

[Print This Page](#)**Agency Name:** Collin County**Grant/App:** 4437504 **Start Date:** 9/1/2025 **End Date:** 8/31/2026**Project Title:** Adult Mental Health Court**Status:** Pending AO Acceptance of Award

## Narrative Information

### Introduction

The purpose of this funding is to support specialty court programs as defined in Chapter 121-126 and Chapter 129-130 of the Texas Government Code.

### Program-Specific Questions

#### Court Name and Number

Court name and number as registered with the Office of Court Administration (OCA).

Collin County AMHC OCA Registration Court ID:323

#### Participant Fees

Does this specialty court collect participant fees pursuant to Sec. 123.004 of the Texas Government Code?

Yes

No

If yes, what is the current dollar amount charged to participants?

0

In the last fiscal year, how many participants were charged a fee?

0

Of those participants charged, how many paid the fee?

0

#### Risk Assessment Tools

List the risk assessment tool(s) and clinical assessment tool(s) that are utilized by this specialty court? Please provide: 1) The name of each assessment tools used; 2) Why the assessment tools were selected for this specific program and the role it plays in this specialty court's case management process; and 3) The position title(s) of the team member(s) responsible for conducting each assessment. If there are any factors limiting the use of additional assessment tools such as the cost associated with an assessment, familiarity with available assessments, etc., please make note of these factors.

1. Texas Risk Assessment System (TRAS) 2. Collin County Community Supervision and Corrections Department (CSCD - Probation) utilizes the Texas Risk Assessment System (TRAS) as a critical tool in assessing participants' supervision levels, risk factors, and criminogenic needs. The TRAS supports the Community Supervision Officer (CSO) in identifying appropriate treatment interventions and guiding individualized case planning. The assessment is conducted by a certified CSO during the probation intake appointment, following the participant's admission into the program. The TRAS employs a structured interview and file review process to evaluate 34 items across seven key domains: criminal history; education, employment, and financial situation; family and social support; neighborhood; substance use; peer associations; and criminal attitudes and behavioral patterns. These domains determine the participant's risk level - categorized as low, moderate, or high - using a standardized scoring guideline. Although the TRAS does not directly assess mental health, it is used in conjunction with clinical mental health evaluations and psychiatric records, which are obtained prior to program entry. This integrated approach provides a comprehensive understanding of the participant's needs. The resulting case plan identifies criminogenic risk factors such as substance use, antisocial thinking patterns, and family relationships. The Mental Health Court team utilizes this information to develop tailored treatment plans that address both mental health concerns and behavioral/criminal risk factors, thereby supporting more effective intervention and promoting longer term success. 3. The Texas Risk Assessment System (TRAS) is conducted by the Community Supervision Officer (CSO) for all participants admitted into the program. In order to administer the TRAS, the officer must complete specialized training and obtain certification. This certification is renewed biannually (every two years).

#### Certifications

In addition to the requirements found in existing statute, regulation, and the funding announcement, this program requires applicant organizations to certify compliance with the following:

### **Constitutional Compliance**

Applicant assures that it will not engage in any activity that violates Constitutional law including profiling based upon race.

### **Information Systems**

Applicant assures that any new criminal justice information systems will comply with data sharing standards for the Global Justice XML Data Model and the National Information Exchange Model.

### **Program Income**

Applicant agrees to comply with all federal and state rules and regulations for program income and agrees to report all program income that is generated as a result of the project's activities. Applicant agrees to report program income through a formal grant adjustment and to secure PSO approval prior to use of the program income. Applicant agrees to use program income for allowable costs and agrees to expend program income immediately after PSO's approval of a grant adjustment and prior to requesting reimbursement of funds.

Deduction Method - Program income shall be deducted from total allowable costs to determine the net allowable costs. Program income shall be used for current costs unless PSO authorizes otherwise. Program income which the grantee did not anticipate at the time of the award shall be used to reduce the PSO award and grantee match rather than to increase the funds committed to the project.

Asset Seizures and Forfeitures - Program income from asset seizures and forfeitures is considered earned when the property has been adjudicated to the benefit of the plaintiff (e.g., law enforcement entity).

### **Twelve-Step Programs**

Grant funds may not be used to support or directly fund programs such as the Twelve Step Program which courts have ruled are inherently religious. OOG grant funds cannot be used to support these programs, conduct meetings, or purchase related materials.

### **Specialty Court Certifications**

If the applicant is a specialty court operated under Ch. 121 of the Texas Government Code, the following certifications apply:

1. The specialty court will develop and maintain written policies and procedures for the operation of the program.
2. The applicant will submit a copy of any project evaluations, evaluation plans, recidivism studies, or related reports that are completed during the grant period to PSO.

### **Adoption of Adult Drug Court Best Practice Standards**

Applicants operating an adult drug court certify that they are working towards full compliance with and adoption of Vol. I & II of the Adult Drug Court Best Practice Standards.

### **Adoption of Family Drug Court Best Practice Standards**

Applicants operating a family drug court certify that they are working towards full compliance with and adoption of the Family Treatment Court Best Practice Standards.

### **Veterans Treatment Programs**

Applicants providing mental health services to veterans or veterans' families must demonstrate a) prior history of successful execution of a grant from the Office of the Governor; and b) that the entity provides training to agency personnel on military informed care or military cultural competency or requires those personnel to complete military competency training provided by any of the following: the Texas Veterans Commission; the Texas Health and Human Services Commission; the Military Veteran Peer Network; the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services; the U.S. Department of Defense; the U.S. Department of Veterans Affairs; or a nonprofit organization that is exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, by being listed as an exempt entity under Section 501 (c) (3) of that code, with experience in providing training or technical

assistance to entities that provide mental health services to veterans or veterans' families.

