

Sequential Intercept Model Mapping Workshop

Report for:

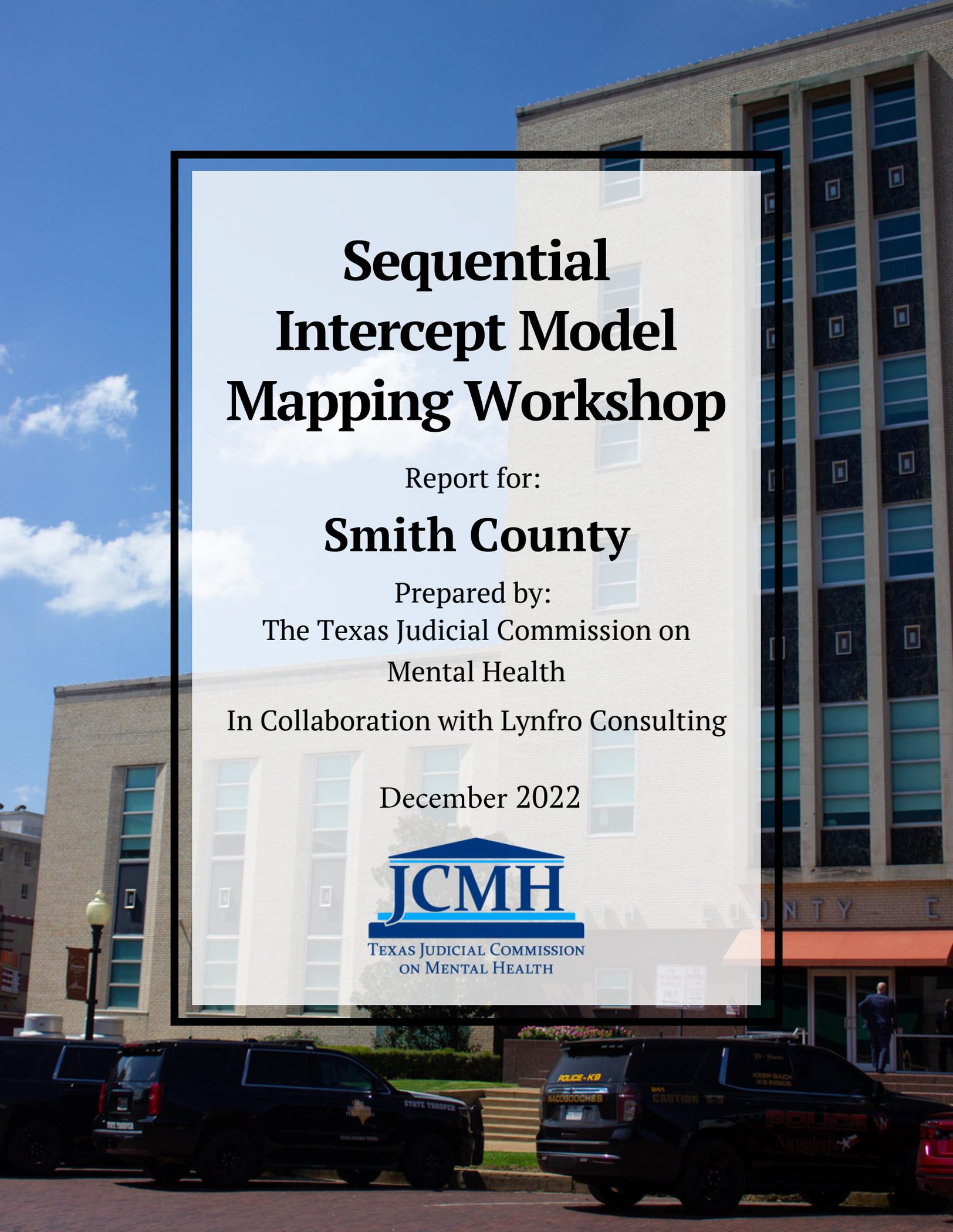
Smith County

Prepared by:

The Texas Judicial Commission on
Mental Health

In Collaboration with Lynfro Consulting

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Sequential Intercept Model Mapping Report for Smith County, TX

Workshop Held:

September 22 - 23, 2022



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D-Degree Coaching and Training



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 SMITH COUNTY (2022).

ACKNOWLEDGEMENTS

The Judicial Commission on Mental Health wishes to recognize Judge Nathaniel Moran and praise the work he has done to bring JCMH's support to Smith County. The JCMH is thankful for the assistance of the Smith County planning team: Allison Booth, Sandra Brazil-Hamilton, Rachel Donnell, Undrell Person, Gary Pinkerton, Lt. John Shoemaker, and Thomas Wilson. The JCMH also appreciates the great welcome from the county leadership: Representative Matt Schaefer, Commissioner Neal Franklin, and Lynn Rutland.

FACILITATOR BIOS

Lynda Frost, JD, PhD, runs Lynfro Consulting, which is committed to helping foundations, nonprofits, and other agencies maximize their impact through clarifying mission-consistent goals, implementing effective programs, and optimizing internal operations. Lynda's skills have been honed through 25+ years in the nonprofit sector working to improve health, human services, education, and criminal justice outcomes for vulnerable communities. She brings to her work a unique combination of deep content knowledge and innovative process skills. She is passionate about designing fair and effective processes to reach each client's goals and is recognized for facilitating effective in-person *and* virtual meetings that inspire participants and deliver results. Prior to founding Lynfro Consulting in 2018, Lynda worked for 14 years at the Hogg Foundation for Mental Health and is an experienced administrator and attorney with expertise in human rights, juvenile and criminal justice, special education, and mediation.

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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>.

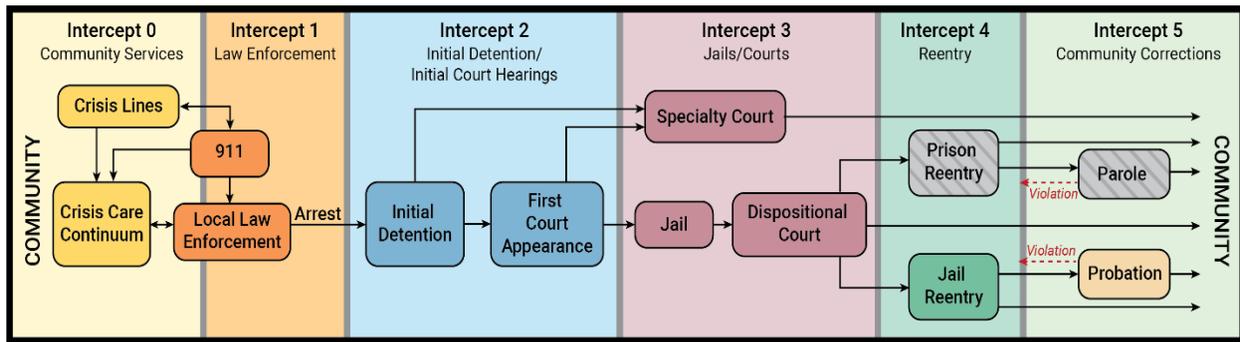
For information on disability, see <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>.

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

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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.

