

Sequential Intercept Model Mapping Workshop

Report for:

San Patricio County

Prepared by:

The Texas Judicial Commission on Mental
Health

In Collaboration with Lynfro Consulting &
D-Degree Coaching and Training

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Sequential Intercept Model Mapping Report for San Patricio County, TX

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The Texas Judicial Commission on Mental Health (JCMH) was created by a joint order of the Supreme Court of Texas and the Texas Court of Criminal Appeals to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with—and the administration of justice for—children, adults, and families with mental health needs.

Mission

Engage and empower court systems through collaboration, education, and leadership thereby improving the lives of individuals with mental health needs, substance use disorders, or intellectual and developmental disabilities (IDD).



RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR SAN PATRICIO COUNTY (2023).

ACKNOWLEDGEMENTS

The Judicial Commission on Mental Health wishes to recognize Judge Karen Diaz and praise the work she has done to bring JCMH's support to San Patricio County. The JCMH is thankful for the

assistance of the San Patricio County planning team: Stephanie McCoy, Callie Adkins, Debra Saenz, Amy Pina, and Constable Kody Farenthold. The JCMH also appreciates the great welcome from the county leadership: Leo Trejo, CEO Coastal Plains Community Center, The Honorable Elizabeth Welborn, and San Patricio County Judge David Krebs.

FACILITATOR BIOS

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A NOTE ON LANGUAGE

Across our communities, significant stigma still exists around experience with mental health disorders, substance use disorders, and justice system involvement. In this document, we seek to use respectful language that recognizes the value as well as the challenges that people with these experiences bring to our communities. A number of excellent resources provide detailed guidance about language that feels more courteous and modern to many people. In general, it is a good idea to use “person first” language that references the person before a relevant condition (i.e., “a person with schizophrenia” rather than “a schizophrenic”) because we are all more than one diagnosis or experience.

For more information on mental health language, see <https://hogg.utexas.edu/news-resources/language-matters-in-mental-health>.

For information on substance use, see <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction> and <https://www.thenationalcouncil.org/wp-content/uploads/2021/11/Language-Matters-When-Discussing-Substance-Use-1.pdf>.

For information on disability, see <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>.

For information on justice system involvement, see <https://fortunesociety.org/wordsmatter/>.

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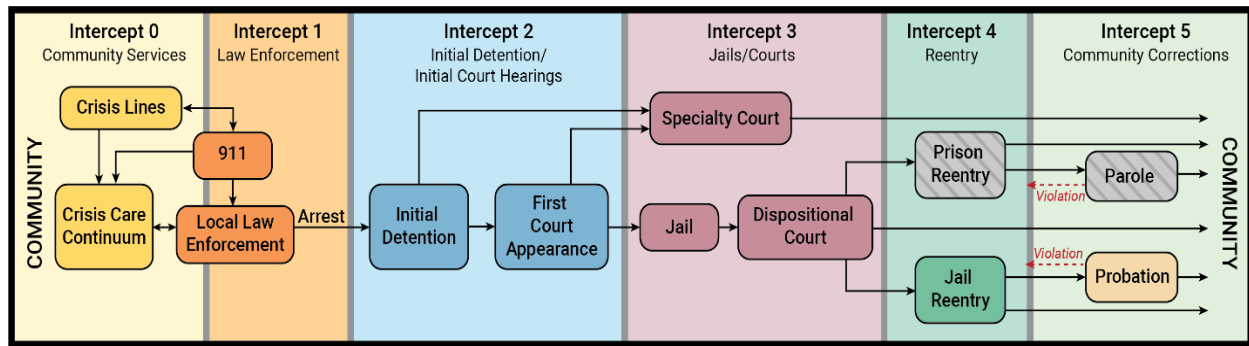
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BACKGROUND

The [Sequential Intercept Model](#) was developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with SAMSHA’s GAINS Center. Since its creation, it has been used by communities to assess available resources, determine gaps in services, and plan for change.

A Sequential Intercept Model mapping is a workshop that develops a map illustrating how people with behavioral health needs move through the criminal justice system. The workshop allows participants to identify opportunities for collaboration to prevent further penetration into the justice system.

The Sequential Intercept Mapping workshop has five primary goals:

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

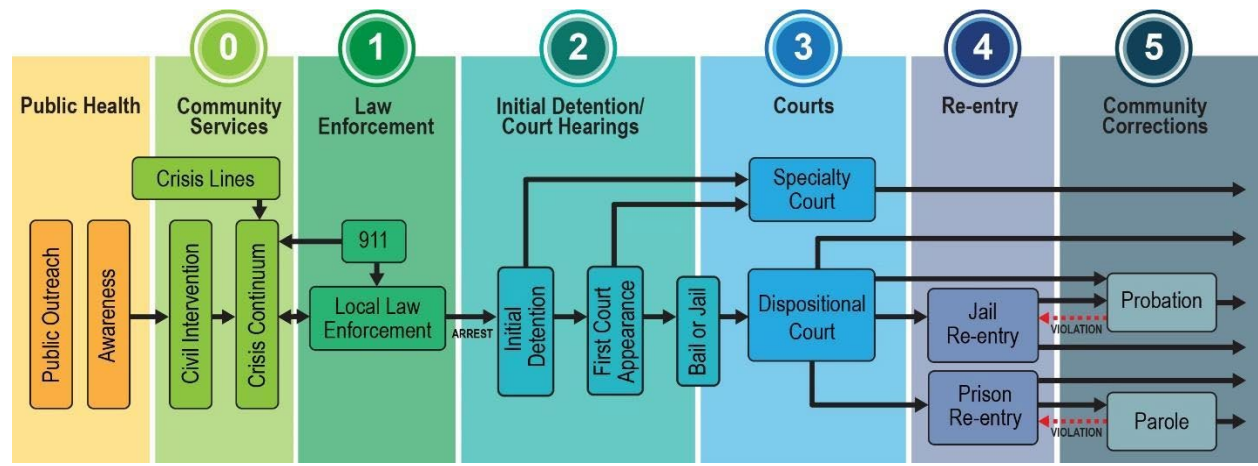


RESOURCES AND CHALLENGES AT EACH INTERCEPT

The primary objective of the workshop is to create a Sequential Intercept Model map. The workshop's facilitators work with the participants to identify resources and gaps at each intercept. This process is essential to success since the criminal justice system and behavioral health services are constantly changing, and identifying the gaps and resources allows for a contextual understanding of the local map. The map can also be used by planners to establish substantial opportunities for improving public safety and public health outcomes for people with mental health and substance use disorders by addressing the gaps and building on existing resources.

Prior to the workshop, a planning team of San Patricio County leaders identified specific community goals:

- Facilitate mutual understanding, collaboration, and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services



INTERCEPT 0 AND INTERCEPT 1

Intercept 0 encompasses the early intervention points for people with mental illness, substance use disorder, and/or intellectual and developmental disability prior to possible arrest by law enforcement. This intercept captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of system intervention.

Intercept 1 encompasses initial contact with law enforcement and other emergency service responses. This intercept captures systems and services designed to divert people away from the justice system and toward treatment when safe and feasible.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to San Patricio County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: USE ALTERNATIVES TO THE CRIMINAL JUSTICE SYSTEM

Crisis services include the array of resources available to individuals who are experiencing a mental health crisis. These services can include stabilization units, mental health hotlines, mobile crisis units, and residential units. A strong presence of supportive resources at this stage can reduce the number of law enforcement contacts with individuals who have mental health issues. It is important that stakeholders and the public know of these services and that they are affordable and accessible.

Pre-arrest diversion is designed to reduce the number of persons who are arrested and placed into the criminal justice system and local jail because of a mental health problem. Instead of punishment, diversion directs people toward treatment and mental health support and takes the responsibility for rehabilitation off the local criminal justice system. The laws in Texas supporting pre-arrest diversion are designed to connect those in crisis with adequate treatment and services and reduce the pressure on the criminal justice system while maximizing community safety. Some examples of pre-arrest diversion laws and techniques are listed below.

Under [Texas Code of Criminal Procedure art. 16.23\(a\)](#), every law enforcement agency must make a good-faith effort to divert a person who is experiencing a mental health crisis or ill effects of substance use to a proper treatment center in the agency's jurisdiction.

This provision applies if:

- a treatment center is available;
- diversion is reasonable;
- the offense is a non-violent misdemeanor; and
- the mental health or substance use issue is suspected to be the reason for the offense.

First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Team (CIT) training. CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting people to treatment. The importance of crisis training has increased in recent years to avoid escalation into the use of force. All law enforcement officers should receive crisis and de-escalation training as well as regular updates on related best practices. [CIT refresher courses](#) are an opportunity for peace officers who have already completed the academy.

In a [Co-Responder Team Model](#), at least one law enforcement officer and one mental health professional jointly respond to situations that likely involve a behavioral health crisis. A co-responder team can de-escalate situations and promote diversion to services.

BEST PRACTICE: USE CIVIL INTERVENTIONS WHEN APPROPRIATE

Civil interventions refer to legal processes by which people other than the person with mental illness can initiate treatment and includes initiation of civil commitment proceedings and court-ordered treatment, including [assisted outpatient treatment \(AOT\)](#). Civil commitment processes and AOT do not require the involvement of the police or the criminal justice system. Recently

states have begun to provide for civil interventions for behavioral health conditions other than mental illness, including substance use disorders.

Court-ordered treatment can be provided in the community or in an inpatient setting as determined by a clinical evaluation. Inpatient and outpatient treatment can be delivered sequentially or, alternatively, beginning with outpatient options and utilizing inpatient settings as needed. It is important to recognize that more coercive approaches are appropriate only after services have been offered to individuals and they have rejected them on a voluntary basis.

Most civil commitments in Texas start with an Emergency Detention. Emergency Detentions require a mental health crisis: that the individual displays a mental illness; that the individual displays a substantial risk of serious harm to themselves or others; that the risk of harm is imminent unless the individual is immediately restrained; and a statement of supporting facts describing specific recent behavior for the belief, including overt acts, attempts, or threats that were observed. The Emergency Detention may happen through either of two legal pathways:

- A law enforcement officer may take an individual to an inpatient facility through an Apprehension by Peace Officer Without a Warrant (APOWW, also known as an Apprehend and Detain or A&D) under [Texas Health & Safety Code § 573.001](#); or
- A judge may issue a warrant under [Texas Health & Safety Code § 573.011](#) authorizing a peace officer to transport the individual to an inpatient facility.

[Psychiatric Advanced Directives](#), also known as [Declarations for Mental Health Treatment](#), allow a person to control their mental health treatment in the event that they become unable to make treatment decisions at a later date. It may be possible for a person to carry these documents or pre-submit them to hospitals, jails, and other facilities.

Supported decision making allows individuals to make their own decisions and manage their affairs while receiving the assistance needed to do so. Resources about supported decision making include a [handout](#), a [toolkit](#), an [explainer video](#), and sample [agreement forms](#).

Guardianships can be used to support individuals who, due to age, disease, or injury, need help managing some or all their daily affairs. It should be noted that guardianship removes some of the individual's rights and privileges. More information on guardianships is offered by the [Texas Guide to Adult Guardianship](#), and the [Texas Guardianship Association](#).

Assisted Outpatient Treatment (AOT) Court Programs are programs in civil courts, typically probate courts, that use court-ordered community-based treatment to improve treatment

outcomes and reduce involvement in the judicial system. [Implementing an AOT Court](#) explains how to set up an AOT court in Texas. The [Texas AOT Practitioner’s Guide](#) explains how to operate an AOT Court in accordance with Texas laws and procedures.

BEST PRACTICE: PRE-BOOKING DIVERSION CENTERS

Pre-booking diversion centers can be designed in multiple ways. The Texas Health and Human Services Commission (HHSC) outlines [four types of crisis units](#) designed for people experiencing significant mental health symptoms:

- Crisis Respite Units – individual at low risk of harm; up to - day stays
- Crisis Residential Units – individuals needing minimal supervision; provides a home-like environment but not permanent housing
- Extended Observation Units – individuals at high risk to self or others; up to 48-hour stays, as opposed to standard 23-hour observation units
- Crisis Stabilization Units – individuals at high risk of psychiatric hospitalization; up to 14-day stays

For intoxicated individuals at risk of arrest, sobering centers provide a safe environment in which to become sober and, ideally, link to substance use services. In some settings, such as the [Sobering Center](#) in Travis County, the staff may assist the individual to find an appropriate detox center. Some centers allow the individual to remain until a detox bed becomes available. In these cases, the center coordinates with its medical director, and occasionally may be authorized to provide detox medications. Sobering centers can also innovate, providing safe sobering for individuals intoxicated on substances other than alcohol. For instance, the Austin/Travis County Sobering Center created a stimulant sobering room, which is geared toward helping individuals safely come down from stimulants.