### **Cybersecurity Training Requirement**

Local units of governments must comply with the Cybersecurity Training requirements described in Section 772.012 and Section 2054.5191 of the Texas Government Code. Local governments determined to not be in compliance with the cybersecurity requirements required by Section 2054.5191 of the Texas Government Code are ineligible for OOG grant funds until the second anniversary of the date the local government is determined ineligible. Government entities must annually certify their compliance with the training requirements using the [Cybersecurity Training Certification for State and Local Government](#). A copy of the Training Certification must be uploaded to your eGrants application. For more information or to access available training programs, visit the [Texas Department of Information Resources Statewide Cybersecurity Awareness Training page](#).

### **Criminal History Reporting**

Entities receiving funds from PSO must be located in a county that has an average of 90 percent or above on both adult and juvenile dispositions entered into the computerized criminal history database maintained by the Texas Department of Public Safety (DPS) as directed in the *Texas Code of Criminal Procedure, Chapter 66*. The disposition completeness percentage is defined as the percentage of arrest charges a county reports to DPS for which a disposition has been subsequently reported and entered into the computerized criminal history system.

Counties applying for grant awards from the Office of the Governor must commit that the county will report at least 90% of convictions within five business days to the Criminal Justice Information System at the Department of Public Safety.

### **Uniform Crime Reporting (UCR)**

Eligible applicants operating a law enforcement agency must be current on reporting complete UCR data and the Texas specific reporting mandated by 411.042 TGC, to the Texas Department of Public Safety (DPS) for inclusion in the annual Crime in Texas (CIT) publication. To be considered eligible for funding, applicants must have submitted a full twelve months of accurate data to DPS for the most recent calendar year by the deadline(s) established by DPS. Due to the importance of timely reporting, applicants are required to submit complete and accurate UCR data, as well as the Texas-mandated reporting, on a no less than monthly basis and respond promptly to requests from DPS related to the data submitted.

### **Entities That Collect Sexual Assault/Sex Offense Evidence or Investigate/Prosecute Sexual Assault or Other Sex Offenses**

In accordance with Texas Government Code, Section 420.034, any facility or entity that collects evidence for sexual assault or other sex offenses or investigates or prosecutes a sexual assault or other sex offense for which evidence has been collected, must participate in the statewide electronic tracking system developed and implemented by the Texas Department of Public Safety. Visit [Sexual Assault Evidence Tracking Program](#) website for more information or to set up an account to begin participating. Additionally, per Section 420.042 "A law enforcement agency that receives evidence of a sexual assault or other sex offense...shall submit that evidence to a public accredited crime laboratory for analysis no later than the 30th day after the date on which that evidence was received." A law enforcement agency in possession of a significant number of Sexual Assault Evidence Kits (SAEK) where the 30-day window has passed may be considered noncompliant.

### **Compliance with State and Federal Laws, Programs and Procedures**

Local units of government, including cities, counties and other general purpose political subdivisions, as appropriate, and institutions of higher education that operate a law enforcement agency, must comply with all aspects of the programs and procedures utilized by the U.S. Department of Homeland Security ("DHS") to: (1) notify DHS of all information requested by DHS related to illegal aliens in Agency's custody; and (2) detain such illegal aliens in accordance with requests by DHS. Additionally, counties and municipalities may NOT have in effect, purport to have in effect, or make themselves subject to or bound by, any law, rule, policy, or practice (written or unwritten) that would: (1) require or authorize the public disclosure of federal law enforcement information in order to conceal, harbor, or shield from detection fugitives from justice or aliens illegally in the United States; or (2) impede federal officers from exercising authority under 8 U.S.C. § 1226(a), § 1226(c), § 1231(a), § 1357(a), § 1366(1), or § 1366(3). Lastly, eligible applicants must comply with all provisions, policies, and penalties found in Chapter 752, Subchapter C of the Texas Government Code.

Each local unit of government, and institution of higher education that operates a law enforcement agency, must download, complete and then upload into eGrants the [CEO/Law Enforcement Certifications and Assurances Form](#) certifying compliance with federal and state immigration enforcement requirements. This Form is required for each application submitted to PSO and is active until August 31, 2026 or the end of the grant period, whichever is later.

#### **Overall Certification**

Each applicant agency must certify to the specific requirements detailed above as well as to comply with all requirements within the PSO Funding Announcement, the *Guide to Grants*, the *Grantee Conditions and Responsibilities*, any authorizing or applicable state and federal statutes and regulations to be eligible for this program.

**I certify to all of the application content & requirements.**

### **Project Abstract :**

Collin County is the sixth largest county in Texas by population (of one million plus) as stated in the Census Bureau with an estimated 1,190,111 and lies just northeast of the Dallas-Fort Worth Metroplex. The county has 13 District Courts and 7 County Courts at Law. The 219th Judicial District Court in collaboration with the County Court at Law #3, will preside over cases for the Adult Mental Health Court (AMHC) Program, which will be a pre-trial diversion court. The mission of the AMHC Program is to reduce recidivism in our community by emphasizing treatment, stability, and accountability for the offenders with a qualifying mental health diagnosis

