

Sharing the Solutions Roundtable

Spotlighting Local Collaborations: Houston, Texas, Police-Court Partnerships

Transcript

Panel Members

Wendy Baimbridge
Assistant Chief, Houston Police Department

Raymond Lomelo
Sergeant, Harris County Sheriff's Department

Denise Oncken, JD, MBA
Executive Bureau Chief
Special Victims and Mental Health Bureau
Assistant District Attorney
Harris County (Texas) District Attorney's Office

Wayne Young, MBA, LPC, FACHE
Chief Executive Officer, The Harris Center for Mental Health & IDD

Panel facilitated by Bonnie Sultan, MA FMHC
Special Advisor, Center for Court Innovation

Bonnie Sultan: Welcome to our *Sharing Solutions* panel discussion spotlighting Houston, Texas. Today, we will be talking to representatives from the Houston Police Department, Sheriff's Department, District Attorney's Office, and Harris Center for Mental Health and IDD [intellectual and developmental disabilities]. I'm Bonnie Sultan, a special advisor for the Center for Court Innovation and today's facilitator. I'll let the panel introduce themselves before jumping into today's discussion.

Wendy Baimbridge: Wendy Baimbridge, assistant chief at the Houston Police Department [HPD].

Denise Oncken: Denise Oncken, Harris County District Attorney's Office, assistant district attorney, bureau chief over our Special Victims and Mental Health Bureau.

Raymond Lomelo: Raymond Lomelo, [inaudible] Harris County Sheriff's Office.

Wayne Young: Hello, I'm Wayne Young. I'm the CEO for the Harris Center for Mental Health and IDD.

Sultan: Thank you. So let's just jump right in and talk about Houston, Texas. So Houston has developed extensive systems where people experiencing homelessness are diverted from further justice system penetration. These systems are based in long-time partnerships and resource sharing throughout

Houston. Could you please talk a little bit about how your agency became invested in this population and how people experiencing homelessness continue to remain a priority in your work today?

Baimbridge: Well, the Houston Police Department began working with this population in approximately 2005. We had an HPD sergeant and officer working to find different ways to have a more permanent resolution to housing for these homeless individuals, in lieu of having them just cycle in and out of jail for low-level crimes. As such, they started working with local mental health authority. They started working with other social service agencies, DPS [Department of Public Safety] for giving them IDs because many times they're lost or stolen. And as a result of that, we quickly found out that relationship-focused program has enabled us to find a permanent resolution versus letting them cycle in and out of jail. The initiative morphed into our Homeless Outreach Team [HOT]. By 2010 it was merged with other initiatives that we have with our local mental health authority, which is the Harris Center for Mental Health and IDD.

Baimbridge: Now our HOT team houses one sergeant, six officers, and three case managers from our mental health authority. So as you can see, the relationships between our agencies set the foundation to begin to help the Harris County Sheriff's Office with their jail population involving those with mental illness. HPD's responsible for about two-thirds population of the Harris County jail, so being the largest law enforcement agency in this county, we can provide significant impact towards their effort of reducing those who are mentally ill in our Harris County jail. So to that end, I'd like to go ahead and introduce Sergeant Lomelo of the Harris County Sheriff's Office, to speak a little bit about what their efforts are with the Harris County Jail Diversion Program.

Lomelo: Thank you very much, Chief. The sheriff's office really has had a long relationship with these issues simply because we are in charge and end up being the repository for all the folks that are justice-involved and have the homeless component. We end up caring for and ensuring the safety and with partners in our medical community provide aftercare. But we wanted to come up with a better plan and a better response model. And after working with our partners with the City of Houston, our mental health authority, our district attorney's office, who are fantastic partners and we're very blessed to have that, we've come up with some really robust options. Like the city, we have our own Homeless Outreach Teams that are deployed through the unincorporated areas of Harris County. And we've been fortunate enough to collaborate with the city on various instances. When we had our major freeze just recently here in our area, we were going throughout the entire area into different municipalities, trying to help out and prevent unneeded tragedy.

Lomelo: And then working with our partners, we've come up with some pretty smart ideas and I think you're going to see that in this presentation. I'll go ahead and pass on to, since I bragged about our DA I want to pass on to our District Attorney's office, Chief Denise Oncken.

