

## HHSC Action Plan and Joint Committee on Access and Forensic Services (JCAFS) Recommendations Implementation Reporting Matrix

### JCAFS Recommendation 2: Develop a comprehensive state-level strategic plan for the coordination and oversight of forensic services in Texas.

**Objective 1: Develop robust crisis and diversion systems to reduce and prevent justice involvement for people with mental health conditions (MH), Substance Use Disorders (SUD), and Intellectual and Developmental Disabilities (IDD).**

**Associated JCAFS Recommendations:**

**1B:** Create an Office of Forensic Services/ Policy and services development, implementation, analysis, and expansion

**1C:** Create an Office of Forensic Services/Development of special initiatives at the state and national levels

**1D:** Create an Office of Forensic Services/Training and technical assistance to LMHAs/LBHAs, courts, jails and law enforcement, including the development of a “learning community” among these institutions to help facilitate the implementation of best practices for each region of the state

**3:** Expand and contract for diversion programs around the state.

**HHSC initiatives and programs that support this goal aim to:**

**1.** Spread and bring to scale use of crisis and pre-arrest diversion programs and strategies.

**2.** Increase use of jail and court-based diversion off-ramps.

**3.** Increase diversion through use of data and technology

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Updates
1	SAMHSA GAINS Center for Behavioral Health and Justice Transformation Community of Practice (CoP): Building a Competent Crisis Care System at Intercept 0-1.	Through a SAMSHA GAINS Center Community of Practice, HHSC partnered with All Texas Access Regional Groups to explore policies and practices at the state and local level to strengthen crisis and diversion responses to reduce and prevent justice involvement for people with MH, SUD, and IDD.	System Integration Team, Office of the State Forensic Director	Center for Life Resources, Coastal Plains Center, Border Region	Complete	Through participation in this CoP, HHSC worked with partner LMHAs to develop strategies to strengthen components of local crisis care systems, examining 911 and crisis line integration, mobile crisis response, community alternatives to emergency department and inpatient dispositions, and partnerships with law enforcement. Two key themes emerged: opportunities to promote diversion through partnerships with public safety answering points (PSAPs) and addressing issues associated with medical clearance. The System Integration Team and Office of the Forensic Director hosted a Medical Clearance convening on August 16th with representation from law enforcement, LMHAs, state hospitals, medical hospitals, first responders, DSHS, and private psychiatric hospitals. Next steps are to identify areas of work that will make a difference to eliminate time Texas experience waiting for medical clearance before being admitted to a psychiatric hospital.

2	National Association of State Mental Health Program Directors (NASMHPD) Transformation Transfer Initiative (TTI).	By partnering with the Texas Institute for Excellence in Mental Health (TIEMH), IDD-BHS will study the utilization of diversion programs by Texas peace officers. TIEMH has developed a survey to help inventory diversion programs and identify barriers to their utilization. Survey results will support the development of strategies and TA opportunities to reduce those barriers and increase utilization of diversion when appropriate.	Office of the State Forensic Director; State Hospital Forensic Medicine Team	TIEMH; Law Enforcement Management Institute of Texas; Correctional Management Institute of Texas (CMIT)	Planning	Two survey instruments have been developed in coordination with TIEMH for police and sheriffs. The HHSC Institutional Review Board (IRB) and UT-Austin's IRB have approved the surveys. As a next step we will partner with the Law Enforcement Management Institute of Texas (police) and the Correctional Management Institute of Texas (CMIT) to disseminate the survey.
3	Judicial Commission for Mental Health Community Diversion Coordinator Pilot Program.	HHSC is collaborating with the Judicial Commission on Mental Health (JCMH) to pilot Community Diversion Coordinators in three communities. The goal of this pilot program is to increase the judiciary's connection to diversionary resources and treatment services with the benefit of reducing the use of competency restoration services and stalling the growth of the forensic waitlist.	Office of the State Forensic Director; State Hospital Forensic Medicine Team	Judicial Commission on Mental Health, Denton, Grayson and Smith Counties	Implementation	Three pilot sites were selected: Denton, Grayson, and Smith Counties.
4	John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge (SJC): The IMPACT Network.	As a selected site for the IMPACT Network, HHSC will partner with the Policy Research Institute to engage in a learning community focused on implementing behavioral health and justice reforms.	System Integration Team, Office of the State Forensic Director	Policy Research Institute; All Texas Access Big Spring and North Texas State Hospital Regional Groups	Implementation	HHSC participated in the national IMPACT Network kick-off meeting; attended sessions focused on data sharing; and is now meeting with Policy Research Institute and All Texas Access Regional groups to discuss TA opportunities.
5	National Academy of State Health Policy (NASHP) Rural Mental Health Crisis Services Policy Academy	The System Integration Team and Office of the Forensic Director, along with Medicaid, the Texas Council for Community Centers, and Texas Association of Health Plans were awarded the technical assistance grant from National Academy for State Health Policy's Rural Mental Health Policy Academy with Wisconsin, Montana, South Dakota, and South Carolina. The System Integration Team and Forensic Policy Teams had the kick-off meeting.	System Integration Team, Office of the Forensic Director, Medicaid & CHIP Services	Texas Council for Community Centers, Texas Association of Health Plans	Implementation	HHSC participated with stakeholders from the Texas Council of Community Centers and the Texas Association of Health Plans in the kick-off to the Policy Academy in September. The Texas team shared examples of current strategies being implemented around rural crisis response, including implementation of SB 633, Texas Legislature, 2019 (All Texas Access) which leverages a regional approach to rural mental health access, the Texas Behavioral Health and Justice Technical Assistance Center, and Peer Support as a Medicaid Billable service in mental health an SUD.