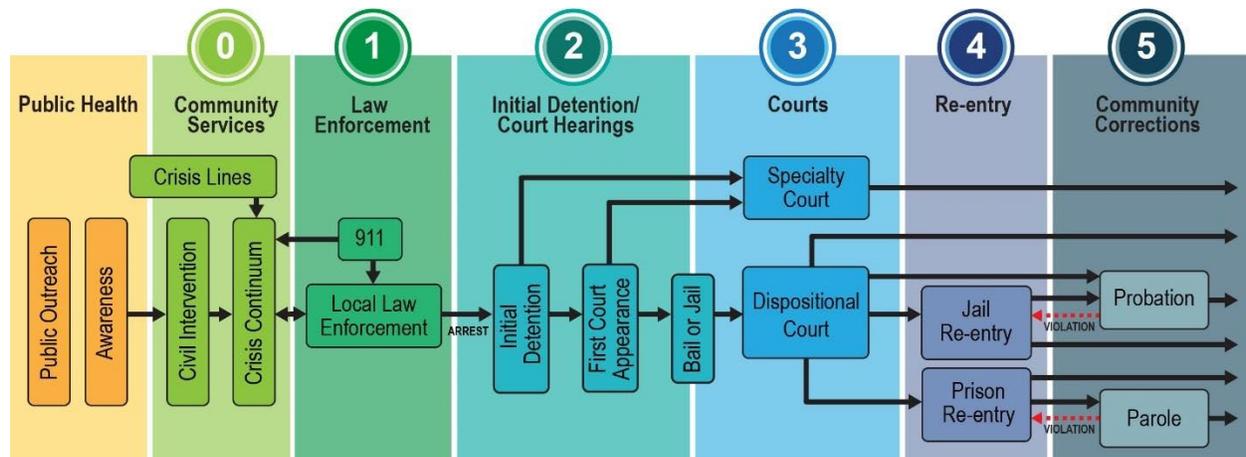


RESOURCES AND CHALLENGES AT EACH INTERCEPT

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 Smith County leaders identified specific community goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of criminal justice and behavioral health stakeholders, all of whom are dedicated to system transformation;
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all Sequential Intercept Model intercepts;
- Prioritize key steps toward system transformation and improved service delivery; and
- 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 Smith 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. 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](#)

Mental Health

[Andrews Center](#)
[UT Health North](#)
[Community Health Core](#)
[Mission Partners](#)
[Primrose](#)
[1 in 3 Foundation](#)
[Mosaic Counseling Center](#)
[Connections Clinical Care](#)
[Avail Solutions](#)
[East Texas Crisis Center](#)
[Tyler Counseling & Assessment](#)
[Tyler Centennial VA Clinic](#)
[East Texas Eating Disorder Specialists](#)
[Next Step Community Solutions \(Youth\)](#)

Peer Support

[Smith County Clubhouse](#)
[1 in 3 Foundation](#)
[Primrose](#)
[NAMI Tyler](#)
[Next Step Community Solutions](#)

Transportation

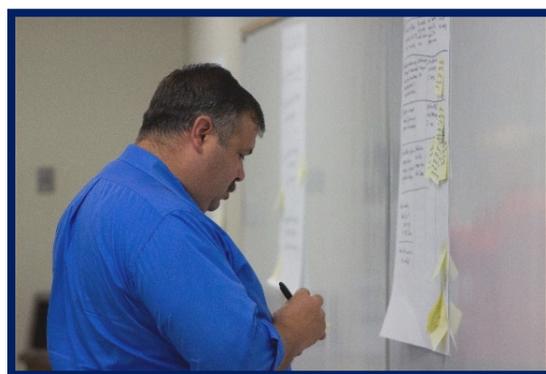
[Tyler Transit](#)
[Smith County Transportation Services](#)
[Go Bus](#)

Recovery Supports

[Andrews Center](#)
[Cenikor Foundation](#)
[Sarah Allen LCDC](#)
[Marcus Wade LCDC](#)
[Primrose Group Home](#)
[StepOne Services - UT Health North and UT Health Henderson](#)
[More than Rehab](#)
[The Haven](#)
[Beginning Treatment Center](#)
[New Creation Foundation](#)

Housing

[Salvation Army](#)
[Oxford House](#)
[Refugio House](#)
[Son Shine Lighthouse Ministries](#)



[Intercept 1](#)

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

- Mental Health Peace Officer training
- Sheriff's Department Mental Health Deputies
- Andrews Center Crisis Hotline (877) 934-2131
- Crisis Text Line 741741

Currently, members of the Smith County Behavioral Health Leadership Team, including the Andrews Center, UT Health East Texas EMS, Tyler Police Department, Smith County Sheriff, and Avail Solutions, are developing a Multidisciplinary Response Team (MDRT).

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](#)

Psychiatric/Counseling/Substance Use Services - The leaders identified gaps in availability of psychiatric, counseling and substance use services, including multicultural counseling services. Additionally, participants indicated that there is a gap in detox services but also noted that UT Health StepOne Service and Cenikor offer acute and outpatient withdrawal management with supervised medications and counseling support. The Andrews Center operates a 24/7 crisis hotline. Some participants did not know that there was a 24/7 hotline, which may present an opportunity to raise awareness about available services and regularly update resource directories. The Andrews Center also operates a mobile crisis outreach team (MCOT), although it was limited during COVID and with better staffing and funding its scope could be expanded, for example to include going to private residences for crisis calls.

Insurance/Access to Affordable Mental Health Services - The lack of insurance or payor source for people without financial means is a major gap identified by community leaders. Smith County leaders recognized that the gaps in affordable psychiatric and counseling services are already pronounced for people with insurance, and this gap hits those without insurance the hardest.

The leaders indicated that there is no financial incentive for providers to cover the full costs of care, often leading to preventable emergency room visits during mental health crises. In some of the emergency departments, however, the participants noted that mental health services are also lacking.

Communication and Coordination - The leaders saw a gap in communication and coordination across entities, including the justice system and community providers. This gap makes it difficult to mobilize necessary services. They saw this as an opportunity to create better coordination with community providers, such as nonprofits that can address basic needs such as housing and food. Additionally, they saw this as an opportunity to augment resource and referral, updating resource listing continually.

Transportation - Participants noted gaps in transportation. The city of Tyler operates Tyler Transit, with six routes running at regular intervals. However, Smith County only makes transport services available to people who are elderly or with physical disabilities. Much of the county is rural, and lack of transportation creates challenges for people in mental health crises. The leaders saw this as an opportunity to augment the current transportation services to include people with mental health disorders, thereby alleviating the need for law enforcement to respond.

Stigma around SUD/MH - The stigma that surrounds substance use disorder and mental illness creates another gap, as people may be less likely to seek help or disclose their struggles. Families and other natural supports lack the education and support they may need to best support their loved ones with these disorders. Further, employers and housing providers are often unwilling to extend opportunities to people with these disorders, especially those who have had justice involvement. The leaders saw these gaps as an important opportunity to raise awareness and reduce stigma. Additionally, this is an opportunity to increase the availability of certified peers and family partners.

Intercept 1

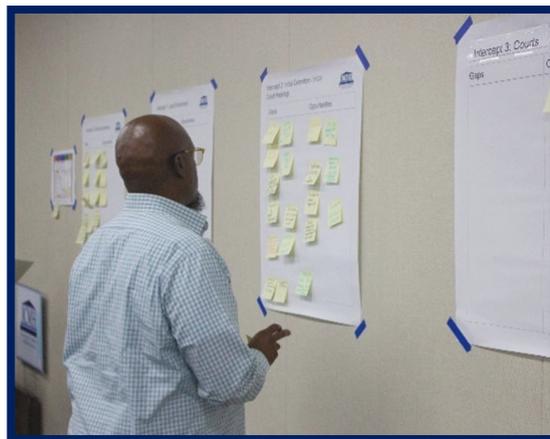
Diversion Center - Multiple participants noted the lack of a diversion center as a major gap. Often, when a person may be at risk of harm to themselves or others, there is no other option for officers than to arrest the individual and bring them to jail. Frequently, people are arrested for minor charges such as criminal trespass simply because no other option exists. As will be seen in the action plan section below, the creation of a diversion center emerged as one of the top priorities for the community. Prior to the creation of a diversion center, during business hours it

may be possible for law enforcement to transport individuals to the Andrews Center rather than arrest them and transport them to jail.

