



# Behavioral Health Advisory Committee

*Mission Statement: The mission of the Austin Travis County Behavioral Health Advisory Committee is to develop and sustain a planning partnership to support persons with behavioral health needs and to promote public safety.*

## Spring 2015 Sequential Intercept Model--SIM Update

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**Brief History:** In 2012 Travis County mental health, criminal justice, and housing stakeholders met pursuant to a planning grant funded by the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. The report from Phase I planning can be viewed online at:

[https://www.traviscountytx.gov/images/criminal\\_justice/Doc/justice\\_mental\\_health\\_2012-10.pdf](https://www.traviscountytx.gov/images/criminal_justice/Doc/justice_mental_health_2012-10.pdf) The Sequential Intercept Model (SIM) was determined to be the best practice for mental health criminal justice planning. The report included detailed information for programs at each of the criminal justice intercepts, or diversion points, and added an intercept for Community Services in recognition of the fact that the best diversion occurs prior to arrest. A report was issued in Spring 2013 with specific recommendations as well.

**Current Work:** This report reorganizes and updates the 2012 SIM report. The intercepts are as follows:

- Intercept 0 Community Services
- Intercept 1 Law Enforcement
- Intercept 2 Initial Detention & Initial Court Hearing
- Intercept 3 Jails & Courts
- Intercept 4 Re-Entry
- Intercept 5 Community Corrections.

Some programs or services divert in more than one intercept, for example, Austin Travis County Integral Care provides both community services in intercept one and provides assistance to the courts in intercept three. In this report each program page indicates the intercepts each program serves. Each program page is color coded for the agency or governmental entity.

### Acknowledgements

This report was written by Lila Oshatz, Consultant, and Judge Nancy Hohengarten, County Court at Law 5, with assistance from the stakeholders, agencies and departments included herein.

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Travis County CSCD Substance Use Inpatient Continuum  
Travis County CSCD Mental Health Caseload

## Integral Care Community Behavioral Health Support Team

Intercept 0 Community Services  
 Intercept 1 Law Enforcement  
 Intercept 3 Jails & Courts  
 Intercept 4 Re-Entry

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| <b>Program Description/Existing Services</b> | The Community Behavioral Support Team provides consultation and crisis prevention/intervention for individuals with co-occurring mental health and developmental disabilities and their care providers. A respite and education center will be opening this spring.  |
| <b>Funding Source &amp; Amount</b>           | Dept. of State Health Services, 1115 Medicaid Waiver funds   |
| <b>Data Collection &amp; Analysis</b>        | Integral Care collects demographic data. Integral Care reports outcomes and outputs specific to the 1115 Medicaid Waiver   |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Need to develop sustainable funding for this project as increasing numbers of individuals with complex needs are transitioning from the State Supported Living Center to the community.</li> <li>2. Fragmented nature of community supports for individuals with co-occurring developmental disabilities and behavioral health disorders.</li> <li>3. Lack of community awareness and knowledge about the needs of this population.</li> </ol>   |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Integral Care will keep community partners informed as to impact and value of the project to the community, families and to individuals served.</li> <li>2. Integral Care is partnering with DADS to address community transition support needs for individuals moving from the State Supported Living Center to the community.</li> <li>3. Integral Care will continue to provide education to the community about the needs of this population through outreach efforts.</li> <li>4. Through Integral Care’s authority role, Integral Care assists in navigating individuals, providers and communities with respect to available community supports.</li> </ol> |
| <b>Collaboration Partners</b>                | EMS, APD, local Emergency Departments, HCS Providers, Dept. of Aging and Disability Services   |

## Integral Care Mobile Crisis Outreach Team

Intercept 0 Community Services

Intercept 1 Law Enforcement

Intercept 2 Initial Detention & Initial Court Hearing

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| <b>Program Description/Existing Services</b> | <p>The Mobile Crisis Outreach Team (MCOT) goes out to individuals in the community experiencing behavioral health crisis, and targets the emergency response system through community collaborations, co-location and co-response with key emergency system partners APD, TCSO, EMS and direct dispatch by 911.</p> <p>Integral Care provides mental health training to APD, TCSO and EMS to new personnel, law enforcement CIT personnel and refresher training.</p> |
| <b>Funding Source &amp; Amount</b>           | Dept. of State Health Services, Travis County, 1115 Medicaid Waiver   |
| <b>Data Collection &amp; Analysis</b>        | Integral Care collects demographic data, diversion data and numbers of first responders trained about mental health. Integral Care reports outcomes and outputs to DSHS and to city and county via the inter-local agreement.   |
| <b>Gaps and Barriers</b>                     | <p>Lack of sustainable funding for the portion of MCOT targeting the emergency response system</p> <p>Lack of sustainable funding for the hospital and jail diversion project on 15<sup>th</sup> St. This project was developed in tandem with MCOT so there is residential capacity to support appropriate diversion</p>   |
| <b>Potential Strategies</b>                  | <p>Integral Care is contracting with a University of Texas health economist to look at the cost savings associated with this project.</p> <p>Integral Care will keep community partners informed as to results and educate community about value of the project to the community and to individuals served.</p>   |
| <b>Collaboration Partners</b>                | EMS, APD, TCSO, AISD, Travis County Jail, Central Health, Seton, St. David's  |

# Integral Care Psychiatric Emergency Services (PES)

Intercept 0 Community Services

Intercept 1 Law Enforcement

Intercept 4 Re-Entry

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| <p><b>Program Description/Existing Services</b></p> | <p>Integral Care’s Psychiatric Emergency Services (PES) is a 24 hour walk in service for individuals experiencing a behavioral health crisis. Crisis services focus on stabilizing the immediate crisis and linking individuals to ongoing community and treatment supports or inpatient care.</p>   |
| <p><b>Funding Source &amp; Amount</b></p>           | <p>Depart. Of State Health Services, City/County Inter-local Agreement</p>   |
| <p><b>Data Collection &amp; Analysis</b></p>        | <p>Integral Care collects demographic data and diversion data. Integral Care reports outcomes and outputs to DSHS and to city and county via the inter-local agreement.</p>  |
| <p><b>Gaps and Barriers</b></p>                     | <ol style="list-style-type: none"> <li>1. National prescriber shortage and funding constraints negatively impact prescriber capacity.</li> <li>2. Travis County population growth is impacting a limited resource. PES serves high numbers of uninsured and underinsured individuals.</li> <li>3. Housing and support needs of individuals who are homeless negatively impacts ability to stabilize individuals experiencing a crisis.</li> <li>4. Lack of local substance use treatment resources.</li> </ol>   |
| <p><b>Potential Strategies</b></p>                  | <ol style="list-style-type: none"> <li>1. Integral Care has hired a System CMO to interface with the community and new medical school. Integral Care has contracted with physician recruiting firms to attract prescribers.</li> <li>2. Integral Care is utilizing 1115 Waiver telemedicine and prescriber projects to increase prescriber capacity.</li> <li>3. Integral Care has obtained a grant from DSHS called Healthy Community Collaborative (HCC) to add supports, services and Housing First resources for individuals with behavioral health disorders who are homeless. Integral Care sub-contract with the City of Austin for the City ACT team which provides wrap-around services and supports.</li> <li>4. Integral Care is leading the local Substance Use Planning Partnership to identify and fill community gaps.</li> </ol> |
| <p><b>Collaboration Partners</b></p>                | <p>APD, TCSO, AISD, Travis County Jail, Central Health, Seton, St. David’s ED’s</p>  |

## Integral Care The Inn

### Intercept 0 Community Services Intercept 1 Law Enforcement Intercept 3 Jails & Courts Intercept 4 Re-Entry

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| <b>Program Description/Existing Services</b> | <p>The Inn, Integral Care’s crisis residential program (16 beds) provides a crisis alternative to inpatient hospitalization or a step-down for individuals needing further stabilization following an inpatient psychiatric hospitalization. The Inn is co-located with Hotline and PES.</p>  |
| <b>Funding Source &amp; Amount</b>           | <p>DSHS, City/County Inter-local Agreement</p>  |
| <b>Data Collection &amp; Analysis</b>        | <p>Integral Care collects demographic data and diversion data. Integral Care reports outcomes and outputs to DSHS and to city and county via the inter-local.</p>   |
| <b>Gaps and Barriers</b>                     | <p>Housing and support needs of individuals who are homeless negatively impacts ability to stabilize individuals experiencing a crisis.</p> <p>Lack of local substance use treatment resources.</p>   |
| <b>Potential Strategies</b>                  | <p>Integral Care has obtained a grant from DSHS called Healthy Community Collaborative (HCC) to add supports, services and Housing First resources for individuals with behavioral health disorders who are homeless. Integral Care sub-contracts with the City of Austin for the City ACT team which provides wrap-around services and supports.</p> <p>Behavioral Health Advisory Committee partner with Re-Entry Roundtable and ECHO to engage in planning and advocacy to address housing barriers experienced by individuals with criminal backgrounds and behavioral health issues.</p> <p>Integral Care is leading the local Substance Use Planning Partnership to identify and fill community gaps.</p> |
| <b>Collaboration Partners</b>                | <p>APD, TCSO, Central Health, Seton, St. David’s ED’s</p>   |

