:20	Map Intercepts 4, 5	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:00	Summarize Opportunities, Gaps & Establish Priorities	Identify potential, promising areas for modification within the existing system Establish a List of Top 5 Priorities
4:15	Wrap Up	Review the Day Homework
4:30	Adjourn	

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and snacks to be provided by the McKenna Foundation
8:30	Welcome	Opening Remarks, <i>New Braunfels Police Department and Comal County Sheriff's Office</i>
8:45	Preview & Review	Preview of Day #2 Review Day #1 Accomplishments
9:15	Action Planning	Group Work
10:30	Break	
10:45	Finalize the Action Plan	Group Work
11:30	Workgroup Report Outs	Each Group will Report Out on Action Plans
12:00	Next Steps & Summary	Discuss Next Steps for Comal County Report Share Technical Assistance and Funding Opportunities Complete Evaluation Form
12:20	Closing Remarks	Closing Remarks, <i>Donna Eccleston, Comal County Commissioner</i>
12:30	Adjourn	

Appendix B: Overview of Comal County Resources

Intercept 0 and Intercept 1



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

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

Crisis Call Lines

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

In addition to the Hill Country MHDD crisis hotline, Comal County residents have access to the National Suicide Prevention Lifeline (NSPL) and the Crisis Center of Comal County. NSPL is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. The Crisis Center of Comal County 24-hour crisis hotline is staffed by trained advocates who provide support and referrals.

Connections Individual and Family Services operates a crisis hotline as well as prevention, counseling, emergency shelter, and transitional housing. The San Antonio affiliate of the National Alliance on Mental Illness (NAMI) provides warmline

resources and general information Monday through Friday, 9am to 5pm. The Trevor Project operates a hotline that provides crisis counseling and support 24-hours a day to LGBTQ+ adults and youth. Telephone numbers for crisis hotline options in Comal County are as follows:

- Hill Country MHDD: 877-466-0660
- National Suicide Prevention Lifeline (NSPL): 9-8-8
- Crisis Center of Comal County: 800-434-8013
- Connections Individual and Family Services: 800-532-8192
- NAMI San Antonio: 210-734-3349
- The Trevor Project: 866-488-7386

9-1-1/Dispatch

When someone calls 911 in the Comal County, they will be routed to the following, the New Braunfels Police Department (NBPD) or Comal County Sheriff's Office (CCSO), depending on their location at the time of the call. NBPD and CCSO dispatchers are Texas Commission on Law Enforcement (TCOLE)-Certified telecommunicators, which grants them access to the Texas Law Enforcement Telecommunications System (TLETS). Although NBPD and CCSO dispatchers are not able to directly activate MCOT, they are able to activate law enforcement personnel who are specifically trained to engage people experiencing a mental health crisis. CCSO and NBPD dispatch call takers do not receive mental health-specific training; the mental health training provided to dispatchers is included in the general training each dispatcher completes at the onset of employment.

Crisis Services

Crisis services in Comal County are provided by Hill Country MHDD and can be accessed through the crisis line operated by Avail. If a person in crisis contacts Avail and they determine an MCOT response is appropriate, MCOT is dispatched to the call. Law enforcement cannot call MCOT directly but can access MCOT support by calling the Hill Country MHDD crisis hotline operated by Avail. Walk-in crisis services are available at Hill Country MHDD locations during regular office hours.

In addition to MCOT and walk-in crisis services, Hill Country MHDD operates the Scheib Center crisis respite center and the Linda J. Werlein crisis stabilization unit (CSU). The Scheib Center crisis respite center serves youth between the ages of 13 and 17 who are at low risk of harm to self or others. The Linda J. Werlein CSU serves adults who are experiencing a mental health crisis and whose symptoms

interfere with their ability to remain safely in the community. The Scheib Center and Linda J. Werlein CSU are located in San Marcos and Kerrville, respectively.

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

Healthcare

Public primary care services can be accessed at CentroMed Family Medicine and CentroMed Pediatric Clinic in New Braunfels. CentroMed is a Federally Qualified Health Center (FQHC). FQHCs can provide preventive health, dental, mental health, substance use, hospital, and specialty care on a sliding scale.

Emergency medical and hospital-based care in Comal County is provided at Resolute Health Hospital and Cristus Santa Rosa Hospital. New Braunfels ER and Hospital, Riverside ER, and Lonestar 24-Hour Emergency Room are independent, free-standing medical clinics that provide emergency services to adults and youth.

Substance use services can be accessed at RecoveryWerks! in New Braunfels, Hill Country MHDD, Ripple Recovery Ranch in Spring Branch, NOVA Recovery Center in Wimberly, and Right Step in Wimberly. RecoveryWerks! provides outpatient support groups, education, workshops, and sober social activities for young adults and families. Hill Country MHDD provides outpatient substance use services. Ripple Recovery Ranch provides managed withdrawal, inpatient, and intensive outpatient services. NOVA Recovery Center provides managed withdrawal, 90-day inpatient, intensive outpatient, aftercare, and sober living. Right Step provides inpatient, outpatient, and aftercare. Ripple Ranch, NOVA, and Right Step are private pay facilities.

Bluebonnet Trails operates the Outreach, Screening, and Referral (OSAR) program that provides public access to managed withdrawal, inpatient, and outpatient substance use services to people in Comal County. OSAR-contracted facilities may be located outside of Comal County.

Law Enforcement and First Responders

Comal County is served by the Comal County Sheriff's Office (CCSO), New Braunfels Police Department (NBPD), Bulverde Police Department (BPD), Garden Ridge Police Department (GRPD), and Selma Police Department (SPD). In Comal County, Emergency Medical Services (EMS) are provided by Southern Cross Ambulance of New Braunfels, Canyon Lake Fire and EMS, and Bulverde Springs Branch Fire and EMS. Bracken Volunteer Fire Department operates in and serves Bracken, an unincorporated community in Comal County. Law enforcement and other first responders are routed through 9-1-1 dispatch.