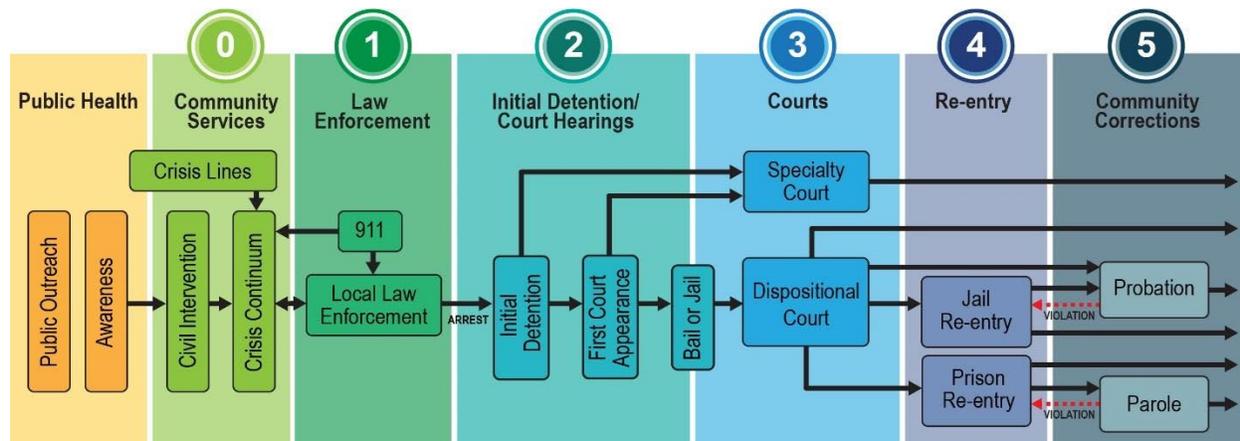
Mental Health Response - A notable gap at Intercept 1 was the lack of a co-responder model, pairing law enforcement with mental health professionals. The Andrews Center currently operates a Mobile Crisis Outreach Team, but the majority of mental health response is done by law enforcement officers writing peace officer warrants. The community saw this as an opportunity to respond to mental health crises more effectively. Currently, the Smith County Behavioral Health Leadership Team is developing a multidisciplinary response team to address this gap.

Training - Gaps noted by participants included training around mental illness. According to the community members, law enforcement often does not receive the training to be able to identify and respond effectively when dealing with people with mental and substance use disorders or people with intellectual and developmental disabilities. The community saw this as an opportunity to improve law enforcement training.

Further, the participants also saw this as an opportunity to better support the mental health needs of officers. Helping officers to better understand mental and substance use disorders and how to access services for themselves and families may also inform how they respond to community members in mental health crises. Additionally, the community members suggested creating a train-the-trainer model, wherein officers who have received comprehensive mental health training become trainers.



Language Barriers - gaps in bilingual services also limit the way in which officers respond to mental health crises. Community members saw this as an opportunity to improve bilingual interpretation services.



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 Smith 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

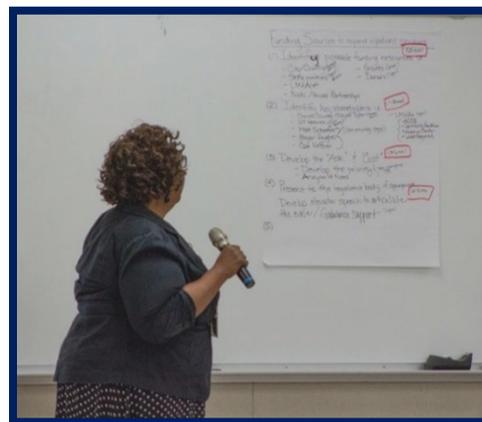
evidence from any source” that would support a finding of incompetency. If so, then the court is required to stay (or stop) all proceedings and order a competency exam. If an individual is found competent, the case will proceed to determine adjudication. If the individual is found incompetent, judges 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 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.

RESOURCES

[Intercept 2](#)

The [Smith County Community Supervision and Corrections Department](#) is responsible for pretrial services.

The Andrews Center completes Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services assessments. They contract with Turn Key Health to provide crisis intervention, symptom management, and brief counseling services in the jail.

Additionally, the County has a Community Diversion Coordinator who meets with people with mental illness detained in county jail, determining if they are clients of the Andrews Center. She then works with Andrews Center to get the individual seen as soon as possible. The Coordinator goes to court with people with mental illness identified by the Coordinator. In many cases, the Coordinator goes to court with people with mental illness who have been identified by the jail or Andrews Center. She helps by coordinating plans and resources to assist these individuals; thereby, facilitating their release back to the community.

[Intercept 3](#)

Specialty Courts:

Specialty courts are designed to provide additional supervision and therapeutic supports to a small number of defendants above what they might receive on regular probation. When the courts are operated with fidelity to best practices, they can assure the defendant receives access to the treatment and social programs necessary for the person's success in the community. Most people graduating specialty courts will not have a criminal conviction for the offense(s) for which they were arrested. In some instances, people who successfully complete a specialty court program are eligible for an order of non-disclosure, which allows them to apply for jobs and housing without disclosing their past criminal justice involvement. Smith County has the [Smith County Veterans Court](#).

GAPS AND OPPORTUNITIES

[Intercept 2](#)

16.22 Process - Smith County community members indicated that there is no Article 16.22 (Code of Criminal Procedure) process involving the early identification and screening of individuals with mental illness. This became one of the top community priorities in this process, and the action plan is detailed below.

Pre-Trial Diversion - Participants noted that there is a gap in the availability of pretrial diversion programming and the necessary resources to operate this type of program successfully. They indicated that the resources necessary to do pretrial diversion could be alleviated by implementing additional programming at Intercept 1, such as a diversion center and Mobile Crisis Outreach Teams.

Pretrial Release - Another gap identified by community members was the under-utilization of pretrial release strategies such as conditional bond, especially for minor offenses. This gap places strain on pretrial resources and makes it difficult to alleviate the strain on the jail and adjudicate cases effectively. The issue is complicated by the lack of jail-based resources to identify and respond when people with mental disorders are deteriorating. Jail staff shortages exacerbate this issue. The team highlighted the need for a 24-hour assessment team between booking and bond hearing to ensure that the magistrate can respond appropriately when a mental health crisis was the factor precipitating arrest.

1115 Medicaid Waiver - Another opportunity recommended by participants involved developing an [1115 jail diversion intervention](#) similar to the one operated [by Bluebonnet Trails Community Services](#). The 1115 Medicaid waiver allows states to develop programs to prevent mental health admissions or re-admissions to jails and prisons. This opportunity could help Smith County to better coordinate with the Andrews Center and other healthcare providers to facilitate pretrial release into community services.

Training and Staff Resources in Jail - As noted above, the shortage of jail-based staff trained to identify and address mental health disorders is a notable gap. People with mental illness and intellectual and developmental disabilities often decompensate in jail settings and experience high levels of suicidal ideation, exacerbating the trauma of detention. Further, their worsening

condition while in detention delays release and adjudication, requiring lengthy wait for competency restoration (which is detailed in the discussion of Intercept 3 below).

The community members saw this as an opportunity to provide continuous and in-depth staff training, including opportunities for staff to shadow mental health professionals in other settings. This training could also include greater awareness and coordination with community resources, helping to facilitate post-release treatment and referral.

Further, the group members suggested helping people detained in jail to better understand the judicial process.

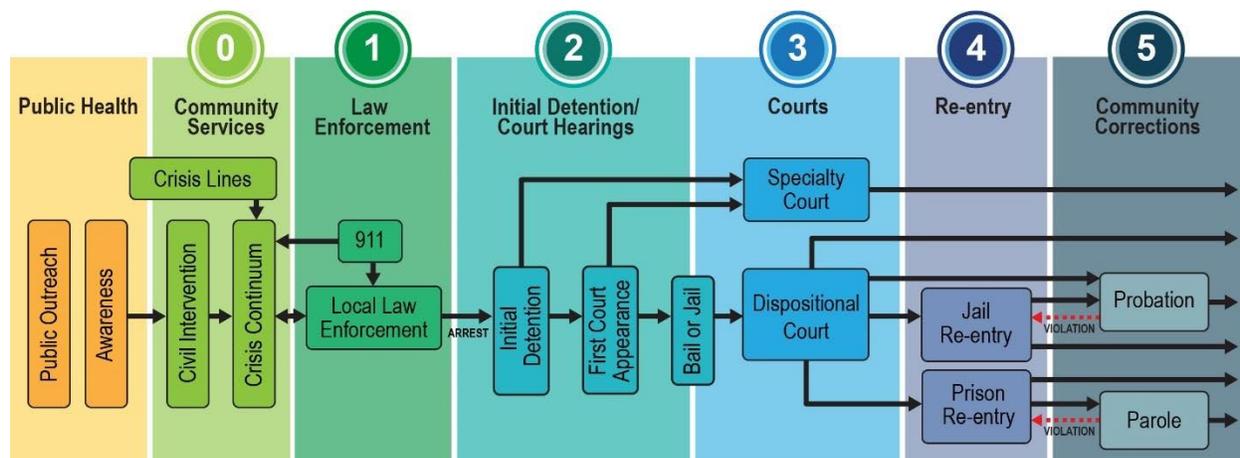
Medication - The participants indicated that long-acting injectable antipsychotic drugs, which are usually given to treat psychosis, are limited or unavailable for people detained in jail. Additionally, the jail prescription formulary often limits access to the medications prescribed to people who are detained. The participants saw this as an opportunity to address gaps in medications available to people with mental illness detained in jail.

