

Sequential Intercept Model Mapping Report: Brown County

Texas Health and Human Services
December 2025

Workshop Dates: February 27-28, 2025



TEXAS
Health and Human
Services

Table of Contents

Background.....	3
Acknowledgements	3
About the Texas Behavioral Health and Justice Technical Assistance Center.....	4
Recommended Citation	4
Introduction.....	5
Sequential Intercept Model Map for Brown County	7
Opportunities and Gaps at Each Intercept.....	8
Intercept 0 and Intercept 1	9
Intercept 2 and Intercept 3	12
Intercept 4 and Intercept 5	15
Priorities for Change	19
Strategic Action Plans	20
Priority One: Plan for a Diversion Center	21
Priority Two: Implement CCP Article 16.22 Process	23
Priority Three: Expand Housing Options for People Who Are Justice-Involved ...	24
Priority Four: Develop an Interagency Community Resource Directory.....	26
Resources to Support Action Plan Implementation	27
Task Force and Networking	27
Communication and Information Sharing	27
Boundary Spanner	27
Local Champions	27
Ability to Measure Outcomes	28
Peer Involvement	28
Behavioral Health Leadership Teams.....	28
Plan for a Diversion Center	29
Best Practices	29
County Spotlights	29
Key Resources	29
Implement CCP Article 16.22 Process	30
Best Practices	30
Key Resources	30
Expand Housing Options for People Who Are Justice-Involved	31
Best Practices	31
Key Resources	31

Develop an Interagency Community Resource Directory	32
Best Practices	32
County Spotlight.....	32
Key Resource.....	32
Appendix A. Brown County SIM Workshop Agenda	33
Appendix B. Sequential Intercept Model Map for Brown County, February 2025	37
Community Public Health and Support Services	37
Intercept 0: Hospital, Crisis Respite, Peer, and Community Services	38
Intercept 1: Law Enforcement and Emergency Services	39
Intercept 2: Initial Detention and Initial Court Hearings	39
Intercept 3: Jails and Courts	40
Intercept 4: Reentry	41
Intercept 5: Community Corrections and Community Supports.....	41
Appendix D. Impact Measures.....	42
Appendix E. Texas and Federal Privacy and Information Sharing Provisions	44
Mental Health Record Protections	44
Substance Use Disorder Records Protections:	48
Appendix F. Six Steps to Establishing a Jail In-Reach Program.....	49
1. Establish a County Forensic Team:.....	49
2. Review Local Waitlist Data:	49
3. Document Diversion and Competency Workflows:	49
4. Ensure Access to Medication:	50
5. Coordinate Regular Waitlist Monitoring Meetings:	50
6. Explore Competency Restoration Options:	50
Appendix G. Resources for Law Enforcement During a Behavioral Health Crisis Flowchart	51
Resources for Law Enforcement During a Behavioral Health Crisis.....	52
Appendix H. SIM Mapping Workshop Participant List.....	54
Appendix I. List of Acronyms and Initialisms	61

Background

Acknowledgements

This report was prepared by the Texas Health and Human Services Commission (HHSC) and the Texas Institute for Excellence in Mental Health (TIEMH). The workshop was convened by Jonathan Harvey, Director of Forensic Services at Center for Life Resources (CFLR). The planning committee members included:

- Amber Boswell, Director of Adult Probation, Brown and Mills Counties Community Supervision and Corrections Department
- Carina Mares, Director of Crisis Services and Texas Correctional Office on Offenders with Medical and Mental Impairments, CFLR
- Ed Kading, Police Chief, Brownwood Police Department
- Greg Parrott, Mental Health Deputy, Brown County Sheriff's Office
- Jonathan Harvey, Director of Forensic Services, CFLR
- Judge Mike Smith, 35th District Court
- Vance Hill, Sheriff, Brown County Sheriff's Office
- Dion White, Chief Executive Officer, CFLR
- Joey Smith, Chief of Adult Behavioral Health, CFLR
- Elisha Bird, First Assistant District Attorney, 35th District Attorney's Office
- Jory Lee, Chief Operating Officer, Hendrick Medical Center Brownwood
- Jessica Connell, Chief Nursing Officer, Hendrick Medical Center Brownwood
- Jennifer Broughton, County Attorney, Brown County
- Mica Allgood, Market Development Director, Oceans Behavioral Health - Abilene
- Jill Evans, Marketing Director, Accel Health

The planning committee members played a critical role in making the Brown County Sequential Intercept Model (SIM) mapping workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Catherine Bialick, M.P.Aff.; Michelle Collins, M.P.A., M.A.C., LPC; Suzie Brady, M.M.T.; Lytton St. Stephen, B.A., M.P.A. (expected completion December 2025).

About the Texas Behavioral Health and Justice Technical Assistance Center

The Texas Behavioral Health and Justice Technical Assistance Center (TA Center) provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with a mental illness (MI), substance use disorder (SUD), and/or intellectual and developmental disability (IDD). Established in 2022, the TA Center is supported by HHSC and provides free training, guidance, and strategic planning support, both in person and virtually, on a variety of behavioral health and justice topics to support local agencies and communities working collaboratively across systems to improve outcomes for people with MI, SUD, and/or IDD.

The TA Center, on behalf of HHSC, has adopted the SIM as a strategic planning tool for the state and communities across Texas. The TA Center hosts SIM mapping workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with MI, SUD, and/or IDD, when appropriate, away from the justice system into clinically appropriate services. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have access to the SIM and SIM mapping workshops.

The TA Center collaborates with TIEMH to facilitate SIM workshops. TIEMH strengthens behavioral health systems by conducting research, supporting implementation, training workforces, and advising policy. TIEMH's expertise in these areas advances the TA Center's initiatives through their collaboration in helping communities bridge mental health and justice systems and driving systems level change.

Recommended Citation

Texas Health and Human Services Commission. 2025. *Sequential intercept model mapping report for Brown County*. Austin, TX: Texas Health and Human Services Commission.

Introduction

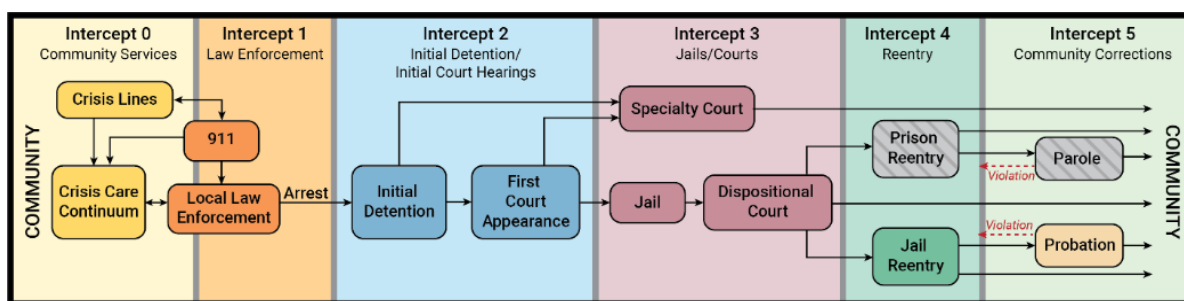
The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change.¹ These activities are best accomplished by a team of stakeholders across multiple systems, including mental health, substance use, law enforcement, jails, pre-trial services, courts, community corrections, housing, health, and social services. They should also include the participation of people with lived experience, family members, and community leaders.

The SIM is a strategic planning tool that maps how people with behavioral health needs encounter and move through the criminal justice system within a community. Through a SIM mapping workshop, facilitators and participants identify opportunities to link people with MI, SUD, and/or IDD to services and prevent further penetration into the criminal justice system.

The SIM mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with MI and co-occurring SUDs move through the justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps and opportunities at each intercept for people in the target population.
3. Development of strategic priorities for activities designed to improve system and service level responses for people in the target population.

¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.



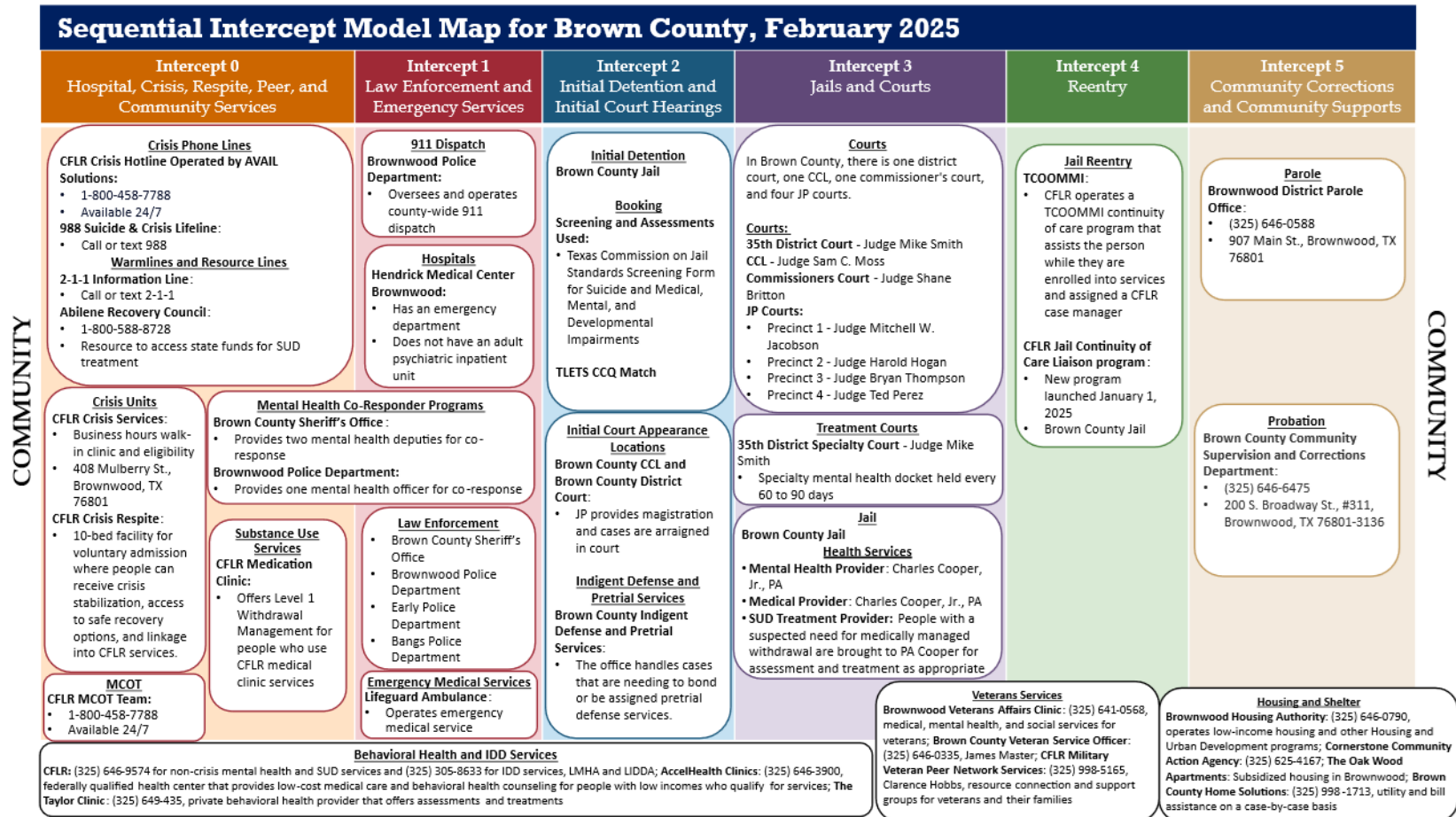
© 2019 Policy Research Associates, Inc.

