The Meadows Mental Health Policy Institute (MMHPI) was asked to provide a brief summary of criminal justice diversion best practices and their current status of implementation in Harris County. Harris County has multiple best practices in this area, most notably the Senate Bill (SB) 1185 program established through ground-breaking legislation from the 83\textsuperscript{rd} Legislative Session. The SB 1185 program through the Harris County Judge’s office established a comprehensive jail diversion program utilizing best practices and a strong collaborative framework, which is currently in operation. In addition, Harris County has recently been awarded a Safety + Justice MacArthur Grant to reduce jail use and identify care alternatives for incarcerated persons with mental health care needs. With these resources, as well as the range of other practices described below, Harris County has an excellent opportunity to build and implement evidence-based practices to take safe diversion to scale.

Sequential Intercept Model: A Framework for Best Practices
In the area of Smart Justice, the GAINS Center Sequential Intercept Model\textsuperscript{1} (SIM) serves as a key guiding framework in systems analysis and best practice recommendations. Each intercept represents a practical point within the system in which interventions can take place to effectively divert someone with mental health needs into appropriate treatment. By utilizing the SIM framework and adopting best practices in care for persons with mental illness and criminal justice involvement, systems are able to address mental health needs proactively, as opposed to reactively, placing the emphasis on providing treatment earlier to prevent adverse outcomes and reduce justice system involvement.

The SIM comprises the following intercepts:
- Intercept 1: 911/Law Enforcement
- Intercept 2: Initial Detention/First Court Appearance
- Intercept 3: Jail/Specialty Courts
- Intercept 4: Jail/Prison Reentry
- Intercept 5: Community Supervision

Leading Best Practices Present in Harris County
Examining practices at each intercept point provides a cross-systems approach to strengthening local strategies for implementing core services. These services should address behavioral health, criminogenic, and social factors for justice system-involved persons with mental illness.

Intercept 1: 911/Law Enforcement

Best practices in this area include:

- Training 911 dispatchers to identify calls involving persons with mental illness,
- Comprehensive Crisis Intervention Training for law enforcement officers,
- Crisis prevention and well-trained rapid response teams within law enforcement, and
- Access to psychiatric drop-off centers which are efficient, “officer friendly,” and regionally located for ease of access.

The Houston Police Department has a nationally recognized Crisis Intervention Team (CIT). In addition to the CIT, the Houston Police Department deploys a Homeless Outreach Team to recognize risk factors and address social needs before a crisis arises within Houston’s homeless population. In 2008, the Houston Police Department organized a high level response team, the Crisis Intervention Response Team (CIRT), which partners an officer with a licensed mental health clinician. The team attends roll call and rides in a patrol unit together, responding to crises across the city. In 2011, the Harris County Sheriff’s Department partnered with the police department and joined the CIRT.

Another resource with the potential to support best practice implementation within Harris County is the Neuropsychiatric Center within the Harris Center for Mental Health and IDD, adjacent to Ben Taub Hospital. This 24 hour, seven day a week crisis emergency center provides a drop-off opportunity for law enforcement officers when detaining persons with immediate need for mental health care who can be safely diverted to that care. However, a key finding of the 2015 MMHPI review of Harris County mental health systems noted that a single drop-off point in a region the size of Harris County is a major limitation.

Intercept 2: Initial Detention/First Court Appearance

Best practices in this area include:

- Mental health assessment at book-in with linkages to care,
- Use of a validated criminogenic risk assessment,
- Early identification of mental health care needs through validated assessments, and
- Pre-trial release linked with pre-trail diversion programs that respond to risk and needs assessments, and provide the appropriate level of care, support, and supervision.