and those with an Intellectual Developmental Disability. The goal of this specialized program is to divert eligible offenders from the traditional criminal justice process, offering alternatives that focus on rehabilitation and recovery rather than incarceration. Through this initiative, Collin County is committed to addressing the unique needs of individuals with mental health challenges, promoting public safety, and fostering long-term positive outcomes for participants and the community as a whole. The program will continue to utilize the multisystem approach to help participants with mental health needs. The Treatment Team incorporates robust and evidence-based mental health screening, risk assessment, and treatment interventions into an intensive community supervision model. The program uses a non-adversarial approach involving prosecutors, community supervision, treatment providers, mentors, and defense attorneys to promote public safety and to protect the due process rights of the participants. The program serves adult participants allowing them to make significant changes in their lives so that they can avoid further involvement with the criminal justice system. The AMHC Program is a team-centered, treatment focused, pre-trial diversion program that closely adheres to Chapter 125 of the Texas Government Code on Mental Health Court Programs. The program averages twelve months in length with intensive follow-up and is open to 40 adult participants, ages 17 and over with a qualifying mental health diagnosis or those with an Intellectual Developmental Disability. Eligibility criteria for the AMHC is following: 1.) Participant must have a serious mental health diagnosis as defined by the Diagnostic and Statistical Manual or Mental Disorders (DSM 5); Diagnosed mental disorder includes these conditions but are not limited to: \*Schizophrenia, \*Post traumatic stress disorder, \*Bipolar, Major Depression, \*Schizoaffective, \*Pervasive developmental disorder, \*IQ of 70 or greater and others. 2.) Participant must be willing to participate in the program. AMHC is a voluntary program; 3.) Charges must be filed with the courts. Only pending charges will be considered for entry into the program; and 4.) Participants with substance use issues must be willing to acknowledge the problem and must not have a prevailing substance use issue which would interfere with mental health treatment. Reasons for exclusion from program include severe mental or emotional instability, lack of medication stability at the time of admission, a need for inpatient mental health treatment, a history of manufacturing and/or distributing illegal or synthetic drugs (dealing drugs), pending DWI charge, or a current or prior offense of a sexual nature. The AMHC will continue to be a promising forum for combating the incarceration of individuals with mental illness.

### **Problem Statement :**

Mental illness within the justice system has emerged as a growing and widely recognized concern. In recent years, the large number of individuals with mental illnesses involved in the criminal justice system has become a pressing policy issue within both the criminal justice and mental health systems. The prevalence of serious mental illnesses among all people entering jails, for example, is estimated to be 16.9 percent (14.5 percent of men and 31 percent of women). People with mental illnesses often cycle repeatedly through courtrooms, jails, and prisons that are ill-equipped to address their needs and, in particular, to provide adequate treatment. People with serious mental illness sometimes find themselves in what's come to be called a "revolving door" of the criminal justice system-cycling in and out. (Leigh Searcy, November 11, 2022). In response to the increasing population of defendants with mental illness, the popularity of mental health courts has grown in the last decade (Steadmen and Redlish). Those who become involved in the justice system are more likely to have been exposed to not just one or two traumatic stressors, but multiple types of traumatic victimization (American Psychological Association, Jan. 6, 2023). Traumatic stress is a normal reaction to an abnormal event (American Psychological Association, Jan. 6, 2023). These are not just incidents, but types of adverse stressors (e.g., physical abuse, sexual abuse, domestic violence, community violence, and life-threatening neglect). This experience has been described as "poly-victimization," which is defined as prolonged or multiple exposures to traumatic events (International Society for Traumatic Stress Studies, 41st Annual Meeting, Sept. 2024). The brain and nervous system are altered by poly-victimization (International Society for Traumatic Stress Studies, 41st Annual Meeting, Sept. 2024) in ways that increase stress reactivity, anger, and impulsivity while reducing the ability to self-regulate. Those who have been poly-victimized are at high risk for involvement in criminal behavior and contact with law enforcement and the justice system (Ford et al.). A trauma-informed justice system contributes to restoring order and safety by enabling the justice staff to effectively participate in a participant's recovery from traumatic experiences. This benefit includes potentially substantial long-term economic and social cost savings, as well as the immediate satisfaction of being able to effectively contribute to the public's safety and welfare. Trauma-informed justice systems help the participants and families better understand trauma and its impact on behavior and health. This understanding can help restore relationships by providing a new way for them to understand the trauma they have experienced. A third benefit is the strengthening of the safety net for traumatized participants by providing a basis for a partnership between systems that serve, including the education, mental health, and justice systems. Aligning their often-different missions around the shared goal of helping can actually shrink, rather than widen, the net in which they are caught if they engage in problematic or delinquent behavior. A shared understanding of psychological trauma and PTSD can provide an alternative explanation for what may otherwise be diagnosed as a psychiatric

disorder or sociopathic character flaws (International Society for Traumatic Stress Studies, 41st Annual Meeting, Sept. 2024). Helping them recover and become successful and productive citizens are points of convergence for all serving the systems. This can be a basis for developing administrative structures and processes that bring justice administrators and staff, and court professionals together as a team on behalf of traumatized participants. Individuals with a history of mental illness often find challenges acquiring mental health services needed within their respective communities. Although the need for mental health services and the negative stigmas previously associated with seeking and obtaining care has been targeted for improvement in the public domain, this population continues to be underserved as it relates to community-based treatment. Managing day-to-day dynamics with untreated mental illness drastically affects, influences and impacts the ability to successfully identify and obtain services. These families require needed assistance in navigating what are often complex service systems. This support proves even more critical for families with limited financial resources, leaving law enforcement and the traditional criminal justice system to provide temporary interventions for unlawful acts directly driven by illness.