In 2025, Brown County conducted a SIM mapping workshop to foster behavioral health and justice collaborations and to improve diversion efforts for people with MI, SUD, and/or IDD. The SIM workshop was divided into three sessions: 1) Introductions and overview of the SIM; 2) Developing the local map; and 3) Action planning. The workshop took place on February 27-28, 2025, in Brownwood, Texas. See [Appendix A](#) for detailed workshop agenda.



Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the February 2025 Brown County SIM mapping workshop. Report authors aim to capture a robust picture of services offered in Brown County, while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not HHSC.

Sequential Intercept Model Map for Brown County



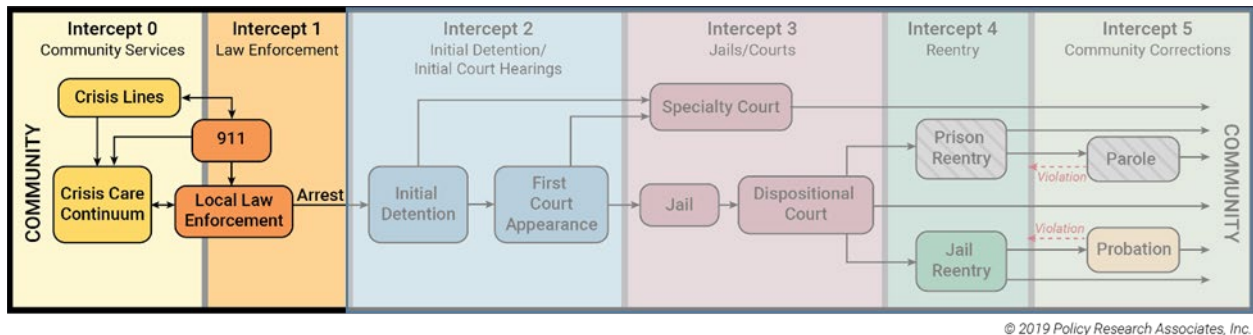
See [Appendix B](#) for detailed description. See [Appendix H](#) for full list of acronyms and initialisms.

Opportunities and Gaps at Each Intercept

As part of the mapping activity, facilitators helped workshop participants to identify key services, stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of justice and behavioral health services systems. The opportunities and gaps identified provide contextual information for understanding the local map. The catalogue below was developed during the workshop by participants and can be used by policymakers and systems planners to improve public safety and public health outcomes for people with MI, SUD, and/or IDD by addressing gaps and leveraging opportunities in the service system.



Intercept 0 and Intercept 1



Overview: Intercepts 0 and 1

Intercept 0 encompasses the early intervention points for people with MI, SUD, and/or IDD prior to possible arrest by law enforcement. It captures systems and services designed to connect people with treatment before a crisis begins or at the earliest possible stage of interaction with the behavioral health service system.

Intercept 1 encompasses initial contact with law enforcement and other emergency services responders. Law enforcement officers have considerable discretion in responding to a situation in the community involving a person with MI, SUD, and/or IDD who may be engaging in criminal conduct, experiencing a mental health crisis, or both. Intercept 1 captures systems and programs that are designed to divert people away from the justice system and toward treatment when safe and feasible.

National and State Best Practices

Someone to Call

- Local mental health authority (LMHA) or local behavioral health authority (LBHA) crisis lines
- 988 Suicide & Crisis Lifeline
- Outreach, Screening and Assessment Referral line for SUD treatment
- 911 crisis call diversion to the LMHA or LBHA crisis line

A Place to Go

- Crisis respite units and peer-run respite
- Extended observation units and crisis stabilization units

- Intensive outpatient programs and partial hospitalization programs
- SUD treatment centers

Someone to Respond

- Mobile crisis outreach teams (MCOT)
- Peer-operated crisis response support
- Homeless outreach teams
- Mental health deputies
- Law enforcement and mental health co-responder teams
- Multi-disciplinary response teams
- Remote co-responder programs

Targeted Programs

- Multi-system frequent utilizers diversion
- Substance use-focused diversion
- Veterans
- Children- and youth-specific crisis services
- People with IDD

Data Sharing

- Establish essential data measures
- Information sharing to support crisis response and continuity of care
- Dispatch and police coding of mental health calls

Tailored Trainings

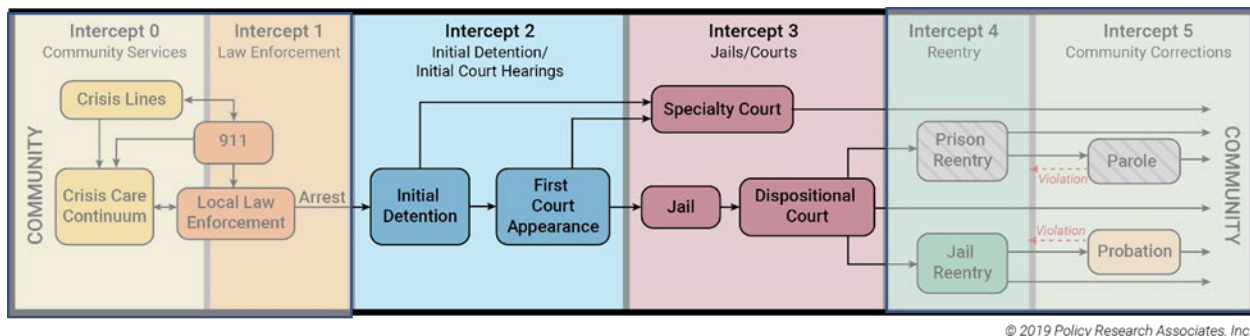
- Crisis Intervention Team (CIT) training
- Mental Health First Aid (MHFA) training
- Applied Suicide Intervention Skills Training (ASIST)
- Assess, Support, Know (AS+K): Suicide Training
- Trainings designed for law enforcement, dispatchers, and behavioral health professionals

Brown County Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> Brown County lacks critical infrastructure for behavioral health treatment, including inpatient psychiatric and SUD care, detox options, and a designated diversion center. 	<ul style="list-style-type: none"> Initiate a capital campaign and regional partnerships to build or enhance inpatient psychiatric, detox, and crisis diversion services locally, including the potential development of a crisis response team or 24/7 drop-off center.
<ul style="list-style-type: none"> Limited transportation resources and unclear implementation of Texas Code of Criminal Procedures (CCP) Article 16.22 create delays in psychiatric evaluation and access to appropriate services, often requiring travel across the state. 	<ul style="list-style-type: none"> Develop a transportation coordination plan, enhance field-based psychiatric consultation (e.g., telehealth), and formalize CCP Article 16.22 implementation to ensure timely evaluation and connection to care from jail or field settings.
<ul style="list-style-type: none"> System-wide communication and coordination are inconsistent, including confusion with emergency detention orders, limited referral pathways, and insufficient data sharing. 	<ul style="list-style-type: none"> Standardize emergency detention order protocols, create a centralized resource list, develop shared referral tools, and strengthen interagency memorandums of understandings and information-sharing agreements.
<ul style="list-style-type: none"> There is a persistent shortage of trained personnel across sectors, especially in jail-based mental health response, behavioral health crisis identification, 911 dispatch, and emergency medical services capacity. 	<ul style="list-style-type: none"> Invest in interdisciplinary training for first responders, justice professionals, dispatch, and emergency medical support, including topics like MI, SUD, IDD, and trauma-informed care.
<ul style="list-style-type: none"> Prevention and early intervention efforts are limited, especially for youth and high-risk adults, and services for victims are not well integrated into the behavioral health response system. 	<ul style="list-style-type: none"> Expand behavioral health services across schools and early contact points; integrate victim resources and trauma recovery into early intervention models.
<ul style="list-style-type: none"> People in need often face fragmented or inaccessible care pathways during crisis, reentry, or housing instability, and caregivers lack adequate support. 	<ul style="list-style-type: none"> Expand peer support, jail navigators, and housing incentives for justice-involved people; promote caregiver wellness through community education and support services.

Gaps	Opportunities
<ul style="list-style-type: none"> Public awareness, cross-sector collaboration, and strategic planning are limited, which undermines system integration and resource development. 	<ul style="list-style-type: none"> Establish a coordinated behavioral health leadership body to oversee SIM priorities, facilitate collaboration, guide funding pursuits, and engage the public in awareness efforts.

