

McLennan Region Roadmap

Community stakeholders can consider the following next steps to reduce justice involvement for people with mental illness (MI), substance use disorders (SUD) and/or intellectual and developmental disabilities (IDD). For more information and resources review the McLennan Region SIM Report.

Invest in Strategic Priorities

1. **Fund flexible diversion beds for pre-booking jail diversion.**

2. **Develop regional plan for the Mental Health Grant Program for Justice Involved Individuals (S.B. 292).**

Support Local Planning, Partnership and Education

1. Coordinate

- Strengthen behavioral health and justice partnerships through regular convening of a leadership team.
- Establish a taskforce to support data-driven action plan implementation.

2. Partner

- Identify opportunities to strengthen relationships with rural stakeholders (i.e. LE and LMHA).
- Learn from other similar sized counties and LMHA regions. implementing best practice models.

3. Train

- Train stakeholder groups on identifying, responding and effectively treating people with MI, SUD and IDD.

Build Upon Existing Efforts

Expand utilization of S.B. 292, LE and MH Co-Responder Model.

Increase HOTBHN Crisis Triage Center utilization through education and expansion of services.

Streamline sharing of 16.22 forms across court and judicial stakeholders.

Expand the HOTBHN reintegration program to further support reentry from rural county jails.

Increase use of alternatives to Inpatient Competency Restoration (i.e. OCR).

McLennan Region: Gaps, Opportunities and Best Practices

Participating Counties: McLennan, Bosque, Hill, Limestone, Falls and Freestone

Intercepts 0&1

Community Services, Crisis Services & Law Enforcement

Selected Gaps:

- Screening and coding for mental health (MH) crisis at 911 dispatch
- MH training for 911 dispatch and law enforcement (LE)
- Low utilization of crisis lines and MCOT in rural counties
- Limited affordable housing options for justice involved individuals
- Opportunities for LE drop off

Opportunities:

- Collect data on MH calls for service and identify opportunities to flag frequent callers
- Educate LE on crisis triage center and expand non-hospital medical clearance options
- Provide additional training on MH and intellectual and developmental disabilities (IDD) to 911 dispatch and LE
- Increase number of affordable housing options through landlord outreach

Intercepts 2&3

Initial Detention, Jails, & Courts

Selected Gaps:

- MH information obtained at booking is not shared across justice system stakeholders
- Substance use disorder (SUD) and MH services in rural county jails
- Long wait times for inpatient competency restoration services and under utilization of OCR
- Limited pre-trial services available
- Inconsistent use of CCP 16.22 process

Opportunities:

- Establish clear data sharing agreements between MH and justice stakeholders
- Consider telehealth opportunities to offer SUD and MH treatment in rural jails
- Provide training to court on alternatives to inpatient competency restoration and active forensic waitlist monitoring
- Use valid risk assessment to determine eligibility for pre-trial services

Intercepts 4&5

Reentry & Community Corrections

Selected Gaps:

- Case-management and re-entry planning in jail prior to an individuals release
- Staffing shortages for S.B. 292 co-responder program
- Limited amount of medications provided to individuals discharging from jail
- Limited space on specialized probation and parole caseloads

Opportunities:

- Provide reentry support to individuals prior to release
- Utilize peers to support community reentry
- Collaborate with rural stakeholders to plan for S.B. 292 and recruit staff
- Increase MH provider and probation coordination to improve delivery of community-based MH services

Best Practices at Each Intercept

Intercepts 0&1

MH Training for LE and 911 Dispatch

Police Coding of MH Calls

Police Referrals to Treatment

MH Diversion Centers

Intercepts 2&3

Jail-based SUD and MH Services

Active Forensic Waitlist Monitoring

Pre-trial Supervision and Diversion Programs

Intercepts 4&5

Robust in-reach reentry planning (psych medications, benefits coordination, peer-support)

Specialized MI, IDD and SUD Caseloads