6	988 Planning Grant	The National Suicide Prevention Lifeline (NSPL) will become a national three-digit dialing code (988) by July 2022 as directed by the Federal Communications Commission. Through this planning grant HHSC and Lifeline Centers in Texas will develop clear roadmaps for how they will address key coordination, capacity, funding and communication strategies essential to the launching of 988 in July 2022 and one year following launch.	BHS Crisis Services	Vibrant Emotional Health, MHMR of Tarrant County, The Harris Center, Emergence Health Network, Integral Care, 988 Coalition Members	Implementation	n/a
7	Information Item V: Crisis Services Standards.	Since Crisis Redesign implementation in 2008-2009 biennium (80th Texas Legislative Session), state laws and policy, telecommunication technology, and crisis services best-practice models have changed significantly, causing Information Item V (IIV): Crisis Services Standards of the Performance Contract to be outdated. The Crisis Services Unit developed a workgroup to review IIV standards, mental health performance contract requirements, Texas statute, and Texas Administrative Code governing community-based crisis facilities and programs for individuals with MH/SUD and IDD	BHS Crisis Services	The Texas Council of Community Mental Health Centers and selected LMHAs/LBHAs from rural and urban areas.	Complete	The revised IIV was posted to the HHSC Community Mental Health Contracts webpage on June 21, 2021.
8	Mental Health Grant for Justice Involved Individuals	The Mental Health Grant Program for Justice-Involved Individuals, as directed by Section 1 of Senate Bill 292, 85th Texas Legislature, 2017, funds matching grants for county-based community collaboratives to reduce: recidivism by decreasing the frequency of arrest and incarceration among people with mental illness and the total wait time for people with mental illness placed on forensic commitment to a state hospital.	BHS Forensic and Diversion Services	LMHAs/LBHAs from rural and urban areas.	Maintenance	9/1 implemented the new MeasureUp menu with new performance measures to capture recidivism data.