Diversion centers can reduce the number of individuals in the criminal justice system due to challenges with mental health or substance use. A crisis unit with expedited review by an assistant district attorney can make the decision of whether to file a criminal case or to pursue a civil diversion. Jail book-in time can be decreased with a diversion center. Dallas County recently opened their own diversion program, [Dallas Deflects](#), to connect individuals with mental health services.

BEST PRACTICE: USE TELEHEALTH

Telehealth can expand the reach of services and improve efficiency of healthcare and related support services by shortening delays in beginning services and eliminating or reducing travel time and associated costs. Telehealth services can be particularly beneficial for clients or patients living in geographically remote or underserved areas, including urban areas.

RESOURCES

Workshop participants identified numerous resources already existing in the community that can support individuals with behavioral health challenges and divert them from the justice system.

[Intercept 0](#)

Crisis Phone Lines

[Coastal Plains: 800-841-6467](#)

[988 Suicide and Crisis Lifeline](#)

[The Purple Door 24/7 Crisis Hotline 361-881-8888 \(domestic violence\)](#)

Mental Health Residential Treatment

[Nueces MHID](#)

[Corpus Christi Medical Center Behavioral Health Services](#)

Mobile Crisis Response Team

[Coastal Plains Community Center](#)

Hospitals and Clinics (all hospitals are outside of county)

[Christus Spohn Shoreline](#)

[Christus Spohn South](#)

[Doctors Regional](#)

[Bay Area Hospital](#)

Respite Services

[Coastal Plains](#) (provides funding)

[Nueces MHID](#) (offer some programs to residents outside of county)

Emergency/Urgent Care

[ER 24/7 Portland](#)

[Christus Spohn Shoreline](#)

[Christus Spohn South](#)

Housing

[Community Action of South Texas Housing and Utilities Assistance](#)

[Endeavors Homelessness Prevention and Assistance](#)

[Aransas Pass Housing Authority](#)

[Gregory Housing Authority](#)

[Ingleside Housing Authority](#)

[Odem Housing Authority](#)

[Sinton Housing Authority](#)

[Taft Housing Authority](#)

Emergency Medical Services

[Tri County EMS](#)

Veteran Services

[Coastal Plains Veterans Outreach](#)
[San Patricio County Veterans Services Office](#)
[Veterans Administration Corpus Christi Clinic](#)
[Redford Ranch Foundation](#)
[Veterans of Foreign Wars](#)
[American Legion Mathis](#)

Employment/Vocational

[Workforce Solutions Coastal Bend](#)

Other Behavioral Health Services

[Coastal Plains Mental Health Jail Diversion Outreach, Screening, Assessment and Referral](#)
[The Oath Program \(Medication Assistance\)](#)
[Community Action Corporation of South Texas Health Center](#)
[San Patricio County Indigent Health Care](#)
[Coastal Bend Wellness and Medical Center](#)

Detox Centers

[Cenikor \(Corpus Christi\)](#)
[Charlie’s Place Recovery Center \(Corpus Christi\)](#)

Transportation

[REAL Transit](#)
[Feonix Mobility Rising](#)

Food

[Methodist Church – Ingleside](#)
[Methodist Church - Taft](#)
[Gracepoint Church](#)
[Sacred Heart Catholic Church - Mathis](#)
[Tri-County Christian Service Center](#)

Intercept 1

In addition to law enforcement and first responders, Intercept 1 resources include:

- 911 dispatch identifies possible need for mental health crisis de-escalation.
- Several police departments have trained mental health officers.
- Crisis Intervention Team officers divert people from jail and prevent hospitalization.

GAPS AND OPPORTUNITIES

During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for individuals with behavioral health challenges that may be contributing to

significant impacts on the local criminal justice system in intercepts 0 and 1. Stakeholders then shared ideas for opportunities to address these concerns.

Intercept 0

Crisis Intervention

San Patricio County is making strides to identify and address gaps within the community. For instance, the County had no Crisis Intervention Team as of the SIM Mapping Workshop; however, community leaders such as Constable Farenthold and others were in the process of training and equipping its first Crisis Intervention Team. The team planned to start providing services in June 2023.

Crisis Stabilization

There is a lack of inpatient and crisis stabilization beds in the county. First responders and community services must attempt to find these beds outside of the county. This places a major burden on emergency services and law enforcement who must often spend time out of the county transporting individuals to resources. This represents an opportunity to develop a limited number of crisis residential units or step-down services.

Detox

Community leaders noted the lack of detox centers in San Patricio County. Residents in need of detox must attempt to find these services at Cenikor in Corpus Christi or wait extended periods for beds in other counties that may be funded through HHSC's Outreach, Screening, Assessment and Referral (OSAR). The gaps, however, are devastating for people in rural areas who lack the access and knowledge of available services. Participants saw this as an opportunity to create more medication-assisted treatment programs within the community, providing life-saving medication to prevent overdose and death for people not able or ready for detox.

Collaboration

Participants indicated that collaboration is lacking in the county, preventing the community from better coordinating time, resources, and services in a strategic manner. This became apparent during the workshop as participants from various agencies met others and learned for the first time what they did and the types of resources available. One of the action teams spent considerable time creating strategies to equip everyone with knowledge of and access to services. Nonetheless, the county has an extensive history of behavioral health leadership, and

many of the leaders – especially Judge Karen Diaz – were present for the mapping. Further, the turnout for the event highlighted the commitment of community leaders to collaborate.

Transportation

Transportation is a major concern for San Patricio County. While the region is served by two resources, Feonix Mobility and REAL Transit, the services are minimal. There is no fixed schedule and rural mobility is a major challenge. These barriers keep people from accessing local resources, remaining consistent with court obligations, and from finding help in crisis.

Stigma/Education

Stigma around mental health and substance use challenges remains a factor that prevents people from seeking help. During the SIM Mapping, community residents with histories of mental health challenges shared about their experiences, modeling for the community de-stigmatization. Participants expressed the need to better educate the community about mental illness and substance use disorder. The community also developed plans to initiate regular mental health fairs, taking mental illness out of the shadows and directing people to help.

Respite Services

There are no mental health respite services. Respite allows individuals with lived experience of mental illness to create relationships and mutual support with each other. Coastal Plains Community Center employs Certified Mental Health and Recovery Support Peer Specialists to provide one-to-one support. Also, they employ Certified Family Partners, who provide one-to-one support for parents and caregivers of people with mental health challenges. There may be an opportunity for San Patricio County to support the creation of peer-led organizations for residents with mental health and substance use challenges to find recovery support even if they are not clients of Coastal Plains Community Center.

Employment

Employment supports and training for people with mental health and substance use challenges are limited in the county. However, Workforce Solutions Coastal Bend attended the workshop to participate in the planning. They provide employment training and other supports for people with barriers to employment.

Housing

San Patricio County lacks emergency housing and there are no shelters for people experiencing homelessness. There are resources in the county that provide rental and utility assistance to

prevent homelessness. Also, multiple staff members from local housing authorities came to the SIM Mapping and made valuable contributions throughout the workshop. This represents an opportunity for collaboration to address housing gaps within the county. Further, the county might also coordinate with Coastal Plains Community Center to create mental health group home options for clients.

Substance Use Treatment

The only in- and outpatient substance use services available to residents must be accessed outside of the county. Alternatively, residents can get on the waiting list for treatment services funded by the state by contacting HHSC Outreach, Screening, Assessment and Referral.

The community also saw the opportunity create both a centralized location for mental health resources as well as satellite locations (permanent or temporary) to serve people in outlying areas.

Intercept 1

Community members, including law enforcement, saw the need for additional mental health officers, especially in rural areas. They also recognized that all first responders, including dispatch, should have the training on what constitutes a mental health crisis. This is an opportunity to train first responders on how to identify and evaluate the best response for people in crisis.

They also recognized that not all behavior during a mental health crisis constitutes danger to self or others. People might refuse help even though they may be at increased risk in the future. This is an opportunity to do additional follow up with them.

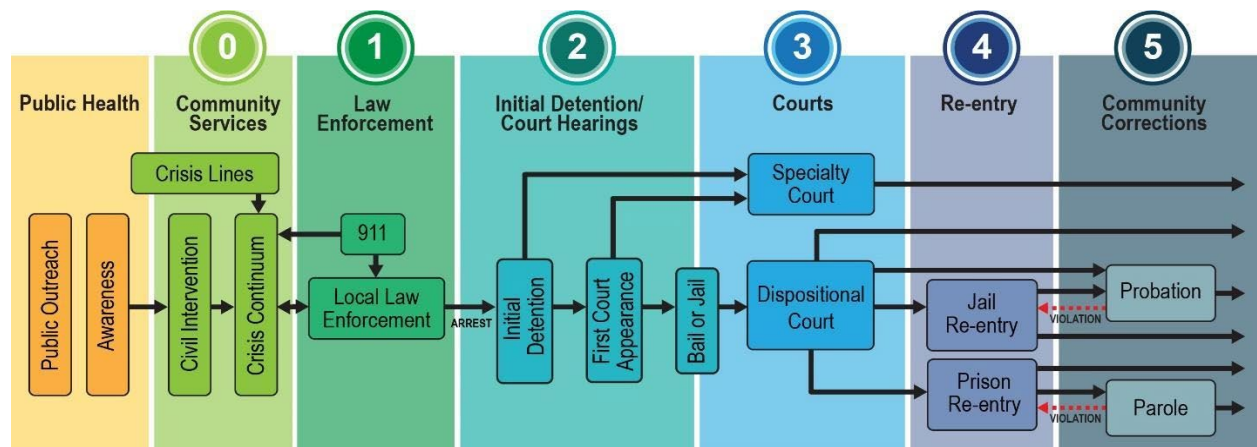
Thanks to the presence and example of a former police officer who was open about his own mental health experiences, participants focused on ways in which the community can better support the mental health of first responders. Many of them might experience their own mental health challenges. Also, first responders are highly susceptible to compassion fatigue over years of responding to crises, many of which involve harm.

Throughout the workshop, participants noted that lack of funding created a major barrier in addressing these problems through programming, training, and resources. This was particularly apparent when the participants recognized the disconnect between agencies. This makes it difficult to optimize services delivery and places additional burden on law enforcement when unaddressed challenges become crises.

It Takes Leadership

The Crisis Intervention Team which begins operation in June 2023, is the outcome of much hard work and training. Law enforcement officer Kody Farenthold (now Constable Farenthold), as well as many of his colleagues, saw the need every day in his work as a peace officer. Responding to mental health crisis was becoming a significant part of his work. He advocated for additional training. At first, he encountered opposition. With persistence, the department agreed and sent him and other officers to train on how to better respond during crisis. He continued to press for the creation of a permanent Crisis Intervention Team. As of April 2023, at the time of the SIM Mapping Workshop, the county was in the process of hiring and training its first team. It is one thing to see a need, but it takes leadership to bring the county together to address that need. During the SIM Mapping Workshop, you could see that leadership on display.





INTERCEPT 2 AND INTERCEPT 3

Intercept 2 encompasses people who are detained and have an initial hearing with a magistrate. This intercept is the first opportunity for judicial interaction in the criminal justice system, including intake screening, early assessment, appointment of counsel and pretrial release of those individuals with mental illness, substance use disorder, or intellectual and developmental disability.

