

Sequential Intercept Model Mapping Workshop

Report for:

Hidalgo County

Prepared by:

The Texas Judicial Commission on Mental
Health

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

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Sequential Intercept Model Mapping Report for Hidalgo County, TX



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

Mission

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



RECOMMENDED CITATION

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

ACKNOWLEDGEMENTS

The Judicial Commission on Mental Health wishes to recognize Judge Renee Betancourt and praise the work she has done to bring JCMH's support to Hidalgo County. The JCMH is thankful for the assistance of the Hidalgo County planning team: Judge Marla Cuellar, District Attorney Terry Palacios, Sheriff Eddie Guerra, Commissioner Eddie Cantu, Terry Crocker, Faustino Lopez, Belinda Salinas Anzaldua, Mike Taylor, Esteban Alcantar, and Joel Garcia.

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A NOTE ON LANGUAGE

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

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

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

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

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

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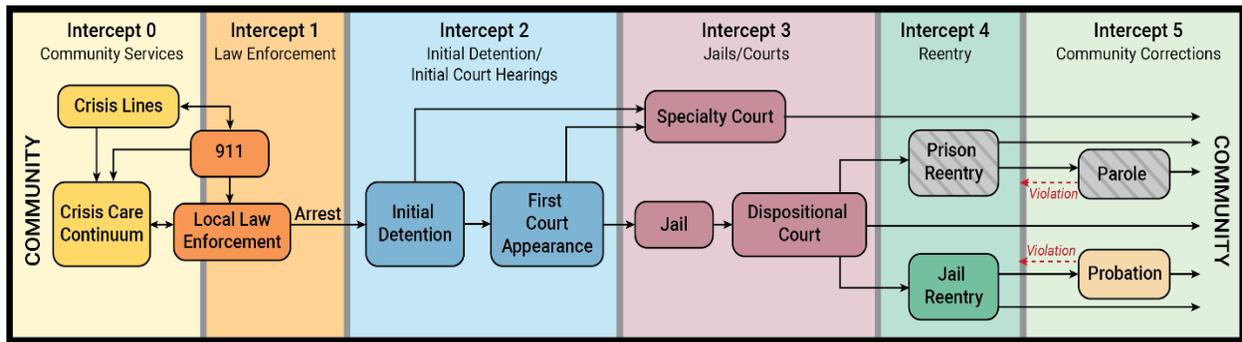
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BACKGROUND

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

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

The Sequential Intercept Mapping workshop has five primary goals:

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

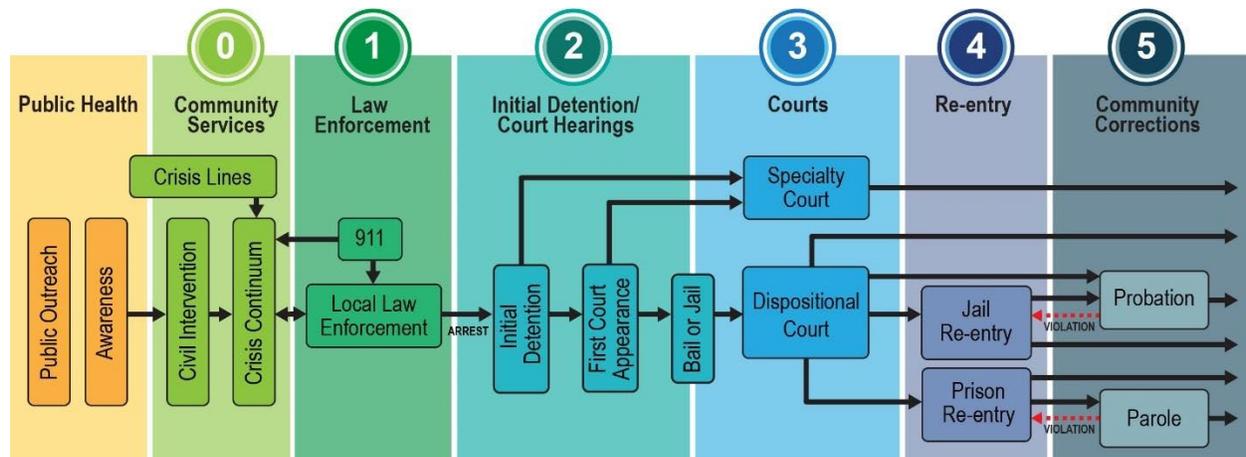


RESOURCES AND CHALLENGES AT EACH INTERCEPT

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

Prior to the workshop, a planning team of Hidalgo 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 Hidalgo County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: USE ALTERNATIVES TO THE CRIMINAL JUSTICE SYSTEM

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

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

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

This provision applies if:

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

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

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

BEST PRACTICE: USE CIVIL INTERVENTIONS WHEN APPROPRIATE

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

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

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

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

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

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

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

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

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

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

BEST PRACTICE: PRE-BOOKING DIVERSION CENTERS

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

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

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

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

BEST PRACTICE: USE TELEHEALTH

Telehealth can expand the reach of services and improve efficiency of healthcare and related support services by shortening delays in beginning services and eliminating or reducing travel

time and associated costs. Telehealth services can be particularly beneficial for clients or patients living in geographically remote or underserved areas, including urban areas.

RESOURCES

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

[Intercept 0](#)

Mental Health

[Tropical Texas Behavioral Health](#)
[Palms Behavioral Health](#)
[DHR Health Behavioral Hospital](#)
[South Texas Health System - Behavioral](#)
[Valley Baptist Behavioral Health](#)
[Abundant Grace Counseling Center](#)
[Catholic Charities](#)
[Hope Family Health Center](#)
[UTRGV Counseling and Training Clinic](#)
[Nuestra Clinica Del Valle](#)
[El Milagro Clinic](#)
[Dreamstar Online Counseling](#)
[Rio Grande State Center](#)

Peer Support

[Tropical Texas Behavioral Health](#)

Transportation

[Valley Metro](#)

[Intercept 1](#)

Tropical Texas Behavioral Health’s Mobile Crisis Outreach Team (MCOT) and Mental Health Officer Team (MHOT) provide 24/7/365 crisis response throughout its three-county service area. There are a total of 24 Mental Health Deputies that form the MHOT.

Recovery Supports

[South Texas Health System - Behavioral](#)
[Tropical Texas Behavioral Health](#)

Housing

[Housing Authority of Hidalgo County](#)
[Hidalgo County Community Service Agency](#)
(Rental Assistance)
[Tropical Texas Behavioral Health](#) (supportive housing and rental assistance)
[Salvation Army](#)
[Catholic Charities](#)

Veterans Services

[Hidalgo County Veterans Service Office](#)
[McAllen Vet Center \(VA\)](#)
[Tropical Texas Behavioral Health](#)

Employment/Vocational

[Workforce Solutions](#)

Additionally, Tropical Texas has a crisis co-responder program within five area police departments.

Tropical also provides primary care for medical clearances weekdays, decreasing wait times for law enforcement officers and ensuring that people in crisis are connected more readily with the help they need.

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

The very first gap identified by participants was the lack of a crisis stabilization unit or center. This type of resource would help the county more quickly connect people in crisis with immediate help. The center would be better equipped than an emergency room to connect that person with resources upon release. This became a top priority as one of the action items coming out of the SIM Mapping.

There is often confusion about how and when to utilize certain community resources for a mental health crisis. For instance, not everyone understood that medical clearance is a requirement of an admitting facility and not a pre-requisite for Tropical Texas crisis assessment. This is one example where participants saw an opportunity to better educate the public and various agencies about available resources and when and how to use them.