Oncken: Thank you so much, Sergeant. So I'm pleased to tell you that I was on the front end in dealing with what we call our Mental Health Diversion Program in Harris County, Texas. And on the front end of that, I will tell you, I was part of the meeting where our elected District Attorney Kim Ogg sat in with our county judge at the time to discuss exactly what we needed to do in order to help those who are

mentally ill and involved in the criminal justice system in our community. And what was decided and what was discussed was, we had some funds that were coming in through some state grant money to the county, is what needed to be done. And what we decided to do in that discussion was we wanted to divert individuals pre-charge. That means no charges, actually deflect them from the criminal justice system.

Oncken: Working with our law enforcement agencies, our two lead law enforcement agencies, Houston Police Department and Harris County Sheriff's Department, working with them in order to divert these individuals so that they would not enter the criminal justice system, that they would not be charged with a crime. So as the officers were out there on-scene, they would evaluate the situation, determine if there was a mental health issue that was connecting them to committing that particular low-level misdemeanor, nonviolent crime, where public safety was not an issue and to where we could divert them to some type of mental health diversion center. And that's what was created here in Harris County. So it was a great collaboration between actually the district attorney sitting down with the county judge at that time.

Oncken: County judge had the funds. The district attorney was the one who could work with all of law enforcement in the county to make sure that this program would work. And also so that the district attorney would make the call that they were, we would not be charging those individuals, we would divert them without charges. So I'll pass it on to my colleague, Wayne Young at this time. Wayne.

Young: Great. I appreciate that, Denise. Thank you. My involvement is a little bit different because I've been in this role here at the Harris Center for a little over three years. But my agency has a long history of engagement and involvement; Chief Baimbridge mentioned it goes back literally decades at this point. And my predecessor and my organization have been committed to reducing the footprint of the criminal justice system in the lives of people with serious mental illness for quite a while. Personally, for me though, I jumped into the deep end on this deal. There was a follow-up meeting to the one that Denise just referenced. I got a call one day. I had been here literally, maybe two months in this role, new community, new leadership, new agency. And I got a call from the county judge that said, "Hey, I'd like to talk to you."

Young: And I thought sure. I thought probably a little bit of a welcome meeting and how's it going? And maybe if I've misstepped, he would have some feedback for me on that. I walk into the meeting and there is the then-county judge. The district attorney was there. The sheriff was in the room, and it was real clear to me either I had done something really wrong, or I was in a different meeting than I was expecting. And as it turns out, this was a follow-up to that conversation between the DA and then-judge, and their message to me was, "We are all committed to creating a pre-charge diversion program." There had been a lot of pre-work done in terms of visioning in our community around what that might look like. And they said, "We've got resources, we've got the commitment, and we think that that effort should live at the local mental health authority, which is the Harris Center. What are your thoughts?"

Young: And I did what any good mental health leader would do who's been on the job two months when law enforcement is wanting to help support people with mental illness staying out of the criminal justice

system: I said, "Absolutely." I don't know that I had a vision of exactly how to make that work at that point, but their support and commitment were clear. And I think it was really the dream position, right? What mental health leader doesn't want to be in a community where the criminal justice system is aware of and trying to proactively problem-solve how to reduce that intersection between criminal justice and mental health? And so that's how we dove into this project around the diversion center. And then from that point, it was certainly a team effort in bringing that to fruition and beginning the work of diverting those individuals.

Sultan: Thank you. I think from our audience we can see and hear this has been a long-time collaboration and an all-hands-on-deck collaboration. So thank you all for sharing the origin stories of this. When we talk about practices and innovations, what comes to mind for Houston is that 24-hour call line. And so I'm wondering if, Chief Baimbridge, you can talk about the origin story of this line and how it works? Share that with our audience today.

Baimbridge: The 24-hour call line between our officers and the district attorney's office and their intake unit began several years ago, a few decades ago in fact. This is where we run our charges by the DA's office, from the scene, from the incident, the criminal charges. And so this program is certainly no exception to that process. For the purposes of this discussion with the Jail Diversion Program, I need to say that HPD is trained on proper responses to responding to those who are mentally ill in our community, and how to look at the diversion versus charge decisions when we are speaking with the district attorney's office. Our officers look at the totality of the suspect's actions and demeanor when considering charges versus diversion. We then contacted the district attorney's office and let them know what we think about it if it looks like a mental illness nexus is the reason behind the criminal behavior. And then we speak with them in that discussion on charge versus diversion.