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| <p><b>Program Description/Existing Services</b></p> | <p>ANEW, funded through Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) – TDCJ works in close collaboration with Travis County Probation and TDCJ Parole officers to provide community-based behavioral health treatment services for adults on probation and parole specialized mental health caseloads.</p> <p>ANEW co-locates a licensed counselor at Austin Transitional Center to address resident needs and improve linkage to community resources</p> <p>ANEW is co-located with Travis County Probation.</p>  |
| <p><b>Funding Source &amp; Amount</b></p>           | <p>TCOOMI</p>   |
| <p><b>Data Collection &amp; Analysis</b></p>        | <p>Integral Care collects demographic data. Integral Care reports and monitors required outcomes and output to TCOOMI.</p>  |
| <p><b>Gaps and Barriers</b></p>                     | <ol style="list-style-type: none"> <li>1. Housing and support needs of individuals who are homeless negatively impacts ability to stabilize individuals experiencing a crisis.</li> <li>2. Lack of local substance use treatment resources.</li> </ol>  |
| <p><b>Potential Strategies</b></p>                  | <ol style="list-style-type: none"> <li>1. Integral Care has obtained a grant from DSHS called Healthy Community Collaborative (HCC) to add supports, services and Housing First resources for individuals with behavioral health disorders who are homeless. Integral Care sub-contracts with the City of Austin for the City ACT team which provides wrap-around services and supports.</li> <li>2. Behavioral Health Advisory Committee partner with Re-Entry Roundtable and ECHO to engage in planning and advocacy to address housing barriers experienced by individuals with criminal backgrounds and behavioral health issues.</li> <li>3. Integral Care is leading the local Substance Use Planning Partnership to identify and fill community gaps.</li> </ol> |
| <p><b>Collaboration Partners</b></p>                | <p>Travis County Probation, TDCJ Parole, Austin Transitional Center</p>   |

# Integral Care Oak Springs Intensive Outpatient Substance Use Treatment

**Intercept 0 Community Services**  
**Intercept 2 Initial Detention & Initial Hearing**  
**Intercept 3 Jails & Courts**  
**Intercept 4 Re-Entry**  
**Intercept 5 Community Supervision**

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| <b>Program Description/Existing Services</b> | <p>Oak Springs Intensive Outpatient Substance Use Treatment Program provides intensive outpatient treatment to adult residents of Travis and surrounding counties. The vast majority of clients reside in Travis County. The target population has a single diagnosis of a substance use disorder or a co-occurring psychiatric and substance use disorder (COPSD). Approximately half the clients are referred through the criminal justice system.</p> <p>Oak Springs also works with Travis County Probation’s Drug Court through the SHORT program to provide a case manager who provides case management, linkage to services, counseling and coordination with the court to help ensure positive outcomes for individuals involved with the court.</p>            |
| <b>Funding Source &amp; Amount</b>           | <p>DSHS, City of Austin/Downtown Austin Community Court, Travis County Probation</p>  |
| <b>Data Collection &amp; Analysis</b>        | <p>Integral Care collects demographic data. Integral Care reports outcomes and outputs to DSHS.</p>   |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Housing and support needs of individuals who are homeless with co-occurring substance use disorders and criminal backgrounds negatively impacts ability to maintain stability post discharge.</li> <li>2. Lack of a full continuum of local substance use treatment resources.</li> </ol>   |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Integral Care has obtained a grant from DSHS called Healthy Community Collaborative (HCC) to add supports, services and Housing First resources for individuals with behavioral health disorders who are homeless. Integral Care sub-contracts with the City of Austin for the City ACT team which provides wrap-around services and supports.</li> <li>2. Behavioral Health Advisory Committee partner with Re-Entry Roundtable and ECHO to engage in planning and advocacy to address housing barriers experienced by individuals with criminal backgrounds and behavioral health issues.</li> <li>3. Integral Care is leading the local Substance Use Planning Partnership to identify and fill community gaps.</li> </ol> |

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| <b>Collaboration Partners</b> | DACC, Travis County Probation, Travis County Counseling and Education Services, Dept. of Family & Protective Services |
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# Integral Care 15<sup>th</sup> St Hospital and Jail Diversion Project

Intercept 0 Community Services

Intercept 1 Law Enforcement

Intercept 2 Initial Hearing & Initial Detention

Intercept 3 Jails & Courts

Intercept 4 Re-Entry

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| <b>Program Description/Existing Services</b> | Integral Care’s 15 <sup>th</sup> St crisis residential program (24 beds) specializes in serving individuals in crisis with co-occurring substance use and mental health disorders experiencing a behavioral health crisis  |
| <b>Funding Source &amp; Amount</b>           | Depart. Of State Health Services, 1115 Medicaid Waiver   |
| <b>Data Collection &amp; Analysis</b>        | Integral Care collects demographic data and diversion data. Integral Care reports outcomes and outputs specific to the 1115 Waiver   |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Develop sustainable funding for the hospital and jail diversion project on 15<sup>th</sup> St. This project was developed in tandem with MCOT so there is residential capacity to support appropriate diversion.</li> <li>2. Develop sustainable funding for the portion of MCOT targeting the emergency response system</li> <li>3. Housing and support needs of individuals who are homeless negatively impacts ability to stabilize individuals experiencing a crisis.</li> <li>4. Lack of local substance use treatment resources.</li> </ol>  |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Integral Care is contracting with a University of Texas health economist to look at the cost savings associated with this project.</li> <li>2. Integral Care will keep community partners informed as to results and educate community about value of the project to the community and to individuals served.</li> <li>3. Integral Care has obtained a grant from DSHS called Healthy Community Collaborative (HCC) to add supports, services and Housing First resources for individuals with behavioral health disorders who are homeless. Integral Care sub-contract with the City of Austin for the City ACT team which provides wrap-around services and supports.</li> <li>4. Behavioral Health Advisory Committee partner with Re-Entry Roundtable and ECHO to engage in planning and advocacy to address housing barriers experienced by individuals with criminal backgrounds and behavioral health issues.</li> <li>5. Integral Care is leading the local Substance Use Planning Partnership to identify and fill community gaps.</li> </ol> |
| <b>Collaboration Partners</b>                | EMS, APD, TCSO, Travis County Jail, Central Health, Seton, St. David’s ED’s  |

# Integral Care Community Competency Restoration

## Intercept 3 Jails & Courts Intercept 4 Re-Entry

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| <p><b>Program Description/Existing Services</b></p> <p><b>Intercepts 3, 4</b></p> | <p>Integral Care Community Competency Restoration Program (CCRP) is an outpatient competency restoration program that works to restore individuals who are found incompetent to stand trial (1ST). The CCRP's curriculum is designed to restore an individual to competency so the individual can fully participate in legal proceedings. As part of the program, Integral Care staff is housed at the Travis County jail where coordination with psychiatrists, jail counseling staff and courts can occur.</p> <p>Integral Care's CCRP program also assigns a counselor to cover the misdemeanor and felony mental health dockets to assist with appropriate care coordination and linkage.</p> |
| <p><b>Funding Source &amp; Amount</b></p>   | <p>Department of State Health Services</p>  |
| <p><b>Data Collection &amp; Analysis</b></p>                                      | <p>Integral Care collects demographic data. Integral Care reports and monitors required outcomes and output to DSHS.</p>  |
| <p><b>Gaps and Barriers</b></p>   | <p>1. Housing and support needs of individuals who are homeless with criminal backgrounds negatively impacts transition planning back to the community</p>  |
| <p><b>Potential Strategies</b></p>  | <p>1. Integral Care has obtained a grant from DSHS called Healthy Community Collaborative (HCC) to add supports, services and Housing First resources for individuals with behavioral health disorders who are homeless. Integral Care sub-contracts with the City of Austin for the City ACT team which provides wrap-around services and supports.</p> <p>2. Behavioral Health Advisory Committee partners with Re-Entry Roundtable and ECHO to engage in planning and advocacy to address housing barriers experienced by individuals with criminal backgrounds and behavioral health issues.</p>  |
| <p><b>Collaboration Partners</b></p>  | <p>Travis County Jail, Austin State Hospital, Criminal Courts, MH Public Defender</p>   |

## Integral Care Next Step Crisis Respite

Intercept 0 Community Services  
 Intercept 1 Law Enforcement  
 Intercept 3 Jails & Courts  
 Intercept 4 Re-Entry