Beyond short-term hospitalization for medical clearance, there are very limited options other than jail. Participants reported few available inpatient beds, although data shows that per capita, the RGV has more beds than most areas of Texas. Even when people do find inpatient beds, post discharge planning is a major challenge. The county lacks housing for people with mental illness, particularly for those who have intersected with the criminal justice system. It is very common for people to quickly fall into crisis even after services have been mobilized. Participants saw this as an opportunity to expand housing options as well as to do more proactive follow-up with

people following a crisis. In fact, without external funding, Tropical Texas is currently creating a transitional housing program for this purpose.

Participants recognized that county agencies have a track record of collaborative leadership. Participants saw this as an opportunity to expand partnerships. Community collaboration came up several times in the workshop. For instance, certain action planning teams identified ways to leverage resources to accomplish multiple goals and maximize the impact of limited funds. They emphasized the need for regional alignment with other cities in the Rio Grande Valley. Further, they saw this as an opportunity to identify and develop new community leaders, including people from the judiciary, philanthropy, education, and medical communities.

A Commitment to Peer Recovery

Hidalgo County stands apart from many communities in its commitment to elevating people with lived experience of mental illness, substance use disorder, and incarceration into roles where they can make a profound difference for people seeking recovery. Tropical Texas Behavioral Health has approximately 30 Certified Peers on staff providing one-to-one support for clients. Peers are well trained to help people develop a mental health and substance use recovery plan that works for them. Rather than imposing one path to recovery, Certified Peers explore all options, while emphasizing self-determination, safety, and wellness. Tropical Texas was also a pilot site for the newest peer certification, Reentry Peer Specialist. Reentry peers not only help people with mental illness and substance use disorder find recovery, but they can also help people navigate the challenges of community reintegration following a period of detention. Tropical Texas also employs Certified Family Partners, who are parents of kids with mental illness who have been trained to support other parents. Hidalgo County is well positioned to become a state leader in peer recovery, especially as Certified Peers take on roles in a variety of new settings such as courts and jails.

Intercept 1

One of the most significant gaps at Intercept 1 is the lack of a drop-off or diversion center. When law enforcement officers respond to an individual in crisis, they bring them to the hospital's emergency department for medical clearance. This process can take hours and sometimes more than one day, reducing the number of on-duty officers available for response to emergencies.

Additionally, some hospitals will not accept people quickly and some have begun to refuse them altogether. This increases the amount of time that officers spend away from the field.

There are multiple cities in Hidalgo County, each with a police department with a limited number of officers. Having even one officer out of the field can have a significant impact on public safety. During the workshop, officers from smaller departments gave specific examples of incidents requiring all on-duty officers to respond, but at least one of the officers was at the hospital for hours. Further complicating this issue, participants noted that medical clearance is requested by the hotline at times, often when it is not warranted.

Participants saw this as an opportunity to develop a crisis stabilization unit or center. This became a top priority for the county. A team of community stakeholders, including law enforcement, committed to help develop this center. The team also began generating possible options for funding.

Another gap in service was the need to involuntarily hold someone who may be intoxicated. People under the influence of alcohol or other drugs, particularly those without a responsible party to take them home, are often taken to jail. This takes up time and resources from the jail, and places that individual at risk of dangerous withdrawal without medical observation.

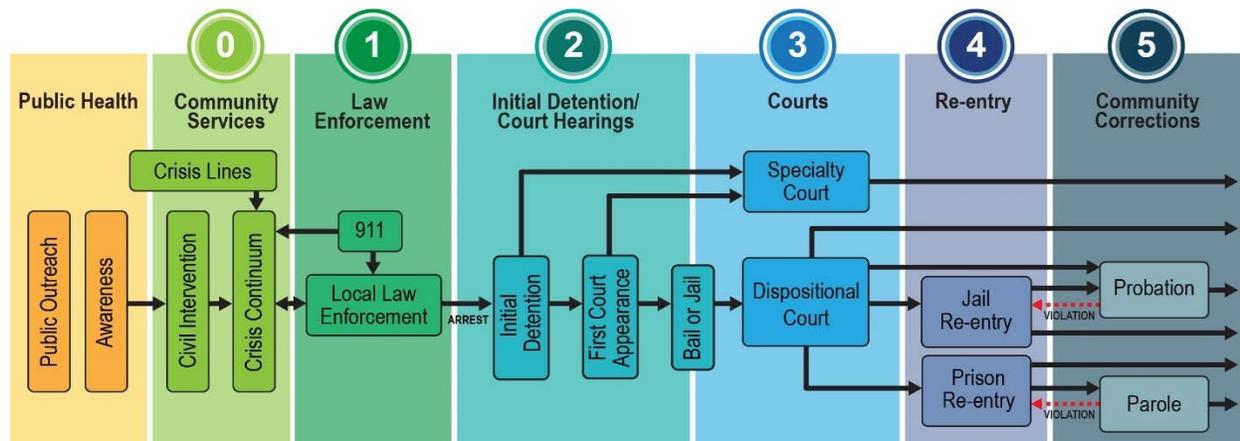
Despite these challenges, participants saw multiple opportunities and possible innovations. For instance, additional beds at a psychiatric emergency department would conserve officer time and allow the community to respond more swiftly to mental health crises.

Law enforcement officers suggested the creation of a team within police departments responsible for following up with people after they have been released back to the community. This may help the community identify people at risk of future crises and connect them with the appropriate services and medications. The community also suggested that they expand assisted outpatient treatment for people at risk of future crisis.

Participants suggested that Hidalgo County adopt elements of the law enforcement/district attorney collaboration in Harris County. This innovation allows officers to contact the district attorney's office prior to arrest to determine whether they would prosecute certain charges if the person were arrested. This would give police departments greater latitude in exercising their discretion to divert people from arrest.

Participants also saw an opportunity to increase partnership between Tropical Texas Behavioral Health and various police departments. Tropical Texas Behavioral Health currently collaborates with all departments across the county and proactively invited each one join in the workshop. Tropical Texas Behavioral Health has created crisis co-responder units within the police departments that have expressed interest and these teams have been proven successful. There is an opportunity to expand this co-responder model across the county.





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 Hidalgo 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; the utility of this system depends on the accuracy of TLETS.

- **Code of Criminal Procedure art. 16.22:** [CCP 16.22](#) details a procedure for identifying a person’s possible mental illness or intellectual disability at the earliest stages of—and throughout—a criminal proceeding. Under article 16.22, a magistrate must, under certain circumstances, order an expert to interview the defendant and otherwise collect information regarding whether the defendant has a mental illness or intellectual disability in order to alert the necessary stakeholders if the resulting report indicates possible mental illness or intellectual disability. Once the report is reviewed, diversion options like outpatient treatment, voluntary inpatient treatment, or involuntary civil commitment may be pursued.
- **Code of Criminal Procedure art. 17.032:** Pursuant to [CCP 17.032](#), unless good cause is shown, the magistrate must release the person on personal bond if they are not charged with or previously convicted of a statutorily defined violent offense, the procedures in the statute were followed, and the conditions were met. The magistrate may include bond conditions that address behavioral health needs. Typical conditions of “mental health” bonds include requirements to: check in with the LMHA; abide by the LMHA’s recommendations; possess no firearms; possess no marijuana, controlled substances, or cannabidiol (CBD); and attend all appointments for assessments and services. A “warm handoff” to the LMHA can help promote compliance with the conditions.