CCSO employs 3 deputies who are mental health certified. NBPD employs 2 Mental Health Officers (MHOs) and 10 officers who have completed TCOLE's mental health certification course. All NBPD have completed the mandatory Crisis Intervention Team (CIT) training course provided to all police cadets.

Housing

Housing services are most effectively provided on a continuum that may include emergency shelter, rapid re-housing, permanent supportive housing and transitional housing options. The Crisis Center of Comal County provides emergency shelter to adults and families who are victims of domestic violence. Connections Individual and Family Services operates an emergency children's shelter and a youth transitional housing program. Family Promise of Greater New Braunfels provides emergency shelter and case management to families experiencing homelessness. New Braunfels Housing Partners provides emergency shelter and case management to people experiencing homelessness. The New Braunfels Housing Authority provides subsidized housing through subsidized rental properties they own or manage and through Section 8 Housing Choice Vouchers.

Peer Support

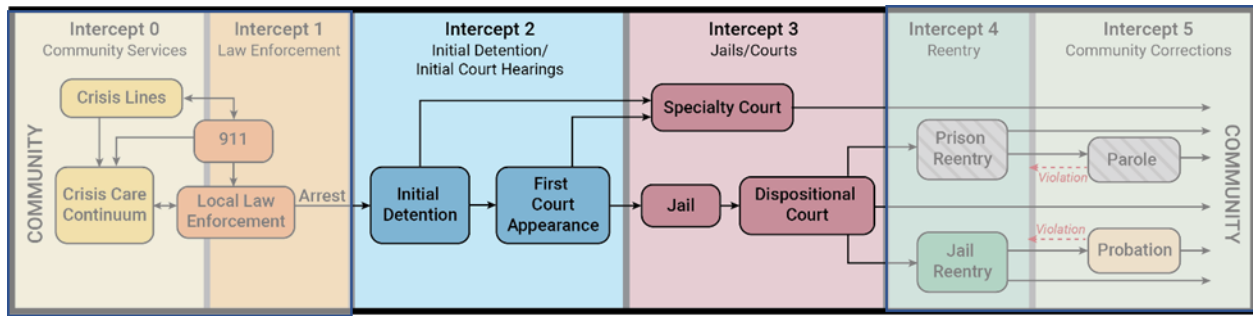
Hill County MHDD adult mental and behavioral health programs employ Peer Support Specialists. NAMI San Antonio provides peer and family support services to residents of Comal County.

Special Populations

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

Data Collection and Information Sharing

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



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Intercept 2 and Intercept 3

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

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

Booking

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

Hill Country MHDD may refer the person to a community-based service provider or add them to the waitlist to see the jail psychiatrist. If the CCQ produces an exact or probable match, jail staff notify the magistrate who may request an assessment of the person to verify the presence of MI or IDD. Hill Country MHDD cross references the list of people booked into jail who screen positive against their active client list to make sure that the person can maintain their medications while incarcerated. The Mental Health Court in Comal County keeps track of people who screen positive to ensure that the Mental Health Court Judge is aware of potential mental health concerns at first hearing.

Jail Medical

People who are booked into the Comal County Jail can access medical care from the jail's medical provider, CorrHealth. A nurse conducts the health screen at booking and logs the medical and psychiatric medications the person indicates they are taking, as well as relevant medical and mental health history. If a behavioral health concern is indicated during the intake assessment, the medical provider may refer the person to Hill Country MHDD for a thorough behavioral health assessment.

Competence to Stand Trial

Competence to stand trial is the legally determined capacity of a criminal defendant to proceed with criminal adjudication. A criminal defendant may not be subjected to trial if they lack the capacity to understand the proceedings against them and to consult with counsel with a reasonable degree of rational understanding (CCP Art. 46B.003). Texas procedures related to competency are generally found in Chapter 46B of the CCP. Chapter 46B applies to a defendant charged with a felony or with a misdemeanor punishable by confinement (CCP Art. 46B.002). Comal County Jail currently houses individuals waiting to receive competency restoration services. Comal County does not currently have a Outpatient Competency Restoration (OCR) program or a Jail Based Competency Restoration (JBCR) program.

Pretrial Services

Pretrial services describe a larger process that encompasses the use of a risk assessment and makes recommendations regarding bonds and pretrial supervision. Comal County Community Supervision and Corrections (CSCD) provides pretrial services to people with identified mental health conditions.

Courts (Including Specialty Courts)

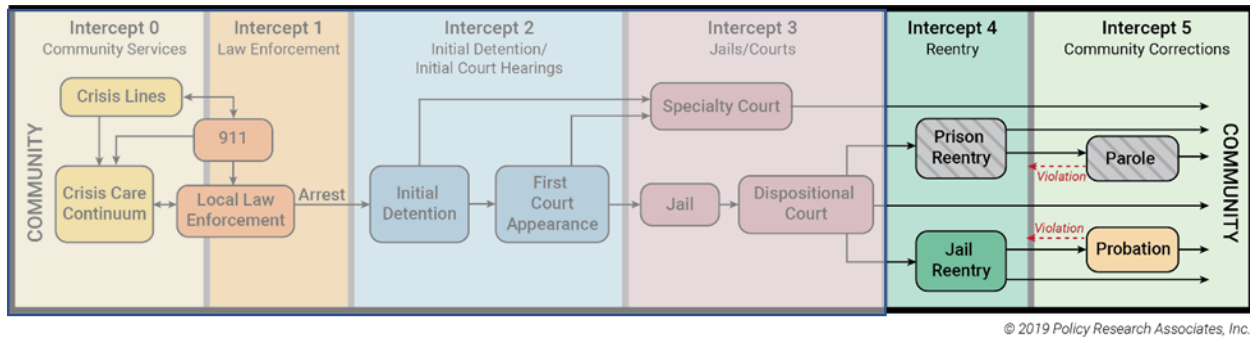
The Comal County Courts at Law oversee misdemeanor criminal cases. District Courts oversee felony criminal cases. Specialty court dockets, which are state-mandated for counties of certain population levels, are established to reduce recidivism through therapeutic and interdisciplinary approaches that address underlying mental health and SUD without jeopardizing public safety. Comal County operates a Veterans Treatment Court, Mental Health Court, Challenge (Drug) Court, and an Accountability (DWI) Court.

