



Sequential Intercept Model Mapping Report: Executive Summary

Montgomery and Walker Counties Roadmap

Community stakeholders can consider the following steps as a roadmap 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 Montgomery and Walker Counties Sequential Intercept Model (SIM) Report.

Invest in Strategic Priorities

Priority One: Plan for a regional diversion center

Priority Two: Expand training and specialized responses

Priority Three: Expand and enhance jail mental health and substance use treatment services

Support Local Planning, Partnership, and Education

Coordinate

- Strengthen behavioral health and justice partnerships through regular convening of a leadership team.
- Establish subcommittees dedicated to implementing the action plans.

Partner

- Identify opportunities to strengthen relationships with new stakeholders (e.g., housing partners, IDD service providers, jail mental health providers).
- Learn from other similar-sized counties implementing best practice models.

Train

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

Build Upon Existing Efforts

- Review diversion center models being implemented across the state and nation.
- Analyze crisis data to best match the mental health crisis co-response model to the needs of the community in Walker County.
- Leverage partner expertise to create relevant mental health trainings for 911 call takers, law enforcement, and correctional officers.
- Continue using the Behavioral Health and Suicide Prevention (BHSP) Taskforce to generate community engagement to inform and support system change.

Montgomery and Walker Counties Gaps, Opportunities, and Best Practices

Intercepts 0 and 1: Community Services, Crisis Services, and Law Enforcement

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"> Lack of multidisciplinary response team (MDRT) for mental health crisis in Walker County. Inconsistent coding of mental health crisis calls makes it difficult to quantify and compare crisis call data. Lack of diversion and sobering centers in both counties Limited diversionary potential as the existing crisis stabilization unit (CSU) is not designed to serve people with high acuity or severe symptoms. 	<ul style="list-style-type: none"> Develop a behavioral health leadership team in Walker County to help organize grant applications to fund the establishment of an MDRT. Leverage the BHSP Taskforce to collect and integrate crisis data from Tri-County Behavioral Health, law enforcement, hospitals, etc. Create a working group to improve access to and utilization of the CSU, including locating a more appropriate facility and expanding capacity for law enforcement-led diversion. Continue working across county lines to establish a regional diversion center. 	<ul style="list-style-type: none"> Mental health training for law enforcement and 911 dispatch. Police referrals to treatment. Police coding of mental health calls. Mental health and SUD diversion centers.

Intercepts 2 and 3: Initial Detention, Jails, and Courts

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"> No forensic team in Walker County. No jail-based competency restoration 	<ul style="list-style-type: none"> Establish a county forensic team in Walker County. Identify the steps 	<ul style="list-style-type: none"> Consistent screening for MI, SUD, and/or IDD. Active forensic waitlist monitoring.

Selected Gaps	Opportunities	Best Practices
<p>(JBCCR) program in either county.</p> <ul style="list-style-type: none"> No court-ordered medications (COM) in either county. Limited sharing of Texas Code of Criminal Procedure (CCP) Article 16.22 reports in Walker County. 	<p>necessary to implement a JBCCR program in Montgomery County.</p> <ul style="list-style-type: none"> Explore training and technical assistance regarding COM. Convene a workgroup in Walker County to create and document a CCP Article 16.22 workflow. 	<ul style="list-style-type: none"> Pre-trial supervision and diversion programs. Jail-based SUD and mental health services.

Intercepts 4 and 5: Reentry and Community Corrections

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"> Limited reentry support planning in both counties. Limited affordable housing in both counties. Limited ICF/IDD group home resources across both counties. Limited access to services in rural parts of both counties. 	<ul style="list-style-type: none"> Consider current partnerships for housing and initiate an organized effort across housing partners to apply for additional housing funds. Explore community partnerships to expand service availability for people on parole and probation in both counties. Continue work to embed a reentry caseworker or a mental health professional in Walker County Jail. Explore novel options to support people with IDD. 	<ul style="list-style-type: none"> Reentry planning (e.g., psychotropic medications, benefits coordination, and peer support). Specialized MI, SUD, and/or IDD caseloads. Police coding of mental health calls. Mental health and SUD diversion centers.