Intercept 3 encompasses people who are held in pretrial detention at the local jail or released to the community while awaiting disposition of their criminal cases. This intercept includes constitutional protections, services that prevent the worsening of a person’s mental or substance use symptoms, and interventions that connect individuals with community treatment options.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to San Patricio County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: IDENTIFY EARLY AND DIVERT WHEN APPROPRIATE

Every person that is arrested and brought to jail should be screened for mental health and substance use disorders and diverted when appropriate. Texas law provides some guidance for this process:

- **Continuity of Care Query (CCQ):** With limited exceptions, the Texas Administrative Code requires every jail to conduct a CCQ check on each individual upon intake into the jail. The CCQ is originated through the Department of Public Safety’s Texas Law Enforcement Telecommunications System (TLETS), which initiates a data exchange with HHSC’s Clinical Management for Behavioral Health Services system to determine if the individual has previously received state mental healthcare. The CCQ identifies whether an individual has sought services at a Texas local mental health authority (LMHA) in the previous three years. This information is often limited in nature and not as helpful as magistrates, judges, and lawyers would like it to be.
- **Code of Criminal Procedure art. 16.22:** [CCP 16.22](#) details a procedure for identifying a person’s possible mental illness or intellectual disability at the earliest stages of—and throughout—a criminal proceeding. Under article 16.22, a magistrate must, under certain circumstances, order an expert to interview the defendant and otherwise collect information regarding whether the defendant has a mental illness or intellectual disability in order to alert the necessary stakeholders if the resulting report indicates possible mental illness or intellectual disability. Once the report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued.
- **Code of Criminal Procedure art. 17.032:** Pursuant to [CCP 17.032](#), unless good cause is shown, the magistrate must release the person on personal bond if they are not charged with or previously convicted of a statutorily defined violent offense, the procedures in the statute were followed, and the conditions were met. The magistrate may include bond conditions that address behavioral health needs. Typical conditions of “mental health” bonds include requirements to: check in with the LMHA; abide by the LMHA’s recommendations; possess no firearms; possess no marijuana, controlled substances, or cannabidiol (CBD); and attend all appointments for assessments and services. A “warm handoff” to the LMHA can help promote compliance with the conditions.

As discussed above in intercepts 0 and 1, [diversions for defendants with mental health disorders](#) can provide a benefit to the defendant, the judicial system, and the community as a whole. Jail diversion occurs after an arrest has been made, but before an official charge from the state. This type of diversion can also be called a pre-charge diversion or a prosecutor-led diversion.

BEST PRACTICE: ENSURE JAIL ACCESS TO TELEPSYCHIATRY/ MEDICATIONS

The Texas Commission on Jail Standards is required to adopt reasonable rules and procedures that require county jails to provide access to telehealth at any time of day and provide prescription medications according to [Texas Government Code Section 511.009](#), or to use all reasonable efforts to arrange for the individual to have access to a mental health professional within a reasonable time.

Telehealth can improve care and ease workforce challenges. Installing a tablet equipped with telehealth software in a location that does not require staff supervision of the individual who is using it could decrease staffing shortages. Telehealth would allow the doctor to observe the individual who cannot or will not communicate with LMHA staff. In addition, collateral witnesses (jail staff, family members) could use the tablet to document their statements and observations of the individual under Texas Code of Criminal Procedure articles 16.22 and 17.032.

BEST PRACTICE: CREATE CROSS-SYSTEM REVIEW TEAMS

Cross-system collaboration reaches across fragmented services and systems to build constructive working relationships to accomplish goals. Teams composed of individuals across systems can work together to overcome challenges, such as funding silos, limited resources, and differences in system “cultures” or values.

Court liaisons provide a vital link to mental and behavioral health service providers during the life of court cases. Liaisons are typically clinically trained and connected either with a behavioral health provider or with the court. They are adept at providing program and treatment coordination and communicating with service providers and agencies outside of the court.

Community Diversion Coordinators play a critical role. Typical duties and responsibilities include:

- Engage stakeholders in education on the many diversion opportunities across the SIM.
- Assist the court and attorneys in evaluating cases and defendants to determine if a pathway other than jail would better serve the defendant and the community.
- Develop and foster collaborative relationships between the LMHA, local hospitals, the jail, and the courts.
- Coordinate the creation of treatment plans to ensure appropriate community support for individuals being released into the community.

Solid data and information sharing policies support strong cross-system collaboration. Data-driven indicators measure the effectiveness of behavioral health interventions and allow adjustments to be made to increase the effectiveness of those interventions. Data can also measure the cost effectiveness of behavioral health programs and allow policy makers to allocate

resources more effectively. Coordinating data offers an opportunity to identify high cross-system utilizers. Data should be collected about individuals' progress and needs, responses to those needs, and efforts to improve mental health responses. Information sharing is required under [Health and Safety Code Sec. 614.017](#) for continuity of care and continuity of services purposes for certain individuals with special needs.

BEST PRACTICE: QUICKLY APPOINT AN ATTORNEY

It is best practice to appoint counsel as soon as practicable upon arrest of an individual. Appointing counsel at an earlier point in the case, such as before indictment, will reduce the length of time people are housed in jail waiting for evaluations and waiting for transportation to facilities for evaluation or restoration, as defense counsel can meet the client and begin assessing the client's needs. Opportunities to better utilize early appointment of counsel include:

- Creating and implementing a process for appointed defense counsel to access certain evidence in the case file, such as the offense report and arrest warrant affidavit, prior to indictment, so they can begin working on the case.
- Creating and implementing a process for defense counsel to request competency evaluations prior to indictment.
- Discussing possibilities of diversion in lieu of competency restoration in certain cases.

BEST PRACTICE: TRANSFER TO CIVIL COURT VIA CCP 16.22(C)(5)

Pursuant to [Code of Criminal Procedure art. 16.22\(c\)\(5\)](#), after an interview of the defendant provides clinical evidence to support a belief the defendant may be incompetent to stand trial, the court may release the defendant on bail while charges remain pending and enter an order transferring the defendant to the appropriate (civil) court for court-ordered outpatient mental health services under Chapter 574 of the Health and Safety Code. Case transfer under this statute is only for cases where the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person.

BEST PRACTICE: RIGHT SIZE COMPETENCY RESTORATION SERVICES

The competency to stand trial process is designed to protect the rights of people who do not understand the charges against them and are unable to assist in their own defense. Long-established Constitutional law mandates that a criminal prosecution may not proceed unless the

defendant has sufficient present ability to consult with their lawyer with a reasonable understanding of the proceedings against them.

Under Texas [Code of Criminal Procedure article 46B.004](#), if the mere suggestion of incompetency is raised in a case, the court must conduct an informal inquiry to assess whether there is “some evidence from any source” that would support a finding of incompetency. If so, then the court is required to stay (or stop) all proceedings and order a competency exam. If an individual is found competent, the case will proceed to determine adjudication. If the individual is found incompetent, judges can order services, including mental health treatment and medications designed to restore the defendant to legal competence.

For more than a decade, Texas and other states have seen an increasing number of individuals in county jails who have been found to be incompetent to stand trial but who do not have access to a state hospital bed in order to begin an inpatient competency restoration process. In Texas, several thousand people fail to receive competency restoration services for months or even years, presenting severe challenges to county jails and great personal cost to the individuals. Actively monitoring the local waitlist can help find ways to divert individuals. One method is to have an individual re-evaluated if there is reason to believe the person is stabilized while receiving jail-based mental health services.

JCMH and HHSC partnered to create a statewide initiative to [Eliminate the Wait](#) and right-size competency restoration services through education, training, and technical assistance. Every effort should be made to streamline determinations of competency and related proceedings. There is also a growing consensus that because of the likelihood of an increased length of incarceration and confinement, the competency process should be reserved for defendants who are charged with serious crimes, and others should be diverted to treatment.

Outpatient competency restoration and jail-based competency restoration programs are alternative competency restoration options provided by community-based services and in-jail services, respectively. For individuals who meet the criteria, these local programs are effective alternatives to using state hospital beds.

Involuntary medication frequently restores competency for individuals and allows for a more rapid return to the community than involuntary hospitalizations. (Read more at: <https://mentalillnesspolicy.org/medical/involuntary-medication.html>). Rather than requiring cumbersome guardianship proceedings, the Mental Health Code permits treating physicians to seek court orders to allow the administration of psychoactive medications to persons who lack capacity to consent to such medication. The court-ordered medication process cannot be used

for Class B offenses; these cases may be good candidates for transfer to civil court under CCP 16.22(c)(5).

BEST PRACTICE: ALTERNATIVE SENTENCING

Post-trial diversion and alternative sentencing options provide opportunities to direct individuals to rehabilitation-focused interventions that balance the interests of justice with treatment. Most importantly, they avoid incarceration for individuals who meet certain sentencing conditions. Often involving suspended sentences and/or probation, alternative sentencing can be as creative and flexible as a judge and community resources will allow. Examples of alternative sentencing include community service, assisted outpatient treatment, and other required participation in appropriate treatment, including problem solving courts. Pursuant to [Code of Criminal Procedure art. 46B.004\(e\)](#), the prosecutor may dismiss all charges pending against a defendant after the issue of the defendant’s incompetency to stand trial is raised.

BEST PRACTICE: SEEK TO ESTABLISH SPECIALTY COURTS OR DOCKETS

Communities across the nation have courts or dockets that focus on special populations or types of offenses. Some of these specializations include mental health, drug use, veterans, and human trafficking. The goal of specialty court programs is to divert the defendant from the criminal justice system and to assure the defendant receives access to the treatment and social programs necessary for the person’s success in the community.

A “mental health court program” under [Texas Government Code § 125.001](#) has the following essential characteristics:

- integrates and provides access to MI and ID treatment services in processing cases in the court system;
- uses a non-adversarial approach involving prosecutors and defense attorneys to (1) promote public safety and (2) protect the due process rights of program participants;
- promotes early identification and prompt placement of eligible participants in the program;
- requires ongoing judicial interaction with program participants;
- diverts people with mental illness or intellectual disability to needed services in lieu of prosecution;
- monitors and evaluates program goals and effectiveness;

- facilitates continuing interdisciplinary education on effective program planning, implementation, and operations; and
- develops partnerships with public agencies and community organizations, including LMHAs/LBHAs.

Many Texas communities currently have a number of specialty courts. [These courts](#) tend to serve only a small number of defendants and there are racial disparities in who has access to this option. See Appendix 2 at the end of this report for more resource recommendations on mental health and other specialty court programs.

RESOURCES

[Intercept 2](#)

The San Patricio County Community Supervision and Corrections Department (CSCD) is responsible for pretrial services. Coastal Plains Community Center completes Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services assessments. The Sheriff's Department is responsible for medication management and symptom management for people detained in county jail.

As noted above, Coastal Bend Community Center administers a jail diversion program. The program supports individuals with mental illness at the pretrial level, providing service coordination, psychiatry, and case management.

Defense attorneys are appointed while defendants are in jail. Further, people with mental health challenges who are released on bond may receive supervision from specialized officers from San Patricio CSCD as they await trial.

[Intercept 3](#)

There is a veteran's program at the courthouse and a veteran ombudsman. This program helps veterans with peer support and service coordination as they navigate court obligations and recovery.

The Coastal Bend Regional Intermediate Sanction Facility provides an option for the court to address substance and mental health challenges for both felony and misdemeanor defendants. The program provides counseling and 12-step programming as well as reentry coordination.

GAPS AND OPPORTUNITIES

Intercept 2

As is the case with most Texas counties, the wait time for state hospital admission for people deemed incompetent to stand trial is a major challenge to jails. It also requires extended detention of people with mental illness, contributing to further mental deterioration. Participants called for additional state hospital beds to relieve this challenge. They also suggested creating more jail-based competency restoration.

According to participants, the jail is often short staffed. The staff who are there often lack the type of robust training necessary to effectively address mental health crises and symptoms of people detained in jail. Further, mental health staff from other agencies are lacking in the jail. They saw this as an opportunity to create a single resource for online training for staff and deputies.

Lack of onsite mental health staffing within the jail produces an additional strain on staff and places many defendants at risk as they await contact with mental health professionals. Community members saw an opportunity to improve technology to facilitate quicker response from mental health professionals. They also questioned whether the jail could contract with an outside mental health/medical provider to serve within the jail.

With the increasing number of people with mental illness detained in jail, staff time is increasingly strained beyond what is reasonable. Community members suggested that the county create a place in the local jail exclusively dedicated for mental health intakes and safe crisis stabilization. This would free up staff time and resources to focus on jail administration.

The lack of transportation poses an additional challenge for people at the pretrial intercept point. People with mental illness released on bond will require transportation home or to local resources, and they will need ongoing access to transportation to comply with pretrial conditions. Similarly, defendants may lack housing, including recovery or sober living options, making pretrial release more challenging and less likely.

