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# **Texas' Statewide Strategic Plan for Diversion, Community Integration, and Forensic Services**

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# Overview

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1. Background
2. Strategic Planning Process
3. Strategic Plan Components
4. HHSC Implementation Supports and Associated Initiatives



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# Texas Behavioral Health and Justice Landscape

1. Over 2,000 people waiting for inpatient competency restoration services
2. 39 percent of jail population previously received services from an LMHA
3. Forensic waiting list exceeds capacity of state hospitals



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# The Challenge

Reduce the number of individuals entering the criminal justice system, with the downstream effect of reducing the waitlist for inpatient competency restoration services.

Prevention

Early Intervention

Diversion

Quality  
Community-Based  
Care and Social  
Supports

Fewer Individuals Awaiting Inpatient Competency  
Restoration Services



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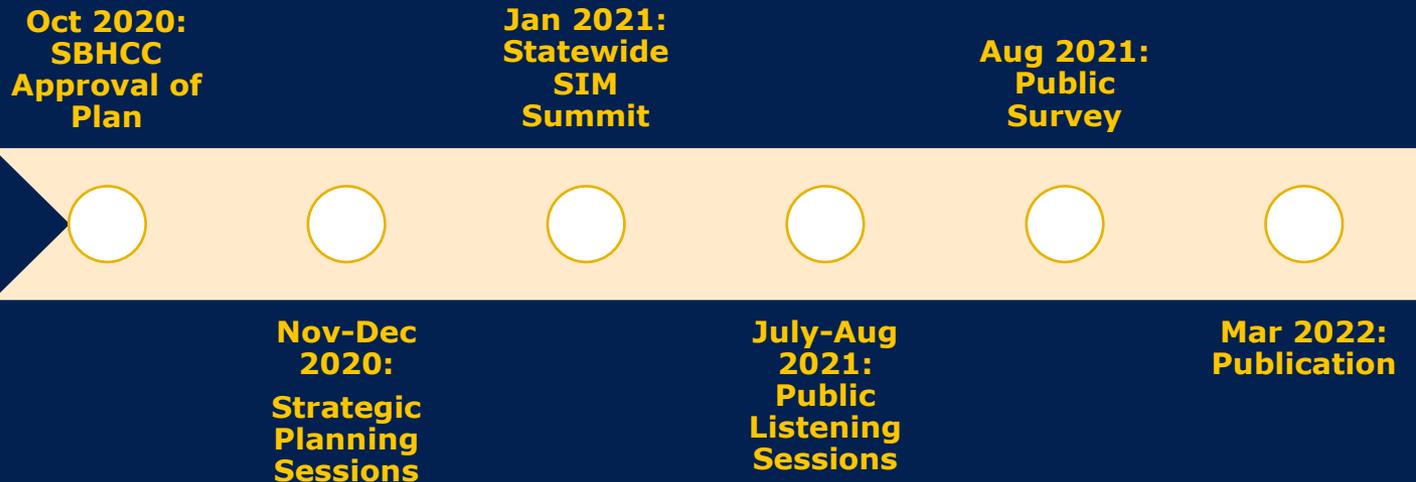
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# Why Develop a Strategic Plan?

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To lay out a **shared statewide vision** and a **clear, actionable, and achievable plan** for improving forensic services and reducing justice involvement for Texans with mental health, substance use disorders and intellectual and developmental disabilities by **ensuring all Texans receive care in the right place at the right time.**