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

BEST PRACTICE: ENSURE JAIL ACCESS TO TELEPSYCHIATRY/ MEDICATIONS

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

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

BEST PRACTICE: CREATE CROSS-SYSTEM REVIEW TEAMS

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

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

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

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

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

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

BEST PRACTICE: QUICKLY APPOINT AN ATTORNEY

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

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

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

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

BEST PRACTICE: RIGHT SIZE COMPETENCY RESTORATION SERVICES

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

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

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

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

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

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

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

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

BEST PRACTICE: ALTERNATIVE SENTENCING

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

BEST PRACTICE: SEEK TO ESTABLISH SPECIALTY COURTS OR DOCKETS

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

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

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

- develops partnerships with public agencies and community organizations, including LMHAs/LBHAs.

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

RESOURCES

[Intercept 2](#)

Upon arrest and booking into the Hidalgo County Jail, jail staff conduct a Continuity of Care Query (CCQ) to determine if the individual is receiving services from Tropical Texas Behavioral Health. They also check for history of mental health treatment and conditions. The jail then reports to Tropical Texas Behavioral Health that a client is in custody. Tropical Texas Behavioral Health provides staff assigned to the jail, including a prescriber who provides face-to-face and telehealth services. The prescriber services have been contracted to the county for over 20 years, with Tropical Texas Behavioral Health supplementing the contract to cover the full cost of services.

Hidalgo County Community Supervision and Corrections Department (CSCD) is responsible for pretrial services, and Tropical Texas Behavioral Health completes Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services assessments.

[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.

Hidalgo County has both a Mental Health Specialty Court as well as Mental Health Specialized Caseloads for people under court supervision. The County was able to secure this funding through the Hidalgo County Grant Department.

Other specialty courts include:

- Misdemeanor DWI Court Treatment Program
- Felony DWI Court Treatment Program
- Misdemeanor Drug Court Treatment Program
- Felony Drug Court Treatment Program
- Veterans Court Treatment Program
- Domestic Violence Court Treatment Program
- Youthful Offender Court Treatment Program (for high/moderate risk people, 17-25 years old and on probation)

GAPS AND OPPORTUNITIES

Intercept 2

Notwithstanding the current collaboration between the jail and Tropical Texas Behavioral Health, participants expressed concern that resources for in-jail evaluation are very limited. This means, according to participants, that the screenings required by the Sandra Bland Act are less effective than they could be. Further, participants indicated that the existing psychiatry and mental health resources within the jail are inadequate. Participants saw this as an opportunity to pursue grant funding. Such funding would facilitate pretrial officers being able to provide more detailed medical and mental health profiles for the judge at the initial hearing.

Releasing people with mental illness on personal bond is also a challenge. There are no mental health bond supervision officers. Hidalgo County CSCD provides pre-trial supervision, and they do not receive funding for specialized pretrial caseloads. This was another issue where grant funding might allow for more people with mental illness to be released on bond.

Further, the participants also saw this as an opportunity to develop an outpatient competency restoration program. They recommended identifying successful outpatient competency restoration programs across the state and implementing one.

The participants also noted that there are gaps in information and data sharing across agencies. They suggested investments in a health information exchange. Such investments would allow for greater collaboration and optimization of resources.

The participants also recognized that additional psychiatric hospital beds would have a major impact. It would likely decrease arrests, as people will have more immediate access to more comprehensive mental health services. It would also allow judges to release people on mental health bonds with inpatient hospital admission as a condition. It is worth noting that the Rio Grande Valley already has more beds per capital than most regions in Texas.

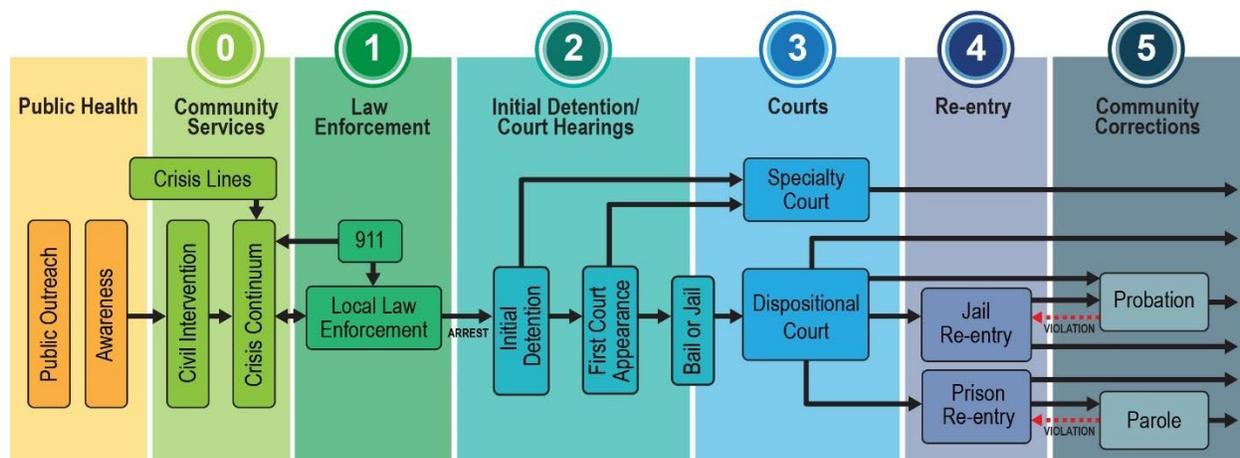
Intercept 3

For the Mental Health Specialty Court and Specialized Mental Health Caseloads, participants indicated that program capacity is very limited. Not all the individuals who may be appropriate for these programs receive these services. Participants saw this as an opportunity to seek out additional grants.

Additionally, Hidalgo County community leaders recommended that they seize the opportunity to develop partnerships with non-profit organizations across the county. With limited capacity in court-based programming, partnerships with organizations that provide mental health counseling and other services would positively impact outcomes and help the county to leverage limited resources.

Further, participants recommended creating health information exchanges, allowing the county to identify patterns of arrest, crisis, and hospitalization, which would allow departments to better target services toward people most likely to require intensive supports.





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 Hidalgo County, these practices provide a useful lens for identifying promising pathways forward.

BEST PRACTICE: CREATE A SPECIALIZED MENTAL HEALTH CASELOAD

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

BEST PRACTICE: ENSURE CROSS-AGENCY COLLABORATION

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

BEST PRACTICE: INTEGRATE PEER SUPPORT

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

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

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

Several organizations and resources provide helpful guidance:

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

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

BEST PRACTICE: PROVIDE REENTRY PLANNING

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

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

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

RESOURCES

[Intercept 4](#)

Prior to release, individuals are evaluated for placement into TCOOMMI services. Other reentry services include:

[Hidalgo County Substance Abuse Treatment Facility](#)

[Tropical Texas Behavioral Health Pretrial and Probation Aftercare](#)

[Workforce Solutions](#)

[Goodwill Industries of South Texas](#)

Hidalgo County Health and Human Services
Valley Transit

Additionally, Hidalgo County courts have the option of sentencing someone to house arrest rather than jail detention. Every day in jail increases the likelihood that the person will be released at a severe disadvantage. This Alternative to Incarceration Program reduces the impact of jail detention, preventing people from losing jobs and housing.

Also, Hidalgo County CSCD provides the specialized supervision for the Re-Entry Court Specialty Court, which provides additional support to people released from treatment programs.

Intercept 5

The Hidalgo County CSCD has a remarkable number of programs to support people with complex mental health and substance use treatment needs. It provides specialized supervision for all treatment courts identified as resources at Intercept 3. It also provides specialized supervision for people adjudicated for sexual offenses.

A recently published evaluation highlighted positive outcomes of the innovative Hidalgo County Emerging Adult Strategy, a specialized caseload for adults ages 18-24 that relies on goal setting, incentives, and identity and relationship formation.