9	HR 133 Rural Crisis Response and Diversion	Eight rural-serving LMHAs received funds to develop initiatives that focus on diversion and community integration. The sites were selected because they had an elevated TLETS match and did not have HHSC-funded diversion programs through PESC, Community Mental Health Grants, and/or Community Mental Health Grants for the Justice-Involved.	System Integration Team, BHS Crisis Services Team	Texana Center; Central Counties; Coastal Plains Center; Border Region; Burke Center; Camino Real; Betty Hardwick; and StarCare; Texas Council of Community Centers	Implementation	Statements of work and budgets are being developed for each project.
10	All Texas Access Continuation (SB454)	n/a	System Integration Team	n/a	Implementation	Diversion will be focus on implementation efforts by regional groups.
11	Children' Crisis Respite	The goal of this program is to increase access to a short-term, safe and clinically appropriate placement for children and adolescents in crisis who do not meet inpatient care criteria; and provide transition planning to families for their child or adolescent's return to the community. The program will support the provision of services for children and adolescents with a single diagnosis of serious emotional disturbance (SED) or a primary SED diagnosis and co-occurring diagnosis, including a substance use disorder or intellectual or development disability. Funding under this Needs Capacity Assessment will be used to support crisis respite services through the Local Mental Health Authorities/Local Behavioral Health Authorities (LMHAs/LBHAs). HHSC will prioritize programs targeting underserved rural areas, children under Child Protective Services conservatorship through the Department of Family Protective Services, and programs responsible for developing transition plans for children and adolescents with juvenile justice involvement.	BHS Children's Mental Health Team	n/a	Pending submission Deadline October 7, 2021	n/a

12	Systems Navigator Pilot Project	The goal of this pilot program is to develop enhanced partnerships with child-serving systems and resources to promote greater understanding and collaboration to support the provision of services and treatment for both children and adolescents. The program will support the provision of services and treatment for children and adolescents with a single diagnosis of serious emotional disturbance (SED) or a primary SED diagnosis and co-occurring diagnosis, including a substance use disorder or intellectual development disability. Funding through this NCA will be used to support a staff position to enhance service coordination between LMHAs/LBHAs and other child-serving systems.	BHS Children's Mental Health Team	LMHAs/LBHAs Grant Applicants.	Implementation	Funding period begins upon contract execution.
13	Health Community Collaborative	Senate Bill (S.B.) 58, 83rd Legislature, Regular Session, 2013, created the Healthy Community Collaborative (HCC) Grant Program by enactment of Texas Government Code Chapter 539, aimed at providing communities with resources to serve persons experiencing homelessness with unmet behavioral health needs. The goal of the HCC Grant Program is to bring together the public and private sectors to help support an individual's transition from homelessness to integration in the community by engaging and assisting participants with: securing housing; obtaining work; and achieving sustained recovery from their medical, mental, and substance use disorders.	BHS Adult Mental Health	TIEMH (Third Party Evaluator); Grantees include some LMHAs/LBHAs along with some nonprofit entities. New HCC procurement has not been closed and awards have not been posted at time of updating spreadsheet.	Implementation	New HCC Grantees are required to provide evidence of a local law enforcement policy and plan developed and made public by the governing body of each participating county to divert appropriate persons from jails or other detention facilities to an entity affiliated with a community collaborative for the purpose of providing services to those persons. (S.B. 1849, 85th Legislature, Regular Session, 2017)
14	Hospital Transition Pilot Program	The Hospital Transition Pilot Program (Pilot) is designed to step-down/transition individuals with complex psychiatric and/or medical needs from inpatient state hospital settings to more appropriate community-based settings.	BHS Adult Mental Health	State Hospitals	Implementation	HHSC works closely with state hospitals and the LMHAs to identify people who are ready for discharge and have been in their systems for over a year and have complex psychiatric, and in some cases additional medical needs. HHSC matches and transitions eligible state hospital patients to one of the two step-down homes to offer support and individualized services for reengagement into the local community. Individuals are referred monthly to either Bluebonnet Trails (BBT) or Helen Farabee (HF) for staffing and assessment.

**Objective 2: Increase coordination, collaboration, and accountability across systems, agencies and organizations.**

**Associated JCAFS Recommendations**

**1E:** Create an Office of Forensic Services/Direction and coordination of data analyses to improve efficiencies and identify relevant trends related to the forensic population.

**8:** In order to get a better idea of which areas of the state are driving the growth of the waitlist, which areas have developed effective alternatives to inpatient competency restoration and where to target the expansion of alternative programming, it is recommended that the new Office of Forensic Services begin to collect and report metrics to the JCAFS.

