

Sequential Intercept Model Mapping Workshop

Report for: Fannin County



Prepared by:

The Texas Justice Court Training Center



In Collaboration with:

The Texas Judicial Commission on
Mental Health

Sequential Intercept Model Mapping

Report for Fannin County, TX



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The Texas Justice Court Training Center (TJCTC) is an educational endeavor of the Justices of the Peace and Constables Association and affiliated with Texas State University. Funded by a generous grant from the Texas Court of Criminal Appeals, TJCTC provides education to justice courts and constable offices throughout Texas.

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.

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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>.

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

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About Fannin County

Much has been written about the crisis facing rural Texas (and really all of Texas and the United States) regarding mental health. Throughout this report, you will see outlined where resources are lacking, where stakeholders are overworked, and where people with mental illness may fall through the cracks in the current system.

However, we hope that you see something else as well. We certainly did during our time in Fannin County.

The greatest strength that Fannin County showed as they entered into the mapping process was a deep commitment that all stakeholders who participated – social workers, healthcare workers, judges, law enforcement officers, community members – have for their community.

Improving systems and institutions is vitally important, and we believe Fannin County will be successful because of their deep commitment to their community. Legendary former Speaker of the United States House of Representatives Sam Rayburn, perhaps the most famous Fannin County resident once said, “Do not wait for extraordinary circumstances to do good action; try to use ordinary situations.” The people of Fannin County aren’t waiting for the perfect opportunity, they are already taking action.

How to Use This Report

This report will hopefully serve three main purposes.

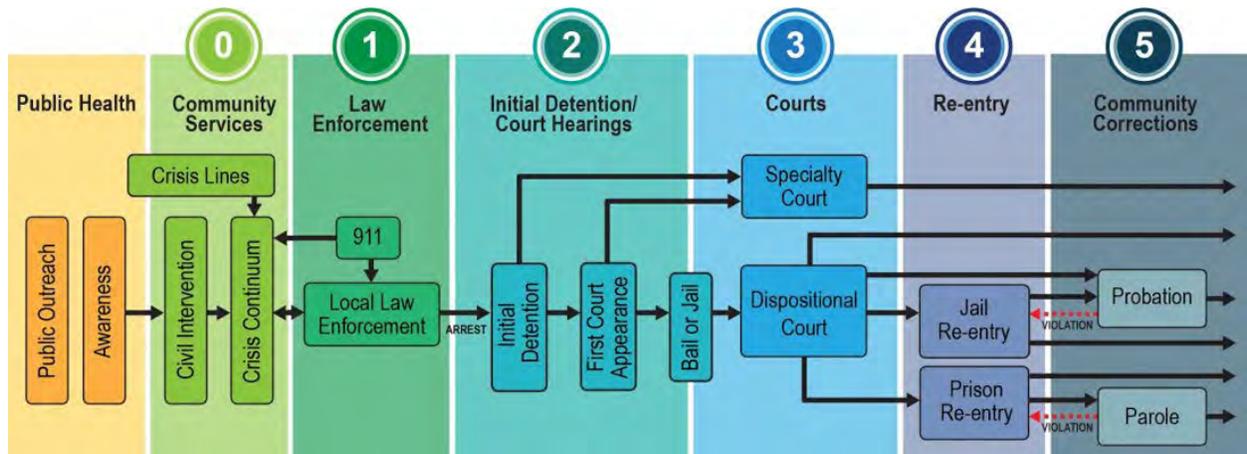
First, we have strived to make it a compendium of the current practices of Fannin County, regarding persons experiencing mental illness and the criminal justice system. (i.e. the map!) Knowing the available resources and what procedures are currently followed is the first step in addressing any gaps.

Second, this report is a compilation of the workshop’s goals and action plans, created by Fannin County stakeholders themselves. We hope that this report will serve as a history of these plans so they may be put into action.

Finally, this report contains data and research about Fannin County and about best practices throughout the state that will hopefully be helpful to the local stakeholders when applying for grants or brainstorming future plans.

Hopefully, the report will serve as a launching pad for the county to try innovative strategies in rural Texas.

What is the Sequential Intercept Model?



People move through the criminal justice system in predictable ways. The Sequential Intercept Model is a framework that was developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) GAINS Center. People with mental illness may come into contact with the criminal justice system during a crisis or if they commit crimes. The SIM model identifies key points at which persons with serious mental illness and co-occurring substance use disorders can be “intercepted.” Communities use the model to assess available resources, determine gaps in services, and plan for change.

A Sequential Intercept Model (SIM) 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.

What do we look for at each intercept?

The goal of a SIM workshop is to create a Sequential Intercept Model map. The map illustrates what current resources and gaps Fannin County has at each intercept.

Making a SIM map is fundamental; the criminal justice system and behavioral health services are always changing so getting a snapshot of the processes in Fannin County at the time of the mapping is an important starting point.

The map includes:

- A current snapshot of the processes in Fannin County;
- A list of resources at each intercept;
- And a list of identified gaps at each intercept.

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

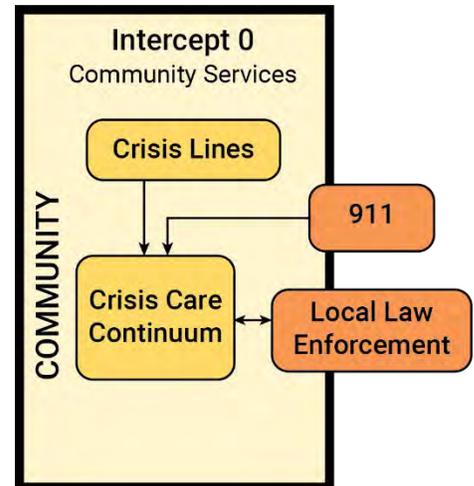
- Rebuild the Fannin County networks so we know whom to reach out to in behavioral health and courts;
- Build on the resource guide for mental health crises and market it's availability to both the public and stakeholders;
- Identify small, measurable steps for improvement.

The next portion of the report will define each intercept, list the resources available in Fannin County for that intercept, and identify the gaps and opportunities at the intercept.

Intercept 0 Definition

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.

For best practices at Intercept 0, see [appendix](#).



What Intercept 0 Looks Like in Fannin County

Who can people call if they or someone they know is experiencing a crisis?