Intercept 2 and Intercept 3



Overview: Intercepts 2 and 3

After a person is arrested, they move to Intercept 2 of the model. At Intercept 2, a person is detained by law enforcement and faces an initial hearing presided over by a judge or magistrate. This is the first opportunity for judicial involvement, including interventions such as intake screening, early assessment, appointment of counsel, and pre-trial release for those with MI, SUD, and/or IDD.

During Intercept 3 of the model, people with MI, SUD, and/or IDD may be held in pre-trial detention at a local jail while awaiting the disposition of their criminal case.

National and State Best Practices

Jail Minimum Requirements

- Validated screening instruments
- Access to 24/7 telepsychiatry
- Access to prescription medications
- Texas Commission on Jail Standards Screening

Information Sharing

- Regular jail meetings
- Use of the Texas Law Enforcement Telecommunication System (TLETS) Continuity of Care Query (CCQ)
- Information sharing and analysis
- CCP Article 16.22 reports

Specialty Courts

- Drug courts
- Veterans treatment courts
- Mental health courts

Jail-Based Services

- Mental health services
- SUD treatment
- Partnerships with community-based providers
- Use of jail liaisons and in-reach coordinators

Special Populations

- Veterans
- People determined incompetent to stand trial
- Frequent utilizers
- People with IDD

Diversion After Booking

- Mental health bonds
- Specialized public defender programs
- Assisted Outpatient Treatment
- Robust pre-trial services
- Prosecutor-led diversion programs

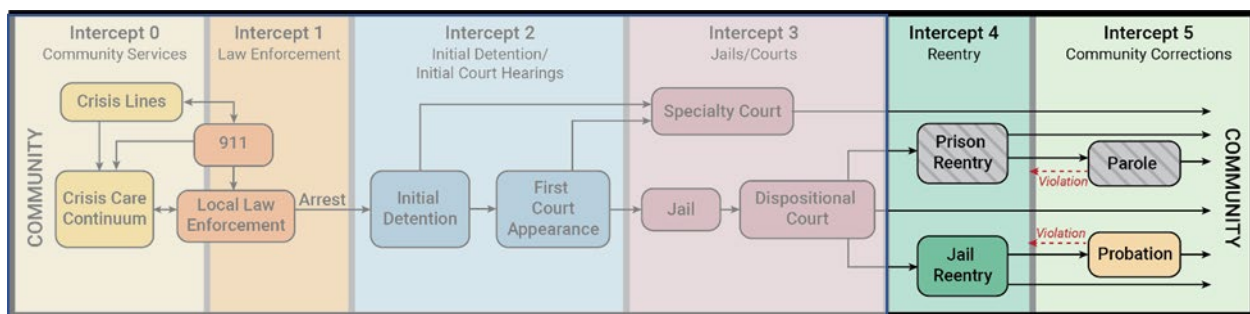
See [Appendix F](#) for steps to establishing a jail in-reach program.

Brown County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none">There are long delays for inpatient competency restoration, and current processes do not adequately address mental health wellness post-restoration.	<ul style="list-style-type: none">Implement the CCP Article 16.22 process consistently and expand jail-based behavioral health services to include ongoing treatment, therapy, and telehealth.
<ul style="list-style-type: none">Brown County lacks formal post-booking and pre-trial diversion programs, limiting opportunities for alternatives to incarceration for people with behavioral health needs.	<ul style="list-style-type: none">Plan for a diversion center and formalize post-booking diversion programs; explore pre-trial diversion options in partnership with the courts and District Attorney's office.
<ul style="list-style-type: none">Housing barriers prevent effective implementation of mental health bonds and reentry success for people who are justice-involved with mental health concerns.	<ul style="list-style-type: none">Expand housing options for people who are justice-involved, including sober living and transitional housing, with support from landlords and faith-based organizations.
<ul style="list-style-type: none">Continuity of care after jail release is inconsistent, with limited follow-up for medication access, therapy, or support services.	<ul style="list-style-type: none">Bolster reentry planning and coordination by leveraging jail navigators, ensuring benefit continuity, and promoting caregiver and family support post-release.
<ul style="list-style-type: none">Jail environments often worsen mental health issues due to prolonged detention, isolation for safety, or refusal of medication.	<ul style="list-style-type: none">Expand training for justice professionals and jail staff on MI, SUD, and IDD; incorporate trauma-informed practices and specialized response options.
<ul style="list-style-type: none">There is a lack of accessible information and real-time updates on available community resources for stakeholders and families.	<ul style="list-style-type: none">Develop a comprehensive resource list and create a public-facing website to coordinate community referrals and increase access to services.
<ul style="list-style-type: none">Behavioral health services in the jail are often limited to screening and crisis assessment, with few treatment options during incarceration.	<ul style="list-style-type: none">Expand mental health and SUD and services in the jail to include inpatient treatment, detoxification, medication-assisted treatment, and peer support.

Gaps	Opportunities
<ul style="list-style-type: none"> Court stakeholders (e.g., prosecutors, defense counsel) lack adequate training in mental health-related legal processes, including nuances in dangerous designations. 	<ul style="list-style-type: none"> Expand training for prosecutors and defense counsel on behavioral health, CCP Article 16.22 implementation, and Health and Safety Code requirements such as emergency detention procedures.
<ul style="list-style-type: none"> People with MI or IDD are not being consistently identified at early stages, leading to missed diversion and treatment opportunities. 	<ul style="list-style-type: none"> Expand prevention and early intervention services by improving screening and identification at jail intake and conducting mental health screenings for youth and adults.
<ul style="list-style-type: none"> There is not a unified body overseeing behavioral health strategies across systems, reducing collaboration and coordinated response. 	<ul style="list-style-type: none"> Establish a behavioral health coordinated body to increase collaboration, data sharing, and alignment across justice, health, and social service sectors.
<ul style="list-style-type: none"> Victims and caregivers impacted by behavioral health crises in the justice system lack coordinated support services. 	<ul style="list-style-type: none"> Expand victim resources and promote care for caregivers through partnerships with courts, community programs, and peer and family support initiatives.

Intercept 4 and Intercept 5



© 2019 Policy Research Associates, Inc.

Overview: Intercepts 4 and 5

At Intercept 4, people plan for and transition from jail or prison into the community. A well-supported reentry process uses assessments to identify individual needs and risk factors for reoffending. Collaborative case management strategies recruit stakeholders from the local mental health system, jail, community corrections (i.e., parole and probation), nonprofits, and other social service providers to meet needs identified through the use of evidence-based assessment tools.

People under correctional supervision, Intercept 5, are usually on probation or parole as part of their sentence, participating in a step-down process from prison, or complying with other statutory requirements. The last intercept of the model aims to combine justice system monitoring with person-focused service coordination to establish a safe and healthy post-criminal justice system lifestyle.

National and State Best Practices

Transition Planning

- Begins at intake
- Should involve community-based service providers
- Involves peer support services

Release

- Release time
- Transportation
- Access to medication

Community Partnerships

- Frequent communication between community behavioral health providers and probation officers
- Access to recovery supports

Appointment Follow-up

- Psychiatric medications
- Peer support services
- Scheduling appointments instead of giving referrals
- Transportation

Specialized Caseloads

- Mental health caseloads

Training and Education

- Crisis intervention training
- MHFA training

Brown County Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none">• People returning from incarceration often lack reentry support and continuity of care, increasing risk of recidivism and behavioral health relapse.	<ul style="list-style-type: none">• Incorporate peers into reentry programs and expand community support services post-release to promote recovery and reduce recidivism.
<ul style="list-style-type: none">• Housing instability continues to be a barrier for successful reentry and supervision completion, especially for people with IDD.	<ul style="list-style-type: none">• Expand transitional and community-based supportive housing options, including partnerships with non-traditional housing and local stakeholders.
<ul style="list-style-type: none">• Communication and coordination between parole, probation, and community providers is limited, impeding access to resources and supervision success.	<ul style="list-style-type: none">• Increase communication and information sharing between supervision entities and providers and hold routine stakeholder meetings to align efforts.
<ul style="list-style-type: none">• Lack of IDD identification, data tracking, and early testing delay access to needed services and wraparound supports.	<ul style="list-style-type: none">• Strengthening early intervention and prevention efforts by connecting with a local intellectual and developmental disability authority (LIDDA) building IDD data systems and coordinating guardianship support.
<ul style="list-style-type: none">• Families and caregivers often lack training, support, and resources to navigate reentry and long-term behavioral health conditions.	<ul style="list-style-type: none">• Promote care for caregivers by providing education, training on relationship skills, and access to adult-based family partner programs.
<ul style="list-style-type: none">• Resource loss in rural areas and limited awareness of existing services hinder community reintegration.	<ul style="list-style-type: none">• Develop resource mapping and a centralized contact list to improve awareness and access and leverage local programs like West Central Texas Council of Governments or training.
<ul style="list-style-type: none">• People under community supervision experience medication disruptions and inconsistent service access during transitions.	<ul style="list-style-type: none">• Support medication continuity and reassessment during supervision and parole to ensure behavioral health stability and service connection.

Gaps	Opportunities
<ul style="list-style-type: none"> • Victim needs and trauma recovery are not consistently addressed during or after reentry processes. 	<ul style="list-style-type: none"> • Expand victim resources and integrate trauma-informed approaches into reentry planning to support both justice-involved persons and affected victims.
<ul style="list-style-type: none"> • Transportation barriers prevent people from accessing post-release services, supervision meetings, and health care. 	<ul style="list-style-type: none"> • Expand transportation options and explore partnerships with community organizations to support mobility during reentry and supervision.

Priorities for Change

The priorities for change were determined through a voting process. Following completion of the SIM mapping exercise, the workshop participants defined specific activities to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once priorities were identified, participants voted on their top priorities. The voting took place on February 27, 2025. The top four priorities identified by stakeholders are highlighted in bold text below. The workgroup changed the wording for the fourth priority to better reflect the intended purpose and goals. The edited name is reflected in this report.