As noted above, jail and court staff lack awareness of community resources including food, rental assistance, and indigent healthcare. Better community resource coordination would help to address defendant health and wellness needs, providing additional stabilization.

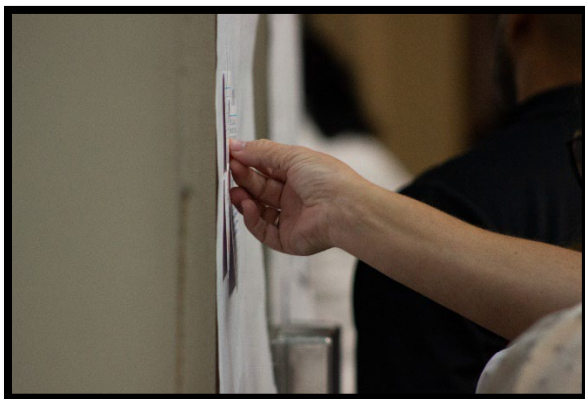
[Intercept 3](#)

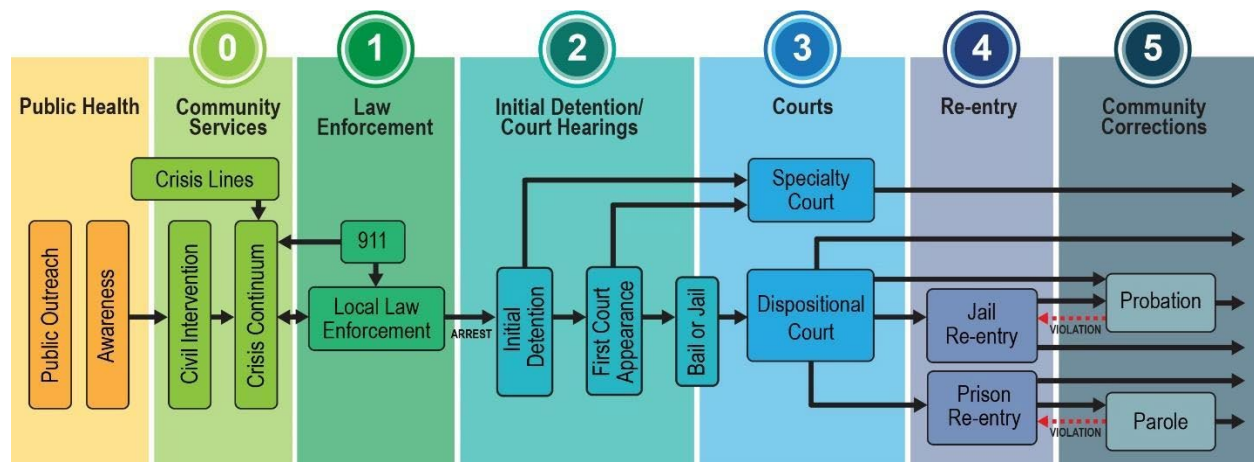
Participants observed a notable gap in treatment courts for defendants. Much of this gap is fueled by funding limitations. Participants saw how the use of peer support within the court and during pretrial supervision would better address the needs of people with mental health and substance use challenges. Peers can help people to develop a recovery plan, and they can follow up with people following release to make sure they are on track towards recovery. This will likely decrease rearrest.

San Patricio County's History of Behavioral Health Leadership

San Patricio County has a long history of behavioral health leadership. Even as far back as 2008, Judge Karen Diaz facilitated strategic planning between key stakeholders including Coastal Plains Community Center, the Sheriff, San Patricio Community Supervision and Corrections Department, emergency rooms, hospitals, and other community members to address a breakdown in communication and coordination. Everyone came together to determine who was responsible for what. They created a crisis flow chart to identify key decision points and who becomes responsible depending on the outcome at each point.

Today, each agency and official understands their role, including who is responsible for transportation and what happens when someone on a mental health hold must go to the hospital first. They also made a list of resources so that each agency and official knows who to call. The SIM Mapping Workshop the community just completed builds upon that work, which is a key reason why the workshop produced such participation from a wide sector of community.





INTERCEPT 4 AND INTERCEPT 5

Intercept 4 encompasses people who are planning for and transitioning from jail or prison into the community. Services in this intercept include strong protective factors for justice-involved people with mental illness, substance use disorder, or intellectual and developmental disabilities re-entering a community. These services should include detailed, workable plans with seamless access to medications, treatment, housing, and healthcare coverage.

Intercept 5 encompasses people under correctional supervision who are usually on probation or parole as part of their sentence, as part of the step-down process from prison, or as required by other state statutes. This intercept combines justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice lifestyle.

BEST PRACTICES

At each intercept, it is helpful to understand best practices emerging in communities throughout the country. While not every best practice will be relevant to San Patricio County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: CREATE A SPECIALIZED MENTAL HEALTH CASELOAD

Parole and probation departments should have specialized caseloads or units that are dedicated to individuals with behavioral health needs. Officers assigned to these specialized caseloads should be trained to work with these types of clients and educated about available community resources. These cases should have individualized treatment plans that consider medication, mental health needs, and substance use treatment.

BEST PRACTICE: ENSURE CROSS-AGENCY COLLABORATION

Forming a collaborative of community resources that serve justice-involved individuals is helpful to address the needs of justice-involved individuals reentering the community. This cross-agency collaboration can increase stability in the community and reduce relapse or recidivism by ensuring individuals continue in treatment and services, as needed.

BEST PRACTICE: INTEGRATE PEER SUPPORT

Community-based peer support services that assist with transition or reentry into community-based mental health services can help individuals achieve long-term recovery. Peer support specialists can provide insight into potential triggers and relapses, and provide:

- Emotional support
- Shared knowledge
- Practical assistance
- Connection to people with resources
- Opportunities and communities of support

In Texas, there are three primary certifications for peer specialists: Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners. A growing number of peer specialists obtain certification as Re-Entry Peer Specialists who have lived experience with incarceration as well as recovery from mental health and/or substance use challenges. Re-Entry Peer Specialists can play [important roles](#) at all points along the Sequential Intercept Model.

Several organizations and resources provide helpful guidance:

- [ViaHope](#) is a Texas nonprofit organization that provides training, technical assistance and consultations related to the peer workforce. The organization also trains and certifies reentry peer support specialists.
- [PeerForce](#) serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- [SAMHSA](#) is the federal agency that for decades has worked to promote peers in leadership roles.
- [National Association of Peer Supporters](#)
- Philadelphia's DBHIDS [Peer Support Toolkit](#)

[Clubhouse International](#) is a global nonprofit organization that helps communities create clubhouses. Clubhouses provide people living with mental illness opportunities for friendship, employment, housing, education, and access to medical and psychiatric services. Some clubhouses include peer support specialists and can be good resources, particularly during the reentry process. [Clubhouse Texas](#) is a key resource for information about the burgeoning clubhouse movement in Texas.

BEST PRACTICE: PROVIDE REENTRY PLANNING

Transition plans offer guidance for community reentry. A comprehensive plan identifies expectations, resources, and services to guide individuals towards independence. Individuals should play an active role in creating their transition plan.

The most effective reentry planning occurs when the planning begins at intake and continues throughout the individual's time in jail. Community-based providers should be engaged in this planning process. Coordination between community providers and the jail – sometimes called jail in-reach – can increase the likelihood of a smooth transition, including medication access upon release, warm hand-offs to service providers, and immediate access to benefits and health care coverage.

For some individuals, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) may provide support. TCOOMMI coordinates between criminal justice entities and LMHAs to ensure continuity of care for justice-involved individuals with special needs.

RESOURCES

[Intercept 4](#)

In addition to releasing people from jail with a 10-day supply of medication, individuals are evaluated for placement into TCOOMMI services. Post release supervision is provided by San Patricio CSCD.

As with other many other smaller communities, reentry services are limited. People with mental illness and substance use disorder are often eligible for case management from the local workforce development board, [Workforce Solutions Coastal Bend](#). They provide job search

assistance, including resume preparation and computer access. [Goodwill of South Texas](#) serves San Patricio County and often helps people in reentry to find jobs and job training.

Participants in the SIM mapping were aware of the very limited number of housing options. There are no halfway house options in the county. It is possible that people in reentry may be able to find sober living homes in nearby Corpus Christi.

Intercept 5

People placed on probation in San Patricio County are supervised by the San Patricio County Community Supervision and Corrections Department, which has specialized mental health officers. People on supervision who are at risk of revocation may be placed by the court into the Coastal Bend Intermediate Sanction Facility for shorter term treatment and peer support. As part of a condition of placement in community supervision, the court may require defendants to go through a Substance Abuse Felony Punishment Facility, which provides more intensive and longer-term substance use programming including transitional aftercare.

GAPS AND OPPORTUNITIES

The participants identified numerous gaps at Intercept 4 and 5 along with opportunities that might address or alleviate these gaps. Filling these gaps decreases probation revocation rates and promotes successful reentry, thereby preventing re-arrest.

Intercept 4

As noted multiple times in this report, the community sees the lack of transportation as a major barrier to service coordination, medication management, and reentry. People have difficulty accessing a wide range of services from employment supports to indigent healthcare. This barrier means that people with mental and substance challenges remain at risk in the community, lacking the resources necessary to find stability and long-term wellness. Nonetheless, the community expressed a commitment to addressing transportation challenges.

Similarly, other reentry resources are lacking. People will find difficulty maintaining recovery without continued access to recovery supports, peer services, treatment and more. Further, lack of housing produces homelessness and instability. All these factors contribute to a revolving door between jails, hospitals, and the community. Additionally, people have difficulty accessing medication for the range of healthcare needs ancillary to mental health medication. The

community also saw this as an opportunity. Despite the limited number, there are resources within the community of which people are unaware. People with barriers to employment can receive more intensive job search and vocational training through Workforce Solutions. There is assistance with rent and indigent healthcare.

Medication compliance following release from jail is another complicating factor. Community members suggested better education for people released with meds. Knowing more about the medications they are prescribed, their importance, side-effects, and when to ask for adjustments, will result in better success rates for clients. Also, the community saw this as an opportunity to follow up with people released to check on their welfare and continued medication usage.

Similarly, the community saw an opportunity to designate a transitional case manager for people being released from county jail. This case manager could assist with services coordination, assistance finding resources, and follow up.

Any service increase would require funding. The community is aware of this barrier and spent considerable time during the mapping to chart a path to increased funding.

[Intercept 5](#)

There is no halfway housing in the county. This limits the amount of peer support and guidance available to people in larger counties. It also means there is a lack of structure for people on community supervision, increasing the likelihood of return to drug use. Further, the lack of resources mentioned above creates instability. Stability is a prerequisite for success on community supervision.



PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions ranging from increasing funding to opening additional hospital beds to developing specialty courts. Other suggestions included:

- Provide more training on how to help someone experiencing mental illness, making the training available to community partners such as Housing Authorities, food banks, etc.,
- Create stronger housing programs available to people with barriers to long-term housing such as individuals with criminal records,
- Increase the number of mental health officers,
- Fund a counseling center,
- Provide de-escalation training to dispatchers,
- Educate the public on when to call 911,
- Streamline innovative concepts which will connect clients and services more effectively, utilizing online screenings and visual interventions,
- Provide access to substance use disorder services in the jail,
- Place people with lived experience at the forefront of all interventions, and
- Take more time as a community to talk and interact with each other - look up from your phones and show you care.