Lack of Beds - Participants noted the gap in the number of psychiatric beds and state nursing facility beds puts a strain on the jail. The lack of health insurance or limited forms of insurance makes release to psychiatric beds even more difficult.

Intercept 3

Competency Restoration - Community members saw the lack of competency restoration services as a major gap. The Andrews Center provides outpatient competency restoration services for counties surrounding Smith, but judges in Smith County do not currently utilize the program. Participants suggested addressing these gaps through a combination of jail-based and outpatient competency restoration programs.

Diversions/Specialty Courts - Zero tolerance policies for substance use while on probation was a concern among community members. This was especially important given the gaps in substance use services in the county, especially in rural areas. Members saw this as an opportunity to enhance the use of mental health and drug courts. Further, the members suggested improvised connections between the courts/probation and community providers such as Andrews Center or Live & Kicking Winners Circle Peer Support Network; wherein, substance use violations could be addressed through services rather than revocation.



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 Smith 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. Tyler is the home of the [Smith County Clubhouse](#).

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. Other reentry services include:

- [Texas Correctional Office on Offenders with Medical or Mental Impairments](#)
- [Re-entry group – Live & Kicking Winner's Circle](#)
- [Hand Up Network](#)
- [Primrose](#)

- [Salvation Army](#)
- [Goodwill](#)
- [Son Shine Lighthouse Ministries](#)
- [Hiway 80 Rescue Mission](#)



[Intercept 5](#)

- [Smith County Community Supervision and Corrections Department](#)
- [Texas Department of Criminal Justice Smith County District Parole Office](#)

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](#)

Discharge Planning - The lack of mental health staff within the jail specifically dedicated to providing skills training and pre-release preparation increases the need for assertive community treatment discharge. Additionally, participants noted that the Parole Division of Texas Department of Criminal Justice does not share information or adequately refer people to reentry support. Participants saw this as an opportunity. Spending the time with individuals while detained in county jail or before prison release to address reentry needs may provide a smoother runway back into the community. Such services may also reduce costs and likelihood of rearrest, falling back into the same cycle.

Continuity of Care - Currently, those released from jail receive a 10-day supply of medications. However, community members emphasized the need for follow up care, including continuity of care following release. This is an opportunity to address these needs through early identification of individuals who are already clients of the Andrews Center. The process might also be improved through better communication between the jail and community mental health and substance use providers in the community.

Mental Health and Substance Use Treatment - The lack of mental health providers, especially in rural areas, remains a major gap. However, participants noted that the Andrews Center has substance use programs that are underutilized by the judicial system. This may present an opportunity to facilitate release and placement into services.

Identification and Diversion - For people with mental health and substance use disorders who have been released and are being served in the community, the teams saw an opportunity to identify these individuals when they are rearrested to facilitate placement into diversion programming.

Housing and Transportation - The participants also noted that the gaps in housing and transportation significantly impact the ability to help someone successfully reenter the community from jail or prison. Housing is an especially complicated gap in reentry, as there are few housing options for people with criminal records.

Employment - Participants saw a gap in coordination between the justice system and employment resources. There are employment resources available in Smith County to people in reentry, including Goodwill and Women's Job Corp. With improved coordination, these programs could serve a significant role in preparing people to overcome barriers to employment. Further, case managers in these organizations can assist people in navigating housing and transportation barriers.

[Intercept 5](#)

Probation Costs - One major gap identified by participants is the high cost of probation. The monthly fees and costs associated with required classes are prohibitive, increasing the likelihood that lower income and indigent clients will be revoked. The teams saw an opportunity for the probation department and courts to identify ways to reduce these costs, such as providing required classes free of charge or at a reduced cost based on ability to pay. The participants brainstormed other ways of reducing the cost burden, such as allowing community service to reduce or eliminate costs.

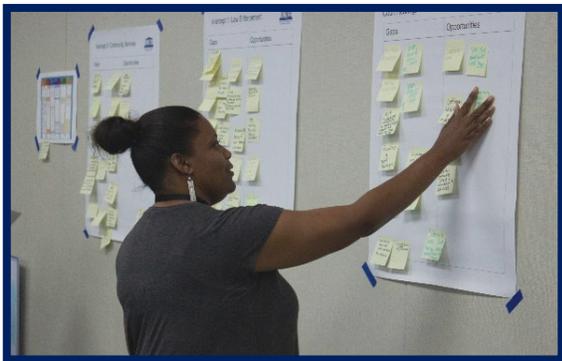
Diversion/Specialty Courts - As noted above in Intercept 3, zero tolerance for substance use while on probation was a concern. This was especially important given the major gaps in substance use services in the county, especially in rural areas. Members saw this as an opportunity to enhance the use of mental health and drug courts. Further, the members suggested improvised connections between the courts/probation and community providers such

as Andrews Center or Live & Kicking Winners Circle; wherein substance use violations could be addressed through services rather than revocation.

Trauma-Informed Approaches - The members also identified an opportunity to address zero tolerance policies through improved education about trauma. People with experience of acute, chronic, and/or complex trauma are disproportionately represented in the justice system. Substance use rates are very high among people with trauma. According to community members, better education about trauma and improved use of trauma-informed approaches in probation may lead to better outcomes for clients.

TCOOMMI - Participants also saw gaps and opportunities with respect to the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI). They suggested alerting TCOOMMI about individuals on probation who might qualify for TCOOMMI services, but may have fallen through cracks.

Certified Peers - The teams also identified an opportunity to increase the use of certified peers for people on probation. Certified Reentry Peers are people with lived experience of substance use and mental health disorders who have also had experience in the justice system. They help other justice-involved individuals to successfully navigate the challenges of reentry and community supervision. They help people to develop recovery plans. These services greatly improve success rates.



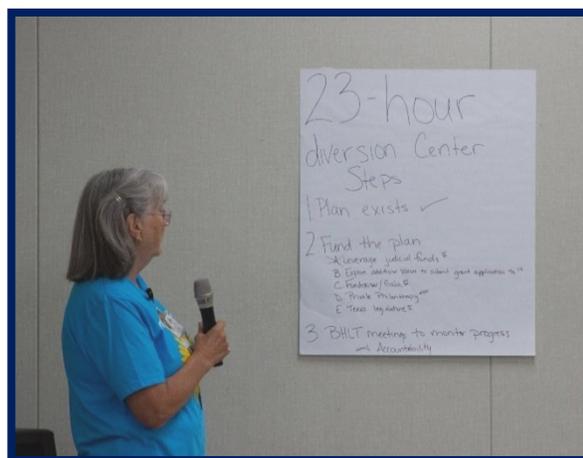
PRIORITIES FOR CHANGE

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 improving communications across entities to the creation of a co-responder model.

Other suggestions included improved training for law enforcement, jail deputies, and probation officers. Also, the community suggested hiring a continuity of care worker to follow up with people released with psychiatric medications to ensure medication compliance and connection with services. Several community members simply asked that this meeting lead to action so that the community doesn't have to come back again to repeat the process.