Rank	Priority	Votes
1	Plan for a diversion center.	50
2	Implement CCP Article 16.22 process.	25
3	Expand housing options for people who are justice-involved.	21
4	Develop an interagency community resource directory.	18
5	Establish a behavioral health coordinated body to increase collaboration and communication.	14
6	Expand training for first responders and justice professionals on MI, SUD and IDD.	13
7	Expand specialized response options (e.g., crisis response teams).	11
8	Expand victim resources.	10
9	Promote care for caregivers.	10
10	Expand peer support and family services.	7
11	Develop a comprehensive resource list and explore ways to coordinate community referrals.	7
12	Increase data collection and information sharing across agencies (e.g., memorandums of understanding, releases of information).	7
13	Explore and educate on policies (e.g., emergency detention orders, medically unstable patients).	6
14	Expand SUD services (e.g., inpatient treatment, medication-assisted treatment, detoxification).	5
15	Bolster reentry planning and coordination.	2

Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top three priorities for change. This section includes action plans developed by Brown County stakeholder workgroups, as well as additional considerations from HHSC on resources and best practices that could help inform implementation of each action plan. The following publications are also helpful resources to consider when addressing issues at the intersection of behavioral health and justice in Texas:

- [All Texas Access Report](#), HHSC
- [A Guide to Understanding the Mental Health System and Services in Texas](#), Hogg Foundation for Mental Health
- [Texas Statewide Behavioral Health Strategic Plan](#), Texas Statewide Behavioral Health Coordinating Council
- [The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Fourth Edition, Judicial Commission on Mental Health (JCMH)

Finally, there are two overarching issues that should be considered across all action plans outlined below. The first is **access**. While the focus of the SIM mapping workshop is people with behavioral health needs and/or IDD, disparities in healthcare access and criminal justice-involvement can also be addressed to ensure comprehensive system change.

The second is **trauma**. It is estimated that 90 percent of people who are justice-involved have experienced traumatic events at some point in their life.^{2,3} It is critical that both the health care and criminal justice systems be trauma-informed and that access to trauma screening and trauma-specific treatment is prioritized for this population. A trauma-informed approach incorporates three key elements: 1) Realizing the prevalence of trauma; 2) Recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce; and 3) Responding by putting this knowledge into practice. See [Trauma-Informed Care in Behavioral Health Services](#).

² Gillece, J.B. (2009). Understanding the effects of trauma on lives of offenders. Corrections Today.

³ Steadman, H.J. (2009). [Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative]. Unpublished raw data.

Priority One: Plan for a Diversion Center

Objective	Action Steps
Develop a diversion center planning group.	<ul style="list-style-type: none"> The action committee lead will identify a re-occurring meeting date and time. Use the TA Center's Planning for Diversion Workbook as a touchpoint to inform and guide the planning groups next steps along the way.
Explore models of successful diversion center implementations in other Texas counties.	<ul style="list-style-type: none"> Plan site visits to diversion centers in Texas counties with similar communities and financial structures as Brown County including: <ul style="list-style-type: none"> ▶ Bell County; ▶ Collin County; ▶ Dallas County; ▶ Howard County; ▶ McLennan County; and ▶ Williamson County.
Assess current programs and collect data to support program expansion.	<ul style="list-style-type: none"> Use data to justify expanding diversion programming, analyzing psychiatric emergency treatment centers, law enforcement, hospital, jail, and MCOT data for Brown County. Consult the Planning for Diversion Workbook from the TA Center for guidance on how to use cost calculations and data collection and analysis to support the case for a diversion center. Quantify costs of existing programs and their impact on reducing expenses for system stakeholders (e.g., county jail, private and public hospitals). Identify key data points to demonstrate community need and benefits of a diversion center. Establish leadership or a responsible entity to collect and report data from district and county judges, law enforcement, fire departments, medical facilities, federally qualified health centers, dispatch, jails, and Council of Governments from the surrounding seven counties. Determine the required capacity for a diversion center based on collected data and community needs.

Objective	Action Steps
Collect letters of support from the community.	<ul style="list-style-type: none"> • Identify community partners and key stakeholders from whom a letter of support is needed: <ul style="list-style-type: none"> ▶ Law enforcement; ▶ Hospital; ▶ AccelHealth; ▶ Judiciary; and ▶ Others as determined appropriate. • Develop a one-pager on the diversion center that outlines its vision, key goals, and supporting data to help community stakeholders understand the need for the center. References to utilize include: <ul style="list-style-type: none"> ▶ The Bell County SIM Report (Appendix B: Bell County Diversion Center Proposal) and ▶ Collin County Funding Proposal. • Assign members of the action committee to reach out to those entities from which a letter of support is needed.
Identify location and determine the spectrum of clinical and medical services needed for the diversion center.	<ul style="list-style-type: none"> • Identify a central location in the local services area for the proposed diversion center, considering the current population distribution and areas of anticipated growth. • Consider what services are needed at the center, thinking about community needs for mental health treatment, substance use treatment, and crisis stabilization. • Consider how trauma-informed care can be integrated into each step of the crisis process.

Team Lead: Dion White

Workgroup Members: Jocelyn Boland, Charlie Carlton, Jennifer Cook, Tony Cruz, Jr., Nicole Griffin, Irene Laurance, Miranda Lowrey, Ranita Oliver, Melinda Rowland, Cassi Stewart, Justin Storch, Patricia Strefling, Joey Smith, Marisa Trevino

Priority Two: Implement CCP Article 16.22 Process

Objective	Action Steps
Identify a qualified mental health professional to complete CCP Article 16.22 mental health evaluation in the jail.	<ul style="list-style-type: none"> • Check with jail navigator to clarify the process that will take place once the jail receives the CCP Article 16.22 order from the magistrate. • Consider incorporating the questionnaire currently used by the jail navigator for people with mental health flags.
Communicate and educate magistrates and justices of the peace (JPs) on CCP Article 16.22 process.	<ul style="list-style-type: none"> • Arrange a meeting with magistrates and JPs in Brown and Mills counties to inform them of the CCP Article 16.22 process and the plan to implement it in their counties. • Invite the director of forensic services at CFLR to this meeting. • Designate a magistrate to handle all CCP Article 16.22 cases.
Build standardized mental health bond conditions.	<ul style="list-style-type: none"> • Schedule a meeting to discuss bond conditions and designate action committee members to work on identified areas of collaboration. • Review JCMH's forms database for reference documents. • Meet with representatives in comparable counties such as Navarro, Taylor, Hale, Tom Green, and Erath to discuss how they implemented the CCP Article 16.22 process and any standardized mental health bond conditions they have in place for specialized cases. Coordinate with an indigent defense coordinator. • Provide the sample bond condition form to magistrates. Ask other counties if they have an example. Reference the example provided in the JCMH Texas CCP Art. 16.22 Guide.

Team Lead: Judge Mike Smith

Workgroup Members: Josh Barron, Amber Boswell, DeAnne Edwards, Les Karnes, Cara Landers, Carina Mares, Clairissa Piper, Anthony Pool, James Purcell, Nita Richardson, Misti Till

Priority Three: Expand Housing Options for People Who Are Justice-Involved

Objective	Action Steps
Coordinate with community providers to assess need through data collection.	<ul style="list-style-type: none"> • Probation office will collect data for the number of people released on probation with MI and a housing need. • Parole office will collect data for the number of people released on parole with MI and a housing need.
Identify funding opportunities for transitional housing programs for people with MI released on parole or probation with a housing need.	<ul style="list-style-type: none"> • Meet with local stakeholders and discuss existing funding opportunities. • Explore available grant funding opportunities. • Use collected data to support funding applications. • Designate a stakeholder or smaller group to apply for state and national grant opportunities.
Identify potential locations or landlords willing to provide options for transitional housing.	<ul style="list-style-type: none"> • Meet with county commissioners to speak to them about property tax breaks as a landlord incentive. • Explore availability of existing buildings to support transitional housing. • Conduct landlord outreach and engagement to increase the likelihood that landlords will accept people with prior justice involvement and who have complex behavioral health needs.
Plan and organize a capital campaign to raise funding and increase community buy-in.	<ul style="list-style-type: none"> • Identify community stakeholders that would be interested in learning about the initiative and who might be able to offer help or resources in various capacities (e.g., professional volunteers for program services, social service agencies, landlords). The campaign may take the form of presentations to organizations and individuals or a community fair.

Objective	Action Steps
Explore model programs working to end homelessness in other Texas counties.	<ul style="list-style-type: none"> • Taylor County and Lubbock County are currently involved in the Built for Zero initiative, a national change effort working to help communities end veteran and chronic homelessness. Community Solutions reports that Abilene, TX has achieved the milestone of ending both veteran and chronic homelessness. Adapting this model to address housing for the justice-involved population in Brown County could present an opportunity to tackle this issue. • Cities in Texas have developed landlord outreach and incentive programs to expand housing options for people who are justice-involved. The Ending Community Homelessness Organization (ECHO), the homeless continuum of care for the Austin and Travis County area, built a robust landlord outreach and engagement program that includes quickly filling vacancies and risk mitigation funds. Brown County could explore and adapt what ECHO has done to strengthen partnerships with landlords and property owners to increase access to housing for people with justice involvement. • The Austin/Travis County Reentry Roundtable published Locked Out: Criminal History Barriers to Affordable Rental Housing in Austin & Travis County, Texas report in 2016, but the information is relevant and will provide a good foundation on key barriers and recommendations in working toward addressing housing for people who are justice-involved.