# Strategic Planning Timeline



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# Public Listening Sessions

West Texas Centers

North Texas Behavioral Health Authority

National Alliance on Mental Illness, Texas

HHSC Peer Services

State Hospital System Superintendents

Texas Indigent Defense Commission

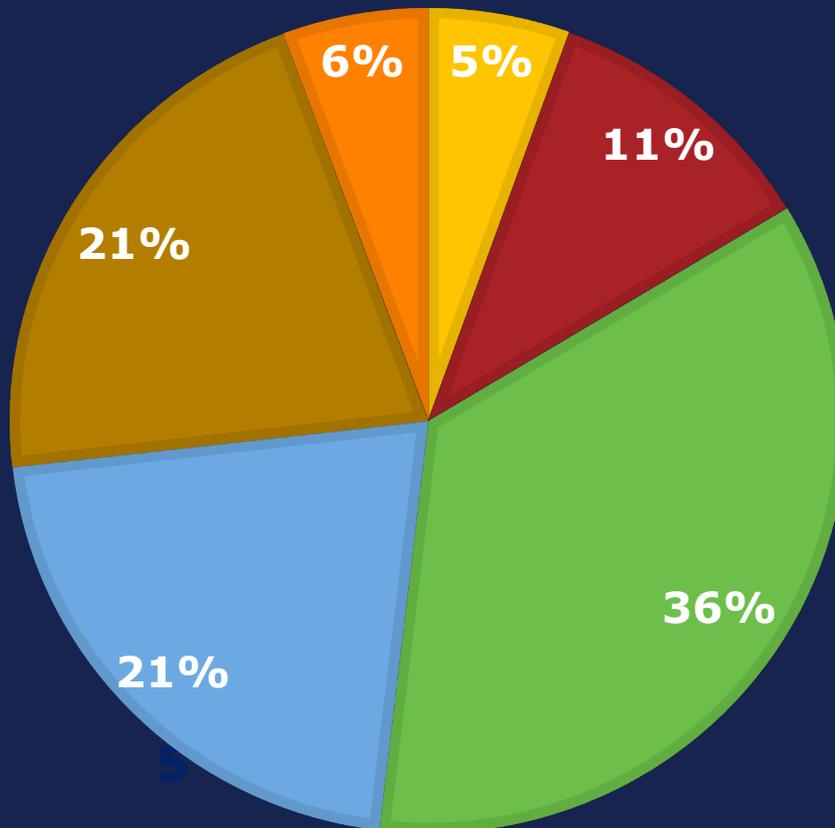
Judicial Commission on Mental Health



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# Public Survey

571 Responses



- I receive or have received behavioral health services
- I am a friend, family member, or caregiver
- I am a behavioral health service provider
- I work with the criminal justice system
- I work with the behavioral health system in other ways
- I have no experience with the behavioral health or criminal justice system

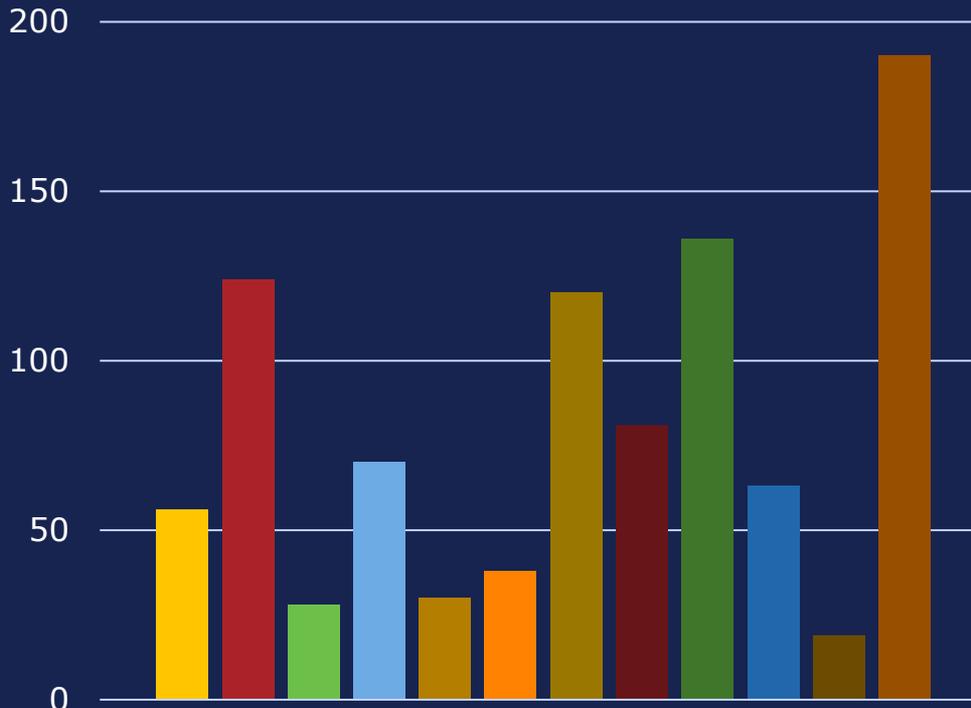


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# Public Survey

## Participants were asked to prioritize strategies for each of the five overarching goals.

Strategies to expand and scale the use of crisis and pre-arrest diversion programs at Intercepts 0 and 1.



