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State Forensic Director Update

Dr. Jennie Simpson

January 26, 2022



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Reporting Items

- Eliminate the Wait
- Texas' Strategic Plan for Diversion, Community Integration and Forensic Services
- Texas Behavioral Health and Justice Technical Assistance Center
- Sequential Intercept Model Mapping
- Money Follows the Person



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Eliminate the Wait Initiative

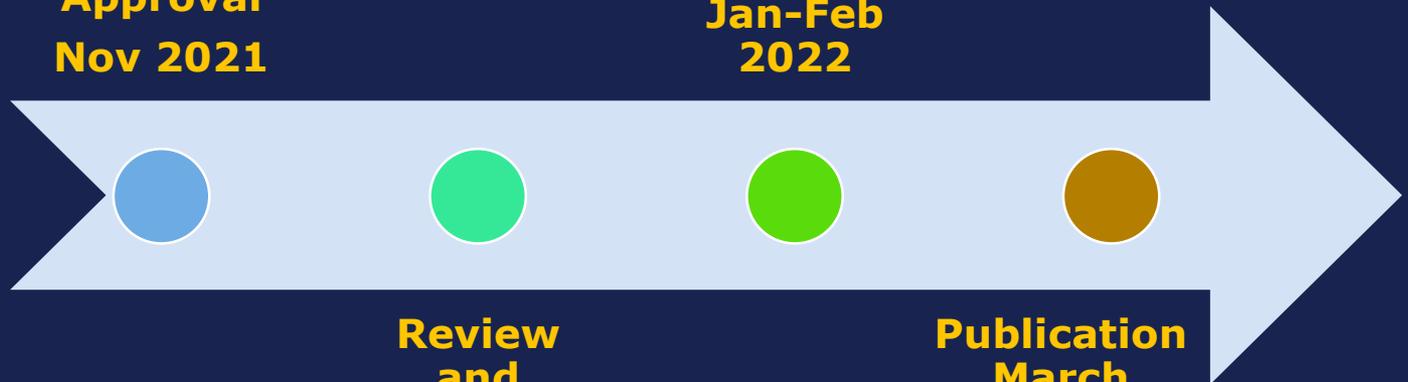
Eliminate the Wait asks that stakeholders consider their roles in eliminating the wait for inpatient competency restoration services.

- Initiative launched at Judicial Commission on Mental Health Annual Summit in October 2021
- Toolkit available to support stakeholders:
<http://texasjcmh.gov/media/2103/eliminate-the-wait-toolkit-11921-final.pdf>
- Next Steps:
 - ▶ Communicate– Inspire – Engage – Connect;
 - ▶ Implement statewide technical assistance strategy; and
 - ▶ Develop additional stakeholder resources.

Strategic Plan Update

**SBHCC
Review
and
Approval
Nov 2021**

**Routing
Process
Jan-Feb
2022**



**Review
and
Revisions
Nov-Dec
2021**

**Publication
March
2022**



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Purpose of the Strategic Plan

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.**



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Vision and Mission

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 MI, SUD, and/or 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.



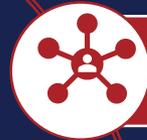
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Texas Behavioral Health and Justice Technical Assistance (TA) Center

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



Local Expert Network



Expert Consultation



Sequential Intercept Model
Mapping Workshops



Toolkits, webinars, and other
resources

Overview of Planning and Implementation



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Phase One: Planning & Research

Identify Evidence-based Models for TA

Gather Insights from Other State Centers

Partner with Hogg Foundation to Conduct Field Listening Sessions

June - August 2021

Phase Two: Process & Website Development

Partner w/ TIEMH to Design and Build the Website

Develop TA Protocols (e.g., SIM Mapping)

Recruit Local Expert Network

Develop Website Content

September 2021 - February 2022

Website development underway

Phase Three: Implementation

Formal Announcement / Launch

Provide On-Demand Expert TA

Launch Local Expert Network

Begin Local SIMs

Feb-March 2022

State Agency Partnerships

- 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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Sequential Intercept Model (SIM) Mapping Workshops

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

Upcoming HHSC SIM Workshops:

- Bell County (Jan 2022)
- Williamson County (Mar 2022)
- Navarro County (Mar 2022)
- Hunt County (April 2022)
- Midland County (May 2022)
- McClennan County (May 2022)



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SIM Mappings: Key Goals

- 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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Jail In-Reach Learning Collaborative Monthly TA Calls

Background: Four training sessions lead by the State Hospital Forensic Medicine Team in September and October 2021 brought local communities together to learn about opportunities to actively monitor individuals in county jails who have been found incompetent to stand trial and are awaiting admission into a State Hospital.

Monthly TA Calls: Monthly technical assistance calls are led by the Office of the State Forensic Director for learning collaborative teams. Calls provide teams with structured activities, additional training and participations, and opportunities for peer-to-peer learning.

Jail In-Reach Learning Collaborative Call Schedule



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Date	Topic
October 21, 2021	Organizational Readiness: Sustaining Your Local Forensic Team
November 18, 2021	Tailoring the Jail-In Reach Initiative to Work for You
December 2021	One-to-One HHSC ad Local Team Calls
January 20, 2022	Identifying Challenges and Formulating Solutions
February 17, 2022	Moving from Initiative to Program
March 17, 2022	Using Data to Drive Your Initiative
April 21, 2022	Sustaining Change
May 2022	One-to-one HHSC and Local Team Calls
June 23, 2022	Putting It All Together



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Money Follows the Person Re-Balancing Funds: Discharge Study

- **Purpose:** 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+).
- **Design:** Focus groups and interviews with court and judicial officials, including judges, defense counsel, and prosecutors; State Hospital System clinicians, including individuals responsible for discharge planning and social workers; and local mental health service providers.
- **Goal:** Assess these barriers to develop actionable strategies to promote discharge and community transition.



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Thank You

Jennie M. Simpson, PhD
Jennie.Simpson@hhs.texas.gov