The group was then invited to rate the priorities and to identify those priorities on which they were willing to invest their own time and organizational resources. Four priorities rose to the top:

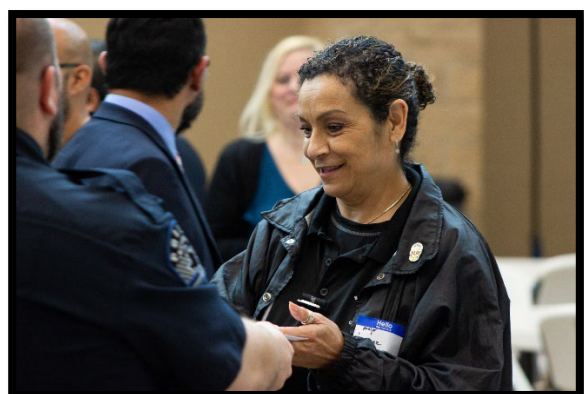
- **Priority 1:** Information Exchange Among Jail / Courts / Probation / Law Enforcement
- **Priority 2:** Specialized Mental Health Court or Docket
- **Priority 3:** Community Awareness and Education
- **Priority 4:** Transportation and Enhancing Access to Services

ACTION PLANS

Workshop participants were invited to join one of the four priority groups to create an action plan. Each team developed a plan with objectives and near/long-term tasks. Afterwards, each group reviewed the plans developed by other teams. All participants were encouraged to make suggestions and raise considerations for these plans, thereby helping each team to improve upon the plans. The teams identified a time and date for their next meetings, as well as champions to coordinate communication among team members.

The purpose of the action planning activity was to create a site-specific action plan with clearly defined, attainable, prioritized short-term and long-term steps addressing the gaps generated during the first day of the workshop. The plans will be further refined and implemented by the team following the workshop.

The action plans are on the following pages.



PRIORITY 1: INFORMATION EXCHANGE AMONG JAIL / COURTS / PROBATION / LAW ENFORCEMENT

Participants (*=Champion): Heather Marks*, Callie Adkins*, Karen Diaz*, Austin Tucker, Kody Fahrenthold, Del Lopez, Stephanie McCoy, Marcos Hernandez Leslie Pullin, Conrad Guzman, Ryan Breaux, Sierra Zavala, Sylvia Castillo

Next Meeting: July 26, 11am via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Regular communication, info sharing, and engagement among entities	Mental Health Coalition expansion to include more entities like the courts, clerk's office, dispatch. Update email distribution invites to all interested parties.			
Training	Mental Health First Aid (Jorge De Los Santos); De-escalation techniques; Recognizing signs / symptoms of risk for violence. Train individuals among agencies.			
Information Sharing	Develop form, system, and/or alerts that can flow to all to see history and concerns, cautions, etc.			
Protocols	Office of Court Administration website training materials section has a guide on mental health. Investigate what we use and get information to incorporate in our county. Internal agreements and logistics practices.			
State-mandated Training	Work with legislators to make it happen!			

NOTES:
Communication: Communicate with housing. A type of web-based referral directory (Charity Tracker). Adding a San Pat social worker.
Training: Educate jailers about medication needs of people in jail. ASIST Suicide Prevention Training. Co-occurring (mental health / substance use) training.
Information Sharing: Create HIPAA-compliant form to follow individual through system. Nueces County has a system already that alerts them (app in phone). Database for data entry on mental health consumers accessible to agencies for info sharing. Similar to CODIS, AFIS. Secure, limited to info that does not violate HIPAA. Sanctions for abuse.

PRIORITY 2: SPECIALIZED MENTAL HEALTH COURT OR DOCKET

Participants (*=Champion): James Gardner*, Leo Trejo*, Jasmin DePaz Marquez, Vincent Klus, Rudy Guzman, Jennifer Richardson, Toni Gay, Nere Villarreal, Leslie DeAses, Jason Woods, Isaac Lopez, Heather Marks, Marcus Hernandez

Next Meeting: May 5, 1:00-6:00pm, Rancheros

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Introduce idea		San Patricio contacts: SPSO, Judges (County & Board),	Other counties, legislators	
Make business plan	Strategy meeting with CEO of Coastal Plains	Identify other communities doing this		
Identify funding	Attend meetings – Melanie Cooper		Write a grant proposal - Melanie	Submit for 2025 budget
Train personnel			Write job descriptions – Norma @ HR	Train the court staff

NOTES:

Introduce idea: Judges Diaz, Whatley, Wellborn, Krebs; Chief Rodriguez, clinic directors, Rudy Guzman, Andrew Palacios / Stan, James Gardner. What is a specialty court? Is there a curriculum defendants use in specialty court?

Business plan: Family drug court exists in Nueces County. Surrounding nonprofit agencies to form a family drug court coalition for added support. Best place to start: specialized dockets. Need buy-in and agreement from judges. Will this be felony and misdemeanor? Include youth / juvenile. Clerk’s office should be involved. Specialized courts would be dictated by legislature and supported by the Office of Court Administration.

Identify funding: Grant proposal for a judge, coordinator, court reporter, 1-2 service providers / case workers, materials, transportation. Include grant writer in meetings from the first meeting. Beware if goes regional: what are the logistics? (i.e. who is governing county will determine who applies for grant).

Train personnel: If SPC only this is OK. If regional, will need to determine logistics as to who will employ people, write job description, set pay rates.

PRIORITY 3: COMMUNITY AWARENESS AND EDUCATION

Participants (*=Champion): Christy Generali*, Tina Martinez*, Debra Saenz*, Isaac Lopez, Sergio Mandujano*, Sylvia Castillo, Sierra Zavala, Virginia Lopez, Eloisa Castillo, Tom Yardley, Fatima Henriquez, Tina Martinez, Jason Woods*, Jimmie Alaniz*, Cecelia Medrano, Mary Ann Farias, Marissa Rosales, Krystal Hild, Ben Damian, Annette Quam, Vincent Klus

Next Meeting: June 9 at 9am, Probation Office, 404 W. Market, Sinton

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Quarterly mental health fair	Get literature in public facilities (digital & hard copy)	Inaugural mental health fair		Annual fair?
Resource guide / Hard copy & digital literature	Resource gathering – specialty breakdown by need. County website.	Coordinate with Coastal Plains. Release draft / funding for booklets to be issued <ul style="list-style-type: none"> Sponsors for booklets; funding within community County dollars 	Compile – update resources, finalize edits	Distribute – make booklets easily accessible to community and revisit/update resources
Training	Reaching out (initial pitch); coordinate a date	Full staff trained	Continuation of training for agencies	MH education is strong within the community; refresher
Job retention	Partner with Workforce Solutions			

NOTES (by objective):
Mental health fair: Literature should be bilingual. Table at Docket Days. Certified peers at docket. UniteUS. Collaborate with health fairs (e.g. diabetes awareness). Bring all agencies (WIC/free cell phones). Coordinate with National Night Out. Invite schools. Coordinate with Health Dept; rotate services (e.g. Coastal Plains, Council on Drug & Alcohol Abuse). Community awareness coalition formed by local nonprofits; mini info sessions at locations in town that need it. Survey the community – what are their specific needs? Pull data from survey to know where mini info sessions should happen.
Resource guide: Web-based referral directory and collaboration portal (i.e. Charity Tracker). What resources for printing? Google Doc. Create page on County website. Facebook page. Local resources, upcoming events, community suggestions for forum.
Training: Stigma reduction. Train staff on trauma-informed service delivery. Military veterans peer network (MVPN) – suicide prevention. J.P. offices. Mental Health First Aid.

PRIORITY 4: TRANSPORTATION AND ENHANCING ACCESS TO SERVICES

Participants (*=Champion): Kalynn Thompson*, Debra Sanders*, Donnie Sue Riojas, Robert Reyna Jr., Krystal Hild, Anna Madrigal, Ben Damian, Amy Piña, Bea Miller, Joe Phillips, Cecelia Medrano

Next Meeting: May 10 at 1pm via Zoom

Objective	Action Steps (with person assigned)		
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)
RTA route in San Patricio County	<ul style="list-style-type: none"> Meet with RTA to learn details of current service & future plans – Robert, Donnie (if Zoom) Talk with REAL about current service - Donnie 	Talk to key businesses, industries, hospitals, etc. to get support	
Seek funding for vehicle / volunteers / driver	<ul style="list-style-type: none"> Reach out to Feonix Mobility about partnering on grant; learn about their services - Amy 		
Share info about transportation to medical appointments	<ul style="list-style-type: none"> Gather info about REAL / Community Action – Donnie Gather info about Medicaid-funded Uber - Ben 	Make a summary of information	
Access to broadband & devices (for telemedicine)	<ul style="list-style-type: none"> Publicize access through libraries Explore places to charge devices (possible related to Emergency Management Center) 		

NOTES (by objective):
RTA Route: Need rides to all parts of county. This is a service for people not in crisis.
Vehicle & Volunteers: Liability concerns with volunteer drivers? In the Valley, a county bought a van; what was the liability? The VA provides transportation via Uber to probation. Not sure if this includes cab agencies (like in Aransas Pass)
Transport to Medical Appts: Feonix will wait if people just need to sign a form. Medicaid will reimburse friends/family.
General: Places to send info: 211, Area Agency on Aging, UniteUS, Constable’s Office. What do surrounding counties do? Do a flyer, link to webpage?

RECOMMENDATIONS

The following recommendations have been developed in response to the SIM Mapping workshop discussion and the group's identified priorities and action plans. The action plans developed at the workshop are included in the Action Plan section and should be considered as recommendations to move forward regardless of whether they are included in the recommendations below. We encourage stakeholders to review and prioritize recommendations and SIM Mapping action plans according to aligned interests and current county priorities.

The following recommendations are intended to be suggestive, rather than prescriptive, of how to approach identified issues. Most recommendations include references to websites, articles, and documents. Inclusion in this report is not endorsement from JCMH, but is intended to help direct readers to self-explore and determine actions regarding gaps in their system.

RECOMMENDATION 1: STAKEHOLDER PLANNING GROUP

Formalize continued collaboration by creating a Behavioral Health Leadership Team to facilitate and guide countywide criminal justice and behavioral health cross-systems stakeholder planning.

There is a need for ongoing dialogue, joint planning, and assigned leadership to carry the community's goals forward. To be effective, a leadership team should include representation across sectors including behavioral health, the judiciary, defense attorneys, and law enforcement.

Many counties have task forces or leadership groups with varying priorities, including:

- Williamson County – [Healthy Williamson County](#)
- Grayson County – [Texoma Behavioral Health Leadership Team](#)
- Hidalgo County – [Hidalgo County Mental Health Coalition](#)
- Cameron County – [Cameron County Mental Health Task Force](#)

The Behavioral Health Leadership Team should consider taking the lead on the following projects:

- **Countywide Mental Health Awareness and Education.** The Leadership Team can plan annual community behavioral health conferences and other trainings that promote behavioral health awareness, access to resources, and local initiatives that improve the administration of justice for persons with mental illness, IDD, or substance use disorders.

One of the key priorities to arise from the SIM mapping Workshop was to do regular mental health awareness and education within the community.

- **Diversion Process Education.** As has been done at other times, the Leadership Team can work together to clarify the jail diversion process, create illustrative handouts, and educate prosecutors and defense attorneys on the process. The training can be adapted for other stakeholders and the general public.
- **Utilize National Resources.** NCSC’s National Judicial [Task Force to Examine State Courts’ Response to Mental Illness](#) develops tools, resources, best practices, and policy recommendations for the state courts. The Leadership Team has several resources that can be implemented locally, including the recently released set of [Juvenile Justice Mental Health Diversion Guidelines and Principles](#) created to assist courts and service providers in addressing the growing mental health crisis.
- **Grant Writing.** The Leadership Team can invest in training selected individuals to learn effective grant writing skills. See [grant writing](#) resources in the appendices for information on grant writing educational opportunities.
- **Review Cross-Systems Processes.** Challenges often arise in cross-systems processes. The Leadership Team can review these processes and make recommendations for improvements to streamline and maximize efficiency within these procedures.

RECOMMENDATION 2: DEVELOP DIVERSION OPTIONS

Establish a physical location or unit to provide an alternative to jail for individuals in a behavioral health crisis who need more support than is available in the community.

For individuals in mental health crisis, HHSC outlines [four types of options](#), including:

- Crisis Respite Units – individuals at low risk of harm; stays can be up to 7 days
- Crisis Residential Units – individuals needing minimal supervision; provides a home-like environment but not permanent housing
- Extended Observation Units – individuals at high risk to self or others; up to 48-hour stays, as opposed to standard 23-hour observation units
- Crisis Stabilization Units – individuals at high risk of psychiatric hospitalization; up to 14-day stays

One example is the [Judge Guy Herman Center](#) operated by Austin/Travis County Integral Care, which offers crisis stabilization and observation, recognizing that most mental health crises

resolve within 48 hours. Similarly, the [Center for Health Care Services](#) in San Antonio offers 24-hour assessment and intervention, including extended observation, in its Crisis Care Center. These are just some examples.