Crisis Lines – If someone in a crisis calls a crisis line, they have several options:

- 877-277-2226 – Texoma Community Center (TCC) crisis line.
 - During the day, TCC answer the crisis line; from 5:00 p.m. – 7:00 a.m. the calls are forwarded to a call center in Corpus Christi.
 - There are approximately 350 calls a month with 200 activations in a month.
- 988 – National suicide and crisis lifeline.
 - Currently, this is not connected to Fannin County or TCC. However, Texas Health and Human Services (HHS) is hoping to roll out connections between 988 and local mental health authorities in the Summer of 2023.
- 903-583-7000 – Fannin County Family Crisis Center
 - This is a 24/7 hotline for victims of family violence. It is not connected to TCC services.
- 1-800-273-8255 – Veterans Crisis Line
 - This is a 24/7 hotline for veterans. It is not connected to TCC services.
- 866-488-7386 or text START to 678-678 – Trevor Project
 - This is a 24/7 hotline for LGBTQ+ young people. It is not connected to TCC services.

What crisis facilities are available?

Crisis Care Continuum Options

- [Texoma Community Center](#) (TCC) serves three counties (Fannin, Grayson, and Cooke) with five crisis workers on call. TCC meets with people between 7:30 a.m. and 5 p.m. Monday through Friday. In addition, TCC holds group counseling and programs until 7:30 pm many evenings. They also have a 24/7 crisis line available.

- [Lakes Behavioral](#) provides substance abuse treatment and counseling in the Fannin County area in addition to other mental health services. They have locations in Bonham, Sherman, Paris, Greenville, Sulphur Springs, Mt. Pleasant, and Terrell.
- [Serenco Wellness Center](#) provides substance abuse treatment and counseling in the Fannin County area in addition to other mental health services. They have locations in Bonham and Frisco.

Hospitals

- Private Hospitals
 - [TMC Bonham Hospital](#)
 - [Carrus Behavioral Hospital](#) – *located in Sherman*
- Terrell State Hospital – *limited availability*
- Dallas-Ft Worth area hospitals as back-up options
- [Dallas VA Medical Center](#)

Intercept 0 Resources in Fannin County

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.

- [Aging & Disability Resource Center of Texoma \(ADRC\)](#)
 - Family Services
 - Food and housing assistance
 - Located in Sherman
- [Be Well, Texas](#)
 - Outpatient treatment for substance use disorders
 - Virtual visits available
 - Available to all Texans, regardless of ability to pay
- [Celebrate Recovery at Calvary Baptist Church](#)
 - 12-step recovery program
- [Child and Family Guidance Center of Texoma](#)
 - Therapy, family/parent education services, psychological testing
 - Located in Sherman
- [Fannin Behavioral Health Leadership Team](#)
 - Manages [HelpingFannin.org](#)
- [Fannin County Children’s Center](#)
 - Advocacy, counseling forensic interviews, court accompaniment, and case tracking.
- [Fannin County Community Ministries](#)
 - Food pantry
- Fannin County Community Resource Coordination Group (CRCG)

- Assists families and children with complex needs to identify community resources.
- 903-486-9233
- More information on the [Texas Health and Human Services Website](#).
- [Fannin County Family Crisis Center](#)
 - Counseling for victims of domestic violence, sexual assault, and other violent crimes
 - Transportation to emergency shelters
 - Legal advocacy services, such as assistance with protective orders
 - Food pantry
 - 24/7 hotline
- [Feeding Fannin](#)
 - Food assistance twice a month
- [Four Corners Outreach Alliance](#)
 - Food pantry
- [Goodwill Bonham](#)
 - Employment services
- [Grief and Loss Bereavement Center](#)
 - Counseling and support groups
 - Located in Sherman
- [HelpingFannin.org](#)
 - Resource directory for critical wellness and social services in the county
- [Liberty Services](#)
 - Mental health services including telehealth and family treatment programs
 - Youth-specific services
- [Making Dreams Real](#)
 - Employment, housing, and emotional support groups
 - Residential care for individuals released from jail or behavioral health treatment
 - Located in Grayson County
- [Oklahoma Tribal Behavioral Health Directory](#)
 - Each listing serves members of a particular tribe
- [Open Arms Shelter Ministry](#)
 - Housing assistance
- [Paris Junior College](#)
 - Education including GED, workforce prep ESL
- [Texas Department of Housing and Community Affairs](#)
 - Homebuyer assistance, home repair, rent payment assistance
- [Texoma Community Center \(TCC\)](#)
 - Local mental health authority
- [Workforce Solutions Texoma](#)
 - Employment services

Intercept 0 Gaps in Fannin County

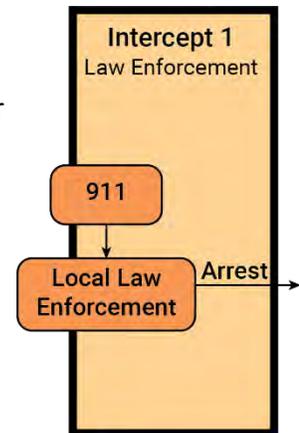
During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for individuals with behavioral health challenges that may be contributing to significant impacts on the local criminal justice system.

- The pandemic has exasperated crisis worker burnout. On top of burnout, there is a significant worker shortage, causing more work to fall on each person.
- The post-pandemic relationship between TCC and other groups needs to be rebuilt.
 - Turnover has caused connections to be lost. Community and criminal justice stakeholders don't have up-to-date contact information and are not always aware of changing TCC programs and resources.
 - There is a need to connect hospitals and TCC, so that crisis continuum is effective as patients are passed along.
- There needs to be a broader organizational knowledge of Fannin County resources for leaders working in the field: what resources exist and how can they be used?
- Additionally, the public isn't always aware of available resources. (Although HelpingFannin.org working in this space.)
- There are issues getting services for uninsured patients at local hospitals.
- Mental health training is needed for community partners.
- There is a community need for more services such as stable and affordable childcare, transportation, and more short and long-term housing.

Intercept 1 Definition

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.

For best practices at Intercept 1, see [appendix](#)



What Intercept 1 Looks Like in Fannin County

911 has two dispatches: the Bonham Police Department and the Fannin County Sheriff's Department who provides the service to smaller agencies. Both dispatches ask if mental health (MH) or behavioral health (BH) are an issue during the initial call, and this information is relayed to the responding officer. High frequency utilizers are known.