■ Support local planning for crisis and pre-arrest diversion programs.

■ Expand crisis receiving centers such as, crisis stabilization, crisis respite, and sobering centers.

■ Leverage 988 to reduce justice involvement through improved emergency call taking, dispatch, and crisis response.

■ Identify and reduce barriers to crisis response and pre-arrest diversion at the local level.

■ Conduct statewide education and technical assistance on the value of pre-arrest diversion programs and ways different stakeholders can support implementation.

■ Explore the use of state opioid funding and other federal and state programs to establish and expand diversion programs for substance use.

■ Promote the expansion of round-the-clock mobile crisis outreach teams and co-responder programs, and identify best practices that can scale across rural, suburban and urban communities.

■ Identify opportunities to pilot emergency department diversion programs and promote connections to care for people with complex behavioral health needs.

# Open-Ended Responses

## 207 Open-Ended Responses

- We need more staff to be hired across the system with decent pay, emotional support, and standardized training on forensic issues.
- One intersection not discussed in this survey is the role of schools in the prevention or likelihood of criminal justice involvement. Perhaps raising attention to trauma-informed care and restorative discipline and the connection between exclusionary discipline and justice system involvement.
- Changes to the competency restoration process (and maybe thus changes to CCP 46B) must be a top priority.



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# Vision and Mission

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## **Vision:**

Texans receive the right care in the right place at the right time, preventing and reducing justice involvement for adults and youth with diagnosable mental illnesses (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD).

## **Mission:**

Develop and implement a high-quality, data-informed, and well-coordinated system of services and supports across the continuum of care to prevent and reduce justice-involvement and increase community integration for individuals with MH/SUD and IDD.

# Principles (1 of 2)

- A full continuum of care, from early intervention and diversion to competency restoration, reentry, and community supervision, is needed to reduce and prevent justice-involvement for people with diagnosable MI, SUD, and/or IDD.
- The social determinants of health (e.g., access to housing, healthcare, transportation, and jobs) are also drivers of justice-involvement and should inform prevention, intervention, and diversion strategies.
- People with lived experience are valuable contributors to the behavioral health workforce and should be part of policy development and planning for behavioral health services.
- Racial and economic disparities should be evaluated in efforts across the continuum of care to ensure state resources facilitate equitable access to behavioral health care and aim to reduce justice-involvement for all Texans regardless of where they live.



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# Principles (2 of 2)

- The stigma associated with MI, SUD, and IDD, as well as justice-involvement, should be actively addressed through cultural change in the behavioral health, IDD and justice systems.
- Behavioral health and justice systems should be evidence-based, trauma-informed, person-centered, and integrate best practices for rehabilitation and restoration.
- Policy, programs and services should be data-informed and well-coordinated.
- Resources should be utilized efficiently and effectively, leveraging public-private partnerships and blended funding streams whenever possible.



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# Goals

1

Support **robust crisis and diversion systems** to reduce and prevent justice involvement for people with MH, SUD and IDD.

2

Increase **coordination, collaboration, and accountability** across systems, agencies and organizations.

3

Enhance the **continuum of care and support services** for people with MH, SUD and IDD who are justice-involved.

4

Strengthen and enhance **state hospital and community-based forensic services**.

5

Expand **training, education, and technical assistance** for stakeholders working at the intersection of behavioral health and criminal justice.

# Goal One

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Support **robust crisis and diversion systems** to reduce and prevent justice involvement for people with MH, SUD and IDD.

## Objectives

- Expand and scale the use of crisis and pre-arrest diversion strategies and programs.
- Increase use of jail, detention, and court-based diversion off-ramps.
- Increase diversion using data and technology.