**HHSC initiatives and programs that support this goal aim to:**

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

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Updates
15	365+ Data Dashboard	The System Integration Team has partnered with the Forensic Director, the Chief of Forensic Medicine, and the Community Behavioral Health Medical Director to develop a data strategy focused on the forensic and justice-involved populations. A workgroup has been meeting since January 2021. Outputs will include Tableau dashboards to guide decision-making.	System Integration Team; Office of the State Forensic Director; Community Behavioral Health Medical Director; State Hospital Forensic Medicine Team		<b>Implementation</b>	Under the leadership of the System Integration team, four workgroups have been established to develop specific Tableau dashboards to guide decision making. Workgroups have been meeting with the IDD-BHS Office of Decision Support to develop the specific Tableau dashboards.
16	Joint Committee on Access and Forensic Services Data Analysis Subcommittee	During a quarterly JCAFS meeting held on April 28, 2021, the JCAFS committee created a new subcommittee called the Data Analysis Subcommittee. The subcommittee will analyze data trends contained in the JCAFS data dashboard and analyze data related to the JCAFS 2020 recommended data points; develop a broad understanding of how the forensic system is working in Texas; and study the current Inpatient Care Waitlist (ICW) for civil commitments and identify possible areas for improvement.	Office of the State Forensic Director; State Hospital Forensic Medicine Team	JCAFS Subcommittee Members	<b>Implementation</b>	The Data Subcommittee has met on 6/8 and 9/15. A formal process has been established to provide the subcommittee with its data request every corner.

**Objective 3: Enhance the continuum of care and support services for people with MH, SUD, and IDD who are justice-involved.**

**Associated JCAFS Recommendations**

**1C:** Create an Office of Forensic Services/Development of special initiatives at the state and national levels.

**7:** Contractually require a forensics and diversion coordinator from each LMHA.

**HHSC initiatives and programs that support this goal aim to:**

**1.** Enhance care and support services across the continuum of care.

**2.** Increase connection to treatment and tailored supports for special populations, including people with IDD, youth and veterans.

**3.** Address the social determinants of health that increase the risk of justice-involvement, including access to housing, employment, and transportation.

**4.** Increase use of peer service providers.

**5.** Leverage data and technology to expand access to care.

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Updates
17	BHSO Detention Match Perport with TJJD	Behavioral Health Services Online (BHSO) is a data sharing information system tool for Juvenile Probation staff and The Texas Juvenile Justice Department (TJJD). Currently the data sharing between HHSC-BHS information systems (CMBHS and MBOW) and BHSO is non-existent. BHS is looking for intake officers to receive real-time notification of special needs offenders entering the juvenole justice system. The intent behind the instant data sharing is to support continuity of care for individuals with mental health (MH) and intellectual developmental disability (IDD).	BHS Children's Mental Health	Texas Juvenile Justice Department, HHSC-IDD-BHS - Office of Decision Support	Planning	Planning in process.
18	Monitoring of NGRI Outpatient Commitment Expiration by Transition Specialists in Collaboration with LMHAs.	Transition Specialists track NGRI commitments during hospitalization and participate in clinical case reviews and discharge planning meetings. After discharge, Transition Specialists notify LMHAs approximately 90 days prior to the outpatient commitment expiration date to alert them to engage in the commitment renewal process.	SHS Continuity of Services Coordinator Team	n/a	Maintenance	n/a

19	Council of State Governments Justice Center: Expanding Housing Options for justice-involved people with complex needs	IDD-BHS, through the Office of Mental Health Coordination and the Office of the State Forensic Director, was selected by the Council of State Governments Justice Center to participate in a Community of Practice (CoP) to expand housing opportunities for people with complex health needs leaving the justice system.	Office of the State Forensic Director, Office of Mental Health Coordination	Texas Department of Housing and Community Affairs; Texas State Affordable Housing Corporation	<b>Implementation</b>	As part of the CoP, the Texas Team participated in learning sessions focused on a range of topics, including the role of governance in increasing housing opportunity; strategies to develop cross-system alignment; and strategies for accessing and combining multiple funding sources to expand housing options.
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**Objective 4: Reimagine State Hospital and Community-Based Forensic Services to Realize Efficiencies and Operational Change**

**Associated JCAFS Recommendations**

- 1D:** Create an Office of Forensic Services/Training and technical assistance to LMHAs/LBHAs, courts, jails and law enforcement, including the development of a “learning community” among these institutions to help facilitate the implementation of best practices for each region of the state.
- 1H:** Create an Office of Forensic Services/Consultation to ensure coordination and integration between the local courts, jails, law enforcement and state hospitals.
- 4:** Expand, improve and contract for Outpatient Competency Restoration (OCR) programs around the state.
- 5:** Implement the JCAFS recommendations for the state hospital forensic program.
- 6:** Implement the JCAFS recommendations for jail outreach programs.