### **Supporting Data :**

Millions of people in the U.S. are affected by Mental Illness each year. Collin County population continues to increase, the number of Direct Population for felonies and misdemeanors to Collin County Community Supervision and Corrections Department (CCSCD) has increased with FY2024: (n=4,862) ending in September with three months lacking for a full direct population/statistic. Collin County CCSCD is the tenth (10th) largest CCSCD in the state. With this increase, the department/program has and will continue to ensure community protection for county citizens and will attempt to do so in the least restrictive environment available for the participant and families. A critical component in making informed decisions in this balance requires the program to look beyond just the criminality of offense and use evidence-based risk and needs assessment findings and targeted-rehabilitation strategies to promote both community-protection and positive outcomes. Without a community-based, mental health focused strategy to work with these offenders whose behavior can be directly correlated to mental illness, many are left to the counties most cost-prohibitive remedy, which is post-adjudication services. Although the program provides clinical services for offenders, the department has seen an increase of those whose mental health needs exceeded what could be adequately treated at the time of court disposition. Data continues to reveal a significant gap in access to mental health care for incarcerated individuals in the United States. Approximately 3 in 5 individuals (64%) with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons. In local jails, the disparity is even more pronounced with less than half (45%) of those with a history of mental illness receiving treatment. Overall, an estimated 64% of U.S. prisoners are affected by mental health concerns. This includes 54% of state prisoners and 46% of federal prisoners who have reported experiencing mental health challenges. These statistics highlight the urgent need for improved mental health services within the criminal justice system to address the unmet needs of this vulnerable population. The significance of mental health and access to services cannot be overstated, as mental health challenges often contribute to criminal behavior and the growing number of affected adults. This highlights the critical need for comprehensive, coordinated mental health services across the lifespan, underscored by data illustrating the prevalence and impact of unmet mental health needs. (SAMHSA) The need for and lack of comprehensive, coordinated mental health services throughout the life cycle is especially underscored by the following information regarding the occurrence and prevalence of mental health needs: • More than half of Adult with a mental illness do not receive treatment, totaling over 27.7 million U.S Adults (Mental Health America). • 24.7% of adults with a mental illness report an unmet need for treatment (Mental Health America). • 1 in 5 U.S. adults experience mental illness (NIH). • The average delay between onset of mental illness symptoms and treatment is 11 years (NAMI). • 84.2 million adults and 6.1 million adolescents were diagnosed with a mental health disorder (MHD) or substance use disorder (SUD) (National Center for Health Statistics, Sept. 2024). • About 1 in 4 American adult suffer from a diagnosable mental disorder in a given year and 1 in 8 will suffer from a depressive illness, such as major depression or bipolar disorder (National Institute of Mental Health Disorders, 2024). • 59 million adults live with some form of mental illness (NIH). • 50% of all lifetime mental illness begins by age 14, and 75% by age 24 (Mental Health by Numbers, 2024). • 19.8% of the world suffers from some form of mental illness (Mental Health America, 2024). • 65% U.S adults experience serious mental illness (NAMI). • 56% of adults with mental illness who did not receive any mental health treatment/27 million adults (Mental Health America). • 33.5% of U.S. adults with mental illness also have a substance use disorder (NAMI). • 37% of adults incarcerated in state and federal prisons have a diagnosed mental condition (NAMI). • 8.7% of U.S. adults experience a co-occurring substance use disorder and mental illness (21 million people) (NAMI) • 21% of people experiencing homelessness also have a serious mental illness. Equivalent to over 50 million Americans. (NAMI). • About 2 million times each year, people with serious mental illness are booked into jails (NAMI). • About 3 in 5 people who are incarcerated have a history of mental illness (54% in state and federal prisons and 46% held in local jails) (SAMHSA). • Number of U.S. Adults with Anxiety Disorders: 42.5 million (Mental

Health America, 2023). • Texas is the state with the highest prison population with over 149,159 prisoners (Prison Population by State, 2024). • Nearly 1 in 4 people shot and killed by police had a mental health condition (NAMI). • 4.58% of adults report having serious thoughts of suicide/11.4 million adults (Mental Health America). • Most people who commit suicide have a diagnosable mental disorder—most commonly a depressive disorder or a substance use disorder (Mental Health Disorder Statistics). • People with mental illness stay four to eight times longer in jail than someone without a mental illness for the exact same charge (SAMHSA). • 40% of people with serious mental illness will come into contact with the criminal justice system at some point in their lives (Psychology Network). • Suicide is one of the leading cause of death for people held in local jails (NAMI). • An estimated 4,000 people with serious mental illness are held in solitary confinement inside U.S. prisons (NAMI, 2022). • 19.7% of U.S. Veterans experienced a mental illness in 2022 (36.5 million people) (NAMI, 2023). • 9.6% of Active Component service members in the U.S. military experienced a mental health or substance use condition in 2022. • 30% of military personnel deployed to Iraq or Afghanistan have mental health conditions (U.S. Dept. of Veteran Affairs). • Over 20% of veterans return home with Traumatic Brain Injury and PTSD (U.S. Dept. of Veteran Affairs). • 63% with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons (NAMI). • 45% with a history of mental illness receive mental health treatment while held in local jails (NAMI). • Jail admissions involving people who have severe mental disorders has been estimated to be around 52% (American Psychiatric Association APA). Centers for Disease Control (CDC) stated that over 50,000 people died by suicide, which is the highest number ever recorded. One person dies by suicide every 11 minutes. Suicides in the United States have been on the rise, increasing 41%. Suicide is the second leading cause of death. The annual suicide rate in the U.S. is over 14 deaths per 100,000 population (CDC, 2023). Furthermore, the Center for Disease Control and Prevention analyzed the long-term effect of adolescent traumatic experiences on adult health, mental health, healthcare costs and life expectancy. Adverse Childhood Experience (ACE) such as emotional, physical, or sexual abuse, emotional or physical neglect, witnessing abuse, household substance abuse or mental illness, parental separation or divorce, incarceration of a family member strongly correlate with an adult's depression, alcohol abuse, illicit drug use, risk intimate partner violence, suicide attempts. The following are Collin County numbers that have been assisted but that would have benefited with the assistance of this program: FY 2024, Collin County has received over 85 applications since conception of program, currently 23 rolled over, 8 approved and admitted, with 6 at the present time pending and leaving 32 unable to assist. Collin County also had ten graduates from the program. Please refer to attachments for Participant Impact Statement read by the graduates the day of graduation from the program.