Data Collection and Information Sharing

Data sharing between jails, courts, and behavioral health providers can improve coordination and continuity of care for justice-involved people with behavioral

health conditions. Currently, Comal County does not have a coordinated data collection and information sharing system.

Intercept 4 and Intercept 5



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

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

Jail Health Reentry Services

CorrHealth provides mental health services to people in the Comal County jail. The CorrHealth jail discharge planning position is currently vacant. Community reentry planning is limited prior to jail release.

Community Reentry

In collaboration with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Hill Country MHDD provides a 90-day continuity of care program for people exiting the justice system. Continuity of care services include case management, life skills training, psychiatric services, medication management, benefits coordination, and referral to community-based services such as counseling, group therapy, substance use services, and housing and employment support.

Westside Community Center Library offers support to individuals reentering the community by providing support with transportation, help with accessing identification documents and reinstating social security benefits.

Probation and Parole

Adult probation services are provided by the Caldwell, Comal and Hays Counties Community Supervision and Corrections Department (CSCD). The Texas Department of Criminal Justice (TDCJ) Parole Division operates the Region 4, Seguin District Parole Office, which covers Comal County.

The Texas Risk Assessment System (TRAS) is used to determine specialized service needs for people entering the community on probation and parole and to identify persons who are appropriate for specialized caseloads. The seven specialized caseloads in Comal County are, Accountability-DWI Court, Drug Court, Veterans Treatment Court, Sex Offender Caseload, Substance Abuse/Aftercare Caseload, Mental Health-Initiative, and Mental Health-Non-Initiative.

The Texas Juvenile Justice Department (TJJJD) oversees the Comal County Juvenile Probation Department. Juvenile courts in Comal County are notified when a youth is reentering the community. Juvenile probation in Comal County provides family support services, specialized counseling services and robust reentry planning and support to juveniles reentering the community on probation.

Appendix C: Community Impact Measures

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

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

Appendix D: Texas and Federal Privacy and Information Sharing Provisions

Mental Health Record Protections

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

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

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

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

(a) A professional may disclose confidential information only:

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

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

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

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

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

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

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

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

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

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

[Health and Safety Code Chapter 614](#)

Section 614.017 EXCHANGE OF INFORMATION.

(a) An agency shall:

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

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

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

(c) In this section:

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

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

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

(F) the Texas Education Agency;

(G) the Commission on Jail Standards;

(H) the Department of Aging and Disability Services;

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

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

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

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

(M) a municipal or county health department;

(N) a hospital district;

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

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

SUD Records Protections:

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

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

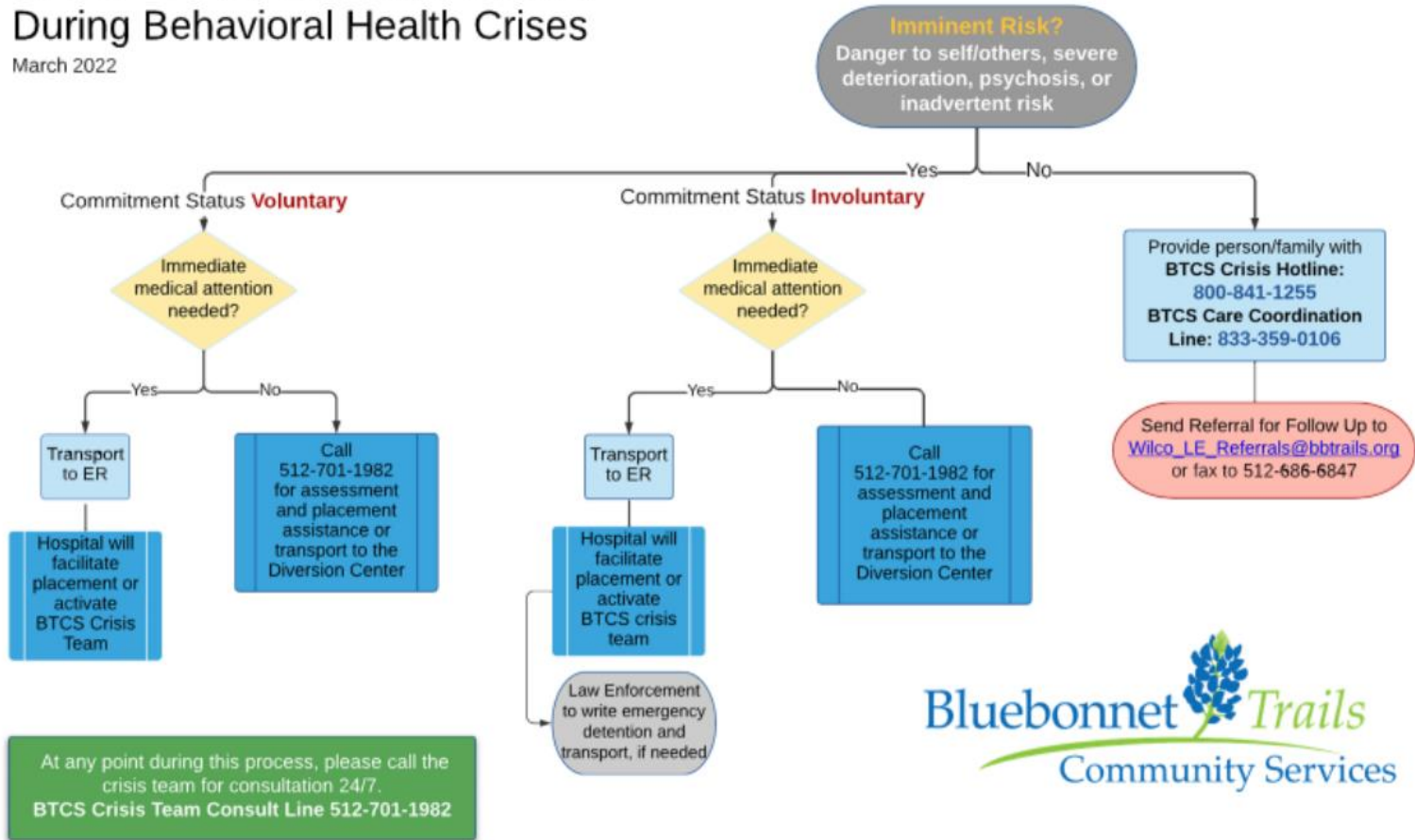
[42 CFR Part 2 Subpart D.](#) DISCLOSURES WITHOUT PATIENT CONSENT