**HHSC initiatives and programs that support this goal aim to:**

- 1.** Right-size competency restoration services.
- 2.** Expand community-based and innovative programs across the state.
- 3.** Maximize use of telemedicine for forensic services.
- 4.** Identify efficiencies and improvements in state hospital and community-based forensic processes and services.
- 5.** Strengthen oversight and quality of competency evaluations.

	Initiative / Project Name	Description	HHSC Partners	Other Stakeholders	Status	Updates
20	Jail In-Reach Collaborative	The Jail In-Reach Learning Collaborative hosted by HHSC includes stakeholders across the justice/mental health continuum who are interested in learning about opportunities to improve services for individuals in county jails who have been found incompetent to stand trial (46B commitments) and are awaiting admission into a State Hospital. The learning collaborative provides education on the process of building strong local cross-system forensic teams, techniques for monitoring individuals with 46B commitments in county jails, and services provided by the State Hospital Waitlist In-Reach team. The Learning Collaborative includes monthly peer-to-peer and technical assistance calls from October to June 2022.	State Hospital Forensic Medicine Team, Office of the State Forensic Director, System Integration Team	LMHAs/LBHAs, judges, district attorneys, defense attorneys, sheriffs, jail administrators, jail psychiatric providers, and JCMH Community Diversion Coordinators across 13 counties.	<b>Implementation</b>	HHSC hosted four weekly Learning Collaborative training sessions from Sept 10th – Oct 1, 2021, focusing on educating and collaborating with external stakeholder community-based teams to support active forensic waitlist monitoring of individuals awaiting in jail for state hospital admission and court-ordered competency restoration through: clinical consultation services that may assist with psychiatric stabilization; trial competency re-evaluations in the event of immediate restoration while awaiting state hospital transfer; legal education on options for alternative case dispositions; enhanced continuity of care following an individual’s restoration to competency and return to jail to prevent clinical decompensation and unnecessary rehospitalization.  Learning Collaborative members will participate in monthly peer-to-peer and technical assistance calls from October 2021 to June 2022.

21	Forensic Treatment Planning Workgroup	Integration of forensic issues into the recovery model has not been clearly delineated. Forensic treatment planning should prioritize forensic outcomes (through enhancements of the recovery model currently employed) with attention to: 1. restoration of trial competence 2. mitigation of danger to public safety.	State Hospital Forensic Medicine Team, Office of the State Forensic Director	SAMSHA GAINS Center	Planning	Following the completion of technical assistance received by the SAMHSA GAINS Center on the topics of criminogenic risk assessment and forensic treatment planning on 08/31/2021, the SHS will be convening a Forensic Treatment Planning Workgroup to focus on specific forensic treatment planning needs by FY22Q2.
22	Expanded Outpatient Competency Restoration	Through the Mental Health Block Grant, \$1 million was identified for the expansion of OCR programs statewide. In an effort to provide more resources to rural areas, program staff conducted an evaluation of nine rural community LMHA/LBHAs who expressed interest in exploring opportunities for OCR programs on the consolidated local service plans.	BHS Forensic and Jail Diversion Team	LMHAs: Bluebonnet, Concho Valley, Pecan Valley, LifePath and Center for Life Resources	Complete	Five new OCR sites have been established.
23	State Hospital Forensic Subcommittee Workgroups and System Improvement Initiatives: Competency Restoration Curriculum Workgroup (CRCW)	Workgroup aims to improve the delivery of forensic services by: Evaluating the competency restoration curricula used across the SHS; Polling evaluators on how information is elicited for the six competency elements under CCP Article 46B.024; Determining best practices in competency restoration curricula and their implementation; and soliciting expert input on special populations.	State Hospital Forensic Medicine Team	Forensic Services Subcommittee (FSC)	Implementation	Development of a simplified and standardized competency restoration curriculum (CRC) for use throughout the SHS: An 8-module CRC trainer manual was completed by the CRCW on 07/07/21 and was approved by the FSC on 09/01/2021.  Next steps: Patient workbook, train-the-trainer webinar, living library of activities/resources, and special population adaptations.
24	State Hospital Forensic Subcommittee Workgroups and System Improvement Initiatives: Outpatient Plan Workgroup	Workgroup aims to improve the delivery of forensic services by: evaluating the outpatient management plans used across all state hospitals for both 46c and 46b with Kerville State Hospital staff as SME for 46C OMPs; Determining best practices, including the process, the collaboration with stakeholders and the content of outpatient management plans	State Hospital Forensic Medicine Team	Forensic Services Subcommittee	Implementation	Train-the-trainer workshop was recorded as a webinar on 07/02/21. Broadcast messages have been disseminated to all stakeholders (i.e. LMHAs, state hospital social workers, HCBS) on 08/05/2021 and 08/19/2021. Updated and finalized webinar training has been available to LMHAs and SHS staff on the CMBHS Training site as of 08/20/2021.  Workgroup continues to work on OMP adaptation for 46Bs and is expected to report their recommendations by 11/30/2021.