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:** Create 23-Hour Diversion Center, Including Intellectual/Developmental Disabilities (IDD)
- **Priority 2:** Formalize 16.22 Process at Magistrate Level
- **Priority 3:** Improve Collaboration Between Mental Health Providers and Law Enforcement
- **Priority 4:** Secure Funding to Provide More Psychiatric Inpatient Services for Adults, Youth, and Children



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: CREATE 23-HOUR DIVERSION CENTER, INCLUDING INTELLECTUAL/DEVELOPMENTAL DISABILITIES (IDD)

Participants (*=Champion): Neal Franklin, Cindy Grace, Raychel Hall, Keisha Morris, Lukas Neubauer, Richard Patteson, Jill Smith, **Kathy Wakefield***

Next Meeting: September 29 @ noon at the Behavioral Health Leadership Team Meeting

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Investigate forfeitures, fines, and county dollars	Judge Franklin to inquire			
Donate Jury Pay	Raychel Hall or Judge Franklin will investigate			
Research Episcopal Grant	Cindy Grace will research the Episcopal grant and apply for it if qualified.			
Doug McSwane to do philanthropy	Judge Franklin will investigate possible area philanthropy.			
Talk to Legislators	Keisha Morris will identify friendly legislators and pitch them			
Implement existing plan to remodel and staff Center				Once funding secured
Gala or fundraiser	Keisha Morris will identify type of fundraiser and form committees to plan it		Hold fundraiser	

NOTES:

A plan for this type of center already exists, and the only missing piece is the money to staff and operate it. Previous efforts include the purchase of a building and the appropriation of enough money to remodel the interior for the purpose of a diversion center. Will use BHLT meetings to monitor progress on funding. Use Behavioral Health Leadership Team monthly meetings to monitor progress on funding. The plan already exists - with data. Just need the operational dollars.

PRIORITY 2: FORMALIZE 16.22 PROCESS AT MAGISTRATE LEVEL

Participants (*=Champion): Lanell Black, Sandra Brazil-Hamilton, Jennifer Brashear, Channon Coleman, Pam Fredrick, **Debby Gunter***, **Chief Jimmy Jackson***, Terrie Lindsey, Captain Marvin Martin, Doug McSwane, Gary Pinkerton, Dalila Reynoso, Stacy Richards, Amber Scripsick, Lt. John Shoemaker, Chris Taylor, Marie Taylor, Marcus Wade, Curtis Wulf

Next Meeting: November 14 @ 1:00pm, Sheriff’s Office

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
1. Organize training for Magistrates in early January	Gunter – find location. Ask Neal to send invite and invite to judges			
2. Evaluate the contract	Pam – talk to county judge to evaluate the current contract for screening options			
3. Create proposal for commissioners for centralized magistration.	Form committee and schedule meeting			
<p>NOTES:</p> <p>JP/Clerk 16.22</p> <p>Contact JCMH for 16.22 training in January 2023</p>				

PRIORITY 3: IMPROVE COLLABORATION BETWEEN MENTAL HEALTH PROVIDERS AND LAW ENFORCEMENT

Participants (*=Champion): LaNell Black, Jennifer Brashear, Sandra Brazil-Hamilton, **Ashley Davis***, Raychel Hall, Neisha LeStage, Laura Newsome, Stacy Richards, Paul Robeson, Amber Scripsick, John Shoemaker, Marcus Wade, **Stephanie Wallace***, Carrie Young

Next Meeting: October 19 @ noon via MS Teams

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
1. Connect different agencies (sheriff, police depts, judges, mental health providers)	Plan and schedule first quarterly meeting – Stephanie, Laura	Hold first quarterly meeting in January, schedule second – Stephanie, Laura	Plan and host next meetings	
2. Promote information sharing/exchange to increase awareness (crisis options, trauma-informed care, Mental Health First Aid, CIT, legal context of EDW/POWs)	Identify when upcoming CIT trainings are - Carrie	Clinicians offer to be a part of upcoming CIT trainings		
3. Explore co-responder models (clinicians and/or peers with law enforcement)		Identify role of BHLT and level of interest among law enforcement - Laura		
4. Get MOUs in place to provide clarity and continuity with private providers and Andrews Center	Identify clinicians that might be interested – Marcus, Neisha, Stephanie			
<p>NOTES (by objective):</p> <p>2. How do we reach the broader law enforcement community? Shift briefings are good for new information and training.</p> <p>3. There are already monthly meetings with Tyler Police Dept and Andrews regarding a multidisciplinary response team (Chief Yates would know about this)</p> <p>4. How many people are served by private practitioners? It's hard for private practitioners to attend meetings. A Facebook page exists for local private practitioners (Amber Scripsick knows about this).</p>				

PRIORITY 4: SECURE FUNDING TO PROVIDE MORE PSYCHIATRIC INPATIENT SERVICES FOR ADULTS, YOUTH AND CHILDREN

Participants (Champions TBD): Briana Deed, Donna Henry, Carol Henson, Wendy Moon, Laura Newsome, Joseph Russell, Lynn Rutland

Next Meeting: TBD

Objective	Action Steps (with person assigned)		
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)
1. Identify possible funding resources	<ul style="list-style-type: none"> City/County - Thomas / Donna State entities - Carol & Briana LMHA - Lynn Public/private partnerships Grants - Sandie Donors - Lynn 		
2. Identify key stakeholders	<ul style="list-style-type: none"> Smith County/City of Tyler – Thomas / Donna UT Health – Carol & Briana Matt Schaeffer, Bryan Hughes, Cole Hefner – community reps LMHAs (ACCESS, Community Healthcore, Andrews Center, Lakes Regional) – Lynn Christus, UT North 		
3. Develop the “ask” and the cost		Develop the priority and analysis of need – team TBD workgroup	
4. Present to the legislative body, if appropriate			Develop elevator speech to articulate the case and galvanize support - Lynn

NOTES (by objective):

1. Rusk had to close whole wings. After hours gala. Careful not to compete with nonprofits seeking same funds. Need funding for indigent.
2. Getting with key stakeholders is like pulling teeth. Add stakeholders: Christus, UT North.
3. Where are we getting money now? How are we spending it now? Need more clarity on what services: Detox? Psych?
4. Get residents who need hours to help with staffing.

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 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

Continue to modify and utilize the 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](#)

Currently, the Smith County Behavioral Health Leadership Team does not appear to include representation from all intercepts, but has been productive in gathering a list of [local mental health resources](#) for the community. Members of the team participated in the workshop and met with other leaders in the community. The team should consider recruiting additional members and 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.
- **Diversion Process Education.** 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.
- **Diversion Center.** The workshop group identified a need to establish a triage or diversion center as a community priority. The Leadership Team can create a committee to focus on this project.
- **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 Principals](#) created to assist courts and service providers in addressing the growing mental health crisis.
- **Grant Writing.** The Leadership Team can invest into 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 the jail for individuals in a behavioral health crisis who need more support than is available in the community.

Smith County received a grant from the Judicial Commission on Mental Health to become a pilot site to augment mental health diversion. The County hired a Community Diversion Manager to identify individuals with mental illness detained in county jail and assist in coordinating resources to facilitate release and services. The Coordinator was instrumental in planning the Sequential Intercept Model Mapping in Smith County.

The Smith County stakeholders agreed that a 23-hour diversion center would be an optimal way of diverting individuals with mental and substance use disorders from jail. It would be helpful to more clearly define the goals the community wants to achieve through diversion and explore the wide array of options that best fit those goals.

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

- 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

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 began their [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 suffering from mental illness who have committed certain low-level, non-violent misdemeanor offenses. Law enforcement is able to take eligible individuals to the center as an alternative to jail.

Additionally, Smith 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 Smith 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. Smith 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 ([Andrews 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 Smith 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 specialized 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: Colling, 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, Smith County courts contract with private attorneys, acting as independent contractors, who are compensated with public funds. In this model, Smith County district, county, and magistrate judges appoint counsel that is contracted with the assigned court. The court

usually has up to three contracted attorneys to choose from. Smith 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.

Currently, Smith County's magistration process is overseen by five Justices of the Peace, on a rotating basis. Several new judges will be taking office in January 2023, providing an opportune time to review the local magistration processes for system improvement. Further, there appears to be no indigent defense coordinator for the county, resulting in jail staff assisting defendants with requests for court-appointed counsel and a lack of an indigent defense office or point-person.