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

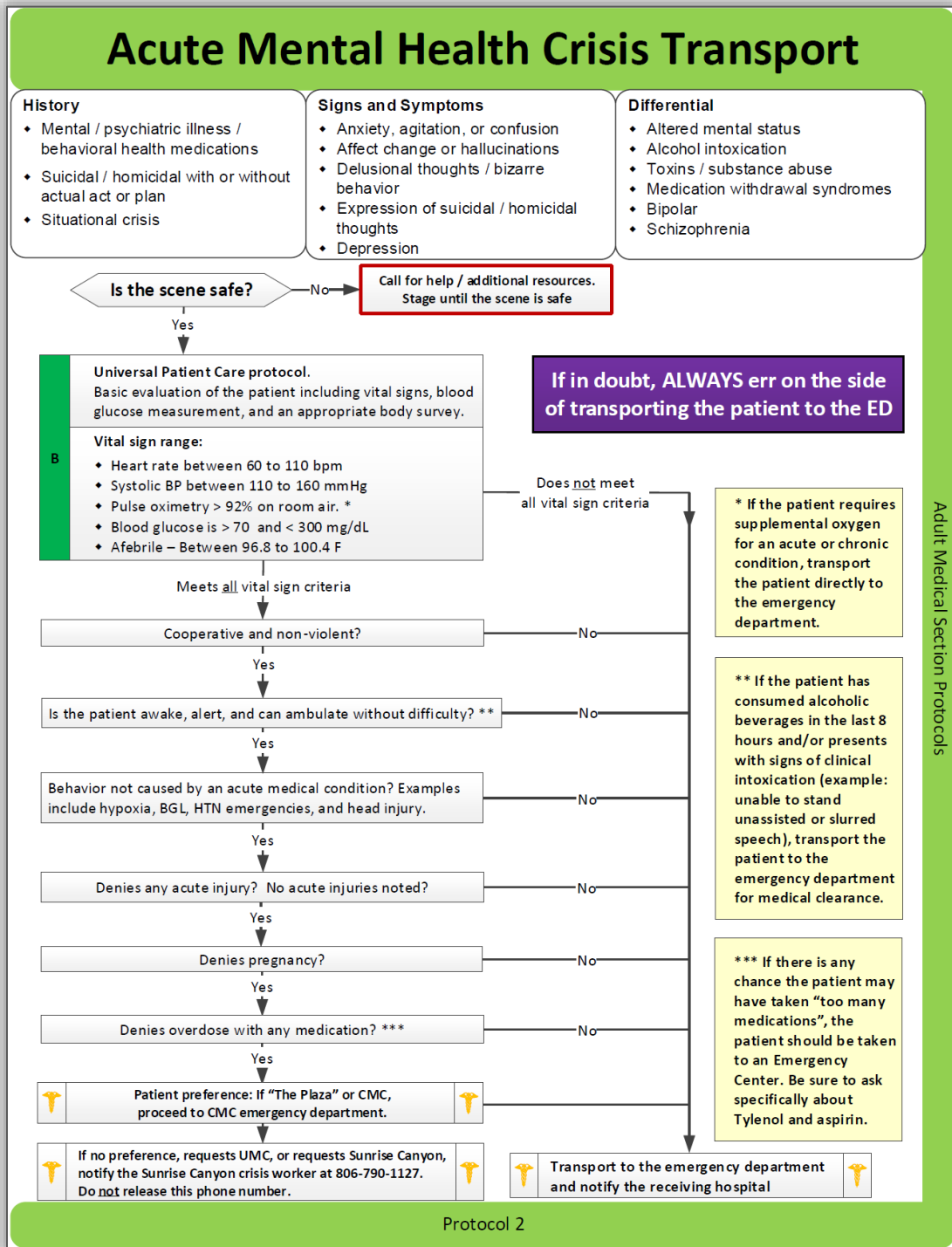
Appendix E: Resources for Law Enforcement During a Behavioral Health Crisis