25	State Hospital Forensic Subcommittee Workgroups and System Improvement Initiatives: Forensic Evaluator Certification and Registry Workgroup	Workgroup aims to improve the delivery of forensic services by: determining the required credentials/training for forensic evaluators under CCP Artcles 46B.022 and 46C.102; Evaluating a process for the compilation and the repository of required credentials; Evaluating for a built-in review process for credentialing/training renewal	State Hospital Forensic Medicine Team	Forensic Services Subcommittee	Implementation	New OP 08-XX, Forensic Evaluator Registry, Certification and Peer Review has been forwarded for consideration at the October 2021 SHS Governing Body meeting.
26	State Hospital Forensic Subcommittee Workgroups and System Improvement Initiatives: Trial Competency Evaluation Peer Review Workgroup	Workgroup aims to improve the delivery of forensic services by: evaluating a sample of TCE reports using the latest verion of the TCE template as a point of reference; determining best practices in TCE reports	State Hospital Forensic Medicine Team	Forensic Services Subcommittee	Implementation	New OP 08-XX, Forensic Evaluator Registry, Certification and Peer Review has been forwarded for consideration at the October 2021 SHS Governing Body meeting.
27	State Hospital Forensic Subcommittee Workgroups and System Improvement Initiatives: Forensic Data Workgroup	Workgroup aims to improve the delivery of forensic services by: evaluating currently available forensic data across the SHS with th goal of centralizing data collection and analysis; determining best practices in foresnic data-informed interventions throughout the state hospitals	State Hospital Forensic Medicine Team	Forensic Services Subcommittee	Complete	Data collection ongoing.
28	Trial Competency Examination (TCE) Template on the SHS Electronic Medical Record.	SHS developed a user-friendly template that allows for the ability to extract data on the competency restoration process/timeframes (Admission to Referral, Referral to Assignment, Assignment to Evaluation, Evaluation to Report, Report to Court Submission, and Court Submission to Discharge).	State Hospital Forensic Medicine Team		Complete	The output of the examination is a readable (crystal) report that can be printed and used for court submission. The fully functional template and all supporting orders and notes allowing for the required data mining went live on 06/01/2021. End-user feedback will be incorporated into future iterations.

29	Continuity of Services Coordination and Waitlist/Admissions Management.	Through active and aggressive management of the forensic waitlist, the State Hospital Forensic Medicine Team identifies individuals committed to the SHS who may benefit from alternative dispositions (e.g. individuals with neurocognitive disorders, IDD diagnoses, medical comorbidities, or found not likely to restore within the foreseeable future). Technical assistance is being provided to jail staff, district attorneys, defense counsel, and the judiciary on an ad hoc basis with the support of the HHSC Legal Services Division in the evaluation of cases and the provision of county/court education/collaboration.	State Hospital Forensic Medicine Team; Legal Services Division		Maintenance	Established and ongoing activity.
30	The GAINS Center Competency to Stand Trial/Competency Restoration Community of Practice.	Texas was competitively selected in 2018 to participate in the GAINS Center CST/CR Community of Practice (CoP). The CoP officially ended in September 2021. The Texas team participated over the course of three years and received expert technical assistance.	Office of the State Forensic Director; State Hospital Forensic Medicine Team	SAMSHA GAINS Center	Complete	The Office of the State Forensic Director and State Hospital System requested technical assistance to support developing a statewide approach for forensic treatment planning in the service of individuals found incompetent to stand trial or who have been determined Not Guilty by Reason of Insanity (NGRI). Technical assistance was delivered by Drs. Sarah Desmarais and Deb Pinals to SHS Central Administration, Medical Directors and Psychology Directors.