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# Goal Two

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Increase **coordination, collaboration, and accountability** across systems, agencies and organizations.

## Objectives

- Enhance community collaboration through strategic planning and coordination.
- Increase information sharing across state and local agencies.



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# Goal Three

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Enhance the **continuum of care and support services** for people with MH, SUD and IDD who are justice-involved.

## Objectives:

- Enhance care and support services across the continuum of care.
- Increase connection to mental health and substance use treatment and tailored supports for special populations, including people with diagnosable IDD, youth, and veterans.
- Address the social determinants of health that increase the risk of justice-involvement, including housing, employment, and transportation.
- Expand access to peer-based recovery services across the continuum of care, including recovery support services, peer-led mental health supports and youth recovery communities.
- Leverage data and technology to expand access to care.



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# Goal Four

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## **Strengthen and enhance state hospital and community-based forensic services.**

### Objectives:

- Right-size competency restoration services.
- Expand evidence-based and research informed programs across the state to reduce the waitlist for inpatient competency restoration services.
- Maximize the use of telemedicine for forensic services in communities where access and staffing are limited
- Identify efficiencies and improvements in State Hospital and community-based forensic services.
- Strengthen oversight and quality of competency evaluations.



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# Goal Five

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Expand **training, education, and technical assistance** for stakeholders working at the intersection of behavioral health and criminal justice.

## Objectives:

- Provide statewide training and technical assistance on trauma-informed, culturally competent, evidence-based practices for behavioral health providers, law enforcement, jails, courts, and community corrections.
- Promote workforce wellness and resiliency for behavioral health and criminal justice professionals.



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# HHSC Implementation Supports and Associated Initiatives

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1. Texas Behavioral Health and Justice Technical Assistance Center
2. Sequential Intercept Model Mapping Workshops
3. Eliminate the Wait Initiative
4. Jail In-Reach Learning Collaborative Pilot
5. Community Diversion Coordinator Pilot
6. Research Studies



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# Texas Behavioral Health and Justice Technical Assistance (TA) Center

**Purpose:** To establish a centralized source of support and information for people who interact with forensic populations as well as justice-involved people with MH/SUD and IDD.

**Target Audience:** Local Mental Health Authorities, local and county law enforcement, jail administrators, and other community leaders.

**Planned Launch:**  
Feb-March 2022



# State Agency Partnerships

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- Texas Commission on Jail Standards
- Texas Commission on Law Enforcement
- Texas Department of Criminal Justice, TCOOMMI
- Texas Department of Housing and Community Affairs
- Texas Indigent Defense Commission
- Texas Juvenile Justice Department
- Texas Veterans Commission



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# Assessing for Need and Services: Using Data to Drive Development