Resources for Law Enforcement During Behavioral Health Crises

March 2022



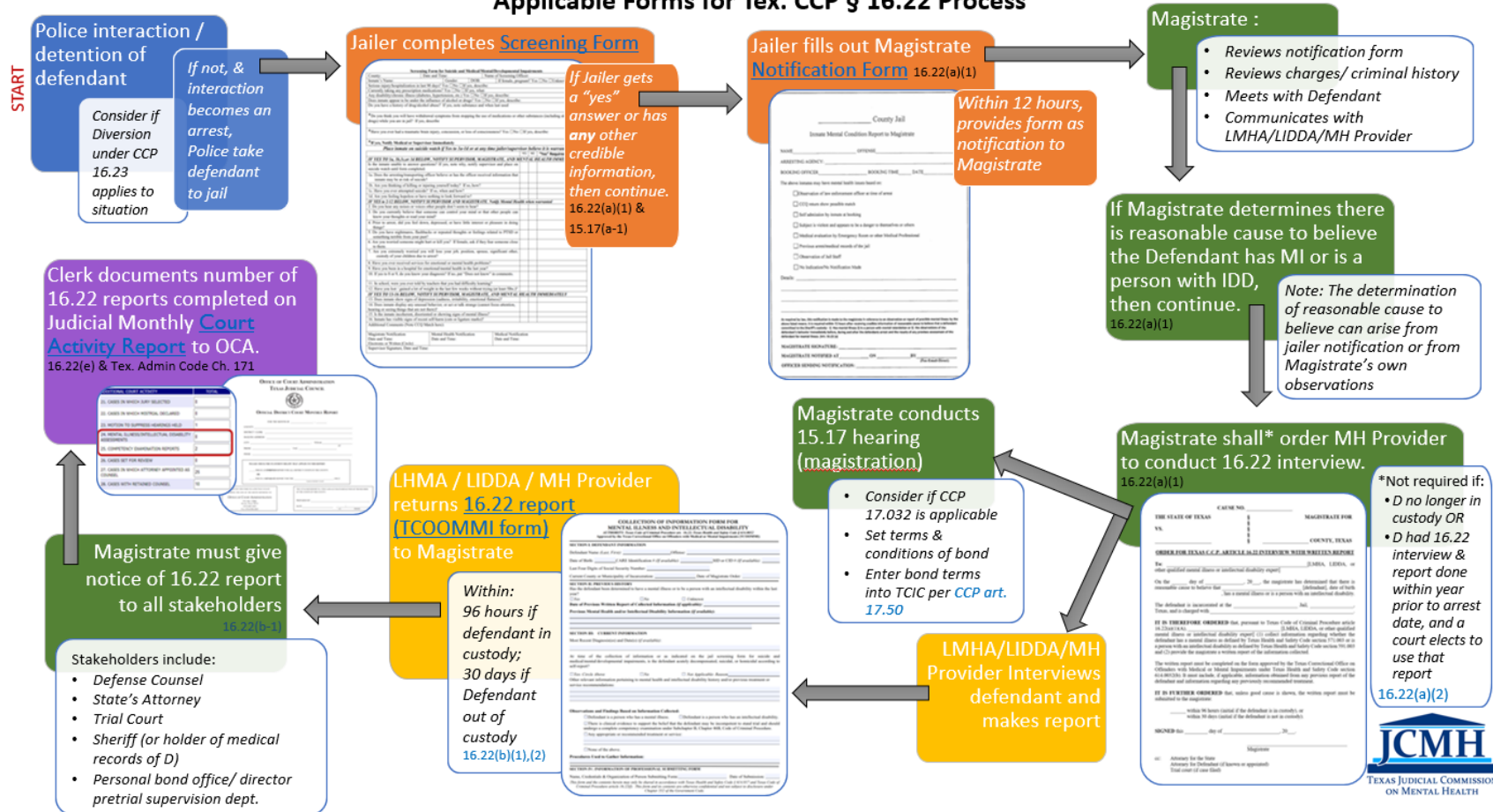
Appendix F: Acute Mental Health Crisis Transport Algorithm