Baimbridge: We also have the capacity to call up the health desk—the help desk, rather—at the Harris County jail, and that is staffed with the clinician from our mental health authority, if we need additional information regarding that suspect on the scene, regarding their diagnosis or what have you. And so it is a more robust response, and it enables us to make a decision on diversion from the streets.

Sultan: Thank you. And so since you've mentioned your DA partner on this, I'm wondering, Denise, could you talk about how the DA's office views this tool as really a next step of diversion for folks in Houston?

Oncken: Sure, absolutely. Our 24-hour, what we call our intake line is where we have a staff of assistant district attorneys sitting there. And we have anywhere from two to five people at any time, sometimes more, just depending upon volume, answering those phone calls to the officers who are out there on-scene. So what we've done with this tool that we've had, as Chief Baimbridge said, we've had for several decades, 24/7 we are responding and answering those calls from the officers who are out there on the scene. And every officer in Harris County who wants a criminal charge on a case must call the district attorney's office on a class B or above. So our mental health diversion, what we're doing is, those class A and B offenses, we are visiting with the officers on the phone as they are on scene. They're describing what they have probable cause-wise, which is what we hear on every case. And then we are

visiting with them about whether or not there's some type of mental health issue with that particular suspect that they've got on scene.

Oncken: If there's a mental health issue, we listen to the officers, we collaborate with them, and if it's appropriate for diversion at that point in time, we do it. We also have an additional tool at the district attorney's office. If the suspect they have on-scene has ever been involved in the criminal justice system we have a tool in our computer system: Once given identifiers by the officer, we can pull that up in the system and take a look and see if they've ever had a criminal history while they've been in the criminal justice system. And that gives us another tool to convey to the officer on scene, "Yes, I've seen, they've been in the system before, I see they've had a prior mental health diagnosis," and we divert those individuals. We do not accept charges. We divert them over to our mental health diversion center. And then it's turned back over to the officers. We enter some data into our system so that, as you'll hear about data entry, we have a good idea of how many we are diverting on a daily basis.

Sultan: Thank you. So I'd like to talk a little bit about the sheriff's department over in Houston. So obviously the Houston Sheriff's Department is invested in diversion, and interestingly enough, you have fashioned your jail just to represent that. And so I'm wondering if Sergeant Lomelo, you could talk about how the sheriff's department has built a booking area with diversion in mind.

Lomelo: Thank you. Yeah, the Harris County Sheriff's Office and the City of Houston, it happened almost overnight in a period of about 20 years. They finally figured out how to collaborate and coordinate and create a multipurpose multiagency jail. We call it the joint processing center, and it's pretty fantastic. Over 240,000 square feet of booking, housing, and processing area. The neat thing about this is it afforded not only the sheriff's office to take over the heavy lift of that aspect, but it freed up about a hundred police officers for the City of Houston to be deployed into other areas and to other needs within the city. That being said, it's an open concept facility. It is beautiful. It looks like an airport, to be honest with you. But the intake area that we're specifically talking about, when you bring in an individual that's being charged with an offense, we have several catch points and these catch points, these flags, or these opportunities as I like to refer to them, give us a chance to revisit.

Lomelo: But in the eventuality they make it to our jail we have the opportunity to review these offenses. Again, it'd have to be a low-level nonviolent misdemeanor, but if one of these flags is tripped, then we're going to direct that person to a specialized desk within that booking or that intake area that is manned as it were by members of the—Mr. Young's group—the Harris Center. And they will do an assessment to determine whether or not this person would be a good candidate for diversion. And that's been pretty successful when they've had that opportunity. I would say also, our staff, we have a very robust training program with the sheriff's office now. And so staff can be walking down a hallway or walking through the intake area and if they see something that appears out of line or interesting that they can initiate at that point as well. So we're constantly thinking how can we do things better and we're constantly evolving and adapting.