Team Lead: Victoria Crooks and Ashley Pruitt

Workgroup Members: Mica Allgood, Amber Boswell, Gladys De La Cerda, Shane Easley, Lexi Ewen, Eric Hicks, Sissy Keith, Taylor Kent, Amalia Martinez, Haley Porter, Nita Richardson, Tarino Russell, Destiny Sharp, David Smith, James Wells, Jennifer Williams

Priority Four: Develop an Interagency Community Resource Directory

Objective	Action Steps
Broaden reach and engagement of current community interagency association group.	<ul style="list-style-type: none"> • Collect resource lists and explanation of services. • Identify community resources not connected to the current community interagency association group. • Consider organizations outside the behavioral health community that may be a source of support such as 2-1-1 or Brown County United Way. • Explore condensing this workgroup with the already established community interagency association group.
Create a broadly accessible resource list.	<ul style="list-style-type: none"> • Utilize the resource map put together for the Brown County SIM workshop as a jumping off point for resources already available in the county. • Identify and connect justice-involved and community resources and services. • Identify and secure a way to dispense the resources (e.g., online, paper, or mobile application). For examples of how other counties have addressed this issue, see: <ul style="list-style-type: none"> ▶ Williamson County's Healthy Williamson County website; and ▶ Potter and Randall County's Panhandle Mental Health Guide website.

Team Lead: Jonathan Harvey

Workgroup Members: Jonna Acosta, Sadie Bolton, Jayme Bowman, Maggie Brennan, Starsha Brown, Leticia Esquivel, Daniel Graham, Jody Horton, Patrick Howard, Cheryl Jones, Sissy Keith, Jory Lee, Clairissa Piper, Ciera Ray, David Reid, David Smith, Veronica Smith, Helen Spearman, Alvin Stewart, Jared Trowbridge

Resources to Support Action Plan Implementation

SIM workshops are just the first step in implementing lasting change for communities. The following resources and recommendations have been developed based on national research and lessons learned from other Texas counties. Brown County stakeholders may consider these as they implement action plans developed during the SIM workshop.

Task Force and Networking

Frequent networking between systems can bolster sharing best practices and innovative adaptations to common problems (Steadman, Case, Noether, Califano, & Salasin, 2015).

Communication and Information Sharing

Misunderstanding data protection laws can inhibit continuity of care planning, potentially resulting in a lack of treatment connection post-release (McCarty, Rieckmann, Baker, & McConnell, 2017).

Boundary Spanner

A champion with 'boots-on-the-ground' experience working in multiple systems can enhance local coordination and service delivery. Boundary spanners can use their knowledge to advocate for people at key junctures in the criminal legal system (e.g., bond hearings, sentencing, or enrollment in specialty programs) (Steadman, 1992; Pettus & Severson, 2006; Munetz & Bonfine, 2015).

Local Champions

Interdisciplinary work benefits from strong, localized leadership to envision and enact change beyond traditional confines of a segmented system (Hendy & Barlow, 2012).

Ability to Measure Outcomes

Strategic planning at a county level is best informed by local data and having internal mechanisms to track outputs and outcomes (National Association of Counties, The Council of State Governments, and American Psychiatric Association, 2017).

Peer Involvement

There is substantial and growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes. Peers are commonly found working in the community or with service providers, and stakeholders should consider how peers can be most effective within the criminal justice system.

Behavioral Health Leadership Teams

Establishing a team of county behavioral health and justice system leaders to lead policy, planning, and coordination efforts for people with behavioral health needs creates an opportunity for system-wide support of identified behavioral health and justice system priorities.

Plan for a Diversion Center

Best Practices

- Leverage existing efforts to promote diversion and identify opportunities to scale up existing services.
- “No wrong door” policies ensure people brought to the center are accepted so that utilization of the center is encouraged.
- Holistic services such as linkages to housing, primary care, and longer-term substance use recovery and psychosocial rehabilitation can help reduce criminogenic risk and stress associated with substance use disorders.
- Crisis diversion facilities are a physical manifestation of a community’s crisis care continuum. Facilities work in conjunction with crisis lines, walk-in services, co-responder models, police officers, specialty courts, and MCOTs.

County Spotlights

- [Bell County Host Planning Event for Diversion Center](#)
- [The Harris Center for Mental Health and IDD Judge Ed Emmett Mental Health Jail Diversion Center](#)
- [Tarrant County Mental Health Diversion Center](#)
- [Williamson County: Cedar Park, Leander Providers Aim to Address Mental Health](#)

Key Resources

- [Implementing a Mental Health Diversion Program: A Guide for Policy Makers and Practitioners](#) from Justice System Partners and the Harris Center for Mental Health and IDD
- [Police-Mental Health Collaboration Toolkit](#) from the Bureau of Justice Assistance

Implement CCP Article 16.22 Process

Best Practices

- Treatment courts can be utilized by judges to connect people with appropriate treatment, community services, and ongoing judicial monitoring. These programs can provide services through a pre-plea or post-plea process. They may include specialty courts such as drug courts, mental health courts, or veterans courts.
- Foster interagency collaboration. Develop protocols that facilitate timely information sharing among sheriffs, magistrates, LMHAs, LBHAs, and other stakeholders.
- Enhance training and awareness. Provide training to law enforcement and judicial personnel on recognizing signs of MI and IDD as well as on the procedures outlined in CCP Article 16.22.
- Build standardized mental health bond conditions.

Key Resources

- [The Texas CCP Art. 16.22 Guide: for Successful Early Identification of Defendants Suspected of Having Mental Illness or Intellectual Disability](#) from JCMH
- [Bench Books and Code Book](#) from JCMH
- [Texas CCP Article 16.22 Form](#)
- [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#) from Policy Research Associates

Expand Housing Options for People Who Are Justice-Involved

Best Practices

- Prioritize access to permanent supportive housing without requiring sobriety, treatment compliance, or criminal justice supervision as a precondition.
- Implement reentry housing planning in correctional settings. Begin housing assessments and planning before release, ideally 6-12 months in advance.
- Cross-system collaboration that involves establishing partnerships among behavioral health agencies, housing authorities, justice system stakeholders, and community-based organizations.
- Implement fair chance housing policies by advocating for and implementing landlord education and policy reforms that reduce discrimination based on criminal history.

Key Resources

- [Supporting Justice, Behavioral Health, and Housing Collaborations through Federal Funding](#) from Council of State Governments Justice Center
- [Zero Returns to Homelessness Resource and Technical Assistance Guide](#) from Council of State Governments Justice Center
- [Texas Department of Housing and Community Affairs](#)
- [Travis County Homelessness Response System](#), Austin Ending Community Homelessness Coalition
- [Texas Homeless Network](#)
- [Locked Out: Criminal History Barriers to Affordable Rental Housing in Austin & Travis County, Texas](#) from Austin/Travis County Reentry Roundtable
- [Built For Zero](#) from Community Solutions

Develop an Interagency Community Resource Directory

Best Practices

- Establish regular cross-sector coordination meetings in order to maintain up-to-date resource sharing and strengthen partnerships.
- Develop a centralized and dynamic resource platform. A platform that is user-friendly and that allows easy updates will help to ensure resources remain current and accessible to providers and the public alike.
- Build in monitoring and evaluation mechanisms. Clear metrics and annual reviews are important in order to assess effectiveness of interagency resource efforts, guide improvements, and demonstrate impact to stakeholders and funders.
- Create a database of community resources that is accessible to everyone in the community and is regularly updated.

County Spotlight

- [The Panhandle Mental Health Guide](#) (PMHG) is a project of the [Panhandle Behavioral Health Alliance](#) in Potter and Randall Counties. PMHG is an online database for all resources related to behavioral health needs. This is an example of how resources might be managed in an online platform.

Key Resource

- [The Central State](#) is a project of the Translational Health Research Center at Texas State University. The project provides data and resources for people living along the Interstate 35 corridor. They have a resource database searchable by county or map view. This may not only be a resource to Brown County, but may also serve as an example of a platform geared toward the maintenance and upkeep of resources and data which are accessible to everyone in the community.

Appendix A. Brown County SIM Workshop

Agenda

Sequential Intercept Model Mapping Workshop: Brown County

February 27-28, 2025

Brownwood Event Center, 601 E. Baker St., Brownwood, TX 76801

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and snacks provided by <i>Hendrick Medical Center Brownwood</i>
8:30 a.m.	Opening Remarks	Opening Remarks <ul style="list-style-type: none"> • <i>Dion White, Chief Executive Officer, Center for Life Resources (CFLR)</i> • <i>Mike Smith, Judge, 35th District Court, Brown County</i>
8:45 a.m.	Workshop Overview and Keys to Success	Overview of the workshop Community polling
9:00 a.m.	Intercepts 0 and 1 Presentation and Mapping	Overview of Intercepts 0 and 1 County Data Review Expert Panel: <ul style="list-style-type: none"> • <i>Jonna Acosta, 911 Dispatch Coordinator, Brownwood Police Department</i> • <i>Tony Cruz, Jr., Chief of Counseling Services and Substance Abuse Programming, CFLR</i> • <i>Kenny Dennis, Operations Director, Life Guard Ambulance Service</i> • <i>Eric Hicks, Fire Chief, Brownwood Fire Department</i> • <i>Vance Hill, Sheriff, Brown County Sheriff's Office</i> • <i>Ed Kading, Chief of Police, Brownwood Police Department</i> • <i>Jennifer Cook, Director of Nursing Services,</i>