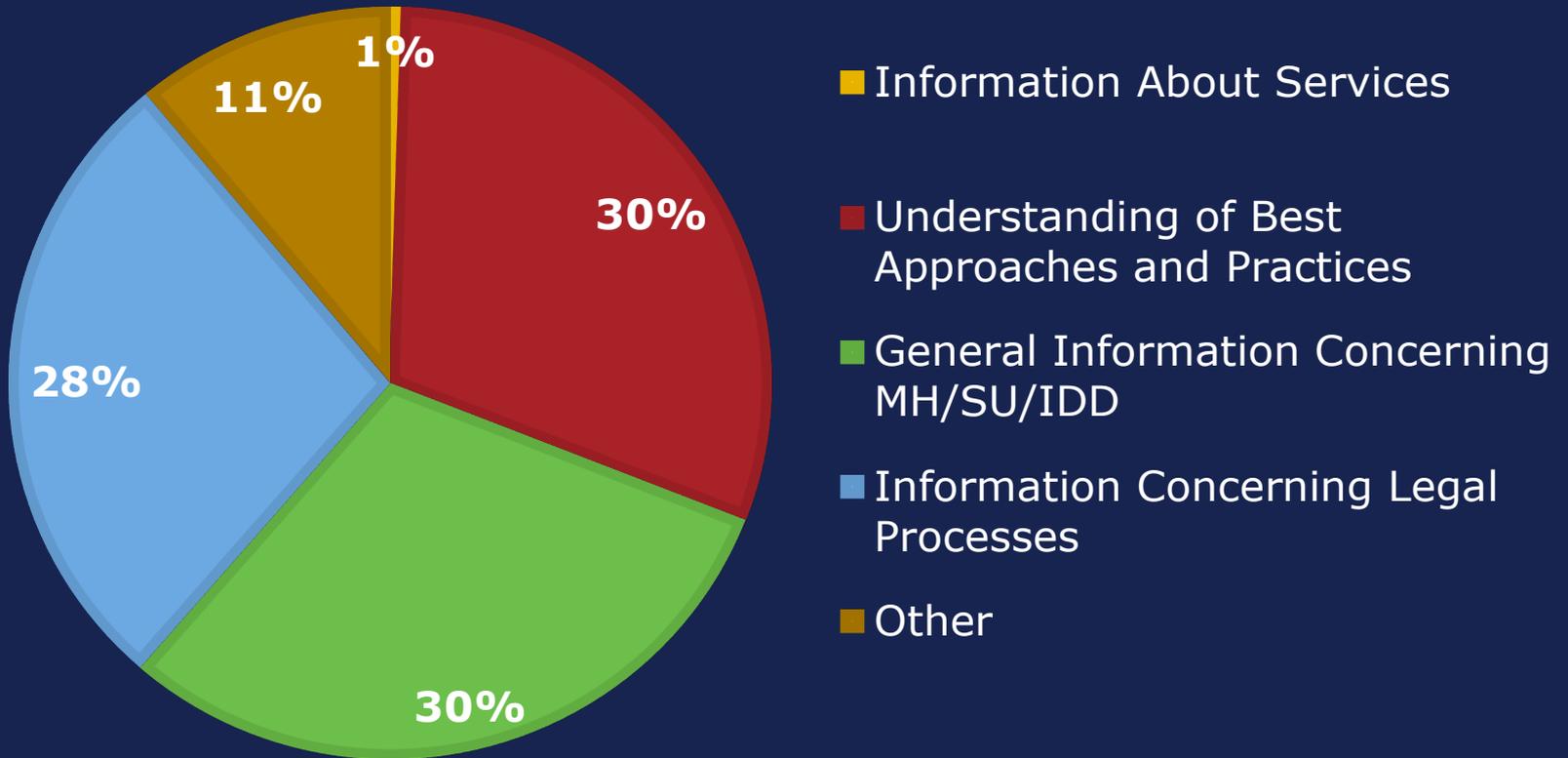
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- Study supported by the Hogg Foundation
- Timeline: May – July 2021
- Outreach: Stakeholders Across the SIM
- Response: 51 Interviews

# Informational and Topical Gaps



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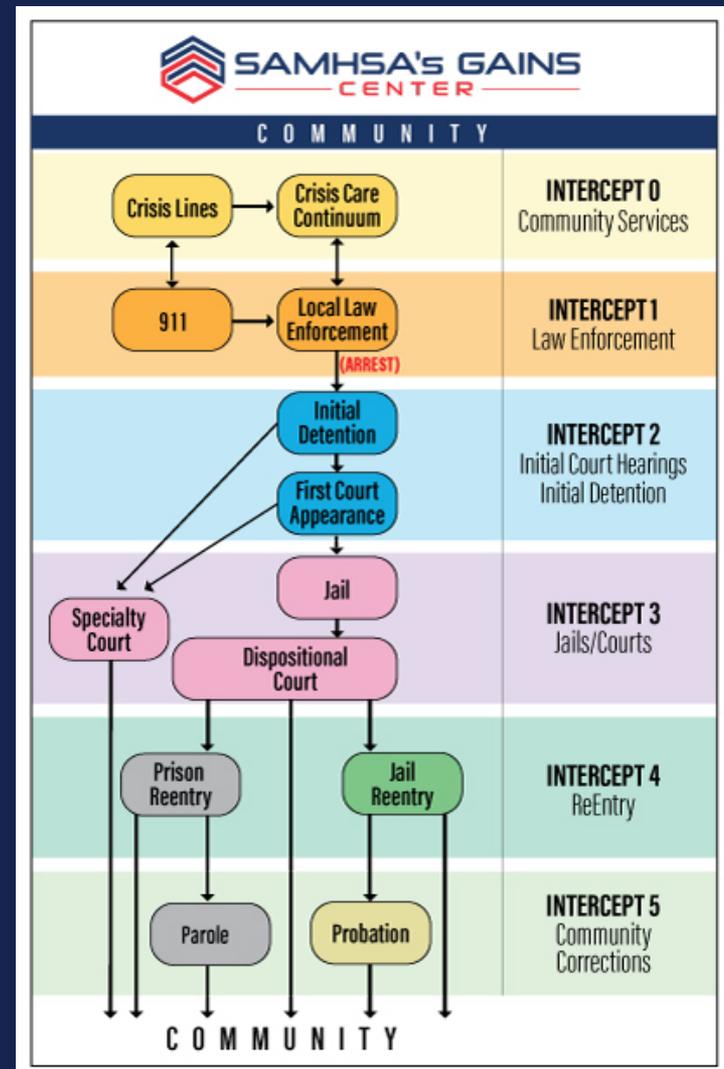