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 magistrations, 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 magistrations 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 isn't 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 CIT 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 help 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 that 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

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

Smith County has an outpatient competency restoration program that is underutilized. Fifteen years after the 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. As of mid-2022, thousands of 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 efficient management of county jails. Jail settings are challenging and sometimes dangerous settings for individuals in mental health crisis or with mental illness 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. Smith County should take advantage of the OCR program operated by the Andrews Center.

APPENDICES

APPENDIX	TITLE
Appendix 1	Commonly Used Acronyms for Smith County
Appendix 2	General Resources
Appendix 3	Charts
Appendix 4	Smith County SIM Map
Appendix 5	Workshop Participant List
Appendix 6	Workshop Agenda
Appendix 7	Community Self-Assessment
Appendix 8	Key References

APPENDIX 1 | COMMONLY USED ACRONYMS FOR SMITH COUNTY

A&D – Apprehend & Detain	AOT – Assisted Outpatient Treatment	BJA – Bureau of Justice Assistance
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
SCCO – Smith County Clerk’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
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	SB – Senate Bill	SCDC – Smith County District Clerk
SCDAO – Smith County District Attorney’s Office	SCSO – Smith County Sheriff’s Office	SH – State Hospital
SIM – Sequential Intercept Model	SPH – Smith Public Health	TASC – Texas Association of Specialty Courts
TCIC – Texas Crime Information Center	TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TIDC – Texas Indigent Defense Commission
TLETS – Texas Law Enforcement Telecommunications System	TPD – Tyler Police Department	WPD – Whitehouse Police Department

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://bjaoip.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://texasicmh.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://nttacmentalhealth.org/trainings-ta/>

NPC Research

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

Opioid Response Network

<https://opioidresponsenetwork.org/>

Technical Assistance Collaborative

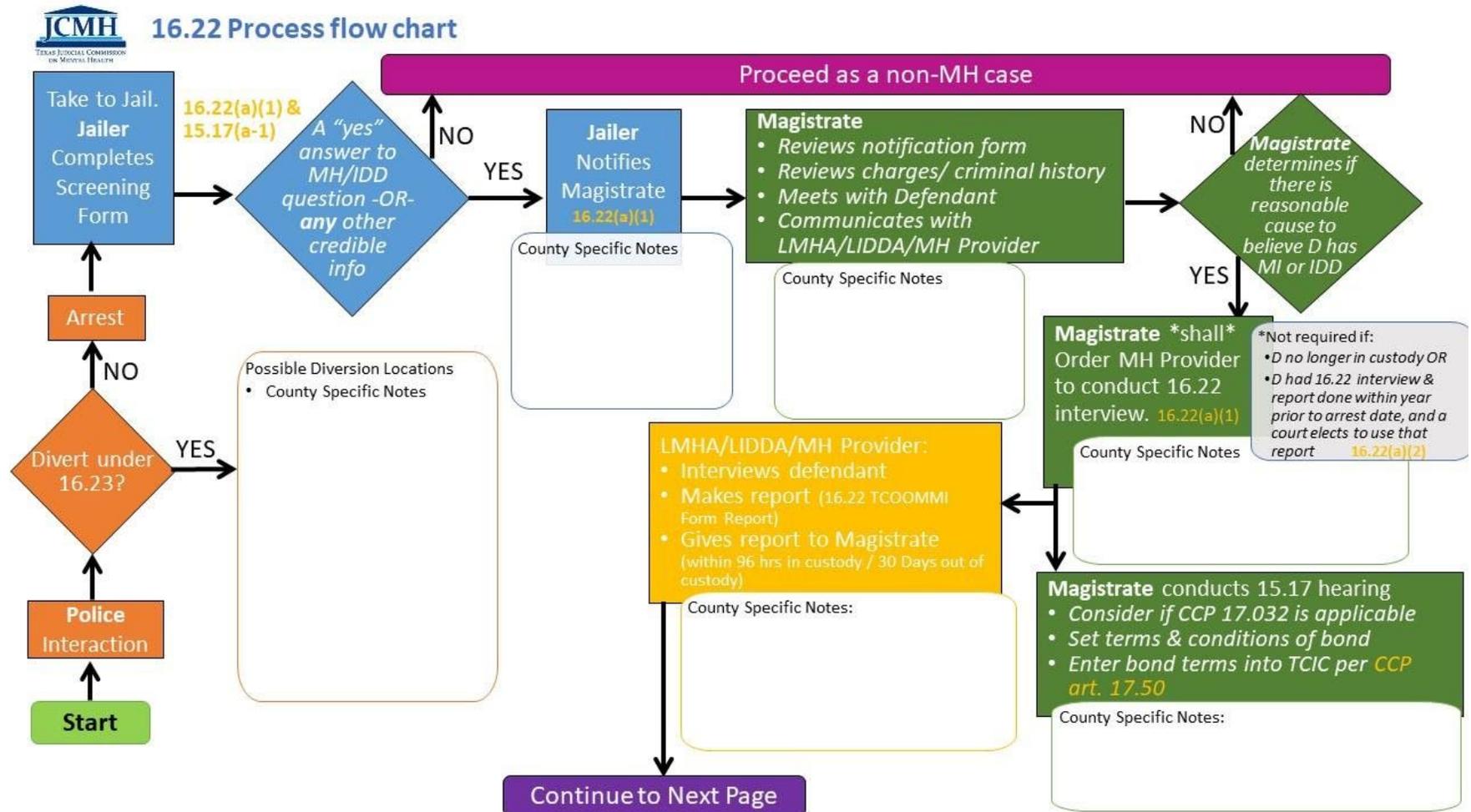
<https://www.tacinc.org/what-we-do/customized-ta-training/>

Texas Specialty Court Resource Center

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

APPENDIX 3 | CHARTS

SAMPLE CHART FOR COUNTY





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

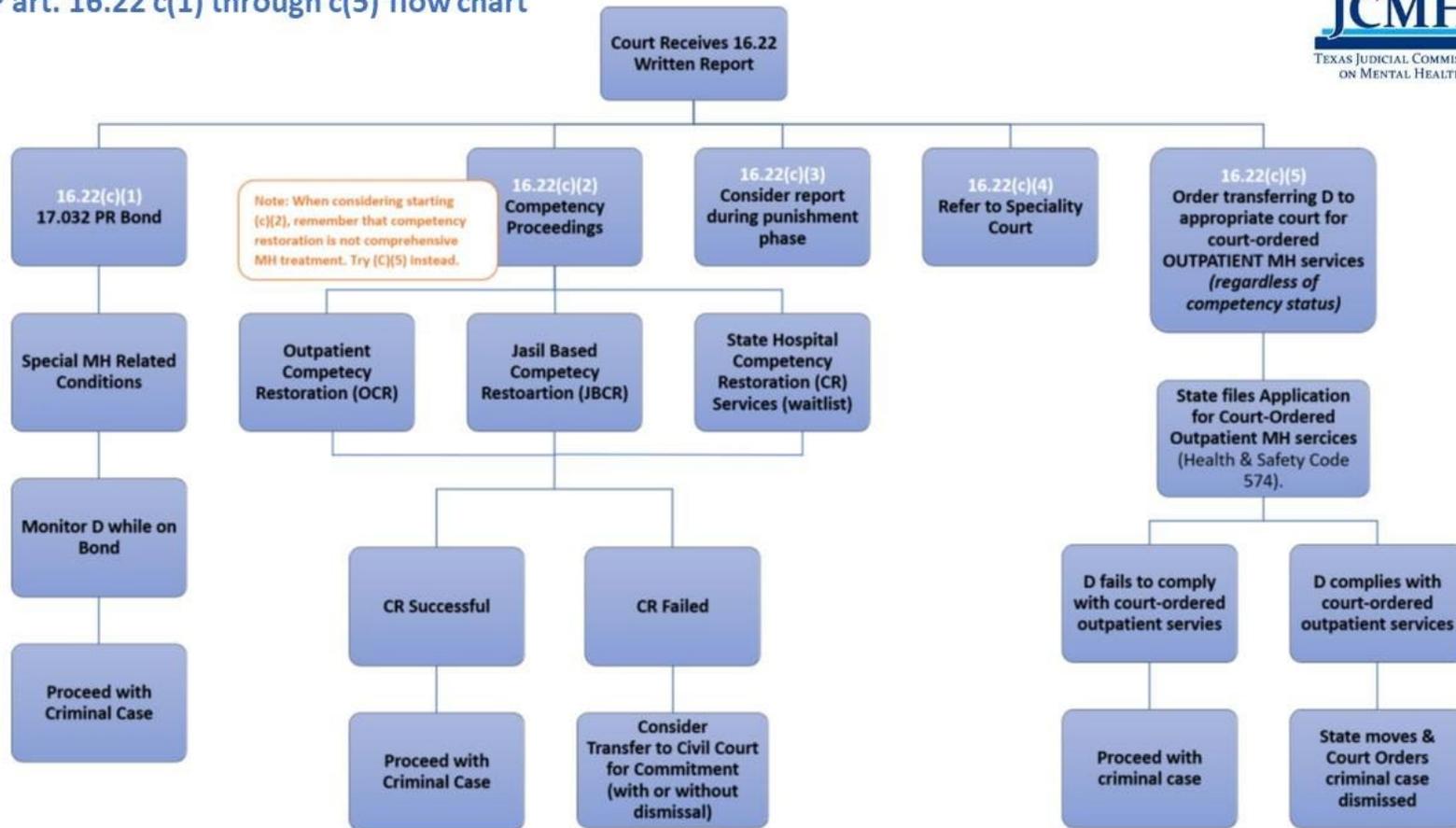
Sheriff (jail med records)