Sultan: Thank you. So hearing that health and well-being is at the forefront of diversion in Houston, this is probably a good time to start talking about behavioral health services. The Harris Center for Mental

Health and IDD serves as the lead agency here for the Harris County Mental Health Jail Diversion Program. And so I'm wondering, Wayne, if you could talk a bit about how the Judge Ed Emmett Mental Health Diversion Center works, how it addresses the behavioral health needs of your clients, and again, really focuses on folks experiencing homelessness.

Young: The Mental Health Diversion Center, whether they come to us through the diversion desk that Sergeant Lomelo talked about, through a referral and agreement between the DA and HPD officer or any other agency officer, or on occasion, there's a fairly decent percentage who are brought directly to us as a street diversion from law enforcement officers directly, where they don't call the DA line. They don't, they hadn't made it to booking and they bring them to us directly. But regardless of the process that they go through to get to us, our role is really to say, "Right this way." I'm very fortunate that some of our partners in the community have asked our opinion about who should be diverted and that kind of thing. But really, we recognize that the criminal justice system has that public safety responsibility. And so when someone shows up ready for diversion, our role is to say, "Right this way."

Young: As they come in, we've tried to make it a really simple and easy process. The only thing that the officer or deputy has to do is fill out a quick, almost intake form; it's on a laptop sitting at the front door. They fill out a form that was created by law enforcement. They said, "This is the information we're going to want. This is what we're going to need to help evaluate our role and participation in the program." And the other nice thing is if they put the information in, then it's not my protected health information, right? It is their administrative information. And so I can share that information freely. They created a form and we're happy to share that, but it was born from law enforcement. It was what was important to them, and then we just took it and simply made it electronic. And so the officer comes in, puts in only, they're only responsible for putting in that critical key information that law enforcement agencies want back. That typically takes them less than five minutes.

Young: It really is not burdensome. It's not cumbersome. And in that process, we've already started to engage that individual. It's not as though they've got to wait until something's keyed in. We bring them into the center. And my goal from that point is that the first person that talks to that individual is a peer support specialist. Someone with lived experience, hopefully with lived experience, experiencing homelessness, as well as a mental health issue, criminal justice involvement. We think that life experience is critically important because at this point it really becomes all about engagement for us. Because this is a pre-charged diversion, there's really not a stick associated with this, right. It's all carrot. And so we really want to make sure that we engage individuals, that we make it a comfortable place, a place where they want to stay, will engage in services and participate.

Young: So a peer support specialist is first in line. They greet them at the door, welcome them, offer them a cup of coffee, sometimes a sandwich, whatever we think might be interesting to that individual. Law enforcement literally finishes that data entry piece and then they're free to go. They don't have to stick around and wait for an evaluation. Our goal is to get them in and out. And part of that frankly it is a little bit of an incentive. It takes a little longer than that to actually book someone into the joint processing center. As efficient as it is that takes time and a lot of documentation. And so we believe if it

is easier to divert someone than that only increases the likelihood that might be a consideration for law enforcement. And at the very least, they're happy to be able to do it, right?

Young: And it gets them back out in the community and taking care of the public safety role that they have that's so critical. So from there, the next person that typically would engage a client would be our nurse. We have registered nurses 24/7, and they immediately do a physical health and psychological triage. We want to understand what's going on with the person. A lot of the individuals we serve are homeless. And so they often don't have routine and regular access to primary care. And they do come in with some physical health concerns. So we want to make sure that physically they're going to be safe, that we know what their needs are, and we can begin that process.

Sultan: Thank you. I think robust is the exact right word to describe everything that's going on over in the diversion center. Thank you very much. I want to go back and talk a little bit about the Houston Police Department and their role in public safety. So certainly the police department is invested in expert community safety practices and protections. The other thing that the Houston Police Department has been committed to achieving throughout the years is diversion. And so, Chief Baimbridge, I'm wondering if you can talk about how your department has become a leader in behavioral health and diversion? For example, you have programs such as the Crisis Intervention Response Team or the CIRT team. You also have emergency detention. So, wondering if you could talk to the audience a little bit about how your department has really become on the forefront of both community safety and diversion?

