

ESTABLISHING THE TEXAS BEHAVIORAL HEALTH
AND JUSTICE TECHNICAL ASSISTANCE CENTER:

TEXAS



“There is a hunger to do things effectively using best practices.”

–Jennie Simpson, Project Director

VISION

There were several system issues that indicated to Texas Health and Human Services Commission (HHSC) that despite state legislation enabling and encouraging jail diversion, too many people with serious mental illness (approximately 30% of inmates) were booked into county jails. At the time the project was awarded, of the 1400 jail inmates awaiting inpatient competency restoration nearly 20% had only misdemeanor charges. Many urban areas of the state have instituted diversion programs with great success. Why haven't more law enforcement agencies adopted diversion strategies in suburban and rural counties and municipalities? HHSC used the TTI funds to collaborate with law enforcement to understand barriers to diversion and devise a strategy to overcome them. HHSC, together with the Texas Police Chiefs Association (TPCA) and Sheriffs' Association of Texas (SAT) designed and administered a study of law enforcement agencies across 254 counties to better understand impediments to diversion. Based on the results, HHSC designed a technical assistance center whose content and delivery system are more attuned to suburban and rural communities. The T.A. Center has begun providing hands-on support to communities including Sequential Intercept Model Mapping Workshops (See Figure 1) and training as well as identifying best practice sites within

the state for communities to visit, observe, and consult. The website to be launched in late 2022 will provide a variety of implementation guides and other resources.

JAIL DIVERSION APPROACH

The Texas Behavioral Health and Justice Technical Assistance Center (T.A. Center) utilizes the sequential intercept model to help communities identify opportunities to divert. The model details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. Law enforcement agencies, working with local behavioral health providers, consumer advocacy groups, and other key stakeholders determine how best to use resources to divert individuals. Best practices at each intercept are illustrated in Figure 1.

MEASURING PROGRESS

A major product of this initiative is the survey of law enforcement agencies across the state. The T.A. Center received 557 unique responses from across the state with about half completed by agency chiefs. The high response was attributed to the joint design and distribution by HHSC, TPCA, and SAT. The results are still being analyzed but point to limited access to treatment as a barrier to diversion. Respondents also indicated a preference for pre-arrest diversion programs. ▶

FIGURE 1: BEST PRACTICES ARE IDENTIFIED AT EACH INTERCEPT

Diversion Best Practices Across SIM Intercepts						
Intercept 0 Hospital, Crisis, Respite, Peer, & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 3.5 Forensic Evaluations & Commitments	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports
<ul style="list-style-type: none"> 24/7 Crisis Hotline Mobile Crisis Outreach Team Crisis Facilities Peer Operated Crisis Respite SUD Focused Diversion Early Identification and Intervention of High-Utilizers 	<ul style="list-style-type: none"> Crisis Intervention Team (CIT) Training & Model MH Deputies LE and MH Co-Responder Models MH and SU Drop-Off Centers 	<ul style="list-style-type: none"> Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Query Minimum Requirements for Texas Jails (validated screening instruments; 24/7 telepsychiatry; provides Rx meds) Pre-Trial Supervision and Diversion Programs 	<ul style="list-style-type: none"> Specialized Courts MH Public Defender Programs Mental Health Liaison and Diversion Coordinators Assisted Outpatient Treatment 	<ul style="list-style-type: none"> Alternatives to Inpatient Competency Restoration Services Active Waitlist Monitoring (See Eliminate the Wait Toolkit) Efficient Court Policies and Procedures Education and Awareness 	<ul style="list-style-type: none"> County Reporting and Medicaid Suspension Transition Planning by the Jail or In-reach Providers Peer Support Services 	<ul style="list-style-type: none"> Specialized Caseloads of people with MI or SUD Community Partnerships Access to Recover Supports

INTEGRATION WITH CRISIS SYSTEM

Law enforcement’s understanding and use of crisis system resources is critical to diversion efforts. Although mobile crisis teams cover every region of Texas, some rural areas experience delays due to the large geographic range they must cover. Crisis stabilization units are less likely in rural areas. Through a grant program, the state funds co-responder (law enforcement and mental health clinician) and mental health deputy programs in several communities across the state.

BEHAVIORAL HEALTH EQUITY

The focus of this effort is to reduce the involvement of people with SMI in the justice system particularly in suburban and rural areas of the state. Time and distance to services are significant barriers for individuals to obtain care and can be disincentives to diversion for law enforcement. Technical assistance is designed to work with law enforcement agencies to develop innovative solutions to meet the unique needs of the communities they serve.

PROJECT LEGACY

The T.A. Center will continue to provide training, guidance, and resources to law enforcement agencies across Texas to divert individuals with mental illness

from arrest and incarceration. Thanks to the results of its survey of officers, the T.A. Center will design and deliver technical assistance that officers will find more relevant and applicable to their jurisdictions and lead to increased diversion.

WHAT HAS THE T.A. CENTER TAUGHT US?

Organizational empathy is at the core of the T.A. Center’s approach, demonstrating empathy towards all stakeholders and coming to understand their needs. HHSC invited law enforcement agencies to not only consult, but shape the content of the survey, resulting in a high response rate from law enforcement executives and officers across the state.

Reducing the number of people with SMI in the justice system requires stakeholders to contribute their own viewpoint and simultaneously open themselves to the perspective of others. Organizational empathy fosters mutual trust and cultivates the new insights and innovations that are needed to implement diversion programs in rural and frontier areas.

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