Additionally, the CSCD operates several treatment programs including:

- Alternatives to Incarceration Program (AIP) - outpatient treatment
- Substance Abuse Treatment Facility - inpatient treatment
- Substance Abuse Felony Punishment Facility Aftercare Specialized Caseload

The Hidalgo County CSCD optimizes its resources to ensure that most of its time and resources are directed toward those at higher risk of crisis, relapse, or revocation. For instance, it operates a low-risk specialized caseload to provide light touch services to those who have already achieved a level of stability and require less supervision. It also operates a low/moderate program to help people level down to the low-risk caseload. For those who are at lowest risk, the Hidalgo County CSCD allows for virtual supervision.

Something is Different in Hidalgo County

Because of its innovative approach to community supervision, Hidalgo County has one of the lowest probation revocation rates in the entire state, accounting for only 1% of all the felony revocations to prison in the state. For comparison, a similarly sized county in the state has nearly double the revocation rate compared to Hidalgo County.¹ This is particularly significant, given that nearly one-third of the people sent to prison each year had their probation revoked due to a violation of probation terms or new offenses. During the SIM Mapping, attendees also recognized the contribution of Hidalgo County judges, who are reluctant to revoke people for probation violations and look to what could have been done to prevent revocation.

Source: Texas Department of Criminal Justice (December 2021) Monitoring of Community Supervision Funds, https://www.tdcj.texas.gov/documents/cjad/CJAD_Monitoring_of_DP_Reports_2021_Report_To_Governor.pdf.

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

A major gap identified by stakeholders was medication upon release from Hidalgo County Jail. People released from county jail receive no medication. Even in those instances where people are released and have medication available from before they were arrested, the medication often runs out before the individual can get an appointment with their providers. Leaders in this process recommended at least seven days of medications upon release with the infirmary proactively scheduling the follow up visit with Tropical Texas Behavioral Health to ensure the individual is seen before medication runs out.

There are also gaps in available housing for people released from jail. Participants saw this as an opportunity to develop relationships with sober living homes such as [Oxford Houses](#), which currently don't exist in Hidalgo County. They also suggested identifying group and assisted living

options for people with serious mental illness and/or Intellectual or Developmental Disabilities. They also saw this as a crucial imperative to find funding to expand affordable housing options.

Participants noted that, except for TCOOMMI services, there is no pre-release case management for many people leaving jail. Participants saw this as an opportunity to expand the use of Certified Peer Reentry Specialist who can work individually with people before and after release. Peers are people with lived experience of mental health and substance use disorders who have the life experience and training to help people develop a plan for recovery that works for them.

Participants also recognized that helping family members of people with mental illness after release from jail would help provide natural supports to prevent rearrest. This would require educating families on resources available to their loved ones as well as to them, including Certified Family Partners employed by Tropical Texas Behavioral Health.

Finally, participants suggested connecting people with workforce and transportation services as soon as possible. Workforce Solutions provides individualized case management and job search resources. They can also connect people with vocational services, including vocational rehabilitation, to boost skills and make them more employable. They also suggested providing more bus passes and working with Valley Transit to expand the number of routes.

[Intercept 5](#)

Hidalgo County leaders identified a comprehensive list of gaps and opportunities to better support people on community supervision, particularly people with mental health and substance use disorders.

There was a strong sentiment that the community needs to do a better job supporting people to be successful in the community. People on community supervision face unique challenges, which are complicated by the stigma they experience with respect to their criminal records. To be successful on probation, people need housing and employment stability. This is especially difficult as many people on probation lost their housing and employment while completing court ordered treatment programming. For many, this means they are starting all over.

The first major challenge identified by community members involves housing. It is especially difficult to find housing with a criminal record. The community saw this as an opportunity to expand the availability of sober living options such as Oxford Houses. They also emphasized

partnerships with other community organizations that may be able to provide rental or transitional assistance.

Transportation is another major challenge. People on probation must attend outpatient groups and programming, see their supervision officers regularly, and be available for regular drug screens. Without transportation, people simply cannot abide by these conditions. Participants suggested an effort to increase bus passes and even provide vouchers for ride sharing.

Many people transitioning from jail or prison back to the community do not have drivers' licenses or state identification. This makes finding regular employment nearly impossible. The community suggested partnering with organizations that can help people obtain state identification.

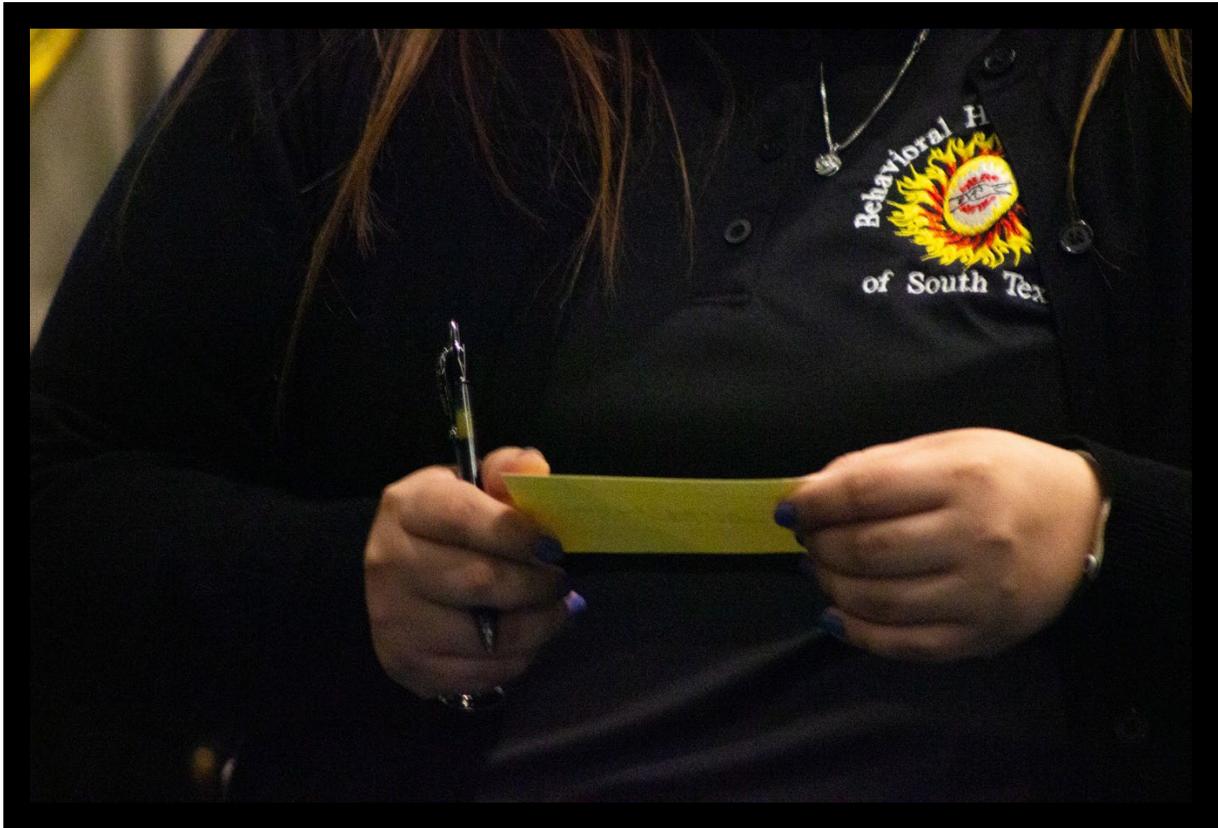
The participants recommended providing additional assistance in obtaining state and federal benefits to help with reentry. For instance, many people on probation, especially those with mental health disorders, qualify for disability benefits and may have received them prior to incarceration; however, these benefits were terminated during their jail or prison detention. Additionally, primary caretakers of children must find childcare to work and attend programming. Many qualify for childcare vouchers but may not know the process. Additionally, people need food and other forms of financial assistance. The community saw this as an opportunity to become even more thoroughly acquainted with all the benefits available to people with limited financial means.