Law enforcement agencies in Fannin County:

- Fannin County Sheriff's Department – 2 deputies available
- Bonham PD – 2 to 3 officers
- Honey Grove PD – 2 officers
- Leonard PD – 2 officers
- Trenton PD – 1 officer during the day only
- Ladonia PD – *currently vacant office* – no officers available
- Savoy PD – 1 officer during the day only
- Ector PD – 1 officer during the day only
- Department of Public Safety (DPS) – 2 troopers, but often at the border.

Law enforcement utilizes diversion when appropriate including diverting public intoxication (PI) to family first, diverting juveniles to school or parents, and unofficially diverting to VA before charging. Ticket and release is practiced when appropriate for Disorderly Conduct, PI, and some juvenile offenses.

The Sheriff's Department sends out an email to criminal justice stakeholders when an inmate has interacted with mental health services in the last 3 years, to flag that a 16.22 process may need to be initiated.

Intercept 1 Resources in Fannin County

- There is good communication between law enforcement and criminal justice partners.
- Officers are given discretion to ticket and release when appropriate.

Intercept 1 Gaps in Fannin County

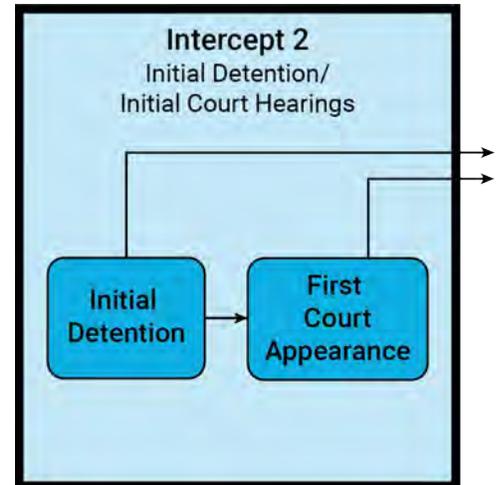
During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for individuals with behavioral health challenges that may be contributing to significant impacts on the local criminal justice system.

- There are incredibly long waits for law enforcement when taking individuals to hospitals and treatment centers.
- There are a lack of local beds or resources to divert individuals.
- Reiterating a gap listed at intercept 0, post-pandemic the communication flow between law enforcement and TCC has gotten more difficult due to worker turnover and changing services.

Intercept 2 Definition

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.

For best practices at Intercept 2, see [appendix](#).



What Intercept 2 Looks Like in Fannin County

Initial detention happens at either the Bonham City Jail or the Fannin County Jail. Bonham PD arrests and holds at city jail; often defendants are moved to county jail. The Sheriff is responsible for the county jail, but operations are run by La Salle, a private company.

The county jail conducts a standard evaluation of all inmates and emails it to judges and other stakeholders about medications, interaction with mental health services, etc. Judges use this information to order mental health bond conditions if necessary.

The full magistration process including 16.22 and MH & SUD screening happens at the city jail if a defendant is arrested by city police. If the defendant hasn't already been magistrated, a new charge is added, or the defendant is arrested by the Sheriff's Office or other agency, the same process happens at the county jail. Magistration takes place each morning, once a day unless there is an emergency or special request. 80% of magistration is completed by the municipal court judge, with the remaining 20% by the justices of the peace. The county court at law judge fills in as needed. If there is a 16.22 report, TCC connects with the person by the next morning. If more serious, TCC will see as soon as possible.

Felonies have bond supervision in court with a bond supervision officer coming to court do the paperwork with the person, while misdemeanors report to board supervision the next day. People released on MH conditions or a personal bond report to TCC next business day (MWF) and bond office (M-F). TCC and courts stay in open communication about people in crisis, who are seen as soon as possible.

The Fannin County Community Supervision and Corrections Department (CSCD) handles pretrial supervision and supervises all defendants released on bond conditions. They have two pre-trial officers, one for misdemeanors and one for felonies. There is also a pre-trial veteran's court.

Intercept 2 Resources in Fannin County

- Jail assessments in compliance with the Sandra Bland Act are completed in the jail.
- The county jail has good communication with criminal justice partners.
- There is a culture of problem-solving by stakeholders (i.e., trying to connect people being released with family).
- CSCD has a positive culture of sharing resources and information with community partners as appropriate.

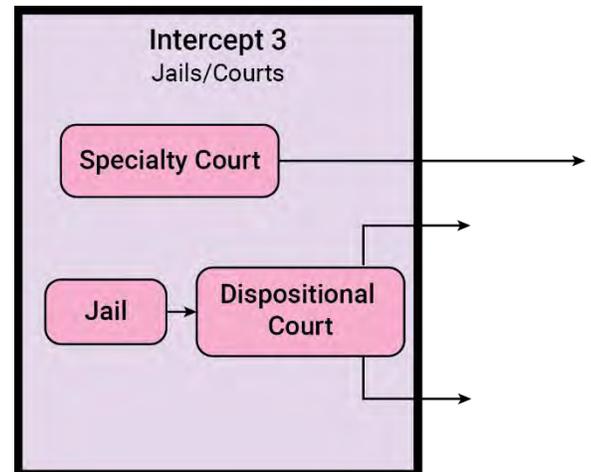
Intercept 2 Gaps in Fannin County

- The release form that inmates sign doesn't include a release for community partners or other stakeholders.
- Sometimes stakeholders are not in contact with each other, and services are duplicated. For example, sometimes homeless shelter duplicates CSCD services like drug tests. Homeless shelter counselor doesn't always talk or share information with the TCC counselor who is also helping their client.
- There is a lack of support system after release. A jail facilitator or advocate to help connect people being released with services could be beneficial.
- Inmates are having difficulty getting state-issued identification while detained so that they can access shelter, public benefits, and gainful employment following release.
- There can be improvement with the coordinated release between the jail and TCC.

Intercept 3 Definition

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.

For best practices at Intercept 3, see [appendix](#)



What Intercept 3 Looks Like in Fannin County

Fannin county has several specialty courts. The mental health court handles post-conviction felonies, the drug court also handles post-conviction felonies and includes peer-to-peer support, and the veterans court handles pretrial felonies. Specialty court referrals come from probation/bond supervision, or sometimes from the prosecution or defense team. If an individual is participating in the mental health specialty court, they must be involved with TCC, even if they have private mental health care.