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| <b>Program Description/Existing Services</b> | Next Step crisis respite program is a 31 bed facility serving individuals who are experiencing a behavioral health crisis who are also at risk of homelessness. It provides housing post release from ASH and the Travis County Jail.   |
| <b>Funding Source &amp; Amount</b>           | Department of State Health Services   |
| <b>Data Collection &amp; Analysis</b>        | Integral Care collects demographic data. Integral Care reports outcomes and outputs to DSHS.  |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Housing and support needs of individuals who are homeless negatively impacts ability to stabilize individuals experiencing a crisis.</li> <li>2. Lack of local substance use treatment resources.</li> </ol>  |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Integral Care has obtained a grant from DSHS called Healthy Community Collaborative (HCC) to add supports, services and Housing First resources for individuals with behavioral health disorders who are homeless. Integral Care sub-contracts with the City of Austin for the City ACT team which provides wrap-around services and supports.</li> <li>2. Behavioral Health Advisory Committee partner with Re-Entry Roundtable and ECHO to engage in planning and advocacy to address housing barriers experienced by individuals with criminal backgrounds and behavioral health issues.</li> <li>3. Integral Care is leading the local Substance Use Planning Partnership to identify and fill community gaps.</li> </ol> |
| <b>Collaboration Partners</b>                | APD, TCSO, Travis County Jail, Central Health, Seton, St. David's ED's  |

# Caritas of Austin Housing Stability

## Intercept 0 Community Services

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| <p><b>Program Description/ Existing Services</b></p> | <p>Caritas’ Housing Stability Team operates the Best Single Source Plus (BSS Plus) Program, whose purpose is preventing and ending homelessness by providing intensive case management services which address client needs such as employment, mental health services and overcoming criminal history barriers with the ultimate goal of securing and maintaining housing. The program’s primary purpose is preventing and ending homelessness. Capacity is 137 households with 343 clients. 52% of clients have a HUD defined disability (majority is mental health) and 75% are estimated to have a criminal history background, have been incarcerated or are currently dealing with a criminal/legal issue. Services include financial assistance for rent, utilities and other housing supports. To be eligible for Housing Stability services, individuals and families must be at 30% AMI (less than 200% FPL) and reside in Austin or Travis County. Homeless clients or domestic violence survivors are exempt from income and residency requirements.</p> |
| <p><b>Funding Source &amp; Amount</b></p>            | <p>13 Member Collaborative Funding: City of Austin – \$3,055,370 and Travis County – \$262,500<br/>Integral Care (through DSHS grant) - \$25,000 for direct client services<br/>Integral Care (through DSH grant) – \$111,000</p>   |
| <p><b>Data Collection &amp; Analysis</b></p>         | <p><b>HMIS Database</b> - Housing Stability utilizes the Homeless Management Information System (HMIS) to collect and evaluate program data. The HMIS Service Point database is used to collect: 1) client intake data; 2) client demographics; 3) evaluation results; and 4) data reporting on outputs and outcomes met/not met. <b>Client Files</b> - are reviewed by program supervisors and team case managers to identify inconsistencies in reporting or missed data, ensuring high quality of consistency in data entry and reporting. <b>Management Review</b> – The BSS+ Coordinator provides a monthly report to Caritas’ Director of Housing Services outlining all reports generated for the month and to discuss program issues. <b>Evaluation</b> – data collected in HMIS informs program improvement by providing statistics as the success of the program. The program is then evaluated by partner agencies and improvements are made.</p>  |
| <p><b>Gaps and Barriers</b></p>                      | <ol style="list-style-type: none"> <li>1. Insufficient affordable housing in Austin that is for people at 200% FPL or lower.</li> <li>2. Housing for clients needing assisted living type housing (someone to check on them), but not to the extent of permanent supportive housing, that is flexible on criminal history backgrounds.</li> <li>3. Mental illness is a barrier to housing, when clients cannot work and do not qualify for unearned income such as SSI or SSDI</li> </ol>   |
| <p><b>Potential Strategies</b></p>                   | <ol style="list-style-type: none"> <li>1. Develop partnerships with private landlords that are open to accepting clients with high needs and housing barriers.</li> <li>2. Use of a comprehensive landlord outreach database.</li> <li>3. Non-traditional housing options, such as co-op housing and group living homes for the mentally ill supported by community funding.</li> </ol>   |
| <p><b>Collaboration Partners</b></p>                 | <p>ECHO, Integral Care, AIDS Services of Austin, Any Baby Can, The Arc of the Capital Area, Catholic Charities of Central Texas, Family Eldercare, Foundation for the Homeless, Front Steps, Goodwill Industries of Central Texas, Meals on Wheels and More, SafePlace, The Wright House Wellness Center, The Salvation Army, DACC</p>  |

# Caritas of Austin Permanent Supportive Housing

## Intercept 0 Community Services

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| <b>Program Description/<br/>Existing Services</b> | <p>Caritas Permanent Supportive Housing Programs target individuals with the highest need and barriers to remaining stably housed: chronically homeless with at least one diagnosed disability. Clients are paired with an intensive case manager with whom they work closely for their duration in the program. Additionally, as most of our clients disabling condition is a mental health condition, they are referred to our Mental and Behavioral Health Services (MBHS) program to increase supports through therapy, psychiatric nursing, and/or substance abuse treatment.</p> |
| <b>Funding Source &amp;<br/>Amount</b>            | <p>Leasing costs associated with client housing are paid for by five (one for each program) HUD grants totaling \$1,402,844 for FY 2015. Philanthropic grants are essential to covering the cost of supportive services and case manager salaries, including a \$50k award from the Religious Coalition this year. The City of Austin has funded the Caritas MBHS program \$194,963 (for FY15) which covers the totality of the MBHS program.</p>  |
| <b>Data Collection &amp;<br/>Analysis</b>         | <p>Every client in PSH is entered in the HMIS system. This system collects information on demographics, income, noncash benefits (such as insurance or SNAP benefits), and services provided such food assistance. Clients are also administered an SSOM (Self Sufficiency Outcome Matrix) to set a baseline for functioning at entry. Clients are reassessed at least annually, and quarterly if they are engaged in MBHS. Reports are run quarterly to determine service utilization, and changes in baseline functioning as outlined by the SSOM.</p>                               |
| <b>Gaps and Barriers</b>                          | <p>Barriers include criminal background requirements for housing which disqualify many, even from PSH. The gap is lack of affordable and low barrier housing options. Additional gaps exist in financial assistance to low/no income clients in need of obtaining their medications.</p>   |
| <b>Potential Strategies</b>                       | <p>Currently one PSH property adheres to the “Housing First” model through a partnership with a private owner which allows for 16 clients to be housed regardless of criminal background. More incentives, education, and city wide support are needed to increase partnerships such as these.</p>   |
| <b>Collaboration Partners</b>                     | <p>PSH collaborates closely with ECHO, Goodwill, Foundation Communities, Twelve Rivers Management, Integral Care, private psychotherapists and treatment facilities such as Austin Recovery, DACC.</p>   |

# Caritas of Austin Supportive Services for Veteran Families

## Intercept 0 Community Services

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| <b>Program Description/<br/>Existing Services</b> | <p>The Caritas of Austin Supportive Services for Veteran Families (SSVF) program provides supportive services to extremely low-income homeless veterans transitioning to permanent housing. 70% of the veteran population served in FY14 (122 veterans) had a history of involvement with the criminal justice system or a MH diagnosis. 20% of those households with MH dx or CJ involvement included a spouse, significant other and/or dependent children (24 households).</p>  |
| <b>Funding Source &amp;<br/>Amount</b>            | <p>Funding for the SSVF program is through an annual, renewable grant from the Veterans Administration. FY 15 grant \$546,844. Additional funding for veterans participating in the SSVF program is provided by the Texas Veterans Commission and a philanthropic grant.</p>   |
| <b>Data Collection &amp;<br/>Analysis</b>         | <p>Data is collected in HMIS for all clients served including demographics, service utilization, household composition, cash/non-cash benefits &amp; sources, Healthcare, disabilities, veteran information. Data is uploaded monthly to the VA repository and used locally to determine outcome measures such as reductions in homeless population, changes in housing status and stability, income/employment, VA &amp; public benefits.</p>   |
| <b>Gaps and Barriers</b>                          | <p>Community needs more low barrier, affordable housing in order to house the estimated 784 homeless veteran households in Austin/Travis County. Significant funding available to assist housing these veterans, but lack of housing has become a major barrier to ending veteran homelessness. Landlords must be willing to accept vouchers, as approx. 50% of homeless veterans are in need of Permanent Supportive Housing.</p>   |
| <b>Potential Strategies</b>                       | <p>Low Barrier Housing: The Austin Homeless Veterans Initiative (AHVI) meets weekly to develop and monitor strategies related to landlord outreach, housing identification and unique barriers for an individual household accessing housing. ECHO Housing Specialist and Landlord Outreach task group meets monthly to develop outreach strategies for identifying and maintaining relationships with various housing providers in the community. Caritas is actively involved in highlighting the benefits of Austin’s new Source of Income ordinance.</p> |
| <b>Collaboration<br/>Partners</b>                 | <p>Partners include the Austin Homeless Veterans Initiative (AHVI) comprised of representatives from ECHO, Front Steps, VA Supportive Housing Program, VA Healthcare for Homeless Veterans and The Salvation Army. Central Texas Veteran Services Coalition, City of Austin Veteran Services Office, Travis County Veteran Services Office, DACC.</p>  |