Baimbridge: Sure. We have several collaborative programs with the Harris Center. Both agencies have approximately 35 employees each dedicated to this mission. And as you mentioned, the Crisis Intervention Response Team, we have 12 teams deployed in our call for service loop, marked car and a uniform, responding to calls. Each team is consisting of one HPD officer and one master-level clinician from our mental health authority. These clinicians have the ability to obtain mental health records and do a very quick assessment on that scene to buy, just to respond and have a more well-rounded response to resolve the incident safely while getting these consumers the help that they need. These teams also look at, as well as our officers who are trained in looking at mental health nexus to whatever crime they have been committed. If they are in a mental health crisis for example, if the crime is committed, most times they are diverted away into, through emergency detention order into psychiatric services.

Baimbridge: So that is another type of diversion that we do have. And where our CIRT team is our reactive response in the call for service loop in patrol, our CCSI Program is very proactive. It is a Chronic Consumer Stabilization Initiative program. It's comprised of one HP officer and six case managers from our mental health authority. And what they do is they proactively engage those who are using law enforcement, our 911 system, the most for mental health reasons. It's a very intensive case management program but has outstanding results. For those clients who are on the program, there's a 50 to 80 percent reduction in law enforcement encounters because they're getting the help that they need from our local mental health authority. Next, we have our Crisis Call Diversion Program. We have six crisis hotline counselors sitting on our dispatch floor diverting calls away from a control response. And they

are helping them because oftentimes these calls, in fact, we had about over 40,000 mental health-related calls last year.

Baimbridge: Oftentimes they just are cleared information by our officers. And so these crisis hotline counselors are able to help these families or these individuals get the help that they need, the proper health, from our mental health authority in lieu of sending HPD officers. All of our agencies came together and defined success. That's very important when you're setting up these programs. Success may be different from each agency, but we all came together and spoke about that to properly track it internally within HPD. We mandated officers complete an office report for every diversion. What that has done has allowed us to track recidivism and other contacts with HP outside of the jail diversion program. And so what that has done is enabled us to create another program that we're currently working on with Wayne to get our homeless population more longer-term mental health treatment with proper step-down care. And so by working with one another, it's allowed us to gauge results and have a more intelligent, responsive delivery of services.

Sultan: Thank you. On the theme of sharing results I think that data is an important part of the conversation. So, I know something Denise hinted to our audience earlier, the data is an important part of Houston and the partnership that you have. And so obviously data and information sharing can really enhance services as well as identify those high-utilization clients. Wayne, could you talk a bit about how you share data with your partners? You did speak a little bit about health data and personal information, and I'm wondering if you could share how your partners get information around your clients? And I think it might also be helpful for our audience for them to learn where you share it and how you share it. So if you could talk about any type of task forces or working groups or any type of standardized meetings that you all have to get together and share data, I think that would be great for folks to hear.

Young: That was right. That's going to be the theme. Yeah, absolutely. I'd be happy to. And some of those points have already been referenced, right? There are some statewide databases that are set up that include not just our information, but information from state hospitals and other local mental health authorities. We are the people who deliver behavioral health services in the jail. So when Denise mentioned the fact that they had access and someone had been through the criminal justice system before, they have access to some of those records, so there's availability that way. Chief Baimbridge already mentioned that when they're out on a call, if it's one of the CIRT responses, then we have access to their mental health history right there. We begin to integrate that into the response and discussion about what is the right outcome and what needs to happen to resolve the call that has been made.

Young: There's also been a great deal of intention, at least on my part, to try and be very transparent about the program, its numbers, the number diverted, the where they came from, what they got there for, all of that kind of information. And we really set it up and we did it from the beginning. We set up a, what we refer to as an oversight committee. All three of my colleagues who are here on this call today serve on that, as well as some that aren't here. We have someone from the public defender's office. We have other individuals from the DA and HPD. And so it really is at times adult supervision, probation participates on that, has participated on that call. We've had a judge at one point serving on the

committee. So it's a pretty robust group. And each month, one of the things that we do is we share a monthly report from the prior time period to talk about—

Young: frankly, we did it this morning. We met just this morning as a group. And we go through that, we talk about this is how many diversions we had. This is where they came from. These were the types of charges that were there. We happen to note this morning that there was a couple of class A's, which is a little atypical that we, I think we've had five year-to-date, but two of them came through in this last month of February. And so we have dialogue about the flow of that. We also have a standing agenda where there's policy and decision-making items. So if we need to revisit the approach we're taking, if we need to rethink something that we've been doing, that we have a space to do that, try and provide financial transparency in terms of the funds that are being spent, how we're spending them.