The Harris County Jail includes a mental health unit and a base of collaboration with the local mental health authority to provide inmates with access to mental health screening, assessment and treatment while detained. In addition, one of the strongest foundations within the County on which to expand best practice implementations for Intercept 2 is the Harris County Community Supervision and Corrections (Probation) Department’s (HC CSCD) assessment unit.
The HC CSCD employs a nationally recognized expert in validated risk assessments, Dr. Brian Lovins. Dr. Lovins was key in bringing the Ohio Risk Assessment to Texas and validating the Texas Risk Assessment System (TRAS). The TRAS provides a single assessment tool that can be administered at each step of the criminal justice supervision sequence.

**Intercept 3: Jails/Specialty Courts**

Best practices in this area include:

- Incorporation of screening results to assess substance use and mental health care needs that require treatment during jail and court involvement,
- Supervised pre-trial release which is informed by risk and needs assessments and linked with pre-trail diversion programs,
- Specialty court coordination using validated risk assessments to guide specialty court eligibility based on risk and treatment need,
- Case management services within specialty court programs, and
- Support service linkages to address risk factors and provide social supports.

Within the court system, Harris County supports a variety of specialty, courts as well as a diversionary inpatient dual diagnosis treatment center in Atascocita. These programs provide an excellent opportunity to expand evidence-based practices that can address the prevalence of persons with mental health care needs within the Harris County criminal justice system. However, a key finding of the 2015 MMHPI review of Harris County mental health systems noted that, despite providing an array of excellent services, the Harris Center for Mental Health and IDD struggled in 2014 and the first half of 2015 to successfully collaborate with County criminal justice leaders and programs. Moving past the disruptions associated with these difficulties continues to be an area of concern.

**Intercept 4: Jail/Prison Reentry**

Best practices in this area include:

- Use of validated reentry assessments that identify community needs and inform boundary spanners’ and transition coordinators’ case planning;
- Housing, employment, and education needs are identified and addressed prior to release; and
- Reentry planning begins prior to release from detention or incarceration.

In addition to the use of assessment data described above, additional reentry resources have recently become available. Budget Rider #61 from the 84th Regular Legislative Session requires the Texas Department of Criminal Justice (TDCJ) to enter into an agreement with the City of Houston (and a parallel agreement with the City of Dallas) to use $500,000 each year (2016 and 2017) to create and operate a reentry pilot program to serve individuals leaving TDCJ and
returning to Houston. Through Rider #61, the City of Houston is required to partner with local non-profits, faith-based groups, community groups, and the private sector to implement the pilot. The funds from this budget rider are specific to offenders leaving the TDCJ on parole, being discharged from prison sentences, and being released from the state jail. It does not address reentry needs from the county jail. The pilot program affords a learning opportunity to extend to the population being released from the Harris County Jail.

**Intercept 5: Community Supervision**

Best practices in this area include:

- Use of validated risk assessments to assign justice system-involved persons with mental health care needs to specialized post-release supervision caseloads;
- Use of a hybrid supervision model which partners the supervision officer with a mental health professional;
- Small caseloads with ongoing needs assessments and continuous linkage to supports and services;
- Graduated, need- and risk-based sanctions; and
- Use of assessment-based care/supervision “dosage.”

As noted above, Harris County has multiple best practices in this area, most notably those provided through the SB 1185 program. SB 1185, now codified within Health and Safety Code Chapter 579, provides the Harris County Judge with the tools needed to establish a comprehensive jail diversion program utilizing strong county-wide and system-diverse collaborations. Implementation is well under way and nearly 300 of the most difficult to serve, repeat users of the local justice system are receiving intensive health and human services, including supported housing.

More broadly, the HC CSCD has implemented the use of the TRAS to inform supervision decisions for special populations. The TDCJ also uses the TRAS, and parole officers have access to assessments completed during incarceration as well as a community-based assessment completed upon intake to parole. The Harris Center for Mental Health and IDD receives state funding to provide case management partners to specialized probation and parole officers. The community supervision framework in place in Harris County establishes a base from which expanded evidence-based practices can be implemented and encourages a growth of service to meet the needs of Harris County’s ever increasing population.