County Specific Notes

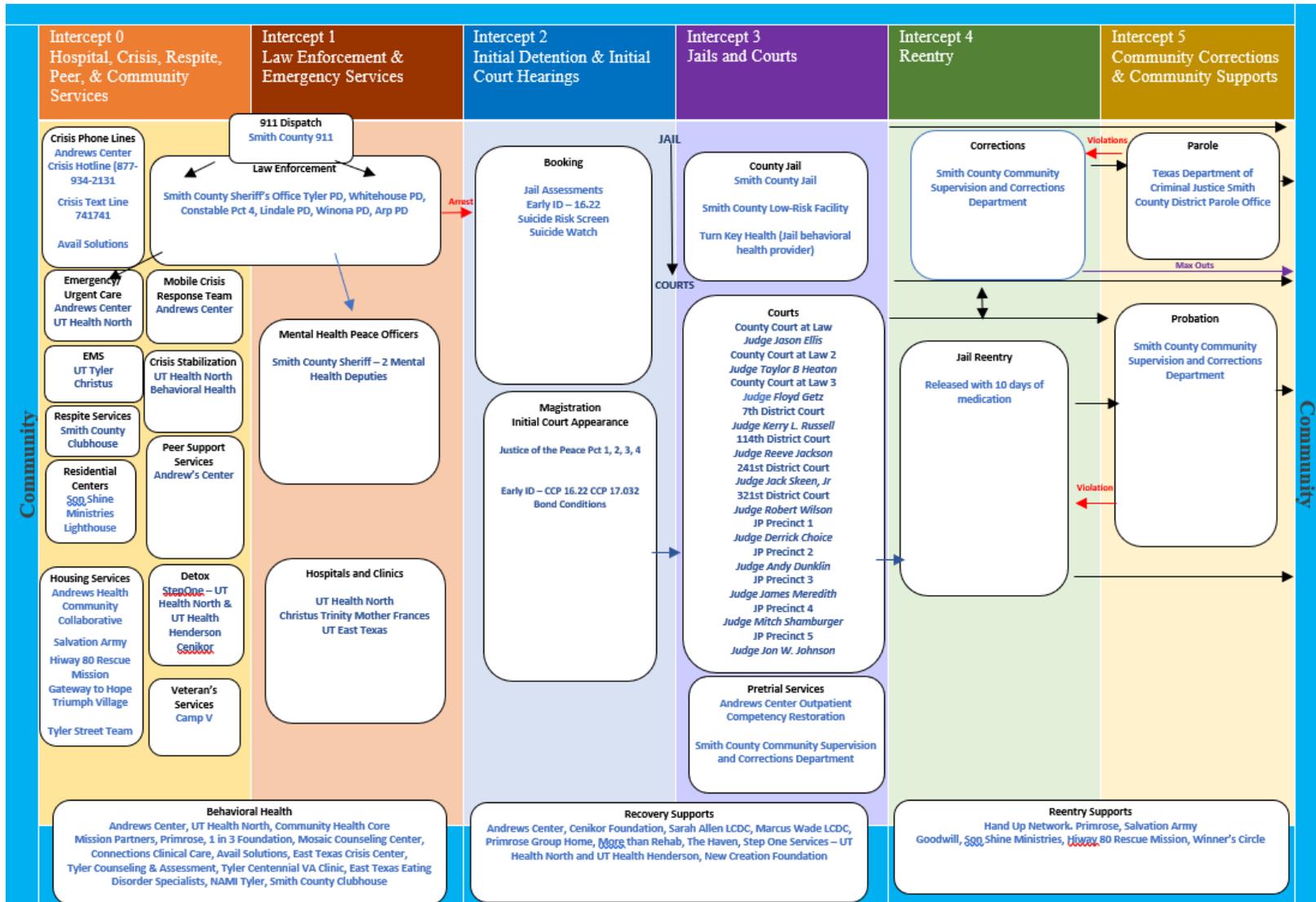
Personal bond office / Pretrial

County Specific Notes

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



APPENDIX 4 | SMITH COUNTY SIM MAP



APPENDIX 5 | PARTICIPANT LIST

First Name	Last Name	Role	Agency
Lanell	Black	Peer Support Coordinator	Andrews Center
Jennifer	Brashear	OCR Coordinator	Andrews Center
Sandra	Brazil-Hamilton	Community Diversion Coordinator	Smith County
Jessica	Cheshier	Program Manager II	Community Healthcore - Longview
Derrick	Choice	Judge	JP1/Magistrate Precinct 1
Shannon	Coleman	Deputy Director	Probation Dept
Ashley	Davis	TCOOMMI Coordinator	Andrews Center
Brianna	Deed	Court Coordinator	UT Health (Court Coord)
Kim	Durham	Program Manager	Community Healthcore
Pam	Fields	Retired	Forensic Team
Neal	Franklin	County Judge-Elect	Commissioner
Pam	Fredrick	Commissioner-Elect	Incoming County Commissioner
Cindy	Grace	COO	Andrews Center
Debby	Gunter	Judge-Elect	241st District Court
Raychel	Hall	IDD Crisis Specialist	Andrews Center
Sarah	Hartsfield	Attorney, Chief of Staff	Representative Schaefer's Office
Donna	Henry	MH Coordinator	Probate Court, Judge Moran
Carol	Henson	Behavioral Health Administrator	UT Health Science Center
Jimmy	Jackson	Chief Deputy	Sheriff's Office
Ariana	Joslin	Capitol Staffer	Representative Schaefer's Office
Neisha	LeStage	Trauma Informed Care Leader	Andrews Center
Terrie	Lindsey	Supervisor	Adult Probation
Marvin	Martin	Captain	County Jail
Doug	McSwane	Attorney	Behavioral Health Leadership Team
Keisha	Morris	SU treatment	Cenikor
Lukas	Neubauer	Lieutenant	Tyler PD
Laura	Newsome	Division Director for Crisis	Andrews Center
Brittney	Nichols	Program Manager	UT Health Science Center
Richard	Patteson	Civil Attorney	Richard B. Patteson Attorney at Law
Gary	Pinkerton	Pretrial Release Director	Pretrial Services
Karen	Reeves	LCDC	More than Rehab
Dalila	Reynoso	Advocate	Texas Jail Project
Stacy	Richards	Program Manager	Community Healthcore