For intoxicated individuals at risk of arrest, sobering centers provide a safe environment in which to become sober and, ideally, link to substance use services. In some settings, such as the [Sobering Center](#) in Travis County, the staff may assist the individual to find an appropriate detox center. Some centers allow the individual to remain until a detox bed becomes available. In these cases, the center coordinates with its medical director, and occasionally may be authorized to provide detox medications. Sobering centers can also innovate, providing safe sobering for individuals intoxicated on substances other than alcohol. For instance, the Austin/Travis County Sobering Center created a stimulant sobering room, which is geared toward helping individuals safely come down from stimulants.

Another example is Dallas County's recently opened [Dallas Deflects](#) program center. The program is intended to stop the cycle of arrests, detentions, hospitalizations, and homelessness for people with mental illness and co-occurring substance use disorders. The program is an alternative to arresting individuals living with mental illness who are charged with certain low-level, non-violent misdemeanor offenses. Law enforcement is able to take eligible individuals to the center as an alternative to jail.

Additionally, San Patricio County may look at less costly, yet effective ways to address behavior related to substance use and mental health. For instance, King County in Washington is well known for its unique approach to problematic drug use. Rather than arrest individuals for lower-level offenses such as possession, the community refers these individuals to outreach and harm reduction services, where they can receive assessment, help with basic needs, and navigation to recovery. The program is called [Law Enforcement Assisted Diversion \(LEAD\)](#), and the impact of this program, including its effect on recidivism and client outcomes, has been [thoroughly evaluated](#) and proven to be effective.

RECOMMENDATION 3: SPECIALIZED CRIMINAL DEFENSE COMMUNITY

Establish a robust criminal defense community with specialized knowledge of mental health laws and applicable defense practices.

There are several ways to increase the San Patricio County defense bar's knowledge of mental health laws. One quick-fix recommendation is a focused education and training campaign. A long-

term recommendation is to establish a Mental Health Public Defender’s Office (PDO) or Managed Assigned Counsel (MAC) System. These recommendations include utilizing help from the [Texas Indigent Defense Commission](#) (TIDC) and other agencies.

TIDC safeguards liberty by ensuring that Texas and its 254 counties provide the right to counsel guaranteed by the United States and Texas Constitutions. TIDC’s work takes three main forms: funding, oversight, and improvement. At each intercept of the criminal justice system, defense counsel can support efforts to identify people with mental illness and divert them appropriately. Mental health defender teams include attorneys, social workers, investigators, and support staff who specialize in representing defendants with mental illness or intellectual disabilities. This specialty team approach results in better, more efficient representation, better case outcomes, and improved efficiency of courts and case processing. A more robust and team-based representation can reduce jail populations by ensuring that defendants are promptly appointed counsel, with specialized knowledge in mental health laws, and can improve medication compliance and reduce decompensation. Defense counsel can play a key role in developing treatment plans and advocating for earlier release from jail. Defense counsel can also help reduce unnecessary competency evaluations and help reduce recidivism.

Education and Training Campaign. San Patricio County should identify a group of local defense attorneys who can be champions for initiating an education and training campaign among the local defense bar association. These champions can utilize the assistance of [TIDC](#), [JCMH](#), [TCDLA](#), or other entities to develop curriculum for local defense attorneys and to identify the best methods for implementing education and training among the local defense bar. Training should cover several topics regarding mental health laws, including early identification ([16.22](#)), transfer and dismissal ([16.22\(c\)\(5\)](#)), mental health bond conditions ([17.032](#)), competency restoration ([46B](#)), information sharing (HIPAA & [HSC Chapter 611](#)), and resources available from the local mental health authority ([Coastal Plains Community Center](#)).

In addition to training on mental health laws, the local defense bar can learn how to fully and skillfully incorporate the principles of [Holistic Defense](#) and how to effectively use social workers in criminal defense. The [Bronx Defenders](#) is a public defender nonprofit that pioneered a groundbreaking, nationally recognized model of defense that achieves better outcomes for defendants. The Bronx Defenders’ [Center for Holistic Defense](#) provides technical assistance and training to public defender organizations and individual practitioners and currently provides assistance in 38 states, including Texas.

The local defense bar can play an integral role in enhancing San Patricio County’s justice system by addressing the circumstances driving people into the criminal justice system and the consequences of that involvement. A [Harvard Law Review article](#) evaluated the holistic defense model and determined the impact of the program included a reduction in the likelihood of custodial sentences by 16% and expected sentence length by 24%.

There are four pillars at the core of holistic defense:

- Seamless access to services that meet legal and social support needs.
- Dynamic, interdisciplinary communication.
- Advocates with an interdisciplinary skillset.
- A robust understanding of, and connection to, the community served.

Several counties across Texas have begun to incorporate these principles into their local defense organizations, including:

- [Harris County](#)
- [Bexar County](#)
- [Travis County](#)

Many counties offer incentives for defense attorneys to seek training and specialization in mental health laws by offering additional compensation for court appointment cases to attorneys with specialized training or creating a special “wheel” full of attorneys specializing in mental health laws who can be appointed to cases with a defendant identified as having a mental illness. [Williamson County](#) is an example of a county with an indigent defense plan that incorporates special qualifications for a mental health wheel.

Mental Health Public Defender Office or Managed Assigned Counsel System. The Texas Indigent Defense Commission [funds public defense](#) in three forms: Improvement Grants, Formula Grants, and Innocence Projects. Improvement Grants help counties develop new programs or processes to improve indigent defense. These grants are competitive, dependent on available funding, and usually require county matching funds. Funding priorities include new [public defender offices](#), new managed assigned counsel systems, mental health or other specialty defender offices, and indigent defense coordinators.

- A [Managed Assigned Counsel \(MAC\)](#) is a governmental entity, nonprofit corporation, or bar association operating under a written agreement with a county for the purpose of appointing counsel to indigent defendants. As of 2017, three counties use this model: Collin, Lubbock, and Travis.

- A [Public Defender Office \(PDO\)](#) is a government entity or nonprofit corporation that operates underwritten agreement with a county rather than an individual judge or court or uses public funds and provides legal representation and services to indigent defendants accused of a crime.

Currently, the San Patricio County Pretrial Services Department of the Community Supervision and Corrections Department manages the indigent defense appointment process. Attorneys are appointed on a wheel system. Pretrial Services meets with individuals in the jail every week and they select the defense attorney on the appropriate wheel depending on the court and level of charge (misdemeanor or felony). There is no specialized process when the individual has a mental illness, but Pretrial Services Officers communicate with appointed counsel to make sure they are aware of the mental health challenges.

San Patricio County would benefit from implementing a mental health MAC or PDO model, or at the very least to have contracts with attorneys who have specialized mental health law knowledge and training.

RECOMMENDATION 4: STREAMLINE MAGISTRATION AND FORMALIZE 16.22 PROCESS

Streamline the magistration process by establishing central magistration, or other changes in the process, and formalize a 16.22 process.

In recent years, several key Texas jurisdictions have reformed their magistration procedures to centralize the process and seek more uniform and equitable results. Some of these changes were driven by [litigation](#) and others by [analysis](#) and advocacy. While the full scope of these comprehensive reforms is beyond the scope of this recommendation, the consolidation and centralization of magistration has significant implications for the diversion of individuals with behavioral health challenges.

When an individual under arrest for a criminal offense first appears in a court of law, the magistrate interacts with the defendant, informing them of the charges, advising them of their rights, appointing counsel, if the defendant is indigent, and receiving a plea. At this hearing (the arraignment), the judge or magistrate will also determine the bond conditions, or the circumstances under which the individual may be released from jail pending prosecution. These interactions provide an early opportunity to identify whether the individual may be experiencing

significant behavioral health challenges, to quickly appoint counsel, and to tailor bond conditions to ensure engagement with appropriate services. And for jurisdictions with an [Indigent Defense Coordinator](#), the IDC can provide helpful insight in following appropriate procedures for defendants who may have behavioral health challenges (the Texas Indigent Defense Commission provides [grant funding](#) to create an IDC position).

The magistrate can ensure the Continuity of Care Query has been performed to identify any recent experience with the local mental health authority. The magistrate is charged with following the procedures in the [Code of Criminal Procedure art. 16.22](#) and, when appropriate, to order an expert to interview the defendant to identify possible mental illness or intellectual disability. Once the expert's report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued. The magistrate may also release the individual pursuant to [CCP 17.032](#) under the conditions of a mental health bond.

Centralized magistration, in which cases go through a single court rather than being widely distributed throughout the county, can ensure that the presiding judge or magistrate frequently oversees similar proceedings and is deeply familiar with the procedures and range of diversion options available for individuals with significant behavioral health challenges. Sufficient training and experience are particularly important in light of [new legislation](#) changing magistration procedures and reporting requirements statewide.

RECOMMENDATION 5: EFFICIENT AND EFFECTIVE USE OF DATA

At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.

Across Texas and across the nation, too little data is collected and too much of what is collected is not utilized. Measures for Justice, a nationally recognized nonprofit organization designed to gather criminal justice system data from every county across the U.S., released a report in 2021 articulating [The Power and Problem of Criminal Justice Data](#) after reviewing data collection processes in twenty states. The lack of data or the ability to analyze the data limits the ability to make informed decisions about policy or to garner public trust in the system. Texas counties can capitalize on their data collection and improve the data collection process across the SIM by

taking several steps. [SAMHSA](#) has an article on [Data Collection Across the Sequential Intercept Model: Essential Measures](#) that contains insightful techniques that can be reviewed and implemented on a local level.

Dispatch centers should be trained to ask if the nature of the emergency call is police, fire, or mental health, regardless of the availability of a Crisis Intervention Team or co-responder team to respond. Law enforcement agencies can assign an incident number to every mental health call so that the calls can be tracked and analyzed for trends and patterns. This data can be used to secure grant funding for training and resources, as well as additional resources from the county.

There are several organizations that offer resources to assist with improving data collection, analysis, and creation of performance measures.

Stepping Up Initiative. The [Stepping Up Initiative](#) is strongly focused on the use of data to assist in lowering the numbers of people with mental illness in the jail. Counties can take advantage of the resources on the Stepping Up website to benefit their residents. Consider developing goals, such as: 1) Reducing the number of people with severe mental illness admitted to the county jail, 2) Reducing the length of stay for people with severe mental illness while in jail, 3) Increasing connections to community-based treatment and support upon release, and 4) Reducing their criminal recidivism. Specific goals will help clarify and direct what data should be collected and how to use that data to further the county's cross-systems efforts.

Bureau of Justice Assistance. The Bureau of Justice Assistance published [A Guide to Collecting Mental Health Court Outcome Data](#) in 2005 to help guide mental health court teams on collecting and using data. Outcome data can help courts demonstrate the purpose of the specialty court program and attract funding sources to expand and enhance the program. The [Center for Court Innovation](#) has a short document on [collecting data for drug courts](#).

Justice Counts. [Justice Counts](#) is a national program that reviews data from all fifty states then develops and builds consensus around a set of key criminal justice metrics that drive budget and policy decisions. The program also [creates a range of tools](#) and resources to help local communities to adopt new data metrics. The program provides technical assistance and funding to selected states.

Measures for Justice. [Measures for Justice](#) is a nonprofit organization that's mission is to make accurate criminal justice data available to spur reform. The organization offers [tools and services to communities](#), including general consulting.

RECOMMENDATION 6: EXPAND THE USE OF CERTIFIED PEERS AND FAMILY PARTNERS

Expand the use of certified peers at multiple points and intercepts.

People with lived experience of mental illness, substance use disorder, past trauma, and/or incarceration bring a unique perspective. Not only have they experienced behavioral health challenges that contributed to their intersect with the justice system, they also have been successful in their own recovery processes. Certified peers are trained to help other peers navigate their own paths to recovery and are equipped with a code of ethics that helps them work with other peers wherever they may be in their recovery journey. Each LMHA in Texas has peer support specialists on staff.

In Texas, there are three primary peer certifications, including Mental Health Peer Specialists, Recovery Support Peer Specialists, and Certified Family Partners (who work directly with family members of people with behavioral health challenges). People with lived experience of incarceration may also pursue additional certification as a Reentry Peer Specialist.