		<p><i>Hendrick Medical Center Brownwood</i></p> <ul style="list-style-type: none"> • <i>Carina Mares, Director of Crisis Services and Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI), CFLR</i> • <i>Greg Parrott, Mental Health Deputy, Brown County Sheriff's Office</i> • Map Intercepts 0 and 1 • Examine gaps and opportunities
11:30 a.m.	Lunch	Lunch provided by AccelHealth and Texas Clean
12:15 p.m.	Intercepts 2 and 3 Presentation and Mapping	<p>Overview of Intercepts 2 and 3</p> <p>County data review</p> <p>Expert panel:</p> <ul style="list-style-type: none"> • <i>Jonathan Harvey, Director of Forensic Services, CFLR</i> • <i>Patrick Howard, Defense Counsel Attorney</i> • <i>Captain Les Karnes, Jail Administrator, Brown County Sheriff's Office</i> • <i>Sam Moss, Judge, County Court at Law, Brown County</i> • <i>Micheal Murray, 35th Judicial District Attorney, Brown and Mills Counties</i> • <i>Clairissa Piper, Jail Navigator, Brown County Sheriff's Office</i> • <i>Nita Richardson, Director of Indigent Defense and Pre-Trial Services, Brown County</i> • <i>Mike Smith, Judge, 35th District Court, Brown County</i> • <i>Bryan Thompson, Justice of the Peace, Precinct 3</i> <p>Map Intercepts 2 and 3</p> <p>Examine gaps and opportunities</p>
2:30 p.m.	Intercepts 4 and 5 Presentation and Mapping	<p>Overview of Intercepts 4 and 5</p> <p>County data review</p> <p>Expert panel:</p> <ul style="list-style-type: none"> • <i>Amber Boswell, Director of Adult Probation, Brown County</i> • <i>Jonathan Harvey, Director of Forensic Services, CFLR</i>

		<ul style="list-style-type: none"> • <i>Carina Mares, Director of Crisis Services and TCOOMMI, CFLR</i> • <i>Sam Moss, Judge, County Court at Law, Brown County</i> <p>Map Intercepts 4 and 5 Examine gaps and opportunities</p>
3:45 p.m.	Establish Priorities	Establish a list of top priorities
4:15 p.m.	Wrap Up	Review the day Homework
4:30 p.m.	Adjourn	

**Sequential Intercept Model Mapping Workshop:
Brown County**

February 27-28, 2025

Brownwood Event Center, 601 E. Baker St., Brownwood, TX, 76801

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and snacks provided by <i>CMS Kinder Hearts</i> and <i>Hendrick Medical Center Brownwood</i>
8:30 a.m.	Welcome	Opening remarks <ul style="list-style-type: none"> <i>Dion White, Chief Executive Officer, CFLR</i>
8:40 a.m.	Preview and Review	Review Day 1 accomplishments Preview of Day 2 agenda Best practice presentation
9:15 a.m.	Action Planning	Group work
10:00 a.m.	Break	
10:45 a.m.	Workgroup Report Outs	Report-outs on action plans
11:00 a.m.	Next Steps & Summary	Finalize date of next task force meeting Discuss next steps for county report Funding presentation Complete evaluation form
11:30 a.m.	Closing Remarks	Closing remarks <ul style="list-style-type: none"> <i>Dion White, Chief Executive Officer, CFLR</i>

Appendix B. Sequential Intercept Model Map for Brown County, February 2025

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **CFLR:** (325) 646-9574 for non-crisis mental health and SUD services and (325) 305-8633 for IDD services, LMHA and LIDDA
- **AccelHealth Clinics:** (325) 646-3900, federally qualified health center that provides low-cost medical care and behavioral health counseling for people with low incomes who qualify for services
- **The Taylor Clinic:** (325) 649-4357, private behavioral health provider that offers assessments and treatments

Veterans Services:

- **Brownwood Veterans Affairs Clinic:** (325) 641-0568, medical, mental health, and social services for veterans
- **Brown County Veteran Service Officer:** (325) 646-0335, James Master
- **CFLR Military Veteran Peer Network Services:** (325) 998-5165, resource connection and support groups for veterans and their families

Housing and Shelter:

- **Brownwood Housing Authority:** (325) 646-0790, operates low-income housing and other Housing and Urban Development programs
- **Cornerstone Community Action Agency:** (325) 625-4167
- **The Oak Wood Apartments:** Subsidized housing in Brownwood
- **Brown County Home Solutions:** (325) 998-1713, utility and bill assistance on a case-by-case basis

Intercept 0: Hospital, Crisis Respite, Peer, and Community Services

Crisis Phone Lines:

- **CFLR Crisis Hotline Operated by AVAIL Solutions:** 1-800-458-7788, available 24/7
- **988 Suicide & Crisis Lifeline:** Call or text 9-8-8

Warmlines and Resource Lines:

- **2-1-1 Information Line:** Call or text 2-1-1
- **Abilene Recovery Council:** 1-800-588-8728, resource to access state funds for SUD treatment

Crisis Units:

- **CLFR Crisis Services:** Business hours walk-in clinic, 408 Mulberry St., Brownwood, TX 76801
- **CFLR Crisis Respite:** 10-bed facility for voluntary admission where people can receive crisis stabilization, access to safe recovery options, and linkage into CFLR services

MCOT:

- **CLFR MCOT Team:** 1-800-458-7788, available 24/7

Substance Use Services:

- **CLFR Medication Clinic:** Offers Level 1 Withdrawal Management for people who use CFLR medical clinic services

Mental Health Co-Responder Programs:

- **Brown County Sheriff's Office:** Provides two mental health deputies for co-response
- **Brownwood Police Department:** Provides one mental health officer for co-response

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch:

- **Brownwood Police Department:** Oversees and operates county-wide 911 dispatch

Hospitals:

- **Hendrick Medical Center Brownwood:** Has an emergency department, does not have an adult psychiatric inpatient unit

Law Enforcement:

- **Brown County Sheriff's Office**
- **Brownwood Police Department**
- **Early Police Department**
- **Bangs Police Department**

Emergency Medical Services:

- **Lifeguard Ambulance Service:** Operates emergency medical service

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Brown County Jail**

Booking:

- **Screening and assessments used:**
 - ▶ Texas Commission on Jail Standards Screening Form for Suicide and Medical, Mental, and Developmental Impairments

- **TLETS CCQ Match**

Initial Court Appearance Locations:

- **Brown County Court at Law (CCL) and Brown County District Court:** JP provides magistration and cases are arraigned in court

Indigent Defense and Pretrial Services:

- **Brown County Indigent Defense and Pretrial Services:** The office handles cases that are needing to bond or be assigned pretrial defense services.

Intercept 3: Jails and Courts

In Brown County, there is one district court, one CCL, one commissioner's court, and four JP courts.

Courts:

- **35th District Court:** Judge Mike Smith
- **CCL:** Judge Sam C. Moss
- **County Court:** Judge Shane Britton
- **JP Courts:**
 - ▶ **Precinct 1:** Judge Mitchell W. Jacobson
 - ▶ **Precinct 2:** Judge Harold Hogan
 - ▶ **Precinct 3:** Judge Bryan Thompson
 - ▶ **Precinct 4:** Judge Ted Perez

Treatment Courts:

- **35th District Specialty Court:** Judge Mike Smith, specialty mental health docket held every 60-90 days

Jail:

- **Brown County Jail**
- **Health Services:**
 - ▶ **Mental Health Provider:** Charles Cooper, Jr., PA
 - ▶ **Medical Provider:** Charles Cooper, Jr., PA
 - ▶ **SUD Treatment Provider:** People with a suspected need for medically managed withdrawal are brought to PA Cooper for assessment and treatment as appropriate.

Intercept 4: Reentry

Jail Reentry:

- **TCOOMMI:** CFLR operates a TCOOMMI continuity of care program that assists the person while they are enrolled in services and assigned a CFLR case manager.
- **CFLR Jail Continuity of Care Liaison program:** New program launched January 1, 2025, Brown County Jail

Intercept 5: Community Corrections and Community Supports

Parole:

- **Brownwood District Parole Office:** (325) 646-0588, 907 Main St., Brownwood, TX 76801

Probation:

- **Brown County Community Supervision and Corrections Department:** (325) 646-6475, 200 S. Broadway St., #311, Brownwood, TX 76801

Appendix D. Impact Measures

Item	Measure	Intercept	Category
1	Mental health crisis line calls	Intercept 0	Crisis Lines
2	Emergency department admissions for psychiatric reasons	Intercept 0	Emergency Department
3	Psychiatric hospital admissions	Intercept 0	Hospitals
4	MCOT episodes	Intercept 0	Mobile Crisis
5	MCOT crisis outreach calls responded to in the community	Intercept 0	Mobile Crisis
6	MCOT crisis outreach calls resolved in the field	Intercept 0	Mobile Crisis
7	MCOT repeat calls	Intercept 0	Mobile Crisis
8	Crisis center admissions (e.g., respite center, crisis stabilization units)	Intercept 0	Crisis Center
9	Designated mental health officers (e.g., mental health deputies, crisis intervention trained officer)	Intercept 1	Law Enforcement
10	Mental health crisis calls handled by law enforcement	Intercept 1	Law Enforcement
11	Law enforcement transport to crisis facilities (e.g., emergency department, crisis centers, psychiatric hospitals)	Intercept 1	Law Enforcement
12	Mental health crisis calls handled by specialized mental health law enforcement officers	Intercept 1	Law Enforcement
13	Jail bookings	Intercept 2	Jail (Pretrial)
14	Number of jail bookings for low-level misdemeanors	Intercept 2	Jail (Pretrial)
15	Jail mental health screenings, percent screening positive	Intercept 2	Jail (Pretrial)
16	Jail substance use screenings	Intercept 2	Jail (Pretrial)
17	Jail substance use screenings, percent screening positive	Intercept 2	Jail (Pretrial)
18	Pretrial release rate of all arrestees, percent released	Intercept 2	Pretrial Release
19	Average cost per day to house a person in jail	Intercept 2	Jail (Pretrial)

Item	Measure	Intercept	Category
20	Average cost per day to house a person with mental health issues in jail	Intercept 2	Jail (Pretrial)
21	Average cost per day to house a person with psychotropic medication	Intercept 2	Jail (Pretrial)
22	Caseload rate of the court system, misdemeanor versus felony cases	Intercept 3	Case Processing
23	Misdemeanor and felony cases where the defendant is evaluated for adjudicative competence, percent of criminal cases	Intercept 3	Case Processing
24	Jail sentenced population, average length of stay	Intercept 3	Incarceration
25	Jail sentenced population with mental illness, average length of stay	Intercept 3	Incarceration
26	People with mental illness or substance use disorder receiving reentry coordination prior to jail release	Intercept 4	Reentry
27	People with mental illness or substance use disorder receiving benefit coordination prior to jail release	Intercept 4	Reentry
28	People with mental illness receiving a short-term psychotropic medication refill or a prescription upon jail release	Intercept 4	Reentry
29	Probationers with mental illness on a specialized mental health caseload, percent of probationers with mental illness	Intercept 5	Community Corrections
30	Probation revocation rate of all probationers	Intercept 5	Community Corrections
31	Probation revocation rate of probationers with mental illness	Intercept 5	Community Corrections

Appendix E. Texas and Federal Privacy and Information Sharing Provisions

Note: The information below was referenced on June 13, 2025. Please reference links to statute directly to ensure the timeliest information.