# Austin Police Department Crisis Intervention Team

## Intercept 1 Law Enforcement

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| <b>Program Description/<br/>Existing Services</b> | <p>Based on the number of stipends provided by APD, APD CIT provides 158 trained/certified law enforcement MH officers in a uniformed/plainclothes capacity in the community. CIT Officers receive the State of Texas 40 hours Mental Health Officer Course. The APD Uniformed Patrol Crisis Intervention Team Officers respond to 911/311 calls, calls by a patrol officer requesting assistance due to a subject's behavior and also work in the Parks and Airport Units. The plainclothes CIT Unit is housed with and collaborates with the plainclothes TCSO CIT Unit at the Austin State Hospital (ASH) and work with Integral Care MCOT at the Austin State Hospital. The partnership between CIT and MCOT is beneficial in trying to divert people from the criminal justice system and guide people to the proper care in the community. The plainclothes CIT Unit provides all departmental training on MH in addition to being the departmental liaison with local mental health service agencies and hospitals. APD officers trained in the 40 hour State of Texas MH Officer Course to be the primary individuals within the Department to handle calls with persons in a behavioral crisis. APD is committed to having all officers receive CIT training. The State of Texas requires new officers receive 16 hours but APD provides 40 hours of training to cadets in the training academy.</p> |
| <b>Funding Source &amp;<br/>Amount</b>            | <p>Funding is provided by the City of Austin APD budget provided from the General Fund. CIT Unit budget is \$1,045,609.00. The City funds 158 CIT Patrol Officer stipends at 175.00 x 12 months = \$302,400.00</p>  |
| <b>Data Collection &amp;<br/>Analysis</b>         | <p>Data, number/type of calls handled by Officers, is collected from the APD report system, Versadex. Data is collected monthly and assists in determining staffing levels of CIT Officers on patrol and in the CIT Unit</p>  |
| <b>Gaps and Barriers</b>                          | <p>1.The number of CIT Officers on patrol has remained the same since 2008. The call volume for CIT trained Officers has increased from 6558 calls in 2008 to 8535 calls in 2013. Further straining the time of the 144 CIT Officers is ratio of calls from 2008 to 2013 which resulted in an Emergency Detention of an individual. These calls increased by 3161 during the mentioned timeframe for a 247% increase.</p> <p>2.Currently there are limited options for extremely high utilizers of local services or extremely violent subjects.</p>  |
| <b>Potential Strategies</b>                       | <p>Continued pursuit of increases in total number of CIT Officers through the chain of Command and budget process.</p> <p>Continued participation and support of local community behavioral health partner in seeking solutions and best practices to treat high utilizers and violent subjects</p>   |
| <b>Collaboration Partners</b>                     | <p>Integral Care, TCSO, County and District Attorney,</p>   |

# Travis County Sheriff's Office Crisis Intervention Team

## Intercept 1 Law Enforcement

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| <b>Program Description/<br/>Existing Services</b> | <p>CIT provides specially trained and certified law enforcement mental health Deputies to work within the community and other Law Enforcement Agencies.</p> <p>Travis County Sheriff's Office CIT employees 9 Deputies and 1 Sergeant, within the centrally located office. Deputies respond to calls for services anywhere in the county, 24 hours a day 7 days a week. Deputies evaluate persons currently detained by Law enforcement and those being held at local jail facilities. Deputies use their experience and training to help with diversions for the mentally ill to local mental health facilities in lieu of criminal charges. Deputies serve all necessary civil legal documents and provide transportation to local facilities for those suffering from a mental illness</p> |
| <b>Funding Source &amp;<br/>Amount</b>            | <p>Funding for TCSO CIT is provided by Travis County, 1 Sergeant and 9 full time Deputies. Approximately \$73,480 per Deputy x 9 = \$661,320 plus approximately \$105,770 for one Sgt.</p>   |
| <b>Data Collection &amp;<br/>Analysis</b>         | <p>Yearly stats for CIT 2014 indicate 237 bench warrants/writs served and 443 Orders of Protective Custody (OPC's) served. In 2013 the numbers were 684 and 1039 respectively. Travis County CIT, generated 1619 reports and 284 peace officer emergency detentions in 2014 Wrote 284 peace officer emergency detentions.</p>  |
| <b>Gaps and Barriers</b>                          | <p>The goal is to have Travis County's 9 CIT officers to respond to calls, 24/7 throughout the county. Currently, scheduled coverage is only 20 hours/day with the other 4 hours/day response handled as on-call. This 4 hour GAP impacts response ability. Deputies are assigned to work as bailiffs during probable cause hearings for probate court 3 days a week, along with their regular assigned duties. Deputies serve all court orders of protective custody from the probate court throughout all working days of the week. Once the court orders are served the Deputies also provide safe transportation for these individuals to local mental health facilities. With these many daily duties response time to active calls for service are delayed.</p>                          |
| <b>Potential Strategies</b>                       | <p>Three additional CIT Deputies would provide 24/7 coverage and enable all assigned Deputy tasks to be completed without impact to CIT call response completion</p>   |
| <b>Collaboration Partners</b>                     | <p>Integral Care, Criminal Courts, County and District Attorney, Probate Court</p>   |

# Travis Co Sheriff's Office Mental Health Screening & Assessment

## Intercept 2 Initial Detention & Initial Court Hearing

## Intercept 3 Jails & Courts

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| <b>Program Description/Existing Services</b> | <p>TCSO MH staff screen approximately 50% of all inmates within 36 hours of being booking. The other 50% are bonded out prior to the screening process. TCSO counseling staff completes the assessment through a mental status exam (psych/social history/assessment of current mental health symptoms). TCSO uses The Adult Texas Recommended Assessment Guidelines (Adult-TRAG) by the Texas DSHS to objectively quantify seven areas of mental health: Risk of Harm, Support Needs, Substance Use, Housing, Employment, Psych Related Hospitalization, and Functioning. Inmates who are suicidal/homicidal, exhibiting current symptoms for a priority population diagnosis or currently on verified medications receive the PSY designation code and the inmate is scheduled to see a psychiatry provider. Inmates with the PSY code are housed according to their needs and offered medications. The highest needs inmates are housed in inpatient psychiatric units and are seen by counseling staff weekly and discussed in treatment team meetings as needed. Approximately 29,418 bookings were screened in FY 2014 with 6,168 (21%) identified as needing MH services. (These include duplicated individuals who were re-arrested during this period). This is a 61% increase in PSY inmate from FY 2011.</p> |
| <b>Funding Source &amp; Amount</b>           | <p>Funding is provided by Travis County. These figures are approximations. <u>Counseling Staff</u>: \$604,066 One Mgr. and 9 Sr. Counselors</p>   |
| <b>Data Collection &amp; Analysis</b>        | <p><b>Number of screening questionnaires completed by counseling staff annually.</b> Cumulative and question specific data can be collected monthly via CIFS Tiburon codes. <b>Number of inmates requiring PSY services identified at booking</b> is collected annually based on counselor data entry/the TRAG template in the EMR TRAG scores can also be collected. <b>Number of inmates requiring specialized psych services identified at booking</b> is collected annually based on counselor data entry/the TRAG template in the EMR. <b>Number of counselor follow-ups completed by counseling staff.</b> Data is collected monthly from daily counseling logs.</p>  |
| <b>Gaps and Barriers</b>                     | <p>1. Approximately 50% of individuals who are booked are released without any formal screening from MH staff. 2. Transitional MH services are lacking for inmate upon release, although Integral Care – MCOT team is called for inmates who might pose a danger upon release but only those who require support to avoid hospitalization. 3.) No risk, substance use or trauma screening is used. 4. Counselors are not on duty for night shift. Responsibilities fall on the Central Booking Nursing staff at night.</p>  |
| <b>Potential Strategies</b>                  | <p>1. Provide counseling staff 24 hours for increased assessment. 2. Identify temporary housing options for those being released when services are closed.</p>  |
| <b>Collaboration Partners</b>                | <p>Austin / Travis County Integral Care, Criminal Courts, Austin Municipal Court Magistrates</p>  |