People on probation often return to communities that put them at risk of relapse or return to behaviors that put them at risk of crisis or re-arrest. Participants suggested that great care be taken to help people connect with social supports such as Recovery Support Peers Specialists, Mental Health Peer Specialists, and Reentry Peer Specialists.

Participants also noted challenges people on probation face in finding employment. Many may not have the skills necessary to find employment that makes them financially able to afford housing and their basic needs. They saw this as an opportunity to augment partnerships with local colleges and universities. They also suggested greater collaboration with Workforce Solutions, which provides one-to-one employment assistance and vocational rehabilitation. Additionally, they suggested partnering with local high schools for adult high-school diploma programs.

There was also a recognition that people involved with the justice system experience higher levels of health problems. They saw this as an opportunity to promote health and wellness and suggested regular health fairs within probation offices.

Finally, the community identified the need for language services for people on probation as well as at every intercept point.



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 coordinating release from jail with Tropical Texas Behavioral Health to additional mental health first aid training.

Other suggestions included a concentrated effort to obtain additional funds to support priorities, expediting mental health hospital admission, and more education and training for law enforcement. They also suggested that the jail provide electronic referrals and prescriptions directly to Tropical Texas Behavioral Health. Community members also focused on decreasing the amount of time officers spend on medical clearance at local hospitals. They also suggested creating a place where people in mental health crisis can go for immediate evaluation.

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. Three priorities rose to the top:

- **Priority 1:** Crisis Stabilization Processes and Center
- **Priority 2:** Competency Restoration and Warm Hand Off
- **Priority 3:** Information Sharing

ACTION PLANS

Workshop participants were invited to join one of the three 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 on the following pages are the initial drafts developed during the course of the workshop. The teams have already made specific plans to continue meeting, so these drafts will not reflect the work done as of the publication date of this report. Readers should contact team members for the most current information on these action priorities.



PRIORITY 1: CRISIS STABILIZATION PROCESSES AND CENTER

Participants (*=Champion): Terry Crocker*, Christina Botello, Irene I. Cardenas, Joe F. Espinosa, Armando Garza, Janie Gomez, Rick Gonzalez, Luis Heredia, Ruben Jaramillo, Faustino Lopez, Francisco Lopez, Jaime Puente, Teodoro Rodriguez, Alexis Villarreal, Ted Walensky, Judge Jonathan Wehrmeister

Next Meeting: July 6, 2023 (Zoom)

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Stakeholder Planning and Coordination	<ul style="list-style-type: none"> Identify key stakeholders Meet with HHSC to determine how funding can be utilized 	<ul style="list-style-type: none"> Stakeholder commitments and MOU's Maximize coordination of community services 	<ul style="list-style-type: none"> Location identified 	<ul style="list-style-type: none"> Breaking ground
Funding	<ul style="list-style-type: none"> Seek collaboration with in-patient recipients of legislatively appropriated funds, optimizing funding by combining crisis stabilization unit. Research other funding sources Research how to find matching funds 	<ul style="list-style-type: none"> Have funding plan in place 		
Training			<ul style="list-style-type: none"> Officer standing orders developed regarding drop off at crisis stabilization unit. Training plan in place. 	
Data		<ul style="list-style-type: none"> Data compiled to support funding plan. 		

NOTES:

Just keep pushing – don't give up. Address NIMBY [Not in My Backyard] right away. Be ready to explain CSU to people unacquainted with what it would do, especially county and general public. Develop comprehensive materials on what it is, the data to support it, etc. Two years is an ambitious goal unless you secure the funding early. Can we expect the county to fund this? Ensure that, wherever this is located, people have access to the ER quickly. Partner with UT RGV. Identify how much we are currently spending by not having a CSU, including the time that officers are tied up at the ER. Address post discharge housing – including recovery housing.

PRIORITY 2: OUTPATIENT AND JAIL-BASED COMPETENCY RESTORATION AND WARM HAND OFF

Participants (*=Champion): Alexis Villarreal*, Laura Soule*, Esteban Alcantar, Belinda Salinas Anzaldua, Juan Arellano, Josie Arredondo, Irene Cardenas, Gabriel Castañeda, Luis Correa, Judge Marla Cuellar, Clemente Garza III, Homero Morales, Pat Nitsch, Hector Olivares, Amy Ortega, Ismenia Robledo, Romeo Rodriguez

Next Meeting: July 12 at 3:00pm via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Enhance reentry peer support program	Meet with Jail Supervisor in charge of release process - Homero			
Release people from jail with a 7-10 day supply of medication	Address in meeting with Jail Supervisor - Homero			
Increase coordination and communication (e.g. Odyssey)	See Priority 3.			
Explore demand for outpatient and jail-based competency restoration	Set up a meeting to review data on individuals in jail awaiting competency restoration - Laura			
Address lengthy wait (3 months?) for competency evaluations	Set up a meeting with the Judicial Commission on Mental Health to explore options (including remote evaluation) - Patrick			
NOTES: Include Vail Independent Living, partner with Workforce Solutions – two programs: vocational rehab & workforce opportunity innovation grant, connect this project to data sharing, explore remote evaluation and restoration by Harris County, could look at changing statutory requirement to be an evaluator.				

PRIORITY 3: INFORMATION SHARING

Participants (*=Champion): Judge Marla Cuellar*, Judge Larry Esparza*, Esteban Alcantar, Josie Arredondo, Ana Barrera, Judge Renee Betancourt, Crystal Guerra, Jaime Longoria, Jorge Moya, Edlma Navarro, Carlos Olivarez, Raquel Ramos, Dana Rodriguez, Monica Rodriguez, Leandro Sifuentes, Mike Taylor, Mike Torres, Keno Vasquez

Next Meeting: Afternoon toward the end of August via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Host municipal and JP training	Plan it, hold it			
Meet with County Attorney		Judge Marla Cuellar, Victor, Josie		
Identify funding			Judges Betancourt & Cuellar	
Talk to IT about Odyssey			Judge Marla Cuellar	
Clarify Local Mental Health Authority data and talk to Denton		Mike Taylor		

NOTES:

Ensure the training meets the criteria for 26/28 and that all magistrates are reading and following the criteria.

Visit with Bexar County.

Odyssey training and funds for local departments – including law enforcement - that do not use this system.

Question: who flags?

Involve Daniel Salinas, County IT

Improving the accuracy of TLETS would be very helpful; in the past, HHSC has formed work groups to look into this

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

Develop a Behavioral Health Leadership Team to facilitate and guide countywide criminal justice and behavioral health cross-systems stakeholder planning.

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

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

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

In addition to the three priorities identified by the community, the Behavioral Health Leadership Team should consider taking the lead on the following projects:

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

- **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 Principles](#) created to assist courts and service providers in addressing the growing mental health crisis.
- **Grant Writing.** The Leadership Team can invest in training selected individuals to learn effective grant writing skills. See [grant writing](#) resources in the appendices for information on grant writing educational opportunities.
- **Review Cross-Systems Processes.** Challenges often arise in cross-systems processes. The Leadership Team can review these processes and make recommendations for improvements to streamline and maximize efficiency within these procedures.