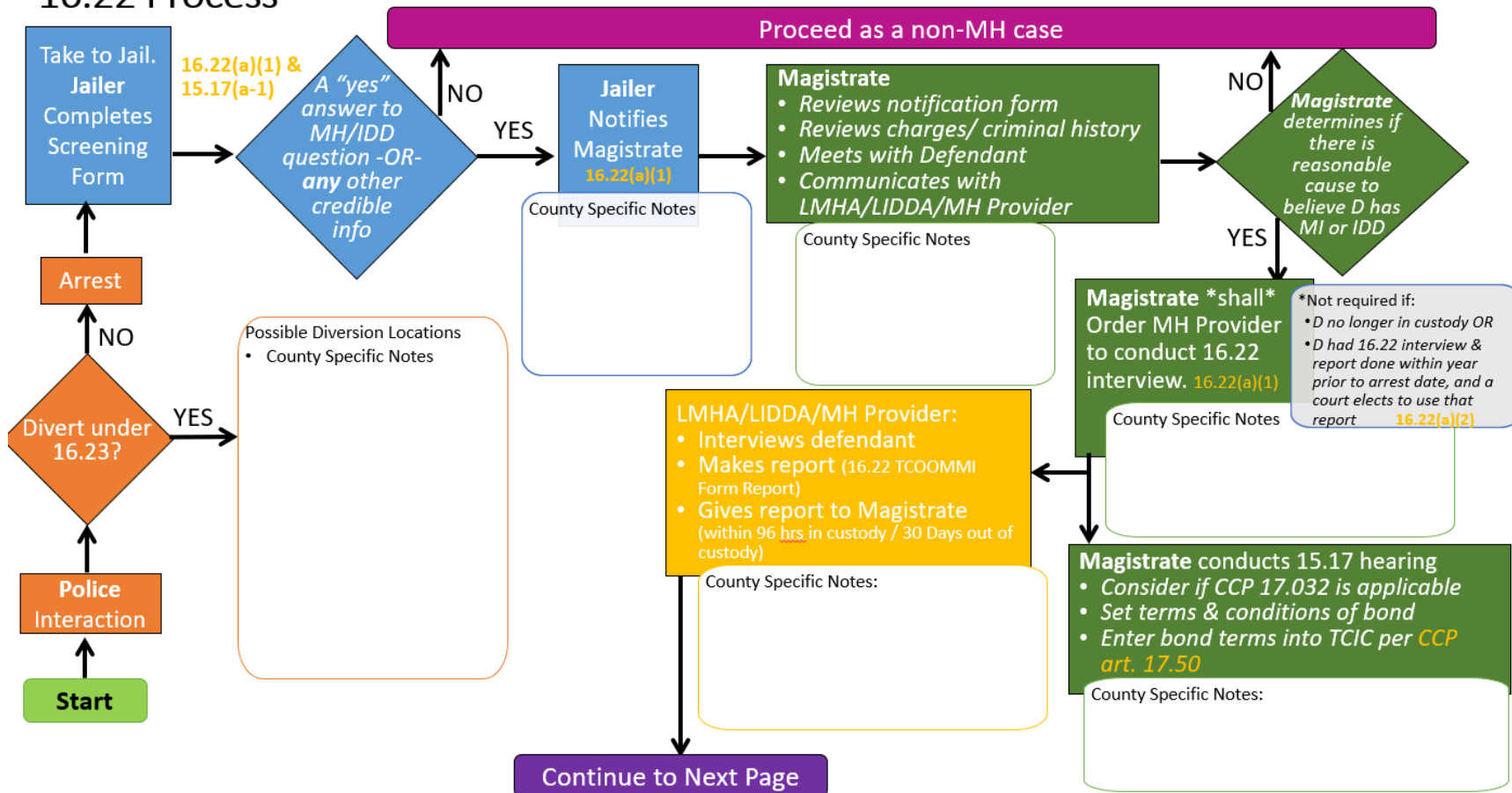
Appendix G: CCP 16.22 Forms and Process Charts

During the Hays County SIM Mapping Workshop participants identified opportunities to enhance and better leverage 16.22 processes to identify people with mental illness and connect them to care. Below is an overview of 16.22, as defined by the Texas Code of Criminal Procedure, as well as some process charts that could be helpful to stakeholders who seek to enhance their CCP 16.22 Procedures.

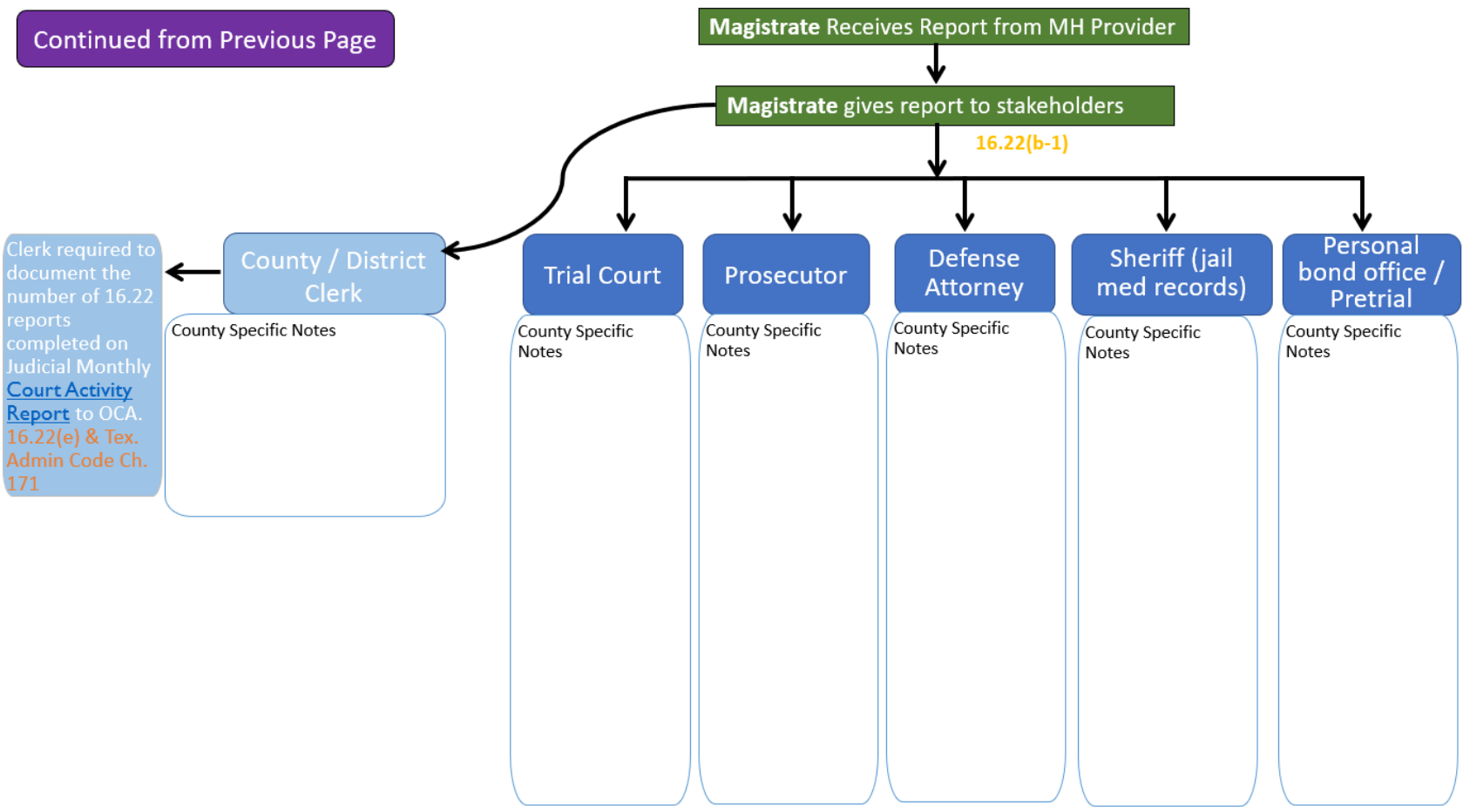
Applicable Forms for Tex. CCP § 16.22 Process