# TC Sheriff's Office Counseling & Psychiatric Services

## Intercept 2 Initial Detention & Initial Court Hearing Intercept 3 Jails & Courts

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| <b>Program Description/Existing Services</b> | <p>When an inmate receives a positive MH screen, TCSO MH staff assign a PSY code designation used to determine appropriate jail housing and the inmate is scheduled to see a psychiatry provider. Counseling staff have caseloads to provide crisis intervention, supportive counseling/education ranging from a one-time visit to daily visits based on the needs and stability of the inmate. Referrals to Integral Care are made. 3.5 contract Psychiatric providers provide treatment to inmates with a PSY code. This includes initial/crisis evaluations, routine follow-ups based on inmate needs, OPC's, Compelled medications applications and report to court hearings as needed. TCSO MH Coordinator collaborates with the courts and communicates with jail counselors and psych providers regarding release plans for limited cases. MH Coordinator attends TTMs 3x/week in the jail/MH dockets 2x/week in courts.</p> |
| <b>Funding Source &amp; Amount</b>           | <p>Funding is provided by Travis County. These figures are approximations.<br/> <u>Counseling Staff:</u> \$661,559 One Mgr and 10 Sr. Counselors<br/> <u>Mental Health Coordinator:</u> \$61,337.00 One Social Services Coordinator<br/> <u>Psychiatrist:</u> \$459,948 Contract with Integral Care/Private Psychiatrist (60 hours / week)<br/> <u>Advanced Nurse Practitioners:</u> \$282,844.80 Integral Care Contract (80 hours / week)<br/> <u>Psychotropic Medications:</u> \$860,000.00 for Calendar Year 2014 (approx.)<br/>                     This figure could suddenly and significantly increase if incentives such as patient assistance programs are discontinued. Corrections operations cost are not included.</p>   |
| <b>Data Collection &amp; Analysis</b>        | <p><b>Counseling Staff:</b> Number of counselor follow-ups completed by counseling based on daily counselor logs. <b>Mental Health Coordinator:</b> Number of cases coordinated through treatment team meetings, mental health dockets etc. through week log documentation. <b>Psychiatric Providers:</b> These measures reflect timely access to treatment and quality of care. 1.) Average percent of inmates seen by a psychiatry provider within seven days of being identified with a mental illness based on 10% sample. 2.) Percent of inmate follow-ups appointments which are re-scheduled. <b>Standard Measures:</b> Chart Reviews (inmate Not seen), initial visit, Follow-up, Chronic Care</p>  |
| <b>Gaps and Barriers</b>                     | <p>1. Telemedicine is provided occasionally for inmates at TCJ but otherwise no psych providers are available to see inmates at booking. 2. During the first quarter of FY 2015, ~32% of Initial Psych Appointments were not completed within the first 7 days from being identified with a PSY. This was mainly due to increased PSY numbers over previous months and years. 3. During the first quarter of FY 2015 ~71% of Psych follow-up were re-scheduled due to an unfilled position and increase of PSY numbers over previous months and years. 4. Counseling staff respond mostly to crisis/routine follow-ups and are not able to provide more comprehensive interventions such as groups/skills training. 5. Lack of Re-entry planning/ transition to community MH services. 6. There is a lack of collaboration with Parole for those on parole violations and housed in the community.</p>                              |
| <b>Potential Strategies</b>                  | <p>1. Increase Psych Providers. 2. Increase counseling staff to provider more rehabilitative services. 3. Develop process for transition planning.</p>  |

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| <b>Collaboration Partners</b> | Austin Travis County Integral Care, Potentially Austin Municipal Court Magistration judges. |
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## Travis County Pretrial Services Mental Health Bond Program

### Intercept 2 Initial Detention & Initial Court Hearing

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| <b>Program Description/ Existing Services</b> | Travis County Pretrial Services has 2 officers assigned to the mental health bond program established pursuant to the Code of Criminal Procedure which requires release of mentally ill defendants on personal bond with a treatment plan so long as community safety is not a concern. Two MH Supervision Officers have caseloads comprised of felony and misdemeanor defendants, approximately 60 each. These Officers re-screen defendants identified by the jail to have mental health issues that have been in jail more than three days; participate in weekly Court case staffing. They work with defendants to: coordinate completions of MH assessments and treatment plans, assure adherence with treatment plans, assure the taking prescribed medications, and monitor compliance with bond requirements.   |
| <b>Funding Source &amp; Amount</b>            | Travis County - MH Funding - Approximately \$190,000.00 (Two officers)  |
| <b>Data Collection &amp; Analysis</b>         | Upon request, data can be collected to document the following:<br>Number of defendants: active in the program, placed on the program, completed the program, including those who forfeited the bond due to failure to appear, or who had their bond revoked due to a re-arrest. Number of re-screenings completed for personal bond consideration. Number of bond revocations   |
| <b>Gaps and Barriers</b>                      | <ol style="list-style-type: none"> <li>1. Staffing – current staffing levels don’t allow for a detailed rescreening process for defendants. Likewise, current staffing limits the number of clients PTS can effectively supervise, and the intensity of supervision staff can provide.</li> <li>2. Housing – The lack of a stable residence increases the chances that a client won’t be recommended for release.</li> <li>3. Assessments/Treatment Plans –Lack of an assessment directly impacts the release decision and prevents service planning. Inability to identify the appropriate release conditions increases the likelihood a client won’t be recommended for release.</li> </ol>   |
| <b>Potential Strategies</b>                   | <p>Request funds for additional staff: Additional staff (3-5) would allow for a more detailed re-screening of defendants for release consideration. Officers would be able to enhance the level of supervision by providing each defendant more attention, allowing for more individualized supervision.</p> <p>Collaborate with agencies that can provide housing: Additional housing options for defendants may allow for additional defendants, who are currently unable to be released based on an unstable living situation, to be safely released.</p> <p>Collaborate with Jail and other agencies that can provide MH Assessments/Treatment Plans: Timely identification of Mental Health concerns would provide Pretrial Services Officers with information to enhance the bond recommendation and supervision processes. Currently an assessment is completed three days after booking. This timeframe allows certain defendants to be released on personal bond before being screened and identified by the jail. Timely screening may enhance the information available to officers recommending for release/bond conditions and those supervising these defendants.</p> |
| <b>Collaboration Partners</b>                 | MH Public Defender, County & District Attorney, Integral Care, TCSO, ECHO (Ending Community Homelessness Coalition)   |

# County Attorney Mental Health Prosecution Team

## Intercept 3 Jails & Courts

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| <b>Program Description/Existing Services</b> | The Travis County Attorney’s Office MH Prosecution Team handles all Class A and B misdemeanor cases filed in Travis County with a PSY code descriptor assigned by the Travis County jail staff after assessment. The team consists of a prosecutor, a paralegal, a victim counsellor, an investigator, and a legal assistant. All personnel work on the mental health team part time and have other, additional duties.   |
| <b>Funding Source &amp; Amount</b>           | Travis County through the Travis County Attorney’s budget: \$270,887.19 (This number is derived based upon salaries and the percentage of time spent on the MH docket.)   |
| <b>Data Collection &amp; Analysis</b>        | The Travis County Attorney’s Office collects data by fiscal year regarding total number of cases staffed, cases resolved at first setting, average number of days from first setting to final disposition, number of inmates diverted on MH docket, and % of inmates diverted or placed on MH caseload.   |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Lack of supportive housing, treatment for defendants with co-occurring disorders, case managers/social workers at pretrial to monitor mental health bond compliance and probation to ensure compliance with probation conditions limit the prosecutions’ ability to offer non-jail sentences. With better social work assistance many Defendants could attain a better level of psychiatric stabilization, thereby presenting less of a threat to community safety and well-being. With more reassurances of stability, prosecutors would be able to more easily divert Defendants into mental health related programs while still providing guarantees of community safety.</li> <li>2. Lack of case managers to assist MH Wheel Defense Attorneys through the MH Public Defender</li> <li>3. Lack of prosecutorial training to understand mental health issues and to take mental health issues into account when evaluating cases or making sentencing recommendations. Many prosecutors are not aware of resources in the community or in the justice system to address mental health issues. More in-depth training is needed for mental health prosecutors, and a lower level, but more ubiquitous training is needed for all criminal court prosecutors. The barrier is funding and available training resources for prosecutors.</li> </ol> |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Funding for transitional and permanent supportive housing along with residential and out-patient treatment for co-occurring disorders.</li> <li>2. The creation of a mental health treatment court with compliance officers who monitor the progress of court participants.</li> <li>3. Expanded role of caseworkers to carry out social work functions such as at supervision level and a caseworker assigned to court to assist MH Wheel attorneys.</li> <li>4. Additional training for both specialized mental health prosecutors and for all trial court prosecutors.</li> </ol>  |
| <b>Collaboration Partners</b>                | TC Community Supervision and Pretrial Services, Integral Care, Criminal Courts, TCSO  |