RECOMMENDATION 2: DEVELOP DIVERSION OPTIONS

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

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

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

One example is the [Judge Guy Herman Center](#) operated by Austin/Travis County Integral Care, which offers crisis stabilization and observation, recognizing that most mental health crises resolve within 48 hours. Similarly, the [Center for Health Care Services](#) in San Antonio offers 24-hour assessment and intervention, including extended observation, in its Crisis Care Center. These are just some examples.

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

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

Additionally, Hidalgo 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 Hidalgo 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. Hidalgo 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 Tropical Texas Behavioral Health.

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

There are four pillars at the core of holistic defense:

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

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

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

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

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

- A [Managed Assigned Counsel \(MAC\)](#) is a governmental entity, nonprofit corporation, or bar association operating under a written agreement with a county for the purpose of appointing counsel to indigent defendants. As of 2017, three counties use this model: Collin, Lubbock, and Travis.
- A [Public Defender Office \(PDO\)](#) is a government entity or nonprofit corporation that operates underwritten agreement with a county rather than an individual judge or court or uses public funds and provides legal representation and services to indigent defendants accused of a crime.

Currently, Hidalgo County has a Public Defender’s Office that represents indigent defendants charged with misdemeanor offenses from arraignment through appeal. The office has six attorneys, an investigator, and a jail intake officer. To represent an indigent client on a misdemeanor charge, the Public Defender’s Office must first be appointed by the Hidalgo County Indigent Defense Office or by a County Judge. Aside from the Public Defender’s Office, attorneys are appointed by the presiding judge for the case from a rotating list of qualified attorneys. Hidalgo 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, all justices of the peace and municipal court judges may magistrate any misdemeanor or felony case that lands in their jurisdiction. They can all set bond conditions.

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

When an individual under arrest for a criminal offense first appears in a court of law, the magistrate interacts with the defendant, informing them of the charges, advising them of their rights, appointing counsel, if the defendant is indigent, and receiving a plea. At this hearing (the arraignment), the judge or magistrate will also determine the bond conditions, or the circumstances under which the individual may be released from jail pending prosecution. These interactions provide an early opportunity to identify whether the individual may be experiencing significant behavioral health challenges, to quickly appoint counsel, and to tailor bond conditions to ensure engagement with appropriate services. And for jurisdictions with an [Indigent Defense Coordinator](#), the IDC can provide helpful insight in following appropriate procedures for defendants who may have behavioral health challenges (the Texas Indigent Defense Commission provides [grant funding](#) to create an IDC position).

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

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

RECOMMENDATION 5: EFFICIENT AND EFFECTIVE USE OF DATA

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

Across Texas and across the nation, too little data is collected and too much of what is collected is not utilized. Measures for Justice, a nationally recognized nonprofit organization designed to gather criminal justice system data from every county across the U.S., released a report in 2021 articulating [The Power and Problem of Criminal Justice Data](#) after reviewing data collection processes in twenty states. The lack of data or the ability to analyze the data limits the ability to make informed decisions about policy or to garner public trust in the system. Texas counties can capitalize on their data collection and improve the data collection process across the SIM by taking several steps. [SAMHSA](#) has an article on [Data Collection Across the Sequential Intercept Model: Essential Measures](#) that contains insightful techniques that can be reviewed and implemented on a local level. Ensuring the accuracy of Texas Law Enforcement Telecommunications System (TLETS) data is an important part of improving data collection in Texas.

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

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

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

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

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

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

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

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

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

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

Certified peers are becoming more common within mental health authorities in Texas. Tropical Texas Behavioral Health employs roughly 30 peers. However, peers are less frequently utilized within the justice system. When they are utilized within courts, jails, probation departments, and reentry programs, peers can make a real difference. According to a [Leadership Brief](#) of the National Judicial Task Force to Examine State Courts' Response to Mental Illness, peer specialists are involved in courts, jails, and reentry programming with the goals of:

- Providing person-centered, strength-based support to build recovery and resilience;

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

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

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

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

RECOMMENDATION 7: OUTPATIENT COMPETENCY RESTORATION

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

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

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

As of July 2023, Hidalgo County had 22 people on the wait list for a bed in a state hospital for competency restoration. Fifteen of those individuals required a maximum security setting, whereas seven presented lower security risks.

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

APPENDICES

APPENDIX	TITLE
Appendix 1	Commonly Used Acronyms
Appendix 2	General Resources
Appendix 3	Charts
Appendix 4	Hidalgo 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

A&D – Apprehend & Detain	AOT – Assisted Outpatient Treatment	BJA – Bureau of Justice Assistance
CCO – County Clerk’s Office	CCP – Code of Criminal Procedure	CCQ – Continuity of Care Query
CDC – County District Clerk	CIRT – Crisis Intervention Response Team	CIT – Crisis Intervention Team
CSCD – Community Supervision and Corrections Department (“probation”)	CSO –County Sheriff’s Office	DAO –District Attorney’s Office
D/M – Dismiss or Dismissal	HB – House Bill	HHSC – Health and Human Services Commission
IDD – Intellectual or Developmental 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	MHC – Mental Health Court
MI – Mental Illness	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	PH – Public Health
PTI – Pretrial Intervention	SAMHSA – Substance Abuse & Mental Health Services Administration	SB – Senate Bill
SH – State Hospital	SIM – Sequential Intercept Model	TASC – Texas Association of Specialty Courts
TCIC – Texas Crime Information Center	TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TIDC – Texas Indigent Defense Commission
TLETS – Texas Law Enforcement Telecommunications System		