Any pre-prosecution diversion is handled through the District Attorney (DA)'s office. The DA's office has access to jail records on the Odyssey software system. There is no public defender's office in Fannin County; a rotating court appointment list is used.

Civil commitments are common, at least two or three per month.

In the county jail, medication is handled by La Salle, the company who is contracted to operate the jail. Medication is mostly county funded; an indigent medical fund pays if an inmate does not have insurance. Other payment resources for medication are limited. For example, the VA currently only covers 60 days of medication for an inmate. The medication cost shifts to TCC after a person is released and in their treatment. Telepsychiatry is available in the jail.

There is not a jail-based competency or outpatient competency restoration program in Fannin County. Generally, for competency evaluations, the doctor performs the evaluation in the jail and returns in 30 days; if competent, the court process moves relatively quickly. If not, the waitlist for a forensic bed is long, sometimes as much as a year or more.

Intercept 3 Resources in Fannin County

- Specialty courts have peer support programs that includes specialty court alumni reunions and visiting guests.
- There is typically a good line of communication between defense attorneys and jail staff regarding medications for inmates.
- TCC is in the process of submitting a work plan for a jail-based competency restoration program to Texas Health and Human Services to cover all 3 counties that TCC serves.

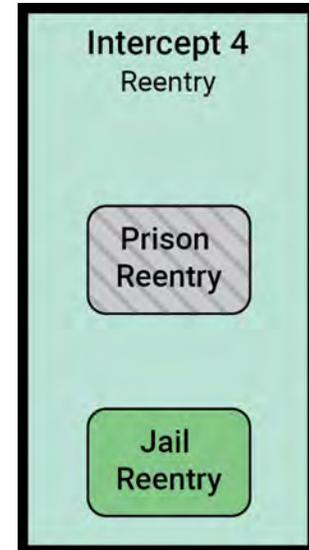
Intercept 3 Gaps in Fannin County

- Persons with mental illness tend to stay in jail longer than the normal population.
- Better communication is needed between law enforcement and TCC for continuity of care. Turnover has caused connections to be lost.
- There are some issues between the discharge transition from local hospitals to TCC care.
- Better communication is needed between SUD and mental health services when individuals have co-occurring support while in specialty programs.

Intercept 4 Definition

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.

For best practices at Intercept 4, see [appendix](#).



What Intercept 4 Looks Like in Fannin County

In Fannin County, when a juvenile is released, the Texas Juvenile Justice Department (TJJD) notifies the court and juvenile services. When an adult is released, the Texas Department of Criminal Justice (TDCJ) notifies the court and utilizes the state parole system.

When an individual is released from jail on probation, they are required to report immediately upon release or the first business day to CSCD. The office is in the same building. There is monthly coordination between supervision and TCC.

When a person is being released from the jail, jail staff coordinates with Medline ahead of time to have the person's medications ready. The jail provides 30 days of medications upon release.

For juvenile services, the juvenile keeps the same case manager for the entire pendency of their case. Juveniles are mostly kept local to Fannin County due to the high cost of placement. There is a very low amount of placements at facilities outside the county, maybe one per year.

Many organizations try to fill in the gaps surrounding reentry including: TCC, homeless shelter, Medicaid, CASA, crisis center, children's center, and veteran's groups. There is also some faith-based organizations who have involvement in the jails.

For transportation, there is no official network. TCC does some minimal transportation, limited medical transportation (called RealTime, but this is limited), the homeless shelter will take people to appointments, and there are some single-service transports through local churches.

Intercept 4 Resources in Fannin County

- Many of the same resources outlined in Intercept 0 are also used upon reentry.

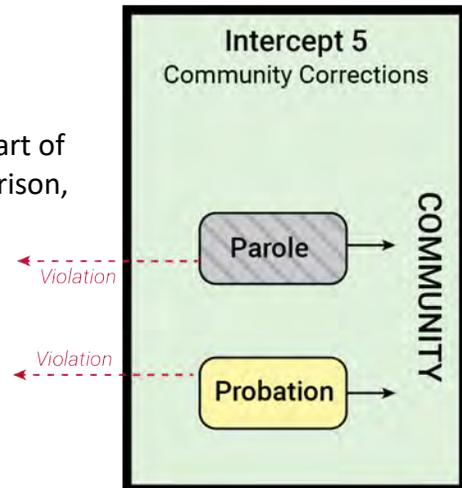
Intercept 4 Gaps in Fannin County

- There are many resources available upon reentry, but they are independent of each other and offer a patchwork of services. One need is a jail employee to help people during reentry understand what services are available and who to contact.
- Better coordination is needed between TCC and La Salle jail staff upon release, including for medication continuance.
- Like Intercept 0, there is burnout among community partners as resources are stretched.
- Many of the community resource needs are similar to Intercept 0. However, issues are further compounded by criminal justice involvement and criminal convictions, which creates additional hurdles in accessing housing and employment.

Intercept 5 Definition

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.

For best practices at Intercept 5, see [appendix](#).



What Intercept 5 Looks Like in Fannin County

Parole systems for both adults and juveniles are stretched thin in rural areas like Fannin County. Parole has specialized caseloads, but one officer often covers multiple counties. The closest juvenile parole office is located in Dallas.

For probation, CSCD does a risk and needs assessment called the Texas Risk Assessment System (TRAS) when placed on supervision. Guidelines for the use of TRAS can be found in the [TDCJ Parole Division's Policy and Operating Procedure](#). Substance Abuse Subtle Screening Inventory (SASSI) assessments are also conducted by CSCD. If there is a high probability of substance use, the person is sent to Lakes Behavioral for further assessment and potential treatment. Treatment is provided by either TCC, the VA, or private pay. The county will not disrupt a person's private pay therapy arrangement, except in cases where individuals use the mental health court, as that process requires participants to use TCC for group and individual therapy. Often the mental health court participants will attend private-pay therapy as well as the programs for the court.

Intercept 5 Resources in Fannin County

- The Fannin County CSCD office provides county identification cards upon release for individuals who need them.
- The Fannin County CSCD office provides advocacy, assistance in navigating the criminal justice system, and contact with TCC.