While certified peers are becoming more common within mental health authorities in Texas, they are less frequently utilized within the justice system. When they are utilized within courts, jails, probation departments, and in reentry programs, peers can make a real difference. According to a [Leadership Brief](#) of the National Judicial Task Force to Examine State Courts' Response to Mental Illness, peer specialists are involved in courts, jails, and reentry programming with the goals of:

- Providing person-centered, strength-based support to build recovery and resilience;
- Providing relationship-focused support and role-modeling based on lived experience;
- Advocating for the individual in stressful and urgent situations and in respect for their rights;
- Assisting individuals with understanding and navigating the justice system; and
- Supporting individuals to achieve their goals, live a self-directed life, and strive to reach their full potential.

There are national resources available to provide technical assistance regarding implementation of peer support specialists across the SIM, including:

- [Peer Experience: National Technical Assistance Center](#)
- [Peer Recovery Center for Excellence](#)

There are a number of specific ways peer specialists can work toward these goals throughout the criminal justice process. Policy Research Associates has detailed [meaningful roles for peer support across the full Sequential Intercept Model](#).

RECOMMENDATION 7: OUTPATIENT COMPETENCY RESTORATION

Create an outpatient competency restoration program administered by the local mental health authority.

Years after the 80th Texas Legislature explicitly authorized programs to restore criminal defendants to competency outside of a state hospital program, [18 outpatient competency restoration \(OCR\) programs](#) exist across Texas. Designed for individuals that present a low risk to public safety, these programs provide services and supports to improve an individual's competency to stand trial and enable the criminal justice process to move forward. The community-based setting encourages a person's ultimate reintegration into the community and provides significant cost savings over inpatient services.

The OCR programs ease pressure on county jails and state hospitals. At the end of 2022, [over 2,500 individuals](#) who were found incompetent to stand trial by a court remained in Texas county jails solely because of a lack of bed space in the state hospital system. Alternatives to lengthy wait times, which for some people total hundreds of days, are more supportive of individual wellbeing and greatly help with efficient management of county jails. Jail settings are challenging and sometimes dangerous settings for individuals in mental health crisis or with mental illness that is so poorly managed that the individual is legally incompetent.

The [Texas Health and Human Service Commission](#) encourages the establishment of OCR programs across the state, particularly in underserved rural areas, and offers grant funding to support these programs. The programs typically are operated by a local mental health authority and, depending on their configuration and focus, can provide services in settings including clinics, transitional houses, crisis respite facilities, and private homes.

APPENDICES

APPENDIX	TITLE
Appendix 1	Commonly Used Acronyms for San Patricio County
Appendix 2	General Resources
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Appendix 4	San Patricio County SIM Map
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Appendix 6	Workshop Agenda
Appendix 7	Community Self-Assessment
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APPENDIX 1 | COMMONLY USED ACRONYMS FOR SAN PATRICIO COUNTY

A&D – Apprehend & Detain	AOT – Assisted Outpatient Treatment	BJA – Bureau of Justice Assistance
CCO – San Patricio County Clerk’s Office	CCP – Code of Criminal Procedure	CCQ – Continuity of Care Query
CIT – Crisis Intervention Team	CIRT – Crisis Intervention Response Team	CSCD – Community Supervision and Corrections Department (“probation”)
D/M – Dismiss or Dismissal	HB – House Bill	HHSC – Health and Human Services Commission
ID – Intellectual Disability	JBCR – Jail Based Competency Restoration	JCMH – Judicial Commission on Mental Health
LE – Law Enforcement	LIDDA – Local IDD Authority	LMHA – Local Mental Health Authority
MAC – Managed Assigned Counsel Program	MH – Mental Health	MI – Mental Illness
MHC – Mental Health Court	MOU – Memorandum of Understanding	MSU – Maximum Security Unit
OCA – Office of Court Administration	OCR – Outpatient Competency Restoration	PC – Probable Cause
PD – Police Department	PDO – Public Defender’s Office	PTI – Pretrial Intervention
SAMHSA – Substance Abuse & Mental Health Services Administration	San Patricio CDAO – San Patricio County District Attorney’s Office	San Patricio CDC – San Patricio County District Clerk
San Patricio CSO – San Patricio County Sheriff’s Office	San Patricio PH – San Patricio Public Health	SB – Senate Bill
SH – State Hospital	SIM – Sequential Intercept Model	TASC – Texas Association of Specialty Courts
TCIC – Texas Crime Information Center	TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TLETS – Texas Law Enforcement Telecommunications System

APPENDIX 2 | GENERAL RESOURCES

FUNDING RESOURCES

Council of State Governments Justice Center

<https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/>

DOJ Office of Justice Programs

<https://www.ojp.gov/funding/explore/current-funding-opportunities>

Humanities Texas

<https://www.humanitiestexas.org/grants/apply>

The Meadows Foundation

<https://www.mfi.org/>

Office of the Texas Governor

<https://gov.texas.gov/organization/financial-services/grants>

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/grants>

Texas Health & Human Services Commission

<https://www.hhs.texas.gov/business/grants>

Texas Indigent Defense Commission

<http://www.tidc.texas.gov/funding/>

U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments

<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments>

U.S. Grants

<https://www.usgrants.org/texas/personal-grants>

GRANT WRITING RESOURCES

Grants.gov

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

HHSC Funding Information Center

<https://www.dshs.texas.gov/fic/gwriting.shtm>

Nonprofit Guides

<http://www.npguides.org/index.html>

Nonprofit Ready

<https://www.nonprofitready.org/grant-writing-classes>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/training-grant.html>

University of Texas Grants Resource Center

<https://diversity.utexas.edu/tgrc/>

MENTAL HEALTH COURT PROGRAM RESOURCES

Council of State Governments Justice Center –
*Developing a Mental Health Court: An
Interdisciplinary Curriculum*

<https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf>

Council of State Governments Justice Center –
*A Guide to Collecting Mental Health Court
Outcome Data*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/MHC-Outcome-Data.pdf>

Council of State Governments Justice Center –
*A Guide to Mental Health Court Design and
Implementation*

<https://csgjusticecenter.org/wp-content/uploads/2020/01/Guide-MHC-Design.pdf>

Council of State Governments Justice Center –
*Mental Health Courts: A Guide to Research-
Informed Policy and Practice*

https://bjao.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf

Council of State Governments Justice Center –
Mental Health Court Learning Modules

<https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/>

Judicial Commission on Mental Health: *10-Step
Guide*

<http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf>

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/mental-health-courts/>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/>

TECHNICAL ASSISTANCE RESOURCES

Activities of the Service Members, Veterans, and
Their Families Technical Assistance Center

<https://www.samhsa.gov/smvf-ta-center/activities>

Correctional Management Institute of Texas

<http://www.cmitonline.org/technical-assistance.html>

Doors to Wellbeing: National Consumer Technical Assistance Center

<https://www.doorstowellbeing.org/>

HHSC's Technical Assistance Center

Email: forensicedirector@hhs.texas.gov

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/>

Justice Center: The Council of State Governments

<https://csgjusticecenter.org/resources/justice-mh-partnerships-support-center/>

National Center for State Courts

<https://www.ncsc.org/services-and-experts/areas-of-expertise/access-to-justice/tech-assistance>

National Family Support Technical Assistance Center

<https://www.nfstac.org/request-ta>

National Mental Health Consumers' Self-Help Clearinghouse

<https://www.mhselfhelp.org/technical-assistance>

National Training & Technical Assistance Center for Child, Youth, & Family Mental Health

<https://nttamentalhealth.org/trainings-ta/>

NPC Research

<https://npcresearch.com/services-expertise/technical-assistance-and-consultation/>

Opioid Response Network

<https://opioidresponsenetwork.org/>

Technical Assistance Collaborative

<https://www.tacinc.org/what-we-do/customized-ta-training/>

Texas Specialty Court Resource Center

http://www.txspecialtycourts.org/tta_bureau.html



Continued from Previous Page

Magistrate Receives Report from MH Provider

Magistrate gives report to stakeholders

16.22(b-1)

Clerk required to document the number of 16.22 reports completed on Judicial Monthly Court Activity Report to OCA. 16.22(e) & Tex. Admin Code Ch. 171

County / District Clerk

County Specific Notes

Trial Court

County Specific Notes

Prosecutor

County Specific Notes

Defense Attorney

County Specific Notes

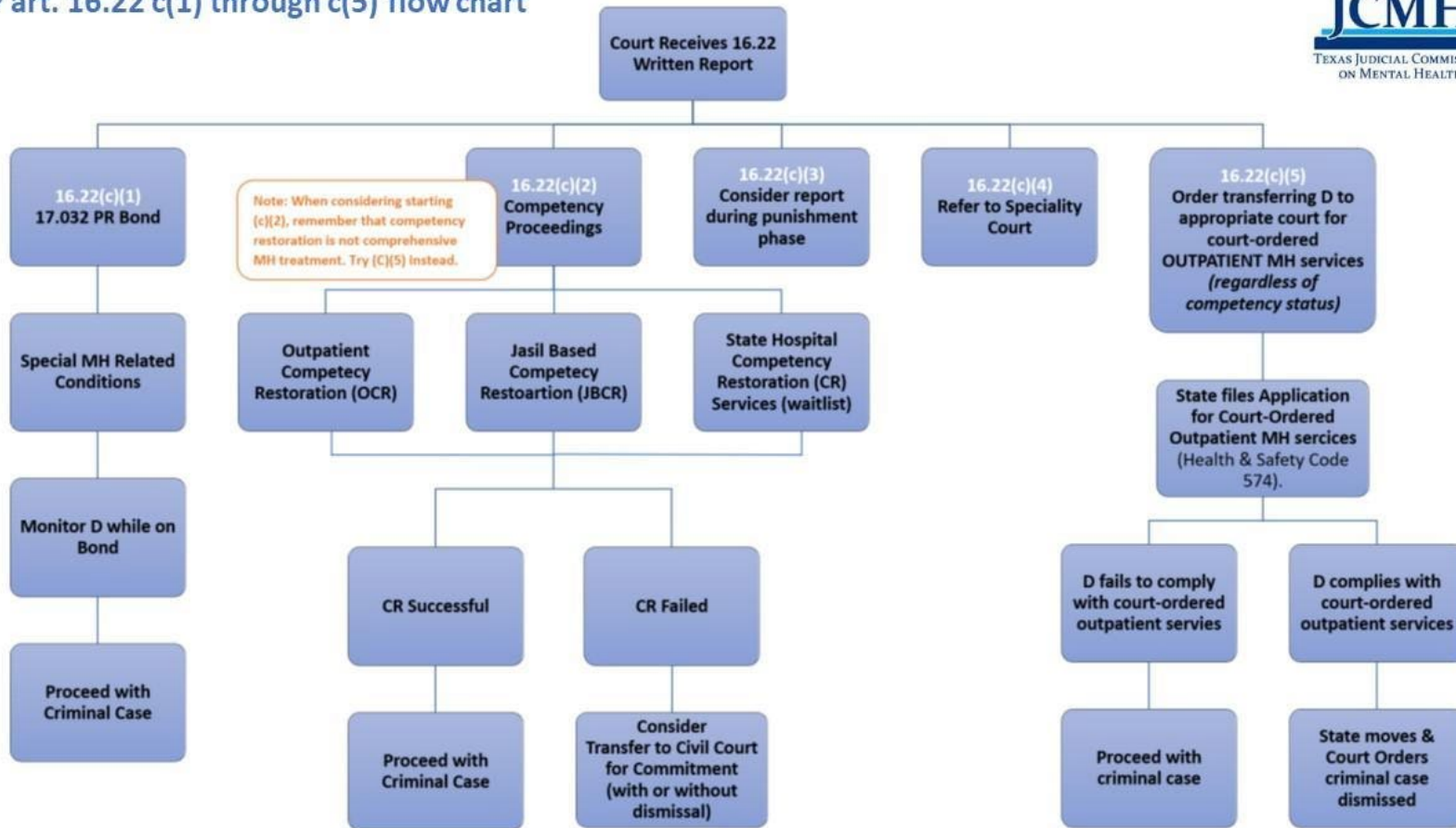
Sheriff (jail med records)