**Objective 5: Expand training, education and technical assistance for stakeholders working at the intersection of behavioral health and criminal justice.**

**Associated JCAFS Recommendations**

**1D:** Create an Office of Forensic Services/Training and technical assistance to LMHAs/LBHAs, courts, jails and law enforcement, including the development of a “learning community” among these institutions to help facilitate the implementation of best practices for each region of the state.

**HHSC initiatives and programs that support this goal aim to:**

**1.** Provide statewide technical assistance on the SIM to promote best practices for diversion for behavioral health providers, law enforcement, jails, courts, and community corrections.

**2.** Promote workforce wellness and resiliency for behavioral health and criminal justice professionals.

	<b>Initiative / Project Name</b>	<b>Description</b>	<b>HHSC Partners</b>	<b>Other Partners</b>	<b>Status</b>	<b>Updates</b>
31	Texas Behavioral Health and Justice Technical Assistance Resource Center (TA Center)	HHSC is developing the TA Center to provide targeted TA to stakeholders, including mental health authorities, local law enforcement, jail administrators, the judiciary, and other community leaders to encourage collaboration and promote practice and policy change. While still in the early phases of development, resources will likely include peer-to-peer consultation, expert consultation, SIM mapping trainings, and the development of other resources.	Office of the State Forensic Director, System Integration Team, State Hospital Forensic Medicine Team	Hogg Foundaiton, Texas Institute for Excellence in Mental Health (TIEMH)	<b>Planning</b>	The Hogg Foundation completed field listening sessions and shared recommendations to HHSC and stakeholders on TA needs based on conversations with a broad array of justice and behavioral health stakeholders. HHSC is working with TIEMH to design the website. An internal HHSC workgroup and external stakeholder group will be convened to help assess TA needs, design support services, and set priorities for the training and TA center. HHSC's goal is to formally launch the website and TA, including SIM Mapping, in early 2022.
32	Eliminate the Wait: The Texas Action Plan for Right-Sizing Competency Restoration Services.	Like states across the country, Texas faces a growing challenge in effectively serving Texans with MH/SUD and IDD who are involved with the criminal justice system. HHSC is partnering with the Judicial Commission on Mental Health to convene stakeholders (behavioral health providers, judges, prosecutors, law enforcement, public defenders, jails and state hospitals) to develop strategies to tackle the waitlist from the front end and inside the justice system	Office of the State Forensic Director	Judicial Comission on Mental Health, Texas Sheriff's Association, Texas Police Chief's Association, Texas Council	<b>Implementation</b>	The Eliminate the Wait Initiative launched at the 2021 JCMH Annual Summit. Over the next year, the JCMH and HHSC will develop resources and provide technical assistance to support the iniative.

33	<p>Law Enforcement Competency for Behavioral Health Providers</p>	<p>In July 2021, a convening was held with twelve police chiefs from across the state and representatives from the National Association of Social Workers-Texas Chapter, Texas Counseling Association, Texas Marriage and Family Therapists Association, Texas Psychological Association, and Texas Society of Psychiatric Physicians. The goal of the convening was to bring law enforcement and mental health providers together to develop an actionable strategy for addressing law enforcement mental health.</p>	<p>Office of the State Forensic Director, Disaster Behavioral Health Services Team</p>	<p>Caruth Policy Institute at the University of North Texas-Dallas</p>	<p><b>Implementation</b></p>	<p>As a result of the convening, the Caruth Police Institute at the University of North Texas-Dallas will create a committee to work on the development of a law enforcement competency training for behavioral health providers. All association representatives at the convening will serve on that committee. The Office of the Forensic Director will contribute subject matter expertise and committee support.</p>
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