### **Project Approach & Activities:**

The overarching goal of the Adult Mental Health Court program is to address the multifaceted needs of participants while ensuring public safety and reducing recidivism. Key objectives include: 1) Identifying the criminogenic risks and needs of the participant 2) Addressing the underlying cause of criminal behavior; 3) Recognizing and mitigating barriers to treatment; 4) Ensuring community safe and reducing recidivism; 5) Holding participants accountable and 6) Developing tailored rehabilitative strategies, including medication management, to address the specific needs associated with mental illness. The program will employ a collaborative treatment team approach to support participants with mental health needs. The team will also engage in ongoing training to help participants achieve their treatment goals effectively. The AMHC team will include the following but not limited to: •Judge •Program Coordinator •Supervision Officer/Case Manager •Treatment Provider• Defense Attorney •Counselor/District Attorney and •Mentor The inclusion of a mentor - someone with lived experience who has successfully completed the program – provides participants with invaluable peer support throughout their journey in the program. AMHC will combine mental health treatment with frequent court appearances, case management, counseling, and community based support. Each team member plays a vital role in fostering participant success while maintaining public safety. The collective efforts of this multidisciplinary team are essential in achieving the program's mission and creating meaningful, long-term change. Community resources will be used to provide supportive services for the participant as well as community based organizations to ensure they are receiving targeted interventions based on their Integrated Treatment Plans (ITPs). AMHC will be an intensive, supervised program designed to address participants' behaviors and mental health challenges within their home environments that may affect their success. The program will focus not only on the impacts of mental illness on participants themselves but also on its broader effects on their families and support networks. By addressing these interconnected dynamics, the program aims to foster meaningful change and improve outcomes for participants and their communities. AMHC uses an integrated treatment approach to address participant's needs including but not limited to mental health assessments, psychological evaluations, risk assessments, substance abuse assessments, and other behavior assessment tools as directed by the treatment provider. Participants first undergo a thorough screening to determine appropriate placement into the program. Once participants are accepted for admission into the program, they attend the AMHC Specialty court docket (with defense attorney present). The participant will

then meet with supervision officer/case manager and the Texas Risk Assessment System (TRAS) assessment is conducted. A mental health assessment is also conducted and appropriate referrals for treatment is made. The AMHC program is an average of twelve (12) months with an extensive follow up. There are (3) levels/phases to the AMHC Program. Phase 1: The purpose is to provide the most rigorous interventions into the participant's life. Each participant's needs are different and the Integrated Treatment Plan (ITP) will reflect these individual needs. The primary focus of Phase 1 will be to encourage and enforce compliance with the participant's mental health treatment to include the initial mental health screening as well as individual and/or group counseling. The overall goal of Phase 1 is the participant will demonstrate both a desire and an ability to participate in treatment, counseling, maintain medication compliance along with drug and alcohol abstinence. Phase 2: The purpose is to continue the treatment process. The primary focus of Phase 2 will be progression to stability from Phase 1, the participant is to continue and make gains/progress in mental health treatment and counseling as indicated by treatment provider collaterals and progress notes. We should see a gradual stabilization of participant's family, living, work and financial situation during this phase (including an increased support system). The overall goal being in Phase 2 the participant will demonstrate an increased ability to remain in treatment, continue with all prescribed medication and maintain stability within the family and community. Phase 3: The purpose is for the participant to reach sustained stability and to successfully complete any required treatment programs. The goal is to see a reduction in criminogenic needs. Participant will continue medication maintenance and remain compliant with all program requirements. This is the last phase before the participant reintegrates into society without the assistance of the AMHC. Please refer to full explanation in detail in upload narrative/summary.

### **Capacity & Capabilities:**

All of the personnel on the AMHC team not only have professional expertise in their field but also have (or will have) significant experience and understanding of mental health and developmental disabilities and how this will manifest within the justice system. AMHC Treatment Team: Judge: the Judge will conduct status hearings as ordered. The Judge will encourage the participant to do well and stay on target. The Judge will hold the participant accountable if they fail to comply with the program and/or requirements. The Judge will speak with the participant and family (if necessary) to see how they are doing in treatment, at home, work, school, and in the community. They will also ask what the team can do for them and their family to keep them on track. • Honorable Jennifer Edgeworth, Judge 219th District Court (Felony cases) • Judge Lance Baxter, (Misdemeanor cases) Program Coordinator: The Coordinator is responsible for coordinating all of the court activities and serves as a member of the AMHC team. The Coordinator also works directly with the Judge to ensure program operations are efficient and cohesive. Responsibilities include: preparing dockets and overseeing data collection and reporting, coordinating service delivery and ensuring effective communication among providers, ensuring follow-up on recommended assessments and services, advocating for participants with medical professionals, assisting in the development and coordination of individualized treatment plans, maintaining communication with participants' families and relevant agencies, scheduling and notifying staff of review hearings, meetings and screenings, and conducting participant screenings to determine program eligibility. • Janessa Reid Case Manager: Case Manager (Specialized in Mental Health Caseload) The case manager specializes in managing participants with mental health needs and provides intensive supervision and interventions to ensure successful program completion. Key duties include, but are not limited to, collaborating with participants to create individualized treatment plans focused on achieving program goals, monitoring participants' progress and addressing barriers to success, coordinating drug testing and ensuring compliance with program conditions, and participating in team meetings, biweekly staffing sessions, and all participants court hearings. • Michelle Garcia Treatment Provider: The Treatment Provider developed comprehensive, community-based treatment plans tailored to participants and their families based on evaluations and assessments. Responsibilities include: offering individual, group, and family counseling sessions, as well as medication management services, teaching participants coping skills for managing emotions and achieving sobriety, attending staffing meetings and providing regular updates on participants progress, including attendance, participation, and treatment goals, and submitting monthly reports to the AMHC team and providing insights for enhancing treatment compliance and family support. • LifePath Systems Defense Attorneys: The defense attorney advocates for participants, providing legal assistance related to AMHC requirements. This role includes: representing participants during court proceedings and team staffing sessions and ensuring participants remain aligned with their treatment and individualized treatment plan (ITP) goals. • Rogan McDaniel Counselor/District Attorneys: The Assistant District is a collaborative member of the AMHC team, using a non-adversarial approach to assess and manage eligible cases. Responsibilities include: reviewing applicants to determine participant eligibility, preparing and managing the AMHC docket and associated paperwork, and representing the state during AMHC proceedings and managing participants discharge process. Duties of the Counselor will be to assist in reviewing of the AMHC applications and determining which applicants are eligible to participate in the specialty court. Upon acceptance the ADA will be responsible for management of AMHC docket, preparation of necessary paperwork. Prepare for and appear at AMHC dockets.