# Sequential Intercept Model (SIM) Mapping Workshops



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**Purpose:** The SIM details how people with mental illnesses and substance use disorders encounter and move through the criminal justice system. It is a strategic planning tool that helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.





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# SIM Mappings: Key Goals

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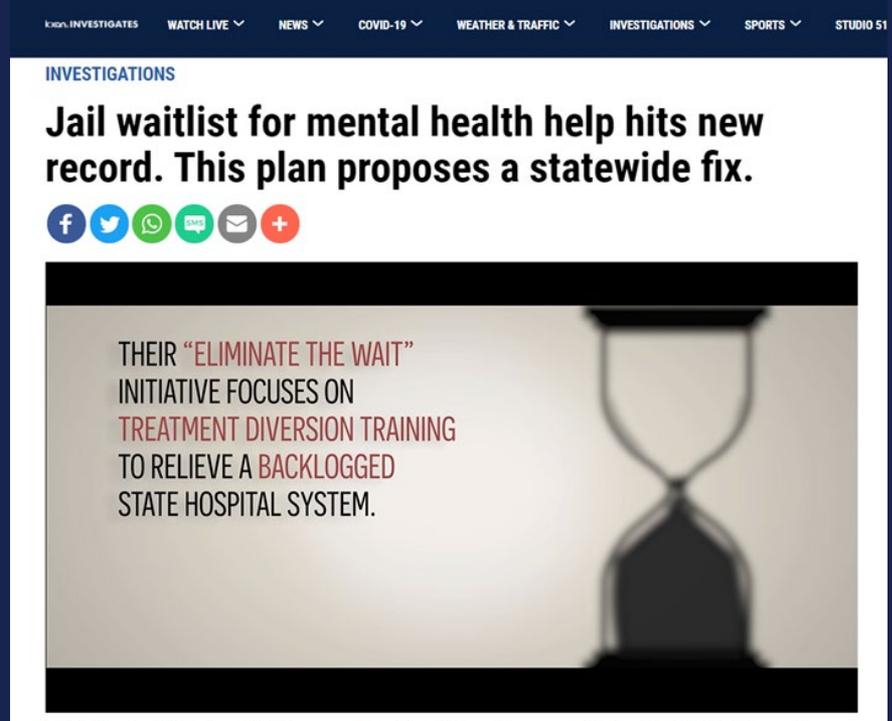
- Support strategic planning at the local level to reduce and prevent justice involvement of people with mental illnesses and substance use disorders.
- Promote statewide dissemination and uptake of the SIM as a framework for systems-level coordination and improvement.
- Foster state-local collaboration.
- At a state level:
  - ▶ Divert people from the justice system and connect to treatment; and
  - ▶ Reduce unnecessary and costly incarcerations.