APPENDIX 2 | GENERAL RESOURCES

FUNDING RESOURCES

Council of State Governments Justice Center

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

DOJ Office of Justice Programs

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

Humanities Texas

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

The Meadows Foundation

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

Office of the Texas Governor

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

Substance Abuse and Mental Health Services Administration

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

Texas Health & Human Services Commission

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

Texas Indigent Defense Commission

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

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

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

U.S. Grants

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

GRANT WRITING RESOURCES

Grants.gov

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

HHSC Funding Information Center

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

Nonprofit Guides

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

Nonprofit Ready

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

Texas Specialty Court Resource Center

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

University of Texas Grants Resource Center

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

MENTAL HEALTH COURT PROGRAM RESOURCES

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

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

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

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

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

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

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

https://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

<https://txbhjustice.org/services/sequential-intercept-mapping>

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

NPC Research

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

Opioid Response Network

<https://opioidresponsenetwork.org/>

Technical Assistance Collaborative

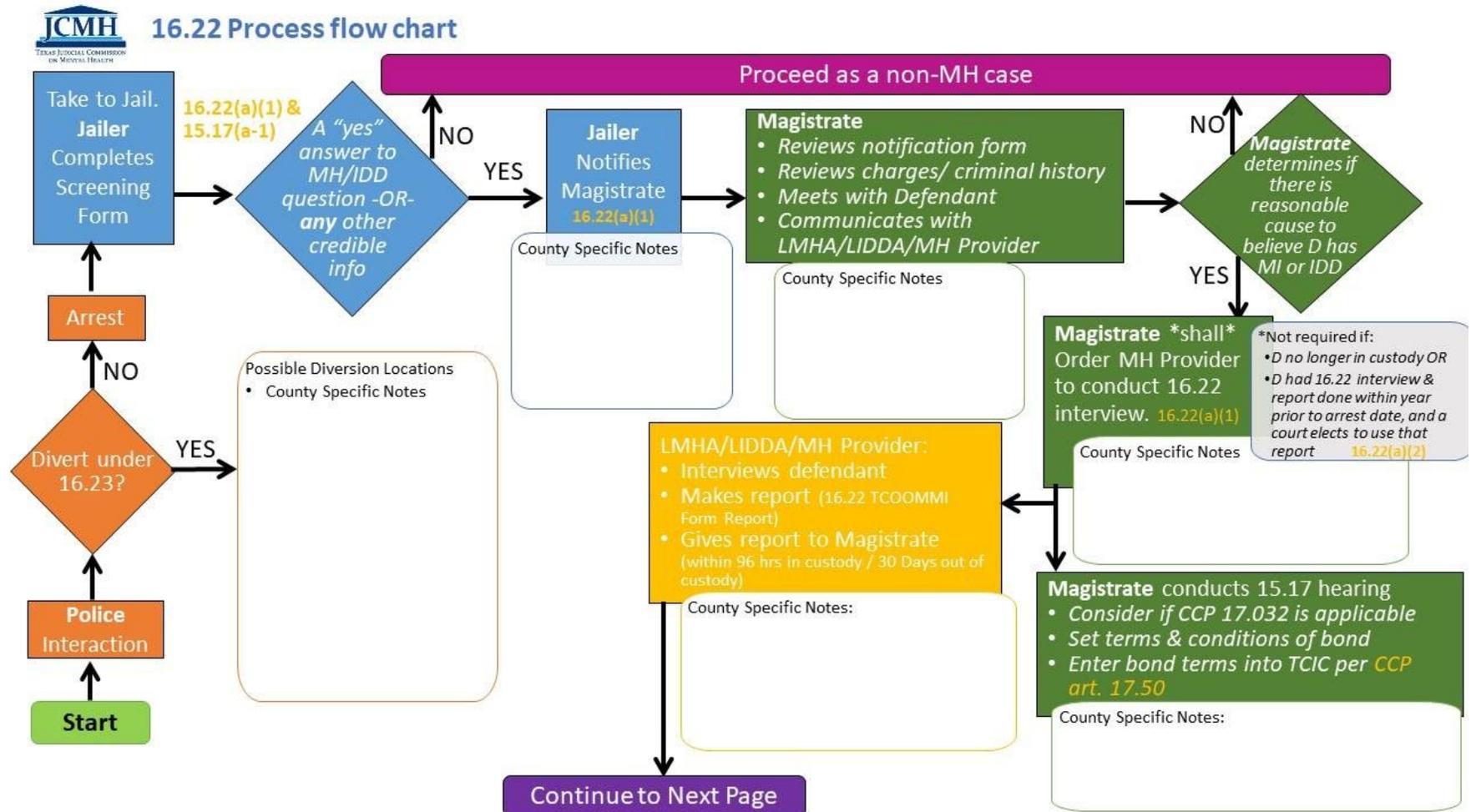
<https://www.tacinc.org/what-we-do/customized-ta-training/>

Texas Specialty Court Resource Center

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

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

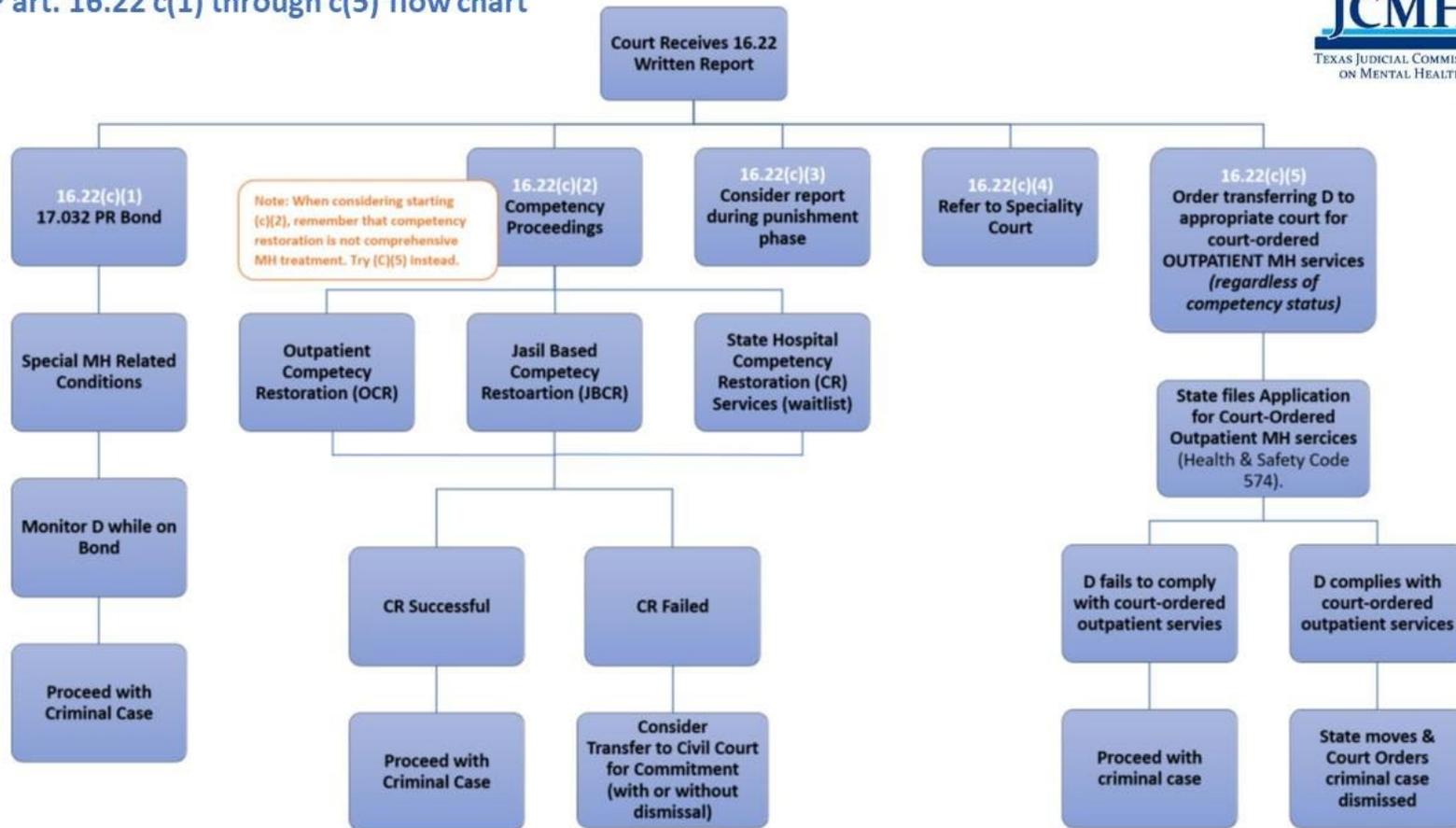
Sheriff (jail med records)