Maintain records and prepare for discharge of the participant. Performs all ancillary tasks. • TBD Mentor: The Mentor is a peer with lived experience who has successfully completed the program. Serving as a volunteer, the mentor provides participants with guidance, encouragement, and insight on navigating the program and achieving successful outcomes. • Christian Doran Collaborative Partnerships: The program has established strong partnerships with local organizations to provide ongoing support of participant and their families. Collaborative Partnerships include the following but not limited to: • LifePath Services • Substance Abuse Treatment Providers • Texas Department of Family and Protective Services • Local Crisis Intervention Teams Wraparound Services has been recognized as a model for collaboration, integrating mental health, and education systems to provide services to participants (Resource Center Partnership, Models for Change). A model that works and serves within the county. The integrated, multi-service approach prioritizes participant's individual strengths, cultural context, and community resources. Treatment plans are tailored to meet the unique needs of each participant while emphasizing rehabilitation and public safety. The AMHC program combines mental health treatment with frequent court appearances, comprehensive case management, and counseling and community based support. The multidisciplinary team, comprising of judges, prosecutors, defense attorneys, clinical team members, program coordinator, case manager, mentor, and treatment providers - each play a vital role and work collaboratively to help participants successfully complete the program while safeguarding the community. Community resources will be used to provide supportive services, while decreasing the need for hospitalization and incarceration. Successful completion of the program results in case dismissal and eligibility for expunction, fostering long-term recovery and reintegration Successful completion of the program results in case dismissal and agreed expunction.

### **Performance Management :**

Goal: Deliver services to participants with cases in the criminal justice system Objectives: 1. Ensure minimum of 90% of participants seeking assistance will be served. 2. Demonstrate 10% increase yearly in participant enrollment. 3. Graduate 30 from program. Measures: 1. Provide assistance/services to 40 participants (over the course of the grant). 2. Provide case management and advocacy for 40 participants (over the course of the grant). 3. Provide advocacy and assistance for adults with a mental illness. 4. Provide treatment referrals for 40 individuals (whether ultimately accepted into the AMHC Program or not) (over the course of the grant and aftercare). 5. Assist 40 participants with developing plans (over the course of the grant). Client outcome measurements will be used to establish and evaluate the program's progress in achieving service goals. The Case Manager along with the Case Supervisor will analyze the outcomes and an action plan will be developed and implemented as needed to ensure that objectives are being met. Performance measurement/data will be collected, reported and submitted in a timely matter. Data Management: The significance and impact of data management and key aspects of the court to evidence-based practices is imperative to making a successful specialty court. To monitor individualized goals, measures, and outcomes to adhere to grant compliance, the case manager along with the Counselor/District Attorney will continue to utilize the Software Application to enter all screenings and accounts of each participant in the program. The software collects a wide range of data that is necessary which will monitor the program on an ongoing basis. The software applications will provide a platform to enter all screenings and account for recidivism rates to track program success, number of participant screened, identified, and served in the program. The Collin County Community Supervision and Corrections Department will utilize the Tyler Software to collect, report, and manage program data. Tyler Software will be another tool that has been instrumental and will provide enhanced productivity and data sharing capabilities; strong security and data integrity. In addition to data maintained in Tyler Software, they will continue to maintain an Excel spreadsheet with the PID of participant obtaining services, offense level committed, dates of services provided, school attendance, employment, and 1-year post-project recidivism results.

### **Target Group :**

The AMHC Program accepts referrals for participants, 17 and over with a mental health diagnosis of schizophrenia, schizoaffective, major depression, bipolar, or PTSD, and who reside in Collin County. The AMHC Program will serve 40 participants with mental health issues over the next twelve months. As mental health participants, all are considered high risk and high need. Requested funding will be able to provide services for these participants who would otherwise be unable to participate in the program or receive the assistance they much need. The program will continue to use a multidisciplinary approach to service delivery, working with all community-based stakeholders serving the participant throughout the community. Some of the agencies that Collin County will be utilize will include but not limited to: • LifePath Systems to provide mental health services. • Substance Abuse Treatment Providers. • Parents/family: The family will play a key role in the success of the program.

**Evidence-Based Practices:**

The AMHC Program recognizes the importance in incorporating current theory, best practice, and evidence-based service delivery. As such, the program staff maintains an updated knowledge base through research and training, informally reviews the program on a continual basis, and will formally review the program annually, change will be made as needed. The following are a few of the therapeutic evidence-based service models which may be used: • Group therapy • Substance abuse • Support System • Family Treatment • Treatment Planning (ongoing treatment) • Alternative therapies (art therapy, music therapy, community service projects, etc.) • Family Treatment Court Best Practice Standards (NADCP)

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**Agency Name:** Collin County  
**Grant/App:** 4437504 **Start Date:** 9/1/2025 **End Date:** 8/31/2026

**Project Title:** Adult Mental Health Court  
**Status:** Pending AO Acceptance of Award

**Project Activities Information**

**Introduction**

This section contains questions about your project. It is very important for applicants to review their funding announcement for guidance on how to fill out this section. Unless otherwise specified, answers should be about the EXPECTED activities to occur during the project period.