Young: I will tell you the oversight committee I think is one of the most critical and important parts because while you described us as the lead agency, I think of us as just a caretaker of the diversion center. We're responsible for operating and it's my nurses and staff and stuff. However, I'll note that the sheriff's department provides some security there. They're on-site there with us, which allows us to take some chances on folks that may be on that blurry edge of that acceptance criteria. We can give it a shot and know that if it doesn't turn out as hoped, there's still a mechanism in terms of how we can deal with those individuals. And it doesn't involve jail. If they're not appropriate for us, it's only going to be because they need a higher level of care and we'll facilitate them getting that care.

Young: But that oversight committee to me is how we begin to balance, and it not be seen as my program or my center, but really the community resource that it is. It was the vision of these individuals and others to create it. And so I'm, like I said, I'm, I'm better caretaker of it and try and facilitate it. And so in addition to that early on in this project, and I think it might have been mentioned already, we did set up a data subcommittee to talk about what data do we need, where are we going to get it? How are we going to share it? And there's different levels of data. So there's some of that protected health information that isn't as broadly shared and may not be in those standard monthly conversations. Although anyone in the group has the ability to put a specific case on the agenda so that we can talk about, did this go the way we wanted it to, is this what we envisioned for?

Young: Do we need to—is there less a need to learn a lesson from this that we might do different next time? Early on in the project, I think it was Denise that put someone on the list and it was regarding intoxication and substance use disorder. And that prompted a shift in our approach and a partnership with another agency to be able to provide some accommodation for those individuals that present it in that way. And so it has given us an opportunity to share ownership of the center. The data committee helped us think about and define success broad enough that it might look at everyone's objectives in this. I think it's one of the opportunities for learning with behavioral health organizations is, we get very passionate and focused, perhaps tunnel vision, around improving behavioral health outcomes for individuals, right? And I'm as passionate about that as anybody, but I've got to recognize that may not be HPD's goal, right?

Young: They want that. And I think they want what's best for people, but they also need to see reductions in their interactions. Right. And the sheriff, I know he cares about people and wants people to be in recovery for [inaudible] but it's also important to him that those individuals not be in the jail that they don't need to be. And so we have to think cross-system about goals and embrace other systems, parts of the system's goals as well. And you got to do that with the evaluation component and the data piece of that as well.

Sultan: Thank you. So I think that from what the audience has certainly learned today is that the Houston story's many years in the making. And so for officers out there watching this today that are either just getting started, or for folks that are currently working with their local partners to support people experiencing homelessness, it might be nice to hear from you what recommendations you have for success. And so I'll start with you, Sergeant Lomelo, what are your recommendations for officers?

Lomelo: I appreciate that, Bonnie. If I had to offer—my recommendations will not be a high-level, 50,000-foot view of how this is going to work. I'm going to speak more to the mid-level and lower-level troops. General Clark was a World War II general said that "The first step in motivating soldiers is to tell them the reason why." And I spoke about training. You can't train if you don't know the problem, and you can't really know the problem unless you reach out to all the people that are involved in the problem. We're very fortunate here. We have a great relationship with our district attorney's office, our county attorney, our mental health authority is, that relationship is premiere. Of course, our partnership with the City of Houston has gone back decades. And that is just phenomenal.

Lomelo: But when you have all these folks at the table and you can really understand what each person's desires are, and then you understand what is really the best thing for the people that we're identifying, especially in this case, then you can educate your folks. And so that training component is super important having that. I'll quote one other person and I'm sure this quote's been around from other people, but Chief Lee said one time in a meeting that "Our deputies need to have a warrior skill set, they need to be ready for anything, but they need to have the heart of a guardian." And what I'm seeing late in my career, and I've been doing this for going on three decades now almost, that our deputies are really starting to think about the totality of the circumstances and the totality of the circumstances that led that person to be in that condition. And instead of trying to throw a law book at them, they're trying to throw an opportunity and they're trying to throw help and resources.