Mental Health Record Protections

[Health and Safety Code Chapter 533:](#)

Section 533.009. EXCHANGE OF PATIENT RECORDS.

(a) Department facilities, local mental health authorities, community centers, other designated providers, and subcontractors of mental health services are component parts of one service delivery system within which patient records may be exchanged without the patient's consent.

[Health and Safety Code Chapter 611:](#)

Section 611.004. AUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION OTHER THAN IN JUDICIAL OR ADMINISTRATIVE PROCEEDING.

(a) A professional may disclose confidential information only:

- (1) to a governmental agency if the disclosure is required or authorized by law;
- (2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
- (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);
- (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
- (5) to the patient's personal representative if the patient is deceased;

(6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;

(7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;

(8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);

(9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;

(10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:

(A) will not use or disclose the information for any other purposes; and

(B) will take appropriate steps to protect the information; or

(11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section [74.051](#)(e), Civil Practice and Remedies Code.

(a-1) No civil, criminal, or administrative cause of action exists against a person described by Section [611.001](#)(2)(A) or (B) for the disclosure of confidential information in accordance with Subsection (a)(2). A cause of action brought against the person for the disclosure of the confidential information must be dismissed with prejudice.

(b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.

(c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.

(d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

[Health and Safety Code Chapter 614:](#)

Section 614.017. EXCHANGE OF INFORMATION.

(a) An agency shall:

(1) accept information relating to a special needs offender or a juvenile with a mental impairment that is sent to the agency to serve the purposes of continuity of care and services regardless of whether other state law makes that information confidential; and

(2) disclose information relating to a special needs offender or a juvenile with a mental impairment, including information about the offender's or juvenile's identity, needs, treatment, social, criminal, and vocational history, supervision status and compliance with conditions of supervision, and medical and mental health history, if the disclosure serves the purposes of continuity of care and services.

(b) Information obtained under this section may not be used as evidence in any juvenile or criminal proceeding, unless obtained and introduced by other lawful evidentiary means.

(c) In this section:

(1) "Agency" includes any of the following entities and individuals, a person with an agency relationship with one of the following entities or individuals, and a person who contracts with one or more of the following entities or individuals:

- (A) the Texas Department of Criminal Justice and the Correctional Managed Health Care Committee;
- (B) the Board of Pardons and Paroles;
- (C) the Department of State Health Services;
- (D) the Texas Juvenile Justice Department;
- (E) the Department of Assistive and Rehabilitative Services;
- (F) the Texas Education Agency;
- (G) the Commission on Jail Standards;
- (H) the Department of Aging and Disability Services;
- (I) the Texas School for the Blind and Visually Impaired;
- (J) community supervision and corrections departments and local juvenile probation departments;
- (K) personal bond pretrial release offices established under Article [17.42](#), Code of Criminal Procedure;
- (L) local jails regulated by the Commission on Jail Standards;
- (M) a municipal or county health department;
- (N) a hospital district;
- (O) a judge of this state with jurisdiction over juvenile or criminal cases;
- (P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;
- (Q) the Health and Human Services Commission;
- (R) the Department of Information Resources;
- (S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time,

contemporaneous identification of individuals in the Department of State Health Services client data base; and

(T) the Department of Family and Protective Services.

Substance Use Disorder Records Protections:

[42 CFR Part 2](#). CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

[42 CFR Part 2 Subpart C](#). DISCLOSURES WITH PATIENT CONSENT

[42 CFR Part 2 Subpart D](#). DISCLOSURES WITHOUT PATIENT CONSENT

[42 CFR Part 2 Subpart E](#). COURT ORDERS AUTHORIZING DISCLOSURE AND USE

Appendix F. Six Steps to Establishing a Jail In-Reach Program⁴

1. Establish a County Forensic Team:

- Judges, prosecutors, defense attorneys
- LMHA or LBHA
- Jail administration, jail medical providers

2. Review Local Waitlist Data:

- Review waitlist trends both over time and for people currently on the waitlist.
- Examine charge types.
- Examine time periods.
- Examine demographic trends.

3. Document Diversion and Competency Workflows:

- Develop process maps for all competency matters, including:
 - ▶ Pre-arrest and post-booking;
 - ▶ Point of a defendant's competency being called into question, through final disposition of their case;
 - ▶ Competency exam tracking;
 - ▶ Incompetent to stand trial waitlist;
 - ▶ Court-ordered medications; and
 - ▶ Civil commitment.

⁴ [Six Steps to Establishing a Jail In-Reach Program](#), Texas Health and Human Services Commission

4. Ensure Access to Medication:

- Obtaining a court order for psychoactive medications for a person determined incompetent to stand trial can reduce the person's psychiatric symptomology and can result in the defendant being restored to competency without the need for a state hospital bed.

5. Coordinate Regular Waitlist Monitoring Meetings:

- Establish regular waitlist monitoring meetings to review data, map processes, and discuss existing competency cases.
- Consider a single point of contact for coordination across stakeholders.
- Identify opportunities to improve processes.

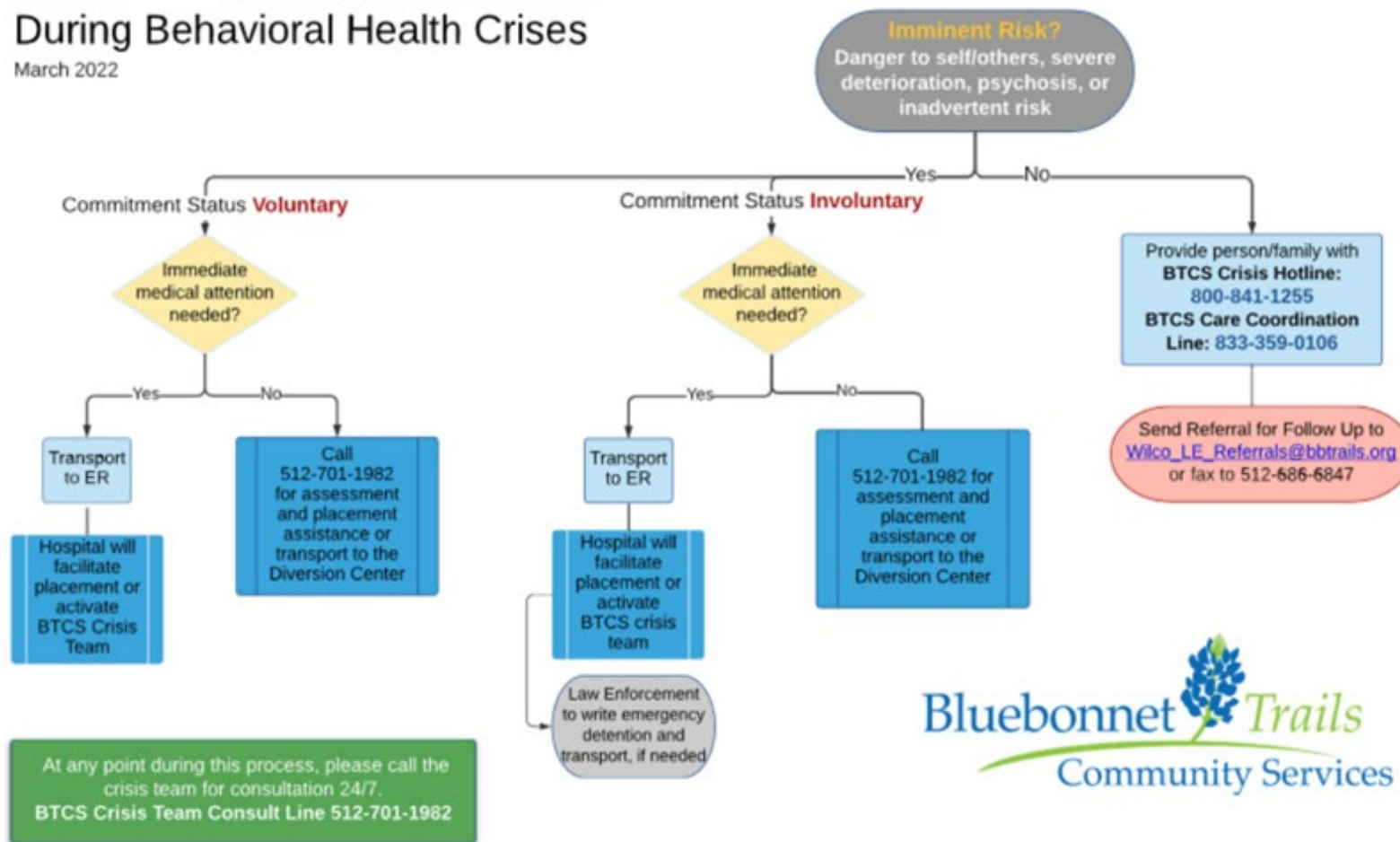
6. Explore Competency Restoration Options:

- Inpatient competency restoration
- Outpatient competency restoration
- Jail-based competency restoration

Appendix G. Resources for Law Enforcement During a Behavioral Health Crisis Flowchart

Resources for Law Enforcement During Behavioral Health Crises

March 2022



Resources for Law Enforcement During a Behavioral Health Crisis

Bluebonnet Trails Community Services (BTCS)

1. Is there an imminent risk?

Imminent risk: Danger to self or others, severe deterioration, psychosis, or inadvertent risk

A. **Yes**, imminent risk is present.

a. Commitment Status: **Involuntary**

(1) Is immediate medical attention needed?