# Travis County Mental Health Public Defender

## Intercept 3 Jails & Courts Intercept 4 Re-Entry

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| <p>Program Description/Existing Services</p> | <p>The Travis County Mental Health Public Defender (MHPD) provides specialized misdemeanor legal representation and intensive social services support to indigent Travis County defendants with serious mental health disorders. The program also provides frequent continuing education opportunities on mental health and criminal defense issues, as well as individual legal consultation for attorneys representing clients with mental health disorders. MHPD social workers accept requests for in-depth psychosocial assessments, mitigation reports, and case management, from non-MHPD attorneys appointed to indigent defendants with mental illness.</p> <p>MHPD staff includes an Attorney/Director, 2 full time attorneys, a Case Management Coordinator, a Social Worker, 3 Case Workers, and 2 administrative support staff.</p> |
| <p>Funding Source &amp; Amount</p>           | <p>Funding is provided by Travis County. The FY 15 budget is \$826,917.</p>  |
| <p>Data Collection &amp; Analysis</p>        | <p>MHPD collects data on each client, including: demographic, legal, and mental health. The data is used to track client needs, progress, and outcomes, individually and for the population served as a whole.</p>   |
| <p>Gaps and Barriers</p>                     | <ol style="list-style-type: none"> <li>1. Long wait times for clients to see psychiatrist in jail to start needed medications. MHPD lacks legal and social work staff needed to expand representation of clients in misdemeanor court or those charged with felonies.</li> <li>2. One County Attorney is assigned to the MH misdemeanor docket and others lack training on legal issues, mental health diagnosis, treatment and criminal justice alternatives.</li> <li>3. Lack of appropriate, consistent, timely integrated health care and problems Difficulty accessing housing and social services due to criminal history or difficult behaviors.</li> <li>4. Lack of financial resources to provide needed re-entry resources such as IDs and transportation, medical and behavioral health co-payments,</li> </ol>                       |
| <p>Potential Strategies</p>                  | <ol style="list-style-type: none"> <li>1. Increase psychiatric staffing at jail to reduce wait times.</li> <li>2. Expand staff for MHPD: legal, social services, and administrative</li> <li>3. Expand staff for County Attorney Office or cross train all prosecutors.</li> <li>4. Secure easily accessible financial and in-kind resources for re-entry.</li> <li>5. Reduce waiting times, inefficiency, and complications for access to integrated care.</li> <li>6. Relax guideline for housing, social and mental health services in community and provide streamlined process to remove barriers for successful re-entry.</li> </ol>   |
| <p>Collaboration Partners</p>                | <p>Travis County Mental Health Public Defender, County Attorney, District Attorney, Integral Care, Travis County Sherriff's Office, Courts, Commissioners Court</p>  |

# Mental Health Rotational Attorney Appointment System

## Intercept 3 Jails & Courts

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| <b>Program Description/Existing Services</b> | The Mental Health Rotational Attorney Appointment System was developed by the criminal courts to ensure that incarcerated mentally ill defendants receive adequate legal representation. All Mental Health Attorneys are required to have additional 6 hours Continuing Legal Education in issues pertaining to mental illness per year. Beginning January 1, 2015 the Capital Area Public Defender Service began assignment and evaluation of these attorneys. Currently there are 23 attorneys on the felony list and 22 on the misdemeanor list. Newly added attorneys are given attorney mentors with years of experience. Every year, Mental Health attorneys will be evaluated by CAPDS and the CAPDS Review Committee will decide whether the attorneys should remain on the Mental Health Panel. |
| <b>Funding Source &amp; Amount</b>           | Attorney fees are paid by Travis County through the CAPDS as of January 1, 2015. Attorney fees paid for FY14 for mental health wheel attorneys was \$991,651.01 for felony non-capital cases and \$497,097.63 for misdemeanor cases.   |
| <b>Data Collection &amp; Analysis</b>        | Criminal Courts can provide data on the number of mental health appointments and the number of cases on the mental health dockets.   |
| <b>Gaps and Barriers</b>                     | Sometimes defendants do not manifest symptoms of mental illness prior to appointment of attorney. This means that attorneys without adequate training are appointed and the attorneys are not made aware that a defendant has a mental illness.  |
| <b>Potential Strategies</b>                  | The new CAPDS office can coordinate with the sheriff's office counseling staff for notification of late mental health designations. Non-MH Wheel attorneys can be replaced by MH Wheel attorneys by the CAPDS.   |
| <b>Collaboration Partners</b>                | Criminal Courts, CAPDS   |

# Felony Mental Health Docket

## Intercept 3 Jails & Courts

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| <b>Program Description/Existing Services</b> | <p>The Felony Mental Health Docket is a collaborative problem-solving docket for defendants incarcerated in the jail with a mental health disorder who are charged with low level felonies and have a PSY code descriptor assigned by Travis County jail staff after assessment. Additional referrals to this docket include all levels of felonies and come from defense attorneys, other courts, jail personnel, etc. and that have been deemed criminally and clinically appropriate by the District Attorney's Office. All cases are staffed with the Assistant District Attorney, defense attorney, adult probation, Austin/Travis County Integral Care, and jail social worker with the intent to provide thoughtful disposition and ending the cycle of arrest. Defendants served through the felony mental health docket can be referred to services in the community by: Austin/Travis County Integral Care, ANEW, Adult Probation and all of its services/treatment.</p>   |
| <b>Funding Source &amp; Amount</b>           | <p>Collaborators are funded through the respective department or agency. The Office of Court Administration funds a Senior Planner who dedicates approximately 25% of her time (which comes to \$25,647 in salary) to both the mental health felony and misdemeanor dockets.</p>   |
| <b>Data Collection &amp; Analysis</b>        | <p>The MH Docket has no funding to collect data outside that collected by the District Attorney's Office, TCSO, Pre-Trial or Integral Care. Thus while collaborators believe that the docket is very beneficial to the community and offenders; there is no current ability to compare outcomes for defendants on the docket to others not on the docket.</p>  |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Housing for defendants serious criminal histories including violent , sex and drug offenses.</li> <li>2. Case Management and social workers</li> <li>3. Pretrial Services for those released on bond</li> <li>4. funding for future planning</li> </ol>  |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Funding for transitional and Permanent Supportive Housing, as well as residential and out-patient treatment for co-occurring disorders</li> <li>2. Funding for independent (not aligned with defense or prosecution) case management and social workers either through court administration or a private entity.</li> <li>3. Additional case supervisors at Pretrial Services.</li> <li>4. Funding for case managers for reentry planning for defendants not placed on community supervision, i.e. those serving sentences in Travis County Jail and State Jail. There are more services available for those in Travis County Jail, and so funding to provide reentry services for State Jail inmates is especially needed.</li> <li>5. Development of a mental health court style docket, but believe that can be done with existing court personnel; funding should go for case managers and social workers who provide the direct services need to make such a court docket a success.</li> </ol> |
| <b>Collaboration Partners</b>                | <p>Current initiatives on Permanent Supportive Housing include City of Austin, Travis County, and Justice and Public Safety, MH Wheel, Pre-Trial Services and Community Supervision.</p>   |

# Misdemeanor Mental Health Docket

## Intercept 3 Jails & Courts

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| <b>Program Description/Existing Services</b> | <p>The Misdemeanor Mental Health Docket is a collaborative problem-solving docket for defendants incarcerated in the jail with a mental health disorder. It occurs every Tuesday and Thursday morning in County Court at Law 5. The purpose of the docket is to evaluate each criminal case and defendant with the mental health court team in order to address the needs of the community and the defendant with fairness and justice. The docket streamlines the criminal court process by having all parties available at one time to share relevant information.</p>          |
| <b>Funding Source &amp; Amount</b>           | <p>Collaborators are funded through the respective department or agency. The Office of Court Administration funds a Senior Planner who dedicates approximately 25% of her time (which comes to \$25,647 in salary) to both the mental health felony and misdemeanor dockets.</p>  |
| <b>Data Collection &amp; Analysis</b>        | <p>The MH Docket has no funding to collect data outside that collected by the County Attorney’s Office, CAPDS, MH Public Defender, TCSO, Pre-Trial or Integral Care. Thus while collaborators believe that the docket is very beneficial to the community and offenders; there is no current ability to compare outcomes for defendants on the docket to others not on the docket.</p>  |
| <b>Gaps and Barriers</b>                     | <p>Currently the volume of defendants with mental health disorders prevents some cases from being set on the docket. It is not unusual to have 25-30 defendants on the MH Docket. County Court 5 staff cannot manage the size of the docket effectively and cannot set the docket more frequently due to the demands of the regular docket (jury cases, jail reduction docket, hearings, and morning dockets). Court 5 has requested certain cases, such as public intoxication, be set on the afternoon jail reduction docket in order to alleviate MH docket over-crowding.</p> |
| <b>Potential Strategies</b>                  | <p>A better to way to limit the MH docket is to conduct risk and needs assessments on all incarcerated defendants with a mental health diagnosis and limit those on the docket to high risk and needs individuals.</p>  |
| <b>Collaboration Partners</b>                | <p>Travis County Sheriff’s Office Counseling staff, Austin Travis County Integral Care staff, Travis County Pre-Trial Services MH Officers, Travis County Attorney Prosecutor and paralegal, Mental Health Public Defender, MH Wheel court-appointed attorneys, Criminal Court Administration, County Court at Law 5 judge and staff.</p>   |