Intercept 5 Gaps in Fannin County

- There are limitations in helping the client connect with available resources in the community.
- There is a lack of housing, transportation, and employment that can create an unsound foundation for clients, increasing the likelihood of probation/parole failure and revocation.

What were Fannin County's 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 addressing communication gaps, training for all stakeholders, and creating new positions to better coordinate services.

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. Five priorities rose to the top:

PRIORITY: Hire a re-entry coordinator at the jail

PRIORITY: Improve communication between agencies

PRIORITY: Reestablish jail diversion meetings

PRIORITY: Overcome lack of information regarding resources for the public

PRIORITY: Provide training to all stakeholders

Additional ideas were included in the above priorities. Also, another priority for change – Building the county's own diversion facility – was tabled for later.

How can a county make their priorities happen?

It is easy to come up with gaps and priorities for change, but much harder to see them implemented. One of the most important parts of SIM mapping is taking the priorities and crafting actionable steps to ensure that action occurs.

Workshop participants were invited to join one of the five priority groups to create an action plan. Each team developed a plan with objectives and both short-term and 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 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 can be further refined and implemented by a designated Leadership Team following the workshop.

The action plans are on the following pages.

Priority: Create the New Position of Re-Entry Coordinator at the Jail

Objective	Action Step	Who	When
1. Establish position	Verify/find funding	Sheriff, TCC, Probation	30 days
2. Job Description & Training	Create job description and training curriculum	All stakeholders	After funds become available
3. Introduce to Community	Plug into work and resource groups	All stakeholders	After hiring process
4. Evaluate Performance and Update Duties	Fair and job-related measurement tool that includes community partners and individuals served	All stakeholders	At first, quarterly. Then yearly and as needed.

Suggestions and Considerations:

- Salary for this position needs to promote self-sufficiency. (i.e. Needs to be enough to live on; more than \$30,000).
- There is a possibility to use commissary funds for position. TCC and probation may also have funding resources.

Priority: Improve Communication Among All Agencies

Objective	Action Step	Who	When
1. Improve knowledge of end user and community partner needs by local mental health authority.	LMHA will meet with individual entities and have listening sessions.	Dr. Cantu and staff will meet with local decision makers.	Start off monthly and then quarterly later on.
2. Improve understanding of LMHA resources	Meeting with all entities that direct people to services so they know what is available.	Dr. Cantu and staff will meet with local decision makers.	Start off monthly and then quarterly later on.
3. Ensure there is proper mental health care in jail and follow-up	Regular meetings with Sheriff, LaSalle, Courts, CSCD, CA, and DA office to ensure it's happening.	Invite all who are involved in process and bond supervision	Start monthly then move to every other month
4. Needs of county expressed to state representatives	Call a meeting and ask representatives to attend	Who: State Rep. Reggie Smith, Senator Brian Hughes, LMHA, Sheriff, Warden, DA, CA, Judges	Annual meeting in fall
5. More BHLT involvement by stakeholders	Invite law enforcement to a meeting with counselors and community partners	Representatives from law enforcement	TBD

Priority: Reestablish Jail Diversion Meetings

Objective	Action Step	Who	When
1. Invite proper partners and stakeholders to meeting	<p>Sheriff will facilitate returning TCC to the meetings and local law enforcement including ISDs</p> <p>Judge Skotnik will contact APS, CPS, Terrell State Hospital, VA, TMC Denison/Bonham, MH, PD, WNJ Sherman, BHC Sherman</p> <p>All magistrates and judges will be invited</p> <p>Local churches will be invited</p>	Sheriff and Judge Skotnik	January 2023, monthly
2. Schedule meetings	<p>Occasional lunch hour before meeting</p> <p>Will be held in municipal courtroom or sheriff's department.</p>	Judge Skotnik	January 2023, monthly
3. Ensure future meetings	Keep meetings on the calendar monthly and as needed.	Judge Skotnik	Monthly and as needed

Priority: Lack of Information Regarding Resources for the Public

	Objective	Action Step	Who	When
1.	Public outreach	QR Code for directory Agency advocates Social media outreach and news agencies	QR Code: Fannin Behavioral Health Leadership Team Agency advocates: CAC, FCFCC, TCC, County offices, etc. Social media outreach and news agencies: Community pages, news media	Now
2.	Training and Supervision for agency advocates	Identify appropriate agencies Judges to be included in agency advocates	Community leaders	ASAP
3.	Address lack of human capital	During training, grants, and funding	Community leaders	ASAP
4.	Training the public	Identify appropriate venues and training agency staff	Community agencies	2023

Priority: Training for Stakeholders

Objective	Action Step	Who	When
1. Clear and consistent communication	<p>Create clear POC (point of contact) guide/conduct training</p> <p>Update and promote resource directory</p> <p>Education for each entity on roles and responsibilities of all other entities (educate on who does what)</p>	Clerks, dispatchers, community members, TCC, LE, Fire/EMS, Schools, Judges	Within 6 months then at least biannually
2. Quicker response times to MH crisis needs	<p>MH training for all entities and community members</p> <p>Crisis and EDO/OPC training for officers (by TCC)</p> <p>MHFA/Crisis -> schools/community members (by TCC)</p>	Clerks, dispatchers, community members, TCC, LE, Fire/EMS, Schools, Judges	Within 6 months then at least biannually
3. Increased knowledge and understanding of MH issues and processes	<p>Add specific local MH training to continued training process for dispatch and clerks (<i>this could be an annual training that all dispatch/clerks attend</i>) – TCC and Judges could partner to create a training to be distributed</p>	Clerks, dispatchers, community members, TCC, LE, Fire/EMS, Schools, Judges	Within 6 months then at least biannually

What are the facilitators recommendations?

We believe the Fannin County SIM Planning group did an excellent job at selecting priorities that were actionable, easily achieved, and effective. Our recommendations below are simply summaries of the aforementioned action plans and include some references and examples of similar programs in other areas.

Most recommendations include references to websites, articles, and documents. Inclusion in this report is not endorsement from TJCTC or JCMH but is intended to help direct readers to self-explore and determine actions regarding gaps in their system.

Recommendation 1: Create a jail re-entry plan

Fannin County's priority number 1 – to hire a jail reentry coordinator – is a great first step for this recommendation.