County Specific Notes

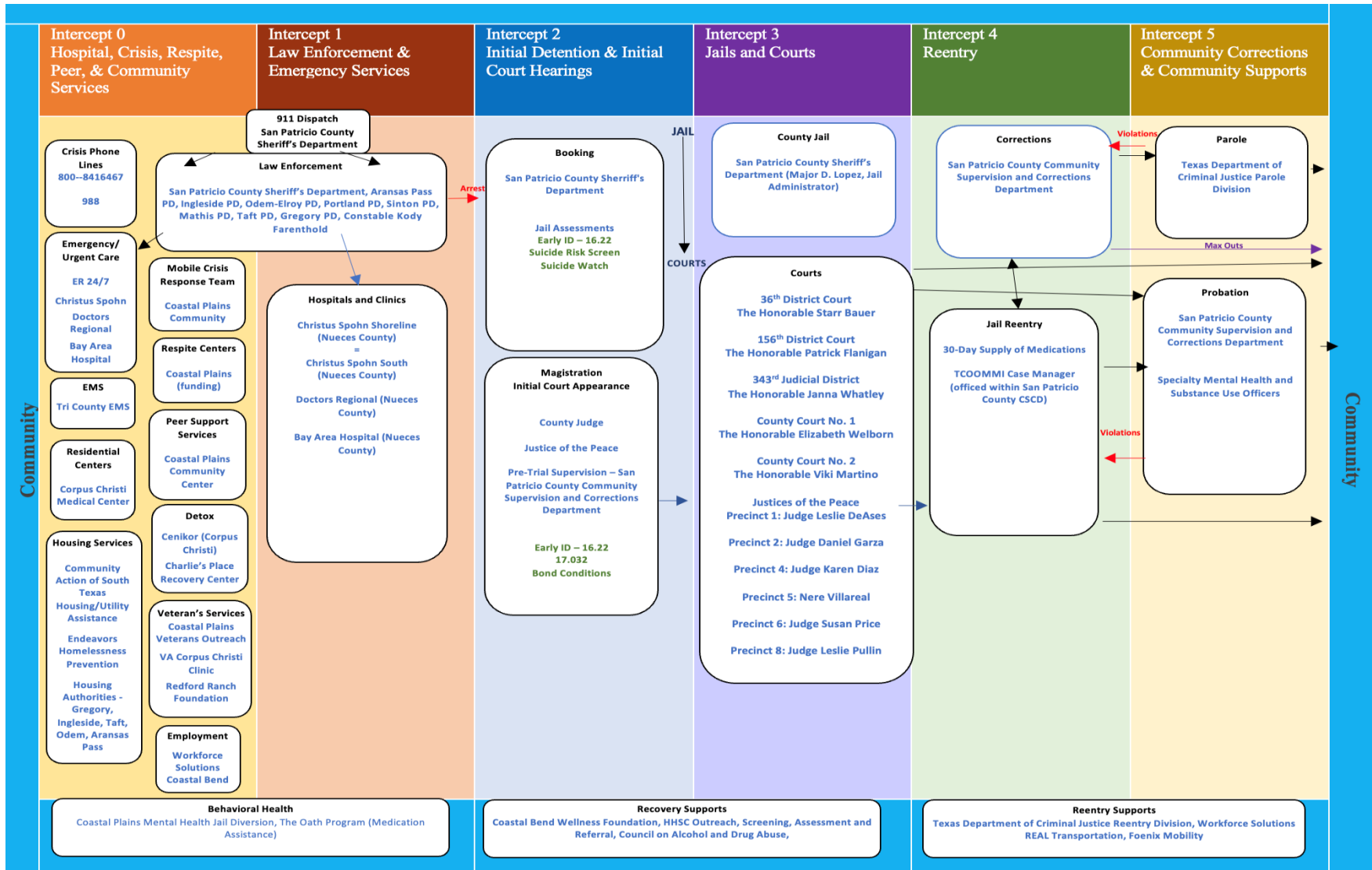
Personal bond office / Pretrial

County Specific Notes

CCP art. 16.22 c(1) through c(5) flow chart



APPENDIX 4 | SAN PATRICIO COUNTY SIM MAP



APPENDIX 5 | PARTICIPANT LIST

First Name	Last Name	Role	Agency
Callie	Adkins		San Patricio Pre-Trial Services
Jimmie	Alaniz	Mental Health Probation	San Patricio CSCD
Gracie	Alaniz-Gonzalez	County Clerk	San Patricio County
Starr	Bauer	District Judge	36 th District Court
Kristina	Beard	Executive Director	Aransas Pass Housing Authority
Kalynn	Bennet	Community Relations Manager	Council on Alcohol and Drugs
Eric	Blanchard	Chief	Aransas Police Department
Brandon	Box	Deputy Sheriff	San Patricio Sheriff's Office
Ryan	Breaux		Ingleside Police Department
Crystal	Busby	San Patricio Resident	
Eloisa	Castillo		San Patricio Co. Indigent Healthcare
Sylvia	Castillo		Coastal Plains Community Center
Ben	Damian		Coastal Plains Community Center
Marion	Daughtry		Portland 24/7 ER
Jorge	De Los Santos	Clinic Director	Coastal Plains Community Center
Jasmine	De Paz - Marquez	Mental Health Officer	Coastal Plains Community Center
Leslie	DeAses	Judge	Precinct 1
Eugene	Deleon	Chief	Sinton Police Department
Hope	DeLeon	Justice of the Peace – Precinct 4	
Jorge	DeLosSantos		Coastal Plains Community Center
Karen	Diaz	Justice of the Peace – Precinct 4	San Patricio County
Stephanie	Diaz		Aransas Pass Police Department
Gwen	Duhart	Admin. Asst to the Commissioner	Precinct 2
Eila	Elizondo	Justice of the Peace – Precinct 4	San Patricio County
Fatimah	Enriquez		STFPHC/Family Planning
Kody	Fahrenthold	Constable	Precinct 6
Mary Ann	Farias		Sinton Housing Authority
Mary Ann	Gansle		Gulf Coast Psychology
James	Gardner	Prosecutor / Asst. County Attorney	San Patricio County
Toni	Gay	Admin Assistant	Sinton Housing Auth

Christy	Generali	Dispatch	Aransas Pass Police Department
Conrad	Guzman		Ingleside Police Department
Rudy	Guzman		SPC – Veterans Service
Fatima	Henriquez		South Texas Family Planning & Health
Marcus	Hernandez	Jail Captain	San Patricio County
Rudy	Hernandez		Mathis Housing Auth
Krystal	Hild	Executive Director	Gregory Housing Authority
Vincent	Klus	Veteran’s Outreach	
David	Krebs	County Judge	San Patricio County
Del	Lopez	Major	San Patricio County Jail
Isaac	Lopez	TCOOMMI	Coastal Plains Community Center
Virginia	Lopez	Outreach	San Patricio Co. Dept of Public Health
Steven	Macias	Mental Health Officer	Portland Police Department
Anna	Madrigal		Gregory Housing Authority
Sergio	Mandujano		Sinton Police Department
Heather	Marks	District Clerk	San Patricio County
Ernestina	Martinez		Sinton Housing Authority
Stephanie	McCoy	TCOOMMI	Coastal Plains Community Center
Cecelia	Medrano	Executive Director	Odem Housing Authority
Bea	Miller		SPC Substance Abuse / Restitution
Michaela	Miller		Coastal Plains Community Center
Gerardo	Ochoa	Chief	Odem Police Department
Ronnie	Owen	Lieutenant, Patrol Division	Portland Police Department
Joe	Phillips	TCOOMMI / Peer Support	Coastal Plains Community Center
Amy	Piña	Clinic Director	Coastal Plains Community Center
Brandi	Pogue	San Patricio Resident	
Leslie	Pullin	Judge	Precinct 8
Annette	Quam	Mental Health First Aid Coordinator	Coastal Plains Community Center
Adrienne	Reed	San Patricio Resident	
Robert	Reyna Jr.		Workforce Solutions
Jennifer	Richardson		SPC Veteran’s Services
Donnie	Riojas	Executive Director	Taft Housing Authority
Oscar	Rivera	Sheriff	San Patricio County
Adrian	Rodriquez	Chief Deputy to Sheriff	San Patricio County
Marissa	Rosales	Clerk	Mathis Housing Authority
Debra	Saenz	Marketing Development Director	Oceans Healthcare

Jorge	Sanchez	Director	Coastal Bend Regional
Debra	Sanders	Admin – Judge Krebs	San Patricio County
Kalynn	Thompson		Council on Alcohol + Drug Abuse - CB
Gracie	Torres		Linebarger, Goggan, Sampson & Blair
Leo	Trejo	Chief Executive Officer	Coastal Plains Community Center
Austin	Tucker	Sheriff Deputy Detective	San Patricio County
Nere	Villareal	San Patricio Resident	
Elizabeth	Welborn	Judge	County Court at Law
Jason	Woods	Director	SPC – Adult Probation
Tom	Yardley	Commissioner	Precinct 2
Sierra	Zavala	Outreach	Coastal Plains Community Center
Molly	Davis	Staff Attorney	Judicial Commission on Mental Health
Lynda	Frost	Facilitator	Lynfro Consulting
Rose	McBride	Communications Manager	Judicial Commission on Mental Health
Doug	Smith	Facilitator	D-Degree Coaching & Training

APPENDIX 6 | WORKSHOP AGENDA

Sequential Intercept Model Mapping Workshop

San Patricio County

April 27 - 28, 2023

Sinton Fairgrounds 219 W. 5th St, Sinton, TX

Purpose and Goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services

AGENDA – Day 1

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Judge Karen Diaz Leo Trejo, CEO, Coastal Plains MHMR	Welcome & Community Goals
9:10 am	Overview of Judicial Commission Molly Davis	
9:15 am	Orienting to This Work Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:45 am	Overview of SIM Mapping Doug Smith <ul style="list-style-type: none"> • Adrienne Reed • Brandie Pogue • Crystal Busby 	Overview of Model Importance of Lived Experience
10:30 am	Break	
10:45 am	SIM Mapping Lynda Frost <ul style="list-style-type: none"> • Jorge Delossantos Coastal Plains, • Constable Kody Farenthold 	Intercepts 0-1 Examining the Gaps & Opportunities Creating a Local Map

11:50 am	Lunch	Provided by Linebarger, Gogan, Blair & Sampson Attorneys at Law
12:30 pm	SIM Mapping Lynda Frost Doug Smith <ul style="list-style-type: none"> • Judge Elizabeth Welborn • Jason Woods/Callie Adkins • Captain Marcus Hernandez 	Intercepts 2-3 Reflecting on Our Progress Examining the Gaps & Opportunities Creating a Local Map
1:45 pm	Break	
2:00 pm	SIM Mapping Doug Smith <ul style="list-style-type: none"> • Joe Phillips • Stephanie McCoy • Jimmy Alaniz 	Intercepts 4-5 Examining the Gaps & Opportunities Creating a Local Map
3:05 pm	Break	
3:20 pm	Establishing Priorities Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
4:20 pm	Wrap Up Doug Smith Judge Karen Diaz	Preview Next Day

AGENDA – Day 2

8:30 am	Registration & Networking	
9:00 am	Opening Remarks	Welcome Back!
9:10 am	Preview & Review Doug Smith	Review Day #1 Accomplishments Preview of Day #2 Local County Priorities
9:25 am	Action Planning Lynda Frost	Group Work Presentation to Full Group
10:45 am	Break	
11:00 am	Refining the Action Plan Doug Smith	Gallery Walk Group Work
12:00 pm	Next Steps & Summary Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
12:20 pm	Closing Lynda Frost Judge Diaz	

APPENDIX 7 | KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, <i>TEXAS MENTAL HEALTH AND INTELLECTUAL DISABILITIES LAW BENCH BOOK</i> (3d Ed. 2021-2022), http://benchbook.texasicmh.gov/ .
2	NATIONAL CENTER FOR STATE COURTS, FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT’S RESPONSE 19 (2018), https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf . See also, https://www.ncsc.org/behavioralhealth .
3	POLICY RESEARCH ASSOCIATES, THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP), https://express.adobe.com/page/dSrgsE34zlea9/ . See also, https://www.prainc.com/sim/ .
4	SAMHSA GAINS CENTER, DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, <i>Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness</i> , 57 PSYCH. SERVICES 544, 544-49 (2006), https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544 . The SIM in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.