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# Eliminate the Wait Initiative

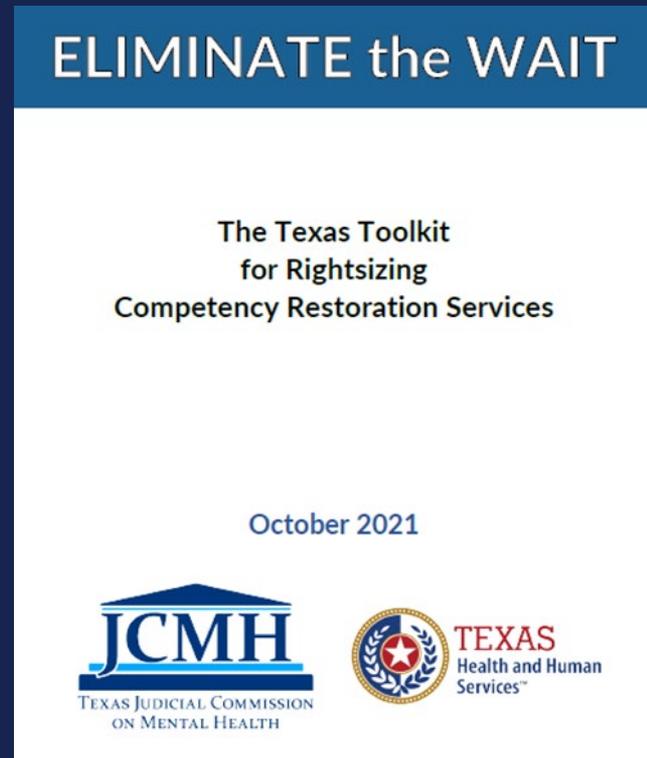
Eliminate the Wait asks that stakeholders consider their roles in eliminating the wait for inpatient competency restoration services.





# Eliminate the Wait Toolkit

- “What’s My Role” Checklists for:
  - ▶ Local mental health/behavioral authorities and Local IDD authorities
  - ▶ Police
  - ▶ Sheriffs and Jail Administrators
  - ▶ Courts
  - ▶ Prosecutors
  - ▶ Defense Attorneys



Toolkit available at:  
<http://texasjcmh.gov/media/2103/eliminate-the-wait-toolkit-11921-final.pdf>



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# Jail In-Reach Learning Collaborative Pilot (1 of 2)

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**Purpose:** Educate and collaborate with local teams to support active forensic waitlist monitoring of people waiting in jail for court-ordered inpatient competency restoration services.

## Four Training Sessions

- Clinical consultation services that may assist with psychiatric stabilization;
- Trial competency re-evaluations in the event of immediate restoration;
- Legal education on options for alternative case dispositions; and
- Enhanced continuity of care following a person's restoration to competency and return to jail to prevent clinical decompensation and unnecessary rehospitalization.



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# Jail In-Reach Learning Collaborative Pilot (2 of 2)

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**Purpose:** Educate and collaborate with local teams to support active forensic waitlist monitoring of people waiting in jail for court-ordered inpatient competency restoration services.

## Monthly Technical Assistance Calls

- Support comprehensive strategic planning to: Strengthen local forensic teams;
- Move from jail in-reach process to jail in-reach program; Develop formal processes and policies;
- Achieve sustainability for the jail-in reach program;
- Learn from peers in other communities; and,
- Ask questions of HHSC staff

# Community Diversion Coordinator Pilot

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**Purpose:** To pilot community diversion coordinator positions that are responsible for leveraging pre- and post-booking diversion opportunities to reduce the number of individuals with MH, SUD, and IDD in the criminal justice system.

**Partners:** Judicial Commission on Mental Health and Health and Human Services Commission

**Sites:** Denton, Grayson, and Smith Counties

# Research Studies

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## 1. Challenges to the Utilization of Diversion Programs by Law Enforcement

**Purpose:** To assess and understand the challenges experienced by law enforcement when utilizing pre-arrest diversion programs. Findings will be used to target areas of improvement that will facilitate increased utilization of pre-arrest diversion programs by law enforcement.

## 2. Barriers to Discharge for People on Forensic Commitments in the State Hospital System

**Purpose:** To understand the external barriers to community transition for people who are under forensic commitments in psychiatric hospitals, specifically people who are on 46B and 46C commitments for over a year (365+). Findings will be used to develop actionable strategies to promote discharge and community transition.



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# Thank You

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