Jail Reentry Coordinator Example Job Descriptions

There are several locations around Texas that have a jail reentry coordinator position. Included in the appendix is an example of job descriptions and salaries for this position in both Denver, Colorado and El Paso County, Texas. We understand that Denver, Colorado and El Paso are much larger areas than Fannin, but the job descriptions may be a helpful jumping off point for Fannin County when crafting their own job description. Click the links below to view the job descriptions in the appendix.

- [El Paso County position](#)
- [Denver, Colorado position](#)

Jail Reentry Coordinator Training Curriculum

The SIM planning group emphasized that training the jail reentry coordinator and introducing them to important stakeholders was a fundamental component of making this position successful. [The National Reentry Resources Center](#) has a wealth of information regarding reentry resources, including a self-assessment to help guide reentry education. The assessment is meant to guide the structure for a reentry education program for people leaving jail. However, we feel that it would work well as a base to develop training curriculum for the new employee as well.

- [Self-Assessment for Determining Readiness for Implementing a Reentry Education Curriculum](#)

Program Development

[The National Reentry Resources Center](#) also has a large variety of resources to help education providers and their partners create a reentry education continuum in their communities. These resources would give the new position a starting point to develop a program that works in Fannin County.

- [Reentry Education Tool Kit](#)

Surveys from previous users

One best practice to create an effective reentry program is to survey previous users who have experience reentry from jail into the community. One example of a similar survey was created by Travis County. Participants were invited to share their hopes and dreams for the future, their past experience with diversion programs, how they would design better diversion programs, and what, if anything, would they go back in time to change or fix to prevent from being incarcerated or needing a diversion program.

This survey could be customized, with emphasis on what people felt they needed to know upon release, what resources could have been most useful, etc. This could be another project for the reentry coordinator.

- [Example report from Austin-Travis County Reentry Roundtable](#)

Involving the Community

Once the position of reentry coordinator is hired, one best practice that Fannin County stakeholders outlined is to involve the community as much as possible in the reentry process. The main job of this position will be connecting people to community resources, so an established group of community leaders to help facilitate that process will be beneficial.

One example of this process is the Travis County Reentry Roundtable, a forum of community leaders, policy makers, advocates, and formerly incarcerated individuals working to address the challenges to effective reentry and reintegration of persons with criminal histories.

Travis County is a much larger county, so a program of this breadth might not work in Fannin County. However, there are components of this program we believe would be beneficial. For example, the roundtable has in the past had workgroups on “convening faith-based leaders,” “Housing,” and “Employment.” A lot of the work done by the Travis County Reentry Roundtable is similar to the Fannin County Behavioral Health Leadership Team. There may be some resources and ideas to share.

- [Austin-Travis County Reentry Roundtable](#)

Reentry Resource Guide

Fannin County has done an excellent job at compiling resources on the helpingfannin.org website. One additional idea is to use those resources, plus some specific ones for reentry to provide a reentry guidebook to people leaving the jail.

One example of the Reentry Resource Guide is Travis County's:

- [Travis County Reentry Resource Guide](#)

This guidebook includes a list of resources (similar to helpingfannin.org) but also includes planning checklists, how to get a Texas ID card, how to clear up child support issues, state agency contact info, and local criminal justice contact info. We would recommend printing this guide as people leaving the jail may not have immediate access to the internet.

Developing this guidebook could be a great first project for the reentry coordinator position.

Recommendation 2: Improve communication between stakeholders

Several priorities developed by the SIM Fannin group included specific ways to improve communication between TCC, law enforcement, the courts, and community partners. COVID and job turnover has created information gaps, and stakeholders' ideas to hold meetings and reconnect is a very good step in identifying more gaps in the system and ensuring they are filled.

Our recommendation to further this process is to make sure each group meeting or project has a designated coordinator. For example, one step that was crafted by the group that we think would have a lot of bang for its buck is simply updated the point of contact sheet for TCC and other organizations. If a coordinator for this project was designated, then they could initiate the point of contact document, send it out to all stakeholders, and update as needed. Keeping documents like this up to date is often forgotten about and having a designated coordinator would help facilitate the document staying up to date.

The Justice Center for the Council of State Governments has a helpful guide on "Initiat[ing] or Strengthen[ing] Stakeholder Collaboration". The checklist assists groups in building or maintaining collaborative groups that identify, build support for, and oversee the implementation of evidence-based practices.

- [Justice and Mental Health Collaboration Program – Implementation Science Checklist Series](#)

Recommendation 3: Continue to inform the community about mental health resources

Another priority designated by the SIM planning group was to improve the lack of information about mental health and related services in Fannin County. The planning group came up with an excellent group of action items that we recommend implementing.

The Center for Court Innovation has created a guide to publicizing your program and resources. Many of the strategies mentioned in the toolkit are already being utilized by Fannin County, but there are some things like compiling mailing lists, using listservs, and publishing an annual report could help advertise services and have the added benefit of being useful when applying for grants.

- [Publicizing Your Program and Its Successes](#)

Additionally, the Center for Court Innovation has created a toolkit for reentry and created an effective sustainability and communication program regarding resources. This interactive toolkit provides tips on the three key areas of sustainability planning, including communications, branding, and funding.

- [Reentry Program Sustainability Toolkit](#)

Parking Lot Issues

During the SIM mapping, there were several specific issues that were either incorporated into other action items or tabled for later. We wanted to include these ideas in the parking lot in this report in case they are useful in future planning.

- Building Fannin County's own diversion facility
- Better data collection/sharing – This priority may be met by the different action plans to increase communication between the stakeholders.
- Implementing a standard release to exchange info for continuum of care

Appendix – 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 Fannin County, these practices provide a useful lens for identifying promising pathways forward.



Best Practices at Intercepts 0 and 1

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. HHSC outlines [four types of crisis units](#) designed for people experiencing significant mental health symptoms:

Crisis Respite Units – individual 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

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.

Best Practices at Intercepts 2 and 3

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 telemental health 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 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 cumbersome guardian 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.

Best Practices at Intercepts 4 and 5

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. The three nearest clubhouses to Grayson County are:
 - [Plan @ 1121 Rock](#) in Richardson
 - [Cowtown Clubhouse](#) in Fort Worth



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.