(A) **Yes**, immediate medical attention is needed.

(a) Transport to emergency room.

(b) Hospital will facilitate placement or activate BTCS crisis team.

(c) Law enforcement to write emergency detention and transport, if needed.

(B) No, immediate medical attention is not needed.

(a) Call (512) 701-1982 for assessment and placement assistance or transport to the diversion center.

b. Commitment Status: **Voluntary**

(1) Is immediate medical attention needed?

(A) **Yes**, immediate medical attention is needed.

(a) Transport to emergency room.

(b) Hospital will facilitate placement or activate BTCS crisis team.

(B) **No**, immediate medical attention is not needed.

(a) Call (512) 701-1982 for assessment and placement assistance or transport to the diversion center.

B. **No**, imminent risk is not present.

- a. Provide person or family with BTCS Crisis Hotline: 1-800-841-1255 and BTCS Care Coordination Line: 1-833-359-0106
- b. Send referral for follow up to [Wilco LE Referrals@bbtrails.org](mailto:Wilco_LE_Referrals@bbtrails.org) or fax to (512) 686-6847

At any point during this process, please call the crisis team for consultation 24/7. BTCS Crisis Team Consult Line (512) 701-1982

Appendix H. SIM Mapping Workshop Participant List

Name	Agency or Organization	Title
Alvin Stewart	Lifeguard Ambulance Service	Lifeguard Ambulance Supervisor
Amalia Martinez	Cornerstone Community Action	Payee Specialist
Amanda Williams	Mills County Sheriff's Office	Jail Administrator
Amber Boswell	Brown County Community Supervision and Corrections Department	Director of Adult Probation
Anthony Pool	Mills County Sheriff's Office	Chief Deputy
Ashley Pruitt	Brown County Home Solutions	Executive Director
Bill Gustavus	Self-Employed Therapist	Ph.D.
Cara Landers	District Attorney's Office	Assistant District Attorney
Carina Mares	Center for Life Resources	Director, Crisis Services
Casandra Browne	2INGage	Director of Permanency Support
Cassi Stewart	Center for Life Resources	Nurse
Charles Lowe		Concerned Citizen
Charlie Carlton	Alcoholics Anonymous	Correctional Facilities Chairperson
Cheryl Jones	Brown County	District Clerk
Chris Pounds	Comanche County Sheriff's Office	Sheriff
Christie Vann	Brown County Community Supervision and Corrections Department	Community Supervision Officer

Name	Agency or Organization	Title
Ciera Ray	Howard Payne University	Assistant Professor of Social Work and Field Director
Clairissa Piper	Center for Life Resources	Jail Navigator
Courtney Parrott	Texas A&M AgriLife Extension	County Extension Agent for Family and Community Health
Daniel Graham	Brownwood Green News	Reporter
Danielle Howard	Brownwood Independent School District	Mental Health Coordinator
Darlene Sutherland		Customer Service
David Mercer	Early Police Department	Chief of Police
David Reid	Brown County	Commissioner, Precinct 3
David Smith	Center for Life Resources Board of Directors	Physician
DeAnne Edwards	Center for Life Resources	Forensic Case Manager and Educator
Destiny Sharp	Hendrick Medical Center Brownwood	Social Worker, Case Manager
Dion White	Center for Life Resources	Chief Executive Officer
Ed Kading	Brownwood Police Department	Chief of Police
Elisha Bird	35th District Attorney's Office	First Assistant District Attorney
Emily Crawford	City of Brownwood	City Manager
Eric Hicks	Brownwood Fire Department	Brownwood Fire Chief
Esther Taylor	AccelHealth	Chief Executive Officer

Name	Agency or Organization	Title
Gladys De La Cerda	West Central Texas Council of Governments - Aging and Disability Resource Center	Resource Specialist
Haley Porter	Texas Department of Criminal Justice	Parole Officer
Helen Spearman	Texas Juvenile Justice Department	Educator
Irene Laurance	West Center Texas Council of Governments	Criminal Justice Planner
Jacob Salazar	Central Texas Rural Transit District	Mobility Manager
James Purcell	Mills County Sheriff's Office	Mental Health Deputy
James Wells	Brownwood Police Department	Detective
Jared Trowbridge	Texas Juvenile Justice Department	Community Relations and Volunteer Coordinator
Jayne Bowman	Brownwood Police Department	Courtroom Officer & Mental Health Officer
Jennifer Aaron	35th Judicial District Court	Court Coordinator
Jennifer Cook	Hendrick Medical Center Brownwood	Director of Nursing Services
Jennifer McKibben	35th Judicial District Court	Assistant Court Coordinator
Jennifer Williams	Brownwood and Brown County Health Department	Public Health Nurse
Jessica Connell	Hendrick Medical Center Brownwood	Chief Nursing Officer
Jocelyn Boland	Brown County Indignet Defense and Pre-Trial Services	Assistant Coordinator
Jodie Boggess	2Ingage	Director of Permanency
Jody Horton	Brownwood Fire Department	Assistant Chief Operations

Name	Agency or Organization	Title
Joey Smith	Center for Life Resources	Chief of Adult Behavioral Health
Joey Wilbourn	First Methodist Church	Pastor
Jonathan Harvey	Center for Life Resources	Director of Forensic Services
Jonna Acosta	Brownwood Police Department	Communications Supervisor
Jory Lee	Hendrick Medical Center Brownwood	Chief Operating Officer
Josh Barron	Hendrick Medical Center Brownwood	Security Lieutenant
JulieAnn Greenfield	Child Protective Services	Faith Based and Community Engagement
Justin Storch	Brownwood Police Department	Dispatch Shift Supervisor
Kahlich Ryan	Center For Life Resources	Clerk III
Kashtyn Eoff	Center for Life Resources	Lead Intellectual and Developmental Disabilities Crisis Intervention Specialist
Kay Ribble	May Independent School District	School Counselor
Kenny Dennis	Lifeguard Ambulance Service	Operations Director
Laurie Lindsey	Legal Aid or Northwest Texas	Attorney
Lennon Sellers	Alcoholics Anonymous	Correctional Facilities Committee
Les Karnes	Brown County Sheriff's Office	Jail Administrator
Leslie Ochoa	Brownwood Municipal Court	Court Clerk, Youth Diversion Coordinator
Leticia Esquivel	Songbird Lodge	Social Worker

Name	Agency or Organization	Title
Lexi Ewen	Hendrick Medical Center Brownwood	Howard Payne University, Social Work Intern
Lisa Medlin	Howard Payne University	Criminal Justice Department Chair
Maggie Brennan	2INgage	Community Engagement Manager
Marisa Trevino	Center For Life Resources	Continuity of Care Case Manager
Martha Smoot	Brown County Community Supervision and Corrections Department	Deputy Director
Melinda Rowland	AccelHealth	Psychiatric-Mental Health Nurse Practitioner
Melissa Arano	Legal Aid of Northwest Texas	Staff Attorney
Mica Allgood	Oceans Healthcare Hospital in Abilene	Market Development Director
Micheal Murray	Brown and Mills Counties	35th Judicial District Attorney
Michael Thomas	Texas Department of Public Safety	Sergeant
Mike Smith	35th District Court	Judge
Miranda Smith	Community Supervision and Corrections Department	Community Supervision Officer
Miranda Lowrey	Hendrick Medical Center Brownwood	Student
Misti Till	AccelHealth	Licensed Professional Counselor
Nicole Griffin	Center for Life Resources	Student
Nita Richardson	Brown and Mills Counties	Director of Indigent Defense and Pre-Trial Services

Name	Agency or Organization	Title
Patrick Howard		Defense Counsel Attorney
Ranita Oliver	Center for Life Resources	Occupational Therapist
Sadie Bolton	2Ingage	Community Engagement Specialist
Sam Moss	Brown County Court at Law	Judge
Savannah Cox	The Advocacy, Respect, Kindness (ARK) Domestic Violence & Sexual Assault Shelter	Financial Director, Grant Manager
Shane Easley	Brown County Home Solutions	Board President
Sharon Ferguson	Brown County	County Clerk
Sissy Keith	The Advocacy, Respect, Kindness (ARK) Domestic Violence & Sexual Assault Shelter	Program Director
Starsha Brown	AccelHealth	Licensed Professional Counselor
Susan Carlton	Alcoholics Anonymous	Public Information, Cooperation with the Professional Community
Tarino Russell	Rite of Passage	Program Director
Taylor Kent	Brown County	Juvenile Probation Officer
Terri Densman	The Advocacy, Respect, Kindness (ARK) Domestic Violence & Sexual Assault Shelter	Executive Director
Tony Aaron	City of Early	City Administrator
Tony Cruz	Center for Life Resources	Chief of Counseling, Veterans, Recovery and Mental Health Peer Support Services

Name	Agency or Organization	Title
Veronica Smith	AccelHealth	Licensed Chemical Dependency Counselor
Victoria Crooks	Center for Life Resources	Jail Continuity of Care Liaison

Appendix I. List of Acronyms and Initialisms

Acronym	Full Name
CCL	County Court at Law
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CFLR	Center For Life Resources
ECHO	Ending Community Homelessness Coalition
IDD	Intellectual and Developmental Disabilities
JCMH	Judicial Commission on Mental Health
JP	Justice of the Peace
LBHA	Local Behavioral Health Authority
LIDDA	Local Intellectual and Developmental Disability Authority
LMHA	Local Mental Health Authority
MCOT	Mobile Crisis Outreach Team
MI	Mental Illness
SIM	Sequential Intercept Model
SUD	Substance Use Disorder
TA Center	Technical Assistance Center

Acronym	Full Name
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TIEMH	Texas Institute for Excellence in Mental Health
TLETS	Texas Law Enforcement Telecommunication Systems