**Selected Project Activities:**

ACTIVITY	PERCENTAGE:	DESCRIPTION
Specialty Court - Mental Health	100.00	The Adult Mental Health Court (AMHC) Program is to divert offenders with mental health issues out of the traditional criminal justice process and into appropriate rehabilitation alternatives. The program will continue to utilize the multisystem approach to help participants with mental health needs. The Treatment Team incorporates robust and evidence-based mental health screening, risk assessment, and treatment interventions into an intensive community supervision model. The program will continue to use a non-adversarial approach involving prosecutors, community supervision, treatment providers, and defense attorneys to promote public safety and to protect the due process rights of the participants. The program will continue to serve adult participants allowing them to make significant changes in their lives so that they can avoid further involvement with the criminal justice system.

**CJD Purpose Areas**

PERCENT DEDICATED	PURPOSE AREA	PURPOSE AREA DESCRIPTION
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### Measures Information

#### Objective Output Measures

<b>OUTPUT MEASURE</b>	<b>TARGET LEVEL</b>
Number of carry-over individuals participating.	23
Number of individuals NEWLY participating.	17

#### Objective Outcome Measures

<b>OUTCOME MEASURE</b>	<b>TARGET LEVEL</b>
Number of individuals who will successfully complete the program.	20

#### Custom Output Measures

<b>CUSTOM OUTPUT MEASURE</b>	<b>TARGET LEVEL</b>
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#### Custom Outcome Measures

<b>CUSTOM OUTCOME MEASURE</b>	<b>TARGET LEVEL</b>
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**Budget Details Information**
**Budget Information by Budget Line Item:**

CATEGORY	SUB CATEGORY	DESCRIPTION	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL	UNIT/%
Personnel	Coordinator	Program Coordinator Duties: Intensive program management skills. Monitors the progress, efficacy, and involvement of all stakeholders including the clients served. Conducts special projects for the Court and Specialty court team. Performs all other related duties involved in the operation of the specialty court as assigned or required to this grant. The program coordinator will oversee data reporting, data collection, coordinate service delivery, ensure communication among providers internally and externally; ensure follow up of any recommended assessments or services; act as an advocate for client with medical professionals, aid in the development and coordination of treatment plans; and ensure communication with family and agencies... Bachelor's degree required and a	\$119,467.00	\$0.00	\$0.00	\$0.00	\$119,467.00	100

		<p>minimum of three (3) years' experience. Valid Texas Driver's License. The Adult Mental Health Program Coordinator will be at 100%. Base Pay:\$81,995.00 with Fringe Benefits: \$37,472.00, Total: \$119,467.00 (J.R.).</p>						
Personnel	Case Manager	<p>Duties: (Specialized-Mental Health Caseload) The Supervision Officer/case manager will provide supervision for the specialty court diversion caseload. The supervision officer/case manager will conduct risk assessments and meet with each participant to create an individual case plan that will work for client so that they will remain focused on completing goals of the program. The supervision officer will be tracking each participants progress within the program and assist the clients when necessary in order for them to complete the program successfully. The duties of the supervision officer/case manager will also include providing intensive supervision and interventions to ensure successful completion of all program conditions. The officer shall conduct random urinalysis testing. The supervision officer also attends team meetings, weekly staffing and</p>	\$115,701.00	\$0.00	\$0.00	\$0.00	\$115,701.00	100

		weekly status court hearings. The supervision officer will be at 100%. Base Pay: \$78,808.00 with Fringe Benefits: \$36,893.00, Total: \$115,701.00 (M.G.).						
Personnel	Specialist	Duties: Assists in review of AMH specialty court applications and determining which applicants are eligible to participate in the specialty court. Upon acceptance the ADA will be responsible for management of AMHC docket, preparation of necessary paperwork. Prepare for and appear at AMHC dockets. Maintain records and prepare for discharge of the Defendant. Performs all ancillary tasks. Work is performed under the direction of the Chief Felony Prosecutor and the 1st Assistant District Attorney. Work requires specialized knowledge in a professional or technical field, normally acquired through years of college resulting in a Bachelor's degree. Must be licensed by the State of Texas to practice law. Must have prior experience as a Misdemeanor Prosecutor and/or Chief Misdemeanor Prosecutor, preferably in Collin County. The Counselor will be at 100%. Base Pay: \$117,502.00 with Fringe Benefits:	\$147,289.00	\$0.00	\$0.00	\$0.00	\$147,289.00	100

		\$43,944.00, Total: \$161,446.00 (TBD)						
Contractual and Professional Services	Substance Abuse-Related Case Management, Counseling, Outpatient, and/or Treatment Services	The treatment services are individualized to meet the needs of each participant and his/her family. Assessment process but not limited to: substance abuse, mental health, trauma, employment/financial needs, housing, school progress, behavior/emotional management. Counseling and guidance is priority. Therapist are licensed by State. Dual Diagnosis: 25 participants at \$315.00 per week for 6 weeks at a cost of \$47,250.00 (IOP) 3 participants at \$7,050.00 at a cost of \$21,150.00 (PHP) = \$68,400.00. Services to be provided by LifePath Systems.	\$68,400.00	\$0.00	\$0.00	\$0.00	\$68,400.00	0
Contractual and Professional Services	Substance Abuse-Related Case Management, Counseling, Outpatient, and/or Treatment Services	Residential Program that will provide inpatient and outpatient programming for those facing mental and addiction challenges. Services provided during residential (inpatient) treatment services include treatments to help stabilize patients that are experiencing severe symptoms due to their mental health diagnoses of depression, anxiety, PTSD, bipolar disorder, borderline personality disorder, or suicidal ideation. A team of doctors, nurses, therapists, and other specialists	\$7,000.00	\$0.00	\$0.00	\$0.00	\$7,000.00	0