Funding Resources

Council of State Governments Justice Center
<https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/>

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

Office of the Texas Governor
<https://gov.texas.gov/organization/financial-services/grants>

Texas Health & Human Services Commission
<https://www.hhs.texas.gov/business/grants>

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>

DOJ Office of Justice Programs
<https://www.ojp.gov/funding/explore/current-funding-opportunities>

The Meadows Foundation
<https://www.mfi.org/>

Substance Abuse and Mental Health Services Administration
<https://www.samhsa.gov/grants>

Texas Indigent Defense Commission
<http://www.tidc.texas.gov/funding/>

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

What are general resources for funding and grant writing?

Grant Writing Resources

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

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

Texas Specialty Court Resource Center
<http://www.txspecialtycourts.org/training-grant.html>

HHSC Funding Information Center
<https://www.dshs.texas.gov/fic/gwriting.shm>

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

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>

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 Court Learning Modules

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

Judicial Commission on Mental Health
<http://texasicmh.gov/technical-assistance/mental-health-courts/>

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
– Mental Health Courts: A Guide to Research-Informed Policy and Practice

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

Judicial Commission on Mental Health: 10-Step Guide

<http://texasicmh.gov/media/czaoppye/mhc-the-10-step-guide.pdf>

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>

Doors to Wellbeing: National Consumer Technical Assistance Center

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

Judicial Commission on Mental Health
<http://texasicmh.gov/technical-assistance/>

Correctional Management Institute of Texas

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

HHSC's Technical Assistance Center

Email: forensicedirector@hhs.texas.gov

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

Jail Re-Entry Coordinator Job Description Examples

El Paso County Example

Job Title: Community Resource Coordinator – Reentry

Hiring Department: Criminal Justice Coordination Department – El Paso, TX

Pay: \$51738.31 / year

Location: El Paso, Tx 79901

Employment type: Full-Time

Acceptable Experience and Education

Bachelor's degree in social work, behavioral science, human services or related degree, plus a minimum of one (1) year of experience in adult case management and program development, community outreach, volunteer coordination, with two (2) years of experience working with migrants, the homeless, justice involved or a low income population preferred. Or any other equivalent combination of experience and training which provides the required knowledge, skills, and abilities.

Job Duties

- Identifies local resources available for transitional resources for jail inmates and coordinates the transition from jail to appropriate resources that best fit the needs of the inmates;
- Reaches out to governmental, faith-based, nonprofit service providers and local business; establishes and maintains collaborative working relationship with community resource providers; provides extended outreach resources available to El Paso County's homeless and justice involved population;
- Coordinates the flow of information on inmates eligible for community reentry services information from the El Paso County Jail;
- Acts as liaison to and builds strong relationships with law enforcement personnel, City and County officials and departments, County Reentry personnel, community providers, schools, labor organizations, non-profits, businesses, and civic groups;
- Facilitates and coordinates supportive activities with homeless providers, law enforcement agencies and other community partners, including employment assistance programs, job readiness training, financial education, and parenting and life skills;
- Reviews programs and eligibility requirements, conducts outreach to current and potential partner agencies; monitors social action, data collection and program evaluation;
- Conducts regular meetings or case conferences with case managers; coordinate efforts to build a comprehensive understanding of individual homeless agencies and/or justice involved reentry client and their needs;

- Conducts cross training and cross-orientation of staff from partner agencies serving El Paso County homeless and justice involved reentry clients and those participating in supportive housing programs to promote a shared knowledge and understanding of available community resources;
- Conducts interviews of various types of clientele as assigned, to include justice-involved and homeless individuals; determines eligibility for services; makes appropriate referrals; completes necessary paperwork; enters data utilizing systems;
- Assists clients by managing use of services, and expediting service delivery through linkage activities;
- Completes data entry of relevant demographic and legal information in databases and spreadsheets to ensure accurate and real time availability of information about status of cases;
- Maintains quality assurance of case files;
- Conducts re-arrest checks and notifies appropriate staff on participant status;
- Completes database quality assurance audits; ensures program data is entered according to program standards and timelines;
- Provides participant support to facilitate engagement in services;
- Collects, tracks and enters data into HMIS for monthly HUD reporting;
- Collects information for high utilizer database for monthly reporting to stakeholders;
- Interprets and applies regulations for grants in an accurate manner;
- May, upon request, generate reports for meetings with government officials and/or other community stakeholders;
- May perform duties that include outreach, prevention and risk reduction, crisis intervention, and benefits counseling;
- Ensures the Chief Administrator and the Commissioners Court are informed regarding community issues related to the impact the homeless/re-entry population has on the community, and the impact the community has on the homeless/re-entry population;
- Maintains a positive, welcoming attitude and outstanding internal/external customer service skills, including handling difficult issues with sensitivity; Maintains the ability to conduct oneself in a professional manner at all times and to communicate effectively and appropriately with a variety of people from many cultures and diverse backgrounds;
- Maintains a high degree of flexibility and performs other related duties as required;
- Maintains a high level of honesty, integrity and ethics both on and off duty, complying with all county and department policies;
- Maintains a positive team atmosphere and works well with others; participates in team building exercises and nurtures positive relationships with colleagues and coworkers;
- Attends and participates in meetings, trainings, orientations and information sessions;
- Stays abreast of new trends and innovations in the field;

- Substitutes, if assigned, for coworkers during temporary absences by performing delegated duties sufficient to maintain continuity of normal operations;
- Commits self to providing excellent customer service and demonstrate commitment through cooperative team and individual efforts; and
- Creates a high quality work culture through participation in and emphasis on training and mentoring to develop leadership, management, and technical skills in self and all employees, including safety related training and skills.

Other Important Duties*

- Performs other duties as assigned.
- Travels as assigned.
- As members of the County of El Paso Emergency Response System, all El Paso County employees are designated as Disaster Service Workers during a proclaimed emergency and may be required to train on emergency response and/or perform certain emergency services at the direction of their supervisor. The Community Resource Coordinator works in coordination with a variety of community services providers and clients, to include homeless providers, jail and justice initiatives, re-entry services, migrant coordination, law enforcement and other partner agencies and staff to address the broad array of community and client needs. The resource coordinator may work at a variety of locations.

Organizational Relationships

Reports to: Department Head, or designee

Directs: This is a non-supervisory position

Other: Works closely with the Community Outreach Coordinator (Migrant Services); has frequent contact with Jail staff, defense attorneys, program participants, and criminal justice personnel, agency staff, and county and city program staff, general public, and other county employees.