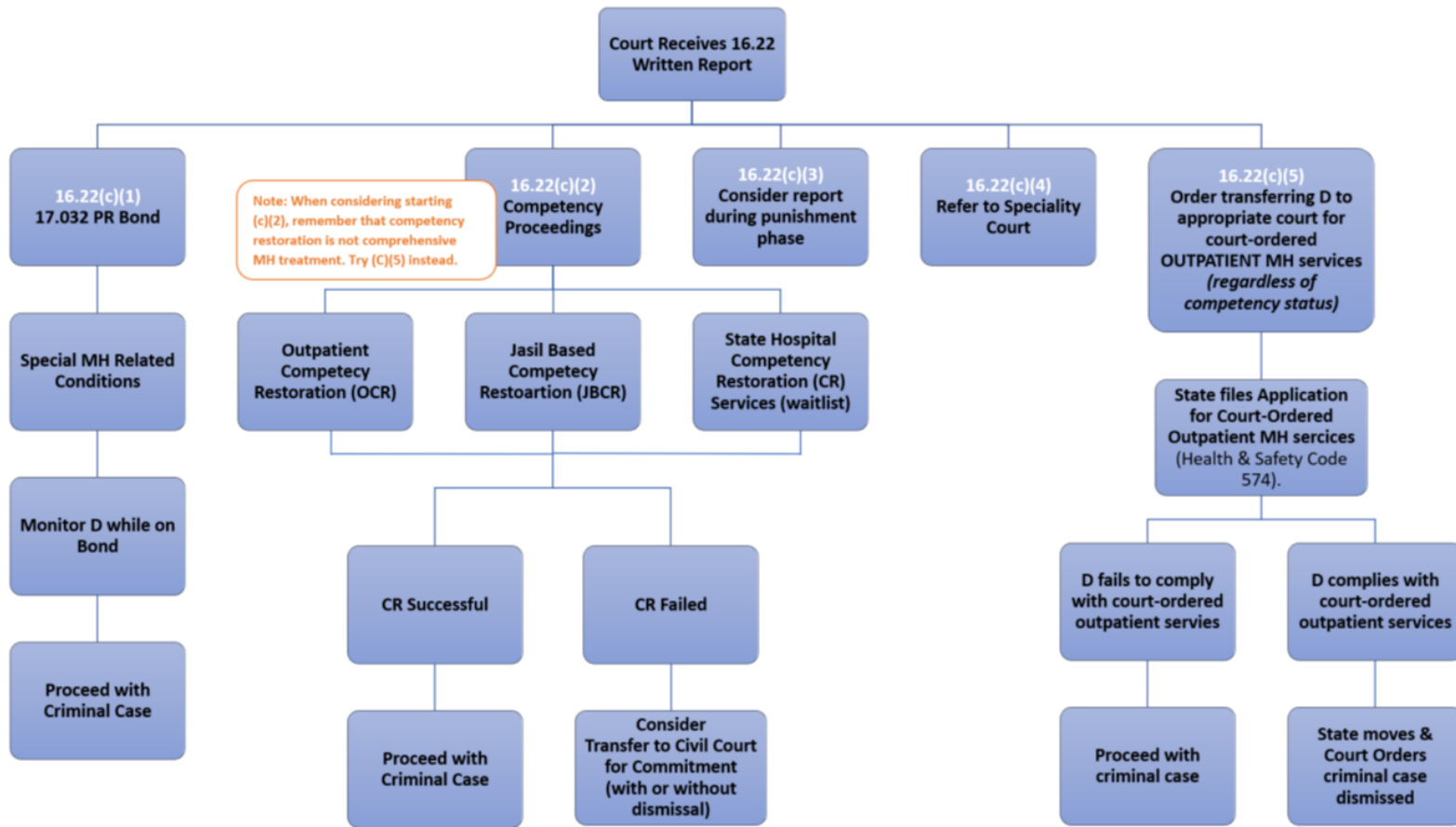


16.22 Process



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Appendix H: Court Ordered Medications and Immediate Restoration One-Pager



Court-Ordered Psychoactive Medications and Credible Evidence of Immediate Restoration for Persons Determined Incompetent to Stand Trial under the Texas Code of Criminal Procedure, Chapter 46B, and Awaiting Admission to a State Hospital



FACT:

The wait time for most forensic state hospital admission is several months in length.



FACT:

The provision of adequate health care, including mental health care, is a detainee's constitutional right.



FACT:

Obtaining a court order for psychoactive medications for an individual determined Incompetent to Stand Trial may not only reduce the person's psychiatric symptomatology, but often results in the defendant being restored to competency without the significant wait for a state hospital bed.