# City of Austin Downtown Austin Community Court

## Intercept 3 Jails & Court

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| <p><b>Program Description/ Existing Services</b></p> | <p>The Downtown Austin Community Court (DACC) is a division of the Austin Municipal Court and its purpose is to collaboratively address the quality of life issues of all residents in the downtown Austin community through the swift, creative sentencing of public order offenders. The court operates as a problem solving and rehabilitative court and provides linkages to wrap around case-management services including, but not limited to, substance use, mental health and physical health treatment services, as well as temporary housing, Permanent Supportive Housing and connection to Market Rate Housing. A majority of the offenses adjudicated through DACC are committed by defendants who are homeless and chronically homeless; a disproportionate number of offenses are committed by a small number of defendants. Currently, 455 Frequent Offenders (half which of which have co-occurring mental health and substance use disorders) cycle through the criminal justice system at a high cost to all community services systems. The jurisdictional boundaries of DACC include downtown Austin and parts of East Austin and West Campus.</p>  |
| <p><b>Funding Source &amp; Amount</b></p>            | <p>The Community Court is funded by the City of Austin General Fund.<br/>Community Court Operations and Court Services - \$929,000</p>   |
| <p><b>Data Collection &amp; Analysis</b></p>         | <p>DACC Performance Measures are reported, publicly, every month. A total of 9 performance measures among Court Services and Operations are collected and analyzed.</p>  |
| <p><b>Gaps and Barriers</b></p>                      | <ol style="list-style-type: none"> <li>1. MCOT is not always available to see defendant or will not see defendant because he/she is not presenting as a threat to him/herself or others.</li> <li>2. Psychiatric Emergency Services often has a long wait before a defendant can be seen. DACC does not have the resources to allow a case manager sit with the client until seen. Oftentimes, the defendant becomes impatient and leaves PES before they are able to be seen.</li> <li>3. Some defendants are offered court credit for engagement in Integral Care services/medication monitoring, however, there are long wait lists and defendants may not qualify for services if their mental health diagnosis is not an Integral Care priority diagnosis. Waiting for Integral Care services may prohibit clients from complying within court timeframes. Additionally, the City of Austin is not able to fund medical services, to include psychiatric services, due to the City's arrangement with Central Health. This means that while DACC can fund substance abuse treatment services and sober transitional housing for court clients, the court is not able to address clients' mental health needs and must rely on the public mental health authority and the Hospital District to do so.</li> </ol> |
| <p><b>Potential Strategies</b></p>                   | <ol style="list-style-type: none"> <li>1. More engagement and collaboration with agencies to assess defendants and refer them to proper services rather than incarceration because services are unavailable.</li> <li>2. Reduced wait time for clients or more funding/staff at PES to make intake process quicker.</li> <li>3. Address long wait times and create entrance to Integral Care through avenue other than PES</li> <li>4. Creation of additional entry portals to mental health services throughout the community or creation of additional mobile crisis intervention teams.</li> <li>5. Additional training for prosecutors, judges and police officers regarding ways to productively deal with individuals presenting in crisis or in need of mental health services.</li> </ol>  |
| <p><b>Collaboration Partners</b></p>                 | <p>DACC, APD, Integral Care, Travis County Jail, APD Crisis Intervention Team, APD's Mental Health Deputies, EMS, Central Health, City of Austin Judges and Prosecutors</p>  |

# Travis County Criminal Justice Planning Transitional Housing

## Intercept 4 Reentry

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| <b>Program Description/Existing Services</b> | <p>The Justice and Public Safety (JPS) transitional housing fund is used to provide temporary emergency residential housing to eligible clients (male and female) participating in these JPS-funded programs: Commitment to Change, Inside-Out of Travis County, Mental Health Public Defender, and Office of Parental Responsibility. Each eligible client is initially housed for 30 days or less, but lengths of stay can be extended up to a total of 90 days. A client’s length of stay is routinely reviewed by his/her social worker to gauge progress and compliance and to determine if an extension is warranted. JPS works with nine transitional housing providers in our community. In FY14, 112 unique clients accessed transitional housing (104 males and 8 females); 4152 bed days/days of housing were used; and the average length of stay was 37 days. Without this fund, these individuals would be homeless or at risk of homelessness upon reentry into the community from incarceration at the Travis State Jail or Travis County Correctional Complex.</p> |
| <b>Funding Source &amp; Amount</b>           | <p>Funding for JPS transitional housing is provided by the Travis County Commissioner's Court. The annual budget is \$126,000.</p>  |
| <b>Data Collection &amp; Analysis</b>        | <p>When a client enters housing, his/her name, date of birth, program affiliation, projected (and eventually, actual) length of stay, and location(s) of stay is collected. The same information is also captured for clients who are referred to housing but end up being “no-shows”, who make alternate housing arrangement, or who are re-arrested. On an annual (fiscal year) basis, we calculate the total number of unique individuals in transitional housing (male/female breakdown); the total number of bed days consumed; and the average length of stay in housing. The amount of money used on transitional housing is tracked in real time (as it is spent on a client) in order to balance the transitional housing budget, ensuring spending is spread evenly throughout the fiscal year without overspending or running out of funds before the end of the fiscal year. <u>All</u> of this data is used to demonstrate the increasing demand for transitional housing (both by a greater number of clients and for longer lengths of stay).</p>                    |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. In order to more adequately bridge the gap between homelessness and housing, longer lengths of stay in transitional housing (up to six months) are warranted. Budgetary constraints, however, prevent us from housing clients for that long. The current choice is between housing a larger number of clients with shorter lengths of stay or housing fewer clients for a longer period of time.</li> <li>2. Locally, transitional housing providers are not licensed or registered. The absence of operational/performance standards creates a wide range in the quality of available services and limited accountability for transitional housing providers.</li> </ol>   |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Solicit additional funding from the Travis County Commissioners' Court to serve eligible JPS clients for a longer period of time without decreasing the number of clients served.</li> <li>2. Collaborate with Travis County Health and Human Services &amp; Veteran’s Services to ensure eligible clients apply for emergency financial assistance for transitional housing to maximize their lengths of stay in housing. Track these results.</li> <li>3. The City of Austin could create a registry for transitional housing providers with a minimal licensing fee and set standards. Keeping the fee small will no create a financial barrier to continued operations for most providers. Establishing operational or performance standards would create improved and consistent quality of service and care for individuals who use transitional housing. This process should include input from the transitional housing providers.</li> </ol>   |
| <b>Collaboration Partners</b>                | <p>Travis County Health and Human Services &amp; Veteran’s Services<br/>City of Austin (Health and Human Services)</p>  |

## Travis County Community Supervision & Corrections Dept. Co-Occurring ReEntry Services (CORES)

### Intercept 5 Community Corrections

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| <b>Program Description/Existing Services</b> | The Co-Occurring Reentry Services (CORES) program is one of the programs offered by probation for defendants with mental illness and substance use disorders. CORES provides residential and continuing care services to high risk felony offenders. Additionally, CORES participants work closely with a caseworker who assists clients in accessing a variety of community services and resources. Counselor Active Client Count – 23 (The case count does not reflect the clients served by the caseworker in prerelease, residential and continuing care clients). |
| <b>Funding Source &amp; Amount</b>           | BJA Grant – Approximately \$250,000 annually for personnel, benefits, travel, supplies, consultants/contracts, indirect costs. Grant expires. Number of staff – 3 (2 Counselors & 1 Caseworker)<br><br>Total Travis County Funding – Approximately \$68,000  |
| <b>Data Collection &amp; Analysis</b>        | Data is routinely collected and used to monitor and evaluate client outcomes and program effectiveness. Data is collected every time the probationer or anyone working with the probationer has contact with this department. Data is used as feedback for the individual supervision and as a basis for evaluating the effectiveness of caseloads and programs, sanctions and incentives, and the effect of supervision on recidivism. The data collected includes client demographics and performance.   |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Lack of funding to support program development and program expansion</li> <li>2. Underfunding for staff training on issues paramount to supervising mental health clients like trauma informed care</li> <li>3. Limited employment and housing options for justice involved clients.</li> </ol>  |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Use evidence-based strategies to prioritize who receives services and the dosage provided.</li> <li>2. Identify grant opportunities that address specific treatment, training, and staffing needs.</li> <li>3. Provide staff training that increases awareness of group and individual level risk factors associated with special populations, and enhance staff's ability to work with clients who have experienced trauma or other responsivity factors that might influence the supervision process.</li> </ol>           |
| <b>Collaboration Partners</b>                | <p>Federal agencies that provide funding that support staff training and implementation of programs and services.</p> <p>State and local agency that advocate for solutions to offender reentry concerns.</p> <p>Community programs that provide services to the mental health population</p> <p>Integral Care/ANEW</p>  |