County Specific Notes

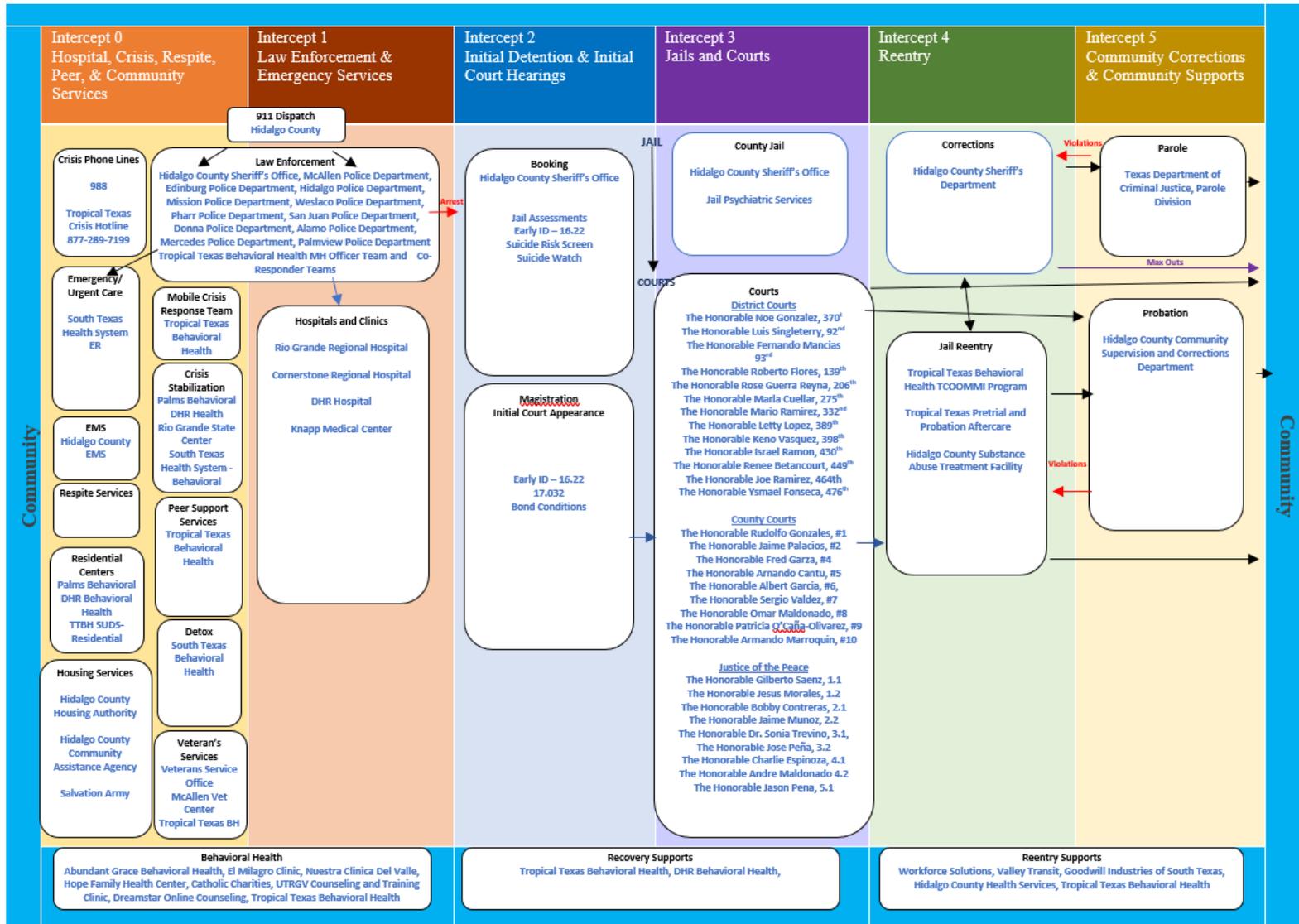
Personal bond office / Pretrial

County Specific Notes

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



APPENDIX 4 | HIDALGO COUNTY SIM MAP



APPENDIX 5 | PARTICIPANT LIST

First Name	Last Name	Role	Agency
Esteban	Alcantar	ADA	Hidalgo County District Attorney's Office
Juan	Arellano		Hidalgo County CSCD
Josie	Arredondo		Endeavors
Jaime	Ayala	Chief Edinburg PD	
Ana	Barrera		Endeavors
Trisha	Barrera		So. Tx. Behavioral Health Center
Renee	Betancourt	Judge 449th District Court	
Christina	Botello	TCOOMMI Manger	
Joe	Bravo	Defense Attorney	
Eddie	Cantu	Commissioner	Precinct 2
Irene	Cardenas	JP Pct. 1 Place 2	Pct. 1 Place 2
Gabriel	Castaneda	Division Chief	Hidalgo County Sheriff's Department
Luis	Correa	Probation	Hidalgo CSCD
Terry	Crocker	Chief Executive Officer	Tropical Texas Behavioral Health
Marla	Cuellar	Judge 275th District Court	
Larry	Esparza	Magistrate Judge HC Jail	
Joe	Espinosa	Chief Deputy	HCCP1
Jonathan	Flores	Chief Alton PD	
Joel	Garcia	ADA	Hidalgo County District Attorney's Office
Armando	Garza		
Clemente	Garza		Hidalgo County CSCD Supervisor
Janie	Gomez	Court Administrator	
Rick	Gonzalez		Tropical Texas
Crystal	Guerra		Alton Police Dept.
Eddie	Guerra	Sheriff	Hidalgo County Sheriff's Department
Luis	Heredia		
Ruben	Jaramillo		HCCP pct 2
Jaime	Longoria		
Faustino	Lopez	Director CSCD	Hidalgo County CSCD
Francisco	Lopez		UTRGV Police Department
Homero	Morales		Hidalgo County CSCD MHC Probation Off.
Jorge	Moya		San Juan PD
Edlma	Navarro	Sergeant	San Juan PD

Patrick	Nitsch	Mental Health Public Defender	
Hector	Olivares	SATF	
Carlos	Olivarez		Alton Police Department
Amy	Ortega		Hidalgo County District Attorney's Office
Terry	Palacios	District Attorney	Hidalgo County District Attorney's Office
Ricardo	Perez	Municipal Judge San Juan, TX	
Jaime	Puente		Hidalgo Co. Constable Pct. 4
Raquel	Ramos	Deputy	Hidalgo Constable Pct. 3
Ismenia	Robledo		
Dana	Rodriguez		JP Pct. 3, Pl.2
Monica	Rodriguez	Senior Manager	Tropical Texas
Romeo	Rodriguez		Hidalgo PD
Teodoro	Rodriguez	Assistant Chief	Mission PD
Belinda	Salinas	ADA	Hidalgo County District Attorney's Office
Leandro	Sifuentes	Chief San Juan PD	
Laura	Soule	Senior Manager	Tropical Texas
Mike	Taylor		Tropical Texas Behavioral Health
Mike	Torres		Rio Grande State Center
Jose	Trevino	Chief Palmview PD	
Keno	Vasquez	Judge 398th District Court	
Alexis	Villarreal	Recovery Coach	
Juan	Villescas	Municipal Judge Pharr, TX	
Ted	Walensky		Weslaco PD
Jonathan	Wehrmeister	Municipal Judge Mission, TX	
Molly	Davis	Staff Attorney	Judicial Commission on Mental Health
Lynda	Frost	Facilitator	Lynfro Consulting
Cynthia	Martinez	Paralegal	Judicial Commission on Mental Health
Rose	McBride	Communications Manager	Judicial Commission on Mental Health
Doug	Smith	Facilitator	D-Degree Coaching & Training

Sequential Intercept Model Mapping Workshop

Hidalgo County

June 8, 2023

Mission Event Center, 200 N Shary Rd

Purpose and Goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation.
- Prioritize key steps toward system transformation and improved service delivery and identify relevant best practices.
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services.

AGENDA

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Judge Marla Cuellar Terry Crocker	Welcome & Community Goals
9:20 am	Orienting to This Work Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:40 am	Overview of Judicial Commission Molly Davis	
9:45 am	Overview of SIM Mapping Doug Smith Alexis Villarreal	Overview of Model Importance of Lived Experience

10:30 am	Break	
10:45 am	Establishing Priorities Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
11:45 am	Lunch	
12:20 pm	Action Planning Doug Smith	Group Work Presentation to Full Group
1:40 pm	Break	
1:55 pm	Refining the Action Plan Doug Smith	Gallery Walk Group Work
2:35 pm	Next Steps & Summary Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
3:00 pm	Adjourn	

APPENDIX 7 | KEY REFERENCES

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