		<p>work with the patients to create personalized plans that meet their needs, so a generic list of services given for the purpose of this grant may not be accurate for every individual at their time of treatment. However, many patients have treatment plans that include talk therapies such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT). If drugs were involved in their crisis, Carrollton Springs offers a medically-assisted detox program and drug treatment as well. Program will include but not limited to mental health and addiction treatment, partial hospitalization program (PHP), intensive outpatient program (IOP) and Detox Program 20 x \$350 = \$7,000.00. Vendor: Carrollton Springs.</p>						
Contractual and Professional Services	Drug Analysis or Employee Drug Testing Services	<p>Drug testing for the participants at start of program will cost: 50 x \$25 per test = \$1,250.00 Additional testing through out program will cost \$25 x 77 = \$1,925.00. Total cost of drug testing \$1,250 (initial testing) + \$1,925.00 (additional testing throughout program) = \$3,175.00 Vendor: Collin County CSCD</p>	\$3,175.00	\$0.00	\$0.00	\$0.00	\$3,175.00	0
Contractual and	Drug Analysis or Employee	The SCRAM device, which is issued to assist individuals	\$3,825.00	\$0.00	\$0.00	\$0.00	\$3,825.00	0

Professional Services	Drug Testing Services	<p>who are consuming alcohol. The device measures alcohol intake and helps monitor compliance with bond conditions, which strictly prohibit alcohol consumption. This tool is essential for promoting accountability and ensuring participants adhere to their conditions. The cost of the SCRAM device is \$8.50 per day, and it is required to be worn for 90 days, bringing the total to \$765. \$8.50 per day x 90 days = \$765 x 5 participants = \$3,825 Vendor: Recovery Monitoring Solutions (RMS)</p>						
Contractual and Professional Services	Residential Services	<p>Temporary housing: There are no homeless shelters in Collin County and a requirement of the program is that the participant remain a resident of Collin County. A hotel is the only option we have in Collin County for housing our displaced participants. Housing can include temporary hotel or similar for program participants, county pays hotel directly, funds do not go to the participant. If the participant leaves the program, funds from the grant would no longer be used to fund their housing. To provide the ability to assist participants with temporary housing assistance. 10 x \$300 = \$3,000.00 Vendor:</p>	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	0

		Choice Hotels International							
Contractual and Professional Services	Vehicle Transportation-Related Services	The participant will be assisted with transportation (the participant will not be paid directly) in order to get to counseling, meetings to meet objectives of program. \$25 per service x 321 rides = \$8,025.00 No funds will be paid directly to participant. Vendor: UBER for Business.	\$8,025.00	\$0.00	\$0.00	\$0.00	\$8,025.00	0	
Travel and Training	In-State Registration Fees, Training, and/or Travel	The conference is sponsored by the Correctional Management Institute of Texas Association of Specialty Courts. The 12th Annual Conference: December/San Marcos. The conference is a four day event to provide education for working with individuals with mental illness. Target population: Leadership, Judicial, Law Enforcement, Support Staff, Medical Staff, and Mental Health Staff. Topics might include the following but not limited to: Mental Health First Aid Certification, CALM-Counseling or Access to Lethal Means, Managing Mentally Ill in Criminal Justice System, and Adolescent Brain (just to name a few). Conference expenses are as follows: The fees include registration, hotel, per diem for meals and flight cost. Registration is \$350	\$5,975.00	\$0.00	\$0.00	\$0.00	\$5,975.00	0	

		<p>per person/\$350 x 3 staff = \$1050.00.                  Lodging: \$200 per night x 4 nights = \$800.00/\$800 x 3 (staff) = \$2400.00.                  Airfare: \$480 per person. \$480 x 3 (staff) = \$1,440.00.                  Meals: \$ 68.75 x 4 days = \$275/\$275 x 3 (staff) = \$825.                  Rental: \$52 per day x 5 days + \$260 (includes taxes). Three employees (Supervision Officer/Case Manager, Counselor and Program Coordinator) 1 staff at \$2165.00 (will include car rental), 2 staff at \$1,905.00, Total: 5975.00.</p>						
Travel and Training	Out-of-State Incidentals and/or Mileage	<p>National Association of Drug Court Professionals (NADCP) Conference (Now ALLRise 2026) for three individuals. Location: Florida/2026. The fees include Registration, hotel, per diem for meals and flight cost. Registration: \$895.00 per staff x 3 staff = \$2,685 , Lodging: \$150 per night x 4 nights = \$600.00 per person x 3 staff = \$1800.00. Rental car reimbursement: \$260 (rental of car at airport/travel) (all reimbursements will only be paid upon receipt/policy and procedure of Collin County). Airfare: \$525 per person round trip x 3 = \$1575 . Meals: \$68.75 x 4 days =</p>	\$7,145.00	\$0.00	\$0.00	\$0.00	\$7,145.00	0

		\$275 per person x 3 staff = \$825 . 1 staff at: \$2,555 (includes rental fee) and 2 staff at: \$2,295 Total: \$7,145							
Supplies and Direct Operating Expenses	Specialized Computer Software (\$5,000 or less per unit)	MIFI is a mobile hot spot to allow internet access to Program Coordinator. MIFIs are necessary to work on their assigned computers while working in the field. Internet access is necessary to review work emails, and other websites which may be necessary to complete their job while not in the office. MIFI Device/Service for 1 laptop: \$30 per month/per laptop. \$50 x 12 months = \$600	\$600.00	\$0.00	\$0.00	\$0.00	\$600.00	0	
Supplies and Direct Operating Expenses	Office Supplies (e.g., paper, postage, calculator)	Consumable office supplies will be utilized: paper, folders, pens/pencils, notebooks, calculator, staplers, tape, highlighters, scissors, paper clips, binders, calendars, post-its, for 3 personnel x \$280 = \$840.	\$840.00	\$0.00	\$0.00	\$0.00	\$840.00	0	
Supplies and Direct Operating Expenses	Project Supplies (e.g., binocular, battery, flexicuff, drug testing kit)	Program Handbooks, completion certificates, folders, pens/pencil, printed apt. and calendars will be provided to each participant. 35 participants x \$40 = \$1,400.00	\$1,400.00	\$0.00	\$0.00	\$0.00	\$1,400.00	0	

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