Lomelo: And it's not just our Homeless Outreach Teams, our Crisis Intervention Response Teams that are [inaudible]. It's not those specialized units. I'm starting to see it now from line patrol officers and that came from explaining why. And once we had that thought process, we're starting to see some pretty good effects and pretty good changes.

Sultan: Thank you. Denise, what would you like to share with the audience?

Oncken: So as Sergeant Lomelo said, understanding the reason why this is so important, and I think our multiagency collaboration is absolutely critical. The district attorney, along with law enforcement and the local mental health authority are all critical agencies in order to make a mental health diversion-type center work. Understanding each area and what their responsibility is, working to come to a happy

medium between all of the entities works well. I think the most important thing from the district attorney side is to see the success of the program to understand that we are helping individuals out there in the community who might be homeless, who have mental illness type issues, to where they are not revolving in and out of the criminal justice system on low-level offenses, not looking to the county jail to solve the mental health issues, but looking to the appropriate authority, which is our local mental health authority to help them with those types of issues.

Oncken: And having great police agencies to really understand that guardian angel-type nature where they are helping the community out there and helping those who might have some special issues to get the appropriate help. Those are the most critical things and components that I see in creating this type of center that we've got here in Harris County.

Sultan: That's fantastic. Thank you. Wayne, what would you like to share in terms of recommendations for the audience?

Young: Yeah, I think a, I'll carry forward a previous comment I made about the importance of recognizing other people's goals and what may be bringing them to the table and thinking about how you can participate and help in them achieving their goals, but even broader than that, I think part of what makes this community unique and so successful is the relationship piece, the collaboration. Sergeant Lomelo, Chief Baimbridge, Denise, they, they have my cell phone. If they called me this afternoon and said, "I need to talk to you today," there's no doubt we would be in a conversation before the day was over. And so the willingness to partner, give each other the benefit of the doubt, and build that trust. I have no doubt if Chief Baimbridge says to me, "Hey, this is what I'm trying to accomplish," I know her heart.

Young: I know what she's trying to do. And I don't have to worry about, is there something bad about this not in the best interest of those that I serve? I know where she wants to be. I know what she's trying to do for our community. And so I can show up with good intention and great effort at trying to help further her goals and move those processes forward. And so it is, it is a difference-maker. And, and frankly, I mentioned, I came into this community just three years ago. And so that was the culture they had built. And I just got to jump into it and be a part of it. I don't take credit for it, but they are tremendous partners. And focusing on that opportunity for collaboration being open when those calls come in and saying, "How can I help?" I think is critical to that success.

Sultan: Thank you. And Chief Baimbridge, do you have recommendations for the audience?

Baimbridge: Yeah, it's already been said regarding our training. And for law enforcement, critical to that success of all of these programs is indeed our training, but it's also a healthy collaboration with our local mental health authority. I've always said we're a learning site for the DOJ, in that we help other law enforcement agencies navigate and respond to those citizens who are experiencing mental health crisis or mental illness. And what I always tell these agencies, you need two things. If the chief were to come to me today and say, "You need to shut down mental health vision, but you can only keep a fraction," I would say, "I need to keep my trainers and we need to keep our collaboration with our mental health authority." Everything grows out of that. Once you have training collaboration programs to be created

that best fits your jurisdiction and regarding your available needs and resources. We're all very different, but the good things happen when you come together and everyone takes ownership, and it has a true trusting partnership.

Baimbridge: Transparency is vital to the success of these programs. So the fact that we sit together and we share our data and we talk about best responses and what we can do better, it builds trust from there. And ultimately all of this allows us to leverage one another's resources for the benefit of our society.

Sultan: Thank you. This has just been a fantastic discussion highlighting the Houston collaborative, really hearing how everyone is coming together to support people who are experiencing homelessness along with some justice system involvement. And so I would like to thank the panel for sharing their expertise. We know how busy everyone is and how large your plates can get sometimes. So we all very much appreciate it, but also like to thank everyone in the audience for their time and their commitment to the work. Thank you.