Clifton	Roberson	Defense Attorney	Clifton L. Roberson, Attorney at Law
Paul	Robeson	Chief	Whitehouse Police Department
Joseph	Russell	Mental Health Peer Specialist	Andrews Center
Lynn	Rutland	CEO	Andrews Center
Amber	Scripsick	Supervisor	Adult Probation
Mitch	Shamburger	Judge	JP4/Magistrate
John	Shoemaker	Lieutenant	Sheriff's Office
Jack	Short	District Director	Representative Schaefer's Office
Jennie	Simpson	Forensic Director	Health & Human Services Commission
Jill	Smith		StepOne @ UT Health
Marsha	Smith	Sergeant	Sheriff's Office
Kody	Smith	Capitol Staffer	Representative Schaefer's Office
Marie	Taylor	Charge Nurse	Turn Key
Marcus	Wade	LCDC	LCDC, LCSW-S
Yolanda	Wade		Community Healthcore - Longview
Kathy	Wakefield	Director of Forensic Services	Andrews Center
Stephanie	Wallace	Executive Assistant	Andrews Center
Lisa	Williams	President CEO	Black Nurses Rock
Curtis	Wulf	Judge-Elect	JP4
Billy	Yates	Assistant Chief	Tyler PD
Carrie	Young	Supervisor	Andrews Center
Clay	White	Judge-Elect	County Court of Law #3
Wendy	Moon	LCDC	Andrews Center
Teral	Knighton	Mental Health First Aid Coord.	Andrews Center
Rose	McBride	Communications Manager	Judicial Commission on Mental Health
Molly	Davis	Staff Attorney	Judicial Commission on Mental Health
Liz	Wiggins	Program Manager	Judicial Commission on Mental Health
Doug	Smith	Facilitator	D-Degree Coaching & Training
Lynda	Frost	Facilitator	Lynfro Consulting

Sequential Intercept Model Mapping Workshop

Smith County

September 22-23, 2022

Tyler Junior College West Campus Regional Training & Development Complex, Room 104
1530 S SW Loop 323, Tyler, TX 75701

Purpose and Goals:

- Facilitate mutual understanding, collaboration, and relationship building between a diverse array of criminal justice and behavioral health stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all Sequential Intercept Model 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 Rep. Matt Schaefer Lynn Rutland	Welcome & Community Goals
9:10 am	Overview of Pilot Program Kristi Taylor	
9:15 am	Orienting to This Work Lynda Frost Sandra Brazil-Hamilton	Hopes for the Mapping Process Why Collaboration Matters
9:45 am	Overview of SIM Mapping Doug Smith Lanell Black Joseph Russell	Overview of Model Importance of Lived Experience
10:30 am	Break	
10:45 am	SIM Mapping Lynda Frost Laura Newsome Asst. Chief Billy Yates Dr. Jennie Simpson	Intercepts 0-1 Examining the Gaps & Opportunities Creating a Local Map

11:50 am	Lunch	
12:30 pm	SIM Mapping Lynda Frost Doug Smith Lt. John Shoemaker Commissioner Neal Franklin Molly Davis	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 Ashley Davis Shannon Coleman	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 Review Work of Pilot Project Identify Opportunities for Collaboration
4:20 pm	Wrap Up Doug Smith Commissioner Neal Franklin	Preview Next Day

AGENDA – Day 2

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Cindy Grace	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	

APPENDIX 7 | COMMUNITY SELF-ASSESSMENT SURVEY

INTRODUCTION

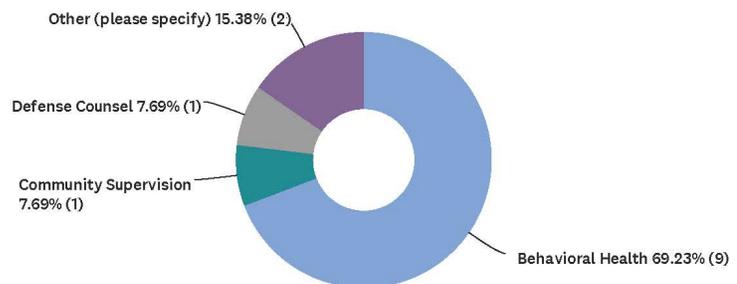
The purpose of this community self-assessment was to ascertain the community's level of collaboration and activities relating to justice-involved adults with mental disorders or substance use disorders. This community self-assessment was conducted as part of the planning for a Sequential Intercept Mapping Workshop in Smith County.

By completing this community self-assessment, community members provided workshop participants with their perceptions on the state of the community's criminal justice/behavioral health initiatives and resources.

This community self-assessment is intended to guide identification of opportunities for improving responses to justice-involved adults along the intercept points of the Sequential Intercept Model. The questions are designed to assess the community's perceptions of the system in order to facilitate a cross systems discussion among community stakeholders.

Participation was voluntary. Responses will only be reported in an aggregate format so as not to identify any individual.

1. SURVEY PARTICIPANTS' ROLES



2. COLLABORATION

To appropriately and effectively respond to adults with mental and substance use disorders, agencies should collaborate across the Sequential Intercept Model. Indicate your level of agreement with the statements below as they relate to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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2.01 There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.



2.02 There is cross-systems recognition that responsibility for responding to these adults with mental and substance use disorders lies with all systems.



2.03 The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.



2.04 Family members people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.



2.05 People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.



2.06 Stakeholders have established a shared mission and common goals to facilitate criminal justice and behavioral health collaboration.



2.07 Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.



2.08 Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.



2.09 Based on research evidence and guidance on best practice, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.



2.10 Criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders in the justice system.



2.11 Criminal justice and behavioral health agencies share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement.



2.12 Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.



3. IDENTIFICATION

The behavioral health needs of adults in the justice system should be identified on a systematic basis at each point within the criminal justice system. Indicate your level of agreement with the statements below as they relate to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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3.01 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for mental disorders by standardized instruments with demonstrated reliability and validity.



3.02 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for substance use disorders by standardized instruments with demonstrated reliability and validity.



3.03 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.



3.04 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for suicide risk by standardized instruments with demonstrated reliability and validity.



3.05 There are procedures in place to access crisis behavioral health services for adults at any point of contact with the criminal justice system.



3.06 Mental health assessments are conducted on a routine basis whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.



3.07 Substance use assessments are conducted on a routine basis whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.



3.08 Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.



3.09 Information obtained through screening and assessments is never used in a manner which jeopardizes an adult's legal interests.



3.10 Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.



3.11 Data-matching between criminal justice agencies and behavioral health providers occurs on a routine basis to identify active and former consumers who have entered the criminal justice system.



4. STRATEGIES

A variety of interventions are necessary for a community to effectively respond to adults with mental disorders and substance use disorders involved with the criminal justice system. Indicate your level of agreement with the statements below regarding a variety of approaches as they relate to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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4.01 Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.



4.02 There are adequate crisis services in place to meet the needs of people experiencing mental health crises.



4.03 Emergency communications call-takers and dispatchers are able to effectively identify and communicate details about crisis calls to law enforcement and other first responders.



4.04 Law enforcement and other first responders are trained to effectively respond to adults experiencing mental health crises.



4.05 Pretrial strategies are in place to reduce detention of low-risk defendants and to reduce failure to appear rates for people with mental and substance use disorders.



4.06 Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.



4.07 Treatment courts are aligned with best practice standards and oriented to serve high-risk/high-need individuals.



4.08 Jail-based programming and health care meets the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).



4.09 Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.



4.10 Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.



4.11 Medication assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.



4.12 Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.



4.13 Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated on a regular basis to determine whether they are achieving the intended outcomes.



4.14 Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems.



5. SERVICES

Adults with mental disorders or substance use disorders in the criminal justice system should have access to effective treatment to meet their needs and with the goals of achieving greater community public health and public safety. Indicate your level of agreement with the statements below as they related to your community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
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5.01 Adults with mental disorder and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.



5.02 Regardless of setting, all behavioral health services provided to justice involved adults are evidence-based practices. Evidence-based practices are defined manual-based interventions with demonstrated positive outcomes based on repeated rigorous evaluation studies.



5.03 Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.



5.04 Justice-involved adults are fully engaged with behavioral health providers on the development of their treatment plans.



5.05 Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.



5.06 Justice-involved adults with mental disorders or substance use disorders receive assistance in obtaining legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).



5.07 The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.



5.08 There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.



5.09 Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders, to the extent permitted by law, to assist effective delivery of services and programs.



APPENDIX 8 | 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.