Denver, Colorado Example

Job Title: Correctional Services Specialist I

Salary range: \$21.70 - \$32.55

Location: Denver, Colorado

Employment type: Full-Time

About Our Job

The Department of Safety, Community Corrections Division is seeking a Re-entry Services Specialist to join our team.

The Correctional Re-entry Services Specialist position is within the Community Corrections Division (CCD), within the Department of Safety. The agency administers alternative to incarceration programs including pretrial services, in home detention and residential community corrections

facilities. The CCD has a diverse and dedicated staff committed to enhancing public safety and working with the community and other criminal justice agencies.

Our Program is a unique reentry experience for men returning to the Denver community after incarceration in the Department of Corrections and for men directly sentenced to Community Corrections. Our Program recognizes that men enter the criminal justice system and often have prior or current experiences of abuse, mental illness, substance use, economic and social marginality, homelessness, and complex relationships. Our Program provides a reentry experience that is anchored in evidence based, trauma informed and safe practices.

Our Program encourages candidates to apply who reflect the diversity of the participants in the program.

Successful candidates must complete a background investigation that encompasses the applicant's employment and criminal history. We value diverse experiences, prior contact with the criminal legal system is not exclusionary for most applicants. Candidates cannot not be under current criminal justice supervision.

This Community Corrections position will be located on the Denver County Jail campus in Building 19, located at 10500 East Smith Road in Denver, CO. Interested applicants must be available to work non-traditional shifts and workdays to include day shifts (7a-3p), swing shifts (3P - 11P) and overnights (11P - 7A) and be able to float to the sister program (Project Elevate) as needed. Job responsibilities include:

- Conducts headcounts and walk throughs
- Performs searches of participants, participant property, and of the facility.
- Monitors physical, psychological, emotional safety of participants, shares observations with supervisors and care management team
- Oversees participant sign in/out
- Performs substance use monitoring (including urine screens)
- Monitor's medications
- Responds to rule breaking behavior
- Practice's techniques of behavior change and motivational enhancement
- Uses evidence-based behavior changes practices including, but not limited to core correctional practices and behavioral interventions
- Uses trauma informed approaches
- Works shifts to support 24/7/365 operations coverage to include sister facility as needed
- Performing first aid tasks in emergency situations

About You

Our ideal candidate will have:

- Bilingual in Spanish and English (not a requirement)
- Have experience working in a related field
- Skilled use of software and business application including, but not limited to, word processing, spreadsheets, presentation software, and databases
- Communicate clearly and concisely, both verbally and in writing

- Commitment to working collaboratively within a team to ensure timely completion of work.
- Motivation to work with participants in a gender responsive, trauma informed manner and ability to demonstrate a healthy working alliance with participants to assist them with behavior change and risk
- Ability to assist sister facility for coverage as needed

We realize your time is valuable so please do not apply if you do not have at least the following required minimum qualifications:

- Education Requirement: Bachelor's Degree from an accredited college or university with major coursework in Sociology, Psychology, Criminal Justice, Human Services, Public Administration, or a related field.
- Experience Requirement: One (1) year of experience in a directly related field.
- Education and Experience Equivalency: One (1) year of the appropriate type and level of experience may be substituted for each required year of post high school education. Additional appropriate education may be substituted for the minimum experience requirements.

What are the key references mentioned in this report?

- 1 JUDICIAL COMMISSION ON MENTAL HEALTH, *TEXAS MENTAL HEALTH AND INTELLECTUAL DISABILITIES LAW BENCH BOOK* (3d Ed. 2021-2022), <http://benchbook.texasjcmh.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, *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*, 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.

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Fannin County Sequential Intercept Mapping (SIM) Agenda

October 20, 2022

Time	Activity
8:15 a.m.	Registration & Breakfast
8:30 a.m.	Opening
	<ul style="list-style-type: none"> Welcome and Overview Workshop Focus, Goals, and Tasks Collaboration: What's Happening Locally
9:15 a.m.	Sequential Intercept Mapping
	<ul style="list-style-type: none"> The Basis of Cross-Systems Mapping Creating a Local Map Examining Gaps and Opportunities
12:00 p.m.	Lunch
1:00 p.m.	Sequential Intercept Mapping continued
	<ul style="list-style-type: none"> Creating a Local Map Examining Gaps and Opportunities
3:00 p.m.	Establishing Priorities
	<ul style="list-style-type: none"> Identify Potential, Promising Areas for Modification Within the Existing System Top Five List Review and Wrap-up
4:30 p.m.	Adjourn
	<i>There will be a 15-minute break mid-morning and mid-afternoon.</i>

October 21, 2022

Time	Activity
8:15 a.m.	Registration & Breakfast
8:30 a.m.	Opening and Review of Day 1
	<ul style="list-style-type: none"> Welcome and Overview Day 1 Accomplishments Local County Priorities
9:00 a.m.	Action Planning
10:30 a.m.	Finalizing the Action Plan
	<ul style="list-style-type: none"> Next Steps Summary and Closing
11:00 a.m.	Adjourn
	<i>There will be a 15-minute break mid-morning.</i>

What are commonly used acronyms in Fannin County?

- BH – Behavioral Health
- BPD – Bonham Police Department
- 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
- FCCO – Fannin County Clerk’s Office
- FCDAO – Fannin County District Attorney’s Office
- FCDC – Fannin County District Clerk
- FCSO – Fannin County Sheriff’s Office
- 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
- MH – Mental Health
- MHC – Mental Health Court
- MOU – Memorandum of Understanding
- OCA – Office of Court Administration
- OCR – Outpatient Competency Restoration
- PC – Probable Cause
- PD – Police Department
- SAMHSA – Substance Abuse & Mental Health Services Administration
- SB – Senate Bill
- SH – State Hospital
- SIM – Sequential Intercept Mapping
- SUD – Substance Abuse Disorder
- TCC – Texoma Community Center
- TCIC – Texas Crime Information Center
- TCOOMI – Texas Correctional Office on Offenders with Medical or Mental Impairments
- TIDC – Texas Indigent Defense Commission
- TJCTC – Texas Justice Court Training Center
- TLETS – Texas Law Enforcement Telecommunications System