# Travis County Community Supervision & Corrections Integrated Services Program

## Intercept 5 Community Corrections

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| <p><b>Program Description/Existing Services</b></p> | <p>The Integrated Services Program is a collaborative effort between Travis County Adult Probation, State of Texas Parole and Austin Travis County Integral Care ANEW to enhance outcomes for individuals assigned to probation or parole with a mental health priority population diagnosis (Schizophrenia, Schizoaffective, Bipolar Disorder, Major Depression w/ GAF &lt; 51). The Integrated Services Program provides additional structure and resources to better assist special needs offenders in being successful on probation and parole.</p> <p>The program targets higher risk clients with serious functional impairments, and clients with a mental health priority population diagnosis.</p> <p>Number of staff ( Approximately 8)<br/>Average Caseload – (Approximately 39)</p> |
| <p><b>Funding Source &amp; Amount</b></p>           | <p>State Funding - Approximately \$731,000</p>  |
| <p><b>Data Collection &amp; Analysis</b></p>        | <p>Data is routinely collected and used to monitor and evaluate client outcomes and program effectiveness. Data is collected every time the probationer or anyone working with the probationer has contact with this department. Data is used as feedback for the individual supervision and as a basis for evaluating the effectiveness of caseloads and programs, sanctions and incentives, and the effect of supervision on recidivism. The data collected includes client demographics and performance.</p>   |
| <p><b>Gaps and Barriers</b></p>                     | <ol style="list-style-type: none"> <li>1. Lack of funding to support program development and program expansion</li> <li>2. Underfunding for staff training on issues paramount to supervising mental health clients like trauma informed care</li> <li>3. Limited employment and housing options for justice involved clients.</li> </ol>   |
| <p><b>Potential Strategies</b></p>                  | <ol style="list-style-type: none"> <li>1. Use evidence-based strategies to prioritize who receives services and the dosage provided.</li> <li>2. Identify grant opportunities that address specific treatment needs.</li> <li>3. Provide staff training that increases awareness of group and individual level risk factors associated with special populations, and enhance staff’s ability to work with clients who have experienced trauma or other responsivity factors that might influence the supervision process.</li> </ol>  |
| <p><b>Collaboration Partners</b></p>                | <p>Federal agencies that provide funding that support staff training and implementation of programs and services, State and local agency that advocate for solutions to offender reentry concerns. Parole, Integral Care/ANEW, District Courts (Magistrate), District Attorney, Mental Health Public Defender, TCSO</p>   |

# Travis Clunty Community Supervision & Corrections SMART Program

## Intercept 5 Community Corrections

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| <b>Program Description/Existing Services</b> | <p>Travis County Adult Probation monitors and supervises probationers to ensure conditions of community supervision are met and that probationers participate in programs and services to positively change their lives and help them be law abiding; The SMART program is one of the programs offered.</p> <p>SMART is a residential substance abuse treatment program. The program serves males and females who most often have prior treatment failures. Some SMART residents require and receive psychiatric services.</p>   |
| <b>Funding Source &amp; Amount</b>           | <p>\$68,000</p>  |
| <b>Data Collection &amp; Analysis</b>        | <p>Data is routinely collected and used to monitor and evaluate client outcomes and program effectiveness. Data is used as feedback for the program participation and individual supervision and as a basis for evaluating the effectiveness of the program. The data collected includes client demographics, medication and diagnosis, and program performance.</p>   |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Lack of funding to support cost of additional time for the staff psychiatrist.</li> <li>2. Underfunding for staff training on issues paramount to supervising mental health clients like trauma informed care</li> <li>3. Limited employment and housing options for justice involved clients.</li> </ol>  |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Identify funding opportunities that would increase access to the psychiatrist and others who provide this service.</li> <li>2. Identify grant opportunities that address specific treatment, training, and staffing needs.</li> <li>3. Provide staff training that increases awareness of group and individual level risk factors associated with special populations, and enhance staff's ability to work with clients who have experienced trauma or other responsivity factors that might influence the supervision process.</li> </ol> |
| <b>Collaboration Partners</b>                | <p>Federal agencies that provide funding that support staff training and implementation of programs and services. State and local agency that advocate for solutions to reentry concerns for mentally ill clients. Community programs that provide services to the mental health population, Integral Care/ANEW</p>  |

# Travis County Community Supervision & Corrections Substance Use Inpatient Continuum

## Intercept 5 Community Corrections

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| <b>Program Description/Existing Services</b> | The Substance Abuse Inpatient Continuum funds a continuum of treatment options to effectively manage dual diagnosis high risk clients. The continuum of co-occurring disorder substance abuse treatment strategies includes primary residential treatment and structured continuing care upon discharge from residential treatment. This continuum includes a variety of residential providers who can provide specialized services to address the needs of probationers with co-occurring disorders. One contract vendor serves only female probationers and incorporates trauma informed care principles. It has been found that effective treatment services tailored to meet the needs of individual probationers, can impact the need for revocation and commitment to either jail or prison. |
| <b>Funding Source &amp; Amount</b>           | State Funds – Approximately \$154,000  |
| <b>Data Collection &amp; Analysis</b>        | Data is routinely collected and used to monitor and evaluate client outcomes and program effectiveness. Data is collected every time the probationer or anyone working with the probationer has contact with this department. Data is used as feedback for the individual supervision and as a basis for evaluating the effectiveness of caseloads and programs, sanctions and incentives, and the effect of supervision on recidivism. The data collected includes client demographics and performance.   |
| <b>Gaps and Barriers</b>                     | <ol style="list-style-type: none"> <li>1. Limited employment and housing options for justice involved clients.</li> <li>2. Availability of local mental health services</li> </ol>   |
| <b>Potential Strategies</b>                  | <ol style="list-style-type: none"> <li>1. Use evidence-based strategies to prioritize who receives available local services and the dosage provided.</li> <li>2. Identify and support local treatment options</li> <li>3. Identify grant opportunities that address specific treatment, training, and staffing needs.</li> <li>4. Provide staff training that increases awareness of group and individual level risk factors associated with special populations, and enhance staff’s ability to work with clients who have experienced trauma or other responsivity factors that might influence the supervision process.</li> </ol>  |
| <b>Collaboration Partners</b>                | Federal agencies that provide funding that support staff training and implementation of programs and services. State and local agency that advocate for solutions to offender reentry concerns. Community programs that provide services to the mental health population. Integral Care/ANEW   |

# Travis County Community Supervision & Corrections

## Mental Health Caseload

### Intercept 5 Community Corrections

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| <p>Program Description/Existing Services</p> | <p>Supervision of probationers on Mental Health caseloads is one of several specialized probation caseloads such as High Risk, Domestic Violence, Sex Offender, and Substance Abuse. Offenders are matched to needed services such as Residential &amp; Outpatient Substance Abuse Treatment, Dual Diagnosis treatment services; Location Monitoring, Cognitive Behavioral Programming. This unit interacts with the misdemeanor and felony MH dockets when an offender violates terms of probation.</p>  |
| <p>Funding Source &amp; Amount</p>           | <p>Texas Department of Criminal Justice Community Justice Assistance Division (TDCJ-CJAD)<br/>\$849,349 (this includes all caseloads, not just mental health).</p> <p>State &amp; Federal Grants      197,000</p> <p>Probationer Fees              Minimal</p>  |
| <p>Data Collection &amp; Analysis</p>        | <p>Data on probationers is used to evaluate, monitor, assess, and supervise their probation and any treatment and services they are referred to. Data is collected every time the probationer or anyone working with the probationer has contact with this department. Data is used as feedback for the individual supervision and as a basis for evaluating the effectiveness of caseloads and programs, sanctions and incentives, and the effect of supervision on recidivism. The data collected includes client demographics and performance.</p> |
| <p>Gaps and Barriers</p>                     | <ol style="list-style-type: none"> <li>1. Lack of funding to support the use of the continuum of substance abuse services is limited.</li> <li>2. Staff training and education is limited on issues like trauma informed care.</li> <li>3. Limited employment and housing options for justice involved clients.</li> </ol>  |
| <p>Potential Strategies</p>                  | <ol style="list-style-type: none"> <li>1. Use evidence-based strategies to prioritize who receives services and the dosage provided.</li> <li>2. Identify grant opportunities that address specific treatment needs.</li> <li>3. Provide staff training that increases awareness risk factors associated with special populations, and enhance staff's ability to work with clients who have experienced trauma or other factors that might influence the supervision process.</li> </ol>   |
| <p>Collaboration Partners</p>                | <p>Federal agencies that provide funding that support staff training and implementation of programs and services. Criminal Courts, MH Public Defender, MH Prosecutors.</p> <p>State and local agency that advocate for solutions to offender reentry concerns.</p>  |