Statutory Authority to Court Order Psychoactive Medications¹

Probate Court

HSC, [Chapter 574, Subchapter G](#), and [Chapter 592, Subchapter F](#), delineate the provisions for the application and the order for the administration of psychoactive medications when the defendant presents a danger to self or others in the correctional facility as a result of a mental disorder or mental defect OR lacks capacity to make a decision regarding the administration of the proposed medication, and treatment with the proposed medication is in their best interest.

Criminal Court

CCP, [Art. 46B.086](#), delineates the provisions for a secondary process, after a probate court's denial, of seeking an order for the administration of psychoactive medications to defendants who do not meet the lack of capacity or dangerousness criteria under HSC [Chapter 574, Subchapter G](#), or [Chapter 592, Subchapter E](#); yet when the state still has a clear and compelling interest in the defendant obtaining and maintaining competency to stand trial.

Evidence of Restoration to Competency before State Hospital Admission

If the court receives credible evidence that the defendant has been restored to competency at any time after the court's determination of incompetency but before state hospital admission, CCP, [Art. 46B.0755](#), sets forth the process by which the court determines if the defendant has been restored to competency.

Appendix I: SIM Mapping Workshop Participant List

Name	Agency/Title
Alexius, Blake	NBPD/Sergeant
Allen, Trey	New Braunfels ER Hospital Medical Director
Blevins, David	NBPD/Lieutenant
Brockman, Rusty	Mayor/City
Buckier, Sara	Ripple Ranch
Bustos, Gilbert	Comal County Sheriff's Office
Castro, James	UP SJRC Texas
Clapper, Chris	Canyon Lake EMS
Collins, Dan	Comal County Juvenile Probation
Coronado, Dominic	NBPD
Davis, LaMoyne	Family Life Center
Daxon, Joanne	Recovery Werks
Doerr, Christy	Belong – Permanency, Director
Eccleston, Donna	Comal County
Fain, Kristen	McKenna Foundation
Fogg, Jess	HCMHDD
Ford, Anna	SJAC Texas/Belong
Forgerty, Mike	Hill Country MHDD
Frost, Lynda	Lynfro Consulting
Garcia, Deborah	Resolute Health
Garcia, Erica	Comal County/telecommunications
Garcia, Eugene	Comal County CSCD
Goddard, Caroline	WSA
Greene, Kimberly	Resolute
Hamlett, Jazzie	HCMHDD

Name	Agency/Title
Judkins, Tim	CASA
Korpi, Tate	Senator Campbell
Laws, Charles	NB Housing Partners
Lee, Ruby	LMSW Corr Health
LLoyd, Michael	NBHA
Lozoya, Eddie	Comal Co. CSCD
Malloy, Vannie	Comal County
Martinez, Juliana	Crim. District Atty
Mckenzie, Marian	Belong
Mckevitt, Philip	CDA Lega Assistant
Medrano, Jared	CCSO/Captain
Morfin, Diego	Comal County Public Health
Pennington, Trina	Christus NB Dir Case Management
Penshorn, Mike	NBPD
Plescha, Justin	Comal County District Attorney's Office
Quiroga, Diane	CISD
Robinson, Terry	United Way of CC
Smerk, Emalee	CCSO/coms supervisor
Smith, Mike	CCSO
Smith, Nora	Comal County Juvenile Probation
Spradley, Lawrence	City of NB
Stallings, Kellie	NB Housing Partners
Strako, Jim	Hill Country MHDD
Stump, Courtney	CDA
Sturdivant, Landon	Hill county MHDD
Themins, Tammi	Interim Director Case Management Resolute Hospital
Valdez, Lucinda	SJRC/Belong
Walker, Carla	LVN, CCSO Corr health

List of Acronyms

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

Acronym	Full Name
AACOG	Alamo Area Council of Governments
ATS	Alternative Transport Services
BHLT	Behavioral Health Leadership Team
BJA	Bureau of Justice Assistance
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CCSO	Comal County Sheriff's Office
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
CSG	Council of State Governments
CSH	Corporation of Supportive Housing
COMs	Court Ordered Medications
CRCG	Community Resource Coordination Group
DDJ	Data-Driven Justice
DOJ	Department of Justice
DWI	Driving While Intoxicated
ECHO	Ending Community Homelessness Organization
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room

FQHC	Federally Qualified Health Center
GRPD	Garden Ridge Police Department
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HMA	Health Management Associates
IDD	Intellectual and Developmental Disability
IST	Incompetent to Stand Trial
JCAFS	Joint Committee on Access and Forensic Services
JSO	Juvenile Supervision Officer
LE	Law Enforcement
LIDDA	Local Intellectual and Develop
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MAT	Medication-Assisted Treatment
MCOT	Mobil Crisis Response Team
MHD	Mental Health Deputy
MHDD	Mental Health and Developmental Disability Centers
MHFA	Mental Health First Aid
MI	Mental Illness
MDRT	Multi-Disciplinary Response Team
MOU	Memorandum of Understanding
NBPD	New Braunfels Police Department
OFC	Office of Forensic Coordination
OPC	Order of Protective Custody

OSAR	Outreach Screening and Referral
OTP	Opioid Treatment Program
ODU	Opioid Use Disorder
PBHA	Panhandle Behavioral Health Alliance
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
ROI	Release of Information
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SPD	Selma Police Department
SSDI	Social Security Disability Insurance
SSI	Social Security Income
SUD	Substance Use Disorder
TA	Technical Assistance
TCHATT	Texas Child Health Access Through Telemed
TCJS	Texas Commission on Jail Standards
TCOLE	Texas Commission on Law Enforcement
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDCJ	Texas Department of Criminal Justice
TLETS	Texas Law Enforcement Telecommunication System
THDSN	The Texas Homeless Data Sharing Network

TJJD	Texas Juvenile Justice Department
TRAS	Texas Risk Assessment System
YES	Youth Empowerment Services